

Dana G. Schrad, Chair
Robert Vilchez, Vice Chair
Eric English
Tyren Frazier
William Johnson
Scott Kizner
David Mick
Synethia White



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COMMONWEALTH of VIRGINIA
Board of Juvenile Justice

BOARD MEETING

March 22, 2023

Virginia Public Safety Training Center, Smyth Hall Room 401

9:30 a.m. Board Meeting

1. CALL TO ORDER and INTRODUCTIONS

2. CONSIDERATION OF THE SEPTEMBER 21, 2022 (Pages 2-19), AND NOVEMBER 9, 2022, MINUTES (Pages 20-39)

3. PUBLIC COMMENT

4. DIRECTOR'S CERTIFICATION ACTIONS FOR DECEMBER 19, 2022 (Pages 40-90), AND FEBRUARY 13, 2023 (Pages 91-114)

Ken Bailey, Certifications Manager, Department of Juvenile Justice

5. OTHER BUSINESS

Regulatory Update (Pages 115-117)

Ken Davis, Regulatory Affairs Coordinator, Department of Juvenile Justice

Request Approval to Advance the Regulation Governing Juvenile Group Homes and Halfway Houses to the Final Stage (Pages 118-157)

Kristen Peterson, Regulatory Affairs Coordinator, Department of Juvenile Justice
Carlos Hooker and William Wimbish, Tidewater Youth Services Commission

Request to Extend Variance Applicable to Juvenile Correctional Centers; Staffing Central Infirmary and Nursing Station (Pages 158-160)

Kristen Peterson, Regulatory Affairs Coordinator, Department of Juvenile Justice

Consideration of Board Policies (Pages 161-164)

Ken Davis, Regulatory Affairs Coordinator, Department of Juvenile Justice

- 03-007 Internal Audit Function
- 05-009 Code of Ethics/Code of Conduct
- 17-001.1 Language Assistance Services

6. DIRECTOR REMARKS and BOARD COMMENTS

7. NEXT MEETING: June 21, 9:30 a.m., Virginia Public Safety Training Center

8. ADJOURNMENT

Included in Board Packet is the FY 2022 Human Research Report (Pages 165-177). If you have any questions, please contact Jesse Schneider, Ph.D., Data Management Director, Department of Juvenile Justice at Jessica.Schneider@djj.virginia.gov.

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COMMONWEALTH of VIRGINIA
Board of Juvenile Justice

DRAFT Meeting Minutes

September 21, 2022

Virginia Public Safety Training Center, Knox Hall, 7093 Broad Neck Road, Hanover, VA 23069

Board Members Present: Eric English, Tyren Frazier, Will Johnson, Scott Kizner, Anita James Price, Dana Schrad, and Robert (Tito) Vilchez

Board Members Absent: Synethia White

Department of Juvenile Justice (Department) Staff: Ken Bailey, Ken Davis, Jenna Easton, Mike Favale, Joanna Fee, Amy Floriano, Dale Holden, Linda McWilliams, Guillermo Novo, Margaret O'Shea (OAG), Jamie Patten, Kristen Peterson, James Towey, Wendy Hoffman, and Carmen Williams

Guests: Dana Hawes (Rise for Youth) Jason Houtz (Superintendent, Fairfax Juvenile Detention Center), Gina Mingee (Executive Director, Merrimac Juvenile Detention Center), and Valerie Slater (Rise for Youth)

CALL TO ORDER AND INTRODUCTIONS

Chairperson Tyren Frazier called the meeting to order at 9:30 a.m. Chairperson Frazier welcomed those present and asked for introductions.

BOARD ELECTIONS

James Towey, Legislative and Regulatory Affairs Manager, Department

The Board of Juvenile Justice elects officers from its membership at their first meeting of the fiscal year to include the Chairperson, Vice-chairperson, and Secretary. The officers can serve for a term of one year and are eligible for re-election each year. There are no term limits.

The Chairperson shall be the presiding officer of the Board at its meetings. Upon request of the Board, the Chairperson shall act as its spokesperson or representative and shall perform such additional duties as may be imposed on that position by an Act of the General Assembly or by direction of the Board. The Chairperson shall be an ex-officio member of all committees of the Board.

The Board discussed and nominated Dana Schrad as Chairperson. On motion duly made by Tyren Frazier and seconded by Scott Kizner, the Board of Juvenile Justice approved the nomination of Dana Schrad as Chairperson. All Board members present declared "aye," and the motion carried.

The Vice-chairperson is the second officer under consideration. In the absence of the Chairperson at any meeting or in the event of disability or of a vacancy in the office, all the powers and duties of the Chairperson shall be vested in the Vice-chairperson. The Vice-chairperson shall also perform such other duties as may be imposed by the Board or the Chairperson.

The Board discussed and nominated Tito Vilchez as Vice-chairperson. On motion duly made by Dana Schrad and seconded by Will Johnson, the Board of Juvenile Justice approved the nomination of Robert (Tito) Vilchez as Vice-chairperson. All Board members present declared "aye," and the motion carried.

The Secretary is the third officer under consideration. The Secretary shall (1) review and recommend improvements to Board meeting procedures and other relevant Board business so as to facilitate the administrative efficiency of the Board; (2) ensure the development of appropriate resolutions, etc., which are needed by the Board from time to time; (3) serve as the Board's parliamentarian; (4) work closely with the Department staff who are assigned to provide administrative assistance to the Board to review and sign minutes and policy documents, etc.; and (5) ensure that unique or non-routine materials and equipment are available for the Board to carry out its functions. In the event that both the Chairperson and Vice-chairperson are absent at any meeting, the Secretary shall preside over the meeting.

The Board discussed and nominated Anita James Price as Secretary. On motion duly made by Dana Schrad and seconded by Scott Kizner, the Board of Juvenile Justice approved the nomination of Anita James Price as Secretary. All Board members present declared "aye," and the motion carried.

The Board appointments take effect immediately. Board Member Frazier congratulated the newly elected officers and turned the meeting over to the new Chairperson, Dana Schrad.

CONSIDERATION OF THE JUNE 29, 2022, MINUTES

The minutes of the June 29, 2022, Board meeting were provided for approval. On a motion duly made by Anita James Price and seconded by Eric English, the Board approved the minutes as presented. All Board members present declared "aye," and the motion carried.

PUBLIC COMMENT

There was no public comment.

CONSIDERATION OF THE BOARD BYLAWS

James Towey, Legislative and Regulatory Affairs Manager, Department

Pursuant to Article 7, § 7.01 of the State Board of Juvenile Justice Bylaws, the Board shall review the bylaws annually to ensure compliance with any amendments that may have been made to applicable sections of the Code of Virginia. At the first meeting of the fiscal year, the Board is provided with any amendments from the past General Assembly session that affect the Board's bylaws, and considers amendments to the bylaws to reflect the change(s). There is one change that impacts the Board's bylaws this year, and that is the striking of all references to boot camps from the Code of Virginia. This was part of the agency's legislation this past General Assembly session. Under § 3.02, (n), the bylaws reference boot camps, which will need to be struck.

On motion duly made by Tyren Frazier and seconded by Will Johnson, the Board of Juvenile Justice approved the proposed amendment to § 3.02 (n) of the Board of Juvenile Justice Bylaws. All Board members present declared "aye" and the motion carried.

Mr. Towey reminded the Board that in addition to the annual review of the bylaws, which is required, the Board has the authority to amend the bylaws at any time. Pursuant to § 7.02 of the State Board of Juvenile Justice Bylaws, amendment of the bylaws at any regular or special meeting of the Board by an affirmative vote of the majority of the Board, provided that the proposed amendment was included in the notice of the meeting. If the Board decided to change the bylaws, the Department staff would need to know beforehand to place it on the meeting agenda giving public notice and for staff to draft the proposed language.

CONSIDERATION OF VIRGINIA JUVENILE COMMUNITY CRIME CONTROL ACT (VJCCCA) PLANS

Jenna Easton, Diversion Unit Manager, Department

Ms. Easton brought before the Board four proposed motions considering action on VJCCCA plans with the first two motions being continuations from the June meeting. The first two motions include localities that were not prepared to move their Fiscal Year (FY) 2023-2024 VJCCCA plans forward at the June meeting. The Diversion Unit staff completed their reviews and recommended the Board's approval for the Grayson Combined Plan for the FY 2023 and 2024 of the biennium and the Highland County, Lexington Combined (Buena Vista, Rockbridge, Alleghany, Covington, and Botetourt), and Richmond City VJCCCA plans for FY 2023.

On motion duly made by Will Johnson and seconded by Anita Price James, the Board of Juvenile Justice approved the Grayson Combined VJCCCA plan for 2023 and 2024 fiscal years. All Board members present declared "aye," and the motion carried.

On motion duly made by Tyren Frazier and seconded by Eric English, the Board of Juvenile Justice approved the Highland, Lexington Combined, and Richmond VJCCCA plans for the 2023 fiscal year. All Board members present declared "aye," and the motion carried.

Powhatan VJCCCA plan was previously presented to the Board at the June meeting and approved; however, they have re-submitted a new plan. Powhatan made changes within their organization in terms of structure and oversight of the plan. They re-submitted a new FY 2023 VJCCCA plan, and the Diversion Unit recommended the Board's approval for FY 2023 of the biennium.

Chairperson Schrad asked what Powhatan's main change was to their plan. Ms. Easton answered that their plan and data contact is operated by a locally funded position in Powhatan, and their plan funded the position and services. Powhatan's local court service unit director has assumed oversight of the plan, and instead of paying for a position, they will contract officers to serve youth in Powhatan.

On motion duly made by Tyren Frazier and seconded by Will Johnson, the Board of Juvenile Justice approved Powhatan's revised VJCCCA plan for the 2023 fiscal year. All Board members present declared "aye," and the motion carried.

Spotsylvania, Fredericksburg, and Orange submitted plans approved at the June meeting and have since changed their plans. The Diversion Unit recommended the plans be approved for FY 2023 and 2024 of the biennium. Spotsylvania renewed a locally funded position from their plan and have added Post-Dispositional (Post-D) shelter care, anger management, and Post-D electronic monitoring. Fredericksburg renewed a locally funded position and added Post-D shelter care and substance abuse education to their plan. Orange added a prevention program specific to school related behavior. Orange worked with the school system to establish that intervention program.

On motion duly made by Eric English and seconded by Will Johnson, the Board of Juvenile Justice approved the Spotsylvania, Fredericksburg, and Orange revised VJCCCA plans for 2023 and 2024 fiscal years. All Board members present declared "aye," and the motion carried.

REGULATORY UPDATE

Ken Davis, Regulatory Affairs Coordinator, Department

The Regulation Governing Juvenile Correctional Centers and SB20, the Regulation Governing Youth Detained Pursuant to Federal Contracts, will be discussed shortly. The only other item to highlight is the Regulation

Governing Juvenile Secure Detention Centers which is 6VAC35-101. After this update was sent to the Board, the Department received word that the Attorney General's Office certified the final stage of the regulation. The agency's regulatory team will work to advance and send this regulation to the Department of Planning and Budget for their review, which is the executive review phase of the final stage of the regulatory process.

Mr. Davis concluded that the regulations are progressing through the system.

REQUEST APPROVAL TO ADVANCE THE REGULATION GOVERNING JUVENILE CORRECTIONAL CENTERS (JCCs) TO THE FINAL STAGE

Kristen Peterson, Regulatory and Policy Coordinator, Department

Ms. Peterson directed the Board to the proposed text on page 66 of the Board packet. The Board and the Department have worked on this regulation since 2016. The process has been extensive and involved important discussions. The Board is requested to approve the additional amendments to move the regulation to the final stage of the standard regulatory process.

There are several different ways to amend a regulation. One is through the standard regulatory process that involves three separate stages. For this regulation, the Board and agency initiated the first step by issuing the Notice of Intended Regulatory Action (NOIRA) in 2016. This put the general public on notice that the agency was preparing to amend the regulation. For each stage of the regulatory process there is a public comment period and an executive branch review. That review varies as the regulation moves through the various stages of the process. The regulation advanced through the NOIRA stage to the proposed stage where the Department of Planning and Budget completed an economic impact analysis. A policy analysis by the Office of the Attorney General was also completed and certified to the Department to move forward with the regulation. There were several public comments that the agency received. At this point, many years have passed since the regulatory action was initiated. Bon Air went through changes to include changes in mindset, so additional proposed amendments were made at the proposed stage. In June 2020, the regulation was sent back to the Board to approve the additional proposed amendments for advancement to the final stage. The Board approved those proposed amendments, but because there were so many changes between the proposed stage and the final stage, the Department opted to send the regulation through the revised proposed stage, which is authorized pursuant to § 2.2-4007.03 of the Code of Virginia. It is an optional process that allows the Department to seek additional public comment or seek executive branch review before finalizing the regulation. That stage of the regulatory process ended March 2022. There were no public comments at that point, and that is where the regulation stands today.

The proposed text that begins on page 69 of the Board packet incorporates all proposed amendments the Board approved thus far that survived the various stages of the regulatory process. The individual edits are not reflected in the document through strikethroughs and underlines, but all proposed amendments are imbedded in the text. The highlighted text reflects the new proposed amendments the Department is requesting approval for at this meeting.

Board Member James Price asked for confirmation that the proposed amendments were noted in yellow. Ms. Peterson responded that the proposed amendments are in yellow, deletions are noted by strike through, and added text is noted by underline.

The proposed amendments to the regulation involve room confinement. Members may remember several past meetings in which the group discussed room confinement extensively. The Board has always sought to ensure that if residents are placed in room confinement, safeguards be in place. For example, the Board approved a proposed amendment that said facility staff must conduct checks on residents in room confinement every 15 minutes rather than 30 minutes. This was done to ensure facility staff were monitoring

residents placed in room confinement. Another addition the Board approved was language that required a medical service provider or mental health clinician to come each day and visit with the resident and assess their medical and mental health status. These are protections to ensure the well-being of residents placed in room confinement.

The Department also sought to reduce the use of room confinement through language in subsection C of § 1140 of the proposed text (noted on page 108 of the Board packet). The Board approved language that would impose an absolute prohibition on the use of disciplinary room confinement. When a resident has been charged with a formal offense, the resident can either decide to admit to the formal charge and accept the sanction for the offense or agree to have a hearing to determine guilt for the offense. In those instances, under the existing regulation, the Department may impose room confinement as a sanction for that offense. At the revised proposed stage, the Board approved amendments that imposed an absolute prohibition on the use of room confinement as a disciplinary sanction.

The Department is requesting the Board reconsider that decision. It is important to note the regulation has been moving through the regulatory process, and, at this point, the Department is not bound by the proposed amendments to the regulation. The Department has continued to utilize room confinement as a disciplinary sanction and found it to be an effective tool to hold residents accountable for their behavior. In addition, it serves as a deterrent for certain behavior when residents see a resident who commits an infraction be subject to disciplinary room confinement. The Department believes that room confinement as a disciplinary sanction, if utilized responsibly and sparingly for what is considered the most egregious offenses, should be permissible. The Department is proposing to modify the language in subsection C that the Board has already approved. Subsection C, number 3 sets out specific offenses for which room confinement as a disciplinary sanction would be authorized. Most of these offenses are severe, such as escape, attempted escape, absent without leave, security contraband, assault, fighting, sexual misconduct, and sexual abuse. For these specific offenses, and only for these offenses, the Department believes it is appropriate to utilize room confinement as a sanction. Language added in subsection D reflects language in the current regulation that allows room confinement as a disciplinary sanction for a maximum period of five days.

The Department is also seeking the Board's approval to remove provisions in the regulation that currently reference juvenile boot camps. At the revised proposed stage, all language referencing juvenile boot camps was deleted, and a separate chapter was created containing the boot camp provisions. This was done because the agency thought boot camps had different philosophies from JCCs and needed to be clear about distinguishing between those two types of programs. But now legislation has been enacted that removes the Department's authority to establish boot camps and the Board's authority to prescribe these standards, and there is no longer a need to reference juvenile boot camps in the regulations.

Ms. Peterson ended her presentation. The Board had a lengthy discussion, and the summary is below:

- In response to a question regarding what constitutes "unauthorized items having the potential to threaten the security of the facility" under 1140(C)(3)(b), items may include, among others, drugs or illegal controlled substances, manufactured weapons or weapons that the resident might fabricate or construct, and cash money (\$10 or more). It was noted that there is a specific description for security contraband defined in the Department's procedure.
- There are two types of room confinement discussed in the regulation. Room confinement may be given out as a disciplinary sanction or for safety and security.

Disciplinary Sanction: Charges are brought against a resident who goes through the hearing process and receives room confinement as a disciplinary sanction. The Human Rights Coordinators make the

determination and inform the resident on the duration of room confinement. The room confinement cannot exceed more than five days, and the number of days of confinement cannot be modified.

Safety and Security: If a resident's actions threaten facility security or the safety and security of residents, staff, or others in the facility, the resident is placed in room confinement until the threat abates. If the threat continues beyond a five-day period, the facility can hold the resident pursuant to subsection M.

- The Board never contemplated eliminating room confinement for safety and security reasons. The Board eliminated room confinement as a sanction. The Department believes that room confinement should be used sparingly and via due process handled in-house rather than encouraging state charges that could impact their length of stay and criminal history. An example was given of parents sending their child to their room when they have done something wrong. The facility is trying to limit room confinement but realizes that the rooms are now customized, and residents feel it is their safe space. Facility staff help residents understand their behavior has consequences. This will support the resident when they return to the community, as they try to adjust to laws and society, understanding actions and consequences.
- In response to a question regarding whether another method of discipline other than room confinement is available, there are limited consequences given to someone in a facility. For those acts that are egregious and a threat to the facility or a specific victim, a distinction had to be made between loss of privileges and something more severe. Options are limited in a correctional setting.
- In relation to page 108 of the Board packet, subsections A through F, a Board Member asked if there is a need to have both assault and fighting. The Department responded that assault and fighting are terms distinguishable in the procedure. Assault is a non-provoked incident (an individual coming into contact with another individual) whereas fighting is provoked (willful engagement, hands on). Because there is a distinction, the Department recommended including both offenses.
- Ms. Peterson discussed the restorative effort in room confinement. Requirements are imposed on staff to visit with the resident, counsel them about their actions, let them know the expectations for behavior while in room confinement, and to the extent that there is no specified time for the room confinement period, what the resident needs to do to be released from room confinement. The board-approved regulations include opportunities to interact with staff members and receive counseling. In addition, there is a requirement that a mental health clinician or medical service providers visit with the resident once every day to assess the resident's medical and mental health status. Additional requirements have been imposed regarding other communications with staff because the Board and the Department wanted to avoid keeping youth in their room for an extended period of time without interaction. There is already a requirement that the superintendent or the superintendent's designee visit with the resident once daily. The board-approved amendments contain additional requirements for other staff to visit the resident. For those residents that are placed in room confinement for security purposes, before a resident can be confined for three days or more, the staff person two steps above the superintendent, typically the Deputy Director of Residential Services, is required to be notified, and that position has to approve room confinement exceeding three days.
- The Board discussed a verbal assault. The Department explained that the assault definition in the procedure contemplates a physical assault rather than verbal assaults. One Board Member asked the Board to be mindful of the number of sanctions being put on young people, the role adults have to de-escalate, and the challenges that occur in the facilities. Verbal assaults are left to the interpretation

of the individual, staff members, and the persons in the situation. The Board member encouraged the Board to be mindful of these decisions and sanctions involving room confinement, and reminded the Board that just two years ago, they had agreed to prohibit room confinement. Another Board Member indicated the Board should be careful about verbal assault because it is subjective.

Ms. Peterson explained that verbal assault or serious verbal threats are chargeable offenses but are not, under current procedure, subject to room confinement. The intent behind the proposed amendments was for physical assaults to be subject to disciplinary room confinement. There are separate terms in the procedure for serious verbal threats, and those are distinguishable from physical assaults.

Board Member Schrad asked the Board's Attorney General representative, Margaret O'Shea, for her opinion on whether the Board should use the language assault and battery or physical assault when referencing the offense subject to room confinement. Ms. O'Shea suggested mimicking the information in the disciplinary process. The juvenile handbook for Bon Air differentiates between assault or attempted assault and fighting separately. If you walk up and punch an officer, that is assault; or if you try to and get caught, it is attempted assault, not battery. The action is the same regardless of whether it was reflected in whatever definition encompasses both of those. Ms. O'Shea suggested to leave it as assault since that is what the juvenile is told they cannot do or make it an assault or attempted assault to encompass both situations.

Ms. O'Shea went on to explain that if a juvenile attacks another juvenile and that juvenile starts fighting back, they can be charged with fighting in that situation even though they did not initiate the altercation. Self-defense is not a defense in the correctional world. Fighting is less than assault: it is a reactive situation, but the bottom line is whatever is in the regulation should mimic what the juveniles are told they cannot do by policy. Ms. O'Shea would use the language assault or attempted assault separate from fighting but would not go with battery because battery could be unintentional.

- Verbal is separate in the policy in terms of whether it is a verbal threat.

Ms. Peterson clarified, and the Board agreed to replace the language of assault with physical assault in the procedure.

On motion duly made by Anita James Price and seconded by Will Johnson, the Board of Juvenile Justice approved the following proposed amendments to the Regulation Governing Juvenile Correctional Centers (6VAC35-71) for advancement to the Final Stage of the Standard Regulatory process: (i) all amendments previously adopted by the Board for the preceding stages of the regulatory process as reflected in the September 21, 2022 Board packet, and (ii) any additional amendments as agreed upon at the September 21, 2022 meeting. In addition, the Board agreed to the withdrawal of the regulatory action proposing a new chapter, Regulation Governing Juvenile Boot Camp Programs (6VAC35-73). All Board members present declared "aye," and the motion carried.

REQUEST APPROVAL TO ADVANCE SB 20 REGULATION (6VAC35-200) TO THE PROPOSED STAGE

Ken Davis, Regulatory Affairs Coordinator, Department

The Board is asked to approve the proposed language for a new chapter and move the regulation to the proposed stage of the standard regulatory process. This chapter comes from legislation introduced by Senator Adam Ebbin in 2020, which was passed and signed into law. The chapter took effect July 1, 2020, and is referred to as the SB20 regulation because it was Senate Bill 20. The legislation directs the Board to address youth who are detained in juvenile correctional facilities pursuant to contracts with the federal government.

Some Board members may remember conversations around Shenandoah Valley Detention Center and their operation of one of those programs. Northwestern Regional Juvenile Detention Center (JDC) also operates a program that falls under this regulation.

The law applies specifically to contractual arrangements between juvenile correctional facilities (a term which is not defined in this particular statute) and the federal government. As the workgroup reviewed what the law entailed, the group believed the intent of SB20 was to apply to both JCCs (state operated facilities such as Bon Air) and JDCs, which while not state-operated are regulated by the Board. Given the situation that occurred in Shenandoah Valley, the workgroup believed Senator Ebbin's intent was to address those programs that were in place at the detention centers.

The program in place at Shenandoah Valley is by contract with the Office of Refugee Resettlement (ORR) that deals with youth in federal custody who are unaccompanied minors. Generally, placement for those youth will be at less secure locations, such as shelter care, foster care, group homes, or other residential situations. But in some cases, if a child is deemed to be a danger to themselves or others or if there has been a criminal offense involved, then they may need to be placed in a secure setting. Immigration and Customs Enforcement (ICE) may contract with state-licensed facilities for accompanied minors and occasionally hold unaccompanied minors experiencing a delay in transfer to the ORR program. Currently, Northwestern Regional Juvenile Detention Center in Winchester is the only state facility that has a contract with ICE. Presently, one of each of those programs exists in the Commonwealth.

Senator Ebbin's legislation directed the Board to establish regulations that pertain to juvenile correctional facilities, and the workgroup determined that applied to both detention centers and the Department. Historically, the Department has had none of these federal contracts or any plans to have federal contracts, but in order to meet the spirit of the legislation, the workgroup thought this needed to be addressed in this new chapter. If the Department does decide to enter into a federal agreement, the regulatory structure would be in place.

§ 66-10.2 of the Code of Virginia lists seven specific areas that this new regulation must address:

1. Standards governing the use of physical force, mechanical restraints, and spit guards, and along with that avoiding the use of isolation.
2. Staff training requirements regarding cognitive behavioral interventions, trauma-informed care, cultural background implications, de-escalation techniques, and physical and mechanical restraints.
3. Requirements for an appropriate number of bilingual staff and culturally relevant programs.
4. Methods to ensure that youth in these programs understand their rights and responsibilities.
5. Standards to ensure the provision of necessary physical and mental health care.
6. A requirement that any contract in which a juvenile correctional facility agrees to house youth under federal custody must provide DJJ staff with the same access to those youth that DJJ has for all other youth in juvenile correctional facilities.
7. Standards for recordkeeping, including extended recordkeeping requirements for records and video footage related to reported incidents.

The Department is already performing most of the above listed items. The regulatory actions underway for the JCC and the JDCs addressed many of the concerns noted in Senator Ebbin's legislation. In addition, a regulatory change took effect in August 2019 requiring the Department adequate access to the youth in these federal programs. This was handled by a fast-track regulatory action that the Department added to the regulation governing JDCs. This addressed one concern that Senator Ebbin included in his bill, and the other concerns have already been addressed in the existing regulatory provisions.

The workgroup had many discussions on how to construct the chapter. The JCC and JDCs have their own sets of regulations. Ultimately, the workgroup decided to create a new chapter focused on federal contracts and to split it into three parts. One part provided for any state-regulated facility that has a federal program, the second is specific to JDCs, and the third is specific to the JCC. All three parts have differences in how the programs operate and their capabilities. This new chapter relies heavily on the JCC and JDC regulations, and the Department did not need to reinvent the wheel and repeat language. The Department believed it made more sense for a JDC to take care of youth in a federal program the same way they take care of youth in the facility now. Below are a few highlights from the chapter.

Section 40, Residents with limited English proficiency: A general provision that applies to the JCC and JDCs and addresses the staffing requirement in the law by adding a provision in subsection B requiring a minimum of one bilingual staff member that is accessible to the federal program. The provision also supplements the requirement in that interpretation and translation services must be always available to all federal residents with limited English proficiency.

Section 50, Culturally relevant programming: Applies to the JCC and JDCs requirement for bilingual staff. Mandates that any facility with a federal contract ensure that culturally relevant programming is available to the residents and be developed with consideration of the cultural needs, preferences, and differences of the populations served. The workgroup was careful in selecting that language understanding that the youth population under the federal programs may change. The workgroup wanted to make sure the regulation was flexible enough to allow for changes in the program based on the affected population at any given time in the facilities.

Chairperson Schrad noted that the regulation is written in a noncommittal way to allow for any other language and culture. Chairperson Schrad asked if a youth spoke Farsi and had a different culture, is there anything that will allow for customization.

Mr. Davis responded that the JCC and JDC would be required to develop programming appropriate to the youth (for instance, Farsi) inasmuch as they can, for the duration of time they have that youth to address the regulatory requirements. One of the challenges is the JDC typically does not keep these youth for a long period. The stays could be short, and to build a complete program for all the many cultures and languages the facilities may encounter is not realistic and expensive. This provides notice to the JDCs to make their best effort, within their limitations, to have appropriate programming. If the youth have a language barrier issue and the bilingual staff is not able to help, the facility is required to use translation services. Some services can be provided by a phone number the facility could call.

On page 123 of the Board packet, Section 220 is specific to federal programs based on similar provisions in the JDC regulation concerning release. This is not applicable because it has to do with court involved youth who are under federal custody.

Section 240 and several sections after, deal with room restriction including disciplinary room restriction, physical restraints, mechanical restraints, and mechanical restraint chairs. To address the requirement in the new statute that mentions room confinement and restraints, the workgroup moved the JDC provisions that are currently moving through to the final stage of the regulatory process, into this chapter. Although they are identical, it was decided to duplicate the text as a show of good faith and keeping with the intent of the legislation. This is identical to what the Board approved in April for the JDCs; there are no surprises.

The workgroup handled the JCC portion of the regulation the same as the JDC regulation; there is very little difference. Page 124 of the Board packet states the need to follow all regulations for the JCC chapter unless

the areas are different. Language was added in Section 420 regarding collecting the resident's primary and preferred language on the face sheet. This is already in the JDCs regulation.

The workgroup, which included representatives from the JDCs, put in long hours to draft this proposal. The workgroup and the Department both believe this information addresses concerns in Senator Ebbin's legislation and request the Board's approval to move to the next stage of the process.

On motion duly made by Tyren Frazier and seconded by Robert Vilchez, the Board of Juvenile Justice approved the proposed language for the Regulations Governing Youth Detained Pursuant to Federal Contracts (6VAC35-200), including any additional amendments adopted at the September 21, 2022, Board meeting, and grants the Department of Juvenile Justice permission to advance the regulation to the Proposed Stage of the standard regulatory process. All Board members present declared "aye," and the motion carried.

REQUEST EXTENSION OF VARIANCE APPLICABLE TO MERRIMAC JUVENILE DETENTION CENTER

Ken Davis, Regulatory Affairs Coordinator, Department

This variance request from Merrimac Juvenile Detention Center (Merrimac) has come before the Board multiple times. Merrimac Executive Director Gina Mingee is present at today's meeting to address any questions.

Merrimac is seeking a variance to two specific provisions set out in 6VAC35-101-1070(B)(3) and 6VAC35-101-1080(B), (C), and (D). Those provisions deal with behavior management programs and the required disciplinary process applicable to rule infractions for which room confinement may be imposed as a sanction. The requirements limit any "cooling off" period. When a youth is given a cooling off period in their room, it is limited to no more than 60 minutes. Merrimac has had a successful Cognitive Behavioral Training Program (CBT) in place for the past 15 years. They have seen good results from the program. The issue is that the program operation has the potential to run afoul of the 60-minute requirement.

On page 162 of the Board packet is a summary of how the program is structured. The program is used for residents who fail to adhere to behavioral expectations and are subject to a disciplinary response. That language is important because it is a disciplinary response and not a punishment. The response involves removing the resident from any reinforcing stimuli and having them serve a temporary timeout or cooling-off period detailed below.

- A five-minute timeout in the program area for inappropriate behavior.
- A 30-5 which is 30 minutes of room confinement and a five-minute timeout period served outside of the room.
- A 30-30-5 which is a total of 60 minutes of room confinement followed by a five-minute timeout period served outside of the room. That 30-30-5 is imposed in response to actual, attempted, or verbal threat to the physical safety and security staff other youth or the facility.

While serving any of the timeout periods, this is where the 60-minute timeframe becomes problematic, if the resident fails to meet the applicable behavioral expectations such as sitting quietly, remaining awake, or completing the report (a report is a requirement of the 30-30-5), the timeout period can be extended. So, if the time is extended by five minutes, then it goes against the regulatory limit of 60 minutes, and it makes it impossible for Merrimac to operate the CBT Program.

The Board has repeatedly approved this variance in 2008, 2013, and 2017, and the program continues to be successful. Merrimac has not made any changes and would like to continue. Merrimac would like the Board approval to renew the variance, but differently this time. Rather than setting a three- or five-year period,

simply state the variance is essentially permanent until such time as Merrimac changes the program, changes the parameters of the timeouts or the cooling off periods, or the provisions of the regulations are changed in such a way that it makes all content in the variance unnecessary. For the last variance request, the Department chose the five-year mark because of the upcoming comprehensive review of the JDCs regulation. There was some thought that a change in the text would make this variance no longer needed; however, the language in the JDCs regulation remains such that the variance is still needed for the CBT Program to function. The request is for the Board to approve the variance to remain in effect permanently. Merrimac would not need to come back to the Board unless they make changes to the program, or if a regulatory change makes the variance unnecessary.

Chairperson Schrad asked what the major programmatic change would be to put them outside the regulation requiring Merrimac to come back and ask for another variance.

Mr. Davis responded if there was a change of philosophy at Merrimac that discontinued the use of the CBT Program, Merrimac would revert to following the 60 minutes and no longer use the program. Another example would be if Merrimac wanted to try a different program and would then seek the Board's approval. This variance would remain in place permanently, so long as Merrimac continues to follow the same parameters since 2008. This variance applies specifically and solely to Merrimac and does not extend to another detention center that chooses to start using the CBT Program. That detention center would need to have conversations with the Board.

Chairperson Schrad asked for confirmation that Merrimac's program had been reviewed and evaluated by the Department. Mr. Bailey responded that the program has been looked at since 2008 and seems to be working fine.

Chairperson Schrad and Board Member Price noted that it was interesting that this program is unique to Merrimac, and if they have demonstrated a success rate, could other facilities use. Mr. Davis asked Executive Director Gina Minge to respond.

Ms. Minge said Merrimac has seen a significant reduction in the amount of cooling off time given to residents. The residents are aware of the expectations up front, all are noted in the resident handbook, and the program has become a culture in the detention center. The average room time per consequence has decreased to 36 minutes from 2008. The number of consequences overall have reduced and the number of physical restraints remained constant since the CBT program has been in place. In a three-month period, Merrimac had 13 physical restraints. The program reduced the number of restraints and incidents. The facility does have a few serious offenders, so even accounting for them in the program, they responded effectively. There are not a lot of incidents involving assaults and contraband. Also, the parents surveyed during the release process report satisfaction with the program and Merrimac in general. Other states across the country use the program. Merrimac had the national developers of the program train facility staff initially, and the facility continued the same training keeping the fidelity of the model.

Ms. Minge went on to discuss the program. The youth can file a grievance if they feel the program is unfair. The youth is given 60 minutes of room confinement and is asked to complete thinking reports that identify the errors in thinking, the consequences of erroneous thinking, and rational thinking as part of that 60-minute timeframe. To note, there is a strategic program modification in the case of assault on another resident or staff that is a longer period of time such as two or four days depending on the assault, whether it be resident or staff. The resident can come out of their room for specific activities depending on whether the other resident or staff is present during that time. There are 21 groups a week, so residents can come out at different periods of time during that two- or four-day period, and mediation is done with the other resident and staff, apology letters, and meetings with mental health staff several times a day to process various

thinking reports. Ms. Mingee concluded by saying the facility has found the program works, sees a lot of behavior change, and would like to continue with the variance.

Chairperson Schrad noted that this was a five-minute variance.

Board Member Kizner would like to hear more about the program at future meetings and is curious as to why other facilities are not using it. Board Member Kizner is concerned with giving permission for this program to go on indefinitely. Is it possible and does it seem more responsible to evaluate the program, maybe three or five years, to make sure the program is still effective?

Deputy Director Favale noted that the Certification Unit led by Mr. Bailey does certify the program every three years.

Board Member Kizner understands the certification process, and he is looking for another level of accountability. Board Member Kizner would like to learn more about how the program is working, and believes the Board has some type of responsibility specifically for this program.

Ms. Mingee said that Merrimac has been through the Standardized Program Evaluation Protocol (SPEP) process by the Department's Quality Assurance Unit, and this is another level of evaluation. The Department's Quality Assurance team can provide reports on that evaluation. Board Member Frazier agreed that the SPEP process should be included in the motion.

On motion duly made by Tyren Frazier and seconded by Will Johnson, pursuant to 6VAC35-20-92, the Board of Juvenile Justice approved a variance for Merrimac Juvenile Detention Center to the regulatory requirements set out in 6VAC35-101-1070(B)(3) and 6VAC35-101-1080(B), (C), and (D), regarding behavior management programs and the disciplinary process in juvenile detention centers. The variance shall apply exclusively to Merrimac and will allow Merrimac to continue operating its Cognitive Behavioral Training Program in accordance with the text presented at the September 21, 2022, Board meeting and with the inclusion of the Department of Juvenile Justice's quality assurance program reports.

This variance shall remain in effect permanently or until such time as (i) Merrimac discontinues its CBT Program or alters the program's cooling off parameters or (ii) any or all of the regulatory provisions set forth in 6VAC35-101-1070(B)(3) and 6VAC35-101-1080(B), (C), and (D) are amended in such a way as to make the variance unnecessary. All Board members present declared "aye," and the motion carried.

REQUEST EXTENSION OF VARIANCE APPLICABLE TO JUVENILE CORRECTIONAL CENTERS, SECURITY STAFF SUPERVISION OF RESIDENTS DURING TRANSPORTATION

Kristen Peterson, Regulatory and Policy Coordinator, Department

This variance was originally issued in 2016 and extended in 2019. It was thought that the regulation would be amended by this time, but it has not, so the Department is coming before the Board to ask for an extension of this variance.

This variance was proposed because of the language in 6 VAC35-71-830(A) that says there must be at least one direct care staff member who is present and on duty and is responsible for the supervision of every ten residents in the facility. The language has been updated in the Regulation Governing Juvenile Correctional Centers that the Board agreed to earlier this meeting. The existing regulatory provision is satisfied by a staffing ratio of 1:8 for direct care staff. Direct care staff are primarily responsible for maintaining the safety and well-being of the residents in the facility, implementing the structured programs of Handle with Care and other behavior management programs, and maintaining the security of the facility.

Bon Air JCC began to implement the community treatment model in 2015, and at that time, the facilities had juvenile correctional officers. In the hopes of successfully implementing the community treatment model, the juvenile correctional officer position was reclassified and bifurcated into direct care staff and security staff. The direct care staff would be responsible for the behavior management program and given enhanced programmatic responsibilities to implement the requirements of the community treatment model. For example, in addition to their security role, direct care staff were also responsible for leading therapeutic activities, serving as a role model for other residents, and overseeing the circle up meetings in the facility. The direct care staff had a more therapeutic role in addition to their security roles.

Security staff were primarily responsible for conducting the security-related functions in the facility, such as manning the control centers, conducting searches at the entrance to the facility, and conducting perimeter searches. Because Bon Air bifurcated that juvenile correctional officer position, the facility had one set of staff members who were primarily responsible for implementing the behavior management program and another set of staff members more responsible for the security-related functions, which created complications because the regulation at the time did not contemplate these separate classifications. The result was asking the Board in 2016 for a variance to that regulatory requirement. The need for the variance arose because security staff needed to be able to transport residents off-site for emergency purposes or for routine appointments but did not meet the definition of direct care staff to satisfy the staffing ratios.

The Board has already adopted the concepts of this variance in the proposed amendments for the regulation. The Department requested the Board approve the extension of the variance for five years.

On motion duly made by Eric English and seconded by Robert Vilchez, pursuant to 6VAC35-20-92 of the Regulation Governing the Monitoring, Approval, and Certification of Juvenile Justice Programs and Facilities, the Board of Juvenile Justice approved an extension of the variance to the regulatory requirement provided in subsection A of 6VAC35-71-830 that requires at least one direct care staff member on duty, and responsible for supervision of every 10 residents on the premises or participating in off-campus, facility-sponsored activities. This variance shall continue to authorize staff classified as security staff to actively supervise residents during routine and emergency transportation. This variance shall remain in effect until conforming amendments are made to 6VAC35-71 or for five years, whichever occurs first. All Board members present declared "aye," and the motion carried.

REQUEST EXTENSION OF VARIANCE APPLICABLE TO JUVENILE CORRECTIONAL CENTERS, TRAINING FOR DIRECT SUPERVISION STAFF

Kristen Peterson, Regulatory and Policy Coordinator, Department

The variance request is to the regulatory requirement set out in 6VAC35-71-160 and involves staff that are classified as direct supervision staff, such as teachers, counselors, mental health clinicians, and recreational staff. There are several training requirements that direct supervision staff must fulfill; the topics are enumerated on page 183 of the Board packet. The regulation requires direct supervision staff receive 120 hours of training before assuming their direct supervision responsibilities. The current variance allows the direct supervision staff to receive 40 hours of that training before they assume direct supervision responsibilities and the remainder of the training before the close of the first year of employment. This was deemed necessary in 2014 because direct supervision staff are hired on a rolling basis, typically when there are vacancies in those particular positions. As a result, there were often no classes available and not enough staff to hold a class at a particular time. The Department's Training Unit was unable to make the class available for one person; it was impractical. The Department created institutional training and allowed those direct supervision staff to receive 40 hours of training initially before assuming their direct supervision responsibilities and then receive 80 hours of training before the close of their first year of employment. The

goal was to ensure essential services, such as educational and mental health services, were not delayed while waiting on training opportunities to become available for recently hired direct supervision staff. This variance has been in place since 2014 and updated in 2019. The language proposed and approved by the Board for the JCC regulation is more stringent. The proposed amendments to the regulation require direct supervision staff to receive 80 hours of training before they assume their direct supervision responsibilities and then complete the remainder of the training before the end of their first year. The Department wanted to maintain the status quo as the agency continued to address issues within the facility.

On motion duly made by Will Johnson and seconded by Anita James Price, pursuant to 6VAC35-20-92 of the Regulation Governing the Monitoring, Approval, and Certification of Juvenile Justice Programs and Facilities, the Board of Juvenile Justice approved an extension of the variance to the regulatory requirement provided in subsection B of 6VAC35-71-160 that requires "direct supervision staff" in juvenile correctional centers to complete at least 120 hours of initial training, inclusive of the topics specified therein, before being responsible for the direct supervision of a resident. The variance shall continue to authorize direct supervision staff to complete an initial 40 hours of training before assuming direct supervision responsibilities and the remaining 80 hours before the end of their first year of employment. This variance shall remain in effect until 6VAC35-71 is amended such that the variance is no longer necessary, or for five years, whichever occurs first. All Board members present declared "aye," and the motion carried.

REQUEST AMENDMENT TO BOARD POLICY 02-002 (MEDIA RELATIONS)

Ken Davis, Regulatory Affairs Coordinator, Department

In April, the Department began reviewing all the Board's policies and deciding which ones need to be retained, amended, or rescinded. Policies are separate from regulations. Regulations go through the Administrative Process Act and have the force of law. Policies do not have that force or go through that process, but instead become effective once the Board votes on them.

The Board affirms the value of the media and the public's right to be informed and that dissemination of information to and by the media is important. It is the Board's policy to encourage residential and nonresidential programs in the juvenile justice system in Virginia to communicate information properly and accurately to the news media without compromising facility security or confidentiality of individuals. The Department reviewed the policy to decide if it was still necessary, and had a discussion with the agency's public information officer, who felt it needed to stay in place and recommended keeping it.

The review of the policy raised some concerns that it did not set any parameters for how employees interacted with the news media. The Department made a small amendment noted on page 189 of the Board packet; the first two paragraphs are the same but the last paragraph now reads, "it is the policy of the Board to encourage residential and non-residential programs in Virginia's juvenile justice system to interact with the media in a courteous and professional manner and to handle all media inquiries in accordance with applicable laws, regulations, and procedures, without compromising facility security or confidentiality of individuals." Adding language about applicable laws, regulations, and procedures would guarantee the Department's procedures would govern its media relations.

On motion duly made by Scott Kizner and seconded by Eric English, the Board of Juvenile Justice approved the amendment of Board Policy 02-002 (Media Relations), as proposed at the September 21, 2022, meeting, to take effect immediately. All Board members present declared "aye," and the motion carried.

REQUEST AMENDMENT TO BOARD POLICY 02-024 (Collaboration with Colleges and Universities)

Kristen Peterson, Regulatory and Policy Coordinator, Department

This Board policy declares how important it is to interact with and collaborate with institutions of higher education. The Department's recommendation was to retain the policy which speak to providing opportunities for research, student internships, academic coursework for Department employees, and assistance with seminars and conferences. The policy omits the need to provide some of these benefits to the committed youth. It speaks to the benefit of having these types of relationships so staff and interns in the facilities can take advantage of academic opportunities, but there is nothing that mentions actual committed youth and the ability to take advantage of academic opportunities. The Department is now embarking on additional efforts to collaborate with educational institutions to provide these opportunities for the committed youth and to provide career readiness programs for when youth are released from commitment. The proposal adds this minor language. Language was also changed in the last sentence addressing the Department and its organizational units being encouraged to collaborate with colleges, universities, and other institutions of higher learning in programs and projects of mutual concern. The proposal adds language to acknowledge that oftentimes these collaborations and programs with these institutions are of mutual benefit to both the Department and the educational institutions.

Board Member James Price said she was encouraged to see the collaboration with the young people no matter what their circumstances. Board Member James Price asked if this was fostering and encouraging mentorship? Ms. Peterson responded that yes, she would agree with that statement.

On motion duly made by Anita James Price and seconded by Scott Kizner, the Board of Juvenile Justice approved the amendment of Board Policy 02-024 (Collaboration ith Colleges and Universities), as proposed at the September 21, 2022, meeting, to take effect immediately. All Board members present declared "aye," and the motion carried.

REQUEST RECISSION OF BOARD POLICY 20-106 (BEHAVIOR MANAGEMENT)

Kristen Peterson, Regulatory and Policy Coordinator, Department

The Department's regulations already address behavior management. Language in the regulation defines behavior management as those principles and methods employed to help a resident achieve positive behavior and to address and correct a resident's inappropriate behavior in a constructive and safe manner. This policy requires the Department to develop procedures and practices that reward positive behavior and encourage residents who behave negatively to correct their behavior. The provision is unnecessary, and the regulation already addresses this area. The JCC follows a community treatment model, and written procedures are already in place that encourage residents to behave positively and reward residents when they behave in a manner that is consistent with the facility's expectations. With the community treatment model, residents are on a phased system in which a resident progresses through phases as their behavior improves, or they are frozen on specific phases if they do not meet the facility's expectations. The current procedures are consistent with this policy. The Board has the single authority to promulgate regulations if there are additional changes the Board wanted to make regarding the behavior management requirements. The Department believes it is more appropriate to make the changes in the regulatory provisions, so staff do not have to consult numerous documents. The Department's recommendation is to rescind this policy.

On motion duly made by Will Johnson and seconded by Eric English, the Board of Juvenile Justice approved the rescission of Board Policy 20-106 (Behavior Management), as proposed at the September 21, 2022, meeting, to take effect immediately. All Board members present declared "aye," and the motion carried.

DIRECTOR'S CERTIFICATION ACTIONS

Ken Bailey, Certifications Manager, Department

Mr. Bailey directed the Board to the packet, which contained the individual audit reports and a summary of the Director's certification actions completed up to August 25, 2022.

The audit for the Summit Transitional Living Program found one deficiency. The follow-up visit showed corrective action was taken, and the Director certified the program until April 30, 2025.

The audit for Prince William Juvenile Detention Center found one deficiency, which was an oversight in using an outdated form. Prince William Juvenile Detention Center corrected the deficiency to put them in compliance, and the Director certified the program until April 13, 2025.

The audit for Richmond Juvenile Detention Center and Post Dispositional Program found two deficiencies. One of the deficiencies was unique in that staff would wake youth to read them their disciplinary charges and let them out of their room to get an hour of physical activity. This took place during sleeping hours. It was the opinion of the audit team that these youth were being deprived of the opportunities for adequate rest and sleep. The facility ceased this process. Richmond Juvenile Detention Center and Post Dispositional Program also had an issue with a disciplinary report form not being properly used. The Director certified the program until June 12, 2025.

Mr. Bailey told the Board he had been struggling with the audit report for Northern Virginia Juvenile Detention Center (NVJDC) since 2021. The original audit had five deficiencies, and over time, all were corrected and put the facility in compliance. On page 36 of the Board packet, an addendum report was submitted noting a significant incident that occurred after the conclusion of the audit in 2021. One of the worst things to happen in a detention center is an escape. Not only does it disrupt the facility and endanger the lives and safety of the residents, but also the community. Fortunately, in this situation, the resident was not injured, and there were no additional offenses in the community before he was apprehended. Mr. Bailey reviewed a video of the incident, which occurred on a recreation field with one staff member having supervision of three residents on recreation. The staff member was sitting with two of the youth apparently on the phone as the other young man wandered away from his supervision kicking a soccer ball. There was an area of the fence where the youth was able to get a hand hold, and it took him six seconds to scale the fence, move to the top of the roof, make his way to the back to scale another fence, and escape the facility. Mr. Bailey reviewed the regulatory requirements and discovered that in June 2020, the NVJDC Commission had removed all the razor and barbed wire that topped the building. This was done because of community feedback that the wire was unsightly. The facility is located within high-rise condominiums; the facility was there before the condos were built. At the insistence of the citizenry, the Commission had all the razor and barbed wire removed. There was no consultation with the Department. NVJDC created a safety situation by doing this, and the Department would not have condoned that type of action. If they needed to remove the wire, then they should immediately have had a substitution in place to secure the top of the building. NVJDC was cited for not notifying the Department. They went for a year with no issues, but in June 2021 the escape took place, and it was the first time the Department learned the wire had been removed. Since then, the facility submitted a proposal to remedy the problem. This has bounced back and forth since the escape, with one excuse after the other as to why the fence is not repaired. The facility's way of dealing with the issue was to suspend all the outdoor recreation and only have youth participate in recreation in the gym. Outdoor recreation can be suspended on a temporary basis when there is a threat to safety and security, but to utilize this for over a year was not acceptable.

A plan is in place to begin construction on October 15. The Director has given NVJDC until November 8 to have the fencing in place to provide a secure parameter with priority being a ten-foot section where the youth scaled and went over the fence. Mr. Bailey thought there were several ways the detention center could have fixed the issue earlier but chose not to take any of those suggestions. They continued to come up with excuses. They have a drop-dead deadline of November 8. If the work is not completed on the fence at that

time, Mr. Bailey will do a re-inspection and will recommend to the Director that administrative action be taken to close the facility.

Director Floriano said she was advised by Mr. Bailey of this situation, and all they provided were excuses, and their solution was unacceptable to not give the youth outside time. When the facility was advised of the Department's concern, their next solution was to put a staff member on the roof when youth were outside, which was problematic and not an acceptable solution. If the wire is not up by November 8, the facility has been notified not only will the facility receive a visit from Mr. Bailey but also Director Floriano, and the facility will be shifting the youth out to another institution.

Chairperson Schrad asked how many residents are in NVJDC. Mr. Bailey said the last time he checked there were eight residents. Chairperson Schrad asked if they do not have the repairs fixed by November 8, will this be a permanent closing of the facility. Director Floriano responded they would readdress this issue with the Commission. Director Floriano stressed the importance of detention centers complying with the regulations and the need to take them seriously so no harm will come to these youth.

Board Member Kizner wanted to clarify that the commission approved the fencing to come down. Mr. Bailey answered that the fence did not come down, the barbed/razor wire at the top of the fence was taken down because it was unsightly to them.

Chairperson Schrad asked if this was the local planning commission. Director Floriano answered that local detention centers are operated by the locality and typically are overseen by commissions who run the detention centers with local funding and assistance by the state. Chairperson Schrad stated from a liability perspective they are on notice.

At the last meeting, Mr. Bailey discussed the situations of Roanoke and Chesapeake detention centers. There has been tremendous progress at Chesapeake Juvenile Services. Department staff have reviewed several videos on physical restraint, and all incidents, reports, disciplinary reports, and room confinement forms are being done the way they are supposed to according to the regulations. An experienced staff member on the Certification Unit for Handle With Care has reviewed the videos and assessed the wrong and correct actions. Chesapeake is working on their behavior management program with the help of the Department's Quality Assurance specialists and hope to have it finalized the first part of October. Chesapeake wants to move toward a therapeutic setting.

Roanoke Detention Center had a problem with their computer system and could not electronically control the locking sensors on the doors or the intercom system. They have received two bids and are reviewing those expenses with their Commission. In the meantime, they found a local contractor who was able to find repair parts that the computer system needed. The locking mechanisms on the doors were completely functional. The only thing that was not functional was the intercom system.

DIRECTOR'S REMARKS

Amy M. Floriano, Director

Director Floriano recognized Deputy Director of Administration and Finance Jamie Patten, who is leaving for another job opportunity.

SPECIALLY CALLED MEETING

A specially called meeting to discuss the revisions to the length of stay guidelines is scheduled for November 9.

ADJOURNMENT

Chairperson Schrad adjourned the meeting at 12:43 p.m.

Dana Schrad, Chair
Robert Vilchez, Vice Chair
Anita James Price, Secretary
Eric English
Tyren Frazier
William Johnson
Scott Kizner
David Mick
Synethia White



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COMMONWEALTH of VIRGINIA
Board of Juvenile Justice

DRAFT Meeting Minutes

November 9, 2022

Virginia Public Safety Training Center, Knox Hall, 7093 Broad Neck Road, Hanover, VA 23069

Board Members Present: Eric English, William (Will) Johnson, David Mick, Dana Schrad, and Robert (Tito) Vilchez

Board Members Absent: Tyren Frazier, Anita James Price, Scott Kizner, and Synethia White

Department of Juvenile Justice (Department) Staff: Ken Davis, Mike Favale, Amy Floriano, Wendy Hoffman, Dale Holden, Joyce Holmon, Melodie Martin, Ashaki McNeil, Linda McWilliams, Margaret O'Shea (Office of the Attorney General), Kristen Peterson, Rachel Wentworth, and Rebecca Westfall

Guests: Dana Hawes (Rise for Youth), Chuck Kehoe (Former Department Director), Megan O'Brien (Office of the Attorney General), and Valerie Slater (Rise for Youth)

CALL TO ORDER AND INTRODUCTIONS

Chairperson Dana Schrad called the meeting to order at 9:35 a.m. Chairperson Schrad welcomed those present and asked for introductions.

PUBLIC COMMENT

There was no public comment.

CONSIDERATION OF REVISIONS TO THE LENGTH OF STAY GUIDELINES

Amy M. Floriano, Director

Director Floriano welcomed the Board's newest member, David Mick, who is currently in the Office of the Attorney General and formerly served as a Deputy Commonwealth's Attorney and public defender. David has many years of experience in juvenile court and working with the Department.

Director Floriano thanked the Board members for attending this specially called meeting on the Guidelines for Determining the Length of Stay (LOS) for Juveniles Indeterminately Committed to the Department (LOS Guidelines). Director Floriano gave a PowerPoint presentation (embedded in the meeting notes), and the following was a summary of her discussion.

Length of Stay (LOS)

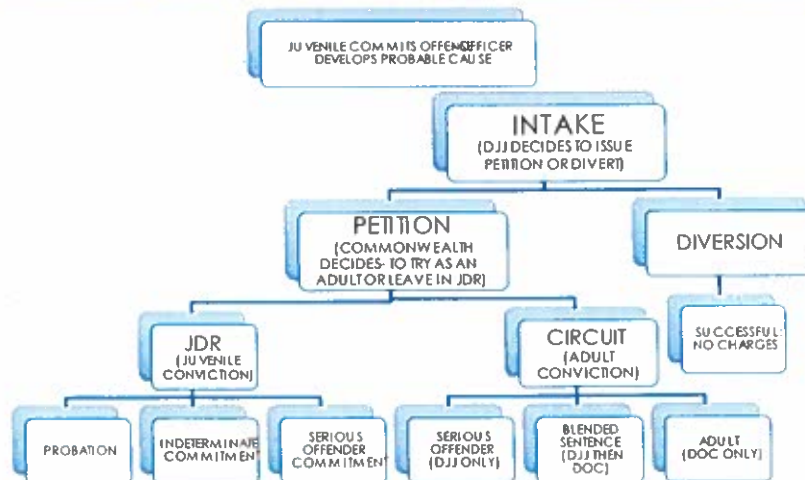


- 16.1-285
 - “The Department shall have the authority to discharge any juvenile or person from its custody, including releasing a juvenile or person to parole supervision, in accordance with policies and procedures established by the State Board and with other provisions of law.”
 - For all commitments that are not “serious offender commitments” under 16.1 -285.1.
 - 36 months OR 21 years of age

1

In the juvenile justice system, there are two types of commitments: serious offender commitments (§ 16.1-285) and indeterminate commitments. A serious offender commitment requires the court to make the release determination and is only available for certain offenses. Unless the youth meet these criteria or the circuit court does a waiver, the youth will be placed into direct care as an indeterminate commitment.

System Overview



2

Director Floriano provided an overview of the system. A juvenile commits an offense, law enforcement investigates, and probable cause is developed. The juvenile reports to intake where the decision-making process begins for either diversion or a petition is issued (like an arrest warrant for adults). The Commonwealth reviews the petition, the offense, and the evidence, and makes the first decision to continue to proceed in juvenile court or try the youth as an adult. A felony can be **transferred** for juveniles 14 years old and up with certain factors considered by the court or **certified** for violent juvenile offenders at 16 years

old and up. If the Commonwealth elects for the case to be heard in circuit court, the judge decides on a transfer decision, but a certification decision lies 100% within the determination of the Commonwealth upon filing a review of a transfer report. A transfer decision is when the court decides in looking at the nature of the offense and the background of the individual, whether that child should remain in juvenile court or go to circuit court. This is an important decision in the process.

The differences can be seen in the sentencing options. If the child remains in juvenile court versus- circuit court, there is an opportunity for juvenile probation. The juvenile court does not have the authority, currently, to override a serious offender commitment criterion. The circuit court oversees the serious offender commitment when the youth enters the Department's care and receives what is referred to as a blended sentence. A blended sentence involves an individual being placed with the Department and then an adult facility (Department of Corrections (DOC)) or the individual receiving only adult time. On mild offenses, there is a statute that limits the sentencing options.

Direct Care Admissions Average Ages, FY 2021



- First Behavior Problems: 11.3
- First Community Intervention: 12.6
- First Adjudication: 13.8
- Direct Care Admission: 17.0
- AVERAGE OF 3 YEARS, 4 MONTHS BETWEEN FIRST CONVICTION AND JUDGE COMMITTING TO DJJ.

3

Indeterminate commitments or serious offender commitments go to direct care. The above numbers demonstrate that typically before youth are committed to the Department, the judge and community have tried all other interventions, and now it is up to the Department.

2001 LOS Guidelines



- Referred to the youth as “wards”.
- Combined the instant offense PLUS the past offense, for a two numbered tiered system.
- Broke the offenses down by classification of the offense in the statute (class 1, class 4, 5, 6; class 3; etc.).
- Adjusted up for “chronic behavior”.
- Increased for new commitments for ENTIRE new LOS.
- Included clear guidelines for release considerations.
- Automatic increase for institutional infractions, 3 to 6 months.

4

Director Floriano provided historical information on the LOS Guidelines, describing their punishment-driven approach in 2001. At that time, if the youth was committed and subsequently recommitted to the Department, the entire LOS was increased. If the LOS was nine months, and the youth was recommitted for another offense with an LOS of nine months, then the LOS was stacked consecutively instead of concurrently.

2001 LOS Breakdown



Offense Severity determines the initial LOS Step, followed by adjustments (*) for chronic offense behavior and aggravating or mitigating circumstances:	RELEASE DATES Early - Late
1-1	Exceptional LOS of 3 - 6 months
1-2, 1-3, 2-1, 2-2 *	6 months - 12 months
*	9 months - 15 months
1-4, 2-3, 2-4, 3-1, 3-2, 3-3 *	12 months - 18 months
*	15 months - 21 months
*	18 months - 24 months
3-4, 4-1, 4-2, 4-3, 4-4 *	18 months - 36 months
*	21 months - 36 months
*	24 months - 36 months

5

2008 LOS Amendments



- Started using the terminology “residents”.
- Adjusted the time for the subsequent commitments to run concurrently as opposed to consecutively.
- Adjusted the matrix for “unclassified felonies”.
- Left the treatment ranges consistent with 2001.
- Specified increases for “chronicity”.
- Adjusted requirements for release dates.
- Allowed for administrative adjustments to LOS.

6

The LOS Guidelines were revised every seven years in 2001, 2008, 2015, and 2022. The amendments to the 2008 LOS Guidelines reflected trends in juvenile law and an understanding that the Department was dealing with a different subset of youth. The Department began calling juveniles, “residents” rather than “criminals” or “offenders.”

The treatment range increased an additional three or six months depending on the youth’s criminal history.

2015 LOS Guidelines Changes



- Consulting firm assisted with a system overhaul.
- Introduced a risk vs. offense matrix, assigning tiers, as opposed to using previous offense history.
- Subsequent commitments adjusted by facility review team.
- Removed requirements for release eligibility.
- 12-month release, 15-month cap for most indeterminate commitments (Tier Four: Murder, Aggravation Malicious Wounding)
- Violations of parole treated as Tier One.

7

With respect to the 2015 Guidelines, the Director illustrated a concern regarding parole violations, describing a scenario where a youth was sentenced to the Department, released from direct care, put on supervision, and then violated their parole and was recommitted. Regardless of their offense or their original sentence, the parole violation was treated as a Tier One offense, the lowest tier. This was not sensible.

Problems With 2015 LOS



- Developed by outside consultants, unfamiliar with the system.
- Tiers were not properly sorted.
- Treatment requirements did not match up with LOS (30 days before low date).
- No identifiable release guidelines to guide objective release decisions and benchmarks.

8

Director Floriano highlighted various other problems with the 2015 LOS Guidelines, including the fact that they were developed by outside consultants who did not have knowledge of how the agency and law worked. Additionally, the tiers were not properly sorted. The highest tier for the individuals with the highest risk levels only included murder and malicious wounding. By statute, if a youth has committed murder or aggravated malicious wounding and is over the specified age, the youth automatically gets certified to circuit court. That highest tier was not applicable to most of these offenses. Also, malicious wounding and unlawful wounding were in the same tier and were being treated the same. Malicious wounding means to hurt someone with the intent to maliciously maim, disfigure, or kill another person. Unlawful wounding is reactive, where someone may be provoked to cause injury". These are two different intent levels and require two different treatment levels.

Outcomes of 2015 LOS Changes



- Kids were released unprepared, with no change to their skillset, and increasingly without their treatment needs being met, or change in their life or family arrangements before commitment.
- DJJ lost the faith of our community partners, police, Commonwealth Attorneys, Judges. Even those in our agency.
- High, violent recidivism, resulting in more juveniles entering the adult system.

9

Direct Care Admissions Family Experiences, FY 2021

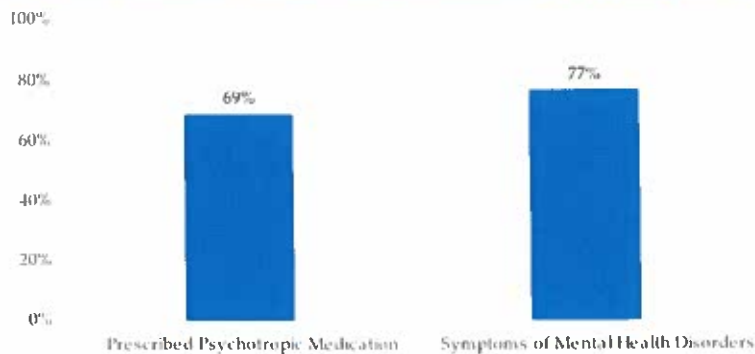


- 59% - parent incarceration
- 66% - parent criminal violence
- 48% - parent substance abuse
- 6% - parent abandonment
- 18% - parent death
- 24% - family domestic violence
 - 77% reported at least one of the above
 - 44% reported 3 or more of the above

10

Director Floriano explained the importance of understanding where youth entering the Department are coming from and what experiences they have had and noted the department's good work in keeping only those youth who should be in custody by building up diversion and becoming fluent in recognizing which children are more violent.

Direct Care Admissions Other Mental Health, FY 2021



- The majority of youth had a history of psychotropic medication use and/or appeared to have significant symptoms of a mental health disorder (other than those displayed on the previous slide).

* Data include youth who appear to have significant symptoms of a mental health disorder according to diagnostic criteria for DSM, including ADHD, conduct disorder, oppositional defiant disorder, and substance use disorder

11

The Director also explained significant mental health issues for DJJ youth that require proper treatment.

TOO SHORT FOR TREATMENT TIMES



- Lower proportions of aggression management and substance use treatment completion following the 2015 changes in LOS Guidelines.
- Under the previous Guidelines
 - Aggression management treatment 83.4% completed.
 - Substance use treatment needs 82.8% completed.
- Under the 2015 Guidelines
 - Aggression management treatment 70% completed.
 - Substance use treatment needs only 68.8% under the current LOS Guidelines completed.

12

The Director next explained a slide detailing the Department's significant drop in base treatment interventions. The Department is unable to address trauma and treatment without having the time to implement proper care. This is fundamental. The Department is failing to address the trauma which leaves the child helpless to overcome.

Losing Our Kids



- Carjacking: committed 8 months 2 days, within 4 months absconded and carjacked a woman. Guidelines: 17 years to 26 years, mid 23.
- Armed Robbery: committed 8 months, released, charged 3 separate times for firearm offenses, day after released to bond, shot a young man twice in the back. Guidelines: 15 years to 35 years, mid 29

13

Director Floriano provided the above two anecdotes and noted that both youth will spend the rest of their lives in an adult facility. The Department fundamentally serves its purpose in the criminal justice system by being the last stop for the courts after they have tried all other alternatives. The Director cautioned that youth will continue to end up in prison unless the Department fundamentally changes its approach.

The Director noted that the Department sent out an anonymous survey on the current LOS Guidelines and received the feedback listed on the next few slides.

DJJ Feedback



- Short LOS timeframes (6 months) are difficult for the youth to complete necessary programs as part of their commitment.
- The current LOS lacks credibility with the Judges (Juvenile and Domestic Relations Court (JDRC) and Circuit Court) resulting in serious offender commitments from both JDRC and Circuit Court, including blended sentence (DJJ/DOC). It should be noted that the CSU has spent years cultivating meaningful and impactful relationship with the courts, Commonwealth Attorneys, Judges, law enforcement, and our community, especially when it comes to serving youth and families across the Commonwealth. The current LOS has impacted those relationships.
- Current LOS have increased parole caseloads with serious offender commitments to DJJ.

14

DJJ Feedback



- Many youth who are committed in Newport News have had the benefit of the Post Dispositional Program (Post-D), some more than once. Since this program is a 6-month program in detention, many times the current LOS at Community Placement Programs (CPPs) is mimicking the Post-D Program which has been unsuccessful in the youth's past.
- As a result of the LOS Guidelines, our Commonwealth Attorney's Office has certified more youth to Circuit Court and requested more youth be committed as serious offenders or with blended sentences to ensure they remain incarcerated for longer periods of time.
- Judges and Commonwealth Attorneys are concerned about alternative placements like CPPs (as they look like our Post D Program locally) and short timeframes, so they will attempt to utilize serious offender commitments to place the juvenile at Bon Air.
- Per our Judges, the current LOS lacks accountability for more serious offenses, i.e., Robbery, Malicious Wounding, Carjacking, etc. as the youth returns to the community within 8-9 months.

15

Post-dispositional detention (Post-D) is a program developed within a detention center and lasts about six months. The youth receive some treatment with family involvement, and usually there is a suspended commitment to the Department. It is a step before coming into direct care.

DJJ Feedback



- Rushing youth through treatment services to be released at the early LOS. The youth does not get the full benefit of treatment because it is presented in a hasty fashion.
- Rushing youth to complete, or mostly complete their education. Targeting the early LOS, Merrimac was rushing my client to get through classes to be released in May 2022. We had them pump the breaks because targeting the early LOS wasn't agreed upon by all of the treatment team members, nor the mother. In the end, the youth earned her diploma in June because she had gotten behind in one of her classes by being rushed to complete assignments.

16

DJJ Feedback



When it was proposed, Probation Officers stated to "the powers that be", that the Commonwealth would seek adult sentences, and that returning the youth early to the community would not give them enough time to truly rehabilitate. The majority of youth committed with shortened LOSs returned to the community and immediately resumed their criminal activities. They had no technical training or life skills, and many had not even completed their education. **It seems to be a system for failure.**

17

DJJ's youth are not getting what they need, and the system is reacting. The current system is set up for failure. Director Floriano noted that everyone in the agency cares about changing the lives of these youth and dedicate themselves to these underpaid jobs. Staff look out for the best interest of the youth and have repeatedly said this system is not working. This is important because they are the experts who have invested their time and energy, not outside consultants being paid to evaluate the system and push a numbers game.

System Impact Since 2015



- The use of indeterminate commitments has proportionally decreased (82.7% of commitment orders in FY 2014 compared to 69.2% in FY 2022).
- The use of determinate commitments has proportionally increased over time (14.2% of commitment orders in FY 2014 compared to 25.8% in FY 2022).
- INCREASE IN YOUTHFUL OFFENDER AND DOC COMMITMENTS.

18

The Director explained this slide, which demonstrates that the use of indeterminate commitments has gone down, and the use of determinate commitments has gone up since FY 2014.

LOS Impact on Court Decision Points



- Certification (CWA) and transfer decisions (CWA and JDR Judges)
- As a sampling, five major certification offenses would not be eligible in JDR for serious offender commitment
 - Maiming by mob in violation of § 18.2-41;
 - Malicious wounding in violation of § 18.2-51;
 - Felonious poisoning in violation of § 18.2-54.1;
 - Adulteration of products in violation of § 18.2-54.2;
 - Robbery in violation of sub. B 2 of § 18.2-58

All start at a **MINIMUM** of 2 and 3 years in DOC, with high recommendation of five years 10 months, and a midpoint of 4 years. **MINIMUM**

19

The Director next discussed several offenses where the most severe sentence a judge could give is an indeterminate commitment. The Director explained that the judge may believe the LOS needs to be longer than what is currently assigned for that offense and thus, may decide to try the juvenile as an adult.

As an example, if a youth charged with armed robbery has no previous juvenile history except for a diversion, the most serious sentence the juvenile judge could issue is an indeterminate commitment; however, if the youth goes to circuit court the sentencing starts at a minimum of two or three years in DOC, depending on

whether a firearm was involved; with a high end of five years, 10 months and midpoint of four years. The midpoint is assumed by looking at the judges' decisions across the state for the same charge for a person with the same background. Typically, the sentence will start at a midpoint and then go up or down depending on mitigating factors. The midpoint number is the important number when considering whether to transfer the juvenile to be tried as an adult.

Case Example

- **Facts:** 15-year-old gang member gets together with three of his friends and decides to attack the 7-year-old brother of a rival gang member. The three of them overpower the 7-year-old, restrain him, and proceed to beat him over the course of three hours, taking breaks to smoke weed. After three hours of beating the 7-year-old, they urinate on him, and leave him bleeding profusely, tied up in the shed. Four hours later, the 7-year-old is found. He spends two nights in the Children's Hospital, with internal injuries, but heals with no external.
- 15-year-old is charged with Maiming by Mob, Abduction, and Gang Participation.
- **JDR:** Not serious offender eligible. Tier Three, moderate risk, estimated LOS 7-10 months, by procedure six months to release.
- **Circuit:** Violent offense serious offender three sentence options per statute. **Guidelines:** 2 years, 4 months to 6 years, 1 month, mid of 4 years, 5 months. Eligible for serious offender commitment

20

DOC Numbers Increased

State Responsible New Court Commitments by Age at Offense and Age at Sentencing* (FY2011-FY2021)

New Commit Date	Sentenced <18yo Offenses Committed		Sentenced >=18yo Offenses Committed		Total Offenses Committed		Total
	Committed Both <18yo		Committed Both <18yo		Committed Both <18yo		
	<18yo Only	& >=18yo	<18yo Only	& >=18yo	<18yo Only	& >=18yo	
FY2011	9	15	0	33	9	48	57
FY2012	4	10	0	30	4	40	44
FY2013	6	8	0	27	6	35	41
FY2014	6	17	0	35	6	52	58
FY2015	8	10	0	35	8	45	53
FY2016	7	14	2	32	9	46	55
FY2017	11	19	0	34	11	53	64
FY2018	15	31	2	58	17	89	106
FY2019	18	42	1	53	19	95	114
FY2020	9	37	0	45	9	82	91
FY2021	8	34	0	55	8	89	97
Total	101	237	5	437	106	674	780

*Age at sentencing is inmate's age on the date the inmate was sentenced to a term of State Responsible (SR) incarceration.

SOURCE: VADOC Research Unit, March 14, 2022

21

There has been an increase in committed offenses for youth under the age of 18. This is crucial because such youth should be in the purview of the juvenile court. The youth should have been committed to the Department, but instead are in DOC. The LOS Guidelines took effect at the end of October 2015, youth started to be committed in late 2015, released in early 2016, and then recidivated. In 2017, the system caught on and . In the table, we see an increase until 2020 when the courts shut down due to COVID-19, followed by a steady increase in 2021 with 97 youth that committed offenses under the age of 18, were sentenced at or under the age of 18 or sentenced at 18 being placed in DOC. The day the Director took office in January, there were 106 youth in direct care and just as many juveniles in DOC. This means the courts were losing faith in what the Department was offering.

Youthful Offender

State Responsible New Court Commitments Sentenced Under Youthful Offender Statute (§19.2-311) by Age at Offense (FY2011-FY2021)

New Commit Date	Offenses Committed		Total
	Offenses Committed <18yo Only	Offenses Committed Both <18yo & >=18yo	
FY2011	0	0	0
FY2012	0	0	0
FY2013	0	0	0
FY2014	0	0	0
FY2015	0	0	0
FY2016	0	0	0
FY2017	1	0	1
FY2018	1	0	1
FY2019	5	1	6
FY2020	5	0	5
FY2021	6	0	6
Total	18	1	19

SOURCE: VADOC Research Unit, March 14, 2022

DOC's Youthful Offender Program is designed for kids between the ages of 18 and 21, and the youth are placed into the program with no option for a blended sentence. There is a direct correlation noted in the table: a total of 18 youth placed in Sussex II, a DOC facility instead of the Department. This number is small but steadily increasing, and every one of those youth matter. They should be with the Department, and viable sentencing options should have been offered.



JLARC Concerns

- **RECOMMENDATION 24:** The Department of Juvenile Justice should establish a process to ensure indeterminately committed youths' treatment needs and progress are adequately and fully considered before youth are released.

23

The Joint Legislation Audit and Review Commission (JLARC) saw some of the numbers and the system failures and decided to complete a study. According to the study, JLARC believes the agency was releasing youth without fully meeting their needs.

Goals For 2022 LOS Guidelines



- Match treatment and programming needs with appropriate range.
- Fix and resort the charge tiers to align with intent and severity.
- Provide transparent release guidelines and ranges to the youth, family, and courts.
- Provide programming, services, and intervention methods aimed towards success and self-sufficiency upon release.
- Involve the youth in the process of his/her commitment outcomes, creating a path and clear goals from the beginning of commitment time period, preparing for successful reentry.

REDUCE THE NUMBER OF KIDS BEING SENT TO DOC

24

Director Floriano addressed the workgroup that met every two weeks to discuss details of the Guidelines. The workgroup looked at how to make the system better, how to stop youth from going to DOC, and how to ensure youth have the skillset to succeed and be functioning members of society. One objective is to give youth control over what is happening to them.

2022: What We Changed



- Looked at what worked and what didn't work and adjusted accordingly.
- Continue to prioritize risk assessment in programming needs.
- Re-organized the tiers of offenses to match treatment needs and severity.
- Re-aligned times to match treatment and programming needs.
- Clear release goals for objective determinations.
- **Focus on acquiring vocational skills for successful self-reliance and identity development.**
- Built in process for early release, instead of adding on time due to past history (incentivizing instead of punishing).

25

Instead of reminding youth of their past discretions, the Department wants to incentivize them. Once they complete their release requirements, no matter what they have done in their life, these youth can petition for early release because their rehabilitation is complete. The minute the youth enters the Department, they are told what is expected of them, and when that has been accomplished their treatment team can help with petitioning for early release.

Focus On Vocation and Future Success



- Allan and Steffensmeier (1989) found that **employment, like education, significantly reduces recidivism among juveniles**.
- Bernburg and Krohn (2003) found that employment in early adulthood significantly reduces crime after adolescent criminal involvement.
- Sampson and Laub (1993) found that **employment significantly decreased criminal behavior**. Further, after adolescent crime and delinquency, job stability from ages 17 to 25 significantly decreased crime during those years, as well as from ages 25 to 32. Thus, the effect of job stability on crime continued well beyond the period of employment.
- Mulvey et al. (2004), **found that programs focusing on adolescent "human capital development (jobs and job skills)" are more effective than punitive interventions** (See, for example, Andrews et al., 1990; Lipsey & Wilson, 1998; Aos, Phipps, Barnoski & Leib, 1999).

26

The director discussed various studies supporting vocational programs. These studies found a positive correlation between employment and success and decreasing criminal behavior. The Director noted the Department's goal of youth development and success, not punishment.

2022 LOS Guidelines



- Four Tiers, match risk and offense level under tiers that reflect the intent and severity of the offense and associated treatment needs.
- Clear Guidelines for release (complete mental health treatment, vocational programming, no serious behavioral infractions for a specific period).
- Built in **option for early release**, to incentivize internalization of pro-social behaviors.
- Stronger re-entry provisions to include step-down, work release, and furloughs to gradually re-entry the community with complete continuity of care.

27

Wrap Around Services In Place To Support



- Workforce Development Center
- Workforce Development Coordinator
- Request for Proposal (RFP) for workforce development community partnerships.
- Statement of needs and memorandum of agreement (MOA) revisions for the CPPS, work release, furloughs.
- Revision of education plans to offer vocational as elective.
- Counseling, mentors, and vocational supports for financial needs.

28

In terms of implementation, the Director estimated that vocational training, including electrical, HVAC, and plumbing, would be operational in the facility by January 1st. These are skills that youth can use to make a good living. The agency's Workforce Development Coordinator will go to areas finding jobs for youth and matching them with a mentor.

Keeping Kids Out of DOC

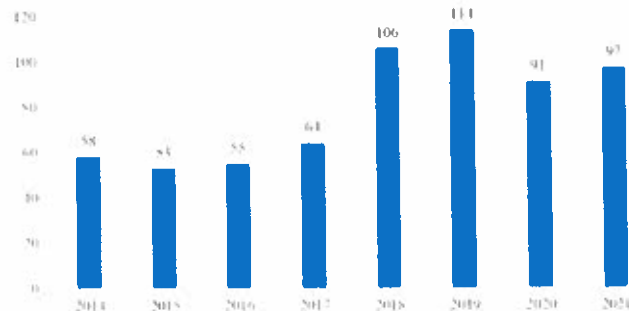


- The real need for these changes to happen.
- Commonwealth Attorneys and Judges vocally lost faith in DJJ as a sentencing option. The numbers directly increased for kids being sent to DOC instead of DJJ.
- From FY 2014 to FY 2019, the number of youth committed to DOC increased from 58 to 114 and then decreased to 97 in FY 2021.

29



VADOC State Responsible New Court Commitments for Offenses Committed As A Minor (FY 2014-2021)



30

Finally, the Director reemphasized the Department's main objective of keeping youth out of DOC. She started with the 2015 marker point when the LOS Guidelines were put into effect. Youth committed at the end of 2015 were often released in 2016 and started recidivating in 2016/2017. The table shows that the system started to catch on. The number of juveniles in Sussex II has doubled because of the loss of faith from the courts and the Department not meeting the treatment needs of its youth. Director Floriano stressed that she does not want another child to go to DOC that does not need to be there and wants the youth to be in a rehabilitated environment, focused on their treatment needs. There is no rehabilitation in Sussex II. These juveniles committed offenses as minors that should have put them within the juvenile court jurisdiction, but because of the 2015 LOS Guidelines, this is what happened and what the Department is seeking to stop.

Plan Moving Forward



- We are asking for the guidelines today to be adopted by the Board.
- The next step is implementation of services to the kids immediately, and full implementation of the new Guidelines as soon as possible, July 1, 2023.
- Director will start an education campaign to rebuild trust with the Commonwealth Attorneys and Judges, send the kids to DJJ, NOT DOC.

31

Director Floriano ended her presentation and asked for questions.

Board Member Eric English asked if a prior offense is calculated in the LOS for a juvenile if they commit a subsequent offense. Director Floriano highlighted section 7.1 of the guidelines, which deals with subsequent commitments. A youth is committed on one offense and then committed on a second offense. The initial LOS will be readjusted for the subsequent offense by a minimum of three months, and a facility level review will be completed.

Director Floriano noted the opportunities for earlier release addressed in Section 8.6. For example, if a youth with an LOS of 9 to 12 months, has completed his vocational program at 7 or 8 months, had no disciplinary issues like fighting at the facility in a specified period, and has completed his mental health treatment, his treatment team will initiate the review process for release at that time instead of waiting the additional two months. The juvenile will go through the initial facility level review and the full Central Classification Review Committee (CCRC) review for eligibility for release. The CCRC members were adjusted to include a member of the agency's investigative unit, a victim advocate, and members of the residential division and behavioral services unit, all of whom will determine if the youth has met all treatment needs and can be released back to the community.

In the past, the initial LOS calculations looked at the youth's current and previous offenses. Now, the agency combines risk level with the Youth Assessment and Screening Instrument (YASI). The YASI considers some of the youth's previous history and the risk assessment. YASI gives a risk score which calculates the youth's history, but it is not the pure focus.

Board Member English asked what success looks like for DJJ with the revised guidelines and new focus. Director Floriano answered that success includes more productive, employed youth and a decrease in the number of youth going straight to DOC. The Department anticipates the average daily population will increase, but also expects a decrease in the number of youth in DOC. Success is completing the program and not returning to the Department, a reduction over time in recidivism, giving the youth the opportunity and focus to understand their potential, reducing crime, and giving individuals the ability to be self-sufficient and to take care of themselves. These youth have serious needs and are going to need support to succeed.

Board Member English asked, regarding statistical data, whether there is a timeframe for evaluating success with the new LOS guidelines. Director Floriano responded that the Department is constantly reviewing the data to see where the agency should pivot and react. The strengths and weaknesses are noted, and this is a constant review process.

Board Member Tito Vilchez asked about slide 10 regarding family experiences and how the Department plans to address the needs of the parents when their child returns home. Director Floriano answered that reentry advocates will be present and available. If the Department believes it would not be beneficial for the child to return home, there are independent living options. The Director explained that the time in independent living has increased from 6 months to 9 months with an additional 6 weeks. Additionally, a workgroup has been developed within the court service units and CPPs to work with local community mental health providers on having mental health treatment options for the youth and to engage the family.

Chairperson Schrad noted that while some say the worst home is better than the best prison or detention center, she does not agree. These kids are in horrible situations, and when released do not have the skillset to stand on their own, and so they will come back to the Department or to DOC. Chairperson Schrad expressed her appreciation of the hard work that went into developing the guidelines and her perspective that the updates appear balanced. Chairperson Schrad reminded the group that when she served on the Board in 2015, there was no consensus on the 2015 guidelines and several Board members had concerns. Chairperson Schrad was in the position of having to support the 2015 LOS Guidelines to police chiefs who had many questions. In subsequent years, the Board has tried to balance the pendulum to make sure it did not go too far one way or the other. Chairperson Schrad commented that she is much more comfortable with this new set of LOS Guidelines and applauded the agency for preparing youth to go back into society successfully. Chairperson Schrad believes it is important for the youth to be able to participate in their own decisions and take control of what happens. These youth have grown up in situations out of their control, and have been pulled into gang activity or neglected. The youth now have the decision for how long they stay at DJJ, and when released, have marketable skills to succeed. Chairperson Schrad conveyed her hope that the agency can expand on some of the vocational programming, and asked what will prevent a kid from gaming the system?

Director Floriano responded that the agency will require the youth to earn certifications by passing the test and therefore, they cannot game the system. The Director reiterated her belief that youth in the facility are smart and are more capable than what may be expected of them. Chairperson Schrad concluded that she sees potential in these youth to set a positive future for themselves.

Board Member Will Johnson, who did not serve on the Board in 2015, said that when he first received the LOS Guidelines, he initially thought the modifications were just an excuse to hold kids longer. It was heartening to hear the discussion around the opportunity to increase the level of care and to minimize youth going to the adult correctional centers, as well as the comments from the court service units. Board Member Johnson asked if there has been any dissenting comments or concerns about going too far in the other direction with the guidelines. Director Floriano responded that she had not heard any concerns. She and Chief Deputy Director Holden have completed nine listening events in the court service units and conducted the anonymous survey, and there were no dissenting comments.

Board Member David Mick said the revised LOS Guidelines are still substantially lower than what an unsuccessful youth gets when tried as an adult. If a youth receives an eight-month sentence and because they were not given the right resources, the youth does something similar once back in their own environment, they may get as much as 17 months. That would be a failure from a DJJ standpoint. Kids go through the motions of going to counseling, that is how they game the system and how they reoffend. The

benchmarks the Department has set make the youth show up and succeed before released. We want youth to go out and be successful.

Chairperson Schrad closed by saying that 2015 was a different time in terms of the Department's resources, and the main objective was getting the youth their GED or some college classes. Many of these kids will do better with vocational training that will move them into a career with good pay quicker. Obtaining a GED or bachelor's degree does not guarantee \$35 hour as a plumber. In 2015, when the Board saw the decrease in DJJ commitments, the focus was on closing facilities, and the board did not have that broader vision to realize the kids were going to DOC and not the Department. There was a philosophy that the less time spent in a DJJ facility, the better it would be for them personally. In this current environment, that is not true. There are so many youth involved in gun crime now, and if nothing is done to give them an opportunity while in the Department and to prevent them from going to DOC, then we are not going to be able to stem the tide. Chairperson Schrad noted that these were her personal opinions and were not made on behalf of the Association of Chiefs of Police.

On motion duly made by Robert Vilchez and seconded by David Mick, the Board of Juvenile Justice approved the draft amendments to the Guidelines for Determining the Length of Stay for Juveniles Indeterminately Committed to the Department of Juvenile Justice as agreed upon at the November 9, 2022, meeting for submission as a guidance document in accordance with section 2.2-4002.1 of the Code of Virginia. All Board members present declared "aye," and the motion carried.

Director Floriano noted that these guidelines will take effect on July 1, 2023, or before.

DIRECTOR AND BOARD COMMENTS

Director Floriano thanked Chuck Kehoe for attending the meeting. He is a former director of the Department and has been a great support.

Director Floriano updated the Board on the Northern Virginia Juvenile Detention Center and explained that the facility was not required to close. The facility constructed an alternate fence that ensured facility security but was less institutional in appearance.

Director Floriano provided the Board with an update on the Commission on Youth (COY) study. The COY was initially performing a study on potentially closing detention centers. They ultimately ended up voting to organize a workgroup to look at repurposing the empty space at detention centers for other needs, such as therapeutic needs for trafficked youth. The Department will participate in the workgroup and will help develop a timeline for several localities to repurpose their facilities for other options. The timeline is due by July 1, 2023. Reviews are underway on which localities are interested. The Director reminded the Board that detention centers are operated by localities.

Chairperson Schrad asked if the Department has sufficient capacity in the current centers when the guidelines are implemented. Director Floriano answered that the Department is adjusting and looking at funding.

NEXT MEETING

The next meeting of the Board will be December 7 at Hanover.

ADJOURNMENT

Chairperson Schrad adjourned the meeting at 11 a.m.

DIRECTOR'S CERTIFICATION ACTIONS
December 19, 2022

Certified the 4th District Court Service Unit to December 1, 2025, with a letter of congratulations for 100% compliance.

Pursuant to 6VAC35-20-100C.1, if the certification audit finds the program or facility in 100% compliance with all regulatory requirements, the director or designee shall certify the facility for three years.

Certified the 10th District Court Service Unit to December 1, 2025, with a letter of congratulations for 100% compliance.

Pursuant to 6VAC35-20-100C.1, if the certification audit finds the program or facility in 100% compliance with all regulatory requirements, the director or designee shall certify the facility for three years.

Certified the 14th District Court Service Unit to December 1, 2025.

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

Certified the 16th Court Service Unit to September 12, 2025.

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

Certified the 21st District Court Service Unit to December 1, 2025, with a letter of congratulations for 100% compliance.

Pursuant to 6VAC35-20-100C.1, if the certification audit finds the program or facility in 100% compliance with all regulatory requirements, the director or designee shall certify the facility for three years.

Certified the 22nd District Court Service Unit to December 1, 2025.

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

Certified the 26th District Court Service Unit to July 20, 2025.

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

Certified Chesterfield Juvenile Detention Home and Post-dispositional Detention program to October 28, 2025, with a letter of congratulations for 100% compliance. Page 35

Pursuant to 6VAC35-20-100C.1, if the certification audit finds the program or facility in 100% compliance with all regulatory requirements, the director or designee shall certify the facility for three years.

Certified Chesapeake Juvenile Services and Post-dispositional Program to November 9, 2024.

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

Certified Northern Virginia Juvenile Detention and Post Dispositional Detention Program to June 1, 2024.

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

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

PROGRAM AUDITED:

4th District Court Services Unit (Norfolk)
150 St. Paul's Blvd, 2nd Floor
Norfolk, Virginia 23510
(757) 664-7601
Theresa McBride, Director
theresa.mcbride@djj.virginia.gov

AUDIT DATES:

August 30, 2022

CERTIFICATION ANALYST:

Wanda Parris-Flanagan

CURRENT TERM OF CERTIFICATION:

December 1, 2019 – November 30, 2022

REGULATIONS AUDITED:

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

PREVIOUS AUDIT FINDINGS – June 18, 2019:

96.55% Compliance Rating

*Repeated deficiency from previous audit: One

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

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

CURRENT AUDIT FINDINGS – August 30, 2022:

100% Compliance Rating

DIRECTOR'S CERTIFICATION ACTION December 19, 2022: Certified the 4th District Court Service Unit to December 1, 2025, with a letter of congratulations for 100% compliance. *Pursuant to 6VAC35-20-100C.1, if the certification audit finds the program or facility in 100% compliance with all regulatory requirements, the director or designee shall certify the facility for three years.*

TEAM MEMBERS:

Wanda Parris-Flanagan, Team Leader
Learna Harris, Central Office
Shelia Hinton, Central Office

POPULATION SERVED:

The 4th District Court Service Unit serves the City of Norfolk.

SERVICES PROVIDED:

- Mandated Services:

Intake: The Norfolk Court Service Unit Intake Unit screened 8,082 complaints in FY 2019 and 7,152 complaints in FY 2020. Intake receives complaints or requests concerning child custody, delinquency, status offenses, child support, abuse and neglect, spousal abuse and other miscellaneous issues involving youth and families in the City of Norfolk. Decisions are made at

Intake pursuant to the provisions of Section 16.1 of the Code of Virginia to determine which situations will be referred to the court for formal adjudication and disposition by the judge and which will be diverted to other Court Service Units or community services to address youth needs. Detention decisions include reference to the DAI score that is determined for each youth along with any mitigating or overriding circumstances. Intake's primary objective is to protect the public while minimizing the need for judicial intervention. Intake Officers are available 24 hours a day, seven days a week, to respond to the needs of law enforcement and the community.

Diagnostic: The Diagnostic Unit conducts the majority of the background investigations on juveniles who have been adjudicated delinquent by the court. Court reports involving youth already assigned to probation supervision will be referred to the current probation officer. During FY 2020, 123 pre-dispositional reports, 5 post dispositional reports, and 28 transfer reports were completed by this CSU. The Diagnostic Probation Officers conduct all detention, jail and group home visitation for youth adjudicated and ordered into pre-disposition placement that are not currently under court ordered supervision. They also provide interim monitoring of behavior and informal supervision while the case is pending; complete a YASI assessment to determine risk and needs for the juvenile; gather additional assessment information on the juvenile and family; coordinate resources needed by the child and family; and make recommendations to the court regarding a disposition which can best assist and protect the child, family and community. This Unit makes every attempt to put services in place immediately following an assessment that identifies specific needs of the child and family. The Unit prepares various types of juvenile reports, which include Social History investigations, Certification or Pre-hearing investigations and Updated Social Histories. To enhance the investigatory process, drug screens, drug assessments (when needed) are also utilized. This unit completes the behavioral analyses of the YASI for youth placed on probation.

Probation and Parole Supervision: Probation supervision is a community-based sanction available to the Norfolk Juvenile Court Judges for youth who have been adjudicated delinquent or in need of services. The goal of probation is to develop a plan of action that addresses the nature of the offense, youth needs, family needs and public safety issues. An individualized case plan is developed from a community and family perspective. The case plans have traditionally utilized the principles of the Balance Approach and Restorative Justice and include the Risk-Need-Responsivity principle. The Case Plans are based on the YASI Behavioral Analysis and address (at a minimum) the highest criminogenic needs. Youth are supervised in accordance with their YASI risk level. In FY 2020 Data Resource Guide, this CSU had an average daily population of 97 youth receiving probation supervision, with 42.3 percent classified as high risk, and 46.5 as moderate risk to re-offend.

Parole Supervision begins at the time of commitment to the Department of Juvenile Justice. Once the commitment packet is completed and sent to the Central Admissions Placement (CAP) unit, the case is transferred to a parole unit. The assigned parole officer begins collaboration with CAP and follow the youth through the diagnostic and assignment phase and throughout the youth's treatment and confinement. Norfolk Parole Officers visit the youth at the facility every two months and are intricately involved in the treatment and transition planning for committed youth. A Comprehensive Reentry Case Plan, based on the YASI, is developed; and Mental Health Transition Plan, when warranted, is developed prior to direct care release. The Parole Officer stays connected to and engaged the parents while the youth is away. Activities include arranging services for the family as well as assisting parents with facility visits through the CSU Buddies on the Road project. The Parole Officers assist the youth and family with implementing the reentry plan and provides community-based supervision upon release. Supervision levels are driven by the youth's risk. In FY 2020, this unit served an average daily population of 32 youth in direct

care and 24 youth on community-based parole supervision, with 84.6 percent classified as high risk, and 11.5 as moderate risk to re-offend.

Probation and Parole Officers operate from a community-based approach, visiting youth in their homes, schools, jobs, office and in the community. Officers are required to be proactive in their service provision. They utilize a number of community services and must collaborate with the Community Assessment Teams, the VJCCCA Coordinator and / or the CSB / VICAP screener to arrange services. They utilize a level system along with graduated sanctions and incentives in an effort to deal appropriately with technical violations and prepare youth for progressive responsibility and freedom in the community.

Primary Community Referrals: The following contracted VJCCCA program services support youth and families that come before the CSU by providing supervision, education, and or skill development:

- Pre-disposition Group Home for Boys/Girls,
- Pre-disposition Support,
- Anger Management Group,
- Aggression Replacement Training Group for youth and parent,
- Substance Abuse Assessment,
- Substance Abuse Treatment Group,
- Parenting Groups,
- G.R.E.A.T. (Gang intervention/prevention Program) mentoree support services,
- Employment/Vocational Services,
- Outreach Detention, Electronic Monitoring,
- Street Law Groups, and
- Girl specific treatment programs.

Over 300 youth (some with multiple referrals) were referred to the above 12 programs from July 1, 2019, to June 20, 2021. Youth are also served under programs supported by CSA funding, DJJ Service Coordination, and vendor grants.

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

PROGRAM AUDITED:

10th District Court Services Unit
Eight South Main Street
Post Office Box 1836
Halifax, Virginia 24558
(434) 476-3390
Kara Comer, Director
kara.comer@djj.virginia.gov

AUDIT DATES:

December 7, 2022

CERTIFICATION ANALYST:

Shelia L. Hinton

CURRENT TERM OF CERTIFICATION:

December 1, 2019 – November 30, 2022

REGULATIONS AUDITED:

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

PREVIOUS AUDIT FINDINGS – June 4, 2019:

88.4% Compliance Rating

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

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

6VAC35-150-355. Supervision of juvenile on electronic monitoring.

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

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

CURRENT AUDIT FINDINGS – December 7, 2022:

100% Compliance Rating

DIRECTOR'S CERTIFICATION ACTION December 19, 2022: Certified the 10th District Court Service Unit to December 1, 2025, with a letter of congratulations for 100% compliance. *Pursuant to 6VAC35-20-100C.1, if the certification audit finds the program or facility in 100% compliance with all regulatory requirements, the director or designee shall certify the facility for three years.*

TEAM MEMBERS:

Shelia L. Palmer, Team Leader
Learna Harris, Central Office
Wanda Parris-Flanagan, Central Office

POPULATION SERVED:

The 10th District Court Service Unit serves the eight counties of Appomattox, Buckingham, Charlotte Court House, Cumberland, Halifax, Lunenburg, Mecklenburg, and Prince Edward.

PROGRAMS AND SERVICES PROVIDED:

The 10th District Court Service Unit provides mandated services including:

- Intake Services
- Investigations and Reports
- Domestic Relations

- Probation & Parole

The Unit interacts with the community in obtaining such services as:

- AMI Kids
 - Comprehensive Services Act (CSA)
 - Community Services Board
 - Crossroads CSB serves Buckingham, Charlotte, Cumberland, Lunenburg, and Prince Edward
 - Horizon Behavioral Health serves Appomattox County
 - The Southside CSB services Halifax and Mecklenburg County.
 - VJCCCA sponsored services
 - Life Skills
 - Substance Abuse Education
 - Individual therapy
 - Sex Offender and Substance Abuse Counseling
 - Anger Management Group and Individual Counseling
 - Electronic Monitoring.
-

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

PROGRAM AUDITED:

14th District Court Service Unit (Henrico)
4201 East Parham Road
Richmond, VA 23273
(804) 501-4692
Kathleen Jones, Director
kathleen.jones@djj.virginia.gov

AUDIT DATES:

September 15, 2022

CERTIFICATION ANALYST:

Shelia L. Hinton

CURRENT TERM OF CERTIFICATION:

December 1, 2019 – November 30, 2022

REGULATIONS AUDITED:

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

PREVIOUS AUDIT FINDINGS – May 30, 2019:

89.1% Compliance Rating

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

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

6VAC35-150-400. Notice of release from supervision.

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

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

CURRENT AUDIT FINDINGS – September 15, 2022:

96% Compliance Rating

*Repeated deficiencies from previous audit: Two

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

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

DIRECTOR'S CERTIFICATION ACTION December 19, 2022: Certified the 14th District Court Service Unit to December 1, 2025.

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

TEAM MEMBERS:

Shelia L. Palmer, Team Leader
Learna Harris, Central Office
Wanda Parris-Flanagan, Central Office
Deron Phipps, Central Office

POPULATION SERVED:

The 14th District Court Service Unit serves the County of Henrico.

PROGRAMS AND SERVICES PROVIDED:

- Mandated Services:
 - Intake, investigative reports, probation and parole

 - Other Services:
 - Children Services Act
 - AMI Kids
 - Court Alternative Program (Diversion)
 - Multi-Systemic Treatment (MST)
 - Post-Dispositional Program
 - Truancy Diversion
 - Fire Setters Program
 - Virginia Center for Restorative Justice

 - Mental Health provides:
 - Mental Health assessments and counseling
 - Court Alternative Program (CAP)
 - Substance Abuse Education Program and Treatment
 - Substance Abuse Assessment and treatment

 - VJCCCA provides:
 - Anger Management
 - Detention Outreach
 - Electronic Monitoring
 - Fresh Start
 - Larceny Reduction Program
 - Pearls (Girls Program)
 - STOP
 - In-home services
 - Parent Coaching
-

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

FACILITY/PROGRAM: 14th District Court Service Unit (Henrico)
SUBMITTED BY: Kathleen Egan Jones, CSU Director
CERTIFICATION AUDIT DATES: September 15, 2022
CERTIFICATION ANALYST: Shelia L. Hinton

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

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

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

Audit Finding:

Two of four applicable case narratives did not have documentation to indicate that the case plan was jointly developed by the probation officer, juvenile and family.

Program Response

Cause:

There are two causes for the case narratives not having the documentation required for the plan development. The first has to do with staff, despite ongoing training and reminders cannot or will not use the prescribed templates outlining the correct language needed for accurate documentation. Staff have indicated the checklist accompanying the plan shows the plan was jointly developed and should be sufficient, this is the reason commonly given for not using the entire template language. Also, please note that only two staff in one unit have the issues regarding correct documentation. In reviewing entries from other staff, there appear to be no issues. In fact, one of the cases from the audit was perfect, for both the plan development as well as the signatures and copies of the plan.

The second cause for this error is a supervision issue. When reviewing BADGE contact notes, the assigned supervisor for this unit does not recognize these entries as incorrect; therefore, she does not have them corrected. This on-going performance issue is actively being addressed.

Effect on Program:

There is limited effect on the program, as despite the lack of appropriate documentation, when discussing the cases with the staff, it is clear that the youth and families are involved with the process and have input into the development of the plan. The plans are correct and address the needed areas.

Planned Corrective Action

The specific staff will be addressed, and additional training provided. In addition, the template will be reviewed with staff as well as reviewing the badge entry from the audit that was shown to be appropriate by the audit team. This notation addresses all aspects of the plan development to. Include the signature and copying of the plan to the youth and family, moving forward, if the plan development process is not followed, appropriate disciplinary action will be taken with the responsible staff. A behavior plan is already in place for the supervisor and is ongoing. Additionally, the director will be reviewing all new probation cases during the next quarter to ensure compliance.

Completion Date:

December 30, 2022

Person Responsible:

Director, Probation Supervisor, and probation officers

Current Status on November 28, 2022: Compliant

Two of two applicable case narratives documented the case plan was jointly developed by the probation officer, juvenile and family.

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

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

Audit Finding:

Supervisor Responsibilities

Five of eight applicable case file reviewed did not have documentation that the supervisor had a case staffing with the assigned probation officer at least every 30 days for all level four and level three cases.

Program Response

Cause:

The cause for the majority of the missing reviews was supervisor error. The reviews were just not completed. Because of on-going performance issues, the supervisor was moved from parole to probation in 2021 and is currently being performance managed for continuing issues. Recent errors were due to late entries by the current supervisor.

Effect on the Program:

As these reviews were for high-risk cases, the lack of reviews or timeliness of the review could have a negative impact on the youth. The purpose is to ensure that youth are receiving their services in a timely manner and to ensure the plan as developed is appropriate and meeting the youth's identified needs. Although the 90-day reviews serve the same purpose, high-risk youth require closer monitoring and assessment, achieved through the 30-day reviews.

Planned Corrective Action:

In 2021, the former parole supervisor was reassigned, and a new supervisor assigned to the parole unit. The CSU director will re-review the procedure with the current supervisor, who will be meeting with the parole staff. A spreadsheet has been created with the dates on it for the staffing, as well as a calendar, and the Parole Supervisor is putting the date in the staff contact indicating the next staffing.

Completion Date:

October 13, 2022

Person Responsible:

Director and Parole Supervisor

Current Status on November 28, 2022: Compliant

Two of two applicable case files reviewed documented that the supervisor had a case staffing with the assigned probation officer at least every 30 days for all level four and level three cases.

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

PROGRAM AUDITED:

16th District Court Service Unit (Charlottesville)
407 E. High Street
Charlottesville, VA 22902
(434) 981-9970
Martha D. Carroll, Director
martha.carroll@djj.virginia.gov

AUDIT DATES:

June 14, 2022

CERTIFICATION ANALYST:

Learna R. Harris

CURRENT TERM OF CERTIFICATION:

September 12, 2019 – September 12, 2022

REGULATIONS AUDITED:

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

PREVIOUS AUDIT FINDINGS – April 2, 2019

89% Compliance Rating

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

*6VAC35-150-420 Contacts during juvenile's commitment (Supervisor Responsibilities)

CURRENT AUDIT FINDINGS – June 14, 2022:

90.3% Compliance Rating

*Deficiencies from previous audit. Two

6VAC35-150-355 (2) Electronic Monitoring (Without Court Order)

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

6VAC35-150-350 (B) Supervisor Reviews

*6VAC35-150-420 Contacts during juvenile's commitment (Supervisor Responsibilities)

DIRECTOR'S CERTIFICATION ACTION December 19, 2022: Certified the 16th Court Service Unit to September 12, 2025.

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

TEAM MEMBERS:

Learna Harris, Team Leader

Shelia Hinton, Central Office

Wanda Parris-Flanagan, Central Office

POPULATION SERVED:

The 16th District Court Service Unit serves the Counties of Albemarle, Fluvanna, Goochland, Greene, Louisa, Madison, and Orange; the City of Charlottesville and the Town of Culpeper.

PROGRAMS AND SERVICES PROVIDED:

The 16th District Court Service Unit provides mandated services including:

- Intake
- Probation supervision
- Direct care and parole supervision
- Investigative reports

The Unit interacts with the community in obtaining such services as:

Community Attention Service
Teens GIVE (a supervised service-learning program)
Anger Management
Independent Living Skills
Shoplifting Program
Community Supervision Assessment (full bio/psycho/social/family assessment)
Community Supervision (case management services)
Family check-up
Decision Points
Community service work
Substance abuse assessment and treatment groups
Healthy Choices/Suicide Prevention
Parenting groups
Electronic monitoring
Thinking for a Change
Evidence Based Associates (EBA)
Casey Life Skills/Mentoring
Family Support Partners
Functional Family Therapy
Gang Intervention
Intensive Care Coordination
Home-based Services
Multi-Systemic Therapy
Certified Sex Offender Treatment
Psychosexual Evaluations
Psychological evaluations
Residential Services
Therapeutic Day Treatment
Translation/Interpretation
Trauma Assessment
Trauma-Focused Cognitive Behavioral Therapy
Vocational/Employment Services

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

FACILITY/PROGRAM: 16th District Court Service Unit (Charlottesville)
SUBMITTED BY: Martha D. Carroll, CSU Director
CERTIFICATION AUDIT DATES: June 14, 2022
CERTIFICATION ANALYST: Learnna R. Harris

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

350 (A) Supervision plans for juveniles.

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

Audit Finding:

Three of seven applicable cases reviewed had no documentation that the case plan was reviewed by the supervisor prior to the review and signatures by the family. The supervisor's approval of the plan shall be documented.

Three of seven applicable cases reviewed there was no narrative indicating that the case plan was jointly developed by the probation officer, juvenile, and family and discussed and signed by all parties.

Program Response

Cause:

Staff have not followed supervisory guidance regarding timeframes for submitting supervision plans for review prior to review with youth and family.

Staff have also not followed supervisory guidance to include documentation that plan was jointly developed by probation officer, youth, and family. Documentation of discussion and signatures was not included.

Effect on Program:

The supervisor's input and review are necessary to ensure that strategies are in place to reduce identified risks and enhance community safety.

Families and youth may not be appropriately involved in planning. This may cause youth and family to be less committed to plan and be more likely to reoffend.

Planned Corrective Action:

Supervisors and Director will have 3 small team meetings to review requirements and emphasize family engagement in supervision planning. Louisa, Fluvanna, and Goochland staff; Charlottesville staff; Orange, Madison, and Culpeper staff.

District wide staff meeting to be held by 9/1/2022. Supervisors will put due dates on their calendars, as well as the PO's calendar. Dates will include the date the plan is due to the supervisor (30 days) and the final due date (45 days).

Person Responsible:

Martha Carroll, Christa Galleo, Alexandria Tisdale

Completion Date:

September 1, 2022

Status Review October 31, 2022: Compliant

Six of six applicable cases reviewed contained all the required information.

350(B) Supervisor Reviews

Audit Finding:

Three of seven applicable cases reviewed were either missing the at least 90-day review or it was late.

Program Response

Cause:

During the audit cycle, there were significant transitions on the leadership team. From April 2021 – June 2022, three probation supervisors' positions were vacant from 3-7 months.

Effect on Program:

Some probation staff may not have received appropriate casework guidance. Staff may have lacked direction about case plan development and supervision levels.

Planned Corrective Action:

All probation supervisors and CSU Director will review Community Insights each Monday to identify cases requiring review within 10 days. Supervisors will report dates of case reviews to CSU director by Friday of each week. Supervisory review compliance will be reviewed monthly by CSU Director with each of probation supervisors.

Completion Date:

Ongoing

Person Responsible:

CSU Director and all probation supervisors. Martha Carroll, Christa Galleo, Alexandria Tisdale

Status Review October 31, 2022: Compliant

Six of six applicable cases reviewed had documentation that the supervisor completed the 90-day review on time.

355(2). Electronic Monitoring (Without Court Order).

If the probation or parole officer decides to use electronic monitoring without the benefit of a court order, he should use the parole supervision matrix to assist in determining the relative risk of re-offending. As a result of a risk assessment analysis, a juvenile may be placed on an electronic monitor providing:

1. The parent or guardian has given written consent;
2. The parent or guardian has been given a thorough understanding of the operation of the electronic device; and
3. Rules regarding tampering with or removal of the device without proper authority and related consequences have been explained.

Audit Finding:

Two of five applicable cases reviewed the CSU could not find the information for the cases.

Program Response

Cause:

One agency providing EM services did not provide a contract. The probation staff did not provide a CSU contract.

Effect on Program:

Youth and their parents may not fully understand all components of the electronic monitoring program. It is important that parents understand that their consent is required. They also need to understand how the equipment operates. Rules regarding tampering with or removing equipment without permission must also be carefully explained.

Planned Corrective Action:

A district wide contract will be created for use on EM cases. The form and procedure will be reviewed with all staff and supervisors will ensure compliance during quarterly reviews.

Completion Date:

September 1, 2022 and ongoing

Person Responsible:

All probation supervisors.

Status Review October 31, 2022: Compliant

Three of three applicable cases reviewed had all the required documentation.

420. Contacts during juvenile commitment.

During the period of a juvenile's commitment, a designated staff person shall make contact with the committed juvenile, the juvenile's parents, guardians, or other custodians, and the treatment staff at the juvenile's direct care placement as required by approved

procedures. The procedures shall specify when contact must be face-to-face contact and when contacts may be made by video conferencing or by telephone.

Audit Finding:

With Juvenile:

Three of five applicable cases reviewed had no documentation that the PO conducted an in person visit with the juvenile at least every ninety (90) days.

Five of five applicable cases reviewed had no documentation that the PO made monthly contact with the juvenile either in person, via telephone, or video conferencing to discuss progress, behavioral issues, and family updates.

Three of five applicable cases reviewed had no documentation that when the assigned PO was unable to visit the juvenile during the 90 days that a representative of the CSU conducted the face-to-face visit.

Three of six applicable cases reviewed were missing all or some of the elements that are to be discussed during the monthly contact.

Program Response

Cause:

Transitions with probation officers and probation supervisors have contributed to missed contacts. Staff who do not routinely supervise direct care may fail to list all of the elements to be discussed during monthly contacts.

Effect on Program:

Failure to have frequent contact with youth during commitment may negatively impact their progress. To develop a coaching relationship with a youth, regular and frequent contact is necessary. This will improve the chances for success when the youth transitions to the community. Some youth's families may not be able to visit, and the probation officer can provide a sense of connection with the home community.

Planned Corrective Action:

Supervisors with extensive parole experience will provide mentoring to probation officers who are not fulltime parole officers. A district-wide staff meeting will review contacts for requirements. We will reconvene the parole workgroup, which we had to pause during the last six months due to vacancies. This will provide an additional opportunity to reinforce these requirements.

Completion Date:

September 1, 2022 and ongoing

Person Responsible:

Martha Carroll, Christa Galleo, Alexandria Tisdale, Abby MacKnight

Status Review October 31, 2022: Compliant

Six of six applicable cases reviewed 90-day face-to-face visits were conducted and documented.

Six of six applicable cases reviewed discussed all the required elements during the monthly contact.

Audit Finding:

Supervisor Responsibilities-Five of six applicable cases reviewed were missing the level three or four case staffing. Three of seven applicable cases reviewed were missing the 90-day supervisor review or it was late.

Program Response

Cause:

During the audit cycle, there were significant transitions on the leadership team. From April 2021 – June 2022, three probation supervisors' positions were vacant from 3-7 months. In addition, transitions with parole officers may have contributed to missed case staffing, as staff who do not routinely supervise parole youth may fail to initiate such staffing.

Effect on Program:

Some parole staff may not have received appropriate casework guidance. Staff may have lacked direction about case plan development and parole supervision levels.

Planned Corrective Action:

Supervisors with extensive parole experience will provide mentoring to probation officers who are not fulltime parole officers. A district-wide staff meeting will review staffing requirements. We will reconvene the parole workgroup, which we had to pause during the last six months due to vacancies. This will provide an additional opportunity to reinforce these requirements. Supervisors will notate staffing and review due dates on their own calendars, as well as the parole officers' calendars.

Completion Date:

September 1, 2022 and ongoing

Person Responsible:

Martha Carroll, Christa Galleo, Alexandria Tisdale, Abby MacKnight

Status Review October 31, 2022: Compliant

Six of six applicable cases reviewed had documentation that the Level three and four case staffing were completed.

Six of six applicable cases reviewed had documentation that the 90-day supervisor review was conducted and on time.

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

PROGRAM AUDITED:

21st District Court Service Unit (Martinsville)
3160 Kings Mountain Road
Martinsville, VA 24112
(276) 634-4865
Robert Hiatt, Director
robert.hiatt@djj.virginia.gov

AUDIT DATES:

September 15, 2022

CERTIFICATION ANALYST:

Shelia L. Hinton

CURRENT TERM OF CERTIFICATION:

December 1, 2019 – November 30, 2022

REGULATIONS AUDITED:

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

PREVIOUS AUDIT FINDINGS - June 4, 2019

93.2% Compliance Rating

6VAC35-150-300 (B). Predispositionally placed juvenile.

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

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

CURRENT AUDIT FINDINGS – September 15, 2022:

100% Compliance Rating

DIRECTOR'S CERTIFICATION ACTION December 19, 2022: Certified the 21st District Court Service Unit to December 1, 2025, with a letter of congratulations for 100% compliance.

Pursuant to 6VAC35-20-100C.1, if the certification audit finds the program or facility in 100% compliance with all regulatory requirements, the director or designee shall certify the facility for three years.

TEAM MEMBERS:

Shelia L. Hinton, Team Leader
Learna Harris, Central Office
Wanda Parrish-Flanagan, Central Office
Deron Phipps, Central Office

POPULATION SERVED:

The 21st District Court Service Unit serves Henry and Patrick Counties and the City of Martinsville.

PROGRAMS AND SERVICES PROVIDED:

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

The Unit interacts with the community in obtaining such services as:

- Outreach/Electronic Monitoring
 - Anchor Residential Group Home
 - Education Based Program which addresses:
 - Anger Management
 - Self-Esteem
 - Substance Abuse
 - Focus on Youth
 - Piedmont Community Service Board
 - Family Preservation Services
-

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

PROGRAM AUDITED:

22nd District Court Service Unit (Rocky Mount)
275 South Main Street, Suite 531
Rocky Mount, VA 24151
(757) 926-3676
Robert Foster, Acting Director
Robert.foster@djj.virginia.gov

AUDIT DATES:

September 27, 2022

CERTIFICATION ANALYST:

Shelia L. Hinton

CURRENT TERM OF CERTIFICATION:

December 1, 2019 – November 30, 2022

REGULATIONS AUDITED:

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

PREVIOUS AUDIT FINDINGS – June 6, 2019:

90.90% Compliance Rating

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

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

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

6VAC35-150-415. Supervision of juvenile in direct care.

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

CURRENT AUDIT FINDINGS – September 27, 2022:

96% Compliance Rating

*Repeated deficiencies from previous audit: One.

6VAC35-150-400. Notice of release from supervision.

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

DIRECTOR'S CERTIFICATION ACTION December 19, 2022: Certified the 22nd District Court Service Unit to December 1, 2025.

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

TEAM MEMBERS:

Shelia L. Hinton, Team Leader

Learna Harris, Central Office

Wanda Parris-Flanagan, Central Office

Deron Phipps, Central Office

POPULATION SERVED:

The 22nd District Court Service Unit serves the City of Danville, Franklin County and Pittsylvania County.

PROGRAMS AND SERVICES PROVIDED:

The 22nd District Court Service Unit provides mandated services including:

- Intake Services
- Diagnostic (Investigation and Reports)
- Probation supervision
- Supervision Cases
 - Probation
 - Parole
 - Diversion

The Unit interacts with the community in obtaining such services as:

- **Post-dispositional Program**
 - Roanoke Valley Juvenile Detention Center for juveniles in Franklin County
 - W.W. Moore Juvenile Detention Center for juvenile in the City of Danville and in Pittsylvania County
 - **VJCCCA Programs**
 - City of Danville
 - Outreach Detention
 - Electronic Monitoring
 - Anger Management Services
 - Franklin County
 - Electronic Monitoring
 - Pittsylvania County
 - Electronic Monitoring
 - Outreach Detention
 - Anger Management
 - **Other Primary Referrals**
 - Job Training
 - Sex Offender Treatment
 - Mentoring
 - Psychological Evaluation
 - Group Home and Residential Placement
 - Intensive Care Coordination
 - Individual Counseling
 - Parent Aide Services
 - In Home Counseling
-

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

FACILITY/PROGRAM: 22nd District Court Service Unit (Rocky Mount)
SUBMITTED BY: Robert Foster, Acting Director
CERTIFICATION AUDIT DATES: September 27, 2022
CERTIFICATION ANALYST: Shelia L. Hinton

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

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

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

Audit Finding:

Two of three applicable cases did not document the required elements for the monthly contact with the parent/guardian.

Program Response

Cause:

In regard to two of three cases that did not document the required elements for the monthly contact with the parent/guardian, the Probation Officer failed to enter a separate contact in BADGE when the parent participated in the treatment meeting. The Probation Officer coded the treatment team meeting as a Family Progress Report also due to the parent participating in the treatment team meeting. The Probation Officer felt that the A- F elements of the Family Progress report were reviewed in the treatment meeting.

Effect on Program:

There was no major effect on the program. The Probation Officer ensured the parents were included in the parole planning by having them participate in the treatment meetings.

Planned Corrective Action:

The CSU Director will meet with all Probation Officers & Supervisors of the Unit by 10/6/22 to discuss this area of noncompliance. The staff will be advised to complete two separate entries when parents participate in treatment team meetings every time. They will be advised to document the A – F elements of the Family Progress Report for the parent contact as well as the A – H elements for the juvenile contact if the parent attends the treatment meetings. Supervisors

will ensure the compliance of this plan when reviewing the files quarterly as well as giving reminders during monthly case staffing with the Probation Officer.

Completion Date:

October 7, 2022

Person Responsible:

Probation Officers, Supervisors, & the CSU Director are responsible to ensure compliance.

Current Status on November 28, 2022: Compliant

One of three applicable cases documented the required elements for the monthly contact with the parent/guardian.

400. Notice of release from supervision.

Notice of release from supervision shall be given in writing to the individual under the supervision of a CSU and to the parents or guardians of juveniles. Such notification shall be appropriately documented in the case record in accordance with approved procedures.

- Complete and sign a certificate of discharge and present it to the CSU Director for approval;
- Notify the juvenile and parent that the juvenile is officially released from supervised parole either in person or in writing; and
- Place a copy of the certificate in the case file within thirty (30) days of release from parole.
- Complete the parole discharge evaluation form in BADGE.

Audit Finding:

Four of nine applicable parole cases did not have documentation of a completed certificate of discharge.

Program Response

Cause:

It had been the CSU practice to not complete a Certificate of Discharge when the Court ordered the release from parole. Three of four cases cited for non-compliance had been before the court and the court had released the juvenile from parole. The fourth case had been court ordered to transfer to adult supervision on his 19th birthday. The CSU staff did not complete certificates of discharge in these cases.

Effect on Program:

There was no major effect on the program. The juvenile did receive notice that the parole had ended by court order.

Planned Corrective Action:

The CSU Director will meet with all Probation Officers & Supervisors of the Unit by 10/6/22 to discuss this area of noncompliance. Staff will be advised to always complete a Certificate of Discharge each time a youth is release from parole. Staff will also be required to document in BADGE how the certificate was delivered to the juvenile and parent, in person or by mail. A copy of the certificate will be placed in the juvenile's file. Supervisors will be required to add completing the Certificate of Discharge from parole, delivering the certificate and copying the certificate to

their case closure checklist. This will ensure that there is a check and balance on the completion of this process.

Completion Date:

October 7, 2022

Person Responsible:

Probation Officers, Supervisors, & the CSU Director are responsible to ensure compliance.

Current Status on November 28, 2022: Not Determined

There were no documented parole closures for the status visit period October 3, 2022 to November 18, 2022.

CERTIFICATION AUDIT REPORT
TO THE
DEPARTMENT OF JUVENILE JUSTICE

PROGRAM AUDITED:

26th District Court Service Unit (Winchester)
26 Rouss Avenue, Suite 100
Winchester, Virginia 22601
(540) 722-7960
Jerry Stollings, Director
jerry.stollings@djj.virginia.gov

AUDIT DATES:

June 2, 2022

CERTIFICATION ANALYST:

Wanda Parris-Flanagan

CURRENT TERM OF CERTIFICATION:

July 20, 2019 - July 19, 2022

REGULATIONS AUDITED:

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

PREVIOUS AUDIT FINDINGS – February 26-27, 2019:

87.3% Compliance Rating

No repeated deficiencies from previous audit

6VAC35-150-110 (D) Volunteers and interns

6VAC35-150-300 (B) Pre-Dispositionally placed juvenile

6VAC35-150-336 (B) Social histories

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

6VAC35-150-400 Notice of release from supervision

6VAC35-150-410 (A) Supervision plans for juveniles

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

CURRENT AUDIT FINDINGS – June 2, 2022:

96.7% Compliance Rating

*Repeated deficiencies from previous audit: One

6VAC35-150-410 (B). Commitment information

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

DIRECTOR'S CERTIFICATION ACTION December 19, 2022: Certified the 26th District Court Service Unit to July 20, 2025.

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

TEAM MEMBERS:

Wanda Parris-Flanagan, Team Leader
Learna Harris, Central Office

Shelia Hinton, Central Office

POPULATION SERVED:

The 26th District Court Service Unit serves the cities of Harrisonburg and Winchester and the counties of Frederick, Clarke, Rockingham, Page, Shenandoah, and Warren.

PROGRAMS AND SERVICES PROVIDED:

The 26th District Court Service Unit provides mandated services including:

- Intake
- Probation supervision
- Direct care and parole supervision
- Investigative reports

SERVICES PROVIDED:

- Mandated Services:

Intake: Intake services are provided 24 hours a day throughout the District. The Intake Officer obtains information to determine if probable cause exists for a petition to be filed which initiates proceedings in the Juvenile & Domestic Relations Court. For those juveniles who are deemed appropriate, the intake officer may handle the case informally through the development of a diversion plan for a period not to exceed 120 days. Intake Officers utilize the Detention Assessment Instrument (DAI) to guide decision-making on detainable offenses.

Investigation and reports: The majority of the reports completed by probation officers are social history reports which describe the juvenile's overall circumstances and behavior/adjustment. Some reports are court ordered prior to disposition. The vast majority of the social history reports within the District, however, are completed following the juvenile's placement on probation.

Other reports and investigation completed by CSU personnel are SDM reports, commitment packets, Interstate Compact reports, serious incident reports, transfer reports, and serious offender reports.

Probation:

Probation Supervision is the most frequently used disposition for juveniles. CSU personnel utilize the Youth Assessment & Screening Instrument (YASI) to determine the risk level, appropriate level of supervision and to formulate the Comprehensive Supervision Plan.

Parole:

CSU staff continue their involvement with juveniles who are in Direct Care. The 26th CSU maintains monthly face-to-face contact with each youth in Direct Care and upon release, the majority of youth return to the community on parole supervision. Parolees are supervised according to their risk level. The period of parole is determined by risk level, needs, offense history and adjustment.

- Primary Community Referrals:

The 26th District CSU is served by two different Community Services Boards (CSBs) but at this point only the Harrisonburg/Rockingham Co. CSB offers differing levels of services to children and adolescents. Collaborative efforts are always sought with both CSBs to enhance

and improve the level of services to youth and their families. The Northwestern CSB, for the counties of Page, Warren, Shenandoah, Clarke, Frederick and the City of Winchester has provided a designated clinician to work solely with court involved youth. This clinician provides clinical assessments and substance abuse assessments. These services are provided at no cost and the clinician has been a valuable resource for probation staff and youth.

The majority of referrals for community-based services are made to private providers (non-profit and profit). A variety of funding sources such as EBA, VJCCCA, CSA, Medicaid, private insurance, self-pay and sliding scale are utilized to secure services for youth. Collaboration with community partners has been key to the development of services/programs for court involved youth.

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

FACILITY/PROGRAM: 26th Court Service Unit-Winchester

SUBMITTED BY: Jerry Stollings, Director

CERTIFICATION AUDIT DATES: June 2, 2022

CERTIFICATION ANALYST: Wanda Parris-Flanagan

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

6VAC35-150-410 (B). Commitment information.

If a juvenile is transported to the Department directly from the court, in addition to ensuring the immediate delivery of the items required in subsection A of this section, unit staff shall immediately notify RDC (CAP) by telephone of the juvenile's impending arrival. The PO shall convene an initial face-to-face family meeting with the juvenile and family following the juvenile's commitment and prior to the Classification and Evaluation Staffing Team (CEST) meeting. When face-to-face is not feasible, PO shall conduct the meeting via telephone or video conferencing. The meeting shall include discussions on the following:

- a. An orientation of the commitment process and re-entry phases;
- b. Discuss and determine the Family Domain goals of the Comprehensive Re-entry Case Plan (CRCP);
- c. The family's and juvenile's expectations, goals, strengths, and concerns regarding commitment;
- d. Identify any mental health, medical, and special needs the facility staff will need to know if this information was not included in the commitment letter or needs to be updated;
- e. Identify and address family resources, community support groups, re-entry placement barriers
- f. Develop a written visitation plan which includes the following:
 - a. frequency of visits;
 - b. transportation plan; and
 - c. potential barriers.
- g. Identify potential positive family support system, including contact information (document in BADGE); and
- h. Identify individuals to add to the approved visitation list and document in BADGE.

Audit Finding:

Four out of seven applicable case files reviewed were missing all the elements for the initial family meeting.

Program Response

Cause:

The cause of the failure to document that all elements of the Initial Family Meeting were covered is a lack of clear training.

Effect on Program:

It appears that the effect on the program was minimal as there is no indication that the elements were not covered but that there is no documentation that the elements were covered.

Planned Corrective Action:

The planned corrective action is as follows: 1) an initial training will be conducted with the 26th District CSU staff on July 22; and 2) supervisors will review BADGE notes monthly to make sure that the Initial Family Meeting is being properly conducted and noted.

Completion Date:

July 22, 2022 and on-going.

Person Responsible:

Jerry Stollings, Director

Current Status on October 12, 2022: Compliant

One eligible case reviewed included all the elements for the initial family meeting.

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

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

With Juvenile:

The following information shall be reviewed during the monthly contact:

- a. Family planning and progress on Family Domain section of CRCP;
- b. Comprehensive Re-entry Case Plan (CRCP) goals and progress;
- c. Educational goals and progress;
- d. Behavior and adjustment;
- e. Intervention strategies;
- f. Re-entry/parole placement and service needs (e.g., benefits);
- g. Review and update family transportation plan; and
- h. Establish regular schedule for PO, counselor, and juvenile monthly contact dates.

Audit Finding:

Four out of seven applicable case files reviewed had no documentation that elements A—H were completed during the monthly contact.

Program Response

Cause:

The cause of the failure to document that all elements of the monthly contact were covered is a lack of clear training.

Effect on Program:

It appears that the effect on the program was minimal as there is no indication that the elements were not covered but that there is no documentation that the elements were covered.

Planned Corrective Action:

The planned corrective action is as follows: 1) an initial training will be conducted with the District staff on July 22; and 2) supervisors will review BADGE notes monthly to make sure that the monthly contact is being properly conducted and noted.

Completion Date:

July 22, 2022 and on-going

Person Responsible:

Jerry Stollings, Director

Current Status on October 12, 2022: Compliant

Four out of five eligible case reviewed had documentation that elements A—H were completed during the monthly contact.

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

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

With Juvenile:

The PO shall document the monthly contacts, in detail, in the Caseload Management module of BADGE as a verbal family progress note.

Audit Finding:

Seven out of seven eligible cases had no documentation of monthly contacts with the juvenile as a verbal family progress note.

Program Response

Cause:

The cause of the failure to document as a “verbal family progress note” is a lack of clear training.

Effect on Program:

It appears that the effect on the program was minimal as there is no indication that monthly contacts were not being conducted though they were not properly documented after occurring.

Planned Corrective Action:

The planned corrective action is as follows: 1) an initial training will be conducted with the District staff on July 22; and 2) supervisors will review BADGE notes monthly to make sure that the monthly contacts are being properly conducted and noted.

Completion Date:

July 22, 2022 and on-going

Person Responsible:

Jerry Stollings, Director

Current Status on October 12, 2022: Compliant

Four out of five eligible case reviewed documented monthly contacts with the juvenile as a verbal family progress note.

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

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

Supervisor Responsibilities:

Conduct a case staffing with the assigned PO for all level 3 and 4 parole cases at least every thirty (30) days. The case staffing requires the supervisor and the assigned PO to discuss the status and progress of the juvenile as it relates to parole supervision and intervention, identified criminogenic needs, assessment-driven case planning, and identified treatment requirements and service needs.

Audit Finding:

In five of eight eligible cases reviewed, the Supervisor did not conduct a case staffing with the assigned PO for level 3 and level 4 parole cases at least every thirty (30) days.

Program Response

Cause:

The cause of the failure to document that all elements of the failure to conduct a case staffing every thirty (30) days is a lack of clear training.

Effect on Program:

The effect is that it is possible for other errors in supervision to occur if regular staffing does not occur.

Planned Corrective Action:

The planned corrective action is as follows: 1) an initial training will be conducted with the 26th District CSU staff on July 22; and 2) the Director will review case staffing monthly are noted as occurring monthly.

Completion Date:

July 22, 2022 and on-going

Person Responsible:

Jerry Stollings, Director

Current Status on October 12, 2022: Compliant

One eligible case reviewed was compliant with the Supervisor conducting a case staffing with the assigned PO for level 3 and level 4 parole cases at least every thirty (30) days.

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

PROGRAM AUDITED:

Chesterfield Juvenile Detention Home
9700 Krause Road
Chesterfield, Virginia 23832
Phone: (804) 748-1460
Marilyn Brown, Director
bownmag@chesterfield.gov

AUDIT DATES:

September 13, 2022

CERTIFICATION ANALYST:

Shelia L. Hinton

CURRENT TERM OF CERTIFICATION:

October 28, 2019 – October 27, 2022

REGULATIONS AUDITED:

6VAC35-101 Regulation Governing Juvenile Secure Detention Centers

PREVIOUS AUDIT FINDINGS- May 7, 2019:

99.36% Compliance Rating

6VAC35-101-1060 (J). Medication. CRITICAL

CURRENT AUDIT FINDINGS – September 13, 2022:

100% Compliance Rating

DIRECTOR'S CERTIFICATION ACTION December 19, 2022: Certified Chesterfield Juvenile Detention Home and Post-dispositional Detention program to October 28, 2025, with a letter of congratulations for 100% compliance.

Pursuant to 6VAC35-20-100C.1, if the certification audit finds the program or facility in 100% compliance with all regulatory requirements, the director or designee shall certify the facility for three years.

TEAM MEMBERS:

Shelia L. Palmer, Team Leader
Learna Harris, Central Office
Deron Phipps, Central Office
Nikeshia Roberts, Central Office
Michael Sayles, Central Office
John Adams, Central Office
Kiersten Ridge, Lynchburg Juvenile Detention Center
Candance Mosher, Lynchburg Juvenile Detention Center

PROGRAM DESCRIPTION

Chesterfield Juvenile Detention Home provides a highly structured program of care to meet the physical, educational, and medical needs of the juveniles detained. The safety and security of the community as well as the residents and staff of the detention home are the primary objectives. Chesterfield Juvenile Detention Home recently adopted purpose statement is "To provide a safe, secure and supportive environment for court-involved youth with the goal of promoting individual growth through education and empowerment".

POPULATION SERVED:

The Chesterfield Juvenile Detention Home was originally constructed in 1973 as a 33-bed facility but later expanded and renovated in 2003 with 90 beds, provides safe and secure housing of male and female juveniles age 7-17, pre-dispositional and post-dispositional before the courts in Chesterfield County and the City of Colonial Heights. The Chesterfield Juvenile Detention Home also serves the Department of Juvenile Justice with the Central Admission and Placement Unit (CAP) and the Community Placement Program (CPP). The facility also serves juveniles age 18 in the Post-Dispositional Program and the Community Placement Program. The Chesterfield Juvenile Detention Center has allotted eight beds for the Post-Dispositional Program and eight beds for the Community Placement Program.

PROGRAM AND SERVICES PROVIDED:

- Facility: (Services offered by facility staff)
 - CJDH School Program
 - Recreation
 - Food Service
 - Medical
 - Behavior Management Program with 3 Levels (progressive incentives with higher levels)
 - Psycho-Educational Groups conducted by CJDH Senior Mental Health Clinician, MHSS Mental Health Case Manager and youth supervisors
 - Crisis Counseling and Support – Provided by both CJDH Senior Mental Health Clinician and Mental Health staff assigned to CJDH but employed by Chesterfield Department of Mental Health Support Services
 - Reading Program
 - Homework Period
 - Structured Free Time (table games, cards, letter writing, phone calls)
 - Specialized Programming for Summer Enrichment, Winter, and Spring Breaks (yoga, art, cooking, musical theatre, etc.)
- Community Placement Program:
 - Individual and Group Counseling
 - Moral Reconciliation Therapy (MRT)
 - Aggression Replacement Training (ART)
 - "Staying Quit" – substance abuse component of MRT
 - Therapeutic Fitness Program
 - Extended Visitations and Family Events
 - Special Events and Community-based Outings
- Post-d Program:
 - Individual and Group Counseling
 - Moral Reconciliation Therapy (MRT)

- Aggression Replacement Treatment (ART)
 - “Staying Quit” – substance abuse component of MRT
 - Community Service
 - Parent Counseling
 - Therapeutic Fitness Program
 - Partnership with CSU to share cost of Family Resources Coordinator to allow transition/aftercare for post-d residents to begin 30 days prior to release and 90 days post-release
 - Extended Visitations and Family Events
 - Special Events and Community-based Outings
 - Furloughs
 - Community: (Services offered by community agencies and resources)
 - Crisis Counseling and Support – Mental Health staff assigned to CJDH but employed by Chesterfield Department of Mental Health Support Services
 - Library Activities– partnership with Chesterfield County Public Libraries
 - Activities provided by Volunteers (Church Groups) and Guest Speakers including AA (optional)
 - On-site STD testing and treatment – partnership with Chesterfield Health Department and Virginia Department of Health
 - Caring Canines – monthly visits from therapy dogs
-

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

PROGRAM AUDITED:

Chesapeake Juvenile Services
420 Albemarle Drive
Chesapeake, VA 23320
(757) 382-6364
Morris Barco, Superintendent
mbarco@cityofchesapeake.net

AUDIT DATES:

November 23, 2021

CERTIFICATION ANALYST:

Learna R. Harris

CURRENT TERM OF CERTIFICATION:

November 9, 2018 – November 8, 2021

REGULATIONS AUDITED:

6VAC35-101 Regulation Governing Juvenile Detention Centers

PREVIOUS AUDIT FINDINGS June 5, 2018:

99.10% Compliance Rating
6VAC35-101-80 (A). Serious incident reports. CRITICAL
6VAC35-101-80 (D). Serious incident reports.
6VAC35-101-990 (A). Tuberculosis screening. CRITICAL
6VAC35-101-1030 (A). Residents' health care records. CRITICAL

CURRENT AUDIT FINDINGS – November 23, 2021:

99.11% Compliance Rating
6VAC35-101-350 (C). Buildings and Inspections
6VAC35-101-510 (I). Emergency and evacuation procedures. CRITICAL
6VAC35-101-700 (D). Personal necessities.
6VAC35-101-700 (E). Personal necessities.
No repeated deficiencies from previous audit.

DEPARTMENT CERTIFICATION ACTION June 6, 2022: Continued the current certification status of Chesapeake Juvenile Services to October, 2022, with a review of the implementation of the corrective action plan presented by Chesapeake Juvenile Services.

DIRECTOR'S CERTIFICATION ACTION December 19, 2022: Certified Chesapeake Juvenile Services and Pot-dispositional Program to November 9, 2024.

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

TEAM MEMBERS:

Learna Harris, Team Leader
Shelia Hinton, Central Office
John Adams, Central Office
Nikeshia Roberts, Central Office

POPULATION SERVED:

Chesapeake Juvenile Services (CJS) is a 100-bed regional facility located at 420 Albemarle Drive, Chesapeake, Virginia 23322 and is a division of Chesapeake Human Services. The facility serves the cities of Chesapeake, Portsmouth, Suffolk, Franklin and the counties of Isle of Wight and Southampton. CJS provides services to residents in the following programs: Pre-Disposition, Post-Disposition, Community Placement Program (CPP) and Detention Re-entry. The Chesapeake Juvenile Services has ten (10) beds designated for post-Disposition, ten (10) beds for CPP, and ten (10) flexible beds that are used for Detention Re-entry or other programs as needed. The remaining 70 beds are generally utilized for Pre-Dispositional residents. Included in that 70-bed count is one female unit and four male units.

PROGRAMS AND SERVICES PROVIDED:

CPP, Detention Re-entry and Post-Disposition residents receive assessment and case management services. They have assigned staff that work closely with their parent/legal guardians, probation officers and other involved professionals. They receive services in anger management, substance abuse education/treatment, conflict resolution, life skills and independent living skills.

CJS currently provides staffing and operates by a team approach. There are four teams consisting of juvenile service specialists and supervisors who provide direct care security services and handle daily operations. The facility has support services staff which consist of education, medical, mental health, food services, housekeeping, laundry and maintenance. The goals of the program are to re-integrate juveniles with their families and into the communities in such a way that they have the best opportunity to create positive and productive lives as juveniles and adults. Services offered to youth in the Post- Dispositional program include anger management, substance abuse education/treatment, conflict resolution, life skills, and independent living skills groups.

- Direct:
 - Security
 - Education
 - Educational Assessment
 - Regular and Special Education Curriculum
 - GED Preparation and Testing
 - Post-graduate certification education services
 - Medical/Physical Assessment
 - Onsite Nursing Care
 - Mental Health Assessments
 - Recreational Programming
 - Community Services
 - Fatherhood Initiative Program
 - Aggression Replacement Therapy (ART)
 - Substance Abuse group services
 - Religious programming
 - Chesapeake Sheriffs and Police Mentoring program
- Services accessed in the community:
 - On-site religious services twice per week
 - Guest speakers
 - Community Leaders – community leaders, organizations, and agencies
 - Local entertainment representatives and group performances

- Career Fair Representative presentations
 - Resident assistance in conduct of City of Chesapeake's Annual Plant Sale
-

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

FACILITY/PROGRAM: Chesapeake Juvenile Services

SUBMITTED BY: Morris Barco, Superintendent

CERTIFICATION AUDIT DATES: November 23, 2021

CERTIFICATION ANALYST: Learna Harris

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

6VAC35-101-350 (C). Buildings and Inspections

C. A current copy of the detention center's annual inspection and approval, in accordance with state and local inspection laws, regulations, and ordinances, of the systems listed below shall be maintained. These inspections shall of the:

1. General Inspections
2. Sewage, disposal system;
3. Water supply, and
4. Food service operation

Audit Finding:

There was no documentation that a sanitation inspection was conducted in 2019.

Program Response

Cause:

There was no sanitation report on file documenting, that a sanitation inspection was conducted in 2019 due to transition of Food Service Supervisors and scheduling shortfall.

Effect on Program:

The lack of inspection (Sanitation) in 2019 caused the facility to be out of compliance with DJJ regulation 6VAC35-101-350 (c) Buildings and Inspections.

Planned Corrective Action:

The Food Service Supervisor shall schedule the annual Sanitation Inspection 30-45 days prior to the inspection due date. Additionally; the supervisor shall provide the Assistant Superintendent-Administration with a confirmation email detailing the exact date/time for the scheduled inspection.

Completion Date:

November 23, 2021

Person Responsible:

Assistant Superintendent-Administration

Current Status on February 7, 2022: Compliant

Sanitation inspections are currently up to date.

6VAC35-101-510 (I). Emergency and evacuation procedures. CRITICAL

I. At least one evacuation drill (the simulation of the detention center's emergency procedure) shall be conducted each month in each building occupied by residents. During any three consecutive calendar months, at least one evacuation drill shall be conducted during each shift.

Audit Finding:

Evacuation drills were missing on 1st shift in February 2020, 2nd shift in May 2020, 1st and 3rd shifts in August 2020, 3rd shift September 2020, 1st shift October 2020, 2nd shift November 2020, 2nd shift in December 2020, and 1st and 3rd shifts in February 2021.

Program Response

Cause:

Missing evacuation drills on 1st shift in February 2020, 2nd shift in May 2020, 1st & 3rd shift in August 2020, 3rd shift September 2020, 1st shift October 2020, 2nd shift November 2020, 2nd shift December 2020, and 1st & 3rd shift in February 2021.

Effect on Program:

Chesapeake Juvenile Services became out of compliance with DJJ regulation 6VAC35-101-510 (I) Emergency and evacuation procedures.

Planned Corrective Action:

The Team Leader shall create and maintain a monthly calendar depicting the Fire Drill/Evacuation schedule for each shift/team. The schedule shall be provided to each supervisor and administration within the first five business days of each preceding month.

Completion Date:

November 23, 2021

Person Responsible:

Assistant Superintendent-Detention

Current Status on February 7, 2022: Compliant

At least one evacuation drill was conducted on each shift monthly from December 2021 to present.

6VAC35-101-700 (D). Personal necessities.

D. The washcloths, towels, and bed linens shall be cleaned or changed, at a minimum once every seven days and more often, if needed. Bleach or another sanitizing agent approved by the federal Environmental Protection Agency to destroy bacteria shall be used in the laundering of such linens and table linens.

Audit Finding:

Residents reported that their sheets and blankets are not being washed every seven days. It was reported by a resident that his bedding was washed the week of October 25, 2021 and had not been washed since then; he was interviewed on November 22, 2021.

Program Response

Cause:

Residents reported that their sheets and blankets were not being washed every seven days.

Effect on Program:

Chesapeake Juvenile Services became out of compliance with DJJ regulation 6VAC35-101-700 (D) Personal necessities.

Planned Corrective Action:

Residents' bed sheets and blankets shall be changed weekly on Thursday during the first shift. This shall be documented on the daily Shift Report by the shift supervisor.

Completion Date:

November 23, 2021

Person Responsible:

Assistant Superintendent-Administration

Current Status on February 7, 2022: Compliant

Six of six residents interviewed reported that their sheets and blankets are being washed weekly.

6VAC35-101-700 (E). Personal necessities.

E. After issuance, blankets shall be cleaned or changed as needed.

Audit Finding:

Residents reported to audit team member that their blankets had holes or were torn. An audit team member looked at the resident's blanket and the information given was accurate.

Program Response

Cause:

Residents reported that their blankets had holes, or were torn which was confirmed.

Effect on Program:

Residents were issued worn or torn blankets causing Chesapeake Juvenile Services to be out of compliance with 6VAC35-101-700 (E) personal necessities.

Planned Corrective Action:

The Laundress shall check the overall condition of all blankets and sheets following each cleaning, and document that they have been inspected prior to re-issuing to the individual units. Unit direct care staff will physically examine the condition of these items prior to issuing to the residents. Non-compliant bedding shall be removed from the unit to be properly discarded.

Completion Date:

November 23, 2021

Person Responsible:

Assistant Superintendent-Administration

Current Status on February 7, 2022: Compliant

Six of six residents interviewed stated their blankets can be changed as needed, two of the six residents interviewed stated their blankets were recently changed due to having holes in them.

ADDENDUM REPORT OF REGULATORY INQUIRY

During the months of January and February 2022, there were several serious incidents at Chesapeake Juvenile Services (CJS). Three of the incidents involved the use of force and two incidents involved staff being accused of sexual misconduct. Three use of force incidents were investigated and founded by CPS. One sexual misconduct was founded by CPS.

Based on the above serious incident reports, it was necessary to review regulatory requirements contained in 6VAC35-101 (Regulations Governing Juvenile Detention Centers) in order to assess areas related to the incidents where there may have been breakdowns in security procedures contributing to the restraints. This review was also necessary to address the life, health, and safety of the residents at Chesapeake Juvenile Services.

On February 17, 2022, staff from the Department of Juvenile Justice (DJJ) Certification Unit, DJJ Quality Assurance Unit, and DJJ Human Rights Advocates conducted an on-site visit to assess the general wellbeing of the residents at CJS. This assessment was conducted due to the above referenced incidents.

A debriefing by DJJ staff was conducted on April 26, 2022 with CJS facility administrators and Chesapeake City administrators including Wanda Bernard-Bailey, Deputy City Manager, Pamela Little-Hill, Director of Human Services, and Kelly Evan Assistant Director. The following information was discussed at this meeting and corrective action plan was requested.

On the day of this visit on February 17th, CJS's population was 26. Nineteen residents were interviewed. The five residents who are currently in active CPS investigations were not interviewed and two residents had court. Twenty-five staff were interviewed using a predetermined set of questions that allowed for an assessment of the rights of the residents and treatment. We reviewed the Behavioral Management System, Grievances, Due Process/Restraints/Confinements, Staffing, Staff Training Records, Use of Force, Medical Services and the frequency of Medical Assessments while in COVID isolation. The following are some notable areas the team found concerning.

- There were complaints about lack of staff to provide double coverage when needed.
- Residents are often in their rooms due to lack of staff coverage.
- Residents complained that during the day there is not a lot of constructive activity.
- The resident grievance system does not function properly and responses to grievances are often not received. Residents and staff do not feel the grievances are handled properly.
- Residents report there are roaches and bugs on the unit.
- There is a lack of mental health services on the units.
- Staff could not explain how the Physical Restraints Procedure is implemented.
- Residents are secured in their rooms as an immediate sanction.
- Due process is not adequately used.
- Residents complained about having prepackaged sandwiches on the weekends.
- Residents spoke of inappropriate behaviors between staff members.
- There are foul odors in the building.

Below are regulatory findings and the Chesapeake Juvenile Services Corrective Action Plans and current findings on October 25, 2022.

6VAC35-101-1070(B). Behavior Management

- B. Written procedures governing this program shall provide the following:
1. A listing of the rules of conduct and behavioral expectations for the resident;
 2. Orientation of residents as required by 6VAC35-101-800 (admission and orientation)
 3. The definition and listing of a system of privileges and sanctions that is used and available for use. Sanctions (i) shall be listed in the order of their relative degree of restrictiveness; (ii) may include a "cooling off" period where a resident is placed in a room for no more than 60 minutes; and (iii) shall contain alternatives to room confinement;
 4. The specification of the staff members who may authorize the use of each privilege and sanction;
 5. Documentation requirements when privileges are applied and sanctions are imposed;
 6. The specification of the processes for implementing such procedures; and
 7. Means of documenting and monitoring of the program's implementation including, but not limited to, an on-going administrative review of the implementation to ensure conformity with the procedures.

Finding: Non-Compliant

On page 478 of 500 of the electronic version of the policy and procedures manual, under Administrative Confinement, it states, "Chesapeake Juvenile Services does not utilize Administrative Segregation in this facility" and further states that the superintendent at the time had consulted with Certification and determined that administrative confinement was not necessary. However, CJS does use administrative confinement. During this visit it was determined that three female residents were placed in administrative confinement on splits, meaning they only came out of the room for three hours a day. Per Superintendent Barco, this was being done to keep them safe from each other. Staff had reported that they overheard two of the girls saying they were going to fight the other and he felt that was a proactive practice.

The Behavior Management Program was evaluated and contained a description of expectations, sanctions and rewards. It was noted that there are few positive rewards for good behavior and the use of room time as a sanction is over utilized. Behavior management should

be reviewed and revised. Assistance from DJJ can be provided as well as obtaining information from other juvenile detention centers.

Corrective Action

The electronic policy and procedures manual was reviewed and revised as follows: On page 478 of 500 under Administrative Confinement, it now reads "Chesapeake Juvenile Services does utilize Administrative Confinement. Residents shall be placed in administrative confinement only by the facility administrator (Superintendent) or designee (Assistant Superintendent), as a last resort when verbal de-escalation and/or other redirection strategies are unsuccessful. Resident(s) behaviors that are physically violent in nature and pose imminent risks of harm to self and others would be considered for administrative confinement. Documentation of de-escalation strategies and attempts will be noted in the resident's case records and within a state mandated reporting systems

CJS will be transitioning to a therapeutic/trauma informed approach in managing the oversight of residents in our care. Positive behavioral approaches will be utilized to address resident issues and concerns that focus on self-control, communication, critical thinking, accountability, problem solving and resiliency. Residents will be offered a "cool down" period to allow for processing of the situation, and problem solving strategies that focus on positive outcomes.

CJS is currently in the process of retraining staff in order to incorporate a therapeutic milieu. We are also in the process of reviewing and revamping existing policies and procedures that will be in alignment with this model. We have also consulted other JDC programs in our region for further insight and are reviewing their outcomes.

Status on October 25, 2022: Compliant

CJS has developed a new Behavior Management program which involves a more therapeutic method of working with their residents. The program successfully incorporates what DJJ Regulatory requires. Staff will be trained on a consistent basis, residents will be orientated on the new program and worked with consistently to adapt to the changes.

6VAC35-101-1080(B). Disciplinary Process.

- A. Disciplinary report. A disciplinary report shall be completed when it is alleged that a resident has violated a rule of conduct for which room confinement, including a bedtime earlier than that provided on the daily schedule, may be imposed as a sanction.
 1. All disciplinary reports shall contain the following:
 - a. A description of the alleged rule violation, including the date, time, and location,
 - b. A listing of any staff present at the time of the alleged rule violation;
 - c. The signature of the resident and the staff who completed the report; and
 - d. The sanctions, if any, imposed.
 2. A disciplinary report shall not be required when a resident is placed in his room for a "cooling off" period, in accordance with written procedures, that does not exceed 60 minutes.

Finding: Non-Compliant

In seven out of seven disciplinary reports reviewed, CJS unit staff immediately gave the residents a sanction of 48 hours or 72 hours that began immediately. The documentation showed that some sanctions started before the actual incident time, residents presented with the charge hours after they had already been serving the sanction and supervisors' review is time stamped hours after sanction has begun.

One out of one report reviewed had documentation that the resident requested a hearing. There was no information giving details of the hearing only a note that the resident refused to sign the form and room confinement would continue as written. The person conducting the hearing signed as witness to the resident's refusal to sign.

Corrective Action

Additional staff trainings on verbal de-escalation are being provided during weekly team training sessions in order to reduce the frequency of room confinements. "Line Staff" will no longer be allowed to impose sanctions. Implementation and accurate documentation of sanctions will be recorded, in addition to the supervisor on duty (SOD) being responsible for ensuring due process, on behalf of the resident was afforded. The Assistant Superintendent of Detention shall review each sanction for justification, fairness and equity. Adjustments to the imposed sanctions will be made as necessary. Sanctions will only be imposed following a "Cooling down" period and review of the incident by the SOD. Residents will have the opportunity to gather witnesses' and obtain statements, to support their grievance.

Residents are being educated on their rights and Due Process during weekly community groups on Saturday. SOD's will ensure the resident understands due process before he/she signs the incident paperwork or waives their rights to a hearing.

Status on October 25, 2022: Compliant

Certification staff reviewed the disciplinary reports, incident reports, and confinement monitoring forms. Unit staff are no longer giving sanctions, the residents are receiving hearings if requested with time to prepare evidence, ask for a neutral representative, and request witnesses if they chose. Residents were interviewed and had a clearer understanding of the Due Process than in the past.

6VAC35-101-1090 (A). Physical Restraint.

- B. Physical restraint shall be used as a last resort only after less restrictive interventions have failed to control residents whose behavior poses a risk to the safety of the resident, others, or the public.
 - 1. Staff shall use the least force deemed reasonable to be necessary to eliminate the risk or to maintain security and order and shall never use physical restraint as punishment or with the intent to inflict injury.
 - 2. Staff may physically restrain a resident only after less restrictive behavior interventions have failed or when failure to restrain would result in harm to the resident or others.
 - 3. Physical restraint may be implemented, monitored, and discontinued only by staff who have been trained in the proper and safe use of restraints.
 - 4. For the purpose of this section, physical intervention means to prevent an individual from moving all or part of that individual's body.

Finding: Non-Compliant

The staff did not use or attempt a proper Handle with Care techniques. This determination was made based on observation of the videos from the incidents.

Corrective Action

Moving forward, emphasis will be placed on therapeutic approaches to address negative behaviors. CJS teams are receiving more intensive HWC training with a strong focus on verbal

de-escalation and re-directional approaches. HWC instructors will test the team members on proficiency to ensure clear understanding of HWC techniques.

If assistance is necessary in addressing an incident, staff will wait for support prior to attempting a physical restraint. Physical restraints will be used only for the purposes of imminent safety risks and security concerns, and only as a last resort.

Status on October 25, 2022: Compliant

Certification staff conducted monthly visits to CJS to review documentation and videos of restraints that were conducted. The restraints were implemented properly and only when necessary.

6VAC35-101-200 (C). Retraining.

C. All direct care staff shall receive at least 40 hours of training annually that shall include training on the following:

1. Suicide prevention as provided for in 6VAC35-101-1020 (suicide prevention);
2. Standard precautions as provided for in 6VAC35-101-1010 (infectious or communicable diseases);
3. Maintaining appropriate professional relationships;
4. Interaction among staff and residents;
5. Residents rights, including, but not limited to, the prohibited actions provided for in 6VAC35-101-650 (prohibited actions);
6. Child abuse and neglect and mandatory reporting as provided for in 6VAC35-101-80 (serious incident reports) and 6VAC35-101-90 (suspected child abuse or neglect); and
7. Behavior intervention procedures.

Interpretation:

Staff did not receive 40 hours of annual retraining for calendar year 2021, they were given credit for CPR/First Aid from the year 2020 which is not accurate.

Corrective Action

Chesapeake Juvenile Services will schedule and provide annual CPR training, regardless of the number of years their certification is active. Additionally, CJS has developed a robust training calendar and all team members will receive more than 40 hours of required trainings. As we become more trauma informed, our trainings will focus on identifying trauma and how to best support our residents without re-traumatization. All staff regardless of position will be trauma informed along with the use of best practices.

The training coordinator will also be providing the following trainings, in addition to DJJ mandated trainings: Verbal de-escalation refresher, crisis response, effective communication, safety tips for working in a secured detention facility, safety searches, radio communication, safety and security, teamwork, trauma informed care, leadership skills, perimeter/grounds checks, role vs. goal and the "Law of the Bad Apple".

Status on October 25, 2022: Compliant

Certification staff reviewed training records as well as the training plans. Staff are receiving 40 hours of required training.

6VAC35-101-490(A). Maintenance of the buildings and grounds.

A. The interior and exterior of all buildings and grounds shall be safe, maintained, and reasonably free of clutter and rubbish. This includes, but not limited to, (i) required locks,

mechanical devices, indoor equipment, and furnishings and (ii) all areas where residents, staff, and visitors reasonably may be expected to have access.

Finding: Non-Compliant

The control room staff is sometimes unable to control doors. In talking with the senior staff, they stated that the control panel occasionally “locks up” and if you’re not experienced with the panel recovering the system is difficult. Experienced people simply shut it down and allow the system to reboot itself and that usually fixes the problem.

In addition, several maintenance issues were observed: (1) one unit had a smashed/cracked mirror; (2) Unit 5 had a shower out of service; (3) Unit 3 had a non-functional sink in the shower area; and (4) Unit 7 had a non-functional shower and was missing a poison control sticker on the phone. Photos were taken showing rust in some areas and damaged furniture. One picture shows what appears to be a fire alarm taped over. One shower had the drain covered by something and another shower was lacking a curtain making it unusable. The kitchen area showed mold on the reach-in gaskets.

Corrective Actions

Repair Work Orders have been established for the following items: Control Panel, and fire alarm emergency light. Tape on fire alarm cover removed. Chesapeake Juvenile Services has secured repair quotes for both, the inoperable fire alarms and control panel repair/replacement. Capital Improvement funds are being utilized for these projects.

The following items have been repaired and/or replaced:

- (1) Smashed/cracked mirror – Replaced- Unit 4
- (2) Unit 5 Shower out of service – Service restored
- (3) Unit 3 non-functional sink in shower area – Repaired
- (4) Unit 7 non-functional shower – Repaired
- Poison Control Sticker missing on Unit 7 – Replaced
- Damaged furniture- CJS has partnered with the Sheriff’s Department to refinish furniture and/or replace any damaged furniture. To date, 10 pieces have been refinished.
- Fire Alarm Taped Over- Tape was put in place during painting and has been removed
- Shower drain covered- The shower has been cleared of debris; Unit-6 Drain - Contractor was contacted and we are waiting appointment for them to assess the area.
- Missing Shower Curtain – Replaced
- Mold on Reach-in gaskets – The Food Service Supervisor has cleaned gaskets of mold. A replacement gasket will be ordered, that is free of stains
- Unit 7 Rust (Picture 521)- Contractor has been contacted. Entire frame will have to be replaced if they are unable to repair it.

Note: Maintenance staff will check and document all plumbing items weekly for compliance.

Status on October 25, 2022: Compliant

Certification staff conducted a walk-through of the building and noted that all areas mentioned were repaired.

6VAC35-101-490(B) Maintenance of the buildings and grounds.

B. All buildings shall be reasonably free of stale, musty, or foul odors.

Finding: Non-Compliant

Foul odors were noted in some of the units. In two of the units the mop sink area was poorly maintained. Old, used mop heads and scrub brushes were not hung up to air dry and there were strong musty and moldy odors from the mop sink room. In both of the units with mop sink issues, the doors to the mop sinks were unsecured. This allowed the odors to filter into the rest of the unit.

Corrective Actions

CJS has contracted with UniFirst to deliver mop heads weekly. Upon receipt of the new mop heads staff will change them out weekly. Mops and scrub brushes will be properly hung up to air dry following a quick wash/rinse after each use. Supervisors will check for compliance daily and document their findings in the daily shift report. Maintenance staff will perform routine maintenance (Chemical/water solution) on sewer drains, with emphasis on unit-1 to eliminate odors.

Status on October 25, 2022: Compliant

During an inspection of the building, there were no odors in the units or dirty mop heads in the closets.

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

PROGRAM AUDITED:

Northern Virginia Juvenile Detention Home
200 South Whiting Street
Alexandria, VA 22304
(703) 751-3700
Johnitha McNair, Executive Director
JMcNair@jdcnv.org

CERTIFICATION ANALYST:

Kenneth Bailey
Certification Manager

DIRECTOR'S CERTIFICATION ACTION January 13, 2022: Continued the current certification status of Northern Virginia Juvenile Detention Center June 1, 2022, with instructions to have completed the necessary security enhancements. (Director Boykin)

CERTIFICATION ACTION August 25, 2022: Continued the current certification status to November 8, 2022. The facility must have the security fencing project completed by that date. The first priority must be the 10 foot area where the escape took place in June 2021.

DIRECTOR'S CERTIFICATION ACTION December 19, 2022: Certified Northern Virginia Juvenile Detention and Post Dispositional Detention Program to June 1, 2024.

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

The outstanding issue of non-compliance from the previous audit report was the failure to take corrective action with the installation of replacement fencing to secure the facility.

6VAC35-101-530 (A). Control of perimeter.

In accordance with a written plan, the detention center's perimeter shall be controlled by appropriate means to provide that residents remain within the perimeter and to prevent unauthorized access by the public.

Finding:

Removal of the barbed wire that was an approved security feature of the facility did not provide for proper control of the facility perimeter. Nothing was added to secure the perimeter.

Program Response

Cause:

As stated in the program response in section: 6VAC35-101-350 (D). Buildings and inspections; the removal of the barbed wire and concertina wire contributed to a breach in the control of the inner perimeter.

Effect on Program:

Changes to programming activities, specifically the cessation of outdoor recreation. A finding of non-compliance with the Department of Juvenile Justice's certification standards.

Planned Corrective Action:

We have requested bids to make the fencing inside the perimeter more secure either or both by increasing the height of the fence with an inverted overhang similar to the exterior perimeter and adding no climb mesh to the exterior of the fence to cover the current chain link. Once a vendor is selected, NVJDC will proceed with securing the areas that compromised physical security and contributed to the escape.

Completion Date:

In progress

Person Responsible:

Johnitha R. McNair

Status on November 8, 2021: Noncompliance

No modifications have been made to secure the area from escapes.

Status on August 15, 2022: Noncompliance

The NOVA Detention Commission has approved funding for the project but a final vendor has not been selected. This decision is expected before the end of August. Johnitha McNair will give an update on August 25th. A contract has been awarded to Long Fence. Construction is scheduled to begin October 15, 2022.

Status on November 8, 2022: Compliance

The installation of the proposed fencing project was started ahead of schedule and completed by November 8, 2022. Photos of the installed fence meets the requirements outlined in the project description. The NOVA Detention Commission chairman provided ongoing oversight of the project.

SUMMARY
DIRECTOR'S CERTIFICATION ACTIONS
February 13, 2023

Certified the 2nd District Court Service Unit to March 15, 2026, with a letter of congratulations for 100% compliance.

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

Certified the 7th District Court Service Unit to January 30, 2026, with a letter of congratulations for 100% compliance.

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

Certified the 8th District Court Service Unit to March 15, 2026, with a letter of congratulations for 100% compliance.

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

Certified the 28th District Court Service Unit to March 15, 2026, with a letter of congratulations for 100% compliance.

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

Certified the Merrimac Center and Post-dispositional Program to February 12, 2026, with a letter of congratulations for 100% compliance.

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

Certified the Newport News Juvenile Detention Center and Post-dispositional Program to January 10, 2026, with a letter of congratulations for 100% compliance

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

Certified the Rappahannock Juvenile Detention Center and Post-dispositional Program to April 12, 2026, with a letter of congratulations for 100% compliance.

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

Certified Sheltercare of Northern Virginia to April 14, 2026, with a letter of congratulations for 100% compliance.

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

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

PROGRAM AUDITED:

2nd District Court Service Unit (Virginia Beach)
2425 Nimmo Parkway, Building 10-A
Virginia Beach, Virginia 23456
(757) 385-4361
Gregory Smith, Director
greg.smith@djj.virginia.gov

AUDIT DATES:

November 3, 2022

CERTIFICATION ANALYST:

Learna R. Harris

CURRENT TERM OF CERTIFICATION:

March 15, 2020 – March 14, 2023

REGULATIONS AUDITED:

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

PREVIOUS AUDIT FINDINGS – October 8, 2019:

100% Compliance Rating

CURRENT AUDIT FINDINGS – November 3, 2022:

100% Compliance Rating

CERTIFICATION ACTION February 13, 2023: Certified the 2nd District Court Service Unit to March 15, 2026, with a letter of congratulations for 100% compliance.

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

TEAM MEMBERS:

Learna Harris, Team Leader
Shelia Hinton, Central Office
Wanda Parris-Flanagan, Central Office

POPULATION SERVED:

The 2nd District Court Service Unit serves the City of Virginia Beach.

PROGRAMS AND SERVICES PROVIDED:

The 2nd District Court Service Unit is a specialized unit that provides intake, probation, parole, and investigative/assessment services for the city of Virginia Beach.

In the main office located in the court complex at 2425 Nimmo Parkway, the roles and responsibilities of probation officers include court coverage, monitoring of pre- and post-dispositional cases, intake, probation/parole supervision, diversion and after hour on-call duties. There is a satellite location (Bayside) that is utilized by staff to support direct services to family who may have transportation issues impacting their ability to get to the main office. Currently,

there is one senior probation officer and three other officers assigned to the intake unit. There are a total of seven other probation officers who provide probation and parole supervision with one officer assigned to complete social history reports in the assessment unit. Due to a staffing shortage diversion and Pre-Court Services assignments are shared amongst all staff.

Intake services include the processing of civil and criminal petitions, as well as the unofficial handling/diversion of delinquent matters. Detention orders are completed for class one misdemeanors or felony offenses based on the Detention Assessment Instrument score.

In Virginia Beach, intake services are provided from 8:00 am to 4:30 pm. The main office provides intake services for emergency matters such as a child in police custody, protective orders, and emergency removals every day. The Virginia Beach CSU moved away from an appointment system and now file custody petitions on a walk-in basis.

Investigative/assessment services include completion of pre- and post-dispositional comprehensive Social History Reports. Interviews with the youth and family are conducted utilizing Motivational Interviewing. The Youth Assessment and Screening Instrument (YASI) is completed and incorporated in all Social History Reports. Transfer reports, CHINS assessments and progress reports are completed as ordered.

The YASI risk assessment drives the level of interventions needed including referrals for services/treatment and frequency of contacts for Probation and Parole Supervision. It also is used in determining the length of stay for commitment as well.

The Standardized Disposition Matrix (SDM) was introduced in 2019 and has been fully implemented within the Court Service Unit. It is a tool used to recommend an appropriate level of Court Service Unit supervision. It was designed to bring a greater degree of consistency, reliability, and equity to the assessment and decision-making process. The usage of the SDM is currently on hold while efforts are being made in a state-wide workgroup to enhance the product.

Probation services include case management of youth in the community who are ordered on probation supervision. The probation officer's primary responsibilities are balancing community protection and the juvenile's needs. They utilize incentives, graduated sanctions, EPICS, and a risk-based supervision plan in the delivery of services. Youth are provided opportunities to develop important competencies that will support their ability to become law abiding and productive members of the community. The youth and their families meet with the probation officers per risk and to ensure all court orders are being followed. The probation officer PO develops a Probation Supervision Case Plan (PSCP) from the YASI risk assessment that includes the criminogenic areas being targeted and the action steps and goals. These efforts are all geared towards challenging the youth's thinking.

Parole services include case management of youth committed to the Department of Juvenile Justice and who have returned to the community on parole supervision. Parole services begin at commitment. Initially, the commitment packet is completed and submitted to the Classification and Admissions Placement (CAP) Unit. Parole officers initiate and facilitate the re-entry planning with the youth and family in efforts to ensure the youth's successful re-integration into the community. The assigned PO remains engaged with the parent/family of the committed youth throughout the youth's time in direct care and on community supervision.

While in direct care, the parole officers maintain monthly contact with the youth, including quarterly face to face contacts. In addition, the PO participates in all treatment team meetings, are involved in the development and implementation of all Mental Health Transition Plans when needed and

secure appropriate services to address the youth's needs upon their return to the community. The PO develops a Comprehensive Re-entry Case Plan (CRCP) from the YASI risk assessment that is used for parole planning and supervision. It also includes the criminogenic areas being targeted and the action steps and goals.

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

PROGRAM AUDITED:

7th District Court Service Unit (Newport News)
2600 Washington Avenue, 6th Floor
Newport News, Virginia 23607
(757) 926-8781
Lotus A. Wheeler, Director
lotus.wheeler@djj.virginia.gov

AUDIT DATES:

October 31, 2022

CERTIFICATION ANALYST:

Wanda Parris-Flanagan

CURRENT TERM OF CERTIFICATION:

January 30, 2020 – January 29, 2023

REGULATIONS AUDITED:

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

PREVIOUS AUDIT FINDINGS -- June 18, 2019:

98.2% Compliance Rating
*Repeated deficiencies from previous audit. None.

Number of Deficiencies: One

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

CURRENT AUDIT FINDINGS – October 31, 2022:

100% Compliance Rating

CERTIFICATION ACTION February 13, 2023: Certified the 7th District Court Service Unit to January 30, 2026, with a letter of congratulations for 100% compliance.

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

TEAM MEMBERS:

Wanda Parris-Flanagan, Team Leader
Learna Harris, Central Office
Shelia Hinton, Central Office

POPULATION SERVED:

The 7th District Court Service Unit serves the City of Newport News.

SERVICES PROVIDED:

Mandated Services:

The Seventh District Court Service Unit has four (4) specialized units that provide mandated services. They are as follows:

- **Intake:**
Intake Unit receives, reviews, and processes all complaints and inquiries regarding juveniles and adults involving both criminal and non-criminal matters (to include custody, visitation,

support, protective orders and Department of Human Services initiated petitions). Intake officers are tasked with making decisions regarding whether to refer a matter to court for formal adjudication or to divert the case to other CSU or community-based programs that will address the needs of the youth. On criminal matters processed on petitions, intake is required to utilize the Detention Assessment Instrument (DAI) in making all decisions to detain a youth. Intake Officers are available to the public Monday through Friday, from 8:00 a.m. to 7:00 p.m. We also provide intake services for the Newport News Police Department after hours from Tuesday through Sunday from 10:00 p.m. to 6:00 a.m. Intake officers are always available on an on-call basis to law enforcement after-hours, on holidays and weekends, and for emergencies.

In addition to the above services, our intake unit is responsible for our Anti-Consumer Theft (ACT) and Marijuana Diversion programs, Truancy Court, and for conducting the initial five (5) day detention visits for youth placed in secure detention.

- **Diagnostic:**

The Diagnostic Unit completes background investigations, provides pre-court services, and case management services on all pre-dispositional cases that are not already on court-ordered supervision. This unit acts as lead court liaisons for court arraignments, detention hearings, trials, and dispositions. They also provide post-dispositional monitoring and services to cases with court ordered programs to complete that have not been placed on formal supervision. The diagnostic officers are required to coordinate and make all necessary referrals for court-ordered programs, monitor compliance, and submit status reports to the court on these cases.

Diagnostic officers are required to conduct detention, jail, and placement visits; to conduct home, school, and office visits with the youth and family for social history interviews, and to communicate with school officials, counselors, and therapists where necessary. EPICS and motivational interviewing techniques are utilized during the interview process. YASI and SEAS assessments to determine the youth's risk and supervision levels and trauma needs are completed and incorporated into all social histories. Weekly staffings are also conducted on all cases to provide dispositional recommendations to the court that address the needs of the youth and family while also holding the youth accountable for their actions. All diagnostic officers are CANS (Child and Adolescent Needs and Strengths) certified to fulfill the CSA (Children Services Act) requirement for completing FAP (Family and Planning) referrals for services.

- **Probation:**

The Probation Unit provides case management supervision and services to youth adjudicated delinquent and placed on court ordered supervision. By using a balanced approach incorporating incentives, graduated sanctions, EPICS, and a risk-based supervision plan in the delivery of services, all juveniles are held accountable for their actions. A primary emphasis is on community protection and offenders are provided opportunities to develop important competencies that will support their ability to become law abiding and productive members of the community. The youth and their families meet with the probation officers per risk levels to ensure that the Court's orders are being completed and to carry out EPICS. Numerous resources are used to accomplish our goals and objectives to include coordinating and making all necessary referrals.

Probation officers attend and testify at court hearings; perform court liaison duties; conduct school, home, detention, and placement visits; write social histories and court reports;

complete YASI assessments and YASI re-assessments and case staffing forms. They also develop supervision case plans to address the criminogenic areas that are to be addressed/targeted during the youth's term on probation. All probation officers are also CANS certified to fulfill the CSA requirement for completing FAP referrals for services.

Probation officers also serve on Family Assessment and Planning Teams (FAPT), the local Gang Task Force, and treatment teams for youth placed in post-dispositional detention.

- **Parole:**

Parole case management services begin at the time of commitment to the Department of Juvenile Justice and continue throughout the youth's term in direct care and community supervision. Once the commitment packet is completed and submitted to the Classification and Admissions Placement (CAP) Unit, parole officers become actively involved in the case. They initiate and facilitate the re-entry planning with the youth and family to hopefully assure the youth's successful reintegration back into the community.

While in direct care placements, the parole officers maintain contact with the youth and JCC staff per the re-entry manual requirements; they participate in all treatment team meetings; are involved in the development and implementation of all Mental Health Transition Plans when needed; and they secure and ensure that designated and appropriate services to address the youth's needs are in place prior to the youth's release to assure a seamless transition back into the community without a break in services. Upon the youth's return to the community, the parole officer meets with the youth and their families per risk levels to ensure that the Court's orders are being completed and to carry out EPICS.

Parole officers attend and testify at court hearings; perform court liaison duties; conduct school, home, detention, and placement visits; write social histories and court reports; complete YASI assessments and YASI re-assessments. They also develop comprehensive re-entry case plans to address the criminogenic areas that are to be addressed / targeted during the youth's term on parole. All parole officers are CANS certified to fulfill the CSA requirement for completing FAP referrals for services. They also serve on Family Assessment and Planning Teams (FAPT) and the local Gang Task Force.

Additional Services:

In addition to the above mandated services, the 7th District Court Service Unit has a Qualified Mental Health Professional (QMHP) on staff that assists staff by conducting initial mental health screenings and assessments and provides treatment recommendations for all court ordered social histories. This position also provides crisis intervention services, conducts anger management and impulse control groups, and provides a three-tier substance abuse education and treatment program.

Primary Community Referrals:

The 7th District Court Services Unit utilizes the Department's Regional Service Coordination Process to broker the majority of our services through **AMIKids**. In addition to the vendors that are accessed via this process, we also make direct referrals to the following:

- **Newport News Public Schools:** (educational evaluations/child studies, alternative education programs, tutoring, anger management, substance abuse education).
- **Newport News Department of Human Services:** CHINS Unit evaluations/services, Families at Risk Program, Foster Care/custody needs, Child Protective Services referrals/services, Independent Living programs, Targeted Outreach Program (TOP); Family Stabilization Program.

- **FAP Team (Family and Planning Team):** Collaborative staffings for community resources and CSA and CSI funding.
- **Hampton-Newport News Community Services Board:** Therapeutic Day Treatment Program in the schools, individual/group/family counseling, mentoring, mental health counseling, substance abuse evaluations/counseling, psychological/psychiatric evaluations, medication management, case management, Functional Family Therapy (WTCSB).
- **Newport News Juvenile Services:** Secure Detention, Post-Dispositional Program, Outreach Program, Electronic Monitoring/Global Positioning System, Intensive Day/Evening Programs, and Community Work Alternative Program.
- **Newport News Fire Department:** Fire Starters Program.
- **Boys & Girls Clubs:** Boy's Club Gang Prevention Program.
- **Community Corrections Division:** local adult supervision/probation services.
- **Workforce Development and New Horizons Educational Center:** employment and job skills preparation/ trades program..
- **Commonwealth Challenge and Job Corps:** residential/educational placement.
- **National Counseling Group:** Multi Systemic Therapy, counseling services, life skills building, and Mental Health Treatment Plan assessments for the Post-Dispositional Program.
- **Job Readiness Programs:** Youth Build Program, Virginia Technical Academy, Reentry Advocate Job Readiness.
- **Tidewater Youth Services Commission:** Apartment Living Program, Second Chance Reentry Grant Program.

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

PROGRAM AUDITED:

8th District Court Service Unit (Hampton)
35 Wine Street
Hampton, Virginia 23669
(757) 727-6184
Ellen Madison, Director
ellen.madison@djj.virginia.gov

AUDIT DATES:

November 2, 2022

CERTIFICATION ANALYST:

Learna R. Harris

CURRENT TERM OF CERTIFICATION:

March 15, 2020 – March 14, 2023

REGULATIONS AUDITED:

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

PREVIOUS AUDIT FINDINGS – October 15-16, 2019:

6VAC35-150-336 (A). Social histories
6VAC35-150-350 (A). Supervision plans for juveniles
6VAC35-150-420. Contacts during juvenile's commitment

CURRENT AUDIT FINDINGS – November 2, 2022:

100% Compliance Rating

CERTIFICATION ACTION February 13, 2023: Certified the 8th District Court Service Unit to March 15, 2026, with a letter of congratulations for 100% compliance.

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

TEAM MEMBERS:

Learna Harris, Team Leader
Shelia Hinton, Central Office
Wanda Parris-Flanagan, Central Office

POPULATION SERVED:

The 8th District Court Service Unit serves the City of Hampton.

PROGRAMS AND SERVICES PROVIDED:

The 8th District Court Service Unit provides mandated services including:

- Intake services
- Investigation services/Diagnostic
- Probation services
- Direct care supervision
- Transitional and Re-Entry Planning

- Parole Supervision

The 8th District Court Service Unit interacts with the community in obtaining such services as:

- Family Stabilization Program
 - Intensive Supervision
 - Community Service Coordination
 - Substance Abuse Evaluations
 - Substance Abuse Treatment
 - Anger Management Services
 - CSA/FAPT Referrals
 - Outreach Detention
 - Electronic Monitoring/GPS
 - AMI Kids
 - Employment Readiness
 - Keep The Peace Program
 - Anti-Consumer Theft Program
 - Mental Health Screening
 - Mental Health Assessment
-

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

PROGRAM AUDITED:

28th District Court Service Unit (Abingdon)
193 East Main Street
Abingdon, Virginia 24210
(276) 676-6284
Amy Johnson, Director
amy.johnson@djj.virginia.gov

AUDIT DATES:

December 13, 2022

CERTIFICATION ANALYST:

Shelia L. Hinton

CURRENT TERM OF CERTIFICATION:

March 15, 2020 – March 14, 2023

REGULATIONS AUDITED:

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

PREVIOUS AUDIT FINDINGS – December 16, 2019

100% Compliance Rating

CURRENT AUDIT FINDINGS- December 13, 2022

100% Compliance Rating

CERTIFICATION ACTION February 13, 2023: Certified the 28th District Court Service Unit to March 15, 2026, with a letter of congratulations for 100% compliance.

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

TEAM MEMBERS:

Shelia L. Palmer, Team Leader, Central Office
Learna Harris, Central Office
Wanda Parris-Flanagan, Central Office
Deron Phipps, Central Office

POPULATION SERVED:

The 28th District Court Service Unit serve the City of Bristol and the Counties of Smyth and Washington.

PROGRAMS AND SERVICES PROVIDED:

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

The Unit interacts with the community in obtaining such services as:

- Substance Abuse Counseling
 - Drug Screening
 - Adolescent Resource Specialist
 - Mental Health Counseling
 - Outreach Detention Supervision
 - Shoplifting Program
 - Community Service
 - Improving Scholars
 - Mentoring
-

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

PROGRAM AUDITED:

Merrimac Center
9300 Merrimac Trail
Williamsburg, VA 23185
(757) 887-0225
Gina Mingee, Executive Director
gmingee@merrimac-center.net

AUDIT DATES:

September 28, 2022

CERTIFICATION ANALYST:

Learna R. Harris

CURRENT TERM OF CERTIFICATION:

February 12, 2022-February 11, 2023

REGULATIONS AUDITED:

6VAC35-101 Regulation Governing Juvenile Detention Centers

PREVIOUS AUDIT FINDINGS September 16, 2019:

100% Compliance Rating

CURRENT AUDIT FINDINGS – September 28, 2022:

100% Compliance Rating

CERTIFICATION ACTION February 13, 2023: Certified the Merrimac Center and Post-dispositional Program to February 12, 2026, with a letter of congratulations for 100% compliance. *Pursuant to 6VAC35-20-100C.2, if the certification audit finds the program or facility in less than 100% compliance with all regulatory requirements and a subsequent status report, completed prior to the certification action, finds 100% compliance on all regulatory requirements, the director or designee shall certify the facility for a specific period of time, up to three years.*

TEAM MEMBERS:

Learna Harris, Team Leader
Shelia Hinton, Central Office
Nikeshia Roberts, Central Office
Michael Sayles, Central Office
Kimberly Whitfield, Richmond Juvenile Detention Center

PROGRAM DESCRIPTION

The facility is approximately 27,000 square feet. The building is brick facing over concrete block with a metal roof. There are four housing units. Unit one has 10 beds and houses Community Placement Program (CPP) females up to age 21. Prior to the pandemic, predispositional females programmed in a classroom (unit 5) but slept on unit one with the other females. Unit two is ten beds and houses the younger, smaller, more vulnerable male population. However, during the COVID-19 pandemic, this unit was used for new admissions as a cohort until the quarantine period (14 days or less) had been completed. Unit three is 12 beds and houses pre-dispositional males and male CAP participants. Unit four is 16 beds and houses the male Community Placement Program (CPP) up to age 21, male post-d program participants, and male re-entry participants. Females program separately from males except during school. Both unit one and unit four have designated staff. There is a fenced outdoor

recreation area with a basketball court and space for volleyball and other games. A gym provides recreation space for indoor recreation including physical education classes. There are seven designated classroom spaces, including the gym.

Safety and security systems include 51 cameras, with 47 having audio capabilities, cameras monitoring both inside and outside the facility. These are recorded 24 x 7. Digital recording is reviewed to investigate incidents and for training. A security control room is manned by specially trained staff around the clock. This staff monitors and controls internal and external doors, cameras, video surveillance system and personal alarms in the cells and unit offices. They also monitor the fire alarm and suppression systems, the generator, environmental system, restraints, cell phones, and radios.

The facility has a full kitchen and laundry room. These services are provided on-site.

POPULATION SERVED:

The Merrimac Center was originally constructed in 1997 as a 48-bed facility. The Merrimac Center provides safe and secure housing for male and female juveniles who are predispositional and post-dispositional before the court in the Counties of Caroline, Charles City, Essex, Gloucester, Hanover, James City, King and Queen, King William, Lancaster, Mathews, Middlesex, New Kent, Northumberland, Richmond, Westmoreland, York and the Cities of Poquoson and Williamsburg. The facility also serves juveniles in the Post-Dispositional Program, the Re-Entry Program and the Community Placement Program. The Merrimac Center serves juveniles from ages 10-21.

PROGRAM AND SERVICES PROVIDED:

Facility (services offered by facility staff):

The Center philosophy is that the juveniles' time in detention should be productive. Staff has training in group work and materials in order to conduct 21 groups per week on a variety of topics. The staff supervise activities, groups, and structured leisure time that encourages the residents to think about their particular situations, set goals, and make better decisions in the future.

In April 2007, a new behavior management program based on Cognitive Behavior principles was implemented. This program is based on a positive learning response to behaviors. An important component of this program is that the residents can only earn a maximum of sixty minutes of disciplinary room confinement. The resident determines the amount of time spent in room confinement based on his/her behavior meeting outlined expectations. The resident is required to focus on their behavior and work towards more socially acceptable thinking and behaving through the use of numerous behavior modification and cognitive behavioral training program components.

• **Post Disposition Program:**

The Center provides a treatment program for juveniles sentenced from 31 to 180 days at the Center. The program is licensed for 15 residents. The Treatment Programs Manager serves as a case manager for the program. The program staff work closely with the court staff to identify appropriate services, referrals, and placements. A mental health clinician works with the residents, staff, and families. Assigned staff provides programming and implements treatment plans designed by a treatment team. Due to staffing levels and the pandemic, the post-d program was temporarily suspended on August 24, 2021.

• **DJJ Central Assessment and Placement Intakes:**

As a part of the DJJ transformation initiative in 2016, the Center began receiving youth

committed to the DJJ but remaining in the community. These youth will receive full intake assessments including a full physical, conducted in the community by an M.D., a dental exam and vision exam if indicated, and a full psychological from a DJJ contractor. These youth are then staffed by a team including the parents/guardians, the resident, the DJJ staff, the Merrimac Center Treatment Programs Manager, and case manager. Through the staffing, a determination is made for recommended services and placement in a CPP program.

- **Male & Female CPP:**

The Center provides a treatment program for state-ward males sentenced to various lengths of stays as indicated by the Department of Juvenile Justice (DJJ) or Court. This program is not co-ed and has a guarantee of eight placements. The Treatment Programs Manager provides oversight of the program. There is a dedicated case manager to coordinate the residents' multitude of needs and to facilitate monthly treatment team meetings. As prescribed in their CAP staffing, the residents may receive substance abuse group, individual, and family counseling from a contractor, as well as Aggression Replacement Training (ART) from designated staff and the case manager. The program staff work closely with the DJJ staff to identify appropriate services, referrals, and placements. Assigned staff provide programming and implement treatment plans designed by a treatment team. Transition services are provided to help the residents and the families succeed after release.

In addition to the regular education program, career interests, getting a job and succeeding in a job and preparing for independent living are part of the program. Students learn how to use technology in the workplace and for research. Upon completion of the program, a student has a portfolio displaying their knowledge, skills and abilities.

On July 1, 2016, the Center began providing a treatment program for state-ward females sentenced to various lengths of stays as indicated by the Department of Juvenile Justice (DJJ) or Court. This program has a guarantee of five placements. These females are separated from post-dispositional youth for gender-specific programming including Girls Circle and Give us Wings group. They receive the same services as the CPP males and have a designated substance abuse therapist/case manager in-house.

- **Medical/ Mental Health Services:**

A full-time registered nurse provides daily medical services. Identified direct care staff are certified as medication agents and administer medications and first aid when the medical staff is off duty. A contract provides on-site physician assistant and M.D. services as needed or at least bi-weekly. An on-call nurse is also employed to review records and attend to resident needs when our R.N. is on leave. Local vendors provide emergency medical and dental care, as well as specialty consultation. Colonial Behavioral Health provides emergency mental health assessments, psychiatric consultation weekly, and onsite therapy.

The local Community Services Board, Colonial Behavioral Health, employs one unlicensed therapist to provide mental health services that include assessments, crisis counseling, psycho-education groups, therapy, and case management. CBH discontinued our dedicated case management position in July of 2019 due to funding issues.

- **Food Service:**

The food service program is delivered by four full time staff. The staff are required to

maintain Food Service Manager Certifications. All food service staff attend training provided by the Department of Agriculture and the Department of Juvenile Justice. Three have completed the American Correctional Association Food Service curriculum.

- Training

Staff training is a priority for management. Several staff members are trainers in various topics. In-house training and access to training by outside agencies are provided. We have had the opportunity to train staff in Motivational Interviewing, trauma-informed care, Aggression Replacement Training (ART), and Girls Circle. The medical staff provides CPR, First Aid, and medication agent training to direct care staff and Blood Borne Pathogens and infection control training to all Center staff.

- Transportation:

The Commission provides all transportation after the juvenile is admitted to the detention facility. A fleet of secure vehicles and transportation staff transport juveniles to court, medical, mental health, and other destinations.

Video conferencing has proven to be effective, reducing the cost of transportation and exposure to security risks. Nearly all of the arraignments are conducted electronically. Detention reviews and progress hearings are frequently held via video.

Community (services offered by community agencies and resources):

Staff and Volunteers

The Center works with other agencies and individuals to supplement services. Volunteers provide character-building groups, gardening, therapeutic drumming, religious services, mentoring, and pet therapy. Local churches have always been supportive throughout the years. They have always been very generous at holidays and continue to contribute games and craft supplies. Unfortunately, volunteer services had to be suspended in 2020 as a result of the pandemic.

- Education:

The daily schedule for the juveniles includes five and a half hours of school per day. The Williamsburg James City County School System employs the educational staff. Eight teachers are assigned to the Center. These eight teachers and a principal deliver the educational program, teaching all subjects and grade levels and sending reports to the juvenile's home school. A focus has been on remedial reading and math skills, which has proven to be very helpful to the youth. Juveniles receive credit for their attendance and for the work completed while in the detention center school. Standards of Learning (SOLs) and semester testing are administered at the Center. Pre-pandemic, tutors are engaged for those students taking subjects that cannot be taught by the education staff. Instruction and testing for the GED is a part of the educational opportunities. Several students were able to participate in graduation ceremonies by earning their GED or diploma over the past 3 years. Again, with the pandemic and school restrictions in place, much of the education was virtual over the past two years. The regular school schedule has been implemented for this school year (2022-2023).

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

PROGRAM AUDITED:

Newport News Juvenile Detention Home
350 25th Street
Newport News, Virginia 23607
(757) 926-1610
Jered Grimes, Director
grimesjr@nnva.gov

AUDIT DATES:

October 18, 2022

CERTIFICATION ANALYST:

Wanda Parris-Flanagan

CURRENT TERM OF CERTIFICATION:

January 10, 2020-January 9, 2023

REGULATIONS AUDITED:

6VAC35-101 Regulation Governing Juvenile Detention Centers

PREVIOUS AUDIT FINDINGS August 27, 2019:

99.38% Compliance Rating

* One repeated deficiency from previous audit.

6VAC35-101-1030 (B) – Residents' health care records.

***6VAC35-101-1060 (J) – Medication. CRITICAL**

6VAC35-101-1060 (M) – Medication. CRITICAL

CURRENT AUDIT FINDINGS – October 18, 2022:

100% Compliance Rating

CERTIFICATION ACTION February 13, 2023: Certified the Newport News Juvenile Detention Center and Post-dispositional Program to January 10, 2026, with a letter of congratulations for 100% compliance.

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

TEAM MEMBERS:

Wanda Parris-Flanagan, Team Leader

John Adams, Central Office

Angela Rice, Norfolk JDC

Nikeshia Roberts, Central Office

Michael Sayles, Central Office

POPULATION SERVED:

The Newport News Secure Detention facility is approximately 72,000 square feet. The 110-bed facility was opened at the current location on January 10, 2005. There are 11 pods housing 10 residents per pod. Pod staffing ratios are one counselor per 10 residents. Each pod has 10 sleeping rooms, two shower areas, a common area and a storage area. All pods are gender

specific, and each room is single occupancy. The pods are grouped into two pod suites which share a sitting room and a small enclosed outside recreational area.

The Pre-Dispositional program houses residents between eight and 17 years of age, who are involved in the pre-trial, trial, or pre-sentencing process within the juvenile court system. The length of stay is determined by the placing judicial authority. The Post-Dispositional program is designed to accommodate up to 20 youthful offenders between the ages of 14 to 17, who have completed the sentencing process within the Juvenile Court system. The length of stay of juveniles sentenced to the Post-Dispositional Program may be up to six months.

PROGRAMS AND SERVICES PROVIDED:

Newport News Secure Detention provides both Pre-Dispositional and Post-Dispositional services in a highly structured residential environment. The primary mission of the Pre-Dispositional program is to protect the public and ensure high risk youth are available to the courts by providing temporary care in a secure residential environment. Another objective is to provide services to ensure the detained resident is safe and all their fundamental needs are met utilizing a balanced approach which addresses their educational, social development, physical and mental health needs. They also assist residents in transitioning into the rehabilitative process through development of better decision making skills while holding youth accountable in a highly structured environment.

The primary mission of the Post-Disposition program is to provide a community based residential alternative for youthful offenders to allow treatment services in the home community in lieu of commitment to the Virginia Department of Juvenile Justice. The program also provides diversified strength-based services to youthful offenders and their family which strengthen coping and decision making skills, promote successful academic and/or vocational skill development, and incorporate treatment to address mental health and behavioral issues during the rehabilitative process. There is also a focus on strengthening the family and providing community support in order to enhance the youth's successful transition during re-entry into the community and reduce recidivism.

SERVICES PROVIDED:

- **Direct:**
 - Academic Programing
 - Mental Health Services
 - Medical/Medication Management Services
 - Intake and Transportation Unit
 - Snack Enrichment Program
 - Central and Placement Unit (CAP)
 - Community/Volunteer Services
- **Community:**
 - Religious services and spiritual based activities
 - Royal Rangers Juvenile Detention Ministry
 - Southeastern Correctional Ministries (SCM)
 - Sunday Skills Development
 - Positive Energy, Inc.
 - Weekly Chess Club/mentorship group with local community leaders Chess (Chess Nutz)

- Post-Dispositional residents participate in the following:
 - Group and individual counseling through National Counseling Group
 - Moral Recognition Therapy
 - Art Therapy
 - Aggression Replacement Therapy (ART) group sessions

Significant changes since the last audit:

Personnel:

- In September 2019, Director Dawn Barber retired, and Secure Detention Administrator Jered Grimes was appointed as Acting Director of the Department. Subsequently, he was appointed as the Director of Juvenile Services in February 2021.
- In February 2022, the department enacted a 10-hour shift, after modifications to the 12-hour shift became impacted by General Assembly action to limit or restrict the use of COMP as a compensation for the time worked in a week.
- The department reclassified three (3) Detention Specialist positions.

Annual Holiday Dinner-Quarterly Family Engagement Dinners:

- The Department continued our annual tradition of providing a family dinner for all resident during the Christmas holiday season. In calendar year 2022, we have expanded this practice to include quarterly Family Engagement dinners.

Training Office:

- The department has continued to enhance the quality of the training provided to the department's staff. In addition to the delivery of mandated training curriculum, the training office has worked diligently to develop and/or bring in outside instructors to deliver both current and relevant career development curriculum.

Resident Programming:

- Newport News Secure Detention partner with a number of organizations and volunteer groups that provide a vibrant array of extra-curricular programming for residents in an effort to expand their knowledge, assist them with developing coping skills and mechanisms, developing skills for their future upon release, and supporting their interests in faith-based expression and education.
-

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

PROGRAM AUDITED:

Rappahannock Juvenile Detention Center
275 Wyche Road
Stafford, VA 22555
(540) 658-1691
Carla White, Superintendent
cwhite@rjdc-va.com

AUDIT DATE:

November 3, 2022

CERTIFICATION ANALYST:

Wanda Parris-Flanagan

CURRENT TERM OF CERTIFICATION:

April 12, 2020-April 13, 2023

REGULATIONS AUDITED:

6VAC35-101 Regulation Governing Juvenile Secure Detention Centers

PREVIOUS AUDIT FINDINGS October 31, 2019:

100% Compliance Rating

CURRENT AUDIT FINDINGS – November 3, 2022:

100% Compliance Rating

CERTIFICATION ACTION February 13, 2023: Certified the Rappahannock Juvenile Detention Center and Post-dispositional Program to April 12, 2026, with a letter of congratulations for 100% compliance.

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

TEAM MEMBERS:

Wanda Parris-Flanagan, Team Leader
John Adams, Central Office
Deidre Davis, Central Office
Deborah Hayes, Central Office
Michael Sayles, Central Office
Michelle Nave, Blue Ridge Juvenile Detention Center

POPULATION SERVED:

Rappahannock Juvenile Detention Center (RJDC) is a secure custody facility operated by the Rappahannock Juvenile Detention Commission. The members of the Commission include the city of Fredericksburg, the counties of King George, Louisa, Madison, Orange, Spotsylvania and Stafford. The facility serves a pre-dispositional population of 80 male and female residents ages eight through 17. This includes 16 beds for the Community Placement Program (CPP). There is also a post-dispositional detention program for 10 male and female residents, ages 14 through 17, included in the rated capacity.

PROGRAM DESCRIPTION:

RJDC is a secure facility which provides detention options for youth that are before the Juvenile & Domestic Relations Court. Our mission is to provide a safe, secure and structured environment for detained youth, promote positive behavior and work with other state and local agencies to meet the needs of youth who are determined to be at risk.

SERVICES PROVIDED:

Facility

- Assist in public safety by providing a detention facility for youth who are determined to be in need of a secure environment while awaiting trial or disposition. Provide Post Disposition services to youthful offenders.
- Through the services of a registered nurse and on-call physician, provide medical screening and routine medical care and referrals.
- Conduct mental health screenings for all youth admitted to the facility. Refer those deemed at high risk for self-harm to mental health professionals.
- Through the Department of Education and the Spotsylvania County School System, provide on-going education for detained youth.
- Provide transportation to and from court appearances and to scheduled medical appointments.
- Therapeutic services provided for post dispositional and community placement participants.
- Re-entry services available as needed.

Community

- Rappahannock Area Community Services Board provides two full-time therapists positions. Therapists conduct mental health assessments on youth deemed high risk for self-harm. Therapist also provide services to youth and families who participate in the Post Dispositional Program and Community Placement.
- Court Service Unit provide case management to youth within their service area.
- The Office of the Public Defender provides legal guidance to youth who demonstrate need.
- Local religious based organizations provide youth the opportunity for spiritual guidance as well as religious services.
- Spotsylvania County School system provides educational opportunities for all detained youth.
- The Rappahannock Regional Library provides books, audiotapes, and movies. A librarian visits bi-weekly to work with the youth to encourage reading.
- Fredericksburg Area HIV and Aids Support Services provide bi-monthly groups for the youth to discuss sex and its consequences.
- Rappahannock Council on Domestic Violence provides quarterly groups for the youth to discuss healthy relationships.
- Volunteers provide numerous services to detained youth.

SIGNIFICANT CHANGES SINCE LAST AUDIT:

- Continued participation in the Community Placement Program.
 - Capital Improvements: New Roofing
-

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

PROGRAM AUDITED:

Sheltercare of Northern Virginia
5920 Stevenson Avenue
Alexandria, Virginia 22304
(703) 370-0208
Brian Ellis, Assistant Director (Acting)
bellis@jdcnv.org

AUDIT DATES:

November 1, 2022

CERTIFICATION ANALYST:

Wanda Parris-Flanagan

CURRENT TERM OF CERTIFICATION:

April 14, 2020-April 13, 2023

REGULATIONS AUDITED:

6VAC35-41 Regulation Governing Juvenile Group Homes

PREVIOUS AUDIT FINDINGS November 5, 2019:

100% Compliance Rating

CURRENT AUDIT FINDINGS – November 1, 2022:

100% Compliance Rating

CERTIFICATION ACTION February 13, 2023: Certified Sheltercare of Northern Virginia to April 14, 2026, with a letter of congratulations for 100% compliance.

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

TEAM MEMBERS:

Wanda Parris-Flanagan, Team Leader
Ignacio Villas, Stepping Stones GH
Tim Clark, Fairfax Sheltercare Program

POPULATION SERVED:

Sheltercare of Northern Virginia is a pre-dispositional group home for at-risk adolescent males and females between the ages of 13 and 17. It has a capacity of 14 residents. The facility is operated by the city of Alexandria and serves residents and families from that jurisdiction.

PROGRAMS AND SERVICES PROVIDED:

The facility provides a safe and structured environment for juveniles in crisis, focusing on short term goals, education and life skills utilizing evidence-based curriculum.

In addition to all mandated services Sheltercare of Northern Virginia provides the following at the facility:

- Individual and group counseling
- Life skills and educational training using evidence-based curriculum

- Crisis intervention and management
- Staffing with parents and appropriate agency personnel
- Community service
- Recreational/educational activities

Sheltercare of Northern Virginia interacts with the community in obtaining such services as:

- Education on-site through the City of Alexandria Special Education Department
- Mental health services for residents, and training and consultation for staff through City of Alexandria Community Services Board
- Capital Youth Empowerment Program (CYEP) provides workshops for residents based on the evidence based "Be Proud, Be Responsible" curriculum
- Alexandria Sexual Assault Center provides workshops through the evidence-based curriculum, "Safe Dates."

SIGNIFICANT CHANGES SINCE LAST AUDIT:

- Since our last audit we received a resident who was court ordered by Alexandria CSU. The resident was twelve years old.
 - Ms. Sue Lumpkin, Ms. Kristi Ellenberger, and Ms. Lara Ellenberger retired in July and August, respectively.
 - Mr. Brian Ellis was promoted in an acting capacity from head Counselor to Assistant Director. Mr. Ellis has worked more than 18 years at Shelter care and is both experienced and deeply committed to the success of the program.
 - Ms. Carolyn Pucciarelli currently serves as the Administrator Coordinator.
 - The program went through the second PREA audit in 2022 and received meet standard in all areas of the audit.
 - The Juvenile Commission for Northern Virginia agreed with the documented request to lower the age of admission. This would be in keeping with the practice of other shelter programs in Northern Virginia. The request was submitted to Kenneth Bailey, Certification Manager, on September 16, 2022.
-

**DEPARTMENT OF JUVENILE JUSTICE
REGULATORY AND GUIDANCE DOCUMENT UPDATE**

March 22, 2023

ACTIONS WITH RECENT UPDATES:

Guidance Guidelines for Determining the Length of Stay for Indeterminately Committed Juveniles

Status: This guidance document establishes the process for determining the length of stay for youth who are indeterminately committed to the Department of Juvenile Justice. The document was last amended in October 2015. The board approved amendments to these guidelines at a special meeting on November 9, 2022. The proposed Guidelines were published in the Virginia Register of Regulations on December 5, 2022, and subject to a 30-day public comment period in accordance with the process in place for guidance documents. The department received 11 comments, none of which triggered a statutory obligation for DJJ to respond. The final guidelines, containing two corrections of clerical errors, were posted on the Virginia Regulatory Town Hall on February 4, 2023, and the updated guidelines took effect on March 1, 2023.

6VAC35-41 Regulation Governing Juvenile Group Homes and Halfway Houses

Stage: Proposed (Standard Regulatory Process)

Status: This regulation was last amended effective January 1, 2014. This action involves a comprehensive review of the regulatory requirements. The NOIRA was published in the *Virginia Register* on October 31, 2016; we received no public comments. The action was submitted through the Proposed Stage on April 17, 2020, has undergone Executive Branch review, and was published in the *Virginia Register* on May 24, 2021. The 60-day public comment period ended on July 23, 2021, with no public comments.

Next step: The board will consider proposed amendments today for advancement to the Final Stage of the standard regulatory process.

OTHER ACTIONS:

6VAC35-30 Regulation Governing State Reimbursement of Local Juvenile Residential Facility Costs

6VAC35-35 Regulation Governing the Process for Planning, Designing, and Constructing Locally Funded Juvenile Residential Facilities (*New)

Stage: NOIRA (Standard Regulatory Process)

Status: This action involves a comprehensive overhaul of the process localities follow to obtain state reimbursement for local facility construction and renovation projects and proposes a new process for localities that have no plans to seek reimbursement for such projects. The NOIRA has completed Executive Branch review and was published in the

Virginia Register on February 1, 2021. The 30-day public comment period generated no comments.

Next step: The board approved the proposed amendments on April 7, 2021, for advancement to the Proposed Stage of the standard regulatory process. The department continues its preparations to advance the approved amendments for Executive Branch review.

6VAC35-71 Regulation Governing Juvenile Correctional Centers

Stage: Final (Standard Regulatory Process).

Status: This regulation became effective on January 1, 2014. This action involves a comprehensive review of the regulatory requirements. The NOIRA was published in the *Virginia Register* on October 3, 2016. At the NOIRA stage, no public comments were submitted. The Proposed action was certified by the Office of the Attorney General; approved by DPB, the SPSHS, and the Governor's Office; and subsequently published in the *Virginia Register* on September 30, 2019. The 60-day public comment period ended on November 29, 2019. Because numerous significant changes were made after the Proposed Stage, the action was advanced through a Revised Proposed Stage, which was submitted on August 31, 2021. The Revised Proposed Stage completed Executive Branch review on January 4, 2022, was published in the *Virginia Register* on February 14, 2022, and was subject to a 30-day public comment period ending on March 16, 2022. The board approved additional amendments on September 21, 2022, for advancement to the Final Stage of the standard regulatory process, and the department submitted the amendments for Executive Branch review on December 20, 2022. The proposed amendments are undergoing review by the Office of the Attorney General.

Next step: Once the OAG completes its review, the department will prepare to submit materials to the Department of Planning and Budget.

6VAC35-101 Regulation Governing Juvenile Secure Detention Centers

Stage: Final (Standard Regulatory Process)

Status: This regulation became effective on January 1, 2014. This action involves a comprehensive review of the regulatory requirements. The NOIRA was published in the *Virginia Register* on October 17, 2016, and yielded no public comments. The action was submitted through the Proposed Stage on September 3, 2019, completed Executive Branch review, and was published in the *Virginia Register of Regulations* on May 24, 2021. The 60-day public comment period ended on July 23, 2021, and resulted in two public comments. The reconvened workgroup held its last meeting on December 6, 2021. At its April 20, 2022, meeting, the Board authorized the Department to submit this regulation to the Final Stage.

Next step: This regulation has completed review at the Office of the Attorney General. The department is preparing materials for submission to the Department of Planning and Budget.

6VAC35-180 Regulations Governing Mental Health Services Transition Plans for Incarcerated Juveniles

Stage: NOIRA (Standard Regulatory Process)

Status: This regulation became effective January 1, 2008, and has never been amended. This action involves a comprehensive overhaul of the regulatory requirements to ensure the continued provision of post-release services for incarcerated juveniles with a substance abuse, mental health, or other therapeutic need. The NOIRA completed Executive Branch review on January 4, 2022, and subsequently was published in the *Virginia Register* on February 14, 2022. The required 30-day public comment period ended on March 16, 2022, and yielded no comments.

Next step: The department has convened a workgroup to prepare the text for the Proposed Stage of the standard regulatory process.

6VAC35-200 Regulations Governing Youth Detained Pursuant to Federal Contracts (*New)

Stage: Proposed (Standard Regulatory Process)

Status: This action seeks to establish new regulations applicable to programs for youth detained in juvenile correctional facilities pursuant to contracts with the federal government. The action is intended to carry out the legislative directive in Chapter 599 of the 2020 Acts of Assembly. The NOIRA action has undergone DPB, SPSHS, and Governor's Office review, was published in the *Virginia Register* on March 1, 2021, and the public comment period ending on March 31, 2021, yielded no public comment. The board approved proposed amendments to the text for advancement to the Proposed Stage of the standard regulatory process on September 21, 2022, and the department submitted the action for Executive Branch review on December 20, 2022. The amendments are undergoing review by the Office of the Attorney General.

Next step: Once the OAG completes its review, the department will prepare to submit materials to the Department of Planning and Budget.



Amy M. Floriano
Director

COMMONWEALTH OF VIRGINIA
Department of Juvenile Justice

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TO: State Board of Juvenile Justice

FROM: Virginia Department of Juvenile Justice

SUBJECT: Request Authorization to Submit Amendments to the Regulation Governing Juvenile Group Homes and Halfway Houses (6VAC35-41) to the Final Stage of the Standard Regulatory Process

DATE: March 22, 2023

I. SUMMARY OF ACTION REQUESTED

The Department of Juvenile Justice (the Department) respectfully requests the State Board of Juvenile Justice (the board) to authorize amendments to the Regulation Governing Juvenile Halfway Houses (6VAC35-41) for advancement to the Final Stage of the standard regulatory process pursuant to the Administrative Process Act set forth in § 2.2-4000 et seq. of the Code of Virginia. The proposed amendments are intended to impact the 14 group home facilities currently regulated by the Virginia Department of Juvenile Justice and funded in part by the Virginia Juvenile Community Crime Control Act (VJCCCA) pursuant to Code of Virginia § 16.1-309.2 et. seq.

II. BACKGROUND OF THE REVIEWS

In accordance with § 16.1-309.9 of the Code of Virginia, the board shall “develop, promulgate, and approve standards for the development, implementation, operation and evaluation of the range of community-based programs, services, and facilities” authorized by Article 12.1, which governs the VJCCA. Under § 16.1-309.3, localities are authorized to establish community-based systems which provide a range of predispositional and postdispositional services, which may include, among other services, structured residential programs and residential services for juveniles who have been screened for needing community diversion or community-based services... Section 16.1-309.10 provides that if a detention home, group home, or other residential care facility for children in need of services or delinquent or alleged delinquent youth is established by a county, city, or any combination thereof, it shall be subject to visitation, inspection, and regulation by the State Board or its agents...” Finally, § 66-10 provides the board with general authority to “promulgate such regulations as may be necessary to carry out the provisions of this title and other laws of the Commonwealth.” This includes the authority to promulgate regulations governing the operation of juvenile group homes and other similar nonsecure residential facilities. The department assists the board in its regulatory development and review by facilitating the review of existing regulations, identifying areas for amendment, and submitting recommendations to the board for evaluation and approval.

In June 2016, the board authorized the submission of a Notice of Intended Regulatory Action (NOIRA) to initiate the regulatory process for a comprehensive review of this chapter. The NOIRA completed executive branch review in October 2016, and a 30-day public comment period followed, ending on November 30, 2016, and yielding no public comments. On May 6, 2019, the board voted to allow the department to submit proposed amendments for advancement to the Proposed Stage of the standard regulatory process. After the required executive branch review, the amendments were published in the Virginia Register of Regulations in May 2021, followed by a 60-day public comment period that yielded no comments. The department has since reconvened the workgroup tasked with reviewing the regulation to address any outstanding issues and make the last set of recommendations before the regulation proceeds to the Final Stage of the process. The workgroup consisted of stakeholders from various juvenile group homes and shelter care facilities regulated by the department and representatives from the department's Policy and Legislation and Community Programs divisions.

III. EXPLANATION OF ADDITIONAL PROPOSED CHANGES FOR FINAL STAGE

The final proposal incorporates all proposed amendments to the regulation presented and approved by the board during the Proposed Stage, except as modified and summarized below. The information contained in this portion of the memorandum addresses amendments approved at the Proposed Stage only to the extent the amendments are relevant to the final proposal.

Scope of the Chapter (Section 20)

In accordance with 6VAC35-41-20, this regulation currently applies to various nonsecure juvenile residential facilities regulated by the board as authorized by statute. As set forth in Part II of this memorandum, the board is permitted to regulate such nonsecure residential facilities that are funded, in part, using VJCCA funding. In accordance with the statutory mandate in § 66-24, the board also may regulate group homes or residential facilities providing care of juveniles in direct state care. While the department no longer operates these juvenile group homes for direct care youth, the department has occasionally placed a direct care commitment into a group home licensed and operated by other state agencies. These facilities currently adhere to regulations and licensing requirements established by these other state agencies and are not currently regulated by the department. As such, the workgroup recommends additional language in this section to clarify that the chapter does not apply to such group home facilities housing direct care youth and licensed by other state agencies.

Reporting Certain Information (Sections 90, 105)

Under the current Section 90 and the amendments approved at the Proposed Stage, group home providers must notify the director or their designee within 24 hours of certain specified serious incidents, as set out in subsection A, as well as "all other situations required by the [board] of which the facility has been notified." The workgroup recommends removing this language. As part of its authority to promulgate regulations, the board already may identify which incidents are deemed "serious in nature" and thus subject to incident reporting requirements. Allowing for such additional authority outside the regulations could potentially violate the rules against incorporating agency documents in regulations by reference as established in 1VAC7-10-160.

The proposal also modifies language in Section 105 addressing staff's duty to notify the facility administrator of criminal activity that facility residents or staff commit either at the facility or during a facility-sponsored activity. The proposal clarifies that the requirement applies to any criminal activity known to have occurred, in addition to suspected criminal activity. Additionally, the proposal requires staff to self-report their own arrests

or criminal charges. This is consistent with a similar board-approved proposal made to the Regulations Governing Juvenile Secure Detention Centers.

Communications Access (Section 115)

The current regulation contains several provisions directing staff in covered facilities to provide certain written or verbal information to residents, parents or legal guardians, or others. Most of these provisions do not require any additional action on the part of staff to ensure that the informed party understands the materials or information being provided. For residents and families who have language barriers or conditions that impede communication, some additional safeguards are warranted. The proposal adopts a new section, 6VAC35-41-115, requiring providers to take reasonable measures to ensure that such individuals understand the information mandated under this regulatory chapter and can communicate concerns and questions to staff effectively. Conforming changes are made to Section 1110.

Participation of Residents in Human Research (Section 140)

The board-approved amendments permit providers to allow resident participation in human research activities, provided they comply with the applicable provisions in Chapter 170, which governs juvenile data requests and research involving human subjects. The term ‘human research’ has the same meaning as under Chapter 170. Under the current 6VAC35-41-140(B), group homes and similar nonsecure facilities shall maintain information on residents in accordance with the regulatory provisions governing the maintenance of resident’s records and shall ensure the confidentiality of such information. The workgroup recommends removing the entirety of this subsection based on concerns that these human research projects are conducted by outside entities. Group home staff should never be involved in the actual research or collection of data, and all such information collected during human research should be maintained by the researcher rather than the provider. Because this chapter applies solely to nonsecure juvenile residential facilities, and not the academic institution or other entity carrying out the research project, the group saw no need to retain the language in subsection B.

Under the current regulation, the provider may require researchers to provide progress reports on their research projects, as well as a final report of all completed research projects. Because the board has a separate set of regulations that establish a centralized process governing research requests and projects, and because the department has primary oversight of this process, the workgroup recommends modifying this provision so that provider’s requests for progress reports must be submitted through the department.

Training and Retraining Requirements (Sections 200, 210)

Currently, 6VAC35-41-200 establishes the training requirements direct care staff and certain employees who directly supervise residents must satisfy before taking on such responsibilities or within 30 days of their start dates. Among these, such staff shall receive training in the facility’s behavior intervention procedures, including physical and mechanical restraint training, as applicable to their duties. Because 6VAC35-41-560(15) currently prohibits staff in facilities regulated by this chapter from any use of mechanical restraints, the workgroup believes a reference to training regarding mechanical restraints is unnecessary. Therefore, the workgroup recommends striking the reference to mechanical restraint training in Section 200.

With respect to the retraining provision in Section 210, at the Proposed Stage, the board approved amendments to subsection C proposing to remove the requirement that direct care staff and certain staff responsible for

directly supervising residents receive 40-hours of training in the various specified topics. Instead, the board approved language requiring staff to receive an unspecified volume of training in the enumerated topics alongside 15 hours of additional training in topics the facility chooses. Although the board voted to approve this change at the Proposed Stage, the members discussed the possibility of revisiting this amendment at the Final Stage.

The new proposal clarifies that the 15-hour annual training requirement applies to the same direct care and direct supervision staff that are subject to the annual 40 hours of trainings under the current regulations. The proposal makes additional conforming amendments omitted at the Proposed Stage.

Notification of Change in Driver's License Status (Section 250)

Section 250 directs staff who may be responsible for transporting residents to maintain a valid driver's license and notify the facility administrator of any changes to this status. The provision suggests that only staff who hold a valid driver's license may have resident transportation responsibilities in these facilities. Readers may perceive this language as preventing non-US citizens, currently restricted in their ability to obtain driver's licenses in Virginia, from qualifying for positions that involve transporting youth in group homes.

Pursuant to § 46.2-328.3 of the *Code*, a driver privilege card provides a mechanism for qualifying non-US citizens to operate a motor vehicle in the state of Virginia, regardless of immigration status, provided they meet the requirements of the statute. The proposal recognizes these driver privilege cards by directing staff with resident transportation responsibilities to maintain either a valid driver's license or a driver privilege card and to notify the facility administrator of any changes in the status of whichever document they currently hold. The proposal makes conforming changes to 6VAC35-41-550.

Toilet Facilities (Section 400)

The current regulation mandates that group home facilities have one toilet, hand basin, and shower or tub for every eight residents if the facility was certified before July 1, 1981. Facilities constructed or structurally modified after July 1, 1981, and facilities certified after December 28, 2007, must comply with a 1:4 resident-to-equipment ratio. The workgroup expressed concerns regarding the current language's consideration of facility construction **and** certification as the bases for determining the required number of toilets, hand basins, and showers or tubs. The workgroup instead recommends basing this consideration solely on when the facility was constructed or structurally modified. Under the proposal, facilities constructed before July 1, 1981, will need to meet the 1:8 resident-to-equipment ratio, while facilities constructed or structurally modified on or after July 1, 1981, will need to comply with the 1:4 ratio requirement. The proposal removes the language directing facilities certified after December 28, 2007, to comply with the 1:4 ratio.

Smoking Prohibitions (Section 440)

Under the board-approved amendments to this section, residents are prohibited from possessing, purchasing, using, or distributing tobacco products or nicotine vapor products. The board-approved amendments identified a list of examples of tobacco and vapor products. Rather than including this list, the workgroup recommends aligning this section with the current statute in § 18.2-371.2, which identifies the specific categories of items prohibited for individuals under age 21 (i.e., tobacco products, nicotine vapor products, alternative nicotine products, or hemp products intended for smoking). The workgroup also recommends expanding these

prohibitions to apply to similar products or substances prohibited by state or federal law. While the board-approved amendments disallow possession, use, etc., of such items in the facility or on its premises, the workgroup recommends restricting the prohibition to the facility itself and not its premises. The workgroup was concerned that expanding the prohibition to staff, contractors, etc., on the premises might be considered too restrictive for all group homes regulated by DJJ.

Provisions Impacting Compliance with the Prison Rape Elimination Act (PREA) (Sections 410, 510)

Section 410 of this chapter currently requires male and female residents to have separate sleeping rooms. While placing male and female residents in separate sleeping areas may be appropriate in many situations, mandating absolute compliance with the current provision can create challenges for facilities housing transgender or intersex residents and may force such facilities to violate PREA. Facilities subject to PREA are required to use a case-by-case approach in determining placement and sleeping arrangements for transgender and intersex residents, considering specifically whether such placement would ensure the resident's health and safety or present management or security problems. To provide such facilities with the flexibility needed to ensure compliance with PREA, the workgroup recommends language imposing a general mandate for separate sleeping rooms for male and female residents but allowing for placement based on the case-by-case analysis mandated in PREA.

Conversely, subsection C of Section 510, governing searches of residents, currently requires that trained personnel of the same sex as the searched resident conduct pat-down and frisk searches, except in emergencies. Under PREA, facilities may not conduct cross-gender pat-down searches except in exigent circumstances. Thus, to ensure that DJJ's state regulations do not prevent facilities from meeting any applicable federal regulatory requirements, the workgroup recommends replacing the reference to "sex" with "gender."

Searches of Residents (Section 510)

The current regulation requires facilities that do not conduct resident searches to have a procedure prohibiting such searches. Each of the 14 group homes that DJJ currently regulates performs resident searches, thereby eliminating the need for this provision. Even if these group home facilities modified their practices such that staff no longer performed these searches, however, the workgroup considers this regulatory provision unnecessary. If the provision's intent is to ensure that resident searches are conducted within the boundaries of constitutional and statutory requirements, a mandate to maintain a procedure for facilities that do not conduct such searches does not further this intent. Rather than needlessly imposing a burden on these facilities, the workgroup recommends striking this requirement and maintaining language directing facilities that conduct such searches to have governing procedures for these practices.

Transportation (Section 550)

The board-approved amendments added a mechanism for notifying third-parties responsible for transporting residents off-site of the resident's recent suicidal ideations or attempts or special medical needs in order to help facility staff protect the resident during transport. Under the board-approved amendments, staff would need to provide all third-party transporters, except the parent or legal guardian, with a DJJ-approved form identifying pertinent information regarding the need for additional monitoring for such residents or other information necessary for the resident's safe transport. Originally, the workgroup reasoned that parents or legal guardians would be privy to this information and would not need a form alerting them to these issues. The workgroup has

since concluded that parents or legal guardians transporting residents may not always be aware of these flags and should receive the same information as other third party transporters to ensure appropriate safeguards are made. The proposal, therefore, removes the parental and legal guardian exception. It also gives group home staff the discretion to choose between using DJJ's approved form or the facility's own form containing all the same elements.

Individual Service Plans (Sections 860, 820, 840, and 1100)

The current regulation sets out several requirements regarding the development and periodic review of a resident's individual service plan. This document specifies the resident's measurable goals and the objectives, time frames, and strategies to accomplish these goals. Among the existing requirements in Section 860, group home facilities shall develop individual service plans within 30 days following the resident's admission and implement such plans immediately thereafter. The service plan shall be reviewed within 60 days of development and each 90-day period thereafter.

By their very nature, shelter care facilities provide for shorter lengths of stay for residents. The regulation caps shelter care placements at 90 days. These shorter lengths of stay mean that such facilities may not have sufficient time to establish a complete service plan involving the resident and other impacted parties as contemplated by the regulation, nor to ensure full implementation of the plan or reviews within the time periods specified. Thus, the workgroup recommends an exception to the provisions in Section 860 for shelter care facilities. Rather than having to comply with most of the mandates in Section 860, the proposal requires shelter care programs to prepare a document that identifies service objectives for each resident within 72 hours of admission. Conforming changes are made to Sections 820, 840, and 1100.

Wilderness Programs (Sections 1010-1070; 10, 680)

Part IX of this chapter contains numerous individual sections addressing wilderness programs and adventure activities. While group home facilities may take residents on camping trips or permit participation in other wilderness activities occasionally, the provisions in Part IX apply to facilities that have wilderness programs or adventure activities as their primary purpose. The Department of Social Services currently regulates wilderness and adventure programs, making it unnecessary to address these programs in this chapter. Therefore, the workgroup recommends repealing each of these seven sections and striking the additional references to wilderness programs in Sections 10 and 680, either as existing text or as proposed text approved by the board during the Proposed Stage. Repealing these seven sections also will assist DJJ in its efforts to comply with the Governor's Executive Order to reduce regulations.

Hospitalization and other Outside Medical Treatment of Residents (Section 1270)

The current regulation provides that when a resident requires medical treatment at a hospital or other location outside the group home facility, a parent or legal guardian, staff member, or law-enforcement officer, as appropriate shall accompany the resident until they are admitted to the medical facility. Because staffing challenges can make it difficult for group homes to comply with this requirement, the board approved requests for amendments at the Proposed Stage allowing the provider to deploy staff to these medical settings as soon as reasonably possible in cases where sending staff would result in inadequate facility coverage. While the board voted to adopt this change, members discussed the possibility of revisiting the issue based on data regarding the time it takes staff to reach the medical facility and other issues.

Definition Changes

The proposal seeks several changes to various definitions contained in Section 10 to clarify and simplify the language.

- Direct supervision - The current 'direct supervision' definition suggests that direct care staff may not engage in direct supervision activities. This definition is inconsistent with how the term is used in this chapter. The workgroup recommends a general definition that describes supervision by any staff working directly with and maintaining the safety, care, and well-being of residents. This change would make the definition consistent with how the term is used throughout this chapter. The proposal makes conforming changes elsewhere in the chapter.
- Resident – The current 'resident' definition contemplates any individual legally or formally placed in a nonsecure juvenile residential facility or an individual admitted to such facility. To clarify the process for admission to such nonsecure facilities, the workgroup recommends replacing this language with placements pursuant to a court order, a shelter care order, or through the planned admission process, as these are the methods by which residents are currently placed in group homes and similar nonsecure residential facilities.
- Weapon – The current 'weapon' definition sets out a list of weapons that appears to be based loosely on the current list of concealed weapons in *Code of Virginia's* § 18.2-308. The workgroup recommends amending the 'weapon' definition to specifically reference this *Code* section, rather than listing each individual type of weapon separately. To ensure that tasers also are captured under this definition, the workgroup recommends including a reference to *Code of Virginia* § 18.2-308.1.

Direct Regulatory Requirements versus Procedural Requirements

Several regulatory chapters direct regulants to include specific requirements in written procedures. While the workgroup agrees that facility procedures are essential for staff to understand and carry out their duties, the workgroup also believes that in cases where the regulation seeks to impose a specific requirement, that requirement should be imposed directly by regulation rather than required to be included in a procedure. As such, the workgroup recommends replacing the regulatory provisions mandating specified requirements in written procedures with outright regulatory requirements. Changes are proposed in the following sections: § 110 (*requiring procedures to provide that residents are oriented and have access to a grievance procedure*); § 510(A) (*requiring facilities that conduct searches to have procedures that impose certain specified requirements*); § 1080, subdivisions 1 and 10 (*mandating procedural provisions addressing the required ages for sharing sleeping rooms and establishing security requirements for firearms and ammunition in family-oriented group homes*); and § 1240 (*directing facilities to have procedures for a suicide prevention program in which direct care staff will be trained*).

Technical Amendments

The proposal makes several technical amendments for clarity, style, or formatting. Among other technical changes, the amendments replace personifying references to group homes, facilities, or juvenile residential facilities with the 'facility administrator,' 'appropriate facility staff,' or the 'provider.' Technical amendments are made to the following sections:

- Section 10 – Definitions
- Section 20 – Applicability
- Section 70 – Relationship with the department
- Section 90 – Serious incident reports
- Section 105 – Reporting criminal activity
- Section 165 – Employee tuberculosis screening and follow-up
- Section 200 – Required initial training
- Section 230 – Code of ethics
- Section 250 – Notification of change in driver's license status
- Section 400 – Toilet facilities
- Section 440 – Smoking prohibitions
- Section 490 – Emergency and evacuation procedures
- Section 510 – Searches of residents
- Section 540 - Weapons
- Section 550 - Transportation
- Section 560 – Prohibited actions
- Section 565 – Vulnerable population
- Section 680 - Recreation
- Section 710 – Placement pursuant to a court order
- Section 720 – Readmission to a shelter care program
- Section 730 – Application for admission
- Section 750 – Written placement agreement
- Section 770 – Orientation to facility rules and disciplinary procedures
- Section 840 – Structured programming
- Section 890 – Community relationships
- Section 905 – Work and employment
- Section 920 – Staff supervision of residents
- Section 935 – Periodic monitoring of residents
- Section 1080 – Written procedures for family-oriented group home systems
- Section 1100- Requirements of family-oriented group homes
- Section 1110 – Other applicable regulations
- Section 1190 – Consent to and refusal of health care services
- Section 1210 – Tuberculosis screening
- Section 1270 – Hospitalization and other outside medical treatment of residents, and
- Section 1290 – Behavior management

IV. CONCLUSION

The department believes that the additional amendments recommended in this memorandum will ensure that juvenile group homes and staff in these facilities are operating in a manner that protects the health and safety of youth in these facilities. The modifications will make the regulation easier to understand, thereby promoting compliance among group home administrators and staff. Accordingly, the department requests that the board approve these amendments for advancement to the Final Stage of the standard regulatory process.

1 **Regulation Governing Juvenile Group Homes and ~~Halfway Houses~~ other Nonsecure**
2 **Juvenile Residential Facilities**
3 **Proposal for Advancement to Final Stage of the Standard Regulatory Process**
4

5
6 **Part I. General Provisions**

7 **6VAC35-41-10. Definitions.**

8 The following words and terms when used in this chapter shall have the following meanings
9 unless the context clearly indicates otherwise:

10 "Annual" means within 13 months of the previous event or occurrence.

11 "Aversive stimuli" means physical forces, such as sound, electricity, heat, cold, light, water, or
12 noise, or substances, such as hot pepper, pepper sauce, or pepper spray, measurable in duration
13 and intensity, that when applied to a resident are noxious or painful to the resident.

14 "Behavior management" means the principles and methods employed to help a resident
15 achieve positive behavior and to address and correct a resident's inappropriate behavior in a
16 constructive and safe manner in accordance with written procedures governing program
17 expectations, treatment goals, and resident and employee safety and security.

18 "Board" means the Board of Juvenile Justice.

19 "Case record" or "~~record~~" means ~~written or electronic information relating to one~~ regarding a
20 resident and the resident's family, if applicable. This information includes, but is not limited to,
21 social, medical, psychiatric, and psychological records; reports; demographic information;
22 agreements; all correspondence relating to care of the resident; individual service plans with
23 periodic revisions; aftercare plans and discharge summary; and any other information related to
24 the resident.

25 "Contraband" means ~~any an~~ an item possessed by or accessible to a resident or found within a
26 facility or on its premises that (i) ~~that~~ is prohibited by statute, regulation, or facility procedure, (ii)
27 ~~that~~ is not acquired through approved channels or in prescribed amounts, or (iii) ~~that~~ may
28 jeopardize the safety and security of the facility or individual residents.

29 "Contractor" means an individual who (i) has entered into a legal agreement with a juvenile
30 residential facility to provide services directly to a resident, (ii) will work with the resident more
31 than twice per month, and (iii) in the provision of the contractual services, will be alone with the
32 resident.

33 "Department" or "~~DJJ~~" means the Department of Juvenile Justice.

34 "Direct care staff" means the staff whose primary job responsibilities are (i) maintaining the
35 safety, care, and well-being of residents and (ii) implementing the structured program of care and
36 behavior management program.

37 "Direct supervision" means that the act of staff may work working directly with and maintaining
38 the safety, care, and well-being of residents while not in the presence of direct care staff. Staff
39 members who provide direct supervision are responsible for maintaining the safety, care, and
40 well-being of the residents in addition to providing services or performing the primary
41 responsibilities of that position.

42 "Director" means the ~~Director~~ director of the ~~Department of Juvenile Justice~~ department.

43 "Emergency" means a sudden, generally unexpected occurrence or set of circumstances
44 demanding immediate action, such as a fire, chemical release, loss of utilities, natural disaster,
45 ~~taking of hostages~~ hostage situation, ~~major disturbances~~ disturbance, ~~escape, and or bomb~~
46 ~~threats~~ threat. Emergency does not include regularly scheduled employee time off or other
47 situations that ~~could be~~ reasonably could be anticipated.

48 "Emergency admission" means the unplanned or unexpected admission of a resident in need
49 of immediate care.

50 "Facility administrator" means the individual who ~~has the responsibility~~ is responsible for the
51 on-site management and operation of the facility on a regular basis or that individual's designee.

52 "~~Family-oriented~~ Family-oriented group home" means a private home in which residents may
53 reside upon placement by a lawful placing agency.

54 "Grievance" means a written communication developed by a resident to report a real or
55 imagined wrong or other cause for complaint or protest, particularly involving a claim of unfair
56 treatment.

57 "Group home" means a juvenile residential facility that is a ~~community-based, home-like single~~
58 dwelling, or its acceptable equivalent community-based dwelling, other than the private home of
59 the operator, and that does not exceed the capacity approved by the regulatory authority, director.
60 For the purpose of this chapter, a group home includes a halfway house that houses residents in
61 transition from a commitment to the department, or a shelter care facility, or an independent living
62 facility.

63 "Health care record" means the complete record of medical screening and examination
64 information and ongoing records of medical and ancillary service delivery, including all findings,
65 diagnoses, treatments, dispositions, prescriptions, and their administration.

66 "Health care services" means preventive and therapeutic actions taken for the physical and
67 mental well-being of a resident. Health care services include medical, dental, orthodontic, mental
68 health, family planning, obstetrical, gynecological, health education, and other ancillary services.

69 "Health-trained personnel" means an individual who is trained by a licensed health care
70 provider to perform specific duties, such as administering health care screenings, reviewing
71 screening forms for necessary follow-up care, preparing residents and records for outside medical
72 visits, and assisting in the implementation of certain medical orders.

73 "Human research" means a systematic investigation, including research development, testing,
74 and evaluation utilizing human subjects that is designed to develop or contribute to generalized
75 knowledge. Human research shall not be deemed to include research exempt from federal
76 research regulation pursuant to 45 CFR 46.101(b).

77 "Independent living program" means a competency-based program specifically approved by
78 the director to provide residents with the opportunity to develop the skills necessary to become
79 independent decision makers and self-sufficient adults and to live successfully on their own
80 following completion of the program.

81 "Individual service plan" or "~~service plan~~" means a written plan of action developed, revised
82 as necessary, and reviewed at specified intervals to meet the needs of a resident. The individual
83 service plan specifies (i) measurable short-term and long-term goals and (ii) the objectives,
84 strategies, and time frames for reaching the goals.

85 "Juvenile residential facility" or "facility" means a publicly or privately operated facility or
86 placement where 24-hour-per-day nonsecure residential program that is required to be certified
87 and that provides 24-hour-per-day care is provided to residents who are separated from their
88 parents or legal guardians and that is required to be certified. As used in this regulation, the term
89 includes, but is not necessarily limited to, group homes, family-oriented group homes, and halfway
90 houses independent living programs and excludes juvenile correctional centers and juvenile
91 detention centers.

92 "Legally authorized representative" means, in the following specified order of priority, (i) the
93 parent or parents having custody of a minor; (ii) the legal guardian of a minor; (iii) the spouse of
94 a minor, except where a suit for divorce has been filed and the divorce decree is not yet final; or
95 (iv) a person or judicial or other body authorized by law or regulation to provide consent on behalf

96 of a minor, including an attorney in fact appointed under a durable power of attorney, provided
97 the power grants the individual the authority to make such a decision.

98 "Legal mail" means written material that is sent to or received from a designated class of
99 correspondents, as defined in written procedures, which shall include any court, legal counsel,
100 administrator of the grievance system, or administrator of the department, facility, provider, or
101 governing authority.

102 "Living unit" means the space in which a particular group of residents is under the care of a
103 juvenile residential facility resides. A living unit contains sleeping areas, rooms, bath and toilet
104 facilities, and a living room or its equivalent for use by the residents of the living unit. Depending
105 upon its design, a building may contain one living unit or several separate living units.

106 "Medication incident" means an error made in administering a medication to a resident,
107 including the following: (i) a resident is given incorrect medication, (ii) medication is administered
108 to an incorrect resident, (iii) an incorrect dosage is administered, (iv) medication is administered
109 at a wrong time or not at all, and or (v) the medication is administered through an improper
110 method. A medication incident shall not include (a) a resident's refusal of appropriately offered
111 medication or (b) a facility's failure to administer medication due to repeated, unsuccessful
112 attempts to obtain such medication.

113 "On duty" means the period of time an employee is responsible for the direct care or direct
114 supervision of one or more residents.

115 "Parent" or "legal guardian" means (i) a biological or adoptive parent who has legal custody
116 of an individual, including either parent if custody is shared under a joint decree or agreement; (ii)
117 a biological or adoptive parent with whom the individual resident regularly resides; (iii) a person
118 judicially appointed as a legal guardian of a resident; or (iv) a person who exercises the rights and
119 responsibilities of legal custody by delegation from a biological or adoptive parent, upon
120 provisional adoption, or otherwise by operation of law.

121 "Physical restraint" means the application of behavior intervention techniques involving a
122 physical intervention to prevent an individual from moving all or part of that individual's body.

123 "Placement" means an activity by any person that provides the provision of assistance to a
124 placing agency, parent, or legal guardian in locating and effecting the movement of a resident to
125 a juvenile residential facility.

126 "Placing agency" means (i) any a person, group, court, court service unit, or agency licensed
127 or authorized by law to place residents in a juvenile residential facility or (ii) a local board of social
128 services authorized to place residents in a juvenile residential facility.

129 "Planned admission" means the admission of a resident following evaluation of an application
130 for admission and execution of a written placement agreement.

131 "Premises" means the tracts of land on which any part of a facility is located and any buildings
132 on such tracts of land.

133 "Provider" means the person, corporation, partnership, association, locality, commission, or
134 public agency to whom which a license or certificate to operate a juvenile residential facility is
135 issued and who that is legally responsible for compliance with the regulatory and statutory
136 requirements relating to the facility.

137 "Regulatory authority" means the board or the department as if designated by the board.

138 "Resident" means an individual who is legally placed in, formally placed in, or admitted
139 to placed in a juvenile residential facility for pursuant to a court order, shelter care order, or through
140 the planned admission process for supervision, care, training, or treatment on a 24-hour-per-day
141 24-hour-per-day basis.

142 "Rest day" means a period of not less than 24 consecutive hours during which a staff person
143 has no responsibility to perform duties related to supervision in a juvenile residential facility.

144 "Rules of conduct" means a ~~listing~~ list of a facility's rules or regulations that is maintained to
145 inform residents and others of (i) the behavioral expectations of the behavior management
146 program, ~~about~~ (ii) behaviors that are not permitted, and ~~about~~ (iii) the sanctions that may be
147 applied when impermissible behaviors occur.

148 "Shelter care facility" means a nonsecure facility or an emergency shelter specifically
149 approved to provide a range of services, as needed, on an individual basis not to exceed 90 days.

150 "Timeout" means a systematic behavior management technique ~~program component~~
151 designed to reduce or eliminate inappropriate or problematic behavior by having a staff require a
152 resident to move to a specific location that is away from a source of reinforcement for a specific
153 period of time or until the problem behavior has subsided.

154 "Tuberculosis risk assessment" means an assessment involving a series of questions
155 designed to determine whether a person requires a tuberculosis screening.

156 "Tuberculosis screening" means the administration of a tuberculin skin test, chest x-ray, or
157 interferon gamma release assay blood test to determine whether tuberculosis bacteria is present
158 in an individual's body.

159 "Volunteer or intern" means an individual or group who voluntarily provides goods and
160 services without competitive compensation.

161 "Vulnerable population" means a resident or group of residents who have been assessed as
162 reasonably likely to be exposed to the possibility of being attacked or harmed, either physically or
163 emotionally.

164 "Weapon" means (i) a pistol, revolver, or other weapon intended to propel a missile of any
165 kind by action of an explosion; (ii) any dirk, bowie knife (except a pocket knife having a folding
166 metal blade of less than three inches), switchblade knife, ballistic knife, machete, straight razor,
167 slingshot, spring stick, metal knucks, or blackjack; (iii) nun chucks or other flailing instrument with
168 two or more rigid parts that swing freely; and (iv) throwing star or oriental dart. ~~a stun weapon as~~
169 ~~defined in 18.2-308.1 or any of the items listed in subsection A of 18.2-308 of the Code of Virginia.~~

170 "Wilderness program" means a residential program that provides treatment and services to
171 residents primarily through experiential wilderness expeditions.

172 "Written" means the required information is communicated in writing. ~~Such writing may be~~
173 ~~available in either hard copy or in electronic form.~~

174

175 **6VAC35-41-20. Applicability.**

176 This chapter applies to group homes, ~~halfway houses, shelter care,~~ and other applicable
177 juvenile residential facilities regulated by the board as authorized by statute. Parts I (6VAC35-41-
178 10 et seq.) through VI (6VAC35-41-710 et seq.), XII ~~X IX~~ (6VAC35-41-1150 et seq.), and XIII ~~XI~~
179 ~~X~~ (6VAC35-41-1290 et seq.) of this chapter apply to all juvenile residential facilities, with the
180 exception of family-oriented group homes, governed by this regulation unless specifically
181 excluded. Parts VII (6VAC35-41-950) (6VAC35-41-960) ~~through and XI~~ (6VAC35-41-1120 et
182 seq.) ~~IX-VIII~~ (6VAC35-41-1080 et seq.) of this chapter apply only to the specific programs or
183 facilities as indicated.

184 This chapter does not apply to group homes or other nonsecure juvenile residential facilities
185 licensed or regulated by other state agencies and housing youth committed to the department.

186
187 **6VAC35-41-70. Relationship with the department.**

188 A. The director or the director's designee shall be notified within five working business days
189 of any significant change in administrative structure or newly hired facility administrator.

190 B. Any of the following that may be related to the health, safety, or human rights of residents
191 shall be reported to the director or designee within 10 business days: (i) lawsuits against the
192 facility or its governing authority and (ii) settlements with the facility or its governing authority.

193
194 **6VAC35-41-90. Serious incident reports.**

195 A. The following events shall be reported within 24 hours to: (i) the placing agency, (ii) the
196 parent or legal guardian, or both, as applicable and appropriate, and (iii) the director or the
197 director's designee:

- 198 1. Any A serious incident, accident, illness, or injury to the resident;
- 199 2. Any An overnight absence from the facility without permission;
- 200 3. Any A runaway;
- 201 4. Any A fire, hostage or situation, emergency situation, or natural disaster that jeopardizes
202 may jeopardize the health, safety, and welfare of the residents; and
- 203 5. Any A suspected case of child abuse or neglect at the facility, on a facility event or
204 excursion, or involving facility staff as provided in 6VAC35-41-100 (~~suspected child abuse~~
205 ~~or neglect~~).

206 ~~The 24-hour reporting requirement may be extended~~ provider may extend the 24-hour
207 reporting requirement when the emergency situation or natural disaster has made such
208 communication impossible (~~e.g., modes of communication are not functioning~~), such as when
209 modes of communication are not functioning. In such these cases, notice shall be provided as
210 soon as feasible thereafter.

211 ~~B. The provider shall notify the director or the director's designee within 24 hours of any events~~
212 ~~detailed in subsection A of this section and all other situations required by the regulatory authority~~
213 ~~of which the facility has been notified.~~

214 CB. Any incident Incidents involving the death of a resident shall be reported to the individuals
215 specified in subsections subsection A and B of this section without undue delay. If an incident
216 involving the death of a resident occurs at the facility, the appropriate facility staff shall notify the
217 parents or legal guardians, as appropriate and applicable, of all residents in the facility provided
218 ~~such the~~ notice does not violate any confidentiality requirements or jeopardize any law-
219 enforcement or child protective services investigation or the prosecution of any criminal cases
220 related to the incident.

221 DC. The appropriate facility staff shall (i) prepare and maintain a written report of the events
222 listed in subsections A and B of this section and (ii) submit a copy of the written report to the
223 director or the director's designee. The report shall contain the following information:

- 224 1. The date and time the incident occurred;
- 225 2. A brief description of the incident;
- 226 3. The action taken as a result of the incident;
- 227 4. The name of the person who completed the report;
- 228 5. The name or identifying information of the person ~~who made the report to~~ who, in
229 accordance with subsection A of this section, notified the placing agency and ~~to~~ either the
230 parent or legal guardian, as appropriate and applicable, and the manner in which the
231 information was communicated; and

232 6. The name of or identifying information provided by the person to whom the report was
233 made, including any law enforcement or child protective service personnel.

234 ~~ED.~~ The resident's record shall contain a written reference (i) that an incident occurred and
235 (ii) of all applicable reporting.

236 ~~FE.~~ In addition to the requirements of this section, ~~any serious incident incidents~~ involving an
237 allegation of child abuse or neglect at the facility, at a ~~facility-sponsored~~ facility-sponsored event,
238 or involving facility staff shall be governed by 6VAC35-41-100 (~~suspected child abuse or neglect~~).

239

240 **6VAC35-41-105. Reporting criminal activity.**

241 A. Staff shall be required to report to the facility administrator for appropriate action all known
242 criminal activity known or suspected to have occurred at the facility or at a facility-sponsored
243 activity by residents or staff, including ~~but not limited to any~~ physical abuse, sexual abuse, or
244 sexual harassment, ~~to the facility administrator for appropriate action.~~

245 B. Staff also shall self-report to the facility administrator any arrests or criminal charges made
246 against such staff.

247 BC. The facility administrator, in accordance with written procedures, shall notify the
248 appropriate persons or agencies, including law enforcement, child protective services, if
249 applicable and appropriate, and the department ~~as appropriate and applicable~~, of suspected
250 criminal violations by residents or staff. ~~Suspected criminal violations relating to the health and~~
251 ~~safety or human rights of residents shall be reported to the director or designee.~~

252 CD. ~~The facility~~ Facility staff shall assist and cooperate with the investigation of any such
253 complaints and allegations ~~as necessary~~ subject to restrictions in federal or state law.

254

255 **6VAC35-41-110. Grievance procedure.**

256 A. ~~Written procedure procedures shall provide require that residents~~ Residents shall be are
257 oriented to and have continuing access to a grievance procedure that provides for:

- 258 1. Resident participation in the grievance process with assistance from staff upon request;
- 259 2. Investigation of the grievance by an objective employee who is not the subject of the
- 260 grievance;
- 261 3. Documented, timely responses to all grievances with the reasons for the decision, in
- 262 accordance with facility procedures;
- 263 4. At least one level of appeal;
- 264 5. Administrative review of grievances;
- 265 6. Protection from retaliation or threat of retaliation for filing a grievance; and
- 266 7. ~~Hearing of an emergency grievance~~ Action within eight hours on grievances that pose
- 267 an immediate risk of hardship or harm to a resident.

268 B. ~~Each resident~~ Residents shall be oriented to the grievance procedure in an age ~~or~~ and
269 developmentally appropriate manner.

270 C. The grievance procedure shall be (i) be written in clear and simple language; (ii) provide
271 the express definition of grievance as set out in 6VAC35-41-10; and (ii) (iii) be posted in an area
272 easily accessible to residents and their parents and legal guardians.

273 D. Staff shall assist and work cooperatively with other employees in facilitating the grievance
274 process.

275

276 **6VAC35-41-115. Language and communications assistance.**

277 Whenever providers are required to give written or verbal information to residents or their
278 parents or legal guardians or to provide access to information pursuant to this chapter, the
279 provider shall take reasonable steps to ensure that individuals who have limited English
280 proficiency, who are deaf or hard of hearing, or who have any other condition affecting
281 communication understand the information provided and are able to effectively communicate their
282 issues, concerns, and questions to staff.

283
284
285 **Part II. Administrative and Personnel**

286
287 **6VAC35-41-140. Participation of residents in human research.**

288 ~~A. The provider shall have procedures, approved by its governing authority, to govern the~~
289 ~~review, approval, and monitoring of human research. Human research means any systematic~~
290 ~~investigation, including research development, testing, and evaluating, involving human subjects,~~
291 ~~including but not limited to a resident or his parents, guardians, or family members, that is~~
292 ~~designed to develop or contribute to generalized knowledge. Human research does not include~~
293 ~~statistical analysis of information readily available on the subject that does not contain any~~
294 ~~identifying information or research exempted by federal research regulations pursuant to 45 CFR~~
295 ~~46.104(b). Providers that allow residents to participate in human research shall comply with the~~
296 ~~provisions of the Regulation Governing Juvenile Data Requests and Research Involving Human~~
297 ~~Subjects (6VAC35-170) and Chapter 5.1 (§ 32.1-162.16 et seq.) of Title 32.1 of the Code of~~
298 ~~Virginia. The testing of medicines or drugs for implementation or research is prohibited.~~

299 ~~B. Information on residents shall be maintained as provided in 6VAC35-41-330 (maintenance~~
300 ~~of records), and all records and information related to the human research shall be kept~~
301 ~~confidential in accordance with § 16.1-300 of the Code of Virginia, 6VAC35-170, and other~~
302 ~~applicable laws and regulations.~~

303 ~~GB. The provider may require submit requests for periodic progress reports of any research~~
304 ~~project and a formal final report of all completed research projects involving residents in the group~~
305 ~~home through the department pursuant to 6VAC35-170-200.~~

306
307 **6VAC35-41-165. Employee tuberculosis screening and follow-up.**

308 ~~A. On or before the an employee's start date at the facility ~~each~~, the employee shall submit~~
309 ~~evidence of freedom from have received a tuberculosis in a communicable form that is no older~~
310 ~~than 30 days risk assessment, as evidenced by completion of an assessment form containing the~~
311 ~~elements found on the ~~current-most recent~~ assessment form published by the Virginia Department~~
312 ~~of Health. The documentation shall indicate the screening results as to whether there is an~~
313 ~~absence of tuberculosis in a communicable form risk assessment shall be no older than 30 days~~
314 ~~and may be administered by health-trained personnel in a juvenile residential facility, provided~~
315 ~~the results of the assessment are interpreted by a physician, physician assistant, nurse~~
316 ~~practitioner, or registered nurse.~~

317 ~~B. Each In addition to the initial tuberculosis risk assessment required in subsection A of this~~
318 ~~section, each employee shall submit evidence of an annual ~~evaluation of freedom from~~ risk~~
319 ~~assessment indicating the individual's risk of being exposed to tuberculosis in a communicable~~
320 ~~form.~~

321 C. Employees shall undergo a subsequent tuberculosis screening ~~or evaluation, as~~
322 ~~applicable, in the following circumstances:~~ if indicated based on the results of the initial or annual
323 tuberculosis risk assessment.

- 324 1. ~~The employee comes into contact with a known case of infectious tuberculosis; or~~
325 2. ~~The employee develops chronic respiratory symptoms of three weeks duration.~~

326 D. If an employee comes into contact with a known case of infectious tuberculosis or develops
327 chronic respiratory symptoms of three weeks' duration, the employee shall consult the employee's
328 local health department or other medical professional for additional screening.

329 E. Employees suspected of having tuberculosis in a communicable form shall not be permitted
330 to return to work or have contact with staff or residents until a physician has determined that the
331 individual does not have tuberculosis in a communicable form.

332 ~~E. F.~~ Any active case of tuberculosis ~~developed~~ contracted by an employee ~~or a resident~~ shall
333 be reported to the local health department in accordance with the requirements of the
334 Commonwealth of Virginia State Board of Health Regulations for Disease Reporting and Control
335 (12VAC5-90).

336 F. G. Documentation of ~~any~~ the screening results shall be retained in a manner that maintains
337 the confidentiality of information.

338 G. H. The detection, diagnosis, prophylaxis, and treatment of pulmonary tuberculosis shall be
339 performed consistent with the current requirements of the Virginia Department of Health's Division
340 of Tuberculosis Prevention and Control and the federal Department of Health and Human
341 Services Centers for Disease Control and Prevention.

342

343 **6VAC35-41-200. Required initial training.**

344 A. Each full-time and part-time employee and relief staff shall complete initial, comprehensive
345 training that is specific to the individual's occupational class, is based on the needs of the
346 population served, and ensures that the individual has the competencies to perform in the
347 position.

- 348 1. Direct care staff shall receive at least 40 hours of training, inclusive of all training
349 required by this section, in their first year of employment.
350 2. Contractors shall receive training required to perform their position responsibilities in a
351 juvenile residential facility.

352 B. Within 30 days following the employee's start date at the facility or before the employee is
353 responsible for the direct supervision of a resident, all direct care staff and staff who provide direct
354 supervision of the residents while delivering services, with the exception of workers employed by
355 contract to provide behavioral health or health care services, shall complete training in the
356 following areas:

- 357 1. Emergency preparedness and response;
358 2. First aid and cardiopulmonary resuscitation, unless the individual is currently certified,
359 with certification required as applicable to their duties;
360 3. The facility's behavior management program;
361 4. The residents' rules of conduct and the rationale for the rules;
362 5. The facility's behavior intervention procedures, with physical ~~and mechanical~~ restraint
363 training required as applicable to their duties;
364 6. Child abuse and neglect;
365 7. Mandatory reporting;
366 8. Maintaining appropriate professional relationships;

- 367 9. Interaction among staff and residents;
368 10. Suicide prevention;
369 11. Residents' rights, including ~~but not limited to~~ the prohibited actions provided for in
370 6VAC35-41-560 (~~prohibited actions~~);
371 12. Standard precautions; and
372 13. Procedures applicable to the employees' ~~position~~ positions and consistent with their
373 work profiles.

374 C. Employees who administer medication shall ~~have~~, have completed successfully, prior
375 to before such administration, ~~successfully completed~~ a medication training program approved by
376 the Board of Nursing or be licensed by the Commonwealth of Virginia to administer medication.

377 ~~D. Training shall be required by and provided as appropriate to the individual's job duties and~~
378 ~~in accordance with the provider's training plan.~~

379 ~~E. D.~~ When an individual is employed by contract to provide services for which licensure by a
380 professional organization is required, documentation of current licensure shall constitute
381 compliance with this section.

382 ~~F. E.~~ Volunteers and interns shall be trained in accordance with 6VAC35-41-300 (~~orientation~~
383 ~~and training for volunteers or interns~~).

384

385 **6VAC35-41-210. Required retraining.**

386 A. Each employee, relief staff, and contractor shall complete retraining that is specific to the
387 individual's occupational class and the position's job description and addresses any professional
388 development needs.

389 B. All staff shall complete an annual training refresher on the facility's emergency
390 preparedness and response plan and procedures.

391 C. All direct care staff and staff who provide direct supervision of the residents while delivering
392 services, with the exception of workers who are employed by contract to provide behavioral health
393 or health care services, shall ~~complete at least 40 hours of training annually that shall include~~
394 training annual refresher training in the following areas:

- 395 1. Suicide prevention;
396 2. Child abuse and neglect;
397 3. Mandatory reporting;
398 4. Residents' rights, including ~~but not limited to~~ the prohibited actions provided for in
399 6VAC35-41-560 (~~prohibited actions~~);
400 5. Standard precautions; and
401 6. Behavior intervention procedures.

402 D. Staff ~~required by their position to have~~ whose positions require certification in
403 cardiopulmonary resuscitation and first aid shall receive training sufficient to maintain current
404 certifications.

405 E. Employees who administer medication shall complete an annual refresher training on the
406 administration of medication. The refresher training shall include a review of the components
407 required in 6VAC35-41-1280.

408 F. Retraining shall (i) be required by and provided as appropriate to the individual's job duties,
409 and (ii) address any needs identified by the individual and the supervisor, if applicable, ~~and (iii)~~
410 ~~be in accordance with the provider's training plan.~~ In addition to the training hours required in
411 subsection C of this section, facilities shall ensure that direct care staff and direct supervision staff
412 subject to the requirements in subsection C receive at least 15 hours of additional training.

413 G. When an individual is employed by contract to provide services for which licensure by a
414 professional organization is required, documentation of current licensure shall constitute
415 compliance with this section.

416 H. Staff who have not timely completed required retraining shall not be allowed to have direct
417 care responsibilities pending completion of the retraining requirements.

418

419 **6VAC35-41-230. Code of ethics.**

420 A written code of ethics shall be available-readily accessible to all employees.

421

422 **6VAC35-41-250. Notification of change in driver's license status.**

423 Staff whose job responsibilities may involve transporting residents shall (i) maintain a valid
424 driver's license or a valid driver privilege card pursuant to § 46.2-328.3 of the Code of Virginia and
425 (ii) report to the facility administrator or designee any change in their driver's license or driver
426 privilege card status, including but not limited to a suspension, suspension, restriction, restriction,
427 and revocations, revocation, and/or expiration.

428

429

430 **Part III. Physical Environment**

431

432 **6VAC35-41-400. Toilet facilities.**

433 A. There shall be at least one bathtub or bathtub alternative in each facility.

434 B. There shall be at least one toilet, one hand basin, and one shower or tub for every eight
435 residents for facilities certified-constructed before July 1, 1981.

436 C. There shall be one toilet, one hand basin, and one shower or tub for every four residents
437 in any each juvenile residential facility building constructed or structurally modified after July 1,
438 1981. Facilities certified after December 28, 2007, shall comply with the one-to-four ratio.

439 D. The maximum number of staff members on duty in the living unit shall be counted in
440 determining the required number of toilets and hand basins ~~when~~ if a separate bathroom is not
441 provided for staff.

442 E. There shall be at least one mirror securely fastened to the wall at a height appropriate for
443 use in each room where hand basins are located.

444 F. ~~When bathrooms are not~~ If a facility has a bathroom that is not designated for individual
445 use:

446 1. ~~Each toilet~~ Toilets shall be enclosed for privacy, and

447 2. Bathtubs and showers shall provide visual privacy for bathing ~~by~~ through the use of
448 enclosures, curtains, or other appropriate means.

449 G. Windows in bathrooms and dressing areas shall ~~provide~~ allow for privacy.

450

451 **6VAC35-41-410. Sleeping areas rooms.**

452 A. Males and females shall have separate sleeping areas rooms; however, nothing in this
453 chapter shall preclude a provider from making a placement decision based on a case-by-case
454 analysis of whether a placement would ensure a resident's health and safety or present
455 management or security problems.

456 B. No more than four residents shall share a ~~bedroom or sleeping area~~ room.

457 C. Beds shall be at least three feet apart at the head, foot, and sides; and ~~double-decker bunk~~ bunk
458 beds shall be at least five feet apart at the head, foot, and sides.

459 D. Sleeping ~~quarters~~ rooms in facilities established, constructed, or structurally modified after
460 July 1, 1981, shall have:

461 1. At least 80 square feet of floor area in a bedroom accommodating one person;

462 2. At least 60 square feet of floor area per person in rooms accommodating two or more
463 persons; and

464 3. Ceilings with a primary height at least 7-1/2 feet in height exclusive of protrusions, duct
465 work, or dormers.

466 E. Mattresses shall be fire retardant as evidenced by documentation from the manufacturer
467 except in buildings equipped with an automated sprinkler system as required by the Virginia
468 Uniform Statewide Building Code (13VAC5-63).

469 F. Each resident shall be assigned drawer space and closet space; or their equivalent; ~~that is~~
470 storage space for storage of clothing and personal belongings. The storage space shall be
471 accessible to from the sleeping area for storage of clothing and personal belongings room.

472 G. Windows in sleeping ~~areas~~ rooms and dressing areas shall ~~provide~~ allow for privacy.

473 H. ~~Every sleeping area~~ Sleeping rooms shall have a door that may be closed for privacy or
474 quiet and ~~this door shall~~ that may be opened readily ~~opened~~ in case of a fire or other emergency.

475

476 **6VAC35-41-440. Smoking prohibitions.**

477 ~~Smoking shall be prohibited in living areas and in areas where residents participate in~~
478 ~~programs.~~ A. Residents shall be prohibited from possessing, purchasing, using, or distributing (i)
479 tobacco products, or nicotine vapor products, or alternative nicotine products, or hemp products
480 intended for smoking as defined in 18.2-371.2 of the Code of Virginia; or (ii) any similar product
481 or substance that is prohibited by state or federal law. Tobacco products, including cigarettes,
482 cigars, smokeless tobacco, pipe tobacco, bidis, and wrappings and vapor products, such as
483 electronic cigarettes, electronic cigars, electronic cigarillos, electronic pipes, or similar products
484 or devices shall not be used by staff, contractors, volunteers, interns, or visitors in any areas of
485 the facility or its premises.

486 B. Staff, contractors, volunteers, and visitors shall be prohibited from using any of the products
487 outlined in subsection A in any areas of the facility.

488

489

490

Part IV. Safety and Security

491

492 **6VAC35-41-490. Emergency and evacuation procedures.**

493 A. The provider shall develop a written emergency preparedness and response plan for each
494 facility. The plan shall address:

495 1. Documentation of contact with the local emergency coordinator to determine (i) local
496 disaster risks, (ii) communitywide plans to address different disasters and emergency
497 situations, and (iii) assistance, if any, that the local emergency management office will
498 provide to the facility in an emergency;

499 2. Analysis of the provider's capabilities and potential hazards, including natural disasters,
500 severe weather, fire, flooding, work place violence or terrorism, missing persons, severe
501 injuries, or other emergencies that would disrupt the normal course of service delivery;

502 3. Written emergency management procedures outlining specific responsibilities for
503 provision of administrative direction and management of response activities; coordination
504 of logistics during the emergency; communications; life safety of employees, contractors,
505 interns, volunteers, visitors and residents; property protection; community outreach; and
506 recovery and restoration;

507 4. Written emergency response procedures for assessing the situation; protecting
508 residents, employees, contractors, interns, volunteers, visitors, equipment and vital
509 records; and restoring services. Emergency procedures shall address:

- 510 a. Communicating with employees, contractors, and community responders;
- 511 b. Warning and ~~notification of~~ notifying residents;
- 512 c. Providing emergency access to secure areas and opening locked doors;
- 513 d. Conducting evacuations to emergency shelters or alternative sites and accounting
514 for all residents;
- 515 e. Relocating residents, if necessary;
- 516 f. Notifying parents and legal guardians, as applicable and appropriate;
- 517 g. Alerting emergency personnel and sounding alarms;
- 518 h. Locating and shutting off utilities when necessary; and
- 519 i. Providing for a ~~planned, personalized~~ means of effective egress evacuation for
520 ~~residents who use wheelchairs, crutches, canes, or other mechanical devices for~~
521 ~~assistance in walking~~ individuals with disabilities or who require special
522 accommodations, such as vision-impaired, hearing-impaired, or nonambulatory
523 individuals.

524 5. Supporting documents that would be needed in an emergency, including emergency
525 call lists, building and site maps necessary to shut off utilities, designated escape
526 evacuation routes, and list lists of major resources such as local emergency shelters; and

527 6. Schedule for testing the implementation of the plan and conducting emergency
528 preparedness drills.

529 B. The provider shall develop emergency preparedness and response training for all
530 employees to ensure they are prepared to implement the emergency preparedness plan in ~~the~~
531 ~~event of an emergency.~~ Such The training shall include the employees' responsibilities for:

- 532 1. Alerting emergency personnel and sounding alarms;
- 533 2. Implementing evacuation procedures, including evacuation of residents with special
534 needs ~~(i.e., deaf, blind, nonambulatory);~~ or who require special accommodations;
- 535 3. Using, maintaining, and operating emergency equipment;
- 536 4. Accessing emergency information for residents including medical information; and
- 537 5. Utilizing community support services.

538 C. Contractors ~~and~~, volunteers, and interns shall be oriented in their responsibilities in
539 implementing the emergency preparedness plan in the event of an emergency~~emergencies.~~

540 D. The provider shall review and document the review of the emergency preparedness plan
541 annually and make necessary revisions. ~~Such The~~ revisions shall be communicated to
542 employees, contractors, interns, and volunteers and incorporated into training for employees,
543 contractors, interns, and volunteers and orientation of residents to services.

544 E. ~~In the event of~~ If a disaster, fire, emergency, or ~~any~~ other condition that may jeopardize the
545 health, safety, and welfare of residents; occurs, the provider shall take appropriate action to
546 protect the health, safety, and welfare of the residents and to remedy the ~~conditions~~ condition as
547 soon as possible. The provider first shall respond and stabilize the disaster or emergency. After

548 the disaster or emergency is stabilized, the provider shall report the disaster or emergency in
549 accordance with 6VAC35-41-90.

550 ~~F. In the event of a disaster, fire, emergency, or any other condition that may jeopardize the~~
551 ~~health, safety, and welfare of residents, the provider should first respond and stabilize the disaster~~
552 ~~or emergency. After the disaster or emergency is stabilized, the provider shall report the disaster~~
553 ~~or emergency in accordance with 6VAC35-41-90 (serious incident reports).~~

554 ~~G. F.~~ Floor plans showing primary and secondary means of emergency ~~exiting~~ exits shall be
555 posted on each floor in locations where they ~~can be seen~~ are easily by visible to staff and
556 residents.

557 ~~H. G.~~ The responsibilities of the residents in implementing the emergency procedures shall
558 be communicated to all residents within seven days following admission or a substantive change
559 in the procedures.

560 ~~I. At H.~~ The appropriate facility staff shall conduct at least one evacuation drill ~~(the simulation~~
561 ~~of the facility's emergency procedures)~~ shall be conducted in which its emergency and evacuation
562 procedures are simulated each month in each building occupied by residents. During any three
563 consecutive calendar months, at least one evacuation drill shall be conducted during each shift.

564 ~~J. I.~~ Evacuation drills shall include, ~~at a minimum:~~

- 565 1. Sounding of emergency alarms;
- 566 2. Practice in evacuating buildings;
- 567 3. Practice in alerting emergency authorities;
- 568 4. Simulated use of emergency equipment; and
- 569 5. Practice in accessing resident emergency information.

570 ~~K. J.~~ A record shall be maintained for each evacuation drill and shall include the following:

- 571 1. Buildings in which the drill was conducted;
- 572 2. Date and time of the drill;
- 573 3. Amount of time taken to evacuate the buildings;
- 574 4. Specific problems encountered, if any;
- 575 5. Staff tasks completed including:
 - 576 a. Head count, and
 - 577 b. Practice in notifying emergency authorities; and
- 578 6. The name of the staff members responsible for conducting and documenting the drill
- 579 and preparing the record.

580 ~~L. K.~~ The facility administrator shall assign one staff member who shall ensure that all
581 requirements regarding the emergency preparedness and response plan and the evacuation drill
582 program are met.

583 **6VAC35-41-510. Searches of residents.**

584 A. Each facility that conducts searches shall have procedures that provide that all searches
585 shall be subject to the following requirements:

- 586 1. The facility shall have procedures in place governing searches.
- 587 2. Searches of residents' persons shall be conducted only for the purposes of maintaining
588 facility security and controlling contraband while protecting, and only in a manner that
589 protects the dignity of the resident.
- 590 23. Searches are shall be conducted only by personnel who are trained and authorized to
591 conduct such searches; and
- 592 34. The resident shall not be touched any more than is necessary to conduct the search.

593 ~~B. Facilities that do not conduct searches of residents shall have a procedure prohibiting them.~~

594 ~~CB. Patdown~~ Pat-down and frisk searches shall be conducted by trained personnel of the
595 same sex-gender as the resident being searched, except in emergencies.

596 ~~D. Strip searches and visual inspections of the vagina and anal cavity areas shall only be~~
597 ~~permitted (i) if ordered by a court; (ii) if conducted by law enforcement personnel acting in his~~
598 ~~official capacity; or (iii) if the facility obtains the approval of the regulatory authority to conduct~~
599 ~~such searches. A facility that conducts such searches shall have a procedure that provides that~~
600 ~~the searches shall be subject to the following:~~

601 ~~1. The search shall be performed by personnel of the same sex as the resident being~~
602 ~~searched;~~

603 ~~2. The search shall be conducted in an area that ensures privacy; and~~

604 ~~3. Any witness to the search shall be of the same sex as the resident.~~

605 ~~E. Manual and D. Strip searches and visual, manual, or instrumental searches of the anal~~
606 ~~cavity or vagina shall be prohibited unless court-ordered prohibited.~~

607
608 **6VAC35-41-540. Weapons.**

609 A. The possession, use, and storage of weapons in facilities or on the premises where
610 residents are reasonably expected to have access are prohibited except when specifically
611 authorized by statutes or regulations or provided in subsection B of this section. ~~For the purpose~~
612 ~~of this section, weapons shall include but will not be limited to (i) any pistol, revolver, or other~~
613 ~~weapon intended to propel a missile of any kind by action of an explosion; (ii) any dirk, bowie~~
614 ~~knife, except a pocket knife having a folding metal blade of less than three inches, switchblade~~
615 ~~knife, ballistic knife, machete, straight razor, slingshot, spring stick, metal knucks, or blackjack;~~
616 ~~(iii) nunchucks or other flailing instrument with two or more rigid parts that swing freely; and (iv)~~
617 ~~throwing star or oriental dart.~~

618 B. Weapons shall be permitted if they are in the possession of a licensed security personnel
619 staff or law-enforcement officer officers while in the course of his-their duties.

620
621 **6VAC35-41-550. Transportation.**

622 A. ~~If The~~ facility provider shall be the responsibility of the facility to have responsible for having
623 transportation available or to make making the necessary arrangements for routine and
624 emergency transportation.

625 B. ~~There shall be~~ The facility provider shall have written safety rules for transportation of
626 residents and, if applicable, for the use and maintenance of vehicles.

627 C. If a person or entity other than the juvenile residential facility staff assumes custody of the
628 resident for purposes of transportation, and the facility staff havehas flagged the resident for
629 additional monitoring due to (i) a recent suicide attempt, (ii) recent suicidal ideations, or (iii) special
630 medical needs, the facility staff shall:

631 1. Provide the person or entity responsible for transporting the resident, except the
632 resident's parent or guardian, with a department-approved form or a form containing the
633 elements of the department-approved form that identifies pertinent information known to
634 the appropriate juvenile residential facility staff concerning the need for additional
635 monitoring, provided the information reasonably could be considered necessary for the
636 resident's safe transportation and supervision, and

637 2. Notify the transporting party that such information must remain confidential in
638 accordance with applicable laws, rules, and regulations regarding confidentiality of
639 juvenile records.

640 D. The facility Facility staff shall be excused from meeting the requirements of subsection C of
641 this section if an emergency renders completion of the form impracticable or infeasible.

642 G. E. The facility provider shall have a procedure for the verification of appropriate licensure
643 or driver privilege status for staff whose duties involve transporting residents.

644 **Part V. Resident's Rights**

647 **6VAC35-41-560. Prohibited actions.**

648 The following actions are prohibited:

- 649 1. Discrimination in violation of the Constitution of the United States, the Constitution of
650 the Commonwealth of Virginia, and state and federal statutes and regulations;
- 651 2. Deprivation of drinking water or food necessary to meet a resident's daily nutritional
652 needs, except as ordered by a licensed physician for a legitimate medical purpose and
653 documented in the resident's record;
- 654 3. Denial of contacts and visits with the resident's attorney, a probation officer, the
655 department, the regulatory authority, a supervising agency representative, or
656 representatives of other agencies or groups as required by applicable statutes or
657 regulations;
- 658 4. Bans on contacts and visits with family or legal guardians, except as permitted by other
659 applicable state regulations or by order of a court of competent jurisdiction;
- 660 5. ~~Any action that is~~ Actions that are humiliating, degrading, or abusive, including ~~but not~~
661 ~~limited to~~ physical abuse, sexual abuse, and sexual harassment;
- 662 6. Corporal punishment, which is administered through the intentional ~~inflicting~~ infliction
663 of pain or discomfort to the body through actions, such as, ~~but not limited to~~ (i) striking or
664 hitting with any part of the body or with an implement; (ii) pinching, pulling, or shaking; or
665 (iii) ~~any similar action~~ actions that normally ~~inflicts~~ inflict pain or discomfort;
- 666 7. Subjection to unsanitary living conditions;
- 667 8. Denial of opportunities for bathing or access to toilet facilities, except as ordered by a
668 licensed physician for a legitimate medical purpose and documented in the resident's
669 record;
- 670 9. Denial of health care;
- 671 10. Deprivation of appropriate services and treatment;
- 672 11. Application of aversive stimuli, except as permitted pursuant to other applicable state
673 regulations ~~Aversive stimuli means any physical forces (e.g., sound, electricity, heat, cold,~~
674 ~~light, water, or noise) or substances (e.g., hot pepper, pepper sauce, or pepper spray)~~
675 ~~measurable in duration and intensity that when applied to a resident are noxious or painful~~
676 ~~to the individual;~~
- 677 12. Administration of laxatives, enemas, or emetics, except as ordered by a licensed
678 physician or poison control center for a legitimate medical purpose and documented in the
679 resident's record;
- 680 13. Deprivation of opportunities for sleep or rest, except as ordered by a licensed physician
681 for a legitimate medical purpose and documented in the resident's record;
- 682 14. Placement of a resident ~~alone~~ in a locked room or a secured area where the resident
683 is prevented from leaving;
- 684 15. Use of mechanical restraints ~~(e.g., handcuffs, waist chains, leg irons, disposable~~
685 ~~plastic cuffs, leather restraints, or a restraint chair) chairs);~~

- 686 16. Use of pharmacological restraints; and
687 17. Other constitutionally prohibited actions.

688
689 **6VAC35-41-565. Vulnerable population.**

690 A. ~~The~~ Immediately upon a resident's admission, ~~the~~ facility ~~staff~~ shall implement a procedure
691 for ~~assessing~~ determining whether a resident is a member of a vulnerable population. Factors
692 including the resident's height and size, English proficiency, sexual orientation, history of being
693 bullied, or history of self-injurious behavior may be considered in determining whether a resident
694 is a member of a vulnerable population. The resident's own views with respect to the resident's
695 safety shall be considered.

696 B. If ~~the~~ assessment facility ~~staff determines~~ determine a resident is a member of a vulnerable
697 population, the facility~~staff~~ shall implement any identified additional precautions such as
698 heightened need for supervision, additional safety precautions, or separation from certain other
699 residents. ~~The facility~~ sStaff shall consider on a case-by-case basis whether a placement would
700 ensure the resident's health and safety and whether the placement would present management
701 or security problems.

702 C. ~~For the purposes of this section, vulnerable population means a resident or group of~~
703 ~~residents who have been assessed to be reasonably likely to be exposed to the possibility of~~
704 ~~being attacked or harmed, either physically or emotionally (e.g., very young residents; residents~~
705 ~~who are small in stature; residents who have limited English proficiency; residents who are gay,~~
706 ~~lesbian, bi-sexual, transgender, or intersex; residents with a history of being bullied or of self-~~
707 ~~injurious behavior).~~

708
709 **6VAC35-41-680. Recreation.**

710 A. The provider shall have a written description of its recreation program that describes
711 activities that are consistent with the facility's total program and with the ages, developmental
712 levels, interests, and needs of the residents ~~that includes~~. The recreation program shall include:

- 713 1. Opportunities for individual and group activities, both structured and unstructured;
714 2. Use of available community recreational resources and facilities;
715 3. Scheduling of activities so that they do not conflict with meals, religious services,
716 educational programs, or other regular events; ~~and~~
717 4. Regularly scheduled indoor and outdoor recreational activities that are structured to
718 develop skills and ~~attitudes~~. pro-social attitudes; and
719 5. Appropriate recreational materials for indoor and outdoor use.

720 B. The provider shall ~~develop and implement written procedures to ensure~~ protect the safety
721 of residents participating in recreational activities ~~that include~~ by ensuring that:

- 722 1. ~~How activities will be~~ Activities are directed and supervised by individuals
723 knowledgeable in the safeguards required for the activities;
724 2. ~~How residents~~ Residents are assessed for suitability ~~for an activity and the supervision~~
725 ~~provided; and~~ appropriately supervised;
726 3. ~~How safeguards~~ Safeguards for ~~water-related~~ water-related activities ~~will be~~ are
727 provided, including ensuring that a certified ~~life guard~~ lifeguard supervises all swimming
728 activities and that the provider attempts to determine the resident's swimming ability by
729 consulting the swimmer's parent or legal guardian; and
730 4. All participants are equipped and clothed appropriately and wearing safety gear
731 appropriate for the activity in which the resident is engaging.

732 C. For all overnight recreational trips away from the facility, the provider shall document trip
733 planning to include:

- 734 1. A supervision plan for the entire duration of the activity including awake and sleeping
735 hours that meets the specific staffing ratio requirements set out in 6VAC35-41-930;
- 736 2. A plan for safekeeping and distribution of medication;
- 737 3. An overall emergency, safety, and communication plan for the activity, including
738 resident accountability, prompt evacuation, and identification of emergency numbers of
739 for facility administration administrators and outside emergency services;
- 740 4. Staff training and experience requirements for each activity;
- 741 5. Resident preparation for each activity;
- 742 6. A plan to ensure that all the necessary equipment for the and gear that will be used in
743 connection with the specified activity is certified, if required; in good repair; in operable
744 condition; and age, body-size, and otherwise appropriate for the activity;
- 745 7. A trip schedule giving addresses and phone numbers of locations to be visited and how
746 the location was chosen and evaluated;
- 747 8. A plan to evaluate residents' physical health throughout the activity and to ensure that
748 the activity is conducted within the boundaries of the resident's capabilities, dignity, and
749 respect for self-determination;
- 750 9. A plan to ensure that a certified ~~life-guard~~ lifeguard supervises all swimming activities
751 in which residents participate; and
- 752 10. Documentation of any variations from trip plans and reason for the variation.

753 D. All For overnight recreational trips away from the facility, the facility administrator shall
754 ensure that:

- 755 1. A telephone is located-accessible in each area where residents sleep or participate in
756 programs;
- 757 2. First-aid kits are accessible at all times and contain supplies that are appropriate for the
758 activity;
- 759 3. A separate bed, bunk, cot, or sleeping bag is available for each resident and staff
760 member attending the overnight trip; and
- 761 4. Bedding is clean, dry, sanitary, and in good repair.

762 E. The facility provider shall obtain written permission from each resident's parent or legal
763 guardian for all overnight out-of-state or out-of-country recreational trips require written
764 permission from each resident's legal guardian. trips. Documentation of the written permission
765 shall be kept maintained in the resident's case record.

766 F. The provisions of this section shall not apply to wilderness programs, which shall be subject
767 to the provisions of 6VAC35-41-1010 through 6VAC35-41-1070.

768

769

770

Part VI – Program Operation

771

6VAC35-41-710. Placement pursuant to a court order.

773 A. When a resident is placed in a facility pursuant to a court order, the requirements of the
774 following requirements shall be met by maintaining a copy of a court order in the resident's case
775 record provisions of in this chapter do not apply:

- 776 1. 6VAC35-41-730 (application for admission).

|

- 777 2. 6VAC35-41-740 (~~admission procedures~~).
- 778 3. 6VAC35-41-750 (~~written placement agreement~~).
- 779 4. 6VAC35-41-780 (~~emergency admissions~~).
- 780 5. 6VAC35-41-810 (~~discharge procedures~~).

781 B. ~~The facility~~ Facility staff shall maintain a copy of the court order in the resident's case
782 records instead of the documentation required by the regulatory sections enumerated in
783 subsection A of this section.

784 **6VAC35-41-720. Readmission to a shelter care program.**

785 A. When a resident is readmitted to a shelter care facility within 30 days from discharge, the
786 ~~requirements of the~~ following requirements shall provisions of this chapter do not apply:

- 787 1. 6VAC35-41-730 (~~application for admission~~).
- 788 2. 6VAC35-41-740 (~~admission procedures~~).

789 B. When a resident is readmitted to a shelter care facility within 30 days from discharge, the
790 facility shall:

- 791 1. Review and update all information on the face sheet as provided in 6VAC35-41-340
792 (~~face sheet~~);
- 793 2. Complete a health screening in accordance with 6VAC35-41-1200 (~~health screening at~~
794 ~~admission~~);
- 795 3. Complete the required admission and orientation process as provided in 6VAC35-41-
796 760 (~~admission~~); and
- 797 4. Update in the case record any other information regarding the resident that has changed
798 since discharge.

799

800 **6VAC35-41-730. Application for admission.**

801 A. Except for placements pursuant to a court order or resulting from a transfer between
802 residential facilities located in Virginia and operated by the same governing authority, all
803 admissions shall be based on evaluation of an application for admission.

804 B. Providers shall develop ~~and fully complete~~, an application for admission and ensure that
805 the referral source has fully completed the application prior to before a resident's acceptance for
806 care, an application for admission that is designed to compile information necessary to
807 determine. The provider shall ensure that the completed application for each admitted resident
808 is placed in the resident's case record.

809 C. The application for admission shall consist of information necessary to determine:

- 810 1. The suitability of the prospective resident's admission;
- 811 2. The educational needs of the prospective resident;
- 812 2. 3. The mental health, emotional, and psychological needs of the prospective resident;
- 813 3. 4. The physical health needs, including the immunization needs, of the prospective
814 resident;
- 815 4. 5. The protection needs of the prospective resident;
- 816 5. ~~The suitability of the prospective resident's admission;~~
- 817 6. The behavior support needs of the prospective resident; and
- 818 7. Information necessary to develop a an individual service plan and a behavior support
819 plan.

820 C. ~~Each facility~~ D. Providers shall develop and implement written procedures to assess each
821 prospective resident as part of the application process to ensure that:

- 822 1. The needs of the prospective resident can be addressed by the facility's services;
- 823 2. The facility's staff are trained to meet the prospective resident's needs; and
- 824 3. The admission of the prospective resident would not pose ~~any~~ a significant risk to (i)
825 the prospective resident or (ii) the facility's residents or staff.

826

827 **6VAC35-41-750. Written placement agreement.**

828 A. Except for placements pursuant to a court order ~~or when a resident admits himself to a~~
829 ~~shelter care facility~~, each resident's case record shall contain, ~~prior to~~before a routine planned
830 admission, a completed placement agreement signed by a facility representative and the parent,
831 legal guardian, or placing agency. ~~Routine admission means the admittance of a resident~~
832 ~~following evaluation of an application for admission and execution of a written placement~~
833 ~~agreement.~~

834 B. The written placement ~~agreements~~ agreement shall:

- 835 1. Authorize the resident's placement;
- 836 2. Address acquisition of and consent for any medical treatment needed by the resident;
- 837 ~~3. Address the rights and responsibilities of each party involved;~~
- 838 ~~4. 3.~~ Address financial responsibility for the placement;
- 839 ~~5. 4.~~ Address visitation with the resident; and
- 840 ~~6. 5.~~ Address the education plan for the resident and the responsibilities of all parties-
841 regarding the plan; and
- 842 6. Address the rights and all other responsibilities of each party involved.

843

844 **6VAC35-41-770. Orientation to facility rules and disciplinary procedures.**

845 A. During ~~the~~ orientation to the facility, residents shall be given written information describing
846 facility rules, the sanctions for rule violations, and the facility's disciplinary process. ~~These~~ The
847 written information shall be explained to the resident and documented by the dated signature of
848 the resident and staff.

849 B. Where a language or literacy problem exists that can lead to a resident misunderstanding
850 the ~~facility rules and regulations~~, written information provided under subsection A, staff or a
851 qualified person under the supervision of staff shall assist the resident.

852

853 **6VAC35-41-820. Discharge documentation.**

854 A. Except for residents discharged pursuant to a court order, the case record of a discharged
855 resident shall contain the following:

- 856 1. Documentation that discharge planning occurred prior to the planned discharge date;
- 857 2. Documentation that discussions with the parent or legal guardian, placing agency, and
858 resident regarding discharge planning occurred prior to the planned discharge date;
- 859 3. A written discharge plan developed prior to the planned discharge date; and
- 860 4. As soon as possible, but no later than 30 days after discharge, a comprehensive
861 discharge summary placed in the resident's record and, which also shall be sent to the
862 placing agency. The discharge summary shall review the following:
 - 863 a. ~~Services~~ The services provided to the resident;

864 b. The resident's progress toward meeting individual service plan objectives or service
865 objectives, as applicable;

866 c. The resident's continuing needs and recommendations, ~~if any~~, for further services
867 and care, if any;

868 d. ~~Reasons~~ The reasons for discharge and names of persons to whom the resident
869 was discharged;

870 e. ~~Dates~~ The dates of admission and discharge; and

871 f. ~~Date~~ The date the discharge summary was prepared and the signature of the person
872 ~~preparing who prepared~~ it.

873 B. When a resident is discharged pursuant to a court order, the case record shall contain a
874 copy of the court order.

875
876 **6VAC35-41-840. Structured programming.**

877 A. Each facility shall implement a comprehensive, planned, and structured daily routine,
878 ~~including appropriate supervision~~ designed to:

- 879 1. Meet the residents' physical and emotional needs;
- 880 2. Provide protection, guidance, and appropriate supervision;
- 881 3. Ensure the delivery of program services; and
- 882 4. Meet the objectives of any the resident's individual service plan, if applicable.

883 B. Each facility shall have goals, objectives, and strategies consistent with the facility's mission
884 and program objectives utilized when working with all residents until the residents' ~~individualized~~
885 individual service plans or service objectives, as applicable, are developed. These goals,
886 objectives, and strategies shall be provided to the residents in writing during orientation to the
887 facility.

888 C. Residents shall be allowed to participate in the facility's programs, as applicable, upon
889 admission.

890
891 **6VAC35-41-860. Individual service plan.**

892 A. An individual service plan shall be developed and placed in the resident's record within 30
893 days following admission and implemented immediately thereafter. The initial individual service
894 plan shall be distributed to the resident; the resident's family, legal guardian, or legally authorized
895 representative; the placing agency; and appropriate facility staff.

896 B. Individual service plans shall describe in measurable terms the:

- 897 1. Strengths and needs of the resident;
- 898 2. Resident's current level of functioning;
- 899 3. Goals, objectives, and strategies established for the resident including a behavior
900 support plan, if appropriate;
- 901 4. Projected family involvement;
- 902 5. Projected date for accomplishing each objective; and
- 903 6. Status of the projected discharge plan and estimated length of stay, except that this
904 requirement shall not apply to a facility that discharges only upon receipt of the order of a
905 court of competent jurisdiction.

906 C. Each individual service plan shall include the date it was developed and the signature of
907 the person who developed it.

908 D. The individual service plan shall be reviewed within 60 days of the development of the plan
909 and within each 90-day period thereafter. The individual service plan shall be revised as
910 necessary. Any changes to the plan shall be made in writing. All participants shall receive copies
911 of the revised plan.

912 E. The resident and facility staff shall participate in the development of the individual service
913 plan.

914 F. The (i) supervising agency and (ii) resident's parents, legal guardian, or legally authorized
915 representative, if appropriate and applicable, shall be given the opportunity to participate in the
916 development of the resident's individual service plan.

917 G. Copies of the individual service plan shall be provided to the (i) resident; (ii) parents or
918 legal guardians, as appropriate and applicable, and (iii) the placing agency.

919 H. The provisions in subsections A through G of this section shall not apply to shelter care
920 programs. Instead, shelter care programs shall prepare and place in the resident's file within 72
921 hours of admission a document identifying service objectives for each resident.

922
923 **6VAC35-41-890. Community relationships.**

924 A. ~~Opportunities shall be provided~~ Facilities Facility staff shall provide opportunities for the
925 residents to participate in activities and to utilize resources in the community.

926 B. In addition to the requirements of 6VAC35-41-290 (~~background checks for volunteers or~~
927 ~~interns~~), written procedures shall govern how the appropriate facility staff will determine if
928 participation in such community activities or programs would be in the residents' best interest.

929 C. Each facility shall have a staff community liaison who shall be responsible for facilitating
930 cooperative relationships with neighbors, the school system, local law enforcement, local
931 government officials, and the community at large.

932 D. ~~Each provider~~ Providers shall develop and implement written procedures for promoting
933 positive relationships with ~~the neighbors that shall be approved by the department~~ their neighbors.

934
935 **6VAC35-41-905. Work and employment.**

936 A. Paid and unpaid work assignments, including chores, are assigned by or carried out at the
937 facility, shall be in accordance with the developmental level, health, and ability of the resident.

938 B. Chores shall not interfere with school programs, study periods, meals, or sleep.

939 C. Work assignments or employment outside the facility, including reasonable rates of pay,
940 shall be approved by the facility administrator, upon collaboration with the referring agency and
941 the parent or legal guardian, as appropriate and applicable.

942 D. In both work assignments and employment, the facility administrator shall evaluate the
943 appropriateness of the work and fairness of the pay.

944
945 **6VAC35-41-920. Staff supervision of residents.**

946 A. No member of the direct care staff shall be on duty and responsible for the direct care of
947 residents more than six consecutive days without a rest day, except in an emergency. ~~For the~~
948 ~~purpose of this section, a rest day shall mean a period of not less than 24 consecutive hours~~
949 ~~during which a staff person has no responsibility to perform duties related to the operation of the~~
950 ~~facility.~~

951 B. Direct care staff shall have an average of at least two rest days per week in any four-week
952 period.

953 C. Direct care staff shall not be on duty more than 16 consecutive hours, except in an
954 emergency.

955 D. ~~There~~ Except as provided in subsection G of this section, there shall be at least one trained
956 direct care staff member who has satisfied the requirements in 6VAC35-41-200 and, if applicable,
957 6VAC35-41-210 on duty and actively supervising residents at all times that one or more residents
958 are present.

959 E. Whenever residents are being supervised by staff, there shall be at least one staff person
960 present with a current basic certification in standard first aid and a current certificate in
961 cardiopulmonary resuscitation issued by a recognized authority.

962 F. The provider shall develop and implement written procedures that address staff supervision
963 of residents including contingency plans for resident illnesses, emergencies, and off-campus
964 activities, ~~and resident preferences~~. These procedures shall be based on the:

- 965 1. Needs of the population served;
- 966 2. Types of services offered;
- 967 3. Qualifications of staff on duty; and
- 968 4. Number of residents served.

969 G. Notwithstanding the requirements in subsection D of this section, the trained direct care
970 staff member who is present, on duty, and actively supervising residents in an independent living
971 program shall be authorized, in emergency situations emergencies, to leave the facility for no
972 longer than one hour to attend to a resident who is away from the facility and is in need of needs
973 immediate assistance. Facilities that elect to exercise this option must observe the following rules:

- 974 1. The direct care staff must provide notice to the facility administrator or other supervisor
975 before leaving the facility;
- 976 2. Residents who remain at the facility shall be provided with an emergency telephone
977 number or other means of immediately communicating with a staff member; and
- 978 3. The facility provider shall have written procedures governing this exception.

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980

981 **6VAC35-41-935. Periodic monitoring of residents.**

982 A. Whenever residents are present in the facility, staff shall conduct periodic checks on each
983 resident in the facility at least once every 30 minutes and more often if justified by the
984 circumstances. Each check shall be documented in accordance with written procedures.

985 B. The requirement provided in subsection A of this section shall not apply to independent
986 living programs.

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Part IX

Wilderness Programs and Adventure Activities

992 **6VAC35-41-1010. Wilderness program Requirements for wilderness programs- (Repeal).**

993 A. The provider must shall obtain approval by from the board prior to director before operating
994 a primitive camping wilderness program.

995 B. Any A wilderness program must meet the following conditions: (i) maintain a nonpunitive
996 environment; (ii) have an experience a written curriculum; and (iii) accept only residents only who

997 are nine years of age or older who cannot presently function at home, in school, or in the
998 community.

999 C. Any A wilderness work program or wilderness work camp program shall have a written
1000 program description covering:

- 1001 1. Its The program's intended resident population;
- 1002 2. How work assignments, education, vocational training, and treatment will be
1003 interrelated;
- 1004 3. The length of the program;
- 1005 4. The type and duration of treatment and supervision to be provided upon release or
1006 discharge; and
- 1007 5. The program's behavioral expectations, incentives, and sanctions.

1008
1009 **6VAC35-41-1020. Wilderness Procedures for wilderness programs or adventure activities;**
1010 **training. (Repeal).**

1011 A. All wilderness programs and providers that take residents on wilderness or adventure
1012 activities shall develop and implement written procedures that include:

- 1013 1. Staff and resident training and experience requirements for each activity;
- 1014 2. Resident training and experience requirements for each activity;
- 1015 3. ~~2.~~ Specific staff to resident ~~staff to resident~~ ratio and supervision plan that is appropriate
1016 for each activity, including sleeping arrangements and supervision during night time hours.
1017 The ratio and supervision plan shall meet the requirements set out in 6VAC35-41-930;
- 1018 4. ~~3.~~ Plans to evaluate and document each participant's physical health throughout the
1019 activity;
- 1020 5. ~~4.~~ Preparation and planning needed for each activity and time frames;
- 1021 6. ~~5.~~ Arrangement, maintenance, and inspection of activity areas;
- 1022 7. ~~6.~~ A plan to ensure that any equipment and gear that is ~~to~~will be used in connection
1023 with a specified wilderness or adventure activity is appropriate to the activity, certified if
1024 required, in good repair, in operable condition, and age and body size appropriate;
- 1025 8. ~~7.~~ Plans to ensure that all ropes and paraphernalia used in connection with rope rock
1026 climbing, rappelling, high and low ropes courses, or other adventure activities in which
1027 ropes are used are approved annually by an appropriate certifying organization and have
1028 been inspected by staff responsible for supervising the adventure activity before engaging
1029 residents in the activity;
- 1030 9. ~~8.~~ Plans to ensure that all participants are appropriately equipped, clothed, and wearing
1031 safety gear, such as a helmet, goggles, safety belt, life jacket, or a flotation device, that is
1032 appropriate to the adventure activity in which the resident is engaged;
- 1033 10. ~~9.~~ Plans for food and water supplies and management of these resources;
- 1034 11. ~~10.~~ Plans for the safekeeping and distribution of medication;
- 1035 12. ~~11.~~ Guidelines to ensure that resident participation is conducted falls within the
1036 boundaries of the resident's capabilities, dignity, and respect for self-determination;
- 1037 13. ~~12.~~ Overall emergency, safety, and communication plans for each activity including
1038 rescue procedures, frequency of drills, resident accountability, prompt evacuation, and
1039 notification of outside emergency services; and
- 1040 14. ~~13.~~ Review of trip plans by the trip coordinator.

1041 ~~B. Direct care workers staff hired by wilderness campsite programs and providers that take~~
1042 ~~residents on wilderness or adventure activities shall be trained in a wilderness first aid course.~~

1043
1044 **6VAC35-41-1030. Initial physical for wilderness programs or adventure activities. (Repeal).**

1045 Initial physical forms used by wilderness campsite programs and providers that take residents
1046 on wilderness or adventure activities shall include:

1047 1. A statement notifying the doctor of the types of activities the resident will be participating
1048 in; and

1049 2. A statement signed by the doctor stating that the individual's health does not prevent
1050 him from participating in the described activities.

1051
1052 **6VAC35-41-1040. Physical environment of wilderness programs or adventure activities.**
1053 **(Repeal).**

1054 A. Each resident shall have adequate personal storage area.

1055 B. Fire A. If combustion-type heating devices, campfires, or other sources of combustion are
1056 present, fire extinguishers of a 2A 10BC rating shall be maintained so that it is never necessary
1057 to travel more than or available within 75 feet to a fire extinguisher from combustion-type heating
1058 devices, campfires, or other of the source of combustion.

1059 C. B. Artificial lighting shall be provided in a safe manner.

1060 D. C. All areas of the campsite shall be lighted for safety when occupied by residents.

1061 E. D. A telephone or other means of communication is required at shall be accessible in each
1062 area where residents sleep or participate in programs.

1063 F. E. First aid kits used by wilderness campsite programs and providers that take residents
1064 on adventure activities shall be appropriate for the activity appropriate and shall be accessible at
1065 all times.

1066
1067 **6VAC35-41-1050. Sleeping areas of wilderness programs or adventure activities. (Repeal).**

1068 If a wilderness program requires outdoor, off-campus, or alternative overnight sleeping
1069 arrangements, the following provisions shall apply:

1070 A. In lieu 1. Instead of or in addition to dormitories, cabins, or barracks for housing
1071 residents, primitive campsites may be used.

1072 B. Sleeping areas 2. Areas in which residents sleep shall be protected by screening or
1073 other means to prevent admittance of flies and mosquitoes.

1074 C. 3. A separate bed, bunk, or cot, or sleeping bag, if applicable, shall be made available
1075 for each person.

1076 D. 4. A mattress cover shall be provided for each mattress, as applicable.

1077 E. Bedding 5. Bedding, if used, shall be clean, dry, sanitary, and in good repair.

1078 F. Bedding 6. Bedding, if used, shall be adequate to ensure protection and comfort in cold
1079 weather.

1080 G. 7. Sleeping bags, if used, shall be fiberfill and rated for 0°F.

1081 H. 8. Linens shall be changed as often as required for cleanliness and sanitation but not
1082 less frequently than once a week every seven days.

1083 I. 9. Staff shall be of the same sex may as each resident in a tent or sleeping room in order
1084 to share a the tent or sleeping area room with the residents.

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6VAC35-41-1060. Personal necessities in wilderness programs or adventure activities. (Repeal).

A. Each resident Residents participating in wilderness programs shall be provided with an adequate supply of clean clothing and footwear that is sturdy, suitable for outdoor living the activity planned, and is appropriate to the geographic location and season.

B. Sturdy, water resistant, outdoor footwear shall be provided for each resident.

6VAC35-41-1070. Trip or activity coordination for wilderness programs or adventure activities. (Repeal).

A. All wilderness Wilderness programs and facilities that take residents on wilderness or adventure activities must shall designate one staff person to be the trip coordinator who will be responsible for all facility wilderness or adventure trips.

1. This person must The trip coordinator shall have experience in and knowledge regarding wilderness activities and be trained in a wilderness first aid course. The individual must trip coordinator also shall have at least one year experience at the facility and be familiar with the facility facility's procedures, staff, and residents.

2. Documentation regarding this knowledge and experience shall be found placed in the individual's staff personnel record.

3. The trip coordinator will shall review all trip plans and procedures and will shall ensure that staff and residents meet the requirements as outlined in the facility's procedure regarding each wilderness or adventure activity to take place during planned as part of the trip.

4. The trip coordinator will review all trip plans and procedures and will ensure that staff and residents meet the requirements as outlined in the facility's procedure regarding each wilderness or adventure activity to take place during the trip.

B. The trip coordinator shall conduct a post trip debriefing within 72 hours of the group's return to base to evaluate individual and group goals as well as the trip as a whole.

C. The trip coordinator will shall be responsible for (i) writing a summary of the debriefing session and shall be responsible for; and (ii) ensuring that procedures are updated to reflect improvements needed.

D. A trip folder will shall be developed for each wilderness or adventure activity conducted away from the facility and shall include:

1. Medical release forms including pertinent medical information on the trip participants;
2. Phone numbers for administrative staff and emergency personnel;
3. Daily trip logs;
4. Incident reports;
5. Swimming A swimming proficiency list if the trip is near water;
6. Daily logs;
7. Maps of the area covered by the trip; and
8. Daily plans.

E. The provider shall ensure that before engaging Before allowing participants to engage in any aquatic activity, each resident shall be classified by the trip coordinator or his designee shall develop a list that classifies residents according to swimming ability in one of two classifications: swimmer and nonswimmer. This ability. The list shall be placed in the trip folder as required in

1130 subsection D of this section, and the resident's classification shall be documented in the resident's
1131 record and in the trip folder.

1132 F. The provider trip coordinator shall ensure that lifesaving equipment is provided for all
1133 aquatic activities and is placed so that it is immediately available in case of an emergency. At a
1134 minimum, the The equipment shall include:

- 1135 1. A whistle or other audible signal device; and
- 1136 2. A lifesaving throwing device.

1137 G. The trip coordinator shall ensure that all aquatic activity is supervised by a certified
1138 lifeguard.

1139 Part XVIII

1140 Family-Oriented ~~Family-Oriented~~ Group Homes

1141
1142 6VAC35-41-1080. Written procedures for Requirements of family-oriented group home
1143 systems.

1144 Family-oriented ~~Family-oriented~~ group home systems shall have written procedures for:

- 1145 1. Setting the number of residents to be housed in each home and room of the home ~~and~~
1146 ~~prohibiting individuals less younger than 18 years of age from sharing sleeping rooms with~~
1147 ~~and individuals older than 17 who are 18 years of age from sharing sleeping rooms or~~
1148 ~~older without specific approval from the facility administrator;~~
- 1149 2. Providing supervision of and guidance for the family-oriented family-oriented group
1150 home parents and relief staff;
- 1151 3. Admitting and orienting residents;
- 1152 4. Preparing a treatment ~~an individual service~~ plan for each resident within 30 days of
1153 admission or 72 hours in the case of a shelter care facility, and reviewing the plan
1154 quarterly;
- 1155 54. Providing appropriate programs and services from intake through release;
- 1156 65. Providing residents with spending money;
- 1157 76. Managing resident records and releasing information;
- 1158 87. Providing medical and dental care to residents; and
- 1159 9. ~~Notifying parents and guardians, as appropriate and applicable, the placing agency,~~
1160 ~~and the department of any serious incident as specified in written procedures;~~
- 1161 8-10. Making a program supervisor or designated staff person available to residents and
1162 house parents 24 hours a day; ~~and~~
- 1163 11. 10. Ensuring the secure control of any firearms and ammunition in the home that
1164 firearms and ammunition are secured in a manner so as to prevent unauthorized access
1165 by juvenile residents in the home.

1166
1167 6VAC35-41-1100. Requirements of family oriented group homes.

1168 A. Each family-oriented ~~family-oriented~~ group home shall have:

- 1169 1. A fire extinguisher, inspected annually;
- 1170 2. Smoke alarm devices in working condition according to inspections conducted at least
1171 monthly and documented by facility staff;
- 1172 3. Alternative methods of escape from second story, as applicable;

- 1173 4. ~~Modern sanitation facilities;~~
1174 ~~5. 4. Freedom from physical hazards;~~
1175 ~~6. 5. A written emergency plan that is communicated to all new residents at orientation;~~
1176 ~~7. 6. An up-to-date listing of medical and other emergency resources in the community;~~
1177 ~~8. 7. A separate bed for each resident, with clean sheets equipped with a mattress, pillow,~~
1178 ~~blankets, bed linens, and if needed, a waterproof mattress cover. The blankets and linens~~
1179 ~~weekly; shall be cleaned at least once every seven days and more often, if needed. Bleach~~
1180 ~~or another sanitizing agent approved by the federal Environmental Protection Agency to~~
1181 ~~destroy bacteria shall be used in the laundering of bed linens;~~
1182 ~~9. 8. A bedroom that is well illuminated and ventilated; is in reasonably good repair; is not~~
1183 ~~a hallway, unfinished basement or attic; and provides conditions allows for privacy;~~
1184 ~~10. 9. A place to store residents' clothing and personal items;~~
1185 ~~11. 10. Modern sanitary toilet and bath facilities that are adequate for the number~~
1186 ~~of residents;~~
1187 ~~12. 11. A safe and clean place for indoor and outdoor recreation;~~
1188 ~~13. 12. Adequate furniture;~~
1189 ~~14. 13. Adequate laundry facilities or laundry services;~~
1190 ~~15. 14. A clean and pleasant dining area;~~
1191 ~~16. 15. Adequate and nutritionally balanced meals; and~~
1192 ~~17. 16. Daily provision of clean size-appropriate clothing and shoes for indoor and outdoor~~
1193 ~~wear and articles necessary for maintaining proper personal hygiene. All such items shall~~
1194 ~~be clean and in good repair.~~

1195 **B. Family-oriented group home providers shall be subject to the following requirements:**

- 1196 1. Residents younger than 18 years of age shall be prohibited from sharing sleeping rooms
1197 with residents who are 18 years of age or older without specific approval from the facility
1198 administrator;
1199 2. An individual service plan shall be prepared for each resident within 30 days of
1200 admission, and each such plan shall be reviewed quarterly. Shelter care facilities shall
1201 prepare a document identifying service objectives for each resident within 72 hours of
1202 admission.
1203 3. Firearms and ammunition shall be secured in a manner to prevent unauthorized
1204 access by juvenile residents in the home.

1205
1206 **6VAC35-41-1110. Other applicable regulations.**

1207 Each in addition to the requirements listed in 6VAC35-41-1080 through 6VAC35-41-1100,
1208 each family oriented group home also shall also be subject to and comply with the requirements
1209 of the following provisions of this chapter:

- 1210 ~~1. 6VAC35-41-180 (employee and volunteer background checks) 1. 6VAC35-41-90;~~
1211 ~~2. 6VAC35-41-190 (required initial orientation) 2. 6VAC35-41-115;~~
1212 ~~3. 6VAC35-41-180;~~
1213 ~~3. 6VAC35-41-200 (required initial training); and~~
1214 ~~4. VAC35-41-210 (required retraining).~~
1215 34. 6VAC35-41-190;
1216 45. 6VAC35-41-200;

- 1217 [56. 6VAC35-41-210;](#)
- 1218 [67. 6VAC35-41-560;](#)
- 1219 [78. 6VAC35-41-565;](#)
- 1220 [89. 6VAC35-41-570;](#)
- 1221 [910. 6VAC35-41-580;](#)
- 1222 [1011. 6VAC35-41-590;](#)
- 1223 [1112. 6VAC35-41-600;](#)
- 1224 [1213. 6VAC35-41-620;](#)
- 1225 [1314. 6VAC35-41-640;](#)
- 1226 [1415. 6VAC35-41-660;](#)
- 1227 [1516. 6VAC35-41-670;](#)
- 1228 [1617. 6VAC35-41-690;](#) and
- 1229 [1718. 6VAC35-41-700.](#)
- 1230

1231 **Part ~~XIII~~ - Health Care Services**

1232

1233 **6VAC35-41-1190. Consent to and refusal of health care services.**

1234 A. ~~The knowing and voluntary agreement, without undue inducement or any element of force,~~
1235 ~~fraud, deceit, duress, or other form of constraint or coercion, of a person who is capable of~~
1236 ~~exercising free choice (informed consent) to health care shall be obtained from the resident,~~
1237 ~~parent, guardian, or legal custodian as required by law. Consent to health care services shall be~~
1238 ~~provided in accordance with § 54.1-2969 of the Code of Virginia. The juvenile residential facility~~
1239 ~~provider shall obtain consent from the resident or parent or legal custodian as required by law~~
1240 ~~before providing health care services to a resident. The consent shall be knowing and voluntary,~~
1241 ~~without undue inducement or any element of force, fraud, deceit, duress, or other form of~~
1242 ~~constraint or coercion.~~

1243 B. The resident, parent, guardian, or legal custodian, as applicable, shall be advised by an
1244 appropriately trained medical professional of (i) the material facts regarding the nature,
1245 consequences, and risks of the proposed treatment, examination, or procedure and (ii) the
1246 alternatives to it.

1247 C. Residents may refuse in writing medical treatment and care. This subsection does not
1248 apply to medication refusals that are governed by 6VAC35-41-1280 (medication).

1249 D. When health care is rendered against the resident's will, it shall be in accordance with
1250 applicable laws and regulations.

1251

1252 **6VAC35-41-1210. Tuberculosis screening.**

1253 A. Within seven days of placement arrival at a facility, each resident shall have had a
1254 screening tuberculosis risk assessment for tuberculosis, as evidenced by documentation by a
1255 medical professional or the completion of an assessment form containing the elements found on
1256 the current assessment form published by the Virginia Department of Health. The screening risk
1257 assessment can shall be no older than 30 days. The risk assessment may be administered by
1258 health-trained personnel; however, results of the assessment shall be interpreted by a physician,
1259 physician assistant, nurse practitioner, or registered nurse.

1260 B. ~~A screening~~ In addition to the initial risk assessment required in subsection A of this section,
1261 a risk assessment for tuberculosis shall be completed annually on each resident, as evidenced

1262 by documentation by a medical professional or the completion of a form containing the elements
1263 of the assessment form published by the Virginia Department of Health.

1264 C. If the physician, physician assistant, nurse practitioner, or registered nurse, having
1265 interpreted the results of the risk assessment, determines a tuberculosis screening is necessary,
1266 the appropriate facility staff shall refer the resident to the local health department or a medical
1267 professional for additional screening.

1268 D. The facility's assessment and screening practices shall be performed consistent with any
1269 current recommendations of the Virginia Department of Health, Division of Tuberculosis
1270 Prevention and Control and the federal Department of Health and Human Services Centers for
1271 Disease Control and Prevention for the detection, diagnosis, prophylaxis, and treatment of
1272 pulmonary tuberculosis.

1273 E. For any residents determined to have tuberculosis in a communicable form, the facility shall
1274 observe the requirements in 6VAC35-41-1230.

1275 F. Active cases of tuberculosis contracted by a resident shall be reported to the local health
1276 department in accordance with the requirements of the Commonwealth of Virginia State Board of
1277 Health Regulations for Disease Reporting and Control (12VAC5-90).

1278 G. The provider shall retain documentation of the assessment and screening results in a
1279 manner that maintains the confidentiality of information.

1280

1281 **6VAC35-41-1240. Suicide prevention.**

1282 A. ~~Written procedure procedures~~The facility shall ~~provide (i) for have~~ a suicide prevention and
1283 intervention program, developed in consultation with a qualified medical or mental health
1284 professional.

1285 B. ~~, and (ii) for all~~All direct care staff ~~to shall~~ be trained in the implementation of the program
1286 in accordance with 6VAC35-41-200 and 6VAC35-41-210, as applicable.

1287

1288 **6VAC35-41-1270. Hospitalization and other outside medical treatment of residents.**

1289 A. When a resident needs hospital care or other medical treatment outside the facility:

1290 1. ~~The resident shall be transported safely; and~~

1291 2. ~~A~~ The facility provider shall ensure that a parent or legal guardian, a staff member, or a
1292 law-enforcement officer, as appropriate, shall accompany accompanies the resident and
1293 stay at least during admission. remains with the resident until the resident is admitted.

1294 2. If sending a staff member would result in inadequate coverage at the juvenile residential
1295 facility, the provider shall deploy a staff member to the hospital or outside medical facility
1296 as soon as reasonably possible.

1297 2.3. If a law-enforcement officer or other third party conducts the transport, the provider
1298 shall ~~comply with~~follow the provisions of subsection C of 6VAC35-41-550 unless
1299 ~~exempted excused~~ under subsection D of 6VAC35-41-550.

1300 B. If a parent or legal guardian does not accompany the resident to the hospital or other off-
1301 site medical treatment outside the facility, the parent or legal guardian provider shall be informed
1302 inform the parent or legal guardian as soon as practicable that the resident was taken outside the
1303 facility off-site for medical attention as soon as is practicable.

1304
1305
1306 **Part XIII - Behavior Support and Management**
1307

1308 **6VAC35-41-1290. Behavior management.**

1309 A. Each facility shall implement a behavior management program. Behavior management
1310 shall mean those principles and methods employed to help a resident achieve positive behavior
1311 and to address and correct a resident's inappropriate behavior in a constructive and safe manner
1312 in accordance with written procedures governing program expectations, treatment goals, and
1313 residents' and employees' safety and security.

1314 B. Written procedures governing this program shall provide the following:

- 1315 1. A description of the rules of conduct and behavioral expectations for the resident;
- 1316 2. Orientation of residents as provided in 6VAC35-41-770 (~~orientation to facility rules and~~
1317 ~~disciplinary procedures~~);
- 1318 3. A description of ~~a the~~ system of privileges and sanctions that is used and available for
1319 use;
- 1320 4. Specification of the staff members who may authorize the use of privileges and
1321 sanctions; and
- 1322 5. Documentation requirements when sanctions are imposed.

1323 C. Written information concerning the ~~procedures of the~~ provider's behavior management
1324 program ~~procedures~~ shall be provided ~~prior to~~ before admission to prospective residents, parents
1325 or legal guardians, and placing agencies. For court-ordered and emergency admissions, this
1326 information shall be provided ~~to:~~ according to the following timelines:

- 1327 1. Residents shall receive the information within 12 hours following admission;
- 1328 2. Placing agencies shall receive the information within 72 hours following the resident's
1329 admission; and
- 1330 3. Legal Parents or legal guardians shall receive the information within 72 hours following
1331 the resident's admission.

1332 D. When substantive revisions are made to procedures governing the provider's behavior
1333 management of resident behavior program, written information concerning the revisions shall be
1334 provided before implementation to:

- 1335 1. ~~Residents prior to implementation~~ Residents; and
- 1336 2. Legal Parents or legal guardians and placing agencies ~~prior to implementation~~.

1337 E. The facility administrator or designee shall review the behavior management program and
1338 procedures at least annually to determine appropriateness for the population served.

1339 F. Any time residents are present, staff must who have completed required trainings in
1340 behavior management shall be present ~~who have completed all trainings in behavior~~
1341 ~~management~~.

1342
1343 FORMS (6VAC35-41)

1344 [Transportation Information Form for Nonsecure Juvenile Residential Facilities \(07/2023\)](#)

1345 [Virginia Department of Health TB Risk Assessment Form, TB512 \(eff. 11/2016\)](#)

1346 Virginia Tuberculosis (TB) Risk Assessment

1347 Documents Incorporated by Reference (6VAC35-41)

1348 ~~Compliance Manual – Group Homes and Halfway Houses, effective January 1, 2014, Virginia~~
1349 ~~Department of Juvenile Justice~~



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Residential Services

TO: State Board of Juvenile Justice

FROM: Joyce Holmon, Deputy Director of Residential Services

SUBJECT: Request Extension of Variance Applicable to Juvenile Correctional Centers; Staffing Central Infirmiry and Nursing Station

DATE March 22, 2023

I. ACTION REQUESTED

The Bon Air Juvenile Correctional Center (the JCC) respectfully requests the State Board of Juvenile Justice (the board) to approve an extension of the variance submitted on behalf of the JCC and last approved by the board on April 25, 2018, pursuant to 6VAC35-20-92. The JCC administration is seeking a variance at the upcoming March 22, 2023, board meeting regarding the noncritical regulatory requirement set out in 6VAC35-71-830 concerning the supervision of residents in juvenile correctional centers. The proposed variance will continue to allow "security staff" to provide supervision to residents housed or receiving services in the JCC's central infirmary or nursing station without the presence of direct care staff, as mandated in 6VAC35-71-830.

II. BACKGROUND

On April 25, 2018, the board approved a request submitted on behalf of the JCC seeking a variance to the regulatory requirement in 6VAC35-71-830. The regulation section provides:

A. During the hours that residents are scheduled to be awake, there shall be at least one direct care staff member awake, on duty, and responsible for supervision of every 10¹ residents, or portion thereof, on the premises or participating in off-campus, facility-sponsored activities.

B. During the hours that residents are scheduled to sleep, there shall be no less than one direct care staff member on duty and responsible for supervision of every 16 residents, or portion thereof, on the premises.

C. There shall be at least one direct care staff member on duty and responsible for the supervision of residents in each building or living unit where residents are sleeping.

¹ Proposed amendments to the regulation that are underway modify these staffing ratios to 1:8 to comply with federal juvenile facility standards mandated by the Prison Rape Elimination Act (PREA).

The regulation defines “direct care staff” in 6VAC35-71-10 as

[T]he staff whose primary job responsibilities are for: (i) maintaining the safety, care, and well-being of residents; (ii) implementing the structured program of care and the behavior management program; and (iii) maintaining the security of the facility.”

Although the current regulations do not define ‘security staff,’ the term has been operationalized in the department’s standard operating procedures to mean: “staff who are responsible for maintaining the safety, care, and well-being of residents and the safety and security of the facility to provide residents and staff with a safe living and work environment.

The issue giving rise to the 2018 variance request stemmed from the department’s implementation of the Community Treatment Model (CTM) in the JCCs in 2015. As part of that implementation, the department reclassified the former juvenile correctional officer direct care staff positions so that security staff constituted a separate category from direct care staff. As a result of this transition, employees classified as direct care staff (RSIs and RSIs), in addition to their supervisory and security functions, are now assigned enhanced programmatic responsibilities and are expected to play a greater role in the residents’ treatment. Among their roles, RSIs and RSIs are tasked with leading therapeutic structured activities, facilitating and ensuring positive group interactions through coaching and mentoring residents, serving as accessible role models and advocates to assigned residents, and accompanying residents to core and elective classes to assist teachers. These positions meet the definition of direct care staff established in Section 10 of the regulation.

The CTM also created a separate category of security staff positions (security coordinators, security managers, and more recently, resident specialists), which are now given the primary responsibility of maintaining the security of the JCC. Security staff perform such duties as conducting perimeter checks, operating the central control center, and conducting searches at the facility entrance. They also maintain order in the facility’s school, in part by monitoring residents and standing on guard during school movement. More recently, some security staff also have been tasked with providing coverage in the individual living units to address shortages on the units. Thus, many of the differences between direct care and security staff have been blurred in recent years. Nevertheless, a few security staff continue to have primary duties that do not require direct involvement in the residents’ treatment or implementation of the behavior management program; therefore, such staff do not meet the Section 10 definition for direct care staff.

Staffing the Infirmiry/Nursing Station

The JCC operates an infirmiry unit and nursing station intended to serve residents who require nursing care or observation. Residents may be housed in the infirmiry unit overnight for such purposes as post-surgery recovery, intravenous therapy, or to prevent the spread of infectious disease. Rather than using RSIs and RSIs for these purposes, the JCC sometimes assigns security staff to cover these units. This enables the direct care staff to remain on their assigned units and fulfill their program obligations, thereby promoting the objectives of the CTM. Because security staff are not responsible for implementing the structured program of care and the behavior management program, the current staffing structure in the infirmiry unit and nursing station conflicts with Section 830’s staffing requirements.

III. PROPOSED VARIANCE

The JCC seeks an extension to the current active variance allowing employees defined as “security staff” to supervise residents temporarily housed or receiving services in the infirmiry or nursing station. The proposed variance language is provided below:

6VAC35-71-10. Definitions

“Security staff” means staff who are responsible for maintaining the safety, care, and well-being of residents and the safety and security of the facility to provide residents and staff with a safe living and work environment. For purposes of this definition, security staff shall include resident specialists, security coordinators, and security managers.

6VAC35-71-830. Staffing pattern

D. Notwithstanding the requirements in this section, residents may be supervised by security staff or direct care staff while assigned to or receiving health care services in the infirmary or nurse’s station.

IV. RATIONALE

The proposed variance would continue to allow the department to maintain the two separate classifications and continue its work with the CTM. Security staff would maintain their supervision responsibilities in the infirmary and nurse’s station, which would enable RSIs and RSIIIs to remain on their units and continue fulfilling their programmatic obligations.

In September 2022, the board approved a similar variance extension authorizing security staff to supervise residents during routine and emergency transportation without the presence of direct care staff. By virtue of this variance, security staff may escort residents across campus to such areas as the central infirmary, or to off-campus appointments, trips, and other locations. Much like routine or emergency transports, the temporary nature of a resident’s visit to the infirmary or nursing station eliminates the need for supervision by staff tasked with implementing the CTM. Unlike the CTM housing units, which depend upon consistent staffing by employees trained to implement behavior management, it is not necessary for security staff in an infirmary or nursing station to have the heightened qualifications and training needed to successfully lead group discussions and activities, facilitate group interactions, or satisfy other requirements related to treatment. This is especially true because residents who are in the infirmary for an extended period continue to receive the treatment and services that would otherwise be offered outside the infirmary or nursing station.

Finally, by acceding to the department’s request to incorporate the substance of the variance into the proposed amendments to 6VAC35-71, the board already has demonstrated its approval of the provisions in this variance. This variance has been in place since 2018 and has remained an effective tool for administering the CTM and ensuring that important activities and services are not interrupted when residents are in the central infirmary.

V. DURATION OF VARIANCE

The JCC administration is requesting that the extended variance will remain in effect for five years or until 6VAC35-71 is amended to accomplish the purposes of the variance, whichever occurs first. The department has proposed several changes to 6VAC35-71, which currently is undergoing review in the Final stage of the standard regulatory process. The language in the proposed variance has been incorporated into the amendments to the regulation that are currently in the Final stage of the process.



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Director

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TO: State Board of Juvenile Justice

FROM: Virginia Department of Juvenile Justice

SUBJECT: Request Amendment of Two Policies: 05-009 (Code of Ethics & Code of Conduct) and 17-001.1 (Language Assistance Services), and Request Retention of One Policy: 03-007 (Internal Audit Function)

DATE: March 22, 2023

I. SUMMARY OF ACTION REQUESTED

The Department of Juvenile Justice (the Department) respectfully requests that the State Board of Juvenile Justice (the Board) approve the amendment of two existing Board policies and the retention of one existing Board policy pursuant to the authority established in *Code of Virginia* § 66-10.

II. BACKGROUND OF THE REQUEST

Code of Virginia § 66-10 contains three provisions that empower the Board to establish certain policies and give rise to duties related to policies. The statute provides in pertinent part:

The Board shall have the following powers and duties:

1. To establish and monitor policies for the programs and facilities for which the Department is responsible under this law;
2. To ensure the development of a long-range youth services policy;
3. To monitor the activities of the Department and its effectiveness in implementing the policies developed by the Board...

Pursuant to this statutory authority, the Board currently has 35 active policies in place ranging in subject matter from overall administration of the Department to operations within facilities and programs regulated by the Department. Many of these policies were established in the early 1990s and were last reviewed or updated more than ten years ago.

At the April 2022 Board meeting, the Department informed the Board of its intent to conduct a comprehensive review of each existing Board policy and to make a formal recommendation to the Board to retain, amend, or rescind each one based upon that review. The Department described its plan to recommend retaining or

amending those policies that are mandated by statute or that provide guidance above and beyond what is required by regulation and to recommend rescinding those policies that have been subsumed into regulation, that duplicate existing law, or that are obsolete.

Including those presented at the April Board meeting, the Department has made recommendations and the Board has taken action on nine policies, and the Department is recommending action on three additional policies today. The policies and summaries are contained in Parts IV and V of this memorandum.

III. DIFFERENCES BETWEEN BOARD POLICIES AND BOARD REGULATIONS

Code of Virginia § 2.2-4001, which provides definitions for terms used in the Administrative Process Act (§ 2.2-4000 et. seq.) (the Act), defines the term “regulation” as “any statement of general application, having the force of law, affecting the rights or conduct of any person, adopted by an agency in accordance with the authority conferred on it by applicable basic laws.” The Act makes it clear that all regulations are subject to the requirements contained in the Act unless an exception or exemption applies.

In contrast, policies are neither defined nor expressly addressed in the Act. Furthermore, while policies may be enforced by the authorized body to the extent that they do not collide with a law or regulation, they do not have the same force and effect of law afforded to regulations.¹ It is the Department’s understanding, therefore, that policies are not regulations subject to the requirements of the Act. This means that the authority to establish, amend, and rescind Board policies rests solely with the Board, and additional involvement or approval by other executive branch agencies is not required, nor must the Board consider any public comments before taking action to amend or rescind such policies.

IV. SUMMARY OF POLICIES IDENTIFIED FOR AMENDMENT

Current Policy

05-009	Code of Ethics & Code of Conduct
To protect the integrity of its personnel, programs, and facilities, the Department shall promulgate a written code of ethics outlining broad principles to guide the actions of employees in Department programs and facilities. In addition, the Department shall promulgate an enforceable code of conduct that identifies specific actions or behaviors that are prohibited to employees in its programs and facilities. In keeping with nationally recognized standards, the code of ethics or the code of conduct, or both, shall, in addition to any other provisions, prohibit employees from using their official positions to secure privileges or advantages for themselves and others and from engaging in activities that constitute a conflict of interest. The code of ethics and the code of conduct shall be made available to all employees in the Department’s programs and facilities.	
<i>Effective Date:</i> May 1, 1993	<i>Most Recent Review:</i> June 11, 2008

Recommendation: Amend

¹ 2011 Op. Va. Att’y Gen. 99, 102.

Proposed Amended Policy

05-009 Code of Ethics and Code of Conduct

To protect its integrity, the Department shall have a written code of ethics outlining broad principles to guide the actions of employees in Department programs and facilities. The Department also shall implement an enforceable code of conduct that identifies specific actions or behaviors prohibited to employees in its programs and facilities. In addition to any other provisions, the code of ethics or the code of conduct, or both, shall prohibit employees from using their official positions to secure privileges or advantages for themselves or others and from engaging in activities that create a conflict of interest. The code of ethics and the code of conduct shall be made available to all employees in the Department's programs and facilities.

Effective Date: May 1, 1993

Most Recent Review: March 22, 2023

Amended: March 22, 2023

Rationale for Recommendation: The Department's Employee Relations Coordinator recommended a number of non-substantive changes to simplify the language and make the policy clearer to Department staff. In addition, the existing policy references "nationally recognized standards" but does not specify which standards are meant to apply. The Department determined this reference is unhelpful in its generality and unnecessary in imposing the requirement that the code of ethics or the code of conduct address conflicts of interest. Accordingly, that reference has been removed.

Current Policy

17-001.1 Language Assistance Services

The Department shall take reasonable steps to ensure that individuals with limited English proficiency or with a hearing impairment have meaningful access to the programs, services, and information provided by the Department.

The Department, as needed, shall arrange and provide language assistance to a juvenile or his parent(s) or legal guardian(s) in a timely manner at no cost to the juvenile or his parent or legal guardian, to enable individuals to effectively communicate their issues, concerns, and questions, as well as comprehend the Department's policies, procedures, and programs.

Effective Date: January 9, 2008

Most Recent Review: January 9, 2008

Recommendation: Amend

Proposed Amended Policy

17-001.1 Language Assistance Services

The Department shall take reasonable steps to ensure that individuals with limited English proficiency and individuals who are deaf or hard of hearing or who have another condition affecting communication have meaningful access to programs, services, and information provided by the Department.

When necessary, the Department shall arrange and provide language assistance services in a timely manner and at no cost to juveniles or their parent(s) or legal guardian(s) to enable them to communicate their issues, concerns, and questions effectively and to comprehend the Department's policies, procedures, and programs.

Effective Date: January 9, 2008

Most Recent Review: March 22, 2023

Amended: March 22, 2023

Rationale for Recommendation: The Department worked with its Americans with Disabilities Act (ADA) Coordinator and Governor's Confidential Policy Analyst to broaden the applicability of this policy and make the language more inclusive. As amended, the policy would apply not only to those with limited English proficiency or hearing conditions but also to individuals with any condition affecting communication. The amended language also replaces "individuals...with a hearing impairment" with "individuals who are deaf or hard of hearing." This conforms the policy to recommendations provided by the National Association of the Deaf. The amendments also remove gendered language and make minor stylistic changes to improve clarity in the second section of the policy.

V. SUMMARY OF POLICY IDENTIFIED FOR RETENTION

Current Policy

03-007 Internal Audit Function

The Department shall develop an Internal Audit Unit to assist management in the effective discharge of its responsibilities. The Internal Auditor shall independently appraise, examine, and evaluate Department activities in order to assess the adequacy and effectiveness of controls and review the quality of performance in achieving the Department's objectives and goals.

Effective Date: February 1, 1993

Most Recent Review: January 9, 2008

Recommendation: Retain

Rationale for Recommendation: The Department consulted with Internal Audit Unit staff and determined that the policy is sufficient as it presently exists.

VI. IMPACT AND EFFECTIVE DATE OF BOARD ACTION

If the Board votes in support of the Department's recommendations in Parts IV and V of this memorandum, the proposed amendments will take effect immediately. Amending and retaining the Board policies as recommended above will reaffirm the Board's commitment to protecting the rights of youth in the Department's care and to maintaining a culture of ethics and accountability for Department management and staff.

Department of Juvenile Justice
Human Research & De-Identified Case Specific Data Requests
Annual Report FY 2022

Administrative Code

On February 9, 2005, 6 VAC 35-170, *Minimum Standards for Research Involving Human Subjects or Records of the Department of Juvenile Justice*, adopted by the Board of Juvenile Justice, became effective. This Administrative Code requires the establishment of a Human Research Review Committee (HRRC) and sets out the conditions required for approval of external research proposals. The Administrative Code was most recently revised on June 24, 2021. Select sections of the regulations are included below to provide an overview of the review process:

6VAC35-170-130. Human Research Review Committee

A. In accordance with § 32.1-162.19 of the *Code of Virginia*, the department shall establish an HRRC composed of persons of various backgrounds to ensure the competent, complete, and professional review of human research activities conducted or proposed to be conducted or authorized by the department. No member of the HRRC shall be directly involved in the proposed human research or have administrative approval authority over the proposed research except in connection with his role on the HRRC.

6VAC35-170-150. Committee review of human research proposals.

In reviewing the human research proposal, the HRRC shall consider the potential benefits and risks to the human subjects and shall recommend approval only when:

1. The benefits to the human subjects outweigh the risks;
2. The methodology is adequate for the proposed research;
3. The research, if nontherapeutic, presents no more than a minimal risk to the human subjects;
4. The rights and welfare of the human subjects are adequately protected;
5. Appropriate provisions have been made to get informed consent from the human subjects, as detailed in 6VAC35-170-160;
6. The researchers are appropriately qualified;
7. The criteria and means for selecting human subjects are valid and equitable; and
8. The research complies with the requirements set out in this chapter.

6VAC35-170-50. Conditions for department approval of external research and data requests.

A. The department may approve research projects and data requests only when it determines, in its sole discretion, that the following conditions have been met:

1. The department has sufficient financial and staff resources to support the request, and, on balance, the benefits of the request justify the department's involvement;
2. The request will not interfere significantly with department programs or operations, particularly those of the operating units that would participate in the proposed research; and
3. The request is compatible with the purposes and goals of the juvenile justice system and with the department's organization, operations, and resources.

6 VAC 35-170-190. Committee reports required.

A. In accordance with § 66-10.1 of the *Code of Virginia*, the HRRC shall submit to the Governor, the General Assembly, and the director at least annually a report on human research projects approved by the HRRC and the status of such research, including any significant deviations from the proposals as approved.

B. The HRRC also shall submit annually to the Board of Juvenile Justice the same report as required by subsection A of this section.

Human Research Review Committee

During fiscal year (FY) 2022, the Department of Juvenile Justice's (DJJ) HRRC was comprised of members from various backgrounds:

- Jessica Schneider, Ph.D. (Chair) – Research Manager, DJJ*
- Robin Binford-Weaver, Ph.D. – Director, Behavioral Services Unit, DJJ*
- Vince Butaitis – Director, 15th Court Service Unit, DJJ*
- Will Egen – Policy Analyst, Virginia Commission on Youth
- Michael Favale – Legislative & Policy Director, DJJ*
- Charles Schmidt – Rights and Accountability Manager, DJJ*
- Rebecca Smith, Ph.D. – Graduate Student, Virginia Commonwealth University
- Lara Todd – Records and Legal Support Manager, DJJ*
- Joseph W. Young, Jr. – Superintendent, New River Valley Juvenile Detention Home
- Erin K. Maloney – Superintendent, Northwestern Regional Juvenile Detention Home

*Members also served on the internal sub-committee that reviewed de-identified case-specific data requests.

DJJ Senior Research Associate, Dhara Amin, Ph.D., served as the Coordinator of External Research.

In addition to reviewing the human subjects research studies as defined in the Administrative Code, an internal sub-committee reviews requests for de-identified case-specific data. The following report includes projects involving either human subjects research or de-identified case-specific data.

In FY 2022, DJJ approved two studies, and, as of June 30, 2022, two proposals were still under review. The following sections summarize the eight studies that were active during FY 2022, including those approved in prior years, as well as the two proposed/pending proposals. (Amendment dates indicate the most recently approved amendment; several projects involve multiple amendments over the course of the project.)

In accordance with § 32.1-162.19, *Human research review committees*, an executive summary of completed projects can be found in Appendix A.

I. Active Studies

Evaluation of a Comprehensive Community-Level Approach to Youth Violence

Researchers: Derek Chapman and Diane Bishop

Institution: Virginia Commonwealth University

Study Type: De-Identified Case-Specific Data Request

Approval Date: November 28, 2017; amended January 28, 2020

The purpose of the study is part of a larger project aimed at learning more about youth violence in low-income neighborhoods of Richmond, Virginia. The researchers will examine retrospective, de-identified data for youth between the ages of 10 and 24 who were associated with an intake case at Richmond City Court Service Unit (CSU) between January 2012 and December 2019. The researchers requested data on intake decisions, youth demographics, offense information, Detention Assessment Instrument (DAI) ranking, select Youth Assessment & Screening Instrument (YASI) items, length of stay (if applicable), and recidivism rates. Since the researchers are interested in low-income neighborhoods of Richmond (e.g., Mosby Court, Gilpin Court, Creighton Court) they requested individual block-level geographical data. The researchers trained the DJJ Research Unit staff on how to clean and geocode the data manually. The researchers identified the variables they need from DJJ, and the data and the data dictionary were delivered to the study's researchers in July 2020. The researchers reviewed the data, and data analysis and reporting is underway. The researchers plan to ask for the remaining data (2020 and 2021) and expect to complete this study in 2023.

Virginia Personal Responsibility Education Program Innovative Strategies (VPREIS)

Researcher: Amanda Dainis

Institution: James Madison University

Study Type: Human Research

Approval Date: February 20, 2018; amended March 29, 2019

Final Report Submitted: August 29, 2022 (See Appendix A)

The purpose of the study was to evaluate the *Vision of You* program, an evidence-based teen pregnancy online program. The program's main objectives included the following: (i) to reduce the frequency of sexual activity, (ii) to reduce the number of sexual partners, (iii) to increase contraceptive use among participants, and (iv) to increase knowledge related to healthy sexual practices. The program was implemented at juvenile detention centers (JDCs) throughout the state along with 14 other types of sites. The researcher used a randomized control trial, with the control group receiving an alternative program. The youth data collection was completed with 105 participants across nine JDCs. The programming for this project ended in March 2021, and the grant ended at the end of 2021. The researcher found that the program had high fidelity and positive ratings from participants. It also had a positive effect on two of the three main behavioral outcomes of interest: number of sexual partners and occurrence of contraception use. Regarding both of these outcomes, the treatment group youth engaged significantly less in these risky behaviors than youth in the control group. A third behavioral outcome, rate of recent sexual activity, was not found to be significantly impacted by participating in the program.

Virginia Department of Juvenile Justice
Human Research, FY 2022

Process Evaluation of the Virginia Department of Juvenile Justice Regional Service Coordinator Model

Researcher: Kelly Murphy
Institution: Child Trends
Study Type: Human Research
Approval Date: August 10, 2018; amended August 26, 2022

The purpose of the study is to conduct an in-depth evaluation of DJJ's Regional Service Coordinator (RSC) model by conducting focus groups and semi-structured interviews with CSU staff, RSC staff, and youth as well as analyzing administrative data. The study has three primary objectives: (i) conduct a process evaluation of the RSC model to understand the extent to which it is being implemented as intended; (ii) provide an initial assessment of the extent to which implementation of RSC model is associated with youth outcomes; and (iii) translate and disseminate findings to target audiences, such as DJJ, other systems that are interested in similar models, and stakeholders. This evaluation is planned to be conducted over a period of four years. The researcher conducted 17 interviews with direct service providers and 14 focus groups with CSU staff. The researcher worked with the Deputy Director of Community Programs to increase recruitment efforts with the CSU staff. The researcher was unsuccessful in recruiting youth to be interviewed. In addition, after some outreach assistance from DJJ, the researcher paused judge interviews due to COVID-related limitations. The researcher is also continuing her work to develop a web-scraping tool to create maps depicting youth's needs and available service providers.

Rigorous Evaluation of the Virginia Department of Juvenile Justice's Second Chance Act Reentry Reform

Researcher: Kelly Murphy
Institution: Child Trends
Study Type: Human Research
Approval Date: October 30, 2019; amended March 9, 2020

The purpose of the study is to conduct an evaluation of DJJ's reentry reform efforts. The researcher aims to examine (i) the extent to which DJJ is implementing the recommendations developed during the Second Chance Act Juvenile Reentry Reform Planning Grant, (ii) the extent to which the agency's services align with the youth's needs, (iii) what the youth's participation in reentry services look like, and (iv) how the implementation of the reforms have impacted youth outcomes. The evaluation will be conducted over a four-year period, including a pilot period. The evaluation includes focus groups with various stakeholders, such as DJJ's reentry advocates, parole officers, juvenile correctional center (JCC) counselors, and more. The researcher is also creating a Virginia Longitudinal Data System (VLDS) data request to examine long-term outcomes for youth involved with the juvenile justice system, which will be submitted as a separate project proposal.

Virginia Department of Juvenile Justice
Human Research, FY 2022

Juvenile Delinquency and Adult Gun Sales: Comparative Effect of Different Minimum Age Standards for Firearm Purchase

Researcher: Jeff Swanson

Institution: Duke University

Study Type: De-Identified Case-Specific Data Request

Approval Date: August 19, 2020

The purpose of the study is to conduct a comparative analysis of three southern states with different laws regarding juvenile delinquency records and the minimum age standards for gun sales. The researcher selected three states that have differing thresholds for the minimum age of gun purchase for people with juvenile criminal records. By working with multiple state agencies, the researcher plans to conduct a longitudinal comparison of gun-related adverse outcomes in order to provide an evaluation of the effectiveness of the minimum-age standards in preventing gun violence and suicide. The researcher provided DJJ with letters of support from the other agencies to ensure the feasibility of this study and are coordinating the logistics of the various data requests. Currently, the researcher is integrating the three datasets they received from Virginia state agencies and are waiting to receive the dataset from the fourth and final agency, Virginia Department of Health.

The Impact of Dental Operatory Color on Anxiety in Adolescents in Juvenile Detention

Researchers: Tegwyn Brickhouse and Matilda Sullivan

Institution: Virginia Commonwealth University

Study Type: De-Identified Case-Specific Data Request

Approval Date: November 23, 2020

Final Report Submitted: January 18, 2022 (See Appendix A)

The purpose of the study was to examine the impact of color on patients in the JCC's dental facility rooms. Previous studies indicated that in private dental facilities, the color in dental operatory rooms can influence the patient's anxiety levels. The researchers aimed to determine if a similar result is found in a JCC, specifically at Bon Air JCC. As part of Bon Air JCC's facility operations, Operatory Room A was painted blue and yellow, and Operatory Room B was not altered. A random number generator was used to determine which room would be used for the first day. After that, the rooms were alternated weekly. At the conclusion of the appointment, the dental assistant asked the patient questions from the Continued Quality Assurance Survey. The researchers requested data from this survey. The data included 300 visits among 164 patients. A majority of the appointments were routine (65%), 22% were sick calls, and 13% were restorative. The researchers found that youth did not show statistically significant differences in anxiety in colorful and non-colorful dental operatory rooms. However, it was clinically significant that youth had slightly higher levels of anxiety in the unaltered room.

Virginia Department of Juvenile Justice
Human Research, FY 2022

Exploring Perceptions of Juvenile Court Service Personnel: Do Cognitive-Communicative Skills Impact Outcomes for Juvenile Offenders?

Researcher: Allison Chappell
Institution: Old Dominion University
Study Type: Human Research
Approval Date: December 9, 2021

The purpose of the study is to examine CSU staff's views on the relationship between youth's communication skills and the legal process, including outcomes and decision-making. Existing research found that nearly half of juvenile offenders have a cognitive-communicative disorder that can impact their ability to communicate effectively and appropriately. The researcher aims to gather qualitative data at CSUs 2 (Virginia Beach) and 4 (Norfolk) to assist with creating a formal survey instrument, which will allow the researcher to collect statewide data on staff's and other stakeholder's views on cognitive-communicative impairments and their impacts.

Optimizing Supervision and Services Strategies to Reduce Reoffending: Accounting for Risks, Strengths, and Developmental Differences

Researcher: Gina Vincent
Institution: University of Massachusetts Medical School
Study Type: De-Identified Case-Specific Data Request
Approval Date: December 30, 2021; amended May 10, 2022

The purpose of the study is to (i) identify which risk and protective factors are most strongly associated with reduction in recidivism to inform supervision practices, (ii) examine which services and supervision practices facilitate positive youth development and reduce reoffending, and (iii) assist with capturing data regarding protective factors, service usage, and reoffending to inform decision-making. The researcher is requesting archival data from 2015-2017 to serve as a baseline, to include risk assessment, demographic, offense history, case management, service, and recidivism data. The researcher is also requesting prospective data from five CSUs, which are piloting a protective factors survey for comparison purposes and to understand how services impact youth outcomes.

II. Proposed / Pending Studies as of June 30, 2022

National Juvenile Court Data Archive Project

Researchers: Melissa Sickmund and Sarah Hockenberry
Institution: National Center for Juvenile Justice
Study Type: De-Identified Case-Specific Data Request
Approval Date: August 15, 2022

The proposed study is not a traditional research study, but rather its purpose is to contribute data to an archive that creates national estimates of juvenile court delinquency, status offenses, and case processing. Historically, DJJ has participated in the data archive project; however, due to revised internal processes, the HRRC requested an updated amendment packet for consideration. The researchers are requesting data from calendar years 2021-2023 and are not requesting any sensitive identifiers.

Research on Juvenile Reoffending

Researcher: Zachary Hamilton

Institution: Nebraska Center for Justice Research, University of Nebraska – Omaha

Study Type: De-Identified Case-Specific Data Request

Approval Date: August 31, 2022

The purpose of the proposed study is to examine YASI risk and needs profiles in relation to gender, race, ethnicity, family structure/type, rural and urban settings, and poverty. The proposed study aims to advance the researcher's original work in a previously approved project by analyzing additional variables. The original study examined data from 10 states' risk assessments and identified advancements for state, agency, or youth-specific gender responsiveness and outcomes. In addition to the main goals, the researcher will provide DJJ with a state recidivism comparison, a task which DJJ's Research Unit is unable to complete due to various barriers that the researcher can overcome with direct access to other states' data. The researcher is requesting data from FY 2015-2021, to include risk assessment, demographic, offense history, treatment need, supervision location, case management, and recidivism data.

III. Denied Proposals

No research proposals were denied during this fiscal year.

IV. Administratively Closed Proposals

Administratively closed proposals include proposal packets the Coordinator of External Research or the HRRC reviewed, but the agency did not hear back from the researcher(s) after providing feedback and/or requests for revisions. No research proposals were administratively closed during this fiscal year.

Appendix A: Executive Summaries of Completed External Projects

Note: Executive summaries are completed by the researchers, and the content is not revised by DJJ.

**Virginia Personal Responsibility Education Program Innovative Strategies (VPREIS)
Executive Summary**

Date: August 29, 2022

Purpose

The Evaluation of Vision of You in the Commonwealth of Virginia

Grantee

Grantee Name: James Madison University

Project Lead: Dr. Kim Hartzler-Weakley

Email address: hartzlkm@jmu.edu

Evaluator

Evaluator's Organization: Dainis & Company, Inc.

Evaluator Lead: Dr. Amanda Dainis

Email address: Amanda@DainisCo.com

Intervention Name

Vision of You (VoY)

Intervention Description

The Vision of You program is an interactive, self-paced online curriculum addressing comprehensive sexuality education, as well as healthy life skills and relationships. VoY utilizes engaging video, animation, interactive components, and gamification principles. The program consists of nine 45-minute units over four to six weeks for a total of 6.75 hours of programming. The units cover the following topics: (1) concepts of identity; (2) healthy relationships and red flags for unsafe relationships; (3) communication with trusted adults; (4) providing and requesting consent; (5) reproductive anatomy and medical treatment; (6) STI prevention; (7) clinic visits; (8) methods of protection; and (9) setting and achieving future goals.

The target population for this evaluation study was youth between the ages of 13 and 19 who were being educated in non-traditional settings, including: (1) Virginia's juvenile detention centers, (2) alternative education programs and / or night school programs, (3) Community Services Board (CSB) programs and (4) third-party service provider programs. The VoY curriculum was delivered online to participants. It is self-paced but trained proctors were present to assist with any technological issues (while maintaining participant privacy). The proctors were staff from the partner sites, who had participated in a training focused on the operation of the curriculum. Partner sites also had a VoY staff member assigned to them to help them with any questions or issues that arose.

Comparison Condition

Eat, Move, Win (www.healthyeating.org) was an optional program for the comparison condition (control) group. The control group is a combination of youth who chose to participate in the Eat, Move, Win program and youth who did not.

Comparison Condition Description

Site partners had the option of utilizing a short nutrition program to engage the control group youth during programming time. The nutrition program is called Eat, Move, Win (www.healthyeating.org). The program is delivered online, over five sessions, with no prescribed number of program hours. Students complete this program at their own pace. The five topics covered are: Food and You, Optimal Nutrition, Nutrient Gaps, Eating Patterns, and Taking Action. None of the content overlaps with either the adult preparation topics or other topics covered in the VoY curriculum.

Behavioral Outcomes

The evaluation of Vision of You (VoY) aimed to assess the following behavioral outcomes, as measured by self-report at a 9-month post-program data collection point: Occurrence of sexual activity (vaginalsex), number of sexual partners, and occurrence of contraceptive use (including condoms and other contraceptives).

Non-behavioral Outcomes

Additionally, the study included the impact evaluation of a non-behavioral outcome related to future orientation (goals, planning, and foresight), as measured by a 10-item scale. The following implementation measures were also collected and analyzed: Number of youth completing all lessons of VoY, average duration of the program, time it takes for individual lesson completion, and students' comparison of VoY with other sexual health education programs.

Sample and Setting

The youth in the target populations were already involved with the partner site, and all eligible youth were invited to participate in the study. Partner site staff identified eligible youth according to the following criteria 1) they are in 9th through 12th grade and between the ages of 13 and 19, 2) they have sufficient time left in their educational program, CSB participation, or detention facility to complete the curriculum, 3) they have not had any prior participation in the study, and 4) they have at least a 5th grade reading level. All participants gave written assent or consent (if over 18) and their parent/guardian gave consent (for participants under age 18). The VoY project staff expected to enroll at least 720 students into the study from a minimum of 14 partner sites across Virginia. Over the project period, 23 site partners were engaged in enrolling youth and assisting with program implementation: seven alternative education programs, nine juvenile detention centers, one community service board, and six third-party service providers. The final number of enrolled students was 790, but the final sample (due to the impact of the COVID-19 pandemic on programming) was 626.

Research Design

This study is a randomized control trial (RCT) with randomization occurring at the individual level. JMU staff worked with contacts at each site to assist in identifying potential participants. Staff at each site gathered parental consent (or consent from youth over 18) and youth assent. Consent was obtained in person (at schools, service provider program sites, and CSB offices) and by mail or an electronic platform (at juvenile detention sites). Youth assent was obtained in person via paper and

pencil. Once consent was obtained, site staff called JMU staff to determine if the participant had already been involved in the study at any site. If they have not previously enrolled in the study, the participant was randomly assigned using a random number generator during the phone call. After completing the baseline survey, youth were told of their assigned condition.

Data Collection

Youth in both groups were surveyed four times: at baseline, immediately post-program completion (or 5-6 weeks post-baseline for control group youth), 3-months post-program (approximately 4 months post-baseline for control group youth), and 9-months post-program (approximately 10-months post-baseline for control group youth). All survey data was collected using a web-based survey. If utilization of the web-based survey was not possible, a paper-based instrument was provided by site partner staff. The impact analysis focuses on the data collected at the 9-month post-program timepoint.

For the implementation study, data on fidelity, attendance, duration of lessons and overall program were obtained by the program software, and youth perception of the program was collected via survey instruments. This data was collected through fidelity tracking within the online program and constructed response questions on the surveys.

Methods

To analyze the multivariate data for the behavioral outcomes, logistic regressions (LR) and a zero-inflated negative binomial regression model were conducted. Effect sizes, where appropriate, were also calculated and a simple t-test of group means was implemented for the analysis of the non-behavioral outcome regarding future orientation. Descriptive statistics are reported for implementation analysis measures.

Summary/Takeaways

Findings

The results of the randomized control trial conducted over the past four years indicate the Vision of You program had a positive effect on two of the three main behavioral outcomes of interest: number of sexual partners and occurrence of contraception use. Regarding both of these outcomes, the treatment group youth engaged significantly less in these risky behaviors than youth in the control group. A third behavioral outcome, rate of recent sexual activity, was not found to be significantly impacted by participating in the VOY program. Regarding the non-behavioral outcome, future orientation, there was a small but significant difference between treatment group and control group at the 9-month data collection mark.

The Vision of You program was implemented with near-target fidelity. In all, 71% of the youth completed all nine units of the curriculum, with 83% completing at least 78% (7 units) of the program. Further, as the program was intended to be completed in 4-6 weeks, another fidelity measure of program duration was collected: Over the three years of program implementation, 82% of youth completed the program within six weeks. To gauge the program satisfaction of Vision of You, youth were asked how much they liked the Vision of You program compared to other, similar programs. Overall, 82% of the youth who responded to the item liked the program “much better” or “a little bit better” than other programs. Further, the majority of the youth (78%) reported liking it “much better.”

Recommendations/Next Steps

Further research utilizing the online Vision of You program should be conducted with different subgroups of the target population, such as urban youth in non-traditional educational settings. Additionally, implementation of VoY with high-risk youth in traditional educational settings is also of interest. Further, if time and resources allow, examining the VoY program as a self-paced program in comparison to the same content delivered in-person by a facilitator could yield important information about the effectiveness of technology in teaching sexual health education to youth in today's technology-heavy world.

The Impact of Dental Operatory Color on Anxiety in Adolescents in Juvenile Detention Executive Summary

Matilda Sullivan and Tegwyn Brickhouse

Date: 1/18/22

Purpose: The purpose of our study is to compare incarcerated patient dental experiences in an operatory room with color as opposed to an operatory room without color using requested de-identified data from the DJJ. Our goal is to provide Bon Air and other juvenile justice facilities with valuable research that will improve patient dental experience that will result in long term improvements in oral healthcare participation by residents.

Summary/Takeaways:

This study was reviewed and approved by the Institutional Review Board at Virginia Commonwealth University and the Department of Juvenile Justice. With permission from the Department of Juvenile Justice, one of the two dental operatory rooms was painted approved blue and yellow paint colors. The second dental operatory room was left unaltered. A random number generator was used to select either the colorful or non-colorful operatory for service the first day. After the first day, the rooms alternated weekly, with all services in one room for one week and all services switching to the other room the following week. Following the procedure, the dental assistant (DA) asked the patient the questions on the Continued Quality Assurance survey (Figure 3), and recorded their answers on the attached form while the dentist left the room to avoid bias. The DA then recorded the dental code for the visit, type of dental procedure (Routine, Sick call, Restoration, and Surgery), and indicated the room condition. Data was collected for 9 months rather than the expected 6 months due to temporary internal closures attributed to COVID-19 outbreaks within the facility. Operatory Room A was colorful. Operatory Room B was non-colorful. Statistical analyses were performed on the blinded data.

This study revealed that juvenile inmates at a singular correctional facility did not show statistically significant differences in anxiety in colorful and non-colorful dental operatory rooms. However, it is clinically significant that the children did respond to the survey with slightly higher levels of anxiety in the non-colorful room. In the colorful room, patients self-reported “little to no anxiety”, while in the non-colorful room, the scores increased in range with some individuals reporting “moderate anxiety”. The type of appointment visit and number of repeated visits did not alter the level of anxiety in either the colorful or non-colorful room.

The negative impacts of COVID-19 in a correctional facility setting and the respite of visiting the dentist while incarcerated during the pandemic may have affected the anxiety scores.

Recommendations/Next Steps:

Future studies may be needed to determine if audio-visual distraction techniques can play a role in anxiety reduction in juvenile correctional facilities. Strategies to protect the psyche of juvenile inmates during dental appointments should still be studied to improve oral health outcomes for an at-risk population.