

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



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COMMONWEALTH of VIRGINIA
Board of Juvenile Justice
BOARD MEETING

June 13, 2018

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

A G E N D A

9:30 a.m. Board Meeting

1. **CALL TO ORDER and INTRODUCTIONS**
2. **APPROVAL of April 25, 2018, MINUTES (Pages 3-32)**
3. **PUBLIC COMMENT**
4. **DIRECTOR'S CERTIFICATION ACTIONS (Pages 33-95)**
5. **OTHER BUSINESS**
 - A. **Approval of the Virginia Juvenile Community Crime Control Act Plans - Beth Stinnett, Statewide Program Manager, Dept. of Juvenile Justice (Pages 96-100)**
 - B. **Approval of Regulation Governing Juvenile Secure Detention Centers – Kristen Peterson, Regulatory and Policy Coordinator, Dept. of Juvenile Justice (Pages 101-115)**
 - C. **Approval of the Prince William Needs Assessment – Angela Valentine, Chief Deputy Director, Dept. of Juvenile Justice (Pages 116-129)**
 - D. **Legislative Update – James Towey, Legislative & Regulatory Affairs Manager, Dept. of Juvenile Justice (Pages 130–135)**
6. **DIRECTOR REMARKS AND BOARD COMMENTS**
7. **NEXT MEETING DATE: September 5 - 9:30 a.m. - Main Street Centre (600 East Main Street, 12th Floor Conference Room)**
8. **ADJOURNMENT**

GUIDELINES FOR PUBLIC COMMENT

1. The Board of Juvenile Justice is pleased to receive public comment at each of its regular meetings. In order to allow the Board sufficient time for its other business, the total time allotted to public comment will be limited to thirty (30) minutes at the beginning of the meeting with additional time allotted at the end of the meeting for individuals who have not had a chance to be heard. Speakers will be limited to 5 minutes each with shorter time frames provided at the Chair's discretion to accommodate large numbers of speakers.
2. Those wishing to speak to the Board are strongly encouraged to contact Wendy Hoffman at 804-588-3903 or wendy.hoffman@djj.virginia.gov three or more business days prior to the meeting. Persons not registered prior to the day of the Board meeting will speak after those who have pre-registered. Normally, speakers will be scheduled in the order that their requests are received. Where issues involving a variety of views are presented before the Board, the Board reserves the right to allocate the time available so as to insure that the Board hears from different points of view on any particular issue. Groups wishing to address a single subject are urged to designate a spokesperson. Speakers are urged to confine their comments to topics relevant to the Board's purview.
3. In order to make the limited time available most effective, speakers are urged to provide multiple written copies of their comments or other material amplifying their views. Please provide at least 15 written copies if you are able.

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COMMONWEALTH OF VIRGINIA
Board of Juvenile Justice

DRAFT MEETING MINUTES

April 25, 2018

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

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

Board Members Absent: David Hines, Robyn McDougle, and Quwanisha Roman

Department of Juvenile Justice (Department) Staff Present: Ken Bailey, Andrew "Andy" K. Block, Jr., Valerie Boykin, Ken Davis, Lisa Floyd, Daryl Francis, Stephanie Garrison, Regina Harris, Wendy Hoffman, Joyce Holmon, Dee Kirk, Joanna Laws, Jamie Patten, Edward Petersen, Mike Morton, Charisse Mullen (Attorney General's Office), Kristen Peterson, Beth Stinnett, Lara Todd, and James Towey

Guests Present: Dawn Barber (Newport News Juvenile Detention Center), Marilyn Brown (Chesterfield Juvenile Detention Center), Kerry Chilton (disAbility Law Center of Virginia), Jason Houtz (Fairfax County Juvenile Detention Center), Monica Jackson (Department of Criminal Justice Services), Cathy Roessler (Norfolk Juvenile Detention Center), Carla White (Rappahannock Juvenile Detention Center), and Amy Woolard (Legal Aid Justice Center)

CALL TO ORDER

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

INTRODUCTIONS

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

APPROVAL of January 9, 2018, MINUTES

The minutes of the January 9, 2018, Board meeting were provided for approval. On MOTION duly made by Michael Herring and seconded by Tyren Frazier, the Board approved the minutes as presented.

PUBLIC COMMENT PERIOD

There was no public comment.

DIRECTOR'S CERTIFICATION ACTIONS

Ken Bailey, Certification Manager, Department

Included in the Board packet were the individual audit reports and a summary of the Director's certification actions completed on February 12, 2018.

The audit for six court service units found minor deficiencies, and through a series of follow-up visits by the Certification Team, demonstrated a 100% compliance with regulations.

Fairfax Detention Center and Post-Dispositional Program and Lynchburg Regional Detention Center received three-year certifications for their audits.

The audit for the Norfolk Detention Home found a number of deficiencies, and the facility was certified for one year. The Certification Team will perform a full audit with monitoring visits to help them return to a 100% compliance level.

The certification for Aurora House, a group home in Falls Church, was modified to authorize an independent living program. The approved modification to their license will allow the facility to remodel two vacant rooms that will house female residents up to age 20.

The Department received notification in February from the Barry Robinson Center regarding the closure of its family-oriented group home program. In the 1990s, there were five family-oriented group home programs in Roanoke, Charlottesville, Tidewater, Yorktown, and Richmond; however, these programs gradually faded out. The Barry Robinson Center program has not been used for several years, and the facility decided not to continue its operations. They have surrendered their license and requested closure. The letter in the Board packet notifies the Board of this action.

VARIANCE REQUEST: TO MODIFY STAFFING REQUIREMENTS IN THE JUVENILE CORRECTIONAL CENTER (JCC) CENTRAL INFIRMARY AND NURSING EXPANSION

Kristen Peterson, Regulatory and Policy Coordinator, Department

The certification regulations give the Board authority to issue variances to regulatory requirements provided the regulatory requirement is not critical. Critical regulatory requirements must achieve a 100% compliance level. The regulations do not identify criteria the Board must consider in determining whether to approve a variance request. The regulation requires only that the Board specify the scope and duration of the variance.

The variance request submitted for the Board's approval is on behalf of Bon Air Juvenile Correctional Center (JCC) and deals with the noncritical regulatory requirement set out in 6VAC35-71-830 concerning the supervision of residents in the JCC. The existing regulation requires the following:

- There must be at least one direct care staff member on duty who is responsible for the supervision of every 10 residents (1:10) during resident waking hours and every 16 residents (1:16) during resident sleeping hours.
- There must be at least one direct care staff member on duty who is responsible for the supervision of residents in each building or housing unit where residents are sleeping.

For purposes of this regulation, the definition of direct care staff is staff responsible for maintaining the safety, care, and well-being of the residents, maintaining facility security, and implementing the behavior management program and community treatment model. Bon Air has a central infirmary/nursing station that is considered a living unit for these purposes and occasionally has residents assigned to this area overnight. For this reason, there should be one direct care staff member responsible for supervising residents in the central infirmary/nursing station. Currently, security personnel staff the central infirmary, but they do not meet the definition of direct care staff. The requested variance will allow the security personnel to continue staffing the central infirmary/nursing station.

The existing staffing scheme for the central infirmary and nursing station is due largely to the implementation of the community treatment model in the JCC. The Department historically employed juvenile correctional officers in the facility who were considered direct care staff. As part of the transformation, the Department reclassified the juvenile correctional officer position into two separate categories; resident specialists and security staff. The resident specialists are responsible for maintaining supervision and security and have advanced programmatic responsibilities (behavior management) related to implementing the community treatment model. Security staff provide security services in the facility and are not involved in the behavior management program. Security staff do not meet the definition of direct care staff under the existing regulation.

The Department recommends adding language to the definition for security staff and a new Subsection D to Section 830 that authorizes security staff to serve in the central infirmary without the presence of direct care staff.

Ms. Peterson explained that the variance will not offend federal or state laws, particularly the Prison Rape Elimination Act (PREA). PREA speaks to staffing ratios in correctional centers and provides that security staff are the only personnel that satisfy the staffing ratios. PREA does not have as stringent requirements as the Department has regarding the definition of direct care staff.

Chairperson Woolard asked how long residents are potentially in the infirmary and under the supervision of the security staff.

Deputy Director of Residential Services Joyce Holmon responded that it varies from two to three days or longer. The central infirmary sees residents primarily for dental care post-op, pre-op for minor surgery, and occasionally a broken arm or leg, which would prolong their stay. For young people who stay in the central infirmary longer, services such as education and therapy are provided to the resident in the infirmary.

Ms. Peterson added that Bon Air is requesting the variance for a five-year period or until such time as the regulation is amended. The regulation is currently in the proposed stage of the regulatory process; however, if the Board approves the variance, the variance language will be incorporated into the regulation before the Board advances it to the final stage.

Board Member Dana Schrad asked if a resident staying in the infirmary needed 24-hour attention and whether the security staff are trained to accommodate this level of care or a medical emergency.

Deputy Director Holmon stated that medical personnel are in the central infirmary 24-hours a day, seven days a week.

Director Block added that the resident specialists must stay with their assigned unit as much as possible as part of the Community Treatment Model and that pulling them off that unit to supervise one resident in the infirmary would disrupt the entire unit. The security staff are floating personnel, and it is more efficient to use them given that central infirmary staff are providing direct services.

Pursuant to 6VAC35-20-92 of the Regulation Governing the Monitoring, Approval, and Certification of Juvenile Justice Programs and Facilities, on MOTION made by Michael Herring and seconded by Dana Schrad, the Board of Juvenile Justice approved the variance to the regulatory requirement provided in 6VAC35-71-830, providing that only staff classified as direct care staff may supervise residents in each building or living unit where residents are sleeping. This variance shall authorize security staff to supervise residents housed or receiving services in the correctional center's central infirmary or nursing station outside the presence of direct care staff. This variance is to remain in effect until 6VAC35-71 is amended or for five years, whichever occurs first.

OVERVIEW OF JUVENILE DETENTION CENTERS

Marilyn Brown, Superintendent, Chesterfield County Juvenile Detention Center and President of the Virginia Juvenile Detention Association (VJDA); and Jason Houtz, Superintendent, Fairfax County Juvenile Detention Center

Ms. Brown provided an overview of detention centers, noting the differences between detention centers and correctional centers, and discussed the relationship with the Department, day-to-day operations, and challenges. The slide presentation begins on page 105 of the Board packet. Ms. Brown reviewed the information contained on each slide and expounded on the following slides:

Slide 5 (Criteria for Detention): The Department uses a detention assessment instrument, which is an objective screening tool adopted in 2003 that helps probation officers, intake officers, and judges

determine who should be detained. Services are available to try to keep youth out of detention, such as the Virginia Juvenile Community Crime Control Act (VJCCCA), electronic monitoring, and house arrest. Judges and court service units try to ensure only young people who must be detained are detained.

Slide 7 (Post-Dispositional Detention Placements): Detention centers work with the VJCCCA to develop programs to give judges alternatives to using detention as a short-term punitive measure.

Slide 13 (Relationship of Detention to DJJ): The Department partners with detention centers on the development of the detention center regulations. Virginia has a system with good checks and balances. The detention centers work cooperatively with the certification staff on the three-year certification audits and annual monitoring visits. The detention centers conduct their own self-audits.

The Department receives pass-through money from the General Assembly that assists the detention centers with daily operations. Thirty-seven percent of the annual operations for detention centers is funded through the Department's block grant. The Department also partners with the detention centers on construction. Detention facilities have existed since the 1970s with different kinds of housing units and pods. Construction projects increased in the late 90s and 2000s when detention centers were overcrowded. Mental health has been a challenge for the detention centers: they lack the necessary administrative space and treatment space.

Contractual partnership with the Department is a new phenomenon. Nine detention centers have an agreement with the Department to house state commitments and work closely with each other to provide similar programming. Detention centers have their own intake process for young people entering their community placement program (CPP) or another locality's CPP. Detention centers want to be more trauma responsive to young people, so it makes sense to keep young people in that detention center rather than constantly moving them. Reentry placements have decreased because young people are staying in local CPPs.

Slide 15 (To whom else does detention answer?): Juvenile education programs are different in detention centers than JCCs. The Department of Education provides funding and oversight, but detention centers have memoranda of understanding with their local school division on educational services. For example, Chesterfield Juvenile Detention Center's school program has a principal and nine teachers who are employed by Chesterfield County schools.

The PREA audit process is also different in detention centers than in the JCC. Detention centers secure their own auditors and pay for audits to be conducted to ensure they meet PREA requirements.

The VJDA is a close-knit and active statewide support system that meets on a quarterly basis to problem solve and exchange best practices and ideas for improvement.

Jason Houtz discussed resident profiles and challenges as pictures of detention center activities were shown in the background.

Youth entering Virginia detention centers often come off the street, and the detention centers have little history and background on these youth. What is known about them may be a baseline for the detention centers to make decisions on how best to care for them. Detention centers provide extensive services up front, during the intake process, to try to identify a resident's current needs. Information is gathered from a variety of sources, from contacting parents, talking with probation officers and arresting officers, and reviewing the self-reports of residents to identify how best to manage their needs while in detention.

Lengths of stay can be complicated and variable. Some youth enter a detention facility for a few hours, while others have been there over a year. Circumstances that drive the length of stay are not in the detention center's control, which makes it more challenging to guide youth through the detention process.

Detention centers do not always know when a resident will be released, which makes it difficult to develop a structured program of deliverables and measurable outcomes. Detention centers do not drive whom they serve and for how long; their program focuses on stabilization. For Fairfax, the primary focus is to send residents out of the program better than when they walked in whether for a few hours or a year.

The regulations are a guidance tool that detention centers use to develop their programs, and create best and safe practices for managing youth in the program.

The profile of youth in detention centers:

- Behavior challenges, a defiant state of mind.
- Experience few home life parameters around acceptable behavior.
- Unstructured environment.
- Distrust regarding authority figures.
- Daily activities are focused on negative rather than positive routines.
- Anxiety about going to court and post-court distress.
- Medical concerns, such as untreated injuries or unmanaged medical conditions.
- Youth may present being intoxicated, under the influence of illegal substances, or going through withdrawal symptoms.
- Injuries from domestic abuse.
- Young women who are pregnant might not have managed the pregnancy or been aware.
- Vision/dental care is often limited.
- Inconsistent prescription use is the most common ailment. Youth are not prescribed medication for medical or mental health conditions, do not take their medications regularly, or do not see a physician.
- Education lapses with inconsistent school attendance; some residents do not attend school at all.

- Residents have obtained a GED or high school degree, but have little interest in pursuing further education.
- Exercise and recreation, many youth are not involved in team sports or structured recreation activities.
- Nutritiously, youth do not eat well with high carbohydrates and high sugar in their diet.
- Diagnosed or undiagnosed mental health condition ranging from mild to severe.

Some challenges in detention centers include:

- Providing services and managing residents with age gaps; many residents are in different places in their lives.
- Addressing youth who themselves are parents.
- Managing siblings, co-defendants, lifelong gang members, opposing gang members, victims, offenders, and witnesses.

Each detention center in Virginia has developed approaches to meeting these challenges. The regulations assist detention centers in providing consistency and guidelines to meet challenges. The detention centers' two biggest partners are the Department of Education and the Community Services Board (CSB), which work together on the medical, mental health, and educational needs of the resident and link them with necessary services. Services for residents with acute mental health or medical needs continue through the provision of guidance and information to the parent or the resident's probation officer regardless of when the resident leaves the facility. Family engagement activities are not easy initiatives but are beneficial to residents.

Board Member Kizner asked, when a student is removed from a local school division (e.g., Harrisonburg) and enters a detention center, does that local school division then become responsible for the student?

Ms. Brown answered that yes, the local school district is responsible for that student. The detention center will contact Harrisonburg schools to obtain the youth's records and enroll him in the school program. For some youth, a GED is the only reasonable track because the student has fallen behind in his education.

Board Member Kizner asked whether, for accounting purposes, the detention center or local school district is responsible if the youth quits school.

Deputy Director of Education Lisa Floyd replied that the youth is tied to his local school district. That is why the partnership between the local school district and the detention center is so important. Even though detention centers push for the GED, based on the youth's needs, the Department wants a diploma for its youth because of the accountability in state reporting.

Board Member Robert Vilchez noted that in Northern Virginia there has been a resurgence of MS-13 and 18th Street gangs across the region including in detention homes in Loudoun, Fairfax, and

Prince William Counties and asked what the detention homes and the VJDA are doing to address gang intervention.

Mr. Houtz responded that the primary goals for detention centers are safety and security. Gang management is complicated and can present a serious security issue. The Fairfax Detention Center provides educational programming for its staff on human trafficking for girls and plans to expand the training to males. Fairfax has a strong gang taskforce with representatives from area school systems, court service units, detention centers, and law enforcement working together to develop strategies to address juvenile gang issues in the region. It is difficult to break youth away from gangs while in a detention center. Education on gangs is provided, but intervention would require a very structured program.

REGULATIONS GOVERNING JUVENILE SECURE DETENTION CENTERS (6VAC35-101) TO THE PROPOSED STAGE OF THE REGULATORY PROCESS

Kristen Peterson, Regulatory and Policy Coordinator, Department; Marilyn Brown, Superintendent, Chesterfield County Juvenile Detention Center and President of the VJDA; and Jason Houtz, Superintendent, Fairfax County Juvenile Detention Center

The proposed revisions are a product of discussions with members of the committee that consisted of the Department and representatives from the VJDA. The work group performed a line-by-line review to enhance the regulatory provisions and ensure the safety and security of residents in the detention centers.

Ms. Peterson asked the Board to keep in mind the distinctions between the JCC and the juvenile detention centers as the regulations are reviewed.

Definition Changes

The detention centers have recommended several changes to Section 10 (Definitions) of the regulation, both to comply with the requirements of the Virginia Register of Regulations Style Manual and to address other issues. Specifically, the work group is recommending:

- Moving the following definitions embedded in other sections of the regulation to Section 10 of the regulation to honor the Style Manual's requirement that all definitions be included in one section at the beginning of the regulation: aversive stimuli; cooling-off period; human research; legal mail; legal representative; medication incident; physical restraint; rest day; volunteer or intern; and vulnerable population.
- Amending the following existing definitions as summarized in the Board packet: cooling-off period; human research; legal representative; medication incident; rest day; volunteer or intern; and vulnerable population.
- Adding definitions for the following terms used regularly throughout the chapter, as described in the Board packet: contractor; disciplinary room restriction; full search; mechanical restraint; and room restriction.

- Amending the following existing definitions to provide additional clarity as described in the Board packet: on duty and premises.

High Importance Substantive Recommendations

Ms. Peterson summarized the following proposed revisions that are expected to have a significant impact on facility operations or residents in general.

Section 420—Toilet facilities: The current regulation requires each sleeping room in a detention center constructed on or after January 1, 1998, to have toilet facilities for resident use. Detention centers constructed on or before December 27, 2007, must have at least one toilet, one hand basin (sink) and one shower or bathtub for every eight residents. In buildings constructed or structurally modified on or after December 28, 2007, there must be one toilet, one hand basin, and one shower or tub for every four residents. The work group recommends amending the regulation to require all detention centers to have at least one toilet and one hand basin available for resident use in all sleeping rooms, which is consistent with current detention centers in Virginia. The work group also recommends modifying the shower/tub-to-resident ratio for facilities constructed or renovated on or after December 28, 2007, to 1:5. The idea is to give the facility considering restructuring or redesigning their facility additional space for programming. Ms. Brown discussed the challenges of space and programming in the detention centers.

Section 560—Searches of residents: The existing regulation restricts strip searches and visual inspections of body cavity areas. The existing regulation does not define strip search. The resident's clothing is fully removed in a strip search. There is no contact with the individual conducting the search, but there is a complete visual inspection of all the resident's body parts.

The detention centers have recommended replacing references to "strip search" with "full search" and adding a definition for full search that incorporates the concepts of a strip search.

The regulation prohibits a detention center from conducting a manual or instrumental anal or vaginal body cavity search unless the facility administrator has provided written authorization or unless required by court order. The regulation establishes additional parameters regarding who may conduct and witness the search and the requirements for documenting the search.

The work group's concern with this provision is that it gives the facility administrator broad authority to sign off on these types of searches, and there are few restrictions on when to allow these searches. Many detention centers are concerned with the liability associated with this broad authority. The detention centers have recommended striking the provision that allows manual or instrumental anal or vaginal cavity searches if authorized in writing by the facility administrator and adding language to permit these searches only in exigent circumstances in which the resident requires medical attention or if required by court order.

Chairperson Woolard noted that the proposal suggests deleting the required parameters governing instrumental and manual vaginal or anal cavity searches. The provision requires that such searches

be “conducted by a qualified medical professional,” “witnessed by personnel of the same sex as the resident,” and “fully documented in the resident’s medical file.” Chairperson Woolard interpreted the proposed amendment as allowing the facility administrator to establish the rules in accordance with written procedures. Chairperson Woolard asked what the logic was behind taking those parameters out of the regulation.

Ms. Peterson replied that the idea behind this revision primarily was to mirror what the Department had recommended as part of the proposed revisions for the JCC regulation. The Department proposed allowing the JCC to establish, by written procedures, the parameters in which these types of searches occur.

Board Member Frazier suggested revising the language based on the facility administrators’ desire to have more guidance and less flexibility around instrumental and manual anal or vaginal cavity searches.

Board Member Herring asked if he understood the panel to say that replacing the term “strip search” with “full search” is consistent with the nomenclature in other regulations or statutes.

Ms. Peterson responded that it is consistent with the nomenclature adopted by the facilities to refer to these types of searches.

Board Member Herring commented that while it may be more sensitive nomenclature, the distinction between “strip search” and “full search” is not observed in case law. There is jurisprudence describing the legalities of a strip search, and full searches do not necessarily include a strip search. If you said to an officer, “I subjected a person to a full search,” that person would never assume it included a strip search. This may be an instance where it is in the Department’s best interest to be less sensitive and more accurate.

Mr. Houtz responded that the objective, particularly with younger youth entering the program, is to use terminology that is less scary to them. Detention centers have adopted that programmatic terminology, so the inclusion of this terminology in the regulations might be beneficial.

Ms. Brown added that the proposed amendment provides a definition for full search as the removal of all clothing and a visual inspection of all body parts in order to determine whether contraband is present or to inspect for physical injuries. Ms. Brown asked whether having a definition for the term would protect the detention centers even if that terminology was not utilized in case law.

Board Member Herring suggested that the definition could be improved if it included a visual inspection of all body parts and cavity areas.

Ms. Brown noted that detention centers are not performing body cavity searches except in exigent circumstances.

Board Member Herring asked whether there is a difference between a manual or instrumental search of a cavity and a visual inspection of a cavity and explained that if there is a difference, the proposal to strike “visual inspections of the vagina and anal cavity areas” in subsection C omits a crucial piece of the regulation.

Ms. Peterson added that the work group explicitly defined full search to include only the visual inspection of body parts.

Ms. Brown said a full search is done at intake only, and a cavity search is only in exigent circumstances.

Board Member Herring said that Part D allows for an invasive search, and Part C allows for a visual search of body parts per the definition on page 138 (Board packet) and asked whether “body parts” is intended to include a visual inspection, if necessary, of private areas? Board Member Herring said he can think of a scenario where he would not want to do an invasive search of an anus or vagina but would want to perform a visual search, and depending on the results of the visual search, might move to a more invasive search. Board Member Herring indicated that, as drafted, the proposed regulations do not provide authorization to perform a visual search of a body cavity.

Chairperson Woolard asked whether putting the stricken language regarding visual vaginal and anal cavity inspections in Part C would address Mr. Herring’s concerns.

Board Member Herring responded by providing a typical real-world example. An officer might observe something in an individual’s cavity, and the sight of it would provide the probable cause to perform a more invasive search. In the absence of the sight of the object, one could probably only justify a noninvasive search, unless there is some reliable intelligence that someone has put something in a body cavity. The probability of that is low. We do not want to remove the option of performing a visual inspection, which is noninvasive.

Board Member Herring would like to defer to the concern about how the language will resonate with the subjects. Full search, as used in this discussion, does not exist in legal jurisprudence. If there is litigation, the facility must explain what “full search” means and would not need to provide an explanation if the references to “strip searches” are retained.

Director Block provided a summation for clarification that adding the language to the definition, even if it is called a full search, would satisfy the concern and bridge the gap between full search and strip search.

Sections 630 (Transportation of residents); 635 (Transportation of violent or disruptive youth, or youth traveling to specified destinations) (*new*); and 640 (Detention center transfers to department)

Ms. Peterson explained the Department’s Guidelines for Transporting Juveniles in Detention, approved by the Board in 2004 to establish rules detention centers and court service units must

follow when residents require off-facility transportation for various purposes. Part I of the Guidelines focuses on the responsibilities of detention centers when transporting or arranging for the transportation of residents to local medical appointments, dental appointments, and psychological and psychiatric evaluations. Part II addresses the transportation of violent and disruptive youth and juveniles traveling to various specified destinations.

Currently, Section 630 establishes rules regarding routine and emergency resident transportation and licensure of staff who transport residents. Section 640 addresses both transportation of residents and resident transfers from detention centers to the department's custody. Section 640 requires that residents be transported in accordance with the Guidelines and speaks to the required information that must accompany residents when transferred from detention centers to the department's custody. So as not to have two separate sections addressing resident transportation, the detention centers have recommended amending Section 640 to remove references to resident transportation, including in the catchline.

The detention centers also recommend removing the provision that mandates that detention centers adhere to the Guidelines when detained residents require transportation. This provision violates the Virginia Code Commission's 2016 regulatory provision addressing incorporation by reference. Ms. Peterson explained that the Code Commission established a regulatory provision that took effect in January 2016 which prohibits state agencies from incorporating its own documents by reference into a regulation. To correct this violation, the detention centers have recommended lifting the language from the Guidelines and placing it into Section 630 and a new Section 635. Ms. Peterson explained that the proposed amendments to Section 630 include the provisions from Part I of the Guidelines and the newly created Section 635 includes the provisions from Part II of the Guidelines.

In addition, the detention centers have recommended additional language in Section 630 in response to failed legislation introduced during the 2018 Virginia General Assembly Session. Delegate Cliff Hayes's legislation (HB 1230) would have required the board to promulgate regulations regarding transportation requirements for Department-regulated facilities and programs. Specifically, the bill would have mandated that these regulations address a suicide watch instrument. A substitute bill would have required these entities to convey written information concerning the resident's mental and medical condition to individuals handling the transport of residents. The bill ultimately failed; however, the detention centers want to be responsive to the objectives of the legislation and have recommended additional language similar to the language in the substitute bill. The proposed amendment directs detention centers to provide a transporting party assuming custody of a detained resident with written information concerning the resident's immediate medical needs and mental health condition.

Board Member Schrad asked why HB 1230 failed.

Ms. Peterson responded that Delegate Cline, who sat on the subcommittee that heard the bill, did not believe legislation requiring the Board to promulgate regulations was necessary.

Mrs. Brown noted that the detention centers were supportive of the legislation and wanted to ensure that when residents are transported, the individual having custody of the resident has as much information as is needed to provide safe transportation.

Board Member Frazier asked who performs transportation for localities and commissions.

Ms. Brown responded that this depends on the facility. For example, Merrimac Juvenile Detention Center has its own transportation staff, which is a bit unusual. Most detention centers use sheriff's deputies to transport residents to jail or court. Detention center staff transport residents to medical appointments. Ms. Brown explained that the common practice in facilities is for staff to complete a form on the youth detailing the youth's information and also the information of the person transporting the youth.

Mr. Houtz added that the detention centers have tried to be unspecific about protected information. Mr. Houtz said that his detention center, Fairfax, has its own transportation unit. The unit provides a form to the sheriff's deputies containing information staff deem important when transporting the youth either outside the courthouse or inside.

Chairperson Woolard asked if the information on youth maintains confidentiality and health protections.

Mr. Houtz responded that the detention centers shared that same concern when the legislation was introduced. Mr. Houtz's form was developed so as to exclude specific medical information; it identifies concerns with a resident regarding mental health or self-harm, but contains no other specifics. He noted that HIPPA does allow for the transfer of information to protect safety and security.

Ms. Peterson agreed to draft additional language in Section 630 that will require that any information shared with the person who assumes custody of the youth must remain confidential in accordance with state laws.

Section 890—Staff supervision of residents: Subsection A of this section prohibits direct care staff from being on duty and responsible for the direct care of residents for more than six consecutive days without a rest day except in an emergency. Rest day is defined as a 24-hour period during which a staff person is not responsible for performing duties regarding detention center operations, including participation in required training. This provision has made scheduling and ensuring that part-time staff receive the training necessary to perform their duties more challenging. The detention centers have recommended moving the definition of "rest day" to Section 10 and amending the definition to apply to periods during which a staff person is not responsible for performing supervision duties in a detention center.

Currently, subsection H of this section requires the facility to implement written procedures governing the transportation of residents outside the detention center and from one jurisdiction to

another. The detention centers have recommended striking this provision given that transportation is discussed as part of the proposed additions to Sections 630 and 635.

The Board had questions about mandatory training that might interfere with the 24-hour rest-day.

Ms. Peterson said the expectation in the proposed language is that the facility would no longer be prohibited from having staff come in on the seventh day for training or other non-supervision related duties.

Ms. Brown added that it depends on each locality's payroll system and that training schedules would not be arranged so that there would be seven consecutive working days. Ms. Brown said Chesterfield's training days are built into their workday schedule and would allow staff, if they desire, to come in to work on their off day for staff appreciation events.

Section 900—Staffing pattern: Ms. Peterson alerted the Board to an amendment to the proposed text that was made after the Board packet went to publication. The amended language is set out in the insert, which precedes page 172 in the Board packet.

Currently, Section 900 of the regulation requires detention centers to have at least one direct care staff member **awake**, on duty, and responsible for the supervision of every 10 residents (1:10), both on the premises and at off campus detention center-sponsored events during resident waking hours. This provision is inconsistent with the PREA standard, which requires a 1:8 staff to resident ratio in juvenile facilities during resident waking hours. The PREA Resource Center has issued guidance indicating that the staffing ratio is not an aggregate ratio and must be satisfied in every area throughout the facility. This requirement is not explicitly stated in PREA's standards.

Ms. Peterson discussed the proposed changes in the staffing pattern. The original proposed amendment would have required one direct care staff member to be on duty and responsible for the direct supervision of at least eight residents in every area of the facility in which residents are present. That meant the required 1:8 staffing ratios would have needed to be maintained throughout the facility, in each separate living unit or other area in which a resident is present. The work group originally proposed this change to comply with guidance provided in a PREA resource document, but not explicitly mandated in the Prison Rape Elimination Act standards for juvenile facilities. After the memorandum and proposed text went to publication, the workgroup determined that amending the regulation to reflect the PREA resource document's interpretation was unnecessary and would subject the detention centers to state certification regulations that were more stringent than what is explicitly required in the PREA standards. Therefore, the work group recommended amending the language as provided in the insert preceding page 172 in the Board packet.

Director Block clarified that the proposed amendment to change the staffing ratios from 1:10 to 1:8 was being retained.

Furthermore, subsection A of Section 900 explicitly requires staff to provide awake supervision during resident waking hours. There are no such explicit requirements in subsections B or C applicable when residents are sleeping. Section 890, however, requires that staff provide 24-hour awake supervision seven days a week. In order to discourage the unintended interpretation that staff may sleep while supervising sleeping residents, the detention centers have recommended striking the reference to “awake” supervision in subsection A.

Section 1070—Behavior management: Ms. Peterson discussed behavior management programs in detention centers and explained that these programs are governed largely by a facility’s written procedures. Among the required information contained in these procedures, a facility must define and list the privileges and sanctions that are available for use. In order to promote clarity, the detention centers have recommended amending this section to specify that the written procedures addressing privileges and sanctions available under the behavior management program must establish which behaviors or offenses are subject to which privileges or sanctions, as well as the maximum duration of each sanction.

The existing regulation provides that sanctions may include a “cooling off period,” which is capped at 60 minutes. Ms. Peterson explained that the existing regulation does not require staff to complete a disciplinary report when a resident serves a cooling-off period and in that way, cooling-off periods are distinguishable from room confinement periods. Therefore, the detention centers have recommended adding the following parameters around cooling off periods: (i) that the cooling-off area be identified; (ii) that residents who are cooling off have the ability to communicate with staff; and (iii) that staff conduct visual checks of such residents every 15 minutes.

The Board had a lengthy discussion about the self-imposed and staff-imposed cooling-off periods and raised the following questions:

- Could a facility require a youth to serve multiple cooling-off periods in one day, so long as each cooling-off period does not exceed the 60 minute cap? Does the regulation prohibit back-to-back cooling-off periods?
- Why is a disciplinary report not necessary when a resident serves a cooling-off period?
- What documentation is maintained to establish that a resident is serving a cooling-off period? The Board noted that, as detention centers strive to reduce confinement in their facilities, the tracking of this information will become even more important.

The panel provided the following responses:

- The Certification Team would notice if a detention center were employing back-to-back 60-minute cooling-off periods. However, a resident could remain in his room or in the cooling-off area beyond the 60-minute cooling-off period if he does not want to return after the cooling-off period has expired. The detention center will not force the resident to leave a cooling-off period. There is nothing explicit in the current regulation to prohibit a resident serving 60 minutes of cooling off, 15 minutes out, followed by an additional 60 minutes of cooling off.

- A cooling-off period can be a self-elected tool that the youth uses to de-escalate and prevent troubled behavior. Youth are still monitored while cooling off and these periods are documented; a disciplinary report is not written because it is not required by regulation. Best practices indicate that disciplinary reports are not necessary for these temporary periods.
- In most detention centers, cooling-off periods generally are recorded in a running log for the youth. Mr. Houtz provided an example regarding his facility in Fairfax. In his facility, a self-requested cooling-off period requires no disciplinary report. A staff imposed cooling-off period requires a disciplinary report. He explained that in some instances it might not be necessary to send the youth to a locked secure room to cool off; instead, the youth may serve a cooling off period in a quiet room, depending on the circumstances.

Director Block asked the Board members whether they wanted to add language to ensure data is collected and whether they want to distinguish between a self-requested cooling off and staff-mandated cooling off, given the concerns about the potential for abuse regarding the cooling off period.

The Board agreed that they would like the detention centers to track this data, including whether the period was self-imposed or mandated by staff. The Board indicated that this will help the detention centers and be beneficial to their programs. The data would allow the Board or the Certification Team to review the data in a year to determine how the program is proceeding and to identify any trends or concerns.

The panel noted that the VJDA would work with detention centers on sharing documents and resources to implement this requirement on tracking data.

To clarify, the recommendation of the Board is to add language to subdivision (C)(4) of section 1070 that requires that when a resident is placed in a cooling off period, it must be documented and the data must be accessible to staff. The data also should distinguish between self-selected or staff-mandated cooling off periods.

- Ms. Peterson explained that Section 1070 also directs the facility administrator to review the behavior intervention techniques and procedures annually to assess their effectiveness and to determine whether they remain appropriate for the facility's residents. The detention centers have recommended additional language clarifying that, as part of this annual review, the facility must collect and review information on the facility's use of room restriction. This will ensure that detention centers are assessing the effectiveness of their behavior management program techniques frequently and are considering ways to improve their programs.

Section 1100/Section 10 – Room restriction and new definition: Ms. Peterson discussed the following proposed amendments aimed at making room confinement a more effective tool for deterrence and ensuring that the appropriate checks are placed on the system. Note that these changes are intended to apply to all forms of room confinement unless otherwise indicated.

- ***Nomenclature.*** The detention centers hope to change staff and resident perception of the concepts previously referred to as ‘room confinement’ and ‘isolation,’ and to remove some of the negative images associated with these terms. The detention centers recommend replacing references to “room confinement” in the regulation with “room restriction” since the resident’s activities, movement, and freedom are restricted during these periods. The recommendation is to replace these references in Sections 1070, 1080, and 1100.
- ***Content of written procedures.*** The detention centers have recommended expanding the information that must be included in a facility’s written procedures concerning room restriction. The existing regulations contain a general, broad provision requiring written procedures to govern how and when residents are placed in room confinement. The detention centers recommend adding the following specific topics to the information that must be included in the facility’s written procedures governing room restriction; these items were identified in Senator Favola’s 2016 legislation: 1) the behaviors subject to room restriction; 2) factors for consideration before placing a resident in room restriction; 3) the circumstances necessitating a debriefing with the resident; and 4) the conditions under which staff must consult with a mental health professional when restricted residents exhibit self-injurious behavior.

Chairperson Woolard asked if there are situations in which a resident exhibits self-injurious behavior when a mental health professional would not be consulted. Mr. Houtz provided an example of a resident who punches a wall out of anger and explained that this may not result in a consultation with a mental health provider because it may not be deemed a mental health incident.

- ***Frequency of room checks.*** Under the current regulation, residents confined to a locked room must be checked on visually by staff at least once every 30 minutes, and more often if indicated by the circumstances. For residents on suicide watch, staff must conduct such checks at 15 minute intervals. To ensure the residents are properly monitored, the detention centers have recommended increasing the frequency of all checks to at least once every 15 minutes.
- ***Opportunities for physical exercise.*** The existing regulation requires the detention center to afford restricted residents an opportunity for at least one hour of physical exercise outside of the locked room daily unless the resident’s behavior or other circumstances justify an exception, which justification must be documented. The detention centers recommend amending this requirement to clarify that the physical exercise must be large muscle exercise and to require the facility administrator or his designee’s approval in order for any exception to apply.
- ***Opportunities during restriction.*** The workgroup recommends adding language requiring detention centers to afford residents placed in room restriction, with the exception of

disciplinary room restriction, with the same opportunities as residents in general population unless justified by clear and substantiated evidence.

- ***Restriction for more than 24 or 72 hours.*** The existing regulation provides that, ***with the exception of disciplinary room restriction***, if a resident is restricted for more than 24 hours, the facility administrator or his designee must be notified. For restriction beyond 72 hours, the facility must notify the director or his designee and explain the steps being taken to resolve the situation. The detention centers have recommended adding language that requires the facility administrator to provide written approval for restriction beyond 24 hours and the rationale for the continued restriction. For restriction beyond 72 hours, the detention centers have recommended adding a requirement that a qualified medical or mental health professional conduct a medical and mental health assessment of the resident within the initial 72-hour period, and daily after the initial 72-hour period elapses until the resident's release from restriction.

Chairperson Woolard asked whether the requirements contained in this section were intended to apply to all forms of room restriction and highlighted language on page 182 of the Board packet in subsection E, which provides, "if a resident is placed in room restriction, ***excluding disciplinary room restriction***, for any reason for more than 24 hours, the facility administrator or his designee shall be notified and shall provide written approval for the continued room restriction. The written approval shall include a rationale of why the continued room restriction is necessary." Chairperson Woolard questioned why the approval requirements and process would be different for residents placed in disciplinary room restriction.

Ms. Peterson responded that all of the requirements listed under the room restriction regulation (Section 1100) apply to disciplinary room restriction unless there is a specific exception. She agreed that the language on page 182 in subsection E, as drafted, would not apply to residents placed in disciplinary room restriction. After some discussion, the panel concluded that this exclusion was in error and agreed to amend the language to strike the provision excluding disciplinary room restriction from these requirements.

- ***Restriction for more than five consecutive days.*** Currently, the maximum permissible period for any form of room restriction in detention centers is five days unless ordered by a medical provider. The detention centers have recommended expanding the authority to order confinement beyond the maximum 5-day period to include mental health providers as well as medical providers.
- ***Daily visits from facility administrator.*** Under the current regulation, the facility administrator or designee must make personal contact with every resident placed in room restriction. The detention centers have recommended adding a mandate that during these visits, the facility administrator must assess and document whether the resident: i) is prepared to return to general population (for residents who are not in disciplinary room restriction); and ii) requires a mental health evaluation. This will ensure that the facility administrator is

daily assessing residents not restricted for disciplinary purposes to determine whether they are ready to be released from restriction.

- ***Single occupancy room restriction only.*** The existing regulation stipulates that residents must be confined no more than two to a room when placed in administrative confinement (special housing unit reserved for special management of residents for protective custody or threatening behavioral issues). There is no maximum occupancy identified for residents placed in room restriction. The detention centers have recommended adding a requirement that residents placed in room restriction be housed no more than one to a room in order to reduce the potential threat if a resident is placed in restriction in the same room as another resident.

Section 1105/Section 10 – Disciplinary room restriction and new definition: Ms. Peterson discussed the proposed new Section 1105, which is intended to address a special category of room restriction – disciplinary room restriction. The existing regulation addresses the concepts of room restriction (confinement) and disciplinary room restriction (isolation) under one section of the regulation. Neither term is defined. Room restriction is intended to denote the general umbrella under which all forms of room restriction, including disciplinary room restriction, fall. Disciplinary room restriction, as provided in the proposed definition, applies when the resident is placed in room restriction after application of the disciplinary process. The detention centers have recommended adding this new section to address disciplinary room restriction and including clarifying language: (i) that disciplinary room restriction may be imposed only after the resident has gone through the disciplinary process; and (ii) that detention centers must comply with the behavior management requirements when implementing disciplinary room restriction.

The current regulation prohibits residents from participating in activities with other residents during disciplinary room restriction and restricts all activities with the exception of eating, sleeping, personal hygiene, reading, and writing. For safety and security reasons, sometimes it may be imprudent to allow residents access to writing utensils and reading materials while restricted, especially when the restriction results from self-injurious, violent, or assaultive behavior; therefore, the detention centers have recommended removing the absolute prohibition against restricting reading and writing activities in favor of language that gives the facility administrator or designee the discretion to provide reading and writing opportunities for residents in disciplinary room restriction based on the safety and security needs of the affected resident.

Section 1130—Mechanical restraints: Ms. Peterson explained the current regulatory requirement that detention centers may not restrain residents to a fixed object or in an unnatural position. She explained that, although the regulation does not define “fixed object,” the provision has been interpreted to prohibit detention centers from restraining residents to items that are fastened down, as well as other items such as hospital beds and wheelchairs. The regulation makes no exception for residents taken to a non-secure hospital or other medical facility where restraints may be necessary for the resident’s or others’ safety. The detention centers recommend amending the regulation to

allow explicitly for restraint to a hospital bed or wheelchair if the resident is in an outside medical setting, provided the facility administrator provides written approval in accordance with facility procedures.

Chairperson Woolard asked if this is the general practice in terms of mechanical restraints and detention.

Mr. Houtz responded that based on this interpretation, current practice involves requiring the resident to wear cuffs and shackles in a hospital bed, which he contends is an unnatural position. A single point restraint is more comfortable, the device is intended for mobility, and it is a better decision for the youth.

The existing regulation requires detention centers to have department-approved written procedures governing mechanical restraint use. The detention centers have recommended replacing the department with the facility administrator as the individual required to approve these procedures. Generally, the department does not approve written procedures for juvenile detention centers.

In addition, the current regulation requires detention centers to maintain a written record of routine and emergency distribution of restraint equipment. The detention centers have recommended removing this requirement in favor of allowing each facility to ensure that there is a system of accountability in place in their facilities. The goal is to allow the facility the discretion to determine how to account for the distribution of this equipment.

Section 1140—Monitoring restrained residents: Ms. Peterson explained the existing regulatory provision that requires detention centers to have written procedures that indicate that if a resident is mechanically restrained, staff must make a *direct personal* check on the resident at least every 15 minutes (and more often if necessary). She explained that the existing provision raised questions as to what constitutes a direct personal check. To provide clarification, the detention centers have recommended replacing the reference to “direct personal” check with a “face-to-face” check to clarify that the staff member and resident must be in close proximity and staff must be able to look directly at the resident’s face in order for this requirement to be satisfied.

Currently, if a mechanically-restrained resident exhibits self-injurious behaviors, staff must consult with a mental health professional immediately and monitor the resident using the appropriate protocols. The detention center has recommended additional language to mandate that staff first take appropriate action to stabilize the threat or harm before consulting with the mental health professional and applying monitoring protocols.

RESOLUTION

Director Block and Chairperson Woolard took a brief hiatus to honor the Deputy Director of Administration and Finance, Daryl Francis, on his retirement from the Department by reading a resolution and thanking him for his service before proceeding with the regulatory discussion

VI. SUMMARY OF SUBSTANTIVE RECOMMENDATIONS – MODERATE IMPACT

Ms. Peterson next discussed additional proposed revisions that are expected to have a moderate impact on facility operations or residents.

Section 80—Serious incident reports: The current regulation requires detention centers to report serious incidents to the applicable court service unit, the director or his designee, and the parent or legal guardian, all within 24 hours of the incident and *in accordance with department procedures*. This reference incorporates the department's procedures into the regulation by reference in violation of the Code Commission's prohibition. Therefore, the detention centers are recommending striking the mandate that the serious incident reporting process accord with department procedures.

The department's certification unit also has expressed concerns regarding the difficulty in determining whether a detention center has complied with the 24-hour deadline for notifying the applicable court service unit, director, and parent or legal guardian of a serious incident involving a resident. Although subsection D of this section requires the facility to prepare a written report containing information regarding who notified the parent/legal guardian and director, there is no current requirement that the date and time on which the notice was provided be noted in the report. The detention centers have recommended adding a requirement in subdivision D(5) that the report include the date and time on which the notice was provided to the parent, legal guardian, director, and applicable court service unit.

Finally, the detention centers have recommended striking the current provision in subsection E that requires detention centers to place a written reference of the incident and all applicable reporting in the resident's record, given that this information is entered into the department's data system.

Section 170 (Employee background checks), 175 (Contractor background checks) (new), and 177 (Volunteer and intern background checks) (new): Ms. Peterson discussed the current background check provisions in Section 170, which require individuals who accept employment in a detention center, volunteer regularly and will be alone with a resident, or contract to provide services to residents regularly and will be alone with residents to undergo a host of background checks, including fingerprint checks with the Virginia State Police and Federal Bureau of Investigation. The current regulation allows **employees** to be hired pending the results of the fingerprint check but prohibits such employees from being **alone with residents** and allows them to work only with residents who are under the direct supervision of staff who have had all their background checks completed. The detention centers have recommended adding language that broadens the restriction so that employees hired pending the fingerprint checks are prohibited from working directly with residents until all background checks have been completed. The detention centers also have recommended adding language that prohibits them from hiring persons convicted of the barrier crimes set out in § 19.2-392.02 of the *Code of Virginia*, subject to the restrictions in § 63.2-1726 of the *Code of Virginia*.

Finally, the detention centers have recommended rearranging the order of the provisions regarding background checks, training, and retraining for employees, contractors, and volunteers in order to make the regulation easier to navigate.

Section 310—Personnel records: Ms. Peterson explained the information that must be included in an employee's personnel record under this provision and the detention center's recommendation to strike from this list the following information: 1) educational background and employment history; 2) documentation of required reference check; 3) annual performance evaluations; and 4) documentation of the regulation-mandated training. The detention centers believe that these requirements are unnecessary in the context of a regulation. Ms. Peterson explained that striking the requirement to retain this information in the employee or volunteer's personnel record would not eliminate the requirement to produce this information in accordance with Section 40(B)(2) for purposes of establishing that the background checks and reference checks mandated in Sections 170 through 177, and training required in Sections 190 through 197, have been completed.

Chairperson Woolard asked whether the rationale for striking the requirement to include this information in the employee's record is to ensure that information would be kept in another place or whether the detention center would no longer have a record of that information. The panel responded that the information would be maintained in another location, depending on the locality's human resource procedures.

Section 360—Equipment and system inspections and maintenance: The current regulation requires all safety, emergency, and communications equipment and systems to be inspected, tested, and maintained by designated staff. The detention centers have recommended an amendment to require the facility administrator to identify critical safety, emergency, and communications equipment and systems that periodically must be inspected, tested, and maintained by designated staff and to require the facility administrator to develop written procedures outlining the applicable items and the parameters of the process.

Section 460—Smoking prohibition: The current regulation prohibits the use of tobacco products by staff and visitors in areas of the facility where residents may see or smell the products.

The detention centers have recommended expanding this prohibition to apply to contractors, volunteers, and interns and to impose an overall prohibition against the use, possession, purchase, or distribution of tobacco or nicotine vapor products by residents.

Board Member Kizner asked why detention centers would allow smoking products around residents. Ms. Brown stated that staff from her detention center are allowed to smoke in the courtyards, where residents cannot see or smell the product.

Section 650—Prohibited actions: Generally, detention centers are prohibited from depriving residents of certain opportunities and engaging in certain behaviors. Among these, detention centers may not deprive residents of: i) food and drinking water necessary to meet their daily nutritional

needs; ii) opportunities to bathe or use toilet facilities; and iii) opportunities for sleep or rest. Similarly, detention centers may not administer laxatives, enemas, or emetics. This section allows exceptions from these rules if ordered by a licensed physician, generally to address a medical need or for some other legitimate medical purpose. The detention centers have recommended replacing references in this section to licensed “physicians” with licensed “health care professionals” to give other licensed health care professionals working in the facilities the authority to make these determinations.

Section 655—Vulnerable population: The current provision requires detention centers to implement systems for assessing whether residents are members of a vulnerable population. This section defines “vulnerable population” and includes in the definition a number of examples of characteristics that indicate a resident may be vulnerable or susceptible to attack or harm (e.g., height and size, English proficiency, sexual orientation, etc). Under PREA, a resident’s views with respect to his safety must be considered in making this determination. The detention centers wanted to avoid the interpretation that the factors listed are indicative of a resident being a member of a vulnerable population for these purposes. To address this concern, the detention centers have recommended removing these factors from the definition of vulnerable population and adding language to this section that provides that these characteristics **may be considered** in determining whether a resident is “vulnerable.”

The detention centers also recommend incorporating the PREA provision that requires the resident’s views of his safety be considered in making the vulnerable population determination.

Section 740—Nutrition: The current regulation requires detention centers to provide residents with special diets or allow alternative dietary schedules in certain instances, including if prescribed by a physician or if needed to observe a resident’s established religious dietary practices. The detention centers have recommended amending this provision to allow the facility administrator or his designee or a mental health professional to authorize the imposition of special diets for residents who have used food or culinary equipment in a manner that threatens facility security.

Section 800—Admission and orientation: This section sets out the processes detention centers must include in their written procedures for admitting residents. Ms. Peterson explained that detention centers currently do not have explicit regulatory authority to forego admitting into their custody residents who require emergency medical attention or are under the influence of alcohol or drugs. This makes the detention center vulnerable to litigation and could threaten the safety and health of newly admitted residents, staff, or other residents in the detention center. The detention centers have recommended additional language mandating that the facility conduct a general assessment of the resident’s physical state before admission and prohibiting staff from admitting any resident visibly under the influence of alcohol or drugs or in need of immediate emergency medical assistance. The detention centers also have recommended striking the duplicative requirement in this section that staff must be trained before performing orientation and admission duties as this requirement is noted in Section 190.

This section also describes the information to which residents must be oriented **prior to being assigned to a housing unit**, including, for example, the facility's behavior management program, the grievance procedures, and the facility's disciplinary process. The detention centers have recommended striking the requirement that orientation take place before the resident is assigned to a housing unit in order to allow facilities greater discretion in scheduling orientations.

Section 820—Mental health screening: Current law requires detention center staff to conduct an initial mental health screening of a resident at intake to determine whether a more robust mental health assessment is necessary. The initial screening must include a structured interview and an observation, as provided in facility procedures. Additionally, the facility must administer an objective mental health screening instrument within 48 hours of admission. While not referenced in this provision, the department-issued guidelines in 2012 require detention centers to utilize the Massachusetts Youth Screening Instrument – Second Version as their mental health screening instrument. The MAYSI-2 includes a domain addressing suicidal ideation; however, many detention centers have supplemented the instrument with their own additional questions to help better determine a resident's immediate risk of suicide. The detention centers have recommended amending this section to allow each detention center to supplement the required screening instrument with additional questions or observations in accordance with the facility's written procedures.

Section 870—Written communication between staff; daily log: Detention centers must maintain a daily log for staff to communicate significant events that occurred within the facility. Logs must identify the person making each individual entry and the date and time of each entry. The detention centers consider the method by which information is recorded into the daily log to be an operational issue and have recommended striking the mandate that the individual making each entry be recorded and adding language allowing the facility to establish, by written procedures, how identifications for log entries must be documented.

Section 920—Work and employment: Detention centers assign residents chores or allow them opportunities for paid work assignments within the facility. The chores and work assignments must comport with the resident's age, health, ability, and individual service plan. The detention centers have recommended removing the requirement that the chores and work plan comport with the resident's individual service plan. The purpose is to give detention centers flexibility when assigning chores in the facility. Ms. Brown added that listing chores on a resident's individual service plan is impractical.

Section 1040—First aid kits: Detention centers must keep first aid kits and an inventory of their contents. The detention centers have recommended adding language that specifies that kits must be maintained in facility vehicles used to transport residents as well as in the facility.

Section 1060—Medication: Under subsection B of this section, medication must be securely locked except as required by 6VAC35-101-1250. That section gives facilities with residents in post-D placements for longer than 30 days the discretion to establish in written procedures whether these

residents will be permitted to self-medicate. Because the determination as to whether these residents may self-medicate is discretionary, the use of the term “required” in this section is erroneous and misleading. The detention centers have recommended replacing “required” with “authorized” to address this error.

If a resident experiences a medication incident or adverse drug reaction, staff must contact one of a number of specified individuals and entities including, for example, a poison control center and physician and must take whatever actions are instructed. The detention centers have recommended expanding this list to include hospitals.

This section defines “medication incident” as “an error in administering medication” and provides a list of five specific examples that constitute a medical incident. Under the regulation, a resident’s refusal of properly-offered medication does not constitute a medication incident for these purposes. The detention centers have recommended moving this definition to Section 10 and adding to the definition language that indicates that medication incidents do not include the facility’s inability to administer medication due to repeated unsuccessful attempts to obtain the medication.

This section requires detention centers to dispose and store unused, expired, and discontinued medications in accordance with applicable laws and regulations but does not address disposal of such implements. The detention centers have recommended additional language providing that the disposal and storage of unused, expired, and discontinued medical implements must accord with applicable laws and regulations.

The proposal also corrects an erroneous statutory citation in subsection F.

Section 1080—Disciplinary process: This section explains the process for affording residents due process when they are alleged to have violated a facility rule. Staff must complete a disciplinary report describing the rule violation for offenses subject to room restriction. An impartial staff member must review the report and if the resident denies the offense, the impartial staff person must meet with the resident and allow him the opportunity to present evidence before rendering a final decision. The entire process must occur within 12 hours after the alleged rule violation, including weekends and holidays. If the time period ends during the resident’s scheduled sleeping hours, the facility must document the delay and the clock will resume running at the start of the resident’s waking hours. The regulation provides that if the resident appeals the impartial employee’s decision, the facility administrator has 24 hours from the rule violation to rule on the appeal. The clock stops running during the resident’s scheduled sleeping hours, and staff must document this. The detention centers have recommended eliminating the duty to document the interruption of the initial 12-hour period and the 24-hour appeal period, contending that this requirement is unnecessary because the disciplinary report identifies the date, time, and location of the incident.

Residents must be notified in writing of the results of any appeal. The detention centers have recommended removing the required written notification in favor of requiring both the resident and staff to sign a document indicating that the resident was informed of the appeal’s outcome. Ms.

Peterson explained that this will allow detention centers more flexibility in how to disseminate this information.

Chairperson Woolard asked how the written notification is distributed. Mr. Houtz answered that it is filed in the resident case record. Chairperson Woolard asked whether providing a resident with the written notification would present a safety issue. Mr. Houtz replied that the youth generally does not want the document, and it would not be a good reminder of their stay in detention that they received room restriction.

Residents found not guilty must have the reports removed from their case records. The detention centers have recommended striking the language that makes the duty to place this information in the resident's case record contingent upon a guilty outcome. They contend that retaining a record indicating that a child was alleged to have committed an infraction will not harm the child.

Board Member Vilchez asked who determines whether the youth is found guilty or not.

Ms. Brown responded that the director or designee conducts the appeals process, which is noted in the facilities' policies and procedures. Mr. Houtz added that there is also the grievance process in addition to the appeals process. There is no harm in maintaining the case record for historical purposes.

Chairperson Woolard asked, if the youth went through the process and was determined not guilty, why would the disciplinary report need to be included in their record and associated with that youth? She asked who would have access to the records and commented that she can see the down side in keeping those records.

Ms. Brown responded that Chesterfield County only shares information when requested specifically by the court or if a probation officer asks for a summary of the youth's behavior. It is a printed log, not the individual disciplinary reports. Ms. Brown explained that maintaining the records for a not guilty verdict could help administrators show the youth that this incident was investigated and met with a successful result for the youth. Mr. Houtz added that sometimes resident case files are subpoenaed.

VII. SUMMARY OF CONTENT CHANGES – MINOR IMPACT

Ms. Peterson then began a very brief discussion on the proposed changes expected to have a minor impact on facility operations and residents.

Section 40—Certification: The detention centers have recommended the following changes:

- Clarify that detention centers must maintain a current certification demonstrating compliance with this regulatory chapter, and amend the provision to reflect the proper title for the Certification Regulations (6VAC35-20).

- Clarify that the determination of a juvenile detention center's compliance with applicable regulatory and statutory requirements will be based on the assessment and compliance measures approved in accordance with board regulations.
- Strike the mandate requiring the detention center to ensure that areas of noncompliance do not pose a direct or immediate danger to residents. This language is unclear and could be perceived as encouraging detention centers not to comply with the regulatory provisions in this chapter.

Section 50: Relationship to the regulatory authority: The detention centers have recommended replacing the regulatory authority with the audit team leader as the individual to whom reports and information demonstrating compliance with the regulatory requirement must be submitted. This is consistent with language in the Certification Regulations (6VAC35-20).

Section 70 – Variances and waivers: The detention centers have recommended amending this section to clarify that variances may be issued solely for **noncritical** regulatory requirements and to clarify that the director has the authority to issue waivers to noncritical regulatory requirements pending board action on a variance request. Additionally, the detention centers recommend amending the reference to the certification regulations to reflect the proper title for this chapter.

The Board decided to review the remainder of the minor proposed changes and ask questions to help move along the meeting.

Chairperson Woolard asked why the detention centers were proposing to remove the requirement in Section 95 that human rights offenses be reported to the Director of the Department.

Ms. Peterson responded that the existing regulation already requires that these types of incidents be reported to the department. The idea is that the Department staff would field that information to the director as appropriate.

Ms. Brown noted that detention centers report serious incidents through the Department's Balanced Approach Data Gathering Environment (BADGE) system. There are certain incidents that require notification to the Department Director and the facility's assigned certification analyst, and BADGE allows that information to be recorded.

Section 970—Consent to and refusal of health care services: This section requires health care services to be provided in accordance with § 54.1-2969, the statutory provision addressing consent for surgical and medical treatment of minors separated from the custody of their parents. This section specifies that the resident or parent or legal custodian must provide informed consent and provides a definition for informed consent. To comply with the requirements of the Style Manual, the detention centers have recommended removing the reference to and corresponding definition for "informed consent," but wish to retain the concept in this section.

Chairperson Woolard asked about the impact of deleting the definition and specific reference to “informed consent.”

Ms. Peterson responded that although the term was removed, the concept was retained and embedded in the language.

Chairperson Woolard thanked Ms. Peterson, Ms. Brown, and Mr. Houtz for their hard work and the continued efforts of the workgroup on updating the regulations.

After discussion, the Board decided to hold the vote for approval of the proposed amendments to the Regulations Governing Juvenile Secure Detention Centers until the June meeting in order to review the proposed amendments at greater length, allow those who missed the meeting to have input, and give the detention centers the opportunity to draft amendments as recommended by the Board. The Department agreed to provide the Board with a summary document highlighting all the changes discussed at the instant Board meeting.

Director Block noted that the group home regulations can be pushed back until the September meeting.

In the interest of time, Chairperson Woolard and Director Block moved the legislative update to the June meeting.

DIRECTOR'S COMMENTS

Andrew K. Block, Jr. Director, Department

The Board was invited to attend an upcoming 5K run at Bon Air on April 27 and the Yvonne B. Miller graduation at Bon Air on June 18. This is a combined graduation of youth receiving GEDs, diplomas, or certifications. This is always a heartwarming and fun event. The Court Service Unit Summit is scheduled for May 23-24 in Charlottesville, and the Board was invited to attend and learn more about the community program.

The Director discussed a new HBO news documentary series called VICE, which includes an episode on juvenile justice reform and footage of Bon Air. The correspondent for the episode was the actor Michael Williams, best known for his role as Omar in the Wire. Mr. Williams visited Bon Air and spent time with the youth. The piece was well done and thoughtful. The series is available at Raisedinthesystem.com.

The Director also discussed *Atlantic Magazine's* coverage of juvenile justice. The magazine spent some time with the Department last fall to complete this issue. Unfortunately, most of the Department's input was left on the cutting room floor, but the short piece can be found on *Atlantic's* website.

Director Block ended his comments by talking about his trip to visit the court service units in southwest Virginia.

BOARD COMMENTS

There were no comments by the Board.

NEXT MEETING

The next Board meeting is scheduled for June 13 at the Main Street Centre, 600 East Main Street, Richmond.

ADJOURNMENT

Chairperson Woolard adjourned the meeting at 1:55 p.m.

BOARD OF JUVENILE JUSTICE
April 25, 2018

Proposed Substitute Language

6VAC35-101-900. Staffing pattern.

A. The facility shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to ensure the safe supervision of residents on the premises. The facility administrator shall review the staffing plan annually.

AB. During the hours that residents are scheduled to be awake, there shall be at least one direct care staff member ~~awake,~~ on duty, and responsible for supervision of every ~~40-eight~~ residents, or portion thereof, on the premises or ~~participating-inattending~~ off-campus, detention center sponsored activities.

BC. During the hours that residents are scheduled to sleep there shall be no ~~less-fewer~~ than one direct care staff member on duty and responsible for supervision of every 16 residents, or portion thereof, on the premises.

GD. There shall be at least one direct care staff member on duty and responsible for the supervision of residents in each building where residents are sleeping.

DE. At all times, there shall be no ~~less-fewer~~ than one direct care staff member with current certifications in standard first aid and cardiopulmonary resuscitation on duty for every 16 residents, or portion thereof, being supervised by staff.

SUMMARY
DEPARTMENT CERTIFICATION ACTIONS
April 30 , 2018

DEPARTMENT CERTIFICATION ACTION: Certified the 9TH District Court Service Unit until April 13, 2021.

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

DEPARTMENT CERTIFICATION ACTION: Certified the 17th District Court Service Unit until December 15, 2020.

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

DEPARTMENT CERTIFICATION ACTION: Certified the 18th District Court Service Unit until January 20, 2021.

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

DEPARTMENT CERTIFICATION ACTION: Certified the 20th (Warrenton) District Court Service Unit until May 18, 2021.

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

DEPARTMENT CERTIFICATION ACTION: Certified the 24th District Court Service Unit until January 29, 2021.

DEPARTMENT CERTIFICATION ACTION: Certified the 31st District Court Service Unit until April 19, 2021.

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

DEPARTMENT CERTIFICATION ACTION: Certified the Bon Air Juvenile Correctional Center until April 11, 2021.

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

DEPARTMENT CERTIFICATION ACTION: Certified Piedmont Regional Juvenile Detention Center until April 27, 2021, with a letter of congratulations for 100% compliance.
Pursuant to 6VAC35-20-100C.1, if the certification audit finds the program or facility in 100% compliance with all regulatory requirements, the director or designee shall certify the facility for three years.

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

PROGRAM AUDITED:

9th District Court Service Unit (Williamsburg)
4093 Ironbound Road, Suite D
Williamsburg, VA 23188
(757) 564-2460
Joe Jackson, Director
Joe.Jackson@djj.virginia.gov

AUDIT DATES:

October 23-24, 2017

CERTIFICATION ANALYST:

Shelia L. Palmer, Team Leader

CURRENT TERM OF CERTIFICATION:

April 14, 2015 – April 13, 2018

REGULATIONS AUDITED:

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

PREVIOUS AUDIT FINDINGS – January 20-21, 2015:

100% Compliance Rating

CURRENT AUDIT FINDINGS- October 23-24, 2017

91.00%

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

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

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

6VAC35-150-420. Contacts during juvenile's commitment.

RECOMMENDED DEPARTMENT CERTIFICATION ACTION: Certify the 9TH District Court Service Unit until April 13, 2021.

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

TEAM MEMBERS:

Shelia L. Palmer, Team Leader
Clarice Booker, Certification Unit
Mark Lewis, Certification Unit
Deborah Hayes, Certification Unit
Kelly Rummel, 7th District CSU
Jonathan Robinson, 8th District CSU
Priscilla Boggs, 3rd District CSU

POPULATION SERVED:

The 9th District Court Service Unit serves eleven jurisdictions which includes the cities of Poquoson and Williamsburg and the counties of Charles City, Gloucester, King and Queen, King William, Matthews, Middlesex, New Kent, James City, and York.

PROGRAMS AND SERVICES PROVIDED:

The 9th District Court Service Unit provides mandated services including:

- Intake
- Probation supervision
- Parole supervision
- Pre-dispositional investigations
- Video Intake site for the Department of Juvenile Justice
- **Primary Community Referrals:** The 9th District Court Service Unit has two Virginia Juvenile Community Crime Control Act (VJCCCA) funded agencies which provide a majority of the specialized services for juveniles before the court.
- **Colonial Group Home Commission (CGHC)** and **Community Connections (CC)** - Services include: Crossroads Community Youth Home, Surveillance, Electronic Monitoring, Community Service Work, Substance Abuse Screenings, Psychological Assessments, Treatment Groups, and other services such as the Alcohol Diversion Program and the Law Related Education Program.
- **Other Community Based Services:** Clients are also provided an array of services through the **Comprehensive Services Act (CSA)**, via (9) Family Assessment Planning Teams (FAPT), the Community Services Boards (CSB), and through locally funded grants and programs. Due to some COV changes regarding the category of Children in Need of Services (CHINS) for mandated status, CSU staffs have successfully obtained CSA funded services for several cases which needed services ranging from intensive in-home counseling services, group home placement to residential treatment.

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

FACILITY/PROGRAM: 9th District Court Service Unit (Williamsburg)

SUBMITTED BY: Joe Jackson, Director

CERTIFICATION AUDIT DATES: October 23-24, 2017

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

order. Social history reports shall include the following information:

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

Audit Finding:

Per approved procedures, the following information was missing:

- Four of ten social histories were missing either the juvenile's year of birth or the juvenile's "age"
- Eight of ten social histories were missing other known states.
- Five of ten social histories were missing the date of the home visit.
- Four of ten social histories were missing either the physical description of the residence or the length of time at the residence.
- Four of ten social histories were missing the school location.
- Four of nine social histories were missing the most recent grades
- Eight of ten social histories were missing "the family 's and probation officer's view of the impact of the neighborhood on the juvenile's behavior"
- Five of nine social histories did not indicate if the juvenile was "under the influence at the time of the present offense"
- Eight of ten social histories did not provide the juvenile's self-reported career goals"

Program Response

Cause:

The Social History Template was revised several times by the Department with the final vision completed on October 14, 2016. A checklist was provided on March 15, 2017 to assist staff in preparing the reports; however, it was not utilized to the full extent which resulted with detailed and specific information being omitted from the reports. Since March of 2017, compliance issues have improved overall. It should be noted that the pertinent information was generally included in the reviewed reports; however, because the information was not entered within the specific YASI domains, it was cited for being out of compliance. Additionally, the findings highlighted a misunderstanding regarding the required information for the Legal history domain (specifically the reporting of out of state legal history).

Effect on Program:

Minimal Impact. The effectiveness of the recommendations included in the social history reports were not impacted.

Planned Corrective Action:

The 9th CSU will conduct a training session by January 15, 2018 with all probation and parole staff to review the social history template, comprehensive information, timeline requirements in accordance with CSU Procedure 9230. In addition, booster training will be conducted by December 31, 2017 with CSU Director and Supervisors to increase knowledge of quality assurance measures. All staff will utilize the social history checklist when preparing the social history report. Staff will submit the checklist and the prepared report to the Probation Supervisor or Senior Probation Officer five (5) days prior to the submission date for court reports or five (5)

days prior to the due date for compliance reports. CSU Director will conduct a quality assurance check of a randomly select number of social history reports on a quarterly basis.

Completion Date:

January 15, 2018

Person Responsible:

Director, Supervisors, and Senior Probation Officer.

Current Status as of March 29, 2018: Compliant

- Five of five social histories provided the juvenile's year of birth and the juvenile's "age"
- Four of five social histories documented other known states.
- Five of five social histories provided the date of the home visit.
- Four of five social histories documented the length of time at the residence.
- Five of five social histories provided the school location.
- Five of five social histories provided the most recent grades
- Four of five social histories were documented "the family 's and probation officer's view of the impact of the neighborhood on the juvenile's behavior"
- Five of five social histories indicated if the juvenile was "under the influence at the time of the present offense"
- Five of five social histories provided the juvenile's self-reported career goals

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

A. 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:

Five of nine applicable case narratives reviewed did not include entries indicating that the case plan either had been "jointly developed by the probation officer, juvenile and family and or had been discussed and or signed by all parties.

Program Response

Cause:

In the five cases, the supervision plan were signed by all parties [which acknowledged their participation and agreement of the plan development] and contacts were entered in the BADGE module. However, the entries did not highlight the specific action and information in accordance with procedure 350 (A). Further, the discrepancies were not captured during supervisory case file reviews, which failed to indicate absence of the supervision plan being discussed, developed, signed, and copies provided to all parties during the supervision contacts.

Effect on Program:

None. The the YASI supervision plans were completed, reviewed, and the comprehensiveness of the plan was retained. Intervention services were not disrupted by the omitted action of system entries.

Planned Corrective Action:

The 9th CSU will complete staff training and review of the supervision plan development and planning process no later than November 30, 2017. Effective December 1, 2017, these procedural requirements will be adhered to by all probation/parole staff. This will apply to current and new probation cases. In accordance with the corrective action plan, staff will conduct the initial planning session with the juvenile and parent(s) within fourteen days (14) of the juvenile being placed on supervision. This action will be clearly documented in BADGE to include a mandatory annotation that *"the plan was jointly discussed and developed by the probation officer, juvenile, and family; and, the participation statement has been signed by all parties."* Staff will submit and review the case plan with the Supervisor for approval within five (5) days of the initial plan development. Probation Supervisors will review and sign the case plan and document his/her approval in the BADGE case narrative. Staff will conduct the second planning session with the juvenile and parent(s) within twenty (20) days of the Supervisor's approval. Action will be clearly documented in BADGE to include a mandatory annotation that *"the plan was jointly discussed, reviewed, and signed by the probation officer, juvenile and family, and copies were provided."* All subsequent supervision plan review contacts shall include an annotation in the BADGE case narrative that the plan was discussed and reviewed (the narrative shall highlight progress toward specific objectives/goals/ action steps). The local CSU procedure will be amended to reflect this corrective action.

Completion Date:

January 15, 2018

Person Responsible:

Probation Supervisors.

Current Status as of March 29, 2018: Compliant

Three of three applicable case narratives reviewed included entries indicating that the case plan either had been "jointly developed by the probation officer, juvenile and family and or had been discussed and or signed by all parties.

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

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

Audit Finding:

- Three of three commitment letters were missing the following elements:
 - Juveniles who are identified with a disability (i.e., 504 plan or Individualized Education Program (IEP).
- Two of three commitment letters were missing the following elements:
 - Name(s) of any committed family members
- Three of three commitment letters was prepared and submitted with omitted information that did not indicate whether or not the juvenile had a disability classification for a 504 plan or Individualized Education Plan (IEP). Two of three applicable commitment packages was not submitted to the CAP unit within three (3) business days if the social history was completed prior to disposition and a maximum of ten (10) business days if a social history was ordered post-disposition, regardless

of the existence of pending charges.

Program Response

Cause:

One of the two commitment packets identified in the finding was not submitted prior to the 3-day timeline awaiting the receipt of a Circuit Court sentencing order. The other case was cited because supervisors did not document that the packet was submitted within the case narrative, and a Waiver Request for Commitment Packet Submission (form 9332E) pursuant to procedure was not submitted. There is no plausible explanation reason why the missing information was not included in the commitment cover letter.

Effect on Program:

None. The commitment packets were submitted and accepted by the CAP Unit but caused a delay in the CAP Unit's ability to begin processing the commitment and the required assessments. The omission of critical information could be quite serious, especially in regards to safety and security at the CAP Unit and JCC. It should be noted that the omitted information in the cover letter was included in the attached social histories.

Planned Corrective Action:

A training session will be conducted with probation and parole staff by December 31, 2017 with the emphasize on *attention to detail* for the pertinent information required in the commitment cover letter. The Commitment Cover Letter Checklist and cover letter template has been reviewed and amended to comply with all requirements per 6VAC35-150-410 (A). CSU Director will examine Commitment Letter Template form other CSUs to adapt best practice. After December 31, 2017, Supervisors will conduct a quality assurance check of all Commitment Cover Letters utilizing the checklist. The commitment cover letter shall include an annotation identifying any missing documents and that the "document will be forwarded upon receipt." After December 31, 2017, Supervisors will monitor and track the preparation of all commitment packets from date of commitment until submission (placed on Shared: Drive), and document action in BADGE. All commitment packets will be submitted in accordance to procedural timelines: three (3) business days if a social history was completed prior to disposition and ten (10) business days if the social history was ordered post-disposition. Supervisors will notify the CSU Director of any commitment packets that will not meet the initial submission timelines and require a waiver. On a case by case basis, the Director shall submit a Waiver Request for Commitment Packet Submission (form 9332E) pursuant to procedure.

Completion Date:

January 15, 2017

Person Responsible:

CSU Director, Probation and Parole Supervisors.

Current Status as of March 29, 2018: Not Determinable

The 9th District Court Service Unit have not had any commitments since their audit, October 24, 2017.

6VAC35-150-420. Contacts during juvenile's commitment.

During the period of a juvenile's commitment, a designated staff person shall make contact

with the committed juvenile, the juvenile's parents, guardians, or other custodians, and the treatment staff at the juvenile's direct care placement as required by approved procedures. The procedures shall specify when contact must be face-to-face contact and when contacts may be made by video conferencing or by telephone.

Audit Finding:

- Two of two applicable case files reviewed did not have documentation that one or more of the following elements were reviewed during the juvenile monthly contact:
 - Family planning and progress on Family Domain section of CRCP;
 - Comprehensive Re-entry Case Plan (CRCP) goals and progress;
 - Educational goals and progress;
 - Behavior and adjustment;
 - Intervention strategies;
 - Re-entry/parole placement and service needs (e.g., benefits);
 - Review and update family transportation plan; and
 - Establish regular schedule for PO, counselor, and juvenile monthly contact dates.
- One of one applicable case file reviewed did not have documentation that one or more of the following elements were reviewed during the family monthly contact:
 - Review family's progress toward planned goals of the Family Domain;
 - Share juvenile's progress;
 - Prepare for re-entry, such as identifying housing options and other supports;
 - Coordinate intervention and services;
 - Review and update family visitation plan; and
 - Provide community resource linkages and crisis intervention, as needed.
- Two of two case files reviewed did not have documentation that a date for the following month contact with the JCC was determined during each monthly contact.
- Two of two applicable case files reviewed did not have documentation that the supervisor had a case staffing with the assigned probation officer at least every 30 days during the period of time for all level four and level three cases.

Program Response

Cause:

Two cases identified in the findings involved no documentation of the required items for parent, juvenile, JCC Counselor contacts, and follow-up meeting dates. While the assigned Parole Officers have done a good job overall with adhering to new Re-entry Manual requirements, omission of these required elements was not documented in the BADGE module. The general statements utilized by the POs captured the contents of the meeting but failed to identify a follow-up meeting date which did not meet the procedural requirements. There is not a plausible explanation for missing the staffing dates for the level 3 and 4 parole cases.

Effect on Program:

None. The required contacts were completed with the elements discussed verbally with all parties. The lack of documentation did not disrupt or delay treatment services. Supervisors routinely discussed the case dynamics throughout the month with staff but failure to document this action. The quality of services was not disrupted or the attentiveness to public safety impacted.

Planned Corrective Action:

As of November 15, 2017, a template was developed for Probation/Parole Officers to utilize when entering contacts in BADGE and to ensure all items are captured. The pertinent information discussed and reviewed with juvenile, parent, Juvenile Correctional Center Counselors will be reviewed with all probation and parole staff. The documented contacts in the caseload management module of BADGE shall include detailed information in accordance with the Re-Entry Manual. Probation/Parole Officer shall annotate the projected or planned follow-up meeting dates in the caseload module of BADGE for all juvenile and counselor contacts. No later than December 15, 2017, Supervisors shall perform quality assurance checks and provide feedback for corrective action when completing their quarterly supervisory reviews of BADGE documentation and case files. Supervisors and Probation/Parole Officers will utilize a Parole Level tracking matrix to review all Level 4 and Level 3 parole supervision cases every 30 days. Supervisors and POs shall discuss and document the juvenile's progress, services being provided, and adjustments to parole level in the caseload module of BADGE every thirty (30) days.

Completion Date:

January 15, 2017

Person Responsible:

Supervisor, Sr. Probation Officer, Probation/Parole Officer

Current Status as of March 29, 2018: Compliant

- Two of two case files reviewed documented the following elements were reviewed during the juvenile monthly contact:
 - Family planning and progress on Family Domain section of CRCP;
 - Comprehensive Re-entry Case Plan (CRCP) goals and progress;
 - Educational goals and progress;
 - Behavior and adjustment;
 - Intervention strategies;
 - Re-entry/parole placement and service needs (e.g., benefits);
 - Review and update family transportation plan; and
 - Establish regular schedule for PO, counselor, and juvenile monthly contact dates.
 - Two of two case files reviewed documented the following elements were reviewed during the family monthly contact:
 - Review family's progress toward planned goals of the Family Domain;
 - Share juvenile's progress;
 - Prepare for re-entry, such as identifying housing options and other supports;
 - Coordinate intervention and services;
 - Review and update family visitation plan; and
 - Provide community resource linkages and crisis intervention, as needed.
 - Two of two case files reviewed documented a date for the following month contact with the JCC was determined during each monthly contact.
 - Two of two applicable case file reviewed had documentation that the supervisor had a case staffing with the assigned probation officer at least every 30 days during the period of time for all level four and level three cases.
-

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

PROGRAM AUDITED:

17th District Court Service Unit (Arlington/Falls Church)
1425 North Court House Road, Suite 5100
Arlington, Virginia. 22201
(703) 228-4600
Earl J. Conklin, Director
econklin@arlingtonva.us

AUDIT DATES:

July 17-18, 2017

CERTIFICATION ANALYST:

Clarice T. Booker

CURRENT TERM OF CERTIFICATION:

December 16, 2014 – December 15, 2017

REGULATIONS AUDITED:

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

PREVIOUS AUDIT FINDINGS July 22, 2014:

100% Compliance Rating

CURRENT AUDIT FINDINGS – July 18, 2017:

92.99% Compliance Rating

No repeat deficiencies.

Number of Deficiencies: Four

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

6VAC35-150-390 (A) Transfer of case supervision

6VAC35-150-410 (A) Commitment information

6VAC35-150-420 Contact during juvenile's commitment

RECOMMENDED DEPARTMENT CERTIFICATION ACTION: Certify the 17th District Court Service Unit until December 15, 2020.

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

TEAM MEMBERS:

Clarice Booker, Team Leader

Johanna Balascio, 19th District Court Service Unit (Fairfax)

Deborah Hayes, Central Office

Mark Lewis, Central Office

Monica Newman, 31st District Court Service Unit (Manassas)

Hampton Strosnider, 20-L Court Service Unit (Leesburg)

POPULATION SERVED:

The 17th District Court Service Unit serves Arlington County and the city of Falls Church.

PROGRAMS AND SERVICES PROVIDED:

The 17th 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:

- Adult Probation
 - Argus House Group Home for Boys
 - Aurora House Group Home for Girls
 - Detention Diversion Program (DDP)
 - Electronic Monitoring
 - Young Achievers Program (YAP)
 - Parent Education
 - Social Skills Training
 - Psychological Services
 - Basics of Safe Driving
 - Truancy Awareness Group (TAG)
 - Gang Intervention and Prevention Services
 - Girls' Outreach Program
 - Mentoring Program
 - Offender Aid and Restoration (OAR) for community service
 - Post-dispositional detention through Northern Virginia JDC
 - School Probation Counselor (SPC) Program
 - Second Chance Substance Abuse Program
 - Intern/Volunteer Program
 - Project Open Book
 - Public Relations Program
 - Shoplifter Program
 - Truancy Program
 - Victim Awareness Program
 - Training Program
-

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

FACILITY/PROGRAM: 17th District Court Service Unit
(Arlington/Falls Church)

SUBMITTED BY: Earl J. Conklin, Director

CERTIFICATION AUDIT DATES: July 17-18, 2017

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.

6VAC35-150-350 (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:

The supervision plan was not completed in accordance with approved procedures in the following areas:

- The case narrative did not include entries that the supervision plan had been discussed by all parties in three out of seven applicable case records reviewed.
- The case narrative did not include entries that the case plan was jointly developed by the probation officer, juvenile and family and discussed and signed by all parties in three out of seven case records reviewed.

Program Response

Cause:

This deficiency is the result of a lack of clarity by probation officers and supervisors about the requirements for documenting the case planning process in the case narrative. Our review of this deficiency indicates that probation officers routinely met with juveniles and families to develop case plans in a collaborative manner, that case plans were jointly developed by the probation officer, juvenile and family, and that case plans were discussed and signed by all parties.

However, in some cases, the probation officer failed to document the case planning contact with the youth or family, or failed to include all of the required elements in the entry.

Effect on Program:

The lack of proper documentation can result in an incomplete case record. Documentation

provides substantiation of the CSU's work with juveniles and their families. When documentation is missing or incomplete, it results in gaps in the case narrative and can result in a lack of continuity in the CSU's work with juveniles or families. Incomplete documentation can make it difficult for supervisors and others to properly review casework by probation officers. It also makes it more difficult in situations where a new or secondary worker is assigned to the case. There is no evidence to indicate this deficiency had a specific adverse effect on the program or youth served. However, the 17th CSU is committed to providing the best possible services to our youth and believe addressing this deficiency will assist us in this goal.

Planned Corrective Action:

The CSU will provide and document training to all juvenile probation officers that will include the following:

- Review the requirements for supervision plans, including that they:
 - shall be discussed and signed by all parties, and
 - shall be developed jointly by the probation officer, juvenile and family.

- Review the documentation requirements for supervision plans, including that:
 - The probation officer shall include an entry in the case narrative each time a supervision plan is developed or revised.
 - The case plan was jointly developed by the probation officer, juvenile and family.
 - The case plan was discussed by all parties.
 - The case plan was signed by all parties.

Completion Date:

September 15, 2017

Persons Responsible:

Erick King, Juvenile Probation Supervisor

Current Status on January 25, 2018: Non-Compliant

Eleven applicable case records reviewed. The case narrative did not include entries that the case plan was signed by all parties in five out of eleven case records reviewed.

Current Status on March 19, 2018 RPM Follow-up Audit: Compliant

Eight applicable case records reviewed. The case narrative did include entries that the case plan was signed by all parties in all eight case records reviewed.

6VAC35-150-390 (A) Transfer of case supervision

When the legal residence of an individual under the supervision of a CSU is not within the jurisdiction of the original CSU, the supervision of the case may be transferred to another unit in Virginia in accordance with § 16.1-295 of the Code of Virginia and approved procedures.

Audit Finding:

Form 9351 A was not completed in accordance with approved procedures in two out of two applicable parole case records reviewed.

Program Response

Cause:

The CSU failed to properly recognize and comply with the required use of Form 9351 when transferring parole supervision to other CSU's within the Commonwealth. All other required documentation and actions were completed, including written request for supervision and supervision of the case pending written acceptance by the receiving CSU.

Effect on Program:

Form 9351 grants authority to the receiving CSU to supervise the parole case. Failure to complete it as required, results in a lack of documentation that this authority has been transferred to the receiving CSU. This lack of documented authority could result in complications or confusion for the receiving jurisdiction, especially if it becomes necessary to file a parole violation with the court. While there is no evidence this occurred in the referenced cases, our failure to provide this form created the potential for these problems to occur.

Planned Corrective Action:

The CSU will complete this form in all cases in which parole supervision is transferred to another CSU in the Commonwealth of Virginia. The form will be completed and provided to the receiving CSU when the request for transfer is initiated. The Parole Supervisor will provide and document training to both Parole Officers on the required use and proper completion of this form.

Completion Date:

September 15, 2017

Person Responsible:

Shannan Moore, Parole Supervisor.

Current Status on January 25, 2018: Not determinable.

The unit reported there have been no parole supervision cases transferred from the Arlington CSU to another CSU in Virginia since the audit.

Current Status on March 19, 2018 RPM Follow-up Audit: Not determinable

The unit reported there have been no parole supervision cases transferred from the Arlington CSU to another CSU in Virginia since the January 25, 2018 follow up audit.

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:

The commitment packet was not submitted to the CAP Unit within the required timeframes in accordance with approved procedures in two out of three applicable case records reviewed. One juvenile was committed 2/17/17 and the packet sent 3/16/17, and the second was committed on 1/27/17 and the packet submitted 2/13/17.

Program Response

Cause:

In two cases in which a juvenile was committed to the Department, the CSU was found to be non-compliant in meeting the required timeframes for submitting commitment packets to the CAP unit. In both cases, the youth was committed by the Arlington County Circuit Court. The delay in submitting the commitment packet directly resulted from a corresponding delay in our ability to obtain the commitment order from the Circuit Court. These circumstances made it impossible or impractical to meet the requirements. However, in both instances, the CSU Director failed to request a waiver from the DJJ Deputy Director, as provided for in DJJ procedures: Re-Entry and Intervention Manual for Committed and Paroled Juveniles, page 12; items 2-6.

Effect on Program:

The deficiency has resulted in a regulatory finding of non-compliance with this standard. No other significant effect is noted.

Planned Corrective Action:

The CSU Director and parole staff will review procedures for submission of commitment packets found in the Re-Entry and Intervention Manual for Committed and Paroled Juveniles, page 12, items 2-6, and document this review as training. In any future commitments where circumstances make it *impossible or impractical* to meet the three and ten business day submission requirements, a waiver will be requested using Form 9332E.

Completion Date:

September 15, 2017

Person Responsible:

Earl Conklin, CSU Director

Current Status on January 25, 2018: Compliant

One applicable case was reviewed, and the commitment packet was submitted within the required timeframe.

6VAC35-150-420 Contacts during juvenile's commitment

During the period of a juvenile's commitment, a designated staff person shall make contact with the committed juvenile, the juvenile's parents, guardians, or other custodians, and the treatment staff at the juvenile's direct care placement as required by approved procedures. The procedures shall specify when contact must be face-to-face contact and when contacts may be made by video conferencing or by telephone.

Audit Finding:

There was no documentation that one or more required elements were reviewed with the juvenile during the monthly contact in three out of three applicable case records reviewed. There was no documentation that one or more required elements were reviewed with the family during the monthly contact in two out of two applicable case records reviewed.

Program Response

Cause:

This deficiency is the result of a lack of clarity by CSU staff about the need for documenting that all of the required elements were discussed during contacts with juveniles and with families.

Our review of this deficiency indicates that parole officers routinely met with juveniles and families as required by standards and documented these contacts in the case record. However, the documentation entered in the case record does not consistently substantiate that all of the required elements were discussed during these contacts.

Effect on Program:

The lack of proper documentation can result in an incomplete case record. Documentation provides substantiation of the CSU's work with juveniles and their families. When documentation is missing or incomplete, it results in gaps in the case narrative and can result in a lack of continuity in the CSU's work with juveniles or families. Incomplete documentation can make it difficult for supervisors and others to properly review casework by probation officers. It also makes it more difficult in situations where a new or secondary worker is assigned to the case. There is no evidence to indicate this deficiency had a specific adverse effect on the program or youth served. However, the 17th CSU is committed to providing the best possible services to our youth and believe addressing this deficiency will assist us in this goal.

Planned Corrective Action:

The CSU will provide and document training to parole officers that will include the following:

The following information shall be reviewed during the monthly contact [with the juvenile] and notations placed in the case record documenting each element:

- a. Family planning and progress on Family Domain section of CRCP;
- b. CRCP goals and progress;
- c. Educational goals and progress;
- d. Behavior and adjustment;
- e. Intervention strategies;
- f. Re-entry/parole placement and service needs (e.g., benefits);
- g. Review and update family transportation plan; and
- h. Establish regular schedule for PO, counselor, and juvenile monthly contact dates.

The following information shall be reviewed during the monthly contact [with the family] and notations placed in the case record documenting each element:

- a. Review family's progress toward planned goals of the Family Domain;
- b. Share juvenile's progress;
- c. Prepare for re-entry, such as identifying housing options and other supports;
- d. Coordinate intervention and services;
- e. Review and update family visitation plan; and
- f. Provide community resource linkages and crisis intervention, as needed.

Completion Date:

September 15, 2017

Person Responsible:

Shannan Moore, Parole Supervisor.

Current Status on January 25, 2018: Compliant

Six applicable case records were reviewed and the required elements were documented for the monthly contacts with the juvenile.

Two applicable case records were reviewed and the required elements were documented for the monthly contacts with the family.

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

PROGRAM AUDITED:

18th District Court Service Unit (Alexandria)
520 King Street
Alexandria, Virginia 22314
(703) 746-4144
Mike Mackey, Director
Mike.Mackey@alexandriava.gov

AUDIT DATES:

August 29-30, 2017

CERTIFICATION ANALYST:

Mark Ivey Lewis

CURRENT TERM OF CERTIFICATION:

January 21, 2015 – January 20, 2018

REGULATIONS AUDITED:

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

PREVIOUS AUDIT FINDINGS September 9, 2014:

6VAC35-150-140 (A). Records Management
6VAC35-150-335 (A). Diversion

CURRENT AUDIT FINDINGS – August 30, 2017:

87.5% Compliance Rating
No repeated deficiencies from previous audit.
Number of Deficiencies: Six
6VAC35-150-270 (A). Intake duties
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
6VAC35-150-420. Contacts during juvenile's commitment

RECOMMENDED DEPARTMENT CERTIFICATION ACTION: Certify the 18th District Court Service Unit until January 20, 2021.

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

TEAM MEMBERS:

Mark Ivey Lewis, Team Leader
Clarice Booker, Central Office
Deborah Hayes, Central Office
Julie Mayer, 19th District Court Service Unit (Fairfax)
Hampton Strosnider, 20-L District Court Service Unit (Loudoun)
Erick King, 17th District Court Service Unit (Arlington)

Vincent Butaitis, 15th District Court Service Unit (Fredericksburg)

POPULATION SERVED:

The 18th District Court Service Unit (CSU) serves the City of Alexandria.

PROGRAMS AND SERVICES PROVIDED:

The 18th District CSU provides mandated services including:

- Intake/diversion including after-hours services
- Probation supervision
- Direct care and parole supervision
- Investigative reports

The Unit interacts with the community organizations below to obtain the listed services:

- Alexandria Police Department
- Alexandria Public Schools
- Alexandria Mentoring Partnership
- Alexandria Gang Prevention Community Task Force
- Children Youth and Families Collaborative Commission
- Mayor's Campaign to End Bullying
- Re-entry
- Referrals to Community Services Board
- Referrals to Department of Social Services

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

FACILITY/PROGRAM: 18th District Court Service Unit (Alexandria)

SUBMITTED BY: Mike Mackey, CSU Director

CERTIFICATION AUDIT DATES: August 29-30, 2017

CERTIFICATION ANALYST: Mark Ivey Lewis

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

6VAC35-150-270 (A). Intake duties.

A. When making an intake determination as provided for by § 16.1-260 of the Code of Virginia, whether in person or by telephone or interactive video conferencing, the intake officer shall, in accordance with approved procedures:

1. Explain the steps and options in the intake process to each person present as provided for in approved procedures;
2. Make all required data entries into the Department's electronic data collection system in accordance with § 16.1-224 of the Code of Virginia and approved procedures;
3. Consult with available parents, guardians, legal custodian, or other person

standing in loco parentis to determine the appropriate placement; and

4. Notify the juvenile's parents, guardians, legal custodian, or other person standing in loco parentis in cases involving the juvenile's detention.

Audit Finding:

Three of seven intake narratives in the electronic data system did not address intake disposition including the specific consideration of diverting the case for court.

Program Response

Cause:

While indicating the rationale behind decisions to petition cases, Intake Officers managing these specific cases did not include diversion consideration explicitly for the cases in question. This was caused by a misinterpretation of this obligation and the presence of a pre-transformation mindset, calling for the indication of justification for petitioning at the intake disposition as opposed to considerations for diversion.

In debriefing this area of non-compliance with Intake Officers, two additional contributing causes for two of the three non-complaint cases analyzed below:

1. Misinterpretation of DJJ Policy 9471; listing this policy in a Violation of Probation petition for an absconder as the reason for filing the petition and not considering diversion (Intake did not conclude that diversion was allowable or to be considered for probation violations filed in an effort to maintain fidelity to this policy). This interpretation was due to the language in DJJ Policy 9471- IV Procedures / 2. which states that, if on official supervision, a "request for a petition for violation of probation or parole shall be made". In the future, the intake narrative will reference the policy but indicate the clear diversion consideration.
2. Another Intake narrative noted as non-complaint with this duty showed that the juvenile's DAI score was over 15 and the Intake Officer used this score to follow the recommendation of secure detention. The DAI result was interpreted as the guide to petition and specific consideration to diversion was not considered. When the DAI tool is used at the time of Intake and indicates a score of greater than 15, Intake Officers have interpreted this outcome as a cause to file a petition. This is so because a juvenile detained in secure detention as a result of following the DAI recommendation must be brought before the Court. The only vehicle by which to accomplish this is to petition the matter and have it heard before the Court at the Advisement of Rights hearing and to determine the appropriateness of detention. There is no other avenue or option legally available at this time and therefore diversion would not be considered when fidelity to DAI scores of over 15 is maintained. In the future, the intake narrative will reference the policy but indicate the clear diversion consideration.

Effect on Program:

Failure to cite this language indicates a continued focus on rational for filing a petition rather than on first exploring diversion as an alternative. Transformation's call to serve the right youth, for the right intervention, for the right time is met more clearly when the question becomes, "shall we divert?" rather than, "why did we petition?" The danger here is that cases which might be diversion eligible and appropriate are petitioned.

Planned Corrective Action:

The 18th CSU has already instituted a corrective action as all Intake Officers have been retrained in the policy and practice of specific consideration of diversion and the supervisor is ensuring correct language in all Intake decisions by reviewing all cases of delinquent complaints and status offense on file with Intake. The Intake supervisor will double check this standard and review Intake notes and Intake decisions with Intake Officers to ensure fidelity to transformations' call to explore diversion eligibility prior to filing a petition. The Director of the CSU shall support this corrective action by self-auditing this action on the 18th CSU's monthly compliance day.

Completion Date:
October 5, 2017

Person Responsible:
All professionals assigned with this duty, Intake Supervisor Joe Regotti/Director Mike Mackey.

Current Status on November 27, 2017: Compliant
Five intake narratives in the electronic data system addressed the intake disposition, which included specific consideration of diverting the case for court.

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

A. A social history shall be prepared in accordance with approved procedures (i) when ordered by the court, (ii) for each juvenile placed on probation supervision with the unit, (iii) for each juvenile committed to the Department, (iv) for each juvenile placed in a 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:

Per approved procedures, the following information was missing:

- Seven of ten social histories demographic information were missing the juvenile's "age",
 - Four of ten social histories did not indicate the juvenile and families "length of time at the residence",
 - Six of ten social histories were missing "the family and probation officer view of the impact of the neighborhood on the juvenile's behavior",
 - Three of three applicable social histories did not state for the juveniles who were currently employed, their position title, job responsibilities, hours worked per week and the length of time at the job", and
 - Four of nine social history reports were not filed with the clerk 72 hours in advance of the dispositional court date as required by approved procedures.
-

Program Response

Cause:

The Probation Officers assigned to determine and report this information did not include the information, per policy. The Supervisor's assigned did not request corrections. The Director did not ensure that this information was provided appropriately. Regarding timeliness of reports, despite staffing shortages in the past 12 months, the CSU did not implement an effective succession plan and response related to this policy.

Effect on Program:

By not providing 100% accurate information, the full nature of a youth and family's status is not provided to the Court and others. It is paramount that full and complete information is provided to make determinations. Also, among the most vital elements of the CSU is to provide swift and accurate information to the Court. Regarding timeliness of reports, the CSU's failure to provide reports 72 hours prior to the Court date is a failure to provide adequate time for the Court, attorneys and families the opportunity to prepare for hearings and may have a deleterious effect on cases.

Planned Corrective Action:

The 18th CSU has already instituted corrective action by including the elements required in the check-list and policy documents in the completion and review of tasks. Supervisors are providing additional training and reminders to staff. Supervisors have committed to ensuring information in reviews and will double check standards and work product. Staff have been retrained and reminded of our obligations to this policy and expectations moving forward. Particularly regarding timeliness of reports, pending court reports are a part of daily morning report. A new, teamed approach relative to performance in this area is a focus of the leadership team and, to respond to succession planning, members of the leadership team are taking on additional duties to ensure compliance. The Director of the CSU shall conduct self-audits monthly on the 18th CSU's compliance day.

Completion Date:

October 5, 2017

Person Responsible:

All professionals assigned with this duty, supervisors and Director Mike Mackey.

Current Status on November 27, 2017: Non-Compliant

Six social histories reviewed had been prepared in accordance with approved procedures to include juveniles age, length of time at the residence, and the family and probation officers view of the impact of the neighborhood on the juvenile's behavior.

Three of six social histories reviewed were not filed with the clerk 72 hours in advance of the disposition court date as required by approved procedures.

The six social histories reviewed did not have any juveniles who were currently employed so this element of the regulation could not be determined for compliance.

Current Status on March 30, 2018 RPM Follow-up Audit: Compliant

Six of six social histories reviewed were filed with the clerk 72 hours in advance of the disposition court date as required by approved procedures.

The six social histories reviewed did not have any juveniles who were currently employed so this element of the regulation could not be determined for compliance.

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

A. 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:

Seven of eight narratives reviewed did not have documentation that the individual supervision plans were jointly developed by the probation officer, juvenile and family and/or was signed by all parties.

Program Response

Cause:

While it is the practice of Officers to develop service plans jointly with youth and families, as is indicated, Officers did not offer youth and families the opportunity to sign updated service plans, as would be appropriate and is policy.

Effect on Program:

Success on probation includes partnerships between the CSU, the youth, families and others. It is most appropriate to ensure that service plans are not provided TO youth, but developed with youth to support the greatest chance for success.

Planned Corrective Action:

The 18th CSU has already made corrective changes. Officers have been retrained and reminded of requirements to policy and are encouraged to actively involve youth and families, as is demonstrated through documentation. Supervisors shall ensure accuracy by double checking standards and work product and the Director will include in 18th CSU monthly self-audits.

Completion Date:

October 5, 2017

Person Responsible:

All professionals assigned with this duty, supervisors and Mike Mackey

Current Status on November 27, 2017: Compliant

Five narratives reviewed had documentation that the individual plans were jointly developed by the probation officer, juvenile and the family and signed by all parties.

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

B. 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:

Three of seven supervision plans reviewed did not have a supervisor's summary comment that the review had been completed and approved or modified as indicated.

Program Response

Cause:

Although a review of cases was conducted, the Supervisors did not provide the summary comment as is required by policy.

Effect on Program:

The Supervisors expertise, leadership and guidance is among the most critical elements to an effective CSU and service plan, specifically. It is crucial to know the exact and complete summary of our supervisors and protects against confusion while helping with succession planning.

Planned Corrective Action:

The 18th CSU has already begun correcting this area as Supervisors have been retrained and reminded of this obligation and by double checking standards and work product. The Director will include in monthly compliance checks of the 18th CSU.

Completion Date:

October 5, 2017

Person Responsible:

All professionals assigned with this duty, supervisors and Director Mike Mackey.

Current Status on November 27, 2017: Compliant

Five narratives reviewed included the supervisory summary comment that the supervision plan review had been completed and approved or modified as indicated.

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

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

Audit Finding:

Two of three applicable commitment letters did not include the identified disability (i.e., 504 plan or Individualized Education Program (IEP) of the juvenile.

Two of four commitment letters did not list current medications.

Three of four commitment letters did not list:

- The name(s) of any known committed juveniles with whom contact with the newly committed juvenile may be problematic.
 - Name(s) of any committed family members.
-

Program Response

Cause:

CSU Officers did not provide appropriate elements required and leadership did not ensure this policy was followed.

Effect on Program:

It is critical that full and complete information is provided to best serve the youth committed to the Department.

Specifically:

Two of three applicable commitment letters did not include the identified disability (i.e., 504 plan or Individualized Education Program (IEP) of the juvenile. **Youth may not be placed in an appropriate educational setting.**

Two of four commitment letters did not list current medications. **Youth may not have appropriate medical care.**

Three of four commitment letters did not list:

- The name(s) of any known committed juveniles with whom contact with the newly committed juvenile may be problematic: **This relates to safety issues.**
- Name(s) of any committed family members: **This relates to issues which may impact the youths' adjustment or success.**

Planned Corrective Action:

The 18th CSU has already instituted corrective action in this area as staff have been provided with retraining and reminders. Supervisors will check for accuracy by double checking standards and work product and the Director will include in monthly self-audit/compliance days of the 18th CSU. CSU also developed a revised cover letter and check-list to ensure necessary information is provided.

Completion Date:

October 5, 2017

Person Responsible:

All professionals assigned with this duty, supervisors and Director Mike Mackey.

Current Status on November 27, 2017: Not Determinable

Alexandria CSU did not have any juvenile committed to the Department of Juvenile Justice since their last audit on August 29-30, 2017.

Current Status on March 30, 2018 RPM Follow-up Audit: Not Determinable

Alexandria CSU did not have any juvenile committed to the Department of Juvenile Justice since their last audit on November 27, 2017.

6VAC35-150-420. Contacts during juvenile's commitment.

During the period of a juvenile's commitment, a designated staff person shall make contact with the committed juvenile, the juvenile's parents, guardians, or other custodians, and

the treatment staff at the juvenile's direct care placement as required by approved procedures. The procedures shall specify when contact must be face-to-face contact and when contacts may be made by video conferencing or by telephone.

Audit Finding:

Four of four case records reviewed did not have documentation that one or more of the following elements were reviewed during the juvenile monthly contact:

- Family planning and progress on Family Domain section of Comprehensive Re-entry Plan (CRCP)
- CRCP goals and progress;
- Educational goals and progress;
- Behavior and adjustment;
- Intervention strategies;
- Re-entry/parole placement and service needs (e.g., benefits);
- Review and update family transportation plan; and
- Establish regular schedule for PO, counselor, and juvenile monthly contact dates.

Three of three applicable case files reviewed did not have documentation that one or more of the following elements were reviewed during the family monthly contact:

- Review family's progress toward planned goals of the Family Domain;
- Share juvenile's progress;
- Prepare for re-entry, such as identifying housing options and other supports;
- Coordinate intervention and services;
- Review and update family visitation plan; and
- Provide community resource linkages and crisis intervention, as needed.

Program Response

Cause:

Despite contact being made, CSU staff did not provide a report that elements required were discussed. Leadership did not ensure accuracy of response to policy.

Effect on Program:

Important elements of case planning may not be discussed as would be appropriate, which may affect success, or may not be understood by colleagues and others should a case require coverage.

Planned Corrective Action:

The 18th CSU has already corrected the matter as staff have been retrained and reminded of the policy and the use of a check list to ensure accuracy. Supervisors shall ensure compliance by double checking standards and work product and the Director shall include in monthly self-audit/compliance of the 18th CSU.

Completion Date:

October 5, 2017

Person Responsible:

All professionals assigned with this duty, supervisors and Director Mike Mackey.

Current Status on November 27, 2017: Compliant

Seven case records reviewed had narratives which addressed all the required elements according to approved procedures for monthly juvenile contacts and for monthly family contacts.

Note:

The 18th CSU is engaged in work to enhance its efforts to provide optimal public service, including its adherence to expectations of audits. Our goal is to have zero areas of non-compliance. The CSU is including every member of the organization in its action plan.

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

PROGRAM AUDITED:

20-W District Court Service Unit (Warrenton)
9 Court Street
Warrenton, VA 20186
(540) 422-8050
Elaine Lassiter, CSU Director
Elaine.lassiter@djj.virginia.gov

AUDIT DATES:

December 11, 2017

CERTIFICATION ANALYST:

Mark Ivey Lewis

CURRENT TERM OF CERTIFICATION:

May 19, 2015 – May18, 2018

REGULATIONS AUDITED:

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

PREVIOUS AUDIT FINDINGS – February 23, 2015

100% Compliance Rating

CURRENT AUDIT FINDINGS – December 11, 2017:

90.0% Compliance Rating

No repeated deficiencies from previous audit

Number of deficiencies: Five

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

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

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

6VAC35-150-400. Notice of release from supervision.

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

RECOMMENDED DEPARTMENT CERTIFICATION ACTION: Certify the 20th (Warrenton) District Court Service Unit until May 18, 2021.

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

TEAM MEMBERS:

Mark Ivey Lewis, Team Leader
Clarice Booker, Central Office
Shelia Palmer, Central Office
Deborah Hayes, Central Office
Kimberly Keller, 31st District Court Service Unit (Manassas)
Johanna Balascio, 19th District Court Service Unit (Fairfax)

POPULATION SERVED:

The 20-W Court Service Unit serves the counties of Fauquier and Rappahannock.

PROGRAMS AND SERVICES PROVIDED:

The 20-W District Court Service Unit provides mandated services including:

- Intake/diversion
- Probation supervision
- Direct care and parole supervision

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

- In-home counseling
 - Life skills
 - Electronic monitoring
 - Sex offender treatment
 - Substance abuse treatment
 - Evidence Base Associate for substance abuse and sex offender evaluations
-

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

FACILITY/PROGRAM: 20-W District Court Service Unit (Warrenton)

SUBMITTED BY: Elaine Lassiter, Director

CERTIFICATION AUDIT DATES: December 11, 2017

CERTIFICATION ANALYST: Mark Ivey Lewis

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

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

A. A social history shall be prepared in accordance with approved procedures (i) when ordered by the court, (ii) for each juvenile placed on probation supervision with the unit, (iii) for each juvenile committed to the Department, (iv) for each juvenile placed in a 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:

Per approved procedures, the following information was missing:

- Legal History and Intervention
 - Four of ten social history tables labeled as "Other Pending Court Matters"

- and "Prior Legal History" were not completed
 - Ten of ten social history tables labeled as "Other Pending Court Matters" had a column labeled as "Adjudication" instead of "Adjudication/Disposition" as required by the most recent social history template
 - Four of ten social history tables labeled as "History of Detention and Court Placements" were not completed
 - Four of ten social histories were missing the "physical description of the residence" under the Family Environment section of the report
 - Four of ten social histories had the YASI-generated information at the bottom instead of at the top in the Education section of the report as required by the most recent social history template
 - Mental and Physical Health
 - Two of four applicable social histories did not provide the name of the medication
 - Four of nine applicable social histories did not provide the impact of any form of abuse (physical, emotional, mental, sexual)
 - One of one applicable social histories did not state for the juvenile who was currently employed, their position title and hours worked per week
-

Program Response

Cause:

A system of checks and balances was not in place.

Effect on Program:

This deficiency led to incomplete social histories, uninformed decision makers, unidentified risk and protective factors and related need based services interventions.

Planned Corrective Action:

The current social history has now replaced the version that did not meet requirements for state standards. The most current social history checklist will now have signatures attached to the bottom of the form – one for staff and one for supervisor.

- Staff will submit a signed worksheet with the social history for review.
- Supervisor will review the report utilizing the worksheet. If the report meets standards, report will be signed by Supervisor. If the report requires amendments, the report and worksheet will be returned to the PO to make the necessary amendments.
- Director will review random files quarterly.

Completion Date:

January 8, 2018

Person(s) Responsible:

Mary Pitts and Elaine Lassiter

Current Status on March 14, 2018: Compliant

Eight social histories reviewed had been prepared in accordance with approved procedures. The social histories included tables for "Other Pending Court Matters" and "History of Detention and Court Placements", the "physical description of the residence", the YASI-generated information

being inserted at the beginning of the Education section, and the name of the medication and the impact of any form of abuse (physical, emotional, mental, sexual) under the Mental and Physical Health section of the social history.

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

A. 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:

Eight of eight supervision plans cover page did not separately identify the juvenile's and family's motivation for change.

Four of eight narratives reviewed did not have documentation that the individual supervision plans were jointly developed by the probation officer, juvenile and family, and/or had been discussed and/or was signed by all parties.

Program Response

Cause:

A system of checks and balances was not in place

Effect on Program:

One of the goals of case planning is to empower the parents and engage the families. Two important elements are to measure the juvenile's and family's motivation to change and jointly develop the case plan with the probation staff.

Planned Corrective Action:

- For the next 60 days, Mary will review the service plan cover page with Director during supervision. The Director oversight is just another layer for quality assurance.
- PO will document in BADGE the following statement: SUPERVISION PLANS WERE JOINTLY DEVELOPED BY PO, (NAME CLIENT AND NAME OF PARENT/GUARDIAN), DISCUSSED, AND SIGNED BY ALL PARTIES.
- PO Supervisor will note in BADGE that signature page reviewed
- Director will review notes quarterly

Completion Date:

January 8, 2018

Person(s) Responsible:

Mary Pitts and Elaine Lassiter

Current Status on March 14, 2018: Compliant

Five of five applicable supervision plans reviewed had separately assessed the juvenile's and family's "motivation for change".

Five of five applicable narratives reviewed had documentation that the individual supervision plan had been jointly developed by the probation officer, juvenile and family and it had been discussed and signed by all parties.

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

B. 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:

Four of ten case files reviewed did not have documentation that the individual supervision plan had been reviewed with the juvenile and the juvenile's family at least once every 90 days.

Program Response

Cause:

A system of checks and balances was not in place

Effect on Program:

The review provides a summary that outlines progress and challenges for the juvenile and their parent(s). It is a check and balances to ensure that the right dosage and right intervention are being appropriately utilized and to outline next steps.

Planned Corrective Action:

- Mary will assist in the development of the supervision plan during supervision
- Supervisor will maintain an outlook calendar of supervision plan due dates; reminders will be sent out to each PO. Executive Secretary will assist in setting up calendar.
- Supervisor will ensure that PO's are coding the supervision plans correctly—14
- Badge Code 14 will used for 90 days reviews or specific changes have occurred in the case, i.e. detainment, level changes, placement, etc.
- Director will pull community insight reports weekly for QA to review due dates

Completion Date:

January 8, 2018

Person(s) Responsible:

Mary Pitts and Elaine Lassiter

Current Status on March 14, 2018: Compliant

Nine of ten applicable supervision plans reviewed had documentation that the individual supervision plan was being reviewed with the juvenile and the juvenile's family at least once every 90 days.

VAC35-150-400. Notice of release from supervision.

Notice of release from supervision shall be given in writing to the individual under the supervision of a CSU and to the parents or guardians of juveniles. Such notification shall

be appropriately documented in the case record in accordance with approved procedures.

Audit Finding:

Three of six applicable case files reviewed did not have documentation that the notice of release was given to the juvenile and their parents in writing.

Program Response

Cause:

A system of checks and balances was not in place

Effect on Program:

The notice of release provides case closure and that all terms of probation have been met.

Planned Corrective Action:

- A closure letter template will be created for ALL closed cases. In addition to the signature of the PO, Supervisor and Director will also sign the letter.
- The letter will be added to the badge notes

Completion Date:

January 8, 2018

Person(s) Responsible:

Mary Pitts and Elaine Lassiter

Current Status on March 14, 2018: Compliant

Four of four applicable case files reviewed had documentation that the notice of release was given to the juvenile and their parents in writing.

6VAC35-150-420. Contacts during juvenile's commitment.

During the period of a juvenile's commitment, a designated staff person shall make contact with the committed juvenile, the juvenile's parents, guardians, or other custodians, and the treatment staff at the juvenile's direct care placement as required by approved procedures. The procedures shall specify when contact must be face-to-face and when contacts may be made by video conferencing or by telephone.

Audit Finding:

One of one case file reviewed did not have documentation that one or more of the following elements were reviewed during the juvenile's monthly contact:

- Family planning and progress on Family Domain section of Comprehensive Re-entry Plan (CRCP)
- CRCP goals and progress;
- Behavior and adjustment;
- Review and update family transportation plan; and
- Establish regular schedule for PO, counselor, and juvenile monthly contact dates.

One of one case file reviewed did not document monthly contacts with the juvenile as a

family progress note.

One of one case file reviewed did not have documentation that one or more of the following elements were reviewed during the family monthly contact:

- Review family's progress toward planned goals of the Family Domain;
- Review and update family visitation plan; and

One of one case file reviewed did not document monthly contacts with the family as a family progress note

One of one case file reviewed did not have documentation that a future date was determined during each monthly contact.

One of one case file reviewed did not have documentation that the counselor was co-chairing the re-entry meeting.

Program Response

Cause:

A system of checks and balances was not in place.

Effect on Program:

Non-compliance in this area results in lack of communication between the CSU and JCC's; no documentation to measure goals and action steps, continued family engagement while youth is detained or preparing for youth's return to the community. This is critical for the successful transition of Re-entry.

Planned Corrective Action:

- Supervisor will become knowledgeable of standards pertaining to contact during commitment
- Supervisor will create a checklist which aligns with standards
- Supervisor and staff will participant in all trainings pertaining to Re-Entry
- Standards will be discussed with Parole Officer during supervision with Supervisor***

Completion Date:

January 8, 2018

Person(s) Responsible:

Mary Pitts and Elaine Lassiter

Current Status on March 14, 2018: Not Determinable

Compliance could not be determined for this regulation due to no juvenile being in direct care between January 8, 2018 and March 5, 2018.

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

PROGRAM AUDITED:

24th District Court Service Unit (Lynchburg)
909 Court Street, Level B1
Lynchburg, Virginia 24504
(434) 455-2660
Stephanie Meehan, CSU Director
Stephanie.meehan@djj.virginia.gov

AUDIT DATES:

August 9-10, 2017

CERTIFICATION ANALYST:

Shelia L. Palmer

CURRENT TERM OF CERTIFICATION:

January 30, 2015 – January 29, 2018

REGULATIONS AUDITED:

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

PREVIOUS AUDIT FINDINGS – July 15, 2014

98.27% Compliance Rating

CURRENT AUDIT FINDINGS – August 10, 2017:

89.79% Compliance Rating

*One repeated deficiencies from previous audit.

Number of Deficiencies: Five

6VAC35-150-270 (A). Intake duties.

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

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

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

6VAC35-150-420. Contacts during juvenile's commitment.

RECOMMENDED DEPARTMENT CERTIFICATION ACTION: Certify the 24th District Court Service Unit until January 29, 2021.

TEAM MEMBERS:

Shelia L. Palmer, Team Leader

Clarice T. Booker, Central Office

Mark Lewis, Central Office

Jay Gaylor, 22nd District Court Service Unit (Rocky Mount)

R.Katherine Walker, 23rd District Court Service Unit (Salem)

Tracy King, 11th District Court Service Unit (Petersburg)

POPULATION SERVED:

The 24th District Court Service Unit serves the City of Lynchburg and the counties of Amherst, Bedford, Campbell and Nelson.

PROGRAMS AND SERVICES PROVIDED:

The 24th District CSU provides mandated services including:

- Intake
- Probation supervision

- Direct care and parole supervision
- Investigative reports
- Custody Investigation

Other Services:

The Unit interacts with the community organizations listed below to obtain services:

- YWCA of Central Virginia
- Community Service Work
- Lynchburg Youth Group Home (boys and girls group home)
- Inpatient Mental Health through Centra Health in Krise 6
- Residential Mental Health (Bridges Treatment Center)
- Individual and Family Counseling
- Mentoring Services
- Anger Management
- In Home Therapy
- Multi Systemic Therapy (MST)
- Blueprints Home/Kindred Homes (therapeutic foster homes)
- JuDi Initiative
- Substance Abuse Programs
- Juvenile Drug Screening
- Sex Offender Services
- Post-Dispositional Detention Program
- Job Programs
- Parenting Programs
- Community Court
- Youthful Offender Initiative
- Lynchburg Boys and Girls Club
- Jubilee Center

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

FACILITY/PROGRAM: 24th District Court Service Unit (Lynchburg)

SUBMITTED BY: Stephanie Meehan, CSU Director

CERTIFICATION AUDIT DATES: August 9-10, 2017

CERTIFICATION ANALYST: Shelia 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.

6VAC35-150-270 (A). Intake duties.

A. When making an intake determination as provided for by § 16.1-260 of the Code of

Virginia, whether in person or by telephone or interactive video conferencing, the intake officer shall, in accordance with approved procedures:

1. Explain the steps and options in the intake process to each person present as provided for in approved procedures;
2. Make all required data entries into the Department's electronic data collection system in accordance with § 16.1-224 of the Code of Virginia and approved procedures;
3. Consult with available parents, guardians, legal custodian, or other person standing in loco parentis to determine the appropriate placement; and
4. Notify the juvenile's parents, guardians, legal custodian, or other person standing in loco parentis in cases involving the juvenile's detention.

Audit Finding:

Four of five intake narratives in the electronic data system either

- did not have any of the required data entries or
- did not address intake disposition including the specific consideration of diverting the case for court.

Program Response

Cause:

Intake staff entered information into BADGE in various screens, but did not include all of the required information in the narrative screen for each intake. When staff performed intake duties after hours and while on-call, they did not note in the narrative whether they considered diverting a case. Staff was unaware that while on-call and after hours, the narrative should have included the consideration of a diversion.

Effect on Program:

NONE

Planned Corrective Action:

The Director will review the requirements pursuant to 6VAC35-150-270. Supervisors will review with staff. A sample intake narrative will be developed to include all of the required elements and intake staff will be instructed to utilize the format for each intake. Each month, the Supervisor will select intakes to review in order to ensure that the correct format is being utilized and that staff is compliant with this standard. 6VAC35-150-270 will be posted to the X: drive along with the sample intake narrative.

Completion Date:

September 15, 2017

Person Responsible:

Director, Supervisors, and Intake Staff.

Current Status as of January 26, 2018: Non-compliant

Four of six intake narratives in the electronic data system did not address intake disposition including the specific consideration of diverting the case for court.

Four of six intake narratives in the electronic data system did not address notification of parents

when juvenile detained.

Current Status as of April 20, 2018 by Regional Program Manager: Compliance
Five of five cases reviewed were in compliance.

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

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

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

Audit Finding:

Per approved procedures, the following information was missing:

- Four of ten social histories demographic information were missing the juvenile's "age";
- Six of ten social histories were missing the YASI-generated information for education;
- Three of seven social histories did not include the "juvenile's and parent's perception of the appropriateness of the current school placement";
- Six of ten social histories were missing "the family and probation officer view of the impact of the neighborhood on the juvenile's behavior";
- Four of eight social histories did not indicate if the juvenile was "under the influence at the time of the present offense";
- Two of three social histories did not state under the "Alcohol and Other Drugs" section that the most recent progress reports for any current treatment were attached;
- Four of five social histories did not state if "the most recent and relevant mental health reports" were attached;
- One of one social history did not state for the juvenile who was currently employed the " the position title, job responsibilities, hours worked per week and the length of time at the job"; and
- Five of ten social histories did not "provide the juvenile's self-reported career goals".

Program Response

Cause:

Staff has some misunderstanding regarding the requirements due to being presented with multiple procedures and versions of the approved statewide social history template over the past 2.5 years (September 2014, October 2015, October 2016, and March 2017). The various changes

in procedures, templates (locked and unlocked) and revised social history guidelines and checklists contributed to social histories being cited as non-compliant in multiple areas. At times, staff removed tables if there was not information to report in an area, but was unaware that it was not permissible to use N/A as a means to address areas that were not applicable. Staff believed it to be permissible, as they were using the social history checklist (provided 3/15/17), which states "All sections must be completed or note as N/A if it does not apply on page 4 under Quality Assurance. In addition, some staff within the 24th District did not participate in the webinar training on the social history template.

- A. Staff entered in the juvenile's date of birth but at times failed to also include the juvenile's "age"
- B. Staff included a narrative to summarize the education information for the juvenile, but failed to utilize the YASI-generated summary information in the Education narrative.
- C. Staff failed to include the "juvenile's and parent's perception of the appropriateness of the current school placement" in the Education narrative.
- D. Staff included a narrative to summarize the juvenile's Community and Peer Relationships, but failed to specifically include "the family and probation officer view of the impact of the neighborhood on the juvenile's behavior" in the narrative.
- E. Staff included a narrative to summarize the juvenile's Alcohol and Other Drug use, but failed to specifically include whether or not the juvenile was "under the influence at the time of the present offense" in the narrative.
- F. Staff included a narrative to summarize the juvenile's Alcohol and Other Drug use, but failed to indicate whether or not the most recent progress reports for any current treatment were attached. In some instances, there were no progress reports to attach. Staff believed they did not need to attach the most recent report, if they summarized the report in the narrative.
- G. Staff included a narrative to summarize the juvenile's Mental and Physical Health, but failed to indicate whether or not the most recent progress reports for any current treatment were attached. In some instances, there were no progress reports to attach. Staff believed they did not need to attach the most recent report, if they summarized the report in the narrative.
- H. Staff included a narrative to summarize the juvenile's Employment and Use of Free Time, but failed to include "the position title, job responsibilities, hours worked per week and the length of time at the job".
- I. Staff included a narrative to summarize the juvenile's Employment and Use of Free Time, but did not "provide the juvenile's self-reported career goals".

Effect on Program:

NONE

Planned Corrective Action:

The Director will review the requirements pursuant to 6VAC35-150-336 (A). A sample social history report has been developed to include all of the required elements. 6VAC35-150-336 (A) will be posted to the X: drive along with the sample social history report. Staff will be advised to utilize the sample social history report. Staff will be mandated to review the webinar training on the social history template. Supervisors will provide additional training/review of the social history information requirements and how the information is to be presented in the report. Both Supervisors and Staff will acknowledge that the webinar has been reviewed and that training has been completed. Supervisors will also be providing quality assurance by reviewing and signing off on all social history reports to ensure compliance.

- A. Utilizing the newly developed sample social history report, staff will include the juvenile's "age".
- B. Utilizing the newly developed sample social history report, staff will include the YASI-generated summary information in the Education narrative.
- C. Utilizing the newly developed sample social history report, staff will include the "juvenile's and parent's perception of the appropriateness of the current school placement" in the Education narrative.
- D. Utilizing the newly developed sample social history report, staff will include "the family and probation officer view of the impact of the neighborhood on the juvenile's behavior" in the narrative.
- E. Utilizing the newly developed sample social history report, staff will include whether or not the juvenile was "under the influence at the time of the present offense" in the narrative.
- F. Utilizing the newly developed sample social history report, staff will indicate whether or not the most recent substance abuse treatment progress reports are attached. They will attach the most recent report, if applicable.
- G. Utilizing the newly developed sample social history report, staff will indicate whether or not the most recent mental and physical health progress reports are attached. They will attach the most recent reports if applicable.
- H. Utilizing the newly developed sample social history report, staff will include "the position title, job responsibilities, hours worked per week and the length of time at the job" in the narrative under the Employment and Use of Free Time section.
- I. Utilizing the newly developed sample social history report, staff will include the "juvenile's self-reported career goals" in the narrative under the Employment and Use of Free Time section.

Completion Date:

October 15, 2017

Person Responsible:

CSU director, Supervisors and assigned staff.

Current Status as of January 26, 2018: Compliant

Per approved procedures, the following information was documented:

- A. Ten of ten social histories demographic information documented the juvenile's "age".
- B. Ten of ten social histories documented the YASI-generated information for education.
- C. Nine of nine applicable social histories documented the "juvenile's and parent's perception of the appropriateness of the current school placement".
- D. Three of ten social histories documented "the family and probation officer view of the impact of the neighborhood on the juvenile's behavior".
- E. Two of ten social histories documented if the juvenile was "under the influence at the time of the present offense".
- F. Two of two applicable social histories documented under the "Alcohol and Other Drugs" section the most recent progress reports for any current treatment were attached.
- G. Three of three applicable social histories documented "the most recent and relevant mental health reports" were attached.
- H. One of one social history documented the juvenile who was currently employed the " the position title, job responsibilities, hours worked per week and the length of time at the job".
- I. Three of ten social histories documented "provide the juvenile's self-reported career goals".

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

A. 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:

- A. Four of eight supervision plans reviewed did not have documentation that the development of the plan was a joint effort involving the PO, the juvenile and parent as contributors.**
- B. Eight of eight supervision plans did not have separate "assessments of the juvenile and family's motivation for change".**
- C. Four of eight supervision plans did not have the frequency of contact as required by procedure.**
- D. Eight of eight applicable narratives reviewed did not include entries indicating that the case plan had been "jointly developed by the probation officer, juvenile and family as required by procedure.**

Program Response

Cause:

Staff has some misunderstanding regarding the requirement elements of the Probation Supervision Plan. The Supervision Plan dated 1/30/2013, was rescinded on 1/31/2013. The new Supervision Plan was modified and released on 12/01/14, but still has the date of 1/30/13, on the bottom.

- A. Staff was developing the supervision plan with the juvenile and their family, but failed to acquire the needed signatures on the participation statement to indicate that the plan was jointly developed. Staff also failed to document in the narrative that the plan was developed in a joint effort by using the word "joint" or "jointly developed".**
- B. Staff failed to include a narrative, which included separate "assessments of the juvenile and family's motivation for change".**
- C. Staff lacked clarification in this area due to the Probation Supervision Risk Matrix being rescinded on 6/15/15. A new procedure for 9313 has not been forwarded by the Department, therefore, staff was advised to revert back to the local Probation Supervision Risk Matrix. Staff was utilizing this matrix in an effort to meet compliance. Based on this information, it remains a question as to whether or not staff is out of compliance in this area as it relates to the *frequency of contacts as required by procedure*. Please see attached rescinded Probation Supervision Risk Matrix.**
- D. Staff was developing the supervision plan with the juvenile and their family, but failed to document that the plan was developed in a joint effort by using the word "joint" or "jointly developed".**

Effect on Program:

None

Planned Corrective Action:

The Director will review the requirements pursuant to 6VAC35-150-350 (A). A sample supervision plan has been developed to include all of the required elements. 6VAC35-150-350 (A) will be posted to the X:drive along with the sample supervision plan. Staff will be advised to utilize the sample supervision plan. Supervisors will provide additional training/review of the supervision plan requirements and how the information is to be presented in the plan. Supervisors will also be providing quality assurance by reviewing and signing off on all supervision plans to ensure compliance. The Director and the Supervisors will further discuss the need to update the current local Probation Supervision Matrix, to ensure standards are being met.

- A. Utilizing the newly developed sample supervision plan, staff will indicate that the supervision plan was a joint effort by including the wording "joint" or "jointly developed" within the narrative. Staff will acquire all of the required signatures for the completion of the participation statement.
- B. Utilizing the newly developed sample supervision plan, staff will include a separate "assessments of the juvenile and family's motivation for change" within the supervision plan.
- C. The Director and Supervisors will clarify the Probation Supervision Matrix and the need to update the matrix to meet standards. Supervisors will provide additional training/review of the matrix requirements in order to ensure that staff are in compliance with the frequency of contact as required by procedure.
- D. Utilizing the newly developed sample supervision plan, staff will indicate that the supervision plan was a joint effort by including the wording "joint" or "jointly developed" within the narrative.

Completion Date:

October 15, 2017

Person Responsible:

CSU Director, Supervisors, and assigned probation staff.

Current Status as of January 26, 2018: Compliant

- A. One of six applicable supervision plans reviewed documented the development of the plan was a joint effort involving the PO, the juvenile and parent as contributors.
- B. One of six applicable supervision plans documented the "assessments of the juvenile and family's motivation for change".
- C. One of six applicable supervision documented the frequency of contact as required by procedure.
- D. Two of six applicable narratives reviewed documented in the entries indicating that the case plan had been "jointly developed by the probation officer, juvenile and family as required by procedure.

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

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

Audit Finding:

- A. Two of two commitment letters were missing the following elements:
 - Pending court dates;

- Name(s) of victims of the committing charge;
 - Name(s) of any known committed juveniles with whom contact with the newly committed juveniles may be problematic; and
 - Name(s) of any committed family members
- B. One of one applicable commitment packages did not include the current IEP.
- C. One of two commitment packages was not submitted to the CAP unit within three (3) business days.
- D. Two of two case records did not have documentation that the CAP unit staffs in the master file room, the counselor supervisors, and the CAP Manager were notified of the packet's posting on the shared drive via email.
-

Program Response

Cause:

- A. Not all staff within the 24th District received training and guidance in or were directed to use the Re-Entry and Intervention Manual for Committed and Paroled Juveniles, Effective July 1, 2016. Due to these factors, some staff were not directed in the use of the requirements to the commitment letters.
- B. Staff had not received a copy of the IEP from the school system; therefore, the IEP was not *available* at the time of the commitment. Correspondence in the case file indicates that that staff submitted a written request to the school system requesting that the IEP be forwarded to RDC. Please note that the Re-Entry Manual indicates: *p. The current 504 plan or IEP, if available and applicable.*
- C. Staff did not complete this requirement in a timely manner.
- D. Not all staff within the 24th District received training and guidance in or were directed to use the Re-Entry and Intervention Manual for Committed and Paroled Juveniles, Effective July 1, 2016. Due to these factors, some staff were not directed to utilize the new requirements to notify the CAP unit staff, counselor supervisor, and CAP manager of the packet's posting on the shared drive via email.

Effect on Program:

Within the 24th District, one staff member had been assigned as the re-entry and parole specialist. This staff member was not utilizing and implementing the required standards as set forth by the Re-Entry and Intervention Manual for Committed and Paroled Juveniles. This factor played a significant role in the deficiencies and non-compliance issues cited in the audit findings as related to the requirements for committed youth.

Planned Corrective Action:

The staff member previously assigned as the Re-Entry and Parole specialist has been reassigned to other duties and received a letter of counseling as related to his failure to adhere to requirements and standards. A new staff member has been assigned as the Re-Entry and Parole Specialist within the 24th District.

- A. All 24th District staff will be advised that the Re-Entry and Intervention Manual for Committed and Paroled Juveniles, Effective July 1, 2016 was posted to the 24th District X: drive. All 24th District staff will be advised that the Re-Entry Enhancement Presentation was posted to the 24th District X: drive. An updated sample commitment letter has been posted to the 24th District X: drive. Supervisors will follow up with staff to provide additional training/review of the Re-Entry Manual and the changes/requirements within. Supervisors

will specifically review the new commitment letter requirements.

- B. Supervisors will provide staff with a review of the requirements within the Re-Entry manual regarding the educational records required and to forward copies of the IEP if they are *available* and applicable.
- C. Supervisors will provide staff with additional training/review of the requirements within the Re-Entry manual regarding timeframes for submitting commitment packets and ensure compliance for this standard.
- D. Supervisors will provide staff with additional training/review of the requirements within the Re-Entry manual regarding notifications (via email) the CAP unit's staff, counselor supervisor, and CAP manager of the posting of the commitment packet on the S: drive. Supervisors will ensure compliance for this standard. All staff will be asked to resolve their access/permission to post items on the S: drive.

Completion Date:

September 15, 2017

Person Responsible:

CSU director, Supervisors, and assigned probation/parole staff.

Current Status as of January 26, 2018: Non-compliant

- A. Two of two commitment letters documented the following elements:
 - Pending court dates,
 - Name(s) of victims of the committing charge,
 - Name(s) of any known committed juveniles with whom contact with the newly committed juveniles may be problematic, and
 - Name(s) of any committed family members.
- B. Two of two applicable commitment packages included the current IEP.
- C. One of one applicable commitment package was not submitted to the CAP unit within three (3) business days.
- D. One of two applicable case records did not have documentation that the CAP unit staffs in the master file room, the counselor supervisors, and the CAP Manager were notified of the packet's posting on the shared drive via email.

Current Status as of April 20, 2018 by Regional Program Manager: Compliance

One of one applicable case reviewed contained documentation that the CAP unit staffs in the master file room, the counselor supervisors, and the CAP Manager were notified of the packet's posting.

6VAC35-150-420. Contacts during juvenile's commitment.

During the period of a juvenile's commitment, a designated staff person shall make contact with the committed juvenile, the juvenile's parents, guardians, or other custodians, and the treatment staff at the juvenile's direct care placement as required by approved procedures. The procedures shall specify when contact must be face-to-face contact and when contacts may be made by video conferencing or by telephone.

Audit Finding:

- A. Four of four case records reviewed did not have documentation that one or more of the following elements were reviewed during the juvenile monthly contact:

- Family planning and progress on Family Domain section of CRCP,
 - Comprehensive Re-entry Case Plan (CRCP) goals and progress;
 - Educational goals and progress,
 - Behavior and adjustment,
 - Intervention strategies,
 - Re-entry/parole placement and service needs (e.g., benefits),
 - Review and update family transportation plan and
 - Establish regular schedule for PO, counselor, and juvenile monthly contact dates.
- B. Two of four case files reviewed did not document detailed monthly contacts in the Caseload Management module of Badge as a “verbal family progress note”
- C. Three of four case files reviewed did not have documentation that one or more of the following elements were reviewed during the family monthly contact:
- Review family’s progress toward planned goals of the Family Domain,
 - Share juvenile’s progress,
 - Prepare for re-entry, such as identifying housing options and other supports,
 - Coordinate intervention and services,
 - Review and update family visitation plan, and
 - Provide community resource linkages and crisis intervention, as needed.
- D. Four of four case files reviewed did not have documentation that a date for the following month contact with the JCC was determined during each monthly contact.
- E. One of two applicable case files reviewed did not have documentation that the probation officer had attended the re-entry meeting in person.
- F. One of two applicable case files reviewed did not have documentation that a review of the Comprehensive Re-Entry Case Plan had occurred 60 to 90 days prior to release.
- G. One of two applicable case files reviewed did not have documentation that the juvenile had signed the CRCP prior to release from the facility.
- H. One of one applicable case file reviewed did not have documentation that the supervisor had a case staffing with the assigned probation officer at least every 30 days during the period of time the parole case was at level four and three.
- I. Two of three applicable case files reviewed did not have documentation in BADGE that the parole supervision plan had been completed and approved or modified.

Program Response

Cause:

For some staff, initial training, direction, and ongoing oversight was not provided within the 24th District regarding the content of and new standards/requirements of the Re-Entry and Intervention Manual for Committed and Paroled Juveniles.

- A. Staff failed to utilize the new list of elements to be discussed during each monthly contact with the juvenile. Staff was making the monthly contacts as required by standards, but were not listing each of the elements in the narrative as required July 1, 2016.
- B. Staff was not aware that the monthly contacts needed to be coded as a “*verbal family progress note*”. This element presents as problematic, as there is no drop down code option titled: “*verbal family progress note*”. The only option available in badge for the purpose of contact is actually labeled: “*family progress report (DirectCare)*”. In reviewing case files, staff did in fact use the code “*family progress report (DirectCare)*” to document

their monthly contacts.

- C. Staff failed to utilize the new list of elements to be discussed during each monthly family contact. Staff was making the monthly contacts as required by standards, but were not listing each of the elements in the narrative as required July 1, 2016.
- D. Staff were not aware of the requirement that during their monthly contact with the JCC, they needed to determine the date for their next monthly contact with the JCC. Staff was making the required monthly contacts, but had not scheduled those at the prior meeting/contact, nor were they documenting the next scheduled appointment.
- E. Staff did not complete this requirement, as they did not attend the Re-entry meeting in person. Staff attended the Re-entry meeting by phone. Staff has some misunderstanding of this requirement, as staff *is allowed* to attend the "initial staffing meeting" via conference call or video conference call (p.28). Staff believed they could attend the Re-entry meeting via conference call or video conference call.
- F. Staff has some misunderstanding regarding the requirements of the completion of the CRCP 90 days prior to the release from the facility. Staff sites on-going confusion regarding the development of the CRCP, especially if the juvenile has a length of stay determined to be less than 90 days.
- G. Staff was not aware that the juvenile needed to sign the CRCP prior to his/her release from the JCC. Staff misunderstood and believed that the juvenile could sign the CRCP upon their return to the community.
- H. The Supervisor and PO failed to document the case staffing that occurred every 30 days during the time the parole case was on level four and three.

Effect on Program:

Within the 24th District, one staff member had been assigned as the re-entry and parole specialist. This staff member was not utilizing and implementing the required standards as set forth by the Re-Entry and Intervention Manual for Committed and Paroled Juveniles. This factor played a significant part in the deficiencies and non-compliance issues cited in the audit findings as related to the requirements for committed youth.

Planned Corrective Action:

The staff member previously assigned as the Re-Entry and Parole specialist has been reassigned to other duties and received a letter of counseling as related to his failure to adhere to requirements and standards. A new staff member has been assigned as the Re-Entry and Parole Specialist within the 24th District

All 24th District staff will be advised that the Re-Entry and Intervention Manual for Committed and Paroled Juveniles, Effective July 1, 2016 was posted to the 24th District X: drive and shall be utilized as the guiding resource for Committed and Paroled Juveniles. All 24th District staff will be advised that the Re-Entry Enhancement Presentation was also posted to the 24th District X: drive as a reference tool. All 24th District staff will be provided a copy of the Commitment and Re-Entry Parole Cheat Sheet (which is also posted to the X: drive) to be utilized as a guidance and reference tool. The Director will review all requirements and areas deficiencies and non-compliance with the Supervisors. Supervisors will provide follow-up and additional training/review of the requirements.

- A. The Supervisors will follow up with staff to provide additional training/review of the required monthly juvenile contacts and specifically the list of elements that must be reviewed during the monthly contact.
- B. Supervisors will follow up with staff to provide clarification and or additional training/review of the required monthly contacts and specifically how the monthly contacts must be coded

- under the: *“family progress report (DirectCare).*
- C. Supervisors will follow up with staff to provide additional training/review of the required monthly family contacts and specifically the elements that must be reviewed during the monthly contact. A sample narrative entry will be provided to staff to refer to which addresses each of the required elements.
 - D. Supervisors will follow up with staff to provide additional training/review of the requirement that while during their monthly contact with the JCC, the PO and the JCC will determine the next scheduled contact. Staff will be advised that the future appointment must be noted in their narrative.
 - E. Supervisors will follow up with staff to provide an additional review of the requirement of attending the Re-entry meeting in person.
 - F. Supervisors will follow up with staff to provide additional training/review of the requirement that the CRCP must be completed 90 days prior to the release from the facility. Staff will be encouraged to maintain regular contacts with JCCs in order to ensure these requirements are met.
 - G. Supervisors will follow up with staff to provide an additional review of the requirement that juveniles must sign the CRCP prior to their release from the JCC.
 - H. Supervisors will review with their staff the specific requirement and will ensure compliance with this standard when they document the case staffing and reviews in a timely fashion until a parolee reaches Level II supervision.

Supervisors will be providing quality assurance by reviewing case files to ensure compliance. The Director will utilize the Community Insights Reports module to identify cases that require attention and then staffing these cases for clarification.

Completion Date:
October 15, 2017

Person Responsible:
The CSU Director, Supervisors, assigned parole staff

Current Status as of January 26, 2018: Non-compliant

- A. One of one applicable case record reviewed did not have documentation that one or more of the following elements were reviewed during the juvenile monthly contact:
 - Family planning and progress on Family Domain section of CRCP,
 - Comprehensive Re-entry Case Plan (CRCP) goals and progress,
 - Educational goals and progress,
 - Behavior and adjustment,
 - Intervention strategies,
 - Re-entry/parole placement and service needs (e.g., benefits),
 - Review and update family transportation plan, and
 - Establish regular schedule for PO, counselor, and juvenile monthly contact dates.
- B. One of one case applicable file reviewed did not document detailed monthly contacts in the Caseload Management module of Badge as a “verbal family progress note”.
- C. One of one applicable case file reviewed did not have documentation that one or more of the following elements were reviewed during the family monthly contact:
 - Review family’s progress toward planned goals of the Family Domain,

- Share juvenile's progress,
 - Prepare for re-entry, such as identifying housing options and other supports,
 - Coordinate intervention and services,
 - Review and update family visitation plan, and
 - Provide community resource linkages and crisis intervention, as needed.
- D. One of one applicable case files reviewed did not have documentation that a date for the following month contact with the JCC was determined during each monthly contact
- E. The probation officer shall attend the meeting, in person, to co-chair with the counselor in person was not able to be determined, as the 24th Court Service Unit did not have any residents release during the Status Visit period.
- F. A review of the Comprehensive Re-Entry Case Plan had occurred 60 to 90 days prior to release was not able to be determined, as the 24th Court Service Unit did not have any residents release during the Status Visit period.
- G. Have the juvenile sign the CRCP prior to release from the facility was not able to be determined as the 24th Court Service Unit did not have any residents release during the Status Visit period.
- H. One of one applicable case file reviewed did not have documentation that the supervisor had a case staffing with the assigned probation officer at least every 30 days during the period of time the parole case was at level four and three
- I. One of one applicable case files reviewed did not have documentation in BADGE that the parole supervision plan had been completed and approved or modified.

Current Status as of April 20, 2018 by Regional Program Manager: Compliant

All the above items were reviewed in selected case files. Element (I) was noted as the only area not in compliance. Two of three cases did not have documentation in the narratives that the case files and case plans were reviewed by the parole supervisor. There was documentation that the applicable reviews had taken place.

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

PROGRAM AUDITED:

31st District Court Service Unit (Manassas)
9540 Center Street, Suite 200
Manassas, VA 20110
(703) 792-6200
Jeffrey S. Homan, Director
Jeffrey.Homan@djj.virginia.gov

AUDIT DATES:

November 28-29, 2017

CERTIFICATION ANALYST:

Clarice T. Booker

CURRENT TERM OF CERTIFICATION:

April 20, 2015 – April 19, 2018

REGULATIONS AUDITED:

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

PREVIOUS AUDIT FINDINGS – December 9, 2014:

97.95% Compliance Rating

6VAC35-150-300 (B). Predispositionally placed juvenile.

CURRENT AUDIT FINDINGS – November 29, 2017:

94.55% Compliance Rating

Number of Deficiencies: Three

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

6VAC35-150-410 (A) Commitment information

6VAC35-150-420 Contacts during juvenile's commitment

RECOMMENDED DEPARTMENT CERTIFICATION ACTION: Certify the 31st District Court Service Unit until April 19, 2021.

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

TEAM MEMBERS:

Clarice Booker, Team Leader

Deborah Hayes, Central Office

Mark Lewis, Central Office

Shelia Palmer, Central Office

Katrina Smith, 19th Court Service Unit (Fairfax)

POPULATION SERVED:

The 31st District Court Service Unit serves Prince William County and the Cities of Manassas and Manassas Park.

PROGRAMS AND SERVICES PROVIDED:

The 31st 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:

- Pre-Trial Supervision (Prince William County VJCCCA)
- Electronic Monitoring
- Intensive Case Management Services (Manassas and Manassas Park VJCCCA)
- Family Assessment and Planning Team (FAPT)
- Evidence Based Associates
- Molinari Emergency Shelter Home
- Turning Point Home for Boys
- JERU Family Healing for Boys and Girls
- Youth for Tomorrow
- Gang Management Program
- Gang Response Intervention Team (GRIT)
- Mediation Services
- Restorative Justice Services
- Community Services
- Sex Offender Services
- Court Psychologist Associate

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

FACILITY/PROGRAM: 31st District Court Service Unit (Manassas)

SUBMITTED BY: Jeffrey S. Homan, Director

CERTIFICATION AUDIT DATES: November 28-29, 2017

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.

6VAC35-150-350 (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:

There was no documentation of the supervisor's review and approval of the supervision plan prior to the juvenile and family signing in three out of eight applicable case records reviewed.

There were no entries in the case narrative indicating the supervision plan was jointly developed by the probation officer, juvenile and family in four out of seven applicable case records reviewed.

Program Response

Cause: Failure of the supervisor to document files were submitted for review and approval of supervision plan prior to the juvenile and family signing. Failure of probation officer(s) to review and/or document in case narrative review of jointly developed plan with individual or family.

Effect on Program: There was no discernible negative impact on service delivery.

Planned Corrective Action: All supervisors will be required to review the revised DJJ policy 9324 with respective units and provide documentation to Director. The CSU will conduct self-audits semi-annually to monitor unit compliance with the Regulations for Non-Residential Programs (CSU Standards) to ensure adherence to standards. The chair of each audit will be rotated among the units.

Completion Date:

January 19, 2018 and ongoing

Person Responsible:

Director, supervisory staff and probation officers

Current Status on March 28, 2018: Compliant

Ten applicable case files were reviewed, and supervision plans were reviewed and approved by the supervisor prior to signing by the juvenile and family as required. The appropriate documentation was found in the case narrative for each case.

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:

The cover letter was not completed in accordance with approved procedures:

- Names of victims was missing in two out of two applicable cases reviewed.
- The cover letter did not address names of juveniles with whom contact may be problematic and names of committed family members in one out of two applicable cases reviewed.

There was no documentation that the commitment packet was submitted to the CAP unit within the required timeframes in one out of one applicable case reviewed.

There was no documentation that the required CAP unit staff was notified of the

commitment packet posting on the shared drive via e-mail in two out of two applicable case records reviewed.

Program Response

Cause: Failure of probation staff and/or supervisor to ensure all required information was placed in the commitment cover letter. Failure of staff and/or supervisor to document in BADGE that commitment packet was submitted within required timeframes and posted on the shared drive via email to appropriate CAP personnel.

Effect on Program: There was no discernible negative impact on service delivery.

Planned Corrective Action: All supervisors will be required to review the Re-Entry Manual Commitment Phase, Section I Commitment Packet, pages 11-13 with respective units and provide documentation to Director. Director and Supervisory staff will review and revise commitment letter to ensure compliance to standards for content. The CSU will conduct self-audits semi-annually to monitor unit compliance with the Regulations for Non-Residential Programs (CSU Standards) to ensure adherence to standards. The chair of each audit will be rotated among the units.

Completion Date:

January 19, 2018 and ongoing.

Person Responsible:

Director, supervisory staff and probation officers

Current Status on March 28, 2018: Compliant

Two applicable cover letters for commitment reviewed were found compliant. Documentation of the submission of the two commitment packets within the required timeframes and with appropriate notification to the CAP unit was compliant.

6VAC35-150-420 Contacts during juvenile's commitment

During the period of a juvenile's commitment, a designated staff person shall make contact with the committed juvenile, the juvenile's parents, guardians, or other custodians, and the treatment staff at the juvenile's direct care placement as required by approved procedures. The procedures shall specify when contact must be face-to-face contact and when contacts may be made by video conferencing or by telephone.

Audit Finding:

There was no documentation that all required elements were reviewed with the juvenile during monthly contacts in four out of four applicable case records reviewed.

Monthly contacts were not documented as family progress notes in two out of two applicable case files reviewed.

There was no documentation that all of the required elements were reviewed with the family during monthly contacts in two out of four applicable case records reviewed.

The date for the following month was not determined in monthly contacts in two out of four applicable case records reviewed.

There was no documentation that the PO co-chaired the re-entry meeting in two out of three applicable case records reviewed.

Program Response

Cause: Failure of parole staff and/or supervisor to ensure documentation in BADGE that all required elements were reviewed with juvenile during monthly contacts; that monthly contacts documented as family progress notes; that all required elements were reviewed with the family during monthly contacts and the date for the following month was not determined in monthly contacts. Failure of parole staff and/or supervisor to document that PO co-chaired the re-entry meeting.

Effect on Program: There was no discernible negative impact on service delivery

Planned Corrective Action: Parole supervisor will be required to review the Re-Entry Manual **Residential Intervention Phase**, Section XIV Contacts with the Family, page 41; Section XV Contacts with PO, Juvenile and Counselor, page 42; **Transition Phase**, Section XVII Transition Re-entry meeting, page 46 with parole officers and provide documentation to Director. The CSU will conduct self-audits semi-annually to monitor unit compliance with the Regulations for Non-Residential Programs (CSU Standards) to ensure adherence to standards. The chair of each audit will be rotated among the units.

Completion Date:

January 19, 2018 and ongoing

Person Responsible:

Director, parole supervisor and parole officers

Current Status on March 28, 2018: Compliant

Five applicable cases were reviewed and were found compliant for documentation of contacts during the juveniles' commitment. There was one applicable case of a re-entry meeting and it was compliant.

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

PROGRAM AUDITED:

Bon Air Juvenile Correctional Center
1900 Chatsworth Avenue
Richmond, Virginia 23235
(804) 323-2550
Russell Jennings, Jr., Superintendent
Russell.jennings@djj.virginia.gov

AUDIT DATES:

October 30 – November 1, 2017

CERTIFICATION ANALYST:

Clarice T. Booker

CURRENT TERM OF CERTIFICATION:

April 12, 2016 – April 11, 2018

REGULATIONS AUDITED:

6VAC35-71 Regulation Governing Juvenile Correctional Centers

PREVIOUS AUDIT FINDINGS – February 11, 2016:

6VAC35-71-70 (A). Suspected child abuse or neglect.
6VAC35-71-70 (B). Suspected child abuse or neglect. **CRITICAL**
6VAC35-71-90 (A). Resident advisory committee.
6VAC35-71-170 (D). Retraining. **CRITICAL**
6VAC35-71-280 (B). Buildings and inspections. **CRITICAL**
6VAC35-71-290 (A). Equipment and systems inspections and maintenance.
6VAC35-71-460 (I). Emergency and evacuation procedures. **CRITICAL**
6VAC35-71-650 (B). Religion.
6VAC35-71-790 (F). Individual service plans.
6VAC35-71-850 (A). Facility work assignments.
6VAC35-71-1060 (B). Hospitalization and other outside medical treatment of residents.
6VAC35-71-1070 (F). Medication.
6VAC35-71-1070 (H). Medication. **CRITICAL**
6VAC35-71-1070 (J). Medication. **CRITICAL**
6VAC35-71-1140 (B). Room confinement.
6VAC35-71-1140 (E). Room confinement.

CURRENT AUDIT FINDINGS – November 1, 2017:

99.7% Compliance Rating

6VAC35-71-110(B) Organizational communications

RECOMMENDED DEPARTMENT CERTIFICATION ACTION Certify the Bon Air Juvenile Correctional Center until April 11, 2021.

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

TEAM MEMBERS:

Clarice T. Booker, Team Leader
John Adams, Central Office
Kashara Charity, DJJ Training Unit
Tim Dotson, Highlands Juvenile Detention Center
Learna Harris, DJJ Training Unit
Cindy Hauschildt, New River Valley Juvenile Detention Center
Deborah Hayes, Central Office
Spring Johnson, Piedmont Juvenile Detention Center
Letta Porter Jones, Richmond Juvenile Detention Center
Mark I. Lewis, Central Office
Michael Martin, James River Juvenile Detention Center
Guillermo Novo, DJJ Training Unit
Shelia Palmer, Central Office
Paul Reaves, Lynchburg Regional Juvenile Detention Center
Jack Scott, Crater Juvenile Detention Center
Carla White, Rappahannock Juvenile Detention Center
DuShawn Matthews –Wiggins, Chesterfield Juvenile Detention Center
Teneka Wortham, Central Office

POPULATION SERVED:

Bon Air Juvenile Correctional Center is a secure custody facility operated by the Commonwealth of Virginia. The facility serves a coed population, males and females ages 11-20 who have been committed by the juvenile court. Residents placed at the facility have been convicted of crimes ranging from misdemeanors to felonies. Lengths of commitment may range from a minimum of 3-6 months to a maximum of 7 years or until the day before the resident's 21st birthday. The licensed capacity is 270.

Bon Air Juvenile Correctional Center was established in 1910 and has been state owned and operated since that time. The facility is located on 75 acres of property four miles southwest of Richmond in Chesterfield County. The property adjoins the former Carroll R. Minor Reception and Diagnostic Center and Oak Ridge Juvenile Correctional Center and is located in a densely populated residential and business area. Bon Air is classified as a medium security facility.

The physical plant at Bon Air includes two distinctly different housing designs on a campus surrounded by single fencing with razor wire. The older section of the facility is constructed in an open campus style with individual housing units. The housing units contain a combination of dorm-style and single bedrooms with updated cameras and generators. The open campus also contains the central infirmary for the Bon Air Complex, a school, administrative offices, and a recreation yard. The expanded campus, constructed in 1997, is a self-contained single story building with electronically controlled access to all areas and camera monitored. The building contains administrative offices, educational space, a dining hall, infirmary, and two housing units.

PROGRAMS AND SERVICES PROVIDED:

Residents placed in Bon Air Juvenile Correctional Center receive educational, vocational, mental health and rehabilitative counseling services. Specialized treatment programs include substance abuse, aggression management, sex offender, and intensive therapeutic programming. Academic and vocational training are provided on campus. Residents are able to earn a high school diploma or GED.

The behavior management program used at Bon Air involves the concepts of responsibility, empowerment, achievement, change, and hope (REACH). The program provides juveniles with the knowledge, skills, and abilities necessary for rehabilitation, positive growth, and behavioral change by focusing on reinforcing desired behaviors, tracking inappropriate behaviors, providing feedback, and using a system of phases through which juveniles can advance.

Beginning in May 2015, Bon Air began implementing a new Community Treatment Model to promote juvenile rehabilitation while decreasing inappropriate behaviors during commitment. The main tenets of the model include highly structured, meaningful, therapeutic activities; consistent staffing in each housing unit; and consistent residents in each housing unit. Residents and staff have check-in meetings three times per day and can call additional 'circle-up meetings' as needed in order to address concerns or accomplishments of the unit. In doing so, the residents and staff can foster meaningful relationships and provide each other with mutual support and motivation.

In this new model, security staff positions were changed from correctional model titles and roles (e.g., Major, Sergeant, JCO) to community treatment model titles and roles (e.g., community manager, resident specialist) to reflect the change in responsibilities. The new resident specialists switched from a dress uniform with a badge to a more informal look incorporating cargo pants and polo shirt. Staff teams have received intensive training before starting the model team in their housing unit; as one unit is trained at a time to ensure fidelity to the program guidelines, the complete transformation of both JCCs is estimated to take approximately two years. As security staff transition to their new units, their work shifts are decreased from 12 hours to 8 hours per day.

Meanwhile, REACH continues to operate in those units that have not yet transformed to the new community treatment model.

DJJ partnered with the Annie E. Casey Foundation acquiring financial support for trainers from the Missouri Youth Services Institute to both train and coach each new team that will lead a converted unit in the new community model. The department also acquired other funds to support the new Dialogue Training efforts for administrators.

In addition to all mandated services Bon Air Juvenile Correctional Center interacts with the community in obtaining such services as:

- DJJ partnered with Pathways to provide workforce development training, academic interventions, mentoring and leadership opportunities to Bon Air residents.
- DJJ has also partnered with Caring Canines, a group of around 150 trained service dogs and their handlers. Six to eight dogs and their handlers usually come in on the second and fourth Saturday of each month to spend an hour with residents. The residents pet the dogs, speak with the handlers and sometimes the dogs do tricks. The residents then leave the meeting with a "calling card"—a picture of the dog to take back with them.
- A volunteer program with 21 volunteer groups. The groups include:
 - Bible Study groups.
 - Yoga
 - Sculpture
 - Hip hop/free expression
 - Leadership and goal setting
 - Tai chi/meditation
 - Safe sexual education

- Mentors
 - Birthday parties
 - The Virginia Department of Health and Centers for Disease Control offer a program called Vaccine for Children that provides free required vaccine to all residents.
 - The Virginia Department of Health also offers resources, education, and consultative services.
 - Westwood Pharmacy fill medication orders for residents, provides nurse medication education, medication audit services, quarterly reports, electronic computer ordering and report services, and consultations regarding new medications, effectiveness of medication, and new trends in pharmaceuticals.
-

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

FACILITY/PROGRAM: Bon Air Juvenile Correctional Center

SUBMITTED BY: Russell Jennings, Superintendent

CERTIFICATION AUDIT DATES: October 30 – November 1, 2017

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.

6VAC35-71-110(B). Organizational communications

The superintendent or the assistant superintendent, chief of security, treatment program supervisor, or counseling supervisor, if designated by the superintendent, shall visit the living units and activity areas at least weekly to encourage informal contact with employees and residents and to observe informally the facility's living and working conditions. The superintendent shall make such visits, at a minimum, one time per month.

Audit Finding:

There was no documentation of weekly visits to the living units and activity areas by the superintendent or his designee in seven out of 20 randomly selected weeks reviewed. There was no documentation of monthly visits by the superintendent in randomly selected months reviewed,

Program Response

Cause:

This issue was caused by oversight from Administrators on Call (AOC) not documenting rounds in housing unit logbook weekly. Also, Superintendent failed to document monthly rounds in unit logbook as required by standards.

Effect on Program:

The Superintendents and AOCs failure to properly document making their weekly rounds in living units or activity area weekly does not seem to have had an adverse effect on the program. There is an AOC assigned to every unit and who routinely observe facility living and working conditions and ensure corrective action are taken when expectation are not met.

Planned Corrective Action:

A directive was sent to all Administrators on Call mandating that they properly document their weekly visits to living units and activity area in the appropriate logbooks. A facility tour sign-in roster has been created; which shall be maintained in the Superintendent's office. Each AOC is required to sign the facility tour sign-in roster indicating what units and/or activity area they visited and when the visit occurred. The executive secretary or designee to the Superintendent will monitor the roster weekly to ensure AOCs are logging in weekly.

Likewise, the Superintendent will visit all living units and activity areas at a minimum of one time a month and documents each visit in the appropriate logbook. Superintendent has created a separate logbook to record the Superintendents facility tours as an additional method of checks and balances.

Completion Date:

Corrective action plan shall be implemented Dec 1, 2017

Person Responsible:

Russell Jennings, Superintendent SR.

Current Status on March 28, 2018: Compliant

The corrective action plan was implemented as described above. Weekly and monthly visits were well documented.

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

PROGRAM AUDITED:

Piedmont Regional Juvenile Detention Center
P.O. Box 344
Farmville, VA 23901
(434) 392-3834
Spring Johnson, Superintendent
sjohnson344@hotmail.com

AUDIT DATES:

November 13, 2017

CERTIFICATION ANALYST:

Shelia L. Palmer

CURRENT TERM OF CERTIFICATION:

April 28, 2015 – April 27, 2018

REGULATIONS AUDITED:

6VAC35-101 Regulation Governing Juvenile Secure Detention Centers

PREVIOUS AUDIT FINDINGS - December 1, 2014:

100% Compliance Rating

CURRENT AUDIT FINDINGS – November 13, 2017:

100% Compliance Rating

RECOMMENDED DEPARTMENT CERTIFICATION ACTION: Certify Piedmont Regional Juvenile Detention Center until April 27, 2021, with a letter of congratulations for 100% compliance.

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

TEAM MEMBERS:

Shelia L. Palmer, Team Leader
Clarice Booker, Central Office
Deborah Hayes, Central Office
Mark Lewis, Central Office
John Adams, Central Office
Deidre Davis, Central Office
Cathy Roessler, Blue Ridge Juvenile Detention Center
Michelle Johnson, W. W. Moore, Jr. Juvenile Detention Center
Doedy Fitzgerald, Lynchburg Juvenile Detention Center

POPULATION SERVED:

Piedmont Regional Juvenile Detention Center (PRJDC) is a secure detention facility that provides short-term/temporary detention services to male and female juveniles 8-17 years of ages awaiting disposition by the court and for youth who have been placed in detention. PRJDC's service area

includes the cities of Farmville and the counties of Nottoway, Buckingham, Lunenburg, Amelia and Prince Edward.

PROGRAMS AND SERVICES PROVIDED:

The program is designed on a points/level system. The residents earn points daily by following the program and educational components. The points allow them to elevate levels and earn privileges throughout the day and week. They lose these points and levels by not following the outlined program that requires them to receive warnings or stricter disciplinary actions. Positive reinforcements are encouraged and recognition by staff and educators on duty. All residents are encouraged to do their best upon their arrival and until their departure.

- **Facility:** The residents are provided with Educational Services (teachers are provided by Prince Edward County School System), Basic mental health services are provided by the mental health therapist and case manager, psycho-educational groups, recreational programs and informal counseling are provided on a daily basis.
- **Community:** Crossroads Preventive Services provides bi-weekly groups on substance abuse, anger management, coping skills etc. Church groups/individuals bring in activities and baked goods periodically that are shared with everyone. Magazines, reading materials, cards and other activities are brought in from the community from time to time to share with the residents. We partner with one of the local libraries to share books, movies and puzzles for community involvement.

**STATUS VISIT RESULTS
TO THE
DEPARTMENT OF JUVENILE JUSTICE**

FACILITY/PROGRAM: Norfolk Juvenile Detention Center

SUBMITTED BY: Stephen Hawks, Acting Superintendent
John Bell, Acting Superintendent as of 4/1/18

CERTIFICATION AUDIT DATES: March 27, 2018

CERTIFICATION ANALYST: Mark Ivey Lewis

On February 12, 2018, Director Block certified the Norfolk Juvenile Detention Center and Post-dispositional Program until January 13, 2019. A status report is due in April 2018 regarding compliance with 1100B and 1100C. Following are assessments of both areas conducted on March 27, 2018. Compliance was found in both areas and no further acts was required.

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

B. 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:

Eight of 14 confinement forms reviewed had documentation that some of the room checks were not being made at least once every 30 minutes or less.

Program Response

Cause: Staff were inconsistent in maintaining appropriate timed room checks and documentation for residents who were serving room confinement.

Effect on Program: Inconsistency in performing and/or accurate documentation caused the program to be in non-compliance with the above regulation.

Planned Corrective Action: Administrators/Supervisory staff have stressed the importance to staff that all room confinement checks are conducted and accurately documented in SoftTec. Supervisors on duty have been directed to review room confinement checks daily to ensure compliance.

Completion Date:

August 4, 2017

Person Responsible:

Tommie Clark, Assistant Superintendent

Status on November 8, 2017: Non-Compliant

Eight of 11 confinement forms reviewed had documentation that some of the visual room checks were not conducted at least once every 30 minutes.

Current Status on March 27, 2018: Compliant

Ten of ten confinement forms reviewed had documentation that visual room checks were being conducted at least once every 30 minutes.

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

C. 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:

Five of 14 confinement forms reviewed had no documentation that the resident had received one hour of physical exercise every calendar day.

Program Response

Cause: Staff either failed to allow and/or failed to document that residents serving room confinement were allowed an hour out of their rooms for large muscle exercise.

Effect on Program: This caused our program to be out of compliance with the above regulation.

Planned Corrective Action: Supervisors were retrained on the importance of ensuring every resident serving room confinement receive an hour out of their rooms for large muscle exercise every calendar day. First and second shift supervisors are checking daily prior to the end of their shifts that each resident serving room confinement has received their hour of exercise out of their room and that it is documented in Soft Tec in the room check observations (date/time).

Completion Date:

August 10, 2017

Person Responsible:

Tommie Clark, Assistant Superintendent

Status on November 8, 2017: Non-Compliant

Eight of 11 confinement forms reviewed did not have documentation that the resident was afforded the opportunity for at least an hour of physical exercise every calendar day.

Current Status on March 27, 2018: Compliant

Seven of ten confinement forms reviewed had documentation that the resident was afforded the opportunity for at least an hour of physical exercise every calendar day.

DRAFT -- Summary of FY 2019 - FY 2020 VJCCCA Programs - DRAFT
Number of Youth Projected / Projected Budgets

Program Type	2019 Youth	2019 Budget	2020 Youth	2020 Budget
Case Management	1039	\$617,628	1039	\$617,528
Community Service	2771	\$1,241,508	2773	\$1,241,358
Coordinator/Administrative	0	\$450,305	0	\$450,487
Employment/Vocational	34	\$58,000	34	\$58,000
Group Homes	100	\$1,399,233	100	\$1,399,233
Home-Based, In-Home Services	139	\$545,608	129	\$519,945
Individual, Group, Family Counseling	162	\$229,066	162	\$229,066
Law Related Education	372	\$107,615	371	\$107,665
Life Skills	186	\$208,565	190	\$208,215
Office on Youth	4	\$66,888	4	\$66,888
Outreach Detention/Electronic Monitoring	4223	\$6,237,077	4222	\$6,240,653
Parenting Skills	210	\$138,400	210	\$138,400
Pro-Social Skills	931	\$609,256	931	\$609,256
Restitution/Restorative Justice	129	\$44,450	120	\$44,500
Sex Offender Treatment	14	\$41,000	14	\$41,000
Substance Abuse Education	495	\$162,866	494	\$163,366
Substance Abuse Treatment	280	\$381,879	280	\$396,879
Supervision Plan Services	320	\$336,404	320	\$339,006
Surveillance/Intensive Supervision	940	\$1,182,886	940	\$1,183,187
Shelter Care and Less Secure Detention	934	\$5,730,487	909	\$5,774,011
Alternative Day Services and Day Treatment	198	\$732,788	198	\$732,788
Shoplifting and Larceny Reduction Programs	410	\$57,479	410	\$57,479
Grand Total	13891	\$20,579,387	13850	\$20,618,908

DRAFT - Summary of FY 2019 - FY 2020 VJCCCA Programs - DRAFT
Number of Programs by Type

Program Type	2019 Programs	2020 Programs
Case Management	18	18
Community Service	34	34
Coordinator/Administrative	20	20
Employment/Vocational	2	2
Group Homes	4	4
Home-Based, In-Home Services	5	5
Individual, Group, Family Counseling	7	7
Law Related Education	6	6
Life Skills	12	12
Office on Youth	5	5
Outreach Detention/Electronic Monitoring	57	57
Parenting Skills	7	7
Pro-Social Skills	33	33
Restitution/Restorative Justice	9	9
Sex Offender Treatment	3	3
Substance Abuse Education	14	14
Substance Abuse Treatment	9	9
Supervision Plan Services	40	40
Surveillance/Intensive Supervision	17	17
Shelter Care and Less Secure Detention	18	18
Alternative Day Services and Day Treatment	9	9
Shoplifting and Larceny Reduction Programs	5	5
Grand Total	334	334

VJCCA State Budget Allocation and Maintenance of Effort by Participating Locality

(Does not include additional local contribution)

Locality	FY2019 MOE	FY2019 State	FY2020 MOE	FY 2020 State	FIPS
Accomack	\$0.00	\$ 23,933.00	\$0.00	\$ 23,933.00	001
Albemarle	\$52,231.00	\$ 71,218.00	\$52,231.00	\$ 71,218.00	003
Alleghany	\$3,617.00	\$ 18,476.00	\$3,617.00	\$ 18,476.00	005
Amelia	\$2,729.00	\$ 9,913.00	\$2,729.00	\$ 9,913.00	007
Amherst	\$28,233.00	\$ 37,022.00	\$28,233.00	\$ 37,022.00	009
Appomattox	\$332.00	\$ 9,071.00	\$332.00	\$ 9,071.00	011
Arlington	\$ 270,059.00	\$ 270,059.00	\$ 270,059.00	\$ 270,059.00	013
Augusta	\$0.00	\$ 26,808.00	\$0.00	\$ 26,808.00	015
Bath	\$0.00	\$ 6,585.00	\$0.00	\$ 6,585.00	017
Bedford County	\$14,190.00	\$ 70,751.00	\$14,190.00	\$ 70,751.00	019
Bland	\$0.00	\$ 6,585.00	\$0.00	\$ 6,585.00	021
Botetourt	\$3,300.00	\$ 13,138.00	\$3,300.00	\$ 13,138.00	023
Brunswick	\$635.00	\$ 11,703.00	\$635.00	\$ 11,703.00	025
Buchanan	\$809.00	\$ 67,453.00	\$809.00	\$ 67,453.00	027
Buckingham	\$287.00	\$ 8,798.00	\$287.00	\$ 8,798.00	029
Campbell	\$ 53,024.00	\$ 53,024.00	\$ 53,024.00	\$ 53,024.00	031
Caroline	\$8,460.00	\$ 14,869.00	\$8,460.00	\$ 14,869.00	033
Carroll	\$2,940.00	\$ 18,929.00	\$2,940.00	\$ 18,929.00	035
Charles City	\$9,400.00	\$ 6,585.00	\$9,400.00	\$ 6,585.00	036
Charlotte	\$268.00	\$ 12,976.00	\$268.00	\$ 12,976.00	037
Chesterfield	\$202,459.00	\$ 668,292.00	\$202,459.00	\$ 668,292.00	041
Clarke	\$0.00	\$ 8,990.00	\$0.00	\$ 8,990.00	043
Craig	\$0.00	\$ 6,585.00	\$0.00	\$ 6,585.00	045
Culpeper	\$1,119.00	\$ 51,802.00	\$1,119.00	\$ 51,802.00	047
Cumberland	\$0.00	\$ 6,585.00	\$0.00	\$ 6,585.00	049
Dickenson	\$2,739.00	\$ 10,437.00	\$2,739.00	\$ 10,437.00	051
Dinwiddie	\$9,014.00	\$ 19,549.00	\$9,014.00	\$ 19,549.00	053
Essex	\$4,885.00	\$ 22,825.00	\$4,885.00	\$ 22,825.00	057
Fairfax County	\$600,996.00	\$ 600,996.00	\$600,996.00	\$ 600,996.00	059
Fauquier	\$2,886.00	\$ 36,836.00	\$2,886.00	\$ 36,836.00	061
Floyd	\$0.00	\$ 6,585.00	\$0.00	\$ 6,585.00	063
Fluvanna	\$0.00	\$ 6,585.00	\$0.00	\$ 6,585.00	065
Franklin County	\$10,124.00	\$ 21,332.00	\$10,124.00	\$ 21,332.00	067
Frederick	\$0.00	\$ 53,031.00	\$0.00	\$ 53,031.00	069
Giles	\$385.00	\$ 9,243.00	\$385.00	\$ 9,243.00	071
Gloucester	\$57,125.00	\$ 44,727.00	\$57,125.00	\$ 44,727.00	073
Goochland	\$0.00	\$ 6,585.00	\$0.00	\$ 6,585.00	075
Grayson	\$0.00	\$ 6,585.00	\$0.00	\$ 6,585.00	077
Greene	\$0.00	\$ 7,596.00	\$0.00	\$ 7,596.00	079
Greensville	\$8,668.00	\$ 6,585.00	\$8,668.00	\$ 6,585.00	081
Halifax	\$10,476.00	\$ 63,762.00	\$10,476.00	\$ 63,762.00	083
Hanover	\$20,556.00	\$ 81,243.00	\$20,556.00	\$ 81,243.00	085
Henrico	\$209,620.00	\$ 390,110.00	\$209,620.00	\$ 390,110.00	087
Henry	\$34,009.00	\$ 131,661.00	\$34,009.00	\$ 131,661.00	089

Highland	\$0.00	\$ 6,585.00	\$0.00	\$ 6,585.00	091
Isle of Wight	\$10,716.00	\$ 23,984.00	\$10,716.00	\$ 23,984.00	093
James City	\$144,572.00	\$ 91,512.00	\$144,572.00	\$ 91,512.00	095
King & Queen	\$2,535.00	\$ 9,336.00	\$2,535.00	\$ 9,336.00	097
King George	\$1,040.00	\$ 15,258.00	\$1,040.00	\$ 15,258.00	099
King William	\$10,300.00	\$ 6,951.00	\$10,300.00	\$ 6,951.00	101
Lancaster	\$7,908.00	\$ 20,530.00	\$7,908.00	\$ 20,530.00	103
Lee	\$3,333.00	\$ 27,260.00	\$3,333.00	\$ 27,260.00	105
Loudoun	\$330,708.00	\$ 145,706.00	\$330,708.00	\$ 145,706.00	107
Louisa	\$1,028.00	\$ 9,905.00	\$1,028.00	\$ 9,905.00	109
Lunenburg	\$1,047.00	\$ 13,270.00	\$1,047.00	\$ 13,270.00	111
Madison	\$1,494.00	\$ 6,585.00	\$1,494.00	\$ 6,585.00	113
Mathews	\$10,651.00	\$ 22,790.00	\$10,651.00	\$ 22,790.00	115
Mecklenburg	\$1,349.00	\$ 31,360.00	\$1,349.00	\$ 31,360.00	117
Middlesex	\$3,241.00	\$ 6,585.00	\$3,241.00	\$ 6,585.00	119
Montgomery	\$179.00	\$ 49,393.00	\$179.00	\$ 49,393.00	121
Nelson	\$202.00	\$ 10,364.00	\$202.00	\$ 10,364.00	125
New Kent	\$14,391.00	\$ 10,557.00	\$14,391.00	\$ 10,557.00	127
Northampton	\$0.00	\$ 12,336.00	\$0.00	\$ 12,336.00	131
Northumberland	\$6,626.00	\$ 29,083.00	\$6,626.00	\$ 29,083.00	133
Nottoway	\$617.00	\$ 19,399.00	\$617.00	\$ 19,399.00	135
Orange	\$2,181.00	\$ 21,728.00	\$2,181.00	\$ 21,728.00	137
Page	\$0.00	\$ 30,076.00	\$0.00	\$ 30,076.00	139
Patrick	\$5,984.00	\$ 25,241.00	\$5,984.00	\$ 25,241.00	141
Pittsylvania	\$29,756.00	\$ 41,765.00	\$29,756.00	\$ 41,765.00	143
Powhatan	\$2,056.00	\$ 8,468.00	\$2,056.00	\$ 8,468.00	145
Prince Edward	\$0.00	\$ 10,840.00	\$0.00	\$ 10,840.00	147
Prince George	\$21,972.00	\$ 52,775.00	\$21,972.00	\$ 52,775.00	149
Prince William	\$509,171.00	\$ 394,413.00	\$509,171.00	\$ 394,413.00	153
Pulaski	\$0.00	\$ 21,321.00	\$0.00	\$ 21,321.00	155
Rappahannock	\$0.00	\$ 9,673.00	\$0.00	\$ 9,673.00	157
Richmond County	\$11,698.00	\$ 10,751.00	\$11,698.00	\$ 10,751.00	159
Roanoke County	\$24,644.00	\$ 179,982.00	\$24,644.00	\$ 179,982.00	161
Rockbridge	\$0.00	\$ 14,600.00	\$0.00	\$ 14,600.00	163
Rockingham	\$0.00	\$ 44,867.00	\$0.00	\$ 44,867.00	165
Russell	\$411.00	\$ 28,355.00	\$411.00	\$ 28,355.00	167
Scott	\$35.00	\$ 23,096.00	\$35.00	\$ 23,096.00	169
Shenandoah	\$0.00	\$ 31,204.00	\$0.00	\$ 31,204.00	171
Smyth	\$4,392.00	\$ 29,786.00	\$4,392.00	\$ 29,786.00	173
Southampton	\$6,340.00	\$ 10,485.00	\$6,340.00	\$ 10,485.00	175
Spotsylvania	\$39,655.00	\$ 84,641.00	\$39,655.00	\$ 84,641.00	177
Stafford	\$37,265.00	\$ 107,510.00	\$37,265.00	\$ 107,510.00	179
Surry	\$6,275.00	\$ 6,585.00	\$6,275.00	\$ 6,585.00	181
Sussex	\$3,321.00	\$ 6,585.00	\$3,321.00	\$ 6,585.00	183
Tazewell	\$923.00	\$ 46,689.00	\$923.00	\$ 46,689.00	185
Warren	\$0.00	\$ 36,630.00	\$0.00	\$ 36,630.00	187
Washington	\$11,856.00	\$ 34,727.00	\$11,856.00	\$ 34,727.00	191
Westmoreland	\$30,339.00	\$ 58,808.00	\$30,339.00	\$ 58,808.00	193

Wise	\$6,815.00	\$ 54,899.00	\$6,815.00	\$ 54,899.00	195
Wythe	\$0.00	\$ 33,156.00	\$0.00	\$ 33,156.00	197
York	\$44,146.00	\$ 54,684.00	\$44,146.00	\$ 54,684.00	199
Alexandria	\$95,575.00	\$ 185,026.00	\$95,575.00	\$ 185,026.00	510
Bristol	\$9,828.00	\$ 28,057.00	\$9,828.00	\$ 28,057.00	520
Buena Vista	\$0.00	\$ 11,657.00	\$0.00	\$ 11,657.00	530
Charlottesville	\$108,415.00	\$ 220,840.00	\$108,415.00	\$ 220,840.00	540
Chesapeake	\$83,014.00	\$ 246,857.00	\$83,014.00	\$ 246,857.00	550
Colonial Heights	\$0.00	\$ 69,080.00	\$0.00	\$ 69,080.00	570
Covington	\$1,054.00	\$ 7,575.00	\$1,054.00	\$ 7,575.00	580
Danville	\$26,324.00	\$ 86,999.00	\$26,324.00	\$ 86,999.00	590
Emporia	\$8,917.00	\$ 63,101.00	\$8,917.00	\$ 63,101.00	595
Fairfax City	\$0.00	\$ 12,378.00	\$0.00	\$ 12,378.00	600
Falls Church	\$2,815.00	\$ 120,679.00	\$2,815.00	\$ 120,679.00	610
Franklin City	\$6,195.00	\$ 15,521.00	\$6,195.00	\$ 15,521.00	620
Fredericksburg	\$33,165.00	\$ 54,975.00	\$33,165.00	\$ 54,975.00	630
Galax	\$0.00	\$ 13,363.00	\$0.00	\$ 13,363.00	640
Hampton	\$110,724.00	\$ 315,703.00	\$110,724.00	\$ 315,703.00	650
Harrisonburg	\$0.00	\$ 41,964.00	\$0.00	\$ 41,964.00	660
Hopewell	\$42,913.00	\$ 105,185.00	\$42,913.00	\$ 105,185.00	670
Lexington	\$0.00	\$ 6,608.00	\$0.00	\$ 6,608.00	678
Lynchburg	\$147,370.00	\$ 247,716.00	\$147,370.00	\$ 247,716.00	680
Manassas	\$2,510.00	\$ 59,873.00	\$2,510.00	\$ 59,873.00	683
Manassas Park	\$0.00	\$ 20,794.00	\$0.00	\$ 20,794.00	685
Martinsville	\$22,756.00	\$ 72,076.00	\$22,756.00	\$ 72,076.00	690
Newport News	\$226,485.00	\$ 339,437.00	\$226,485.00	\$ 339,437.00	700
Norfolk	\$1,059,098.00	\$ 639,899.00	\$1,059,098.00	\$ 639,899.00	710
Norton	\$10.00	\$ 12,062.00	\$10.00	\$ 12,062.00	720
Petersburg	\$64,836.00	\$ 84,000.00	\$64,836.00	\$ 84,000.00	730
Poquoson	\$22,659.00	\$ 10,295.00	\$22,659.00	\$ 10,295.00	735
Portsmouth	\$45,877.00	\$ 184,000.00	\$45,877.00	\$ 184,000.00	740
Radford	\$0.00	\$ 10,199.00	\$0.00	\$ 10,199.00	750
Richmond City	\$459,084.00	\$ 347,683.00	\$459,084.00	\$ 347,683.00	760
Roanoke City	\$274,384.00	\$ 394,210.00	\$274,384.00	\$ 394,210.00	770
Salem	\$9,418.00	\$ 52,851.00	\$9,418.00	\$ 52,851.00	775
Staunton	\$0.00	\$ 35,093.00	\$0.00	\$ 35,093.00	790
Suffolk	\$57,855.00	\$ 124,169.00	\$57,855.00	\$ 124,169.00	800
Virginia Beach	\$662,505.00	\$ 869,280.00	\$662,505.00	\$ 869,280.00	810
Waynesboro	\$0.00	\$ 55,484.00	\$0.00	\$ 55,484.00	820
Williamsburg	\$31,908.00	\$ 39,383.00	\$31,908.00	\$ 39,383.00	830
Winchester	\$0.00	\$ 66,337.00	\$0.00	\$ 66,337.00	840
	\$7,634,873.00	\$10,379,921	\$7,634,873.00	\$10,379,921	



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TO: State Board of Juvenile Justice

FROM: Virginia Department of Juvenile Justice

SUBJECT: Request Authorization to Incorporate Additional Amendments to Proposed Regulation Governing Juvenile Secure Detention Centers (6VAC35-101)

DATE June 13, 2018

I. SUMMARY OF ACTION REQUESTED

The Department of Juvenile Justice (the Department) requests that the State Board of Juvenile Justice (Board) approve several amendments to the Regulations Governing Juvenile Secure Detention Centers set out in 6VAC35-101. These are in addition to the amendments proposed at the April 25, 2018, Board meeting for advancement to the Proposed Stage of the regulatory process pursuant to the Administrative Process Act set out in § 2.2-4000 et. seq. of the *Code of Virginia*. The amendments addressed in this memorandum respond to specific inquiries and concerns the Board raised at the April 25 meeting.

The Department respectfully requests that the Board approve the proposed recommendations submitted at the April 25 meeting, as amended in accordance with the attached highlighted proposed text, and advance the entire regulatory package to the Proposed Stage of the process.

II. SUMMARY OF ADDITIONAL PROPOSED AMENDMENTS

Section 310, Personnel records

The current regulation requires detention centers to maintain separate personnel records for staff, containing, among other information, the staff's educational background and employment history, annual performance evaluations, and documentation of the required reference checks and training. The original proposal sought to strike the requirement that this specific information be placed in the individual's personnel record.

Although the Board did not raise any specific objections to this proposal, the Department received comments regarding the need to retain documentation of reference checks and trainings pursuant to other sections of this chapter. To avoid confusion and to ensure that the detention centers retain the necessary documentation to

demonstrate compliance with the training and background check requirements of this regulation, the detention centers recommend reviving the requirement under the existing regulation to include certain specified information in each employee's personnel record. Because the existing regulation does not require annual performance checks, the detention centers maintain their recommendation to remove these documents from the information required to be retained in the personnel records.

The detention centers recommend the following amendments:

- Retain the existing mandate that personnel records include: (i) educational background and employment history; (ii) documentation of required reference checks; and (iii) documentation of required training.
- Strike the requirement that annual performance evaluations be included in the employee's personnel record.

Section 560, Searches of residents; Section 10, Definitions

Expand full search definition and amend provisions regarding cavity search provisions

The current regulation imposes restrictions on strip searches and visual inspections of body cavity areas but does not define strip search. Initially, the detention centers proposed adding a new term and definition, "full search," in Section 10 of the regulation to describe what detention centers have commonly referred to as strip searches. The detention centers seek to change the nomenclature for strip searches in order to minimize resident anxiety surrounding these searches. In adding this definition, the detention centers erroneously deleted the reference to visual searches of vaginal and anal cavity areas, thereby omitting the rules regarding these searches.

Additionally, the existing provision prohibits manual or instrumental searches of a resident's anal or vaginal cavity area unless authorized by court order or upon written authorization of a facility administrator. These searches must be conducted by a qualified medical professional, witnessed by personnel who are of the same sex as the individual being searched, and documented fully in the resident's medical file. In order to prevent facility administrators from abusing their authority and sanctioning such searches without sufficient justification, the proposed amendments would allow facility administrators to approve these searches only in exigent circumstances in which a resident requires medical attention. Additionally, the amendments would have removed the existing parameters for these searches, instead allowing detention centers the discretion to establish the parameters for anal and vaginal searches in their written procedures. One Board member commented that removing these parameters would undermine the detention center's objectives to limit a facility administrator's authority regarding these searches.

The detention centers recommend the following amendments to address these concerns:

- Amend the proposed definition of "full search" in Section 10 to clarify that the term includes an inspection of all body parts, *including vaginal and anal cavity areas*.
- Revive the existing stipulations for manual and instrumental anal and vaginal cavity searches in Section 560(D). This will promote consistency across facilities and ensure that these searches continue to be conducted in a manner that protects the resident's safety and security.

Section 630, Transportation of residents

Information conveyed to temporary custodian subject to confidentiality restrictions

In order to enhance safety and security for residents being transported by external parties to medical appointments, court dates, and other engagements, the initial proposed amendments required detention center staff to provide the transporting parties with relevant written information concerning the resident's immediate medical needs and mental health condition. Although the detention centers have broad statutory authority to disclose health records where necessary in connection with the individual's care, pursuant to *Code of Virginia* § 32.1-127.1:03, a recommendation was made to include language mandating that this information must remain confidential.

The detention centers recommend the following change to address this concern:

- Add language in subsection C(2) requiring that the written information conveyed to the third party transporting the resident remain confidential in accordance with §16.1-300 of the *Code of Virginia* and any applicable rules and regulations regarding the confidentiality of juvenile records.

Section 800, Admission and orientation

Admission Process for Juveniles who are Impaired or Require Immediate Medical Attention

The initial proposed amendments would require staff to conduct a general initial assessment of a juvenile's physical condition for any immediate emergency medical needs or any apparent impairment due to alcohol or drugs prior to admission. Under the proposed amendments, detention centers would be precluded expressly from admitting for custody individuals who display these symptoms. The proposed amendments were silent, however, on the process for subsequently admitting an individual who has been turned away for medical purposes or due to substance impairment. The proposed amendments also erroneously referred to these juveniles as "residents," although they have not been admitted into the facility.

The detention centers propose the following amendments to address these concerns:

- Amend the language in subdivision A(3) to prevent the *juvenile's* admission until he has "received written medical clearance from a physician or qualified mental health professional in an outside medical setting." This additional language gives staff and law enforcement officers clear guidance on what information should be presented before a juvenile who was previously refused admission to a detention center may be admitted.
- Limit the facility administrator's authority to turn away impaired juveniles so that only those impaired juveniles deemed to require medical attention may be refused admission. This will eliminate the need for full medical clearance for a juvenile who is mildly intoxicated and allow facility administrators some discretion in these circumstances.

Section 860, Structured Programming

Detention centers are required to implement a comprehensive, structured, daily routine for residents. The existing regulation requires the routine to meet the objectives of a resident's individual service plan. These plans, however, are only applicable to postdispositional residents.

The detention centers propose the following amendment to address this issue:

- Add “as applicable” language in subdivision A(4) to clarify that the structured program must meet the objectives of a resident’s individual service plan only for those residents who have these plans.

Section 1070, Behavior management; Section 10 (Definitions)

Amend to require documentation of cooling-off period and to recognize voluntary cooling-off periods

As currently drafted, the regulation directs detention centers to implement behavior management programs in accordance with written procedures that identify sanctions available for use in the applicable detention center. The current regulation allows detention center staff to restrict residents to a room or area for a “cooling-off period” not to exceed 60 minutes. This consequence is most commonly imposed as a compulsory sanction by detention center staff in order to de-escalate a disruptive resident, but in some instances may be employed by a resident to address his own behavioral issues.

Given the brief duration of these periods, the regulation relieves staff of the duty to submit a disciplinary report for residents serving a “cooling-off period.” This is consistent with national best practices and acknowledges the fact that, though most cooling-off periods are compulsory, in those rare instances in which a resident places himself in a cooling-off period, it may be impractical or detrimental to the resident to complete a disciplinary report. One Board member asked how detention centers will collect and analyze data regarding cooling-off periods if a disciplinary report is not required.

In response to these issues and concerns, the detention centers recommend the following additional amendments:

- Expand the cooling-off period definition in Section 10 to include self-imposed cooling off periods.
- Replace references to “sanctions” in subsection B of Section 1070 with “consequences” to underscore the fact that a resident may serve a cooling-off period voluntarily.
- Add a new subdivision (4) in subsection C that requires detention centers utilizing cooling off periods to: (i) document each cooling-off period, including whether the period is self-directed or compulsory, and (ii) ensure that information regarding the application of cooling-off periods is accessible to staff and reviewed by the facility administrator on an annual basis.

Section 1100, Room restriction

The proposed amendments require the facility administrator to be notified and to provide written approval for room restriction periods that extend beyond 24 hours, as well as a rationale for why room restriction in excess of 24 hours is necessary. The drafter of the proposed amendments erroneously excluded disciplinary room restriction periods from these requirements. The detention centers have indicated their intent to require the written approvals and other criteria set out in the proposed subsections E and F to be satisfied before a resident’s room restriction may be extended beyond 24 and 72 hours, respectively.

- Remove the carve-out for disciplinary room restriction, thereby mandating the required protocol whenever any type of room restriction is extended beyond 24 or 72 hours, respectively.

III. PROPOSED TEXT

6VAC35-101-10. Definitions.

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

“Cooling-off period” means a temporary period in which a resident either is placed or voluntarily places himself in a room or area for a maximum period of 60 minutes to calm the resident or deescalate a volatile situation.

“Full search” means the removal of a portion or all of a resident’s clothing and a visual inspection of all body parts, including vaginal and anal cavity areas, in order to determine whether contraband is present or to inspect for physical injuries.

6VAC35-101-310. Personnel records.

A. Separate up-to-date written ~~or automated~~ personnel records shall be maintained on each (i) employee and (ii) volunteer or intern on whom a background check is required.

B. ~~The~~ The personnel 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 separation date;

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.

C. If applicable, health ~~care~~ records, including reports of any required health examinations, shall be maintained separately from the other records required by this section.

D. Personnel records on ~~contract service providers~~ contractors, and volunteers, and interns may be limited to ~~the verification verifying that the applicable background checks have been completed~~ of the completion of any required background checks as required by 6VAC35-101-170 (employee and volunteer background checks).

6VAC35-101-560. Searches of residents.

A. Written procedures shall govern searches of residents, including patdown and frisk searches, strip-full searches, and body cavity searches, and shall include the following:

1. Searches of residents' persons shall be conducted only for the purposes of maintaining facility security and controlling contraband while protecting the dignity of the resident.
2. Searches ~~are~~ shall be conducted only by personnel who are authorized to conduct such searches.
3. The resident shall not be touched any more than is necessary to conduct the search.

B. Patdown and frisk searches shall be conducted by employees of the same sex as the resident being searched, except in emergencies.

C. Strip-Full searches ~~and visual inspections of the vagina and anal cavity areas~~ shall be subject to the following:

1. The search shall be performed by personnel of the same sex as the resident being searched;
2. The search shall be conducted in an area that ensures privacy; and
3. Any witness to the search shall be of the same sex as the resident.

D. Manual and instrumental searches of the anal cavity or vagina, not including medical examinations or procedures conducted by medical personnel for medical purposes, shall be:

- ~~1. Performed only with the written authorization of the facility administrator or by a P~~ pursuant to court order or upon occurrence of an exigent circumstance requiring medical attention;
2. Conducted by a qualified medical professional;
3. Witnessed by personnel of the same sex as the resident; and
4. Fully documented in the resident's medical file.

6VAC35-101-630. Transportation of residents.

A. Except as otherwise provided in 6VAC35-101-635 (transportation of violent, disruptive, and other detained youth), a detention center shall follow the requirements of this section if a resident requires transportation.

AB. Each detention center shall have transportation available or make the necessary arrangements for routine-facility-approved and emergency transportation of residents.

1. Pursuant to Code of Virginia § 16.1-254, each detention center shall be responsible for transporting juvenile residents in their custody to all local medical and dental appointments and all local psychological and psychiatric evaluations.

2. Unless otherwise provided by agreement, the detention center shall not be required to transport youth to appointments that are outside of the geographical boundaries of the Commonwealth, or that are more than 25 miles from the facility in one direction.

3. A detention center may assign its own staff to transport a detained juvenile or may enter into an agreement or contract with a public or private agency to provide the transportation services for the juvenile.

BC. Written safety and security procedures shall be implemented governing the use of vehicles and the transportation of residents outside the detention center and from one jurisdiction to another. There shall be written safety rules for transportation of residents and for the use of vehicles. The written procedures shall be in accordance with § 16.1-254 of the Code of Virginia and shall, at a minimum, provide the following:

1. No juvenile shall be transported with an adult or adults suspected of or charged with a criminal act.

2. If a person or entity other than the detention center assumes custody of the resident for purposes of transportation, the detention center shall:

a. Provide the person or entity, except the resident's parent or guardian, with a written document that identifies any pertinent information known to the detention center concerning the juvenile's immediate medical needs or mental health condition that reasonably could be considered necessary for the juvenile's safe transportation and supervision, including the resident's recent suicidal ideations or suicide attempts. Any such information shall remain confidential, in accordance with § 16.1-300 of the Code of

Virginia and applicable rules and regulations regarding confidentiality of juvenile records;

b. Provide the individual transporting the resident with any medication the resident may be required to take during transport or while absent from the facility.

3. The ratio of staff to residents, the frequency and manner of searches of residents, the parameters for use of mechanical restraints, and the manner by which communications will be accomplished during transit shall be in accordance with 6VAC35-101-890 (staff supervision of residents), 6VAC35-101-560 (searches of residents), 6VAC35-101-1130 (mechanical restraints), and 6VAC35-101-580 (telephone access and emergency numbers), and in accordance with written procedures.

4. If the vehicle transporting the resident becomes inoperable, is involved in an accident, or encounters a similar emergency, the individual transporting the resident shall notify his agency immediately and contact local law enforcement for assistance, if necessary. Detention center staff transporting residents shall observe the required staffing ratios and shall never leave the juvenile or juveniles unattended.

5. If a juvenile absconds during transport, the detention center staff conducting the transport shall report the incident immediately in accordance with 6VAC35-101-80 (serious incident reports).

6. If a juvenile requires a meal during transit, the detention center shall provide a bagged lunch, if feasible.

CD. Written procedures shall provide for the verification of appropriate licensure for staff whose duties involve transporting residents.

E. The detention center shall observe the following if a resident requires transport to a local medical or dental appointment:

1. If detention center staff transport the detained juvenile to a local medical or dental appointment as authorized in subdivision B(3) of this section, the detention center shall not be obligated to pay for any costs associated with the appointment, unless provided for otherwise by agreement.

2. The detention center may require notice of the date and time of the local medical appointment, dental appointment, or psychological and psychiatric evaluation at least 72 hours in advance.

F. When the medical staff of a detention center have made a written determination that a resident's medical condition can be treated without transporting the resident to a routine or previously scheduled appointment, the detention center is not required to transport the resident unless ordered by a court.

G. A juvenile who was confined in a juvenile detention center immediately before a court hearing may not be transported to a juvenile correctional center's intake unit directly from court upon commitment. Instead, the juvenile shall be returned to the detention center until the department completes the commitment packet and arranges transportation for the resident.

6VAC35-101-800. Admission and orientation.

A. Written procedure governing the admission and orientation of residents shall provide for:

1. Verification of legal authority for placement;
2. Search of the resident and the resident's possessions, including inventory and storage or disposition of property, as appropriate and required by this section and 6VAC35-101-810 (residents' personal possessions);
3. A general assessment of the juvenile's physical condition by staff. The facility administrator or his designee shall not admit for custody an individual who is: (i) visibly under the influence of alcohol or drugs and deemed to require medical attention; or (ii) in need of immediate emergency medical attention until the individual has received written medical clearance from a physician or qualified mental health professional in an outside medical setting.
34. Health screening of the resident as required by 6VAC35-101-980 (health screening at admission);
45. Mental health screening of the resident as required by 6VAC35-101-820 (mental health screening);
56. ~~Notification-Notice of to the~~ parent or legal guardian of the resident's admission, during which, facility staff shall ~~include an inquiryask~~ regarding whether the resident has any immediate medical concerns or conditions;
67. Provision to the parent or legal guardian of information on (i) visitation, (ii) how to request information, and (iii) how to register concerns and complaints with the facility;
78. Interview with resident to answer questions and obtain information; and
89. Explanation to resident of program services and schedules.

B. The resident shall receive an orientation to the following:

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

~~C. Such orientation shall occur prior to assignment of the resident to a housing unit or room.~~

~~D. Staff performing admission and orientation requirements contained in this section shall be trained prior to performing such duties.~~

6VAC35-101-860. Structured programming.

A. Each facility shall implement a comprehensive, planned, and structured daily routine, including appropriate supervision, designed to:

1. Meet the residents' physical, emotional, and educational needs;
2. Provide protection, guidance, and supervision;
3. Ensure the delivery of program services; and
4. Meet the objectives of any individual service plan, if applicable.

B. The structured daily routine shall be followed for all weekday and weekend programs and activities. Deviations from the schedule shall be documented.

6VAC35-101-900. Staffing pattern.

A. The facility shall develop, implement, and document a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to ensure the safe supervision of residents on the premises. The facility administrator shall review the staffing plan annually.

AB. During the hours that residents are scheduled to be awake, there shall be at least one direct care staff member ~~awake~~, on duty, and responsible for supervision of every ~~10~~ eight residents, or portion thereof, on the premises ~~or attending or participating in~~ off-campus, detention center-sponsored activities.

BC. During the hours that residents are scheduled to sleep there shall be no ~~less-fewer~~ than one direct care staff member on duty and responsible for supervision of every 16 residents, or portion thereof, on the premises.

CD. There shall be at least one direct care staff member on duty and responsible for the supervision of residents in each building where residents are sleeping.

DE. At all times, there shall be no ~~less-fewer~~ than one direct care staff member with current certifications in standard first aid and cardiopulmonary resuscitation on duty for every 16 residents, or portion thereof, being supervised by staff.

6VAC35-101-1070. Behavior management.

A. A behavior management program shall be implemented in each facility.

B. Written procedures governing this program shall provide the following:

1. A listing of the rules of conduct and behavioral expectations for the resident;
2. Orientation of residents to the behavioral management program as required by 6VAC35-101-800 (admission and orientation);
3. The definition and listing of ~~a system of~~ privileges and ~~sanctions~~ consequences that ~~is used and are~~ available for use, the specific behaviors or offenses that may result in the imposition of the listed privileges or consequences, and the maximum duration of the consequence for the delineated behavior or offense. Sanctions-Consequences (i) shall be listed in the order of their relative degree of restrictiveness; (ii) may include a "cooling off" period ~~where a resident is placed in a room for no more than 60 minutes~~; and (iii) shall contain alternatives to ~~room confinement~~ disciplinary room restriction:

4. The specification of the staff members who may authorize the use of each privilege and sanction;
5. Documentation requirements when privileges are applied ~~and or~~ sanctions are imposed;
6. The specification of the processes for implementing such procedures; and
7. Means of documenting and monitoring ~~of~~ the program's implementation, including, ~~but not limited to,~~ an on-going administrative review of the implementation to ensure conformity with the procedures.

C. A facility that allows for and utilizes a cooling-off period as part of its behavior management program shall develop and follow written procedures that:

1. Identify the area in which a resident will serve a cooling-off period;
2. Require that any resident serving a cooling-off period shall have a means of communicating with staff either verbally or electronically;
3. Require that staff check the resident serving a cooling-off period visually at least once every 15 minutes and more often if indicated by the circumstances; and
4. Provide that each cooling off period is documented in a manner that: (i) identifies whether the cooling off period is resident-selected or compulsory; and (ii) ensures the information is accessible to staff and is capable of being reviewed in accordance with subsection E of this section.

CD. When substantive revisions are made to the behavior management program, written information concerning the revisions shall be provided to the residents, and direct care staff shall be oriented on the changes ~~prior to~~before implementation.

DE. The facility administrator shall collect information review on the detention center's behavior intervention techniques and procedures, including the use of room restriction and cooling off periods, and shall review the information at least annually or more frequently to inform the facility's practices and determine appropriateness for the population served.

6VAC35-101-1100. Room ~~confinement restriction and isolation.~~

A. Written procedures ~~shall govern how and when residents may be confined to a locked room for both segregation and isolation purposes governing room restriction shall address the following:-~~

1. The actions or behaviors that may result in room restriction;

2. The factors that should be considered before placing a resident in room restriction, such as age, developmental level, or disability;

3. The circumstances under which a debriefing with the resident should occur; the party ~~who~~that should conduct the debriefing; and the topics that should be discussed in the debriefing, including, but not limited to, the cause and impact of the room restriction and the appropriate measures post-release to support positive resident outcomes; and

4. When and under what conditions staff must consult with a mental health professional and monitor the resident as directed by the mental health professional if a resident placed in room restriction exhibits self-injurious behavior.

B. Whenever a resident is ~~confined to a locked room, including but not limited to being~~ placed in ~~isolation~~room restriction, staff shall check the resident visually at least every 30-15 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.~~

C. Residents who are ~~confined to a room, including but not limited to being~~ placed in ~~isolation~~room restriction shall be afforded the opportunity for at least one hour of ~~physical exercise~~large muscle activity, 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 approved by the facility administrator or his designee and shall be documented.

D. Unless a resident is placed in disciplinary room restriction, as provided in 6VAC35-101-1105, the resident shall be afforded the same opportunities as any other resident in general population, including treatment, education, and as much time out of his or her room as security considerations allow. Exceptions may be made in accordance with established procedures when justified by clear and substantiated evidence.

DE. If a resident is ~~confined to his~~placed in room restriction for any reason for more than 24 hours, the facility administrator or his designee shall be notified and shall provide written approval for the continued room restriction. The written approval shall include a rationale of why the continued room restriction is necessary.

EF. If the ~~confinement~~room restriction extends to more than 72 hours, the (i) ~~confinement~~restriction and (ii) steps being taken or planned to resolve the situation shall be immediately reported to the director or his designee. If this report is made verbally, it shall be followed immediately with a written, faxed, or secure email report in accordance with written procedures. For any room restriction anticipated to

exceed 72 hours, the medical and mental health status of the resident shall be assessed by a qualified medical or mental health professional within the initial 72-hour room restriction period, and on a daily basis after the 72-hour period has elapsed until such time as the resident is released from room restriction.

FG. Room ~~confinement~~restriction, including isolation or administrative confinement, shall not exceed five consecutive days except when ordered by a medical or mental health provider.

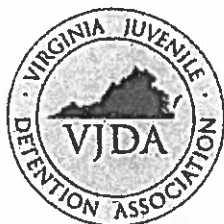
GH. When ~~confined to a~~placed in room restriction, the resident shall have a means of communication with staff, either verbally or electronically.

HI. The facility administrator or his designee shall make daily personal contact with each resident who is ~~confined to a locked room~~placed in room restriction in order to ensure that all such residents, with the exception of those placed in disciplinary room restriction, are restricted only for the minimum amount of time required to address the resident's negative behavior or threat, including being placed in isolation, each day of confinement. During the daily visit, the facility administrator shall assess and document: (i) whether the resident is prepared to return to general population, unless the resident is placed in disciplinary room restriction for a specified time period; and (ii) whether the resident requires a mental health evaluation.

~~I. During isolation, the resident is not permitted to participate in activities with other residents and all activities are restricted, with the exception of (i) eating, (ii) sleeping, (iii) personal hygiene, (iv) reading, and (v) writing.~~

K. Residents who are placed in room restriction shall be housed no more than one to a room.

L. The provisions of this section shall apply to all forms of room restriction, including disciplinary room restriction, unless otherwise provided.



Established 1968
VIRGINIA JUVENILE DETENTION ASSOCIATION
www.vjda.org

May 29, 2018

Ms. Jennifer Woolard
Virginia Board of Juvenile Justice
P. O. Box 1110
Richmond, VA 23219

Dear Ms. Woolard:

On behalf of the Virginia Juvenile Detention Association (VJDA), representing the twenty-four local and regional juvenile detention centers throughout the Commonwealth, I would like to thank you, your fellow Board members, and the Virginia Department of Juvenile Justice (DJJ) staff for allowing us to present an overview of juvenile detention centers in Virginia at your April 25th meeting. As a precursor to the discussion on the proposed Regulations Governing Juvenile Secure Detention Centers (6VAC35-101), we so appreciate the opportunity to share with you all of the wonderful things that we do for our children as well as the challenges we face in comparison to the state correctional centers. The amount of time you and your colleagues devoted to understanding the proposed regulations is so commendable and appreciated, and we sincerely hope that the amendments being presented to you at the June 13th meeting address the concerns you all brought forth during that very substantive conversation.

My colleague, Jason Houtz, Superintendent of the Fairfax Juvenile Detention Center, and I will be in attendance at your upcoming meeting to address any questions or concerns you have regarding these proposed amendments. After having worked collaboratively with DJJ for over two years on these regulations, we are looking forward to seeing them advance to the next stage of the process.

Sincerely,

Marilyn Brown, President
On Behalf of the Executive Committee
Virginia Juvenile Detention Association

9600 Krause Road Chesterfield VA 23832 • (804) 768-7873 • brownmag@chesterfield.gov



Andrew K. Block, Jr.
Director

COMMONWEALTH of VIRGINIA
Department of Juvenile Justice

June 13, 2018

P.O. Box 1110
Richmond, VA 23218
(804) 371.0700
Fax: (804) 371.6490
www.djj.virginia.gov

MEMORANDUM

TO: State Board of Juvenile Justice

FROM: Angela Valentine

SUBJECT: Prince William County Juvenile Detention Center – Needs Assessment

Pursuant to 6VAC35-30, the Regulation for State Reimbursement of Local Juvenile Residential Facility Costs and in adherence with the Department of Juvenile Justice (DJJ) "Step-by-Step Procedures for Approval and Reimbursement for Local Facility Construction, Enlargement, and Renovation", Prince William County has submitted a Needs Assessment that addresses the need to replace their secure detention center. Your Board packet contains the Executive Summary that provides the background information, current facility issues, assessment findings, and recommendations. The full assessment can be made available by hard copy or flash drive if requested.

The full needs assessment has been submitted to DJJ and reviewed. DJJ supports the request by Prince William County to move forward to the planning stage for the replacement of the existing facility. Currently there is a moratorium on state reimbursement of construction, enlargement, and renovation; however, if at any point in time funds were to become available localities must provide confirmation that the regulations and guidelines were followed and approval was obtained. Prince William County Administrators have been made aware of the current status of state funding reimbursement.

The procedures require the approval of both the Board and the Secretary of Public Safety and Homeland Security to authorize the locality to proceed to a Planning Study. I am therefore, on behalf of Prince William County, requesting your consideration of their request.

Attachments

§ 16.1-309.5. Construction, etc., of detention homes and other facilities; reimbursement in part by Commonwealth.

A. The Commonwealth shall reimburse any county, city or any combination thereof for one-half the cost of construction, enlargement, renovation, purchase or rental of a detention home or other facilities the plans and specifications of which were approved by the Board and the Governor in accordance with the provisions of subsection C of this section.

B. The construction, renovation, purchase, rental, maintenance and operation of a detention home or other facilities established by a county, city or any combination thereof and the necessary expenses incurred in operating such facilities shall be the responsibility of the county, city or any combination thereof.

C. The Board shall promulgate regulations to include criteria to serve as guidelines in evaluating requests for such reimbursements and to ensure the geographically equitable distribution of state funds provided for such purpose. Priority funding shall be given to multijurisdictional initiatives. No such reimbursement for costs of construction shall be made, however, unless the plans and specifications, including the need for additional personnel therefor, have been submitted to the Governor and the construction has been approved by him. Such reimbursement shall be paid by the State Treasurer out of funds appropriated to the Department. In the event that a county or city requests and receives financial assistance from other public fund sources outside the provisions of this law, the total financial assistance and reimbursement shall not exceed the total construction cost of the project exclusive of land and site improvement costs, and such funds shall not be considered state funds.



Christopher E. Martino
County Executive

COUNTY OF PRINCE WILLIAM

OFFICE OF EXECUTIVE MANAGEMENT

1 County Complex Court, Prince William, Virginia 22192-9201
(703) 792-6600 Metro 631-1703 FAX: (703) 792-7484

BOARD OF COUNTY SUPERVISORS

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Ruth M. Anderson
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Jeanine M. Lawson
Frank J. Principi

May 29, 2018

Angela C. Valentine
Chief Deputy Director
Virginia Department of Juvenile Justice
Main Street Centre, 20th Floor
600 East Main Street
Richmond, Virginia 23219

Re: Accept Needs Assessment and Request Approval to Proceed to Planning Study

Attached you will find Prince William County's (PWC) official juvenile detention Needs Assessment, which was prepared for PWC by Moseley Architects. The Needs Assessment represents the first phase of the planning process as prescribed by the Virginia Department of Juvenile Justice (DJJ) to expand or replace an existing secure detention facility in Virginia.

The second phase of any future construction project is the preparation of a program design, which is known as the "Planning Study." The Planning Study will define the specific services needed for a functional continuum of juvenile justice services, and will provide information associated with the size, physical layout, anticipated construction costs, and estimated operating costs associated with the proposed facility.

As per the guidelines set forth in DJJ's "Procedures for Approval and Reimbursement for Local Facility Construction, Enlargement, and Renovation," PWC is respectfully requesting the DJJ Board to formally accept our Needs Assessment and authorize PWC to move to the planning phase, where a Planning Study will be completed and formally submitted to DJJ.

Respectfully,

Christopher E. Martino
County Executive

An Equal Opportunity Employer

**Prince William County
Juvenile Detention Needs Assessment**

Executive Summary

PREPARED FOR THE

County of Prince William

May 29, 2018

MOSELEYARCHITECTS
A PROFESSIONAL CORPORATION

ARCHITECTURE • ENGINEERING • PLANNING • INTERIOR DESIGN • CONSTRUCTION SERVICES

RICHMOND, VA.

Prince William County Juvenile Detention Center Need Assessment Executive Summary

Scope

This report represents the first phase of the planning process as prescribed by the Department of Juvenile Justice (DJJ) to expand or replace an existing Secure Detention facility in Virginia. The second phase of any future construction program is the preparation of a Program Design and Planning Study that will define the specific services needed for a functional continuum of juvenile justice services. The Planning Study will provide information associated with the size, physical layout, anticipated construction costs and estimated operating costs of the proposed facility.

This document provides historical perspective of the statistics that are influencing the need for Prince William County Juvenile Detention Center (JDC) bed space such as crime and arrest summaries, and changes in the general population and law enforcement resources; trends in court service intakes and detention admissions; a profile of detention residents, analysis of historical detention population changes; an assessment of the existing JDC physical plant, and a forecast of future JDC bed space needs. The report concludes with recommendations for decision making and long term planning.

Background

Secure Detention is a temporary out-of-home placement of juveniles charged with or adjudicated of delinquent acts. For juveniles charged with committing delinquent acts, the purpose of detention is to assure appearances at appropriate court proceedings, to provide for public safety, and/or provide for the safety of the youth. For post-adjudicated youth, detention¹ is the most serious sanction that can be imposed prior to commitment to a State juvenile correctional facility. In recognition of the limitations associated with the existing Prince William County Juvenile Detention Center (JDC), County officials commissioned this Needs Assessment to quantify the need for appropriate space in the future. The purpose of this Needs Assessment is to document the contextual factors that impact secure detention resources, and to quantify the future capacity that is required in the County.

State funding for the construction or expansion of a detention facility requires the preparation of a Needs Assessment in accordance with the Regulations for State Reimbursement of Local Juvenile Residential Facilities Construction Cost adopted by the Board of Juvenile Justice. This document represents the first phase of the planning process as prescribed by the Department of Juvenile Justice (DJJ). The second phase of any future construction program is the preparation of a Program Design and Planning Study that will define the specific services needed for a functional continuum of juvenile justice services. The Planning Study will provide information associated with the size, physical layout, anticipated construction costs and estimated operating costs of the proposed facility.

Overview of the Prince William County Juvenile Detention Center

The purpose of the JDC is to provide secure housing, education, and structured therapeutic activities for youth detained by the Prince William County Juvenile and Domestic Relations Court (J&DR). The existing facility is a 72-bed secure residential building for detained youth between

¹ In this report, the terms "secure detention" and "detention" are used interchangeably.

10 and 17 years of age. The original official capacity of the facility when originally constructed in 1978 was 24 beds/rooms. The 24 rooms are configured in two housing units with 12 rooms each. These units were designed in the "linear" fashion popular in the 1960s and 1970s with six rooms facing each other, and separated by a narrow hallway. There are no dayrooms or program areas and residents must travel to other areas of the facility for recreation, dining, educational and program activities. Residents sleeping in the housing units spend their "awake" hours within dayrooms included in more recent housing areas.

Two renovations have resulted in an additional 48 rooms within the existing 35,000 square foot building. A 1997 addition includes a single 16 room housing area, new classrooms, an indoor gymnasium, and renovated administrative support space. Housing space is configured in a "circular" podular design overlooking an open common area that incorporates appropriate dayroom/program space for the residents. A third addition, completed in 2000, resulted in 32 new sleeping rooms situated in three separate circular podular housing units, a single housing control room and accompanying dayroom/program areas within each unit.

A number of services are provided to admitted youth in a collaborative effort among County agencies. For example, the Department of Mental Health, Mental Retardation and Substance Abuse Services provides on-site mental health/substance abuse screening and referrals. Substance abuse programming and ongoing therapy groups are provided on a regular basis. Residents receive classroom instruction each day. JDC staff also work closely with Prince William Court Service Unit personnel to ensure appropriate programs and services.

The official certified capacity of the facility is 72 is somewhat misleading as the original 24 room housing areas – one third of the capacity - are simply sleeping areas that do not include any day rooms or living space. Current DJJ standards require a design where resident rooms are configured around a dayroom or living space, and require physical separation by normal sight and sound between male and female residents. The existing facility is approximately 8,000 square feet below the amount of space required by current standards for a 72 bed detention center.

While the current population of residents in the facility typically ranges between 40-50 at any given time, and as many as 63, the somewhat "haphazard" configuration of the facility does not allow for adequate separation of males and females, neither are there means to separate sex offenders and more violent youth from the very young. With continuing growth in County population, it is reasonable to expect ongoing pressure on available bed space needs.

Report Organization

This document is organized in a manner which conforms to DJJ guidelines and presents information in the sections outlined below.

- | | |
|-------------|--|
| Section I | Presents quantitative and qualitative changes in the demographic factors that will influence the need for additional detention space in the future. |
| Section II | Presents the historical perspective of the statistics that are influencing the need for Secure Detention bed space such as crime and arrest summaries, and increases in law enforcement resources. |
| Section III | Presents summaries of trends in court service intakes and JDC admissions. |

Section IV	Presents an analysis of residential placement capacity in the County and a profile of JDC residents within the facility.
Section V	Presents an analysis of historical JDC population changes
Section VI	Presents a description of the statistical methodology used to project future bed space needs and a summary of the results of planning forecasts of JDC bed space needs over a 15 year forecast horizon.
Section VII	Presents an assessment of the existing JDC physical plant.
Section VIII	Presents Needs Assessment findings and conclusions.
Appendix	Presents an overview of the Prince William County Court Service Unit program matrix and continuum of services for youth.

Findings

Demographics

- The Prince William County JDC service area continues to be among the fastest growing population areas in the Commonwealth. Population growth in Prince William County and the cities of Manassas and Manassas Park (combined) is projected to grow by 20.3% between 2010 – 2020. By comparison, the total population in the Commonwealth is projected to increase 10.1%.
- According to school enrollment statistics maintained by the Prince William County School system (statistics that exclude youth in private schools, home schools and school dropouts), the teenage population is growing at a faster rate than the overall population. Youth in Middle and High Schools are projected to increase from 47,018 in 2016, to 53,247 in the year 2021. Between fiscal year 2017 and fiscal year 2021 the County plans to open four new elementary schools; three new middle schools; one new high school and numerous additional classrooms through expansion at existing facilities.

Criminal Justice Trends

- While the general population in the County increased by 17% between 2011 – 2015, the overall crime incident rate per 100,000 persons declined by 17.1% from 4,045 in 2011, to 3,354 in 2015.
- Reported crime and crime rates in Virginia have, with some very few exceptions, declined over the past five years. This declining five-year trend is consistent with crime trends in Prince William County and the cities of Manassas and Manassas Park.
- Between 2011-2015, the number of juveniles arrested in Prince William County and the cities of Manassas and Manassas Park combined (JDC Service Area) decreased by 28.1%, from 2,824 in 2011, to 2,030 in 2015.

Court Service Intakes and Detention Admissions

- By several measures of Court Service Unit (CSU) activity compiled by the Virginia Department of Juvenile Justice, regular and intensive probation caseloads as well as the number of pre-disposition and post-disposition reports generated by CSU 31 have all declined over the past five fiscal years.
- While the number of intake petitions decreased by approximately 500 cases between FY-12 and FY-16; the percentage of cases resulting in pre-dispositional detention increased from 705 in FY-12, to 786 in FY-16 - a five-year increase of 11.5%.
- When compared to Statewide data, Prince William CSU has a higher percentage of Felony complaints and technical violations, and a lower percentage of Class 2-4 Misdemeanor complaints.
- Between FY-14 and FY-16 the total number of detention admissions per year decreased by approximately the same rate as the State as a whole – between 6%-8% per year;
- Female admissions to detention are increasing. While the number of males declined between FY12 – FY16 (-8.8%), the number of females admitted each year increased by 25.8%.
- Just under 70% of charges associated with detention admissions recorded in FY-15 were associated with Violations of Supervision (25.0% of total charges), Assault (17.0%), Robbery (8.8%), Larceny (7.4%) and Gang related charges (7.0% of total charges). The large percentage of supervision violations suggests that there is a lack of detention alternatives in the County.
- In FY-15, a Probation Violation charge was the most frequent admitting charge (16.0% of the total), followed by the charges of Simple Assault (12.2% of the total), Robbery (8.8%), "Violation" (8.5% of total charges) and Larceny 7.4% of the total) – together these charges comprised just over half of all charges associated with secure detention admissions.

Secure Detention Capacity and Average Daily Population

- Since the beginning of FY-12 between 75% - 79% of the population, on average, have been in pre-dispositional status, and an average of 16.2% of the population have been in post-dispositional status without a formal program.
- Of the 62 youth housed in the JDC in June 2016, 12 (19.4% of the total) were being held for probation or parole violations; 10 (16.6% of the total) were being held for robbery charges; 9 for miscellaneous court violations and 9 were in the facility for assault charges.
- In FY-16, just over 15% of youth admitted in pre-disposition status remained in the JDC for three days or less; 49.4% of released youth remained in detention for 4-21 days, and just under 35% of released youth were detained for 22 days or more.
- Despite fluctuating monthly population levels, through the first eight months of FY-18, the average monthly population in the JDC was lower than the average population reported in FY-11.

- The JDC was operating at an average of 49.9% of certified capacity at the end of FY-11; through the first eight months of FY-18, the JDC operated at 46.5% based on Average Daily Population.
- Based on the average population for each fiscal year the JDC population has varied between 34-52 residents since FY-11.
- Since FY-11 (through February 2018), the average annual population of the JDC increased by an average of 1.4% per fiscal year; in comparison the reported Statewide population declined by an average of 2.6% each year.

JDC Average Annual Population Changes Prince William JDC Compared to Statewide JDCs				
	Statewide JDC Population	Change	Prince William JDC Population	Change
FY-11	756		36	--
FY-12	749	-0.9%	38	4.4%
FY-13	727	-2.9%	34	-8.7%
FY-14	735	1.1%	52	52.7%
FY-15	708	-3.7%	47	-11.0%
FY-16	643	-9.2%	42	-10.7%
FY-17	644	0.2%	43	4.2%
FY-18(YTD)	--	--	34	-21.5%
Average		-2.6%		1.4%

JDC Population Projections

- Based on historical monthly JDC population data upon which the forecasts presented in this report are based, the population is projected to stabilize at between 38-40 residents throughout the forecast horizon.
- The statewide forecast of the secure detention population in the Commonwealth suggests that the overall secure detention population will decline over the next six years by an average of 2.1% per year.
- Eight beds have been designated as Community Placement Program (CPP) beds in the existing JDC. Prince William County is interested in adding bed and program space to accommodate an additional eight CPP beds. Planning efforts will need to account for additional space within the JDC.

There are presently 87 CPP beds located in nine local facilities across the State. CPP programs are highly structured, residential programs that house residents committed to DJJ in local secure detention facilities. The goal of CPPs is to place residents closer to their home communities in order to facilitate an easier transition following their release. CPPs focus on

addressing specific treatment needs and risk factors and developing competency in the areas of education, job readiness, life and social skills.

- The table that follows displays forecast scenarios through fiscal year 2022 under different assumptions that take into account the official Statewide forecast as well as the potential addition of 8 – 16 Community Placement Program (CPP) beds in Prince William County in the future.

Prince William County Juvenile Detention Center Bed Space Planning Scenarios				
	(1)	(2)	(3)	(4)
Year	Prince William Forecast	Additional 8-16 CPP Beds	Prince William Forecast Based on Statewide Forecast Growth	Additional 8-16 CPP Beds
FY-18	34	42-50	--	--
FY-19	40	48-56	33	41-49
FY-20	41	49-57	33	41-49
FY-21	38	46-54	32	40-48
FY-22	39	47-55	31	39-47

Column (1) above displays projected bed space needs for Prince William County youth based on the forecast described in this document. Column (2) displays a scenario of projected need based on the forecast described in this report and the assumption that an additional 8 – 16 CPP beds are added to the population forecast.

Column (3) figures represent a forecast scenario where the JDC projected average population for each fiscal year is assumed to mirror Statewide projected growth applied to the FY-18 reported actual population. Column (4) presents a forecast scenario based on the assumption that the Prince William County JDC population growth mirrors Statewide growth in the future and an additional 8 – 16 CPP beds are planned.

- Based on the statistical forecast described in this report, the County should plan on a JDC which will accommodate approximately 40 residents. If the County elects to accommodate 8 – 16 additional CPP participants, decision makers should plan on a JDC accommodating between 50-55 residents. As a cautionary note, historical population trends in the JDC have been somewhat erratic, and growth in the JDC population has been above secure detention population trends reported across the State. With projected growth in the general population in Prince William County it is reasonable to assume that there will be a need to implement program options and detention alternatives in the County to accommodate continuing pressure on resource needs.

Existing Secure Detention Facility

- The official certified capacity of the facility is 72 is somewhat misleading as the original 24 room housing areas – one third of the certified capacity - are simply sleeping areas that

do not include any day rooms or living space. Current DJJ standards require a design where resident rooms are configured around a dayroom or living space, and require physical separation by normal sight and sound between male and female residents. The existing facility is approximately 8,000 square feet below the amount of space required by current standards for a 72 bed detention center.

- While the current population of residents in the facility has typically ranged between 40-50 at any given time, and as many as 63, The somewhat "haphazard" configuration of the facility does not allow for adequate separation of males and females, neither are there means to separate sex offenders and more violent youth from the very young. With continuing growth in County population, it is reasonable to expect ongoing pressure on available bed space needs.

There are numerous inadequacies – areas that are undersized and do not meet guidelines and accepted Standards - associated with the existing JDC, including:

- The administrative wing of offices and public lobby.
- The facility does not have conference room space.
- The administrative office area does not have enough spaces for staff. Currently there are five single person offices and two of them are being shared by two people.
- The facility has a very small visitor lobby, which does not have adequate space for a metal detector or search/pat down of visitors.
- The staff lockers and toilet are shared with guests and are not within the secure area.
- The Computer room is a converted closet; is too small and does not have adequate HVAC.
- The intake/ processing area needs enlargement This area is often crowded and congested. There are often not enough separate holding cells to properly separate juveniles needing temporary holding space.
- Privacy for initial interviews at intake is compromised. Holding cells (often occupied by youth just arrived or awaiting transport) are in earshot of the initial intake screening desk which involves a detainee being asked personal and medical questions.
- There is not sufficient space for family visitation, private or professional visitation with clergy, attorneys and Probation Officers.
- Program space for counseling and treatment programs is inadequate.
- Living unit configurations are not uniform in size or configuration. Two units are eight-beds each; two units are 12 beds each, and two units are 16 beds each. Four units have dayrooms, and two do not.
- Storage space is inadequate throughout the facility, and there are currently several outdoor "shed" type buildings which have been added over the years to meet storage

needs. Additional storage of various types and sizes throughout the facility is needed, plus a central storage room when deliveries arrive.

- Lack of required non-contact visitation space, and lack of visitation space for various types of contact visits.
- In one classroom, the classroom's secondary exit door leads into the administration wing exit, which poses a security risk.
- The medical area is required to have negative area exhausting to minimize infectious disease exposure within the intake processing area, and this is not present.
- Supervision space is inadequate. The original housing wings of the facility do not have staff space. Staff use chairs placed in the six foot wide corridors.
- Kitchen and kitchen storage is inadequate and undersized for the number of residents in the JDC.
- Original showers present safety hazard. The showers in the original housing wings have exposed piping which is a safety hazard and not anti-ligature.
- Narrow corridors. The corridors in the booking area and entrance into the rest of the facility are too narrow and pose security risks. In some areas, residents can reach between walls to kick up legs and push off.
- Existing laundry space was designed for 24 residents. The Laundry Room is located in the original portion of the building and does not have a door large enough for commercial laundry equipment, so residential type equipment is used.

Conclusions and Recommendations

Replace the existing JDC

- The existing JDC should be replaced with a design that meets current standards and facilitates the delivery of programs and services for youth. The County should consider co-locating the existing JDC and the Molinari Juvenile Shelter on the same site. The sharing of support services such as food service, laundry, recreation and office space would likely result in reduced operational costs and facilitate an improved continuum of care for youth in the County.
- The official certified capacity of the facility is 72, which is somewhat misleading as the original 24 room housing areas – one third of the capacity - are simply sleeping areas that do not include any day rooms or living space. Current DJJ standards require a design where resident rooms are configured around a dayroom or living space, and require physical separation by normal sight and sound between male and female residents. The existing facility is (at a minimum) approximately 8,000 square feet below the amount of space required by current standards for a 72 bed detention center.

- The somewhat “haphazard” configuration of the facility does not allow for adequate separation of males and females, neither are there means to separate sex offenders and more violent youth from the very young.
- Since the 1970's, nationwide reform has occurred in juvenile justice both in program and facility designs to support education, treatment, recreation and the provision of a continuum of services and programs for youth. Current standards and “best practices” suggest that it is the role of a JDC to be only a single component of a system of prevention programming, graduated sanctions and service delivery options to meet the needs of youth. This reform has rendered the existing JDC design obsolete.
- To effectively provide programs and services to Prince William County youth, the County should construct a new JDC designed and constructed to support the education, treatment, recreation and other program needs with a community re-entry focus and within a continuum of program options, sanctions and alternatives.

Develop a comprehensive detention utilization plan

- While growth in the Prince William JDC population slowed in FY-18, historically the population trends have been much higher than many other localities in the Commonwealth.
- Increasingly across the State, localities are planning and implementing programs that most effectively serve the needs of youth within the justice system while at the same time control population growth within secure detention facilities.
- Based on a profile of historical annual JDC admissions, the two highest admitting charge categories were “supervision violation,” including probation violations, violation of court orders and conditions of release (25% of total charges) and “Simple Assault” (10% of charges). This suggests that judges in the County simply do not have sufficient program alternatives to secure detention.
- Decision makers should implement a formal planning process to assess options as well as costs and benefits associated with the need for secure detention with a framework of a continuum of youth programs, services and detention alternatives. This planning process should be ongoing with plans for constructing a new JDC.
- Primary responsibility for developing and implementing the plan may fall to the Juvenile Court presiding judge, the Court Service Unit Director or a task force comprised of key juvenile justice professionals. Because changes in program and policy development may take an extended period of time, the plan should take into account the possible turnover in key decision-making personnel. The plan should provide an objective assessment of the costs and benefits associated with each alternative.
- The implementation of those policy options judged to be in the best interest of meeting local objectives should be summarized in a comprehensive plan. To the extent possible the plan should identify the specific steps that should be taken to achieve the objectives. If new programs or policies are recommended then the mechanisms for achieving the changes should be identified with specific and realistic timelines and budgets. Federal, State and local funding options need to be identified.

Projected JDC Bed Needs

- Based on the statistical forecast described in this report, the County should plan on a JDC which will accommodate approximately 40 residents. If the County elects to accommodate 8 – 16 additional CPP participants, decision makers should plan on a JDC accommodating between 50-55 residents. With projected growth in the general population in Prince William County it is reasonable to assume that there will be a need to implement program options and detention alternatives in the County to accommodate continuing pressure on resource needs.

Legislative Update

2018 Session
of the
General Assembly of Virginia

June 13, 2018



Virginia Department of
Juvenile Justice

Overview



- Legislative Proposal Process
- DJJ Legislation
- Other Legislation
- Studies

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Legislative Proposal Process



- Proposals submitted to Policy & Planning Unit for research and review.
- Director review.
- Selected proposals submitted to SPSHS for consideration and approval.
- Six formal proposals submitted.
- Three approved for Governor's platform.
- All three passed into law.

3

DJJ Legislation



- **Truancy Diversions**
 - Current law limits # of diversions to 1.
 - 2017: CSUs were precluded from diverting 21% of truancy complaints (920 of 4,364).
 - Amended to increase # of diversions to 3.
 - Diversions must be 3 calendar years apart.
 - Nice fit with legislation amending school intervention procedures for attendance issues.

4

DJJ Legislation



- **Independent Living Arrangements**

- Amendment ensures DJJ's ability to place youth in ILA facilities licensed by DSS.
- FY17: 28 DJJ youth placed in ILAs.
 - 23 youth were 18+ / 5 were age 17.
 - 22 males
 - Length of placement = 13 to 210 days.
 - Daily population = 7 to 13 DJJ youth.
- Transition to self-sufficiency
 - Counseling, housing, employment, money management, etc.

5

DJJ Legislation



- **Internal Investigators**

- Designated pursuant to § 66-3(7) with law enforcement authority to conduct internal investigations of allegations of criminal behavior within DJJ.
- OAG: Must be in § 9.1-101 definition of "law enforcement officer" to be eligible for DCJS certification.
- Amendment: DJJ investigators included in definition.
- JCC residents, staff (1,800), visitors at JCC, CSUs, PREA, State Hotline complaints.
- 385 investigations in 2017.

6

Other Legislation



- **Truancy – School Intervention Procedures**
- Current law restricts a school's discretion in handling attendance issues.
 - Attendance officer required to participate in conference.
 - Attendance officer required to file a complaint for CHINS or to institute criminal proceedings against the parent.
- Amendment:
 - Removes these requirements.
 - Conference team has authority to continue to meet and monitor the student's attendance.
- Gives schools more discretion in determining appropriate interventions for attendance.
- Potentially reduces # of court-involved youth.

7

Other Legislation



- **Student Discipline in Public Schools**
- Current law permits suspension for sufficient cause or if adjudicated delinquent of certain offenses (firearms, drugs, robbery, etc.).
- Amendment: No student in preschool thru 3rd grade may be suspended for more than 3 days or expelled.
 - Except for certain offenses and unless offense involves physical harm or a finding of aggravating circumstances.

8

Other Legislation



- **Long-Term Suspension**
- Current law defines long-term suspension as > 10 but < 365 days.
- Amendment:
 - 11 to 45 days.
 - May be extended beyond 45 days but not > 364 days only if i) the offense involves a firearm, a destructive device, drugs, or serious bodily injury or ii) there is a finding of aggravating circumstances.
 - Definition of “aggravating circumstances” must include a consideration of the student’s disciplinary history.

9

Other Legislation



- **Grand Larceny Threshold**
- Current law = \$200.
- Established in 1980 (38 years ago).
 - Not updated to keep pace with inflation.
 - \$200 in 1980 is the same as \$644 today.
- Larcenies that were misdemeanors in 1980 are now felonies.
- Amendment: Threshold = \$500.
- Also applies to certain property and fraud crimes.

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Studies



- DJJ to review necessity and potential effectiveness of measures relating to suicide prevention for juvenile offenders when transported to and from court.
- DJJ to render assistance to the Virginia State Crime Commission in its comprehensive review of Sexual Exploitation / Sex Trafficking in Virginia.