

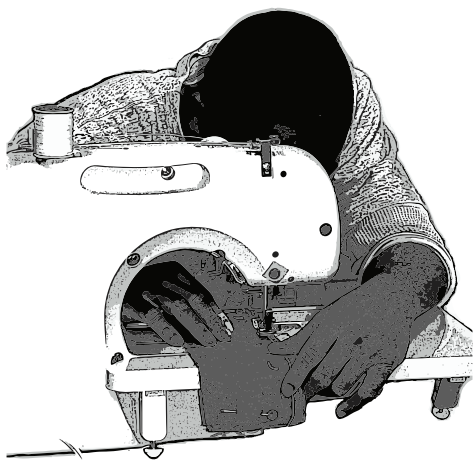
Profiles of Committed Youth

Fiscal Years 2014-2018



Virginia Department of Juvenile Justice

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Virginia Department of Juvenile Justice
Valerie Boykin, Director
June 2019

The photographs throughout this report, including the cover, are the original creations of students in the *Introduction to Photography* and *Advanced Photography* courses at Bon Air Juvenile Correctional Center (JCC). Additionally, students in the *Advertising Design* course were asked to develop designs for this title page. The selected design incorporated orange into the logo and utilized stock images of teenagers playing sports and reading. Images of actual JCC residents playing soccer, graduating high school, and creating a quilt were then added into the final design.



Executive Summary

This report provides an overview of the characteristics of committed youth admitted to the Department of Juvenile Justice's (DJJ's) direct care between fiscal year (FY) 2014 and FY 2018:

Overall Trends, FY 2014-2018

- » The percentage of youth who lived with both parents at any point prior to commitment decreased from 41% in FY 2014 to 27% in FY 2018.
- » An average of 12% of youth belonged to a gang, and 26% associated with gang members.
- » An average of 54% of youth had bullied or threatened others, 31% had displayed a weapon, and 28% had engaged in violent destruction of property.
- » Youth had an average of 4.3 out-of-school suspensions and 2.5 in-school suspensions prior to commitment.
- » An average of 64% of youth had been a victim of physical assault, 15% of youth had been bullied, and 13% of youth had been a victim of sexual assault.
- » Based on rankings established by the Virginia Criminal Sentencing Commission (VCSC), the percentage of admissions with a person offense as the committing most serious offense (MSO) increased from 56% to 60%.

Trends by Race, FY 2014-2018

- » A lower percentage of Black youth lived with both parents at any point prior to commitment.
- » A higher percentage of Black youth had parents involved in criminal activity and incarcerated while a higher percentage of White youth had parents with a history of outpatient mental health treatment and psychiatric hospitalization.
- » A lower percentage of White youth reported never being employed.
- » A higher percentage of White youth were perpetrators of sexual assault while a higher percentage of Black youth were perpetrators of physical assault.
- » A higher percentage of White youth chronically used alcohol, reported that substance abuse interfered with their daily life, reported substance use was linked to their offense, and previously received inpatient substance abuse treatment.
- » A lower percentage of White youth had a history of attendance problems, academic problems, and had engaged in disruptive behavior on school property.
- » A higher percentage of Black youth had a history of behavior problems in school and problems with school staff.
- » A higher percentage of White youth reported being bullied and sexually assaulted.
- » A higher percentage of White youth had attempted suicide, had suicide ideations, engaged in non-suicidal self-injurious behavior (SIB), and had a prior psychiatric hospitalization.
- » Black youth had a higher average number of prior supervisions (e.g., probation).

Trends by Sex, FY 2014-2018

- » A lower percentage of females lived with both parents at any point prior to commitment compared to males.
- » A higher percentage of females reported parents and parental figures with a history of outpatient mental health treatment and history of psychiatric hospitalization.
- » Females had a higher average number of runaways.
- » A higher percentage of females had documented homicidal urges or intent.
- » A higher percentage of males were perpetrators of sexual assault while a higher percentage of females were victims of physical assault, sexual assault, and bullying.
- » A higher percentage of females had significant symptoms of depressive disorder and Cluster B personality disorders.
- » A higher percentage of females had attempted suicide and engaged in non-suicidal SIB.





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The photographs throughout this report are the original creations of Bon Air JCC students in the *Introduction to Photography* and *Advanced Photography* courses.



1 Introduction

The Department of Juvenile Justice (DJJ) provides services to youth and families by operating 32 court service units (CSUs) and Bon Air Juvenile Correctional Center (JCC). Culpeper JCC was closed and transferred to the Virginia Department of Corrections (VADOC) in fiscal year (FY) 2014, the Reception and Diagnostic Center (RDC) was closed in FY 2015, and Beaumont JCC was closed in FY 2017. DJJ audits and certifies 34 CSUs, including two locally operated units; 24 juvenile detention centers (JDCs); Bon Air JCC; nine community placement programs (CPPs); 13 detention reentry programs; and 15 group homes, shelters, and independent living programs. The Board of Juvenile Justice regulates and provides oversight for these programs and facilities.

Guiding Principles

In order to be successful, DJJ recognized the need to focus on both the positive development of the young people in the system and the positive development and sustainability of the staff who serve them. DJJ identified four guiding principles to meet the needs of youth and staff:

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

Agency Transformation

DJJ strives to improve and meet the changing demands of juvenile justice through responsible resource management, performance accountability, and sound intervention strategies. In order to fulfill this mission, DJJ is currently in the process of transforming its approach to juvenile justice. The goals of the transformation are as follows:

- » *Reduce*: Safely reduce the use of state-operated JCCs by reforming probation practices, utilizing data and research to modify length of stay (LOS) policies, and developing successful alternative placements to JCCs.
- » *Reform*: Expand, improve, and strengthen the services and supports provided to youth in custody both during their commitment and upon their return to the community.
- » *Replace*: Provide youth across Virginia with opportunities for rehabilitation in the least restrictive setting by replacing large, old JCCs with a statewide continuum of evidence-based services, alternative placements, and new smaller therapeutic correctional settings.
- » *Sustain*: Maintain safe, healthy, inclusive work places; continue to recruit, retain, and develop a team of highly skilled and motivated staff; and align procedures, policies, and resources to support the team in meeting the goals of transformation.

In order to safely reduce the use of JCCs, DJJ has made an effort to ensure that all CSUs use evidence-based practices from intake through parole, keeping youth in the community and avoiding placement in secure confinement whenever possible. In addition, the Board of Juvenile Justice revised the LOS Guidelines for Indeterminately Committed Juveniles (LOS Guidelines) on October 15, 2015. Under the former guidelines, 12-18 months was the most commonly assigned LOS for indeterminate direct care admissions. Under the current guidelines, 6-9 months is the most commonly assigned LOS.

In order to reform treatment and rehabilitation practices in the JCCs, DJJ began implementing the Community



Treatment Model (CTM) in May 2015. The main tenets of the model include conducting highly structured, meaningful, therapeutic activities; maintaining consistent staffing in each housing unit; and keeping youth in the same unit throughout their stays. CTM uses a blend of positive peer culture and the group process to address concerns and accomplishments within the unit. In doing so, staff develop treatment-oriented relationships with the youth and act as advocates. CTM was fully implemented in early 2017.

Additionally, the Division of Education has worked to strengthen content delivery, increase student achievement, and expand opportunities for post-secondary youth. As such, the master schedule for the 2017-2018 school year was revised to reflect the Division of Education's Personalized Learning Model and to align with CTM. Students now stay together for content courses and move for elective courses based on their diploma needs. In February 2018, Tier 1 of Positive Behavioral Interventions and Supports (PBIS) was implemented across the education setting. PBIS identifies proactive strategies for defining, teaching, and supporting appropriate student behaviors to create a positive classroom and school environment. The Division of Education also established partnerships with the nine CPPs to support post-secondary programming for direct care youth in their placements.

DJJ is working to replace large, outdated JCCs with new placement options that are safer, closer to affected populations, smaller in scale, and designed for rehabilitative treatment and education. Beaumont JCC was closed to youth on June 2, 2017, and DJJ utilized the savings from the closure to award contracts to two regional service coordinators, AMIkids and Evidence-Based Associates, to develop a statewide continuum of evidence-based services and additional alternatives to placement in secure facilities.

Direct Care

Direct care programs are responsible for youth committed to DJJ, ensuring that they receive treatment and educational services while in a safe and secure setting. The Behavioral Services Unit (BSU), Health Services, Food Services, and Maintenance provide support to the JCC. DJJ's Division of Education provides educational and vocational services to meet the needs of committed youth. Programs within the JCC offer community reintegration and specialized services in a secure residential setting.

Case management and treatment program staff use the Youth Assessment and Screening Instrument (YASI) for risk-based case planning and provide oversight of treatment needs, security requirements, LOS, and facil-

ity placements in direct care. Staff facilitate psycho-educational groups, assess progress achieved, and manage classifications and residential placements. They are responsible for ensuring that all needed services (including mental health, substance abuse, sex offender, and aggression management treatment and independent living skills development) are available, and they serve as a liaison between the field and the administrative offices for procedures and resources. These staff also work with the community to provide a transition and parole plan for reentry, the Comprehensive Reentry Case Plan (CRCP).

Admission

The Central Admission and Placement (CAP) Unit was established upon the closure of RDC. The unit's core functions include the receipt and review of all commitment packets as well as the coordination of the admission, orientation, and evaluation process.

Youth admitted to direct care are evaluated at either a JCC or JDC for approximately three weeks. The process includes medical, psychological, behavioral, educational and career readiness, and sociological evaluations. A team meets to discuss and identify youth's treatment and mental health needs, determine LOS and placement recommendations, and develop a reentry plan.

Youth may be assigned to one or more treatment programs, including aggression management, substance abuse, and sex offender treatment, depending on the youth's individual needs. Although treatment needs are generally identified during the evaluation process, a youth can be reassessed at any time during a commitment.

Placement recommendations at the conclusion of the evaluation process may include a referral to a CPP or other alternative placement. If a youth is eligible, a referral is submitted through the case management review process, and upon approval, transfer is coordinated. The CAP Unit maintains case management responsibilities for these youth throughout their direct care stay and acts as a liaison between the CPPs, other alternative placements, and CSUs.

CTM

In May 2015, the JCCs began implementing CTM as a way to support juvenile rehabilitation while decreasing inappropriate behaviors during commitment. Given that many youth in state custody have experienced significant exposure to adverse childhood experiences, CTM integrates elements of trauma-informed care to promote the development of healthy resiliency and improve self-regulation, decision-making, moral reasoning, and skill



building. As part of CTM, youth progress through a phase system (Phase I through Phase IV) with clearly defined behavioral expectations. With each phase, the youth receives additional expectations, responsibilities, and privileges. On the higher phases, youth can earn off-campus trips and furloughs.

In order to reflect the change in responsibilities, most security staff positions were changed from correctional model titles and roles (e.g., major, sergeant, juvenile correctional officer) to CTM titles and roles (e.g., community manager, community coordinator, resident specialist). Staff teams received intensive training before starting CTM in their housing units, with one unit trained at a time to ensure fidelity to the program guidelines. All housing units at Bon Air JCC currently operate under CTM.

Division of Education

The Division of Education operates the Yvonne B. Miller High School and Post-Secondary Programs, which provides education for middle school, high school, and post-secondary students. The school is staffed by administrators and teachers who are licensed by the Virginia Department of Education (VDOE). The Division of Education also provides college and career training opportunities at the JCC.

Youth are admitted to direct care at various points in their academic career, with some deficient in one or more educational areas at the time of admission. DJJ works with local school divisions to obtain youth's school records upon notification of commitment to DJJ. All youth who have not earned a high school diploma or high school equivalency credential are evaluated and placed in an appropriate educational program. The Division of Education uses a Personalized Learning Model to meet students' unique needs. Teachers provide instruction aligned to the Standards of Learning tests and actively track the progress of students.

The Division of Education offers an array of high school completion routes that include an Advanced Studies Diploma, Standard Diploma, Applied Studies Diploma, Penn Foster High School Diploma, or General Educational Development (GED®). For youth who have obtained a high school diploma or GED®, the Division of Education also offers a range of VDOE-recognized career and technical education (CTE) certifications and credentialing opportunities. These offerings prepare youth for productive employment futures while simultaneously meeting the Commonwealth's need for well-trained and industry-certified technical workers.

BSU

BSU is the organizational unit responsible for providing clinical treatment services to youth at the JCC. The primary services provided by BSU staff include mental health, aggression management, substance abuse, and sex offender treatment, as well as intake psychological evaluations and pre-release risk assessments. BSU conducts comprehensive psychological evaluations for all youth committed to DJJ. At the facility, BSU provides 24-hour crisis intervention; individual, group, and family therapy; mental status evaluations; case consultations and development of individualized behavior support protocols; program development and implementation; and staff training.

Health Services

The Health Services Unit provides quality healthcare services to youth in the JCC. When initially admitted to DJJ, each youth goes through comprehensive medical history and physical evaluations. DJJ maintains a staff of physicians, dentists, and nurses on-site who provide assessment, treatment, and care to meet the medical and dental needs of the population housed in the facilities. In addition, contracted psychiatrists and optometrists provide healthcare services to the youth. On-site staff are supplemented by a network of hospitals, physicians, and transport services to ensure all medically necessary healthcare services delivered are consistent with community standards.

CPPs, Detention Reentry, and Other Alternative Placements

CPPs are residential programs operated for committed youth in JDCs as an alternative to the JCC. A goal of the CPPs is to place youth closer to the community in smaller settings to facilitate an easier transition after release. CPPs focus on positive youth development and increasing competency in the areas of education, vocational preparation, life and social skills, thinking skills, employability skills, and anger management. Services focus on dynamic risk factors using cognitive-behavioral techniques and are tailored to meet the individual needs outlined in the youth's CRCP. Additionally, CPPs deliver aggression management and substance abuse treatment services. Youth are housed in units separate from the JDC population.

Additionally, some JDCs provide detention reentry programs for youth in direct care, allowing them to begin transitioning back to the community 30 to 120 days before their scheduled release date. Similar to CPPs, the programs facilitate parole planning services with the as-



signed parole officers and allow for increased visitation with families. The objectives of the program are to prepare youth for progressively increased responsibility and freedom, bridge services between the JCC and the community, facilitate increased family engagement, and establish relationships with targeted community support systems. These objectives are met by an individualized case plan that incorporates family and community involvement. Youth in detention reentry are housed with the rest of the JDC population instead of in a separate unit.

Finally, some youth in direct care are placed in other contracted placements based on individual characteristics, such as offense severity, commitment type, risk level, and treatment or service needs. While the JCC, CPPs, and detention reentry programs provide secure placement options for juveniles in direct care, the continuum of services offers secure and non-secure placement options.

Juvenile Profile

DJJ has collected detailed information on youth admitted to direct care using the Juvenile Profile since July 1, 1992. These data are reported every five years to provide an overview of the characteristics of committed youth. The current report focuses on admissions during FYs 2014 to 2018. The Juvenile Profile contains information collected from the multi-disciplinary teams responsible for evaluating all youth admitted to DJJ. These teams include counselors, psychologists, resident specialists, educational evaluators, and medical personnel. The information generated from these evaluations is used to assist in the development of treatment plans and to provide detailed data about youth committed to the department.

The Juvenile Profile has undergone changes over time in an effort to improve the reliability and validity of the data collected. Some items have been eliminated or modified, and new items have been added depending on departmental needs.

In addition to the Juvenile Profile, this report uses information from DJJ's electronic data management system, including information related to youth's committing offenses, type of commitment, number of commitments, and type of committing court. This report also uses various items from YASI.

Juvenile Profile Description

The Juvenile Profile contains data elements from the following:

- » A detailed social history regarding the youth's development, living situations, family background, and history of substance abuse, physical abuse, and sexual abuse.
- » A physical health assessment and evaluation that includes a medical history, physical examination, dental evaluation, vision and hearing evaluation, and screening for certain diseases.
- » An educational assessment that includes school history and educational needs.
- » A psychological assessment that includes current and historical information on the youth's mental health status and treatment needs.

Interpreting this Report

The data in this report are collected from youth evaluated during the admission process, so only admissions during the reporting period are represented.

Each youth's evaluation involves multiple forms that are completed and entered into the Juvenile Profile; however, some youth may have missing individual sections of data. Percentages were calculated out of the total number of admissions, unless otherwise noted due to more than 10% missing responses.

Successfully appealed, canceled, and rescinded cases were excluded from the data. (See the table on the following page for the number of youth included in this report for each FY.)

It is also important to evaluate the data with respect to the nature of its source. With the exception of the medical/physical screenings, the majority of the information collected is self-reported. As with any self-report data source, youth may over- or under-represent the truth on certain topics. Other limitations to this report include form changes that were implemented between FY 2014 and FY 2018. With the exception of the Medical History and Physical Examination forms, each Juvenile Profile form underwent at least one revision between FY 2014 and FY 2018. (See Appendices A through E for copies of the current forms). This report only presents data for variables that were consistent across all FYs.

One must also be mindful of the impact of an evaluator's perspective. Though staff are trained on how to conduct the evaluations, and the agency strives for a high level of inter-rater reliability, there can be interpretive differences between evaluators.

Lastly, Juvenile Profile data are stored in a live database that is constantly being updated and cleaned. For that reason, it is important to note that all data presented in this book were generated in May 2019. Any updates or changes occurring after that date will not be represent-



ed. Furthermore, percentages may not always add to 100% due to rounding.

The current publication organizes the data into themes (e.g., family and parenting, education). Each page presents the 5-year trend for a variable or set of related variables, followed by demographic breakdowns by race and sex. Race was grouped into “White,” “Black,” and “Other,” and sex was grouped into “Female” and “Male.” Though race

was separated into three groups, it is important to keep in mind that the “Other” group is much smaller in number than White and Black. “Other” races include Asian or Pacific Islander, American Indian or Alaskan Native, Other, and Unknown. Sex represents sex assigned at birth. Race and sex differences are presented only for those variables with statistical significance ($p < .05$ level) as determined by chi-square tests, t-tests, and analysis of variance tests (ANOVAs).

Admission Demographics, FY 2014-2018

	2014	2015	2016	2017	2018
Race					
White	92	105	82	92	74
Black	259	258	226	226	233
Other	16	21	11	14	18
Sex					
Female	30	26	19	23	23
Male	337	358	300	309	302
<i>Total Admissions</i>	367	384	319	332	325

Terminology

Acronyms and terms commonly used by DJJ are defined below.

Acronyms

ADHD: Attention-Deficit/Hyperactivity Disorder

AECF: Annie E. Casey Foundation

ANOVA: Analysis of Variance

AWOL: Absent Without Leave

BSU: Behavioral Services Unit

CAP: Central Admission and Placement

CD: Conduct Disorder

CPP: Community Placement Program

CRCP: Comprehensive Reentry Case Plan

CSU: Court Service Unit

CTE: Career and Technical Education

CTM: Community Treatment Model

DAI: Detention Assessment Instrument

DJJ: Virginia Department of Juvenile Justice

DSM: Diagnostic and Statistical Manual

ERD: Early Release Date

FY: Fiscal Year

GED®: General Educational Development

HEENT: Head, Eyes, Ears, Nose, and Throat

ID: Intellectual Disability

J&DR: Juvenile and Domestic Relations

JCC: Juvenile Correctional Center

JDC: Juvenile Detention Center

LOS: Length of Stay

LOS Guidelines: Length of Stay Guidelines for Indeterminately Committed Juveniles

LRD: Late Release Date

MHSTP: Mental Health Services Transition Plan

MSO: Most Serious Offense

ODD: Oppositional Defiant Disorder



OJJDP: United States Office of Juvenile Justice and Delinquency Prevention

PBIS: Positive Behavioral Interventions and Supports

RDC: Reception and Diagnostic Center

SASSI: Adolescent Substance Abuse Subtle Screening Inventory

SIB: Self-Injurious Behavior

VADOC: Virginia Department of Corrections

VCSC: Virginia Criminal Sentencing Commission

VDOE: Virginia Department of Education

YASI: Youth Assessment and Screening Instrument

Definitions

Admission: the date on which a youth officially enters the direct care population.

ANOVA: a statistical test used to analyze differences between multiple groups. A significant finding indicates that at least one of the groups has a mean that is significantly different from the other groups. Using prescribed psychotropic medication and race as an example, an ANOVA will determine if there is a statistical difference in the likelihood of being prescribed psychotropic medications based on one's race.

Blended Sentence: a sentencing option for a youth convicted in circuit court, which combines a youth disposition with an adult sentence. For example, the circuit court may impose an adult sentence with a portion of that sentence to be served in the custody of DJJ; the judge may suspend the adult sentence pending successful completion of the juvenile disposition. See § 16.1-272 of the *Code of Virginia*. The exact use of this term can vary; in this report, blended sentence data reflect youth with an active VADOC sentence at the time of commitment to DJJ.

Chi-Square Test: a statistical test used to analyze differences between two categorical groups. A significant finding indicates that the groups' frequencies are significantly different. Using YASI overall risk level and sex as an example, a chi-square test will determine if there is a statistical difference between the likelihood of males and females having different risk levels.

Commitment: the court-ordered disposition placing a youth in the custody of DJJ for a determinate or indeterminate period of time. To be eligible for commitment, a youth must be 11 years of age or older and adjudicated delinquent or convicted of a felony offense, a Class 1 misdemeanor and a prior felony, or four Class 1 misdemeanors that were not part of a common act, transaction, or scheme. See § 16.1-278.8 of the *Code of Virginia*. A commitment to DJJ differs from an admission. An admission may occur days or weeks after the youth is committed to DJJ (during which time the youth is held in a JDC). A single admission could be the result of multiple commitments to DJJ (for example, a youth may be committed to DJJ by more than one court). For these reasons, the number of commitments to DJJ in a FY may be different from the number of admissions.

CPP: a direct care residential program in a JDC. The goal of CPPs is to place residents closer to their home communities. CPPs focus on addressing specific treatment needs and risk factors and developing competency in the areas of education, job readiness, and life and social skills.

Criminal Street Gang: any ongoing organization, association, or group of three or more persons, whether formal or informal, (i) which has as one of its primary objectives or activities the commission of one or more criminal activities; (ii) which has an identifiable name or identifying sign or symbol; and (iii) whose members individually or collectively have engaged in the commission of, attempt to commit, conspiracy to commit, or solicitation of two or more predicate criminal acts, at least one of which is an act of violence, provided such acts were not part of a common act or transaction.

Delinquent Offense: an act committed by a youth that would be a felony or misdemeanor offense if committed by an adult as designated under state law, local ordinance, or federal law. Delinquent offenses do not include status offenses. See § 16.1-228 of the *Code of Virginia*.

Detention Reentry: a direct care residential program in a JDC. The goal of detention reentry is to allow youth in direct care to begin transitioning back to their community 30 to 120 days before their scheduled release date.

Determinate Commitment: the commitment of a youth 14 years of age or older to DJJ as a serious juvenile offender. The court specifies the length of the



commitment, has continuing jurisdiction over the youth, and must conduct periodic reviews if the youth remains in direct care for longer than 24 months. A youth may be committed to DJJ as a serious juvenile offender for up to seven years, not to exceed the youth's 21st birthday. See § 16.1-285.1 of the *Code of Virginia*.

DSM: a manual produced by the American Psychiatric Association that provides standard classification of mental disorders and contains a listing of diagnostic criteria for psychiatric disorders.

Direct Care: the time during which a youth who is committed to DJJ pursuant to §§ 16.1-272, 16.1-278.8(A)(14), 16.1-278.8(A)(17), or 16.1-285.1 of the *Code of Virginia* is under the supervision of staff in a juvenile residential facility operated by DJJ or an alternative placement.

ERD: the estimated minimum amount of time that indeterminately committed youth are expected to be in direct care, starting from their date of commitment.

FY: the time period measured from July 1st of one year to June 30th of the following year. For example, FY 2018 began July 1, 2017, and ended June 30, 2018.

Indeterminate Commitment: the commitment of a youth to DJJ in which the youth's LOS range (ERD to LRD) is calculated based on statutory requirements and the LOS Guidelines. The commitment may not exceed 36 continuous months except in cases of murder or manslaughter or extend past a youth's 21st birthday. See §§ 16.1-285 and 16.1-278.8(A)(14) of the *Code of Virginia*.

JCC: a DJJ secure residential facility that has construction fixtures designed to prevent escape and to restrict the movement and activities of youth held in lawful custody. JCCs house youth who have been committed to DJJ. See §§ 16.1-278.8, 16.1-285, and 16.1-285.1 of the *Code of Virginia*.

JDC: a local or regional secure residential facility that has construction fixtures designed to prevent escape and to restrict the movement and activities of youth held in lawful custody. See §§ 16.1-248.1, 16.1-278.8, and 16.1-284.1 of the *Code of Virginia*.

LOS Guidelines: a framework established by the Board of Juvenile Justice, as mandated by § 66-10 of the *Code of Virginia*, to determine the length of time a youth indeterminately committed to DJJ will re-

main in direct care. Factors that affect a youth's LOS include the seriousness of the committing offense(s) and YASI risk level.

LRD: the estimated maximum amount of time that indeterminately committed youth are expected to be in direct care, starting from their date of commitment.

Psychotropic Medication: prescribed drugs that affect the mind, perception, behavior, or mood. Common types include antidepressants, anxiolytics or anti-anxiety agents, antipsychotics, and mood stabilizers.

Statistical Significance: a mathematical concept used to determine whether an outcome of an analysis is likely the result of a relationship between variables or the result of chance. If the p -value (i.e., the probability that the observations occurred due to chance) is less than the standard significance level of .05, then there is 95% confidence that the outcome is due to a relationship instead of chance.

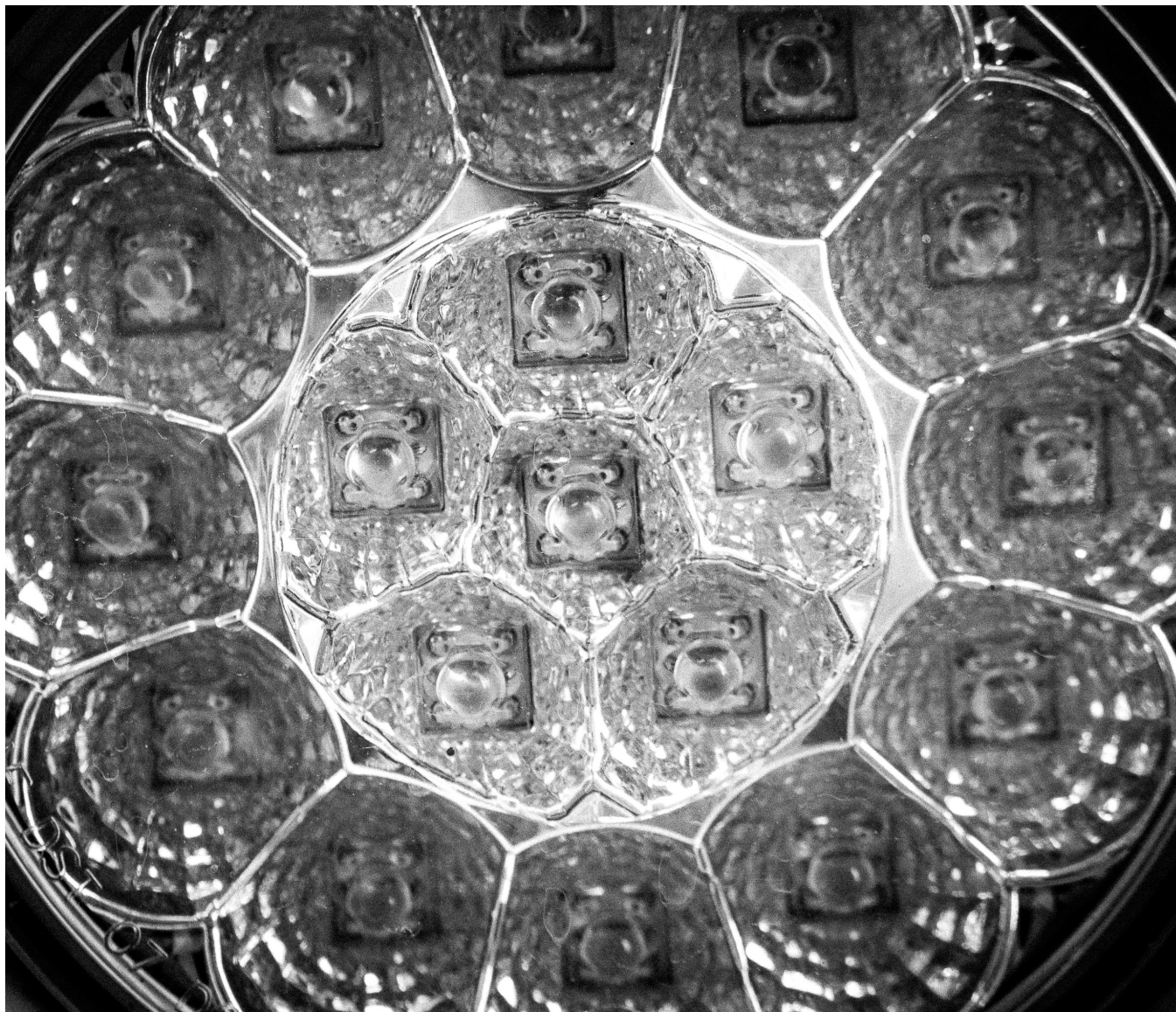
Subsequent Commitment: commitments to DJJ received after the youth was admitted to direct care that require a recalculation of the original LOS. These commitments may be associated with an offense that occurred prior to admission but was not processed by the court until after admission or with an offense that occurred after admission while in direct care. An offense that occurred while in direct care may also result in an adult jail or prison sentence rather than a subsequent commitment to DJJ.

T-Test: a statistical test used to analyze differences between two groups. A significant finding indicates that the groups' means are significantly different. Using prescribed psychotropic medication and sex as an example, a t-test will determine if there is a statistical difference between the likelihood of males and females being prescribed psychotropic medication.

Variable: an operationally defined attribute (e.g., overall risk level, prescribed psychotropic medication).

YASI: a validated tool that provides an objective classification of an individual's risk of reoffending by assessing both static and dynamic risk and protective factors in 10 distinct functional domains.





The photographs throughout this report are the original creations of Bon Air JCC students in the *Introduction to Photography* and *Advanced Photography* courses.



2 Family & Parenting

The Family & Parenting section includes information from the *Family* domain of YASI and the Social History Information (Appendix A) and Medical History (Appendix D) forms, which assess the youth's family and home life prior to commitment.

Family and Delinquency

A youth's family and the environment in which they grow up can have a tremendous impact on their well-being (Wallman, 2010). The family is responsible for providing emotional support, learning opportunities, moral guidance, self-esteem, and physical necessities. However, when a family exhibits traits such as poor parenting skills, home discord, child maltreatment, and antisocial behavior, the youth is at a greater risk for delinquency (Lipsey & Derzon, 1998; Petrosino, Derzon, & Lavenberg, 2009; Thornberry, Smith, Rivera, Huizinga, & Stouthamer-Loeber, 1999). Other factors that could put a youth at risk include the family having a lower socioeconomic status, less interest in education, and poor or unstable housing (Glaze & Maruschak, 2010; Travis & Waul, 2003). Parental mental illness is also an important risk factor, and youth whose parents have a mental illness are at risk for developing social, emotional, and/or behavioral problems (Travis & Waul, 2003).

Family Structure

Research also suggests that the structure of a youth's family may impact their risk for delinquency (Apel & Kaukinen, 2008; Price & Kunz, 2003). For example, youth who have non-traditional living situations may be at a greater risk for delinquency. Price and Kunz (2003) found that youth from divorced families had higher rates of status offenses, crimes against persons, felony theft, general delinquency, and tobacco and drug use. In addition, youth who live in cohabitating households are more likely to engage in delinquent behavior compared to those who live with both biological parents (Apel & Kaukinen, 2008; Kierkus, Johnson, & Hewitt, 2010; Manning & Lamb, 2003). According to Hoeve and colleagues (2009), one of the strongest links between parenting and delinquency is parental monitoring. Research suggests that parental monitoring may be higher in families with

both biological parents (Fisher, Leve, O'Leary, & Leve, 2003). Fisher and colleagues (2003) conducted a study to examine the levels of parental monitoring among three different categories: stepmother, stepfather, and two biological parent households. The researchers found that families with both biological parents had higher levels of parental monitoring than stepfather families. However, there was no significant difference between stepmother households and those with both biological parents.

Parental Criminal Behavior

In 2009, there were 2.7 million youth under age 18 with an incarcerated parent (The Pew Charitable Trusts, 2010). In addition, millions of other youth had parents involved in the criminal justice system. This is problematic because youth whose parents exhibit criminal behavior have a higher risk of committing crimes themselves. The timing of a parent's criminal behavior might also have an impact on youth. For example, if a crime was committed before the youth was born, it is thought that the child will be less likely to offend. However, when parents are more frequent offenders, youth have more opportunities to observe and imitate their parents' criminal behavior and motivations (Murray, Farrington, Sekol, & Olsen, 2009).

Family Engagement at DJJ

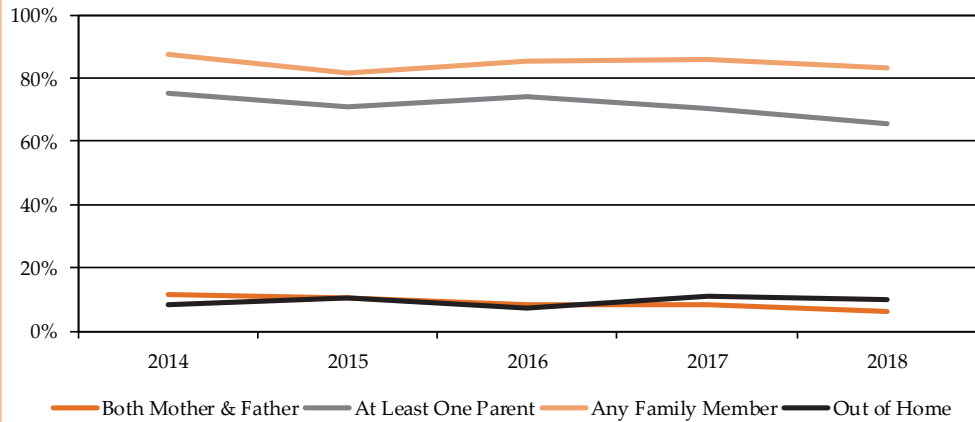
Research suggests that greater family engagement leads to more positive results in treatment and upon release (Agudelo, 2013). As such, a major part of DJJ's transformation effort has been an increased focus on family engagement. Most committed youth live more than a one-hour drive from Bon Air JCC, and the distance has posed a barrier to families wishing to visit. To address this issue, DJJ established video visitation sites in Roanoke and Danville. In addition, DJJ partnered with transportation companies to provide free transportation to families of committed youth with pick-up sites located in Chesterfield, Danville, Hampton, Henrico, Manassas, Newport News, Norfolk, Portsmouth, Richmond, Roanoke, Virginia Beach, and Woodbridge.



Living Situation*

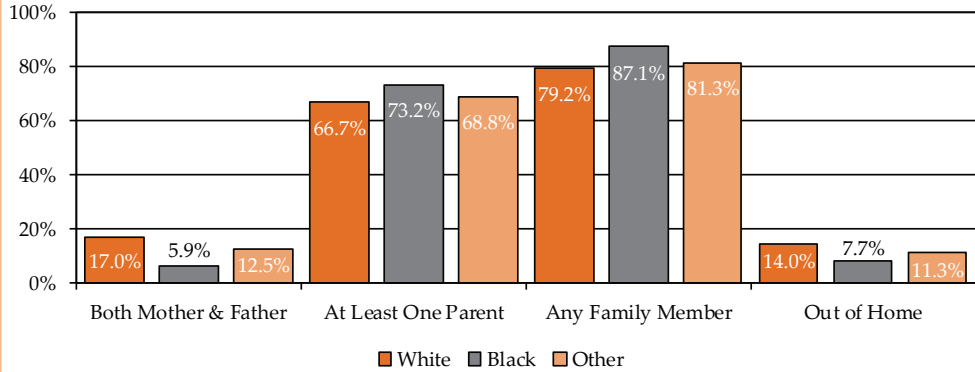
- » Since FY 2014, an average of 85% of youth lived with any family member immediately prior to commitment, 71% lived with at least one parent, less than 10% of youth lived with both biological parents, and less than 10% lived in an out of home placement.
- » A lower percentage of Black youth lived with both parents before commitment compared to White youth and youth of other races.
- » A higher percentage of females lived in out of home placements before commitment compared to males.

Living Situation Immediately Prior to Commitment, FY 2014-2018*

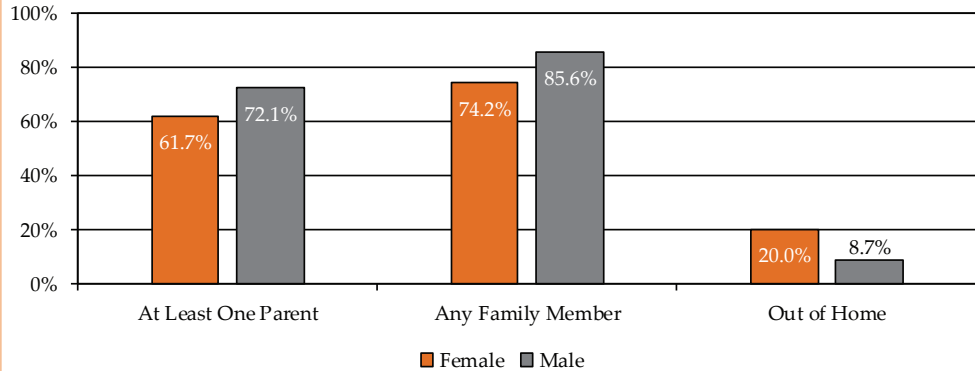


* "Both Mother & Father" includes both biological parents. "At Least One Parent" includes at least one biological parent. "Any Family Member" includes any biological family member, step-parent, and adoptive parents.

Living Situation Immediately Prior to Commitment by Race, FY 2014-2018



Living Situation Immediately Prior to Commitment by Sex, FY 2014-2018

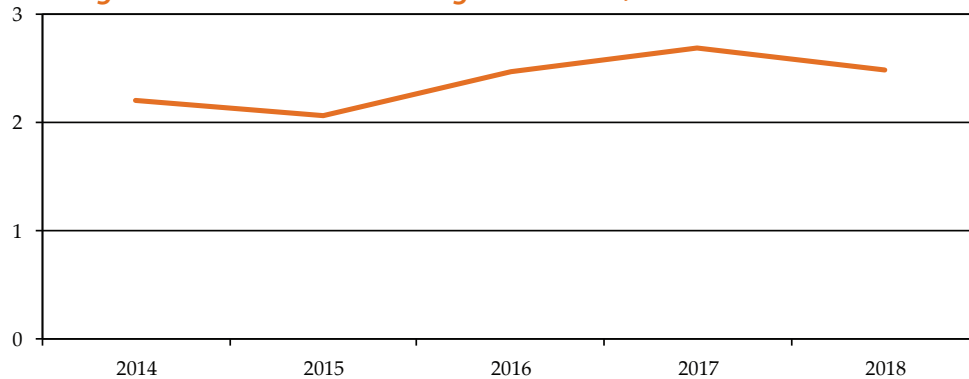


* Data on youth with a living situation immediately prior to commitment described as absent without leave (AWOL) are not presented in this analysis.



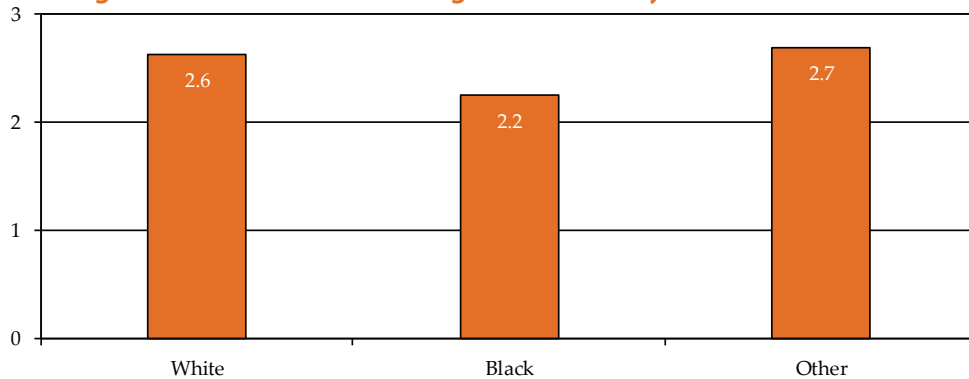
Prior Living Situations

Average Number of Prior Living Situations, FY 2014-2018



- » Youth admitted since FY 2014 had an average of 2.4 prior living situations before commitment.
- » Black youth had a lower average number of prior living situations compared to White youth and youth of other races.

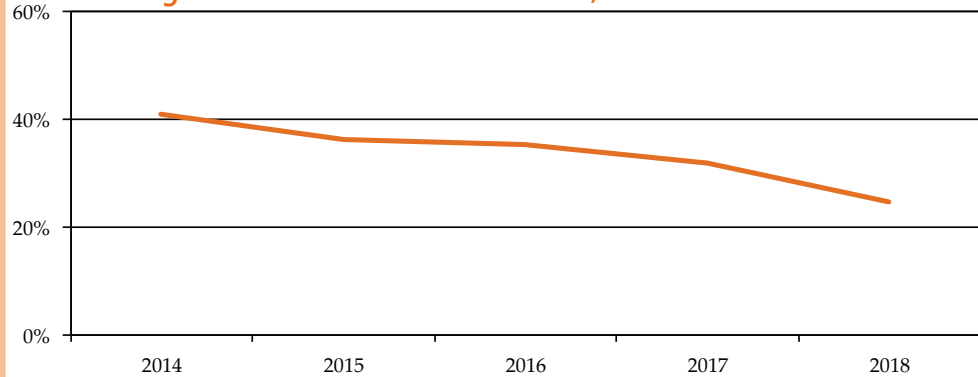
Average Number of Prior Living Situations by Race, FY 2014-2018



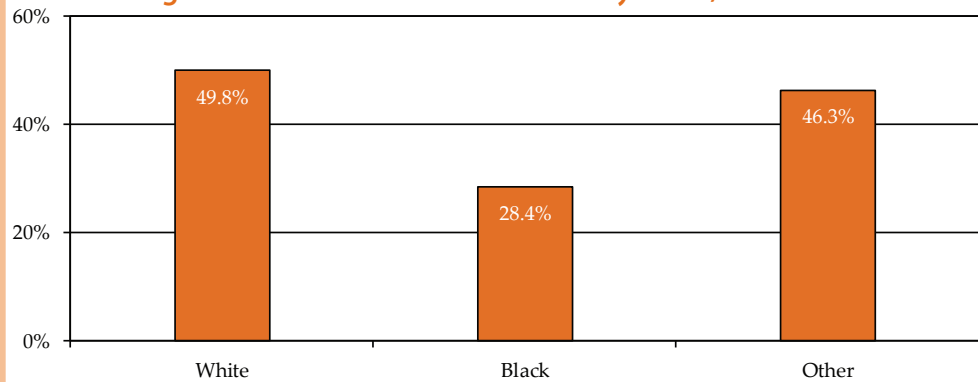
Prior Living Situations, cont.

- » The percentage of youth who lived with both parents at any point prior to commitment decreased from 41% in FY 2014 to 27% in FY 2018.
- » A lower percentage of Black youth lived with both parents at any point prior to commitment compared to White youth and youth of other races.
- » A lower percentage of females lived with both parents at any point prior to commitment compared to males.

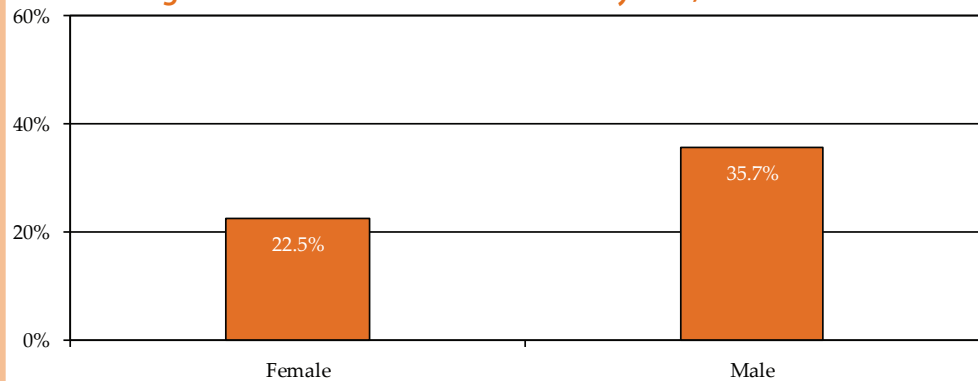
Prior Living Situation with Both Parents, FY 2014-2018



Prior Living Situation with Both Parents by Race, FY 2014-2018



Prior Living Situation with Both Parents by Sex, FY 2014-2018

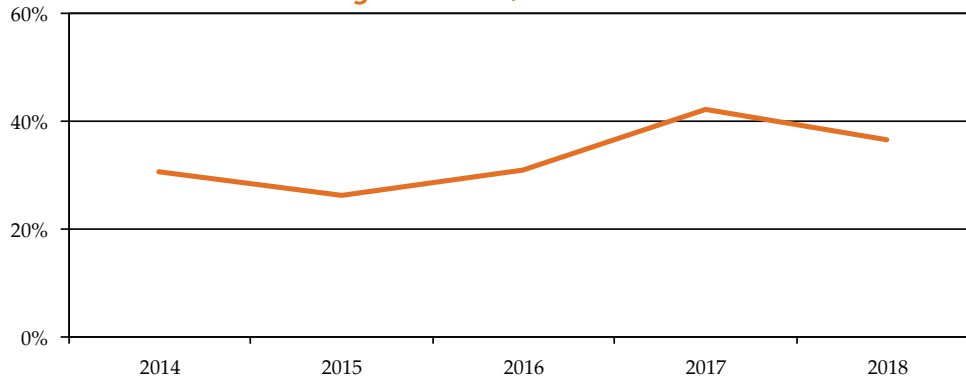


Data presented on this page are collected on the Social History Information form.



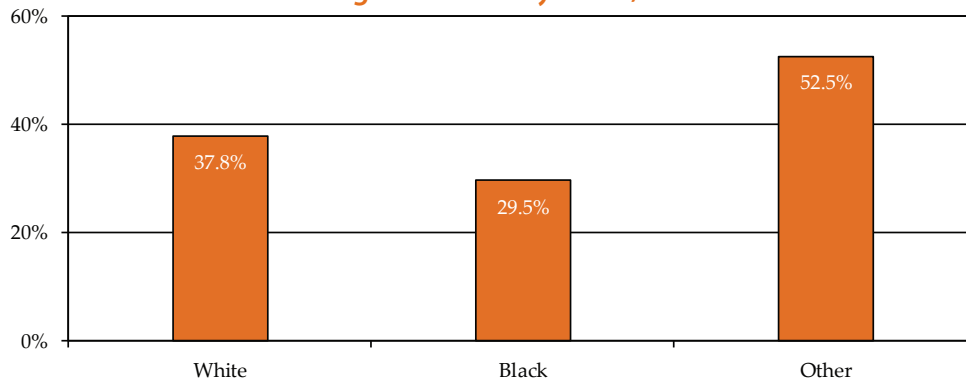
Prior Living Situations, cont.

Prior Out of Home Living Situation, FY 2014-2018

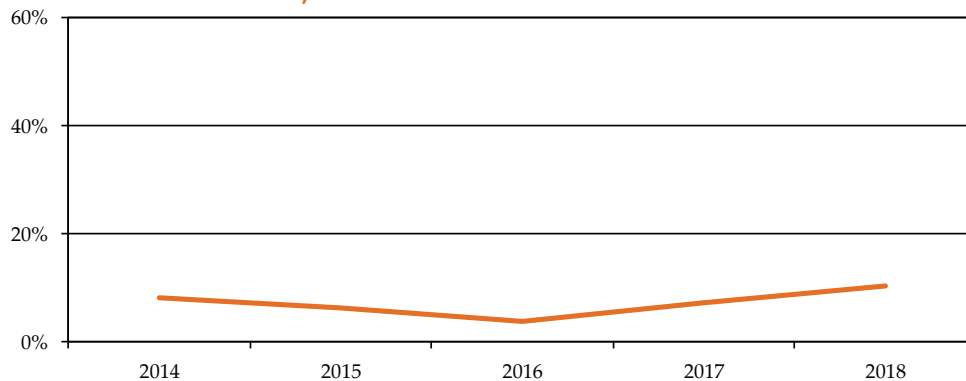


- » An average of 33% of youth lived out of home at any point prior to commitment since FY 2014.
- » A lower percentage of Black youth lived out of home at any point prior to commitment.

Prior Out of Home Living Situation by Race, FY 2014-2018



Youth with Children, FY 2014-2018



Children

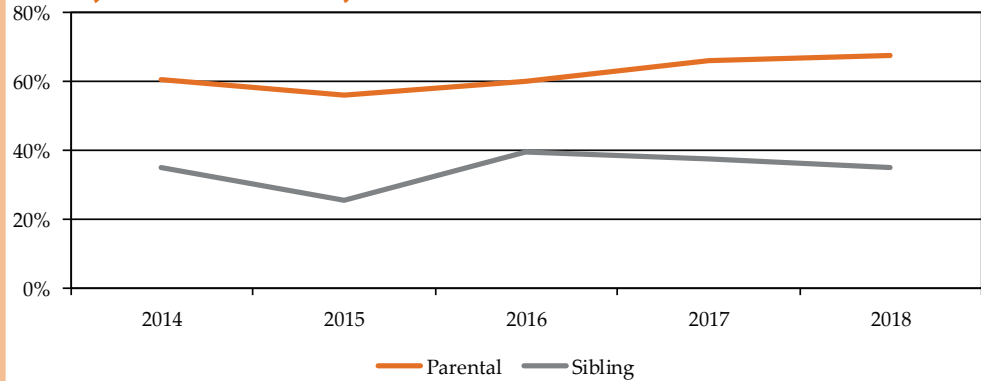
- » An average of 7% of youth had children at the time of commitment since FY 2014.



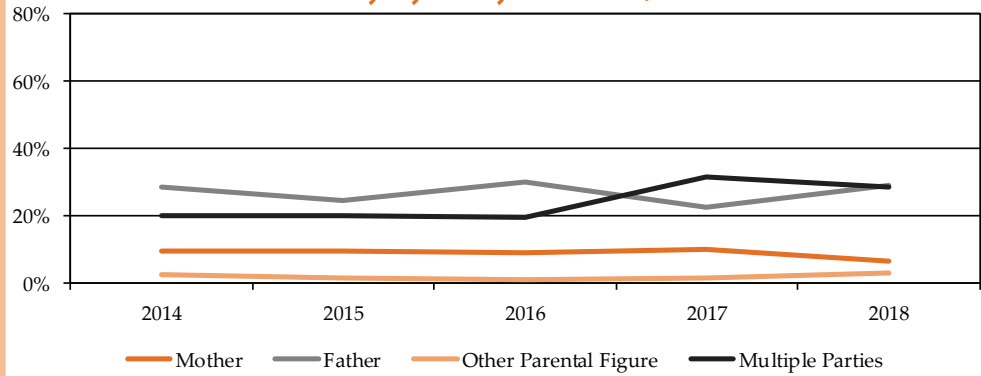
Family Criminal Activity

- » Since FY 2014, an average of 62% of youth had parents involved in criminal activity, and 34% had siblings involved in criminal activity.
- » An average of 27% of youth reported their father was involved in criminal activity, making fathers the parent involved most often.
- » A higher percentage of Black youth had parents involved in criminal activity compared to White youth and youth of other races.

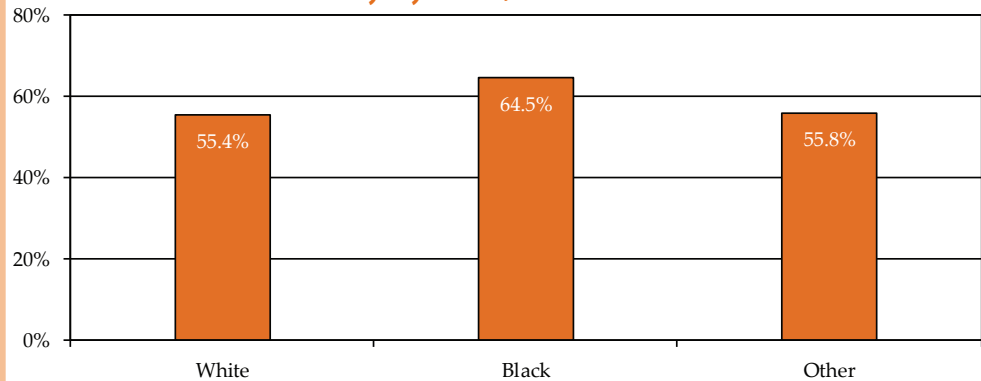
Family Criminal Activity, FY 2014-2018



Parental Criminal Activity by Party Involved, FY 2014-2018



Parental Criminal Activity by Race, FY 2014-2018

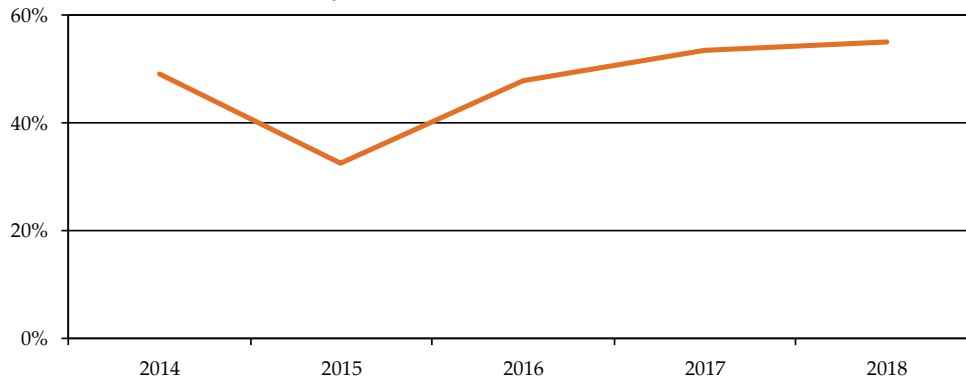


Data presented on this page are collected on the Social History Information form.



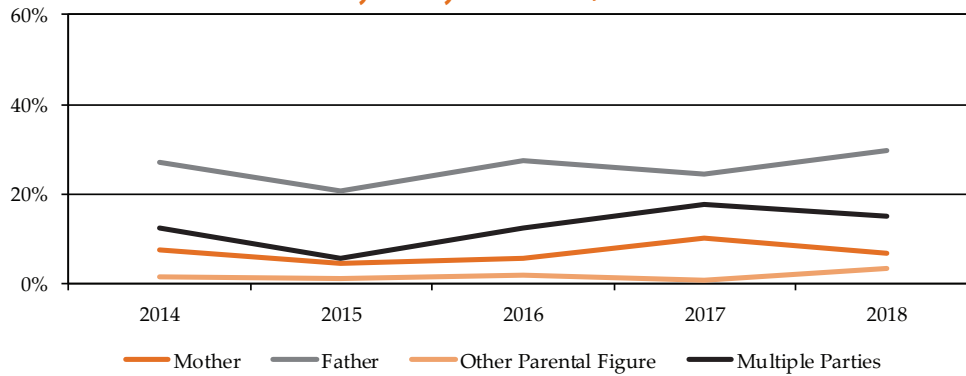
Parental Incarceration

Parental Incarceration, FY 2014-2018



- » Since FY 2014, an average of 48% of youth had parents who had been incarcerated.
- » An average of 26% of youth reported their father had been incarcerated, making fathers the incarcerated parent most often.

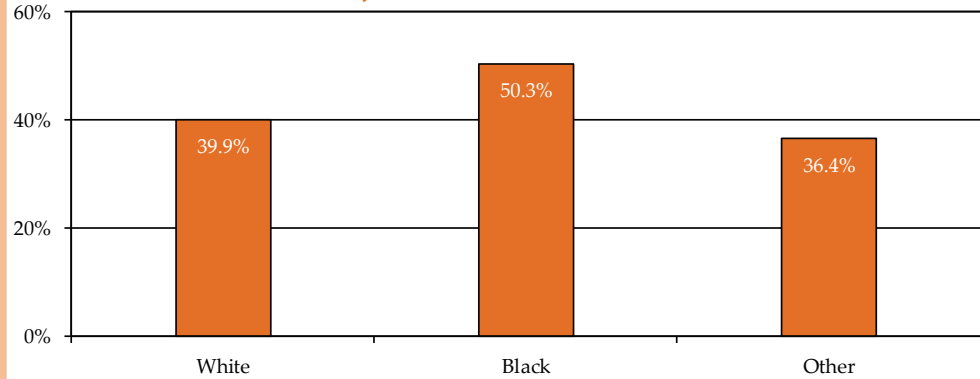
Parental Incarceration by Party Involved, FY 2014-2018



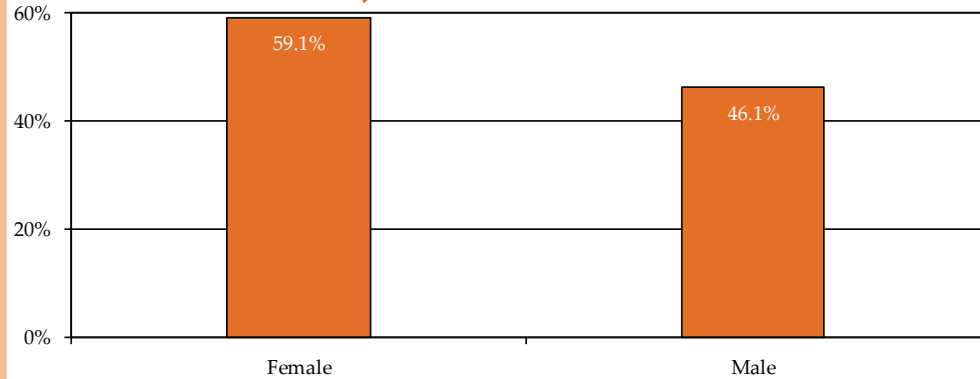
Parental Incarceration, cont.

- » A higher percentage of Black youth had parents who had been incarcerated compared to White youth and youth of other races.
- » A higher percentage of females had parents who had been incarcerated compared to males.

Parental Incarceration by Race, FY 2014-2018



Parental Incarceration by Sex, FY 2014-2018

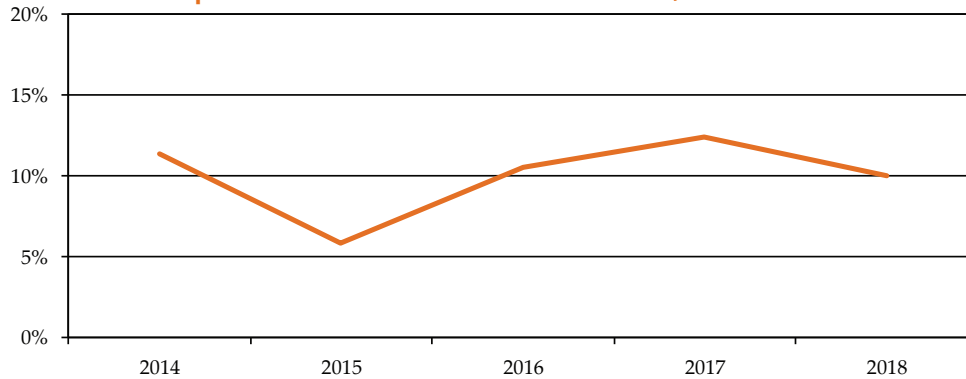


Data presented on this page are collected on the Social History Information form.



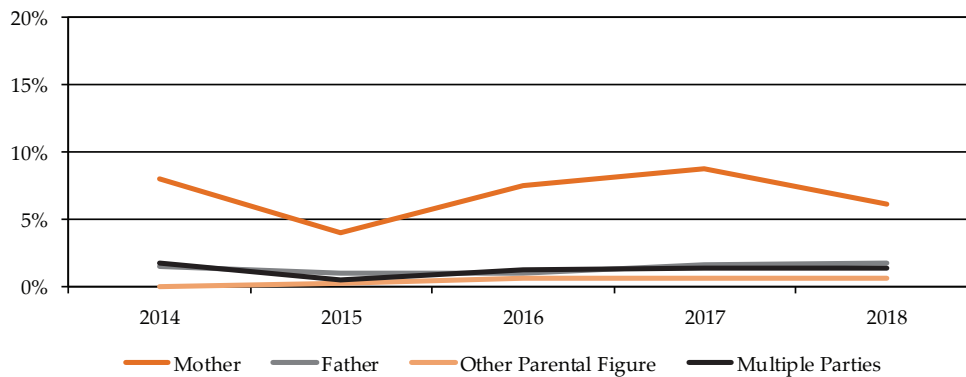
Parental Outpatient Mental Health Treatment

Parental Outpatient Mental Health Treatment, FY 2014-2018



- » Since FY 2014, an average of 10% of youth reported parents with a history of outpatient mental health treatment.
- » An average of 7% of youth reported their mother had undergone outpatient mental health treatment, making mothers the treated parent most often.

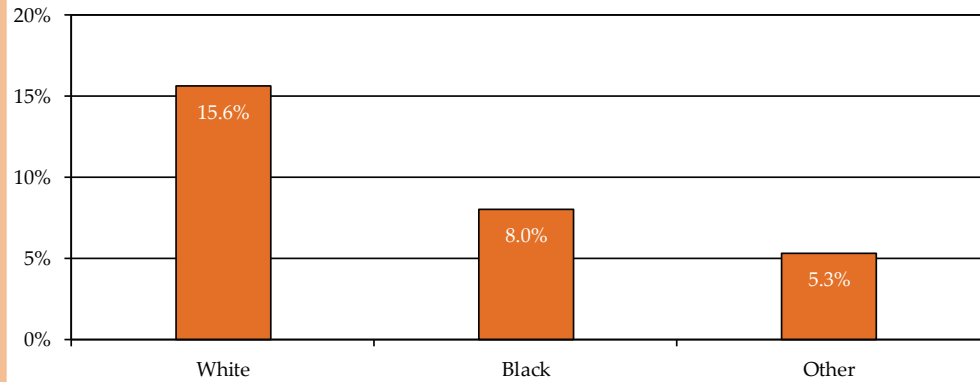
Parental Outpatient Mental Health Treatment by Party Involved, FY 2014-2018



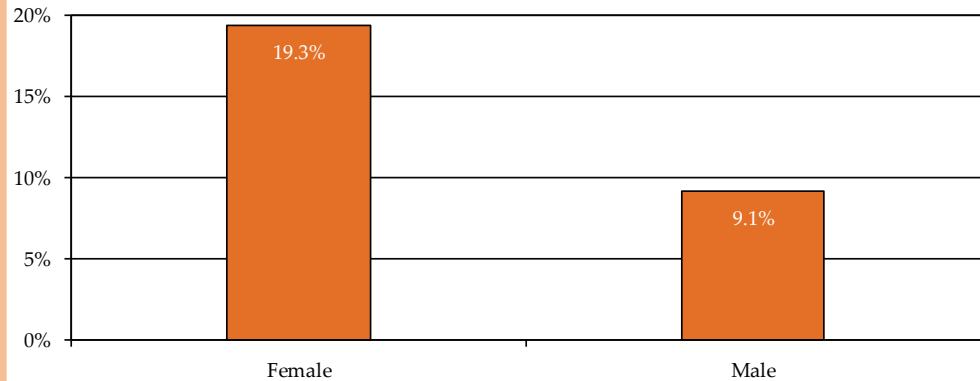
Parental Outpatient Mental Health Treatment, cont.

- » A higher percentage of White youth reported parents with a history of outpatient mental health treatment compared to Black youth and youth of other races.
- » A higher percentage of females reported parents with a history of outpatient mental health treatment compared to males.

Parental Outpatient Mental Health Treatment by Race, FY 2014-2018

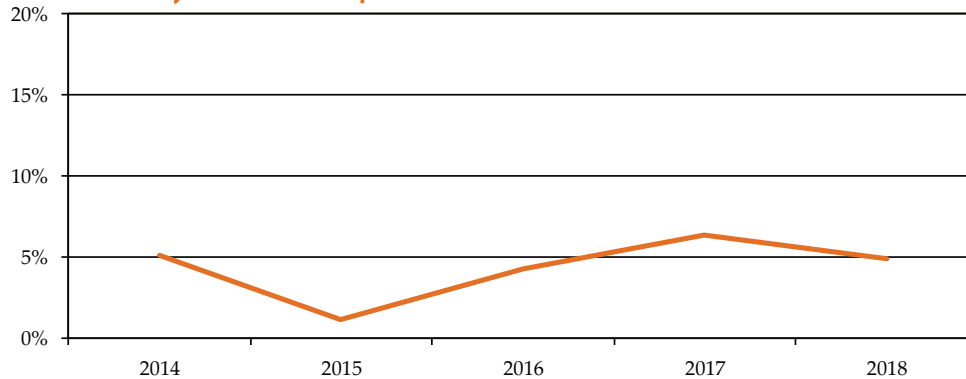


Parental Outpatient Mental Health Treatment by Sex, FY 2014-2018



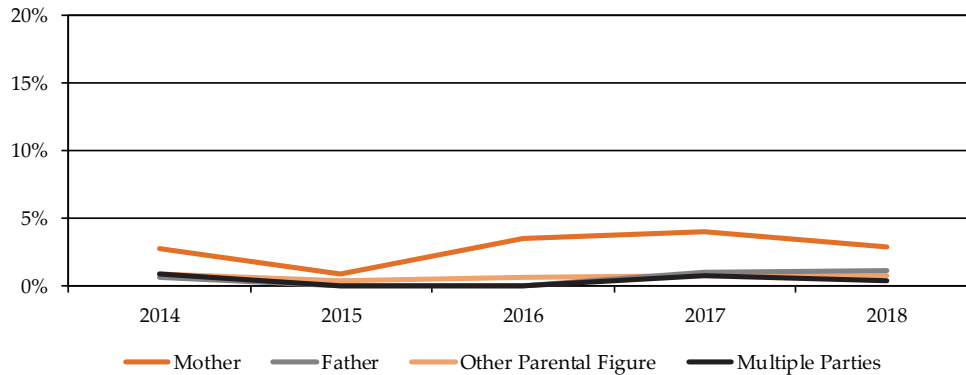
Parental Psychiatric Hospitalization

Parental Psychiatric Hospitalization, FY 2014-2018



- » Since FY 2014, an average of 4% of youth reported parents with a history of psychiatric hospitalization.
- » An average of 3% of youth reported their mother had a history of psychiatric hospitalization, making mothers the hospitalized parent most often.

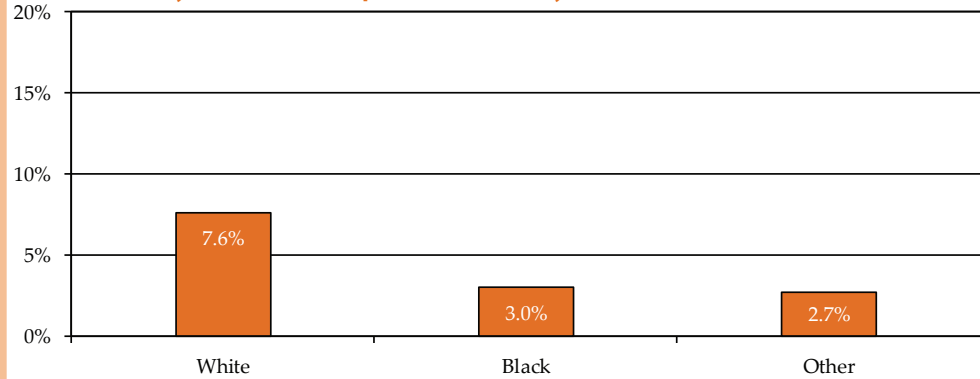
Parental Psychiatric Hospitalization by Party Involved, FY 2014-2018



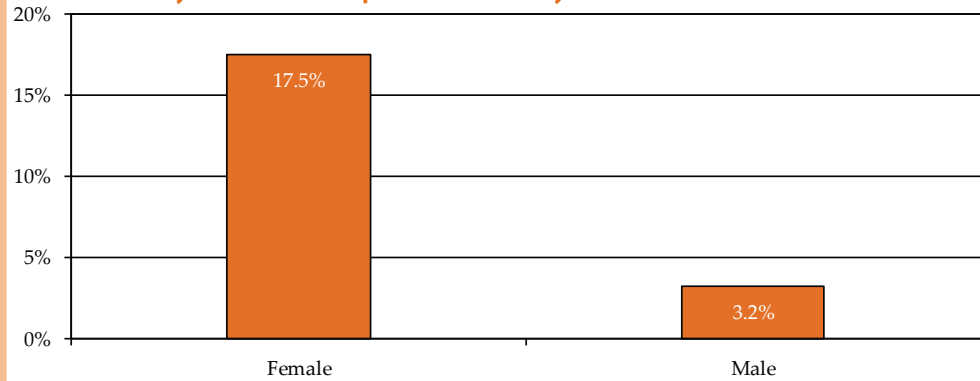
Parental Psychiatric Hospitalization, cont.

- » A higher percentage of White youth reported parents with a history of psychiatric hospitalization compared to Black youth and youth of other races.
- » A higher percentage of females reported parents with a history of psychiatric hospitalization compared to males.

Parental Psychiatric Hospitalization by Race, FY 2014-2018

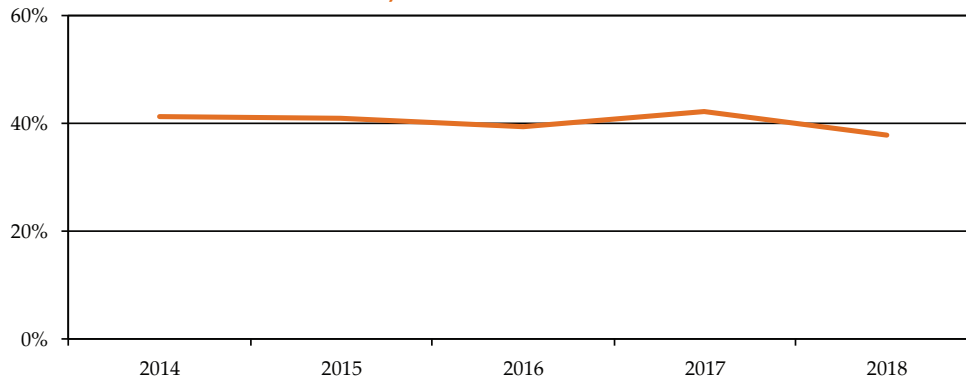


Parental Psychiatric Hospitalization by Sex, FY 2014-2018



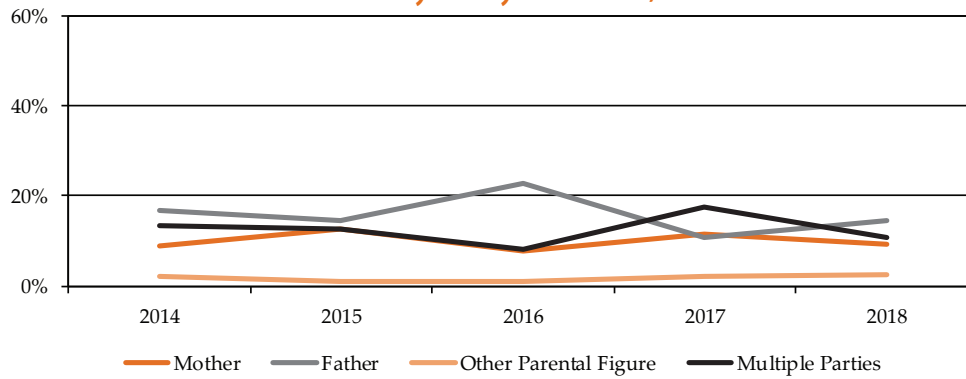
Parental Substance Abuse

Parental Substance Abuse, FY 2014-2018



- » Since FY 2014, an average of 40% of youth reported parental substance abuse.
- » An average of 16% of youth reported their father had a substance abuse problem, making fathers the parent who abused substances most often.

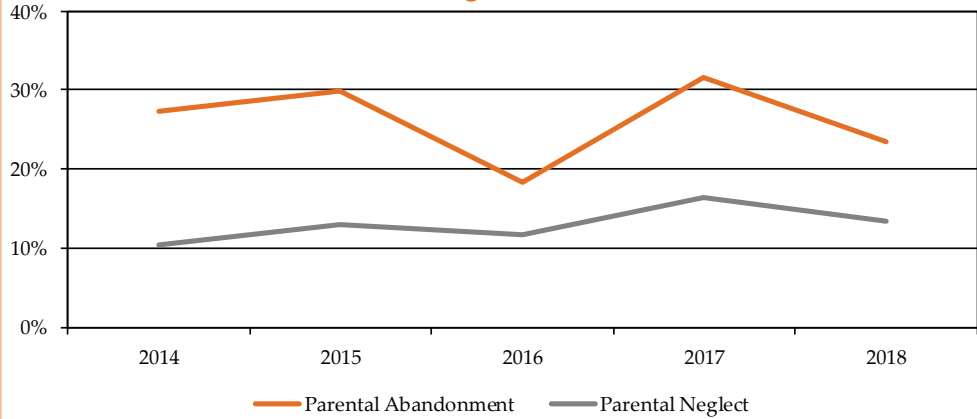
Parental Substance Abuse by Party Involved, FY 2014-2018



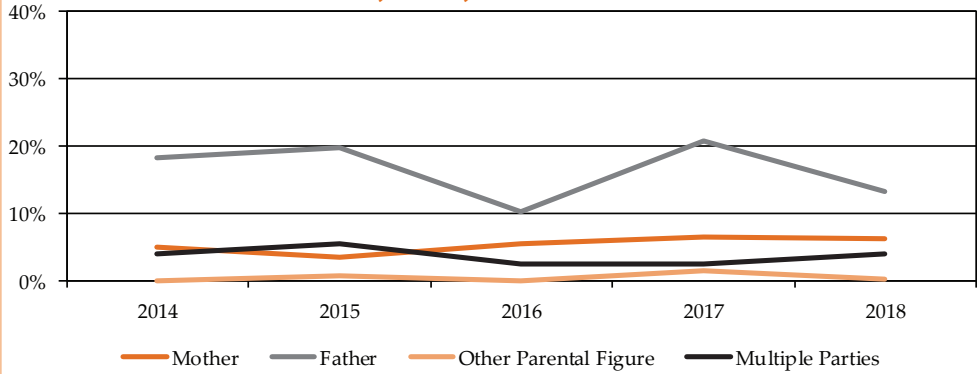
Parental Abandonment and Neglect

- » Since FY 2014, an average of 26% of youth reported parental abandonment, and 13% reported parental neglect.
- » An average of 16% of youth reported their father had abandoned them, making fathers the abandoning parent most often.
- » A higher percentage of youth from other races reported parental abandonment compared to White youth and Black youth.

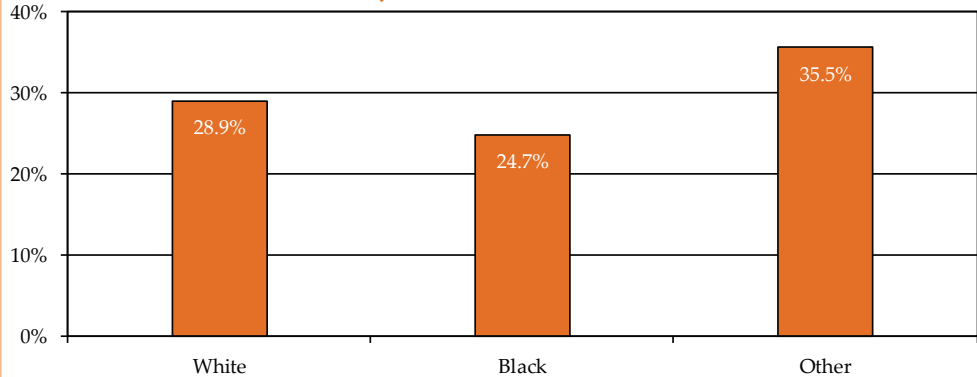
Parental Abandonment and Neglect, FY 2014-2018



Parental Abandonment by Party Involved, FY 2014-2018



Parental Abandonment by Race, FY 2014-2018

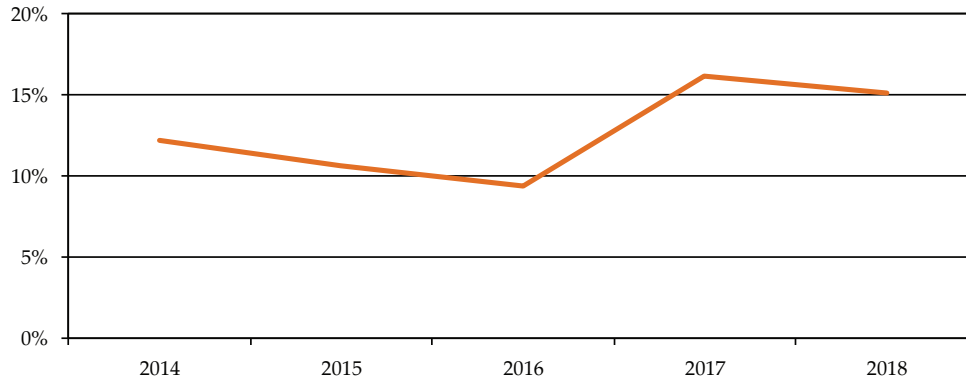


Data presented on this page are collected on the Social History Information form and YASI.



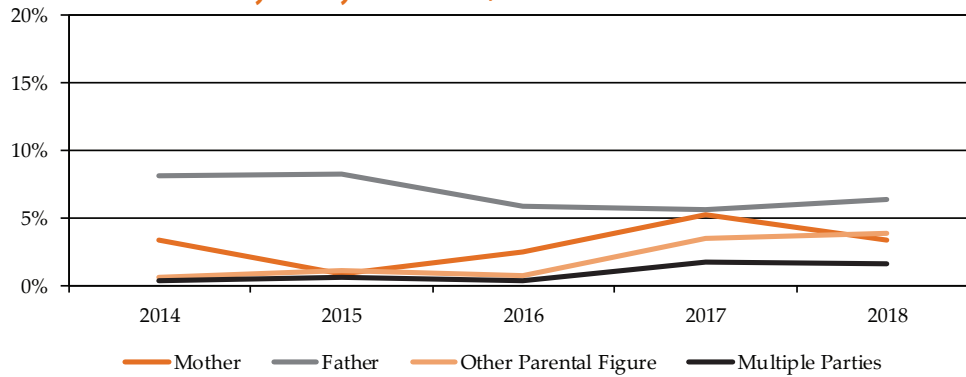
Parental Death

Parental Death, FY 2014-2018



- » Since FY 2014, an average of 13% of youth had a parent die prior to commitment.
- » An average of 7% of youth reported their father had died, making fathers the deceased parent most often.

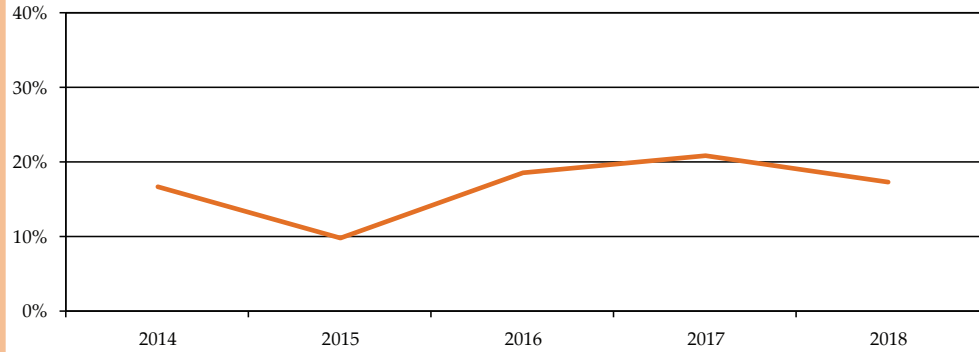
Parental Death by Party Involved, FY 2014-2018



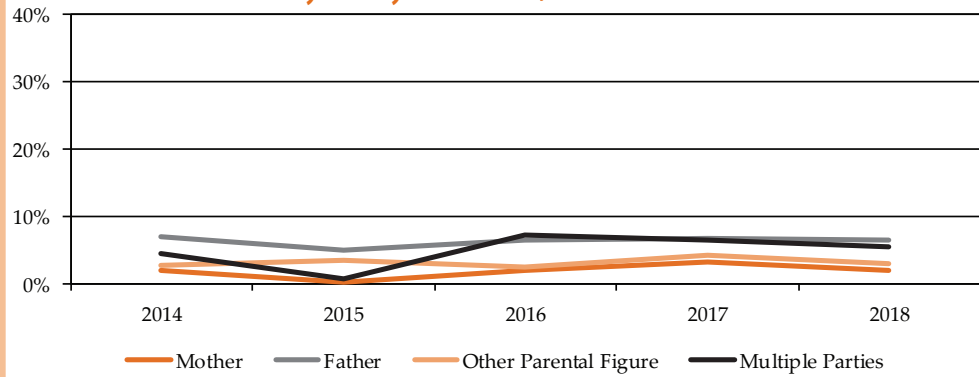
Domestic Violence

- » Since FY 2014, an average of 17% of youth experienced domestic violence.
- » An average of 6% of youth reported their father was the perpetrator of domestic violence, making fathers the most frequent perpetrator.

Domestic Violence, FY 2014-2018



Domestic Violence by Party Involved, FY 2014-2018

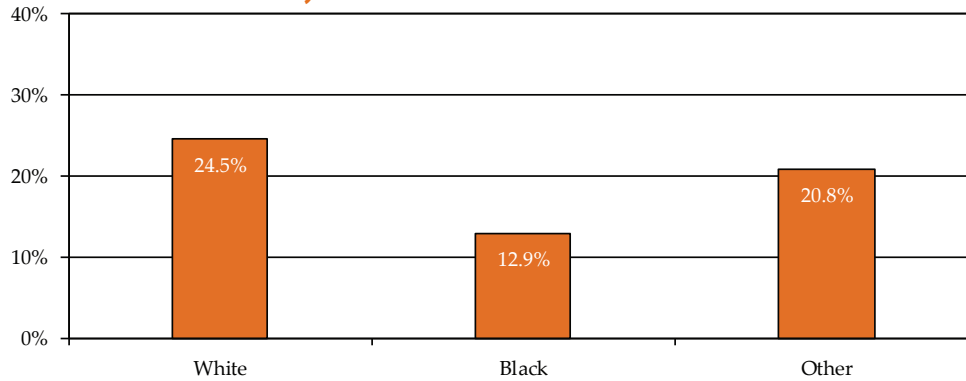


Data presented on this page are collected on the Social History Information form.



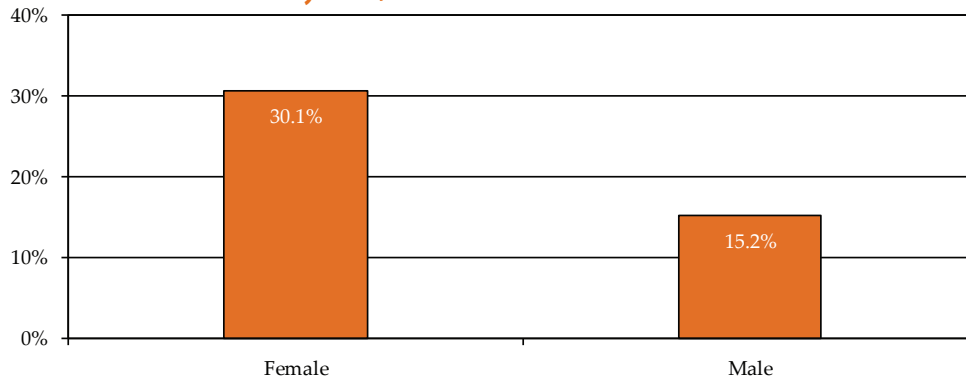
Domestic Violence, cont.

Domestic Violence by Race, FY 2014-2018



- » A lower percentage of Black youth experienced domestic violence compared to White youth and youth of other races.
- » A higher percentage of females experienced domestic violence compared to males.

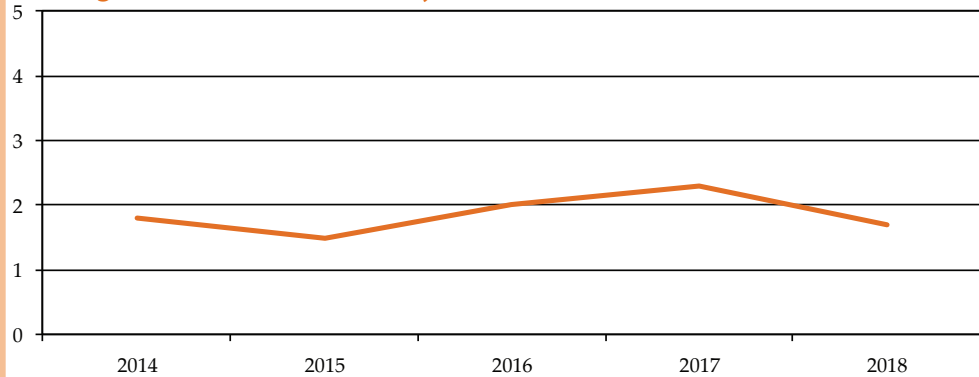
Domestic Violence by Sex, FY 2014-2018



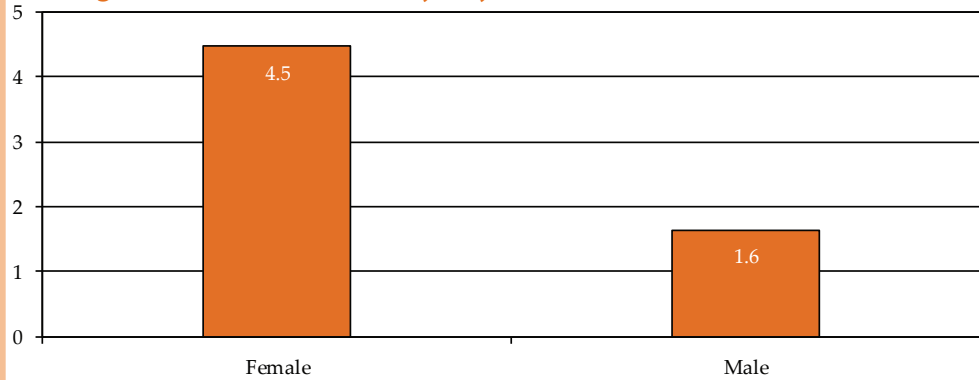
Runaways

- » Since FY 2014, youth had previously run away an average of 1.9 times.
- » Females had a higher average number of runaways compared to males.

Average Number of Runaways, FY 2014-2018



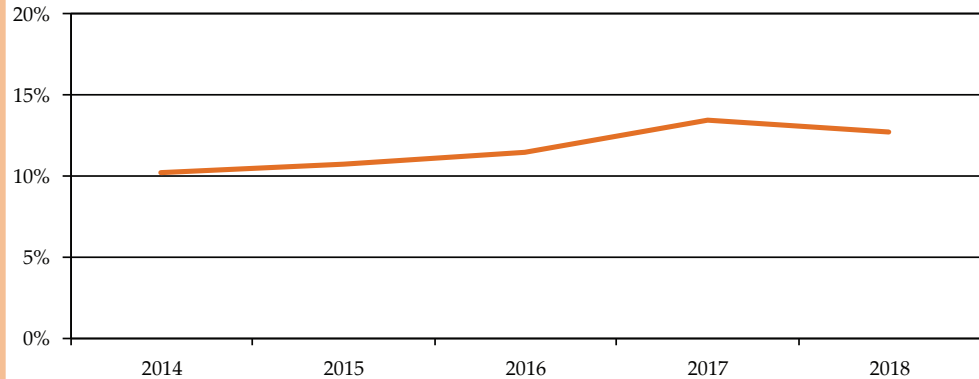
Average Number of Runaways by Sex, FY 2014-2018



Kicked Out of Home

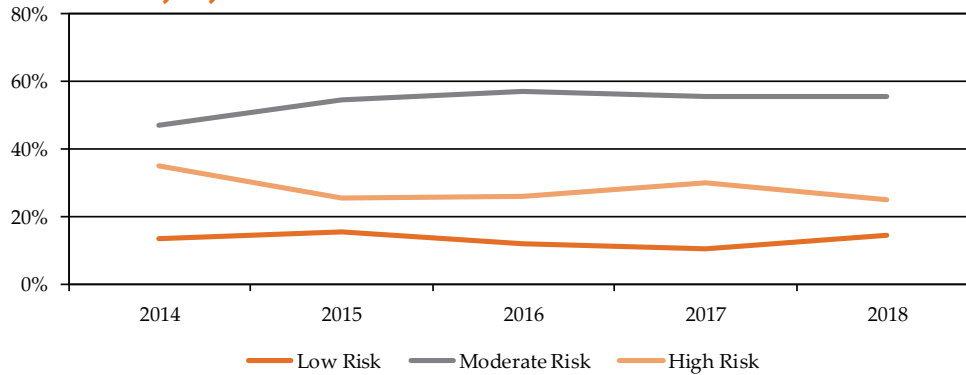
- » Since FY 2014, an average of 12% of youth reported being kicked out of home.

Kicked Out of Home, FY 2014-2018



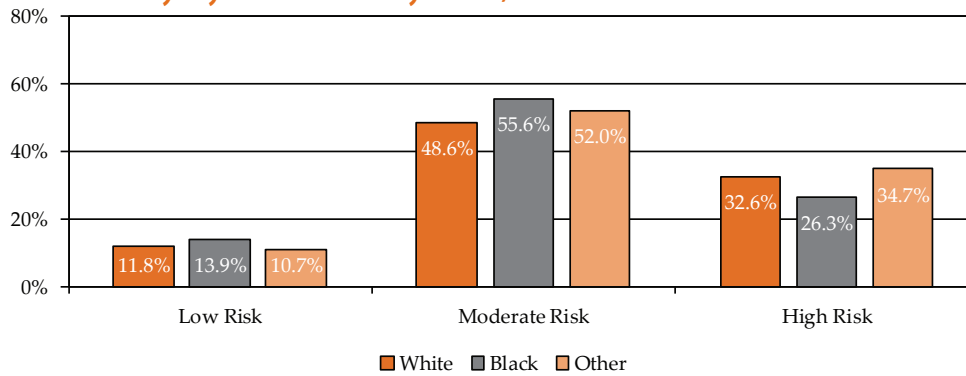
Family Risk (from YASI)

YASI Family Dynamic Risk, FY 2014-2018

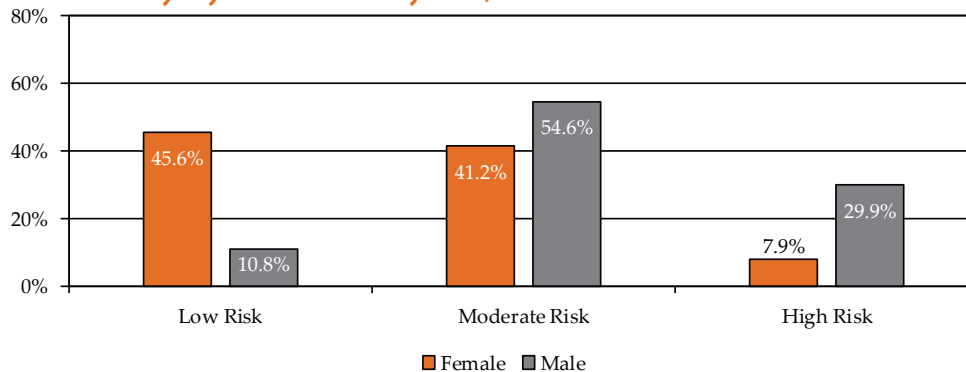


- » Since FY 2014, an average of 54% of youth were classified as moderate risk in the Family dynamic risk domain.
- » A lower percentage of Black youth were high risk compared to White youth and youth of other races.
- » A lower percentage of females were moderate or high risk compared to males.

YASI Family Dynamic Risk by Race, FY 2014-2018



YASI Family Dynamic Risk By Sex, FY 2014-2018





The photographs throughout this report are the original creations of Bon Air JCC students in the *Introduction to Photography* and *Advanced Photography* courses.

3 Community & Peers

The Community & Peers section includes information from the Employment and Free Time and Community and Peers YASI domains. The section discusses topics such as employment history, structured and unstructured recreational activities, gang and delinquent peer associations, and positive adult relationships in the community. The information is collected primarily during interviews with youth during their YASI assessment.

Employment and Delinquency

The relationship between employment, free time, and delinquency has been a topic of interest for many researchers. While anecdotal evidence suggests employment should reduce the opportunities for youth to engage in delinquent behavior, some research does not support this position. For example, studies have found that youth employed for more than 20 hours per week were more involved in delinquency than those who worked less or not at all (Bachman et al., 2008; Mortimer, 2003; Staff & Uggen, 2003). A potential explanation is that youth who work have more financial resources and autonomy to engage in unsupervised leisure activities (Osgood, Wilson, O'Malley, Bachman, & Johnston, 1996; Osgood, 1999). Without parental supervision, it is more likely that these youth will participate in delinquent behaviors with their peers (Osgood et al., 1996). However, employment status is often considered in a youth's risk profile and is included in YASI.

Peers and Delinquency

Youth's community and peer associations in early life can greatly influence their behavior. One study found that communities with weak structural organization can indirectly lead to delinquency through inconsistent parenting behavior and delinquent peer influence (Chung & Steinberg, 2006). Another study found delinquent peers were a consistent risk factor for youth violence and aggression (Ferguson, Miguel, & Hartley, 2009). Many youth with unstructured leisure time, limited positive interests, and lack of connection or accountability to the communities in which they live tend to associate with delinquent peers and engage in negative activities. On some occasions, association with delinquent peers can

contribute to youth's participation in criminal or violent activities as well as gang involvement.

Gang Involvement

There is a strong association between gang involvement and delinquency. A 2004 study reported by the United States Office of Juvenile Justice and Delinquency Prevention (OJJDP) of adolescent boys in Rochester, New York, attributed this link to two factors. First, gangs attract individuals who exhibit anti-social behavior and are more likely to perform delinquent acts; second, the gang facilitates its members' involvement in delinquent acts. The study found that boys had higher rates of violent offenses, drug sales, and illegal gun ownership during the years they were involved with gangs compared to years before or after they were involved. The study also found that gang members were more likely to drop out of school, become parents in their teenage years, and have unstable employment (Thornberry, Krohn, Lizotte, & Smith, 2003). In addition to negatively influencing youth's participation in delinquent activity, gang involvement can exacerbate risk factors that contribute to future criminality in adulthood. Another study found that gang involvement during adolescence had direct and indirect impacts such as economic hardships, family issues, recidivism, and rearrests (Krohn, Ward, Thornberry, Lizotte, & Chu, 2011).

Risk-Needs-Responsivity Model

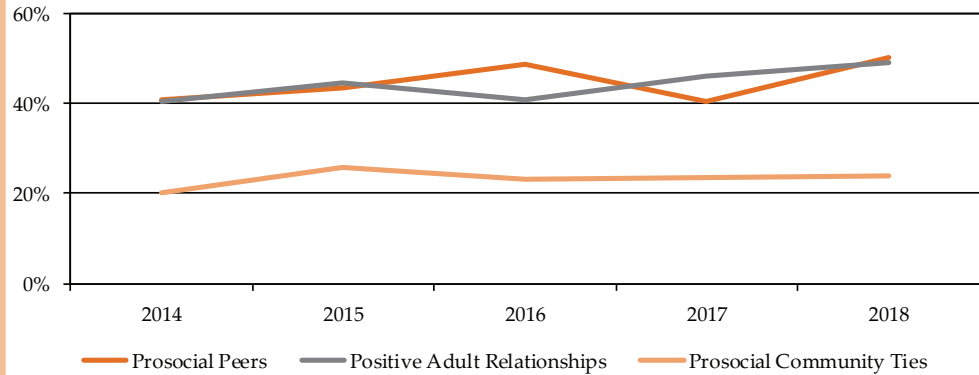
DJJ understands the need to address risk factors through individualized case planning and to direct resources toward youth at the highest risk of future delinquent behaviors. Successful outcomes require services that are individualized to the strengths and needs of youth, so case planning throughout DJJ is based on risk, criminogenic needs, and protective factors as determined by scores on YASI. Utilizing a standardized assessment, such as YASI, provides objective information that helps facilitate individual treatment needs for youth (OJJDP, 2015). YASI has a Community and Peers component, which covers such topics as peer influence and positive adult relationships.



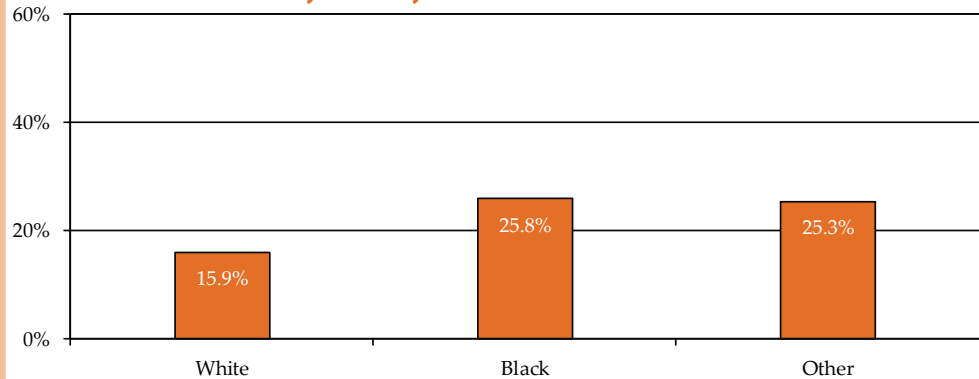
Prosocial Influences

- » The percentage of youth with prosocial peers increased from 41% in FY 2014 to 50% in FY 2018.
- » Since FY 2014, an average of 44% of youth had at least one positive adult relationship, and 23% had prosocial community ties.
- » A lower percentage of White youth had prosocial community ties compared to Black youth and youth of other races.

Prosocial Influences, FY 2014-2018



Prosocial Community Ties by Race, FY 2014-2018

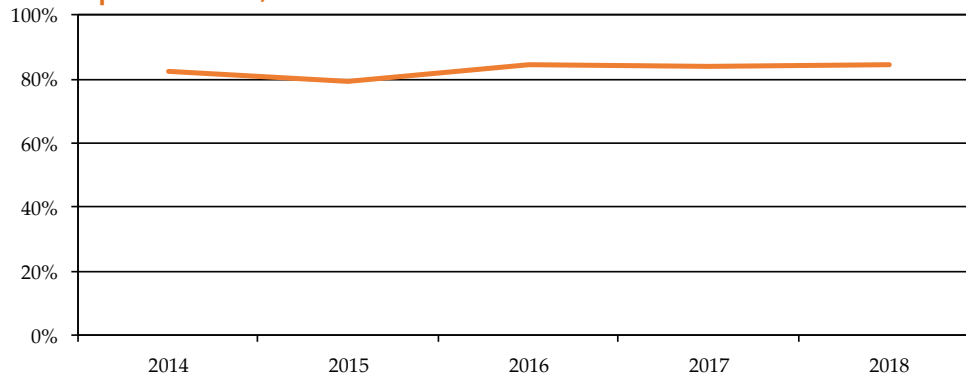


Positive adult relationships refer to adults who provide support and model prosocial behavior, such as religious leaders, community members, mentors, or previous employers. Prosocial community ties refer to youth being involved in community organizations that provide explicit opportunities for learning prosocial behavior and attitudes (e.g., church, community service clubs, and volunteer activities).



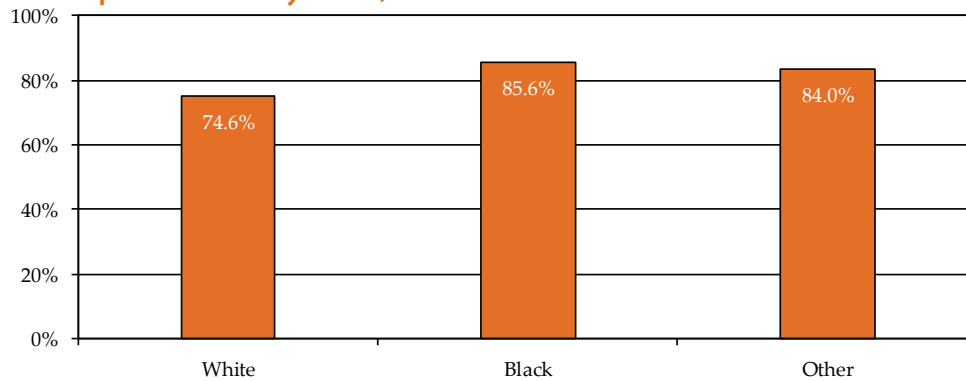
Delinquent Peers

Delinquent Peers, FY 2014-2018

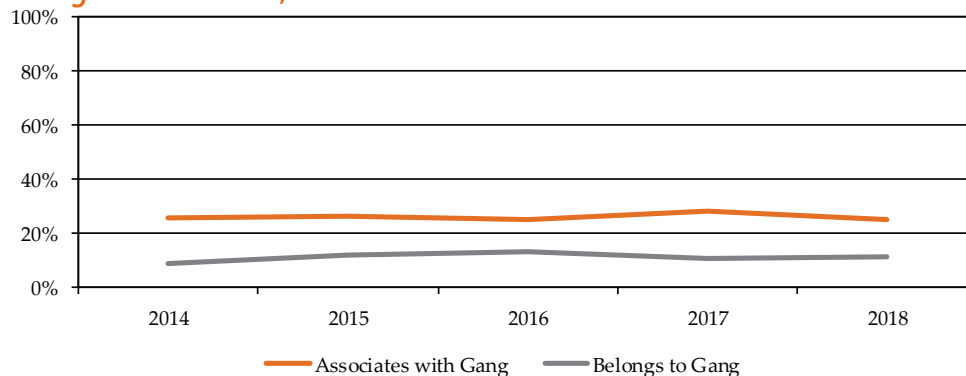


- » Since FY 2014, an average of 83% of youth associated with peers who had a negative or delinquent influence.
- » A lower percentage of White youth had delinquent peers compared to Black youth and youth of other races.

Delinquent Peers by Race, FY 2014-2018



Gang Involvement, FY 2014-2018



Gang Involvement

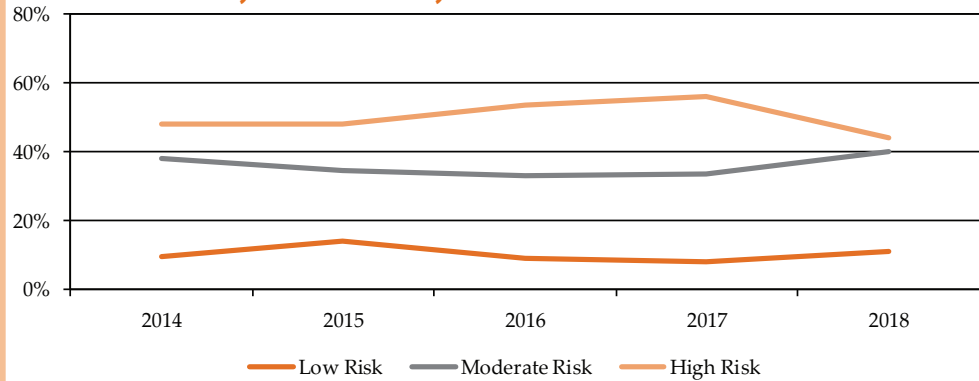
- » Since FY 2014, an average of 12% of youth belonged to a gang, and 26% associated with gang members.



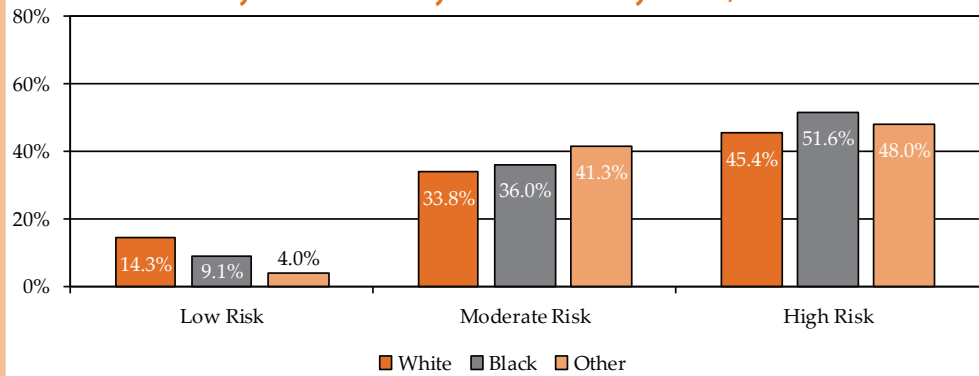
Community and Peers Risk (from YASI)

- » Since FY 2014, an average of 50% of youth were classified as high risk in the Community and Peers dynamic risk domain.
- » A lower percentage of White youth were high risk compared to Black youth and youth of other races.
- » A higher percentage of females were low or moderate risk compared to males.

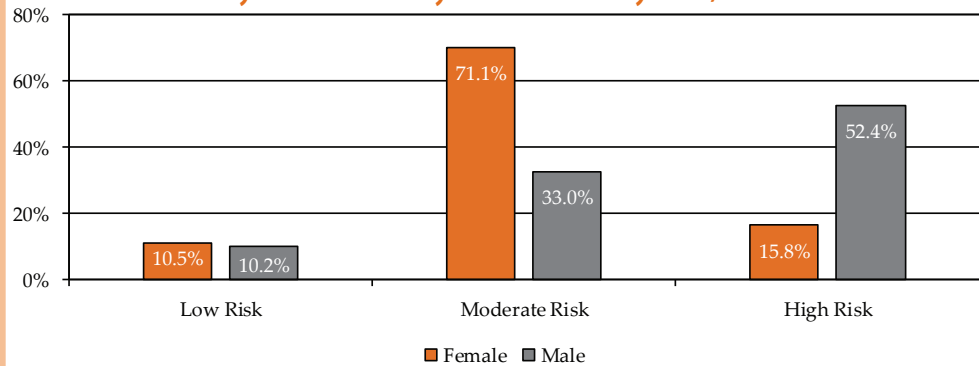
YASI Community and Peers Dynamic Risk, FY 2014-2018



YASI Community and Peers Dynamic Risk by Race, FY 2014-2018



YASI Community and Peers Dynamic Risk by Sex, FY 2014-2018

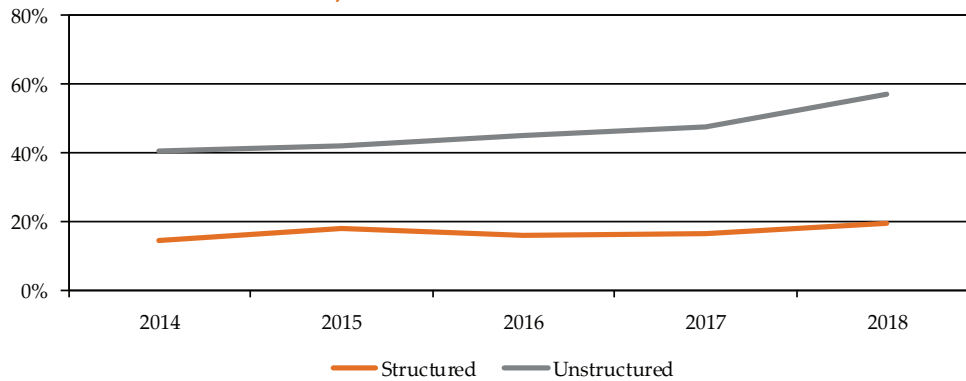


Data presented on this page are collected with YASI.



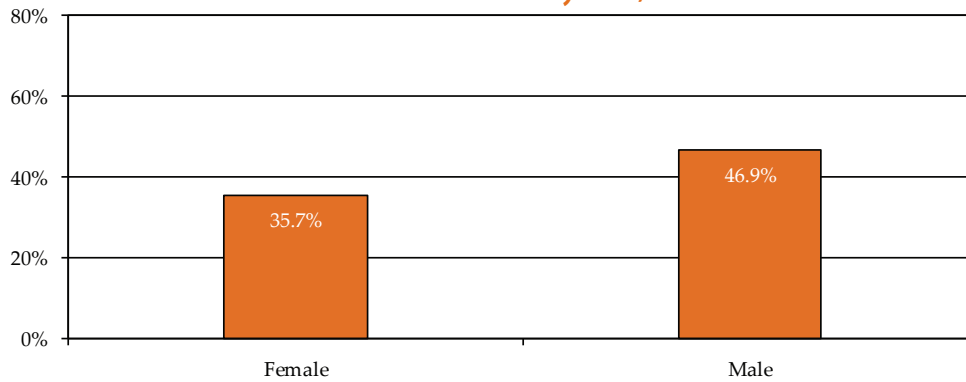
Recreational Activities

Recreational Activities, FY 2014-2018



- » Since FY 2014, an average of 17% of youth were involved in at least one structured recreational activity.
- » The percentage of youth who were involved in at least one unstructured recreational activity increased from 41% in FY 2014 to 57% in FY 2018.
- » A higher percentage of males reported being involved in at least one unstructured recreational activity compared to females.

Unstructured Recreational Activities by Sex, FY 2014-2018



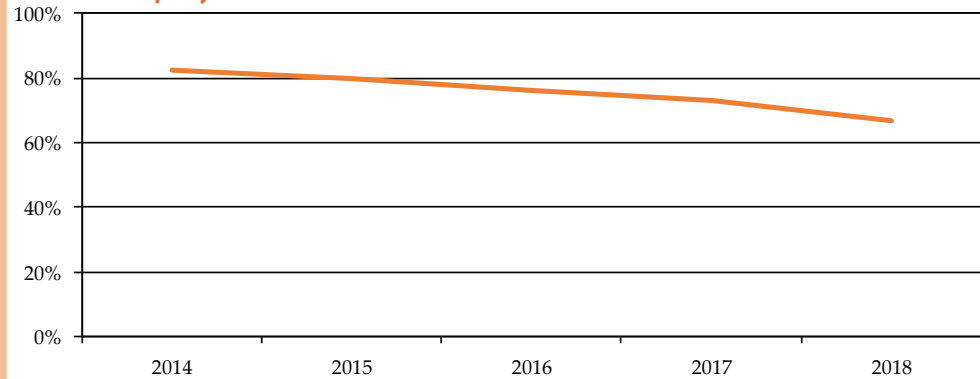
Structured recreational activities consist of supervised prosocial community activities such as church, clubs, and athletics. Unstructured recreational activities refer to positively influencing independent activities such as reading, art, and other hobbies.



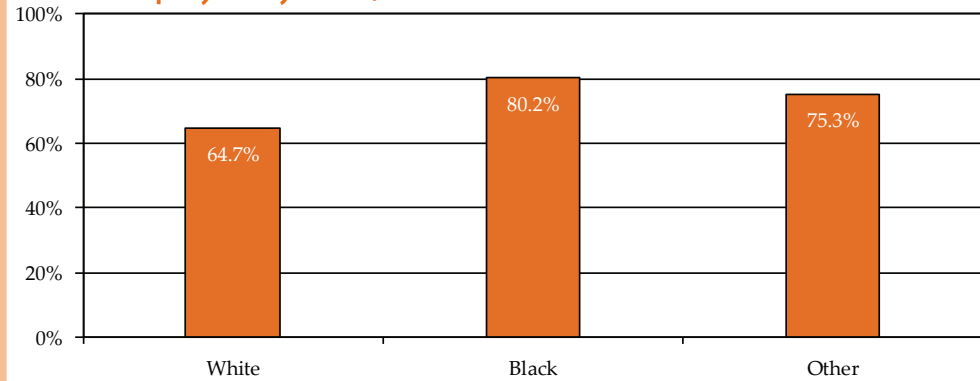
Employment

- » The percentage of youth who reported never being employed decreased from 82% in FY 2014 to 67% in FY 2018.
- » A lower percentage of White youth reported never being employed compared to Black youth and youth of other races.

Never Employed, FY 2014-2018

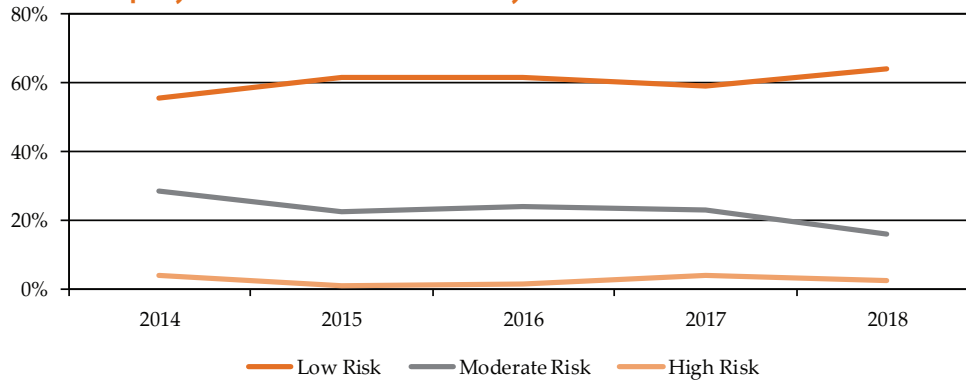


Never Employed by Race, FY 2014-2018



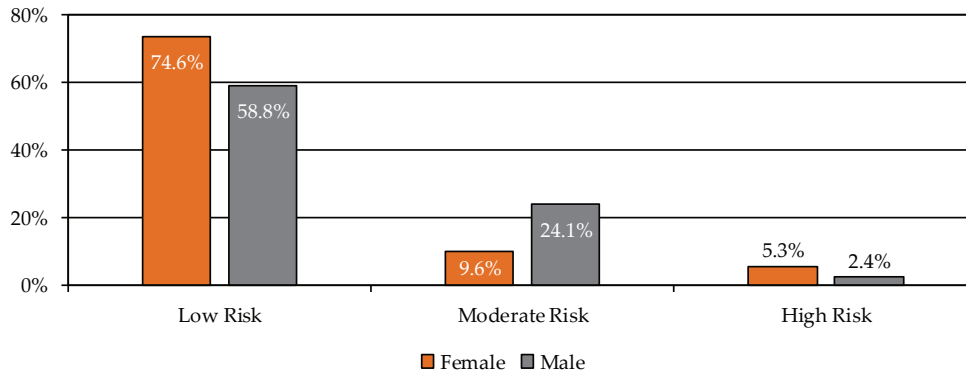
Employment and Free Time Risk (from YASI)

YASI Employment and Free Time Dynamic Risk, FY 2014-2018



- » Since FY 2014, an average of 60% of youth were classified as low risk in the Employment and Free Time dynamic risk domain.
- » A higher percentage of females were low or high risk compared to males.

YASI Employment and Free Time Dynamic Risk by Sex, FY 2014-2018





The photographs throughout this report are the original creations of Bon Air JCC students in the *Introduction to Photography* and *Advanced Photography* courses.

4 Education

The Education section includes information from the *School* domain of YASI and the Educational Information form (Appendix C). This section discusses youth's school problem history, last grade completed, and educational needs. Objective measures are either assessed upon admission or collected from existing school records. Subjective measures are either self-reported by the youth or determined by staff conducting educational assessments.

Education and Delinquency

Several studies have examined the relationship between education and delinquency. For example, youth who struggle academically and have a low commitment to school are more likely to engage in delinquent behavior (Borowski, Ireland, & Resnick, 2002; Lochner & Moretti, 2004; Wasserman et al., 2003). Also, youth who come into contact with the juvenile justice system tend to perform below grade level on standardized tests and to have been suspended or expelled before they entered custody (Foley, 2001; Sedlak & McPherson, 2010).

An important factor in this relationship is the “school-to-prison pipeline,” a series of policies and practices which funnel students into the juvenile and criminal justice systems (Wald & Losen, 2003). The pipeline primarily operates through “zero tolerance” policies which result in exclusionary discipline practices such as suspension, expulsion, and disciplinary transfer (Skiba, 2014). Findings from numerous studies demonstrate the negative implications of the pipeline. For example, youth who are transferred to disciplinary alternative schools experience increased police surveillance on or around school property (Reck, 2015; Rios, 2011). In addition, research suggests that suspension is associated with subsequent arrests and system involvement (Cuellar & Markowitz, 2015; Mowen & Brent, 2016). The pipeline disproportionately affects youth of color, those with disabilities, and youth from low-income communities (Skiba, Michael, Nardo, & Peterson, 2002; Wald & Losen, 2003).

Educational Programming in the Juvenile Justice System Nationwide

In 2016, OJJDP conducted the biennial Juvenile Residential Facility Census, which collects data on the programming and populations of all juvenile residential facilities in the country. The types of educational services, screening for grade and academic need, student participation, quality of education services, and student academic and vocational outcomes varied across facilities. Almost all facilities (88%) reported that some of the youth attended school whether inside or outside of the facility (Hockenberry & Sladky, 2018). In addition, 88% of facilities administered and reported educational screening information. Of these facilities, 92% used previous academic records, 63% used written intake tests, and 60% conducted interviews upon admission by an education specialist. Also, 87% of facilities provided high school education, and 80% provided middle school education. In those facilities, 76% offered special education services, and 67% offered GED® preparation. Additionally, 36% of facilities provided vocational or technical education, and 33% provided post-secondary education. Lastly, 88% of facilities provided educational status information to new school placements for youth being released from the facility.

Educational Services at DJJ

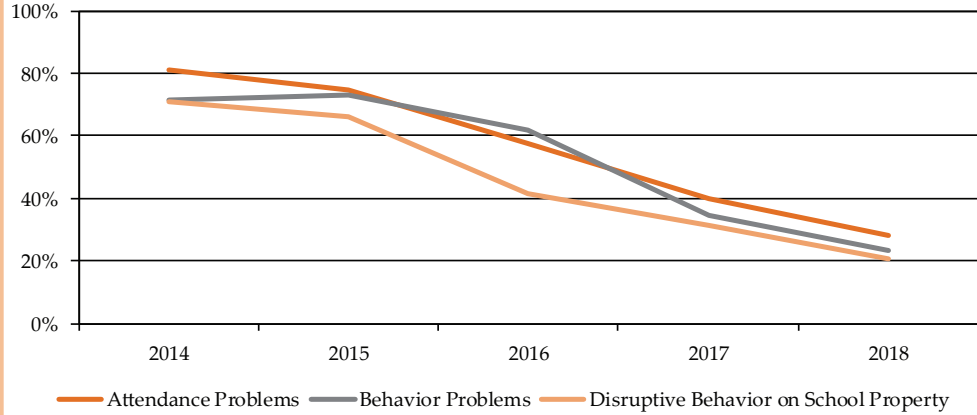
Youth are admitted to direct care at various points in their academic career, with some deficient in one or more educational areas at the time of admission. All youth who have not earned a high school diploma or high school equivalency credential are evaluated and placed into an appropriate educational program. These youth may also enroll in classes that will prepare them to participate in high school equivalency testing or work toward the Penn Foster diploma. DJJ also provides post-secondary career and college readiness programs for youth. Post-secondary courses are geared toward the attainment of industry certifications, credentials, or college course completion.



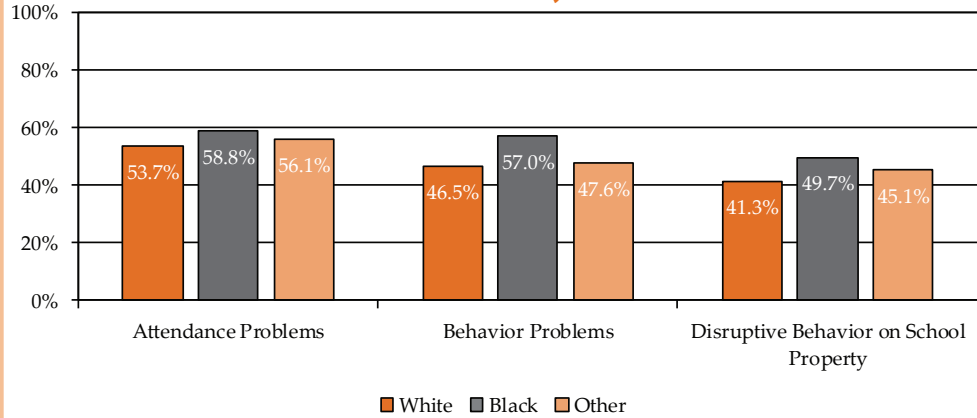
School Problem History

- » From FY 2014 to FY 2018, the percentage of youth with attendance problems prior to commitment decreased from 81% to 28%, the percentage with behavior problems decreased from 72% to 23%, and the percentage who engaged in disruptive behavior on school property decreased from 71% to 21%.
- » A lower percentage of White youth had attendance problems, behavior problems, or engaged in disruptive behavior on school property compared to Black youth and youth of other races.

Attendance and Behavior Problems, FY 2014-2018



Attendance and Behavior Problems by Race, FY 2014-2018



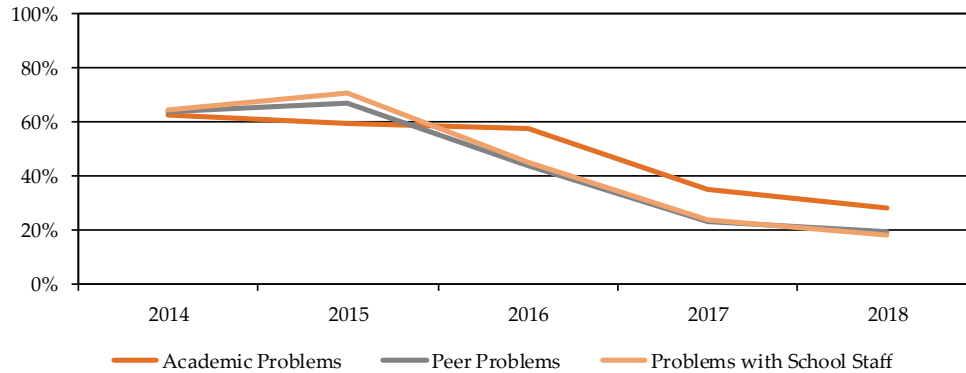
Only those school problems considered "Moderate" or "Severe" were included in these analyses.

Data presented on this page are collected on the Educational Information form. Percentages are based on youth with responses to these items; 11-12% had missing data.



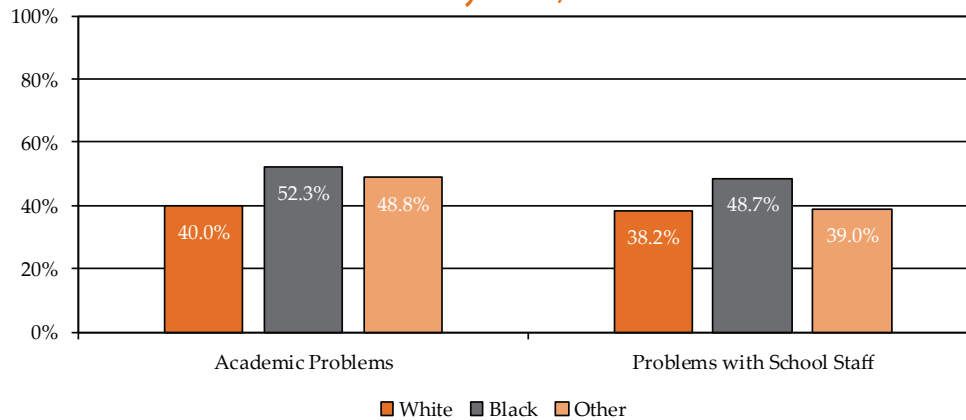
School Problem History, cont.

Academic, Peer, and Staff Problems, FY 2014-2018



- » From FY 2014 to FY 2018, the percentage of youth with academic problems prior to commitment decreased from 62% to 28%, the percentage with peer problems decreased from 64% to 19%, and the percentage who had problems with school staff decreased from 64% to 18%.
- » A higher percentage of Black youth had academic problems or problems with school staff compared to White youth and youth of other races.

Academic and Staff Problems by Race, FY 2014-2018



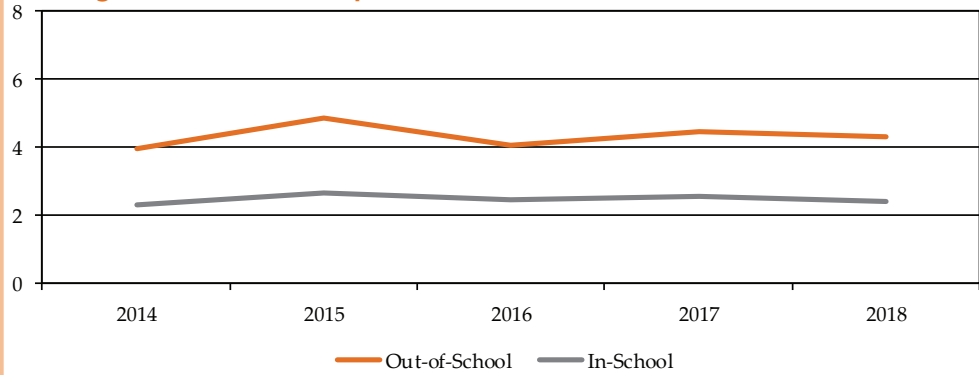
Only those school problems considered "Moderate" or "Severe" were included in these analyses.



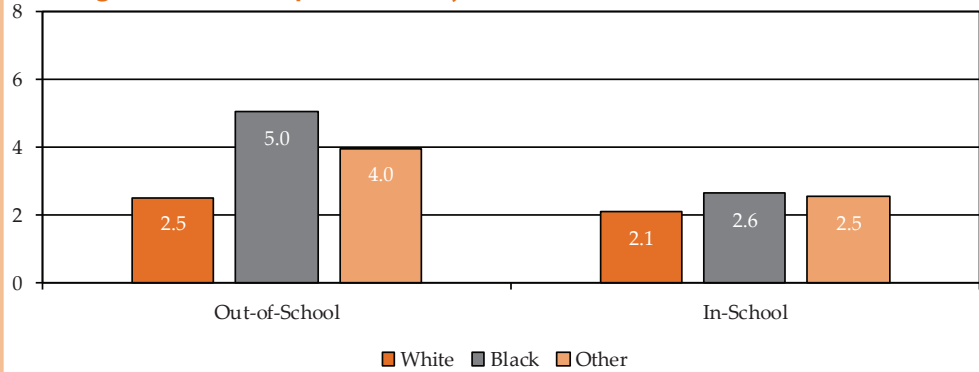
School Suspension History

- » Since FY 2014, youth had an average of 4.3 out-of-school suspensions and 2.5 in-school suspensions prior to commitment.
- » White youth had a lower average number of suspensions compared to Black youth and youth of other races.

Average Number of Suspensions, FY 2014-2018



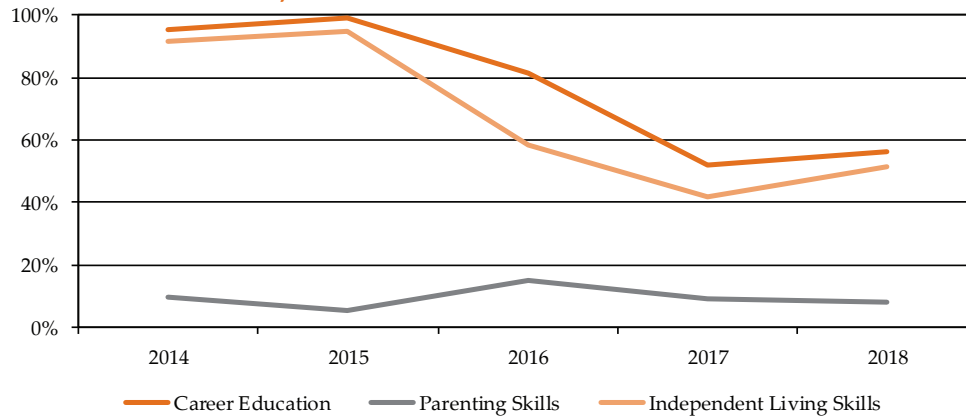
Average School Suspensions by Race, FY 2014-2018



Data presented on this page are collected with YASI. Averages are based on youth with responses to these items; 12% had missing data.

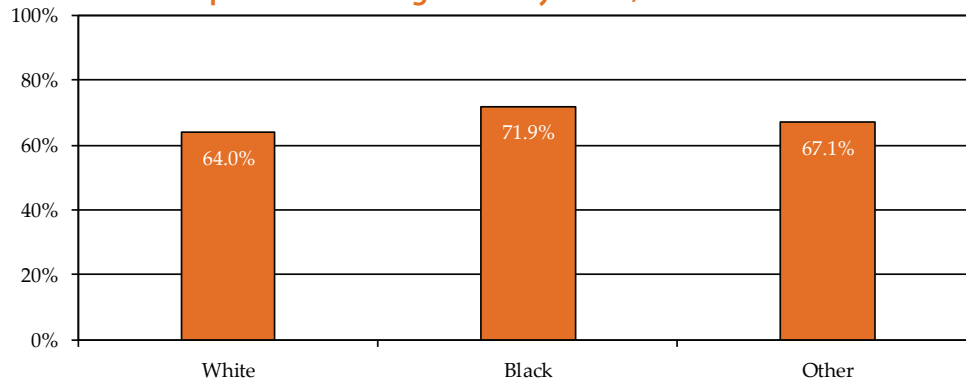
Educational Needs

Educational Needs, FY 2014-2018

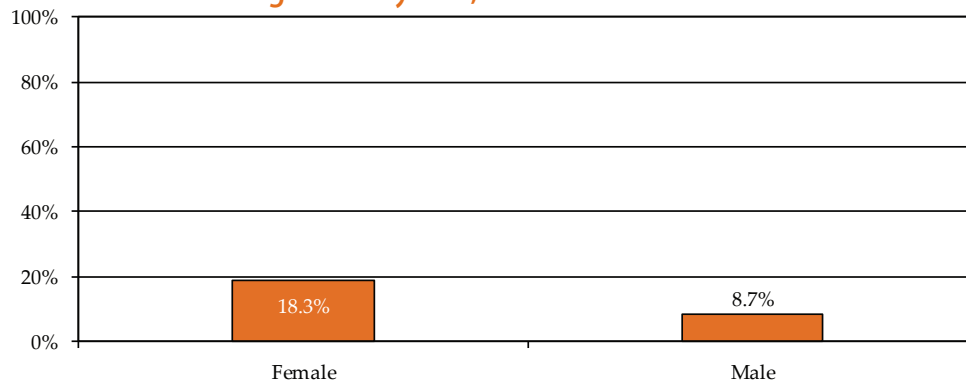


- » From FY 2014 to FY 2018, the percentage of youth needing employability/career education decreased from 95% to 59% while the percentage needing independent living skills declined from 92% to 55%.
- » An average of 10% of youth needed parenting skills.
- » A higher percentage of Black youth needed independent living skills compared to White youth and youth of other races.
- » A higher percentage of females needed parenting skills compared to males.

Need for Independent Living Skills by Race, FY 2014-2018



Need for Parenting Skills by Sex, FY 2014-2018



Data presented on this page are collected on the Educational Information form. Percentages are based on youth with responses to these items; 12% had missing data.

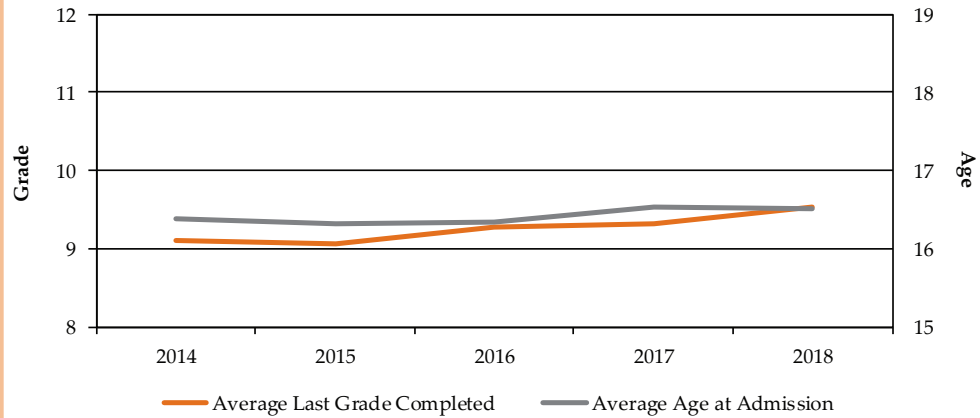


Last Grade Completed

- » The 5-year trending graph shows the average last grade completed by youth before admission along with the average age at admission. The scale for grade level is on the left, and the scale for age is on the right. The appropriate grade is aligned with the appropriate age (e.g., nationally most 16 year olds who had not been retained in any grade have completed at least 9th grade). Youth with diplomas or GEDs® were included as completing grade 12. Youth in ungraded or alternative programs or with unknown grades were excluded.
- » Since FY 2014, the average last grade completed was 9.2, and the average age of youth at admission was 16.4.

Youth are admitted at various points in their academic careers. DJJ provides educational services appropriate for each individual, including middle school, high school, and post-secondary programs.

Average Last Grade Completed and Average Age at Admission, FY 2014-2018



Last Grade Completed by Age at Admission, FY 2014-2018*

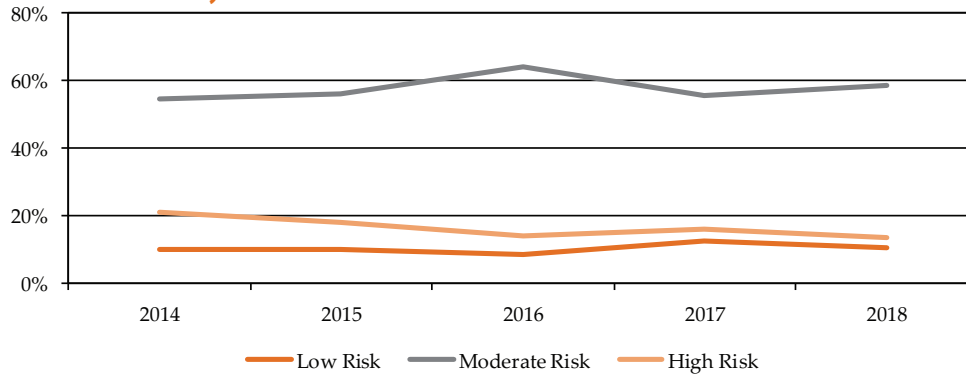
Age	Grade					
	≤7th	8th	9th	10th	11th	12th
13	12	1	0	0	0	0
14	44	33	7	0	0	0
15	23	104	54	10	1	1
16	9	128	160	68	9	12
17	7	105	165	146	72	78
18	1	25	29	24	45	52
19	0	0	1	2	2	9

* Ages 12 and 20 were excluded due to low counts. Youth in ungraded or alternative programs or with missing data were also excluded.



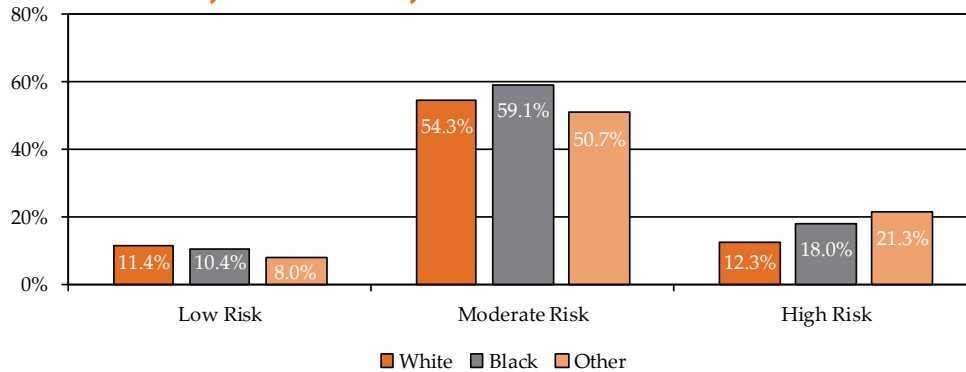
School Risk (from YASI)

YASI School Dynamic Risk, FY 2014-2018

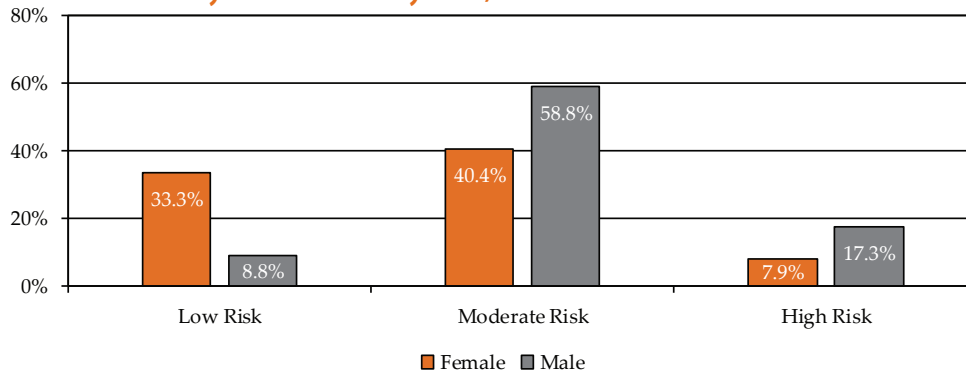


- » Since FY 2014, an average of 58% of youth were classified as moderate risk in the School dynamic risk domain.
- » A lower percentage of White youth were high risk compared to Black youth and youth of other races.
- » A lower percentage of females were moderate or high risk compared to males.

YASI School Dynamic Risk by Race, FY 2014-2018



YASI School Dynamic Risk by Sex, FY 2014-2018





The photographs throughout this report are the original creations of Bon Air JCC students in the *Introduction to Photography* and *Advanced Photography* courses.

5 Mental & Physical Health

The Mental & Physical Health section includes information from the *Mental Health* domain of YASI, the Social History Information (Appendix A), Psychological Information (Appendix B), Medical History (Appendix D), and Physical Examination (Appendix E) forms. Topics include abuse and victimization, mental health disorders, and results from medical and physical examinations.

Mental Health and Delinquency

Youth with mental health disorders are overrepresented within the juvenile justice system (Meservey & Skowrya, 2015; Shufelt & Coccozza, 2006; Teplin et al., 2015). For example, about two-thirds of youth in custody have at least one diagnosable mental health disorder, compared to 9 to 22% of youth in the general population (Schubert & Mulvey, 2014; Schubert, Mulvey, & Glasheen, 2011). The mental health needs of these youth have often gone unrecognized and untreated due to inadequate screenings and assessments before admission (Annie E. Casey Foundation, 2013a). Mental health disorders that are frequently seen in the juvenile justice system include intellectual disability (ID), anxiety, mood, and substance disorders (Council of Juvenile Correctional Administrators, 2014).

Trauma and Mental Health

Research suggests that exposure to traumatic life events is a common feature of childhood and adolescence (Fairbank, 2008). These types of events include physical and sexual abuse, child neglect, and witnessing violence in one's home or community (Briggs et al., 2012). While most youth exposed to traumatic events do not develop significant behavioral issues, some experience negative outcomes such as physical health problems, risky sexual behaviors, low academic achievement, mental health and substance disorders, and delinquency (Brown, Henggeler, Brondino, & Pickrel, 1999; Finkelhor, Turner, Ormrod, & Hamby, 2009; Irish, Kobayashi, & Delhanty, 2010; Lansford et al., 2002; Smith, Leve, & Chamberlain, 2006).

Sprague (2008) notes that the majority of youth involved with the juvenile justice system have experienced trau-

matic events. However, a key distinction between youth in the juvenile justice system and their peers is that system-involved youth have often experienced "poly-victimization," or exposure to multiple types of traumatic events (Abram et al., 2013; Finkelhor, Ormrod, & Turner, 2007; Ford, Elhai, Connor, & Frueh, 2010). Compared to youth who experienced only one type of traumatic event, those who have experienced poly-victimization are at greater risk for subsequent trauma exposure; mental health disorders; chronic medical issues; and family, legal, and vocational problems (Cook et al., 2005; Heim, Shugart, Craighead, & Nemeroff, 2010).

Mental Health Services at DJJ

BSU conducts comprehensive psychological evaluations of all youth committed to DJJ. BSU provides 24-hour crisis intervention; individual, group, and family therapy; case consultations and development of individualized behavior support protocols; program development and implementation; and staff training. Risk assessments are completed for all serious offenders, sex offender special decision cases, and other special decision cases by request.

Medical History Assessment at DJJ

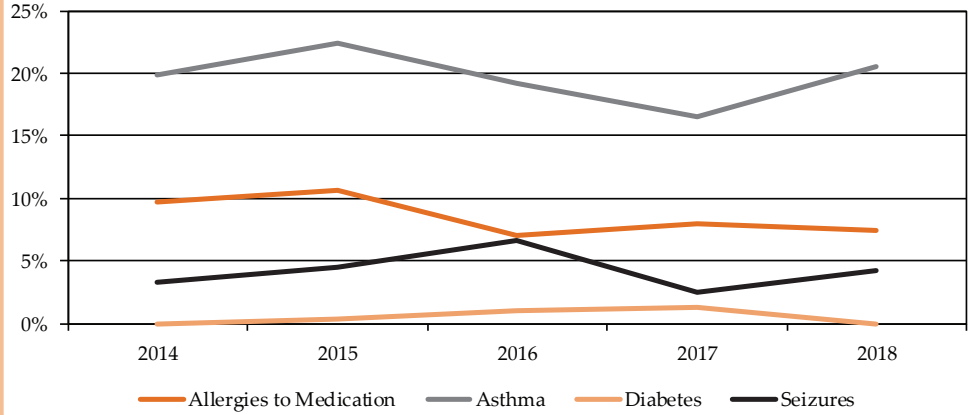
The Medical History form collects information regarding current and historic medical issues at the time of admission, including known allergies, asthma, and diabetes. Information is also captured regarding gunshot and stab wounds. The Physical Examination form includes information regarding the HEENT (head, eyes, ears, nose, and throat) examination, lab results, referrals, as well as each youth's height and weight. Identifying and assessing needs, as well as providing comprehensive services to address the youth's medical needs, plays an important role in rehabilitation and the process of reentry back into the community (Acoca, Stephens, & Van Vleet, 2014; American Academy of Pediatrics, 2011; McCord, Widom, & Crowell, 2000).



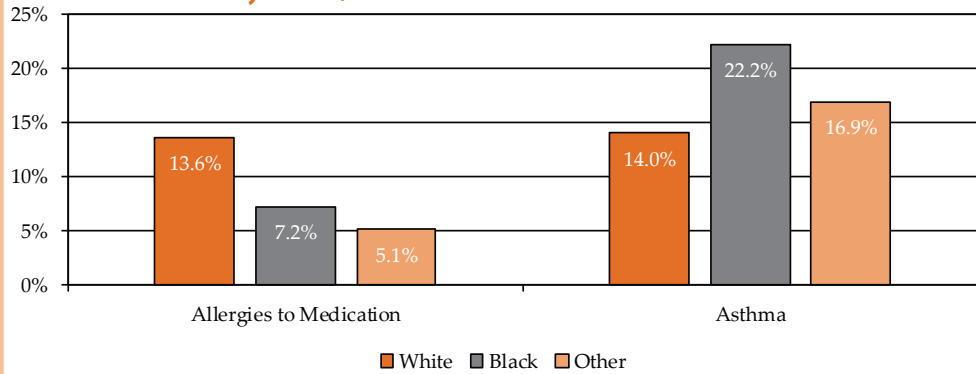
Medical Issues

- » Since FY 2014, an average of 20% of youth had asthma, 9% had allergies to medication, 4% had seizures, and 1% had diabetes.
- » A higher percentage of White youth had allergies to medication compared to Black youth and youth of other races.
- » A higher percentage of Black youth had asthma compared to White youth and youth of other races.

Medical Issues, FY 2014-2018

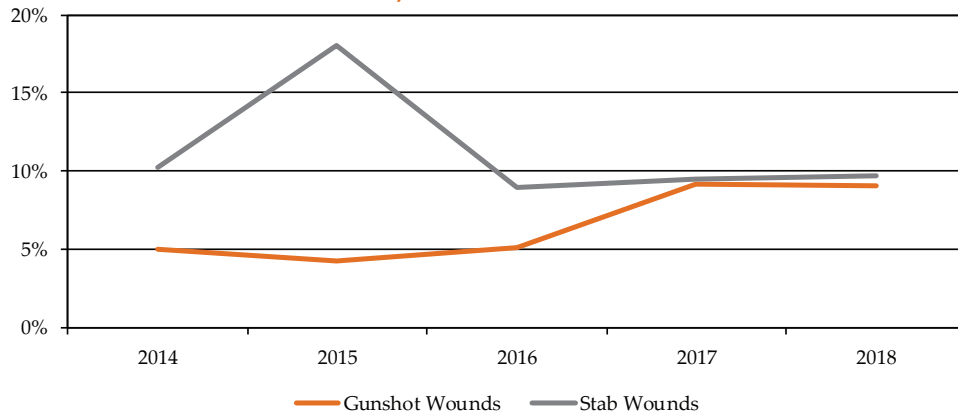


Medical Issues by Race, FY 2014-2018



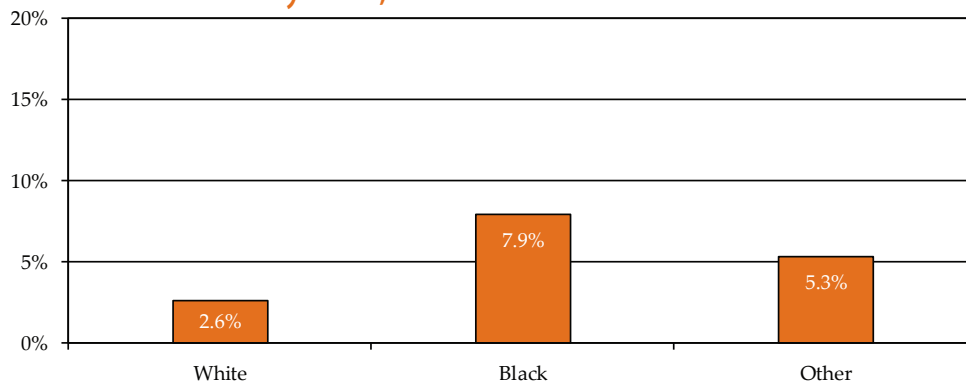
Gunshot and Stab Wounds

Gunshot and Stab Wounds, FY 2014-2018

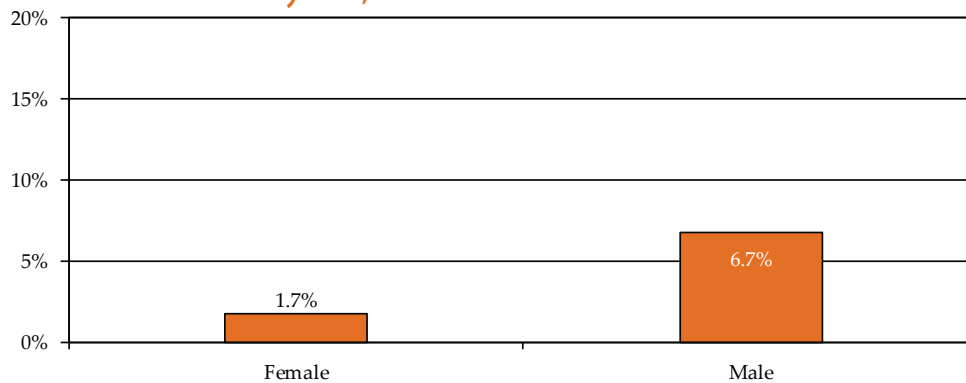


- » Since FY 2014, less than 10% of youth had suffered a gunshot wound. The percentage of youth who suffered from a stab wound remained stable at 10%, with the exception of FY 2015, in which 18% suffered from a stab wound.
- » A lower percentage of White youth suffered from a gunshot wound compared to Black youth and youth of other races.
- » A higher percentage of males suffered from a gunshot wound compared to females.

Gunshot Wounds by Race, FY 2014-2018



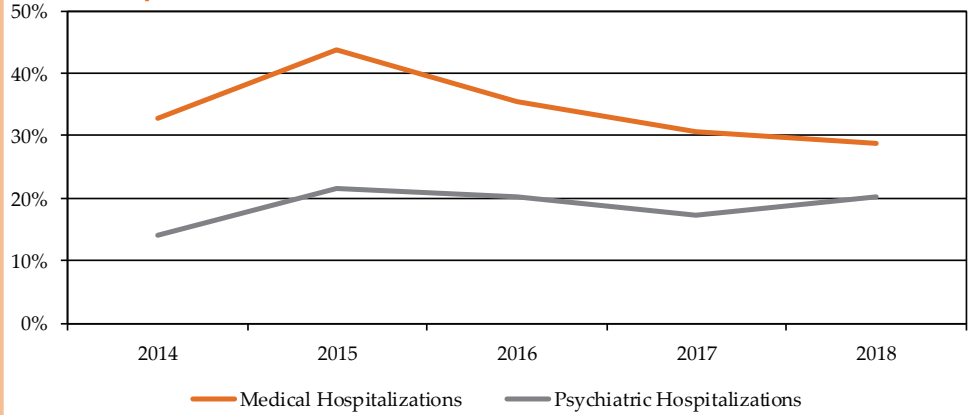
Gunshot Wounds by Sex, FY 2014-2018



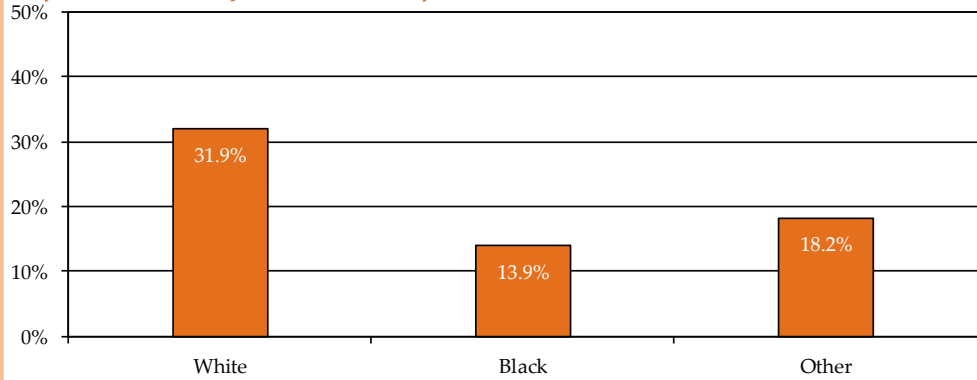
Prior Hospitalizations

- » Since FY 2014, an average of 35% of youth had a prior medical hospitalization, and 19% had a prior psychiatric hospitalization.
- » A higher percentage of White youth had prior psychiatric hospitalizations compared to Black youth and youth of other races.
- » A higher percentage of females had prior psychiatric hospitalizations compared to males.

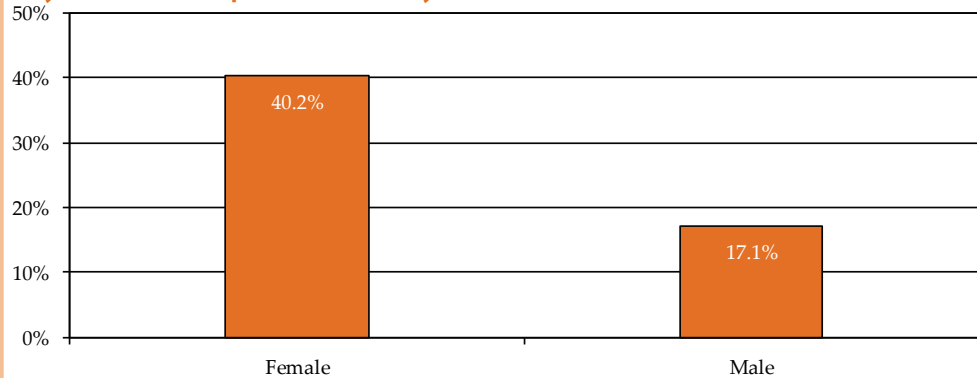
Prior Hospitalizations, FY 2014-2018



Psychiatric Hospitalization by Race, FY 2014-2018



Psychiatric Hospitalization by Sex, FY 2014-2018

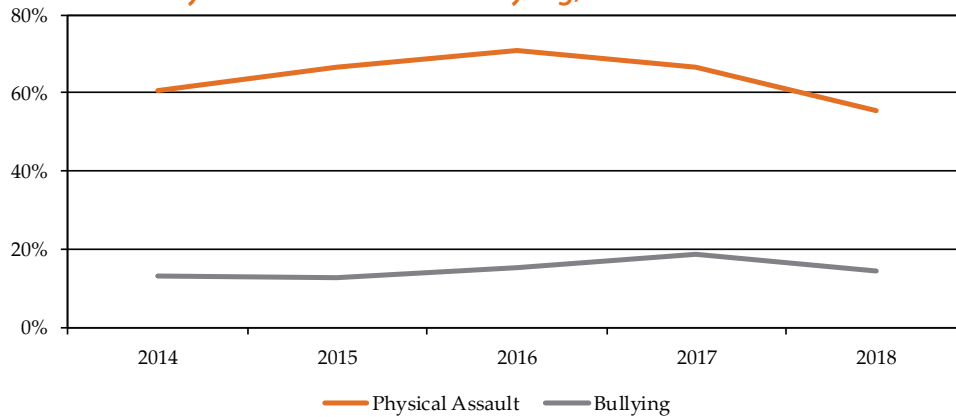


Data presented on this page are collected on the Medical History form.



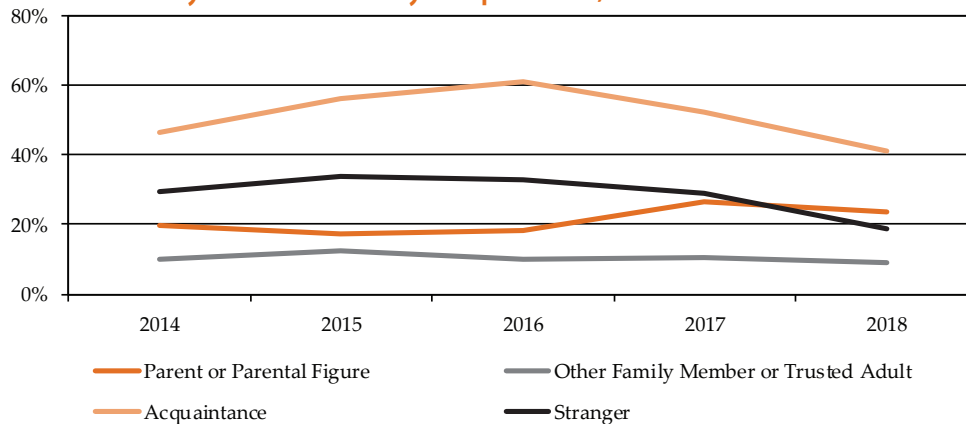
Victimization

Victim of Physical Assault and Bullying, FY 2014-2018

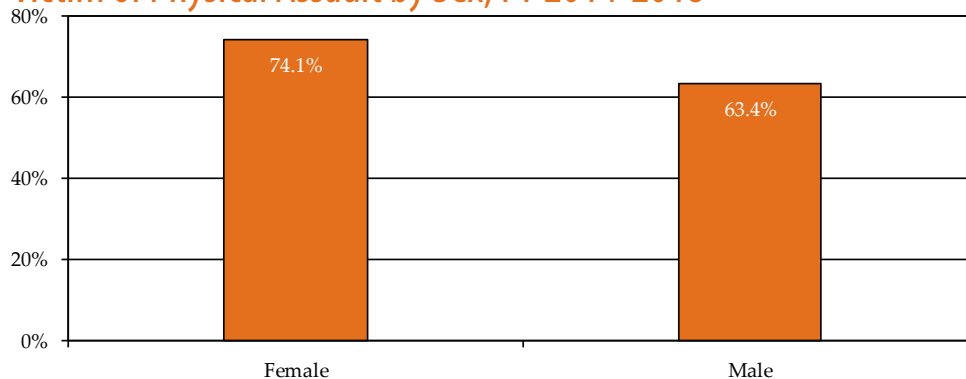


- » Since FY 2014, an average of 64% of youth had been a victim of physical assault, and 15% had been bullied.
- » An average of 52% of youth had been physically assaulted by an acquaintance, making them the most frequent perpetrators.
- » A higher percentage of females were victims of physical assault compared to males.

Victim of Physical Assault by Perpetrator, FY 2014-2018



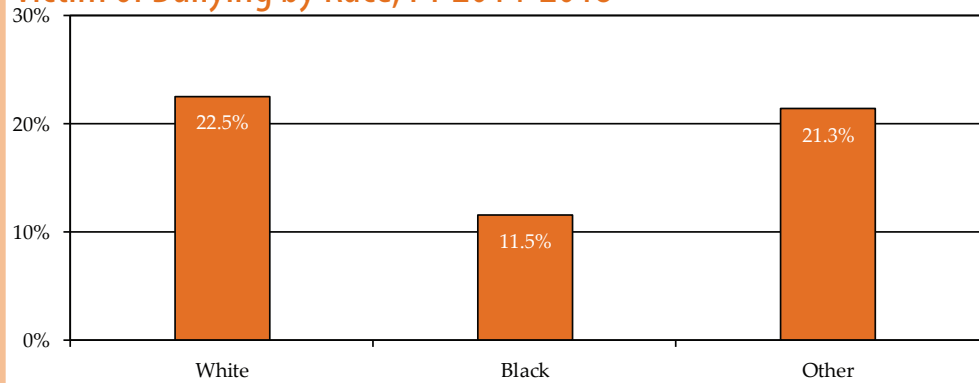
Victim of Physical Assault by Sex, FY 2014-2018



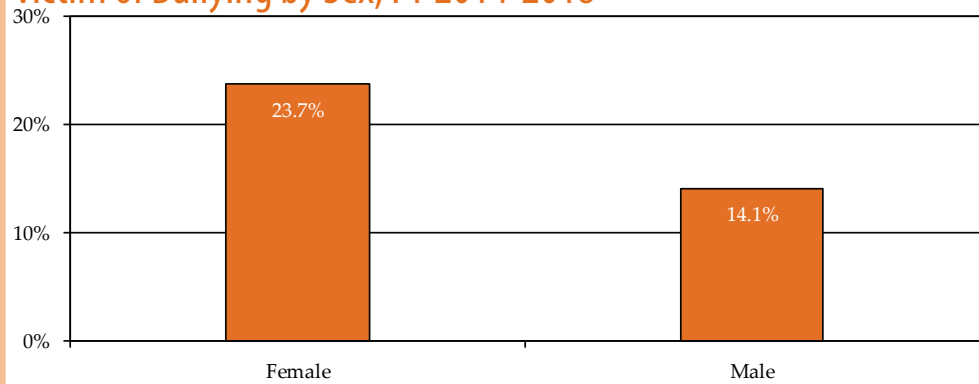
Victimization, cont.

- » A lower percentage of Black youth reported being bullied compared to White youth and youth of other races.
- » A higher percentage of females reported being bullied compared to males.

Victim of Bullying by Race, FY 2014-2018

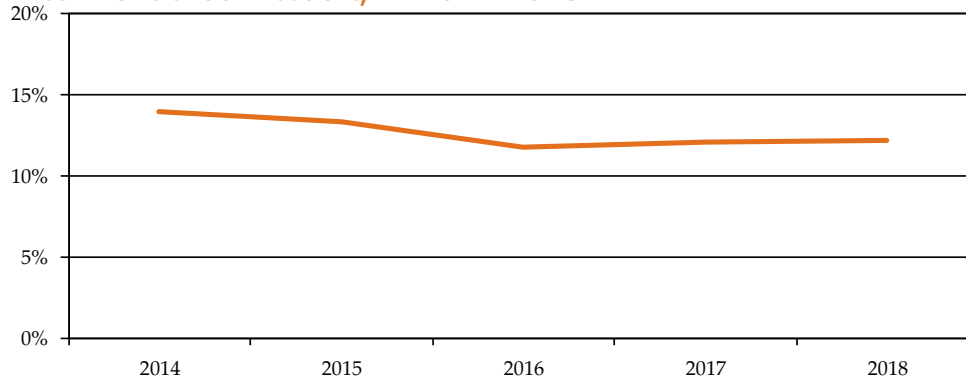


Victim of Bullying by Sex, FY 2014-2018



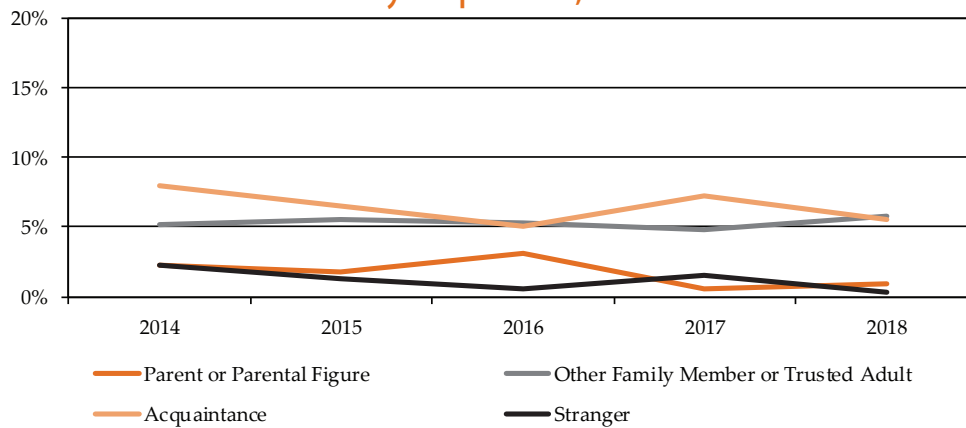
Victimization, cont.

Victim of Sexual Assault, FY 2014-2018



- » Since FY 2014, an average of 13% of youth had been a victim of sexual assault.
- » An average of 7% of youth had been sexually assaulted by an acquaintance, making them the most frequent perpetrators.

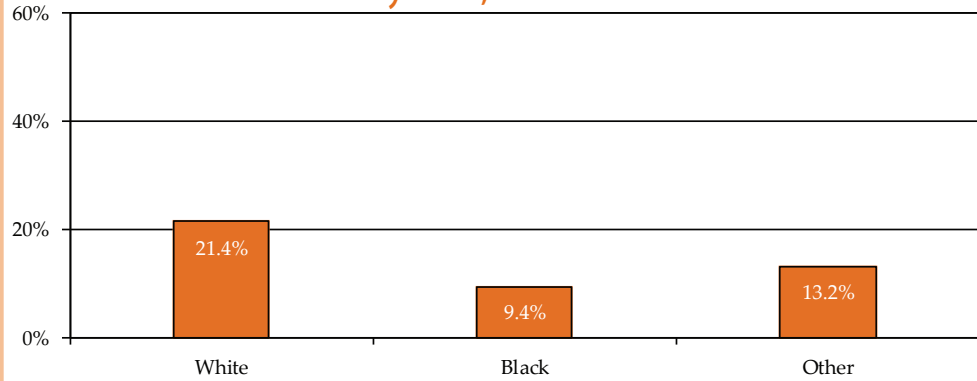
Victim of Sexual Assault by Perpetrator, FY 2014-2018



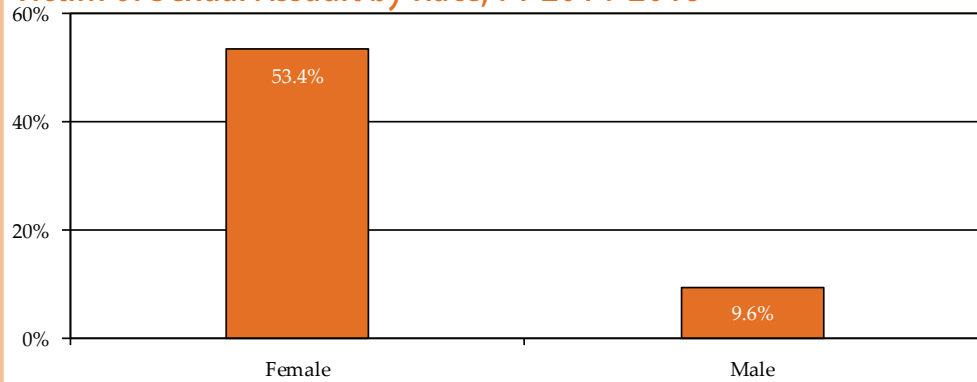
Victimization, cont.

- » A higher percentage of White youth reported being a victim of sexual assault compared to Black youth and youth of other races.
- » A higher percentage of females reported being a victim of sexual assault compared to males.

Victim of Sexual Assault by Race, FY 2014-2018



Victim of Sexual Assault by Race, FY 2014-2018

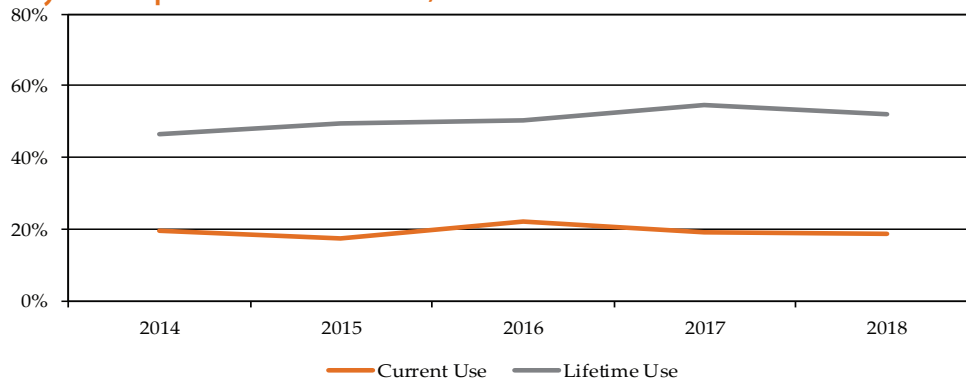


Data presented on this page are collected on the Psychological Information form.



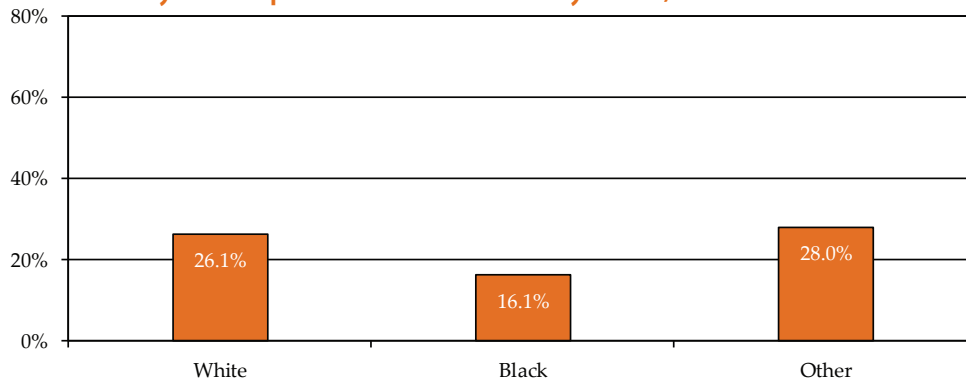
Psychotropic Medication

Psychotropic Medication Use, FY 2014-2018

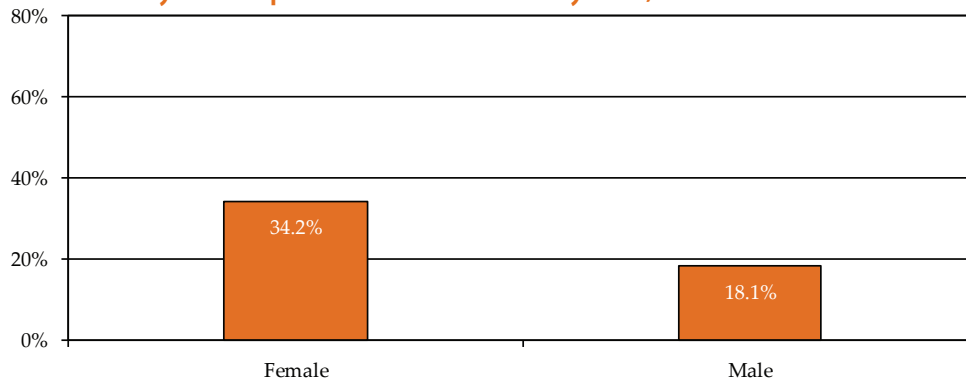


- » Since FY 2014, an average of 19% of youth were currently using psychotropic medication, and 51% had used psychotropic medication at some point during their lifetime.
- » A lower percentage of Black youth were currently using psychotropic medication at the time of admission compared to White youth and youth of other races.
- » A higher percentage of females were currently using psychotropic medication at the time of admission compared to males.

Current Psychotropic Medication Use by Race, FY 2014-2018



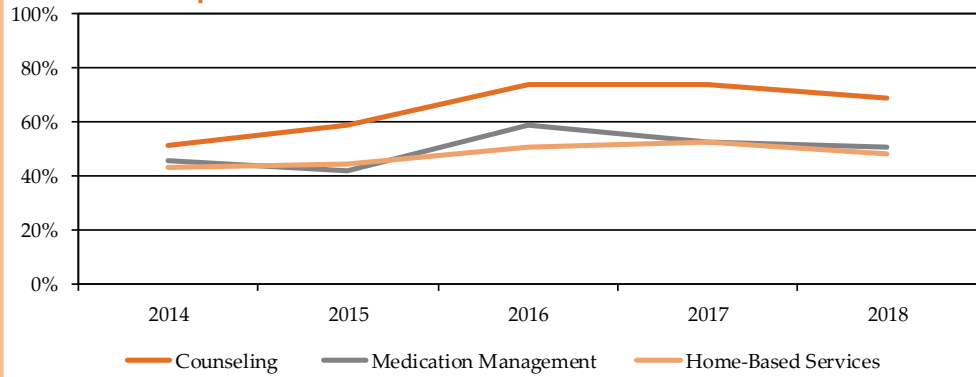
Current Psychotropic Medication Use by Sex, FY 2014-2018



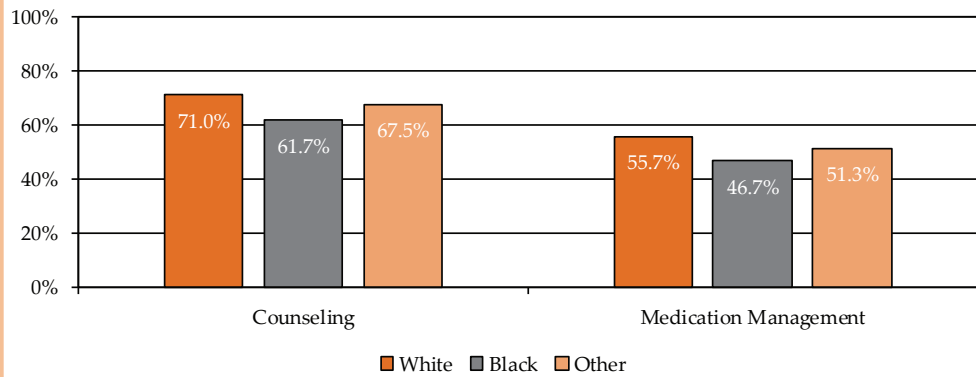
Previous Outpatient Mental Health Services

- » The percentage of youth who previously received counseling services increased from 51% in FY 2014 to 69% in FY 2018.
- » In addition, an average of 49% of youth previously received medication management, and 47% received home-based services.
- » A lower percentage of Black youth previously received counseling services and medication management compared to White youth and youth of other races.
- » A higher percentage of females had previously received counseling, medication management, and home-based services compared to males.

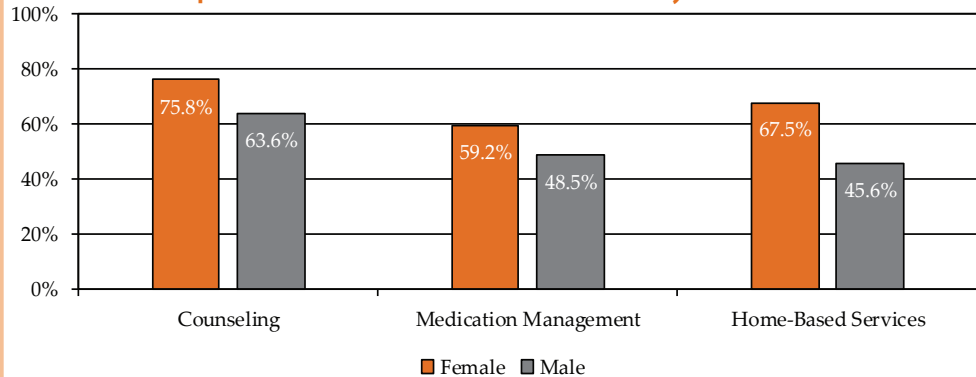
Previous Outpatient Mental Health Services, FY 2014-2018



Previous Outpatient Mental Health Services by Race, FY 2014-2018



Previous Outpatient Mental Health Services by Sex, FY 2014-2018

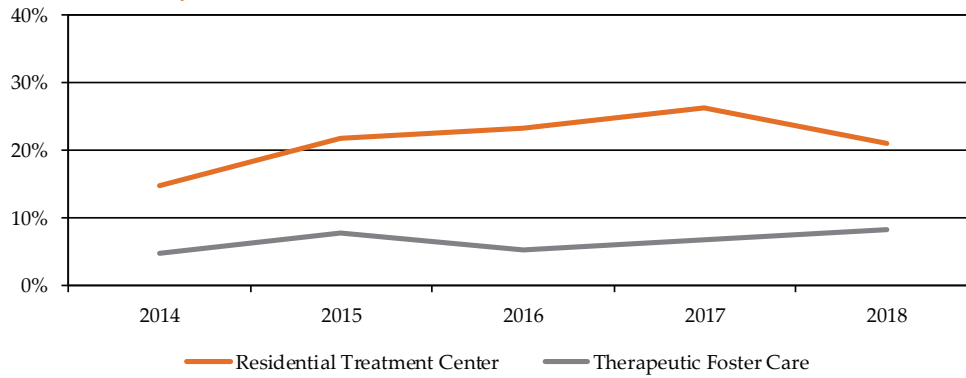


Data presented on this page are collected on the Social History Information form.



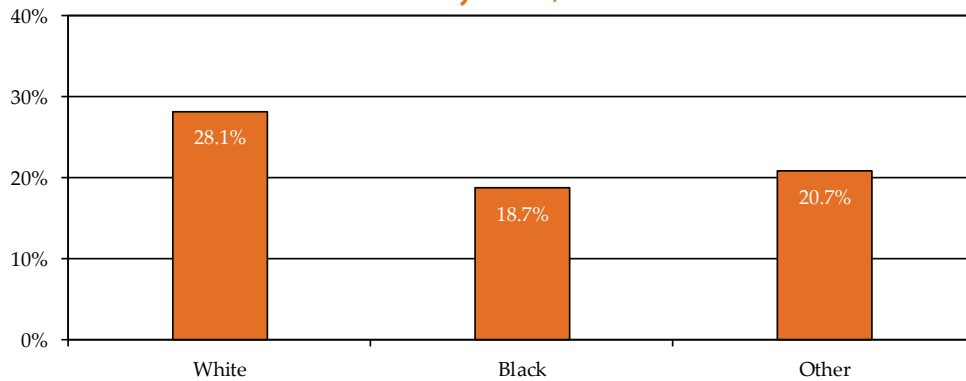
Other Previous Services

Residential Treatment Center and Therapeutic Foster Care Placements, FY 2014-2018

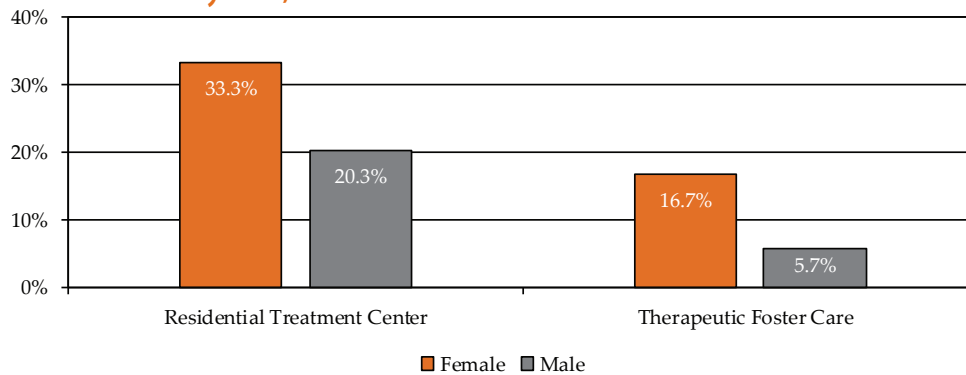


- » Since FY 2014, an average of 21% of youth had a residential treatment center placement, and 7% had a therapeutic foster care placement.
- » A higher percentage of White youth had a prior residential treatment center placement compared to Black youth and youth of other races.
- » A higher percentage of females had a prior residential treatment center or therapeutic foster care placement compared to males.

Residential Treatment Center by Race, FY 2014-2018



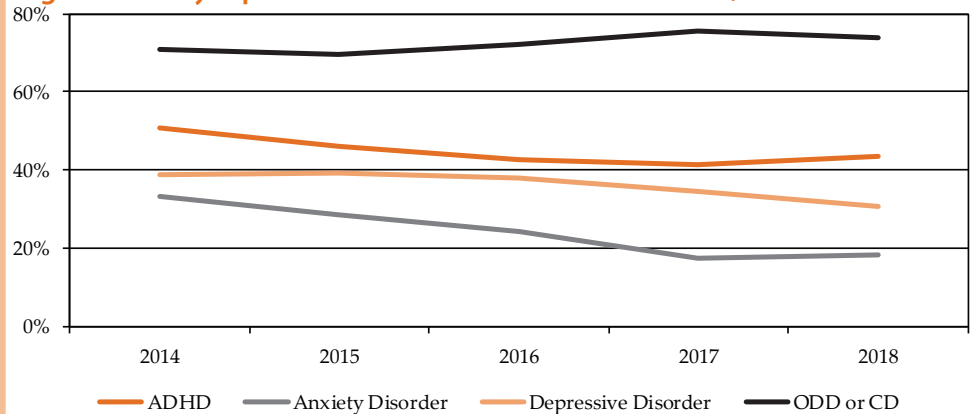
Residential Treatment Center and Therapeutic Foster Care Placements by Sex, FY 2014-2018



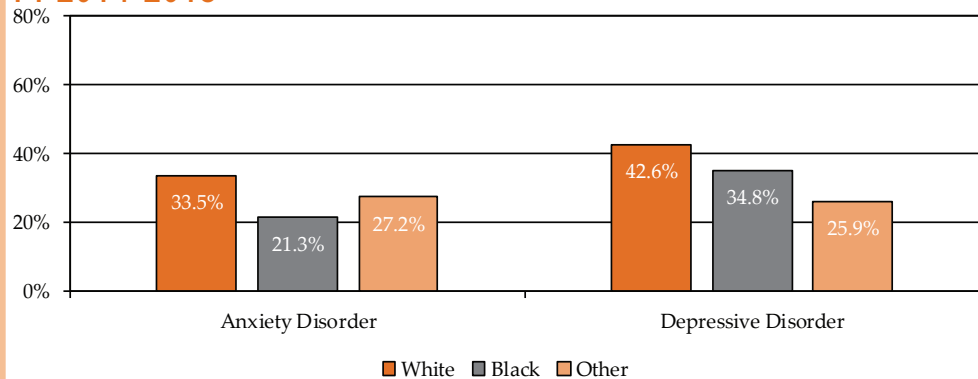
Mental Health Disorders

- » Since FY 2014, youth most often exhibited significant symptoms of Attention-Deficit/Hyperactivity Disorder (ADHD), Anxiety Disorder, Depressive Disorder, and Oppositional Defiant Disorder (ODD) or Conduct Disorder (CD).
- » An average of 72% of youth exhibited significant symptoms of ODD or CD.
- » In addition, 45% of youth exhibited significant symptoms of ADHD, 36% exhibited symptoms of Depressive Disorder, and 25% exhibited symptoms of Anxiety Disorder.
- » A lower percentage of Black youth exhibited significant symptoms of Anxiety Disorder compared to White youth and youth other of other races.
- » A lower percentage of youth of other races exhibited significant symptoms of Depressive Disorder compared to White youth and Black youth.
- » A higher percentage of females exhibited significant symptoms of Depressive Disorder compared to males.

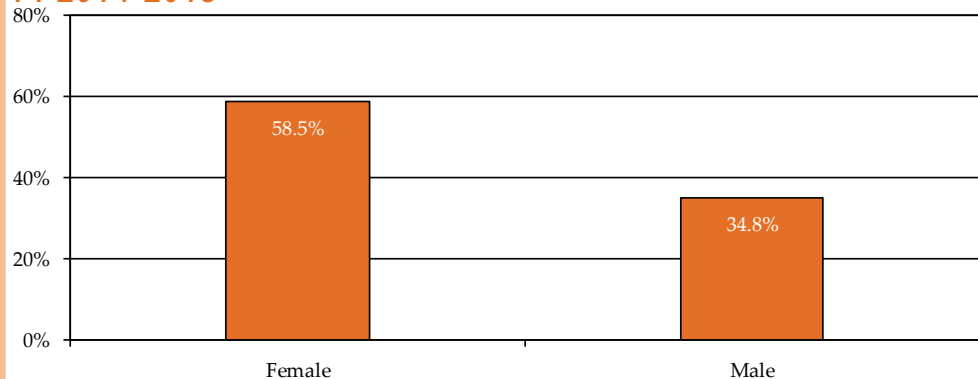
Significant Symptoms of Mental Health Disorders, FY 2014-2018



Significant Symptoms of Mental Health Disorders by Race, FY 2014-2018



Significant Symptoms of Depressive Disorder by Sex, FY 2014-2018

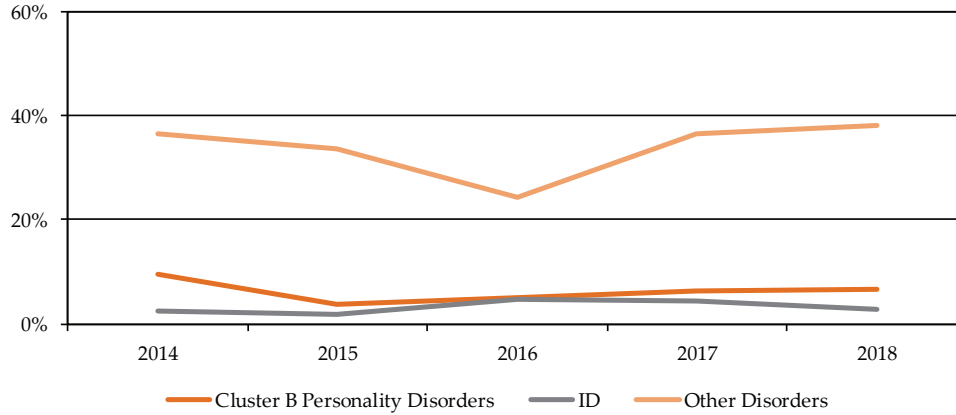


Data presented on this page are collected on the Psychological Information form.



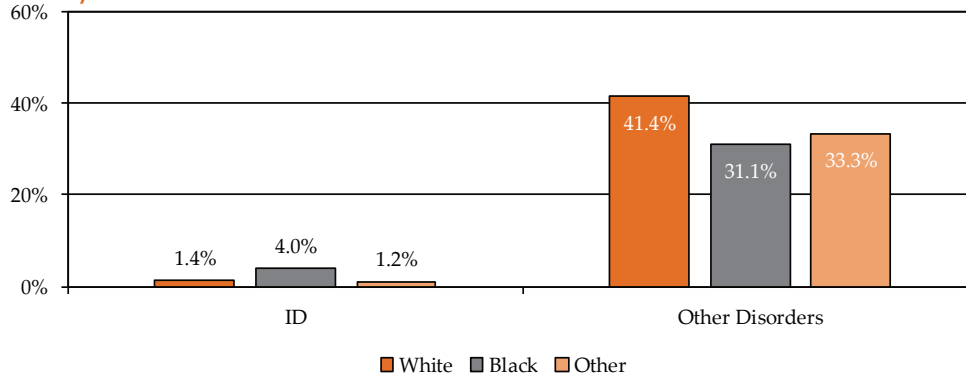
Mental Health Disorders, cont.

Significant Symptoms of Cluster B Personality Disorders, Other Disorders, and ID, FY 2014-2018*



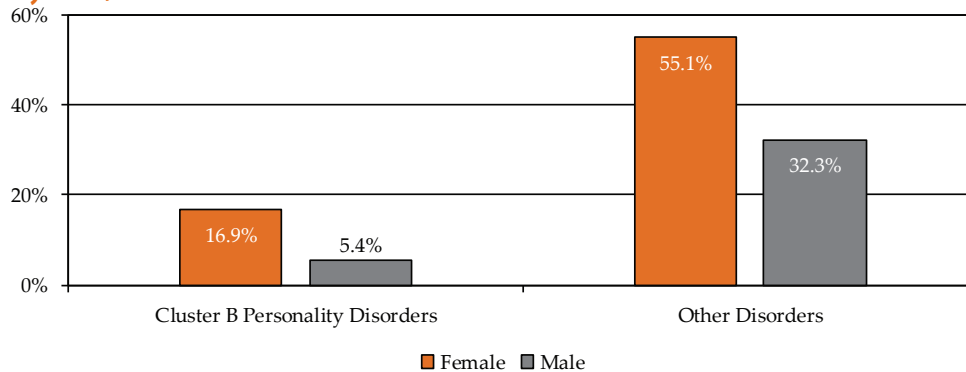
- » Since FY 2014, an average of 34% of youth exhibited significant symptoms of other disorders, 6% exhibited significant symptoms of Cluster B Personality Disorders, and 3% exhibited symptoms of ID.
- » A higher percentage of Black youth exhibited significant symptoms of ID compared to White youth and youth of other races.
- » A higher percentage of White youth exhibited significant symptoms of other disorders compared to Black youth and youth of other races.
- » A higher percentage of females exhibited significant symptoms of Cluster B Personality Disorders and other disorders compared to males.

Significant Symptoms of ID and Other Disorders by Race, FY 2014-2018*



There are four recognized Cluster B Personality Disorders: Antisocial Personality Disorder, Borderline Personality Disorder, Histrionic Personality Disorder, and Narcissistic Personality Disorder.

Significant Symptoms of Cluster B Personality and Other Disorders by Sex, FY 2014-2018*



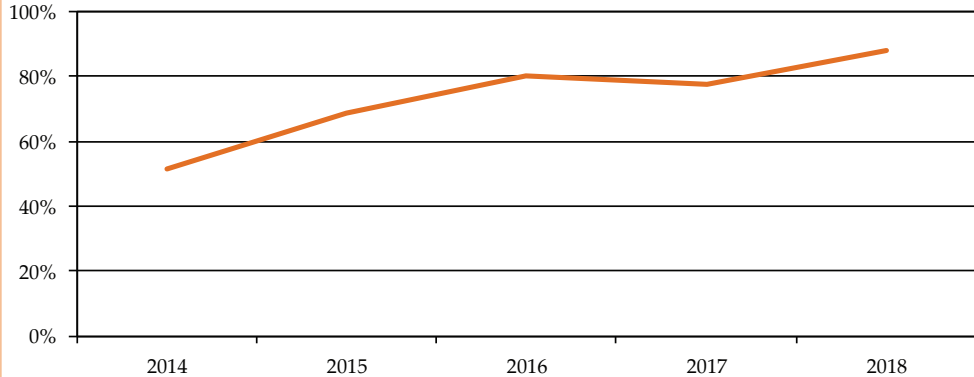
* "Other Disorders" includes Bipolar/Cyclothymic Disorder, Adjustment Disorder, Dissociative Disorder, Psychotic Disorder, Cluster A and Cluster C Personality Disorders, Eating Disorder, Substance Use Disorder, Paraphilic Disorder, and other mental health disorders. It does not include Depressive Disorder, Anxiety Disorder, Cluster B Personality Disorder, ADHD, ODD, CD, and ID, which are presented separately.



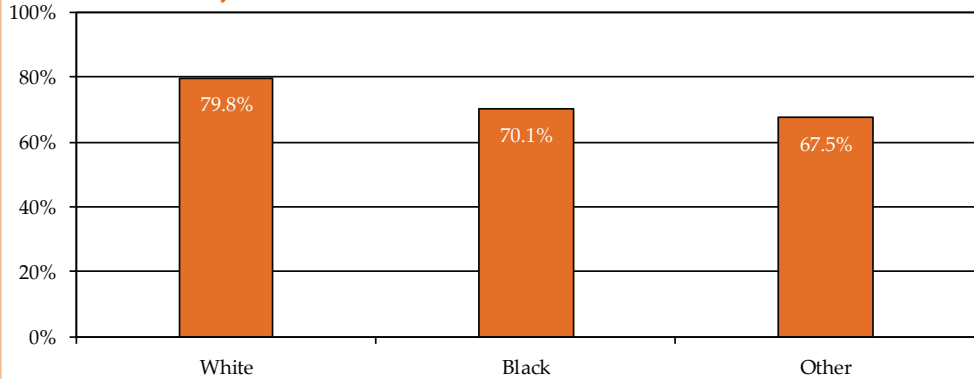
Mental Health Services Transition Plan (MHSTP) Alert

- » The percentage of youth with an MHSTP alert increased from 52% in FY 2014 to 88% in FY 2018.
- » A higher percentage of White youth had an MHSTP alert compared to Black youth and youth of other races.
- » A higher percentage of females had an MHSTP alert compared to males.

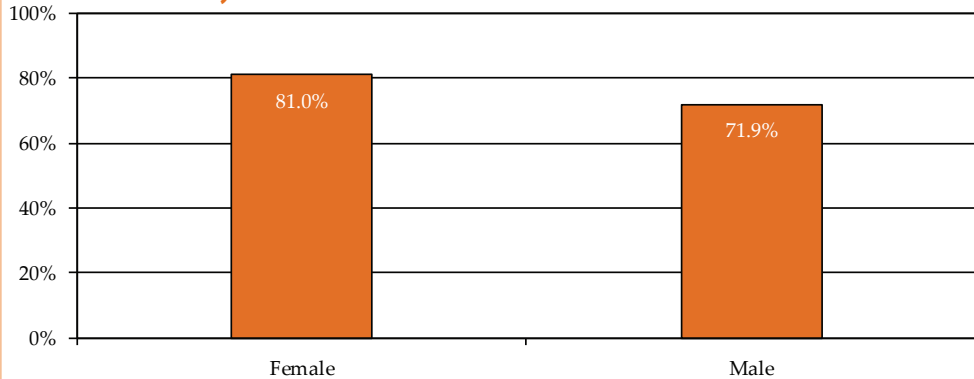
MHSTP Alert, FY 2014-2018



MHSTP Alert by Race, FY 2014-2018



MHSTP Alert by Sex, FY 2014-2018

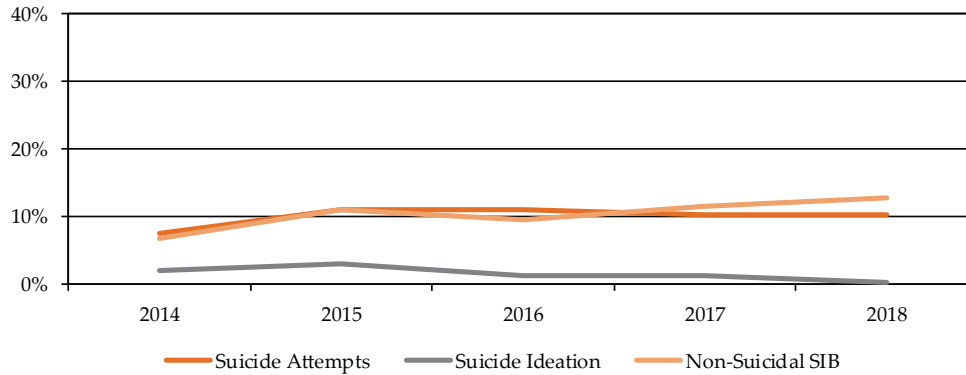


MHSTP alerts are given to youth who are identified by DJJ as having a mental health treatment need. The purpose of the MHSTP alert is to identify and coordinate the provision of existing services available within the community to which the youth will be returning.



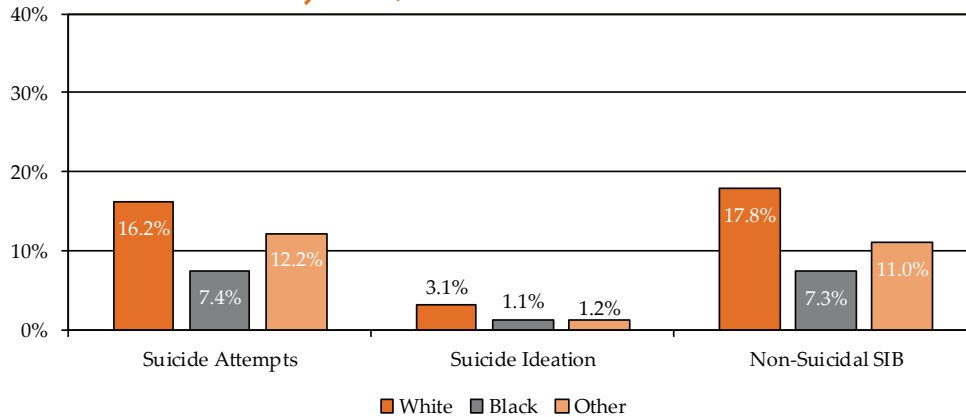
Suicidal Behaviors

Suicidal Behaviors, FY 2014-2018

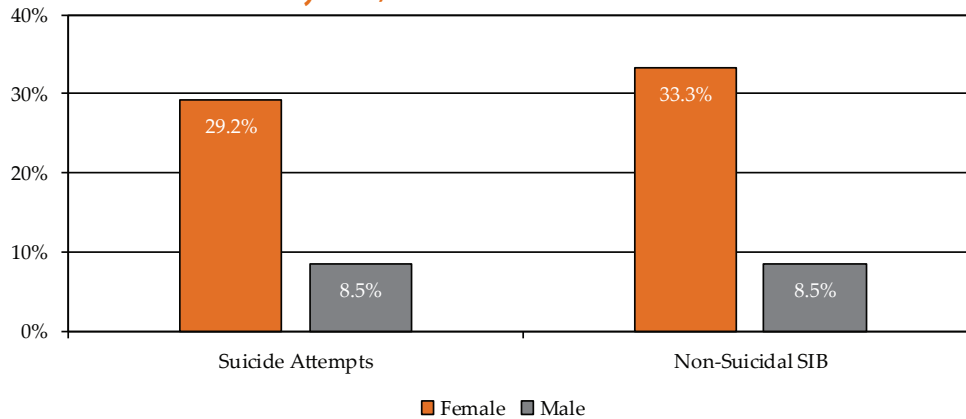


- » Since FY 2014, an average of 10% of youth had previously attempted suicide, 10% had a pattern of non-suicidal self-injurious behavior (SIB), and 2% had current suicide ideation.
- » A higher percentage of White youth had attempted suicide, had suicide ideation, and had non-suicidal SIB compared to Black youth and youth of other races.
- » A higher percentage of females had attempted suicide and had non-suicidal SIB compared to males.

Suicidal Behaviors by Race, FY 2014-2018



Suicidal Behaviors by Sex, FY 2014-2018





The photographs throughout this report are the original creations of Bon Air JCC students in the *Introduction to Photography* and *Advanced Photography* courses.



6 Attitudes, Aggression, & Substance Use

The Attitudes, Aggression, & Substance Use section includes information from the *Aggression, Alcohol and Drugs*, and *Attitudes* YASI domains, the Social History Information (Appendix A) and Psychological Information (Appendix B) forms, and DJJ's electronic data management system. The section discusses topics including youth's attitudes toward aggressive and delinquent behaviors such as bullying or physical assault. This section also includes youth's risk and symptoms of substance abuse. The information presented in this section is collected through self-report and staff assessment during one-on-one interviews with the youth upon admission.

Attitudes

Attitudes and delinquency work together, in a reciprocal process, to mutually influence one another (Kelman, 1974; Zhang, Loeber, & Stouthamer-Loeber, 1997). Delinquent attitudes precede delinquent behavior (Menard & Huizinga, 1994). Taking accountability for delinquent actions requires the youth to accept responsibility for their behavior, make amends to their victim(s), and understand the impact of their behavior (Beyer, 2003).

Substance Use and Delinquency

Research suggests there is a strong relationship between substance use and delinquency. For example, one study found a three- to five-fold increase in delinquent behaviors among youth who abuse alcohol (Armstrong & Costello, 2002). However, the dynamics of this relationship are not entirely clear. Some studies have found that substance use predicts delinquent behavior, making it a key risk factor (Ford, 2005; Loeber & Farrington, 2000). However, other studies suggest delinquency may lead to substance use (Doherty, Green, & Ensminger, 2008; Wanner, Vitaro, Carbonneau, & Tremblay, 2009).

Regardless of the underlying cause, there is a great deal of evidence of an association between substance use and delinquency. Many juvenile criminal offenses directly involve substance use, and a number of studies have found a link between substance abuse and non-substance-related offenses (Chassin, 2008; Prichard & Payne, 2005). For instance, a study of teenage boys in detention centers in Australia found that a majority (70%)

reported being under the influence of drugs or alcohol at the time of their most recent criminal offense. Additionally, almost half (44%) of youth who had a burglary charge reported committing the act to obtain money to purchase more drugs or alcohol (Prichard & Payne, 2005).

Treatment at DJJ

BSU provides aggression management treatment services in all units by mental health professionals and counselors. Intensive treatment is group-oriented and more rigorous compared to prescriptive treatment, which is delivered individually as needed. Youth must complete core objectives that address anger control, moral reasoning, and social skills as well as demonstrate aggression management in their environment. Depending on individual needs, treatment completion generally requires approximately four months.

The Adolescent Substance Abuse Subtle Screening Inventory (SASSI) is a psychological assessment tool to identify youth who likely have a substance use disorder. It addresses topics directly related to substances such as the frequency of experiences with drugs and alcohol, the effect of substances on daily activities, family and social environment association with substances, and personal attitudes and beliefs about substances.

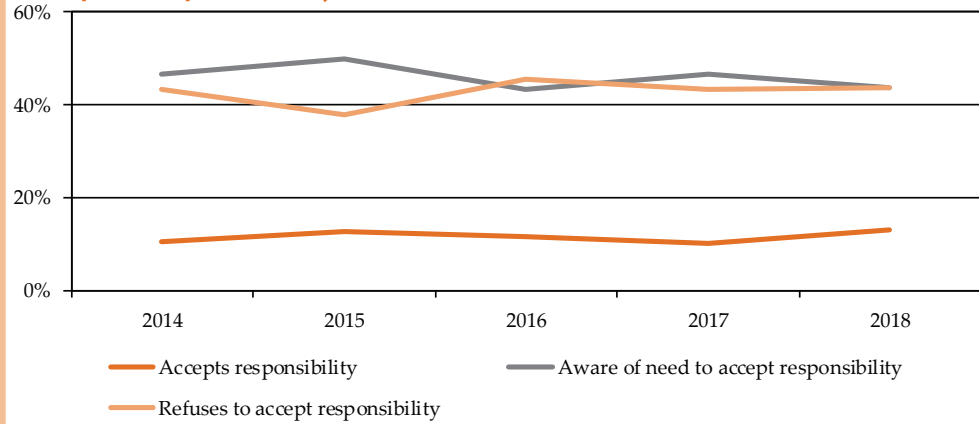
DJJ operates substance abuse treatment programs for youth with a history of substance use or a high probability of future substance use. BSU provides cognitive-behavioral substance abuse treatment services in all units. Track I is for youth meeting Diagnostic and Statistical Manual (DSM) criteria for Substance Use Disorder and in need of intensive services. Track II is for youth who have experimented with substances but do not meet the DSM criteria for Substance Use Disorder. Treatment emphasizes motivation to change, drug and alcohol refusal skills, addiction and craving coping skills, relapse prevention, problem solving, and other skills. Depending on individual needs, completion of substance abuse treatment services requires five weeks to six months. The treatment program uses a combination of motivational enhancement therapy and cognitive behavior therapy to treat participants.



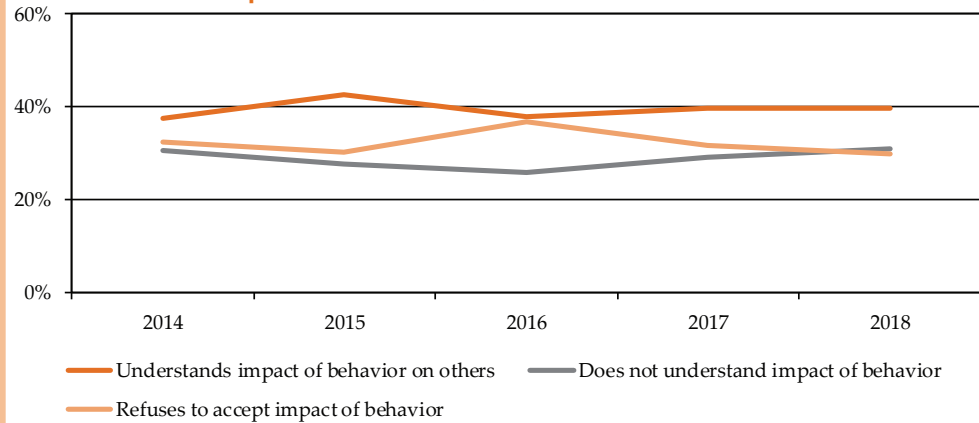
Attitudes

- » Since FY 2014, an average 46% of youth were aware of their need to accept responsibility for their delinquent behavior, 42% refused to accept responsibility, and 12% accepted responsibility for their behavior.
- » An average of 39% of youth understood the impact of their behavior on others, 32% denied the impact of their behavior, and 29% did not understand the impact of their behavior.

Accepts Responsibility, FY 2014-2018

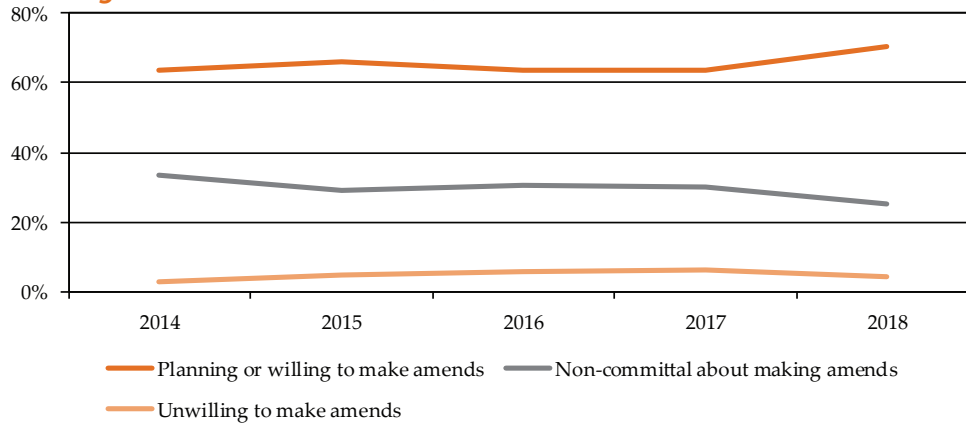


Understands Impact of Behavior, FY 2014-2018



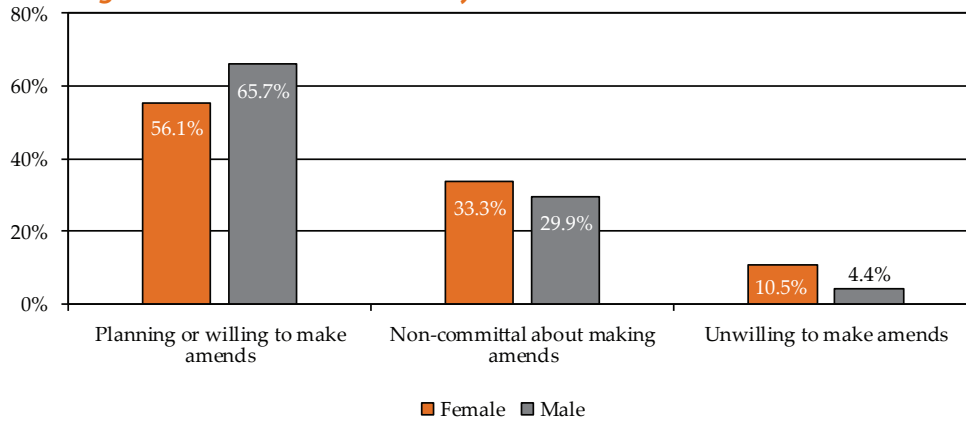
Attitudes, cont.

Willingness to Make Amends, FY 2014-2018



- » Since FY 2014, an average of 65% of youth were planning or willing to make amends, 30% were non-committal about making amends, and 5% were unwilling to make amends.
- » A higher percentage of males were planning or willing to make amends compared to females.
- » A higher percentage of females were non-committal or unwilling to make amends compared to males.

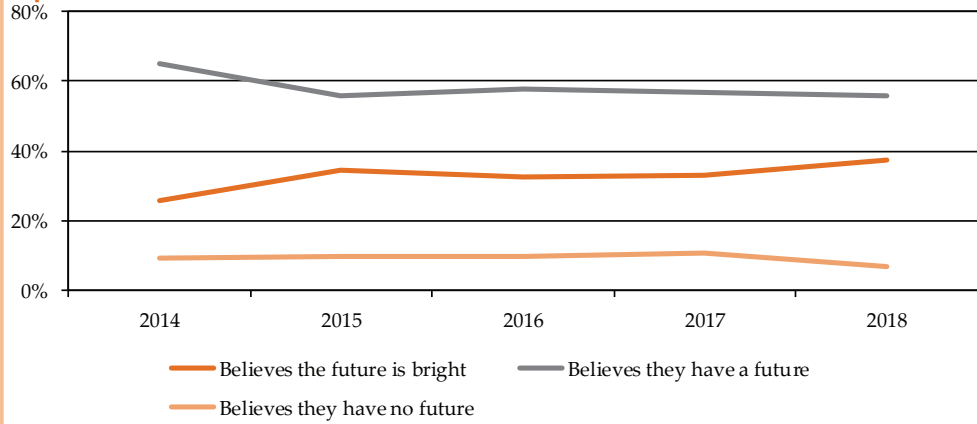
Willingness to Make Amends by Sex, FY 2014-2018



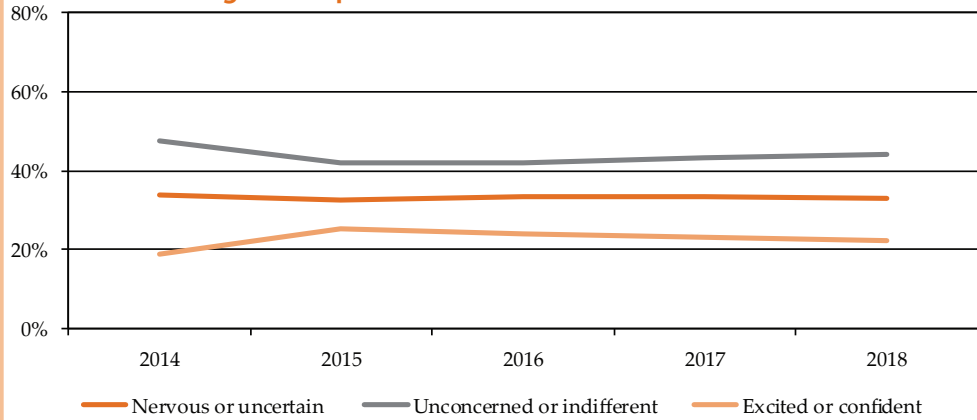
Attitudes, cont.

- » Since FY 2014, an average of 58% of youth believed they had a future, 32% believed their future was bright, and less than 10% believed they had no future.
- » An average of 44% of youth were unconcerned or indifferent during delinquent acts, 33% were nervous or uncertain, and 23% were excited or confident.

Optimism, FY 2014-2018

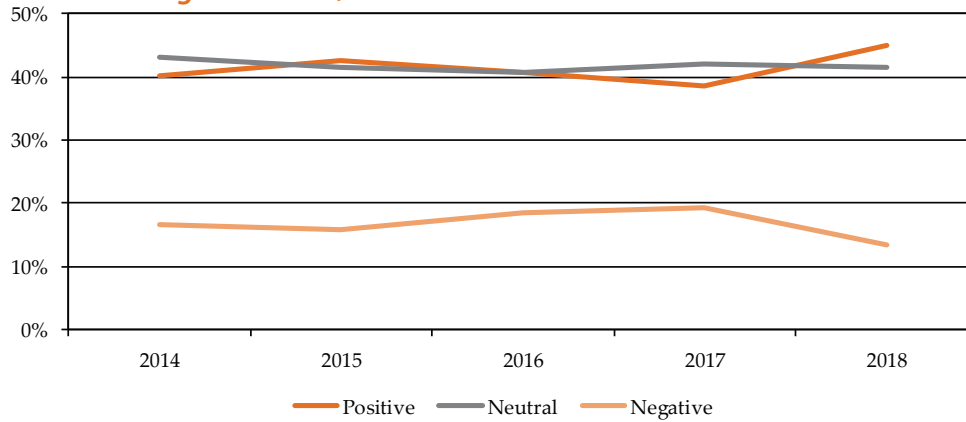


Attitude During Delinquent Acts, FY 2014-2018

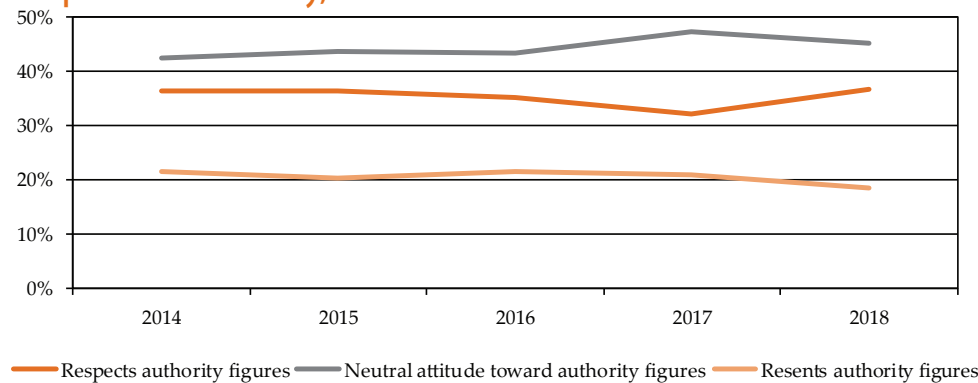


Attitudes, cont.

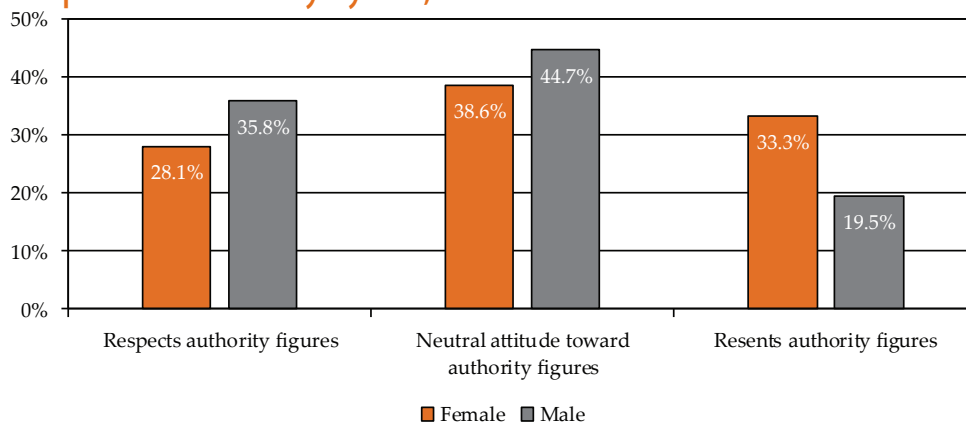
Law Abiding Attitudes, FY 2014-2018



Respect for Authority, FY 2014-2018



Respect for Authority by Sex, FY 2014-2018



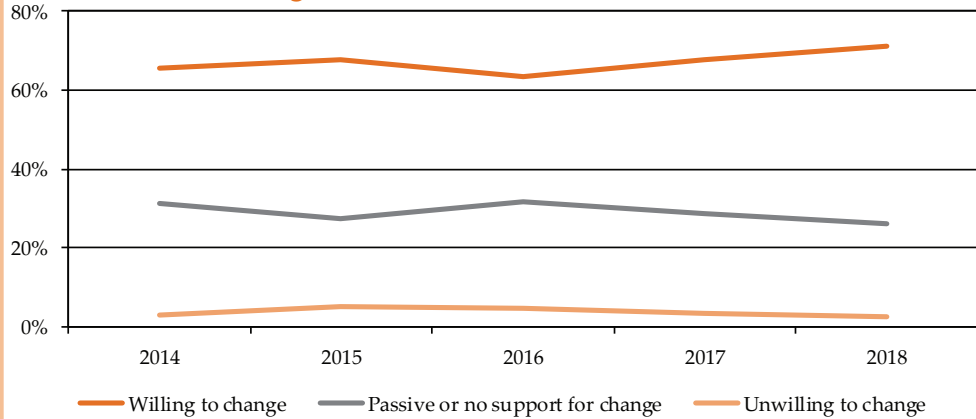
- » An average of 42% of youth had neutral attitudes towards law abiding behavior, 41% had positive attitudes, and 17% had negative attitudes.
- » Since FY 2014, an average of 44% of youth had a neutral attitude toward authority figures, 35% respected authority figures, and 21% resented authority figures.
- » A higher percentage of males respected or had neutral attitudes toward authority figures compared to females.
- » A higher percentage of females resented authority figures compared to males.



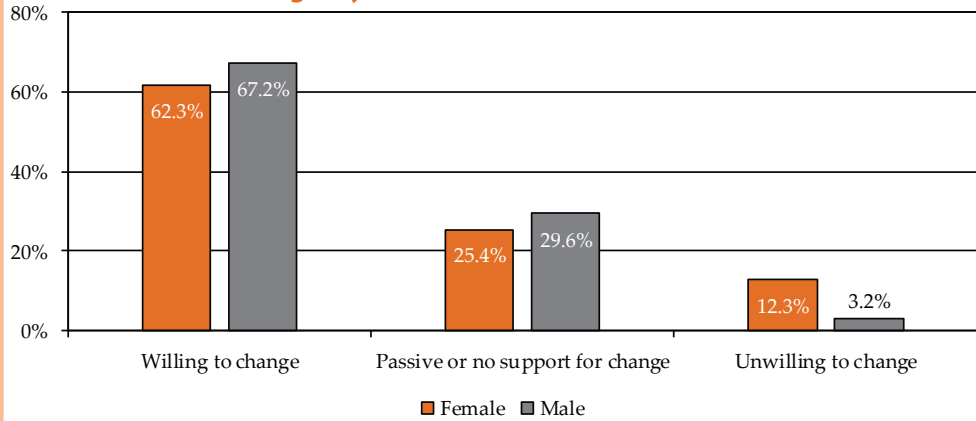
Attitudes, cont.

- » Since FY 2014, an average of 67% of youth expressed readiness to change their problem behavior, 29% were passive or expressed no support for change, and 4% were unwilling to change.
- » A higher percentage of males expressed a readiness for change or were passive compared to females.
- » A higher percentage of females were unwilling to change compared to males.

Readiness for Change, FY 2014-2018

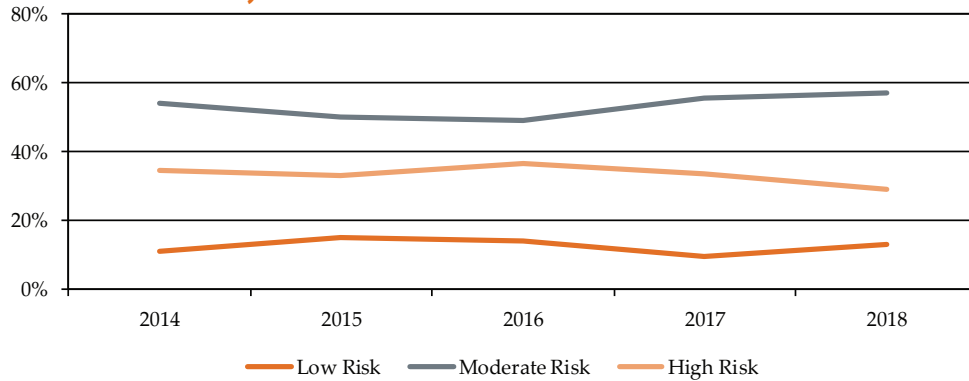


Readiness for Change by Sex, FY 2014-2018



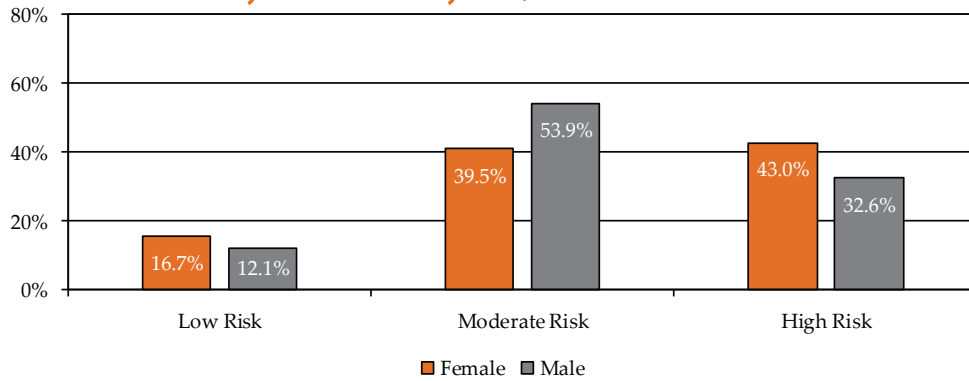
Attitudes Risk (from YASI)

YASI Attitudes Dynamic Risk, FY 2014-2018



- » Since FY 2014, an average of 53% of youth were classified as moderate risk for the Attitudes dynamic risk domain.
- » A higher percentage of males were moderate risk compared to females.
- » A higher percentage of females were low or high risk compared to males.

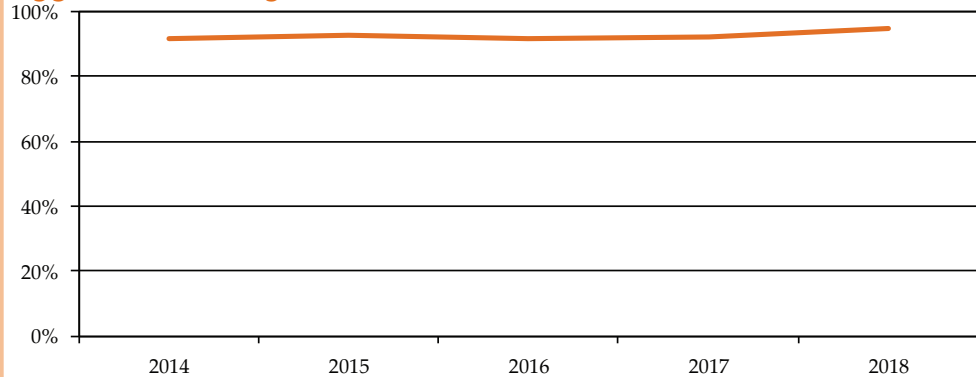
YASI Attitudes Dynamic Risk by Sex, FY 2014-2018



Aggression Management Treatment Need

» Since FY 2014, an average of 93% of youth had an aggression management treatment need.

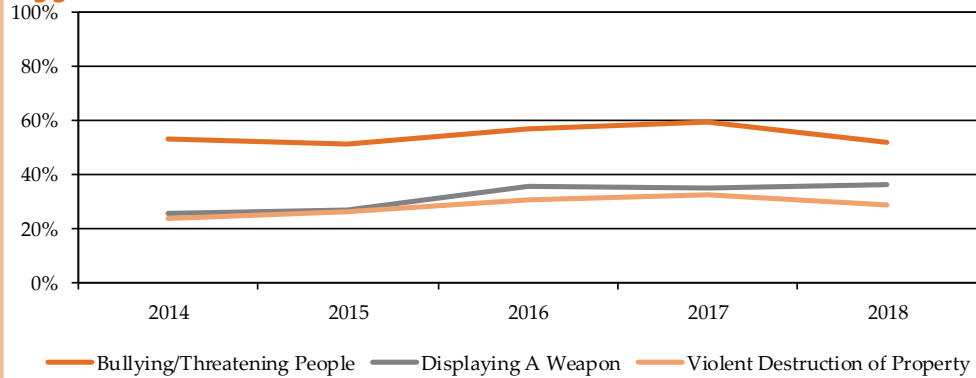
Aggression Management Treatment Need, FY 2014-2018



Aggressive Behaviors

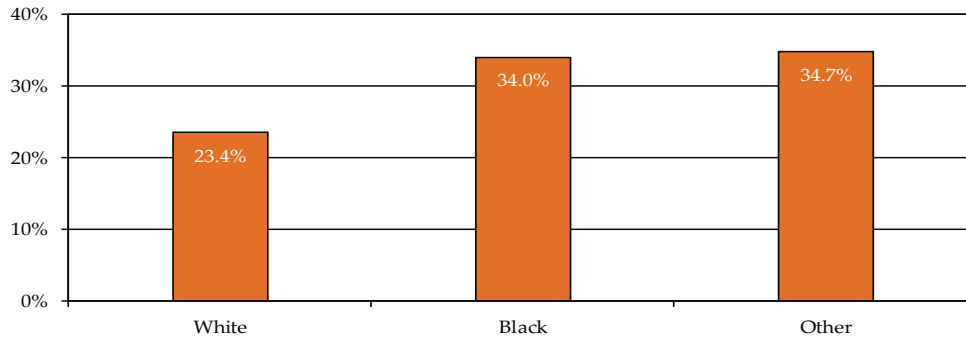
» Since FY 2014, an average of 54% of youth had bullied or threatened others, 31% had displayed a weapon, and 28% had engaged in the violent destruction of property.

Aggressive Behaviors, FY 2014-2018



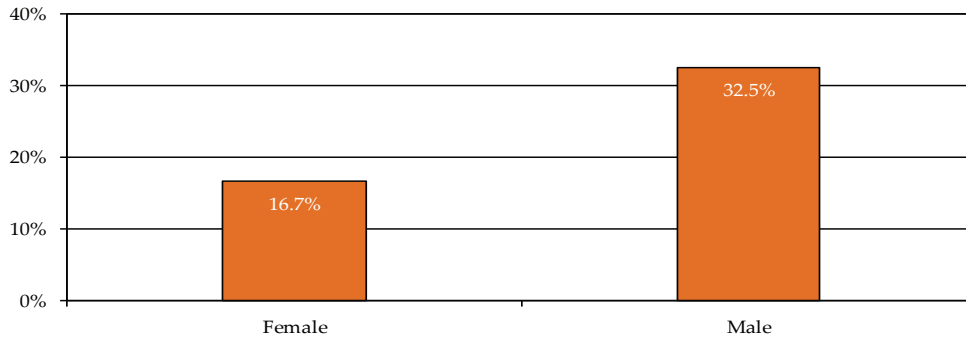
Aggressive Behaviors, cont.

Displaying a Weapon by Race, FY 2014-2018



- » A lower percentage of White youth had displayed a weapon compared to Black youth and youth of other races.
- » A higher percentage of males had displayed a weapon compared to females.

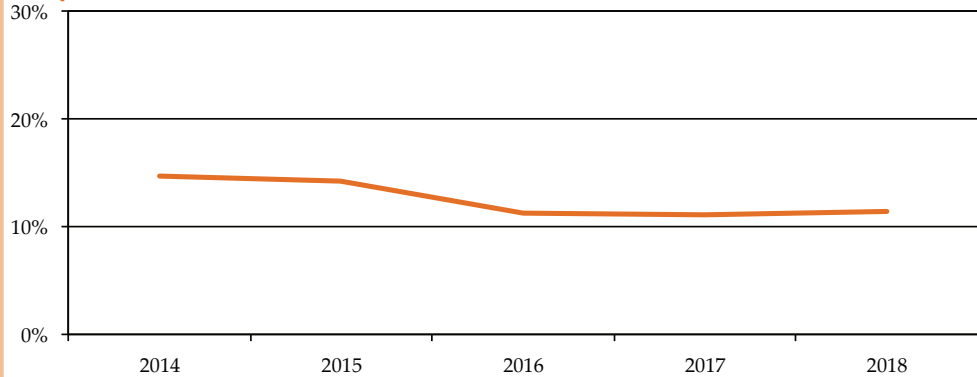
Displaying a Weapon by Sex, FY 2014-2018



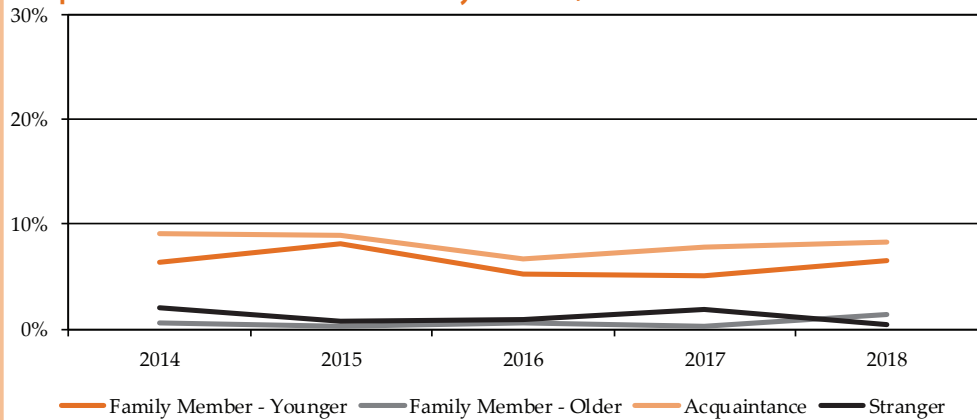
Sexual Assault

- » Since FY 2014, an average of 13% of youth had been the perpetrator of sexual assault.
- » An average of 8% of youth had sexually assaulted acquaintances, making them the most common victims.

Perpetrator of Sexual Assault, FY 2014-2018

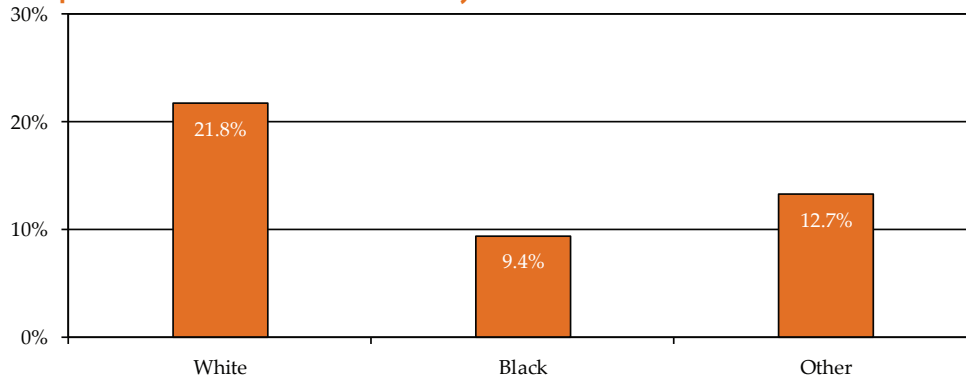


Perpetrator of Sexual Assault by Victim, FY 2014-2018



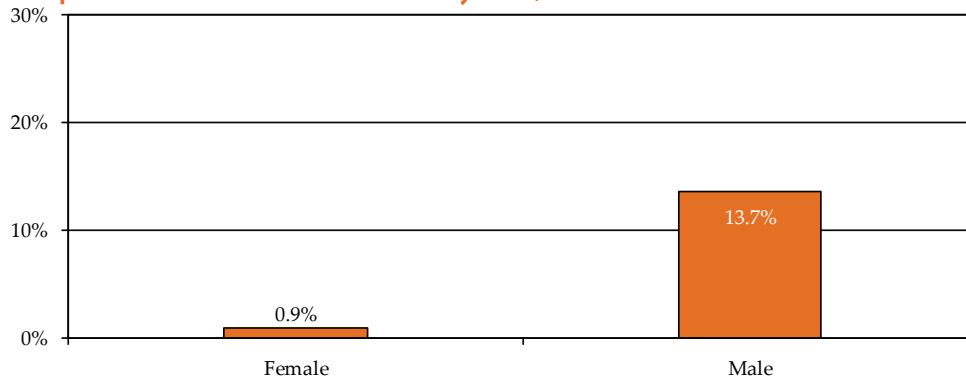
Sexual Assault, cont.

Perpetrator of Sexual Assault by Race, FY 2014-2018



- » A higher percentage of White youth were perpetrators of sexual assault compared to Black youth and youth of other races.
- » A higher percentage of males were perpetrators of sexual assault compared to females.

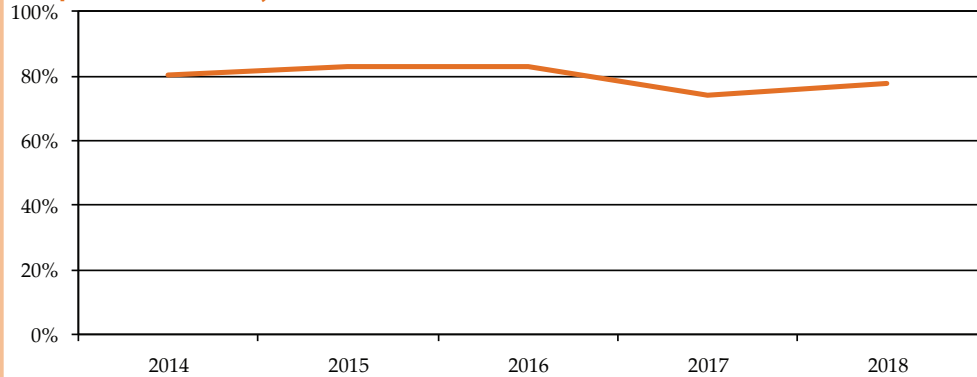
Perpetrator of Sexual Assault by Sex, FY 2014-2018



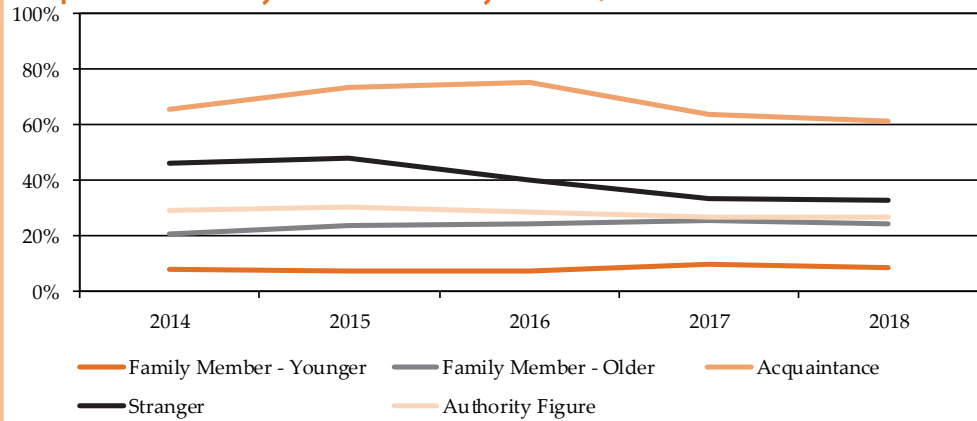
Physical Assault

- » Since FY 2014, an average of 80% of youth had been the perpetrator of physical assault.
- » An average of 68% of youth had physically assaulted acquaintances, making them the most common victims.
- » A higher percentage of Black youth were perpetrators of physical assault compared to White youth and youth of other races.

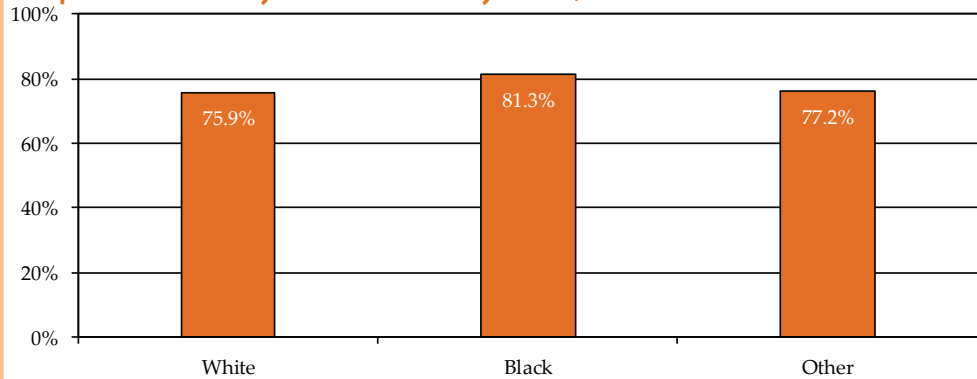
Perpetrator of Physical Assault, FY 2014-2018



Perpetrator of Physical Assault by Victim, FY 2014-2018



Perpetrator of Physical Assault by Race, FY 2014-2018

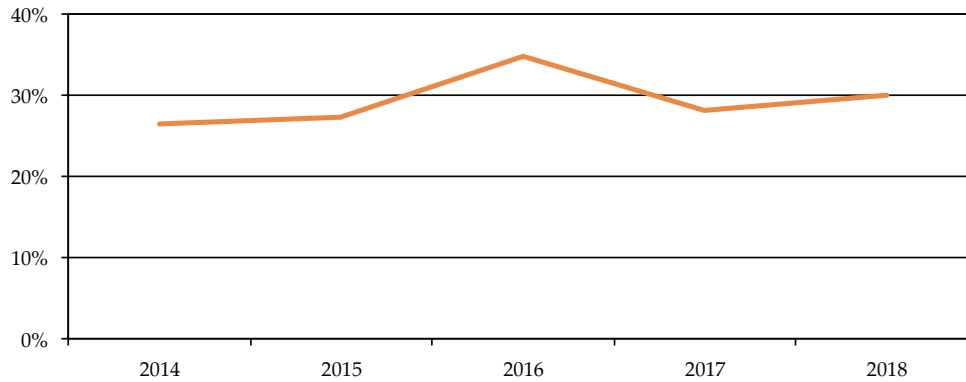


Data presented on this page are collected on the Psychological Information form.



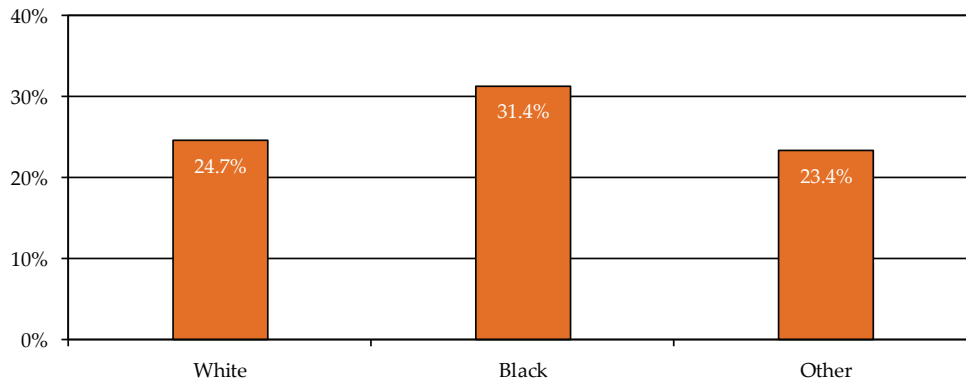
Physical Assault, cont.

Assault Resulting In Injury Requiring Medical Attention, FY 2014-2018

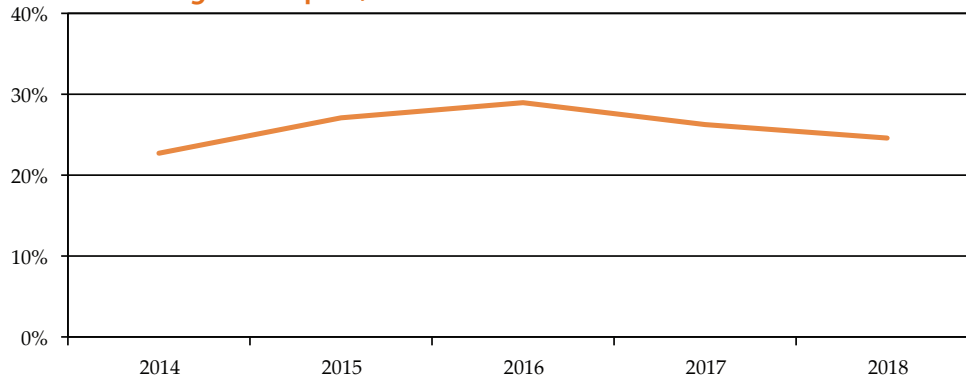


- » Since FY 2014, an average of 29% of youth had physically assaulted someone resulting in an injury that required medical attention.
- » A higher percentage of Black youth had physically assaulted someone resulting in an injury requiring medical attention compared to White youth and youth of other races.
- » An average of 26% of youth had physically assaulted someone with a weapon.

Assault Resulting In Injury Requiring Medical Attention by Race, FY 2014-2018



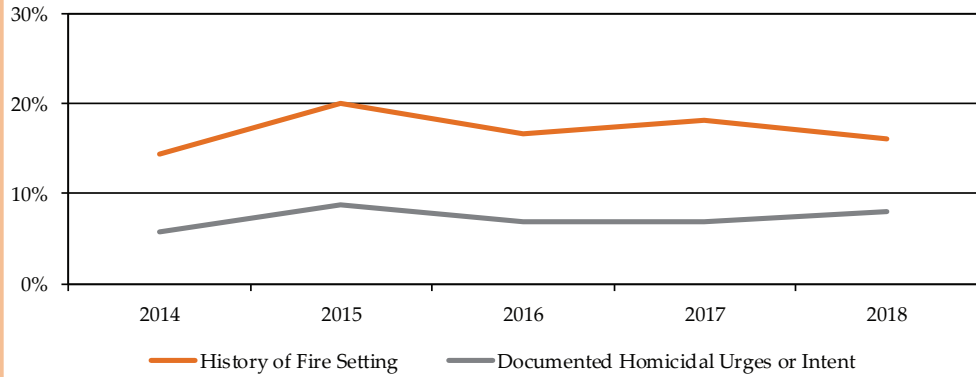
Assault Using a Weapon, FY 2014-2018



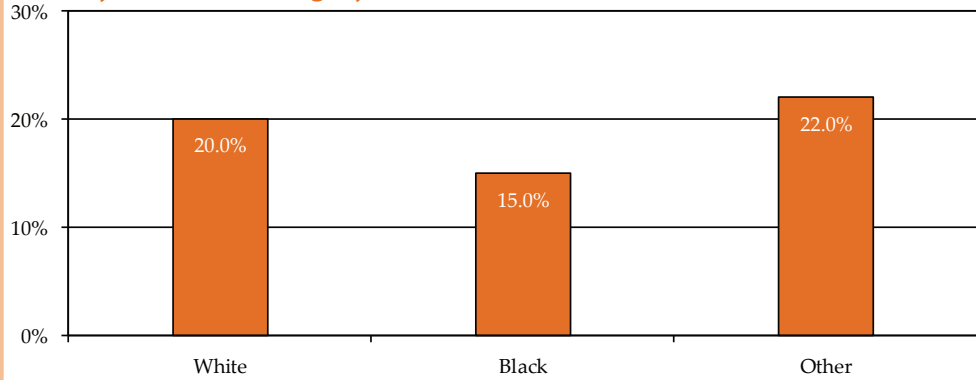
Fire Setting and Homicidal Urges

- » Since FY 2014, an average of 17% of youth had a history of fire setting, and 7% had documented homicidal urges or intent.
- » A lower percentage of Black youth had a history of fire setting compared to White youth and youth of other races.
- » A higher percentage of females had documented homicidal urges or intent compared to males.

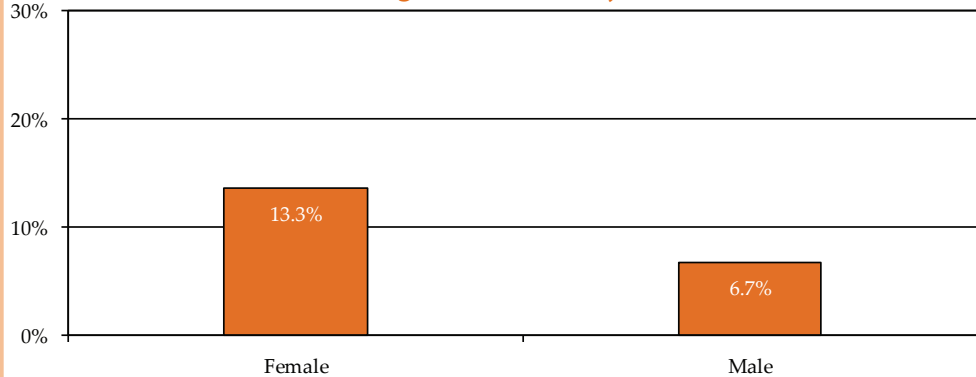
History of Fire Setting and Documented Homicidal Urges or Intent, FY 2014-2018



History of Fire Setting by Race, FY 2014-2018



Documented Homicidal Urges or Intent by Sex, FY 2014-2018

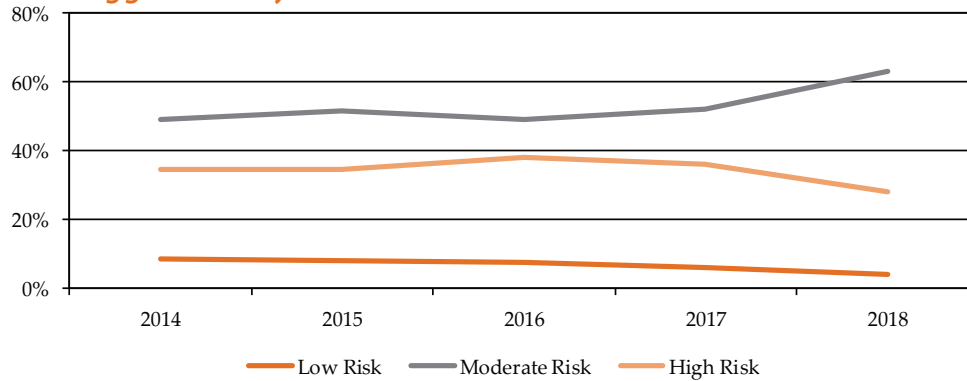


Data presented on this page are collected on the Psychological Information form.



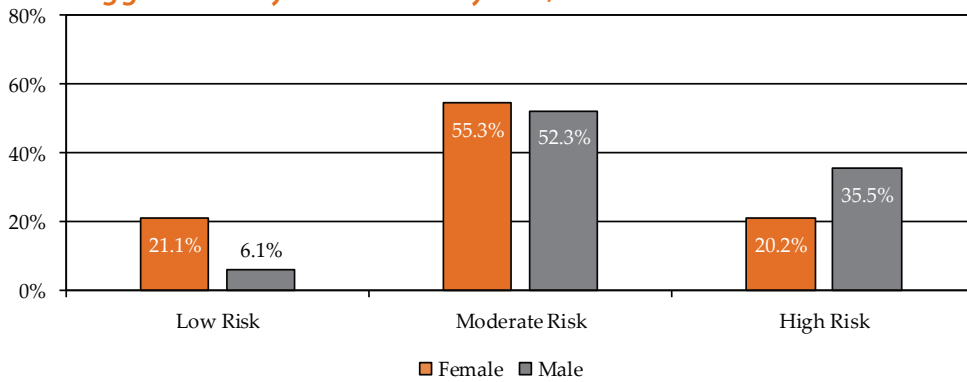
Aggression Risk (from YASI)

YASI Aggression Dynamic Risk, FY 2014-2018



- » Since FY 2014, an average of 53% of youth were classified as moderate risk in the Aggression dynamic risk domain.
- » A higher percentage of females were low or moderate risk compared to males.

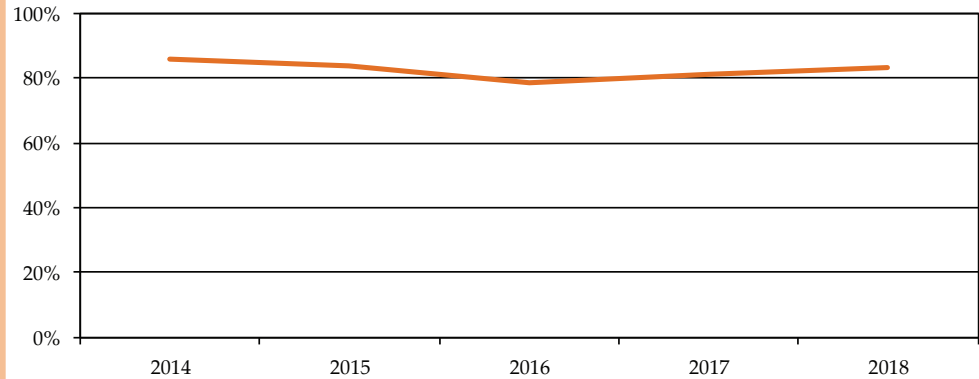
YASI Aggression Dynamic Risk by Sex, FY 2014-2018



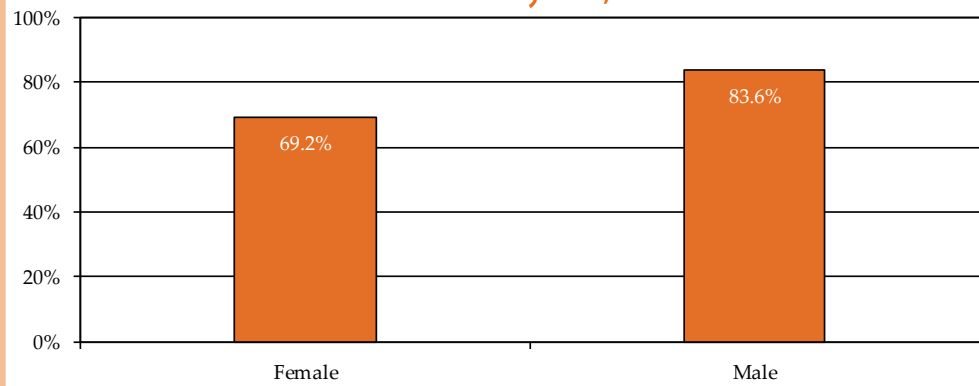
Substance Abuse Treatment Need

- » Since FY 2014, an average of 83% of youth had a substance abuse treatment need.
- » A higher percentage of males had a substance abuse treatment need compared to females.

Substance Abuse Treatment Need, FY 2014-2018

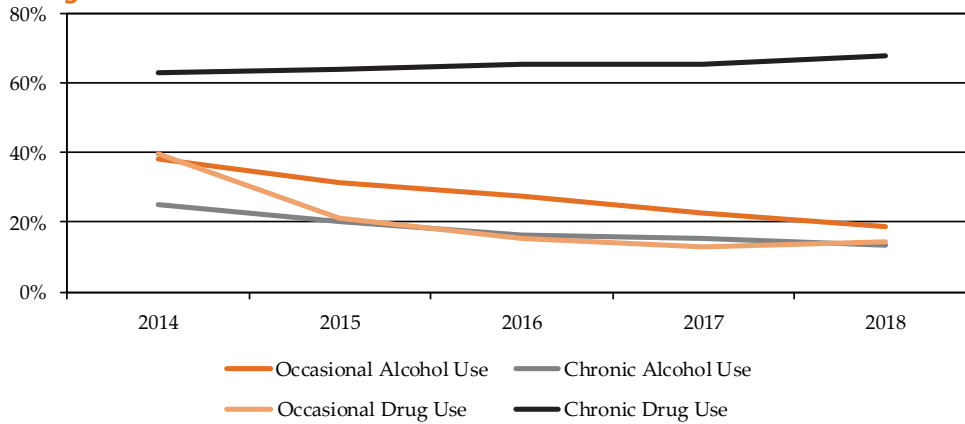


Substance Abuse Treatment Need by Sex, FY 2014-2018



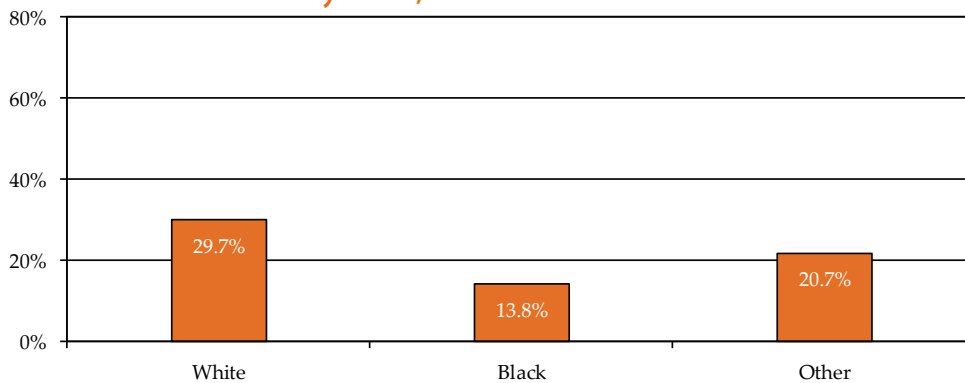
Drug and Alcohol Use

Drug and Alcohol Use, FY 2014-2018

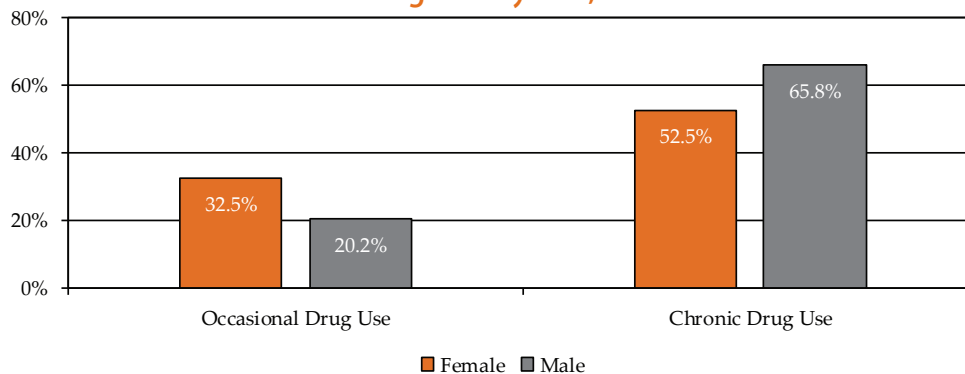


- » From FY 2014 to FY 2018, the percentage of youth who occasionally used alcohol decreased from 38% to 19% while the percentage who chronically used alcohol decreased from 25% to 13%.
- » The percentage of youth who occasionally used drugs decreased from 40% to 14% while the percentage who chronically used drugs increased from 63% to 68%.
- » A higher percentage of White youth chronically used alcohol compared to Black youth and youth of other races.
- » A higher percentage of females occasionally used drugs compared to males.
- » A higher percentage of males chronically used drugs compared to females.

Chronic Alcohol Use by Race, FY 2014-2018



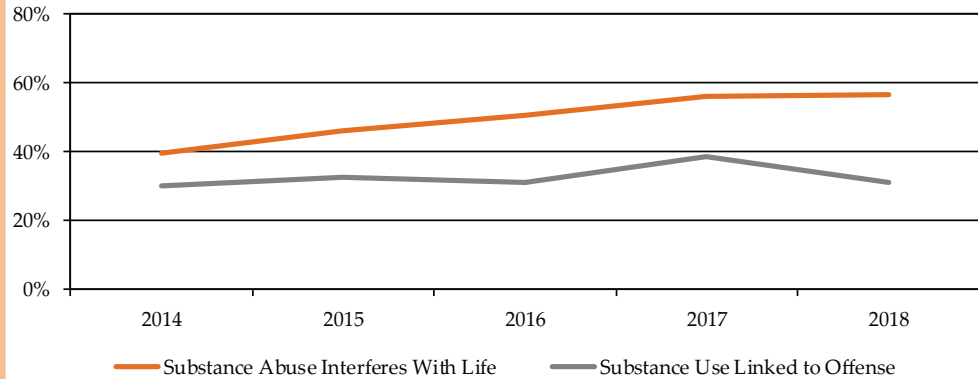
Occasional and Chronic Drug Use by Sex, FY 2014-2018



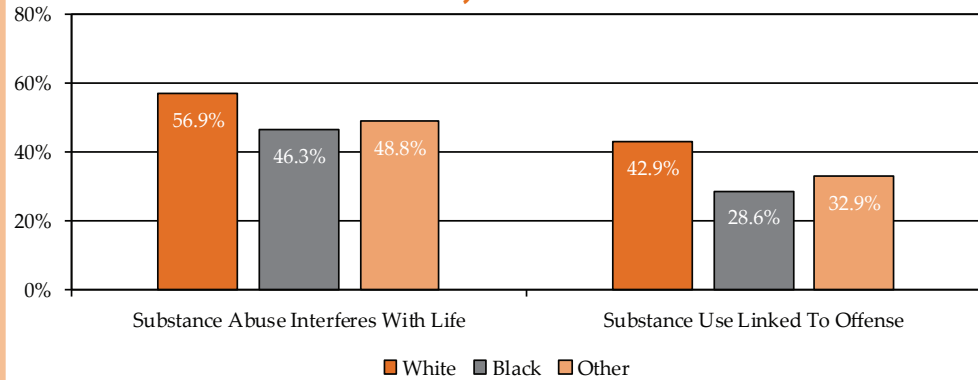
Substance-Related Problems, cont.

- » The percentage of youth whose substance abuse interfered with their daily lives increased from 39% in FY 2014 to 56% in FY 2018.
- » Since FY 2014, an average of 33% of youth's offenses were linked to their substance use.
- » A higher percentage of White youth reported that substance abuse interfered with their daily life and that substance use was linked to their offense compared to Black youth and youth of other races.

Substance-Related Problems, FY 2014-2018

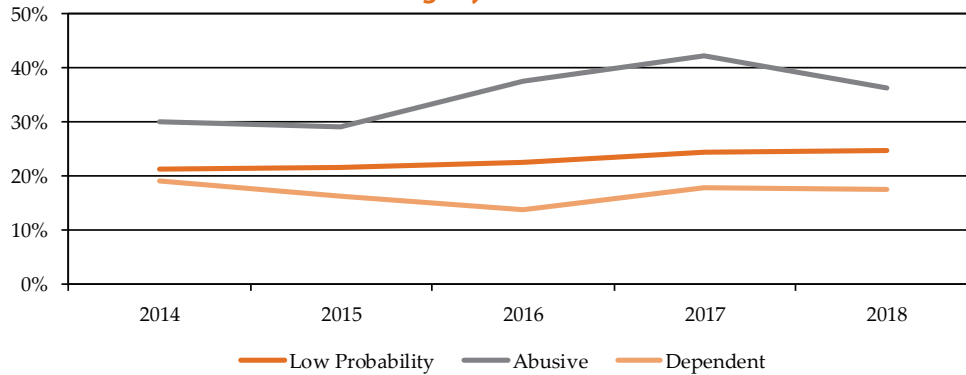


Substance-Related Problems by Race, FY 2014-2018



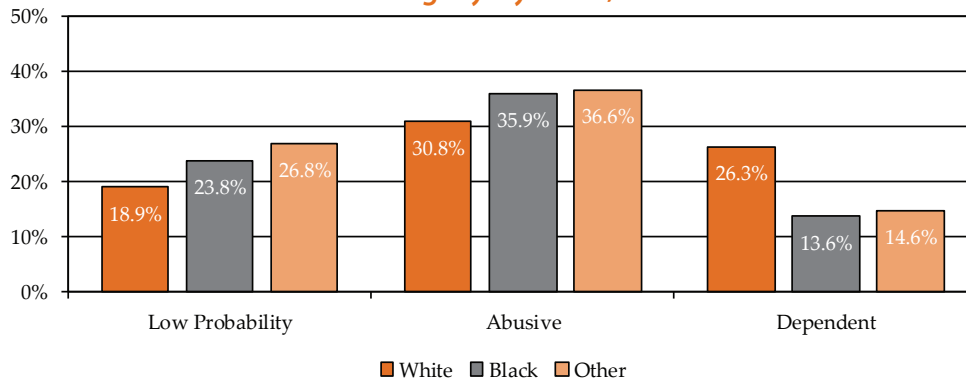
Substance Abuse Category (from SASSI)

SASSI Substance Abuse Category, FY 2014-2018



- » Since FY 2014, an average of 35% of youth received an abusive rating, 23% were given a low probability score, and 17% received a dependent rating.
- » A lower percentage of White youth received an abusive rating compared to Black youth and youth of other races.
- » A higher percentage of White youth received a dependent rating compared to Black youth and youth of other races.

SASSI Substance Abuse Category by Race, FY 2014-2018



Youth are assigned a substance abuse category based on their SASSI scores. If certain criteria are met, the results will designate youth as a “high probability of having a substance abuse or substance dependence disorder.” If none of the criteria are met, youth are designated as a “low probability of a substance abuse or substance dependence disorder.”

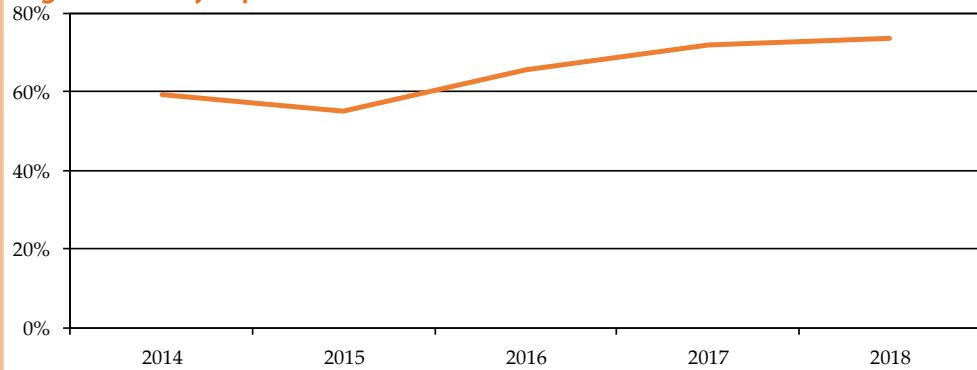
SASSI also includes items designed to indicate potentially invalid response sets. If certain criteria are met, the results of the SASSI would be invalid because the respondent provided seemingly random answers to the questions.



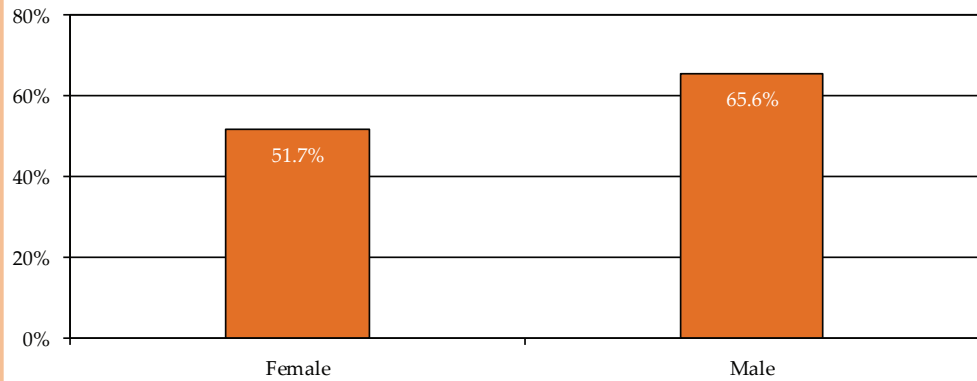
Substance Disorders

- » The percentage of youth who showed significant symptoms of a substance disorder increased from 59% in FY 2014 to 74% in FY 2018.
- » A higher percentage of males showed significant symptoms of a substance disorder compared to females.

Significant Symptoms of Substance Disorders, FY 2014-2018

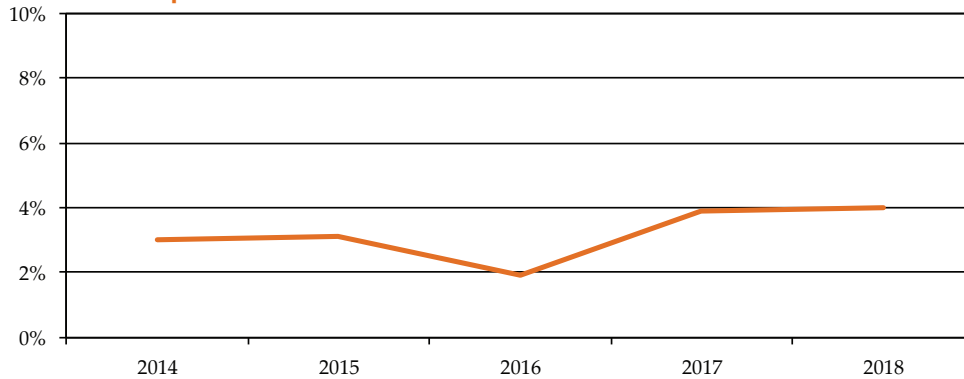


Significant Symptoms of Substance Disorders by Sex, FY 2014-2018



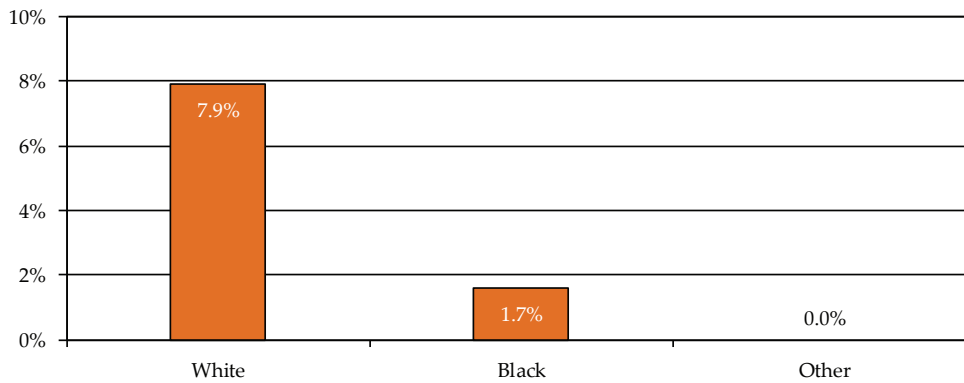
Previous Inpatient Substance Abuse Treatment

Previous Inpatient Substance Abuse Treatment, FY 2014-2018

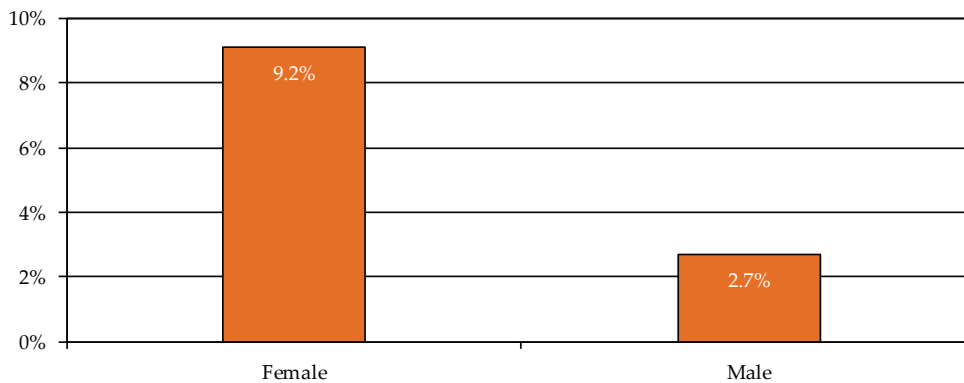


- » Since FY 2014, an average of 3% of youth had previous inpatient substance abuse treatment.
- » A higher percentage of White youth had previous inpatient substance abuse treatment compared to Black youth and youth of other races.
- » A higher percentage of females had previous inpatient substance abuse treatment compared to males.

Previous Inpatient Substance Abuse Treatment by Race, FY 2014-2018



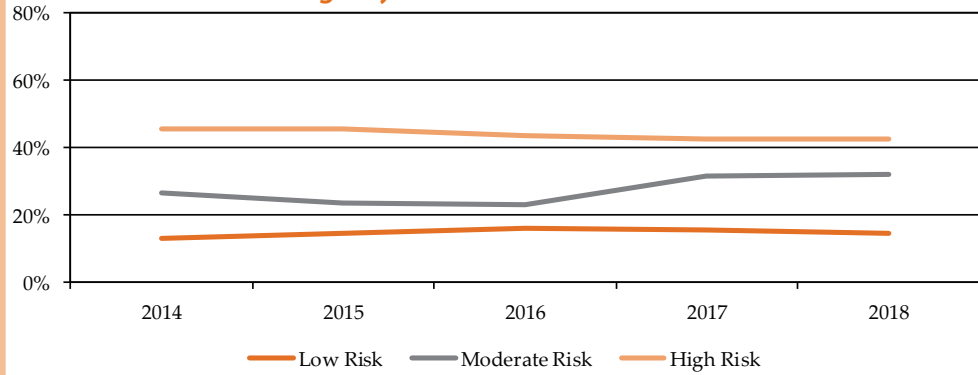
Previous Inpatient Substance Abuse Treatment by Sex, FY 2014-2018



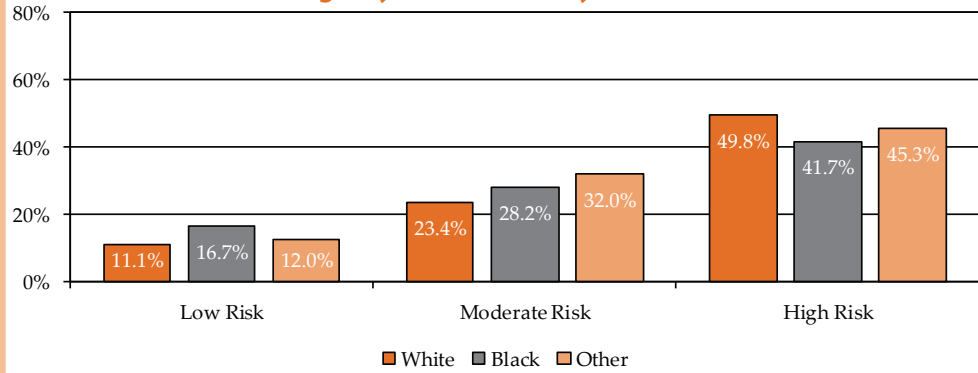
Alcohol and Drug Risk (from YASI)

- » Since FY 2014, an average of 44% of youth were classified as high risk in the Alcohol and Drugs dynamic risk domain.
- » A higher percentage of White youth were high risk compared to Black youth and youth of other races.
- » A higher percentage of females were moderate risk compared to males.

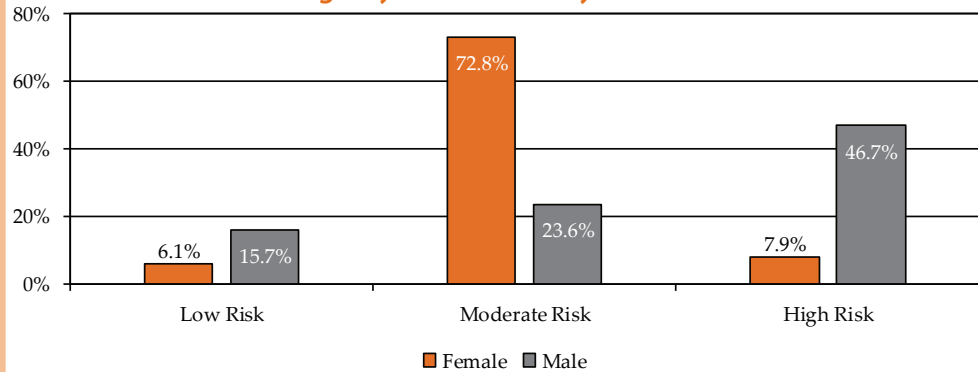
YASI Alcohol and Drugs Dynamic Risk, FY 2014-2018



YASI Alcohol and Drugs Dynamic Risk by Race, FY 2014-2018



YASI Alcohol and Drugs Dynamic Risk by Sex, FY 2014-2018



Data presented on this page are collected with YASI.





The photographs throughout this report are the original creations of Bon Air JCC students in the *Introduction to Photography* and *Advanced Photography* courses.





7 Offenses

The Offenses section includes information from the *Legal History* domain of YASI, the Social History Information form (Appendix A), and DJJ's electronic data management system. This section describes the quantity and types of offenses for youth committed to DJJ. In addition, this section discusses topics such as youth's offense history, YASI risk level, and LOS offense tier.

Types of Offenses Nationwide

Despite a national decline, the U.S. still leads the industrialized world in the rate of youth incarceration (AECF, 2013b; Juvenile Law Center, 2014). The number of youth in residential placement is tracked biennially by the Census of Juveniles in Residential Placement, which also collects information on youth's committing offenses. Offense types are grouped into the following categories: person, property, drug, public order, status offense, and technical violation. In 2015, 95% of youth in residential placement were held for a delinquency offense, and 5% were held for a status offense. More specifically, 38% committed a person offense, 22% committed a property offense, 18% committed a technical violation, 13% committed a public order offense, and 5% committed a drug offense (Hockenberry, 2018).

LOS and Recidivism

In general, evidence does not support longer LOSs for youth. For example, early studies found that longer LOSs were not associated with reduced subsequent recidivism (Fagan, 1995; Saake, 1972). In addition, another study argued that incarceration did not serve as a deterrent for youth based on an examination of the relationship between the length of first confinement and the number of subsequent convictions among a sample of male youth. Furthermore, the study also found that the longer the length of the initial incarceration, the greater the number of subsequent reconvictions (Myner, Santman, Capelletty, & Perlmutter, 1998). A 1999 review of Virginia's youth offender population conducted by the Virginia Poverty Law Center found that incarcerating youth beyond the point of rehabilitation may make youth more dangerous than they were when initially incarcerated and may hamper successful reintegration into the community following release (Burdeiri, 1999).

Similar findings have been found in more recent studies. For example, Loughran and colleagues (2009) examined four-year rearrest rates of serious youth offenders and found that for institutional stays lasting between 3 and 13 months, longer periods of confinement did not reduce recidivism. In addition, a study in Florida found no consistent relationship between LOS and recidivism (Winokur, Smith, Bontrager, & Blankenship, 2008). Also, a study conducted in Ohio found that, after controlling for demographic factors and risk levels, youth placed in state facilities for longer periods had higher rates of reincarceration than those held for shorter periods (Lovins, 2013).

LOS at DJJ

Effective October 15, 2015, the Board of Juvenile Justice issued a revision to DJJ's LOS Guidelines to better align with national norms and best practices. Under the current guidelines, youth's projected LOSs are calculated using their YASI risk level and their current most serious offense (MSO). If a youth is determined to need inpatient sex offender treatment services, the youth is not assigned a projected LOS; youth who receive a treatment override are eligible for consideration for release upon completion of the designated treatment program. Youth may be assigned other treatment needs as appropriate, but they are not required to complete those treatment programs to be eligible for consideration for release. The current guidelines apply to all youth admitted as of October 15, 2015, while the previous guidelines still apply to all youth admitted with an indeterminate commitment to DJJ before the effective date.

Sex Offender Treatment

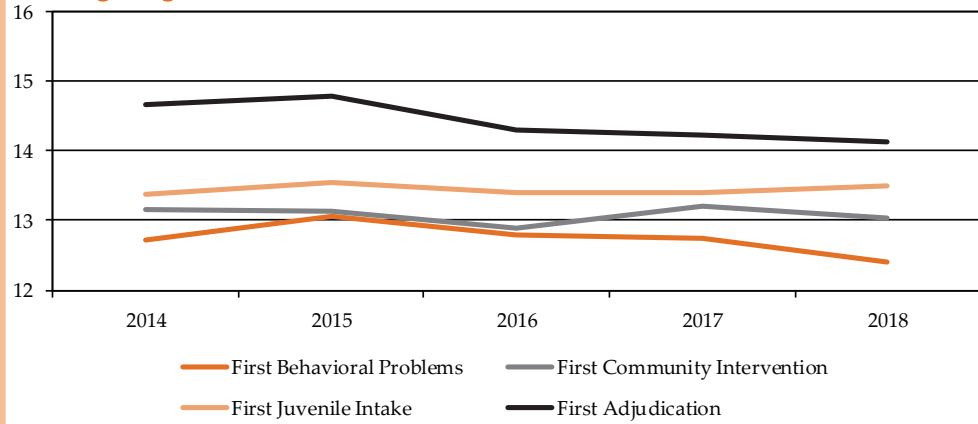
BSU provides cognitive-behavioral sex offender evaluation and treatment services in specialized treatment units and in the general population. Each juvenile receives an individualized treatment plan that addresses programmatic goals, competencies, and core treatment activities. Successful completion of sex offender treatment may require 6 to 36 months, depending on the juvenile's treatment needs, behavioral stability, and motivation.



Average Ages

» Since FY 2014, the average age at first behavioral problems was 12.8, the average age at first community intervention was 13.1, the average age at first juvenile intake was 13.4, and the average age at first adjudication was 14.4.

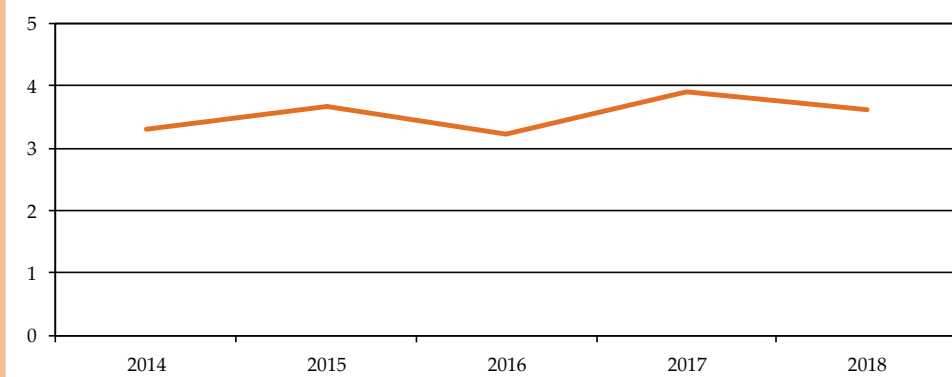
Average Ages, FY 2014-2018



Committing Offenses*

» Since FY 2014, the average number of committing offenses was 3.5.

Average Number of Committing Offenses, FY 2014-2018

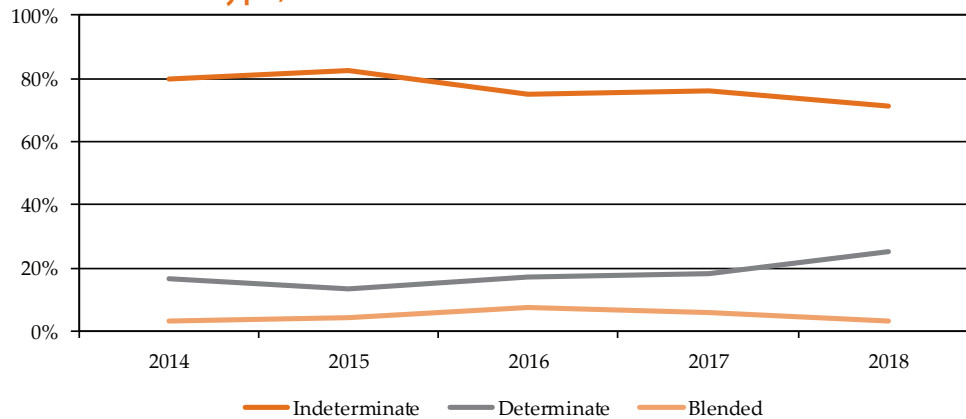


* Data include offenses from subsequent commitments.



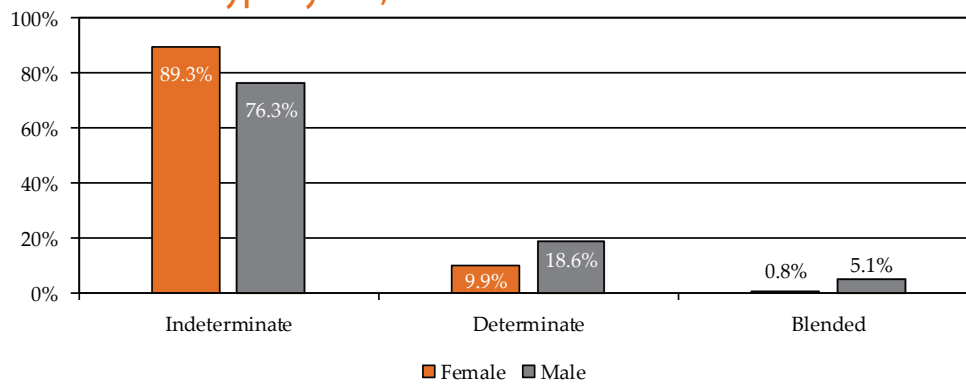
Commitment Type*

Commitment Type, FY 2014-2018

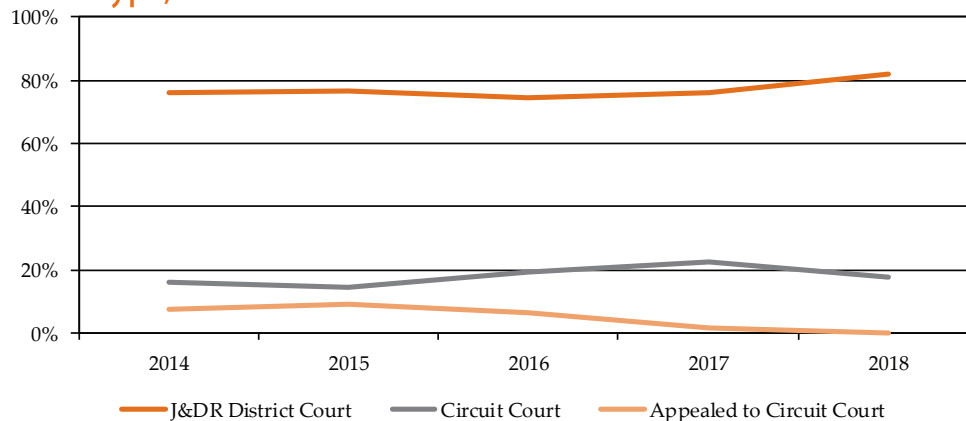


- » Since FY 2014, the majority of youth had indeterminate commitments each year.
- » A higher percentage of males had determinate commitments or blended sentences compared to females.

Commitment Type by Sex, FY 2014-2018



Court Type, FY 2014-2018



Court Type**

- » Since FY 2014, the majority of youth were committed by juvenile and domestic relations (J&DR) district courts.
- » An average of 18% of youth were committed by a circuit court since FY 2014.

* If a youth had multiple commitments for the same admission (including subsequent commitments), commitment type was determined by the commitment with the longest assigned LOS.

** Court type was determined by the first commitment associated with the admission.



Committing CSU*

» Between FY 2014 and FY 2018, the highest percentage of youth were committed by CSU 4 (Norfolk), followed by CSU 7 (Newport News) and CSU 13 (Richmond).

Committing CSU, FY 2004-2018

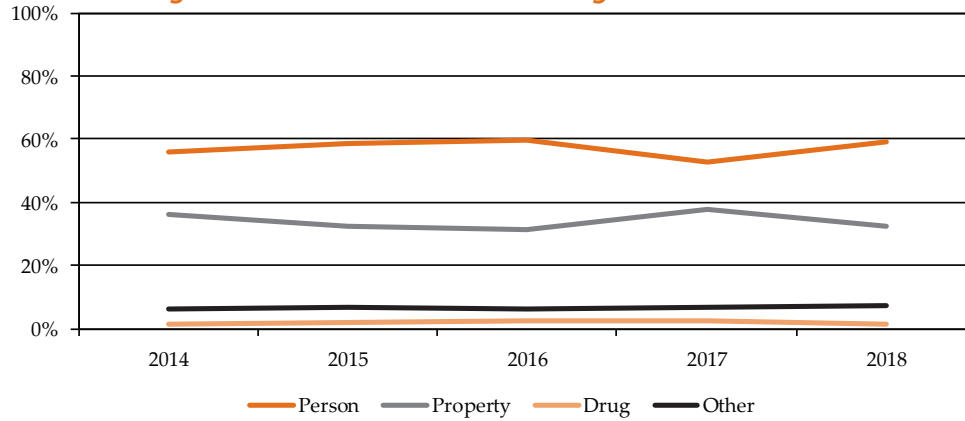
	2014	2015	2016	2017	2018	Total
1	2.7%	4.2%	2.8%	2.1%	1.8%	2.8%
2	5.4%	7.6%	4.4%	6.0%	6.2%	6.0%
2A	1.4%	0.8%	1.3%	0.6%	1.2%	1.0%
3	4.4%	3.1%	3.8%	2.7%	2.5%	3.3%
4	8.4%	10.4%	9.1%	9.9%	9.8%	9.6%
5	2.2%	2.6%	1.9%	4.2%	2.5%	2.7%
6	1.9%	2.3%	1.3%	3.9%	4.0%	2.7%
7	10.1%	8.3%	4.4%	6.3%	8.3%	7.6%
8	2.7%	5.7%	5.0%	8.4%	4.9%	5.3%
9	2.2%	2.3%	2.5%	3.3%	1.5%	2.4%
10	3.3%	1.6%	2.2%	1.5%	5.8%	2.8%
11	2.5%	2.1%	3.8%	3.9%	2.2%	2.8%
12	6.3%	2.9%	4.1%	2.1%	4.6%	4.0%
13	7.9%	4.7%	9.7%	6.9%	4.3%	6.7%
14	4.1%	6.8%	3.8%	5.1%	4.6%	4.9%
15	5.2%	3.9%	7.2%	3.6%	5.5%	5.0%
16	3.3%	4.7%	7.2%	3.3%	4.6%	4.6%
17	1.9%	2.1%	2.8%	1.5%	1.2%	1.9%
18	1.4%	1.3%	0.9%	1.5%	0.9%	1.2%
19	4.1%	1.6%	5.0%	3.6%	4.3%	3.6%
20L	1.1%	2.1%	2.2%	1.8%	0.0%	1.4%
20W	1.1%	0.3%	0.3%	0.0%	0.0%	0.3%
21	1.6%	0.5%	0.0%	1.5%	1.2%	1.0%
22	1.4%	2.1%	3.1%	3.9%	4.6%	3.0%
23	0.0%	0.0%	0.0%	0.3%	0.0%	0.1%
23A	2.2%	1.3%	2.2%	1.8%	2.2%	1.9%
24	3.5%	2.1%	1.3%	0.6%	2.8%	2.1%
25	0.8%	0.8%	2.2%	1.8%	1.5%	1.4%
26	1.6%	3.9%	1.6%	0.9%	1.5%	2.0%
27	0.3%	0.0%	0.0%	0.0%	0.0%	0.1%
28	0.3%	0.0%	0.0%	0.0%	0.3%	0.1%
29	0.0%	0.3%	0.0%	0.0%	0.6%	0.2%
30	0.3%	0.3%	0.0%	0.0%	0.3%	0.2%
31	4.6%	7.6%	4.1%	6.6%	4.0%	5.4%
<i>Total</i>	367	384	319	332	325	1,727

* CSU was determined by the first commitment associated with the admission.



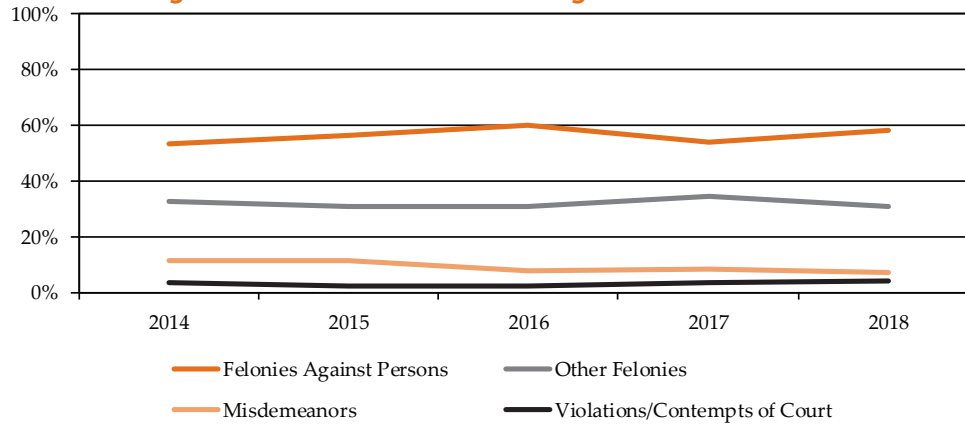
MSO by Virginia Criminal Sentencing Commission (VCSC) Ranking*

Committing MSO based on VCSC Ranking, FY 2014-2018



- » Since FY 2014, an average of 57% of youth had a person offense as their committing MSO.
- » An average of 34% of youth had a property offense as their committing MSO.
- » An average of 2% of youth had a drug offense as their committing MSO.
- » An average of 7% of youth had another type of offense as their committing MSO.

Committing MSO based on DAI Ranking, FY 2014-2018



MSO by Detention Assessment Instrument (DAI) Ranking*

- » Since FY 2014, an average of 56% of youth had a felony against persons as their committing MSO.
- » An average of 32% of youth had an other felony as their committing MSO.
- » An average of 9% of youth had a misdemeanor as their committing MSO.
- » An average of 3% of youth had a violation/contempt of court offense as their committing MSO.

* Data include offenses from subsequent commitments.



Offense Category*

» Between FY 2014 and FY 2018, robbery was the most common offense category, followed by larceny, assault, and burglary.

Committing MSO Category, FY 2014-2018

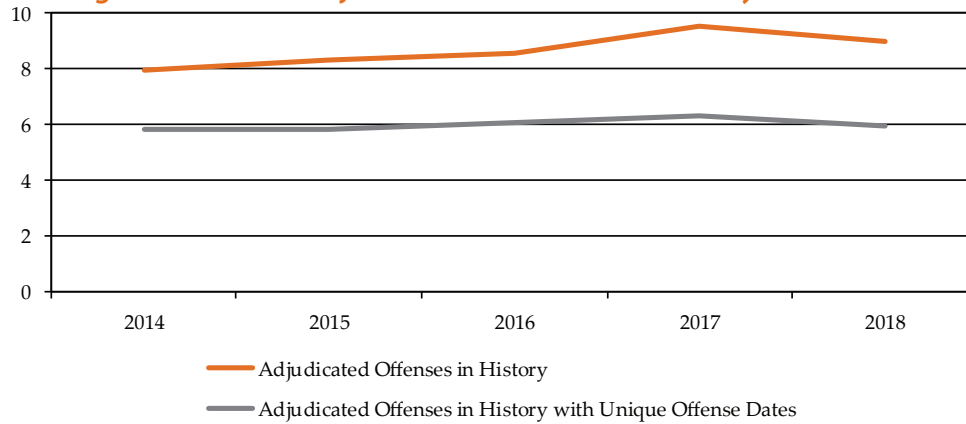
	2014	2015	2016	2017	2018	Total
Alcohol	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Arson	0.8%	0.8%	0.9%	1.8%	0.0%	0.9%
Assault	17.4%	19.8%	17.2%	15.7%	16.0%	17.3%
Burglary	14.2%	16.9%	15.4%	16.0%	11.7%	14.9%
Computer	0.3%	0.0%	0.0%	0.0%	0.0%	0.1%
Contempt of Court	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Disorderly Conduct	0.5%	0.8%	0.0%	0.3%	0.0%	0.3%
Escapes	0.0%	0.3%	0.0%	0.0%	0.0%	0.1%
Extortion	0.5%	0.8%	0.3%	0.3%	0.0%	0.5%
Failure to Appear	0.0%	0.3%	0.3%	0.0%	0.0%	0.1%
Family Offense	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Fraud	1.4%	1.0%	1.3%	0.9%	2.2%	1.3%
Gangs	0.5%	1.6%	1.9%	0.0%	0.3%	0.9%
Kidnapping	0.3%	0.0%	0.9%	0.9%	1.2%	0.6%
Larceny	21.8%	15.1%	16.3%	21.1%	18.8%	18.6%
Misc./Other	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Murder	0.8%	0.3%	2.5%	1.2%	0.6%	1.0%
Narcotics	1.4%	1.8%	2.5%	2.4%	1.2%	1.9%
Obscenity	0.5%	0.3%	1.9%	0.6%	0.3%	0.7%
Obstruction of Justice	0.3%	0.8%	0.9%	0.9%	0.3%	0.6%
Parole Violation	3.3%	2.3%	2.2%	3.6%	4.0%	3.1%
Probation Violation	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Robbery	21.0%	23.4%	22.9%	22.9%	28.0%	23.6%
Sexual Abuse	9.8%	8.1%	7.5%	5.4%	8.3%	7.9%
Sexual Offense	0.0%	0.3%	0.0%	0.0%	0.0%	0.1%
Traffic	1.4%	1.0%	1.3%	0.3%	1.8%	1.2%
Trespass	0.3%	0.3%	0.3%	0.3%	0.0%	0.2%
Vandalism	1.6%	2.1%	1.3%	2.1%	2.2%	1.9%
Weapons	1.9%	1.3%	2.2%	3.0%	3.1%	2.3%
<i>Total</i>	367	384	319	332	325	1,727

* Data include offenses from subsequent commitments.



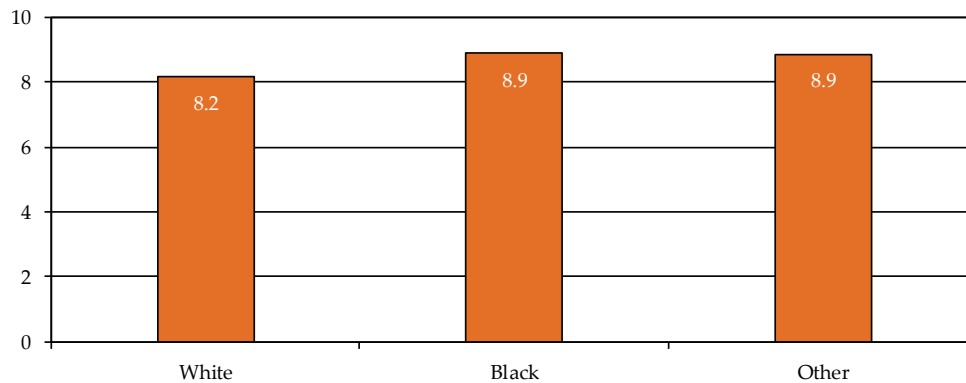
Adjudicated Offenses in History*

Average Number of Adjudicated Offenses in History, FY 2014-2018

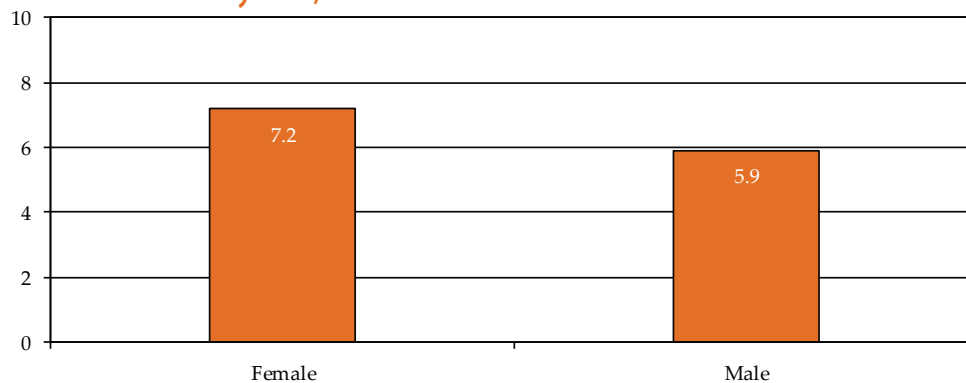


- » The average number of adjudicated offenses in a youth's history increased from 8.0 in FY 2014 to 9.0 in FY 2018.
- » In addition, the average number of adjudicated offenses in a youth's history with unique offense dates was 6.0.
- » White youth had a lower average number of adjudicated offenses in their history compared to Black youth and youth of other races.
- » Females had a higher average number of adjudicated offenses in their history with unique offense dates compared to males.

Average Number of Adjudicated Offenses in History by Race, FY 2014-2018



Average Number of Adjudicated Offenses in History with Unique Offense Dates by Sex, FY 2014-2018



Youth's committing offenses for their current admission are included in the number of adjudicated offenses in history.

* Data exclude offenses from subsequent commitments.



Adjudicated Offenses in History by Category*

- » The highest percentage of adjudicated offenses in youth's histories were larceny or assault offenses.
- » The highest percentage of adjudicated felony offenses in youth's histories were larceny offenses.

Adjudicated Offenses in History by Category, FY 2014-2018

	2014	2015	2016	2017	2018	Total
Assault	27.4%	29.7%	29.5%	25.8%	28.4%	28.2%
Burglary	12.5%	12.9%	13.5%	13.8%	12.1%	13.0%
Larceny	30.1%	28.0%	28.7%	32.7%	30.3%	30.0%
Murder	0.4%	0.4%	1.7%	0.9%	0.6%	0.8%
Narcotics	9.6%	8.3%	6.0%	8.7%	7.6%	8.1%
Robbery	13.3%	14.7%	15.1%	14.0%	15.9%	14.6%
Sex Offense	6.7%	5.9%	5.4%	4.1%	5.1%	5.5%
<i>Total</i>	730	743	630	701	686	3,490

Adjudicated Felony Offenses in History by Category, FY 2014-2018

	2014	2015	2016	2017	2018	Total
Assault	19.5%	22.1%	20.9%	20.0%	21.9%	20.9%
Burglary	17.7%	17.9%	18.0%	18.5%	16.2%	17.7%
Larceny	32.6%	29.5%	29.4%	35.3%	32.2%	31.8%
Murder	0.6%	0.6%	2.3%	1.1%	0.8%	1.1%
Narcotics	2.7%	2.8%	2.5%	2.7%	1.8%	2.5%
Robbery	18.9%	20.4%	20.1%	18.7%	21.3%	19.9%
Sex Offense	8.0%	6.7%	6.8%	3.6%	5.9%	6.2%
<i>Total</i>	513	535	473	524	512	2,557

Youth's committing offenses for their current admission are included in the number of adjudicated offenses in history.

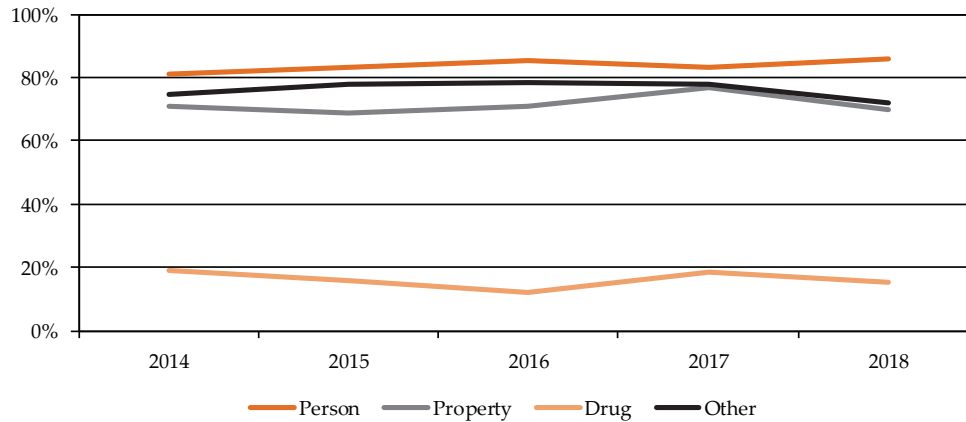
* Data exclude offenses from subsequent commitments. Percentages add to more than 100% because one youth may be in more than one category.

* Adjudicated offenses include only those offenses with a guilty finding.



Adjudicated Offenses in History by VCSC*

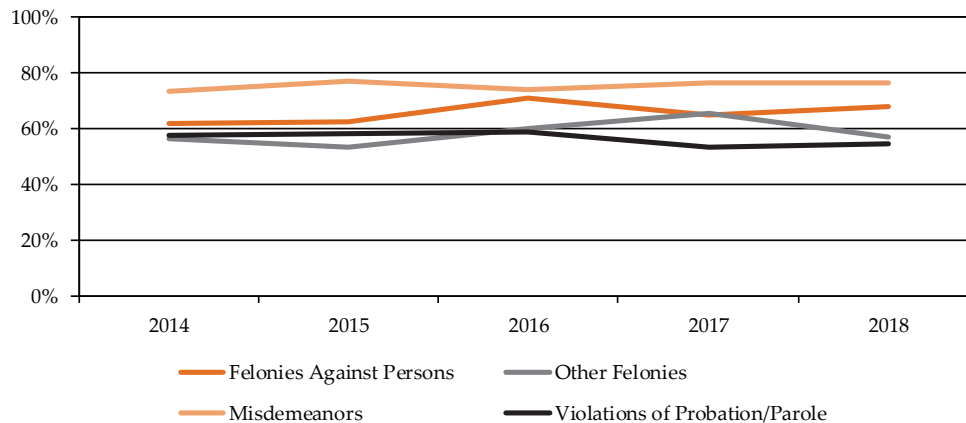
Adjudicated Offenses in History based on VCSC Ranking, FY 2014-2018



- » An average of 84% of adjudicated offenses in youth's histories were for a person offense.
- » An average of 76% were for an other offense.
- » An average of 72% were for a property offense.
- » An average of 16% were for a drug offense.

Adjudicated Offenses in History by DAI*

Adjudicated Offenses in History based on DAI Ranking, FY 2014-2018



- » An average of 75% of adjudicated offenses in youth's histories were for a misdemeanor.
- » An average of 65% were for a felony against person.
- » An average of 58% were for an other felony.
- » An average of 56% were for a violation of probation or parole.

Youth's committing offenses for their current admission are included in the number of adjudicated offenses in history.

* Data exclude offenses from subsequent commitments. Percentages add to more than 100% because one youth may be in more than one category.

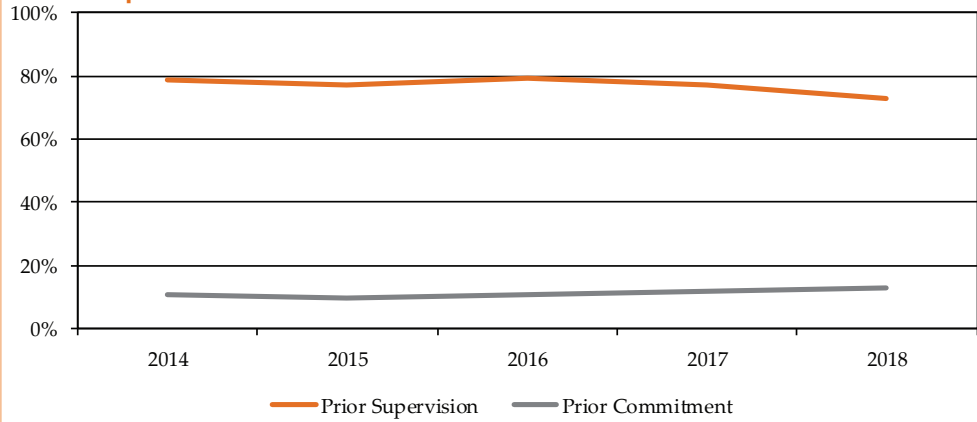
* Adjudicated offenses include only those offenses with a guilty finding.



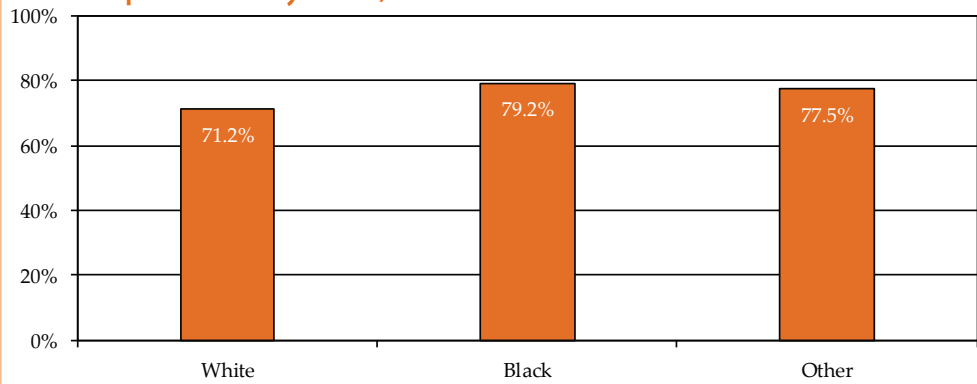
Prior Supervision

- » Since FY 2014, an average of 77% of youth had been under prior supervision (e.g., probation), and 11% had a prior commitment.
- » A lower percentage of White youth had been under prior supervision compared to Black youth and youth of other races.
- » Since FY 2014, youth had an average of 3.0 prior probation and parole violations.

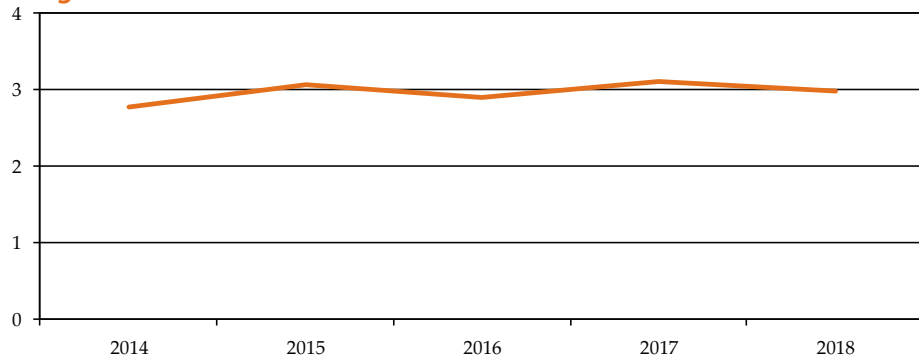
Prior Supervision and Commitment, FY 2014-2018



Prior Supervision by Race, FY 2014-2018

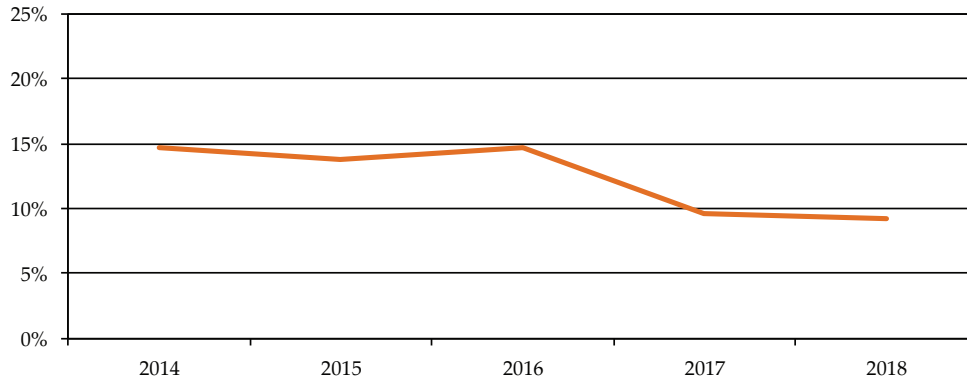


Average Number of Prior Violations, FY 2014-2018



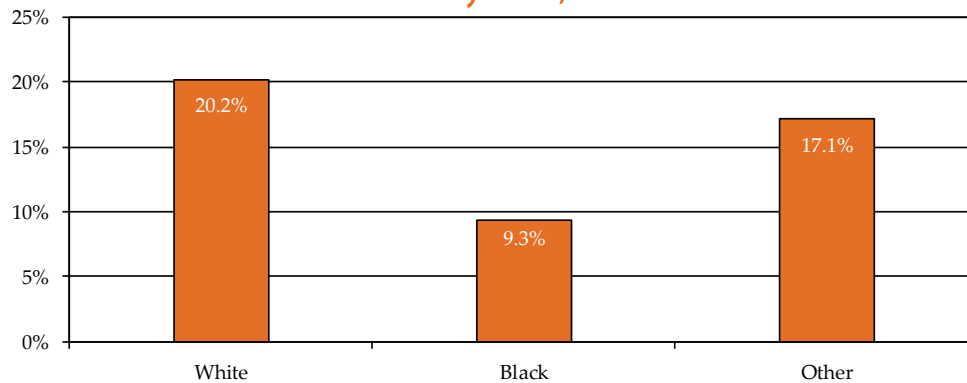
Sex Offender Treatment Need

Sex Offender Treatment Need, FY 2014-2018

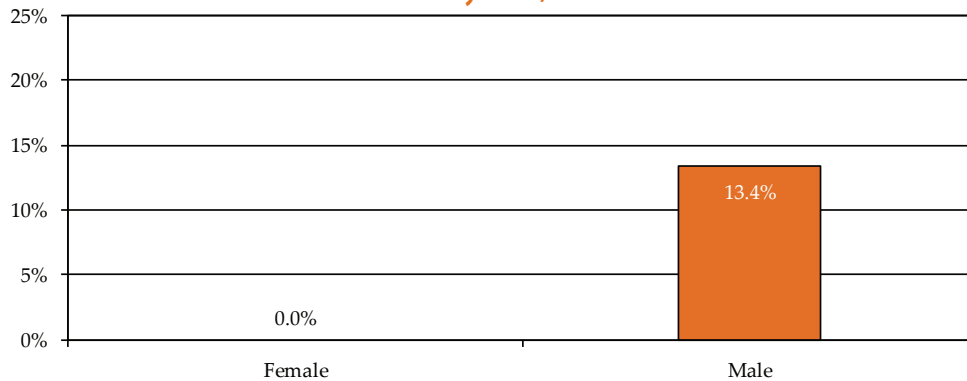


- » Since FY 2014, an average of 13% of youth had a sex offender treatment need.
- » A lower percentage of Black youth had a sex offender treatment need compared to White youth and youth of other races.
- » A higher percentage of males had a sex offender treatment need compared to females.

Sex Offender Treatment Need by Race, FY 2014-2018



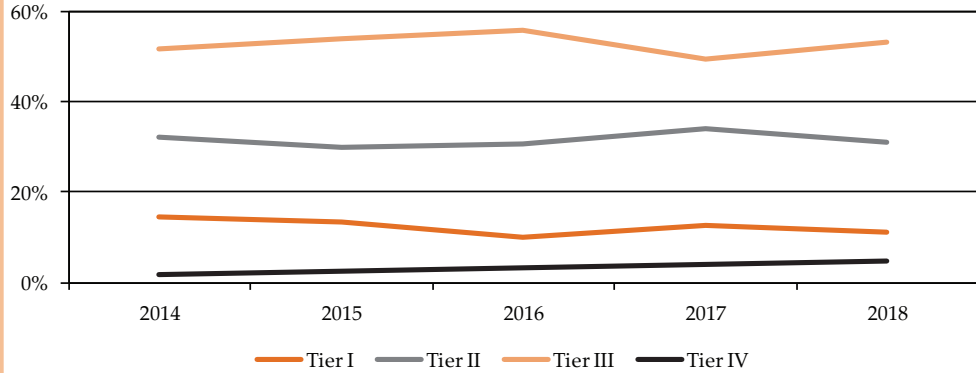
Sex Offender Treatment Need by Sex, FY 2014-2018



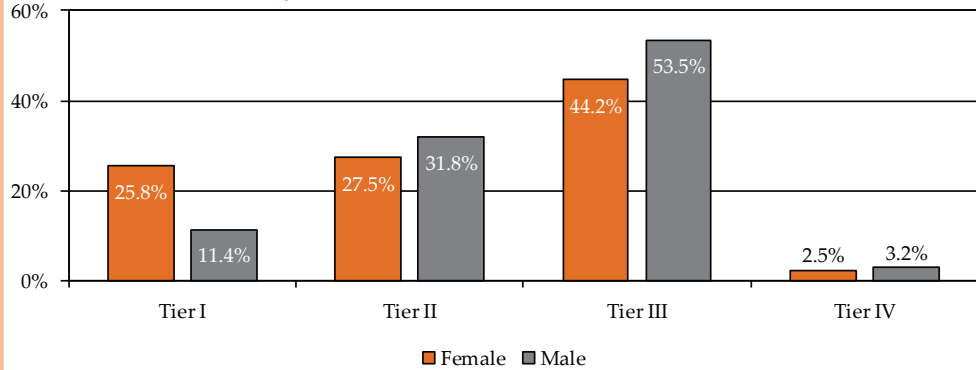
LOS Offense Tiers

- » Offenses are separated into four tiers in the LOS Guidelines.
- » Tier I is for misdemeanors against persons, any other misdemeanor, or violations of parole. It is the least serious LOS offense tier.
- » Tier II is for felony weapons or narcotics distribution and other felony offenses which are not punishable with 20 or more years of confinement if the offense were committed by an adult.
- » Tier III is for felonies against persons that are not punishable with a statutory minimum of 20 or more years of confinement if the offense were committed by an adult.
- » Tier IV is for felony offenses that are punishable with 20 or more years of confinement if the offense were committed by an adult. It is the most serious of the LOS offense tiers.
- » Since FY 2014, an average of 53% of youth committed a Tier III offense.
- » A higher percentage of males had committed Tier II, III, and IV offenses.

LOS Offense Tiers, FY 2014-2018



LOS Offense Tiers by Sex, FY 2014-2018

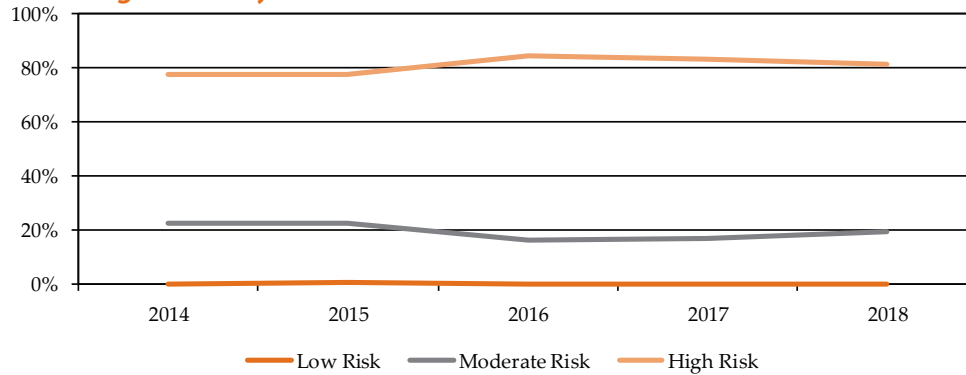


LOS offense tiers were calculated for all youth, including those with a determinate commitment or blended sentence.



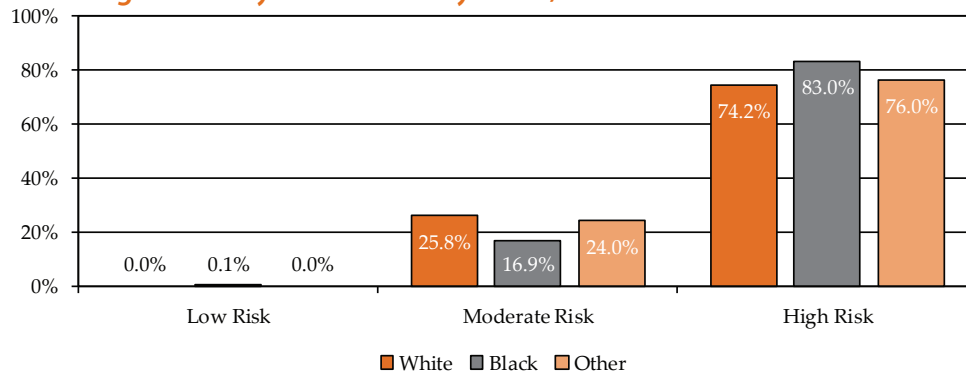
Legal History Risk (from YASI)

YASI Legal History Static Risk, FY 2014-2018

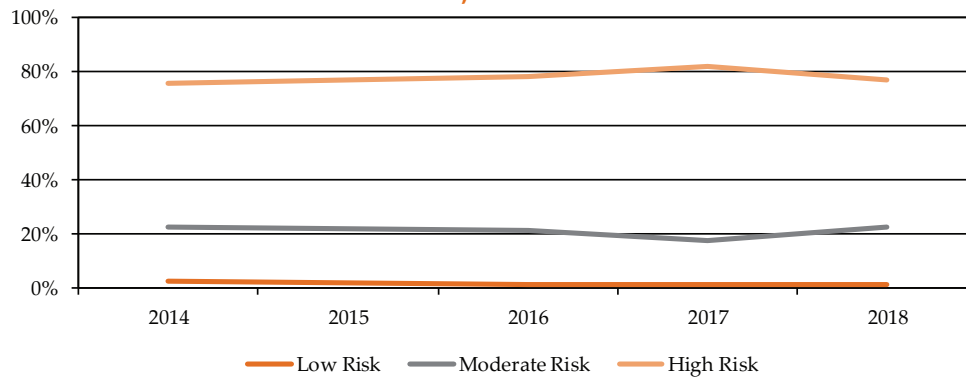


- » Since FY 2014, an average of 81% of youth were classified as high risk in the Legal History static risk domain.
- » A higher percentage of Black youth were high risk compared to White youth and youth of other races.

YASI Legal History Static Risk by Race, FY 2014-2018



Overall Risk Level at Admission, FY 2014-2018



Overall Risk Level

- » Since FY 2014, an average of 78% of youth were high risk.





The photographs throughout this report are the original creations of Bon Air JCC students in the *Introduction to Photography* and *Advanced Photography* courses.

8 Appendices

The forms on the following pages were used to collect youth data. These forms are modified periodically; therefore, the most recent version of each form is presented rather than including every version that was in use for the duration of this report's data.

- » Appendix A: Social History Information Form
- » Appendix B: Psychological Information Form
- » Appendix C: Educational Information Form
- » Appendix D: Medical History Form
- » Appendix E: Physical Examination Form

Additionally, the references cited throughout the report can be found in Appendix F.



Appendix A: Social History Information Form

**Department of Juvenile Justice
DIVISION OF OPERATIONS
Social History Information**

Juvenile Name:	_____	_____	_____	_____
	Last	First	Middle	DOC
Juvenile No.:	_____	Race: _____	Sex: _____	

LIVING SITUATIONS

1. Living Situation Immediately Prior to Detention/Incarceration (check ONE)

<input type="checkbox"/> Both Biological Parents	<input type="checkbox"/> Grandparent(s)	<input type="checkbox"/> Other Family member
<input type="checkbox"/> One Parent + One Step-Parent	<input type="checkbox"/> Adoptive Parent(s)	<input type="checkbox"/> Other
<input type="checkbox"/> Mother Only	<input type="checkbox"/> Foster Home	
<input type="checkbox"/> Father Only	<input type="checkbox"/> Group Home/ Crisis Shelter	
<input type="checkbox"/> Step-Parent Only	<input type="checkbox"/> Psychiatric Placement	

2. Prior Living Situations (check all that apply)

<input type="checkbox"/> Both Biological Parents	<input type="checkbox"/> Grandparent(s)	<input type="checkbox"/> Other Family member
<input type="checkbox"/> One Parent + One Step-Parent	<input type="checkbox"/> Adoptive Parent(s)	<input type="checkbox"/> Other
<input type="checkbox"/> Mother Only	<input type="checkbox"/> Foster Home	
<input type="checkbox"/> Father Only	<input type="checkbox"/> Group Home/ Crisis Shelter	
<input type="checkbox"/> Step-Parent Only	<input type="checkbox"/> Psychiatric Placement	

MENTAL HEALTH/SUBSTANCE ABUSE (MH/SA) TREATMENT SERVICES

3. Inpatient/Residential Treatment (indicate number of placements)

- _____ Psychiatric Placement
- _____ Residential Treatment Facility (not primarily substance abuse)
- _____ Substance Abuse Treatment Facility
- _____ Therapeutic Foster Care

4. Outpatient MH/SA Services (check all that apply)

- Home-Based Services
- Counseling
- Medication Management

FAMILY HISTORY

5. Indicate applicable parental history:

0=No 1=Mother 2=Father 3=Other Female Parental Figure 4=Other Male Parental Figure 5=Multiple Parties

- | | |
|---------------------------------------|--|
| _____ Domestic Violence (perpetrator) | _____ Outpatient Mental Health Treatment |
| _____ Criminal Activity | _____ Abandonment/Rejection of juvenile |
| _____ Incarceration | _____ Death |
| _____ Substance Abuse | |
| _____ Psychiatric Hospitalization | |



Appendix B: Psychological Information Form

**Department of Juvenile Justice
DIVISION OF RESIDENTIAL SERVICES
PSYCHOLOGICAL INFORMATION**

Juvenile Name:	_____	_____	_____	_____
	Last	First	Middle	DOC
Juvenile No.:	_____	Race: _____	Sex: _____	

ASSESSMENT OF RISKS AND NEEDS

1. Special Considerations:	
<input type="checkbox"/> Indications of neglect	<input type="checkbox"/> Pattern of non-suicidal SIB
<input type="checkbox"/> Documented Homicidal Ideation/Intent	<input type="checkbox"/> History of suicide attempts
<input type="checkbox"/> History of harming animals	<input type="checkbox"/> Current Suicidal Ideation/Intent
<input type="checkbox"/> History of fire setting	

2. Substance Use*:	
<input type="checkbox"/> Occasional drug use	<input type="checkbox"/> Chronic alcohol use
<input type="checkbox"/> Chronic drug use	<input type="checkbox"/> Substance abuse interferes with life
<input type="checkbox"/> Occasional alcohol use	<input type="checkbox"/> Substance use linked to offense(s)

*Chronic=weekly or more frequently
Occasional=less than weekly use

PSYCHOTROPIC MEDICATION

3. Psychotropic Medications: Check all that apply	Psychotropic	Sleep	Stimulant
Never Prescribed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescribed in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current prescription (prior to commitment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newly prescribed at direct care placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Appendix B, cont.: Psychological Information Form

**Department of Juvenile Justice
DIVISION OF RESIDENTIAL SERVICES
PSYCHOLOGICAL INFORMATION**

Juvenile Name:	_____	_____	_____	_____	
	Last	First	Middle	DOC	
Juvenile No.:	_____	Race:	_____	Sex:	_____

ASSESSMENT OF SUBSTANCE USE

4. Substances:	Age of First Use	Current Exposure*
	N/A=0 15-18 yo=1 12-14 yo=2 <12 yo=3	None=0 Experimentation=1 Use Disorder (Mild, Moderate, Severe)=2 *Based on DSM criteria
Tobacco		
Alcohol		
Marijuana		
Inhalants		
Ecstasy		
Crack/Cocaine		
Methamphetamine		
Prescription stimulants (Adderall, Ritalin, etc.)		
Sedatives, Anxiolytics, and Hypnotics		
Hallucinogens		
Opiates		
Synthetic Marijuana (K-2, Spice, etc.)		
Other prescription drugs (not elsewhere captured)		
Other non-prescription or other substance (not elsewhere captured)		

ASSAULT HISTORY

5. History of Assaultiveness:	
0 = No 1 = Once 2 = Multiple Times/Recurring	
Sexual Assault perpetrated by Resident:	Physical Assault perpetrated by Resident:
_____ Against Family Member Younger than Juv.	_____ Against Family Member Younger than Juv.
_____ Against Family Member Older than Juv.	_____ Against Family Member Older than Juv.
_____ Against Acquaintance	_____ Against Acquaintance
_____ Against Stranger	_____ Against Stranger
	_____ Against Authority Figure
	_____ Resulting in Physical Injury Req. Med. Attn.
	_____ Using a Weapon



Appendix B, cont.: Psychological Information Form

**Department of Juvenile Justice
DIVISION OF RESIDENTIAL SERVICES
PSYCHOLOGICAL INFORMATION**

Juvenile Name:	_____	_____	_____	_____
	Last	First	Middle	DOC
Juvenile No.:	_____	Race: _____	Sex: _____	

6. History of Victimization:	
0 = No 1 = Once 2 = Multiple Times/Recurring	
Sexual Assault against Resident:	Physical Assault against Resident:
____ Parent/Parental Figure	____ Parent/Parental Figure
____ Other Family Member or Trusted Adult	____ Other Family Member or Trusted Adult
____ Acquaintance	____ Acquaintance
____ Stranger	____ Stranger
____ Other	____ Other

FUNCTIONALITY INFORMATION

7. Intellectual Functioning:	
Testing Instrument: _____	0=None/Invalid, 1=WASI, 2=WISC, 3=WAIS 4=Other
FSIQ: _____	

8. Significant Symptoms of:	
<input type="checkbox"/> Depressive Disorder	<input type="checkbox"/> ADHD
<input type="checkbox"/> Anxiety Disorder	<input type="checkbox"/> Eating Disorder
<input type="checkbox"/> Bipolar/Cyclothymic Disorder	<input type="checkbox"/> Oppositional Defiant Disorder
<input type="checkbox"/> Adjustment Disorder	<input type="checkbox"/> Conduct Disorder
<input type="checkbox"/> Dissociative Disorder	<input type="checkbox"/> Substance Use Disorder, Mild
<input type="checkbox"/> Psychotic Disorder	<input type="checkbox"/> Substance Use Disorder, Moderate or Severe
<input type="checkbox"/> Cluster A Personality Disorder	<input type="checkbox"/> Intellectual Disability
<input type="checkbox"/> Cluster B Personality Disorder	<input type="checkbox"/> Paraphilic Disorder
<input type="checkbox"/> Cluster C Personality Disorder	<input type="checkbox"/> Other

STAFF RESPONSIBLE FOR FORM COMPLETION:

Name: _____

Last First Middle Initials

Contact Number: (____) ____-____

I have filled out and reviewed this form and the information contained within is accurate and complete.

Signature: _____ Date: _____

Facility: _____



Appendix C: Educational Information Form

Department of Juvenile Justice DIVISION OF OPERATIONS EDUCATIONAL INFORMATION

Juvenile Name:	Last	First	Middle	DOC
Juvenile No.:	_____	Race: _____	Sex: _____	

- _____ 1. Last Grade Completed (K-12)
 13 = Diploma 14 = High School Equivalency 15 = Ungraded/Alternative 16 = Unknown
- _____ 2. Date of Testing (mm/dd/yyyy)

MAP TEST RESULTS*

	PRE-TEST		POST-TEST	
	RIT SCORE	PERCENTILE RANK	RIT SCORE	PERCENTILE RANK
MATH	_____	_____	_____	_____
READING	_____	_____	_____	_____
LANGUAGE USE	_____	_____	_____	_____

***Please submit this form after the CEST meeting. The post-test section will be blank.**
 The MAP is a test of academic achievement. It identifies strengths and weaknesses to improve outcomes for students. This information alone does not suggest that a student has a disability.

SCHOOL HISTORY

0 = Minimal or No Problem 1 = Minor Problem 2 = Moderate Problem 3 = Severe Problem
 (Please refer to the attached rubric for scoring.)

- _____ 3. Attendance
- _____ 4. Disruptive Classroom Behavior
- _____ 5. Disruptive Behavior on School Property
- _____ 6. Academic Progress
- _____ 7. Peer Interactions
- _____ 8. Staff Relationships

SCHOOL ENROLLMENT

- _____ 9. Current Status 0 = Currently Enrolled 1 = Released from Compulsory Attendance 2 = Dropped Out/Did Not Attend 3 = Suspended 4 = Expelled 5 = Earned High School Diploma/Equivalency



Appendix C, cont.: Educational Information Form

Department of Juvenile Justice EDUCATIONAL INFORMATION

School History Rubric

Criteria	0 Minimal or No Problem	1 Minor Problem	2 Moderate Problem	3 Serious Problem
Attendance	Student attends school on a regular basis unless the student has an excused absence.	Student misses school (3 unexcused days) and/or student is removed from class due to disciplinary actions at least twice weekly.	Student misses school (4 unexcused days) and/or student is removed from class due to disciplinary actions at least three times or more times weekly.	Student has missed (5 or more unexcused days) and/or student is removed from class daily due to disciplinary actions.
Disruptive Classroom Behavior	Student displays appropriate behavior in the classroom.	Student is disruptive in class at least twice weekly.	Student is disruptive in class at least three times weekly and prevents learning.	Student is disruptive in class daily and prevents learning. S/He manages to prevent the teacher from giving the other students attention as needed.
Disruptive Behavior on School Property	Student displays appropriate behavior while on school property.	Student is disruptive while on school property at least twice weekly.	Student is disruptive while on school property three or more times weekly.	Student is disruptive while on school property. S/He violates school property to include destruction of property, theft, and vandalism.
Academic Progress	Student is on track for completion of high school diploma.	Student is behind cohort by one grade level in completion of requirements for high school diploma.	Student is behind cohort by 2 grade levels in completion of requirements for high school diploma and/or court-ordered to remain on the high-school equivalency track.	Student is behind cohort by 3 grade levels in completion of requirements for high school diploma and/or is court-ordered to remain on the high school equivalency track.
Peer Interactions	Student displays appropriate peer interactions.	Student displays the inability to effectively listen, cooperate, and communicate with peers at least twice weekly.	Student displays the inability to effectively listen, cooperate, and communicate with peers at least three times weekly.	Student does not practice listening, cooperating, and communicating well with peers. S/He argues with peers and instigates problems on a daily basis.
Staff Relationships	Student displays professional relationships with staff.	Student displays inappropriate relationships with staff at least twice weekly.	Student displays inappropriate relationships with staff three or more times weekly.	Student does not attempt to display appropriate relationship with staff. S/He argues, instigates, and curses directly at staff on a daily basis.



Appendix C, cont.: Educational Information Form

Department of Juvenile Justice EDUCATIONAL INFORMATION

Educational Needs Rubric

Criteria	1 Not a Need	2 Moderate Priority Need	3 High Priority Need
Career Education	Student has one or fewer CTE courses to complete to meet the necessary VDOE requirements.	Student has at least 2 CTE courses to complete to meet the necessary VDOE requirements.	Student will not have the CTE course electives (credits) in the time necessary to complete the requirements for graduation.
Parenting Skills	Student displays skills necessary to properly raise children with little or no assistance from others, or s/he does not have children.	Student needs to attend a Parenting Skills program at least once weekly in an effort to demonstrate the proper way to raise children and help the entire family.	Student needs to attend a Parenting Skills program at least three times weekly in an effort to demonstrate the proper way to raise children and help the entire family.
Independent Living Skills	Student displays independent living skills with little or no assistance from others.	Student needs to attend an Independent Living Skills program at least once weekly in an effort to demonstrate the skills necessary for independent living.	Student needs to attend an Independent Living Skills program at least three times weekly in an effort to demonstrate the skills necessary for independent living.



Appendix D: Medical History Form

Virginia Department of Juvenile Justice Medical History

Mark boxes where indicated.

Current Medical Problems:

Yes No Unknown

Allergies:

- 1. Medication and Reactions: _____
- 2. Environmental and Reactions: _____
- 3. Food(s) and Reactions: _____
- 4. TB or Positive PPD: _____ Was it Treated: _____
Date: _____ Medications: _____
CXR: _____
- 5. Asthma: _____ Peak Flow: _____ Last Symptoms: _____
Hospitalizations: _____ Last Date: _____
Medications: _____
- 6. Diabetes: _____ Age or Year Diagnosed: _____
Medications/Complications: _____
- 7. Hepatitis: _____
- 8. Heart Problem: _____
- 9. Sickle Cell Anemia/Trait: _____
- 10. Orthopedic Problem: _____
- 11. Glasses: _____
- 12. Other Assistive Devices Needed for Care: _____
- 13. Current Psychiatric Problems: _____
- 14. Physical Disabilities: _____

Vulnerability Factors:

Yes No Unknown

- 15. Small Physical Stature: _____
- 16. Developmental/Mental/Physical Disability: _____
- 17. Presents as Lesbian, Gay, Bisexual, Transgender, Gender Identity Issues: _____
- 18. History of Sexual Victimization: _____
- 19. History of Sexual Activity While in Custody: _____

Place ID Sticker Here

Updated: July 1, 2013

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Appendix D, cont.: Medical History Form

Virginia Department of Juvenile Justice Medical History

Past Medical History:

Yes No Unknown

20. Chicken Pox: _____ Other Childhood Diseases: _____

21. Head Injury: _____
Where Treated? _____

22. Loss of Consciousness: _____ How Long? _____

23. Fractures: _____

24. Seizures: _____

25. Gunshot Wounds: _____
Bullet or Fragments Retained: _____

26. Stab Wounds: _____

27. Medical Hospitalizations: Where? When? Why? _____

28. Psychiatric Hospitalizations: Where? When? Why? _____

29. Surgery/Operations/Procedures: _____

Females Only: (leave blank if male)

30. Pregnancy: G ____ P ____ AB ____
Induced: _____ Spontaneous: _____
Last Pregnancy/Delivery: _____ Vaginal: ____ C-Section: ____
Complications: _____

31. Menstrual Cycle/Pap Smears: _____
Last Period: _____ N Abn _____
Problems with Periods: _____
Last Pap Smear: _____ N Abn _____



Appendix D, cont.: Medical History Form

Virginia Department of Juvenile Justice Medical History

STIs:

Yes No N/A Unknown

- 32. Chlamydia: _____
- 33. Gonorrhea: _____
- 34. Syphilis: _____
- 35. Herpes: _____
- 36. Venereal Warts: _____
- 37. Genital Sores: _____
- 38. HPV: _____
- 39. Pediculosis: _____
- 40. Trichomonis: _____

Medications:

(check if yes)

- 41. Medical: Name? Dose? Frequency? Indication? _____

 Birth Control for Females: _____

- 42. Psychotropics: _____
 (check all that apply)

	Psychotropic	Sleep	Stimulant
Never Previously Prescribed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescribed in the Past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current Prescription (prior to arrival at RDC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newly Prescribed at RDC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Current: (Name? Dose? Frequency? Indication?) _____

 Previous: Psychotropic(s), if applicable: _____

Physician:

Yes No Unknown

- 44. Family Doctor or Clinic: _____ Address: _____
 Psychiatrist: _____ Address: _____
 OB/Gyn: _____ Address: _____

Family History:

Yes No Unknown

- 45. TB: Who? _____
- 46. Heart Problems: Who? _____
- 47. High Blood Pressure: Who? _____
- 48. Blood Sugar Problems: Who? _____
- 49. Asthma: Who? _____
- 50. Other: _____

Place ID Sticker Here

Updated: July 1, 2013

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Appendix D, cont.: Medical History Form

Virginia Department of Juvenile Justice Medical History

Social History:

(check all that apply)

Substance abuse:	Frequency of Use	Age of First Use
<input type="checkbox"/> 51. Cigarettes	_____	_____
<input type="checkbox"/> 52. Alcohol	_____	_____
<input type="checkbox"/> 53. Marijuana	_____	_____
<input type="checkbox"/> 54. Cocaine	_____	_____
<input type="checkbox"/> 55. Crack	_____	_____
<input type="checkbox"/> 56. Heroin	_____	_____
<input type="checkbox"/> 57. Hallucinogens	_____	_____
<input type="checkbox"/> 58. Inhalants	_____	_____
<input type="checkbox"/> 59. Other Illicit/ 'Designer'/ Prescription Drugs:	_____	

High Risk Behavior/ Sexual History:

(check if applicable)

60. Have you had sex? Yes No

61. Was it consensual? Yes No
If nonconsensual, did you report it to anyone? Yes No
Who? _____

62. Age at first sexual intercourse (not abuse): _____

63. Have you ever been forced or pressured into doing something sexual that you didn't want to do? No Yes _____

64. IV drug use? Yes No

65. History of blood transfusion or blood product administration? Yes No

66. Trading sex for money or drugs? Yes No

67. How many sexual partners have you had in the past year? _____
Past 3 years? _____
How many (lifetime)? _____

68. Were your sexual partner(s): Male Female Both

69. High risk sexual partner (promiscuous/IV drug use/prostitution): _____

70. Condom use: No Yes If yes, sometimes or every time

71. Multiple tattoos: _____

Family:

Lives with: _____ Phone #: _____

72. Number of children you have (include age/sex): _____



Appendix D, cont.: Medical History Form

Virginia Department of Juvenile Justice Medical History

Review of Systems: (Current Only)

Constitutional: Insomnia Night Sweats Recent Weight Loss (>10lbs Past Month)

HEENT: Headaches Nasal Congestion/Sneezing Nose Bleeds Blurry Vision

Respiratory: Cough Shortness of Breath (Exertional?) Chest Pain

Cardiac: Palpitations Blackout Spells

Gastrointestinal: Nausea Abdominal Pain Diarrhea Heartburn Constipation

Genitourinary: Trouble Voiding Bedwetting Urethral Discharge (Males)
 Vaginal Discharge: _____

Skin: Acne Athlete's Foot Jock Itch Rashes Open Lesions/Wounds

Musculoskeletal: Joint Pain Which joint(s)? _____
 Muscle Pain Where? _____
 Back Pain _____
 Recent Injuries When? _____ How? _____

Psychiatric: Depressed: _____
 Thoughts or plans of hurting/killing oneself or others: _____

Signature and Credentials: _____ Date: _____



Appendix D, cont.: Medical History Form

Virginia Department of Juvenile Justice Medical History

Tuberculosis Risk Assessment

The United States Public Health Service and the Center for Disease Control and Prevention recommends that tuberculosis (TB) skin testing be performed on all individuals who may be at risk of TB. To assist us in determining your risk level, please answer the following questions:

1. Were you born in a country outside of the United States?
 No Yes What Country? _____
2. Have you received vaccinations in a country other than the United States?
 No Yes What Country? _____
3. Have you spent three or more consecutive months in a foreign country in the past 5 years?
 No Yes What Country? _____
4. Have you been exposed or had contact with a person with active TB in the two last years?
 No Yes Whom? _____ Relationship? _____
5. Have you been homeless or have you lived in a shelter during the last two years?
 No Yes
6. Do you have any of the following? (check all that apply)
 Fatigue Weight loss Chills Night sweats Productive cough
 Persistent cough (how long _____) Coughing up blood Loss of appetite
 Fever for more than one week Unexplained weight loss None of the above
7. Are you currently taking oral steroid (other than inhalers) or cancer treating drugs?
 No Yes What? _____
8. Are you currently taking medications for Rheumatoid Arthritis such as Humira, Remicade or Enbrel?
 No Yes What? _____
9. Have you ever had a positive TB skin test or taken any treatment for TB disease or a positive TB test?
 No Yes
 Where and when were you treated (city/state/county): _____
 (Month/year): _____
 Did you complete the medication? No Yes
 If no, how long did you take the medications (Months): _____
 Explain: _____
10. Do you have any of the following medical conditions? (Check all that apply)
 Diabetes Malnutrition Cancer Chronic kidney failure
 Congenital or Acquired Immunodeficiency Other _____ None of the above

To the best of my knowledge the above information is correct and complete.

Signature: _____ Date: _____

Reviewed by: _____ Date: _____



Appendix E: Physical Examination Form

Virginia Department of Juvenile Justice Physical Examination

Mark boxes when indicated.

Vital Signs: Weight: _____ lbs Height: _____ feet _____ inches BMI: _____
 Temp: _____ Heart rate: _____ per/min Resp: _____ per/min
 BP: _____/_____

Hearing Screening: Pass Fail _____

Vision Screening: Pass Fail _____

Allergies: Yes No _____

General Appearance: _____

Skin: Checked Not Checked _____
 (check all that apply below)

- Birthmarks _____
- Skin marks (scars, tattoos, carvings) _____
- Acne _____
- Fungal infections _____
- Other skin infections _____
- Signs of recent trauma _____
- Other _____

HEENT: Checked Not Checked Under Investigation

- Head: N Abn _____
- Eyes: N Abn _____
- Ears: N Abn _____
- Nose: N Abn _____
- Throat: N Abn _____
- Neck: N Abn _____

Pulmonary: N Abn _____

Cardiovascular: N Abn _____

Chest: N Abn _____

Breast exam for females (if indicated): N Abn _____

Abdomen: N Abn _____

Musculoskeletal: N Abn _____

Neurological: N Abn _____



Appendix E, cont.: Physical Examination Form

Virginia Department of Juvenile Justice Physical Examination

Genital Exam: Conducted Not Conducted Under Investigation/Results not Available
(choose one below)

Males

Ext. genitalia: N Abn _____
 Circumcised: Yes No _____
 Hernia: Yes No _____
 Testicles/scrotum: N Abn _____
 Tanner Stage: _____

Females

Ext. genitalia: N Abn _____
 Vagina: N Abn _____
 Cervix: N Abn _____
 Uterus: N Abn _____
 Adnexae: N Abn _____
 Rectovaginal: N Abn _____
 Tanner Stage: _____
 PID:

LAB: Conducted Not Conducted Under Investigation/Results not Available

GC: Neg: Pos Chlamydia: Neg Pos HIV: Neg Pos
 Hgb/Hct: N Abn _____ BS: N Abn _____
 UA: N Abn _____
 UPT: Neg Pos _____
 Other: _____

Assessment:

Apparently free from communicable disease: Yes No _____

Handicaps: Yes No _____

Medical Status Changes: Yes No _____



Appendix E, cont.: Physical Examination Form

Virginia Department of Juvenile Justice Physical Examination

Plans/Recommendations:

(check all that apply)

Psychotropic medications: _____

Other medications: _____

Referral w/in DJJ: Optometrist Dental BSU Other _____

Referral outside of DJJ: Dermatology Orthopedics Neurology Cardiology
 Urology OB/Gyn ENT Nephrology Audiology
 PT/OT Ophthalmology Hematology Surgery _____

Diagnostic tests: X-ray _____ EKG Lab(s) _____
 Other _____

Prosthetic device or equipment: _____

Patient education discussed: _____

Immunizations: No records
(check one) DJJ records only
 Records from schools, family, and other non-DJJ source

Signature: _____ Date: _____



Appendix F: References

- Abram, K., Teplin, L., King, D., Longworth, S., Emanuel, K., Romero, E., ... & Olson, N. (2013). *PTSD, trauma, and comorbid psychiatric National Center for Mental Health and Juvenile Justice 15 disorders in detained youth*. OJJDP Juvenile Justice Bulletin. Washington, D.C.: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.
- Acoca, L., Stephens, J., & Van Vleet, A. (2014). Health coverage and care for youth in the juvenile justice system: The role of Medicaid and CHIP [Issue Brief]. *The Kaiser Commission on Medicaid and the Uninsured*. Retrieved from <https://kaiserfamilyfoundation.files.wordpress.com/2014/05/8591-health-coverage-and-care-for-youth-in-the-juvenile-justice-system.pdf>
- Agudelo, S. V. (2013). *The impact of family visitation on incarcerated youths' behavior and school performance* [Issue Brief]. New York, NY: Vera Institute of Justice.
- American Academy of Pediatrics. (2011). Health care for youth in the juvenile justice system [Policy Statement]. *Pediatrics*, *128*, 1219–1235. doi:10.1542/peds.2011-1757
- Annie E. Casey Foundation. (2013a). *Bernalillo county mental health clinic case study: A guide to juvenile detention reform #6*. Retrieved from <http://www.aecf.org/resources/a-guide-to-juvenile-detention-reform-6/>
- Annie E. Casey Foundation. (2013b). *Youth incarceration in the United States* [Infographic]. Retrieved from <http://www.aecf.org/resources/youth-incarceration-in-the-united-states/>
- Apel, R., & Kaukinen, C. (2008). On the relationship between family structure and antisocial behavior: Parental cohabitation and blended households. *Criminology*, *46*, 35–69. doi:10.1111/j.1745-9125.2008.00107.x
- Armstrong, T. D., & Costello, E. J. (2002). Community studies on adolescent substance use, abuse, or dependence and psychiatric comorbidity. *Journal of Consulting and Clinical Psychology*, *70*, 1224–1239. doi:10.1037/0022-006X.70.6-1224
- Bachman, J., O'Malley, P. M., Schulenberg, J. E., Johnston, L., Freedman-Doan, P., & Messersmith, E. E. (2008). *The education-drug use connection: How successes and failures in school relate to adolescent smoking, drinking, drug use, and delinquency*. New York: Lawrence Erlbaum Associates/Taylor & Francis.
- Beyer, M. (2003). *Best practices in juvenile accountability: Overview* [JAIBG Bulletin]. U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. Retrieved from <https://www.ncjrs.gov/pdffiles1/ojjdp/184745.pdf>
- Borowski, I. W., Ireland, M., & Resnick, M. D. (2002). Violence risk and protective factors among youth held back in school. *Ambulatory Pediatrics*, *2*, 475–484. doi:10.1367/1539-4409(2002)002<0475:VRAPFA>2.0.CO;2
- Briggs, E. C., Fairbank, J. A., Greeson, J. K. P., Layne, C. M., Steinberg, A. M., Amaya-Jackson, L. M., . . . & Pynoos, R. S. (2012). Links between child and adolescent trauma exposure and service use histories in a national clinic-referred sample. *Psychological Trauma: Theory, Research, Practice, and Policy*, *5*, 101–109. doi:10.1037/a0027312
- Brown, T. L., Henggeler, S. W., Brondino, M. J., Pickrel, S. G. (1999). Trauma exposure, protective factors, and mental health functioning of substance-abusing and dependent juvenile offenders. *Journal of Emotional and Behavioral Disorders*, *7*, 94–102. doi:10.1177/106342669900700204
- Burdeiri, P. (1999). *Secrecy shrouds decisions about release of juvenile major offenders—far-ranging negative ramifications likely* [Position paper]. Richmond, VA: Mental Health Association of Virginia Public Policy and Advocacy.
- Chassin, L. (2008) Juvenile justice and substance use. *The Future of Children*, *18*, 165–183. doi:10.1353/foc.0.0017
- Chung, H. L., & Steinberg, L. (2006). Relations between neighborhood factors, parenting behaviors, peer deviance, and delinquency among serious juvenile offenders. *Developmental Psychology*, *42*, 319–331. doi:10.1037/0012-1649.42.2.319
- Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., . . . van der Kolk, B. (2005). Complex trauma in children and adolescents. *Psychiatric Annals*, *35*, 390–398. doi:10.3928/00485713-20050501-05
- Council of Juvenile Correctional Administrators. (2014). *Mental health needs among youth involved in juvenile justice: Prevalence, puzzles, and responses* [PowerPoint presentation]. Retrieved from <http://cjca.net/images/webinars/20140919-cjca-webinar-mental-health.pdf>
- Cuellar, A. E., & Markowitz, S. (2015). School suspension and the school-to-prison pipeline. *International Review of Law and Economics*, *43*, 98–106. doi:10.1016/j.drugalcdep.2007.08.018
- Doherty, E. E., Green, K. M., & Ensminger, M. E. (2008). Investigating the long-term influence of adolescent delinquency on drug use initiation. *Drug and Alcohol Dependence*, *93*, 72–84. doi:10.1016/n.drugalcdep.2007.08.018



- Fagan, J. (1995). Separating the men from the boys: The comparative advantage of juvenile versus criminal court sanctions on recidivism among adolescent felony offenders. In J. C. Howell, B. Krisberg, J. D. Hawkins, & J. J. Wilson (Eds.), *Sourcebook on serious, violent, and chronic juvenile offenders* (pp. 247–252). Thousand Oaks, CA: Sage.
- Fairbank, J. A. (2008). The epidemiology of trauma and trauma related disorders in children and youth. *PTSD Research Quarterly*, *19*, 1–7.
- Ferguson, C. J., San Miguel, C., & Hartley, R. D. (2009). A multivariate analysis of youth violence and aggression: The influence of family, peers, depression, and media violence. *The Journal of Pediatrics*, *155*, 904–908. doi:10.1016/j.jpeds.2009.06.021
- Finkelhor, D., Ormrod, R., & Turner, H. (2007). Poly-victimization: A neglected component in child victimization trauma. *Child Abuse & Neglect*, *31*, 7–26. doi:10.1016/j.chiabu.2006.06.008
- Finkelhor, D., Turner, H., Ormrod, R., & Hamby, S. L. (2009). Violence, crime, and abuse exposure in a national sample of children and youth: An update. *Pediatrics*, *124*, 1411–1423. doi:10.1542/peds.2009-0467
- Fisher, P. A., Leve, L. D., O'Leary, C. C., & Leve, C. (2003). Parental monitoring of children's behavior: Variation across stepmother, stepfather, and two-parent biological families. *Family Relations*, *52*, 45–52. doi:10.1111/j.1741.3729.2003.00045.x
- Foley, R. M. (2001). Academic characteristics of incarcerated youth and correctional educational programs: A literature review. *Journal of Emotional and Behavioral Disorders*, *9*, 248–259. doi:10.1177/106342660100900405
- Ford, J. A. (2005). Substance use, the social bond, and delinquency. *Sociological Inquiry*, *75*, 109–128. doi:10.1111/j.1475-682X.2005.00114.x
- Ford, J. D., Elhai, J. D., Connor, D. F., & Frueh, B. C. (2010). Poly-victimization and risk of posttraumatic, depressive, and substance use disorders and involvement in delinquency in a national sample of adolescents. *Journal of Adolescent Health*, *46*, 545–552. doi:10.1016/j.jadohealth.2009.11.212
- Glaze, L. E., & Maruschak, L. M. (2010). Parents in prison and their minor children [Special Report]. *Bureau of Justice Statistics* (NCJ 222984), 1–25. Retrieved from U.S. Department of Justice website: <http://www.bjs.gov/content/pub/pdf/pptmc.pdf>.
- Heim, C., Shugart, M., Craighead, W. E., & Nemeroff, C. B. (2010). Neurobiological and psychiatric consequences of child abuse and neglect. *Developmental Psychobiology*, *52*, 671–690. doi:10.1002/dev.20494
- Hockenberry, S. (2018). Juveniles in residential placement, 2015. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. Retrieved from <https://www.ojjdp.gov/pubs/250951.pdf>
- Hockenberry, S., & Sladky, A. (2018). Juvenile residential facility census, 2016: Selected findings. U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. Retrieved from <https://www.ojjdp.gov/pubs/251785.pdf>
- Hoeve, M., Dubas, J. S., Eichelsheim, V. I., van der Laan, P. H., Smeenk, W., & Gerris, J. R. M. (2009). The relationship between parenting and delinquency: A meta-analysis. *Abnormal Child Psychology*, *37*, 749–775. doi:10.1007/S10802-009-9310-8
- Irish, L., Kobayashi, I., & Delahanty, D. L. (2010). Long-term physical health consequences of childhood sexual abuse: A meta-analytic review. *Journal of Pediatric Psychology*, *35*, 450–461. doi:10.1093/jpepsy/jsp118
- Juvenile Law Center. (2014). *Youth in the Justice System: An overview*. Retrieved from <http://www.jlc.org/newsroom/media-resources/youth-justice-system-overview>
- Kelman, H. C. (1974). Attitudes are alive and well and gainfully employed in the sphere of action. *American Psychologist*, *29*, 310–324. doi:10.1037/h0037623
- Kierkus, C. A., Johnson, B. R., & Hewitt, J. D. (2010). Co-habiting, family and community stressors, selection, and juvenile delinquency. *Criminal Justice Review*, *35*, 393–411. doi:10.1177/0734016810379338
- Krohn, M. D., Ward, J. T., Thornberry, T. P., Lizotte, A. J., & Chu, R. (2011). The cascading effects of adolescent gang involvement across the life course. *Criminology*, *49*, 991–1028. doi:10.1111/j.1745-9125.2011.00250.X
- Lansford, J. E., Dodge, K. A., Pettit, G. S., Bates, J. E., Crozier, J., & Kaplow, J. (2002). A 12-year prospective study of the long-term effects of early child physical maltreatment on psychological, behavioral, and academic problems in adolescence. *Archives of Pediatrics and Adolescent Medicine*, *156*, 824–830. doi:10.1001/archpedi.156.8.824
- Lipsey, M. W., & Derzon, J. H. (1998). Predictors of violent of serious delinquency in adolescence and early adulthood: A synthesis of longitudinal research. In R. Loeber, & D. P. Farrington (Eds.) *Serious and violent juvenile offenders: Risk factors and successful interventions* (pp. 86–105). Thousand Oaks, CA: Sage.
- Lochner, L., & Moretti, E. (2004). The effect of education on crime: Evidence from prison inmates, arrests, and self-reports. *American Economic Review*, *94*, 155–189. doi:10.1257/000282804322970751



- Loeber, R., & Farrington, D. P. (2000). Young children who commit crime: Epidemiology, developmental origins, risk factors, early interventions, and policy implications. *Development and Psychopathology, 12*, 737–762. doi:10.1017/S0954579400004107
- Loughran, T., Mulvey, E. P., Schubert, C. A., Fagan, J., Losoya, S. H., & Piquero, A. R. (2009). Estimating a dose-response relationship between length of stay and future recidivism in serious juvenile offenders. *Criminology, 47*, 699–740. doi:10.1111/j.1745-9125.2009.00165.x
- Lovins, B. K. (2013). *Putting wayward kids behind bars: The impact of length of stay in a custodial setting on recidivism*. (Unpublished doctoral dissertation). University of Cincinnati, Cincinnati, OH.
- Manning, W. D., & Lamb, K. A. (2003). Adolescent well-being in cohabitating, married, and single-parent families. *Journal of Marriage and Family, 65*, 876–893. doi:10.1111/j.1741-3737.2003.0086.x
- McCord, J., Widom, C. S., & Crowell, N. A. (Eds.). (2000). *Juvenile crime, juvenile justice. Panel on juvenile crime: Prevention, treatment, and control*. Washington, D.C.: National Academy Press.
- Menard, S., & Huizinga, D. (1994). Changes in the conventional attitudes and delinquent behavior in adolescence. *Youth & Society, 26*, 23–53. doi:10.1177/0044118X94026001002
- Meservey, F., & Skowrya, K. R. (2015). Caring for youth with mental health needs in the juvenile justice system: Improving knowledge and skills. *Research and Program Brief*. Retrieved from <https://www.ncmhjj.com/wp-content/uploads/2015/05/OJJDP-508-050415-FINAL.pdf>
- Mortimer, J. T. (2003). *Working and growing up in America*. Cambridge, MA: Harvard University Press.
- Mowen, T., & Brent, J. (2016). School discipline as a turning point. *Journal of Research in Crime and Delinquency, 53*, 628–653. doi:10.1177/0022427816643135
- Murray, J., Farrington, D. P., Sekol, I., & Olsen, R. F. (2009). Effects of parental imprisonment on child antisocial behaviour and mental health: A systematic review. *Campbell Systematic Reviews, 4*, 1–91. doi:10.4073/csr.2009.4
- Myner, J., Santman, J., Cappelletty, G., & Perlmutter, B. (1998). Variables related to recidivism among juvenile offenders. *International Journal of Offender Therapy and Comparative Criminology, 42*, 65–80. doi:10.1177/0306624X98421006
- Office of Juvenile Justice and Delinquency Prevention. (2015). Risk/needs assessments for youths: Literature review. Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention. Retrieved from <https://www.ojjdp.gov/mpg/litreviews/RiskandNeeds.pdf>
- Office of Juvenile Justice and Delinquency Prevention. (2004). Causes and correlates: Findings and implications, also risk-based responses to gangs. *Juvenile Justice* (NCJ203555). Retrieved from <https://www.ncjrs.gov/pdffiles1/ojjdp/203555.pdf>
- Osgood, D. W. (1999). Having the time of their lives: All work and no play? In A. Booth, A. C. Crouter, & M. J. Shanahan (Eds.), *Transitions to adulthood in a changing economy: No work, no family, no future?* Westport, CT: Praeger.
- Osgood, D. W., Wilson, J. K., O'Malley, P. M., Bachman, J. G., & Johnston, L. D. (1996). Routine activities and individual deviant behavior. *American Sociological Review, 61*, 635–55. doi:10.2307/2096397
- Petrosino, A., Derzon, J., & Lavenberg, J. (2009). The role of the family in crime and delinquency: Evidence from prior quantitative reviews. *Southwest Journal of Criminal Justice, 6*(2), 108–132.
- The Pew Charitable Trusts. (2010). *Collateral Costs: Incarceration's effect on economic mobility*. Washington, DC: The Pew Charitable Trusts.
- Price, C., & Kunz, J. (2003). Rethinking the paradigm of juvenile delinquency as related to divorce. *Journal of Divorce & Remarriage, 39*, 109–133. doi:10.1300/J087v39n01_07
- Prichard, J., & Payne, J. (2005). Alcohol, drugs and crime: A study of juveniles in detention. *Research and Public Policy Series, 67*, 1–114. Canberra, Australia: Australian Institute of Criminology.
- Reck, P. (2015). The influence of community characteristics on police officers' approaches to patrolling Latinos in three towns. *Race and Justice, 5*, 4–32. doi:10.1177/2153368714537524
- Rios, V. M. (2011). *Punished: Policing the lives of black and Latino boys*. New York, NY: New York University Press.
- Saake, R. (1972). *Probation camp schools and recidivism*. (Unpublished doctoral dissertation). University of Southern California, Los Angeles.
- Schubert, C. A., & Mulvey, E. P. (2014). *Behavioral health problems, treatment, and outcomes in serious youthful offenders*. Juvenile Justice Bulletin. Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Schubert, C. A., Mulvey, E. P., & Glasheen, C. (2011). Influence of mental health and substance use problems and criminogenic risk on outcomes in serious juvenile



- nile offenders. *Journal of American Academy of Child & Adolescent Psychiatry*, 50, 925–937. doi:10.1016/j.jaac.2011.06.006
- Sedlak, A., & McPherson, K. (2010). Youth's needs and services. *OJJDP Juvenile Justice Bulletin*. Retrieved from <https://www.ncjrs.gov/pdffiles1/ojjdp/227728.pdf>
- Shufelt, J. L., & Cocozza, J. J. (2006). Youth with mental health disorders in the juvenile justice system: Results from a multi-state prevalence study [Research and Program Brief]. Retrieved from [https://www.unicef.org/tdad/usmentalhealthprevalence06\(3\).pdf](https://www.unicef.org/tdad/usmentalhealthprevalence06(3).pdf)
- Skiba, R. J. (2014). The failure of zero tolerance. *Reclaiming Children and Youth*, 22(4), 27–33.
- Skiba, R. J., Michael, R. S., Nardo, A. C., & Peterson, R. L. (2002). The color of discipline: Sources of racial and gender disproportionality in school punishment. *Urban Review*, 34, 317–332. doi:10.1023/A:1021320817372
- Smith, D. K., Leve, L. D., & Chamberlain, P. (2006). Adolescent girls' offending and health-risking sexual behavior: The predictive role of trauma. *Child Maltreatment*, 11, 346–353. doi:10.1177/1077559506291950
- Sprague, C. (2008). Judges and child trauma: Findings from the National Child Traumatic Stress Network/National Council of Juvenile and Family Court Judges Focus Groups [NCTSN Service Systems Brief]. Retrieved from https://www.nctsn.org/sites/default/files/resources/judges_child_trauma_findings_nctsn_njfcj_focus_groups.pdf
- Staff, J., & Uggen, C. (2003). The fruits of good work: Early work experiences and adolescent deviance. *Journal of Research in Crime and Delinquency*, 40, 263–290. doi:10.1177/0022427803253799
- Teplin, L. A., Welty, L. J., Abram, K. M., Dulcan, M. K., Washburn, J. J., McCoy, K., & Stoke, M. L. (2015). *Psychiatric disorders in youth after detention*. Juvenile Justice Bulletin. Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Thornberry, T. P., Krohn, M. D., Lizotte, A. J., Smith, C. A. (2003). *Gangs and delinquency in developmental perspective*. New York, NY: Cambridge University Press.
- Thornberry, T. P., Smith, C. A., Rivera, C., Huizinga, D., & Stouthamer-Loeber, M. (1999). Family disruption and delinquency. *Juvenile Justice Bulletin* (NCJ178285). Retrieved from <https://www.ncjrs.gov/pdffiles1/ojjdp/178285.pdf>
- Travis J., & Waul, M. (2003). Prisoners once removed: The children and families of prisoners. In J. Travis & M. Waul (Eds.), *Prisoners once removed: The impact of incarceration and reentry on children, families, and communities* (pp. 1–29). Washington, D.C.: Urban Institute Press.
- Wald, J., & Losen, D. J. (2003). Defining and redirecting a school-to-prison pipeline. *New Directions for Youth Development*, 2003, 9–16. doi:10.1002/yd.51
- Wallman, K. K. (2010). Federal statistics: Understanding a crucial resource. *The Annals of the American Academy of Political and Social Science*, 631, 22–24. doi:10.1177/0002716210372485
- Wanner, B., Vitaro, F., Carbonneau, R., & Tremblay, R. E. (2009). Cross-lagged links among gambling, substance use, and delinquency from midadolescence to young adulthood: additive and moderating effects of common risk factors. *Psychology of Addictive Behaviors*, 23, 91–104. doi:10.1037/a0013182
- Wasserman, G. A., Keenan, K., Tremblay, R. E., Coie, J. D., Herrenkohl, T. I., Loeber, R. & Petechuk, D. (2003). Risk and protective Factors of child delinquency [Child Delinquency Bulletin Series]. Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Winokur, K. P., Smith, A., Bontrager, S. R., & Blankenship, J. L. (2008). Juvenile recidivism and length of stay. *Journal of Criminal Justice*, 36, 126–137. doi:10.1016/j.jcrimjus.2008.02.001
- Zhang, Q., Loeber, R., & Stouthamer-Loeber, M. (1997). Developmental trends of delinquent attitudes and behaviors: Replications and synthesis across domains, time, and samples. *Journal of Quantitative Criminology*, 13, 181–215. doi:10.1007/BF02221307





The photographs throughout this report are the original creations of Bon Air JCC students in the *Introduction to Photography* and *Advanced Photography* courses.

