

**Virginia Department of Juvenile Justice Re-Entry
Initiative**

Four-Year Strategic Plan

October 2010



Table of Contents

Definitions	iii
Executive Summary	vi
Overview of Juvenile Correctional Centers	1
Overview of Court Service Units	3
Current Continuum of Re-entry Services.....	4
<i>Programs and Services at Commitment</i>	<i>4</i>
<i>Programs and Services during Commitment</i>	<i>6</i>
<i>Overview of the Department of Correctional Education</i>	<i>17</i>
<i>Post Release Community-Based Services</i>	<i>20</i>
Profile of Committed Offenders	21
The DJJ Re-Entry Strategic Plan	1
<i>Goal 1: Promote public safety and juvenile offender accountability</i>	<i>2</i>
<i>Goal 2: Ensure juvenile offenders have an individualized plan for re-entry from commitment through release from supervision</i>	<i>5</i>
<i>Goal 3: Improve re-entry outcomes by enhancing the service delivery system to become more comprehensive, continuous, and evidence-based</i>	<i>9</i>
<i>Goal 4: Improve re-entry outcomes by providing opportunities for progressively increased responsibility and freedom</i>	<i>15</i>
<i>Goal 5: Develop and nurture existing partnerships and collaborations to support successful re-entry in the community</i>	<i>19</i>
<i>Goal 6: Create an organizational culture that supports risk reduction and re-entry work with juvenile offenders.....</i>	<i>21</i>
<i>Goal 7: Conduct ongoing monitoring and evaluation of the re-entry strategic plan....</i>	<i>24</i>
<i>Goal 8: Engage juvenile offenders and families in successful re-entry.....</i>	<i>26</i>
Work Plan.....	28
Conclusion	40
Appendix A: Governor’s Executive Order.....	41
Appendix B: Juvenile Recidivism in Virginia.....	45
Appendix C: Juvenile Reentry and Aftercare.....	57

Definitions

Commitment: an order by a judge at the dispositional hearing for the placement of a juvenile with DJJ. 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 the same incident. The court may commit the juvenile for a determinate or an indeterminate period of time. See Va. Code §16.1-278.8.

Court Service Unit (CSU): a local or state agency that provides services including intake, investigations and reports, probation, parole, counseling, and other related services in the community.

Detention Home or Secure Facility: a local, regional, or state public or private locked residential facility that has construction fixtures designed to prevent escape and to restrict the movement and activities of children held in lawful custody. Detention homes may incarcerate juveniles both prior to trial and as a dispositional alternative. See Va. Code §16.1-248.1.

Group Home: a juvenile residential facility that is a community based, home-like single dwelling, or its acceptable equivalent, other than the private home of the operator, and does not exceed the capacity approved by the regulatory authority. Placements can be pre- or post-dispositional.

Halfway House: a residential facility housing juveniles in transition from direct care and provide services including independent living skills, employment skills, and work experience.

Juvenile Correctional Center (JCC): a secure facility operated by or under contract with the Department where 24-hour-per-day care is provided to individuals under the direct care of the Department. Services provided during this period include supervision, education, treatment services, recreational services, and a variety of special programs.

Parole: supervision of a juvenile released from commitment to the department as provided for in Va. Codes §§ 16.1-285, 16.1-285.1, and 16.1-285.2.

Probation: the court-ordered supervision of an offender in the community for a specified length of time and requiring compliance with specified rules and conditions.

Post-Dispositional Detention with Programs: structured programs of treatment and services given to youth who have been sentenced by a judge. Programs are typically designed for up to six months and are intended to maintain and build community ties. To be eligible for post-dispositional detention, a juvenile must be 14 years of age or older and found to have committed a nonviolent juvenile felony or a Class 1 or Class 2 misdemeanor offense that is punishable by confinement in a state or local secure facility. See Va. Code §§16.1-278.8(A16) and 16.1-284.1(B).

Post-Dispositional Detention without Programs: the sentencing of a juvenile by a judge to a detention facility for up to 10 days or up to 30 days without full services being provided. Va. Code §§16.1-284.1, 16.1-291, and 16.1-292 provide additional statutory criteria that need to be satisfied prior to placement.

Pre-Dispositional Detention: the confinement in a secure facility while a juvenile is awaiting a court disposition. To be eligible to be detained prior to disposition, the judge, intake officer, or magistrate must find probable cause establishing that the juvenile committed a Class 1 misdemeanor or a felony offense. In addition, the juvenile must be a clear and substantial threat to another person, the property of others, or to himself. Va. Code §16.1-248.1 provides additional circumstances in which a juvenile may be detained.

Pre-Disposition Report: the document prepared (1) within the timelines established by approved procedures when ordered by the court, (2) for each juvenile placed on probation supervision, (3) for each juvenile committed to the Department, or (4) upon written request from another Court Services Unit (CSU) when accompanied by a court order. The report must include the identifying and demographic information for the juvenile; offense, court and CSU history and involvement; social, medical, psychological, and educational information about the juvenile; information about the juvenile's family; and dispositional and treatment recommendations.

Re-Entry Recidivism: re-entry recidivism is defined as a return to prison, jail and/or juvenile detention or correctional facility with either a new conviction or as the result of a violation of the terms of supervision within 12 months of initial release.

Re-Entry Relapse Prevention Plan: a plan that assists the youth to identify what happens before re-offending by defining precursors, cues and risk factors that impact the youth's thinking and behavior. The plan identifies risky peers, what is lacking at the time of re-offence, stressors, and environments as well as strategies to avoid their triggers.

Reoffending (Measures of): three measures used in this document are (1) Rearrest- a petition filed at intake for a new delinquent complaint or an adult arrest for a new criminal offense; (2) Reconviction- a guilty adjudication for a delinquent or criminal offense, which is the only measure of reoffending that meets DJJ's definition of recidivism; and (3) Reincarceration- any return to incarceration in a JCC or adult facility after having been previously released from a JCC.

Resident: an individual, either a juvenile or an adult, who is committed to the Department pursuant to Va. Code §§16.1-285.1 or subdivision A 14 or A 17 of §16.1-278.8 and resides in a JCC or a public or private facility operated by or under contract with the Department where supervision is provided to persons under the direct care of the Department.

Risk Assessment Instrument: a scored tool used by DJJ to provide an objective estimate of an individual's risk for reoffending.

Youth Assessment & Screening Instrument (YASI): a validated tool used by DJJ which provides an objective classification of an individual's risk of reoffending, specific areas that contributes to that risk, and protective factors. YASI looks at both static and dynamic risk and protective variables in 10 distinct functional domains.

Phoenix Program: an evidenced based curriculum developed by A. R. Phoenix Resources, Inc. The curriculum helps residents develop a variety of behavioral, cognitive, and affective skills necessary to function effectively in the institutions and community settings. This curriculum, designed for adolescents, includes skills such as decision-making, problem-solving, anger management, coping skills, relapse prevention, returning home, vocational issues, understanding and handling feelings, and dealing with transitions.

REACH: a behavior modification program instituted in the JCCs that involves concepts of responsibility, empowerment, achievement, change, and hope.

Executive Summary

The critical need to break the cycle of crime and incarceration for juvenile and adult offenders is increasingly prominent at all levels of government. Governor Robert McDonnell, in one of the early acts of his administration, issued Executive Order Number 11, establishing the Virginia Prisoner and Juvenile Offender Re-Entry Council. The Council is tasked with developing comprehensive re-entry strategies to reduce recidivism. Success in this endeavor will require collaboration and coordination among units of state and local government, as well as many other community partners. (See Appendix A for the Governor's Executive Order). The Department of Juvenile Justice re-entry mission provides for "Successful re-entry through community partnerships that promote public safety, accountability, and competency development." The agency's underlying principals and framework for re-entry is aimed at reducing recidivism, victimization and encouraging productive citizenship of juveniles returning to their communities.

The first step in planning a department wide re-entry initiative was to determine the vision and the underlying principles that guide the development of goals focused on reducing recidivism, improving public safety by assisting committed juvenile offenders in a structured and gradual transition from secure confinement back into the community. The underlying principles for DJJ's Juvenile Offender Re-Entry Strategic Plan are founded in theoretical and research based methodologies that translate into fundamental operational components. The guiding principles are:

1. Promote public safety through the successful re-entry of juvenile offenders.
2. Re-entry is not a program; it is a way of doing business.
3. Re-entry must be a seamless process from the time of commitment through the release from supervision.
4. Use of validated assessments of risk and criminogenic needs at key stages of the re-entry process is the basis for case planning.
5. Case planning is the cornerstone of re-entry; it must be individualized, collaborative, and continuous.
6. Evidence-based approaches and practices are likely to result in the most effective outcomes.
7. Juvenile offenders must be prepared for progressively increased responsibility and freedom in the community through competency development.
8. Engaging youth, family and community support systems is essential to successful re-entry.
9. Monitoring and testing youth's ability to adjust to the community lowers the risk of negative outcomes.
10. Ongoing evaluation of activities and results and modifications of policies and practices is critical in order to improve outcomes.
11. Management information systems must support the work, including shared data across all areas of the Department.

Improving outcomes for juvenile offenders released from commitment is among the most important responsibilities of DJJ. In Virginia, approximately one-half (46.9% - 53.8%) of those released from a juvenile correctional center in the fiscal years 2004 – 2008 were re-arrested for a new crime in the 12 months following release. Approximately 40% of those released were convicted of that new offense. At 36 months post-release, reconviction rates exceed 70% (for juveniles released in 2004 and 2005)¹. While the challenges of improving these re-entry outcomes are significant, DJJ can and must do better if we are to realize the agency’s vision of “*Successful youth, Strong families, Safe communities*” and to mitigate the impact of recidivist offending on victims and communities in the Commonwealth.

In recent years, the concept of re-entry to describe the process and outcomes of incarcerated offenders returning to the community has received extensive attention. The large number of offenders returning to the community, the spiraling costs involved with incarceration (in FY2009, the total annual cost including confinement and education for a juvenile committed to DJJ was over \$120,000), and the increasing severity of the criminal histories of those committed all support a paradigm shift toward improved policies and practices concerning the nature of incarceration and the transition and re-entry of juvenile offenders back into their communities.

As described in the *Intensive Juvenile Aftercare Reference Guide* published by the Juvenile Reintegration and Aftercare Center (2004):

A vastly revised sense of how to generate better outcomes through a significantly reconceptualized reintegrative process has emerged . . . aftercare is no longer an afterthought in American juvenile justice. (p. iii)

DJJ has focused on improving re-entry outcomes for juvenile offenders for many years. Activities now recognized as “best practices” such as having an assigned parole officer working with the youth and family throughout the period of commitment, institutional programs designed to build competencies, a transition planning process, allocation of financial and programmatic resources to support services to juveniles and families during the transition period, risk-based parole supervision, and the establishment of innovative re-entry programs have been integrated into DJJ’s approach. In the mid-1990’s, Virginia was one of four states to participate in the national Intensive Aftercare Program demonstration project.

While DJJ’s recidivism rates are comparable or better than those found in many other states (see Appendix B for *Juvenile Recidivism in Virginia: DJJ Research Quarterly*, April 2005), current rates remain higher than desired. While it is unrealistic to expect that recidivism can be totally eliminated, each juvenile that successfully re-enters the community means one or more less victim of crime, one more person working and contributing to the life of the community, one more child whose father or mother is present to care for them as opposed to being incarcerated, and one step closer to community safety.

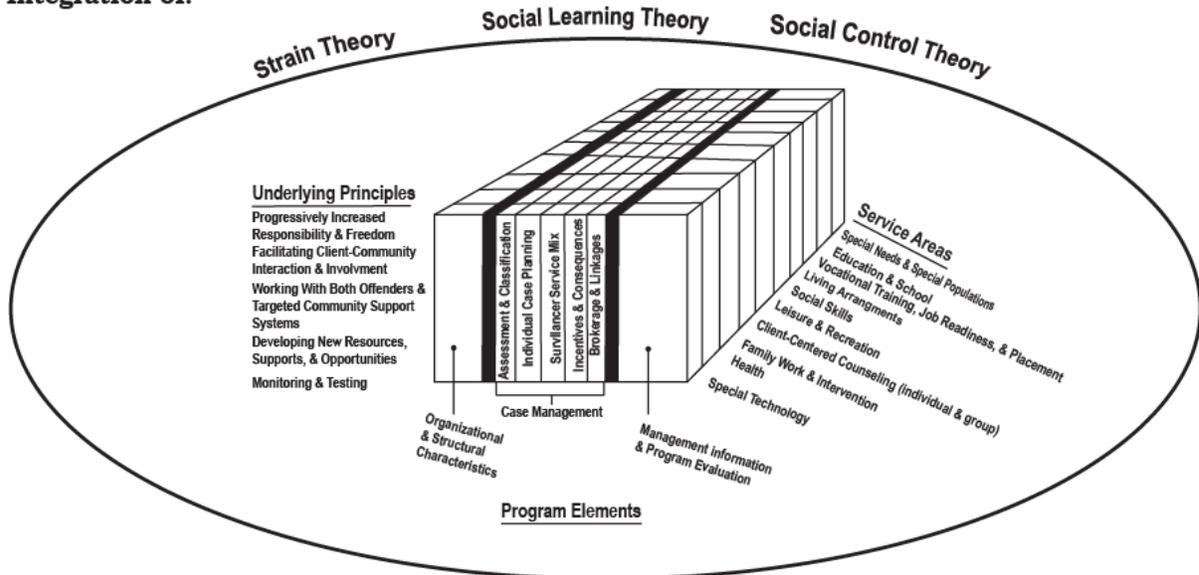
¹ Source: Virginia Department of Juvenile Justice, Data Resource Guide, Fiscal Year 2009.

Decades of research and lessons learned from re-entry initiatives have established an emerging model of juvenile offender re-entry best practice. Supported for almost 20 years by the Office of Juvenile Justice and Delinquency Prevention, the Intensive Juvenile Aftercare Program (IAP), developed by David Altschuler and Troy Armstrong, represents the current “state of the art” in conceptualizing and operationalizing effective juvenile offender re-entry practices. (see Appendix C for *Juvenile Reentry and Aftercare*). The IAP model has rich origins, drawing on over 30 years of research into the effectiveness of various offender supervision and intervention strategies, the growing “what works” literature in the criminal justice field, long-standing theoretical frameworks for understanding the emergence and control of delinquency, well-established psychological principles of behavior change and developments such as the balanced and restorative justice movement. Thus, DJJ has selected this model as the foundation on which to build the Virginia Juvenile Offender Re-Entry Initiative.

The IAP model is organized at four conceptual levels moving from theoretical to practical. The first level is an integrated theoretical foundation which emphasizes the multiplicity of likely causal factors in serious juvenile crime and frameworks through which to understand how to best reduce recidivism. At the next level are five guiding principles for reintegration. These principles are preparing youth for progressively increased responsibility and freedom in the community, facilitating youth-community interaction and involvement, working with both the offender and targeted community support systems on qualities needed for constructive interaction and the youth’s successful community adjustment, developing new resources and supports where needed, and monitoring and testing the youth and the community on their ability to deal with each other productively. The first of three major program elements is the organizational and structural characteristics (e.g., structure of the juvenile justice system, system resources, inter- and intra-agency collaboration, transfers to criminal (circuit) court and adult corrections, and juvenile parole at the local level). The second element is the overarching case management which includes five components: 1) assessment, classification, and selection criteria; 2) individual case planning incorporating a family and community perspective; 3) a mix of intensive surveillance and services; 4) a balance of incentives and graduated sanctions coupled with the imposition of realistic, enforceable conditions; and 5) service brokerage with community resources and linkage with social networks. The final element of the model addresses the provision of treatment and services across ten designated life domains and populations. This intervention model is summarized in Illustration 1 below. (This information is abstracted from the *Intensive Juvenile Aftercare Reference Guide*, 2004).

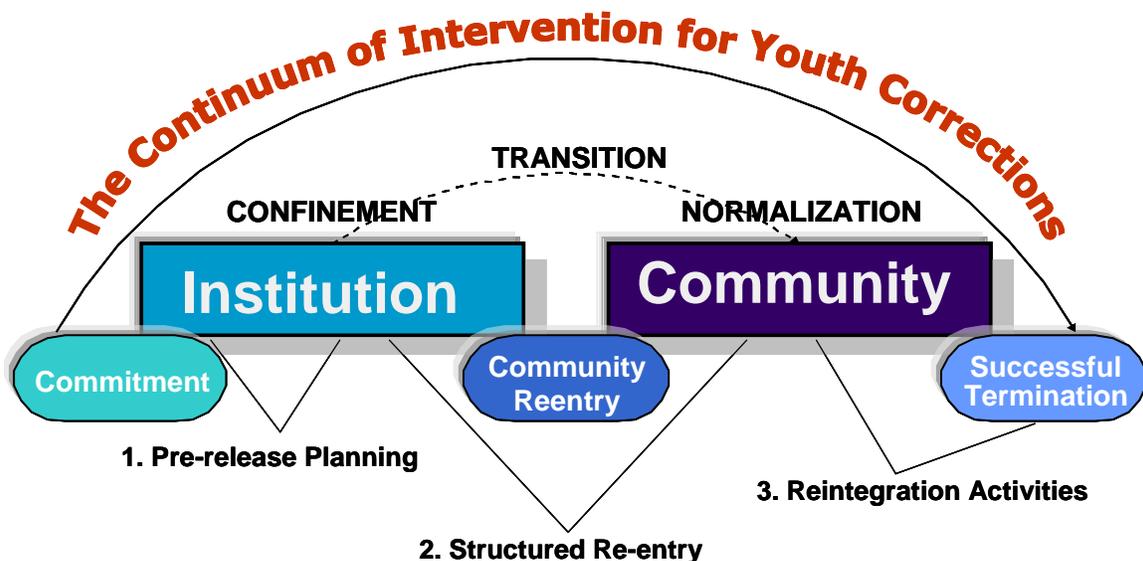
Illustration 1: Intervention Model for Juvenile Intensive Aftercare

An Integration of:



Another key framework of the IAP model is the “re-integrative continuum” which provides a chronological perspective, dividing the re-entry process into three phases beginning at the time of commitment and concluding at the time of release from community supervision. Specific activities are associated with each of the three phases. The three phases are the institutional phase, the transitional phase, and the community follow-up phase. This continuum is summarized in Illustration 2 below. This continuum has been adopted as a key organizing concept of the DJJ framework for re-entry.

Illustration 2: The Continuum of Intervention for Youth Corrections



DJJ has utilized the aspects of the IAP model as a basic foundation for its existing re-entry practices, as well as for improvements in those practices to be addressed through this Re-entry Initiative. The model is comprehensive, addressing practices directed at the juvenile offender, his or her family, and activities of the juvenile correctional centers (JCCs) as well as parole officers. It stresses the role of partnerships with service providers in both the institutional and community settings and linkages with social networks (e.g., the faith-based community) that support the juvenile offender's reintegration into the community and reinforce pro-social choices. The model balances protection of public safety through monitoring and other social control mechanisms with building competencies for successful community functioning.

In June of 2010, DJJ convened a workshop to include participants from key agency leaders from across the state, partners from other state and local agencies, as well as non-governmental organizations and the faith based community. A major activity of the workshop was small group discussions between DJJ and partner agencies focused on specific topics relevant to the juvenile offender re-entry process.

Following the workshop, a DJJ working group conducted an analysis of current DJJ re-entry practices compared to the "best practices" found in the IAP model and used this gap analysis to guide the development of the recommendations. Additionally, an independent group consisting of DJJ field staff, local partner agencies and the faith based community was convened to further gather suggestions and input into the re-entry strategic plan development.

Specific recommended actions are identified and incorporated into a work plan necessary to bring the strategies to life. The goals below shape the focus of the initiative:

1. Promote public safety and juvenile offender accountability;
2. Ensure juvenile offenders have an individualized plan for re-entry from commitment through release from supervision;
3. Improve re-entry outcomes by enhancing the service delivery system to become more comprehensive, continuous, and evidence-based;
4. Improve re-entry outcomes by providing opportunities for progressively increased responsibility and freedom;
5. Develop and nurture existing partnerships and collaborations to support successful re-entry in the community;
6. Create an organizational culture that supports risk reduction and re-entry work with juvenile offenders;
7. Conduct ongoing monitoring and evaluation of the re-entry strategic plan;
8. Engage juvenile offenders and families in successful re-entry;

The Juvenile Offender Re-Entry Strategic Plan builds on activities that are presently in place or in various stages of development and implementation. With a focus on public safety, existing strategies can be used to enhance evidence-based programs and to employ best practices in both institutional and community settings. Working with public

and private agencies as partners, enhancing the skills and competencies of the DJJ work force, using data to manage resources, and enhancing effectiveness will serve as the foundation for new objectives and initiatives.

Together, with the help, resources, and commitment of existing and new partnerships, DJJ will embrace the challenge presented by the Governor's Executive Order No. 11 and improve the re-entry outcomes for juvenile offenders leading to safer communities across the Commonwealth.

Helivi Holland
Director

Overview of Juvenile Correctional Centers

The Division of Operations has direct responsibility for juvenile offenders who have been committed to the state, ensuring that they receive treatment and educational services while in a safe and secure setting. It operates the Reception and Diagnostic Center (RDC) and five juvenile correctional centers (JCCs).

The JCCs and RDC have a combined operating capacity 917. The Behavioral Services Unit (BSU), Central Infirmary, Youth Industries, Bon Air Complex Maintenance, Health Services Unit, and Food Services Unit provide support to the JCCs. The Department of Correctional Education (DCE) provides educational services at RDC and all of the JCCs.

Based on a FY 2005 General Assembly mandate, DJJ developed a utilization plan to maximize the use of resources; efforts to implement recommendations from the plan continued through FY 2009. This includes ongoing population management through movement of juveniles according to the plan's mandates and DJJ's needs. Also, DJJ has planned renovations and new capital construction, as funding is available, in an ongoing effort to improve facilities which requires close population management. When reviewing and adjusting the population for each facility, several factors are taken into consideration such as housing capacity, staffing levels, and programming initiatives. Revisions to capacities and shifts in the population are considered in order to keep the treatment needs of the juveniles in the forefront and were a natural result of the necessary closure of housing units on facility campuses. The utilization plan also called for a move toward therapeutic capacities within the facilities. To address this, DJJ began interrelations with staff and improved security in treatment settings. Continued population management has become a vital tool and DJJ continues to work toward this goal.

Security and Operations

The Security and Operations Section of the Division of Operations incorporates functions that provide public safety, including supervision and control of committed juveniles and support functions of proper facility operation. Security, which involves both public safety and the safety of the juveniles themselves, is facilitated by the juvenile correctional officers (JCOs). JCOs operate using paramilitary style rankings and titles under standard operating procedures that establish how facilities and services are to operate on a 24-hour basis, including proper techniques for addressing various situations. JCOs are tasked with the daily supervision of committed residents have the considerable responsibility of serving as role models for residents by displaying the positive, socially acceptable behaviors that we want residents to emulate when they re-enter society. Ultimately the JCOs are the staff that spends the greatest amount of cumulative time with the residents during their stay in direct care, which results in the behavior and interactions of the security staff having the greatest impact on residents' overall behavior. Support staff provides basic daily operating services, including food service, maintenance, human resources, medical, recreation, and business office responsibilities.

Case Management and Treatment Programs

The Case Management and Treatment Programs Section of the Division of Operations provide oversight of treatment needs, security requirements (with respect to classification), length of stay, institutional placement, and changes while in direct care. Case management staff monitors progress in treatment, education, and other programs; assesses and reports on achievements, and deal with broad regulations on classification as well as the residential location of juveniles with different classifications. They are responsible for ensuring that services are available to the residents at the facilities, and they serve as a liaison between the community and the administrative offices for procedures and resources. They are responsible for establishing and updating the length of stay for each resident and the resident's custody classification. These staff follows the case management practices that will eventually justify the release of a juvenile back to the community, and they work with the community to provide a transition and parole plan for re-entry.

Classification System

The Department operates an objective classification system to enable staff to assess a resident's appropriate security and custody level, determine the most appropriate services and programs, assign residents to appropriate housing placements within a facility, and assess residents for placement in community transition programs and for special needs. The classification system also provides for periodic reviews of security, custody, and program placement in consideration of the juveniles' needs and progress and for the re-classification of juveniles as appropriate. A resident's behavior, initial committing offense, and willingness to participate in treatment/education programs will impact the classification level.

Residents are classified according to their need for structure:

- Level I - low structure
- Level II - medium structure
- Level III - high structure
- Level IV - intensive structure

Facilities are classified according to the level of security they provide:

- Level I - low security, structure, and supervision
- Level II - medium security, structure, and supervision
- Level III - high security, structure, and supervision
- Level IV - intensive security, structure, and supervision

Residents are assigned to facilities based on these classification levels, age, sex, and other factors. The need for specific treatment may override a classification level for facility placement, but the classification level is still taken into consideration for room assignment.

Length of Stay (LOS)

Using guidelines issued by the Board of Juvenile Justice, DJJ establishes the length of stay for indeterminately committed juveniles based on the severity of a juvenile's offense(s) and chronicity of criminal behavior, with due consideration given to the youth's treatment needs and demonstrated behavior while under DJJ's supervision. LOS categories are defined by an anticipated minimum and maximum number of months that the resident will remain with DJJ. For example, the LOS category 3-6 indicates a resident is expected to stay between three and six months. The actual LOS may vary from this range due to institutional offenses or failure to complete mandatory treatment.

Overview of Court Service Units

The Community Programs section of the Division of Operations is responsible for providing community-based services to juvenile offenders. Three regional offices provide direct supervision to court service units through Regional Operations Managers (ROMs) who also supervise the Department's halfway houses. The Eastern Region includes eleven judicial districts plus a halfway house and extends from Richmond to the eastern shore and includes parts of the Northern Neck, the Northern Region includes twelve judicial districts from Richmond to the northern Virginia metropolitan area and Winchester, Virginia; and includes the locally operated court service units and the Western Region includes twelve judicial districts and extends from Appomattox and Staunton to the southwestern borders of the Commonwealth, and with the exception of Roanoke, includes a large expanse of rural areas. The Court Service Units provide the following services:

- **Juvenile Intake:** Intake services are provided 24 hours a day at each of the 35 court service units (CSUs) across the state. The intake officer receives, reviews, and processes complaints, files petitions and determines if a juvenile should be released to the parents or detained pending a court hearing.
- **Investigations and Reports:** Court-ordered social histories make up the majority of the reports that CSU personnel complete. Other reports and investigations completed include case summaries to the Family Assessment and Planning Teams, commitment packets for the Reception and Diagnostic Center, interstate compact reports, transfer reports, parole transition reports, ongoing case documentation, and transitional services referral packets. Custody investigations are completed by some CSUs to provide recommendations to the court on parental custody and visitation.
- **Domestic Relations:** In addition to handling juvenile complaints, CSUs provide intake services for domestic relations including non-support, family abuse, custody, abuse and neglect, termination of parental rights, visitation rights, paternity, and emancipation.
- **Probation:** The most frequently used disposition for those juveniles adjudicated guilty of a charge filed against them is probation supervision. Virginia juvenile probation strives to achieve a "balanced approach." This approach focuses on

the principles of community protection (public safety), accountability, and competency development.

- Parole Services: Offenders are provided parole services to assist in the transition back to the community from direct care commitment. Parole officers are assigned to offenders at commitment to provide case management services, broker appropriate transitional services, and monitor the offender's adjustment to the communities.

Current Continuum of Re-entry Services

The Division of Operations is responsible for providing a continuum of institutional and community-based services to juvenile offenders. Working under the principle that re-entry begins at commitment, the below is the array of both institutional and community based services provided to juvenile offenders from commitment to release from parole supervision.

Programs and Services at Commitment

Youth Assessment and Screening Instrument (YASI)

On July 1, 2010, the Youth Assessment and Screening Instrument (YASI) became the required risk assessment tool for all court service units. DJJ is using the YASI to assess risk, needs and protective factors and develop case plans for juvenile offenders. The YASI is considered to be a "third-generation" assessment instrument for juvenile offenders, which includes a brief "pre-screening" version that arrives at an overall risk level as well as separate risk scores for legal history and social history (e.g., family, school and other adjustment domains). The pre-screen generates a risk score on a four-point scale from No Risk through High Risk.

The full YASI instrument examines and generates risk and protective scores for each of 10 domains, as well as overall risk classifications. These domains are legal history, family, school, community and peers, alcohol and drugs, mental health, aggression, (pro- and anti-social) attitudes, (social and cognitive) skills, and employment and free time. The full YASI is employed for pre- and post-dispositional reports and case planning activities. It includes ratings of both static (historic and unchangeable) and dynamic (changeable) risks and protective factors in each of the 10 domains. Static variables (typically delinquent history) are necessary and efficient predictors of recidivism. Dynamic variables are predictors of recidivism that point to characteristics and behavior patterns that can and need to change in order to reduce future problems. The YASI generates a six level risk classification from Low through Very High. A narrative report can be generated that provides a summary of the findings and which can be used for part of a social history report or referral package for a service provider. The final product is a case plan that builds on those areas identified by the YASI and allows the parole officer to prioritize areas to be addressed, establish short- and long-term goals, and specific interventions for those areas.

The implementation of the YASI comes with considerable training. The first part of training is a two-day session that emphasizes administering the instrument and interviewing styles that lead to enhancing juvenile offender motivation. This training includes both didactic presentations and skill-building activities. Any staff members who may be completing an assessment (as well as those who supervise these activities) attend this training. A third day of training is designed specifically for supervisors to address issues relevant to their role in the process. At the completion of the initial training, participants are prepared to begin completing YASIs and generating assessment results. The second phase of training focuses on the application of the assessment results to case planning. This is also a two-day session with a third day specifically designed for supervisors. This case planning session includes an emphasis on engaging the juvenile offender in the process of selecting and committing to their own goals for change.

All court service units have completed the first phase of training and several have completed both phases. Additional implementation of the YASI including case planning is a recommendation in the Re-entry Strategic Plan.

Parole Services

Upon commitment offenders are assigned a parole officer to provide case management services, facilitate transitional services, determine appropriate placement prior to release, and monitor adjustment to community living. With planning initiated when a juvenile is committed to DJJ, parole supervision is designed to assist in the successful transition back to the community. Parole services build on the programs that the juvenile received during the period of secure confinement in the JCCs. Parole supervision focuses upon the balanced approach. Protection of public safety is emphasized through a level system of supervision based on the juvenile's assessed risk of reoffending and adjustment to rules and expectations. The period of parole varies according to the juvenile's needs, level of risk, offense history, and adjustment. Supervision may last until the juvenile's 21st birthday.

Reception and Diagnostic Center

The Department operates a centralized evaluation and classification process at the Carroll R. Minor Reception and Diagnostic Center (RDC). This facility serves as the central intake facility for all committed juveniles and is the first encounter a juvenile has with a correctional center. The facility was established in 1968 to receive, evaluate, and place all juveniles committed by the juvenile and domestic relations district or circuit courts. The facility consists of six housing units: five for males and one for females. Juveniles range in age from 11 to 20 and are typically housed at RDC from four to eight weeks, depending on their individual needs.

RDC's primary functions are orientation, evaluation, and classification of juveniles. Services provided at RDC include academic, medical, psychological, behavioral, and sociological evaluations and classification to determine appropriate treatment needs, security requirements, facility placements, and lengths of stay. Each juvenile is assigned a counselor, who is responsible for coordination of the evaluation process,

individual and crisis counseling, completion of the sociological report, and case management. In addition, full-time psychologists, psychology assistants, and a consulting Psychiatrist perform assessments and offer juvenile treatment services; the medical department completes medical and dental examinations; and the Department of Correctional Education staff administers a battery of tests to identify the appropriate educational level, vocational aptitude, and any special educational needs for the juvenile. At the conclusion of the thirty-day evaluation process, a team of evaluators meet to discuss each case individually to determine treatment needs, length of stay, classification, transitioning/re-entry needs and plans, mental health transitioning, and placement recommendations.

RDC also plays a vital role in tracking juvenile data for the Department and compiles Juvenile Profile data that is collected and utilized by DJJ's Research and Evaluation Unit to create a global picture of committed juveniles to include education, mental health, physical, and social information. Additionally, the facility is responsible for housing and maintaining all master files for the Department and serves as the clearinghouse for release information, working with the State Library to retain and destroy documents in accordance with established guidelines.

RDC has a *Volunteer Services* Director and a Community Advisory Board that work in conjunction with a community of volunteers to provide a wide variety of activities and resources for the residents, and sponsor facility-wide events for the youth. The religious programs include chapel services, bible study, religious volunteers, and a chaplain from the Virginia Chaplain Services. Recreational programs offer juveniles at RDC the opportunity to participate in an active athletic program including basketball, softball, and volleyball. Additional recreational activities are available such as movies, concerts, and cultural events.

RDC operates a highly structured orientation and behavioral management program, emphasizing development in areas of responsibility, empowerment, achievement, changes to thinking and acting, and hope for a successful return to the community. All juveniles at RDC participate in the REACH program which establishes a structured daily schedule and is designed to have juveniles take responsibility for their own actions and allows their behavior to determine their quality of life, in terms of privileges. From RDC, juveniles are placed at their designated correctional facilities or special placements.

Programs and Services during Commitment

Juvenile Correctional Centers

Beaumont JCC

Beaumont Juvenile Correctional Center (JCC) houses DJJ's more aggressive male offenders typically between the ages of 16-20. Each resident has an assigned counselor who chairs his Treatment Team and Service Planning Committee. These groups ensure the coordination of services and an individually-focused program.

The Department of Correctional Education (DCE) operates two high schools at Beaumont JCC. The schools offer high school diploma or GED tracks to all juveniles as well as vocational programs including brick masonry, small engine repair, computers, janitorial, printing, and food services.

Beaumont offers residents various treatment services including aggression management, substance abuse, sex offender, mental health therapy (group and individual), and medical/healthcare. In addition to these programs, the facility also offers religious, recreational, Youth Industries, and volunteer programs. The religious programs include chapel services, bible study, religious volunteers, and a chaplain from the Virginia Chaplain Services. Recreational programs offer residents at the opportunity to participate in an active athletic program including basketball, softball, volleyball, and swimming. Additional recreational activities are available such as movies, concerts, and cultural events.

Beaumont has a volunteer services director who manages a volunteer auxiliary and a community of volunteers who provide activities and resources for the residents, and sponsor facility-wide events for the youth. Volunteers provide mentoring, monthly birthday parties for residents, spring/summer cookouts, holiday activities, and other programs throughout the year.

The Youth Industries Program offers training in food services, electrical, offset printing, and barbering. At Beaumont, Department of Labor grant funding was used to establish a barbering program and an electrical program and to expand the printing program. Juveniles from the barbering and electrical programs at Beaumont have completed numerous jobs around the Beaumont facility, including electrical wiring and barbering work. The electrical program at Beaumont has also incorporated a copper/fiber optic based Network Cabling Installer course. Completing this eight-month course allows juveniles to become certified cable installers. Juveniles from the Beaumont barbering program have earned their barbering licenses.

Bon Air JCC

Bon Air Juvenile Correctional Center (JCC) is DJJ's only co-ed facility. Bon Air is located on state property adjoining the Carroll R. Minor Reception and Diagnostic Center and Oak Ridge JCC. Bon Air is equipped to handle juveniles committed with all levels of offenses and to provide a safe, structured, and disciplined environment. Youth are provided an atmosphere conducive to treatment, education, and training.

A full range of educational and vocational services is provided at two campus schools by the Department of Correctional Education (DCE). The middle and high schools offer instruction in the following areas: English, Mathematics, Science, Social Studies, Health and Physical Education, Social skills, Art, Chorus, Spanish, Driver's education, and GED. Students eligible for special education services receive a full range of services to include self-contained resource consultation and speech therapy. Guidance counseling and transition services are available to all students.

Students may also participate in the following pre-vocational programs: Career Pathways, Plumbing, Culinary Arts, Business Education, Commercial/Residential Cleaning, Advertising Design, and Technology Education

The Youth Industries Program offers residents an opportunity to overcome barriers to employment by providing vocational/academic instruction, hands-on work-based training, and guidance on using these skills when entering the job market. At Bon Air, this program offers training in advertising and design.

Bon Air JCC offers specialized treatment services including substance abuse, aggression management, sex offender, and mental health services. Mental Health Services are provided by the Behavioral Services Unit. A counselor assigned to each unit provides rehabilitative counseling services. A recreational therapist coordinates structured recreational activities. Religious services are coordinated by a chaplain assigned through Chaplain Services of Virginia. Two youth advocates are assigned to address youth grievances.

Culpeper JCC

Culpeper Juvenile Correction Center (JCC) is located approximately five miles south of the City of Culpeper, VA and 1/2 mile south of the town of Mitchells, VA on Route 615. Culpeper JCC, designed for maximum security and houses offenders typically age 18 to 21.

Culpeper JCC has either staff or contract services to provide a Medical Doctor, Ophthalmologist, Nurse Practitioner, Radiology, Psychiatrist, Psychologists, Dentist, and Clinical Social Workers. Culpeper offers residential treatment services and programs for the correctional center population including Sex Offender Treatment, Residential Substance Abuse Treatment, and Aggression Management services that are offered to all residents. The Sex Offender Treatment Program includes: services for residents 18 and older; Self-Contained Treatment; 24 beds; 12-24 month program; individualized/group therapy; psycho-educational sex offender groups; and aftercare service for program completers. The Residential Substance Abuse Treatment Program includes individualized/group therapy; therapeutic community program; psycho-educational substance abuse groups; and aftercare service.

Cedar Mountain High School, operated by the Department of Correctional Education (DCE), offers educational services for JCC residents. Students can either earn their standard diploma by completing a minimum of 22 credits, or they can work to residents earning a GED certificate by enrolling in the Individualized Student Alternative Education Plan Program. Vocational training is also offered in business education, career pathways, commercial and residential cleaning, and culinary arts.

The facility also offers the Youth Industries Program. The Youth Industries Program provides vocational/academic instruction, hands-on work-based training, and guidance on using these skills when entering the job market. At Culpeper, this program offers training in barbering and horticulture. Currently, juveniles at Culpeper JCC participating

in the barbering program provide grooming services for other juveniles housed at the facility as well as to staff. The horticulture program incorporates classroom instruction as well as the use of a fully functional greenhouse constructed on the JCC grounds. Residents involved in the horticulture program have completed beautification projects at the Culpeper facility as well as other JCCs.

Hanover JCC

Hanover JCC is situated on 1,806 acres of land in Hanover County, VA. Hanover JCC serves male offenders typically between the ages of 11 and 18 with moderate to serious committing offenses. Hanover JCC offers highly specialized residential treatment services and programs. The Hanover Program is a culmination of efforts by treatment, security, and education staff to improve the management and overall learning experience for the committed youth. Hanover stresses the importance of education, communication, and coping skills coupled with counseling and working with families.

The Department of Correctional Education (DCE) operates the John H. Smyth School on the campus of Hanover JCC. Residents attend school year-round which offers academic classes, as well as pre-vocational training for middle and high school students. The educational program is geared to the individual needs of each resident and consists of remedial and special education courses. Vocational programs are also offered including electrical, business education, computer aided design, commercial/residential cleaning, and cabinet making.

Hanover offers residents various treatment services including aggression management, substance abuse, and self-contained sex offender treatment programs. In addition to these programs, the facility also offers intramural sports, a Junior Reserve Officers Training Program (JROTC), and Youth Industries Programs. The intramural sports include flag football, volleyball, track, basketball, and swimming.

The JROTC Program offers residents at Hanover the opportunity to acquire basic military skills with the primary goal of teaching self-reliance, leadership, responsiveness to authority, citizenship, effective communication skills, and the importance of physical education. In order to participate in this program, residents must be at least in the 9th grade and on a GED or high school diploma track. Participants can be 18 if they are working to residents their GED or diploma.

The Youth Industries Program offers residents an opportunity to overcome barriers to employment by providing vocational/academic instruction, hands-on work-based training, and guidance on using these skills when entering the job market. At Hanover, this program offers training in the horticulture field.

Volunteers from the community are utilized on a regularly scheduled basis to supplement activities which are coordinated by the Volunteer Services Director.

Oak Ridge JCC

Oak Ridge Juvenile Correctional Center (JCC) is located in Chesterfield County on approximately 15 acres of property adjoining the Reception and Diagnostic Center and Bon Air JCC. The facility houses male offenders of all ages with developmental disabilities and severe behavioral disorders. The population has measured intelligence scores in the borderline to moderately retarded range with Woodcock-Johnson academic achievement scores at or below the fourth grade level. Offenders housed at Oak Ridge JCC typically have a history of maladaptive behavior, poor social and adaptive living skills, and problems with school adjustment.

The Department of Correctional Education (DCE) operates the school located within the facility. DCE's staff provides high quality academic, career, and technical education. DJJ and DCE work collaboratively to help students improve their self-esteem, self-respect, and self-confidence. Students are challenged to utilize the educational services and employability skills received at Oak Ridge to make a successful transition back into the community.

Oak Ridge JCC offers treatment services consisting of rehabilitative counseling, individual and group therapy, substance abuse education, and residential sex offender services. An intensive residential sex offender treatment program includes individual therapy and counseling, sex education class, intensive group therapy, and group counseling. Additional groups are provided to address aggression management, social skills deficits, and problem solving.

The facility operates a comprehensive Behavior Management Program for all residents. At the core of the program is a highly developed Economy System which provides an opportunity for residents to develop skills and maintain responsible behavior in the areas of school attendance and performance, personal hygiene and daily living skills, job performance, money management, and on-campus social activities. The economy system strives to provide an environment which resembles real world situations and emphasizes independent behavior and self-management.

The Youth Industries Program offers residents an opportunity to overcome barriers to employment by providing vocational/academic instruction, hands-on work-based training, and guidance on using these skills when entering the job market. At Oak Ridge, this program offers training in Immediate Assembly.

JCC Programs and Services

REACH Program

In 2007, DJJ implemented a new institutional behavior management program focusing on Responsibility, Empowerment, Achievement, Change, and Hope (REACH). The REACH Program teaches residents they are responsible for their actions by affording them the opportunity to gain the knowledge, skills, and abilities necessary for behavioral change, rehabilitation, and positive growth. The program empowers residents through incorporation of the principles of good citizenship, teamwork, a sense of community,

concern for others, attention to detail, physical fitness, self-improvement, and values identification and clarification. Residents are regularly encouraged to discover that they can achieve their goals if they apply their skills and talents in socially acceptable ways. They also learn they are going to encounter many changes in their lives, and when confronted with new experiences and opportunities, they can make choices that are more beneficial by examining potential consequences -- both positive and negative. The REACH Program helps residents manage their own behavior in socially appropriate ways so they can return to their communities with hope based on self-confidence and an increased awareness of the expectations and rewards of positive, productive, and responsible citizenship.

The program is designed to focus on identifying desired behaviors, tracking inappropriate behaviors, providing feedback, and having a system of phases through which the resident can advance. REACH allows residents to earn credits for positive behavior and to exchange those credits for reinforcers or privileges. With consistent positive behavior, residents can obtain higher phases within the program and corresponding access to a greater number of reinforcer choices at each level. The program also emphasizes the relationship between staff and residents and the appropriate modeling of behavior. Housing unit management plays an integral part in the REACH program. The same staff work with the same resident on an ongoing basis; therefore, staff and residents get to know each other, thereby increasing the expectations for appropriate behavior within the unit. Staff can also be more attentive to the individual needs of the resident and help with day-to-day problems. These interactions are designed to result in solving problems and issues at the lowest level and reducing the need for physical intervention by staff.

The implementation of the REACH program is evaluated using multiple approaches. JCCs track resident participation and progress in the program by entering data into the electronic data system (BADGE). Additionally, housing units submit weekly checklist forms in order to monitor each unit's fulfillment of REACH activities and requirements. These data are then analyzed in order to determine the facility's adherence to program guidelines, and the results are reported to the JCC administration on a monthly and quarterly basis. Additionally, a team of DJJ staff evaluate the REACH program at each JCC by observing daily routines, interviewing staff and residents, and utilizing surveys. A debriefing of JCC staff and the development of action plans followed each REACH evaluation. The evaluation of REACH has prompted JCC staff to collaborate with the program evaluators to make adjustments and clarifications to the program and its implementation.

Behavioral Services Unit (BSU)

BSU is the organizational unit within the Division of Institutions that is responsible for providing mental health, substance abuse, sex offender, and aggression management treatment services to youth who are in the JCCs and RDC. There are three BSU staff located in the Central Office: the Chief Psychologist who serves as the Director of BSU, the Program Supervisor for Sex Offender and Substance Abuse Services, and the Program Supervisor for Aggression and Behavior Management Services. Each JCC

has a licensed clinical psychologist who serves as the treatment director for the institution as well as clinicians who provide direct services.

BSU employs doctoral and masters level clinicians (psychologists, clinical social workers, rehabilitation counselors, etc.) who provide direct services to youth. BSU attempts to hire clinicians who are licensed and certified in their respective specialties. Staff without prior license or certification is strongly encouraged to receive the supervision and training necessary to become certified and/or licensed. All supervisory personnel are licensed mental health professionals.

Mental Health Treatment: Upon arrival at RDC, each youth undergoes a psychological evaluation to identify his or her mental health treatment needs. These needs are addressed throughout the resident's stay. BSU provides individual, group, and family psychotherapy; crisis intervention services including assessment and prevention of self-injurious behavior; psychological assessment; risk assessment; case consultation; and staff training in treatment issues. Each institution has a part-time consulting psychiatrist who provides psychiatric evaluation and medication management. BSU provides 24/7 on-call services to respond to mental health emergencies including commitment to a psychiatric hospital.

At larger institutions, BSU provides staff for intensive services units to address the treatment needs of youth with significant emotional problems who cannot function well in the general population. In addition, BSU staff plays integral roles in the design and implementation of treatment programs for special populations including the intellectually disabled and girls. Oak Ridge JCC (ORJCC) is a 40 bed facility that provides specialized educational and treatment services in the context of a behavior support program designed for intellectually disabled males. All girls are housed at Bon Air JCC and are provided gender specific treatment.

A large percentage of residents have mental health treatment needs that require continued treatment when they are released to the community. These residents are identified upon entry to RDC or as the need arise. To facilitate transition to the community without interruption of needed treatment, a Mental Health Services Transition Plan is developed before release by the resident's parole officer in collaboration with treatment providers in the institution and the community as well as family members and other interested parties.

Evidenced based treatment services occur in a four phase integrated treatment model. Upon arrival at RDC (Phase I), each youth completes a comprehensive evaluation process that assesses needs in a variety of areas including education, health, mental health, offense related programming and community re-entry. Based upon the results of this evaluation, a service plan and individualized treatment plans are developed for each youth.

Services in Phase II begin while the youth is at RDC and continue at the receiving institution. Adhering to stages of change principles, youth address Readiness to

Change issues, including the question of why change, coping skills, problem solving and life issues.

Offense related treatment that addresses criminogenic factors (Phase III) is provided at the receiving institutions. Treatment needs in the areas of sex offending, substance abuse, and aggression management may be identified as Mandatory which requires completion if the youth is to be released before his/her statutory limit. Other treatment needs (e.g. vocational training, etc.) identified in the individual service plan are also addressed at the receiving institution.

Phase IV treatment services focus upon returning to the community and begin at the receiving institution. Youth address transition issues including returning to their home and independent living. Topics include coping skills for relapse prevention, reducing risk, dealing with people in new ways, and addressing problems with authority and others.

Substance Abuse Treatment: Initial substance abuse screening takes place at RDC. Substance abuse treatment needs are identified and individual treatment plans are established. Treatment is evidence-based with emphasis on motivation to change, drug and alcohol refusal skills, relapse prevention, problem solving, anger awareness and control, effective communication, addiction/craving coping skills, depression management, and managing thoughts about drug use. Youth with co-occurring disorders and/or complicating clinical issues may receive additional individual, group, or family therapy as indicated. The treatment course for youth in this program ranges from five to sixteen weeks depending upon the individual treatment plan. Treatment for girls includes gender specific programming and requires approximately four months to complete.

Sex Offender Treatment: DJJ opened its first state-operated juvenile sex offender treatment unit in January 1990. The program has significantly expanded since that time in order to provide services to all juvenile sex offenders in the system. DJJ currently has seven self-contained sex offender treatment units located at five JCCs. Beaumont and Culpeper offer treatment to older juveniles; Hanover and Bon Air offer services to younger high school and middle school juveniles; and Oak Ridge provides treatment to intellectually disabled juveniles of all ages.

Most juvenile sex offenders are placed in self-contained units. These units offer intensive milieu-based treatment where juveniles reside in housing units with other sex offenders. The units offer a range of treatment modalities that include individual and group psychotherapy, psycho-educational groups, and family psychotherapy. They are typically staffed by a psychologist, therapist, institutional counselor, and juvenile correctional officers. The clinical staff are either licensed or certified as sex offender treatment providers. Juvenile sex offenders are a heterogeneous population and treatment is individualized. However, all sex offenders address a number of core treatment objectives supplemented by individualized treatment activities. On average, successful completion of treatment requires approximately 18 months. Girls who exhibit

sexually offensive behavior are provided treatment on an individual basis due to the small number of females committed as sex offenders.

Aggression Management: A majority of the residents at the JCCs are identified as requiring treatment in aggression management. The recently redesigned Aggression Management Program provides evidence based intervention in the areas of anger control, moral development, and social skills training. Based upon evaluation at RDC, a resident is placed in a self contained unit or a general population treatment track that targets his/her treatment needs in these areas.

The aggression management treatment program can be completed in approximately four months. During this time, the resident addresses moral reasoning scenarios and role plays social skills that promote appropriate anger control. These skills include appropriate assertion of complaints, dealing with peer pressure, negotiation, controlling impulsive actions, and others. Treatment for girls includes gender specific programming.

Health Services

The Division of Health Services utilizes an integrated team approach to provide quality health care services to youth confined in the JCCs. The Department's approach to health care is to ensure services provided are clinically appropriate and medically necessary while emphasizing both prevention and wellness. Health education is an important component of the program; youth are provided information to encourage healthy lifestyle choices both now and in the future.

The provision of health care services in the correctional environment presents unique challenges since many youth have not had consistent access to preventive care or a medical provider. To meet this challenge, 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. On site staff is supplemented by a network of hospitals, physicians, and transport services, provided through contract, to ensure all medically necessary health care services are delivered consistently with the standards of the community.

Upon admission, each youth undergoes a comprehensive evaluation which includes a health care screening, medical history, and complete physical examination. A review of immunizations, including the administration of any missed doses; a dental evaluation and prophylaxis; vision and hearing screenings; and routine laboratory testing, including testing for sexually transmitted diseases, complete the evaluation process.

On a continuing basis, evaluation and treatment of new medical concerns as well as follow-up care are provided based on individual needs. Additional health care requirements such as specialty medical care, pharmacy services, diagnostic imaging, physical therapy, and hospital services are provided through the Department's extensive network of medical partners in the community.

The Health Services Division of DJJ offers continuing education programs for physician, dental, and nursing staff who work in JCCs and detention centers across the Commonwealth to ensure that they are current on adolescent health issues.

Youth Industries

Juvenile re-entry programs begin with the premise that planning for release starts at intake. Recognizing that many of the youth released to the community from the JCCs are not prepared to enter the work force, the Youth Industries Program was created to help participants overcome barriers to employment and was designed as a partnership with DCE and the U.S. Department of Labor (DOL). DJJ manages its programs so that juveniles are offered meaningful opportunities to learn employable skills and to practice those skills in a constructive environment.

Participant selection is based on a resident's custody level, age, physical abilities, length of stay, and educational development and requirements. Those residents who meet established criteria are afforded the opportunity to engage in employment provided both on the JCC grounds and in local communities through agreements with agencies of state and local government, private employers, foundations, and charitable organizations. Additionally, residents who otherwise might not be able to complete or participate in all phases of the work-training program may be offered the opportunity to contribute toward meaningful community service work activities both on the facility grounds and in local communities.

Each JCC, in cooperation with DCE, develops its own processes to provide work-training programs to its population based on local resources, staff competencies, and juvenile characteristics. For this reason, program offerings vary at each of the JCCs; however, similar elementary components are provided to contribute to positive results as juveniles enter the workforce upon release. In an effort to improve a juvenile's likelihood of success, Youth Industries works with the State's One-Stop Centers, operated through the Virginia Workforce Council and Workforce Investment Boards, to help secure employment and other needed services for these youthful offenders.

Selected youth receive one or more of the following:

- Vocational and academic instruction
- Hands-on work-based training
- Ongoing counseling services
- Transitional skills and services
- Follow-up

If warranted, participating juveniles are modestly compensated based on work-training hours completed or receive an established piecework rate. Fields of study may also be integrated with an apprenticeship program. Such fields of study include horticulture, silk screening, offset printing, food service, immediate assembly, woodworking, electrical, barbering, embroidery, vinyl sign-making, advertising and design and computer repair. Each year, creative arts and crafts work produced by juveniles are collected for display

and sale at the annual *Expressions Arts and Crafts Exhibit* held at the General Assembly Building at the start of the legislative session.

During the past few fiscal years, DJJ, in conjunction with DCE, utilized DOL grant funding from two separate grants to build and enhance Youth Industries programming at Beaumont and Culpeper. Juveniles who participated in a program under the DOL grants were provided with an aftercare component that focused on the employability of the juveniles through education, work experience, direct job placement, follow-up, or a combination of these. Since expiration of the grant funding, DJJ and DCE have assumed all program-related costs to ensure that these opportunities continue to be available for residents.

The Youth Industries Program is also currently responsible for coordinating the Inter/Intramural Recreation and Extracurricular Activities Program (IREAP), which was introduced into the JCCs during 2007. IREAP is a component of the recently implemented REACH Behavioral Management Program, providing opportunities for the diverse resident population to participate in structured, healthy competition in traditional sports and academic-related activities. Activities include basketball, softball, soccer, volleyball, chess, table tennis tournaments, a spelling bee, and an academic bowl. These activities will allow the residents a chance to travel, secured, to other JCCs and compete against their peers.

Re-entry to Education and Employment Project (REEP)

The Re-entry to Education and Employment Project (REEP) is a pilot initiative to establish an education, job training, and employment support system that successfully transitions youth, 18 and older, from Beaumont Juvenile Correctional Center who are returning to their home communities in the cities of Hampton and Newport News. REEP is a collaborative working relationship between DJJ, VA Community College System, the Youth Workforce System, Peninsula Council for Workforce Development, Thomas Nelson Community College and local employers. REEP participants receive ongoing coordinated screening and assessment, which is the basis of their individualized employment plan. Individual support services, pre- and post-release employment services and mentoring are integrated into the program. The REEP program can easily be replicated in other JCCs and work force areas. Based on the evaluation of the pilot program DJJ will look to expanding this program.

Work/Education Release Program

The Work Education Release Program (WERP) began at Natural Bridge JCC through Department of Labor grant funds. Since closure of Natural Bridge JCC the WERP program has been housed at RDC. By the end of FY 2009, 70 juveniles participated in the Work/Education Release Program while at Natural Bridge and attended college classes at a nearby campus and/or were employed by local businesses. The WERP program at RDC became fully operational January 1, 2010. The program can accommodate 12 male participants and utilizes living quarters separate from other juveniles housed at RDC. This program provides selected juveniles an opportunity to

obtain education/work experience outside of a JCC. Wages earned are first used to pay any restitutions, fines, or court costs.

Transition and Work/Education Release Program for Females

On August 1, 2010, Bon Air JCC opened a 6-bed transition unit for its female population utilizing grant funds administered by the Department of Criminal Justice Services (DCJS). In this program, female residents eligible to participate in the Work/Education Release Program (described above) or within six months of their release are housed in a separate unit from the general female population. The participants live in a unit modified to resemble a typical home-like environment that includes a kitchen, dining area, common area/family room, and individual bedrooms furnished with loft beds, desks, and chest of drawers with age-appropriate comforter sets and decorative accessories to individualize the room, all of which have the feel of a college dorm room. While in this new environment, the residents receive intensive life skills programming as preparation for a successful re-integration to the community. The life skills programming includes financial planning, culinary skills, social etiquette, personal hygiene, parenting skills, household cleanliness, vocational preparation, and moral reasoning. Unit staff facilitate groups utilizing the "Returning Home" curriculum from the Department's psycho-educational program, Phoenix, as well as the "Baby Think it Over" program. Groups are held two to four times per week. Also, the assigned program therapist conducts programming to promote family relations and planning for transition. In addition, monthly community presentations are conducted on a rotating basis to provide participants with information on what to expect in the community, what assistance is available to them, and how to access resources.

Overview of the Department of Correctional Education

The Department of Correctional Education (DCE), a separate executive branch agency, is an independent school district with its own school board that operates in cooperation with the Department of Juvenile Justice. DCE operates eight juvenile schools that are accredited by the Virginia Department of Education. DCE provides educational services in all of the juvenile correctional centers. All academic and career and technical education teachers meet state certification and endorsement standards. The DCE programs are geared toward helping individuals to realize their potential and to become productive members of society. The educational services allow for juvenile offenders to have:

- Opportunities to be literate when they leave the prison or juvenile correctional center.
- Instruction which will enhance each student's employment possibilities and life skills.
- Services that aid in transitioning students into the job market and their communities.

Academic Instruction

The youth academic instructional service area provides academic programs on the middle and high school levels at six juvenile correctional facilities. All programs operate in accordance with state regulations issued by the Virginia Board of Education and the Virginia Department of Education (DOE). All Department of Correctional Education (DCE) High Schools have the authority to issue diplomas when students fulfill graduation requirements as mandated by DOE.

DCE provides DOE approved curriculums for all of the core content subject areas. These also include division-issued four and a half-week Benchmark Assessments and correlating Pacing Charts in accordance with the most updated Standards of Learning (SOL) and Blueprints. DCE teachers are provided with professional development opportunities to improve their instructional skills, earn re-certification points, and gain highly qualified status required by No Child Left Behind (NCLB) federal legislation. Classes are monitored to ensure on-going quality instruction and the alignment of curriculum materials to support the Standards of Learning. SOL assessments are administered during the fall, spring, and summer sessions at each of our youth schools. Students enrolled in Grades 6, 7, and 8 and End-of-Course classes participate in testing during the 2nd semester of their enrollment. Students with disabilities participate in all aspects of the statewide assessment program to include SOL testing, the Virginia Alternate Assessment Program (VAAP), the Virginia Grade Level Assessment (VGLA), and the Virginia Substitute Evaluation Program (VSEP).

Special Education Services

DCE provides a continuum of special education services in all youth schools. DCE maintains full compliance with state and federal guidelines to include the Individuals with Disabilities Education Act of 2004 (IDEA) and NCLB. Services include identification, eligibility instruction and transition. DCE employs two speech therapists and one full and one part-time school psychologist. Each DCE youth school employs a Special Education Coordinator, who is responsible for the implementation of special education regulations.

Individualized Student Alternative Education Program (ISAEP)

The ISAEP serves and assists students who appear unlikely to complete a traditional high school program and are at least one year of credit deficient as compared to their ninth grade class. It provides them with an opportunity to earn alternative high school credentials and to gain career and technical education experience in a career area. Participants must be sixteen years of age in order to satisfy the age requirement of the American Council on Education regarding General Educational Development (GED) test and enrolled in a Career and Technical Education course. A student must score at least 410 on all subtests of the Official GED Practice Test (OPT) to enter the program. Also, they must demonstrate a 7.5 grade equivalent score on a recognized standardized reading test. Students may take the GED test when they have scored at least 2250 total points and a minimum score of at least 450 on each part of the OPT.

Alternative Education (AE) courses address the needs of students who cannot meet the cut scores to qualify for the ISAEP program. Once the students are remediated to the level needed for the ISAEP they are transitioned into the program in order to take the GED. This program uses the WorkKeys tests as assessments.

GED Program

Juvenile offenders at youth schools who are 18 years of age may enroll in classes that will prepare them to participate in GED testing.

Career and Technical Instructional Services

DCE offers Career and Technical Education training in 26 different trade areas including 107 individual courses to residents committed to DJJ. Each program is designed to provide the student with the required job tasks and employability skills that will allow them to obtain and maintain employment when released from the facilities.

Apprenticeship programs provide an opportunity for students to advance their basic trade skills by working in a job setting under the supervision of a skilled tradesman. Students also receive related theory and academic instruction to further their knowledge as it applies to a specific trade area. All apprentices are registered with the Department of Labor and must comply with all state and federal regulations.

Youth Transition Specialists provide individualized release preparation services to youth by identifying each youth's long-term and short-term goals, and creating linkages to community services, prospective employment, and educational opportunities.

Instructional Technology

Instructional technologies are used in youth schools to support teaching and learning in all areas of instruction. Science simulation software and data collection technologies are also widely deployed to support instruction. Scientifically research-based computer reading and math programs are used to increase the numeracy and fluency skills of students who are functioning two or more grade levels below their same age peers. A computer reading program is utilized to increase the reading and oral language skills of students who have the lowest reading levels according to the Woodcock-Johnson/Star Reading tests. Professional development for teachers and principals in the integration of technology is provided by the instructional technology department. The youth schools have also incorporated the use of video streaming and smartboards into their classroom instruction. Instructional technology is vital to the mission of the DCE. It provides both teachers and students with advanced learning tools that are similar to their public school counterparts.

Additional Services

Title 1 of the Elementary and Secondary Education Act (ESEA) provides the support to DCE to offer parental involvement activities. These activities include:

- Parent Education Advocacy Training Center where training sessions for parents of incarcerated juveniles is available
- Production of videos about school violence, honesty, responsibility and respect.

- Informational literature on gang information
- Motivational and informative literature distributed to parents
- Formation of parent groups
- Consultation with AES, a social and mental health service, to provide outreach programs to parents
- Direct contact with Court Services Units

Youth Library Services serves as resource centers that offer a variety of materials, programs and services to support the facility's offender programs. As resource centers, the DCE libraries provide offenders with:

- Opportunities to practice and reinforce what they learn in the classroom through materials, programs and services which support the classroom curricula;
- Opportunities to increase or supplement their education through self-study and self-directed reading materials;
- Resources to prepare for work and transition back into the community as civil, productive citizens through work-based education, life skills, substance abuse prevention, and transition materials, services and programs.

Post Release Community-Based Services

Transitional Services

At release, juveniles may receive family and individual counseling, referral to other community services, vocational services, or specialized educational services. These services are provided statewide by a network of approved vendors from which the local CSUs purchase programs and services for paroled juveniles and their families. The intent of community based transitional services is to provide short term non-residential services to support and assist the offender's adjustment to the community following commitment. Services compliment and enhance services provided by the parole officer. Clinical services such as sex offender treatment and substance abuse treatment build upon treatment that was initiated and often completed while under commitment. Transitional services developed and implemented support the balanced approach. Services focus on criminogenic needs in the individual, peer group, family, school, and community domains. The utilization of contracted services is guided by the youth's level of risk and need with resources focused on those youth at greatest risk of re-offending and those whose offense pattern represents a particular risk to community safety. There are regular reviews of service provision resulting in adjustments to supervision levels and levels of services as applicable.

Halfway Houses

The Department operates two halfway houses, Hampton Place located in Norfolk and Abraxas House located in Staunton. The halfway houses are designed to provide transitional skills to juveniles released from the JCCs. Each halfway house program is designed to take advantage of the unique resources available in its community to meet the needs of the residents. Upon completion of the program, the resident will have gained additional skills to promote a continued positive adjustment and reduce the risk of recidivism.

Privately Operated Residential Placements

The Department has contracts with seven privately operated group homes to provide residential re-entry services and independent living for female offenders and special population offenders that do not meet the criteria for the state operated halfway houses. The special population offenders include offenders with low IQs or significant mental health issues that need a higher level of services and supervision. As DJJ has limited funding for these step-down placements, parole officers collaborate with local agencies to share responsibilities through funding through the Comprehensive Services Act and Medicaid.

The residential re-entry services provide step-down placements for offenders who will be returning to their home community to reside with their parent or guardian. The juvenile offender placed will be within 30 miles of their home. The programs serve male and females ages 15 years through 17 years old. The placements typically are between 60 to 90 days and are for the purpose of connecting juvenile to community resources that may include educational, employment, treatment and identified rehabilitative services and family involvement. The family involvement is essential to the reintegration process with the family. These placements are designed to provide the identified re-entry services that are needed to assist the juveniles in making a successful adjustment to their home.

Independent living placements are for males and females, ages 17 through 20.6 who are in need of independent living skills, employability skills, and work experience. The length of stay typically is six months. The offenders placed will be transitioned from a DJJ juvenile correctional center after having completed their required treatment programs and placed on parole. These offenders frequently will not be returning to the home of their parent or guardian. The program focus is to be practical experience in obtaining independent living skills, decision making and socialization. Upon completion of the program, residents should be able to transition into an independent living environment.

Profile of Committed Offenders

Demographics and Committing Offenses

In FY 2010, 608 juveniles were admitted to the Reception & Diagnostic Center. The majority of these were male (95%). The most common age at the time of admission was 17 (44%); 82% were ages 15 to 17. Two-thirds (65%) of those admitted were black, 28% white, and the remaining 7% of other races. Seven percent were identified as of Hispanic ethnicity. The majority was committed for a felony as the most serious offense (86%); of these, 50% were against persons, 6% were weapons or narcotics offenses, and 44% were other (property) felonies.

Type of Commitments and Length of Stay

Overall, 82% of juveniles admitted to RDC received an indeterminate commitment, 15% received a determinate commitment, and 3% received a blended sentence. The majority

(74%) were committed by the Juvenile & Domestic Relations (J&DR) court with the most frequent assigned length of stay (LOS) of 12-18 months (30%). Circuit courts committed 18% of the juveniles with over half (53%) of these receiving a determinate LOS. The remaining 8% of commitments had both a J&DR and circuit court commitment.

Juveniles released in FY 2010 with indeterminate commitments had an average actual LOS of 12.4 months, and released juveniles with determinate or blended commitments averaging actual LOS of 29.6 months. Overall, the average actual LOS for juveniles released in FY 2010 was 14.7 months.

Treatment Needs

Juveniles admitted to RDC can be assigned recommended or mandatory treatment in three categories: substance abuse, aggression management, and sex offender. In FY 2010, nearly all admitted juveniles (95%) were assigned aggression management treatment, and 88% of juveniles were assigned substance abuse treatment. A smaller percentage of admitted juveniles were assigned sex offender treatment (11%). Two-thirds (66%) of the juveniles admitted have a diagnosed mental health disorder, excluding substance use and conduct disorders.

Educational Status

Of the juveniles admitted in FY 2010, educational achievement levels show that there are significant lags between achievement and expected grade levels, with this being most apparent for males. The average reading level was 7.2 for males and 9.5 for females. In writing, the average grade level was 7.3 for males and 10.3 for females. In math, the average grade level was 6.5 for males and 7.9 for females.

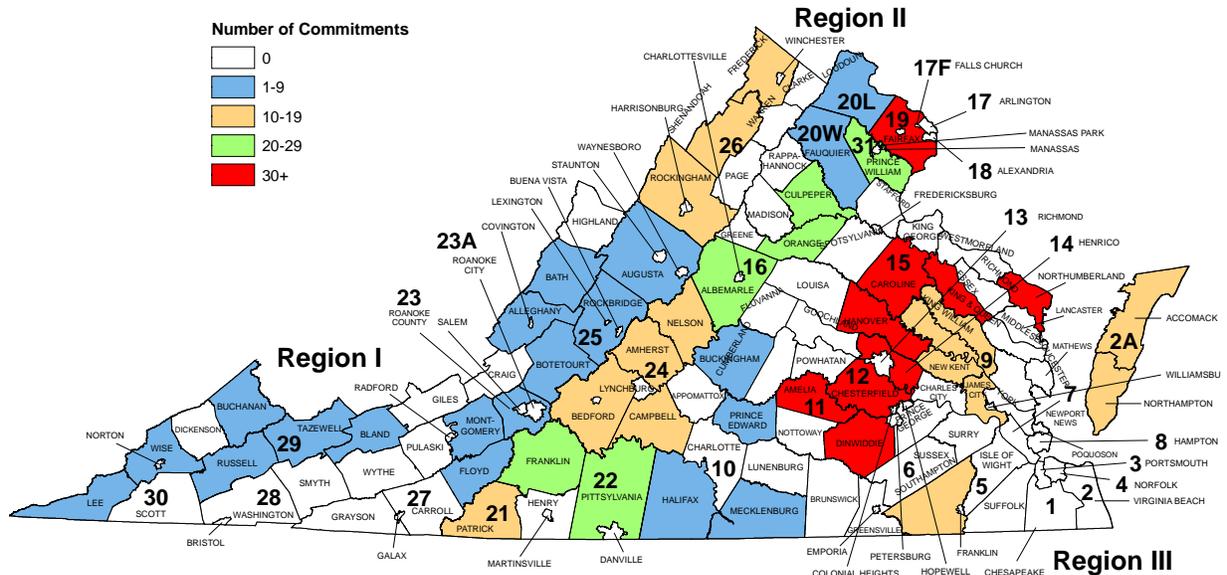
Releases

In FY 2010, there were 665 juveniles released from juvenile correctional centers. The majority of these juveniles were male (93%). The most common ages at the time of release were 17 (30%) and 18 (29%); nearly half (46%) of juveniles released were 18 or older. Crimes against person (assault, kidnapping, murder, rape/sexual crimes, and robbery) were the most serious committing offense for 44% of released juveniles. The majority of released juveniles had mandatory or recommended substance abuse treatment needs during their commitment (77%), and nearly all released juveniles had mandatory or recommended aggression management treatment needs (92%). A smaller percentage of released juveniles had mandatory or recommended sex offender treatment (11%). Prior to their admission to the JCC, 87% of released juveniles did not have a prior commitment, 11% had one prior commitment, and 2% had two or three prior commitments.

DJJ does not have a data field that allows for tracking the specifics of where a juvenile returns after being released from a JCC although it is likely that juveniles will return to the locality where they were originally committed. Therefore, the best estimate for the number of juveniles released to each locality is based on the committing CSU. Of the 653 juveniles committed to DJJ in FY 2010, 43% were originally committed in the

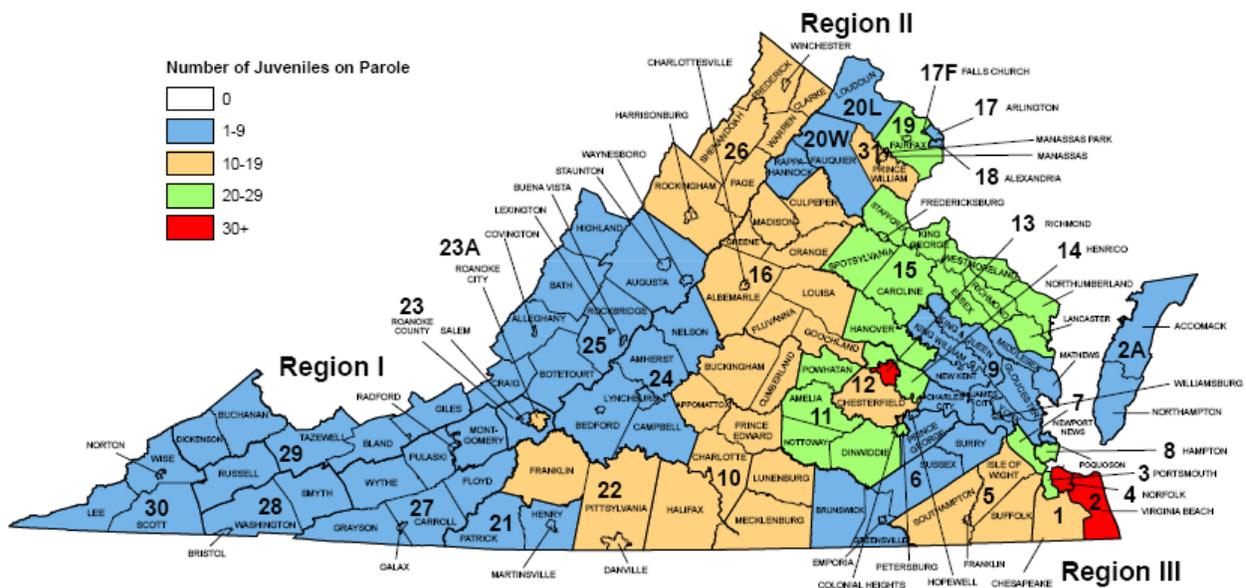
eastern region of the state, 38% were committed in the northern region, and 19% were committed in the western region. CSUs 14 (Henrico County; Northern Region) and 13 (Richmond City; Eastern Region) had the most commitments with 56 and 49, respectively. Illustration 3 provides a visual of the number of statewide releases by jurisdiction.

Illustration 3: JCC Releases by Committing CSU, FY 2010



DJJ is able to determine the average daily population of offenders on parole within each Court Service Unit which is shown in Illustration 4.

Illustration 4: Average Daily Population of Juveniles on Parole by CSU*, FY 2010



The DJJ Re-Entry Strategic Plan

Vision

Successful youth, Strong families, Safe communities

Re-Entry Mission

To promote public safety and accountability by implementing a seamless plan of services for each offender through state and local partnership for a successful transition and reintegration in the community

Guiding Principles

1. Promote public safety through the successful re-entry of juvenile offenders.
2. Re-entry is not a program; it is a way of doing business.
3. Re-entry must be a seamless process from the time of commitment through the release from supervision.
4. Use of validated assessments of risk and criminogenic needs at key stages of the re-entry process is the basis for case planning.
5. Case planning is the cornerstone of re-entry; it must be individualized, collaborative, and continuous.
6. Evidence-based approaches and practices are likely to result in the most effective outcomes.
7. Juvenile offenders must be prepared for progressively increased responsibility and freedom in the community through competency development.
8. Engaging youth, family and community support systems is essential to successful re-entry.
9. Monitoring and testing youth's ability to adjust to the community lowers the risk of negative outcomes.
10. Ongoing evaluation of activities and results and modifications of policies and practices is critical in order to improve outcomes.
11. Management information systems must support the work, including shared data across all areas of the Department.

Goals

1. Promote public safety and juvenile offender accountability;
2. Ensure juvenile offenders have an individualized plan for re-entry from commitment through release from supervision;
3. Improve re-entry outcomes by enhancing the service delivery system to become more comprehensive, continuous, and evidence-based;
4. Improve re-entry outcomes by providing opportunities for progressively increased responsibility and freedom;
5. Develop and nurture existing partnerships and collaborations to support successful re-entry in the community;
6. Create an organizational culture that supports risk reduction and re-entry work with juvenile offenders;
7. Conduct ongoing monitoring and evaluation of the re-entry strategic plan;
8. Engage juvenile offenders and families in successful re-entry.

Goal 1: Promote public safety and juvenile offender accountability

The IAP Model: Assessment and Classification

Mix of Surveillance and Services

Balance of Incentives and Graduated Consequences

The development and implementation of a validated risk assessment instrument is the key to identifying and intervening with juvenile offenders who are at risk of reoffending. Quantitative assessment instruments have demonstrated considerable accuracy in estimating risk levels for aggregated juvenile offender populations.

Surveillance and monitoring, and a variety of approaches are widely used including house arrest and/or curfews, mandatory schedules, electronic monitoring, regular and/or random drug and alcohol testing, team supervision and unannounced spot-checks during traditional and “nontraditional” times. Surveillance and monitoring do not only deter misconduct, but also help staff (1) to recognize immediately when infractions have taken place, (2) to know when circumstances may prompt misconduct or lead to problems, and (3) to rely on positive reinforcements and graduated sanctions.

Without a specified hierarchy of consequences at their disposal, parole officers have little recourse but to do nothing – thus undermining public safety and accountability – or to impose sanctions that are not in proportion to the misconduct. Effective re-entry must carefully and creatively address sanctions on the one hand and reinforce successes on the other. Sanctions and consequences must be formulated and used in a way that maximizes their potential impact. Swift, certain, and graduated sanctions in proportion to the violation must be used.

Source: *Office of Juvenile Justice and Delinquency Prevention, Intensive Aftercare for High-Risk Juveniles: Policies and Procedures*

Gap Analysis and Findings: Current Practices

DJJ considers the goal of public safety and juvenile offenders’ accountability to begin at the time of commitment with a focus on institutional safety and security. An institutional classification model is employed to assign committed juveniles to the JCC that is best suited to their security level. The Youth Discipline Procedure allows the JCCs to respond to undesirable behaviors in a manner that protects the safety of both staff and residents and which holds juvenile offenders accountable for violating institutional rules.

Accountability includes components of both fair and proportional consequences and understanding and repairing the harm done to others by criminal offending. For indeterminately committed juveniles, DJJ’s Length of Stay (LOS) system provides for variable length of confinement reflecting the severity and chronicity of the juvenile’s offense history. For those with a determinate commitment, the courts have provided direction with regard to the length of confinement. The LOS system provides accountability by compelling unwilling juvenile offenders to participate in and

successfully complete rehabilitative programs and services. Within the JCC setting, the REACH behavioral management system provides the opportunity for juvenile offenders to experience the both positive and negative consequences of their behavior and thus serves as a model for accountability that can be applied to the community upon release.

Opportunities for juveniles to better understand the impact of their offenses on individual victims and communities are keys to successful reintegration. Community service opportunities and payment of court-ordered restitution are areas where DJJ can improve current activities beginning with in the JCCs and continuing upon release to the community. DJJ does not currently provide in any systematic manner, victim impact panels, impact of crime classes or other educational programs involving victims and/or victim advocates designed to convey the harm resulting from crime.

Effective protection of public safety and reduction of recidivism requires that those juvenile offenders at the highest risk of reoffending are provided with the highest levels of community supervision. DJJ utilizes a validated risk assessment instrument which determines the initial level of supervision and a model which provides for differentiated levels of supervision which are reassessed and adjusted based on the juvenile offender's response to community supervision. Electronic and GPS monitoring as well as alcohol and drug testing are employed, but there are no established, statewide protocols. Similarly, court service units use graduated sanctions in response to noncompliance, but these approaches have not been evaluated for effectiveness or consistency.

Recommendations

- 1.1 Implement community service opportunities within the JCC setting.
- 1.2 Incorporate community accountability measures (e.g., community service, opportunities to earn money to pay required restitution, victim-awareness activities) into the juvenile offender's comprehensive case plan prior to release from the JCC.
- 1.3 Incorporate educational programming in the JCCs and the CSUs aimed at enhancing participants' understanding of the experiences of victims of crime.
- 1.4 Evaluate current use of graduated sanctions and make recommendations for improvement.
- 1.5 Enhance supervision strategies that correspond to the resources available to the CSU, and employ both sanctions and incentives to encourage compliance with rules of supervision and treatment.
- 1.6 Develop standardized protocols for drug and alcohol testing of juvenile offenders on community parole supervision.
- 1.7 Develop programs and services to include day reporting or evening reporting centers, and increased use of electronic monitoring and GPS to meet supervision needs of juvenile offenders.
- 1.8 Improve decision making about when to release a juvenile offender from parole supervision based on compliance with parole rules and completion of goals in the case plan.

- 1.9 Establish cooperative working relationships with local law enforcement, in accordance with confidentiality requirements specified in the Code of Virginia, to monitor the activities of high-risk parolees.

Goal 2: Ensure juvenile offenders have an individualized plan for re-entry from commitment through release from supervision

The IAP Model: Individual Case Planning

Overarching case management is the process required for high-risk delinquents to make the transition from secure confinement to intensive aftercare. Case planning components include assessment and individualized case planning incorporating a family and community perspective. These components require the active involvement of the parole officer as soon as secure confinement begins.

Once a juvenile offender is committed, individualized case planning related to re-entry needs to begin. The first step is for community and institutional staff to complete comprehensive assessments to determine: (1) what is the juvenile's relative risk of reoffending; (2) what are the need-related risk factors that will be addressed in the secure facility and through parole programming and supervision; (3) what are the special needs of the juvenile, with particular attention to needs linked to their social network (for example, family, close friends, peers in general) and community (for example, schools, work place, church, training programs, specialized treatment programs); and (4) how the total set of risks, needs, and associated circumstances will be addressed during a phased transition from secure facility to community parole supervision.

Transition cannot occur without interconnecting parole supervision with the juvenile offender's activities while in the secure facility. To preserve gains made while in secure confinement, re-entry and parole must build on them. This requires individualized planning for re-entry early in secure confinement.

Source: *Office of Juvenile Justice and Delinquency Prevention, Intensive Aftercare for High-Risk Juveniles: A Community Care Model, Program Summary*

Gap Analysis and Findings: Current Practices

DJJ currently employs a number of assessment practices for committed juvenile offenders. The DJJ has adopted the use of the Youth Assessment and Screening instrument (YASI) as the risk assessment tool. At commitment, the court service units complete a YASI risk assessment. The full YASI is a validated risk-needs-protective factors assessment tool which provides a profile that includes:

- Classification of the juvenile's risk to re-offend, broken down into overall level, static (historical, unchangeable) risk and dynamic (current and changeable) risk levels;
- Classification of the juvenile's protective factors along the same dimensions as the risk assessment (overall, static and dynamic); and

- Assessment of risk and protective levels on ten distinct domains which are related to offending behavior (legal history, family, school, community/ peers, alcohol/drug use, mental health, aggression/violence, thinking skills, pro/antisocial attitudes, recreational and vocational).

Not all court service units are completing the full YASI assessment at the time a juvenile is committed. When the assessment is completed, YASI results are not being forwarded to the Reception and Diagnostic Center (RDC) on a uniform basis. RDC is the initial placement for all committed juveniles and is responsible for compiling information provided by the community as well as conducting comprehensive evaluations. RDC evaluations, address medical needs, educational status, (including special education), vocational interests and aptitudes, psychological/ psychiatric status, substance abuse, and social/interpersonal functioning. Without the information generated by the YASI, RDC lacks a structured source of information on criminogenic needs and protective factors that need to be incorporated into the juvenile's individualized case plan. Other areas that are not adequately addressed in the evaluation process are eligibility and status of benefits such as Medicaid, SSI, and FAMIS so that these entitlements and/or benefits can be addressed prior to release to the community to support needed re-entry services. While RDC seeks input into the evaluation process from the juvenile, their family and the committing court service unit, active engagement of these parties needs to be enhanced with the aim of developing greater collaboration, and cooperation.

Once the evaluation process at RDC is complete, the juvenile is transferred to one of DJJ juvenile correctional centers (JCC) where a case plan is developed. The case plan includes a component completed by the court service unit concerning the likely placement of the juvenile upon release and services needed by the family to better prepare them for the juvenile's return. JCC staff develops a case plan to address the services that will be provided to the juvenile during the time of confinement. The plans address major areas such as education and vocational training, substance abuse, aggression management, and sex offender treatment. Greater detail must be provided to other criminogenic needs such as services to address gang involvement, problem solving skills and impulse control, modifying anti-social thinking patterns, independent living skills and preparation for re-entry. As with RDC evaluation process, improved engagement with juveniles, families, and community parole officers and service providers is needed.

Prior to release, the parole officer develops a parole plan which is distinct from the JCC case plan and which may or may not build upon the services and programs delivered during commitment. JCC staff may provide recommendations, however there is no established process for collaboration between institutional staff, parole officers, juveniles and families in the development of the parole plan. Information sharing between parole officers and institutional staff and between parole officers and community based providers needs improvement. Community service providers are rarely involved in the development of this parole plan.

Upon release to the community, parole officers implement the case plan that has been developed. While periodic reviews of this plan are required, this process needs improvement by the use of more formal re-assessments utilizing the YASI as a benchmark.

Recommendations

- 2.1 Require all court service units to complete a full assessment version of the Youth Assessment and Screening Instrument (YASI) at the time of commitment and ensure that (RDC) has access to the results.
- 2.2 Design and implement quality assurance protocols to improve the accuracy and consistency of the YASI assessments being completed by the court service units.
- 2.3 Provide training on the YASI to all identified staff at RDC and in the juvenile correction centers (JCC) so that the results can be fully utilized to improve the case planning process and so RDC and JCC staff can complete YASI assessments and re-assessments.
- 2.4 Incorporate a review of the juvenile offender's current benefits and entitlements into the evaluation process at the time of commitment and determine what steps will be needed to transition the juvenile back to active status upon release.
- 2.5 Strengthen the existing multidisciplinary review of assessment findings by developing strategies to increase participation of juvenile, family members, parole officers and other community partners in the staffing process at RDC.
- 2.6 Implement an overarching individualized case plan that follows the juvenile offender from commitment through discharge from parole by developing a uniform case planning template to be used by both court service unit and institutional staff.
- 2.7 Ensure that the needs and strengths of the juvenile's family/guardian situation, placement options, and community resources are addressed in the case plan format and process.
- 2.8 Develop and implement a comprehensive staff training program on the new case plan format and case planning best practices for both court service unit and institutional personnel.
- 2.9 Strengthen the existing multidisciplinary case planning process (Treatment Team) by developing strategies to increase participation of juveniles, family members, parole officers and other community partners.
- 2.10 Develop and implement a re-entry planning team approach to include institutional staff, parole officers, juveniles, family members, and community service providers, as appropriate. This team would begin at the time of the initial case plan development and continue through the time of release from parole with membership changing as needed based on the juvenile offender's status.
- 2.11 Ensure accessibility and sharing of case plan information, progress reports and other information by incorporating it into DJJ's electronic data system (BADGE).
- 2.12 Develop and implement procedures for transferring needed information from the JCC to community-based treatment providers.
- 2.13 Conduct a review of the feasibility of integrating existing school reenrollment and mental health transition plans into the case plan and process.

- 2.14 Develop and implement procedures to involve community-based service providers in the case planning process prior to the juvenile's release.
- 2.15 Strengthen existing practice by implementing a formalized periodic reassessment and case plan revision process from the time of commitment until release from parole supervision.
- 2.16 Develop and implement a re-entry relapse prevention plan to assist the juvenile and the family in identifying patterns and situations that increase risk of relapse/recidivism and strategies to cope with and counteract them.
- 2.17 Review the re-entry relapse prevention plan with the juvenile, family, DJJ staff and community partners prior to release and on a regular bases thereafter to determine effectiveness and need for revision.

Goal 3: Improve re-entry outcomes by enhancing the service delivery system to become more comprehensive, continuous, and evidence-based

The IAP Model: Service Provision and Treatment Developing New Resources, Supports, and Opportunities Service Brokerage with Community Resources and Linkage with Social Networks

Needs assessments are those procedures necessary to classify juvenile offenders in terms of their problems and deficits. Risk and need assessment are often intertwined. In addition to broad based needs assessments, assessment of special needs subpopulations is essential. Among the subpopulations that have been identified and targeted for specialized interventions are offenders who are (1) dependent on drugs and alcohol, (2) developmentally disabled, (3) learning disabled, (4) emotionally disturbed or cognitively challenged, (5) neuro-physiologically impaired, and (6) convicted of sex offenses. These juvenile offender subpopulations often form the basis for specialized interventions in correctional and community-based settings.

Preparation for re-entry is a matter of individual case planning that determines: (1) how identified risk factors will be addressed through programming and supervision, (2) what need factors exhibited by these juveniles are tied to their social networks, and (3) how the total set of risks, needs and associated circumstances of each juvenile will be addressed during the reintegration process. The matching of juveniles in terms of risk and needs to programs and services in the institution and in the community requires a clear understanding of the goals of each potential intervention strategy. All possible intervention strategies must be considered and only those most suited to the juvenile's needs and circumstances should be applied.

The real question is to what extent re-entry programming addresses need-related risk factors and raises broader issues of what services are needed; who will provide them; how transitioning, continuity, and case management will be addressed; what funding may be required, and how actual service provision will be monitored and assessed.

Programming must have the means to address the services in the areas listed in the model these include: (1) education and school, (2) vocational training, job readiness, and placement; (3) living arrangements; (4) social skills; (5) leisure and recreation; (6) client-centered counseling; (7) family intervention; (8) health; and (9) and services for special populations. The core programming services must address the need-related risk factors in both the institutional setting and in different jurisdictions. They must also provide a set of ancillary services that focus on other needs and problems parolees may have.

Services and treatment approaches must be available to address identified criminogenic needs, problems, and strengths of juvenile offenders. It is important to determine the type and dosage of treatment and services that will be the optimal mix for offenders

during confinement and after reentry. Certain types of treatment have considerable promise in lowering recidivism. Most notable among interventions for institutionalized juveniles are interpersonal skill training and cognitive-behavioral approaches. Analysis of interventions used with non-institutionalized juveniles similarly suggested that the following were best at reducing recidivism rates: interpersonal skill training, behavioral contracting, and individualized counseling that is cognitive-behavioral oriented. Clearly, there is considerable convergence between the types of treatment best at reducing recidivism among youth in both institutional and non-institutional settings. While not definitive, the overlap of effective treatment types between the institutional and non-institutional programs certainly suggests the potential for stronger and more lasting recidivism reduction when effective institutional programs are followed up with quality non-institutional aftercare programs. The overlap of treatment types also suggests that, from a treatment modality and programmatic standpoint, it is advisable to integrate community-based programs and staff with the planning and treatment activities that occur in the institutional setting. The goal is to establish an ongoing commitment to continuity and reinforcement across the institutional and non-institutional boundary.

While it is highly unlikely that any one program could provide the full range of needed services, the model requires that a comprehensive system of service delivery be established in any locality. Community support systems, such as families, schools, peers, employers, and specialized service providers, must be actively involved in providing comprehensive services.

Linking a juvenile with a school, treatment program, or job and returning a juvenile to their home does not achieve the goal of reintegration. Making a referral on the one hand and assuring participation in and completion of the program or activity on the other are not the same. Schools, mental health centers, group homes, day treatment programs, and other community resources may (1) deliberately exclude the juvenile offender, (2) be reluctant to work with such “high-risk” individuals, or (3) have had prior experience with the juvenile and have already given up.

Source: *Office of Juvenile Justice and Delinquency Prevention, Intensive Aftercare for High-Risk Juveniles: Policies and Procedures*
Juvenile Reintegration and Aftercare Center, Intensive Juvenile Aftercare Reference Guide

Gap Analysis and Findings: Current Practices

DJJ currently has a continuum of programs and services to address juvenile competency needs in both institutional and community-settings. These programs and services are described in detail in the Current Continuum of Re-Entry Services. Although some evidence based programs have been introduced in the JCCs, efforts need to be made to ensure consistency, bridging the service gap from commitment to parole, and increase the use of cognitive-behavioral approaches.

Evidence-Based Programs

While evidence-based programs and practices have been introduced in several areas, these efforts have not been systematically evaluated for effectiveness and consistency of implementation. Failure to do so may result in outcomes that do not achieve the level of success that might be anticipated or desired. One particular area of concern in the juvenile correctional center setting is the allocation of time in which the juveniles participate in programs to address the areas of their individualized case plans. There is an imbalance, with relatively little time allocation for such programs when compared to the time allocation for participation in the school program operated by the Department of Correctional Education (DCE). While education is a core area to be addressed, this must be balanced with sufficient time to provide treatment for issues such as alcohol and drug abuse, sexual offending, aggression management, developing problem-solving capabilities and life skills.

Education, Vocational Training, and Employment

The DJJ currently has an MOU with DCE that addresses educational and vocational service provision. A description of DCE services is provided in the Programs and Services during Commitment section. Although the array of educational and vocational services is fairly comprehensive, not all services are available in all JCCs creating a gap in meeting the individualized educational/vocational needs. Educational planning must take into consideration the juvenile offenders established length of stay to DJJ in order to ensure seamless movement from incarceration to release. Some juvenile offenders by nature of their offense, length of stay and age, may not be able to return to a local school system. Realistic determinations need to be made during the commitment phase as to whether or not high school diploma versus a GED is the best educational course, keeping a focus on the juvenile's capabilities and interests. Although Virginia has been pro-active in developing an overarching re-enrollment process between DCE, the Department of Education and DJJ, many parole officers continue to report resistance by localities to re-enrolling juveniles released from a JCC. In some localities, the process for review significantly delays enrollment upon release, which is the most critical time for a structured daily schedule.

In 2009, almost 45% of admissions to the DJJ juvenile correctional centers were 17 or older. This requires programming both in the JCC and in the community to support employment. Vocational and employment opportunities among the JCCs are not sufficient to address the older juveniles' needs. Significant gaps are reported by parole officers in the communities including a lack of employers willing to hire parolees, a lack of support services to job coach and monitor employment, and lack of involvement from the Workforce Investment Boards. An additional roadblock hindering employment occurs for juveniles who have been convicted as an adult in circuit court and are sentenced to DJJ as this has to be reported to employers. Service needs include post-secondary education and vocational skills that are linked to marketable skills in the community. Vocational programs at Culpeper JCC, which currently houses the older offenders, lack a focus on skills that are transferable to the community.

Additional identified gaps that impact education, vocational training and employment include:

- Knowledge of the availability of vocational and employment opportunities in the community to which the juvenile is returning
- Engagement of community-based vocational program providers to accept juvenile offenders that meet eligibility for off-campus privileges or explore their willingness to teach within the JCC
- Developing a work/education plan that outlines what is needed to enter a specific career to include career assessment, lifework education planning, lifework programming, and development of an individual career portfolio
- Lack of strong partnerships with Workforce Investment Board
- Resources to implement best practice employment services that incorporate employability skills, job retention skills, and monitoring and coaching during job placement.
- The Work Education and Release Program is limited to two JCCs

Life Skills/Independent Living

The Phoenix Curriculum currently in use in the JCC's, has several components that address life skills. There is, however, limited tracking of what components are being delivered and how residents' needs are identified and addressed through the curriculum. A secure environment limits practice of daily independent living skills activities. Some activities residents perform during their stay in direct care are considered independent living preparation. REACH teaches residents good decision making, community living, responsibility, etc.; Phoenix addresses a wide spectrum of independent living principles while the treatment programs touch on various aspects of independent living. Residents are responsible for the cleanliness of their living areas; however are not afforded the opportunity to practice necessary skills that they would face in a community setting.

Mental Health

Approximately 60% of juveniles committed to DJJ are identified with a mental health treatment need. During commitment treatment is provided through the DJJ Behavioral Services Unit. Continuity of care is frequently disrupted upon release due to lack of funding resources and in some local communities, a lack of service providers. Re-instating Medicaid eligibility for released juveniles is not timely and inconsistent decisions regarding eligibility are made across localities. Recent legislation requires the development of a collaborative Mental Health Transition Plan for committed juvenile offenders identified with a mental health need. Additionally, the regulation requires a Memorandum of Understanding between the Court Service Units and local agencies. This process does not address the lack of treatment providers within individual jurisdictions. The compliment of services is vastly different between rural and suburban localities.

Health Care

The DJJ health care services during commitment are comprehensive and address the medical needs of residents. After release to the community, lack of insurance coverage impacts continuous health care and medication compliance. Juvenile offenders leave the JCC with thirty days of medication; however, this is not always sufficient in that it may take over thirty days for Medicaid and other insurance coverage to start.

Housing

Stable housing is an essential element for juveniles returning to the community from commitment. The lack of parental support, supervision and stability impacts the some juvenile's ability to maintain housing. As DJJ serves offenders beyond the age of 18, parental involvement is not required and therefore return home may be impossible. Younger offenders who are in DSS custody at commitment frequently turn 18 during their commitment, which leaves them without a housing option and few support services at release. DJJ operates two halfway houses, which work with the juveniles on independent living skills. However in many cases, the juveniles do not have the skills, or financial means to live independently. Few community resources are available to assist with housing options and a lack of funding is consistently an issue.

Continuity of Care

While the quality of the JCC treatment programs is often quite good and offenders make significant progress while in the JCC, there is often too little connection between the specific programs delivered within the JCC and those in which the juvenile will continue once returned to the community. Limited funding impacts the ability for community-based providers to begin services during commitment. With the majority of JCCs being located in the Richmond Metro area and one in Culpeper, providers outside of the area find it difficult to meet with the offenders during commitment. DJJ has no designated funding source to access for funding for community-based pre-release treatment or for reimbursement of the providers' travel costs.

Although DJJ currently has an array of community-based private provider contracts and funding available upon release from incarceration, communication between DJJ staff and the providers needs improvement. In order for services from incarceration to the community to be seamless, DJJ treatment staff needs to be consistent in providing essential discharge information to the community-based provider.

Recommendations

- 3.1 Ensure access to a continuum of evidence-based interventions during commitment and upon release to community supervision based on the juvenile's risk and needs.
- 3.2 Implement and/or enhance services in at least the following areas: substance abuse, mental health, sex offending, aggression management, independent living skills, interpersonal skills, and problem-solving skills.

- 3.3 Collaborate with the Department of Correctional Education to assess current educational and vocational services and make enhancements and improvements as needed with a focus on increasing the degree to which educational services provided during commitment are individualized and based on the projected length of stay and the juvenile's capabilities and interests.
- 3.4 Enhance post-secondary educational opportunities for juveniles still in the JCC and upon return to the community.
- 3.5 Improve juvenile vocational competencies based on employment and market demand.
- 3.6 Enhance and expand the JCC-based Work Education Release Program, Youth Industries, enterprises and institutional work programs, and the Re-Entry to Education and Employment Project (REEP) program.
- 3.7 Enhance the provision of age appropriate independent living skills programming during commitment and structured step-down placements by adding a life skills component to daily institutional schedule.
- 3.8 Continue and expand the use of the Phoenix Curriculum in the JCCs and expand use in the community to enhance decision-making skills.
- 3.9 Implement a training program for juvenile correctional center, halfway house, and court service unit staff to build evidence-based intervention skills and to improve program sustainability.
- 3.10 Improve transitional services by requesting community-based providers to begin services prior to release and require DJJ mental health and substance use disorders treatment staff to communicate with the identified community based provider prior to release.
- 3.11 Educate other community partners (e.g., Community Service Boards) about the interventions provided in the JCCs and work with them to provide/expand community-based services that build upon these approaches.
- 3.12 Educate parole staff to ensure that they are thoroughly familiar with the interventions provided in the JCCs and with structured methods for reinforcing newly learned skills through required training and monitoring.
- 3.13 Develop practices for educating parents/guardians on the content of institutional interventions and how they can help reinforce new skills upon re-entry
- 3.14 Improve partnerships with community-based providers to ensure uninterrupted health, mental health, and substance use disorder services and medications and implement a process to ensure that funding and/or insurance coverage has been identified for continued care upon release.
- 3.15 Develop MOUs and contracts to leverage community based resources to assist with the provision of mental health and substance use disorder services.

Goal 4: Improve re-entry outcomes by providing opportunities for progressively increased responsibility and freedom

The IAP Model: The Reintegrative Continuum Progressively Increased Responsibility and Freedom

One of the major dilemmas systematically besetting the juvenile corrections process has been the inability to transition offenders successfully from the closely monitored and highly regimented life in a closed institutional environment to the relatively unstructured and often confusing/tempting life in the community. The difficulties posed in providing a continuity of services and supervision across the boundary between these two worlds has long plagued efforts to achieve successful community adjustment for juvenile parolees. Lack of communication, coordination, and collaboration between staff in correctional facilities and other residential placements, probation and parole agencies, and community-based institutions (e.g., schools, local organizations, public mental health agencies, drug and alcohol treatment centers, employment and training programs, faith-based institutions, business associations) have impeded the development of effective aftercare programming. Incorporating a set of procedures to ensure careful prerelease planning and structured transitioning is necessary to address concerns regarding movement across the institutional/community interface.

The IAP staff's review of promising juvenile aftercare approaches nationwide, in addition to the model building in the IAP project, indicate the value of identifying the critical points of processing and movement through the juvenile system. The reintegrative continuum can best be conceptualized as three distinct yet overlapping phases with accompanying activities: (1) prerelease planning during confinement; (2) structured reentry involving the active participation of both residential and community-based agency staff; and (3) long-term reintegrative activities.

Clearly, prerelease planning and structured reentry are related programmatically to overcoming the difficulties posed by the institution/community boundary. Prerelease planning should include consideration of activities that gradually lead to the full-time return of the confined juvenile to the community. This planning eventually merges into the structured transitioning period of the reintegrative process. This latter phase involves providing well-planned and highly structured situations in which gradual, progressively increased contact by the offender with the community can occur.

A number of strategies initiated at the institutional end of the continuum can be used to test a juvenile's readiness and suitability for return to the community. These usually entail initial steps such as furloughs, home visits, and brief excursions into the community to make contact with parents or other placement options, educational providers, and potential employers. Once a decision is made to begin formal reentry and to terminate secure confinement, considerable attention may be given to various "step-down" procedures prior to final community placement.

These focus on relatively brief reintegrative, residential settings such as transitional cottages (often located close to the institution itself), halfway houses in the community,

short-term group homes, and preparatory program placement for long-term independent living arrangements. During step-down programming, it is critical to activate links with identified community services and resources as soon as possible. There can be no extended waiting period for provision of services following community reentry.

A planned and gradual transitioning process requires that services must be designed so that juveniles know clearly what is expected of them and how their accomplishments in the facility will be linked to parole services. Whatever comprehensible and predictable pathway is used for transitioning, it is important to provide the juvenile with frequent reassessments, positive reinforcements, immediate accountability and consequences for misconduct, and clarity as to what is expected and how it related to the parole plan.

Source: *Juvenile Reintegration and Aftercare Center, Intensive Juvenile Aftercare Reference*

Gap Analysis and Findings: Current Practices

DJJ currently operates two halfway houses only for male offenders, Hampton Place in Norfolk and Abraxas House in Staunton. A full description of the halfway houses is provided in the Post Release Community-Based Services. Recent budget reductions resulted in a third halfway house, located in Roanoke being closed. The halfway house programs provide critical step-down services for male offenders. The geographic location of Abraxas House is seen as both a positive and negative. On the positive side, the Staunton location provides a placement outside of metropolitan areas where they have previously resided and offers these juveniles a new start. On the negative side, the location has limited resources for employment, housing and community support at completion of the program. This results in the offenders frequently returning to their home communities, where they have few connections to needed support systems. There are no halfway houses in the Richmond Metro area or Northern Virginia area, which both have more juveniles released to the community than the area where Abraxas House is located.

Privately operated group homes are used to transition female offenders from the JCC to a less structured environment. Due to the low number of female residents, the current funding and array of group home placements is sufficient to meet the needs for step-down placements for female offenders. DJJ also uses privately operated group homes and residential facilities for transition of offenders identified with significant mental health concerns whose needs can not be met in the DJJ halfway houses. Funding for these placements through DJJ is limited as many of these identified juveniles need long term placement. Parole officers seek community based services and funding for these identified juveniles, but frequently they are met with challenges due to restrictions on local funding for residential placements through the Comprehensive Services Act.

From 2007 to 2009, DJJ utilized the Detention Re-entry Program as a resource to move committed juvenile offenders from the JCCs closer to their home community during the last 30-60 days of their commitment. This program allowed for the juvenile offender's to

connect with community-based providers, re-enroll in school, seek employment and have limited home visits while under commitment. This program was well received by parole officers, juvenile offenders and families as a transitional placement. The program was eliminated due to budget reductions, resulting in reduced options for a graduated re-entry.

Within the JCC setting, there are few options for residents to experience a less structured environment other than fully secure confinement. Past consideration has been given to transitional cottages or pods within the JCC system and alternatives to the JCC placement were utilized. The JCC located in Natural Bridge provided a less secure campus; however, it was closed due to budgetary constraints. Again, budget restrictions resulted in the inability to maintain a system of reintegrative alternatives. With the exception of the Work Education Release Program, currently there are no JCC options for gradual re-entry.

The Work Education Release Program (WERP) is currently located at RDC and Bon Air JCC. Previously it was located at the Natural Bridge JCC. In both locations, it has been well received by the community, offering employment and educational opportunities to a small number of residents. The locations of the other JCCs are not optimal for work release programs due to the lack of nearby resources. An assessment of space and staffing availability needs to be conducted to determine if additional pods at RDC and Bon Air JCC could be converted to house an expanded work release program.

DJJ does not allow for pre-release furloughs except as part of WERP. Residents are approved for off-campus visitation with parents; however, it is limited to day visits within a limited geographic area near RDC. The use of furloughs has public safety ramifications, but should be explored as part of a gradual re-entry plan for eligible juveniles. With the resources available for electronic monitoring and GPS, consideration should be given to developing policy and procedure that clearly identifies criteria, supervision roles and responsibilities and guidelines for furloughs.

Recommendations

- 4.1 Provide step-down alternatives for committed juveniles who meet established criteria to include modifying pods within existing JCCs, opening the transitional cottages and reinstating detention re-entry.
- 4.2 Maximize use of current step-down community-based housing options operated by community partners (e.g., Department of Social Services, Department of Behavioral Health and Developmental Services).
- 4.3 Increase availability and capacity of structured, step-down community-based housing options in high need areas to include identification of funding to support the placements.
- 4.4 Enhance the identification of placement options at the time of commitment, incorporate the options into the case plan, and continually re-assess options at each progress review.

- 4.5 Research model re-entry housing programs, collaborate with community partners to develop housing alternatives in communities, and develop "re-entry" housing options to meet the specific needs of juvenile offenders released for a JCC.
- 4.6 Establish protocols for furloughs for eligible juveniles prior to release from the JCC.

Goal 5: Develop and nurture existing partnerships and collaborations to support successful re-entry in the community.

The IAP Model: Service Brokerage with Community Resources and Linkage with Social Networks

It is unrealistic to expect that comprehensive and intensive service provision coupled with close supervision and monitoring can be provided without the active involvement of a variety of community support systems. Referral and brokerage are crucial functions. Linkage with social networks is imperative. Programming must focus on: (1) improving the family situation, (2) intervening with the peer group, and (3) reversing the cycle of school failure. These goals require linkage with major social networks.

Regardless of how brokerage and linkage is approached, the keys are first to involve a variety of community support systems in service delivery. Community support systems include families, schools, peers, employers and specialized service providers. Working with both the offender and these core support systems is essential to establish constructive interaction and to help the juvenile adjust successfully in the community.

Source: *Office of Juvenile Justice and Delinquency Prevention, Intensive Aftercare for High-Risk Juveniles: A Community Care Model*
Office of Juvenile Justice and Delinquency Prevention, Intensive Aftercare for High-Risk Juveniles: Policies and Procedures

Gap Analysis and Findings: Current Practices

DJJ presently has partnerships with community and faith-based organizations; however there is need for improvement and enhancement. Many of the juvenile correctional centers have established relationships with faith-based groups who visit the facilities and provide fellowship and socialization opportunities for the juveniles. A number of court service units have established volunteer groups who may provide financial support for occasional social activities or to address specific needs of individual juveniles and families. Recently, faith-based groups have stepped forward and pilot programs to provide mentors and to facilitate juvenile-family relationships through video-based visitation to the juvenile correctional centers are under development. Instances in which community-based groups regularly provide job-skills and other services designed to address key re-entry needs in the juvenile correctional centers are infrequent. In the community, programs that involve non-profit, volunteer, faith-based and community service organizations in providing work experience and coaching are mostly absent.

With regard to partnerships with traditional public-sector service agencies (e.g., community services boards, local school divisions, local departments of social services, workforce investment boards, local offices of the Department of Rehabilitative Services), there are localities in which one or more of these agencies works in a highly collaborative manner to meet the re-entry needs of juvenile offenders. Such

collaborations are inconsistent and frequently result in interruptions in the delivery of, and at times complete inaccessibility or unavailability of needed programs and services.

Specific areas of collaboration that have been identified as needing attention are the process of assisting juveniles in obtaining the necessary forms of identification to seek and secure employment; and the prompt establishment of eligibility for benefits such as Medicaid immediately upon release.

Recommendations

- 5.1 Work with the established local re-entry councils in areas with at least 10 youth returning to the community per year that require the Court Service Unit's participation and where feasible also includes JCC representation.
- 5.2 Build strong, positive, and effective working relationships with national, state, and local organizations that provide services and resources to youth re-entering the community.
- 5.3 Develop strategies to communicate with partners about DJJ's re-entry initiative and to articulate DJJ's needs clearly so that partners understand their roles and responsibilities.
- 5.4 Strengthen formal and informal working relationships and formalize partnership agreements (e.g., Memoranda of Understanding) with state and local agencies providing the services commonly required for successful re-entry to increase, stabilize, and sustain services.
- 5.5 Explore the pooling of resources to reduce the overall responsibility on a single agency or partnership and which establishes the juvenile's community as the focal point for delivering and coordinating services.
- 5.6 Identify barriers and solutions to sharing youth information necessary to provide collaborative re-entry services and ensure continuity of care.
- 5.7 Convene a work group with DJJ staff and government agencies that govern the issuance of documents needed to obtain identification to identify barriers and develop solutions.
- 5.8 Expand the involvement of the faith-based community, especially through mentoring programs and video visitation.
- 5.9 Successfully implement a model mentoring program in partnership with the faith based community and other community agencies that include pre-release and post-release mentoring for youth returning to the Richmond area.
- 5.10 Evaluate the success of the model mentoring program and determine the feasibility of replicating the program in other high need localities.

Goal 6: Create an organizational culture that supports risk reduction and re-entry work with juvenile offenders

The IAP Model: Organizational and Structural Characteristics

One of the major program elements of the IAP Model reflects the realities that correctional systems vary enormously across a number of dimensions including the scale of the system, its ideological and philosophical orientation, its public and government support base, its structural characteristics, and the type and number of re-entry programs it offers. The Model identifies several organizational factors and aspects of the external environment related to the re-entry function.

- Level of resources for re-entry activities.
- Number of juveniles adjudicated delinquent and under the supervision of correctional authority.
- Urban versus rural distribution of the population.
- State statutes and laws, legislative guidelines, and administrative rules relevant to re-entry.
- Reliance on public versus private service provision.
- The organizational and bureaucratic configuration of re-entry.

Source: *Office of Juvenile Justice and Delinquency Prevention, Intensive Aftercare for High-Risk Juveniles: A Community Care Model*
Office of Juvenile Justice and Delinquency Prevention, Intensive Aftercare for High-Risk Juveniles: Policies and Procedures

Gap Analysis Findings: Current Practices

DJJ has begun to focus on successful re-entry and related activities as core aspects of its goals. The agency strategic plan developed four years ago identified reducing recidivism rates, improving the community functioning of DJJ involved juveniles, and building effective partnerships to improve outcomes as three of the five goals. Over ten years ago, DJJ revised its parole procedures and practices to reflect elements of the IAP best practices model. The juvenile correctional centers have implemented various evidence-based interventions in key risk areas (e.g., substance use disorders, aggression management, sexual offending). Work to improve transitional planning in the areas of education and mental health services have been guided by the development of regulations. Each year, the department collects and published data on recidivism for the committed population. While these efforts are notable, there are a number of areas, including some of those listed above, that require evaluation, enhancements, and in some instances, substantive improvement.

Security-oriented structures in both the JCCs and the CSUs were the dominant focus until the recent move to a more reintegration oriented philosophy as seen in the agency Strategic Plan. The JCCs have integrated sound treatment and rehabilitative

programming and the CSUs have integrated components of the IAP model that create an organizational culture for re-entry. What is lacking is the important role that JCC staff can play in teaching offenders new skills that can be utilized upon reentry to the community as this is not emphasized consistently though out all JCCs. Public safety means not only teaching committed juveniles to successfully manage their behavior within the institution but also teaching them to make law-abiding decisions upon reentry into the community. This connection between behavior and choices during commitment is not readily applied to community living. Incorporating this philosophy into the all areas of operations will build and enhance successful re-entry practices by providing a broader context from which to view JCC and CSU operations. Important steps at DJJ are to review and change policies, procedures and practices, and changes in employees' skills and roles.

DJJ has not adopted a well-established agency philosophy that emphasizes the goals for re-entry as defined in this Strategic Plan. At the organizational level, although administratively under the common umbrella of DJJ, separate divisions for institutions and community programs have at times created a disconnectedness of philosophy and practice and lack of coordination. Only recently reorganized into a single Division of Operations, DJJ, needs to truly "integrate" its juvenile correctional centers and court service units to work together more effectively to improve re-entry outcomes.

Agency leaders planning to implement new strategies for re-entry must establish and communicate the vision and must also consider the context in which these new goals will be received by staff. Many concrete steps can be taken to appreciate the culture, requirements, needs, and circumstances of agency staff who must find ways to implement the tasks associated with this vision. An interest in encouraging employee success, as well as promoting offender success, is an essential ingredient to effectively implementing new re-entry vision. Existing policy and practices within DJJ do not necessarily convey clear messages as to the importance of re-entry. There currently is a lack of rewards or personal recognitions for operational staff that do excellent work in helping the agency reach its re-entry goals. Staff skills in the delivery of evidence-based programming, partnership development, and re-entry focused case planning area need improvement. The DJJ will move toward a business model of re-entry by addressing internal factors relating to re-entry operations, re-defining roles and responsibilities of staff within divisions, defining how as an agency to promote re-entry.

Recommendations

- 6.1 Establish a Re-Entry Specialist position in the DJJ Central Office to coordinate all re-entry related activities.
- 6.2 Update all relevant DJJ policies and procedures to reflect the Re-entry vision and philosophy.
- 6.3 Reinforce the re-entry vision by promoting and hiring staff that possess the attitudes, skills, and abilities to carry it out.
- 6.4 Institute a comprehensive, regionally-based training program on re-entry best practice and re-entry "forums" to engage DJJ staff and community partners and

to generate and maintain momentum toward successful implantation of the Re-Entry Strategic Plan.

- 6.5 Review and update relevant DJJ training curricula to ensure inclusion of the Department's re-entry mission and initiatives and overall emphasis on evidence-based practices.
- 6.6 Include re-entry related activities in the Employee Work Profiles of all appropriate DJJ staff and implement an incentive/recognition program to support the re-entry initiative.
- 6.7 Provide staff and community partners with a means to routinely provide feedback on the Department's progress in promoting successful re-entry.
- 6.8 Create and distribute a newsletter that includes re-entry information and success stories.
- 6.9 Develop a learning organization culture, including using naturally occurring meetings, training, in-services and other dialogue with staff and community partners to reinforce use of data and knowledge and implementation of evidence-based practices.

Goal 7: Conduct ongoing monitoring and evaluation of the re-entry strategic plan

The IAP Model: Management Information and Program Evaluation

Program evaluation is the systematic use of information to answer questions about program performance. Critical questions may include whether the re-entry program is doing what it is intended to do and serving the population it is designed to serve; how well is it operating; what changes or modifications are needed; how can improvements be made; and assess cost. These critical issues will assist program administrators in activity planning, ongoing program development, staff supervision, and marketing. In addition, because clients, funding sources, other professionals, the media, and the general public often need (or demand) answers to these types of questions, findings may also support performance accountability.

There are two primary sets of evaluation questions. The first concerns program implementation: whether a program is serving the appropriate clients, providing services as intended, providing services consistent with the program's principles, and employing and deploying staff appropriately. The second pertains to program outcomes: what effect(s) is the program having on its participants and on the broader system of which it is a part. In the case of juvenile re-entry, key participant outcomes include recidivism and observed changes in cognitive, emotional, and behavioral indicators; examples of system outcomes include observed changes in court processing, institutional populations, or length of stay.

To obtain valid answers to any of the critical evaluation questions, a program must routinely collect reliable and relevant information about its clients, staff, and activities. A computerized management information system can greatly facilitate data collection, for both administrative and evaluation purposes. The information must then be analyzed and interpreted in the context of the questions asked.

Source: *Juvenile Reintegration and Aftercare Center, Intensive Juvenile Aftercare Reference Guide*

Gap Analysis and Findings: Current Practices

DJJ presently has a comprehensive management information system which tracks information about juvenile offenders throughout the course of their involvement with the juvenile justice system. Some of this information allows judgments to be made about outcomes, including recidivism data and some measures of functioning in school, work, substance use, and housing stability.

Periodically, the Department's Research and Evaluation Unit will conduct evaluations of specific program or services that may be related to re-entry. For example, follow-up outcome studies of juveniles completing sex offender treatment are routinely completed.

A number of specific activities under the umbrella of management information systems and program evaluation would improve DJJ's capabilities and the quality of re-entry related programs and services. With regard to specific programs and services, there are presently no organized protocols for monitoring the quality of these efforts, whether they reflect the current evidence-base and whether they are implemented with quality and fidelity to the model. Targeted outcome studies for service delivery elements (e.g., substance use disorder treatment services) would be beneficial and would lead to improvements in the delivery of services and ultimately to recidivism outcomes.

Two specific activities that would benefit from evaluations are school re-enrollment and mental health transition planning. Such evaluations could point out areas for improvement in these two critical re-entry domains.

Recommendations

- 7.1 Review existing DJJ data systems to ensure they are capturing essential data to monitor and evaluate current and future re-entry activities and plan for system enhancements as needed.
- 7.2 Conduct a comprehensive review of existing interventions to determine whether evidence-based approaches are in place in JCCs and in the community.
- 7.3 Assess consistent application and applicability/transferability of the Phoenix Curriculum to community living
- 7.4 Assess current life skills curricula to determine if they meet the needs of committed juveniles.
- 7.5 Develop and implement a comprehensive quality assurance and quality improvement process for all interventions to ensure intervention continuity across settings, fidelity and quality.
- 7.6 Develop and implement a program evaluation model to assess program outcomes.
- 7.7 Conduct a comprehensive evaluation of the implementation and effectiveness of the Mental Health Transition Plan regulations (6VAC 35-180) and use the findings to improve the process of connecting juvenile offenders to community based mental health and substance use disorder treatment providers prior to release.
- 7.8 Collaborate with the state Department of Education to conduct a comprehensive evaluation of the implementation and effectiveness of the School Re-Enrollment regulations (8VAC20-660), use the findings to develop improvements to the process, identify barriers to school re-enrollment and develop policies and practices to ensure barriers are addressed in the re-enrollment plan.

Goal 8: Engage juvenile offenders and families in successful re-entry.

The IAP Model: Service Brokerage with Community Resources and Linkage with Social Networks

Research firmly establishes that delinquency is impacted, at least in part, by the family and in its lack of ability to form strong bonds with and place adequate controls over the juvenile. Because of weak bonds to the family, the juvenile becomes influenced by negative peers and other social influences. The reduction in juvenile recidivism is most likely to be successful when the family is targeted and engaged as a participant in the behavioral change. Assessing and communicating feedback as to family strengths and weaknesses relevant to problem behavior in a way that families will see the benefit of making changes can motivate families to begin the process of change. The theoretical framework of the IAP Model highlights the critical role that family plays and strategies to ensure that core services are used and that family is closely and regularly involved in case planning, activities, and treatment.

Linkages with major social networks are key to programming for youth at greatest risk for repeat offending and must include a focus on improving the family situation. A comprehensive system of both formal and informal support persons must be identified and established for and with each juvenile and family. The family is one part of the social network and therefore must be enlisted in the formulation and application of reinforcement and accountability.

Source: *Office of Juvenile Justice and Delinquency Prevention, Intensive Aftercare for High-Risk Juveniles: A Community Care Model*
Office of Juvenile Justice and Delinquency Prevention, Intensive Aftercare for High-Risk Juveniles: Policies and Procedures

Gap Analysis Findings: Current Practices

While partnerships and collaborations with the variety of service delivery and support agencies and organizations is a critical component of successful re-entry, the nature of the relationship with the juvenile and his or family are of equal importance. When juveniles and families experience the process as failing to consider their input, needs, and values in the design and delivery of programs and services, the chances for successful outcomes are diminished. Aspects of the current approach to re-entry related interactions with juveniles and families need improvement to create a greater sense of engagement, investment, collaboration and cooperation. Current assessments and treatment during commitment tend to focus solely on the juvenile's problems and may fail to consider strengths and protective factors, accomplishments, and relationships that can serve as the foundation of successful behavior change efforts and interventions.

Family involvement in the development and implementation of the re-entry plan is essential to success. The use of the YASI as an assessment and case planning

framework identifies recidivism risk factors as well as protective factors. Full implementation of the YASI is incorporated into this strategic plan. Key family members need to be involved from the outset by orienting them to the re-entry planning process, seeking their input, and discussing how they can be supportive. The plan should be reviewed with the juvenile and the family so that expectations are clear, barriers are known, and providers are identified.

Although the parole officer maintains family contact while the juvenile is committed, actual family engagement during commitment is significantly impacted by the lack of transportation for many of the juvenile's family members which results in the inability for consistent contact and maintaining a relationship. With the majority of the JCC's located in the Richmond area the drive for families on a regular basis is often burdensome. The family contacts typically consist of updates on the juvenile's progress at the JCC and a review of the placement plan upon release. The recent introduction of video visitation will increase family and juvenile contacts and a more extensive use of video conferencing will allow for family members to be more involved in the planning process.

The school reenrollment and the mental health transition plans both require family participation. These meetings, however; frequently occur without actual input from the family members due to scheduling and the inability of the parent or guardian to be available. The result in many instances is the family member being advised of what is in the plan and being asked to sign the plan without the opportunity to be meaningfully engaged in the process.

- 8.1 Improve information sharing and communication with committed juveniles and their families throughout the commitment, treatment, and re-entry processes.
- 8.2 Ensure active and meaningful input from juvenile offenders and families in the development, review and implementation of the individualized, Comprehensive Re-Entry Case Plan.
- 8.3 Strengthen assessments of families' willingness and ability to support youth's return home, identify strengths or barriers for committed youth to return home, and identify services, community based organizations and resources that will provide support for successful return home or alternate living arrangements.
- 8.4 Implement methods to solicit family input regarding the quality of institutional and community based programs and services.
- 8.5 Develop and implement a comprehensive staff training model on approaches that maximize youth and family engagement, such as motivational interviewing.

Work Plan

Goal 1: Promote public safety and juvenile offender accountability					
	Objective	Performance Indicator	Begin	End	Responsible Party
1.1	Implement community service opportunities while in direct care.	Practice	1/15/11	Ongoing	Asst. Deputy Director, JCC
1.2	Incorporate community accountability measures into the juvenile offender's case plan prior to release from the JCC.	Procedure Practice	1/15/11	Ongoing	Asst. Deputy Director, JCC Field Operations Manager
1.3	Incorporate educational programming in the JCCs and the CSUs aimed at enhancing participants' understanding of the experiences of victims of crime.	Practice	1/15/11	7/1/11	Asst. Deputy Director, JCC CSU Directors
1.4	Evaluate current use of graduated sanctions and make recommendations for improvement	Report	1/1/11	7/1/11	Research and Evaluation
1.5	Enhance supervision strategies that correspond to the resources available to the CSU, and employ both sanctions and incentives to encourage compliance with rules of supervision and treatment.	Practice.	12/17/10	Ongoing	Regional Operations Managers CSU Directors
1.6	Develop standardized protocols for drug and alcohol testing of juvenile offenders on community parole supervision.	Procedure	12/1/10	2/1/11	Field Operations Manager
1.7	Develop programs and services to include day reporting or evening reporting centers, and increased use of electronic monitoring and GPS to meet supervision needs of juvenile offenders.	Program Development Budget Language	7/1/11	7/1/14	Community Programs Manager
1.8	Improve decision making about when to release a juvenile offender from parole supervision based on compliance with parole rules and completion of goals in the case plan.	Practice	12/1/10	Ongoing	Regional Operations Managers CSU Directors
1.9	Establish cooperative working relationships with local law enforcement, in accordance with confidentiality requirements specified in the Code of Virginia, to monitor the activities of high-risk parolees.	MOAs	12/1/10	12/1/11	Regional Operations Managers CSU Directors

Goal 2: Ensure juvenile offenders have an individualized plan for re-entry from commitment through release from supervision				
Objective	Performance Indicator	Begin	End	Responsible Party
2.1 Require all court service units to complete a full assessment version of the Youth Assessment and Screening Instrument (YASI) at the time of commitment and ensure that (RDC) has access to the results.	Procedure Practice	12/1/10	6/30/11	Field Operations Manager Regional Operations Managers
2.2 Design and implement quality assurance protocols to improve the accuracy and consistency of the YASI assessments being completed by the court service units.	Procedure Practice	12/1/10	12/1/11	Program Development Manager
2.3 Provide training on the YASI to all identified staff at RDC and in the juvenile correction centers (JCC) so that the results can be fully utilized to improve the case planning process and so RDC and JCC staff can complete YASI assessments and re-assessments.	Training	12/1/10	6/30/11	Program Development Manager
2.4 Incorporate a review of the juvenile offender's current benefits and entitlements into the evaluation process at the time of commitment and determine what steps will be needed to transition the juvenile back to active status upon release.	Practice	1/15/11	7/1/11	Asst. Deputy Director, JCC
2.5 Strengthen the existing multidisciplinary review of assessment findings by developing strategies to increase participation of juvenile, family members, parole officers and other community partners in the staffing process at RDC.	Practice	1/15/11	7/1/11	Asst. Deputy Director, JCC Field Operations Manager Regional Operations Managers
2.6 Implement an overarching individualized case plan that follows the juvenile offender from commitment through discharge from parole by developing a uniform case planning template to be used by both court service unit and institutional staff.	Procedure Practice	1/15/11	7/1/11	Asst. Deputy Director, JCC Field Operations Manager Regional Operations Managers
2.7 Ensure that the needs and strengths of the juvenile's family/guardian situation, placement options, and community resources are addressed in the case plan format and process.	Practice	1/15/11	7/1/11	Asst. Deputy Director, JCC Field Operations Manager Regional Operations Manager

Objective	Performance Indicator	Begin	End	Responsible Party
2.8 Develop and implement a comprehensive staff training program on the new case plan format and case planning best practices for both court service unit and institutional personnel.	Training	12/1/10	6/30/12	Program Development Manager Training Manager
2.9 Strengthen the existing multidisciplinary case planning process (Treatment Team) in the JCCs by developing strategies to increase participation of juveniles, family members, parole officers and other community partners.	Practice	12/1/10	12/1/11	Asst. Deputy Director, JCC Field Operations Manager Re-entry Specialist
2.10 Develop and implement a re-entry planning team approach to include institutional staff, parole officers, juveniles, family members, and community service providers, as appropriate. This team would begin at the time of the initial case plan development and continue through the time of release from parole with membership changing as needed based on the juvenile offender's status.	Procedure Practice	1/15/11	12/1/11	Asst. Deputy Director, JCC Field Operations Manager Regional Operations Managers
2.11 Ensure accessibility and sharing of case plan information, progress reports and other information by incorporating it into DJJ's electronic data system (BADGE).	Electronic Data Collection System	7/1/11	1/1/12	MIS Applications Manager
2.12 Develop and implement procedures for transferring needed information from the JCC to community-based treatment providers.	Procedure Practice	1/15/11	7/1/11	Asst. Deputy Director, JCC Field Operations Manager BSU Director
2.13 Conduct a review of the feasibility of integrating existing school reenrollment and mental health transition plans into the case plan and process.	Report	12/1/11	12/1/12	Re-Entry Specialist
2.14 Develop and implement procedures to involve community-based service providers in the case planning process prior to the juvenile's release.	Procedure	12/1/10	7/1/11	Community Programs Manager
2.15 Strengthen existing practice by implementing a formalized periodic reassessment and case plan revision process from the time of commitment until release from parole supervision.	Procedure Practice	9/1/11	9/1/12	Asst. Deputy Director, JCC Field Operations Manager Regional Operations Managers

Objective	Performance Indicator	Begin	End	Responsible Party
2.16 Develop and implement a re-entry relapse prevention plan to assist the juvenile and the family in identifying patterns and situations that increase risk of relapse/recidivism and strategies to cope with and counteract them.	Practice	3/1/11	1/1/12	Re-Entry Specialist
2.17 Review the re-entry relapse prevention plan with the juvenile, family, DJJ staff and community partners prior to release and on a regular bases thereafter to determine effectiveness and need for revision.	Practice	1/1/12	4/1/12	JCC Counselors CSU Parole Officers

Goal 3: Improve re-entry outcomes by enhancing the service delivery system to become more comprehensive, continuous, and evidence-based				
Objective	Performance Indicator	Begin	End	Responsible Party
3.1 Ensure access to a continuum of evidence-based interventions during commitment and upon release to community supervision based on the juvenile's risk and needs.	Program Development Budget Language	12/1/10	Ongoing	Asst. Deputy Director, JCC Regional Operations Managers Court Service Unit Directors
3.2 Implement and/or enhance services in at least the following areas: substance abuse, mental health, sex offending, aggression management, independent living skills, interpersonal skills, and problem-solving skills.	Program Development	12/1/10	Ongoing	BSU Director Asst. Deputy Director, JCC Regional Operations Managers Court Service Unit Directors
3.3 Collaborate with the Department of Correctional Education to assess current educational and vocational services and make enhancements and improvements as needed with a focus on increasing the degree to which educational services provided during commitment are individualized and based on the projected length of stay and the juvenile's capabilities and interests.	Report Practice Change	7/1/11	7/1/13	DCE Asst. Superintendent Asst. Deputy Director, JCC
3.4 Enhance post-secondary educational opportunities for juveniles still in the JCC and upon return to the community.	Practice	12/1/10	Ongoing	DCE Schools JCC Program Manager Field Operations Manager
3.5 Improve juvenile vocational competencies based on employment and market demand.	Practice	12/1/10	Ongoing	DCE Schools Youth Industries Manager
3.6 Enhance and expand the JCC-based Work Education Release Program, Youth Industries, enterprises and institutional work programs, and the Re-Entry to Education and Employment Project (REEP) program.	Program Development Budget Language	7/1/11	6/30/14	JCC Program Manager
3.7 Enhance the provision of age appropriate independent living skills programming during commitment and structured step-down placements by adding a life skills component to daily institutional schedule.	Program Development	7/1/11	7/1/12	JCC Program Manager

Objective	Performance Indicator	Begin	End	Responsible Party
3.8 Continue and expand the use of the Phoenix Curriculum in the JCCs and expand use in the community to enhance decision-making skills.	Practice	7/1/11	7/1/13	JCC Program Manager Regional Operations Managers Court Service Unit Directors
3.9 Implement a training program for juvenile correctional center, halfway house, and court service unit staff to build evidence-based intervention skills and to improve program sustainability.	Training	12/1/11	12/1/13	Training Manager Program Development Manager
3.10 Improve transitional services by requesting community-based providers to begin services prior to release and require DJJ mental health and substance use disorders treatment staff to communicate with the identified community based provider prior to release.	Practice	12/1/10	Ongoing	Community Programs Manager BSU Director
3.11 Educate other community partners (e.g., Community Service Boards) about the interventions provided in the JCCs and work with them to provide/expand community-based services that build upon these approaches.	Practice	4/1/11	Ongoing	Re-Entry Specialist
3.12 Educate parole staff to ensure that they are thoroughly familiar with the interventions provided in the JCCs and with structured methods for reinforcing newly learned skills through required training and monitoring.	Practice Training	4/1/11	Ongoing	Training Manager Asst. Deputy Director, JCC Field Operations Manager Regional Operations Managers
3.13 Develop practices for educating parents/guardians on the content of institutional interventions and how they can help reinforce new skills upon re-entry.	Practice	4/1/11	12/1/11	Asst. Deputy Director, JCC Re-Entry Specialist
3.14 Improve partnerships with community-based providers to ensure uninterrupted health, mental health, and substance use disorder services.	Collaboration	1/1/11	6/30/14	Re-Entry Specialist

Goal 4: Improve re-entry outcomes by providing opportunities for progressively increased responsibility and freedom				
Objective	Performance Indicator	Begin	End	Responsible Party
4.1 Provide step-down alternatives for committed juveniles who meet established criteria to include modifying pods within existing JCCs, opening the transitional cottages and reinstating detention re-entry.	Program Development Budget Language	12/1/10	6/30/14	Re-Entry Specialist
4.2 Maximize use of current step-down community-based housing options operated by community partners (e.g., Department of Social Services, Department of Behavioral Health and Developmental Services).	Collaboration	1/1/11	Ongoing	Re-Entry Specialist
4.3 Increase availability and capacity of structured, step-down community-based housing options in high need areas to include identification of funding to support the placements.	Program Development Budget Language	7/1/12	6/30/14	Re-Entry Specialist
4.4 Enhance the identification of housing options at the time of commitment, incorporate the options into the case plan, and continually re-assess options at each progress review.	Practice -	12/17/10	6/30/11	CSU Supervisors CSU Parole Officers
4.5 Research model re-entry housing programs, collaborate with community partners to develop housing alternatives in communities, and develop "re-entry" housing options to meet the specific needs of juvenile offenders released for a JCC.	Report	7/1/11	6/30/12	Community Programs Manager VA. Commission on Youth
4.6 Establish protocols for furloughs for juveniles prior to release from the JCC.	Procedure Practice	1/1/11	9/30/11	Asst. Deputy Director, JCC Field Operations Manager Regional Operations Managers

Goal 5: Develop and nurture existing partnerships and collaborations to support successful re-entry in the community.				
Objective	Performance Indicator	Begin	End	Responsible Party
5.1 Establish local re-entry councils in areas with at least 10 youth returning to the community per year that require the Court Service Unit's participation and where feasible also includes JCC representation.	Collaboration MOA	1/1/11	12/31/11	Re-Entry Specialist Regional Operations Managers Court Service Unit Directors
5.2 Build strong, positive, and effective working relationships with national, state, and local organizations that provide services and resources to youth re-entering the community.	Collaboration	1/1/11	Ongoing	Re-Entry Specialist
5.3 Develop strategies to communicate with partners about DJJ's re-entry initiative and to articulate DJJ's needs clearly so that partners understand their roles and responsibilities.	Collaboration	1/1/11	6/30/11	Re-Entry Specialist
5.4 Strengthen formal and informal working relationships and formalize partnership agreements (e.g., Memoranda of Understanding) with state and local agencies providing the services commonly required for successful re-entry to increase, stabilize, and sustain services.	MOA	1/1/11	Ongoing	Re-Entry Specialist
5.5 Explore the pooling of resources to reduce the overall responsibility on a single agency or partnership and which establishes the juvenile's community as the focal point for delivering and coordinating services.	Collaboration	7/1/11	6/30/12	Re-Entry Specialist
5.6 Identify barriers and solutions to sharing youth information necessary to provide collaborative re-entry services and ensure continuity of care.	Report	1/1/11	12/31/11	Re-Entry Specialist
5.7 Convene a work group with DJJ staff and government agencies that govern the issuance of documents needed to obtain identification to identify barriers and develop solutions.	Policy MOA Legislation (?)	1/1/11	12/31/11	Re-Entry Specialist Governor's Re-Entry Coordinator
5.8 Expand the involvement of the faith-based community through mentoring programs and video visitation.	Collaboration Grant	12/1/10	Ongoing	JCC Program Manager Mentoring Coordinator

Objective	Performance Indicator	Begin	End	Responsible Party
5.9 Successfully implement a model mentoring program in partnership with the faith based community and other community agencies that include pre-release and post-release mentoring for youth returning to the Richmond area.	Program Development	10/1/10	10/1/11	Mentoring Coordinator
5.10 Evaluate the success of the model mentoring program and determine the feasibility of replicating the program in other high need localities.	Report	10/1/11	10/1/12	Research and Evaluation

Goal 6: Create an organizational culture that supports risk reduction and re-entry work with juvenile offenders				
Objective	Performance Indicator	Begin	End	Responsible Party
6.1 Establish a Re-Entry Specialist position in the DJJ Central Office to coordinate all re-entry related activities.	HR Process	10/1/10	11/30/10	Community Programs Manager
6.2 Update all relevant DJJ policies and procedures to reflect the Re-entry vision and philosophy.	Policy Procedure	1/1/11	12/31/11	Re-Entry Specialist
6.3 Reinforce the re-entry vision by promoting and hiring staff that possess the attitudes, skills, and abilities to carry it out.	Practice	12/1/10	Ongoing	All Hiring Managers
6.4 Institute a comprehensive, regionally-based training program on re-entry best practice and re-entry “forums” to engage DJJ staff and community partners and to generate and maintain momentum toward successful implantation of the Re-Entry Strategic Plan.	Training	7/1/11	Ongoing	Re-Entry Specialist Training manager
6.5 Review and update relevant DJJ training curricula to ensure inclusion of the Department’s re-entry mission and initiatives and overall emphasis on evidence-based practices.	Revised Training Curricula	1/1/11	6/30/11	Re-Entry Specialist Training Manager
6.6 Include re-entry related activities in the Employee Work Profiles of all appropriate DJJ staff and implement an incentive/recognition program to support the re-entry initiative.	EWPs	10/1/11	Ongoing	All Supervisors
6.7 Provide staff and community partners with a means to routinely provide feedback on the Department's progress in promoting successful re-entry.	Practice	1/1/11	6/30/11	Re-Entry Specialist
6.8 Create and distribute a newsletter that includes re-entry information and success stories.	Newsletter	1/1/11	6/30/11	Re-Entry Specialist
6.9 Develop a learning organization culture, including using naturally occurring meetings, training, in-services and other dialogue with staff and community partners to reinforce use of data and knowledge and implementation of evidence-based practices.	Practice	1/1/11	Ongoing	All Managers and Supervisors

Goal 7: Conduct ongoing monitoring and evaluation of the re-entry strategic plan				
Objective	Performance Indicator	Begin	End	Responsible Party
7.1 Review existing DJJ data systems to ensure they are capturing essential data to monitor and evaluation current and future re-entry activities and plan for system enhancements as needed.	Electronic Data Collection System	1/1/11	12/30/11	Research and Evaluation MIS Applications Manager Program Development Manager
7.2 Conduct a comprehensive review of existing interventions to determine whether evidence-based approaches are in place in JCCs and in the community.	Report	1/1/11	12/30/11	Research and Evaluation Program Development Manager
7.3 Assess consistent application and applicability/ transferability of the Phoenix Curriculum to community living.	Report	12/1/10	12/1/11	Research and Evaluation
7.4 Assess current life skills curricula to determine if they meet the needs of committed juveniles.	Report	1/1/11	6/30/11	JCC Program Manager
7.5 Develop and implement a comprehensive quality assurance and quality improvement process for all interventions to ensure intervention continuity across settings, fidelity and quality.	Practice	12/1/10	12/1/11	Program Development Manager
7.6 Develop and implement a program evaluation model to assess program outcomes.	Evaluation Process	1/1/11	12/30/11	Research and Evaluation
7.7 Conduct a comprehensive evaluation of the implementation and effectiveness of the Mental Health Transition Plan regulations (6VAC35-180) and use the findings to improve the process of connecting juvenile offenders to community based mental health and substance use disorder treatment providers prior to release.	Report	7/1/11	6/30/12	Research and Evaluation BSU Director
7.8 Collaborate with the state Department of Education to conduct a comprehensive evaluation of the implementation and effectiveness of the School Re-Enrollment regulations (8VAC20-660), use the findings to develop improvements to the process, identify barriers to school re- enrollment and develop policies and practices to ensure barriers are addressed in the re-enrollment plan.	Report	7/1/11	6/30/12	Deputy Director of Operations DOE DCE

Goal 8: Engage juvenile offenders and families in successful re-entry.				
Objective	Performance Indicator	Begin	End	Responsible Party
8.1 Improve information sharing and communication with committed juveniles and their families throughout the commitment, treatment, and re-entry processes.	Practice	1/15/11	12/1/11	CSU Supervisors CSU Parole Officers JCC Counselors
8.2 Ensure active and meaningful input from juvenile offenders and families in the development, review and implementation of the individualized, comprehensive Re-Entry Case Plan.	Practice	1/15/11	Ongoing	CSU Supervisors CSU Parole Officers JCC Counselors
8.3 Strengthen assessments of families' willingness and ability to support youth's return home, identify strengths or barriers for committed youth to return home, and identify services, community based organizations and resources that will provide support for successful return home or alternate living arrangements.	Practice	1/15/11	12/1/11	CSU Supervisors CSU Parole Officers JCC Counselors
8.4 Implement methods to solicit family input regarding the quality of institutional and community based programs and services.	Procedure	7/1/11	12/31/11	Asst. Deputy Director, JCC Field Operations Manager Regional Operations Managers
8.5 Develop and implement a comprehensive staff training model on approaches that maximize youth and family engagement, such as motivational interviewing.	Training	1/1/11	12/31/11	Training Manager Program Development Manager

Conclusion

Successful youth, reduced recidivism and public safety are the outcomes expected by the Virginia Department of Juvenile Justice through implementation of this Re-Entry Strategic Plan. In order to define and facilitate this process, DJJ has established a series of outcome measures (objectives), broad strategies and specific activities to achieve these objectives. The re-entry strategic plan will serve as both a statement of agency policy and a “road map” for staff at all levels of the organization as we move forward. The plan will assist all DJJ employees in defining their roles in contributing to the desired results and will provide the agency with benchmarks for monitoring progress, making adjustments, and keeping the mission in clear focus.

With the expected input from the Governor’s Prisoner and Juvenile Offender Re-Entry Council and other stakeholder groups, this document is seen as a dynamic, “work in progress” that will evolve and improve. The re-entry strategic plan will be reviewed and updated to reflect progress, newly identified challenges and ongoing interaction with DJJ’s partners.

Appendix A: Governor's Executive Order

COMMONWEALTH OF VIRGINIA



OFFICE OF THE GOVERNOR

THE VIRGINIA PRISONER AND JUVENILE OFFENDER REENTRY COUNCIL

Importance of the Issue

Section 2.2-221.1 of the *Code of Virginia* directs the Secretary of Public Safety to establish an integrated system for coordinating the planning and provision of offender transitional and reentry services among state, local, and non-profit agencies in order to prepare offenders for successful transition into their communities upon release from incarceration. This code section also requires the Secretary to ensure that a system is in place for improving opportunities for treatment, employment and housing while individuals are on subsequent probation, parole or post-release supervision.

Each year, approximately 13,500 adult and 500 juvenile offenders are projected to be released from incarceration. The Commonwealth of Virginia seeks to improve public safety by fostering a successful transition of these offenders into their communities; and by reducing the rates at which they returned to prison. In order to reduce recidivism, improve public safety, and reduce the number of crime victims, consistent with Virginia Code § 53.1-32.2, we must ensure that offenders released from incarceration have been adequately prepared to return to their communities. This preparation includes equipping offenders to find employment; providing educational opportunities; ensuring treatment for mental health and substance abuse issues; and assisting offenders re-integrate into a stable home environment. Successful integration of offenders requires collaboration, coordination, and partnership among state and local agencies, community supervision agencies, service providers, faith-based organizations, law enforcement

agencies, courts, communities, and family members. Accordingly, I am taking the following measures:

Amending and Renaming the Virginia Prisoner Re-entry Policy Academy

By virtue of authority vested in me as Governor under Article V, Section 1 of the Constitution of Virginia, and Sections 2.2-103 and 2.2-104 of the *Code of Virginia*, I hereby direct the Office of the Secretary of Public Safety to amend and alter the Virginia Prisoner Re-entry Policy Academy, originally established pursuant to Executive Order 97(October 2009) which is set to expire December 31, 2010. The Virginia Prisoner Re-entry Policy Academy shall be renamed the **Virginia Prisoner and Juvenile Offender Re-entry Council** with the aim of promoting re-entry strategies for adult and juvenile offenders.

The Virginia Prisoner and Juvenile Offender Re-entry Council (the Council) shall be chaired by the Secretary of Public Safety or her designee and comprised of the following Executive Branch representatives or their designees:

- Secretary of Commerce and Trade
- Secretary of Education
- Secretary of Health and Human Resources
- Secretary of Transportation
- Senior Economic Advisor to the Governor
- Commonwealth's Attorneys' Services Council
- Department of Behavioral Health and Developmental Services
- Department of Corrections
- Department of Correctional Education
- Department of Criminal Justice Services
- Department of Education
- Department of Health
- Department of Housing and Community Development
- Department of Juvenile Justice
- Department of Medical Assistance Services
- Department of Planning and Budget
- Department of Professional and Occupational Regulation
- Department of Rehabilitative Services
- Department of Social Services
- Department of Veterans Services
- Virginia Employment Commission
- Virginia Indigent Defense Commission
- Virginia Parole Board

The Governor may appoint additional members as he deems appropriate. The Secretary of Public Safety shall invite additional participation by the Attorney General of Virginia, General Assembly, Supreme Court, Virginia Sheriffs Association, Virginia Association of Chiefs of Police, faith-based organizations, and Community Advocacy

Groups. All Executive Branch agencies of the Commonwealth shall participate in activities of the Council upon request. Support staff will be provided by the Office of the Secretary of Public Safety, Office of the Secretary of Health and Human Resources, Office of the Secretary of Education, and other agencies as the Secretary of Public Safety may designate.

The Council shall have the following functions:

- Identify barriers that exist in each member's department or agency that may impede successful transition of offenders returning to their communities; and develop and implement procedures to overcome such barriers, to include job training, education, housing, and substance abuse treatment.
- Improve collaboration and coordination of transitional services, including providing cross-training; sharing information among state agencies; and developing policies, procedures, and programs with well-defined, performance-based outcomes that enhance re-entry management.
- Establish partnerships between community colleges and the business sector to promote employment and transitional jobs for released offenders.
- Engage local agencies, community-based social service providers, community organizations, faith-based organizations, as well as other stakeholders, in promoting successful re-entry policies and programs.
- Submit a status report of actions taken to improve offender transitional and re-entry services to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees no later than December 15 of each year.
- Meet at the call of the Secretary of Public Safety or her designee and as provided in procedures adopted by the Council.

The Prisoner Re-entry Coordinator, in working with the Council, shall develop a long-term strategic plan for achieving the goal of reducing offender recidivism for those released from incarceration. The plan shall set out comprehensive strategies to be employed while offenders are incarcerated and to continue following their release. It shall have measurable objectives and establish specific outcome performance measures. The plan shall identify methods of improving communication, sharing of information, and collaborating between state and local agencies. Such a plan shall be submitted to the Governor for approval no later than December 31, 2010, and shall be updated by December 31 of each succeeding year.

The Council shall establish work groups and subcommittees to implement the provisions of the strategic plan and other re-entry reforms of the Commonwealth to assist offenders with jobs, housing, substance abuse treatment, medical care, and mental health services, with specific inclusion of women, juveniles, and veterans.

Additionally, the Governor's Re-entry Council and the appropriate work group shall work collaboratively with the Juvenile Re-entry Advisory Group established by the Virginia Commission on Youth on improving the success and safety of juveniles returning to their community.

Effective Date of the Executive Order

This Executive Order shall be effective upon its signing and shall remain in full force and effect unless amended or rescinded by further executive order.

Given under my hand and under the Seal of the Commonwealth of Virginia this 11th day of May 2010.

/s/ Robert F. McDonnell, Governor

Attest:

/s/ Secretary of the Commonwealth

Appendix B: Juvenile Recidivism in Virginia

DJJ Research Quarterly

Virginia Department of Juvenile Justice

Volume III

April 2005

STAFF

W. Stephen Pullen
*Deputy Director
Administration and Finance*

Lynette B. Greenfield
Research & Evaluation Manager

Alex V. Chobotov
Research Supervisor

Deborah M. Anchors
Senior Research Analyst

Tripti Gangal
Senior Programmer Analyst

Susan M. Nicely
Senior Research Analyst

Marci L. Stables
Research Analyst

Layout Design
Susan M. Nicely

ACKNOWLEDGEMENTS

The contributions of community and institutional program staff were invaluable to this report. Special thanks are extended to Scott Reiner, Community Programs Manager. Also, DJJ appreciates the data provided by the Virginia State Police, the Virginia Department of Corrections, the local courts, and the State Compensation Board. Finally, DJJ would like to thank agencies from other states that provided information on juvenile reoffense rates.

IN THIS ISSUE...

Juvenile Recidivism	1-11
Cohort Methodology	2
Reoffense Rates	4
Specific Agency Programs	5
Other States' Measures	8

JUVENILE RECIDIVISM IN VIRGINIA

"Recidivism is a fruit salad concept in the criminal justice world."¹

INTRODUCTION

Recidivism, or reoffending, is an important concept for both juvenile and adult criminal justice systems because it provides one measure to determine successful outcomes. In terms of public awareness, recidivism is usually the primary measure of interest when evaluating the effectiveness of interventions with adult or juvenile offenders. A standardized measure of recidivism would allow evaluation across different types of programs and facilitate comparison across states. As Beck suggests, recidivism studies seldom agree on the exact meaning of the term, the measures that should be used in recidivism evaluation, and what the rate quoted may actually depict.² For this report, the terms recidivism and reoffending will be used interchangeably to refer to a return to delinquent and criminal behavior.

This report focuses on reoffense rates for adjudicated juveniles in the Commonwealth of Virginia. The Virginia Department of Juvenile Justice (DJJ) has responsibility for juveniles in a variety of settings. The two predominant populations are juveniles committed to juvenile correctional centers (JCCs) and those placed on probation. Before presenting reoffense rates for these groups, it is necessary to explain how DJJ defines and measures recidivism. The challenges inherent in evaluating recidivism will be examined, followed by a detailed description of DJJ's definitions and methodology. Juvenile reoffense rates between FY 1998 and FY 2003 are presented for these two groups. Specific demographic information is presented for FY 2003 with all reoffense rates. Also, data for specific agency programs are provided for FY 2002 and 2003. The report concludes with an examination of the definitions, methodologies, and recidivism rates in states other than Virginia, including a table of recidivism rates for juveniles released from incarceration in other states.

DEFINITIONS OF REOFFENDING

The American Correctional Association (ACA) has stated that the definition of recidivism is one of the primary issues for juvenile and adult correctional organizations/agencies. According to the ACA, "...there are numerous ways to measure recidivism...[d]epending on what perspective is taken, statistical outcomes may vary."³

Three common definitions are used to measure reoffending:

- **Rearrest** refers to a juvenile complaint made at intake for a new delinquent offense or an adult arrest for a new criminal offense. Rearrest is an important measure of reoffending because it represents the initial official contact with the criminal justice system. However, rearrest rates are limited as a gauge of reoffending because rearrest measures police activity, and juveniles may be rearrested for offenses they did not actually commit.
- **Reconviction** refers to a guilty adjudication or conviction for a delinquent or criminal offense. This is a more stringent way to measure reoffending because a court of law has determined

that a juvenile committed the crime. The official definition of recidivism used by DJJ is reconviction (see sidebar).

- **Reincarceration** refers to a return to incarceration (after having been previously released from incarceration in a juvenile or adult facility) subsequent to rearrest and reconviction on a new criminal offense. This measure is the narrowest definition of reoffending.

Definitional issues concerning recidivism were discussed in a 2002 report by the National Center for State Courts on offender risk assessment and recidivism in Virginia.⁴ The authors suggest measurement criteria that should be addressed by any study of recidivism – including different ways to define reoffending and length of follow-up for offenders after release. The report emphasized that the way recidivism is defined affects the interpretation of study results. Strengths and weaknesses are associated with each measure of recidivism.

Use of rearrest as a measure of recidivism has the advantage of not being influenced by court proceedings (offense reduction, plea bargaining, diversion) but may overestimate the level of reoffending because arrest criteria are less stringent than conviction criteria. Rearrest rates represent the maximum rate for reoffending as captured in official records.

Use of reconviction as a measure of recidivism lessens the likelihood of overestimating reoffense rates. Any discrepancies in court procedures will not influence the measurement of time to reoffense; therefore, reconvictions represent a subset of rearrests.

Reincarceration rates offer the most restrictive measure of reoffending. Juveniles recommitted to a JCC or sentenced to an adult facility have been considered by a judge to have

committed offenses serious enough to justify return to a correctional facility. The measure represents a further subset of rearrests.

METHODS USED TO STUDY REOFFENDING

One method used to evaluate reoffending is the longitudinal cohort study. A cohort is simply a group of individuals who share some common characteristic, such as release from incarceration during a specific year. For longitudinal analysis, the chosen cohort is followed over a period of time so that the trends may be identified. In the case of recidivism analysis, a cohort is tracked for a certain follow-up period and any reoffenses are measured to allow for long-term trend analysis. Most recidivism studies use the longitudinal cohort method, including the recent Florida Department of Corrections’ 2003 report on adult offender recidivism⁵ and Virginia’s 2004 evaluation of juvenile reoffending.⁶

The diagram on page 3 illustrates a typical path for a longitudinal cohort analysis. First, the cohort is established (in this example, all juveniles released from JCCs during FY 2003). At the end of a specified follow-up period (e.g., 12 months after release), all

instances of reoffending are identified. The cohort is then divided into two groups – those who did and those who did not reoffend. Those who did not reoffend are typically tracked for additional follow-up time intervals.

Not all recidivism studies use follow-up periods to track and evaluate reoffense rates. Some studies identify a cohort and then retrospectively examine the history (e.g., delinquent offenses, incarcerations) of cohort members. For example, Missouri’s Division of Youth Services defined recidivism in their FY 2003 annual report as “the percentage of youth re-entering the division during the fiscal year who had received discharges during the current or previous years.”⁷ Examination of cohorts using historical information makes it difficult to determine what differences may exist between those who did and those who did not reoffend after contact with the justice system because this method only examines those who reoffend.

ISSUES WITH THE STUDY OF REOFFENDING

Several methodological issues are relevant to the examination of reoffending, particularly for juveniles. First, the length of time used for follow-up after release from a correctional center or some other type of judicial action impacts recidivism results. Length of follow-up in previous studies has ranged anywhere from three months to five years, with most using one year. While reoffending rates are often highest within the first year after release or judicial action, limitation of follow-up to one year does not allow for a comprehensive analysis of reoffending patterns. The report by Ostrom, et al., recommends that studies of reoffending use a follow-up period of at least one to three years.⁸

Also, most studies have focused on offenders who have been released from correctional centers. Focusing on this

In February 2000, the Director of the Department of Juvenile Justice issued an administrative directive (07-710) that established an official definition for recidivism to be used by the Department. The directive was updated in December 2004 to reflect changes in the Code of Virginia that have occurred since 07-710 was originally issued.

For the purposes of reporting recidivism rates of juveniles as required by Code of Virginia §2.2-222, the Department will use the following definition:

A recidivist is a person who is found by a court to have committed, after being (a) placed on probation or (b) released from confinement, a delinquent or criminal act other than violation of probation or parole.

group limits understanding of reoffending rates because it does not allow for examination of the broader group of individuals who have contact with the justice system. It also eliminates the possibility of comparing individuals who have been incarcerated in secure facilities versus individuals who may have been sent to diversion programs or placed on probation.

Until recently, few studies tracked reoffenses through both the juvenile and adult justice systems. If a juvenile “ages into adulthood” during the tracking period, new offense information will be captured in the adult criminal justice system. If this source of information is not reviewed, the reported reoffense rate will likely be underestimated. A complete examination of juvenile reoffending is not possible unless all juvenile and adult contacts with the justice system are included.

Finally, studies of reoffending should include information on gender and age differences. There are well-documented normal developmental differences between males and females, as well as between juveniles in early versus late adolescence. Therefore, reoffending patterns should not be assumed to be the same for all juveniles.

DJJ’s STUDY OF JUVENILE REOFFENDING IN VIRGINIA

Data on juvenile offenders in Virginia are maintained in an automated database, the DJJ Juvenile Tracking System (JTS), that includes information on juvenile intakes, probation placements, and commitments to JCCs. DJJ also obtains statewide adult arrest, conviction, and incarceration information from the Virginia State Police, the Virginia Department of Corrections (DOC), and the State Compensation Board (the agency that tracks data on local jail sentences imposed by judges after adjudication). This information enables DJJ to capture a complete picture of

statewide juvenile reoffending patterns at all three levels of measurement in both justice systems.

For this report, DJJ examined juvenile reoffending patterns since FY 1998 with emphasis on the most recent reoffense rates. Juvenile and adult arrest data on individuals released from the JCCs or placed on probation during these years were examined. The follow-up period ranged from a minimum of one year to a maximum of three years, depending on the date the juvenile was released or placed. Demographic information on juveniles in the various cohorts is also included.

In order to address other states who use either rearrest or reincarceration as their official measure, all three measures of reoffending are presented for Virginia. It is important to note that the official DJJ recidivism definition in Virginia is based on measures of reconviction (see sidebar on page 2).

DJJ’s METHODOLOGY

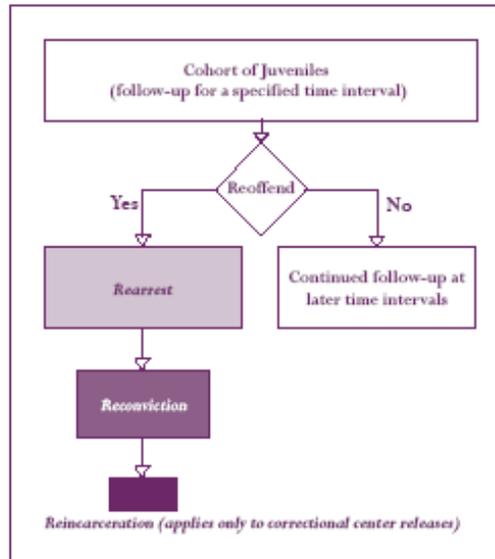
Cohorts were established for the following groups:

- **JCC Releases** – cohorts of all juveniles released from JCCs in a given fiscal year; and
- **Probation Placements** – cohorts of juveniles placed on probation in a fiscal year.

Reoffense tables in this report include the following data:

- **Rearrest rates** are presented for each year, for both the JCC Release and Probation Placement cohorts;
- **Reconviction rates** are presented for each year for the JCC Release cohorts,

LONGITUDINAL REOFFENSE ANALYSIS FOR COHORTS OF JUVENILES RELEASED OR PLACED ON PROBATION



and for FY 2001-2003 for the Probation Placement cohorts; and

- **Reincarceration rates** for each year are presented only for the JCC Release cohorts. These rates represent reincarceration back into a JCC, incarceration into DOC (not a blended sentence), or a jail sentence imposed by a judge subsequent to release from a JCC.

Only offenses that involved new delinquent or criminal acts were included. Therefore, reoffense data did not include violations of probation or parole, contempt of court, failure to appear, or traffic (other than those that fall at the felony or misdemeanor level) offenses.

When the length of time to rearrest or reconviction is reported, it indicates the time between the date the juvenile was released from a JCC or placed on probation and the date of a new arrest. For reincarceration length of time, the difference between the release date from a JCC and the reincarceration is used.

TWELVE-MONTH REOFFENSE RATES FOR JCC RELEASES AND PROBATION PLACEMENTS, FY 1998-2003

	JCC Releases						Probation Placements					
	1998	1999	2000	2001	2002	2003	1998	1999	2000	2001	2002	2003
Rearrest	47.0%	48.6%	48.6%	49.7%	52.2%	49.4%	39.7%	38.4%	36.8%	36.4%	35.8%	34.8%
Reconviction	36.3%	37.2%	38.9%	40.8%	42.7%	37.6%	N/A	N/A	N/A	25.9%	26.1%	24.8%
Reincarceration	16.0%	15.6%	17.1%	19.4%	18.4%	17.2%	N/A	N/A	N/A	N/A	N/A	N/A

The recidivism methodology utilized for this report:

- All new Probation Placements during FY 2002 and FY 2003 were used for the reoffense analysis. Using the entire population of probation placements minimizes any sampling error and allows for realistic comparisons to other studied populations. Prior to FY 2002, a randomly selected representative sample of probation placements from each CSU was used for the reoffense evaluation. This report uses those established probation placement samples for FY 1998-2001.
- When a juvenile was released more than once from a JCC within the same fiscal year, both releases were included in the calculation of reoffense rates. While this applies to only a few juveniles, including both more accurately reflects the reoffense rate each year.
- Juveniles who were sent directly to an adult prison upon their release from the JCCs were not included in the reoffense analysis because they never left state custody and therefore were never "at risk" of reoffending.

DJJ'S REOFFENSE RATES

The twelve-month rates are presented here for JCC Releases and Probation Placements because most studies use this as the primary follow-up period. (For further information on additional follow-up time periods please refer to the FY 2004 Data Resource Guide: www.djj.virginia.gov).

REARREST RATES AT TWELVE-MONTHS

- The rearrest rates at the 12-month follow-up for the JCC Release cohorts increased between FY 1998

and FY 2002 from 47.0% to 52.2%. The rearrest rate dropped noticeably for the FY 2003 JCC Release cohort, falling to 49.4%.

- The 12-month follow-up rearrest rates for Probation Placement cohorts have steadily declined since FY 1998 from 39.7% to 34.8% in FY 2003.
- Probation Placements have consistently lower rearrest rates at 12-month follow-up than JCC Releases. Since FY 1999, there has been at least a 10% difference in the rearrest rates of JCC Releases and Probation Placements.

RECONVICTION RATES (DJJ'S OFFICIAL DEFINITION) AT TWELVE-MONTHS

DJJ re-examines rearrest cases each year to capture any new convictions that may previously have been pending. The historical reconviction rate is then adjusted accordingly. Due to methodological improvements, DJJ was able to include the entire population of FY 2002 and FY 2003 Probation Placements in the reconviction analysis.

- The reconviction rates at the 12-month follow-up for the JCC Release cohorts increased steadily between FY 1998 and FY 2002 from 36.3% to 42.7%. The reconviction rate dropped for FY 2003 JCC Releases to 37.6%. While the reconviction rate will probably rise slightly when the pending and appealed cases are re-examined later, the trend itself is still likely to represent a decline from the previous year.
- A trend in the 12-month follow-up reconviction rates for the Probation Placement cohorts is less clear because only three cohorts have been evaluated (FY 2001 through FY 2003). The rate increased between FY 2001 and FY 2002; then declined to 24.8% in FY 2003. As with the JCC Release cohorts,

the reconviction rates will be re-examined again to account for case dispositions that were not finalized at the time this report was published.

- For FY 2001 through FY 2003, Probation Placement cohorts have consistently had lower twelve-month reconviction rates than JCC Releases.

REINCARCERATION RATES AT TWELVE-MONTHS

By definition, reincarceration only applies to the JCC Release cohorts. For this report, information on reincarceration includes JCCs, jail, or adult prison.

The reincarceration rates at the 12-month follow-up for JCC Release cohorts have not shown the same consistency as the rearrest and reconviction rates. Reincarceration rates dropped slightly from 16.0% in FY 1998 to 15.6% in FY 1999. The reincarceration rates peaked in FY 2001 to 19.4%. In FY 2002 the reincarceration rates began to decline, falling to 17.2% in FY 2003.

REOFFENSE RATES - DEMOGRAPHIC DATA

Information on gender, race, and age for the FY 2003 12-month reoffense rates is presented in the table on page 5. Data include the total number of juveniles in the FY 2003 JCC Release and Probation Placement cohorts, as well as the number and percentage who were rearrested, reconvicted, and reincarcerated (applicable for JCC Releases only) for each demographic subgroup.

- Gender - males had higher reoffense rates than females for both the JCC Release and Probation Placement cohorts. For example, of the 1,029

males in the JCC Release cohort, 530 (51.5%) were rearrested within 12-months.

- **Race/Ethnicity** - for both the JCC Release and Probation Placement cohorts, black juveniles had higher reoffense rates than other racial/ethnic groups. Hispanic juveniles in the JCC Release cohort had the second highest rearrest and reconviction rates.
- **Age** - for the JCC Release cohort, juveniles who were age 15 at the time of their release had the highest rearrest and reconviction rates; reincarceration rates were highest for juveniles who were age 14 at the time of their release from the JCCs. For the Probation Placement cohort, juveniles who were either 14 or 15 at the time they were placed on probation had the highest rearrest rates; and juveniles who were 12, 14, or 15 had the highest reconviction rates.

REOFFENSE RATES FOR SPECIFIC DJJ PROGRAMS

DJJ strives to provide its committed juveniles with programmatic opportunities to assist their successful

return to the community. While juveniles are at the Reception and Diagnostic Center (RDC), they undergo extensive evaluations and assessments to determine their appropriate treatment needs. Not all juveniles that are committed are placed in a JCC. Several alternatives are available for juveniles who may be better served in a non-JCC facility. In the following pages, reoffense rates are reported for some of these programs and alternatives:

- Juveniles in the JCCs who have either a substance abuse or sex offender treatment need;
- Participants in special DJJ programs available for juveniles in the JCCs, such as Youth Industries or the Junior Reserve Officer Training Corps (JROTC); and
- Juveniles placed in a non-JCC facility for their commitment, such as the Virginia Wilderness Institute (VWI) or those sentenced to post-dispositional detention programs in locally operated juvenile detention homes.

Rearrest, reconviction, and reincarceration information is reported for each program for both FY 2002 and FY 2003. Because only two time points are measured, it is

too early to determine if these results constitute a trend. It should be noted that juveniles may have been included in more than one program. For example, a juvenile may have a sex offender treatment need and may also have participated in a Youth Industries program.

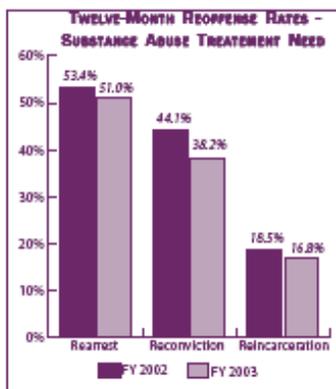
The following graphs are not intended to provoke a comparison or discussion of program similarities, but rather to present a summary of findings for the reoffense rates for these different programs. This reoffense information provides useful data not only for evaluating a program year-to-year, but also when comparing these programs to similar ones in other jurisdictions.

SUBSTANCE ABUSE TREATMENT NEED

The relationship between substance abuse and risk for recidivism has been the focus of much research, both for adults committed to correctional facilities^{9,10} and for incarcerated juvenile offenders.^{11,12} Studies have noted the need for substance abuse treatment while juveniles are incarcerated, but results have been mixed regarding the impact of

TWELVE-MONTH REOFFENSE RATES BY GENDER, RACE AND AGE, FY 2003

Demographics	FY 2003 JCC Releases								FY 2003 Probation Placements			
	Total	Rearrests	Reconvictions	Reincarcerations	Total	Rearrests	Reconvictions		Total	Rearrests	Reconvictions	
Gender												
Male	1,029	530	51.5%	403	39.2%	192	18.7%	5,714	2,177	38.1%	1,596	27.9%
Female	148	52	35.1%	39	26.4%	10	6.8%	2,033	518	25.5%	327	16.1%
Race												
Black	740	393	53.1%	295	39.9%	136	18.4%	3,201	1,330	41.5%	988	30.9%
White	393	172	43.8%	136	34.6%	62	15.8%	3,910	1,205	30.8%	817	20.9%
Hispanic	30	15	50.0%	11	36.7%	4	13.3%	418	110	26.3%	84	20.1%
Other	14	2	14.3%	0	0.0%	0	0.0%	218	50	22.9%	34	15.6%
Age												
Under 12	0	0	0.0%	0	0.0%	0	0.0%	133	27	20.3%	17	12.8%
12	2	0	0.0%	0	0.0%	0	0.0%	257	89	34.6%	70	27.2%
13	9	5	55.6%	4	44.4%	2	22.2%	676	236	34.9%	163	24.1%
14	38	19	50.0%	17	44.7%	10	26.3%	1,150	417	36.3%	311	27.0%
15	120	72	60.0%	58	48.3%	28	23.3%	1,595	587	36.8%	428	26.8%
16	225	112	49.8%	88	39.1%	35	15.6%	1,881	653	34.7%	458	24.3%
17	378	185	48.9%	145	38.4%	67	17.7%	1,855	625	33.7%	432	23.3%
18 or older	405	189	46.7%	130	32.1%	60	14.8%	200	61	30.5%	44	22.0%
Total	1,177	582	49.4%	442	37.6%	202	17.2%	7,747	2,695	34.8%	1,923	24.8%



different treatment modalities on recidivism rates.

Since FY 2002, approximately 60-70% of juveniles committed to DJJ each year have a recognizable substance abuse treatment need. This need is determined using standardized measures and clinical determinations. Substance abuse treatment is provided in each JCC and includes individual counseling, psycho-educational groups, and therapy process groups.

Therapists providing substance abuse treatment services are licensed in their respective discipline or certified by the Commonwealth of Virginia as substance abuse counselors. All therapists are provided clinical supervision by a licensed professional.

The rates presented reflect results for all juveniles who had a substance abuse treatment need, regardless of program completion.

In FY 2002, 834 JCC releases had a substance abuse treatment need.

- 53.4% were rearrested, 44.1% were reconvicted, and 18.5% were reincarcerated within 12 months.
- Each of these rates was higher than the reoffense rates for JCC releases *not* identified with a substance abuse treatment need who were released in FY 2002.

In FY 2003, 802 JCC releases had a substance abuse treatment need.

- 51.0% were rearrested, 38.2% were reconvicted, and 16.8% were reincarcerated within 12 months.
- The rearrest and reconviction rates were higher but the reincarceration rate was lower than rates for JCC releases *not* identified with a substance abuse treatment need who were released in FY 2003.

SEX OFFENDER TREATMENT NEED

While there has been a great deal of research on adult sex offender recidivism rates,¹³ researchers have only recently focused specifically on juvenile sex offenders.^{14, 15} Recidivism results from several studies were summarized in a recent review of juvenile sex offender literature published by the Office of Juvenile Justice and Delinquency Prevention (OJJDP).¹⁶ OJJDP also provides a lengthy bibliography of research on juvenile sex offenders, including recidivism, on their website.¹⁷

Each year, approximately 10% of juveniles committed to DJJ have a sex offender treatment need. Sex offender treatment services are provided at four of the JCCs, utilizing specialized self-contained units that house between 10 and 24 juveniles each. The average length of stay for juveniles with a sex offender treatment need was 28 months in FY 2004.

Although a juvenile may have a sex offender treatment need and may receive services, not all juveniles complete their treatment (they may reach the 36-month maximum for an indeterminate commitment and leave DJJ's care without completing their prescribed treatment). The rates presented reflect results for all juveniles who had a sex offender treatment need, regardless of program completion.

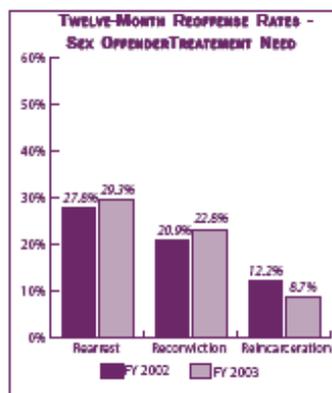
In FY 2002, 115 JCC releases had a sex offender treatment need.

- 27.8% were rearrested, 20.9% were reconvicted, and 12.2% were reincarcerated within 12 months.

- Each of these rates was lower than the reoffense rates for JCC releases *not* identified with a sex offender treatment need who were released in FY 2002.

In FY 2003, 92 JCC releases had an identified sex offender treatment need.

- 29.3% were rearrested, 22.8% were reconvicted, and 8.7% were reincarcerated within 12 months.
- Each of these rates was lower than the reoffense rates for JCC releases *not* identified with a sex offender treatment need who were released in FY 2003.



YOUTH INDUSTRIES PROGRAMS

Youth Industries programs are provided in most of Virginia's JCCs as part of DJJ's effort to assist youth in gaining valuable vocational experience prior to release back into the community. The programs were developed in partnership with the Virginia Department of Correctional Education (DCE) and the U.S. Department of Labor. Since the program's inception, over 400 juveniles have participated in apprenticeships and enterprise training.

A complete review of Virginia's Youth Industries programs was published by DJJ in 2004.¹⁸ Juveniles selected to participate receive vocational and

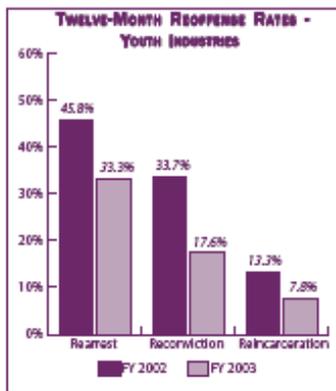
“Recidivism is conceptually a measure of failure, which may be broadly or restrictively defined.”¹⁹

academic instruction as well as hands-on training in a number of fields. These include areas such as offset printing, computer repair, barbering, electrical, horticulture, embroidery, advertising and design, woodworking, and silk screening.

The following information is presented as an initial overview of DJJ’s reoffense rates for juveniles released from the JCCs in FY 2003 who participated in a Youth Industries program at some point in their stay. It is important to consider that juveniles involved in Youth Industries are often committed for more serious offenses and thus may be at greater risk for reoffending when released.

In FY 2002, 83 juveniles released from the JCCs had participated in Youth Industries programs.

- 45.8% were rearrested, 33.3% were reconvicted, and 13.3% were reincarcerated within 12 months.
- Each of these rates was lower than the reoffense rates for JCC releases who did *not* participate in Youth Industries who were released in FY 2002.



In FY 2003, 51 juveniles released from the JCCs had participated in Youth Industries programs.

- 33.3% were rearrested, 17.6% were reconvicted, and 7.8% were reincarcerated within 12 months.
- Each of these rates was lower than the reoffense rates for JCC releases who did *not* participate in Youth Industries who were released in FY 2003.

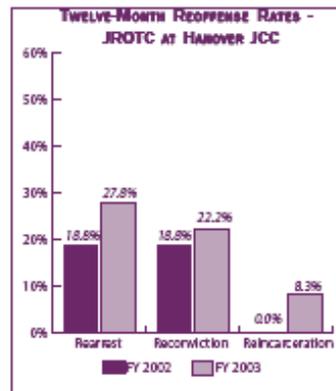
JROTC AT HANOVER JCC

DCE operates an Army JROTC program which serves approximately 100 youth committed to Hanover JCC. JROTC is a highly structured program based on a military model and includes the wearing of standard army military uniforms. The program is designed to teach juveniles about citizenship, leadership, service, and personal responsibility. The program is a combination of classroom instruction and practical application of military concepts taught within a standard high school setting. The program provides the same rank structure used by the Army and affords juveniles the opportunity to practice what they learn, obtain rank, and demonstrate their leadership ability.

Only a few such programs operate in juvenile facilities across the U.S. (including Virginia, South Carolina, and North Carolina). DCE’s JROTC program was the second of its kind in the nation. They also participate in a yearly military exercise called Camp Cobra which takes place on the Hanover campus. The JROTC color guard is frequently used at official state and DJJ ceremonies.

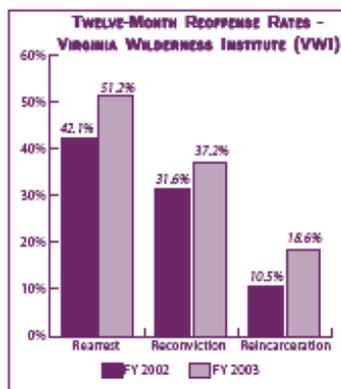
The rates reported for juveniles in the Hanover JROTC program reflect reoffending for only a few juveniles due to the small number of juveniles in this program. For this reason, comparison to the overall reoffense rates for JCC releases is not presented.

- In FY 2002, 16 juveniles released from the JCCs had been in the Hanover JCC JROTC program. The same percentage of juveniles (18.8%) were both rearrested and reconvicted within 12 months. None of these juveniles were reincarcerated within 12 months.
- In FY 2003, 36 juveniles released from the JCCs had participated in the Hanover JCC JROTC program. 27.8% were rearrested, 22.2% were reconvicted, and 8.3% were reincarcerated within 12 months.



VIRGINIA WILDERNESS INSTITUTE

VWI is a 32-bed, privately contracted facility that serves male juveniles committed to DJJ. Juveniles sent to VWI are offered a highly structured residential program focused on accountability and competency. Emphasis is placed on work ethic, education, self-discipline, responsibility, and accountability through participation in rigorous work and daily structure. VWI offers a full range of academic and vocational instruction as well as a community coordinator to work with each juvenile to assist with transition to the community. This coordination



includes assistance with job search, school re-enrollment, and locating other support services in the community.

Again, these rates reflect reoffending for only a few juveniles due to the small number of juveniles in this program. For this reason, comparison to the overall reoffense rates for JCC releases is not presented.

- In FY 2002, 38 juveniles were released from VWI. 42.1% were rearrested, 31.6% were reconvicted, and 10.5% were reincarcerated within 12 months.
- In FY 2003, 43 juveniles were released from VWI. 51.2% were rearrested, 37.2% were reconvicted, and 18.6% were reincarcerated within 12 months.

POST-DISPOSITIONAL DETENTION PROGRAMS

Post-dispositional detention programs offer judges a placement option for offenders who have never been committed to DJJ and who need services in a secure setting. Currently, 16 juvenile detention facilities have dedicated bed space for post-dispositional detention, where sentenced juveniles are required to have an individualized service plan and may stay to complete up to six months of facility- and community-based services.

While an “incarceration rate” is included, this is not a true reincarceration rate

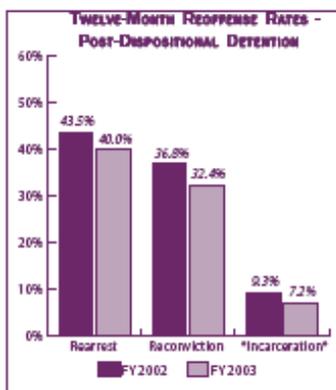
because, according to the *Code of Virginia*, these juveniles had never been placed in a JCC.

In FY 2002, 269 juveniles were released from a post-dispositional detention program.

- 43.5% were rearrested, 36.8% were reconvicted, and 9.3% were “incarcerated” in either a JCC or adult facility within 12 months.
- Each of these rates was lower than the reoffense rates for all JCC releases in FY 2002.

In FY 2003, 250 juveniles were released from a post-dispositional detention program.

- 40.0% were rearrested, 32.4% were reconvicted, and 7.2% were reincarcerated within 12 months.
- Each of these rates was lower than the reoffense rates for all JCC releases in FY 2003.



JUVENILE REOFFENSE RATES FOR OTHER STATES

Reporting reoffense rates across several years, using consistent definitions and methodology, has given DJJ the advantage of knowing how juvenile recidivism has changed from year to year in Virginia. While this information is useful, it does not provide a sense of how Virginia’s reoffense rates compare with those in other states. DJJ examined existing recidivism reports from juvenile justice agencies in other states (or

agencies with similar mandates to assist juveniles in need, such as departments of youth services).

This examination revealed a wide variety of definitions of reoffending and methodologies used by juvenile justice agencies in the 50 states (see map on page 10). DJJ thus concluded that it would be ambiguous and unwise to attempt a simple comparison of rates. In order to better understand recidivism rates reported by other states, DJJ communicated directly with staff from other juvenile justice agencies to discuss their methodology and definitions. This was in an effort to describe the measures used as distinctly and discretely as possible. States that measured recidivism for juvenile institution releases are included in a table with definitions and rates (see page 11). Information for other states is included in the sidebar on page 10.

Other studies have examined recidivism measures used by juvenile justice departments in every state. One such study was conducted by the Texas Youth Commission in 1997.²⁰ Results indicated that 27 states measured juvenile recidivism. A 1999 study by the Florida Department of Juvenile Justice revealed that 26 states reported some method of evaluating juvenile recidivism, with 20 states using cohort analysis.²¹ Most recently, the Oklahoma Office of Juvenile Affairs sent a survey to all states requesting information on performance measures used for juvenile offender programs in 2001.²² Oklahoma received an initial response from 28 states. The report also included a comparison table with Oklahoma’s interpretation of results from previous studies. In addition to these three national studies, the Annie E. Casey Foundation presented recidivism information for selected states in the 2003 edition of *AdvoCasey*.²³

Examination of other states’ reports made it clear that simply reporting rates

may result in inaccuracies in interpretation. The definitions and methodology used to assess juvenile recidivism are intrinsically tied to the understanding of the rates reported. For example, the most recent juvenile recidivism rate reported by Missouri is 9.0%. Communication with Missouri's juvenile justice agency clarified the definition and methodology used by Missouri. Missouri defines recidivism as any subsequent commitment to their secure juvenile correctional facilities within 12-months of parole release (for FY 2003 parole releases). Using similar criteria, the subsequent commitment rate for Virginia juveniles released from parole supervision in FY 2003 and returning to a Virginia JCC within 12-months is 10.1%. Clearly, accurate understanding of definitions and methodologies is crucial when reporting recidivism rates for other states and attempting a state-by-state comparison.

QUESTIONS TO CONSIDER WHEN EVALUATING REOFFENSE RATES

As DJJ researched the recidivism reports from other states, a set of important questions to consider emerged. The table for reoffense data from states that report information on incarcerated youth (page 11) addresses these questions.

What is the upper age of juvenile court jurisdiction?

According to the OJJDP website for *Easy Access to Juvenile Court Statistics: 1985-2000*, "the upper age of court jurisdiction refers to the oldest age at which a juvenile court has original jurisdiction over an individual for law-violating behavior."²⁴ Age of juvenile court jurisdiction makes a difference

when reporting recidivism rates, especially for states that do not track reoffense data into the adult criminal justice system.

- The upper age for juvenile court jurisdiction is 17 in 37 states (including Virginia); the other 13 states establish upper age of juvenile jurisdiction at 15 or 16.
- Illinois and Missouri have 16 as the upper age of juvenile court jurisdiction and do not track offenses into the adult justice system.
- While New York does track reoffenses into the adult system, juvenile court



jurisdiction is limited to juveniles age 15 and younger.

What is the year reported for the cohort (or group) measured?

It is important to know what year was measured, for either longitudinal follow-up or a one-time measure of reoffending, so that the groups being compared are equivalent. States with more recent recidivism results may differ noticeably from states with results from several years ago.

- Several states have recent recidivism results, such as Virginia, Arkansas, Colorado, Ohio, and Oklahoma. Other

states have data that result from older studies, such as Washington, New York, and Hawaii.

What is the length of the follow-up period?

As mentioned earlier, follow-up rates can be measured for as little as three months or as long as five years. Therefore, when examining rates, one may appear remarkably lower at first glance, but the difference may be explained by variation in the follow-up period. Follow-up can occur either after physical release from an institution or facility or upon discharge from state-care (i.e. parole or aftercare).

- Ohio used three- and six-month rates in their report, but provided Virginia with a 12-month rate for this study.
- Texas had a 12-month rate, but follows juveniles for up to five years after release.

Is a longitudinal cohort used?

Several states reported that they did not follow a cohort of juveniles for their analyses, but rather looked at the reoffense rates at a specific point in the justice system, such as intake or incarceration. Also, some states use specific subsets of their incarcerated juvenile populations for longitudinal cohorts.

- Delaware reported rearrest data for a cohort defined as "Level V" juveniles - the most intensive programming available for juveniles who are incarcerated.

- Nebraska reported data for recommitment by facility instead of aggregated statewide rates.

What types of offenses are included when evaluating juvenile recidivism?

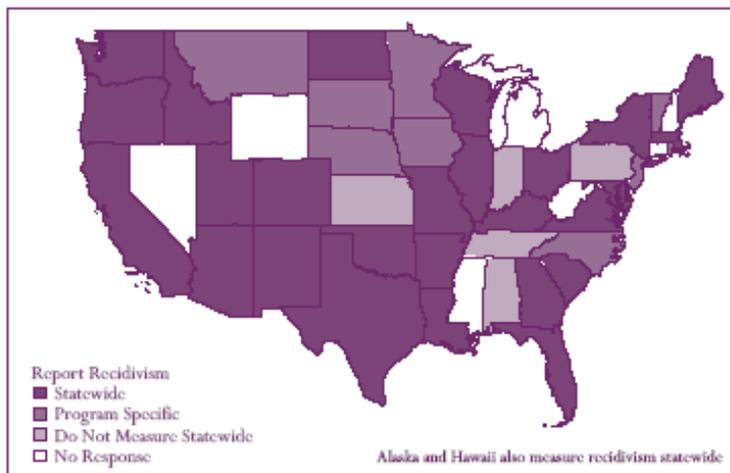
States may choose to include all offenses when analyzing reoffense rates or may exclude such offenses as parole and probation violations, technical offenses, or traffic offenses.

- Virginia and most other states used only delinquent and criminal offenses when reporting reoffense rates.
- Washington tracked only felonies for reconviction rates (its measure of reoffending).

Are reoffenses tracked into the adult justice system?

Examination of offenses in both systems allows for a comprehensive picture of reoffending across long-term follow-up.

- Many states, including Virginia, track reoffenses in both systems.
- States may limit analysis to juvenile offenses because of resource limitations, data sharing issues across



Methodology Overview

To obtain recidivism information, DJJ initially researched websites and contacted individuals in each state either via phone or email. Acquired information was then disseminated to the Director of each state’s DJJ (or responsible agency) for verification. The table presented on page 11 is a reflection of those verified data from the 27 states that evaluate recidivism for juveniles released from state incarceration. States were excluded from the table for reasons cited below:

Measure recidivism from referral to referral (statewide):

Maine Oregon

Measure recidivism only for specific populations, facilities, or programs:

Iowa Minnesota
 Montana Nebraska
 New Jersey North Carolina
 Rhode Island South Dakota
 Vermont

Do not measure recidivism at the state level:

Alabama Indiana Kansas
 Pennsylvania Tennessee

No response:

Connecticut Michigan Mississippi
 New Hampshire Nevada West Virginia
 Wyoming

agencies, or adherence to legislative mandates.

What types of reoffenses are officially reported?

For most states that measure juvenile recidivism, reoffending is defined as rearrest, reconviction, or recommitment. While states may have results for all three measures, they may report only one as the official measure of recidivism. Because these definitions reflect different levels of contact (and seriousness of the offense as determined by court action), it is important to specify which measures are being evaluated when discussing recidivism results for other states.

- Virginia reported reconviction as the official definition but also measures rearrest and reincarceration. Georgia reported only reconviction information. New Mexico reported readjudication and reincarceration, while Texas used rearrest and reincarceration as the measures of reoffending.

CONCLUSION

At the beginning of this project, the notion of juvenile recidivism as a “fruit salad” concept was apparent. As data from Virginia and other states were more closely analyzed, it became increasingly obvious that juvenile recidivism could be more accurately described as a “buffet.” This buffet offers an almost infinite diversity of definitions, populations, samples, measures, and rates from which to choose. The measures and

methods chosen by each state to gauge recidivism reflect the individual programs and services offered and the availability of data with which to track reoffending.

Recidivism measures and definitions should be applied consistently to any programs or populations studied *within* a state. Results for one state, however, may not be comparable when viewed through the “lens” of another state’s requirements. It is probably unwise and inadvisable to look at the juvenile recidivism rate for one state and compare it to the rate in another state – the populations, juvenile justice statutes, and measurement needs of each state are too different.

The goal of this report is to provide detailed information about how juvenile recidivism is measured in Virginia, and to give a brief introduction to recidivism research in other states. Hopefully, this report will move the juvenile justice field closer to a dialogue about the definitions and methodologies used to measure juvenile recidivism by all states.

For a complete source listing on information acquired from states other than Virginia, please see DJJ’s website at: www.djj.virginia.gov.

REOFFENSE DATA FROM OTHER STATES - JUVENILES RELEASED FROM STATE INCARCERATION								
State	Upper Age*	Year of Release**	Follow-up Period	Cohort Followed	Offenses Included	Systems Researched	Reoffense Type	Rate
Alaska	17	FY02	12 months	YES	Delinquent/Criminal	Juvenile & Adult	Reconviction	38.7%
Arizona	17	FY02	12 months	YES	ALL	Juvenile & Adult	Reincarceration	18.2%
Arkansas	17	FY03	12 months	NO	Delinquent/Criminal	Juvenile only	Recommitment	11.0%
California	17	FY02	12 months	YES	ALL	Juvenile only	Recommitment	20.0%
Colorado	17	FY03	12 months post release from all services	YES	Delinquent/Criminal	Juvenile & Adult	New filing	34.4%
Delaware	17	FY02	12 months	YES - level V	Delinquent/Criminal	Juvenile & Adult	Rearrest	69.0%
Florida	17	FY01-02	12 months	YES	Delinquent/Criminal	Juvenile & Adult	Rearrest Reconviction Reincarceration	60.0% 41.0% 29.0%
Georgia	16	FY02	12 months	YES	Delinquent/Criminal	Juvenile & Adult	Reconviction	29.4%
Kentucky	17	CY00-01	12 months	YES	Delinquent/Criminal	Juvenile & Adult	Reconviction	40.0%
Maryland	17	FY02	12 months	YES	ALL Delinquent/Criminal Delinquent/Criminal	Juvenile & Adult	Re-referral Reconviction Reincarceration	54.7% 31.9% 25.5%
Massachusetts	16	CY00	12 months post release from all services	YES	Criminal	Adult only	Rearrest Reconviction Reincarceration	58.0% 29.0% 21.0%
Missouri	16	FY03	12 months post parole release	NO	Delinquent	Juvenile only	Reincarceration	9.0%
New Mexico	17	FY04	12 months	NO	Delinquent	Juvenile only	Readjudication Reincarceration	7.6% 16.7%
New York	15	CY91-95	12 months	YES***	Delinquent/Criminal	Juvenile & Adult	Rearrest	57.0%
North Dakota	17	FY01	12 months	YES	Delinquent/Criminal	Juvenile & Adult	Reconviction	16.9%
Ohio	17	CY03	12 months	YES	ALL	Juvenile & Adult	Reincarceration	31.0%
Oklahoma	17	FY03	12 months	YES	Delinquent/Criminal	Juvenile & Adult	Reconviction	26.9%
South Carolina	16	FY00	12 months	YES	ALL	Juvenile & Adult	Rearrest	46.6%
Texas	16	FY03	12 months	YES	ALL	Juvenile & Adult	Rearrest Reincarceration	54.9% 26.9%
Utah	17	Youth in corrections as of 9/1/02	12 months	NO	ALL	Juvenile only	Rearrest	43.0%
Virginia	17	FY03	12 months	YES	Delinquent/Criminal	Juvenile & Adult	Rearrest Reconviction Reincarceration	49.4% 37.6% 17.2%
The following states did not report reoffense data for 12 months								
Hawaii	17	FY96-98	24 months	YES	ALL	Juvenile & Adult	Rearrest Reconviction Reincarceration	77.7% 51.4% 25.1%
Idaho	17	FY96-01	24 months	YES	Delinquent/Criminal	Juvenile & Adult	Reconviction	50.2%
Illinois	16	FY01	36 months	YES	ALL	Juvenile only	Recommitment	46.6%
Louisiana	16	FY02	30 month average - post parole release	YES	Delinquent/Criminal	Juvenile & Adult	Readjudication/ reconviction & returned to custody or supervision	44.2%
Washington	17	CY99	18 months	YES	Felony	Juvenile & Adult	Reconviction	40.0%
Wisconsin	16	CY02	24 months	YES	Delinquent/Criminal	Juvenile & Adult	Reincarceration	24.9%

*Upper age of juvenile court jurisdiction according to the OJDP website
 **Applies only to cohort studies; otherwise refers to study year
 ***Includes juvenile offenders, juvenile delinquents, and persons in need of supervision (PINS)

ENDNOTES

¹ Beck, A. R. "Recidivism: A Fruit Salad Concept in the Criminal Justice World." *Justice Concepts, Inc.*, May 2001.

² Ibid.

³ American Correctional Association, *Research Questions*. <http://www.aca.org/research/questions.asp>.

⁴ Ostrom, B.J., et al. (2002). *Offender Risk Assessment in Virginia: A Three-Stage Evaluation*. Williamsburg, VA: National Center for State Courts.

⁵ Florida Department of Corrections (July 2003). *Recidivism Report: Inmates Released from Florida Prisons - July 1995 through June 2001*, Tallahassee, FL.

⁶ Data Resource Guide Fiscal Year 2004. Virginia Department of Juvenile Justice. Richmond, VA: December 2004.

⁷ Missouri Department of Social Services, Division of Youth Services Annual Report, Fiscal Year 2003.

⁸ Ostrom, et al., 2002.

⁹ Florida Department of Corrections (January 2001). *Analysis of the Impact of Inmate Programs upon Recidivism*, Tallahassee, FL.

¹⁰ Harrison, L.D. and Martin, S.S. (April 2003). *Residential Substance Abuse Treatment for State Prisoners: Implementation Lessons Learned*. National Institute of Justice, Bureau of Justice Assistance, NCJ 195738.

¹¹ Lexcen, F. and Redding, R.E. (2000). *Substance Abuse and Dependence in Juvenile Offenders*. *Juvenile Justice Fact Sheet*. Charlottesville, VA: Institute of Law, Psychiatry, and Public Policy, University of Virginia.

¹² Wilson, J.J., et al. *Substance Abuse and Criminal Recidivism: A Prospective Study of Adolescents*. *Child Psychiatry and Human Development*, 31(4), Summer 2001.

¹³ Center for Sex Offender Management (May 2001). *Recidivism of Sex Offenders*. <http://www.csom.org/pubs/recidsexof.html>.

¹⁴ Chaffin, M., et al. (2002). *What Research Shows About Adolescent Sex Offenders*. *Juvenile Justice Prosecution Program In Re Newsletter*, Volume V, Number 2. The Fact Sheet was prepared through the National Center on Sexual Behavior of Youth at the Center of Child Abuse and Neglect, University of Oklahoma Health Sciences Center.

¹⁵ Hunter, J.A. (2000). *Understanding juvenile sex offenders: Research Findings and Guidelines for Effective Management and Treatment*. *Juvenile Justice Fact Sheet*. Charlottesville, VA: Institute of Law, Psychiatry, and Public Policy, University of Virginia.

¹⁶ Rightland, S. and Welch, C. (March 2001). *Juveniles Who Have Sexually Offended: A Review of the Professional Literature*. Office of Juvenile Justice and Delinquency Prevention. NCJ 184739.

¹⁷ Office of Juvenile Justice and Delinquency Prevention. *Juvenile Justice Research Bibliography*. <http://ojjdp.ncjrs.org/juvsexoff/sexbibtopic.html>.

¹⁸ Virginia Department of Juvenile Justice. *DJJ Research Quarterly. Youth Industries in Virginia: A Comprehensive Review*. Richmond, VA: July 2004.

¹⁹ Clements, W.H., et al. *Recidivism Among Delinquency Cases in Vermont*. Vermont Center for Justice Research. March, 2001.

²⁰ Texas Youth Commission. *Summary of Results of the National Recidivism Methods Study* conducted by the Texas Youth Commission. 1997.

²¹ National Comparisons from State Recidivism Studies. Prepared by the Bureau of Data and Research, Florida Department of Juvenile Justice, Management Report Number 99-13, 1999.

²² Oklahoma Office of Juvenile Affairs, Office of Planning and Research. *National Survey of States: Program Performance and Outcomes Measures*. December 2001.

²³ Mendel, D. *A Matter of Choice: Forks in the Road for Juvenile Justice*. *AdvoCasey*, Vol. 5 (No. 1), Spring, 2003.

²⁴ Office of Juvenile Justice and Delinquency Prevention. *Easy Access to Juvenile Court Statistics: 1985-2000 (Glossary)*. <http://ojjdp.ncjrs.org/ojstatbb/ezajcs/html/glossary.html>.

Appendix C: Juvenile Reentry and Aftercare

Georgetown Journal on Poverty Law & Policy
Volume XVI, Symposium Issue 2009

Juvenile Reentry and Aftercare

David M. Altschuler*

INTRODUCTION

One of the concerns regarding the penal confinement of juveniles is that involvement in the justice system in general, and confinement in particular, may have potentially lifelong, detrimental implications affecting everything from education and employment, to housing and income. As a general matter, it is widely acknowledged that barriers to economic viability and legitimate gainful employment make it difficult for offenders released from confinement to remain crime free. This is due, at least in part, to the appeal of the underground economy and illicit enterprises when avenues to legitimate workforce participation and access to financial support are blocked or severely limited. Accordingly, the economic consequences of confinement can have a direct impact on recidivism and should be addressed as a public safety issue. This article will examine the confinement of juveniles by assessing the purposes behind juvenile confinement, how the dynamics of juvenile confinement relate to larger concerns over the post-confinement experience and adjustment, and what can be done potentially to minimize the detrimental consequences associated with the penal confinement of juveniles.

The number of children and adolescents confined across America in various kinds of residential facilities is difficult to identify with precision. States and local authorities are not required to report this information to the federal government. Moreover, a very different picture emerges depending on whether a one-day population count or an annual admission and release count is used. No one existing data source reports census information for all settings and there is a lack of uniformity across the different data sources regarding the extent and nature of the data reported. The age at which a young person is considered a "juvenile" versus an "adult" also varies by state. Thus, all figures available on this subject are best estimates. In the most recent report released by the Office of Juvenile Justice and Delinquency Prevention at the U.S. Department of Justice, according to a one-day census, public facilities held nearly 65,000 delinquents, while private facilities held another 27,000 delinquents.¹ These figures do not include another 4,000 youngsters held for so-called "status offenses," which includes charges such as truancy, running away, curfew violation and underage drinking. Additionally, another 7,000 persons under

* David M. Altschuler is Principal Research Scientist at the Johns Hopkins University Institute for Policy Studies, with joint appointments in the School of Public Health and the Sociology Department. © 2010, David M. Altschuler.

1. HOWARD N. SNYDER & MELISSA SICKMUND, U.S. DEPT. OF JUSTICE, JUVENILE OFFENDERS AND VICTIMS: 2006 NATIONAL REPORT, 198 (2006).

age 18 were confined in adult jails on one census day.² Finally, there were approximately 2,500 other persons younger than 18 confined in state prisons.³ In total, then, about 105,000 persons under age 18 are incarcerated in the United States on any given day.

There is broad consensus that minority youth are overrepresented in every part of the juvenile justice system.⁴ Furthermore, at each progressive stage of juvenile justice processing, that overrepresentation widens. While debate and research continues in earnest regarding the extent to which this overrepresentation is attributable to differences in youth conduct versus differences in how groups of young people are processed and treated by the justice system itself, there is no disagreement that black youth, Latinos and Native Americans constitute the bulk of the overrepresentation.⁵ Girls also have been identified as a special population of concern, partly because of a dramatic increase in the number of girls entering the justice system, but also because their charges have become more serious and they are more likely than boys to get committed for status offenses and technical violations of probation.⁶

CORRECTIONAL GOALS AND OUTCOMES

The decision to place a young person under age 18 in a correctional facility or other residential facility is often driven by multiple concerns, and these concerns are not always compatible. Retributive punishment may be the priority. Punishment as pure retribution is intended to exact a penalty that is deserved and may have nothing to do with deterrence per se. In contrast, punishment as a means to achieve deterrence is based on the notion that a lesson will be learned. Deterrence is frequently a concern, both at the level of the impact on the individual who is confined, and the effect on others who may obey laws in order to avoid confinement. Purely retributive punishment through confinement places no value on whether deterrence is achieved and is not particularly concerned with engendered alienation, disadvantage and post-conviction bitterness. Punishment seeking a deterrent effect anticipates that an individual will be less likely to commit crimes in the future. When confinement is expressly based on concern for maintaining public safety, the distinction between penal confinement as a retributive punishment versus a deterrence can become muddled, and as a consequence it may not be clear what goals the confinement is actually intended to achieve. Retributive punishment and deterrence can be

2. *Id.* at 236.

3. *Id.* at 238.

4. Alex R. Piquero, *Disproportionate Minority Contact*, JUV. JUST., Fall 2008, at 59, 63.

5. *Id.*

6. David M. Altschuler & Troy L. Armstrong (eds.) Topic 18: Juvenile American Indians/Alaska Native Offenders, INTENSIVE AFTERCARE REFERENCE GUIDE (Juvenile Reintegration and Aftercare Center, March 2004), available at www.csus.edu/ssis/cdcps/IntensiveAftercareReferenceGuide.pdf; see generally, Elizabeth Cauffman, *Understanding the Female Offender*, JUV. JUST., Fall 2008, at 119, 120-22; Paul E. Tracy et al., *Gender Differences in Delinquency and Juvenile Justice Processing: Evidence From National Data*, 2 CRIME & DELINQUENCY 55 (April 2009).

at odds with one another, especially if the former contributes to higher rates of recidivism.

The RTSD approach, which is defined by a focus on rehabilitation, treatment and service delivery, seeks to achieve reform of the individual offender in order to produce law abiding conduct and, consequently, it shares a common goal with deterrence in aiming to lower rates of recidivism. While the means employed by these two approaches to accomplish a similar goal may be very different, both seek positive behavior change. The shared interest between RTSD and deterrence in achieving reduced recidivism offers some basis for finding common ground in the use of confinement and aftercare. This is less true when confinement is principally used for retributive purposes alone, because its proponents do not regard the detrimental consequences of confinement as undesirable. In short, confinement and reentry, if conceived and implemented properly, offer the prospect of achieving the goals of both the RTSD and deterrence approaches.

Research suggests that when juvenile confinement or imprisonment is employed, reduced rates of recidivism and improved life circumstances can be elusive. Some research suggests that time spent incarcerated contributes to reoffending.⁷ Other research indicates that the most effective treatment programs are found outside custodial institutions and the juvenile justice system.⁸ Still other research suggests imprisonment does not affect recidivism either way.⁹

The National Research Council's Panel on High-Risk Youth acknowledged this uncertainty concerning whether and how the institutionalization of juveniles may produce more illegal conduct, and speculated that imprisonment may both solidify networks of association that support criminality and make job acquisition very difficult.¹⁰ The goals of succeeding economically and remaining crime-free are not advanced when pathways to legitimate employment are blocked, or when other requisite skills are not addressed or strengthened. Having a criminal record, educational deficiencies, and inadequate work experience make it exceedingly difficult to enter the workforce and to maintain

7. JAMES M. BYRNE & LINDA KELLEY, RESTRUCTURING PROBATION AS AN INTERMEDIATE SANCTION: AN EVALUATION OF THE MASSACHUSETTS INTENSIVE PROBATION SUPERVISION PROGRAM (1989); LYLE SHANNON ET AL., CRIMINAL CAREER CONTINUITY: ITS SOCIAL CONTEXT, (1988); John Hagan, *Destiny and Drift: Subcultural Preferences, Status Attainments, and the Risks and Award of Youth*, 56 AM. SOC. REV. 567 (1991); PANEL ON HIGH RISK YOUTH, NATIONAL RESEARCH COUNCIL, LOSING GENERATIONS: ADOLESCENTS IN HIGH RISK SETTINGS (1993); NATIONAL RESEARCH COUNCIL & INSTITUTE OF MEDICINE, JUVENILE CRIME, JUVENILE JUSTICE (2001).

8. Mark W. Lipsey, *Juvenile Delinquency Treatment: A Meta-Analytic Inquiry into the Variability of Effects*, in META-ANALYSIS FOR EXPLANATION: A CASEBOOK 83-127 (T.D. Cook et al. eds., 1992).

9. Jacqueline Cohen & Jose A. Canela-Cacho, *Incarceration and Violent Crime: 1965-1988*, in UNDERSTANDING AND PREVENTING VIOLENCE, VOL. 4: CONSEQUENCES AND CONTROLS 296 (Albert J. Reiss, Jr. & Jeffrey A. Roth eds., 1994); Allen J. Beck & Bernard E. Shipley, *Recidivism of Young Parolees*, in BUREAU OF JUSTICE STATISTICS SPECIAL REPORT (U.S. Dept. of Just. ed. 1987).

10. THE NATIONAL RESEARCH COUNCIL, GENERATIONS: ADOLESCENTS IN HIGH RISK SETTINGS, 7 (1993).

economic security over time. Substance abuse or psychological and behavioral health disorders can only add to this challenge.

Chung, Little, and Steinberg argue that the juvenile justice system's inadequacies in trying to treat, protect, and facilitate psychosocial maturation contribute to adverse outcomes.¹¹ Another reason why confinement may be harmful is the absence of continuity of care. Continuity of care is a strategy to foster resilience and promote social inclusion by seeking to sustain gains and benefits attained while in a correctional facility upon return to the community. The notion of continuity of care underscores the idea that post-release supervision and intervention must serve as follow-ups to accomplishments and progress made while in confinement. This draws attention to the treatment of a juvenile offender in the penal institution as well as what happens to that offender in the post-confinement period after he or she has been released to society.

REINTEGRATION

The term "aftercare" is sometimes regarded as referring only to what happens following release from confinement, though it is widely understood that work on aftercare must begin at the point when incarceration is anticipated or initiated.¹² A better term would be "reintegration," which more effectively conveys the idea that aftercare needs to inform and guide what occurs during confinement and what occurs once an offender is back in the community. Reintegration explicitly seeks to improve the potential for success once a confined offender is returned to the community.¹³ It recognizes that confinement is deprivation and punishment, but that there is more at stake than punishment. The focus on success in the community following release keeps attention on what is necessary to succeed in the community, and this draws attention to such factors as family, housing, education, employment and positive peer support. In addition, other issues related to behavioral health including impulse control, anger management, mental health and drug abuse require assessment, and where needed, a plan for services and monitoring.

There is broad consensus that recidivism is intertwined with a range of risk and protective factors that surround young people.¹⁴ Risk assessment factors (for reoffending) include so-called "criminogenic needs," which are factors predictive of future offending. These include antisocial attitudes; skill defi-

11. He Len Chung et al., *The Transition to Adulthood for Adolescents in the Juvenile Justice System: A Developmental Perspective*, in *ON YOUR OWN WITHOUT A NET: THE TRANSITION TO ADULTHOOD FOR VULNERABLE POPULATIONS* 68 (D. Wayne Osgood et al. eds., 2005).

12. DAVID M. ALTSCHULER & TROY L. ARMSTRONG, U.S. DEPT. OF JUST., *INTENSIVE AFTERCARE FOR HIGH-RISK JUVENILES: A COMMUNITY CARE MODEL* (1994).

13. David M. Altschuler, *Juvenile Offender Reentry: Transforming Secure Care and Aftercare into Continuity of Care*, in *GRADUATED SANCTIONS FOR JUVENILE OFFENDERS, VOL. II: A PROGRAM MODEL AND PLANNING GUIDE—DISPOSITIONAL COURT HEARING TO CASE CLOSURE* 55 (Robert E. DeComo & Rick Wiebush eds., 2005).

14. Christopher T. Lowenkamp & Edward J. Latessa, *Increasing the Effectiveness of Correctional Programming Through the Risk Principle: Identifying Offenders for Residential Placement*, 4 *CRIMINOLOGY & PUB. POL'Y* 263 (2005).

ciencies involving problem-solving, self control and impulsivity; positive family and peer support; and substance abuse.¹⁵ Difficulties in these areas further contribute to challenges and problems in education, obtaining and keeping employment, and remaining crime-free.¹⁶ Challenges to economic well-being can push an individual into the underground economy, which carries with it a whole different set of risks and dangers, including arrest and imprisonment. Taken together, if these criminogenic needs are left unaddressed, it will make it difficult for many juvenile offenders released from institutions to remain crime-free once back in the community. A reintegration strategy focuses efforts during and after confinement on the very risk and protective factors that can influence recidivism. The key, however, is to identify through assessment what risk and protective factors will be addressed and to formulate a service and monitoring plan targeted on these factors.

Working against this reintegration approach is a corrections system in which retributive punishment and heavy-handed control overshadows or eliminates the focus on services and connection with the community. Without both services and connections, it is difficult to envision how a young person will be well-positioned to maintain financial stability, remain crime-free, and generally succeed once back in the community. Moreover, institutional corrections and post-release community corrections all too often operate at cross-purposes and thereby can inadvertently create more challenges for the returning offender.¹⁷

The current national emphasis on the reentry of adult offenders presents an opportunity to substantially reform how reintegration is more comprehensively incorporated into the juvenile justice system. Unfortunately, there has been much less focus nationally on reentry in the juvenile justice system itself, as opposed to the criminal justice system, even though the orientation of juvenile corrections is more favorably disposed toward reintegration techniques. This is due to the lack of a juvenile justice emphasis in a number of major national reentry efforts, though the recent passage of the Second Chance Act should reverse this somewhat. It is still the case that reintegration in juvenile corrections requires a concerted and forceful effort to bridge institutional corrections with community (aftercare) corrections and to ensure that community resources are in a position to offer support, monitoring, and services. There have been some efforts in this regard, but they have been dwarfed by the emphasis on the reentry of adult offenders.¹⁸ While there are many more incarcerated offenders in adult corrections, only in the juvenile corrections system do we have the potential to prevent young people from "graduating" to the adult system.

15. *Id.*

16. *Id.*

17. David M. Altschuler, *Policy and Program Perspectives on the Transition to Adulthood for Adolescents in the Juvenile Justice System*, in *ON YOUR OWN WITHOUT A NET: THE TRANSITION TO ADULTHOOD FOR VULNERABLE POPULATIONS* 92 (D. Wayne Osgood et al. eds., 2005).

18. JEREMY TRAVIS, *BUT THEY ALL COME BACK: FACING THE CHALLENGES OF PRISONER RE-ENTRY* (2005).

The current challenge to reforming institutional corrections in juvenile justice has more to do with implementing what has already been learned than on learning what to do. While there is still more to learn and ongoing research and evaluation is critical, the field of juvenile justice already possesses a large body of knowledge on which to base the move to a reintegration-oriented system of confinement and community aftercare.¹⁹ The building blocks for this move must include a commitment to 1) continuity of care between the facility and the community, 2) cognitive-behavioral approaches in both facility and community efforts, 3) appropriate staffing, personnel practices and training, and 4) relying on overarching case management in developing the policies, administrative regulations and procedures.

CONTINUITY OF CARE

Continuity of care includes five discrete operational components: 1) continuity of control, 2) continuity in range of services, 3) continuity in program and service content, 4) continuity of social environment, and 5) continuity of attachment.²⁰ Underlying these components is the assumption that any positive changes experienced by juveniles in confinement can have little long-lasting value if they do not directly relate to the pressing concerns in the daily lives of these young people when they reenter the community.²¹

Continuity of control refers to the extent and nature of structure, control and regimentation experienced by juveniles as they move through the juvenile justice system. A gradual transition process is recommended, with decompression explicitly built-in to the reentry process.²² Decompression could be accomplished through the use of a step-down stage relying on a less structured group home, an intensive day treatment program, or a phased reduction in supervision requirements and restrictions keyed to demonstrated progress.

Continuity in the range of services provided is often a concern, in part because juveniles in confinement receive services that meet a variety of needs. Often when they return to the community, some of these services are no longer available.²³ For example, the risks for failure are elevated when no appropriate

19. David M. Altschuler, *Rehabilitating and Reintegrating Youth Offenders: Are Residential and Community Aftercare Colliding Worlds and What Can Be Done About It?*, 5 JUST. POL'Y J. 1 (2008), available at <http://www.cjck.org/>.

20. BRUCE FREDERICK, NEW YORK STATE DIVISION OF CRIMINAL JUSTICE SERVICES, *FACTORS CONTRIBUTING TO RECIDIVISM AMONG YOUTH PLACED WITH THE NEW YORK STATE DIVISION FOR YOUTH* (1999).

21. David M. Altschuler, *Community Reintegration in Juvenile Offender Programming*, in *VIOLENT JUVENILE OFFENDERS: AN ANTHOLOGY* 365-76 (Robert A. Mathias et al., eds. 1982); David M. Altschuler et al., *Reintegration, Supervised Release and Intensive Aftercare*, JUV. JUST. BULL. (1999).

22. David M. Altschuler & Troy L. Armstrong, *Reintegrating High-Risk Juvenile Offenders from Secure Correctional Facilities into the Community*, 1 CORRECTIONS MGMT. Q. 75 (1997); Gary Field, U.S. Dept. of Health and Hum. Services, *Continuity of Offender Treatment for Substance Use Disorders from Institution to Community*, in *TREATMENT IMPROVEMENT PROTOCOL SERIES* 30 (1998).

23. RICHARD DEMBO ET AL., *TREATMENT FOR DRUG INVOLVED YOUTH IN THE JUVENILE JUSTICE SYSTEM IN TREATMENT OF DRUG OFFENDERS: POLICIES AND ISSUES* (C. Leukefeld, et al., eds., 2002); CENTER FOR SUBSTANCE ABUSE TREATMENT, *STRATEGIES FOR INTEGRATING SUBSTANCE ABUSE*

schooling, vocational training, or employment is available; housing or food is inadequate; or psychotropic medication is not maintained.²⁴ The reasons that services may not be available in the community, as opposed to the confinement facility, include funding levels and restrictions, governmental policy and insurance limitations, availability of providers, access to treatment, and treatment quality or appropriateness.²⁵

Continuity of service and program content is also a concern. This is critically important when it comes to education, vocational and social skills, treatment and behavioral management techniques, medications prescribed and special needs address such as mental health and sex offending treatment. Many believe that reinforcing what offenders have accomplished in confinement by employing the same or similar approaches after they are released increases the likelihood of success in the community.²⁶ Vocational training and employment offer a good example of how a disconnection between a correctional facility and supervised release in the community can jeopardize the acquisition and retention of a decent paying job and the financial security that can arise from stable employment. Vocational training in facilities and even facility-based job assignments are oftentimes not directly linked into actual work experience in the community. There is evidence that the potential for employment-centered correctional programs to lower recidivism is tied not just to job training but actual work experience in community jobs.²⁷ Job training in correctional facilities that does not lead directly to real jobs in the community, and facility-based job assignments not tied into skill-sets applicable to available jobs in the community, are not likely to produce lasting employment, economic viability or lower recidivism.²⁸

Continuity of social environment recognizes that the engagement and involvement of a juvenile's social network cannot be ignored or given short shrift, either during confinement or upon return to the community.²⁹

Finally, continuity of attachment refers to the juvenile developing a trusting relationship with responsible people in the community who are in a position to exert a positive influence.³⁰ This may well require staff efforts to locate prospects and assist in getting the connection started. This kind of attachment

TREATMENT AND THE JUVENILE JUSTICE SYSTEM: A PRACTICAL GUIDE (1999).

24. *Id.*

25. Altschuler, *Rehabilitating and Reintegrating Youth Offenders*, *supra* note 19.

26. ROBERT B. COATES ET AL., DIVERSITY IN A YOUTH CORRECTIONAL SYSTEM (1978); LAMAR T. EMPEY & STEVEN G. LUBECK, THE SILVERLAKE EXPERIMENT: TESTING DELINQUENCY THEORY AND COMMUNITY INTERVENTION (1971).

27. Mark W. Lipsey, Prevention and Treatment for Juvenile Delinquents: Results from Meta-Analysis (February 11, 2003) (lecture at Institute for Policy Studies, Johns Hopkins University); TASK FORCE ON EMPLOYMENT AND TRAINING FOR COURT-INVOLVED YOUTH, EMPLOYMENT AND TRAINING FOR COURT-INVOLVED YOUTH (NOV. 2000); John Hagan, *The Social Embeddedness of Crime and Unemployment*, 31 CRIMINOLOGY 465 (1993); He Len Chung et al, *supra* note 11.

28. *See id.*

29. Altschuler, *Rehabilitating and Reintegrating Youth Offenders*, *supra* note 19.

30. *Id.*

is being pursued by some mentorship programs and by the involvement of various community resources such as faith-based groups and voluntary organizations.³¹

All five continuity of care components require the active involvement of community aftercare staff and community resources well before release from the confinement facility.³²

COGNITIVE-BEHAVIORAL APPROACHES

There is substantial evidence pointing to the value of using cognitive-behavioral approaches and interpersonal skill training with juvenile offenders. Broadly speaking, such approaches seek to develop pro-social patterns of reasoning by maintaining a focus on managing anger, assuming personal responsibility for behavior, taking an empathetic perspective, solving problems, setting goals, and acquiring life skills. A meta-analysis by Lipsey, Chapman, and Landenberger found that cognitive-behavioral demonstration programs with juveniles on probation, parole and in institutions led to large reductions in recidivism.³³

Continuity of care can be reinforced during the course of home leaves, day passes and furloughs. It is important to use home leave and other outings in the community as a part of the cognitive-behavioral intervention. This requires the active engagement of both confinement and aftercare staff in the leave. More frequent leaves, longer leaves and less restrictive leaves can be useful as an incentive to encourage cooperation both inside the facility and during leaves.

Release from a facility to community aftercare is another critical element of continuity of care. It is not unusual for confinement staff to utilize release to community aftercare as a means to encourage conformity and obedience *inside* the facility. One effect is that youth who may be well situated to successfully manage the community in aftercare can be held longer because of behavioral problems inside the facility. This underscores how adjustment to, and behavior in, the facility can sometimes assume greater priority than an offender's likelihood to succeed in the community. This approach is often justified on the basis on encouraging better behavior by other residents. However, delaying the release of a juvenile is not the only way to control facility behavior and other means are well worth exploring because, ironically, delaying the release of a juvenile can create more disciplinary problems with that individual.³⁴

31. See, Shawn Bauldry et al., MENTORING FORMERLY INCARCERATED ADULTS: INSIGHTS FROM THE READY4WORK REENTRY INITIATIVE (Jan. 2009); Jamie Yoon & Jessica Nickel, REENTRY PARTNERSHIPS: A GUIDE FOR STATES & FAITH-BASED AND COMMUNITY ORGANIZATIONS (2008).

32. BRUCE FREDERICK, NEW YORK STATE DIVISION OF CRIMINAL JUSTICE SERVICES, *supra* note 20.

33. Mark W. Lipsey et al., *Cognitive-Behavioral Programs for Offenders*, 578 THE ANNALS 144 (2001).

34. David M. Altschuler, *Juvenile Offender Reentry: Transforming Secure Care into Continuity of Care*, GRADUATED SANCTIONS FOR JUVENILE OFFENDERS, VOL. II: A PROGRAM MODEL AND PLANNING GUIDE - DISPOSITIONAL COURT HEARING TO CASE CLOSURE 55-67 (R.E. DeComo and R. Wiebush,

PERSONNEL AND TRAINING

Continuity of care and cognitive-behavioral intervention can be used to bridge institutions and community, but without sufficiently qualified and cross-trained staff, both at facilities and in the community, the design may never be implemented as intended. One solution that some jurisdictions pursuing reintegration are trying is the creation of specialized units, where facility-aftercare teams become, in effect, small-scale, semi-autonomous operations.³⁵ This is not unlike what now happens in some cottage-based correctional campuses with programs for special needs offenders, such as those with serious mental health problems or those convicted of sex offenses.³⁶ The strategy is to create more seamlessness between the facility and community through a continuity of care approach, such as that outlined earlier. Cognitive-behavioral program content and wrap-around services incorporating social network supports (c.g., family, mentors) that become involved early on are aggressively pursued through teamwork and collaboration.

Community aftercare staff members need to begin work on a case soon after admission and keep the focus on the youth functioning in the community. The aftercare staff can maintain family contacts, beginning initially with sharing information, arranging for visits and home leaves, and, where appropriate, assisting families who need help or services. This kind of community aftercare role has implications for caseload size (both in facility and community), work hours, qualifications, and training. It can involve the formation of family support groups and family sessions held at facilities, where the child and family address issues relevant to law-abiding community adjustment. The community aftercare worker may need to enlist the support of voluntary organizations, mutual aid groups or other volunteers and mentors that can better establish rapport and trust with the family. This kind of approach incorporates family and community in ways that are consistent with continuity of care and involve the reinforcement of cognitive-behavioral techniques.³⁷

OVERARCHING CASE MANAGEMENT

The last building block that is necessary to link correctional confinement with community aftercare involves the incorporation of overarching case management (OCM) into the reintegration strategy.³⁸ Not all juveniles placed into correctional facilities are similar, and, therefore, some will need more of particular types of attention and intervention than others. OCM is the process used to identify which juvenile offenders will participate in different levels

eds., 2005).

35. David M. Altschuler & Troy L. Armstrong, *Reintegrating High-Risk Juvenile Offenders Into Communities: Experiences and Prospects*, 5 CORRECTIONS MGMT. Q. 72 (2001).

36. MADELINE M. CARTER, *THE COLLABORATIVE APPROACH TO SEX OFFENDER MANAGEMENT* (2000); Joseph J. Cocozza & Kathleen R. Skowrya, *Youth with Mental Health Disorders: Issues and Emerging Responses* 7 JUV. JUST. 3 (2000).

37. Altschuler, *Policy and Program Perspectives on the Transition to Adulthood for Adolescents in the Juvenile Justice System*, *supra* note 17.

38. Altschuler, *Rehabilitating and Reintegrating Youth Offenders*, *supra* note 19.

of reintegration/aftercare; determine and integrate the services and supervision that will be provided both in the facility and community; and promote consistency and continuity through a collaborative team incorporating facility and community aftercare staff.³⁹ Included among the components are 1) risk assessment and classification; 2) a consolidated facility and community (reintegration) case plan that incorporates a family and social network perspective; 3) a mix of social control and services focused on risk and protective factors; 4) a blending of graduated sanctions and incentives (i.e., graduated responses) coupled with the imposition of realistic and enforceable community aftercare conditions; and 5) service brokerage with community resources and linkage to non-correctional youth-serving agencies and groups.

The determination of a juvenile's level of risk (for reoffending) and needs is critically important, because it should be used to determine both the level and type of facility best suited for the juvenile and the extent and nature of the reintegration most appropriate.⁴⁰ For example, serious mental health problems, though not criminogenic in themselves, still obviously require attention and intervention. Youth who are low-risk for reoffending, despite posing behavioral problems in a facility, nonetheless are not likely to pose a public safety threat when released and therefore the reintegration plan for those individuals should reflect this.

Unfortunately, as part of the "get tough" changes that have dominated juvenile justice over the last several decades, many states have made their juvenile laws more punitive.⁴¹ One result of these changes is that more juveniles are being incarcerated for longer periods of time.⁴² This has meant that juveniles in confinement include more who have a great variety of needs and some who are confined not because they are regarded as posing a risk to public safety but because retributive punishment and accountability through confinement has become more acceptable. As a result, there are incarcerated juveniles who are not at high risk of reoffending, though they may have a complicated set of needs.⁴³ These are juveniles who are not likely to commit more crimes when released, although their behavior can be difficult to manage, and who do not require as much post-release correctional supervision when released as those who are higher risk.⁴⁴

Because reintegration includes pre- and post confinement plans for supervision, services, and support and because this has implications for staffing and caseload size, reintegration plans should be developed at, or shortly after, facility admission. Each plan requires input from facility staff, community correc-

39. *Id.*

40. David M. Altschuler & Rachel Brash, *Adolescent and Teenage Offenders Confronting the Challenges and Opportunities of Reentry*, 2 *YOUTH VIOLENCE AND JUV. JUSTI.: AN INTERDISC. J.* 72 (2004).

41. SUSAN GUARINO-GHEZZI & EDWARD J. LOUGHRAN, *BALANCING JUVENILE JUSTICE* (1996); He Len Chung et al., *supra* note 11.

42. Altschuler & Brash, *supra* note 40.

43. Altschuler, *Rehabilitating and Reintegrating Youth Offenders*, *supra* note 19.

44. *Id.*

tions staff, family, and others familiar with the juvenile. This is why assessment and classification along with its implications for developing a consolidated facility and community (reintegration) case plan are so critically important for everything to follow.⁴⁵

The mix of needed social control (which includes security levels) and services can be determined from a juvenile's assessment. This is vital to get right because too much control, or the wrong type of control, can backfire and produce correctional problems based on noncompliance with rules and restrictions that are unnecessary and counterproductive. Adolescent behavior management is a complex undertaking in the best of circumstances, but when the justice system and corrections take the lead, it is all the more challenging. This is because violations of rules and conditions by offenders can be viewed as sufficient cause to revoke community aftercare or extend confinement. This is even when there is no public safety threat posed. Thus, it is imperative that both graduated consequences for infractions and graduated incentives for accomplishment be explicitly incorporated into the behavioral management system.

Additionally, the number and type of "conditions" imposed either by the court or corrections officials should be reasonable, justifiable and enforceable. Unfortunately, there is a tendency in corrections to hold in disdain the use of incentives and positive reinforcement. This is because of a pervasive view by some that offenders are in corrections for punishment and do not merit rewards.⁴⁶ This can even extend to prohibitions on spending any funds whatsoever on items used as a reward for cooperation.⁴⁷ Some systems have attempted to counter this tendency by formulating alternatives to revocation of community supervision and promulgating guidelines on how to handle technical violations.⁴⁸ For example, the prohibition of a return to a correctional facility when due to truancy and violating curfews may be accompanied by a graduated consequence such as attending a day reporting center on weekends and going to an alternative school. Moreover, the use of non-correctional community resources, youth-serving groups, and volunteers is essential in order to prepare the young people for "life after corrections" and to prepare community resources for the reentry and acceptance of juvenile offenders that are being incarcerated.

Finally, in terms of developing an individualized reintegration plan, it is important to keep in mind that economic viability is not unrelated to recidivism. Particularly when a young person engages in an illicit enterprise for income generation, recidivism is directly driven by economic factors. In these circumstances, care must be taken not to create unnecessary barriers to eventually entering the legitimate workforce. When having a criminal record makes it difficult to obtain legitimate gainful employment, it can contribute to economic insecurity and even poverty. Barriers to legitimate gainful employment can

45. Altschuler, *Juvenile Offender Reentry*, *supra* note 34.

46. *Id.*

47. *Id.*

48. *Id.*

also push an individual to enter the underground economy or engage in illicit enterprises.⁴⁹ It is for these reasons that preparation for, and direct linkage to, community employment should be aggressively pursued long before a juvenile offender is released into the community from a correctional institution. Subsidized employment, apprenticeships, job training in facilities involving community employers, and work experience with community employers prior to release are all options that should be considered.

CONCLUSION

Reentry and community aftercare are often perceived as a process that occurs during the later stages of confinement and after release into the community. This mistakenly undervalues treatment that a juvenile offender receives from admission up to the point that "discharge planning" kicks in. The key problem is that day-to-day facility programming, activities, and treatment currently may have little-to-no bearing on post-confinement supervision and services. Worse yet, facility efforts can undermine the public safety value of services and supervision delivered after release. Confinement without the appropriate attention to how it is possible to make life in the community manageable, including facilitating gainful employment or access to financial support, may breed economic insecurity and additional crime. Deterrence and RTSD both expressly focus on public safety following release and thus share an interest in the impact on public safety. Although deterrence and RTSD may differ in approaches to determining the means to achieve public safety, their shared interest in post-confinement impacts offers a basis for deterrence-oriented community supervision staff and those pursuing RTSD to find a reasonable balance between deterrence and RTSD.

Given questions that have been raised by the elusiveness of positive results from the confinement of juveniles, some facility staff, community (aftercare) corrections staff and those providing RTSD are particularly intrigued by the pursuit of "reintegration," which focuses equally on confinement and post-confinement in the community.⁵⁰ A reintegration strategy focuses efforts while confined and afterwards on the risk and protective factors that can influence recidivism. The key, however, is to identify through assessment what risk and protective factors will be addressed and to formulate a reintegration service and monitoring plan targeted on these factors. Moreover, community aftercare staff will need to begin work on a case soon after admission and keep the focus on the youth functioning in the community. This has implications for caseload size, division of labor, roles and responsibilities, and the involvement of non-correctional, youth serving groups and individuals, notably family members.

There are four building blocks fundamental to the development and implementation of a reintegration approach: 1) continuity of care between the facility and the community, 2) cognitive-behavioral approaches in both facility and

49. Lipsy, *Prevention and Treatment for Juvenile Delinquents*, *supra* note 27.

50. Altschuler, *Rehabilitating and Reintegrating Youth Offenders*, *supra* note 19.

community efforts, 3) appropriate staffing, personnel practices and training, and 4) relying on overarching case management in developing the policies, administrative regulations and standard operating procedures. Each block represents a necessary, albeit insufficient by itself, aspect of what is needed to develop a reintegration strategy and to implement the strategy. It will only be by adherence to the requirements associated with all four building blocks that reintegration strategies will come to effective fruition. As noted earlier, much remains to be accomplished with respect to implementing what has already been learned about the effective correctional treatment of juvenile offenders. This is not to say that there is nothing more to learn or that continuing experimentation and evaluation are unnecessary. Nor is it to say that future approaches and programs need be restricted to the few that have already found their way into the current arsenal of "evidence-based" practices. Rather, state and local authorities should be incorporating the best thinking, approaches, principles and techniques available into juvenile corrections and closely evaluating the impacts.