

Jennifer Woolard, Chair
Tyren Frazier, Vice-Chair
Dana G. Schrad, Secretary
Michael N. Herring
David R. Hines
Scott Kizner
Robyn Diehl McDougle
Quwanisha Hines Roman
Robert Vilchez



Post Office Box 1110
Richmond, VA 23218-1110
804.588.3903

COMMONWEALTH of VIRGINIA
Board of Juvenile Justice

BOARD MEETING

November 7, 2018

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

A G E N D A

9:30 a.m. Board Meeting

1. **CALL TO ORDER and INTRODUCTIONS**
2. **APPROVAL of September 5, 2018, MINUTES (Pages 3-32)**
3. **PUBLIC COMMENT**
4. **DIRECTOR'S CERTIFICATION ACTIONS (Pages 33-54)**
5. **OTHER BUSINESS**
 - A. **Human Research Report** – Dhara Amin, Research Analyst, Dept. of Juvenile Justice (Pages 55-72)
 - B. **Additional Amendments to Regulation Governing Juvenile Secure Detention Centers, Contracts with Separate Entities (6VAC35-101-45)** – Kristen Petersen, Regulatory and Policy Coordinator, Dept. of Juvenile Justice (Page 73)
 - C. **Regulatory Update** – Kristen Petersen, Regulatory and Policy Coordinator, Dept. of Juvenile Justice (Pages 74-75)
 - D. **Mechanical and Physical Restraint Panel Discussion**
 - a. Jason Houtz, Superintendent, Fairfax Juvenile Detention Center and Cathy Roessler, Superintendent, Blue Ridge Juvenile Detention Center
 - b. Dr. Jaime Bamford, Medical Director, Commonwealth Center for Children & Adolescents
 - c. Michael Umpierre, Deputy Director for Juvenile Justice System Improvement and Communication, Georgetown University
 - d. Kelly Dedel, Ph.D., One In 37 Research, Inc.
6. **DIRECTOR REMARKS AND BOARD COMMENTS**
7. **2019 MEETING DATES:** January 8, April 17, June 19, September 18, and November 13 9:30 a.m., Main Street Centre (600 East Main Street, 12th Floor Conference Room)
8. **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 5 minutes each with shorter time frames provided at the Chair'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.

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COMMONWEALTH of VIRGINIA
Board of Juvenile Justice
DRAFT MEETING MINUTES

September 5, 2018

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

Board Members Present: Tyren Frazier, Michael Herring, David Hines, Dana Schrad, Robert "Tito" Vilchez, and Jennifer Woolard

Board Members Absent: Scott Kizner, Robyn McDougle, and Quwanisha Roman

Department of Juvenile Justice (Department) Staff Present: Ken Bailey, Andrew "Andy" K. Block, Jr., Patrick Bridge, Carol Brown, Ken Davis, Greg Davy, Lisa Floyd, Wendy Hoffman, Joanna Laws, Andrea McMahon, Ronnie Moore, Charisse Mullen (Attorney General's Office), Jamie Patten, Edward Petersen, Kristen Peterson, Deron Phipps, Lara Todd, James Towey, Angela Valentine, and Robin Binford Weaver

Guests Present: Asif Bhavnagri (Office of the Secretary of Public Safety and Homeland Security), Kerry Chilton (disAbility Law Center of Virginia), Jae K. Davenport (Deputy Secretary of Public Safety and Homeland Security), Will Egen (Commission on Youth), Rebecca Keel (Rise for Youth), Adele McClure (Office of the Lieutenant Governor), Katie O'Connor, Valerie Slater (Rise for Youth), and Amy Woolard (Legal Aid Justice Center)

CALL TO ORDER

Chairperson Jennifer Woolard called the meeting to order at 9:36 a.m.

INTRODUCTIONS

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

APPROVAL of June 13, 2018, MINUTES

The minutes of the June 13, 2018, Board meeting were presented for approval. On motion duly made by Michael Herring and seconded by Dana Schrad, the Board approved the minutes as presented.

PUBLIC COMMENT PERIOD

There was no public comment.

DIRECTOR'S CERTIFICATION ACTIONS

Ken Bailey, Certification Manager, Department

Included in the Board packet were the individual audit reports and a summary of the Director's certification actions completed on June 13, 2018.

The 2-A Court Service Unit received a second consecutive 100% compliance on its audit.

The audit for the 5th Court Service Unit found five areas of non-compliance involving misinterpretation of training requirements, social history issues, supervision plans, and contact with juveniles during commitment. The 5th Court Service Unit was determined to be compliant during the subsequent monitoring visit.

As in previous Board meetings, Mr. Bailey detailed the significant changes and issues associated with the social history format and supervision plan audit requirements. Mr. Bailey is confident the next round of court service unit audits will demonstrate 100% compliance with these requirements.

Mr. Bailey stated that the Certification Team has asked the Regional Program Managers to perform follow-up visits to court service units that have audit deficiencies to help them establish compliance.

The audit for the 11th Court Service Unit found five areas of non-compliance in the same general areas as their 2016 audit. Mr. Bailey discussed the unit's recent improvements under the management of a new Court Service Unit Director, who has previous experience as a director. The Certification Team completed its monitoring visit, and the 11th Court Service Unit was determined to be 100% compliant with regulations. The Regional Program Manager also visited the facility and found compliance.

The audit for the 19th Court Service Unit found three areas of non-compliance on social history issues, supervision plans, and contact with juveniles during commitment. The Certification Team completed their monitoring visit, and the 19th Court Service Unit was determined to be 100% compliant with the regulations. The Regional Program Manager made follow-up visits to help establish compliance.

The audit for the 25th Court Service Unit found five deficiencies. The Certification Team completed its monitoring visit and found the 25th Court Service Unit in compliance with regulations. The Regional Program Manager made an additional visit.

After the audit for the Chaplin Youth Center found six areas of non-compliance, Chaplin submitted its corrective action plan. The Certification Team made a subsequent monitoring visit and found Chaplin Youth Center to be in compliance with the regulations. The one major audit finding of concern was the lack of fire inspections, which Mr. Bailey believed was due to staff turnover and an oversight in required documentation. The Certification Team performed the follow-up status reviews and determined this issue was under control. The Team will monitor Chaplin to ensure compliance continues.

The audit for the Foundations Group Home found one deficiency on the lack of a sanitation inspection for 2017. A current sanitation inspection is now on file.

The audit for the Loudoun County Juvenile Detention Center and Post-Dispositional Program found two areas of non-compliance related to the tuberculosis (TB) screening timeframe, and documentation. Under the regulation, the TB screening may not be older than 30 days and must be completed within the first five days depending on the youth's TB screen history. The Certification Team completed its monitoring visit, and this issue was corrected. Loudoun County Juvenile Detention Center and Post-Dispositional Program has a new RN monitoring these requirements.

The audit for the Lynnhaven Boys Home found three deficiencies related to TB requirements for staff and residents. In the past year, Lynnhaven Boys Home has experienced staffing issues. The Lynnhaven Boys Home elected to shut down its facility to address these issues and placed their youth in other Tidewater Youth Services Commission (TYSC) facilities. The Lynnhaven Boys Home re-staffed the program and re-opened after the audit and before the Certification Team's monitoring visit. The Certification Team found Lynnhaven compliant with the requirements.

The audit for the Virginia Beach Crisis Intervention Home, a shelter care facility, found seven deficiencies related to the facility's medical records and its frequent exceeding of its certified population. Historically, this has been an ongoing problem with the facility. The Home accepts youth pursuant to court orders and the facility generally tries to make space to receive them, which causes the facility to exceed its certified population. The Certification Team completed its follow-up visit, and found the Virginia Beach Crisis Intervention Home to be in compliance.

The audit for the Virginia Beach Juvenile Detention Center and Post-Dispositional Detention Program found four areas of non-compliance. The Certification Team made subsequent monitoring visits and found the Virginia Beach Juvenile Detention Center and Post-Dispositional Detention Program to be compliant with the regulations.

BOARD OF JUVENILE JUSTICE ELECTIONS

The by-laws for the Board of Juvenile Justice authorize the election of a Chairperson, Vice-Chairperson, and Secretary from its membership. Each officer must be elected by the Board at its first regular meeting of the fiscal year. Officers serve for a term of one year and are eligible for re-election.

Chairperson Woolard asked for nominations among the Board members for the three positions of Chairperson, Vice-Chairperson, and Secretary and provided a description of each office.

- The Chair is the presiding officer of the Board at its meetings.
- The Vice-Chair presides over the Board meetings in the event of the chair's absence or disability or if there is a vacancy in the office.
- The Secretary reviews and recommends improvements to Board meeting procedures; ensures development of resolutions, serves as the Board's parliamentarian, signs minutes and policy documents, and ensures materials and equipment are available for the Board to carry out its functions.

On motion duly made by Michael Herring and seconded by David Hines, the Board of Juvenile Justice approved the nomination of Jennifer Woolard as Chairperson.

On motion duly made by David Hines and seconded by Michael Herring, the Board of Juvenile Justice approved the nomination of Tyren Frazier as Vice-Chairperson.

On motion duly made by Tyren Frazier and seconded by David Hines, the Board of Juvenile Justice approved the nomination of Dana Schrad as Secretary.

APPROVAL OF THE BOARD OF JUVENILE JUSTICE BY-LAWS

James Towey, Legislative and Regulatory Affairs Manager, Department

Pursuant to § 7.01 of the by-laws, the Board of Juvenile Justice must review the by-laws annually to ensure compliance with any amendments to applicable sections of the *Code of Virginia*. The Board made several changes to the by-laws last fiscal year. The by-laws may be amended at any regular or special meeting of the Board.

Chairperson Woolard asked the Board if there was any interest in modifying or changing the by-laws for this fiscal year.

Board Member Hines asked whether the Board wanted to consider making officer appointments in two-year increments instead of annually.

Board Member Schrad raised a concern about Board members who have one year remaining on their terms and would not be eligible for election nomination under Board Member Hines' suggestion. Board Member Schrad cautioned against this route because a willing Board member could be eliminated from consideration during an odd year of his or her term. The annual elections allow members to be re-elected to a position.

Chairperson Woolard agreed with Board Member Schrad's concern and asked whether the by-laws could be phrased differently so as not to preclude an interested Board member from being nominated while in his or her fourth year of service.

Board Member Hines stated that the Board's elections normally go forward as presented with no issues and noted that the annual election does not tie up the Board meeting agenda.

Board Member Schrad noted that it is probably good to have annual elections for purposes of public accountability. If there is opposition to a Board member's election, the public can voice concerns.

Chairperson Woolard noted a consensus among the Board members to keep the by-laws as written with annual elections. Chairperson Woolard asked if there was anything to prevent re-election by Board members.

Mr. Towey answered all members are eligible for re-election under the Board's by-laws.

On motion duly made by Michael Herring and seconded by David Hines, the Board of Juvenile Justice approved the Board of Juvenile Justice By-Laws.

DEPARTMENT OF JUVENILE JUSTICE REPORT OF FINDINGS: SHENANDOAH VALLEY JUVENILE CENTER

Andrew K. Block, Jr., Director, Department

Director Block offered a slide presentation (attached) on the Shenandoah Valley Juvenile Center (SVJC) investigation and Department recommendations.

The Board's core responsibility is to issue regulations governing both the conduct and the processes of state operated programs in local court service units, juvenile correctional centers (JCCs), and local juvenile detention centers (JDCs). The Board also reviews the work of the Department's Certification Unit to ensure local juvenile detention centers comply with the regulations set by the Board. Recently, the Board approved several amendments to regulations related to juvenile correctional centers and local juvenile detention centers.

SVJC, a locally operated juvenile detention center, is under considerable media attention because of litigation filed last year. The attention is due in part to the scrutiny of the United States programs on family separation and immigration. In response to the lawsuit and concerns regarding allegations of practices at the facility, Governor Northam requested the Secretary of Public Safety and Homeland Security and the Department to investigate the SVJC. The Department conducted its investigation in June, and the final report was issued in August.

All juvenile detention centers, including Shenandoah Valley, are locally operated by the jurisdiction in which they exist or a regional commission. While the Department has oversight of staff in the

SVJC and other local detention facilities, the staff are local rather than state employees. The Department certifies SVJC and ensures compliance with the regulations.

The SVJC has contracted with the Office of Refugee Resettlement (ORR) for the past ten years to house unaccompanied immigrant youth. These youth are detained for crossing the border into the United States or picked up in the country. ORR deemed these youth to be a public safety risk by virtue of their behavior either in this country or in their home country prior to coming to the United States.

ORR operates three programs across the country similar to the one in SVJC in secure detention centers that have an array of different placements. SVJC is considered the most restrictive type of setting ORR operates.

The Department has oversight responsibility of local juvenile detention centers to ensure their compliance with Board regulations. The Director of the Department has the authority to take action against a facility for health and safety violations or other critical regulatory violations. Those actions include closing a facility or removing youth from the facility, as with the Richmond Juvenile Detention Center. The Department's Certification Unit performs periodic audits and conducts monitoring visits annually.

Youth in ORR programs are under federal, not state, jurisdiction. Theoretically, the federal government could bar the Department from accessing the youth placed in the federal program even though youth are in a facility the Department certifies and supervises. Part of the problem is the ORR program exists in an entirely different setting, even though it is in a Virginia facility over which the Department would otherwise have oversight.

The Department's Community Placement Program (CPP) partners with local juvenile detention centers pursuant to contracts or memoranda of understanding, much like the federal program with SVJC. Through CPPs, local juvenile detention centers house youth in state custody and serve them in specific ways dictated by the contract. Since 2015, the Department has operated a CPP in Shenandoah and continues to have regular, ongoing contact with those youth. The Department has recently established a Quality Assurance Unit responsible primarily for working with the CPPs across the Commonwealth. The Quality Assurance staff monitor youth in the CPP units, which are located outside the federal unit. The youth held under normal circumstances in pre-trial detention are receiving visits from their probation officers and other service providers.

In October 2017, the Washington Lawyers Committee for Civil Rights, a private law firm, filed a lawsuit on behalf of the youth in the federal program in SVJC alleging various constitutional violations. The allegations amounted to cruel and unusual punishment, and violations of the federal residents' juvenile due process rights. Specific allegations included excessive use of force, excessive use of isolation, excessive time in physical restraints, and lack of access to nutrition and mental health services. These are serious allegations.

In addition to the spring 2018 visit, the Certification Team visited SVJC to ensure the facility was operating in accordance with the Department's regulations. This visit did not include the ORR program and nothing of significance was found. In June 2018, Governor Northam asked for an investigation by the Department. On June 21, Secretary Moran and Director Block visited the facility. The Department also sent the Certification Team and Quality Assurance staff to the facility to interview the youth currently in the federal program at that time, which included 22 youth. On June 25, the ORR gave the Department access to review the records of the federal youth but prohibited them from photocopying the records.

Because of the interviews and the review of records, and pursuant to its statutory duty, the Department filed two complaints with Child Protective Services (CPS), which conducted its own independent investigation of the specific allegations. As part of its investigation, CPS interviewed youth, reviewed records and video tape, and talked with staff named in the allegations. Based on this information, CPS made no findings of abuse or neglect. The allegations reported to CPS were not directly related to the allegations made in the lawsuit, but required reporting to CPS.

The Department did not talk with the plaintiffs or review their specific records. Their identities are sealed and listed as John Doe #1, John Doe #2, and John Doe #3.

Director Block emphasized that although the Department made findings in its reports, the Department is not weighing in on the lawsuit. The allegations made against SVJC are very serious allegations, which the facility has denied. The court has not made any findings at this point with regard to the lawsuit.

The Department's investigation sought to ensure that all youth involved in the program were safe; based on the information discovered in the investigation, there were no findings of health, safety, or life violations.

The Department did, however, have concerns with how business was conducted at SVJC, and developed a series of recommendations. SVJC has been responsive and proactive to the Department's recommendations. The first recommendation was for SVJC to enhance staff training on proactively and positively working with youth, specifically, youth who had harrowing lives and experiences in their home country. Childhood trauma can harm a youth's emotional, psychological, and cognitive development. The Department thought it important that SVJC facility staff learn more trauma-informed and trauma-responsive skills.

Even before the Department made this recommendation, SVJC had already begun working with the Missouri Youth Services Institute (MYSI), the same entity that trained juvenile correctional center staff on the development of the community treatment model. SVJC is now taking steps to initiate this program.

SVJC works with traumatized youth and youth from different cultural and ethnic backgrounds than many of its staff. The second recommendation is for SVJC to increase its culture-specific

programming and have more bilingual staff. SVJC has hired a clinician recently to work specifically with its youth.

The Department's regulations allow the use of both physical restraint and mechanical restraint. The investigation concluded that SVJC's procedures did not violate the limits the regulations imposed regarding restraints. The Department believes SVJC can enhance its programs by decreasing the use of these restraints and performing more staff training on alternative de-escalation strategies. SVJC staff have completed more training, specifically including the Handle with Care program, which utilizes the same curriculum as in the juvenile correctional center and all juvenile detention centers.

As part of the community treatment model, the Department sought to redesign the interior of Bon Air Juvenile Correctional Center to make it more developmentally appropriate and less sterile. The Department suggested that SVJC make similar efforts to redesign its facility. SVJC is a clean and well-maintained facility but maintains a correctional design. Although this recommendation is not a requirement, SVJC is moving forward with trying to change and modify the setting within its limitations.

The investigation highlighted an oversight gap with youth in the ORR program in SVJC. Because no allegations were made regarding the ORR program in the past ten years, the Department was not aware of this gap until now.

The Department proposed two recommendations for the Board's consideration.

One of the primary allegations in the lawsuit involved the use of mechanical restraint chairs and spit hoods. Sometimes when youth are restrained, they may spit on or try to bite staff. SVJC uses a spit hood placed over the youth's head to prevent these actions. The restraint chair and spit hood are permitted by the Department's existing and proposed regulations. During the Board's most recent review of both the correctional center and detention center regulations, the Department, Board, advocates, and other stakeholders focused primarily on the use of isolation rather than mechanical restraints. The allegations in the lawsuit are sufficient for the Department to reintroduce the issue. The Department wants to ensure the Board is informed about mechanical restraints in order to determine whether the proposed changes to the regulations are sufficient or require additional amendments.

The Department cannot compel the federal government to provide access to the ORR youth; however, our certification process provides a mechanism to direct the facility to follow certain regulations.

The Department is asking the Board to approve a fast-track regulation requiring a facility, certified by the Department that enters into a third party contract to abide by two stipulations: (1) the contract must allow Department staff the same access to youth in the custody of a third party as the Department has to any other youth in the facility; and (2) a program established by contract with a third party, at a minimum, must meet the Department's regulatory and certification standards. This

will give the Department an additional tool to ensure every youth in a juvenile detention center over which the Department has oversight is under the same scrutiny and the same base level expectations.

The Department has not used the restraint chair in several years. Through application of the community treatment model, the Department has developed a broader array of tools to interact with youth and improve de-escalation strategies.

The primary reason for which the restraint chair is employed is to address youth engaged in dramatic, self-injurious behavior. For example, if youth bite themselves, bang their heads, or try to put things in their body, until staff can take them to the hospital. Staff must have a way to stop this behavior until they can take the resident to the hospital. The alternatives include using hands-on physical restraint or mechanical restraints. Generally, the Department has used mechanical restraints primarily to deal with dramatic, self-injurious situations. At this point in the Department's transformation progress, the Department is striving to terminate the use of the mechanical restraint chair .

The Board limited the use of the restraint chair in the proposed juvenile correctional center regulations to only those situations in which residents are being transported on campus.

Board Member Herring asked if a detainee is in crisis, unresponsive to all lesser interventions, and out of control, because the staff cannot use the restraint chair, whether staff's only recourse is hands-on restraint.

Director Block affirmed.

Board Member Herring responded that in the adult world, the more hands-on restraint you employ, the greater the risk of injury to the subject.

Director Block stated that the November 7 Board meeting will focus on restraints. The Department wants to share information with the Board on practices and explain the local detention centers' use.

The current correctional center and detention center regulations impose limitations on restraints, but make no distinction between using a restraint chair and using handcuffs.

Board Member Hines asked if there would be discussion at the November meeting on the use of any other mechanical restraints other than the chair.

Director Block responded that while other mechanical restraints will be discussed, the primary focus will be on the chair.

Board Member Hines suggested that in trying to control a child, the chair might be a better alternative over the use of handcuffs and leg restraints.

Director Block said the Department would provide information on the full continuum of usage.

Board Member Schrad asked about the recommendation on training, specifically dealing with de-escalation training involving youth.

Director Block noted that this is an alarming issue, and sometimes until a better system is in place, hard choices will be made.

There is an oversight and programmatic gap specifically for youth in the ORR program. Theoretically, other programs might be effected by this gap. Although the ORR program has its own regulations, audit, and certification process, the Department believes it is important for us to have eyes on the youth who are in the ORR program in Virginia facilities.

The fast-track regulation proposed would make clear that any program in a local detention center operating pursuant to a third party contract is subject to the Department's regulatory and certification standards, guidelines, and practices. In addition, Department staff would have the same access to the youth in the ORR program as the Department has with any other youth in the facility. The Director noted that SVJC and local juvenile detention center administrators are not opposed to this recommendation, and were unable to attend today's Board meeting due to a state conference. SVJC is in discussions with ORR on their willingness to abide by this recommendation before the regulations are passed; however, many approvals are required when dealing with the federal government. The more access and oversight the Department has, and the more transparency in its regulated facilities, the safer the Department can keep youth and staff.

Chairperson Woolard speculated that if ORR does not agree to these recommendations before they are approved, this type of situation could happen again. In the meantime, there is still the issue of ORR denying the Department access to their youth.

Director Block agreed.

Board Member Herring commented that the enhanced training and other recommendations passed would not necessarily have retroactive effect and would not impact youth who are currently the subject of the lawsuit, and asked whether, going forward, juvenile detention facilities under the oversight of the Department would have to comply with the regulations in order to enter into a contract with a third party?

Director Block affirmed.

Board Member Herring asked if this SVJC situation would not happen again to another set of youth.

Director Block answered that if ORR disagrees, SVJC could face a choice of being de-certified or taking the federal money and federal youth. Having the expanded oversight and access under the

proposed regulatory amendment will give the Department the tools needed to prevent similar situations in the future.

Board Member Hines asked if a facility continues to pursue third party contracts with the federal government, whether the Department has the authority to prohibit the facility from housing state youth.

Director Block answered yes, and explained that the facility also could be precluded from housing local youth.

Board Member Tyren Frazier asked if the Board should expand this consideration to include facilities in addition to local juvenile detention centers and group homes and asked whether a juvenile correctional center may have a similar contract with the federal government or other third party.

Director Block responded that the Department is not prepared to move forward on that part at this meeting. The Director discussed a program in Northern Virginia (Youth for Tomorrow) that has a federal contract but is licensed by the Department of Social Services. Chief Deputy Director Angela Valentine added that some of that facility's programs have dual licensing by the Department of Social Services and Department of Behavior Health and Developmental Services.

Director Block noted that Virginia Juvenile Community Crime Control Act money could be used to establish group homes, in which the Department would have authority.

Board Member Frazier asked what the SVJC daily population was when the Department visited and the average daily population of the CPP.

Chief Deputy Director Valentine said there were 22 youth at SVJC when the Department visited the facility. Chief Deputy Director Valentine did not know the exact number of CPP residents, but noted that the facility was under their licensed capacity for pre and postdispositional local youth in the CPP.

Board Member Frazier asked about the population of third party contracts compared to the rest of the facility's population.

Chief Deputy Director Valentine responded that on a daily basis, the federal program has more youth than the local programs. The Department's CPP has a maximum of eight youth at the SVJC facility.

Board Member Schrad asked if the ORR youth are segregated from the state and local youth.

Director Block answered operationally the federal youth are separate. The federal youth have their own units and their own wing of school, and for the most part, remain separate from the other youth.

Chief Deputy Director Valentine added that while the youth are housed in separate units, some ORR youth attend school with local youth, depending upon whether the federal youth attended public school prior to placement at SVJC and if the federal youth can maintain their education. If so, the federal youth may attend school with the local and CPP youth. Those federal youth that cannot maintain a regular curriculum and need individualized schooling attend school in a separate area.

Board Member Schrad surmised that even though there is minimal interaction or blending of the populations, having different sets of regulations regarding restraints for the federal youth and local youth might be problematic for staff and youth. She agreed that having regulations allowing the Department to have oversight is important but inquired about intervention.

Director Block answered that if the Board passed the fast-track regulation and any additional regulations regarding restraints, these provisions would apply to youth in third-party programs.

Board Member Hines asked if the Department was provided a copy of the contract and whether the contract speaks to restraint measures?

Director Block affirmed that the Department was given a copy of the contract, and it did not speak to restraint.

Board Member Schrad asked whether the Department had to approve the third party contract.

Director Block answered the Department was not required to approve the contract.

Director Block noted Deputy Secretary of Public Safety and Homeland Security, Jae K. Davenport's attendance at this meeting and explained that Secretary Moran and the Governor's Office have been involved and are supportive of the recommendations made in the report.

Chief Deputy Director Valentine confirmed with Mr. Bailey that the Certification Team and Quality Assurance Unit visited SVJC and applied Department regulations to SVJC and the ORR unit in order to meet the certification regulations. SVJC has followed that process all along.

Board Member Schrad asked if SVJC staff were applying the regulations to the ORR unit voluntarily.

Director Block confirmed that was correct.

Chairperson Woolard asked if the Department was granted access to the incident reports for youth under ORR jurisdiction or whether these documents were maintained separately.

Mr. Bailey answered that the ORR program completes incident reports and sends them directly to their home office. The Certification Team requests copies and receives some incident reports, especially those related to abuse. The Certification Team wants to ensure those reports are referred to and investigated by local Child Protective Services (CPS). The ORR program communicates this

information to the Certification Team, redacting the youth's name. The Certification Team is informed when an incident occurs, given the details, and follows up with CPS on the findings.

Director Block said that if an incident such as an escape or other major event, occurs in a local detention center, under this proposal, the ORR program would need to ensure the Department has the identifying information of the youth involved in those serious incidents.

REQUEST APPROVAL TO SUBMIT AMENDMENT TO REGULATION GOVERNING JUVENILE SECURE DETENTION CENTERS AS A SEPARATE FAST-TRACK REGULATORY ACTION

Kristen Peterson, Regulatory and Policy Coordinator, Department

Ms. Peterson presented a proposed amendment to the Regulation Governing Juvenile Secure Detention Centers for Board approval. The proposal is a stand-alone, separate provision to be added to the regulation. The provision will apply to JDCs entering into contracts with separate entities to house residents that are otherwise under the custody of these entities and will require that the written agreements contain language compelling these programs to be subject to the Department's certification standards and regulations governing JDCs.

There is a gap in terms of the Department's oversight impeding the ability to properly monitor programs to ensure youth are protected and programs comply with the Department's regulatory provisions.

The amendment would require these programs to allow the Department the same access to juveniles in the programs that the Department currently has with other juveniles detained in pre or post dispositional programs. The proposed amendment would apply, not only to the SVJC's ORR arrangement, but also the unique contractual arrangements that detention centers currently have with the Department, such as the CPP and detention reentry programs. Both programs have youth under state commitment who are being housed and cared for by the JDCs.

Typically, when the Department presents regulations to the Board for approval, it uses the lengthy standard regulatory process, which involves the Notice of Intended Regulatory Action (NOIRA), various levels of executive review, and extensive public comment periods. This time, the Department is requesting that the Board approve the regulation for submission through an expedited fast-track process. The Administrative Process Act allows state agencies to use the fast-track process for regulations expected to be noncontroversial. There are triggering events that may prevent the Department from using this process. If members of either applicable standing committee of the House or Senate or members of the Joint Commission on Administrative Rules objects to the proposed fast-track amendment, then the Department would have to proceed with the standard regulatory process. In addition, if there were ten or more individuals of the public who opposed the proposed fast-track amendment, the regulation would go through the standard process. Because of the possibility of these triggering events, the Department is requesting that the Board approve two separate regulatory measures: (1) approve the proposed amendment to the regulation for submission through the fast-track process; and (2) simultaneously, approve the regulation language for

incorporation into the large, comprehensive package that the Board approved at the June 13, 2018, meeting. If a triggering event occurs that prevents the Department from moving the regulation through the fast-track process, the proposed amendment would be incorporated into the large package for advancement through the proposed stage of the regulatory process, bypassing the initial stage.

On page 118 of the Board packet, the various timeframes are listed for the standard regulatory process as well as the fast-track regulatory process. Assuming the regulation goes through the fast-track process, it will save the Department a minimum of 78 days.

Board Member Herring stated his intention to vote in favor of the proposed regulation but raised some concerns. If the regulations governing these facilities are designed to ensure safe, humane, and effective supervision and treatment for all residents, why would the state sanction something less than safe, humane, and effective treatment for a juvenile resident? Board Member Herring asked why the Board would not modify the regulations to ensure all residents of certified facilities are subject to the requirements of § 6VAC35-20. Furthermore, he noted a concern that the wording of the proposed amendment would not cover agreements entered into verbally.

Board Member Herring recommended that if the Board wants broad language to ensure all juveniles are subject to the same regulations and to respond to this crisis, then the language in the proposed regulation simply should provide that every juvenile in one of these facilities must be governed by the same regulations.

Board Member Schrad noted her substantive support of the proposal but was concerned that it leaves a gap in the Department's authority. She asked how having access to the federal youth and records alone would give the Department authority to act on any violation discovered. For instance, if the federal contractor gives the Department access to the records and the youth but is not addressing the treatment, she asked whether the Department would have the authority to either void the contract, remove the federal youth from the facility, or what other alternatives the Department could exercise under that scenario.

Board Member Hines stated his understanding that the Board is trying to focus on the Department's responsibility to regulate and investigate a complaint within a state-certified facility and to ensure the Department's authority to enter that facility and talk with the youth, regardless of whether the youth is local, state, or under contract.

Ms. Peterson agreed and explained that the Department's ultimate objective is to be able to determine if these facilities are complying with the regulatory requirements. The certification regulations, 6VAC35-20, authorize the Department not only to conduct certification audits, but to act on what is found. Under the certification regulations, the Director may withdraw funding, close a facility, or move youth out of a facility. The contract is the vehicle to ensure the federal government agrees to comply with the regulatory provisions. Ms. Peterson thinks the existing

certification regulations are sufficient to give the Department the authority to respond to concerns found in the audits or monitoring visits.

Board Member Hines agreed with Mr. Herring's recommendation that the regulation be expanded to cover oral agreements.

Chairperson Woolard asked if the Department receives copies of third party contracts or whether the facilities are required to notify the Department when entering into these agreements. Chairperson Woolard advised that the Department should be aware when a facility is entering into a written or oral agreement.

Director Block noted that the Department could add a section C providing, in the event of a written agreement, the local juvenile detention centers shall immediately notify the Department.

Board Member Hines asked whether this suggestion could be handled administratively.

Chief Deputy Director Valentine stated that JDCs have always notified the Department's Certification Team when entering into these contracts with separate entities.

Board Member Schrad asked if contracts are reviewed during the certification audits.

Mr. Bailey said there is no requirement at this point to review these contracts.

Director Block said if the Board wanted to craft language requiring notification it does not seem complicated. The broad language in the regulations gives the Department authority to intervene and applies to every juvenile in the facility.

Chairperson Woolard said it would be better simply to know when a JDC is entering into a contract.

Board Member Herring asked how the Department would respond to a savvy commentator who questioned why the Board did not pass something more plenary, such as a provision prohibiting facilities from housing juveniles who are not subject to the full scope of the applicable regulations.

Board Member Schrad agreed and recommended that the Board avoid using a band-aid approach when a more holistic approach is favorable.

Director Block acknowledged that the regulations may already contain those provisions; however, the Department has identified an exception where the provisions are not applicable to federal programs.

Board Member Herring said if that is true, then the Department has the leverage to control what SVJC does operationally. If not, then it is not in the regulations.

Board Member Frazier asked if the Board adjusts the regulation with a subsection C, could the Board, at a later meeting, add the overall broader statement of the regulation used in the proposed fast-track regulation.

Ms. Peterson said the regulation can be amended as suggested, expanded to include oral contracts, and submitted through the fast-track process. As an alternative, the Department can file the proposed regulation and craft broader language to address Mr. Herring's comments and bring that proposed regulation back to the Board in November.

Board Member Hines noted that by adding "oral" to the regulation, this accomplishes everything the Department wants to accomplish and closes any gap.

Department Analyst Lara Todd suggested the Board require any agreement to house youth be in writing, as this is a best practice. An oral agreement is problematic because there is no documentation regarding the parameters or requirements

Chairperson Woolard suggested the Board move forward with the fast-track regulation with a few modifications discussed earlier on written or oral agreements and discuss at the November meeting the notification provision and the best practices concerning written agreements.

Board Member Schrad noted there is a need for expediency based on the critical concern of the SVJC issue and agreed to proceed with this specific targeted approach and come back at the Board's November meeting to look more broadly at the issue. Board Member Schrad agreed with some of the concerns Mr. Herring raised, especially in the area of law enforcement certification and licensure. State certification brings continuity and consistency, and the Board's end goal is to ensure consistency across all facilities in terms of how these youth are cared for and supervised, regardless of the contract.

Chairperson Woolard asked if the Board could make modifications to the regulation at the November meeting.

Ms. Peterson responded affirmatively. She explained that she had delayed filing the comprehensive detention center regulation packet because she thought, with the SVJC issues, the Board might want to amend it. She explained to the Board the numerous options regarding filing of the regulation. The Board can submit the proposed comprehensive package now and at the Board's November meeting discuss making additional amendments to the regulation, submitting those changes before proceeding to the final step in the regulatory process. It might be best to delay the filing of the comprehensive package until the Board makes the final decision on the amendments. There is a possibility that a number of individuals might oppose this fast-track process. If so, this is a triggering event that would prevent the Department from using the fast-track process, and the proposed amendment would start over in the NOIRA stage. It will lengthen the process if the requisite individuals object to the proposed amendments.

Board Member Herring said there might be consensus to the dual track. The remaining question is the substance.

Board Member Schrad said it might be best to take a mulligan on the overall package. This gives the Board time to fast-track this critical recommendation. It might be best to come back in November and re-examine the comprehensive package, not only the mechanical restraints, but also the reporting and supervision relationship with the detention centers.

Chairperson Woolard asked if the Department would hold off submitting the regulations approved by the Board at the last meeting until after November.

Ms. Peterson said yes.

Chairperson Woolard noted that would set the process back two months.

Board Member Schrad did not recall that the overall package had any front burner issues that needed attention.

Director Block said the local JDC regulations were slightly different than the juvenile correctional center regulations. There were no dramatic changes, just improvements, especially around the use of isolation. If the Department waited, it would not change current practices.

Board Member Schrad and Chairperson Woolard asked whether the JDCs had concerns with delaying the regulatory process.

Chief Deputy Director Valentine said there should not be any push back from the detention centers.

Chairperson Woolard asked the Board for its position on the proposed fast-track regulation and whether the language on page 117 of the Board packet should be modified to address the "written agreement."

Board Member Schrad noted that all agreements should be written.

Chairperson Woolard asked if the Board wanted to proceed with the motion now and save the "best practices" discussion for November

Board Member Schrad answered yes.

Chairperson Woolard asked the Board if they were in agreement with modifying the text of 6VAC35-101-45 to provide, "When a detention center enters into 'an' agreement with a separate entity..." and to strike references to "written."

Board Member Herring asked if there were exigent circumstances or other scenarios under which a facility may hold youth without an agreement.

Director Block believes there are statutory provisions that allow a youth to be moved from the facility under instances such as gang membership conflict. The Code specifically speaks to incidents like those where youth might move to another local detention center or to a jail temporarily.

Board Member Hines provided an example of a detention center that has reached capacity but has an agreement with another facility to take the youth. In that case, the agreement might be with another detention center.

Board Member Herring presented a hypothetical in which several high-risk juvenile gang members need to be detained in the middle of the night, and one detention center calls another detention center, who agrees to detain the juvenile in its facility. Board Member Herring asked whether this agreement would trigger the application of the proposed amendment.

Chief Deputy Director Valentine responded that the statutes contain criteria specifically addressing how a youth may be detained. The statutes mandate the filing of a petition, detention order, or court order and in either case, the juvenile meets with court service unit intake officers, and a legitimate charge must be established to detain these individuals in a juvenile detention center.

After some additional conversation, Director Block indicated that the Board could add a subsection C to 6VAC35-101-45 requiring such agreements to be in writing and the detention center to notify the Department immediately upon entering into such an agreement.

Ms. Peterson asked whether structuring the language in that way would mean these programs would no longer be subject to the Department's regulations.

Director Block clarified that the language would mean if there is an agreement it must be in writing and is subject to Department regulations.

Board Member Hines stated that the Board is trying to ensure that no youth is held in a facility without a written agreement and asked if the Board is now saying that verbal agreements are not permitted.

Chief Deputy Director Valentine commented that she is unaware of any local juvenile detention center having a verbal agreement to house youth in their facility.

Board Member Hines expressed concerned that the Board may be moving forward quicker than advisable, and asked the Board to consider unintended consequences if there are oral communications or agreements facilities enter into that the Board may disallow because it is not in writing. He recommended delaying this discussion until November.

Director Block replied that it could wait until the November meeting.

Ms. Peterson responded yes, the Board can approve the proposed amendment noted in the Board packet on page 177 and return in November to discuss a proposed section C. Ms. Peterson clarified the language would begin, “ “When a detention center enters into ~~an~~ agreement with a separate entity...”

The Board agreed.

Chairperson Woolard asked if this fast-track amendment, once approved, would apply to the existing agreement that Shenandoah has with the federal government.

Director Block stated that it would apply when the proposed amendment takes effect. It could be subject to constitutional challenge, but reading a Virginia Attorney General’s opinion on constitutional prohibitions against interfering with existing contracts, the proposed amendment may survive constitutional challenge.

On motion by Dana Schrad and seconded by Dave Hines, the Board of Juvenile Justice approved the proposed amendment to 6VAC35-101, Regulation Governing Juvenile Secure Detention Centers, which adds a new regulatory provision addressing contracts between juvenile detention centers and separate entities. The Board grants the Department of Juvenile Justice permission to (i) proceed with the filing of the proposed amendment through the fast-track regulatory process pursuant to the Code of Virginia §2.2-4012.1; and (ii) add the proposed amendment to the comprehensive regulatory package approved by the Board on June 13, 2018, for advancement to the proposed stage of the standard regulatory process.*

**Note: With respect to (ii) of the Board’s motion, the Board approved the pre-drafted motion but, as provided in the discussion above, agreed to revisit the issue regarding amendments to the comprehensive package at the November meeting before advancing the package to the next stage of the regulatory process.*

DIRECTOR’S COMMENTS

Andrew K. Block, Jr. Director, Department

Lieutenant Governor Justin Fairfax recently toured Bon Air Juvenile Correctional Center.

Yvonne B. Miller High School officially began a new school year on September 4. Over the summer, the Department replaced old glass windows in the school with safety glass. Unfortunately, this work has taken longer than expected, and some rooms are not available for the post-secondary programs. Adjustments are being made to accommodate.

The school year ended very well with a record number of youth receiving diplomas.

The numbers for FY2018 include a decline in intakes and a record number of lows for youth in local detention centers. For two days, the Department's population at Bon Air dipped below 200, which is historic. The Department's efforts in transformation are having the desired effect.

The Department continues to work with the Department of General Services and Isle of Wight County on the new facility.

BOARD COMMENTS

There were no comments by the Board.

NEXT MEETING

The next Board meeting is scheduled for November 7 at the Main Street Centre, 600 East Main Street, Richmond.

ADJOURNMENT

Chairperson Woolard adjourned the meeting at 11:44 a.m.

Report To Board of Juvenile Justice: Shenandoah Valley Juvenile Center Investigation

Andrew K. Block
Sept. 5, 2018



**Virginia Department
of Juvenile Justice**

Safety. Connection.
Purpose. Fairness.



Agenda

- DJJ's relationship with Shenandoah Valley Juvenile Center (SVJC) and Office of Refugee Resettlement (ORR)
- DJJ Report Issued by Gov. Northam's Office
 - Investigative process
 - Findings
 - Recommendations
 - For SVJC
 - For DJJ Board
- Overview of Mechanical Restraints
 - Current DJJ practices
 - Current DJJ and JDC regulations
 - Recently proposed regulation changes



Shenandoah Valley Juvenile Center

- The SVJC is an independent juvenile detention facility managed by the Shenandoah Valley Juvenile Center Commission.
- SVJC staff are not state employees.
- For ten years SVJC has had a contract with Office of Refugee Resettlement to house unaccompanied immigrant minors deemed to be a risk to public safety (1 of 3 such contracts across the country).



DJJ Oversight of JDCs

- DJJ has oversight, but not operational, responsibility.
- DJJ Board establishes regulations for local juvenile detention centers (JDCs).
- DJJ Certification Unit conducts periodic audits of local facilities.
- Upon finding health, welfare, or safety violation, DJJ Director may:
 - ✓ Withhold funds.
 - ✓ Remove juveniles from the facility/program.
 - ✓ Place facility/program on probationary certification status for up to 6 months.
 - ✓ Summarily suspend the facility's certificate.



Office of Refugee Resettlement

- The ORR is a federal program under the U.S. Department of Health and Human Services (HHS) that works with unaccompanied immigrant minors.
- Unaccompanied minors are placed at SVJC when ORR has determined that a less secure placement would not be appropriate.
- Pursuant to a cooperative agreement that SVJC entered with ORR and HHS, ORR monitors SVJC for compliance with their requirements through announced and unannounced monitoring visits.
- The federal youth program is audited and overseen solely by ORR. DJJ has no contractual relationship with ORR, and has no auditing, monitoring authority or responsibility over the federal youth housed at SVJC.



Ongoing DJJ/SVJC Contact

- SVJC has had a Community Placement Program (CPP) since Sept. 1, 2015, which places DJJ youth in SVJC physical custody.
- Youth in the CPP receive regular contact from Quality Assurance staff, parole officers, and others.
- Court Service Unit staff regularly visit youth in pre-trial detention.
- DJJ certification unit conducts monitoring visits for pre-trial detention at least annually, or more often if requested by Board, DJJ, or administrator.



Investigation Timeline

- **October 2017** – Federal lawsuit filed on behalf of youth in ORR custody incarcerated at Shenandoah Valley Juvenile Detention Center (SVJC). Allegations denied by SVJC.
- **March 2018** – DJJ Certification Team visits SVJC to observe current conditions in non-ORR units, and to review prior certification documents.
- **June 21, 2018** – Associated Press publishes story reporting filing of federal lawsuit.



Investigation Timeline

- **June 21, 2018** – Governor Northam orders an investigation. Secretary of Public Safety and Homeland Security Brian Moran and Director Block conduct evening visit of facility.
 - DJJ Certification Staff and Quality Assurance staff also visit facility June 21 and 25 and interview youth in ORR custody.
- **June 22, 2018** – DJJ staff file two complaints with Child Protective Services (CPS) as a result of interviews.
- **June 25, 2018** – DJJ staff review records of youth in ORR custody. DJJ staff did not interview plaintiffs in lawsuit or review their records.
 - Identities and records sealed.



Findings

- **July 3, 2018** – CPS investigation concludes that there was no abuse or neglect.
- **Aug. 13, 2018** – Secretary of Public Safety and Homeland Security's office issues final report, including DJJ investigation, concluding that SVJC was meeting its regulatory obligations, and that there were no apparent threats to health or safety of residents, including in the ORR program.
 - The report does not provide opinion on the merits of the lawsuit.



Report Recommendations for SVJC

In addition to findings DJJ also made recommendations for SVJC:

- **Recommendation 1:** SVJC should provide staff with training and professional development in the areas of positive youth development, cognitive behavioral interventions and trauma informed care.
 - *SVJC Response: In progress. Missouri Youth Services Initiative (MYSI) training was completed Nov. 2017 in SVJC's Community Placement Program unit and with two assistant shift supervisors. MYSI to provide more coaching to all SVJC staff on MYSI methods in first week of October.*
- **Recommendation 2:** SVJC should increase the staff's understanding of and sensitivity toward the unique cultural backgrounds of the youth in the federal program, expanding culturally relevant programming and number of bilingual staff.
 - *SVJC Response: SVJC continues ongoing effort to recruit bilingual staff. Mental Health Clinician recently hired to work directly with ORR Program youth.*



SVJC Recommendations / Response

- **Recommendation 3:** SVJC should strengthen the procedures for the use of mechanical restraints and re-train staff on the use of physical and mechanical restraints.
- **Recommendation 4:** SVJC should provide ongoing training in the effective use of de-escalation techniques for all staff at SVJC.
 - *SVJC Response: From June through August, all SVJC direct care staff underwent 12 hours of recertification in "Handle With Care" curriculum, including verbal de-escalation techniques and appropriate use of physical and mechanical restraints. An additional two-hour component, "Verbal Instead of Physical," was included in the recertification, and is now a regular part of the training. It uses relationship building as an agent of change.*



SVJC Recommendations / Response

- **Recommendation 5:** SVJC should explore design and furniture modifications to create a setting more conducive to working with a population that has high rates of trauma.
 - *SVJC Response: SVJC's activities coordinator has worked with youth on design changes, such as murals and whiteboards, in collaboration with MYSI. The youths' feedback will be considered alongside SVJC's current research of possible furniture options which are conducive to working with a high-trauma population and also meet safety and security concerns in a juvenile detention facility.*



Recommendations For DJJ Board

- **Recommendation 1:** The Board of Juvenile Justice should amend the regulations governing local juvenile detention centers to require that any time such a center enters into a contract with a third party to house youth in the custody of the third party, the contract must allow for DJJ staff to have the same access to the youth and their records as DJJ has to all other youth in that facility.
- **Recommendation 2:** DJJ will inform and educate the Board about the use of mechanical restraints in juvenile correctional centers and locally operated juvenile detention centers in Virginia in order that the Board may properly consider the current regulations regarding the use of mechanical restraints and whether any changes might be necessary.



DJJ Use of Restraint Chair

- Since the full adoption of the Community Treatment Model, DJJ has abandoned the use of the restraint chair as a matter of practice, with the exception of using it, as a last resort, to transport residents on campus.
- The last use occurred in December 2015, for transportation.
- Since 2011, the restraint chair has been considered for use 8 times at Bon Air JCC.
 - Five incidents noting actual use of the restraint chair.
 - Transportation of resident from one campus location to another: Three incidents.
 - To prevent active self-injurious behaviors: Two incidents.
 - On three occasions, chair was considered but not used for youth engaging in self-injurious behavior including head-banging and self-biting.
 - Majority of the previous use of restraint chair occurred between 2013 and 2014.



Regulations for Mechanical Restraints

Current Provisions

- Mechanical restraints include: handcuffs, waist chains, leg irons, disposable plastic cuffs, leather restraints, and mobile restraint chairs.
 - Spit guards/bite guards and helmets are not addressed in either regulation.
 - The provisions below are applicable to all mechanical restraints. No provisions applicable solely to mobile restraint chairs.
- Regulations governing JCCs and JDCs provide controls to prevent unnecessary application of mechanical restraints and to ensure safe restraint.
 - Restraints shall NEVER be applied as punishment.
 - Residents may not be restrained to fixed objects or in unnatural positions.
 - Staff authorized to use restraints must receive training, including how to check the resident's circulation and how to check for injuries.
 - The facility must record mechanical restraint use in the resident's case file or a central log book.



Regulations for Mechanical Restraints

Current Provisions

- When residents are mechanically restrained, staff must:
 - ✓ Provide for their reasonable comfort and ensure access to water, meals, and restroom; and
 - ✓ Make direct personal checks on the residents at least every 15 minutes or more often if the resident's behavior warrants.
- If a resident is mechanically restrained for more than two cumulative hours in a 24-hour period, except during routine transportation, staff must consult with a mental health professional.
- If a mechanically-restrained resident exhibits self-injurious behavior, staff must immediately consult with a mental health professional and monitor the resident in accordance with established protocols.



Regulations for Mechanical Restraints

Next Steps at November 7th Board Meeting

- Review of current regulations and approved, new regulations.
- Review of current JCC and JDC practices.
- Presentations from internal and external experts.
- Board may consider additional regulatory action or may maintain current scheme.



Proposed Regulation Regarding 3rd Party Contracts With Juvenile Detention Centers

Background

- DJJ certifies and regulates JDCs.
- **But** there is no existing regulatory or statutory mechanism allowing the DJJ's Certification Unit to interview residents detained in a JDC who are under the custody of an outside entity.
- The proposed amendment will apply to agreements between JDCs and any third party (including DJJ) to address this oversight gap.
- DJJ requests that the Board approve proposed amendments for submission through the expedited "fast-track" process available for noncontroversial regulatory proposals.



Proposed Regulation Regarding 3rd Party Contracts With Juvenile Detention Centers

Request Approval For Amendment To Regulation

- Proposed amendment provides that when JDCs enter into contracts with separate entities to detain a juvenile in the separate entity's custody, the written agreement must:
 - (i) provide that the program housing the juvenile is subject to the department's certification regulations; and
 - (ii) give the department the same access to these juveniles and their records as all other residents for purposes of complying with the certification regulations.



Questions?

DEPARTMENT CERTIFICATION ACTIONS
October 1, 2018

DEPARTMENT CERTIFICATION ACTION: Certified Anchor House until October 13, 2021, 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.

DEPARTMENT CERTIFICATION ACTION: Certified Aurora House until August 22, 2021
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.

DEPARTMENT CERTIFICATION ACTION: Certified Henrico Juvenile Detention Home until August 25, 2021.

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.

DEPARTMENT CERTIFICATION ACTION: Certified Northern Virginia Juvenile Detention Home and Post-dispositional Program until May 14, 2021.

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:

Anchor House
312 Brown Street
Martinsville, VA 24112
Phone: (276) 634-2910
Ricky Walker, Program Director
ricky.walker@anchor-services.org

AUDIT DATES:

May 22, 2018

CERTIFICATION ANALYST:

Shelia L. Palmer

CURRENT TERM OF CERTIFICATION:

October 14, 2017 – October 13, 2018

REGULATIONS AUDITED:

6VAC35-41 Regulation Governing Juvenile Group Homes

PREVIOUS AUDIT FINDINGS – May 2, 2017:

93.62% Compliance Rating

*One non-compliance from previous audit.

6VAC35-41-90 (B). Serious incident reports.

6VAC35-41-180 (A). Employee and volunteer background checks. CRITICAL

6VAC35-41-190 (A). Required initial orientation.

6VAC35-41-200 (A). Required initial training.

6VAC35-41-210 (A). Required retraining

6VAC35-41-210 (E). Required retraining.

6VAC35-41-210 (H). Required retraining.

6VAC35-41-310 (B). Personal records.

6VAC35-41-340 (A). Face sheet.

6VAC35-41-810 (D). Discharge procedures

6VAC35-41-860 (D). Individual service plan.

6VAC35-41-870 (C). Quarterly reports

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

6VAC35-41-1170 (B). Health care procedures.

6VAC35-41-1210 (A). Tuberculosis screening. CRITICAL

6VAC35-41-1280 (A). Medication. CRITICAL

CURRENT AUDIT FINDINGS – May 22 2018:

100% Compliance Rating

DEPARTMENT CERTIFICATION ACTION October 1, 2018: Certified Anchor House until October 13, 2021, 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:

Shelia L. Palmer, Team Leader

Clarice Booker, DJJ Central Office
Deborah Hayes, DJJ Central Office
Mark Lewis, DJJ Central Office
John Adams, DJJ Central Office
Tamara Rosser, Director of Human Services (Lynchburg)

POPULATION SERVED:

Anchor House is a community-based group home for at-risk adolescent males between the ages of 13 and 17. It has a capacity of ten residents. The facility is operated by Anchor Commission and serves residents and families from the City of Martinsville and the counties of Henry and Patrick.

PROGRAMS AND SERVICES PROVIDED:

Some adolescents will not be able to function in their family environment and will need a community residential placement. The ANCHOR Group Home Program is designed to give these male adolescents a chance for success without having to leave this locality.

The program is designed with a variety of components aimed at different aspects of treatment. These components all revolve around several basic concepts: (1) community safety as the primary concern; (2) a change of the resident's thinking process which involves learning to get needs met within structure (self-discipline and accountability); (3) a positive environment where there is a balance between imposed structure and elements of resident autonomy; and (4) a group approach with individualized counseling based on the resident's needs. We have designed the specific components of this program based on these tenets, to meet the complex needs of this population.

The solution-focused approach, which forms the therapeutic basis of this program, can be seen in the programmatic flow from admission to completion.

In addition to all mandated services Anchor House provides the following at the facility:

- Individual counseling
- Group counseling
- Outdoor experimental education
- Socialization skills
- Daily structure and supervision
- Recreation services.
- ANCHOR Group Home residents attend local schools according to their home address and their educational needs. When services are needed that ANCHOR does not provide, the resident is referred to Piedmont Community Services or a private provider to get them the help they need.

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

PROGRAM AUDITED:

Aurora House
420 South Maple Avenue
Falls, Church, Virginia 22046
(703) 237-6622
Rachel Kindell, Group Home Manager
RKindell@fallschurchva.gov

AUDIT DATES:

March 12-13, 2018

CERTIFICATION ANALYST:

Clarice T. Booker

CURRENT TERM OF CERTIFICATION:

August 23, 2015 – August 22, 2018

REGULATIONS AUDITED:

6VAC35-41 Regulation Governing Juvenile Group Homes

PREVIOUS AUDIT FINDINGS April 14, 2015:

100% Compliance Rating

CURRENT AUDIT FINDINGS – March 13, 2018:

98.7% Compliance Rating

6VAC35-41-90 (E). Serious incident reports
6VAC35-41-1210 (A). Tuberculosis screening. CRITICAL
6VAC35-41-1280 (E). Medication. CRITICAL
6VAC35-41-1280 (H). Medication. CRITICAL

DEPARTMENT CERTIFICATION ACTION October 1, 2018: Certified Aurora House until August 22, 2021

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
Christopher Edmonds, Argus House
Deborah Hayes, Central Office
Mark Lewis, Central Office
Shelia Palmer, Central Office
Deron Phipps, Central Office

POPULATION SERVED:

Aurora House is a community-based group home for at-risk adolescent females between the ages of 13 and 17. Residents in the Independent Living Program can be accepted through age 20 and will be counted in the rated capacity of 12. Two of the 12 beds are designated for the

Independent Living Program. The facility is operated by the city of Falls Church and serves residents and families from the cities of Falls Church and Alexandria, and Arlington County.

PROGRAMS AND SERVICES PROVIDED:

As a community-based program, Aurora House seeks to help residents participate more effectively in their families, schools and communities. The primary objective for most Aurora House residents is to return home and successfully live with parent(s) or family members. Therefore, whenever possible, girls entering Aurora House continue to attend their school of origin, receive regular home visits and participate in local employment and recreational opportunities. With intensive structure and support provided by Aurora house counselors, residents learn to accept responsibility for themselves and their actions and to appropriately respond to the problems they face in these environments. The involvement of a girl's family in the change process is extremely important. Aurora House is committed to working with girls in the context of their family and community systems. It is believed this promotes more significant and lasting change in residents.

The Aurora House Transitional Living Program (TLP) is a community-based residential facility with a philosophy of responsible involvement that provides a unique opportunity for female youth ages 16-20 with the skills and education necessary to become independent productive adults. The program's goal is to help youth develop much-needed independent living skills in a nurturing environment that offers stability, consistency and safety. They will acquire some independent living skills, including obtaining employment, opening a savings account, and managing their finances. The Aurora House TLP has two beds that will offer female youth an opportunity to learn the necessary skills to successfully return to the community and live on their own. Staff provides guidance to each resident by helping them determine and achieve their individual goals. Staff also provides opportunities for personal development, and strives to create a supportive and therapeutic environment with a focus on employment and independent living skills.

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

- Individual counseling and case management
- Group counseling to teach skills for healthy relationships, daily living skills, self-esteem and emotional regulation/management, problem solving, conflict resolution, and assertiveness
- Family therapy and counseling to include parenting education
- Educational support to include college visits and tours, and a scholarship program
- Recreation

Aurora House interacts with the community in obtaining such services as:

- Alcohol and drug services
- Mental health services; individual and family therapy
- Bilingual services
- Offender Aid and Restoration (OAR)
- Department of Human Services (home based counseling, emergency mental health services and Medicaid insurance)
- Fenwick Center/Teen Clinic – STD/family planning clinic operated by Arlington County Health Department
- Friends of Argus and Aurora House
- Aurora House Citizen's Advisory Committee (Scholarship Program)

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

FACILITY/PROGRAM: Aurora House
SUBMITTED BY: Rachel Kindell, Group Home Manager
CERTIFICATION AUDIT DATES: March 12-13, 2018
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.

6VAC35-41-90 (E). Serious incident reports.

The resident's record shall contain a written reference (i) that an incident occurred and (ii) of all applicable reporting.

Audit Finding:

An incident of juvenile on juvenile sexually inappropriate behavior was found in a logbook entry, but not in the resident's record, and there was no documentation of applicable and required reporting.

Program Response

Cause:

Former employee oversight; documentation was noted in log, Probation Officer and parent were notified via email/phone call. Staff completed an internal Serious Incident Report Form but did not complete the Serious Incident Report for DJJ.

Effect on Program:

No immediate/direct effect on program.

Planned Corrective Action:

1. Discussed PREA requirements with all staff during our Annual Refresher Trainings.
2. Discussed procedures for DJJ Serious Incident Reports and internal reporting during Annual Refresher Training.
3. Group Home Manager notified immediately of any inappropriate sexual behavior among residents and/or staff.

Completion Date:

04/11/18

Person Responsible:

Rachel Kindell, Group Home Manager; Residential Counseling Staff

Current Status on August 9, 2018: Compliant

Four serious incident reports reviewed. Logbooks reviewed. Required incidents were reported and documented in resident's records.

6VAC35-41-1210 (A). Tuberculosis screening. CRITICAL

Within seven days of placement each resident shall have had a screening assessment for tuberculosis. The screening assessment can be no older than 30 days.

Audit Finding:

There was no documentation that a resident admitted to the facility had a tuberculosis screening within the required timeframe. The resident was admitted on 9/26/17 with a TB screening on 8/14/17, which was more than 30 days.

Program Response

Cause:

Staff error during intake process.

Effect on Program:

No adverse or critical effect on client's medical treatment/care.

Planned Corrective Action:

1. Reviewed feedback from Certification Audit with staff at staff meeting on 04/04/18; reviewed the Northern Virginia Juvenile Detention Home (NVJDH) forms accepted for clients coming to Aurora House directly from NVJDH. Advised/informed direct care staff to make sure that if accepting TB risk assessments at the time of admission from NVJDH, must check the documentation and call Group Home Manager to review the dates.
2. Reminded staff that TB test administered at NVJDH and accepted for placement requirements need to be noted in the case file and monitored to make sure client has annual TB Test/risk assessment from the date on the NVJDH form if the client has not been discharged from Aurora House.
3. All intakes must be administratively reviewed within 24 hours with the Group Home Manager to ensure proper TB testing.

Completion Date:

04/11/18

Person Responsible:

Rachel Kindell, Group Home Manager; Residential Counseling Staff

Current Status on August 9, 2018: Compliant

Six applicable medical records were reviewed and were compliant. TB assessments were completed within the required timeframes.

6VAC35-41-1280 (E). Medication. CRITICAL

A program of medication, including procedures regarding the use of over-the-counter medication pursuant to written or verbal orders signed by personnel authorized by law to give such orders, shall be initiated for a resident only when prescribed in writing by a person authorized by law to prescribe medication.

Audit Finding:

A resident was not administered the proper dosage of over the counter medication (Ibuprofen and Benadryl) in accordance with the standing orders.

Program Response

Cause:

Relief Staff error in following administration of over-the-counter (OTC) medication in accordance with the standing orders.

Effect on Program:

No direct/immediate effect on program or client care.

Planned Corrective Action:

1. Review medication policies and procedures with both full time and relief staff during annual medication refresher training. Annual Refresher Trainings completed on 03/29/18, 04/03/18, and 04/04/18 with all staff who administer medication.
2. Continue to post a copy of the OTC form on the medication cabinet with instructions on the administration of OTC medication
3. GHM sought consultation from Arlington County Department of Human Services, Health Services Director, Dr. Samuel Stebbins on 03/16/2018 for assistance in developing a new, revised OTC form updated to indicate the exact number of tabs for Benadryl.
4. Once approved, the revised OTC form was sent to all medical providers for clients in placement and used for all new admissions effective April 2018.

Completion Date:

04/11/18

Person Responsible:

Rachel Kindell, Group Home Manager; Residential Counseling Staff

Current Status on August 9, 2018: Compliant

The corrective action was implemented as planned. Three applicable medical records were reviewed and were compliant.

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 were no medication incident reports and no documentation of actions taken by staff

in errors of administering medications in two out of five medical records reviewed.

Program Response

Cause:

Relief Staff error in following procedure for medication incident reports when residents are out of medication. Resident was given her last tabs of medication on 09/16/17 during am medication administration. Staff noted in log that resident was out of medication after the am meds were administered. Resident left for home pass at 10 am on 09/16/17 and returned to facility at 6:45 pm on 09/16/17. Resident did not have medication for AM administration on 09/17/17. Parent brought in refills at 11:14 am & 5:50 pm on 9/17/17.

Effect on Program:

No adverse or critical effect on client's medical treatment/care.

Planned Corrective Action:

1. Review medication policies and procedures with both full time and relief staff during annual medication refresher training. Annual Refresher Trainings completed on 03/29/18, 04/03/18, and 04/04/18 with all staff who administer medication.
2. AOD to be informed immediately if residents are out of medication.
3. Overnight counselor counts medication every Monday to prevent residents from running out of medication. Parents are informed if residents have less than a week of medication.
4. Reviewed Performance/Disciplinary action process regarding deficiencies/errors in the area of medication/healthcare procedures. Documentation in personnel files at 6 month review for FT staff.

Completion Date:

04/11/18

Person Responsible:

Rachel Kindell, Group Home Manager, Residential Counseling Staff

Current Status on August 9, 2018: Not determinable

No applicable medication incident reports were required or completed since the audit.

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

PROGRAM AUDITED:

Henrico Juvenile Detention Home
4201 East Parham Road
P.O. Box 90775
Henrico, VA 23273
(804) 501-4944
Edward O. Martin, Superintendent
Mar24@henrico.us

AUDIT DATES:

March 19-20, 2018

CERTIFICATION ANALYST:

Clarice T. Booker

CURRENT TERM OF CERTIFICATION:

August 26, 2015 – August 25, 2018

REGULATIONS AUDITED:

6VAC35-101 Regulation Governing Juvenile Secure Detention Centers

PREVIOUS AUDIT FINDINGS - April 21, 2015:

6VAC35-101-660 (F) Residents' mail
6VAC35-101-990 (A) Tuberculosis screening CRITICAL
6VAC35-101-1060 (F) Medication*
6VAC35-101-1060 (H) Medication CRITICAL
6VAC35-101-650 (B) Prohibited actions
6VAC35-101-1060 (I) Medication
6VAC35-101-1090 (C) Physical restraint.*

CURRENT AUDIT FINDINGS – March 20, 2018:

97.92%

One repeat deficiency from previous audit.*

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

6VAC35-101-80 (D). Serious incident reports.

6VAC35-101-100 (A). Grievance procedure

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

6VAC35-101-1060 (I) Medication*

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

DEPARTMENT CERTIFICATION ACTION October 1, 2018: Certified Henrico Juvenile Detention Home until August 25, 2021.

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 Booker, Team Leader
John Adams, Central Office
Leviticus Bass, Prince William County DSS

Deidre Davis, Central Office
Deborah Hayes, Central Office
Mark Lewis, Central Office
Shaliana McFarland, Chesterfield Juvenile Detention Center
Shelia Palmer, Central Office
Deron Phipps, Central Office
Mario Woodard, Richmond

POPULATION SERVED:

The Henrico Juvenile Detention Home is a secure custody facility operated by Henrico County. The facility serves a pre-dispositional population of 20 male and female residents ages ten through 17.

PROGRAMS AND SERVICES PROVIDED:

In addition to all mandated services, Henrico Juvenile Detention Home interacts with the community in obtaining such services as:

- On-site education through the Henrico County Public School System
- Local religious-based organizations provide youth the opportunity for religious services

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

FACILITY/PROGRAM: Henrico County Juvenile Detention Center
SUBMITTED BY: Edward O, Martin, Superintendent
CERTIFICATION AUDIT DATES: March 19-20, 2018
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

A. 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 a serious incident report in an incident where a pregnant teen having complications in her pregnancy was taken out of the facility to the emergency room.

Program Response

Cause:

Miscommunication between newly hired nurse and secure staff as to who is responsible for completing SIR in instances of this nature.

Effect on Program:

Non-compliance with 6 VAC 35-101-80(A).

Planned Corrective Action:

We responded immediately after the audit reminding staff of their roles and responsibilities when completing the required SIR. We will continue to provide staff with training specific to SIR reporting in our shift briefings and in staff detention in-service training annually. Since this incident on 7/25/2015, staff have received training specifically on SIR reporting and what is required in staff's detention in-service training in 2016 and 2017. All instances are and will continue to be reviewed by the assistant superintendent of administration whenever they occur. The assistant superintendent of administration will keep a separate copy of each completed SIR. We have not found any other instance where a SIR was not recorded when indicated.

Completion Date:

March 23, 2018.

Person Responsible:

Kelvin Providence – Assistant Superintendent

Current Status on August 1, 2018: Compliant

Corrective action was implemented as planned. Three serious incidents were reviewed and were compliant. There was no instance found of a reportable incident not properly documented.

6VAC35-101-80 (D). Serious incident reports.

D. The facility shall (i) prepare and maintain a written report of the events listed in subsections A and B of this section and (ii) submit a copy of the written report to the director or designee. The report shall contain the following information:

1. The date and time the incident occurred;
2. A brief description of the incident;
3. The action taken as a result of the incident;
4. The name of the person who completed the report;

5. The name or identifying information of the person who made the report to the applicable court service unit and to either the parent or legal guardian, as appropriate and applicable; and
6. The name or identifying information of the person to whom the report was made, including any law-enforcement or child protective service personnel.

Audit Finding:

There was no documentation of the name or identifying information of the person who made the report to the required parties in five out of five serious incident reports reviewed.

Program Response

Cause:

Staff did document that the proper individuals were notified, however, it wasn't clear who notified each individual.

Effect on Program:

Non-compliant with 6 VAC 35-101-80(D).

Planned Corrective Action:

We immediately implemented a serious incident notification form after the audit findings and have used it successfully since. The form will allow staff to complete who reported, when reported and to whom reported. The form also contains further instructions for staff to follow as well. This form will be kept in the juvenile file along with the SIR.

Completion Date:

March 21, 2018.

Person Responsible:

Kelvin Providence – Assistant Superintendent

Current Status on August 1, 2018: Compliant

Three serious incident reports reviewed and were compliant.

6VAC35-101-100 (A). Grievance procedure.

A. 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:

Two out of five grievances identified as emergency grievances did not have a hearing within eight hours.

Program Response

Cause: We allow the juveniles to complete the grievance form and they check emergency even if it doesn't quite meet that criteria. Staff reviewing determined the grievance not an emergency but since the box was checked the grievance needed to proceed in the allotted 8 hour timeframe.

Effect on Program:

Non-compliant with standard.

Planned Corrective Action:

We responded immediately following the audit to address the implementation of the grievance hearing procedure for staff to adhere to. Adjustments have been to our form. We have added in **bold** that all emergency grievances must be heard within 8 hours if emergency is checked. We have also covered this in recent training sessions held after audit.

Completion Date:

March 22, 2018.

Person Responsible:

Kelvin Providence – Assistant Superintendent.

Current Status on August 1, 2018: Compliant

Corrective action implemented as planned. There was only one grievance filed since the audit and it was not an emergency grievance. The new form was used.

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

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

Audit Findings:

Log books were reviewed for the dates of September 22, June 12, August 20 of 2015, 2016, and 2017. The time and/or identity of the individual was missing in one or more entries in 9 out of 9 dates reviewed.

Program Response

Cause:

Staff did not put the time and initials on routine events that occur daily in the facility.

Effect on Program:

Non-compliant with standard.

Planned Corrective Action:

We have developed a new format for all logbook entries. Staff were trained on the new process for entries and we will monitor daily.

Completion Date:

March 22, 2018

Person Responsible:

Kelvin Providence – Assistant Superintendent.

Current Status on August 1, 2018 Compliant

Logbooks were reviewed in 2018 for the dates of May 8, 17 and 26; June 8, 17 and 26; and July 8, 17 and 26. The time and identity of the individual making each entry was documented as required.

6VAC35-101-1060 (I) Medication

Written procedures shall provide for (i) the documentation of medication incidents, (ii) the review of medication incidents and reactions and making any necessary improvements, (iii) the storage of controlled substances, and (iv) the distribution of medication off campus. The procedures must be approved by a health care professional. Documentation of this approval shall be retained.

Audit Finding:

There was no documentation that a healthcare professional approved the procedures during the audit period.

Program Response

Cause:

Documentation from previous audit could not be located. Though the documentation was presented during the 2015 audit, it could not be located and appears to have been misplaced during the recent transition at the detention home.

Effect on Program:

Non-compliant with 6VAC 35-101-1060(I).

Planned Corrective Action:

We had the doctor sign off on the approval of our medical procedures during the recent audit. This information will be kept by the assistant superintendent of operations in a separate log in his office and reviewed annually. The information relative to the medical procedure will be placed in our policy and procedure manual for staff review and reference.

Completion Date:

Completed during audit March 19, 2018.

Person Responsible:

Edward Martin, Superintendent and Jerry Jackson, Assistant Superintendent.

Current Status on August 1, 2018: Compliant

Documentation of approval of the medical procedures by a healthcare professional was seen.

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

J. 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 actions taken by staff in the case of a resident who refused her medication.

Program Response

Cause:

It was determined that staff put several refused medications on the same form. Each medication needed to be put on a separate form.

Effect on Program:

Non-compliant with 6 VAC 35-101-1060(J).

Planned Corrective Action:

We will continue to remind staff of the procedure for juvenile that refuse their medications. Since this instance, July 25, 2015, we have provided staff who administer medication the med aide recertification training in 2016 and 2017. We reminded staff of the proper documentation needed for each medication refusal during our recent staff training following the audit. We will emphasize the documentation of medication refusal on a separate form for each instance in staff's upcoming medication aide training in 2018. All med refusal reviewed recently have had the required documentation.

Completion Date:

April 23, 2018 – Medication Aide Recertification Training for all staff who administer medication will be completed.

Person Responsible:

Jerry Jackson, Assistant Superintendent.

Current Status on August 1, 2018: Compliant

Ten medical files were reviewed. There was one applicable case and it was compliant.

**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
Johnitha McNair, Executive Director
JMcNair@jdcnv.org

AUDIT DATES:

January 29-30, 2018

CERTIFICATION ANALYST:

Clarice T. Booker

CURRENT TERM OF CERTIFICATION:

May 15, 2017 – May 14, 2018

REGULATIONS AUDITED:

6VAC35-101 Regulation Governing Juvenile Secure Detention Centers

PREVIOUS AUDIT FINDINGS – December 6, 2016:

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

CURRENT AUDIT FINDINGS – January 30, 2018:

98.74% Compliance Rating
Two repeat deficiencies from previous audit
6VAC35-101-80 (A) Serious incident reports **CRITICAL**
6VAC35-101-655 (A) Vulnerable populations
6VAC35-101-870 (B) Written communication between staff; daily log
6VAC35-101-1060 (G) Medication

DEPARTMENT CERTIFICATION ACTION October 1, 2018: Certified Northern Virginia Juvenile Detention Home and Post-dispositional Program until May 14, 2021.

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 Booker, Team Leader
John Adams, Central Office
Bruce Berry, Fairfax Juvenile Detention Center

John Dowdy, Prince William County Juvenile Detention Center
Deborah Hayes, Central Office
Mark Lewis, Central Office
Leah Nelson, Central Office
Shelia Palmer, Central Office
Carla White, Rappahannock Juvenile Detention Center
Mario Woodard, Richmond Department of Justice Services

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 30 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 30 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
DEPARTMENT OF JUVENILE JUSTICE**

FACILITY/PROGRAM: Northern Virginia Juvenile Detention Home
SUBMITTED BY: Johnitha McNair, Executive Director
CERTIFICATION AUDIT DATES: January 29-30, 2018
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 CSU within 24 hours, as applicable and appropriate, in two out of five incidents reviewed. There was no documentation that a suspected case of child abuse or neglect at the facility was reported to the director or designee.

Program Response

Cause:

During the audit period, the Northern Virginia Detention Center failed to make the proper notifications per the standard noted above. This infraction was partly due to new hire Shift Supervisors lack of access to Badge and proper training.

Effect on Program:

Pertinent information was not dispersed to various contacts.

Planned Corrective Action:

All Shift Supervisors now have access to Badge and received direction pertaining to making the necessary contacts within 24 hours. The Administrator on Duty that receives the incident notification is responsible for ensuring the Shift Supervisor has made the contacts. A review of all Serious Incident Reports will be conducted as they occur to maintain this standards compliance.

Completion Date:

February 9, 2018

Person Responsible:

Executive Deputy, Kevin Sibley will conduct a review of all Serious Incident Reports. Program Manager Jocelyn Jones, Safety and Security Manager William Wilson will be responsible for ensuring the contacts have been made when serving as the Administrator on Duty.

Current Status on May 7, 2018: Not compliant

There was no documentation of notification to the CSU, as applicable and appropriate in one out of three incidents reviewed. Also, the incident occurred on 3/7/18 but was not reported until 3/20/18 to the director or designee.

Current Status on August 7, 2018: Compliant

Three applicable serious incident reports were reviewed and appropriate notifications documented.

6VAC35-101-655 (A) Vulnerable populations

The facility shall implement a procedure for assessing whether a resident is a member of a vulnerable population.

Audit Finding:

There was no documentation of an assessment in one out of nine applicable case files reviewed, and the signature and identity of the person completing the assessment was missing in three out of nine applicable case records reviewed.

Program Response

Cause:

During the audit period, the Northern Virginia Detention Center failed to complete the assessments of vulnerability in its entirety per the standard noted above. The assessments are conducted during the intake process however, weren't adequately documented.

Effect on Program:

It affected properly tracking the staff that completed the assessments.

Planned Corrective Action:

All intake documentation will be checked for completion and accuracy to include signatures by staff completing the intake. Intake staff are required to generate an email identifying all new intakes daily which would allow the internal audit to be immediately conducted.

Completion Date:

February 9, 2018

Person Responsible:

Executive Deputy, Kevin Sibley and follow up by Compliance Manager, Salithea Eubanks.

Current Status on May 7, 2018: Compliant

Ten applicable case files 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:

Unit log books were reviewed for the dates of February 3, 14, 22; May 3, 14, 22; and October 3, 14 and 22, 2017. The identity of the individual was missing in one or more entries in 19 out of 27 dates reviewed..

Program Response

Cause:

During the audit period Northern Virginia Detention Center failed to consistently follow the standard noted above due to lack of oversight and corrective action.

Effect on Program:

The staff making entries in the logbook aren't identified which compromises the integrity and authenticity of the entries.

Planned Corrective Action:

Shift Supervisors have been directed to provide oversight ensuring that the entries are accurate and reflect the staff making the entry while conducting rounds. Administrators have been directed to sign the logbooks during their rounds and document their findings/observations related to entries being in compliance with the standard noted above.

Completion Date:

Clear instructions as it pertains to identifying entries have been discussed with Detention Specialist during shift briefings effective January 31, 2018 and logbook training was initiated on February 5, 2018. Administrator's directive was implemented on February 9, 2018.

Person Responsible:

Safety and Security Manager, William Wilson with follow up from Compliance Manager, Salithea Eubanks.

Current Status on May 7, 2018: Compliant

Unit log books were reviewed for the dates of February 8, 17, and 26; March 8, 17 and 26; and April 8, 17 and 26 in 2018 and were found to be compliant.

6VAC35-101-1060 (G)

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

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

Audit Finding:

There were wrong dates or computer generated errors on printed medication administration records in four out of 10 medication records reviewed.

Program Response

Cause:

During this audit period, the MARs data was maintained using Softech which yields inaccurate data.

Effect on Program:

Using Soft Tech to maintain MARs yielded inaccurate dates and information / errors.

Planned Corrective Action:

Medications will no longer be documented in Softech. Documentation will occur on "paper medication administration records" (MARs) until further notice. The MARs are located in a red medication book located on top of the medication cart and divided by Units.

Each youth have an individual drawer of medications and each of those prescription medications have their own MAR with the five medication rights clearly defined. All staff that are medication certified will receive one on one training with Health Services Administrator, Lisa Washington. The Facility is currently seeking an informatics system so all MARs will be maintained digitally.

Completion Date:

January 31, 2018

Person Responsible:

Health Services Administrator, Lisa Washington

Current Status on May 7, 2018: Compliant

The facility implemented the corrective action as planned. Seven applicable medical records were reviewed and were compliant.

**Department of Juvenile Justice
Human Research
FY 2018**

Minimum Standards

On February 9, 2005, 6 VAC 35-170, *Minimum Standards for Research Involving Human Subjects or Records of the Department of Juvenile Justice*, adopted by the Board of Juvenile Justice, became effective. These standards include the establishment of a Human Research Review Committee and the conditions required for approval of external research proposals. Select sections of the standards are included below to provide an overview of the review process:

6 VAC 35-170-130. Human Research Review Committee

A. In accordance with § 32.1-162.19 of the Code of Virginia, the department shall establish a human research review committee composed of persons of various backgrounds, to ensure the competent, complete and professional review of human research activities conducted or proposed to be conducted or authorized by the department. No member of the committee shall be directly involved in the proposed human research or have administrative approval authority over the proposed research except in connection with his role on the committee.

6 VAC 35-170-150. Committee review of human research proposals.

In reviewing the human research proposal, the committee will consider the potential benefits and risks to the human subjects, and shall recommend approval only when the benefits outweigh the risks. In addition, the committee shall recommend approval only when:

1. The methodology is adequate for the proposed research;
2. The research, if non-therapeutic, presents no more than a minimal risk to the human subjects;
3. The rights and welfare of the human subjects are adequately protected;
4. Appropriate provisions have been made to get informed consent from the human subjects, as detailed in 6 VAC 35-170-160;
5. The researchers are appropriately qualified;
6. The criteria and means for selecting human subjects are valid and equitable; and
7. The research complies with the requirements set out in this regulation and in applicable department policies and procedures.

6 VAC 35-170-50. Conditions for department approval of external research.

A. The department will approve research projects only when it determines, in its sole discretion, that:

1. The department has sufficient financial resources and staff to support the research project, and that on balance the benefits of the research justify the department's involvement;
2. The proposed research will not interfere significantly with department programs or operations, particularly those of the operating units that would participate in the proposed research; and
3. The proposed research is compatible with the purposes and goals of the juvenile justice system and with the department's organization, operations, and resources.

6 VAC 35-170-190. Committee reports required.

A. In accordance with Code of Virginia § 66-10.1, the committee shall submit to the Governor, the General Assembly, and the director at least annually a report on human research projects approved by the committee, and the status of such research, including any significant deviations from the proposals as approved.

B. The committee shall also annually submit to the Board of Juvenile Justice the same report as required by paragraph A. The report to the board shall also include a summary of human research proposals that were not approved.

Human Research Review Committee

During FY 2018, the Department of Juvenile Justice's (DJJ) Human Research Review Committee (HRRC) was comprised of members from various backgrounds.

- Jessica Schneider, Chair – Research Manager, DJJ
- Robin Binford-Weaver, Ph.D. – Director, Behavioral Services Unit, DJJ
- Marilyn Brown – Director, Chesterfield Juvenile Detention
- Vince Butaitis – Director, 15th Court Service Unit, DJJ
- Will Egan – Policy Analyst, Virginia Commission on Youth
- Michael Favale – Administrative Hearings & Procedures Coordinator, DJJ
- Alan Hullette – Superintendent, Roanoke Valley Juvenile Detention Center
- Barbara Myers, Ph.D. – Emeritus Professor of Developmental Psychology, Virginia Commonwealth University
- Joan Neff, Ph.D. – Provost and Vice President for Academic Affairs, Longwood University
- Deron Phipps – Director, Policy and Planning Unit, DJJ
- Rebecca Smith – Graduate Student, Virginia Commonwealth University
- Lara Todd – Education Administrative Hearings Specialist, DJJ

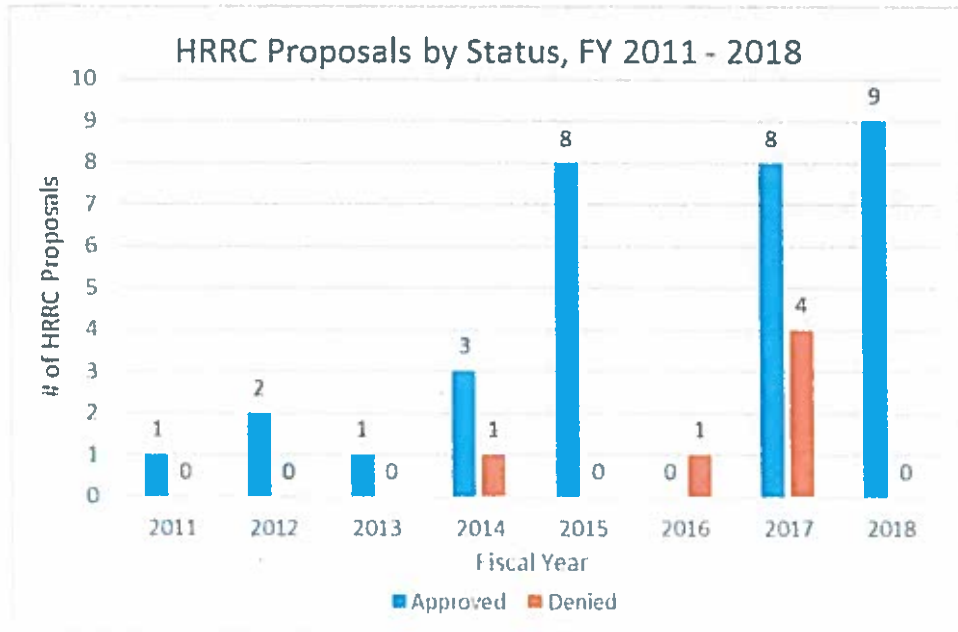
Dhara Amin, DJJ Research Analyst serves as the Coordinator of External Research.

In addition to reviewing the human subjects research studies as defined in the Minimum Standards, a sub-committee of the HRRC reviews research proposals involving de-identified case-specific data. The following report includes research projects involving either human subjects or de-identified case-specific data.

In accordance to § 32.1-162.19, *Human research review committees*, an executive summary of completed projects can be found in Appendix A.

I. Research Proposals

In fiscal year (FY) 2018, DJJ received eight research proposals, of which the HRRC and the Director approved six. Two projects were pending a review decision at the time of this report, and no proposals were denied.



* The graph above represents the number of research proposals. Proposals were counted by the most recent submission date, including amendments.

* There were two research proposals submitted in FY 2018 that were pending a review decision as of this writing. These studies are not included in the graph above.

II. Active Studies

In addition to the studies approved in FY 2018, 15 research studies approved in previous years remained active. The 24 active studies are summarized below:

***Evaluation of the Office of Juvenile Justice and Delinquency Prevention (OJJDP) FY 2010
Second Chance Act Juvenile Offender Re-Entry Demonstration Projects***

Researcher: Akiva Liberman

Institution: Urban Institute

Approval Date: July 21, 2014 (first); May 5, 2015 (most recent)

The purpose of the study is to evaluate the implementation and outcomes of five OJJDP FY 2010 *Second Chance Act* juvenile demonstration programs, including the Tidewater, Virginia Re-Entry Initiative. The researcher is conducting implementation and cost analyses through process evaluations of program materials, evaluations on the use of evidence-based practices, interviews with staff and stakeholders, and focus groups with program participants and their parents. The researcher is evaluating the impact of the program by conducting interviews with approximately 300 youth within 45 days of release from a juvenile correctional center and again within eight months of release. Outcome measures, including satisfaction levels, recidivism, and school data, are

used to evaluate program impact and performance. As of July 2017, the researcher has surveyed 127 individuals and requested recidivism data from DJJ. OJJDP has granted the researcher an extension; therefore, the project, which was originally scheduled to end in October 2017, will conclude in August 2018.

Development and Validation of an Actuarial Risk Assessment Tool for Juvenile Sex Offenders

Researcher: KiDeuk Kim

Institution: Urban Institute

Approval Date: February 9, 2015

The purpose of the study is to develop and validate a risk assessment tool for juvenile sex offenders and to examine the effects of sex offender intervention services provided in the juvenile correctional centers (JCCs). The researcher has requested demographic, criminal history, treatment services, and Youth Assessment Screening Instrument (YASI) data from DJJ. Using this data, the researcher hopes to identify factors predictive of sexual offending among juvenile offenders and eventually develop a risk assessment. As of July 2018, the researcher has developed preliminary risk models to predict sexual recidivism among juveniles with a history of sexual offending. The researcher has also begun to explore ways to validate the risk models by using data from additional states.

Case File Research on Disproportionate Minority Contact in Charlottesville

Researchers: Gretchen Ellis, Dick Reppucci, Martha Carroll, Tammi Walker (student), and Todd Warner (student)

Institution: City of Charlottesville, University of Virginia, and DJJ

Approval Date: April 3, 2015 (first); January 12, 2016 (most recent)

The purpose of the study is to examine risk and protective factors among juveniles on probation as well as disproportionate minority contact in relation to probation violations in Charlottesville, Virginia. The study has since been expanded to examine disproportionality at other contact points, including intake, adjudication, disposition, detention, probation, commitment, parole, and discharge. Since the study's inception, the researchers have found significant disproportionality in the filing of probation violations. As of February 2017, the researchers have finished data collection and are in the process of analyzing and summarizing the data. In addition, the researchers have submitted a draft report to the Charlottesville Disproportionate Minority Contact Task Force. They anticipate finalizing the report after receiving feedback. The researchers have found that while the number of youth on probation has decreased in recent years in Charlottesville (and nationally), the number of Black youth placed on probation is high. Specially, while Black youth comprise only 41% of Charlottesville's youth population, 72% of youth placed on probation were Black. Furthermore, 82% of youth who received probation violations were Black.

***Cognitive Behavioral Interventions for Medium- and High-Risk Juvenile Offenders:
Practitioner-Researcher Partnership Project***

Researcher: KiDeuk Kim

Institution: Urban Institute

Approval Date: April 17, 2015

The purpose of the study is to examine the implementation and impact of two treatment modalities, Aggression Replacement Therapy and modified Dialectical Behavior Therapy, on committed juveniles' attitudes, behaviors, and recidivism. Juveniles designated as having an aggression

management treatment need are randomly assigned to participate in one of the two treatment modalities. Staff members providing treatment participate in interviews regarding their experiences and perceptions of the treatment modalities. As of March 2018, approximately 429 youth surveys have been collected. The researcher has also received and processed DJJ's administrative data. The National Institute of Justice has extended the grant to the end of 2018 in order complete the evaluation and analyses.

Probation Violations Ending in Juvenile Detention

Researchers: Katherine Williams, Courtney Porter, and Kimberly Meyer
Institution: George Mason University and Fairfax Court Service Unit (CSU)
Approval Date: June 16, 2015

The purpose of the study is to investigate probation officers' decision-making regarding violations of probation. In order to carry out this analysis, the researchers requested running records, offense histories, and detention information on all juveniles in the 19th CSU who received a violation of probation and no other criminal charges in FY 2014. The researchers have found that most of the juveniles with a probation violation and detention assessment had run away. This was also true for those with a probation violation, detention assessment, and detention order. The most common dispositions for these youth have been treatment, detention, and/or the probation period being extended.

Juvenile Justice Decision-Making in Juvenile Detention Alternative Initiative (JDAI) and Non-JDAI CSUs: A Multi-Site Evaluation

Researchers: Scott Maggard and Allison Chappell
Institution: Old Dominion University
Approval Date: October 1, 2015

The purpose of the study is to examine juvenile justice decision-making in the context of the *Theory of Law* theoretical framework, which includes five aspects of social life: stratification, morphology, culture, organization, and alternative forms of social control. The researchers are using juveniles' YASI scores to measure the five aforementioned aspects of social life in order to understand disproportionate minority contact in the juvenile justice system. DJJ provided additional data to the researchers on January 26, 2017. The researchers are currently working on four manuscripts based on the data that was provided.

Examining Probation Outcomes and Changes in Risk

Researchers: JoAnn Lee, Faye Taxman, and Mark Murphy
Institution: George Mason University and DJJ
Approval Date: March 7, 2016

The purpose of the study is to examine the effects of juveniles' risk-need profiles, changes in risk-need profiles, and services provided on juveniles' probation outcomes. Juveniles' risk-need profiles are based on YASI risk and protective scores and legal, family, and substance use domain scores. The researchers will examine probation outcomes in the form of recidivism data for one full year. Following a period of inactivity, the researchers reconnected with DJJ to obtain the data. DJJ delivered data to the researchers on July 20, 2017. The researchers have begun to analyze the data for youth who have complete full YASI assessments.

Virginia Department of Juvenile Justice
Human Research, FY 2018

Neural Correlates of Adolescent Preferences and Perceptions of Risk

Researchers: Brooks King-Casas and Nina Lauharatanahirun (student)

Institution: Virginia Tech Carilion Research Institute

Approval Date: December 1, 2016

The purpose of the study is to examine how adolescents perceive risk and make decisions about risky behavior. The researchers are recruiting youth involved in any capacity with CSUs 23 and 23A. This sample will be compared to a sample of non-justice-involved youth of the same ages. Youth complete a series of psychological/behavioral questionnaires and undergo an fMRI by trained technicians. While receiving the fMRI, youth complete risk perception and risky decision-making tasks. The fMRI detects cerebral blood flow to different brain regions during these tasks. Physiological recordings such as respiratory, cardiac, and/or skin conductance activity may also be monitored during the fMRI. Youth who are not eligible to undergo an fMRI due to medical or psychological reasons complete all research activities outside of the fMRI machine. As of January 2018, five youth have participated and completed the study. Once the researchers reach their goal of 30 participants, they will begin preliminary analyses.

FY 2014 Evaluation of the Office of Victims of Crime Vision21: Linking Systems of Care for Children and Youth State Demonstration – Service Provider Survey

Researchers: Sara Debus-Sherrill and Mary Spooner

Institution: ICF

Approval Date: January 19, 2017

The purpose of the study is to evaluate the implementation of Virginia's *Vision 21: Linking Systems of Care for Children and Youth* project. In order to obtain baseline data regarding the nature of needs and services prior to the implementation of the Vision 21 project, the researchers are surveying child-serving frontline staff at CSUs 16 and 28. The researchers will administer these surveys again after the project has been fully implemented, which is anticipated for 2020. In order to collect data, the researchers email the online survey to a contact person at each pilot site. This email asks the contact person to share the survey with staff that provide direct services to children, youth, and families. The Service Provider Survey takes approximately 10 to 15 minutes to complete and asks questions about the types of services provided by the organization, the demographics of the clients the organization serves, screening tools, interagency collaborations, and areas for improvement. As of December 2017, ICF has received three survey responses from CSU 16 and three responses from CSU 28.

Toward a Pedagogy of Possibility: Justice System Involved Youth Read and Write Alternative Texts

Researcher: Judith Dunkerly-Bean

Institution: Old Dominion University

Approval Date: March 20, 2017

The purpose of the study is to qualitatively examine how justice-involved youth living at the Tidewater Youth Services Crisis Center read, respond to, and create alternative texts, while also improving youths' reading and writing skills and motivations. In the present study, the researcher administers informal reading inventories to assess juveniles' reading level and interests and then assigns selected readings intended to improve reading comprehension, fluency, and vocabulary. The researcher also provides reading support and intervention to youth as needed. The researcher and

juveniles then participate in group-based discussions about the reading. Finally, the juveniles respond to the text by creating their own alternative text, specifically a 'zine (magazine), or another self-selected representation of self-expression. The researcher focuses on helping juveniles improve written literacy proficiencies as well as developing their identities as writers. The researcher also administers reading inventories to obtain post-intervention data for those juveniles that remained at the Crisis Center for a sufficient amount of time to collect post-data. As of March 2018, staff at the Tidewater Youth Services Crisis Center have reported an increase in the amount of unprompted reading and writing by youth.

Resident and Staff Perceptions of Safety and Engagement with the Community Treatment Model (CTM)

Researchers: Sarah Jane Brubaker and Hayley Cleary

Institution: Virginia Commonwealth University

Approval Date: March 23, 2017; amended July 14, 2017

The purpose of the study is to conduct an outcome evaluation of DJJ's CTM program in its two juvenile correctional centers. The researchers conducted focus groups with residents (grouped by housing unit) and staff (grouped by rank) to learn about their perceptions of safety and levels of engagement under the new CTM program. Questions focused on engagement, perceptions of safety, barriers to implementation, and any concerns residents or staff may have had. The researchers then utilized information gleaned from the focus groups to develop survey measures for residents and staff. The surveys allowed the researchers to quantify and expound on resident and staff perceptions of safety and levels of engagement. The researchers have found that over 90% of residents felt safe in the facility; however, staff reported feeling less safe than the residents did. Residents also reported finding utility in most of the CTM components, such as family engagement activities, social events/incentives, and staffs' emphasis on de-escalation and verbal conflict resolution. In addition, the residents strongly opposed maintaining behavioral isolation in their units and the practice of implementing group-wide sanctions for individual behavioral infractions.

FY 2014 Evaluation of the Office of Victims of Crime Vision 21: Linking Systems of Care for Children and Youth State Demonstration – Network Provider Survey

Researchers: Sara Debus-Sherrill and Mary Spooner

Institution: ICF

Approval Date: March 27, 2017

The purpose of the study is to evaluate the implementation of *Virginia's Vision 21: Linking Systems of Care for Children and Youth* project. In order to obtain baseline data regarding the nature of needs and services prior to the implementation of the Vision 21 project, the researchers send the Network Provider Survey to a primary point of contact at both CSU 16 and CSU 28. The primary point of contact (or designee) completes the survey, answering questions related to their agency's experience with the Vision 21 project (e.g., has your agency had regular meetings, do the benefits of participating in this project outweigh the drawbacks, does your agency provide/receive referrals from Vision 21 project partner agencies). This survey will be administered annually in order to examine changes in agency collaboration throughout the lifetime of the project. As of February 2018, ICF has received one survey response from CSU 16 and no responses from CSU 28.

Virginia Department of Juvenile Justice
Human Research, FY 2018

Social and Psychological Predictors of Delinquency in Youth in the DJJ System

Researchers: Aradhana Bela Sood and Mark Murphy

Institution: Virginia Commonwealth University Health System and DJJ

Approval Date: May 18, 2017

The purpose of the study is to examine the demographic, social, and psychological characteristics that relate to juvenile delinquency and recidivism. The researchers are investigating the extent to which mentoring relationships mitigate and mental health issues exacerbate juvenile delinquency. The researchers are collecting data through case file reviews of committed juveniles and through data requests to DJJ. DJJ and the researchers are currently working to finalize and submit the data request. The researchers will use the provided data to develop predictive models of delinquency. As of May 2018, the researchers have collected data from 277 youth and are awaiting completed analyses from a statistician.

Vision 21: Linking Systems of Care for Children and Youth

Researchers: Jared Keeley and Jenna Foster

Institution: Virginia Commonwealth University

Approval Date: May 26, 2017; amended February 15, 2018

The purpose of the study is to pilot the Virginia Victimization Screen (VVS), a screening tool used to assess victimization, associated symptomatology, and protective factors, at CSUs 16 and 28. DJJ staff were selected by CSU directors to become VVS administrators. The VVS is utilized for all juveniles that are diverted or placed on probation with a moderate or high-risk YASI score. The VVS administrators also make referrals to appropriate partner agencies as needed. The researchers hope to validate this screening tool by requesting case specific, de-identified data from other standard screening tools (i.e., YASI, Substance Abuse Subtle Screening Instrument, Adverse Childhood Experiences Questionnaire). In addition, VVS administrators meet with researchers for regular meetings that include ongoing technical assistance. During these meetings, the researchers invite DJJ staff to participate in pre- and post-surveys. The staff survey focuses on perceptions of cross-system collaborations. The first wave of the pilot program is complete and the second wave began in May 2018. The researchers have also submitted an amendment to include CSU 18 in the next wave.

A Preliminary Analysis of Juvenile Length of Stay (LOS) and Recidivism

Researcher: Patrick Lowery

Institution: Virginia Commonwealth University

Approval Date: June 12, 2017

The purpose of the study is to evaluate what characteristics influence whether a juvenile is placed on probation, committed to DJJ with an indeterminate sentence, or committed to DJJ with a determinate/blended sentence, as well as his/her LOS. The study examines the relationship between LOS and placement type on recidivism. The study also gives special attention to differences in the outcome variables as they relate to the change in LOS Guidelines, which went into effect on October 15, 2015. To conduct this study, the researcher requested existing de-identified, case specific data for demographic information, most serious offense(s), placement decision, commitment type, LOS, YASI risk and protective scores, a subset of specific YASI items, and recidivism data. The researcher constructed a regression model to create a predicted LOS based on characteristics of the case and the juvenile, as well as a model to predict recidivism based on

placement type, commitment type, and LOS. DJJ delivered data to the researcher on July 7, 2017. In preliminary analyses, the researcher has found that legal history factors seem to predict recidivism.

Validation of Virginia's Juvenile Risk Assessment Instrument

Researchers: Hayley Cleary and Jessica Schneider (student)

Institution: Virginia Commonwealth University

Approval Date: July 6, 2017

The purpose of the study is to validate Virginia's juvenile risk assessment instrument, YASI. The researchers requested de-identified, case specific data for juveniles placed on probation or parole between FY 2014 and FY 2016 in order to assess the predictive validity, equity by sex and race, and usability of the instrument in case planning. The researchers hope to inform DJJ on the accuracy of the tool for Virginia's population and staff's utilization of the tool in selecting service priority areas. Jessica Schneider was recused from DJJ's processing, review, and approval of this study due to her roles of DJJ Research Manager and external student researcher. DJJ provided the data to the researchers on March 30, 2018.

Juvenile Justice – Translational Research on Interventions for Adolescents in the Legal System (JJ-TRIALS) National Survey

Researcher: Dr. Christy Scott

Institution: Chestnut Health Systems

Approval Date: November 1, 2017

The purpose of the study is to examine the needs and the availability of services for youth on community supervision. The researchers would like to survey nine court service units to gain insight into the current state of substance use, HIV and mental health screenings, assessment, prevention, and treatment for youth under community supervision. Furthermore, the study would like to determine how these services change over time. The first wave of this survey was administered in 2014-2015. For the next wave, the researcher will attempt to recruit the nine CSUs that participated in Wave 1. The survey consists of several different parts that must be completed by different individuals. For example, there are fact-based questions about available services which can be completed by anyone or combination of multiple individuals. There are also opinion-based questions, which the CSU director must complete. In addition, participating agencies will be entered into a drawing to win \$1,000 for their program. An excel sheet will be used to randomly select three winners. The winning agencies will be contacted to determine where their check should be sent. The study is funded by the National Institute on Drug Abuse (NIDA).

Multi-State Validation of Youth Risk and Needs Assessments

Researchers: Zachary Hamilton

Institution: Washington State University

Approval Date: November 7, 2017

The purpose of the study is to first validate Virginia's juvenile risk assessment instrument, YASI, and then compare the tool's validity across multiple states who use the same or similar instruments. The researcher will differentially weight YASI fields and/or scores based on locality in order to improve the tool's predictability. To do so, the researcher is requesting de-identified, case specific data for all YASI items for juveniles placed on probation or released from direct care between FY 2013 and FY 2016, as well as demographic information, treatment information, and recidivism rates

at multiple follow-up periods. The researcher hopes this information will better inform DJJ and allow them to make adjustments to the scoring, initiate focused trainings, and better utilize YASI data for analysis and planning.

Chesterfield/Colonial Heights Juvenile Drug Court Evaluation

Researchers: Tara Kunkel

Institution: National Center for State Courts

Approval Date: November 28, 2017

The purpose of the study is to evaluate the effectiveness of drug court. To do so, the researcher will compare the outcomes of juveniles who completed drug court in Chesterfield or Colonial Heights against juvenile offenders who were released from probation supervision between FY 2008 and FY 2011. The researcher is requesting demographic information, YASI items related to drug and alcohol use, and YASI items related to legal history in order to match juveniles on probation with juveniles from drug court. After matching, the recidivism rates for each group will be compared. The results of this study will be used to make recommendations regarding the use of juvenile drug courts.

Evaluation of a Comprehensive Community-Level Approach to Youth Violence

Researchers: Saba Masho and Diane Bishop

Institution: Virginia Commonwealth University

Approval Date: November 28, 2017

The purpose of the study is part of a larger project aimed at learning more about youth violence in low-income neighborhoods of Richmond, Virginia. In the proposed study, the researchers will examine retrospective, de-identified data for juveniles between the ages of 10 and 24 who were associated with an intake case at CSU 13 between 2012 and 2016. The researchers are requesting data on intake decisions, juvenile demographics, offense information, DAI ranking, select YASI items, length of stay (if applicable), and recidivism rates. Since the researchers are interested in low-income neighborhoods of Richmond, such as Mosby Court, Gilpin Court, and Creighton Court, they are requesting individual block-level geographical data. The researchers will train DJJ Research Unit staff, free of charge, how to manually clean and geocode data. Then, DJJ staff can provide aggregate block-level data to the researchers.

Understanding Youth Engagement in the Plea Process

Researcher: Allison Redlich

Institution: George Mason University

Approval Date: February 1, 2018

The purpose of the study is to learn more about juveniles' engagement in the plea process by interviewing juvenile and adult offenders who accept a plea bargain. Juveniles are eligible to participate if they are 14 years of age or older, were originally charged with a felony, and they must have pleaded guilty to a crime within the past month. Prince William County Court Service Unit assists the researcher by notifying them when plea hearings occur for eligible juveniles (i.e., over age 14 and charged with a felony) so that the researcher can attend and recruit participants immediately after the hearing. After obtaining consent and assent, the researcher schedule interviews. For juveniles in the community, interviews will take place at a neutral location. For detained juveniles, the interviews take place in the detention center. Juveniles that participate

receive a paper certificate, created by the researcher and \$25 cash for participation (\$10 for partial participation).

Virginia Personal Responsibility Education Program Innovative Strategies (VPREIS)

Researcher: Amanda Dainis

Institution: James Madison University

Approval Date: February 20, 2018; amended: September 18, 2018

The purpose of the study is to evaluate the *Vision to You* program, an evidence-based teen pregnancy program. The program's main outcomes include the following: (i) to reduce the frequency of sexual activity; (ii) reduce the number of sexual partners; and (iii) increase contraceptive use among participants. Another goal of this project is to increase knowledge related to healthy sexual practices. The program is collaborating with seven juvenile detention centers throughout the state. Eligible youths are asked if they would like to participate and the research staff collects parental consent information. Once the youth complete the online program, they have the opportunity to participate in three post-program surveys. Notably, youth can simply participate in the program or participate in the program and the surveys.

Youth Photography Focus Group

Researcher: Allison Chappell

Institution: Old Dominion University

Approval Date: May 10, 2018

The purpose of the study is to evaluate a new photography class offered to court-involved youth in collaboration with the Norfolk Court Service Unit, Norfolk Public Library, and Old Dominion University. The researcher is conducting a focus group for the participants enrolled the photography course in order to be evaluate the impact of a prosocial activity with engaged adults. In order to participate in the photography course, the youth must complete an application and a panel interview with the CSU and ODU staff. Using the Positive Youth Development model, the focus group questions aim to gather information regarding the participants' general attitude and outlook, their perceptions of the class, the library, their peers in the course, and the teacher. These questions assist the research team in developing future pre- and post-course surveys that will be distributed in later offerings of the photograph course. This project also serves as Mark Wood's (CSU #4 Parole Supervisor) JTI Capstone project.

Third National Survey of Youth in Custody (NSYC-3)

Researcher: David Cantor

Institution: Westat

Approval Date: June 14, 2018

The purpose of the study is to collect data for the National Survey of Youth in Custody, as required to meet the mandates of the Prison Rape Elimination Act (PREA). The two primary objectives of the survey are to: (i) identify facilities with the highest and lowest rates of victimization, and (ii) provide data for the development of national standards for preventing sexual victimization in correctional facilities. This will be the third (out of four) survey. The researchers' sample frame includes either state owned or operated facilities that hold at least 10 adjudicated youth (and the adjudicated youth comprise more than 25% of the total youth population in the facility) or contract facilities that house at least 10 adjudicated youth (including at least one state-place adjudicated

youth). DJJ and/or the selected detention centers will participate in the parental consent process in some form; however, in order to accommodate the selected facilities, the process and Westat's involvement may vary. Youth with parental consent who have been in the selected facility longer than four weeks will be invited to participate in the survey. The HRRC committee has voiced concern with the study's alternative questions, as they are sensitive in nature and may make some youth uncomfortable. However, the committee also recognizes the inconvenience of requesting that Westat change their entire survey instrument for one state.

III. Proposed / Pending Studies

Process Evaluation of the Virginia Department of Juvenile Justice Regional Service Coordinator Model

Researchers: Kelly Murphy
Institution: Child Trends
Approval Date: N/A

The purpose of the proposed study is to conduct an in-depth evaluation of DJJ's Regional Service Coordinator (RSC) model. The goal of this project is to provide feedback and recommendations to DJJ. It has three primary objectives: (i) conduct a process evaluation of the RSC model to understand the extent to which it is being implemented as intended; (ii) provide an initial assessment of the extent to which implementation of RSC model is associated with youth outcomes; and (iii) translate and disseminate findings to target audiences, such as DJJ, other systems that are interested in similar models, and stakeholders. This proposed evaluation would be conducted over a period of four years, including a pilot study in the first year. The evaluation would include focus groups of CSU and RSC staff, youth interviews, and a data request for administrative data.

Connection, Safety, Fairness, and Purpose: A Follow-Up Study

Researchers: Ryan Shanahan
Institution: Vera Institute
Approval Date: N/A

The purpose of the proposed study is to provide a follow-up to the surveys administered by the researcher to committed juveniles in 2015. In the proposed study, the researcher would administer surveys related to connection, safety, fairness, and purpose to juveniles and staff in the juvenile correctional center. Residents would be asked to provide the contact information for a family member whom the researcher could contact and potentially recruit to participate in a phone interview. Once the surveys and interviews are complete, the researchers seek to conduct collaborative research meetings with residents and staff at the juvenile correctional center to discuss the findings and possible contributing factors for the findings.

IV. Denied Proposals

No human research proposals were denied during this fiscal year.

**Appendix A: Executive Summaries of Completed Human Research Projects
from the Researchers**

Case File Research on Disproportionate Minority Contact in Charlottesville

Purpose

In a report completed in June of 2014, the DMC Task Force found significant disproportionality in the filing of probation violations, with 16 White youth and 95 Black youth charged with probation violations from 2010 to August 2013. The primary goal of this project is to analyze data related to the filing of probation violations in the City of Charlottesville in order to develop additional strategies to address DMC. This project also aims to analyze risk and protective factors for juveniles placed on probation to identify needs related to prevention and early intervention. The following central research questions were examined:

1. Is there racial disproportionality with respect to the number of probation violations received by youth placed on probation in 2013 and 2014?
2. Is there racial disparity with respect to the characteristics of probation violations received by youth placed on probation in 2013 and 2014?
3. Are there social history/contextual factors that distinguish those who receive probation violations from those who do not?

The federal Office of Juvenile Justice and Delinquency Prevention (OJJDP) defines racial disproportionality as one race being over- or under-represented when compared to the racial makeup of the whole community. Additionally, while there are many definitions for racial disparity, for the purpose of this report racial disparity occurs when similarly-situated youth and families experience different outcomes based on race. Research from the OJJDP indicates that the existence of disproportionate minority contact at various points in the juvenile justice system is a nationwide problem; the City of Charlottesville is no exception.

Summary

Despite limitations associated with a small sample size, we were able to analyze and make several conclusions about the juveniles who were placed on probation in Charlottesville in 2013 and 2014. Specifically, our data revealed the following:

- The majority of the youth placed on probation were Black and the majority of the youth receiving probation violations were also Black.
- For all youth placed on probation, the most common underlying charge type and severity for which youth were placed on probation was status offenses, while the most common offense for which juveniles received probation violations was education-related offenses.
- Youth whose underlying offense was categorized as a status offense tended to have fewer probation violations compared to youth whose underlying charge was either a misdemeanor or felony.
- In terms of contextual factors, exposure to violence in the home, gang affiliation, attending alternative schools, and having a moderate or high risk levels significantly increased the odds that juveniles received probation violations.

While we were able to confidently draw some conclusions about juveniles placed on probation, given the small sample size, we were not able to answer other questions with certainty, particularly those involving a comparison of Black and White youth. Additionally, in terms of contextual factors, our small sample size likely limited our ability to detect other factors significantly related to receiving probation violations.

Recommendations/Next Steps:

- 1) **Address DMC using targeted interventions.** While definitive conclusions cannot be made regarding whether juveniles in similar situations experience disparate outcomes based on race, these data might nevertheless be helpful with respect to identifying programs that may contribute to an overall reduction in the numbers of youth of any race that receive violations. For example, we found that violations of probation were most often classified as related to electronic monitoring/curfew, education, or substance abuse. It may be that employing interventions that have been shown to have a positive impact in these areas may contribute to a significant overall reduction in delinquency. Likewise, we found that all of the youth initially charged with assault received a probation violation. This finding should be investigated further to determine whether some issue or problem (such as poor impulse control or prior victimization) related to this crime can be identified and addressed in order to reduce the likelihood of reoffending.
- 2) **Investigate racial disparity that may occur before youth enter the system.** A discussion regarding how youth enter the juvenile justice system is beyond the scope of this report. However, given that significant DMC exists at the first point of entry into the juvenile justice system, efforts must be made to address these problems before they occur.
- 3) **Consider adopting and/or expanding trauma-informed care.** An overwhelming percentage of youth on probation reported having had adverse childhood experiences. This fact, combined with the known trends of underreporting of sensitive and traumatizing experiences, is a reflection of the difficulties likely experienced by the *majority* of youth who interact with the probation system. This finding suggests a need for trauma-informed care for probationers in our jurisdiction. The city of Charlottesville may wish to explore avenues by which its service providers could receive additional training on providing care and support that acknowledges the adverse experiences these youth have endured.
- 4) **Collect data consistently and uniformly.** While reviewing the paper files, we noticed discrepancies in the way that data were recorded over time and across people. With turnover and with multiple people working on the same files, it is important to ensure, with training and supervision, that data are collected and recorded in a similar fashion. Likewise, we found that the paper files kept by the probation department did not consistently contain information that would have been helpful for this research. For example, for a number of youth social histories, petitions, and probation start dates could not be found within the paper file. We realize record keeping, when it is not relevant or necessary to completing professional tasks, cannot always be prioritized. However, if data collection regarding DMC continues to be an important priority for the city of Charlottesville, then additional resources to help improve the data collection process should be employed.
- 5) **Be informed about the YASI.** There are ongoing debates about the accuracy and effectiveness of risk and needs assessment tools. Very recently, there have been studies that specifically examined the YASI (Jones, Brown, Robinson, & Frey, 2016; Kennealy, Skeem, & Hernandez, 2016). For example, the study by Kennealy and colleagues (2016) found that new practitioners' scores on the YASI were more consistent than those with more experience. This study suggests that continued training and monitoring of staff may be necessary for proper implementation of the tool.

**Juvenile Justice Decision-Making in Juvenile Detention Alternative Initiative (JDAI) AND
Non-JDAI CSUs: A Multi-Site Evaluation**

Purpose

We obtained data to examine differences in outcomes across JDAI and non-JDAI sites. At this point, we have worked with the data to produce one master's thesis, one published paper, and a couple of conference presentations. We have several papers in progress. Unfortunately, we have not yet addressed the primary research question (comparing JDAI and non-JDAI sites). We have investigated predictors of detention and adjudication in noncompliance cases, predictors of intake and adjudication decisions in delinquency cases, the impact of community characteristics (social disorganization) on juvenile justice outcomes, and gender differences in the impact of victimization and mental health on outcomes.

Summary/Takeaways

A few highlights: At the state level, we find consistent differences in detention outcomes across race and gender for both delinquency and noncompliance cases. Blacks are treated harshly compared to whites but being a minority did not increase likelihood of adjudication, which is consistent with some prior research on the topic. Girls are treated with leniency compared to boys at both intake and adjudication. For delinquency cases, older youth are more likely to be detained but this is not true for non-compliance cases. Overall, youth with good school performance and prosocial activities, including employment, are less likely to be detained. Preliminary findings indicate few differences across gender when examining victimization and mental health as it relates to processing.

Recommendations/Next Steps

We will continue to work with the data to complete the papers in progress and compare JDAI and non-JDAI sites.

Probation Violations Ending in Juvenile Detention Executive Summary

Purpose: The main purpose of this research is to evaluate the use and prevalence of probation violations within the CSU. Specifically, this research will attempt to understand whether the disposition of one probation violation affects the timing and likelihood of getting another. In addition, interviews conducted as part of this project required participants to (1) identify turning points that they believed could get them out of the justice system and (2) consider whether probation violations had an impact on future delinquent activity.

Summary/Takeaways: Turning points that juvenile probationers believe will get them away from future crime primarily include developing prosocial relationships and cutting off antisocial ones, building skills (e.g., anger management, independent living skills), and maturing. Largely, the male juveniles interviewed credit placement in residential facilities with teaching them the skills they need to be successful as adults.

In terms of presence and timing of future probation violations, this study found no significant differences in presence or likelihood of future violations if the juvenile stayed under supervision. More specifically, there was no difference in timing, no matter whether the youth were detained, placed in residential facilities, ordered to outpatient treatment, or continued on standard probation. The only significant difference observed was for youth who were released from supervision, in which case 50% of the sample had another violation within 406 days, compared to less than 100 days for those who remained under any type of supervision.

Recommendations/Next Steps: The CSU and DJJ may wish to consider ideas from this work as they continue to examine and improve services. Recommendations fall within two main areas:

- 1) Since youth who are released from supervision typically continue longer without new violations, judges should continue to carefully consider which youth they retain under supervision. Many probation closure cases resulted from youth aging out of the system or exhausting services. This work is consistent with the literature, which shows that offenders under closer supervision are more likely to incur new charges.
- 2) Interviewees' proposed turning points out of delinquency provide perhaps the clearest vision for how services may change as a result of this research. Since youth seem to place a high value on learning skills – especially those necessary for independent living – it might be valuable to bring some of that conversation into probation, if not already there, or, perhaps, reintegrate it into schools. Alternately, if skill building is currently a focal point of probation, justice agencies should evaluate whether juvenile probationers are receiving the benefits of such programming. If not, changes may still be warranted, in light of the effectiveness of these programs and their potential importance, both for turning points and more broadly. By offering skill building opportunities earlier during supervision, probation officers may be able to create turning points for their clients before they go deeper into the system.

Resident and Staff Perceptions of Safety and Engagement with the CTM

Purpose:

To examine resident and staff perceptions of safety and program engagement under the Community Treatment Model (CTM), conceptualized as 1) resident and staff feelings of safety in their new housing units and roles; 2) residents' perceptions of, and willingness to engage in, CTM programming; and 3) staff members' satisfaction with and support for CTM. Data were collected via 18 focus groups at Beaumont and Bon Air as well as surveys from 248 Bon Air participants (154 residents and 94 staff), representing all 17 Bon Air units and most direct care staff positions.

Summary/Takeaways:

Resident perceptions of safety

- Overall, residents felt very safe in their daily physical environments and reported positive perceptions of staff. They felt that gangs and fights were not a problem and staff respond quickly to incidents.

Staff perceptions of safety

- Overall, staff feel less safe than residents do, particularly in the school setting. Staff feelings of safety were related to removal of the lock unit and insufficient staffing ratios.

Resident engagement with the Community Treatment Model

- The vast majority of residents reported participating in core CTM activities, even though some activities are not enjoyable, and residents found utility in most CTM components.

Staff engagement with the Community Treatment Model

- Staff identified numerous benefits of CTM for their own jobs, including more and better interactions with residents and the opportunity to engage families. Staff felt that CTM is good for residents.

Resident satisfaction with the Community Treatment Model

- Residents reported enjoying social and relational aspects of CTM the most, but also questioned the appropriateness of the model for older residents, those with DOC sentences, and those who committed serious crimes.

Staff satisfaction with the Community Treatment Model

- Staff expressed a strong dissatisfaction with the CTM implementation process, including insufficient staffing, and a lack of accountability for resident behavior, and felt that staff morale was low, but they felt positively about CTM's relational aspects. Staff expressed a strong desire for more training and support.

Recommendations/Next Steps:

- More training for staff and more opportunities for staff to collaborate, communicate, and socialize with both intra-unit coworkers and inter-unit staff could promote cooperation and reduce conflict.
- Reconsider the removal of lock units and address safety in the school setting.
- Build on the model's successes related to positive relationships among youth, staff, and families by realigning priorities and investing resources into training and events that promote relationship building.
- Share report with residents and staff and schedule discussion sessions for researchers to share findings with and solicit feedback from residents and staff.

PROPOSED ADDITIONAL AMENDMENTS TO 6VAC35-101

***For incorporation into the comprehensive packet for submission through the standard regulatory process. Substantive changes are highlighted*

6VAC35-101-45. Contracts between detention centers and separate entities.

A. When a detention center enters into an agreement with a separate entity for the purpose of detaining a juvenile in the separate entity's custody, the agreement shall satisfy the following requirements: provide that the program housing the juvenile shall be subject to 6VAC35-20, Regulation Governing the Monitoring, Approval and Certification of Juvenile Justice Programs and Facilities.

1. The agreement shall be in writing;

2. The agreement shall require the program housing the juvenile to be subject to 6VAC35-20, Regulation Governing the Monitoring, Approval, and Certification of Juvenile Justice Programs and Facilities; and

3. For purposes of demonstrating compliance with this chapter, the agreement shall allow the department the same access to the detained juvenile and to the records and reports for the detained juvenile as is authorized currently under § 16.1-309.10 of the Code of Virginia and 6VAC35-20 for all other residents in the detention center.

B. Upon entering into the agreement, the detention center shall: (i) notify the department immediately, and (ii) provide a copy of the written agreement to the department.

C. Nothing in this section shall prevent the detention center and the separate entity from agreeing that services and treatment shall exceed the requirements of this chapter for those youth in the custody of the separate entity.

**DEPARTMENT OF JUVENILE JUSTICE
REGULATORY UPDATE**

November 7, 2018

CURRENT ACTIONS:

6VAC35-71 Regulation Governing Juvenile Correctional Centers

Stage: Proposed (Standard Regulatory Process).

Status: This regulation became effective on January 1, 2014. This action involves a comprehensive review of the regulatory requirements. The Notice of Intended Regulatory Action (NOIRA) was published in the *Virginia Register* on October 3, 2016. At the NOIRA stage, no public comments were submitted. The Proposed regulation has been approved by the Department of Planning and Budget (DPB) and the Secretary of Public Safety and Homeland Security as part of the Executive Branch review process. The regulation is currently under review by the Governor.

Next step: Once the Governor reviews and approves the Proposed Action and the Executive Branch review is complete, the Proposed regulation will be published in the *Virginia Register*, followed by a 60-day public comment period.

**6VAC35-101-45 Regulation Governing Juvenile Secure Detention Centers,
Contracts between juvenile detention centers and separate entities**

Stage: (Fast-Track Process).

Status: This is a new provision proposed for addition to the Regulation Governing Juvenile Secure Detention Centers, which became effective on January 1, 2014. This is a standalone action apart from the comprehensive review of the regulatory requirements in Chapter 101. The fast-track action has been certified by the Attorney General's Office, approved by DPB, and is now in the Secretary of Public Safety and Homeland Security's Office. The Secretary's office has 14 days to conduct its review.

Next step: Once the Secretary has approved the fast-track action, the action will advance to the Governor's office for review.

CHAPTERS UNDER PERIODIC REVIEW

6VAC35-30 Regulation Governing State Reimbursement of Local Juvenile Residential Facility Costs

Status: This regulation became effective July 1, 2011. Notice of the Periodic Review will be published in the *Virginia Register* on November 12, 2018, triggering a 30-day public comment period. The comment period will end on December 12, 2018.*

**6VAC35-60 Minimum Standards for Virginia Delinquency Prevention and Youth Development Act
Grant Programs**

Status: This regulation became effective October 1, 2011. Notice of the Periodic Review will be published in the *Virginia Register* on November 12, 2018, triggering a 30-day public comment period. The comment period will end on December 12, 2018.*

6VAC35-150 Regulation for Nonresidential Services

Status: This regulation became effective July 1, 2011. Notice of the Periodic Review was published in the *Virginia Register* on October 29, 2018, triggering a 30-day public comment period. The comment period will end on November 28, 2018.*

6VAC35-180 Regulations Governing Mental Health Services Transition Plans for Incarcerated Juveniles

Status: This regulation became effective January 1, 2008. Notice of the Periodic Review was published in the *Virginia Register* on October 29, 2018, triggering a 30-day public comment period. The comment period will end on November 28, 2018.*

*For each periodic review, a published report of whether to retain, repeal, or amend the regulation must be provided within 120 days of the close of the public comment period.