

Direct Care

DJJ utilizes multiple placement options for youth in direct care. As of June 30, 2024, DJJ operates one JCC (Bon Air JCC) with an operating capacity of 208 beds. An additional 67 beds are available in the CPPs at Blue Ridge, Chesterfield, Newport News, Prince William, 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 projected LOS, recommend where the youth should be placed, and develop a CRCP.

Depending on a youth's individual needs, the 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, and apply to youth committed on or after that date.

(See Appendix 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 21st 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 vulnerability, severity of offense, treatment needs, and other factors. In addition, some designated units house youth with significant needs 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 multidisciplinary 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 also engage in extra-curricular programming that develops leadership and life skills by providing real-world opportunities and connections. Opportunities include recreational services, religious and mentoring services, incentive opportunities and events offered through PBIS, and a gang violence intervention program.



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.

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. In FY 2024, PBIS was launched facility wide at Bon Air JCC. Prior to launch, all staff received training and participated in an implementation survey to identify possible areas for improvement going forward.

Facility-wide implementation of PBIS includes 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 are taught directly and reinforced through immediate feedback using a positive reinforcement system. (See page 2 for more information on DJJ's guiding values.) To correct behavior and teach accountability, there are consistent responses across staff and settings when youth do not meet expectations.

Behavioral expectations are taught and reinforced through 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 is used to guide implementation, and the Tiered Fidelity Inventory was used to create a tool for monitoring fidelity. The Facility Implementation Leadership Team provides oversight and assesses Tier 1 fidelity.

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 ProStart® National Certificate of Achievement is an industry-recognized certificate that indicates a strong foundation in the basic management and culinary skills considered critical to success by industry leaders. Additionally, the WISE Certified Financial Literacy 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. Practices are subject to continuous progress evaluation 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 (33-40%) receive special education compared to students in Virginia public schools (12-14%). 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 education, 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 licenses, or the completion of college programs. DJJ has expanded post-secondary courses to include HVAC, plumbing, and electrical services. 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 HVAC, plumbing, 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.
- » A partnership with the RSC 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 prerelease risk assessments. Every youth has access to a BSU therapist.

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 multidisciplinary 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 makes detection and prevention of sexual abuse and sexual harassment a top priority in all facilities housing committed youth. The PREA Unit consists of an agency 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, reporting mechanisms, and maintaining professional boundaries. 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 staffed by human rights coordinators is in place at the JCC as a safeguard for youth and to provide a strong system of advocacy. 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. Human rights coordinators also serve as impartial and objective staff who conduct due process hearings for youth alleged to have committed an institutional infraction. The human rights coordinators operate independently from residential programs to provide youth with a resource to address concerns.

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 the 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, 2024, the six participating JDCs were Blue Ridge, Chesterfield, Newport News, Prince William, Shenandoah Valley, and Virginia Beach.

Additionally, some JDCs provide detention reentry programs for youth in direct care, allowing them to begin transitioning back to the community 30 to 180 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, Norfolk, Rappahannock, Richmond, and Shenandoah Valley.

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

While the JCC and JDC-contracted alternatives (e.g., admission and evaluation in a JDC, CPPs, detention reentry) 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 19 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 six regions across the Commonwealth, help develop and implement a comprehensive and collaborative reentry plan and support the transition of youth back to the community. Advocates 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:

TYSC Apartment Living: the Apartment Living Program is an eight-bed apartment-style residential program that 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 nine months.

Intercept Health: Intercept operates two eight-bed, single-family homes designed as residential programs for youth released from direct care. The average LOS is nine months.

Summit House and Summit West: Summit House serves youth ages 17.5 and older, and Summit West serves youth ages 17 and older. The programs provide an opportunity for youth to learn and practice life skills in the community. The average LOS is 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.

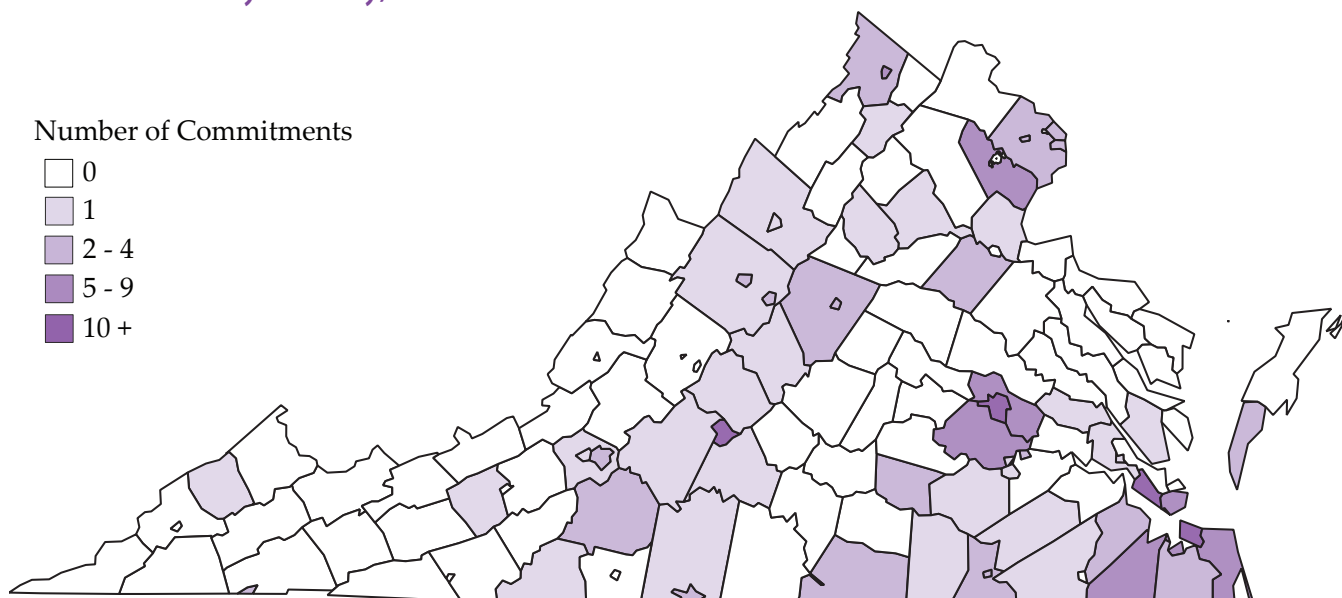
QA Unit

The QA Unit monitors the integrity and success of contracted interventions, including the RSC Service Delivery Model and JDCs that provide direct care admission and evaluation services, CPPs, and detention reentry programs. 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, provides coaching and technical assistance, and assists in developing individualized CQI plans to ensure programs align with best practices, the RNR model, and DJJ's guiding values. 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. The QA Unit is also the designated DJJ liaison to all JDCs and provides technical assistance to Bon Air JCC.

Finally, the QA Unit implements SPEP™, an evaluative tool to establish sustainable performance improvement and maximize positive youth outcomes. In partnership with Vanderbilt University, QA Unit staff have attained Level II SPEP™ Trainer certification and actively train Level I SPEP™ specialists. The QA SPEP™ teams have partnered with Bon Air JCC, CPPs, and the Rappahannock Area Office on Youth to evaluate services and provide recommendations for optimizing services for youth. The QA Unit is in the process of developing a plan for implementing SPEP™ with community providers.



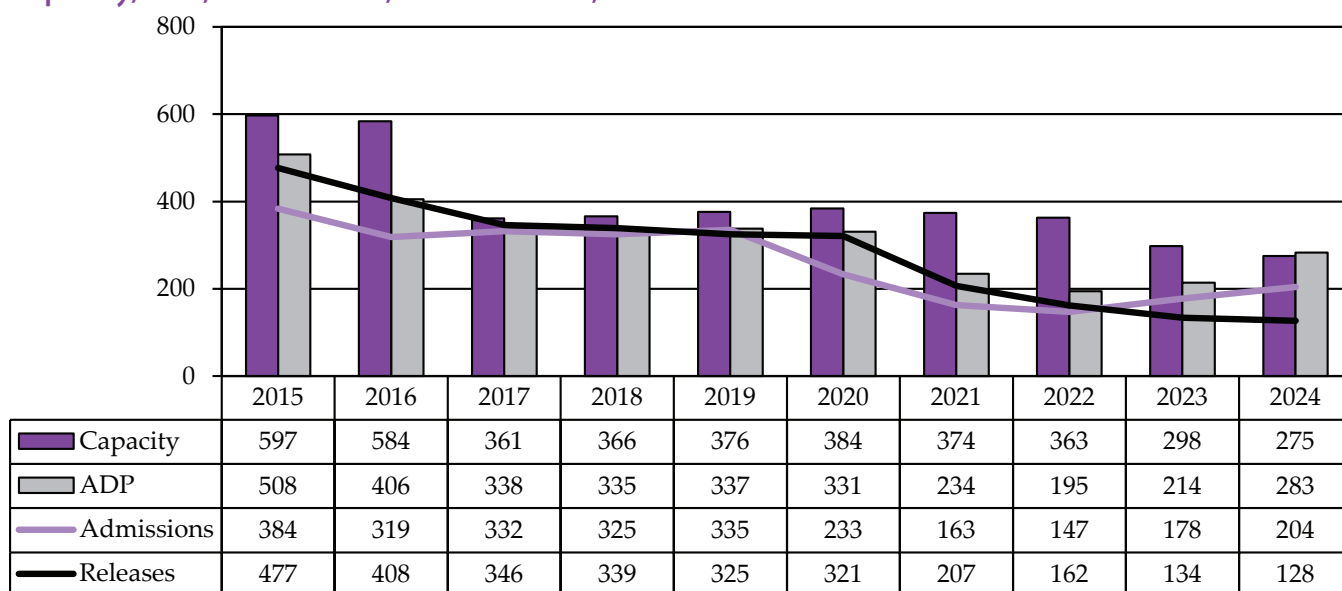
Commitments by Locality, FY 2024*



* CSU 12 had nine subsequent commitments in FY 2024; these commitments are excluded.

- » There were 202 commitments in FY 2024.
- » The city of Norfolk had the highest number of commitments (19).
- » 72 of 133 localities (54.1%) had no commitments.

Capacity, ADP, Admissions, and Releases, FY 2015-2024*



* Capacities are determined on the last day of the FY. Admission and evaluation in JDCs, contracted alternatives, detention reentry, and individual JDC beds do not have reported capacity as there are no dedicated beds.

* 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.

- » Capacity decreased 53.9% between FY 2015 and FY 2024 due primarily to facility closures.
- » ADP decreased 44.3% between FY 2015 and FY 2024. (See page 49 for capacity and ADP by facility.)
- » Admissions decreased 46.9% between FY 2015 and FY 2024.
- » Releases decreased 73.2% between FY 2015 and FY 2024.



Capacity and ADP, FY 2024*

Facility/Placement	Capacity	ADP
Bon Air JCC	208	158
Adm./Eval. in JDCs	N/A	56
CPPs	67	57
Blue Ridge	8	8
Chesterfield	8	7
Merrimac-Females	N/A	0
Merrimac-Males	N/A	0
Newport News	8	5
Prince William	8	7
Rappahannock	N/A	1
Shenandoah Valley	10	10
Virginia Beach	20	19
Contracted Alternatives	N/A	4
Detention Reentry	N/A	0
Individual JDC Beds	N/A	8
Total	275	283

* Capacities are determined on the last day of the FY. Admission and evaluation in JDCs, contracted alternatives, detention reentry, and individual JDC beds do not have reported capacity as there are no dedicated beds.

* ADPs may not add to totals due to rounding.

* 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.

* Merrimac CPP closed to youth on September 22, 2023. Although the capacity was 0 on the last day of the FY, an ADP of 0.1 is reported due to youth residing in the facility prior to closing.

* Rappahannock CPP closed to youth on December 19, 2023. Although the capacity was 0 on the last day of the FY, an ADP of 1.0 is reported due to youth residing in the facility prior to closing.

- » The ADP in FY 2024 was 283 youth.
- » In FY 2024, 55.9% of the direct care ADP was in the JCC, 20.0% was in a CPP, and 24.1% was in another alternative placement.

Admissions with Prior Successful Diversion Plans, Probation Placements, or Direct Care Admissions, FY 2022-2024*

	2022	2023	2024
Prior Successful Diversion Plans	25.9%	17.4%	24.0%
Prior Probation Placements	72.8%	67.4%	66.7%
Prior Direct Care Admissions	15.0%	10.1%	5.9%
Total Admissions	147	178	204

* 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.

- » 24.0% of admissions in FY 2024 had at least one prior successful diversion plan.
- » 66.7% of admissions in FY 2024 had at least one prior probation placement.
- » 5.9% of admissions in FY 2024 had at least one prior direct care admission.

In FY 2024, 55.9% of the direct care ADP was in the JCC, 20.0% was in a CPP, and 24.1% was in another alternative placement.

Admission Demographics, FY 2022-2024

Demographics	2022	2023	2024
Race			
Asian	0.0%	0.0%	0.0%
Black	71.4%	64.6%	72.1%
White	23.8%	23.6%	22.1%
Other/Unknown	4.8%	11.8%	5.9%
Ethnicity			
Hispanic	9.5%	13.5%	11.8%
Non-Hispanic	78.2%	79.2%	81.4%
Unknown/Missing	12.2%	7.3%	6.9%
Sex			
Female	8.2%	7.9%	6.9%
Male	91.8%	92.1%	93.1%
Age			
Under 14	0.7%	0.0%	0.0%
14	4.1%	5.6%	2.9%
15	13.6%	15.2%	16.7%
16	22.4%	24.2%	30.4%
17	45.6%	38.8%	35.8%
18	10.2%	14.6%	11.3%
19-20	3.4%	1.7%	2.9%
Total Admissions	147	178	204

- » 72.1% of admissions in FY 2024 were Black, and 22.1% were White.
- » 81.4% of admissions in FY 2024 were non-Hispanic, and 11.8% were Hispanic. 6.9% had unknown or missing ethnicity information.
- » 93.1% of admissions in FY 2024 were male, and 6.9% were female.
- » Approximately two-thirds (62.9-68.0%) of admissions since FY 2022 were 16 or 17 years of age.
- » The average age of youth admitted in FY 2024 was 17.0 years.



Admission Demographics by Commitment Type and Committing Court Type, FY 2024*

Demographics	Commitment Type		Committing Court Type	
	Determinate/ Blended	Indeterminate	J&DR District Court	Circuit Court
Race				
Asian	0.0%	0.0%	0.0%	0.0%
Black	74.1%	71.3%	71.2%	75.6%
White	22.2%	22.0%	22.1%	22.0%
Other/Unknown	3.7%	6.7%	6.7%	2.4%
Ethnicity				
Hispanic	9.3%	12.7%	12.3%	9.8%
Non-Hispanic	85.2%	80.0%	81.0%	82.9%
Unknown/Missing	5.6%	7.3%	6.7%	7.3%
Sex				
Female	1.9%	8.7%	7.4%	4.9%
Male	98.1%	91.3%	92.6%	95.1%
Age				
Under 14	N/A	0.0%	0.0%	N/A
14	1.9%	3.3%	3.7%	0.0%
15	9.3%	19.3%	19.0%	7.3%
16	31.5%	30.0%	30.7%	29.3%
17	33.3%	36.7%	36.8%	31.7%
18	14.8%	10.0%	8.0%	24.4%
19-20	9.3%	0.7%	1.8%	7.3%
<i>Total Admissions</i>	<i>54</i>	<i>150</i>	<i>163</i>	<i>41</i>

* 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 2024.

- » 26.5% of admissions were for determinate commitments or blended sentences, and 73.5% were for indeterminate commitments.
- » 79.9% of admissions were committed by a J&DR district court and 20.1% by a circuit court.
- » The average ages at admission by commitment type were as follows:
 - › Determinate/Blended – 17.4 years
 - › Indeterminate – 16.9 years
- » The average ages at admission by committing court type were as follows:
 - › J&DR district court – 16.8 years
 - › Circuit court – 17.5 years



Admissions by Committing MSO Category, FY 2024*

MSO Category	Det./Blend.	Indeterminate			Overall		
	Felony	Felony	Misd.	Total	Felony	Misd.	Total
Arson	0.0%	1.5%	0.0%	1.3%	1.1%	0.0%	1.0%
Assault	25.9%	14.7%	27.3%	15.3%	17.9%	27.3%	18.1%
Burglary	5.6%	8.8%	N/A	8.0%	7.9%	N/A	7.4%
Extortion	0.0%	0.0%	9.1%	0.7%	0.0%	9.1%	0.5%
Fraud	0.0%	5.1%	0.0%	4.7%	3.7%	0.0%	3.4%
Gangs	0.0%	1.5%	0.0%	1.3%	1.1%	0.0%	1.0%
Kidnapping	3.7%	2.2%	0.0%	2.0%	2.6%	0.0%	2.5%
Larceny	7.4%	27.9%	27.3%	27.3%	22.1%	27.3%	22.1%
Murder	20.4%	1.5%	N/A	1.3%	6.8%	N/A	6.4%
Narcotics	0.0%	4.4%	0.0%	4.0%	3.2%	0.0%	2.9%
Obscenity	0.0%	0.7%	0.0%	0.7%	0.5%	0.0%	0.5%
Obstruction of Justice	0.0%	0.7%	0.0%	0.7%	0.5%	0.0%	0.5%
Parole Violation	0.0%	0.0%	0.0%	2.0%	0.0%	0.0%	1.5%
Robbery	24.1%	16.2%	N/A	14.7%	18.4%	N/A	17.2%
Sexual Abuse	9.3%	5.1%	0.0%	4.7%	6.3%	0.0%	5.9%
Traffic	0.0%	1.5%	0.0%	1.3%	1.1%	0.0%	1.0%
Vandalism	0.0%	2.9%	9.1%	3.3%	2.1%	9.1%	2.5%
Weapons	3.7%	5.1%	27.3%	6.7%	4.7%	27.3%	5.9%
Total Admissions	54	136	11	150	190	11	204

* 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 three 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 (93.1%) were for felonies; 5.4% were for misdemeanors.
- » The highest percentage of total admissions were for larceny (22.1%).
- » 73.5% of admissions were for indeterminate commitments.
 - › The majority of admissions for indeterminate commitments were for felonies (90.7%); 7.3% were for misdemeanors.
 - › The highest percentage of admissions for indeterminate commitments were for larceny (27.3%), assault (15.3%), and robbery (14.7%).
- » 26.5% of total admissions were for determinate commitments or blended sentences.
 - › The highest percentage of admissions for determinate commitments or blended sentences were for assault (25.9%), robbery (24.1%), and murder (20.4%).



Admissions by Committing MSO, FY 2024*

MSO Severity	Determinate/ Blended	Indeterminate	Total
DAI Ranking			
Felony			
Against Persons	83.3%	59.3%	65.7%
Weapons/Narcotics Dist.	5.6%	5.3%	5.4%
Other	11.1%	26.0%	22.1%
Class 1 Misdemeanor			
Against Persons	0.0%	4.0%	2.9%
Other	0.0%	3.3%	2.5%
Parole Violation	0.0%	2.0%	1.5%
VCSC Ranking			
Person	83.3%	45.3%	55.4%
Property	13.0%	41.3%	33.8%
Narcotics	0.0%	4.0%	2.9%
Other	3.7%	9.3%	7.8%
<i>Total Admissions</i>	<i>54</i>	<i>150</i>	<i>204</i>

* 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."

» MSO by DAI ranking:

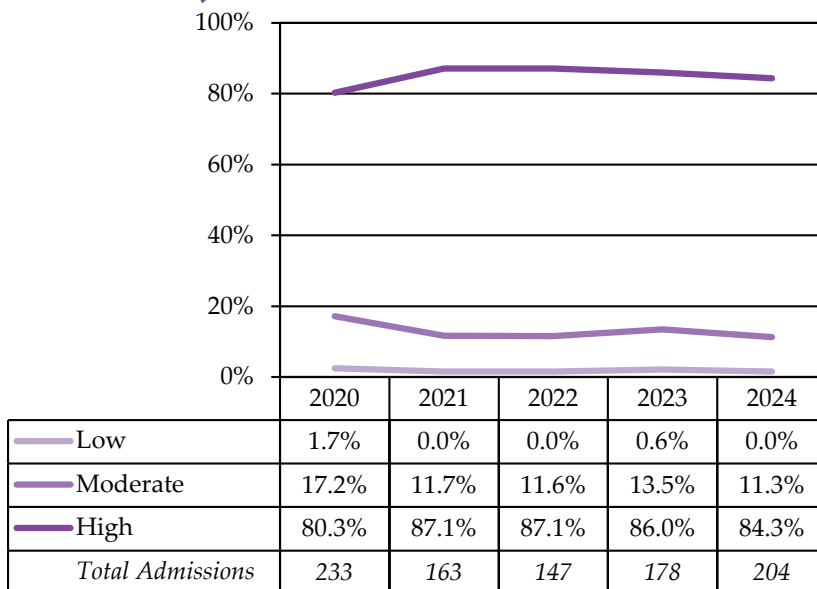
› The highest percentage of determinate or blended and indeterminate admissions were for felonies against persons (83.3% and 59.3%, respectively).

» MSO by VCSC ranking:

› The highest percentage of determinate or blended and indeterminate admissions were for person-of-fenses (83.3% and 45.3%, respectively).

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 2020-2024*



* Percentages may not add to 100% due to rounding.

* The closest YASI within 90 days of the admission date was selected.

» In FY 2024, 95.6% of admissions had a YASI completed within 90 days.

» Over 80.0% of direct care admissions were high risk between FY 2020 and FY 2024.



Admissions by Commitment Type, FY 2024*

Commitment Type	Total	%
Blended	13	6.4%
Determinate	41	20.1%
Indeterminate	150	73.5%
Total Admissions	204	100.0%

* 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.

- » In FY 2024, 73.5% of admissions were for indeterminate commitments.

Indeterminate Admissions by Assigned LOS (Months), FY 2024*

Assigned LOS	Total	%
6-9 months	0	0.0%
7-10 months	1	0.7%
8-11 months	5	3.3%
9-12 months	6	4.0%
9-15 months	1	0.7%
10-13 months	10	6.7%
11-14 months	18	12.0%
11-17 months	5	3.3%
12-15 months	13	8.7%
12-18 months	10	6.7%
13-19 months	4	2.7%
15-21 months	28	18.7%
18-24 months	31	20.7%
21-27 months	0	0.0%
21-30 months	7	4.7%
24-30 months	2	1.3%
27-36 months	0	0.0%
Treatment Override	9	6.0%
Total Admissions	150	100.0%

* 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 18-24 months was the most common for youth with indeterminate commitments, with 31 admissions (20.7%). In comparison, assigned LOSs for youth with determinate commitments or blended sentences ranged from 9.0 to 78.1 months, averaging 42.7 months.

Releases by LOS, FY 2024*

Commitment Type/ Assigned LOS	% of All Releases	Average Actual LOS (Months)	
		2015 LOS Guidelines	2023 LOS Guidelines
Blended	7.8%	31.1	
Determinate	34.4%	28.1	
Indeterminate	57.8%	15.1	10.2
3-6 months	1.6%	25.1	N/A
5-8 months	10.2%	10.1	N/A
6-9 months	13.3%	12.9	N/A
7-10 months	11.7%	13.5	N/A
9-12 months	9.4%	18.0	8.4
10-13 months	3.9%	N/A	12.1
Treatment Override	4.7%	27.3	N/A
Total Releases	128	20.4	

* Assigned LOSs for indeterminate commitments with fewer than two releases are not shown. These releases are included in the totals.

* 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 one subsequent determinate commitment.

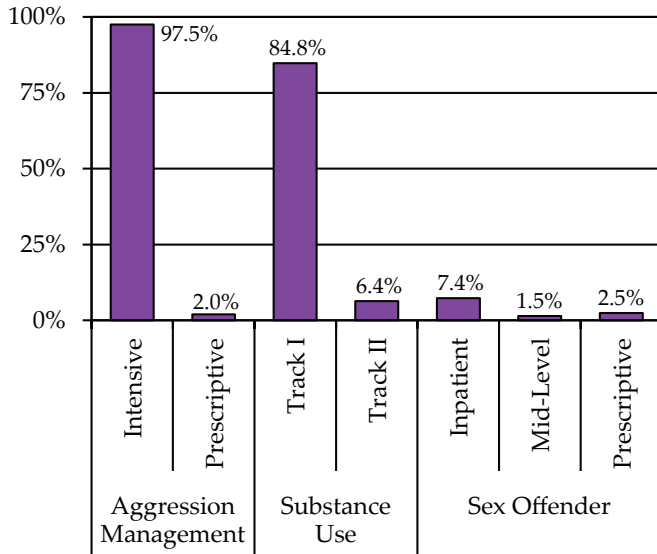
* In reports prior to FY 2022, youth with a treatment override were categorized according to the assigned LOS. Treatment overrides are now reported separately. Therefore, data are not comparable to reports prior to FY 2022.

- » The average actual LOS for all youth released in FY 2024 was 20.4 months.
- » Youth with indeterminate commitments comprised 57.8% of releases, and their average actual LOS was 14.4 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 2024, their average actual LOS was 27.3 months.
- » Youth with determinate commitments or blended sentences comprised 42.2% of releases. Their average actual LOS was 28.6 months.
- » The average age of youth released was 18.7 years.

See Appendix D for an explanation of the LOS Guidelines.

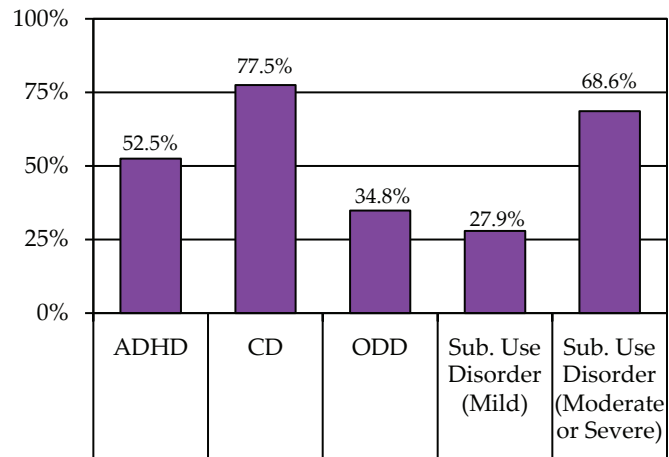


Admissions by Treatment Need, FY 2024



- » 99.5% of admissions were identified as having an aggression management treatment need.
 - › Intensive is more rigorous compared to prescriptive, which is delivered individually as needed.
- » 91.2% 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.
- » 11.3% 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 2024, 7.4% of admissions had an inpatient and 1.5% 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 2024, 2.5% of admissions had a prescriptive sex offender treatment need.

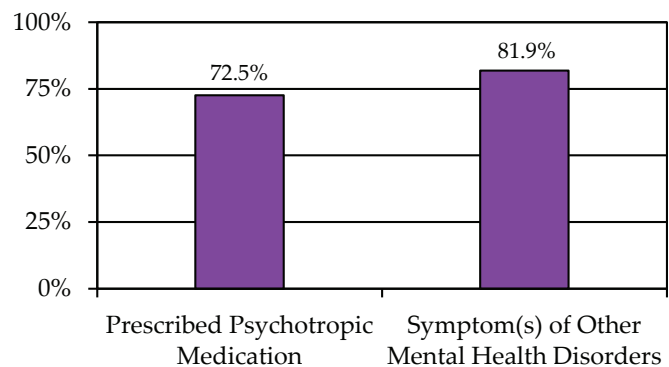
Admissions by Symptoms of Select Mental Health Disorders, FY 2024*



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

- » 93.1% 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 2024*



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

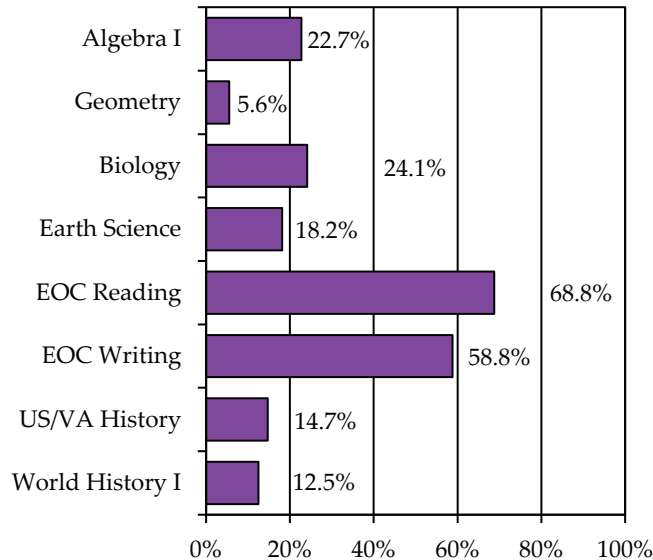
* Disorder data include youth who appear to have significant symptoms of a mental health disorder according to diagnostic criteria in the DSM. ADHD, CD, ODD, and substance use disorder are excluded.

- » The majority (72.5%) of admissions were prescribed psychotropic medication at some point in their lives.
- » 41.2% of admissions had current or newly prescribed psychotropic medication at the time of admission.
- » The majority (81.9%) 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 2023-2024*



* 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.

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

» The highest pass rate was in EOC Reading (68.8%).

Virginia High School Diplomas and GED® Certificates Earned, SY 2022-2023 and SY 2023-2024

Type	2022-2023	2023-2024
Applied Studies Diploma	1	1
Standard Diploma	24	25
GED® Certificate	9	16
<i>Total</i>	34	42

» During SY 2023-2024, 26 youth earned Virginia high school diplomas and 16 youth earned GED® certificates.

» During SY 2023-2024, 90.0% of eligible high school seniors graduated.

CTE Credentials, SY 2023-2024*

Course	Assessment	Pass Rate
Introduction to Culinary Arts	Certified Kitchen Cook	76.9%
Culinary Arts I	ProStart: Level 1	80.0%
Economics and Personal Finance	W!SE	80.0%

* Some courses have low enrollment numbers; therefore, rates may be strongly 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 2023-2024, 13 youth took the Certified Kitchen Cook Assessment, five took the ProStart: Level 1 Assessment, and 30 took the W!SE Financial Literacy Certification Test.

Post-Secondary Programs at Reynolds Community College, SY 2023-2024*

Course	Enrolled	Completed
<i>Total Student Enrollment</i>	21	18
<i>Total Course Enrollment</i>	58	51
Customer Service Management	6	6
Entrepreneurship	4	4
Introduction to Business	10	9
Orientation to Business	10	9
Sales & Marketing Management	12	11
Small Business Management	16	12

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

» 21 youth enrolled in 58 college courses at Reynolds Community College; 18 youth completed 51 courses.

Post-Secondary Certification Programs, SY 2023-2024*

Course	Enrolled	Certification
<i>Total Course Enrollment</i>	191	84
Barbering	9	1
CPR/First Aid	37	37
Culinary Arts	12	7
Electrical	5	4
Forklifting	50	3
HVAC	28	8
OSHA	18	18
Plumbing	32	6

* Youth may be released from direct care or change classes, preventing them from completing a course. Some certifications require off-campus testing, which may also prevent certification.

» 44.0% of certification program enrollments resulted in an earned certification in SY 2023-2024.



Direct Care Population on June 30, 2024

Demographics

Demographics	Bon Air	Non-JCC	Total
Race			
Asian	0.0%	0.0%	0.0%
Black	67.9%	74.3%	71.0%
White	24.7%	21.1%	22.9%
Other/Unknown	7.4%	4.6%	6.1%
Ethnicity			
Hispanic	8.6%	13.2%	10.8%
Non-Hispanic	77.2%	83.6%	80.3%
Unknown/Missing	14.2%	3.3%	8.9%
Sex			
Female	9.9%	5.3%	7.6%
Male	90.1%	94.7%	92.4%
Age			
Under 14	0.0%	0.0%	0.0%
14	0.0%	0.7%	0.3%
15	4.3%	10.5%	7.3%
16	13.0%	25.0%	18.8%
17	24.1%	27.0%	25.5%
18	30.2%	28.9%	29.6%
19-20	28.4%	7.9%	18.5%
Total Youth	162	152	314

- » 71.0% of youth in direct care on June 30, 2024, were Black, and 22.9% were White.
- » 80.3% of youth in direct care on June 30, 2024, were non-Hispanic, and 10.8% were Hispanic. 8.9% had unknown or missing ethnicity information.
- » 92.4% of youth in direct care on June 30, 2024, were male, and 7.6% were female.
- » 55.1% of youth in direct care on June 30, 2024, were 17 or 18 years old.
- » The average age of youth in direct care on June 30, 2024, was 17.9 years.

YASI Risk Levels

YASI Risk Level	Bon Air	Non-JCC	Total
Low	0.6%	0.0%	0.3%
Moderate	13.6%	14.5%	14.0%
High	85.8%	85.5%	85.7%
Total Youth	162	152	314

- » 85.7% of youth in direct care on June 30, 2024, were high risk.

Committing MSO Category*

MSO Category	Bon Air	Non-JCC	Total
Arson	1.2%	0.7%	1.0%
Assault	19.1%	21.7%	20.4%
Burglary	6.8%	7.9%	7.3%
Fraud	0.6%	3.9%	2.2%
Gangs	0.0%	1.3%	0.6%
Kidnapping	3.1%	0.7%	1.9%
Larceny	16.0%	24.3%	20.1%
Murder	12.3%	5.3%	8.9%
Narcotics	1.2%	1.3%	1.3%
Obscenity	0.0%	0.7%	0.3%
Obstruction of Justice	0.0%	0.7%	0.3%
Parole Violation	1.2%	1.3%	1.3%
Robbery	23.5%	17.1%	20.4%
Sexual Abuse	9.9%	3.3%	6.7%
Traffic	1.2%	0.7%	1.0%
Vandalism	1.2%	3.3%	2.2%
Weapons	2.5%	5.9%	4.1%
Total Youth	162	152	314

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

- » Of the youth in direct care on June 30, 2024, the most common committing MSOs were assault (20.4%) and robbery (20.4%).

Committing MSO Severity

MSO Severity	Bon Air	Non-JCC	Total
DAI Ranking			
Felony			
Against Persons	75.9%	64.5%	70.4%
Weapons/Narcotics Dist.	2.5%	6.6%	4.5%
Other	17.9%	21.7%	19.7%
Class 1 Misdemeanor			
Against Persons	2.5%	2.6%	2.5%
Other	0.0%	3.3%	1.6%
Parole Violation	1.2%	1.3%	1.3%
VCSC Ranking			
Person	70.4%	53.3%	62.1%
Property	24.7%	37.5%	30.9%
Narcotics	1.2%	1.3%	1.3%
Other	3.7%	7.9%	5.7%
Total Youth	162	152	314

- » 94.6% of youth in direct care on June 30, 2024, had a felony as the committing MSO according to the DAI ranking.
- » 70.4% of youth in direct care on June 30, 2024, had a felony against persons as the committing MSO according to the DAI ranking.
- » 62.1% of youth in direct care on June 30, 2024, 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	70.4%	80.9%	75.5%
Appeal to Circuit Court	1.2%	0.7%	1.0%
Circuit Court	28.4%	18.4%	23.6%
<i>Total Youth</i>	162	152	314

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

- » Of the youth in direct care on June 30, 2024, 75.5% were committed by a J&DR district court, 23.6% by a circuit court, and 1.0% by a J&DR district court with the commitment upheld in circuit court on appeal.

Commitment Type*

Commitment Type	Bon Air	Non-JCC	Total
Blended	11.7%	2.6%	7.3%
Determinate	32.1%	18.4%	25.5%
Indeterminate	56.2%	78.9%	67.2%
<i>Total Youth</i>	162	152	314

* 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."

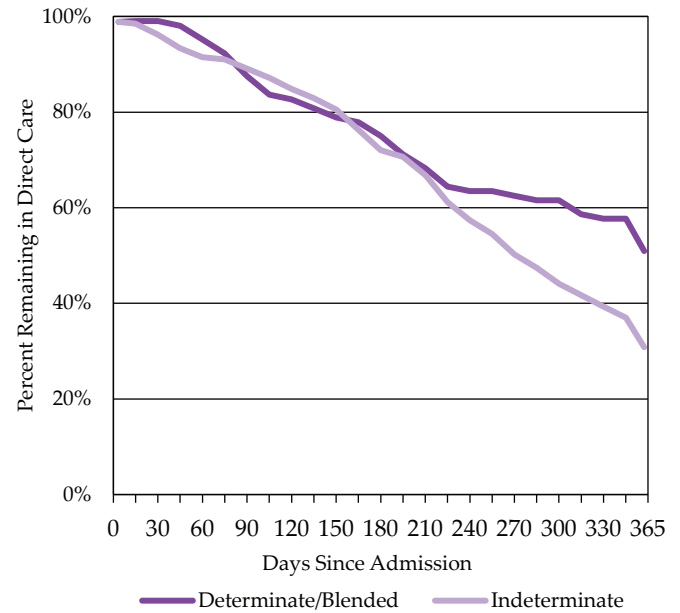
- » 67.2% of youth in direct care on June 30, 2024, had an indeterminate commitment.
- » 32.8% of youth in direct care on June 30, 2024, had a determinate commitment or blended sentence.

Placement Type

Placement Type	Count	%
Bon Air JCC	162	51.6%
Adm./Eval. in JDCs	65	20.7%
CPPs	60	19.1%
Individual JDC Beds	20	6.4%
Contracted Alternatives	7	2.2%
Detention Reentry	0	0.0%
<i>Total Youth</i>	314	100.0%

- » Of the youth in direct care on June 30, 2024, 51.6% were at Bon Air JCC, 19.1% were in a CPP, and 29.3% were in another alternative placement.

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, 2024. The graph displays up to 365 days.

- » There were 103 youth in direct care with a determinate commitment or blended sentence and 211 youth with an indeterminate commitment on June 30, 2024.
- » Among youth with a determinate commitment or blended sentence, 87.4% had been in direct care for at least 90 days, and 50.5% had been in direct care for at least one year. The average time in direct care was 1.3 years.
- » Among youth with an indeterminate commitment, 89.1% had been in direct care for at least 90 days, and 30.8% had been in direct care for at least one year. The average time in direct care was 325 days.

