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Scott Kizner, Vice Chair
Synethia White, Secretary
Lisa Cason
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COMMONWEALTH of VIRGINIA
Board of Juvenile Justice

BOARD AGENDA

March 31, 2025

Virginia Public Safety Training Center – Smyth Hall – Room 401

9:30 a.m. Board Meeting

1. **Call To Order and Introductions**
2. **Public Comment**
3. **Consideration of November 1, 2024 (Pages 1-35) and December 6, 2024 Board Meeting Minutes (Pages 36-41)**
4. **New Business**
 1. **Consideration of the City of Chesapeake Needs Assessment (Pages 42-136)**
Ken Davis, Regulatory Coordinator, Department of Juvenile Justice
Leah Nelson, Quality Assurance Manager, Department of Juvenile Justice
5. **Education Program Update (Pages 137-152)**
Deana Williams, School Superintendent, Department of Juvenile Justice
6. **Director's Certification Actions (Pages 153-182)**
Ken Bailey, Certification Manager, Department of Juvenile Justice
7. **Director Remarks and Board Comments**
8. **Next Meeting: July 2025**
9. **Adjournment**

Robert Vilchez, Chair
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Tyren Frazier
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COMMONWEALTH of VIRGINIA
Board of Juvenile Justice

DRAFT BOARD MINUTES

November 1, 2024

Bon Air Juvenile Correctional Center Campus

Board Members Present: Lisa Cason, Eric English, William (Will) Johnson, Scott Kizner, David Mick, Laura O'Quinn (remote participant), Robert (Tito) Vilchez, and Synethia White

Board Members Absent: Tyren Frazier

Department of Juvenile Justice (Department) Staff: Ken Bailey, Brendan Bartley, Ken Davis, Michael Favale, Phil Figura, Amy Floriano, Madeline Garber, Wendy Hoffman, Dale Holden, Hamlet Hood, Nina Hyland, Nikia Jones, Melodie Martin, Andrea McMahon, Ashaki McNeil, Linda McWilliams, Stephanie Morton, Leah Nelson, Margaret O'Shea (Attorney General's Office), Kristen Peterson, Cassandra Sheehan (Attorney General's Office) Lara Todd, James Towey, Rachel Wentworth, and Rebecca Westfall

Guests (Noted on the Sign-In Sheet): Sandra Aviles, Syleethia Carr, Quinton Harrell, Tyler Layne, Samantha Mier, Abbey Philips, Erika Raines, Valerie Slater, Frank Valdez, Joe Valdez, Amy Walters, and Joe Young

CALL TO ORDER AND INTRODUCTIONS

Chairperson Tito Vilchez called the meeting to order at 9:35 a.m. and asked for introductions.

CONSIDERATION OF REMOTE PARTICIPATION

Chairperson Vilchez was notified by Board Member Laura O'Quinn that she would participate in the meeting remotely because her principal residence is more than 60 miles from the meeting location. This reason is authorized by the new board policy governing remote participation.

Chairperson Vilchez asked Board Member O'Quinn for a general description of her location. Board Member O'Quinn noted she was in Clintwood at her home office.

On motion duly made by Synethia White and seconded by Eric English, the Board of Juvenile Justice approved (1) the Chair's decision to approve the request of Board Member Laura O'Quinn to participate from a remote location on the grounds that her principal residence location is more than 60 miles from the meeting location, and (2) affirmed that her voice could be heard by all persons at the primary meeting location. All Board members present declared "aye," and the motion carried.

CONSIDERATION OF BOARD MINUTES

The minutes of the July 31, 2024, Board meeting were offered for approval. On motion duly made by Eric English and seconded by Lisa Cason, the Board approved the minutes as presented. All Board members present declared "aye," and the motion carried.

PUBLIC COMMENT

Chairperson Vilchez announced that five individuals had signed up for public comment; to allow for the Board's other business, the public comment period was limited to a total of 30 minutes with five minutes for each individual speaker.

Delaney Toomer and Kathleen Samuelson, UVA Law Students, spoke on behalf of the Youth Justice Program, Legal Aid Justice Center. A copy of their remarks is attached to the meeting minutes.

Valerie Slater spoke on behalf of Rise for Youth. A copy of her remarks is attached to the meeting minutes.

Syleethia Carr, spoke as CEO of Not Me I Believe, Inc. Ms. Carr indicated that she started this organization because she believed in children and families. Ms. Carr expressed concern that Bon Air has lost its way. Ms. Carr shared that she was a resident at Bon Air as a kid, and she talked about her experiences being locked in a cell and the resulting mental challenges. Ms. Carr continued to discuss the detriments of being locked in a cell and the hardships of punishment and speculated that what is going on at Bon Air is affecting the youth in the worst way.

Sandra Aviles is a community organizer with Charlottesville United for Public Education. Ms. Aviles said she had a heavy heart when thinking about the youth at Bon Air. She said their path is not set in stone and our collective responsibility is to help guide them towards a future that is bright, safe, and full of potential. She said she wanted to see a more holistic approach to supporting our youth that moves beyond punishment and focuses on true rehabilitation and growth, which means implementing more resources like restorative justice programs, mental health support, and educational opportunities that allow these young people to reconnect with their communities in meaningful ways. She said it is about creating a system that heals and supports rather than one that perpetuates the harm and continues the same cycle.

Ms. Aviles said resources alone are not enough. She expressed a need for the right people, with the heart for this work, who understand the trauma these children have faced, individuals like Ms. Carr, who have been part of this same system, and who can be positive role models guiding them and providing influence that they may have lacked in their home or in their communities, staff who believe in these kids and look past their mistakes and to the potential that lies within each of them.

Ms. Aviles said children need positive role models who can help them understand that they are valued and that change is possible. She called for a commitment to building a system that pours love, hope, and resilience into vulnerable youth, asserting that they need us and we need them to become the positive force they are capable of being in this world.

Ms. Aviles noted that there were a lot of comments focused on root issues and that, without addressing the fundamental challenges at Bon Air, the involved children would not find stability and could not be

expected to grow into healthy members of society. If the children are to stay involved, they need help to lay strong roots.

Quenton Harrell from Charlottesville told of adopting a young man this year, who was his mentee and has been at Bon Air for two and half years with a blended sentence. He has thrived and grown since being at Bon Air and in the facility in Charlottesville. He came into the system at 15 as an undeveloped mind but has experienced a hunger and desire to gain and learn. He has taken advantage of the programs. Mr. Harrell expressed his support of RISE and the Legal Aid Justice Center's comments because, from a family perspective and from the monthly family therapy sessions, his son has experienced some depression during times of lockdown.

Mr. Harrell believed that education is a concern and asked DJJ to hear this concern, his request, and his solution. His concerns included the lockdowns, the reports in the news, and a recent gas leak from which Mr. Harrell's son complained about a headache and vomiting. Mr. Harrell said his son was recruited for the ASPIRE program and served as a peer advocate. Staff expected him to organize the group. Mr. Harrell's son has completed all the schoolwork he can along with some college courses, but there are no more courses or education being offered. His son has a blended sentence. He was denied parole at his first annual review. The next review is in another year, and Mr. Harrell continues to encourage him to grow and gain knowledge. Mr. Harrell asserted the only course his son can take now is barbering. Mr. Harrell and his wife encourage him to excel at barbering, but he asserts that there is no other educational opportunities. Mr. Harrell's son planned to take the electrical course, but the teacher retired or left. Mr. Harrell sends his son books, but they are returned as contraband. Mr. Harrell asked DJJ to consider a policy where certain books are accepted so his son can continue to learn and shared his willingness to donate books to Bon Air's library so all the young men can have books to pursue other interests.

Director Floriano offered to meet with Mr. Harrell after the meeting to discuss his son's educational arrangements and suggestions for other programs.

Chairperson Vilchez thanked those that provided public comment.

Board Member Scott Kizner voiced his disappointment in not having the Division of Education report on today's meeting agenda. He had previously requested this presentation at a future meeting but would have preferred it today. Board Member Kizner asked how the meeting agendas are set and if the Board is involved in that process and asked to have an educational update at the next in-person meeting.

Chairperson Vilchez noted the next Board meeting is in December and is scheduled to be virtual. Board Member Kizner expressed a sense of urgency to have conversations. He said the gap of knowledge presented and the gap of knowledge heard today are so far apart that discussion is needed. He stated that the agenda for the meeting included no time for discussion, which he believed was needed on the day's and past meeting's public comment. Board Member Kizner continued by saying that he hoped the Board and agency leadership would work together on drafting the meeting agendas to enable Board members who want to bring forth an issue to add it to the meeting agenda for discussion.

Director Floriano responded that she would be happy to work with the Board on drafting the meeting agenda and reiterated that the Board is policy-driven, which is why agenda topics are prioritized to

focus on policies and regulations. Director Floriano also noted that the Board would be able to tour Bon Air after the meeting, there would be a lot of information on education, and staff would be on hand to answer questions. Director Floriano also explained that she had to leave the last meeting early and was not present for some of the Board's conversations. She said the Department would be happy to put an education presentation on the agenda for the next in-person meeting.

Board member Kizner conveyed his appreciation for the upcoming tour but expressed concern that it would not allow the Board to have honest conversation, noting that the Board had been informed the day before that, due to Freedom of Information Act regulations, the tour would consist of two Board members at a time. Board Member Kizner welcomed a highlight of positive things on the tour, but he hoped for discussion and a chance to offer Board insights to staff. Board Member Kizner expressed confusion with the Bon Air audit report, which seemed inconsistent with the public comments.

Chairperson Vilchez acknowledged that the Board was listening and assured the group that education would be added to the next in-person meeting agenda.

Request Authorization to Initiate the Proposed Stage to Add Community Placement Program Regulations to 6VAC35-101, Regulation Governing Juvenile Secure Detention Centers

Ken Davis, Regulatory Coordinator, Department

Mr. Davis reminded the Board that at the December 13, 2023, Board meeting, the Board authorized the initiation of the Notice of Intended Regulatory Action (NOIRA) to add Community Placement Program (CPP) regulations to the Regulation Governing Juvenile Secure Detention Centers. The Department submitted that action for Executive Branch review. It was published in the Virginia Register of Regulations and completed a 30-day public comment period that ended in July. No comments were submitted during the public comment period. Mr. Davis said he was respectfully requesting that the Board move this action forward to the Proposed Stage of the standard regulatory process.

Mr. Davis explained that the workgroup decided not to create a separate chapter for these provisions, instead opting to make a new Part X within the Regulation Governing Juvenile Secure Detention Centers. The workgroup's rationale was that the juvenile detention centers (JDCs) house the CPPs, and this would also be the easiest and cleanest way to make the change.

On page 14 of the Board packet, the first amendment was to Section 10, Definitions. The only change was to add a definition for community placement programs as follows: a CPP is a direct care residential program for committed juveniles in a JDC or other department-approved setting established by written agreement with the department.

Mr. Davis said the new provisions follow the Definitions. Section 1280 establishes the basic requirements for JDCs to operate CPPs. First, they must be approved by the department, and that approval must appear on the JDC certificate issued by the department. The CPP capacity will be included in the overall capacity for the JDC. Also, there must be a written agreement between the department and the JDC. This retains the current practice and allows for flexibility both for the JDC and the department.

Section 1290, Mr. Davis said, is similar to 1280, except 1290 details requirements for any private entity to house CPPs. Currently, there are no plans to use private entities for CPPs, but the work group

decided it was the better part of wisdom to ensure provisions were provided in case this changed. If private entities ever were used, the department must approve by written agreement in accordance with Section 1310. Any private entity wanting to operate as a CPP will have to comply with all provisions of the JDC regulation because, in effect, they will have to operate a JDC.

Mr. Davis said Section 1300 clarifies eligibility of youth who can participate in CPPs. CPPs are only for youth with a valid commitment pursuant to §§ 16.1-278.8 or 16.1-285.1 of the Code.

Mr. Davis continued, explaining that Section 1310 outlines requirements that must be contained in the agreement. Every agreement the department has with a JDC or other entity for a CPP must include criteria for the youth served, including age ranges, how serious incidents will be reported in the CPP, and how healthcare services will be provided. The agreements must describe the residential programming, staffing ratios, and housing information and must address mental health services, transition planning, and disposition of juvenile records. There is a requirement that written department approval be given for any portion of work subcontracted. In addition, the agreement must contain the process for removing youth from the CPP and terms for terminating the agreement. As a final note, Mr. Davis said all the above items are currently addressed in contracts and do not increase the burden for the department or the JDCs or compromise resident care. This is the same level of scrutiny that the department provides now.

Mr. Davis pointed out that, in addition to the agreement, all the CPPs will be required to have a written statement on their program philosophy, residential program details, behavior management program, provision of services, educational and employment services, and family engagement. As with the written agreement, this aligns with the current department practice.

Mr. Davis moved on to Section 1330, which requires each CPP to assign a case manager to provide services to CPP residents. This aligns the program with 6VAC35-71-770, which requires case management services. This ensures CPP residents receive the same level of services as those provided in a juvenile correctional center (JCC).

Mr. Davis said 6VAC35-71-790 requires that individual service plans be developed and placed in each resident's record within 30 days following arrival at the facility and implemented thereafter. Section 1340 requires the CPP case manager to collaborate with the department to maintain each resident's individual service plan. This ensures the department does not lose sight of the plan once the resident is moved to a CPP.

Mr. Davis continued by saying that Section 1350 requires CPPs to prepare and distribute to the department a written progress report on each resident at least every 90 days. The progress report must contain progress toward meeting individual service plan objectives and applicable length of stay requirements, educational progress, family involvement, and continuing needs. These requirements align closely with the quarterly reports required for JCC residents in 6VAC35-71-800.

Mr. Davis finished the summary of changes by saying that Section 1360 requires residents to be released only upon written approval by the department.

Mr. Davis explained that if the Board agrees, the regulation will be moved to the Proposed Stage of the standard regulatory process and submitted to the Virginia Regulatory Town Hall for Executive

Branch review. The amended regulation will be published in the Virginia Register of Regulations with a sixty-day public comment period. The public comments received will be reviewed and presented to the Board. The Board then will receive the final proposed text for approval and advancement to the Final Stage of the process.

Mr. Davis concluded his presentation and asked for questions.

Board Member Kizner noted that in the past, the Board memo showed the current regulation and highlighted the amendments. Board Member Kizner asked if all the amendments were brand new. **Mr. Davis** responded that these are new and will be appended as Part X at the end of the JDC regulation.

Board Member White asked whether this new portion is for continuity of care to have the same standards as the JCC if the youth is moved to a CPP, to make sure there is information sharing on the youth and their treatment plans. **Mr. Davis** affirmed, adding that the changes will memorialize requirements in the regulation and ensure the CPPs are certified like the JCC and JDCs. There were gray areas for CPP youth because they were housed in a JDC but were still committed youth. It has been unclear which regulation applies to them. These changes will provide clarity.

On motion duly made by Scott Kizner and seconded by Synethia White, the Board of Juvenile Justice approved the proposed amendments to the Regulation Governing Juvenile Secure Detention Centers (6VAC35-101), including any modifications agreed upon by the Board at the November 1, 2024, meeting, and authorized the Department to advance the action to the Proposed Stage of the Standard Regulatory Process. All Board members present declared “aye” and the motion carried.

Consideration of Request to Advance Regulation Governing Juvenile Data Requests and Research Involving Human Subjects (6VAC35-170) to the Proposed Stage of the Standard Regulatory Process; Request to Amend Guidance Document Interpreting 6VAC35-170, Review and Approval of Data Requests and Research Proposals

Kristen Peterson, Regulatory Coordinator, Department

Ms. Peterson began by stating that this regulation details requirements and the process for research on human subjects who are under the care or supervision of the Department of Juvenile Justice. Ms. Peterson directed the members to the memorandum on page 23 and the proposed text on page 35 of the Board packet and explained that the regulation covers requests to obtain data regarding individuals under custody or supervision of JCCs, court service units (CSUs), and other board-regulated programs and facilities. She said the department is seeking to advance this action to the next stage of the process.

Ms. Peterson reminded the board that in December 2023, the Board approved the research regulation to be moved to the First Stage of the regulatory process. The regulation went through executive branch review and received no comments during the public comment period. She explained that at that meeting, the proposed text of the regulation was not presented; however, the Board was provided with concepts for the planned review and would hear the proposed text at today’s meeting.

Ms. Peterson said the review initially was conducted in large part due to the Governor's directive that state agencies reduce their regulatory requirements by 25% by the end of the administration. She said that while this regulation was reviewed and changed in 2020, part of the impetus to evaluate the provisions again, was to determine whether the department could accomplish some regulatory

reduction. Many changes, Ms. Peterson said, are intended to reduce the agency's regulatory footprint and accomplish the Governor's objectives.

Ms. Peterson shared the other reason for reviewing this regulation again: to perform the periodic review state agencies must conduct of their regulations once every four years, and on which the department has fallen behind.

Ms. Peterson described the accompanying guidance document, intended to supplement the research regulation, and the work group's proposed amendments to align the document with the regulatory amendments. She reminded the Board that because guidance documents follow a different process than regulations, the Board will need to permit DJJ to amend the guidance document at the appropriate time.

Ms. Peterson pointed to definitional changes, summarized on page 24 of the Board packet, before discussing the complexity of the regulation, as a whole and the challenges staff continue to have in interpreting its provisions. She explained that the regulation was reviewed by the agency's data and research unit and legislative and regulatory affairs unit, and shared how the research team had sometimes questioned the scope of the regulatory chapter and how it applied in specific scenarios. Thus, the work group created Section 15 to provide additional information and guidance about the chapter's scope. Section 15 is the applicability section that sets out various types of research projects and data requests that are subject to the regulation. Section 15 also indicates what types of projects are not subject to the regulation. Language in § 16.1-300 of the Code of Virginia identifies a list of individuals authorized to inspect juvenile record information that is otherwise confidential. Ms. Peterson said the workgroup made it clear that the regulation does not apply if individuals are seeking data or research in accordance with this statutory provision, and must follow another regulatory chapter.

Ms. Peterson noted another requested change to carve out an exception for research performed by other state agencies at the direction of the General Assembly. That language is currently in the regulation in another section. The work group suggested highlighting the information to eliminate confusion.

Ms. Peterson went on to explain an exception to the general rule that entities seeking juvenile data and records in accordance with § 16.1-300 generally are not subject to this chapter; the exception is in Section 17 of the proposed regulation. Section 16.1-300 (A) (10) of the Code identifies two entities authorized to inspect juvenile records. One category includes state criminal justice agencies. The work group clarified the new process for those entities in the regulation, which specifically includes a requirement to complete various forms to demonstrate that the party requesting juvenile data information meets the requirements to be deemed a state criminal justice agency. In addition, they must agree to release any information they receive only in aggregated form to protect the confidentiality of that information. Ms. Peterson added that Section 17 also addresses entities who may perform research on behalf of DJJ and provides that they may be subject to all or a portion of this process at the director's discretion.

Ms. Peterson next addressed Section 20, which includes requirements for external researchers. She explained that the language in the existing regulation allows individuals who do not possess all the mandated academic, professional, or experience credentials, but are directly managed by a person

with standing or job experience in the study area, to serve as the external project lead. Ms. Peterson shared the work group's recommendation to remove this authorization in order to ensure communicated information is protected by having someone serve in the capacity of the external project lead who has the requisite credentials. This is the department's current practice and is not a significant change.

Ms. Peterson next described the workgroup's recommendation to repeal Section 30 pertaining to professional ethics, again with the intent of accomplishing regulatory reduction. The language in this section required research to conform to professional ethical standards and listed examples of some standards such as the American Correctional Association, American Psychiatric Association, and others. The work group was concerned that the language was vague and unclear as to what the regulated community should do. Ms. Peterson mentioned the Office of Regulatory Management (ORM)'s guidance to state agencies on the development and reduction of their regulations, and its recommendation that agencies provide clear guidance if referencing a document or a source outside of the regulation. Ms. Peterson also identified an additional concern that the department has not historically used these standards in its decision making and, therefore, has not enforced the provision.

Ms. Peterson moved on to Section 55, which addresses aggregate data requests, defined in Section 10 as a broad class of rules or categories that do not distinguish individual properties within the groups. Ms. Peterson said that in 2016, the department developed express regulatory language that set out a process entities must follow for these types of requests. The department has since decided that this area does not require regulatory oversight since the process for requesting aggregate data involves simply going to the agency's website to fill out a form. The work group recommended the language be removed to accomplish additional regulatory reduction.

Ms. Peterson went on to discuss Section 65, which, she explained, addresses sensitive identifiers and sensitive data. The section lists nine identifiers deemed sensitive by the agency that, therefore, must be redacted before information can be communicated to researchers and data requesters. Language toward the end of the provision provides the director the discretion to disseminate data with a limited number of those identifiers if the research will benefit the department. Ms. Peterson explained the director's authority to do this on a case-by-case basis under the existing regulation and the work group's recommendation to clarify the language so that the director will only be authorized to provide information with these limited identifiers if the information or request does not conflict with confidentiality requirements in Title 16.1 of the Code of Virginia. The workgroup also added language to Section 65 establishing additional categories of identifiers that may be deemed sensitive based on other information included in the data set. This change addresses occasions when information might otherwise not be deemed sensitive, but it becomes sensitive because it is captured with other information. The workgroup sought to ensure that information is protected. This language is currently in the guidance document, and ORM has indicated that if requirements are contained in a guidance document they also must be in the regulation.

Ms. Peterson moved on to discuss Sections 65 and 67, which address the Virginia Longitudinal Data System (VLDS) and various data trusts. VLDS is a data system that consists of data from participating agencies, including DJJ. Qualified individuals can access the data through a process that involves approval or denial of the request by the sponsored agencies in order to generate cross-agency research. Since 2020, the regulation included language about the VLDS and the process of making requests through the VLDS; however, the language in the regulation is somewhat unclear. The work

group recommended changes to the regulation to clarify the language and to align the language to the guidance document. Specifically, although the language in the regulation suggests that if an entity is submitting a request for case-specific data through the VLDS, they are exempt from the regulatory requirements for case-specific data requests, this is not entirely accurate. The language has been modified to reflect the actual process, as explained in the guidance document. That is, if the department is serving as the sponsoring agency in those instances, the entity does not need to follow the process for external case-specific data requests.

Board Member Kizner asked for clarification on who this regulation applies to, a state agency seeking data or other individuals like UVA doctoral students, as an example. **Ms. Peterson** responded that it is the full gamut, from university students seeking data to conduct research to other individuals asking for data from or seeking to perform research on the department.

Ms. Peterson said the workgroup added language in the regulation to address what is called a data trust, which is a fairly new legislatively created trust that provides another environment for information sharing. The workgroup set out specific rules regarding access to data through those data trusts.

Ms. Peterson moved on to Section 100, which details requirements for what needs to be captured as part of the research proposal. This information is also contained in the guidance document. The guidance document provides that the external project lead must provide a copy of their CV or resume, but that requirement is not in the regulation. While the workgroup added language to impose this requirement in the regulation and explained it in the memo, somehow it was omitted from the proposed text. Ms. Peterson mentioned that the department could add this language if the Board agreed because the motion was written to allow the Board to make additional amendments during the meeting. After the conclusion of Ms. Peterson's presentation, the Board could come back to that portion if needed.

Next, Ms. Peterson discussed Section 125, a new area added to address quality or process improvement projects. She explained how sometimes research projects are conducted to determine the quality of a program and service, and the results of those projects are intended solely for the researcher, the program being observed, and other groups the department authorizes. Ms. Peterson explained that because the regulation does not establish a process for these types of projects, the work group wanted to ensure a process was put in place.

Ms. Peterson returned to Section 70 and said language in that provision indicates that when a researcher is performing human research, they are discouraged from offering incentives for human subjects. The workgroup recommended that language be removed. Ms. Peterson explained the workgroup's rationale that discouraging someone from doing something in a regulation is not useful, and in many instances, incentives were necessary to encourage participation. The workgroup acknowledged that reality and removed the provision.

Ms. Peterson also discussed the provisions in Sections 65 and 140, addressing requirements on the bodies required to review external case-specific data requests and human research proposals. For the internal committee that reviews the external case-specific data, there is a 20-day deadline for conducting the review. For the human research proposals, there is a 30-day deadline. The work group recommended that those specified deadlines be removed. The department and the bodies were

having difficulty accommodating schedules, and the workgroup did not think it was necessary for the regulation to set out specific deadlines.

Ms. Peterson moved on to the provision in Section 210 that states that, in the research agreement, language must be included that gives the department permission to use illustrations and other information resulting from the research project. The workgroup recommended the provision be repealed because the department believes this is another area where regulatory oversight is not necessary.

Ms. Peterson said several provisions in the regulation include statutory language that mirrors language contained in § 32.1-162.16 and subsequent provisions. In accordance with ORM guidance, the regulated community should be aware of the source of regulatory requirements, and if the source is a statute, the statute should be referenced. The regulation is amended to resolve this issue.

Ms. Peterson ended her presentation and asked for questions.

Board Member Kizner asked if a group seeks data from the department for such things as a survey, whether that type of request falls under this regulation or under a Freedom of Information Act (FOIA) request. He asked how a determination is made as to what becomes research versus what becomes data? **Ms. Peterson** responded that FOIA speaks to records that are already in existence. Research or data has not been collected or compiled yet and generally does not fall under FOIA.

Board Member Kizner stated his desire to not want to “muzzle” research and asked if there are checks and balances to ensure people whom the department allows to conduct research are following the best practices since the ethics section will be repealed. **Board Member White** responded that researchers still are required to come to the department with their Institutional Review Board (IRB) approval.

Ms. Peterson added that much of the IRB process is reflected in the department’s process and many requirements are included in the list of information needed for the research proposal, including the IRB approvals. **Board Member White** said that should address some concerns with ethics because this makes them come to the organization with the accepted practices from the university or the research organization.

The department’s research manager, **Nina Hyland**, explained applicants must describe their research methods and how they will use the data. There are several questions for them to answer before the proposal is reviewed.

Board Member Mick said he agreed some areas of the regulation could be confusing. He talked about understanding how the regulation tried to help, for instance, undergraduates at UVA to assist in research projects when they might not be qualified but are under the guidance of their professor or whoever had the qualifications. This made it easier for them to participate in the program. He also understood the regulation when the research is submitted to the department it is based on information the department provided, and the findings are their own. **Ms. Peterson** said there is also language that gives the director the authority to waive that endorsement statement and in those instances, the department would ask for all information ahead of time to ensure the department had no concern with it.

Board Member Johnson asked if there are standards in the regulation that address how research should be conducted, whether it needs to be done in a particular manner. **Ms. Peterson** responded there is nothing expressed in the regulation that requires research to be performed in an ethical manner. However, there are several requirements in the regulation that direct the research staff to review the conditions. There are other safeguards in the regulation that make it so Section 30's provisions are not needed. **Board Member Johnson** said it would probably be taken care of by the overall review. **Ms. Peterson** said the review helps to ensure the department is not approving a request that will violate state law, federal law, etc. Ms. Peterson speculated that this is why there has not been a huge focus on the standards of professional ethics. The existing regulation provides a list of standards, but the list could be far more exhaustive, and the current provision can confuse the regulated community on what they should be doing.

Board Member Mick and Board Member White discussed the general requirements of external researchers (Section 20), the difficulty of enforcement, and the possibility of applicants putting their career and name on the line if the research is not done properly or ethically. The department does have the power to end involvement, and the IRB approval that is part of the review process helps. **Ms. Peterson** pointed to language in Section 185 that speaks to researcher noncompliance and gives the department some administrative authority to rescind approvals, which is yet another safeguard.

Board Member Kizner asked if the agency has a research unit at the department and who they fall under. **Ms. Peterson** responded yes, the department has the Data Research and Records Integrity Unit with Nina Hyland as the research manager. Ms. Hyland sat on the work group that reviewed the regulation. The unit coordinates the agency's Data Research Guide every year and oversees the process for any research request and the Human Research Review Committees and other internal committees.

Board Member Kizner asked how many research requests the Department receives. **Ms. Peterson** responded that pages 157-170 of the Board packet contains a report of all pending human research projects and external case-specific data requests.

Ms. Peterson reminded the board of the unintentional omission of language in Section 100 and asked the members whether they wanted to consider additional proposed text that could be incorporated into this language before the vote. Ms. Peterson offered as an amendment to page 50, that a new number 12 be added after item number 11. The proposed language would be: "A copy of the resume and Curriculum Vitae of the principal researcher and student, if applicable." The old item 12 would become 13.

Board Member Mick asked whether this would help to know who the students are working on research projects. **Ms. Peterson** said that was correct, you would know the external project lead and their qualifications. Again, that information is already required in the guidance document, but the department is not able to enforce it because it is not a regulatory requirement.

Ms. Peterson said that a substitute motion is not necessary because the current motion is drafted to allow for amendments on the floor.

On motion duly made by Scott Kizner and seconded by David Mick, the Board of Juvenile Justice approved the proposed amendments to the Regulation Governing Juvenile Data Requests and

Research Involving Human Subjects (6VAC35-170), including any modification agreed upon by the Board at the November 1, 2024, meeting, and authorized the Department to advance the action to the Proposed Stage of the Standard Regulatory Process. All Board members present declared “aye,” and the motion carried.

Consideration of Request for a Fast-Track Action to Amend Regulations Governing Juvenile Record Information and the Virginia Juvenile Justice Information System (6VAC35-160)

Kristen Peterson, Regulatory Coordinator, Department

The next discussion focused on the fast-track request to amend the Regulations Governing Juvenile Record Information and the Virginia Juvenile Justice Information System (VJJIS) contained in 6VAC35-160. The Board memo is on page 69 of the Board packet and the proposed text is on page 73.

Ms. Peterson said the VJJIS was created in accordance with § 16.1-222 of the Code of Virginia within the Department of Juvenile Justice and is a system responsible for receiving, classifying, and filing certain data. It has been referred to in the past as the infrastructure of all data maintained by the department. The regulation has been in place since 2004, and in addition to the information in the regulation, two external documents (Information Technology Resource Management or ITRM standards) are incorporated that are established and maintained by the Virginia Information Technology Agency (VITA).

Ms. Peterson explained that language in 1VAC7-10-140 provides when a regulation adopts text by referencing all or a portion of an external publication or document, the text in the external document becomes an enforceable part of the regulation. That means there are instances in the regulation where the regulatory provision might require the regulated community to comply with an external document and, by doing that, all the provisions in the external document become an enforceable part of the regulation. Every single requirement contained within that external document is also part of the regulation and is enforceable. Under the existing regulation, SEC 501-09.1, an external VITA document, is incorporated into the regulation. This 165-page document contains more than 900 requirements, and all those requirements are part of the regulation. The Department requests that the Board allow the department to amend the regulation and extract SEC 501-09.1 so that it is no longer a document incorporated into the regulation by reference.

Ms. Peterson then shared the department’s reasons for requesting to extract the ITRM document. First, the document is outdated. It has been updated nine times since 2016 when this regulation was last amended, and it has been superseded more recently and replaced with SEC 530. Second, there is no need for this document to be incorporated into the regulation. The regulatory text contains two sections that incorporate this external document. Section 10 defines the data owner as the department employee responsible for the data decisions, and Section 130 addresses provisions for remotely accessing the VJJIS and imposes a requirement that if the device has been inactive for 15 minutes, then a screen saver or lock-out period should be implemented. SEC 530 provides no additional guidance on the definition or remote access, and the department believes the language in the regulation is sufficient, independent of the external document.

Ms. Peterson explained ORM’s guidance, which maintains that anytime a document is incorporated, and the specific sections intended to be incorporated are not addressed in the regulation, the entirety of the document is incorporated. The Department recommends extracting the incorporated

document. The department believes this will accomplish a 20% reduction in the agency's regulatory requirements, a significant portion of the Governor's 25% regulatory reduction mandate. The department is requesting that the Board authorize the fast-track process to accomplish this change. The fast-track process is available for non-controversial regulations; the department believes this area is non-controversial.

On motion duly made by Will Johnson and seconded by Lisa Cason, the Board of Juvenile Justice approved the proposed amendments to 6VAC35-160-10, 6VAC35-160-130, and the list of documents incorporated by reference (DIBRs) in the Regulation Governing Juvenile Record Information and the Virginia Juvenile Justice Information System to remove any reference to COV ITRM Standard SEC 501-09.1. The Board authorizes the Department to proceed with the filing of a fast-track regulatory action to initiate these amendments. All Board members present declared "aye," and the motion carried.

Consideration of a Variance Request for Direct Supervision Staff in JCC to Actively Supervise Residents, 6VAC35-71-810

Kristen Peterson, Regulatory Coordinator, Department

The Board shifted focus to the Regulation Governing Juvenile Correctional Centers, 6VAC35-71. Ms. Peterson reminded the Board that in June 2014, the department requested a variance to the regulatory requirement in 6VAC35-71-820. The language on page 75 of the Board packet provides that there shall be at least one trained direct care staff on duty and actively supervising residents at all times that one or more residents are present. The regulation defines direct care staff as individuals whose primary responsibilities are maintaining the safety, care, and well-being of residents; implementing the structured program of care and the behavior management program; and maintaining the security of the facility. Ms. Peterson said the language in the regulation speaks to actively supervising residents, and the department has operationalized that requirement to say that direct care staff must have sight and sound supervision a minimum of once every 15 minutes.

Ms. Peterson explained the regulatory definition for "direct supervision" contained in 6VAC35-71-10 as the act of working with residents who are not in the presence of direct care staff members. Those who provide direct supervision are responsible for maintaining the safety, care, and well-being of residents, in addition to providing services or performing the primary responsibilities of that position. A number of employees, for example teachers, rehabilitation counselors, and therapists, are classified, and historically have been classified, as direct supervision staff. Because of that third prong of the direct care staff provision, the department believes these individuals are not direct care staff and, therefore, are not authorized to be alone with residents outside the active supervision of direct care staff.

Ms. Peterson said that in 2014, the Board granted a variance to this regulatory requirement in order to allow teachers, rehabilitation counselors, and behavioral services staff to be alone with residents without direct care staff performing their active supervision requirements. The Board granted that variance in large part to ensure that needed services continued even if there was not a sufficient number of direct care staff to actively supervise residents while these services were provided. That variance was granted in 2014, and the Board extended it in May of 2019. The department now asks the Board to reinstate the variance for another five years. Ms. Peterson said the variance's expiration earlier in 2024 was an oversight.

Ms. Peterson directed the Board to page 77 of the packet which provides that in order for the variance to apply, the direct supervision staff must satisfy all of the requirements listed. Ms. Peterson added that in May of this year, the internal training requirements changed for direct supervision staff, who are now required to complete the same training as direct care staff, including Handle With Care, unless they have a medical waiver. Even considering these enhanced training requirements, the department still believes direct supervision staff do not meet the definition of direct care staff. For these individuals, provided they meet the requirements of the bulleted information on page 77, they would be authorized to be alone with residents outside the active supervision of direct care staff. The employee must complete their required training, listed on page 77, which includes their regular and mandated training. The employee also must complete department-approved training on the supervision and control of the residents, verbal de-escalation, etc. All that training is captured in the Handle With Care training course.

Ms. Peterson said that under the variance, when residents are not being actively supervised, the direct supervision staff must be able to immediately communicate with direct care staff. In the past, this has been accomplished through two-way radio, but the Department did not want to specify how it needs to be done, as information communication devices evolve. Ms. Peterson added that the employee must check in with the direct care staff before and after being alone with any residents.

Ms. Peterson concluded this portion of the presentation by asserting the department's belief that the variance should be reinstated to help ensure direct supervision staff can be alone with residents and still provide needed services in the JCC. Ms. Peterson respectfully asked the Board to approve the variance request for a five-year period or until the JCC regulation is amended. She noted that the JCC regulation has been moving through the process for several years, which is why the department is seeking the variance for five years.

Board Member Kizner mentioned that he recalls the 2019 conversation and asked if the underlined information on page 77 constitutes new language. **Ms. Peterson** responded that the underlined language is new language in the sense that it is not contained in the existing regulation, but that it is old language in the sense that most of it is captured in the variance that expired earlier this year. The only change made to the language was to allow for an accommodation for individuals who have a medical waiver.

Board Member Kizner asked if the department was aware of any concerns since the 2019 discussions. **Ms. Peterson** said she is not aware of any concerns.

On motion duly made by Will Johnson and seconded by Eric English and pursuant to 6VAC35-20-92 of the Regulation Governing the Monitoring, Approval, and Certification of Juvenile Justice Programs and Facilities, the Board of Juvenile Justice approved a variance to the regulatory requirement in 6VAC35-71-820. The variance shall authorize direct supervision staff to supervise residents outside the active supervision of direct care staff and shall remain in effect until conforming changes are made to 6VAC35-71 or for five years, whichever occurs first. All Board members present declared "aye," and the motion carried.

Consideration of Request for Authorization for a Variance to 6VAC35-150-390 (Transfer of Case Supervision)

Kristen Peterson, Regulatory Coordinator, Department

The next agenda item focused on nonresidential services, particularly involving court service units (CSU). Ms. Peterson requested a variance to 6VAC35-150-90 that addresses youth who are being supervised in a CSU and the authority of the court and the CSU to transfer that supervision to another jurisdiction. Ms. Peterson directed the Board to the bottom of page 79 of the packet, which detailed the language in the regulation. It stated when the legal residence of an individual under supervision of a CSU is not within the jurisdiction of the original CSU, the supervision of the case may be transferred to another unit in Virginia in accordance with § 16.1-295 of the Code of Virginia and approved procedures. Ms. Peterson noted that emphasis has been added to the term, “legal residence” in bold type. Section 16.1-295 provides, “If any person on probation or under the supervision of any juvenile probation officer or other officer of the court removes his residence or place of abode from the county or city in which he was so placed on probation or under supervision to another county or city in the Commonwealth, the court in the city or county from which he removed his residence or place of abode may then arrange the transfer of the supervision to the city or county to which he moves his place of residence or abode, or such transfer may be ordered by the transferring court.”

Ms. Peterson said the work group interpreted the regulatory provision fairly narrowly, and because of the fact that the regulatory provision used the language “legal residence,” and the statutory provision used the language “residence or place of abode,” and because neither of those terms is defined in Title 16.1 or in 6VAC35, there was no guidance. She said the work group looked to other provisions in the Code, and while they did not have any application to the juvenile courts or juveniles; Title 24.2 which governs elections, includes definitions for many of these terms. The term “residence” is defined in § 24.2-101 as requiring both domicile and a place of abode, and those terms also are defined in that section. “Domicile” is defined as a person living in a particular locality with the intention to remain, while “place of abode” is defined as the physical place where a person dwells. There is no statutory or regulatory definition for the term “legal residence” used in the CSU regulation. The work group looked at Black’s Law Dictionary, and language there defined “legal residence” similar to the “domicile” definition, which is a person’s true, fixed, permanent home and principal establishment, and to which whenever he is absent, he has the intention of returning.

Ms. Peterson shared the workgroup’s concern that because of the use of “legal residence” in the regulatory provision, it restricted the CSU’s ability to transfer supervision in those cases where an individual’s temporary dwelling place might change. For example, a case discussed by the workgroup included a youth going away to college who might travel hundreds of miles outside the jurisdiction where they are originally assigned to a CSU. In those instances, the workgroup believed that based on this interpretation, the department was not authorized to transfer CSU supervision, and as the department continues to enhance meaningful contact with individuals under CSU supervision, it was becoming significantly burdensome on staff and other department resources. The work group believed adding language through a variance would help address this issue.

Ms. Peterson directed the Board to the bottom of page 80 of the packet where one small phrase was added to align the language with the language in the statute, “when the legal residence **or place of abode** of an individual under supervision of a CSU is not within the jurisdiction of the original CSU, the supervision of the case may be transferred to another unit.” The work group believed this would give the CSU staff greater ability to exercise their discretion in transferring the supervision of cases when the transfer is in the best interest of the child.

Ms. Peterson addressed the other point of concern, which involved facilitating resources and referrals through the CSUs to the location where the juvenile has their physical dwelling. Sometimes this is inefficient. The person within that community has the most knowledge about the resources available. Ms. Peterson's recommendation was to approve this variance so CSUs can have additional discretion.

Board Member White asked if this variance would apply or be helpful for young people who do not have a stable home setting or are moved for safety reasons. **Ms. Peterson** answered that a good example would be a youth in foster care whose legal residence might be within the locality but who has been placed outside of the locality or placed in a group home or some other temporary setting. The work group believed the department's hands were tied in its ability to transfer that supervision simply because of the existing language.

Board Member Mick asked if a youth wanted to spend the summer with their grandparents, based on approval of the CSU, this would allow the transfer of supervision. **Ms. Peterson** said that is correct. The main idea is to give the CSU the discretion to do what is in the best interests of the juvenile. If it is not in the best interests of the juvenile to transfer supervision because, for example, the CSU has developed a significant rapport with the youth, the CSU will retain supervision. But the language in the regulation would prevent them from exercising this needed discretion. **Board Member Mick** said if it is a good opportunity for youth on supervision, the Board does not want to prevent them from doing it simply because it does not meet the legal residence requirement.

Board Member English asked how confident the department is that CSUs will be able to accommodate these requests for transfer. **Director Floriano** responded that was part of the discussion that prompted this variance. One of the CSUs had a group home down the street from them and wanted to be able to supervise the residents in this group home and provide personal interactions. The youth's legal residence was in Norfolk, the group home was in Roanoke, and the only contact is virtual, which is not as effective as meeting with the youth in person. The group home was not their permanent legal residence so without this variance we were unable to transfer supervision under the regulation. Director Floriano also noted that the department was in the process of a workload study for CSUs. The department did not want to have this youth in the group home in Roanoke for a year doing virtual meetings or send them back to Norfolk or have a Norfolk staff drive to Roanoke. The department wanted to have the youth access services right there and have good personal relationships with their supervising CSU worker close to them and receive that support.

Board Member Mick said this might be a hinderance to youth in preventing them from getting a space in a group home. **Director Floriano** explained that it could be considered a loophole, then discussed one of her first actions at DJJ of extending the amount of time youth can stay in independent living. Now, the length of stay has almost tripled from four to six months to the current nine to fifteen months. This change recognized that youth need a period of time to transition back into the community with supports around them. This allowed the department to bolster those supports and help better relationships in person. This acts as a legal loophole because the Code allows it, but the wording in the regulation restricts it. The department wanted to do what could be done under Code, and still have the flexibility to address each youth's individual need through the processes.

On motion duly made by Synethia White and seconded by David Mick, pursuant to 6VAC35-20-92 of the Regulation Governing the Monitoring, Approval, and Certification of Juvenile Justice Programs and Facilities, the Board of Juvenile Justice approved a variance to 6VAC35-150-390, authorizing the

transfer of court service unit (CSU) supervision to another unit in the Commonwealth of Virginia in cases where the supervisee's place of abode falls outside the jurisdiction of the original CSU. The Board authorized the variance for each of the 32 state-operated and locally operated CSUs in the Commonwealth of Virginia for a five-year period or until 6VAC35-150-390 is amended to resolve this issue, whichever occurs first. All Board members present declared "aye," and the motion carried.

Consideration of Request for Extension of Variance Applicable to New River Valley Juvenile Detention Home; Control Room

Ken Davis, Regulatory Coordinator, Department

Superintendent Joe Young and Deputy Director Erika Raines of New River Valley Juvenile Detention Home were introduced to answer questions concerning the variance request.

Mr. Davis opened by saying New River Valley had requested an extension of the variance in place since November 13, 2019; the same variance was granted in 2014. The variance allowed New River Valley to be exempt from requirements pertaining to control centers. On page 83 of the Board packet, Mr. Davis detailed the requirement in 6VAC35-101-520 pertaining to control centers: "To maintain the internal security, a control center that is secured from residents' access shall be staffed 24 hours a day and shall integrate all external and internal security functions and communications networks."

Mr. Davis explained that New River Valley was built in 1974 and is older than many of the other JDCs currently in operation; therefore, it was not constructed with a control center. Interestingly, the department's compliance manual for 6VAC35-101 states that the purpose of this particular provision is to ensure that residents have a safe and secure environment. New River Valley believes it accomplishes this goal, even though it does not have a secure control center by a number of implemented processes. Among those, the facility keeps keys secure in a locked cabinet. They issue those keys daily to security staff, teachers, and in-house mental health staff when their shifts begin. Those keys are then returned at the end of the day. The keys are kept in a locked cabinet when not in use. There are inventory and control measures with residents prohibited from ever using them. The keys are kept secure while staff are on duty. Staff are responsible for perimeter control, and visitors approaching from the main or side intake entrances ring a bell that sounds throughout the facility. The shift supervisor or designee will answer the bell. Reception staff manage public visitors through the front entrance during business hours. During nonbusiness hours, visitors must use the side intake entrance, and the shift supervisor or designee will answer the bell.

Mr. Davis continued, saying that New River Valley also has placed 48 cameras in strategic locations both internally and externally, along with numerous monitors where all activity is observed and monitored. This is an activity that would otherwise be done at the control center. The facility consistently meets and often exceeds the 1:8 waking hours staff ratio and the 1:16 sleeping hour ratio. Written procedures require residents to remain within sight and sound supervision while moving throughout the facility, and residents must be accompanied by at least one staff member. There is also a staff intercom system monitored 24/7.

Mr. Davis said staff communicate primarily through a two-way radio system, and a multiline telephone system also is available for communication if that system fails. The facility has an emergency cell phone for outside calls to the community. As mentioned, New River Valley was built in 1974 and has never had a control center and has functioned successfully. Further, the physical plant makes it infeasible to

establish a control center that would comply with the regulation. Because of its low population, renovation plans have been postponed indefinitely. New River Valley believes the practices and procedures outlined eliminate the need for a control center because the facility can maintain security and communication without it.

Under the proposed variance, Mr. Davis said New River would be able to continue its current supervision protocol without having to comply with the relevant regulatory requirement. The wording of the proposed variance is on page 85. A Subsection B has been added to 6VAC35-101-520 that says the provisions in this section will not apply to the New River Valley Juvenile Detention Home.

Mr. Young said he appreciated the Board's consideration in passing the variance for a third time at every five-year interval. He recognized his facility is unique but still able to provide top-of-the-line, second-to-none care for these kids in a home-like setting.

Board Member Kizner asked if Mr. Young had the funds to renovate the facility. **Mr. Young** said he understood that it is time to scrap the building and build new, but the funds are not available. Mr. Young explained that he does not wait until things break down; staff are proactive in fixing things. The facility is celebrating its 50th anniversary this year and is still going strong. The Commission has tabled discussions and there are no plans in place for a massive renovation.

Board Member Kizner asked how the budgetary process works. **Director Floriano** responded that juvenile detention centers are maintained by the localities, so it would go through the local budget process.

Board Member Johnson said he understood New River renovates systems as they go along, like the HVAC, electrical, and plumbing; however, this can only be done for so long with a 50-year-old building. The facility will need to be replaced. He asked whether there are discussions at the local level about replacing, not renovating, the facility. **Mr. Young** answered that has been tabled indefinitely. Mr. Young reiterated that the facility has complied with all regulations. **Board Member Johnson** countered, asserting that they are not compliant with the law and continue to seek variances for a condition that is not considered ideal per the regulation. At some point the variances will have to end. Board Member Johnson said he understood the low population but would hope that the locality has recognized the long-term need for a facility. **Mr. Young** said he will certainly take that back to the Commission.

Mr. Davis said the extension would be for another five years, until November 2029.

Board Member Mick asked what happens if the variance is not approved. **Mr. Davis** responded that at that point, the facility will be out of compliance with the regulation and at the next audit, Mr. Bailey's unit will find them out of compliance and the facility will need to submit a corrective action plan.

Board Member Kizner suggested the board issue some statement encouraging New River Valley to look at funding a new facility because this will continue for five more years. **Director Floriano** told the board they could potentially table the motion and continue it to the next board meeting and invite a locality representative to speak to the board about the variance.

Deputy Director Favale clarified that local detention facilities are handled by the locality. **Board Member Johnson** asked whether New River must still ask for a variance, and Deputy Director Favale responded yes, this falls under the department's regulatory oversight.

Mr. Davis also offered that the variance can be extended if this action was tabled until the next meeting, since the variance will expire. Deputy Director Favale agreed, noting the Board's authority to grant the variance temporarily until the next Board meeting.

Board Member White commented that she understood the board's concerns; however, this is a local budget in a smaller area with fewer funding streams. Board Member White said she believed the board can have conversations with the locality, but cautioned the members against putting additional burdens on the staff taking care of the youth for something out of their control. Board Member White noted the importance of, making sure the local commission is aware of the board's concerns by letting them know we want the best care for these youth and expressed hope that they would begin to have conversations around appropriate funding and planning for a new facility. Board Member White said she believed the board is here for young people and to ensure they are in compliance with their protocols and procedures, but there were no alarms for her. Board Member White said she would feel differently if the facility leadership came before the Board with safety concerns or if the facility had multiple violations or there was public comment expressing issues.

Board Member Kizner said he did not know what other option he could exercise other than voting yes for the proposal. **Board Member Kizner** said he felt some external pressure, but he felt like New River keeps coming before the Board and asking for yet another variance, but the local commission does not seem to be taking any responsibility. **Board Member White** responded that she does not think the board has enough weight to pressure a local commission. **Board Member Johnson** said he is not advocating to pressure them; however, there comes a point where requests for a variance are made in perpetuity unless something is done with the facility. **Board Member Johnson** said he had no problem approving another variance and is certain Mr. Young will express the Board's concerns to his Commission. Board Member Johnson said everything he has seen indicates the facility and residents are safe and properly handled. Board Member Johnson said a 50-year-old building as an institutional environment is a concern and will not hold up forever.

On motion duly made by Will Johnson and seconded by Eric English pursuant to 6VAC35-20-92 of the Regulation Governing the Monitoring, Approval, and Certification of Juvenile Justice Programs and Facilities, the Board of Juvenile Justice approved a variance to the regulatory requirements in 6VAC35-101-520. The variance shall authorize New River Valley Juvenile Detention Center to operate without a control center and shall remain in effect until the facility undergoes renovations or for five years, whichever occurs first. All Board members, apart from Scott Kizner, declared "aye," and the motion carried.

Consideration of Requests for Amendment of Board Policies

Board Policy 02-016, Cooperation with Federal, State, and Local Officials

Ken Davis, Regulatory Coordinator, Department

Mr. Davis explained that the policy requires the department to make sure all of its personnel in facilities and programs cooperate fully with federal, state, and local legislative and executive bodies. Designated

staff shall respond promptly to requests for information about programs and operations, or about specific youth from federal, state and local legislators, executives, and other constituents of juvenile justice, with due regard to privacy protection statutes. The department has recommended retaining this policy. Cooperation with federal, state, and local officials is in the department's interest. This could influence budget decisions and legislative priorities, and would be beneficial for those specific youth and assist with that youth's rehabilitation.

Mr. Davis requested the Board retain the policy. There were no questions.

On motion duly made by David Mick and seconded by Synethia White, the Board of Juvenile Justice approved retaining Board Policy 02-016, as proposed at the November 1, 2024, meeting, to take effect immediately. All Board members present declared "aye," and the motion carried.

Board Policy 20-107 Tobacco Products

Ken Davis, Regulatory Coordinator, Department

Mr. Davis said facilities regulated by the Board shall not permit residents to use, possess, purchase, or distribute any tobacco product on facility property. Staff of and visitors to any such facility shall not use any tobacco products where residents may see or smell the tobacco product. Currently, all of the residential regulations mention tobacco use; however, the provisions are not entirely consistent and do not necessarily comply fully with the policy. For instance, the existing JDC regulation speaks to staff and visitors but does not actually mention residents. Mr. Davis explained that the residential regulations, including the regulations for JDCs, JCCs, and group homes, have amended and expanded tobacco provisions but are still going through the regulatory process and he was not sure how long it will take to complete the process and become effective. The department recommended this policy be retained in its current form until those regulations become effective. The department will take another look at the policy and perhaps come back to the Board and ask either for an amendment or possibly a rescission of the policy, since the regulations would then be more comprehensive than the policy.

On motion duly made by Eric English and seconded by Tito Vilchez, the Board of Juvenile Justice approved retaining Board Policy 20-107, as proposed at the November 1, 2024, meeting to take effect immediately. All Board members present declared "aye," and the motion carried.

Board Policy 05-005, Employee Drug Screening

Kristen Peterson, Regulatory Coordinator, Department

Ms. Peterson said this policy addresses the department's requirements regarding employee drug screening. In the first paragraph on page 114 in the Board packet, in the second sentence the language requires the department to provide for urine drug screening for staff, volunteers, and contract personnel who have direct contact with probationers, juveniles, and parolees. The department recommended modifications to the policy.

Ms. Peterson provided background regarding the Department of Human Resource Management (DHRM)'s comprehensive employee drug screening policy to which all state employees are subject. DJJ has its own procedure that is also very comprehensive with specific requirements for drug screening. The DHRM policy does not fully address random drug testing. The department believes that modifying this language to address specific requirements regarding random drug testing would be beneficial to

the department and to the board, and therefore recommends changing the language in the first paragraph to read, "The department shall provide for random drug screening for department, employee, and contract personnel who have more than incidental direct contact with residents and clients served by the department." This is consistent with the agency's current procedural requirements, and seeks to ensure anyone who has more than direct incidental contact with juveniles or other clients will be subject to random drug screening. The department believes random drug screening is a very effective way to address and ensure reduction in the use of alcohol and drugs within the agency.

Ms. Peterson also addressed language in the existing policy that says all staff must be provided with a copy of the department's drug screening procedures, including a list of positions subject to the drug screening, and again referenced the department's comprehensive procedure requiring all staff receive or have access to department procedures. The department believes this language is not necessary and therefore recommends removing the language and instead inserting language that requires the department to identify those individuals who are subject to whatever drug screening requirements are imposed and then setting out specifically what those drug screening procedures need to address. In the second paragraph, the recommended amendment would read as follows, "The department's procedure governing drug and alcohol testing shall identify the positions subject to drug screening, the conditions under which such screening will occur, and safeguards for individual privacy and confidentiality, and shall comply with the provisions of the policies for drug and alcohol testing established by DHRM." That language referencing DHRM, coupled with the additional language added regarding random drug testing, provides a helpful policy for the department. DHRM's policies and the department's procedures provide additional guidance.

On motion duly made by Will Johnson and seconded by Synethia White, the Board of Juvenile Justice approved the amendment of Board Policy 05-005, as proposed at the November 1, 2024, meeting, to take effect immediately. All Board members present declared "aye," and the motion carried.

DIRECTOR'S CERTIFICATION ACTIONS

Ken Bailey, Certification Manager, Department

Mr. Bailey directed the Board to the packet, which contained the individual audit reports and a summary of the Director's certification actions completed up to September 23, 2024.

The audit for the 31st District Court Service Unit found three deficiencies. A follow-up review found the unit to be compliant with those three areas and they were certified until April 2027. The audit points included:

- 6VAC35-150-350 (A): Two of five cases reviewed did not include the parent as a contributor in the development of the supervision case plan. The follow-up review on June 4 was not determinable, as there were no new applicable cases to review.
- 6VAC35-150-350 (B): Six applicable cases were reviewed and were missing language that the supervisory review had been completed, approved, or modified as indicated. The review on June 4 indicated that one of three applicable cases reviewed was missing the language that the supervisory review had been completed, approved, or modified as indicated.
- 6VAC350-150-355(4): Two of four applicable cases reviewed had no timeframe provided for the electronic monitoring. The review on June 4 indicated that six of six applicable cases reviewed provided the proper timeframe.

The audit for the Henrico Juvenile Detention Home was 100% compliant for the second consecutive audit, and was certified until August 21, 2027, with a letter of congratulations.

The audit for the Northern Virginia Juvenile Detention Home and Postdispositional Detention Program found three deficiencies. The follow up review on August 27 found the detention home compliant with all three areas, and they were certified until May 15, 2027. The audit points included:

- The grievance procedure must be posted in all the pods, but the certification team found they were not posted.
- On two instances, certain information that should have been on the face sheet was not included.

The Summit West Transitional Living Program is a new program in Roanoke. There is also a Summit Transitional program in Chesterfield that has operated for a few years. These two transitional living programs are operated by Intercept Health. A conditional certification audit was performed in January 2024, and they were certified for six months with 100% compliance. The second phase of the audit was conducted on August 12, and the program was 100% compliant in all necessary areas. The Director certified Summit West until September 1, 2027, with a letter of congratulations for 100% compliance.

Mr. Bailey then discussed the audit for the Virginia Beach Crisis Intervention Home, which he cautioned, was somewhat confusing and not a report he usually presents. The facility is a coeducational group home and emergency shelter that has experienced a lot of changes and problematic issues, as outlined on page 137.

The original audit conducted on March 13 found some critical issues with eight violations. The unusual aspect is that there is no status update because in March, there was a complete staff turnover, and the facility had no residents. When the Certification Unit returned to assess the facility for the status report, there were no records to review in medical or any other area. At the end of July, the facility started receiving residents back into the program. The Certification Unit will return in December to reassess all areas and present a report to the director on its status and what staff have done to correct areas of noncompliance. The director extended the program's certification until January 1, 2025, with a status report to be reviewed at that point that will be shared with the Board at a future meeting.

The audit for Bon Air Juvenile Correctional Center was conducted in January 2024. It was noted that the audit was scheduled for September 2023, but was extended to January 2024 for the newly appointed administrative staff to prepare for the audit. This gave the new administration the opportunity to use this time to correct the audit deficiencies. The deficiencies noted in the report occurred prior to the end of September 2023.

- An audit point on security procedures showed that the 20 Post Order Books reviewed did not document the staff and supervisor's signature. During the status review on August 1, the Post Order Books were reviewed for units 54, 63, 65, and 67 and found in compliance, with the proper documentation of staff and shift commander's signatures.
- The original audit found a deficiency in the area of nutrition. Three of six residents interviewed stated that staff who eat in their presence do not eat the same meals as residents. The follow-up review on August 1 showed six residents from different units were interviewed, and all stated that staff do not eat different meals in their presence. This audit point was found to be in compliance.

- 6VAC35-71-1070 addresses medication incidents. The original audit found that one of one applicable medication incidents reviewed did not document that the attending physician was notified as soon as possible or the actions taken by staff. On December 18, 2022, the resident did not receive MiraLAX as prescribed by the doctor. This is a critical regulatory violation, and only one instance results in a finding of noncompliance. Follow up review on August 1 showed six out of six medical reports reviewed had no medication incidents.
- 6VAC35-71-1070 (J) addresses medication refusals. There are times when residents refuse to take medication. The original audit found three of eight medication refusals reviewed did not document the action taken by staff. For medication incident reporting, there is a list of medications that the nurse must initial when that medication was issued and coded when that medication was refused. On the back of the medication administration record (MAR), there is a place to document the action taken by staff. The original audit showed that three of the eight medication refusals reviewed did not document the action taken by staff. During the follow up review on August 1, six medication refusals were reviewed, and three of those still did not document the action taken by a staff. These were reviewed in the presence of the nurse manager at Bon Air, who acknowledged that the assessment was accurate, and no further corrective action was planned. Mr. Bailey expressed his belief that the staff at Bon Air have developed an appropriate corrective action plan, but had not followed through on implementation. This is still reported as a noncompliant critical regulatory requirement.
- During the original audit for 6VAC35-71-1140 (B) on room confinement, three of four applicable confinements reviewed did not document that staff officially checked the resident every 30 minutes or more frequently if indicated by the circumstances. The follow up noted that six of six applicable confinements reviewed documented that staff visually checked the resident within the required timeframes. This audit point was now in compliance.
- Concerning the audit point for 6VAC35-71-1140 (C) on room confinement, four of four applicable confinements reviewed did not document that the resident was afforded at least one hour of physical exercise outside their room every calendar day unless the resident's behavior or circumstances justified exception. The follow up review on August 1 showed six confinement forms that all documented the residents confined were afforded the opportunity for one hour of physical exercise outside the locked room every calendar day.

Due to the area of noncompliance, the Director extended the certification status of Bon Air to April 12, 2025, with a referral to DJJ's medical compliance administrator to monitor the area of noncompliance.

The board discussed the confusion behind the three signatures on page 156 of the packet. The signatures appear at the bottom of the document as if approving or signing the document; however, the signatures are only there to attest to the document.

BOARD AND DIRECTOR COMMENTS

Board Member White expressed interest in the information provided to the father who made public comment on the options of the educational program, and asked whether this information can be readily available to other parents or families. Board Member White said she understood the board's oversight of regulations and policies; however, there are policies related to safety and education as presented in public comment. The Board is familiar with its responsibilities and where the boundaries lie; Board Member White feels the Board owes it to the organization, as well as to the families and the children, to be on point. Finally, on a topic Board Member White raised before, the ability to share and communicate the opportunity for public comment with the community, especially impacted families,

is important. Board Member White said there has not been much public comment since she has served on the Board, and she would like to see more effort to get the word out because, almost everyone has something to say, and with something so precious as young people, there likely will be feedback on the department's proposals even for those who agree. Board Member White said she believes people are not aware they can participate in this opportunity and don't know where to find information on it or who to contact to be heard.

Director Floriano then provided her comments to the Board. Family involvement has the largest impact on how successful youth are when they return to the community, and sometimes the department struggles with getting families to interact. The department tries to adjust plans and problem solve for each youth in their education program. Director Floriano noted that she provided Mr. Harrell her email address to reach out on any further concerns, and because Mr. Harrell's son had taken advantage of all the opportunities afforded him, the department will work with him on expanded educational opportunities.

Director Floriano noted that communication is a struggle internally and is being addressed with treatment teams and leadership. DJJ has 1,700 employees, and any agency has communication challenges.

With the recent reorganization and new Superintendent, the agency would like to be more collaborative and less siloed in its interactions with youth. The agency is striving to be more focused on the youth and their families when they first enter the facility, making sure information is provided to them both in writing (e.g., the website) and in conversation during treatment team meetings, and asking staff to reiterate information several different ways and several different times so it is absorbed. Many times, when youth come into the facility, the family is still reeling from the fact that their child is here and trying to adjust to this different situation.

The agency's website includes a lot of information, such as contact information. If families are not able to access the website, the youth's probation officers or treatment teams are there every step of the way to ensure families have the information they need.

Director Floriano noted that if the Board has a concern or would like to hear about a specific policy, she is happy to include it on a meeting agenda. The agency would like to see everything work as efficiently as possible to best serve the youth in our care. Director Floriano thought that public comment could be talked about along with education opportunities, to ensure families know they are welcome to attend board meetings and provide feedback.

Board Member White said she still believed those who are impacted the most should be empowered to talk about their experiences. Board Member White discussed her history of having someone in her life that made sure she never interacted with these services. Board Member White referred to herself as a "sidewalk kid," and noted that while she can express her thoughts and experiences, she believed that it comes best from the young people and families involved in the system.

Director Floriano said Bon Air has a Resident Advisory Board that meets regularly with staff, administration, and Chief Deputy Holden almost every month, made-up of current residents who provide feedback on their unit and voice concerns. In addition, youth and staff have a lot of interaction

on activities and incentives associated with the Positive Behavioral Interventions and Supports (PBIS) program.

Board Member Kizner shared that he has thought about the concerns surrounding Bon Air and asked if the department had considered completing an independent review of the facility, which would allow a different set of eyes and ears to provide feedback and help inform decisions. Board Member Kizner said he would approve of this type of review but understood if there were legal, logistical, and financial issues to consider. Board Member Kizner said the findings would not have to come back to the board but should have some level of seriousness. Board Member Kizner said he believed this falls under the purview of the board's roles and responsibilities to ask for this type of review. He expressed desire for some closure on the issues at Bon Air and reiterated his request for a discussion at the next meeting on the education program. He also said he understood that Bon Air is a much more challenging place to work than a lot of other places, making it hard to determine if what was heard at today's meeting was based on emotions or data.

Director Floriano responded that an outside security assessment of Bon Air was done after the escape in 2020. Another assessment, with the final report pending, was an analysis by the Department of Planning and Budget on the agency's psychological services to ensure the department offers the best services to its youth.

Director Floriano said she understood the emotions during public comment and that everyone wants the best for the youth who are confined. The department has a heightened responsibility to ensure those youth are being well cared for and that their needs are met. Director Floriano reiterated that if allegations are not provided to her and her team, she is not able to investigate. The facility has cameras everywhere, and they are regularly reviewed. When concerns are raised, the agency performs an investigation. Bon Air is at 98% compliance, and the deficiency in the audit was a documentation issue. The audit results are not saying something happened, all it indicates is that something was not documented properly. The agency met its PREA requirements and ensured youth were being provided for and supervised in compliance with federal regulations.

Director Floriano voiced her frustration because Bon Air staff work for a very low salary in a very difficult job. Roughly 70% of youth currently at Bon Air are in for person felonies, meaning they have hurt another person. That is how it is designed to work. The department does not want youth in the facility that have committed low-risk offenses; those youth can be dealt with in the community in group homes, alternative placements, or CPPs. Director Floriano commended her very dedicated group of staff, who work hard for these kids; sometimes harder than the child's family. The rapport between staff and youth is sometimes forgotten. Director Floriano shared that the previous night, a resident was at the hospital for serious medical treatment until midnight. Although not part of their job, administrative staff stayed with the youth because they were genuinely trying to make that connection with the youth and to build rapport. Bon Air kids matter, and staff make sure they feel it.

Director Floriano clarified that the electrical teacher mentioned earlier in public comment did leave, but the other electrical teacher has stayed and stepped up to a full-time position because he enjoys working with these youth.

Director Floriano explained that when the agency receives complaints, staff must weigh the credibility of the information, question any bias and motivation to fabricate, understand why the person is

coming forward, establish if this is a genuine effort or an organization self-promoting or working towards legislation. Director Floriano told the board members that after three years of working with her, they should know she would investigate any complaint received. Bon Air has youth in the facility that need the department's help, and they need DJJ to serve the purpose for which DJJ stands. Director Floriano said she believed that individuals would not come to work for this agency if they did not believe in the cause because these jobs are hard. Director Floriano shared her desire to emphasize and not to forget the dedication to and connection staff have with these youth.

Director Floriano said she could provide more in-depth information to the Board but shared some initial data demonstrating a positive picture. For example, completion of treatment prior to release for anger management has increased from 68% to 92%, and substance abuse treatment completion prior to release has increased from 73% to over 90%. The department had a dramatic impact on the risk continuum prior to youth being released, and they are doing well in the community. Improvement has been seen on the recidivism rate; although it is early, there has been a positive impact. The department tried to intervene with youth and firearms because of the increase in youth who have been shot and killed in murders, and other firearm-related incidents. The numbers have gone down by roughly 30%, a dramatic decrease. Additionally, there were more than 2,400 firearm offenses in fiscal year 2023 and the number has dropped to little over 2,000. There has been a drop in juveniles with committed offenses from firearms. Director Floriano attributed the shift, not necessarily to policies or programming changes, but to the efforts of Bon Air staff.

Director Floriano offered to consider all recommendations from the community, staff, the youth, and elsewhere to ensure the youth is served in the best way possible. This continues to be the standing mission. Director Floriano said she believed it is important to have someone fighting for this population. Director Floriano expressed her appreciation for the comments and concerns raised at this meeting and noted that she looked forward to the facility tour after the meeting.

NEXT MEETING AND ADJOURNMENT

Chairperson Vilchez thanked the department and staff working on the front lines at Bon Air. He shared that he looked forward to the facility tour and the opportunity to talk with staff. Chairperson Vilchez thanked Ms. Peterson, Mr. Davis, Mr. Bailey, and Mr. Favale for their hard work, for attending all the meetings, and answering all their questions. Chairperson Vilchez expressed that the Board is not perfect, and meetings and discussions help to support them and enhance their knowledge. Chairperson Vilchez said he looked forward to the next in-person meeting with the educational program update.

The next meeting is on December 6 and will be an all-virtual public meeting.

Chairperson Vilchez adjourned the meeting at 12:50 p.m.

LEGAL AID JUSTICE CENTER

Department of Juvenile Justice Board Meeting Public Comment

November 1, 2024

**Delaney Toomer and Kathleen Samuelson, UVA Law Students speaking on behalf of
the Youth Justice Program, Legal Aid Justice Center**

Working under the supervision of Amy Walters, Esq.

I. Introduction

Good morning, members of the Board. I am Delaney Toomer, and I am presenting today with Kathleen Samuelson. We are law students at the University of Virginia working in the Legal Aid Justice Center's Youth Advocacy Clinic.

II. Context

Today we would like to follow up on our office's previous comments to the Board in May regarding our concerns related to the harmful conditions youth at Bon Air are experiencing and our continued concerns regarding staff vacancies. We are pleased that the certification audit is on the agenda.

III. General Audit Summary

On a positive note, we are glad to see high marks overall for Bon Air, reflected in the 98.00% compliance rating as of the January 2024 audit, and additional measures of compliance as of August 1.

That being said, personal accounts from youth interviewed during the audit are alarming and do not match the standards that such a rating suggests are being upheld, as we will discuss in a moment.

IV. Staff Vacancies

Turning to staffing, the last publicly reported staff vacancy rate for Bon Air, about one year ago, was 53%. Based on our conversations with defense attorneys, staff exit surveys, and youth and family interviews, including those in the audit, there has not been improvement.

In these conversations, staff was described as "ever declining" and a "skeleton crew." Reports also reflect all units being on single coverage, staff frequently "on splits," staff

being drafted for longer shifts much more often, and staff having limited training prior to being drafted.

It appears that DJJ will not publicize the current vacancy rate, but given these accounts, we caution the Board to critically examine the workforce challenges. Restructuring and using wage staff may decrease the vacancy rate but is not improving the conditions for youth or the direct care staff at Bon Air.

We recognize that the staff vacancies align with national trends in both juvenile and adult corrections, but it has disastrous effects on conditions, rehabilitative impact, and morale. The audit highlights the inadequate oversight and supervision of youth, undoubtedly impacted by lack of staffing, including repeated lockdowns, failure to visually check on kids every 30 minutes during confinement, and failure to document medical incidents, serious incidents, and grievance reports. Moreover, the audit contains youth reports of mistreatment by staff, which can be expected amidst the current staffing troubles.

The bottom line is people no longer want to work in large congregate carceral settings. We will hear more on this shortly from our partners at RISE for Youth. We stand by their comments and urge the Board to proactively invest in alternatives.

V. First-Hand Accounts of Youth and Staff

We are here today to caution you not to be distracted by the positive findings from the January 2024 audit, given the gravity of harm youth are experiencing and are at risk of experiencing in the future.

A. Reading and listening to the experiences of staff and youth currently incarcerated at Bon Air paints a picture of Bon Air that is almost diametrically opposed to the high scores and checkmarks that the facility has received on paper.

- i. Youth interviewed during the audit expressed concerns about limited enrichment opportunities, excessive room confinement, inappropriate delegation of supervisory powers, and lockdowns during which they were denied necessities of daily life. For instance, residents reported not receiving at least one hour of physical activity per day outside of their cells, and they expressed concern about the amount of time they were spending in their rooms. Significantly, youth reported that staff members at Bon Air delegated authority to certain residents to exercise control over other residents. Finally, during lockdowns, residents reported being denied showers for up to 4 days.

- ii. Staff exit surveys from 2022 to 2024, which we received through a FOIA request, substantiate our serious concerns about staff vacancies and the current climate at Bon Air.

5 out of 6 employees surveyed in 2024 cited safety as a factor influencing their decision to leave Bon Air.

In an exit survey dated March 11, 2024, a Juvenile Correctional Specialist (JCS) wrote:

- "JCS's are working on single coverage almost everyday which is a HIGH security risk. Residents on the existing side of campus are constantly locked down due to staff shortage which is completely inhumane. If my child were locked up at this facility, as a parent, I would be extremely upset about the dynamic."

In an exit survey dated February 22, 2024, one JCS remarked:

- "Y'all ask for too much being that we're ALWAYS on single coverage. TIRED of getting drafted everyday...this shows that y'all don't care about our outside and family lives. This was the WORST work environment that I've ever been in due to staff not being happy and complaining 24/7."
- "This facility is so easy for a lawsuit due to how often their policies are broken by NOT staff but shift commanders and administration. How ABUSED the staff is on an everyday basis is out of control."

In an exit survey dated March 8, 2024, another JCS described how they felt DJJ had been deceitful in hiring them to work eight-hour shifts, because as soon as they started working, they were required to work 12-13-hour shifts, multiple times per week, on single coverage. The JCS wrote, "I feel very vulnerable and unsafe working in these conditions . . . for my mental, physical, family life and safety, I can no longer continue to work in these conditions."

- iii. Additionally, through defense attorneys, we were able to survey residents and their families about conditions at Bon Air as recently as September of this year.

- As you heard earlier from Delaney, when we asked the youth about staff vacancies, their responses corroborated what we learned from the staff exit surveys.

- With regard to education, in late summer and early fall, youth reported attending school for three hours per day on the units, for three to four days per week.
- With regard to treatment and enrichment, youth reported very few structured activities. Older youth reported being let out onto the floor for approximately two hours after school ends and being permitted outside for one hour twice per week.
- This means, on any given day, youth are spending 17 to 19 hours inside their cells.
- With regard to lockdowns, youth and their families reported:
 - It feels like lockdowns occur on a weekly basis; youth reported being on lockdown every weekend due to staffing.
 - Staff will not just lock down the facility because of a violent or security-related incident, but also because they are tired and overwhelmed.
 - There is no school, counseling services, or training of any kind during lockdowns.
 - This past summer, there was a week-long lockdown, a three-day lockdown, and a two-day lockdown.
 - In late September, there was a lockdown that lasted at least one week.
 - ✕ As of this past Tuesday, it is our understanding that the facility was still in a 24/7 lockdown, which began around Sunday, October 27. Visitation was also canceled on October 27.

B. If our shared goal is youth safety, we must acknowledge that we are being presented with two different storylines about Bon Air. The first-hand accounts of staff and youth incarcerated at Bon Air indisputably clash with DJJ's self-reporting and July circuit court filing. As the Board of the Department of Juvenile Justice, it is your responsibility to investigate these discrepancies and ensure the safety and well-being of children at Bon Air who have no one else to protect them. VA Code § 66-10.

- i. What is happening with education? During the January 2024 audit, the auditors noted that Bon Air's "school areas looked good" but there were "no students in several months." Yet, in the same audit, Bon Air self-reported that students have returned to classroom instruction since July 2021. This contrasts with youth reports of three hours of school on the units when they are not on lockdown.
- ii. What is happening with enrichment? DJJ's self-report is that it offers a plethora of workforce training and apprenticeship opportunities in addition to high school and GED classes as well as college programming. Meanwhile, the youth we have

spoken to who have completed high school report having, at most, one hour of enrichment per week. The findings from the January 2024 audit do not help us figure out the truth about enrichment opportunities at Bon Air. The audit is full of recycled information from the 2021 audit and uses outdated language that seems to align, temporally, with the middle of the pandemic, not January 2024.

- iii. What is happening with lockdowns? DJJ minimizes these which contradicts the perceptions and reports of resident youth and their families.

VI. Final Remarks

As noted, a lockdown began on Sunday, October 27 and still persisted through Tuesday if not longer. The perception among youth and their families, whether it is true or not, is that the canceled visitation last weekend and most recent extended lockdown are forms of retaliation for the recent news report about Bon Air and youth speaking out against the facility. Youth choosing to report without being named does not make the reports unfounded but rather underscores the very real fear of retaliation. We must credit these first-hand accounts of what is happening at Bon Air and acknowledge they are corroborated by the findings from the January 2024 audit and the staff exit surveys from February and March 2024.

In summary, we ask that you, the Board Members, take the first-hand accounts of staff and youth seriously and that you investigate them immediately. We must resolve the conflicting information across the audit findings, exit surveys, and interviews with clients and their families about (1) what Bon Air is currently offering youth in terms of education, enrichment, and isolation (2) the number of children who actually participate in these programs, and (3) how frequently these programs occur.

The accounts we shared with you today are real voices that should be valued. Your employees and your residents are hurting and desperate. These voices deserve your undivided attention and support a shift away from large-scale carceral settings.

Thank you.

Department of Juvenile Justice Board Meeting Public Comment, November 1, 2024

Valerie Slater, Esq., RISE for Youth, Executive Director, Criminal Defense Attorney

Good morning, Board members, staff, and attendees. My name is Valerie Slater, I am a criminal defense attorney and the executive director of RISE for Youth. RISE for Youth is a nonpartisan organization committed to ensuring every space that impacts a young person's life encourages growth and success.

1. Why transform DJJ?

In 2014, we all know the Department of Juvenile Justice undertook the task of evaluating and assessing the effectiveness of Virginia's juvenile justice system. Based on the assessments, national research, and considerable staff, and stakeholder input, the Department began transforming the work of the agency away from a punitive model to reflect current best practices in the field to promote success and reduce recidivism among court-involved youth.¹

At the outset of the transformation two very significant shifts occurred.

1st Virginia moved away from incarceration as the overwhelming response to youth who caused harm and began reserving commitment for youth with the most significant treatment needs and

2nd The Department incorporated programming to address root causes of youth's harmful behavior along with the other treatments to ensure youth are prepared to successfully reenter their communities with lower likelihood of reoffending.

2. What was the transformation meant to accomplish?

The Department recognized the need to focus on both the positive development of the young people and the positive development and sustainability of the staff who serve them. And accordingly, developed guiding principles to reflect the developmental needs of youth and staff. DJJ took into account the high rates of trauma exposure among the youth and the stress on the staff who work with these youth, and purposefully embraced a trauma-informed approach to the work through a Community Treatment Model, embracing guiding principles from the beginning of the transformation that include:

- **SAFETY:** Youth and staff need to be and feel safe in their environment and need a sense of physical and emotional well-being.
- **CONNECTION:** Youth and staff need to feel connected to supportive and caring adults, whether they are family, staff, or coworkers.
- **PURPOSE:** Youth and staff need to have goals to strive toward, skills to hone, and a sense that they have a valuable role to play in the lives of people and the community around them.
- **FAIRNESS:** Youth need to perceive their environment and interactions as fair and transparent. They need to be held accountable in a manner proportionate to their offense and offense history, and similar to other youth in their situation. Staff need to feel that they are treated fairly, compensated adequately, and supported in their efforts to meet the expectations of the department.²

By 2020 programming at Bon Air JCC had expanded significantly to include:

RISE for Youth
P.O. Box 2347, Chesterfield, VA 23832
(P) (804) 709-8780
(F) (804) 895-7856

Medication-Assisted Treatment (MAT): In response to the growing opiate epidemic across the nation, DJJ Health Services began implementation of MAT, designed to help alleviate withdrawal symptoms and psychological cravings.

Fatherhood Program: Bon Air JCC collaborated with the Virginia Family and Fatherhood Initiative to provide mentoring services to young fathers because they often lack the skills, experience, and leadership necessary for fatherhood.

Experiential Learning: Residential Services partners with Challenge Discovery to provide youth with experiential group learning opportunities based on a shared therapeutic approach to help youth build skills necessary for reentry.

Reducing Isolation in Youth Facilities (RIYF): DJJ limited the types of incidents and the duration along with requesting regulatory changes to eliminate punitive isolation. There was a 92% reduction in the use of punitive isolation from FY 2015 to FY 2019.

Throughout FY 2020, Bon Air JCC focused training efforts on achieving fidelity in implementing the Community Treatment Model (CTM.)

Further expansive treatment instituted in 2020 as a part of the CTM included:

Mutual Help Groups established to provide a safe space for youth to discuss interpersonal and social issues that affect day-to-day living.

A mentoring program for Resident Specialist 1s was instituted by assigning each Resident Specialist 1 a senior direct care staff member as a mentor.

The Quality Monitoring and Implementation Team (QMIT) reviewing monthly data regarding CTM. During FY 2020, QMIT implemented strategies to target units with consistent challenges. These units were invited to attend QMIT meetings and required to develop a quality improvement plan to address areas of concern.

3. What was the impact of the transformation?

The transformation is having a positive impact!

Focusing on addressing root causes along with treatment needs and creating a healthy environment for youth rehabilitation both played a significant role in making treatment accessible to youth leading to positive outcomes.

The intentional move away from commitment as the first response for low risk behaviors resulted in the risk levels of direct care youth increasing nevertheless, between FY 2014 and FY 2022, the 12-month rearrest rates fluctuated, with an OVERALL DECREASE for both moderate-risk youth (41.8% to 35.0%) and high-risk youth (59.0% to 53.0%)ⁱⁱⁱ

4. What are DJJ transformation goals now?

Now ten years later, strategic goals have shifted:

- Expanding reentry vocational programs, workforce development and mentoring.
- Supporting successful community programs and creating new initiatives that address the current concerns of the Commonwealth.

- Building trust with law enforcement and judicial partners to ensure youth are placed in the best possible, most effective programs.
- Addressing the concerns highlighted in the 2021 JLARC report, which focused on recidivism for our most serious offenders.
- Creating new resources to support victims and families, including those with Limited English Proficiency or disabilities, who have been impacted by violent crime.^{iv}

But the most effective way to achieve these strategic goals has not changed. It is to cultivate and maintain a rehabilitative environment that goes back to the original guiding principles of the transformation, prioritize **safety, connection, purpose, and fairness** for all youth and staff.

5. Ask

You Board members have had an opportunity to review the Bon Air Audit report. You have had an opportunity to read staff exit interviews, Resident statements, and to review auditor findings. Please do not ignore their voices. The accounts given by previous staff and current residents align to describe a troubling breakdown in the culture and climate within Bon Air. They describe maltreatment of both residents and staff. They describe an unsafe and demoralizing environment. I will say again, it is impossible to fix what we will not admit is broken. This is not an aha or gotcha moment. This is the moment we must all decide to commit to addressing the issues that staff and residents are both outlining. It is time to embrace truth and transparency for the sake of our committed youth and staff inside Bon Air JCC. We ask you the board to take action.

- Support outside investigation into all allegations,
- Establish Monthly monitoring of the Bon Air facility with teams that include Board members and if not advocates, and legislators who are appointed to Boards and committees with oversight authority over youth justice issues,
- Ensure the monitoring includes reviewing all serious incident reports, staffing levels, school hours and implementation of all programming.

DJJ cares for Virginia's youth with some of the greatest treatment needs. Many individuals and systems have already failed these young people. In some instances, these youth have already given up on themselves. We must not allow the agency whose mission is to provide effective rehabilitative programming to fail these youth. We implore you to consider implementing the changes we suggest and to engage with us in meaningful dialogue to develop strategies and solutions that will help us find a positive way forward leading to the success of all of Virginia's youth.

ⁱ <https://www.djj.virginia.gov/documents/policy/data-research/publications/Transformation%20Update%202018%20FINAL.pdf>

ⁱⁱ <https://www.djj.virginia.gov/documents/policy/data-research/publications/Transformation%20Update%202018%20FINAL.pdf>

ⁱⁱⁱ <https://www.djj.virginia.gov/documents/policy/data-research/publications/DJJ%20Transformation%20Plan%202023%20Update.pdf>

^{iv} <https://www.djj.virginia.gov/documents/policy/data-research/publications/DJJ%20Transformation%20Plan%202023%20Update.pdf>

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Scott Kizner, Vice Chair
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COMMONWEALTH of VIRGINIA *Board of Juvenile Justice*

DRAFT Meeting Minutes

December 6, 2024
All-Virtual Public Meeting

Board Members Present: Lisa Cason, Tyren Frazier, William (Will) Johnson, Scott Kizner, Robert (Tito) Vilchez, Laura O'Quinn, David Mick, and Synethia White

Board Member Absent: Eric English

Department of Juvenile Justice (Department) Staff: Ken Davis, Mike Favale, Wendy Hoffman, Nikia Jones, Melodie Martin, Andrea McMahon, Ashaki McNeil, Linda McWilliams, Margaret O'Shea (Office of the Attorney General), Kristen Peterson, Cassandra Sheehan (Office of the Attorney General), Lara Todd, and James Towey

CALL TO ORDER AND INTRODUCTIONS

Chairperson Vilchez called the meeting to order at 9:32 a.m. and asked for introductions.

The Department's Deputy Director of Policy Mike Favale announced that Director Floriano would monitor the meeting; however, she was not able to participate. Deputy Director Favale was her representative at the meeting.

Lara Todd was announced as the newest member of the Department's executive team as the Deputy Director of Education and Rehabilitative Care.

ALL-VIRTUAL PUBLIC MEETING ANNOUNCEMENT

Chairperson Vilchez announced the day's meeting would be an all-virtual public meeting and was authorized pursuant to Va. Code § 2.2-3708 and Board Policy Governing All-Virtual Public Meetings. Specifically, circumstances warranted that the meeting be all-virtual based on convenience, the fact that the Board has not had more than two all-virtual public meetings during the calendar year, and that the Board's last meeting was not all-virtual.

Public access was provided by electronic communication which allowed the public to hear all participating members of the Board.

Audio-visual technology was used to allow the public to see the members of the Board.

A telephone number was provided to the public to alert the Board if electronic transmission of the meeting failed for the public.

The public was afforded the opportunity to comment through electronic means.

No more than two members of the Board were together in one physical location.

PUBLIC COMMENT

There was no public comment.

NEW BUSINESS

Consideration of Request to Initiate the Notice of Intended Regulatory Action (NOIRA) to amend the Regulation Governing the Monitoring, Approval, and Certification of Juvenile Justice Programs and Facilities (6VAC35-20)

Ken Davis, Regulatory Coordinator, Department of Juvenile Justice

Mr. Davis requested the Board approve the Notice of Intended Regulatory Action (NOIRA) for the certification regulation. The regulation establishes the Department's responsibility to monitor and audit juvenile residential facilities and programs, Virginia Juvenile Community Crime Control Act (VJCCCA) programs, and offices on youth, and to certify residential facilities and state operated and local court service units that are a part of the juvenile justice system in Virginia. It also describes the various methods by which the Department measures and enforces compliance with the appropriate regulations for those entities.

Mr. Davis reminded the Board that the Department must do a periodic review every four years on all its regulations and has fallen behind on some reviews, such as the certification regulation. The most recent periodic review of this regulation was done in 2019, which exceeds the four-year deadline. Importantly, though, the 2019 periodic review report indicated that the regulation should be amended. Among the problems were some vague areas of the regulation that are difficult to understand. Also, there are some areas that need to be updated to come into compliance with the Virginia Code Commission's recommendations about not incorporating documents, and to conform the language to the Registrar of Regulations's style guide.

A workgroup was convened that included Ken Bailey, the VJCCCA manager, a detention specialist representative, a representative from Compliance and Legal Support, the Legislative and Regulatory Affairs Manager, as well as Mr. Davis, and work is underway on the regulation.

The workgroup's recommendations were listed on page four of the Board's packet and Mr. Davis reviewed them as follows:

- Several of the definitions need to be rewritten for clarity, while others do not accurately describe terms as they are commonly understood by the Certification team. Some entries may have to be replaced with new terminology to align with department practice.

- Repeal Section 30. Section 30 is a purpose statement and should be removed from the regulation pursuant to 1VAC7-10-40, which is part of the Virginia Code Commission's Regulations for Filing and Publishing Agency Regulations.
- Add a new section pertaining to department responsibility. The workgroup recommended adding a new section to capture a portion of the language in the repealed Section 30 regarding the department's responsibility in auditing and certifying programs and facilities.
- Numerous sections of the regulation are vaguely or unclearly written, have provisions that are more appropriate to department procedures, or contain improper incorporations by reference. In addition, some sections contain unnecessary provisions (e.g. provisions already set out in the Code of Virginia). Finally, many sections require changes in grammar and style to bring them into compliance with the Registrar's style requirements. The workgroup recommended revising all of these sections accordingly, including rewriting entire provisions when necessary.
- The workgroup recommended repealing one or more sections which are procedural in nature and do not belong in the regulation.
- Eliminate document incorporated by reference (DIBR). This chapter currently incorporates a document entitled *Guidance Document: Self Audits/Evaluations, September 2013, Department of Juvenile Justice*. Because this is document was created by the department, its incorporation is prohibited by the Virginia Code Commission's regulation 1VAC70-10-140.

Mr. Davis completed his presentation and asked for questions.

Board Member Johnson asked when the Board should anticipate reviewing the regulation. Mr. Davis responded that the NOIRA must go through Executive Branch Review, followed by publication in the Virginia Register of Regulations and a 30-day public comment period. The process is typically quick and hopefully will come back to the Board at the next meeting.

On motion duly made by David Mick and seconded by Laura O'Quinn, the Board of Juvenile Justice authorized the Department of Juvenile Justice to proceed with the filing of a Notice of Intended Regulatory Action, pursuant to §2.2-4007.01 of the Code of Virginia, to initiate the process for amending 6VAC35-20, Regulation Governing the Monitoring, Approval, and Certification of Juvenile Justice Programs and Facilities. All Board members present declared "aye," and the motion carried.

Consideration of Request for Action on Board Policies

Ken Davis, Regulatory Coordinator, Department of Juvenile Justice

Mr. Davis began with 20-002 currently called Alternatives to Incarceration. The Department recommended amending this policy with the following.

- Amend the title to Alternatives to Detention because the policy is focused on detention, predispositional, and post dispositional, as well as community supervision.
- Amend the first sentence in the policy to say that the Board of Juvenile Justice actively encourages alternatives to detention or residential placement consistent with the welfare of the juvenile and the assurance of public safety. (Reference page seven of the Board packet)
- There were a couple of words the Department felt were unnecessary and cluttered the language. The two words removed were 'maintaining' noted in the first sentence and 'methodologies' in the second sentence. (Reference page seven of the Board packet)

Mr. Davis asked for questions. Board Member White wanted confirmation that the changes were around language and nothing to do with operations. Mr. Davis responded that was correct; this was simply to refine the language and make it more accurate to the policy.

On motion duly made by Scott Kizner and seconded by Lisa Cason, the Board of Juvenile Justice approved the amendment of Board Policy 20-002 as proposed at the December 6, 2024, meeting, to take effect immediately. All Board members present declared "aye," and the motion carried.

Mr. Davis presented on 20-504 Termination of Probation. This policy says each individual court service unit should develop a process for early termination of probation supervision when supervision is no longer warranted by the circumstances of the case to protect the community and to meet the juvenile's need. The Department has been working to centralize procedures and policies for the court service units rather than have disparate policies and procedures across each individual court service unit. The Department's recommendation is to update the policy to read that the Department shall develop procedures for early termination of probation supervision when supervision is no longer warranted by the circumstances of the case to protect the community and to meet the juvenile's needs.

Mr. Davis asked for questions. Board Member Johnson said the existing policy is clear: the courts have a say in the determination of the termination of probation supervision. Would the courts still be involved even though the proposal is to centralize this procedure. Mr. Davis replied that that was correct. Mr. Davis offered to tweak the language to make it clearer. Board Member Johnson said he would like it made clear that the courts are still involved in making these decisions.

The other Board members agreed with the change, and Mr. Davis will bring the amended policy recommendation back to the Board at their next meeting.

Board Member White asked if the Department and the court service units will utilize case studies, experiences, or community needs when updating the procedures. Court service units represent different communities with different needs. For example, the Board had heard about a small detention facility in the southwest of Virginia that could not update their security system due to funding.

Deputy Director of Policy Michael Favale responded that the Court Service Unit Procedures Committee consists of members of the court service units, and the court service units are part of the Department. In developing procedures for the court service units, the court service units are the subject matter experts. Members from across the Commonwealth provide input. Board Member White said she was familiar with the structure and thanked Mr. Favale. Board Member White wanted to make sure that the Department would be considerate of the individual circumstances of the communities in the court service units that are impacted.

The Department's Legislative and Regulatory Affairs Manager James Towey indicated that the policy will be amended based on discussions and the motion will be held over until next meeting.

Mr. Davis presented information on 17-003 Due Process in Transfer to More Restrictive Program or Facility. This policy says that due process safeguards shall be provided for residents prior to their transfer to a more restrictive unit or program or facility, and in the case of emergency transfers, those safeguards

will be initiated immediately after transfer. The policy also says that resident treatment needs shall be considered in the decision to transfer the resident. The Department has language in some procedures and in the Regulation Governing Juvenile Correctional Centers that covers a portion of this policy; however, the portion about the resident's treatment needs being considered in the decision is not included in that regulatory language or procedural language. The Department recommended that the Board retain the policy in its current form.

On motion duly made by Tyren Frazier and seconded by Tito Vilchez, the Board of Juvenile Justice approved retaining Board Policy 17-003 as proposed at the December 6, 2024, meeting, to take effect immediately. All Board members present declared "aye," and the motion carried.

DIRECTOR'S COMMENTS

Director Floriano attended the meeting but was not able to give her comments. Deputy Director Favale delivered the Director's gratitude for agency employees' unwavering dedication and audacity in supporting the young people who are under this Department's care. Theirs is not an easy job, but their commitment to making a positive impact is truly inspiring. We leave a lasting and meaningful impression. Deputy Director Favale extended heartfelt thanks for their hard work and compassion and wished everyone a joyous holiday season and a new year filled with continued success and fulfillment.

BOARDS COMMENTS

Chairperson Vilchez announced it was Board Member Frazier's last day as a Board member. Mr. Frazier served in the middle of one term and then served two consecutive terms with three different directors. As a board member and supporter of the Department of Juvenile Justice, Mr. Frazier has generously given his time to make tough decisions and act in the best interests of the Board. The Board would not have been able to accomplish so much without his wise counsel and patient advice. Chairperson Vilchez thanked Mr. Frazier, for making our mission possible and spending ten years with us.

Board Member Frazier said it was one of the toughest, but most rewarding position he has been a part of, and thanked the members and Department staff, and wished them well.

Chairperson Vilchez thanked Director Floriano and the Department for the tremendous effort they put in every day to make sure staff and youth are taken care of, not just in the court service units but also Bon Air. He said, "Many of us do not see all the demands placed on Department staff, but their work is greatly appreciated." Chairperson Vilchez wished the Board members and Department administration happy holidays.

Board Member Kizner wanted to thank the Department for the tour of Bon Air Juvenile Correctional Center at the last meeting. He said it was exceptional. Board Member Kizner was impressed with the classes on electricity and plumbing and hopes to see one of those young people at his house if anything needs fixing. Board Member Kizner saw some positive things and wanted to thank the staff. Office of the Attorney General representative Cassandra Sheehan also thought the tour went well and was a great experience. They were able to see youth learning about forklifts, plumbing, electricity, and were able to engage with the young people.

Other Board members thanked staffed and wished everyone a happy holiday.

NEXT MEETING

January 7 and May 14 (have since been rescheduled)

ADJOURNMENT

Chairperson Vilchez adjourned the meeting at 10:09 a.m.

February 10, 2025

Andrea McMahon
Deputy Director of Placement & Program Implementation
VA Department of Juvenile Justice
600 East Main Street, 20th Floor
Richmond, VA 23219

On December 21, 2022, the City of Chesapeake notified you of our intent to reduce our Juvenile Detention Center's bed capacity from 100 to 25 beds. We later modified that initial notification and requested your approval for 35 beds, based on the needs of our locality.

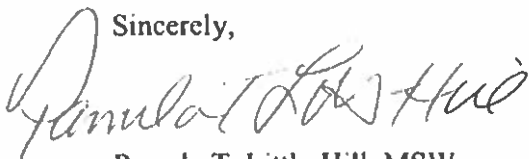
On November 9, 2023, we notified you of our intent to conduct a needs assessment for the purpose of identifying and prioritizing the future needs of the Chesapeake Juvenile Services Detention Center. We are considering a modification or rebuild of our Juvenile Detention Center site located at 420 Albemarle Drive, Chesapeake, VA 23322.

With the growing mental health needs of our juveniles and the impact of crime in our communities, we want to build a facility that incorporates trauma-informed care principles and other best practices, that will meet the health and safety needs of our staff, residents, schools, and community.

On July 1, 2024, the needs assessment was completed, and modifications were recommended to accommodate the future growth of our detention center. Therefore, we request to proceed with the planning study phase of this step-by-step process.

Thank you for your consideration and if you have any questions please contact to Pamela T. Little-Hill at (757) 382-2049.

Sincerely,



Pamela T. Little-Hill, MSW
Director of Human Services

NEEDS ASSESSMENT

FOR THE

CITY OF CHESAPEAKE

JUVENILE DETENTION

CENTER



July 1, 2024

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CHESAPEAKE JUVENILE DETENTION CENTER NEEDS ASSESSMENT

Moseley Architects prepared this needs assessment for the City of Chesapeake, Virginia to assist in evaluation and planning for the current and future space needs of the Chesapeake Juvenile Detention Center (JDC).

EXECUTIVE SUMMARY

Scope of Report

This report represents the first phase of the planning process as prescribed by the Virginia Department of Juvenile Justice (DJJ) to renovation, expand, or replace an existing Secure Detention facility in Virginia. The second phase of any future construction program is the preparation of a Program Design and Planning Study that will define the specific services needed for a functional continuum of juvenile justice services. The Planning Study will provide information associated with the size, physical layout, anticipated construction costs and estimated operating costs of the proposed facility.

This document provides historical perspective of the statistics that are influencing the need for Chesapeake Juvenile Detention Center (JDC) bed space such as crime and arrest summaries, and changes in the general population and law enforcement resources; trends in court service intakes and detention admissions; a profile of detention residents, analysis of historical detention population changes; an assessment of the existing JDC physical plant, and a forecast of future JDC bed space needs. The report concludes with recommendations for decision making and long-term planning.

Background

Secure Detention is a temporary out-of-home placement of juveniles charged with or adjudicated of delinquent acts. For juveniles charged with committing delinquent acts, the purpose of detention is to assure appearances at appropriate court proceedings, to provide for public safety, and/or provide for the safety of the youth. For post-adjudicated youth, detention¹ is the most serious sanction that can be imposed prior to commitment to a State juvenile correctional facility. City officials commissioned this Needs Assessment to quantify the need for appropriate space in the future. The purpose of this Needs Assessment is to document the contextual factors that impact secure detention resources, and to quantify the future capacity that is required by the City of Chesapeake.

State funding for the construction or expansion of a detention facility requires the preparation of a Needs Assessment in accordance with the Regulations for State Reimbursement of Local Juvenile Residential Facilities Construction Cost adopted by the Virginia Board of Juvenile Justice. This document represents the first phase of the planning process as prescribed by the Virginia Department of Juvenile Justice (DJJ). The second phase of any future construction program is the preparation of a Program Design and Planning Study that will define the specific services needed for a functional continuum of juvenile justice services. The Planning Study will provide information associated with the size, physical layout, anticipated construction costs and estimated operating costs of the proposed facility.

¹ In this report, the terms "secure detention" and "detention" are used interchangeably.

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Overview of the Chesapeake Juvenile Detention Center

The Chesapeake Juvenile Detention Center is located at 420 Albemarle Drive in the civic center of the City of Chesapeake, Virginia. It is situated beside the Chesapeake Correctional Center and is conveniently located close to the Chesapeake Juvenile and Domestic Relations Court.

The Chesapeake Juvenile Detention Center (JDC) was originally built in the early 1960's as a secure facility. In 1996, the facility was expanded and taking advantage of newer design trends which replaced "loaded corridor" sleeping rooms with "pod-based" sleeping rooms. The facility is a single-story building designed with linear, indirect, and direct supervision housing units. The over 51,000 square foot facility has a licensed capacity of 100 beds.

The Chesapeake Juvenile Detention Center served as a regional program servicing the cities of Chesapeake, Portsmouth, Franklin, Suffolk, and the Counties of Isle of Wight and Southampton until 2023 when the decision was made for the facility to house residents in the Chesapeake court system only. Additionally, the facility ended its post-D program with services in the same year. Between 2018 and 2023, the facility held between 6 to 26 residents. Over this current year, the facility has housed approximately 10 residents. The facility receives local, state, and federal funding to operate. The detention facility houses residents who are in one of the three statuses: pre-dispositional, post-dispositional, or awaiting transfer to the state.

Report Organization

This document is organized in a manner which conforms to DJJ guidelines and presents information in the sections outlined below.

- | | |
|-----------|--|
| Section 1 | Scope and Methodology. Presents a description of what this study encompasses and how the information was obtained. |
| Section 2 | Background. Presents background on the Juvenile Detention Center and the services provided. |
| Section 3 | Demographic Trends. Presents a description of growth in the City of Chesapeake. |
| Section 4 | Juvenile Justice Trends. Presents the historical perspective of the statistics that influence the need for secure detention bed space, such as crime and arrest summaries, and increases in law enforcement resources. |
| Section 5 | The Juvenile Justice System. Presents summaries and trends in court services intakes and JDC admissions. |
| Section 6 | Existing Building Assessment. Presents an assessment of the existing JDC physical plant. |

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- Section 7 Secure Detention Population Forecast. Presents a description of the statistical methodology used to project future bed space needs and a summary of the results of planning forecasts of JDC bed space needs over a 15-year forecast horizon, and qualitative changes in the demographic factors that will influence the need for additional detention space in the future.
- Section 8 Findings and Conclusions. Presents needs assessment findings and conclusions.

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**SECTION 1
SCOPE AND METHODOLOGY**

This report includes a broad examination of trends and factors affecting programmatic needs at the JDC, including changes over time in the resident population, changes in types of offenses, law enforcement resources, court services, community resources, and state requirements.

Data was obtained from the City of Chesapeake Juvenile Detention Center (JDC), the Virginia Department of Juvenile Justice (DJJ), the Chesapeake Court Services Unit (CSU), and the Virginia State Police.

Future juvenile resident populations were estimated utilizing population data obtained from the City of Chesapeake Juvenile Detention Center (JDC).

City demographic data was taken from the U.S. Census Bureau and the Weldon Cooper Center for Public Service at the University of Virginia.

Moseley representatives conducted semi-structured interviews with stakeholders, including the chief JDR judge, the senior assistant public defender, the director, and key staff of the JDC, and the director of the CSU.

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**SECTION 2
BACKGROUND**

The City of Chesapeake's Human Services Department manages the Juvenile Detention Center (JDC) and is also known as Chesapeake Juvenile Services (CJS). In this needs assessment, the Juvenile Detention Center and Chesapeake Juvenile Services are the same entity.

Chesapeake Juvenile Services is dedicated to providing quality secure and safe short-term and long-term detention services to the juveniles in our facility by order of the courts.²

To accomplish its mission, CJS partners with the Community Services Board (37.2-500 et seq.), and community-based programs pursuant to the Virginia Juvenile Community Crime Control Act (VJCCCA).³ Also, CJS maintains partnerships with the Court Services Unit (CSU) and operates under the direction of the City of Chesapeake's Department of Human Services.

The JDC (Juvenile Detention Center)

The JDC is a "place of confinement" for juveniles alleged to be delinquent or adjudicated delinquent (16.1-249 (A)).⁴ It provides secure detention for youths ordered there by the JDR court both pre-disposition and post-disposition (16.1-247 and 248.1). The JDC also provides juvenile residents with education services, medical services, and mental health services.

The purpose of the Juvenile Detention Center is to provide a secure place where juveniles are held until their next court hearing or until they have received their disposition. In some instances, juveniles may have been sentenced to detention as a disposition.⁵

Situated at 420 Albemarle Drive in the city of Chesapeake, the JDC is a 51,200 square foot facility and located in the City's municipal center. The capacity of the facility is 100 beds. The actual population never approached that total and has not up to this date. The current population as of June 13, 2024, is 10.

² City of Chesapeake website; <https://www.cityofchesapeake.net/341/Juvenile-Services>

³ 16.1-309.2 et seq.

⁴ Other place of confinement not necessarily involving delinquency include approved foster homes, facilities operated by a licensed child welfare agency, or group home approved by DJJ.

⁵ City of Chesapeake website; <https://www.cityofchesapeake.net/352/Juvenile-Detention>

CITY OF CHESAPEAKE JUVENILE DETENTION CENTER NEEDS ASSESSMENT

The JDC operates 24/7 has 44 full-time employees and 7 part-time employees, including counselors, therapists, food service, security specialists, and administrative support. The turnover rate was an issue at one time but currently is not.

Resident Services

The JDC has three major components to its resident services: Education Services, Medical Services, and Mental Health Services.

Education Services

Virginia law requires institutions having children in custody to provide education and training commensurate with that provided to pupils in public schools.⁶ The Chesapeake JDC school is a state program whose local educational agency is Chesapeake City Public Schools (CCPS). Teachers and staff are CCPS employees, but salaries and instructional needs are funded by the Virginia Department of Education State Operating Programs.

The school has a principal, an administrative assistant, and 5 faculty members who teach traditional subjects such as English, math, literacy, and health, and provide for special education needs. In addition, education services staff work with treatment services professionals and staff of the CSU to collaborate in areas of overlapping responsibility. The education program:

- Provides educational services to students below the age of 18 residing in the facility with a minimum of 5½ hours a day of instruction. School generally runs Monday through Friday from 8:30 a.m. to 2:45 p.m. with a 30-minute lunch break.
- Ensures that the educational services provided will allow the student to maintain and/or advance his/her current level of academic functioning and provides a smooth transition back to his/her previous setting.
- Provides a system of ongoing communication, regarding the student's current educational performance, with the student, the parents/guardians, home school and appropriate community agencies.
- Provides a continuum of program alternatives to meet the needs of each student and may include, if appropriate:
 - Instruction and assessment in the Virginia Standards of Learning
 - Basic education skills and remedial instruction
 - Prevocational, vocational, and career education
 - Preparation for high school graduation Preparation for Graduation Equivalency Diploma (GED) examination

⁶ Virginia Department of Education, State Operated Programs, <https://www.doe.virginia.gov/programs-services/student-services/state-operated-programs>.

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- Special Education Services as directed by Individualized Education Plans (IEPs) and 504 Plans
- English Language Learner Services
- Complies with the following federal and state regulations:
 - Code of Virginia
 - Regulation Governing Special Education Programs for Children with Disabilities in Virginia, March 27, 2002
 - Individuals with Disabilities Education Improvement Act 2004, Place 108-446
 - Section 504 of the Rehabilitation Act of 1973

Medical Services/Nursing Clinic

All residents are assessed upon admission regarding health issues, medications, and allergies to food or drugs. Juveniles residing at the JDC for seven days or more receive a medical examination, including a health history, vital signs, and systems assessment. Throughout their stay, medical assistance is always available. The facility has 4 full-time nurses provided through a private vendor.

Transportation for essential medical appointments and services outside of the JDC are handled by the facility staff however, with prior approval from the JDR District Court, parents or legal guardians may arrange for their own transportation (furlough).

The space assigned to provide medical services is quite small and lacks privacy. The nurses share a workstation and have difficulty interacting with residents without being overheard.

Mental Health Services

A variety of direct services are provided to JDC residents by two mental health professional positions, including a Licensed Clinician Social Worker (LCSW) and a Qualified Mental Health Professional (QMHP) (part-time). The first position is funded locally by the JDC. The QMHP position is funded by Chesapeake Integrated Behavioral Healthcare (CIBH) and is embedded in the JDC. The work of these incumbents is supervised by a CIBH clinical psychologist with an office off site. According to leadership of both the JDC, the staffing arrangement works very well, and the resources and space assigned are satisfactory.

While resources for mental health services are provided, leadership at the JDC said that most residents utilize private providers paid for by family members and via telehealth methods.

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Treatment Programs

Post-Disposition Program

JDR district judges have the option to place a juvenile at least 14 years old in the local JDC rather than commit him/her to the custody of DJJ⁷ if such placement serves the interests of the juvenile and the community. Such juveniles may not have been adjudicated delinquent of a violent juvenile felony or have been released from DJJ custody with the previous 18 months (16.1-284.1 (A)). The JDC operates a post-dispositional program to accommodate such court placements and also accepts referrals from CSU probation officers.

Local placement in at the JDC for a period of six months allows residents to remain close to family and other community support during the period of confinement and facilitates reentry planning when the six-month period ends. The program is highly structured and uses evidence-based practices that address criminogenic needs and risk factors identified by the YASI risk assessment. Participants benefit from programs in education, vocational preparation, life and social skills, thinking skills, employability skills, and anger management.

Whenever the JDR district court orders post-dispositional detention for more than 30 days (16.1-284.1(B)), the JDC and CSU develop a plan for the juvenile to take part on more community treatment programs appropriate for that juvenile's rehabilitation, which may be provided in the JDC or while the juvenile is given temporary release status, as determined by the risk to public safety and other relevant factors (6VAC35-150-310).

For more serious offenses, i.e., those that would have been a felony or Class 1 misdemeanor if committed by an adult, or caused the death of any person, a JDR judge may still order detention at the JDC for a period not to exceed 12 months from the date the order is entered (16.1-284.1(A)). Further, a JDR judge may commit a juvenile to DJJ but suspend commitment and place the juvenile in the JDC or other facility-based treatment programs as many be appropriate for the purposes of rehabilitation (16.1-284.1(B)).

Alternative Programs

As an alternative to detention at the JDC, the Home Incarceration Program is available for certain juveniles charged with delinquency. For example, a JDR judge may decide to release the child pursuant to §16.1-250 (E) to the custody of parents or legal guardians with a condition of house arrest. The child is then required to remain at home unless given permission to leave, e.g. to attend school or go to work.

When a child is under house arrest, parents or guardians are required to supervise the child and ensure he/she appears in court when required and complies with other conditions of release.

The JDR judge may impose electronic monitoring as a condition of release, meaning that a GPS ankle monitor must be always worn by the juvenile to track his or her location. The child's parents or guardians must still supervise the child. GOS monitoring is provided by Tidewater Youth Services for the Chesapeake jurisdiction.

⁷ DJJ custody in this sense means placement at the Bon Air Juvenile Correctional Center.

CITY OF CHESAPEAKE JUVENILE DETENTION CENTER NEEDS ASSESSMENT

The Home Incarceration Program is also available to juveniles identified by the CSU probation officer as suitable for diversion under house arrest. Juveniles are released by the CSU section based upon the scoring used:

- 1-9 points - the juvenile is released to the parent or guardian with rules
- 10-14 points - the juvenile is released to the parent or guardian with rules and house arrest
- 15+ points - the juvenile is placed in secure detention

Failure to comply with conditions of release may result in additional or different conditions of release or a revocation of release and return of the child to custody (§16.1-250 (F)).

Community Service

The JDR district court or the CSU may place juveniles into community service. This program allows youth to complete service hours in neighborhoods and the community under the supervision of volunteers.

Virginia Department of Juvenile Justice Services (DJJ)

DJJ oversees court and community-based services to juveniles in 30 of the 33 judicial districts in Virginia, including those in the city of Chesapeake. DJJ's Community Programs Division (CPD) works with both the JDC and its close partner, the CSU, to provide technical assistance and implementation support in connection with the Juvenile Detention Alternatives Initiative (JDAI) and the Virginia Community Crime Control Act (VJCCCA). These programs will be discussed in Section 4.

DJJ's Certification Unit monitors compliance of the JDC and the CSU with standards promulgated by the Virginia Board of Juvenile Justice for safe and effective operation. Its agents may conduct monitoring visits and formal audits (16.1-309.10). The last monitoring visit to the facility was conducted in July of 2023. Currently, the Chesapeake JDC is certified as compliant with all regulations; its certification expires in November 2024.⁸

State funding for the construction, renovation or expansion of a detention facility requires the preparation of a Needs Assessment in accordance with the Regulation for State Reimbursement of Local Juvenile Residential Facilities Construction Costs adopted by the Board of Juvenile Justice (6VAC35-30-10 et seq.).

⁸ Source: Regulated Residential Programs and Court Services Units

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**SECTION 3
DEMOGRAPHIC TRENDS**

There are many factors that play roles in increasing or decreasing the number of youth who are admitted to detention facilities, and the relationships between the factors are often complex and difficult to understand. Among these factors are the number of young people in the community who are eligible for admission to secure detention. Increases or decreases in the population 10-17 years of age may lead to changes in the volume of intake to court service units and admissions to detention. While not necessarily a factor that "determines" detention bed needs, demographic growth can place enormous pressure on local systems due to the sheer volume of growth in City population.

Significant Finding: The City of Chesapeake has been steadily growing. The City of Chesapeake's population has grown 1.8% in the past three years and growth is predicted to continue into the future.

A summary overview of the demographic composition of the City of Chesapeake is displayed the following table:

City of Chesapeake Demographic Profile							
Jurisdiction	2020 Population	2023 Population	2020-2023 Population Change	Children under 18 as % of population	Employment Rate	% Pop Below the Poverty Level	Median Household Income
Chesapeake City	249,369	253,886	1.8%	24.1%	63.0%	7.6%	\$92,703
Virginia	8,631,373	8,715,698	1.0%	21.5%	63.8%	10.6%	\$87,249

The table below reflects population changes in the City of Chesapeake and the Commonwealth of Virginia from the time of the 2000 census through the most recent estimates available (July 2023), and finally to the projected population in the years 2030, 2040 and 2050.

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City of Chesapeake Comparison of Population Changes 2000 to 2050							
Jurisdiction	2000 Census	2010 Census	2020 Census	July 2023 Est.	2030 Projection	2040 Projection	2050 Projection
Chesapeake City	200,224	222,209	249,369	253,886	272,670	293,397	318,516
Virginia	7,078,515	8,001,024	8,631,393	8,715,698	9,129,002	9,759,371	10,535,810

*Source: Weldon Cooper Center for Public Service, Pub. May 1, 2024⁹

From the 2000 census to the July 2023 estimate, the population of the City of Chesapeake increased from 200,224 to 253,886, a gain of 26.8%, 3.5% more than the 23.3% gain for the Commonwealth of Virginia as a whole.

Jurisdiction	2000 Census	July 2023 Est.	Percentage Change
City of Chesapeake	200,224	253,886	26.8%
Commonwealth of Virginia	7,078,515	8,715,698	23.3%

By 2030, the City of Chesapeake is projected to be the seventh largest locality in the Commonwealth of Virginia with a population of 272,670.

⁹ Source: University of Virginia Weldon Cooper Center for Public Service. (2024). Virginia Population Estimates. Retrieved from <https://coopercenter.org/virginia-population-estimates>

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2030 Projections for 10 Largest Jurisdictions In Commonwealth of Virginia		
Rank	Jurisdiction	Population Size
1	Fairfax County	1,201,420
2	Prince William County	554,344
3	Loudoun County	522,015
4	Virginia Beach City	474,052
5	Chesterfield County	406,942
6	Henrico County	356,656
7	Chesapeake City	272,670
8	Arlington County	265,794
9	Richmond City	245,437
10	Norfolk City	229,864

Source: Weldon Cooper Center for Public Policy

From the July 2023 estimate to the 2050 projection, the population is projected to increase by nearly 26.1% in the City of Chesapeake. During the same period, the population of the Commonwealth of Virginia is projected to increase by nearly 21%.

Comparison of Current Population with 2050 Projected Population			
Jurisdiction	July 2023 Estimate	2050 Projection	% Change
City of Chesapeake	252,478	318,516	26.1%
Commonwealth of Virginia	8,729,032	10,535,810	20.7%

Source: Weldon Cooper Center for Public Service, Pub. January 29, 2024.

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The following table depicts the percentage of children under 5 and children under 18:

Jurisdiction	Population	Percentage Under 5	Percentage Under 18
City of Chesapeake	18,294	6.1%	24.1%
Commonwealth of Virginia	8,679,099	5.6%	21.5%
United States	334,914,895	5.6%	21.7%

The following table depicts race, income levels, and poverty rates:

Jurisdiction	White Alone (%)	Black Alone or African American (%)	Other (%)	Medium Household Income 2018-2022 (\$)	Per Capita Income (\$)	Persons In Poverty (%)
City of Chesapeake	57.3%	29.3%	13.4%	\$92,703	\$42,753	7.6%
Commonwealth of Virginia	68.5%	20.0%	11.5%	\$87,249	\$47,210	10.6%
United States	75.5%	13.6%	10.9%	\$75,149	\$41,261	11.5%

Sources: U.S. Census QuickFacts

The following table depicts household data and education levels:

Households and Education Levels				
Jurisdiction	Households 2018-2022	Persons Per Household 2018-2022	High School Education or Higher 2018-2022 (Age 25+)(%)	Bachelor's Degree or Higher 2018-2022 (Age 25+)(%)
City of Chesapeake	91,368	2.68	93.3%	35.8%
Commonwealth of Virginia	3,289,776	2.55	91.1%	41.0%
United States	125,736,353	2.57	89.1%	34.3%

Source: U.S. Census QuickFacts, July 3, 2023.

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The following table depicts the ten (10) largest employers within the City of Chesapeake:

Rank	City of Chesapeake
1	Chesapeake Public Schools
2	City of Chesapeake
3	Chesapeake General Hospital
4	Sentara Healthcare
5	Wal Mart
6	Amazon Fulfillment Services Inc.
7	Dollar Tree Management
8	Food Lion
9	United Services Automobile Association
10	Cox Communications

Source: Virginia Employment Commission

Unemployment rates in the City of Chesapeake have been well below the national average from 2013 through 2023. The City of Chesapeake's unemployment rate has historically similar to that in the Commonwealth of Virginia.

The following charts depict the unemployment rates for the City of Chesapeake:



Source: Virginia Employment Commission

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	Chesapeake city	Virginia	United States
2013	5.8%	5.6%	7.4%
2014	5.2%	5.1%	6.2%
2015	4.5%	4.4%	5.3%
2016	4.2%	4.0%	4.9%
2017	3.7%	3.7%	4.4%
2018	3.0%	3.0%	3.0%
2019	2.8%	2.8%	2.7%
2020	6.3%	6.4%	8.1%
2021	3.8%	3.9%	5.3%
2022	2.8%	2.8%	3.6%
2023	2.4%	2.0%	3.5%

Source: Virginia Employment Commission

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SECTION 4
JUVENILE JUSTICE TRENDS

Crime patterns, arrest trends and available law enforcement resources affect both adult jail and juvenile detention capacity needs. The population of the City of Chesapeake is projected to continue to increase as it has been. Crime rates are beginning to rise after the decrease in crime that was common in the early years of the Covid pandemic (2020-2021). This combination may lead to the hiring of more law enforcement officers, which in turn may lead to additional arrests, and the possible increase in the number of persons held in detention in both jails and juvenile detention homes. There is not a direct correlation as there are always other factors at play, such as changes in laws, city law enforcement priorities, etc., but these trends are important to inform the discussion.

For this study, annual crime, arrest, and law enforcement statistics for the City of Chesapeake were collected and analyzed for the years 2018 to 2022 (the most recent at the time of this needs assessment). A summary of this analysis is presented in this section of the Needs Assessment. Trends in reported crime and juvenile arrest trends are indicators (although not predictors) of increasing or decreasing demands on local justice resources.

Significant Finding: While the general population in the City of Chesapeake is estimated to have increased by approximately 3% between 2019 – 2023, the overall crime incident rate per 100,000 persons declined by 9.8% from 7,529 in 2018 to 6,789 in 2022.

The data in this section was obtained from the *Crime in Virginia* report published annually by the Virginia State Police based on information submitted by City, County and University Police Departments and Sheriff's Departments. This section is organized as follows:

Section A - presents an overview of crime trends and for a five-year period and the growth in law enforcement personnel.

Section B - presents trends in juvenile arrests over a five-year period for both Group A (more serious) and Group B (less serious) offenses.

Findings

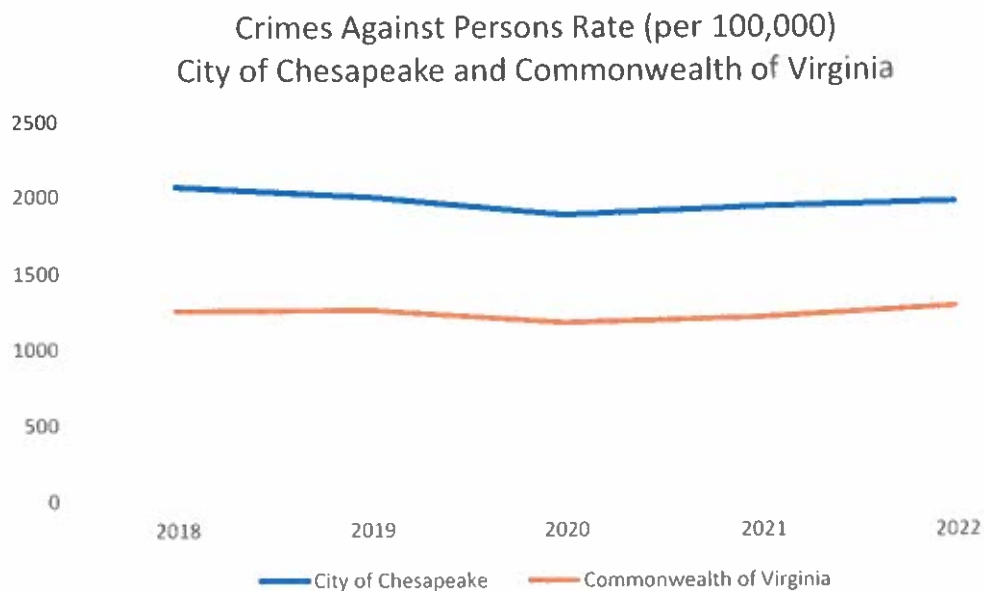
Section A – Reported Crime, Crime Rates & Law Enforcement Personnel

The State Police reports both "Crime Incidents" and "Crime Offenses." Multiple offenses can be associated with a single incident. When the number of incidents is expressed as a "rate/100,000 population", it is referred to as the incident rate, or crime rate. By using the crime rate, we can

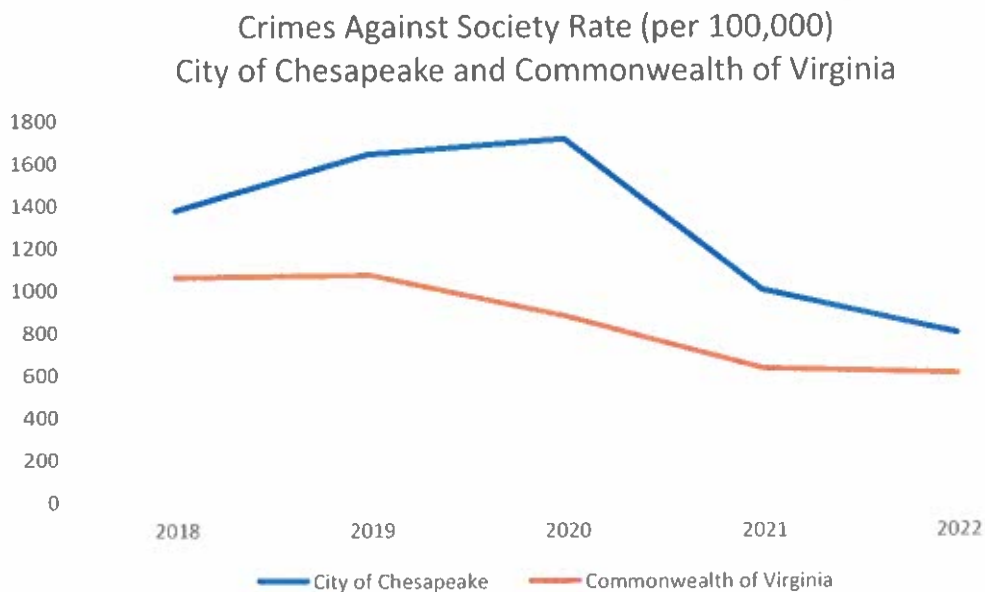
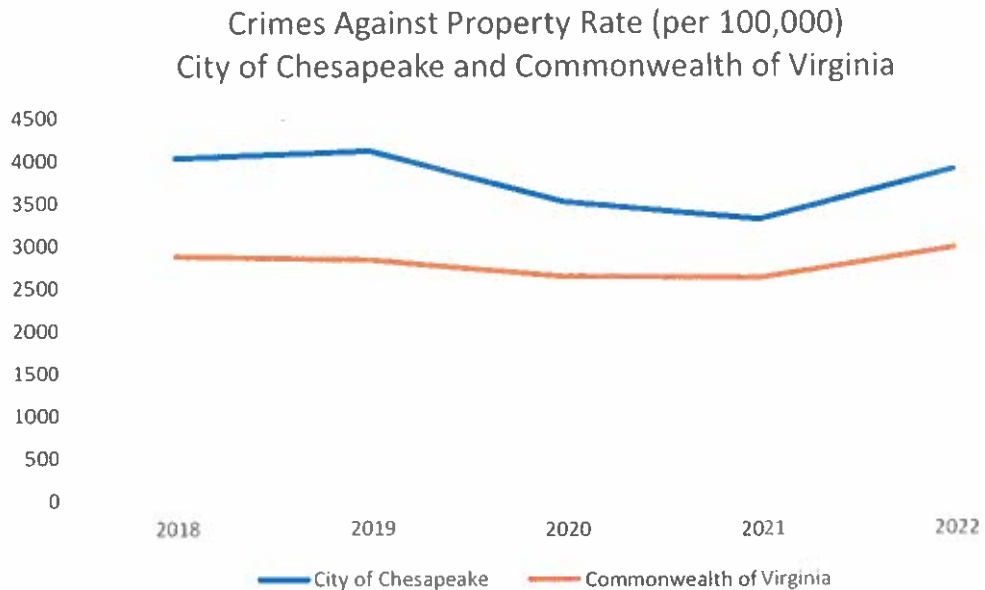
CITY OF CHESAPEAKE JUVENILE DETENTION CENTER NEEDS ASSESSMENT

compare with prior years and with other jurisdictions, by adjusting for differences in the population.

Significant Finding: Crime rates in Virginia declined from 2018 to 2020, but then began to increase, with 2022 showing slight increases statewide for the rates of crimes against persons and crimes against property in 2022 over 2018. The rate of crimes against society has declined and was 43.4% lower in 2022 than in 2018 statewide. The statewide trends are observed in the City of Chesapeake in all three categories, although in the City of Chesapeake 2022 crime rates, though trending upwards, remain below the rates of 2018.

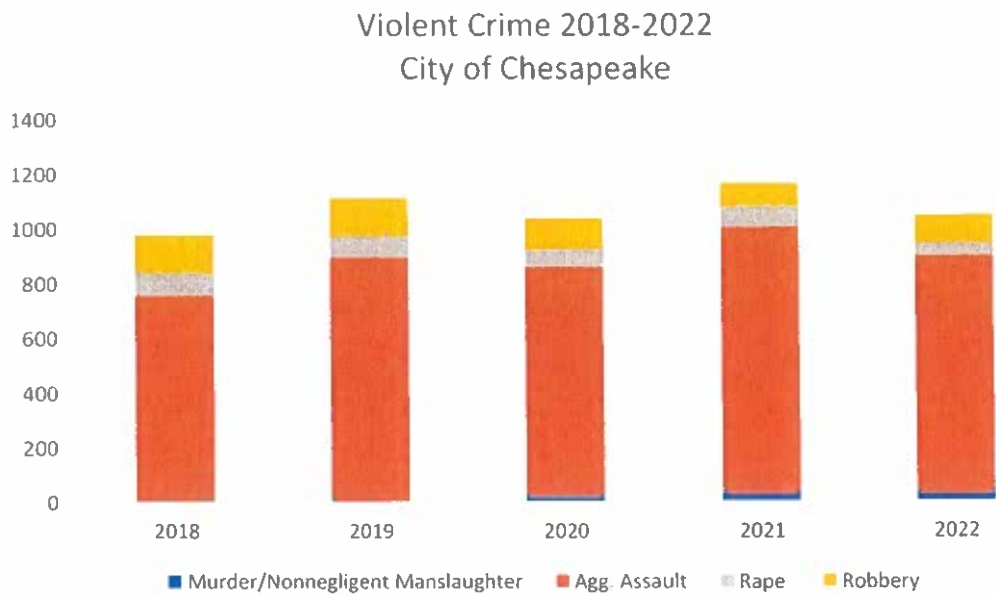


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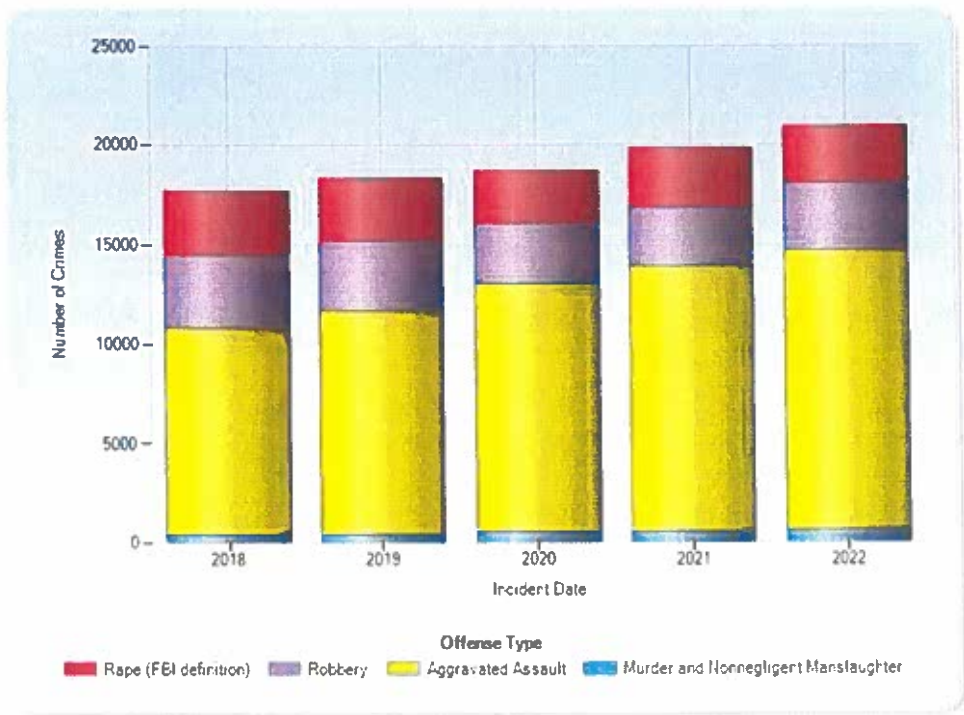


Significant Finding: Violent Crime (Murder, Aggravated Assault, Robbery, Rape) have increased 18.2% statewide, but have only increased 7.0% in the City of Chesapeake. This increase is almost entirely due to the increase in aggravated assaults and murder/nonnegligent manslaughter.

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Below is the chart for the Commonwealth of Virginia – statewide:



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Reported Crime

City of Chesapeake

- While the general population in the City of Chesapeake is estimated to have increased by 3% between 2019 – 2023, the overall crime incident rate per 100,000 persons declined by 9.8% from 7,529 in 2018 to 6,789 in 2022.
- The number of crimes in the City of Chesapeake decreased by 6.8% between 2018 – 2022, from 18,361 to 17,107.
- Crimes Against Persons decreased 1.8%, with the largest increase among categories with large numbers of offenses being aggravated assault, which increased 16.5% from 749 to 873 crimes.
- Total Property Crimes increased 1.55%, but the changes in the number of individual crimes swung widely. Burglary dropped 27.4%, yet identity theft increased more than 1271%. Theft from a motor vehicle was down 36.5%, but theft of motor vehicle parts was up 207.7%, and theft of a motor vehicle was up 63.6%.
- Total Crimes Against Society was down 38.7%, with drugs offenses accounting for over half of these crimes in any given year. The reduction in drug offenses was 58% in the five years reviewed. The next largest category is weapons law violations, which saw an increase of 207% from 2018-2022.

City of Chesapeake 2018-2022 Crime Reported to Law Enforcement - Crimes Against Persons						
	2018	2019	2020	2021	2022	Percent Change
Murder and Nonnegligent Manslaughter	7	7	16	28	25	357.14%
Negligent Manslaughter	1	2	2	1	0	-100.00%
Justifiable Homicide	0	0	0	0	0	0.00%
Kidnapping/Abduction	99	94	70	72	75	-24.24%
Forcible Rape	82	78	65	78	45	-54.88%
Forcible Sodomy	30	38	22	27	25	-24.24%
Sexual Assault with An Object	3	12	11	22	11	366.66%
Forcible Fondling	102	101	95	105	107	4.90%
Incest	0	2	1	3	1	100.00%
Statutory Rape	4	8	5	7	4	0.00%
Aggravated Assault	749	888	843	975	873	16.66%
Simple Assault	3,046	2,929	2,777	2,838	3,007	-1.28%
Intimidation	929	762	768	711	787	-15.28%

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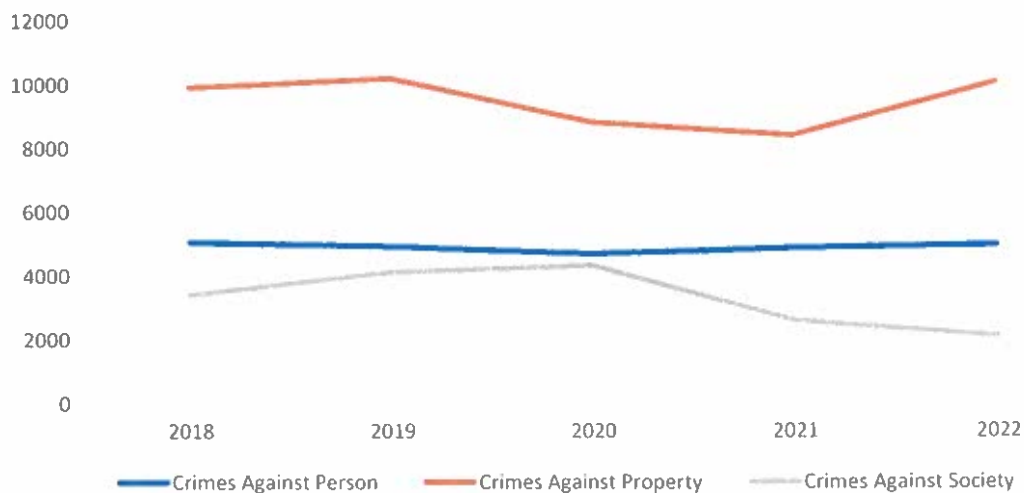
Human Trafficking, Commercial Sex Acts	0	1	0	0	1	100.00%
Human Trafficking, Involuntary Servitude	0	0	0	0	0	0.00%
Total Crimes Against Persons	5,052	4,922	4,675	4,867	4,961	-1.8%

City of Chesapeake Crimes Reported to Law Enforcement - Crimes Against Property						
	2018	2019	2020	2021	2022	Percent Change
Arson	11	14	19	9	16	45.45%
Bribery	0	3	0	0	2	200.00%
Burglary/Breaking & Entering	576	525	386	340	418	-27.43%
Counterfeiting/Forgery	327	352	229	188	248	-24.15%
Destruction/Damage/Vandalism of Property	1,910	1,693	1,732	1,675	1,832	-4.08%
Embezzlement	121	109	77	75	68	-43.80%
Extortion/Blackmail	16	24	45	40	71	443.75%
False Pretenses/Swindle/Confidence Game	682	695	638	498	711	4.25%
Credit Card/Automatic Teller Fraud	450	466	329	287	351	-22.00%
Impersonation	423	241	89	52	125	-70.45%
Welfare Fraud	1	0	1	0	3	300.00%
Wire Fraud	334	367	451	427	438	31.13%
Identity Theft	39	283	426	447	496	1,271.00%
Hacking/Computer Invasion	0	24	42	67	61	6,200.00%
Robbery	141	140	114	84	105	-25.53%
Pocket-picking	12	12	7	12	6	-50.00%
Purse-snatching	3	2	3	5	7	233.33%
Shoplifting	1,190	1,283	960	807	1,188	0.16%
Theft From Building	821	785	615	583	686	-16.44%
Theft From Coin Operated Machine or Device	1	4	16	7	12	1,200.00%
Theft From Motor Vehicle	1,394	1,467	1,071	964	885	-36.51%
Theft of Motor Vehicle Parts/Accessories	475	589	620	799	987	207.79%
All Other Larceny	557	623	510	507	631	13.28%
Motor Vehicle Theft	336	405	349	405	550	63.69%
Stolen Property Offenses	87	100	89	108	164	88.50%
Total Crimes Against Property	9,907	10,206	8,818	8,386	10,061	1.55%

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City of Chesapeake Crimes Reported to Law Enforcement - Crimes Against Society						
	2018	2019	2020	2021	2022	Percent Change
Drug/Narcotic Violations	2,038	2,434	2,374	1,246	855	-58.05%
Drug Equipment Violations	1,034	1,199	1,293	674	574	-44.49%
Betting/Wagering	0	7	1	1	2	200.00%
Operating/Promoting/Assisting Gambling	0	0	0	1	0	0.00%
Gambling Equipment Violations	0	1	0	1	0	0.00%
Sports Tampering	0	0	0	0	0	0.00%
Pornography/Obscene Material	67	71	55	51	77	14.93%
Prostitution	5	3	6	6	1	-80.00%
Assisting or Promoting Prostitution	1	2	1	2	0	-100.00%
Purchasing Prostitution	0	0	3	2	2	200.00%
Weapon Law Violations	257	351	472	529	532	207.00%
Animal Cruelty	0	37	113	60	42	4,200.00%
Total Crimes Against Society	3,402	4,105	4,318	2,573	2,085	-38.71%

City of Chesapeake Offenses
2018 through 2022



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Law Enforcement - Personnel Resources

- The number of sworn Law Enforcement Officers grew by 5.6% in the City of Chesapeake Police Department between 2018 and 2022.
- There were an additional 22 police officers in 2022 compared to 2018.

City of Chesapeake Changes in Law Enforcement Sworn Officers 2018-2022					
	2018	2019	2020	2021	2022
Chesapeake Police Department	373	388	371	378	394

Section B – Juvenile Arrest Data

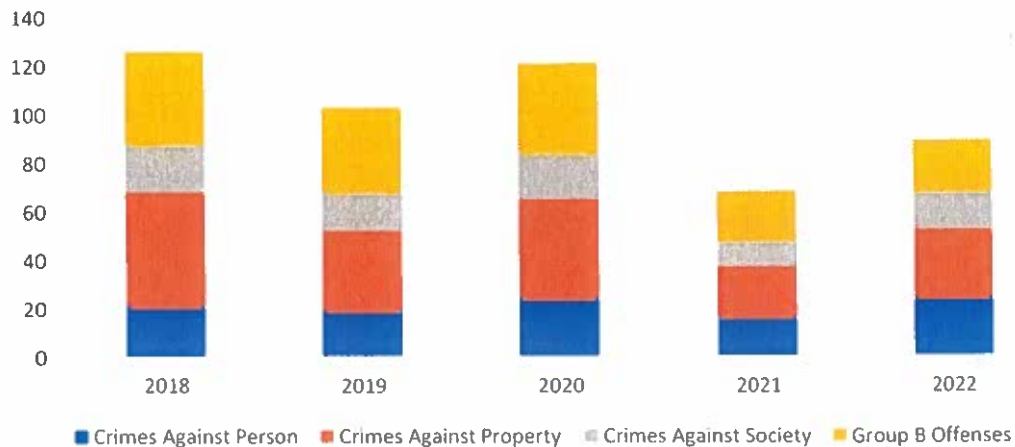
Arrest data for calendar years 2018 through 2022 for the City of Chesapeake was obtained from the *Crime in Virginia* reports issued by the VA State Police. The individual arrests are reported and summarized by Group A and Group B categories in the tables and exhibits that follow.

Significant Finding: Juvenile arrests in the City of Chesapeake have declined by 29.37% from 2018-2022. These reductions are seen in most categories, as arrests for crimes against property declined 39.6%, arrests for crimes against society declined 21.1%, and arrests for Group B offenses declined 43.6%.

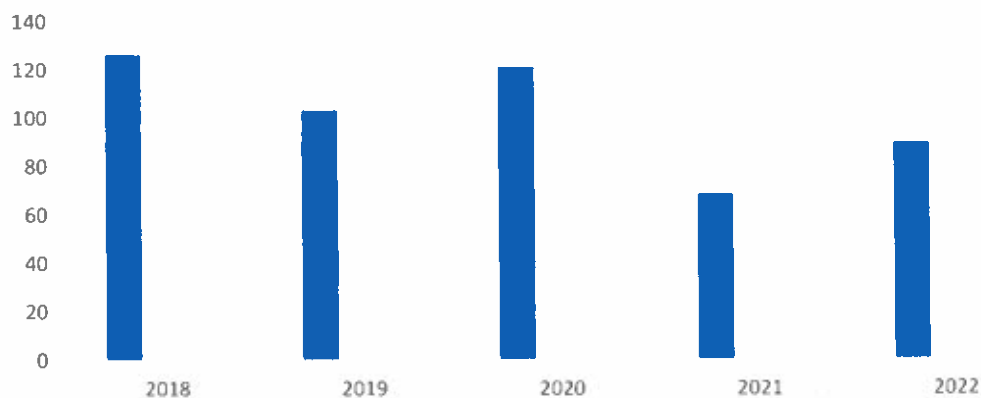
- Between 2018 - 2022, the number of juvenile arrests in the City of Chesapeake decreased by 29.37%, from 126 in 2018 to 89 in 2022.

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Juvenile Arrests by Type
City of Chesapeake
2018 through 2022

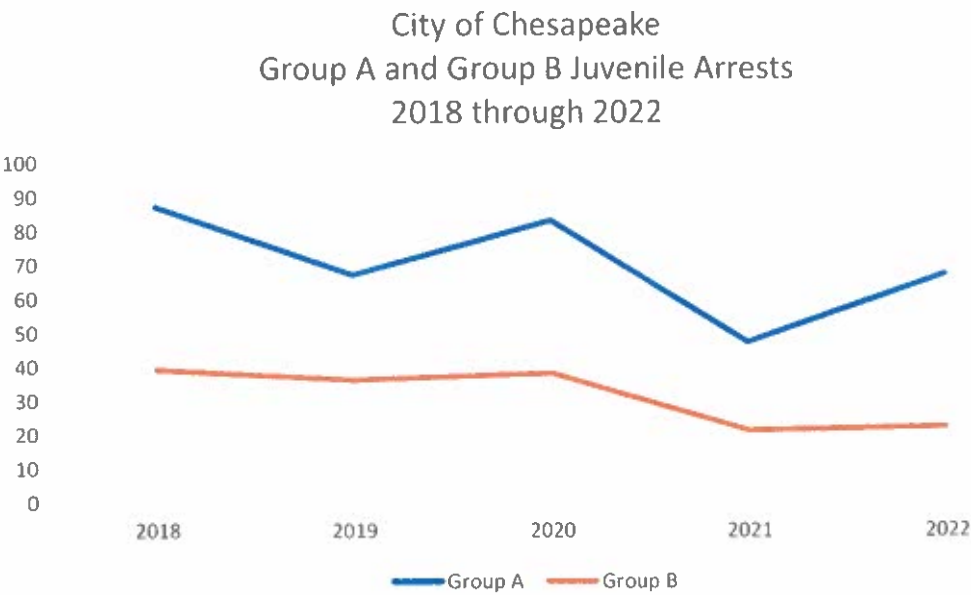


Total Juvenile Arrests
City of Chesapeake
2018-2022



- Over the last five years the most frequently occurring juvenile arrest offense categories in the City of Chesapeake have been: (1) Group B Offenses (20% of total offenses); (2) Drug/Narcotic offenses (8.5%); (3) Simple Assault (7.7% of the total).
- As a percentage of total annual arrests, arrests for Group A offenses – more serious crime -- decreased between 2018 – 2022 in the City of Chesapeake. In 2018, 69% of total juvenile arrests were for Group A offenses; in 2022 that number was 75%.

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**SECTION 5
THE JUVENILE JUSTICE SYSTEM**

Stakeholders at all levels of the Chesapeake juvenile justice system conveyed a shared understanding that detention at the JDC must be limited to the most serious cases and that diversion, pre-disposition release, program-based alternatives to detention, and probation should be used whenever possible.

Juvenile and Domestic Relations (JDR) District Court

At the center of the juvenile justice system is the JDR district courts. Four judges¹⁰ serve the court.

Chesapeake Juvenile and Domestic Relations District Court
1st Judicial District of Virginia
301 Albemarle Drive
Second Floor
Chesapeake, VA 23322-5501

The confined residents of the JDC are placed there both pre-disposition, post-disposition, or awaiting transfer to the state by any of the four JDR judges. Prior to 2024, residents could have been placed there by DJJ to serve their detention period near home rather than at the Bon Air Juvenile Correctional Center.¹¹ This program is no longer available at the JDC.

The JDR district court is governed under Chapter 11 of Title 16.1 of the Virginia Code, which provides for matters such as juvenile detention, intake, diversion, court petitions, adjudication, disposition, probation, and parole (16.1-16.1-226 et seq.)

The JDR district court is a court of limited jurisdiction.¹² Its judges hear matters involving juveniles who have been accused of committing offenses that would be considered criminal if committed by an adult. When committed by juveniles, offenses are called delinquent acts.

The JDR judges also hear status offenses, which are acts that are unlawful only because they are committed by a minor, such as habitual truancy, violation of curfew, and possession or use of tobacco or alcohol. In addition, the JDR court handles matters involving the family, such as child custody, support, and visitation. Finally, the court hears domestic violence and family abuse cases,

¹⁰ Hon. Lori Beth Galbraith, Chief Judge; Hon. David Losia Jones; Hon. David J. Whitted; and Hon. Larry D. Willis, Jr.

¹¹ The Bon Air Juvenile Correctional Center, 1900 Chatsworth Ave., Bon Air, VA is a secure state facility located in Chesterfield County; capacity is 272 beds.

¹² The circuit court is the only trial court of general jurisdiction in Virginia, and the only court with authority to try a full range of both civil and criminal cases (Source: Virginia Courts; <https://www.vacourts.gov/courts/circuit/circuitinfo.pdf>)

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cases where adults have been accused of child abuse or neglect, and criminal cases where the defendant and alleged victim are family or household members.¹³

The Chief JDR judge reported great satisfaction with the work of JDC staff and noted that staff try their best to accommodate their requests for follow-up. She reported that when issues come up, she can contact the Director of Human Services who oversees Chesapeake Juvenile Services and quickly resolves any issues or concerns she or other judges may have. The Chief JDR judge believes there is good communication and cooperation among all the juvenile justice system stakeholders and pointed to the strong relationships created by ongoing stakeholder meetings and other interactions.

Regarding improvements desired, the Chief JDR Judge said their biggest challenge was the need for shelter care of juveniles in the city. She stated that there is a lack of facilities for placement and she would like to see this addressed in the future.

Pre-Disposition

Intake

Juvenile cases begin when a child¹⁴ is taken into custody or issued a summons by a law-enforcement officer observing a violation or by a citizen complaint following an offense.¹⁵ The law-enforcement officer may bring a child in custody to the CSU located at the JDR courthouse for a personal appearance or the officer may use two-way electronic video and audio communication (16.1-260(B)).

In general, the CSU facilitates the investigation, supervision, and treatment of juveniles coming before the court.¹⁶ Virginia Code (§16.1-233) provides for Department of Juvenile Justice (DJJ) to develop and operate CSUs in every judicial district to provide intake, investigations, probation, parole, case management, and other court services for JDR district courts. CSUs may be locally operated (city/county) or state operated (DJJ).¹⁷

The Chesapeake CSU is state-operated (DJJ) and provides services to the City of Chesapeake. The unit has a total staff of 27 and is located at the JDR courthouse in Chesapeake. One supervisor and five staff members are assigned to criminal intake, which is open Monday through Friday 8:00 a.m. to 5:00 p.m. with an intake officer also on call for police contacts outside business hours.

All complaints against juveniles are reviewed as soon as possible by a CSU intake officer, who determines whether the facts of the complaint merit a referral to a JDR judge and whether the child should be released or detained pending a court appearance.

The total number of juvenile complaints decreased by 30% from 2020 to 2022, and that decrease included a 53% decrease in those charged with a felony.

¹³ Source: Virginia Courts; <https://www.vacourts.gov/courts/jdr/home.html>

¹⁴ Defined as a person who is charged with a delinquent act prior to his or her 18th birthday (16.1-228).

¹⁵ Chapter 3, Juvenile Delinquency Procedures, Juvenile and Domestic Relations District Court Manual, P.3.1.

¹⁶ The Virginia Judicial System, The Juvenile and Domestic Relations District Court, p.3.

¹⁷ As noted earlier, DJJ operates CSUs in 30 of the 32 judicial districts in the Commonwealth.

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	FY20	FY21	FY22
CSU 1			
Felony	375	230	175
Class 1 Misdemeanor	406	251	317
Class 2-4 Misdemeanor	42	29	23
CHINS/CHINSup/Status	153	111	159
Other:			
Technical Violations	35	20	31
Traffic	4	11	4
TDO	0	1	0
Other	13	11	3
<i>Total Juvenile Complaints</i>	<i>1,028</i>	<i>664</i>	<i>712</i>

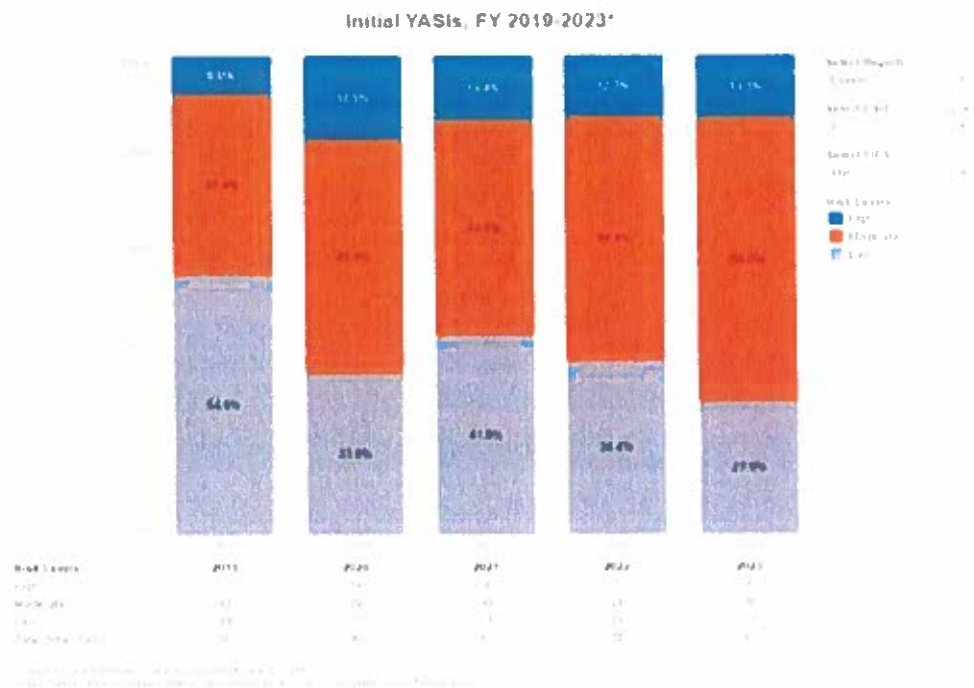
The intake officer uses the Youth Assessment and Screening Instrument (YASI™) to measure risk, needs, and protective factors in juvenile justice-involved youth.¹⁸ Such assessments help practitioners collect and use information about a juvenile to respond to risks and develop plans to minimize those risks, such as treatment or services.¹⁹

The chart below shows the risk level of the youth in Chesapeake as defined by the YASI.

¹⁸ YASI is a product of Orbis Partners, Inc. and is widely used in juvenile justice settings.

¹⁹ Office of Juvenile Justice and Delinquency Prevention (OJJDP), www.ojjdp.gov.

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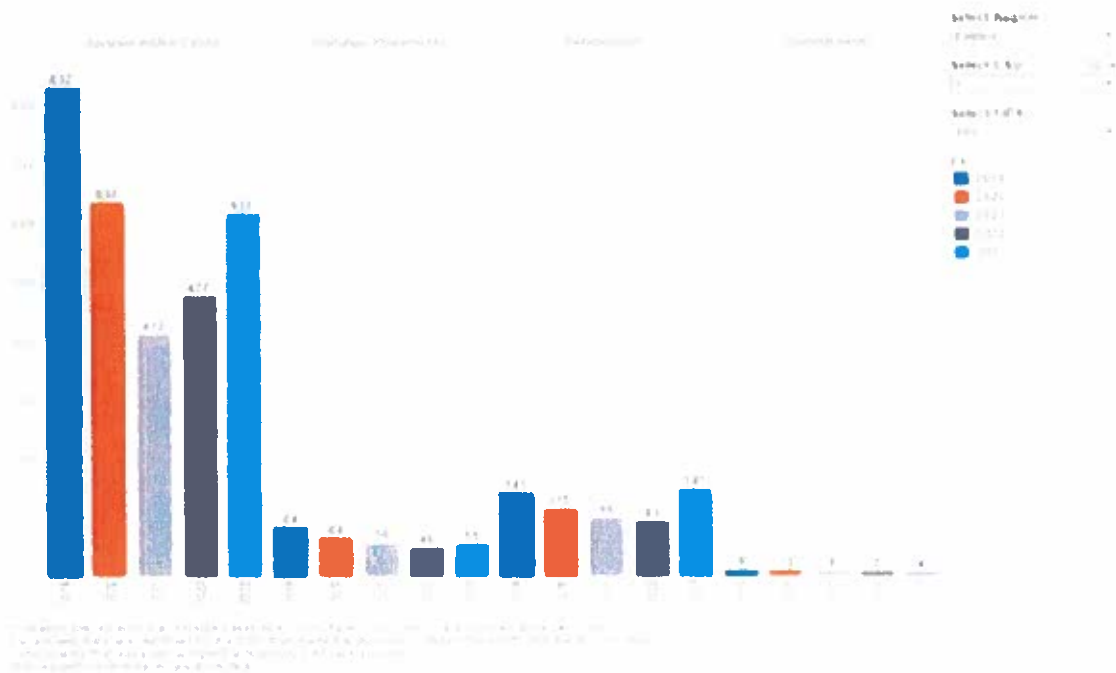
The presumption under the law is that a child is to be released immediately to the care, custody and control of a parent guardian, custodian or other suitable person on bail, recognizance, or other conditions pursuant to 19.2-119 et seq. However, the officer may place the child in detention under certain circumstances as described below.

The CSU Director stated that his staff has a "common goal to keep kids out of the system whenever possible."

The chart below shows the trends for CSU 1 (Chesapeake). Over the past five years, there has been a 25% reduction of juvenile intakes. However, the trends has shown an increase over the past two years.

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Juvenile Intake Cases, Probation Placements, Detainments, and Commitments, FY 2019-2023*



Diversion

Many juveniles are diverted from the system at the point of intake with no judicial involvement. The intake officer, with the oversight of a supervisor, has the authority to proceed informally and not involve the court if the child (a) is not alleged to have committed a violent juvenile felony or (b) has be a felony if committed by an adult (§16.1-260(B)).

In 2022, Chesapeake CSU had a successful diversion rate of 80.0%, compared to a rate of 78.6% statewide.

Diversion-Eligible Juvenile Intake Complaints, FY 2022*

CSU	Diversion-Eligible Complaints			Diversion Plan	Resolved	Diversion Plan or Resolved	Successful Diversions
	Count of Complaints	% of Total Complaints	Count of Diversion Plans	% of Diversion-Eligible Complaints			% of Diversion Plans
STATEWIDE	24,368	74.3%	5,940	24.4%	12.3%	36.6%	78.6%
1	633	88.9%	105	16.6%	22.1%	38.7%	80.0%

To promote and support diversion, DJJ maintains a centrally operated Community Diversion Unit (CDU) that provides technical assistance to the CSU in support of the provisions of the Juvenile Detention Alternatives Initiative (JDAI).

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The intent of the JDAI is to help ensure that only those children presenting the greatest risk to community safety are held in secure detention. The initiative is financially supported by the Annie E. Casey Foundation,²⁰ which maintains an on-line platform, JDAIconnect, to promote proven practices and provide opportunities for networking, learning, technical assistance, problem solving and sharing experiences in juvenile justice reform.²¹

The CDU also provides oversight and management of the provisions of the Virginia Juvenile Community Crime Control Act (VJCCCA). Those provisions are intended "to establish a community-based system of progressive intensive sanctions and services that correspond to the severity of offense and treatment needs."²²

Temporary Detention

In certain cases, the CSU intake officer may place a juvenile in temporary detention at the JDC if efforts to contact family or guardians are unsuccessful, and it is not known where the juvenile would return if released. Detention may also occur upon a finding that there is probable cause to believe that the juvenile committed the alleged act,²³ and that at least one of several enumerated criteria for ordering detention are met (§16.1-247 and §16.1-248.1). When a child is detained, the arresting law-enforcement officer transports him/her to the JDC (§16.1-249). The CSU immediately files a petition to the JDR court (§§16.1-260 and 262).

JDR District Court

Temporarily detained juveniles must be brought before a JDR judge (§16.1-241) for a hearing as soon as possible, not to exceed 72 hours since initially being taken into custody (§§16.1-248.1 256). Notice of the hearing must be given to the child,²⁴ parent, guardian, legal custodian or another responsible person, the child's attorney, and the attorney for the Commonwealth (§ 16.1-250(C)). Detention hearings are held in JDR district court Monday through Friday at 10:00 a.m.

At the hearing, all parties are informed of the content of the petition and the juvenile's right to remain silent. The attorney for the child and the attorney for the Commonwealth (CA)²⁵ are given the opportunity to be heard regarding the issues of probable cause and pre-disposition release or detention (§16.1-250 (D)).

Representation by Counsel / The Office of Public Defender

Children who are alleged to be delinquent are entitled under §16.1-266 to be represented by legal counsel. In a large majority of cases, juveniles are represented by one of four attorneys assigned by the Public Defender's Office to juvenile cases.²⁶ That office is located at 135 Hanbury Road West, Chesapeake and is one of 28 overseen by the Virginia Indigent Defense Commission (VIDC).²⁷

²⁰ <https://www.aecf.org/>

²¹ Source: DJJ; <https://www.djj.virginia.gov/pages/community/community-diversion.htm#jdai>

²² Source: DJJ; <https://www.djj.virginia.gov/pages/community/community-diversion.htm>

²³ A delinquent act is an act designated as a crime under Virginia law or an ordinance of any city county, town, or service district, or under federal law, or a violation of 18.2-308.7 or a violation of a court order as provided for in 16.1-292, except for otherwise lawful acts designated as a crime only if committed by a child. (16.1-228). Source: Juvenile and Domestic Relations District Court Manual, Chapter 3 (Rev. 7/23)

²⁴ Notice must be given to the child if 12 years of age or older.

²⁵ The CA is an elected Constitutional Officer serving a four-year term (§15.2-1626).

²⁶ Interview with Faith Winstead, Senior Assistant Public Defender.

²⁷ See <https://www.vadefenders.org/>

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Assistant public defenders appear for detention, adjudication, and dispositional hearings in the JDR district court and frequently visit clients at the JDC. The Senior Assistant Public Defender reports the facility is very accommodating when visiting clients and the hours work well for her office.

The Senior Assistant Public Defender reported good working relationships with JDC and CSU staff, noting that staff genuinely care for the safety and welfare of the juveniles they serve. Access to clients is never a problem, and staff are accommodating when special requests are made.

For juveniles not assigned the Office of Public Defender, the VDIC maintains a running list of attorneys who are qualified to serve as court-appointed counsel pursuant to guidelines issued by the Office of the Executive Secretary of the Supreme Court.²⁸ In cases involving children alleged to be delinquent, an attorney is appointed if the court determines that the child is indigent and his or her parent/guardian does not retain counsel on the child's behalf.²⁹

The court may also appoint an attorney as *guardian ad litem* (GAL) to assist the court determine the best interests of the child in an independent manner. The GAL may then conduct interviews and investigations, make reports to the court, and participate in court hearings or mediation sessions. The Office of the Executive Secretary, Supreme Court of Virginia, also maintains lists of attorneys who are qualified *guardians ad litem*.³⁰

Pre-Disposition Release

If the JDR judge finds there is not probable cause that the child committed the alleged delinquent act, the child is released immediately. If probable cause is found, however, the judge must decide whether to release the child pending disposition of the case (§16.1-250 (E), and under what conditions (§19.2-124).

If the judge decides that detention is not required pending disposition of the case, the child may be released pursuant to §16.1-250 (E) under one or more, or a combination thereof, of the following conditions:

1. Place the child in the custody of a parent, guardian, legal custodian or other person standing in loco parentis under their supervision, or under the supervision of an organization or individual agreeing to supervise him/her;
2. Place restrictions on the child's travel, association or place of abode during the period of his/her release;
3. Impose any other condition deemed reasonably necessary and consistent with the criteria for detaining children specified in 16.1-248.1; or
4. Release the child on bail or recognizance in accordance with the provisions of 19.2-119 et seq.³¹

²⁸ Virginia Code 19.2-163.01.

²⁹ Department of Judicial Services, Office of the Executive Secretary, Court Appointed Counsel Procedures and Guidelines Manual, p.2-1.

³⁰ <https://www.vacourts.gov/courtadmin/aoc/cip/programs/gal/home.html>

³¹ 19.2-119 et seq. are the provisions for bail for adults facing criminal charges.

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Failure to comply with conditions of release may result in additional or different conditions of release or a revocation of release and return of the child to custody (§16.1-250 (F)).

Detention Pre- Disposition

If the judge finds that the release conditions listed under §16.1-250 (E) and as provided under §19.2-119 et seq. cannot reasonably assure the appearance of the juvenile at future court proceedings or the safety of the community, the judge may order detention pending disposition of the case. Defense counsel may appeal the decision to the Circuit Court (§19.2-124).

The chart below indicates that those detained had felony charges, half of which were crimes against persons.

	Juvenile Intake Cases %	New Probation Cases %	Commitments %	Juvenile Intake Cases =	New Probation Cases =	Commitments =
CSU 1						
Felonies:						
Against Persons	11.7%	29.2%	85.7%	56	14	6
Weapons/Narcotics	0.6%	0.0%	0.0%	3	0	0
Other	9.6%	27.1%	14.3%	46	13	1
Class 1						
Misdemeanors:						
Against Persons	33.3%	25.0%	0.0%	159	12	0
Other	9.2%	10.4%	0.0%	44	5	0
Prob./Parole						
Violation	4.4%	0.0%	0.0%	21	0	0
Court Violation	1.9%	0.0%	N/A	9	0	N/A
Status Offenses	27.3%	0.0%	N/A	130	0	N/A
Other	1.9%	8.3%	N/A	9	4	N/A
Missing	0.0%	0.0%	0.0%	0	0	0
Total Juvenile Cases	100.0%	100.0%	100.0%	477	48	7

Transfer to Circuit Court (CC)

Upon motion of the CA, certain juvenile cases may be transferred from JDR district court to the CC after a determination³² by the court that the juvenile should be tried as an adult. This may occur when the child is 14 years old or older at the time of the alleged offense and the offense would be a felony if committed by an adult (16.1-269.1 (A)).

The CA may also request certification to the CC when a child was 16 years or older at the time of the offense and is charged with a violent felony as defined under 16.1-269.1(C). The crimes of capital murder, first or second-degree murder, or aggravated malicious wounding are automatically

³² The determination is based on a preponderance of evidence (16.1-269.1(A)(4)).

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certified to the CC if the child is 16 years or older at the time of the offense and the judge has found probable cause that the juvenile committed the offense(s) charged.³³

To assist the court in making its decision, the CSU prepares a transfer report containing information regarding factors such as alleged violence, use of a firearm, impact on the victim(s), and affiliation with a criminal street gang. Also included are the child's previous court involvement, competency, school record information, and emotional maturity (16.1-269.2).

Post-Disposition / Adjudication and Disposition

As noted earlier, the JDR district court has limited jurisdiction and does not hold jury trials. Instead, the JDR judge determines whether the facts as stated in the petition are true at an adjudicatory hearing at which the child has the right to counsel, produce witnesses, confront and question witnesses, and avoid self-incrimination.³⁴

When a JDR judge finds the charges valid beyond a reasonable doubt, the case may be continued to a later date for disposition.³⁵ This allows time for the CSU to prepare information about the child's background before the judge decides on a disposition. The background investigation may include a drug screening, a social history of physical, mental, and social conditions, an assessment of any affiliation with a criminal street gang, the personality of the child, and the facts and circumstances surrounding the violation of law (§16.1-273).

A JDR judge in Chesapeake often makes a finding of "evidence-sufficient." That finding means that the judge has heard sufficient facts for a finding of guilt, but that finding is set aside to give the child the opportunity to comply with conditions designed for addressing issues and developing skills needed for the child's future success. This time allows CSU staff to develop relationships with the family and the child and encourage the youth's and family's involvement in programs aimed at improving the child's ability to live a productive and crime-free life. If all goes well, these charges would then be dismissed.

If a drug screening indicates that the juvenile has a substance abuse or dependence problem, an assessment must be completed by a certified substance abuse counselor (§54.1-3500) employed by the DJJ (§16.1-273 (A)).

A CSU probation officer files the report of the investigation with the clerk of the court.³⁶ The clerk then provides a copy of such to the attorneys in the case, no later than 72 hours, and in cases of child custody, 15 days, prior to the time set by the court for hearing the matter (§16.1-274).

The JDR court may also order the preparation of a victim impact statement in accordance with the provisions of §19.2-299.1 to determine if the victim suffered significant physical, psychological, or economic injury as a result of the violation of law (§16.1-273 (B)).

When a court places a child on probation, the child remains in the community and can continue normal activities, including going to school or work. Usually, there are conditions that are monitored

³³ Source: JDR Manual; <https://www.vacourts.gov/courts/jdr/resources/manuals/jdrman/chapter03.pdf>

³⁴ The Virginia Judicial System, The Juvenile and Domestic Relations District Court, p.7.

³⁵ Dispositions in traffic and minor offenses are usually made immediately at the adjudicatory hearing itself.

³⁶ Each JDR court has a clerk's office that processes case papers, keeps court records, and performs information to the public as appropriate; see The Virginia Judicial System, The Juvenile and Domestic Relations District Court p.2.

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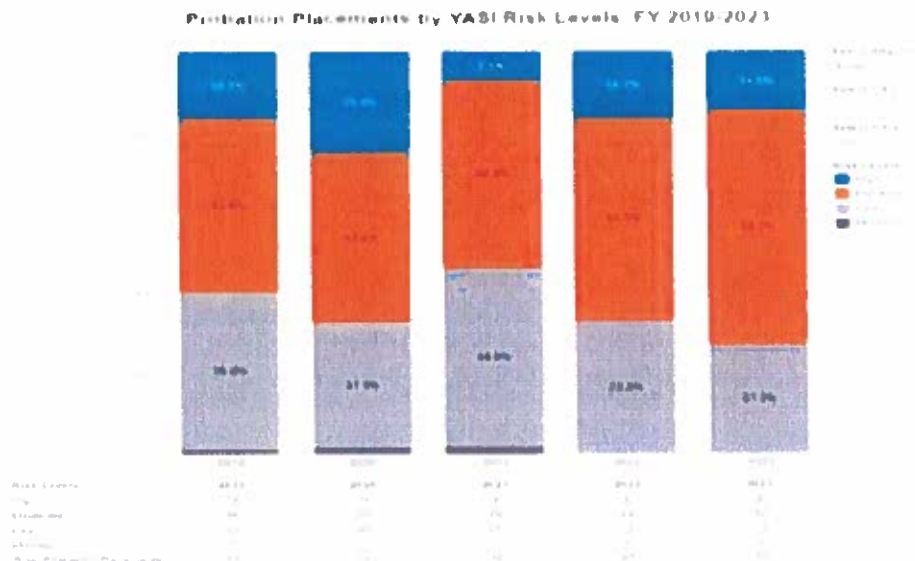
by a CSU probation officer such as a curfew, community service, restitution, and appropriate counseling. If conditions of probation are successfully met, the judge terminates the case.

Probation is utilized not just for low risk for juveniles, and in Chesapeake in 2022, nearly half of juveniles placed on probation were considered moderate risk, similar with the 49.8% of juveniles statewide who were placed on probation.

YASI Risk Levels for Probation Placements, FY 2022*

CSU	High %	Moderate %	Low %	Missing %	High n	Moderate n	Low n	Missing n	Total
STATEWIDE	31.8%	49.8%	17.3%	1.1%	490	769	267	17	1,543
1	16.7%	50.0%	33.3%	0.0%	8	24	16	0	48

The trend over the past few years shows that moderate risk juveniles do represent a large proportion of the juveniles in the city who are placed on probation.



CSU probation officers have access to a variety of supportive services under contract of the DJJ, including assessments and evaluations, individual therapy, substance abuse treatment, therapy for sexual behaviors, and life skills coaching. DJJ maintains an on-line directory of vendors and has regional service coordinators available to assist.³⁷

When a court orders post disposition detention for more than 30 days, pursuant to 16.1-284.1 (B), the CSU and JDC develop a written plan to enable the juvenile to take part in one or more community treatment programs appropriate for that juvenile's rehabilitation, which may be provided at the facility or while the juvenile is on temporary release status, as determined by that juvenile's risk to public safety and other relevant factors (6 VAC 35-150-310).

³⁷ Sources: djj.virginia.gov

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In some situations,³⁸ a JDR judge has the option to place a juvenile 14 years of age or older in the local JDC rather than commit him/her to DJJ if such a placement serves the interests of the juvenile and the community. This allows the juvenile to serve a sentence of confinement near his or her family, school, and other community support. For this type of case, confinement may be ordered not to exceed six months from the date the order is entered (§16.1-284.1(A)).

For more serious offenses, i.e., those that would have been a felony or Class 1 misdemeanor if committed by an adult, or caused the death of any person, a judge may still order detention at the local JDC for a period not to exceed 12 months from the date the order is entered (§16.1-284.1(A)).

Further, a judge may commit a juvenile to DJJ but suspend commitment and place the child in a local JDC or other community or facility-based treatment programs as may be appropriate for the child's rehabilitation (§16.1-284.1(B)). In such cases, the judge conducts a review hearing at least once every 30 days or when requested by a probation officer. If conditions of the local commitment are met, the juvenile may be released on probation. If the juvenile fails to comply, the court may order commitment to DJJ (§16.2-284.1(C)).

³⁸ Juveniles permitted to serve at the JDC may not have been adjudicated delinquent of a violent juvenile felony or have been released from DJJ custody within the previous 18 months (§ 16.1-284.1(A)).

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**SECTION 6
EXISTING BUILDING ASSESSMENT**

The City of Chesapeake Juvenile Detention Center (JDC) was originally built in the early 1960's as a secure juvenile facility. In 1996, the facility was expanded and took advantage of newer design trends which replaced "loaded corridor" sleeping rooms with "pod-based" sleeping rooms. The facility has a licensed capacity of 100 beds.

The design of the facility pre-dates the concept of utilizing juvenile detention centers for longer-term sentencing options and did not consider administrative space for the new roles of case managers, treatment and programming space, and post-graduate work and vocational space.

On January 24, 2024, architects and engineers from Moseley Architects met at the Chesapeake Juvenile Detention Center to conduct a tour and observe the facility. An assessment of the existing property was conducted to identify both physical plant and operational issues experienced at the facility. This provided a baseline understanding of current conditions of the building regarding life safety systems, building code, structure, mechanical, electrical, and plumbing features, and overall site issues.

The following items were noted from that day:

A. Architectural Assessment

Overall Existing Building Assessment

The focus of the assessment is the identification of existing building deficiencies, such as excess wear and tear and failing systems due to the heavier than designed use and functions that are inadequate to manage the ongoing detainee population. The following items were noted from the existing conditions assessment.

Existing Building

The existing facility is undersized and outdated, approximately sixty years old as of this writing. The 1996 addition is adequate in some ways in terms of spatial recognition and use of materials, but still does not meet today's minimum standards in design and construction of juvenile facilities, like that of the existing facility.

Most portions of the facility do not meet basic accessibility standards. These inefficiencies include but are not limited to: Ceiling heights below the 8' – 0" minimum requirement, doors swing into the cells rather than out to the corridor, door hardware is beginning to rust, many detention designated plumbing fixtures are porcelain and non-ADA compliant, cells are

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located inside of sallyports, and so on. Many rooms suffer from water leaks coming from the domestic and stormwater pipework and cracks and brick deterioration at most rough openings. Leaking was reported by most staff members with whom we spoke and evidenced by stains at most dropped ceilings.

Building Entry / Public Lobby / Exterior / Loading Dock

1. The existing security screening area is cramped and does not afford the deputies sufficient space to safely process visitors. There is no dedicated waiting area for visitors to sit.
2. The existing perimeter fence is limited in terms of scale and protection devices. At the back of the vehicle sally port there is a significant gap between the public area and the secured perimeter. The fence is composed of a single layer.



3. Existing fiber optic cables have been cut and left exposed to the grounds.



4. The loading dock is insufficient in size and clearance to properly unload and stage deliveries.
5. Multiple areas on the perimeter of the building where brick or precast concrete overhangs are cracking or splitting. Punctures through brick and block into the interior of the building.

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Vehicle Sallyport / Intake

1. The overhead doors at the vehicle sally port are not properly sealed / enclosed.
2. There is no perimeter fence beyond the sallyport doors which is a security issue.

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3. Discoloration of brick on the interior of the vehicle sallyport indicates water leaking through from the exterior.



4. Insufficient holding areas. The showers are not currently collocated with the intake cells which is less efficient. No detainee benches for intake with dedicated cuff points – currently the do not offer cuffing locations.

Security Control Room

1. The access flooring is composed of multiple different flooring types; all of which are tearing up.



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2. All electrical cords connecting to the electrical room are exposed and is considered a hazard.



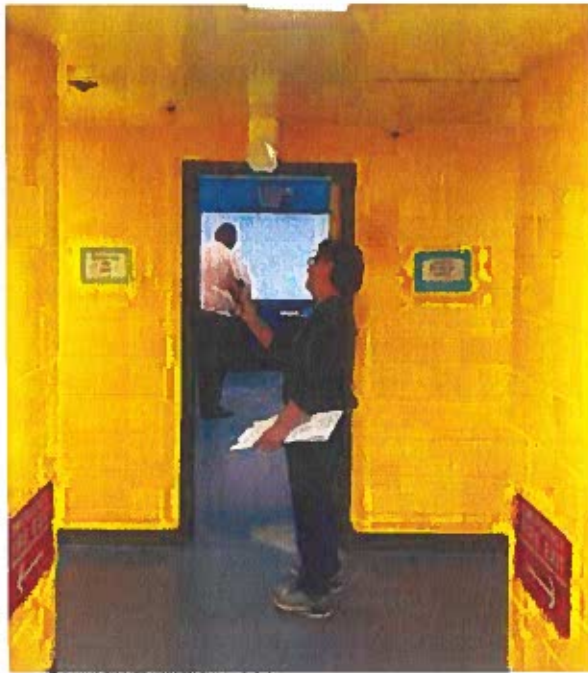
3. Leak is prevalent in the acoustical ceiling tile.



Housing / Dayrooms

1. Ceiling heights are inadequate to code standards and are well below 8' – 0"

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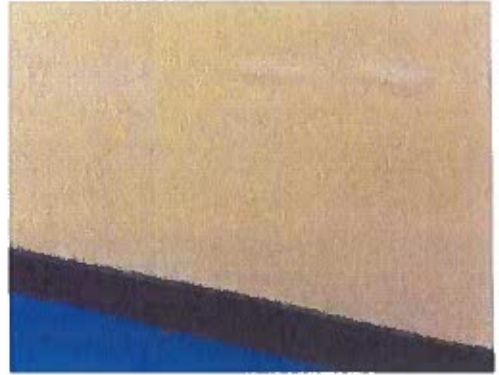


2. Multiple leaks found in the acoustical ceiling tiles with access panels falling out of the ceiling entirely.



3. Two of the three dedicated dayrooms do not have access to natural light.
4. Cracks and bubbling in the exterior wall show evidence of water leaking and inadequate structural integrity of the assembly.

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5. Toilet rooms in the dayroom areas consist of a mixture of detention fixtures and porcelain fixtures.
6. Cells are undersized and unoccupied due to the inefficiencies between plumbing, mechanical equipment, lighting, and evidence of rust. Porcelain tile is used as an aesthetic in the cells which is considered a risk. The shower rooms are non-ada compliant due to the size and the sill.



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7. Hot and cold-water lines are exposed and uninsulated, giving children the ability to tamper with. This causes a hazardous risk.



8. Only one of the day rooms is in use from the 1992 addition although both share the amount and types of issues as listed below:
9. Slab is cracked and deformed at all plumbing drains within the day rooms. Drains actively overflow and discharge out into the dayrooms where most activity takes place.



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10. 2 cells are located in each of the sallyports which causes an alarming risk to security. If a child were to escape through the exit discharge the last secure perimeter is a single layer chain-link fence with an unsecured swing gate.



11. Flooring and transition strips are separating in the dayroom space.
12. Lights, sprinkler heads, and all things affixed to the ceiling protrude rather than recess, allowing children to tamper with them.

Kitchen

1. The kitchen is run by staff as the children are not permitted to prepare food or to work with the kitchen appliances.
2. All kitchen appliances are outdated, all having surpassed their useful life. The sinks commonly leak, and the washing machines are undersized.
3. The kitchen does not get proper heating with the current mechanical equipment. The serving door must remain propped open to allow for the kitchen prep area to receive heat. This is true with the kitchen office area. This presents a security risk.

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4. The toilet room for the kitchen staff is non-ADA compliant. Ventilation / exhaust is insufficient as the ceiling shows a collection of lint and dust.



Laundry

1. Laundry equipment and drainage overflows if not for the makeshift filter system. Exhaust system is insufficient as lint and debris piles up throughout the room.

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2. The laundry room is space constrained, causing them to construct an additional storage room that takes space away from the loading dock area and is only accessible by a plywood ramp. Even with this addition there is still not a sufficient amount of space.



3. Old dryer ducts are completely detached from the unit which may be the leading cause to the collection of lint within the space.

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Medical

1. The medical suite is undersized and storage space is inadequate. Most storage is kept within the attached toilet room within the shower.



2. The medical toilet room has only one detention fixture, that being the toilet, as the lavatory and the toilet are porcelain and residential.

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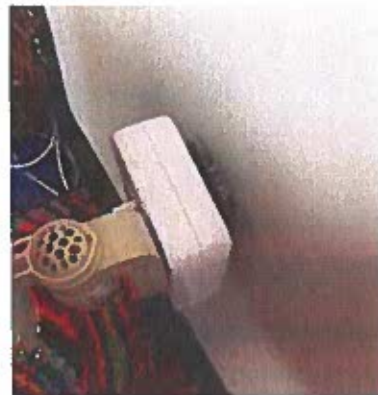
3. There is only a single exit from the medical suite and the medical office. This is a safety issue for the staff.

Visitation

1. Visitation is now mostly conducted remotely via tablets.
2. Interview and visitation are conducted out of the same room due to the lack of program space provided.

Administration

1. Administration is primarily handled in the old conference room. The storage closet within the space must remain open to keep the door from collecting mold.
2. Ventilation is poor and there is no access to natural daylight.
3. There is no conference room in the 1996 building. Private conferences must be held in the original building which is on the far side away from the jail administration.
4. Multiple outlets within the existing building office space are ripped out from the walls.



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5. No hot water available in the communal office toilet room. A heater was installed but is not performing.



6. All office glazing consists of detention metal hollow framing.

Recreation / Programs

1. There is no dedicated outdoor recreation area.
2. Indoor recreation is included in the 1992 addition and new flooring was installed 5 years from this writing.
3. Program space is limited to one computer lab – not allowing for any classroom space. The recreational room has deficiencies in both the flooring and the ceiling.

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Mechanical & Electrical Equipment Rooms / Roof

1. Exposed batt insulation is resting on the current electrical closet. Conduit is running through mechanical diffuser duct. Concrete masonry units are chipped and cracked away from the wall assembly. Door into the electrical closet is held open through a wire so that the closet does not overheat.

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2. There are multiple areas within the roof in both new and old construction that have Roof Top Units within the 6' – 0" clearance from the edge of the building, making them unsafe to service without a guardrail.



3. There are multiple areas where parapet flashing between the 1960's and 1990's building is incomplete or insufficient, causing water penetration throughout the building.



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B. Structural Assessment

Description of Structure:

The facility is a single-story building comprised of the original structure at the south end of the complex along with an addition constructed in the mid 1990's and having a footprint multiple times larger than the original structure. Since we do not possess the original building drawings, we assume this was constructed in the 1960's and is a bearing wall structure that supports pre-cast concrete T-shaped roof panels with shallow-depth ribs. We anticipate the floor is a grade supported slab. The addition consists of masonry bearing exterior walls with a combination of interior bearing walls and steel columns that support a steel framed roof with steel roof deck, steel beams and open-web steel bar joists. Roof mansards are framed with sloping light gage steel studs supported by light gage steel stud bearing walls that bear onto the exterior bearing walls and the steel roof joists. At the housing areas, the cells are capped with 4" precast concrete slabs. The high roof portions at housing area consists of a sloping steel beam framed system with moment connections. The floors of the mechanical penthouses are composite slabs. The structure is founded on shallow-depth spread footings. Main floor is a 5" concrete slab on grade.

Observation of Distress:

At several locations, we observed rusting of the steel lintels within the exterior wall (refer to image 1 and 2). At image 2, the rusting was significant enough to elevate the veneer above.



Image 1



Image 2

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A common occurrence was distress in the exterior brick veneer that includes decayed expansion joint filler material, cracking and staining of the brick (including mold growth and efflorescence) (refer to image 3, 4, 7 and 8).



Image 3



Image 4

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Image 7



Image 8

At the corridor to the exterior door, this interior wall at the housing area, the CMU paint was blistering and when the blister was tapped, a powdery substance fell to the floor (refer to image 9).

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Image 9

Along the main corridors, there was some minor distress of the VCT finished grade slab (refer to image 10).



Image 10

At the south exterior wall of the original building, this wall of the recreation room has some minor signs of distress (refer to image 11).



Image 11

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Cause of Distress:

The distress of **images 1, 2, 4, 5, 6 and 8** (all images are above with the exception of images 5 and 6 below) are symptomatic of excessive amounts of moisture within the exterior wall. **Image 3** is caused by natural expansion of the brick, which is typically controlled with the use of brick expansion joints. At this location, the lack of such joints has allowed the brick to expand unchecked and the brick essentially created its own 'joint'. **Image 7** shows a deteriorated brick expansion joint filler material. The distress at **image 9** is also indicative of elevated levels of moisture within the wall. The backside of this wall is a shower area, which explains the moisture issue. At **image 10**, the uneven surface of the VCT located at the intersections of the corridors is indicative of minor cracking of the grade slab beneath, which is typically where slabs crack and is caused by concrete shrinkage that occurs as the slab cures. **Image 11** shows a minor amount of distress of the finish material applied to this exterior wall of the original building. Without observation of the actual CMU wall behind, the cause of this distress is unknown.



Image 5

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Image 6

Recommendations:

Overall, the discovered distress is not a significant structural concern. The moisture distress within the walls will continue to slowly degrade the structure, to the point where repairs will be necessary, but this point will not be reached for at least several years. Wall repairs in order to minimize moisture intrusion is an expensive undertaking especially considering the high cost-to-benefit ratio. Besides the increased potential for additional moisture intrusion, the noted cracks in the brick at the main entrance element is not major structural concern. The minor distress noted in the exterior wall of the activity room is minor and not a current structural concern. If the owner decides to remove the finishes in order to view the CMU wall, we can certainly re-evaluate this condition. The distress noted in the corridor slabs can be repaired, but again the cost-to-benefit ratio is high.

Overall, this facility, having been well maintained, does not reveal any significant structural concerns at this point.

C. Mechanical Assessment

Original Building

The original, single-story building was built in the early 1960s. It is served by five Magic Aire rooftop air handling units. These units include hot and chilled water coils and operate at constant volume. Each unit serves a wing of the building – no individual space temperature control is provided. The units are approximately eight years old – about midway through their expected service life. They appear in good to fair condition.

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Figure 1 - Existing Magic Aire Rooftop Air Handlers

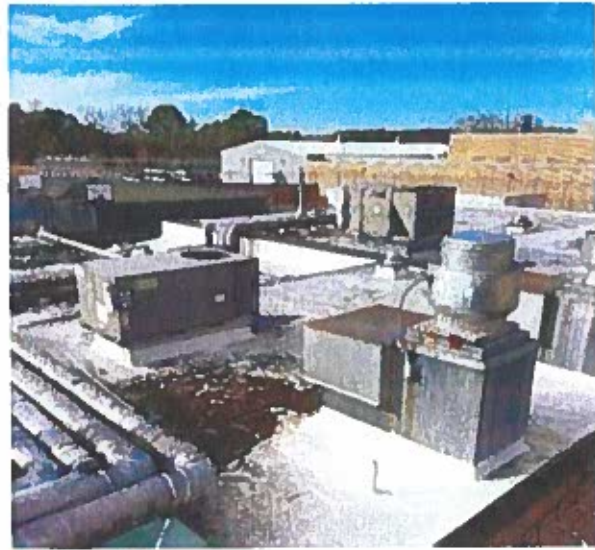


Figure 2 - Existing Packaged Rooftop Units for Kitchen Area

Staff report temperature and humidity issues especially in the administrative area. A small, temporary dehumidifier has been placed in the main corridor to reduce the space humidity level. The air handling units' configuration – heating coil upstream of the cooling coil – does not allow a direct dehumidification mode of operation to control space humidity levels. The HVAC controls for the units are only based on space temperature and do not measure or control space humidity. Staff also report that the temperature of the holding cells drops to unacceptable levels during periods of very cold weather. This can result in detainee complaints and requires corrective action from staff.

The kitchen is served by a Champion Heating and Cooling packaged rooftop unit that is approximately five years old. It appears in fair condition. It is approaching the midpoint of its expected service life.

The dining area is served by a York packaged rooftop unit that is approximately nine years old. It appears in fair condition.

The kitchen storage area is served by a York packaged rooftop unit that is about twelve years old. It appears in fair condition. It is approaching the end of its expected service life.

Hydronic hot water for the original building is generated by one Superior Boiler Works natural gas-fired boiler. The boiler is a three-pass firetube boiler built in 1994. The boiler can produce about 1,000,000 BTU/hr. The design operation is 180°F supply water temperature and 160°F return water temperature. After thirty years of service, it appears in fair condition and has reached the end of its expected service life. The boiler includes a small circulator to prevent cold water from entering the boiler and avoid condensing operation.

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Figure 3 - Existing Superior Boiler and Hot Water Piping



Figure 4 - Existing Hot Water Pump

Two Bell & Gossett base-mounted, end-suction pumps distribute hot water to heating coils throughout the building. They operate at constant volume and serve heating coils with three-way valves. They are arranged in a duty-backup configuration. The pumps were built in 1994. After thirty years of operation, they have reached the end of their expected service life.

The Trane 50-ton, air-cooled chiller and chilled water pumps from a 1994 renovation have been abandoned in place and replaced by central chilled water provided by a district chiller plant that serves the municipal center complex.

Addition Building

The addition was built in the mid-1990s behind the existing, original facility. The building is served by six air handling units – five are located in a large mechanical penthouse and one is located in a nearby smaller mechanical penthouse. Each indoor air-handling unit includes a hot water coil upstream of a chilled water coil. All units were manufactured by Trane and are original units to the addition. Three units each serve a housing pod, and dedicated units serve the gymnasium, classroom/office area, and the intake area. The three units serving pods and the gym unit operate at constant volume with three-way control valves on both hot and chilled water coils. The intake unit and office area unit operate at variable air volume with single duct terminal units. Terminal units include hot water reheat coils. The units and piping appear in fair to poor condition. After thirty years of operation, they have reached the end of their expected service life.

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Figure 5 - Existing AHU in Mechanical Penthouse



Figure 6 - Existing AHU and Piping

Hydronic hot water for the addition building is generated by two Superior Boiler Works natural gas-fired boilers. Each boiler is a three-pass firetube boiler built in 1994. The boilers produce about 1,000,000 BTU/hr. The design operation is 180°F supply water temperature and 160°F return water temperature. After thirty years of service, the boilers appear in fair condition and have reached the end of their expected service life. Each boiler includes a small circulator to prevent cold water from entering the boiler and avoid condensing operation.

Two Bell & Gossett base-mounted, end-suction pumps distribute hot water to heating coils throughout the building. They operate at constant volume and serve heating coils with three-way valves. They are arranged in a duty-backup configuration. The pumps were built in 1994. After thirty years of operation, they have reached the end of their expected service life.

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Figure 7 - Existing boilers



Figure 8 - Existing Hot Water Pump

The Trane 90-ton, air-cooled chiller built in 2007 and the two associated chilled water pumps have been abandoned in place and replaced by central chilled water provided by a district chiller plant that serves the municipal center complex.

The control room and adjoining office have added a two-zone, ductless split-system heat pump system to provide supplemental heating and cooling. A 1-ton wall-mounted indoor unit is located in the control room and a 1.5-ton wall-mounted indoor unit is located in the office. Both units are connected to a rooftop-mounted, air-cooled condensing unit. The system was manufactured by Mitsubishi.

District Chilled Water

After the construction of the addition, a district chilled water plant was built to serve the police station, jail, and juvenile detention center. Below grade 6" diameter chilled water supply and return piping enters the facility in a corner storage room in the original building. Two 15 HP chilled water pumps located in the storage room distribute chilled water to the cooling coils in both buildings.

From the storage room, chilled water piping is routed on the roof of the original building where it feeds five roof-mounted air handling units on the original building and is routed to the mechanical penthouses in the addition to feed five indoor air handling units.

The exterior hot and chilled water piping on the original building appears in fair to poor condition. Exterior piping is not ideal for a long service life.

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Figure 9 - Chilled water piping from district plant (right) and existing chilled water pumps (center)



Figure 10 - Existing roof-mounted piping

The air-handling units in both buildings are designed to receive 42°F chilled water temperature. Staff report that during peak summer conditions – when demand for cooling is at its peak – chilled water temperature supplied from the district plant can reach 50°F or higher. The juvenile detention center is the last building on the loop and farthest from the chiller plant.

A higher than design chilled water supply temperature will limit the cooling capacity of the air-handling units. High chilled water supply temperatures could also contribute to poor space temperature and higher space humidity levels.

HVAC Controls

The original Metasys system from Johnson Controls has been replaced with Honeywell and Distech controllers. The facility is supported by Chesapeake Controls. The existing controls are disparate and do not allow remote monitoring, troubleshooting, or adjusting by facility staff.



Figure 11 - Distech controller for AHU-1E

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D. Plumbing Assessment

Original Building

The domestic water service entrance is located in a narrow chase space amidst the holding cells. A 2-1/2" water line with reduced-pressure zone backflow preventer is located in the space.

Domestic hot water is generated by a natural gas-fired water heater located in the boiler room. The water heater was manufactured by State Industries/A.O. Smith and has an input of 500,000 BTUH and 85 gallons of storage. It was built in 2022 and appears in excellent condition. The hot water piping near the water heater is not insulated which will result in heat loss and lower delivered water temperatures. A circulator pump routes domestic hot water to fixtures throughout the original building.



Figure 12 - Existing backflow preventer in chase



Figure 13 – Existing water heater for original building

Addition Building

The domestic water service entrance is located in a janitor closet near the control room. A 3" water line with a Watts 009 reduced-pressure zone backflow preventer is located in the space. The backflow preventer appears in fair condition. Certification tags indicate some portions have been rebuilt over its years of service.

Domestic hot water for the addition is generated by a natural gas-fired water heater located in the main boiler room. The water heater was manufactured by State Industries/A.O. Smith and has an input of 500,000 BTUH and 85 gallons of storage. It was built in 2021 and appears in excellent condition. A circulator pump routes domestic hot water to fixtures throughout the original building.

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Figure 14 - Existing backflow preventer in addition addition



Figure 15 - Existing water heater in addition

Plumbing fixtures throughout include manual controls. Most appear to be in good condition. Holding cells include stainless steel combination lavatory and water closet units with manual controls.

Staff mentioned that detainees have flooded cells and clogged sanitary waste piping by repeatedly flushing debris down the water closet. Some sanitary waste piping has been replaced due to damage from clogs. Enhanced electronic controls that provide water conservation, usage control, and reduced vandalism could be applied to address the issue.

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Figure 16 - Manual controls on sink fixture in cell



Figure 17 - Existing combination

Kitchen waste piping was lined a few years ago to address drainage problems. Staff report that the lining has improved drainage issues in the kitchen.

E. Natural Gas

The natural gas service with pressure regulator and meter provided by Virginia Natural Gas is located near the main entrance to the addition. Gas piping is routed up to the roof. The existing piping is aged and appears in fair condition. Gas is routed along the roof to the mechanical rooms for the boilers and water heaters.



Figure 18 - Existing gas piping on roof

F. Fire Protection

Both buildings are provided with an automatic sprinkler system throughout each building. Each building has a fire sprinkler service. In the original building, it's located at the rear of the kitchen wing and includes a 4" fire protection water service. In the addition, the sprinkler

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room is located in the office area near the control room and includes a 6" fire protection water service.

The vehicle sallyport has a dry pipe fire suppression system for freeze protection. Dry pipe systems are known to develop leaks over time, so the existing system should be investigated for this issue. Replacement or refurbishment may be required.



Figure 19 – Existing sprinkler riser for original building



Figure 20 - Existing sprinkler riser for addition

G. Electrical Power System

The building electrical service is a 277/480V, 1200-amp, 3-phase, 4-wire power service fed from a utility transformer located on premises. This service was installed original to the building. Some equipment has been upgraded, but it is still aging poorly and should be replaced. The Facility manager said breakers are tripping frequently.

General use power is 120/208-volt, 3-phase, 4-wire power and is provided by local transformers. This equipment is mainly original and should be considered for replacement.

Power distribution wiring and conduit is original and could be reutilized as required for any modifications. This is for all feeders and branch circuits.

Emergency power is provided by a diesel generator, rated at 300kW. Emergency power is sourced through a standby automatic transfer switches and a life safety automatic transfer switch that feeds switchboards dedicated to each system.

H. Interior Lighting

The existing interior lighting throughout the facility appears to be original fluorescent fixtures. The fixtures are generally in good to fair condition. Some fixtures appear to have

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lamps that have burned out or ballasts that have reached their end of life. Some fixtures throughout have been replaced with LED fixtures as the fluorescent fixtures have failed. Completely upgrading to LED fixtures would reduce energy usage and maintenance. It is recommended that the fluorescent light fixtures should be replaced with LED security grade light fixtures.

I. Exterior Lighting

The existing exterior lighting consists of building mounted wall packs and pole mounted parking lot lights. The pole mounted parking lot lights in the parking area appear to utilize metal halide lamps, and they appear to be in a good condition. The wall packs utilize metal halide/fluorescent lamps, and they are not in good condition with lenses that have weathered throughout their life. It is recommended that all wall packs shall be replaced with LED lamps. Upgrading the site lighting to LED would provide better lighting for security purposes and added life for fixtures that have degraded over time.

J. Fire Alarm System

The existing fire alarm system is near end of useful life. It is recommended that the fire alarm system be updated.

Replacement of the fire alarm system would include a new fire alarm notification appliance circuit panel, and all devices. The replacement system would be fully digital, and addressable concurrent with modern standards for fire alarm systems.

K. Lightning Protection

There is no existing lightning protection system. It is recommended that the system be recertified by the UL master label certified lightning protection personnel.

L. Interiors

General Comments

1. Missing and damaged flooring transitions throughout the facility can cause tripping hazards or damage adjacent finishes.
2. Finish color palettes and materials are dated.

Main Entry Vestibule

1. Brick walls, white storefront, solid surface sill and tile floor with recessed walk off mat are in fair condition.

Lobby

1. Tile floor and base, painted gypsum walls and windows with painted frames are in fair condition.

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Restrooms

1. Typical of most restrooms: Tile floor and base, marble transition, painted CMU walls and/or painted gypsum walls are in fair condition.
2. B108: Tile floor, base and walls are in fair condition.
3. C105 and C112: Tile floor, rubber base and painted CMU walls are in fair condition.

Sally A106/Corridors

1. Vinyl composition tile flooring is cracking in some locations. This could create a safety hazard.
2. Rubber base is separating from the floor. This leaves flooring edges unprotected. This also could be pulled off by occupants.
3. Painted CMU walls are in fair condition.

Intake/Records

1. Vinyl sheet flooring is cracking in some locations. This could create a hazard and allow water penetration.
2. Rubber base is in fair condition. Flooring replacement would require rubber base to be replaced as well.
3. Painted CMU walls are in fair condition.

Control/Office

1. Carpet and Vinyl composition tile flooring is stained and coming apart. This is a potential hazard.
2. Equipment is sitting on aged millwork with exposed wires and inadequate spacing. This is a potential ergonomic issue and safety hazard.
3. Millwork is damaged. Inadequate spacing and storage available for staff.
4. Rubber base and painted CMU walls are in fair condition.

Nurse/Exam

1. Carpet and Vinyl sheet flooring are in fair condition.
2. Tape is being used as a transition between the carpet and vinyl sheet flooring. This creates a hazard.

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3. Millwork is damaged. Inadequate spacing and storage available for staff.
4. Vinyl base and painted CMU walls are in fair condition.

Conference Room B125

1. Carpet, rubber base, painted gypsum and painted chair rail are in fair condition.

Vehicle Sally Port

1. Concrete floors and brick walls appear to be in fair condition. There are indications of some water damage visible on the walls.

Gym

1. Wood look floor, rubber base, and painted CMU Walls are in good condition.

Dayroom

1. Resinous flooring, vinyl tile flooring, rubber base, and painted CMU walls are in fair condition. Flooring transitions are damaged.
2. Acoustical treatment is minimal and not very effective.

Classroom E102

1. Carpet over vinyl composition tile flooring, rubber base and painted CMU walls are in fair condition.

Staff

1. Vinyl composition tile flooring, rubber base and painted CMU walls are in fair condition.
2. Millwork is damage. Inadequate space and storage for staff.

Dining

1. Vinyl flooring, rubber base and tiled walls with a chair rail are in fair condition.
2. There are dings, stains and scrapes throughout flooring and walls.

Kitchen

1. Tile floor, base, and walls are in fair condition.

Laundry/Mechanical/Bulk Storage/General Store

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1. Concrete floor, rubber base (if any) and painted CMU walls are in fair condition.
2. Ramps are plywood. This could create a safety hazard.
3. Millwork is in fair condition.

Conference C103

1. Carpet, rubber base and wood paneling are in fair condition. Finishes are dated.

Rooms off Day Room F118

1. Resinous floor and base, painted CMU walls and tiled wainscot behind toilets are in fair condition.

Reception C110

1. Tile flooring, carpet flooring, rubber base, painted gypsum walls and storefront are in fair condition.

Offices C101, C102, C104, C108

1. Carpet flooring, rubber base, painted gypsum walls are in fair condition.

M. Security Assessment

The **original building** dates from 1963. This portion of the building contains five housing units (1 through 5), which are currently unoccupied (other than a Library in Unit 1), and a Kitchen/ Dining area and administration area which are currently in use. This portion of the detention home is characterized by old-style linear housing with single cells arranged along both sides of a main corridor, typical of the era in which it was built. Each housing unit contains 10 or 11 sleeping rooms, for a total of 52 beds.

Dayroom space is provided and appears adequate for the number of occupants served but is remote from the housing units. Doors to dayrooms are also hollow metal swing doors with manual locks (no electrified locks). A toilet and shower area is provided off the corridor in each housing unit, which again is typical of the era in which the facility was built.

The sleeping rooms have hollow metal swing doors opening into the room. Doors are secured by electromagnetic locks (mag locks) with a control panel located. Sleeping rooms are equipped with concrete-slab type beds and institutional stainless steel combi units.

Sleeping room windows are steel detention frames with translucent glazing, with horizontal tubes on the exterior.

Sprinkler piping is exposed in the corridors.

Deficiencies noted:

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- Sleeping room size is inadequate and does not meet current DJJ Guidelines requirement of 80 SF minimum for single occupant rooms.
- Housing dayrooms are remote from the housing units and sleeping rooms do not have direct access to them. Current DJJ Guidelines require direct access to dayrooms from sleeping rooms.
- Current DJJ Guidelines require direct access to shower areas from dayrooms instead of down a hallway.
- No sallyports provided at exits from corridors to the exterior of the building (required by DJJ at all passages through the building's secure perimeter).
- Sleeping room doors open into the room, which is acceptable per DJJ Guidelines, but operationally less than desirable. Existing corridor width is not adequate to accommodate swinging doors out.
- Manual locks on dayroom egress doors cannot be unlocked remotely from a secure control station.
- Current code requires Group I-3 areas to be divided into at least two smoke compartments, with separate smoke removal systems for each compartment. It is unclear if the building is designed that way.
- Interior activity space in this portion of the building by itself would be insufficient to meet current DJJ requirements of a minimum aggregate size of 100 SF/ occupant.
- Renovating this portion of the building to meet current DJJ Standards and building code requirements would require a significant amount of design and construction effort, would be prohibitively expensive and would result in a decrease of the home's rated capacity.

The Addition was completed in 1996 and is currently being used to house all juveniles. The layout consists of three separate podular-type housing units, each arranged with 14 sleeping rooms arranged around a dayroom. Each dayroom has clerestory windows set high above the floor and a sallyport to the exterior with glazing in both doors, which provides additional natural light into the dayroom. The sallyport also contains two isolation cells, which are configured like the general population sleeping rooms. Accessible sleeping rooms? Each housing unit has a classroom directly accessible from the dayroom, two visiting/ interview rooms located near the housing unit entry door, and an enclosed officer station with glazed walls and touchscreen that controls sleeping room doors and the inner sallyport door.

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The remainder of the building consists of Public Lobby, Central Control and Reception, Vehicle Sallyport, Intake, Medical, Gymnasium, two additional classrooms, storage, mechanical and electrical rooms, and other ancillary spaces.

Reception is located off Central Control and has direct views to Lobby, front entry vestibule, and parking lot beyond. A transaction drawer to Lobby is flush mounted in the countertop.

Entrance to secure area from the Public Lobby is via a sallyport immediately adjacent to Central Control, with interlocked doors.

Central Control has glazing on three sides and has views into the main east-west secure corridor and into Intake.

Secure doors are standard detention hollow metal doors and frames with electric detention locks (combination of 8" jamb-mounted locks with mogul key cylinders at movement doors and 2" jamb-mounted locks w/ builders' cylinders at sleeping rooms). Locks in egress paths are remote release, with manual key operation for redundant operation, all of which complies with current code requirements. These doors are controlled and monitored from a touchscreen in Central Control.

Many movement doors have full height glazing. Mogul locks typically have key wells on one side in lieu of key cylinder extensions.

Transom frames are utilized at sleeping rooms to allow natural light to filter into the room, in lieu of exterior windows.

When the Addition was built, two areaways were created between the buildings to serve as light wells, so existing sleeping room windows could still get natural light. In the Addition, the main east-west corridor is adjacent to the areaways and have detention windows located above eye level to provide additional natural light into the building.

Holding Cell doors at Intake have paracentric manual locks. From a code standpoint, this is acceptable since the number of locks is less than 10. These doors have surface-mounted door closers.

Removable glazing stops appear to have been installed on the side away from juvenile access.

Given the date of construction, the Addition appears to be constructed to more modern standards of physical security, similar to those contained in the current DJJ Guidelines, which came into effect in 1997 and were updated in 2001. Additional, more detailed investigation, which is beyond the scope of this study, would be necessary to confirm this.

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Life Safety considerations:

Number and locations of exits: No apparent concerns noted.

Smoke compartments and smoke evacuation system: The Addition has a smoke evacuation system with control station located in Central Control. The housing units appear to be adequately separated into smoke compartments as required by current code.

Exit discharge/ access to a public way: Could not determine if a safe dispersal area(s), sized to accommodate 5 SF/ person and located at least 50' from the building, is available outside. Outdoor Recreation may be able to provide this.

Deficiencies noted:

- Central Control room door opens directly into intake area. Paracentric manual lock on door. Door is left unlocked a lot and door functions more like a passage door than a security door. The recommended next step would be to convert to an electric detention lock with pushbutton on the inside. This would keep the control room more secure and allow staff to exit without action from the touchscreen operator.
- The north exit out of the housing area main corridor does not have a sallyport (sallyports are required by DJJ at all passages through the building's secure perimeter).
- Surface-mounted door closers were noted on detention doors throughout the facility. Current best practice is to specify these as concealed closers to prevent tampering and avoid ligature points.
- Closers on cell doors in Intake may create operational issues. Current best practice is to specify these without closers.
- More acoustical material needed in dayrooms. The recommended next step would be to add acoustical material at the low ceiling, high ceiling, and clerestory "well." This provides a low-cost, low-tech way to provide a significant benefit toward controlling noise.
- The housing unit interview rooms currently do not have cameras. The facility would like to add a camera in each room.

In general, 1963 building and the Addition appear to be well-maintained. Replacement parts for the oldest equipment are typically custom-made, since the equipment and parts are no longer manufactured. There are beginning to be concerns about being able to find

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replacement parts for some of the later equipment. Maintenance of older equipment will continue to be an issue for the facility until that equipment is replaced with new equipment.

SECURITY ELECTRONICS

Currently, the Addition is the only portion of the detention home with a modern security control system, which was installed as part of the Addition construction in 1996. The Central Control room originally had a graphic control panel and other controls mounted in a metal console cabinet. ESITECH, a security control system integrator located in Richmond, VA, added the touchscreen control system around 2007 and upgraded the intercom system, but the original console remains and contains some of the PLC's for the updated system but mostly has obsolete wiring and equipment.

The original camera system was replaced and expanded at some point by a vendor other than ESITECH. Existing analog cameras were replaced with Hikvision digital cameras and additional cameras were added. Original coax cabling was re-used, and converters were installed to convert digital signals. However, when this work was done, the original integration between intercom call-ins and camera call-ups was lost and the facility hasn't had that capability since. The recommended next step would be to upgrade the cameras and cabling and provide integration of camera video with the intercom system.

Each portion of the security control system in the addition, considered independently, appears to be functioning adequately for day-to-day operations, but many are beginning to show signs of age and a full upgrade is recommended.

A brief overview of the existing security control system follows.

Public Lobby: Metal detector, no X-Ray machine.

Central Control:

1 existing operator station with touchscreen; touchscreen has control of the Addition doors. Operator station is equipped with eight large video monitors and a keyboard/joystick camera controller. A head end equipment rack for intercom/paging system is located in the room.

Fire alarm control panel and generator annunciator panel are located in the room.

Access floor is installed in the control room, in Reception, and in the equipment room behind the control room (11" nominal height). The access floor has deteriorated in some places due to high traffic and rolling casters, and some panels need to be replaced. If a complete replacement is in order, Moseley Architects recommends installing steel panels with cementitious fill for greater durability.

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Security Electronics Equipment Room (located adjacent to Central Control):

The room has electrical panels, transformer, control system relays, and video decoders, but no equipment racks. The NEC-mandated clearances in front of the electrical panels preclude adding equipment racks in the room. The security control system is protected by a large floor-mounted uninterruptible power supply (UPS) system located in the room.

Satellite Security Electronics Room in the Maintenance Shop:

Head end equipment rack/cabinet for network video recorders (NVR's) and rack-mounted UPS unit. The room is served by a dedicated split system HVAC unit.

Satellite Security Electronics Room in 1963 Building hallway:

Two PLC cabinets are located in the room, along with a floor-mounted UPS and a wall-mounted Harding DXL DCC digital controller.

PLC system:

The security control system utilizes GE Versamax modular PLC's in several different locations in the building.

Door Locking:

The existing systems in the Addition are PLC-controlled, allowing doors to be operated locally by housing unit touchscreens (where applicable) and remotely by Central Control.

Audio/Intercom/Paging:

The primary intercom system is a Harding DXL digital intercom system, which appears to be in good condition other than air filters needing cleaning. The existing paging system is made by Atlas Sound; overhead speakers are located throughout the facility, including in sleeping rooms in the 1963 Building. Threshold monitoring ("scream alarm") is provided via overhead speakers in dayrooms.

There are several locations with controlled doors that do not have intercoms. The recommended next step would be to add intercoms at these locations.

Reception window to Lobby has a talk-thru frame, but an electronic assist is desired to aid communication on both sides. Recommended next step would be to add Haven SC300 countertop talk-thru communicator and/or Harding intercom stations on both sides and integrate into security control system so intercom call from Lobby will ring to touchscreen

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when Reception is not occupied. Also desired is a video monitor in the Lobby so visitors can see who they're talking to.

Video Surveillance:

The existing system provides good coverage of the building and approximately half a dozen locations were identified where additional cameras are needed to prevent blind spots. The system consists of mostly Hikvision cameras.

Video Recording:

Accomplished by Exacqvision VMS software running on Seneca network video recorders (NVRs). All cameras are recorded 24/7 and record at a lower frame rate in absence of motion and an increased frame rate upon seeing motion. The existing system can record 30-45 days of video before over-writing earlier video.

Duress System:

Duress stations are located in Housing Unit staff office in Units 6, 7, & 8 only (alarms ring to Central Control touchscreen).

Access Control:

No system is currently present in the facility.

Watchtour:

No system is currently present in the facility.

Utility control:

Lights & water are controlled to varying degrees in the areas reviewed as part of this study.

Video Visitation System:

A Securus Technologies video visitation unit is located in a training room.

Deficiencies noted:

- As noted in the Detention section, due to the older systems installed in the 1963 Building, these areas are only monitored by camera from Central Control. This leaves these areas without the capability for remote door unlocking and monitoring, and control of movement in those areas from Central Control. There is also no takeover capability from Central Control in the event of an emergency.

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- The existing console in Central Control should be removed to provide more space in the control room and clean up the equipment in the room to include just what is needed to adequately run the facility.
- Cameras: The original analog cameras were replaced with Hikvision digital cameras at some point. Original coax cabling was re-used with converters added to convert signals. Original touchscreen integration between intercoms and cameras was lost when cameras were replaced. The recommended next step for the facility would be to upgrade to a different camera manufacturer such as Bosch, Pelco, Axis, Vicon, or Hanwha (formerly Samsung) and upgrade all wiring to CAT 6e cabling for highest viewing resolution.
- There are several areas where additional cameras are needed. The recommended next step is to increase the camera coverage in these areas to provide overall general coverage, monitor movement, and eliminate blind spots.
- To expand the existing security control system into the 1963 Building and upgrade the existing door locking systems in those areas would require running significant amounts of conduit in above-ceiling areas. The space available above the existing ceilings in these areas ranges from limited to very limited (existing plaster ceilings also limit access).

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SECTION 7
SECURE DETENTION POPULATION FORECAST

This section of the report presents the statistical forecasting methodology and a forecast of the Average Daily Population (ADP) for the Chesapeake Juvenile Detention Center through the year 2038. This section describes the data upon which the statistical forecast is based, the methodology used and the outcomes of the forecasting procedures.

Background

In general detention populations increase or decline based on two key factors: (1) the number of youths admitted to the facility, and (2) the amount of time they remain in detention (length of stay). For example, if admissions decline and length of stay remains unchanged, capacity needs decrease. Historical detention population data (in the case of the enclosed forecast those conditions existing between 2018 and 2023) reflect a set of conditions that existed during a given time. A cautionary note is that several things outside of mathematical changes in monthly detention population figures influence changes in detention populations.

Forecasting most juvenile residential populations is at best a difficult task, and estimating future secure detention population levels is no exception. While forecasts that are too "high" can lead to costly and unnecessary construction projects, forecasts that are too "low" can result in poorly managed systems, overcrowding and facilities that are unsafe for youth and facility personnel. The goal of the forecasting effort is to provide a reasonable estimate of future population levels for planning purposes based on documented and defensible methods that minimize the probability of either under-projecting or over-projecting.

Findings

Forecast Database

The forecast database consists of the average monthly population by month, for the period January 2018 through December 2023. The following table displays the reported monthly average daily population (ADP) figures that make up the database.

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City of Chesapeake Secure Juvenile Detention Center Average Monthly Population Calendar Years 2018 through 2023							
Month	CY-18	CY-19	CY-20	CY-21	CY-22	CY-23	Change
January	25	15	15	12	14	14	-11
February	26	17	16	10	8	16	-10
March	26	23	20	7	7	12	-14
April	24	22	17	6	13	17	-7
May	20	22	15	9	15	12	-8
June	22	22	17	13	13	9	-13
July	18	19	18	10	10	15	-3
August	18	19	17	9	7	17	-1
September	14	21	16	10	9	17	+3
October	14	18	16	11	11	16	+2
November	18	18	14	12	14	16	-2
December	19	14	13	11	10	13	-6
Average	21	20	17	10	11	15	-6
High	26	23	20	13	15	17	-9
Low	14	14	13	6	7	9	-5

- Based on average monthly population figures for each calendar year, the population in the JDC has varied between 6 – 26 residents in the years between CY-18 and CY-23.
- On average, annual changes over the past six calendar years have varied from a high of +21.43%, to a low of -59.09%, and the average annual calendar year population decreased by 4.76% per year between CY-18 and CY-23.
- Between CY-18 and CY-23, the overall average population in the facility was 16 based on annual averages.

Statistical Forecast Methodology

Several different forecast models were developed for projecting the future confined population. Forecasts were generated using Exponential Smoothing models (Holt and Winters) and several different ARIMA models (commonly called Box Jenkins models). Using available diagnostic information, the three best models were selected and compared. In addition, a linear regression model was generated to provide a graphic long-term trend line. All models used to project the population are based upon the assumption that long term historical trends in population levels can be extrapolated into the future. The various models were developed using a software program titled Forecast Pro, developed by Business Forecast Systems.

**CITY OF CHESAPEAKE
JUVENILE DETENTION CENTER
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Three statistical methods were evaluated: Regression, Exponential Smoothing and ARIMA. A series of criteria were reviewed in selecting a method for forecasting the population. The criteria reviewed included the Adjusted R-squared value, the Durbin-Watson, and the BIC (Schwarz Information Criterion), with primary emphasis on the BIC. The BIC measurement rewards goodness of fit to the historical data and penalizes model complexity. Empirical research seems to indicate that making a model more complex to obtain non-significant Durbin-Watson statistic does not result in increased forecasting accuracy. The model with a lower BIC will generally be the more accurate. For juvenile justice data, the BIC is generally a more appropriate statistic, upon which to base a selection, due to the less stable aspects in the justice data series caused by one-time events and other factors.

A series of criteria were reviewed in selecting a method and then a specific model for forecasting the inmate population. These criteria included the Adjusted R-squared value, the Durbin-Watson, and the BIC (Schwarz Information Criterion), with primary emphasis on the BIC.

Interpretation of Comparative Statistical Measures

Adjusted R-Square: **higher values are desired**; this statistic measures "how certain" we can be in making predictions with a model; the proportion of variability in the data set that is accounted for by a model.

MAD (Mean Absolute Deviation): **lower values are desired**; this statistic measures the size of error (the difference between the predicted and actual historical monthly population in the database); measures "how accurate" a model predicts historical data; unlike the forecast error, this statistic does not take into account positive (+) and negative (-) signs.

Durban-Watson (DW): **values close to 2.0 are desired**; this statistic measures problems with a model's capacity to result in good projections (it measures serial correlation problems); as a rule of thumb values of less than 1.2, or greater than 3.7 indicate serial correlation issues; however, empirical research seems to indicate that making a model more complex in order to obtain a non-significant Durbin-Watson statistic does not result in increased forecasting accuracy.

Standardized BIC: **lower values are desired**; rewards goodness of fit to the historical data and penalizes model complexity; the model with a lower BIC will generally be the more accurate. For criminal justice data, the BIC is generally a more appropriate statistic upon which to base a selection, due to the less stable aspects in the criminal justice data series caused by one-time events and other factors.

Diagnostic information associated with three ARIMA (Box Jenkins) models is presented below. These three models displayed superior diagnostic information and represent the three "best" models. For comparison purposes, information associated with a linear regression model is also presented.

**CITY OF CHESAPEAKE
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City of Chesapeake JDC Facility Population Forecast Model Options				
Statistic	Linear Regression	Box-Jenkins		
		Alternate 1 (1,0,0)*(0,0,1)	Alternate 2 (2,1,1)*(0,0,1)	Alternate 3 (2,0,3)*(0,0,1)
Adj. R-Square	0.67	0.73	0.70	0.70
Durbin-Watson	2.07	2.05	2.01	2.05
Forecast Error	2.65	2.49	2.59	2.59
MAD	2.18	1.99	2.03	2.01
Standardized BIC	2.78	2.61	2.83	2.96

- Overall, based on the comparative statistics displayed in the table above, the Box-Jenkins (1,0,0)*(0,0,1) model – Alternate 1 - demonstrated the superior diagnostic statistics, based on BIC, Adjusted R-Square statistics, Forecast Error and Mean Absolute Deviation (MAD).

The resulting forecasts for each of the models are presented in three-year intervals, for February of the year identified in the table that follows.

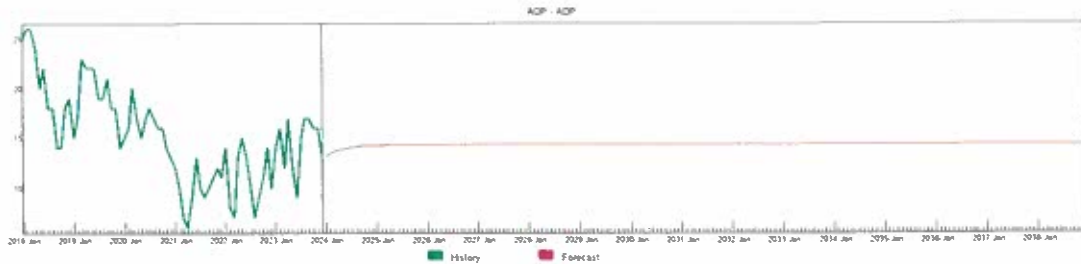
Comparison of Model Forecasts Projected Secure Detention Population					
June of Each Year	Linear Regression	Box-Jenkins			Average (Excluding Regression)
		Alternate 1 (1,0,0)*(0,0,1)	Alternate 2 (2,1,1)*(0,0,1)	Alternate 3 (2,0,3)*(0,0,1)	
2026	14	15	16	15	15.33
2029	14	15	16	15	15.33
2032	14	15	16	15	15.33
2035	14	15	16	15	15.33
2038	14	15	16	15	15.33

- In the projected year 2026, the average projected ADP for June is 15.33, with the range being flat (from a low of 15, and a high of 16); in the projected year 2038, the average projected ADP for June is 15.33, with the range being flat (from a low of 15, and a high of 16).

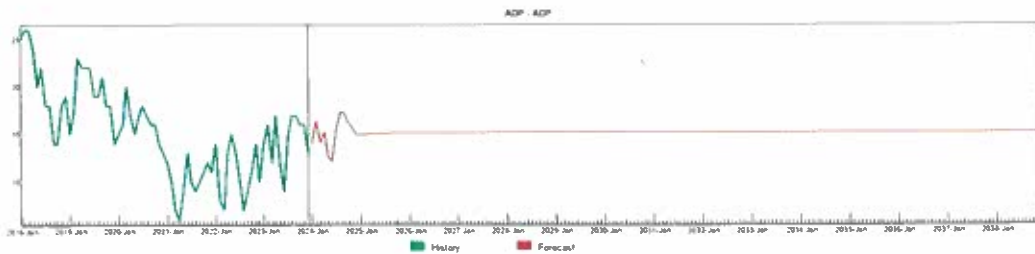
The resulting forecasts for each of alternative models is presented graphically in the following exhibits.

**CITY OF CHESAPEAKE
JUVENILE DETENTION CENTER
NEEDS ASSESSMENT**

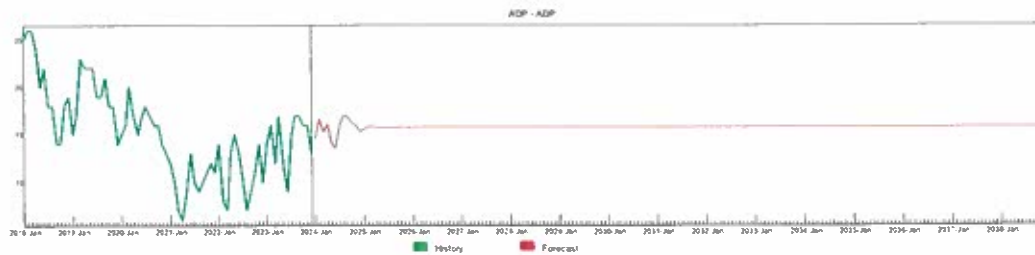
**City of Chesapeake Secure Detention
Population Forecast: Regression**



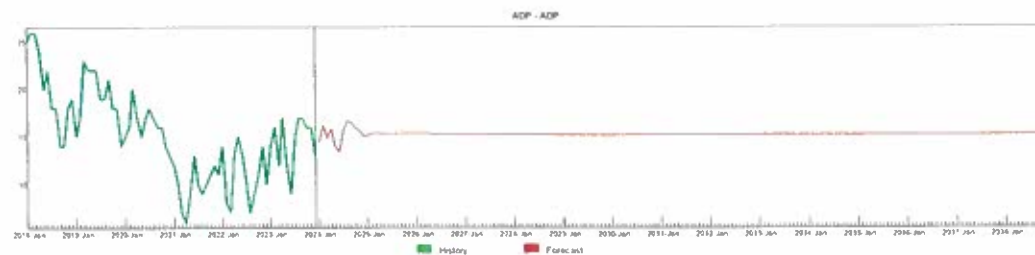
**City of Chesapeake Secure Detention
Population Forecast: Alternate 1**



**City of Chesapeake Secure Detention
Population Forecast: Alternate 2**



**City of Chesapeake Secure Detention
Population Forecast: Alternate 3**



**CITY OF CHESAPEAKE
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Forecast Selection

The diagnostic information for each of the three Box-Jenkins models presented in the preceding tables, suggests that the Box-Jenkins model (1,0,0)*(0,0,1) – Alternative 1 is superior. As referenced above, this model has a better Adjusted R Square, Standardized BIC, smaller forecasting error and a superior MAD statistic than the alternative models.

- It is recommended that the resulting forecast from Alternative 1 be used for planning purposes.
- The actual historical monthly ADP and the forecast for future years are depicted in the table that follows.
- The average calendar year population is projected to remain below 16 throughout the forecast period – with an average of 15 residents per year.

The recommended forecast is displayed in the following table.

City of Chesapeake Secure Detention Center Average Calendar Year Population		
Calendar Year	Average CY Population	Change
Historical		
2018	21	---
2019	20	-4.76%
2020	17	-15.00%
2021	10	-41.17%
2022	11	10.00%
2023	15	36.36%
Forecast		
2024	15	0.00%
2025	15	0.00%
2026	15	0.00%
2027	15	0.00%
2028	15	0.00%
2029	15	0.00%
2030	15	0.00%
2031	15	0.00%
2032	15	0.00%
2033	15	0.00%
2034	15	0.00%
2035	15	0.00%

Average -28.57%

**CITY OF CHESAPEAKE
JUVENILE DETENTION CENTER
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2036	15	0.00%
2037	15	0.00%
2038	15	0.00%
Average		0.00%

Statewide Juvenile Home Population Forecast

In October 2022, The Secretary of Public Safety and Homeland Security released the Commonwealth's official forecast of statewide secure detention bed space needs through fiscal year 2028. The forecast is displayed in the following table.

Secure Detention Statewide Bed Space Projections (FY-23 through FY-28)		
FY-2023	406	---
FY-2024	412	+1.47%
FY-2025	419	+1.69%
FY-2026	427	+1.90%
FY-2027	434	+1.63%
FY-2028	441	+1.61%
Average Change		+1.66%

- The statewide forecast of the secure detention population in the Commonwealth suggests that the overall resident population will increase over the next several years by an average of 1.66% per year.

The City of Chesapeake is currently exploring the potential of provided bed and program space to accommodate fifteen (15) additional beds associated with Tidewater Youth Services. These beds and services would operate independently and separately from the JDC. Should the City of Chesapeake pursue a new facility or any renovations to the current facility, space for Tidewater Youth Services should be included in the planning efforts.

The table below displays forecast scenarios through fiscal year 2028 under different assumptions that consider the official Statewide forecast. FY-2028 was selected for display since it is the last year in the official statewide projection horizon.

**CITY OF CHESAPEAKE
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City of Chesapeake Juvenile Detention Center Bed Space Planning Scenarios			
	(1)	(2)	(3)
Year	Chesapeake Forecast	Additional 15 TYS Beds	Chesapeake Forecast with 15 TYS Beds
FY-2024	15	15	30
FY-2025	15	15	30
FY-2026	15	15	30
FY-2027	15	15	30
FY-2028	15	15	30

Column (1) above displays projected bed space needs for the City of Chesapeake youth based on the forecast described in this document. Column (2) displays a scenario of projected need based on the forecast described in this report and the assumption that an additional 15 TYS beds are added to the population forecast. Column (3) displays the total projected bed forecast when combining the forecast with the TYS beds needed.

- Based on the statistical forecast described in this report, the city should plan on a JDC which will accommodate approximately 30 residents. This would include the accommodation of 15 TYS participants.

CITY OF CHESAPEAKE
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SECTION 8
FINDINGS AND CONCLUSIONS

Significant Findings

- *Significant Finding:* The City of Chesapeake has been steadily growing and will continue that trend. The City of Chesapeake's population has grown 1.8% in the past three years and growth is predicted to continue. Further, it is projected that Chesapeake's population will increase by 25.6% to well over three-hundred thousand residents by 2050.
- *Significant Finding:* While the general population in the City of Chesapeake is estimated to have increased by approximately 3% between 2019 – 2023, the overall crime incident rate per 100,000 persons declined by 9.8% from 7,529 in 2018 to 6,789 in 2022.
- *Significant Finding:* Crime rates in Virginia declined from 2018 to 2020, but then began to increase, with 2022 showing slight increases statewide for the rates of crimes against persons and crimes against property in 2022 over 2018. The rate of crimes against society has declined and was 43.4% lower in 2022 than in 2018 statewide. The statewide trends are observed in the City of Chesapeake in all three categories, although in the City of Chesapeake 2022 crime rates, though trending upwards, remain below the rates of 2018.
- *Significant Finding:* Violent Crime (Murder, Aggravated Assault, Robbery, Rape) have increased 18.2% statewide, but have only increased 7.0% in the City of Chesapeake. This increase is almost entirely due to the increase in aggravated assaults and murder/nonnegligent manslaughter.
- *Significant Finding:* Juvenile arrests in the City of Chesapeake have declined by 29.37% from 2018-2022. These reductions are seen in most categories, as arrests for crimes against property declined 39.6%, arrests for crimes against society declined 21.1%, and arrests for Group B offenses declined 43.6%.

Conclusions

Overall, the Chesapeake Juvenile Detention Center is a well ran facility and has effectively served the City of Chesapeake for several years. The facility served several surrounding jurisdictions until 2023 at which time a decision was made for the facility to serve the City of Chesapeake exclusively. The appears to be good communication and cooperation among the various players in the City of Chesapeake's juvenile justice system. It appears that the stakeholders serve as a team throughout

**CITY OF CHESAPEAKE
JUVENILE DETENTION CENTER
NEEDS ASSESSMENT**

much of the system that fosters partnerships between the JDC and other entities which enables the efficient and effective use of resources available in the city and area.

The space currently housing the JDC appears to be well utilized and has the capacity to accommodate future growth with modifications. There are modifications that should be considered regarding the addition that was completed in the 1990's and serious consideration should be considered in replacing the original sections which opened in the 1960's.

Stakeholders agree that the juvenile justice system in the county does a good job at preventing unnecessary and costly detention. There is a common understanding that detention at the JDC must be limited to the most serious cases and that diversion, pre-disposition release, program-based alternatives to detention, and probation should be used whenever possible. There was a common theme when talking with stakeholders that shelter care for Chesapeake is lacking in should be considered when looking at the future of the detention center.

Yvonne B. Miller High School and Post-Secondary Programs

Deana Williams
School Superintendent

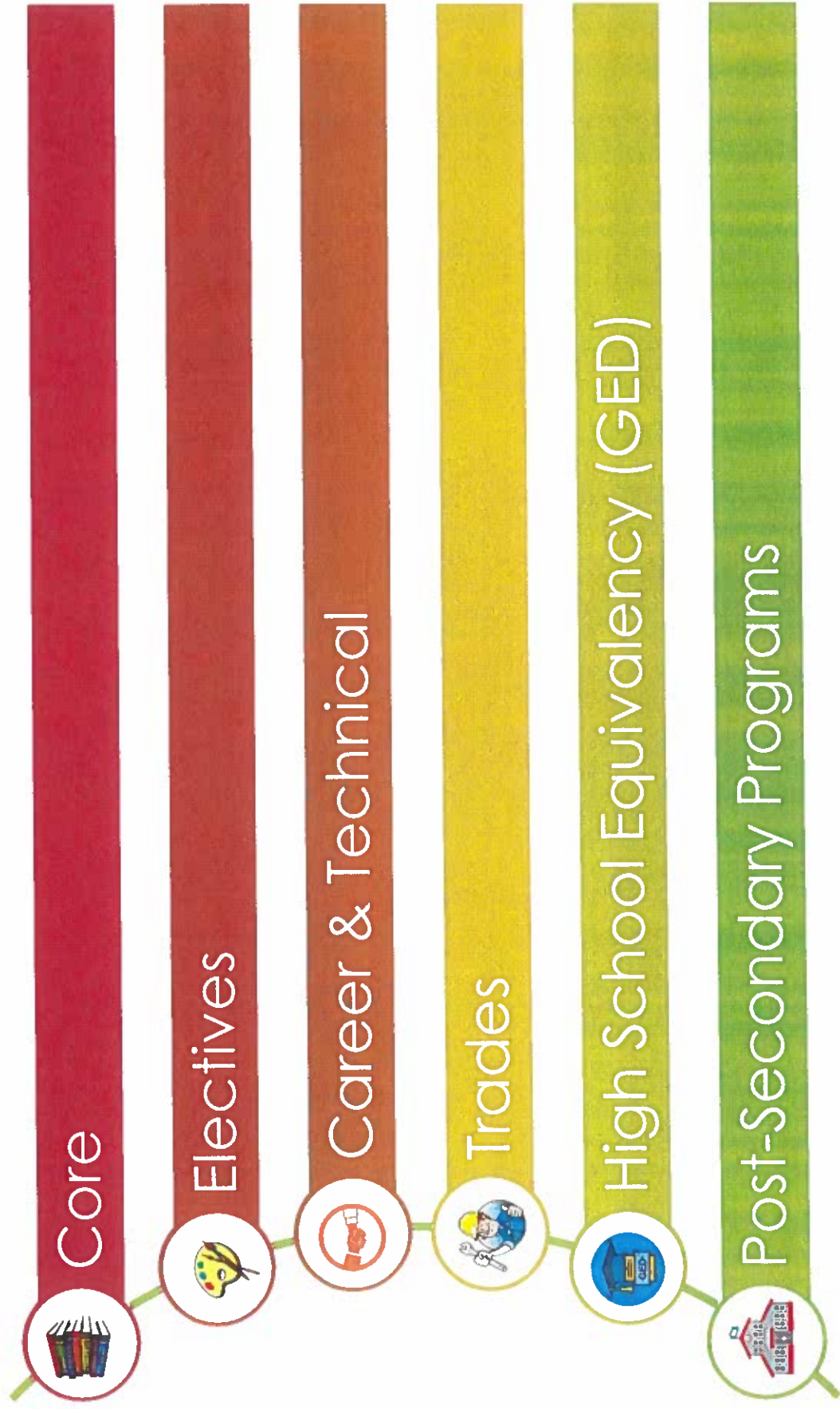


**Virginia Department
of Juvenile Justice**





Yvonne B. Miller High School and Post-Secondary Programs



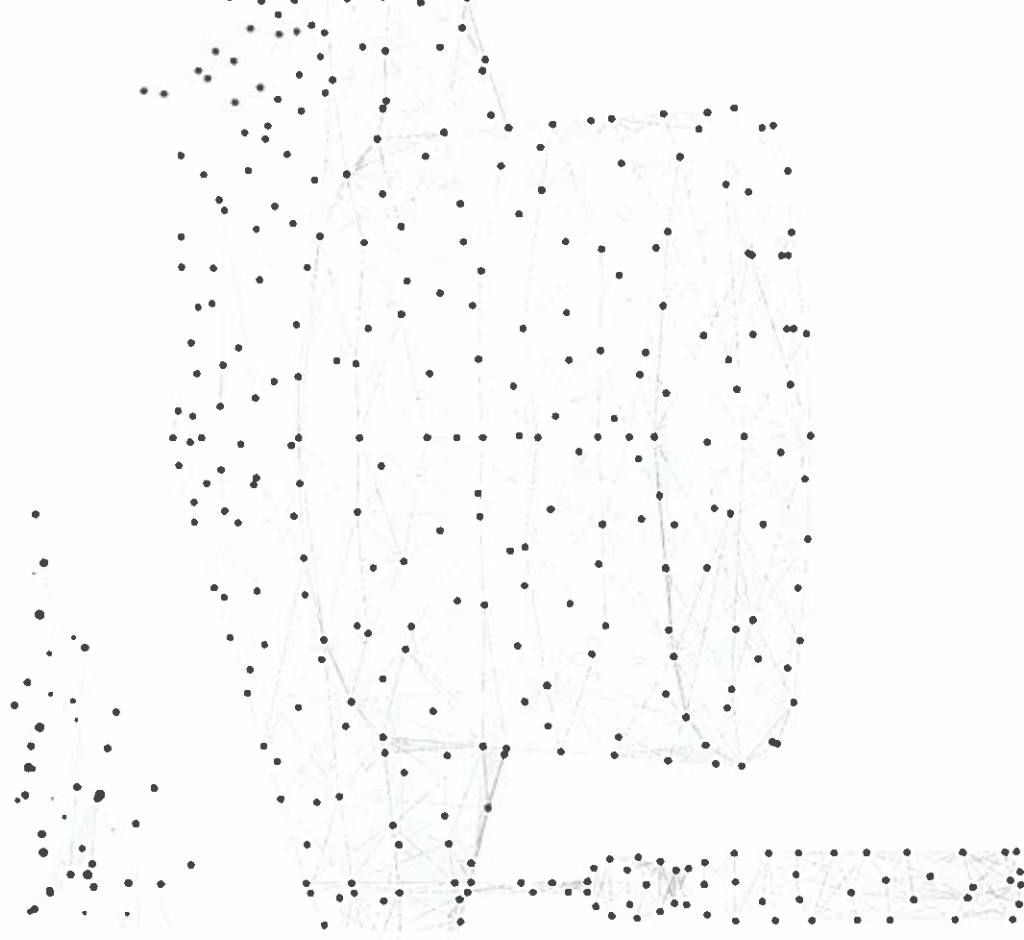
Instructional Model

Blended learning combines traditional face-to-face instruction with online activities and hands-on experiences, creating a flexible and personalized learning environment. This model also enhances accessibility, particularly for students who face scheduling or location challenges.

Through blended learning, teachers can focus on providing individualized support, fostering active learning, and improving retention. Combining these diverse formats not only enhances academic outcomes but also builds essential digital literacy skills, preparing students for future careers.



Digital Learning Platforms



Virtual Virginia through Canvas:
Core Subjects & Electives

iCEV:
Career & Technical Education

NCCER (with VITA):
Trades

GED Academy:
GED®/High School Equivalency
(HSE)



Universal Screening Assessments

STAR Reading & Math

- Administered in October & March or at the time of enrollment/exit.
- Purpose is to help determine students' proficiency levels, identify gaps in knowledge, and guide interventions.

Home Language Survey

- Administered at the beginning of the school year or at the time of enrollment.
- Purpose is to determine if a student speaks a language other than English at home. If the answer is "yes," it signals that the student may need further assessment to determine their English language proficiency.

Gifted Academic Screener (Language and Math)

- Completed at the beginning of each school year or semester, depending upon the school schedule.
- Used to target potential gifted students.
- Used in conjunction with other assessments and information prior to making a referral.



Diagnostic Tests for the Literacy Program

Qualitative Reading Inventory (QRI)

tests words in isolation and reading passages for comprehension

Core Phonics Survey

tests phonics skills in decoding for real words and pseudo words

Words Their Way

tests knowledge of phonics in encoding (spelling)



Diagnostic Tests for EL Students

WIDA Screener

- Administered after home language survey and students are identified as speaking a language other than English.
- Purpose is to assess the English proficiency of students whose first language is not English and to determine eligibility for language support services.



Growth Assessments

**ACCESS
Online for
EL Students**

Administered in February

Annual test to monitor proficiency in English and decide whether a student still needs support

**VDOE Growth
Assessments
for Reading
& Math**

Grades 6 - 8

Administered in the fall and winter

To track how much a student has improved over time, helping educators identify areas where students need more support

**Star
Reading
& Math**

Grades 6-12

**Administered in the fall and spring, or at the time of enrollment
To track how much a student has improved over time, helping educators identify areas where students need more support**



Student Assessments and Educational Apps

Assessments

- ISAEF/GED®
- SOL Testing (Fall and Spring)
- ACT WorkKeys- substitute test for EOC Reading and Writing SOLs
- WISE Financial Literacy testing

Educational Apps

- Newsela (ELA, SS, SCL)
- Gizmos (SCL, Math)
- Everfi (financial literacy)
- Lexia (ELA)
- NoRedInk (Writing across curriculum)



Career Assessments

Academic & Career Plan

Career
Clusters
Interest Survey

O*NET Interest
Profiler

Career
Personality
Survey

Pathful Explore
(Virginia Job
Shadowing)

Brigance
Transition Skills
Inventory

ASVAB
Measures

Career Scope



Support Programs and Services

Support Programs

- Special Education
- Section 504
- English Language (EL)
- Reading Specialist
- Gifted Programs

Support Services

- School Counselors
- School Psychologist
- Reenrollment Coordinator
- Transition Specialists
- Compliance Specialists
- Assessment Specialist
- Instructional Technology Resource Specialist
- Library Media Specialist



Yvonne B. Miller High School and Post-Secondary Programs

Student Count HS

115

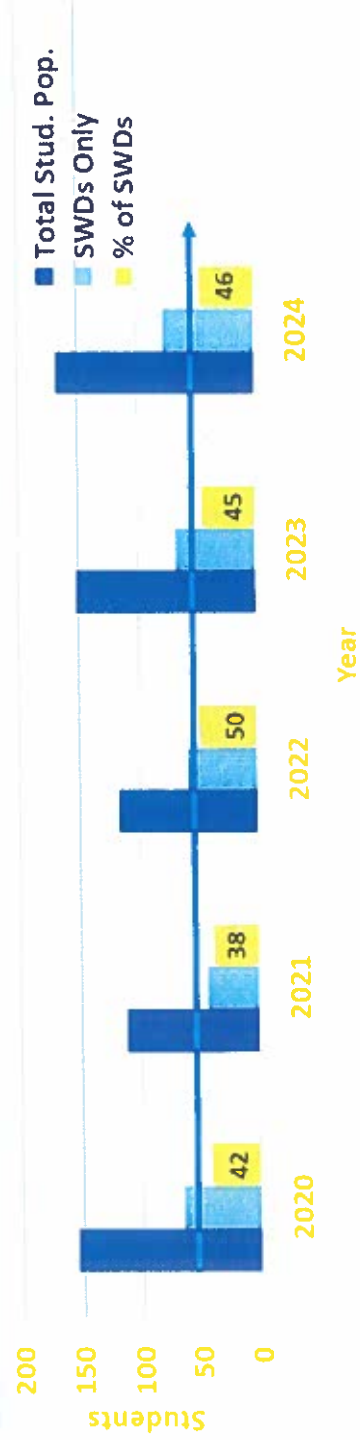
Student Count PSP

65

Data extracted from PowerSchool February 26, 2025

Students with Disabilities Compared to the Total Student Population

	2020	2021	2022	2023	2024
Total student count = disabled and non-disabled	154	112	117	151	167
Total students with disabilities	65	43	59	68	77
Percentage of students with disabilities (State average is around 14%)	42% (34% SPED 8% 504)	38% (33% SPED 5% 504)	50% (35% SPED 15% 504)	45% (40% SPED 5% 504)	46% (33% SPED 13% 504)
	15-Jul-20	15-Jun-21	15-Jul-22	15-Jun-23	15-Jun-24



Despite the student population, the percentage of SWDs has remained somewhat consistent each year



Primary Disability Categories Only

Based on total number of disabled students

	2020	2021	2022	2023	2024
Emotional Disability (ED)	34%	37%	26%	31%	47%
Other Health Impairment (OHI)	20%	26%	32%	34%	29%
Specific Learning Disability (SLD)	17%	16%	21%	18%	9%
Intellectual Disability (ID)	5%	7%	3%	3%	0%
Hearing Impaired	0%	0%	0%	2%	1%
Autism (AUT)	4%	2%	3%	2%	1%
Section 504 Disability	20%	12%	15%	10%	13%
Speech Language Only	0%	0%	0%	0%	0%
* Speech Language as a Related Service	0%	0%	0%	9%	4%

*Speech language as a Related Service is not a primary disabilities.

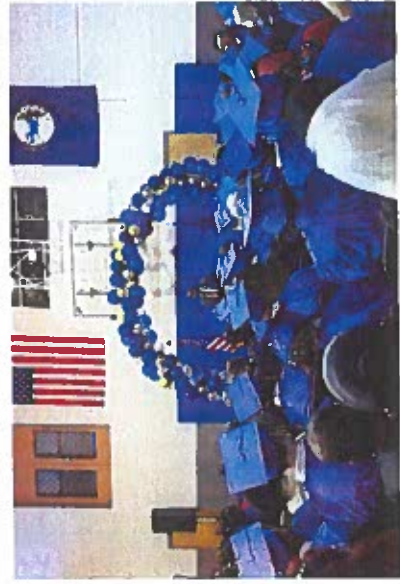
(data reported on June 15 ea. yr.)





YBMHS Three Year Graduation Rate

YVONNE B. MILLER HIGH SCHOOL COMPLETION			
	2021-2022	2022-2023	2023-2024
Advanced Studies Diploma	1	0	0
Standard Diploma	7	23	25
Applied Studies Diploma	2	1	1
Penn Foster High School Diploma	N/A	N/A	N/A
GED® Certificate	12	9	16
Total number of graduates	22	33	42



Data extracted: 7/8/24

Questions

**SUMMARY
DIRECTOR'S CERTIFICATION ACTIONS
December 16, 2024**

Certified the 15th District Court Service Unit to June 16, 2025, with a report from the Regional Program Manager on the areas identified as not determinable.

Certified the 19th District Court Service Unit (Fairfax) to March 17, 2027.

Certified the Aurora House Group Home to August 23, 2027, with a letter of congratulations for 100% compliance.

Certified the Chaplin Youth Center to June 9, 2027.

Certified the Lynchburg Youth Group Home to September 7, 2027.

**CERTIFICATION AUDIT REPORT
TO THE
DEPARTMENT OF JUVENILE JUSTICE**

PROGRAM AUDITED:

15th District Court Service Unit
601 Caroline Street, Suite 400, 4th Floor
Fredericksburg, VA 22401
(540) 372-1068
Natasha Cheek, Director
natasha.cheek@djj.virginia.gov

AUDIT DATES:

October 3, 2023

CERTIFICATION ANALYST:

Learna Harris

CURRENT TERM OF CERTIFICATION:

September 15, 2020- September 14, 2023

REGULATIONS AUDITED:

6VAC35-150 Regulations for Nonresidential Services Available to Juvenile and Domestic Relations District Courts

PREVIOUS AUDIT FINDINGS – November 4, 2020

96.30% Compliance Rating

Number of Deficiencies: Two

6VAC35-150-410 (A). Commitment Information

6VAC35-150-420 Contacts during juvenile's commitment

CURRENT AUDIT FINDINGS – October 3, 2023

88.60% Compliance Rating

*Two repeated deficiencies from previous audit.

Number of Deficiencies: Five

6VAC35-150-336 (A). Social histories.

6VAC35-150-350 (A). Supervision plans for juveniles. (9324)

6VAC35-150-355 (A). Electronic Monitoring

***6VAC35-150-410 Commitment Information**

***6VAC35-150-420 Contacts during juvenile's commitment**

Community Supervision Phase

Supervisor responsibilities

DIRECTOR'S CERTIFICATION ACTION – May 1, 2024: Certified the 15th District Court Service Unit to December 1, 2024, with a status report on the areas of non-compliance from the Regional Program Manager.

DIRECTOR'S CERTIFICATION ACTION- December 16, 2024: Certified the 15th District Court Service Unit to June 16, 2025, with a report from the Regional Program Manager on the areas identified as not determinable.

Pursuant to 6VAC35-20-100C.2, if the certification audit finds the program or facility in less than 100% compliance with all regulatory requirements and a subsequent status report, completed prior to the certification action, finds 100% compliance on all regulatory requirements, the director or designee shall certify the facility for a specific period of time, up to three years.

TEAM MEMBERS:

Learna Harris, Team Leader
Shelia L. Hinton, Central Office

Wanda Parris-Flanagan, Central Office

POPULATION SERVED:

The 15th District Court Service Unit serves the City of Fredericksburg and the counties of Caroline, Essex, Hanover, King George, Lancaster, Northumberland, Richmond, Spotsylvania, Stafford and Westmoreland.

PROGRAMS AND SERVICES PROVIDED:

- Intake Services
- Investigations and Reports
- Domestic Relations
- Probation & Parole

Other Services:

- Community service work, EIP, substances abuse evaluation and groups, anger management, mentoring, larceny reduction, restorative justice and parenting classes through the Office on Youth.
 - Preventive foster care, foster care, re-entry planning, Medicaid, food stamps, etc. through local Department of Social Services.
 - Coordination of educational services and programming through school systems in each locality.
 - Alternative schooling, career placement, independent living skills through Employment Resources Incorporated.
 - Mental health and substance abuse services, including assessment, treatment and medication monitoring and Re-Entry Planning through the Community Services Board.
 - Private mental health and substance abuse services.
 - Sex offender counseling through private vendors.
 - Shelter care, group home and aftercare services through Chaplin Youth Center.
 - Substance abuse and intensive supervision through Drug Courts in Hanover and Rappahannock Regional (King George, Spotsylvania, Stafford and Fredericksburg)
-

**CORRECTIVE ACTION PLAN
TO THE
DEPARTMENT OF JUVENILE JUSTICE**

FACILITY/PROGRAM: 15th District Court Service Unit (Fredericksburg)
SUBMITTED BY: Natasha Cheek, CSU Director
CERTIFICATION AUDIT DATES: October 3, 2023
CERTIFICATION ANALYST: Learnia R. Harris

Under Planned Corrective Action indicate; 1) The cause of the identified area of non-compliance. 2) The effect on the program. 3) Action that has been taken/will be taken to correct the standard cited. 4) Action that will be taken to ensure that the problem does not recur.

6VAC35-150-336 (A). Social histories.

A social history shall be prepared in accordance with approved procedures (9230) Effective 9/14/2016.

Pre-dispositional Reports

Audit Finding:

Six of seven applicable cases reviewed were completed past the 45 days from adjudication with no waiver being documented.

Program Response

Cause:

New supervisor was not aware that a waiver was needed for social histories.

Effect on Program:

There was not a negative impact on social histories being completed.

Planned Corrective Action

- Audit results will be shared with supervisors and staff.
- Director will review the waiver procedure with supervisors.
- The waiver will need to be sent via email to the director.
- Social histories with waivers will need to be placed on the district drive.
- A self-audit will be completed by February 29, 2024.

Completion Date:

The completion date will be **December 1, 2023**.

Person Responsible:

The director and supervisors will be responsible for ensuring the success of this corrective action.

Status on March 26, 2024: Non-Compliant

Three of seven applicable cases reviewed were completed past the 30 days from adjudication if

contained or past the 45 days from adjudication if not detained and no waiver was documented.

RPM Stephanie Garrison Status Review on June 26, 2024: Compliant

Three of three applicable cases reviewed were completed before 30 days (Detained) and before 45 days (non-detained) had waivers completed and documented before the disposition Court date.

355 (A) Electronic monitoring. (Without Court Order)

Audit Finding:

Three of five applicable cases reviewed were either missing the parent signature or the time frame.

Program Response

Cause:

Employees did not document the information as required.

Effect on Program:

There was not a negative impact on the cases enrolled in the EIP program.

Planned Corrective Action

- Supervisors will review EIP enrollment documents in every instance that the youth is placed in the program.
- A self-audit will be completed by February 29, 2024.

Completion Date:

The completion date is December 1, 2023.

Person Responsible:

The CSU director and supervisors will be responsible for ensuring the success of this corrective action.

Status on March 26, 2024: Non-Compliant

Two of two applicable cases reviewed did not provide the time frame the juvenile was to be on electronic monitoring.

RPM Stephanie Garrison Status Review on June 26, 2024: Compliant

Six of six applicable cases reviewed had all required signatures and the time frame.

350 (A) Supervision plans for juveniles. (9324)

To provide for the public safety and address the needs of a juvenile and that juvenile's family, a juvenile shall be supervised according to a written individual supervision plan, developed in accordance with approved procedures and timeframes, that describes the range and nature of field and office contact with the juvenile, with the parents or guardians of the juvenile, and with other agencies or providers providing treatment or services.

Audit Finding: Non-compliant

Four of seven applicable case plans reviewed did not document in the case narrative that the case plan was signed by all parties.

Program Response

Cause:

Employees omitted information that was required for BADGE notes.

Effect on Program:

The action did stop case plans from being created.

Planned Corrective Action

- Audit results will be shared with supervisors and staff.
- Director will review the procedure with supervisors.
- The director will provide a template to the supervisors and staff.
- Every time a case plan is created, the BADGE note will be emailed in an encrypted message to the supervisor.
- A self-audit will be completed by February 29, 2024.

Completion Date:

The completion date is **December 1, 2023**.

Person Responsible:

The director and supervisors will be responsible for ensuring the success of this corrective action.

Status on March 26, 2024: Non-Compliant

One applicable case reviewed did not document in the case narrative that the case plan was signed by all parties.

RPM Stephanie Garrison Status Review on June 26, 2024: Not Determinable

There was the only applicable case. However, he was placed on supervised probation on March 12, 2024. There is a note in the running record dated June 21, 2024, that he is scheduled to meet with the PO at 3:00 that day to work together to develop a case plan. Well over 45 days.

410. Commitment Information

When a juvenile is committed to the Department, the juvenile may not be transported to the Reception and Diagnostic Center (RDC) until (i) the items and information required by the Code of Virginia and approved procedures have been received by RDC and (ii) the case is accepted by RDC (RDC refers to the CAP Unit).

Initial Family Meeting

Audit Finding:

Five of seven applicable cases reviewed either did not have juvenile signatures or were not completed.

Program Response

Cause:

The employees did not complete the required form.

Effect on Program:

Failure to complete the form did not impact the youth's placement.

Planned Corrective Action

- Audit results will be shared with supervisors and staff.
- The director will review the parole timeline checklist on page 68 with supervisors.
- The supervisors will review the parole timeline checklist on page 68 with staff.
- The director will collect documents related to this non-compliance area and have discussions with the supervisors monthly.
- A self-audit will be completed by February 29, 2024.

Completion Date:

The completion date is **December 1, 2023**.

Person Responsible:

The CSU director and supervisors will be responsible for ensuring the success of this corrective action.

Status on March 26, 2024: Not Determinable

There were no applicable cases for review.

RPM Stephanie Garrison Status Review on June 26, 2024: Not Determinable

There were no applicable cases for review.

420. Contacts during juvenile's commitment

During the period of a juvenile's commitment, a designated staff person shall make contact with the committed juvenile, the juvenile's parents, guardians, or other custodians, and the treatment staff at the juvenile's direct care placement as required by approved procedures. The procedures shall specify when contact must be face-to-face contact and when contacts may be made by video conferencing or by telephone.

With Juvenile

Audit Finding:

- Five of eight applicable cases reviewed were missing monthly contacts with the juvenile.

Status on March 26, 2024: Non-Compliant

One of five applicable cases reviewed was missing a monthly contact with the juvenile.

- Eight of eight applicable cases reviewed did not discuss the required elements of the monthly contact.

Status on March 26, 2024: Non-Compliant

Three of five applicable cases reviewed did not discuss all the required elements for the monthly contact with the juvenile.

RPM Stephanie Garrison Status Review on October 26, 2024: Compliant

Six of six applicable cases reviewed documented all the required elements for the monthly contact with the juvenile.

- Five of eight applicable cases reviewed did not document the monthly contact, in detail, in the Caseload Management module of BADGE as a monthly contact.

Status on March 26, 2024: Non-Compliant

Four of five applicable cases reviewed did not document the monthly contact, in detail, in the Caseload Management module of BADGE as a monthly contact.

RPM Stephanie Garrison Status Review on October 26, 2024: Compliant

Six of six applicable cases reviewed documented the monthly contact, in detail, in the Caseload Management module of BADGE as a monthly contact.

With Family

Four of five applicable cases reviewed did not discuss the required elements for the monthly contact.

Status on March 26, 2024: Non-Compliant

Three of three applicable cases reviewed did not discuss all the required elements for the monthly contact with the family.

RPM Stephanie Garrison Status Review on October 26, 2024: Compliant

- Six of six applicable cases reviewed discussed all the required elements for the monthly contact with the family.
- Three of five applicable cases reviewed were missing monthly face to face contacts with the parent or legal guardian.

Status on March 26, 2024: Compliant

One of three applicable cases reviewed was missing a monthly face to face contact with the parent or legal guardian.

Community Supervision Phase

Audit Finding:

- **Three of five applicable cases reviewed the parole rules were not provided.**

Status on March 26, 2024: Not Determinable

There were no applicable cases for review.

RPM Stephanie Garrison Status Review on June 26, 2024: Compliant

Two of two applicable cases reviewed had parole rules signed by all parties.

- Two of five applicable cases reviewed the signed CRCP prior to release was not provided.

Status on March 26, 2024: Not Determinable

There were no applicable cases for review.

RPM Stephanie Garrison Status Review on October 26, 2024: Compliant

Two of three applicable cases had documentation that the PO reviewed and revised the CRCP

at least 90 days before the anticipated release date, as determined by the early and late release dates, by adding/revising goals and action steps for the parole supervision period with input from: juvenile, parent and counselor.

Supervisor responsibilities

Audit Finding:

Three of four applicable cases reviewed did not have documentation of the case staffing for level three and level four cases at least every thirty (30) days with the probation officer and supervisor.

Program Response

Cause:

Staff and supervisors did not adhere to all the requirements within the parole manual. Staff did not document in BADGE as required.

Effect on Program:

There was no impact on the program.

Planned Corrective Action

- Audit results will be shared with supervisors and staff.
- The development of the case plan will take place on site. The parole rules and case planning will be completed in person.
- The director will review the parole checklist on page 68 with supervisors.
- The supervisors will review the parole checklist on page 68 with their staff.
- The director will maintain a list of direct care and parole youths.
- The director will have monthly discussion with each supervisor about their level four and level three cases.
- A self-audit will be completed by February 29, 2024.

Completion Date:

The completion date is **December 1, 2023**.

Person Responsible:

The director and supervisors will be responsible for ensuring the success of this corrective action.

Status on March 26, 2024: Not Determinable

There were no applicable cases for review.

RPM Stephanie Garrison Status Review on June 26, 2024: Not Determinable

There were no applicable cases for review.

**CERTIFICATION AUDIT REPORT
TO THE
DEPARTMENT OF JUVENILE JUSTICE**

PROGRAM AUDITED:

19th District Court Service Unit (Fairfax)
4110 Chain Bridge Road, Suite 210
Fairfax, Virginia 22030
703-246-3343
R. Matt Thompson, CSU Director
robert.thompson@fairfaxcounty.gov

AUDIT DATE:

November 30, 2023

CERTIFICATION ANALYST:

Wanda Parris-Flanagan

CURRENT TERM OF CERTIFICATION:

March 18, 2021 - March 17, 2024

REGULATIONS AUDITED:

6AC35-150 Regulations for Nonresidential Services Available to Juvenile and Domestic Relations District Courts

PREVIOUS AUDIT FINDINGS – April 8, 2021:

100% Compliance Rating

CURRENT AUDIT FINDINGS- November 30, 2023

91.3% Compliance Rating

6VAC35-150-350 (A). Supervision plans for juveniles.

6VAC35-150-350 (B). Supervision plans for juveniles.

6VAC35-150-410 (B). Commitment information

6VAC35-150-420. Contacts during juvenile's commitment.

DIRECTOR'S CERTIFICATION ACTION July 9, 2024: Continued the current certification status of the 19th District Court Service Unit to December 1, 2024, with a status report from the Regional Program Manager on the areas where there is continued non-compliance.

DIRECTOR'S CERTIFICATION ACTION - December 16, 2024: Certified the 19th District Court Service Unit to March 17, 2027.

Pursuant to 6VAC35-20-100C.2, if the certification audit finds the program or facility in less than 100% compliance with all regulatory requirements and a subsequent status report, completed prior to the certification action, finds 100% compliance on all regulatory requirements, the director or designee shall certify the facility for a specific period of time, up to three years.

TEAM MEMBERS:

Wanda Parris-Flanagan, Team Leader
Learna Harris, Central Office
Shelia L. Hinton, Central Office

POPULATION SERVED:

The 19th District Court Service Unit serves the County of Fairfax and the City of Fairfax.

PROGRAMS AND SERVICES PROVIDED:

The 19th District Court Service Unit provides mandated services including:

- Intake
- Probation supervision
- Direct care and parole supervision
- Investigative reports
- Domestic Relations Services

The Unit interacts with the community in obtaining such services as:

- Community services
 - Substance abuse services
 - Mental health services
 - Sex offender services and treatment
 - Diversion programs
 - Family planning/Resource meetings
-

**CORRECTIVE ACTION PLAN
TO THE
DEPARTMENT OF JUVENILE JUSTICE**

FACILITY/PROGRAM: 19th District Court Service Unit-Fairfax

SUBMITTED BY: Matt Thompson, Director

CERTIFICATION AUDIT DATES: November 30, 2023

CERTIFICATION ANALYST: Wanda Parris-Flanagan

Under Planned Corrective Action indicate; 1) The cause of the identified area of non-compliance. 2) The effect on the program. 3) Action that has been taken/will be taken to correct the standard cited. 4) Action that will be taken to ensure that the problem does not recur.

410 (B). Commitment Information.

If a juvenile is transported to the Department directly from the court, in addition to ensuring the immediate delivery of the items required in subsection A of this section, unit staff shall immediately notify RDC (CAP) by telephone of the juvenile's impending arrival.

Initial Family Meeting: The PO shall convene an initial face-to-face family with the juvenile and family following after juvenile's commitment and before the classification and Evaluation Staffing Team (CEST) meeting. When face-to-face is not feasible, PO shall conduct the meeting via telephone or video conferencing. The meeting shall include discussions on the following:

- a. An orientation of the commitment process and re-entry phases;
- b. Discuss and determine the Family Domain goals of the Comprehensive Re-entry Case Plan (CRCP);
- c. The family's and juvenile's expectations, goals, strengths, and concerns regarding commitment.
- d. Identify any mental health, medical, and special needs the facility staff will need to know if this information was not included in the commitment letter or needs to be updated;
- e. Identify and address family resources, community support groups, re-entry placement barriers;
- f. Develop a written plan which includes the following:
 - a. frequency of visits;
 - b. transportation plan; and
 - c. potential barriers.
- g. Identify potential positive family support system, including contact information (document in BADGE); and
- h. Identify individuals to add the approved visitation list and document in BADGE.

Audit Finding:

Six out of ten applicable case files reviewed were missing the forms for the initial family meeting.

Program Response

Cause:

Some parole officers were unaware they needed to complete a form documenting the initial family meeting since the documentation of the meeting was included in the running record in BADGE.

Effect on Program:

Although some of the reviewed cases were missing the initial family meeting form, documentation that the meeting occurred was included in the running record in BADGE. Completing the initial family meeting form serves as formal documentation of the meeting and the required information that was discussed.

Planned Corrective Action:

- Retrain parole officers to complete the initial family meeting form on all applicable cases.
- Instruct staff that DocuSign is an option to obtain the parent or guardian's signature of the initial family meeting if the parent or guardian is unable to attend the meeting in-person.
- Instruct supervisors to routinely discuss it in supervision and visually check the file for compliance.
- The Probation Division Director will have conversations in supervisions with the unit supervisors.
- Continue with annual internal audits and conduct spot checks to ensure compliance with the standard.

Completion Date:

2/16/2024

Person Responsible:

Alyson Daniels, Probation Support Services Manager
Loretta Stephens, Division Director, Probation Services

Status as of June 4, 2024: Compliant

Five out of six applicable cases reviewed contained the completed initial family meeting form.

6VAC35-150-420. Contacts during juvenile's commitment.

During the period of a juvenile's commitment, a designated staff person shall make contact with the committed juvenile, the juvenile's parents, guardians, or other custodians, and the treatment staff at the juvenile's direct care placement as required by approved procedures. The procedures shall specify when contact must be face-to-face contact and when contacts may be made by video conferencing or by telephone.

With Juvenile:

The following information shall be reviewed during the monthly contact:

- a. Family planning and progress on Family Domain section of CRCP;
- b. Comprehensive Re-entry Case Plan (CRCP) goals and progress;
- c. Educational goals and progress;
- d. Behavior and adjustment;
- e. Intervention strategies;
- f. Re-entry/parole placement and service needs (e.g., benefits);
- g. Review and update family transportation plan; and

h. Establish regular schedule for PO, counselor, and juvenile monthly contact dates.

Audit Finding:

Four out of seven applicable case files reviewed were not documented (a-h) during the monthly contact.

Program Response

Cause:

Some reviewed cases were missing meeting documentation; others were missing some required items, or the parole officer discussed the required items but documented the information incorrectly or in the wrong order, which did not correspond to the correct letter (a-h).

Effect on Program:

The challenges primarily revolve around inadequate documentation, making it difficult for us to determine whether these areas were discussed during meetings with clients and their families. Failure to document the required information corresponding to the correct letter also makes identifying the substantive elements of the meeting difficult for those reading the notes in the running record.

Planned Corrective Action:

- Retrain Parole Officers to use the developed template that can be cut and pasted into the running record in BADGE to ensure all the required elements of the monthly contact are included. (See attached template.)
- Supervisors shall ensure that Parole Officers are using the developed template when reviewing monthly case notes. • The Probation Division Director will have conversations in monthly supervisions with unit supervisors to ensure compliance.
- Continue with annual internal audits and conduct spot checks to ensure compliance with the standard.

Completion Date:

2/16/2024

Person Responsible:

Alyson Daniels, Probation Support Services Manager
Loretta Stephens, Division Director, Probation Services

Status as of June 4, 2024: Non-Compliant

In three out of four applicable cases reviewed, the PO or a designated staff did not document (a-h) during the monthly contact.

RPM Kirk Current Status Report as of November 25, 2024: Compliant

In two out of two applicable cases reviewed, the PO or a designated staff did document (a-h) during the monthly contact.

Supervisor Responsibilities:

Conduct a case staffing with the assigned PO for all level 3 and 4 parole cases at least every thirty (30) days. The case staffing requires the supervisor and the assigned PO to discuss the status and progress of the juvenile as it relates to parole supervision and intervention, identified criminogenic needs, assessment-driven case planning, and identified treatment requirements and service needs.

Audit Finding:

In five out of six applicable cases, the Supervisor did not conduct a case staffing with the assigned PO for level 3 and level 4 parole cases at least every thirty (30) days.

Program Response

Cause:

Although supervisors routinely discuss cases with their assigned workers for case management purposes, formal case staffing did not occur in some instances when they should have.

Effect on Program:

Regular supervision with assigned staff is essential to effective case management, ensuring the youth's case service plan, interventions, and services appropriately address their identified areas of risk and needs.

Planned Corrective Action:

- Supervisors shall be required to meet with their assigned staff a minimum of once a month.
- The Probation Division Director will monitor compliance with this requirement and hold supervisors accountable for non-compliance.
- Continue with annual internal audits and conduct spot checks to ensure compliance with standard.

Completion Date:

2/16/2024

Person Responsible:

Alyson Daniels, Probation Support Services Manager
Loretta Stephens, Division Director, Probation Services

Status as of June 4, 2024: Non-Compliant

In two out of five applicable cases reviewed, the supervisor did not conduct a case staffing with the assigned PO for level 3 and level 4 parole cases at least every thirty (30) days.

RPM Kirk Current Status Report as of November 25, 2024: Compliant

In five out of six applicable cases reviewed, the supervisor conducted a case staffing with the assigned PO for level 3 and level 4 parole cases at least every thirty (30) days.

6VAC35-150-350 (A). Supervision plans for juveniles

The following are minimum components of the case plan:

The case narrative shall include entries indicating that the case plan was jointly developed

by the probation, juvenile and family and has been discussed and signed by all parties.

Audit Finding:

In three out of seven applicable cases, the case narrative failed to include entries indicating that the case plan was jointly developed by the probation, juvenile and family and has been discussed and signed by all parties.

Program Response

Cause:

Because this relates to documentation, it's unclear whether the Probation Officer developed the case service plan in collaboration with the client and parent but failed to properly document the meeting or if the PO created the case plan without the client's input.

Effect on Program:

A collaborative approach to developing a probation case service plan with the youth and family ensures ownership, tailored interventions to address criminogenic risk factors, open communication, appropriate interventions and services, and a shared responsibility for achieving the desired outcomes of the plan. Failing to utilize a collaborative approach can result in a lack of buy-in and ownership by the youth and family, and goals, action steps, and interventions that don't align with the highest criminogenic needs.

Planned Corrective Action:

- Retrain probation officers on how to develop a probation case service plan utilizing a collaborative approach, incorporating the youth and family's input.
- Require all Probation Officers who have not previously completed the YASI Case Management-II training to attend and successfully complete the training.
- Retrain probation officers regarding the specific language to include in the running record in BADGE, documenting the collaborative process.
- Probation supervisors shall verify the correct language is included in the running record in BADGE when reviewing case notes monthly.
- The Probation Division Director is responsible for ensuring compliance.
- Continue with annual internal audits and conduct spot checks to ensure compliance with the standard.

Completion Date:

2/16/2024

Person Responsible:

Alyson Daniels, Probation Support Services Manager
Loretta Stephens, Division Director, Probation Services

Status as of June 4, 2024: Non-Compliant

In four out of six applicable cases reviewed, the case narrative failed to include entries indicating that the case plan was jointly developed by the probation officer, juvenile and family and has been discussed and signed by all parties.

RPM Kirk Current Status Report as of November 25, 2024: Compliant

In six out of six applicable cases reviewed, the case narrative did include entries indicating that the case plan was jointly developed by the probation officer, juvenile and family and has been discussed and signed by all parties.

6VAC35-150-350 (B). Supervision plans for juveniles

In accordance with approved procedures, each written individual supervision plan shall be reviewed with the juvenile and the juvenile's family at least once every 90 days, and the supervision case plan shall be reviewed with the juvenile and, if necessary, revised/updated according to progress toward established goals or the need for additional goals and action steps.

Audit Finding:

In three out of seven applicable cases, the supervision case plan was not reviewed with the juvenile every 90 days.

Program Response

Cause:

Probation Officers were late in meeting the 90-day standard for service plan reviews.

Effect on Program:

The probation case service plan should be referred to during every meeting with the youth and their family and revised minimally every 90 days to reflect the youth's progress towards goal attainment or in response to changes in the youth's status. Not having regular reviews may negatively impact the youth's progress towards accomplishing goals, impacting behavior change.

Planned Corrective Action:

- Encourage probation officers to use a spreadsheet to keep track of due dates and leverage available resources, such as Community Insights to ensure service plans are reviewed every 90 days.
- Ensure supervisors are conducting supervisions with probation officers monthly.
- Probation Division Director will have conversations in supervisions with unit supervisors to ensure continued compliance.
- Continue with annual internal audits and conduct spot checks to ensure compliance with standard.

Completion Date:

2/16/2024

Person Responsible:

Alyson Daniels, Probation Support Services Manager
Loretta Stephens, Division Director, Probation Services

Status as of June 4, 2024: Non-Compliant

In three out of six applicable cases reviewed, the PO did not create a probation supervision case plan in BADGE; therefore, there was no supervision plan to be reviewed by this Analyst.

RPM Kirk Current Status Report as of November 25, 2024: Compliant

In three out of four applicable cases, the supervision case plan was reviewed with the juvenile every 90 days.

6VAC35-150-350 (B). Supervisory Reviews

In accordance with approved procedures, each written individual supervision plan shall be reviewed with the juvenile and the juvenile's family at least once every 90 days, and the supervisor also shall complete a supervisory review of every probation supervision case plan at least once every 90 days.

Audit Finding:

In five out of seven applicable cases, the supervisory review was not completed every 90 days on every probation case plan.

Program Response

Cause:

The supervisory review would be delayed if the probation officers did not submit the case plan on time. If the youth had absconded, supervisors might not have conducted a review because the PO had yet to submit the file because there was no plan to review.

Effect on Program:

Supervisory review of the case service plan is essential to effective case management, ensuring the youth's case service plan, interventions, and services appropriately address their identified areas of risk and needs.

Planned Corrective Action:

- Continue to educate supervisors that even if the youth is an absconder, supervisory reviews need to occur.
- Ensure supervisors are conducting supervisions with probation officers monthly.
- Strongly encourage supervisors to use templates to track due dates and leverage resources, such as Community Insights to ensure supervisory reviews are completed on all cases.
- Probation Division Director will have conversations in supervisions with unit supervisors to ensure continued compliance.
- Continue with annual internal audits and conduct spot checks to ensure compliance with standard.

Completion Date:

2/16/2024

Person Responsible:

Alyson Daniels, Probation Support Services Manager,
Loretta Stephens, Division Director, Probation Services

Current Status as of June 4, 2024: Compliant

In six out of six applicable cases, the supervisory review was completed every 90 days on every probation case plan.

**CERTIFICATION AUDIT REPORT
TO THE
DEPARTMENT OF JUVENILE JUSTICE**

PROGRAM AUDITED:

Aurora House
420 South Maple Avenue
Falls Church, Virginia 22046
(703) 237-6622
Jessica Moise, Group Home Manager
jmoise@fallschurchva.gov

AUDIT DATES:

November 20, 2024

CERTIFICATION ANALYST:

Wanda Parris-Flanagan

CURRENT TERM OF CERTIFICATION:

August 22, 2021 – August 23, 2024

REGULATIONS AUDITED:

6VAC35-41 Regulation Governing Juvenile Group Homes

PREVIOUS AUDIT FINDINGS November 9, 2021:

99.82% Compliance Rating
6VAC35-41-1280 (G). Medication
6VAC35-41-1300 (A). Behavior Support

CURRENT AUDIT FINDINGS – November 20, 2024:

100% Compliance Rating

DIRECTOR'S CERTIFICATION ACTION- December 16, 2024: Certified Aurora House to August 23, 2027, with a letter of congratulations for 100% compliance.

Pursuant to 6VAC35-20-100C.1, if the certification audit finds the program or facility in 100% compliance with all regulatory requirements, the director or designee shall certify the facility for three years.

TEAM MEMBERS:

Wanda Parris-Flanagan, Team Leader
Tim Clark, Fairfax Shelter Care
Angela Rice, Norfolk Juvenile Detention Center

POPULATION SERVED:

Aurora House is a community-based group home for at-risk adolescent females between the ages of 13 and 17. Residents in the Independent Living Program can be accepted through age 20 and will be counted in the rated capacity of 12. Two of the 12 beds are designated for the Independent Living Program. The facility is operated by the city of Falls Church and serve residents and families from the cities of Falls Church and Alexandria, and Arlington County.

PROGRAM DESCRIPTION:

The program at Aurora House provides residential treatment for up to twelve female residents who are under the supervision of the court as adjudicated delinquents or children in needs of services and/or supervision. Residents admitted to Aurora House display a history of chronic behavior problems at home, school, or in the community. Additionally, all residents will

demonstrate a need for structure and guidance beyond that which is available to them in their home environment. Aurora House is not designed however to provide more restrictive external controls typically associated with a secured facility. Placements are made by Court order and Written Placement Agreements.

As a community-based program, Aurora House seeks to help residents participate more effectively in their families, schools and communities. The primary objective for most Aurora House residents is to return home and successfully live with the parent(s) or family members. Therefore, whenever possible residents entering Aurora House continue to attend their school of origin, receive regular home visits and participate in local employment and recreational opportunities. With intensive structure and support provided by Aurora House counselors, residents learn to accept responsibility for themselves and their actions and to appropriately respond to the problems they face in these environments. The involvement of a resident's family in the change process is extremely important. Aurora House is committed to working with residents in the context of their family and community systems. This promotes more significant and lasting change in residents.

SERVICES PROVIDED:

- Facility:
 - Individual Counseling and Case Management – Each resident entering Aurora House is assigned a primary counselor who assists her through the program. The counselor provides her with individual counseling and case management services. These services begin at the resident's entry into the program with an intake counseling session and orientation to the Aurora House program. After the residents completes orientation, and within 30 days of admission, the primary counselor will have completed an individualized treatment/service plan. The resident, her family or legal guardian, and the referring probation counselor participate in the development of this plan.
 - Throughout a residents stay at Aurora House, the primary counselor provides on-going treatment planning, weekly counseling and goal review sessions, 60 and 90 day written progress reports, and monthly case staffing's and reviews. The counselor also serves as the resident's advocate and liaison to schools, employers, and therapists and other organizations and providers. Primary counselor's document counseling and liaison activities through written case notes and monthly progress reports.
 - Group Counseling – The Aurora House counselors conduct a scheduled group meeting for all residents on a daily basis. This group provides residents an opportunity to address common issues and problems through open and direct discussion with peers and staff. Additionally, the daily group is used by counselors to teach and provide skill instruction in social and interpersonal development. These groups include topics and activities to teach skills for healthy relationships, daily living skills. Self-esteem and emotional regulation/management skills. Group sessions provide the opportunity for residents to learn understand, learn and practice how to appropriately respond to, and navigate social dynamics such as peer pressure, conflict resolution, problem solving, and assertiveness.
 - Family Therapy and Counseling Services – The problems exhibited by Aurora House residents are often related to dysfunction or instability in their family systems; some of these problems can be traced to a family history of abuse, neglect, or trauma that has manifested in the need for outside intervention. It is necessary, therefore, to involve family members in the change process. In addition to regular family visitation and weekend home visits, the Aurora House provides family therapy, parenting education instructions, and family counseling sessions. Through these services, the child and family examine family

communication, patterns of interaction, parental supervision, roles/boundaries and other related issues.

- Educational Support – All residents entering Aurora House must be enrolled in an appropriate educational program. For most residents this means continued attendance at their school of origin. When Aurora House deems it appropriate, we will assist in accessing other available educational resources. This may include special education services, adult education classrooms, alternative educational programs, or vocational education. Additionally, counselors maintain regular contact with guidance counselors, teachers, and school probation counselors to monitor and obtain information on attendance, homework, and classroom performance. This contact may occur through daily or weekly written reports, telephone calls and/or personal school visits. Aurora House provides a daily study period for all residents. During this time, counselors and volunteers assist residents requiring tutoring or other academic assistance. During school recesses, the Aurora House plans and facilitates college visits and tours to promote higher learning and continued education for our residents. Aurora House has a college scholarship program which every resident who has been placed in the program is eligible to receive upon completion of high school or obtaining a GED.
- Recreation – Recreation, fitness and enrichment activities are an important part of the Aurora House program. Residents and staff members develop a weekly activity plan which includes on and off grounds group activities. They provide valuable avenues for residents to learn physical and social skills, team building, exercise, discharge energy, build self-esteem, and work off tension and anxiety. The plan includes free-time periods during which residents are encouraged to develop appropriate personal interests, hobbies and leisure activities. Aurora House places emphasis on giving back to our community, and in the process, developing new interests, contacts and experiences that will foster healthy relationships once they leave the program.
- Community: (*Services offered by community agencies and resources*) Community Services available to Aurora House program include:
 - Mental Health Services; individual and family therapy; also, bilingual services
 - Department of Human Services (home based counseling, Emergency Mental Health Services, and Medicaid insurance)
 - Teen Clinic – STD/Family Planning Clinic operated by Arlington County Health
 - Friends of Argus and Aurora House
 - Aurora House Citizens Advisory Committee – Susan Olom Scholarship program

**CERTIFICATION AUDIT REPORT
TO THE
DEPARTMENT OF JUVENILE JUSTICE**

PROGRAM AUDITED:

Chaplin Youth Center
125 Hot Top Road
Fredericksburg, Virginia 22401
Phone 540 371- 0590
Marie Foster, Former Residential Services Director
Kevin Page, Current Residential Services Director
kevin.page@chaplinyouthcenter.org

AUDIT DATES:

June 12, 2024

CERTIFICATION ANALYST:

Shelia L. Hinton

CURRENT TERM OF CERTIFICATION:

June 10, 2021- June 9, 2024

REGULATIONS AUDITED:

6VAC35-41 Regulation Governing Juvenile Group Homes

PREVIOUS AUDIT FINDINGS – August 2, 2021

100 %Compliance Rating

CURRENT AUDIT FINDINGS – June 12, 2024

99.27% Compliance Rating
6VAC35-41-1210 (A). Tuberculosis screening. CRITICAL
6VAC35-41-1280 (J). Medication. CRITICAL

DIRECTOR'S CERTIFICATION ACTION - December 16, 2024: Certified Chaplin Youth Center to June 9, 2027.

Pursuant to 6VAC35-20-100C.2, if the certification audit finds the program or facility in less than 100% compliance with all regulatory requirements and a subsequent status report, completed prior to the certification action, finds 100% compliance on all regulatory requirements, the director or designee shall certify the facility for a specific period of time, up to three years.

TEAM MEMBERS:

Shelia L. Hinton, Team Leader
Wanda Parris-Flanagan, Central Office
John Adams, Central Office

POPULATION SERVED:

Chaplin Youth Center is a community-based group home for at-risk adolescent males and females between the ages of 12 and 17. It has a capacity of 12 residents. The facility has seven (7) resident bedrooms, a full-service commercial kitchen and dining area, four (4) administrative offices, a living room, a recreation room, and a visitation room. The facility maintains an internal security system with eleven (11) security cameras throughout the building for safety purposes.

PROGRAMS DESCRIPTION:

Youth may be referred to two main programs as outlined below.

- **Shelter Care Services**

Chaplin Youth Center provides short-term emergency shelter care services for youth pending disposition. Youth may be placed via a Shelter Care Order either by the court or

Intake Officer. Youth attend school in their home district, follow a set daily routine/schedule, complete house chores, and earn points based on behavior, effort, and participation. Parents of referred youth must participate in service provision and may be required to attend group services at the Center.

- **Post-Dispositional Program Services**

Chaplin Youth Center's main program is a six (6) to twelve (12) month program for youth who require a less restrictive placement than secure detention but are unable to remain in their homes due to their behaviors or criminal involvement. Youth move through a level system designed to develop healthy, responsible behaviors and positive decision-making skills. Youth attend school in their home district, follow a set daily routine/schedule, complete house chores, and earn points based on behavior, effort, and participation. Youth at the upper levels may earn weekend home visits that assist with family reintegration. Once a youth reaches Level 4, they begin the transition period to returning home. Parents and families are required to participate in service provision and may be required to attend group services at the Center.

SERVICES PROVIDED:

Facility:

- Staff members provide 24-hour supervision for all residents. In addition, staff are trained to provide 1:1 informal counseling on specific topics as outlines in the residents individualized service plan. Staff also provides impromptu group facilitation (including but not limited to substance abuse, independent living skills, coping and decision-making skills, thinking errors, etc.), and any resident who may require outside services is provided with specific referrals and assistance obtaining those services.

Community:

- Rappahannock Area YMCA
 - Central Rappahannock Regional Library
 - Stafford County Parks and Recreation and other community facilities for recreation, emotional support and entertainment.
 - Public and private counseling agencies for therapeutic purposes or mental health needs.
 - Liaison between the resident and his/her home school division for educational placements.
-

**CORRECTIVE ACTION PLAN
TO THE
DEPARTMENT OF JUVENILE JUSTICE**

FACILITY/PROGRAM: Chaplin Youth Center

SUBMITTED BY: Marie Foster, Former Residential Services Director
Kevin Page, Current Residential Services Director

CERTIFICATION AUDIT DATES: June 12, 2024

CERTIFICATION ANALYST: Shelia L. Hinton

Under Planned Corrective Action indicate: 1) The cause of the identified area of non-compliance. 2) The effect on the program. 3) Action that has been taken/will be taken to correct the standard cited. 4) Action that will be taken to ensure that the problem does not recur.

6VAC35-41-1210 (A). Tuberculosis screening. CRITICAL

A. Within seven days of placement each resident shall have had a screening assessment for tuberculosis. The screening assessment can be no older than 30 days.

Audit Finding:

One of six tuberculosis screening reviewed was not documented within seven days of placement and or the screening assessment was older than 30 days. The resident was admitted to Chaplin Youth Group Home February 28, 2024. The tuberculosis screening was dated October 20, 2023.

Program Response

Cause:

This error was due to a combination of human error and a deficiency in our tracking system. There was an oversight for tracking the TB screening date due to an inaccurate transfer between our facility and the previous facility. Administration failed to verify the date and validity of the TB screening upon receiving the resident.

Effect on Program:

An outdated TB screening in our facility can have several significant effects. An outdated TB screening increases the risk of transmitting the disease to other residents and staff. As well as severe health complications if an individual is infected and there is a delay in detecting and treating. Additionally, failing to adhere to health regulations can result in penalties such as fines, sanctions, loss of licensure and possible lawsuits from residents and their families. Incidents of TB outbreaks can attract negative publicity as well as a loss of trust from the community and families in our ability to provide adequate and safe care. If we had to implement quarantine measures due to TB being detected it would disrupt normal operations and cause an inconvenience to the residents and an increased workload for staff managing a health crisis.

Planned Corrective Action:

To prevent future occurrences, we will implement verification protocols for new resident

admissions, ensuring that their TB screenings, and all admission paperwork are current and valid. An admission checklist will be used and staff training will be enhanced to emphasize the importance of proper documentation and use of the checklist. We will also establish clear communication channels with referring facilities, emphasizing the necessity of up-to-date medical records, including TB screenings. Our current health and safety policies will be updated to include stringent guidelines for accepting new residents, specifying the required documentation and the steps to be taken if these requirements are not met. Lastly, regular audits will be conducted to ensure ongoing compliance, and a system for continuous monitoring of TB screening statuses will be established.

Completion Date:

July 18th, 2024.

Person Responsible:

Marie Foster, Residential Services Director

Current Status as of November 14, 2024: Compliant

In the six cases reviewed, each resident had a screening assessment for tuberculosis completed within 7 days or the screening assessments was not older than 30 days.

6VAC35-41-1280 (J). Medication. CRITICAL

J. Medication refusals shall be documented including action taken by staff. The facility shall follow procedures for managing such refusals that shall address:

- 1. Manner by which medication refusals are documented, and**
- 2. Physician follow-up, as appropriate.**

Audit Finding:

One of one applicable Medication Administration Record (MAR) reviewed had no documentation including action taken by staff. On February 29, 2024, the resident refused Guafacine HCL ER 3mg, take one tablet every day by mouth. There was no refusal form.

Program Response

Cause:

Upon initial review, it appears there was a breakdown in communication between staff responsible for medication administration and documentation procedures. This incident underscores the importance of clear and consistent communication protocols within our team. Moving forward, we are implementing corrective measures to address this issue comprehensively.

Effect on Program:

Non-compliance with documentation regarding medication refusals can have several significant effects on Chaplin Youth Center, which includes, but not limited to, risk to residents' safety, compromised quality of care, and legal and regulatory consequences. When proper documentation of medication refusals is absent, there is an increased risk of administering medications that residents have refused, potentially leading to adverse reactions or physical harm. Incomplete or missing documentation undermines the overall quality of care provided to residents and may lead to gaps in understanding a youths' medication history and patterns of refusal, which can impact the effectiveness of the treatment and continuity of care. Non-

compliance with documentation requirements can result in violations of regulatory standards and legal requirements which then Chaplin Youth Center would face sanctions, fines, or legal action that could put our license at risk.

Planned Corrective Action:

Addressing non-compliance with documentation regarding medication refusals requires proactive measures, including intensive training, clear policies and procedures, effective communication channels, and regular audits to ensure adherence to regulatory and organizational standards.

Completion Date:

July 18th, 2024.

Person Responsible:

Marie Foster, Residential Services Director

Current Status as of November 14, 2024: Not Determinable

There were no medication refusals since the certification audit on July 18, 2024.

**CERTIFICATION AUDIT REPORT
TO THE
DEPARTMENT OF JUVENILE JUSTICE**

PROGRAM AUDITED:

Lynchburg Youth Group Home
1404 Florida Avenue
Lynchburg, Virginia 24501
Phone 434 455- 4060
Taj Jones, Direct Care Manager
taj.jones@lynchburgva.gov

AUDIT DATES:

June 10, 2024

CERTIFICATION ANALYST:

Shelia L. Hinton

CURRENT TERM OF CERTIFICATION:

August 23, 2021 – September 7, 2024

REGULATIONS AUDITED:

6VAC35-41 Regulation Governing Juvenile Group Homes

PREVIOUS AUDIT FINDINGS – August 9, 2021:

99.35% Compliance Rating

6VAC35-41-110 (A). Grievance procedure.

6VAC35-41-610 (B). Personal necessities and hygiene.

CURRENT AUDIT FINDINGS – June 10, 2024

99.64%

6VAC35-41-860 (B). Individual service plan.

DIRECTOR'S CERTIFICATION ACTION - December 16, 2024: Certified Lynchburg Youth Group Home to September 7, 2027.

Pursuant to 6VAC35-20-100C.2, if the certification audit finds the program or facility in less than 100% compliance with all regulatory requirements and a subsequent status report, completed prior to the certification action, finds 100% compliance on all regulatory requirements, the director or designee shall certify the facility for a specific period of time, up to three years.

TEAM MEMBERS:

Shelia L. Palmer, Team Leader
Learna Harris, Certification Unit
Wanda Parris-Flanagan, Certification Unit
John Adams, Central Office
Kasey France, Roanoke Valley Juvenile Detention Center

POPULATION SERVED:

Lynchburg Youth Group Home provides residential shelter or long term services for at-risk adolescent males and females between the ages of 12 and 17 for those youth that are DSS or Court ordered into the program. It has a capacity of 28 residents. The youth may be referred to two main programs as outlined below:

FACILITY DESCRIPTION:

To provide temporary and long-term care of residents awaiting placement or disposition by the Courts or Department of Social Services while continuing to provide a safe and structured environment to the resident during their placement.

Administrative area with five offices; lobby area with two restrooms; video hearing room with PREA HOTLINE; cafeteria, gymnasium (with storage & supply room); 4 living areas (2-male & 2-female) with 4 bathrooms on each unit; male-16 beds w/ 3 double rooms; female-12 beds w/ 4 double rooms; 1 family visitation room; 1 visitation room for lawyers, POs, etc., 2 classrooms; 1 arts & crafts room; 3 conference rooms; staff office w/4 cubicles; nurse's office and exam room; 1 supply storage room; intake area w/shower, storage/laundry room, and 2 offices; 1 teacher's office; outdoor recreation area and Green House on site

SERVICES PROVIDED:

Facility:

Caseworkers; therapist (in-house) education assistance; medical, transportation to appointments; volunteer programs; recreation; discipline; life skills classes; therapeutic sessions; Anger, Moral Reasoning and Skill Streaming (AMS - this is a short version of ART); family meetings with caseworkers to discuss pertinent issues and assist with any resources that may be needed.

Community:

Group and individual therapy (Impact Living Services); substance abuse therapy (Horizon); opportunities to participate in community service (Daily Bread & Gleaning for The World); mentoring; anger management classes; exposure to local services regarding employment and education.

**CORRECTIVE ACTION PLAN
TO THE
DEPARTMENT OF JUVENILE JUSTICE**

FACILITY/PROGRAM: Lynchburg Youth Group Home

SUBMITTED BY: Taj Jones, Direct Care Manager

CERTIFICATION AUDIT DATES: June 10, 2024

CERTIFICATION ANALYST: Shelia L. Hinton

Under Planned Corrective Action indicate; 1) The cause of the identified area of non-compliance. 2) The effect on the program. 3) Action that has been taken/will be taken to correct the standard cited. 4) Action that will be taken to ensure that the problem does not recur.

6VAC35-41-860 (B). Individual service plan.

B. Individual service plans shall describe in measurable terms the:

1. Strengths and needs of the resident;
2. Resident's current level of functioning;
3. Goals, objectives, and strategies established for the resident including a behavior support plan, if appropriate;
4. Projected family involvement;
5. Projected date for accomplishing each objective; and
6. Status of the projected discharge plan and estimated length of stay except that this requirement shall not apply to a facility that discharges only upon receipt of the order of a court of competent jurisdiction.

Audit Finding:

Four of four applicable individual service plans reviewed did not document the projected date for accomplishing each objective.

Program Response

Cause:

The projected date of accomplishing each objective missing on the individual service plan.

Effect on Program:

None.

Planned Corrective Action:

The projected date for accomplishing each objective was added to the updated individual service plan form.

Completion Date:

August 1, 2024

Person Responsible:

Direct Care Manager and individual caseworkers implementing updated individual service plan.

Current Status November 12, 2024: Compliant

Four of four applicable individual service plans reviewed documented the projected date for accomplishing each objective.