COMMONWEALTH *OF* VIRGINIA

Task Force on
Juvenile Correctional Centers

MEETING MINUTES

June 14, 2016
9:00 a.m.
Patrick Henry Building
1111 East Broad Street
Richmond, Virginia 23219

Task Force Members Present: Victoria Cochran, Andrew "Andy" K. Block, Jr., Jeffrey "Jeff" Aaron, Janet Lung, Kimberley Lipp, and Scott Reiner

Task Force Members Absent: Brian Moran

WELCOME AND INTRODUCTIONS

Deputy Secretary of Public Safety and Homeland Security Victoria Cochran called the meeting to order at 9:00 a.m.

Chairman Brian Moran, Secretary of Public Safety and Homeland Security, was unable to join the meeting and asked Deputy Secretary Cochran to serve as his designee.

Deputy Secretary Cochran welcomed the attendees and told the group that the information provided at this meeting will detail how a juvenile correctional facility should be configured and give a better understanding of the direction the Department of Juvenile Justice (Department) is taking with its transformation.

Deputy Secretary Cochran announced that there would be no public comment at this meeting. The public is welcome to comment online. The meeting materials, along with all Task Force meeting documentation, have been posted to the Department's website at www.djj.virginia.gov. If you do not have access to the Internet and would like copies, please contact Janet Van Cuyk (janet.vancuyk@djj.virginia.gov or 804.588.3879).

Deputy Secretary Cochran asked for introductions by the Task Force members and the day's speakers.

Dr. Monique Marrow is a child psychologist and juvenile justice and trauma consultant. Dr. Marrow is a member of the National Child Traumatic Stress Network Steering Committee as well as the lead for the Juvenile Justice Treatment subcommittee. Dr. Marrow currently is under contract with the University of Connecticut as well as the University of Kentucky. Dr. Marrow is a national consultant.

Mr. Jack Ledden is the Deputy Director for Residential Services for the Department and oversees a large portion of the Department's transformation.

Ms. Krista Larson is the Director of the Center on Youth Justice at the VERA Institute of Justice (VERA). VERA is a national nonprofit based in New York City and, for the past 50 years, has been dedicated to the idea that the systems our citizens rely upon for fairness and justice can deliver positive outcomes. Ms. Larson's department works specifically on issues relating to youth justice: young people in the juvenile justice system and those in the adult justice system. Ms. Larson has been with VERA for fifteen years. She is leading a project that works with young people arrested in New York City who have substance abuse and mental health issues. She works with them and their families through arrest to reentry.

Mr. Ned Loughran is Executive Director of the Council of Juvenile Correctional Administrators (CJCA), which represents all the state directors of youth juvenile justice and youth corrections agencies. From 1985 until 1993 he served as the Commissioner of the Massachusetts Department of Youth Services. Before coming to Massachusetts, Mr. Loughran worked in the New York State Division of Youth for ten years in community-based and juvenile secure programs. Mr. Loughran also was a consultant with the Department's ten-year master plan with Kaplan McLaughlin Diaz (KMD) Associates.

APPROVAL OF MINUTES

The minutes of the May 31, 2016, Task Force on Juvenile Correctional Centers (Task Force) meeting were provided for approval. On MOTION duly made by Scott Reiner and seconded by Andy Block, the minutes were approved as presented.

PRESENTATION: JACK LEDDEN, DEPUTY DIRECTOR FOR RESIDENTIAL SERVICES, DEPARTMENT

Mr. Ledden provided his presentation to the Task Force with the below added comments.

Slide 5

The data listed on slide 5 is from FY2014; however, the percentages of the different categories have increased not decreased through the years.

Slide 8

Education is one of the guiding principles in the new Community Treatment Model (CTM). What type of facility does the Department need in order to serve a traumatized male youth, ranging in age from 14.6 to 20 years (average age 17) with high risk factors, multiple mental health and education needs, a lower than average IQ, special education requirements, who is about a year and three months behind grade level, who is possibly a criminogenic thinker and might have serious gang involvement? In order to meet these types of needs, the Department needs a facility to provide the best setting for the CTM.

Slide 11

One of the keys to treatment that will impact how the facility is designed is establishing relationships between staff and the residents and the staff and the residents' families.

The development of youth government will allow the residents an opportunity to provide their input and ownership on the programming. Youth government committees will help the Department with decision making and problem solving and participate in off-campus programs.

Slide 12

One of the biggest challenges for the Department is changing or transforming the long-standing institutional culture.

Slide 13

Developed agency partnerships - The Department is working with VERA, Missouri Youth Services Institute (MYSI), the Annie E. Casey Foundation (AECF), the Center for Educational Excellence in Alternative Settings (CEEAS), and a number of other consultants. These partnerships are crucial to the Department's change process.

Rewrote Employee Work Profiles (EWP) – The position of Juvenile Correctional Officer was changed to Residential Specialist. The job of Residential Specialist is very different from that of Juvenile Correctional Officer; the duties and responsibilities are so different Department employees had to reapply for these positions, and a new EWP was written to accommodate the changes.

Modified uniforms – The rank structure, along with the military style uniforms, has been dissolved; staff now wear polo shirts.

Trained staff extensively - MYSI operates a two week class for new Resident Specialists assigned to the CTM units; the Department's Behavioral Services Unit completed training all staff on the new process; the Department now has trauma-informed training; VERA has provided training in family engagement; reference books have been bought for staff; and personnel are rewriting training and guide manuals to reflect the CTM.

Changed/Modified programming – The Department is using a group approach to treatment that includes a positive peer culture. The Department is including families more in the programming, and developing a youth government. The Department will need space that is conducive to this type of programming in order improve behavior management in the facilities and success upon release.

Improved/Facilitated family engagement - Families are actually meeting with their youth in their units and in group sessions. Families participate now in cookouts and family days. The probation officers also are working with families on the front end all the way through to reentry.

Slide 14

The Department currently has 64 Community Placement Program (CPP) beds in seven locations across the Commonwealth, with 22 beds in the pipeline to be established with an additional eighth location. The CPPs are important in the transformation to help the Department reduce the average daily population in the two, large, outdated juvenile correctional centers and increase family engagement.

Those 64 CPP beds are for the lower risk offenders, and the higher risk offenders will be placed in the new facilities (e.g., Chesapeake).

Slide 16

The Department's current facilities were not designed or built for treatment and are located well out of the reach of families.

Offices – Staff in the new CTM units include Resident Specialists, Community Coordinators, Counselors, Community Managers, and Behavioral Services personnel who currently have no office space. This makes it difficult for personnel, like a therapist, to work directly with youth to conduct treatment while in their cell with a possible family member present. The set-up is not ideal. Group activities are difficult to schedule because the day room is the only location available for these activities. Please note that the CTM allows for highly structured treatment-oriented activities; this is not cards or dominos. CTM staff is trained to interact and engage with the youth, but it is difficult with the configuration of the Department's existing facilities.

Slide 18

Locations of newer facilities will place the youth much closer to their home locality and family making it more likely that their families and their community can be involved in their treatment.

Deputy Secretary Cochran noted that the Department introduced a first of its kind transportation program last month. The Office of Juvenile Justice and Delinquency Prevention Reentry grant that the Department received last year has provided funding to the Department to enact transportation services across the Commonwealth for the residents' families to visit their family members who are in the Department's facilities.

Director Andy Block said the Department could produce a map depicting the concentration of where the youth that are in the Department's care are from geographically.

Deputy Secretary Cochran asked for the total number of state facility beds at Bon Air and Beaumont Juvenile Correctional Centers. Ms. Janet Van Cuyk (Legislative and Research Manager, Department) answered that Bon Air has a total of 267 beds and Beaumont has a total of 282 beds, with 64 beds or up to 88 beds being used for CPPs. Mr. Ledden said the total beds needed for the new facilities most likely will be 152. Director Block said that projected number of beds was used when completing the initial capital plan. The Department will continue to evaluate the projections; however, that is not to say those are the only secure beds available. Those are the only state-operated beds. Mr. Ledden reiterated that all the CPP beds are secure.

Ms. Janet Lung thinks it would be helpful to pull together a chart regarding the beds. Ms. Lung believes there is confusion on the number of beds, and the opposition might be based on the perceived notion that the Department is bringing on more "prison" type beds when actually, from what is being told at the meetings, the Department is eliminating most of those "prison" beds and bringing on more community treatment-oriented beds. Ms. Lung would like a chart or matrix reflecting the current number of beds the Department has in its facilities, the number of beds being eliminated, and the number of the new type of beds. Mr. Ledden acknowledged that this could be done and included a timeline as well.

PRESENTATION: KRISTA LARSON, DIRECTOR, CENTER ON YOUTH JUSTICE, VERA

Ms. Larson provided her presentation to the Task Force with the below added comments.

Slide 2

For a long time child-serving systems did not spend enough time looking at the positive impact that family can have, how their involvement can help the systems better serve their children, or how the family itself can contribute to treatment and rehabilitation. The systems often had a perspective of

"just give them to me; we will fix them and send them back to you," which has proven not to be successful. The good news is there is actual research to show why family engagement is important.

Slide 4

Research has been documented on how important family contact, particularly visitation, is for committed youth. Slide 4 discusses California research results.

Improves initial adjustment to facility; Reduces symptoms of depression - Researchers noted that incarcerated youth were having trouble adjusting to first entering an unfamiliar facility. Researchers observed risk of self-harm and other types of behavior issues. Researchers found young people who received more visits adjusted more efficiently to the facility and had lower levels of depressive symptoms. An interesting note about this particular study is that these effects were found regardless of the quality or nature of interaction between the young person and that family member.

Slide 5

VERA partnered with the Ohio Department of Youth Services on a project called Families as Partners. The overall project was to improve family engagement practices within Ohio's facilities by working with staff on policies and practices. VERA was able to link visitation frequency with the number of incidents or infractions young people were committing in the facility. On the chart in slide 5, *infrequently* is defined as visits at least every couple months, and *frequently* is defined as visits once or twice a month. At the time of the study, like so many other systems, the length of stay in Ohio was long, so there were youths who were in facilities for well over a year without any visitation from their families.

Slide 8

VERA had the opportunity to work with the Department and the AECF. VERA was asked to gather information by talking directly with young people in the Department's care and their family members about their experiences with the Department. It is important to note that VERA completed this survey a year ago, just as some of the reforms were taking hold at the Department.

Slide 12

A real balance is needed between wanting to be welcoming and flexible but also needing rules for safety and security.

Slide 13

What works? Continue to understand, in addition to safety and security and what is best for the young people, the importance of the family and think about them as plans are being designed. Family engagement is a critical component to deal effectively with committed youth.

Slide 14

Be thoughtful about where barriers are being created with our security protocols.

The communication about policies and practices is very important. Very often conversations are held with family engagement advocates about families who are willing to participate in their young person's rehabilitation but who were prevented by the system. Families have a range of needs. Some families are not ready to engage for whatever personal issue to support that child, and others might be cruel and abusive. Think about the range of families that operate in the middle. Most families are not in those extremes. There are some families that get and read that written handbook and follow it

to the letter; others might need a call from a case manager to remind them about visitation rules or protocols.

Director Block noted that finding the right balance between safety and security and making it easier for families to feel connected, safe, and welcome is key. This will be a challenge as the Task Force members think about design.

Dr. Jeffrey Aaron stated that it was interesting to hear the research directly linking family visits and outcomes. One of the things that came to mind is the Pathways to Desistance study which does not link visitation but does link family perception of positive engagement and fair treatment with good outcomes. Ms. Larson stated that Jeffrey Butts at the John Jay College of Criminal Justice tells people in his speeches to stop studying family therapy: it already works.

PRESENTATION: MONIQUE MARROW, JUVENILE JUSTICE CONSULTANT AND TRAINER, UNIVERSITY OF CONNECTICUT, CENTER FOR TRAUMA RECOVERY AND JUVENILE JUSTICE, AND UNIVERSITY OF KENTUCKY CENTER ON TRAUMA AND CHILDREN

Dr. Marrow talked about her career and discussed how the Task Force can provide best services and best practices to this population.

Slide 3

Complex trauma is trauma that in some degree is ongoing, that begins early in childhood, that is repetitive, and that is often at the hands of those you trust to care for you. Complex trauma is what we see in a lot of the population that are served both in juvenile justice and in child welfare systems.

Trauma is also intergenerational. There is a need to recognize that youth entering your program or facility are often hyper-aroused and have difficulty managing the environment. There is a need to create spaces that are inviting and offer opportunities for engagement.

The people who work in these programs should not be forgotten. Staff practically live at the facility and should have a welcoming space with many components.

Deputy Secretary Cochran asked if there were any studies that indicate the value of improving the work space in terms of retaining employees. Dr. Marrow is aware of studies that looked at the exact opposite, how high turnover rates relate to an increase of staff burnout and secondary trauma.

Slide 5

One of the organizations that Dr. Marrow works with is called Thrive, located in Maine. Maine is beginning to focus on making all their service systems (behavioral health, juvenile justice, adult corrections) more trauma responsive. Thrive has several trauma responsive elements to assist in evaluation and tracking outcomes.

Safety - This element is not just about physical safety, but what is called psychological or emotional safety: the sense of not feeling threaten or intimated.

Empowerment - To what degree do youth, family, and staff have power of control and choice over what is happening in their programs and facilities?

Trust - Many of the young people have learned that trusting someone is dangerous. So trust, attachment, and engagement are focus areas.

Trauma Competence - A good understanding of trauma and its impacts.

Culture/Linguistic - People are not as competent in another person's culture; find a way to be trauma responsive.

Trauma Informed Philosophy - A clear communication of a trauma-responsive system.

Slide 8

Increase connection to nature/natural light – A skylight in the ceiling lets you see a beautiful sky but nothing else. Think about windows with a landscape view.

Client options and choices (empowerment) - Within the environment of a correctional facility, assistance is required for the basic needs such as going to the restroom or using a telephone. Create a space that allows for individuals to have the power, the capacity, and the choice to choose environments throughout the day without depending on others. Do not forget that you will need to have reasonable sightlines to those areas as well.

Enhanced social support - Spaces should be flexible in order to handle social supports, not just at visitation but daily operations in terms of interaction with peers and staff.

Reduction in environmental stressors – Many facilities have high ceilings, metal tables attached to the floor, heavy metal doors, and linoleum floors. All these elements cause the sound level to be deafening. Creating spaces that allow for noise reduction is very important.

Pleasant diversions - Dr. Marrow's research shows that pictures of real things and landscapes are more acceptable on the walls than abstract art.

Slide 9

Sleeping/community areas – Those who have experienced trauma feel the greatest sense of vulnerability when asleep. Sleep time needs to be a time when youth feel safe enough to sleep. Many of the youth in programs are on psychotropic medication, and this medication may cause a very deep level of sleep. The youth already know their capacity to wake and respond is limited which is why some youth refuse medication: they have no ability to defend themselves.

Dorm rooms or semi-private double-bunking rooms compromise the ability for an individual to feel safe. The rooms are not private. Dr. Marrow's recommendation includes having spaces flexible enough to allow for a good number of private rooms for individuals.

Developmentally appropriate physical layout/social support and engagement - Adolescents have a need to socialize. The traditional spaces used are usually big open areas with five tables bolted to the floor. But that is not how most people interact at home. Most rooms at home have rugs and carpeting, furniture, and some sort of television or game area. Young people need to have that same opportunity. In addition, the physical layout will help increase staff engagement.

Storage - Keeping items safe and organized is important to our youth.

Suicide resistant furnishings and safety beds - Furnishings should not have ligature points, which is a safety issue. There are multiple opportunities for an attractive, functional, sleeping area. Our youth need rest, and sometimes the bedding supplied does not induce sleep.

Safe rooms and spaces - Psychiatric facilities have program areas designed as safe spaces; these spaces are containment areas for youth who are extremely dysregulated and disruptive. Policies should be developed for safe room spaces, and thought should be given to the location of safe rooms within the facility. Dr. Marrow has been to several programs where the safe rooms are housed right in the middle of the unit, which causes disruption.

Staff and visitor safety - Staff need the opportunity to have spaces to securely store their own items. In addition, staff need a security alert system that allows them to ask for assistance without having a loud overhead paging system, which is disruptive.

Physical environment - There needs to be adequate space for programming and a decrease in density so there is not a large group of youth in a single space. High density can occur even in a small program.

Slide 10

Restrooms and showers – Restrooms and showers are areas of vulnerability. The space should have an area for young people to modestly dress and undress and have sightlines for safety. Dr. Marrow has been to many programs that have no doors on their restrooms or curtains on their showers. Those would not be trauma responsive.

Privacy of information – A space where young people can be seen but still have a level of privacy during times of visitation or meeting is important.

Medline/health care settings - If a medline is used, the youth needs to communicate and receive information in a confidential way.

Breakrooms/staff areas - It is important for staff to have spaces of their own away from the young people; a space where they can rest and recline if needed.

Group rooms - If you want to bring youth together from different programs and have pull-out groups, you need to think about having group rooms that are not on the unit.

Slide 11

The picture shown on slide 11 is of a group room in a psychiatric facility built for youth in Minnesota. The design is oval shaped to induce the group process and allow young people to better communicate. The group room also can be used for meeting space or to store books. Please note there is landscaping and natural light.

Slide 12

The picture on slide 12 is a group room located in a Florida girls program. It is a retrofitted room with some elements missing. There is no natural light, the ceilings are lower, and there is little carpet.

Slide 14

The picture on slide 14 allows for a large window to be used with security glass and a suicide resistant bed with an actual functioning mattress, as well as no ligature points around the bed. Color was used effectively, as well as the placement of a chalkboard that allows the young person something to do in their room.

Slide 15

The picture on slide 15 is a dining area. In this picture, there are no long metal tables that seat 100 people in a cafeteria style, which is not a natural way to have conversation and engage youth.

Slide 17

The picture on the left in slide 17 is a converted cell that is now a comfort room. The cell door was removed and the room was painted. Notice that the young person drew themselves a bigger window.

Slide 18

Lighting is important. Young people put covers over their heads at night to block the light in the hallway. Music is also important to young people. One option is to secure sound panels in the rooms so the youth can pipe their music in just for themselves.

Slide 20

Dr. Marrow talked about a lawsuit that was filed during her tenure as a deputy director for juvenile correctional facilities that included issues such as seclusion, restraints, staff with broken jaws and legs, high bureau worker's compensation claims, and high occupational injury leave. The organization was penalized for not having a creative milieu for its youth. Dr. Marrow's department worked to transform their department into a trauma responsive program. Some of the elements of the program included developing "Think Trauma", a treatment program called Target that provided information to young people so they understood about trauma. They modified the environment by retrofitting space by putting in carpeting, sound panels, and paint to lower the ceiling level, reduce noise, and improve lighting.

Slide 22

Staff were thankful for the tools they were given to better work with the youth and felt like part of the treatment team instead of the "goon squad." Unfortunately, being a union state, the officers with more seniority bumped the rookies off the unit because it was a more attractive place to work. This is a true testament to what you can do when you do it right.

Dr. Aaron stated that the discussion on sleeping arrangements, the importance of privacy, and perceptions of vulnerability makes a lot of sense, but it contrasts with the Missouri approach, which is quite explicitly about dorm style sleeping.

Dr. Marrow stated that definitely decreasing the size of the unit and providing more staff on the unit will decrease incidents, which will naturally make youth feel safer. Dr. Marrow visited Missouri and remarked that issues still exist. They do not have the flexibility to change things because it is all dorm style. Dorms can work; however, you need to take into account the population being served and the level of privacy needed. Dr. Marrow does not think the youth feel safe in dorm style rooms.

Dr. Aaron asked if there was a study on the drawbacks of fluorescent light.

Dr. Marrow stated that she has not looked at studies, but that is one light source she will avoid. There have been times that bulbs were removed from the overhead light in some rooms and lamps were used because the overhead light was so intense there was no option to lower it.

Ms. Kimberley Lipp would like to hear more about the problems or barriers on retrofitted space.

Dr. Marrow noted that in the pictures of the sensory room on the slide presentation there is no opportunity to remove a wall or pick a different light source or even paint the room differently; it is still a block wall. In the group room, there are no outside walls to create a window. Dr. Marrow believes it is difficult to retrofit a space that was built for another purpose.

Ms. Lipp noted the new furnishings shown in the slide presentation look very nice and are actually institutional as far as their stability and durability and very conducive to sanitation.

Dr. Marrow does not recommend stuffed sofas. Think about the spaces and how they can help youth to build skills. For example, having a washer and dryer on the unit will allow the youth to do their own laundry and develop that skill set.

PRESENTATION: NED LOUGHRAN, EXECUTIVE DIRECTOR, CJCA
Director Ned Loughran provided background on his career and the CJCA.

Slide 7
CJCA has been involved in the radical shift away from the correctional punitive approach towards positive youth development in juvenile justice. Positive youth development is based on the developmental approach. Mr. Loughran recommended reading "Reforming Juvenile Justice," a developmental approach that the Office of Juvenile Justice and Delinquency Prevention commissioned. Recidivism still dominates the measure of whether or not youth are successful or unsuccessful. The approach is now changing towards positive youth development.

Slide 8
Over the last several years many low level offenders are being diverted from the juvenile justice system and from secure facilities. This leaves a challenge. The youth coming into the system now are older with extensive juvenile justice and child welfare histories.

Slide 9
Mr. Loughran stated that when he operated the Department of Youth Services in Massachusetts, their program was 15 beds in size and would not go higher than 15 beds.

Deputy Secretary Cochran asked that with the Prison Rape Elimination Act of 2003 (PREA) requirements, a secure juvenile facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours. If the unit had to go to 16 instead of 8 does that fall outside of your recommendation?

Mr. Loughran stated that if you go to 16, then with the PREA requirements you must go with two staff. In Massachusetts, the staffing ratio during the day is 1:5 staff to youth, and during the night it is 1:8. They have kept the staff ratio pretty low.

Slide 10

Mr. Loughran stated that he favors single rooms, not dorm rooms. The problem with dorm style rooms is no flexibility like you might have with single rooms. The Missouri facilities serve a different population. They have a good model in terms of staff interaction with the youth, but single rooms have a much more normal setting. The single rooms offer more privacy, and staff are able to manage and supervise the unit in a more efficient way than with the dorm style room.

Mr. Loughran remarked that, when Oregon had a serious suicide problem, they knocked walls down and opened up the rooms. Mr. Loughran believes it is a matter of supervision, and with the new technology in the newer facilities checks can be done electronically. A mini dorm, Mr. Loughran thinks, could work with youth who are much more ready for release than youth just coming into the facility.

Deputy Secretary Cochran asked if the average age of an incarcerated youth in Missouri is lower than the average age of the Virginia youth, noting that Missouri does not hold youth until they are 21.

Mr. Loughran stated that Missouri holds youth until the age of 18, and the youth with mental health issues are dealt with in the mental health system. Missouri does have misdemeanants in the population; it is a much more heterogeneous population in terms of risk levels.

Deputy Secretary Cochran asked if the Missouri youth have blended sentences.

Ms. Larson believed that Missouri youth do have blended sentences. Missouri's age of criminal responsibility is 17 years, so some of the youth might have already gone to an adult correctional facility if the youth were 17 years of age at the time of their offense, which is different in Virginia.

Director Block noted that it might be possible to arrange site visits for Task Force members.

Dr. Aaron would like to hear arguments for the dorm setting or a mixed setting.

Slide 10

Mr. Loughran remarked that we could all agree that youth should not spend a lot of time in their rooms. Youth should not be in their rooms except when a youth is out of control and placing them in their room is necessary to bring them back under control. In those cases, the youth should be returned to the program as quickly as possible. The youth should not be in their rooms for staff convenience, extended shift changes, training, or other similar reasons.

Mr. Scott Reiner asked if the more current model is not to locate the toilet and sink in the bedrooms.

Mr. Loughran is opposed to wet rooms in a juvenile facility. If you have an eight to 12 bed unit with two staff on duty, staff can arrange to take one youth at a time to use the bathroom at night and return them to their room. The wet room is very correctional and is not hygienic. Dr. Marrow would like a button to alert staff as opposed to knocking on the doors due to the noise.

Director Block noted that the Task Force is supposed to look at single rooms versus dorms and single rooms versus double rooms. Do you have any thoughts on double bunking?

Mr. Loughran is not in favor of double bunking. He believes you buy more problems with double bunking. Again if there are high-risk youth with high needs, there might be predatory issues. It is

much more manageable and more conducive to a normative environment to have single rooms. If you have a high performing unit or a transition unit that could be a possibility, or mini dorms to have a little more fraternization among the youth to help with integrating back into the community. Mr. Loughran does not see dorm style use for the average population.

Slide 14

Mr. Loughran is also personally opposed to bi-level units. Mr. Loughran has seen some problems with bi-levels that include individuals being pushed down the stairs and staff losing sightline supervision.

TASK FORCE DISCUSSION

Deputy Secretary Cochran stated that clearly the status quo is not working for our youth and this is the exact step forward need in juvenile justice. This is a great opportunity for Virginia: being able to design newer, smaller, more therapeutic facilities. This money came to us as part of the Governor's bond package and is dedicated to the development of capital improvements. Unlike the regular budget process, this money is an investment; it is not the legislature saying here is $90 million, now go spend it. This is the Governor and legislature saying we are investing with you through the bond package an equivalent of $90 million. We are actually going to, after the end of this process, give money back to the general fund budget because of the savings realized. So that operational money and our ability to invest it wisely is a key part of this transformation. Deputy Secretary Cochran wanted to make sure people are aware of that distinction of how money flows and operates within the state budget. Virginia is in an enviable spot right now; there are many other states that would love to be doing what we are primed to do.

Mr. Reiner stated that the presentations really enforce the interplay of the physical, the psychological, and the program space and how each of the decisions made will influence each other. Mr. Reiner tried to implement programs in Beaumont many years ago, and this just reinforces how the physical space is so critical, even with the best intentions from a programming standpoint, to creating the right environment. Mr. Reiner thinks the decisions that will be made on physical and psychological space are really limited by what the current space provides. Mr. Reiner thinks it is a little hard to push some of the programming initiatives beyond what the physical plant will allow you to do right now. Mr. Reiner thinks we need to be cognizant at every decision point how the different elements come together to create the right environment.

Director Block noted that the August meeting will cover how to deliver optimal education programming in a juvenile correctional setting and the design values of those spaces; more detailed data on the Department's population; counterarguments to the dormitory verses single room discussion; and more information on the full continuum of services plan.

Deputy Secretary Cochran adjourned the meeting at 11:24 a.m.

SIGN-IN SHEET

Task Force on Juvenile Correctional Centers
June 14, 2016

Please Print

1. Kim Lizzo
2. Michelle Cawling
3. Beth Blount
4. Krista Larsen
5. Monique Marrow
6. Ned Loughran
7. Tom Woods
8. Lisa Floyd
9. Jack Ledden
10. Scott Reiner
11. Daryl Francis
12. Deron Phipps
13. Ken Davis
14. Wendy Hoffman
15. Bob Wilburn

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Task Force on Juvenile Correctional Centers
June 14, 2016

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16. [illegible]
17. Rob Juneo
18. Jeree Thomas
19. Donna Sayegh
20. Jeff Aaron
21. [illegible] Victoria Cochran
22. Janet VAN CUYK
23. Becky Bowers-Lanier
24. Adam Rosatelli
25. David Reynolds
26. Tonya N. Jefferson
27. Will Egen
28. Janet Lungs
29. Janet Areson
30. Charlie Schmidt.

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Task Force on Juvenile Correctional Centers
June 14, 2016

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31. Judy Clarke
32. Lynette Thompson
33. Lillie A Estes
34. Angela Ciolfi
35. Valerie Boykin
36. Ashley Everette
37. Shannon Taylor
38. Shawn Taylor
39.
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