Direct Care

Direct care programs are designed for juveniles committed to DJJ, ensuring that they receive treatment and educational services while in a safe and secure setting. As of June 30, 2015, DJJ operates two JCCs (Beaumont JCC and Bon Air JCC) with a combined operating capacity of 549 beds. An additional 48 beds are available in the CPPs operated at Blue Ridge, Chesapeake, Merrimac, Rappahannock, and Virginia Beach JDCs. Juveniles may also be housed in detention re-entry programs at the participating JDCs.

RDC was closed to juveniles on June 24, 2015, and intake and evaluation functions were transferred to the remaining two JCCs. Between June 10, 2015, and July 15, 2015, some juveniles admitted to direct care were evaluated in Chesterfield, James River, and Richmond JDCs.

Admission

The CAP Unit was established upon the closure of RDC. Its core functions include the receipt and review of all commitment packets as well as the intake, orientation, and evaluation phase of a juvenile's direct care stay.

A unit is dedicated at both Beaumont and Bon Air for the intake, orientation, and evaluation of juveniles newly admitted. Evaluations provided include medical, psychological, behavioral, educational/career readiness, and sociological. The evaluation process is no longer than three weeks. At the conclusion of the evaluation process, a team meets to discuss and identify juveniles' treatment and mental health needs and to determine LOS, classification level, parole plan details, and placement recommendations.

Aggression management, substance abuse, and sex offender are three mandatory or recommended treatment needs that may impact a juvenile's LOS. Although treatment needs may be assigned at any time during a commitment, they are originally designated during the evaluation process. A mandatory treatment need is assigned to address behavior directly associated with a current committing offense or a finding of guilt for a major institutional offense. A recommended treatment need is assigned based on the juvenile's offense history, a finding of guilt for an institutional offense, or a treatment need identified through the evaluation and assessment process. Indeterminately committed juveniles assigned mandatory treatment needs may be held until their statutory release date (36 continuous months or 21st birthday) if they do not complete the mandatory treatment. Juveniles assigned recommended treatment needs may be held until their LRD if they do not complete the recommended treatment. Sex offender treatment can have the greatest impact on the juvenile's LOS due to the length of the program.

Placement recommendations at the conclusion of the evaluation phase may include a referral to a CPP. If a juvenile is eligible, a referral is submitted through the case management review process, and upon approval, transfer is coordinated. The CAP Unit maintains case management responsibilities for these juveniles throughout their direct care stay. The CAP Unit partners with the CPPs as a liaison regarding case management and communication with the CSUs and provides program oversight and contract compliance. (See page 37 for additional details concerning CPPs.)

JCCs

BSU, Health Services, Food Services, and Maintenance provide support to the JCCs. The Division of Education provides educational and career readiness services to meet the needs of committed juveniles. Programs within the JCCs offer community reintegration and specialized services in a secure residential setting.

Case management and treatment staff collaborate to coordinate and deliver services for juveniles based on risk and treatment needs. These needs are met while adhering to the security requirements of the facility and delivered within a juvenile's assigned LOS. Staff facilitate groups as well as address individual needs. Progress is assessed and reviewed regularly via multidisciplinary treatment team meetings and through the classification process. Staff also work with the CSUs to provide a transition and parole plan for re-entry.

Division of Education

In 2012, House Bill 1291 and Senate Bill 678, the Governor's Omnibus Government Reform bills, abolished DCE and the Board of Correctional Education. Virginia's responsibility to provide committed juveniles with educational services was transferred to DJJ on July 1, 2012.

The Division of Education operates the Yvonne B. Miller High School as an LEA, providing educational and college and career opportunities at both JCCs. Previously operated as separate schools at each JCC, the single school system with facility campuses, established on August 20, 2012, provides an opportunity to consolidate and adapt programs for the declining population of committed juveniles. The school is staffed by administrators and teachers who are licensed by the Virginia Department of Education.

DJJ works with local school divisions to obtain juveniles' school records upon notification of commitment to DJJ. All juveniles who have not earned a high school diploma or GED® are evaluated and placed in an appropriate educational program.

Juveniles on the high school graduation track can earn credits in classes at the middle school or high school level. In addition, juveniles who are 18 years of age or older may enroll in classes that will prepare them to participate in GED® testing. The Division of Education also offers the opportunity for juveniles to earn certificates and/or credentials through CTE courses and post-secondary education. Each program is designed to provide juveniles with job and employability skills that will allow them to obtain and maintain employment when released from the facilities.

BSU

BSU is the organizational unit responsible for providing clinical treatment services to juveniles at the JCCs. The primary services provided by BSU staff include mental health, aggression management, substance abuse, and sex offender treatment, as well as intake psychological evaluations and pre-release risk assessments.

Mental Health Services: BSU conducts comprehensive psychological evaluations of all juveniles committed to DJJ. At each facility, BSU 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. JCCs have ISU beds for juveniles whose mental health needs do not allow them to function effectively in the general population of the facilities. Risk assessments are completed for all serious and major offenders when they are considered for release.

Aggression Management Treatment: Aggression management treatment services are provided in both specialized units and in the general population from multidisciplinary treatment teams consisting of mental health professionals, counselors, and security staff. Juveniles must complete core objectives that address anger control, moral reasoning, and social skills as well as demonstrate aggression management in their environment. Depending on individual needs, treatment completion generally requires approximately four months. Beginning in FY 2014, Bon Air JCC began piloting modified DBT with juveniles exhibiting aggression management difficulties, with one housing unit for males and one housing unit for females. Modified DBT is a treatment program that was originally designed to help people who engage in self-harm but 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 Abuse Treatment: Cognitive-behavioral substance abuse treatment services are provided in specialized treatment units and in the general population. 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. Depending on individual needs, completion of substance abuse treatment services requires five weeks to six months.

Sex Offender Treatment: Cognitive-behavioral sex offender evaluation and treatment services are provided in specialized treatment units and in the general population. Juveniles in sex offender treatment units receive intensive treatment from a multidisciplinary treatment team that includes a unit manager, counselor, psychologist, and social worker. Specialized sex offender treatment units offer an array of services, including individual, group, and family therapy. Each juvenile receives an individualized treatment plan that addresses programmatic goals, competencies, and core treatment activities. Successful completion of sex offender treatment may require 6 to 36 months depending on treatment needs, behavioral stability, and motivation of the juvenile. The median treatment time is approximately 18 months.

Other Programs

DJJ provides additional programming that promotes public safety and accountability through the implementation of a continuum of services for a successful transition and reintegration into the community. A selection of these programs are described below:

DMV2Go: When juveniles are released from direct care, they often face barriers in gaining employment, housing, and access to services due to the absence of an official state-issued picture identification. In order to resolve this issue and provide juveniles with a better chance of success upon release, DJJ partnered with DMV to bring their mobile office to the JCCs on a regular basis to provide state-issued picture identification to juveniles in direct care.

Medicaid Pre-Application: In preparation for re-entry, DJJ partnered with DMAS, DSS, and local departments of social services to allow juveniles 18 years and older to submit a pre-application for Medicaid services up to 45 days prior to release to the community.

Mentoring Program: The Mentoring Program seeks to match positive adults from the community with juveniles in direct care. Juveniles are paired with mentors from their home community while the juvenile is committed, and the relationship continues through release to the community. The mentor-mentee match is supervised by DJJ staff, and the match is terminated upon release from parole supervision. Mentors must undergo background investigations and participate in a training developed in collaboration with the Virginia Mentoring Partnership.

MHSTPs: For those juveniles with mental health needs, the counselor, BSU therapist, health services staff, PO, juvenile, juvenile's family, and community services providers collaborate to develop an MHSTP for the juvenile to provide a continuum of care for mental health services between the facility and community.

Oak Ridge Program: The Oak Ridge Program serves juveniles with low intellectual functioning. The target population is males with an IQ score of 78 or below, no more than one Woodcock-Johnson score above fourth grade, low adaptive functioning, and any age and classification level. Oak Ridge formerly operated as a JCC, but relocated in March 2013 to an autonomous housing unit in Beaumont JCC. During FY 2015, juveniles in the Oak Ridge Program were gradually integrated with the general population at Beaumont JCC for educational services and other programming while retaining specialized housing.

REACH: DJJ's behavior management program used in the JCCs involves the concepts of REACH. The program provides juveniles with the knowledge, skills, and abilities necessary for rehabilitation, positive growth, and behavioral change by focusing on reinforcing desired behaviors, tracking inappropriate behaviors, providing feedback, and using a system of phases through which juveniles can advance.

WERP: The purpose of WERP is to afford juveniles opportunities to successfully transition back to the community by providing employability, life, and transitional living skills as well as job placement in the community. Wages earned by WERP participants are initially used to pay any restitution, fines, or court costs, with any remaining wages credited to the juveniles' accounts. DJJ continuously evaluates and adjusts the program protocols for providing education and work experience outside the JCC to promote public safety in the community.

CTM Program

Beginning in May 2015, the JCCs began implementing the CTM to promote juvenile rehabilitation while decreasing inappropriate behaviors during commitment. The main tenets of the model include highly structured, meaningful, therapeutic activities; consistent staffing in each housing unit; and consistent juveniles in each housing unit. Juveniles and staff have check-in meetings three times per day and can call additional circle-up meetings as needed in order to address concerns or accomplishments of the unit. In doing so, juveniles and staff can foster meaningful relationships and provide each other with mutual support and motivation. Security staff positions were changed from Correctional Model titles and roles (e.g., Major, Sergeant, JCO) to CTM titles and roles (e.g., Community Manager, Resident Specialist) to reflect the change in responsibilities. (See page 73 for staffing details.) Staff teams receive intensive training before starting the CTM program in their housing unit; as one unit is trained at a time to ensure fidelity to the program guidelines, the complete transformation of both JCCs is estimated to take approximately two years. Meanwhile, REACH continues to operate in those units that have not yet transformed to the CTM.

Health Services

The Health Services Unit provides quality healthcare services to juveniles in the JCCs. DJJ maintains and contracts with a staff of physicians, dentists, and nurses on-site who provide assessment, treatment, and care to meet the medical and dental needs of the juveniles. In addition, contracted psychiatrists and optometrists provide healthcare services to the juveniles. On-site staff are supplemented by a network of hospitals, physicians, and transport services to ensure all medically necessary healthcare services are consistent with community standards.

Security and Operations

Security, which involves both public safety and the safety of the juveniles and staff, is facilitated under SOPs that establish how facilities and services are to operate on a 24-hour basis. DJJ uses an objective classification system to enable staff to periodically assess juveniles' appropriate security and custody levels. Based on classification level, age, sex, vulnerability, and other factors, juveniles are assigned to appropriate housing placements. (See Appendices F and G.)

The classification level of I indicates the lowest security need, and the level of IV indicates the highest security need. All females are placed at Bon Air JCC, regardless of classification level. Males with a classification level of I or II are placed at Bon Air JCC unless they are participating in a special program at Beaumont JCC. Among males with classification levels of III or IV, most under

17 and a half years of age are placed at Bon Air JCC and most over 17 and a half are placed at Beaumont JCC.

Ombudsman Program

As a safeguard for the juveniles, a grievance process is in place in the facilities through the Ombudsman Program. The purpose of the program is to provide a strong system of advocacy for committed juveniles. The program is staffed by an agency-wide ombudsman and grievance coordinators assigned to each JCC. By monitoring conditions of confinement and service delivery systems, the program helps identify and solve problems with the potential to cause harm or impede rehabilitative efforts. It helps protect the rights of juveniles; promotes system accountability; and helps ensure safe, humane, and lawful living conditions. The ombudsman and grievance coordinators operate independently from the facilities in order to provide juveniles with an outlet for addressing issues for which they have expressed concern.

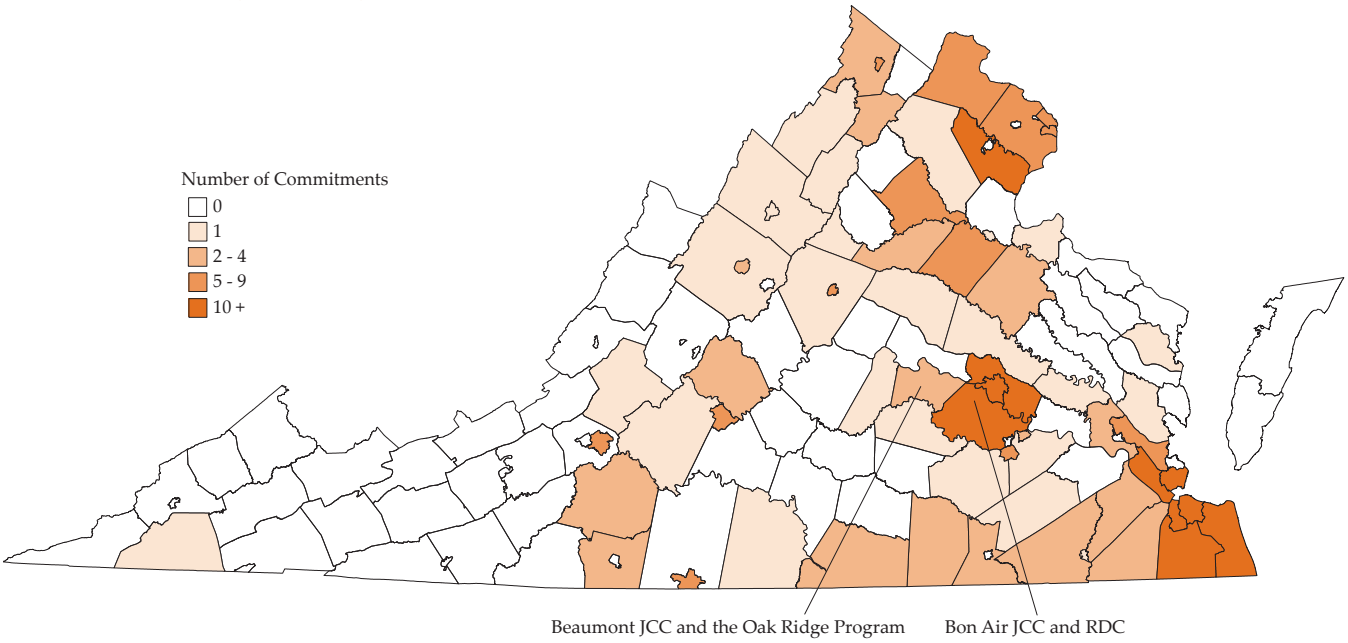
CPPs and Detention Re-Entry

CPPs are highly structured residential programs operated for committed juveniles in JDCs. A goal of the CPPs is to place juveniles closer to their home communities in smaller settings to facilitate an easier transition after release. CPPs focus on addressing specific treatment needs and risk factors and developing competency in the areas of education, job readiness, and life and social skills. Programs use YASI as the basis for case planning to address criminogenic need areas. Services focus on dynamic risk factors using cognitive behavioral techniques and are tailored to meet the individual need areas outlined in the juvenile's CRCP. Additionally, CPPs deliver aggression management and substance abuse treatment services. The target juveniles for CPPs are males between 16 and 20 years of age with assigned LOSs of 12 months or less. Juveniles are housed in units separate from the JDC population. The participating JDCs in FY 2015 were Blue Ridge, Chesapeake, Rappahannock, Merrimac, and Virginia Beach.

Additionally, some JDCs provide detention re-entry programs for juveniles in direct care, allowing them to begin transitioning back to their communities 30 to 120 days before their scheduled release date. Similar to CPPs, the programs facilitate increased visitation with families and allow for parole planning services with the assigned POs. The objectives of the program are to prepare juveniles for progressively increased responsibility and freedom, bridge services between the JCC and the community, facilitate increased family engagement, and establish relationships with targeted community support systems. These objectives are met by developing an individualized case plan, via the CRCP, that incorporates family and community involvement. Juveniles in detention re-entry are housed with the rest of the JDC population instead of in a separate unit. The following JDCs operated detention re-entry programs in FY 2015: Blue Ridge, Chesapeake, Chesterfield, Crater, Merrimac, Newport News, Norfolk, Rappahannock, Richmond, Shenandoah Valley, and Virginia Beach.

Although juveniles in CPPs or detention re-entry are housed in the JDCs, they are counted in the direct care population and not the JDC population.

Commitments by Locality, FY 2015*

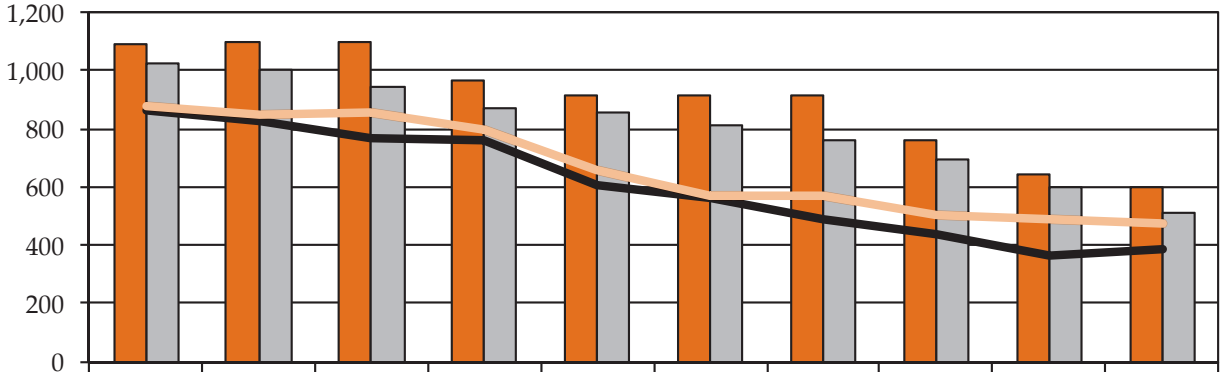


* Data are not comparable to reports prior to FY 2014 because subsequent commitments are excluded. CSUs 1, 11, and 12 had 1, 3, and 19 subsequent commitments, respectively.

» The cities of Norfolk and Newport News had the highest number of commitments (38 and 30, respectively).

» 68 localities (51.1%) had no commitments.

Capacity, ADP, Admissions, and Releases, FY 2006-2015*



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Capacity	1,091	1,096	1,098	968	917	917	917	758	642	597
ADP	1,029	1,006	945	874	859	816	758	695	599	509
Admissions	867	831	766	759	604	565	493	439	367	384
Releases	877	853	857	797	661	574	568	506	489	477

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

* Between June 10, 2015, and July 15, 2015, some juveniles 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 45.3% between FY 2006 and FY 2015.

» ADP decreased 50.5% between FY 2006 and FY 2015.

» Admissions decreased 55.7% between FY 2006 and FY 2015.

» Releases decreased 45.6% between FY 2006 and FY 2015.

Capacity and ADP, FY 2015*

Facility	Capacity	ADP On-Site	ADP Off-Site	ADP Total
JCCs				
Beaumont	258	190	1	192
Bon Air	267	212	1	213
Oak Ridge Program	24	26	0	26
RDC	0	34	1	35
JCC Total	*549*	*462*	*4*	*466*
CPPs				
Blue Ridge CPP	8	8	0	8
Chesapeake CPP	10	9	0	9
Merrimac CPP	5	0	0	0
Rappahannock CPP	8	10	0	10
Virginia Beach CPP	12	9	0	9
CPP Total	*48*	*36*	*0*	*36*
Detention Re-Entry	N/A	6	0	6
State Total	***597***	***505***	***4***	***509***

* Capacities are determined on the last day of the FY. RDC had a capacity of 40 beds before closing on June 24, 2015.

* 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.

* Detention re-entry does not have a capacity as there are no dedicated detention re-entry beds.

* Between June 10, 2015, and July 15, 2015, some juveniles admitted to direct care were evaluated in Chesterfield, James River, and Richmond JDCs. This population (ADP of less than one) is included in the state total ADP presented above; however, the temporary capacity is not included.

* In addition to reasons stated above, ADPs may not add to totals due to rounding.

» The ADP in FY 2015 was 509 juveniles. 91.6% of the ADP was in a JCC.

ADP decreased every year since FY 2006. Admissions decreased every year except in FY 2015 when admissions increased by 17 juveniles. Releases decreased every year since FY 2006 except in FY 2008 when releases increased by four juveniles.

The average age of juveniles admitted in FY 2015 was 16.8 years of age.

Admission Demographics, FY 2013-2015

Demographics	2013	2014	2015
Race			
Asian	0.5%	0.3%	0.0%
Black	65.1%	70.6%	67.2%
White	29.6%	24.8%	27.3%
Other/Unknown	4.8%	4.4%	5.5%
Ethnicity			
Hispanic	5.2%	9.5%	8.6%
Non-Hispanic	36.4%	34.1%	35.4%
Unknown/Missing	58.3%	56.4%	56.0%
Sex			
Female	9.8%	8.2%	6.8%
Male	90.2%	91.8%	93.2%
Age			
Under 14	0.9%	1.4%	1.0%
14	6.4%	6.3%	6.8%
15	13.0%	13.1%	14.8%
16	23.0%	26.7%	29.9%
17	43.5%	38.1%	33.9%
18	11.4%	13.1%	12.0%
19-20	1.8%	1.4%	1.6%
Total Admissions	*439*	*367*	*384*

» 67.2% of admissions in FY 2015 were black juveniles, and 27.3% were white juveniles.

» 35.4% of admissions in FY 2015 were identified as non-Hispanic, and 8.6% were identified as Hispanic. 56.0% were missing ethnicity information.

» 93.2% of admissions in FY 2015 were males, and 6.8% were females.

» Over half (63.8-66.5%) of admissions since FY 2013 were 16 or 17 years of age.

» The average age of juveniles admitted in FY 2015 was 16.8 years of age.

Admission Demographics by Commitment Type and Committing Court Type, FY 2015*

Demographics	Commitment Type		Court Type		
	Determinate/ Blended	Indeterminate	Appeal to Circuit Court	J&DR District Court	Circuit Court
Race					
Asian	0.0%	0.0%	0.0%	0.0%	0.0%
Black	73.4%	65.9%	64.7%	66.4%	72.4%
White	25.0%	27.8%	26.5%	28.1%	24.1%
Other/Unknown	1.6%	6.3%	8.8%	5.5%	3.4%
Ethnicity					
Hispanic	6.3%	9.1%	11.8%	8.2%	8.6%
Non-Hispanic	34.4%	35.6%	35.3%	36.0%	32.8%
Unknown/Missing	59.4%	55.3%	52.9%	55.8%	58.6%
Sex					
Female	6.3%	6.9%	2.9%	7.9%	3.4%
Male	93.8%	93.1%	97.1%	92.1%	96.6%
Age					
Under 14	0.0%	1.3%	0.0%	1.4%	0.0%
14	4.7%	7.2%	5.9%	7.9%	1.7%
15	1.6%	17.5%	23.5%	16.1%	3.4%
16	23.4%	31.3%	35.3%	29.5%	29.3%
17	39.1%	32.8%	26.5%	34.9%	32.8%
18	28.1%	8.8%	8.8%	8.9%	29.3%
19-20	3.1%	1.3%	0.0%	1.4%	3.4%
Total Admissions	*64*	*320*	*34*	*292*	*58*

* Commitment and court types are based on the initial commitment(s) and not subsequent commitments.

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

- 83.3% of admissions were for indeterminate commitments, and 16.7% were for determinate commitments or blended sentences.
- 76.0% of admissions were committed by a J&DR district court, 15.1% by a circuit court, and 8.9% by a J&DR district court with the commitment upheld in circuit court on appeal.
- The average ages at admission by commitment type were as follows:
  - Indeterminate: 16.7
  - Determinate/Blended: 17.4
- The average ages at admission by committing court type were as follows:
  - Appeal to circuit court: 16.6
  - J&DR district court: 16.7
  - Circuit court: 17.5

Admissions by Most Serious Committing Offense Category, FY 2015*

Most Serious Offense Category	Det./Blend.	Indeterminate			Overall		
	Felony	Felony	Misd.	Total	Felony	Misd.	Total
Arson	0.0%	0.7%	2.3%	0.9%	0.6%	2.3%	0.8%
Assault	17.2%	15.7%	50.0%	20.0%	16.0%	50.0%	19.5%
Burglary	3.1%	23.6%	N/A	19.7%	19.6%	N/A	16.9%
Disorderly Conduct	N/A	N/A	6.8%	0.9%	N/A	6.8%	0.8%
Escapes	0.0%	0.0%	2.3%	0.3%	0.0%	2.3%	0.3%
Extortion	0.0%	0.7%	2.3%	0.9%	0.6%	2.3%	0.8%
Failure to Appear	0.0%	0.0%	2.3%	0.3%	0.0%	2.3%	0.3%
Fraud	0.0%	1.5%	0.0%	1.3%	1.2%	0.0%	1.0%
Gangs	0.0%	1.9%	0.0%	1.6%	1.5%	0.0%	1.3%
Larceny	0.0%	19.5%	15.9%	18.4%	15.7%	15.9%	15.4%
Murder	1.6%	0.0%	N/A	0.0%	0.3%	N/A	0.3%
Narcotics	0.0%	2.6%	0.0%	2.2%	2.1%	0.0%	1.8%
Obscenity	1.6%	0.0%	0.0%	0.0%	0.3%	0.0%	0.3%
Obstruction of Justice	0.0%	1.1%	0.0%	0.9%	0.9%	0.0%	0.8%
Parole Violation	0.0%	0.0%	0.0%	2.8%	0.0%	0.0%	2.3%
Robbery	56.3%	20.2%	N/A	16.9%	27.2%	N/A	23.4%
Sexual Abuse	15.6%	7.9%	0.0%	6.6%	9.4%	0.0%	8.1%
Sexual Offense	0.0%	0.4%	0.0%	0.3%	0.3%	0.0%	0.3%
Traffic	0.0%	1.1%	2.3%	1.3%	0.9%	2.3%	1.0%
Trespass	0.0%	0.0%	2.3%	0.3%	0.0%	2.3%	0.3%
Vandalism	0.0%	2.2%	6.8%	2.8%	1.8%	6.8%	2.3%
Weapons	1.6%	0.7%	4.5%	1.3%	0.9%	4.5%	1.3%
Misc./Other	3.1%	0.0%	2.3%	0.3%	0.6%	2.3%	0.8%
Total Admissions	*64*	*267*	*44*	*320*	*331*	*44*	*384*

* Data are not comparable to previous reports because commitment types and committing offenses are based on the initial commitment(s) and not subsequent commitments.

* Juveniles with multiple commitments for a single admission are counted once. If the 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., felony, misdemeanor) that does not exist for that offense category.

* Total indeterminate and overall admissions include felonies, misdemeanors, and other offenses; therefore, the sum of felony and misdemeanor counts may not add to the total. The only "other" offenses are nine indeterminate admissions for parole violations.

- 86.2% of all admissions were for felonies; 11.5% were for misdemeanors.
- The highest percentages of total admissions were for robbery (23.4%) and assault (19.5%).
- 83.3% of all admissions were for indeterminate commitments.
  - 83.4% of indeterminate admissions were for felonies; 13.8% were for misdemeanors.
  - The highest percentages of indeterminate admissions were for assault (20.0%) and burglary (19.7%).
- 16.7% of all admissions were for determinate commitments or blended sentences.
  - The highest percentage of determinate or blended admissions were for robbery (56.3%).

Admissions by Most Serious Committing Offense, FY 2015*

Most Serious Offense Severity	Determinate/ Blended	Indeterminate	Total
DAI Ranking			
Felony			
Against Persons	92.2%	43.8%	51.8%
Weapons/Narcotics	4.7%	1.6%	2.1%
Other	3.1%	38.1%	32.3%
Class 1 Misdemeanor			
Against Persons	N/A	7.2%	6.0%
Other	N/A	6.6%	5.5%
Parole Violation	0.0%	2.8%	2.3%
Other	N/A	0.0%	0.0%
VCSC Ranking			
Person	92.2%	51.3%	58.1%
Property	1.6%	39.1%	32.8%
Narcotics	0.0%	2.2%	1.8%
Other	6.3%	7.5%	7.3%
Total Admissions	*64*	*320*	*384*

* Data are not comparable to previous reports because commitment types and committing offenses are based on the initial commitment(s) and not subsequent commitments.

* The DAI ranking of most serious offenses is not comparable to previous reports due to updates made to the categorizations to align them with VCSC rankings and the *Code of Virginia*.

* Juveniles with multiple commitments for a single admission are counted once. If the 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 cannot result in a determinate commitment or blended sentence.

» Most serious offenses by DAI ranking:

› The highest percentage of determinate admissions were for felonies against persons (92.2%).

› The highest percentages of indeterminate admissions were for felonies against persons (43.8%) and other felonies (38.1%).

› The highest percentage of total admissions were for felonies against persons (51.8%).

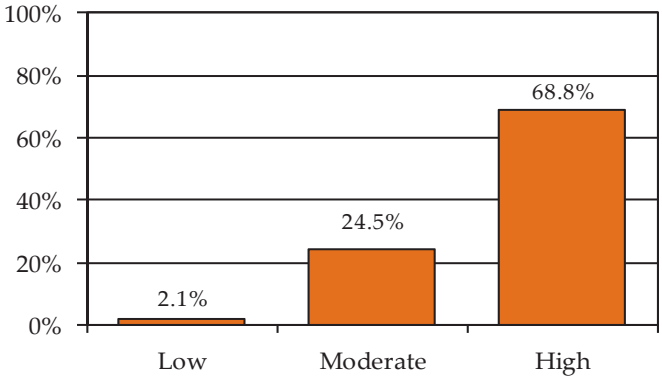
» Most serious offenses by VCSC ranking:

› The highest percentage of determinate admissions were for person offenses (92.2%).

› The highest percentage of indeterminate admissions were for person offenses (51.3%).

› The highest percentage of total admissions were for person offenses (58.1%).

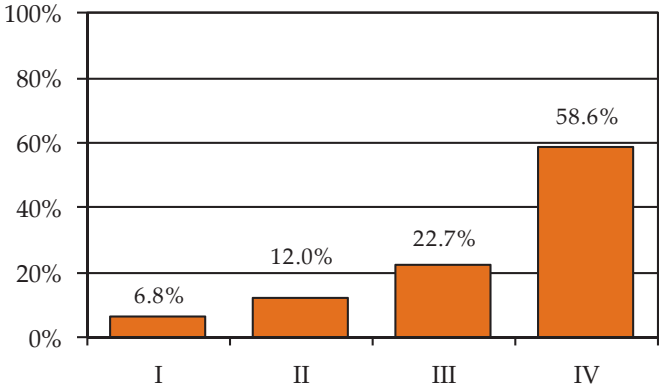
Admissions by YASI Risk Level, FY 2015*



* Percentages do not add to 100% due to missing YASI scores.

» 68.8% of admissions were high risk, 24.5% were moderate risk, and 2.1% were low risk according to the YASI.

Admissions by Initial Custody Classification Level, FY 2015

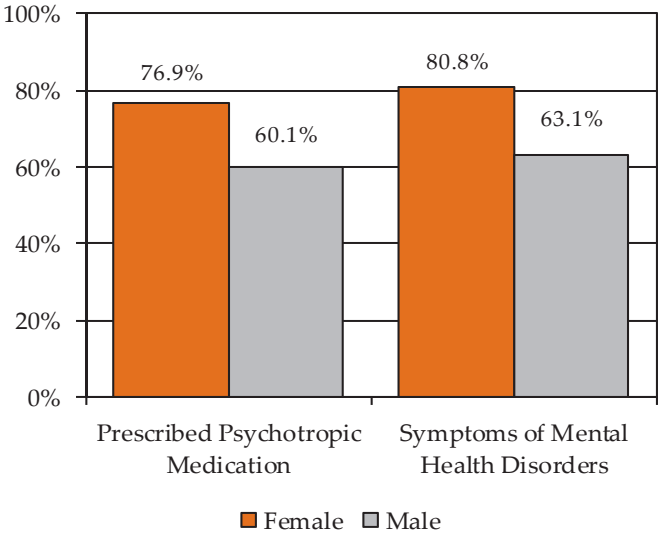


» Classification Level IV indicates the highest security need. (See pages 36-37 and Appendices F and G for details on classification levels.)

» 81.3% of admissions were classified as Level III or IV, and 18.8% of admissions were classified as Level I or II.

The majority of admissions were high risk (68.8%) and classified as Level IV (58.6%).

Admissions by Prescribed Psychotropic Medication and Symptoms of Mental Health Disorders, FY 2015*



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

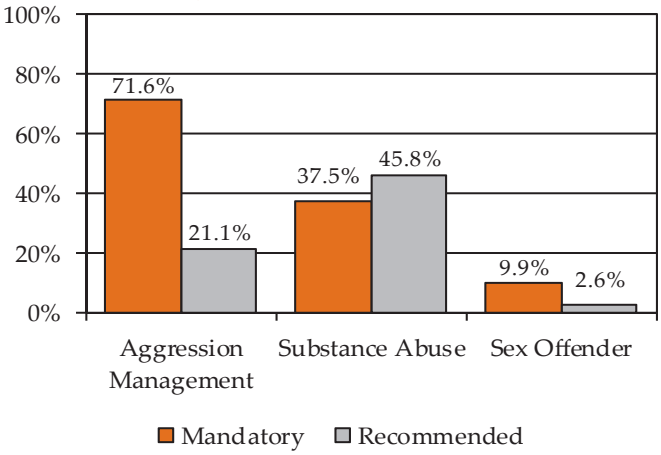
* Disorder data include juveniles who appear to have significant symptoms of a mental health disorder according to diagnostic criteria in the DSM. ADHD, CD, ODD, Substance Abuse Disorder, and Substance Dependence Disorder are not included.

* There was a small number of female admissions (26). Therefore, percentages can be strongly influenced by the status of only a few females.

- » The majority (61.2%) of admissions were prescribed psychotropic medication at some point in their lives.
- » 26.6% of admissions had current or newly prescribed psychotropic medication at the time of admission.
- » The majority (64.3%) of juveniles appeared to have significant symptoms of a mental health disorder at the time of admission, excluding those disorders listed in the caveat above.
- » A higher percentage of females (76.9%) than males (60.1%) had been prescribed psychotropic medication. A higher percentage of females (80.8%) than males (63.1%) appeared to have significant symptoms of a mental health disorder, excluding those disorders listed in the caveat above.
- » 84.4% of admissions appeared to have significant symptoms of ADHD, CD, ODD, Substance Abuse Disorder, or Substance Dependence Disorder.
  - › More males (84.9%) than females (76.9%) appeared to have significant symptoms of these disorders.
- » 53.1% of admissions had a mental health treatment need. Mental health is not a mandatory or recommended treatment need that can affect LOS.

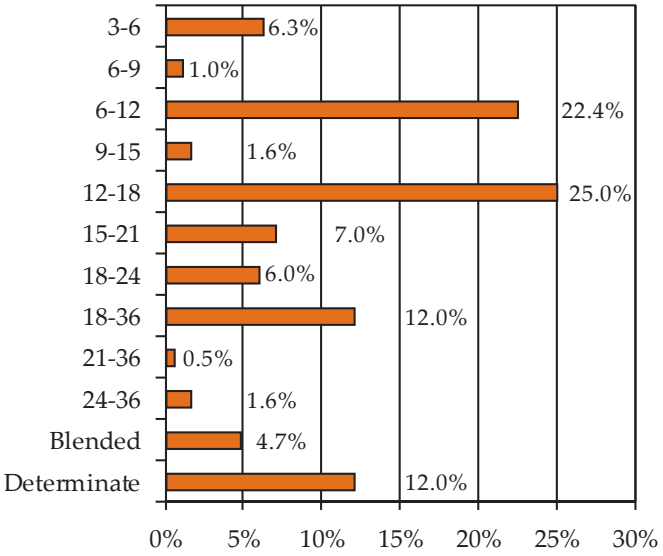
Juveniles with indeterminate commitment assigned mandatory treatment needs may be held until their statutory release date (36 continuous months or 21st birthday) if they do not complete the mandatory treatment. Juveniles assigned recommended treatment needs may be held until their LRD if they do not complete the recommended treatment. Sex offender treatment can have the greatest impact on LOS due to the length of the program.

Admissions by Treatment Needs, FY 2015



- » 92.7% of admissions had an aggression management treatment need.
- » 83.3% of admissions had a substance abuse treatment need.
- » 12.5% of admissions had a sex offender treatment need.

Admissions by Assigned LOS (Months), FY 2015*



* Data are not comparable to previous reports because commitment types are based on the initial commitment(s) and not subsequent commitments.

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

» 83.3% of admissions were for indeterminate commitments.

» Approximately half (49.0%) of admissions had an indeterminate assigned LOS of 6-12, 9-15, or 12-18 months.

The assigned LOS for an indeterminate commitment is a range of time (e.g., 6-12 months). The first number in the range represents the juvenile's ERD, and the second number represents the juvenile's LRD.

If a juvenile has a determinate commitment, the LOS is decided by the court. A juvenile with an indeterminate commitment has an LOS that is calculated by DJJ using the LOS Guidelines. (See Appendix H.)

Releases by LOS, FY 2015*

Assigned LOS Category	Releases	% of All Releases	Average Actual LOS (months)
3-6 months	24	5.0%	6.8
6-9 months	3	0.6%	6.5
6-12 months	83	17.4%	8.3
9-15 months	15	3.1%	9.4
12-18 months	121	25.4%	11.8
15-21 months	34	7.1%	12.4
18-24 months	22	4.6%	15.9
18-36 months	71	14.9%	22.1
21-36 months	8	1.7%	25.9
24-36 months	16	3.4%	29.9
Total Indeterminate	*401*	*84.1%*	*14.1*
Blended	*12*	*2.5%*	*33.6*
Determinate	*64*	*13.4%*	*28.5*

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

* Subsequent commitments are included because of their impact on actual LOS. There were 28 subsequent indeterminate commitments and one subsequent determinate commitment.

* The sum of indeterminate releases does not equal the total because four juveniles are included in the total who had subsequent commitments with an LOS category exceeding 36 months.

» The average actual LOS for all juveniles, regardless of their commitment type, was 16.5 months.

» Indeterminately committed juveniles comprised 84.1% of releases, and their average actual LOS was 14.1 months.

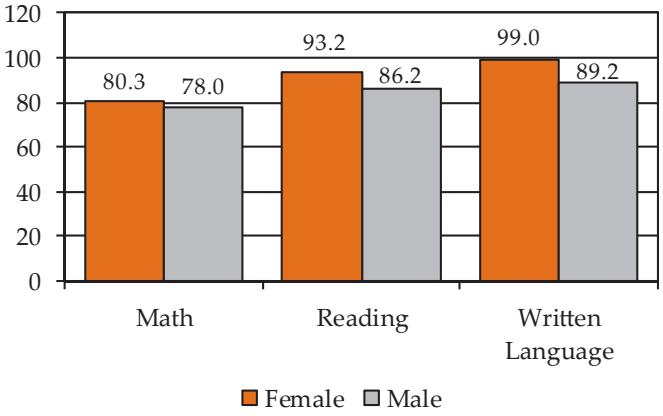
» Determinately committed juveniles comprised 13.4% of releases, and their average actual LOS was 28.5 months.

» The highest percentage (25.4%) of releases had an assigned LOS of 12-18 months, and their average actual LOS was 11.8 months.

» The average age of juveniles released was 18.1 years.

Division of Education

Educational Evaluations at Admission by Average Standard Scores, FY 2015*



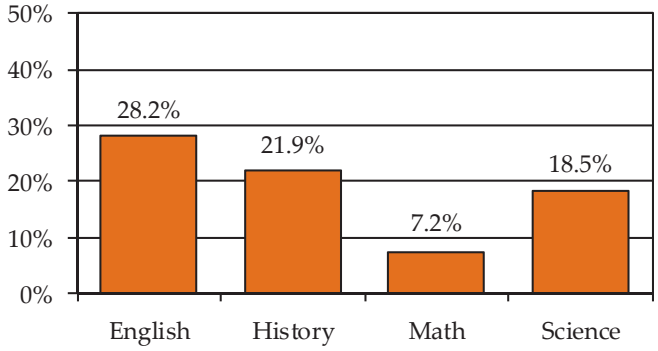
* Standard scores are not comparable to grade-equivalency scores used in previous reports. Standard scores are determined by the Woodcock-Johnson III. The average standard score of the general population is 100. Juveniles with a high school diploma, GED®, or recent testing scores are not tested at admission.

* There was a small number of female admissions with test scores (24). Therefore, averages can be strongly influenced by the scores of only a few females.

» Males and females tested approximately the same in math.

» Females tested 9.8 points higher than males in written language and 7.0 points higher in reading.

SOL Pass Rates, FY 2015*



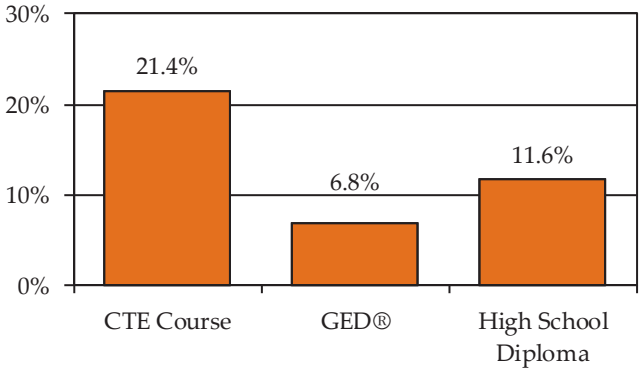
* SOL pass rates account for all juveniles who took an SOL test during the Summer 2014, Fall 2014, and Spring 2015 testing periods. Juveniles who re-tested are only counted once in the rate. If a juvenile fails the initial test and passes a re-test, he or she is counted as one pass. 365 juveniles took the English SOL test, 228 took the History SOL test, 305 took the Math SOL test, and 189 took the Science SOL test. English includes both the reading and writing tests.

* Canceled, rescinded, and successfully appealed commitments are included.

* SOL tests taken in CPPs or detention re-entry programs are not included.

» Juveniles had the highest pass rate (28.2%) on the English SOL tests and the lowest pass rate (7.2%) on the Math SOL tests.

Direct Care Releases by Educational Attainment in JCCs, FY 2015*



* In order to successfully complete a CTE course, a juvenile must complete 80% of the course, have a passing grade, and complete required classroom time.

* Data are tracked manually rather than from the electronic data management system. Juveniles with missing juvenile numbers are excluded. Canceled, rescinded, and successfully appealed commitments are included.

* Credentials earned in CPPs or detention re-entry programs are not included.

» 21.0% of releases completed a CTE course during their stay at the JCC.

» 6.8% of releases earned a GED®, and 11.6% of releases earned a high school diploma during their stay at the JCC.

High School Diplomas and GEDs® Earned in FY 2015 by Facility*

Facility	Diplomas Earned	GEDs® Earned
Beaumont JCC	36	2
Bon Air JCC	8	4
Total	*44*	*6*

* Because juveniles at Bon Air JCC are typically younger than high school graduation age, fewer juveniles earn diplomas or GEDs®.

* In January 2014, the GED® test changed to an online format with revised content, contributing to a decrease in the number of juveniles who attempted and passed the test. The GED® consists of four content areas: Reasoning Through Language Arts, Mathematical Reasoning, Science, and Social Studies.

* Data are tracked manually rather than from the electronic data management system. Juveniles with missing juvenile numbers are excluded. Canceled, rescinded, and successfully appealed commitments are included.

* Credentials earned in CPPs or detention re-entry programs are not included.

» 44 juveniles earned high school diplomas, and six juveniles earned GEDs® in the JCCs during FY 2015.