Direct Care

Direct care programs are designed to ensure that juveniles committed to DJJ receive effective treatment and educational services. As of June 30, 2019, DJJ operates one JCC (Bon Air JCC) with an operating capacity of 272 beds. An additional 104 beds are available in the CPPs operated at Blue Ridge, Chesapeake, Chesterfield, Lynchburg, Merrimac, Prince William, Rappahannock, Shenandoah Valley, and Virginia Beach JDCs. Juveniles also may be housed in participating JDCs for admission and evaluation services and detention reentry programs. Contracted alternative placements also serve juveniles in direct care.

Transformation

In recent years, DJJ has conducted assessments to ensure that it is using its resources effectively and getting the best outcomes for the juveniles, families, and communities it serves. In response to these assessments, DJJ developed the Transformation Plan. (See pages 2-3 for details.)

Admission

The CAP Unit was established upon the closure of RDC. The unit's core functions include the receipt and review of all commitment packets as well as the coordination of the admission, orientation, and evaluation process.

Juveniles admitted to direct care are evaluated at either a JCC or JDC for approximately three weeks. The process includes medical, psychological, behavioral, educational and career readiness, and sociological evaluations. A team meets to discuss and identify juveniles' treatment and mental health needs, determine LOS and placement recommendations, and develop a reentry plan.

Juveniles may be assigned to one or more treatment programs, including aggression management, substance abuse, and sex offender treatment, depending on the juveniles' individual needs. Although treatment needs generally are identified during the evaluation process, a juvenile can be reassessed at any time while committed.

Placement recommendations at the conclusion of the evaluation process may include a referral to a CPP or other alternative placement. 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 and acts as a liaison between the CPPs, other alternative placements, and CSUs. In addition, the QA Unit provides program oversight and contract compliance monitoring. (See pages 47-48 for additional details concerning CPPs.)

LOS Guidelines

The current LOS Guidelines took effect on October 15, 2015. The assigned LOS for an indeterminate commitment is a calculated range of time (e.g., 6-9 months); the first number in the range represents the juvenile's ERD, and the second number represents the juvenile's LRD. Juveniles' projected LOSs are calculated using their assessed risk level on the YASI and the MSO for the current commitment.

The LOS Guidelines were developed to promote accountability and rehabilitation by using data-driven decision-making to support juveniles' successful reentry from commitment to the community. These guidelines provide consistency while allowing reasonable flexibility in accommodating case differences and treatment needs. In addition, the LOS Guidelines help DJJ better align with national norms and best practices. The current guidelines apply to all juveniles admitted with an indeterminate commitment to DJJ as of October 15, 2015, while the previous guidelines applied to all juveniles admitted with an indeterminate commitment to DJJ before the effective date.

Indeterminately committed juveniles may not be held past their statutory release date (typically 36 continuous months or 21st birthday). If a juvenile is committed for violating the terms of probation, the underlying MSO is used in determining the projected LOS. If a juvenile is determined to need inpatient sex offender treatment services, the juvenile is not assigned a projected LOS. Juveniles who receive a treatment override are eligible for consideration for release upon completion of the designated treatment program. Juveniles may be assigned other treatment needs as appropriate, but they are not required to complete those treatment programs to be eligible for consideration for release. (See Appendix F.)

JCC Programs

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

Case management and treatment staff collaborate to coordinate and deliver services for juveniles based on risk

and treatment needs. Staff facilitate groups as well as 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, Food Services, and Maintenance provide support to JCC operations. The Division of Education provides educational and career readiness services to meet the needs of committed juveniles.

CTM

In May 2015, the JCCs began implementing CTM as a way to support juvenile rehabilitation while decreasing inappropriate behaviors during commitment. Given that many juveniles in state custody have experienced significant exposure to adverse childhood experiences, CTM integrates elements of trauma-informed care to promote the development of healthy resiliency and improve self-regulation, decision-making, moral reasoning, and skill-building. The main tenets of the relationship-oriented model include conducting therapeutic structured activities, maintaining consistent staffing in each housing unit, and keeping juveniles in the same unit throughout their stays. CTM uses a blend of positive peer culture and group processing, including meetings and interactions between staff and juveniles, to address concerns and accomplishments within the unit. In doing so, staff develop treatment-oriented relationships with the juveniles while acting as advocates.

As part of CTM, juveniles progress through a phase system (Phases I to IV) with clearly defined behavioral expectations. Juveniles receive additional expectations, responsibilities, and privileges with each phase. Juveniles who reach higher phases can earn off-campus trips and furloughs.

In order to reflect the change in staff responsibilities, most 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, community coordinator, RS). (See page 101 for staffing details.) Staff teams received intensive training before implementing CTM in their housing units. All housing units at Bon Air JCC currently operate under CTM.

Division of Education

The Division of Education operates the Yvonne B. Miller High School and Post-Secondary Programs to provide education for middle school, high school, and post-secondary students. The school is staffed by administrators and teachers who are licensed by VDOE. The Division of Education also provides college and career training opportunities at the JCC.

Juveniles are admitted to direct care at various points in their academic careers; some are deficient in one or more educational areas at the time of admission. 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 high school equivalency credential are evaluated and placed in an appropriate educational program. The Division of Education uses a Personalized Learning Model to meet students' unique needs. Teachers provide instruction aligned with the SOLs and actively track students' progress.

The Division of Education offers an array of high school completion routes that include an Advanced Studies Diploma, Standard Diploma, Applied Studies Diploma, Penn Foster High School Diploma, or GED®. Additionally, the Division of Education provides opportunities for juveniles who have obtained a high school diploma or GED® to obtain certificates, credentials, and/or college course credits. Since SY 2017-2018, juveniles from a housing unit stay together for content courses and move for electives based on individual diploma needs to align with CTM.

The Division of Education offers a range of VDOE-recognized CTE courses and pathways and applicable certification and credentialing opportunities. These offerings prepare juveniles for productive employment while simultaneously meeting the Commonwealth's need for well-trained and industry-certified technical workers. For example, the WRS credential is an indicator to post-secondary educators, businesses, and industries that students understand universal workplace behaviors and expectations. The W!SE financial literacy credential is closely aligned to the required economics and personal finance course for all students.

The Division of Education utilizes the VTSS framework that aligns 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 sound, data-based instructional decisions for students. Over the past year, the Division of Education implemented Tier 1 of PBIS, the behavioral component of VTSS. PBIS identifies proactive strategies for defining, teaching, and supporting appropriate student behaviors to create a positive classroom and school environment. The Division of Education is also in early implementation stages

of Tier 1 of RTI, a multi-tier approach to the early identification and support of students with learning or behavior needs. The RTI process begins with high-quality instruction and universal screening of all students in the general education classroom.

More students at Bon Air JCC (43-47%) receive special education services compared to students in Virginia public schools (10-12%). The Yvonne B. Miller High School is in early implementation stages of I'm Determined!, a state-directed project funded by VDOE that focuses on providing students with disabilities direct instruction and opportunities to practice skills associated with self-determined behavior. In addition, the Division of Education will incorporate MOVE, a component of I'm Determined!, which empowers black males with disabilities to overcome barriers, become self-determined, graduate college, and develop career readiness skills by engaging in activity-based learning with mentors. I'm Determined! is important for students with disabilities because students with high levels of self-determination are more likely to experience greater post-secondary outcomes.

The Division of Education also provides post-secondary career and college readiness opportunities for juveniles. Post-secondary courses are geared toward the attainment of industry certifications, credentials, or college course completion. Vendors provide programs that award industry certifications. College courses are taught via partnerships with local community colleges and universities. The Division of Education also established partnerships with the nine CPPs to support programming for the post-secondary juveniles in CPPs. The Division of Education provides resources tailored to individual CPP needs such as laptops, tuition, tablets, cosmetology kits, and certificate and credentialing opportunities.

BSU

BSU is the organizational unit responsible for providing clinical treatment services to juveniles at the JCC. The primary services provided by BSU staff include treatment for mental health issues, aggression, substance abuse, and sex offenders, as well as psychological evaluations and pre-release risk assessments. To align with CTM, a BSU therapist is assigned to each housing unit.

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. Risk assessments are completed for all serious offenders, major offenders, sex offender special decision cases, and other special decision cases by request.

Aggression Management Treatment: BSU provides aggression management treatment services in all units by mental health professionals and counselors. Intensive treatment is group-oriented and more rigorous compared to prescriptive treatment, which is delivered individually as needed. 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. In FY 2014, Bon Air JCC began piloting modified DBT in some units with juveniles exhibiting aggression management difficulties. Modified DBT is a treatment program 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: BSU provides cognitive-behavioral substance abuse treatment services in all units. Track I is for juveniles meeting DSM criteria for substance use disorder and in need of intensive services. Track II is for juveniles who have experimented with substances but do not meet the DSM criteria for substance use disorder. 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: BSU provides cognitive-behavioral sex offender evaluation and treatment services in specialized treatment units and in the general population. There are three levels of treatment: inpatient, mid-level, and prescriptive. Juveniles requiring inpatient or mid-level treatment services receive individual, group, and family therapy within specialized units. Prescriptive treatment is delivered individually, as needed. Juveniles in sex offender treatment units receive intensive treatment from specially trained therapists as part of a specialized multi-disciplinary treatment team that includes a community coordinator, counselor, and unit staff. Each juvenile 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 juvenile's treatment needs, behavioral stability, and motivation.

Health Services

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

PREA

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 juveniles. All DJJ staff members are responsible for making DJJ facilities safe and preventing, detecting, and reporting sexual abuse and sexual harassment. This effort begins with staff members being respectful of juveniles and supporting a culture that does not tolerate sexual abuse or sexual harassment. Staff receive extensive training on how to identify behaviors that put juveniles at risk and how to respond. Staff members and juveniles also are given multiple ways to report sexual abuse or sexual harassment. In addition, positions were added to the PREA Unit in order to provide adequate technical assistance to alternative placements that house committed juveniles. The Board of Juvenile Justice and DJJ have a zero tolerance policy toward any incident involving the sexual abuse or sexual harassment of a juvenile.

Human Rights Coordinators

A grievance program is in place at the JCC as a safeguard for residents and to provide a strong system of advocacy. The program is staffed by human rights coordinators. By monitoring conditions of confinement and service delivery systems, the program helps identify and solve problems that may harm or impede rehabilitative efforts; helps protect the rights of juveniles; promotes system accountability; and helps ensure safe, humane, and lawful living conditions. The human rights coordinators and their management team operate independently from the JCC in order to provide juveniles with a resource to address concerns. The human rights coordinators also facilitate regular meetings with the SGA, further ensuring that residents' voices are heard.

Reentry

With the shorter LOSs under the current LOS Guidelines, it is important to coordinate the reentry process for juveniles more efficiently and effectively. To meet this need, DJJ has five reentry positions, each serving one of the five regions across the Commonwealth, to assist committed juveniles and their families in preparing for the juvenile's transition back to the community. Reentry advocates provide support and guidance in the areas of employment, education and career planning, linkage to human service agencies, and obtaining identification documents.

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 is described below:

DMV Connect: When juveniles are released from Bon Air JCC, they often face barriers to gaining employment, housing, and access to services due to the absence of official state-issued photo identification. In order to resolve this issue and provide juveniles with a better chance of success upon release, DJJ partners with DMV to bring their mobile office to the JCC on a regular basis to provide state-issued photo identification to juveniles.

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

MHSTPs: For qualifying juveniles in direct care with mental health, substance use, or other therapeutic needs, a team of direct care staff, medical and mental health professionals, the PO, service providers, family members, and the juvenile 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 juvenile transitions from direct care to the community.

CPPs and Detention Reentry

CPPs are residential programs operated for committed juveniles in JDCs. A goal of the CPPs is to place juveniles in smaller settings closer to their home communities to facilitate a smoother transition after release and to enhance family engagement. CPPs focus on positive youth development and increasing competency in areas of education, vocational preparation, life and social skills, thinking skills, employability skills, and anger manage-

ment. 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 juvenile's CRCP. Additionally, CPPs deliver aggression management and substance abuse treatment services. Juveniles are housed in units separate from the JDC population. The nine participating JDCs in FY 2019 were Blue Ridge, Chesapeake, Chesterfield, Lynchburg, Merrimac, Prince William, Rappahannock, Shenandoah Valley, and Virginia Beach. A tenth CPP for females was in the implementation phase in FY 2019 at Northern Virginia JDC.

Additionally, some JDCs provide detention reentry programs for juveniles 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. 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 an individualized case plan, driven by the YASI, that incorporates family and community involvement. Juveniles in detention reentry are housed with the rest of the JDC population instead of in a separate unit. New contracts for detention reentry were established January 1, 2019, with the following JDCs: Blue Ridge, Crater, Merrimac, Norfolk, Rappahannock, Richmond, Shenandoah, and Virginia Beach.

Although juveniles in CPPs and detention reentry are housed in the JDCs, they are counted in the direct care population and not in the JDC population.

Continuum of Services

Research has demonstrated that less restrictive environments are most effective at producing successful outcomes for committed juveniles. As such, 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 juveniles in direct care, the broader continuum of services includes additional contracted secure and non-secure placement options.

In October 2016, funded in part through savings realized from the closure of facilities, DJJ contracted with two service coordination agencies, AMI and EBA, to serve as RSCs and assist with building a more robust statewide continuum of evidence-informed services and alternatives to placement in state-operated secure facilities. The RSCs support DJJ's continuum of services by managing centralized referrals, service coordination, billing, and reporting.

The work of the RSCs is divided using DJJ's five administrative regions. AMI provides coordination for the Eastern and Southern regions of the state while EBA provides coordination for the Central, Northern, and Western regions. The RSCs also monitor the continuous quality of services and expand the options available for committed juveniles. DJJ's strategy is to develop a continuum of alternative direct care placement options to include the following:

- **Intensive Non-Residential Programs:** Comprehensive programs that combine supervision with intensive treatment (e.g., wrap-around services, day treatment programs);
- **Non-Secure Residential Programs:** Treatment programs that work in family-like residential settings (e.g., treatment foster care, residential treatment centers) or in staff-secured residential placements (e.g., group homes);
- **Locally Operated Secure Treatment:** Placement in a locally operated secure residential setting, typically for shorter periods of approximately nine months or less (e.g., CPPs, detention reentry); and
- **Long-Term Secure Treatment:** Placement in a secure residential setting for longer periods (primarily secure therapeutic facilities, with the option for psychiatric hospital beds as needed).

In May 2017, the RSCs began working with DJJ to build the infrastructure necessary to develop and implement evidence-based interventions. DJJ identified MST and FFT for addition to the service menu in several localities. Prior to 2017, these treatment models, which are intended to reduce the need for JCCs and other out-of-home placements by providing more effective evidence- and community-based services, were available in just two localities in Virginia. By the end of FY 2019, MST and FFT were available to approximately 97% of the cities and counties in Virginia.

There are at least five evidence-based models available as referral options. In addition to the expansion of MST and FFT, TF-CBT, and HFW are also available. Both were previously launched under the leadership of DBHDS and OCS. The availability of TF-CBT and HFW expanded during FY 2019 and both services are available to juveniles in more than 70% of localities statewide.

See pages 20-21 for more information about the continuum of services related to community programs.

Family Engagement

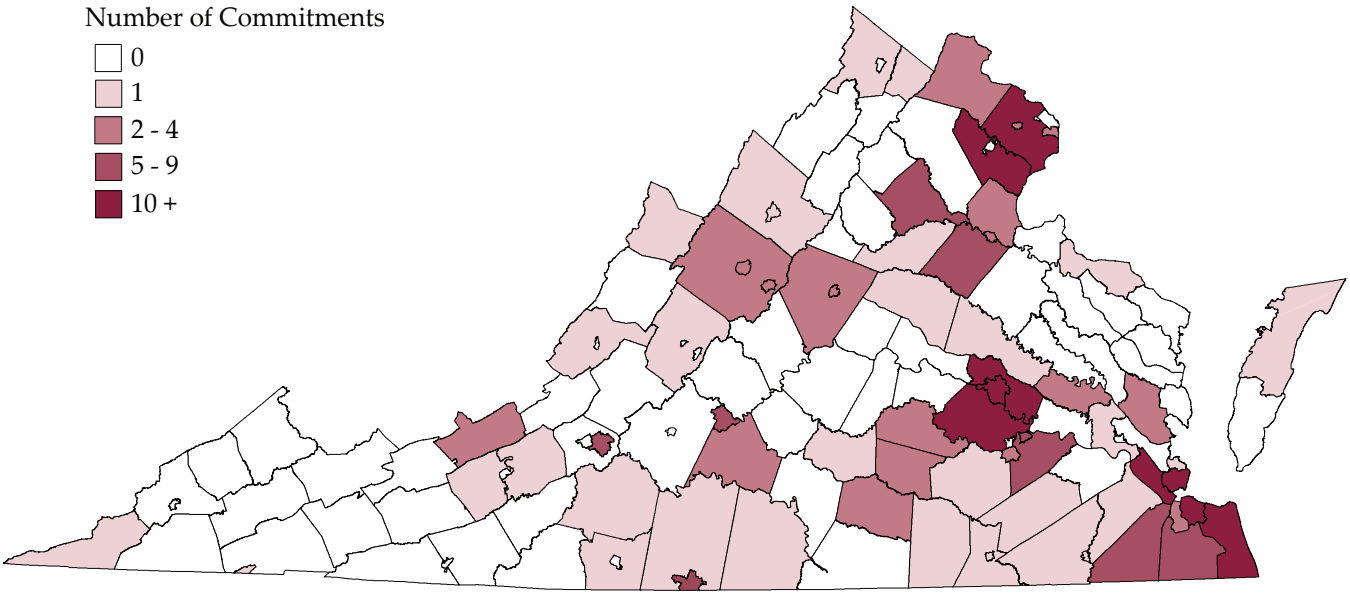
A major portion of DJJ's transformation effort has been an increased focus on family engagement with juveniles in direct care. Committed juveniles' families often live more than a one-hour drive from Bon Air JCC, and the distance has posed a barrier to families wishing to visit. To assist those families, DJJ partners with transportation companies to provide free transportation to families of committed juveniles from various sites across the Commonwealth. Additionally, DJJ established a Family Engagement Committee comprised of DJJ staff, committed juveniles, and family members. The focus of the committee is to create an environment where committed juveniles and their support systems have opportunities to communicate, stay connected, and make recommendations to promote family engagement. DJJ established an email address to allow parents and other supports to communicate directly with the committee.

QA Unit

DJJ established the QA Unit to monitor the integrity of contracted interventions, including JDCs providing direct care admission and evaluation services, CPPs, detention reentry programs, and RSCs. The QA Unit utilizes a collaborative approach to conduct performance-related, strengths-based monitoring of contracted providers and to assist in developing individualized CQI plans to ensure the programs align with best practices, evidence-based models, DJJ's strategic framework, and contract requirements. Initially focused on establishing baseline data around processes and practices, the QA Unit also analyzes data to track performance measures, identify program strengths and weaknesses, and ensure services are tailored to meet juveniles' needs. The QA Unit provides support and advocacy to promote ongoing system changes across DJJ.

In 2018, the QA Unit conducted regional focus groups with the CPPs to discuss how to build a culture of quality services and to begin developing CQI plans and performance measures. In 2019, the QA Unit continued to refine the individual CQI plans for each CPP and integrated QA into the contract oversight and monitoring process through a new statement of needs and MOA. The unit also developed and implemented performance measures for the RSCs, and the RSCs are building a QA plan to address contract compliance and to enhance and provide QA with the DSPs. Additionally, DJJ signed an MOA establishing a partnership with Vanderbilt University to bring the QA tool, SPEP™, to Virginia. DJJ will implement and operationalize SPEP™ in the next year. Lastly, the QA Unit is working on an internal, ethnographic evaluation of hiring, training, and onboarding processes for RSs I at Bon Air JCC to identify possible strategies to help improve retention.

Commitments by Locality, FY 2019*

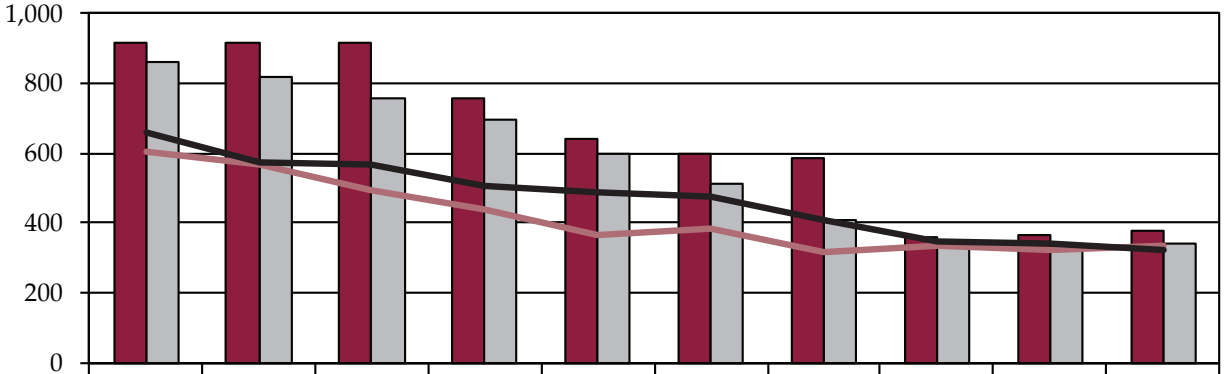


* Subsequent commitments are excluded. Chesterfield County had four subsequent commitments.

» The cities of Norfolk and Newport News had the highest number of commitments (36 and 29, respectively).

» 65 of 133 localities (48.9%) had no commitments.

Capacity, ADP, Admissions, and Releases, FY 2010-2019*



	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Capacity	917	917	917	758	642	597	584	361	366	376
ADP	859	816	758	695	599	509	406	338	335	338
Admissions	604	565	493	439	367	384	319	332	325	335
Releases	661	574	568	506	489	477	408	346	339	325

* 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 59.0% between FY 2010 and FY 2019.

» ADP decreased 60.7% between FY 2010 and FY 2019.

» Admissions decreased 44.5% between FY 2010 and FY 2019.

» Releases decreased 50.8% between FY 2010 and FY 2019.

Capacity and ADP, FY 2019*

Facility/Placement	Capacity	ADP On-Site	ADP Off-Site	ADP Total
Bon Air JCC	**272**	**199**	**2**	**201**
Adm./Eval. in JDCs	**N/A**	**35**	**0**	**35**
CPPs	**104**	**86**	**0**	**86**
Blue Ridge	8	7	0	7
Chesapeake	10	8	0	8
Chesterfield	8	7	0	7
Lynchburg	8	7	0	7
Merrimac-Females	5	5	0	5
Merrimac-Males	8	8	0	8
Prince William	8	7	0	7
Rappahannock	16	13	0	13
Shenandoah Valley	8	6	0	6
Virginia Beach	20	18	0	18
Contracted Alternatives	**N/A**	**13**	**0**	**13**
Detention Reentry	**N/A**	**2**	**0**	**2**
State Total	*376*	*336*	*3*	*338*

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

* 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.

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

* ADPs may not add to totals due to rounding.

» The ADP in FY 2019 was 338 juveniles.

» 59.6% of the direct care ADP was in a JCC.

59.6% of the direct care ADP was in a JCC, 25.5% was in a CPP, and 14.9% was in another alternative placement.

The average age of juveniles admitted in FY 2019 was 17.0 years of age.

Admissions with Prior Probation Placements or Commitments, FY 2017-2019

	2017	2018	2019
Prior Probation Placement	75.9%	72.3%	79.1%
Prior Commitment	10.8%	12.9%	15.2%
Total	*332*	*325*	*335*

» 79.1% of admissions in FY 2019 had at least one previous probation placement.

» The percentage of admissions with a prior commitment increased from 10.8% in FY 2017 to 15.2% in FY 2019.

Admission Demographics, FY 2017-2019

Demographics	2017	2018	2019
Race			
Asian	0.0%	0.3%	0.3%
Black	68.1%	72.0%	69.0%
White	27.7%	22.8%	24.8%
Other/Unknown	4.2%	4.9%	6.0%
Ethnicity			
Hispanic	9.6%	5.8%	10.7%
Non-Hispanic	42.5%	49.8%	49.6%
Unknown/Missing	47.9%	44.3%	39.7%
Sex			
Female	6.9%	7.1%	7.5%
Male	93.1%	92.9%	92.5%
Age			
Under 14	0.6%	0.9%	1.5%
14	3.6%	5.5%	3.9%
15	10.2%	11.7%	14.3%
16	26.8%	21.5%	25.4%
17	45.8%	44.9%	38.8%
18	12.7%	14.8%	14.0%
19-20	0.3%	0.6%	2.1%
Total Admissions	*332*	*325*	*335*

» 69.0% of admissions in FY 2019 were black, and 24.8% were white.

» 49.6% of admissions in FY 2019 were non-Hispanic, and 10.7% were Hispanic. 39.7% were missing ethnicity information.

» 92.5% of admissions in FY 2019 were males, and 7.5% were females.

» 38.8% of admissions in FY 2019 were 17 years of age.

» The average age of juveniles admitted in FY 2019 was 17.0 years of age.

Admission Demographics by Commitment Type and Committing Court Type, FY 2019*

Demographics	Commitment Type		Court Type		
	Determinate/ Blended	Indeterminate	J&DR District Court	Appeal to Circuit Court	Circuit Court
Race					
Asian	0.0%	0.4%	0.4%	0.0%	0.0%
Black	72.2%	67.8%	71.4%	50.0%	60.6%
White	24.4%	24.9%	21.8%	50.0%	35.2%
Other/Unknown	3.3%	6.9%	6.5%	0.0%	4.2%
Ethnicity					
Hispanic	7.8%	11.8%	9.2%	50.0%	15.5%
Non-Hispanic	43.3%	52.2%	54.2%	0.0%	35.2%
Unknown/Missing	48.9%	35.9%	36.6%	50.0%	49.3%
Sex					
Female	6.7%	7.8%	7.3%	0.0%	8.5%
Male	93.3%	92.2%	92.7%	100.0%	91.5%
Age					
Under 14	N/A	2.0%	1.9%	0.0%	N/A
14	1.1%	4.9%	5.0%	0.0%	N/A
15	12.2%	15.1%	16.4%	0.0%	7.0%
16	20.0%	27.3%	27.9%	0.0%	16.9%
17	26.7%	43.3%	39.7%	100.0%	33.8%
18	33.3%	6.9%	8.8%	0.0%	33.8%
19-20	6.7%	0.4%	0.4%	0.0%	8.5%
Total Admissions	*90*	*245*	*262*	*2*	*71*

* 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."

- 26.9% of admissions were for determinate commitments or blended sentences, and 73.1% of admissions were for indeterminate commitments.
- 78.2% of admissions were committed by a J&DR district court, 0.6% by a J&DR district court with the commitment upheld in circuit court on appeal, and 21.2% by a circuit court.
- The average ages at admission by commitment type were as follows:
  - Determinate/Blended – 17.5
  - Indeterminate – 16.8
- The average ages at admission by committing court type were as follows:
  - J&DR district court – 16.8
  - Appeal to circuit court – 17.6
  - Circuit court – 17.7

Admissions by Committing MSO Category, FY 2019*

MSO Category	Determinate/Blended			Indeterminate			Overall		
	Felony	Misd.	Total	Felony	Misd.	Total	Felony	Misd.	Total
Arson	0.0%	0.0%	0.0%	1.9%	0.0%	1.6%	1.3%	0.0%	1.2%
Assault	22.5%	100.0%	23.3%	13.3%	53.6%	17.6%	16.1%	55.2%	19.1%
Burglary	6.7%	N/A	6.7%	16.7%	N/A	14.3%	13.7%	N/A	12.2%
Disorderly Conduct	N/A	0.0%	0.0%	N/A	3.6%	0.4%	N/A	3.4%	0.3%
Fraud	0.0%	0.0%	0.0%	3.8%	0.0%	3.3%	2.7%	0.0%	2.4%
Gangs	0.0%	0.0%	0.0%	1.0%	0.0%	0.8%	0.7%	0.0%	0.6%
Kidnapping	3.4%	0.0%	3.3%	1.0%	0.0%	0.8%	1.7%	0.0%	1.5%
Larceny	3.4%	0.0%	3.3%	31.9%	14.3%	29.0%	23.4%	13.8%	22.1%
Misc./Other	1.1%	0.0%	1.1%	0.0%	0.0%	0.0%	0.3%	0.0%	0.3%
Murder	3.4%	N/A	3.3%	0.0%	N/A	0.0%	1.0%	N/A	0.9%
Narcotics	1.1%	0.0%	1.1%	2.9%	3.6%	2.9%	2.3%	3.4%	2.4%
Paraphernalia	0.0%	0.0%	0.0%	0.0%	3.6%	0.4%	0.0%	3.4%	0.3%
Parole Violation	0.0%	0.0%	0.0%	0.0%	0.0%	2.9%	0.0%	0.0%	2.1%
Robbery	43.8%	N/A	43.3%	20.5%	N/A	17.6%	27.4%	N/A	24.5%
Sexual Abuse	10.1%	0.0%	10.0%	3.8%	3.6%	3.7%	5.7%	3.4%	5.4%
Traffic	1.1%	0.0%	1.1%	1.4%	0.0%	1.2%	1.3%	0.0%	1.2%
Vandalism	0.0%	0.0%	0.0%	0.5%	14.3%	2.0%	0.3%	13.8%	1.5%
Weapons	3.4%	0.0%	3.3%	1.4%	3.6%	1.6%	2.0%	3.4%	2.1%
Total Admissions	*89*	*1*	*90*	*210*	*28*	*245*	*299*	*29*	*335*

* 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 does not exist for that offense category.

* Total includes felonies, misdemeanors, and other offenses; the sum of felony and misdemeanor counts may not add to the total. The "Other" offenses include seven indeterminate admissions for parole violations.

* Generally, only offenses that would be punishable as a felony if committed by an adult are eligible for a determinate commitment. In rare cases, the courts do not require the committing offense to be a felony.

- 89.3% of all admissions were for felonies; 8.7% were for misdemeanors.
- The highest percentage of total admissions were for robbery (24.5%) and larceny (22.1%).
- 73.1% of all admissions were for indeterminate commitments.
  - 85.7% of indeterminate admissions were for felonies; 11.4% were for misdemeanors.
  - The highest percentage of indeterminate admissions were for larceny (29.0%).
- 26.9% of all admissions were for determinate commitments or blended sentences.
  - The highest percentage of determinate or blended admissions were for robbery (43.3%).

Admissions by Committing MSO, FY 2019*

MSO Severity	Determinate/ Blended	Indeterminate	Total
DAI Ranking			
Felony			
Against Persons	86.7%	47.8%	58.2%
Weapons/Narcotics Dist.	5.6%	4.1%	4.5%
Other	6.7%	33.9%	26.6%
Class 1 Misdemeanor			
Against Persons	1.1%	6.9%	5.4%
Other	0.0%	4.5%	3.3%
Parole Violation	0.0%	2.9%	2.1%
VCSC Ranking			
Person	86.7%	46.5%	57.3%
Property	8.9%	44.9%	35.2%
Narcotics	1.1%	3.3%	2.7%
Other	3.3%	5.3%	4.8%
Total Admissions	*90*	*245*	*335*

* Juveniles 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 juvenile had only indeterminate commitments, the longest LOS category was selected.

- MSO by DAI ranking:
  - The highest percentage of determinate or blended and indeterminate admissions were for felonies against persons (86.7% and 47.8%, respectively).
- MSO by VCSC ranking:
  - The highest percentage of determinate or blended and indeterminate admissions were for person offenses (86.7% and 46.5%, respectively).

The majority of admissions were high risk based on YASI, increasing from 72.9% in FY 2015 to 86.0% in FY 2019.

Admissions by Risk Levels, FY 2015-2019*

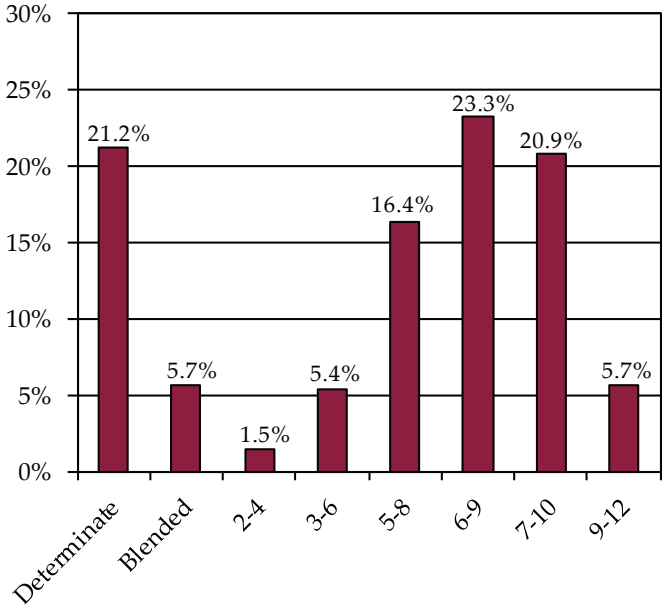
	2015	2016	2017	2018	2019
Low	1.8%	0.9%	0.9%	0.6%	0.6%
Moderate	20.8%	20.1%	16.9%	18.2%	12.2%
High	72.9%	78.1%	81.0%	80.6%	86.0%
Total Admissions	*384*	*319*	*332*	*325*	*335*

* Percentages do not add to 100% due to missing YASI scores. For example, in FY 2019, four direct care admissions were missing YASIs.

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

- 331 YASIs were completed for direct care admissions in FY 2019.
- The percentage of high risk admissions increased from 72.9% in FY 2015 to 86.0% in FY 2019.

Admissions by Assigned LOS (Months), FY 2019*



* Juveniles 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 juvenile had only indeterminate commitments, the longest LOS category was selected.

» 73.1% of admissions were for indeterminate commitments.

» The most commonly assigned LOS was 6-9 months.

» 46.6% of admissions had an assigned indeterminate LOS with a maximum of 9 months or less.

See page 44 and Appendix F for an explanation of the 2015 revisions to the LOS Guidelines.

Releases by LOS, FY 2019*

Assigned LOS Category	Releases	% of All Releases	Average Actual LOS (months)
Blended	**18**	**5.5%**	**36.3**
Determinate	**74**	**22.8%**	**25.0**
Indeterminate	**233**	**71.7%**	**7.3**
2-4 months	7	2.2%	4.3
3-6 months	25	7.7%	5.2
5-8 months	52	16.0%	7.3
6-9 months	78	24.0%	7.0
7-10 months	54	16.6%	8.3
9-12 months	17	5.2%	10.1
Total Releases	*325*	*100.0%*	*13.0*

* Juveniles 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 juvenile had only indeterminate commitments, the longest LOS category was selected.

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

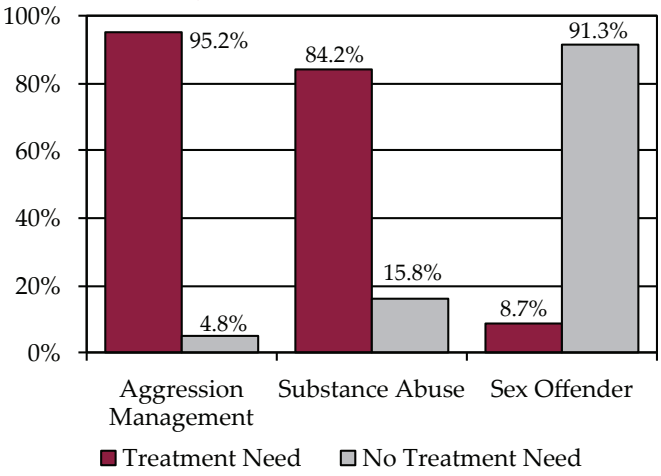
» The average actual LOS for all juveniles released in FY 2019 was 13.0 months.

» Indeterminately committed juveniles comprised 71.7% of releases, and their average actual LOS was 7.3 months.

» Juveniles with determinate commitments or blended sentences comprised 28.3% of releases. Their assigned LOSs ranged from 7.8 to 72.5 months, averaging 38.0 months. Their average actual LOS was 27.2 months.

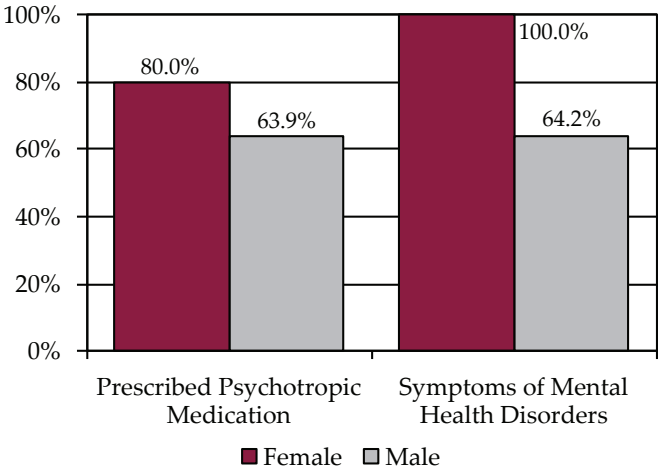
» The average age of juveniles released was 18.0 years.

Admissions by Treatment Needs, FY 2019



- 95.2% of admissions were identified as having an aggression management treatment need.
- 91.0% of admissions were identified as having an intensive aggression management treatment need, and 4.2% were identified as having a prescriptive aggression management treatment need. Intensive is more rigorous compared to prescriptive, which is delivered individually as needed.
- 84.2% of admissions were identified as having a substance abuse treatment need.
- 77.0% of admissions were identified as having a Track I treatment need, and 7.2% were identified as having a Track II treatment need. Track I is for juveniles meeting the DSM criteria for Substance Use Disorder and in need of intensive services. Track II is for juveniles who have experimented with substances but do not meet the DSM criteria for Substance Use Disorder.
- 8.7% of admissions were identified as having a sex offender treatment need.
- 4.2% of admissions were identified as having an inpatient sex offender treatment need, 2.7% were identified as having a mid-level sex offender treatment need, and 1.8% of admissions were identified as having a prescriptive sex offender treatment need.

Admissions by Prescribed Psychotropic Medication and Symptoms of Mental Health Disorders, FY 2019*



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

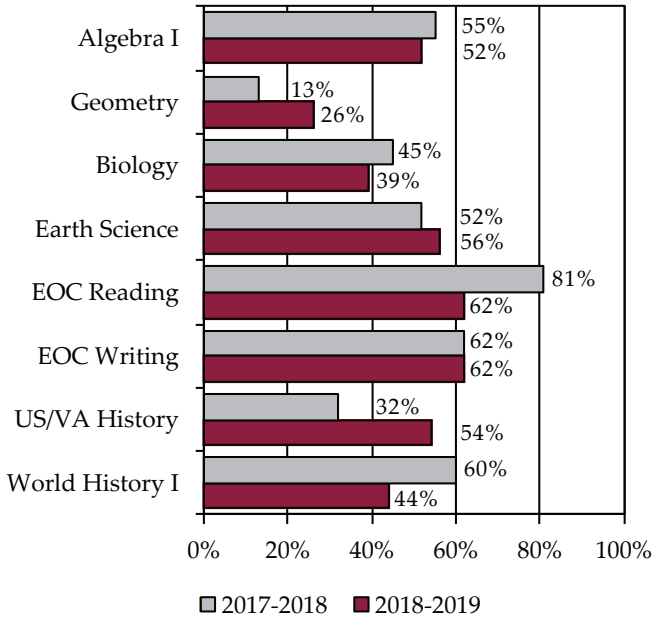
* Disorder data include juveniles who appear to have significant symptoms of a mental health disorder according to diagnostic criteria in the DSM. ADHD, CD, ODD, and substance use disorder are not included.

* There were 25 female admissions; therefore, percentages can be strongly influenced by the status of only a few females.

- The majority (65.1%) of juvenile admissions were prescribed psychotropic medication at some point in their lives.
- 30.4% of admissions had current or newly prescribed psychotropic medication at the time of admission.
- The majority (66.9%) 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 (80.0%) than males (63.9%) had been prescribed psychotropic medication. A higher percentage of females (100.0%) than males (64.2%) appeared to have significant symptoms of a mental health disorder, excluding those disorders listed in the caveat above.
- 94.9% of admissions appeared to have significant symptoms of ADHD, CD, ODD, or substance use disorder.

Division of Education

SOL Pass Rates, SY 2017-2018 and SY 2018-2019*



* Juveniles are counted as passing if they fail the initial test and pass the retest.

» From SY 2017-2018 to SY 2018-2019, the overall SOL pass rate increased in History (43.8% to 50.0%), Math (38.8% to 44.0%), and Science (47.5% to 52.7%) subjects.

CTE Credentials, SY 2017-2018 and SY 2018-2019*

Course	Assessment	Pass Rate	
		2017-2018	2018-2019
Intro. to Culinary Arts	ServSafe®	44.0%	N/A
Culinary Arts I			
Culinary Arts II			
Advertising Design I	WRS	64.0%	50.0%
Advertising Design II			
Economics & Personal Finance	W!SE	72.0%	59.0%
Intro. to Marketing			
Principles of Business & Marketing			

* Introduction to Culinary Arts, Culinary Arts I, and Culinary Arts II were only offered during SY 2017-2018.

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

» During SY 2017-2018, 64 juveniles took the W!SE assessment, 14 took the WRS assessment, and nine took the ServSafe® assessment.

» During SY 2018-2019, 44 juveniles took the W!SE assessment, and eight took the WRS assessment.

Virginia and Penn Foster High School Diplomas and GED® Certificates Earned, SY 2017-2018 and SY 2018-2019

Type	2017-2018	2018-2019
Advanced Studies Diploma	0	1
Standard Diploma	41	35
Applied Studies Diploma	8	3
Penn Foster High School Diploma	16	15
GED® Certificate	12	17
Total	*77*	*71*

» During SY 2018-2019, 39 juveniles earned Virginia high school diplomas, 15 juveniles earned Penn Foster high school diplomas, and 17 juveniles earned GED® certificates.

» During SY 2018-2019, 87.3% of eligible high school seniors graduated.

College Courses and Post-Secondary Enrichment Programs, SY 2017-2018 and SY 2018-2019

Student Enrollment	2017-2018	2018-2019
College Courses	52	47
Certification Courses	35	288
Enrichment Courses	228	378

* Juveniles are counted multiple times if enrolled in multiple courses.

» During SY 2018-2019, 34 juveniles enrolled in 47 college courses, and 100% completed a course during their stay in a JCC.

Direct Care Population on June 30, 2019

Demographics*

Demographics	Bon Air	Non-JCC	Total
Race			
Asian	0.0%	0.0%	0.0%
Black	71.9%	67.8%	70.1%
White	25.5%	24.8%	25.2%
Other/Unknown	2.6%	7.4%	4.7%
Ethnicity			
Hispanic	8.9%	12.1%	10.3%
Non-Hispanic	43.2%	54.4%	48.1%
Unknown/Missing	47.9%	33.6%	41.6%
Sex			
Female	3.1%	9.4%	5.9%
Male	96.9%	90.6%	94.1%
Age			
Under 14	0.0%	0.0%	0.0%
14	0.0%	3.4%	1.5%
15	2.1%	12.8%	6.7%
16	14.1%	21.5%	17.3%
17	20.8%	34.2%	26.7%
18	26.0%	15.4%	21.4%
19-20	37.0%	12.8%	26.4%
Total Juveniles	*192*	*149*	*341*

* Data are not comparable to previous reports. In prior reports, age reflected the juvenile's age at admission. It now reflects the juvenile's age on June 30, 2019.

» 70.1% of juveniles in direct care on June 30, 2019, were black, and 25.2% were white.

» 48.1% of juveniles in direct care on June 30, 2019, were non-Hispanic, and 10.3% were Hispanic. 41.6% were missing ethnicity information.

» 94.1% of juveniles in direct care on June 30, 2019, were male, and 5.9% were female.

» Nearly half (48.1%) of juveniles in direct care on June 30, 2019, were 17 or 18 years old.

» The average age of juveniles in direct care on June 30, 2019, was 17.9.

YASI Risk Levels

Risk Level	Bon Air	Non-JCC	Total
High	69.3%	77.9%	73.0%
Moderate	24.0%	18.8%	21.7%
Low	0.0%	1.3%	0.6%
Missing	6.8%	2.0%	4.7%
Total Juveniles	*192*	*149*	*341*

» 73.0% of juveniles in direct care on June 30, 2019, were high risk.

Committing MSO Category

MSO Category	Bon Air	Non-JCC	Total
Arson	0.0%	1.3%	0.6%
Assault	21.4%	16.1%	19.1%
Burglary	6.8%	13.4%	9.7%
Fraud	1.6%	2.0%	1.8%
Gangs	0.5%	0.0%	0.3%
Kidnapping	1.6%	2.0%	1.8%
Larceny	6.3%	22.1%	13.2%
Misc./Other	0.0%	0.7%	0.3%
Murder	5.2%	0.0%	2.9%
Narcotics	0.5%	1.3%	0.9%
Obscenity	0.5%	0.0%	0.3%
Parole Violation	1.0%	0.0%	0.6%
Robbery	35.4%	32.2%	34.0%
Sexual Abuse	16.7%	4.7%	11.4%
Traffic	0.5%	2.0%	1.2%
Vandalism	0.0%	0.7%	0.3%
Weapons	2.1%	1.3%	1.8%
Total Juveniles	*192*	*149*	*341*

» The highest percentage of juveniles in direct care on June 30, 2019, were committed with robbery as the committing MSO (34.0%).

Committing MSO Severity

MSO Severity	Bon Air	Non-JCC	Total
DAI Ranking			
Felony			
Against Persons	85.4%	65.1%	76.5%
Weapons/Narcotics Dist.	2.6%	4.0%	3.2%
Other	10.4%	26.2%	17.3%
Class 1 Misdemeanor			
Against Persons	0.5%	4.7%	2.3%
Parole Violation	1.0%	0.0%	0.6%
VCSC Ranking			
Person	82.8%	63.1%	74.2%
Property	13.0%	34.2%	22.3%
Narcotics	0.5%	1.3%	0.9%
Other	3.6%	1.3%	2.6%
Total Juveniles	*192*	*149*	*341*

» 97.1% of juveniles in direct care on June 30, 2019, had a felony as the committing MSO.

» 76.5% of juveniles in direct care on June 30, 2019, had a felony against persons as the committing MSO.

» 74.2% of juveniles in direct care on June 30, 2019, had a person offense as the committing MSO according to the VCSC ranking.

Committing Court Type*

Court Type	Bon Air	Non-JCC	Total
J&DR District Court	47.4%	80.5%	61.9%
Appeal to Circuit Court	0.5%	0.7%	0.6%
Circuit Court	52.1%	18.8%	37.5%
Total Juveniles	*192*	*149*	*341*

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

» Of the juveniles in direct care on June 30, 2019, 61.9% were committed by a J&DR district court, 37.5% by a circuit court, and 0.6% 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	23.4%	1.3%	13.8%
Determinate	56.3%	30.9%	45.2%
Indeterminate	20.3%	67.8%	41.1%
Total Juveniles	*192*	*149*	*341*

* 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" or "Blended."

» 41.1% of juveniles in direct care on June 30, 2019, had an indeterminate commitment.

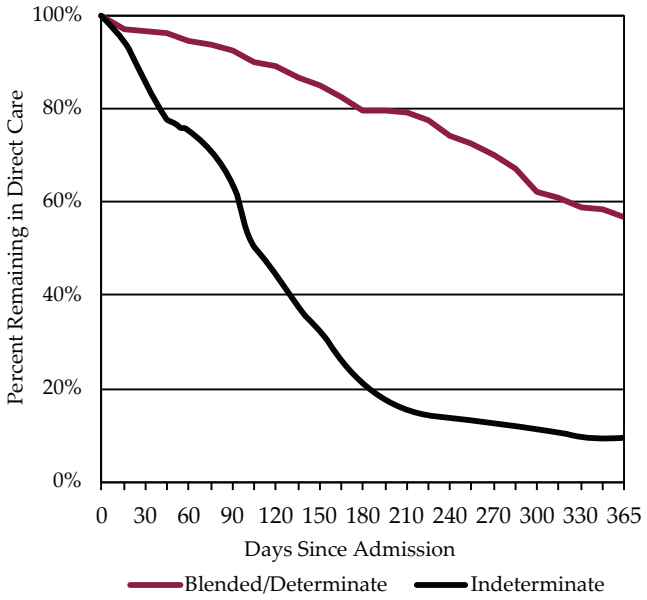
» 58.9% of juveniles in direct care on June 30, 2019, had a determinate commitment or blended sentence.

Placement Type

Placement Type	Count	%
Bon Air JCC	192	56.3%
Adm./Eval. in JDCs	36	10.6%
CPPs	90	26.4%
Contracted Alternatives	19	5.6%
Detention Reentry	4	1.2%
Total Juveniles	*341*	*100.0%*

» Of the juveniles in direct care on June 30, 2019, 56.3% were at Bon Air JCC, 26.4% were in a CPP, and 17.3% were in another alternative placement.

Time in Direct Care*



* This graph does not reflect juveniles' entire LOSs; rather, it is a one-day snapshot of the number of days juveniles spent in direct care from their admission date through June 30, 2019. The graph displays up to 365 days.

» There were 201 juveniles with a determinate commitment or blended sentence and 140 juveniles with an indeterminate commitment on June 30, 2019.

» Among juveniles with a determinate commitment or blended sentence, 92.5% had been in direct care for at least 90 days, and 56.7% had been in direct care for at least one year. The average time in direct care was 1.3 years.

» Among juveniles with an indeterminate commitment, 63.6% had been in direct care for at least 90 days, and 9.3% had been in direct care for at least one year. The average time in direct care was 144 days.

The proportion of determinate commitments and blended sentences is larger for the direct care population (58.9% on June 30, 2019) than for admissions (26.9% in FY 2019) due to longer LOSs.