

# Taskforce for Juvenile Correctional Centers

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# Overview



- Profile of Committed Juveniles
- Community Treatment Model (CTM)
- Facility Structure and Location

# Profile of Committed Juveniles



# Average Ages, FY 2010 – 2013

## Direct Care Admissions



### Average Ages

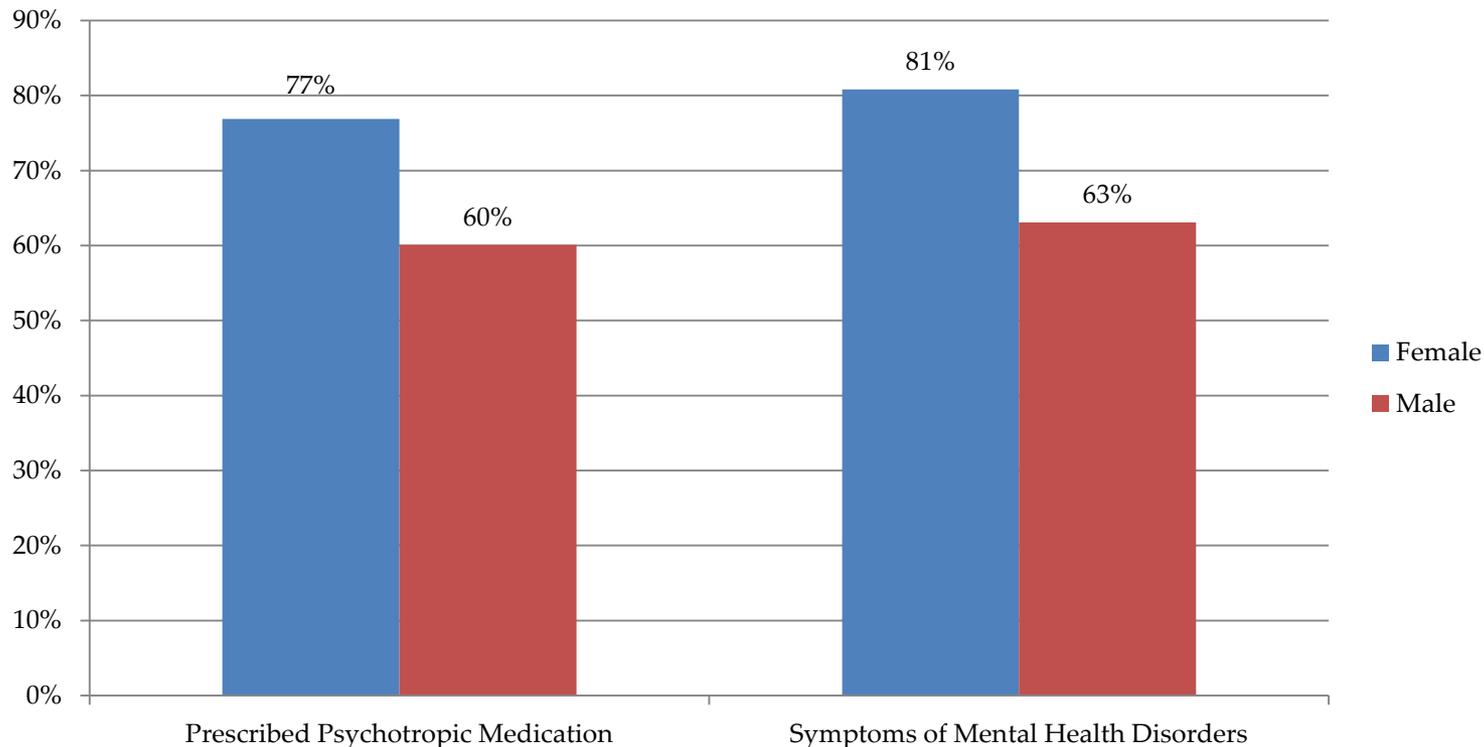
- First Behavior Problems: 11.8
- First Community Intervention: 12.2
- First Arrest: 14.2
- First Adjudication: 14.6
- Current Commitment: 16.3
  
- Juveniles 17 years of age or older increased from 39% in FY 2006 to 47% in FY 2015.
- In FY 2015, 93% of direct care admissions were male.

# Trauma and Risk Factors, FY 2014 Admissions



- 59% - physical assault/abuse (24% by family)
- 58% - parent criminal activity
- 46% - parent incarceration
- 39% - parent substance abuse
- 20% - parent death
- 16% - family domestic violence
- 14% - sexual assault/abuse (7% by family)
- 13% - self-injurious behavior (SIB) or suicidal
  - 89% *reported at least one of the above.*
  - 50% *reported three or more of the above.*

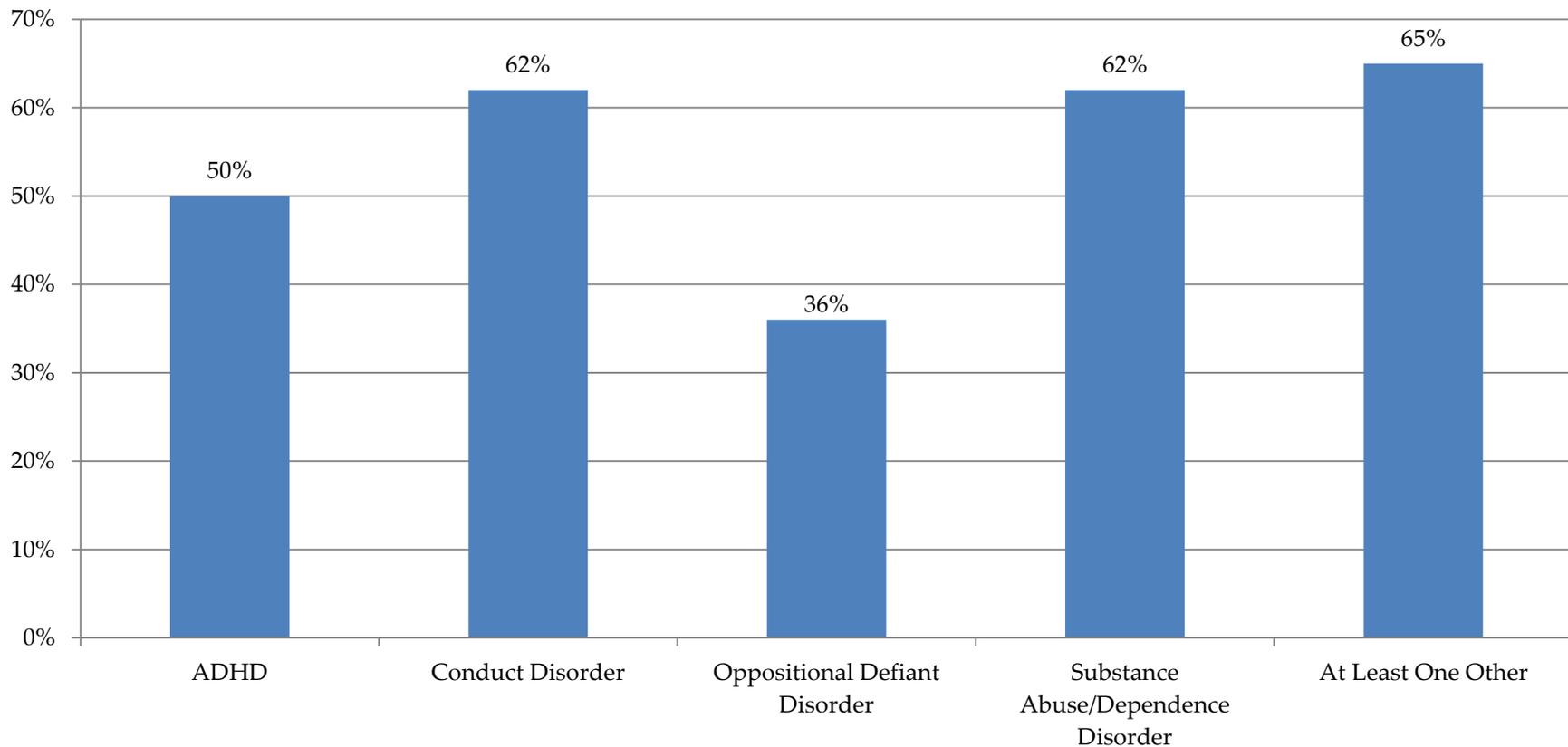
# Mental Health, FY 2015 Admissions\*



- In FY 2015, the majority of juveniles had a history of psychotropic medication use and appeared to have significant symptoms of a mental health disorder.

\* Data include juveniles who appear to have significant symptoms of a mental health disorder, according to diagnostic criteria in the DSM. Attention Deficit Hyperactivity Disorder, Conduct Disorder, Oppositional Defiant Disorder, Substance Abuse Disorder, and Substance Dependence Disorder are not included.

# Mental Health, FY 2014 Admissions\*



- The majority (65%) of juveniles appeared to have significant symptoms of at least one mental health disorder excluding ADHD, CD, ODD, Substance Abuse, and Substance Dependence disorders.

\* One juvenile may be included in multiple categories.

# Education

## FY 2011 – 2015 Admissions



- Average of 1.3 grade levels behind
- Average intelligence quotient (IQ) of 87 (General population IQ is 100)
- 41% had special education needs
- 79% had substantial school attendance problems in the community
- 76% had substantial school behavior problems in the community

# CTM





# CTM in JCCs

**Vision:** Create facilities where every resident is engaged in year round productive and meaningful education, training, recreation, and creative activities.

## **Program Tenets:**

- Structured and therapeutic activities
- Consistent staffing
- Consistent residents

**Implementation:** Began in May 2015

# Guiding Principles



- A highly structured program that stresses treatment during all activities which uses consistent staff and an interactive team approach
- Education and learning are cornerstones of the community
- Residents are involved in various levels of government on campus
- Programming promotes positive youth development to increase safety and prosocial behaviors

# Challenges to Implementation



Facilities were built using the Department of Corrections (DOC) Facility Model, including:

- Military-style uniforms
- Guard-type roles
- Densely populated units
- Few activities
- Silos
- Moving unit to unit
- Fencing
- Longer Lengths of Stay (LOS)
- Capacity

Overall, current facilities and units are too large and their physical layouts are not conducive to the team-based approach.



# Progress to Date

- Developed agency partnerships
- Rewrote Employee Work Profiles
- Modified uniforms
- Changed work schedules (12 to 8 hours)
- Trained staff extensively
- Changed/Modified programming
- Removed interior fences
- Converted 11 units to the CTM (132 residents)
- Improved/Facilitated family engagement

# Community Placement Programs (CPPs)



- Highly structured residential programs operated for committed juveniles in local detention centers
- Goal of keeping juveniles closer to their home communities
- Flexible, cost-effective, and efficient use of juvenile detention center space for lower risk offenders

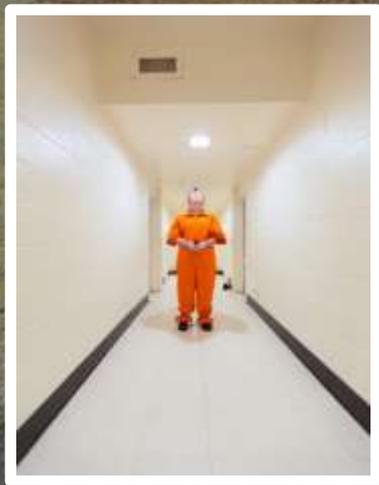
# Facility Structure and Location



# Challenges Within Current Facilities



- Location of facilities
- Existing facilities lack space for:
  - Offices
  - Treatment
  - Family visitation/therapy
  - Group activities

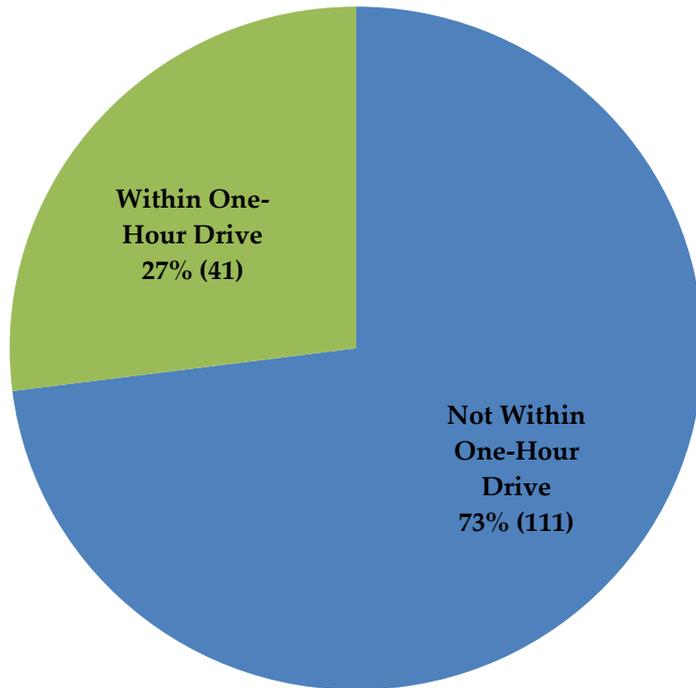


Beaumont Juvenile Correctional Center |

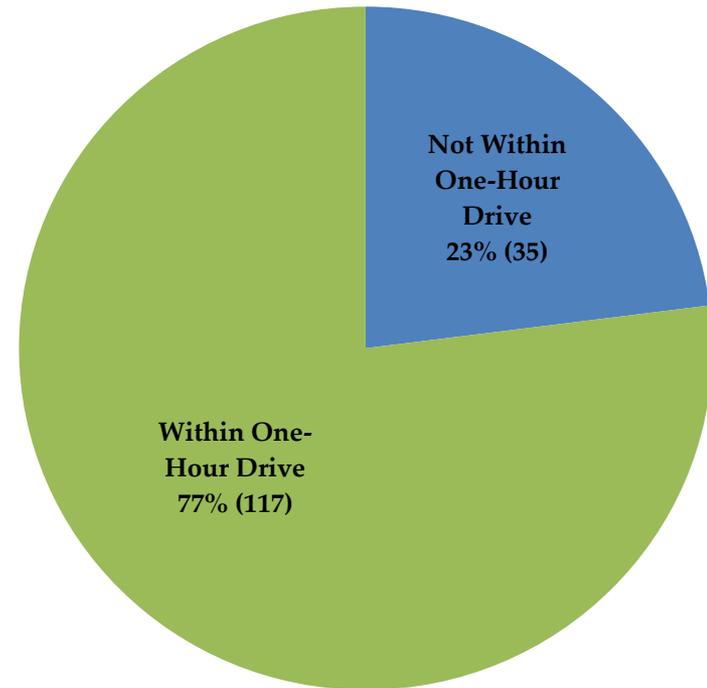
# Proximity of Serious Offenders to JCCs\*



## Proximity to Bon Air and/or Beaumont



## Proximity to Chesapeake and/or Hanover



\* Based on Serious Offenders in Direct Care on 12/9/15. Supervising locality was used as a proxy for the juveniles' home locations.

# Characteristics of Future Facilities



To continue progress, future facilities need:

- Designated treatment space
- Multipurpose space for group activities
- Conference rooms for case and treatment planning
- Family visitation/therapy areas that promote engagement
- Locations close to juveniles' home communities

# Questions?

