

Heidi W. Abbott, Chair
Tamara Neo, Vice-Chair
Karen Cooper-Collins, Secretary
Anthony W. Bailey
William C. Boshier, Jr.
David R. Hines
Helvi L. Holland
Robyn Diehl McDougle
Kenneth W. Stolle



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COMMONWEALTH *of* VIRGINIA
Board of Juvenile Justice

BOARD MEETING

November 12, 2014

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

A G E N D A

9:30 a.m. Board Meeting

1. CALL TO ORDER
2. INTRODUCTIONS
3. APPROVAL of September 10, 2014, MINUTES (Pages 3-21)
4. PUBLIC COMMENT
5. DIRECTOR'S CERTIFICATION ACTIONS (Pages 22-72)
6. OTHER BUSINESS
 - A. Education Update (Deputy Director for Education Lisa Floyd)
 - B. Juvenile Correctional Center Transformation Update (Assistant Deputy Director for Operations Jack Ledden)
 - C. Employment Levels and Budget Update (Deputy Director for Administration and Finance Daryl Francis)
 - D. Request Authorization to Proceed to the Proposed Stage of the Standard Regulatory Process 6VAC35-170 (Pages 73-91)
 - E. Variance Request for Required Initial Training Hours for Non-Security Staff 6VAC35-71-160 (B) (Pages 92-98)
7. DIRECTOR REMARKS AND BOARD COMMENTS

8. NEXT MEETING

2015 Schedule / All meetings start at 9:30 a.m.: January 6 (DJJ Central Office), April 8, June 10, September 9, and November 10

9. EXECUTIVE SESSION (CLOSED)

10. ADJOURNMENT

GUIDELINES FOR PUBLIC COMMENT

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

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COMMONWEALTH of VIRGINIA
Board of Juvenile Justice

DRAFT MEETING MINUTES

September 10, 2014

Shenandoah Valley Juvenile Center
300 Technology Drive
Staunton, Virginia 24401

Board Members Present: Heidi Abbott, Anthony Bailey, William "Bill" Boshier, Helivi Holland, Tamara Neo

Board Members Absent: Karen Cooper-Collins, David Hines, Robyn Diehl McDougale, Kenneth Stolle

Department of Juvenile Justice (Department) Staff Present: Kenneth "Ken" Bailey, Andrew "Andy" K. Block, Jr., Marc Booker, Wendy Hoffman, Joy Lugar, Mark Murphy, Margaret O'Shea (Attorney General's Office), Deron Phipps, Ralph Thomas, Angela Valentine, Janet Van Cuyk, Barbara Peterson-Wilson

Guests Present: Tom Brenneman, Tim Showalter (Shenandoah Valley Juvenile Center) Jason Houtz (Fairfax Juvenile Detention Center), Dan Fallen (Lynchburg Juvenile Services), Bill Allen (Virginia A&E), Tamara Rosser (Lynchburg Juvenile Services), Dee Dee Conner (Lynchburg Juvenile Services), Greg Hopkins (City of Richmond Justice Services), Letta Jones (Richmond Juvenile Detention Center), Marcus Tucker (Richmond Juvenile Detention Center)

CALL TO ORDER

Chairperson Heidi Abbott called the meeting to order at 9:52 a.m.

INTRODUCTIONS

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

APPROVAL of June 11, 2014, MINUTES

The minutes of the June 11, 2014, Board meeting were provided for approval. On MOTION duly made by Tamara Neo and seconded by Helivi Holland to approve the minutes as presented. Motion carried.

Chairperson Abbott introduced the Executive Director of the Shenandoah Valley Juvenile Center, Tim Smith.

WELCOME REMARKS

Tim Smith, Executive Director, Shenandoah Valley Juvenile Center.

Mr. Smith welcomed the Board of Juvenile Justice and guests to the Shenandoah Valley Juvenile Center noted as one of the best detention centers in the Commonwealth. The facility is twelve years old and is one of the first "green" juvenile correctional buildings in the United States.

PUBLIC COMMENT PERIOD

There was no public comment.

DIRECTOR'S CERTIFICATION ACTIONS

Ken Bailey, Certification Unit Manager, Department.

Included in the Board's packet are the individual reports and the summary of the Director's certification actions completed on July 15, 2014.

Mr. Bailey noted that the certification action for the Fairfax Boys' Probation House were extended for three months because a non-compliance with a mandatory standard was still in effect during the Certification Team's last status visit. The Fairfax Boys' Probation House has three months to bring that mandatory standard into compliance, and then the Director will reconsider the certification action for that program. The mandatory standard involves a standing order for over-the-counter medications.

OTHER BUSINESS

REQUEST TO OPERATE A POST-DISPOSITIONAL PROGRAM

Mr. Bailey stated that the regulations require the Board of Juvenile Justice (the Board) to grant approval for post-dispositional detention programs. Once the program is approved by the Board, the program will become a normal part of the Richmond Juvenile Detention Center's certification audits (audited on the same cycle as the entire facility). The Certification Unit has conducted a conditional audit on the post-dispositional components and all the applicable regulations that can be assessed prior to the acceptance of residents into the program, and all were determined to be in compliance.

Letta Jones, Richmond Juvenile Detention Center.

On behalf of the Richmond Juvenile Detention Center, Ms. Jones is requesting approval to operate a post-dispositional detention program, with the support of the 13th Court Services Unit, to include a 15 bed facility with ten boys and five girls. Court referrals are being received, a Post-Dispositional Program Coordinator has been appointed, and the program is ready to be implemented. Ms. Jones requested the Board approve the Richmond Juvenile Detention Center operating a post-dispositional detention program in accordance with the regulatory requirements.

Director Block noted his support of the program and indicated he has heard from the Richmond Juvenile and Domestic Relations Court judges on their support of the program as well. Director Block

shared the benefits of having a commitment alternative available that will provide education, treatment, and keeping the youth connected to the community.

Board Member Boshier asked what offenses are considered when placing a youth in the post-dispositional detention program.

Marcus Tucker from the Richmond Juvenile Detention Center stated that there is a standardized assessment that basically denies or allows a child into the program. This assessment is reviewed by the court in determining whether juveniles are placed in a post-dispositional detention program.

Chairperson Abbott noted that she has also heard from the Richmond Juvenile and Domestic Relations District Court judges and they are anxious for the program to move forward. Board Member Holland noted her full support of the program.

On a MOTION duly made by Helivi Holland and seconded by Anthony Bailey to approve the request of the Richmond Juvenile Detention Center to operate a post-dispositional detention program for 15 residents in accordance with the Board of Juvenile Justice regulation 6VAC35-101-1160. Motion carried.

VIRGINIA JUVENILE DETENTION ASSOCIATION'S VARIANCE REQUEST

Jason Houtz, Fairfax Juvenile Detention Center, representing the Virginia Juvenile Detention Association (the Association).

On behalf of the Association, Mr. Houtz is requesting a blanket variance to 6VAC35-101-200 (C) of the Regulation Governing Juvenile Secure Detention Centers which requires that all direct care staff receive at least 40 hours of training annually. Specifically, the Association is requesting that part-time direct care staff be exempt from the 40 hours of training requirement but not exempt from annual retraining on the seven areas enumerated in 6VAC35-101-200 (C).

Facilities utilize part-time staff on an as-needed basis and the number of hours that they may work can vary greatly. Most facilities have "built-in" training days, as part of the shift rotations, for full-time staff to ensure they receive their 40 hours. Those days are part of the full-time staff's scheduled work week. Coordinating the opportunity for part-time staff would be unrealistic as many part-time staff work full-time jobs elsewhere which prevents many of them from attending facility scheduled training.

The Association recognizes and values the need for annual refresher training for all staff. It is important to note that regulations always required and continue to require that newly hired part-time staff receive 40 hours of initial training, providing an in-depth overview of what is required as a direct care staff in a secure juvenile detention facility. The Association supports the need for initial and ongoing training for part-time staff, but feels the 40 hour requirement for part-time staff annually is an additional, new burden for facilities.

Janet Van Cuyk, Legislative and Research Manager for the Department, explained that the section 200 regulatory requirement cross references other sections of the regulations that mandate specific subject-matter training requirements. If the Board approves the variance for this requirement, the

other regulations that mandate specific-training requirements still apply. So, the facilities will still need to complete the mandatory training, such as emergency preparedness and suicide prevention stated elsewhere in the regulatory chapter. Ms. Van Cuyk noted that, under the current regulation, 40 hours of training is required initially and 40 hours of training is required thereafter annually.

Board Member Holland asked why the part-time employees would not need the same training as the full-time employees. If a decision has been made that a certain amount of training, regardless of whether they are part-time or full-time, is required then that responsibility still exists. For example, attorneys have to complete training each year whether in practice or not or whether part-time or full-time. The same can be said for EMTs. EMTs must complete the same training whether they are volunteers or whether they work part-time or full-time.

Marc Booker, the Department's Detention Specialist, explained that the 40 hour annual training requirement can be thought of as education electives. Mr. Booker noted that he has conducted elective trainings, such as self and personal stress management; and the classes are in two hour blocks. This would be difficult for part-time employees to adjust their schedule to attend these classes that are not absolutely necessary to perform their jobs.

Mr. Houtz noted that he has trained his full-time staff on motivational interviewing techniques. If funding is available, part-time staff will also be able to attend that course and enhance their professional development. Mr. Houtz explained that this is the type of training that would be used to fill the 40 hour training gap with the full-time staff, but the training may not be necessary for part-time staff to complete in order for them to perform their job duties.

Board Member Neo asked how many hours qualified an employee as part-time and what is the percentage of part-time employees verses full-time employees.

Mr. Houtz answered 29 hours or less constitutes a part-time employee. In Mr. Houtz's program, he has 20 relief positions that are utilized throughout the year to cover when full-time staff take leave or need to leave the facility for training. The relief staff have limitations on the number of hours they can work a year based on whether their benefits eligible or not. So the 40 hours of training part-time staff have to attend would also consume their workable hours for the year.

Mr. Houtz went on to say that in his program, he has 20 relief workers and 75 full-time direct care staff.

Ms. Van Cuyk clarified for the Board that Mr. Houtz was explaining his program in Fairfax and that the variance request is statewide and would affect all 24 juvenile detention centers. Each detention center will have variations in the numbers they represent.

Board Member Neo asked about the percentages statewide and what are the seven required classes.

Mr. Booker stated that the numbers and percentages will vary by juvenile detention centers. There are some juvenile detention centers that do not utilize any part-time staff and others who use a great number of part-time staff.

Ms. Van Cuyk noted that the regulations state that each full-time, part-time, relief staff should complete retraining that is specific to the individual's occupational class, the position job description, and addressing any professional development needs. In addition, direct care staff are required to be retrained in facility emergency preparedness and response plan procedures, as well as suicide prevention, standard precautions, resident rights including, but not limited to, the prohibitive actions provided for in another regulation section, child abuse and neglect, mandatory reporting, serious incidents, and suspected child abuse and neglect. Also, any staff that apply physical restraints will be required to be retrained, as necessary to maintain an active certification, prior to application, staff who apply mechanical restraints shall be retrained annually, and employees who administer medication shall complete training annually. Any staff who do not complete their required training in a timely manner shall not be able to have direct care responsibilities pending completion of the retraining requirements.

Chairperson Abbott asked what the Certification Team reviews with regards to the training standards.

Mr. Bailey explained that the Certification Team looks at the required mandatory training standards. Mr. Bailey remembers an instance when one facility completed their 40 hours of training in one afternoon, which is not possible. The Certification Team reviews rosters, interviews personnel about their training needs and if they are being met, and what subjects are covered.

Chairperson Abbott asked if there were best practice models or standards the Association recommends to the facilities.

Mr. Houtz responded that frequently there are recommendations provided at Association meetings on certain aspects of what we do collectively such as what instruments and trainings should be used; however, it is not a mandate.

Mr. Booker noted that facilities are either locally or commissioned owned. It would be very difficult for the Association to create a set of standards that would apply to all juvenile detention centers with so many different jurisdictions involved.

Board Member Holland thinks, in her own personal background dealing with employment law, that it is not industry standard to say a part-time employee will have less training than a full-time employee. If training is required for the full-time personnel, Board Member Holland is still not seeing a justification of why you would not need the training for the part-time personnel as well. Board Member Holland understands the information being provided by Mr. Houtz is from his program in Fairfax, which is not the typical facility in Virginia. Some facilities use a significant number of part-time employees.

Board Member Tamara Neo asked who pays for the training.

Mr. Houtz responded that the facility pays for the training supplied by the juvenile detention center and the hours it takes to complete. This is standard across the facilities. If an employee wants to seek professional development training or go to a conference not funded through the juvenile detention facility, they will have to use their own funds and time; however, the juvenile detention center might pay for their hours or give them credit for the training hours.

Board Member Anthony Bailey asked if there was currently a mechanism in place whereas an employee at a juvenile detention center completes training, like CPR, as part of another job, can they still receive credit at their juvenile detention center for completing the course. Board Member Bailey noted that it can be a financial burden on the organization to have to fund these additional soft skill courses that are not really necessary and also use up the 1500 hours that part-time staff are limited to per year.

It was noted that if the course description meets the correct criteria for the employee and their duties, the completed training can be transferred as long as it is documented and the number of hours is stated.

Director Block offered that the Department is comfortable with the variance and does not feel safety will be compromised in the facilities or with the residents. Given recent events in Tennessee, no organization should have a lack of standards or employees who are not qualified to work in a facility.

On a MOTION duly made by Anthony Bailey and seconded by Bill Boshier to approve the request of the Virginia Juvenile Detention Association for a variance for the 24 local and regional juvenile detention centers throughout the Commonwealth to the 40 hour annual training requirement for part-time employees provided in 6VAC35-101-200 (C) of the Regulation Governing Juvenile Secure Detention Centers for a period of 24 months. Specifically the variance applies to part-time employees (e.g. those working 29 hours or less) and exempts the requirement to obtain 40 hours of annual retraining but does not exempt the enumerated training requirements provided for in that subsection, as applicable. Part-time employees must still receive all retraining required by these regulations. Roll Call was performed with the following results:

- Board Member Boshier voted Aye.
- Board Member Bailey voted Aye.
- Board Member Neo voted Nay.
- Board Member Holland voted Nay.
- Chairperson Abbott voted Aye.

Motion Carried.

Lynchburg Group Home Planning Study

Angela Valentine, Chief Deputy Director, Department.

At an earlier meeting, the Board approved a needs assessment for the City of Lynchburg's proposed new group home. Ms. Valentine feels that the City of Lynchburg has clearly shown a need for a new group home and would like to move forward with the next phase which is the construction phase. Ms. Valentine introduced Bill Allen the Partner/Structural Engineer of Virginia A&E to answer questions or highlight anything from the planning study.

Chairperson Abbott asked about the therapeutic design.

Mr. Allen explained that the City of Lynchburg is currently using three outdated, deteriorated group home facilities which cause challenges. Currently a lot of time is spent transporting kids to school or to outside appointments. The therapeutic model in the proposed new group home will deliver services in the facility. Special rooms will be available for therapy, practitioners, or medical appointments. The therapeutic environment will support the youth's behavior change, engage families in treatment, and minimize the impact of trauma that youth have experienced. The group home will be a place where healing will take place, be warm and inviting. Currently there are two separate programs, a boys program and a girls program. In the process of integrating both programs and have one program that works together.

Chairperson Abbott asked if this was unique in Virginia or are therapeutic designs being used in other places.

Ms. Valentine noted that currently there are no group homes in Virginia operating under this model or practice. Mr. Allen followed up by saying they worked with a national justice planner who helped with the process and architects with experience in this type of model.

The floor plan/schematic was handed out to the Board. Mr. Allen pointed out that there are single and double sleeping units, with two female units and two male units based on the projections developed in the needs assessment.

Board Member Neo asked about the after care services.

Mr. Allen indicated that services are provided to help the youth transition from the program back to the community such as additional counseling or follow up phone calls on their progress. The follow up will continue for about three to six months depending on the child's needs.

Board Member Boshier asked how this study will interface with the broader study for all agency facilities.

Director Block noted that the Lynchburg Group Home is a locally-operated facility and the broader study assessment will be for state-operated facilities. The Director went on to say that the Department is certainly supportive of developing local capacity like this group home because in most cases keeping the kids in their home community will dictate better outcomes and more continuity of services and care.

Board Member Neo asked what is a "calm room."

Mr. Allen responded that the intent of the room is to give the youth a place to go if they are aggravated and need to calm down. The room is not isolated or separate from other rooms; rather it is an alcove within the living unit. The goal is to give the youth time to de-escalate. Based on discussions, the group decided not to put a door on the room, the goal is not to put them in isolation, but give them space to de-escalate. Ms. Van Cuyk did point out that there is a regulation that prohibits isolation of kids in juvenile group homes.

Mr. Allen went on to tell the Board that the facility will be staff-secure, locked for entry, but unlocked for exit. There are times when kids decide to run. This is considered in the design.

Board Member Bailey asked if in the new facility, will visitors be screened for weapons.

Mr. Allen explained that in the new facility visitors will be allowed to enter the building without the use of metal detectors. Visitors will be advised not to bring in bags into the facility. Visitors will be limited to the counseling and visitation areas and not allowed back into the housing unit.

Board Member Bailey followed up by asking if there were any issues with the youth bringing contraband or weapons.

Mr. Allen noted that kids are screened when they leave the facility and when they return.

On MOTION duly made by Tamara Neo and seconded by Anthony Bailey to approve the City of Lynchburg's group home planning study move forward to the construction phase. Motion carried.

Virginia Juvenile Community Crime Control Act (VJCCCA) Plan

Angela Valentine, Chief Deputy Director, Department.

Ms. Valentine reminded the Board that at their June meeting the Board approved the extension of four localities' VJCCCA plans in order for them to complete their plans and firm up their budgets. All four plans have been received and reviewed by their community program specialists and are approved now for the Board's consideration. The first motion is for Manassas and Manassas Park. The Department is recommending approval of their plan for one year only.

On a MOTION duly made by Helivi Holland and seconded by Anthony Bailey to approve the Manassas and Manassas Park combined VJCCCA Plan for the 2015 fiscal year. Motion carried.

The other motion is for the City of Norfolk, City of Richmond, and the Tidewater Youth Services Commission plan which is a combined plan for the Tidewater area. These three plans have been reviewed and approved by their community program specialists. The Department is recommending approval for the biennium.

On MOTION duly made by Helivi Holland and seconded by Anthony Bailey to approve the City of Norfolk, City of Richmond, and the Tidewater Youth Services Commission VJCCCA plans for the 2015 and 2016 fiscal years. Motion carried.

DIRECTOR'S COMMENTS

Andrew K. Block, Jr., Director, Department.

Director Block announced the appointment by Governor McAuliffe of Angela Valentine as the Department's new Chief Deputy Director. Director Block noted Angela's vast experience within the Department and called her a trusted voice in juvenile justice.

At the Board's last meeting, Assistant Deputy Director of Operations Jack Ledden discussed the institutional transformation effort and moving towards a community model approach. The community model has required the agency to redraft policies and remove standing orders to allow support staff to engage with residents. As of today, there are two test units in operation, one at Beaumont Juvenile Correctional Center and one at Bon Air Juvenile Correctional Center. There are more engagement activities with the residents and staff is very enthusiastic about this new approach. Next week additional residential units in each facility are anticipated to come online. The Director noted problems will arise, but preliminary data indicates incidents of behavioral problems are down.

The Finance and Administration Deputy Director Daryl Francis briefed the Board at the April meeting on the Department's vacancy problem and retention issues. Good news to report in that area. As of February 2014, the Department had 81 vacant security positions. As of the end of August, the Department had six vacant security positions. The Department's recruiting efforts has made a significant contribution and the Department is slowly becoming a better place to work.

The Director announced Peggy Parrish as the new Superintendent for Beaumont Juvenile Correctional Center. Ms. Parrish had been previously the Acting Superintendent.

Virginia was one of six states to receive a re-entry planning grant from the Office of Juvenile Justice Delinquency Prevention. The Department will use the grant money to hire a consultant and establish a multi-agency statewide task force to help the Department's re-entry program develop a long-term comprehensive statewide re-entry plan. The Department will also be eligible to apply for grant money to implement the plan. The first planning meeting will be next month.

Dr. Lisa Floyd has been selected as the Department's Deputy Director for Education. Dr. Floyd has vast experience with the educational system in Virginia and the Department is very fortunate to have her lead our program.

Peter Roussos has been appointed as the new Court Service Director for the 26th district in the Shenandoah Valley, and Colleen French has been named the new Court Service Director for the 23-A district in Roanoke.

The Commonwealth of Virginia is dealing with budget issues and like other state agencies, the Department has been asked to produce a savings plan that will reduce our budget by 5% in this current fiscal year and 7% in the next fiscal year. The Department is working very closely with the Secretary of Public Safety and Homeland Security's office in how best to maintain our priorities and still retain our workforce. There is nothing specifically to report, but the Department will keep the Board apprised on the situation moving forward.

NEXT MEETING

The next meeting is scheduled for November 12, 2014, at Central Office, 600 East Main Street, 12th Floor, Richmond, at 9:30 a.m.

Board Member Holland indicated she will be out of state that day and will be unable to attend. Board Member Bailey also indicated he may not be present, but will eventually let the Board know of his future plans.

EXECUTIVE SESSION MOTION

On MOTION duly by Helivi Holland and seconded by Anthony Bailey to reconvene in Executive Closed Session, pursuant to Section 2.2-3711(A)(1) and (A)(7), for a discussion of certain personnel matters and to consult with legal counsel and obtain briefings by staff members, consultants, or attorneys pertaining to actual or probable litigation and any other specific legal matters requiring the provision of legal advice by counsel. Motion carried.

The Executive Closed Session was concluded. The members of the Board of Juvenile Justice present certified that, to the best of their knowledge, (1) only public business matters lawfully exempted from open meeting requirements by Virginia law were discussed in the Executive Meeting, and (2) only such public business matters as were identified in the motion convening the Executive Meeting were heard, discussed, or considered.

ADJOURNMENT

Chairperson Abbott adjourned the meeting at 11:55 a.m.

FY 2015-2016 VJCCA Plan Detail

Locality	Program Type	Year 1 Youth	Year 1 Budget	Year 2 Youth	Year 2 Budget
Accomac, Northampton	Outreach Detention/Electronic	65	\$31,666	65	\$31,666
Accomac, Northampton	Substance Abuse Assessment	95	\$9,000	95	\$9,000
Accomac, Northampton	Surveillance/Intensive Supervision	35	\$13,000	35	\$13,000
Alexandria	Shelter Care and Less Secure	65	\$220,601	60	\$220,601
Alexandria	Alternative Day Services and Day	40	\$32,400	40	\$32,400
Alexandria	Shoplifting Programs	25	\$6,000	25	\$6,000
Alexandria	Case Management	20	\$21,600	20	\$21,600
Amelia	Community Service	15	\$6,321	15	\$6,321
Amelia	Pro-Social Skills	7	\$6,321	7	\$6,321
Amherst	Shelter Care and Less Secure	20	\$53,580	20	\$53,580
Amherst	Outreach Detention/Electronic	30	\$11,675	30	\$11,675
Arlington	Alternative Day Services and Day	23	\$334,422	23	\$334,422
Arlington	Group Homes	24	\$942,893	24	\$942,893
Bath	Coordinator/Administrative	0	\$50	0	\$50
Bath	Supervision Plan Services	2	\$6,535	2	\$6,535
Bedford County	Shelter Care and Less Secure	15	\$30,000	15	\$30,000
Bedford County	Shelter Care and Less Secure	15	\$30,000	15	\$30,000
Bedford County	Outreach Detention/Electronic	25	\$24,941	25	\$24,941
Bland	Supervision Plan Services	3	\$6,585	3	\$6,585
Cambell	Community Service	48	\$11,578	48	\$11,578
Cambell	Coordinator/Administrative	0	\$5,653	0	\$5,653
Cambell	Shelter Care and Less Secure	36	\$68,500	36	\$68,500
Cambell	Outreach Detention/Electronic	15	\$23,322	15	\$23,322
Cambell	Parenting Skills	4	\$4,000	4	\$4,000
Caroline	Outreach Detention/Electronic	45	\$10,392	45	\$10,392
Caroline	Substance Abuse Treatment	10	\$5,926	10	\$5,926
Caroline	Supervision Plan Services	10	\$7,011	10	\$7,011
Charlotte, Appomattox	Pro-Social Skills	14	\$3,500	14	\$3,500
Charlotte, Appomattox	Substance Abuse Education	12	\$2,100	12	\$2,100
Charlotte, Appomattox	Outreach Detention/Electronic	20	\$21,600	20	\$21,600
Charlotte, Appomattox	Supervision Plan Services	6	\$13,774	6	\$13,774
Charlotte, Appomattox	Life Skills	14	\$22,500	14	\$22,500
Charlottesville	Group Homes	10	\$160,669	10	\$160,669
Charlottesville	Community Service	25	\$35,000	25	\$35,000
Charlottesville	Community Service	6	\$20,000	6	\$20,000
Charlottesville	Pro-Social Skills	20	\$5,000	20	\$5,000
Charlottesville	Individual, Group, Family	25	\$75,000	25	\$75,000
Charlottesville	Outreach Detention/Electronic	15	\$30,000	15	\$30,000
Charlottesville	Employment/Vocational	40	\$66,000	40	\$66,000
Charlottesville	Case Management	45	\$52,035	45	\$52,035
Charlottesville	Outreach Detention/Electronic	23	\$9,000	23	\$9,000
Chesterfield	Case Management	66	\$63,200	66	\$63,200
Chesterfield	Case Management	83	\$46,700	83	\$46,700
Chesterfield	Community Service	100	\$12,000	100	\$12,000
Chesterfield	Supervision Plan Services	10	\$20,500	10	\$20,500
Chesterfield	Alternative Day Services and Day	77	\$213,780	77	\$213,780
Chesterfield	Alternative Day Services and Day	34	\$91,620	34	\$91,620
Chesterfield	Outreach Detention/Electronic	140	\$241,900	140	\$241,900
Chesterfield	Community Service	175	\$129,500	175	\$129,500
Chesterfield	Sex Offender Treatment	12	\$30,960	12	\$30,960
Chesterfield	Coordinator/Administrative	0	\$20,591	0	\$20,591
Colonial Heights	Community Service	35	\$6,190	35	\$6,190
Colonial Heights	Parenting Skills	0	\$0	0	\$0
Colonial Heights	Office on Youth	0	\$37,500	0	\$37,500
Colonial Heights	Shoplifting Programs	240	\$8,510	240	\$8,510
Colonial Heights	Supervision Plan Services	4	\$3,500	4	\$3,500
Colonial Heights	Case Management	10	\$10,000	10	\$10,000
Colonial Heights	Coordinator/Administrative	0	\$3,380	0	\$3,380

FY 2015-2016 VJCCCA Plan Detail

Locality	Program Type	Year 1 Youth	Year 1 Budget	Year 2 Youth	Year 2 Budget
Craig	Supervision Plan Services	6	\$6,535	6	\$6,535
Craig	Coordinator/Administrative	0	\$50	0	\$50
Culpeper	Pro-Social Skills	24	\$7,200	24	\$7,200
Culpeper	Pro-Social Skills	30	\$4,500	30	\$4,500
Culpeper	Coordinator/Administrative	0	\$2,646	0	\$2,646
Culpeper	Life Skills	35	\$3,575	35	\$3,575
Culpeper	Supervision Plan Services	10	\$35,000	10	\$35,000
Danville	Life Skills	8	\$6,386	8	\$6,386
Danville	Outreach Detention/Electronic	40	\$58,642	40	\$58,642
Danville	Outreach Detention/Electronic	60	\$48,295	60	\$48,295
Dinwiddie	Pro-Social Skills	20	\$22,322	20	\$22,322
Dinwiddie	Pro-Social Skills	10	\$7,532	10	\$7,532
Emporia, Brunswick	Community Service	100	\$47,365	100	\$47,365
Emporia, Brunswick	Outreach Detention/Electronic	35	\$62,150	35	\$62,150
Fairfax County/City	Shelter Care and Less Secure	290	\$1,295,229	290	\$1,295,229
Fairfax County/City	Group Homes	45	\$1,347,706	45	\$1,347,706
Fairfax County/City	Group Homes	25	\$1,183,627	25	\$1,183,627
Fairfax County/City	Outreach Detention/Electronic	350	\$1,268,861	350	\$1,268,861
Fairfax County/City	Group Homes	18	\$1,003,718	18	\$1,003,718
Falls Church	Group Homes	25	\$900,071	25	\$900,071
Fauquier	Coordinator/Administrative	0	\$1,830	0	\$1,830
Fauquier	Home-Based In-Home Services	20	\$18,392	20	\$18,392
Fauquier	Pro-Social Skills	8	\$7,000	8	\$7,000
Fauquier	Outreach Detention/Electronic	2	\$1,000	2	\$1,000
Fauquier	Sex Offender Treatment	15	\$10,400	15	\$10,400
Fauquier	Surveillance/Intensive Supervision	3	\$1,100	3	\$1,100
Fluvanna	Supervision Plan Services	10	\$6,585	10	\$6,585
Floyd	Supervision Plan Services	10	\$6,585	10	\$6,585
Franklin County	Outreach Detention/Electronic	25	\$31,456	25	\$31,456
Frederick, Clarke	Surveillance/Intensive Supervision	45	\$43,800		one year only
Frederick, Clarke	Case Management	150	\$55,800		
Frederick, Clarke	Supervision Plan Services	10	\$4,508		
Frederick, Clarke	Substance Abuse Treatment	30	\$11,250		
Frederick, Clarke	Substance Abuse Education	25	\$2,000		
Frederick, Clarke	Substance Abuse Assessment	80	\$7,000		
Frederick, Clarke	Pro-Social Skills	35	\$4,000		
Fredericksburg	Case Management	5	\$20,000	5	\$20,000
Fredericksburg	Shelter Care and Less Secure	5	\$35,000	5	\$35,000
Fredericksburg	Outreach Detention/Electronic	20	\$5,250	20	\$5,250
Fredericksburg	Supervision Plan Services	10	\$19,890	10	\$19,890
Fredericksburg	Restitution/Restorative Justice	40	\$2,500	40	\$2,500
Fredericksburg	Substance Abuse Education	40	\$2,500	40	\$2,500
Fredericksburg	Community Service	40	\$3,000	40	\$3,000
Giles	Outreach Detention/Electronic	6	\$7,473	6	\$7,473
Giles	Supervision Plan Services	2	\$2,155	2	\$2,155
Goochland	Community Service	40	\$6,585	40	\$6,585
Gravson, Carroll, Galax	Pro-Social Skills	48	\$1,200	48	\$1,200
Gravson, Carroll, Galax	Community Service	135	\$36,000	135	\$36,000
Gravson, Carroll, Galax	Outreach Detention/Electronic	12	\$3,817	12	\$3,817
Gravson, Carroll, Galax	Shoplifting Programs	13	\$200	13	\$200
Gravson, Carroll, Galax	Substance Abuse Education	34	\$600	34	\$600
Greene	Supervision Plan Services	7	\$7,596	7	\$7,596
Halifax	Outreach Detention/Electronic	44	\$40,800	44	\$40,800
Halifax	Outreach Detention/Electronic	31	\$37,100	31	\$37,100
Halifax	Substance Abuse Education	10	\$4,000	10	\$4,000
Halifax	Supervision Plan Services	18	\$12,522	18	\$12,522

FY 2015-2016 VJCCA Plan Detail

Locality	Program Type	Year 1 Youth	Year 1 Budget	Year 2 Youth	Year 2 Budget
Hampton	Pro-Social Skills	94	\$40,000	94	\$40,000
Hampton	Home-Based, In-Home Services	9	\$32,760	9	\$32,760
Hampton	Outreach Detention/Electronic	160	\$144,000	160	\$144,000
Hampton	Outreach Detention/Electronic	81	\$67,000	81	\$67,000
Hampton	Substance Abuse Assessment	90	\$13,500	90	\$13,500
Hampton	Substance Abuse Treatment	91	\$54,600	91	\$54,600
Hampton	Supervision Plan Services	6	\$4,567	6	\$4,567
Hampton	Surveillance/Intensive Supervision	42	\$70,000	42	\$70,000
Hanover	Surveillance/Intensive Supervision	40	\$9,427	40	\$9,427
Hanover	Community Service	150	\$33,874	150	\$33,874
Hanover	Outreach Detention/Electronic	50	\$34,930	50	\$34,930
Hanover	Case Management	40	\$3,258	40	\$3,258
Hanover	Case Management	50	\$20,310	50	\$20,310
Henrico	Pro-Social Skills	200	\$43,200		one year only
Henrico	Pro-Social Skills	52	\$4,440		
Henrico	Community Service	90	\$21,160		
Henrico	Coordinator/Administrative	0	\$148,564		
Henrico	Home-Based, In-Home Services	71	\$250,364		
Henrico	Mental Health Assessments	115	\$5,760		
Henrico	Outreach Detention/Electronic	320	\$283,118		
Henrico	Outreach Detention/Electronic	130	\$29,000		
Henrico	Parenting Skills	42	\$7,435		
Henrico	Shoplifting Programs	240	\$29,440		
Henrico	Shoplifting Programs	58	\$30,132		
Henrico	Substance Abuse Assessment	38	\$1,920		
Henrico	Substance Abuse Assessment	50	\$425		
Henrico	Case Management	100	\$61,301		
Highland	Coordinator/Administrative	0	\$346	0	\$346
Highland	Surveillance/Intensive Supervision	13	\$6,239	13	\$6,239
Hopewell	Outreach Detention/Electronic	31	\$64,377	31	\$64,377
Hopewell	Supervision Plan Services	4	\$9,000	4	\$9,000
Hopewell	Home-Based, In-Home Services	2	\$7,500	2	\$7,500
Hopewell	Pro-Social Skills	40	\$13,550	40	\$13,550
Hopewell	Community Service	65	\$17,907	65	\$17,907
Hopewell	Case Management	12	\$21,974	12	\$21,974
Hopewell	Coordinator/Administrative	0	\$7,405	0	\$7,405
Hopewell	Substance Abuse Assessment	19	\$2,960	19	\$2,960
Hopewell	Substance Abuse Education	15	\$3,425	15	\$3,425
King George	Outreach Detention/Electronic	30	\$8,000	30	\$8,000
King George	Community Service	25	\$4,298	25	\$4,298
King George	Substance Abuse Education	20	\$4,000	20	\$4,000
King William, Charles	Community Service	120	\$59,800	120	\$59,800
King William, Charles	Law Related Education	50	\$18,056	50	\$18,056
King William, Charles	Surveillance/Intensive Supervision	25	\$21,000	25	\$21,000
King William, Charles	Outreach Detention/Electronic	20	\$19,245	20	\$19,245
King William, Charles	Group Homes	0	\$0	0	\$0
King William, Charles	Supervision Plan Services	5	\$5,000	5	\$5,000
King William, Charles	Substance Abuse Assessment	15	\$7,163	15	\$7,163
King William, Charles	Parenting Skills	12	\$8,000	12	\$8,000
Lexington, Buena Vista	Office on Youth	0	\$16,003	0	\$16,003
Lexington, Buena Vista	Coordinator/Administrative	0	\$3,602	0	\$3,602
Lexington, Buena Vista	Supervision Plan Services	5	\$2,260	5	\$2,260
Lexington, Buena Vista	Surveillance/Intensive Supervision	20	\$58,160	20	\$58,160
Loudoun	Shelter Care and Less Secure	130	\$800,000	130	\$800,000
Louisa	Supervision Plan Services	8	\$10,933	8	\$10,933
Lynchburg	Shelter Care and Less Secure	46	\$197,543	46	\$197,543
Lynchburg	Shelter Care and Less Secure	46	\$197,543	46	\$197,543
Madison	Supervision Plan Services	10	\$8,079	10	\$8,079

FY 2015-2016 VJCCA Plan Detail

Locality	Program Type	Year 1 Youth	Year 1 Budget	Year 2 Youth	Year 2 Budget
Manassas/Manassas	Surveillance/Intensive Supervision	25	\$83,177	one year only	
Martinsville, Henry	Group Homes	27	\$200,427		\$28,900
Martinsville, Henry	Outreach Detention/Electronic	36	\$28,900	25	\$62,400
Martinsville, Henry	Outreach Detention/Electronic	25	\$62,400	30	\$49,752
Mecklenburg	Life Skills	15	\$19,998	15	\$19,998
Mecklenburg	Supervision Plan Services	8	\$5,000	8	\$5,000
Mecklenburg	Outreach Detention/Electronic	5	\$7,711	5	\$7,711
Montgomery	Community Service	150	\$42,649	150	\$42,649
Montgomery	Outreach Detention/Electronic	5	\$4,123	5	\$4,123
Montgomery	Surveillance/Intensive Supervision	2	\$2,800	2	\$2,800
Nelson	Shelter Care and Less Secure	4	\$7,000	4	\$7,000
Nelson	Outreach Detention/Electronic	8	\$3,566	8	\$3,566
Newport News	Outreach Detention/Electronic	350	\$421,043	350	\$437,151
Newport News	Outreach Detention/Electronic	300	\$301,043	300	\$301,043
Norfolk	Outreach Detention/Electronic	240	\$411,841	240	\$411,841
Norfolk	Outreach Detention/Electronic	385	\$60,800	385	\$60,800
Norfolk	Group Homes	35	\$296,500	35	\$296,500
Norfolk	Group Homes	5	\$3,000	5	\$3,000
Norfolk	Group Homes	5	\$1,500	5	\$1,500
Norfolk	Shelter Care and Less Secure	100	\$20,000	100	\$20,000
Norfolk	Surveillance/Intensive Supervision	200	\$228,450	200	\$228,450
Norfolk	Alternative Day Services and Day	61	\$59,400	61	\$59,400
Norfolk	Law Related Education	200	\$22,000	200	\$22,000
Norfolk	Pro-Social Skills	75	\$30,000	75	\$30,000
Norfolk	Pro-Social Skills	60	\$43,000	60	\$43,000
Norfolk	Pro-Social Skills	33	\$20,000	33	\$20,000
Norfolk	Employment/Vocational	0	\$0	0	\$0
Norfolk	Substance Abuse Assessment	18	\$5,000	18	\$5,000
Norfolk	Substance Abuse Treatment	0	\$0	0	\$0
Norfolk	Parenting Skills	25	\$11,987	25	\$11,987
Norfolk	Pro-Social Skills	4	\$2,100	4	\$2,100
Norfolk	Alternative Day Services and Day	0	\$0	0	\$0
Norfolk	Supervision Plan Services	0	\$0	0	\$0
Norfolk	Restitution/Restorative Justice	0	\$0	0	\$0
Norfolk	Coordinator/Administrative	0	\$63,990	0	\$63,990
Nottoway	Community Service	30	\$10,676	30	\$10,676
Nottoway	Pro-Social Skills	15	\$9,340	15	\$9,340
Orange	Office on Youth	0	\$3,705	0	\$3,705
Orange	Coordinator/Administrative	0	\$1,000	0	\$1,000
Orange	Community Service	35	\$300	35	\$300
Orange	Pro-Social Skills	12	\$4,900	12	\$4,900
Orange	Substance Abuse Assessment	20	\$2,000	20	\$2,000
Orange	Substance Abuse Treatment	10	\$4,800	10	\$4,800
Orange	Supervision Plan Services	10	\$7,204	10	\$7,204
Page	Employment/Vocational	4	\$5,120	4	\$5,120
Page	Pro-Social Skills	8	\$11,520	8	\$11,520
Page	Substance Abuse Assessment	30	\$2,100	30	\$2,100
Page	Substance Abuse Treatment	25	\$9,000	25	\$9,000
Page	Supervision Plan Services	8	\$2,336	8	\$2,336
Petersburg	Community Service	80	\$32,762	80	\$32,762
Petersburg	Coordinator/Administrative	0	\$8,032	0	\$8,032
Petersburg	Case Management	30	\$55,814	30	\$55,814
Petersburg	Surveillance/Intensive Supervision	20	\$55,813	20	\$55,813
Petersburg	Law Related Education	45	\$8,229	45	\$8,229
Pittsylvania	Pro-Social Skills	36	\$5,782	36	\$5,782
Pittsylvania	Pro-Social Skills	10	\$6,000	10	\$6,000
Pittsylvania	Outreach Detention/Electronic	25	\$36,539	25	\$36,539
Pittsylvania	Outreach Detention/Electronic Moni	18	\$23,200	18	\$23,200
Powhatan	Community Service	20	\$6,321	20	\$6,321
Powhatan	Pro-Social Skills	13	\$4,203	13	\$4,203

FY 2015-2016 VJCCCA Plan Detail

Locality	Program Type	Year 1 Youth	Year 1 Budget	Year 2 Youth	Year 2 Budget
Prince George	Community Service	70	\$50,577	70	\$50,577
Prince George	Individual Group Family	6	\$2,000	6	\$2,000
Prince George	Outreach Detention/Electronic	10	\$22,170	10	\$22,170
Prince William	Shelter Care and Less Secure	159	\$498,699	159	\$498,699
Prince William	Outreach Detention/Electronic	196	\$1,022,460	196	\$1,022,460
Pulaski	Outreach Detention/Electronic	14	\$7,939	14	\$7,939
Pulaski	Community Service	99	\$13,382	99	\$13,382
Radford	Community Service	25	\$7,650	25	\$7,650
Radford	Supervision Plan Services	2	\$2,549	2	\$2,549
Rappahannock	Home-Based, In-Home Services	5	\$5,889	5	\$5,889
Rappahannock	Surveillance/Intensive Supervision	1	\$500	1	\$500
Rappahannock	Pro-Social Skills	2	\$500	2	\$500
Rappahannock	Surveillance/Intensive Supervision	1	\$300	1	\$300
Rappahannock	Sex Offender Treatment	4	\$2,000	4	\$2,000
Rappahannock	Coordinator/Administrative	0	\$484	0	\$484
Richmond City	Sex Offender Treatment	6	\$14,180	6	\$14,180
Richmond City	Community Service	130	\$103,809	130	\$103,809
Richmond City	Outreach Detention/Electronic	235	\$429,431	235	\$429,431
Richmond City	Outreach Detention/Electronic	80	\$173,098	80	\$173,098
Richmond City	Coordinator/Administrative	0	\$20,000	0	\$20,000
Richmond City	Substance Abuse Assessment	156	\$3,900	156	\$3,900
Richmond City	Outreach Detention/Electronic	40	\$12,080	40	\$12,080
Richmond City	Alternative Day Services and Day I	64	\$118,500	64	\$118,500
Richmond City	Supervision Plan Services	0	\$0	0	\$0
Richmond City	Mental Health Assessments	36	\$25,000	36	\$25,000
Richmond City	Home-Based, In-Home Services	50	\$198,906	50	\$198,906
Rockingham	Case Management	70	\$46,459	one year only	
Rockingham	Substance Abuse Assessment	30	\$4,590		
Rockingham	Substance Abuse Treatment	10	\$8,400		
Rockingham	Mental Health Assessments	10	\$6,500		
Rockingham	Coordinator/Administrative	0	\$4,341		
Rockingham	Pro-Social Skills	20	\$3,200		
Rockingham	Pro-Social Skills	40	\$3,000		
Rockingham	Supervision Plan Services	10	\$9,591		
Rockingham	Pro-Social Skills	15	\$750		
Roanoke City	Pro-Social Skills	45	\$25,237	45	\$25,237
Roanoke City	Community Service	130	\$48,294	130	\$48,294
Roanoke City	Mental Health Assessments	45	\$29,000	45	\$29,000
Roanoke City	Individual Group Family	30	\$21,000	30	\$21,000
Roanoke City	Parenting Skills	30	\$4,000	30	\$4,000
Roanoke City	Coordinator/Administrative	0	\$33,430	0	\$33,430
Roanoke City	Shelter Care and Less Secure	9	\$86,122	9	\$86,122
Roanoke City	Supervision Plan Services	9	\$4,001	9	\$4,001
Roanoke City	Outreach Detention/Electronic	160	\$143,040	160	\$143,040
Roanoke City	Outreach Detention/Electronic	33	\$56,161	33	\$56,161
Roanoke City	Substance Abuse Education	150	\$55,206	150	\$55,206
Roanoke City	Pro-Social Skills	75	\$23,860	75	\$23,860
Roanoke City	Restitution/Restorative Justice	20	\$4,000	20	\$4,000
Roanoke City	Restitution/Restorative Justice	20	\$1,934	20	\$1,934
Roanoke City	Surveillance/Intensive Supervision	200	\$133,309	200	\$133,309
Roanoke County, Salem	Outreach Detention/Electronic	160	\$186,305	160	\$186,305
Roanoke County, Salem	Substance Abuse Assessment	175	\$24,625	175	\$24,625
Roanoke County, Salem	Community Service	155	\$27,500	155	\$27,500
Roanoke County, Salem	Restitution/Restorative Justice	30	\$15,020	30	\$15,020
Roanoke County, Salem	Coordinator/Administrative	0	\$13,445	0	\$13,445
Shenandoah	Supervision Plan Services	10	\$12,704	10	\$12,704
Shenandoah	Substance Abuse Assessment	25	\$4,500	25	\$4,500
Shenandoah	Pro-Social Skills	5	\$7,000	5	\$7,000
Shenandoah	Sex Offender Assessment	4	\$7,000	4	\$7,000

FY 2015-2016 VJCCA Plan Detail

Locality	Program Type	Year 1 Youth	Year 1 Budget	Year 2 Youth	Year 2 Budget
Spotsylvania	Restitution/Restorative Justice	10	\$1 000	10	\$1 000
Spotsylvania	Case Management	15	\$20 000	15	\$20 000
Spotsylvania	Community Service	120	\$37 431	120	\$37 431
Spotsylvania	Substance Abuse Treatment	22	\$14 000	22	\$14 000
Spotsylvania	Shelter Care and Less Secure	10	\$45 000	10	\$45 000
Spotsylvania	Substance Abuse Education	30	\$6 365	30	\$6 365
Spotsylvania	Supervision Plan Services	3	\$500	3	\$500
Stafford	Community Service	90	\$8 500	90	\$8 500
Stafford	Shelter Care and Less Secure	8	\$45 750	8	\$45 750
Stafford	Case Management	8	\$20 000	8	\$20 000
Stafford	Substance Abuse Education	15	\$2 500	15	\$2 500
Stafford	Surveillance/Intensive Supervision	120	\$63 025	120	\$63 025
Stafford	Supervision Plan Services	10	\$6 585	10	\$5 000
Surv	Office on Youth	150	\$6 860	150	\$6 860
Surv	Supervision Plan Services	10	\$6 000	10	\$6 000
Tidewater Youth	Shelter Care and Less Secure	200	\$567 929	200	\$567 929
Tidewater Youth	Shelter Care and Less Secure	68	\$191 825	68	\$191 825
Tidewater Youth	Shelter Care and Less Secure	157	\$444 395	157	\$444 395
Tidewater Youth	Life Skills	9	\$11 400	9	\$11 400
Tidewater Youth	Outreach Detention/Electronic	304	\$410 189	304	\$410 189
Tidewater Youth	Outreach Detention/Electronic	235	\$63 633	235	\$63 633
Tidewater Youth	Substance Abuse Treatment	122	\$252 513	122	\$252 513
Tidewater Youth	Pro-Social Skills	14	\$17 500	14	\$17 500
Tidewater Youth	Restitution/Restorative Justice	340	\$145 854	340	\$145 854
Tidewater Youth	Individual Group Family	20	\$38 486	20	\$38 486
Tidewater Youth	Community Service	143	\$28 462	143	\$28 462
Tidewater Youth	Substance Abuse Assessment	36	\$8 294	36	\$8 294
Tidewater Youth	Sex Offender Assessment	10	\$5 625	10	\$5 625
Tidewater Youth	Sex Offender Treatment	18	\$34 870	18	\$34 870
Tidewater Youth	Home-Based In-Home Services	29	\$47 669	29	\$47 669
Tidewater Youth	Individual Group Family	9	\$15 000	9	\$15 000
Tidewater Youth	Parenting Skills	48	\$63 154	48	\$63 154
Tidewater Youth	Pro-Social Skills	0	\$0	0	\$0
Warren	Surveillance/Intensive Supervision	25	\$36 630	one year only	
Washington Bristol	Community Service	300	\$80 689	300	\$80 689
Washington Bristol	Outreach Detention/Electronic	150	\$360 767	150	\$360 767
Waynesboro Augusta	Office on Youth	0	\$10 910	0	\$10 910
Waynesboro Augusta	Shoplifting Programs and larceny	25	\$1 500	25	\$1 500
Waynesboro Augusta	Outreach Detention/Electronic	18	\$6 200	18	\$6 200
Waynesboro Augusta	Surveillance/Intensive Supervision	70	\$10 800	70	\$10 800
Waynesboro Augusta	Employment/Vocational	28	\$20 000	28	\$20 000
Waynesboro Augusta	Surveillance/Intensive Supervision	10	\$4 500	10	\$4 500
Waynesboro Augusta	Mental Health Assessments	7	\$3 000	7	\$3 000
Waynesboro Augusta	Community Service	75	\$24 000	75	\$24 000
Waynesboro Augusta	Individual Group Family	15	\$2 800	15	\$2 800
Waynesboro Augusta	Case Management	175	\$11 575	175	\$11 575
Waynesboro Augusta	Parenting Skills	15	\$3 200	15	\$3 200
Waynesboro Augusta	Life Skills	20	\$350	20	\$350
Waynesboro Augusta	Coordinator/Administrative	0	\$6 550	0	\$6 550
Waynesboro Augusta	Alternative Day Services and Day	35	\$12 000	35	\$12 000
Westmoreland Essex	Substance Abuse Education	15	\$5 000	15	\$5 000
Westmoreland Essex	Community Service	80	\$83 051	80	\$83 051
Westmoreland Essex	Outreach Detention/Electronic	35	\$52 000	35	\$52 000
Westmoreland Essex	Supervision Plan Services	10	\$14 215	10	\$14 215
Westmoreland Essex	Life Skills	19	\$34 187	19	\$34 187
Westmoreland Essex	Parenting Skills	10	\$10 000	10	\$10 000
Westmoreland Essex	Life Skills	25	\$5 000	25	\$5 000
Wythe	Community Service	95	\$15 857	95	\$50 507
Wythe	Outreach Detention/Electronic	13	\$5 139	18	\$8 196
Wythe	Pro-Social Skills	50	\$12 160	3	\$4 453

FY 2015-2016 VJCCA Plan Detail

Locality	Program Type	Year 1 Youth	Year 1 Budget	Year 2 Youth	Year 2 Budget
York Gloucester James	Group Homes	10	\$245,685	10	\$245,685
York Gloucester James	Shelter Care and Less Secure	15	\$123,355	15	\$123,355
York Gloucester James	Surveillance/Intensive Supervision	30	\$53,440	30	\$53,440
York Gloucester James	Outreach Detention/Electronic	28	\$53,230	28	\$53,230
York Gloucester James	Community Service	175	\$88,274	175	\$88,274
York Gloucester James	Law Related Education	175	\$42,023	175	\$42,023
York Gloucester James	Law Related Education	0	\$0	0	\$0
York Gloucester James	Substance Abuse Assessment	75	\$23,059	75	\$23,059
York Gloucester James	Substance Abuse Education	40	\$23,236	40	\$23,236
York Gloucester James	Supervision Plan Services	5	\$2,000	5	\$2,000
York Gloucester James	Substance Abuse Assessment	15	\$2,650	15	\$2,650

Summary of FY 2015 - FY 2016 VJCCCA Programs
Number of Youth Projected / Projected Budgets

Program Type	2015 Youth	2015 Budget	2016 Youth	2016 Budget
Case Management	879	\$530,026	559	\$366,466
Community Service	3171	\$1,160,762	3081	\$1,174,252
Coordinator/Administrative	0	\$345,389	0	\$192,484
Employment/Vocational	68	\$86,000	68	\$86,000
Group Homes	229	\$6,285,796	202	\$6,114,269
Home-Based, In-Home Services	191	\$577,480	120	\$327,116
Individual, Group, Family Counseling	105	\$154,286	105	\$154,286
Law Related Education	470	\$90,308	470	\$90,308
Life Skills	147	\$107,396	147	\$107,396
Mental Health Assessments	213	\$69,260	88	\$57,000
Office on Youth	150	\$74,978	150	\$74,978
Outreach Detention/Electronic Monito	4933	\$6,984,018	4482	\$6,711,917
Parenting Skills	186	\$111,776	144	\$104,341
Pro-Social Skills	1126	\$388,297	717	\$322,000
Restitution/Restorative Justice	460	\$170,308	460	\$170,308
Sex Offender Assessment	14	\$12,625	14	\$12,625
Sex Offender Treatment	55	\$92,410	55	\$92,410
Shoplifting Programs	576	\$74,282	278	\$14,710
Substance Abuse Assessment	952	\$121,636	754	\$107,701
Substance Abuse Education	406	\$110,932	381	\$108,932
Substance Abuse Treatment	315	\$357,489	275	\$337,839
Supervision Plan Services	248	\$272,495	228	\$256,811
Surveillance/Intensive Supervision	927	\$895,470	832	\$731,863
Shelter Care and Less Secure Detent	1398	\$4,958,070	1393	\$4,958,070
Alternative Day Services and Day Tre	334	\$862,122	334	\$862,122
Shoplifting Programs and larceny red	25	\$1,500	25	\$1,500
Grand Total	17578	\$24,895,110	15362	\$23,537,704

**Summary of FY 2015 - FY 2016 VJCCCA Programs
Number of Programs by Type**

Program Type	2015 Programs	2016 Programs
Case Management	16	13
Community Service	35	34
Coordinator/Administrative	20	18
Employment/Vocational	3	3
Group Homes	12	11
Home-Based, In-Home Services	8	7
Individual, Group, Family Counseling	6	6
Law Related Education	5	5
Life Skills	9	9
Mental Health Assessments	5	3
Office on Youth	5	5
Outreach Detention/Electronic Monitoring	55	53
Parenting Skills	9	8
Pro-Social Skills	33	27
Restitution/Restorative Justice	7	7
Sex Offender Assessment	2	2
Sex Offender Treatment	5	5
Shoplifting Programs	5	3
Substance Abuse Assessment	17	13
Substance Abuse Education	12	11
Substance Abuse Treatment	9	7
Supervision Plan Services	35	33
Surveillance/Intensive Supervision	20	17
Grand Total	333	300

CERTIFICATION ACTIONS SUMMARY
October 16, 2014

Certified the 15th District Court Service Unit for three years.

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

Certified the 20L CSU for three years with a monitoring report in six months by the Regional Program Manager.

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

Certified the 23A District Court Service Unit for three years with a monitoring report in six months by the Regional Program Manager.

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

Certified the 29th District Court Service Unit for three years.

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

Certified Andrew B. Ferrari Argus House for three years.

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

Certified Anchor House for three years.

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

Certified Fairfax Boys' Probation House for three years.

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

Certified W. W. Moore Juvenile Detention Center and Post-dispositional Detention Program of three years with a monitoring report in 12 months.

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

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

PROGRAM AUDITED:

15th District Court Service Unit
601 Caroline Street, Suite 400, 4th Floor
Fredericksburg, VA 22401
(540) 372-1068
Vincent Butaitis, CSU Director
Vincent.butaitis@djj.virginia.gov

AUDIT DATES:

April 7-8, 2014

CERTIFICATION ANALYST:

Clarice T. Booker

CURRENT TERM OF CERTIFICATION:

September 15, 2011 – September 14, 2014

REGULATIONS AUDITED:

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

PREVIOUS AUDIT FINDINGS - April 19, 2011:

98.42% Compliance Rating
6VAC35-150-300.A – Pre-dispositionally Placed Youth

CURRENT AUDIT FINDINGS – April 8, 2014:

98.42% Compliance Rating
No repeated deficiencies from previous audit.

Number of Deficiencies: One
6VAC35-150-350.A. Supervision plans for juveniles

DEPARTMENT CERTIFICATION ACTION October 16, 2014: Certified the 15th District Court Service Unit for three years.

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

TEAM MEMBERS:

Clarice T. Booker, Team Leader
Deborah Hayes, Central Office
Mark Lewis, Central Office
Shelia Palmer, Central Office
Paige Quattlebaum, 31st District CSU
Paul Reaves, Central Office

POPULATION SERVED:

The 15th District Court Service Unit serves the City of Fredericksburg and the Counties of Caroline, Essex, Hanover, King George, Lancaster, Northumberland, Richmond, Spotsylvania, Stafford and Westmoreland.

PROGRAMS AND SERVICES PROVIDED:

The 15th District Court Service Unit provides mandated services including:

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

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

- Community service work, substance abuse evaluation and groups, anger management, mentoring, larceny reduction, restorative justice and parenting classes through the Office on Youth.
- Preventive foster care, foster care, re-entry planning, Medicaid, food stamps, etc. through local Departments of Social Services.
- Coordination of educational services and programming through school systems in each locality.
- Alternative schooling, career placement, independent living skills through Employment Resources Incorporated.
- Mental health and substance abuse services, including assessment, treatment and medication monitoring through the Community Services Board.
- Private mental health and substance abuse services.
- Sex offender counseling through private vendors.
- Shelter care, group home and aftercare services through Chaplin Youth Center.
- Substance abuse and intensive supervision through Drug Courts in Hanover and Rappahannock Regional (King George, Spotsylvania, Stafford and Fredericksburg).

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

FACILITY/PROGRAM: 15th District Court Service Unit (Fredericksburg)

SUBMITTED BY: Vincent M. Butaitis, CSU Director

CERTIFICATION AUDIT DATES: April 7-8, 2014

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:

Supervision plans were not developed in accordance with approved procedure 9324. Supervision plans were missing assessment of the juvenile and family's motivation for change in four out of eight applicable case records reviewed. There was no supervision plan in the case record of a juvenile on supervision through Interstate Compact between 9/26/13 and 4/7/14. A supervision plan was missing selected risk factors in one out of 10 applicable case records reviewed.

Program Response

Cause:

When the Department changed the procedures on July 1, 2011, our supervision plan did not contain all elements of procedure 9324 Probation Supervision Plans. During our Internal Self-Audit in April of 2012, we determined that we were not including the following in our plan:

- Identification of the selected risk factors to be the focus of attention
- Assessment of the juvenile and family's motivation for change
- Statement of long-term and short-term needs or goals
- Action steps or behavioral objectives to accomplish the short-term and long-term goals

CSU Director decided to continue to utilize our existing supervision plan until staff received training on the new YASI case plan software. As a short-term solution, supervisors reached out to their counterparts across the state to obtain supervision plan templates that met Standards and implemented them with their respective offices. Those plans were to be used until the on-line version became available and staff was properly trained.

Regarding the missing supervision plan, the parole case was an Interstate Compact Case that was released from a Maryland correctional facility after being found guilty of first-degree murder. Since a social history report was provided from Maryland, we opted to not complete a YASI for the case to not subject staff and the youth to repeat the events that lead him to killing his grandmother. Without the YASI results, we were unable to develop a case plan using the YASI software, so we relied on the case plan that was developed from Maryland DJJ.

Effect on Program:

No impact since we were utilizing cases plans in every case with the exception of the ICJ case.

Planned Corrective Action:

In 2012, we began using the results of our assessments to develop assessment-driven, software-generated case plans that met Department Standards. Our parole unit began using the new software to formulate case plans for all cases once it went on-line after July 1, 2012. Probation staff was trained over the next few months to develop assessment-driven case plans. Once all probation staff received training on the on-line case plan software and how to develop effective case plans, the on-line version was utilized to meet the standard.

Planned corrective action is that Probation staff will continue to utilize the on-line case planning software to develop case plans that meet DJJ Standards. During the subsequent Internal Self-Audit in March of 2013, the Unit improved our compliance with standards related to case plans. The subsequent audit that was completed in October of 2013 demonstrated full compliance with case plan standards.

Regarding the ICJ case, we developed a case plan independent of the YASI software. We utilized the previous case plan template that met Department Standards. The assigned parole officer developed the case plan with input from the parolee and his parent. The parole officer focused on the future aspirations of the parolee to develop short-term and long-term goals and included action steps.

Completion Date:

October 1, 2012

Person Responsible:

CSU Director, Supervisors and Probation Officers

Current Status on August 13, 2014: Compliant

Ten out of ten applicable case files reviewed had supervision plans assessing the juvenile and family's motivation for change. Nine out of nine applicable case files reviewed had documentation of selected risk factors. Three out of three applicable Interstate Compact cases reviewed had supervision plans in the case record.

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

PROGRAM AUDITED:

20-L District Court Service Unit (Loudoun)
18 East Market Street
Leesburg, Va. 20178
(757) 385-4426
Kenneth E. Smith, Director
Kenneth.Smith@djj.virginia.gov

AUDIT DATES:

April 14-15, 2014

CERTIFICATION ANALYST:

Shelia L. Palmer

CURRENT TERM OF CERTIFICATION:

October 27, 2011 – October 26, 2014

REGULATIONS AUDITED:

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

PREVIOUS AUDIT FINDINGS – May 11, 2011:

95.46% Compliance Rating
6VAC35-150-80 - Background Checks
6VAC35-150-380 – Violation of Probation or Parole
6VAC35-150-410.A – Commitment Information

CURRENT AUDIT FINDINGS – April 15, 2014:

89.2% Compliance Rating
*Two repeated deficiencies from previous audit.
*6VAC35-150-80 (A). Background Checks
6VAC35-110 (A). Volunteers and Interns
6VAC35-150-140 (A). Records Management
6VAC35-150-335 (A). Diversion
6VAC35-150-336 (A). Social Histories
*6VAC35-150-410 (A). Commitment Information

DEPARTMENT CERTIFICATION ACTION October 16, 2014: Certified the 20L CSU for three years with a monitoring report in six months by the Regional Program Manager.
Pursuant to 6VAC35-20-100C.3, if the certification audit finds the program or facility in less than 100% compliance with all critical regulatory requirements or less than 90% on all noncritical regulatory requirements or both, and a subsequent status report, completed prior to the certification action, finds 100% compliance on all critical regulatory requirements and 90% or greater compliance on all noncritical regulatory requirements, the program or facility shall be certified for a specified period of time, up to three years.

TEAM MEMBERS:

Shelia L. Palmer, Team Leader
Clarice T. Booker, Certification Unit
Mark I. Lewis, Certification Unit
Paul Reaves, Certification Unit

20-L District Court Service Unit (Loudoun)

Deborah Hayes, Certification Unit
Lynne Nelson, Manassas (31st) Court Service Unit

POPULATION SERVED:

The 20 L District Court Service Unit serves the County of Loudoun.

PROGRAMS AND SERVICES PROVIDED:

The 20 L District Court Service Unit provides mandated services including:

- Intake
- Investigative reports
- Probation supervision
- SHOCAP Probation
- Direct care and parole supervision
- Supervised release programs

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

- High Fidelity Wrap-Around Services (Loudoun County Mental Health)
- Evening Reporting Center
- Substance Abuse Services & Mental Health Services (LCMH)
- Family Connections (Department of Family Services)
- Comprehensive Services Act

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

FACILITY/PROGRAM: 20th District Court Service Unit (Loudoun)
SUBMITTED BY: Kenneth Smith, CSU Director
CERTIFICATION AUDIT DATES: April 14-15, 2014
CERTIFICATION ANALYST: Shelia L. Palmer

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

6VAC35-150-80 (A). Background checks.

A. Except as provided in subsection C of this section, all persons who (i) accept a position of employment, (ii) volunteer on a regular basis or are interns and will be alone with a juvenile in the performance of their duties, or (iii) provide contractual services directly to a juvenile on a regular basis and will be alone with a juvenile in the performance of their duties in a CSU, or as required by 6VAC35-150-430 C, shall undergo the following background checks to ascertain whether there are criminal acts or other circumstances that would be detrimental to the safety of juveniles:

1. A reference check;
2. A criminal history record check;
3. A fingerprint check with (i) the Virginia State Police (VSP) and (ii) the Federal Bureau of Investigation (FBI);
4. A central registry check with Child Protective Services (CPS); and
5. A driving record check, if applicable to the individual's job duties.

Audit Finding:

Three out five applicable volunteer files reviewed were missing a reference check.

Program Response

Cause:

Reference checks were not documented in file(s)

Effect on Program:

Potentially, no reference check may have been done.

Planned Corrective Action:

In each volunteer and intern file, each reference check will be documented as well as who gave the reference. A "reference check sheet" will be completed for each volunteer and intern and placed in their file.

Completion Date:

May 22, 2014

Person Responsible:

Mark Alexander, Probation Supervisor

Current Status on September 17, 2014: Compliant

Six of six volunteer and or intern case files reviewed had documentation of a reference check.

6VAC35-150-110 (A). Volunteers and interns.

A. For every volunteer and intern, the unit shall maintain a current description of duties and responsibilities and a list of the minimum required qualifications;

Audit Finding:

Five out of five applicable volunteer records were missing a current description of duties and responsibilities and a list of the minimum required qualifications.

Program Response

Cause:

A current description of duties and responsibilities and a list of minimum required qualifications were not maintained in the case record.

Effect on Program:

Volunteers and interns as well as probation staff could not ascertain the duties and responsibilities and minimum required qualifications for these positions.

Planned Corrective Action:

A current description of duties and responsibilities and a list of the minimum required qualifications have been completed and will be placed in their file.

Completion Date:

May 22, 2014

Person Responsible:

Mark Alexander, Probation Supervisor or his designee.

Current Status on September 17, 2014: Compliant

Six of six volunteer and or intern case files reviewed had documentation of a current description of duties and responsibilities and a list of the minimum required qualifications.

6VAC35-150-140 (A). Records management.

A. Case records shall be indexed and kept up to date and uniformly in content and arrangement in accordance with approved procedures.

Audit Finding:

As required by DJJ Procedure 9450 the electronic database-generated "juvenile identification (JTS) number" and or the juvenile's middle initial were missing from the label on the file in 20 out of 20 case records reviewed.

Program Response

Cause:

Did not know, this standard not previously cited. The 20L CSU was using the face sheet in each file to meet this standard.

Effect on Program:

The DJJ number and middle initial were not readily accessible without opening the file to view the face sheet.

Planned Corrective Action:

The CSU director directed the office manager to add the data mentioned to each file's external tab on December 11, 2013, following the CSU 20W being cited for the same deficiency. The support staff has been informed to create a label with the last name, first name, middle initial and DJJ number for each file created. The supervisor assigning the case will review each label to ensure the label is complete.

Completion Date:

Corrected on December 11, 2013 forward

Person Responsible:

Support staff, Supervisor assigning the case.

Current Status on September 17, 2014: Compliant

The DJJ electronic database-generated "juvenile identification (JTS) number" and or the juvenile's middle initial were documented on the file in five out of five case records reviewed.

6VAC35-150-335 (A). Diversion.

A. When an intake officer proceeds with diversion in accordance with subsection B of § 16.1-260 of the Code of Virginia, such supervision shall not exceed 120 days. For a juvenile alleged to be a truant pursuant to a complaint filed in accordance with § 22.1-258 of the Code of Virginia, such supervision shall be limited to 90 days.

Audit Finding:

Two out of three applicable case files reviewed supervision exceeded 120 days.

Program Response

Cause:

20L CSU's diversion program exceeded 120 days in duration.

Effect on Program:

The program was out of compliance with the standard

Planned Corrective Action:

Policy and Procedure 9123, specifically IIA and IIC2 will be presented by the Intake Supervisor to the Intake and Diversion staff. The document will be initialed upon review and sent to the

CSU Director, Senior Intake Officer and Court Diversion Officer will review all diversions for compliance and report any non-compliance to the Intake Supervisor.

Completion Date:

May 22, 2014

Person Responsible:

Intake Supervisor

Current Status on September 17, 2014: Compliant

Five out of five diversion case records reviewed supervision did not exceed 120 days in accordance with subsection B of § 16.1-260 of the Code of Virginia

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:

Social history reports were not prepared in accordance with approved procedure 9230 in 10 out of 16 applicable case records reviewed.

Program Response

Cause:

In 10 of 16 files reviewed the mental health and or substance issues of the parents were not addressed in the social history.

Effect on Program:

The information was not readily accessible in the social history format. A person reading the files would not have had the benefit of the mental health and or substance abuse issues of the probationer's parents.

Planned Corrective Action:

A checklist has been created by CSU staff, for initial by the probation officer and probation supervisor to be placed in each file.

Completion Date:

May 22, 2014

Person Responsible:

Supervisory Staff

Current Status on September 17, 2014: Compliant

Social history reports were prepared in accordance with approved procedures in four case records reviewed.

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 out of three applicable case files reviewed the cover letter was missing codefendants and or victims, medical and or medical or behavioral alerts as required by approved procedure 9332.

Program Response

Cause:

The probation officer completing the cover letter did not included co-defendants or victims as required.

Effect on Program:

Information on co-defendants and or victims was not accessible in the case file as required.

Planned Corrective Action:

The probation officer will complete the Commitment Checklist and the supervisor will initial for placement in the file. The CSU Director will notice the probation and supervisory staff of the deficiency and required corrective action. The probation supervisor will review and sign each cover letter to ensure compliance.

Completion Date:

May 22, 2014

Person Responsible:

Probation Supervisor(s)

Current Status on September 17, 2014: Compliant

The cover letter had documentation of codefendants and or victims in one out of one applicable case file reviewed.

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

PROGRAM AUDITED:

23-A Court Service Unit (Roanoke City)
309 3rd Street, S.W., 3rd Floor
P.O. Box 112
Roanoke, Virginia 24002
(540) 853-2565
Carolyn M. Minix, Acting Director (Time of audit)
Colleen French, Director
Colleen.French@djj.virginia.gov

AUDIT DATES:

April 29-30, 2014

CERTIFICATION ANALYST:

Mark Ivey Lewis

CURRENT TERM OF CERTIFICATION:

October 29, 2011 – October 28, 2014

REGULATIONS AUDITED:

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

PREVIOUS AUDIT FINDINGS – May 18, 2011:

96.7% Compliance Rating
6VAC35-150-350.D – Supervision Plan
6VAC35-390 – Transfer of Case Supervision to Another Unit

CURRENT AUDIT FINDINGS – April 30, 2014:

91.0% Compliance Rating
6VAC35-150-290. Intake communication with detention
6VAC35-150-300 (B). Predispositionally placed juvenile
6VAC35-150-336 (A). Social histories
6VAC35-150-336 (B). Social histories
6VAC35-150-350 (A). Supervision plans for juveniles

DEPARTMENT CERTIFICATION ACTION October 16, 2014: Certified the 23A District Court Service Unit for three years with a monitoring report in six months by the Regional Program Manager.

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
Paul Reaves, Central Office
Sean Milner, Central Office
Deborah Hayes, Central Office

POPULATION SERVED:

The 23-A District Court Service Unit serves the City of Roanoke.

PROGRAMS AND SERVICES PROVIDED:

The 23-A District Court Service Unit provides mandated services including:

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

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

- Youth Haven Brief Intervention Center
 - Supervision Plan Services
 - Community Service
 - Substance Abuse Services
 - Outreach Detention
 - Electronic Monitoring
 - GPS Electronic Monitoring
 - Restitution
 - Project Payback (restitution)
 - Surveillance Officers
 - Anger Management Classes
 - Pro-Social Skills
 - Mentoring
 - Parenting Skills
 - Counseling
 - Gang Resistance Program
- Community Services
 - Intensive Outpatient Substance Abuse Services
 - Boys & Girls Club
 - Big Brothers/Big Sisters
 - School-based Youth Court Programs
 - DePaul Family Services
 - Family Services of the Roanoke Valley
 - Parks and Recreation/Youth Division
 - Individual Counselors and Psychologists
 - Remedial Academic Programs
 - GED Programs
 - Vocational Training Programs
 - Job Readiness Training
 - Restorative Justice
 - Total Action Against Poverty – GED Program
 - New Choices Counseling Services
 - Blue Ridge Behavioral Health Care
 - Carilion Psychiatric Services

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

FACILITY/PROGRAM: Roanoke City (23-A) Court Service Unit
SUBMITTED BY: Kim Doyle/Lloyd Merchant/Carolyn Minix
CERTIFICATION AUDIT DATES: April 29-30, 2014
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.

6VAC35-150-290. Intake communication with detention.

When CSU staff facilitate the placement of a juvenile in detention, they shall give detention staff, by telephone, in writing, or by electronic means, no later than the time the juvenile arrives at the detention facility, the reason for detention and the offenses for which the juvenile is being detained including any ancillary offenses. CSU staff shall also give detention staff the following information when available and applicable: medical information; parents' or guardians' names, addresses and phone numbers; prior record as regards sexual offenses, violence against persons, or arson; suicide attempts or self-injurious behaviors; gang membership and affiliation; and any other information as required by approved procedure.

Audit Finding:

Seven of 14 case files reviewed did not have a completed juvenile alert screening form in the case file as required by approved procedure 9132. Also one was not available on the electronic data system.

Program Response

Cause:

At the time of admission to the detention facility, the detention staff enters into the Juvenile Alert Screen that the detention order has been served. At this time the juvenile alert is actually cleared. Intake staff made the erroneous assumption that when updating the Juvenile Alert Screen in BADGE that was sufficient to meet the standard as detention has access to that screen.

Effect on Program:

Case files of detained juveniles did not retain a copy of the juvenile alert.

Planned Corrective Action:

Intake staff is now printing the Juvenile Alert Screen when issuing a detention order as a part of

the paperwork sent to detention and a copy is placed in the case file. The Supervisor will be reviewing paper work following the detention hearing to ensure it meets said regulation.

Completion Date:

This change actually was made after the Pulaski County Audit on 8/27/13, as Probation Supervisor Kim Doyle participated on the certification team, noting the deficiency within the 23-A CSU.

Person Responsible:

Kim Doyle, Intake Supervisor; Lloyd Merchant, Probation Supervisor and Acting Director Carolyn Minix.

Current Status on September 24, 2014: Compliant

Five cases were randomly selected and reviewed. All files reviewed did have a completed juvenile alert screening form in the case file.

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

B. The case of each predispositionally placed juvenile shall be reviewed at least every 10 days in accordance with approved procedures to determine whether there has been a material change sufficient to warrant recommending a change in placement.

Audit Finding:

Six of 13 case files reviewed were missing documentation that the case of the predispositionally placed juvenile in detention was reviewed at least once every 10 days as required by approved procedure 9134.

Program Response

Cause:

The 23-A CSU has a Detention Review Specialist funded through the local municipality, Roanoke City. This position was directly supervised by the Court Service Unit Director, who was out on extensive medical leave and did not return. The detention reviews were not being done.

Effect on Program:

Youth did not have the benefit of their cases being reviewed to determine the appropriateness of placement or less secure placement.

Planned Corrective Action:

The course of action taken was to reassign the Detention Review Specialist to a Probation Supervisor for supervision. This enabled accurate and timely reviews of all detained youth in meeting Regulations. Also, the procedure for reporting detention visits was altered to prescribe Mondays as the defined day instead of leaving it open ended as previously the practice.

Completion Date:

This change actually was implemented in November 2013 and is the CSU's current practice.

Person Responsible:

Kim Doyle, Intake Supervisor; Lloyd Merchant, Probation Supervisor and Acting Director
Carolyn Minix.

Current Status on September 24, 2014: Compliant

Five cases were randomly selected and reviewed. All files reviewed demonstrated documentation that predispositionally placed juveniles in detention were reviewed at least once every 10 days.

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:

Fifteen of 18 social histories reviewed were missing one or more of the following elements which are required by Volume IX, Court Service Unit Operations procedure 9230.

- Specific description of current offense
- History of detention and placements ordered by the court
- Contact with other CSUs
- Victim impact statement, when ordered by the court
- Whether subject has driver's license
- Employment history
- Peer relationships and association with adult or juvenile pro-social individuals
- History of aggressive or violent behavior; beliefs regarding aggression as a conflict resolution strategy
- Description of juvenile's attitude toward delinquent behavior and acceptance of responsibility for actions
- Juvenile's ability to effectively set goals, solve problems, and control behavior and impulses
- Medical or health history
- Psychological
- Current and past concerns about emotional and mental health status and treatment services
- Impact of juvenile's being a victim of any form of abuse
- Education
- Juvenile's perception of the value of education
- Family and household status
- Criminal histories of parents and persons residing in the household
- Mental health and substance abuse issues of parents and persons residing in the

- household
 - History of family abuse and/or the juvenile being a victim of abuse and/or neglect
 - Assessment of juvenile's strengths or protective factors
 - Assessment of family's strengths or proactive factors
 - Areas needing intervention
 - Name of report writer, date of report and documentation of approval by supervisor
-

Program Response

Cause:

CSU staff was utilizing multiple formats of the Social History resulting in missing Regulation requirements.

Effect on Program:

Social histories were being prepared that did not contain pertinent information as required by regulations.

Planned Corrective Action:

Staff was provided an electronic copy of the updated version of the Social History format that includes all the required elements. Probation Supervisors will review the submission of the document and review to assure all elements are present prior to signature.

Completion Date:

On 5/2/14 a copy of the Social History Investigation was electronically sent to all CSU staff noting the requirement to only use the one attached from that point forward.

Person Responsible:

Kim Doyle, Intake Supervisor; Lloyd Merchant Probation Supervisor and Acting Director Carolyn Minix.

Current Status on September 24, 2014: Compliant

Five cases were randomly selected and reviewed. All cases reviewed demonstrated that a social history was prepared in accordance with approved procedures.

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

B. An existing social history that is less than 12 months old may be used provided an addendum is prepared updating all changed information. A new social history shall be prepared as required in subsection A of this section or when ordered by the court if the existing social history is more than 12 months old.

Audit Finding:

Two of four post-dispositional reports reviewed were not completed within 45 days as required by approved procedure 9230.

Program Response

Cause:

The Probation Officers failed to adhere to the 45 day deadline to complete a post-D social history and Supervisors failed to ensure that reports were completed within the time frame to meet this Regulation.

Effect on Program:

Cases lacked the benefit of the social history completed within the 45 day time frame.

Planned Corrective Action:

Probation Supervisors provided each probation officer with a copy of the Standards of Conduct to ensure their understanding of the magnitude of noncompliance with Regulations. As well, Probation Supervisors will be reviewing the juvenile file with a more critical focus and ensure completion of report within time frames. An electronic calendar system is being utilized to alert the probation officer of the date a post dispositional social history is due to aid the officer in meeting the deadline.

Completion Date:

All staff will have a copy of the Standards of Conduct by the end of business on 5/9/14. As well, the review checklist will be updated to reflect the monitoring of the deadline by the same above date. The electronic calendar system is now being used on every file reviewed.

Person Responsible:

Kim Doyle, Intake Supervisor and Lloyd Merchant Probation Supervisor and Acting Director Carolyn Minx

Current Status on September 24, 2014: Compliant

Five case files were randomly selected and reviewed. All case files reviewed demonstrated that dispositional reports were completed in accordance with approved procedures and timeframes.

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:

Supervision plans were not developed according to approved procedures 9324 and 9338.

- Six of 15 supervision plans for juveniles reviewed had not been developed within 45 days.
 - Seven of 14 supervision plans for juveniles did not have the signature of the child and/or parent.
 - Three of 14 supervision plans for juveniles reviewed did not have the risk factor.
 - Six of 14 supervision plans for juveniles reviewed did not have the assessment of the juvenile and family's motivation for change.
-

Program Response

Cause:

The Probation Officers failed to complete the service plan within the 45 day time frame; secure the appropriate signature; include the risk factors and include the juvenile and family's motivation for change. The Probation Supervisor failed to recognize that these elements were not completed during the Supervisory Review and or corrected.

Effect on Program:

Effect on the program was that the juvenile supervision plans were not in accordance with departmental regulations. Juveniles did not have the benefit of the Supervision Plans.

Planned Corrective Action:

Probation Officers and Supervisor's have been advised of the requirements and regulations of the supervision plans as per the standards of DJJ. Staff was trained on the YASI system specifically noting the process to generate the cover sheet for the Supervision Plan on 5/9/14.

Completion Date:

5/9/14

Person Responsible:

Kim Doyle, Intake Supervisor; Lloyd Merchant, Probation Supervisor and Acting Director
Carolyn Minix

Current Status on September 24, 2014: Compliant

Five case files were randomly selected and reviewed. All case files reviewed demonstrated that a written individual supervision plan was developed and completed in accordance with approved procedures and timeframes.

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

PROGRAM AUDITED:

29th District Court Service Unit (Pearisburg)
507 Wenonah Avenue
Pearisburg, Va. 24134
(540) 921-3408
Ronald W. Belay, Director
Ronald.Belay@djj.virginia.gov

AUDIT DATES:

April 1-2, 2014

CERTIFICATION ANALYST:

Mark Ivey Lewis

CURRENT TERM OF CERTIFICATION:

September 15, 2011 – September 14, 2014

REGULATIONS AUDITED:

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

PREVIOUS AUDIT FINDINGS – April 27, 2011:

98.3% Compliance Rating
6VAC35-150-90.C - Training

CURRENT AUDIT FINDINGS – April 2, 2014:

94.9% Compliance Rating
6VAC35-150-140 (A). Records management
6VAC35-150-300 (A). Predispositionally placed juvenile
6VAC35-150-420. Contacts during juvenile's commitment

DEPARTMENT CERTIFICATION ACTION October 16, 2014: Certified the 29th District Court Service Unit for three years.

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

TEAM MEMBERS:

Mark Ivey Lewis, Team Leader
Clarice Booker, Central Office
Shelia Palmer, Central Office
Kevin Heller, (27th) Court Service Unit

POPULATION SERVED:

The 29th District Court Service Unit serves:

- Russell County
- Tazewell County
- Buchanan County
- Dickenson County

- Giles County
- Bland County

PROGRAMS AND SERVICES PROVIDED:

The 29th District Court Service Unit provides mandated services including:

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

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

- Outreach Detention
 - Community Service
 - Substance Abuse Counseling
 - Anger Management
-

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

FACILITY/PROGRAM: Pearisburg, 29th District Court Service Unit

SUBMITTED BY: Ronald W. Belay, Director

CERTIFICATION AUDIT DATES: April 1-2, 2014

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; and (4) action that will be taken to ensure that the problem does not recur.

6VAC35-150-140 (A). Records management.

A. Case records shall be indexed and kept up to date and uniformly in content and arrangement in accordance with approved procedures.

Audit Finding:

Per Court Service Unit procedure 9450, 20 of 20 case files reviewed were not identified by the electronic database-generated "juvenile identification (JTS) number."

Program Response

Cause:

It has been the practice not to use the JTS number on the index tab. All case records of the 29th District are filed, uniformly, by case number, county letter (B, Buchanan, G, Giles, etc.), and name, and they are each indexed, alphabetically, by client name. Each record contains the JTS number on the social history and is on all documents that are contained in the State BADGE System. All cases are filed in BADGE by the JTS number. All case records, once found through the unit's uniform filing system, are found in BADGE by the JTS number contained in each record.

Effect on Program:

None since the JTS number is contained in each file.

Planned Corrective Action:

The JTS number will be placed on the case record according to the requirements of the procedure.

Completion Date:

Immediately

Person Responsible:

Probation counselors and the supervisor upon his review of the case file.

Current Status on July 30, 2014: Compliant

Thirteen case records were reviewed and all were identified by the electronic database-generated "juvenile identification (JTS) number".

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

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

Audit Finding:

Three of six applicable case files reviewed did not have documentation that a representative of the CSU had made face-to-face contact with the youth within five days of their placement.

Two of six case files reviewed did not have documentation that a representative of the CSU had made contact with the youth at least once every 10 days.

Program Response

Cause:

The narrative recording should have been more explicit.

Effect on Program:

None, as the youth were seen and services were rendered. The documentation did not accurately record either the five day or the ten day contacts that were made

Planned Corrective Action:

Greater emphasis has been placed on the content of the case narratives.

Completion Date:

Immediately

Person Responsible:

Probation counselors and the supervisor upon his review of the case file and the CSU director through community insight reviews.

Current Status on July 30, 2014: Compliant

Case files reviewed contained documentation that a representative of the CSU had made face-to-face contact with the youth within five days of their placement.

Case files reviewed had documentation that a representative of the CSU had made contact with the youth at least once every 10 days.

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 five applicable case files reviewed had documentation that contact was not being made with the Juvenile Correctional Center (JCC) at least once every 30 days. Three of four applicable case files reviewed had documentation that a written report regarding progress of the family was not being sent to the JCC once every 90 days as required by Court Service Unit procedure 9332.

Program Response

- *With regard to not making contact with the JCC at least once every 30 days, this was the result of a misinterpretation of the standard.*

Cause:

The respective probation officers were having contact with the JCC once every month but not exactly every 30 days.

Effect on Program:

Minimal as the records reveal that contact was monthly contact.

Planned Corrective Action:

Corrective action has already taken place. The respective probation officers now realize that the contact is to be every 30 days. The supervisors will review the respective records to be sure that the JCCs are being contacted within every 30 days.

Completion Date:

Action has already been taken to rectify the problem.

Person Responsible:

Probation counselors and the supervisor upon his review of the case file and the Court Service Unit director by review of the community insight report.

- *With regard that a written report regarding progress of the family was not being sent to the JCC once every 90 days.*

Cause:

The narrative recording should have been more explicit.

Effect on Program:

Minimal as the probation officers were having regular contact with the family. In one case, the probation officer drove the family to Richmond and back in the same day (a 10-hour, round trip) in order for them to see their son as they did not have the means to secure transportation.

Planned Corrective Action:

It has already been emphasized, to the respective probation officers, that the record must reflect that a written report to the JCCs regarding the progress of the family must be noted in each file.

Completion Date:

Immediately

Person Responsible:

The probation counselors and the supervisor upon his review of the case file and the Court Service Unit director through review of the community insight report.

Current Status on July 30, 2014: Compliant

One case record were reviewed had documentation that contact was not made with the Juvenile Correctional Center (JCC) between 6/26/14 and 7/29/14 but was made in each of the preceding six months as required.

One case record reviewed had documentation that a written report regarding progress of the family was being sent to the JCC once every 90 days as required by Court Service Unit procedure 9332.

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

PROGRAM AUDITED:

Andrew B. Ferrari Argus House
1527 Clarendon Boulevard
Arlington, VA 22209
(703) 228-3944
Christopher Edmonds, Group Home Manager
cedmonds@arlingtonva.us

AUDIT DATES:

March 10-11, 2014

CERTIFICATION ANALYST:

Clarice T. Booker

CURRENT TERM OF CERTIFICATION:

October 1, 2011 – September 30, 2014

REGULATIONS AUDITED:

6VAC35-41 Regulation Governing Juvenile Group Homes

PREVIOUS AUDIT FINDINGS April 12, 2011:

6VAC35-51-800.C – TB Screening
6VAC35-51-800.D (Mandatory) – Resident's Physical Exam
6VAC35-51-800.G (Mandatory) – Medication Errors
6VAC35-51-800.H (Mandatory) – Medical Treatment
6VAC35-51-810.A (Mandatory) – Medication Administration
6VAC35-51-810.E (Mandatory) – Medication Administration
6VAC35-51-810.F (Mandatory) – Medication Administration

CURRENT AUDIT FINDINGS –March 11, 2014:

99.38% Compliance Rating
6VAC35-41-110 (A) Grievance procedure
6VAC35-41-850 (B) Daily Log

DEPARTMENT CERTIFICATION ACTION October 16, 2014: Certified Andrew B. Ferrari Argus House for three years.

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

TEAM MEMBERS:

Clarice T. Booker, Team Leader
Donna Ahart, Aurora House
Christina Cunningham, Fairfax Boys' Probation House
Deborah Hayes, Central Office
Lloyd Jackson, Central Office
Mark Lewis, Central Office
Paul Reaves, Central Office

POPULATION SERVED:

Andrew B. Ferrari Argus House is a community-based group home for at-risk adolescent males between the ages of 13 and 17. It has a capacity of 12 residents. The facility is operated by Arlington County and serves residents and families from that jurisdiction.

PROGRAMS AND SERVICES PROVIDED:

The program emphasizes leadership, personal accountability, competency development, and positive functioning in the community. In order to achieve the objectives stated above, the program includes daily peer group sessions based on the Positive Peer Culture model and a study hall. Throughout the week residents also participate in psycho-educational groups to develop skills in anger management, decision making, moral reasoning, and handling common social situations. Each week, residents participate in therapeutic recreation where they learn about positive ways to spend their leisure time.

In addition to all mandated services Andrew B. Ferrari Argus House provides the following at the facility:

- Individual, group, and family counseling
- Community service work
- Anger management
- Social skills
- Decision making
- Study hall and tutoring
- Parent groups
- Aftercare services
- Recreation

Andrew B. Ferrari Argus House interacts with the community in obtaining education through Arlington County Public Schools

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

FACILITY/PROGRAM: Andrew B. Ferrari Argus House
SUBMITTED BY: Christopher Edmonds, Director
CERTIFICATION AUDIT DATES: March 10-11, 2014
CERTIFICATION ANALYST: Clarice T. Booker

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

6VAC35-41-110 (A) Grievance procedure

Written procedure shall provide that residents are oriented to and have continuing access to a grievance procedure that provides for:

1. Resident participation in the grievance process with assistance from staff upon request;
2. Investigation of the grievance by an objective employee who is not the subject of the grievance;
3. Documented, timely responses to all grievances with the reasons for the decision;
4. At least one level of appeal;
5. Administrative review of grievances;
6. Protection from retaliation or threat of retaliation for filing a grievance; and
7. Hearing of an emergency grievance within eight hours.

Audit Finding:

There was no documentation of an administrative review of grievances in five out of five grievances reviewed.

Program Response

Cause:

The grievance procedure prior to certification did not show documentation of grievances being administratively reviewed. The staff member who reviews grievances and rules on them should not be the same staff member who administratively reviews them.

Effect on Program:

This had minimal effect on the program, but we want to make sure we are protecting all the rights of the residents.

Planned Corrective Action:

The Grievance form was changed to include the "Administrative Review" signature line to show that it was completed at each resident grievance. Additionally, the Grievance Policy and Procedure was updated to specifically spell out the process of reviewing a grievance including the administrative review. No same staff member shall participate in the process twice. For example – if the Group Home Manager reviews the grievance and renders a decision, the appeal will go the CSU Deputy Director and the CSU Director will conduct the administrative review of the grievance.

Completion Date:

5/1/2014

Person Responsible:

Chris Edmonds – Group Home Manager

Current Status July 24, 2014:

Three applicable grievances were reviewed and were compliant.

6VAC35-41-850 (B) Daily Log

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

be recorded.

Audit Finding:

There was no documentation of the identity of the person making entries in log books on one or more occasions in six out of eight dates randomly selected.

Program Response

Cause:

Staff was not initialing or signing at each entry in the log to identify themselves as the author.

Effect on Program:

This had minimal effect on the program. However, it is essential to be able to identify each staff member making an entry for any follow up information that is required or so that auditors or other officials reviewing the log can identify the author.

Planned Corrective Action:

Group Home Manager and/or Program Coordinator will review the log daily to insure that each staff member is identifying themselves in every log entry they make.

Completion Date:

On-going 5/1/2014

Person Responsible:

Chris Edmonds – Group Home Manager
Arthur McNeill – Program Coordinator

Current Status July 24, 2014:

Three randomly selected dates in log books were reviewed and were compliant.

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

PROGRAM AUDITED:

Anchor House
312 Brown Street
Martinsville, VA 24112
Phone: (276) 634-2910
S. Curtis Nolan, Program Director
Email: Teresa Woodall [Anchorcomm@comcast.net]

AUDIT DATES:

June 26, 2014

CERTIFICATION ANALYST:

Paul Reaves, Jr.

CURRENT TERM OF CERTIFICATION:

April 14, 2013 – October 13, 2014

REGULATIONS AUDITED:

6VAC35-41 Regulation Governing Juvenile Group Homes

PREVIOUS AUDIT FINDINGS September 30, 2013:

97 % Compliance Rating
6VAC35-140-190 – Health Screenings (Mandatory)
6VAC35-140-280.D - Annual Staff Training
6VAC35-51-310.C - Required annual training
6VAC35-51-420.C - Required Fire Inspection (Mandatory)
6VAC35-51-790.B – Emergency Medical Information (Mandatory)
6VAC35-51-800.E –Resident Physical Exam (Mandatory)
6VAC35-51-810.B - Medication administration (Mandatory)
6VAC35-51-810.E - Medication administration record (Mandatory)
6VAC35-51-810.G - Medication Error (Mandatory)

CURRENT AUDIT FINDINGS –March 11, 2014:

99% Compliance Rating
6VAC35-71-565 (B). Vulnerable populations
6VAC35-41-860 (B). Individual service plan.
6VAC35-41-950 (A). Work and employment.

DEPARTMENT CERTIFICATION ACTION October 16, 2014: Certified Anchor House for three years.

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

TEAM MEMBERS:

Paul Reaves, Jr., Team Leader
Clarice Booker, Central Office
Mark Lewis, Central Office
Deborah Hayes, Central Office
Shelia Palmer, Central Office

POPULATION SERVED:

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

PROGRAMS AND SERVICES PROVIDED:

The Anchor House facility provides home-based services to children and families. There are adolescents who are not able to function in the family environment and need a community residential placement. The Anchor House program is designed to give adolescents a chance for success. Anchor House is a post-dispositional residential program with a primary focus of providing daily supervision for up to 10 male residents and monitoring their behavior at home, school, and in the community.

Residents participate in individual, family, and group counseling. The program assists residents in improving academic performance and behavior and building stronger family relationships. The residents at Anchor House attend Martinsville's Public Schools for educational services.

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

The solution-focused approach, which forms the therapeutic basis of this program, can be seen in the programmatic flow from admission to completion of the program. Assistance is provided to teach the resident and family the necessary techniques in transitioning back into his home and community. Residents are encouraged to identify problem areas and look at ways to use present resources and find better solutions over those actions that led to their placement by the courts.

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

- Individual counseling
- Group counseling
- Family counseling
- Socialization skills
- Daily structure and supervision
- Recreation services.

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

FACILITY/PROGRAM: Anchor House Group Home
SUBMITTED BY: S. Curtis Nolan
CERTIFICATION AUDIT DATES: June 25-26, 2014
CERTIFICATION ANALYST: Paul Reaves, Jr.

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

6VAC35-71-565 (B). Vulnerable populations

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

Audit Finding:

In five of five case files reviewed there was no documentation of an assessment to determine if a resident is a vulnerable population at the facility.

Program Response

Cause:

Vulnerability assessments in resident case files did not meet DJJ Regulations criteria.

Effect on Program:

None

Planned Corrective Action:

New forms have been designed to comply with DJJ Regulations and one has been completed on each resident in the program. An assessment is now completed on each resident placed in the group home at the time of admission.

Completion Date:

June 30, 2014

Person Responsible:

S. Curtis Nolan

Current Status September 17, 2014: Compliant

Two of two new residents who were admitted since the certification audit had a completed

assessment to determine the resident potential of being vulnerable in the population at the facility.

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

B. Individual service plans shall describe in measurable terms the:

- 1. Strengths and needs of the resident;**
- 2. Resident's current level of functioning;**
- 3. Goals, objectives, and strategies established for the resident including a behavior support plan, if appropriate;**
- 4. Projected family involvement;**
- 5. Projected date for accomplishing each objective; and**
- 6. Status of the projected discharge plan and estimated length of stay except that this requirement shall not apply to a facility that discharges only upon receipt of the order of a court of competent jurisdiction.**

Audit Finding:

Five of five case files reviewed were missing documentation in the service plan of projected family involvement; one of five case files was missing status of projected discharge plan; one of five case files was missing the needs of the resident; and one of five case files was missing current level of functioning of the resident.

Program Response

Cause:

Staff failed to complete required documentation of this section in the resident service plans.

Effect on Program:

None

Planned Corrective Action:

Each section of the resident's service plan will be completed in its entirety and reviewed by the clinical supervisor to ensure documentation of all of the required areas.

Completion Date:

June 30, 2014

Person Responsible:

Teresa Woodall

Current Status September 17, 2014: Compliant

Two of two new residents who were admitted since the certification audit had a completed service plan that documented projected family involvement; status of projected discharge; the needs of the resident; and current level of functioning of the resident.

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

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

Audit Finding:

Five of five case files reviewed were missing documentation of assignment of chores that are paid or unpaid in accordance with the age, health, ability, and service plan of the resident.

Program Response

Cause:

Explanation of chores, paid or unpaid are explained during the intake process were not documented in the resident service plans.

Effect on Program:

None

Planned Corrective Action:

Chore expectations are now documented in the service plan of each resident.

Completion Date:

June 30. 2014

Person Responsible:

Teresa Woodall

Current Status September 17, 2014: Compliant

Two of two new residents who were admitted since the certification audit had a completed service plan that documented assignment of chores.

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

PROGRAM AUDITED:

Fairfax Boys' Probation House
4410 Shirley Gate Road
Fairfax, VA 22030
(703) 591-0171
Ivy D. Tillman, Director
ivy.tillman@fairfaxcounty.gov

AUDIT DATES:

March 24-25, 2014

CERTIFICATION ANALYST:

Clarice T. Booker

CURRENT TERM OF CERTIFICATION:

July 14, 2011 – October 16, 2014

REGULATIONS AUDITED:

6VAC35-41 Regulation Governing Juvenile Group Homes

PREVIOUS AUDIT FINDINGS March 23, 2011:

6VAC35-51-310.A (Mandatory) – Orientation and Training
6VAC35-51-800.D (Mandatory) – Medical Examinations and Treatment
6VAC-35-51-800.E (Mandatory) – Medical Examinations and Treatment
6VAC-35-51-800.G (Mandatory) – Medical Examinations and Treatment
6VAC-35-51-860.A – Behavior Support
6VAC-35-51-1020.C – Serious Incident Reports
6VAC-35-140-70 – Grievance Procedure

CURRENT AUDIT FINDINGS – March 25, 2014:

98.01% Compliance Rating
6VAC35-41-490 (I). Emergency and evacuation procedures (Critical)
6VAC35-41-850 (B). Daily log
6VAC35-41-1210 (B) Tuberculosis screening (Critical)
6VAC35-41-1220 (B) Medical examination and treatment (Critical)
6VAC35-41-1280 (E) Medication (Critical)
6VAC35-41-1280 (H) Medication (Critical)

DEPARTMENT CERTIFICATION ACTION July 15, 2014: Granted a three-month extension of current certification of Fairfax Boys' Probation House pending a status report on corrective action which includes noncompliance with 6VAC35-41-1280 (E), a critical regulatory requirement.

6VAC35-20-100 (4a). Certification action.

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

a. If there is an acceptable corrective action plan and no conditions or practices exist in the

program or facility that pose an immediate and substantial threat to the health, welfare, or safety of the residents, the program's or facility's certification shall be continued for a specified period of time up to one year with a status report completed for review prior to the extension of the certification period.

DEPARTMENT CERTIFICATION ACTION October 16, 2014: Certified Fairfax Boys' Probation House for three years.

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

TEAM MEMBERS:

Clarice T. Booker, Team Leader
Deborah Hayes, Central Office
Lloyd Jackson, Central Office
Shelia Palmer, Central Office
Paul Reaves, Central Office

POPULATION SERVED:

Fairfax Boys' Probation House is a community-based group home for at-risk adolescent males between the ages of 14 and 18. It has a capacity of 16 residents. The facility is operated by Fairfax County and serves residents and families from that jurisdiction.

PROGRAMS AND SERVICES PROVIDED:

The Boys' Probation House program is a community-based residential treatment program for court-involved males which offer residents a structured living situation which is designed to meet the treatment needs of adolescent males who can no longer acceptably control their behavior at home, at school, or in the community, but who can benefit from maintaining regular contact with their family. The program is 10 ½ - 12 months in length. During this time, the treatment focuses on helping residents become more responsible for their behaviors; learn emotional self-regulation; helping them learn to make better decisions, and promoting an understanding and acceptance of the role of persons in positions of authority and its value in their daily lives.

The program at the Boys' Probation House is based upon the belief that each resident is responsible and accountable for his behavior. The staff provides guidance to each resident by helping him determine and achieve his individual goals. The program is based on the successful completion of distinct levels. Each level has a major focus. Prior to attaining the first level, the resident must successfully complete an orientation process designed to acquaint him with the program. The focus for the levels is:

- Level I Self-Control
- Level II Self-Awareness
- Level III Relationship with Peers and Family
- Level IV Community Relationships

In addition to all mandated services Fairfax Boys' Probation House provides the following at the facility:

- Individual, group, and family counseling
- Community service work

- Anger management
- Life skills groups
- Nutrition and wellness program
- Recreation
- Parent groups
- Aftercare services

Fairfax Boys' Probation House interacts with the community in obtaining such services as:

- Alcohol and drug services
 - Mental health services
 - Health department services
 - Education through Fairfax County Public Schools
 - Boy Scouts of America
 - Camp Wanna Dog
-

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

FACILITY/PROGRAM: Fairfax Boys' Probation House

SUBMITTED BY: Ivy D. Tillman, Director

CERTIFICATION AUDIT DATES: March 24-25, 2014

CERTIFICATION ANALYST: Clarice T. Booker

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

6VAC35-41-490 (I) Emergency and evacuation procedures (CRITICAL)

At least one evacuation drill (the simulation of the facility's emergency procedures) shall be conducted each month in each building occupied by residents. During any three consecutive calendar months, at least one evacuation drill shall be conducted during each shift.

Audit Finding March 25, 2014: Noncompliant

There was no evacuation drill conducted at the facility during the month of November 2013.

Program Response

Cause:

Program Coordinator responsible for ensuring evacuation drill was conducted, neglected to conduct the November drill.

Effect on Program:

There was no effect on the program.

Planned Corrective Action:

The program director is now responsible for ensuring evacuation drills are conducted according to standard 6VAC35-41-490 (I)

Completion Date:

March 26, 2014

Person Responsible:

Ivy D. Tillman - Director

Status on June 12, 2014: Compliant

Evacuation drills were conducted and documented for each month since the audit.

Current Status on September 10, 2014: Compliant

Evacuation drills were conducted and documented for each month since the audit.

6VAC35-41-850 (B) Daily log

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

Audit Finding March 25, 2014: Noncompliant

There was no documentation of the identity of the person making each entry in randomly selected dates in six out of 15 logbooks reviewed.

Program Response

Cause:

Lack of understanding by the staff of what is required by standard 6VAC35-41-850 (B)

Effect on Program:

None

Planned Corrective Action:

Administration reviewed the standard in staff meeting, and outlined the expectations for log entries. Director placed an example of a correct log entry in staff's mailboxes. The Director and Assistant Director review the daily log on a daily basis to ensure compliance with the standard.

Completion Date:

March 26, 2014

Person Responsible:

Ivy D. Tillman - Director
Christina Cunningham - Assistant Director

Status on June 12, 2014: Noncompliant

There was no documentation of the person making each entry in randomly selected dates in four out of five logbooks reviewed.

Current Status on September 10, 2014: Compliant

Logbooks were reviewed and were compliant.

6VAC35-41-1210 (B) Tuberculosis screening (CRITICAL)

A screening assessment for tuberculosis shall be completed annually on each resident.

Audit Finding March 25, 2014: Noncompliant

There was no documentation of an annual tuberculosis screening for a resident in the facility from 3/22/11 to 6/13/12.

Program Response

Cause:

The TB test was completed. The paperwork was misplaced by the primary counselor, and therefore, not filed in the resident's binder.

Effect on Program:

There was no impact on the program, as the TB test was completed.

Planned Corrective Action:

Assistant Director will monitor resident's stay in the program to ensure residents nearing their year date will obtain a physical and TB test in accordance with standard 6VAC35-41-1210 (B)

Completion Date:

March 26, 2014

Person Responsible:

Christina Cunningham - Assistant Director

Status on June 12, 2014: Not determined

There were no applicable cases for review since the audit.

Current Status on September 10, 2014: Not determined

Since the audit there were no applicable cases for review of residents needing an annual exam.

6VAC35-41-1220 (B) Medical examination and treatment (CRITICAL)

Each resident shall have an annual physical examination by or under the direction of a licensed physician and an annual dental examination by a licensed dentist.

Audit Finding March 25, 2014: Noncompliant

There was no documentation of an annual physical examination on a resident in the facility from 3/22/11 to 6/13/12.

Program Response

Cause:

The physical exam was completed. The paperwork was misplaced by the primary counselor, and therefore, not filed in the resident's binder.

Effect on Program:

There was no impact on the program, as the physical exam was completed.

Planned Corrective Action:

During supervision, the Assistant Director will work with the primary counselor to monitor resident's stay in the program to ensure residents nearing their year date will obtain a physical and TB test in accordance with standard 6VAC35-41-1210 (B), using the "Primary Counselor's Case Management Responsibilities" checklist. (attached-highlighted)

Completion Date:

March 26, 2014

Person Responsible:

Christina Cunningham - Assistant Director

Status on June 12, 2014: Not determined

There was no applicable case for review since the audit.

Current Status on September 10, 2014: Not determined

Since the audit there were no applicable cases for review of residents needing an annual exam.

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

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

Audit Finding March 25, 2014: Noncompliant

There were no written or verbal orders for two residents given over-the-counter medications by the facility.

Program Response

Cause:

Staff members assumed residents had written orders due to the length of time the residents had been in our program, and gave the medication without reviewing the medication book.

Effect on Program:

Fortunately, the residents did not have any adverse reactions to the medications they received. However, we do recognize the seriousness of following proper medication dispensing procedures.

Planned Corrective Action:

The Director gives the parents a "Standing Order" form during the interview process. The parents are expected to bring the completed form to the intake. If the resident does not enter the program with standing orders, the primary counselor is responsible for following up with the guardian to have this form completed.

The Assistant Director reviewed the proper procedure for dispensing medication in staff meeting, which included the reminder to check the medication binder to see if the resident has standing orders. It should be mentioned that staff have received oral or written reprimands for failing to follow the medication dispensing program procedures.

Completion Date:

March 26, 2014

Person Responsible:

Ivy D. Tillman - Director

Christina Cunningham - Assistant Director

Status on June 12, 2014: Noncompliant

There were no written or verbal orders for over-the-counter medications given to two residents by the facility.

Current Status on September 10, 2014: Compliant

Standing orders approved by a physician were revised and implemented by the facility on 7-11-14 and updated on 8/15/14. Five applicable medical records reviewed and were compliant.

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

In the event of a medication incident or an adverse drug reaction, first aid shall be administered if indicated. Staff shall promptly contact a poison control center, pharmacist, nurse, or physician and shall take actions as directed. If the situation is not addressed in standing orders, the attending physician shall be notified as soon as possible and the actions taken by staff shall be documented. A medical incident shall mean an error made in administering a medication to a resident including the following: (i) a resident is given incorrect medication; (ii) medication is administered to an incorrect resident; (iii) an incorrect dosage is administered; (iv) medication is administered at a wrong time or not at all; and (v) the medication is administered through an improper method. A medication error does not include a resident's refusal of appropriately offered medication.

Audit Finding March 25, 2014: Noncompliant

There were no medication incident reports in four incidences where residents were not given medications as prescribed.

Program Response

Cause:

The staff is aware of the procedure, which is to complete a medication incident report if any of

the instances listed in 6VAC35-41-1280 occurs. The breakdown occurs when staff incorrectly document the directions of how to dispense the medication, or do not communicate that a new medication was brought into the building, or forgets to give a medication at a specific time.

Effect on Program:

Fortunately, the program has not been affected by the egregious errors. However, we are aware of the situation and possible consequences.

Planned Corrective Action:

The medication policy and procedure is reviewed annually during staff meeting. The Assistant Director repeatedly reviews the procedure with staff in staff meetings. The Assistant Director reviews the medication binder monthly to ensure medication instructions are written properly and that the medication is being dispensed in a timely manner. The Director and Assistant Director review medication errors with staff to help prevent future errors. Staff will continue to receive oral and written reprimands for repeated medication errors. The form used to document who gets medications and when the medication is to be dispensed was updated. (Attached)

Completion Date:

March 26, 2014

Person Responsible:

Ivy D. Tillman - Director

Christina Cunningham - Assistant Director

Status on June 12, 2014: Compliant

Two applicable medical records were reviewed and were compliant.

Current Status on September 10, 2014: Compliant

One applicable medical record was reviewed and was compliant.

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

PROGRAM AUDITED:

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

AUDIT DATES:

May 5-7, 2014

CERTIFICATION ANALYST:

Paul Reaves, Jr.

CURRENT TERM OF CERTIFICATION:

October 14, 2011 – October 13, 2014

REGULATIONS AUDITED:

6VAC35-101 Regulation Governing Juvenile Secure Detention Centers

PREVIOUS AUDIT FINDINGS - May 3, 2011:

97.8% Compliance Rating
6VAC35-51-310B – Required annual retraining:
6VAC35-51-420D - Sanitation inspections
6VAC35-51-800E (Mandatory) - Physical exam
6VAC35-51-810E (Mandatory) - Administration of medication
6VAC35-51-810F (Mandatory) - Medication Administration Record
6VAC35-51-810G (Mandatory) - Medication errors
6VAC35-140-280D - Training
6VAC35-140-560F - Administrative Visits

CURRENT AUDIT FINDINGS – May 7, 2014:

95% Compliance Rating
*One repeat deficiency from previous audit.
6VAC35-101-340 (C). Face sheet.
6VAC35-101-350 (B). Fire inspections. (Critical)
6VAC35-101-870 (B). Written communication between staff; daily log.
6VAC35-101-990 (A). Tuberculosis screening. (Critical)
6VAC35-101-1060 (E). Medication. (Critical)
*6VAC35-101-1060 (J). Medication. (Critical)
6VAC35-101-1180 (B). Placements in post dispositional detention programs.

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

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:

Paul Reaves, Team Leader
Clarice Booker, Central Office
Deborah Hayes, Central Office
Mark Lewis, Central Office
Justin Crostic, Chesterfield Detention
Spring Johnson, Piedmont Detention
Shelia Palmer, Central Office
Lloyd Jackson, Central Office
Pam Jeffries, Lynchburg Detention

POPULATION SERVED:

W. W. Moore Juvenile Detention Center is a secure custody facility operated by the City of Danville. The facility serves a capacity of 60 male and female residents ages eight through 17. There is also a post-dispositional detention program for 12 male and female residents ages 14 through 17 included in the rated capacity. The primary users of the facility include the cities of Danville and Martinsville and the counties of Halifax, Henry, Mecklenburg, Patrick, and Pittsylvania.

PROGRAMS AND SERVICES PROVIDED:

An array of services are provided in the detention facility to include arts and crafts; social skills development; and basic reading, writing, and math. Counseling, social work, and psychological services are made available to all residents. These services are provided to meet the needs of each resident.

Within the scheduled and structured environment, the primary focus is on behavioral management and teaching appropriate behaviors and positive reinforcement. Residents earn privileges by participating within the program and following staff directions.

Another important concept for the behavioral management program is relationship building. Staff are encouraged to develop professional relationships with the residents. These relationships encourage open communication and have prevented many behaviors from escalating to more serious behaviors.

In situations where a resident is unable to function within the boundaries of the normal program, a special behavior program is developed. Special behavior programs are designed to meet the individual needs of the resident. Alternatives to the normal program are designed to meet the needs of the resident while providing opportunities to participate in the program as much as possible. This is primarily the responsibility of the detention counselor and youth care workers.

Residents in the Post-Dispositional Program have specific service plans developed in coordination with the court service units. These plans may include employment outside the facility.

The City of Danville School System operates the educational program. The school has nine full-time teachers. Each youth is tested to determine reading and math levels. The resident's home school is contacted to determine where the academic work is in relationship to the school's curriculum. In addition, teachers update and follow the students' individualized education plan or 504 plan as required by state law for residents with special needs. Academic services are under the direction of the school's principal. There is also a secretary who provides administrative support.

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

FACILITY/PROGRAM: W. W. Moore, Jr. Juvenile Detention Home
SUBMITTED BY: Michelle Johnson
CERTIFICATION AUDIT DATES: May 5-7, 2014
CERTIFICATION ANALYST: Paul Reaves, Jr.

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

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

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

Audit Finding:

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

Program Response

Cause:

An automated recordkeeping process was implemented on December 17, 2013. Intake staff were instructed to continue to conduct intakes using the paper format as we had been, and also put information into the automated system. The new system has a release component that contains the necessary information and can be printed, but it is not part of the face sheet. The face sheet we had been using contained discharge information copied or attached to the back of face sheet.

Effect on Program:

There was no effect on the program as the information was captured and available, but it was not in compliance with the regulation because it was not part of the face sheet. The Certification Audit Team was able to find the information in the file in the form of the automated release component or on a separate piece of paper within the file, but it was not a part of the face sheet.

Planned Corrective Action:

Michelle Johnson, Director, contacted other detention homes and obtained examples of their face sheets. A face sheet is currently being developed that will contain the discharge information and will be part of the face sheet. Above it references the bottom of the face sheet, but the regulation states the discharge information shall be added to the face sheet. The information on the face sheet we currently use takes up the entire front page and there is little to no room to insert additional information. The face sheet will be revised so the discharge information will be on the front or back of the sheet or it may carry over to two (2) sheets.

Completion Date:

June 30, 2014

Persons Responsible:

Michelle Johnson, Director

Nikia Miller, Program Coordinator

Current Status on September 18, 2014: Compliant

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

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

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

Audit Finding:

The facility's last annual fire inspection was conducted on February 20, 2013, was not conducted again until April 10, 2014, exceeding thirteen months. *(The local fire authority appeared at the audit and advised that the inspection could not be conducted as scheduled due to a recent increase of fire investigations at the time the inspection was due. She submitted a letter to the audit team verifying that information. However, since this was a critical regulatory requirement the audit team was compelled to cite it as a violation but noted the extenuating circumstance.)*

Program Response

Cause:

The annual fire inspection was scheduled within the timeframe, but had to be rescheduled due to unforeseen circumstances and priorities within the office of the Fire Marshal.

Effect on Program:

There was no effect on the program. The inspection was rescheduled and conducted. Unfortunately, the detention home was cited for non-compliance and this particular regulation is critical. The Fire Marshal talked with the Certification Audit Team in person and wrote a letter documenting the fact that the inspection had been scheduled, but was rescheduled due to fires, arson investigations, and the staffing pattern within her office (See Attached). The Certification Audit Team explained that they did not have the authority to remove the finding, but it could be reviewed by Ken Bailey, Certification Manager. I spoke with Mr. Bailey by telephone on June 2, 2014, and he stated that the detention home had excellent documentation, but he did not have the authority to remove the finding as it was a critical regulation. He explained the appeals process should the facility choose to pursue the issue.

Planned Corrective Action:

The Assistant Director has discussed the regulation with the Fire Marshal and they have planned for the fire inspection for next year so that it will be conducted within the specified timeframe and the detention home will be in compliance. They have allowed ample time in the event there are extenuating circumstances which create the need to reschedule.

Completion Date:

May 5, 2014

Person Responsible:

Tom Beam, Assistant Director

Current Status on September 18, 2014: Compliant

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

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

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

Audit Finding:

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

Program Response

Cause:

Staff failed to initial the log entries due to human error.

Effect on Program:

There was no effect on the program. The information was documented, but was not initialed by the staff member providing the documentation.

Planned Corrective Action:

All staff will be trained/re-trained in the proper way to record entries in the logbook to include the date, time of entry, and the identity of the individual making the entry. The training will be documented and placed in the employee's training file. The logbooks will be monitored for compliance each tour of duty by staff responsible for the respective logbook. Following the audit, the information regarding this regulation was shared with Shift Supervisors and the individual staff members that did not sign their log entry.

Completion Date:

June 30, 2014 and ongoing

Persons Responsible:

Michelle Johnson, Director and Detention Home staff

Current Status on September 18, 2014: Compliant

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

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

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

Audit Finding:

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

Program Response

Cause:

The TB risk assessment was not completed due to human error. Also, the nurse would do the assessment and the Mantoux Skin test at the same time. The nurse would wait until the resident had been to the detention hearing to determine if they were remaining in detention or being released before these assessments or tests were completed.

Effect on Program:

In addition to the TB risk assessment, the detention home goes a step beyond and administers the Mantoux Skin test. The Director noted to the Certification Audit team that the Mantoux Skin test is a more accurate process for determining if someone has been exposed to TB. The residents can provide inaccurate answers to the questions on the risk assessment.

Planned Corrective Action:

The nurse will insure that each resident has a TB risk assessment completed within five days of their admission to the detention home. The nurse will utilize the health screening form provided by intake staff and the detention home Day Sheet to track the admissions and the residents in need of the TB risk assessment. The skin test can be administered at another time should the resident return to detention from court.

Completion Date:

May 7, 2014 and ongoing

Person Responsible:

Labelle Stokes, LPN

Current Status on September 18, 2014: Compliant

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

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

E. A program of medication, including procedures regarding the use of over-the-counter medication pursuant to written or verbal orders issued by personnel authorized by law to

give such orders, shall be initiated for a resident only when prescribed in writing by a person authorized by law to prescribe medication.

Audit Finding:

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

Program Response

Cause:

Standing Orders had been developed and signed by Dr. Wang, Detention Home Physician. They had not been updated to include Claritin, Non-Pseudo Sinus, and Muscle Rub for their respective conditions and uses.

Effect on Program:

Even though Claritin, Non-Pseudo Sinus and Muscle Rub are over-the-counter medications, they should not be given without directives or a prescription by a doctor. When new medications are used for various conditions, the standing orders need to be updated with the new information or a prescription should be written for the individual resident.

Planned Corrective Action:

Dr. Wang, Detention Home physician, was provided a copy of the standing orders to review and make any changes based on the detention home's current use of over-the-counter medications or routine assessment and treatment directives for residents. Once the Standing Orders are updated, Dr. Wang will sign them and they will be placed in the Medication Administration Record binder for ongoing reference. The nurse will monitor the Standing Orders and review them with the physician on an ongoing basis to determine if changes are required. The nurse will have the doctor write a prescription for any medications not addressed in standing orders until they have been updated and signed by the doctor.

Completion Date:

June 30, 2014

Persons Responsible:

Michelle Johnson, Director
Labelle Stokes, LPN
Dr. Laurence Wang, MD

Current Status on September 18, 2014: Compliant

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

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

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

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

Audit Finding:

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

Program Response

Cause:

The Medication Refusal form was not completed in two (2) situations in which residents refused medication. This was due to human error.

Effect on Program:

The medication refusal was recorded on the Medication Administration Record, but the Medication Refusal form was not completed. There was no documentation of any needed action, action taken, or follow up.

Planned Corrective Action:

This audit finding was shared with the Shift Supervisors during their meeting with Administration following the certification audit. Minutes of the meeting were distributed so they could review the findings with their staff. Medication Refresher Training is scheduled for June 17, 2014 and June 18, 2014. Michelle Johnson, Director, will review the findings during the training sessions with all medication trained staff. Previously, one form was used for Medication Errors and Refusals. Two forms were developed prior to the certification audit, one for Medication Errors and one for Medication Refusals. The forms were shared with Certification Team Analysts and the feedback was positive. The nurse will closely monitor the Medication Administration Records for any documented refusals and insure they have been documented on the form by medication trained staff. Michelle Johnson, Director, will conduct a second review at the end of each month to insure all paperwork has been completed regarding medication refusals.

Completion Date:

June 18, 2014 and ongoing

Person Responsible:

Medication Trained staff
Labelle Stokes, LPN
Michelle Johnson, Director

Current Status on September 18, 2014: Compliant

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

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

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

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

community or at the detention center.

Audit Finding:

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

Program Response

Cause:

There was no documentation to confirm the written plan was sent, signed, and returned to the Post-Dispositional Program Coordinator within five business days of the resident's admission to the program. There was also no documentation of follow up to insure the written plans were signed and returned.

Effect on Program:

The written plans were developed by the Post-Dispositional Program Coordinator, but did not have a signature or date from the Probation Officer indicating they had participated in the process. There was no effect on the resident's participation in the program or their receipt of appropriate and necessary services.

Planned Corrective Action:

Upon development of the initial service plan, the Post-Dispositional Program Coordinator will fax the plan to the Probation Officer for their input and signature and date. A fax confirmation sheet will be maintained in the resident's file for documentation of the date and time it was sent and if the reception was successful. If the plan is not returned in three (3) business days, the Post-Dispositional Program Coordinator will follow up with an email to the Probation Officer marked with a delivery and read receipt. This documentation will be maintained in the resident's file. In addition, the detention home had been using an eleven (11) page service plan as the initial plan. Four detention homes were contacted and provided examples of a one (1) or two (2) page initial service plan. The Post-Dispositional Program Coordinator will develop a shorter version of the plan to expedite the initial planning process.

Completion Date:

May 12, 2014 and Ongoing

Persons Responsible:

Rick Blackstock, Post-Dispositional Program Coordinator
Nikia Miller, Program Coordinator

Current Status on September 18, 2014: Compliant

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



COMMONWEALTH OF VIRGINIA

MEMORANDUM

TO: The Board of Juvenile Justice

FROM: Andrew K. Block, Jr.

DATE: November 12, 2014

RE: Request to Advance to the Proposed Stage of the Regulatory Process 6VAC35-170. Minimum Standards for Research Involving Human Subjects or Records of the Department of Juvenile Justice

I. Summary of Action Requested

The Department of Juvenile Justice (DJJ) is requesting the Board of Juvenile Justice (Board) to approve the proposed changes to 6VAC35-170, *Minimum Standards for Research Involving Human Subjects or Records of the Department of Juvenile Justice*, and grant permission to proceed to the Proposed Stage in the standard regulatory process.

II. Background

Title 66 of the *Code of Virginia* delineates the powers and duties of the Board. Specifically, § 66.10.1 of the *Code of Virginia* requires the Board to promulgate regulations for human research in accordance with Title 32.1 of the *Code of Virginia* for human research.

The *Minimum Standards for Research Involving Human Subjects or Records of the Department of Juvenile Justice* (6VAC35-170) establishes the regulatory requirements and minimum standards for research on human subjects who are under the care or supervision of DJJ or other Board regulated programs or facilities. The regulation became effective February 1, 2005 and is intended to protect the safety, rights, and confidentiality of human research subjects.

The Board approved the submission of a Notice of Intended Regulatory Action (NOIRA) for 6VAC35-170, *Minimum Standards for Research Involving Human Subjects or Records of the Department of Juvenile Justice*, on September 13, 2013, and it was submitted on February 18, 2014. The Executive Branch review for this stage was completed on March 13, 2014. The NOIRA was published in the *Virginia Register of Regulations* on April 21, 2014. The public comment period ended on May 21, 2014, during which no public comments were received.

Executive Order 17: Development And Review of State Agency Regulations (effective date July 1, 2014) requires the Proposed Stage be commenced within 180 days of the close of the public comment period for the NOIRA Stage. DJJ is requesting the Board approve the proposed changes to 6VAC35-170, *Minimum Standards for Research Involving Human Subjects or Records of the Department of Juvenile Justice*, and grant permission to proceed to the Proposed Stage in the standard regulatory process.

III. Summary of Proposed Changes

The proposed language describes how all external data requests and research proposals within the Commonwealth's juvenile justice system will be coordinated, reviewed, and approved or denied. The proposed language provides the process for the review and approval of three types of external data requests and research proposal. These are (1) external aggregate data requests, (2) external case specific data requests, and (3) human research proposals.

A complete copy of the proposed changes with deletions stricken and new language underlined is attached to this memorandum. Below is a summary of the major substantive changes proposed at this stage¹:

1. Proposed Stage New Title Name: Regulation Governing Minimum Standards for Juvenile Information Requests from and Research Involving Human Subjects within the Department of Juvenile Justice.
2. 6VAC35-170-10. Definitions The following terms and definitions are added:
 - "Aggregate data" means statistics, which relate to broad classes, groups, or categories, so that it is not possible to distinguish the properties of individuals within those classes, groups, or categories.

¹ During the Proposed Stage the public is provided an opportunity to view the full text of the regulation, a statement explaining the substance of the regulatory action, and an Economic Impact Analysis (EIA) prepared by the Department of Planning and Budget. Once the proposed stage is published in *The Virginia Register of Regulations* and appears on the Town Hall, there is at least a 60-day public comment period. A response must be made to each comment received. Based on the comments received, the agency may modify the proposed text of the regulation. Any proposed changed from the Proposed Stage to the Final Stage will be presented to the Board for consideration prior to proceeding to the Final Stage of the regulatory process.

- "Case-specific data" means non-aggregated data that provides information about individuals within a group.
 - "De-identified data" means data with common identifiers such as names, phone numbers, social security numbers, addresses, etc. removed in order to eliminate the ability of an individual viewing the data to determine the identity of an individual.
 - "Encrypted" means the transformation of data through the use of an algorithmic process into a form in which there is a low probability of assigning meaning without the use of a confidential process or key, or the securing of the information by another method that renders the data elements unreadable or unusable.
 - "External research" means research conducted at or using the resources of a facility, program, or organization that is owned, operated, or regulated by the Department by researchers who are not part of the Department or under contract to the Department, or who are not employees of another state agency conducting a study at the direction of the General Assembly.
 - "Human Research Review Committee" means the committee established by the Department to oversee human research proposals and activities in accordance with section 130 of this regulation and § 32.1-162.19 of the *Code of Virginia*.
 - "Written" means the required information is communicated in writing. Such writing may be available in either hard copy or electronic form.
3. 6VAC35-170-10. Definitions
- The definition of human research was amended to match the definition in § 32.1-162.19 of the *Code of Virginia*.
4. 6VAC35-170-30. Professional Ethics.
- Add the American Evaluation Association to the list of professional association ethics that are complied with.
5. 6VAC35-170-50. Conditions for Department Approval of External Research.
- The language in this section has been changed from "will" to "may" the term "will" implies the project must be approved if all conditions are met. The term "may" allows the Department to deny approval for other reasons e.g. the research is compatible with overall goals but may not address current Department priorities.
 - Language was added to clarify that a proposal may only be approved if the conditions are met.
 - Language added requiring the data requests comply with all Department procedures.

6. New Section: 6VAC35-170-62
 - Language added describing the process for reviewing and determining approval or denying approval for a request for aggregate data.
 - Aggregate data requests meeting regulatory and Department procedural requirements will be reviewed and approved or denied by the coordinator of external research within 20 business days.

7. New Section: 6VAC35-170-65
 - Language added describing the process for reviewing and determining approval or denying approval for a request for external case specific data.
 - Requires a committee designated by the Director to:
 - Review the data requested and determine if it is necessary to restrict the scope of the information provided. The scope of information may be restricted for any reason.
 - Determine the research is beneficial to the Department.
 - Ensure juvenile confidential information will be adequately protected.
 - Make a recommendation to the Director or his designee to approve or disapprove the request.
 - Lists identifiers to be removed prior to sending data to a researcher.
 - Permits the Director or his designee, on a case-by-case basis, to approve the dissemination of data containing a limited number of the identifiers listed above for research benefiting the Department.
 - Requires juvenile record information provided to the researcher to be encrypted.

8. 6VAC35-170-80. Informed Consent Required for Human Research (See § 32.1-162.18 of the *Code of Virginia*).
 - Language added to make the section more consistent with informed consent requirements stated in § 32.1-162.18 of the *Code of Virginia*.

9. 6VAC35-170-100. Proposal for External Research.
 - Language added requiring endorsements from the heads or organizational units, juvenile and domestic relations judges, and institutional review boards are in writing.

10. 6VAC35-170-120. Research Proposals Not Involving Human Research.
 - Section deleted: Proposed sections on aggregate data requests (6VAC35-170-62) and case-specific de-identified (6VAC35-170-65) data requests address research proposals not involving human research.

11. 6VAC35-170-140. Timeline for Review of Human Research Proposals.
 - Clarifies 30 days are 30 business days

12. 6VAC35-170-170. Recommendation to Director and Final Action.
 - Clarifies 10 days are 10 business days
13. New Section: 6VAC35-170-185
 - Language added requiring the researcher to report noncompliance.
 - Language added describing the consequences for researchers not complying with state statutes, regulations, or Department procedures governing external research.
14. 6VAC35-170-190. Committee Reports Required.
 - Deleted the language requiring the Human Research Review Committee submit to the Board a summary of human research proposals that were not approved.
15. 6VAC35-170-200. Progress Reports.
 - Language added requiring the researcher submit an annual progress report when the research is not completed within one year of approval.

IV. Conclusion

The *Minimum Standards for Research Involving Human Subjects or Records of the Department of Juvenile Justice* (6VAC35-170) establishes the regulatory requirements and minimum standards for research on human subjects who are under the care or supervision of DJJ or other Board regulated programs or facilities. The regulation has been in effect since February 1, 2005. DJJ respectfully requests the Board approve the above proposed changes to 6VAC35-170, *Minimum Standards for Research Involving Human Subjects or Records of the Department of Juvenile Justice*, and grant permission to proceed to the Proposed Stage in the standard regulatory process.

**PROPOSED DRAFT REVISIONS TO 6VAC35-170
MINIMUM STANDARDS FOR RESEARCH INVOLVING HUMAN SUBJECTS OR
RECORDS OF THE DEPARTMENT OF JUVENILE JUSTICE**

Chapter 170. Regulation Governing Minimum Standards for Juvenile Information Requests from and Research Involving Human Subjects within or Records of the Department of Juvenile Justice

6VAC35-170-10. Definitions.

Unless the context clearly indicates otherwise, the following words and terms when used in this regulation shall have the following meanings, consistent with the definitions offered in § 32.1-162.16 of the Code of Virginia:

"Aggregate data" means statistics which relate to broad classes, groups, or categories, so that it is not possible to distinguish the properties of individuals within those classes, groups, or categories.

"Case-specific data" means non-aggregated data that provides information about individuals within a group.

"Coordinator of external research" is the department employee designated by the director to receive research proposals from external entities and ensure that the proposals are reviewed in accordance with this regulation and related department procedures.

"De-identified data" means data with common identifiers such as names, phone numbers, social security numbers, addresses, etc. removed in order to eliminate the ability of an individual viewing the data to determine the identity of an individual

"Department" means the Department of Juvenile Justice.

"Director" means the Director of the Department of Juvenile Justice, ~~or his designee.~~

"Encrypted" means the transformation of data through the use of an algorithmic process into a form in which there is a low probability of assigning meaning without the use of a confidential process or key or the securing of the information by another method that renders the data elements unreadable or unusable.

"External research" means research conducted at or using the resources of a facility, program, or organization that is owned, operated, or regulated by the department or Board of Juvenile Justice by researchers who are not part of the department or under contract to the department, or who are not employees of another state agency conducting a study at the direction of the General Assembly.

"Human research" means any systematic investigation, using human subjects, that may expose those subjects to physical or psychological injury, and that departs from the application of established and accepted therapeutic methods appropriate to meet the subject's needs including research development, testing and evaluation, utilizing human subjects, that is designed to develop or contribute to generalized knowledge. Human research shall not be deemed to include research exempt from federal research regulation pursuant to 45 C.F.R. § 46.101(b).

"Human subject" means any individual who is under the department's care, custody, or supervision, or a member of the family of such an individual, who is or who is proposed to be a subject of human research.

"Human Research Review Committee" means the committee established by the department to oversee human research proposals and activities in accordance with section 130 of this regulation and § 32.1-162.19 of the Code of Virginia.

"Informed consent" means the knowing and voluntary agreement without undue inducement or any element of force, fraud, deceit, duress, or other form of constraint or coercion of a person who is capable of exercising free choice. The basic elements necessary for informed consent regarding human research include:

1. A reasonable and comprehensible explanation to the person of the proposed procedures and protocols to be followed, their purposes, including descriptions of any attendant discomforts, and risks and benefits reasonably to be expected;
2. A disclosure of any alternative procedures or therapies that might be helpful to the person;
3. An instruction that the person may withdraw his consent and stop participating in the human research at any time without prejudice to him;
4. An explanation of any costs or compensation that may accrue to the person and whether third party reimbursement is available for the proposed procedures or protocols; and
5. An offer to answer, and answers to, any questions by the person about the procedures and protocols.

"Legally authorized representative" means the parent or parents having custody of a prospective subject; the legal guardian of a prospective subject; or any person or judicial or other body authorized by law to consent on behalf of a prospective subject to such subject's participation in the particular human research, including an attorney in fact appointed under a durable power of attorney, provided the power grants the authority to make such a decision and the attorney in fact is not employed by the person, institution, or agency conducting the human research. No official or employee of the institution or agency conducting or authorizing the research shall act as a legally authorized representative.

"Minimal risk" means that the risks of harm anticipated in the proposed research are not greater, considering probability and magnitude, than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.

"Nontherapeutic research" means human research in which there is no reasonable expectation of direct benefit to the physical or mental condition of the human subject.

"Organizational unit head" means the person in charge of a juvenile correctional center, ~~halfway house~~, court service unit, ~~regional office~~ or other organizational unit of the department.

"Principal researcher" means the individual who is responsible for the research design, the conduct of research, supervision of any research staff, and the research findings.

"Research" means the systematic development of knowledge essential to effective planning and rational decision-making. It involves the assessment of current knowledge on conceptual problems selected, statement of those problems in researchable format, design of methodologies appropriate to the problems, and the application of statistical techniques to organize and analyze data. Research findings should provide valuable information to management for policy options.

"Researcher" means an individual conducting research.

"Research project" means the systematic collection of information, analysis of the data, and the preparation of a report of findings.

"Written" means the required information is communicated in writing. Such writing may be available in either hard copy or electronic form.

6VAC35-170-20. General Requirements of External Researchers.

- A. The principal researcher shall have academic or professional standing in the pertinent field or job-related experience in the areas of study or be directly supervised by such a person.

- B. The principal researcher is responsible for (i) the conduct of the research staff, (ii) the protection of the rights of subjects involved in the project, and (iii) providing the information required by the coordinator of external research, organizational unit heads, and the Human Research Review Committee.

6VAC35-170-30. Professional Ethics.

All The research shall conform to the standards of ethics of professional societies such as the American Correctional Association, the American Psychological Association, the American Sociological Association, the National Association of Social Workers, the American Evaluation Association, or their equivalent.

6VAC35-170-40. Confidentiality Requirements of All Research.

- A. Research findings shall not identify individual subjects.
- B. All records and all information given by research subjects or employees of the department shall be kept confidential in accordance with § 16.1-300 of the Code of Virginia, and applicable rules and regulations regarding confidentiality of juvenile records.
- C. Persons who breach confidentiality shall be subject to sanctions in accordance with applicable laws, regulations, policies, and procedures.
- D. Confidentiality does not preclude reporting results utilizing de-identified data in a consolidated form that protects the identity of individuals, or giving raw data to the department for possible further analysis.

6VAC35-170-50. Conditions for Department Approval of External Research.

The department ~~may will~~ approve research projects only when it determines, in its sole discretion, that the following conditions have been met:

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

4. The proposed research requests for aggregate data, de-identified data, and human research proposals complied with all department procedures which shall be posted on the department's website.

6VAC35-170-60. Formal Agreement Required.

No external research shall begin until all reviews required by this regulation and department procedure have been completed and the principal researcher is given a copy of the research agreement signed by the director.

6VAC35-170-62. Review and Approval of Aggregate Data Requests

- A. Aggregate data requests shall be submitted to the department in accordance with procedures posted on the department's website.
- B. The coordinator of external research shall determine the following prior to approving the request:
 1. The request meets the conditions for department approval of research identified in sections 30 and 50 of this regulation;
 2. The data requested is accessible;
 3. An estimate of the time required to process the data request; and
 4. Based on staff workload, if staff resources are available to process the data request.
- C. The coordinator of external research may approve and coordinate the provision of data.
- D. The principal researcher shall be notified in writing of the approval or denial of the data request within 20 business days of receiving the proposal.
 1. The department shall provide the principal researcher with documentation of the rationale for the denial of the request when applicable.
 2. The department shall provide the principal researcher with a written estimated timeline for receipt of the data when applicable.

6VAC35-170-65. External Case-Specific Data Requests

- A. External case-specific data requests shall be submitted to the department via the Research Proposal Form, the Research Agreement Form, and any attachments required by department procedures.

- B. The Research Agreement Form shall be signed by the Principal Researcher and the Student Researcher, if applicable, at the time of submission.
- C. The coordinator of external research shall determine the following within 10 business days of receiving the research proposal:
1. The request meets the conditions for department approval of research identified in sections 30 and 50 of this regulation;
 2. The proposal is not a human research proposal and is not required to be reviewed by the Human Research Review Committee;
 3. The principal researcher has appropriate academic or professional standing or job-related experience in the area to be studied;
 4. The proposal is in the required format and includes all required information;
 5. The proposal complies with basic research standards and applicable laws;
 6. The data requested is accessible;
 7. Department staff and resources are available to process the data request; and
 8. An estimate of the time required to compile the data request.
- D. The following identifiers shall be removed from the data provided to researchers:
1. Names;
 2. Dates (date of birth, date of admission, date of release, etc.);
 3. Postal address information, other than town or city, state, and zip code;
 4. Telephone numbers;
 5. Social security numbers;
 6. Medical record numbers;
 7. Account numbers (Juvenile Tracking System, Direct Care, etc.);
 8. Biometric identifiers, including finger and voice prints; and
 9. Full face photographic images and any comparable images.
- E. The director or his designee may on a case-by-case basis approve the dissemination of data containing a limited number of the identifiers listed above for research benefiting the department.
- F. The human research review process shall be followed when the data requested by a researcher are such that a reasonable person could identify the research participants.
- G. Industry standard levels of encryption shall be required to protect all juvenile record

information provided to researchers.

- H. Upon determining the requirements in subsection C of this section are met, the director or his designee shall designate a committee to meet within 20 business days of receiving the proposal. The Committee shall:
1. Review the data requested and determine if it is necessary to restrict the scope of the information provided. The scope of information may be restricted for any reason.
 2. Determine the research is beneficial to the department.
 3. Ensure juvenile confidential information will be adequately protected.
 4. Make a recommendation to the director or his designee to approve or disapprove the request.
- I. The director shall approve or deny the proposal within 10 business days of receiving the recommendation.
- J. The department shall notify the researcher of the director's decision within 5 business days of the director making the decision.
- K. Notification of the denial of a proposal shall include a written rationale.
- L. Notification of the approval of a proposal shall include the Research Agreement. The Research Agreement shall outline the respective responsibilities of the parties and will specify:
1. When progress reports shall be required. If the external research also involves human research, this schedule of progress reports shall be developed in consultation with the Human Research Review Committee;
 2. The department shall have unrestricted permission to use the research findings in accordance with professional standards of research;
 3. A final report shall be submitted electronically to the department;
 4. All external articles, reports, and presentations made from the data collected shall be submitted electronically to the department and shall include the statement, "The findings of this study are the responsibility of the researchers, and cooperation by the Virginia Department of Juvenile Justice in facilitating this research should not be construed as an endorsement of the conclusions drawn by the researchers" unless waived by the director or designee; and
 5. The Research Agreement is not effective until signed by both the principal researcher and the director or his designee.

- M. The department shall provide a final signed copy of the Research Agreement to the principal researcher by first class mail, electronic mail, or facsimile.

6VAC35-170-70. Requirements Specific to Human Research.

- A. All human research shall comply with all applicable laws, particularly Chapter 5.1 (§ 32.1-162.16 et seq.) of Title 32.1 of the Code of Virginia regarding human research.
- B. Research involving known and substantive physical, mental, or emotional risk to subjects, including the withholding of any prescribed program of treatment, and all experimental medical, pharmaceutical or cosmetic research, are specifically prohibited.
- C. Offering incentives to participate in research is discouraged, but not prohibited. Incentives offered shall be appropriate to the juveniles' custodial status and shall be proportionate to the situation.
- D. No human research shall be conducted without the approval of the Human Research Review Committee.

6VAC35-170-80. Informed Consent Required for Human Research (See § 32.1-162.18 of the Code of Virginia).

- A. If a human subject is competent, informed consent shall be given in writing by the subject and witnessed.
- B. If a human subject is not competent, informed consent shall be given in writing by the subject's legally authorized representative and witnessed.
- C. If a human subject is a minor who is otherwise capable of giving informed consent, informed consent shall be given in writing by both the minor and his legally authorized representative.
- D. If two or more persons who qualify as legally authorized representatives with decision-making authority inform the researcher that they disagree as to participation of the prospective subject in human research, the subject shall not be enrolled in the human research that is the subject of the consent.
- E. Notwithstanding consent by a legally authorized representative, no person who is otherwise capable of giving informed consent shall be forced to participate in any human research.

- F. A legally authorized representative may not consent to nontherapeutic research unless the Human Research Review Committee determines that such nontherapeutic research will present no more than a minimal risk to the human subject.
- G. No informed consent form shall include any language through which the human subject waives or appears to waive any legal rights, including any release of any individual, institution, or agency or any agents thereof from liability for negligence (see § 32.1-162.18 of the Code of Virginia).

6VAC35-170-90. Exemptions from the Requirements Governing Human Research.

In accordance with § 32.1-162.17 of the Code of Virginia, the following categories of human research are not subject to this regulation's provisions governing human research. Except when provided for by law or regulation, these activities may be subject to the nonhuman research review and approval process established by the department.

1. Activities of the Virginia Department of Health conducted pursuant to § 32.1-39 of the Code of Virginia.
2. Research or student learning outcomes assessments conducted in educational settings involving regular or special education instructional strategies; the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods; or the use of educational tests, whether cognitive, diagnostic, aptitude, or achievement, if the data from such tests are recorded in a manner so that subjects cannot be identified, directly or through identifiers linked to the subject.
3. Research involving solely the observation of public behavior, including observation by participants, or research involving survey or interview procedures unless subjects can be identified from the data either directly or through identifiers linked to the subjects, and either:
 - a. The information about the subject, if it become known outside the research, could reasonably place the subject at risk of criminal or civil liability or be damaging to the subject's financial standing or employability; or
 - b. The research deals with sensitive aspects of the subject's own behavior, such as sexual behavior, drug or alcohol use, or illegal conduct.
4. The collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available or if the subjects cannot be identified from the information either directly or through identifiers linked to the subjects.
5. Medical treatment of an experimental nature intended to save or prolong the life of the subject in danger of death, to prevent the subject from becoming disfigured, physically or

mentally incapacitated, or to improve the quality of the subject's life.

6VAC35-170-100. Proposal for External Research.

- A. If the research is proposed to take place in a particular organizational unit, the principal researcher shall present a preliminary research proposal to the head of that organizational unit and get the organizational unit head's endorsement of the proposal, in accordance with procedures established by the department.
- B. The principal researcher shall submit to the coordinator of external research a complete research proposal describing the research project, and containing:
 1. Name, address, telephone numbers, title and affiliation of the principal researcher;
 2. Name of the person who will immediately supervise the project, if different from the principal researcher;
 3. Funding source, if any;
 4. Date of the proposal's submission to the department;
 5. Title or descriptive name of the proposed research project;
 6. Statement of the specific purpose or purposes of the proposed research project with anticipated results, including benefit to the department;
 7. A concise description of the research design and techniques for data collection and analysis, and of the likely effects of the research methodology on existing programs and institutional operations;
 8. Time frames indicating proposed beginning and ending dates for (i) data collection, (ii) analysis, (iii) preliminary report, and (iv) final report;
 9. A listing of any resources the researcher will require from the department or its units, such as staff, supplies, materials, equipment, work spaces, or access to clients and files;
 10. A written endorsement~~Endorsement~~ from the head of the organizational unit where the research will be conducted, if applicable;
 11. For student research, endorsement from the researcher's academic advisor or other appropriate persons;
 12. For research involving records of juveniles at state and local court service units, a written endorsement from the appropriate juvenile and domestic relations judge or judges;
 13. For human research, a written endorsement from the institutional review board of the institution or organization with which the researcher is affiliated; and
 14. For all research projects, a signed and dated statement that the principal researcher and research staff have read, understand, and agree to abide by these regulations.

6VAC35-170-110. Initial Review by Coordinator of External Research.

The coordinator of external research shall receive all research proposals from external researchers and shall:

1. Ensure that the proposals are in the required format and include all required information;
2. Confirm that the proposal complies with basic research standards and applicable laws; and
3. Refer the proposals to appropriate department personnel for review, which shall include, for all proposed human research, the department's human research review committee.

~~**6VAC35-170-120. Research Proposals Not Involving Human Research.**~~

~~Designated department staff shall review research proposals that do not involve human research and make a recommendation to the director within 30 days of receiving the proposal. The director shall approve or deny proposals within 10 days of receiving the staff recommendation.~~

6VAC35-170-130. Human Research Review Committee.

- A. In accordance with § 32.1-162.19 of the Code of Virginia, the department shall establish a human research review committee composed of persons of various backgrounds to ensure the competent, complete and professional review of human research activities conducted or proposed to be conducted or authorized by the department. No member of the committee shall be directly involved in the proposed human research or have administrative approval authority over the proposed research except in connection with his role on the committee.
- B. The committee may ask persons with pertinent expertise and competence to assist in the review of any research proposal or ongoing human research activities.
- C. The committee may require additional information from the researcher before making a recommendation to the director.

6VAC35-170-140. Timeline for Review of Human Research Proposals.

- A. The human research review committee will review proposals involving human research within 30 business days of receiving a complete research proposal.
- B. At the request of the researcher, the committee may conduct an expedited review when the proposed research involves no more than minimal risk to the human subjects and:

1. The proposal has been reviewed and approved by another agency's human research review committee; or
2. The review involves only minor changes to a research project that was previously approved.

6VAC35-170-150. Committee Review of Human Research Proposals.

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

1. The methodology is adequate for the proposed research;
2. The research, if nontherapeutic, presents no more than a minimal risk to the human subjects;
3. The rights and welfare of the human subjects are adequately protected;
4. Appropriate provisions have been made to get informed consent from the human subjects, as detailed in 6VAC35-170-160;
5. The researchers are appropriately qualified;
6. The criteria and means for selecting human subjects are valid and equitable; and
7. The research complies with the requirements set out in this regulation and in applicable department policies and procedures.

6VAC35-170-160. Committee Review of Informed Consent Provisions.

- A. The committee shall review and approve the consent process and all required consent forms for each proposed human research project before recommending approval to the director.
- B. The committee may approve a consent procedure that omits or alters some or all of the basic elements of informed consent, or waives the requirement to get informed consent, if the committee finds and documents that:
 1. Research involves no more than a minimal risk to the subjects;
 2. The omission, alteration or waiver will not adversely affect the rights and welfare of the subjects;
 3. The research could not practicably be performed without the omission, alteration or waiver; and
 4. After participation, the subjects will be given additional pertinent information, when appropriate.

- C. The committee may waive the requirement that the researcher get written informed consent for some or all subjects if the principal risk would be potential harm resulting from a breach of confidentiality and the only record linking the subject and the research would be the consent document. The committee may require the researcher to give the subjects and legally authorized representatives a written statement explaining the research. Further, each subject shall be asked whether he wants documentation linking him to the research, and the subject's wishes shall govern.

6VAC35-170-170. Recommendation to Director and Final Action.

- A. The committee shall make a recommendation to the director to deny, approve, or conditionally approve the proposed human research.
- B. The director shall approve or deny the proposal within 10 business days of receiving the committee's recommendation.
- C. The research agreement shall become effective only after all reviews required by this regulation and department procedures are completed and the director signs the agreement on behalf of the department. The coordinator of external research must send a copy of the signed Research Agreement to the researcher before the project may begin.

6VAC35-170-180. Annual Review of Human Research Activities.

The human research review committee shall review all human research activities at least annually to ensure that they are being conducted in conformance with the proposals as approved by the director.

6VAC35-170-185. Researcher Noncompliance

- A. The researcher shall report noncompliance with the approved research proposal to the Human Research Review Committee and the Institutional Review Board.
- B. Research activities identified by the department or the Human Research Review Committee as failing to comply with the approved proposal or in violation of the Code of Virginia or the Virginia Administrative Code may result in the department restricting or terminating further research and the department may prohibit the researcher from presenting or publishing the research results.

6VAC35-170-190. Committee Reports Required.

- A. In accordance with § 66-10.1 of the Code of Virginia, the committee shall submit to the Governor, the General Assembly, and the director at least annually a report on human research projects approved by the committee, and the status of such research, including any significant deviations from the proposals as approved.
- B. The committee shall also annually submit to the Board of Juvenile Justice the same report as required by subsection A of this section. ~~The report to the board shall also include a summary of human research proposals that were not approved.~~

6VAC35-170-200. Progress Reports.

- A. The department may require periodic reports on the progress of any research project. The principal researcher shall be responsible for providing such reports, and any supplementary information requested by the department, in a timely manner.
- B. The researcher shall submit an annual progress report to coordinator of external research when the research is not completed within one year of approval.

6VAC35-170-210. Department Permission to Use Research Findings.

The research agreement shall specify that the department has unrestricted permission to use, as they are published, all data, summaries, charts, graphs or other illustrations resulting from the research project.

6VAC35-170-220. Final Report.

- A. The department shall require that a formal final report be submitted to the coordinator of external research, and may require up to 10 copies of the report.
- B. The report shall, unless waived by the director or designee, contain the following statement:

"The findings of this study are the responsibility of the researchers, and cooperation by the Virginia Department of Juvenile Justice in facilitating this research should not be construed as an endorsement of the conclusions drawn by the researchers."



COMMONWEALTH OF VIRGINIA

MEMORANDUM

TO: The Board of Juvenile Justice

FROM: Andrew K. Block, Jr.

DATE: November 12, 2014

RE: Variance Request – Required Initial Training Hours for Non-security Staff, 6VAC35-71-160 (B)

I. Action Requested:

DJJ respectfully requests the Board of Juvenile Justice (BJJ) to grant a variance to DJJ from the 120 hours of training required to be completed prior to assuming direct supervision responsibilities.

II. Summary of the Requested Action:

Prior to January 1, 2014, no training, with the exception of emergency preparedness and response, was required for non-security staff to work alone with residents. The required trainings (120 hours) had to be completed within the first year of employment.

As of January 1, 2014, the Board regulations require all staff responsible for the direct supervision of residents to complete 120 hours of training, including training in 16 specific modules, prior to working alone with residents (see 6VAC35-71-160). The new regulations were drafted with the intent to match non-security staff training with security staff training to have a bright-line rule on the number of required hours for all staff. However, it was not based on specific need or required content.

The Department of Juvenile Justice (DJJ) is invested in providing timely and evidence-based treatment and services to residents in the three juvenile correctional centers (JCCs). One goal of the agency is for residents to receive appropriate educational services beginning at admission and treatment as quickly as possible to ensure the residents have time to learn and practice new skills. The non-security staff (e.g., therapists, teachers, counselors) that provide these services separate from the agency periodically throughout the year. Their replacements are hired on an as-needed basis.

The impact on the hiring and availability to begin the core job responsibilities for non-security series staff was not contemplated in the drafting of the new regulations. Unfortunately, the current regulatory scheme for training non-security supervision staff, given the rolling hiring status, impaired the ability of the JCCs to quickly fill vacancies, provide the required initial training, and providing timely mandated treatment and services.

The required initial training for non-security staff is offered every other month and may have very low participation depending on the number of employees hired since the last offered session. Non-security staff may have to wait 6-7 weeks to begin the next session of the required initial training. During this waiting period they may not be alone with residents (e.g., a therapist would need to have another employee who has completed the training in the room with him or her). This delay has resulted in a disruption of treatment and services to the residents.

The redraft of the regulations did not contemplate the difficulty DJJ would have in meeting the regulatory requirements for non-security direct supervision staff and how long the delay would be in new hires assuming their primary job responsibilities. This delay results in an unnecessary delay in the provision of treatment and services to the residents.

Additionally, section IV of this memorandum details the American Correctional Association's national standards for JCCs, in these standards 120 hours of training prior to working alone with residents is not required for either security series or non-security series staff. The only training requirement is for security series to receive 120 hours in the first year and non-security series staff to receive 40 hours of training in the first year of employment.

As such, DJJ respectfully requests the following:

- For the Board to grant a variance to DJJ from the 120 hours of training required to be completed prior to assuming direct supervision responsibilities.
- DJJ will provide each non-security staff the training required in the 16 modules, training in safety and security, and any other skills necessary to perform their job functions.
- Any additional training would be completed within the first year of employment.

Granting the variance will relieve an undue burden on DJJ and reduce many of the delays DJJ has been experiencing since January 1, 2014 in providing treatment and services to the residents. Under the variance, DJJ non-security staff will still receive all the appropriate training to keep themselves and residents safe and to appropriately and effectively perform their jobs.

If the variance is granted, DJJ will continue to exceed national standards and provide training appropriate to keep residents and staff safe while ensuring residents timely receive services and treatment.

III. Regulatory History:

A. *Prior to January 1, 2014*: Non-security staff (e.g., therapists, counselors, and teachers) who supervise residents were required to have the following training:

- Prior to working alone with residents: Emergency preparedness and response training (6VAC35-51-310).
- Within their first year of employment:
 1. The objectives of the facility, within 14 days (6VAC35-51-310);
 2. Practices of confidentiality, within 14 days (6VAC35-51-310);
 3. The decision making plan, within 14 days (6VAC35-51-310);
 4. Chapter 51 standards including the prohibited actions (6VAC35-51-310);
 5. Policies and procedures that are applicable to their positions, duties, and responsibilities, within 14 days (6VAC35-51-310)
 6. First aid and cardiopulmonary resuscitation, enrolled within 30 days (6VAC35-51-310);
 7. Child abuse and neglect, mandatory reporting, maintaining appropriate professional relationships, interaction among staff and residents, and suicide prevention, within 30 days (6VAC35-51-310);
 8. Standard precautions, within 30 days (6VAC35-51-310);
 9. Appropriate siting of children's residential facilities, good neighbor policies, and community relations, within 30 days (6VAC35-51-310); and
 10. Sufficient training so that they are thoroughly familiar with the rules of juvenile conduct, the rationale for the rules, and the sanctions available (6VAC35-140-280);
 11. At least 120 hours of training during their first year of employment and at least an additional 40 hours of training each subsequent year (6VAC35-140-711).

B. *Effective January 1, 2014*: The training regulations changed and require non-security series staff to have the following training:

- Prior to working alone with residents (6VAC35-71-160) complete at least 120 hours of training which shall include training in the following areas:
 1. Emergency preparedness and response;
 2. First aid and cardiopulmonary resuscitation, unless the individual is currently certified, with certification required as applicable to their duties;
 3. The facility's behavior management program;
 4. The residents' rules of conduct and the rationale for the rules;
 5. The facility's behavior interventions, with restraint training required as applicable to their duties;
 6. Child abuse and neglect;
 7. Mandatory reporting;
 8. Maintaining appropriate professional relationships;
 9. Appropriate interaction among staff and residents;

10. Suicide prevention;
11. Residents' rights, including but not limited to the prohibited actions provided for in 6VAC35-71-550 (prohibited actions);
12. Standard precautions;
13. Recognition of signs and symptoms and knowledge of actions required in medical emergencies;
14. Adolescent development;
15. Procedures applicable to the employees' position and consistent with their work profiles; and
16. Other topics as required by the department and any applicable state or federal statutes or regulations

- Within their first year of employment: None.

IV. American Correctional Association's Standards:

The American Correctional Association's Performance-Based Standards for Juvenile Correctional Facilities requires the following:

A. Administrative Training:

- All administrative and managerial staff receive 40 hours of training in addition to orientation training during their first year of employment and 40 hours of training each year thereafter. The training is appropriate to their assigned duties and responsibilities.

B. New Juvenile Careworker Training:

- All new juvenile careworkers receive 120 hours of training during their first year of employment.
- At a minimum, the training shall cover:
 1. Security procedures;
 2. Supervision of juveniles;
 3. Suicide intervention/prevention;
 4. Use of force;
 5. Juvenile rules and regulations;
 6. Safety procedures;
 7. Key control;
 8. Interpersonal relations;
 9. Communications skills;
 10. Cultural awareness;
 11. Sexual abuse/assault; and
 12. Code of ethics.

B. Ongoing Careworker Training:

- All new professional specialists receive 120 hours of training during their first year of employment.
- At a minimum, the training shall cover:
 1. Security procedures;
 2. Supervision of juveniles;
 3. Use-of-force regulations and tactics;
 4. Report writing;
 5. Juvenile rules and regulations;
 6. Rights and responsibilities of juveniles;
 7. Fire and emergency procedures;
 8. Key control;
 9. Interpersonal relations;
 10. Communications skills; First aid; Sexual harassment;
 11. Search and seizure;
 12. Rules of evidence;
 13. Social/cultural lifestyles of the juvenile population; and
 14. Sexual abuse/assault.

C. *Specialist Training:*

- All juvenile careworkers receive at least 40 hours of annual training. This training shall include at a minimum the following areas:
 1. Standards of conduct/ethics
 2. Security/safety/fire/medical/emergency procedures
 3. Supervision of offenders including training on sexual abuse and assault prevention
 4. Use of force

Additional topics shall be included based upon a needs assessment of both staff and institution requirements.

V. *Proposed Variance:*

6VAC35-71-160. Required Initial Training.

- A. Each employee shall complete initial, comprehensive training that is specific to the individual's occupational class, is based on the needs of the population served, and ensures that the individual has the competencies to perform the position responsibilities. Contractors shall receive training required to perform their position responsibilities in a correctional environment.
- B. Direct care staff and employees responsible for the direct supervision of residents shall, before that employee is responsible for the direct supervision

of a resident, ~~complete at least 120 hours of training which shall include training in the following areas:~~

1. Emergency preparedness and response;
 2. First aid and cardiopulmonary resuscitation, unless the individual is currently certified, with certification required as applicable to their duties;
 3. The facility's behavior management program;
 4. The residents' rules of conduct and the rationale for the rules;
 5. The facility's behavior interventions, with restraint training required as applicable to their duties;
 6. Child abuse and neglect;
 7. Mandatory reporting;
 8. Maintaining appropriate professional relationships;
 9. Appropriate interaction among staff and residents;
 10. Suicide prevention;
 11. Residents' rights, including but not limited to the prohibited actions provided for in [6VAC35-71-550](#) (prohibited actions);
 12. Standard precautions;
 13. Recognition of signs and symptoms and knowledge of actions required in medical emergencies;
 14. Adolescent development;
 15. Procedures applicable to the employees' position and consistent with their work profiles; and
 16. Other topics as required by the department and any applicable state or federal statutes or regulations.
- C. Administrative and managerial staff shall receive at least 40 hours of training during their first year of employment. Clerical and support staff shall receive at least 16 hours of training.
- D. Employees who administer medication shall, prior to such administration, successfully complete a medication training program approved by the Board of Nursing or be licensed by the Commonwealth of Virginia to administer medication.
- E. Employees providing medical services shall be trained in tuberculosis control practices.
- F. When an individual is employed by contract to provide services for which licensure by a professional organization is required, documentation of current licensure shall constitute compliance with this section.
- G. Volunteers and interns shall be trained in accordance with [6VAC35-71-240](#) (volunteer and intern orientation and training).

VI. Outcome Requested:

DJJ respectfully requests that a Variance be granted for implementation at Bon Air JCC, Beaumont JCC, and the Reception and Diagnostic Center. The variance would remove the requirement that non-security series staff complete 120 hours of training prior to being responsible for the direct supervision of residents.

Prior to supervising residents, non-security staff must complete training in the following:

1. Emergency preparedness and response;
2. First aid and cardiopulmonary resuscitation, unless the individual is currently certified, with certification required as applicable to their duties;
3. The facility's behavior management program;
4. The residents' rules of conduct and the rationale for the rules;
5. The facility's behavior interventions, with restraint training required as applicable to their duties;
6. Child abuse and neglect;
7. Mandatory reporting;
8. Maintaining appropriate professional relationships;
9. Appropriate interaction among staff and residents;
10. Suicide prevention;
11. Residents' rights, including but not limited to the prohibited actions provided for in 6VAC35-71-550 (prohibited actions);
12. Standard precautions;
13. Recognition of signs and symptoms and knowledge of actions required in medical emergencies;
14. Adolescent development;
15. Procedures applicable to the employees' position and consistent with their work profiles; and
16. Other topics as required by the department and any applicable state or federal statutes or regulations

VII. Duration of Variance:

DJJ requests the variance to be granted and to remain in effect until 6VAC35-71 is amended or for five years, whichever occurs first.