



**FINAL REPORT OF
THE VIRGINIA COMMISSION
ON YOUTH**

**TO THE GOVERNOR AND
THE VIRGINIA GENERAL ASSEMBLY**

**Study of Juvenile Offender Reentry
in the Commonwealth**

September 2011



COMMONWEALTH of VIRGINIA
Commission on Youth

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September 6, 2011

TO: The Honorable Robert F. McDonnell, Governor of Virginia

and

Members of the Virginia General Assembly

During the 2010 General Assembly Session, the Virginia Commission on Youth was directed to conduct a study of juvenile reentry in Virginia. At the November 15, 2010 meeting, the Commission on Youth approved the recommendations for this study. Those recommendations are included in the final report, which is enclosed for your consideration.

This final report represents the work of many government and private agencies and individuals who provided input to the study. The Commission gratefully acknowledges their support to this effort.

Respectfully submitted,

A handwritten signature in cursive script that reads "Yvonne B. Miller".

Yvonne B. Miller
Chair

MEMBERS OF THE VIRGINIA COMMISSION ON YOUTH

From the Senate of Virginia

Yvonne B. Miller, Chair
Harry B. Blevins
R. Edward Houck

From the Virginia House of Delegates

Christopher K. Peace, Vice Chair
Mamye E. BaCote
Robert H. Brink
Mark L. Cole
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I. Authority for Study

Section 30-174 of the *Code of Virginia* establishes the Commission on Youth and directs it to "...study and provide recommendations addressing the needs of and services to the Commonwealth's youth and their families." This section also directs the Commission to "...encourage the development of uniform policies and services to youth across the Commonwealth and provide a forum for continuing review and study of such services."

Section 30-175 of the *Code of Virginia* outlines the Commission's powers and duties and directs it to "[u]ndertake studies and to gather information and data . . . and to formulate and report its recommendations to the General Assembly and the Governor."

II. Members Appointed to Serve

The Commission on Youth is a standing legislative commission of the Virginia General Assembly. It is comprised of twelve members: six Delegates, three Senators and three citizens appointed by the Governor.

Members of the Virginia Commission on Youth are:

Senator Yvonne B. Miller, Norfolk, Chair
Senator Harry B. Blevins, Chesapeake
Senator R. Edward Houck, Spotsylvania
Delegate Mamye E. BaCote, Newport News
Delegate Robert H. Brink, Arlington
Delegate Mark L. Cole, Fredericksburg
Delegate Anne B. Crockett-Stark, Wytheville
Delegate Christopher K. Peace, Mechanicsville, Vice Chair
Delegate Beverly J. Sherwood, Winchester
The Hon. Gary L. Close, Esq., Culpeper
Mr. Anthony Dale, Alexandria
Ms. Joy Meyers, Arlington

III. Executive Summary

The majority of juveniles entering Virginia's juvenile justice system have complex needs, including mental health and substance abuse. These juveniles may have already been receiving services from multiple systems, such as child welfare, special education, mental health and juvenile justice. In Fiscal Year 2009, the Virginia Department of Juvenile Justice (DJJ) received 85,578 intake complaints, 16,626 new probation cases and 17,202 pre-dispositional placements.¹ During this 12-month period, 819 juveniles were committed to DJJ.² Virginia spends over \$120,000 per year to confine a youth in a juvenile correctional center.^{3 4}

¹ Virginia Department of Juvenile Justice. (2009). *Data Resource Guide for Fiscal Year 2009*. [Online]. Available: http://www.djj.virginia.gov/About_Us/Administrative_Units/Research_and_Evaluation_Unit/pdf/FY2009_DRG.pdf. [June 2011].

² Ibid.

³ Ibid.

⁴ This amount includes the Department of Correctional Education per capita costs.

According to DJJ, the majority of juvenile offenders placed in confinement will eventually be released into the community; the percentage of juveniles who return to their communities is close to 100 percent.⁵ Thus, it is important to establish approaches that enhance successful community reintegration for juvenile offenders. The fundamental goal of successful community reintegration is that juveniles not reoffend as they begin building a foundation for a successful and productive future. In keeping with that goal, the Commission on Youth conducted a one-year study to examine challenges confronting the juvenile as he or she returns to the community, to identify barriers to successful reentry, and to recommend system improvements.

At the Commission on Youth's April 21, 2010 meeting, the Commission adopted the work plan for this study. As part of the study, the Commission established an Advisory Group comprised of representatives from the Offices of the Secretary of Public Safety, Secretary of Education and Secretary of Health and Human Resources. Virginia's Prisoner Re-entry Coordinator, juvenile justice officials, parent representatives, local school administrators, behavioral and substance abuse providers and members from Virginia's law enforcement were also included in this effort. In addition, business officials, representatives from Virginia's universities and the faith-based community also participated. The Advisory Group established Subcommittees to focus on the specific issues inherent in juvenile reentry and recidivism:

1. Community and Family;
2. Education and Workforce Development;
3. Mental Health and Substance Abuse; and
4. Special Populations

The Advisory Group and its Subcommittees assisted the Commission by identifying key barriers to successful reentry. The problem of recidivism was evaluated both at the national and state levels, and pertinent legislation was highlighted. Commission staff conducted an in-depth assessment of Virginia's reentry programs and identified best practices for reentry programs and successful programs in other states, such as those in Missouri, New York, California and Pennsylvania. Presentations on these issues were given at Advisory Group and Commission on Youth meetings. In addition, the Commission on Youth and the Advisory Group worked collaboratively with the Governor's Prisoner Re-entry Council, established pursuant to Executive Order 11. Commission staff serves as a member of the Juvenile Committee for the Prisoner Re-entry Council.

At the November 15, 2010 meeting, the Commission on Youth approved the following recommendations, which are organized here by Subcommittee focus issue:

COMMUNITY AND FAMILY

Recommendation 1

Request the Department of Juvenile Justice (DJJ) review the Juvenile Correctional Centers' (JCCs) visitation guidelines to ensure that they are applied consistently.
Request DJJ create a handbook to ensure that visitation guidelines and identification

⁵ Virginia Department of Juvenile Justice. (n.d.). *Reentry webpage*. [Online]. Available: <http://www.djj.virginia.gov/Initiatives/Reentry.aspx>. [June 2011].

requirements are shared with the juvenile's family/caregivers in the mailed orientation package.

Recommendation 2

Request DJJ continue to allow programs such as the "Family Link" Video Visitation Program to go statewide by using community and faith-based partnerships. A report shall be provided to the Commission on Youth prior to the 2012 General Assembly Session.

Recommendation 3

Request DJJ review the JCC visitation guidelines to include specific parameters for the (i) identification and (ii) assessment for suitability of non-immediate family members and special visitors (e.g., coaches, neighbors, and family friends) to ensure that individuals who have served, or will serve as a positive support or role models to the juvenile during the time of commitment and upon reentry to the community, are approved for visitation at the JCC.

Recommendation 4

Request DJJ, in conjunction with appropriate mentoring partnerships, where feasible, incorporate in the development of a juvenile's reentry plan a mentoring component for the purpose of assessing whether the juvenile is appropriate to participate in a mentoring program. Virginia's universities, colleges, and community college systems shall be included as a resource in this effort.

Recommendation 5

Support the Workforce Investment Boards (WIB) and WIB's Youth Councils' efforts in completing the Youth Mapping of community services and request they share mapping information, once completed, with the Virginia's Prisoner and Juvenile Offender Re-entry's Council.

Recommendation 6

Request that the Secretary of Health and Human Resources investigate expanding Virginia 2-1-1 in the development of a reentry mapping network for Virginia. Other public and privately-operated information and referral systems, such as Virginiahousingsearch.com and socialserve.org, will be asked to participate in this effort.

Recommendation 7

Request the Secretary of Public Safety recommend including a gradual release component in the Virginia Prisoner and Juvenile Offender Re-entry Council's long-term strategic plan, which is to be submitted to the Governor. Such a component will include an assessment for qualifying juveniles and will allow qualifying juveniles to step-down to graduated programs 30 to 60 days prior to their release. The component will also enable DJJ to establish partnerships with private and/or public providers to offer identified step-down services to qualifying juveniles. (Referred to the Governor's Prisoner Re-entry Council)

Recommendation 8

Request the Governor include funding in the Fiscal Year 2012 budget for additional transitional living and halfway houses for juvenile offenders. (Adopted 10/20/10)

Recommendation 9

Introduce a budget amendment to fund additional transitional living and halfway houses for juvenile offenders. (Referred to the Governor's Prisoner Re-entry Council)

Recommendation 10

Introduce a budget amendment to provide state funding for locally-administered Post-Dispositional programs. (Referred to the Governor's Prisoner Re-entry Council)

Recommendation 11

Request the Virginia Housing Commission, with assistance from the Office of the Attorney General and in conjunction with the Commission on Youth, assess local housing authorities' application of laws pertaining to criminal background checks to determine their impact upon juveniles returning to their communities and whether current practices need to be modified. Strategies, such as an education component of the importance of reentry of juveniles returning to their communities and the differences in juvenile and adult offenders should be developed to share with local housing authorities. This information would be shared with the Governor's Prisoner and Juvenile Offender Re-entry Council.

EDUCATION AND WORKFORCE DEVELOPMENT

Recommendation 12

Request (or support) the Department of Correctional Education (DCE) integrate the provisions set forth in the Department of Education's Academic and Career Plan (ACP) into the juveniles' educational program.

Recommendation 13

Request DCE, in conjunction with DJJ and Department of Education (DOE), study the feasibility of continuing the juvenile's education track, as established at the local juvenile detention center, at the Reception and Diagnostic Center through web-based technologies and/or other strategies that incorporate the Standards of Learning (SOLs). (Referred to the Governor's Prisoner Re-entry Council)

Recommendation 14

Request DOE, DJJ, and DCE conduct a survey to ascertain commonly-encountered barriers to reenrollment. Request that the identified issues and recommended solutions be shared with the Commission on Youth prior to the 2012 General Assembly Session.

Recommendation 15

Request DOE report school completion and dropout rates for juveniles who have been committed to DJJ or who have been sentenced to a Post-Dispositional placement.

Recommendation 16

Request DJJ, Department of Social Services (DSS), Office of Comprehensive Services (OCS), DOE, and local key stakeholders review current guidance and develop or revise guidance and procedures across state agencies to ensure that JCCs include LDSS and

the Family Assessment and Planning Teams (FAPTs) in the juvenile's reentry planning and educational transitional planning. Guidance should include the local Department of Social Services' (LDSS) involvement in initial case planning at the Reception and Diagnostic Center (RDC) to clarify the long-term permanency plan for the juvenile and how the JCC can support that plan throughout the juvenile's commitment to DJJ.

Recommendation 17

Request the DOE/DSS education committee on the federal *Fostering Connections to Success and Increasing Adoptions Act of 2008* involve DJJ and DCE to coordinate implementation of the guidance on educational placement of youth returning from DJJ to the LDSS in DJJ discharge planning. The committee should also review DSS, DOE and DJJ Code sections, identifying inconsistencies related to the educational needs and placements of youth, and provide recommendations for legislative changes to the Commission on Youth.

Recommendation 18

Amend § 16.1-293 of the *Code of Virginia* to require that the court services unit (CSU) consult with the local department of social services 90 days prior (instead of four weeks) to the person's release from commitment on parole supervision concerning return of the person to the locality and the placement of the person's terms and conditions of parole. Further, amend this section of the *Code* to require the JCC and LDSS to work collaboratively in developing a transition plan from the JCC to the LDSS.

Recommendation 19

Amend § 66-25.1 of the *Code of Virginia* to expand the membership of the Virginia Juvenile Enterprise Committee to include the Office of the Secretary of Education, Virginia Community College System (VCCS), representatives from the *Workforce Investment Act* (WIA) and the local WIBs, potential employers of juvenile offenders, and the Department of Correctional Education.

Recommendation 20

Amend § 66-25.1 of the *Code of Virginia* to expand the role of the Virginia Juvenile Enterprise to include developing a plan for the creation of a network of employers willing to hire juvenile offenders reentering their communities.

Recommendation 21

Request the VCCS and the DCE to create educational materials to be shared with juvenile offenders about the effectiveness of Virginia's Middle College Program.

Recommendation 22

Support the current level of funding for Virginia's Middle College Program.

Recommendation 23

Request the Secretary of Public Safety, the Secretary of Commerce and Trade, and the VCCS/WIA develop a strategy to communicate with business community information about the Workforce Opportunity Tax Credit (WOTC).

Recommendation 24

Request DJJ investigate the feasibility, need and cost to expand the Youth Industries' programs to increase the number of juveniles participating in Career and Technical Education Programs and increase the numbers of programs offered. Request DJJ develop a Youth Industries plan that focuses on areas of professional credentials, using the Virginia Employment Commission's forecasts of future employment needs. The plan will also encourage DJJ to allow, when appropriate, youth to acquire certifications and/or licenses while under direct care to increase the likelihood of gainful employment.

Recommendation 25

Request the Virginia State Crime Commission convene a workgroup of impacted agencies and stakeholders to review existing juvenile record requirements and establish guidelines for the protection of, as well as for the purging of juvenile records after the juvenile's adjudication date. This will include establishing a process for purging juvenile records from the Department of Motor Vehicles (DMV) system.

Recommendation 26

Request the VCCS transmit consistent guidelines to Virginia community colleges regarding admission policies for juvenile offenders reentering their communities. Such guidelines will also address the protection of juvenile records.

MENTAL HEALTH AND SUBSTANCE ABUSE

Recommendation 27

Request Department of Medical Assistance Services (DMAS) develop a plan addressing systemic, legal, and budgetary impact of suspending, rather than terminating, Medicaid for juveniles.

Recommendation 28

Introduce a budget amendment, with necessary funding, to modify Virginia Medicaid requirements to allow for the suspension of Medicaid benefits for juveniles who are committed to DJJ.

Recommendation 29

Request that DMAS, DSS, and DJJ develop guidelines to make local DSS' reenrollment practices more consistent. Guidelines would clarify which agency is responsible for which role.

Recommendation 30

Request DJJ, in conjunction with DSS and DMAS, to implement the procedures set forth in the DSS eligibility guidance manuals to begin the process of eligibility determinations for Medicaid 45-days prior to release.

Recommendation 31

Request the Office of Comprehensive Services for At-Risk Youth and Families examine the feasibility and cost of including juvenile offenders with mental health needs as a mandated population under the Comprehensive Services Act.

Recommendation 32

Request the Secretary of Health and Human Services establish guidelines to encourage the use of telemedicine in Virginia localities not having psychiatric services.

SPECIAL POPULATIONS

Recommendation 33

Request the State Executive Council research whether foster care prevention services through the Comprehensive Services Act can be accessed for juveniles returning to their families to assist in their reunification.

Recommendation 34

Request DSS investigate the feasibility of legislative changes needed and the fiscal impact of allowing youth to remain in foster care until age 21 in order to receive independent living services.

Recommendation 35

Request DJJ create a resource guide for juveniles and their families, which identifies successful programs, which are gender-specific and involve the entire family.

Recommendation 36

Support DJJ's current program activities that provide services to committed youth who are parents and DJJ's efforts to address generational issues, which affect incarcerated parents, particularly mothers and their daughters.

Recommendation 37

Request the Special Advisor to the Governor on Children's Services study the feasibility of providing community supports to kinship care providers of juvenile offenders in the child transformation/kinship care activities.

OVERARCHING RECOMMENDATIONS

Recommendation 38

Support DJJ's efforts to develop and implement a singular reentry plan for the juveniles committed to the Department.

Recommendation 39

Support the Office of the Attorney General's Virginia Rules Program, which educates teens about Virginia laws and how these laws impact their day-to-day lives.

Recommendation 40

Request the Office of the Attorney General create a resource guide, including a web-based guide, explaining the terminology associated with the juvenile justice system in Virginia.

IV. Study Goals and Objectives

The study mandate approved by the Commission at the April 21, 2010 meeting directed the Commission on Youth "to study juvenile offender reentry in Virginia and report findings and recommendations to the Commission prior to the 2011 General Assembly Session."

During the course of the study, Commission staff concentrated on the following goals and objectives to fulfill that mandate:

- Conduct extensive background and literature reviews;
 - ♦ Review other states' initiatives and policies; and
 - ♦ Compile best-practices in juvenile offender reentry.
- Review federal legislation/statutes including:
 - ♦ *The Second Chance Act of 2007*;
 - ♦ *The Juvenile Justice and Delinquency Prevention Reauthorization Act of 2008*; and
 - ♦ *No Child Left Behind (NCLB)*.
- Review Virginia's laws and regulations for juvenile offenders and community reintegration including:
 - ♦ Virginia's mandatory outpatient statutes;
 - ♦ Re-enrollment planning regulation;
 - ♦ Mental health transition planning regulations; and
 - ♦ Juvenile confidentiality statutes.
- Convene an Advisory Group to assist in the study effort.
 - Invite representatives from the groups identified:

<ul style="list-style-type: none"> Secretary of Public Safety Secretary of Education Secretary of Health and Human Resources Virginia's Prisoner and Juvenile Offender Re-entry Coordinator Superintendent of Public Instruction Executive Secretary of the Supreme Court Department of Behavioral Health and Developmental Services Parent Representatives Virginia Alternative Educators Association Local School Officials Commonwealth Attorneys' Services Council Detention Centers Virginia Association of Community Services Boards Department of Juvenile Justice Department of Social Services 	<ul style="list-style-type: none"> Local Departments of Social Services Virginia Council on Juvenile Detention Department of Criminal Justice Services Department of Correctional Education Court Service Units School Resource Officers Public Defenders Virginia Chamber of Commerce Business/Industry Advocacy Organizations Community Organizations Higher Education Virginia Association of Counties/Virginia Municipal League Chiefs of Police Virginia Sheriffs' Association Faith-based Community Groups
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- Form subcommittees to look at specific issues of entry
 - ♦ Female Offenders – Special Populations
 - ♦ Education
 - ♦ Mental Health
 - ♦ Community/Family
- Interview impacted stakeholders.
- Analyze Virginia practices:
 - ♦ Receive information on Virginia's re-enrollment efforts in public schools;
 - ♦ Assess barriers to re-enrollment;
 - ♦ Receive information on various pathways to reentry;
 - ♦ Review DJJ's memoranda of agreement; and
 - ♦ Assess Virginia's existing aftercare services.
- Examine potential funding sources.
- Synthesize findings of literature review and workgroup recommendations.

- Solicit feedback to recommendations from constituents and Secretary of Public Safety.
- Coordinate efforts with the Secretary of Public Safety's Prisoner and Juvenile Offender Re-entry Coordinator.
- Refine findings and recommendations.
- Present findings and recommendations to the Commission on Youth.
- Prepare final report.

V. Methodology

The study findings are based on several distinct study activities including research and analysis conducted by Commission staff, input received from the Advisory Group and Subcommittees and special presentations given by subject-matter experts and guest speakers.

A. RESEARCH AND ANALYSIS

Commission on Youth staff reviewed data, reports, statutes and regulations to fully research juvenile reentry in Virginia. Specifically, staff analyzed sections of the *Code of Virginia* related to recidivism reporting and definitions,⁶ school re-enrollment planning regulations,⁷ mental health transition regulations,⁸ and Virginia's confidentiality statutes.⁹ Staff also reviewed federal legislative provisions dealing with juvenile offender reentry issues, including the *Second Chance Act*, the *Juvenile Justice and Delinquency Prevention Reauthorization Act*, and the *No Child Left Behind Act*. The staff further analyzed data and reports compiled by the Virginia Department of Juvenile Justice (DJJ), and compared such reports to national statistics. Finally, research collected by other states and independent organizations/agencies helped present a broader understanding of juvenile offender reentry care generally and allowed staff to conduct state-by-state policy comparisons.

B. ADVISORY GROUP

The Commission established an Advisory Group to help identify, refine and prioritize issues of the study. In accordance with the approved study plan, the Advisory Group represented the following agencies and organizations:

- Albemarle-Charlottesville Public Defender Office;
- Chesterfield Community High School;
- Chesterfield County Juvenile Detention Home;
- City of Norfolk;
- Commonwealth's Attorneys' Services Council;
- Court Improvement Program, Office of the Executive Secretary;
- Culpeper County Human Services;
- Faith Deliverance Christian Center, Norfolk;
- First Baptist Church, Suffolk;
- Hampton University;
- JustChildren;

⁶ Va. Code § 2.2-222 (2010).

⁷ 8 VAC 20-550-10; 8 VAC 20-660-20; 8 VAC20-660-30; 8 VAC 20-660-40.

⁸ 6 VAC 35-180-10-170.

⁹ Va. Code § 16.1-260G (2010); Va. Code § 16.1-305.2 (2010); Va. Code § 16.1-305.1 (2010); Va. Code § 16.1-330.1 (2010); Va. Code § 22.1-289 (A) (2010); Va. Code § 22.1-287(2010). (2010).

- Lynchburg Police Department;
- Norfolk Public Schools;
- Norfolk State University;
- Offender Aid and Restoration, Arlington;
- Office of the Secretary of Education;
- Office of the Secretary of Health and Human Services;
- Office of the Secretary of Public Safety;
- Southside Community Services Board, Family and Children's Services;
- The Urban League of Hampton Roads;
- Virginia Alternative Educators Association;
- Virginia Association of Counties;
- Virginia CARES;
- Virginia Department of Behavioral Health and Developmental Services;
- Virginia Department of Correctional Education;
- Virginia Department of Education;
- Virginia Department of Juvenile Justice, Division of Community Programs;
- Virginia Department of Social Services;
- Virginia Office of Comprehensive Services;
- Virginia Municipal League;
- Parents Representatives;
- Virginia State University; and
- Virginia Commission on Youth.

A listing of the Advisory Group membership is provided as Appendix A.

Members of the Advisory Group met to discuss specific barriers to juvenile reentry, to articulate findings and to propose recommendations. During 2010, the Advisory Group met as a full working group on July 7 and October 4. Additional meetings related to the Advisory Group's Subcommittees are described in the paragraphs which follow.

C. SUBCOMMITTEES

As a complement to its work as one large, diversified group, the Advisory Group split itself into four Subcommittees to target specific issues related to juvenile reentry and recidivism. Each Subcommittee addressed one of the following study issues:

1. Community and Family;
2. Education and Workforce Development;
3. Mental Health and Substance Abuse; and
4. Special Populations.

Members of the Advisory Group selected the subcommittee(s) on which they wished to serve. A listing of the Subcommittees' membership is provided as Appendix B.

Each Subcommittee met at least once in 2010. Special Populations held its meeting on August 3. On August 4, three Subcommittees (Community and Family, Education and Workforce Development and Mental Health and Substance Abuse) convened. The Education and Workforce Subcommittee held a second meeting on September 8.

Community and Family Subcommittee members focused primarily on reentry issues pertaining to reentry service mapping, fostering relationships with families and pro-social peers, permanency planning, maintaining positive community ties and gradual release.

The Education and Workforce Development Subcommittee centered its work on transition planning, school reenrollment, workforce development and confidentiality of juvenile records.

Mental Health and Substance Abuse Subcommittee members focused on topics such as Medicaid, mental health transition plans, psychotropic medication access, patient confidentiality, psychiatric workforce shortages, telemedicine and training of professionals.

The Special Populations Subcommittee discussed continuity of care, increasing available service providers, services for older juveniles, independent living options, services for lower functioning youth, unique services for female offenders and peer mentors.

D. GUEST SPEAKERS AND PRESENTATIONS

The Advisory Group heard presentations from a number of guest speakers. At the Commission on Youth meeting on June 8, 2010, presenters speaking to juvenile offender reentry were Banci E. Tewold, Prisoner Re-entry Coordinator, Office of Public Safety, and Helivi L. Holland, Director of the Virginia Department of Juvenile Justice. At the July 7 Advisory Group meeting, Ms. Tewold and Lindsey Strachan, Commission on Youth legal intern, presented on the overarching issues related to juvenile offender reentry. At the second meeting of the Education and Workforce Subcommittee, held on September 8, Kathy Thompson, Senior Workforce Analyst, with the Virginia Community College System, Edward Carr, One-Stop Manager Virginia Workforce Center, Hampton and Clarence McGill, Youth Industries Manager with the Department of Juvenile Justice presented on workforce development issues related to juvenile reentry.

E. GOVERNOR'S ON PRISONER RE-ENTRY

In May 2010, Governor Robert F. McDonnell issued Executive Order 11, which established the Virginia Prisoner and Juvenile Offender Re-entry Council (Council). Pursuant to the Executive Order, the Council is directed to:

1. identify barriers to reentry;
2. establish and improve collaboration and coordination among the efforts of reentry stakeholders;
3. engage non-profit, locality, and faith-based programs in the community; and
4. improve business and community college partnerships to provide more educational and employment opportunities for released offenders.

The Council operates under the direction of Virginia's Secretary of Public Safety and the Virginia Prisoner and Juvenile Offender Re-entry Coordinator. In addition to the responsibilities outlined above, the Council is mandated to develop a re-entry strategic plan for Virginia.¹⁰ In 2010, the Council submitted a report of actions taken to improve offender transitional and reentry services.¹¹

¹⁰ Executive Order 11. (2010). *The Virginia Prisoner and Juvenile Offender Re-Entry Council*. [Online]. Available: <http://www.governor.virginia.gov/Issues/ExecutiveOrders/2010/EO-11.cfm>. [June 2011].

¹¹ Virginia Secretary of Public Safety. (2010). *Status Report on Offender Transitional and Re-entry Services*. Report Document 333. [Online]. Available: [http://leg2.state.va.us/dls/h&sdocs.nsf/By+Year/RD3332010/\\$file/RD333.pdf](http://leg2.state.va.us/dls/h&sdocs.nsf/By+Year/RD3332010/$file/RD333.pdf). [June 2010].

The Council is comprised of stakeholders from nearly every Secretariat in the Governor's Cabinet, as well as representatives of multiple agencies and organizations. Delegates Christopher K. Peace and Beverly J. Sherwood, who are members of the Commission on Youth, serve as Council members.

The Council designated three focus area committees to deal with populations of offenders with special needs: the Juvenile Focus Area Committee; the Women's Focus Area Committee; and the Veterans' Focus Area Committee. Each committee is tasked with addressing the unique needs of its target population. Commission staff serves on the Council's Juvenile Focus Area Committee.

The Council also designated seven Re-entry Issue Work Groups to examine the following topics:

- employment/education/workforce;
- housing;
- mental health/substance abuse;
- financial obligations;
- health/family reintegration;
- offender reentry preparation; and
- local/regional jails.¹²

Executive Order 11 required the Council and the appropriate Work Groups to work collaboratively with the Juvenile Offender Reentry Advisory Group established by the Virginia Commission on Youth in order to improve the success and safety of juveniles returning to their community.

VI. BACKGROUND

A major focus of this study was to develop a clearer understanding of juvenile offender reentry and recidivism, not only in Virginia, but also at the local and national levels. This section summarizes the results of the research and analysis conducted by Commission staff.

A. VIRGINIA'S JUVENILE JUSTICE SYSTEM

In Virginia, juvenile justice services are organized at both the state and local levels.¹³ The Virginia Department of Juvenile Justice (DJJ) provides a continuum of services designed to rehabilitate juveniles, while holding them accountable for their actions. The Department's mission is, "to protect the public through a balanced approach of comprehensive services that prevent and reduce juvenile crime through partnerships with local organizations while providing the opportunity for delinquent youth to become responsible and productive citizens."¹⁴

¹² Executive Order 11. (2010). *The Virginia Prisoner and Juvenile Offender Re-Entry Council*. [Online]. Available: <http://www.governor.virginia.gov/Issues/ExecutiveOrders/2010/EO-11.cfm>. [June 2011].

¹³ Virginia Joint Commission for Behavioral Health Care, Virginia State Crime Commission and Virginia Commission on Youth. (2002). *Studying Treatment Options for Offenders Who Have Mental Illness or Substance Abuse Disorders, Senate Document 25*. [Online]. Available: <http://leg2.state.va.us/DLS/h&sdocs.nsf/5c7ff392dd0ce64d85256ec400674ecb/5f89aeb84aa01eba85256bc1004544fd?OpenDocument>. [July 2010].

¹⁴ Virginia Department of Juvenile Justice. (2006). *Virginia Department of Juvenile Justice Strategic Plan*. [Online]. Available:

DJJ interacts primarily with juveniles alleged to have committed a delinquent act. DJJ also interacts with children who are in need of supervision (CHINSup), children in need of services (CHINS), and children who are abused, neglected, or lacking proper parental care.¹⁵ At the state level, DJJ operates the Reception and Diagnostic Center (RDC), juvenile correctional centers (JCCs), a community placement program (CPP), and also contracts with private providers to house certain juveniles. The JCCs and RDC had a combined operating capacity of 968 as of Fiscal Year 2009.¹⁶ At the local level, contact with the juvenile justice system typically is through the local court service unit (CSU).¹⁷ Thirty-five CSUs serve Judicial Districts throughout Virginia.¹⁸

Juvenile state-responsible offenders are those juveniles who are committed to DJJ when a judge determines that placement in a community program or probation is not appropriate.¹⁹ Virginia's juvenile justice system differs substantially from the adult system because sentences in the juvenile system remain largely indeterminate. The DJJ, rather than a judge, determines the length of the juvenile's commitment to the state.²⁰ The projected length of stay is dependent upon the juvenile's current offenses, prior offenses, and length of prior record.²¹ The actual length of stay also depends upon the juvenile's completion of mandatory treatment objectives, such as substance abuse or sex offender treatment, and the juvenile's behavior within the institution. Approximately 82 percent of the juveniles committed to the DJJ in Fiscal Year 2010 received an indeterminate sentence.²² Virginia's Juvenile and Domestic Relations District Court Judges commit a small percentage of juvenile offenders with a determinate, or fixed length, sentence, which the judge can review at a later date. Even juveniles committed to DJJ with a determinate sentence may be released at the Judge's discretion prior to serving the entire term.

According to U.S. Census data, the rate of juvenile incarceration in Virginia is 288 per 100,000 juveniles.²³ ²⁴ Virginia ranks 28th in the nation for incarcerating juvenile offenders.²⁵

http://www.djj.virginia.gov/About_Us/pdf/Strategic_Plan/DJJ_Vision_Mission_Core_Values_December_2006.pdf. [August 2011].

¹⁵ Virginia Joint Commission for Behavioral Health Care, Virginia State Crime Commission and Virginia Commission on Youth. (2002). *Studying Treatment Options for Offenders Who Have Mental Illness or Substance Abuse Disorders*, Senate Document 25. [Online]. Available:

<http://leg2.state.va.us/DLS/h&sdocs.nsf/5c7ff392dd0ce64d85256ec400674ecb/5f89aeb84aa01eba85256bc1004544fd?OpenDocument>. [July 2010].

¹⁶ Virginia Department of Juvenile Justice. (2009). *Data Resource Guide for Fiscal Year 2009*. [Online]. Available: http://www.djj.virginia.gov/About_Us/Administrative_Units/Research_and_Evaluation_Unit/pdf/FY2009_DRG.pdf. [June 2011].

¹⁷ Virginia Office of the Attorney General. (2010). *Juvenile Justice in Virginia*. *Virginia Rules*. [Online]. Available: <http://www.virginiarules.com/juvenile-law-handbook/juvenile-justice-in-virginia>. [August 2011].

¹⁸ Ibid.

¹⁹ Virginia Department of Juvenile Justice. (2010). *Report on the Offender Population Forecasts (FY2011 to FY2016)*, October 15, 2010. [Online]. Available:

http://www.djj.virginia.gov/Resources/DJJ_Publications/pdf/SPS_Forecast_Report_October_15_2010.pdf. [July 2011].

²⁰ Ibid.

²¹ Ibid.

²² Ibid.

²³ U.S. Census Bureau. (2007). *Juvenile Incarceration Rate per 100,000*. As cited by *Every Child Matters Education Fund*.

²⁴ This is based on Census data obtained between 2004 and 2006 and includes juveniles in custody per 100,000. The total count is 2,376.

²⁵ U.S. Census Bureau. (2007).

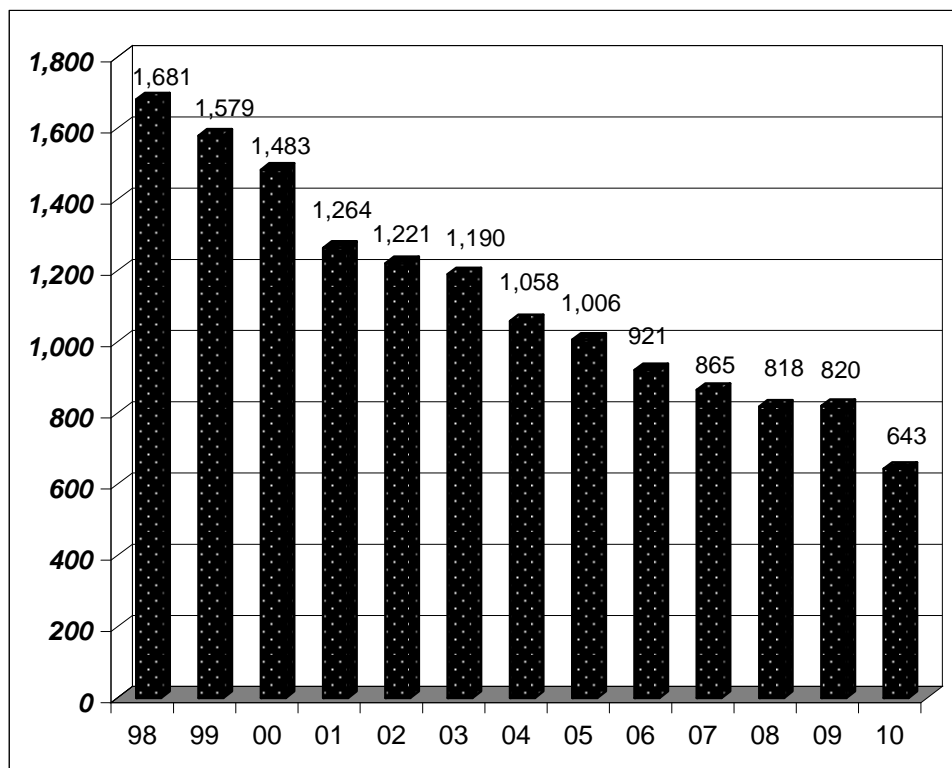
Juveniles committed to the custody of DJJ typically receive residential placements in one of three types of facilities:

- juvenile correctional centers
- privately contracted residential facilities; or
- halfway houses.²⁶

Chart 1 depicts Virginia's state-responsible juvenile offender commitments between Fiscal Years 1998 through 2010.

Chart 1

**State Responsible Juvenile Offender Commitments
Fiscal Year 1998 through 2010**



Source: Virginia Department of Juvenile Justice. (2010). *State Responsible and Local Responsible Juvenile Justice Trends*. Presentation to the Senate Finance Committee, October 20, 2010.

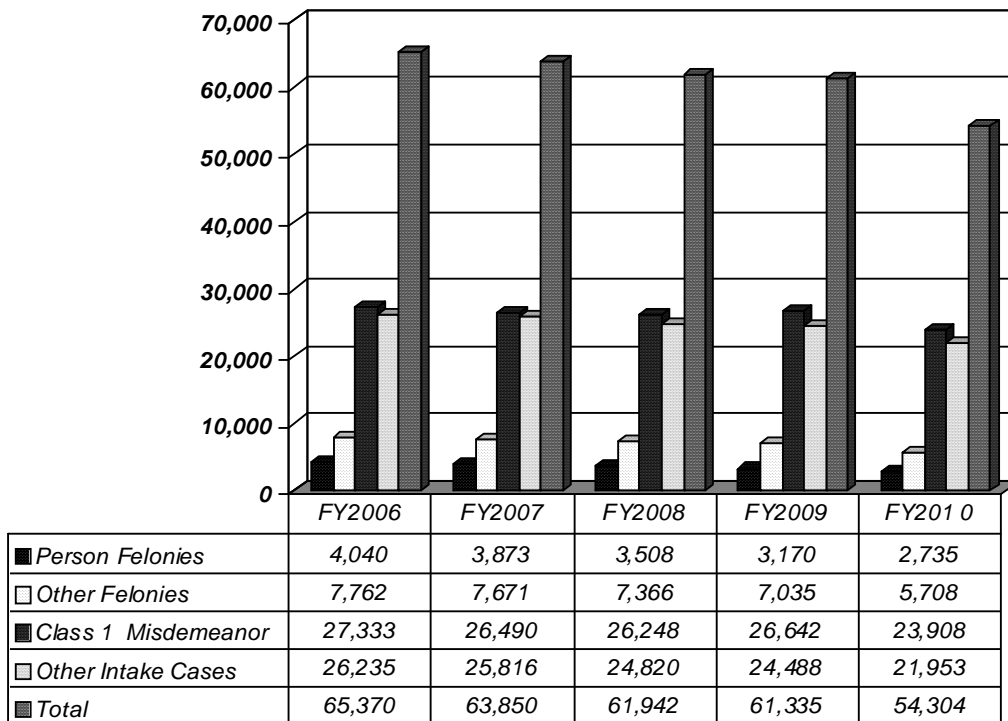
Addressing the incidence of juveniles entering the justice system, DJJ reports that there has been a 17 percent decrease in total intake cases from Fiscal Year 2006 to Fiscal Year 2010. As defined by DJJ, an intake case is a juvenile with one or more intake complaints [request for processing of petition to initiate case in juvenile and

²⁶ Virginia Joint Commission for Behavioral Health Care, Virginia State Crime Commission and Virginia Commission on Youth. (2002). *Studying Treatment Options for Offenders Who Have Mental Illness or Substance Abuse Disorders, Senate Document 25*. [Online]. Available: <http://leg2.state.va.us/DLS/h&sdocs.nsf/5c7ff392dd0ce64d85256ec400674ecb/5f89aeb84aa01eba85256bc1004544fd?OpenDocument> [July 2010].

domestic relations district court] involving a delinquent act.²⁷ Intake cases also are comprised of CHINS or CHINSup cases.²⁸ Chart 2 illustrates this decrease in intake cases.

Chart 2

**Juvenile Intake Cases
Fiscal Years 2006 through 2010
Most Serious Offense at Intake**



Source: Virginia Department of Juvenile Justice. (2010). *State Responsible and Local Responsible Juvenile Justice Trends*. Presentation to the Senate Finance Committee, October 20, 2010.

As of May 2009, Virginia's juvenile offender population was 834 juveniles. Of these:

- 289 (35%) had a circuit court commitment;
- 84 (10%) juveniles had a blended sentence;
- 389 (47%) were 18 years old or older;
- 461 (55%) require mental health treatment; and
- 551 (66%) were committed for felonies against persons.²⁹

Since 2000, the characteristics of the juveniles committed to DJJ has changed. For example:

- Determinate and blended commitments, as a percent of total commitments, have increased since Fiscal Year 2000;

²⁷ Virginia Department of Juvenile Justice. (2009). *Data Resource Guide for Fiscal Year 2009*.

²⁸ Ibid.

²⁹ Virginia Department of Juvenile Justice. (2010). *State Responsible and Local Responsible Juvenile Justice Trends*. Presentation to the Senate Finance Committee, October 20, 2010.

- Determinate sentences appear to have stabilized at longer sentences (about 40 months on average);
- Longer indeterminate lengths of stay have increased dramatically since 1996;
- The average daily population has steadily declined since October 1999; and
- Longer lengths of stay are offset by declining admissions contributing to the drop in DJJ's average daily population.³⁰

The two predominate populations are juveniles committed to JCCs and juveniles placed on probation. These distinct populations influence both how services are delivered and how Virginia calculates recidivism rates.³¹

B. EDUCATIONAL SERVICES FOR JUVENILE OFFENDERS

Academic and vocational education services in Virginia are provided by the Virginia Department of Correctional Education (DCE). DCE provides educational services in adult and youth correctional facilities throughout the Commonwealth.³² DCE ensures that all instructors meet state certification and endorsement standards and offers a broad array of programs in all of the juvenile correctional facilities.³³

DCE strives to keep the juvenile on same educational track as they were prior to their commitment. However, it is not uncommon for the juvenile to be behind in credits for the grade level. DJJ's Reception and Diagnostic Center (RDC) receives the juvenile's academic record from the juvenile's home school at intake and the juvenile then receives a comprehensive assessment.³⁴ RDC and DCE staff review the juvenile's assessment, school record and existing educational track, along with any disciplinary activity (e.g., suspension or expulsion). The juvenile is assessed and staffed according to their individual needs. Other variables, such as reading level and seat time, are considered. The juvenile may also be provided with remediation.

A reenrollment plan initiated by DJJ is developed for every juvenile released from DJJ custody or in detention.³⁵ This will occur at least 30 calendar days prior to a student's scheduled release or scheduled case review in court. The reenrollment plan includes:

- the juvenile's educational status prior to commitment;
- the juvenile's educational status and recommendations while served by DCE or the detention home education program;
- the juvenile's education and transition goals;

³⁰ Virginia Department of Juvenile Justice. (2010). *State Responsible and Local Responsible Juvenile Justice Trends*. Presentation to the Senate Finance Committee, October 20, 2010.

³¹ Virginia Department of Juvenile Justice. (2005). *Juvenile Recidivism in Virginia*. *DJJ Research Quarterly*. [Online]. Available: http://www.djj.virginia.gov/About_Us/Administrative_Units/Research_and_Evaluation_Unit/pdf/recidivism_RQ.pdf. [July 2011].

³² Virginia Department of Correctional Education. (2011). *About DCE*. [Online]. Available: <http://www.dce.virginia.gov/about>. [August 2011].

³³ Virginia Department of Correctional Education. (2010). *Agency Strategic Plan*. [Online]. Available: <http://vaperforms.virginia.gov/agencylevel/stratplan/spReport.cfm?AgencyCode=750>. [August 2011].

³⁴ Virginia Commission on Youth. (2010). *Study of Juvenile Offender Reentry Education and Workforce Development* Subcommittee Meeting Minutes, August 4, 2010.

³⁵ Virginia Department of Education. (2006). *Procedures for the Re-Enrollment of Youth Released from the Custody of Department of Juvenile Justice and Returned to Public Schools*.

- the support services needed to support the juvenile’s successful entry to public school;
- the anticipated dates and timelines for scheduled release to receiving school division or for court review of the case; establishment for school placement upon release, and
- contact information of representatives from DJJ, DCE or detention home education program and the reenrollment coordinator of the receiving school division.³⁶

Appendix C depicts in greater detail Virginia’s school reenrollment process for juvenile offenders.

In addition to their transition from a correctional facility into the community, juveniles confront transition from youth to young adulthood or from middle school to high school. Moving into an environment free from confinement can be abrupt and disorienting. Appropriate transition planning is critical to help the juvenile achieve social adjustment, find employment, and obtain appropriate educational services once they leave the juvenile justice system.

C. SCOPE OF RECIDIVISM AND THE REENTRY PROBLEM

While no national recidivism rate for juveniles is available, it is estimated that 55 percent of juveniles released from confinement are rearrested within one year.³⁷ In Virginia, the Secretary of Public Safety compiles an annual report on juvenile recidivism rates that is submitted to the Governor and the General Assembly.³⁸ To clarify data collection and reporting, DJJ uses the following definition:

*A recidivist is a person who is found by a court to have committed, after being (a) placed on probation or (b) released from confinement, a delinquent or criminal act other than violation of probation or parole.*³⁹

Virginia uses three events to assist in measuring recidivism:

1. rearrest – a petition filed at intake for a new delinquent complaint or an adult arrest for a new criminal offense;
2. reconviction – a guilty adjudication for a delinquent or criminal offense, which is the only measure of reoffending that meets DJJ’s definition of recidivism; and
3. reincarceration – any return to incarceration in a JCC or adult facility after having been previously released from a JCC.⁴⁰

The official measure used by DJJ, however, is the percentage of juveniles who are reconvicted of a Class 1 Misdemeanor or a Felony based on an arrest made within 12 months of being placed on probation or being released from a JCC back into the

³⁶ Virginia Department of Education. (2006). *Procedures for the Re-Enrollment of Youth Released from the Custody of Department of Juvenile Justice and Returned to Public Schools*.

³⁷ Snyder, H., & Sickmund, M. (2006). *Juvenile Offenders and Victims: 2006 National Report*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention (OJJDP) Chapter 7. [Online]. Available: <http://www.ojjdp.gov/ojstatbb/nr2006/downloads/NR2006.pdf>. [May 2011].

³⁸ Va. Code § 2.2-222 (2010).

³⁹ Virginia Department of Juvenile Justice. (2009). *Data Resource Guide for Fiscal Year 2009*. [Online]. Available: http://www.djj.virginia.gov/About_Us/Administrative_Units/Research_and_Evaluation_Unit/pdf/FY2009_DRG.pdf. [June 2011].

⁴⁰ Ibid.

community.⁴¹ This number does not include juveniles discharged to the Department of Corrections (DOC) to serve the remainder of their sentence.

Chart 3 depicts Virginia-specific data on juvenile recidivism for Fiscal Year 2007.

Chart 3

**12-Month Reconviction Rates in Virginia by Age
Fiscal Year 2007**

Age	JCC RELEASES			PROBATION PLACEMENTS		
	Total	Reconvictions		Total	Reconvictions	
≤12	0	0	NA	75	17	22.7%
12	0	0	NA	168	49	29.2%
13	3	0	0.0%	518	127	24.5%
14	13	4	30.8%	917	232	25.3%
15	65	29	44.6%	1,507	420	27.9%
16	156	61	39.1%	1,869	505	27.0%
17	270	106	39.3%	1,796	437	24.3%
≥18	337	150	44.5%	255	69	27.1%
TOTALS	844	350	41.5%	7,105	1,856	26.1%

Source: Virginia Department of Juvenile Justice, *Data Resource Guide for Fiscal Year 2009*.

States do not use a consistent definition for recidivism, making comparisons difficult. An analysis of available data, however, shows that Virginia experiences a lower recidivism rate than most other states.⁴² Charts 4 and 5 present statistics related to juvenile recidivism within Virginia. DJJ also reports that, between Fiscal Years 2006 and 2009, the number of court-involved juveniles has decreased by seven percent, local placements dropped by 17 percent, and commitments to the JCCs declined by 11 percent.⁴³

Data collected by DJJ reveals that juvenile offending is on the rise in certain regions of the Commonwealth.⁴⁴ In other areas, the numbers may be decreasing; however, specific types of offenses are increasing. Because recidivism is a key indicator for determining whether juvenile justice interventions are working, this data is critical in making informed decisions about the needs of the juvenile justice population.⁴⁵

⁴¹ Virginia Department of Juvenile Justice. (2010). *Virginia Department Juvenile Justice*. Presentation to the Commission on Youth, June 8, 2010.

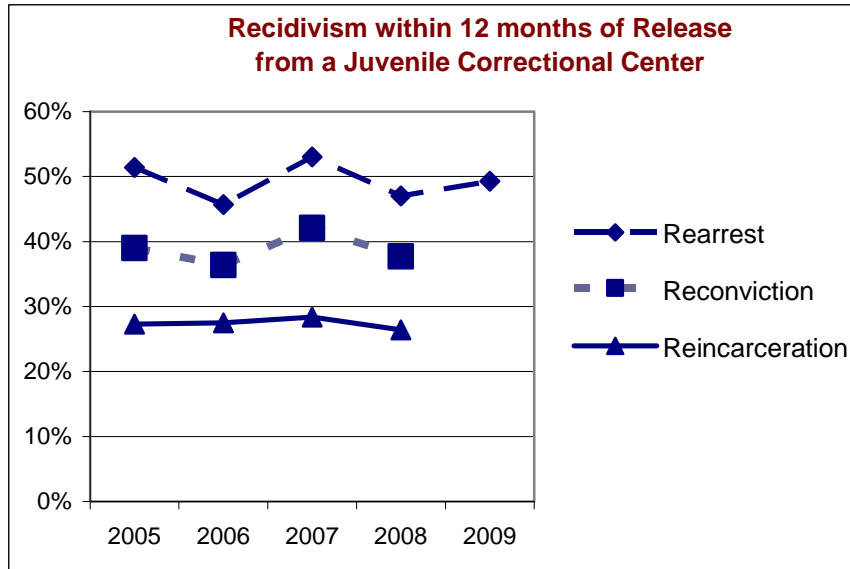
⁴² Ibid.

⁴³ Virginia Department of Juvenile Justice. (2009). *Data Resource Guide for Fiscal Year 2009*. [Online]. Available: http://www.djj.virginia.gov/About_Us/Administrative_Units/Research_and_Evaluation_Unit/pdf/FY2009_DRG.pdf. [June 2011].

⁴⁴ Ibid.

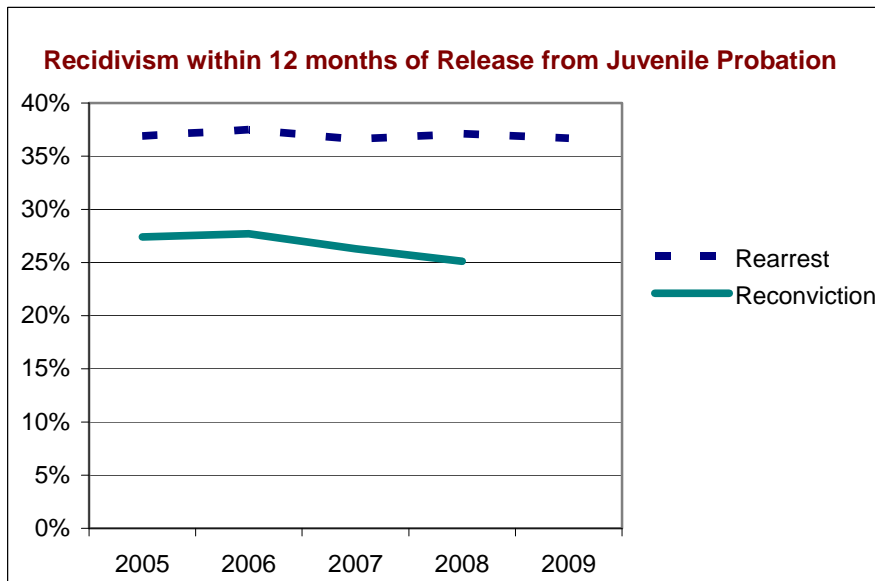
⁴⁵ Virginia Performs. (2011). *Juvenile and Adult Recidivism*. [Online]. Available: <http://vaperforms.virginia.gov/indicators/publicsafety/recidivism.php>. [August 2011].

Chart 4



Source: Virginia Performs. *Juvenile and Adult Recidivism*, May 12, 2010.

Chart 5



Source: Virginia Performs. *Juvenile and Adult Recidivism*, May 12, 2010.

According to DJJ, between Fiscal Years 2004 and 2007, over a 12-month period:

- reconviction rates for JCC releases were 36 percent to 41 percent;
- reconviction rates for those placed on probation ranged from 26 percent to over 27 percent; and
- rearrest rates and reconviction rates for JCC releases were higher than for probation placements.⁴⁶

⁴⁶Virginia Department of Juvenile Justice. (2010). *Virginia Department Juvenile Justice*. Presentation to the Commission on Youth, June 8, 2010.

D. LEGISLATION AND PROGRAMS

Because juvenile recidivism is such a widespread problem, several key pieces of federal legislation are in place to address this issue. Nationally, these include *No Child Left Behind Act* (NCLB),⁴⁷ the *Second Chance Act*,⁴⁸ and the *Juvenile Justice and Delinquency Prevention Reauthorization Act* (JJDPRA).⁴⁹

No Child Left Behind (NCLB)

The NCLB includes two provisions for juvenile offenders originally authorized by Title I, Part D of the *Elementary and Secondary Education Act of 1965* (ESEA).⁵⁰ This section of NCLB is also called *the Prevention and Intervention Programs for Children and Youth who are Neglected, Delinquent or At-Risk*.⁵¹ Title I addresses state-operated institutions or community day programs and promotes local school divisions' programs which collaborate with local correctional facilities.⁵² The primary goals of Title I Part D of NCLB are to:

1. improve educational services for these youth so they have the opportunity to meet challenging State academic content and achievement standards;
2. provide these youth with services to successfully transition from institutionalization to further schooling or employment; and
3. prevent at-risk youth from dropping out of school, and to provide dropouts and children and youth returning from correctional facilities with a support system to ensure their continued education.⁵³

Within Virginia, NCLB is being employed and implemented in a number of ways. Each of the programs tied to NCLB has helped create significant academic gains, as shown through the increase in passing of end-of-course exam scores from the 2005-06 school year to the 2007-08 school year. Moreover, DCE hires highly qualified teachers, utilize transition services, monitor and evaluate programs, and measure youth academic gains and community reentry. The DCE program employs a low student-teacher ratio, and 96 percent of juvenile justice teachers in DCE were highly qualified in the subject area they taught.

Further, DJJ's Reception and Diagnostic Center (RDC) provides aid to recently released juveniles in the forms of psychological, educational and career assignments. The RDC assists in developing school reenrollment plans with the local education agency which monitors throughout the year.

Second Chance Act

The *Second Chance Act* was passed by Congress to help former offenders stay off the streets and out of prison by providing job training, drug treatment, and other reentry

⁴⁷ 20 U.S.C. § 6301, et seq. (2001).

⁴⁸ 42 U.S.C. § 17501, et seq. (2006).

⁴⁹ 42 U.S.C. § 5601, et seq. (2002).

⁵⁰ United States Department of Education. (2006). *Title I, Part D: Neglected, Delinquent, and At-Risk Youth Prevention and Intervention Programs for Children and Youth Who Are Neglected, Delinquent, or At-Risk (N or D)*. Nonregulatory Guidance.

⁵¹ The National Evaluation and Technical Assistance Center for the Education of Children and Youth Who Are Neglected, Delinquent, or At Risk. (n.d.). *What is Title I, Part D?* [Online]. Available: <http://www.neglected-delinquent.org/nd/aboutus/background.asp>. [August 2011].

⁵² Ibid.

⁵³ Ibid.

programs⁵⁴ This law is significant because it addresses the factors that contribute to recidivism and provides community resources to combat these problems.

The *Second Chance Act* also reauthorized a reentry grant program for eligible state or local government agencies.⁵⁵ In order to be eligible to apply for funding, the entity must have developed a reentry strategic plan, which includes a detailed implementation schedule, as well as extensive evidence of collaboration with key public and private stakeholders.⁵⁶ Applicants must also have established a Reentry Task Force comprised of specific justice system and community representation.

In Fiscal Year 2010, Virginia received over \$2.6 million for five Second Chance Grants for adult and juvenile offender programs.⁵⁷ In addition to receiving five Second Chance Act grants, Virginia is receiving technical assistance from the Council of State Governments (CSG) National Reentry Resource Center related to those grants. CSG will be providing technical assistance to DJJ on further development and implementation for the juvenile offender reentry strategic plan.⁵⁸

DJJ, in partnership with Tidewater Youth Services Commission, received a Second Chance Act grant award for a Juvenile Offender Reentry Demonstration Project. The project will serve high and moderate-risk parolees up to the age of 21 from multiple localities in the Tidewater region. The grant funding supports a comprehensive range of services and provides for graduated reentry options to address challenges posed by reentry and to reduce recidivism.⁵⁹

Juvenile Justice and Delinquency Prevention Act

The *Juvenile Justice and Delinquency Prevention Act* (JJDP A) is the principal federal program through which the federal government sets standards for juvenile justice systems at the state and local levels.⁶⁰ For 30 years, the JJDP A has provided states and localities with federal standards. Further, JJDP A helps safeguard youth, families and communities in supporting improved juvenile justice and delinquency prevention practices.

JJDP A stipulates that federal funds are to be used for "...community based programs that provide follow-up post placement services to adjudicated juveniles, to promote successful reintegration into the community" and for "community based programs and services to work with juveniles, their parents, and other family members

⁵⁴ 42 U.S.C. § 17501, et seq. (2006).

⁵⁵ U.S. Department of Justice, Office of Justice Programs. (2010). *Second Chance Act Adult and Juvenile Offender Reentry Demonstration Grants FY 2010 Competitive Grant Announcement Frequently Asked Questions (FAQs)*. [Online]. Available: <http://www.ojp.usdoj.gov/BJA/grant/10SecondChanceDemoFAQ.pdf>. [August 2011].

⁵⁶ Ibid.

⁵⁷ Virginia Secretary of Public Safety. (2010). *Status Report on Offender Transitional and Re-entry Services*. Report Document 333. [Online]. Available: [http://leg2.state.va.us/dls/h&sdocs.nsf/By+Year/RD3332010/\\$file/RD333.pdf](http://leg2.state.va.us/dls/h&sdocs.nsf/By+Year/RD3332010/$file/RD333.pdf). [June 2010].

⁵⁸ Ibid.

⁵⁹ Ibid.

⁶⁰ Campaign for Youth Justice. (n.d.). *What is the Juvenile Justice and Delinquency Prevention Act (JJDP A)? Background Information*. [Online]. Available: <http://www.campaignforyouthjustice.org/documents/WhatistheJJDP A.pdf>. [August 2011].

during and after incarceration in order to strengthen families so that such juveniles may be retained in their homes.”⁶¹

A state’s level of compliance with each of the four core requirements of the JJDP Act determines its eligibility for its continued participation in the grant program.⁶² To be eligible to receive grant funds, a state must comply with four core requirements:

1. The deinstitutionalization of status offenders (DSO) provision – This requires that children who have committed an offense that would not be criminal if committed by an adult (status offenses) such as truancy or running away, and non-offenders, like abused and neglected children, will not be placed in secure detention facilities or secure correctional facilities.
2. The separation provision – This requires sight and sound separation of juveniles from adult inmates in secure institutions.
3. The jail removal provision – This prohibits detaining or confining juveniles in adult jails and lockups for more than six hours, the maximum time allowed by statute for purposes of identification, processing, interrogation, transfer to a juvenile facility, court appearance or release to parents. This federal jail removal exception includes a six-hour time period both immediately before and after a court appearance provided that the juvenile has no sight and sound contact with incarcerated adults during this time.
4. The disproportionate minority contact (DMC) provision – The DMC provision requires that states reduce the disproportionate number of juvenile members of minority groups who come into contact with the juvenile justice system.⁶³

The Virginia Department of Criminal Justice Services (DCJS) monitors Virginia's compliance with the core requirements of the JJDP Act. Pursuant to JJDPA, each state is required to submit to the Office of Juvenile Justice and Delinquency Prevention (OJJDP) a three-year plan and annual updates to address the state’s juvenile justice needs. The Advisory Committee on Juvenile Justice, which determines Virginia’s priorities, meets several times each year, including at an annual retreat at which the committee reviews relevant data.⁶⁴

E. BEST PRACTICES

Over several decades, researchers in the juvenile justice field have identified best practices for successful juvenile reentry. Many of these programs have some overlap. The following paragraphs provide an overview of suggested best practices from both the Office of Juvenile Delinquency Programs (OJJDP) and the Youth Reentry Task Force of the Juvenile Justice and Delinquency Prevention Coalition (JJDFPC).

OJJDP has outlined five categories of juvenile delinquent reentry programs:⁶⁵

1. Employment and Technical/Vocational Programs – These programs provide juveniles with employment opportunities and seek to improve their social and

⁶¹ 42 U.S.C. § 5633 (2002).

⁶² Virginia Department of Criminal Justice Services. (n.d.). *Juvenile Justice & Delinquency Prevention (JJDP) Act*. [Online]. Available: <http://www.dcjs.virginia.gov/juvenile/jjdp>. [August 2011].

⁶³ Ibid.

⁶⁴ Ibid.

⁶⁵ The Office of Juvenile Justice and Delinquency (OJJDP). (2007). *OJJDP Model Programs Guides*. [Online]. Available: <http://www.ojjdp.gov/mpg/>. [June 2011].

educational functioning by increasing earnings, raising self-esteem, and instilling a positive work ethic.

2. Day Treatment Programs – These programs provide correctional treatment methods similar to halfway houses, but allow participants to return home at night. The goal of day treatment is to provide intensive supervision to ensure community safety and a wide range of services to the offender to prevent future delinquent behavior.
3. Cognitive Behavioral Therapy (CBT) – A structured, therapeutic approach that teaches juveniles about the thought-behavior link and working with them to modify their thinking patterns in a way that will lead to more adaptive behavior in challenging situations.⁶⁶
4. Reentry Courts – Specialized courts that help reduce recidivism and improve public safety through judicial oversight. Reentry courts manage reentry by directing resources to support the offender’s return to the community and promote positive behavior.
5. Aftercare Programs – These reintegrative services prepare out-of-home placed juveniles for reentry to their communities by establishing the necessary collaboration with the community and with resources to ensure the delivery of prescribed services and supervision.

Similarly, the JJDP’s Youth Reentry Task Force has compiled a list of essential components of a successful reentry program:⁶⁷

1. Pre-Release Planning – Pre-release Plans are critical steps to successful reentry. Plans should be developed immediately upon out-of-home placement to help ensure that transition programs start upon the juvenile’s release. The release plan consists of written case plans tailored to the needs of the juvenile. Items to be included are plans for living arrangements, return to school, medical and behavioral care, vocational skills, life skills, public assistance, and legal services.
2. Reentry services in the Communities – Reentry services, in order to be effective, should be strategically placed in neighborhoods where the returning juveniles live in order to build natural connections and relationships between community organizers and the returning juvenile. Connections can also be cultivated with members of the faith community because evidence suggests that faith-based institutions are frequently the strongest and most highly respected in vulnerable communities.
3. Services addressing Developmental Deficits – Programs should address deficits in skills and developmental assets in life. There are seven areas of youth life:
 1. family and living arrangements;
 2. employment;
 3. links to pro-social peers;
 4. substance abuse treatment;
 5. mental behavior and physical health;
 6. enrollment to vocational training and employment; and
 7. leisure time and recreation.

⁶⁶ National Mental Health Association (NMHA). (2004). Mental Health Treatment for Youth in the Juvenile Justice System, a Compendium of Promising Practices. *Not available August 2010.*

⁶⁷ Juvenile Justice and Delinquency Prevention Coalition (JJDP). (2009). *Back on Track: Supporting Youth Reentry from Out-of-Home Placement to the Community. Youth Reentry Task Force of the JJDP.* [Online]. Available: http://www.sentencingproject.org/doc/publications/CC_youthreentryfall09report.pdf. [June 2011].

Services can be designed to incorporate these seven areas to help juveniles prepare for successful reentry to their communities.

4. Focus on Permanency and Housing – One study reported that in-home counseling, which engages the juvenile’s immediate and extended family members by addressing the root causes of delinquency, has reduced recidivism by as much as 50 percent.⁶⁸ Services that assist families in retaining juveniles or offer viable housing options with supportive services are crucial to successful reentry.
5. Access to Mental Health and Substance Abuse Treatment – Treatment has a positive impact on behavior and can reduce recidivism. Juveniles receiving mental health treatment within the first three months of release are less likely to recidivate.
6. Recognizing the Diverse Needs of Returning Youth – Juveniles returning to their communities are diverse and also have distinct needs. Reentry policies and practices should be modeled to account for differences of gender, ethnicity, and sexual orientation.
7. Structured School Attendance, Workforce Preparation, and Employment – Juvenile offenders returning to their home communities cannot be expected to pick up where they left off prior to their confinement. Structured pre-discharge planning and post-release planning can help the juvenile experience success, as well as to identify risk factors that may spark reoffending.
8. Better Use of Leisure Time – Recently released juveniles are accustomed to highly structured days. Programs should be developed to help them fill their free time upon their release. This is particularly important for juvenile offenders recovering from substance abuse.

F. SUB-ISSUES

This study identified barriers to successful reentry for juvenile offenders. The Advisory Group’s Subcommittees targeted four specific issues related to juvenile reentry and recidivism. The following provides background information relating to each of these issues.

1. Community and Family

For many juvenile offenders, release from confinement and return to their families often only exacerbates existing issues and problems. Because many of the families to whom these youth return have persisting familial conflicts, there is little opportunity for positive youth development. They may return to their pre-incarceration habits. In addition, many juveniles are precluded from returning to their family homes due to policies prohibiting individuals convicted of drug offenses from residing in public housing. This can be a large problem for these juveniles because as they are released, they discover they have nowhere to stay. Fortunately, some states have taken notice of the issue and developed specific programs aimed directly at these family-related problems. One such program, employed by the state of Tennessee, conducts family

⁶⁸ Connecticut Family Counseling Plan Reduces Youth Recidivism by 50 Percent. Juvenile Justice Digest, January 31, 2002. As cited by Juvenile Justice and Delinquency Prevention Coalition. (2009). *Back on Track: Supporting Youth Reentry from Out-of-Home Placement to the Community*. Youth Reentry Task Force of the JJDFC.

group conferencing to help prepare the juvenile for release while ensuring that the necessary support systems are in place and ready upon the youth's arrival home.⁶⁹

Housing is another barrier confronting juvenile offenders seeking to return to their communities. There is a clear correlation between homelessness and contact with the juvenile and criminal justice systems. Specifically, 46 percent of homeless youth between the ages of 10 and 17, at one time in their lives, have been confined in a correctional facility.⁷⁰ If juveniles are homeless upon reentry, they are at a much higher risk of reoffending than their counterparts. Unfortunately, this problem is not unusual, as one in four youth released from confinement spent their first night in a shelter or on the street.⁷¹

Factors that contribute to this problem are severe and unresolved conflicts with parents, homeless parents, overcrowding, lack of a rental history, income levels insufficient to afford market prices, high rental rates, criminal history, and deficits in independent living skills. Furthermore, the problem relating to housing for juvenile offenders is cyclical, without stable housing and services specifically designed to encourage positive youth development, juvenile offenders confined for their crimes may face sporadic or even continuous cycles of homelessness. Additionally, without stable housing, many youth after their release will return to the streets only to become involved in the same lifestyle that caused their original arrest.

Even if the juvenile returning to their community has a stable home and available housing, hurdles may originate from their community. Despite the fact that family reunification is the ideal for returning youth, it may be in their best interest not to return, particularly if they reside in a high-crime neighborhood. Returning the juvenile to an unchanged environment may set them up for failure and subsequent recidivism. All determinations pertaining to housing should support the juvenile and potentially provide employment opportunities.

A detailed summary of the issues identified by the Community and Family Subcommittee is included as Appendix D.

2. Education

Education is one of the most significant factors linked to juvenile recidivism. It is also the most frequently studied and reported. One of the best indicators of future delinquent and criminal activity is truancy from school.⁷² Statistics indicate that 48 percent of truant youth have a history of convictions, compared to 14 percent of non-truants (out of 400 youth).⁷³

⁶⁹ Juvenile Justice and Delinquency Prevention Coalition (JJJPC). (2009). *Back on Track: Supporting Youth Reentry from Out-of-Home Placement to the Community*. Youth Reentry Task Force of the JJJPC. [Online]. Available: http://www.sentencingproject.org/doc/publications/CC_youthreentryfall09report.pdf. [June 2011].

⁷⁰ Ibid.

⁷¹ Ibid.

⁷² Virginia Commission on Youth. (1999). *Study of Truants and Runaways*, House Document No. 57. [Online].

Available:

<http://leg2.state.va.us/DLS/H&SDocs.NSF/682def7a6a969fbf85256ec100529ebd/71abc7663e08107c85256721004b8a5b?OpenDocument>. [June 2011].

⁷³ Henry, K., & Huizinga, D. (2007). School-Related Risk and Protective Factors Associated With Truancy Among Urban Youth Placed at Risk. *Journal of Primary Prevention*, 28(6):505–19, as cited by OJJDP Model Programs Guide.

Chronic truants are:

- 12 times more likely than non-truant youth to report committing a serious assault;
- 21 times more likely to report having committed a serious property crime; and
- 7 times more likely to be arrested than non-truants.

More than half of youth in secure placements have not completed 8th grade and two-thirds of those leaving custody do not return to school.⁷⁴

Much research has been conducted which details best practices to promote the juvenile's successful return school and/or pursuit of their education. Listed in the paragraphs, which follow, are the best practices as recommended by both the Center for School Mental Health Analysis and Action (CSMHAA) and the Legal Aid Justice Center's JustChildren.

Center for Mental Health Analysis and Action Best Practices (CSMHAA)⁷⁵

1. Linkages Between Involved Agencies – Links between educational, justice, and familial systems are imperative to help juveniles be successful in reentry.
2. Clearly Defined Roles and Responsibilities – Interagency collaboration between educational and justice systems is critical. However, for this to occur, the roles and responsibilities of each agency and individual must be clearly defined. Information sharing, monitoring, coordination of the curriculum and development of the treatment plan must also be delineated and assigned.
3. Individualized Wrap-Around Services – A wraparound program that is individualized is important to fit the needs of the juvenile and their family. Frequent contact is important.
4. Youth and Family Engagement – The juvenile and their family must be active participants in the reenrollment process, particularly in the development and execution of a treatment plan. Such involvement also increases the likelihood that affected agency staff and stakeholders are committed to the goals of the plan.
5. Immediate Transfer of Records – Successful programs require records to be transferred from one jurisdiction to the next prior to the juvenile's return to school.
6. Pre-Release Training – Social skill, life skill or vocational skill training prior to release helps prepare the juvenile for a more successful reintegration.
7. Pre-Release Transition Plan – Planning for reentry should take place before juveniles are released in order to prevent a delay between release and school reenrollment.
8. Speedy Placement – Expedited reentry processes help reduce recidivism by allowing the juvenile to become more accustomed to, and become engaged to, their school setting.
9. Appropriate Placement – Juveniles should be placed in an environment most suited to meet their needs. Thus, an alternative or transitional school may be a more appropriate placement for certain juveniles.

⁷⁴ National Re-entry Resource Center. (n.d.) *Employment and Education Frequently Asked Questions*. [Online]. Available: <http://www.nationalreentryresourcecenter.org/faqs/employment-and-education>. [August 2011].

⁷⁵ Center for School Mental Health Analysis and Action. (2006). *School Reentry of Juvenile Offenders*. [Online]. Available: <http://csmh.umaryland.edu/resources/CSMH/resourcepackets/files/School%20Reentry%20Brief%20-%20CSMHA.pdf>. [June 2011].

Legal Aid Justice Center's JustChildren⁷⁶

1. **Inter-Agency and Community Cooperation; Clear Roles and Responsibilities** – Identify clearly the roles and responsibilities of the agency personnel and ensure that there is accountability and that responsibilities are met.
2. **Youth and Family Involvement** – Youth and appropriate family members/guardians should have copies of the transition plan and the contact information for the individuals helping the juvenile reenroll.
3. **Speedy Placement** – Procedures should ensure that the juvenile can reenroll quickly, preferably on the same day of release.
4. **Appropriate Placement** – Emphasis is placed upon the juvenile returning to an appropriate education placement in the least restrictive environment. Decisions should acknowledge the educational needs of the juvenile.

A detailed summary of the issues identified by the Education and Workforce Subcommittee is included as Appendix E.

3. Mental Health and Substance Abuse

Statistics on mental health and substance abuse trends for juvenile offenders are noticeably higher than comparable samples from the general population. More than half of the incarcerated youth nationwide experience major depression and almost two-thirds report suffering from anxiety.⁷⁷ Further, two-thirds nationally acknowledge regular drug use.⁷⁸ Finally, according to representatives from the Virginia Department of Correctional Education (DCE), over 40 percent of students currently committed to DJJ and enrolled in DCE youth schools have cognitive or emotional disabilities.⁷⁹ The primary disabilities, in order, are Emotional Disability, Learning Disability (including perceptual disorders), and Other Health Impairments.⁸⁰ There is also a very small population of students with Intellectual Disability (formerly Mental Retardation), Multiple Disabilities, and Brain Injuries and students that require Speech Language Services.⁸¹

A high percentage of youth in the juvenile justice system meet the American Psychiatric Association's *Diagnostic and Statistical Manual, IV-TR (DSM IV-TR)* criteria for more than one mental health disorder.⁸² Among youth in the juvenile justice system who have a mental health diagnosis, about 70 percent have a co-occurring substance abuse disorder.⁸³ Of these, 25 percent experience mental health disorders so severe that their ability to function is impaired.⁸⁴ Co-occurring mental health and substance

⁷⁶ JustChildren, Legal Aid Justice Center. (2006). *A Summary of Best Practices in School Reentry for Incarcerated Youth Returning Home*. Submission to the Commonwealth of Virginia Board of Education.

⁷⁷ Juvenile Justice and Delinquency Prevention Coalition (JJJPC). (2009). *Back on Track: Supporting Youth Reentry from Out-of-Home Placement to the Community*. Youth Reentry Task Force of the JJJPC. [Online]. Available: http://www.sentencingproject.org/doc/publications/CC_youthreentryfall09report.pdf. [June 2011].

⁷⁸ Ibid.

⁷⁹ Virginia Department of Correctional Education. (2010). *Agency Strategic Plan*. [Online]. Available: <http://vaperforms.virginia.gov/agencylevel/stratplan/spReport.cfm?AgencyCode=750>. [August 2011].

⁸⁰ Virginia Department of Correctional Education. (2007). *Fighting Crime through Education*. Presentation to the Joint Subcommittee Studying the Commonwealth's Programs for Prisoner Reentry to Society (SJR 327), June 28, 2007.

⁸¹ Ibid.

⁸² American Psychiatric Association (APA). (2000). *Diagnostic and statistical manual of mental disorders, fourth edition text revision (DSM-IV-TR)*. Washington, DC: American Psychiatric Association.

⁸³ Skowrya, K., & Cocozza, J. (2006). *Blueprint for Change: A Comprehensive Model for the Identification and Treatment of Youth with Mental Health Needs in Contact with the Juvenile Justice System*. Delmar, NY: Skowrya and Cocozza.

⁸⁴ Ibid.

abuse problems place distinct demands upon treatment programs. Solutions for treating co-occurring disorders for youth in the justice system are complicated, particularly because these youth are returning to the peer, family and community environments that may have initially supported their substance abuse.

The significant health needs of these juvenile offenders may have contributed to their arrests or involvement in the juvenile justice system. According to the National Alliance for the Mentally Ill (NAMI), 36 percent of respondents to a nationwide survey of families having children with severe mental illnesses said that their children were in the juvenile justice system because of the unavailability of mental health care services.⁸⁵ If their health needs remain unaddressed, these juveniles are less likely to succeed in school or work and are more likely to face re-arrest after release.

There are two major public health funding sources for juvenile offenders: Medicaid and the State Children's Health Insurance Program (SCHIP).⁸⁶ Medicaid, a partnership between the federal and state governments, is the primary source of health coverage for low-income children in the United States.⁸⁷ More than 28 million children, or 26 percent of children in this country, are enrolled in Medicaid. All 50 states have different policies and procedures, yet all programs have identical fundamental elements defined by federal law, and programs are administered within broad federal guidelines and oversight.⁸⁸ SCHIP, like Medicaid, is also administered by the states and provides health coverage for American children in working families. States design their own SCHIP programs and determine policies and eligibility requirements within federal guidelines.⁸⁹

In order to obtain treatment services through, Medicaid or SCHIP, the juvenile must be determined to meet certain eligibility requirements set by the state. A significant percentage of juveniles was receiving Medicaid benefits prior to their confinement and/or may be eligible for Medicaid upon their release. However, their benefits are frequently terminated once they are confined.⁹⁰ Under SCHIP, children who are confined in a public institution are not eligible for coverage.⁹¹ This is due to federal regulation that prohibits states from receiving federal matching Medicaid funds to pay for services for inmates of public institutions.⁹² However, states are not required to terminate Medicaid eligibility, but may suspend eligibility during incarceration.⁹³ Many states, however, choose to terminate Medicaid benefits because of the federal

⁸⁵ National Alliance for the Mentally Ill (NAMI). (1999). *Families on the Brink: The Impact of Ignoring Children with Serious Mental Illness, Results of a National Survey of Parents and Caregivers*.

⁸⁶ Gupta, R., Kelleher, J., Pajer, K., Stevens, J., & Cuellar, A. (2005). Delinquent Youth in Corrections: Medicaid and Reentry into the Community. *Pediatrics*. 115, pp. 1077-1083.

⁸⁷ National Academy for State Health Policy. (2008). *A Medicaid Primer for Juvenile Justice Officials*. State Health Policy Briefing. [Online]. Available: http://www.nashp.org/sites/default/files/shpbriefing_medicaidforjuvenilejustice.pdf. [August 2011].

⁸⁸ Ibid.

⁸⁹ Families USA. (2011). *Children's Health*. [Online]. Available: <http://familiesusa.org/issues/childrens-health/>. [August 2011].

⁹⁰ Gupta, R., Kelleher, J., Pajer, K., Stevens, J., & Cuellar, A. (2005). Delinquent Youth in Corrections: Medicaid and Reentry into the Community. *Pediatrics*. 115, pp. 1077-1083.

⁹¹ U.S. Department of Health and Human Services. (2008). *State Children's Health Insurance Program (SCHIP)*. [Online]. Available: <http://www.hhs.gov/everyamericaninsured/schip/>. [August 2011].

⁹² 42 C.F.R. § 435.1009.

⁹³ Gupta, R., Kelleher, J., Pajer, K., Stevens, J., & Cuellar, A. (2005). Delinquent Youth in Corrections: Medicaid and Reentry into the Community. *Pediatrics*. 115, pp. 1077-1083.

regulations. This means that juveniles released from confinement are eligible for Medicaid, but must reapply to access benefits. The obstacles and delays in reapplying for benefits are significant. During the application process, juveniles returning to their communities do not receive treatment for their substance abuse or mental health needs.⁹⁴

To complicate matters, there is a lack of continuity of care in treatment between the facility and the community. There are limitations on the range of services, program and service content, social environment, and capacity for juveniles returning to their communities. Change in systems/services, as well as qualifying for support, is often a problem for youth who age-out of the juvenile justice system. Services should be linked both upon release from a facility and upon release from parole; yet the juvenile and their family may not have the appropriate skills and resources to make this happen. Multiple systems make coordination difficult and there are issues regarding turf, responsibility, accountability, and resources. With DJJ and/or local detention centers, DCE, the Department of Education (DOE) and/or local school boards and schools, the Department of Behavioral Health and Developmental Services (DBHDS) and the Department of Social Services (DSS), possible community organizations/players are often overlooked.

For juveniles who are receiving pharmacological treatment for mental health disorders, problems may arise with ensuring medication continuity after release. In Virginia, a Mental Health Transition Plan helps with the transition of mental health services for juveniles committed to DJJ.⁹⁵ However, Mental Health Transition Plans are developed only for those juveniles already receiving mental health services in the facility. Most offenders are given a 30-day supply of their medication as part of their Mental Health Transition Plan. Prior to incarceration, juveniles may be prescribed medication, but frequently stop taking their medicine once they are released. This is particularly problematic if they do not have access to health insurance or experience delays while re-enrolling in Medicaid. Because about half of the juveniles are on psychotropic medications prior to release, access to such medications can also be an issue.⁹⁶ In addition, these youth may start self-medicating, taking street drugs, or mixing medications.

A detailed summary of the issues identified by the Mental Health and Substance Abuse Subcommittee is included as Appendix F.

4. Special Populations

Studies and experience show that certain populations are more susceptible to recidivism. Additionally, some sub-groups of incarcerated and detained juveniles face unique issues that require unique focus. As such, the special population targeted by this study was female juvenile offenders.

⁹⁴ Virginia Commission on Youth. (2010). Study of Juvenile Offender Reentry Special Populations Subcommittee Meeting Minutes, August 3, 2010.

⁹⁵ Va. Code § 16.1-293.1 (2010).

⁹⁶ Virginia Commission on Youth. (2010). Study of Juvenile Offender Reentry Special Populations Subcommittee Meeting Minutes, August 3, 2010.

Female Juvenile Offenders

According to Youth Reentry Task Force of the JJDPC, female offenders, compared to their male counterparts, “come from lower socioeconomic backgrounds, suffer from mental health problems at a higher rate, and are more likely to have been sexually abused.”⁹⁷

According to DJJ:

- 4 times more females (31%) reported sexual abuse/assault than males (8%);
- Between 20-31% of females reported experiencing physical abuse than males (13-17%); and
- A higher percentage of females (66-78%) reported experiencing parental abandonment/rejection than males (52-66%).⁹⁸

Chart 6 depicts statistical figures of intake cases, probation placements, detention home placements, and committed juveniles by gender for Fiscal Years 2005 through 2007. As Chart 6 illustrates, females represent around 30 percent of all intake cases, but only 9 percent of all committed juveniles.

Chart 6

Females in the Correctional System in Virginia

	FY2005		FY2006		FY2007	
	Female	Male	Female	Male	Female	Male
Intake Cases	31.2%	68.8%	30.7%	69.3%	30.9%	69.1%
Probation Placements	26.5%	73.3%	25.4%	74.3%	24.6%	75.2%
Detention Home Placements	23.6%	76.4%	22.0%	78.0%	22.0%	78.0%
Committed Juveniles	9.9%	90.1%	9.1%	90.9%	9.2%	90.8%

Source: Virginia Department of Juvenile Justice. *Statistical Information on Girls in the Correctional System*. [Online]. Available: http://www.djj.virginia.gov/Resources/DJJ_Publications/pdf/female_info_UR_panel.pdf. [June 2011].

Involvement in the juvenile justice system creates, for females, additional psychosocial, economic and other cumulative effects. For example, females may lose their status in the family. To complicate matters, existing treatment programs are not gender-specific. Female offenders have more internalizing symptoms whereas males

⁹⁷ Juvenile Justice and Delinquency Prevention Coalition (JJJPC). (2009). *Back on Track: Supporting Youth Reentry from Out-of-Home Placement to the Community*. Youth Reentry Task Force of the JJDPC. [Online]. Available: http://www.sentencingproject.org/doc/publications/CC_youthreentryfall09report.pdf. [June 2011].

⁹⁸ Virginia Department of Juvenile Justice. (2010). *Profiles of Committed Juveniles: FY2004-2008*. [Online]. Available: http://www.djj.virginia.gov/Resources/DJJ_Publications/pdf/Profiles_of_Committed_Juveniles.pdf. [August 2011].

have more externalizing symptoms and delinquency.⁹⁹ Coping skills for these special populations are not tailored to the gender of the juvenile offenders. Females may require programs and treatments for depression and males typically require conflict resolution. Female offenders typically have longer lengths of stay because they tend to be more serious offender. In addition, their treatment plan requires more services within the JCC.¹⁰⁰

Juveniles with Children

Compared with youth in the general population, a higher proportion of juveniles are parents. According to a nationwide survey conducted in 2003:

- 14% juveniles in custody stated that they had children;
- More males reported having children than females (15% versus 9%);
- 12% of juveniles indicated that they were currently expecting a child;
- The combined total of juveniles in custody having or expecting children was 20%.¹⁰¹

Reentry candidates were substantially more likely than their counterparts in the general population to report having children. These rates are much greater than in the general population.

Other researchers have observed strong associations between teen fatherhood and delinquent behavior in smaller, local samples of juvenile offenders and at-risk youth. The association is not as strong for female juvenile offenders because they are less prevalent in the placement population than males who are expectant fathers.

Specifically in Virginia, there is also a small, yet noteworthy population of male juveniles with children, as depicted in Chart 8.

Chart 8

Juveniles Offenders Who are Parents

Juvenile Responses	FY2004		FY2005		FY2006		FY2007		FY2008		FY2009		FY2010*	
	F	M	F	M	F	M	F	M	F	M	F	M	F	M
Yes	11.0%	11.3%	11.0%	10.7%	6.3%	10.8%	7.8%	11.1%	6.6%	11.0%	3.6%	9.8%	18.8%	8.9%
No	83.5%	84.4%	75.8%	82.1%	82.3%	81.1%	71.4%	74.3%	83.6%	82.1%	87.5%	79.3%	56.3%	71.5%
N/A	5.5%	0.9%	3.3%	1.9%	8.9%	1.8%	14.3%	9.5%	0.0%	0.8%	0.0%	0.3%	0.0%	0.7%
Not Known**	0.0%	0.2%	0.0%	0.0%	0.0%	0.1%	0.0%	0.5%	0.0%	0.3%	0.0%	0.1%	0.0%	0.0%
Missing	0.0%	3.2%	9.9%	5.3%	2.5%	6.2%	6.5%	4.5%	9.8%	5.8%	8.9%	10.5%	25.0%	18.9%

*FY2010 data is not complete due to time lag

**"Not Known" indicates that the juvenile's response to this question, while "Missing" indicates that the field remained blank on the Medical History form.

‡Appealed cases are excluded from data

Source: Virginia Department of Juvenile Justice. 2010.

⁹⁹ Virginia Commission on Youth. (2010). Study of Juvenile Offender Reentry Special Populations Subcommittee Meeting Minutes, August 3, 2010.

¹⁰⁰ Ibid.

¹⁰¹ Sedlak, A., & Bruce, C. (2010). Youth's Characteristics and Backgrounds: Findings from the Survey of Youth in Residential Placement. *Juvenile Justice Bulletin* (NCJ 227730). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

In Virginia, the juvenile justice system is comprised of early and effective interventions to limit the juvenile's further involvement in the juvenile justice system. Services are designed to meet the individual, physical, emotional, and educational needs of the juvenile while attempting to reduce their risk of reentry. This is accomplished by providing safe and secure confinement for the juvenile while offering treatments to help the juvenile succeed. Unfortunately, this may cease once the juvenile "ages out" of the juvenile justice system or for juveniles committed with a blended (juvenile/adult) sentence. Blended sentence combines a juvenile disposition with an adult sentence.¹⁰² The *Code of Virginia* authorizes the Circuit Court to impose an adult sentence while allowing a portion of that sentence to be served in a JCC.¹⁰³

The services the juvenile has access to while in DJJ custody may not be available in the adult system. In addition, a juvenile is over 18 years of age, and, while they are on juvenile parole, they are unable to obtain needed services (i.e., they age out of group homes and are no longer eligible for other services). This is particularly problematic for juveniles who leave DJJ when they are older than 18 and not in foster care prior to adjudication. Many service providers are unwilling or unable to provide services to juveniles over the age of 18 and are not willing to provide services to those who have committed a felony. The juvenile's family may not have been involved in service planning for the juvenile.

Independent living programs may be an option for juveniles aged 18-21 who are being released from DJJ and who were receiving foster care services from the Department of Social Services (DSS) at the time of commitment. However, these juveniles must reapply to DSS to receive foster care services in order to be eligible for independent living services. Additionally, independent living services are not available to older juveniles who are over the age of 18. DSS offers the Independent Living plan for those children who were in foster care before adjudication. Regardless of eligibility for foster care or independent living, certain private providers do not allow felons into their independent living facility or group homes. Thus, some juveniles may not have access to housing particularly if they are unable to return to their families.

A detailed summary of the issues identified by the Special Populations Subcommittee is included as Appendix G.

VII. Findings and Recommendations

The study findings, which are outlined in the paragraphs which follow, indicate that a substantial proportion of juvenile offenders are likely to return to the community requiring a variety of services. These juveniles have numerous problems such as mental health disorders, substance abuse issues, family, and housing concerns. Without addressing these and other factors that impact their ability to become productive citizens, juveniles returning to their communities will find it very difficult to succeed.

¹⁰² Virginia Department of Juvenile Justice. (2009). *Data Resource Guide for Fiscal Year 2009*. [Online]. Available: http://www.djj.virginia.gov/About_Us/Administrative_Units/Research_and_Evaluation_Unit/pdf/FY2009_DRG.pdf. [June 2011].

¹⁰³ Va. Code §16.1-272. (2010).

At its November 15, 2010 meeting, the Commission on Youth adopted the following study recommendations.

ISSUES IDENTIFIED BY THE COMMUNITY AND FAMILY SUBCOMMITTEE

Finding 1

Confinement may negatively impact the juvenile's relationships with family, community, and pro-social peers.

There are two keys to successful reentry: resiliency factors and maintaining connections with loved ones. Communication with family members can increase successful reentry by as much as 20 percent. Family members should be able to maintain communication with the juvenile during their time of commitment without unnecessary bureaucratic constraints. Positive communication and connections with family and the community allow effective supports to be maintained, thus providing the juvenile with a greater chance of successful reentry.

It is often difficult for juveniles to maintain relationships with their families because the juvenile may be placed in a correctional center a long distance from their homes. For example, the family of a juvenile placed in the Culpeper Correctional Center may have to contend with a lack of public transportation, as well as restrictions on visitation. These challenges make it difficult for families and juveniles to maintain connections. To address this issue, in September 2010, the Department of Juvenile Justice (DJJ) began a pilot video visitation program titled "Family Link." The purpose of Family Link is to enable residents and their family members to visit via video in collaborative sites operated by DJJ and non-profit agencies. This contact will augment and support the DJJ visitation program, while fostering a stronger family connection and enhancing reentry initiatives.

Another barrier identified by the Study Subcommittee is that visitation guidelines are not consistently applied. Identification requirements for family visitation are not always communicated in advance. Additionally, the guidelines may not always be applied consistently because exceptions are sometimes made. In some instances, people have counterfeited clergy certifications to gain access, so pastors need to be prepared to present proper identification. Conversely, officials in the juvenile justice system may feel that the family, while visiting, sabotages the progress made by the juvenile while in custody. Finally, even though DJJ makes an effort to involve family members, a number of juveniles have families who do not want to be involved. Without family involvement, there are significant limitations on what can be done to further terms of effective reentry.

Recommendations

- 1. Request DJJ review the Juvenile Correctional Center (JCC) visitation guidelines to ensure that they are applied consistently. Request DJJ create a handbook to ensure that visitation guidelines and identification requirements are shared with the juvenile's family/caregivers in the mailed orientation package.**
- 2. Request DJJ continue to allow programs such as the "Family Link" Video Visitation Program to go statewide by using community and faith-based partnerships. A report shall be provided to the Commission on Youth prior to the 2012 General Assembly Session.**
- 3. Request DJJ review the JCC visitation guidelines to include specific parameters for the (i) identification and (ii) assessment for suitability of non-immediate family members and special visitors (e.g., coaches, neighbors, and family friends) to ensure that individuals who have served, or will serve as a**

positive support or role models to the juvenile during the time of commitment and upon reentry to the community, are approved for visitation at the JCC.

Finding 2

After commitment, juveniles may be returning to disadvantaged and socially disorganized neighborhoods, increasing the risk of recidivism.

There are few community partnerships and informal support networks for juveniles returning to their communities. Effective community supports are critical to helping juveniles successfully reenter their communities. Maintaining community ties and building a reentry plan for juveniles while they are confined can be difficult due to physical distance between their home community and the facility where the youth is confined. Accordingly, there is a critical need for coordinated programs in order to reduce the risk of recidivism.

The Study Subcommittee noted that mentoring can directly address the lack of community supports and negative influences. The very presence of a mentor in a youth's life can help to reduce isolation and provide needed supervision and support. A positive adult role model offers new perspectives to a juvenile who may lack positive, long-term adult relationships. Mentoring strengthens the likelihood that juveniles can overcome barriers that may otherwise prevent them from leading healthy and productive lives. Positive peer mentoring improves the outcomes of recidivism. Universities can play a major role and provide a valuable resource to juvenile offenders and their families. A service learning component could be developed which would enable university students to model behavior to help juveniles learn how to be successful in their communities.

Another best-practice identified by the Study Subcommittee is the mapping of community services. The Urban Institute's Reentry Mapping Network is a community-based mapping partnership which collects and analyzes local data related to incarceration, reentry and community well-being. Mapping helps youth and adults identify resources and opportunities that exist in their community. For example, older juveniles may not have housing available to them after their release and have no remaining ties to family and friends. Mapping the locations of shelters, halfway houses, and other affordable housing in relation to where juveniles return can illustrate gaps in services and provide guidance in choosing appropriate housing options. Mapping can also identify assets in the community as well as help identify employment options. An example of mapping is the National Reinvestment Project in Brooklyn, which identifies "million dollar blocks" and makes prevention investments in these blocks by identifying productive services. TANF funding is a possible funding source for this initiative because it connects vulnerable citizens to existing community-based services. Representatives from the Administration indicated that they are investigating the mapping of community services as part of the implementation of Virginia's Second Chance Grant award.

Recommendations

- 1. Request DJJ, in conjunction with appropriate mentoring partnerships, where feasible, incorporate in the development of a juvenile's reentry plan a mentoring component for the purpose of assessing whether the juvenile is appropriate to participate in a mentoring program. Virginia's universities, colleges, and community college systems shall be included as a resource in this effort.**
- 2. Support the Workforce Investment Boards (WIB) and WIB's Youth Councils' efforts in completing the Youth Mapping of community services and request they share mapping information, once completed, with the Virginia's Prisoner and Juvenile Offender Reentry's Council.**

3. **Request that the Secretary of Health and Human Resources investigate expanding Virginia 2-1-1 in the development of a reentry mapping network for Virginia. Other public and privately-operated information and referral systems, such as Virginiahousingsearch.com and socialserve.org, will be asked to participate in this effort.**

Finding 3

There is a lack of community options for gradual release to the community for juvenile offenders.

Community reintegration strategies may be incorporated for the juvenile through home visits, gradual release, and intensive aftercare services. Budget cuts, however, have had a tremendous impact upon crime control funds and gradual release programs. DJJ operates two halfway houses (Abraxas House and Hampton Place) designed to provide transitional skills to juveniles leaving DJJ's correctional centers. Hampton Place serves as a transitional home for sex offenders. Each halfway house program, serving approximately ten youth, is designed to take advantage of the unique resources available in its community to meet the needs of the residents. The six-month program seeks to provide additional skills to promote a continued positive adjustment and reduce the risk of recidivism. DJJ begins to assess community services at the beginning of the commitment process but this can be difficult, especially for juveniles previously served in foster care, because juveniles are no longer in foster care once they are in the custody of DJJ.

Virginia's Post Dispositional (Post-D) programs are also extremely effective. These are locally-administered and primarily funded with local funds. The Post-D Program is a long-term program (up to six months) which allows juveniles between the ages of 14 to 17 to serve their sentence in their local detention center while receiving local treatment services designed to address the reason for court involvement. This program of local confinement, treatment services and release plans increases the juvenile's awareness of the consequences of delinquent activity; balances the community's needs with the resident's future involvement with the resident court system; and reduces the percentage of residents with juvenile court records who enter the adult correctional system. Detention Superintendents authorize work release for juveniles in detention/Post-D programs. However, in light of recent budget cuts for detention homes, additional resources will be needed to expand these programs

Recommendations

1. **Request the Secretary of Public Safety recommend including a gradual release component in the Virginia's Prisoner and Juvenile Offender Reentry's Council long-term strategic plan which is to be submitted to the Governor. Such a component will include an assessment for qualifying juveniles and will allow qualifying juveniles to step-down to graduated programs 30 to 60 days prior to their release. The component will also enable DJJ to establish partnerships with private and/or public providers to offer identified step-down services to qualifying juveniles. (Referred to the Governor's Prisoner Reentry Council)**
2. **Request the Governor include funding in the FY2012 budget for additional transitional living and halfway houses for juvenile offenders. (Adopted 10/20/10)**
3. **Introduce a budget amendment to fund additional transitional living and halfway houses for juvenile offenders. (Referred to the Governor's Prisoner Reentry Council)**

4. Introduce a budget amendment to provide state funding for locally-administered Post-D programs. (Referred to the Governor’s Prisoner Reentry Council)

Finding 4

Juvenile offenders returning to their home communities may be prohibited from living with their families if their families are residing in public housing.

As discussed by the Virginia’s Prisoner and Juvenile Offender Reentry Council, federal law requires criminal background checks for all adult household members applying to live in public housing. These federal requirements may restrict offenders with certain convictions. However, this may also be a barrier to juveniles returning home after commitment to DJJ. Because federal law gives local public housing agencies liberal discretion to deny housing to individuals with certain criminal backgrounds, landlords are allowed to screen and deny housing based on past criminal convictions. While this may be appropriate for drug offenses, or if the crime was physical or violent nature, juveniles without adult convictions should be permitted to reside in public housing. Local housing authorities may also be interpreting juvenile adjudications as if they were adult criminal convictions.

Recommendation

Request the Virginia Housing Commission, with assistance from the Office of the Attorney General and in conjunction with the Commission on Youth, assess local housing authorities’ application of laws pertaining to criminal background checks to determine their impact upon juveniles returning to their communities and whether current practices need to be modified. Strategies, such as an education component of the importance of reentry of juveniles returning to their communities and the differences in juvenile and adult offenders should be developed to share with local housing authorities. This information would be shared with the Governor’s Prisoner and Juvenile Offender Reentry Council.

ISSUES IDENTIFIED BY THE EDUCATION AND WORKFORCE SUBCOMMITTEE

Finding 1

Juveniles in the custody of the Department of Juvenile Justice (DJJ) may be encouraged to obtain a GED rather than graduate with a high school diploma.

DJJ’s Reception and Diagnostic Center (RDC) receives the juvenile’s academic record from the juvenile’s home school at intake. RDC and Department of Correctional Education (DCE) staff review the juvenile’s assessment, school record and existing educational track, along with any disciplinary activity (e.g., suspension or expulsion). DCE strives to keep the juvenile on same educational track (modified, standard, or special diploma), as they were prior to their commitment. However, it is not uncommon for the juvenile to be very behind in credits. In addition, older juveniles may read at an elementary grade level.

For the juvenile seeking meaningful employment, a high school diploma, along with career training, provides for more meaningful employment opportunities than a GED.

Recommendation

Request (or support) DCE integrate the provisions set forth in the Department of Education’s Academic and Career Plan (ACP) into the juveniles’ educational program.

Finding 2

Juvenile committed to the Department of Juvenile Justice may fall behind in obtaining high school credits while they are detained at the Reception and Diagnostic Center (RDC). Juveniles detained at local detention homes receive educational services through the local school division, using the Standards of Learning (SOL) as a guide for instruction. Local educators work with the juveniles to encourage them to maintain or improve their academic standing and assist them in reintegrating into their home schools.

Local school divisions provide information to RDC regarding the education track and academic standing of the juvenile. All juveniles committed to DJJ begin their commitment at RDC, which is a secure confinement located in Chesterfield County. Juveniles receive medical, psychological, academic, sociological, and behavioral evaluation. At RDC, DJJ staff determines the juvenile's classification, calculates the Length of Stay, develops a treatment plan, and selects the juvenile's JCC placement.

While at RDC, the juvenile does not remain on the same educational track as established at the local detention home. Instead, the juvenile receives supplemental educational services provided by the DCE while waiting to be transferred to a JCC. Typically, a juvenile is at RDC for approximately four weeks. The juvenile's educational track for obtaining a high school diploma may be delayed while detained at RDC. Once the juvenile is placed at a JCC, their educational track (e.g., obtaining high school diploma) commences. However, the juvenile has lost valuable instructional time and has also fallen behind.

Recommendation

Request DCE, in conjunction with DJJ and DOE, study the feasibility of continuing the juvenile's education track, as established at the local juvenile detention center, at the Reception and Diagnostic Center through web-based technologies and/or other strategies that incorporate the SOLs. (Referred to the Governor's Prisoner Reentry Council)

Finding 3

Transition planning for reenrolling the juvenile in school does not always occur within the regulatory timeframes; there may be a lag in transmitting the juvenile's record and in developing the juvenile's reentry plan.

Schools have 30-days notice of reenrollment. Once DJJ notifies DCE staff of a juvenile's pending release, DCE staff formulates a preliminary reenrollment plan and invites the reenrollment coordinator at the receiving school to meet. The preliminary plan is subsequently sent to the school. However, practices vary depending on how quickly the juvenile correctional center staff contacts the school division and how quickly the point-person from the local school division notifies personnel within the division. Typically, DJJ, DCE and local school division staff responsible for the juvenile's reenrollment may be in a rush to get the juvenile reenrolled in school. It can be a challenge to involve all of the educational representatives in a timely fashion. DCE staff may not always be aware of the juvenile's exact release date if the juvenile is required to reappear before the judge. This can affect reenrollment timeframes, when it is critical that all systems work together.

Practices may vary among school divisions, although DOE provides training on procedures for the school reenrollment coordinators, DJJ and DCE staff.

Recommendations

- 1. Request DOE, DJJ, and DCE conduct a survey to ascertain commonly-encountered barriers to reenrollment. Request that the identified issues and recommended solutions be shared with the Commission on Youth prior to the 2012 General Assembly Session.**
- 2. Request DOE report school completion and dropout rates for juveniles who have been committed to DJJ or who have been sentenced to a Post-Dispositional placement.**

Finding 4

Transition planning for a juvenile previously in foster care needs to begin at the time of his commitment. A juvenile returning from DJJ may have difficulty transitioning into the community because they were in foster care prior to their commitment.

DJJ no longer has custody when the juvenile is released into the community. Upon the juvenile's release, custody reverts to the Department of Social Services (DSS) if the juvenile was previously served in foster care and is younger than 18 years old. A juvenile 18 years or older who was formerly served in foster care is considered to be an adult and therefore is not eligible for foster care (See §§ 63.2-100 and 63.2-900). The juvenile is, however, eligible to continue receiving independent living services as defined in § 63.2-905.1, based on whether the locality chooses to continue serving youth over age 18. With the exception of room and board and foster care placement (i.e., placement in a foster home, residential or group home setting), independent living services may be paid for by federal Chafee funding, based on the availability of funds. Comprehensive Services Act funds are also available to support the provision of services to these youth, including funds to assist in room and board (or rent) depending on the policies of the local Community and Policy Management Team (CPMT). DSS does not keep the case active while the juvenile is in the custody of DJJ because DSS transfers custody of the juvenile to DJJ once the juvenile is committed.

Upon passage of the federal Fostering Connections to Success and Increasing Adoptions Act of 2008, DSS and DOE formed a committee to formulate a plan for implementing the provisions of the federal law. DSS and DOE developed joint guidance on school placement for children in foster care. This guidance will be incorporated into the DSS Foster Care Manual once DOE approves the guidance. The DOE Superintendent's memo announcing the new guidance to the local education agencies (LEAs) was tentatively scheduled to be distributed in November 2010. They also developed two forms to assist LDSS and schools to: 1) determine the school placement that is in the child's best interest; and 2) immediately enroll the child in the school of residence for the child's new placement, if remaining in the same school is not in the child's best interest. This guidance will be a resource for all involved parties and is applicable to youth exiting DJJ and returning to the local department of social services (LDSS).

Recommendations

- 1. Request DJJ, DSS, OCS, DOE, and local key stakeholders review current guidance and develop or revise guidance and procedures across state agencies to ensure that Juvenile Correctional Centers (JCC) include LDSS and the Family Assessment and Planning Teams (FAPTs) in the juvenile's reentry planning and educational transitional planning. Guidance should include the LDSS' involvement in initial case planning at the Reception and Diagnostic Center (RDC) to clarify the long-term permanency plan for the juvenile and how the JCC can support that plan throughout the juvenile's commitment to DJJ.**

2. Request the DOE/DSS education committee on the federal *Fostering Connections to Success and Increasing Adoptions Act of 2008* involve DJJ and DCE to coordinate implementation of the guidance on educational placement of youth returning from DJJ to the LDSS in DJJ discharge planning. The committee should also review DSS, DOE and DJJ Code sections, identifying inconsistencies related to the educational needs and placements of youth, and provide recommendations for legislative changes to the Commission on Youth.
3. Amend § 16.1-293 of the *Code of Virginia* to require that the court services unit (CSU) consult with the local department of social services 90 days prior (instead of four weeks) to the person's release from commitment on parole supervision concerning return of the person to the locality and the placement of the person's terms and conditions of parole. Further, amend this section of the *Code* to require the JCC and LDSS to work collaboratively in developing a transition plan from the JCC to the LDSS.

Finding 5

Workforce development is a key issue for a significant percentage of juveniles leaving DJJ who may be older youth or young adults.

DCE strives to prepare juveniles for school reentry and/or the workforce. DCE provides educational instruction and operates youth enterprise programs, which allows juveniles to gain licensure in a variety of occupations. However, many juveniles struggle to find employment once they reenter their community. Statistics on the problem of recidivism in Hampton and Newport News highlight the need for workforce development:

- of 48 juveniles ages 18 or older released in 2007, 21 were reconvicted within 12 months – a 1 year reconviction rate of 43.8%; and
- of 52 juveniles ages 18 or older released in 2005, 37 were reconvicted within 36 months – a 3 year reconviction rate of 71.2%.

DJJ, in conjunction with DCE, developed the Youth Industries Program to train older, incarcerated youth who follow program requirements and who do not have behavior issues. The Youth Industries Program is a juvenile enterprise program designed to teach marketable skills and workplace behaviors to juvenile committed to DJJ. Youth Industries provides committed juveniles with work experience and encourages employment upon reentry.

Virginia's Community College System has oversight of the federal Workforce Development Act (WIA). WIA provides opportunities for workforce investment activities through a statewide board and 15 local workforce investment boards (WIB). Each local board has a One-Stop Career Center that assists dislocated workers. WIBs' primary focus is the transitioning of laid-off employees. Juveniles being released from DJJ into the community are typically not served by their WIBs and One-Stop Centers. The WIA requirements have stringent accountability for One-Stop Centers and offer no incentives for serving the juvenile offender population.

However, Peninsula Worklink Reentry to Education and Employment Project (REEP), one of Virginia's One-Stop Centers, is developing a program geared to juvenile offenders reentering the workforce. REEP has received a \$75,000 grant to expand staff's ability to serve this population.

The study's Subcommittee discussed Virginia's Middle College Program, which can be effective in providing support to juvenile offenders who have dropped out of school and

would like to return. This program could help juveniles transitioning from high school into community college. Five colleges participated in this program; however, budget cuts have reduced the program.

The Study Subcommittee also noted that the Work Opportunity Tax Credit (WOTC) provides a federal tax credit incentive to private-sector businesses for hiring individuals from 12 target groups (including adult and juvenile offenders) who have consistently faced significant barriers to employment.

Recommendations

- 1. Amend § 66-25.1 of the Code of Virginia to expand the membership of the Virginia Juvenile Enterprise Committee to include the Office of the Secretary of Education, Virginia Community College System, representatives from the WIA and the local WIBs, potential employers of juvenile offenders, and the Department of Correctional Education (DCE).**
- 2. Amend § 66-25.1 of the Code of Virginia to expand the role of the Virginia Juvenile Enterprise to include developing a plan for the creation of a network of employers willing to hire juvenile offenders reentering their communities.**
- 3. Request the VCCS and the DCE to create educational materials to be shared with juvenile offenders about the effectiveness of Virginia's Middle College Program.**
- 4. Support the current level of funding for Virginia's Middle College Program.**
- 5. Request the Secretary of Public Safety, the Secretary of Commerce and Trade, and the VCCS/WIA develop a strategy to communicate with business community information about the WOTC.**
- 6. Request DJJ investigate the feasibility, need and cost to expand the Youth Industries' programs to increase the number of juveniles participating in Career and Technical Education Programs and increase the numbers of programs offered. Request DJJ develop a Youth Industries plan that focuses on areas of professional credentials, using the Virginia Employment Commission's forecasts of future employment needs. The plan will also encourage DJJ to allow, when appropriate, youth to acquire certifications and/or licenses while under direct care to increase the likelihood of gainful employment.**

Finding 6

There is confusion about the confidentiality of juvenile records. This confusion can prevent the juvenile from obtaining employment or pursuing higher education.

There is no consistency in the purging of juvenile records. This is particularly problematic for a juvenile charged with a misdemeanor when the charge is dismissed. This action may not be reflected in the juvenile's record and can adversely impact a juvenile. There is a need to expunge records so employers cannot obtain the juvenile's prior records. These records may be transmitted to the Department of Motor Vehicles (DMV) when the juvenile's license is suspended. The juvenile's record "attaches" to their DMV record. However, when the juvenile returns to the community, their criminal record is still accessible. Thus, the juvenile's offense keeps them from obtaining employment or enrolling in certain community colleges. This may also impact financial aid.

There is also confusion about the check-off box on both college and employment applications and whether the juvenile is to select the juvenile check YES or NO if they were adjudicated of a felony. The Study Subcommittee asserted that there needs to be a balance

between maintaining public safety and allowing the juvenile to have a second chance. Additionally, § 16.1-308 of the Code of Virginia prohibits any state or local governmental agency from disqualifying a juvenile found guilty on a petition charging delinquency from employment.

Recommendations

- 1. Request the Virginia State Crime Commission convene a workgroup of impacted agencies and stakeholders to review existing juvenile record requirements and establish guidelines for the protection of, as well as for the purging of juvenile records after the juvenile's adjudication date. This will include establishing a process for purging juvenile records from the DMV system.**
- 2. Request the VCCS transmit consistent guidelines to Virginia community colleges regarding admission policies for juvenile offenders reentering their communities. Such guidelines will also address the protection of juvenile records.**

ISSUES IDENTIFIED BY THE MENTAL HEALTH AND SUBSTANCE ABUSE SUBCOMMITTEE

Finding 1

In Virginia, Medicaid is terminated upon commitment, based on federal requirements prohibiting federal Medicaid funds from being used on inmates of public institutions. This provision is applied to juveniles committed to DJJ.

Virginia elects to terminate, rather than suspend, Medicaid because of the requirement that any status changes be reported. Federal rules require a determination of financial eligibility for Medicaid be made within 45 days from the date of application. Forty-five days prior to release, DJJ begins to prepare reenrolling juveniles back into Medicaid. However, there is often a problem with redetermination because a parent or guardian must be involved in the process if the juvenile is under 18 years of age. Redetermination may be problematic when the parent or caregiver is not involved.

There is also variability among local DSS offices regarding Medicaid redeterminations. Some offices may not accept an application for Medicaid until the juvenile is released, whereas others do not accept the application because there is uncertainty about who can apply on behalf of the juvenile. The Department of Medical Assistance Services (DMAS) and DJJ are working to address this. The main goal of Virginia's Mental Health Transition Plan is to avoid juveniles' not receiving essential/required medications.

Foster care services terminate upon commitment, so DSS no longer has custody when a juvenile is committed to DJJ. Further, DJJ does not act as a guardian over the juvenile while in custody. This creates a problem for a juvenile who comes from DSS and, upon release, is under age 18, because the juvenile has no guardian to reapply for Medicaid on their behalf.

DSS receives 30 days' notice prior to the juvenile's release. However, Medicaid can be applied for up to 45-days prior to the juvenile's release. DJJ and DSS policies should be established to allow for more seamless reenrollment into Medicaid that is part of the discharge planning for youth returning local departments of social services following commitment to DJJ.

Recommendations

- 1. Request DMAS develop a plan addressing systemic, legal, and budgetary impact of suspending, rather than terminating, Medicaid for juveniles.**
- 2. Introduce a budget amendment, with necessary funding, to modify Virginia Medicaid requirements to allow for the suspension of Medicaid benefits for juveniles who are committed to DJJ.**
- 3. Request that DMAS, DSS, and DJJ develop guidelines to make local DSS' reenrollment practices more consistent. Guidelines would clarify which agency is responsible for which role.**
- 4. Request DJJ, in conjunction with DSS and DMAS, to implement the procedures set forth in the DSS eligibility guidance manuals to begin the process of eligibility determinations for Medicaid 45-days prior to release.**

Finding 2

Implementing the provisions set forth in the juvenile's Mental Health Transition Plan is problematic due to gaps in available services and lack of health insurance.

The Mental Health Transition Plan is helpful; however, implementing the Plan is problematic. Frequently, the services included in the Plan do not exist in the juvenile's community. This is especially challenging in rural areas. For example, there is a shortage of child psychiatrists in Virginia. This is a huge barrier for those juveniles who must access a psychiatrist for psychotropic medication management. Released juveniles are given a 30-day supply of medication. However, they will often request refills in addition to the 30-day supply, because they are unable to locate a provider or schedule an appointment.

In addition, there are differences among the 40 Community Services Boards (CSBs) services across the Commonwealth. DJJ's Court Services Units (CSUs) negotiate agreements with them. All evaluations, including mental health evaluations, take place at the RDC. The parole officer takes the juvenile's Plan and then schedules a follow-up meeting in the community to arrange for services if the juvenile has private health insurance. If the Plan indicates the juvenile needs substance abuse services and if substance abuse services are unavailable in the community, the juvenile usually does not receive the needed service. Thus, juveniles "fall down" when they return home because services they were receiving while in the custody of DJJ are not available to them in their communities. In addition, a large percentage of released juveniles do not fit into any mandated mental health category and are not eligible for services funded by the Comprehensive Services Act. If juvenile offenders are Medicaid-eligible, transportation to distant providers is a covered service. Telemedicine, a covered service under Medicaid, may increase access to psychiatric professionals. However, there are specific requirements which must be fulfilled in order for the service to be reimbursed. Juveniles without health insurance have no money to pay for services. For juveniles ages 18-21, the primary problem is access. Juveniles without health insurance have no choice but to use the emergency room instead a private physician. They may then accumulate debt from incurred emergency room and ambulance costs.

The Study Subcommittee asserted that services should be linked both upon release from a facility and upon release from parole. The youth or family might not always have the appropriate skills and resources to make this happen.

Recommendations

- 1. Request the Office of Comprehensive Services for At-Risk Youth and Families examine the feasibility and cost of including juvenile offenders with mental health needs as a mandated population under the Comprehensive Services Act.**
- 2. Request the Secretary of Health and Human Services establish guidelines to encourage the use of telemedicine in Virginia localities not having psychiatric services.**

ISSUES IDENTIFIED BY THE SPECIAL POPULATIONS SUBCOMMITTEE

Finding 1

There are not enough independent living options for older juveniles (ages 18-21). Services may not be available for older juveniles who are released. The need for permanency planning applies to all youth, including older ones.

Independent living programs may be an option for juveniles ages 18-21 who are being released from DJJ and who were receiving foster care services from DSS at the time of commitment. However, these juveniles must reapply to DSS to receive foster care services in order to be eligible for independent living services. Additionally, independent living services provided by DSS are not available to juveniles over the age of 18 who were not previously served in foster care. Regardless of eligibility for foster care or independent living, private providers may not allow adjudicated juveniles into their independent living facility or group homes. Families may “wash their hands” of the juvenile. As a result, the juvenile may not have access to housing when released from DJJ. Frequently, these youth have developmental concerns, yet they are expected to be autonomous.

This is particularly an issue for juveniles committed with a blended (juvenile/adult) sentence. Often, a juvenile is over 18 and, while they are on juvenile parole, they are unable to obtain needed services (i.e., they age out of group homes and are no longer eligible for other services). There can be a lack of family/community ties for older youth with histories of out-of-home placements.

The following information was provided by the Department of Social Services. Limited federal independent living services may be an option for juveniles’ ages 18-21 who are being released from DJJ and who were receiving foster care services from DSS at the time of commitment. These juveniles should contact their local department of social services (LDSS) and request to receive independent living services. If the LDSS does not provide these services to this category of youth, the youth can receive some independent living assistance through United Methodist Family Services’ Project LIFE Program, funded by DSS to serve older youth. However, funding for these DSS services is limited. Federal Title IV-E Chafee funds are capped and are fully expended every year serving the current population of eligible youth in and exiting foster care. In addition, states receiving these funds are encouraged to provide independent living services for youth in foster care who were adopted at age 16 and above in the federal Fostering Connections to Success and Increasing Adoptions Act of 2008. These services provide extremely limited funds for the room and board of youth. Only 30% of the funds allocated to each LDSS for independent living services may be used for room and board purposes. As a result, LDSS rely on the independent living stipend from the Comprehensive Services Act (up to \$644/mo) to help older youth in and exiting foster care pay for housing.

Additionally, independent living services provided by DSS are not available to juveniles over the age of 18 who were not previously served in foster care. If the youth’s family is

unavailable or unwilling to allow the youth to return home, he or she is left to fend for him/herself if no other services are available.

Recommendations

- 1. Request the State Executive Council research whether foster care prevention services through the Comprehensive Services Act can be accessed for juveniles returning to their families to assist in their reunification.**
- 2. Request DSS investigate the feasibility of legislative changes needed and the fiscal impact of allowing youth to remain in foster care until age 21 in order to receive independent living services.**

Finding 2

“One size fits all” programming is not appropriate to this population. For example, most programs have been validated on male populations, leaving questions about their appropriateness for females.

Involvement in the juvenile justice system for females creates additional psychosocial, economic, and other cumulative effects. Females also lose their status in the family. There is a need to do something differently. Females may receive other “invisible punishments.”

Existing treatment programs are not gender-specific. Female offenders have more internalizing symptoms whereas males have more externalizing symptoms and delinquency. Females may require programs and treatments for depression, whereas males typically require conflict resolution.

DJJ offers gender specific programs. Bon Air JCC houses all of female offenders. At the Reception and Diagnostic Center (RDC), DJJ provides medical, psychological, academic, sociological, and behavioral evaluation, classification, calculation of the Length of Stay, treatment planning, and placement. If DJJ staff finds that the juvenile has been previously abused, they report those findings to Child Protection Services (CPS). DJJ will not return the juvenile to an abusive home.

Female offenders typically have longer lengths of stay because they tend to be more serious offenders. In addition, their treatment plan requires more services within the JCC. The study committee stated that it would be helpful to have a resource guide for these juveniles and their families.

Recommendation

Request DJJ create a resource guide for juveniles and their families which identifies successful programs which are gender-specific and involve the entire family.

Finding 3

A number of the juvenile offenders committed to DJJ are parents. There is a small percentage of female offenders who are mothers and require unique services.

The female population at DJJ is small. In 2008, 60 females were committed to DJJ. As of this meeting, only 25 female offenders were at a JCC. Research shows that 40-60% of the mothers of juvenile offenders have also been incarcerated. DJJ offers motherhood programs such as Baby Think it Over. DJJ coordinates with the family to ensure that the child has childcare and the juvenile mother has an opportunity to visit with her child.

Recommendation

Support DJJ's current program activities that provide services to committed youth who are parents and DJJ's efforts to address generational issues which impact incarcerated parents, particularly mothers and their daughters.

Finding 4

Juveniles are frequently released to grandparents or extended family members.

Complexity of the family adds to the difficulty of transition. Grandparents may not have the skills to handle a teenager and may be ill-equipped to care for a juvenile offender with identified mental health, behavioral, developmental or substance abuse issues. There is also a unique dynamic in that the family and the grandparents may have witnessed intergenerational cycles of incarceration.

Recommendation

Request the Special Advisor to the Governor on Children's Services study the feasibility of providing community supports to kinship care providers of juvenile offenders in the child transformation/kinship care activities.

OVERARCHING ISSUES IDENTIFIED BY MULTIPLE SUBCOMMITTEES

Finding 1

Multiple systems make it very difficult to coordinate and provide services. There are issues with regards to turf, responsibility and accountability, and resources.

Agencies who are involved in different aspects of the juvenile justice arena include the courts, DJJ, and/or local detention homes, local CSUs, DCE, DOE, local school divisions, schools, the Department of Behavioral Health and Developmental Services (DBHDS), CSBs, DSS, and the local department of social services. The involvement of multiple and fragmented systems is confusing for the juvenile and his family. DJJ currently is in the process of developing a singular reentry plan for juveniles committed to the Department.

Recommendation

Support DJJ's efforts to develop and implement a singular reentry plan for the juveniles committed to the Department.

Finding 2

There is confusion among Virginia's laws and law-related terminology. Juveniles may not understand Virginia's laws, how they apply to them and how breaking these laws may have lasting repercussions upon their future.

Juveniles may not understand that certain offenses carry certain penalties which may follow them into their adulthood. Moreover, there are multiple systems and terminology. There is confusion regarding the differences between a juvenile who has been adjudicated in juvenile court and one convicted as an adult in Circuit Court. There is also confusion about youthful offenders. Clarification about Virginia's laws and terms, as they affect juveniles, would be helpful to both juveniles and adults alike. In addition, such knowledge may be helpful to educate youth and potentially preventing criminal activities.

Recommendations

- 1. Support the Office of the Attorney General's Virginia Rules Program which educates teens about Virginia laws and how these laws impact their day-to-day lives.**
- 2. Request the Office of the Attorney General create a resource guide, including a web-based guide, explaining the terminology associated with the juvenile justice system in Virginia.**

VIII. Acknowledgments

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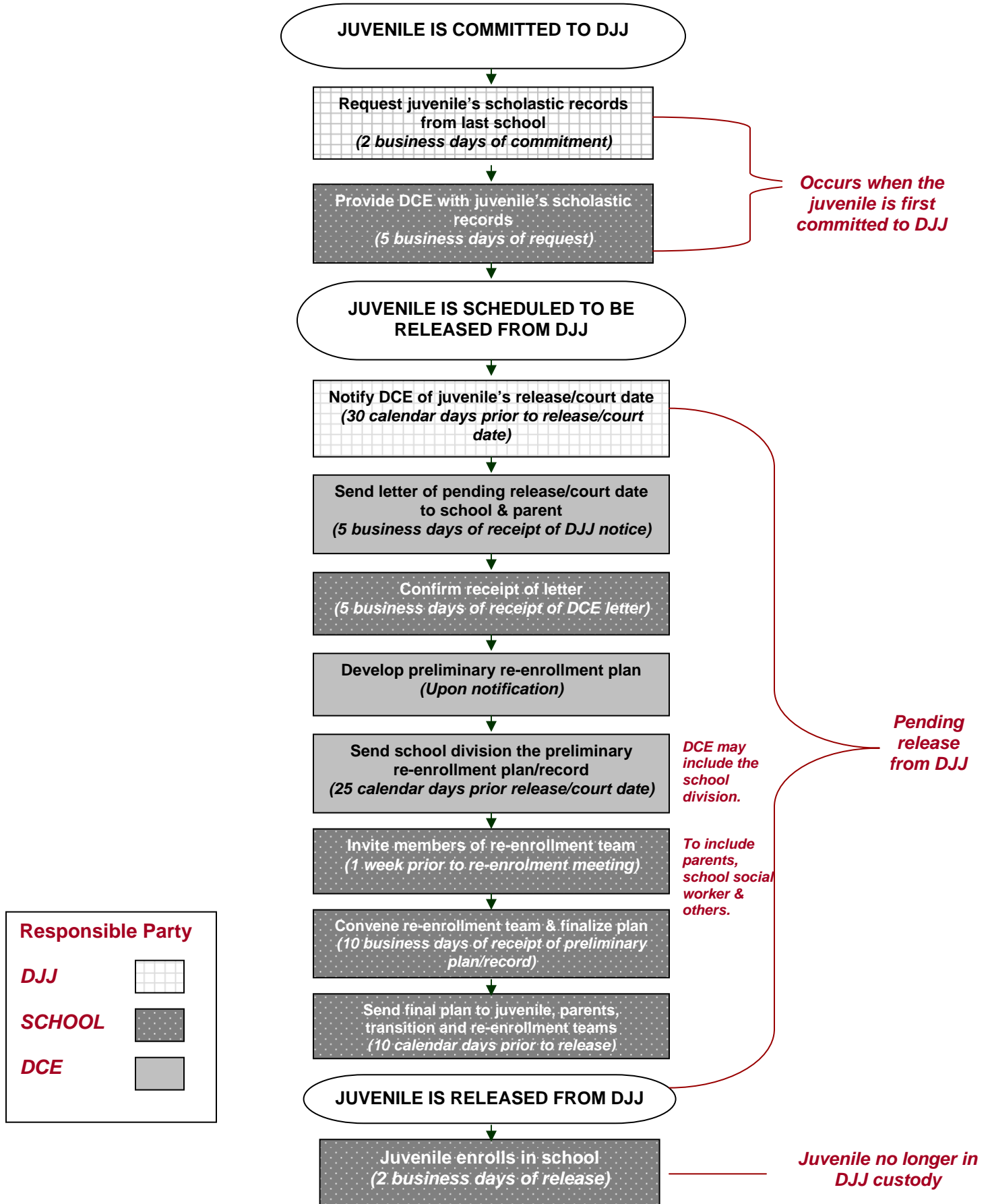
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Appendix C

Reenrollment of Students Committed to the Department of Juvenile Justice

Virginia Commission on Youth Graphic



**Study of Juvenile Offender Reentry
COMMUNITY AND FAMILY SUBCOMMITTEE**

**MEETING SUMMARY
August 4, 2010**

Members Attending: Delegate Brink, Andrea McMahon, Debra Nedervelt, Lawrence Wilder, Jr., Janet Fuller-Holden, Kimberly Pollard, Tracey Jenkins, Patrick Plourde

Participating Electronically: Delegate BaCote, Yvonne Trotman, Steven Blunt, Edith White

Amy Atkinson, Commission on Youth Executive Director, called the meeting to order at 9:30 a.m., followed by a review of the meeting agenda and the meeting's objectives. This subcommittee is one of four which has been formed by the Commission to address focus topics identified by the Advisory Group. Each subcommittee is comprised of Advisory Group members and others having special interest and expertise.

The subcommittee identified and discussed issues and barriers related to mental health and substance abuse:

General Discussion

Prior to Release

- Juveniles are in a vacuum/bubble while in detention.
- This is a very important time, and what can be done to make the transition easier.
- The goal is to give juveniles a starting point, so that they know where they are going. The transition plan should be in place within 90 days prior to leaving.
- Detention homes can be utilized to start reconnecting with family and the community. Two weeks prior to release is the best time for intensive family re-connecting. This is also when terminated Medicaid/foster care can be re-implemented.
- § 16-294 funding only starts upon release.

Reentry Mapping

- The Reinvestment Project engages in reentry mapping/criminal justice mapping which shows the dollars per block of that city spent on corrections. Sometimes, through this mapping, the disparity in funding and providers can be identified.
- There is some Virginia-specific mapping data which could be used to present a local snapshot of available re-entry resources.
- The federal Office of Juvenile Justice and Delinquency Prevention (OJJDP) has a mapping system for which the Department of Criminal Justice Services (DCJS) provides input.
- Virginia 2-1-1 is an option, in terms of providing a list of available services around the state and being a good baseline, but it depends on localities' inputting the information themselves.

For Research/Consideration

- Mapping of service providers, or asset listings, or even crisis intervention mapping could all be helpful. If there was a way to interface the data of correctional centers with service providers, then you could see where the gaps are on the map.

Counseling/Mentoring

- Mentoring is a huge issue, requiring further development and cooperation from non-profits and faith-based organizations.
- How does one get knowledge of resources to the family and help them navigate through these resources?
- "If you build it, they will come."
- Instead of relying solely on community organizations, the Commonwealth should consider drawing on the cultural supports of young persons.
- Mentoring should not just be for the juvenile, but for families, too.

Issue: Confinement does not aid relationships with family, community, and pro-social peers.

- There are two keys to successful reentry: resiliency factors and maintaining connections/communication with loved ones. Communication with family members can increase successful re-entry by as much as 20%. To maintain communication, family members should not have to jump through hoops, but - on the other hand - caretakers often feel sabotaged by family. The goal is to set the juvenile up for success by providing them with effective supports.
- When juveniles are placed in the Richmond area, it is often difficult to maintain relationships with their families because of the distance. The family of a juvenile placed at a Culpepper facility has to contend with a lack of public transit and limitations on visitation. These challenges are difficult for families and make it difficult to maintain connections.
- Visitation guidelines are not always applied evenly. The clergy may be unable to visit the juvenile. Lack of proper identification may be an issue. (In some instances, people have counterfeited clergy certifications to gain access, so pastors need to be aware and prepared to present proper identification.) Moreover, treatment professionals may feel their work is being sabotaged by family involvement.
- A major barrier is that families just do not have the knowledge and know how to access such information.
- The Department of Juvenile Justice (DJJ) is working on videoconferencing for face-to-face contacts, so that pastors can be added to visitation lists and that families are aware of the visitation guidelines. Unfortunately, the guidelines are not always applied consistently, because there are exceptions.
- Older youth might not have access to post-release supervision. There used to be three halfway houses in the state, but now there are only ten, which house about ten juveniles for six months.
- Virginia gets \$1.8 million from the federal government for independent living.

For Research/Consideration

- DJJ should have meetings with the family to ensure that those visiting are positive influences on the juvenile.
- There should be a range of positive supports for youth; a whole network should be in place to include non-official persons. Visitation guidelines may need to be modified to address this. It may be beneficial to include coaches, neighbors, common law spouses, etc.
- If transportation is an issue for the juvenile's family, webcams could be an option.
- A wrap-around approach (i.e., wrapping services around the juvenile) could be used to help with seamless reentry and re-enrollment.

Issue: There can be a lack of family/community ties for older youth with histories of out-of-home placements. The need for permanency planning applies to all youth, including older ones.

- Older youth, especially those aged 18-21, need family links too. These youth often have developmental concerns and are expected to be autonomous. Without connections, there is a recipe for failure. This is a special problem for juveniles in foster care, especially regarding their access to independent living programs. Kinship care is important for older youth.
- There is a structural link between reentry resources and workforce investment. While "soft skills" training is going on, juveniles should be linked to jobs.
- Virginia is establishing councils under the Second Chance Act of 2007. Virginia is developing a plan to address housing, special populations and juveniles. As part of Virginia's grant application through Second Chance Act grant, workforce investment is being developed. A pilot program is currently in the works, but the hope is to eventually roll it out statewide.
- No connections are a recipe for disaster.

For Research/Consideration

- There is a need for workforce satellite centers. Research ways to improve stronger partnerships with Workforce Investment Boards (WIB).
- In Ohio, juveniles and older youth have become involved in their communities by restoring buildings, which helps them develop a sense of team, belonging, and marketable skills.
- Virginia could start a program where participants are released to work in certain community areas.

Issues: Youth might be returning to disadvantaged and socially disorganized neighborhoods which increased the risk of recidivism.

There is a lack of community partnerships and innovative programs- there have been few attempts to look to informal networks for support. Community partnerships need to be built and maintained.

Maintaining community ties and building a reentry plan for youth while they are confined is difficult due to distances between the actual community and the facility where the youth is confined.

- Youth are likely to return to disadvantaged and socially disorganized neighborhoods. Accordingly, there is a critical need for coordinated programs in order to reduce the risk of recidivism. (Ex → GRIP program in Richmond)
- Youth who were previously served in foster care have a transition plan developed 90 days prior to leaving care.
- John Jay College of NY has a civic justice core model that creates a partnership in the community for re-entering juveniles to work on projects to build the community. It builds inter-community partnerships and gives youth something positive to do. It can even help provide a foundation from which the juveniles can gain employment.
- Maryland has a model in the Department of Natural Resources where the youth work towards conservation.
- The National Reinvestment Project in Brooklyn identifies “million dollar blocks” and makes investment in these blocks by creating productive services.
- TANF funds may be used for mapping. This involves listing of services and assets in the community.

For Research/Consideration

- Research if mentoring can be included as a condition of release.
- Investigate using Virginia 2-1-1 for mapping services.
- Virginiahousingsearch.com and socialserve.org are two websites that can be reviewed to ascertain how to access housing and community services.

Issue: There is a lack of options for gradual release to the community.

- Boys and Girls Clubs will work with boys' homes in order to help troubled youth.
- Overall, there needs to be a better sense of who is out there and able to provide services.
- DJJ begins to assess community services at the beginning of the juvenile's commitment but this can be difficult because the juvenile is no longer in foster care once they are in the custody of DJJ and Medicaid is terminated.
- Budget cuts have had a tremendous impact upon graduated programs and upon crime control funds.
- Confidentiality concerns are a major barrier to offering gradual release programs.

For Research/Consideration

- Reentry mapping could help. Essentially, the more options available, the better.
- 30 to 60 days prior to release implement a gradual release and assess whether a request for proposals (RFP) with private providers to offer step down services to qualifying juveniles.
- Investigate creation of transition living and halfway houses.
- Investigate utilization of \$1.8 million Virginia receives in federal funds to see if they can be accessed for this purpose.

Ms. Atkinson reviewed the Commission's next steps in conducting the study and thanked the subcommittee members for their contribution. The meeting was adjourned at 10:30 a.m.

Appendix E

Study of Juvenile Offender Reentry EDUCATION AND WORKFORCE DEVELOPMENT SUBCOMMITTEE

MEETING SUMMARIES August 4 & September 8, 2010

AUGUST 4

Members Attending: Lisa Bennett, Cynthia Cave, Marianne Feeney, Tracey Jenkins, Andrea McMahon, Dennis Moore, Jacqueline Nelson, Patrick Plourde, Richard Swan, Kathy Thompson, Lawrence Wilder, Jr.

Participating Electronically: Delegate Anne Crockett-Stark, Ryan Zuidema, Sheriff McCabe

Welcome, Agenda Overview, and Meeting Objectives

Amy Atkinson, Commission on Youth Executive Director, called the meeting to order at 1:30 p.m. She informed attendees that this subcommittee was one of four formed to address topics identified by the Advisory Group. Each subcommittee is comprised of Advisory Group members and others with subject-matter expertise or those with an interest in the issue. Ms. Atkinson then reviewed the agenda and the objectives for the meeting.

Issues and Recommendations

The subcommittee identified and discussed issues and barriers related to education and workforce development:

Issue: Juveniles in the custody of the Department of Juvenile Justice (DJJ) may be encouraged to obtain a GED rather than graduate with a high school diploma.

- Virginia's re-enrollment regulations were promulgated to ensure continuity in education services once a juvenile is released. Re-enrollment regulations require that the juvenile be re-enrolled in school 2 days after release from DJJ. These regulations also specify that services will be provided based on the needs of the juvenile.
- The re-enrollment regulations specify that re-enrollment planning is to commence once the juvenile is committed to DJJ.
- DJJ's Reception and Diagnostic Center (RDC) receives the juvenile's academic record from the juvenile's home school at intake and the juvenile then receives a comprehensive assessment. RDC and Department of Correctional Education (DCE) staff review the juvenile's assessment, school record and existing educational track, along with any disciplinary activity (e.g., suspension or expulsion). The juvenile spends 4 weeks at the RDC. There are endorsed teachers at the RDC for remediation.
- The DCE strives to keep the juvenile on same educational track: modified; standard; or special diploma, as they were prior to their commitment. However, it is not uncommon for the juvenile to be very behind in credits. In addition, older juveniles may have reading levels at a elementary grade level.
- A juvenile in the custody of DJJ is required to attend summer school to earn credits or to take electives or CTE classes. Juveniles can complete their coursework in June and in August. The juvenile can restart in August.
- The juvenile is assessed and staffed according to their individual needs. Other variables are considered such as reading level and seat time. If the juvenile is age 17 at release and has a 3rd grade reading level, it is important to note that juvenile was several grade levels behind before DCE received them. These juveniles are unable to test for the GED.
- The juvenile may also be provided with remediation. If the juvenile has a break in education services, a waiver can be issued by the Correctional Center for seat time. Obviously, juveniles in the custody of DJJ are exempted from compulsory attendance.
- Correctional Centers also allow juveniles to pursue the Individualized Student Alternative Education Program (ISAEP), which is structured to offer academic courses, workforce training, and career and

technical education (CTE). Through the ISAEP, the juvenile can obtain a GED, while remaining in high school.

- Unlike other high school students, juveniles who are committed to DJJ are eligible to take the GED test without ISAEP involvement. Juveniles serving in locally-operated detention centers can also be assessed to determine whether it is feasible for the juvenile to re-enroll in school, e.g., the juvenile needs only 2 credits to graduate.
- There is a GED option for juveniles serving in adult facilities who are in the Youthful Offenders program. The Youthful Offenders program was created to provide a sentencing alternative to divert young offenders from long prison sentences.
- For the juvenile seeking meaningful employment, a GED without career training can be regarded as almost the equivalent of dropping out of school.

For Research/Consideration

- Investigate Program Restart.

Issue: Transition planning does not always happen within the regulatory timeframes; there may be a lag in transmitting the juvenile's record and in the development of the plan.

- Typically, DJJ, DCE and local school division staff responsible for the juvenile's re-enrollment do not consciously choose not to follow the re-enrollment regulations; rather, everyone is in a rush to get the juvenile re-enrolled in school.
- There is a systemic problem with involving everyone in a timely fashion. It is critical that all of the systems work together. DJJ, for example, does not always notify DCE staff right away about a juvenile's release date. This can throw off re-enrollment timeframes.
- Re-enrollment practices vary, depending on the Correctional Center and how quickly the staff contacts the school division. Also, Correctional Center staff may not consistently contact the same person: sometimes it is the principal; other times, the special education coordinator.
- The probation officer may not be involved in the re-enrollment meeting.
- Schools have 30-days notice of re-enrollment. Once DJJ notifies DCE staff of a juvenile's pending release, DCE staff formulates a preliminary re-enrollment plan and invites the re-enrollment coordinator at the receiving school to meet. The preliminary plan is subsequently sent to the school.
- The delay in re-enrollment may also be impacted by graduated sentences.
- Practices may vary among school divisions. For example, in some school divisions, the juvenile's information is sent to the Office of Juvenile Conduct. School division staff may meet with the juvenile, their caregiver, and the re-enrollment team, but the receiving school often does not receive this information in a timely fashion. There are many tiers of staff in the school division. This is regarded an internal, school division issue.
- The school re-enrollment coordinator, who may not have the policies in writing, may make re-enrollment decisions without involving the principal because the "policies are in their head." For example, in Richmond, 70 kids were released, but only a small percentage had formal re-enrollment.
- The Department of Education (DOE) provides training and procedures for the CSU staff, school re-enrollment coordinators, and DCE staff.
- Pursuant to the re-enrollment regulations, every school division has posted its re-enrollment coordinators on the DOE website. The juvenile's information is then sent to the appropriate person by the Correctional Center. There is an assigned point of contact and a specific time period for re-enrollment.
- Norfolk has a transition program for juveniles returning from DJJ. Norfolk offers a credit recovery program, as well as re-enrollment transitional classroom, so that the juvenile does not have to be abruptly placed into a classroom mid-year. Norfolk also utilizes a court liaison program funded with VJCCA funds to monitor juveniles returning from DJJ.
- As prescribed, Norfolk receives 30 days notice of the juvenile's return from DJJ, along with the juvenile's transcript/IEP and re-enrollment plan. Receiving information electronically speeds up the process.
- A juvenile coming to DJJ in mid-semester is referred to Re-Start to recover and/or catch up on credits.
- Communities in Schools programs are not always included in the transition process.

For Research/Consideration

- Obtain data on how many juveniles subsequently dropout of school after re-enrollment, then determine how many are adjudicated delinquent or are status offenders.
- Conduct a survey of re-enrollment coordinators to identify the problems/solutions they experience.
- Review the system to determine what impedes the re-enrollment process, as well as timely involvement of the identified parties.
- Investigate the need for additional training for DJJ, DCE and schools.
- Collect data on the number of re-enrollment meetings by school division.
- Investigate policies and guidance correctional centers and school divisions that encourage utilization of electronic means/email for transferring the juvenile's records.
- Research a System of Care approach for juvenile reentry.

Issue: A juvenile returning from DJJ may have difficulty re-enrolling in school because they were served in foster care prior to their commitment and there is no assigned guardian or caregiver once they are released. DJJ no longer has custody and, in theory, custody reverts the Department of Social Services (DSS). The youth, however, may have aged out of foster care and not be eligible for independent living services.

- DSS is out of the loop while the juvenile is in the custody of DJJ because DSS transfers custody of the juvenile to DJJ when the juvenile is committed.
- DSS has 4 weeks to process a new case, which can be problematic for juveniles returning to the foster care system. Moreover, this typically does not occur concurrently with the juvenile's re-enrollment in school. There is also a question as to who has the authority to re-enroll the juvenile if DJJ is releasing the juvenile and DSS no longer has the juvenile in custody.
- While the juvenile is in the custody of DJJ, the parents may disappear and DSS may be reluctant to help until juvenile is in their custody. However, this may not be what will occur and it may be contrary to the best interests of the juvenile.
- DSS may not regard these juveniles as a priority. If DSS is not notified within 4 weeks, that is one issue; however, DSS may not expedite this case if the child is an older adolescent.
- Because of the passage of the federal Fostering Care and Connections Act, DSS and DOE have formed a task force to develop a plan for carrying out the provisions of the federal law. A plan template is being developed.
- DOE is also in the process of drafting a decision brief to help assist school divisions and local departments of social services determine whether youth in foster care should remain at their home school or move. This brief will be a resource for all involved parties.

For Research/Consideration

- Assess Virginia's reentry practices to ascertain whether DSS should be included.
- Assess whether DSS should develop expedited timeframes for case review for juveniles returning from DJJ who were previously served in foster care.
- Consider methods for encouraging DSS' continued involvement when the custody of the juvenile transfers from DSS to DJJ.

Issue: A significant percentage of juveniles leaving DJJ are older and unprepared for the workplace. Workforce development is a key issue for these juveniles.

- DCE has youth enterprise programs, which allows juveniles to take an exam to gain licensure in a particular occupation.
- DCE lists occupational barriers on its website, which is important to ensuring that a juvenile is not trained for an occupation for which he/she cannot be licensed. (DCE previously had a certified nursing assistant [CAN] program, but discontinued it when juveniles were not able to obtain jobs in that field.)
- DCE does have success with college bound programs.
- An IVC juvenile (youth with a child support obligation) may age out and not get a high school diploma or a GED.
- The Virginia Community College System (VCCS) uses career pathways, regardless of whether the juvenile has been committed to DJJ, so they can start developing a career.

- DCE helps juveniles prepare for tests. DCE also evaluates alternatives to credential attainment, such as whether the juvenile has CTE credentials, DCE also attempts to help the juvenile obtain credit for work to help juvenile meet their goals.
- Juvenile records are a barrier to college acceptance and frequently a juvenile's offense keeps him from enrolling in certain community colleges.
- Community colleges admission policies are not uniform, e.g., John Tyler Community College previously did not admit juveniles with criminal records but this has been resolved. There is not a real need for legislation; the community college may only need guidance regarding the impact of refusing admission to juveniles.
- Section 16.1-308 of the *Code of Virginia* prohibits the imposition of barriers to juveniles returning from DJJ and specifies that previous adjudications should not be a barrier to public-sector employment.
- Post Dispositional (Post-D) programs are extremely effective. These are locally-administered and entirely funded with local funds. The Post-D Program is a long-term program (up to six months) which allows juveniles aged 14-17 to serve their sentence in their local detention center while receiving local treatment services designed to address the reason for court involvement. This program of local confinement, treatment services, and release plans will increase the juvenile's awareness of the consequences of delinquent activity; balance the community's needs with the resident's future involvement with the resident court system, and reduce the percentage of residents with juvenile court records from entering the adult correctional system. Detention Superintendents authorize work release for juveniles in detention/Post-D programs. However, they must not be burdened with more responsibility in light of the recent the budget cuts they have experienced.
- Juveniles may age out of school; however, they are eligible to receive educational services through age 20.
- When their child is returning to the school, caregivers may not inform the school that their child previously had an Individualized Education Program (IEP).

Current Practices

- Virginia has very effective Post-D programs, but these have been cut in recent years. Many of these programs do not receive any state support. Chesterfield County has a very effective Post-D program which allows the juvenile to participate in work release and transition back to their home community.
- Roanoke Valley has literacy coordinators in its schools, a model which could be adapted and replicated.
- A website could be created to share information with juveniles about careers, educational requirements for these careers and resources for pursuing them. As example, one locality worked to get the juvenile into a horseshoeing program. It was noted that the juvenile typically will need help with this, specifically with how to look at a community college website and identify programs.
- New River Community College utilizes the Middle College concept, which assists a juvenile in transitioning from high school into community college. Five colleges participated in this program; however, budget cuts have reduced the program.
- A Middle College program can also effective in providing support and otherwise serving a juvenile who has dropped out of school and wants to return.
- Career Coaches are very effective in working with both the high school counselor and the juvenile who may not have the grades for a 4-year university, but who desires additional education/training.

For Research/Consideration

- Assess Virginia's Middle College programs and research funding history, as well as new funding for this program.
- Assess Virginia's existing locally-administered Post-D programs and funding for this program.
- Evaluate the need/feasibility of developing a website which provides information to juveniles regarding careers and career development.
- "Ban the box" for hiring procedures. Consider not excluding juveniles from a job unless the offense is directly tied to the occupation or present a health and safety risk.

Issue: There is confusion about the confidentiality of juvenile records. Frequently a juvenile's record is sent to the Department of Motor Vehicles (DMV) when juvenile's driver's license is suspended. The juvenile's record "attaches" to their DMV record. However, when the juvenile returns to the community, their criminal record is still accessible.

- There is no consistency in purging juvenile records. This is particularly problematic for juveniles charged with misdemeanors when those charges are dismissed. This action may not be reflected in the juvenile's record and can adversely impact a juvenile. There is a need to expunge records so employers cannot obtain the juvenile's prior records. These records may be transmitted to DMV and never purged, which is how employers gain access to them.
- There is confusion about the check-off box on both college and employment applications: does the juvenile check YES or NO if they were adjudicated of a felony? What box is checked for colleges? There needs to be balance between public safety (UVA and VA Tech incidents) and giving the juvenile a second chance.

For Research/Consideration

- Assess existing record requirements and establish guidelines purging juvenile records after the juvenile's adjudication date.
- Assess the process by which DMV receives a juvenile's records and establish a process for purging juvenile records from the DMV system.

Adjourn

Ms. Atkinson advised the Subcommittee that information about future Advisory Group and Subcommittee meetings would be sent via email. She thanked the members for their interest and assistance. The meeting adjourned at approximately 2:45 p.m.

SEPTEMBER 8

Members Attending: Lisa Bennett, Delegate Robert H. Brink, Cynthia Cave, Marianne Feeney, Tracey Jenkins, Clarence McGill, Andrea McMahon, Senator Yvonne B. Miller, Dennis Moore, Richard Swan, Kathy Thompson, and Lawrence Wilder, Jr.

Participating Electronically: Delegate Anne Crockett-Stark, Sheriff Robert J. McCabe, Jacqueline Nelson, and Ryan Zuidema

Welcome, Agenda Overview, and Meeting Objectives

Amy Atkinson, Commission on Youth Executive Director, called the meeting to order at 10:00 a.m. Ms. Atkinson then reviewed the agenda and the objectives for the meeting. The group approved the draft minutes from the August 4, 2010 subcommittee meeting.

Workforce Development related to Juvenile Reentry

The subcommittee received an updated from Dr. Kathy Thompson, Senior Workforce Analyst for Virginia Community College System's Workforce Development Services. The federal Workforce Development Act (WIA) provides opportunities for workforce investment activities through a statewide board and 15 local workforce investment boards (WIB). Each local board operates differently to meet the needs of its community serving both adults and youth. Each board has a one-stop career center that assists dislocated workers. Companies are required by law to inform the local WIB on closures in order that the WIB prepare for a rapid response to help transition laid off employees.

Dr. Ned Carr, One-Stop Manager for Peninsula Worklink, gave a presentation on the Peninsula Worklink Reentry to Education and Employment Project (REEP). Dr. Carr recognized Worklink's partners, Dr. Carolyn Ross with the Department of Correctional Education (DCE) and Mr. Clarence McGill with the Department of Juvenile Justice (DJJ) for their service to and commitment to the success of the program. Several years ago, Mr. McGill approached Dr. Carr with a concern that juveniles being released from DJJ into the community were not being served by their WIBs and one-stop centers. As part of that solution, the Peninsula Worklink which

operates a One-Stop Career Center in Hampton and Williamsburg, developed REEP. In the early stages of REEP, Worklink received a \$75,000 grant to expand staff to being to serve reentry juveniles. Worklink established partners including:

- Virginia Department of Education;
- Virginia Department of Correctional Education;
- Peninsula Council for Workforce Development;
- Court Services Units of Hampton and Newport News;
- Peninsula Worklink (Regional One Stop);
- Thomas Nelson Community College;
- Beaumont Juvenile Correctional Center; and
- Virginia Department of Rehabilitative Services.

Dr. Carr explained that the 15 local WIBs are charged with operating a one-stop system and providing the following services to businesses and job seekers:

1. core services – universal access to information and resources on employment;
2. intensive services – those not able to get job through core services or eligible if laid off; and
3. trainings – individual skills do not match current job market need.

Dr. Carr gave the group statistics on the problem of recidivism in Hampton and Newport News:

- of 48 juveniles ages 18 or older released in 2007, 21 were reconvicted within 12 months – a one year reconviction rate of 43.8%; and
- of 52 juveniles ages 18 or older released in 2005, 37 were reconvicted within 36 months – a three year reconviction rate of 71.2%.

Dr. Carr has been impressed with the DJJ and DCE partners of Worklink. He highlighted the success of the Career Readiness Certificate, Work Keys testing, the Career and Technical Education Program. Currently, juveniles are identified 210 days prior to release from Beaumont Juvenile Correctional Center. Beaumont attempts to identify candidates who will benefit from REAP and who are most likely to succeed. Requirements for participation include:

- 18 years or older at release;
- high school diploma or GED;
- attitude that is motivated for success; and
- no blended sentences.

Pre-release strategy includes:

- identify and make connections 210 days prior to earliest release date;
- candidates recommended by DJJ and DCE;
- joint interview by DJJ, DCE, REEP Case Manager, and Parole Officer; and
- acceptance by joint consensus at 180 days.

At 180 days prior to release, the juvenile is accepted into the program. DJJ and DCE track the juvenile's progress at the correctional center. Key design elements include:

- coordinated screening and assessment that is on-going by monthly assessment teams;
- determination of required education, training and supportive service needs;
- individual support services and employment plan developed through a collaborative team approach;
- evaluation component that tracks progress on a regular basis;
- connection with a caring, committed Adult/Mentor;
- dedicated WIA coordinator and employment specialist; and
- business Partners Council established at local level.

The goal is for the first day of release into the community that the juvenile goes to the workforce development center. For the first 12 weeks of employment, half of the salary is paid for by Worklink. Worklink helps to develop an employment plan. They also coordinate with middle college programs.

Dr. Ross commented that Beaumont staff and DCE staff work as a team in order to prepare the juvenile for release. Currently six juveniles are in the program and four Court Service Units participate.

Dr. Carr explained that the grant money was being used to support a part-time project coordinator and employment specialist. Transportation is always an issue and it is important to set aside funding for transportation. Mr. McGill stated that the Peninsula One-Stop was taking on a huge risk because they have to show success of their program to the federal government. Hopefully, this model can be assimilated to all 15 one stops. The WIA requirements have increased accountability and give no incentives for one-stops to take on hard to serve individuals.

Mr. McGill, manager of the Youth Industries, presented to the subcommittee on the Youth Industries Program, a juvenile enterprise program designed to teach marketable skills and workplace behaviors to juvenile committed to the Department of Juvenile Justice. Youth Industries provides committed juveniles work experience and encourages employment upon reentry. Youth Industries Institutional Enterprise and Apprenticeship Activities include:

Beaumont JCC

Silk Screening Apprenticeship; Ad Design Enterprise; Offset Printing Apprenticeship and Enterprise; Food Serve Apprenticeship (cook); Barbering Work Program; Copper and Fiber Optic Cabling Program; Embroidery Enterprise

Bon Air JCC

Food Service Apprenticeship (re-active); Sign Making and Ad Design Enterprises; Direct Print Enterprise

Culpeper JCC

Food Service Apprenticeship (cook); Horticultural Apprenticeship and Enterprise; Barbering Work Program

Hanover JCC

Horticulture Apprenticeship and Enterprise; Food Service Apprenticeship (cook)

Oak Ridge

Immediate Assembly Enterprise

Mr. McGill offered the subcommittee some suggestions to improve successful reentry efforts. Those suggestions include:

- Work training programs – Certificate credit
- Education – Expose juveniles to education that they enjoy
- Employers – Creation of a network of willing employers to hire juvenile offenders
- Follow-up – Youth need to know that someone will be following up with them because it shows that someone cares about their success and well-being.

Dr. Thompson gave insight on the status of WIA at the federal level with hopes that the Act will be reauthorized this year. However, Virginia may experience some changes. Currently, the focus is helping an unemployed adult locate a job. Virginia needs to develop careers and lifelong learners with a focus on the customer, not just the immediate need.

Delegate Crockett-Stark stated that jobs in rural areas are very different from those in larger jurisdictions and encouraged the subcommittee to include creative approaches in providing job training and skills that would meet those needs. Mr. McGill responded that the Peninsula model would work well at other one-stops. Dr. Carr concurred that we need to look at each region and also look at what will be the future jobs in that region. Angela Valentine pointed out that the missing link is follow-up with the community, which is essential to ensuring success. Lawrence Wilder suggested working with VCU or for DJJ to develop a formal evaluation of the program in order to sell the success to potential employers.

Dr. Carr summarized some of the federal requirements WIBs. Federal funds may be used to serve:

- School-aged youth ages 14-17 (a certain allocation of federal funds)
- Older youth ages 18-21 who are:
 - Single parent or pregnant;
 - Low income;
 - Juvenile offender;
 - Runaway;
 - Disabled;
 - School dropout; and
 - Foster care.

Sheriff McCabe brought to the subcommittee's attention the federal incentive for employers to hire juvenile offenders. The Work Opportunity Tax Credit (WOTC) provides a federal tax credit incentive to private-sector businesses for hiring individuals from 12 target groups (including adult and juvenile offenders) who have consistently faced significant barriers to employment.

Adjourn

Ms. Atkinson advised the Subcommittee that information about future Advisory Group and Subcommittee meetings would be sent via email. She thanked the members for their interest and assistance. The meeting adjourned at approximately 11:40 a.m.

Appendix F

Study of Juvenile Offender Reentry MENTAL HEALTH AND SUBSTANCE ABUSE SUBCOMMITTEE

**August 4, 2010
MEETING SUMMARY**

Members Attending: Becky Bowers-Lanier, Margaret Crowe, Stacie Fisher, Janet Fuller- Holden, Catherine Hancock, Katherine Hunter, Debbie Nedervelt, Janet Van Dyke, Patrick Plourde

Participating Electronically: Elizabeth Murtagh, Wanda Walker

Amy Atkinson, Commission on Youth Executive Director, called the meeting to order at 11:00 a.m., followed by a review of the meeting agenda and the meeting's objectives. This subcommittee is one of four which has been formed by the Commission to address focus topics identified the Advisory Group. Each subcommittee is comprised of Advisory Group members and others having special interest and expertise.

The subcommittee identified and discussed the following issues related to mental health and substance abuse:

General Discussion

Medicaid

- In Virginia, Medicaid is terminated upon commitment, based on federal requirements prohibiting federal Medicaid funds from being used on inmates of public institutions, including the Department of Juvenile Justice (DJJ). Virginia elects to terminate, rather than suspend, Medicaid because of the requirement that any status changes be reported.
- Federal rules require determinations of financial eligibility for Medicaid must be made within 45 days from the date of application. Forty-five days prior to release, DJJ begins to prepare for re-enrolling juveniles back into Medicaid. There is often, however, a problem with re-determination. Usually, a parent or guardian must be involved.
- There is variability among local DSS offices regarding Medicaid re-determinations. Some offices may not accept an application for Medicaid until the juvenile is released, whereas others do not accept the application because there is uncertainty about who can apply on behalf of the juvenile. The Department of Medical Assistance Services (DMAS) and DJJ are working to address this.
- Often, because juveniles have shorter length of stays (LOS), they might not even lose their eligibility initially.
- There is a difference between terminating and suspending but, either way, the re-determination phase at DSS is required. It was noted that re-determination is state law and could be changed.
- The main goal of Virginia's Mental Health Transition Plan is to avoid juveniles' not receiving essential/required medications. There aren't statistics on this, so it is hard to know how big of a problem this is.
- Medicaid may not be terminated for juveniles in detention because typically, their length of stay is short.

For Research/Consideration

- Research systemic, legal, and budgetary impact of suspending Medicaid rather than terminating Medicaid.
- Receive an update from DMAS and DJJ on what is being done to make local DSS' re-enrollment practices more consistent.

Guardianship

- Foster care services terminate upon commitment, so DSS no longer has custody when a juvenile is committed to DJJ. Further, DJJ does not act as a guardian over the juvenile while in custody. This

creates a problem for a juvenile who comes from DSS and, upon release, is under age 18, because the juvenile has no guardian to reapply for Medicaid on their behalf.

- DSS receives 30 days' notice prior to release, but Medicaid can be applied for up to 45 days before exiting.
- At 30 days prior to release, DJJ and DSS should talk about reenrollment into Medicaid.
- If a juvenile has private medical insurance, this is identified at initial meetings at DJJ's Reception and Diagnostic Center and at 90 days prior to release. However, only a small percentage of the juvenile population actually has private health insurance.
- The Code of Virginia does not specify which agency is responsible for starting the application process/paperwork.

For Research/Consideration

- Research policies to determine whether additional guidance is needed to define which agency is responsible for which role.

Mental Health Transition Plans

- The Mental Health Transition Plan is helpful; however, implementing the Plan is problematic. What can a Parole Officer (PO) do if the services written into the Mental Health Transition Plan don't actually exist? This is especially problematic in rural areas.
- There is a shortage of child psychologists in the state. If juveniles must access a psychiatrist for medication management, it is problematic.
- There are differences among the 40 Community Services Boards (CSBs) services across the Commonwealth. DJJ's Court Services Units (CSUs) negotiate agreements with them. Evaluations take place at the Reception and Diagnostic Center. The PO takes the plan and then schedules a follow-up meeting in the community to arrange for services if the juvenile has private health insurance.
- If the Plan indicates the juvenile needs substance abuse services and if there are not substance abuse services available for the juvenile in the community, there is no mandate to require that the juvenile receive these services. This is a barrier. Juveniles "fall down" when they return home because services they were receiving while in the custody of DJJ are not available to them in their communities.
- If the juvenile has Medicaid, transportation services are covered to the nearest Medicaid provider. A large percentage of released juveniles do not fit into any mandated mental health category.
- Released juveniles are given a 30-day supply of medication. However, they will often request refills in addition to the mandated 30-day supply, because they could not find a provider or an appointment time slot soon enough.
- Medicaid will pay for transportation to distant providers if there are none locally.

For Research/Consideration

- Research changing the status of juvenile offenders with mental health needs as a mandated population under the Comprehensive Services Act.

Telemedicine

- Telemedicine is considered a covered service under Medicaid. However, there are specific requirements which must be fulfilled in order for the service to be reimbursed.
- In Virginia localities not having psychiatric services, telemedicine was modeled after that in Danville, PA.
- Billing is always an issue.

Confidentiality

- There are confidentiality restrictions on mental health records and plans, but there is an exception when obtaining or providing services.
- A juvenile cannot override specific provisions of § 16.1-300 in the *Code of Virginia*, which requires that health care providers are allowed to get information from DJJ.
- A federal statute prohibits talking about substance abuse.

The subcommittee discussed the following barriers which were on the handout "*BARRIERS - outlined by the Commission on Youth Advisory Group on July 7, 2010 unless otherwise noted.*"

Issue: There are limitations on the range of services, program and service content, social environment, and capacity.

- Juveniles without health insurance have no money to pay for any services.
- For juveniles aged 18-21, the problem is access. For instance, many without health insurance use the emergency room instead a private physician. They may then accumulate debt from emergency room and ambulance bills.

Issue: Services should be linked both upon release from a facility and upon release from parole. The youth or family might not always have the appropriate skills and resources to make this happen.

- Even though DJJ tries to involve family members, a number of youth don't have families involved. Without families, there are significant limitations on what can be done in terms of reentry. This brings up the issue of continuity of care: a) issues need to be identified early and b) services need to be wrapped around the juvenile.
- Juveniles who turn 18 while in DJJ custody must subsequently find a job and health insurance on their own, which usually involves a waiting period that can interfere with seamless services.

Issue: These youth may be exposed to harmful experiences while in the custody of DJJ.
(DCJS comment)

- Computer/TV/Internet access should not available in mental health facilities. Further, this should not be occurring within state facilities because the only Internet access the juveniles have is within the education context. Even this access is tightly monitored.
- There can be abusive situations caused by officers or other juveniles. DJJ, however, strives to be aware of these situations. DJJ conducts trauma assessments on juveniles receiving mental health services.
- Over half of the juveniles in the custody of DJJ are in need of mental health services and a large proportion of these juveniles are involved with therapists. (This is a significantly higher percentage than that for the general population.)

Issue: Multiple systems make things difficult to coordinate and provide best results. There are issues with regards to turf, responsibility and accountability, and resources. With the Department of Juvenile Justice (DJJ) and/or local detention centers, the Department of Correctional Education (DCE), the Department of Education (DOE) and/or local school boards and schools, the Department of Behavioral Health and Developmental Services (DBHDS) and the Department of Social Services (DSS), possible community organizations/players are often overlooked.

- When all systems are involved, it creates a problem. Fragmentation can likewise be problematic.
- There needs to be a mapping of available services.

Issue: Many service professionals lack training in developmental issues.

- All professionals must go through an 8-week basic skills training, which includes training specifically for developmental issues such that the professionals develop familiarity with those issues.
- Some people in this profession, however, don't regard themselves as child care workers.
- DJJ is trying to make a training (especially in evidenced-based practices) required.

Identification and discussion of the issues led to an informal listing of suggestions for improvement and/or Commission staff assistance needed to guide the process.

For Research/Consideration

- Restorative family projects can engage youth in services.
- Family engagement is key.
- Community Policy & Management Teams (CPMTs) make sure that contracts are being followed through.

Ms. Atkinson reviewed the Commission's next steps in conducting the study and thanked the subcommittee members for their contribution. The meeting was adjourned at 12:45 p.m.

**Study of Juvenile Offender Reentry
SPECIAL POPULATIONS SUBCOMMITTEE**

**August 3, 2010
MEETING SUMMARY**

Members Attending: Delegate Robert Brink, Kim Brown, Joe Campbell, Regina Hurt

Participating Electronically: Delegate Anne Crockett-Stark, Anthony Dale, Bernadette Holmes, Zina McGee, and Isis Walton

Welcome, Agenda Overview, and Meeting Objectives

Amy Atkinson, Commission on Youth Executive Director, called the meeting to order at 10:00 a.m. She informed the participants that this subcommittee was one of four formed to address topics identified by the Advisory Group. Each subcommittee is comprised of Advisory Group members and others with subject-matter expertise or those with an interest in the issue. Ms. Atkinson then reviewed the agenda and the objectives for this meeting.

Issues and Recommendations

The subcommittee then identified and discussed the following issues related to special populations:

Issue: There is, in treatment, a lack of continuity of care when the juvenile is released from the facility into the community.

- Developing a mental health transition plan (§ 6.1-293.1 of the *Code of Virginia*) helps with the transition of mental health services for juveniles committed to the Department of Juvenile Justice (DJJ). However, mental health transition plans are developed only for those juveniles already receiving mental health services in the facility.
- The Department of Correctional Education (DCE) develops an re-enrollment plan (§ 22.1-17.1) for every juvenile released from DJJ's custody or in detention for more than 30 days who is of school attendance age or is eligible for special education services.
- DJJ is currently looking to combine both the mental health transition plan and the re-enrollment plan, rather than having two separate plans.
- Point of Contact: 90 days prior to release, the Community Services Boards (CSBs) are involved in the mental health transition plan. The probation/parole officer is the point of contact for ensuring that the plans (re-enrollment and/or mental health plan) are implemented and followed. Ideally, all parties should be involved in the development of the transition plans: the juvenile, the family, counselors and the probation officer – along with the service providers.

For Research/Consideration

- Assess how to improve coordination with Virginia's Independent Living Program. Changes may require additional funding.
- Families need to become involved when a juvenile is getting ready to be released because it gives them something to look forward to. Otherwise, they will be released into either a group home or into the community without housing. Investigate ways to improve family involvement.
- Evaluate programs that employ a holistic approach; this involves providing treatment for the entire family and not only the juvenile offender. Treatments may include how to re-parent and to reunify.
- Explore the formation of plans which include the involvement of all parties: probation officer, caregivers and mental health providers/counselors.
- Create a chart/matrix/diagram with the multiple statutory requirements and plans currently in place to help show the process, as well as any gaps.

- Receive an update from DJJ on their progress combining the Mental Health Transition Plan and the Education Re-enrollment Plan.

Issue: There is not an adequate pool of mental health and other service providers in the community.

- The availability of mental health services is determined by geography. Lack of service providers, particularly child and adolescent psychiatrists, is especially problematic for rural localities like those in Southwest Virginia.
- It is difficult to implement a mental health plan when mental health providers and services are not accessible.

For Research/Consideration

- Coordinate with the Mental Health/Substance Abuse Subcommittee.
- Investigate the use and expansion of telemedicine. Telemedicine is already covered by Medicaid. The barrier to utilizing telemedicine may be clarifying the requirements for reimbursement, as well as understanding the criteria for prescribing medications. Perhaps family physicians can help facilitate this, as well as rural health clinics? Staff will investigate.

Issue: Services may not be available for older juveniles (ages 18-21) who are released.

- The juvenile system provides more services than the adult system. This is an issue for juveniles committed with a blended (juvenile/adult) sentence. However, with the Governor's Reentry Initiative, the Department of Corrections (DOC) is working to address this gap in service availability.
- Often, a juvenile is over age 18 and, while they are on juvenile parole, they are unable to obtain needed services (i.e., they age out of group homes and are no longer eligible for other services).
- The group facing most problems is juveniles who leave DJJ when they are older than 18 and were not in foster care prior to adjudication.
- Many service providers are unwilling or unable to provide services to juveniles over the age of 18.
- Many providers are not willing to provide services to those who have committed a felony.
- There needs to be an effort to involve the family more in both service planning and delivery.

For Research/Consideration

- Investigate the feasibility of utilizing independent living arrangements for juveniles returning to the community, even if they were not previously served in foster care.
- Investigate whether policy guidance is needed to involve DSS in the transition planning process for juveniles who were previously served in foster care or for older juveniles whose parents have "disappeared" and may be eligible to receive foster care services.
- Research how foster care prevention services through the Comprehensive Services Act may be accessed for families to allow juveniles returning to their families to have a greater likelihood of successful reunification.

Issue: There are not enough independent living options for older juveniles.

- Independent living programs may be an option for juveniles aged 18-21 who are being released from DJJ and who were receiving foster care services from the Department of Social Services (DSS) at the time of commitment. However, these juveniles must reapply to DSS to receive foster care services in order to be eligible for independent living services. Additionally, independent living services are not available to older juveniles who are over the age of 18 and who were not served in foster care.
- The *Code of Virginia* provides that an independent living plan be offered to foster care youth DSS offers the Independent Living plan for those children who were in foster care before adjudication.
- Regardless of eligibility for foster care or independent living, some private providers do not allow felons into their independent living facility or group homes.
- Everyone needs to have food and shelter. However, some juveniles may not have access to housing. Their families may wash their hands of the juvenile.
- DJJ operates two halfway houses (Abraxas House and Hampton Place) designed to provide transitional skills to juveniles leaving DJJ's correctional centers. Abraxas House serves as a transitional home for sex offenders. Each halfway house program, serving approximately 10

youth, is designed to take advantage of the unique resources available in its community to meet the needs of the residents. The six-month program seeks to provide additional skills to promote a continued positive adjustment and reduce the risk of recidivism.

For Research/Consideration

- There is a need to define the term “independent living.” Perhaps there is room to coordinate with the Independent Living Program (entirely dependent on funding).
- Investigate methods which allow for improved resource identification, including housing options.

Issue: Juvenile records may not always be confidential.

- Juvenile records are not closed. Once a juvenile has been adjudicated delinquent of a Class 1 or 2 misdemeanor or a felony, the record goes into CCRE. When employers conduct criminal background checks, information on a juvenile record may be found.
- Felony records do not go away.
- Juvenile records are supposed to be kept separate and apart.

For Research/Consideration

- Coordinate with DMV to request that juvenile records be destroyed.
- Recommend that the subcommittee on Education and Workforce develop a specific recommendation to address this.

Issue: Finding adequate community services for lower functioning youth (IQ of less than 78) is difficult.

- DJJ's Oak Ridge Juvenile Correctional Center (JCC) houses 40 male offenders with developmental disabilities and severe behavioral disorders. Offenders typically have an extensive history of maladaptive behavior, and some are committed for serious offenses. The facility operates a Behavioral "Token Economy" Program and offers Sex Offender, Anger Control, Life Skills and Substance Abuse Treatment Programs. However, while these services are offered at the JCC, they may be difficult or impossible to access in the juvenile's community.

For Research/Consideration

- Continue to explore this issue.

Issue: Distance away from home community poses challenges when transitioning the juvenile back to the community.

- Chesterfield County's Juvenile Detention Home offers a post-dispositional (Post-D) program which provides job skills training for older juveniles in their care. This program is locally funded and works with a small population. All important players are involved including the CSB, Probation Officer, parents and businesses. However, this program is very expensive to operate and many other similar programs across the states have closed due to budget cuts.

For Research/Consideration

- Identify programming that is effective to transition juveniles back to their home communities. Also identify any necessary budget recommendations.

Issue: “One size fits all” programming may not be appropriate to the population. For example, most programs have been validated on male populations. There is a question about their appropriateness for females.

- Involvement in the juvenile justice system for females creates additional psychosocial, economic and other cumulative effects. Females also lose their status in the family. There is a need to do something differently. Females receive other “invisible punishments.”
- Existing treatment programs are not gender-specific. Female offenders have more internalizing symptoms whereas males have more externalizing symptoms and delinquency. Coping skills for these special populations are not tailored to the gender of the juvenile offenders. Females may require programs and treatments for depression and males typically require conflict resolution.
- DJJ offers gender specific programs. Bon Air Juvenile Correctional Center houses all of female offenders. At the Reception and Diagnostic Center, DJJ provides medical,

- psychological, academic, sociological and behavioral evaluation, classification, calculation of the Length of Stay, treatment planning, and placement. If DJJ finds that the juvenile has been previously abused, they report those findings to Child Protection Services (CPS). DJJ will not return the juvenile to an abusive home.
- Female offenders typically have longer lengths of stay because they tend to be more serious offender. In addition, their treatment plan requires more services within the JCC.
 - More family involvement is needed.
 - It would be helpful to have a resource guide for juveniles and their families.

For Research/Consideration

- Identify successful programs that are gender-specific and involve the entire family.
- Investigate the creation of a resource guide for juveniles and their families.

Issue: Some of the female offenders committed to DJJ are mothers and require unique services.

- DJJ offers motherhood programs such as Baby Think it Over. DJJ coordinates with the family to ensure that the child has childcare and the juvenile mother has opportunity to visit with her child.
- The female population at DJJ is small. In 2008, 60 females were committed to DJJ. As of this meeting, only 25 females offender were at a JCC.
- Research shows that 40-60% of the mothers of juvenile offenders have also been incarcerated.

For Research/Consideration

- Continue discussion of services for incarcerated parents and ways to address the generational issues which impact incarcerated mothers and their daughters.

Issue: Juveniles are sometimes released to grandparents or extended family.

- Complexity of the family adds to the difficulty of transition.
- Grandparents may not have the skills to handle a teenager.
- There is also a unique dynamic in that the family and the grandparents may have witnessed intergenerational cycles of incarceration.

For Research/Consideration

- Coordinate with the Commission's Kinship Care study.

Issue: Juvenile offenders need strong peer mentors.

- Positive peer mentoring improves the outcomes of recidivism.
- Universities can play a huge role. Through mentoring or student service learning, students can help local agencies, create resource guides, etc.
- Virginia universities can also be valuable resources to juvenile offenders and their families. University involvement allows provides students with valuable experience. University students can model behavior that would help them be successful in the community.

For Research/Consideration

- Research university-based mentoring programs for juveniles which allow college-students to fulfill community-service requirements while meeting the juveniles' need for positive role models.
- Staff visit one of the universities represented on the Advisory Group and ascertain if such a model can be developed. Conduct a focus group with students.

Ms. Atkinson advised the Subcommittee that information about future Advisory Group and Subcommittee meetings would be sent via email. She thanked the members for their interest and assistance. The meeting adjourned at approximately 11:00 a.m.