

1 Introduction

The Virginia Department of Juvenile Justice (DJJ) provides services to juveniles and families by operating 32 court service units (CSUs) and two juvenile correctional centers (JCCs). Direct care programs are responsible for juveniles committed to DJJ, ensuring that they receive treatment and educational services while in a safe and secure setting. The Behavioral Services Unit (BSU), Health Services, Food Services, and Maintenance provide support to the JCCs. DJJ's Division of Education (DOE) provides educational and vocational services to meet the needs of committed juveniles. Programs within the JCCs offer community reintegration and specialized services in a secure residential setting.

Case management and treatment program staff provide oversight of treatment needs, security requirements, length of stay (LOS), and facility placements in direct care. Staff facilitate psycho-educational groups, assess progress achieved, and manage classifications and residential placements. They are responsible for ensuring that all needed services (including mental health, substance abuse, sex offender, aggression management, and independent living skills development) are available and operational at the facilities, and they serve as a liaison between the field and the administrative offices for procedures and resources. These staff also work with the community to provide a transition and parole plan for re-entry.

Evaluation Process

DJJ conducts evaluations and classifications on juveniles admitted to direct care. Evaluations provided include medical, psychological, behavioral, educational/vocational, and sociological. Juveniles are typically evaluated for three to four weeks. At the conclusion of the evaluation process, a team of evaluators meets to discuss each case to determine treatment needs, LOS, classification, re-entry services, mental health transitioning, and placement recommendations. Juveniles are then transferred to their designated housing unit.

DOE

DJJ's DOE operates the Yvonne B. Miller High School as a local education agency, providing educational and vocational instruction at both JCCs. Previously operated as separate schools, the single school system with facility campuses, established on August 20, 2012, provides an opportunity to consolidate and adapt programs for the declining population of committed juveniles. The school is staffed by administrators and teachers who are licensed by the Virginia Department of Education. Juveniles' school records are forwarded to DJJ upon notification of commitment. All juveniles who have not earned a high school diploma or general educational development (GED) credential are evaluated and placed in an educational program based on their academic history.

BSU

BSU is the organizational unit responsible for providing clinical treatment services to juveniles at the JCCs. The primary services provided by BSU staff include mental health, aggression management, substance abuse, and sex offender treatment, as well as intake psychological evaluations and pre-release risk assessments. BSU conducts comprehensive psychological evaluations of all juveniles committed to DJJ. At both facilities, BSU provides 24-hour crisis intervention; individual, group, and family therapy; mental status evaluations; case consultations and development of individualized behavior support protocols; program development and implementation; and staff training.

Health Services

The Health Services Unit provides quality healthcare services to juveniles in the JCCs. When initially admitted to DJJ, each juvenile goes through comprehensive medical history and physical evaluations. DJJ maintains a staff of physicians, dentists, and nurses on-site who provide assessment, treatment, and care to meet the medical and dental needs of the population housed in the facilities. In addition, contracted psychiatrists and optometrists provide healthcare services to the juveniles. On-site staff are supplemented by a network of



hospitals, physicians, and transport services to ensure all medically necessary healthcare services delivered are consistent with community standards.

Juvenile Profile

DJJ has been collecting detailed information on juveniles admitted to direct care using the Juvenile Profile since July 1, 1992. The first six years of this data collection effort were presented in a report entitled Profiles of Incarcerated Adolescents in Virginia's Correctional Facilities: Fiscal Years (FYs) 1993-1998 with a subsequent report being published that presented data from FYs 1999 to 2003. In April 2010, information was presented covering FYs 2004 to 2008 and the name of the publication was changed to Profiles of Committed Juveniles. The current report will focus on information covering FYs 2009 to 2013 and will also highlight overall trends for the last decade.

The Juvenile Profile contains information collected from the multi-disciplinary teams responsible for evaluating all juveniles admitted to DJJ prior to placement at a JCC. These teams include counselors, psychologists, resident specialists, educational evaluators, and medical personnel. The information generated from these evaluations is used to assist in the development of treatment plans and to provide detailed data about juveniles committed to the department. (See Appendices for forms.)

The Juvenile Profile has undergone changes over time in an effort to improve the reliability and validity of the data collected. Some items have been eliminated or modified, and new items have been added depending on departmental needs. Whenever the continuity of the data has been impacted by a change in the collection process, it is noted in the text describing the item.

In addition to the Juvenile Profile, this report uses information from the commitment packet received from the CSUs, the Initial custody Designation form, and the Custody Reclassification Form. This commitment packet includes information related to the juvenile's committing offenses, type of commitment, number of commitments, and type of committing court. The classification forms are objective instruments that DJJ uses to periodically assess juveniles' appropriate security and custody levels and assign them to appropriate housing placements within a facility. The classification forms take into account current and prior offense history, institutional behavior and adjustment, treatment needs, and special management concerns (e.g., low functioning, gang member, special medical needs).

Juvenile Profile Description

The Juvenile Profile contains data elements for the following information:

- » A detailed social history that provides information about the juvenile's development, living situations, family background, and history of substance abuse, physical abuse, and sexual abuse.
- » An offense history of the juvenile's involvement with the juvenile justice system, including committing offenses.
- » A physical health assessment and evaluation that includes a medical history, physical examination, dental evaluation, vision and hearing evaluation, and screening for certain diseases.
- » An educational assessment that includes formal test results, school history, and any educational services needed while the juvenile is committed.
- » A psychological assessment that includes current and historical information on the juvenile's mental health status and treatment needs.
- » A determination of the juvenile's LOS, including assignment of mandatory or recommended aggression management, substance abuse, and sex offender treatment programs, which may impact the juvenile's LOS.

Interpreting this Report

There are limitations associated with interpreting the data presented in this report. The data are collected from juveniles evaluated during the admission process, so only juvenile admissions during the reporting period are represented. Each juvenile's evaluation involves multiple forms that are completed and entered into the Juvenile Profile; however, some juveniles may have missing individual sections of data. These juveniles with missing data are included in the analyses and all percentages are calculated out of the total number of admissions. Unusually high percentages of missing cases for specific items or fiscal years are noted when applicable. Successfully appealed, canceled, and rescinded cases are excluded from the data. (See the table on the following page for the number of juveniles included in this report for each FY.)

It is also important to evaluate the data with respect to the nature of its source. With the exception of the medical/physical screenings, standardized tests, and information submitted by the CSUs, the majority of the information collected is self-reported. As with any self-report data source, juveniles may over- or under-represent the truth on certain topics.



Other limitations to this report include the number of form changes that were implemented between FY 2009-2013. With the exception of the Social History form, each Juvenile Profile form underwent at least one revision between FY 2009 and FY 2013. The Psychological form underwent two different changes. (See Appendices A through H for copies of the forms). Every effort was made in this report to present data for variables that were consistent across all fiscal years. In instances where this was not possible, data are presented for applicable FYs. One must also be mindful of the impact of an evaluator’s perspective. Though staff are trained on how to conduct the evaluations and the agency strives for a high level of inter-rater reliability, there can be interpretive differences between each evaluator.

Lastly, Juvenile Profile data are stored in a live database that is constantly being updated and cleaned. For that reason, it is important to note that all data presented in this book were generated in February 2014. Any updates or changes occurring after that date will not be represented. Furthermore, percentages may not always add to 100% due to rounding.

The current publication organizes the data into themes (e.g., delinquent behavior, family history). This publication goes beyond the descriptive statistics used in previous reports and includes more in-depth information through the use of t-tests, analyses of variance (ANOVAs), and the creation of indices. Each page presents the 3-, 5-, or 10-year trend for a variable or index, followed by demographic breakdowns (i.e., age, race, and sex) where statistically significant differences were found among the groups. Race was grouped into “White,” “Black,” and “Other,” and age was grouped into “15 & younger,” “16,” and “17 & older.” Though race was separated into three groups, it is important to keep in mind that the “Other” group is much smaller in number than White and Black. “Other” races include Asian or Pacific Islander, American Indian or Alaskan Native, Other, and Unknown. The age groupings were chosen in order to create similar sized groups for the analysis. Statistically significant differences were determined through the use of t-tests and ANOVAs.

Admission Demographics, FY 2004-2013

	FY										
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	Total
Age											
15 & Younger	284	267	252	215	185	177	116	108	128	89	1,821
16	284	249	275	238	212	241	148	172	140	101	2,060
17 & Older	383	399	340	378	369	341	340	285	225	249	3,309
Race											
White	299	248	221	224	197	194	168	169	130	128	1,978
Black	616	610	590	549	507	507	393	369	344	286	4,771
Other	36	57	56	58	62	58	43	27	19	25	441
Sex											
Female	90	90	79	76	59	56	31	40	41	43	605
Male	861	825	788	755	707	703	573	525	452	396	6,585
Total Admissions	951	915	867	831	766	759	604	565	493	439	7,190



Acronyms

ADHD: Attention Deficit Hyperactivity Disorder

AECF: The Annie E. Casey Foundation

ANOVA: Analysis of Variance

AWOL: Absent Without Leave or Permission

BJS: Bureau of Justice Statistics

BMI: Body Mass Index

BSU: Behavioral Services Unit

CD: Conduct Disorder

CDC: United States Centers for Disease Control and Prevention

CJRP: Census of Juveniles in Residential Placement

CSU: Court Service Unit

DAI: Detention Assessment Instrument

DOE: Division of Education

DJJ: Department of Juvenile Justice

DSM: Diagnostic and Statistical Manual of Mental Disorders

FY: Fiscal Year

GED: General Educational Development credential

HHS: United States Department of Health and Human Services

IQ: Intelligence Quotient

LOS: Length of Stay

JCC: Juvenile Correctional Center

JDC: Juvenile Detention Center

JRFC: Juvenile Residential Facility Census

MHSTP: Mental Health Services Transition Plan

MSO: Most Serious Offense

NIJ: National Institute of Justice

ODD: Oppositional Defiant Disorder

OJJDP: United States Office of Juvenile Justice and Delinquency Prevention

PTSD: Post-Traumatic Stress Disorder

SAMHSA: United States Substance Abuse and Mental Health Services Administration

SASSI: Adolescent Substance Abuse Subtle Screening Inventory

SIB: Self-Injurious Behavior

VCSC: Virginia Criminal Sentencing Commission

Terms and Concepts

Admission: the physical arrival of a juvenile at a facility when he or she is officially entered into the facility's population count.

ANOVA: statistical test used to analyze differences between multiple groups. A significant finding indicates that at least one of the groups has a mean that is significantly different from the other groups. Using prescribed psychotropic medication and race as an example, an ANOVA will determine if there is a statistical difference in the likelihood of being prescribed psychotropic medications based on one's race.

Blended Sentence: the sentencing option for a juvenile convicted in circuit court, which combines a juvenile disposition with an adult sentence. The circuit court may impose an adult sentence with a portion of that sentence to be served with DJJ and provides that the judge may suspend the adult sentence pending successful completion of the juvenile disposition. See § 16.1-272 of the *Code of Virginia*.

Commitment: a court order at a dispositional hearing placing a juvenile in the custody of DJJ for a determinate or indeterminate period of time. To be eligible for commitment, a juvenile must be 11 years of age or older and adjudicated delinquent or convicted of a felony offense, a Class 1 misdemeanor and a prior felony, or four Class 1 misdemeanors that were not part of a common act, transaction, or scheme. See § 16.1-278.8 of the *Code of Virginia*. A commitment to DJJ differs from an admission. An admission may occur days or weeks after the juvenile is committed to DJJ (during which time he or she is held in a JDC). A single admission could



be the result of multiple commitments to DJJ (for example, a juvenile may be committed to DJJ by more than one court). For these reasons, the number of commitments to DJJ in a FY may be different from the number of admissions.

Criminal Street Gang: any ongoing organization, association, or group of three or more persons, whether formal or informal, (i) which has as one of its primary objectives or activities the commission of one or more criminal activities; (ii) which has an identifiable name or identifying sign or symbol; and (iii) whose members individually or collectively have engaged in the commission of, attempt to commit, conspiracy to commit, or solicitation of two or more predicate criminal acts, at least one of which is an act of violence, provided such acts were not part of a common act or transaction.

Delinquent: a juvenile who commits an act that would be a felony or misdemeanor if committed by an adult as designated under state law, a local ordinance, or federal law.

Determinate Commitment: the commitment of a juvenile 14 years of age or older to DJJ as a serious juvenile offender. The court specifies the length of the commitment, has continuing jurisdiction over the juvenile, and must conduct periodic reviews if the juvenile remains in direct care for longer than 24 months. A juvenile may be committed to DJJ as a serious juvenile offender for up to seven years, not to exceed the juvenile's 21st birthday. See § 16.1-285.1 of the *Code of Virginia*.

DSM: a manual produced by the American Psychiatric Association that provides standard classification of mental disorders and contains a listing of diagnostic criteria for psychiatric disorders.

Direct Care: the time during which a juvenile, who is committed to DJJ pursuant to §§ 16.1-272, 16.1-278.8 (A)(14), 16.1-278.8 (A)(17), and 16.1-285.1 of the *Code of Virginia*, is under the supervision of staff in a juvenile residential facility operated by DJJ or an alternative residential placement.

FY: the time period measured from July 1st of one year to June 30th of the following year. For example, FY 2013 runs from July 1, 2012, through June 30, 2013.

Indeterminate Commitment: the commitment of a juvenile to DJJ in which the juvenile's LOS is calculated based on statutory requirements and the LOS Guidelines. The commitment may not exceed

36 continuous months except in cases of murder or manslaughter or extend past a juvenile's 21st birthday. See §§ 16.1-285 and 16.1-278.8 (A)(14) of the *Code of Virginia*.

Index: a data point that combines multiple variables. For example, an index was created for this report called "Educational Problems" that combines weighted responses to questions regarding a juvenile's history of problems in school including attendance, behavior, academic progress, peer interactions, and staff relationships.

IQ: a score used to assess intelligence. The score is obtained by administering specially designed tests. Depending on the juvenile's age, DJJ uses the Wechsler Abbreviated Scale of Intelligence (WASI), Wechsler Intelligence Scale for Children (WISC), and the Wechsler Adult Intelligence Scale (WAIS).

JCC: a DJJ secure residential facility that has construction fixtures designed to prevent escape and to restrict the movement and activities of juveniles held in lawful custody. JCCs house juveniles post-dispositionally who have been committed to DJJ. See §§ 16.1-278.8, 16.1-285, and 16.1-285.1 of the *Code of Virginia*.

LOS Guidelines: a framework established by the Board of Juvenile Justice, as mandated by § 66-10 of the *Code of Virginia*, to determine the length of time a juvenile indeterminately committed to DJJ will remain in direct care. Factors that affect a juvenile's LOS include the seriousness of the committing offense(s), offense history, behavior while in direct care, and progress toward completing treatment goals.

Mean: the average of a discrete set of numbers.

Psychotropic Medication: drugs that affect the mind, perception, behavior, and mood. Common types include antidepressants, anxiolytics or anti-anxiety agents, antipsychotics, and mood stabilizers.

Special Education: instruction specially designed to meet the unique needs of a juvenile with intellectual disabilities, serious emotional disturbances, physical disabilities, speech impairments, hearing impairments, visual impairments, other health impairments (e.g., autism spectrum disorder), or some other specific learning disability.



Statistical Significance: a mathematical concept used to determine whether the outcome of an experiment is likely the result of a relationship between variables or the result of chance. If the p-value (i.e., the probability that the observations occurred due to chance) is less than the standard significance level of .05, then there is 95% confidence that the outcome due to a relationship instead of chance.

Subsequent Commitment: a commitment resulting from an offense that occurred in a direct care facility instead of in the community.

T-Test: statistical test used to analyze differences between two groups. A significant finding indicates that the groups' means are significantly different. Using prescribed psychotropic medication and sex as an example, a t-test will determine if there is a statistical difference between the likelihood of males and females being prescribed psychotropic medication.

Variable: an operationally defined attribute (e.g., IQ, assaultive behavior, prescribed psychotropic medication).

Woodcock-Johnson Tests of Cognitive Abilities (Woodcock-Johnson): a set of tests used to measure general intellectual ability, specific cognitive abilities, oral language, and academic achievement. DJJ uses the Woodcock-Johnson III.

