

2021

Virginia Department of Juvenile Justice



TRANSFORMATION PLAN 2021 UPDATE

In response to Chapter 552 of the 2021 Virginia Acts of Assembly
2021 Appropriation Act, Item 423 (B)(3)

PREFACE

Chapter 732 of the 2016 Appropriation Act of the Virginia Acts of Assembly, Item 406 (D) required the Department of Juvenile Justice (DJJ) to develop “a transformation plan to provide more effective and efficient services for juveniles, using data-based decision-making, that improves outcomes, including reducing recidivism, and to reduce the number of juveniles housed in state-operated juvenile correctional centers, consistent with public safety.” DJJ established its Transformation Plan in June 2016.

This report of DJJ’s Transformation Plan progress addresses the language required in Chapter 552 of the 2021 Appropriation Act of the Virginia Acts of Assembly, Item 423 (B)(3):

“No later than November 1 of each year, the Department of Juvenile Justice shall provide a report to the Governor, the Chairmen of the House Appropriations and Senate Finance Committees, the Secretary of Public Safety and Homeland Security and the Director, Department of Planning and Budget, assessing the impact and results of the transformation plan and its related actions. The report shall include, but is not limited to, assessing juvenile offender recidivism rates, fiscal and operational impact on detention homes; changes (if any) in commitment orders by the courts; and use of the savings redirected as a result of transformation, including the amount expended for contracted programs and treatment services, including the number of juveniles receiving each specific service. The report should also include the average length of stay for juveniles in each placement option.”

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EXECUTIVE SUMMARY

Nearly seven years ago, Virginia's Department of Juvenile Justice (DJJ) set out to rethink how the agency can best serve youth. What had been a system reliant on detention, incarceration, and punishment could transform into a system of rehabilitation, personalized treatment, and community support with the right investments. With the General Assembly's support, DJJ released a Transformation Plan in 2016 to reallocate resources to a wider range of rehabilitative services. By closing facilities and investing in more community-based, therapy-centered approaches that require less funding, DJJ reinvests funding back into the continuum of services. The plan aimed to use evidence-based practices to more effectively serve youth, their families, and communities, centering around three core operational strategies: (1) **reduce** the use of juvenile correctional centers by transforming intake, probation, and commitment practices; (2) **reform** supervision, rehabilitation, and treatment practices for youth in custody; and (3) **replace** large, outdated juvenile correctional centers with support from a statewide continuum of alternative placements and evidence-based services. A new goal of (4) **sustain** was later added to focus on continuing progress toward the transformation goals.

Since launching the plan, DJJ has achieved progress and successes in all four goals of the Transformation Plan. Fiscal year (FY) 2021 provided several accomplishments discussed throughout this report, including the following highlights:

Reduce

- The juvenile justice system is experiencing all-time lows, and the impacts of COVID-19 accelerated these trends even further. Between FY 2014 and FY 2021, juvenile intake cases decreased 59.1%, probation placements decreased 68.3%, detainments decreased 63.8%, and direct care admissions decreased 55.3%.
- DJJ remains committed to successfully diverting more youth from further system involvement. Due to COVID-19, juvenile intake cases decreased even more in FY 2020 (14.4%) and FY 2021 (38.8%) than in each of the previous five years (2.1% to 9.5%), and the decrease was even more substantial for diversion-eligible cases. Meanwhile, the number of diversion plans increased from 13.0% of intake complaints in FY 2014 to 19.4% in FY 2020, then decreased to 14.9% in FY 2021 due in part to fewer diversion-eligible cases.
- DJJ's efforts continue to show a reduction in rearrests for youth with system involvement (i.e., first-time diversions, probation placements, and direct care releases), with the 12-month rate decreasing from 25.1% in FY 2014 to 15.8% in FY 2020, translating to 1,670 fewer youth rearrested. While the rearrest rate has consistently decreased since FY 2014, the COVID-19 pandemic's impact on the juvenile justice system likely contributed to the steeper decline in FY 2020.
- Rearrest rates for first-time diversions continue to steadily decrease. Rearrest rates for probation placements and direct care releases also decreased in FY 2020 for all risk levels, after fluctuations throughout transformation efforts. These higher risk youth continue to face significant challenges and require more intensive and therapeutic services. The interpretation of these promising rates across the system during COVID-19 is challenging due to the pandemic's impact on the juvenile justice system as a whole, so future trends may fluctuate as the pandemic wanes.

- DJJ continues to offer a wide array of community-based services across the Commonwealth. DJJ's continuum of services has over 140 distinct direct service providers; 1,429 youth were referred to DJJ's regional service coordinators, who approved/authorized 2,843 services during FY 2021.
- Court service units are partnering with external researchers and experts to improve the integration of Risk-Needs-Responsivity and positive youth development approaches for supervising and serving youth as well as improve outcomes through diversion programs, family engagement, and restorative justice.
- An increasing percentage of youth in direct care are being placed in non-correctional center options. July 2021 marked DJJ's highest reported proportion of youth in alternative placements (47.3% of the total direct care population). Almost half of youth (45.4%) released from direct care in FY 2021 received treatment in these types of placements instead of a juvenile correctional center.

Reform

- Treatment and programming at Bon Air Juvenile Correctional Center continues to focus on skill building, improving behaviors, and increasing youth's likelihood of successful transitions to the community upon release. Staff trainings include such topics as specific treatment service delivery, improving the therapeutic and trauma-informed environment, and collaborating with non-JCC placement options.
- The therapeutic Community Treatment Model and other programming improved youth and staff safety. Between FY 2016 and FY 2021, rates of aggressive incidents at Bon Air Juvenile Correctional Center decreased 76.6%, workers' compensation claims decreased 74.0%, and costs associated with workers' compensation claims decreased 71.0%.
- DJJ is focused on trauma-informed care and reducing punitive measures that have negative effects on youth. DJJ continues the Reducing Isolation in Youth Facilities initiative to develop a tangible plan to reduce punitive isolation and develop alternatives to isolation even as COVID-19 requires social distancing measures.
- As the Division of Education transitioned to an online environment, it used a new virtual platform to enable students to take breaks from classes, decreasing disruptive behavior and increasing students' autonomy. As a result, 70.6% of class breaks were proactive check-ins initiated by students.
- 34 students at Bon Air Juvenile Correctional Center completed high school credentials (high school diploma or GED[®] certificate). 80% of eligible high school seniors graduated in the 2020-2021 school year.

Replace

- Alternatives to correctional centers for treatment placement option for youth in direct care continue to expand, now including nine community placement program sites, nine detention reentry programs, 12 residential treatment centers, and 15 group homes, for a total of 45 non-correctional center treatment placement options for youth. Of the 207 youth released from direct care in FY 2021, 94 (45.4%) did not enter a JCC.
- DJJ continues the pursuit to build smaller, treatment-oriented facilities, ideally in the eastern and central areas in order to house youth closer to their home communities. Efforts have shifted to initial construction in the Central Region as we continue to seek a site in the Eastern area of the state.

Sustain

- DJJ sustains increased communication with families and provides networking opportunities for families through the Family Support Network and the Family Engagement Committee's work. Visitation was suspended for much of the fiscal year due to COVID-19. When visitation was reinstated, it was done outside and with Center of Disease Control (CDC) approved mitigation measures. More emphasis was placed on creating enhanced phone and video visits throughout
- DJJ continues to sustain and utilize evidence-based practices through the Regional Service Coordinators' Service Delivery Model, with 696 billed services for Functional Family Therapy (FFT) or Multi-Systemic Therapy (MST) in FY 2021.
- Court service unit staff have received training on various standardized tools to assist with decision-making as well as an improved Basic Skills for Caseworkers virtual program.
- In a cross-divisional effort to sustain training and implementation of the evidence-based Aggression Replacement Training (ART), four DJJ staff completed train-the-trainer curriculum and have delivered virtual sessions. With greater collaboration, more divisions will utilize ART principles.
- DJJ's Division of Education continues to focus on delivering high-quality educational services, with 92.1% of teachers being properly licensed and endorsed.
- DJJ's Training and Organizational Development Unit utilizes online platforms to increase engagement and capacity for training programs offered to DJJ employees.

COVID-19 Impact

- Many of DJJ's operational and transformation plans had to be modified due to the COVID-19 pandemic, including in-person school, family visitation, group treatment services, and staff trainings.
- Free transportation services to Bon Air for visitors continues to be halted.
- In response to the recurrent threat to health and safety, Bon Air Juvenile Correctional Center offered four vaccination clinics on-site; approximately 497 doses were administered at the Bon Air clinics, including 54 residents who chose to receive a vaccination.

DJJ is moving forward with efforts that continue to align with the Transformation Plan. In particular, DJJ focuses an increasing amount of effort on sustaining the changes implemented and continues to invest in resources such as training opportunities and leadership development. DJJ also continues to focus on delivering high quality and effective services for youth and families that are equitable and responsive to their individual needs and circumstances.

ACRONYMS

ADP: Average Daily Population

ART: Aggression Replacement Training

BADGE: Balanced Approach Data Gathering Environment

BSU: Behavioral Services Unit

CAP Unit: Central Admissions and Placement Unit

CDC: Centers for Disease Control and Prevention

COVID-19: Coronavirus Disease 2019 (2019 novel coronavirus)

CPP: Community Placement Program

CQI: Continuous Quality Improvement

CSU: Court Service Unit

CTE: Career and Technical Education

CTM: Community Treatment Model

DAI: Detention Assessment Instrument

DBHDS: Department of Behavioral Health & Developmental Services

DJJ: Virginia Department of Juvenile Justice

DSP: Direct Service Provider

DSS: Department of Social Services

EPICS: Effective Practices in Community Supervision

FFPSA: Family First Preventions Services Act

FFT: Functional Family Therapy

FY: Fiscal Year

GED: General Educational Development[®]

HR: Human Resources

IEP: Individual Education Plan

IIP: Intensive Intervention Program

IT: Information Technology

JCC: Juvenile Correctional Center

JDAI: Juvenile Detention Alternatives Initiative

LOS Guidelines: Length of Stay Guidelines for Indeterminately Committed Juveniles

LOS: Length of Stay

MAT: Medication-Assisted Treatment

MOA: Memorandum of Agreement

MST: Multi-Systemic Therapy

OCS: Office of Children's Services

PBIS: Positive Behavioral Interventions and Supports

PIO: Public Information Officer

QA: Quality Assurance

QMIT: Quality Monitoring and Implementation Team

RIYF: Reducing Isolation in Youth Facilities

RPIC: Residential Practice Improvement Coaches

RSC: Regional Service Coordinator

RTI: Response to Intervention

SDM: Standardized Disposition Matrix

SGA: Student Government Association

SOL: Standards of Learning

SPEP™: Standardized Program Evaluation Protocol

SY: School Year

VADOC: Virginia Department of Corrections

VDOE: Virginia Department of Education

VJCCCA: Virginia Juvenile Community Crime Control Act

VSDP: Virginia Sickness & Disability Program

W!SE: Working in Support of Education

YASI: Youth Assessment and Screening Instrument

TRANSFORMATION PLAN 2021 UPDATE

The Department of Juvenile Justice's (DJJ's) Transformation Plan was established in 2016. The plan included the reallocation of funds to new initiatives aimed at using evidence-based practices to more effectively serve youth, their families, and their communities.

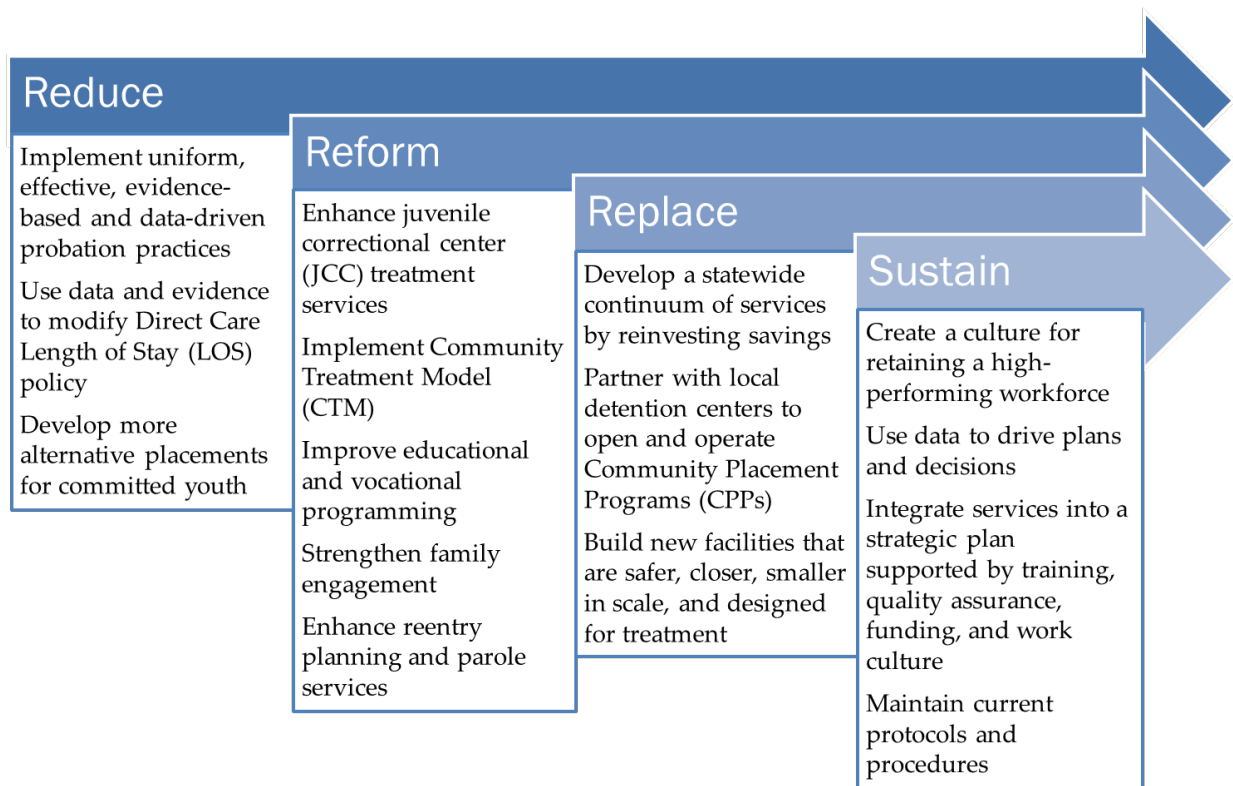
In order to provide opportunities for positive development of youth and staff, DJJ developed a strategic framework with four guiding principles:

1. *Safety*: Youth and staff need to be and feel safe in their environment and need a sense of physical and emotional well-being;
2. *Connection*: Youth and staff need to feel connected to supportive and caring adults, whether they are family, staff, or coworkers;
3. *Purpose*: Youth and staff need to have goals for which to strive, skills to hone, and a sense that they have a valuable role to play in the lives of people and the community around them;
4. *Fairness*: Youth need to perceive their environment and interactions as fair and transparent, and they need to be held accountable in a manner that is equitable as well as proportionate to their offense and offense history. Staff need to feel that they are treated fairly, compensated adequately, and supported in their efforts to meet the expectations of DJJ.

DJJ also recognized the need to establish core operational strategies when implementing and carrying out the Transformation Plan:

1. Safely *reduce* the use of the state's large and aging juvenile correctional facilities;
2. Effectively *reform* supervision, rehabilitation, and treatment practices for youth in custody both during their commitment and upon their return home;
3. Efficiently *replace* DJJs two large, outdated juvenile correctional centers with smaller, regional, rehabilitative, and treatment-oriented facilities supported by a statewide continuum of local alternative placements and evidence based services;
4. *Sustain* the Transformation Plan by maintaining safe, healthy, inclusive workplaces; continuing to recruit, retain, and develop a team of highly skilled and motivated staff; and aligning procedures, policies, and resources to support the team in meeting the goals of transformation.

Some specific objectives within these four strategies are listed in the image below:



This Transformation Plan was developed under the leadership of Director Andrew K. Block, Jr. Director Block stepped down after five years of service, and Valerie P. Boykin was appointed as the Director of DJJ in 2019. Director Boykin has over 40 years of experience in juvenile justice and human services, previously serving as a juvenile probation officer, parole services manager, independent juvenile justice consultant, court service unit director, and deputy director of community programs. Under Director Boykin’s leadership, DJJ’s work on the Transformation Plan has continued to move forward with commitment and continuity to the guiding principles and operational strategies. Through the ongoing efforts outlined in the Transformation Plan, DJJ strives to provide the right interventions to the right youth at the right time.

COVID-19 reached Virginia, with the first confirmed case on March 7, 2020. Throughout the remainder of FY 2020 and FY 2021, the functions of children’s learning and social environments were dramatically altered through new state mandates and policies. Many school and court operations were conducted virtually or temporarily suspended in order to decrease risk to those in attendance. The COVID-19 pandemic impacted the juvenile justice systems both directly and indirectly. Specific processes within the system were modified (e.g., reduced court operations) and behaviors among the general public changed (e.g., State of Emergency stay-at-home orders, job losses, school closures), which impacted both actual and tracked criminal and delinquent behaviors. In addition, the protests and demonstrations for social justice following the death of George Floyd and other unarmed Black people at the hands of law enforcement may have affected police practices as well as individuals’ likelihood to report crimes, potentially impacting trends.

These community stressors of the pandemic, economic hardships, and ongoing protests have resulted in dramatic shifts in trends at every stage of the juvenile justice system. Intake cases, detention populations, and direct care populations decreased sharply at the end of March 2020, and the lower levels were largely sustained throughout FY 2021. The outcomes for youth at various stages in the system may also be affected by these factors in the future, but it is not currently possible to identify the extent of the impacts nor to separate them from the direct work of DJJ. Throughout this report, the impact of the public health emergency is addressed as appropriate, both in the explanation of accomplishments that were altered and in the affected data.

The juvenile justice system in Virginia was already experiencing all-time lows for intake cases, detainments, probation placements, and youth in direct care, and the COVID-19 impacts accelerated these trends even further. Between FY 2014 and FY 2021, juvenile intake cases decreased 59.1%, probation placements decreased 68.3%, detainments decreased 63.8%, and direct care admissions decreased 55.3%. Because of these drastic decreases due to COVID-19, rearrest rates tracked during that timeframe may be lower than previous or future years and not comparable as an outcome measure. (See page 40 for details on trends during the COVID-19 pandemic.)

Report Outline

This report is organized into two broad sections: Youth Services and Support Services. Within each topic, a brief overview describes the transformation accomplishments previously reported, followed by more detailed information on the past year's updates, progress, and improvements. While the Youth Services section spans across the four core principles of *Reduce*, *Reform*, *Replace*, and *Sustain*, the Support Services section focuses primarily on *Sustain* efforts. Finally, additional reporting requirements are also included.

YOUTH SERVICES

COURT SERVICE UNITS

Court service units (CSUs), within the Division of Community Programs, provide a continuum of community-based services and interventions for youth. CSUs are responsible for the intake process, where youth have their first contact with DJJ; diversion plans, where a case is handled informally; assessments and court recommendations; along with both probation and parole case planning and supervision. The thirty two state-operated CSUs comprise DJJ's primary community presence across the state of Virginia.¹

Summary of Previously Reported Progress

The Transformation Plan involved several changes in CSUs, with the goal to *reduce* secure detention and reliance on high-security commitment by (1) increasing the availability of diversion and (2) improving the tools and training available to probation officers. First, DJJ implemented new procedures, resources, and trainings throughout transformation to encourage CSUs to prioritize diversion for eligible youth. This practice is based on increasing evidence that the most effective interventions keep youth of low risk in their homes and communities. As previously reported², the percentage of intake complaints with a diversion plan increased from 13.0% in FY 2014 to 19.4% in FY 2020; likewise, the percentage of intake complaints with a successfully completed diversion plan increased from 10.6% to 16.5%. A revised procedure and training also provided guidance to minimize use of overrides into detention.

Additionally, CSUs received training and ongoing coaching to effectively use standardized tools to assist with decision-making, including the Detention Assessment Instrument (DAI), a screening tool to assist in detaining decisions; the Youth Assessment and Screening Instrument (YASI), a risk and needs assessment tool used in case planning; Effective Practices in Community Supervision (EPICS), an evidence-based structured approach to probation supervision that focuses on skill building; Adverse Childhood Experiences (ACE) tool, a screen for potentially traumatic events that can inform strategies and determine need for further assessments; the Standardized Disposition Matrix (SDM), a structured decision-making tool used for providing recommendations to courts.

In response to the COVID-19 pandemic, the Practice Improvement & Services Unit began providing web-based sessions on strategies for remotely engaging youth and families. This platform has provided the opportunity to adapt interventions for technology-aided delivery, and the webinar inspired the design of a weekly series focusing on skill development.

Accomplishment Updates

Since the last report, DJJ has continued to *reduce* deeper system involvement by increasing diversions. In April 2021, DJJ established a central office-level Diversion Unit to expand the

¹ Two additional CSUs (Arlington and Fairfax) are locally operated. Two pairs of state-operated CSUs combined as of FY 2022, meaning there are 30 state-operated CSUs moving forward.

² Percentages were updated from last year's report to reflect data to-date.

department's focus on prevention and diversion programming. The Unit is responsible for coordinating and supporting front-end reforms and system improvement to increase opportunities for alternatives to official court processing of complaints. The Unit is also tasked with implementation of the Juvenile Detention Alternatives Initiative (JDAI), and oversight and management of the Virginia Community Crime Control Act (VJCCCA) implementation.

The monthly Intake Workgroup is a crucial element to DJJ's efforts to create improvements and consistency within intake procedures and practices. Rates of diversion plans and successful diversion plans decreased from FY 2020 to FY 2021; 15.1% of intake complaints had a diversion plan, and 12.2% of intake complaints had a successfully completed diversion plan in FY 2021³ compared to 19.4% and 16.5% in FY 2020, respectively. However, this change in diversion rates was likely impacted by the substantial decrease in juvenile intake cases from FY 2020 to FY 2021 (38.8%) – a larger decrease than in the entire six-year span from FY 2014 to FY 2020 (33.2%). During the COVID-19 pandemic, the patterns of intake cases and diversion plans will likely continue to vary.

Ongoing work to reduce reoffending includes a partnership initiated in February 2021 with investigators from the University of Massachusetts; University of California, Berkeley; and the Council of State Governments Justice Center. Their study is funded by a National Institute of Justice grant, aiming to better inform probation departments on resource prioritization. The study focuses on integrating Risk-Needs-Responsivity and positive youth development approaches for supervising and serving youth of different ages. The established goals are to identify which protective factors are mostly strongly associated with reduced reoffending to inform supervision practices; to examine the value of strength-based versus risk-reduction services in promoting youth success; and to build department capacity to gather data on protective factors, service usage, and reoffending patterns to better inform decision-making. Virginia is one of three states involved in the study, and the partner agencies are assisting DJJ in piloting new data collection strategies in five CSUs to help accomplish these aims.

The Charlottesville CSU continues to participate in Georgetown University's Transforming Juvenile Probation certificate program following its acceptance into the program in 2019. Through ongoing technical assistance from the Casey Foundation, the Charlottesville CSU and stakeholders developed a capstone project aimed at transforming juvenile probation into a purposeful intervention for youth who pose significant risk for serious reoffending. From March 2021 through June 2021, an inter-disciplinary team of DJJ and other system personnel engaged stakeholders in virtual meetings to develop project goals. The goals include creating a statement of purpose for the use of probation, increasing family engagement, implementing restorative justice programming, implementing new and updated diversion procedures within the police department, reducing the number of technical violations, and reducing the number of Child in Need of Services/Supervision petitions. Efforts to improve practices also include an assessment of race equity, trauma, and family engagement.

³ Some diversion plans in FY 2021 may still be open at the time of this report; therefore, the rate of successfully completed diversion plans may change.

CONTINUUM OF SERVICES

Before DJJ's Transformation Plan, a system-wide assessment of DJJ's programs and practices identified differences in supervision and the availability of effective services and interventions in the different regions of the Commonwealth. Thus, the Transformation Plan includes a goal to *reduce* secure detention and reliance on high-security commitment by standardizing CSU offerings across the Commonwealth. The Division of Community Programs is building a more robust continuum of services and alternative placements that offer necessary programs and treatments. The Division's goals are to divert youth from further involvement with DJJ, provide appropriate dispositional options for youth under supervision, develop alternative direct care placement options, and enable successful reentry into the community for youth who were in direct care.

Summary of Previously Reported Progress

In an effort to offer a full continuum of service options across the state, DJJ contracts with two service coordination agencies: AMIkids and Evidence-Based Associates. These Regional Service Coordinators (RSCs) coordinate service options for youth using funds available partially through DJJ's authority to reinvest savings from the closures of juvenile correctional centers (JCCs): Beaumont JCC, Culpeper JCC, and the Reception and Diagnostic Center. The department's goals in adopting the RSC Service Delivery Model are as follows: (1) to reduce an over-reliance on more restrictive placements, supervision, and compliance strategies that may not adequately address risk or needs; (2) to provide services to youth at multiple stages of court and/or DJJ involvement; (3) to increase the array and availability of services for youth and families across the Commonwealth; (4) to create geographic equity; (5) to build the capacity to provide more evidence-based and evidence-informed services that have demonstrated effectiveness; (6) to adopt performance measures and develop the capacity to monitor and enhance the quality of services and adherence to evidence-based principles; and (7) to increase efficiency and streamline processes. The work of the RSCs is divided using DJJ's five administrative regions, with AMIkids providing coordination for the eastern and southern regions, and Evidence-Based Associates providing coordination for the central, northern, and western regions. The RSCs are responsible for assessing existing capacity, developing new service capacity, and selecting and contracting with Direct Service Providers (DSPs). The RSCs are also responsible for monitoring the continuous quality of the DSPs and ensuring fidelity to evidence-based principles and practices, completing analyses regarding ongoing service gaps, and subsequently filling those gaps.

The RSCs use a centralized system for billing and referrals. They hold contracts with DSPs for basic services that include assessments and evaluations; intensive care coordination; individual, group, and family therapy; intensive in-home services; substance abuse treatment; treatment for youth with sexualized behaviors; life skills coaching; gang intervention services; anger management; workforce services; and independent living. These contracts have significantly expanded the services available to youth. For example, DJJ offers several evidence-based models as referral options for youth through the RSC Service Delivery Model, including Functional Family Therapy (FFT), Multi-Systemic Therapy (MST), Trauma-Focused Cognitive Behavioral Therapy, and High Fidelity Wraparound. Some of these services are available via multi-agency efforts with the Department of Behavioral Health and Development Services (DBHDS) and the Office of Children's Services (OCS). In 2020, several additional provider agencies were trained to use the FFT and MST models as part of the Department of Social Services' (DSS) implementation

of the Family First Prevention Services Act (FFPSA). In addition, RSCs have also expanded language and transportation capabilities to mitigate barriers to service delivery.

The RSCs' sub-contracted programs continue to allow DJJ to *reduce* high-security confinement and *replace* JCCs with appropriate alternatives by adding less-restrictive residential placement options for youth in direct care. In addition to Bon Air JCC and programs at locally based juvenile detention centers, the continuum of direct care placement options also includes residential treatment centers and group homes contracted through the RSC model. In 2018, DJJ added a residential parole option for young men aged 18 and older, The Summit House, a contracted transitional living center.

Accomplishment Updates

In a continued effort to *reduce* secure confinement and improve access to programming across the Commonwealth, DJJ has expanded the continuum of direct care placements to the current options of Bon Air JCC, nine community placement program sites⁴, nine detention reentry programs, 12 residential treatment centers, and 15 group homes, for a total of 46 non-correctional center treatment placement options for youth. By strengthening and expanding treatment and service options in less restrictive environments, DJJ has made progress toward *replacing* JCCs.

In addition to residential programs that serve youth in direct care, DJJ also expanded access to programming for youth on parole who need residential placements or housing following release from direct care. During FY 2021, the RSCs contracted with 32 independent living or step-down options statewide, including an apartment-based program.

Furthermore, the RSCs have contracts with more than 140 distinct DSPs, which allowed for 1,429 youth to be referred to the RSCs and 2,843 services to be approved and authorized during FY 2021. The DSS' implementation of the FFPSA resulted in several additional provider agencies being trained to use FFT and MST models. The RSCs contracted with these additional teams in FY 2021 so they could be used as needed.

The following table reflects services billed during FY 2021 and therefore may include services referred, authorized, and/or delivered prior to FY 2021. Some services involve multiple components (e.g., electronic monitoring requires a set-up fee that is billed separately from the recurring cost); each billed component is counted.

⁴ Merrimac Juvenile Detention Center is counted as one of the nine CPP sites; however, it operates separate programs for males and females.

RSC Billed Services	FY 2021
Anger Management	26
Conferencing / Mediation	10
Electronic Monitoring	262
Employment / Workforce Services	34
Family Therapy	54
Feedback Session	118
FFT	397
Group Home	8
Intensive Care Coordination	43
Language Services	15
Mental Health Intake or Evaluation	57
MST	299
Other Group Therapy	25
Other Individual Therapy	142
Psychological Evaluation	169
Residential Independent Living	92
Residential Treatment Center	28
Skill Coaching - Individual	343
Substance Abuse Evaluation	111
Substance Abuse Treatment	123
Transitional Living Program	26
Transportation Service / Travel	40
Youth w/ Sexualized Behaviors Assessment / Evaluation	170
Youth w/ Sexualized Behaviors Treatment	431
Other	41
<i>Total</i>	<i>3,064</i>

* MST and FFT are types of Family Therapy but are listed separately above.

In addition, DJJ and the RSCs also focus on the *sustain* principle by instituting continuous quality improvement activities, facilitating outreach to DSPs and other internal and external stakeholders, and establishing multi-agency partnerships. During FY 2021, DJJ and RSC staff continued to implement a tiered approach to quality improvement with a focus on monitoring providers for adherence to evidence-based principles. The RSCs completed sixty nine compliance reviews and thirty seven quality assurance reviews as key quality assurance activities. Staff also continued to engage DSPs, internal stakeholders, and external stakeholders in collaborative learning opportunities, including a series of virtual provider fairs and training events. Finally, DJJ and the RSCs participated in a number of partnerships, most notably the collaborative planning with the DSS, DBHDS, Department of Medical Assistance Services (DMAS), and the Office of Children's Services (OCS) to expand the availability of evidence-based services as part of FFPSA, Project Bravo (Behavioral Health Redesign for Access, Value and Outcomes), and Medicaid Redesign. As a result of these efforts, FFT and MST can now be funded through Children's Services Act funds and Title IV-E. Beginning January 1, 2022, these programs will also be eligible for Medicaid reimbursement.

Each of Virginia’s child-serving agencies also worked collaboratively this year to plan a series of regionally based trainings called “Virginia: Are You Ready?” on strategies for effectively implementing and sustaining evidence-based programs. Localities were invited to assemble a cross-agency team to participate in two-part virtual sessions facilitated by staff from the National Implementation Research Network at the University of North Carolina at Chapel Hill.

DJJ, along with other child-serving agencies, has also been working with Virginia Commonwealth University on the launch of the Virginia Center for Evidence-Based Partnerships. The Center will assist with implementing, evaluating, and sustaining evidence-based models across agencies. The early focus of the Center has been to assist with developing program evaluation protocols as required by Family First as well as to assess Virginia’s workforce capacity to support and *sustain* evidence-based practices.

DIRECT CARE

The Division of Residential Services provides specialized services to youth committed to DJJ and admitted to direct care. Currently, DJJ operates only one JCC at Bon Air; however, youth may also serve all or part of their commitment in other placement options, such as a community placement program (CPP), detention reentry program, or contracted treatment program. The Central Admission and Placement (CAP) Unit analyzes the offense and commitment information as well as the psychological, behavioral, educational, and sociological needs of incoming youth in order to determine the recommended length of stay (LOS) and most appropriate placement. Once placed, youth receive education, health, mental health, reentry, and other services as appropriate for their individualized needs. *Note: this section focuses on the CAP Unit, Bon Air JCC, Alternative Placements, and New Facilities. The Division of Education and the Reentry Unit are described in more detail in later sections.*

Central Admission and Placement Unit

The Reception and Diagnostic Center was a dedicated facility at which youth in direct care were housed for the duration of their assessment process and until official placement. To streamline placement and reduce unnecessary movement of youth, the assessment process was decentralized, and the Reception and Diagnostic Center was closed in 2015. The CAP Unit was established upon the closure of the Reception and Diagnostic Center to facilitate intake and assessment. Additionally, DJJ worked to build up the capacity for JDCs to conduct intake assessments in their localities, allowing residents to remain closer to home, whenever possible. Bon Air also has the capacity to conduct intake assessments for youth assigned to the JCC.

The CAP Unit’s core functions include the receipt and review of all commitment packets; the coordination of the admission, orientation, and assessment process; and the completion of referrals to non-JCC placements. For youth in non-JCC placements, the CAP Unit maintains case management responsibilities throughout their direct care stay and acts as a liaison between the CPPs, other alternative placements, and CSUs.

Summary of Previously Reported Progress

As DJJ prioritizes *reducing* the use of high-security confinement by keeping youth close to home in the least restrictive placement as is appropriate, the use of non-JCC alternative placements for both assessment and treatment expanded. Therefore, the CAP Unit's referral and case management responsibilities increased in scope and complexity from when the Unit was created in 2015. In FY 2014, all youth were admitted for their assessment at the Reception and Diagnostic Center, and the treatment placement options were limited to JCCs or the first four CPPs. After the Reception and Diagnostic Center closed in 2015, youth were still admitted and assessed in a JCC before potential placement in a CPP. As of June 2016, youth could also undergo admission and assessment at a locally based detention center before entering direct care. In FY 2020, 80% (187 of 234) of direct care admissions and assessments were conducted across detention centers rather than the JCC. Depending on youth needs and placement availability, youth may then be placed in a CPP at the same detention center, transferred to another alternative placement, or transferred to Bon Air JCC.

In order to *sustain* the work of the CAP Unit, a cross-divisional CAP Transformation workgroup was established to review and revise policy, procedure, and practice to reflect the new model and improve the efficiency, effectiveness, and fidelity of this process. As these long-term improvements are being planned, short-term processes were adjusted to streamline the process for treatment placements.

Accomplishment Updates

The efforts to complete assessments in a locally based juvenile detention center continue, with 91% (150 of 164) of youth admitted to direct care in FY 2021 receiving their assessment in a detention center.

The CAP Transformation workgroup continues to develop detailed implementation plans to further improve the process overseen by the CAP Unit in order to help *sustain* the improved intake processes of the CAP Unit and the agency as a whole. The workgroup has presented its sustainable strategies to the agency's executive team, and decisions on implementation plans are pending.

Bon Air Juvenile Correctional Center

Bon Air JCC is the only remaining secure JCC operated by DJJ. With an operational capacity to serve 272 youth, it serves as a treatment placement option for youth in direct care, particularly those with longer determinate LOSs, blended sentences with adult time pending, or other risks or needs that are most appropriately served in the JCC setting. Youth at Bon Air JCC receive regular clinical treatment and mental health services through the Behavioral Services Unit (BSU). The primary services provided by BSU staff include treatment for mental health issues, aggression, substance abuse, and sex offenders, as well as psychological evaluations and pre-release risk assessments. These services are delivered individually and in group settings, as appropriate.

Summary of Previously Reported Progress

Due in part to the *reduce* initiative of modifying Virginia's Length of Stay Guidelines for Indeterminately Committed Juveniles (LOS Guidelines), the Average Daily Population (ADP) of

youth in direct care decreased from 597 in FY 2014 to 331 in FY 2020. The use of non-JCC alternative placements further *reduced* the number of those youth in a JCC: the ADP in non-JCC alternative placements increased from 3 in FY 2014 to 137 in FY 2020, and the JCC ADP decreased from 519 to 194.

An essential *reform* included the transition of the Bon Air JCC from an adult correctional model to the Community Treatment Model (CTM). This program focuses on highly structured, meaningful therapeutic activities, consistent staffing in each Unit, and residents' access to therapists. Youth are able to progress through a phase system based on their behavior, earning additional responsibilities and privileges. Data on serious incidents, workers' compensation claims, and self-reported experiences in recent years suggest CTM is successful in reducing violence while improving campus relationships, feelings of safety, family engagement, and structured activities. The Quality Monitoring and Implementation Team tracks Unit-based CTM data to update staff monthly, resulting in changes to realign training, practices, and visitation to ensure the success of each Unit. (See page 33 for more details on family engagement efforts.)

Bon Air JCC also established a Student Government Association (SGA) in 2017. The initial SGA consisted of staff-appointed youth representatives from each Unit within the JCC. Student members provide weekly feedback to the superintendent and have been involved in other policy initiatives, such as the plan to end punitive isolation. The SGA conducted its first democratic election in 2018, hosted social and cultural events. Additionally, DJJ developed the Athletic Therapeutic Program in 2017, a soccer program that helped decrease gang rivalries in the JCC and engage youth in healthy, prosocial activities. Before the pandemic required suspending volunteer programs, DJJ encouraged local volunteers to build healthy, caring relationships with youth by offering spaces for weekly programs.

Other programming at Bon Air JCC has also expanded in an effort to *reform* juvenile justice practices to improve outcomes and prepare youth for success:

Medication-Assisted Treatment (MAT): DJJ Health Services began implementation of MAT to alleviate withdrawal symptoms and psychological cravings. In the program, the physician and primary therapist consult with potential MAT recipients. Identified youth participate in the 12-week Cannabis Youth Treatment program during their direct care stay, and MAT typically begins a month prior to release. Health Services and transition staff developed a list of community providers to continue care when youth in the MAT program are released.

Fatherhood Program: Bon Air JCC collaborated with the Virginia Family and Fatherhood Initiative to provide evidence-based mentoring services to young fathers because they often lack the skills, experience, and leadership necessary for fatherhood. The initial program is 12-weeks, but the mentors continue services for youth upon reentry and offer assistance to their children and families.

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. During each program, youth and staff have the

opportunity to reflect on emotions, behaviors, and group norms to spur conversations, facilitating the youth in their journey to overcome personal struggles.

Reducing Isolation in Youth Facilities (RIYF): DJJ developed a plan to further reduce the use of isolation as a punitive measure. DJJ limited the duration of reasons for punitive isolation and requested regulatory changes. As a result, there was a 92% reduction in the use of punitive isolation from FY 2015 to FY 2019.

CTM: CTM creates a supportive environment for Bon Air residents through a support structure that encourages growth (e.g., peer Mutual Help Groups, Personal Advocates) as well as through a self-designed Personal Action Plan, a living document that grows with the resident and helps guide them.

The COVID-19 epidemic changed operations dramatically in FY 2020. Residential Services established a COVID-19 response team on March 10, 2020, to assess and implement new protocols that maintain the safety and wellbeing of staff and residents. These protocols impacted functions from cleaning and sanitizing procedures to continuity of services. Appropriate steps were taken to disseminate COVID-19 education, social distance, expedite releases for youth with indeterminate sentences, and quarantine those who tested positive for COVID-19. A campus-wide quarantine was in effect from March 2020 until April 2020.

Accomplishment Updates

Programming at Bon Air JCC continues to expand in an effort to *reform* juvenile justice practices to improve outcomes and prepare youth for success, focusing on skill-building, improving behaviors, and increasing the likelihood of successful transitions to the community upon release. An integral program, DJJ is expanding the MAT infrastructure, with Chesterfield CPP agreeing to become a site on a case-by-case basis. DJJ is exploring expanding MAT to another site. Initial MAT assessments have been completed for youth off-campus using telehealth.

Additionally, RIYF data has been more difficult to maintain during FY 2021 due to periods of quarantines and medical isolation related to COVID-19. However, the use of punitive isolation continues to decrease, as staff are implementing other strategies to address resident behavioral issues. In an effort to *sustain* the progress made through RIYF, a workgroup developed an Intensive Intervention Program (IIP). The IIP is an extension of CTM that allows the Classification and Treatment Services Team (CTST or Treatment Team) to provide a variety of interventions at concerted and focused treatment dosages, bringing residents to their normal level of behavioral functioning. Interventions through the IIP focus on skills building, replacement behavior strategies through clinical therapy, and education. IIP will assist direct care staff with implementing additional strategies that avoid punitive isolation. The IIP is currently in the training development phase with plans to implement in early 2022.

In an effort to *sustain* and improve current best practices within CTM, Residential Leadership established two positions for Residential Practice Improvement Coaches (RPICs) that were filled in FY 2021. The RPICs serve as subject matter experts and assist with planning, implementing, managing, and ensuring consistency of the CTM. The RPICs also assist in implementing and monitoring of work plans and conduct quality assurance activities; conducting monitoring visits

within living units observing practices and processes; and providing coaching to ensure compliance with CTM guidelines and expectations. The RPICS represent Residential Services on committees, task forces, and ad hoc inter- or intra-agency planning groups related to CTM and behavioral modification programming.

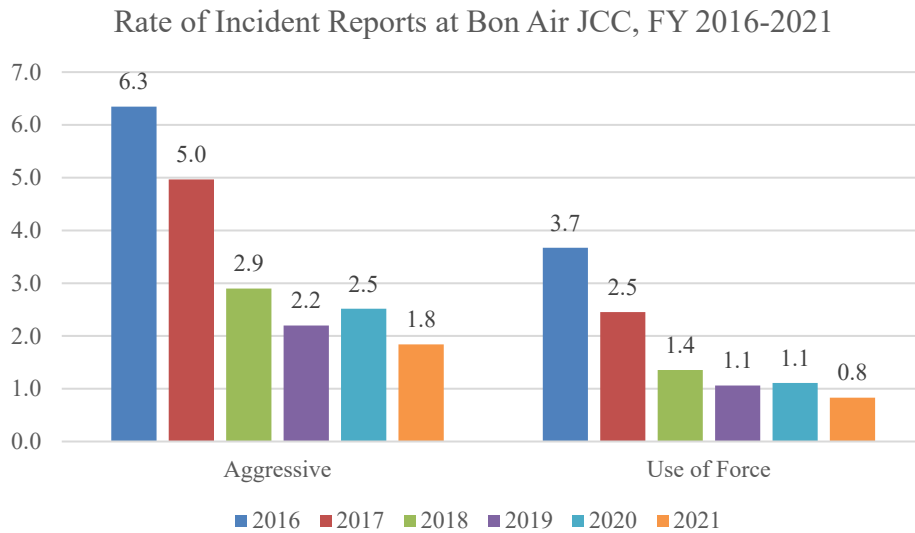
The Quality Monitoring and Implementation Team (QMIT) continues to track monthly data regarding CTM as reported by the RPICS. The RPICS work with the units on their quality improvement plans as needed and provide regular updates during monthly QMIT meetings. QMIT completed another revision of the CTM manual to be published and made effective in FY 2022. A training course is also under construction for the updated manual.

BSU, medical, case management, and other residential staff continually update trainings and certifications in order to maintain and improve service delivery to benefit youth. These trainings include such topics as specific treatment service delivery, therapeutic and trauma-informed environment improvements, and non-JCC placement option collaborations. For example, a comprehensive three-phase training was developed for the Mutual Help Group Toolkits during FY 2021. This training included an e-course during Phase I along with follow-up Q&A sessions with a live training panel during Phase II. Phase III is an additional layer of follow up that will assess the implementation of the toolkits within the units after several months have passed. Additionally, medical staff receive regular training from a local emergency medical services department, participate in crucial conversation training, and facilitate trainings for juvenile detention center staff. Finally, CTM and case management staff have been trained in Aggression Replacement Training (ART), trauma-informed writing and treatment planning, YASI, and direct care treatment placement options in recent years.

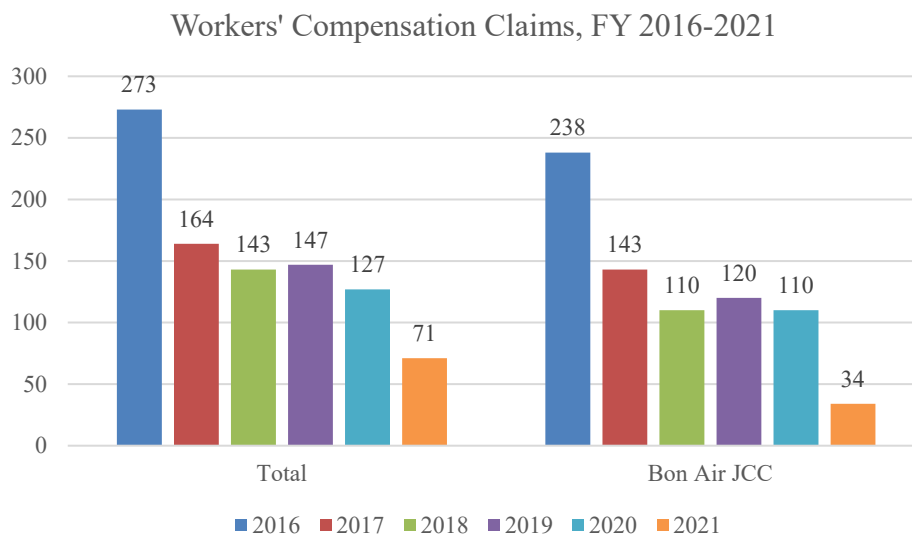
Community building and youth leadership remained a priority at Bon Air JCC during the pandemic. SGA led a campus-wide educational campaign and mock presidential election in FY 2021. Several eligible residents were also able to vote absentee in the 2020 United States and Virginia elections. SGA members have also been ambassadors to educate the units on COVID-19.

As these transformation efforts aim to improve safety of both youth and staff through the *reform* of programming and training, incident reports and workers' compensation claims provide objective measures for evaluating those efforts.

Rates of staff-reported aggressive incidents (includes resident on resident assaults, resident on staff assaults, resident fights, and use of force by staff) at Bon Air JCC decreased 76.6% between FY 2016 and FY 2021, with an initial decrease from FY 2016 to FY 2019 and relatively stable rates in recent years. Use of force incidents followed a similar pattern, indicating that the initial decrease during the beginning years of transformation has been *sustained*. (See graph below.)

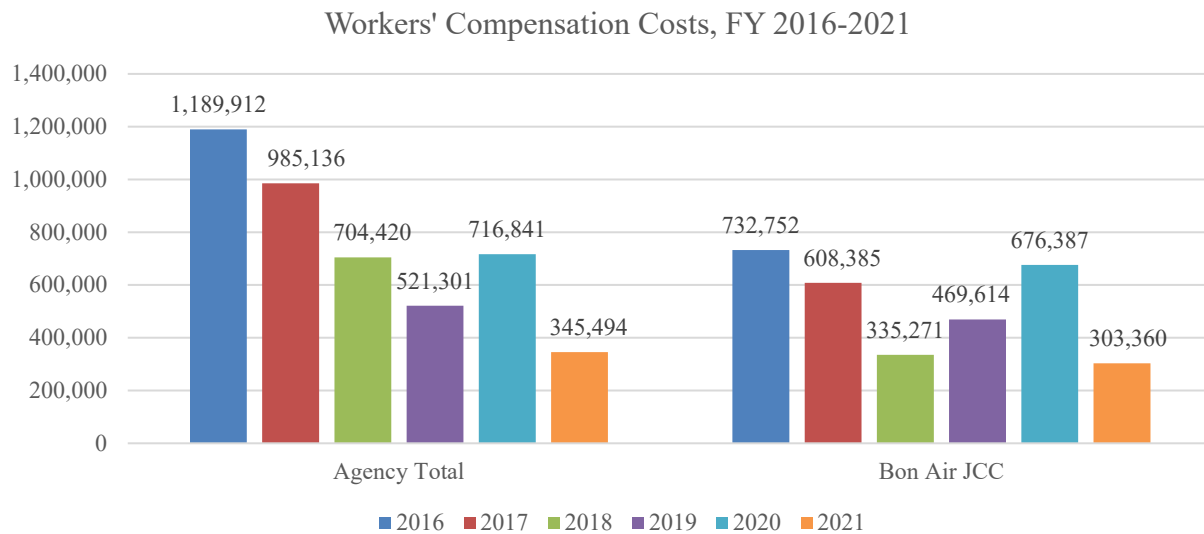


Overall, DJJ also significantly reduced the number of workers' compensation claims since FY 2016. The total number of claims filed decreased from 273 in FY 2016 to 71 in FY 2021, a decrease of 74.0%. Claims from Bon Air JCC have decreased from 238 in FY 2016 to 34 in FY 2021, a decrease of 85.7%. (See graph below.)



Note. Workers' compensation claims for Bon Air JCC for FYs 2016, 2017, and 2018 include Beaumont JCC, which closed in 2017.

Similarly, the costs associated with workers' compensation claims decreased 71.0%, from \$1,189,912 in FY 2016 to \$345,494 in FY 2021, with a majority of costs for FY 2021 being associated with Bon Air JCC (\$303,360).⁵ (See graph below.) DJJ continues to improve employment training and retention practices in the hopes of further reducing workers' compensation claims and costs.



COVID-19 Impact: Residential leadership has maintained ongoing collaboration with the Virginia Department of Health to adjust protocols and practices at Bon Air JCC as necessary based on new information and guidance about the virus. Additionally, Residential Services serves as a resource for the Virginia Juvenile Detention Association as they address the pandemic.

In FY 2021, Bon Air JCC offered four vaccination clinics on-site for any DJJ staff who wanted to receive a vaccine. Approximately four hundred and ninety seven doses were administered at the Bon Air clinics, some being offered to community members to avoid wasted doses. This number also includes fifty four residents who chose to receive a vaccination. Bon Air leadership plan to offer additional clinics in the future as interest and need arise.

Transfers between detention centers and Bon Air JCC were suspended on March 23, 2020. Detention centers were permitted to resume transfers on a case-by-case basis beginning April 20, 2020, and on a larger scale starting May 14, 2020. Subsequently, Bon Air JCC was able to resume transferring youth on August 17, 2020, on a limited basis but was forced to re-suspend on November 24, 2020, due to an increase in cases. Bon Air JCC resumed transfers and admissions once again in March 2021. Whenever possible, youth are tested for COVID-19 before leaving transfer sites. Youth are required to quarantine for an appropriate period as designated by the chief physician or designee after transferring or being admitted.

Many direct care programs were limited due to COVID-19. The grant funding for the Fatherhood Program was discontinued until FY 2022. Similarly, the Challenge Discovery activities continued

⁵ Compensation claims may be paid over consecutive years after the claim is originally made.

postponement through FY 2021. While virtual appointments have made initial MAT assessments easier to conduct, the MAT program is under evaluation, as no youth have accepted treatment using this model in FY 2021.

In late FY 2021, Bon Air was able to resume visitation on a limited basis with strict guidelines to prevent the spread of COVID-19. Visitors and youth are required to wear masks, visit outside whenever weather permits, and avoid physical contact. Leadership continues to monitor recommendations from the Centers for Disease Control (CDC), VDH, and other health officials to reevaluate visitation practices often. Bon Air also is continuing to work toward expanding consistent video visitation opportunities campus-wide until such time as it is safe to resume more regular in-person visitation.

Throughout the pandemic, leadership staff has made a concerted effort to keep families, staff, and the community informed about the COVID-19 impact at Bon Air JCC. Whenever there is a positive case that affects the residents or other important information arises (e.g., changes to visitation dates and guidelines), DJJ mails letters to parents and posts updates to the website. (See page 38 for more details on communications.) Bon Air leadership was also able to host four parent town hall meetings throughout FY 2021 to inform parents and provide them a platform to ask questions. Bon Air JCC will continue to provide updates to and request input from families.

Alternative Placements

To **reduce** the number of youth in a JCC, youth may be placed in a variety of alternative placement options, including CPPs, detention reentry, residential treatment centers, and group homes. CPPs are residential programs operated for youth within juvenile detention centers, which are often closer to home for many youth than Bon Air JCC. CPPs focus on positive youth development and increasing competency in areas of education; vocational preparation; life, social, and cognitive skills; employability; and anger management.

Detention reentry programs allow youth to transition back to their community 30 to 120 days prior to release. The objectives of the program are to prepare youth for progressively increased responsibility and freedom, bridge services between direct care placement and the community, facilitate increased family engagement, and establish relationships with targeted community support systems.

Finally, private alternative placements contracted through the RSCs provide another residential option for youth in direct care. These residential options include secured and staff-secured residential treatment centers, staff-secured group homes, and independent living programs. Housing youth, especially those with short lengths of stay, at CPPs or other non-JCC alternative programs may prevent unnecessary disruption in their education, services, and community supports, and make more efficient use of the resources available.

Summary of Previously Reported Progress

Establishing non-JCC treatment placements for youth in direct care helps to **reduce** the reliance on high-security confinement settings by **replacing** them with appropriate alternatives that may be smaller, and treatment-oriented or geographically located throughout the state. Beginning in 2014, DJJ partnered with locally- and commission-operated juvenile detention centers to establish CPPs.

As of August 2019, contracts were in place so that all young women in direct care could be housed at Northern Virginia CPP, Merrimac CPP, or another alternative placement. Between FY 2014 and FY 2020, the direct care ADP decreased from 597 to 331, and the percentage of those youth in non-JCC alternative placements increased from 0.5% to 41.3%.

In addition, several direct care initiatives focus on ensuring the programs and services provided to youth in alternative placements are evidence-based and effective. DJJ’s statement of needs and memoranda of agreement with the CPPs align with DJJ’s transformation and incorporate evidence-based practices. CPPs expanded postsecondary opportunities in order to better serve youth with longer LOSs and increased family engagement activities. (See page 33 for more details on family engagement.) Steps were also taken during FY 2020 to update cleaning protocols, transition visitation online, and adapting some services to virtual delivery within alternative placements due to the COVID-19 pandemic.

Several training opportunities helped to *sustain* the CPPs efforts to provide enhanced programming, including YASI risk assessment and case planning, ART, CTM, and Girls’ Circle. All CPPs have embraced quality assurance, participating in monitoring visits and building continuous quality improvement (CQI) plans to enhance and sustain their programs. In 2020, CQI plans were used with CPPs to develop performance measures for these programs.

In 2020, DJJ partnered with Vanderbilt University to launch a validated, evidence-based quality assurance tool, the Standardized Program Evaluation Protocol or SPEP™, initially implementing in the CPPs. This initiative aimed to reduce recidivism through driving sustainable performance improvement. (See page 42 for more information about the SPEP™ initiative.)

Accomplishment Updates

Through continued efforts to *reduce* the number of youth in JCCs by *replacing* the JCCs with appropriate alternatives, availability and utilization of alternative placements has increased. Currently, there are 45 non-JCC options for youth, including nine CPP sites,⁶ nine detention reentry programs, 12 residential treatment centers, and 15 group homes.⁷ As of July 1, 2021, the operating capacity at CPPs was 97 dedicated beds. In order to continue focusing on transformation, DJJ will continue to establish additional alternative placements across the state in high-need localities. The table below displays the capacities of the direct care placement options.

Direct Care Placement Options and Capacities	
Placements	Capacity as of 7/1/21
Bon Air JCC	272
CPPs	97+
<i>Blue Ridge</i>	8
<i>Chesterfield</i>	88
<i>Lynchburg</i>	8

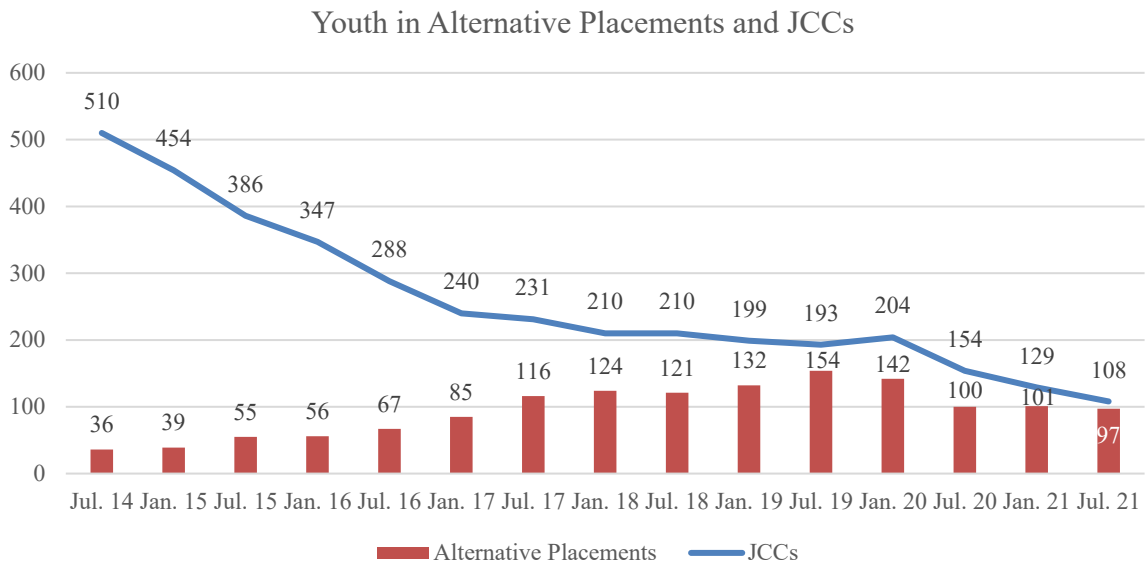
⁶ Merrimac Juvenile Detention Center is counted as one of the nine CPP sites; however, it operates separate programs for males and females.

⁷ Residential treatment centers and group homes were previously reported based on the parent company; one company may operate multiple facility locations. Each facility location is counted in the current report.

<i>Merrimac – Females</i>	5
<i>Merrimac – Males</i>	8
<i>Northern Virginia - Females</i>	8
<i>Prince William</i>	8
<i>Rappahannock</i>	16
<i>Shenandoah Valley</i>	8
<i>Virginia Beach</i>	20
Contracted Alt. Placements (27)	N/A
Detention Reentry (9)	N/A
Adm./Eval. in Detention Centers (19)	N/A
Direct Care Total	369+

Note. CPPs have the ability to provide additional “floating” beds based on demand. Some placement options do not have set capacities and are listed as N/A. This table no longer displays Chesapeake CPP due to its closure in FY 2021; Chesapeake CPP closed temporarily then permanently due to on-going staff shortages.

DJJ’s efforts in expanding detention-based placement options and other alternatives fueled an increase in the number of youth in alternative placements. The average number of youth in non-JCC alternative placements increased from 36 (6.6% of total direct care population) in July 2014 to 101 (47.3% of the total direct care population) in July 2021. Youth in a JCC *reduced* by 78.8% in the same timeframe. The recent fluctuations in both alternative placement and JCC populations are due in part to COVID-19’s influence in dramatically decreasing the direct care population. Of the 207 youth released from direct care in FY 2021, 94 (45.4%) did not enter a JCC. (See graph below.)



Note. Alternative placements include CPPs, detention reentry, and other placements in the continuum of services.

Although Northern Virginia CPP agreed to have no right of refusal and would house any young women in direct care regardless of committing offense, LOS, or treatment need, six young women

in the past year had needs that exceeded the capabilities of any alternative placement. As a result, these youth were placed in Bon Air JCC. A Gender Responsive Workgroup convened to address the specific needs of young women and how to improve the quality in the continuum of care for young women in both residential and community-based service settings, aiming to intervene at an earlier point in their trajectory, provide gender responsive interventions, and prevent more restrictive placements.

COVID-19 Impact: CPPs enhanced cleaning protocols and prohibited in-person visitation due to COVID-19. Most CPPs established or increased phone and video visitation. CPPs adapted some services to virtual delivery, depending on the programmatic structure of services (e.g., whether the provider was external to the detention center).

New Facilities

DJJ's Transformation Plan includes a vision of *replacing* the JCCs with smaller, treatment-oriented facilities, closer to the communities where youth live. Challenges remain with finding an ideal location in the desired regions of Virginia. As a result, the administration introduced new language to the 2020 General Assembly, resulting in approved language that allows the Commonwealth to locate the DJJ facility on state-owned property that is both cost effective to develop and best suited to achieve DJJ's operational needs. DJJ is working collaboratively with the Department of General Services to explore options given the amended language.

EDUCATION

The Division of Education operates the Yvonne B. Miller High School and post-secondary programs, providing education for middle school, high school, and post-secondary students. Education administrators, teachers, and staff are licensed by the Virginia Department of Education with additional support staff licensed by the Virginia Board of Medicine.

Summary of Previously Reported Progress

Since the implementation of the Transformation Plan, the Division of Education has *reformed* its delivery of educational services and its behavioral approach, improving student outcomes. The Division of Education worked to train staff in Responsibility Centered Discipline in 2016, followed by the Virginia Tiered Systems of Support model in the 2017-2018 School Year (SY) to address both academic and behavior needs of youth. By the end of 2018, the Division of Education implemented Tier 1 of Positive Behavioral Interventions and Supports (PBIS) to provide universal supports for students and consistent behavioral management strategies. PBIS includes a staffed reflection room to provide proactive breaks for students as well as support for referrals out of class due to disruptive behavior. The fidelity of Tier 1 implementation and use of proactive breaks had a noticeable impact on the number of student removals from the classroom as well as the amount of time out of class, both of which decreased since 2017. During the COVID-19 pandemic in SY 2019-2020, extensive modification of the classroom environment led to the use of digital platforms for direct contact with PBIS staff, leading to less teacher oversight and more student autonomy in requesting breaks.

Between SYs 2016 and 2017, the Division of Education trained staff and piloted use of the Measures of Academic Progress assessment to collect data to support a personalized, effective educational approach. The assessment is used to determine initial placement, track student progress, and measure teacher effectiveness. In 2017, the Division of Education used this data to shift to a Personalized Learning Model in which a student's educational path, curriculum, and instruction are tailored to their unique entry point and learning pace. This instruction can be delivered and tracked via digital curriculum. Community building among students was a priority when the Division of Education created 'student units,' grouping students together to have similar schedules throughout the day. Furthermore, the master schedule was revised to match content and elective delivery best practices, with unit-building as much as possible based on diploma needs. Even with declining enrollment, there was an increase in high school graduation and improved Standards of Learning (SOL) scores after implementation of personalized learning and PBIS.

Since 2015, the Division of Education has expanded its options for post-secondary students. This expansion included a new community college course enrollment option at J. Sargeant Reynolds Community College, offering classes in the areas of business and entrepreneurship. Industry certification courses, paid apprenticeships, and numerous enrichment courses are offered.

The Yvonne B. Miller High School offers assessments for students in order to increase their skills in the workplace:

- **W!SE (Working in Support of Education) Financial Literacy Certification Test:** Provides high school students with access to financial education and the opportunity to obtain financial literacy certification.
- **Workplace Readiness Skills:** Prepares students for entry into the workforce using the 21 essential workplace readiness skills identified by the Commonwealth of Virginia.

In addition to educational services at Bon Air JCC, the Division of Education supports the CPPs by providing resources and opportunities to the post-secondary students for the purpose of continuing education after receiving a high school diploma or General Educational Development (GED)[®] certificate. Through partnerships with community businesses and schools, as well as collaboration with CPP staff, DJJ is able to assess the needs of students, research jobs and college programs in each locality, and explore the appropriate program options for post-secondary students. Support provided to CPPs has included tuition to local community colleges, increased course offerings, and necessary equipment.

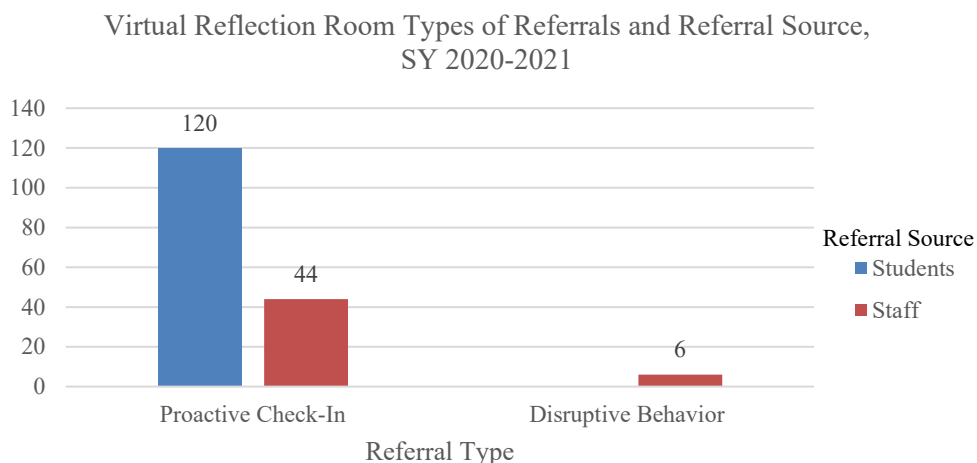
During the COVID-19 pandemic, there were major changes to the Division of Education's operations. Additional library books were ordered and mobile libraries were created for each unit, allowing students access to a variety of reading materials. New laptops and charging carts were deployed to all housing units at Bon Air JCC to enable students to continue their education. By August, DJJ had tested, purchased, and started training education on a full e-learning platform called Canvas, a platform that provides both secure video conferencing as well as fully customizable courses. Through this collaboration, interactive teaching and learning was accomplished via a videoconferencing system that allowed real time access during classes and provided opportunities for additional support from staff.

Accomplishment Updates

Continuing the *reform* of educational programming, the Division of Education began using digital curriculum delivery, providing access to more course offerings across a wider range of disciplines for students. New programs on self-advocacy, disability awareness, and self-determination are used to create a more inclusive and effective environment for students with special needs. The Division of Education is in early implementation stages of Tier 1 of Response to Intervention (RTI), a multi-tier approach to the early identification and support of students with learning or behavior needs. The RTI process begins with high-quality instruction and universal screening of all students in the general education classroom. Outreach to students with disabilities and their parents is critical to these reforms. This year, parent participation at meetings for students with disabilities under the age of 18 was at 55%, and participation for adult students was 95%. These numbers cannot be compared to previous reports, as parent participation was not reported by student age group.

PBIS classroom behavioral expectations were updated to the Virtual Cougar Classroom to support online instruction with clear expectations for the virtual learning environment. PBIS Tier 1 classroom fidelity scores were not assessed during SY 2020-2021 due to the virtual format of instructional delivery.

In an effort to fully engage and support youth in education, the Yvonne B. Miller High School provides a safe space for youth to take proactive breaks from class. The Reflection Room continued to be used in the virtual environment to provide proactive breaks or to process behavior that was disruptive during instructional delivery. Students, teachers, and unit staff were able to refer students for breaks or to process occurrences of disruptive behavior. 170 total referrals were made to the Virtual Reflection Room. Over 70% of the meetings (120) were proactive check-ins initiated by students. Not all occurrences of disruptive behavior were referred to the Virtual Reflection Room. Due to the virtual nature of SY 2020-2021, tracking did not occur for removals from an educational setting, and reflection room statistics are not comparable to previous years.



Note. The Virtual Reflection Room was made available to students between December 14, 2021, and June 25, 2021. The population census on the first day of the Virtual Reflection Room was 206, and on the last day of the school year, it was 110.

During SY 2020-2021, the Division of Education Post-Secondary Programs focused on expanding online opportunities for students during virtual or hybrid instruction. The Division worked collaboratively with the DJJ's Information Technology (IT) Unit and the Division of Residential Services to offer appropriate technology, software, and resources to all post-secondary students enrolled in courses. Through a new partnership with Tooling U, the Division of Education was able to implement 6 new online industry training courses. These courses were customized to align with high school career and technical courses as well as the vision of post-secondary programs.

Enrollment in Tooling U Courses	
Credential/Certifications	SY 2020-2021
Workforce Essentials	42
Industrial Safety	20
Industrial Supervision	13
Welding	5
Electrical Systems	17
Intro to Rigging	23
Total	120

Due to the pandemic school closure of post-secondary programs, Community College Workforce Alliance in-person credential/certification courses were not offered to students during SY 2020-2021. Students were also not able to meet the required hours to receive a nationally recognized credential through the apprenticeship programs. However, three students were able to earn their forklift certification issued by J. Sargeant Reynolds during the spring semester.

Student Credentials/Certifications Earned	
Credential/Certifications	SY 2020-2021
Barbering	0
Graphic Design/Sign Writer	0
Upholstery	0
Industrial Sewing Machine Operator	0
Culinary Arts (ServSafe®)	0
Fitness (CPR/First Aid)	0
OSHA w/ Flagger	0
Microsoft Office	0
Comptia A+	0
NCCER Core	0
Certified Logistics Associate	0
Manufacturing Tech I	0
Medical Terminology	0
Heavy Machine Operator	3
Welding	0
Total	3

All college courses through J. Sargeant Reynolds and University of Virginia were offered virtually due to the pandemic restrictions on in-person learning. Students enrolled were able to complete coursework and earn college credit during SY 2020-2021.

Enrollment in J. Sargeant Reynolds Community College Courses	
College Courses	SY 2020-2021
Principles of Supervision	7
Introduction to Business	28
Introduction to Marketing	8
Sales & Marketing	15
Entrepreneurship	15
Human Resource Management	16
Total	89

Enrollment in University of Virginia Course	
College Courses	SY 2020-2021
Connecting Lives through Literature	10
Total	10

Due to the pandemic school closure of post-secondary programs, only 2 enrichment classes were offered during the spring semester of SY 2020-2021.

Enrollment in Post-secondary Enrichment Courses	
Courses	SY 2020-2021
Music Production	16
Music (Instruments)	Not offered
Video Production	12
Photography	Not offered
Art Foundations	Not offered
Sculpture	Not offered
Cadet Corps	Not offered
Blue Print Reading	Not offered
Total	28

The Division of Education continues to support the CPPs by providing resources and opportunities to the post-secondary students for the purpose of continuing education after receiving a high school diploma or GED® certificate. DJJ has established and implemented a clearly defined process to

ensure equitable distribution of educational resources. The table below describes the individualized partnerships with each CPP.

Post-Secondary Programing in CPPs	
Blue Ridge	Courses at Piedmont Valley Community College; OSHA; ServSafe®; VDOT Flagger; Mental Health Class; Drivers Education; Personal Finance; Garden Program; Music Program
Chesterfield	Courses at John Tyler Community College; ServSafe®; OSHA; Driving Essentials; Financial Literacy
Merrimac	Courses at Thomas Nelson Community College; Courses at Tidewater Community College; Life Skills Curriculum; Cosmetology Kits; Food Handlers Certification; OSHA; Retail; Customer Service; Landscaping; Barbering; Manufacturing; Animal Care; Hydroponics
Northern Virginia	Courses at Northern Virginia Community College; Cosmetology; Hydroponics
Prince William	Courses at Northern Virginia Community College; Courses at Germanna Community College; Ashworth College; OSHA; CPR & First Aid; ServSafe®; Personal Finance
Shenandoah	Courses at Blue Ridge Community College; University of Phoenix; Hydroponics; CPR & First Aid; OSHA; ServSafe®; Drivers Education
Virginia Beach	Courses at Tidewater Community College; Courses at University of Phoenix; Hospitality/Tourism Program; Fitness Trainer; Barbering Program; Business and Entrepreneurship Program; Job Training Skills Program; ServSafe®; OSHA; Mold; VDOT Flagger; Driver Education; Welding
Lynchburg	Courses at Central Valley Community College; Courses at University of Phoenix; Welding; Wellness and Nutrition; Drivers Education; OSHA; ServSafe®; Hydroponics; Personal Finance
Rappahannock	Courses at Germanna Community College; OSHA; VDOT Flagger; ServSafe®; CPR/First Aid; Electric Wiring; Drivers Education; Mold Inspector; National Fire Protection

In the past year, the Division of Education worked toward *sustaining* initiatives in staff leadership, hiring, training, and support practices. The Division of Education has worked to purposefully hire staff and teachers to develop a culture that supports staff, students, and teachers. The percentage of courses taught by licensed and properly endorsed instructional personnel remained high, fluctuating from 97.9% in SY 2019-2020 to 92.1% in SY 2020-2021.

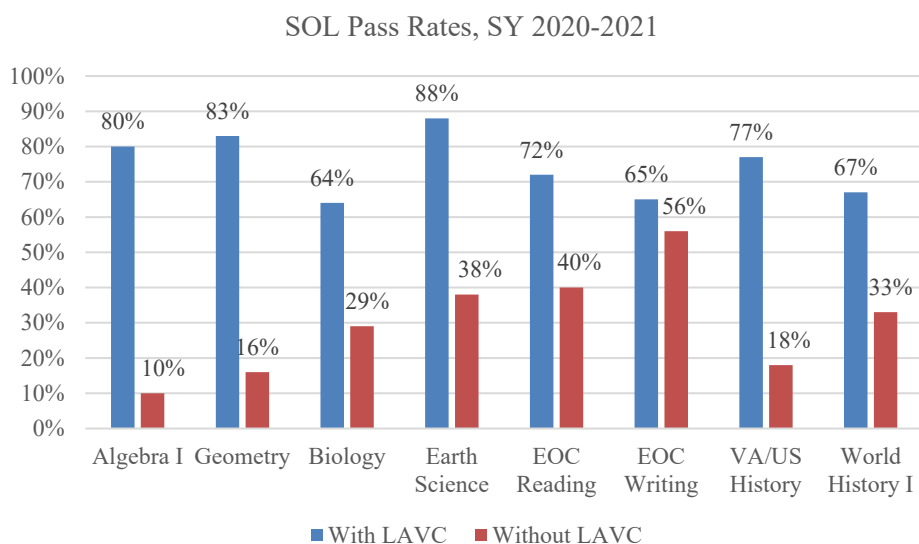
As transformation work continues, the Division of Education monitors outcomes such as SOL pass rates, workplace assessment pass rates, high school graduation rates, and career and technical education (CTE) completion rates. At Yvonne B. Miller High School, students utilize personalized learning, allowing them to complete courses at various intervals. Due to the COVID-19 pandemic and limited in-person learning for SY 2020-2021, school divisions followed guidance from the Virginia Department of Education (VDOE) in regard to SOL testing and CTE testing. The Board of Education’s *Emergency Guidelines: Locally-Awarded Verified Credits* allowed non-graduating students to earn verified credits for eligible courses through a revised locally awarded verified

credit process. Students enrolled in CTE courses were given a waiver for the board certified credential.

With regard to high school completion rates, 80% of eligible high school seniors graduated in SY 2020-2021 as compared to 100% in SY 2019-2020. The table below displays the number of youth completing high school credentials during the last three SYs.

Division of Education High School Completions			
Credential	SY 2018-2019	SY 2019-2020	SY 2020-2021
Advanced Studies Diploma	1	0	1
Standard Diploma	35	21	13
Applied Studies Diploma	3	2	3
Penn Foster High School Diploma	15	6	1
GED [®] Certificate	17	6	16
Total	71	35	34

Students participated in SOL testing in SY 2020-2021. There were additional options for Locally Awarded Verified Credits (LAVC) for students to earn verified credits required for graduation if they did not achieve a passing score (400+) on certain SOLs. For SY 2020-2021, students were only eligible to earn a LAVC in reading, writing, mathematics, history/social science, or science if the student successfully passed the corresponding high school course; attempted the associated SOL assessment and receive a score within the 350-399 range; and demonstrated mastery of the standards, competencies, and objectives of the entire course through a locally-determined verification process. The LAVC option particularly increased pass rates for math courses. Meanwhile, the LAVC option increased pass rates least for EOC Writing, as shown in the table below.



SOL scores and procedures during SY 2020-2021 are the new baseline for recovery following school closures and varied learning conditions. These results will be utilized to determine and support unfinished learning and to accelerate instruction going forward.

COVID-19 Impact: COVID-19 continued to impact educational programming for DJJ during SY 2020-2021. Ongoing efforts and collaboration between education leaders, instructional technology resource teachers, and the IT Unit resulted in virtual instruction during the beginning of the school year. Canvas was acquired for video-conferencing to allow teachers and students to have a real-time interface. The full suite of virtual learning included access to online curriculum and courses within Edgenuity, aided by direct teaching and student support.

Additional technology, including headphones and laptops, were acquired to ensure a seamless approach to virtual learning. Communication between education leaders, instructional technology resource teachers, and the IT Unit occurred frequently to determine the best way to maintain the computer-based online curriculum within the housing units. The IT Unit continues to refine training on Canvas and assist teachers. The virtual software was used when students earned PBIS points, allowing them to order and receive incentive items. School counselors reviewed transcripts for every student to determine the remaining coursework needed for each student to graduate or advance to the next grade level.

Posters were used to tell and show students how to wear masks and socially distance featuring famous actors, athletes, and musicians were printed and posted around Bon Air JCC. PBIS incentive items were given to residential staff to support students during facility-wide cleaning. Students were able to enjoy snacks and a movie while their units underwent extended cleaning times. Daily phone calls were made by Reflection Room staff to each unit on campus. Available students were able to speak to staff and receive encouragement, ask questions, and hear a familiar voice. Unit staff could also check-in to receive support and encouragement.

VDOE continued to pass waivers and provide school divisions with updates, including suspending SOLs and other state assessments. Special education teachers reviewed each Individual Education Plan (IEP) and held amendment meetings to address the continuum of services in a remote/virtual environment. The building principal communicated frequently with residential leaders to ensure that there was structured time and a place on the unit for students to do this work without distractions.

The school closure and challenges of restarting education in the housing units had a tremendous impact on the students and educational staff. In the fall of 2020 and spring of 2021, thirty four seniors were able to graduate with the strong support of their teachers and educational staff members. During the summer of 2020, the Division of Education followed the parameters of the phase guidance and provided this opportunity for students with disabilities who were identified through the IEP process, English Language (EL) students, and a targeted group of students who were working specifically on graduation requirements.

The Division of Education continued to follow VDOE's "Recover, Redesign, Restart, 2020," a guiding document for Virginia school divisions developed in response to the COVID-19 pandemic and in preparation for schools reopening. Additionally, the Division of Education and Yvonne B Miller High School continued to follow "Return 2 Learn," an instructional plan designed to support educational services in both a traditional classroom model and virtual/remote learning. The requirements of providing new content instruction and focusing on learning gaps that developed as a result of the school closure were paramount in the plan. Building the infrastructure for virtual/remote learning required collaborative thinking, planning and execution

by the Division of Education, IT, and Residential Services. Through this collaboration, interactive teaching and learning was accomplished via a videoconferencing system that allowed real time access during classes. Professional development for teachers was a critical component to complement the infrastructure of virtual learning.

FAMILY ENGAGEMENT

Family engagement is an important component for youth's success. DJJ especially encourages involvement during youth probation case planning, visits throughout commitment, and family inclusion in treatment and reentry services.

Summary of Previously Reported Progress

DJJ implemented several *reform* initiatives to enhance family engagement, including a partnership with Assisting Families of Inmates to establish a free transportation program for visitation. DJJ also revised the procedures on family visitation at Bon Air JCC to (1) allow natural supports to visit, encouraging mentors and other non-family community representatives to stay engaged with youth in direct care, and (2) prohibit the loss of visitation as a disciplinary sanction. Bon Air JCC also hosted Family Days prior to the COVID-19 pandemic.

Across CPPs, family engagement activities have increased to include visitation with multiple family members and natural supports. CPPs have also sponsored family days, events/crafts around holidays, family reunification efforts through skill development/counseling, and graduation ceremonies.

In order to *sustain* these family engagement efforts, DJJ hired a Family Engagement Coordinator and a Family Advocate. The Family Advocate's role is to be a voice and support for families of youth in DJJ's care. The Family Advocate draws from experience with the system to help others navigate the system and provide DJJ with family perspectives in policy and procedure updates. DJJ also built a Family Support Network. The Family Advocate and the Family Engagement Coordinator launched community-based Family Support Network meetings. Additionally, DJJ established a Family Engagement Committee that convenes monthly and is comprised of parents whose children are in direct care as well as members of the reentry and residential staff.

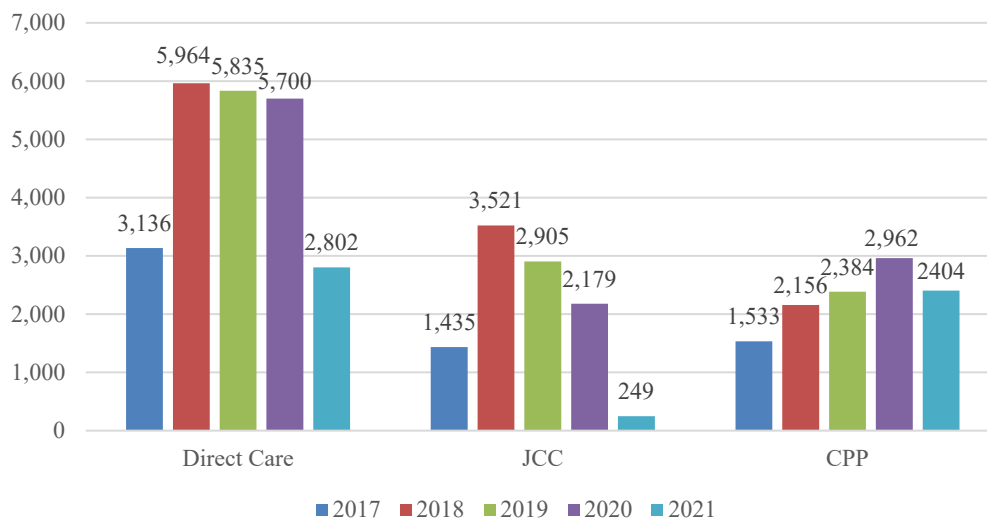
Accomplishment Updates

In FY 2021, the transportation program continued to be halted by the COVID pandemic. Visitation resumed after a long pause but with some limitations such as mask mandates and social distancing. DJJ continues to monitor the spread of COVID-19, and the transportation program will resume when it is determined to be safe for families and youth at Bon Air.

During FY 2021, the number of total visits and visits in CPPs increased compared to FY 2020, a timeframe that included a period of suspended in-person visitation at Bon Air JCC and most juvenile detention centers due to COVID-19. DJJ continues to work to determine which types of events and strategies optimize family engagement with changing public health guidelines and individual comfort levels. The graph below displays the number of visits, and the table below displays the number and rate of visits and visitors. There are fewer visits in FY 2021 due to

suspended in-person visitation following a FY 2020 COVID-19 outbreak at Bon Air JCC as well as suspended transportation services.

Number of Visits, FY 2017-2021



Note. JCC and CPP counts do not add to the overall direct care counts because visits in other placement options are included in the direct care total. Visit and visitor counts are not comparable to previous reports due to improved methodology.

Visits in Direct Care, FY 2021					
Facility	ADP	Visits	Visitors	Rate of Visits	Rate of Visitors
Bon Air JCC	131	249	424	1.9	3.2
Adm./Eval. in Detention Centers	19	143	203	7.5	10.7
CPP	74	2,404	2,842	32.5	38.4
Contracted Placement	8	0	0	N/A	N/A
Detention Reentry	2	6	6	3.0	3.0
Total	235	2,802	3,475	11.9	14.8

Note. One visit may involve multiple visitors. Visits by phone were included. Rates were calculated by dividing the visits/visitors by the ADP. The ADP may not sum to the total due to rounding; additionally, youth in individually purchased detention beds (ADP of 1) are not shown but are included in the total. Visit and visitor counts are not comparable to previous reports due to improved methodology.

The Family Engagement Committee, composed of parents of youth in direct care as well as members of the reentry and residential staff, drafted a family orientation packet with information to guide families through each step of their child’s commitment. Progress on the packet continues to be stalled due to COVID-19 but is estimated to be published by the end of FY 2022. To address some of the uncertainty during the pandemic, the Family Engagement Committee also introduced a Family Matters Newsletter to keep families involved and to share information about the daily life and activities that their loved ones experience while at Bon Air.

REENTRY

Planning for youth to transition from a secure setting back to their home communities after release is an essential element of the commitment process. In order to maximize youth's likelihood for success, DJJ follows the principle that "reentry begins on the first day of commitment."

Summary of Previously Reported Progress

A major element of DJJ's transformation has focused on *reforming* the reentry of youth back to their communities after commitment. With shorter LOSs, it is important to coordinate the reentry process for youth more efficiently and effectively. After receiving an initial Second Chance Act Reentry Planning Grant from the federal government in 2014, DJJ analyzed existing practices and developed a plan to *reform* its reentry program. In 2015, Virginia was one of only 3 states to receive a federal implementation award of over \$700,000 to put its integrated reentry system into practice.

A team of DJJ staff worked together to overhaul the Reentry Manual, which now includes joint procedures for staff in assessment, treatment, transition, and reentry of youth currently in direct care. Additionally, a Successful Transitions Workgroup convened to create recommendations on how to decrease recidivism for youth in direct care.

Finally, some of DJJ's most innovative reentry practices have been achieved through partnerships that streamline the transition process for youth, including with the DSS to provide assistance to youth aging out of official foster care, the Department of Medical Assistance Services and the Cover Virginia Incarcerated Unit to help youth apply for Medicaid health insurance, the Department of Motor Vehicles to administer learner's permit tests and process non-driving photo identification, the Virginia Department of Corrections (VADOC) to provide guidance for youth transitioning from DJJ to VADOC supervision, and the City of Richmond to provide the Law enforcement Intervention Focused on Education (LIFE) program to youth with firearm related charges.

Accomplishment Updates

Despite transformation efforts and decreasing recidivism rates for many populations served by DJJ, recidivism rates for youth in direct care have not decreased as desired in recent years. Youth with initial arrests in FY 2020, however, had lower recidivism rates (see page 44). These most recent trends are likely largely due to fewer overall intakes in FY 2020 and COVID-19 related changes to how youth interacted with the justice system. In response, DJJ continues to plan how to implement recommendations from the Successful Transitions Workgroup. In particular, specific processes for a community reintegration program, increasing family engagement, and improving education transitions are in progress. Similar to many other areas of our work, COVID 19 constrained implementing these changes.

SUPPORT SERVICES

DJJ recognizes the need to *sustain* new initiatives and progress. To do so, DJJ is committed to maintaining safe, healthy, inclusive workplaces; continuing to recruit, retain, and develop a team of highly skilled and motivated staff; and aligning procedures, policies, and resources to support the team in meeting the goals of transformation. In addition, DJJ recognizes the importance of tracking data comprehensively and accurately in order to effectively assess the implementation and outcomes of these transformed practices.

STAFF, TRAINING, AND COMMUNICATIONS

Supporting staff through training, communication, consultation, performance management, and benefits administration helps to *sustain* DJJ's transformation work. Since 2016, Human Resources (HR) developed a new salary administration plan and realigned the compensation of hundreds of employees, which had an immediate impact on improving employee retention. Alongside these adjustments, HR focused on improving retention in various community and residential positions with high turnover. HR automated and streamlined all internal HR processes to improve turnaround time for HR services, resulting in reduced time required to fill each position and an overall lower vacancy rate. HR also worked to change its own organizational structure, with a goal of providing a higher level of customer service. Despite experiencing challenges related to the COVID-19 pandemic in 2020, HR quickly became subject matter experts to meet DJJ agency needs and to properly advise staff and management.

In addition, the DJJ Training and Organizational Development Unit moved from a generalized training plan to specializing all coursework into three main focus areas: Organizational Development, focused on leadership; Community Programs, focused on CSU staff; and Residential Services, focused on JCC staff. DJJ targeted leadership development through both external consultant-led trainings and internal curriculum, expanded distance learning, and developed conflict resolution and mediation services.

Finally, the Public Information Officer (PIO) serves as the agency's lead communications liaison. The PIO ensures that the public and the agency's own employees stay well informed about the important work DJJ employees do every day. The PIO creates employee newsletters, maintains and posts relevant news and images to DJJ's Facebook and website, encourages positive media coverage of agency programs and successes, and responds to media requests. The PIO worked with various managers to develop several internal staff newsletters since 2016 to keep staff informed of DJJ's mission and accomplishments.

Human Resources and Retention

HR continued its efforts to *sustain* transformation at DJJ despite challenges presented by the COVID-19 pandemic. DJJ's Talent Acquisition Team continues to monitor how the pandemic has and will continue to impact the agency's recruitment efforts. Challenges continue in the recruitment efforts for certain positions, such as security staff, nursing, and psychologists. DJJ will explore new recruiting strategies in FY 2022, with the hiring of a new Talent Acquisition Manager and the implementation of the One Virginia Plan, which will increase DJJ's diversity and inclusion efforts in recruitment.

Through the Virginia Department of Human Resource Management, DJJ adopted a new compensation management tool in FY 2021, the Mercer Benchmark Database, to allow better establishment of salaries based on market data. In addition, HR began an agency-wide compensation study to ensure that DJJ staff are paid equitably and according to market factors, including both internal and external comparators. These efforts will help DJJ with strategies to recruit and retain staff, which will be impactful as the post-COVID workplace changes.

COVID-19 Impact: HR's biggest challenge continues to be quickly mobilizing and responding to the urgent needs of DJJ staff during the COVID-19 pandemic. HR helped DJJ operate with a newly-mobile workforce, providing guidance on telework, Public Health Emergency Leave, essential personnel, emergency closings, use of sick leave, Virginia Sickness & Disability Program (VSDP), the newly created Families First Coronavirus Response Act, and other related policies. HR also responded to the stress DJJ staff experience as a result of this public health crisis. Despite the challenges presented by the pandemic, day-to-day work has continued, with many staff across the agency working remotely while maintaining productivity and utilizing remote communication tools to facilitate meetings.

Training & Organizational Development

DJJ's Training & Organizational Development Unit entered FY 2021 with the goal of a fully integrated transition to virtual learning wherever viable, continuing the work done in the second half of FY 2020. This commitment to virtual learning allowed staff to have expanded learning opportunities.

Staff expanded distance learning opportunities while growing conflict resolution services and mediation services at the rate of previous years. The team offered twenty one individual distinct sessions of various leadership programs. They also assisted HR in facilitating the delivery of the virtual HR Essentials program. While fewer sessions were held, the move to virtual learning allowed instructors to accommodate more people per class, with nearly one hundred people able to participate. The group continued providing coaching sessions with individual work units throughout the agency, increasing engagements by 40% from FY 2020 to FY 2021. Staff also facilitated ten mediation sessions to assist HR in finding alternatives to traditional performance management of personnel issues. In total, there were over two thousand, eight hundred individual learner engagements for the various internally developed webinars.

DJJ also developed, in partnership with Justice Systems Partners, a leadership curriculum that will be offered when in-person training is possible. This curriculum will be embedded into DJJ's organizational development training course offerings, and the course will be offered on an ongoing basis.

In a cross-divisional effort to sustain ART, four DJJ staff from the Community Programs training team and the Division of Residential Services completed train-the-trainer curriculum and have delivered virtual sessions.

The Community Programs training team also continued to make improvements to the highly successful Basic Skills for Caseworkers program, offering three virtual sessions in FY 2021. The team pursued additional professional certifications to support DJJ in following trends, contributing

new ideas, and employing evidence-based practices in juvenile justice. In total, the team gained ten new credentials during FY 2021. These staff conducted a total of thirty nine classes and provided over one thousand and two hundred individual learner experiences. The CSU Training Advisory group remains active and has representation from all regions of the state, continuing to guide the development of future training efforts.

The Residential Services training team continued offering pre-service regulatory training sessions in-person, even as other in-person training was still suspended. The team completed 6 sessions of Basic Skills for Direct Care in FY 2021, training a total of seventy eight new Resident Specialists. Staff also provided annually required retraining for three hundred forty four direct care and other facility staff. The Residential Services training team offered forty in-person training sessions for behavior management and first aid/CPR/AED training from April through November of 2021.

COVID-19 Impact: The Training and Organizational Development Unit continued converting and offering its training to a virtual format in FY 2021, with the exception of the new annual retraining for Residential Programs and the Basic Skills for Direct Care programs. Additionally, the Unit began hosting a highly attended webinar series called ‘DJJ Today’ that was meant to keep the agency informed on the work of various units and groups during the suspension of in-person collaboration.

Communications

The PIO continued to issue several distinct publications meant to keep both employees and stakeholders informed about DJJ’s ongoing transformation and the programs being introduced to further its progress. During FY 2021, the PIO issued 10 *DJJ Forums*, 1 *CSUnity*, 1 *EduTopics*, 1 *Residential Circle-Up*, and premiered *Family Matters*, a newsletter for families of DJJ residents. As needed, the PIO also assists with preparing and disseminating “Director’s Messages” posted on the agency’s home page.

COVID-19 Impact: During the COVID-19 pandemic, the PIO has regularly communicated with media members and members of the public about the number of cases reported among youth in direct care. Additionally, the PIO has explained the agency’s actions in ensuring the health and safety of youth and staff. The PIO continues to update a special COVID-19 page containing up-to-the-minute COVID information to the media and the public. During the pandemic, the PIO also issued a regularly occurring series of newsletters that portray employees continuing to work in the field during trying circumstances. These images are posted on the agency’s website and Facebook page.

MONITORING AND EVALUATION

Monitoring and evaluating the initiatives of the Transformation Plan is an important component of *sustaining* progress and informing improvements. The Information Technology (IT) Unit, Research Unit, and Quality Assurance (QA) Unit play important roles in building and maintaining DJJ’s data system for collecting information, analyzing and evaluating data to identify trends and inform practices, and monitoring and improving program fidelity and quality.

IT Unit

Since transformation began, DJJ's Application Development Team within the IT Unit made significant revisions to the BADGE (Balanced Approach Data Gathering Environment) internal information system to improve DJJ's information technology capabilities, including a mobile platform, additional fields, and upgraded security transfer processes. A Business Systems Analyst within the Application Development Team assists with determining the informational needs and improving the functionality of BADGE.

DJJ is committed to better decision-making strategies and updates data tracking methods to align with these goals and *sustain* transformation accomplishments. Several updates were made in BADGE to improve data accuracy and tracking as well as provide an easier experience for staff to update and use youth records, including the following:

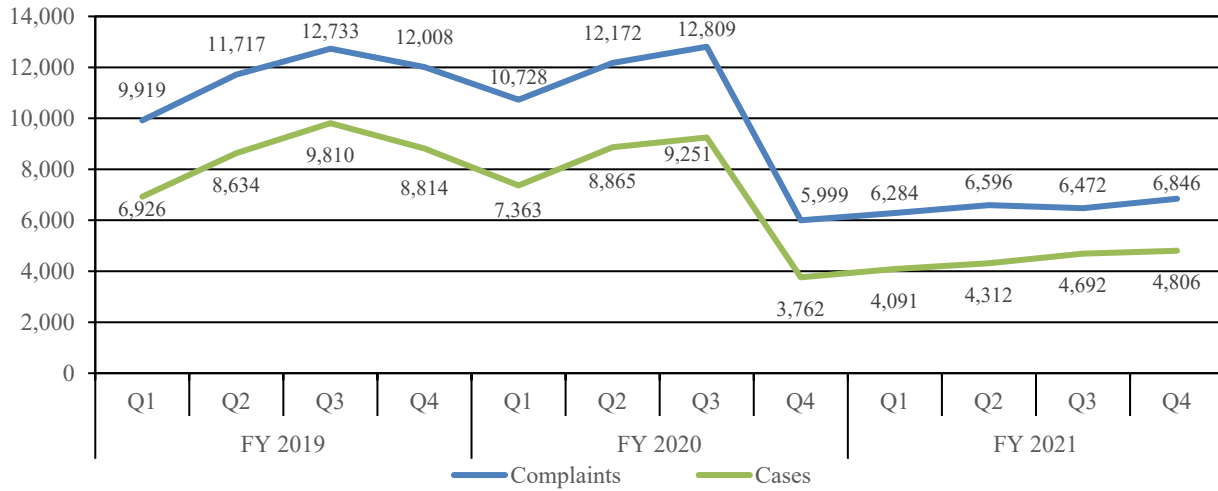
- CTM: collected specifications from residential staff to design new screens to centrally collect information and connect to youth records.
- Oracle Cloud: moved DJJ servers to the Oracle Cloud, which will increase the system's responsiveness and reliability.
- Pre-Interview: developed a system for individuals to securely submit answers to common questions when requesting protective orders, allowing the person to reduce time in court, lessen risk of exposure to COVID-19, and increase comfort while completing responses.
- Intake Diversions: altered the intake data entry process, requiring intake officers to explain why an offense was not diverted from court.
- Protective Factor Pilot Project: added new capabilities relating to protective factors and the potential impact that strength-based services may have on youth outcomes.
- SEAS: implemented a new trauma screening tool designed by Virginia Heals to be used specifically with youth.
- Made other modifications to improve data accuracy, efficiencies, usability, and consistency with procedures.

Research Unit

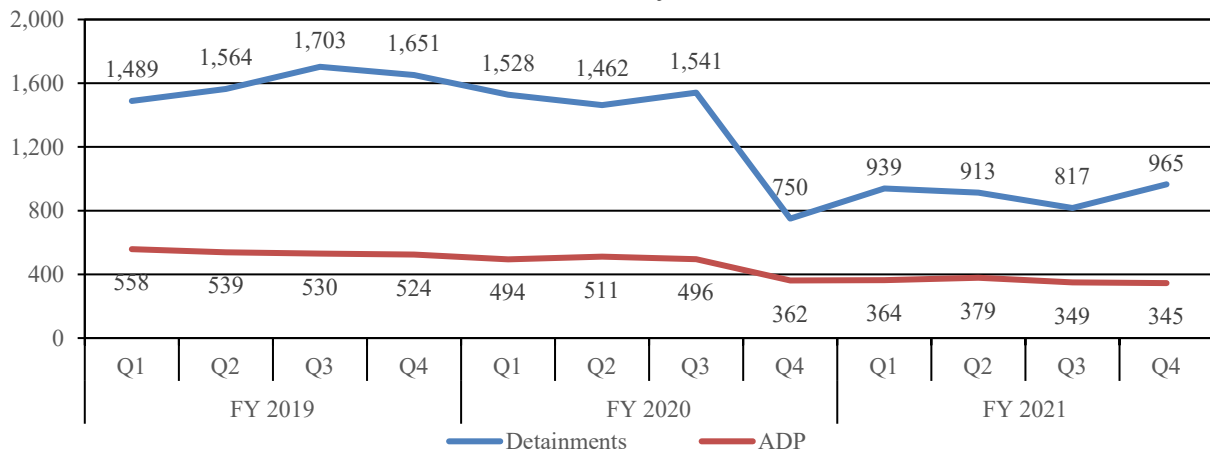
The Research Unit works to evaluate transformation initiatives on an ongoing basis in order to refine DJJ's practices according to evidence-based outcomes, both through internal projects and external partnerships with research organizations. These evaluations include studies of CTM, the RSC model, reentry initiatives, SDM, and adherence and trends relating to the LOS Guidelines modifications. DJJ is also an active member of the Virginia Longitudinal Data System, a statewide interagency data collection system, to expand opportunities for data analysis and research studies.

As mentioned previously, the COVID-19 pandemic impacted both community activities (e.g., State of Emergency stay-at-home orders) and juvenile justice system processes (e.g., court operations), resulting in dramatic shifts in trends at every stage. As intake cases, detainments, and direct care populations changed, the Research Unit regularly reported on trends that impacted operations as well as potential transformation progress. Below are examples of the shifts observed, which will continue to be monitored as the pandemic continues.

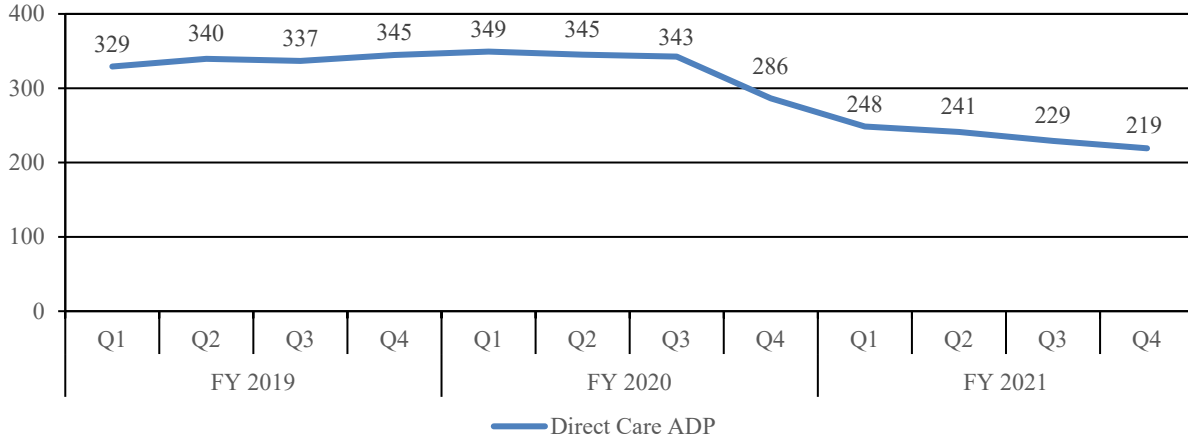
Juvenile Intake Complaints and Cases by Quarter, FY 2019-FY 2021



Detainments and Detention ADP by Quarter, FY 2019-FY 2021



Direct Care ADP by Quarter, FY 2019-FY 2021



COVID-19 also interrupted Standardized Disposition Matrix (SDM) data collection due to court closures and delays of adjudicatory hearings for youth who were not detained. Therefore, FYs 2020 and 2021 will have minimal SDM data to analyze. However, DJJ still expects to have long-term evaluation of the SDM process in approximately 3 years, including recommended and actual dispositions as well as recidivism outcomes. Importantly, DJJ will also examine impacts on disposition inequity by race, sex, risk level, CSU, locality, and region. Over time, the use of the tool should *reduce* reliance on secure confinement and build equity into decisions made by the court. The Research Unit continues to assess the SDM data collection process and other DJJ staff continue to modify the procedure to account for tool application in varied cases and to ensure data accuracy.

The Research Unit, QA Unit, and DJJ operational subject matter experts continue to work closely with Child Trends on their evaluations of the RSC Service Delivery Model as well as DJJ's reentry efforts, informing the studies' aims and monitoring progress. As the studies continue, Child Trends will provide findings and recommendations to DJJ in order to *sustain* and improve programming, procedures, and practices.

As mentioned above as an IT accomplishment, the Research Unit also assisted Residential Services with the development of new BADGE screens for CTM to ensure the information collected would be useful in evaluating the program. The screens were finalized in FY 2021, and staff were trained for implementation in July 2021. With the development of these screens and new data collection reports, DJJ will be able to conduct short-term and long-term evaluations of the residential treatment model, in order to *sustain* and improve residential programming, procedures, and practices.

Finally, the Research Unit assisted in improving the quality of service data collection in order to allow for analyses and evaluations aimed at improving case planning and service delivery. A pilot project is underway in 5 CSUs to capture protective factors and strength-based service information (described above as an IT accomplishment), with an external partner evaluating the data and providing recommendations to DJJ. As part of a larger project, the Research Unit and QA Unit are collaborating to develop a system-wide process for collecting comprehensive service data, including targeted risk or strength areas, treatment dosage, and progress. By continuing to develop data collection processes and evaluation plans for key operational components and initiatives, DJJ will be better able to *sustain* and improve services and programs.

Quality Assurance (QA) Unit

DJJ established the Quality Assurance (QA) Unit to monitor the integrity and success of contracted interventions utilized by DJJ across the state, providing oversight and comprehensive reviews, assessments, and reports regarding adherence to best practices, fidelity to evidence-based models, and compliance to contract requirements. The QA Unit assists in developing individualized continuous quality improvement plans to align the contracted providers' programs and staff training with best practice, the Risk-Needs-Responsivity model, and DJJ's strategic framework. The program specialists analyze data to track performance measures, identify program strengths and weaknesses, and ensure services are tailored to meet the needs of youth being served. Additionally, DJJ partnered with Vanderbilt University through a Memorandum of Agreement (MOA) to bring a quality assurance tool, the Standardized Program Evaluation Protocol (SPEP™),

to Virginia. In addition to their work with contracted providers, the QA Unit also conducted an internal, ethnographic evaluation of hiring, training, and onboarding processes for positions at Bon Air JCC to identify possible strategies to help improve the vacancy rate for these positions.

The QA Unit monitors programming across DJJ to ensure quality in practices and processes throughout the system. In the past year, the QA Unit continued to lead SPEP™ implementation in partnership with the state of Pennsylvania and Vanderbilt University. The team virtually shadowed and observed Evidence-Based Prevention and Intervention Support implementation specialists facilitate the SPEP™ process with a residential provider. This structured observation allowed for multiple monthly observations, debriefings, and booster training to support the ongoing training as well as inform the infrastructure in Virginia. The first cohort of DJJ staff is in the final stages of Level I SPEP™ training with Vanderbilt University. Merrimac and Virginia Beach CPPs have partnered with DJJ as SPEP™ pilot sites, enabling DJJ staff to finalize Level I SPEP™ training and inform final plans for implementation. The QA Unit will continue to *sustain* and expand SPEP™ implementation in Virginia through training DJJ staff in Level II SPEP™ training in future years.

Additionally, the QA team developed and implemented a hybrid monitoring process for the CPPs, which included virtual and on-site QA activities to inform and update ongoing Continuous Quality Improvement (CQI) plans. A formal QA plan was also finalized with the RSCs to inform the QA work provided to DSPs through a variety of CQI activities. The QA team provides coaching and feedback to build and *sustain* a QA and CQI approach for the RSCs and DSPs.

Lastly, the QA Unit, in collaboration with the Bon Air Residential Practice Improvement Coach, is facilitating 3-Horizons and CQI planning for each Bon Air JCC housing unit in an effort to support and *sustain* the CTM model.

PARTNERSHIP WITH ANNIE E. CASEY FOUNDATION

Beginning in 2014, the Annie E. Casey Foundation has been a crucial partner in DJJ's transformation efforts by providing generous support and technical assistance. The Annie E. Casey Foundation's ongoing support provided DJJ with added capacity, expertise, and resources to maintain day-to-day operations as well as reform and implement new practices. From 2014 through FY 2020, the Annie E. Casey Foundation provided approximately \$4 million in direct technical assistance and funds and helped DJJ secure many of the grants that made transformation possible. The Annie E. Casey Foundation's assessment of the direct care system was crucial to the *reforms* in DJJ's residential services. Furthermore, the Annie E. Casey Foundation's staff and resources have also been instrumental in designing, implementing, and sustaining many of the most important elements of the transformation: CTM, reentry, Justice Transformation Institute, the RSC service delivery model, SDM, LOS Guidelines, the SGA, quality assurance, and the family engagement initiatives. In addition, the Annie E. Casey Foundation provided increased visibility for DJJ's transformation efforts through national platforms such as the Juvenile Detention Alternatives Initiative National Conference and the National Governors Association. The Annie E. Casey Foundation's partnership and ongoing support have allowed DJJ to become a true national model in juvenile justice and to *sustain* these transformation efforts. DJJ has embedded reformed practices and concepts into its operations, increasing the success of the youth and families the DJJ serves.

ADDITIONAL REPORTING REQUIREMENTS

In addition to the *reduce, reform, replace*, and *sustain* progress described above, Chapter 552 of the 2021 Virginia Acts of Assembly requires several data updates to be included in this report:

- juvenile offender recidivism rates
- fiscal and operational impact on local and regional detention centers
- changes in commitment orders by the courts
- use of the savings redirected as a result of transformation, including the amount expended for contracted programs and treatment services and number of juveniles receiving each specific service
- average length of stay for juveniles in each placement option

RECIDIVISM RATES

Recidivism rates refer to the rearrest, reconviction, or reincarceration for a new delinquent act or criminal offense. DJJ's recidivism analysis is based on data from several collaborating organizations, including Virginia State Police, Virginia Criminal Sentencing Commission, VADOC, and the State Compensation Board, in order to track youth's contacts with the adult criminal justice system. Due to the time lag of court processing, rearrest rates provide the most up-to-date information on recidivism and are presented in this report.⁸

With the drastic decrease in juvenile intake cases due to COVID-19 during FY 2020-2021, rearrest rates tracked during that timeframe (e.g., 12-month rates for FY 2019 and FY 2020 groups) may be lower than previous or future years and not comparable as an outcome measure. While the FY 2021 rearrest rates reported throughout this section are promising, interpretation is challenging due to the pandemic's impact on the juvenile justice system as a whole, and future trends may fluctuate as the pandemic wanes.

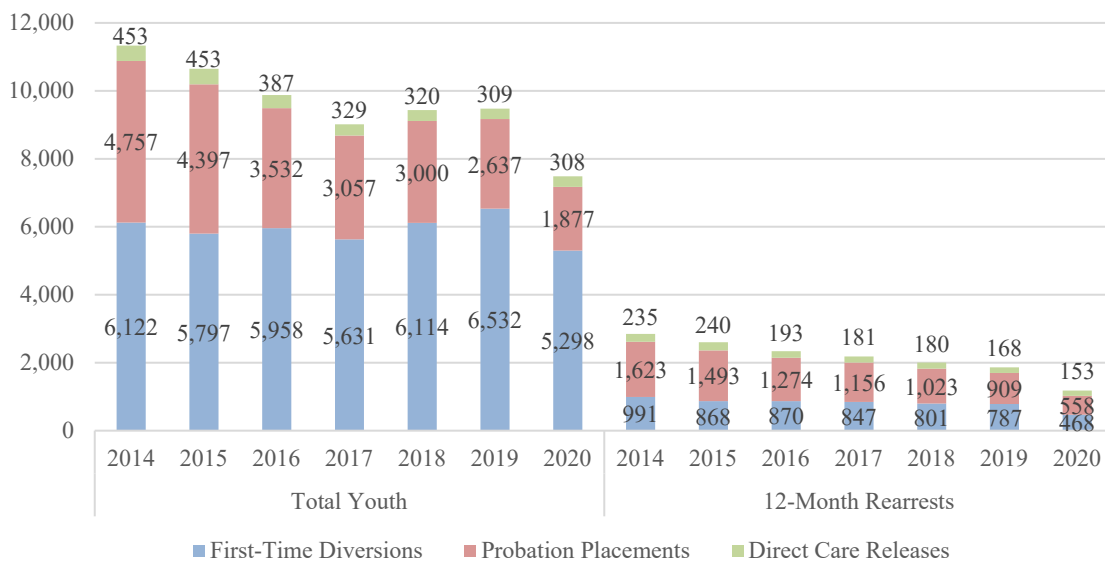
Rearrest rates are presented for three major populations served by DJJ: youth with first-time diversion plans, youth placed on probation, and youth released from direct care. First-time diversions constitute the largest group of youth (5,298 in FY 2020), followed by probation placements (1,877 in FY 2020). Youth in direct care make up a small and decreasing fraction of the total youth served by DJJ (308 in FY 2020). The graph below displays the number of youth in these three groups that are tracked for 12-month rearrest rates. Importantly, as intake cases decrease and DJJ works to divert youth from the system, the number of youth in both the probation placement and direct care release groups has decreased since FY 2014 (decreases of 2,880 and 145 youth, respectively). While a greater proportion of youth are in first-time diversion plans, the total number of youth in first-time diversion plans has decreased by 824 youth since FY 2014, due largely to the drop in intake cases. In total, combining the first-time diversion plans, probation

⁸ Rearrest, defined as a petitioned juvenile intake complaint for a new delinquent act or an adult arrest for a new criminal offense, regardless of the court's determination of delinquency or guilt, within a designated period. Violations of probation or parole, contempt of court, non-criminal domestic relation and child welfare complaints, non-criminal traffic violations are excluded as reoffenses. For youth on probation, the tracking period for rearrests begins at the time of placement on supervision. For youth in direct care, the tracking period begins at the time of release from direct care.

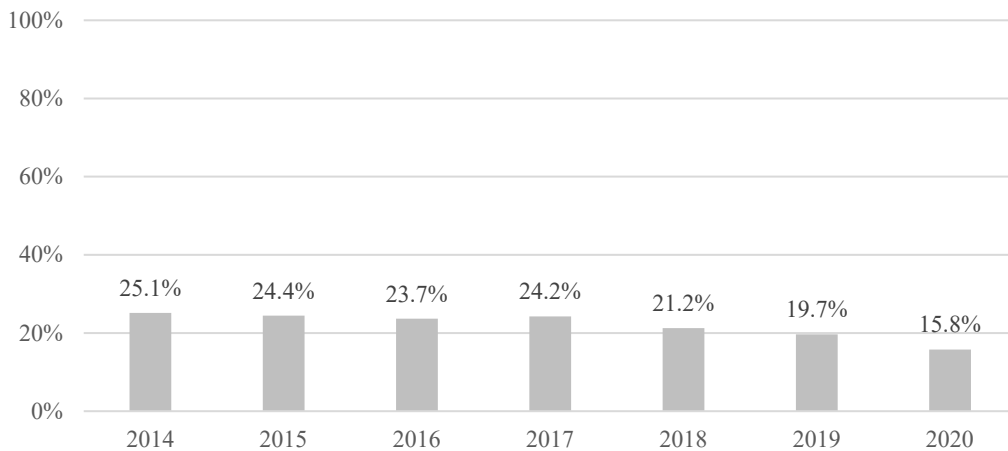
placements, and direct care releases, youth in these statuses decreased by 3,849 between FY 2014 and FY 2020.

Overall, rearrest rates across the system indicate promising results of transformation thus far. When the three groups' rearrest rates are combined for a system-wide perspective, 12-month rearrest rates decreased from 25.1% in FY 2014 to 15.8% in FY 2020. This decrease translates to 1,670 fewer youth rearrested out the FY 2014 groups compared to FY 2020 groups (2,849 to 1,179). (See graphs below.) This rearrest rate has been consistently decreasing since FY 2014, but the COVID-19 pandemic's impact likely contributed to the steeper decline in FY 2020. The rearrest rates by specific populations are described in the following pages, including a breakdown by risk levels.

Status Counts by Total Youth and 12-Month Rearrests, FY 2014-2020

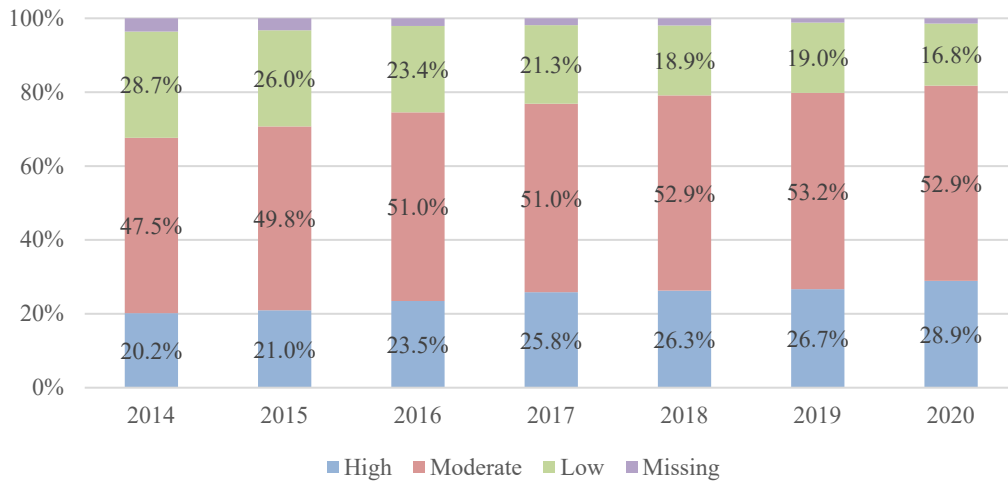


Combined 12-Month Rearrest Rates for First-Time Diversions, Probation Placements, and Direct Care Releases, FY 2014-2020

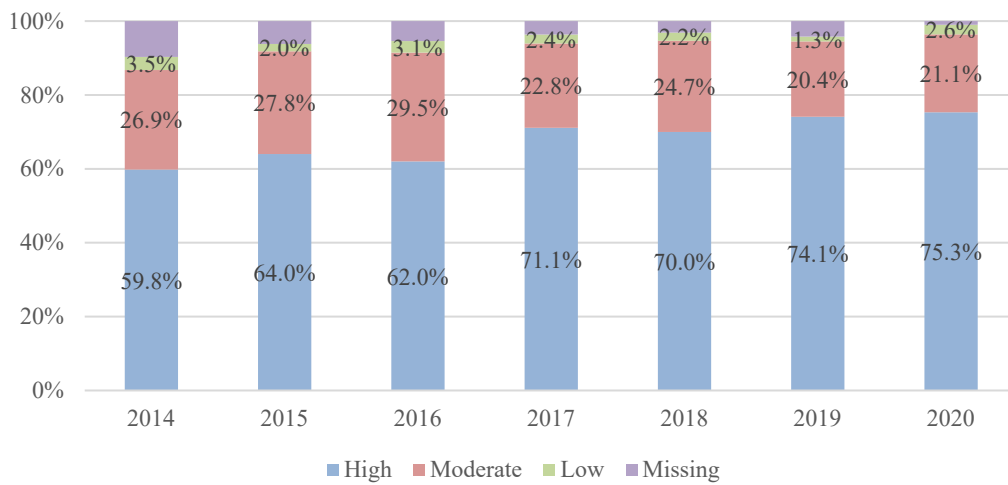


Recidivism rates are examined by risk level in order to identify more specific areas to target. It is important to note that through transformation, mostly moderate and high risk youth receive formal handling; therefore, youth placed on probation and youth released from direct care back to their communities are now of substantially higher risk for reoffending than in previous years. The percentage of high-risk youth placed on probation increased from 20.2% in FY 2014 to 28.9% in FY 2020, and the percentage of moderate risk youth increased from 47.5% to 52.9%. Similarly, the percentage of high-risk youth released from direct care increased from 59.8% in FY 2014 to 75.3% in FY 2020. (See graphs below. Risk levels are not assessed for most youth on diversion plans.)

Risk Levels for Probation Placements, FY 2014-2020

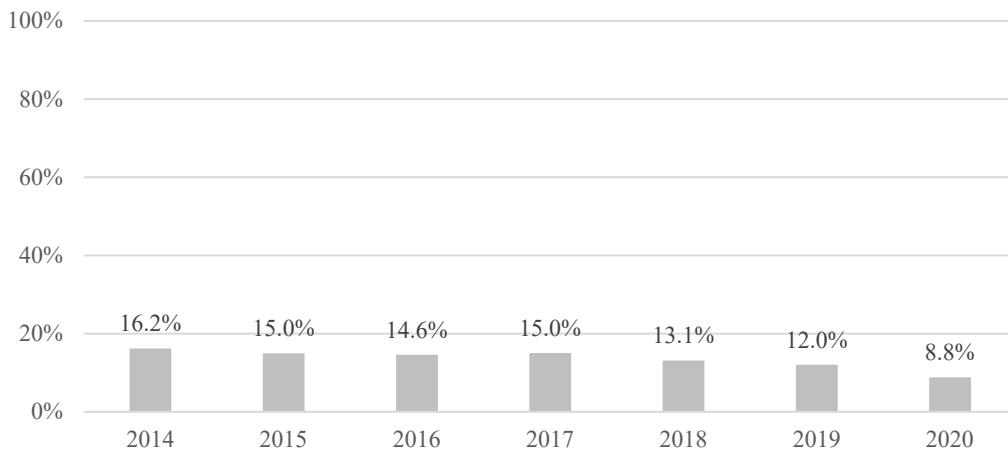


Risk Levels for Direct Care Releases, FY 2014-2020



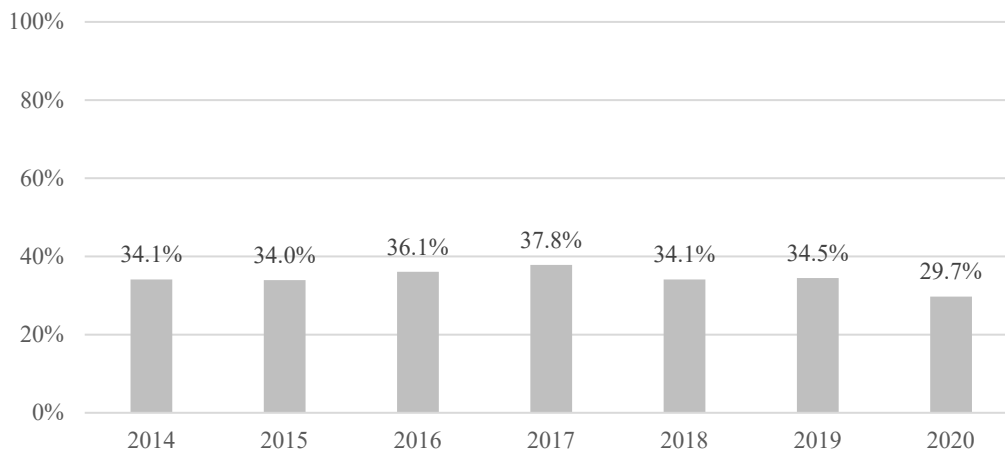
Rearrest rates for first-time diversions continued to steadily decrease in FY 2020. The 12-month rearrest rates for first-time diversion plans decreased six of the seven years reported, from 16.2% in FY 2014 to 8.8% in FY 2020.⁹ This decrease in rearrest rates occurred despite more youth being diverted than in earlier years, and it translates to 523 fewer youth rearrested out of the FY 2014 diversions compared to FY 2020 diversions (991 to 468). (See graph below.)

12-Month Rearrest Rates for First-Time Diversion Plans,
FY 2014-2020



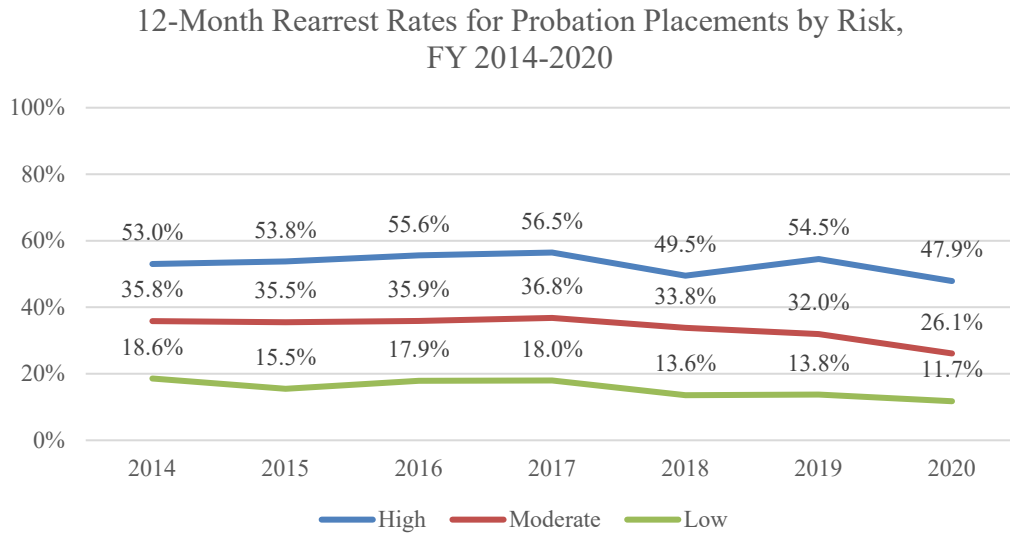
The 12-month rearrest rates for probation placements have fluctuated over the past several years, reaching a high in FY 2017 at 37.8%, followed by a decrease to 29.7% in FY 2020. This decrease in rearrest rates translates to 1,065 fewer youth rearrested out of the FY 2020 placements compared to FY 2014 placements (1,623 to 558). (See graph below.)

12-Month Rearrest Rates for Probation Placements,
FY 2014-2020



⁹ The term “rearrest” is used to indicate a subsequent petitioned juvenile intake or adult arrest; however, the diversion does not constitute an initial arrest. Risk levels for diversion plans are not available.

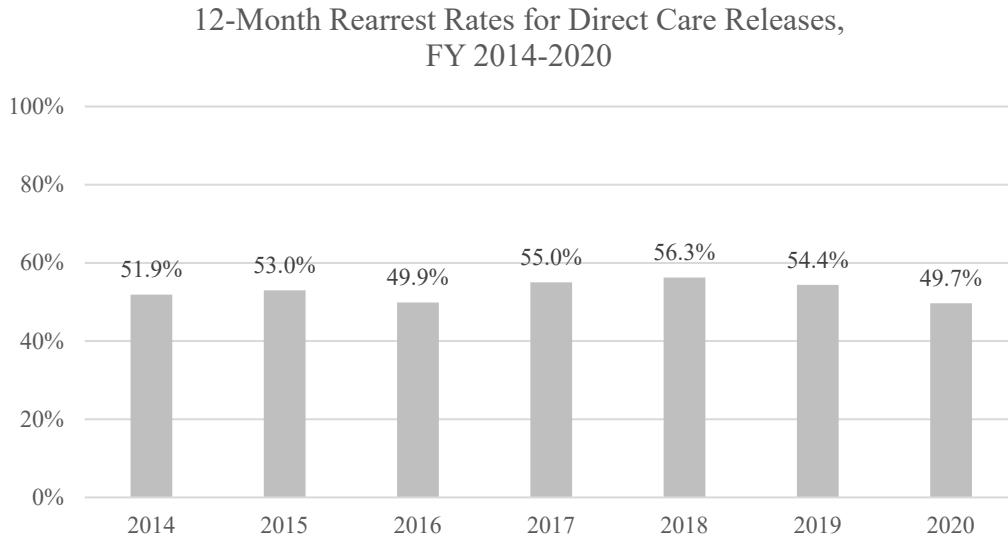
Because of the increase in risk level for probation placements over recent years, the group as a whole is more likely to be rearrested based on their characteristics in FY 2020 compared to FY 2014. Therefore, it is important to consider rearrest trends by risk level. Between FY 2014 and FY 2020 probation placements, the 12-month rearrest rates decreased for low-risk youth (18.6% to 11.7%), moderate-risk youth (35.8% to 26.1%), and high-risk youth (53.0% to 47.9%). (See graph below.)



Considering the rearrests for both first-time diversion plans and probation placements, a reduction in both the overall number (1,588 fewer youth) and rates (for first-time diversions and each risk-level of probation placements) of youth rearrested suggests that the transformation efforts focused on utilizing the least-restrictive options and enhancing community-based programming may be impacting the system in a positive direction.

The 12-month rearrest rates for direct care releases also has fluctuated over the past several years, reaching a high of 56.3% in FY 2018 and decreasing to a low of 49.7% in FY 2020. Due to the decrease in the number of youth in direct care along with these rates, 82 fewer youth were

rearrested out of the FY 2020 placements compared to FY 2014 placements (235 to 153). (See graph below.)



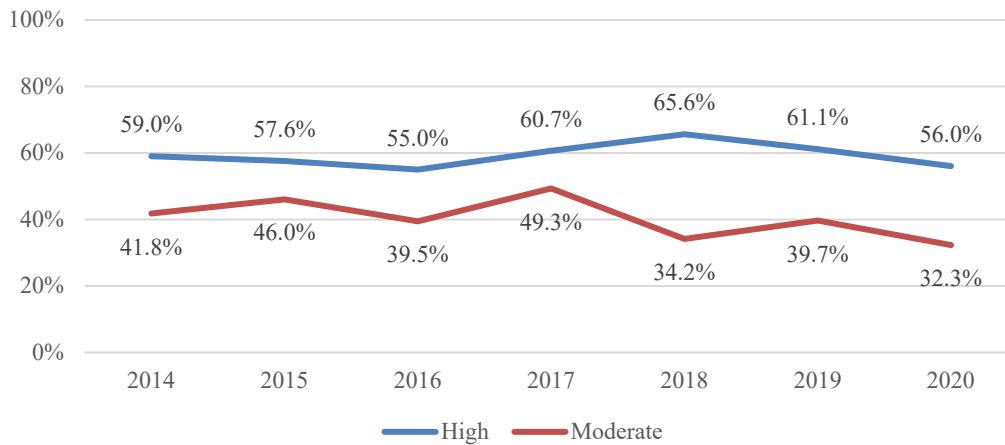
Similar to probation placements, the risk levels of youth in direct care have increased over recent years, meaning the group, as a whole, is more likely to be rearrested based on their characteristics. Investigating rates by risk level is therefore important to understand trends. Between FY 2014 and FY 2020, the 12-month rearrest rates by risk fluctuated, with an overall decrease for both moderate-risk youth (41.8% to 32.3%) and high-risk youth (59.0% to 56.0%). (See graph below.)

Interpretations of these direct care rates can be difficult for two reasons:

- 1) As the size of this population decreases, recidivism rates fluctuate more easily, making trends more difficult to identify. For example, only 65 youth were released from direct care with a moderate risk level in FY 2020.
- 2) Due to the lag time required to track youth for one year after release, youth released during the earlier years of DJJ's transformation efforts may have spent some time in direct care prior to the full implementation of key initiatives (e.g., CTM, PBIS).

Despite these limitations and the recent reduction in rearrests, these rates indicate that youth in direct care face significant challenges upon release and require intensive, therapeutic services to be successful. DJJ will continue focusing on the rehabilitation of these youth in order to improve both their individual outcomes and overall public safety. Smaller, more therapeutic facilities enhance the effectiveness of services while maintaining public safety for these higher risk youth who represent a small portion of the total population of youth served by DJJ.

12-Month Rearrest Rates for Direct Care Releases by Risk,
FY 2014-2020



Note. Only 4 to 16 youth with low risk were released each year; these youth’s rearrest rates are not displayed due to the low counts.

Given these analyses, DJJ’s work to increase diversions is showing positive results, both in the number of youth contacting the probation and direct care stages of the system and the percentage of diverted youth rearrested. Furthermore, those youth reaching probation or direct care are showing reduced rearrest rates in FY 2020.

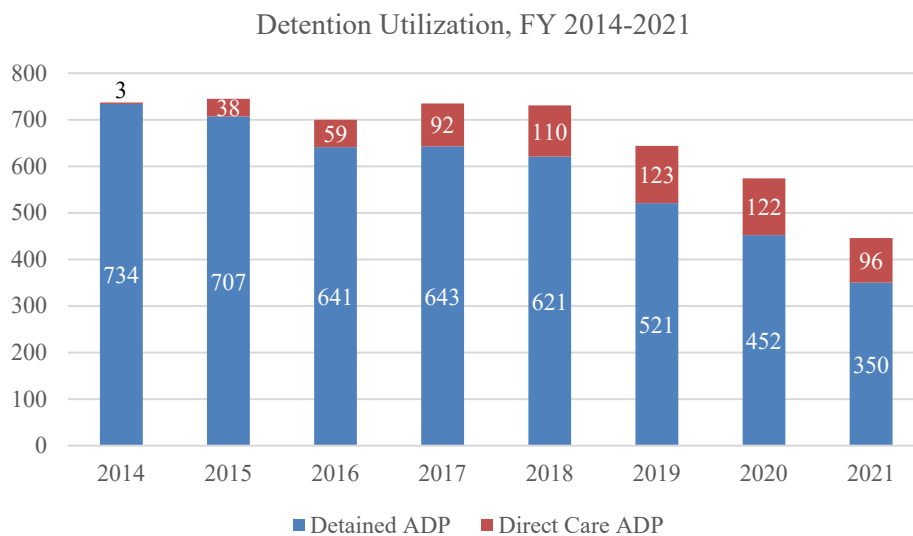
Regardless, more work is still needed to further improve outcomes across the system and specifically target higher risk youth. DJJ continues to analyze possible characteristics or explanations for changes in rearrest rates and identify strategies to maximize youth’s likelihood for successful outcomes. (See page 35 for a description of the Successful Transitions Workgroup convened to specifically address the outcomes of high-risk youth in direct care.)

IMPACT ON JUVENILE DETENTION CENTERS

Historically, the majority of youth in juvenile detention centers were awaiting their adjudication or dispositional hearing or had received a detention disposition; youth with a commitment disposition were then moved from the detention centers into JCCs. Today, Virginia’s juvenile detention centers serve a more expanded role by providing placement options and services to youth in direct care. DJJ now conducts the majority of initial evaluations in the detention centers for youth who are in a detention center rather than bringing the youth to the JCC. In FY 2021, 150 of 164 (91.5%) of direct care admissions and assessments were conducted in locally based detention centers rather than the JCC. Currently, nineteen juvenile detention centers serve as these assessment sites. Additionally, nine detention centers offer CPPs, where youth can be closer to home while in direct care, staying connected to programs in their own community. Finally, nine detention centers offer detention reentry programs, which allow youth in direct care to transition back to the community in the months before their release. In FY 2021, an average of 96 youth were in a detention-based placement. See the section titled *Alternative Placements* for additional information.

A youth’s residence in a juvenile detention center during their commitment has several benefits: it is typically in or near the community where the youth lives, keeping them close to family and likely in the youth’s original school division, keeping them connected to educational supports, as well as providing individualized evaluation and treatment to meet individual needs.

Overall, as juvenile intake cases have decreased (59.1% between FY 2014 and FY 2021), the number of detainments and the ADP of youth in detainment similarly declined (63.8% and 52.3% between FY 2014 and FY 2021, respectively¹⁰). These decreases were accelerated during the COVID-19 pandemic. The detention-based direct care programs help make productive use of those beds. DJJ pays the detention centers a set rate for CPPs and reimburses a per-diem amount for youth in the other detention-based programs. The graph below displays the declining ADP of youth in detainment (not including those in a detention-based direct care placement) along with the proportionally increasing ADP of youth in detention-based placements (i.e., admission and evaluation sites, CPPs, detention reentry programs, or individually purchased detention beds).



COMMITMENT ORDERS

There are three types of commitments for youth: indeterminate commitments (time served is determined by DJJ staff during the admission and evaluation process and reviewed during treatment, determinate commitments (time served is set and reviewed by the court), and blended sentences (time is served with both DJJ and VADOC). A case involving a youth who meets certain age criteria and is accused of a felony¹¹ may be certified or transferred to circuit court where the

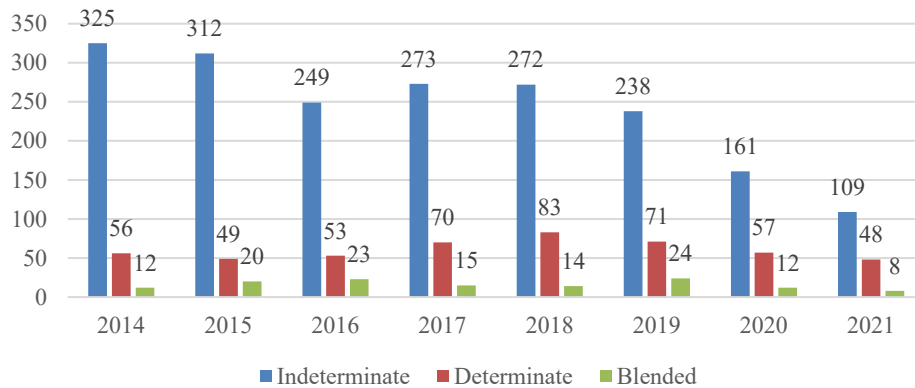
¹⁰ Does not include youth in a detention-based alternative placements.

¹¹ Prior to July 1, 2020, the age criteria for considering a juvenile for trial in circuit court was 14 years of age. Effective July 1, 2020, the age criteria was changed to 16 years of age for mandatory certification and prosecutorial discretionary certification. Transfers to circuit court by a judge and waivers to circuit court by a juvenile maintain the 14 years of age criteria. The types of felonies eligible for trial in circuit court vary for certifications, transfers, and waivers. (See § 16.1-269.1 et seq. of the *Code of Virginia*.)

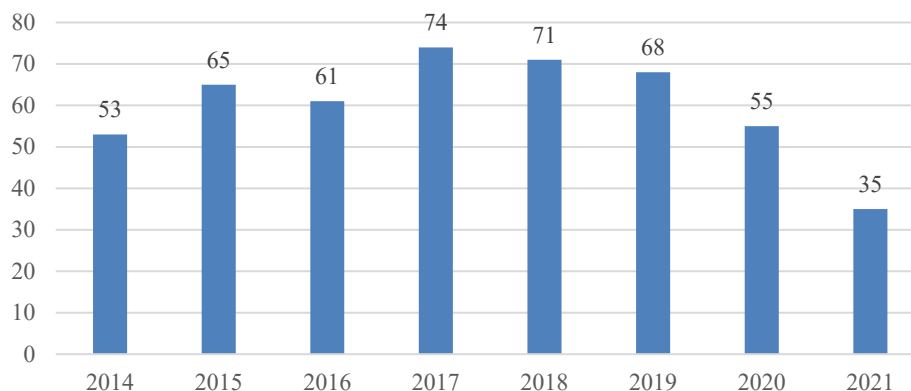
youth will be tried as an adult; only cases in circuit court may receive a blended sentence, but the circuit court may also impose any other juvenile disposition and/or adult sentence.

Each year, the majority of commitments are indeterminate. However, the use of indeterminate commitments has proportionally decreased (82.7% of commitment orders in FY 2014 compared to 66.1% in FY 2021) while the use of determinate commitments has proportionally increased over time (14.2% of commitment orders in FY 2014 compared to 29.1% in FY 2021). The proportion of blended sentences has remained relatively stable, representing only a small portion of the population (4.8% in FY 2021). Importantly, even as the proportion of commitment types shifts, the number of each type of commitment has decreased from FY 2014 to FY 2021 (indeterminate: 66.5%; determinate: 14.3%; blended: 33.3%). Since DJJ began its transformation, the number of overall commitment orders has decline 58%, from 393 in FY 2014 to 165 in FY 2021. (See graphs below for counts of commitment orders by commitment type and from circuit court.)¹²

Commitment Orders by Type, FY 2014-2021



Circuit Court Commitment Orders, FY 2014-2021

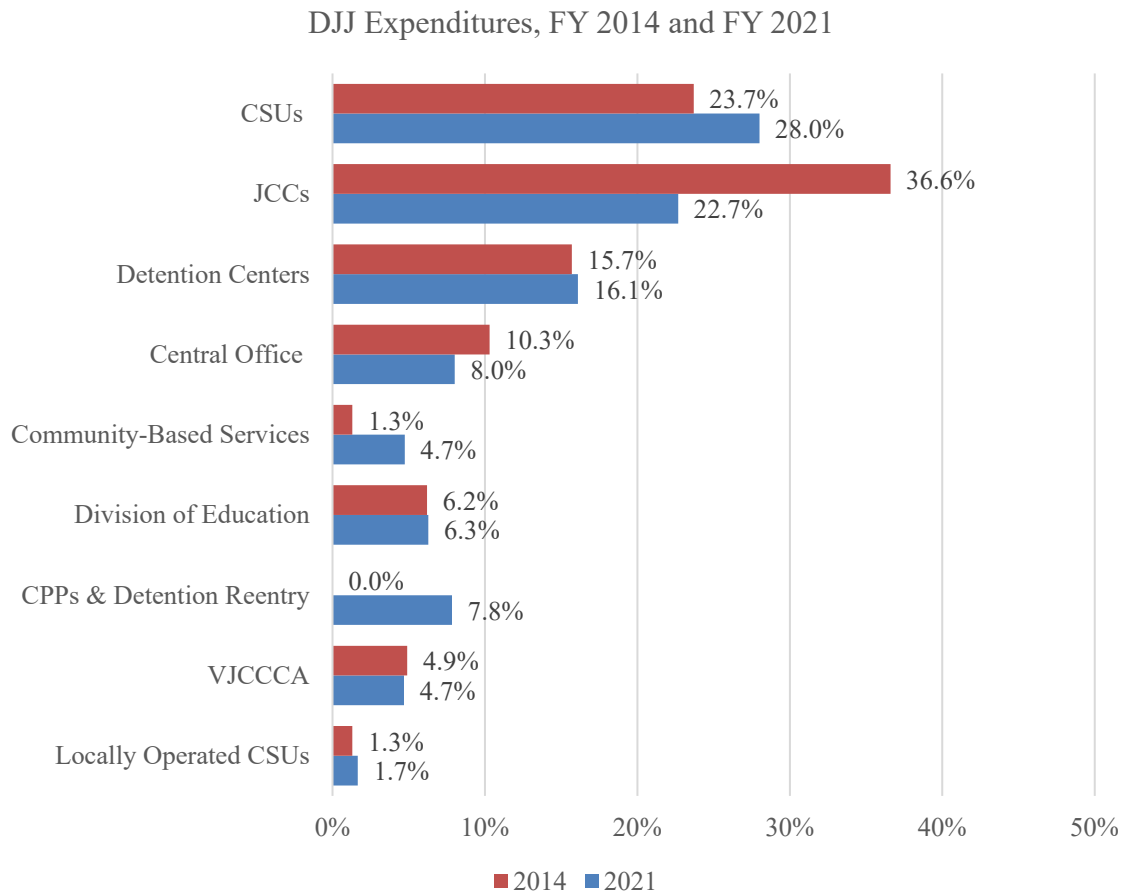


¹² It is important to note that one youth admitted to direct care may have multiple commitment orders; there also may be a lag time between the commitment order and admission dates, so these numbers may vary slightly. Subsequent, rescinded, canceled, and successfully appealed commitments are excluded.

TRANSFORMATION PLAN SAVINGS

This transformation has been supported by the reallocation of funds within the DJJ budget. In FY 2015, DJJ closed the Reception and Diagnostic Center to youth placements, which generated roughly \$3.6 million in savings during the first year and \$4.5 million in subsequent years. In FY 2017, DJJ closed Beaumont JCC to youth. This closure generated approximately \$2.8 million in savings in the first year, and \$23.1 million in the following years. In addition to these savings, the General Assembly allocated \$2.9 million per year since FY 2015 to support the CPPs in local juvenile detention centers.

These savings are used every day in DJJ to invest in evidence-informed programs for youth in direct care such as alternative placements and detention reentry, treatment services for youth across the continuum to better meet the unique needs of youth and their families, and high quality staff training. Primarily, reducing JCC expenditures has allowed DJJ to spend significantly more on programming that keeps lower risk youth in the community, closer to home, where they and their families can work on rehabilitation. Between FY 2014 and FY 2021, the percentage of total DJJ expenditures used for JCCs decreased from 36.6% to 22.7%. During the same time frame, the percentage of expenditures for CSUs, community-based services, and CPPs and detention reentry increased from 25.0% to 40.5%. (See graph below.)

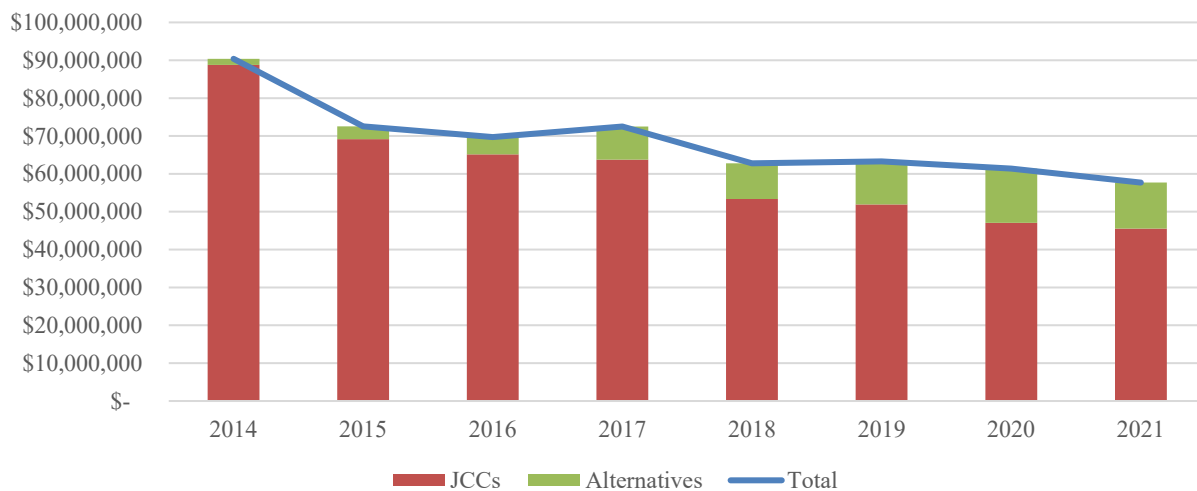


Note. CSU expenditures refers to all of Community Division expenditures, with the exception of RSC contracts and detention reentry. Additionally, CSU expenditures in FY 2014 included two halfway houses that closed to youth in

December 2013. JCC expenditures in FY 2021 included the CAP Unit and direct care admission and evaluations in the detention centers. In both years, JCC expenditures included facilities that no longer house youth, including the operation of the Virginia Public Safety Training Center. VJCCCA stands for Virginia Juvenile Community Crime Control Act.

Additionally, total direct care expenditures decreased. The direct care ADP in JCCs decreased from 591 in FY 2014 to 131 in FY 2021 while the ADP in non-JCC alternative placements increased from 8 to 103. Additionally, Culpeper JCC, the Reception and Diagnostic Center, and Beaumont JCC closed to youth in FY 2014, FY 2015, and FY 2017, respectively. In line with these changes, the expenditures for JCCs decreased while the expenditures for alternative placements increased through FY 2020 due to continuous efforts to reinvest funds toward alternative placements and the continuum of services, resulting in an overall decrease in direct care expenditures. In FY 2021, expenditures for both JCCs and alternative placements decreased, likely related to the reduced commitment rate from fewer juvenile complaints and pandemic-related court delays. (See graph and table below for direct care expenditures.)

Direct Care Expenditures, FY 2014-2021



Direct Care Expenditures, FY 2014-2021

FY	JCCs	Alternatives	Total
2014	\$ 88,759,088	\$1,632,338	\$ 90,391,426
2015	\$ 69,156,790	\$ 3,388,091	\$ 72,544,881
2016	\$ 65,148,659	\$ 4,577,156	\$ 69,725,815
2017	\$ 63,760,645	\$ 8,740,304	\$ 72,500,949
2018	\$ 53,350,599	\$ 9,420,849	\$ 62,771,448
2019	\$ 51,905,578	\$ 11,376,333	\$ 63,281,911
2020	\$ 47,076,457	\$ 14,322,176	\$ 61,398,633
2021	\$ 45,554,064	\$ 12,141,294	\$ 57,695,359

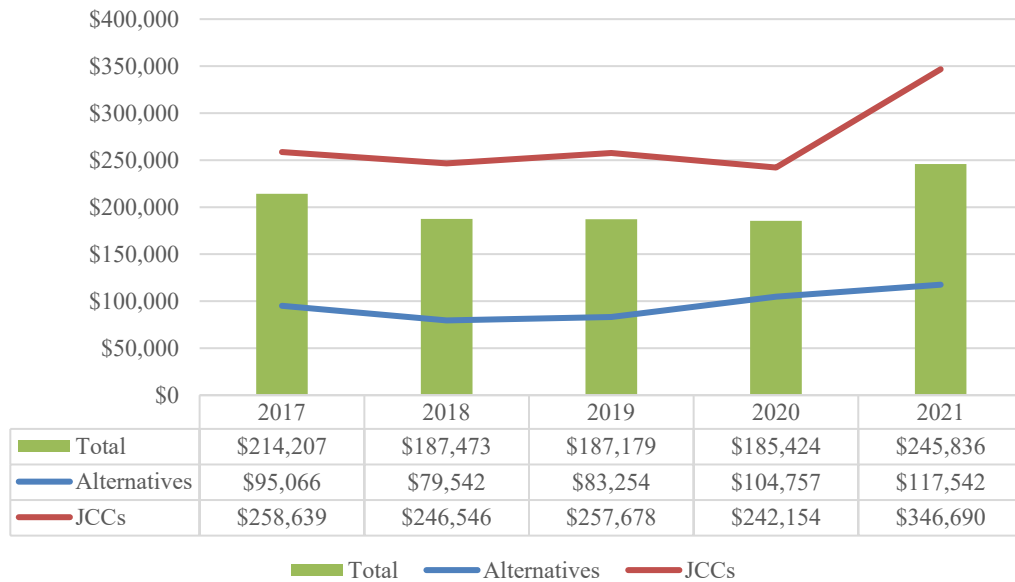
In order to improve services and outcomes for youth in direct care, the Transformation Plan aims to *reduce* the use of the state’s large and aging JCC and *replace* it with smaller, regional, rehabilitative and treatment-oriented facilities supported by a statewide continuum of local alternative placements and evidence-based services. Serving smaller populations in a therapeutic model is more expensive per youth than serving large populations with a correctional approach. Due to economies of scale, the administrative and other required costs (e.g., utilities) of operating a facility do not decrease when the population decreases. Furthermore, enhancing the quality of services to best meet the needs of these youth results in additional costs. For example, as the utilization of alternative placements increases for appropriate youth, the JCC serves an increasingly older population with longer length of stays; therefore, DJJ is investing in the expansion of options for postsecondary students to include college classes and industry certification courses to better equip youth for future job security. As DJJ works to ensure that the JCC population includes the youth with the highest public safety risk and highest need of services, an increase in JCC per capita costs over a smaller population is anticipated and is in line with the goals of transformation.

For these reasons, the overall direct care per capita costs reached a high in FY 2017 (\$214,207) when Beaumont JCC was in operation but with a greatly reduced population in preparation of its closure, and less expensive alternative placements were still expanding. In FY 2021, the overall direct care per capita cost was \$245,836, an increase from FY 2020 even with the increased utilization of less expensive alternative placements (\$117,542 per capita in FY 2021)¹³. The per capita cost for a youth in a JCC (including Division of Education and Division of Residential Services expenditures) was \$346,690 in FY 2021, a substantial increase from FY 2020 due to a drastically reduced Bon Air resident population (i.e., the JCC ADP decrease from 194 in FY 2020 to 131 in FY 2021) during COVID-19. With so many fixed costs for Bon Air JCC, such as the cost to heat or cool the building, the cost per youth increased. The JCC per capita reflects an investment in meeting the complex and individualized rehabilitative needs (both education and trauma-informed) of the high-risk youth DJJ serves in the JCC even during a pandemic. The graph below displays the total direct care per capita since the closure of Beaumont JCC in FY 2017, including the per capita for youth in JCCs and per capita for youth in non-JCC alternative placements.¹⁴

¹³ Per capita costs for alternative placements includes admission and evaluation services in the detention centers, CPPs, detention reentry, and contracted alternative placements.

¹⁴ Per capita costs for secure youth facilities can vary widely by system based on the methodology (e.g., which costs are included) as well as the services provided; therefore, comparisons between states should be interpreted with extreme caution. For example, Maryland Department of Juvenile Services reported per capita costs for two state-operated “hardware” secure youth facilities at over \$380,000 (capacities of 14 and 48). North Carolina Department of Public Safety reported per capita costs for secure youth facilities at \$128,521 (capacities ranged from 32 to 128). (Retrieved online from the agencies’ annual reports; both included education costs.)

Direct Care Per Capita, FY 2017-2021



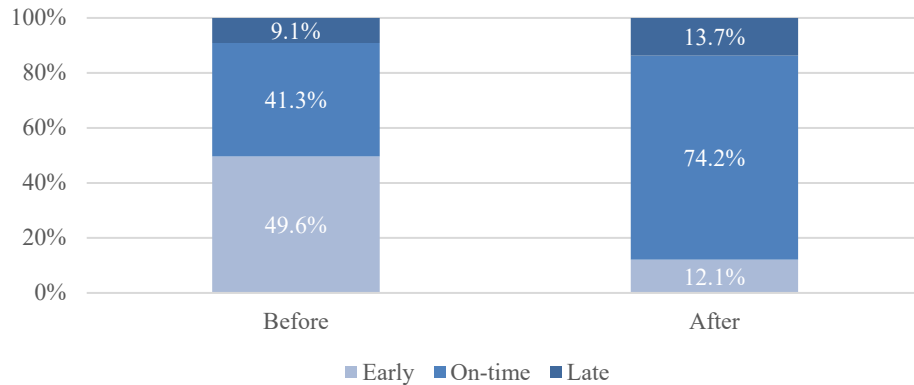
Note: The per capita cost for a youth in a JCC includes both Division of Education and Division of Residential Services expenditures.

LENGTH OF STAY

DJJ revised the LOS Guidelines on October 15, 2015, to provide accountability and align with national standards by using data-driven decision-making. Under the previous LOS Guidelines, 41.3% of youth with indeterminate commitments were released within their anticipated LOS range (i.e., “on-time”), 49.6% were released prior to the anticipated LOS range (i.e., “early”), and 9.1% were released after their anticipated LOS range (i.e., “late”). Since implementation of the new LOS Guidelines, DJJ has worked to hold youth for a period of time that is within their anticipated LOS range, using treatment progress and positive behavior in release decision-making, with 74.2% of youth being released on-time, 12.1% released early, and 13.7% released late. (See graph below.)¹⁵ DJJ will continue monitoring trends and commitment orders for youth in order to assess LOS Guidelines.

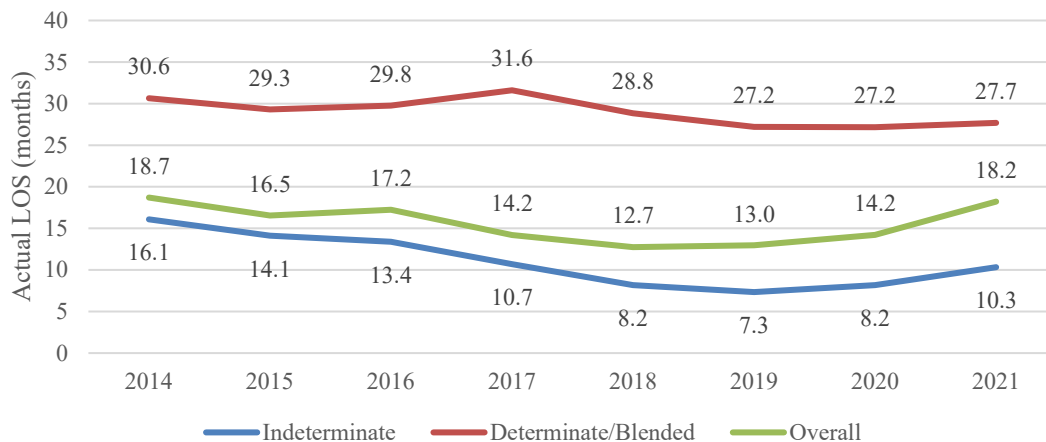
¹⁵ “Before LOS Revision” includes released youth with admission dates between July 1, 2012, and October 14, 2015. “After LOS Revision” includes released youth with admission dates between October 15, 2015, and June 30, 2020. Youth admitted during FY 2021 are not included to allow lag time for releases to occur. Releases were tracked through July 2021. Youth with mandatory or inpatient sex offender treatment needs are exceptions to the anticipated LOS ranges and generally stay longer due to the length of the treatment program; they were excluded from the analyses.

Adherence to LOS Guidelines for Youth with Indeterminate Commitments



As a result of the LOS Guideline modifications, the average LOS for youth with indeterminate commitments who were released from direct care decreased from 16.1 months in FY 2014 to a low of 7.3 months in FY 2019, then increased to 10.3 months in FY 2021. Similarly, the overall average LOS, regardless of commitment type, decreased from 18.7 months in FY 2014 to a low of 12.7 months in FY 2018, then increased to 18.2 months in FY 2021. (See graph below.) As the proportion of determinate commitments increased (see page 52) while total commitments decreased, the overall average LOS was more heavily impacted by those longer LOSs. However, the average LOS for youth with indeterminate commitments in Virginia is now more in line with national standards and researched best practices documented pre-transformation: the average LOS from six comparable states was 9.1 months, and research has found that juvenile incarceration fails to reduce recidivism and can, in certain instances, be counterproductive.¹⁶

Actual LOS for Direct Care Releases by Commitment Type, FY 2014-2021



¹⁶ The state comparison was conducted during the planning of the LOS Guideline revisions and included Indiana, Missouri, Massachusetts, Maryland, Colorado, and Oregon. See the *Guidelines for Determining the Length of Stay of Juveniles Indeterminately Committed to the Department of Juvenile Justice* for more details.

The majority of youth released from direct care in FY 2021 received admission and evaluation services at a juvenile detention center; these 153 youth spent an average of 1.4 months in this placement type. After their assessment, youth then spend time in a treatment placement for the remainder of their direct care stay. As youth may have multiple treatment placement types during their direct care stay, the following LOS averages for the 207 released youth in FY 2021 by placement type are not mutually exclusive (i.e., one youth may be included in multiple placement types). All commitment types are included in the overall LOS averages; since a higher proportion of youth with determinate commitments and blended sentences stay in a JCC, the JCC average LOS is longer than other placement types.¹⁷

- The average LOS for **all youth released from direct care** was 18.2 months (207 youth).
 - Indeterminate: 10.3 months (113 youth)
 - Determinate or Blended: 27.7 months (94 youth)
- The average LOS in a **JCC** was 20.5 months (113 youth)
 - Indeterminate: 11.9 months (42 youth)
 - Determinate or Blended: 25.5 months (71 youth)
- The average LOS in a **CPP** was 8.5 months (102 youth).
 - Indeterminate: 4.8 months (66 youth)
 - Determinate or Blended: 15.3 months (36 youth)
- The average LOS in **other contracted alternative placements** was 9.4 months (17 youth).
 - Indeterminate: 9.1 months (14 youth)
 - Determinate or Blended: 10.5 months (3 youth)
- The average LOS in **detention reentry** was 2.4 months (9 youth).
 - Indeterminate: N/A (0 youth)
 - Determinate or Blended: 2.4 months (9 youth)

Direct Care Releases by Placement Type, FY 2021						
Placement Type	Total Youth Released	Overall LOS (Months)	Indet. Releases	Indet. LOS (Months)	Det./Blend Releases	Det./Blend LOS (Months)
<i>Total Direct Care</i>	<i>207</i>	<i>18.2</i>	<i>113</i>	<i>10.3</i>	<i>94</i>	<i>27.7</i>
JCC	113	20.5	42	11.9	71	25.5
CPPs	102	8.5	66	4.8	36	15.3
Alt. Placements	17	9.4	14	9.1	3	10.5
Det. Reentry	9	2.4	0	N/A	9	2.4

¹⁷ For LOS by placement type, a youth's total days in a placement type during a single commitment were combined, even if separated by a stay in a different placement type. A youth's total direct care LOS includes time from commitment, including time spent in a detention center for direct care admission and evaluation services, and may involve a sum of multiple treatment placements. Youth are included in the average LOS for a placement type if they spent at least one day in that type of placement.

CONCLUSION

With the encouragement of Governor Northam and his predecessor, Governor McAuliffe, and with bipartisan support from the General Assembly, Virginia's Department of Juvenile Justice has undergone a full-scale transformation in recent years. With many of the biggest changes in place, much of the work going forward is to *sustain* these efforts and allow new practices to be refined and improved as they take root. Specific areas of focus include the following:

- Reduce recidivism
- Develop a strategic plan that builds on the transformation strategic framework
- Develop leaders across the agency
- Continue and expand trauma-informed care
- Continue and expand focus on positive youth development
- Continue to expand community and stakeholder engagement
- Continue cross-agency collaborations
- Implement a Diversity, Equity, and Inclusion lens throughout DJJ practices, procedures, and hiring
- Ensure fair and equitable treatment for all youth
- Always maintain the best interest of youth and families

In order to fully implement and continue the transformation of juvenile justice in Virginia, DJJ requires the ongoing engagement with the General Assembly. DJJ is continually working to provide a better experience for not only the youth and their families but also the communities served through employee engagement and improved public safety.