

Heidi W. Abbott, Chair
David R. Hines, Vice Chair
Karen Cooper-Collins, Secretary
Tyren Frazier
Michael N. Herring
Helivi L. Holland
Robyn Diehl McDougale
Dana G. Schrad
Jennifer Woolard



Post Office Box 1110
Richmond, VA 23218-1110
804.588.3903

COMMONWEALTH of VIRGINIA
Board of Juvenile Justice

BOARD MEETING

June 28, 2017

Main Street Centre, 600 East Main Street, 12th Floor Conference Room South, Richmond, VA 23219

A G E N D A

9:30 a.m. BOARD MEETING

- 1. CALL TO ORDER**
- 2. INTRODUCTIONS**
- 3. APPROVAL of April 26, 2017, MINUTES (Pages 3-18)**
- 4. PUBLIC COMMENT**
- 5. DIRECTOR'S CERTIFICATION ACTIONS**
Ken Bailey, Certification Manager, Dept. of Juvenile Justice
 - A. May 31, 2017, Certification Actions (Pages 19-57)
 - B. Community Attention Group Home Closing (Page 58)
- 6. OTHER BUSINESS**
 - A. **Virginia Juvenile Community Crime Control Act (VJCCCA) Plan Approvals (Pages 59-62)**
Beth Stinnett, Statewide Program Manager, Dept. of Juvenile Justice
 - B. **WITHDRAWN - Virginia Juvenile Detention Association Variance Request to 6VAC35-101-200(c) (Pages 63-113)** Kristen Peterson, Regulatory and Policy Coordinator, Dept. of Juvenile Justice
- 7. DIRECTOR REMARKS AND BOARD COMMENTS**
- 8. NEXT MEETING DATE: September 13, 2017, Main Street Centre, 600 East Main Street, Richmond, 12th Floor, Conference Room South**
- 9. ADJOURNMENT**

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 3 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 or wendy.hoffman@djj.virginia.gov 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.

Heidi W. Abbott, Chair
David R. Hines, Vice Chair
Karen Cooper-Collins, Secretary
Tyren Frazier
Michael N. Herring
Helivi L. Holland
Robyn Diehl McDougle
Dana G. Schrad
Jennifer Woolard



Post Office Box 1110
Richmond, VA 23218 1110
804.588.3903

COMMONWEALTH of VIRGINIA
Board of Juvenile Justice

DRAFT MEETING MINUTES

April 26, 2017

Main Street Centre
600 East Main Street, 12th Floor, Conference Room North
Richmond, Virginia 23219

Board Members Present: Heidi Abbott, Karen Cooper-Collins, Tyren Frazier, Michael Herring, Helivi Holland, Robyn McDougle, Dana Schrad, Jennifer Woolard

Board Members Absent: David Hines

Department of Juvenile Justice (Department) Staff Present: Ken Bailey, Jill Becker, Andrew "Andy" K. Block, Jr., Jessica Berdichevsky (Attorney General's Office), Valerie Boykin, Lisa Floyd, Daryl Francis, Wendy Hoffman, Kristen Peterson, Deron Phipps, Angela Valentine

Guests Present: Kerry Chilton (disAbility Law Center of Virginia)

CALL TO ORDER

Chairperson Heidi Abbott called the meeting to order at 9:31 a.m.

INTRODUCTIONS

Chairperson Abbott welcomed all who were present and asked for introductions.

APPROVAL of November 14, 2016, MINUTES

The minutes of the November 14, 2016, Board meeting were provided for approval. On MOTION duly made by Jennifer Woolard and seconded by Robyn McDougle, the Board approved the minutes as presented. Motion carried.

PUBLIC COMMENT PERIOD

There was no public comment.

DIRECTOR'S CERTIFICATION ACTIONS

Ken Bailey, Certification Manager, Department

Included in the Board packet are the individual audit reports and a summary of the Director's certification actions completed on December 14, 2016, and March 16, 2017.

Mr. Bailey reviewed the Director's certification actions completed on December 14, 2016.

The 4th District Court Service Unit had three minor deficiencies on its audit regarding supervision plans and contact with residents while in direct care. The audit team conducted a follow-up review and found all the deficiencies had been resolved. The 4th District Court Service Unit has been certified for three years.

The 10th District Court Service Unit has received 100% compliance on its audit and was certified for three years.

The 14th District Court Service Unit had one minor deficiency regarding social history documentation that was quickly corrected. The 14th District Court Service Unit was certified for three years.

The 21st District Court Service Unit had 100% compliance on its audit and was certified for three years. This was the unit's second consecutive 100% compliance audit.

The audit of the Fairfax Transitional Living Program found ten deficiencies, including three deficiencies for critical regulatory requirements regarding medication and evacuation procedures. The audit team conducted a follow-up review on November 1, 2016, and all deficiencies had been corrected. The program was certified for three years. The audit team will conduct a status review in June 2017 and report the findings to Director Block. The Fairfax Transitional Living Program's corrective action plan is working and procedures that were missing have now been written. Generally, independent living programs run into interpretive problems because they are unique.

Chairperson Abbott asked due to the extensive findings, whether the audit team will engage in additional follow up after the status report is completed in June.

Mr. Bailey responded that the audit team will complete a status report in June on the three critical violations and provide the report to Director Block. If problems are detected at this monitoring visit, the audit team can revisit the program.

The audit team for Bon Air Juvenile Correctional Center (Bon Air) has conducted a number of monitoring visits since the facility's February 2016 audit. At the December Board meeting, Mr. Bailey reported on the outcomes of the monitoring visits and found Bon Air is demonstrating compliance with the regulations. The audit team continues to monitor Bon Air. Bon Air was certified for two years and will have a full audit in November 2017. The audit team will review all of the regulations, rather than limiting the audit to regulations for which there were deficiencies in previous audits. By conducting the full audit in November 2017, this will give Bon Air sufficient time to account for the transition of the Beaumont population to Bon Air.

Mr. Bailey reviewed the Director's certification actions completed on March 16, 2017.

Crater Juvenile Detention Center received 100% compliance on its audit and was certified for three years.

The audit for Merrimac Center and Post-Dispositional Detention Program found three deficiencies, all involving medication and two of which were critical regulatory violations. The program has undergone changes to its medical department. The program hired a new full-time nurse prior to the audit and a part-time nurse after the audit who will continually review Medication Administration Records (MARs). Documentation of delivery of medication was a major issue on the program's audit. The corrective action plan appears to be working. The audit team followed up by reviewing ten MAR records, all of which were 100% compliant.

Newport News Juvenile Detention Home and Post-Dispositional Program had six areas of non-compliance in its audit with one critical violation involving medication. The audit team conducted a status review on November 28, 2016 and all deficiencies were corrected. The Newport News Juvenile Detention Home and Post-Dispositional Program was certified for three years.

Chairperson Abbott expressed concerns with the Newport News findings.

Mr. Bailey noted the previous audit in 2013 found four deficiencies and the audit in August 2016 found six deficiencies, including one critical violation, for failure to document the medication refusal form. The audit team followed up and reviewed three refusal forms and documented actions taken by staff.

Director Block emphasized that this is a two-part process. The audit team found the deficiencies in the initial audit and a corrective action plan was issued. The audit team then came back for a monitoring visit and the Newport News program corrected all the deficiencies.

Chairperson Abbot asked if there will be any follow up with Newport News.

Mr. Bailey responded that the audit team will continue to conduct regular monitoring visits every six months.

Board Member Dana Schrad asked what constitutes a finding of medication being critical as opposed to a medication refusal.

Mr. Bailey explained that the critical regulations were designated by the Board as the most imperative. If the audit finds one error in the critical regulatory requirements, the facility is deemed noncompliant, whereas if the audit team discovers a non-critical violation, the facility may remain in compliance, even with several errors.

REGULATORY UPDATE

Kristen Peterson, Regulatory Coordinator, Department

Included in the Board packet is a summary of the Department's four regulatory actions currently under review.

6VAC35-160 Regulations Governing Juvenile Record Information and the Virginia Juvenile Justice Information System: This regulation lays out the procedures that participating agencies must follow when they are processing, preserving, disseminating, and expunging juvenile record information. This regulatory action is currently in the proposed stage or second stage of the regulatory process. It has gone through executive branch review and undergone a significant public comment period during which no public comments were received. The Board reviewed and approved the regulation at the June 2016 meeting before it was moved to the proposed stage. The Department recommends a few non-substantive changes that will improve the style of the regulation. Ms. Peterson directed the Board to page 69 of the Board packet where the recommended changes to the regulation are listed.

Section 10 identifies three proposed changes, including: (1) updating the reference to Commonwealth of Virginia Information Technology Resource Management (COV ITRM), which all executive branch agencies are required to follow with respect to information technology procedures and processes; (2) removing the existing extraneous language, “includes, but not limited to” as unnecessary and (3) removing the proposed amendment in the definition of “need to know, as unnecessary.

In Section 60, the Department recommends replacing “is still” with “remains” for style purposes.

In Section 100 and 130, the Department recommends removing the reference to prospective COV ITRM standards.

In Section 130 and 330, the Department recommends updating the COV ITRM reference.

In Section 150, the Department recommends replacing the phrase “when it is found” with “upon discovering” for style purposes.

Ms. Peterson noted that the Department of Planning and Budget indicated that the regulation will not have any impact on small businesses and is not expected to be controversial. Ms. Peterson requested that the Board approve the amendments to the regulation and advance the regulation to the final stage of the regulatory process.

On MOTION duly made by Helivi Holland and seconded by Robyn McDougle, the Board of Juvenile Justice approved the proposed changes, as described in the memorandum to amend 6VAC35-160, Regulations Governing Juvenile Record Information and the Virginia Juvenile Justice Information System, and granted permission to proceed to the final stage in the standard regulatory process. Motion carried.

Ms. Peterson provided a regulatory update on the following: 6VAC35-41 Regulation Governing Juvenile Group Homes and Halfway Houses; 6VAC35-71 Regulation Governing Juvenile Correctional Centers; and 6VAC35-101 Regulation Governing Juvenile Secure Detention Centers.

The Department convened workgroups in June 2016 in order to conduct a comprehensive review of the regulations. The workgroups met monthly. The Department submitted the Notice of Intended Regulatory Action (NOIRA) which has undergone the executive review process, and the public comment period has closed. The Department had 180 days from that time to develop the regulation, seek approval, and submit the proposed amendments to the Regulatory Town Hall (the state’s regulatory

website). The regulations were developed and the public comment periods closed in November 2016. The Department has missed the 180-day deadline due in part to the Virginia Juvenile Detention Association variance request on training requirements. The Board requested a 50-state study to determine what requirements other states have for minimum training in juvenile secure detention facilities. The Department hired a part-time employee to compile the study, and those findings will be presented to the Board at the June meeting. Once the Board has resolved the training requirement variance, the decision will inform the Department's decision to move forward with the three residential regulations. The Department does not plan on withdrawing the regulations; however, the Department will provide a letter to the Department of Planning and Budget, as well as to Secretary Moran, to inform them of the reason for the delay.

STATEWIDE CONTINUUM OF SERVICES UPDATE

Valerie Boykin, Deputy Director of Community Services, Department

Ms. Boykin provided a status report on the first quarter performance of the statewide continuum. The slide presentation presented to the Board is attached.

The overall goal of the statewide continuum of services is to ensure that the right youth get the right intervention at the right time with the right dosage in order to give them an opportunity for a good outcome.

Between October and December 2016, the Department held a series of focus groups in the community with staff, current and potential vendors, and stakeholders to explain the statewide continuum and discuss building capacity in areas that have not had services for many years or have not previously served a juvenile population.

The Department uses a Risk-Need Responsivity Model that assesses the youth's risk and will help to decide which youth should be committed and which youth can be diverted. Particular attention will be paid to the youth's criminogenic needs, which are predictive of reoffending. The Department will address these needs and match them with the appropriate services.

A particular gap in the statewide continuum is access to good quality, family-based services. On the base menu of services, the Department is offering multi-systemic therapy or functional family therapy (MST/FFT). The Department is identifying initial localities that have been impacted by violence and have certain demographics to roll out this program. It will also require the locality to have a minimum number of youth to support the program. The Department will contact partner agencies, such as Department of Social Services, Department of Behavioral Health and Developmental Services, and the Office of Children's Services (CSA) to help stand up a program. The Department is now ready to roll out its initial MST/FFT initiative, and it is estimated that it will take four to six months to implement eight to ten programs.

To date, the statewide continuum has served 257 youth, and the Department expects that number to grow. The Department is in negotiations with residential providers for alternatives to commitment for youth with special needs who might be better served in a private residential facility. The Department is under contract already with some facilities, many of which are not locked facilities. The Department

understands that some of its youth need a locked program; however, some youth can step down to a less secure facility after initial assessment.

The Department has a reentry grant from the Office of Juvenile Justice and Delinquency Prevention (OJJDP) for a job match. There are many youth leaving correctional facilities who need employment and skill building. Through this grant, the Department has an opportunity to provide partial pay for an employer who is willing to take its youth. The Department has negotiated with several companies around the state to participate in this initiative.

Board Member Schrad asked if Ms. Boykin could assign a percentage to the 257 youth served to give the Board a better idea of the total number of kids served.

Ms. Boykin could not provide a percentage, but the Department has 330 youth in direct care, so a significant portion of those youth are in the community on parole or step down programs. The Department has a large number of youth on probation, an average of 3,131.

Board Member Jennifer Woolard said she was excited to see the work the Department is doing, especially in evidence-based and evidence-informed programs, and questioned how we define these programs.

Ms. Boykin responded that the Department is using OJJDP's model programs guide called CrimeSolutions.gov and is looking at other promising practices. The Department has youth in communities that have not had the benefit of certain services; therefore, the Department does not want to rule out the "ma and pa" services located in communities that have a need. Some states have passed legislation to introduce only evidence-based models, but they end up with very few or no programs. The Department wants tried and true program but wants to maintain ability to pay for them. MST/FFT programs are very expensive.

Board Member Woolard followed that MST/FFT are only for a small group and designed for particular kids.

Ms. Boykin noted that the Department is still going through the learning process. There are other programs that are not expensive and are effective, such as the Seven Challenges for Substance Abuse. Many communities lack substance abuse programs. The Department is reaching out to the communities to see what services and programs are less expensive and require less training so the Department can utilize them quickly.

Board Member Woolard asked if the Department has considered Dr. Mark Lipsey's Standardized Program Evaluation Protocol.

Ms. Boykin responded that as the Department brings on its Quality Assurance Unit, programs such as Dr. Lipsey's and programs from the University of Cincinnati are being considered.

Director Block added that of everything the Department is doing with transformation, the service continuum is the most important and has the biggest potential to change outcomes, lives, and

communities. It is astonishing that the Department has served 257 youth after only three months of operation.

Ms. Boykin pointed out that the service directories will be available only online due to the frequent updates to the services.

Board Member Helivi Holland told the Department that she appreciated this work, especially since returning youth home may not be the best solution. For many youth, their home lives may have contributed to their current commitment with the Department and that this approach seems like a good model for addressing these issues.

EDUCATION UPDATE

Dr. Lisa Floyd, Deputy Director of Education, Department

The driving force behind the Division of Education (DOE) is the strategic plan that guides the Division's direction and is reviewed annually. Dr. Floyd discussed the five performance goals in the strategic plan.

Commitment to Recruitment, Retention, and Evaluation of Quality Staff: In 2016 DOE attended six recruitment fairs, and in 2017 increased its attendance to 13 events in Virginia, Maryland, and Pennsylvania. DOE increased its percentage of highly qualified teachers in the 2015/2016 school year from 54.82% to 75.47% in 2016/2017.

Provide Quality Instructional Practices and Programs: DOE focused this year on student personalization and created academic study and support classes. These provide remediation opportunities during the school day. DOE added skill assessments, such as the "Wise" which targets economics and personal finance. In the fall of 2016, 19 credentials were earned in this area, whereas in 2015 none were administered. Workplace readiness skills were also added with seven credentials earned in the fall of 2016 and none administered in 2015.

DOE has significantly improved its instructional technology. The DOE now has the following: American Prison Data System, which has programs for credit recovery, reading skills/library, and learning management system for teachers that pertain to curriculum; APECS, which is a digital work tutorial; and computer based learning modules for GED and Penn Foster diploma recipients.

The post-secondary program has credentials and certification programs administered by outside vendors that were vetted by community colleges. DOE has partnered with schools such as J. Sargeant Reynolds, the University of Virginia, and Virginia Commonwealth University to increase its college course credit options. In 2015 DOE offered two online college courses and today they have seven online courses. DOE has 15 youth currently enrolled in college and some youth have been accepted to Northern Virginia Community College, Tidewater Community College, and Richard Bland Community College. There are two youths taking 24 college credits.

Two additional performance measures include developing and maintaining effective communication and establishing and implementing data analysis systems.

The last performance measure is to ensure compliance in education programs. Board Members may recall reading several special education (SPED) reports. Ms. Jill Becker, the Department's SPED Director, provided an update.

SPED audits are conducted by the Virginia Department of Education (VDOE). Dr. Floyd asked the VDOE to look at DOE's SPED programs in the same manner as for public schools. The first of these audits began in January 2015 and focused on compliance only. The VDOE audit team reviewed student records and all paperwork related to SPED. Ms. Becker began work with the Department in July 2015, and was presented with the audit report along with the approved corrective action plan. There were a total of 52 audit citations. Ms. Becker presented these findings to the Board in 2015 with a plan to address the citations.

The next audit, also requested by Dr. Floyd, took place in November 2015. This audit focused on compliance and results. As with the previous audit, VDOE filed reviews, but also interviewed education staff, completed classroom observations, and looked at environmental factors. The official report was received in May 2016. DOE's citations decreased from 52 in January 2015 to 13 in November 2015; 10 of the 13 citations were compliance related and three were results related.

Ms. Becker relayed that John Eisenberg, Assistant Superintendent of Student Services for VDOE, spoke to the Board about the November 2015 audit and commended the DOE on the progress that was made. He also stated that the citations were typical areas found in most public schools.

In March 2017 the VDOE audit team came back to DOE to ensure the cited areas from November's 2015 audit were corrected. They also interviewed staff again regarding the program and the overall impressions of the faculty. During this visit, VDOE unexpectedly asked DJJ to look at ten additional student records that had not undergone previous review. Although the official report has not been released, the VDOE audit team met with the DOE before informally reporting their findings. All corrections from the November 2015 audit, the compliance and results audit, were completed as requested. Regarding the additional files that VDOE reviewed during the March 2017 visit, there were three individual citations under one area that was specific to the Department's transition goals. Two identified areas did not warrant a citation.

DOE has experienced significant progress in that citations have decreased from 52 to three over a period of two years. DOE is very proud of the entire education team.

Director Block noted that last year a total of 11% of the high school population received standard diplomas, which was a high percentage for DOE. DOE projects that this year, 20% of all high school students in the facilities will receive standard diplomas. For the first time ever, one of our students is receiving an advanced diploma, which required figuring out how a student could fulfill foreign language requirements. The student was able to complete a French 3 course by utilizing technology resources.

DIRECTOR'S COMMENTS

Andy Block, Director, Department

As part of his introduced budget, the Governor asked state agencies to prepare for budget reductions. The Department was fortunate that neither the Governor nor the General Assembly required the Department to prepare for budget cuts. All the savings accruing from the consolidation will be reinvested in community alternatives.

The Beaumont Juvenile Correctional Center consolidation to Bon Air Juvenile Correctional Center is on track. Beaumont is due to close on June 30, 2017. There are only 50 residents still remaining at Beaumont. The Department's population numbers will be a bit higher than projected, but it is only one unit of residents.

One challenge during the consolidation has been keeping as many Beaumont employees as possible. The Department has not been able to offer new recruits guaranteed positions, which has deterred many applicants from applying for positions. A recruitment event was held last week and the number of applicants was very high because the Department was finally able to offer guaranteed positions.

Because staffing the facilities is crucial to success, the Department created the Cadre unit with the goal of having a floating number of employees fill in when staff are on sick leave, disability, or seek another job. All the new recruits will go into the Cadre unit. The Department has taken many measures to keep Bon Air fully staffed.

The newly established student government association held a great event at the State Capitol recently where residents from Beaumont and Bon Air met with the Governor's administration and presented a constitution of the residents' government structure. The Governor, First Lady, and the residents all signed the constitution. The constitution gives the youth in the facility the opportunity to be smart and successful in the hopes that they will return home with a different view of themselves and the world.

The Department hosted the National Governors Association Learning Lab in early April, which highlighted the reform work in Virginia. Teams from four states and the Virgin Islands attended and heard many presentations on the transformation, had good discussions, and toured Bon Air. The Department's transformation success is gaining national attention.

Director Block highlighted red flags that require attention. The youth crime rate in FY 2016 overall decreased in Virginia; however, in some areas of the Commonwealth, such as Richmond, Newport News, Hampton, and Northern Virginia, the youth crime rate has increased. While historically, the Department's focus has not been violence prevention, an internal workgroup has been assembled in order to discuss using savings reinvestment to target violence prevention in these areas and support local efforts. Director Block asked the Board for their input on this topic area.

The Board had a lengthy discussion on violence prevention and other related topics.

Board Member Mike Herring noted that this uptick reminds him of a similar trend in the 1990s and the legislative response of reversing community-based care and similar programs. The Department should look at the performance of its youth and be prepared to rebut suggestions that they are the juveniles

committing the violent acts. If the data indicate that the Department's subjects are not responsible, this would be useful for the Department to share. If the data shows that there is some coincidence, the Department should be prepared to explain why those are aberrations and not reflective of the population.

Board member McDougle noted that the uptick in crime may be a concern during the next General Assembly session. Evaluation is time consuming; however, if the Department can show the legislators the positive impact of the Community Treatment Model, it would be helpful to share on the front end, particularly in those target areas Director Block mentioned, in order to prevent a conversation from escalating during the next General Assembly session.

Deputy Director Boykin commented that the most recent numbers indicate youth on probation account for the uptick and some are even victims. The last two incidents Deputy Director Boykin saw, the youth were put on probation this past April and already have been involved in crimes. The Department needs to identify at-risk youth early enough to get them access to supervision and services.

Deputy Director Boykin and Board Member McDougle both agreed that there should be a good program, rather than a knee jerk reaction similar to what occurred in the 1990s. The Board acknowledged that, although the Department has worked strenuously to change the mindset of some legislators, an uptick in crime may compel the legislature to revert to the 1990's era philosophy.

Board Member Holland noted that it is not only the legislators, but also the juvenile judges that need to be included in the conversation, as they are critical to the process. The judges are often perceived as the decision makers who are putting the youth back on the street because they are the ones who sign the final order. The juvenile judges should be intimately involved with the process and aware of what the Department seeks to accomplish. Board Member Holland indicated that the Department needs to be very clear and honest with its statistics.

Board Member Schrad discussed her concerns regarding two meetings with the U.S. Attorney General's office regarding the drug problem and a tough "lock'em up approach." Board Member Schrad indicated that the law enforcement community is concerned with federal policy makers having a harsher approach. Programs have been under-funded for so long, it makes it harder for them to succeed. Board Member Schrad noted that the Department needs to fiercely protect the savings so these treatment models can mature.

Director Block noted that the common denominator is youth having guns. Chairperson Abbott agreed and added that phones were also a concern. Director Block indicated that there is no distinction in the penalty between an adult providing a gun to a youth and a youth providing a gun to a youth; it is a Class six felony, which is the least serious felony. Director Block noted that this is an important issue that carries a minor penalty and shared the possibility of future legislative proposals in this area.

BOARD COMMENTS

The Board had no comments.

NEXT MEETING

The next Board meeting is scheduled for June 28, 2017, at the Main Street Centre, 600 East Main Street, Richmond.

ADJOURNMENT

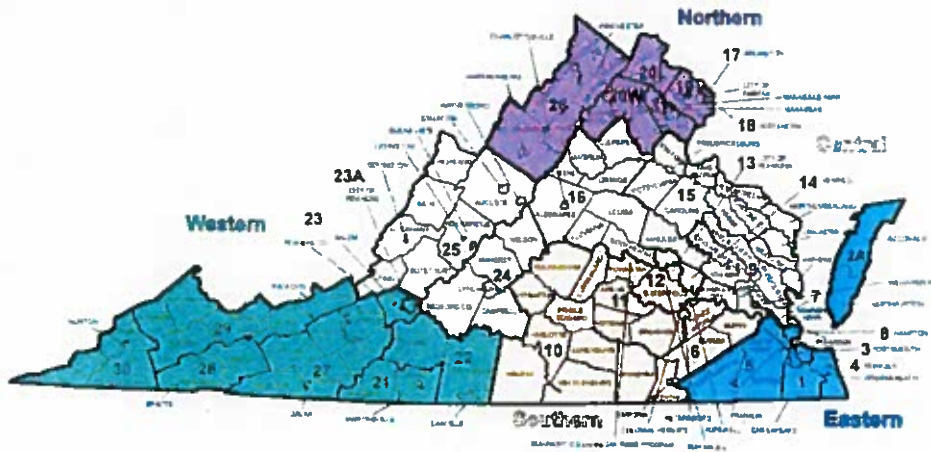
Chairperson Abbott adjourned the meeting at 10:55 a.m.



Service Continuum and Service Coordination Model Update

3-31-2017

In October 2016, DJJ awarded contracts to two experienced service coordination agencies to develop a statewide continuum of evidence-based services and alternatives to placement in state operated juvenile correctional centers. AMikids (AMI) and Evidence Based Associates (EBA), responded to a Request for Proposals and were selected as a result of a competitive procurement process. The companies will assist in the transformation of Virginia's juvenile justice system, providing third party management for service coordination, centralized referrals, centralized billing, centralized reporting and performance measurement. The initial work under the contracts will include identifying existing treatment capacity and developing new treatment capacity, with the lead service coordination companies selecting and sub-contracting with direct service providers. The work of the companies will be divided using DJJ's five administrative regions. AMI will provide coordination for the Eastern and Southern regions of the state, while EBA will provide coordination for the Western, Northern and Central regions. www.amikidsvirginia.org | www.evidencebasedassociates.com




- Eastern Region (RSC = AMI)**
CSUs 1,2,2A,3,4,5,7,8
- Southern Region (RSC = AMI)**
CSUs 6,10, 11,12,13,14
- Northern Region (RSC = EBA)**
CSUs 17,18,19,20L,20W,26,31
- Central Region (RSC = EBA)**
CSUs 9,15,16,24,25
- Western Region (RSC = EBA)**
CSUs 21,22,23,23A,27,28,29,30

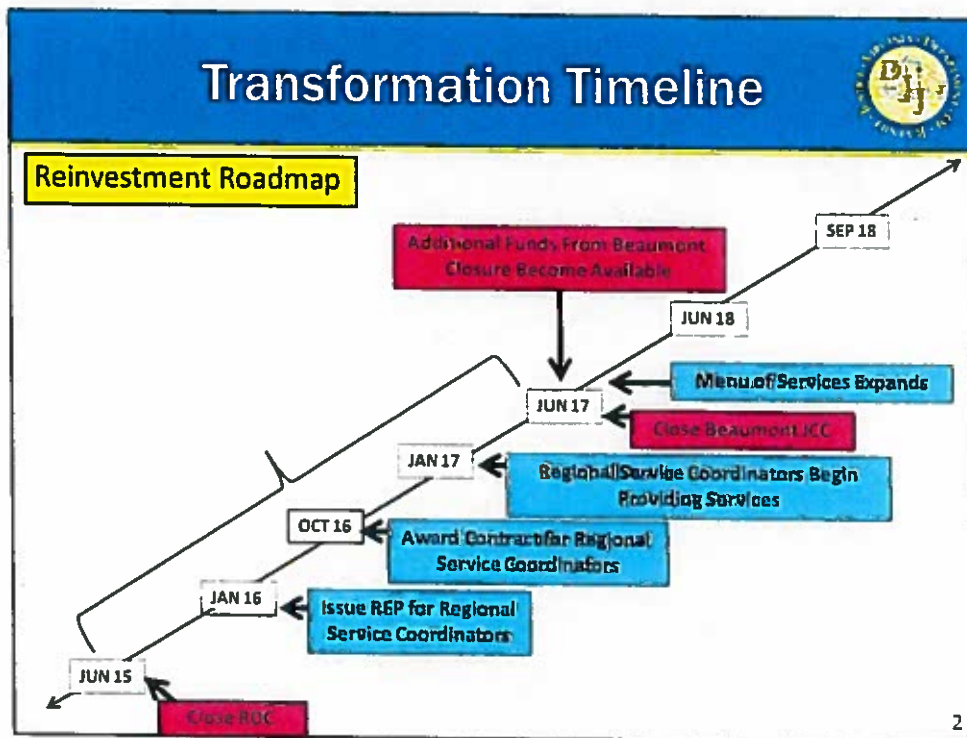
	Jan-Mar 2017	Apr - June 2017	July - Sep 2017	Oct - Dec 2017	Jan - Mar 2018	Apr - June 2018
Contracting for Basic Services						
Centralized Referral System						
Centralized Billing						
Centralized Reporting						
Add Employment Services (Salary Match Programming)						
Add Residential Programming						
Build Additional Capacity						
Assess Quality of Service Provision						
Introduce Evidence-Based Models						

For additional information contact Beth Stinnett, DJJ Statewide Program Manager, beth.stinnett@djj.virginia.gov.

Regional Service Coordinators and Statewide Continuum



1



Reinvestment Authority: New Regional Service Contracts



- Contracts awarded: October 2016
- Service initiation: January 1, 2017
- Initial Award period: Until October 2018
- Contracts Awarded To:
 - AMIkids (originally Associated Marine Institutes)
 - Eastern Region
 - Southern Region
 - Evidence Based Associates
 - Northern Region
 - Central Region
 - Western Region

3

Building a Continuum of Services



Goals:

- Reduce the over-reliance on more restrictive placements, supervision and compliance strategies that may not adequately address risk or needs
- Provide services to youth at multiple stages of court and/or DJJ-involvement
- Increase the array and availability of services for youth and families across the Commonwealth
- Build the capacity to provide more evidence-based and evidence-informed services that have demonstrated effectiveness
- Eliminate Justice By Geography

4

Core Service Coordinator Responsibilities



- Develop, through existing or new services, regional access to a continuum of evidence-based services and placements
- Build capacity to continually evaluate and deliver new services based on needs
- Ensure quality assurance among direct service providers
- Share disaggregated data with DJJ to monitor performance and youth outcomes.
- Establish a single point of access referral and billing system

5

New Service Delivery Model

Key Concept:

Right Youth, Right Intervention, Right Time

- Evidence-Based Interventions (RNR Principles)
- Validated Risk / Needs Tools (YASI)
- Prioritized Criminogenic Risk Areas and Service Matching
- Dosage Guidelines
- Manualized Programming
- Active Family Involvement
- Continuum of Services (arrangement and delivery)

6

Base Menu of Services



- **Functional Family Therapy (FFT) and/or Multi-Systemic Therapy (MST)**
- **Individual and group-based cognitive skills training**
 - Life skills coaching
 - Gang intervention services
 - Aggression Replacement Training (ART)
 - Thinking for a Change (T4C)
- **Individual and group-based clinical services**
 - Substance abuse treatment groups
 - Sex offender treatment groups
- **Assessment and Evaluations**
 - Assessments: Substance abuse, mental health, and trauma
 - Evaluations: Psychological, psychosexual, psychiatric, sex trafficking, sex offender polygraph, and sex offender plethysmograph
- **Monitoring Services**
 - Surveillance, electronic monitoring, and GPS
- **Residential Services**

7

Progress To Date – First Quarter



- Staff Hired and Assigned to All Regions
- New Referral and Billing Processes
- Initial Focus Groups in All Regions (Staff and Providers)
- Staff Training Webinar
- Contracts To-Date by Region

East 14	South 18
North 15	Central 33
West 25	
- Total Youth Served = 257

8

DEPARTMENT CERTIFICATION ACTION
May 31, 2017

Certified the 7th District Court Service Unit for three years.

Pursuant to 6VAC35-20-100C.2, if the certification audit finds the program or facility in less than 100% compliance with all regulatory requirements and a subsequent status report, completed prior to the certification action, finds 100% compliance on all regulatory requirements, the director or designee shall certify the facility for a specific period of time, up to three years.

Certified the 8th District Court Service Unit for three years with a letter of congratulations for 100% compliance.

Pursuant to 6VAC35-20-100C.1, if the certification audit finds the program or facility in 100% compliance with all regulatory requirements, the director or designee shall certify the facility for three years.

Certified the 22nd District Court Service Unit for three years.

Pursuant to 6VAC35-20-100C.2, if the certification audit finds the program or facility in less than 100% compliance with all regulatory requirements and a subsequent status report, completed prior to the certification action, finds 100% compliance on all regulatory requirements, the director or designee shall certify the facility for a specific period of time, up to three years.

Certified Foundations Group Home for three years with a status report in September 2017 on the areas of noncompliance related to medication administration.

Pursuant to 6VAC35-20-100C.3, if the certification audit finds the program or facility in less than 100% compliance with all critical regulatory requirements or less than 90% on all noncritical regulatory requirements or both, and a subsequent status report, completed prior to the certification action, finds 100% compliance on all critical regulatory requirements and 90% or greater compliance on all noncritical regulatory requirements, the program or facility shall be certified for a specified period of time, up to three years.

Certified Northwestern Regional Juvenile Detention Center and Post-dispositional Program for three years with a letter of congratulations for 100% compliance.

Pursuant to 6VAC35-20-100C.1, if the certification audit finds the program or facility in 100% compliance with all regulatory requirements, the director or designee shall certify the facility for three years.

Certified Northern Virginia Juvenile Detention Home and Post-dispositional Program for one year with a monitoring report in September 2017.

Pursuant to 6VAC35-20-100C.3, if the certification audit finds the program or facility in less than 100% compliance with all critical regulatory requirements or less than 90% on all noncritical regulatory requirements or both, and a subsequent status report, completed prior to the certification action, finds 100% compliance on all critical regulatory requirements and 90% or greater compliance on all noncritical regulatory requirements, the program or facility shall be certified for a specified period of time, up to three years.

DEPARTMENT CERTIFICATION ACTION

Certified Rappahannock Juvenile Detention Center and Post-dispositional Program for three years with a letter of congratulations for 100% compliance.

Pursuant to 6VAC35-20-100C.1, if the certification audit finds the program or facility in 100% compliance with all regulatory requirements, the director or designee shall certify the facility for three years.

Certified Sheltercare of Northern Virginia for three years.

Pursuant to 6VAC35-20-100C.2, if the certification audit finds the program or facility in less than 100% compliance with all regulatory requirements and a subsequent status report, completed prior to the certification action, finds 100% compliance on all regulatory requirements, the director or designee shall certify the facility for a specific period of time, up to three years.

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

PROGRAM AUDITED:

7th District Court Service Unit (Newport News)
2600 Washington Avenue, 6th Floor
Newport News, Virginia 23607
(757) 926-3676
Lotus A. Wheeler, Director
Lotus.Wheeler@djj.virginia.gov

AUDIT DATES:

February 1, 2017

CERTIFICATION ANALYST:

Mark Ivey Lewis

CURRENT TERM OF CERTIFICATION:

January 30, 2014 – January 29, 2017

REGULATIONS AUDITED:

6AC35-150 Regulations for Nonresidential Services Available to Juvenile and Domestic Relations District Courts

PREVIOUS AUDIT FINDINGS September 25, 2013:

6VAC35-150-300 (A). Predispositionally Placed Juveniles

CURRENT AUDIT FINDINGS – February 1, 2017:

98.2% Compliance Rating
One repeated deficiency from previous audit.
Number of Deficiencies: One
6VAC35-150-300 (A). Predispositionally Placed Juveniles

DEPARTMENT CERTIFICATION ACTION May 31, 2017: Certified the 7th District Court Service Unit for three years.

Pursuant to 6VAC35-20-100C.2, if the certification audit finds the program or facility in less than 100% compliance with all regulatory requirements and a subsequent status report, completed prior to the certification action, finds 100% compliance on all regulatory requirements, the director or designee shall certify the facility for a specific period of time, up to three years.

TEAM MEMBERS:

Mark Ivey Lewis, Team Leader
Clarice Booker, Central Office
Shelia Palmer, Central Office
Deborah Hayes, Central Office
Valencia Woods, Portsmouth (3rd) Court Service Unit
Bruce Call, Williamsburg (9th) Court Service Unit
John Zamora, Va. Beach (2nd) Court Service Unit

POPULATION SERVED:

The 7th District Court Service Unit serves the City of Newport News

PROGRAMS AND SERVICES PROVIDED:

The 7th District Court Service Unit provides mandated services including:

- Intake
- Diagnostic (Investigation and Reports)
- Probation supervision
- Direct care and parole supervision

The Unit interacts with the community in obtaining such services as:

- **Newport News Public Schools:** (educational evaluations/child studies, alternative education programs, tutoring, anger management, substance abuse education).
- **Newport News Department of Human Services:** CHINS Unit evaluations/services, Families at Risk Program, Structural Family Systems counseling, Foster Care/custody needs, Child Protective Services referrals/services, Independent Living programs, Targeted Outreach Program (TOP); Family Preservation Program.
- **FAP Team (Family and Planning Team):** Collaborative staffings for community resources and CSA funding.
- **Hampton-Newport News Community Services Board:** Juvenile Drug Court, Therapeutic Day Treatment Program in the schools, individual/group/family counseling, mentoring, mental health counseling, substance abuse evaluations/counseling, sex offender evaluations/counseling, psychological/psychiatric evaluations, medication management, case management).
- **Newport News Juvenile Services:** Secure Detention, Post-Dispositional Program, Outreach Program, Electronic Monitoring/Global Positioning System, Intensive Day/Evening Programs, Community Work Alternative Program, and Recidivism Reduction Program.
- **Newport News Fire Department:** Fire Starters Program.
- **Mayor's Youth and Gang Violence Commission:** Seeing Opportunities Within (SOW) and Summer Training Enrichment Program (STEP).
- **C. Waldo Scott Center for Hope:** mentoring, tutoring, GED classes.
- **Boys & Girls Clubs:** Boy's Club Gang Prevention Program.
- **Community Corrections Division:** adult supervision/probation services.
- **Tidewater Youth Services Commission:** Parole Transition services.
- **In-Agape Family Life & Educational Center:** alternative education services, mentoring.
- **Positive Pathways, Inc.:** in-home counseling.
- **Workforce Development and New Horizons Educational Center:** employment and job skills preparation.
- **Commonwealth Challenge and Job Corps:** residential/educational placement.
- **Alpha Counsellors:** in-home counseling, substance abuse counseling, sex offender treatment, mental health support, and independent living services and placement.
- **National Counseling Group:** Therapeutic Day Treatment Program in the schools, counseling services and Mental Health Treatment Plan assessments for the Post-Dispositional Program.

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

FACILITY/PROGRAM: 7th District Court Service Unit (Newport News)

SUBMITTED BY: Lotus Wheeler, CSU Director

CERTIFICATION AUDIT DATES: February 1, 2017

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.

6VAC35-150-300 (A). Predispositionally Placed Juvenile

A. In accordance with approved procedures, a representative of the CSU shall make contact, either face-to-face or via videoconferencing, with each juvenile placed in predispositional detention, jail, or shelter care pursuant to § 16.1-248.1 of the Code of Virginia, within five days of the placement. A representative of the CSU shall make contact with the juvenile at least once every 10 days thereafter either face-to-face or by telephone or videoconferencing. All such contacts shall include direct communication between the CSU staff and the juvenile.

Audit Finding:

Two of four applicable case files reviewed had documentation that contact with the juvenile placed in predispositional detention was not conducted within the 10 day time frame: Contact was made:

1. 1st file – 11th day (3/28/16 and 4/8/16)
2. 2nd file – 15th day (5/26/16 and 6/10/16)

Program Response

Cause:

Two probation officers assigned to our diagnostic unit failed to adhere to the policy governing CSU detention contact requirements for pre-dispositional placed juveniles. It is evident that the probation officers did not use or take advantage of the system generated compliance reports for detention cases to assist them in maintaining compliance with the required ten (10) day detention contacts. It is also evident that the current system in place for supervisors to monitor detention contacts is not sufficient in addressing compliance issues until after the noncompliance has occurred.

Monthly reviews of the detention visit compliance report provided in BADGE do not succinctly provide or identify cases as out of compliance of the five or ten day requirement. It appears that not addressing 10 day detention contact compliance as part of the Detention Review Process conducted during our weekly managerial meetings (Director's Review) has aided in the identified contact noncompliance issue. Also, the Unit Supervisors staff meetings and quarterly reviews of case files did not identify compliance problems in adequate enough time to correct compliance problems. Supervisors also failed to consistently use detention compliance reports in BADGE to proactively identify problem cases to prevent noncompliance issues.

As CSU Director it is my ultimate responsibility to assure full compliance with all departmental policies and procedures. It is also my responsibility to identify and correct any systemic failures.

Effect on Program:

Required detention contacts were missed resulting in non-compliance with the standard/policy. However, there were no instances in which the needs of the detained youth failed to be met.

Planned Corrective Action:

As a result of the 2017 Certification Audit finding regarding pre-dispositional 10 day detention contact with juveniles in detention, the following corrective action plan/procedural changes have been implemented:

1. After the initial 5 day contact is made with juveniles placed in detention/jail, the probation/parole/diagnostic officers will make subsequent contacts every 7 days either face to face or by telephone. All contacts are to be entered in BADGE as soon as possible but no later than five (5) days after contact is made with the juvenile.
2. Daily monitoring of detention cases.
 - a. All supervisors shall daily monitor detention/jail compliance reports in BADGE to ensure compliance with the 10 day pre-dispositional detention/jail contact and address and/or correct data omissions and errors.
 - b. The designated supervisor of the day shall monitor the detention visit compliance report in BADGE and notify the appropriate supervisor and the director of any cases that are out of compliance.
3. Weekly reviews of detention cases. All detention cases will be reviewed with the director on a weekly basis during supervisor/managerial meetings to monitor the 10 day detention/jail contact compliance.
4. All supervisors shall closely monitor detention/jail admissions, contacts, and releases in staff meetings and during quarterly file reviews to assure compliance with pre-dispositional detention/jail contact requirements.
5. Unit supervisors shall flag compliance problems and shall immediately contact the assigned probation/parole/diagnostic officer for resolution.
6. Unresolved detention/jail contact compliance problems shall be reported to the CSU director immediately.
7. The CSU director will ensure that appropriate disciplinary action is taken against staff that violates detention/jail contact compliance regulations.

Completion Date:

February 13, 2017

Person Responsible:

Director, Diagnostic Supervisor, Probation Supervisors, Parole Supervisor, Intake Supervisor

Current Status on March 27, 2017: Compliant

Seven case file narratives reviewed had documentation that contact with the juvenile placed in predispositional detention had been conducted within the 10 day time frame.

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

PROGRAM AUDITED:

8th District Court Service Unit (Hampton)
35 Wine Street
Hampton, Virginia 23669
(757) 727-6184
Ellen Madison, Director
Ellen.madison@djj.virginia.gov

AUDIT DATES:

March 8, 2017

CERTIFICATION ANALYST:

Mark Ivey Lewis

CURRENT TERM OF CERTIFICATION:

March 15, 2014 – March 14, 2017

REGULATIONS AUDITED:

6AC35-150 Regulations for Nonresidential Services Available to Juvenile and Domestic Relations District Courts

PREVIOUS AUDIT FINDINGS – October 29, 2013:

6VAC35-150-300 (A). Predispositionally Placed Juveniles

CURRENT AUDIT FINDINGS – March 8, 2017:

100% Compliance Rating

DEPARTMENT CERTIFICATION ACTION May 31, 2017: Certified the 8th District Court Service Unit for three years with a letter of congratulations for 100% compliance.

Pursuant to 6VAC35-20-100C.1, if the certification audit finds the program or facility in 100% compliance with all regulatory requirements, the director or designee shall certify the facility for three years.

TEAM MEMBERS:

Mark Ivey Lewis, Team Leader
Clarice Booker, Central Office
Shelia Palmer, Central Office
Deborah Hayes, Central Office
Brandy Newton, Va. Beach (2nd) Court Service Unit
Joe Jackson, Williamsburg (9th) Court Service Unit
Gregory Smith, Norfolk (4th) Court Service Unit
Curt Moore, Suffolk (5th) Court Service Unit

POPULATION SERVED:

The 8th District Court Service Unit serves the City of Hampton

PROGRAMS AND SERVICES PROVIDED:

The 8th District Court Service Unit provides mandated services including:

- Intake services
- Investigation services
- Probation services

- Direct care supervision
- Parole Transitional and Re-Entry Planning
- Parole Supervision

The 8th District Court Service Unit interacts with the community in obtaining such services as:

- Family Stabilization Program
 - Intensive Supervision
 - Community Service Coordination
 - Substance Abuse Evaluations
 - Substance Abuse Treatment
 - Anger Management Services
 - CSA/FAPT Referrals
 - Outreach Detention
 - Electronic Monitoring/GPS
 - Employment Readiness
 - Keep The Peace Program
 - Anti-Consumer Theft Program
 - Mental Health Screening
 - Mental Health Assessment
-

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

PROGRAM AUDITED:

22nd District Court Service Unit
275 South Main Street, Suite 53
Rocky Mount, Virginia 24151 (757) 926-3676
Joyce Green, Director
Joyce.Green@djj.virginia.gov

AUDIT DATES:

February 21-22, 2017

CERTIFICATION ANALYST:

Mark Ivey Lewis

CURRENT TERM OF CERTIFICATION:

December 1, 2013 – November 30, 2016

REGULATIONS AUDITED:

6AC35-150 Regulations for Nonresidential Services Available to Juvenile and Domestic Relations District Courts

PREVIOUS AUDIT FINDINGS June 12, 2013:

6VAC35-150-336 (B). Social History

CURRENT AUDIT FINDINGS – February 22, 2017:

96.55% Compliance Rating

No repeated deficiencies from previous audit.

Number of Deficiencies: Two

6VAC35-150-336 (A). Social History

6VAC35-150-410 (A). Commitment information.

DEPARTMENT CERTIFICATION ACTION May 31, 2017: Certified the 22nd District Court Service Unit for three years.

Pursuant to 6VAC35-20-100C.2, if the certification audit finds the program or facility in less than 100% compliance with all regulatory requirements and a subsequent status report, completed prior to the certification action, finds 100% compliance on all regulatory requirements, the director or designee shall certify the facility for a specific period of time, up to three years.

TEAM MEMBERS:

Mark Ivey Lewis, Team Leader
Clarice Booker, Central Office
Shelia Palmer, Central Office
Earl Conklin (17) Court Service Unit
Kimberly Doyle (23-A) Court Service Unit

POPULATION SERVED:

The 22nd District Court Service Unit serves the City of Danville, Franklin County and Pittsylvania County

PROGRAMS AND SERVICES PROVIDED:

The 22nd District Court Service Unit provides mandated services including:

- Intake
- Diagnostic (Investigation and Reports)
- Probation supervision
- Direct care and parole supervision

The Unit interacts with the community in obtaining such services as:

- **Post-dispositional Program**
 - Roanoke Valley Juvenile Detention Center for juveniles in Franklin County
 - W.W. Moore Juvenile Detention Center for juvenile in the City of Danville and in Pittsylvania County
- **VJCCA Programs**
 - City of Danville
 - Outreach Detention
 - Electronic Monitoring
 - Mentoring
 - Franklin County
 - Electronic Monitoring
 - Pittsylvania County
 - Electronic Monitoring
 - Outreach Detention
 - Anger Management
 - Aggression Replacement Training (ART)
- **Other Primary Referrals**
 - City of Danville (Services received):
 - Residential
 - Evaluations
 - Case Management
 - Life Skills Coaching
 - Individual Mental Health Counseling
 - Substance Abuse Counseling
 - In-Home Services
 - Mentoring
 - Sex Offender Treatment
 - Anger Management
 - Re-entry Services
 - Substance Abuse Education Group
 - Job Training
 - Intensive Care Coordination
 - Law & Community Awareness
 - Franklin County (Services received)
 - Job Training
 - Sex Offender Treatment
 - Mentoring
 - Individual Mental Health Counseling
 - Substance Abuse Counseling
 - In-Home Services
 - Residential
 - Equine Therapy
 - Drug Court

- Truancy Intervention Program
- Anger Management
- Case Management
- Life Skills Counseling
- Intensive Care Coordination
- **Pittsylvania County (Services received)**
 - Substance Abuse Counseling
 - Mental Health Counseling
 - Truancy Intervention Program
 - Mentoring
 - Family Counseling
 - Substance Abuse Counseling
 - Evaluations
 - Individual Counseling
 - Residential
 - In-Home
 - Case Management
 - Job Training
 - Parent Aide Services
 - Substance Abuse Education Group
 - Anger Management
 - Gang Intervention
 - Law & Community Awareness

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

FACILITY/PROGRAM: 22nd District Court Service Unit (Rocky Mount)

SUBMITTED BY: Joyce Green, CSU Director

CERTIFICATION AUDIT DATES: February 21 – 22, 2017

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.

6VAC35-150-336 (A). Social histories.

A. A social history shall be prepared in accordance with approved procedures (i) when ordered by the court, (ii) for each juvenile placed on probation supervision with the unit, (iii) for each juvenile committed to the Department, (iv) for each juvenile placed in a post-dispositional detention program for more than 30 days pursuant to § 16.1-284.1 of the Code

of Virginia, or (v) upon written request from another unit when accompanied by a court order. Social history reports shall include the following information:

1. Identifying and demographic information on the juvenile;
2. Current offense and prior court involvement;
3. Social, medical, psychological, and educational information about the juvenile;
4. Information about the family; and
5. Dispositional recommendations, if permitted by the court.

Audit Finding:

Per approved procedures, the following information was either missing or was placed in the wrong section of the social histories which were reviewed:

- Five of eight social histories demographic information were missing the juvenile's "age".
- Six of seven social histories were missing the "date of the home visit".
- Five of seven social histories were either missing "the family and probation officer" view of the impact of the neighborhood on the juvenile's behavior" or this information was placed in the wrong section of the social history.
- Four of eight social histories reviewed were either missing the "juveniles self-reported career goals" or this information was placed in the wrong section of the social history.

Program Response

Cause:

The cause was staff errors. The errors were due to staff just having three months with working with the revised Social History format. The new Social History Procedure and format were issued in September 2016 and there had been only one webinar training opportunity. A revised format of the Social History was rolled out in October 2016 and the sample Social Histories for the 22nd District was submitted in January 2017. There was not a departmental checklist issued for the revised format to assist staff in ensuring that required information was included and in the correct section.

Effect on Program:

There is no long term or major effect to the program in either of the four areas the District was cited for. All of the Social Histories were missing the age on the cover pages only. The juveniles' ages were mentioned in another place in the reports. Also the date of birth was always listed on the cover pages. In regards to the date of the home visit not being mentioned in the report, each case had a home visit date that was documented in BADGE. All other missing information or misplaced information did not have a major impact on the recommendations for service delivery to the Court.

Planned Corrective Action:

The Director will attend a staff meeting in each of the branch offices to review the audit findings with all staff. The deficits in the area of the Social Histories will be given to all staff in writing. Supervisors will meet with all the Probation Officers that complete Social Histories individually to discuss the audit findings. The Supervisors and Probation Officers assigned to complete Social Histories will be required to participate in the DJJ Social History Webinar on 3/17/17. Also the Probation Officer & Supervisor will be required to use the new DJJ Social History Checklist with

each report.

Completion Date:

3/23/17

Person Responsible:

Supervisor Jay Gaylor, Supervisor Rachelle Moore, & Director Joyce Green

Current Status on April 23, 2017: Compliant

Per approved procedures, the following information was reviewed in seven social histories:

- Seven of seven social histories demographic information included the juvenile's "age"
- Seven of seven social histories indicated the "date of the home visit"
- Seven of seven social histories had "the family and probation officer" view of the impact of the neighborhood on the juvenile's behavior"
- Two of seven social histories reviewed were either missing the "juveniles self-reported career goals" or this information was placed in the wrong section of the social history.

6VAC35-150-410 (A). Commitment information.

A. When a juvenile is committed to the Department, the juvenile may not be transported to the Reception and Diagnostic Center (RDC) until (i) the items and information required by the Code of Virginia and approved procedures have been received by RDC and (ii) the case is accepted by RDC.

Audit Finding:

Per procedures, the following information was not included in either the commitment letter and/or commitment packet:

- **One of three commitment letters reviewed were missing the following:**
 - Pending court date
 - IEP
 - Indication if medication was going to be sent with the juvenile to the facility
 - Address and fax number of the Court Service Unit providing parole supervision
- **Two of three commitment letters reviewed were missing the name(s) of the victims of the committing charge**
- **One of three commitment packages did not include the IEP**

Program Response

Cause:

Staff oversight was the cause for the deficits. Staff routinely did not mention in the cover letter if the juvenile's medication was going to be sent to the receiving facility due to not knowing until after the juvenile has left the local facility if the medication was sent. Staff failed to address in the cover letter when the answer to the question was none or no. In one case, staff failed to send an IEP along with the commitment packet.

Effect on Program:

There is no long term or major effect to the program in areas the District was cited for. The Central

Admission & Placement Unit (CAP) requested and received all missing information prior to the juvenile being transferred to the commitment placement.

Planned Corrective Action:

A formed commitment letter to the Central Admission & Placement Unit (CAP) will be created and distributed to all Probation Officers that include all the requirements of 6VAC-35-150-410 (A). Along with the form letter, staff will receive a written directive to address every item include in the commitment letter. Supervisors will be directed to ensure that each items is addressed in the letter. See the attached commitment letter.

Completion Date:

3/17/17

Person Responsible:

CSU Director Joyce Green

Current Status on April 23, 2017: Compliant

One of one commitment letter reviewed had the following information as required by approved procedures:

- Pending court date
 - IEP
 - Indication if medication was going to be sent with the juvenile to the facility
 - Address and fax number of the Court Service Unit providing parole supervision
 - The name(s) of the victims of the committing charge
-

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

PROGRAM AUDITED:

Foundations Group Home
12720 Lee Highway
Fairfax, VA 22030
(703) 830-2930
Denise D. Studeny, Director
Denise.Studeney@fairfaxcounty.gov

AUDIT DATES:

October 17-18, 2016

CERTIFICATION ANALYST:

Clarice T. Booker

CURRENT TERM OF CERTIFICATION:

March 15, 2014 – March 14, 2017

REGULATIONS AUDITED:

6VAC35-41 Regulation Governing Juvenile Group Homes

PREVIOUS AUDIT FINDINGS October 22, 2013:

99.7% Compliance Rating
6VAC35-51-800.G (Mandatory) Medical Examinations and Treatment

CURRENT AUDIT FINDINGS – October 17, 2016:

98.3% Compliance Rating
6VAC35-41-340(B) Face Sheet
6VAC35-41-860(A) Individual service plan
6VAC35-41-1280 (F) Medication
6VAC35-41-1280(H) Medication CRITICAL
6VAC35-41-1320(D) Physical Restraint

DEPARTMENT CERTIFICATION ACTION May 31, 2017: Certified Foundations Group Home for three years with a status report in September 2017 on the areas of noncompliance related to medication administration.

Pursuant to 6VAC35-20-100C.3, if the certification audit finds the program or facility in less than 100% compliance with all critical regulatory requirements or less than 90% on all noncritical regulatory requirements or both, and a subsequent status report, completed prior to the certification action, finds 100% compliance on all critical regulatory requirements and 90% or greater compliance on all noncritical regulatory requirements, the program or facility shall be certified for a specified period of time, up to three years.

TEAM MEMBERS:

Clarice T. Booker, Team Leader
John Adams, Central Office
Thomas Gaskins, Central Office
Deborah Hayes, Central Office
Mark Lewis, Central Office
Sean Milner, Central Office

POPULATION SERVED:

Foundations is a highly structured, community-based and trauma informed residential treatment program for court-involved girls who exhibit chronic behavioral issues and have been unable to be assisted on an outpatient basis. It serves adolescent females between the ages of 13 and 17. It has a capacity of 12 residents. The facility is operated by Fairfax County and serves residents and families from that jurisdiction.

PROGRAMS AND SERVICES PROVIDED:

Foundations offers a highly structured environment with both a behavioral and clinical component. The goal is for residents to adopt more positive interactions among themselves, with their families, and within the community. The major objectives of the program are to address the behaviors that brought the resident to the court and help them understand the underlining issues to the behavior. Treatment is premised on the belief that girls need to gain a sense of independence, self-control, and self-confidence in order to build a healthy, productive future. The program is designed to change a resident's behavior, foster healthy emotional functioning, strengthen family functioning, and successfully facilitate a return to the home and community.

In addition to all mandated services, Foundations provides the following at the facility:

- Individual, group, and family counseling
- Anger management
- Social skills
- Decision making and coping skills
- Parent support groups
- Multi-family groups
- Aftercare or transition services

Foundations interact with the community in obtaining such services as:

- Education through Fairfax County Public Schools
 - Alcohol and drug treatment services, including family consultation and individual and group therapy through the Community Services Board
 - Recreation through county facilities
-

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

FACILITY/PROGRAM: Foundations
SUBMITTED BY: Denise D. Studeny
CERTIFICATION AUDIT DATES: October 17-18, 2016
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.

6VAC35-41-340(B) Face Sheet

Upon discharge, the date of and reason for discharge, names and addresses of persons to whom the resident was discharged, and forwarding address of the resident, if known, shall be recorded on the face sheet.

Audit Finding:

The required discharge information was missing from the face sheet in two out of five case files reviewed.

Program Response

Cause:

When youth were discharged from the program as a result of going AWOL and then returned for a second admission, one of the two discharges were not captured on the Face Sheet.

Effect on Program:

The correct information was not captured on the Face Sheet for one of the discharges.

Planned Corrective Action:

The Policy and Procedure Manual has been updated to reflect the following; The Foundations Program maintains a face sheet for each resident. A new Face Sheet will be completed for each admission.

Completion Date:

Effective on October 25, 2016 with ongoing implementation

Person Responsible:

Director Denise Studeny. The Director or the Assistant Director completes the Face Sheet during the admissions process (Intake). The individual counselor assigned to the case is responsible for completing the discharge information at the time of discharge.

Current Status on April 6, 2017: Compliant

Three applicable case files were reviewed and were compliant.

6VAC35-41-860(A) Individual service plan

An individual service plan shall be developed and placed in the resident's record within 30 days following admission and implemented immediately thereafter. The initial individual service plan shall be distributed to the resident, the resident's family, legal guardian or legally authorized representative, the placing agency, and appropriate facility staff.

Audit Finding:

The individual service plan was missing in one out of five applicable case records reviewed. The service plan was not developed and placed in the file within 30 days in two out of five applicable case records reviewed.

Program Response

Cause:

The date previously used was month after the intake, causing the plan to be developed a day later in months with 31 days in them. In addition, the treatment plan was not placed in the file within 30 days.

Effect on Program:

The information in the treatment plan was not accessible to all of the staff in the file during the correct time. In some cases the treatment plan was developed a day later. The date previously used was month after the intake, causing the plan to be developed a day later in months with 31 days in them. In addition, the plan was not in the file within 30 days, causing staff to not have physical access to the plan.

Planned Corrective Action:

Plans will now be created and placed in the file within 30 days of admission. See attached memo sent to staff.

Completion Date:

Effective November 3, 2016 with ongoing monitoring and compliance

Person Responsible:

Director Denise Studeny

Current Status on April 6, 2017: Compliant

Two applicable case files were reviewed and were compliant.

6VAC35-41-1280 (F) Medication

All medications shall be administered in accordance with the physician's or other prescriber's instructions and consistent with the requirements of § 54.2-2408 of the Code of Virginia and the Virginia Drug Control Act (§ 54.1-3400 et seq. of the Code of Virginia).

Audit Finding:

Medication was not administered as prescribed in two out of four applicable medical records reviewed.

Program Response

Cause:

Medication administration is documented in several areas, in one of the cases the medication documentation occurred in the log, however was not documented on the Medication Administration Record. On a second occasion the medication was not administered.

Effect on Program:

The proper documentation was not provided in one case. In the second case the resident did not receive the medication, creating a deviation from their doctor's orders and medication regime.

Planned Corrective Action:

Staff will be reminded of the importance of administering and documenting all medications in the correct places. In addition, staff will be assigned to review the Medication Administration Record each night to ensure that medications have been documented properly.

Completion Date:

Effective November 3, 2016 with ongoing monitoring.

Person Responsible:

Director Denise Studeny, medication administration staff and assigned staff to review MARs.

Current Status on April 6, 2017: Non-compliant

Medication was not administered as prescribed in three out of three applicable medical files reviewed.

6VAC35-41-1280(H) Medication CRITICAL

In the event of a medication incident 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. A medical incident shall mean an error made in administering a medication to a resident including the following: (i) a resident is given incorrect medication; (ii) medication is administered to an incorrect resident; (iii) an incorrect dosage is administered; (iv) medication is administered at a wrong time or not at all; and (v) the medication is administered through an improper method. A medication error does not include a resident's refusal of appropriately offered medication.

Audit Finding:

There was no medication incident report in three incidences where medication was not administered as prescribed in two out of four applicable medical records reviewed.

Program Response

Cause:

Staff did not administer medications and did not document the reasoning for the lack of administration through a Medication Error report.

Effect on Program:

The resident did not receive the medication, creating a deviation from their doctor's orders and

medication regime.

Planned Corrective Action:

Staff will be reminded of the importance of administering and documenting all medications in the correct places. In addition, staff will be assigned to review the Medication Administration Record each night to ensure that medications have been documented properly.

Completion Date:

Effective November 3, 2016 with ongoing monitoring

Person Responsible:

Director Denise Studeny, medication administration staff and assigned staff to review MARs

Current Status on April 6, 2017: Compliant

Medication incident reports were completed in three applicable medical records reviewed.

6VAC35-41-1320(D) Physical Restraint

Each application of physical restraint shall be fully documented in the resident's record including:

1. Date and time of the incident;
2. Staff involved;
3. Justification for the restraint;
4. Less restrictive behavior interventions that were unsuccessfully attempted prior to using physical restraint;
5. Duration;
6. Description of method or methods of physical restraint techniques used;
7. Signature of the person completing the report and date; and
8. Reviewer's signature and date.

Audit Finding:

There was no documentation of the duration, signature of the person completing the report and the signature of the reviewer in one out of one physical restraints reviewed.

Program Response

Cause:

When a physical restraint was completed a DJJ SIR was completed. However, this did not capture all of the correct information.

Effect on Program:

The correct information was not captured.

Planned Corrective Action:

The attached form will be completed for all Physical Restraints. The Policy and Procedure Manual has been updated to reflect the change of forms being used.

Completion Date:

Effective November 3, 2016 with ongoing use

Person Responsible:
Director Denise Studeny

Current Status on April 6, 2017: Not determinable

The corrective action plan was implemented, but there were no incidents of physical restraint reported since the audit.

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

PROGRAM AUDITED:

Northwestern Regional Juvenile Detention Center
145 Fort Collier Road
Winchester, VA 22603
(540) 722-6174
Erin K. Maloney, Superintendent
maloneye@nrjdc.com

AUDIT DATES:

November 14-15, 2016

CERTIFICATION ANALYST:

Clarice T. Booker

CURRENT TERM OF CERTIFICATION:

April 14, 2014 – April 13, 2017

REGULATIONS AUDITED:

6VAC35-101 Regulation Governing Juvenile Secure Detention Centers

PREVIOUS AUDIT FINDINGS November 20, 2013:

98.48% Compliance Rating
6VAC35-51-780.E Structured Program of Care
6VAC35-51-800.E (Mandatory) Medical Examinations and Treatment
6VAC35-51-810.E (Mandatory) Medication
6VAC35-51-810.F (Mandatory) Medication
6VAC35-51-810.G (Mandatory) Medication
6VAC35-51-810.H Medication

CURRENT AUDIT FINDINGS – November 15, 2016:

100% Compliance Rating

DEPARTMENT CERTIFICATION ACTION May 31, 2017: Certified Northwestern Regional Juvenile Detention Center and Post-dispositional Program for three years with a letter of congratulations for 100% compliance.

Pursuant to 6VAC35-20-100C.1, if the certification audit finds the program or facility in 100% compliance with all regulatory requirements, the director or designee shall certify the facility for three years.

TEAM MEMBERS:

Clarice Booker, Team Leader
John Adams, Central Office
Thomas Gaskins, Central Office
Deborah Hayes, Central Office
Eric Hockenberry, Loudoun Juvenile Detention Center
Denise Kelley, Chesterfield Juvenile Detention Center
Mark Lewis, Central Office
Sheila Palmer, Central Office
Dan Reilly, Fairfax Juvenile Detention Center

POPULATION SERVED:

Northwestern Regional Juvenile Detention Center is a secure custody facility operated by the Northwestern Regional Juvenile Detention Center Commission. The members of the Commission include the city of Winchester, and the counties of Clarke, Frederick, Page, Shenandoah and Warren. The city of Winchester acts as the facility's fiscal agent. The facility serves a pre-dispositional population of 32 male and female residents ages 10 through 17. There is also a post-dispositional detention program for 13 male and female residents, ages 14 through 17, included in the rated capacity.

PROGRAMS AND SERVICES PROVIDED:

In addition to all mandated services Northwestern Regional Juvenile Detention Center interacts with the community in obtaining such services as:

- Mental health assessments
 - On-site education through the Frederick County Public School System, including GED and art programs
 - Narcotics Anonymous/Alcohol Anonymous groups
 - Local religious-based organizations provide youth the opportunity for religious services
-

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

PROGRAM AUDITED:

Northern Virginia Juvenile Detention Home
200 South Whiting Street
Alexandria, VA 22304
(703) 751-3700
Jocelyn Mitchell, Acting Executive Director
JMitchell@jdcnv.org

AUDIT DATES:

December 5-6, 2016

CERTIFICATION ANALYST:

Clarice T. Booker

CURRENT TERM OF CERTIFICATION:

May 15, 2014 – May 14, 2017

REGULATIONS AUDITED:

6VAC35-101 Regulation Governing Juvenile Secure Detention Centers

PREVIOUS AUDIT FINDINGS – March 27, 2014:

100% Compliance Rating

CURRENT AUDIT FINDINGS – December 6, 2016:

96.94 % Compliance Rating

6VAC35-101-80 (A) Serious incident reports **CRITICAL**

6VAC35-101-100 (A) Grievance procedures

6VAC35-101-200 (C) Retraining

6VAC35-101-250 Political activity

6VAC35-101-340 (A) Face sheet

6VAC35-101-800 (B) Admission and orientation

6VAC35-101-870 (B) Written communication between staff; daily log

6VAC35-101-920 (A) Work and employment

6VAC35-101-1060 (J) Medication **CRITICAL**

6VAC35-101-1080 (D) Disciplinary process

DEPARTMENT CERTIFICATION ACTION May 31, 2017: Certified Northern Virginia Juvenile Detention Home and Post-dispositional Program for one year with a monitoring report in September 2017.

Pursuant to 6VAC35-20-100C.3, if the certification audit finds the program or facility in less than 100% compliance with all critical regulatory requirements or less than 90% on all noncritical regulatory requirements or both, and a subsequent status report, completed prior to the certification action, finds 100% compliance on all critical regulatory requirements and 90% or greater compliance on all noncritical regulatory requirements, the program or facility shall be certified for a specified period of time, up to three years.

TEAM MEMBERS:

Clarice Booker, Team Leader

John Adams, Central Office

Jamaine Arvin, Fairfax Juvenile Detention Center

Beth Blount, Chesapeake Juvenile Services

Ix Chel Fuentes, Loudoun Juvenile Detention Center
Deborah Hayes, Central Office
Mark Lewis, Central Office
Shelia Palmer, Central Office
Dyshawn Matthews-Wiggins, Chesterfield Juvenile Detention Home

POPULATION SERVED:

Northern Virginia Juvenile Detention Home is a secure custody facility operated by the Juvenile Detention Commission for Northern Virginia. The members of the Commission include the cities of Alexandria and Falls Church and the county of Arlington. By written agreement the facility provides 10 secure and 10 staff secure beds for the Office of Refugee Resettlement Division of Children Services (ORR/DCS). The facility serves a pre-dispositional population of 70 male and female residents ages 10 through 17. There is also a post-dispositional detention program for 10 male and female residents, ages 14 through 17, included in the rated capacity. The 20 beds guaranteed and funded by ORR/DCS are also included in the rated capacity.

PROGRAMS AND SERVICES PROVIDED:

In addition to all mandated services Northern Virginia Juvenile Detention Center interacts with the community in obtaining such services as:

- Psycho-educational groups through the Alexandria Community Service Board
- Counseling and crisis intervention by mental health staff through local jurisdictions
- On-site education through the Alexandria Public School System
- Local religious-based organizations provide youth the opportunity for spiritual guidance as well as religious services

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

FACILITY/PROGRAM: Northern Virginia Juvenile Detention Home
SUBMITTED BY: Jocelyn Mitchell, Acting Executive Director
CERTIFICATION AUDIT DATES: December 5-6, 2016
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.

6VAC35-101-80 (A) Serious incident reports CRITICAL

The following events shall be reported, in accordance with department procedures, within 24 hours to (i) the applicable court service unit; (ii) either the parent or legal guardian, as appropriate and applicable; and (iii) the director or designee:

1. Any serious incident, accident, illness, or injury to the resident;
2. The death of a resident;

3. Any suspected case of child abuse or neglect at the detention center, on a detention center-sponsored event or excursion, or involving detention center staff as provided in 6VAC35-101-90 (suspected child abuse and neglect);
4. Any disaster, fire, emergency, or other condition that may jeopardize the health, safety, and welfare of residents; and
5. Any absence from the detention center without permission.

Audit Finding:

There was no documentation of notification to the parent or legal guardian within 24 hours, as applicable and appropriate, in four out of four incidents reviewed.

Program Response

Cause:

It is the shift supervisors' responsibility to ensure all notifications are made and properly documented. Supervisors had not properly enforced and/or followed through with documenting facility contact with the parent or legal guardian when serious incidents occurred.

Effect on Program:

Inconsistent notification to parents or legal guardians and documentation of the notification, have caused a break in following DJJ standards. Potential impact on youth, parents/guardians, and NVJDC are unknown.

Planned Corrective Action:

NVJDC will incorporate a guide sheet for the supervisors and staff to follow. This guide sheet will indicate each step to be taken through the reporting process and will include a required signature. Copies of this form will be submitted to the Security Manager and placed in the resident's file. This approved format will indicate who was notified, time, date, name, number of person called, whether a message requesting a return call was left, and notations of each time a follow up attempted call is made. Additionally, staff will indicate the time and date of the calls in the Unit Log. This new protocol and its purpose will be incorporated into the staff's initial and ongoing training curriculum. This policy and new procedure will go into effect once approved by the Juvenile Detention Commission of Northern Virginia (JDCNV).

Completion Date:

March 31, 2017

Person Responsible:

Oversight will be completed by the Security Manager, William Wilson.

Current Status on April 27, 2017: Compliant

Two applicable incidents were reviewed and were compliant.

6VAC35-101-100 (A) Grievance procedures

Written procedure shall provide that residents 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. Investigation of the grievance by an objective employee who is not the subject of the grievance;
3. Documented, timely responses to all grievances with the reasons for the decision;
4. At least one level of appeal;
5. Administrative review of grievances;
6. Protection from retaliation or threat of retaliation for filing a grievance; and
7. Hearing of an emergency grievance within eight hours.

Audit Finding:

There was no documentation of timely responses to grievances with the reasons for the decision in four out of six grievances reviewed. There was no documentation of an administrative review of grievances in three out of six grievances reviewed.

Program Response

Cause:

Administration changed the facility's handling of grievances. Administration did not adequately obtain and/or document all required information of the administration review process.

Effect on Program:

Incomplete/no documentation on timely grievance responses or the administrative review portion, directly impacted the integrity of NVJDC's grievance procedure and potential outcomes for the residents.

Planned Corrective Action:

NVJDC will review and update the current grievance policy and procedure. With an updated policy approved by the JDCNV, the procedure will include the Security Manager, or a designee, to daily collect, review, and attend to each grievance within designated timeframes. Dates and signatures on the grievance form will indicate response times and responsibility, including administrative review.

Completion Date:

March 31, 2017

Person Responsible:

Primary oversight will be completed by William Wilson, Security Manager. Secondary oversight will be completed by NVJDC Executive Director.

Current Status on April 27, 2017: Non-Compliant

Five applicable grievances were reviewed. Three out of five did not document a response within three days as per facility procedures. A grievance initiated on 3/17/17 was responded to on 4/4/17. A second grievance initiated on 2/28/17 was responded to on 3/6/17. A third grievance initiated on 3/3/17 was responded to on 3/17/17. All administrative reviews were compliant.

6VAC35-101-200 (C) Retraining

All direct care staff shall receive at least 40 hours of training annually that shall include training on the following:

1. Suicide prevention as provided for in 6VAC35-101-1020 (suicide prevention);

2. Standard precautions as provided for in 6VAC35-101-1010 (infectious or communicable diseases);
3. Maintaining appropriate professional relationships;
4. Interaction among staff and residents;
5. Residents' rights, including, but not limited to, the prohibited actions provided for in 6VAC35-101-650 (prohibited actions);
6. Child abuse and neglect and mandatory reporting as provided for in 6VAC35-101-80 (serious incident reports) and 6VAC35-101-90 (suspected child abuse or neglect); and
7. Behavior intervention procedures.

Audit Finding:

There was no documentation of annual retraining in maintaining appropriate professional relationships and interaction among staff and residents in three out of seven staff training records reviewed. There was no documentation of annual retraining in resident's rights, including, but not limited to, the prohibited actions provided for in 6VAC35-101-650 in six out of seven training records reviewed.

Program Response

Cause:

Documentation of staff trainings demonstrated gaps in provided and/or missed trainings in maintaining appropriate professional relationships and interaction among staff and residents, as well as resident's rights.

Effect on Program:

Determining missed trainings and updating staff training files while those previously responsible for these items were no longer available proved time consuming, taking valuable time away from other duties. A break in appropriate training can lead to a deficit in staff knowledge and practice, putting residents at risk.

Planned Corrective Action:

A review of current training materials demonstrates that maintaining appropriate professional relationships and interactions among staff and residents and the policy on resident's rights are covered in Handle with Care's training and review training. Also, the Prison Rape Elimination Act training and update training cover these areas. As a result, NVJDC will change the verbiage used on the both the PREA and the Handle with Care training certificates to reflect the coverage of these required trainings. A training database has been developed to track facility trainings at the individual level to ensure timeliness of trainings. Required trainings will be scheduled on a more frequent basis to ensure staff remain compliant with their annual trainings. Individuals will collaborate up and down the chain of command and supervisors will collaborate with the Compliance Manager to ensure annual trainings are completed in a timely manner.

Completion Date:

January 31, 2017

Person Responsible:

Oversight will be completed by the Compliance Manager, Christopher Ward.

Current Status on April 27, 2017: Compliant

Training records were reviewed and were compliant.

6VAC35-101-250 Political activity

Written procedures governing any campaigning, lobbying, and political activities by employees that are consistent with applicable statutes and state or local policies shall be developed and implemented. The procedure shall be made available to all employees.

Audit Finding:

There was no written procedure on political activity.

Program Response

Cause:

NVJDC no longer has documentation of a written procedure on political activity. The cause for this removal is unknown.

Effect on Program:

Facility staff are unfamiliar with DJJ standards on political activity and are untrained in the ramifications of their actions on themselves, the residents and the facility.

Planned Corrective Action:

Administration will create a JDCNV approved policy to address DJJ standards on political activity and ensure all facility staff are properly trained on the new policy and procedures enacted.

Completion Date:

March 31, 2017

Person Responsible:

Oversight will be completed by the Compliance Manager, Christopher Ward, with secondary responsibility provided by NVJDC's Executive Director.

Current Status on April 27, 2017: Compliant

The approved procedure on political activity was reviewed and was compliant.

6VAC35-101-340 (A) Face sheet

At the time of admission each resident's record shall include, at a minimum, a completed face sheet that contains the following:

1. The resident's full name, last known residence, birth date, birthplace, gender, race, unique numerical identifier, religious preference, and admission date; and
2. Names, addresses, and telephone numbers of the applicable court service unit, emergency contacts, and parents or legal guardians, as appropriate and applicable.

Audit Finding:

There was no religious preference included on the face sheets in nine out of 20 case records reviewed.

Program Response

Cause:

NVJDC reported a settings error in the database system did not allow for religious preference to be captured. Staff eventually stopped asking for this information.

Effect on Program:

Improper documentation of religious preference directly impacts the program's ability to ensure residents' right to practice their religious traditions.

Planned Corrective Action:

Administration will ensure the database system is working properly. Staff will be retrained on the purpose, use, and proper completion of the face sheet, to include religious preference. Routine quality assurance checks will be completed.

Completion Date:

March 31, 2017

Person Responsible:

Primary oversight will be completed by the Records Manager, Brenda Madden. Secondary responsibility will be provided by the Security Manager, William Wilson.

Current Status on April 27, 2017: Compliant

Five case records were reviewed and the face sheets were compliant.

6VAC35-101-800 (B) Admission and orientation

The resident shall receive an orientation to the following:

1. The behavior management program as required by 6VAC35-101-1070 (behavior management);
 - a. During the orientation, residents shall be given written information describing rules of conduct, the sanctions for rule violations, and the disciplinary process. These shall be explained to the resident and documented by the dated signature of resident and staff.
 - b. Where a language or literacy problem exists that can lead to a resident misunderstanding the rules of conduct and related regulations, staff or a qualified person under the supervision of staff shall assist the resident.
2. The grievance procedure as required by 6VAC35-101-100 (grievance procedure);
3. The disciplinary process as required by 6VAC35-101-1080 (disciplinary process);
4. The resident's responsibilities in implementing the emergency procedures as required by 6VAC35-101-510 (emergency and evacuation procedures); and
5. The resident's rights, including, but not limited to, the prohibited actions provided for in 6VAC35-101-650 (prohibited actions).

Audit Finding:

There was no documentation that 20 out of 20 residents were oriented to resident's rights, including, but not limited to, prohibited actions.

Program Response

Cause:

Residents are presented with their rights, however, NVJDC did not provide a separate, designated

signature specifically indicating a resident has been oriented to their rights or prohibited actions.

Effect on Program:

NVJDC cannot effectively enforce violations, or protect residents without proper documentation that each youth has been oriented to their rights and prohibited actions. Although reviewed during the intake process, it is therefore unknown the exact effect on the program at this time.

Planned Corrective Action:

The documentation used during the intake process will include separate documents reviewing resident rights and prohibited actions with a signature line to capture residents' agreement that they have been oriented appropriately. Routine quality assurance checks on the intake process will be completed.

Completion Date:

January 31, 2017

Person Responsible:

Oversight will be completed by the Records Manager, Brenda Madden.

Current Status on April 27, 2017: Compliant

Three applicable case records were reviewed and were compliant.

6VAC35-101-870 (B) Written communication between staff; daily log

The date and time of the entry and the identity of the individual making each entry shall be recorded.

Audit Finding:

Five unit log books were reviewed for the dates of March 14, June 7, November 2 and December 29 during 2014, 2015 and 2016. The time and/or identity of the individual making each entry were missing in 41 entries.

Program Response

Cause:

Multiple log books were reviewed demonstrating vital information was missing. Staff were not properly documenting time or identifying themselves for each log entry. Staff were not properly trained and/or monitored in the detailed use of the log books.

Effect on Program:

Entries are unidentifiable. Entries without time attached leave gaps in the timeline of entries. The integrity of the individual entries, as well as log books themselves, are damaged.

Planned Corrective Action:

Shift supervisors and line staff will be trained in the purpose and use of, and proper technique in log book writing. Shift supervisors will be responsible for checking the log book throughout the day for proper entries. The Security Manager will serve as additional quality assurance over the shift supervisors and line staff.

Completion Date:

February 28, 2017

Person Responsible:

Oversight will be completed by the Security Manager, William Wilson.

Current Status on April 27, 2017: Non-compliant

Four unit log books were reviewed for the dates of February 8 and 22, 2017; March 8 and 22, 2017; and April 8 and 22, 2017. The time and/or identity of the individual making each entry was missing in sixteen entries.

6VAC35-101-920 (A) Work and employment

Assignment of chores, that are paid or unpaid work assignments, shall be in accordance with the age, health, ability, and service plan of the resident.

Audit Finding:

Chores were missing from the service plan in two out of five applicable case records reviewed.

Program Response

Cause:

Prior to January 2014, it was not required that service plans list the assignment of chores in case records. Outdated service plans were inadvertently utilized in the two aforementioned case records.

Effect on Program:

Audit finding that chores were missing from the service plans of two out of five applicable reviewed case records. No other effect indicated, as assignments of chores were written in a separate location within the case records.

Planned Corrective Action:

All current, active case records were reviewed to ensure they included up-to-date service plans to incorporate the assignment of chores in accordance with the age, health, ability, and service plan of each resident. Outdated service plan forms located on the computer were moved to another location to prohibit their inadvertent utilization in the future. Program Coordinator plans to periodically check service plans for accuracy.

Completion Date:

December 7, 2016

Person Responsible:

Oversight will be completed by the Post-Dispositional Program Coordinator, Erin Massie.

Current Status on April 27, 2017: Compliant

Two applicable case records were reviewed and were compliant.

6VAC35-101-1060 (J) Medication CRITICAL

Medication refusals shall be documented including action taken by staff. The facility shall follow procedures for managing such refusals which shall address:

1. Manner by which medication refusals are documented; and
2. Physician follow-up, as appropriate.

Audit Finding:

There was no documentation of action taken by staff in a medical refusal in one out of five applicable medical records reviewed.

Program Response

Cause: Potentially misfiled document.

Effect on Program:

None, it was documented in our Soft Tech database in red indicating a refusal. It was also documented in the Soft Tech database: (1) medication refused (2) date and time of refusal (3) staff responsible and (4) the reason why youth refused her medication. Missing was exact actions taken by staff which is in more detail on the facility's refusal form.

Planned Corrective Action:

In addition to current measures in place for medication that is refused, the following corrective actions were implemented in the secure detention facility immediately following the DJJ audit on December 7, 2016:

1. NVJDC Medical Department is to be emailed when a youth refuses any ordered medications
2. A completed refusal form is submitted to the NVJDC Medical Department and the notification email will serve as a form of check and balance
3. Any medication refused shall also be noted in each shift's Admin Report
4. Any medication refused is indicated on each shift's Scheduled Medicine Distribution list that is printed daily to also serve as a form of check and balance

Completion Date:

12/07/2016

Person Responsible:

Oversight will be completed by the Health Services Administrator, Lisa Washington-Mora, with secondary responsibility provided by the Executive Director.

Current Status on April 27, 2017: Compliant

Two applicable medical records were reviewed and were compliant.

6VAC35-101-1080 (D) Disciplinary process

Appeal. The resident shall have the right to appeal the decision of the impartial person.

1. The resident's claim shall be reviewed by the facility administrator or designee and shall be decided within 24 hours of the alleged rule violation, including weekends and holidays, unless the time frame ends during the resident's scheduled sleeping hours. In such circumstances, the delay shall be documented and the review shall be conducted within the same time frame thereafter. The review by the facility administrator may be conducted via electronic means.

2. The resident shall be notified in writing of the results immediately thereafter.

Audit Finding:

There was no documentation an appeal was conducted at the request of the resident in one out of one applicable case record reviewed.

Program Response

Cause:

A resident documented a request for an appeal; there was no documentation that an appeal occurred. This was further missed during the document review process.

Effect on Program:

A resident was not given due process during a disciplinary action, causing a break in integrity of NVJDC's disciplinary process. The potential impact on additional youth is unknown at this time.

Planned Corrective Action:

Shift supervisors will be trained in the disciplinary process, to include the purpose and necessity of the appeal process. A format for reviewing incident reports will be developed to ensure proper quality assurance by a minimum of two administrators and the Records Manager.

Completion Date:

March 31, 2017

Person Responsible:

The primary oversight will be completed by the Security Manager, William Wilson. Secondary oversight will be the responsibility of the Executive Director.

Current Status on April 27, 2017: Compliant

One applicable disciplinary report was reviewed and was compliant.

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

PROGRAM AUDITED:

Rappahannock Juvenile Detention Center
275 Wyche Road
Stafford, VA 22555
(540) 658-1691
Carla White, Superintendent
cwhite@rjdc-va.com

AUDIT DATES:

November 7-8, 2016

CERTIFICATION ANALYST:

Clarice T. Booker

CURRENT TERM OF CERTIFICATION:

April 12, 2014 – April 11, 2017

REGULATIONS AUDITED:

6VAC35-101 Regulation Governing Juvenile Secure Detention Centers

PREVIOUS AUDIT FINDINGS November 13, 2013:

100% Compliance Rating

CURRENT AUDIT FINDINGS – November 8, 2016:

100% Compliance Rating

DEPARTMENT CERTIFICATION ACTION May 31, 2017: Certified Rappahannock Juvenile Detention Center and Post-dispositional Program for three *Pursuant to 6VAC35-20-100C.1, if the certification audit finds the program or facility in 100% compliance with all regulatory requirements, the director or designee shall certify the facility for three years.*

TEAM MEMBERS:

Clarice Booker, Team Leader
John Adams, Central Office
Dwayne Bullard, Loudoun Juvenile Detention Center
Freddie Gaskins, Fairfax Juvenile Detention Center
Thomas Gaskins, Central Office
Deborah Hayes, Central Office
Mark Lewis, Central Office
Jack Scott, Crater Juvenile Detention Center
Marcus Tucker, Richmond Juvenile Detention Center

POPULATION SERVED:

Rappahannock Juvenile Detention Center is a secure custody facility operated by the Rappahannock Juvenile Detention Commission. The members of the Commission include the city of Fredericksburg, the counties of King George, Louisa, Madison, Orange, Spotsylvania and Stafford. The facility serves a pre-dispositional population of 80 male and female residents ages eight through 17. There is also a post-dispositional detention program for 10 male and female residents, ages 14 through 17, included in the rated capacity.

PROGRAMS AND SERVICES PROVIDED:

In addition to all mandated services Rappahannock Juvenile Detention Center interacts with the community in obtaining such services as:

- Mental health assessments and therapy through the Rappahannock Area Community Services Board
 - Legal guidance as needed through the Office of the Public Defender
 - On-site education through the Spotsylvania Public School System
 - Reading enrichment through the Rappahannock Regional Library, which provides books, audiotapes, and movies (A librarian visits bi-weekly to work with youth to encourage reading.)
 - Groups to discuss sex and its consequences through the Fredericksburg Area HIV and Aids Support Services
 - Quarterly groups to discuss healthy relationships through the Rappahannock Council on Domestic Violence
 - Local religious-based organizations provide youth the opportunity for spiritual guidance as well as religious services
-

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

PROGRAM AUDITED:

Sheltercare of Northern Virginia
5920 Stevenson Avenue
Alexandria, Virginia 22304
(703) 370-0208
Susan Lumpkin, Director
Susan Lumpkin [lumpkin27@hotmail.com]

AUDIT DATES:

November 29-30, 2016

CERTIFICATION ANALYST:

Clarice T. Booker

CURRENT TERM OF CERTIFICATION:

April 14, 2014 – April 13, 2017

REGULATIONS AUDITED:

6VAC35-41 Regulation Governing Juvenile Group Homes

PREVIOUS AUDIT FINDINGS October 8, 2013:

99.4% Compliance Rating
6VAC35-51-810.E (Mandatory) – Medication Administration
6VAC35-140-190.1 (Mandatory) – Health Screening at Admission

CURRENT AUDIT FINDINGS – November 30, 2016:

99.65% Compliance Rating
6VAC35-41-950 (A). Work and employment

DEPARTMENT CERTIFICATION ACTION May 31, 2017: Certified Sheltercare of Northern Virginia for three years.

Pursuant to 6VAC35-20-100C.2, if the certification audit finds the program or facility in less than 100% compliance with all regulatory requirements and a subsequent status report, completed prior to the certification action, finds 100% compliance on all regulatory requirements, the director or designee shall certify the facility for a specific period of time, up to three years.

TEAM MEMBERS:

Clarice T. Booker, Team Leader
John Adams, Central Office
Thomas Gaskins, Central Office
Deborah Hayes, Central Office
Lori Wymore-Kirkland, Foundations Girls' Group Home
Marlon Murphy, Fairfax Sheltercare II
Shelia Palmer, Central Office

POPULATION SERVED:

Sheltercare of Northern Virginia is a pre-dispositional group home for at-risk adolescent males and females between the ages of 13 and 17. It has a capacity of 14 residents. The facility is operated by the city of Alexandria and serves residents and families from that jurisdiction.

PROGRAMS AND SERVICES PROVIDED:

The facility provides a safe and structured environment for juveniles in crisis, focusing on short term goals, education and life skills utilizing evidence based curriculum.

In addition to all mandated services Sheltercare of Northern Virginia provides the following at the facility:

- Individual and group counseling
- Life skills and educational training using evidence based curriculum
- Crisis intervention and management
- Staffings with parents and appropriate agency personnel
- Community service
- Recreational activities

Sheltercare of Northern Virginia interacts with the community in obtaining such services as:

- Education on-site through the City of Alexandria Special Education Department
- Mental health services for residents, and training and consultation for staff through City of Alexandria Community Services Board
- Yoga classes for residents through a local Yoga studio

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

FACILITY/PROGRAM: Sheltercare of Northern Virginia
SUBMITTED BY: Susan Lumpkin
CERTIFICATION AUDIT DATES: November 29-30, 2016
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.

6VAC35-41-950 (A). Work and employment

Assignment of chores that are paid or unpaid work assignments shall be in accordance with the age, health, ability, and service plan of the resident.

Finding:

There was no documentation of chores in the service plan of 10 out of 11 applicable case records reviewed.

Program Response

Cause:

Although the form had been updated following a DJJ visit, electronic versions of the outdated

incorrect form were used in many of our Intake files.

Effect on Program:

The Service Plans for many of our youth did not include the required "chores" documentation.

Planned Corrective Action:

I have e-mailed and resent the corrected Service Plan to all Sheltercare staff. I have informed them of the requirement to have chores included on all Service Plans. I have instructed all staff to delete/destroy all of the other Service Plan forms. We have added to our intake checklist that the Service Plan that is used be verified as the current updated form.

Completion Date:

12/21/16

Person Responsible:

Sue Lumpkin, Director; Kristi Ellenberger, Assistant Director

Current Status on March 24, 2017: Compliant

Five service plans reviewed and were compliant.

CITY OF CHARLOTTESVILLE



COMMUNITY ATTENTION

A Division of the Department of Human Services
Residential and Community-Based Services for Youth
907 E. Jefferson Street, Charlottesville, VA 22902-5325

Administration: (434) 970-3353

May 30, 2017

Shelia Palmer
Certification Analyst
Department of Juvenile Justice
1601 Old Bon Air Road, Suite 161
Richmond, Virginia 23235

Ms. Palmer,

We are submitting this letter to the Department to formally state that we will be closing the Community Attention Group Home as of June 30th, 2017. We have communicated this decision to our community stakeholders and various referring agents. All referring agents were notified of this change on April 14th 2017, in order to give ample time to make arrangements for residents placed in our facility at that time.

Please let us know if there are any questions or concerns you may have regarding this matter.

Thank you,

A handwritten signature in blue ink that reads 'Kaki Dimock' with a long horizontal flourish extending to the right.

Kaki Dimock
Director, Department of Human Services
City of Charlottesville

Motions
Board of Juvenile Justice
June 28, 2017

The following programs have submitted VJCCCA Plans with a balanced budget for FY2018. In June 2016, these plans were previously approved for the first year of the two year biennium through June 30, 2017, and have been reviewed by state VJCCCA staff and recommended for approval by the Board for FY2018 the second year of the biennium:

Arlington County

- There are no categorical changes to the Arlington County plan but the Girls Extended Day program was replaced with a Boys Extended Day program entitled "Young Achievers". Programmatic changes to the locality's group home to include changes to target population, revisions to the admissions criteria and referral process, and reductions to the projected length of stay. Additionally, VJCCCA-funded beds at the group home will no longer include low risk juveniles or non-delinquent CHINS cases.

Falls Church

- There are no categorical changes to the Falls Church plan. Programmatic changes to the locality's group home include changes to target population, revisions to the admissions criteria and referral process, and reductions to the projected length of stay. Additionally, VJCCCA-funded beds at the group home will no longer include low risk juveniles or non-delinquent CHINS cases.

Frederick VJCCCA (combined plan) Includes: Frederick, Clarke, Winchester

- Elimination of a categories of "Administrative / Coordinator" and "Intensive Supervision / Surveillance" from their FY2017-FY 2018 VJCCCA plan beginning July 1, 2017. Addition of a new category of service "Pro-Social Skills Program (Life Skills)" to their FY2017-FY 2018 VJCCCA plan beginning July 1, 2017. Plan changes also include changes to the Early Intervention Case Officer position (renamed Early Intervention Case Manager). The position will monitor service completion and provide case management to low risk juveniles and first time offenders on post-dispositional monitoring. A second position will monitor pre-dispositional and diversion cases.

Manassas VJCCCA (combined plan) Includes: Manassas, Manassas Park

- No categorical changes. Plan changes include programmatic and operational changes for the Intensive Case Management program. Programmatic changes have been made to the target population, referral process and projected length of stay (LOS).

Martinsville VJCCCA (combined plan) Includes: Martinsville, Henry, Patrick

- No programmatic/categorical changes. Plan changes include programmatic and operational changes for the Group Home and the Outreach Detention and Electronic Monitoring Programs. Programmatic changes have been made to the target population, admission criteria and referral process.

Rockingham VJCCCA (combined plan) Includes: Rockingham, Harrisonburg

- Elimination of a category of "Administrative / Coordinator" from their FY2017-FY 2018 VJCCCA plan beginning July 1, 2017. Addition of two new categories of service "Case Management," Intensive Supervision/Surveillance" and "Outreach Detention" to their FY2017-FY 2018 VJCCCA plan beginning July 1, 2017. The case management category will support a part-time position to provide service monitoring for diversion and pre-dispositional cases. The Intensive Supervision category will add a part-time position to provide intensive supervision and surveillance for probation and parole cases requiring intensive supervision and short-term increases in supervision to serve as graduated sanctions. The Outreach Detention category will add a part-time position to provide outreach detention as an alternative to secure detention.

Warren VJCCCA

- Addition of a new categories of service to include "Detention Alternatives" and "Diversion Case Management" to their FY2017-FY 2018 VJCCCA plan beginning July 1, 2017. The locality has reduced funds allocated to the Intensive Supervision category and will reallocate those funds to diversion case management and outreach detention.

Washington VJCCCA (combined plan) Includes: Washington, Bristol, Smyth, Russell, Buchanan, Dickenson, Lee, Norton, Scott, Tazewell, Wise

- Removal of an under-utilized program, "Shoplifter's Alternative" and addition of a new category of service "Intensive Supervision" to their FY2017-FY 2018 VJCCCA plan beginning July 1, 2017. Plan changes also include changes to the target population and revisions to referral process and/or admissions criteria for Outreach Detention / Electronic Monitoring.

York VJCCCA (combined plan) Includes: York, James City, Gloucester, Williamsburg, Matthews, Poquoson

- No programmatic/categorical changes. Plan changes include changes to target population and revisions to referral process and/or admissions criteria for existing programs.

Motion 1: Approve the above listed VJCCCA Plans, Arlington, Falls Church, Frederick, Manassas, Martinsville, Rockingham, Warren, Washington County, and York, for the 2018 fiscal year.

Motions
Board of Juvenile Justice
June 28, 2017

The following programs have submitted requests to combine plans beginning in FY2018. The entities of local government have drafted or are in the process of drafting formal resolutions approving the combined plans and identifying one locality to serve as the fiscal agent. The requests have been reviewed by state VJCCCA staff and are recommended for approval by the Board for FY2018:

Arlington County and Falls Church

- Fiscal Agent: Arlington County

Bland County and Wythe County

- Fiscal Agent: Wythe County

Motion 3: Approve the consolidation of the Falls Church and Arlington VJCCCA plans and the identification of Arlington as fiscal agent beginning in the 2018 fiscal year.

Motion 4: Approve the consolidation of the Bland County and Wythe County VJCCCA plans and the identification of Wythe as fiscal agent beginning in the 2018 fiscal year.

Motions
Board of Juvenile Justice
June 28, 2017

The following programs have submitted requests to reduce their Maintenance of Effort (MOE) to match the state allocation beginning in FY 2018. The plan has been reviewed by state VJCCCA staff and is recommended for approval by the Board for FY2018:

Arlington County

<p><u>Motion 5:</u> Approve the reduction of the required Maintenance of Effort (MOE) for Arlington County to match the state allocation beginning in FY 2018.</p>

**Motions
Board of Juvenile Justice
June 28, 2017**

During a previous board meeting held June 2016, the following plans were approved for the two year biennium that ends June 30, 2018, but since that time the localities have submitted requests to make changes to their FY2017-FY2018 plans beginning July 1, 2017. The plans have been reviewed by state VJCCCA staff and are recommended for approval by the Board for FY2018:

Campbell VJCCCA:

- Addition of a new category of service "Pro-Social Skill Development" to the FY2017-FY 2018 VJCCCA plan beginning July 1, 2017. Funds were reallocated from "Supervision Plan Services". Funds were reallocated from "Parenting Skills".

Charlottesville VJCCCA (combined plan):

- Closure of a group home (Community Attention Home) and reallocation of group home savings to existing community-based programming already on the Charlottesville FY2017-FY2018 VJCCCA plan. Reinvestment in community-based programming will expand the capacity for detention alternatives.

Lynchburg VJCCCA:

- The community opened a new group home, Lynchburg Youth Group Home, and is requesting to add the group home to the FY2017-FY2018 VJCCCA plan beginning July 1, 2017. The new group home construction was previously approved by the Board and the home will be regulated by DJJ. The group home replaces two other group home programs, Opportunity House and Sparc House, on the current VJCCCA plan.

Norfolk VJCCCA:

- Addition of a new category of service "Pro-Social Skill Development" to the FY2017-FY 2018 VJCCCA plan beginning July 1, 2017. Funds were reallocated from "Supervision Plan Services".

<p><u>Motion 6:</u> Approve the above listed VJCCCA Plan changes for the Campbell, Charlottesville, Lynchburg and Norfolk VJCCCA plans for the 2018 fiscal year.</p>
--

2017

Virginia Department of Juvenile Justice



A NATIONAL REVIEW OF TRAINING REQUIREMENTS FOR JUVENILE SECURE DETENTION CENTER EMPLOYEES

TABLE OF CONTENTS

Table of Contents.....	ii
Executive Summary.....	iv
Introduction.....	6
Background on Juvenile Secure Detention Centers.....	6
Background and Purpose of the Report.....	6
National Training Standards.....	9
Office on Juvenile Justice and Delinquency Prevention, Juvenile Detention Training Needs Assessment, Research Report, April 1996.....	9
Department of Justice, Federal Performance-Based Detention Standards, February 2011.....	9
Juvenile Detention Alternatives Initiative, 2014 Update.....	10
Standards for Juvenile Detention Facilities, American Correctional Association.....	10
Core Training Topics Identified in Best Practice Models.....	11
Fifty-State Survey Results.....	12
Overview.....	12
Summary of Findings.....	13
Vehicles for Training.....	14
Conclusion.....	16
Appendix A – Regulations Governing Juvenile Secure Detention Centers – Training.....	17
6VAC35-101-180. Required Initial Orientation.....	17
6VAC35-101-190. Required Initial Training.....	18
6VAC35-101-200. Retraining.....	19
Appendix B – VJDA Survey Results.....	21
Appendix C – VJDA Letter withdrawing Variance.....	23
Appendix D – State Survey Results.....	24
Arkansas.....	24
Delaware.....	25
District of Columbia.....	26
Hawaii.....	27
Idaho.....	28

Illinois.....	29
Iowa.....	30
Maine.....	31
Maryland.....	32
Massachusetts.....	33
Minnesota.....	34
New York.....	35
North Carolina.....	36
North Dakota.....	37
Oregon.....	38
Appendix E - 50 State Training Requirements Table.....	39

EXECUTIVE SUMMARY

At the November 14, 2016, Board of Juvenile Justice (Board) meeting, the Board directed the Virginia Department of Juvenile Justice (Department) to conduct a 50-state study to determine annual training hours required for relief or part-time staff in direct care positions at secure juvenile detention facilities. This report was assigned to aid the Board in determining whether to approve a variance request submitted by the Virginia Juvenile Detention Association (VJDA). The VJDA request would extend an expiring variance to the regulatory requirement set out in 6VAC35-101-200 that part-time and relief care staff employed in a juvenile secure detention center must receive at least 40 hours of annual training in seven enumerated topics in order to work directly with residents.

The Department surveyed states and conducted its own independent research of state statutes, regulations, and administrative documents to ascertain the training requirements for part-time and relief staff in juvenile secure detention centers across the country, appropriate vehicles identified for training, and best practice recommendations identified by national training models. This final report contains the results of these efforts.

The Department determined that the majority of states (31) require all direct care staff employed in secure juvenile detention centers to receive a minimum of 40 hours of annual training. Most of the states surveyed identified CPR, first aid, Handle with Care (HWC), suicide prevention, standard precautions, residents' rights, the Prison Rape Elimination Act (PREA), mandatory reporting, behavior management, and emergency response among the required training topics. Furthermore, the Department found few states that distinguish between part-time and full-time staff with respect to the required duration and content of training.

In addition to surveying and researching each state, the Department also reviewed the results of a poll disseminated to VJDA members regarding average annual training hours for part-time and relief staff, as required under 6VAC35-101-200. On average, part-time and relief employees in 20 of the 24 Virginia juvenile detention centers received 19 hours of accredited training annually in the seven core topics outlined in 6VAC35-101-200(C), as well as in emergency preparedness, and Handle with Care.

Finally, DJJ reviewed national models of juvenile detention training standards to determine the identified best practices in this area. The models referenced include the 1996 comprehensive research report on juvenile detention conducted by the Office of Juvenile Justice and Delinquency Prevention (OJJDP), the 2011 Department of Justice (DOJ) Performance-Based Standards, the 2014 Annie E. Casey Juvenile Detention Facility Assessment issued by the Juvenile Detention Alternatives Initiative (JDAI), and the 2014 Supplement to the American Correctional Association (ACA) Guidelines on Juvenile Detention Standards.

Concurrent with the Department's research and pursuant to §2.2-4017 of the *Code of Virginia*, the Department is in the process of conducting a comprehensive review and proposing amendments to the regulations governing Juvenile Secure Detention Centers set out in 6VAC35-101. Although the workgroup conducting the review must identify regulatory provisions that require updating, the workgroup agreed to defer reviewing the regulatory provisions regarding required retraining until the Board ruled on VJDA's variance request.

On May 22, 2017, prior to completion of this report, the VJDA submitted a letter to the Board chair withdrawing the variance request. The purpose of this study was to assist the Board in ruling on the variance, which has now been withdrawn; therefore, this report is being submitted to the Board for informational purposes.

The results of the Department's 50-state research, the poll responses submitted by the VJDA, and the best practices outlined in national models all support a recommendation that the Board retain the existing mandate in 6VAC35-101-200 that all direct care staff, including part-time, full-time, and relief staff employed in juvenile detention centers in Virginia receive at least 40 hours of annual retraining in the seven mandated topics. These resources also suggest that facility administrators are best equipped to determine the most effective vehicles of training for their staff and should maintain the discretion to determine appropriate methods for training all staff employed in their detention centers.

INTRODUCTION

BACKGROUND ON JUVENILE SECURE DETENTION CENTERS

The Virginia Department of Juvenile Justice (the Department) provides oversight to the 24 secure juvenile detention centers (detention centers) across the Commonwealth. The detention centers are operated by local governments or multi-jurisdictional commissions. In addition to partially funding detention centers, the Department serves as the certifying agency for these facilities pursuant to the statutory authority provided in *Code of Virginia* § 16.1-309.10.

Detention centers provide temporary care for alleged juvenile delinquents who require secure custody. Juveniles may be placed in a detention center pending a court appearance (pre-dispositional) or as ordered by a judge, intake officer, or magistrate. As an alternative to state commitment pursuant to § 16.1-284.1 of the *Code of Virginia*, juveniles may be placed in a post-dispositional program at a detention center following disposition for up to 30 days without programs or in specialized post-dispositional programs for up to 180 days. Some detention centers also provide additional programming, such as community placement programs or detention reentry programs, in accordance with voluntary agreements with the Department to help ease the transition of committed juveniles back into their communities.

BACKGROUND AND PURPOSE OF THE REPORT

The purpose of this report is to provide the Board with the findings of a 50-state study to determine the specific training hours and other minimum training requirements set out in state statutes, regulations, or administrative procedures for full-time, part-time, and relief direct care staff employed in detention centers.

Detention centers and other residential facilities that come under the regulatory authority of the Department must comply with minimum standards promulgated by the Board. Section 66-10 of the *Code of Virginia* gives the Board the statutory authority to “promulgate such regulations as may be necessary to carry out the provisions of Title 66 of the *Code of Virginia* and the other laws of the Commonwealth.” The Department ensures compliance with these standards through monitoring visits, self-audits, and full certification audits as authorized under §16.1-309.10 of the *Code of Virginia*. The Department’s Certification Unit is responsible for fulfilling these duties.¹

Any facility or program subject to the Board’s regulations may make a written request for a variance for relief from a non-critical regulatory requirement.² Pursuant to this authority, at the September 10, 2014, Board meeting, the VJDA requested a variance from the regulatory requirement mandating that all direct care staff employed in a detention center receive at least 40 hours of training annually in seven enumerated topics. The VJDA requested this variance due to the logistical challenges associated with coordinating training schedules for part-time employees.

¹ 6 VA. ADMIN. CODE § 35-20-50; 6 VA. ADMIN. CODE §35-20-60; 6 VA. ADMIN. CODE § 35-20-80.

² 6 VA. ADMIN.. CODE § 35-20-92.

The initial orientation, training requirements, and annual retraining requirements for detention staff, including direct care, full-time, and part-time staff, are outlined in Title 6 of the *Virginia Administrative Code* in Sections 180 through 200. Section 6VAC35-101-200 outlines the requirements for annual retraining, and provides, in part, that:

A. Each full-time and part-time employee and relief staff shall complete retraining that is specific to the individual's occupational class, the position's job description, and any professional development needs.

B. All full-time and part-time employees and relief staff shall complete an annual training refresher on the facility's emergency preparedness and response plan and procedures as provided for in 6VAC35-101-480 (emergency and evacuation procedures).

C. All direct care staff shall receive at least 40 hours of training annually that shall include training on the following:

1. Suicide prevention as provided for in 6VAC35-101-1020 (suicide prevention);
2. Standard precautions as provided for in 6VAC35-101-1010 (infectious or communicable diseases);
3. Maintaining appropriate professional relationships;
4. Interaction among staff and residents;
5. Residents' rights, including but not limited to the prohibited actions provided for in 6VAC35-101-650 (prohibited actions);
6. Child abuse and neglect and mandatory reporting as provided for in 6VAC35-101-80 (serious incident reports) and 6VAC35-101-90 (suspected child abuse or neglect);
7. Behavior intervention

D. All staff approved to apply physical restraints, as provided for in 6VAC35-101-1090 (physical restraint) shall be trained as needed to maintain the applicable current certification.

The full text of the regulatory provisions in 6VAC35-101-180 through 6VAC35-101-200 is provided in Appendix A of this study.

The Board voted to approve the VJDA's initial request for a variance at the September 2014 meeting. The variance applied to part-time employees working 29 or fewer hours per week in local and regional detention centers across the Commonwealth. Under the terms of the variance, part-time detention center employees remained obligated to receive annual refresher training in the specifically enumerated topics set out in subsection C of 6VAC35-101-200, but were excused from having to fulfill the 40-hour annual retraining mandated for these topics. The Board granted VJDA's variance request for 24 months to allow time to gather information regarding the necessity and impact of this exception.

Upon expiration of the variance in September 2016, the VJDA submitted a formal request to the Board to extend the variance for five years. At the September 19, 2016, Board meeting, the

Board temporarily extended the variance until the November 14, 2016, meeting and asked the VJDA to survey its members on the number of training hours that part-time and relief staff currently receive and the average hours of training devoted to each topic. The VJDA surveyed its 24 detention center members and reported the following results from the 20 respondents:

- Each of the respondents offers training in the seven mandated topics outlined in 6VAC35-101-200(C), as well as in Emergency Preparedness and Response Plan procedures and Handle with Care, as required in subsections B and D, respectively.
- Thirteen respondents reported the number of hours of training received by part-time and relief staff annually in the seven enumerated topics totaled 10.1 hours annually.
- The respondents reported an average of 1.5 hours and 7.4 hours spent annually on the two additional topics of Emergency Preparedness and Response and Handle with Care training, respectively.
- Therefore, the average total hours that part-time and relief employees receive in the seven regulatory required areas set out in subsection C, as well as the additional required areas in subsections B and D total 19 hours.

The full results of the VJDA survey are contained in Appendix B of this study.

After considerable discussion, the Board voted again to extend the variance to allow detention centers to continue to exempt part-time and relief direct care employees from the 40-hour annual retraining requirement until the June 28, 2017, Board meeting.³ The Board agreed to rule definitively on the variance request at the June 28 meeting and directed the Department to complete a 50-state study of training requirements for direct care staff in juvenile detention centers to inform the final decision. Prior to submission of the final report, the VJDA submitted a letter to the Chairman of the Board withdrawing the variance request. The VJDA's letter seeking to withdraw the request for an extension of the variance is contained in Appendix C of this study.

³Board members voting in support of the variance included Abbott, Herring, Hines, Schrad, and Woolard. Board members voting to deny the variance request included Holland and Frazier.

NATIONAL TRAINING STANDARDS

OFFICE ON JUVENILE JUSTICE AND DELINQUENCY PREVENTION, JUVENILE DETENTION TRAINING NEEDS ASSESSMENT, RESEARCH REPORT, APRIL 1996

In April 1996, the Office of Juvenile Justice and Delinquency Prevention released a comprehensive study of detention reform with the goal of providing “national leadership in addressing the issues of juvenile justice.”⁴ The report sought to review the literature on job-related skills and training needs, assess the training practices being employed in detention facilities across the nation to identify common trends, and utilize these findings to make recommendations for assessing and improving training for detention center staff. Additionally, the project sought to develop training resources to be used by corrections managers in these facilities to increase the knowledge and strengthen the skills of line staff. The report outlined the importance of incorporating into any training: 1) a basic understanding of juvenile detention; 2) a professional orientation to the job; 3) job-related skills; 4) ideas, examples, and strategies for effective detention practice; 5) structural and functional guidelines for detention practice in the form of policies and procedures; and 6) a usable handbook of information for education and training purposes.⁵

The study recommends that direct care staff in detention facilities receive a minimum of 40 hours of orientation training prior to assuming job duties, a minimum of 120 hours of basic detention skills training during the first year of employment, and a minimum of 40 hours of planned training annually thereafter. These recommendations are a product of a statewide needs assessment conducted in Illinois, Indiana, and Nebraska. Although the study highlights the challenges associated with providing training when personnel are limited, the report does not distinguish between part-time and full-time staff in this recommendation.

DEPARTMENT OF JUSTICE, FEDERAL PERFORMANCE-BASED DETENTION STANDARDS, FEBRUARY 2011

The Department of Justice (DOJ), through its funding and research arm, the Office of Juvenile Justice, sets minimum standards for federally funded programs throughout the country.⁶ DOJ’s Juvenile Federal Performance-Based Detention Standards Handbook provides a list of detention standards, including recommendations for core training topics and hours of annual retraining. The Handbook also provides facilities with guidelines to help in determining whether they are in compliance with the standards.

⁴“Juvenile Detention Training Needs Assessment, Research Report.” David W. Roush National Juvenile Detention Association, Shay Bilchik, Administrator, Office of Juvenile Justice and Delinquency Prevention, April 1996, available at www.ncjrs.gov/pdffiles/jdtna.pdf.

⁵ *Id.* at 1.

⁶ Department of Justice, Juvenile Federal Performance-Based Detention Standards Handbook, February 2011, available at www.justice.gov/archive/oftd/iuvenile.pdf.

The Handbook recommends that all personnel receive 40 hours of pre-service, juvenile-specific training prior to assignment. Additionally, the Handbook endorses refresher training and re-certification for staff as well as training in emergency plans on an annual basis.

JUVENILE DETENTION ALTERNATIVES INITIATIVE, 2014 UPDATE

The Juvenile Detention Alternatives Initiative has sought to improve conditions in juvenile detention facilities since this system reform effort began in 1992.⁷ Since 2004, officials in JDAI sites have assessed, improved, and monitored conditions in juvenile detention facilities using a set of standards published by the Annie E. Casey Foundation. Because the quality of any facility rests heavily upon the people who work in it, one goal of the standards was to ensure that facilities are hiring properly qualified staff and equipping them with the training they need to work with troubled youth. At the time of the initial release, these standards were the most comprehensive and rigorous publicly available standards for detention facilities. Many jurisdictions have since adopted the standards to improve their own facility operations.

The standards require that facility staff with youth care and supervision duties receive 40 hours of training prior to assuming job duties, an additional 120 hours during the first year of employment, and 40 hours of annual retraining.⁸ The standards make no distinction between full-time and part-time staff.

STANDARDS FOR JUVENILE DETENTION FACILITIES, AMERICAN CORRECTIONAL ASSOCIATION

The American Correctional Association, together with the Commission on Accreditation for Corrections, administers the national accreditation program for all components of juvenile corrections. These entities operate under the mission of promoting improvement in the management of correctional agencies by administering a voluntary accreditation program and continuously developing and revising standards.⁹ The voluntary accreditation program assists agencies in evaluating their operations against national standards and identifying deficiencies in their operations.

In 1991, the American Correctional Association published its third edition of Standards for Juvenile Detention Facilities in order to guide detention centers in gaining accreditation. The standards establish a benchmark for facilities that provide custody, care, and programming for juveniles requiring secure care on a short-term basis. The standards were revised in August 2005.

According to the revised ACA standards, new juvenile care workers must receive 40 hours of training prior to assuming job duties, 120 hours of training during their first year of employment, and an additional 40 hours of training each subsequent year. The standards note that ongoing training during subsequent years of employment is essential in enabling employees to sharpen

⁷ A Guide to Juvenile Detention Reform, Juvenile Detention Facility Assessment 2014 Update, Juvenile Detention Alternatives Initiative © 2014, The Annie E. Casey Foundation, Baltimore, Maryland, available at: <http://www.aecf.org/m/resourcedoc/aecf-juvenile-detention-facility-assessment-2014.pdf> (2014).

⁸ *Id.* at 150.

⁹ Standards for Juvenile Detention Facilities, 3rd Edition, American Correctional Association (1991).

skills and keep abreast of changes in policies, procedures, and legislative, judicial, or executive actions. No distinction is made between full-time and part-time staff in these standards.¹⁰

Thus, each of the national training models identified in this section require 40 hours of annual training for all full-time and part-time staff working directly with juveniles in detention settings in order to ensure that these employees are adequately trained to work effectively with troubled juveniles.

CORE TRAINING TOPICS IDENTIFIED IN BEST PRACTICE MODELS

In addition to identifying the mandated hours that juvenile detention facility staff must devote to training, these national resources also identify the required topics that must be addressed during training, as outlined below:

Annie E. Casey – JDAI (2014)

Behavior management
Observation/reporting
Juvenile rights
Safety/security
Cultural diversity
CPR/First Aid
Mental health basics
Effective communication
Suicide prevention
Conflict/dispute resolution
Stress management
Adolescent development
Use of force (HWC, CPI)
Universal precautions

DOJ -- Performance Based Standards (2011)

Supervision
Report writing
Juvenile rights
Safety/security
Adolescent development
CPR/First Aid
Mental health basics
Communication
Suicide prevention
Conflict resolution
Behavior management
Restraints
Communicable disease

OJJDP – April 1996

Security
Communication
Safety
Crisis intervention
Leadership
Flexibility
Interpersonal sensitivity
Technical competence
Recordkeeping
Behavior management

ACA (as updated in 2005)

Standards of conduct/ethics
Security/safety/fire/medical/emergency procedures
Offender supervision/training on sex abuse/assault
Use of force
Additional topics based upon a needs assessment

¹⁰ 2016 Standards Supplement for Juvenile Detention Facilities, American Correctional Association, 3 JDF-1D-09 (November 2016).

FIFTY-STATE SURVEY RESULTS

OVERVIEW

The Department conducted an in-depth, 50-state analysis to determine the statutory, regulatory and policy provisions regarding the training requirements for full-time and part-time detention direct care staff. The Department reviewed the websites of the governing state agencies, disseminated survey materials to state agencies and various detention centers throughout the country, contacted various facilities by telephone, and obtained conclusive information on 50 states. Each state addressed in this study identifies core topics that must be reviewed annually by all staff.

The Department developed a survey instrument to capture information from other states on training requirements for direct care staff employed in detention centers and distributed the survey to those states for which web-based research was inconclusive or required additional clarification. Additionally, the Department utilized the survey instrument during telephone interviews as the basis for inquiry and as a guideline for content. The survey instrument and responses from participating states are provided in Appendix D.

It is important to note that detention centers across the country vary in volume, governance, and organizational structure. Most states have more than one juvenile detention center in operation. For example, Georgia has nineteen detention facilities listed on its website;¹¹ Indiana operates 22 detention centers under its Division of Youth Services; Maryland has 11 detention centers, all operating under its Department of Juvenile Services; New York has 41 total detention centers, 8 of which are secure facilities and 33 of which are non-secure; and Tennessee operates 9 detention centers under its Division of Juvenile Justice.

Like the facilities in Virginia, many detention centers in other states are operated by local governments. California relies on its counties to partially fund and to oversee short-term secure detention facilities, called juvenile halls or juvenile camps. In Kansas, the state's Department of Corrections has no authority over its county-operated juvenile detention centers, although some youth who are in the custody of the Department of Corrections are detained in these facilities while awaiting placement.¹² Illinois has 16 county-operated detention centers. Eight locally-operated detention centers currently exist in Alaska.¹³ This information demonstrates the sheer volume of detention centers in many states and the extent to which their structures and governance vary from state to state. As a result, the Department could not determine the training standards for each individual detention facility. Instead, the Department looked initially to state regulations or administrative procedures governing detention centers, and where this information was not available, consulted one detention center in that state to provide information that would serve to represent all the detention centers within the state.

¹¹ Georgia Department of Juvenile Justice website, Regional Youth Detention Centers available at <http://www.djj.state.ga.us/FacilitiesPrograms/fpRYDCMain.shtml>.

¹³ Alaska Division of Juvenile Justice website available at <http://dhss.alaska.gov/dij/Pages/Facilities/facilities.aspx>

Also of note, in many state regulatory and other administrative materials, the terms “juvenile facilities,” “youth centers,” “juvenile corrections,” and “secure care facilities” were used interchangeably to refer to a broader term that included detention centers.

The findings reveal some similarities nationwide on basic core topics required for staff training in detention centers and some variation regarding required hours for orientation and annual training. Based on these findings, the majority of the states require all full-time and part-time direct care staff to receive at least 40 hours of annual training.

SUMMARY OF FINDINGS

Research identified 46 states with required training that must be completed either prior to employment or during the first year of employment in order for staff to be authorized for solitary supervision of youth. The common training areas for most states include: suicide prevention, safety, security, use of force, restraints, CPR/First Aid, mandated reporting, PREA, universal precautions, behavior management, and residents’ rights.

The Department made the following findings with respect to annual training requirements in other states:

- 31 states require 40 or more hours of annual training with no distinction made between full-time or part-time staff. (69%)
- 14 states require 8-24 hours of annual training with no distinction made between full-time and part-time staff. (31%)
- Three states (Alabama, Kansas, and Oklahoma) explicitly distinguish between part-time and full-time staff. In Alabama and Kansas, part-time employees must receive at least 20 hours of training annually. In Oklahoma, required annual training hours for part-time staff are pro-rated by the number of hours worked.
- Washington does not specify annual retraining hours for any staff.
- New York and New Jersey require extensive orientation and first-year training totaling over 240 hours.
- One state, Iowa, specifies the topic areas that must be reviewed annually, but does not specify a minimum number of training hours that must be satisfied for the identified topics.

Based on these findings, the following states require 40 or more hours of retraining annually for all direct care staff:

California	Maine	North Carolina
Colorado	Maryland	North Dakota
Connecticut	Massachusetts	Ohio
Delaware	Minnesota	Pennsylvania
Hawaii	Mississippi	Rhode Island
Illinois	Montana	South Carolina
Indiana	Nebraska	South Dakota
Kentucky	New Hampshire	Tennessee
Louisiana	New Mexico	Texas
	New York	Utah

Virginia

West Virginia

The following states require 8-25 hours of retraining annually for all direct care staff:

Alaska

Michigan

Wisconsin

Arizona

Missouri

Wyoming

Arkansas

Nevada

Florida

Oklahoma

Idaho

Oregon

Massachusetts

Texas

Please refer to Appendix E for a detailed table of the information collected from the states.

VEHICLES FOR TRAINING

It is widely accepted that regular targeted training in job-specific areas reduces the impact of staff educational differences, staff turnover, serious incidents, and liability. Additionally, targeted training tends to improve staff skills in a complex environment, increase the use of technology and the development of creative and innovative ideas, reduce personnel budget costs, and improve morale and professionalism.¹⁴

As part of its research efforts, the Department sought to ascertain the various vehicles for training offered in other states but did not receive sufficient responses. The Department found few state regulatory or administrative provisions that mandate a specific method for the provision of training. These omissions suggest that regulatory bodies and other decision makers in many states want to ensure that facility administrators have autonomy in determining which vehicles offer the best opportunities for meaningful training for their employees. For example, in Alaska, training may include any exercise relevant to the caregiver's primary job responsibilities. Facilities may count informal training that increases caregiver skills toward the staff training requirements.¹⁵ Comparably, California's standards allow flexibility in course conduct and method of instruction in order to meet changing conditions and local needs.¹⁶

Some states and individual detention centers have identified appropriate vehicles for training. Oregon, for example, does not limit training opportunities for detention center staff to lecture-style training in a classroom setting but instead provides opportunities for facility staff to engage in interactive sessions, online training, job shadowing, and physical mat training.¹⁷ Similarly, Minnesota's training includes web-based e-learning, blended training that often combines online lectures with group discussions, and scenario-based learning.¹⁸ Ohio's regulations recommend that training programs have curricula that include interactive training and job shadowing

¹⁴ OJJDP, *supra* note 3, at 2.

¹⁵ Alaska Division of Behavioral Health Residential Behavioral Rehabilitation Services Handbook, available at <http://dhss.alaska.gov/dbh/documents/treatmentrecovery/rbrs%20documents/brs%20handbook%2010-28-13.pdf>

¹⁶ California Training Standards, Title 15, Section 184, available at http://www.bscc.ca.gov/downloads/STC_Title_15_effective_March_23_2012.pdf

¹⁷ See Appendix D.

¹⁸ See Appendix D.

components.¹⁹ In Oklahoma, documented attendance at professional conferences, workshops, seminars, formal education classes, or in-service training may be counted toward the training requirements if the platform meets the content requirements.²⁰ Finally, at the Shuman Center, a detention center in Allegheny County, Pennsylvania, required training may be satisfied using in-house trainers, external speakers, or professional training conducted by external parties.²¹

Although many states do not specify the appropriate vehicles detention facilities must utilize in providing training, the revised ACA standards also provide ideas for training vehicles. The 2016 supplement provides that training is: “based on specific objectives, job related, offered from an appropriate source, of sufficient duration, relevant to organizational need, and delivered to appropriate staff.”²² The standards identify various training options, including formal learning in either a classroom or online training environment, where the instructor provides all aspects of the learning process; blended learning, where different learning environments and multiple instructional strategies are combined to provide an integrated training approach; and informal learning, which refers to anything not easily recognizable as formal training and performance support.²³

Like many states’ administrative provisions, Virginia’s regulations do not mandate a specified medium for delivering staff training. Detention center administrators in Virginia have latitude in determining the appropriate vehicles for training, authorizing training opportunities outside of the facility, and identifying other creative alternatives to internal training opportunities.

¹⁹ OHIO ADMIN. CODE § 5139-37-06, available at <http://codes.ohio.gov/oac/5139-37-06v1>.

²⁰ OKLA. ADMIN. CODE § 377:3-13-43 available at <https://www.ok.gov/oja/documents/NRI%20Governor%20notice%20Chapter%203.pdf>

²¹ Allegheny County Shuman Center website, available at <http://www.alleghenycounty.us/shuman/staff.aspx>

²² American Correctional Association, *supra*, note 10, at 388.

²³ American Correctional Association, *supra*, note 10, at 363.

CONCLUSION

Of the states addressed in this study, 69 % use 40 hours or more of retraining as their measure of proficiency for staff to perform direct care duties in the secure detention setting. These results, along with the best practice models from national authorities, substantiate that all staff working directly with youth in detention facilities should receive a minimum of 40 hours of retraining annually. As reported by VJDA in the survey presented to the Board, part-time and relief staff receive a minimum of 19 hours of annual retraining on the mandated core topics identified in 6VAC35-101-200. In addition to these core topic hours, most detention center employees also complete four hours of CPR/First Aid refresher and two hours PREA refresher each year. Thus, part-time and relief employees are receiving an average of 25 hours in training annually under the existing variance. Based on these figures, the 40-hour retraining requirement set out in 6VAC35-101-200(C) for all direct care staff (including part-time and relief staff) is reasonably attainable and should be followed prospectively without exception or variance.

The information contained in this report also suggests that there is no “one size fits all” approach to training, and many states allow their detention center administrators the discretion to determine the most effective vehicles of training for their staff. As long as training is based on specific objectives, job related, offered from an appropriate source, provided for a sufficient duration, relevant to organizational needs, and delivered to the appropriate staff, as recommended in the ACA standards, detention centers in Virginia should maintain the discretion to determine the appropriate methods for training the staff employed in their facilities.

Because the VJDA has withdrawn the variance request that precipitated this study, the existing variance will expire on June 28, 2017, rendering all direct care part-time and relief staff in juvenile detention centers in Virginia subject to the 40-hour annual retraining requirement in 6VAC35-101-200.²⁴ As a result, the Board is no longer obligated to rule on the variance request; this report is being submitted to the Board for informational purposes.

²⁴ The Department’s Certification Unit will allow juvenile detention centers a grace period before assessing compliance with the 40-hour requirement for part-time direct care staff in detention centers.

APPENDIX A – REGULATIONS GOVERNING JUVENILE SECURE DETENTION CENTERS – TRAINING

6VAC35-101-180. REQUIRED INITIAL ORIENTATION.

ARTICLE 3. EMPLOYEE ORIENTATION AND TRAINING

A. Initial orientation shall be provided to all full-time and part-time staff, relief staff, and contractors who provide services to residents on a regular basis, in accordance with each position's job description.

B. Before the expiration of the individual's seventh work day at the facility, each employee shall be provided with a basic orientation on the following:

1. The facility;
2. The population served;
3. The basic objectives of the program;
4. The facility's organizational structure;
5. Security, population control, emergency preparedness, and evacuation procedures as provided for in 6VAC35-101-510 (emergency and evacuation procedures);
6. The practices of confidentiality;
7. The residents' rights;
8. The basic requirements of and competencies necessary to perform in his positions;
9. The facility's program philosophy and services;
10. The facility's behavior management program as provided for in 6VAC35-101-1070 (behavior management);
11. The facility's behavior intervention procedures and techniques, including the use of least restrictive interventions and physical restraint;
12. The residents' rules of conduct and responsibilities;
13. The residents' disciplinary process as provided for in 6VAC35-101-1080 (disciplinary process);
14. The residents' grievance procedures as provided for in 6VAC35-101-100 (grievance procedure);

15. Child abuse and neglect and mandatory reporting as provided for in **6VAC35-101-80** (serious incident reports) and **6VAC35-101-90** (suspected child abuse or neglect):

16. Standard precautions as provided for in **6VAC35-101-1010** (infectious or communicable diseases); and

17. Documentation requirements as applicable to the position's duties.

C. Volunteers shall be oriented in accordance with **6VAC35-101-300** (volunteer and intern orientation and training).

6VAC35-101-190. REQUIRED INITIAL TRAINING.

A. Each full-time and part-time employee and relief staff shall complete initial, comprehensive training that is specific to the individual's occupational class, is based on the needs of the population served, and ensures that the individual has the competencies to perform the position's duties.

1. Direct care staff shall receive at least 40 hours of training, inclusive of all training required by this section, in their first year of employment.

2. Contractors shall receive training required to perform their position responsibilities in a detention center.

B. Within 30 days following the employee's start date at the facility or before the employee is responsible for the direct supervision of a resident, all direct care staff and staff who provide direct supervision of the residents shall complete training in the following areas:

1. Emergency preparedness and response as provided for in **6VAC35-101-510** (emergency and evacuation procedures):

2. The facility's behavior management program as provided for in **6VAC35-101-1070** (behavior management):

3. The residents' rules of conduct and the rationale for the rules:

4. The facility's behavior intervention procedures, with physical and mechanical restraint training required as applicable to their duties and as required by subsection D of this section:

5. Child abuse and neglect and mandatory reporting as provided for in **6VAC35-101-80** (serious incident reports) and **6VAC35-101-90** (suspected child abuse or neglect):

6. Maintaining appropriate professional boundaries and relationships:

7. Interaction among staff and residents:

8. Suicide prevention as provided for in **6VAC35-101-1020** (suicide prevention):

9. Residents' rights, including but not limited to prohibited actions provided for in 6VAC35-101-650 (prohibited actions);

10. Standard precautions as provided for in 6VAC35-101-1010 (infectious or communicable diseases); and

11. Procedures applicable to the employees' position and consistent with their work profiles.

C. Employees who are authorized by the facility administrator to restrain a resident, as provided for in 6VAC35-101-1090 (physical restraint) and 6VAC35-101-1130 (mechanical restraints), shall be trained in the facility's approved restraint techniques within 90 days of such authorization and prior to applying any restraint techniques.

D. Employees who administer medication shall, prior to such administration, as provided for in 6VAC35-101-1060 (medication), and in accordance with the provisions of § 54.1-3408 of the Code of Virginia, either (i) have successfully completed a medication training program approved by the Board of Nursing or (ii) be licensed by the Commonwealth of Virginia to administer medication.

E. When an individual is employed by contract to provide services for which licensure by a professional organization is required, documentation of current licensure shall constitute compliance with this section.

F. Volunteers and interns shall be trained in accordance with 6VAC35-101-300 (volunteer and intern orientation and training).

G. Employees who perform the duties required in 6VAC35-101-800 (admission and orientation) shall be trained in the requirements contained therein.

6VAC35-101-200. RETRAINING.

A. Each full-time and part-time employee and relief staff shall complete retraining that is specific to the individual's occupational class, the position's job description, and addresses any professional development needs.

B. All full-time and part-time employees and relief staff shall complete an annual training refresher on the facility's emergency preparedness and response plan and procedures as provided for in 6VAC35-101-480 (emergency and evacuation procedures).

C. All direct care staff shall receive at least 40 hours of training annually that shall include training on the following:

1. Suicide prevention as provided for in 6VAC35-101-1020 (suicide prevention);

2. Standard precautions as provided for in 6VAC35-101-1010 (infectious or communicable diseases);

3. Maintaining appropriate professional relationships;

4. Interaction among staff and residents:

5. Residents' rights, including but not limited to the prohibited actions provided for in 6VAC35-101-650 (prohibited actions):

6. Child abuse and neglect and mandatory reporting as provided for in 6VAC35-101-80 (serious incident reports) and 6VAC35-101-90 (suspected child abuse or neglect); and

7. Behavior intervention procedures.

D. All staff approved to apply physical restraints, as provided for in 6VAC35-101-1090 (physical restraint) shall be trained as needed to maintain the applicable current certification.

E. All staff approved to apply mechanical restraints shall be retrained annually as required by 6VAC35-101-1130 (mechanical restraints).

F. Employees who administer medication, as provided for in 6VAC35-101-1060 (medication), shall complete an annual refresher training.

G. When an individual is employed by contract to provide services for which licensure by a professional organization is required, documentation of current licensure shall constitute compliance with this section.

H. Staff who have not timely completed required retraining shall not be allowed to have direct care responsibilities pending completion of the retraining requirements.

APPENDIX B - VJDA SURVEY RESULTS



Established 1968
VIRGINIA JUVENILE DETENTION ASSOCIATION
www.vcjd.org

October 24, 2016

Ms. Heidi Abbott, Esq., Chair
Virginia Board of Juvenile Justice
PO Box 1110
Richmond, VA 23219

Dear Ms. Abbott:

At the September 2016 Board of Juvenile Justice (Board) Meeting, the Board, in hearing the variance request presented by the Virginia Juvenile Detention Association (VJDA) for relief from the regulatory requirement (6VAC35-101-200, Retraining) of 40 hours of annual retraining for relief and part time employees, requested that VJDA provide information from the local juvenile detention centers on how the required annual trainings are being delivered under the current variance from this requirement, the length of time to deliver the training material, and any additional required annual trainings. The VJDA queried all twenty-four detention centers about their training practices as they relate to part time and substitute relief counselors. Twenty of the twenty-four juvenile detention centers responded. Below is a summary of those responses.

- Not all facilities have part-time or substitute relief staff; however most do.
- All of the respondents provide annual retraining in nine core areas to part-time and relief staff:
 1. Suicide prevention as provided for in 6VAC35-101-1020 (suicide prevention);
 2. Standard precautions as provided for in 6VAC35-101-1010 (infectious or communicable diseases);
 3. Maintaining appropriate professional relationships;
 4. Interaction among staff and residents;
 5. Residents' rights, including, but not limited to, the prohibited actions provided for in 6VAC35-101-650 (prohibited actions);
 6. Child abuse and neglect and mandatory reporting as provided for in 6VAC35-101-80 (serious incident reports) and 6VAC35-101-90 (suspected child abuse or neglect);
 7. Behavior intervention procedures;
 8. Emergency Preparedness and Response plan and procedures as provided for in 6VAC35-101-480 (emergency and evacuation procedures); and
 9. Handle With Care.
- Fourteen of the twenty respondents provide CPR/First Aid training to part-time/relief staff; although not all do so annually as the requirement for staff with CPR certifications is based on ratio of certified staff to number of residents and some certifications may be for a longer period of time than the one year.

300 Technology Drive, Staunton, VA 24401 • (540)213-0251 • tsmith@svjc.org

- The primary delivery method for most required trainings was reported to be in-person lecture while some facilities use computer based training or self-study to deliver the nine core training subjects.
- Most reported that other trainings are offered to part-time and relief staff although they are not always annually reoccurring and typically are offered as optional, unless required by some other entity such as local government, the Prison Rape Elimination Act (e.g., refresher required only every two years), or to meet facility-identified training areas.
- Of the twenty respondents, thirteen reported the average number of hours worked by part-time and relief in their program annually. These responses varied depending on the number of staff and type of positions. The average number of part-time and relief hours worked by those thirteen programs who responded was 611.75 annually.
- Average training delivery times are listed below for required annual trainings for a total of 17.8 hours annually to deliver the nine core training subjects:

1. Suicide Prevention	1.9
2. Standard Precautions	1.3
3. Maintaining Appropriate Professional Relationships	1.1
4. Interaction among Staff and Residents	1.2
5. Residents' Rights	1.2
6. Child Abuse and Neglect and Mandatory Reporting	1.4
7. Behavior Intervention	2.0
8. Emergency Preparedness And Response	1.5
9. <u>Handle With Care</u>	<u>7.4</u>
Average Total	19.0

Representatives from our association will be present at your November meeting to address additional questions or concerns you and the other Board members may have in consideration of VJDA's variance request.

Sincerely,



Tim Smith, President
Virginia Juvenile Detention Association

C: Janet Van Cuyk, Legislative and Research Manager, DJJ
Kenneth E. Bailey, Certification Manager, DJJ

APPENDIX C - VJDA Letter Withdrawing Variance

MAY 25 2017



Established 1968

VIRGINIA JUVENILE DETENTION ASSOCIATION

www.vcjd.org

May 22, 2017

Ms. Heidi Abbott, Esq., Chair
Virginia Board of Juvenile Justice
PO Box 1110
Richmond, VA 23219

Dear Ms. Abbott:

On behalf of the Virginia Juvenile Detention Association (VJDA), representing the twenty-four local and regional juvenile detention centers throughout the Commonwealth, we are withdrawing our request for a blanket variance to 6VAC35-101-200 (C) of the Regulation Governing Juvenile Secure Detention Centers which requires that "all direct care staff receive at least 40 hours of training annually". Specifically, VJDA was requesting that part-time direct care staff be exempt from the 40 hours of annual training requirement but not exempt from annual retraining on the seven areas enumerated in 6VAC35-101-200 (C). We thank you for granting our request in September of 2014, but having discussed it further, we will not ask you to distinguish between part-time and full-time staff regarding required training hours.

Thank you for the time you and your fellow Board members devoted to this issue.

Sincerely,



Tim Smith, President
Virginia Juvenile Detention Association

C: Kristen Peterson, Regulatory Coordinator, DJJ
Kenneth E. Bailey, Certification Manager, DJJ

APPENDIX D – STATE SURVEY RESULTS

ARKANSAS

Telephone Survey Response

Contact Information: Training Coordinator, Independent Juvenile Detention Center, under the direction of Jonathan Pickering, facility Director.

What are your state's or individual detention center's training requirements for direct care staff (full time – part time)?

Full-time and part-time staff are required by statute and regulation to complete 40 hours of training during their first year of employment and 16 hours annually thereafter.

Are training requirements subject to audit/licensing by a regulatory agency?

Question was not asked by this interviewer.

Does the state or your facility make any distinction between full-time and part-time staff?

No distinction.

What are the required topics for training? CPR/First Aid, HWC, Blood-borne pathogens, Suicide prevention.

DELAWARE

Telephone Survey Response

Contact Information: Robert Challenger, Administration, New Castle Detention Center.

What are your state's or individual detention center's training requirements for direct care staff (full time – part time)?

Staff must meet ACA training standards according to state statute. Staff must satisfy 120 hours of training during their first year of employment and 40 hours annually thereafter.

Are training requirements subject to audit/licensing by regulatory agency?

Yes.

Does the state or your facility make any distinction between full-time and part-time staff?

No distinction.

What are the required topics for training?

The required core topic areas for training conform with those set out in the ACA model standards.

DISTRICT OF COLUMBIA

Telephone Survey Response

Contact Information: Silvia Moody, Training Coordinator, Department of Youth Rehabilitative Services, District of Columbia, Washington D. C.

What are your state's or individual detention center's training requirements for direct care staff (full time – part time)?

All staff are required to complete 114-124 hours of pre-service training prior to assuming any direct contact with detained youth. All staff are required to receive 35 hours of annual refresher training.

Are training requirements subject to audit/licensing by regulatory agency?

Yes.

Does the state or your facility make any distinction between full-time and part-time staff?

No distinction.

What are the required topics for training?

The refresher topics in addition to CPR/First Aid include: suicide prevention (6), risk management (2), report writing (4), secure care operations (3), behavioral health/adolescent development (4), and SCM - secure restraints and de-escalation techniques (16).

HAWAII

Telephone Survey Response

Contact Information: Office of Youth Services Bruce Shomoda and Mata Aulava, Hale Ho'omalulu Detention Center

What are your state's or individual detention center's training requirements for direct care staff (full time – part time)?

Full-time and part-time staff are required to receive 40 hours of orientation, a total of 120 hours in training during the employee's first year, and 40 hours annually.

Are training requirements subject to audit/licensing by regulatory agency?

Question not directly asked and respondents did not expand on this area.

Does the state or your facility make any distinction between full-time and part-time staff?

No distinction.

What are the required topics for training?

PREA, handle with care, suicide prevention, mandated reporting, emergency procedures, blood-borne pathogens, CPR/first aid.

IDAHO

Telephone Survey Response

Contact Information: James Phillips, Administration, Department of Juvenile Corrections

What are your state's or individual detention center's training requirements for direct care staff (full time – part time)?

Staff must complete 80 hours orientation for Idaho Peace Officer Training (POST) and maintain this certification for licensure. Staff are required to complete 20 hours of annual training.

Are training requirements subject to audit/licensing by regulatory agency?

Yes.

Does the state or your facility make any distinction between full-time and part-time staff?

No distinction.

What are the required topics for training?

Annual training topics include: use of force, PREA, motivational interviewing, trauma-based therapy, fire safety, and reporting.

ILLINOIS

Telephone Survey Response

Contact Information: Janelle Jones, Champaign County Juvenile Detention Center staff.

What are your state's or individual detention center's training requirements for direct care staff (full time – part time)?

Full-time and part-time staff are required to complete 40 hours of training during their first year of employment and 40 hours annually.

Are training requirements subject to audit/licensing by regulatory agency?

Respondent was not able to respond to this question.

Does the state or your facility make any distinction between full-time and part-time staff?

No distinction.

What are the required topics for training?

CPR/First Aid, use of force, and officer safety. The remainder of annual training is discretionary according to the facility and the applicable position.

IOWA

Telephone Survey Response

Contact Information: Scott Eagule, Training Coordinator, Central Iowa Juvenile Detention

What are your state's or individual detention center's training requirements for direct care staff (full time – part time)?

In Iowa, there are no specified hours required for orientation or annual retraining.

Are training requirements subject to audit/licensing by regulatory agency?

Respondent did not indicate.

Does the state or your facility make any distinction between full-time and part-time staff?

No distinction.

What are the required topics for training?

Resident's rights, fire, emergency, mandated reporting, security, suicide, CPR/First Aid

MAINE

Telephone Survey Response

Contact Information: Angie Newhouse, Division of Juvenile Services, Training Coordinator

What are your state's or individual detention center's training requirements for direct care staff (full time – part time)?

Staff must meet ACA training standards by mandate of its parent agency, the Department of Public Safety. Staff must satisfy 120 hours of training during their first year of employment and 40 hours annually thereafter.

Are training requirements subject to audit/licensing by regulatory agency?

Yes, by ACA audit conducted annually.

Does the state or your facility make any distinction between full-time and part-time staff?

No distinction.

What are the required topics for training?

The required core topic areas for training conform with those set out in the ACA model standards.

MARYLAND

Email Survey Responses

Contact Information: John Wisnieski, Training Coordinator, Department of Juvenile Services.

What are your training requirements for Juvenile Detention Center staff (full time – part time)?

All training policies are regulated under Title 12, Department of Public Safety and Correctional Services, Subtitle 10, Correctional Training Commission. The training requirements apply to all positions.

Generally, youth supervisors in direct care position are required to complete a minimum of 160 hours in the following topic areas:

- Juvenile services in the criminal justice system;
- Human growth and development;
- Laws and regulations;
- Assessment;
- Custody and control;
- Transportation;
- Integrated case management;
- Documentation;
- Safety and security; and
- First aid.

Are there mandatory training for licensure? If so, what are these areas/topics?

The core topics include 53-61 hours annually in the following areas: CPR/First Aid, gangs, mandated reporting, suicide prevention, report writing, CPI, blood borne pathogens.

What constitutes training.....lecture, supervision, shadowing, on-line, etc.?

In order for detention facilities in Maryland to comply with Commission standards, they must request approval for any in-service training they hope to conduct.

Are training requirements subject to audit/licensing by regulatory agency?

Yes. The annual training requirements are subject to annual audit.

MASSACHUSETTS

Telephone Survey Response

Contact Information: Ruth Rovezzi, Deputy Director, Department of Youth Services

What are your state's or individual detention center's training requirements for direct care staff (full time – part time)?

Staff must complete 40 hours orientation, plus 80 additional hours within 90 days, and 24 hours annually in addition to CPR/First Aid.

Are training requirements subject to audit/licensing by regulatory agency?

Yes.

Does the state or your facility make any distinction between full-time and part-time staff?

No distinction.

What are the required topics for training?

The required core topic areas include: restraint, safety, suicide, de-escalation, PREA, sexual harassment.

MINNESOTA

Email Survey Responses

Contact Information: Mike Grenier, Training Coordinator, Hennepin Juvenile Detention Center.

What are your state's or juvenile detention center's training requirements for full-time and part-time staff?

Full-time and part time staff have the same Annual Training Plan based on Job Class and Post.

Staff must complete 24 hours of the required 144 hours of pre-service orientation before being released for single coverage. All staff must complete 40 hours of annual training. Of the 40 hours of In-service training a minimum of 20 hours is skilled based per MN Statute 2960.

Are there mandatory training requirements for licensure? If so, what are these areas/topics?

Yes, PREA and Restrictive Procedures. Core topics include: Gender specific training, Female response program, LGBTIQ, pat downs, Suicide, CPR/First Aid, mandated reporting, OSHA, P&P, data collection, behavior management, Motivational Interviewing and diversity.

What constitutes training.....lecture, supervision, shadowing, online, etc.?

- Classroom / Lecture
- Web-Based: ELearning, Acknowledgement of Understanding & Compliance (policy) & Emergency Action Procedures
- Blended training which can combine on-line lecture with group discussion and facility specific examples or scenarios
- Demonstration including on the job training.
- Conferencing
- Scenario Based Learning

Are training requirements subject to audit/licensing by regulatory agency?

Yes

NEW YORK

Email Survey Responses

Contact Information: Kathleen Skowrya, Executive Director of Organizational Development, Division of Youth and Family Justice.

What are your state's or juvenile detention center's training requirements for full-time and part-time staff?

Staff must complete 280-320 hours of pre-employment training. Annually they must complete 48 hours of Core Topics training.

Are there mandatory training requirements for licensure? If so, what are these areas/topics?

Yes, core topics include: PREA (8), OSHA (8), CPR/First Aid/Bodily Fluids (8), Safe Crisis Management (16), LGBTQ (8).

What constitutes training.....lecture, supervision, shadowing, online, etc.?

Most training is completed at the Training Academy in varying forms of presentation.

Are training requirements subject to audit/licensing by regulatory agency?

Yes, periodic visits throughout the year.

NORTH CAROLINA

Telephone Survey Response

Contact Information: Karen Milsaps, Supervisor, Alexander Juvenile Detention Center

What are your state's or individual detention center's training requirements for direct care staff (full time – part time)?

Staff must complete 42 hours of training annually including in-service.

Are training requirements subject to audit/licensing by regulatory agency?

Yes.

Does the state or your facility make any distinction between full-time and part-time staff?

No distinction.

What are the required topics for training?

Core topics include: CPR/First Aid, violence, professionalism, medications, hazards, blood-borne pathogens, reporting, PREA, use of force, restraint.

NORTH DAKOTA

Telephone Survey Response

Contact Information: Rhonda Althoff, Training Coordinator, North Dakota Juvenile Correctional Center.

What are your state's or individual detention center's training requirements for direct care staff (full time – part time)?

Staff are required to complete 120 hours of training during the first year which includes orientation and 40 hours annually.

Are training requirements subject to audit/licensing by regulatory agency?

Yes.

Does the state or your facility make any distinction between full-time and part-time staff?

No distinction.

What are the required topics for training?

Suicide prevention, PREA, CPR/First Aid, Emergency plans, Report writing.

OREGON

Email Survey Responses

Contact Information: Lynn Oliver, Training Director, Oregon Youth Authority.

What are your state's or juvenile detention center's training requirements for full-time and part-time staff?

There are no training requirements identified by statute or regulations. Instead, the staff training requirements are set out in policy. The training requirements apply to all full-time, part-time, temporary relief, and permanent staff. New hires must receive 8 hours of online training, 32 hours of orientation, and 32 hours of Advanced Academy. Staff must receive 16 hours of annual in-service training and 2-4 hours of annual online training.

Are there mandatory training requirements for licensure? If so, what are these areas/topics?

No

What constitutes training.....lecture, supervision, shadowing, online, etc.?

- On-line
- Classroom – interactive with some lecture
- Mat room – physical
- Job shadow

Are training requirements subject to audit/licensing by regulatory agency?

No

APPENDIX E - 50 STATE TRAINING REQUIREMENTS TABLE

The table below summarizes the information the Department obtained from those states that completed the survey instrument and from the Department's independent research efforts. The column labeled, "Required Training Hours" outlines, where applicable, minimum training hours required for orientation, before staff may assume direct care duties, during the first year of employment, and annually. The "Core Topics" column lists the mandated trainings that the applicable state requires direct care employees in juvenile detention centers to complete either annually or during the first year of employment. Additional information, including notations of those states in which distinctions are made in training requirements between part-time and full-time staff and links for source material, is provided in the Comments and Source column.

STATE	REQUIRED TRAINING HOURS	CORE TOPICS	<u>COMMENTS AND SOURCE</u>
Alaska	<ul style="list-style-type: none"> • 8 in first 8 week • 15 annual 	<ul style="list-style-type: none"> • Professional role of child care workers • Child development • Relationship building • Communication • Teaching discipline • Clinical diagnosis • De-escalation and crisis intervention including restraint • Clinical issues (e.g., FASC, trauma, substance abuse, etc.). 	<p>Training hours required in this section are clock hours and may include any training that is relevant to the caregiver's primary job responsibilities. Facilities may count informal training that increases caregiver skills. They may also count orientation and pre-service training hours in excess of 6 hours toward the 15 hours.</p> <p>Programs may request approval to use alternative methods for achieving care training for entry-level child/youth care workers.</p> <p><u>Alaska Division of Behavioral Health, Residential Behavioral Rehabilitation Services Handbook, 2013 (pg. 12-13).</u></p>
Alabama	<ul style="list-style-type: none"> • 40 orientation • 40 OJT 1st year • 40 annual* 	<ul style="list-style-type: none"> • CPR (annually) • First aid (every three years) • Security procedures • Supervision of juvenile • Use of force regulations and tactics • Report writing • Juvenile rules and regulations • Rights and responsibilities of juveniles • Key control • Signs of suicide • Emergency procedures.* 	<p>*Part-time staff are required to receive 20 hours annually.</p> <p><u>Alabama Administrative Code 950-1-13.04</u></p>

<p>Arizona</p>	<ul style="list-style-type: none"> • 80 1st year • 20 annual 	<ul style="list-style-type: none"> • Mental health • Suicide prevention • Crisis intervention • Air and blood-borne pathogens • Staff and juvenile relationships • PREA • Emergency procedures. 	<p>Arizona provides a breakdown of the hours that must be devoted to each topic annually: 2 hours each must be devoted to mental health, suicide prevention, and crisis intervention. A minimum of 1 hour each must be devoted to pathogens, staff and resident relationships, PREA, and emergency procedures.</p> <p>State of Arizona Juvenile Detention Standards (Section IB(3)).</p>
<p>Arkansas</p>	<ul style="list-style-type: none"> • 40 1st year • 16 annual 	<ul style="list-style-type: none"> • CPR/First Aid • HWC • Blood-borne pathogens • Suicide 	<p>Telephone survey, Facility Director, Independence Juvenile Detention Center (See Appendix D.).</p>
<p>California</p>	<ul style="list-style-type: none"> • 40 prior • 120 additional in 1st year • 40 annual 	<ul style="list-style-type: none"> • Supervision • Mental health • Policy and procedures • Health and safety • Suicide • Use of force • Emergencies • Security • Documentation • Fire and life 	<p>Title 15: Minimum Standards for Juvenile Facilities (§1322)</p> <p>Title 15, Article 3: Minimum Standards for Training</p> <p>Also, see Section 6035 California Penal Code</p>
<p>Colorado</p>	<ul style="list-style-type: none"> • 144 hours 1st year • 40 annual 	<ul style="list-style-type: none"> • Suicide • Report writing • Signs of concussion Motivational interviewing / communication • HIPPA guidelines • Cybersecurity • PREA.* 	<p>*Staff must receive 4 hours of training in motivational interviewing/communication each year. CPR and first aid training is required every other year.</p> <p>Colorado Department of Human Services Division of Youth Corrections, State-Operated Treatment Facilities</p>
<p>Connecticut</p>	<ul style="list-style-type: none"> • 40 orientation • 120 additional 1st year • 40 annual 	<ul style="list-style-type: none"> • Standards of conduct/ethics • Security • Safety • Fire • Medical • Emergency procedures • Offender supervision (sexual abuse and assault) • Use of force.* 	<p>*Facilities must maintain ACA accreditation.</p> <p>State of Connecticut, Juvenile Residential (Detention) Services Website</p>

Delaware	<ul style="list-style-type: none"> • 120 hours 1st year • 40 annual 	<ul style="list-style-type: none"> • Standards of conduct/ethics • Security • Safety • Fire • Medical • Emergency procedures • Offender supervision (sexual abuse and assault) • Use of force.* 	<p>*Facilities must maintain ACA accreditation.</p> <p>Telephone contact with administration at New Castle Detention Center. (See Appendix D.).</p>
District of Columbia	<ul style="list-style-type: none"> • 114-124 hours pre-service prior • 35 annual 	<ul style="list-style-type: none"> • Suicide prevention (6) • Risk management (2) • Report writing (4) • Secure care operations (3) • Behavioral health/adolescent development (4) • Secure restraints and de-escalation techniques (16) 	Telephone survey, Training Coordinator, Department of Youth Rehabilitative Services (See Appendix D).
Florida	<ul style="list-style-type: none"> • 120 hours prior (within 180 days) • 24 annual 	<ul style="list-style-type: none"> • Protective Action Response (PAR) update • CPR/First Aid • Suicide prevention • Ethics • PREA 	Florida Administrative Rules 63H-2.007 (pg. 10-11).
Georgia	<ul style="list-style-type: none"> • 240 hours training academy for JCOs before assignment • OJT at facility 	<ul style="list-style-type: none"> • CPR/First Aid • PREA 	Georgia Department of Juvenile Justice Basic Training Course Descriptions
Hawaii	<ul style="list-style-type: none"> • 40 prior • 120 during 1st year • 40 annual 	<ul style="list-style-type: none"> • PREA • HWC • Suicide • Mandatory reporting • Emergency procedures • Blood-borne pathogens • CPR/First Aid 	Telephone survey, Office of Youth Services at Hale Ho'omalua Detention Center. (See Appendix D.).
Idaho	<ul style="list-style-type: none"> • 80 hours orientation for Idaho Peace Officer Training (POST) 	<p>Must complete Idaho Peace Officer Training during first six months of employment which covers the following Core Areas:</p> <ul style="list-style-type: none"> • Use of force 	Telephone survey, James Phillips, Department of Juvenile Corrections (See Appendix D.).

	<ul style="list-style-type: none"> • 20 hours annual 	<ul style="list-style-type: none"> • PREA • Motivational interviewing • Trauma-based therapy • Fire safety • Reporting. 	
Illinois	<ul style="list-style-type: none"> • 40 hours 1st year • 40 hours annual 	<ul style="list-style-type: none"> • CPR/First Aid • Use of force • Officer safety • Additional annual training requirements are left to the discretion of the facility, based on the position 	Telephone survey, Janelle Jones, Champaign County Juvenile Detention (See Appendix D.).
Indiana	<ul style="list-style-type: none"> • 40 hours prior • 120 additional 1st year • 40 annual 	<ul style="list-style-type: none"> • Security • Supervision • Suicide • Use of force • Reporting • Juvenile rights • Emergency • Key control • CPR/First Aid 	Indiana Department of Corrections, Staff Development and Training website
Iowa	No specific hours are required.	<ul style="list-style-type: none"> • Resident rights • Fire • Emergency • Mandatory reporting • Security • Suicide • CPR/First Aid 	Telephone survey, Scott Eagule, Training Coordinator, Central Iowa Juvenile Detention (See Appendix D.).
Kansas	<ul style="list-style-type: none"> • 40 hours orientation • 40 hours annual (full-time*) 	<ul style="list-style-type: none"> • Security • Policy and procedures • Confidentiality • Safety • Child abuse/mandatory reporting • Suicide • Conflict resolution • Universal precautions 	*Kansas requires part-time direct care staff to receive 20 hours of annual retraining. Kansas Community Supervision Standards 02-105
Kentucky	<ul style="list-style-type: none"> • 40 hours prior • 120 additional 1st year • 40 annual 	<ul style="list-style-type: none"> • Safety and security* • Use of force • Interpersonal relations • Communication skills • Code of conduct/ethics* • Suicide prevention and intervention* 	*Denotes in-service annual training requirements. Ongoing training in topics that do not contain * is recommended. Department of Juvenile Justice Policy and Procedures - Training Requirements.

		<ul style="list-style-type: none"> • Searches and evidence rules • Lifestyles of the juvenile population 	Special Staff Groups and Specialized Training (pgs. 5-6).
Louisiana	<ul style="list-style-type: none"> • 40 hours prior • 120 additional 1st year • 40 annual 	<ul style="list-style-type: none"> • Intake • Crisis/conflict resolution • Suicide • Communication • Sexual misconduct • Key control • Universal precautions • Discipline • Mandatory reporting • Report writing • Mental health. 	Louisiana Social Services Code, Title 67, Chapter 7511 pg. 20-22.
Maine	<ul style="list-style-type: none"> • 40 hours prior • 120 additional 1st year • 40 annual 	<p>Division of Juvenile Services must meet ACA standards as mandated by the Department of Public Safety. All core topics under ACA model must be met and are audited annually for compliance.</p>	<p>Telephone survey, Angie Newhouse, Division of Juvenile Services. (See Appendix D.).</p>
Maryland	<ul style="list-style-type: none"> • 80 hours orientation prior to work • 53 annual 	<ul style="list-style-type: none"> • Juvenile services in the criminal justice system • Human growth and development • Laws and regulations • Documentation • Safety and security • CPR/First Aid • Blood-borne pathogens • Suicide prevention • Report writing • Mandatory reporting 	<p>Email, John Wisnieski, Training Coordinator, Maryland Department of Juvenile Justice (See Appendix D.).</p>
Massachusetts	<ul style="list-style-type: none"> • 40 hours prior • 80 additional hours in the first 90 days • 24 hours annually 	<ul style="list-style-type: none"> • Suicide • CPR/First Aid • Mandatory reporting • OSHA • Policy and procedures • Data collection • Behavior management • Motivational interviewing • LBGTI • Diversity 	<p>Telephone survey, Ruth Rovezzi, Deputy Director, Department of Youth Services (See Appendix D.).</p>

Minnesota	<ul style="list-style-type: none"> • 144 hrs. prior • 40 annual* 	<ul style="list-style-type: none"> • Suicide • CPR/First Aid • Mandatory reporting • OSHA • Policy and procedures • Data collection • Behavior management • Motivational interviewing • LBGTI • Diversity 	<p>*One-half of the annual training must be dedicated to skill development.</p> <p>Minnesota Administrative Rules 2960.0240. (Subpart 4).</p> <p>Email survey, Mike Greenier, Training Coordinator, Hennepin Juvenile Detention Center. (See Appendix D.).</p>
Michigan	<ul style="list-style-type: none"> • 50 1st year • 25 annual 	<ul style="list-style-type: none"> • Facility's emergency plan • Suicide prevention • Blood-borne pathogens • MAYSI • HWC • Restraints • Medication administration • Right-to-know • PREA 	<p>Staff Development and Training Policy</p>
Mississippi	<ul style="list-style-type: none"> • 40 prior • 120 additional OJT 1st year • 40 annual 	<ul style="list-style-type: none"> • Suicide prevention • HWC • Child-abuse reporting • Adolescent development • Managing mentally ill youth • Interpersonal communication • Security and emergency procedures • Behavior management • Juvenile rights • Written communication • Supervision styles • Ethics and professionals • PREA* 	<p>*Core topics listed here are required for direct care staff at the Oakley Youth Development Center.</p> <p>Note that legislation enacted during the 2016 legislative session requires Mississippi juvenile detention centers be licensed in order to ensure that minimum standards are satisfied. The licensing requirement will take effect on October 1, 2017, and regulations will be developed to effectuate the terms of the legislation.</p> <p>SB 2364 (2016)</p> <p>Mississippi Department of Human Services Policy, Section IV.1.</p>
Missouri	<ul style="list-style-type: none"> • 40 prior • 24 annual 	<p>No core topics specified. All detention center direct care staff must receive a minimum of 24 hours of updated and specialized training annually to reinforce and enhance their ability to meet the requirements of their specific duties.</p>	<p>Standards for Operation of a Secure Juvenile Detention Center, Section 5</p>

Montana	<ul style="list-style-type: none"> • 120 prior • 40 additional on site • 40 annual 	<ul style="list-style-type: none"> • CPR/First Aid • De-escalation and restraint • Motivational interviewing • Restraints • Mental health • Suicide 	<p>Department of Corrections 2016 Professional Development Plan (pgs. 21-25).</p> <p>https://cor.mt.gov/Youth/pinehills</p>
Nebraska	<ul style="list-style-type: none"> • 120 hours orientation • 80 annual 	<ul style="list-style-type: none"> • Agency purpose • Philosophy • Code of ethics • Therapeutic aggression control • Behavior observation, recording and report writing • Juvenile justice system • Suicide prevention • CPR/First Aid • Pressure point control tactics • On the job training 	<p>Lancaster County Youth Services Center website</p>
Nevada	<ul style="list-style-type: none"> • 40 hours in the 1st 30 days • 24 annual* 	<ul style="list-style-type: none"> • Security • Supervision • Suicide • Use of force • Reporting • Rights of juveniles • Emergency • Communications • CPR/First Aid • PREA 	<p>*Part-time employees are required explicitly to satisfy the training requirements set out for full-time staff.</p> <p>Juvenile Detention Facility Standards, Policy 1D-05; 1D-06, pg. 17.</p>
New Hampshire	<ul style="list-style-type: none"> • 16 orientation within 6 months • 40 hours OJT • 65.5 annual 	<ul style="list-style-type: none"> • CPR/First Aid • Fire safety • Suicide prevention • Professional behavior • Blood-borne pathogens • Use of force 	<p>*Training must meet all requirements of the ACA standards for juvenile detention facilities.</p> <p>http://www.dhhs.nh.gov/dijs/residential/</p>

<p>New Jersey</p>	<ul style="list-style-type: none"> • 5 weeks field training before assuming duties • 40 hours in-house classroom training at facility • 6 week JDO Academy during 1st year 	<ul style="list-style-type: none"> • CPR/First aid • Security • Detention-related training. 	<p>Twenty-four hours must be budgeted each year for staff to attend required training and professional development courses.</p> <p>Manual of Standards for Juvenile Detention Facilities (pg. 49)</p>
<p>New Mexico</p>	<ul style="list-style-type: none"> • 40 prior • 80 additional 1st year • 40 annual* 	<ul style="list-style-type: none"> • Behavior management • Report writing • Interpersonal relations • Cultural/linguistic competency training • Child growth and development • Communication • CPR/First Aid • Suicide prevention • Restraint • Alcohol and drug withdrawal. 	<p>*In New Mexico, facilities are authorized to allow part-time staff and volunteers working fewer than 40 hours per week to receive fewer than 40 hours of training appropriate to their work assignment.</p> <p>New Mexico Juvenile Detention Standards 8.14.14.10</p>
<p>New York</p>	<ul style="list-style-type: none"> • 280-320 hours pre-employment • 48 hours annually 	<ul style="list-style-type: none"> • CPR/First Aid • Violence • Professionalism • Medication • Hazards • Blood-borne pathogens • Reporting • PREA • Use of force • Restraint. 	<p>Email survey, Kathleen Skowrya, Executive Director of Organizational Development, Division of Youth and Family Justice (See Appendix D.).</p>
<p>North Carolina</p>	<ul style="list-style-type: none"> • 152 hours 1st year • 42 annual 	<ul style="list-style-type: none"> • CPR/First Aid • Violence • Professionalism • Medication • Hazards • Blood-borne pathogens • Reporting • PREA • Use of force • Restraint 	<p>Telephone survey, Karen Milsaps, Supervisor, Alexander Juvenile Detention Center (See Appendix D.).</p>

<p>North Dakota</p>	<ul style="list-style-type: none"> • 120 hours orientation 1st year • 40 hours annually 	<ul style="list-style-type: none"> • Suicide prevention • PREA • CPR/First Aid • Emergency plans • Report writing 	<p>Telephone survey, Rhonda Althoff, Training Coordinator, North Dakota Juvenile Correctional Center</p>
<p>Ohio</p>	<ul style="list-style-type: none"> • 6 weeks pre-service (3weeks on job, 3weeks academy) • 40 annual* 	<ul style="list-style-type: none"> • Security • Supervision • Suicide • Use of force • Reporting • Juvenile rights • Emergency • Key control • CPR/First Aid 	<p>*Part-time staff must receive 40 hours of retraining annually or may receive annual retraining commensurate with job duties and hours worked.</p> <p>The regulations recommend that training programs have curricula that include interactive training and job shadowing components.</p> <p>Ohio Administrative Code 5139-37-06</p>
<p>Oklahoma</p>	<ul style="list-style-type: none"> • Orientation prior to working alone • 24 hours annually for full-time staff • CPR/First Aid and restraints 	<ul style="list-style-type: none"> • Crisis intervention • Child development • Behavior management • Discipline • Stress management • Therapeutic relationships • Mandatory reporting • Suicide • Sexuality • Grievance procedures • Communicable diseases • Other training deemed necessary to meet individual or group training needs 	<p>Annual training hours for part-time direct care staff are pro-rated by the number of hours worked.</p> <p>Documented attendance at professional conferences, workshops, seminars, formal education classes, or in-service training is counted toward the training requirements if it meets the content requirements.</p> <p>Oklahoma Administrative Code 377:3-13-43. Staff requirements (pages 3-4)</p>
<p>Oregon</p>	<ul style="list-style-type: none"> • 40 hours orientation • 80 additional in 1st year • 16 in-service • 2-4 hours of annual online training 	<p>No annual training topics identified</p>	<p>Oregon Youth Authority Policy Statement, Personnel Management 3.9 (page 4).</p> <p>Email survey, Lynn Oliver, Training Director, Oregon Youth Authority</p>

<p>Pennsylvania</p>	<ul style="list-style-type: none"> • 30 hours new staff orientation • 40 hours annual 	<p>Each staff person with regular and significant direct contact with children must complete training in first aid, Heimlich techniques, and CPR at least annually, as well as training relating to the care and management of children.</p>	<p>Required training may be satisfied using in-house trainers, external speakers, or professional training conducted by external parties.</p> <p>55 Pa. Code §3800.58</p> <p>Shuman Center website</p>
<p>Rhode Island</p>	<ul style="list-style-type: none"> • 40 new staff orientation • 120 additional 1st year • 40 annual 	<p>Juvenile program workers annual training includes, but is not limited to, topics such as:</p> <ul style="list-style-type: none"> • First aid • Suicide prevention • Behavior management • Fire safety • Health care • Report writing 	<p>Part-time employees and volunteers working fewer than 40 hours weekly are distinguished from full-time employees in that they may receive training "appropriate to their assignments."</p> <p>Rhode Island Department of Children, Youth and Families, Policy 1200.0300.</p>
<p>South Carolina</p>	<ul style="list-style-type: none"> • 40 hours orientation • 120 hours juvenile correctional officer basics 1st year • 40 annual 	<ul style="list-style-type: none"> • Juvenile rights • Officer leadership • Interpersonal sensitivity • Safety and security • Adolescent development • Behavioral management • Behavioral observation and recording • Basic health care and communicable disease issues • Dynamics of managing mentally disordered youth • Suicide prevention issues • Conflict resolution • Effective communication 	<p>Minimum Standards for Local Juvenile Detention Facilities in South Carolina (pgs. 9, 14, 15)</p>

<p>South Dakota</p>	<ul style="list-style-type: none"> • 80 hours pre-service • 40 hours annual 	<p>Topics may include:</p> <ul style="list-style-type: none"> • Communication skills • PREA • Drug testing • Safe management principles and techniques • Searches and use of force • Juvenile mental health topics • Substance abuse • Supervision • Cultural diversity • Emergency response • Suicide prevention • Report writing • CPR/First Aid • Blood-borne pathogens 	<p>South Dakota Department of Corrections Policy 1.1.D.2: Juvenile Division Staff Training (pg. 5)</p>
<p>Tennessee</p>	<ul style="list-style-type: none"> • 40 hours pre-service • 40 additional 1st year • 40 annual 	<p>Topics shall include but are not limited to:</p> <ul style="list-style-type: none"> • Hostage situation • Crisis management • Use of force • Security • Admit/release • Medical procedures • Mental health/suicide • Ethics • Cultural diversity 	<p>Tennessee Minimum Standards for Juvenile Detention Facilities (1400-3-06)</p>
<p>Texas</p>	<ul style="list-style-type: none"> • 80 hours pre-service • 80 hours every 24 months 	<ul style="list-style-type: none"> • Security • Supervision • Suicide • Mandatory reporting • Adolescent development • Use of force • CPR/First Aid • Behavior management • Conflict resolution • Mental health • Trauma 	<p>Texas Juvenile Justice Department, Administrative Policy Manual</p> <p>Texas Administrative Code (Sections 344.600 through 680).</p>

<p>Utah</p>	<ul style="list-style-type: none"> • 40 hours orientation • 40 crisis intervention • 8 hours suicide • 40 annual 	<ul style="list-style-type: none"> • Juvenile Justice Services Code of Ethics • CPR/First Aid • Suicide prevention 	<p>Utah Division of Juvenile Justice Services Policy 02-03</p> <p>Utah Division of Juvenile Justice Services Policy 02-01</p> <p>Utah Mandatory Training Grid for DJJS staff</p>
<p>Vermont</p>	<p>Facility uses a medical model approach and does not list required training hours for staff.*</p>	<p>The core topics are mental health driven and include:</p> <ul style="list-style-type: none"> • Behavior identification • Trauma • Suicide • Use of force • Fire safety • CPR/First Aid • Security • PREA • Diversity 	<p>*Only one secure juvenile facility exists in the state. Half of the facility is used for detention and half is designated for residential.</p> <p>Licensing Regulations for Residential Treatment Programs in Vermont (pgs.17-19)</p>
<p>Virginia</p>	<ul style="list-style-type: none"> • 40 hours first year • 40 hours annual.* 	<ul style="list-style-type: none"> • Suicide • Standard precautions • Professional relationships • Interaction staff and residents • Residents' rights • Mandatory reporting • Behavior intervention.** 	<p>*Part-time staff are exempt from the 40-hour annual requirement by variance.</p> <p>**Additional required topics include PREA, CPR/First Aid, restraints, HWC as appropriate to duties/job description.</p> <p>6 Virginia Administrative Code 35-101-180</p> <p>6 Virginia Administrative Code 35-101-190</p> <p>6 Virginia Administrative Code 35-101-200</p>
<p>Washington</p>	<p>80 hours Training Academy prior to assuming duties</p>	<ul style="list-style-type: none"> • Security • Management use of restraints • Training and testing cell search • Training and testing transportation behavior management • Communication and de-escalation skills • Mock scenes defensive tactics Level one techniques 	<p>RCW 43.101.200</p> <p>Washington State Criminal Justice Training Commission website</p>

West Virginia	<ul style="list-style-type: none"> • 40 hours orientation • 120 additional 1st year • 40 annual 	<ul style="list-style-type: none"> • Defensive tactics • PREA • Use of force • Communication • Safety • Fire • Emergency procedures • Resident supervision • Alcohol and drug-free workplace • Grievance procedures • Prohibited work place harassment • Suicide signs, risks and prevention • Security procedures 	West Virginia Division of Juvenile Services Policy 162.00
Wisconsin	<ul style="list-style-type: none"> • 40 hours within 1st 30 days • 8 hours annual 	<ul style="list-style-type: none"> • Care • Custody • Suicide • Mental health • Crisis intervention • Medications • Health screening • Restraints 	Wisconsin Administrative Code 346.21
Wyoming	<ul style="list-style-type: none"> • 20 hours orientation • 20 hours annual 	<ul style="list-style-type: none"> • Philosophy • Policy and procedures • Mandatory reporting • Blood-borne pathogens • Confidentiality • Suicide • CPR/First Aid • Child development 	<p>Wyoming Administrative Rules, Department of Family Services, Chapter 11: Juvenile Detention Centers</p> <p>WY Regulation 5550, Ch.11, § 5</p>