

# Juvenile Justice Transformation in Virginia

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Director



**Virginia Department of  
Juvenile Justice**

## Agenda



- Origins of juvenile justice transformation
- Recap of Transformation Plan
- Transformation progress
- Looking ahead

## Consequences of Budget Cuts



### FY 2005

Culpeper Max Security Closed 2014	Bon Air Max Security	Beaumont Max Security
Hanover Mid Security Repurposed 2013	Reception & Diagnostic Center Closed 2015	Barrett Mid Security Closed 2005
Oak Ridge Special Placement Consolidated 2013	Transition Living Program Closed 2010	Natural Bridge Min Security Closed 2009
Richmond Place Mid Security Closed 2008	Albemarle County Mid Security Closed 2008	Shenandoah County Mid Security Closed 2008
25 Community Placement Slots	Camp New Hope Special Placement Closed 2008	VA Widewater Inst. Special Placement Closed 2005

#### Capacity

1,278 beds

Maximum Security: 662 beds (52% of total)

### FY 2016

Bon Air Max Security	Beaumont Max Security
585 Community Placement Slots	

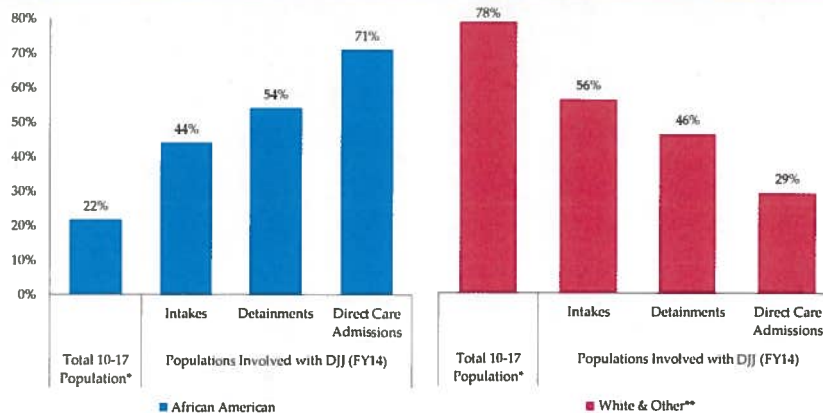
#### Capacity

605+ beds

Maximum Security: 549 beds (91% of total)

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## Disproportionate Minority Contact (DMC)



- In FY 2014, African American juveniles were overrepresented at every stage of the juvenile justice system.

\* Source: U.S. Census Bureau FY 2014 population estimates

\*\* "White & Other" includes any juveniles not identified as African American.

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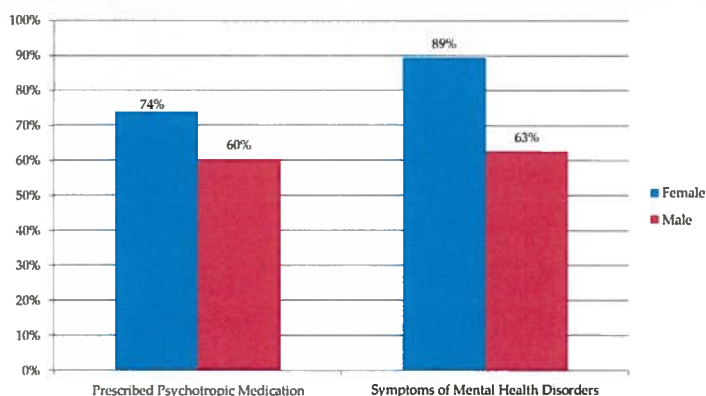
## Trauma and Risk Factors FY 2014 Admissions



- 59% - physical assault/abuse (24% by family)
- 58% - parent criminal activity
- 46% - parent incarceration
- 39% - parent substance abuse
- 20% - parent death
- 16% - family domestic violence
- 14% - sexual assault/abuse (7% by family)
- 13% - self-injurious behavior (SIB) or suicidal
  - 89% reported at least one of the above.
  - 50% reported three or more of the above.

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## Mental Health FY 2016 Admissions\*



- In FY 2016, the majority of juveniles had a history of psychotropic medication use and appeared to have significant symptoms of a mental health disorder.

\* Data include juveniles who appear to have significant symptoms of a mental health disorder, according to diagnostic criteria in the DSM. Attention Deficit Hyperactivity Disorder, Conduct Disorder, Oppositional Defiant Disorder, Substance Abuse Disorder, and Substance Dependence Disorder are not included.

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## Negative Outcomes



- High recidivism (36-month rearrest rates of direct care releases = 78%)
- Racial disproportionality
- 1,500 juveniles (approx. 23%) released from direct care in last 10 years were serving a Department of Corrections (DOC) sentence as of December 31, 2015

**1,500 => \$150,000,000 in juvenile rehabilitation**

**1,500 = \$42,000,000 in DOC annual expense\***

\* 36-month recidivism sample from FY 2010

\* Virginia DOC Management Information Summary Annual Report, 2015, p.14

## DJJ Transformation Plan



### Reduce

Use data and evidence to modify Length of Stay (LOS) policy

Uniform, effective, and data-driven probation practices

Develop more alternative placements for committed juveniles

### Reform

Convert juvenile correctional center (JCC) units to Community Treatment Model (CTM)

Improve educational and vocational programming

Improve family engagement

Enhance reentry planning and parole services

### Replace

Expand the array of commitment placement alternatives by reinvesting correctional savings

Develop a statewide continuum of services

Build new facilities that are safer, closer, smaller in scale, and designed for treatment to replace current JCCs

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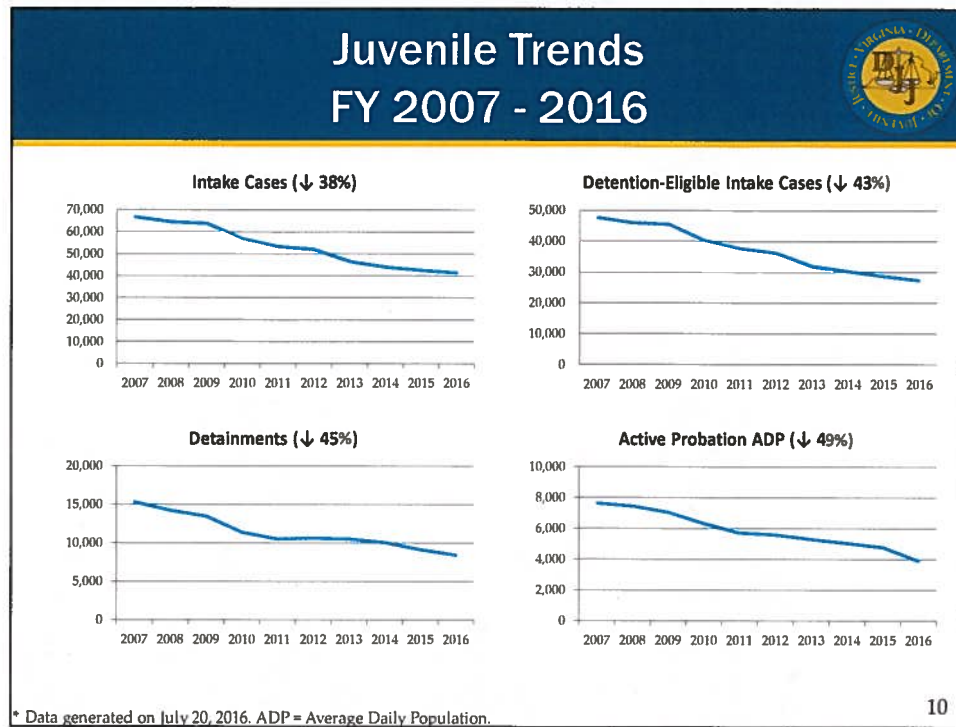
## Keys to Success



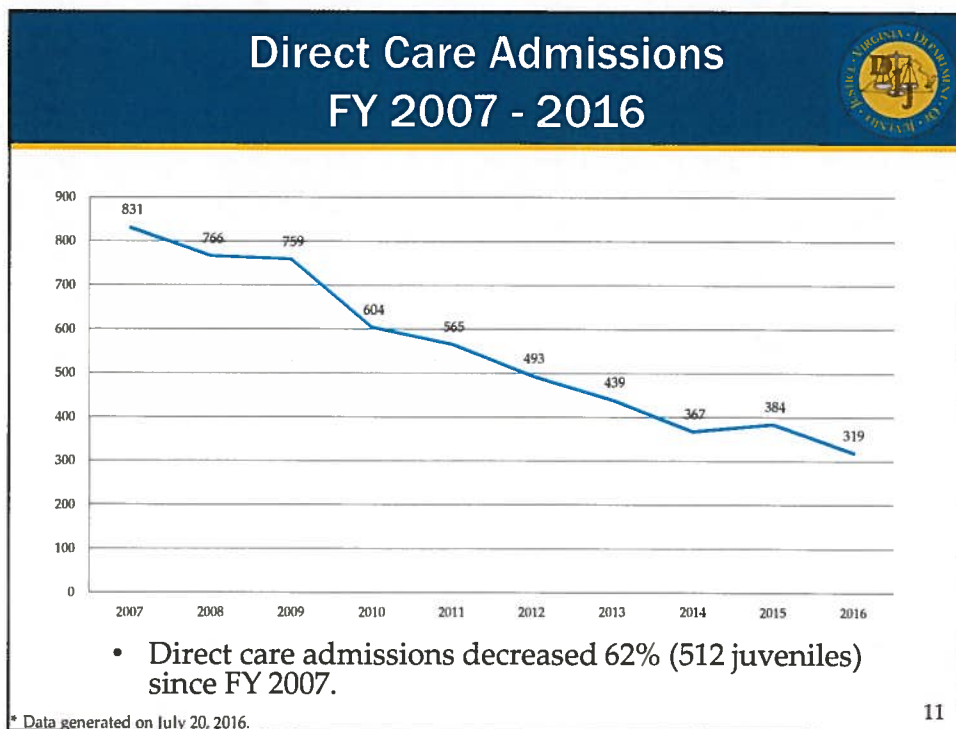
- Staff and youth must experience:
  - Safety
  - Connection
  - Purpose
  - Fairness

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## Alternative Placements and JCCs



\*Data are not displayed on the same scale.

- The JCC population has decreased 63% since the beginning of FY 2014; the population in alternative placements has increased more than ten-fold.

\* Counts are monthly ADPs except for the most recent date.

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## Transformation Progress: Reform



- Community Treatment Model (CTM) expansion
- Strengthen educational programming
- Reentry reform
- Family engagement (e.g., visitation, transportation, community-based services)

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## JCC Residents with Governor and Staff



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## Transformation Progress: Replace

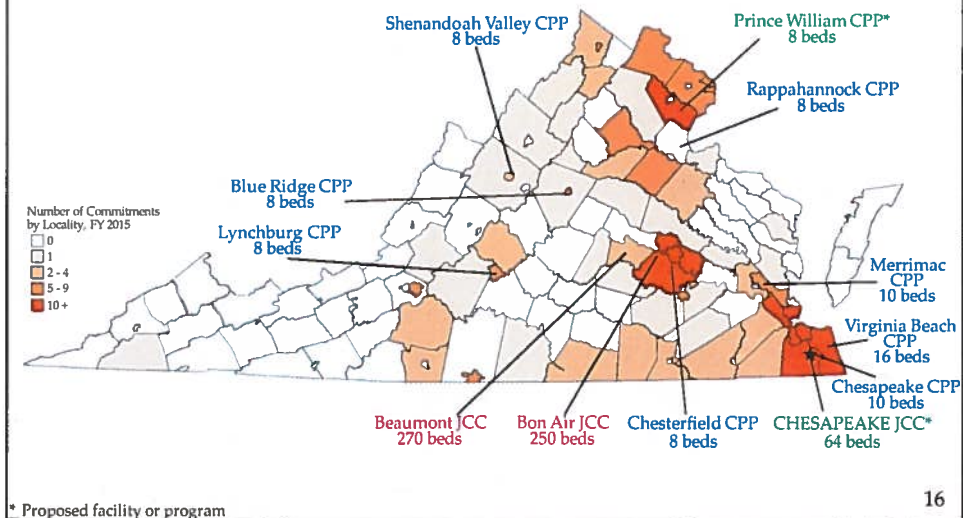


- New Community Placement Program (CPP) capacity
- Funding for new facility
- Reinvestment authority to develop statewide continuum of services

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## Current/Future Direct Care Placement Options



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## Regional Service Coordinators

- Primary goal: Build a statewide continuum of services
- Contracts awarded: October 2016
- Service initiation: January 1, 2017
- Award period: Until October 2018

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## Core Service Coordinator Responsibilities



- Develop, through existing or new services, regional access to a continuum of evidence-based services and placements across the Commonwealth
- Establish a single point of access for service referral and billing
- Ensure consistent quality assurance among direct service providers
- Share disaggregated data with DJJ to monitor performance and youth outcomes

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## Goals



- Basic services in every region (No "Justice By Geography")
- Fill service gaps in under-served areas
- Ensure onus for travel is not on families
- Family engagement in treatment
- Increase number providers using evidence-based models (particularly family intervention models like FFT and MST)
- Increase efficiency of referral process, reporting, and billing.
- Increase program fidelity and institute quality assurance measures
- Continuity of Intervention Content across divisions
- Right Kid, Right Intervention, Right Time = Better Outcomes!

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## Base Menu of Services



- **Functional Family Therapy (FFT) and/or Multi-Systemic Therapy (MST)**
- **Individual cognitive skills training**
  - Life skills coaching
  - Gang intervention services
- **Group-based cognitive skills training**
  - Aggression Replacement Training (ART)
  - Thinking for a Change (T4C)
- **Individual and group-based clinical services**
  - Substance abuse treatment groups
  - Sex offender treatment groups
- **Assessment and Evaluations**
  - Assessments: Substance abuse, mental health, and trauma
  - Evaluations: Psychological, psychosexual, psychiatric, sex trafficking, sex offender polygraph, and sex offender plethysmograph
- **Monitoring Services**
  - Surveillance, electronic monitoring, and GPS
- **Residential Services**

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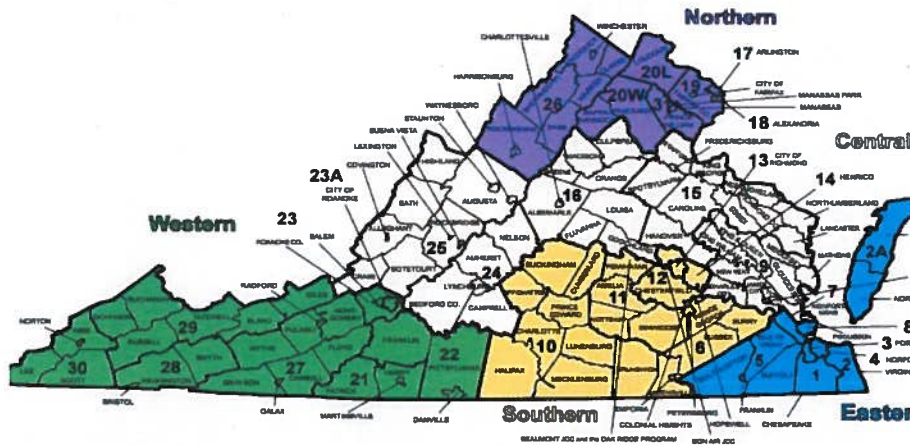
## Regional Service Coordinators



- **Southern and Eastern Regions**
  - AMIKids
  - [www.amikids.org](http://www.amikids.org)
- **Northern, Central, and Western:**
  - Evidence-Based Associates
  - [www.evidencebasedassociates.com](http://www.evidencebasedassociates.com)

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## Regions and Coverage



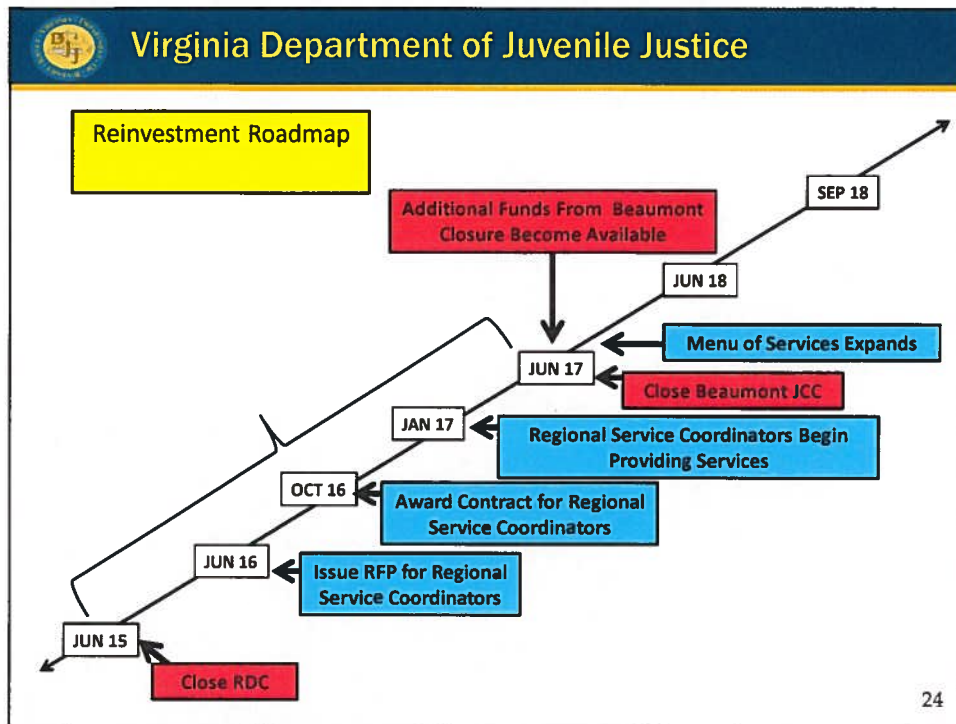
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## Timelines




	Jan-Mar 2017	Apr - June 2017	July - Sep 2017	Oct - Dec 2017	Jan - Mar 2018	Apr - June 2018
Contracting for Basic Services	■					
Centralized Referral System	■					
Centralized Billing	■	■				
Centralized Reporting	■	■	■			
Add Employment Services (Salary Match Programming)	■	■	■	■		
Add Residential Programming	■	■	■	■		
Build Additional Capacity	■	■	■	■	■	■
Assess Quality of Service Provision	■	■	■	■	■	■
Introduce Evidence-Based Models	■	■	■	■	■	■

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**Questions?**



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