

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



Post Office Box 1110  
Richmond, VA 23218-1110  
804.588.3903

**COMMONWEALTH of VIRGINIA**  
*Board of Juvenile Justice*

**BOARD MEETING**

January 11, 2016

Main Street Centre, 600 East Main Street, 12<sup>th</sup> Floor Conference Room North  
Richmond, Virginia 23219

**A G E N D A**

**9:30 a.m. Board Meeting**

- 1. CALL TO ORDER**
- 2. INTRODUCTIONS**
- 3. APPROVAL of August 3, 2015, MINUTES** (Pages 3-24)
- 4. PUBLIC COMMENT**
- 5. DIRECTOR'S CERTIFICATION ACTIONS** (Pages 25-71)
- 6. OTHER BUSINESS**
  - A.** Community Treatment Model Update (Director Andy Block)
  - B.** Tidewater Youth Services Variance Requests (Legislative and Research Development Manager Janet Van Cuyk) (Pages 72-79)
  - C.** Implementation of the Length of Stay Guidelines Update (Janet Van Cuyk)
  - D.** Regulatory Update (Janet Van Cuyk) (Page 80)
  - E.** Reentry Grant Update (Deputy Director of Community Programs Valerie Boykin)
  - F.** Education Update (Deputy Director of Education Lisa Floyd)
  - G.** Overview of the Governor's Budget Proposal (Director Andy Block)
- 7. DIRECTOR REMARKS AND BOARD COMMENTS**
- 8. NEXT MEETING:** April 18, 2016, 9:30 a.m., Main Street Centre, 600 East Main Street, Richmond
- 9. EXECUTIVE SESSION** (Closed)
- 10. 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 10 minutes each with shorter time frames provided at the Chairman's discretion to accommodate large numbers of speakers.
2. Those wishing to speak to the Board are strongly encouraged to contact Wendy Hoffman at 804-588-3903 or [wendy.hoffman@djj.virginia.gov](mailto:wendy.hoffman@djj.virginia.gov) three or more business days prior to the meeting. Persons not registered prior to the day of the Board meeting will speak after those who have pre-registered. Normally, speakers will be scheduled in the order that their requests are received. Where issues involving a variety of views are presented before the Board, the Board reserves the right to allocate the time available so as to insure that the Board hears from different points of view on any particular issue. Groups wishing to address a single subject are urged to designate a spokesperson. Speakers are urged to confine their comments to topics relevant to the Board's purview.
3. In order to make the limited time available most effective, speakers are urged to provide multiple written copies of their comments or other material amplifying their views. Please provide at least 15 written copies if you are able.

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



Post Office Box 1110  
Richmond, VA 23218-1110  
804.588.3903

**COMMONWEALTH of VIRGINIA**  
*Board of Juvenile Justice*

**DRAFT MEETING MINUTES**

August 3, 2015

Main Street Centre  
600 East Main Street, 12<sup>th</sup> Floor, Conference Room South  
Richmond, Virginia 23219

**Board Members Present:** Heidi Abbott, Karen Cooper-Collins, Tyren Frazier, David Hines, Mary Langer, Dana Schrad, Jennifer Woolard

**Board Members Absent:** Helivi Holland, Robyn McDougle

**Department of Juvenile Justice (Department) Staff Present:** Jill Becker, Andrew "Andy" K. Block, Jr., Valerie Boykin, Lisa Floyd, Daryl Francis, Lynda Hickey, Wendy Hoffman, Jack Ledden, Andrea McMahon, Mark Murphy, Margaret O'Shea (Attorney General's Office), Deron Phipps, Angela Valentine, Janet Van Cuyk

**Guests Present:** DaQuon Beaver (JustChildren Program), Justine Blincoe, Michael Cassidy (Commonwealth Institute), Judy Clarke (Virginia Center for Restorative Justice), Mike Doucette (Commonwealth's Attorney for the City of Lynchburg), Kate Duvall (JustChildren Program), Michael Herring (Commonwealth's Attorney for the City of Richmond), Tracey Jenkins (Department of Criminal Justice Services), Amanda Long, Nancy Parr (President of the Virginia Association of Commonwealth's Attorneys), Shannon Taylor (Commonwealth's Attorney for the County of Henrico), Jeree Thomas (JustChildren Program), Lynetta Thompson (Richmond Branch NAACP) Marie Walls (City of Suffolk Commonwealth's Attorney Office)

**CALL TO ORDER**

Chairperson Heidi Abbott called the meeting to order at 9:40 a.m.

**INTRODUCTIONS**

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

### **APPROVAL of June 10, 2015, MINUTES**

The minutes of the June 10, 2015, Board meeting were provided for approval. On MOTION duly made by Karen Cooper-Collins and seconded by Tyren Frazier to approve the minutes as presented. Motion carried.

### **PUBLIC COMMENT PERIOD**

#### **Judy Clarke, Executive Director, Virginia Center for Restorative Justice**

Ms. Clarke presented to the Board a brochure on the Virginia Center for Restorative Justice (attached). In addition, Ms. Clarke provided information to the Board on the February 2012 Coordinating Council meeting highlighting points from a study on serious juvenile offenders (attached).

#### **Nancy Parr, President of the Virginia Association of Commonwealth's Attorneys (VACA)**

Ms. Parr submitted a letter to the Board dated June 15, 2015, indicating that VACA could not reach a consensus on the proposed revisions to the length of stay guidelines. Ms. Parr expressed to the Board that the "no consensus" did not mean VACA does not care about this issue, rather they care tremendously. Ms Parr went on to say the lack of consensus means there are very passionate arguments on both sides of the issue.

Ms. Parr asked the Board to take into consideration the concerns expressed during the VACA meetings in May and June. The first concern is the differences amongst jurisdictions concerning the quality and quantity of programs and services offered to juveniles prior to commitment and after release. The second concern is that there are no guarantees the projected savings from the length of stay reduction would be redirected to the Department's programs.

The letter VACA submitted during the public comment period can be found on pages 160-170 in the Board packet.

#### **Shannon Taylor, Commonwealth's Attorney for the County of Henrico**

Ms. Taylor expressed to the Board that the VACA includes 120 elected officials from 120 jurisdictions that have different make ups with respect to the community and the community's concerns. Ms Taylor expressed the need to trust the Department's research and to trust the recommendations put forward. Ms. Taylor believes that both adult and juvenile corrections needs more post supervision to really establish the necessary relationships that will make transition and rehabilitation successful.

The letter Ms. Taylor submitted during the public comment period can be found on page 138 in the Board packet.

#### **Marie Walls, City of Suffolk Commonwealth's Attorney Office**

As a prosecutor, Ms. Walls stated that she handles issues involving children and deals with the repercussions when children act out. Ms. Walls detailed the importance of respecting both the children and the community.

Ms. Walls believes that changing the length of stay guidelines will not give the Department's programs the opportunity to work and help its youth. After reviewing the proposed changes to the

length of stay guidelines, Ms. Walls indicated that some youth could stay for as few as 90 days. Ms. Walls believes this is just putting a band aid on the problem. When youth return to the community, problems still exist. Ms. Walls noted that the City of Suffolk does not have a lot of programs to serve its youth and some are better served in juvenile correctional centers.

Ms. Walls talked about the kids receiving education and job skills while in the custody of the Department. Ms. Walls noted that parents and the City of Suffolk cannot force kids to go to school, but, in a structured environment, the youth are getting education and learning job skills while in the Department's care. Ms. Walls believes that lowering the length of stay does not give the youth the services they need and does not fix the problem. Ms. Walls indicated that the City of Suffolk is committing a very small percentage of children. This is being done not to punish them but to rehabilitate them.

Ms. Walls indicated the need for structure and the unity that the programs the Department offer which is why the City of Suffolk opposes the length of stay changes and reductions.

Board Member Schrad asked what in the proposed changes to the length of stay guidelines would prohibit a child from completing any of the treatment or education programs.

Ms. Walls believes, after reading the proposed changes and associated documents and looking at the grid detailing the proposed projected ranges, there is not enough time to complete the anger management or other treatment and rehabilitative programs in a meaningful way. Especially when the youth enters the system, the first 30 days are generally lost with deciding on unit placement and program needs. Ms. Walls indicated that anger management, substance abuse, and sex offender treatments are the three major programs offered to youth while in the Department's custody and are needed in order to properly prepare youth the return to the community. Ms. Walls noted that the community does not provide these services, and there are only a handful of probation officers servicing a community of almost 90,000.

Board Member Schrad asked the Department if they foresee any juveniles not completing the appropriate programs before release.

Director Block noted that projected lengths of stay are guidelines and every release from the Department is subject to review. If a young person has not finished treatment and treatment is not available in the community, then that would be a reason not to release them. Director Block indicated that the Department's aggressive replacement therapy, an evidence based anger management program, lasts about three to four months. Director Block informed the Board about the option of using the treatment override in the proposed length of stay guidelines for those youth with clinically assessed inpatient sex offender treatment need. The proposed lengths of stay would not apply to these youth in the Department's care. The Director explained that when the youth enters the system, its assessment team determines, either based on their offense or on their assessments, that the youth has an inpatient sex offender treatment need which then overrides the length of stay ranges. The Director Block stated that the Department does not want the youth going back to Suffolk or any other place who have not successfully completed treatment or who does not have appropriate continuation of treatment available in the community.

Ms. Walls added that the Department has the power to override indeterminate sentences. Ms. Walls would like to keep the structure in place for the children, and the Department then could use its authority to release them back to the community.

Additional comments by the Office of the Commonwealth's Attorney for the City of Suffolk during the public comment period are located on page 186 of the Board packet.

**Michael Herring, Commonwealth's Attorney for the City of Richmond**

Mr. Herring noted that, as prosecutors, we are relative experts at sending people to the Department. We defer to the Department and their expertise to rehabilitate and reform the youth. Mr. Herring finds it easy, in fact comforting, to think of adult offenders with regard to punishment; it requires something far more scrutinizing and discerning to consider juvenile offenders where the mission is rehabilitation.

As Mr. Herring read through the proposed length of stay guidelines, his understanding is that they are grounded in empirical data and suggest this data is now regarded as evidence-based practices around the country. Mr. Herring stated that this is not Virginia going out on a limb; this is actually Virginia taking advantage of findings that have been determined elsewhere.

Mr. Herring indicated that the proposed length of stay guidelines account for both risk of re-offense and offense severity. Mr. Herring noted his understanding of the Youth Assessment and Screening Instrument (YASI) calculation is that it also takes into account legal history of the committed juvenile which allays any concern that prior history would be overlooked. Mr. Herring stated that he looks for an ulterior motive in everything; it would make no sense for the Department to prematurely release juvenile offenders even to save money because they would be rearrested and, due to their criminal record, would be staying longer with the Department. Mr. Herring encourages the Board to adopt the proposed length of stay guidelines.

Board Member Hines noted that he too went through the proposed length of stay guidelines thoroughly and even gave the guidelines to his staff to conduct their own research on this subject; they came to the same conclusion regarding the empirical data. Board Member Hines asked if prosecutors still have the ability to request the juvenile court judge for what is known as "judge time" which is not affected by the length of stay guidelines. If a youth is considered a predator and the Commonwealth's Attorney knows should stay in the Department's custody, do you have the ability to ask for judge time?

Mr. Herring replied that it would be a violation of the doctrine of separation of powers for the Board to try to constrain and limit the discretion of prosecutors or the judge. Mr. Herring noted that prosecutors always have the trump card asking for determinate commitments, and judges always have the inherent discretion to sentence offenders to appropriate lengths of stay.

Mr. Herring asked the Board to adopt his June 11<sup>th</sup> email as public comment. Mr. Herring's email is available on page 174 of the Board packet.

**Michael Doucette, Commonwealth's Attorney for the City of Lynchburg**

Mr. Doucette indicated he was speaking only on behalf of himself.

Mr. Doucette stated that, when juvenile and domestic relations judges sentence juveniles to indeterminate commitments to the Department, this is only as a last resort. Mr. Doucette noted that commitments to the Department are reserved only for those most dangerous juveniles or repeat offenders who have proven that community resources are inadequate to curtail their criminal behavior. Mr. Doucette is concerned with the information contained on the bottom of page six and the top of page seven of the proposed length of stay guidelines. On these two pages, it is claimed that for every additional month of length of stay in Virginia the probability of rearrest within one year increases 2.4% and for every additional year of length of stay the probability of rearrest within one year increases 32.7%. Mr. Doucette noted that unlike all the other statistics within the proposal, this one is not footnoted; it does not have any source attributed to it. Mr. Doucette's concern is that this claim is counterintuitive. Mr. Doucette said basically, in a nut shell, the longer juveniles stay in a program designed to cut down on recidivism, the more likely the recidivism rates go up. That is counterintuitive, which suggest to Mr. Doucette that at a minimum the programs need to be overhauled before, or simultaneously with, any suggestion to reducing length of stay but certainly not afterwards.

Mr. Doucette pointed out that, on the summary sheet to the proposed length of stay guidelines, it states that the average annual cost for a juvenile commitment is \$137,000. Mr. Doucette believes that, while the argument is not made outright, the implication of reducing length of stay considerably would incur a significant savings. Representatives from the Department who spoke to the Virginia Association of Commonwealth's Attorneys said these savings could then be used to fund necessary programmatic changes. Mr. Doucette's concern is that this is putting the cart before the horse and could be detrimental to public safety and the well-being of the juveniles. Mr. Doucette indicated that on page seven of the proposal acknowledges that "the citizens of Virginia have a right to safe and secure communities." However, to release these juveniles back to their home communities before they have received the benefits of revised programs designed to help them cope with the problems which have led them to be committed in the first place, is neither a service to the juveniles nor the community. He stated that the argument that makes the most sense is contained in the paragraph on page six of the guidelines which states "both intensity and length of treatment should be consistent with the offender's risk level to reduce the likelihood of future offending and other factors, such as the risk level of the offender and the characteristics and quality of implementation of programs, are key determinants in reducing recidivism." It seems that the only conclusion is, when the quality of the rehabilitative program improves, that the offenders' recidivist rates go down and the public's right to safe and secure communities is satisfied.

Mr. Doucette acknowledged that a length of stay based both on the risk level category as determined by the YASI and an offense severity tier makes sense. Mr. Doucette is not arguing against a reduction in length of stay but that a reduction in length of stay without a guarantee of major and simultaneous programmatic changes, only with effective rehabilitative programs, does a shorter length of stay make sense. Mr. Doucette stated that the Commonwealth's Attorneys have been told by Department representatives that these programmatic changes are in the works. Mr. Doucette heard "plans are in place to add more programs, the system will be working better soon and that the Department is

already making some of the changes.” But that appears to be after the fact; that is not before the fact or simultaneously.

Mr. Doucette indicated that the Commonwealth’s Attorneys have also been told that the savings from shortening length of stay can be put back in the facilities and programs. Mr. Doucette is the chair of the Criminal Justice Services Board and indicated they had a similar proposal recently relating to reduction in probation supervision based on empirical data. Mr. Doucette noted that the reaction of the members of the General Assembly who sit on the Criminal Justice Services Board was basically, if the Department of Corrections goes through with their proposal, then the General Assembly will “take care of them in the budget and not in a good way.” Mr. Doucette suggested to the Board that to rely on the savings from reducing the length of stay and to fund programmatic changes might be very short sighted. Mr. Doucette concluded that, without a guaranteed simultaneously programmatic overhaul, juveniles will be released back into an environment that lacks support and nurture to prevent them from relapsing into further delinquent and criminal behavior.

The letter Mr. Doucette submitted during public comment period can be found on pages 171-173 of the Board packet.

With no additional public comment, Chairperson Abbott closed the public comment period.

#### **DIRECTOR’S CERTIFICATION ACTIONS**

Deron Phipps, Policy and Planning Director, Department

Included in the Board packet are the individual reports and summary of the Director’s certification actions completed on June 29, 2015.

There were no questions from the Board.

#### **ADOPTION OF THE DRAFT PROPOSED LENGTH OF STAY GUIDELINES**

Janet Van Cuyk, Legislative and Research Manager, Department

Ms. Van Cuyk is seeking the Board’s authorization to adopt the revised length of stay guidelines. As presented at the April 24 and June 10 Board meetings, a proposal is before the Board to amend the length of stay guidelines to a two tiered system deciding the length of stay for juveniles who have been indeterminately committed to the Department.

Ms. Van Cuyk indicated that the Department has spent a considerable amount of time receiving public comment. The draft proposed length of stay guidelines were published in the *Virginia Register* on March 19, 2015. A written public comment period was open from March 19, 2015, through April 19, 2015. The Board requested the Department solicit additional feedback. As requested, the Department solicited additional feedback from victims groups, Commonwealth’s Attorneys, juvenile and domestic relations district court judges, and law enforcement personnel. At the June 10, 2015, Board meeting, the Board voted to delay consideration of whether to adopt the proposed changes to the length of stay guidelines to allow Director Block to present to the VACA. Additionally, the public comment period was reopened through June 26, 2015. All public comments received are summarized in the Board packet beginning on page 125 and additional public comments received after the closed



period are in a supplemental memorandum which is attached. Of all the public comment, two commenters opposed the proposed changes and one indicated no position, the rest of the commenters supported some or all of the proposed changes with similar position statements as those heard during the public comment period at the beginning of this meeting.

Ms. Van Cuyk summarized the proposed changes to the length of stay guidelines.

The projected length of stay determination will be made by calculating by the juvenile's risk for rearrest and offense severity. The juvenile's risk for reoffending shall be determined by looking at levels of risk and protective factors on the YASI administered closest in time to the admission to direct care. The juvenile's offense severity will be determined by looking at the most serious committing offense and determining into which of four tiers the offense falls.

The Department used Virginia specific data to determine the projected length of stay ranges for the most serious committing offense severity. Juveniles who have the lowest risk for reoffending are in tier one; juveniles who have the highest risk for reoffending are graded into tier four; and juveniles who have variations on person and nonperson offenses are graded in the middle of the tiers.

Under the proposed length of stay guidelines, the lengths of stay will vary from 2 to 4 months to 9 to 15 months. Under the current guidelines, the lengths of stay vary from 2 to 6 months to 18 to 36 months. The purpose of the 9 to 15 months as the end point of the ranges is because when the Virginia specific data was reviewed the Department saw an increased rate of reoffending at 10, 12, and 15 months. So the Department decided to set the policy to correlate with its data to ensure our practices are matching what works best for our youth. Ms. Van Cuyk noted, in response to Mr. Doucette's public comment, that the Virginia specific data does not have a source footnoted because it is new analysis completed by the Department on a two year JCC-release cohort.

Ms. Van Cuyk noted that the Department has the ability to retain juveniles based on behavior and treatment progress, until their statutory release date, which is reached after the resident is committed for 36 continuous months or their 21<sup>st</sup> birthday, whichever occurs first. The proposed guidelines also contain a "Treatment Override" where residents clinically assessed as requiring inpatient sex offender treatment will not be assigned a projected length of stay. The juveniles who receive a treatment override will be eligible for consideration for release upon completion of the designated treatment programs and only earlier if the resident has progressed in treatment and services are available in the community. It was mentioned earlier that the sex offender treatment program tends to be longer than the proposed ranges of length of stay; therefore not assigning a projected range does not set the resident up for disappointment with the assignment of an unrealistic range. Additionally, there are procedural protections in the length of stay guidelines that include a series of individual unit, facility, and central reviews of the case to ensure the juveniles are progressing through their treatment and are continually assessed for appropriateness for return to the community.

The Department recognizes that each juvenile is unique and individual circumstances shall be considered upon release from commitment. The length of stay is a guide for release determinations. The decision for release, however, shall be case-specific, taking into account the juvenile's behavior, facility adjustment, and progress in treatment.

Board Member Woolard asked about the central review committee.

Ms. Van Cuyk explained the levels and memberships of the committees that review cases of juveniles in direct care. The unit treatment team consists of an educator, counselor, therapist, and security series staff; the Institutional Review Committee includes the principal, superintendent, chief of security, and one of the higher level case managers; and the Central Review Committee includes an administrative program manager, superintendent for education, chief psychologist, and community programs manager. Each indeterminately committed juvenile who remains in direct care for 15 months shall have their case reviewed through the Department Director.

Board Member Langer noted that the YASI is a validated and reliable instrument; however, the YASI still needs to be uniformly applied in all jurisdictions. What are the plans to train Department and court service unit staff to implement the YASI in a more universal and consistent manner.

Ms. Van Cuyk answered that the Department has and will prior to implementation take steps to ensure interrater reliability. First, the court service units will have access to a length of stay estimator, a computerized formula, at the time the social history report on the committed juvenile is completed. This will provide an increased transparency in the process and give prosecutors and judges a projected length of stay before sentencing. In addition, the Central Assessment and Placement Unit will make sure the estimator data is accurate but checking the YASI prior to assigning the "official" length of stay. Additionally, the Department is retraining court service unit personnel on completing YASI assessments.

Board Member Langer noted that the YASI information is gathered during the interview process. Will the Department re-interview the juveniles? Will the Department make sure the information gathered in the YASI and the interview matches?

Ms. Van Cuyk responded that the Department's Central Assessment and Placement Unit will make sure all the information that informs the YASI is accurate and, if the Unit identifies inaccurate information, then the information will be amended and the YASI updated.

Director of Community Programs Valerie Boykin noted that all probation officers are trained in the YASI; it is part of their initial training during the basic skills class for new employees. Over the last five to seven years, the Department has had a concerted effort in training staff and supervisors in the YASI. There is a new initiative that will roll out this fall to complete YASI retraining. The Department is looking to develop within the Department a team of certified train-the-trainers to perform the retraining and will be bringing the actual developers of YASI in to assist. The Central Assessment and Placement Unit is reassessing the YASI; this entails reviewing the results done at the court service unit levels on the YASI to make sure there is reliability in the scoring. The Department has checks and balances built in and will continue to try and improve the processes.

Ms. Van Cuyk ended her presentation and respectfully requested the Board approve the proposal to amend the length of stay guidelines to be effective no later than October 15, 2015.

Chairperson Abbott asked for the motion to be read which will allow the Board to discuss the issue.

On MOTION duly made by Karen Cooper-Collins and seconded by Tyren Frazier that the Board of Juvenile Justice approve and adopt the draft proposed Guidelines for Determining the Length of Stay of Juveniles Indeterminately Committed to the Department of Juvenile Justice, as amended, to become effective no later than October 15, 2015.

Board Member Schrad noted that Board members have the authority and ability to vote their personal conscious; however, professionally she represents Virginia's police chiefs and felt this required due diligence on her part to thoroughly discuss this issue with them. The Executive Board of the Virginia Association of Police Chiefs (Executive Board) is composed of ten members from across the Commonwealth representing large urban areas to small rural areas. The members of the Executive Board clearly know and are concerned with the widely varying community support services across the state. The Executive Board took a long time to review the guidelines including posing questions to Director Block who provided answers. The Executive Board ultimately decided to support the revised length of stay guidelines with some caveats.

Board Member Schrad indicated that the Executive Board is very much concerned with having ample community services and supervision in place across the Commonwealth. In addition, the Executive Board would like to see the Department not encourage the early release of juveniles who have not completed required treatment programs, are considered dangerous, or have not met the rehabilitation goals within the Department. Board Member Schrad noted that the Executive Board is also suggesting that the process be continually monitored for success and, after a full three years under the new guidelines, to re-evaluate and determine the following: (i) if the Department's recidivism rates have changed and (ii) if there is an impact on rehabilitation and overall public safety. Board Member Schrad went on to say the Executive Board knows that community services will be better in some communities than others and problems in the home will still exist with dysfunctional families or lack of sufficient supervision in the community when a juvenile is ready to be released. Board Member Schrad stated that we are going to have to trust the Department to look at those external factors and make the decision when the community is not ready to support a juvenile transitioning back to the community at this time. The Department will have to either keep them in its custody in a positive rehabilitation mode or look at ramping up community services.

Board Member Schrad will vote in favor of the revised length of stay guidelines, but, with a caveat that the Executive Board will be monitoring the process very carefully and, if issues arise, Board Member Schrad will be the first one on this Board to say we need to scale back. Board Member Schrad noted that, if juveniles can be released sooner because of completion of programs and/or availability of treatment in the community and it is in the best interest of the juvenile to be released from two or three months off their indeterminate sentence, then the flexibility of the guidelines should be there to allow that to happen.

Board Member Woolard indicated that, if these guidelines are implemented, they are not going to work perfectly for every juvenile all the time. There will be situations where recidivism will occur, so Board Member Woolard would like to encourage the Board, our stakeholders, and community members to look at the bigger picture as the process moves forward.

Board Member Woolard would like to reiterate that, after reading the guidelines extensively, these are consistent with what the best empirical data is showing from a number of different states already. Board Member Woolard has had the opportunity to work at the state level in policy reform with a number of different states, and this proposal is consistent with the best work happening in those other states. Board Member Woolard commended the Department for working on the YASI and its interrater reliability and for moving forward with the retraining. Board Member Woolard stated that many people read data in different ways, but the empirical support that undergirds these guidelines is quite sound.

Chairperson Abbott commended the Department for their patience and hard work in reaching out to different stakeholders to solicit their feedback and for making this a good process for the Board, the community, and the youth in the facilities.

Chairperson Abbott recognized two Board Members who were not able to attend today's meeting. Board Member Holland had a family issue and unable to attend. Board Member McDougle is meeting with President Obama who is the only person that would have kept her away from today's Board meeting. Board Member McDougle did send an email proclaiming her support.

Chairperson Abbott noted appreciation for the comments made by Ms. Walls, Mr. Doucette, and the other public comment speakers about the lack of services in the community and the concerns regarding money being redirected elsewhere. Chairperson Abbott indicated that it behooves us all, as members of the Board and also as advocates in the community, to make sure this initiative by the Department happens the way it was told to the Board.

Board Member Hines noted that he is a pretty tough sell when it comes to law and order. Board Member Hines has gone over the guidelines extensively, completed his own research, and posed questions to Director Block and Ms. Van Cuyk. Board Member Hines stated that he is going to vote in favor of the adoption of the revised length of stay guidelines. Board Member Hines believes that if these guidelines are not working, Director Block will bring this back to the Board letting us know this is not the answer.

The MOTION to approve the proposal to amend the length of stay guidelines to be effective no later than October 15, 2015, has been previously read and seconded. Chairperson Abbott asked the Board to vote on the MOTION. The Board unanimously passed the MOTION.

#### **AGENDA ADJUSTMENT**

Mr. Phipps indicated that the topic on the agenda entitled Juvenile Correctional Center Standard Operating Procedure Review has been passed over until next Board meeting.

#### **BOARD VICE-CHAIR**

Chairperson Abbot entertained nominations for the Board's Vice-Chair since this position has been vacant due to the departure of Tamara Neo.

Board Member Hines was nominated by Board Member Schrad for his strong representation of the law enforcement community and consideration for the Department's population.

Hearing no additional nominations, on MOTION made by Dana Schrad and seconded by Jennifer Woolard, the Board approves the nomination of David Hines as its Vice-Chair. Motion carried.

#### **DIRECTOR'S COMMENTS**

Andy Block, Director, Department

Director Block announced that the first ever combined high school graduation from both Beaumont and Bon Air Juvenile Correctional Centers was held on June 19<sup>th</sup> at the Beaumont Campus. There were a total of 60 young people who received a diploma this year which was a 30% increase from last year. Of those, 36 young people received a standard diploma and one received an advanced diploma and that too was a 30% increase from the previous year. The Division of Education is working hard to make the most of the opportunities with the children while committed to the Department. This summer, the Division of Education has developed many exciting programs for its young people. Board Member McDougle helped coordinate a basketball camp at our facilities that included Virginia Commonwealth University players. Earlier this summer, students and graduates from the Darden School of Business from the University of Virginia began the Department's first financial literacy class at the Beaumont Campus.

Director Block noted that last week, Beaumont and Bon Air Juvenile Correctional Centers underwent a federal audit on the Prison Rape Elimination Act (PREA). The Department is cautiously optimistic that when the final report comes out in 30 days the auditors will have found the Department to be in full compliance. 100% compliance is required to pass the PREA audit. There are some technical adjustments that need to be made, but, more importantly, other than being in compliance with the law, this also signifies that the Department is doing everything it can to keep young people safe when they are in our custody.

Director Block announced that the Department submitted a substantial federal grant at the end of June to improve our delivery of reentry services. The Department is one of six states invited by the Office of Juvenile Justice and Delinquency Prevention to submit a grant to establish and implement a statewide comprehensive reentry plan. This will allow our reentry division to build on what they are currently doing and make it uniform across the Commonwealth. It was a very strong proposal and one that focuses on continuing to build capacity and expertise rather than purchase one-time programs that go away after the pilot funding is gone.

Director Block thanked those who spoke in support and in opposition to the revised length of stay guidelines. Director Block wants to assure all involved that the Department is first and foremost a public safety agency. The Department is trying to reduce further victimization by getting young people back on the right track. Director Block noted that he loses sleep when something happens with a young person on probation and parole supervision. The Department has created this system with checks and balances, but, at the end of the day, the whole focus is to keep communities safe and help young people return and contribute to the community. Director Block noted there will be a greater transparency in this process. Director Block believes that this will result in all having an increased awareness and recognition that will give the prosecutors, defense attorneys, and judges more information in their decision-making capability.

Director Block thanked the Board for encouraging the Department to reach out to stakeholders to discuss the revised length of stay guidelines. If local prosecutors have concerns about what the Department is doing or about the level of services in their community, Director Block would like to know about it and be responsive. Director Block thanked the Board, his staff, and the child advocates for all of their hard work.

#### **BOARD COMMENTS**

There were no Board comments.

#### **NEXT MEETING**

The next meeting is scheduled for November 10, 2015, at the Main Street Centre, 600 East Main Street in Richmond.

#### **EXECUTIVE SESSION**

On MOTION made by Tyren Frazier and seconded by David Hines for the Board of Juvenile Justice to reconvene in Executive Closed Session, pursuant to Section 2.2-3711(A)(1) and (A)(7), for a discussion of certain personnel matters and to consult with legal counsel and obtain briefings by staff members, consultants, or attorneys pertaining to actual or probable litigation and any other specific legal matters requiring the provision of legal advice by counsel. Motion passed

After conclusion of the Executive Closed Session, the members of the Board certified that to the best of their knowledge, (i) only public business matters lawfully exempted from open meeting requirements by Virginia law were discussed in the Executive Meeting and (ii) only such public business matters as were identified in the motion convening the Executive Meeting were heard, discussed, or considered.

#### **ADJOURNMENT**

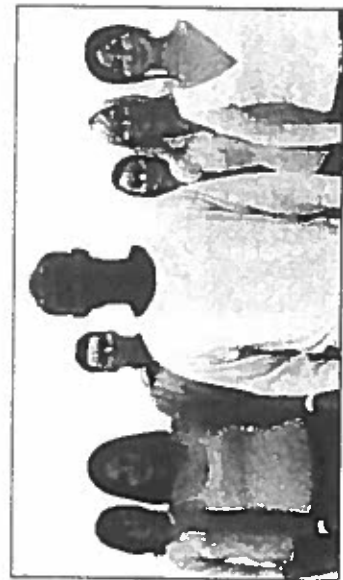
Chairperson Abbott adjourned the meeting at 11:54 a.m.



### Outcomes

The outcome of the conference is often a written agreement signed by the person who was harmed and the wrongdoer. The agreement will be implemented and followed up by the restorative justice facilitator. During the conference, the participants talk about the harm that was caused by the crime and what it will take to repair the harm. The actions that are discussed will be agreed on and written out in detail.

Agreements may involve a variety of practical solutions to the problem. Research shows that 90 percent of restorative justice conferences result in agreements. Because they involve a collective response to the problem, conference agreements often increase the support provided by the local community where people are affected by the crime.



Virginia Center for Restorative Justice  
*Judith Clarke, Executive Director*  
3420 Pump Road, Suite 188  
Richmond, VA 23233  
Phone: 804-313-9596  
Website: [www.vcrj.org](http://www.vcrj.org)

Turning Hurts Into Healing  
Restorative Justice Practices

# Turning Hurts Into Healing

## Restorative Justice Practices



repair the harm, restore the relationships, and restore the wrongdoer's place within their community.

## Why Restorative Justice?

Restorative justice views wrongdoing as harm. The person who was harmed, the person doing the harm, and the community work together to find a restorative justice approach that will:

- Provide the opportunity for everyone who has been directly or indirectly involved in a wrongdoing to have a voice in how to repair the harm caused.
- Give the community an opportunity to be involved in the process of making things right.
- Allow individuals and communities to seek peace in a restorative manner.

## Benefits of Restorative Justice

If you are a person who has been harmed, restorative justice will help you:

- Tell the offender how you and others have been affected.
- Decide how the harm should be repaired.
- Receive support from the community.
- Have your questions answered about why this happened to you.

If you are a person who has done harm to another, restorative justice allows you to:

- Assume accountability for your actions.
- Hear how your actions affected others.
- Express remorse.
- Help decide how the harm should be repaired.
- Begin the process of restoring trust.



## Referrals

After the wrongdoing has been documented, the case may be referred to the Virginia Center for Restorative Justice. A restorative justice facilitator will contact the wrongdoer and the person who was harmed by phone call or letter and make an appointment to meet with them face to face. At the face-to-face meeting, the restorative justice facilitator will talk about the offense and explain the restorative justice conference that will be set up. A date, time and place for the conference will be decided and all participants will agree to meet in a respectful manner.

## Restorative Justice ... What is it?

Restorative justice program facilitators help wrongdoers and the people they have harmed come together in a safe space and respectfully discuss what needs to take place to make right the wrong. Each person involved may bring a supporter to the meeting, and members of the community may also be invited.

During this conference, each person is given the opportunity to voice concerns and describe the ways in which they and others around them were harmed. After taking responsibility for the offense and hearing the harms caused, the wrongdoer is made accountable not only to the law (if this is a court referred offense), but also to the person who was harmed and to the community. Often in the restorative justice conference, the person who was harmed and the wrongdoer make decisions together which



## Coordinating Council Meeting Highlights Study on Serious Juvenile Offenders

At the February 10, 2012, meeting of the Coordinating Council on Juvenile Justice and Delinquency Prevention, invited guests Edward P. Mulvey, Ph.D., director of the Law and Psychiatry Program at the University of Pittsburgh School of Medicine; and Carol Schubert, the medical school's research program administrator, offered key policy recommendations for promoting desistance from crime among youth who have committed serious offenses. The recommendations are based on an OJJDP-supported longitudinal study, *Pathways to Desistance*, led by Mulvey.

Researchers conducted more than 21,000 interviews over 8 years with more than 1,300 felony offenders ages 14-18 in the cities of Philadelphia and Phoenix. Researchers also interviewed parents and peers and examined arrest records.

Following are findings and policy recommendations presented by Dr. Mulvey and Ms. Schubert at the council meeting. A more detailed explanation of the study's findings may be found in the publications cited in the sidebar below, "[OJJDP's Pathways to Desistance Publication Series](#)."

- **Finding: Adolescents who have committed serious offenses are not necessarily on track for adult criminal careers.** Only a small proportion of the offenders studied continued to offend at a high level throughout the followup period. In addition, serious juvenile offenders vary considerably in patterns of offending, risk factors, and life situations.

**Recommendation:** A youth's presenting offense is a poor predictor of future recidivism or positive development. To increase the impact of justice interventions, promote policies that address adolescents' individual patterns of offending, risk factors, and needs; and target services to the highest-risk offenders.

- **Finding: In jails, prisons, and residential facilities, adolescents with mood/anxiety problems were no more likely to receive mental health treatment than those without such problems.** In addition, institutional environments that emphasize positive youth development rather than harsh punishment decrease the probability of future antisocial activity. Adolescents who perceive their institutional experience more positively have better outcomes.

**Recommendation:** Promote procedures, policies, and assessment tools that review whether adolescent offenders are receiving services in institutional care matched to their needs and promote periodic assessment of institutional environments from the perspective of the adolescents in their care.

- **Finding: Longer stays in juvenile facilities do not reduce reoffending; institutional placement raised offending levels in even those with the lowest level of offending.** In contrast to youth in institutional care, youth who received community-based supervision and aftercare services were more likely to attend school, go to work, and avoid further offending during the 6 months after release, and longer supervision periods increased these benefits.

**Recommendation:** Reduce the rate of placement of serious adolescent offenders in institutions as well as the duration of these placements. Increase the level of community-based services to these adolescents.

- **Finding: Substance use is a major factor in continued criminal activity by serious adolescent offenders.** Substance abuse treatment for young offenders reduces both substance use and non-drug-related offending if the treatment period is long enough and if families take part in the treatment with the offender.

**Recommendation:** Increase the provision of substance abuse prevention services to serious adolescent offenders in both institutions and in the community, ensuring that the services are of



Edward P. Mulvey, Ph.D., professor of psychiatry and director of the Law and Psychiatry Program at the University of Pittsburgh School of Medicine, discusses the findings and policy implications of a longitudinal study showing, among other findings, that substance use is a major factor in continued criminal activity by serious adolescent offenders. On the left is Carol Schubert, research program administrator, University of Pittsburgh School of Medicine.

- ▶ [Acting Administrator Interview](#)
- ▶ [Youth Violence Prevention](#)
- ▶ [Children Exposed to Violence](#)
- ▶ [Serious Juvenile Offenders](#)
- ▶ [National Girls Institute](#)
- ▶ [Upcoming Events](#)
- ▶ [News in Brief](#)
- ▶ [New Publications](#)
- ▶ [Coordinating Council](#)
- ▶ [Advisory Committee](#)
- ▶ [Home](#)

adequate intensity and that they involve family members.

"The study shows that there is a strong relationship between crime and substance abuse," said Terry Zobeck, Associate Director for Research/Data Analysis at the White House Office of National Drug Control Policy, in commentary following the presentation. "If we're going to have any success in reducing substance abuse, we need to address that association. Substance abuse magnifies and makes the problem of crime so much worse among these populations. Those offenders who receive treatment have better outcomes on rearrest."

**OJJDP's Pathways to Desistance Publication Series**

In December 2010, OJJDP launched a publication series presenting the findings of the Pathways to Desistance study. This study has collected the most comprehensive data set currently available about serious adolescent offenders and their lives in late adolescence and early adulthood.

Following are the publications released to date:



**Highlights From Pathways to Desistance: A Longitudinal Study of Serious Adolescent Offenders**

This fact sheet presents an overview of findings from the Pathways to Desistance study. The primary findings of the study to date deal with the decrease in self-reported offending over time by most serious adolescent offenders, the relative inefficacy of longer juvenile incarcerations in decreasing recidivism, the effectiveness of community-based supervision as a component of aftercare for incarcerated youth, and the effectiveness of substance abuse treatment in reducing both substance use and offending by serious adolescent offenders.

**Substance Use and Delinquent Behavior Among Serious Adolescent Offenders**

This bulletin presents key findings on the link between adolescent substance use and serious offending. Serious/chronic offenders are much more likely than other juvenile offenders to be substance users and have related disorders. Dispositional factors (sensation seeking, disinhibition, poor affect regulation, stress, depression) can lead to externalizing behaviors such as substance use and criminal activity. Studying the factors that help youth desist from these behaviors may reveal avenues for intervention.

Future publications in this series will address the transfer of adolescents to adult court; psychosocial maturity and desistance from crime; mental health services for serious adolescent offenders; deterrence among high-risk adolescents; and cultural orientation, substance use, and offending among Mexican American youth offenders.





**Resource:**

For more information about the Pathways to Desistance study, visit its [Website](#).

[OJJDP Home](#) | [About OJJDP](#) | [E-News](#) | [Topics](#) | [Funding](#) | [Programs](#) | [State Contacts](#) | [Publications](#) | [Statistics](#) | [Events](#)



# COMMONWEALTH OF VIRGINIA

Andrew K. Block, Jr.  
Director

## Department of Juvenile Justice

### MEMORANDUM

**TO:** State Board of Juvenile Justice

**FROM:** The Department of Juvenile Justice

**DATE:** August 3, 2015

**SUBJECT:** Additional Public Comments for the Proposed Length of Stay (LOS) Guidelines

#### I. Summary

The packet provided to Board members and available to the public for the August 3, 2015, Board meeting contained a memorandum summarizing and copies of all written comments received on the proposed changes to the LOS Guidelines pending before the Board. Since the memorandum was drafted three additional written comments have been submitted. This memorandum serves to supplement the previous memorandum with the additional comments received.

#### II. Public Comment

A summary of the public comments received since the memorandum provided in the Board packet was drafted is provided below.

Name	Position			Summary of Comments
	Support	Oppose	No Position	
Natasha O'Dell Archer National Director Fight Crimes: Invest in Kids  July 31, 2015	x			"...The research shows that the proposed guidelines are a step in the right direction...The proposed changes to the LOS guidelines will make it less likely that Virginia youth are re-arrested and re-convicted." A 2009 study of two cities and a study of youth in California showed no positive benefits of longer lengths of stay (increased reported

Hoffman, Wendy (DJJ)

---

Subject: Incarceration of youth

-----Original Message-----

From: Linda K Larsen [<mailto:lklebelarsen@comcast.net>]

Sent: Monday, July 27, 2015 10:09 AM

To: Hoffman, Wendy (DJJ)

Cc: David L Larsen; Jon Larsen; Kristin M Larsen; David K Larsen

Subject: Incarceration of youth

Dear Wendy,

I believe that the youth of our commonwealth are incarcerated for excessively long terms. The lengthy terms do not necessarily facilitate a change in behavior that enables young offenders to reenter society in a productive manner. Please consider the VA data as well as the models of other states to reduce the length of incarceration for youthful offenders. Perhaps by enacting a shorter and meaningful length of incarceration for them, we can encourage a change in behavior that will benefit our community.

Linda Larsen

Sent from my iPhone



## VIRGINIA JUVENILE JUSTICE ASSOCIATION

July 29, 2015

**STEPHANIE C. GARRISON**  
President

**SUSAN L. FARMER**  
Immediate Past President

**TONI CRAIG**  
Vice President

**AMANDA MOSELEY**  
Secretary

**ELAINE LASSITER**  
Treasurer &  
Chair of Finance

**LAURA MAYNARD**  
Blue Ridge District Chair

**GREG HOPKINS**  
Capital District Chair

**ELLEN ANASTASI PATTERSON**  
Northern District Chair

**DOUG POE**  
Southwest District Chair

**KATHERINE A. GRIMM**  
Tidewater District Chair

**SAMANTHA HIGGINS**  
Valley District Chair &  
Chair of Memberships

**LEWIS WRIGHT**  
Chair of Governance & Bylaws

**BETH STINNETT**  
Chair of Publications

**TINA CASPER**  
Chair of Web-Based  
Infrastructure

**VINCE BUTAITIS**  
Chair of Scholarships

**DEMIAN FUTTERMAN**  
Chair of Election and  
Campaign Procedures

**MICHAEL MORTON**  
Chair of Awards

**KATHLEEN JONES**  
Chair of Resource Development

**MARK BAUER**  
Chair of Legislation & Policy

**TRACEY CHILES**  
Chair of Training /Professional Development

**KATHERINE FARMER/DRIENNE FOSTER**  
Co-Chairs of Marketing and  
Public Relations

**ASHAKI MCNEIL**  
Chair of Institute Planning

**FRANCES BROWN**  
Chair of Board Standards

Andrew K. Block, Director  
Virginia Department of Juvenile Justice  
600 East Main Street, 20<sup>th</sup> Floor  
Richmond, VA 23219

Re: DJJ Changes to LOS Guidelines

Dear Mr. Block:

I am writing this letter on behalf of the Virginia Juvenile Justice Association (VJJA) Board of Directors. In June, the Board of Directors reviewed and discussed the proposed changes to the guidelines for determining the length of stay (LOS) of juveniles indeterminately committed to the Virginia Department of Juvenile Justice (DJJ). The VJJA Board of Directors voted unanimously to support of the proposed changes to the length of stay guidelines.

Our organization has a proud history of advocating for system-involved children. The changes to the length of stay guidelines are aligned with the guiding principles of our organization. We believe that the proposed changes minimizes the deprivation of liberty and favors the least restrictive means necessary to achieve public safety. Please share our letter of support with the Board of Juvenile Justice.

Sincerely,

Stephanie C. Garrison  
President



*Nearly 5,000 Police Chiefs, Sheriffs,  
Prosecutors, other Law Enforcement  
Leaders, and Violence Survivors  
Preventing Crime and Violence*

Heidi W. Abbott, Chair  
Virginia Board of Juvenile Justice  
600 East Main Street  
Richmond, Virginia 23219

July 31, 2015

Dear Members of the Virginia Board of Juvenile Justice:

On behalf of the 5,000 police chiefs, sheriffs, prosecutors, and other law enforcement executives – including 121 Virginia members – who are members of Fight Crime: Invest in Kids, a national, non-profit, anti-crime organization, I write to express our strong support for Department of Juvenile Justice (DJJ) proposed changes to the length of stay (LOS) guidelines for indeterminately committed youth.

Our members are committed to preventing crime by looking at evidence-based research on what works to get kids on the right track and stop them from becoming criminals. The research shows that the proposed guidelines are a step in the right direction.

Longer lengths of stay in juvenile correctional centers do not have a positive impact on youth or recidivism rates. A 2009 study using longitudinal data of serious juvenile offenders in two cities found there was no benefit or decrease in recidivism among youth with longer lengths of stay between 3 and 13 months. In fact, the study found that among youth with low-level offenses, incarceration increased their level of self-reported offending. In Florida, research on youth in correctional centers found that there was “no consistent relationship between length of confinement and recidivism.” A study of youth in California linked longer periods of incarceration as juveniles to heightened criminality as adults.

Virginia’s current LOS guidelines do not curb recidivism. According to the Department of Juvenile Justice 2014 Data Resource Guide, 78.4 percent of youth released from juvenile correctional centers in 2009 were re-arrested within 36 months and 73.5 percent were re-convicted. According to DJJ’s own analysis, “controlling for offense and risk and protective factors, the probability of re-arrest increased by 32.7% for every additional year” that a youth remained in custody.

Virginia’s average LOS is above the national average. In 2009, the Council of Juvenile Correctional Administrators reported that the majority of states had average lengths of stay ranging from 6 to 12 months. Virginia’s average length of stay for all juveniles is 18.7 months and the average length of stay for indeterminately committed juveniles is 16.1 months.

In addition, longer lengths of stay are not cost effective for Virginia. DJJ currently spends \$150,994 to incarcerate one youth for one year in a juvenile correctional center, approximately \$413.68 per day. According to a 2014 report by Youth Advocate Programs, using the American Correctional Associations’ average cost of youth incarceration, nationally Americans spend \$240.99 a day incarcerating one youth compared to \$75 a day

1212 New York Ave. NW, Ste 300 • Washington, DC 20005 • (202) 776-0027 • Fax (202) 776-0110 • [www.fightcrime.org](http://www.fightcrime.org)

Fight Crime: Invest in Kids is a membership organization of law enforcement leaders and crime victims  
under the umbrella non-profit Council for a Strong America

for community-based wrap around services. Not only are community-based services and parent coaching more cost effective, they have the added benefit of improving kids connections to their families, communities and support systems.

Fight Crime: Invest in Kids members want to see youth returned back to the community and stay out of trouble. The proposed changes to the LOS guidelines will make it less likely that Virginia youth are re-arrested and re-convicted. We urge you to vote in favor of these changes.

Sincerely,



Natasha O'Dell Archer, J.D.  
National Director  
Fight Crime: Invest in Kids



## DEPARTMENT CERTIFICATION ACTIONS

October 26, 2015

**Certified the 26<sup>th</sup> CSU for one year with a monitoring report in six months.**

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

**Certified Aurora House for three years with a letter of congratulations for 100% compliance.**

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

**Certified Chesapeake Juvenile Services and Post-dispositional Detention Program for three years.**

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

**Extended the current certification of Henrico Juvenile Detention to January 29, 2016, pending a status report on corrective action that included noncompliance of critical regulatory requirements.**

*Pursuant to 6VAC35-20-100 (4.a)*

**4. If the certification audit finds the program or facility in less than 100% compliance with all critical regulatory requirements or less than 90% on all noncritical regulatory requirements or both, and a subsequent status report, completed prior to the certification action, finds less than 100% compliance on all critical regulatory requirements or less than 90% compliance on all noncritical regulatory requirements or both, the program or facility shall be subject to the following actions:**

**a. If there is an acceptable corrective action plan and no conditions or practices exist in the program or facility that pose an immediate and substantial threat to the health, welfare, or safety of the residents, the program's or facility's certification shall be continued for a specified period of time up to one year with a status report completed for review prior to the extension of the certification period.**

**Extended the current certification of Opportunity House for six months (April 26, 2016) pending status reports every four weeks on corrective action that included continued noncompliance of critical regulatory requirements.**

*Pursuant to 6VAC35-20-100 (4.a)*

**4. If the certification audit finds the program or facility in less than 100% compliance with all critical regulatory requirements or less than 90% on all noncritical regulatory requirements or both, and a subsequent status report, completed prior to the certification action, finds less than 100% compliance on all critical regulatory requirements or less than 90% compliance on all noncritical regulatory requirements or both, the program or facility shall be subject to the following actions:**

**a. If there is an acceptable corrective action plan and no conditions or practices exist in the program or facility that pose an immediate and substantial threat to the health, welfare, or safety of the residents, the program's or facility's certification shall be continued for a specified period of time up to one year with a status report completed for review prior to the extension of the certification period.**

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

**PROGRAM AUDITED:**

26<sup>th</sup> District Court Service Unit (Winchester)  
Winchester/Frederick Judicial Center  
5 North Kent Street  
2<sup>nd</sup> Floor  
Winchester, VA 22601-5037  
(540) 667-5770 extension 339  
Peter Roussos, Director  
Peter.Roussos@djj.virginia.gov

**AUDIT DATES:**

March 23-24, 2015

**CERTIFICATION ANALYST:**

Shelia L. Palmer

**CURRENT TERM OF CERTIFICATION:**

July 20, 2012 – July 19, 2015

**REGULATIONS AUDITED:**

6VAC35-150 Regulations for Nonresidential Services Available to Juvenile and Domestic Relations District Courts

**PREVIOUS AUDIT FINDINGS – March 14, 2012:**

93.34% Compliance Rating

6VAC35-150-300.A Pre-dispositionally placed youth

6VAC35-150-350.C Supervision plans

6VAC35-150-380 Violation of probation or parole

6VAC35-150-390 Transfer of case supervision to another unit

**CURRENT AUDIT FINDINGS – March 24, 2015:**

91.83% Compliance Rating

No repeated deficiencies from previous audit.

Number of Deficiencies: Four

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

6VAC35-150-350 (A). Supervision plans for juveniles.

6VAC35-150-350 (B). Supervision plans for juveniles.

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

**DEPARTMENT CERTIFICATION ACTION: Certified the 26<sup>th</sup> CSU for one year with a monitoring report in six months.**

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

**TEAM MEMBERS:**

Shelia L. Palmer, Team Leader

Clarice T. Booker, Central Office

Mark Lewis, Central Office

Matt Thompson, Fairfax (19<sup>th</sup>) Court Service Unit

26<sup>th</sup> District Court Service Unit (Winchester)

---

**POPULATION SERVED:**

The 26<sup>th</sup> District Court Service Unit serves the Cities of Harrisonburg and Winchester, Frederick, Clarke, Warren, Shenandoah, Page and Rockingham Counties.

**PROGRAMS AND SERVICES PROVIDED:**

The 26<sup>th</sup> District Court Service Unit provides mandated services including:

- Intake
- Probation supervision
- Direct care and parole supervision
- Investigative reports

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

- Community Services Board
- Comprehensive Service Act
- Transitional Services (294 Funding)
- Virginia Juvenile Community Crime Control Act
- Intensive Supervision Program (ISP)
- Substance Abuse
- Anger Management
- Mentoring
- In-home Services

---

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

**FACILITY/PROGRAM:** 26<sup>th</sup> District Court Service Unit (Winchester)  
**SUBMITTED BY:** Peter Roussos, Court Service Unit Director  
**CERTIFICATION AUDIT DATES:** March 23-24, 2015  
**CERTIFICATION ANALYST:** Shelia L. Palmer

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

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

A social history shall be prepared in accordance with approved procedures (i) when ordered by the court, (ii) for each juvenile placed on probation supervision with the unit, (iii) for each juvenile committed to the Department, (iv) for each juvenile placed in a postdispositional detention program for more than 30 days pursuant to § 16.1-284.1 of the Code of Virginia, or (v) upon written request from another unit when accompanied by a court order. Social history reports shall include the following information:

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

**Audit Finding:**

Social history reports were not prepared in accordance with approved procedures and were missing the following elements:

- There was no documentation of response to court intervention in three out of 16 social history reports reviewed.
- There was no documentation of history of aggressive or violent behavior; beliefs regarding aggression as a conflict resolution strategy in one out of 16 social history reports reviewed.
- There was no documentation of impact of juvenile's being a victim or any form of abuse, if applicable in one out of 16 social history reports reviewed.
- There was no documentation of one or more elements of education (school status and functioning, including attendance, academic performance, behavioral adjustment, history of disciplinary problems, and/or involvement in school activities) in six out of 16 social history reports reviewed.
- There was no documentation of one or more elements of family and household status, including parental supervision and disciplinary practices; how the family handles conflict; family activities and/or family resources (support system, community and economic resources) in seven out of 16 social history reports reviewed.
- There was no documentation of mental health and/or substance abuse issues of parents and persons residing in the household in five out of 16 social history reports reviewed.
- There was no documentation of history of family abuse and/or the juvenile being a victim of abuse and/or neglect in one out of 16 social history reports reviewed.
- There was no documentation of the assessment of family's strengths or protective factors in one out of 16 social history reports reviewed.

---

**Program Response**

**Cause:**

In reviewing the cases with deficient Social Histories, it was determined that there were several contributing factors. One of them was the new format for the Social History mandated by the Department. The newness of the format combined with the limited experience of several Probation Officers contributed to the identified deficiencies. Another contributing factor involved the lack of supervisory oversight in reviewing social histories and approving social histories that did not meet Department standards. An explanation but definitely not an excuse for this oversight involved the unfortunate death in November 2013 of one of the two Supervisors. That left only one Supervisor in the entire District until the vacant Supervisor position was filled in late June 2014 by a person unfamiliar with the juvenile justice policy and procedures. It should be added the only other administrator, the CSU Director, did not return to the CSU after the Supervisor's death. Ms. Martha Carroll, 16<sup>th</sup> District CSU Director, was appointed Interim CSU Director and provided much needed support. CSU staff, Supervisors and Director take all measures to ensure compliance with this and all other standards. This audit, however, revealed systemic weaknesses and deficiencies that need to be addressed.

**Effect on Program:**

The purpose of this standard is to provide the Court and the Department accurate, thorough, balanced and well researched information about the youth, the family and the youth's overall situation. This is of the outmost importance as this information identifies areas that require the appropriate level and type of intervention to ensure a successful case outcome. Failure to gather and document the required information may diminish the quality of services and supervision provided to the juvenile.

**Planned Corrective Action:**

The results of the audit were shared with the entire CSU staff via email on March 26, 2015, with additional communication with certain staff. In addition we will be reviewing both the audit findings as well as the Corrective Action Plan at the April 24, 2015 District wide staff meeting. Even prior to that the CSU Director discussed the matter in detail with members of the Management Team consisting of all three Supervisors and the Senior Secretary.

The 26<sup>th</sup> CSU will utilize a checklist created by the Fairfax 19<sup>th</sup> District CSU titled "Social History Standards by YASI Domain". The Probation Officer will self-audit the Social History and then submit the completed form and Social History to the Supervisor for Supervisory approval.

The 26<sup>th</sup> CSU will be paying particular attention to compliance with this standard during its annual self-audit.

**Completion Date:**

The District staff meeting will take place on April 24, 2015. It is at that time that the aforementioned checklist will go into effect. The CSU Director will be monitoring compliance with this measure during individual supervision sessions with each Supervisor.

**Person Responsible:**

Peter Roussos, CSU Director

**Current Status on July 15, 2015: Non-Compliant**

There was no documentation of one or more elements of education (school status and functioning, including attendance, academic performance, behavioral adjustment, history of disciplinary problems, and/or involvement in school activities) in three out of six applicable social history reports reviewed. There was no documentation of mental health and/or substance abuse issues of parents and persons residing in the household in two out of six applicable social history reports reviewed.

---

**6VAC35-150-350 (A). Supervision plans for juveniles.**

To provide for the public safety and address the needs of a juvenile and that juvenile's family, a juvenile shall be supervised according to a written individual supervision plan, developed in accordance with approved procedures and timeframes, that describes the range and nature of field and office contact with the juvenile, with the parents or guardians of the juvenile, and with other agencies or providers providing treatment or services.

**Audit Finding:**

Supervision plans were not developed in accordance with approved procedures.

- Three out of 13 applicable case records reviewed were missing documentation that the supervision plan was developed and discussed with the juvenile and parents or guardians within 45 days following disposition.
- One out of 13 applicable case records reviewed were missing signatures on supervision plans of juveniles placed on probation.
- There was no documentation of selected risk factors in the supervision plan of five out of 13 applicable case records reviewed.
- There was no documentation of the assessment of the juvenile and/or family's motivation for change in the supervision plan of five out of 13 applicable case records reviewed.
- There was no documentation of specific timeframes for action steps in the supervision plan of two out of 13 applicable case records reviewed.
- There was no documentation of frequency of contacts with supervision plan participants in the supervision plan of five out of 13 applicable case records reviewed.

---

### Program Response

#### **Cause:**

In reviewing all applicable cases it was determined that the supervision plans addressed the three highest risk areas and incorporated appropriate action steps and frequency of contact. This, however, was not reflected on the cover page of the Probation Supervision Case Plan (PSCP). Missing were indeed the identified items such as documentation that the supervision plan was developed with the juvenile and parents or guardians within the 45 day time frame. Staff knowledge and level of competency explains a great portion of the deficient cases. Inadequate supervisory involvement was another factor.

#### **Effect on Program:**

The purpose of the supervision plans is to "provide a positive framework that incorporates the needs of the juvenile and the family contribution to the likelihood of ongoing court involvement; specific behavioral objectives; methods of measuring achievements; and time frames for review or completion. Also, in conjunction with the rules of probation, the Supervision Plan provides probation officers with the structure required for casework. The plan describes the nature and range of field and office contacts with the juvenile, the family, the school, and other agencies providing treatment or services and the specific actions to be taken by the juvenile and his family."

#### **Planned Corrective Action:**

The results of the audit were shared with the entire CSU staff via email on March 26, 2015, with additional communication with certain staff. In addition we will be reviewing both the audit findings as well as the Corrective Action Plan at the April 24, 2015, District wide staff meeting. Also, the Regional Improvement Coach will be joining us on the same date to provide training on YASI and YASI driven PSCP. This Director has arranged for the Regional Improvement Coach to provide similar training at the staff meetings scheduled to take place every 8 weeks. This CSU Director has discussed this matter with the Management Team already and all of us are aware of what needs to be accomplished.

#### **Completion Date:**

The District staff meeting will take place on April 24, 2015. It is at that time that the aforementioned checklist will go into effect. The CSU Director will be monitoring compliance with this measure during individual supervision sessions with each Supervisor.

**Person Responsible:**

Peter Roussos, CSU Director  
CSU Supervisors

**Current Status on July 15, 2015: Non-Compliant**

There was no documentation of the assessment of the juvenile and/or family's motivation for change in the supervision plan of three out of six applicable case records reviewed.

---

**6VAC35-150-350 (B). Supervision plans for juveniles.**

In accordance with approved procedures, each written individual supervision plan shall be reviewed (i) with the juvenile and the juvenile's family, and (ii) by a supervisor from both a treatment and a case management perspective to confirm the appropriateness of the plan.

**Audit Finding:**

There was no documentation of a supervision plan review with the juvenile and/or family every 90 days in four out of 13 applicable case records reviewed. There was no documentation of a review by the supervisor every 90 days in five out of 13 applicable case records reviewed.

---

**Program Response**

**Cause:**

Frequent staff changes in certain offices contributed greatly to this deficiency. Admittedly this is only an explanation and not an excuse for this. The oversight by staff clearly pointed out that whatever measures were in place did not ensure full compliance with this standard. Inadequate supervisory oversight was another contributing factor.

**Effect on Program:**

The purpose of this standard is to ensure that the youth and his family are fully aware of all CSU expectations. This imposes a clear structure and a mutual understanding of what needs to be accomplished and the necessary steps to achieve success.

**Planned Corrective Action:**

The results of the audit were shared with the entire CSU staff via email on March 26, 2015. In addition we will be reviewing both the audit findings as well as the Corrective Action Plan at the April 24, 2015, District wide staff meeting. This CSU Director has already discussed this matter with all three CSU Supervisors. The proper format of the Supervision Plan Reviews has been finalized and will go into effect on April 24, 2015. This Director will complete monthly spot checks to assess progress. In reference to Supervisory Reviews, Supervisors will run a report by Community Insight Reports concerning due dates for Supervisory Reviews. Probation Supervisors will work with staff to ensure maximum utilization of Community Insight Reports.

**Completion Date:**

The importance of adherence to policy, procedures and standards has been communicated to all staff by email on March 26, 2015. It will be repeated at the April 24, 2015 staff meeting which will also be the start date of these corrective actions going into effect.

**Person Responsible:**

Peter Roussos, CSU Director

CSU Supervisors

**Current Status on July 15, 2015: Compliant**

There was documentation of a supervision plan review with the juvenile and/or family every 90 days in four out of four applicable case records reviewed. There was documentation of a review by the supervisor every 90 days in two out of two applicable case records reviewed.

---

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

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

**Audit Finding:**

There was no documentation of names of codefendants and/or victims in the cover letter to RDC in four out of five applicable case records reviewed as required in approved procedures.

---

**Program Response**

**Cause:**

In reviewing the cited case files it was determined that in the official commitment cover letter to RDC, probation staff did not include applicable information about co-defendants and/or victims. It appears that even some veteran staff of the 26<sup>th</sup> CSU were unaware of this requirement. The commitment cover letter did include all other required information.

**Effect on Program:**

The purpose of this requirement is to ensure the health and safety of all committed offenders by preventing interaction between co-defendants and between offender and victim. It is felt that this is an important requirement.

**Planned Corrective Action:**

The results of the audit were shared with the entire CSU staff via email on March 26, 2015. In addition we will be reviewing both the audit findings as well as the Corrective Action Plan at the April 24, 2015, District wide staff meeting. This CSU Director has already discussed this matter with all three CSU Supervisors. The proper format of the Commitment Cover Letter has been corrected and will go into effect on April 24, 2015.

**Completion Date:**

The importance of adherence to policy, procedures and standards has been communicated to all staff by email on March 26, 2015. It will be repeated at the April 24, 2015 staff meeting which will also be the start date of these corrective actions going into effect.

**Person Responsible:**

Peter Roussos, CSU Director

**Current Status on July 15, 2015: Compliant**

There was documentation of names of codefendants and/or victims in the cover letter to RDC in three out of three applicable case records reviewed as required in approved procedures.

---



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

**PROGRAM AUDITED:**

Aurora House  
420 South Maple Avenue  
Falls, Church, Virginia 22046  
(703) 237-6622

**AUDIT DATES:**

April 13-14, 2015

**CERTIFICATION ANALYST:**

Clarice T. Booker

Donna Ahart, Group Home Manager  
DAhart@fallschurchva.gov

**CURRENT TERM OF CERTIFICATION:**

August 23, 2012 – August 22, 2015

**REGULATIONS AUDITED:**

6VAC35-41 Regulation Governing Juvenile Group Homes

**PREVIOUS AUDIT FINDINGS March 21, 2012:**

99.40% Compliance Rating  
6VAC35-51-800.E (Mandatory) Medical Examinations and Treatment  
6VAC35-51-810.E (Mandatory) Medication

**CURRENT AUDIT FINDINGS – April 14, 2015:**

100% Compliance Rating

**DEPARTMENT CERTIFICATION ACTION: Certified Aurora House for three years with a letter of congratulations for 100% compliance.**

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

**TEAM MEMBERS:**

Clarice T. Booker, Team Leader  
John Adams, Central Office  
Christopher Edmonds, Argus House  
Mark Lewis, Central Office  
Shelia Palmer, Central Office  
Paul Reaves, Central Office  
Denise Studeny, Foundations Group Home

**POPULATION SERVED:**

Aurora House is a community-based group home for at-risk adolescent females between the ages of 13 and 17. It has a capacity of 12 residents. The facility is operated by the city of Falls Church and serves residents and families from the cities of Falls Church and Alexandria, and the county of Arlington.

**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.

## Aurora House

---

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.

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
  - 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)
  - RISE Mentor program
-

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

**PROGRAM AUDITED:**

Chesapeake Juvenile Services  
420 Albemarle Drive  
Chesapeake, VA 23320  
(757) 382-6364  
Sam Taylor, Superintendent  
[staylor@cityofchesapeake.net](mailto:staylor@cityofchesapeake.net)

**AUDIT DATES:**

June 8-10, 2015

**CERTIFICATION ANALYST:**

Mark Ivey Lewis

**CURRENT TERM OF CERTIFICATION:**

November 9, 2012 – November 8, 2015

**REGULATIONS AUDITED:**

6VAC35-41 Regulation Governing Juvenile Detention Centers

**PREVIOUS AUDIT FINDINGS June 5 – 6, 2012:**

98.9% Compliance Rating  
6VAC35-51-810.E. Medication (Mandatory)  
6VAC35-51-930.C. Religion  
6VAC35-140-560.B. Room Confinement and Isolation  
6VAC35-140-560.C. Room Confinement and Isolation

**CURRENT AUDIT FINDINGS – June 8 – 10, 2015:**

98.75% Compliance Rating  
6VAC35-101-655.A. Vulnerable populations  
6VAC35-101-870.C. Written communication between staff; daily log  
6VAC35-101-990.A. Tuberculosis screening CRITICAL  
6VAC35-101-1030.B. Residents' health care records

**DEPARTMENT CERTIFICATION ACTION: Certified Chesapeake Juvenile Services and Post-dispositional Detention Program for three years.**

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

**TEAM MEMBERS:**

Mark Ivey Lewis, Team Leader  
Shelia Palmer, Central Office  
Sean Milner, Central Office  
Clarice Booker, Central Office  
Deborah Hayes, Central Office  
Tommy Clark, Norfolk Juvenile Detention Center  
Marya Fayson, Virginia Beach Juvenile Detention Center  
Tommy Clark, Norfolk Juvenile Detention Center  
Bill Orris Marrimac Juvenile Detention Center  
Lorrene Case, Newport New Juvenile Detention Center  
Cheryl Segal, Virginia Beach Juvenile Detention Center

**POPULATION SERVED:**

The Chesapeake Juvenile Services is a 100-bed facility (80 pre-dispositional beds, 70 male and 10 female; 10 Community Placement Program beds and 10 Post-dispositional beds) which is a division of the Department of Human Services for the City of Chesapeake, Virginia. The detention home has eight units. Four units have 10-room configuration, three units have 16-room configuration, and one unit has a 12-room configuration. The detention home has a computer lab and a full-size gym. It also has a large outdoor recreation area that provides space for daily outdoor recreation and an indoor recording studio.

**PROGRAMS AND SERVICES PROVIDED:**

Chesapeake Juvenile Services' operations are conducted under the "Team Approach" using four teams of counselors to handle the daily operations and the Support Services Team to provide all required services for residents and staff. Programs/Operations, Support Services and Education comprise the major components of the daily operations of the facility.

Programming includes education, group counseling, individual counseling, medical services, mental health assessments, behavior management, recreational activities and mentorship for the children of the Cities of Chesapeake, Franklin, Portsmouth, Suffolk and the Counties of Isle of Wight and Southampton. Parents and guardians are allowed to visit twice a week.

The Post-dispositional Program of Chesapeake Juvenile Services also has a secure, six month, residential treatment program for male and female juveniles ages 14 to 17. The program houses up to 10 residents. Prior to admission each juvenile undergoes an assessment by a Post-dispositional staff member to determine their suitability for the program. All juveniles admitted to the program must have a suspended commitment to the Department of Juvenile Justice.

Each resident has an assigned Individual Counselor/Case Manager. The resident's parents/guardians, Probation Officer and other involved professionals have an active role in the resident's treatment.

The goals of the program are to re-integrate juveniles with their families and into the communities in such a way that they have the best opportunity to create positive and productive lives as juveniles and adults. Services offered to youth in the Post-dispositional program include anger management, substance abuse education/treatment, conflict resolution, life skills, and independent living skills groups.

**SERVICES PROVIDED:**

- Direct:
  - Security
  - Education
    - Educational Assessment
    - Regular and Special Education Curriculum
    - GED Preparation and Testing
  - Progressive Behavior Management Assessment
  - Medical/Physical Assessment
  - Onsite Nursing Care
  - Individual and Group Counseling
  - Mental Health Assessments
  - Recreational Activities
  - Youth Entertainment Studio (YES)
  - Gardening

Chesapeake Juvenile Services

---

- Service accessed in the community:
    - On-site religious services twice per week
    - Guest speakers
    - Community Leaders – community leaders, organizations, and agencies
    - Local entertainment representatives and group performances
    - Career Fair Representative presentations
    - Resident assistance in conduct of City of Chesapeake's Annual Plant Sale
- 

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

**FACILITY/PROGRAM:** Chesapeake Juvenile Services  
**SUBMITTED BY:** Sam Taylor, Juvenile Detention Center Administrator  
**CERTIFICATION AUDIT DATES:** June 8-10, 2015  
**CERTIFICATION ANALYST:** Mark Ivey Lewis

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

**6VAC35-101-655.A**

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

**Audit Finding:**

**Seven of eight applicable case files reviewed did not have an assessment to determine if the resident was a member of a vulnerable population.**

---

**Program Response**

**Cause:**

Chesapeake Juvenile Services (CJS) implemented a procedure for assessing whether a resident is a member of a vulnerable population. The assessment was not being done.

**Effect on Program:**

There was no documentation to show that assessments had been completed.

**Planned Corrective Action:**

In January of 2014, CJS instituted a system of assessing residents at Intake to determine if they were considered to be a Vulnerable Populations (VP) resident. However, we did not initially create an assessment form. We created an assessment form in December of 2014. Currently, every incoming resident is assessed during admission using the CJS Vulnerable Populations Assessment Form (VPAF). The assessment form is two sided. One side is completed by the resident and the other side is completed by the Intake staff and Supervisor on Duty. If a resident

## Chesapeake Juvenile Services

is deemed to be a VP resident, the Supervisor will document the necessary precautions on the VPAF that should be put in place for the resident. The original VPAF is filed in the resident's Intake file and copies are distributed to the unit and Family Services Supervisor. The status of each resident is tracked via the VP Tracking Spreadsheet which includes the initial assessment and precautionary information identified and implemented at the time of admission. Supervisors track the residents and the precautions that have been implemented. The Family Services Supervisor will add any recommended updates or changes as needed. This document is available and being used by all Supervisors and Administrators.

### **Completion Date:**

8 JUN 2015

### **Person Responsible:**

Sam Taylor, Superintendent

### **Current Status on September 29, 2015: Compliant**

Eleven of 11 case files reviewed had an assessment for determining if the resident was a member of a vulnerable population. One of the eleven assessments reviewed had determined that a resident was a member of a vulnerable population so the assessment included additional precautions to be implemented during the resident's placement at the facility.

---

### **6VAC35-101-870.C**

C. If the means of communication between staff is electronic, all entries shall post the date, time, and name of the person making an entry. The computer shall prevent previous entries from being overwritten.

### **Audit Finding:**

It was determined that several electronically made entries could be overwritten by staff. One staff interviewed stated that certain parts of the SoftTec program would allow entries to be overwritten.

The Post Disposition logbooks for the third shift were missing electronic entries for 9/20/13, 10/20/13 and 12/20/13.

Unit 6 logbooks for the 1<sup>st</sup> and 3<sup>rd</sup> shift were missing electronic entries for 9/20/14, 10/20/14, and 12/20/14.

---

### **Program Response**

#### **Cause:**

Several electronically made entries could be overwritten by staff in SoftTec. Several log notes entries were missing on the dates reviewed.

#### **Effect on Program:**

The Post D Unit and Unit 6 were missing electronic log entries for the dates/times reviewed.

#### **Planned Corrective Action:**

- A. The authority to be able to overwrite electronic entries has been removed for all staff.

- B. All staff have been directed to enter shift notes/log entries at the beginning and end of their shifts.

**Completion Date:**

12 JUN 2015

**Person Responsible:**

Sam Taylor, Superintendent

**Current Status on September 29, 2015: Compliant**

Four unit log books were reviewed for the dates of July 31, 2015, August 7, 2015 and September 2, 2015. It was determined that none of the electronically made entries could either be overwritten or deleted by any staff. The "Update" and "Delete" buttons in the Soft Tech software were made inoperable for everyone at the facility by the Soft Tech company. All required entries were documented.

---

**6VAC35-101-990.A CRITICAL**

**A. Within five days of admission to the facility each resident shall have had a screening assessment for tuberculosis. The screening assessment can be no older than 30 days.**

**Audit Finding:**

**Screening assessments for tuberculosis were not completed within the timeframes in ten of 20 medical files reviewed.**

---

**Program Response**

**Cause:**

Failure to provide TB test timely.

**Effect on Program:**

In the ten cases cited, the nurse either gave the TB test or completed the assessment but did not check the box that states: "No risk factors for TB infection". Therefore, these file were not in compliance with the DJJ regulation governing screenings for tuberculosis.

**Planned Corrective Action:**

All existing medical staff have been retrained on how to complete the form in its entirety.

**Completion Date:**

June 11, 2015

**Person Responsible:**

Theresa Saunders-Smith, Assistant Superintendent for Support Services

**Current Status on September 29, 2015: Compliant**

Eleven of 11 medical files reviewed had documentation that the screening assessment for tuberculosis had been completed within five days of admission.

---

**B. Each physical examination report shall include:**

1. Information necessary to determine the health and immunization needs of the resident, including:
  - a. Immunizations administered at the time of the exam;
  - b. Vision exam;
  - c. Hearing exam;
  - d. General physical condition, including documentation of apparent freedom from communicable disease, including tuberculosis;
  - e. Allergies, chronic conditions, and handicaps, if any;
  - f. Nutritional requirements, including special diets, if any;
  - g. Restrictions on physical activities, if any; and
  - h. Recommendations for further treatment, immunizations, and other examinations indicated.
2. Date of the physical examination; and
3. Signature of a licensed physician, the physician's designee, or an official of a local health department.

**Audit Finding:**

Seven of 20 physical examination reports reviewed did not have documentation of the resident's apparent freedom from communicable disease, including tuberculosis.

One of 20 physical examination reports reviewed did not have documentation of the resident being allergic to nickel.

Two of 20 physical examination reports reviewed did not have documentation of the residents requiring a special diet due to their allergies to strawberries and peanuts and peanut products respectively.

---

**Program Response**

**Cause:**

Documentation in the physical examination did not show: (1) resident was apparently free from communicable disease, including tuberculosis, (2) resident was allergic to nickel, and (3) residents required a special diet due to their allergies to strawberries and peanuts and peanut products.

**Effect on Program:**

Physical Examinations were incomplete.

**Planned Corrective Action:**

- (1) The Nursing Supervisor and LPN on staff were trained how to correctly document information, specifically allergies, in SoftTec when completing a physical examination.
- (2) A dropdown selection was added in SoftTec that would allow the nurses the option to select "apparently free from communicable diseases."
- (3) A dropdown selection was added in SoftTec for peanut allergies because it was a common allergy. Since strawberry allergies is uncommon, it would be included in the "other" dropdown and the specific allergy "strawberries" was be documented in the comments section.

**Completion Date:**



June 11, 2015

---

**Person Responsible:**

Theresa Saunders-Smith, Assistant Superintendent for Support Services

**Current Status on September 29, 2015: Compliant**

Eleven of 11 physical examination reports reviewed had documentation of the resident's apparent freedom from communicable disease, including tuberculosis, documentation of allergies, chronic conditions and handicaps, and documentation of nutritional requirements, including special diets.

---

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

**PROGRAM AUDITED:**

Henrico Juvenile Detention Home  
4201 East Parham Road  
P.O. Box 27032  
Richmond, VA 23273  
(804) 501-4329  
Michael D. Bingham, Superintendent  
Bin05@co.henrico.va.us

**AUDIT DATES:**

April 20-21, 2015

**CERTIFICATION ANALYST:**

Clarice T. Booker

**CURRENT TERM OF CERTIFICATION:**

August 25, 2012 – August 26, 2015

**REGULATIONS AUDITED:**

6VAC35-101 Regulation Governing Juvenile Secure Detention Centers

**PREVIOUS AUDIT FINDINGS - March 28, 2012:**

99.28% Compliance Rating  
6VAC35- 51-810.E (Mandatory) - Medication  
6VAC35- 51-900.E - Behavioral Interventions  
6VAC35- 51-900.I - Behavioral Interventions  
6VAC35- 140-70 - Grievance Procedure  
6VAC35- 140-490.B - Area and Equipment Restrictions

**CURRENT AUDIT FINDINGS – April 21, 2015:**

99.6% Compliance Rating  
Two repeat deficiencies from previous audit.\*  
6VAC35-101-650 (B) Prohibited actions  
6VAC35-101-660 (F) Residents' mail  
6VAC35-101-990 (A) Tuberculosis screening CRITICAL  
6VAC35-101-1060 (F) Medication\*  
6VAC35-101-1060 (H) Medication CRITICAL  
6VAC35-101-1060 (I) Medication  
6VAC35-101-1090 (C) Physical restraint.\*

**DEPARTMENT CERTIFICATION ACTION: Extended the current certification of Henrico Juvenile Detention to January 29, 2016, pending a status report on corrective action that included noncompliance of critical regulatory requirements.**

*Pursuant to 6VAC35-20-100 (4.a)*

*4. If the certification audit finds the program or facility in less than 100% compliance with all critical regulatory requirements or less than 90% on all noncritical regulatory requirements or both, and a subsequent status report, completed prior to the certification action, finds less than 100% compliance on all critical regulatory requirements or less than 90% compliance on all noncritical regulatory requirements or both, the program or facility shall be subject to the following actions:*

*a. If there is an acceptable corrective action plan and no conditions or practices exist in the program or facility that pose an immediate and substantial threat to the health, welfare, or safety of the residents, the program's or facility's certification shall be continued for a specified period*

**Henrico Juvenile Detention Home**

*of time up to one year with a status report completed for review prior to the extension of the certification period.*

**TEAM MEMBERS:**

Clarice Booker, Team Leader  
John Adams, Central Office  
Marc Booker, Central Office  
Deborah Hayes, Central Office  
Spring Johnson, Piedmont Regional Juvenile Detention Center  
Mark Lewis, Central Office  
Shelia Palmer, Central Office  
Jeffrey Perdue, Chesterfield Juvenile Detention Center  
Paul Reaves, Central Office

**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  
BOARD OF JUVENILE JUSTICE**

**FACILITY/PROGRAM:** Henrico Juvenile Detention Home  
**SUBMITTED BY:** Michael D. Bingham, Superintendent  
**CERTIFICATION AUDIT DATES:** April 20-21, 2015  
**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.

**6VAC35-101-650 (B) Prohibited actions**

Employees shall be trained on the prohibited actions as provided in 6VAC35-101-190 (required initial training) and 6VAC35-101-200 (retraining); volunteers and interns shall be trained as provided in 6VAC35-101-300 (volunteer and intern orientation and training); and residents shall be oriented as provided in 6VAC35-101-800 (admission and orientation).

**Audit Finding:**

---

**Documentation that residents were oriented to resident's rights and prohibited actions were missing in three out of three applicable case records reviewed.**

---

**Program Response**

**Cause:**

Resident inadvertently received the old orientation package.

**Effect on Program:**

Noncompliant with new orientation standards.

**Planned Corrective Action:**

All of the old orientation packages have been removed from the facility. All new admissions since June 1, 2015 have received the new orientation package to include Resident Rights and Prohibited Action. Direct Care staff was informed of the new orientation package changes during staff briefing. We have posted in both living units and the dining area the Resident's Rights and Prohibited Action.

**Completion Date:** June 1, 2015

**Person Responsible:** Edward Martin

**Current Status on August 6, 2015: Compliant**

The corrective action plan has been implemented. Five case files reviewed were compliant.

---

**6VAC35-101-660 (F) Residents' mail**

If requested by the resident, postage and writing materials shall be provided for outgoing legal correspondence and at least two other letters per week.

**Audit Finding:**

Five residents and three staff interviewed reported that residents are allowed to write only one letter per week and the facility does not provide postage.

---

**Program Response**

**Cause:**

Agency budgetary reduction.

**Effect on Program:**

Non-compliant with resident mail standards.

**Planned Corrective Action:**

Effective June 8, 2015, each resident will be able to write three letters per week, Sunday, Tuesday and Thursday, and all writing materials and postage will be provided by the Agency to include additional material for legal correspondence as needed. Direct Care staff were informed of policy change during shift briefing. The residents were also informed of the mail changes. The new policy change is also posted in the boys and girls quiet room for their review.

**Completion Date:**

June 8, 2015

---

**Person Responsible:**

Michael D. Bingham

**Current Status on August 6, 2015: Compliant**

The corrective action plan was implemented. The revised procedure was reviewed and is compliant. An Administrator, three staff and five residents were interviewed and reported that residents are given the opportunity to write letters three times per week and postage and writing materials are supplied by the facility for all correspondence.

---

**6VAC35-101-990 (A) Tuberculosis screening CRITICAL**

**Within five days of admission to the facility 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 of a tuberculosis screening within the required timeframes in four out of 14 applicable medical records reviewed.

---

**Program Response**

**Cause:**

The facility employed the services of a nursing agency which resulted in some inconsistent documentation.

**Effect on Program:**

Non-compliant with Tuberculosis standards.

**Planned Corrective Action:**

The Agency has hired a second full-time RN to improve the overall function of the medical department. The nursing staff was instructed to maintain the time frames concerning assessment for tuberculosis. The Asst. Superintendent of Operation will review tuberculosis assessments weekly to ensure that the assessment is completed in the required time frame.

**Completion Date:**

June 10, 2015

**Person Responsible:**

Jerry Jackson

**Current Status on August 6, 2015: Non-compliant**

There was no documentation of a tuberculosis screening within the required timeframes in two out of four applicable medical records reviewed.

**Current Status on October 20, 2015: Compliant**

In 10 of 10 files reviewed there was documentation that the tuberculosis screening was conducted within the proper time frames.

---

**6VAC35-101-1060 (F) Medication**

Henrico Juvenile Detention Home

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

**Audit Finding:**

Medications were not administered as prescribed in three out of seven applicable medical records reviewed. A resident was given Fluticasone 50 mcg twice a day on 8/26/14 and it was prescribed once daily, and the resident was not given Vitamin D 1000 u on 9/1/14 for whom it was prescribed three times a day. Another resident was not given Abilify 2 mg as prescribed on 8/27/13. A third resident was not given Clanzapine 10 mg on 6/16/13 as prescribed, and there was no documentation of the number of tablets of Sertraline HCL 100 mg given to the resident 6/8/13, 6/9/13 6/15/13 and 6/16/13 who was to take 1 to 2 tablets every morning.

---

**Program Response**

**Cause:**

The facility employed the services of a nursing agency which resulted in some inconsistency in medication administered. Supervisors and/lead workers were unable to address after hours medication documentation.

**Effect on Program:**

Non-compliant with medication administered standard.

**Planned Corrective Action:**

All staff responsible for administering medication has received recertification training or enrolled in medication recertification classes. The Agency has hired a second full-time RN to improve the overall function of the medical department. The hiring of a second RN will reduce the need for agency nursing and provide a more consistent service to our residents. The Asst. Superintendent of Operation will review medication administered to ensure that the issue is resolved. Supervisor and/or lead worker will be able to contact RN to clarify medication concerns after hours.

**Completion Date:**

June 20, 2015

**Person Responsible:**

Jerry Jackson

**Current Status on August 6, 2015: Non-compliant**

Medications were not administered as prescribed in one out of two applicable medical records reviewed. A resident was not given Benzotropine 1 mg. as prescribed May 31, 2015 and June 5-7, 2015. The resident was not given Clonidine 0.1 mg. as prescribed on May 31, 2015.

**Current Status on October 20, 2015: Compliant**

Medications were administered as prescribed in four out of four applicable medical records reviewed.

---

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

In the event of a medication incident or an adverse drug reaction, first aid shall be

Henrico Juvenile Detention Home

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 medication 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 the 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 documenting actions taken by staff in incidents where medication was not given as prescribed in three out of three applicable medical records reviewed.

---

**Program Response**

**Cause:**

Medication incident report form was not clear, resulting in form not fully completed.

**Effect on Program:**

Non-compliant with medication incident reporting documentation.

**Planned Corrective Action:**

Staff responsible for administering medication was informed of the medication error changes during shift briefing. The new updated form has been implemented to resolve the documentation of medication error concerns. The nursing department will review medication log to ensure that all medications are given as prescribed and/or a medication error form will be completed as required.

**Completion Date:**

June 12, 2015

**Person Responsible:**

Edward Martin

**Current Status on August 6, 2015: Non-compliant**

There was no medication incident report documenting actions taken by staff in incidents where medication was not given as prescribed in one out of one applicable medical records reviewed.

**Current Status on October 20, 2015: Not Determined**

The updated form has been implemented. There have been no medication incidents since the last review in order to assess compliance.

---

**6VAC35-101-1060 (l) 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 the procedures were approved by a healthcare professional during the audit period.

---

**Program Response**

**Cause:**

The documentation that the procedures were approved by a healthcare professional during the audit period were lost in the Administrative and RN personnel change over.

**Effect on Program:**

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

**Planned Corrective Action:**

The Asst. Superintendent of Operation will maintain an updated signed copy of approved healthcare documentation.

**Completion Date:**

June 1, 2015

**Person Responsible:**

Jerry Jackson

**Current Status on August 6, 2015: Non-compliant**

There was no documentation that the procedures were approved by a healthcare professional during the audit period or since the audit.

**Current Status on October 20, 2015: Compliant**

There is documentation on file that the procedures were approved and on file.

---

**6VAC35-101-1090 (C) Physical restraint.**

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

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

**Audit Finding:**

There was no documentation of the duration in one out of five applicable physical restraints reviewed and no documentation of a description of method or methods of physical restraint techniques used in three out of five applicable physical restraints reviewed.



**Program Response**

**Cause:**

Staff failed to document the duration of the physical restraint and/or type of physical restraint techniques used.

**Effect on Program:**

Non-compliant with Physical Restraint.

**Planned Corrective Action:**

Staff received training on documenting the physical restraint. The documents will be reviewed by the shift Supervisor and Asst. Superintendent of Administration to ensure that they fully comply with required standards. The type of physical restraint techniques used will be documented accurately on the physical restraint form.

**Completion Date:**

June10, 2015

**Person Responsible:**

Edward Martin

**Current Status on August 6, 2015: Compliant**

Three physical restraints were reviewed and were compliant.

---

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

**PROGRAM AUDITED:**

Opportunity House I  
405 Cabell Street  
Lynchburg, VA 24504

Opportunity House II  
1517 Jackson Street  
Lynchburg, VA 24504

(434) 455-4070  
Martin Cox, Counselor Supervisor  
J.T. Smith  
[martin.cox@lynchburgva.gov](mailto:martin.cox@lynchburgva.gov)  
[jt.smith@lynchburgva.gov](mailto:jt.smith@lynchburgva.gov)

**AUDIT DATES:**

April 27-28, 2015

**CERTIFICATION ANALYST:**

Mark Ivey Lewis

**CURRENT TERM OF CERTIFICATION:**

September 8, 2012 – September 7, 2015

**REGULATIONS AUDITED:**

6VAC35-41 Regulation Governing Juvenile Group Homes and Halfway Houses

**PREVIOUS AUDIT FINDINGS April 9-10, 2012**

98.4% Compliance Rating  
6VAC35-51-790.B – Health Procedures (Mandatory)  
6VAC35-51-800.B – Medical Examinations and Treatment  
6VAC35-51-810.F – Medication (Mandatory)  
6VAC35-51-810.H – Medication  
6VAC35-140-190 – Health Screening at Admission (Mandatory)

**CURRENT AUDIT FINDINGS – April 28, 2015:**

97.46% Compliance Rating  
6VAC35-41-565 (B) – Vulnerable populations  
6VAC35-41-650 (D) – Nutrition  
6VAC35-41-730 (A) – Application for admission  
6VAC35-41-870 (A) – Quarterly reports  
6VAC35-41-870 (C) – Quarterly reports  
6VAC35-41-1210.A – Tuberculosis Screening CRITICAL  
6VAC35-41-1280.J – Medication CRITICAL

**DEPARTMENT CERTIFICATION ACTION:** Extended the current certification of Opportunity House for six months (April 26, 2016) pending status reports every four weeks on corrective action that includes continued noncompliance of critical regulatory requirements.

*Pursuant to 6VAC35-20-100 (4.a)*

*4. If the certification audit finds the program or facility in less than 100% compliance with all critical regulatory requirements or less than 90% on all noncritical regulatory requirements or*

## Opportunity House

*both, and a subsequent status report, completed prior to the certification action, finds less than 100% compliance on all critical regulatory requirements or less than 90% compliance on all noncritical regulatory requirements or both, the program or facility shall be subject to the following actions:*

*a. If there is an acceptable corrective action plan and no conditions or practices exist in the program or facility that pose an immediate and substantial threat to the health, welfare, or safety of the residents, the program's or facility's certification shall be continued for a specified period of time up to one year with a status report completed for review prior to the extension of the certification period.*

### **TEAM MEMBERS:**

Mark Ivey Lewis, Team Leader

Shelia Palmer, Central Office

Sean Milner, Central Office

Paul Reaves, Central Office

John Adams, Central Office

Deborah Hayes, Central Office

Bryan Henry, Roanoke Valley Juvenile Detention Center

Spring Johnson, Piedmont Juvenile Detention Center

Cindy Hauschildt', New River Valley Juvenile Detention Center

### **POPULATION SERVED:**

The City of Lynchburg has developed services serving at-risk youths using a continuum of care/graduated sanctions model from prevention and early intervention to secure detention. Opportunity House is the community's program that serves at-risk adolescent males, ages 12-17, needing residential crisis care or longer term placement, i.e. post-dispositional care. In addition to providing structure and supervision, the program also encourages the residents to focus on their individualized issues.

In order to respond to fluctuations in demand for services, the second site, Opportunity House II, was opened to provide overflow sleeping arrangements for our youths. The facility primarily serves youth from the City of Lynchburg and the 24<sup>th</sup> Court District, but also serves the 10<sup>th</sup> and 23<sup>rd</sup> Court District in some cases.

### **Opportunity House I**

Opportunity House I is located in the original site of the City of Lynchburg in the historic Daniels Hill. The house is a beautifully landscaped three story, Greek revival Architectural style home built in 1853. The home itself is 6700 square feet, which has four levels of active functioning. The basement is partially finished and has a back entry to the facility paved parking lot. The basement area includes a pantry, laundry area, and a game room in addition to the electrical room and storage space. The main floor level contains many of the embellishments of the original home, i.e. ornate ceiling molding and chandelier. The formal living room, intake area, staff offices, sun room, kitchen, pantry, dining room, one bedroom, and a restroom are all on the main floor. The second level has two four bedrooms, two bathrooms, two multi-purpose group rooms, and a staff office. The top floor has office space, storage space, and a file room.

### **Opportunity House II**

Opportunity House II is located near the Diamond Hill Historic District. The home is a three story cream colored building with white trim and was built in the late 1800's. Opportunity House II is used from 8:00 p.m. to 8:00 a.m. when Opportunity House I exceeds their licensed capacity of nine. Opportunity House II also houses several community based juvenile service and school programs. The areas used by the Opportunity House is the main floor pantry, kitchen and

## Opportunity House

dining room and the second floor two bedrooms, bathroom, storage closet, and shared space. There is a paved parking lot on the side and a half-court basketball court.

The City of Lynchburg owns both properties. These homes have been remodeled so that adolescents have space for their daily living activities, studying, recreation, and visitation. Juvenile Services is in the initial phase of working toward building a new facility that is designed to be a group home. With this in mind, renovations to the existing buildings are being kept to those that are essential so that monies can be set aside for the new building project.

### **PROGRAMS AND SERVICES PROVIDED:**

The mission of the Opportunity House is: "To offer youths and their families solutions for life's challenges by providing tools to build a better tomorrow."

Core values for the facility include:

- Respect for others
- Respect for self
- Respect for the laws of the community

During the orientation phase, the youth's strengths as well as needs are assessed using input from the referring professional, the resident himself, his family, and the treatment staff. An individualized plan is developed for each resident during his first 30 days—if the youth is placed in the long term program, this plan is much more extensive. The program staff members are viewed as "teachers" and the residents are "students" where life skills are modeled and taught in counseling sessions, developed with treatment assignments, and practiced in daily living. Recognition is given residents as the youths work on their plans. The caseworker collaboratively works with the family and probation officer to facilitate the youth's transition back to his home. The rich resources available within this community augment program services.

### **SERVICES PROVIDED:**

- Facility: Services offered by facility staff includes, but is not limited to, the following:
  - Structure
  - Supervision
  - Assessment
  - Case management
  - Counseling (individual, family and group)
  - Recreation
  - Tutoring
  - Release Planning
- Community: Services offered by community agencies and resources includes, but is not limited to, the following:
  - Medical/Dental/Mental Health Care including professional counseling by public and private providers
  - Support by the Probation Officer/Social Worker
  - Substance education and treatment
  - Spiritual support of a diverse religious community
  - Recreational outlets that include facilities, parks, and museums
  - Educational programs using the youth's own school system
  - Support enforcement

Opportunity House

---

- Colleges and universities in the area offering cultural and sporting events
  - Numerous service clubs and volunteer opportunities
  - A grief support program for children
  - Parenting programs for the families and for the youth who are fathers
  - Local businesses providing job opportunities
  - Employment and community service opportunities
  - Special assistance, i.e. replace clothing of a child who lost their belongings in their family's house fire.
- 

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

**FACILITY/PROGRAM:** Opportunity House

**SUBMITTED BY:** Martin Cox, Counselor Supervisor  
J.T. Smith, Counselor Supervisor

**CERTIFICATION AUDIT DATES:** April 27-28, 2015

**CERTIFICATION ANALYST:** Mark Ivey Lewis

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

**6VAC35-71-565 (B)**

**B. If the assessment determines a resident is a vulnerable population, the facility shall implement any identified additional precautions such as heightened need for supervision, additional safety precautions, or separation from certain other residents. The facility shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety and whether the placement would present management or security problems.**

**Audit Finding:**

**Eight of eight case files reviewed did not have documentation that an assessment had been completed in determining the resident's vulnerability to the facilities population.**

---

**Program Response**

**Cause:**

Facility assessment tools used at time of reviewed files intake did not meet new standard.

**Effect on Program:**

Improper assessment of resident's vulnerability may place the resident or others in the facility at risk.

**Planned Corrective Action:**

Opportunity House

While the files reviewed did not contain an appropriate form, the facility had previously implemented the use of an appropriate form. All intake files now contain the PREA Intake Screening Form Vulnerability Assessment Instrument

**Completion Date:**

4/28/15

**Person Responsible:**

Martin Cox and J. T. Smith

**Current Status on July 21, 2015: Compliant**

Eleven of 11 case files reviewed had documentation that an assessment had been completed in determining the resident's vulnerability to the facilities population.

**Current Status on October 19, 2015: Compliant**

Ten of 10 case files reviewed had documentation that an assessment had been completed in determining the resident's vulnerability to the facilities population.

---

**6VAC35-41-650 (D)**

**D. Staff who eat in the presence of the residents shall be served the same meals as the residents unless a special diet has been prescribed by a physician for the staff or residents or the staff or residents are observing established religious dietary practices.**

**Audit Finding:**

**Five of five residents and two of three staff interviewed indicated that occasionally, when staff ate in the presence of the residents, they would not eat the same meal as the residents.**

---

**Program Response**

**Cause:**

Staff not following standard as required.

**Effect on Program:**

**Planned Corrective Action:**

Standard was reviewed in a Mandatory Staff Meeting on 5/5/2015 and the facilities adherence to the standard will be included in the new SOP manual currently being developed.

**Completion Date:**

5/5/15

**Person Responsible:**

Martin Cox and J. T. Smith

**Current Status on July 21, 2015: Non-Compliant**

Three of six residents interviewed indicated that occasionally, when staff ate in the presence of the residents, they would not eat the same meal as the residents.

Opportunity House

**Current Status on October 19, 2015: Non-Compliant**

Two of five residents interviewed indicated that occasionally, when staff ate in the presence of the residents, they would not eat the same meal as the residents

---

**6VAC35-41-730 (A)**

**A. Except for placements pursuant to a court order or resulting from a transfer between residential facilities located in Virginia and operated by the same governing authority, all admissions shall be based on evaluation of an application for admission.**

**Audit Finding:**

Two of five case files reviewed for residents who were placed at the facility pursuant to an application of admission instead of a court order did not contain an application for admission.

---

**Program Response**

**Cause:**

The facility had not previously required an application for admission be completed on DSS "Emergency" placements. Only the Placement Agreement had been required previously unless it involved a long-term situation.

**Effect on Program:**

Could potentially place the facility, current residents, perspective resident, and staff in a vulnerable or liable situation.

**Planned Corrective Action:**

The facility administrators and staff addressed the need to have all non-court ordered placement situations be required to complete the "Application/Referral for Services Form" prior to intake. Also, a conversation has been had with the local DSS unit supervisors to address this procedure. This change will also be reflected in the updated P & P manual.

**Completion Date:**

5/5/2015

**Person Responsible:**

Martin Cox and J. T. Smith

**Current Status on July 21, 2015: Non-Compliant**

One of two case files reviewed for residents who were placed in the facility pursuant to an application of admission instead of a court order did not contain an application for admission.

**Current Status on October 19, 2015: Compliant**

Five of five applicable case files reviewed for residents who were placed in the facility pursuant to an application of admission instead of a court order contain an application for admission.

---

**6VAC35-41-870 (A)**

**A. Except when a resident is placed in a shelter care program, the resident's progress toward meeting his individual service plan goals shall be reviewed and a progress report**

Opportunity House

shall be prepared within 60 days of the development of the plan and within each 90-day period thereafter and shall review the status of the following:

1. Resident's progress toward meeting the plan's objectives;
2. Family's involvement;
3. Continuing needs of the resident;
4. Resident's progress towards discharge; and
5. Status of discharge planning.

**Audit Finding:**

Two of four applicable case files reviewed were missing one or more quarterly reports.

---

**Program Response**

**Cause:**

Opportunity House does monthly service plan reviews which cover the need for the quarterly reviews. The files reviewed did not contain the proper reviews.

**Effect on Program:**

Lessens the facilities ability to show proper documentation that progress is, or is not being made.

**Planned Corrective Action:**

The facility administrators and staff addressed the need to have all files continually audited to ensure all components are included. Also, the supervisors will be required to check for compliance with monthly review dates.

**Completion Date:**

5/5/2015

**Person Responsible:**

Martin Cox and J. T. Smith

**Current Status on July 21, 2015: Compliant**

One applicable case file reviewed had documentation that the individual service plan goals were reviewed and the quarterly progress report was prepared within the proper time frame

**Current Status on October 19, 2015: Compliant**

Two of two applicable case files reviewed had documentation that the individual service plan goals were reviewed and the quarterly progress report was prepared within the proper time frame.

---

**6VAC35-41-870 (C)**

**C. All quarterly progress reports shall be distributed to the resident; the resident's family, legal guardian, or legally authorized representative; the placing agency; and appropriate facility staff.**

**Audit Finding:**



Opportunity House

One of two applicable case files reviewed was missing documentation that the quarterly reports had been distributed to the resident, the resident's family and the placing agency.

---

Program Response

**Cause:**

There was no signature showing that the report had been distributed.

**Effect on Program:**

Does not show that resident, resident's family and placing agency were involved in the planning.

**Planned Corrective Action:**

The form has been changed, with areas established to show the signature of all participants involved and receiving copies of the plan.

**Completion Date:**

5/5/2015

**Person Responsible:**

Martin Cox and J. T. Smith

**Current Status on July 21, 2015: Non-Compliant**

One applicable case file reviewed was missing documentation that the quarterly reports had been distributed to the resident, the resident's family and the placing agency.

**Current Status on October 19, 2015: Compliant**

Two of two applicable case file reviewed was had documentation that the quarterly reports had been distributed to the resident, the resident's family and the placing agency.

---

**6VAC35-41-1210 (A) CRITICAL**

**A. 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:**

One resident was admitted to the facility on 7/24/14 but his PPD result was dated 6/1/14 which made the screening assessment older than 30 days.

---

Program Response

**Cause:**

This resident had come from Detention and a new PPD was not complete within the required time frame.

**Effect on Program:**

Puts the facility at risk for potential health risk.

**Planned Corrective Action:**

Standard was re-addressed in the mandatory staff meeting 5/5/15.

**Completion Date:**

5/15/2015

**Person Responsible:**

Martin Cox and J. T. Smith

**Current Status on July 21, 2015: Non-Compliant**

Two of four residents who were admitted to the facility on 5/26/15 and 6/18/15 did not have a screening assessment for tuberculosis completed within seven days of placement.

**Current Status on October 19, 2015: Non-Compliant**

Four of 10 residents who were admitted to the facility on 9/16/2015, 10/7/2015, 10/8/2015, did not have a screening assessment for tuberculosis completed within seven days of placement.

---

**6VAC35-41-1280 (J). Medication. CRITICAL**

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

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

**Audit Finding:**

One Medication Administration Record (MAR) documented that the resident had refused his medication Straterra 80mg on 4/10/13 and 4/11/13.

1. There was no refusal form filled out including the action taken by staff on 4/10/13.
2. A refusal form was filled out for the medication on 4/11/13 including the action taken by staff which was to follow the protocol recorded in the standing order for this medication. However, the protocol was not followed in that the resident was not offered another opportunity during the day to take his medication later that day.

One MAR documented that the resident had refused his medication Trazadone 50mg on 9/17/14 but no refusal form including action taken by had been completed. There was a completed refusal form for 9/18/15 but the MAR indicated the resident had already been administered his medication as prescribed on that same date.

---

**Program Response**

**Cause:**

Staff did not properly record refusal per standard.

**Effect on Program:**

Could potential lead to issues with proper medication management and administration.

**Planned Corrective Action:**

The proper procedure was reviewed in the mandatory staff meeting 5/5/15.

**Completion Date:**

5/5/2015

Opportunity House

---

**Person Responsible:**

Martin Cox and J. T. Smith

---

**Current Status on July 21, 2015: Not-Determined**

There were no incidents of residents refusing their medication between 5/15/15 and 7/1/15. Therefore compliance to this regulation could not be determined during the visit at the facility on 7/21/15.

---

**Current Status on October 19, 2015: Not-Determined**

There were no incidents of residents refusing their medication between 7/2/2015 and 10/16/2015. Therefore compliance to this regulation could not be determined during the visit at the facility on 10/19/15.

---

## CERTIFICATION MONITORING REPORT

**PROGRAM AUDITED:**

Chaplin Youth Center  
125 Hot Top Road  
Fredericksburg, VA 22401  
Phone 540 371- 0590  
Mr. Thomas Keating, Residential Services Director,  
tom.keating@chaplinyouthcenter.org

**AUDIT DATES:**

February 2-3, 2015

**CERTIFICATION ANALYST:**

Shelia L. Palmer.

---

**DEPARTMENT CERTIFICATION ACTION – February 1, 2015:** Certified Chaplin Youth Center for three years with a monitoring report in three months on Required Retraining, Personnel Records, Tuberculosis Screening and Medication. .

Below are the results of 6VAC35-41-210 (B) Required Retraining; 6VAC35-41-210 ( C). Required Retraining, 6VAC35-41-310 (B). Personnel Records, 6VAC35-41-1210 (A). Tuberculosis Screening (Critical), 6VAC35-41-1280 (E). Medication (Critical), 6VAC35-41-1280 (H). Medication (Critical) as noted in the certification audit conducted on February 3, 2015, and the findings of a subsequent follow-up review on the corrective actions taken by the program on June 1, 2015 and August 25, 2015.

---

**6VAC35-41-210 (B). Required retraining.**

**B. All staff shall complete an annual training refresher on the facility's emergency preparedness and response plan and procedures.**

**Audit Finding February 3, 2015:**

Five of five staff files reviewed were missing documentation in the annual training refresher on the facility's emergency preparedness and response plan and procedures audit years 2012 and 2013.

**Status on June 1, 2015: Complaint**

In nine of nine staff training files reviewed had current documentation of retraining in the required training in emergency preparedness as of March 20, 2015.

**Current Status on August 25, 2015: Compliant**

Chaplin Youth Center provides training for all staff based on a calendar year beginning January thru December of each year. As of March 1, 2015, all staff will be required to complete annual training prior to November 30th of each calendar year.

---

**6VAC35-41-210 (C). Required retraining.**

**C. All direct care staff and staff who provide direct supervision of the residents while delivering services, with the exception of workers who are employed by contract to provide behavioral health or health care services, shall complete at least 40 hours of training annually that shall include training in the following areas:**

- 1. Suicide prevention;**
- 2. Child abuse and neglect;**
- 3. Mandatory reporting;**
- 4. Residents' rights, including, but not limited to, the prohibited actions provided for in 6VAC35-41-560 (prohibited actions);**

**5. Standard precautions; and  
6. Behavior intervention procedures.**

**Audit Finding February 3, 2015:**

Staff files reviewed for 2012 and 2013 were missing documentation of some required annual training.

- One of five for suicide prevention 2014;
- Five of five missing mandatory reporting 2012, 2013 and one of five for 2014;
- Five of five were missing child abuse & neglect for 2012, 2013 and one of five for 2014;
- Five of five were missing standard precautions for 2012, 2013;
- Three of five were missing behavior interventions for 2012.

**Status on June 1, 2015: Not Determinable**

Chaplin Youth Center provides training for all staff based on a calendar year beginning January thru December of each year. As of March 1, 2015, all staff will be required to complete annual training prior to November 30th of each calendar year.

**Current Status on August 25, 2015: Not Determinable**

Chaplin Youth Center provides training for all staff based on a calendar year beginning January thru December of each year. As of March 1, 2015, all staff will be required to complete annual training prior to November 30th of each calendar year. Completion of the 40 hour requirement will be assessed in December. All staff were who did not have mandatory training in 2014 have received that training.

---

**6VAC35-41-310 (B). Personnel records.**

**B. The records of each employee shall include:**

1. A completed employment application form or other written material providing the individual's name, address, phone number, and social security number or other unique identifier;
2. Educational background and employment history;
3. Documentation of required reference check;
4. Annual performance evaluations;
5. Date of employment for each position held and date of separation;
6. Documentation of compliance with requirements of Virginia law regarding child protective services and criminal history background investigations;
7. Documentation of the verification of any educational requirements and of professional certification or licensure if required by the position;
8. Documentation of all training required by this chapter and any other training received by individual staff; and
9. A current job description.

**Audit Finding February 3, 2015:**

Five of five staff files reviewed were missing documentation of an evaluation in 2013 and one of five for 2012.

**Status on June 1, 2015: Not Determinable**

Chaplin Youth Center personnel policy as of March 1, 2015, establishes that staff members annual performance evaluations will be completed by December 15<sup>th</sup> of each calendar year.

**Current Status on August 25, 2015: Not Determinable**

Chaplin Youth Center personnel policy as of March 1, 2015, establishes that staff members annual performance evaluations will be completed by December 15<sup>th</sup> of each calendar year.

---

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

**A. 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 February 3, 2015:**

A resident admitted on September 25, 2014, had a tuberculosis screening dated August 18, 2014. This exceeded the 30-day limitation.

**Status on June 1, 2015: Complaint**

In two new resident medical files who were admitted after March 1, 2015, had documentation that their T B screenings were completed within 30 days of admission date.

**Current Status on August 25, 2015: Complaint**

Three of three medical case files reviewed had documentation that screening assessments for tuberculosis were conducted on residents within seven days of placement.

---

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

**E. 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 February 3, 2015:**

Two of 13 medical records reviewed were missing documentation of over-the-counter consent orders. Over-the-counter medications were given to both residents.

**Status on June 1, 2015: Compliant**

In six of six resident medical files reviewed after March 1, 2015, had documentation of over-the-counter consent orders for residents who were administered over-the-counter medications.

**Current Status on August 25, 2015: Compliant**

Three of three resident medical files reviewed had documentation of over-the-counter consent orders for residents who were administered over-the-counter medications.

---

**6VAC35-41-1280 (H). Medication. CRITICAL**

**H. 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 February 3, 2015:**

Two of seven applicable medical case files were missing documentation of the notifications to the attending physician in the medication incidents. One of seven medical files was missing documentation of medication incidents (resident ran out of medication) on 1/30/14, 1/23/14, 1/22/14, 1/18/14, 1/15/14 & 1/14/14.

**Status on June 1, 2015: Complaint**

In one resident medical file with a medication error had documentation of notifications to the attending physician in the medication incident when a resident ran out of medication.

**Current Status on August 25, 2015: Compliant**

In one resident medical file with a medication error had documentation of notifications to the attending physician in the medication incident when a resident ran out of medication.

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

**PROGRAM AUDITED:**

Prince William County Juvenile Detention Center  
14873 Dumfries Road  
Manassas, VA 20112  
(703) 792-8301  
John Dowdy, Superintendent  
jdowdy@pwcgov.org

**AUDIT DATES:**

November 3-4, 2014

**CERTIFICATION ANALYST:**

Clarice T. Booker

---

**DEPARTMENT CERTIFICATION ACTION April 27, 2015:** Certified Prince William Juvenile Detention Center for one year with quarterly monitoring reports.

Below are the results of the certification audit conducted on November 4, 2014, and the findings of subsequent follow-up reviews on the corrective actions taken by the facility.

**6VAC35-101-340 (A) Face sheet**

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

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

**Audit Finding November 4, 2015:**

The address and full telephone number of the applicable court service unit was missing in eight out of eight applicable case records reviewed.

**Status on March 19, 2015: Compliant**

Six face sheets reviewed had documentation of the full Court Service Unit address and phone number.

**Current Status on July 29, 2015: Compliant**

Two face sheets were reviewed and had documentation of the full Court Service Unit address and phone number.

---

**6VAC35-101-490 (A) Maintenance of the buildings and grounds**

The interior and exterior of all buildings and grounds shall be safe, maintained, and reasonably free of clutter and rubbish. This includes, but is not limited to, (i) required locks, mechanical devices, indoor and outdoor equipment, and furnishings and (ii) all areas where residents, staff, and visitors reasonably may be expected to have access.

**Audit Finding November 4, 2014:**

The building was not properly maintained in the following areas:

- The pipe above the mixing valve in the mechanical room in the intake hall was leaking and corroded.
- Gun boxes for law enforcement officers were leaking, rusted and need to be replaced
- Two overhead lights in Master Control were out



## Prince William County Juvenile Detention Center

---

- Paint was peeling on the floor in Unit #2 in rooms A-1, A-2, A-3, A-4, A-5, A-6, A-7 and A-8
- Intercoms were not working properly in Unit #2 in rooms A-8 and A-7, and there was a bad speaker in A-16
- Molding was missing on both sides of the wall near the school
- Two overhead lights were out in the ceiling in Unit #4
- There was no cold water in the sink in room F-5
- Intercoms were not working properly in Unit #4 in rooms F-1, F-2, F-6, F-7 and F-8
- Intercoms were not working properly in Unit #5 in rooms H-8, H-7, and H-6
- An overhead light was out in the ceiling in Unit #5
- There was a crack in the wall in room H-5
- There was a leak at the sink in Unit #3, room D-8
- There was chipped concrete on the corner of the wall in the dining area
- Paint was peeling at the soap dispenser in the dining area
- Paint was peeling over the door frame of the entrance at K-1
- Re-corking was needed in the outside building lights in the window well of the overhang area
- Doors throughout the building needed painting
- There was a water stain on a tile in the dining area and one ceiling tile was hanging from the ceiling
- There was rubbish in the sally port
- Some food stains needed to be cleaned off the wall in some rooms

### **Status on March 19, 2015: Compliant**

A physical plant inspection was conducted and all repairs were completed.

### **Current Status on August 6, 2015: Compliant**

A physical plant inspection was conducted and the facility was 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 November 4, 2014:**

There was no documentation of the identity of the person making each entry in randomly selected dates in 25 out of 32 logbooks reviewed.

### **Status on March 19, 2015: Non-compliant**

There was no documentation of the identity of the person making each entry in randomly selected dates in 3 out of 4 logbooks reviewed. Four dates were randomly selected in each logbook. There were seven entries missing the identity of the person making the entry.

### **Current Status on July 29, 2015: Compliant**

The revised corrective action plan was implemented. Four dates were randomly selected and reviewed in logbooks between April and July 2015. All were fully compliant.

---

### **6VAC35-101-1020 Suicide prevention CRITICAL**

Written procedure shall provide for (i) a suicide prevention and intervention program developed

Prince William County Juvenile Detention Center

in consultation with a qualified medical or mental health professional and (ii) all direct care staff to be trained and retrained in the implementation of the program.

**Audit Finding:**

There was no documentation that the suicide prevention plan was developed in consultation with a medical or mental health professional.

**Status on March 19, 2015: Compliant**

Documentation that the Suicide Prevention Plan was developed in consultation with medical and mental health professionals was reviewed.

**Current Status on July 29, 2015: Compliant**

Previously compliant and remains the same.

---

**6VAC35-101-1100(B) Room confinement and isolation**

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

**Audit Finding November 4, 2014:**

One or more 30 minute room checks were missing in six out of eight applicable confinement reports reviewed.

**Status on March 19, 2015: Non-compliant**

One or more 30 minute room checks were missing in three out of five confinement reports reviewed. One confinement report was missing a 30 minute check in 48 hours.

The second confinement report was missing three 30 minute checks in 48 hours and the third confinement report was missing three 30 minute checks in 71 hours.

**Current Status on July 29, 2015: Compliant**

The revised corrective action plan was implemented. Five room confinement reports were reviewed and were compliant.

---

**6VAC35-101-1100 (C) Room confinement and isolation**

Residents who are confined to a room, including but not limited to being placed in isolation, shall be afforded the opportunity for at least one hour of physical exercise, outside of the locked room, every calendar day unless the resident's behavior or other circumstances justify an exception. The reasons for any such exception shall be documented.

**Audit Finding November 4, 2014:**

There was no documentation that residents confined to their room were afforded one hour of physical exercise, outside of the locked room, every calendar day in five out of nine applicable confinement reports reviewed.

**Status on March 19, 2015: Non-compliant**

There was no documentation that residents confined to their room were afforded one hour of physical exercise, outside of the locked room, every calendar day in two out of five applicable confinement reports reviewed.

Prince William County Juvenile Detention Center

**Current Status on July 29, 2015: Compliant**

The revised corrective action plan was implemented. Five room confinement reports were reviewed and were compliant.

**CERTIFICATION MONITORING REPORT**

**PROGRAM AUDITED:**

W.W. Moore, Jr., Juvenile Detention Home  
603 Colquhoun Street  
Danville, VA 24541  
Phone # (434)799-5295  
Michelle Johnson, Superintendent  
[johnsmo@ci.danville.va.us](mailto:johnsmo@ci.danville.va.us)

**AUDIT DATES:**

May 5-7, 2014

**CERTIFICATION ANALYST:**

Shelia Palmer

**DEPARTMENT CERTIFICATION ACTION October 16, 2014:** Certified W. W. Moore Juvenile Detention Center and Post-dispositional Detention Program of three years with a monitoring report in 12 months.

Below are the results of the certification audit conducted on May 5-7, 2014, and the findings of subsequent follow-up reviews on the corrective actions taken by the program, including the twelve month review conducted on September 28, 2015.

---

**6VAC35-101-340 (C). Face sheet.**

Upon discharge, the (i) date of discharge and (ii) name of the person to whom the resident was discharged, if applicable, shall be added to the face sheet.

**Audit Finding May 7, 2014: Noncompliance**

In seven of ten applicable resident case files, there was no documentation that the discharge information of the resident was added to the bottom of the face sheet.

**Status on September 18, 2014: Compliant**

Ten of ten face sheets reviewed had documentation of the discharge information of the resident added to the bottom of the face sheet.

**Current Status on September 28, 2015: Compliant**

Fifteen of fifteen face sheets reviewed had documentation of the discharge information of the resident added to the back of the face sheet or carried over to two (2) sheets.

---

**6VAC35-101-350 (B). Buildings and inspections. CRITICAL**

A current copy of the facility's annual inspection by fire prevention authorities indicating that all buildings and equipment are maintained in accordance with the Virginia Statewide Fire Prevention Code (13VAC5-51) shall be maintained. If the fire prevention authorities have failed to timely inspect the detention center's buildings and equipment, documentation of the facility's request to schedule the annual inspection as well as documentation of any necessary follow-up with fire prevention authorities shall be maintained.

**Audit Finding May 7, 2014: Noncompliance**

The facility's last annual fire inspection was conducted on February 20, 2013, was not conducted again until April 10, 2014, exceeding thirteen months. *(The local fire authority*

Prince William County Juvenile Detention Center

*appeared at the audit and advised that the inspection could not be conducted as scheduled due to a recent increase of fire investigations at the time the inspection was due. She submitted a letter to the audit team verifying that information. However, since this was a critical regulatory requirement the audit team was compelled to cite it as a violation but noted the extenuating circumstance.)*

**Status on September 18, 2014: Compliant**

An alternate schedule has been arranged with the Danville City Fire Department that will allow the Fire Marshall to conduct a fire inspection of the facility twice a year starting on February 10, 2015 and August 18, 2015 and every six months thereafter.

**Current Status on September 28, 2015: Compliant:**

Fire inspections were completed on February 10, 2015 and August 20, 2015 without any violations.

---

**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 Finding May 7, 2014: Noncompliance**

Seven of 17 logbooks reviewed had one or more entries that did not document the identity of the individual making the log entry.

**Status on September 18, 2014: Compliant**

Four of four log books reviewed on six different dates in Pod #1, Pod #4, Pod # 2, and Pod#5 all documented the identity of the individual making the log entry.

**Current Status on September 28, 2015: Compliant**

Five entries out of 19 applicable dates in seven logbooks were missing the identity of the individual making the log entry. This meets an acceptable compliance rating for a non-critical regulation.

---

**6VAC35-101-990 (A). Tuberculosis screening. CRITICAL**

**A. Within five days of admission to the facility each resident shall have had a screening assessment for tuberculosis. The screening assessment can be no older than 30 days.**

**Audit Finding May 7, 2014: Noncompliance**

There was no documentation in two of 15 medical files of the residents being screened for TB within five days of admission.

**Status on September 18, 2014: Compliant**

Ten of ten medical files reviewed had documentation of the residents being screened for TB within five days of admission.

**Current Status on September 28, 2015: Compliant**

Fifteen of fifteen medical files reviewed had documentation of the residents being screened for TB within five days of admission.

---

**6VAC35-101-1060 (E). Medication. CRITICAL**

Prince William County Juvenile Detention Center

**E. A program of medication, including procedures regarding the use of over-the-counter medication pursuant to written or verbal orders issued 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 May 7, 2014: Noncompliance**

Four of ten medical case files reviewed documented residents were given Claritin 10 mg, non-pseudo sinus 10 mg or muscle rub without a prescription or standing orders.

**Status on September 18, 2014: Compliant**

The facility standing orders were reviewed and two new over-the-counter medications were added to the facility standing orders and approved by the facility physician.

**Current Status on September 28, 2015: Noncompliance**

One of ten applicable medical case files reviewed documented a resident given eye drops without a prescription or standing orders.

***On October 16, 2015, all standing orders were reviewed by the health authority for the facility and the eye drops were added to those orders. A copy of the standing orders was sent to the Certification Unit.***

---

**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 May 7, 2014: Noncompliance**

There was no documentation of actions taken by staff when medication was refused by two residents.

**Status on September 18, 2014: Compliant**

Two medical files were reviewed with medication refusals. Both had documentation of the action taken by staff in each situation.

**Current Status on September 28, 2015: Not Determined**

Fifteen out of fifteen case record reviewed did not have documentation of medication refusals as there were no medication refusal in any of the selected files.

---

**6VAC35-101-1180 (B). Placements in post dispositional detention programs.**

**B. When a court orders a resident detained in a post dispositional detention program, the detention center shall:**

- 1. Obtain from the court service unit a copy of the court order, the resident's most recent social history, and any other written information considered by the court during the sentencing hearing; and**
- 2. Develop a written plan with the court service unit within five business days to enable such residents to take part in one or more locally available treatment programs appropriate for their rehabilitation that may be provided in the community or at the detention center.**

**Audit Finding May 7, 2014: Noncompliance**

Four of five files were missing documentation that the written plans with the court service unit were done within the five days.

**Status on September 18, 2014: Compliant**

Seven of seven post-dispositional files reviewed had documentation the written plans with the court service unit were done within the five days.

**Current Status on September 28, 2015: Compliance**

Five of five post-dispositional files reviewed had documentation the written plans with the court service unit were done within the five days.



# COMMONWEALTH OF VIRGINIA

Andrew K. Block, Jr.  
Director

## Department of Juvenile Justice

### MEMORANDUM

TO: State Board of Juvenile Justice

FROM: The Department of Juvenile Justice

SUBJECT: Tidewater Youth Services Variance Requests

DATE: January 11, 2016

---

**Action Requested: Consideration of Tidewater Youth Services Variance Request (6VAC35-41-650; 6VAC35-41-920)**

The Department of Juvenile Justice (DJJ) respectfully requests the State Board of Juvenile Justice (Board) to consider the Tidewater Youth Services Commission's (the Commission's) variance request for exemption from the Board's regulatory requirements provided in sections 6VAC35-41-650 (Nutrition) and 6VAC35-41-920 (Staff Supervision of Residents) of the *Regulation Governing Juvenile Group Homes and Halfway Houses* for its planned Apartment Living Program (the Program).

#### **Background:**

The Commission is a regional public agency created in 1997 in an effort to coordinate needed services for the juvenile population in the Hampton Roads area. The Commission offers a continuum of community-based therapeutic services that provide advocacy and assistance to juveniles and their families.

The Commission is planning to operate the Program which is an independent living environment for youth ages 17 to 21 returning to the community from a commitment to DJJ. If granted, the variances only would apply to the Program and would not be applicable to other programs managed by the Commission.



**Authority:**

Section 92 of the Board's Regulation Governing the Monitoring, Approval, and Certification of Juvenile Justice Programs and Facilities authorized the Board to issue variances as follows:

6VAC35-20-92. Variance Request.

A. Any request for a variance must be submitted in writing. If the request is submitted subsequent to a finding of noncompliance in a certification audit, the request must be submitted within 10 business days of receiving the written report of the findings from the certification audit. All requests shall include:

1. The noncritical regulatory requirement for which a variance is requested;
2. The justification for the request;
3. Any actions taken to come into compliance;
4. The person responsible for such action;
5. The date at which time compliance is expected; and
6. The specific time period requested for this variance.

B. Documentation of any variance requests stemming from a finding of noncompliance in a certification audit shall be submitted along with the corrective action plan for correcting any deficiencies cited during the certification audit as provided for in 6VAC35-20-91.

C. A requested variance shall not be implemented prior to obtaining the approval of the board.

D. Requests for variances shall be placed on the agenda for consideration at the next regularly scheduled board meeting.

E. In issuing variances, the board shall specify the scope and duration of the variance.

**Attachments**

Attached, please find the Commissions three requests for variances to sections 6VAC35-41-650 (Nutrition) and 6VAC35-41-920 (Staff Supervision of Residents) of the *Regulation Governing Juvenile Group Homes and Halfway Houses*.

**BOARD OF JUVENILE JUSTICE  
VARIANCE REQUEST**

**Program:** TYSC/Apartment Living Program

**Standard:** 6VAC35-41-650.E

This request is forwarded to the Board of Juvenile Justice for review pursuant to BJJ Certification Regulation 6VAC35-20-92 (Variance Request).

**6VAC35-41-650 (E). Nutrition.**

E. There shall not be more than 15 hours between the evening meal and breakfast the following day, except when the facility administrator approves an extension of time between meals on weekends and holidays. When an extension is granted on a weekend or holiday, there shall never be more than 17 hours between the evening meal and breakfast.

**Reason for Variance:**

The rationale for this request is the Apartment Living Program does not have a cook and residents are expected to grocery shop and prepare their own meals without direct supervision of staff. Residents will have varying schedules (school, work, etc) and it will be difficult to monitor meal times. Residents will attend workshops on nutrition, grocery shopping, and preparing meals and will be encouraged to maintain a healthy diet.

**Any actions taken to come into compliance:**

Apartment Living Program will comply with regulation until such time as variance is approved.

**The person and agency responsible for such action:**

Director of the Apartment Living Program

**The date at which time compliance is expected:**

Opening of Apartment Living Program

**The specific time period requested for this variance:**

Duration of program existence

**A draft plan of corrective action describing how the program would meet the standard should the variance not be granted is attached below.**

Staff will monitor and assist residents with menu planning and daily schedule.

---

**6 VAC 35-20-92. Variance request.**

A. Any request for a variance must be submitted in writing. If the request is submitted subsequent to a finding of noncompliance in a certification audit, the request must be submitted within 10 business days of receiving the written report of the findings from the certification audit. All requests shall include:

1. The noncritical regulatory requirement for which a variance is requested;

2. The justification for the request;
  3. Any actions taken to come into compliance;
  4. The person responsible for such action;
  5. The date at which time compliance is expected; and
  6. The specific time period requested for this variance.
- B. Documentation of any variance requests stemming from a finding of noncompliance in a certification audit shall be submitted along with the corrective action plan for correcting any deficiencies cited during the certification audit as provided for in 6VAC35-20-91.
- C. A requested variance shall not be implemented prior to obtaining the approval of the board.
- D. Requests for variances shall be placed on the agenda for consideration at the next regularly scheduled board meeting.
- E. In issuing variances, the board shall specify the scope and duration of the variance.

**BOARD OF JUVENILE JUSTICE  
VARIANCE REQUEST**

**Program:** TYSC/Apartment Living Program

**Standard:** 6VAC35-41-650.C

This request is forwarded to the Board of Juvenile Justice for review pursuant to BJJ Certification Regulation 6VAC35-20-92 (Variance Request).

**6VAC35-41-650 (C). Nutrition.**

C. Menus of actual meals served shall be kept on file for at least six months.

**Reason for Variance:**

The rationale for this request is that residents at the Apartment Living Program are expected to grocery shop and prepare their own meals as the program does not have a cook and does not receive USDA assistance. Residents receive gift cards weekly to grocery shop. Residents attend workshops with staff on proper nutrition, grocery shopping, and preparing meals. As residents have varying daily schedules (work, school, etc.) and prepare meals in their own apartments without staff supervision it is difficult to assure that they are following their menu.

**Any actions taken to come into compliance:**

Residents will be expected to create weekly menus and turn into to staff prior to receiving gift cards for grocery shopping.

**The person and agency responsible for such action:**

Director of the Apartment Living program

**The date at which time compliance is expected:**

Apartment Living will comply with this regulation upon opening of program until such time as variance is approved.

**The specific time period requested for this variance:**

Throughout program existence

**A draft plan of corrective action describing how the program would meet the standard should the variance not be granted is attached below.**

Staff will monitor weekly menus and keep on file.

---

**6 VAC 35-20-92. Variance request.**

A. Any request for a variance must be submitted in writing. If the request is submitted subsequent to a finding of noncompliance in a certification audit, the request must be submitted within 10 business days of receiving the written report of the findings from the certification audit. All requests shall include:

1. The noncritical.regulatory requirement for which a variance is requested;

2. The justification for the request;
  3. Any actions taken to come into compliance;
  4. The person responsible for such action;
  5. The date at which time compliance is expected; and
  6. The specific time period requested for this variance.
- B. Documentation of any variance requests stemming from a finding of noncompliance in a certification audit shall be submitted along with the corrective action plan for correcting any deficiencies cited during the certification audit as provided for in 6VAC35-20-91.
- C. A requested variance shall not be implemented prior to obtaining the approval of the board.
- D. Requests for variances shall be placed on the agenda for consideration at the next regularly scheduled board meeting.
- E. In issuing variances, the board shall specify the scope and duration of the variance.

**BOARD OF JUVENILE JUSTICE  
VARIANCE REQUEST**

**Program:** TYSC/Apartment Living Program

**Standard:** 6VAC35-41-920. D

This request is forwarded to the Board of Juvenile Justice for review pursuant to BJJ Certification Regulation 6VAC35-20-92 (Variance Request).

**6VAC35-41-920 (D). Staff supervision of residents.**

D. There shall be at least one trained direct care staff on duty and actively supervising residents at all times that one or more residents are present.

**Reason for Variance:**

The rationale for this request is that there will be times that residents need transportation while only one staff person is on duty. Staff person would be off site for only short periods of time. Apartment Living Program is an independent living environment where residents are pre-screened and appropriate candidates should demonstrate a level of functioning that would enable them to live with a roommate in an apartment setting with moderate supervision. These clients are able to think in a logical and rational manner, are capable of being a good neighbor, have demonstrated a willingness to participate in the program, comply with program conditions and supervision requirements.

**Any actions taken to come into compliance:**

Program will remain in compliance with this regulation until such time as variance is approved.

**The person and agency responsible for such action:**

Apartment Living Program Director

**The date at which time compliance is expected:**

At time of program opening

**The specific time period requested for this variance:**

Throughout existence of program

**A draft plan of corrective action describing how the program would meet the standard should the variance not be granted is attached below.**

Program will comply with regulation and staff will remain at facility at all times.

---

**6 VAC 35-20-92. Variance request.**

A. Any request for a variance must be submitted in writing. If the request is submitted subsequent to a finding of noncompliance in a certification audit, the request must be submitted within 10 business days of receiving the written report of the findings from the certification audit. All requests shall include:

1. The noncritical regulatory requirement for which a variance is requested;

2. The justification for the request;
  3. Any actions taken to come into compliance;
  4. The person responsible for such action;
  5. The date at which time compliance is expected; and
  6. The specific time period requested for this variance.
- B. Documentation of any variance requests stemming from a finding of noncompliance in a certification audit shall be submitted along with the corrective action plan for correcting any deficiencies cited during the certification audit as provided for in 6VAC35-20-91.
- C. A requested variance shall not be implemented prior to obtaining the approval of the board.
- D. Requests for variances shall be placed on the agenda for consideration at the next regularly scheduled board meeting.
- E. In issuing variances, the board shall specify the scope and duration of the variance.

**DEPARTMENT OF JUVENILE JUSTICE  
REGULATORY UPDATE**

January 11, 2016

---

- 6VAC35-71-350 Regulation Governing Juvenile Correctional Centers**  
**6VAC35-101-420 Regulation Governing Juvenile Secure Detention Centers**

Stage: Fast-track.

Status: These regulatory actions amend the identified subsections to include an exemption for juvenile correctional centers and juvenile secure detention centers relating to toilet facilities ratios that was inadvertently excluded when the regulations were previously amended.

The actions were published in the Virginia Register on December 14, 2015. The public comment period closes on January 13, 2016. To date, no public comments have been received. If there are no objections, the changes will become effective on January 30, 2016.

Next Step:

✓ None.

- 6VAC35-160 Regulations Governing Juvenile Record Information and the Virginia Juvenile Justice Information System**

Stage: NOIRA (Standard Regulatory Process).

Status: This regulation became effective on August 16, 2004. This action involves a comprehensive review of the regulatory requirements. The NOIRA was published in the Virginia Register on December 14, 2015. The public comment period will close on January 29, 2016. To date, no public comments have been received.

Next Step:

✓ The Department will review any public comments received and request the Board to authorize the submission of proposed language for Executive Branch review and public comment.

- 6VAC35-180 Minimum Standards for Research Involving Human Subjects or Records of the Department of Juvenile Justice**

Stage: Proposed (Standard Regulatory Process).

Status: This regulation became effective on February 1, 2005. This action involves a comprehensive review of the regulatory requirements. At the NOIRA stage, no public comments were submitted. The proposed language was published in the Virginia Register of Regulations on December 28, 2015. The public comment period will end on February 28, 2016. To date, no public comments have been received.

Next Step:

✓ The Department will review any public comments received and request the Board to authorize submission of final language for Executive Branch review and public comment.