

## Direct Care

DJJ utilizes multiple placement options for youth in direct care; as of June 30, 2023, DJJ operates one JCC (Bon Air JCC) with an operating capacity of 220 beds. An additional 78 beds are available in the CPPs at Blue Ridge, Chesterfield, Merrimac, Prince William, Rappahannock, Shenandoah Valley, and Virginia Beach JDCs. Some JDCs also house youth for admission and evaluation services and detention reentry programs. Youth in direct care also may be placed in individually purchased JDC beds and other contracted alternatives. DJJ implements direct care programs to ensure that committed youth receive effective treatment and educational services.

## Admission and Evaluation

The CAP Unit receives and reviews all commitment documentation and coordinates the admission, orientation, and evaluation process. Youth admitted to direct care are evaluated at either the JCC or a JDC. The process includes medical, psychological, behavioral, educational, and career readiness evaluations. A team meets to discuss and identify each youth's treatment and mental health needs, determine LOS, recommend placement, and develop a CRCP.

Depending on the youth's individual needs, youth may be assigned to one or more treatment programs including aggression management, substance use, and sex offender treatment. Although treatment needs generally are identified during the evaluation process, a youth can be reassessed at any time while in direct care.

Placement recommendations at the conclusion of the evaluation process may include a referral to a CPP or another alternative placement. If a youth is eligible, a referral is submitted through the case management review process, and a transfer is coordinated as needed.

## LOS Guidelines

The LOS Guidelines seek to promote accountability and rehabilitation of indeterminately committed youth by combining data-driven decision making with an analysis of the youth's individualized therapeutic, educational, vocational, and behavioral needs. They provide a baseline for estimating the youth's LOS and build in an enhanced review and evaluation process that considers additional eligibility requirements for release. The goal is to ensure that indeterminately committed youth have obtained the skills and resources needed for successful reentry into the community.

The current LOS Guidelines took effect on March 1, 2023, for youth committed on or after that date. (See Ap-

pendix D.) The assigned LOS for an indeterminate commitment is a calculated range of time (e.g., 6-9 months) from the commitment date; the first number in the range represents the youth's ERD, and the second number represents the youth's LRD. Youth's projected LOSs are calculated using their assessed YASI risk level and the MSO for the current commitment.

Indeterminately committed youth may not be held past their statutory release date (typically 36 continuous months or their 21<sup>st</sup> birthday). If a youth is committed for violating the terms of probation, the underlying MSO is used in determining the projected LOS. If a youth is determined to need inpatient sex offender treatment, the youth receives a treatment override and is not assigned a projected LOS. Youth with a treatment override are eligible for consideration for release upon completion of the designated treatment program. Youth may be assigned other treatment needs as appropriate and may be required to complete those treatment programs, achieve educational and workforce development goals, and avoid certain behavioral infractions during established timeframes to meet release eligibility criteria.

## JCC Programs

JCC programs offer community reintegration and specialized services in a secure residential setting on a 24-hour basis. Youth are assigned to appropriate housing units based on age, sex, vulnerability, and other factors. In addition, some designated units house youth with significant issues involving mental health, low intellectual functioning, poor adaptive functioning, or individual vulnerabilities that hinder their ability to function in other units adequately and safely.

Case management and treatment staff collaborate to coordinate and deliver services for youth based on risk and treatment needs. Staff facilitate groups and address individual needs. Progress is assessed and reviewed regularly via multi-disciplinary treatment team meetings. Staff also work with CSUs and the Reentry Unit to provide a transition and parole plan for reentry. BSU, Health Services, Programming, Food Services, and Maintenance support JCC operations. DJJ provides educational and career readiness services to meet the needs of youth in direct care. Residents engage in extra-curricular programming that develops leadership and life skills by providing real-world opportunities and connections.

## Facility-Wide PBIS

In FY 2018, DJJ educational staff began implementing PBIS, an evidence-based tiered framework that helps



build protective factors for youth using universal, targeted, and intensive supports. DJJ intends to launch PBIS facility-wide to provide consistency and enhance existing practices.

Facility-wide implementation of PBIS provides systematic teaching of universal behavioral expectations, positive reinforcement systems for staff and youth, and function-based responses to problem behavior. Behavioral expectations aligned with DJJ's four guiding values (see page 2) are explicitly taught and reinforced through immediate feedback using a positive reinforcement system. To correct behavior and teach accountability, there are consistent responses across staff and settings when youth do not meet expectations.

Behavioral expectations can be taught and reinforced in therapeutic structured activities, mutual help groups, check-ins, and circle-ups. PBIS provides an effective and efficient alternative to other disciplinary methods. The PBIS Implementation Blueprint and Tiered Fidelity Inventory are utilized to guide implementation and assess fidelity across key areas, with oversight provided by the Facility Implementation Leadership Team.

## Education

DJJ provides educational opportunities for middle school, high school, and post-secondary students at the Yvonne B. Miller High School and Post-Secondary Programs in Bon Air JCC. Offerings include an array of high school completion routes, such as an Advanced Studies Diploma, Standard Diploma, Applied Studies Diploma, or GED®. DJJ also offers apprenticeships and opportunities to earn certifications, credentials, certificates, and college credits for students interested in continuing their education after graduation. The school is staffed by administrators and teachers who are licensed by VDOE.

When youth enter Bon Air JCC, school counselors evaluate student records and place youth in an appropriate educational program. School counselors complete a career and academic plan with each student to create a program of study for high school graduation and a post-secondary career pathway. To address educational gaps, DJJ uses a blended learning model to meet the unique needs of the students. This model is a combination of direct instruction, online modules, and hands-on learning activities. Teachers provide instruction aligned with the SOL and actively track students' progress.

DJJ offers CTE courses as well as applicable certification and credentialing opportunities. These offerings prepare youth for productive employment while simultaneously meeting the Commonwealth's need for well-trained and industry-certified technical workers. For example, the SkillsUSA® Customer Service Examination

credential is an indicator to post-secondary educators, businesses, and industries that students understand customer service concepts and processes and are able to display effective communication skills. Additionally, the WISE Certified Financially Literate credential is aligned with VDOE's personal finance course requirement.

DJJ utilizes the VTSS framework that combines academic, behavioral, and social-emotional wellness into a single decision-making framework to establish the supports needed for schools to be effective learning environments. VTSS requires the use of evidence-based, system-wide practices with fidelity to provide a quick response to academic, behavioral, social, and emotional needs. The practices are progress-monitored frequently to enable educators to make evidence-based instructional decisions for students within the facility-wide PBIS framework. Academically, focus remains on strengthening core instruction of Tier 1 RTI, which is the process of monitoring effective, high-quality instruction and the systematic responses to students' needs.

A higher proportion of students at Bon Air JCC (35-45%) receive special education compared to students in Virginia public schools (10-12%). The Yvonne B. Miller High School teaches self-advocacy skills to students with disabilities using tools and materials from established programs. The primary focus is helping students gain the confidence and skills to navigate their own lives, ask for help, solve problems, and understand their rights as people with disabilities. Students with disabilities also may participate in both the Pre-Employment Transitions Services and Pathway programs offered through DARS. These services help link students to post-secondary programming, explore career options, and prepare for reentry into the community. Student support services are also available in the areas of English language, gifted, and reading.

After completion of secondary education, DJJ provides opportunities for youth to continue learning through post-secondary education. Post-secondary courses are geared toward the attainment of industry certifications, state board license, or college program completion. Post-secondary programs have expanded to trades courses to include HVAC, plumbing, and electrical. DJJ continues to maintain partnerships with CPPs and provide program funding for post-secondary youth to support technology needs, online courses, college enrollment, and certificate and credentialing opportunities.

## Workforce Development

While youth are in direct care at Bon Air JCC, DJJ provides opportunities to receive credentials in skilled trades that are in high demand. Classes include plumb-



ing, HVAC, and electrical services. DJJ also offers the following supports:

- » A Workforce Development Center at Bon Air JCC designed to teach soft skills, build employment portfolios, and connect youth to employment opportunities in the community.
- » A community engagement business developer who is tasked with building opportunities for youth on and off campus by collaborating with employers to build curriculums to meet their needs, creating opportunities for interviews and internships, and establishing partnerships that connect youth to meaningful careers in their field at release.
- » Partnerships with RSCs to offer wraparound “education to employment” services for youth under the supervision of DJJ. Through this partnership, providers offer job readiness and employment coaching, vocational training programs, transportation assistance, and other services to support youth in obtaining and sustaining meaningful careers in the community.

## BSU

BSU is the organizational unit responsible for providing clinical treatment services for youth at the JCC. The primary services provided by BSU staff include treatment for mental health issues, aggression management, substance use, and sex offending, as well as psychological evaluations and pre-release risk assessments. A BSU therapist is assigned to each housing unit.

**Aggression Management Treatment:** BSU provides aggression management treatment services in all units. Intensive treatment is group oriented and more rigorous compared to prescriptive treatment, which is delivered individually as needed. Youth must complete core objectives that address anger control, moral reasoning, and social skills as well as demonstrate aggression management in their daily interactions. Treatment typically lasts three months; however, time to completion may vary depending on individual needs. Bon Air JCC offers ART® for most youth and modified DBT in some units. Modified DBT is a treatment program originally designed to help people with emotional self-regulation difficulties who engage in self-harm, but it has been expanded to populations with other problem behaviors. Core therapeutic activities focus on teaching improved emotion regulation, interpersonal effectiveness, distress tolerance, mindfulness, and self-management skills.

**Substance Use Treatment:** BSU provides cognitive-behavioral substance use treatment services to all youth with an identified treatment need. Track I is for youth meeting DSM criteria for substance use disorder. Track II is for youth who have experimented with substances

but do not meet the DSM criteria for substance use disorder. Bon Air JCC offers the CYT substance use program to address marijuana and alcohol use. Treatment emphasizes motivation to change, drug and alcohol refusal skills, addiction and craving coping skills, relapse prevention, problem solving, effective communication, transition to the community, and other skills. Bon Air JCC also offers Voices, a gender-specific program for girls, which addresses substance use as well as issues with self, relationships, life choices, and coping skills, among other topics. Depending on individual needs, completion of substance use treatment services requires five weeks to six months.

**Sex Offender Treatment:** BSU provides cognitive-behavioral sex offender evaluation and treatment services in specialized treatment units and in the general population. Three levels of treatment include inpatient, mid-level, and prescriptive. Youth requiring inpatient or mid-level treatment services receive individual, group, and family therapy within specialized units. Prescriptive treatment is delivered individually as needed. Youth in sex offender treatment units receive intensive treatment from specially trained therapists as part of a specialized multi-disciplinary treatment team that includes a housing unit coordinator, counselor, and other unit staff. Each youth receives an individualized treatment plan that addresses programmatic goals, competencies, and core treatment activities. Successful completion of sex offender treatment may require six to 36 months, depending on the youth’s treatment needs, behavioral stability, and motivation.

**Mental Health Services:** BSU conducts comprehensive psychological evaluations and provides 24-hour crisis intervention; individual, group, and family therapy; mental status evaluations; case consultations and development of individualized behavior support protocols; program development and implementation; and staff training. Mental health professionals complete risk assessments for all serious offenders, sex offender special decision cases, and other special decision cases by request.

**MHSTPs:** for qualifying youth, a team of direct care staff, medical and mental health professionals, the PO, service providers, family members, and the youth collaborate to develop an MHSTP. The purpose of the MHSTP is to ensure the provision and continuation of treatment services for mental health, substance use, and other needs as the youth transitions from direct care to the community.





## Health Services

The Health Services Unit provides quality healthcare services to youth in the JCC. DJJ employs medical and dental providers who provide assessment and treatment services as well as care for youth. In addition, contracted psychiatrists and optometrists provide healthcare services to the youth at the facility. Nurses are assigned to housing units to establish a primary medical relationship and educate youth on health and wellness issues. On-site staff are supplemented by a network of hospitals, physicians, and allied health providers to ensure all medically necessary healthcare services are provided in a manner consistent with community standards.

## PREA

DJJ has a zero-tolerance policy toward any incident involving the sexual abuse or sexual harassment of a youth. Mandated by the federal government, PREA and its associated rules and guidelines make detection and prevention of sexual abuse and sexual harassment a top priority in all facilities housing committed youth. The PREA Unit consists of a PREA coordinator, facility PREA manager, alternative placement PREA manager, and PREA analyst. All DJJ and alternative placement staff members are responsible for making DJJ-operated and contracted facilities safe by preventing, detecting, and reporting sexual abuse and sexual harassment. This effort begins with staff being respectful of youth and supporting a culture that does not tolerate sexual abuse or sexual harassment. Staff receive extensive training on how to identify risk factors, preventive measures, and reporting mechanisms. Youth also receive extensive training, resources, and information on how to recognize and report sexual abuse and sexual harassment. Staff and youth are given multiple ways to report sexual abuse or sexual harassment. DJJ ensures all allegations of sexual abuse and sexual harassment are thoroughly investigated.

## Human Rights Coordinators

A grievance program is in place at the JCC as a safeguard for youth and to provide a strong system of advocacy. The program is staffed by human rights coordinators. By monitoring living conditions and service delivery systems, the program identifies and solves problems that may harm or impede rehabilitative efforts; protects the rights of youth; promotes system accountability; and ensures safe, humane, and lawful living conditions. The human rights coordinators and their management team operate independently from the JCC in order to provide youth with a resource to address concerns.

## Family Engagement

DJJ focuses on family engagement during a youth's direct care stay. Youth's families often live more than a one-hour drive from Bon Air JCC, and the distance can pose a barrier to families wishing to visit. To assist those families, DJJ partners with Assisting Families of Inmates to provide free transportation to families with youth at Bon Air JCC from various sites across the Commonwealth. DJJ also publishes a quarterly newsletter called *Family Matters* on its website and operates a Facebook page with the same name in an effort to inform and maintain open lines of communication with families and supports.

## JDC Direct Care Placement Options

CPPs are structured residential programs operated for direct care youth in JDCs. A goal of the CPPs is to place youth in smaller settings closer to their home communities to facilitate a smoother transition after release and to increase family engagement. CPPs focus on PYD and increasing competency in areas of education, vocational preparation, life and social skills, thinking skills, employability skills, and anger management. CPPs use YASI as the basis for case planning to address criminogenic needs. Services focus on dynamic risk factors using cognitive-behavioral techniques and are tailored to meet the individual needs outlined in the youth's CRCP. Additionally, CPPs deliver aggression management and substance use treatment services. Youth in CPPs are housed in units separate from the JDC population. As of June 30, 2023, the seven participating JDCs were Blue Ridge, Chesterfield, Merrimac, Prince William, Rappahannock, Shenandoah Valley, and Virginia Beach. Northern Virginia CPP closed to youth on July 12, 2022, and Merrimac CPP closed to youth on September 22, 2023. Northern Virginia served females, and Merrimac had programs for both males and females. All other CPPs serve only males. The contract with Rappahannock CPP ended on June 30, 2023, but some youth stayed beyond this date until their direct care release date. DJJ partnered with Newport News JDC to establish a CPP in FY 2024.

Additionally, some JDCs provide detention reentry programs for youth in direct care, allowing them to begin transitioning back to the community 30 to 120 days before their scheduled release date. Similar to CPPs, these programs facilitate parole planning services with the assigned POs and allow for increased visitation with families and community involvement. Established contracts for detention reentry with the JDCs include Blue Ridge, Crater, James River, Merrimac, Norfolk, Rappahannock, Shenandoah, and Virginia Beach.



The CAP Unit maintains case management responsibilities for direct care youth in JDCs and acts as a liaison between the JDCs and CSUs. Although youth in direct care admission and evaluation, CPPs, detention reentry, and individually contracted JDC beds are housed in the JDCs, they are counted in the direct care population and not in the JDC population.

## Continuum of Services

An important element of DJJ's transformation has been to build and expand upon its continuum of services and alternative placement options. While the JCC, CPPs, and detention reentry programs provide secure placement options for youth in direct care, the broader continuum of services includes additional contracted secure and non-secure placement options, such as group homes and RTCs that are available through the RSC Service Delivery Model. The CAP Unit maintains case management responsibilities for youth in these placements and acts as a liaison between the placements and CSUs. (See page 17 for more information about the continuum of services and the RSC Service Delivery Model.)

## Reentry

In order to coordinate the reentry process for youth efficiently and effectively, reentry staff assist youth and their families in preparing for the transition from direct care to the community. Reentry advocates, each serving one of the five regions across the Commonwealth, provide support and guidance in the areas of employment, education and career planning, connection to human service agencies, and obtaining identification documents.

DJJ provides additional services that promote public safety and accountability through partnerships with community organizations. These partners provide services to support a successful transition and reintegration into the community. A selection of these partnerships is described below:

**Apartment Living Program:** this eight-bed apartment-style residential program serves youth ages 17.5 and older released from direct care. The program provides opportunities to learn and practice life skills in the community. The average LOS in the program is six to nine months.

**Summit House:** this eight-bed, single-family home designed as a residential program serves youth ages 17.5 and older released from direct care. The program provides an opportunity for youth to learn and practice life skills beyond a secure environment. The average LOS is six to nine months.

**DMV Connect:** when youth are released from direct care without official state-issued photo identification, they can face barriers to gaining employment, housing, and access to services. To provide youth with a better chance of success when reentering the community, DJJ partners with the DMV to bring a mobile office to the JCC on a regular basis to provide state-issued photo identification to youth who are in Bon Air JCC. Reentry advocates coordinate with the community DMV mobile office to provide state-issued photo identification to youth released from direct care. This partnership also certifies DJJ's reentry advocates to administer the learner's permit exam to eligible youth.

**Medicaid Pre-Application:** CVIU streamlines the Medicaid application and enrollment process for incarcerated individuals in Virginia. DJJ's reentry advocates submit applications for eligible youth 18 years of age and older to the CVIU prior to release from direct care, resulting in applications being processed in a more timely manner to prevent a gap in coverage at release.

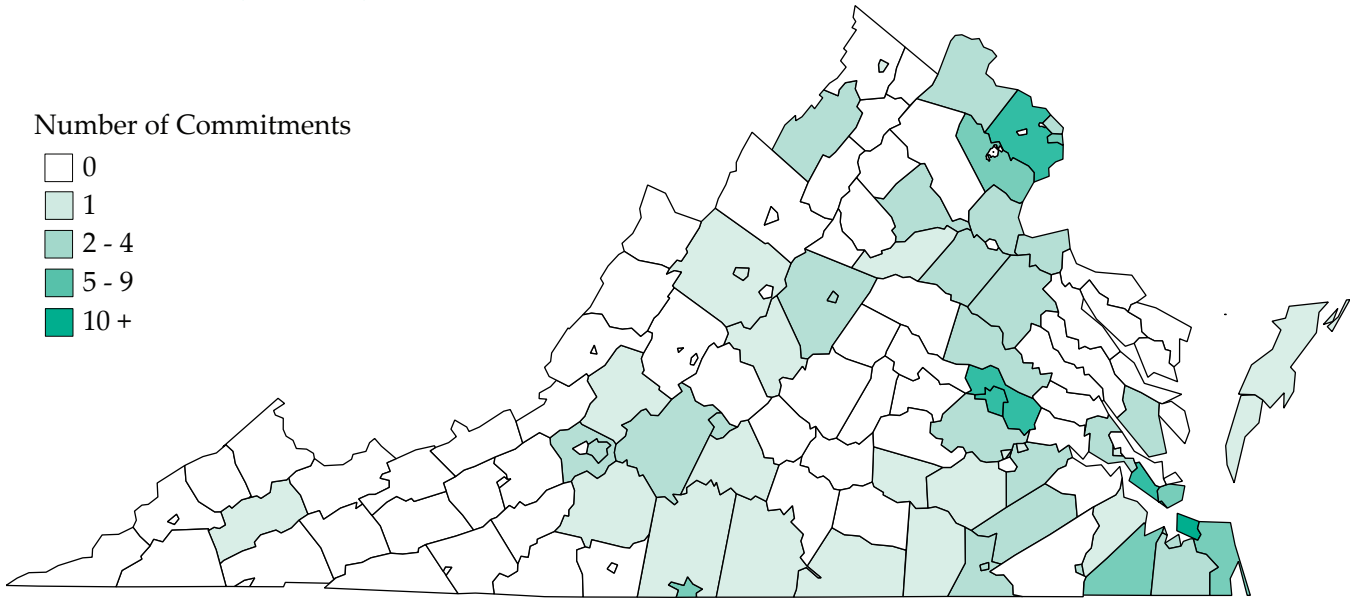
## QA Unit

The QA Unit monitors the integrity and success of contracted interventions, including JDCs that provide direct care admission and evaluation services, CPPs, detention reentry programs, and the RSC Service Delivery Model. The QA Unit provides oversight and comprehensive reviews, assessments, and reports regarding fidelity to evidence-based models and compliance with contract requirements. Utilizing a collaborative approach, the QA Unit conducts strengths-based performance monitoring and assists in developing individualized CQI plans to ensure programs align with best practices, the RNR model, and DJJ's strategic framework. The QA Unit also tracks performance measures, identifies program strengths and weaknesses, confirms services are tailored to meet youth's needs, and provides support and advocacy to promote ongoing system improvements across DJJ.

Additionally, the QA Unit implements SPEP™, an evaluative tool to establish sustainable performance improvement and maximize positive youth outcomes. In partnership with Vanderbilt University, a team of DJJ staff earned their Level I SPEP™ specialist certificate following a cycle of SPEP™ training. Members of the QA Unit are currently working toward their Level II SPEP™ certification and facilitating the SPEP™ evaluation process across select CPP programs and Bon Air JCC. A pilot SPEP™ process was facilitated with a VJCCA provider to inform the implementation of SPEP™ with community-based providers. (See page 61 for more information on SPEP™.)



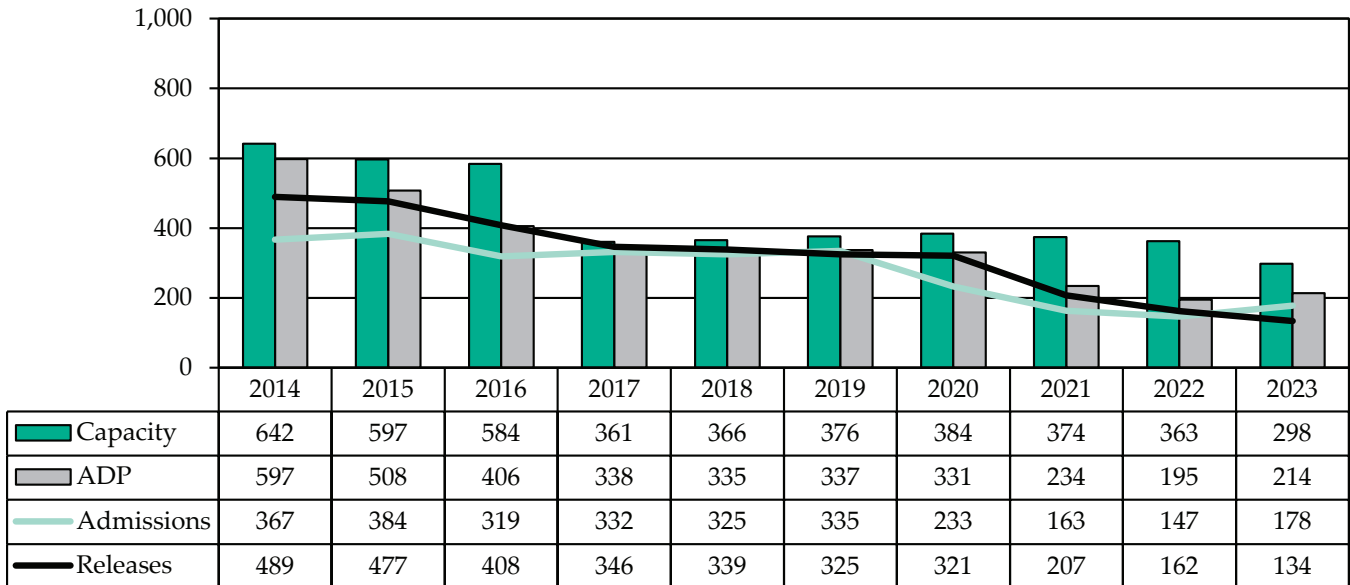
## Commitments by Locality, FY 2023\*



\* CSUs 9, 12, and 26 each had one subsequent commitment in FY 2023; these commitments are excluded.

- » There were 203 commitments in FY 2023.
- » The city of Norfolk had the highest number of commitments (28).
- » 76 of 133 localities (57.1%) had no commitments.

## Capacity, ADP, Admissions, and Releases, FY 2014-2023\*



\* Capacities are determined on the last day of the FY.

\* Between June 10, 2015, and July 15, 2015, some youth admitted to direct care were evaluated in Chesterfield, James River, and Richmond JDCs. This temporary capacity is not included in the data presented above.

- » Due primarily to facility closures, capacity decreased 53.6% between FY 2014 and FY 2023.
- » ADP decreased 64.1% between FY 2014 and FY 2023.
- » Admissions decreased 51.5% between FY 2014 and FY 2023.
- » Releases decreased 72.6% between FY 2014 and FY 2023.



## Capacity and ADP, FY 2023\*

Facility/Placement	Capacity	ADP
Bon Air JCC	220	136
Adm./Eval. in JDCs	N/A	15
CPPs	78	63
Blue Ridge	8	8
Chesterfield	8	8
Merrimac-Females	5	4
Merrimac-Males	8	5
Northern Virginia	0	0
Prince William	8	7
Rappahannock	8	7
Shenandoah Valley	8	8
Virginia Beach	20	18
Contracted Alternatives	N/A	0
Detention Reentry	N/A	0
Individual JDC Beds	N/A	1
<i>Total</i>	298	214

\* Capacities are determined on the last day of the FY.

\* ADPs may not add to totals due to rounding.

\* Admission and Evaluation in JDCs, Contracted Alternatives, Detention Reentry, and Individual JDC Beds do not have reported capacity as there are no dedicated beds.

\* The sum of individual CPP capacities does not equal the total CPP capacity because five CPP beds included in the total may be used at any CPP based on need and availability.

\* Northern Virginia CPP closed to youth on July 12, 2022. Although the capacity was 0 on the last day of the FY, an ADP of 0.03 is reported due to youth residing in the facility prior to closing.

\* Merrimac CPP closed to youth on September 22, 2023. The contract with Rappahannock CPP ended on June 30, 2023, but some youth stayed beyond this date until their direct care release date.

- » The ADP in FY 2023 was 214 youth.
- » In FY 2023, 63.3% of the direct care ADP was in the JCC, 29.4% was in a CPP, and 7.3% was in another alternative placement.

## Admissions with Prior Successful Diversion Plans, Probation Placements, or Direct Care Admissions, FY 2021-2023\*

	2021	2022	2023
Prior Successful Diversion Plans	22.7%	25.9%	17.4%
Prior Probation Placements	76.1%	72.8%	67.4%
Prior Direct Care Admissions	15.3%	15.0%	10.1%
<i>Total Admissions</i>	163	147	178

\* A prior successful diversion plan is defined as an intake case earlier than the committing offenses with at least one complaint with a successful diversion plan and no complaints with a petition.

- » 17.4% of admissions in FY 2023 had at least one prior successful diversion plan.
- » 67.4% of admissions in FY 2023 had at least one prior probation placement.
- » 10.1% of admissions in FY 2023 had at least one prior direct care admission.

In FY 2023, 63.3% of the direct care ADP was in the JCC, 29.4% was in a CPP, and 7.3% was in another alternative placement.

## Admission Demographics, FY 2021-2023

Demographics	2021	2022	2023
<b>Race</b>			
Asian	0.6%	0.0%	0.0%
Black	71.8%	71.4%	64.0%
White	23.9%	23.8%	23.6%
Other/Unknown	3.7%	4.8%	12.4%
<b>Ethnicity</b>			
Hispanic	6.7%	9.5%	14.0%
Non-Hispanic	85.9%	78.2%	78.1%
Unknown/Missing	7.4%	12.2%	7.9%
<b>Sex</b>			
Female	9.2%	8.2%	7.9%
Male	90.8%	91.8%	92.1%
<b>Age</b>			
Under 14	1.2%	0.7%	0.0%
14	6.1%	4.1%	5.6%
15	13.5%	13.6%	15.2%
16	21.5%	22.4%	24.2%
17	38.7%	45.6%	38.8%
18	18.4%	10.2%	14.6%
19-20	0.6%	3.4%	1.7%
<i>Total Admissions</i>	163	147	178

- » 64.0% of admissions in FY 2023 were Black, and 23.6% were White.
- » 78.1% of admissions in FY 2023 were non-Hispanic, and 14.0% were Hispanic. 7.9% had unknown or missing ethnicity information.
- » 92.1% of admissions in FY 2023 were male, and 7.9% were female.
- » Approximately two-thirds (60.1-68.0%) of admissions since FY 2021 were 16 or 17 years of age.
- » The average age of youth admitted in FY 2023 was 17.0 years.



## Admission Demographics by Commitment Type and Committing Court Type, FY 2023\*

Demographics	Commitment Type		Committing Court Type	
	Determinate/ Blended	Indeterminate	J&DR District Court	Circuit Court
<b>Race</b>				
Asian	0.0%	0.0%	0.0%	0.0%
Black	63.2%	64.3%	62.3%	71.9%
White	18.4%	25.0%	25.3%	15.6%
Other/Unknown	18.4%	10.7%	12.3%	12.5%
<b>Ethnicity</b>				
Hispanic	10.5%	15.0%	16.4%	3.1%
Non-Hispanic	81.6%	77.1%	75.3%	90.6%
Unknown/Missing	7.9%	7.9%	8.2%	6.3%
<b>Sex</b>				
Female	2.6%	9.3%	8.2%	6.3%
Male	97.4%	90.7%	91.8%	93.8%
<b>Age</b>				
Under 14	N/A	0.0%	0.0%	N/A
14	5.3%	5.7%	5.5%	6.3%
15	13.2%	15.7%	16.4%	9.4%
16	28.9%	22.9%	25.3%	18.8%
17	31.6%	40.7%	39.7%	34.4%
18	18.4%	13.6%	12.3%	25.0%
19-20	2.6%	1.4%	0.7%	6.3%
<i>Total Admissions</i>	38	140	146	32

\* Youth with multiple commitments for a single admission are counted once. If an admission includes at least one determinate commitment or blended sentence, the admission is counted as "Determinate/Blended."

\* Youth committed by a J&DR district court with the commitment upheld in circuit court on appeal are included in "J&DR District Court." There was one youth committed by a J&DR district court with the commitment upheld in circuit court on appeal in FY 2023.

- » 21.3% of admissions were for determinate commitments or blended sentences, and 78.7% were for indeterminate commitments.
- » 82.0% of admissions were committed by a J&DR district court and 18.0% by a circuit court.
- » The average ages at admission by commitment type were as follows:
  - › Determinate/Blended – 17.1 years
  - › Indeterminate – 17.0 years
- » The average ages at admission by committing court type were as follows:
  - › J&DR district court – 16.9 years
  - › Circuit court – 17.3 years





## Admissions by Committing MSO Category, FY 2023\*

MSO Category	Det./Blend.	Indeterminate			Overall		
	Felony	Felony	Misd.	Total	Felony	Misd.	Total
Arson	0.0%	1.5%	0.0%	1.4%	1.2%	0.0%	1.1%
Assault	36.8%	18.5%	50.0%	20.0%	22.6%	50.0%	23.6%
Burglary	0.0%	7.7%	N/A	7.1%	6.0%	N/A	5.6%
Extortion	0.0%	0.8%	0.0%	0.7%	0.6%	0.0%	0.6%
Gangs	0.0%	2.3%	0.0%	2.1%	1.8%	0.0%	1.7%
Kidnapping	0.0%	0.8%	0.0%	0.7%	0.6%	0.0%	0.6%
Larceny	7.9%	23.8%	25.0%	23.6%	20.2%	25.0%	20.2%
Murder	13.2%	1.5%	N/A	1.4%	4.2%	N/A	3.9%
Narcotics	0.0%	3.1%	0.0%	2.9%	2.4%	0.0%	2.2%
Parole Violation	0.0%	0.0%	0.0%	1.4%	0.0%	0.0%	1.1%
Robbery	28.9%	22.3%	N/A	20.7%	23.8%	N/A	22.5%
Sexual Abuse	5.3%	4.6%	0.0%	4.3%	4.8%	0.0%	4.5%
Traffic	2.6%	3.1%	0.0%	2.9%	3.0%	0.0%	2.8%
Trespass	0.0%	0.0%	12.5%	0.7%	0.0%	12.5%	0.6%
Vandalism	2.6%	2.3%	0.0%	2.1%	2.4%	0.0%	2.2%
Weapons	2.6%	7.7%	12.5%	7.9%	6.5%	12.5%	6.7%
<i>Total Admissions</i>	38	130	8	140	168	8	178

\* Youth with multiple commitments for a single admission are counted once. If an admission is for at least one determinate commitment or blended sentence, the admission is counted as "Determinate/Blended."

\* N/A indicates an offense severity (e.g., misdemeanor) that does not exist for that offense category.

\* Total includes felonies, misdemeanors, and other offenses; therefore, the sum of felonies and misdemeanors may not equal the total. Other offenses include two indeterminate admissions for parole violations.

\* As of FY 2022, "Narcotics" no longer includes marijuana possession offenses that are captured under the VCC prefix MRJ.

- » The majority of total admissions (94.4%) were for felonies; 4.5% were for misdemeanors.
- » The highest percentage of total admissions were for assault (23.6%).
- » 78.7% of admissions were for indeterminate commitments.
  - › The majority of admissions for indeterminate commitments were for felonies (92.9%); 5.7% were for misdemeanors.
  - › The highest percentage of admissions for indeterminate commitments were for larceny (23.6%), robbery (20.7%), and assault (20.0%).
- » 21.3% of total admissions were for determinate commitments or blended sentences.
  - › The highest percentage of admissions for determinate commitments or blended sentences were for assault (36.8%) and robbery (28.9%).



## Admissions by Committing MSO, FY 2023\*

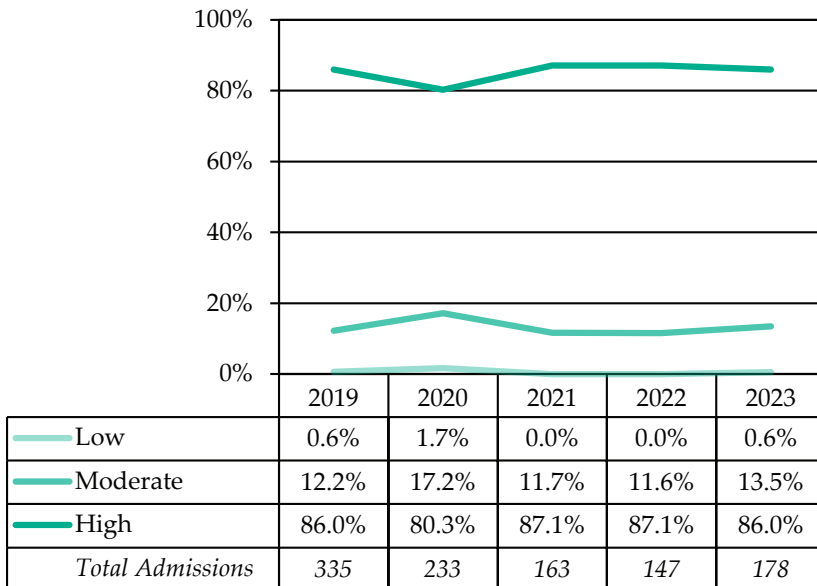
MSO Severity	Determinate/ Blended	Indeterminate	Total
<b>DAI Ranking</b>			
Felony			
Against Persons	89.5%	62.1%	68.0%
Weapons/Narcotics Dist.	5.3%	8.6%	7.9%
Other	5.3%	22.1%	18.5%
Class 1 Misdemeanor			
Against Persons	0.0%	2.9%	2.2%
Other	0.0%	2.9%	2.2%
Parole Violation	0.0%	1.4%	1.1%
<b>VCSC Ranking</b>			
Person	86.8%	55.0%	61.8%
Property	7.9%	32.9%	27.5%
Narcotics	0.0%	2.9%	2.2%
Other	5.3%	9.3%	8.4%
<i>Total Admissions</i>	38	140	178

- » MSO by DAI ranking:
  - › The highest percentage of determinate or blended and indeterminate admissions were for felonies against persons (89.5% and 62.1%, respectively).
- » MSO by VCSC ranking:
  - › The highest percentage of determinate or blended and indeterminate admissions were for person-of-fenses (86.8% and 55.0%, respectively).

\* Youth with multiple commitments for a single admission are counted once. If an admission is for at least one determinate commitment or blended sentence, the admission is counted as "Determinate/Blended."

The majority of admissions over the last five years (80.3-87.1%) were high risk based on YASI scores.

## Admissions by Risk Levels, FY 2019-2023\*



- » In FY 2023, 100.0% of admissions had a YASI completed within 90 days.
- » Over 80.0% of direct care admissions were high risk between FY 2019 and FY 2023.

\* Percentages may not add to 100% due to rounding.  
 \* The closest YASI within 90 days of the admission date was selected.



## Admissions by Commitment Type, FY 2023\*

Commitment Type	Count	%
<b>Blended</b>	<b>7</b>	<b>3.9%</b>
<b>Determinate</b>	<b>31</b>	<b>17.4%</b>
<b>Indeterminate</b>	<b>140</b>	<b>78.7%</b>
2015 LOS Guidelines	108	60.7%
2023 LOS Guidelines	32	18.0%
<i>Total Admissions</i>	<i>178</i>	<i>100.0%</i>

\* Youth with multiple commitments for a single admission are counted once. The longest blended or determinate assigned LOS was selected, even if the assigned LOS for an indeterminate commitment was longer.

- » 78.7% of admissions were for indeterminate commitments.

## Indeterminate Commitment Admissions by Assigned LOS (Months), FY 2023\*

Assigned LOS	2015 LOS Guidelines	2023 LOS Guidelines	Overall %
2-4 months	0	N/A	0.0%
3-6 months	6	N/A	4.3%
5-8 months	22	N/A	15.7%
6-9 months	36	0	25.7%
7-10 months	32	1	23.6%
8-11 months	N/A	0	0.0%
9-12 months	9	1	7.1%
9-15 months	0	1	0.7%
10-13 months	N/A	3	2.1%
11-14 months	N/A	2	1.4%
11-17 months	N/A	1	0.7%
12-15 months	N/A	1	0.7%
12-18 months	N/A	4	2.9%
13-19 months	N/A	0	0.0%
15-21 months	N/A	7	5.0%
18-24 months	N/A	8	5.7%
21-27 months	N/A	0	0.0%
21-30 months	N/A	0	0.0%
24-30 months	N/A	0	0.0%
27-36 months	N/A	0	0.0%
Treatment Override	3	3	4.3%
<i>Total Admissions</i>	<i>108</i>	<i>32</i>	<i>100.0%</i>

\* Youth with multiple commitments for a single admission are counted once; the longest assigned LOS was selected.

\* In reports prior to FY 2022, youth with a treatment override were categorized according to the assigned LOS. Treatment overrides are now reported separately. Therefore, data are not comparable to reports prior to FY 2022.

- » An assigned LOS of 6-9 months was the most common for indeterminate commitments under the 2015 LOS Guidelines, with 36 commitments (33.3%).
- » An assigned LOS of 18-24 months was the most common for indeterminate commitments under the 2023 LOS Guidelines, with 8 commitments (25.0%).

## Releases by LOS, FY 2023\*

Commitment Type / Assigned LOS	Releases	% of All Releases	Average Actual LOS (Months)
<b>Blended</b>	<b>9</b>	<b>6.7%</b>	<b>26.6</b>
<b>Determinate</b>	<b>37</b>	<b>27.6%</b>	<b>28.3</b>
<b>Indeterminate</b>	<b>88</b>	<b>65.7%</b>	<b>10.7</b>
2-4 months	0	0.0%	N/A
3-6 months	4	3.0%	5.1
5-8 months	16	11.9%	7.0
6-9 months	29	21.6%	7.8
7-10 months	24	17.9%	11.0
9-12 months	8	6.0%	11.3
9-15 months	0	0.0%	N/A
Treatment Override	7	5.2%	32.7
<i>Total Releases</i>	<i>134</i>	<i>100.0%</i>	<i>16.6</i>

\* Youth with multiple commitments for a single admission are counted once. The longest blended or determinate assigned LOS was selected, even if the assigned LOS for an indeterminate commitment was longer. If the youth had only indeterminate commitments, the longest assigned LOS was selected.

\* Subsequent commitments are included because of their impact on actual LOS. There were three subsequent indeterminate commitments and no subsequent determinate commitments.

\* All indeterminately committed youth released in FY 2023 were committed under the 2015 LOS Guidelines.

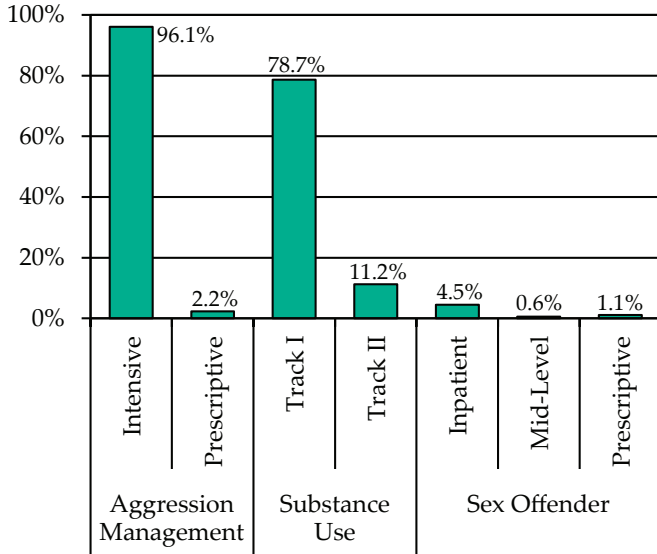
\* In reports prior to FY 2022, youth with a treatment override were categorized according to the assigned LOS. Treatment overrides are now reported separately. Therefore, data are not comparable to reports prior to FY 2022.

- » The average actual LOS for all youth released in FY 2023 was 16.6 months.
- » Youth with indeterminate commitments comprised 65.7% of releases, and their average actual LOS was 10.7 months.
  - » Youth with treatment overrides have inpatient or mid-level sex offender treatment needs. Successful completion of sex offender treatment may require six to 36 months, depending on the youth's treatment needs, behavioral stability, and motivation. In FY 2023, their average actual LOS was 32.7 months.
- » Youth with determinate commitments or blended sentences comprised 34.3% of releases. Their assigned LOSs ranged from 6.0 to 74.7 months, averaging 41.1 months. Their average actual LOS was 27.9 months.
- » The average age of youth released was 18.3 years.

See Appendix D for an explanation of the LOS Guidelines.

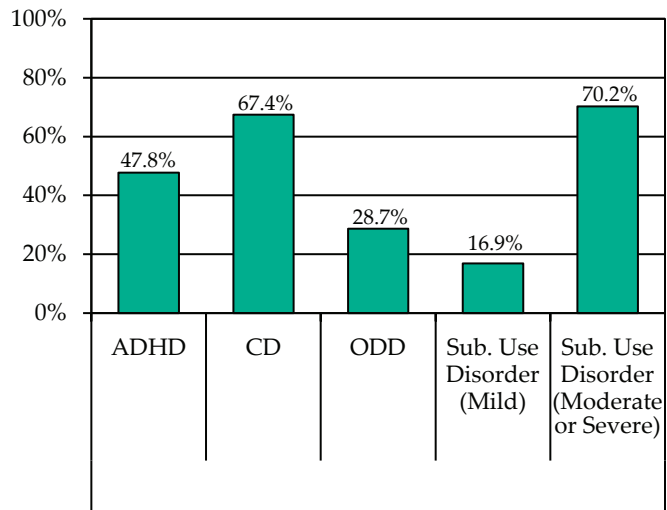


### Admissions by Treatment Need, FY 2023



- » 98.3% of admissions were identified as having an aggression management treatment need.
  - › Intensive is more rigorous compared to prescriptive, which is delivered individually as needed.
- » 89.9% of admissions were identified as having a substance use treatment need.
  - › Track I is for youth meeting the DSM criteria for substance use disorder and in need of intensive services.
  - › Track II is for youth who have experimented with substances but do not meet the DSM criteria for substance use disorder.
- » 6.2% of admissions were identified as having a sex offender treatment need.
  - › Youth requiring inpatient or mid-level treatment services receive individual, group, and family therapy within specialized units. In FY 2023, 4.5% of admissions had an inpatient and 0.6% had a mid-level sex offender treatment need.
  - › Youth identified as having a prescriptive sex offender treatment need are given treatment individually, as needed. In FY 2023, 1.1% of admissions had a prescriptive sex offender treatment need.

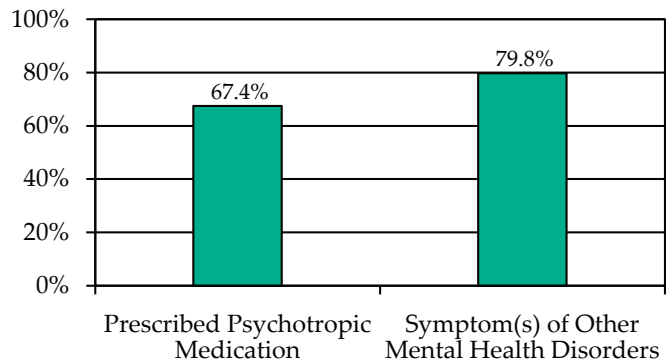
### Admissions by Symptoms of Select Mental Health Disorders, FY 2023\*



\* Disorder data include youth who appear to have significant symptoms of a mental health disorder according to diagnostic criteria in the DSM.

- » 95.5% of admissions appeared to have at least one symptom of ADHD, CD, ODD, or substance use disorder.

### Admissions by Prescribed Psychotropic Medication and Symptoms of Other Mental Health Disorders, FY 2023\*



\* Medication data include past, current, and newly prescribed psychotropic medication at the time of admission. The data include stimulant medication and exclude sleep medication.

\* Disorder data include youth who appear to have significant symptoms of a mental health disorder according to diagnostic criteria in the DSM. ADHD, CD, ODD, and substance use disorder are excluded.

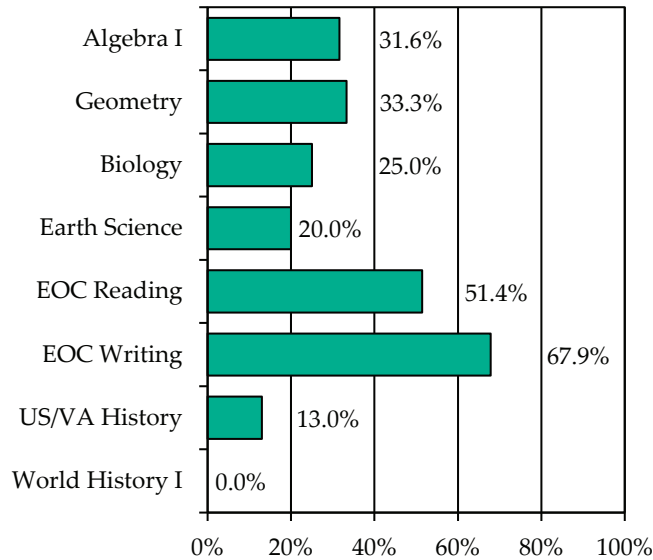
- » The majority (67.4%) of admissions were prescribed psychotropic medication at some point in their lives.
- » 36.0% of admissions had current or newly prescribed psychotropic medication at the time of admission.
- » The majority (79.8%) of youth appeared to have significant symptom(s) of a mental health disorder at the time of admission, excluding those disorders listed in the second caveat.





## Education

### SOL Pass Rates, SY 2022-2023\*



\* Youth are counted multiple times if they failed the initial test and pass the retest or WorkKeys exam. Multiple failed tests within the same testing window are only counted once.

\* EOC Reading and EOC Writing include WorkKeys exams. WorkKeys exams are an alternative testing option for students who have failed the EOC Reading or EOC Writing SOL twice, either at their current school or previous school. The WorkKeys exams allow students to earn verified credits for graduation.

» The highest pass rate was in EOC Writing (67.9%).

### Virginia High School Diplomas and GED® Certificates Earned, SY 2021-2022 and SY 2022-2023

Type	2021-2022	2022-2023
Advanced Studies Diploma	1	0
Standard Diploma	7	24
Applied Studies Diploma	2	1
GED® Certificate	12	9
<b>Total</b>	<b>22</b>	<b>34</b>

» During SY 2022-2023, 25 youth earned Virginia high school diplomas and 9 youth earned GED® certificates.

» During SY 2022-2023, 80.6% of eligible high school seniors graduated. (The graduation rate calculation was changed in SY 2021-2022 to align with the methodology of surrounding public schools. Therefore, rates are not comparable to reports prior to FY 2022.)

### CTE Credentials, SY 2022-2023\*

Course	Assessment	Pass Rate 2022-2023
Introduction to Culinary Arts	Certified Kitchen Cook	83.3%
Culinary Arts I	ProStart: Level 1	75.0%
Advertising and Design I	SkillsUSA®	45.5%
Advertising and Design II		
Entrepreneurship		
Economics and Personal Finance	W!SE	81.8%

\* Some courses have low enrollment numbers, and pass rates may be influenced by only a few students.

\* Youth may be released from direct care or change classes, preventing them from completing a CTE course.

» During SY 2022-2023, six youth took the Certified Kitchen Cook assessment, eight took the ProStart: Level 1 assessment, 11 took the SkillsUSA® Customer Service Exam, and 22 took the W!SE Financial Literacy Certification Test.

### Post-Secondary Programs at Reynolds Community College, SY 2022-2023\*

Type	Enrolled	Completed
Total Student Enrollment	15	11
Total Course Enrollment	28	18
College Success Skills	9	5
Introduction To Business	10	5
Entrepreneurship	9	8

\* Youth may be released from direct care or change classes, preventing them from completing a course.

\* During SY 2022-2023, no youth enrolled in courses at the University of Virginia or Virginia Commonwealth University.

» 15 youth enrolled in 28 college courses at Reynolds Community College; 11 youth completed 18 courses, earning a total of 44 credits.

### Post-Secondary Certification Programs, SY 2022-2023\*

Type	Enrolled	Completed
Total Course Enrollment	60	46
CPR/First Aid	21	21
Culinary Arts	8	2
Forklift	20	12
OSHA	11	11

\* Youth may be released from direct care or change classes, preventing them from completing a course.

» 76.7% of certification programs were completed in SY 2022-2023.



## Direct Care Population on June 30, 2023

### Demographics

Demographics	Bon Air	Non-JCC	Total
<b>Race</b>			
Asian	0.0%	0.0%	0.0%
Black	68.6%	74.4%	70.7%
White	22.2%	20.9%	21.8%
Other/Unknown	9.2%	4.7%	7.5%
<b>Ethnicity</b>			
Hispanic	9.2%	9.3%	9.2%
Non-Hispanic	78.4%	86.0%	81.2%
Unknown/Missing	12.4%	4.7%	9.6%
<b>Sex</b>			
Female	8.5%	5.8%	7.5%
Male	91.5%	94.2%	92.5%
<b>Age</b>			
Under 14	0.0%	0.0%	0.0%
14	1.3%	2.3%	1.7%
15	4.6%	11.6%	7.1%
16	15.7%	20.9%	17.6%
17	22.9%	25.6%	23.8%
18	25.5%	24.4%	25.1%
19-20	30.1%	15.1%	24.7%
<b>Total Youth</b>	<b>153</b>	<b>86</b>	<b>239</b>

- » 70.7% of youth in direct care on June 30, 2023, were Black, and 21.8% were White.
- » 81.2% of youth in direct care on June 30, 2023, were non-Hispanic, and 9.2% were Hispanic. 9.6% had unknown or missing ethnicity information.
- » 92.5% of youth in direct care on June 30, 2023, were male, and 7.5% were female.
- » 49.0% of youth in direct care on June 30, 2023, were 17 or 18 years old.
- » The average age of youth in direct care on June 30, 2023, was 17.9 years.

### YASI Risk Levels

YASI Risk Level	Bon Air	Non-JCC	Total
Low	1.3%	1.2%	1.3%
Moderate	15.0%	20.9%	17.2%
High	81.0%	77.9%	79.9%
Missing	2.6%	0.0%	1.7%
<b>Total Youth</b>	<b>153</b>	<b>86</b>	<b>239</b>

- » 79.9% of youth in direct care on June 30, 2023, were high risk.

## Committing MSO Category\*

MSO Category	Bon Air	Non-JCC	Total
Arson	1.3%	0.0%	0.8%
Assault	24.8%	23.3%	24.3%
Burglary	5.2%	4.7%	5.0%
Extortion	0.7%	0.0%	0.4%
Fraud	0.7%	0.0%	0.4%
Gangs	0.0%	1.2%	0.4%
Kidnapping	1.3%	0.0%	0.8%
Larceny	10.5%	22.1%	14.6%
Murder	13.1%	2.3%	9.2%
Narcotics	0.7%	2.3%	1.3%
Parole Violation	2.0%	0.0%	1.3%
Robbery	22.2%	26.7%	23.8%
Sexual Abuse	10.5%	1.2%	7.1%
Traffic	2.0%	3.5%	2.5%
Trespass	0.7%	0.0%	0.4%
Vandalism	1.3%	3.5%	2.1%
Weapons	3.3%	8.1%	5.0%
Other	0.0%	1.2%	0.4%
<b>Total Youth</b>	<b>153</b>	<b>86</b>	<b>239</b>

\* As of FY 2022, "Narcotics" no longer includes marijuana possession offenses that are captured under the VCC prefix MRJ.

- » 24.3% of youth in direct care on June 30, 2023, were committed with assault as the committing MSO.

## Committing MSO Severity

MSO Severity	Bon Air	Non-JCC	Total
<b>DAI Ranking</b>			
Felony			
Against Persons	80.4%	69.8%	76.6%
Weapons/Narcotics Dist.	3.3%	9.3%	5.4%
Other	12.4%	16.3%	13.8%
Class 1 Misdemeanor			
Against Persons	1.3%	2.3%	1.7%
Other	0.7%	2.3%	1.3%
Parole Violation	2.0%	0.0%	1.3%
<b>VCSC Ranking</b>			
Person	73.2%	64.0%	69.9%
Property	18.3%	25.6%	20.9%
Narcotics	0.7%	2.3%	1.3%
Other	7.8%	8.1%	7.9%
<b>Total Youth</b>	<b>153</b>	<b>86</b>	<b>239</b>

- » 95.8% of youth in direct care on June 30, 2023, had a felony as the committing MSO according to the DAI ranking.
- » 76.6% of youth in direct care on June 30, 2023, had a felony against persons as the committing MSO according to the DAI ranking.
- » 69.9% of youth in direct care on June 30, 2023, had a person offense as the committing MSO according to the VCSC ranking.



## Committing Court Type\*

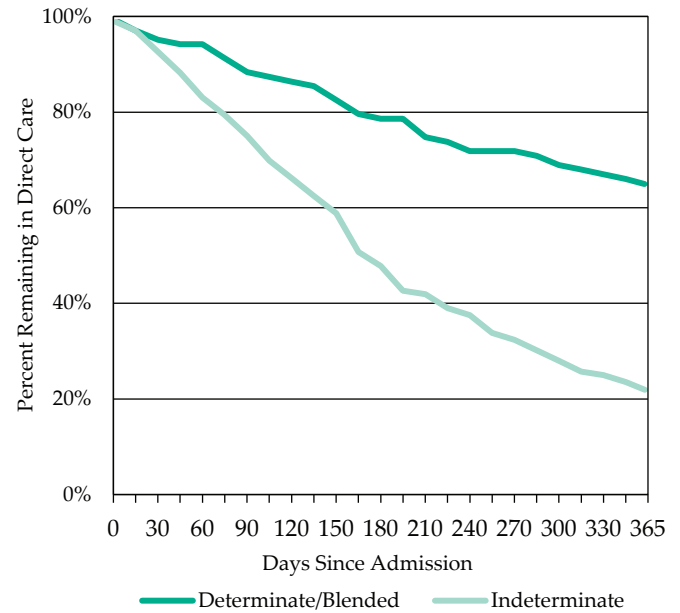
Committing Court Type	Bon Air	Non-JCC	Total
J&DR District Court	68.6%	74.4%	70.7%
Circuit Court	31.4%	25.6%	29.3%
<i>Total Youth</i>	153	86	239

\* Youth with multiple commitments for a single admission are counted once.

\* Youth committed by a J&DR district court with the commitment upheld in circuit court on appeal to circuit court are included in "J&DR District Court." There were two youth committed by a J&DR district court with the commitment upheld in circuit court on appeal in FY 2023.

- » Of the youth in direct care on June 30, 2023, 70.7% were committed by a J&DR district court and 29.3% by a circuit court.

## Time in Direct Care\*



\* This graph does not reflect youth's entire LOSs; rather, it is a one-day snapshot of the number of days youth spent in direct care from their admission date through June 30, 2023. The graph displays up to 365 days.

- » There were 103 youth in direct care with a determinate commitment or blended sentence and 136 youth with an indeterminate commitment on June 30, 2023.
- » Among youth with a determinate commitment or blended sentence, 88.3% had been in direct care for at least 90 days, and 65.0% had been in direct care for at least one year. The average time in direct care was 1.4 years.
- » Among youth with an indeterminate commitment, 75.0% had been in direct care for at least 90 days, and 22.1% had been in direct care for at least one year. The average time in direct care was 248 days.

## Commitment Type\*

Commitment Type	Bon Air	Non-JCC	Total
Blended	12.4%	1.2%	8.4%
Determinate	38.6%	27.9%	34.7%
Indeterminate	49.0%	70.9%	56.9%
<i>Total Youth</i>	153	86	239

\* Youth with multiple commitments for a single admission are counted once. If an admission is for at least one determinate commitment or blended sentence, the admission is counted as "Determinate" or "Blended."

- » 56.9% of youth in direct care on June 30, 2023, had an indeterminate commitment.
- » 43.1% of youth in direct care on June 30, 2023, had a determinate commitment or blended sentence.

## Placement Type

Placement Type	Count	%
Bon Air JCC	153	64.0%
CPPs	62	25.9%
Adm./Eval. in JDCs	23	9.6%
Individual JDC Beds	1	0.4%
Contracted Alternatives	0	0.0%
Detention Reentry	0	0.0%
<i>Total Youth</i>	239	100.0%

- » Of the youth in direct care on June 30, 2023, 64.0% were at Bon Air JCC, 25.9% were in a CPP, and 10.0% were in another alternative placement.

