3 Special Topics

DJJ's Research Unit analyzes data to evaluate programs, initiatives, and trends in order to provide meaningful information to decision-makers for improving services and outcomes. This work often requires collaboration with other units within DJJ as well as with other agencies.

The following topics represent a selection of these collaborations during the past year. Data in this section of the report may not match other sections due to different dates of data download.

Crossover Youth

Crossover youth are youth who have a history of contact with both juvenile justice and social service agencies. These youth may have unique case management and care needs.

Many juvenile justice agencies have difficulty identifying whether a youth was in contact with social service agencies prior to contact with the juvenile justice system. VLDS is a mechanism for connecting data across state agencies while ensuring privacy and confidentiality. Participating agencies provide data, and individuals' data are then linked and anonymized. After receiving approval, these datasets are available for researchers and state agencies to address public policy and research questions. Using this tool, DJJ analyzed data on the characteristics of Virginia youth who had contact with both DJJ and DSS, the extent of their involvement with either agency, and their geographical distribution throughout the Commonwealth. The following section presents preliminary findings based on juvenile intake case data between FY 2017 and FY 2021. DSS involvement is included regardless of timing in relation to the juvenile intake (i.e., before, concurrent, or after).

Types of DSS Involvement

Data in this section reflect the percentage of DJJ-involved youth with involvement in the following five DSS programs or services:[1]

» **Child Support Enforcement:** collects child support through a federal-state-local partnership to ensure that children have the financial support of both parents, to emphasize that children need both parents involved in their lives, and to reduce public assistance costs.

» **Foster Care:** provides services, substitute care, and supervision for children on a 24-hour basis until a child can either return to their family or become a permanent member of another family.

» **Medicaid:** enables states to provide medical and health-related services to individuals who meet income, resource, and other eligibility criteria.

» **SNAP:** designed to alleviate hunger and malnutrition by increasing the purchasing power of low-income households.

» **TANF:** provides temporary cash assistance and employment-related services to enable families with children to become self-supporting.

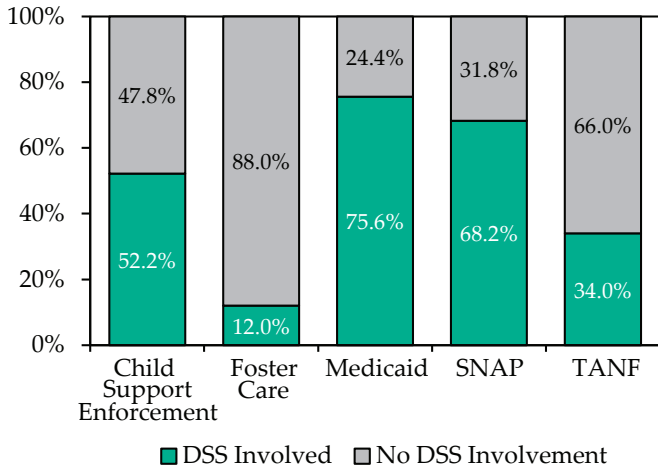## Juvenile Intake Cases with Foster Care Involvement, FY 2017-2021*
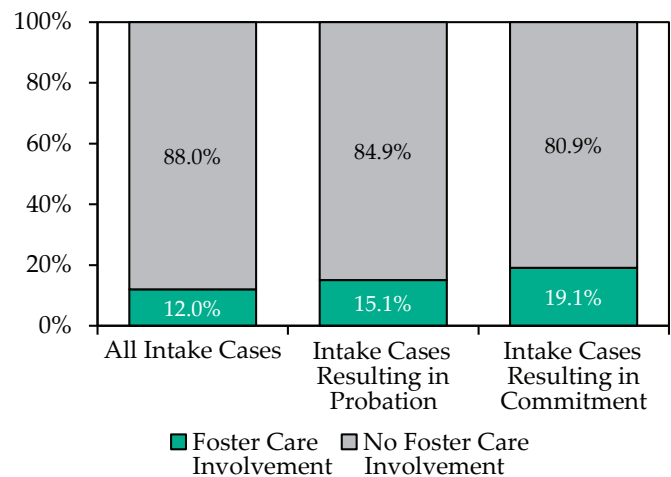
* Some cases had pending court decisions at the time of data download.

» Between FY 2017 and FY 2021, the proportion of juvenile intake cases with foster care involvement increased with deeper juvenile justice system involvement.

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[1]All years of DSS data available in VLDS at the time of data download were utilized (i.e., foster care data from 2003 through 2018, Medicaid/SNAP/TANF data from 2007 through 2021, and child support enforcement data from 2008 through 2021). Definitions are based on: https://www.fairfaxcounty.gov/familyservices/employment-and-training/virginia-initiative-for-education-and-work and https://www.dss.virginia.gov/geninfo/annual_report/index.html
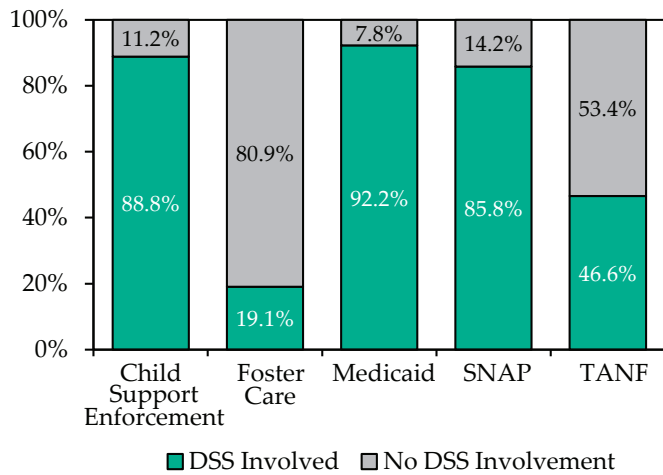
Juvenile Intake Cases with DSS Involvement by Type of DSS Service, FY 2017-2021*

Legend: ■ DSS Involved □ No DSS Involvement

Child Support Enforcement: DSS Involved 52.2%, No DSS Involvement 47.8%
Foster Care: DSS Involved 12.0%, No DSS Involvement 88.0%
Medicaid: DSS Involved 75.6%, No DSS Involvement 24.4%
SNAP: DSS Involved 68.2%, No DSS Involvement 31.8%
TANF: DSS Involved 34.0%, No DSS Involvement 66.0%

* Data for some DSS services (e.g., foster care: 2003-2018) were available for fewer years, which could impact the percentages.

» Between FY 2017 and FY 2021, the majority of juvenile intake cases had involvement with DSS services (e.g., 75.6% had involvement with Medicaid).

Juvenile Intake Cases Resulting in Commitment with DSS Involvement by Type of DSS Service, FY 2017-2021*

Legend: ■ DSS Involved □ No DSS Involvement

Child Support Enforcement: DSS Involved 88.8%, No DSS Involvement 11.2%
Foster Care: DSS Involved 19.1%, No DSS Involvement 80.9%
Medicaid: DSS Involved 92.2%, No DSS Involvement 7.8%
SNAP: DSS Involved 85.8%, No DSS Involvement 14.2%
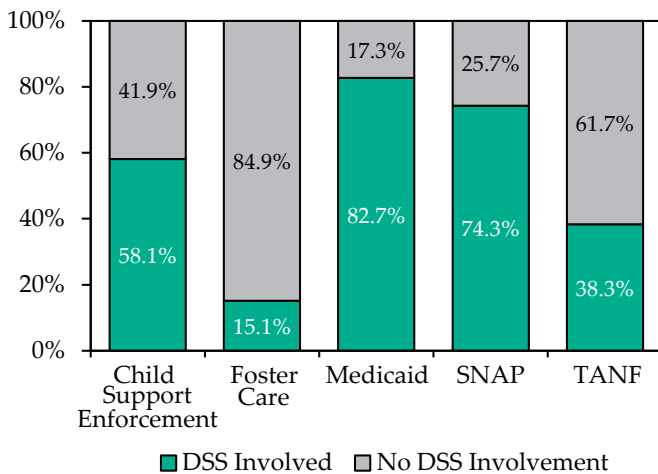TANF: DSS Involved 46.6%, No DSS Involvement 53.4%

* Some cases had pending court decisions at the time of data download.

* Data for some DSS services (e.g., foster care: 2003-2018) were available for fewer years, which could impact the percentages.

» Between FY 2017 and FY 2021, the majority of cases resulting in commitment had involvement with DSS services (e.g., 92.2% had involvement with Medicaid).

Juvenile Intake Cases Resulting in Probation with DSS Involvement by Type of DSS Service, FY 2017-2021*

Legend: ■ DSS Involved □ No DSS Involvement

Child Support Enforcement: DSS Involved 58.1%, No DSS Involvement 41.9%
Foster Care: DSS Involved 15.1%, No DSS Involvement 84.9%
Medicaid: DSS Involved 82.7%, No DSS Involvement 17.3%
SNAP: DSS Involved 74.3%, No DSS Involvement 25.7%
TANF: DSS Involved 38.3%, No DSS Involvement 61.7%

* Some cases had pending court decisions at the time of data download.

* Data for some DSS services (e.g., foster care: 2003-2018) were available for fewer years, which could impact percentages.

» Between FY 2017 and FY 2021, the majority of cases resulting in probation had involvement with DSS services (e.g., 82.7% had involvement with Medicaid).

The majority of youth involved with DJJ also had involvement with DSS. For example, 79.2% of all intake cases, 85.8% of all intake cases resulting in probation, and 97.0% of intake cases resulting in commitment had DSS services either before, during, or after their contact with DJJ.

Proportion of Intake Cases with Foster Care Involvement by Locality, FY 2017-2021*

Proportion of Cases

☐ Less than 1%
☐ 1% - 9%
☐ 10% - 19%
☐ 20% - 29%
■ 30% +
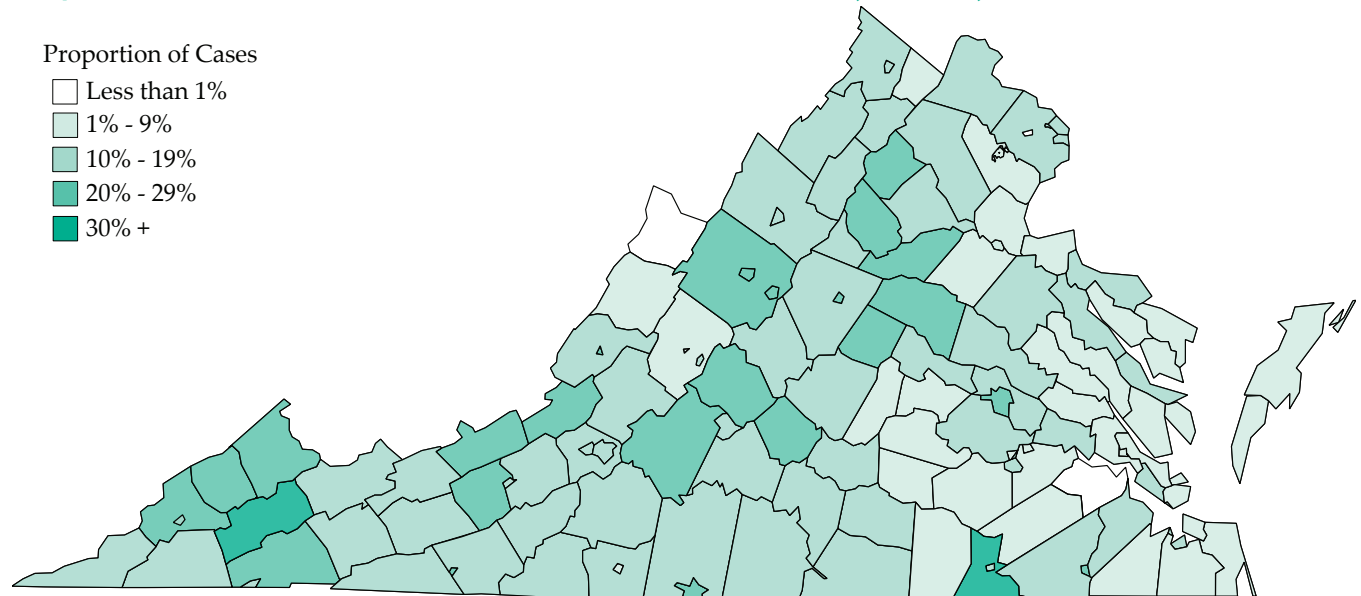
* Locality is determined by the locality where an intake case was opened regardless of the location of DSS services.

» The proportion of intake cases with foster care involvement varied across the Commonwealth, ranging from 0.0% to 31.0% of all intake cases in a locality. Russell County (CSU 29) and Greensville County (CSU 6) each had a proportion of intake cases with foster care involvement of 30% or more.

» The Western Region had the highest proportion of intake cases with foster care involvement (18.5%), and the Northern Region had the lowest (7.1%).

Conclusion

From FY 2017 to FY 2021, roughly 80% of juvenile intake cases had involvement with DSS, indicating a need for DJJ and DSS to coordinate and collaborate to best serve youth. More specifically, 12.0% of all intake cases during this period had foster care involvement. Intake cases that resulted in probation or commitment had higher proportions of youth with foster care involvement (15.1% and 19.1%, respectively).

The majority of juvenile intake cases had involvement with certain DSS services (i.e., Medicaid: 75.6%, SNAP: 68.2%, child support enforcement: 52.2%). Similar to the patterns in foster care, intake cases resulting in probation and commitment had higher levels of involvement with DSS services across all categories. Among youth with intake cases resulting in commitment, more than 85% had involvement with child support enforcement, Medicaid, and/or SNAP.

A full report on this topic is in process and will be shared with stakeholders and leadership from DJJ, DSS, and the Commission on Youth to inform future policy and operational decisions and improve agency collaboration to meet the unique needs of crossover youth.

The Records & Data Integrity Unit

The Need for a New Unit

The Records & Data Integrity Unit (R&DIU) was established in April 2023 to serve as a support unit at DJJ to improve the overall integrity of juvenile records and data.

Prior to R&DIU, the role of identifying project requirements for the agency's electronic data management system, known as BADGE, was decentralized across various units and divisions. Related operational data entry instructions, training, and coaching materials were created and updated inconsistently. Likewise, the technical documentation to define and classify data in the system was lacking. Lastly, the Research Unit facilitated occasional data cleaning exercises with operational units, but the mission and resources of the Research Unit limited the frequency and scope of these efforts.

Data integrity is an important standard for establishing and maintaining efficient, effective, and accurate data entry practices. To address the need for additional resources to facilitate these priorities and projects, DJJ created R&DIU.

Mission and Objectives

R&DIU's mission is to create consistent and efficient processes and collect complete and reliable data that will inform evidence-based decisions through collaboration, training, and solution-driven data system modifications. The unit's efforts focus on increasing DJJ staff's data literacy, making staff more comfortable with using data accurately to make informed decisions, and building a culture of data protection. R&DIU mainly focuses on four components, as shown in the accompanying graphic:

» **BADGE Changes:** BADGE is the primary electronic data management system for the youth DJJ serves. As the agency's procedures and practices evolve, the need to capture data elements also changes. R&DIU collaborates with DJJ's Information Technology (IT) Unit and engages the appropriate stakeholders at the beginning of a project; facilitates the creation of solution-driven system modifications; and confirms the alignment between system changes, procedures, and data entry instructions.

» **Training and Coaching:** R&DIU collaborates with the Training Unit and operational stakeholders to identify BADGE data entry-related training needs and create training and coaching resources. Training and coaching materials focus on data entry expectations and defining how data fields and options should be used to accurately capture the intended information within the context of the operational processes.

» **Data Documentation:** maintaining technical documentation for a data system is essential for proper use, interpretation, and protection of the system's information. R&DIU records information about the data in BADGE, including definitions, add and expire dates, staff responsible for entering, sensitivity, and other characteristics. This documentation serves as an important reference for all staff or external requesters who enter, maintain, or use the data.

» **Data Cleanings:** R&DIU facilitates one-time and routine data cleanings to address specific data accuracy concerns. By providing instructions for operational staff to correct identified data errors, these efforts result in increased accuracy in both youth's official records and the Research Unit's analyses, findings, and recommendations.
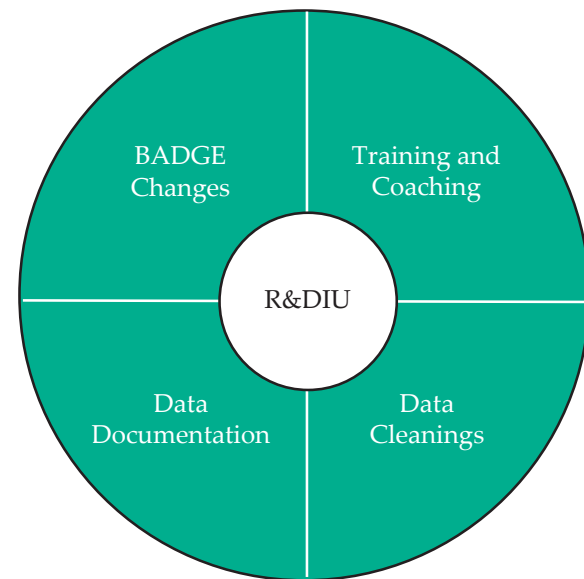
Collaborations

In addition to the Research Unit, R&DIU works closely with multiple key stakeholders, including staff in operations, IT, training, procedures, information security, QA, and leadership. Through these collaborations, R&DIU strives to seamlessly implement and sustain agency-wide projects and initiatives that meet the juvenile record, data tracking, and evaluation needs of all relevant agency stakeholders. The benefits of R&DIU's work to both the Research Unit and the agency as a whole are clear, and the efforts described above are just beginning.

SPEP™

In 2019, DJJ began the process of implementing SPEP™, a validated, data-driven evaluative tool for determining how well an existing program matches research evidence on the effectiveness of reducing recidivism for justice-involved youth. While SPEP™ implementation is coordinated by the QA Unit, the tool's use compliments the Research Unit's efforts to inform decision-making through data analysis and program evaluation. Full implementation of SPEP™ allows juvenile justice systems like DJJ to optimize their services by evaluating their service array, focusing service-related data collection on features related to the expected effectiveness of those services, and developing deeper partnerships with providers. The practice pillars of SPEP™ are partnership, education, and transparency.

Mission and Objectives

SPEP™ was created by Dr. Mark Lipsey at Vanderbilt University in the early 2000s and was further defined by Dr. Gabrielle Chapman with the introduction of a rating instrument, feedback process, and life cycle. SPEP™ is based on a meta-analysis of over 700 studies on the effectiveness of interventions spanning over thirty years. The team routinely updates the meta-analysis, and researchers continue to add new studies.

Through this research, Dr. Lipsey identified key characteristics that, on average, are most strongly associated with reductions in youth recidivism rates. To be effective, a service must use a therapeutic approach aimed at internalizing behavior change; it cannot focus on external control or deterrence. Additional considerations include the service type, quality, and amount of service delivered (i.e., dosage or duration) as well as the risk levels of the youth served. Using the SPEP™ rating scheme, these characteristics can be evaluated to determine approximately how effective a service will be, on average, in reducing recidivism.

The SPEP™ Life Cycle

Once a provider has partnered with a SPEP™ team to evaluate the services they offer to DJJ-involved youth,

the team begins a classification process to identify the distinct services provided to youth in each program. For providers that offer multiple services, each distinct service must be "unpacked" and separately identified. During the process, the SPEP™ team gathers information on the provider, type of youth served, staff training and credentials, and service implementation (e.g., goal of the service, facilitator, duration, intensity, format, service completion). Each service is then classified or matched to one of the therapeutic SPEP™ service types identified in the research. This process provides an opportunity for relationship building between the SPEP™ team and provider staff as well as a chance for the team to gain an accurate view of the provider's service array.

Each service moving forward with a SPEP™ review requires a Quality Measures Interview, data collection, and a summary report. The Quality Measures Interview is conducted to ascertain how well the provider supports and monitors the quality of the delivered service. The interview focuses on four components:

» **Written Protocol:** is there a written protocol that describes the intended services and the way it is to be delivered?

» **Staff Training:** do staff delivering the service have the qualifications appropriate for providing the service, and have they been trained in the service being delivered?

» **Staff Supervision:** are written processes in place to monitor staff adherence to the written protocol and quality of service delivery?

» **Organizational Response to Drift:** are written processes in place and used to take corrective action when there are significant departures from the written protocol or lapses in quality of service delivery?

The data collection phase consists of ascertaining the dosage and duration of the service, as well as the risk levels of the youth served. The duration of the service is the time between the first and last day the service is provided to each youth, and the dosage is the total number of contact hours each youth has with the service. DJJ utilizes the YASI overall risk score for the risk level

Preparation → Classification "Unpacking" → Quality Measures Interview → Data Collection Amount & Risk → Score & Analyze → Feedback Meeting & CQI Planning → CQI Follow-up

component of the SPEP™ review. Research has shown that, on average, there are larger reductions in recidivism with higher risk youth than with their lower risk counterparts.

During this phase, the SPEP™ team collects information from the provider and directly from DJJ's electronic data management system. The Research and Data Units provide data for Bon Air JCC services and may also provide supplemental data for other provider services. Once the data are collected, the SPEP™ team analyzes the qualitative and quantitative data and compiles the findings and recommendations into a SPEP™ summary report for the provider, which includes the established rating scheme. The provider, in collaboration with the lead SPEP™ specialist, determines which recommendations will be implemented and included in the SPEP™ Service Optimization Plan. Thereafter, the lead SPEP™ specialist and provider will have quarterly CQI meetings to review progress on the SPEP™ Service Optimization Plan.

DJJ Implementation of SPEP™

DJJ has made an investment to implement and sustain evidence-based and evidence-informed practices in Virginia. Implementing SPEP™ as an evaluative tool for services delivered to DJJ-involved youth maintains this investment.

An advisory board oversees the ongoing implementation of SPEP™ and continuing operations. The advisory board is led by the QA Unit, and members include representatives from the Research Unit, BSU, VJCCCA Unit, Division of Community Programs, Behavioral Analysis Unit, and community stakeholders, including RSCs, a CPP, and a dual residential and community provider. The advisory board first met in December 2019 and reconvenes quarterly.

Virginia also has created a SPEP™ Learning Community to allow all SPEP™ specialists to share expertise, collaborate to increase SPEP™ skills, and stay up to date with SPEP™ implementation across the Commonwealth.

Initial SPEP™ Training and Pilot

DJJ identified the QA, Practice Improvement, and VJCCCA Units as the first cohort of DJJ staff to participate in the Level I SPEP™ training. The initial classroom training was facilitated by Dr. Chapman in December 2019. In the fall of 2020, Dr. Chapman continued the DJJ cohort's training through a linkage with SPEP™ trainers in Pennsylvania.

In spring of 2021, the QA Unit received approval to move forward with SPEP™ implementation at two pilot sites. They partnered with CPPs in Merrimac and Virginia Beach to review services offered to direct care youth. The training cohort was divided into two groups to begin the SPEP™ cycle in April 2021, and the pilot process with the two CPPs was completed in May 2022.

The Future of SPEP™ in Virginia

To sustain SPEP™ in Virginia, the QA Unit renewed the contract with Vanderbilt University in 2022 to have staff complete Level II SPEP™ training and become certified SPEP™ trainers. As part of the Level II training, the QA Unit developed a Virginia-specific training for Level I SPEP™ specialists that includes both classroom and practical application trainings. Those in Level II training facilitated a Level I classroom training in August 2022 with nine participants and subsequently conducted the practical application training through SPEP™ reviews with four providers: Chesterfield CPP, Prince William CPP, Bon Air JCC, and Rappahannock Area Office on Youth. The partnership with Rappahannock Area Office on Youth was a pilot review to guide SPEP™ implementation with community providers.

To date, the QA Unit has facilitated training for staff in the Research Unit, Behavior Analysis Unit, Practice Improvement Unit, and RSCs. The QA Unit plans to continue SPEP™ training through Level III Master Trainer certification to allow staff to train new Level II SPEP™ trainers to increase sustainability throughout Virginia. The QA Unit has also partnered with the Research and Data Units to identify changes needed within DJJ's electronic data management system to enhance data collection and reports going forward.