

**Department of
Juvenile Justice**

**Post-Dispositional Detention
Utilization Report**

*In response to:
Chapter 806 of the 2013 Virginia Acts
of Assembly
(The Appropriation Act, Item 408 (G.)
(2013))*



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September 1, 2013

DEPARTMENT OF JUVENILE JUSTICE

POST-DISPOSITIONAL DETENTION UTILIZATION REPORT

In response to: Chapter 806 of the 2013 Virginia Acts of Assembly, Item 408 G, 2013

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EXECUTIVE SUMMARY

Throughout the Commonwealth of Virginia, and indeed throughout the nation, the population of residents in local juvenile detention centers (JDCs) and state-run juvenile correctional centers (JCCs) has been declining. There are many potential explanations for this trend, and scholars are not in agreement as to what factors have had the most impact.

As a result of this trend, local JDCs in Virginia have consistently operated at or below 60% capacity for several years. In an effort to have a positive, long-term impact on the lives of youth involved in the juvenile justice system and make efficient and cost-effective use of available space in local JDCs, the General Assembly of the Commonwealth of Virginia commissioned a study of post-dispositional (post-d) detention programs currently operating in localities throughout the Commonwealth.

This study was mandated as part of the Fiscal Year (FY) 2014 budget. The specific provision requiring the report is as follows:

408 G. The Department of Juvenile Justice shall review current practices in the post-dispositional detention program and consider potential options for expansion of the program, including incentives for increased participation by local and regional juvenile detention facilities and increased use of detention beds for holding state-responsible juvenile offenders as an alternative to the use of state facilities. Copies of the review, including any suggested legislation, shall be provided to the Secretary of Public Safety and the Chairmen of the Senate Finance and House Appropriations Committees by September 1, 2013.

The Department of Juvenile Justice (DJJ) convened a Legislative Study Group (Study Group) to conduct the study, prepare the specified report, and make recommendations based on its review of current practices and services and evaluation of the future of post-d detention programs and potential additional uses of available space in local JDCs.

The Study Group, comprised of various juvenile justice stakeholders throughout the Commonwealth including DJJ personnel, court service unit (CSU) directors, detention superintendents, and a JDC post-d coordinator, made the following recommendations:

Recommendation 1: Do not expand post-d programs or extend the length of stay in post-d programs at this time.

One potential strategy proposed in the General Assembly was to expand the number of post-d programs in operation and/or extend the length of time a youth can be committed to a post-d program.

A major characteristic of the current status of juvenile programs in Virginia is the downward trend in juvenile facility populations. This serves as an indicator that expanding post-d programs and extending the length of programs is not warranted at this time. This recommendation is consistent with the position of the Virginia Council on Juvenile Detention (VCJD), an organization whose membership consists of the directors/superintendents of all 24 JDCs in the Commonwealth of Virginia.

Post-d programs currently in operation already serve the majority of post-d-eligible youth in the Commonwealth. A survey of stakeholders indicated that a majority are opposed to expanding post-d programs at this time, particularly if there is no allocation for additional funding (*See "Survey Results," Section VII*). The localities and commissions that operate the JDCs cannot absorb the additional costs associated with expanded post-d programs under their current funding structures.

A further finding of the survey was that a major effect of extending the length of post-d detention up to 12 months would be that fewer youth would be served in such programs. This outcome would be the opposite effect of what the General Assembly is seeking to accomplish.

Recommendation 2: Prior to considering changes in the length of stay or expansion of post-d programs, fund an evaluation of currently operating post-d programs to identify best practices, strengthen current programs, and provide a model program guide to assist in the development and implementation of new programs.

The study further highlighted that post-d programs currently operating in the Commonwealth provide a wealth of effective, evidence-based programming that enables youth to receive vital services such as mental health (MH) assessment and care, drug and alcohol counseling, anger management counseling, life skills training, and employment skills training as well as to continue or complete their formal education through high school diploma and General Educational Development (GED) programs. They are given the opportunity to engage in these activities in the safe environment of the local JDC.

Virginia's post-d programs do an excellent job of serving the needs of youth in their care, particularly given that there is no separate funding stream for post-d programming. These programs are funded primarily by the localities and commissions that operate the JDC.

Individual post-d programs have, on their own initiative, had their programs evaluated for effectiveness. However, there has not been a comprehensive study of the effectiveness of post-d programs statewide. Nor is there a manual of "best practices" for the operation of a post-d program. Before any expansion is considered, these measures should be in place to provide a framework for new programs seeking to begin post-d detention programs and a guide for current programs to use in maintaining their already high level of effective service.

Recommendation 3: If expansion takes place, adequate additional funding is an absolute necessity for the programs to be successful.

Local JDCs provide a wide spectrum of services on behalf of youth in the Commonwealth. This programming is currently provided within the operational budgetary structure of the local facility. Post-d programs are not funded by DJJ or other state agencies. Any expansion of the post-d program must be funded by a new, consistent revenue stream over and above current funding.

The Detention Block Grant, which initially provided approximately 50% of the operational budget for the JDCs, now provides only 37% of such funding. It is anticipated that as operational costs continue to rise, the percentage of revenue provided by the Commonwealth will continue to fall.

The localities and commissions do not have the budgetary flexibility to absorb the additional costs that would be associated with expanding post-d programs. Those costs are discussed in the "Financial Impact Data" section of this report.

I. INTRODUCTION AND MANDATE

As part of the budgetary allocation process for FY 2014, the General Assembly of the Commonwealth of Virginia commissioned a report regarding the usage and development of post-d programs for adjudicated youth. These programs utilize space in local JDCs for longer-term residency than in pre-dispositional (pre-d) operations. The specific provision requiring the report is found in *Chapter 806 of the 2013 Acts of Assembly, Item 408 G*, and reads as follows:

408 G. The Department of Juvenile Justice shall review current practices in the post-dispositional detention program and consider potential options for expansion of the program, including incentives for increased participation by local and regional juvenile detention facilities and increased use of detention beds for holding state-responsible juvenile offenders as an alternative to the use of state facilities. Copies of the review, including any suggested legislation, shall be provided to the Secretary of Public Safety and the Chairmen of the Senate Finance and House Appropriations Committees by September 1, 2013.

In response to this mandate, DJJ convened a Study Group comprised of a cross-section of interested stakeholders to provide knowledge of the current post-d programs and services from various perspectives. These stakeholders were charged with developing the methodology for the study, gathering relevant data and information, and providing a cogent report presenting the current state of post-d programming and recommendations of DJJ regarding the potential expansion of post-d programming and availability.

Study Group Members

Marc Booker	DJJ – Detention Specialist, Study Coordinator
Martha Carroll	DJJ – 16 th District Court Services Unit Director
Melinda Jarvis	Virginia Beach Juvenile Detention Center – Post-D Coordinator
Spring Johnson	Piedmont Regional Juvenile Detention Center – Superintendent
James Nankervis	DJJ – 12 th District Court Services Unit Director
Barbara Peterson-Wilson	DJJ – Legislation and Research
Mike Sawyer	Merrimac Center– Executive Director
Michelle Smith	Loudoun County Juvenile Detention Center – Superintendent
Angela Valentine	DJJ – Community Programs Manager

Critical support for the Study Group was provided by Janet Van Cuyk, Huafeng Ding, Kristen Marshall, Jared Miller, and Jessica Turfboer from the DJJ Legislation and Research Division.

The governing budget language, in part, states that DJJ “shall review current practices in the post-dispositional detention program”. Since the language did not require an assessment, analysis, or evaluation of practices, DJJ did not interpret this language to require a best practices evaluation of the practices as this would have required DJJ to separately assess each program or service in each post-d program. Given the study mandate language and timeframes and that each post-d program is designed and operated by the local or commission-operated juvenile secure detention center, DJJ determined that any such evaluation was not feasible. Specifically, given the scope such an assessment would entail, DJJ would most likely have to partner with a college or university to complete such an evaluation. The study mandate language was interpreted require the study to provide an overview of the programs and services in post-d detention programs.

One of the first decisions made by the Study Group was to conduct a survey of post-d program stakeholders around the Commonwealth to obtain input regarding the current use of post-d programs and to identify potential barriers to expansion. Once the survey was created and made available electronically, it was distributed to the following groups of stakeholders:

Detention Superintendents	Commonwealth Attorneys	City/County Administrators
Post-D Coordinators	Juvenile Defense Attorneys	
Court Services Unit Directors	Juvenile Court Judges	

A detailed analysis of the survey results is included in a later section of this report. The full survey is included as Appendix A.

II. POST-D DEVELOPMENT AND HISTORY

Post-d detention as a sentencing option was established in the Commonwealth of Virginia with the passage of House Bill (HB) 1417 in the 1985 General Assembly Session. The bill had a dual purpose: 1) to prohibit the pre-d placement of juveniles in adult jails, and 2) to provide a sentencing option to juvenile and domestic relations district court judges. The law provided two forms of post-d sentencing, up to 30 days and up to six months, dependent on the juvenile's prior delinquent and treatment history. Post-d sentencing was restricted to juveniles 16 years of age or older. In 1995, the age for sentencing a juvenile to post-d detention was lowered from 16 to 14. In 1994, there were only four facilities offering the specialized six-month programming. By 1999, the number of these post-d programs increased to six, and by 2002 the number had increased to 13. Post-d programs currently operate in 18 of the 24 JDCs.

Post-d programs are certified by the Board of Juvenile Justice to include their stated capacity. All programs have a written agreement with the CSU(s) it serves, delineating roles and responsibilities of the program staff and CSU staff. All programs are required to have written policies and procedures to include but are not limited to treatment objectives, criteria for acceptance and termination, and utilization of the JDC for both pre- and post-d use. Juveniles placed in post-d programs are required to have an individualized treatment plan within 30 days of placement that addresses:

- Strengths and needs of resident
- Resident's current level of functioning
- Goals, objectives, strategies
- Projected family involvement
- Projected date for accomplishing each objective

Legislative History

1985: HB1417 established post-d detention and prohibited the pre-d placement of juveniles in adult jails.

1991: A statewide task force on detention issues recommended revised Board standards requiring separate services for post-d juveniles.

1994: The Department of Youth and Family Services (now DJJ) Post-D Study examined post-d utilization and found that six-month post-d placements represented 24% of all placements.

1999: The Commission on Youth Study completed a comprehensive examination of post-d programs and utilization resulting in HB669 (died in the Senate Courts of Justice Committee).

2000: Senate Bill (SB) 66 (incorporated components of HB669) amended § 16.1-284.1 of the *Code of Virginia*, effective July 1, 2002.

2001: HB1753 further amended § 16.1-284.1 of the *Code of Virginia*, effective July 1, 2002.

2002: On July 1, 2002, the amended § 16.1-284.1 of the *Code of Virginia* becomes effective with the following changes:

- No violent juvenile felons
- Not eligible if released from DJJ custody within past 18 months
- No credit for time served in pre-d
- Assessment completed by facility concerning “appropriateness” of placement
- Must receive suspended commitment IF eligible (eligibility criteria: Felony or four Class 1 Misdemeanors)
- Suspended commitment must be imposed if failure in post-d program
- DJJ to establish post-d standards

Statutory Requirements

The following elements are currently statutory requirements pursuant to § 16.1-284.1 of the *Code of Virginia*:

- The juvenile must be at least 14 years of age and have been found to have committed an offense which if committed by an adult would be punishable by confinement in a state or local correctional facility.
- The juvenile has not previously been and is not currently adjudicated delinquent of a violent juvenile felony or found guilty of a violent juvenile felony.
- The juvenile has not been released from the custody of DJJ within the previous 18 months.
- The interests of the juvenile and the community require that the juvenile be placed under legal restraint or discipline.
- Other placements will not serve the best interests of the juvenile.
- If the placement is over 30 days, an assessment for “appropriateness” to be conducted by the facility prior to placement in a post-d programs.
- When the period of confinement in a JDC or other secure facility for juveniles is to exceed 30 calendar days, then the court shall order the juvenile committed to DJJ, if he is eligible, and suspend such commitment.
- When the period of confinement exceeds 30 days, the court shall conduct a mandatory review hearing at least once during each 30 days and at such other times upon the request of the juvenile's probation officer, for good cause shown.

Review of Current Practices

Post-d programs offer judges an option that meets both the juvenile’s needs for rehabilitative services and the need for public safety. Each program offers services identified by the locality while integrating regulations for residential facilities and incorporating a “best practices” approach to program design and implementation. Treatment services are tailored to meet the specific needs of that juvenile and are coordinated by the JDC, the CSU, local MH and social service agencies, and the juvenile’s family. In order to identify best practices and provide support and guidance in the development of programming, the Virginia Detention Association of Post-D Programs (VDAPP) was established. Typical post-d programs are

designed as six-month programs. Some localities, in response to identified needs in their individual communities, offer post-d programs that are 90 days in length, and others have built in an aftercare component to their post-d programs.

In order to review the current practices in post-d services, stakeholders were asked specific questions regarding program eligibility, housing conditions, staff designations, components of each program, services each program provides, whether each program includes an aftercare component, whether each program allows home visits, and what community and in-house event the residents participate.

Examples of post-d services are listed below.

- Case management
- Anger management
- Substance abuse education and treatment
- Life skills
- Education: academic (diploma or GED) and vocational
- Community service and restitution

Please refer to Appendix B for a comprehensive review of programs and services available in the current post-d programs.

Post-d programs cannot operate without support from the community, other child welfare agencies, and involved families. Ultimately, success is predicated on the ability to incorporate a system of care approach to program services and involved providers. In an effort to meet these challenges, post-d programs maintain the following principles:

- Building cooperative relationships with judges, CSUs, service providers, and other child welfare agencies
- Retaining qualified and results-driven post-d program coordinators
- Providing a continuum of facility-based and community-based services and resources based on best practice and system of care

III. CURRENT POST-D USAGE

During FY 2013, 18 local JDCs had post-d programs:

- | | | |
|----------------|--------------------|---------------------|
| ▪ Blue Ridge | ▪ Loudoun | ▪ Northern Virginia |
| ▪ Chesapeake | ▪ Lynchburg | ▪ Northwestern |
| ▪ Chesterfield | ▪ Merrimac | ▪ Rappahannock |
| ▪ Fairfax | ▪ New River Valley | ▪ Roanoke Valley |
| ▪ Highlands | ▪ Newport News | ▪ Virginia Beach |
| ▪ James River | ▪ Norfolk | ▪ W.W. Moore |

Out of 1,365 licensed secure detention beds on the last day of FY 2013, 223 beds were dedicated to post-d detention programs. Until its closing in April 2012, Richmond Juvenile Detention Center also operated a post-d detention program with five beds.

A review of post-d usage for FY 2012 shows the following:

There were 218 detention beds dedicated to post-d detention (Roanoke Valley did not operate its five-bed post-d program in FY 2012). The average daily population in post-d programs was 127.5 juveniles. On average, post-d operated at 58.5% capacity during FY 2012.

A one-day snapshot of the post-d population indicated that the post-d programs as a whole were predominately serving high- and moderate-risk offenders, which best practice indicates is an appropriate risk level for the use of incarceration.

Risk Level	Juveniles
High	60
Moderate	51
Low	6
Not noted	9
<i>Total</i>	<i>126</i>

In addition to the statutory eligibility requirements, the post-d programs fairly consistently stipulate the upper age limit of participants to be 18 years of age with no identified sex offender treatment need.

The majority of the post-d programs share a consistent philosophy of core values of the system of care model, specifically that children and family services should be community-based, child-centered, family-focused, and culturally and linguistically appropriate. The programs incorporate the belief that services should be:

- Comprehensive
- Individualized
- Coordinated at all system delivery levels
- Inclusive of youth and families as full partners
- Focused on early identification and intervention

IV. EXPANSION ANALYSIS

The Study Group was asked to consider potential options for expansion of the programs; therefore, it was necessary to determine how many youth who were committed to DJJ during FY 2012 could have been ordered to a post-d program but were instead committed to a JCC. As noted previously, there are specific statutory criteria that must be met for a youth to be eligible for a post-d placement. Juveniles committed to DJJ during FY 2012 who satisfied the following criteria were identified as Sample 1:

Sample 1 – Current Statutory Post-D Eligibility Requirements (262 juveniles)

- Aged 14 years or older at the time of commitment
- Not released from a JCC within the previous 18 months
- Not adjudicated delinquent for a violent felony as defined by §§ 16.1-269.1(B) and 16.1-269.1(C) of the *Code of Virginia*

Repealed, rescinded, and cancelled cases were excluded. If a juvenile had more than one commitment to DJJ during FY 2012, only the first commitment was considered. Committed juveniles receiving a

subsequent commitment were also excluded. These rules were also applied to Sample 2, described below.

The Study Group also discussed additional criteria that should be used to identify the most appropriate youth for post-d programs. These criteria were based on limited treatment capabilities of JDCs and public safety issues. Furthermore, the Study Group considered the appropriate maximum length of stay for a youth to serve the duration of their commitment in a local JDC. The Study Group identified the following criteria as additional eligibility constraints for post-d programs, and those juveniles committed to DJJ during FY 2012 who satisfied these guidelines were identified as Sample 2:

Sample 2 – Study Group’s Guidelines for Appropriate Post-D Juveniles (97 juveniles)

- Between 14 and 18.5 years of age at the time of commitment
- Not on parole supervision at the time of commitment
- No mandatory sex offender treatment need
- Not classified as a serious offender
- Maximum length of stay of 12 months or less

Based on the above criteria, there were 97 youth who were committed to DJJ in FY 2012 who would have been appropriate to serve their commitment in a local JDC. Further details and discussion of these samples is included below.

Most Common Committing Localities

The cities of Newport News and Norfolk and Henrico County were the three most common committing localities for both samples. The cities of Richmond and Hampton and the counties of Prince William, Chesterfield, and Albemarle were also among the five most common localities in at least one sample. Each of the five most common committing localities in either sample currently operate post-d programs with the exception of the City of Richmond. The Richmond Juvenile Detention Center ceased operations in April of 2012, re-opening in July of 2013. Since re-opening, Richmond has not reinstated its post-d program.

Sample 1	# of Commitments	% of Commitments
700 - Newport News	22	8.4%
710 - Norfolk	19	7.3%
087 - Henrico County	16	6.1%
760 - Richmond	13	5.0%
153 - Prince William County	12	4.6%
Sample 2		
700 - Newport News	9	9.3%
087 - Henrico County	8	5.2%
710 - Norfolk	7	7.2%
650 - Hampton	6	6.2%
041 - Chesterfield County	5	5.2%
003 - Albemarle County	5	5.2%

Commitment Type

Sample 2 consisted entirely of juveniles who were indeterminately committed to DJJ, and almost all (95%) of the commitments in Sample 1 were indeterminate commitments.

Commitment Type	Sample 1	Sample 2
Determinate	4%	0%
Indeterminate	95%	100%
Blended	1%	0%
<i>Total Commitments</i>	<i>262</i>	<i>97</i>

Previous Post-D Detention Placement

Fifty-six percent (56%) of each sample had previously been placed in a JDC post-dispositionally. For Sample 1, 43% of these juveniles had been sentenced to post-d programs. For Sample 2, 52% of these juveniles had been sentenced to post-d programs. (Only the most recent placement into post-d was examined.)

Post-D Detention History	Sample 1	Sample 2
No Post-D	44%	44%
Post-D	56%	56%
<i>Programs (% of Post-D)</i>	<i>43%</i>	<i>52%</i>
<i>No Programs (% of Post-D)</i>	<i>57%</i>	<i>48%</i>
<i>Total Commitments</i>	<i>262</i>	<i>97</i>

Characteristics of Sample 2

Based on current post-d program practices, the Sample 2 population most accurately reflects the characteristics of juveniles placed in a post-d program. In Sample 2, 88% of juveniles had a mandatory or recommended substance abuse treatment need, and 56% had a residential MH placement prior to commitment, both identified during the evaluation at the Reception and Diagnostic Center (RDC). These rates support the need for substance abuse and MH services to be essential service components of post-d programs.

Substance Abuse Treatment Need	
Mandatory	42%
Recommended	46%
None	12%
Mental Health Residential Placement	
Yes	56%
No	44%

Half (50%) of the juveniles in Sample 2 had an intelligence quotient (IQ) between 77 and 94. The average IQ of the sample was 86.6. The minimum IQ was 62 and the maximum was 109 with the median being 88. These levels of intellectual functioning must also be considered when delivering services in post-d programs.

V. FINANCIAL IMPACT DATA

A block grant system of funding for JDCs was instituted in 1982. The Detention Block Grant allocates funds to localities and commissions operating JDCs based on a formula that includes utilization and licensed capacity. The larger amount of funding for JDCs is through local line item budgets for single jurisdiction-owned JDCs. Commission-operated facilities also have direct line item appropriations from the local budgets of owner jurisdictions. Through participating agreements, some localities that do not have full or partial ownership in a facility may buy a guaranteed number of beds at a specified *per diem*.

Post-d programs are a local option, and there is no dedicated funding associated with the operation of a post-d program. The operational costs of running a post-d program are incorporated into the total cost of operating a facility. From FY 2007 through FY 2011, facilities that operated a certified post-d program were allotted a \$25,000 incentive as part of the block grant distribution. In FY 2012, the formula for the distribution of block grant programs was revised, and the Funding Formula Task Force recommended that the post-d program incentive be eliminated. The amount set aside each year for the post-d program incentive was incorporated back into the total block grant and distributed among all of the operating JDCs.

In gathering information for this report, JDCs with post-d programs were asked to provide operational financial data based on their expenditures for FY 2012. Of the 17 agencies that operated post-d programs at the end of FY 2012, 11 responded in time to have their data considered for this report.

It should be noted that post-d program costs are not typically tracked or separated from total operational costs of JDCs. While costs are not tracked separately, JDCs with post-d programs do have additional expenses. These additional expenses vary from facility to facility and include but are not limited to:

- Hiring qualified staff to provide substance abuse education and treatment
- Purchasing curricula and supplies
- Purchasing contracted MH services for juvenile and family counseling (or in a few facilities hiring qualified staff to provide MH services)
- Additional transportation costs related to transporting juveniles to and from their home school, place of employment, community service, medical appointments, and other pro-social community activities
- Staff resources to provide aftercare services and support
- Hiring dedicated staff to supervise and run the post-d program
- Increased costs related to health care (e.g., medication, routine medical care, dental care)
 - Once a youth is detained, Medicaid can no longer pay for services.

Efforts were made to collect comparable financial data from the post-d programs and estimated post-d program percentages of total operational. While individually-identified agency financial information will not be included, this report summarizes the data received.

The reporting JDCs combined for a 119 post-d program bed capacity. The largest program had a 20-bed capacity; the smallest was seven beds. The average bed capacity for these programs was 10.8. The average daily population in post-d for the reporting programs was 7.1 per facility. The percentage of post-d program utilization ranged from a low of 24% to a high of 116% of capacity. This above-capacity usage was an outlier, as the average post-d utilization was 63%.

The reporting programs had an average of five staff dedicated to the post-d program. The average for combined salaries and benefits of post-d-dedicated staff was \$227,930. As reported above, one program was significantly larger than the others, with 12 program-dedicated staff at a salary and benefits cost of \$431,986. One program reported that they had no staff dedicated exclusively to their post-d program, and two of the programs reported that they had only one dedicated post-d staff member.

Separate from salary and benefits, each agency was asked to report additional costs that were specific to their post-d program. These additional costs included but were not limited to counseling (individual, family, group, and crisis), case management, medication management, academic testing, specialized programming, drug and alcohol screening, health insurance coverage, transportation, and miscellaneous program supplies. The average of these additional costs was \$106,315 per facility.

In addition to “program-dedicated” staff, each facility also reported that other facility staff had contact with the post-d program through standard services such as meals, laundry, recreation, medical care, security, and overall facility management.

Funding for these post-d programs is provided by the localities, supplemented by *per diems* charged to the localities for housing youth committed to post-d detention. The *per diems* charged to “owner localities” ranged from \$122 to \$272. For “non-owner localities,” the range was \$110 to \$263.

The data generated indicated that the costs associated with post-d programs are significant. The results of the survey (described below) and anecdotal discussions with stakeholders clearly show that localities would have a difficult time absorbing the additional costs that would be associated with expansion of the current program either in length of stay or in population-served.

VI. SURVEY RESULTS

A survey regarding post-d detention was developed and sent to stakeholders on June 20, 2013. The survey was sent to assess the current practices in post –d programs and to gauge stakeholder interest in developing new post-d programs, expanding the number of beds at existing post-d programs, and increasing the length of post-d programs at existing sites. Stakeholders included JDC superintendents, juvenile and domestic relations district court judges, CSU directors, Commonwealth attorneys, defense attorneys, and city/county managers. The survey remained open for six days and was closed on June 26, 2013. A summation of the survey findings is included below.

Questions Asked of All Respondents

A total of 64 stakeholders responded to the survey and 56 (87.5%) completed the survey in full. All percentages presented below are calculated from the number of valid responses for each particular question. The number of missing responses and total respondents are included in each table.

In order to examine current post-d practices and services, respondents were first asked to indicate whether a post-d program was operational in their locality, to which 82.8% (53) indicated that their locality had a post-d program, and 17.2% (11) indicated that their locality did not have a post-d program. The answer to this question then determined which additional questions the respondent was asked. Respondents with a post-d program were asked about expansion of the program and those without a post-d program were asked about developing a program. There were some similarities between the questions, and where applicable, a comparison between the two groups was made. It should be noted that seven (63.6%) of the 11 respondents indicated that their locality did not have a post-d program

were from the City of Richmond (5 judges and 2 JDC employees). In addition to the respondents from the City of Richmond, there was also one respondent from each of the following localities: Amelia County, Prince Edward County, and Lunenburg County. Any interpretation of the results must take into consideration the concentration of responses from Richmond.

The following table shows the breakdown of respondents based on whether they indicated that a post-d program was operational in their locality.

	City/County Manager	Commonwealth Attorney	CSU Director	Defense Attorney	Judge	Superintendent	Missing	Total Respondents
Localities with Post-D	2.7%	2.7%	37.8%	0.0%	18.9%	37.8%	16	53
Localities without Post-D	9.1%	9.1%	9.1%	0.0%	45.3%	27.3%	0	11
<i>Total</i>	<i>4.2%</i>	<i>4.2%</i>	<i>31.3%</i>	<i>0.0%</i>	<i>25.0%</i>	<i>35.4%</i>	<i>0</i>	<i>64</i>

All respondents were asked whether they supported “the use of local detention facilities to serve juveniles within their local communities in lieu of commitment to the Department of Juvenile Justice (DJJ).” Almost all respondents (98.3%) stated that they support the use of local JDCs in lieu of commitment to DJJ.

Do you support the use of local detention facilities to serve juveniles within their local communities in lieu of commitment to DJJ?				
	Yes	No	Missing	Total
Localities with Post-D	100.0%	0.0%	1	53
Localities without Post-D	97.9%	2.1%	1	11
<i>Total</i>	<i>98.3%</i>	<i>1.7%</i>	<i>2</i>	<i>64</i>

Another question asked all respondents whether they supported “the use of post-d programs for youth who are charged with misdemeanors and not eligible for commitment to DJJ.” Two-thirds of respondents (66.7%) indicated that they supported the use of post-d programs for youth charged with misdemeanor offenses.

Do you support the use of Post-D programs for youth who are charged with misdemeanors and not eligible for commitment to DJJ?				
	Yes	No	Missing	Total
Localities with Post-D	80.0%	20.0%	1	53
Localities without Post-D	63.8%	36.2%	6	11
<i>Total</i>	<i>66.7%</i>	<i>33.3%</i>	<i>7</i>	<i>64</i>

The final question that was asked of all respondents dealt with the obstacles and challenges that localities face in beginning or expanding a post-d program. This question sheds light on what practices are carried out in each program and what obstacles may be prohibiting those practices. Respondents were given a list that included the following: funding, MH services, staffing patterns, medicated coverage, staff training, inappropriate placements, aftercare services, transportation, and physical plant. The three most common obstacles or challenges were (in order of highest priority): funding, MH services, and staffing patterns. Respondents who had previously indicated that their locality did not have a post-d program were given a slightly different list to rank with four additional choices. The additional choices were adequate resources for treatment programs, judicial support, CSU support, and educational programming.

The table below shows the ranks and average scores for each obstacle/challenge by respondent group. The table is sorted by the Total Recorded Scores columns. The columns are defined as follows:

- Total Recorded Scores: Since four of the obstacles/challenges were only given to the respondents without a post-d program in their locality, the data were recorded and recalculated without these choices (adequate resources for treatment programs, judicial support, CSU support, and educational programming).
- Total Actual Score: The ranking and average score of the obstacles/challenges without accounting for the difference in the choices provided to each group.
- Respondents with post-d: The ranking and average score of the obstacle/challenge for only those respondents indicating that a post-d program exists in their locality.
- Respondents without post-d: The ranking and average score of the obstacle/challenge for only those respondents indicating that a post-d program does not in their locality.

	Total Recorded Scores		Total Actual Score		Respondents with Post-D		Respondents without Post-D	
	Rank	Avg. Score	Rank	Avg. Score	Rank	Avg. Score	Rank	Avg. Score
Funding	1	2.58	1	2.56	1	2.33	1	3.56
MH Services	2	4.28	2	4.37	2	4.10	2	5.67
Staffing Patterns	3	4.68	3	4.73	3	4.26	6	6.89
Medicaid Coverage	4	5.28	4	5.24	4	4.88	6	6.89
Staff Training	5	5.56	5	4.73	6	5.60	2	5.67
Inappropriate Placements	6	5.70	6	5.69	5	5.40	5	6.22
Aftercare Services	7	5.78	7	5.75	7	5.64	8	7.00
Transportation	8	6.80	10	6.78	9	6.57	9	7.78
Physical Plant	9	6.84	9	6.75	8	6.21	12	9.22
Adequate Resources for Treatment Programs	N/A	N/A	8	5.88	N/A	N/A	4	5.88
Educational Programming	N/A	N/A	11	7.78	N/A	N/A	9	7.78
CSU Support	N/A	N/A	12	8.78	N/A	N/A	11	8.78
Judicial Support	N/A	N/A	13	10.22	N/A	N/A	13	10.22

Questions Asked of Respondents with a Post-D Program

Respondents indicating that a post-d program was operational in their locality were asked several questions about expanding the bed capacity and increasing the length of the program. Respondents were more likely to be in favor of expanding bed capacity and the increasing the length of the program if funding was provided.

Would you support increasing the bed capacity for Post-D detention?				
	Yes	No	Missing	Total
Additional Funding Provided	91.5%	8.5%	6	64
No Additional Funding Provided	14.9%	85.1%	6	64

Would you support extending the length of Post-D programs to a maximum of 12 months?				
	Yes	No	Missing	Total
Additional Funding Provided	66.0%	34.0%	6	64
No Additional Funding Provided	17.0%	83.0%	6	64

These respondents were also asked to indicate how, with no additional funds being allocated, increasing post-d programs from six to 12 months would impact services their agency provides to youth. Representative samples of the text responses to this question are provided below:

We do not have sufficient mental health resources or funding to provide for the medical care of youth referred to post-d.

I would support the extension without funding if it was for the good of the resident. Unfortunately, this will decrease the amount of residents we can serve within a 12 month time period. Our building is not capable of expanding our program to increase our Post D capacity. Therefore, we would only have the ability to serve 8 residents in 12 months, whereas now, we can serve 16 residents in 12 months. This will not only impact our services, but ultimately it will impact our communities.

We would have to create two positions - a designated PD staff in order to provide more activities and a PD Probation Officer in order to have up to 6 of the 12 months be structured as an after care component.

The major impact would be:

- 1) Increased demands on staffing.*
- 2) Reduced ability to focus on the "true" tenants of a Post - D Program, programming, community service, re-entry strategies.*

If the length of time is increased to 12 months, our program would serve fewer youth during a 12 month period. This program would have to address a growing population with no additional staff in a limited space (no pods or units) along with no further assistance from mental health (local CSB) or additional programming (i.e., treatment options) and services (i.e., no Medicaid) to address the needs of the youth and their families for this extended period of time.

The program capacity cannot be increased without additional funds and if the program length was increased to 12 months we could not serve as many kids.

I do not support increasing the length of stay.

The cost of providing this increase would be imposed upon the locality. The change could force the locality to shift prevention programs and front end service interventions to cover the increased costs.

It would be challenging to maintain the current quality of services; however, nine to twelve months of treatment is considered best practice when working with high risk youth.

We do not have current space nor funding to support the array of services and requirements needed for a 12 month program.

All of our treatment services are designed with a six month timeframe for completion. Increasing the time served would result in fewer youth served, a backlog and increased waiting time for youth in pre-d waiting for a post-d bed to become available. Twelve months is too long in a confined setting of this nature. I would support 3-6 months of step-down intensive aftercare not twelve months of local incarceration.

Severely limit the number of juveniles that could be served, in fact, likely decrease the number compared to current.

Post-d does not have access to mental health and other services such as psychiatry or medical care that is offered to youth that are committed. Since these youth do not have insurance (in most cases) while in Post-d, the families cannot afford medications or medical care that would be necessary to maintain the youth in the program. We do not have a full-time therapist at the facility and no access to psychiatric care.

Questions Asked of Respondents Without a Post-D Program

Respondents indicating that a post-d program was not operational in their locality were asked, if funding were allocated, would they, “support the development of a post-d program for [their] facility.” All respondents (100%) stated that they would support this decision.

When asked “what incentives would be most successful in encouraging [their] locality to develop a post-d program,” the respondents indicated that funding is the biggest incentive (seven respondents).

Incentive	Number of Respondents
Funding	7
Qualified Staff/Training of Staff	4
Community Resources	2
Educational Support	2
Saving Money	2
Alternative to Long Term State Care	1
Community-based Services	1
Effective Case Management Services	1
Evidence-based Programming	1
Healthcare	1
Lower Recidivism Rates	1
Running a Safe, Effective Facility/Program	1

In summation, most localities responding to the survey indicated that they would be in favor of beginning or expanding a post-d program if additional funding were provided. Additionally, most respondents also indicated that funding, MH services, and staffing were the greatest challenges to beginning or expanding a post-d program.

VII. USE OF DETENTION BEDS FOR STATE-RESPONSIBLE YOUTH

One portion of the mandate for this study requires the examination of possibilities for “*increased use of detention beds for holding state-responsible juvenile offenders as an alternative to the use of state facilities.*”

During the Study Group meetings, two viable options for utilizing local detention beds for state-responsible juveniles were discussed. These options are detailed below:

Community Placement Program

In 2004, DJJ implemented the Community Placement Program (CPP) at Shenandoah Valley Juvenile Center and Chesapeake Juvenile Services. The programs operated through a contractual partnership between DJJ and respective JDCs to place state-committed juveniles in a smaller, community-based setting. The philosophy behind the CPP was based on research¹ which suggests that smaller, community-based programs, with an emphasis on individually tailored treatment plans, will likely result in a more positive community reintegration and reduce the likelihood of recidivism. Due to mandated budget reductions required by the Commonwealth, funding for the programs was eliminated in 2007 for the program at Shenandoah and in 2008 for the program in Chesapeake.

Both programs were ten-bed pods with dedicated staff and treatment services. Facility-based services were similar in the programs and included anger management; substance abuse education, treatment, and relapse prevention; individual counseling; life and employability skill development; and vocational education. The CPP residents were enrolled in the local school programs at both facilities, accredited by the Virginia Department of Education. Both CPP sites provided a positive-based, incentive-earning behavior management program.

Referrals were made through DJJ's RDC. Each youth placed at a CPP was assessed individually to determine if the criteria was met for the program. There was some slight variation between the two programs regarding length of stay requirements; however, the below overall represents the basic characteristics of the targeted population.

- Service need of the juveniles
- Overall behavior
- Educational needs
- Good fit for the CPP

RDC was given the ability to refer additional juveniles who otherwise may not have been considered for CPP but it was in their best interest to be placed. All CPP cases were reviewed by the Institutional Classification and Review Committee (ICRC) and Central Classification and Review Committee (CCRC) to determine placement and ensure that DJJ was best meeting the needs of the youth by placing juveniles in appropriate facilities.

- Commitment to DJJ under an indeterminate commitment
- Length of stay of 3-6, 6-12, or 9-15 months
- Custody classification I or II; juveniles with III or IV may be considered if level is based on committing offense and not on behavior
- Cannot have a mandatory sex offender treatment need
- Juveniles with mandatory substance abuse treatment need may be considered if they are not chemically dependent or need intensive residential services
- Juveniles that have been recommitted and completed a DJJ substance abuse treatment program during the first commitment can be considered depending on current level of use
- Under age 17
- DOE set a requirement that juveniles should have a minimum IQ of 75.

¹ "No Place for Kids: The Case for Reducing Juvenile Incarceration", (The Annie E. Casey Foundation, 2011), p. 34

RDC was given the ability to refer additional juveniles who otherwise may not have been considered for CPP, but it was in their best interest to be placed. All CPP cases were reviewed by ICRC and CCRC to determine placement and ensure that DJJ was best meeting the needs of the youth by placing juveniles in appropriate facilities. Guidelines were utilized to assist in placement decisions including factors such as educational and classification levels.

Due to the short time frame for the operation of the programs and small numbers of releases from the program, there is minimal data to reflect an accurate evaluation of the program. In June of 2007 an internal assessment was completed on the two CPP programs that provided feedback on performance objectives established at the inception of the programs. It is important to note that at the time of the assessment, there was a small sample size and program enhancements and modifications had been continuously implemented to strengthen the services and the operations of the program. The findings were somewhat varied between the two programs, but 51.9% of overall CPP releases were rearrested within one year for a criminal offense. This rate was comparable to the 49.1% of FY2005 JCC releases who were rearrested. Pre- and post-test measurements of educational performance also yielded mixed results.

- Approximately 80% of releases from Shenandoah CPP showed improvements in basic skills, reading skills, factual skills, and vocational skills.
- Combined results demonstrated that slightly over 70% of juveniles showed improvements in reading, math, and vocational skills.
- It should be noted that although the programs did not meet the targeted objective of 80% increase in educational improvement, in some of the academic areas measured, a majority of residents did show improvement.

The implementation of the CPP requires strong collaboration between the JDC staff and DJJ staff. Consistent monitoring and ongoing communication is essential for program development and insuring the most appropriate youth are placed in the CPP. A DJJ staff person was assigned to facilitate the implementation and the ongoing monitoring of the program. Additionally, each resident was assigned both a DJJ and CPP case manager in order to track progress, comply with DJJ case management standards and procedures, address sanctions for negative behavior and impact on length of stay, facilitate home visits, and facilitate release from DJJ.

The annual cost for Shenandoah CPP was \$620,466, and the annual cost for Chesapeake CPP was \$623,018.

Strengths:

- Residents were closer to home
- Smaller setting provided more individualized services
- Family visitation was higher
- Arranged off campus/home visits
- Connected with post-release service providers
- Minimal assaultive behavior

Weaknesses:

- Difficult to consistently maintain 20 residents in the two programs (had to pay for guarantee of 10 beds in each facility so it would be staffed)
- Regional concept in Shenandoah was not as effective as distance was still issue
- Consistency in service provision within the two programs
- Quality assurance

Challenges:

- Funding
- Staff qualifications
- Implementing strong evidence-based treatment programs in local facility
- MH services
- Start-up is staff intensive
- Establishing ongoing quality assurance

Additional study, collaboration with JDCs, development of program guidelines, and analysis of costs would be necessary before the possibility of implementation.

Detention Re-Entry Program

The detention re-entry program was initially implemented in 2007. It was developed for the purpose of improving the re-entry of residents being released from commitment back to their communities.

The initiative was designed to transition residents from a JCC to a local JDC in close proximity to their communities for 30-90 days prior to their release from commitment. The program was suspended in 2009 due to budget reductions. In 2011, the program was reinstated as part of DJJ's re-entry initiative.

The goal of the program was to establish connections with communities and families. The objectives of the program were to:

- Prepare youth for progressively increased responsibility and freedom
- Facilitate youth and family, and youth and community interaction and involvement
- Establish relationships and begin work with the offender and targeted community support systems

Links to community resources are essential during the placement in detention re-entry. Interventions focus on family, education, employment, treatment services, and community reintegration. While placed in detention re-entry, the parole officer arranges services through a host of community agencies and resources. Parole officers visit residents more frequently, establish a more defined personal relationship, and work with the resident on the parole plan before release from incarceration. The family is encouraged to increase visits to the resident, and services may be provided to improve the reintegration process with the family. Education is provided at the JDC. In those cases where a JDC accepts residents who are 18 years or older and have completed high school or received their GED, residents may participate in a work release program to assist in finding stable employment immediately upon release.

Detention re-entry is a local option and memorandums of agreement (MOA) are developed with localities that choose to participate. As of July 1, 2013, DJJ has MOAs with eight JDCs for detention re-entry. Services provided by the JDC include housing, meals, and basic medical services. Depending on the schedule of their individualized services, residents may participate in recreational or other activities as deemed appropriate provided at the JDC. Any clothing or personal goods required beyond those normally provided to a detention resident are purchased by DJJ or the parents.

Specific eligibility requirements are driven by the JDC's acceptance criteria. Exclusionary criteria are also determined by the JDCs. Basic eligibility requirements include:

- Offenders within 30-90 days of release from direct care
- Offenders who are exhibiting positive behavior
- Offenders may be considered prior to completion of their mandatory treatment needs based on the ability to complete the treatment while in the detention re-entry program and within the community.
- The JCC MH facility case review shall have been completed for offenders identified as having a recognized MH, substance abuse, or other therapeutic treatment need per the MH Services Transition Plan Regulations.
- Offenders' residence upon release must be in the specific jurisdiction or within close proximity to where the JDC is physically located.
- Serious offenders whose cases have been reviewed by a judge, and the judge agrees to the transfer to the JDC and release within 30-60 days
- Major offenders who have been approved for release by the DJJ Director and directed to transfer to the detention re-entry program

The current established rate for detention re-entry is \$100 per bed per day. In FY 2012, there were six youth placed in detention re-entry at a total cost of \$6,400. In FY 2013, there were six placements at a total cost of \$27,400.

Implementing a statewide detention re-entry program is a viable option for utilization of detention beds. The following considerations must be examined before implementing a detention re-entry program in each individually-operated JDC:

- Security requirements of juveniles versus physical plants of each JDC
- Staff levels in each JDC
- Treatment requirements of juveniles versus services provided at each JDC, including MH, substance abuse, sex offender, and age- and gender-specific needs of juveniles
- Availability and continuity of educational services at each JDC, including middle school, high school, GED, vocational, and services for graduates
- Capabilities of each JDC to house special populations (e.g., sex offenders, juveniles with severe MH disorders, low-functioning juveniles)
- Delivery of health services at each JDC
- Age of committed youth at release from DJJ exceeds 18 therefore mixing adults with juveniles
- Locality licensing limitations on housing residents after their 18th birthday
- Feasibility of statewide participation of all JDCs based on commitment numbers within local jurisdictions

Serious considerations should be given for identifying additional funding in the state budget for the allocation of financial support to implement detention re-entry.

Strengths:

- Residents are closer to home
- Connections to community-based service providers are made pre-release
- Family visitation is increased
- Home visits are possible
- Employment interviews and work release are possible
- School re-enrollment is easier

Weakness:

- Detention superintendents have indicated that the established daily rate of \$100 is too low
- Detention superintendents expressed concern about liability of state-responsible youth
- Some of the JDCs will not accept residents over the age of 18
- Disparity of commitment rates among various localities

Challenges

- Mixing committed youth with pre-d youth
- Developing re-entry focused programming
- Staffing patterns when transporting residents off-site

Summary

Recreating regional CPPs is a potential option for transitional and step-down services. By creating four regional CPPs with ten beds each, juveniles could be placed in the CPP closest to their communities.

Since JDCs, rather than DJJ, would operate the programs, the planning necessary to finalize program components and other details of the MOA must be completed with extensive input from the JDCs potentially involved.

This option may be received differently by small and large communities. Large cities may have the resources to operate a CPP whereby smaller rural areas, may not have the resources to provide appropriate interventions for every type of youthful offender. Furthermore, the regionalization of CPPs is not as desirable as the locality-based approach of detention re-entry making detention re-entry the better option for a detention-based program for committed juveniles.

Utilizing available JDC beds to implement detention re-entry programs is a more viable option. This would be consistent with the Commonwealth's commitment to effective re-entry programming as demonstrated by DJJ Detention Re-Entry Initiative. The mission of the DJJ Detention Re-Entry Initiative is *"to promote public safety and accountability by implementing a seamless plan of services for each offender for a successful transition and reintegration in the community."*

Since nearly all juvenile offenders will eventually return to their communities, it is of paramount importance that they are prepared to meet the challenges that returning to the community will present.

Detention re-entry programs serve the vital function of helping delinquent youth transition back into the community in a manner that reduces the likelihood that they will re-offend. By utilizing the local JDCs for such programs, the youth are able to maintain better contact with their families, which has been shown to be a strong element in the success of re-entry efforts around the country.

As discussed above regarding the CPP program, since the focus of the detention re-entry program would be the local JDC, extensive input from the JDCs is an absolute necessity prior to implementation.

VIII. INCENTIVES FOR STARTUP/EXPANSION

As has been addressed throughout this report and encapsulated in the recommendations herein, beginning or expanding a post-d program requires a significant commitment of financial resources to be successful. It would be unduly burdensome to seek expansion on the local level without significant, long-term financial support from the Commonwealth. Under current funding structures, the localities that have post-d programs absorb the costs of these activities in their general operating budgets. That would not be financially feasible were the programs to expand.

In the survey, although the sample was small, one very clear conclusion can be drawn from the responses: the primary obstacle for carrying out appropriate post-d practices or starting a new post-d program is funding. Without adequate funding over and above that which is currently provided by the Commonwealth and other stakeholders, starting a new program is a virtual impossibility.

IX. RECOMMENDATIONS

Recommendation 1: Do not expand post-d programs or extend the length of stay in post-d programs at this time.

Based on the Study Group's findings, there is not sufficient evidence, data, support, or resources to indicate the need for expansion of post-d programs or extending the length of stay in post-d programs beyond six months. There has been a downward trend in the utilization of post-d detention similar to national and statewide trends for committed youth. The statewide utilization of post-d beds was 58% in FY 2012 and 52% in FY 2013. Post-d usage has been below 60% each year since 2009.

When using the eligibility criteria proposed by the Study Group for placement in a post-d program, there were 97 potentially eligible offenders committed to DJJ during FY 2012. Four of the five localities with the most commitments for these 97 juveniles currently operate post-d programs. Of the 97 offenders, 28 offenders had previously been placed in a post-d program, thus resulting in a total of 69 offenders who may have potentially been eligible for a post-d program.

Finally, the survey results indicated that there are not sufficient local resources (e.g., funding, MH services, staffing) available to support expansion.

The VCJD has submitted a letter to the Senate Finance Committee (See Appendix C) that outlines their position on expansion of post-d programs or extending the length of stay. In summary, the letter indicates that without financial resources, VCJD is not supportive of legislation to increase the length of stay in a post-d program. Points raised in the letter include:

- The number of juveniles served would decrease
- Potential for waiting lists for entry into programs and juveniles serving additional time in a JDC

- Potential financial exposure for juveniles without health insurance coverage
- Lack of resources to provide the level of services and staffing needed, particularly in the areas of MH staff to deliver evidence-based programming

Recommendation 2: Prior to considering changes in the length of stay or expansion of post-d programs, fund an evaluation of currently operating post-d programs to identify best practice, strengthen current programs, and provide a model program guide to assist in the development of implementation of new programs.

Virginia’s statutory language and the development of post-d programs is not a widely used concept nationally. A literature review and information provided by the National Partnership on Juvenile Justice indicates that Virginia is one of the few and possibly may be the only state that has developed post-d programs as part of the detention services continuum. There currently is no research or comprehensive statewide evaluation of this type of program.

Research² shows there are three general strategies² that improve effectiveness of out-of-home placements:

- Focusing on criminogenic factors that can be changed
 - e.g., low skills, substance abuse, defiant behavior, and friendships with delinquent peers
- Tailoring each program to clients’ needs
- Focusing interventions on higher-risk youth

Risk in this context refers to those offenders with a higher probability of reoffending. It is a generally accepted belief by juvenile justice researchers³ that placing low-risk offenders with high-risk offenders may lead to anti-social behavior for the low-risk offender as a result of peer association. When lower-risk offenders who demonstrate pro-social characteristics are placed in a highly structured, restrictive program, the factors that make them low-risk are disrupted.

Data compiled for this report on the current population in post-d programs indicate that the post-d programs serve a population comprised predominately of moderate- and high-risk offenders with a small number of low-risk offenders. This shows that the post-d programs overall are serving the appropriate risk level of offenders.

A recent evaluation of the Virginia Beach post-d program was conducted by the University of Cincinnati using the Evidence-based Correctional Program Checklist-Community Supervision Agency; Referral Agency (CPC). The CPC provides a standardized, objective way of assessing the quality of correctional programming against empirically based standards. The CPC is designed to measure how closely programs meet the main principles of effective intervention. The evaluation showed the program was in the “effective category” in its efforts to deliver evidence-based interventions and “needs improvement” in the area that focuses on assessment and treatment. The program received an overall score of an effective program, and the report stated that “the post-d program is most likely providing sound services to youthful offenders.” The final report shows the strengths of the program and provides detailed recommendations for program improvement. The recommendations are designed to assist the agency “in making necessary changes to increase program effectiveness.”

² Ibid

³ Ibid, p. 12

The Virginia Beach post-d program is the only program that has undergone a comprehensive evaluation using evidence-based research methodology. The outcomes of this evaluation will assist the locality in prioritizing areas to strengthen. However, what proves to be effective in one locality may not be so in others. Due to differing local demographics, practices, and resources, the results in one locality cannot be projected throughout the Commonwealth. A comprehensive statewide evaluation will focus on local practice as well as providing statewide practices that are effective.

VDAPP is an organization established in 2003 comprised of post-d coordinators and treatment staff throughout the state. VDAPP meets quarterly to share information pertaining to standards and best practices. The post-d programs have adopted the philosophy and practices based on the “what works” research. The evaluation of the Virginia Beach post-d program demonstrates that the philosophy is effective. VDAPP regularly collects data from post-d programs and prepares biennial reports. The data collected shows promising results of the use of post-d programs. Further evaluations will assist VDAPP in their mission to strengthen current programs and develop a model program guide for the implementation of new programs.

An evaluation of post-d programs can be used to identify best practice currently used, providing guidance for program improvements and thereby impacting recidivism. Additionally, an advantage of an evaluation of post-d programs is that the results can be focused on specific characteristics and effectiveness of post-d programs unique to Virginia. The evidence supporting effectiveness will not be drawn from studies done elsewhere on incarcerated offenders and extrapolated to post-d programs.

The Office of Juvenile Justice and Delinquency Prevention designed a Model Programs Guide (MPG) to assist practitioners and communities in implementing evidence-based intervention programs that can make a difference in the lives of children and communities. The MPG currently houses a database of over 200 evidence-based programs. The MPG offers a database of scientifically-proven programs that address a range of issues, including substance abuse, MH, and education programs. This tool is available to assist juvenile justice practitioners, administrators, and researchers to enhance accountability, ensure public safety, and reduce recidivism. An evaluation of Virginia’s post-d programs could result in Virginia being on the leading edge of developing effective programs that impact recidivism and alternative use of secure detention beds.

Recommendation 3: If expansion takes place, adequate additional funding is an absolute necessity for the programs to be successful.

Successful post-d programs depend on adequate staffing, well-trained staff, and dedicated MH and drug and alcohol counselors. These services have become the cornerstone of effective post-d activity. Funds for these programs are provided almost exclusively by the localities in which the JDCs operate.

As supported by the survey results, funding for additional post-d programming must be in addition to current funding streams. Most localities would be in favor of beginning or expanding a post-d program if additional funding were provided. The top four obstacles or challenges reported were (in order of highest priority): Funding, MH Services, Staffing Patterns, and Medicaid Coverage. Narrative responses further assert that there is not sufficient funding for the provision of MH and medical services. Juveniles sentenced to a post-d program become ineligible for Medicaid Funding resulting in the burden being placed on either the family or the locality for medical care, psychiatric care and medication. Extending the length of stay, could exacerbate these funding issues by increasing the burden on the localities for medical care. Other additional expenses incurred by Post-d programs are costs related to transporting

juveniles to and from their home school, place of employment, community service, medical appointments and other pro-social community activities.

According to the annual expenditure report for FY 2012, the block grant provides an average of 37% of the operational budget of JDCs. Initially, block grant funds were intended to provide 50% of detention funding; however, that percentage has diminished steadily over that past several years, and is now at its lowest levels.

Localities cannot absorb the additional costs associated with expanding post-d programming within their current budgetary structures, nor can those that do not currently offer post-d programs consider doing so without significant funding support.

The “what works” in juvenile justice literature demonstrates that treatment is more effective in reducing recidivism than incarceration alone. Most researchers who have studied correctional interventions have concluded that without some form of intervention or services there is unlikely to be a significant effect on behavioral changes. Delivering targeted and timely treatment interventions focused on criminogenic needs will provide the greatest long-term benefit to the community, the victim, and the offender.

As demonstrated by DJJ data regarding service needs of post-d eligible offenders that are in DJJ custody, 88% of juveniles committed to DJJ had a mandatory or recommended substance abuse treatment need, and 56% had a residential MH placement prior to commitment. These rates clearly demonstrate a significant need for dedicated substance abuse and MH professionals in JDCs. The General Assembly acknowledged this need in the 2006-2008 budget through language and general fund appropriations of one million dollars to expand MH treatment for children and adolescents in JDCs. According to the Department of Behavioral Health and Developmental Services (DBHDS), significant budget reductions in the 2008-2010 biennial budget resulted in the funding becoming “unrestricted.” These funds were no longer dedicated to funding MH workers in JDCs. The funding was still identified in the performance contract with community service boards; however, the community service boards were given discretion regarding the deployment of staff. According to JDC superintendents, this resulted in a reduction of MH services in JDCs. DBHDS no longer tracks MH services in detention. They do collect narrative information from the JDCs semi-annually, which is a voluntary report of MH services. At the end of FY 2012, all JDCs were reporting some level of MH services from the community service boards. Adequate funding for dedicated MH and substance abuse treatment professionals must be made available to post-d programs to address this need.

APPENDIX A – Post-D Detention Stakeholder Survey

The Stakeholder Survey was distributed to obtain comprehensive information on the programs and services in post-d programs to review current practices in the programs and consider potential options for expansion of the programs. Close-ended, open-ended, and ranking questions were asked to enable the analysis to examine quantitative and qualitative information. Close-ended questions were asked to facilitate data analysis and a summary of data on concrete issues. Open-ended questions were utilized to discover the relevant issues, obtain a full range of responses, and explore respondents' views in-depth. Ranking questions were asked to determine the relative importance of respondents of various options.

Given the post-d program variations across the Commonwealth, open-ended questions were utilized to operationalize the study mandate component relating to the review of current practices in post-d programs. Detailed questions were asked relating to the specific programs and services in each post-d program.

The questions found on page 1 of the survey were asked of every respondent. Questions on page 2 were only asked of respondents who indicated a post-d program was operational in their locality and questions on page 3 were only asked for respondents who indicated that a post-d program was not operational in their locality.

Post-dispositional Detention Stakeholder Survey

1. **Name (Optional):**

2. **Title:**

[--Please Select--]

3. **Locality:**

4. **Does your locality have access to a Post- dispositional (Post-D) program?**

Yes No

5. Do you support the use of local detention facilities to serve juveniles within their local communities in lieu of commitment to the Department of Juvenile Justice (DJJ)?

m Yes m No

6. If funding was allocated to the localities for Post-D programs, would you support increasing bed capacity for Post-D detention?

m Yes m No

7. If no additional funding was allocated to the localities for Post-D programs, would you support increasing bed capacity for Post-D detention?

m Yes m No

8. Do you support the use of Post-D programs for youth who are charged with misdemeanors and not eligible for commitment to DJJ?

m Yes m No

9. If additional funds are allocated would you support extending the length of Post-D programs to a maximum of 12 months?

m Yes m No

10. If no additional funds are allocated would you support extending the length of Post-D programs to a maximum of 12 months?

m Yes m No

11. If no additional funds are allocated, how would increasing Post-D programs from 6 to 12 months impact services your agency provides to youth?

Four horizontal lines for text entry.

12. What are the challenges or obstacles that your locality faces in expanding a Post-D program? (Please rank them in order with 1 being the highest priority)

Rank the following items using numbers from 1 to 9.

- Funding _____
- Mental Health Services _____
- Inappropriate Placements _____
- Staffing Patterns _____
- Staff Training _____
- Aftercare Services _____
- Transportation _____
- Physical Plant _____
- Medicaid Coverage _____

13. Do you support the use of local detention facilities to serve juveniles within their local communities in lieu of commitment to the Department of Juvenile Justice (DJJ)?

m Yes m No

14. Do you support the use of Post-D programs for youth who are charged with misdemeanors and not eligible for commitment to DJJ?

m Yes m No

15. If funding was allocated to the localities for Post-D programs would you support the development of a Post-D program for your facility?

m Yes m No

16. What incentives would be most successful in encouraging your locality to develop a Post-D program?

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

17. What are the challenges or obstacles that your locality faces in starting a Post-D program? (Please rank them in order with 1 being the highest priority)

Rank the following items using numbers from 1 to 13.

- Funding _____
- Mental Health Services _____
- Inappropriate Placements _____
- Staffing Patterns _____
- Staff Training _____
- Aftercare Services _____
- Transportation _____
- Physical Plant _____
- Medicaid Coverage _____
- Educational Programming _____
- Judicial Support _____
- CSU Support _____
- Adequate Resources for Treatment Programs _____

List of Localities Responding to the Survey

5th District CSU	Blue Ridge JDC	Amelia County
8th District CSU	Chesapeake JDC	City of Bristol
9th District CSU	Chesterfield JDC	City of Charlottesville
10 th District CSU	Fairfax JDC	City of
12th District CSU	Henrico JDC	Charlottesville/Albemarle
14th District CSU	Highlands JDC	County/Green
15th District CSU	Loudoun JDC	County/Fluvanna County
16th District CSU	Lynchburg JDC	City of
18th District CSU	Newport News JDC	Charlottesville/Madison
19th District CSU	Northwestern JDC	County
20L District CSU	Rappahannock JDC	City of Chesapeake
20W District CSU	Richmond JDC	Chesterfield County
23A District CSU	Roanoke Valley JDC	Chesterfield County/City of
25th District CSU	Virginia Beach JDC	Colonial Heights
27th District CSU	W.W. Moore JDC	Franklin County
28th District CSU		Gloucester County
		Henrico County
		Loudoun County
		Lunenburg County
		City of Norfolk
		Prince Edward County
		City of Richmond
		City of Roanoke/Roanoke
		County/Salem
		Stafford County

APPENDIX B – Post-D Program Inventory Survey Responses

1. PROGRAM ELIGIBILITY – DO YOU REQUIRE SUSPENDED COMMITMENTS?

Blue Ridge	We accept residents into the post-d program if they meet the code requirements and meet the need for services as outlined in the Standardized Assessment for Appropriateness. That is, we make our recommendations based on the resident’s need to be in a secure environment and our ability to meet his/her mental health, substance abuse, and vocational needs. BRJD prefers and strongly encourages a suspended commitment for the 180-day program. The 90-day program is for non-commitment eligible youth.
Chesterfield	By code, excluded if do not have health insurance, Chesterfield and Colonial Heights residents
WW Moore	Hold everyone to same standards placed by DJJ, but do not refuse anyone based on their mental or educational ability
Fairfax	Boys and girls that meet 16.1-284.1 requirements and not actively psychotic or suicidal. Agency wants youths to be eligible for commitment by DJJ even though code does not require it. No sex offenders.
James River	Age 14-17, no violent offenses, parental participation, have not been released from custody of DJJ within 18 months, not a danger to self or others. We require them to meet the code requirements outlined in 16.1-284.1.
Loudoun	A court ordered 30 Day Evaluation to assess a detainee for program appropriateness prior to accepting a detainee for 6 Months. This program accepts committed and non-committed detainees: 16-17 years old—male and female. 3 class on misdemeanors and 1 pending, 1 felony that is committable to DJJ, non violent offender, no sex offenses, failed at different forms of probation or residential placements, no prior commitments to DJJ within the last 18 months, substance abuse use, mental health issues, school performance and behavior, family history and current status
Lynchburg	Those who meet the criteria for commitment and who do not have needs beyond what we can serve. Our Judges do not place youth without a suspended commitment.
Merrimac	Merrimac’s Post-D (D.A.Y. – Developing Alternatives for Youth) program does not require a suspended commitment for acceptance in the program. Youth accepted into our program must be between 14-17 years of age and have committed an offense that is punishable by confinement. They must have identifiable treatment needs in which a secure setting would serve the best interest of the juvenile. The parent or guardian must be willing to attend monthly treatment meetings and participate in counseling if warranted. Merrimac Post-D only accepts non-violent offenders; applicants can not have been released from the custody of DJJ within the past 18 months (by code).
Newport News	We require them to meet the code requirements outlined in 16.1-284.1. Our youth are accepted based on the following criteria: between the ages of 14-17 years, currently under or placed on suspended commitment prior to placement, non-violent offenders,

	and no prior commitments to DJJ within the last 18 months. We do require or request suspended commitment, but have been overrode by court order on occasion.
New River Valley	Male & female providing they meet all the criteria outlined in the standards. We strongly request a suspended commitment.
Norfolk	Do not take serious offenders (by code), juveniles with major mental health issues, or major educational deficits. Due to prior court discussions, we take juveniles with suspended commitments, but on occasions if both the courts and this program feel it will benefit the juvenile, we will take juveniles without suspended commitments.
Northern Virginia	Males and females between the ages of 14-17. We follow an assessment tool listing the crimes prohibited and assesses for serious mental illness, substance abuse, and educational needs. Do not accept sex offenders and do not require a suspended commitment.
Rappahannock	Males and females between the ages of 14-17, non-violent offenders, medically and psychologically stable, parent(s)/guardian(s) must be willing to participate in the program and cooperate. Suspended commitment required.
Chesapeake	Juveniles meeting code requirements for post-dispositional placements from Chesapeake, Portsmouth, Suffolk, Isle of Wright, Franklin, and Southampton
Virginia Beach	By 16.1-284.1. For the traditional Post-D Program, we only take those youth who are eligible for commitment, are non-violent (especially in a secure environment), whose parents/guardians are involved and capable of cooperating and whose mental health needs to do exceed what we can treat. We also have a Post-D Secure Treatment for Adolescent Recovery and Transition (START) Program designed for youth who are not eligible for a suspended commitment. The Post-D START Program is designed to provide intensive services to high and moderate risk youth within a secure environment for a shorter length of stay (approximately 90 days) than the Post-D Program.
Northwestern	Go by code. All residents must have suspended commitment. We use the standardized assessment for appropriateness to determine eligibility and if the program can meet their needs.
Highlands	Yes, we require them to meet the code requirements outlined in 16.1-284.1

2. DOES YOUR PROGRAM HAVE POST-D HOUSING AND STAFF DESIGNATED TO POST-D (please specify number of what and their titles)?

Blue Ridge	Our Treatment Specialist is a Programs staff member dedicated to Post-D residents. We have designated one of our housing pods for Post-D residents, however when we are not at full enrollment (10), we house Pre-Disposition residents in the same housing pod as well. We do not assign specific security staff to that housing unit.
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Chesterfield	Yes.
WW Moore	We have six pods in our facility; One is designated as Post D. We have 10 staff that are designated as Post –d staff
Fairfax	Yes.
James River	Yes.
Loudoun	Our program does not have designated staff or housing.
Lynchburg	Yes, we have a designated for Post-D. Female Post-D detainees interact with the male Post-D detainees during the day, however, they sleep on the female pod. Those Post-D participants who are not eligible for home visits are placed on the regular pods on the weekend.
Merrimac	Yes, a 10 bed, co-ed unit (we can house up to 15) is designated for the program with 4 full time treatment counselors and a Post-D Treatment Coordinator. We also have interns and volunteers that provide specific programming to Post-D residents. Merrimac has recently entered into a partnership with the Colonial Services Board in an effort to provide more mental health services to our youth, their families and others connected with Merrimac. This partnership includes the employment of 2 full time staff: a Licensed/license eligible Mental Health Therapist (preferably a CSAC) and a Case Manager. We will also have a staff member to offer psychiatric services 20 hrs. /month.
Newport News	Yes, 20 beds (10 beds per Pod) are allotted for males and females. We have assigned staff to the Post-D program. We currently run 4 shifts. Three staff on day shift, three staff on split shift, three on evening shift, and two on the midnight shift. Our staff members are listed as counselors. On the active shifts, we have two designated to Post-D and a third alternate in case of scheduling conflicts. We utilize a third party vendor, currently National Counseling Group, to provide license clinical therapists to serve our youth. One Post-Dispositional teacher and one Post-Dispositional Coordinator position. I also have an intern currently working with our group.
New River Valley	No, pre and post are housed together. We do NOT have designated staff for Post-D. However, I do have a staff that regularly follows the PD kids from 0800-1600 during the week.
Norfolk	The Norfolk Post-D Program has a separate unit that houses the Post-D residents with identified staff that case manage assigned residents' treatment services and behavior progress. The Post-D staff remain responsible for daily floor coverage of the Post-D unit, and when needed, are required to cover other units if there is a shortage of staff in the building.
Northern Virginia	Yes, we have a special unit that is located upstairs, away from the general population pods. We have designated specially trained post-d staff; however, are sometimes forced to use regular staff during vacation/leave time. We have a trained pool of relief

	staff; however they are part-time and not always able to cover for our full-time staff when needed. We are struggling with the regular population needing coverage, pulling post-d staff to work general population, and even mixing our post-d kids with general population when general population has coverage problems. This causes a disruption in our program. I am looking for ways to make this prohibited, however without a mandate, I am doubtful this will occur. How can we effectively advocate for this?
Rappahannock	Post -D180 is a separate 10-bed unit/pod. The coordinator supervises the program and the Coordinator, Post-D therapist, and Resident Supervisors conduct the therapeutic groups. Post-D 180 has 4 dedicated Resident Supervisors for our program.
Chesapeake	It will.
Virginia Beach	Yes. We have one fifteen bed unit and six counselors (two per shift – one male and one female) assigned to Post-D.
Northwestern	No. Assistant Superintendent serves as Post-d Coordinator. We try to keep a core group of staff to work in the unit for consistency purposes, but that depends on the need of the building. We have a Post D pod, but could contain over-flow from other pods.
Highlands	Yes.

3. DO JUVENILES WEAR SEPARATE UNIFORMS FROM PRE-D JUVENILES?

Blue Ridge	Yes. Pre-dispositional residents wear navy blue scrubs; post-dispositional residents wear tan scrubs.
Chesterfield	No.
WW Moore	Yes. Our post-d residents wear grey sweatpants and sweatshirts along with grey shorts and t-shirts that have “W.W. Moore Post-D Program” written on them.
Fairfax	No.
James River	Yes.
Loudoun	Our detainees wear a different uniform from the pre-d detainees.
Lynchburg	While in the building, Post wear a different color t-shirt with their jumpers. When going out of the building for appointments, events, home visits, etc. Post detainees have a uniform that consist of kaki pants and a yellow 2 button collard shirt.
Merrimac	Our residents wear the same uniforms as our Pre-D juveniles. However, we allow our Post-D residents to dress out in their personal clothing or white polo shirts and yellow Merrimac Center jackets during certain structured outings.

Newport News	Yes. Our Post-Dispositional residents wear Purple Sweatshirts and an institutional blue jean pant. Our kids change into their own clothing when going out on community outings or home passes.
New River Valley	No.
Norfolk	The Norfolk Post-D residents are identified by their gold collar knit shirts and blue pants. The Post-D residents also wear their uniform when released to the community for appointments or for a home visit to minimize the need for changing clothes. They are required to wear Kaki pants and white collar shirts for job interviews and other identified community activities.
Northern Virginia	Yes, but they are only a different color.
Rappahannock	No.
Chesapeake	Tentatively—they will wear different color sweat suits from other units in the building.
Virginia Beach	They have the same uniform but wear a different color t-shirt .
Northwestern	Each unit has different colored uniforms. Post D is a tan shirt with green pants.
Highlands	No.

4. WHAT ARE THE COMPONENTS OF YOUR PROGRAM?

Blue Ridge	Assessment, Service Planning, Case Management, Counseling (individual, group and family), Medication Management, Education, Psycho-Educational Groups.
Chesterfield	Education, Counseling (individual, group, family)
WW Moore	Post-D residents who need individual counseling (substance abuse and anger management), are transported to the Danville/Pittsylvania Community Service Board on a weekly basis. The court reports and service plans are handled by our Post-D Coordinator, Rick Blackstock, and the Detention Counselor, Nikia Miller. The service plans consist of a 13 page report dealing with different services and objectives in our Post-D program. Our court report is 8 pages long which includes a progress report on their involvement as well as behavior support.
Fairfax	Unit, school, therapy (mental health and substance abuse). Unit counselors are responsible for safety/security of the residents/unit and day to day operations. Unit staff write a section of the resident's court reports. They also run a few groups on the unit (goals group and conflict resolution group). Their 1:1's with residents focus on the Phoenix Curriculum. Teachers also write a section of the court reports and give feedback for the residents Levels. Teachers will also make recommendations for the

	resident's educational needs for once they are released. My program has staff from the Mental Health Services and from Alcohol and Drug services that do the treatment plans plus counseling. They conduct most of the groups (psycho-ed MH and ADS groups, and parent groups). They meet with the resident weekly and also do family sessions weekly. They are responsible for all of the treatment plans.
James River	Community Service, Mentoring, Education, Counseling, Case Management, Psycho-Education Groups
Loudoun	See next question.
Lynchburg	See next question.
Merrimac	The D.A.Y. program is an individualized educational/treatment program that is structured for residents that have not been successful in community based programs or other types of residential programs. Our approach contains an educational component that develops knowledge, life skills, career options, and vocational abilities that will lead to a more disciplined lifestyle. We also utilize treatment services available in the community and within the facility to meet the individualized treatment needs of the youth sentenced to the program. Our philosophy focuses on providing alternative coping skills for youth and assisting them on their path toward positive experiences. The program is based on a phase model incorporating achieved goals rather than promoting youth to the next phase because of behavior. We provide our residents with structured facility based therapeutic group sessions and also the opportunity to work in the community to participate in community based services, volunteer projects, structured recreational outings and transitional release assignments. The overall program will assist youth in developing a sense of self worth and a better understanding of their role in society as well as promote positive social interactions.
Newport News	The Newport News Post-Dispositional program provides Alcohol, Substance Abuse, Anger Management, and Life/Social Skills through weekly group therapy by our third party vendor, the National Counseling Group. We have educational Middle and High School curriculums and also GED preparation and testing. We have been certified as a certified GED testing site. I am proud to say that approximately 40 % of our current population has received their GED out of our current population of 18. We utilize the Newport News Career Café for Job and Career Training opportunities. Educational/recreational, family, group, and individual therapy are provided by our Post-D Staff/counselors. Each resident is assigned a counselor within the first 30 days. The counselor meets with their assigned resident once a week to provide individual counseling. National Counseling Group also provides individual therapy to our youth. We utilize community resources and on-site resources for community services needs. Also our residents are involved with the Post-D Melody Makers to receive music therapy and self-esteem coping skills. Performing as a member of the Melody Makers also helps to satisfy the resident's court-ordered community service hours.
New River	Career Preparation, Anger Management, Group Counseling, Car Wash, Resume Builders, Vocational Skills Training, Decision Making Skills, Independent Living,

Valley	Horticulture, Barrier Identification, substance abuse counseling. Psychological counseling and follow-up case management, Re-parenting Skills, Education (GED etc.), and Moral Reconatin Therapy.
Norfolk	The Norfolk Post-D Program is designed to provide and/or case manage services to meet generic and individual resident needs through both in-house programs and community service providers.
Northern Virginia	Individual Counseling, Group Counseling, Case Management (minimally), Special Speakers, Recreational/Educational field trips. Glories Happy Hats, Inc. which makes hats for children with terminal illness and The City's Adopt-A-Block Program which is trash pick-up. Groups include Substance Abuse, Anger Management, Team Building, Independent Living Skills, community AA/NA meetings, Therapeutic Movie Night, Goal Setting/Communication & Social Skills.
Rappahannock	Cognitive Behavioral Treatment program that provides case management, substance abuse treatment, Narcotics Anonymous participation, psycho-educational groups, driver's license preparation, HS classes and GED preparation, recreational and educational outings, and community reintegration via the use of day passes. Residents participate in a daily Physical Training Program and are required to complete 100 hours of community service prior to discharge. Additionally residents received weekly individual therapy and biweekly family therapy.
Chesapeake	Tentatively—Case Management, Individual Counseling, Group Counseling, Family Counseling, Education
Virginia Beach	Individual and Family Counseling by a licensed clinician who is assigned specifically to Post-D. Therapeutic and psycho-educational groups. Substance abuse treatment. Case management. Therapeutic/recreational/educational outings. Community service. Parent and Multifamily Group. Educational services including GED preparation, high school education, career skills, and independent living. Employment in the community on a select basis.
Northwestern	<p>Anger Management weekly with Intensive Supervision and Counseling Services (ISCS), NA/AA—outside vendor, Education/GED Program, Work Release, Assist Sup completes case management, Study Hall—daily.</p> <p>We have a designated full-time Post D teacher that teaches career development, life and social skills along with regular school programming. He also takes the residents out for community service outings. Family group once a week for 6 weeks provided by ISCS. Substance abuse education classes provided by CLEAN. Each resident is assigned a counselor within the first 30 days. The counselor meets with their resident at least once a week to provide individual counseling. The counselor also works with the family during their incarceration. They will continue to work with the resident and families to provide a continuation of services for up to 6 months upon release.</p>
Highlands	Each resident in the Post-D Program will receive anger management, substance abuse education, independent living skills, reparenting skills, pre-employment and

	employment education, behavioral and disciplinary reform, academic instruction, as well as individualized services as identified by the service plan. Good decision making skills and impulse control are also addressed daily.
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5. WHAT TYPES OF SERVICES DOES YOUR PROGRAM PROVIDE? – Please cite any curricula you use.

Blue Ridge	Resident Health Services, Education, Recreation, Life Skills Training, Leadership Skills and Social Skills Training, Character Education/Exploration, Substance Abuse Education/Counseling, Anger Management, Victim Empathy, Gun Violence Prevention, Transition Planning, Community Referrals, Greenhouse activities. We use Cage Your Rage, Phoenix, and the C2 Character Challenge on a regular basis and draw from a variety of other resources for psycho-educational groups. Most recently, we received Baby-Think-It-Over (Reality Works) babies as part of the Post-D/SOP grant.
Chesterfield	Education, Psycho-Educational Groups, Community Service
WW Moore	Stress Management and Anger Management groups are held by our Post-D staff. The residents also have independent assignments relating to the Anger/Stress Management. We have a Substance Abuse group held by a member of the Danville/Pittsylvania Community Services Board every Tuesday We have a Tobacco Group held twice a year for 3 weeks by a member of the Danville/Pittsylvania Community Services Board. Our Post-D teachers hold a Family Life and Relationships group every Tuesday. Also we have a horticulture class which we work in our greenhouse that is titled “The Green Thumb Inn.” We have a kitchen where the Post-D residents are taught food handling skills and food preparation. The name of our kitchen is “The Positively Delicious Café.” We have catered many dinners and lunches for organizations around Danville.
Fairfax	See question #6. We also have a Career and Technology teacher, who helps the residents with employment matters (writing resumes, filling out job applications). Our program also has Music Therapy weekly and Art Therapy weekly.
James River	Education Program, Sexuality and Child Care, Substance Abuse Education, Law Related Education, Anger Management, Life Skills and Individual/Family Counseling.
Loudoun	MH/SA: Mental Health Group, Substance Abuse Group (AA – speakers and step meeting & Alanoon), Multi-Family Group and Individual/Family Counseling. Public Schools: GED, Young Adults Project (YAP), Ed Anywhere, Loudoun County Public School. JDC: Life Skills (Anger Management, Vocational Education, Goals Group, and Experimental Education) Outing: Group (Educational Field Trips), Family & Community Service Outing

Lynchburg	Assessment, Case Management, Community Referrals, Mental Health Services (in house through CSB), Individual/Family/Group Counseling, Educational Services including GED preparation, Employment Training and coaching for residents who obtain employment, Community Service Work, Mentoring, Life Skills, Recreation Services, Substance Abuse Services, Anger Management, Teen Parenting Services, Knowledge expansion of community recourses, Behavior Management, limited aftercare provided by CSB staff.
Merrimac	Anger management groups are held on a weekly basis by Avalon and individual anger management sessions are also provided as needed. Independent Living and Career courses are offered to assist youth in developing life skills and to encourage future employment. Educational programs are tailored to each youth's abilities and goals (including GED obtainment). Residents in need of substance abuse counseling attend bi-monthly AA meetings and bi-monthly MA meetings. Family therapy is conducted on a minimum monthly basis to facilitate healthy and open communication among family members. Art therapy is provided by the Mental Health Counselor to assist youth in opening up and exploring emotions. Residents attend weekly swim lessons and participate in various groups on the unit that concentrate on a range of topics to include: anger management, impulse control, relationships, sex education, positive work ethic, positive coping mechanisms, character development, community development, self-esteem, etc. Residents participate in a horticulture skills course, growing and maintaining plants in the Center's greenhouse. The D.A.Y. program is also working to provide more comprehensive discharge planning, which includes developing linkage between residents and community supports at home.
Newport News	The program provides Alcohol, Substance Abuse, Anger Management, Life Skills, Educational High School or GED, Community Services, Job and Career Training, Horticultural Training, Recreation, Field Trips, Family, Groups and Individual therapy. Obviously, work with the Post-D Melody Makers Band. We also having a mentoring group with the Mission Continues out of Fort Eustis, VA and will soon begin a partnership with the Wounded Warriors Program out of Fort Eustis, VA.
New River Valley	Educational and counseling groups, Community Service within the facility, Cultural Experiences (field trips), Speakers/Presenters from Community, In-House Mental Health Services, Individual counseling, Family counseling.
Norfolk	Each P.D. staff does case management through individual and family counseling, behavioral contracts, supervision of treatment goal progress and supervision of transitions plans. The P.D. Program offers four major educational treatment programs: Victim's Impact, Independent Living/Job Readiness, Anger Management, and Substance Abuse. Each group is implemented by a specific staff, is time framed, and has lesson plans with pre and post testing. Identified staffs do on-going groups such as Driver's Education, Peer Groups, and Male Responsibilities. We have a Community Services Program registered with the City of Norfolk. The Educational Program offers school credits, GED studies, GED testing, grade promotion and special community placements. We assist with employment for residents with restitution and assistance with employment for residents without restitution returning to the community.

Northern Virginia	Psycho-Educational Groups, Process Groups, Individual Counseling. We are going to start a community service project, Mentors, Tutors, Special Speakers on careers/health/etc., Psychiatric assessment if needed.
Rappahannock	Case management, substance abuse treatment, Narcotics Anonymous participation, psycho-educational groups, driver's license preparation, HS classes and GED preparation, recreational and educational outings, employment preparation, and community reintegration via the use of day passes. Residents participate in a daily Physical Training Program and are required to complete 100 hours of community service prior to discharge. Additionally residents received weekly individual therapy and biweekly family therapy.
Chesapeake	Tentatively – Individual Counseling, Group Counseling, Family Counseling, Education Groups. There are 4 categories of Education Groups: Careers, Interpersonal Skills, Substance Abuse, and Life Skills, The Education Groups will address various topics within each of the categories.
Virginia Beach	A licensed Post-D clinician provides individual and family counseling. Post-D clinician also facilitates Anger Management and Empathy Enhancement therapeutic groups. Post-D counselors facilitate ongoing psycho-educational groups including healthy relationships, journaling, "The Seven Habits of Highly Effective Teens", "The Struggle to Be Strong", "They Broke the Law, You be the Judge", character development, and social skills. We have an intensive evidenced-based substance abuse treatment program, The Seven Challenges Program. Residents complete community service hours within the detention center. We provide monthly therapeutic recreational outings. The Educational Program provides GED preparation, middle or high school education, career skills, and independent living. We also require our parents to attend a parent and/or multifamily group twice a month.
Northwestern	Curricular for anger management and the family component are provided through Intensive Supervision and Counseling Services. Life skills and career development are provided through Frederick County Schools. Curricula for Substance Abuse Education class is provided by CLEAN.
Highlands	Substance Abuse, Anger Management, Behavior, Education & Mental Health

6. DESCRIBE YOUR AFTERCARE PROGRAM.

Blue Ridge	Currently, our Treatment Specialist must have a minimum of six contacts during the first two months post-discharge, at least two of which must be face-to-face.
Chesterfield	Not developed.
WW Moore	Residents who are released from the program are usually placed on probation depending on the locality. Currently only Danville CSU places clients on Aftercare (30 days house arrest + 60 probation/curfew)

Fairfax	N/A. However, Treatment team makes recommendations for further services and helps obtain those services after a resident is released.
James River	N/A.
Loudoun	Once a detainee is released from the program, he/she will be on probation for 6 months. He/She will be on electronic monitoring for 30 days along with Intensive Aftercare rules of probation. The next six months he/she will be on Intensive Probation supervised by the Post-D Probation Officer. During this time the Post-D Probation Officer will be in contact with all parties involved in the Aftercare Treatment Plan. He/She will continue to attend 30 day Progress Reviews until the completion of the six months of Aftercare. Note: The detainee and their family will have to follow an aftercare plan that covers areas such as Mental Health/Substance Abuse Treatment, Individual/Family Counseling, AA meetings, Education, and Employment.
Lynchburg	Aftercare handled by the CSB Caseworker.
Merrimac	Our aftercare program is still in its infancy stages. Once residents are successfully released from the D.A.Y. program they are to remain in the aftercare program for 6 months. During this time residents are expected to comply with recommendations set forth in their final court report (as approved by the residents PO and the courts) to include receiving community based services for mental health/ substance abuse treatment, counseling services, attendance in AA/MA/NA meetings, continuing educational and employment endeavors. Designated Post-D staff members will make bi-monthly phone contact (and conduct a monthly home-visit) with released juveniles; assist with transition from a secure detention environment (i.e. – assist with finding employment, entering back into the school system, etc.); discuss family dynamics and assist in providing positive guidance for successful re-entry into the community.
Newport News	Currently, there is no after care program. National Counseling Group has provided aftercare, along with Probation Officer recommendation. We are at the very beginning of building an aftercare program.
New River Valley	No Aftercare Program through the detention home. Follow-up case management for those using Community Services.
Norfolk	The Norfolk is exploring the implementation of a formal follow-up program. Until this can be achieved, we do have an extensive transition program and are aware of all services, educational, and employment services and maintain informal contact with these providers. Often our released residents or parents of the released residents call for assistance or just visit to up-date us of their progress.
Northern Virginia	Very little. We only do phone calls. We are exploring a more complete aftercare program with groups and face-to-face contact in the community: however, do not have the staff to cover this additional duty.
Rappahannock	We provide discharge planning, recommendations, and referrals to the family and

	CSU. We do not offer after care services.
Chesapeake	In development.
Virginia Beach	We do not have a specific aftercare program of our own. However, we partner with the city's Community Services Board (Child and Youth Services) to provide a continuum of care. We hold monthly case staffing with the Court Services Unit and Child and Youth Services wherein aftercare plans are discussed. We also discuss aftercare/discharge plans with the resident and the parents/guardians and provide any needed referrals.
Northwestern	The after-care component is started the first 30 days of the program. A detailed assessment is completed by a counselor from ISCS. The assessment examines the resident's treatment needs and identifies the families' strengths and weaknesses. The resident is then matched with a counselor that will work with them individually and as a family unit throughout the program. Once released, the counselor continues the work they started at the beginning by providing the needed support in the home and community. This will continue up to 6 months after discharge depending on the need.
Highlands	None.

7. DOES YOUR PROGRAM ALLOW FOR HOME VISITS? If so, what are the guidelines and length of time allowed?

Blue Ridge	Yes; must be on Level III and approved by court; usually takes about 3-4 months to achieve, provided no charges/demotions of level; usually start with furloughs for various community appointments and work up to a 10-hour furlough to home; overnights at Level IV provided day furloughs have been successful. The time frames are shorter for the 90-day residents.
Chesterfield	Yes, starting at level III, 2-4hr passes, 2-8hr passes, 2-24hr passes, 2-48hr passes. One pass per week.
WW Moore	Yes, the residents must be on level3 and be of good behavior. There must also be cooperation from the parents.
Fairfax	YES. Once reaches Level IV (but not before 3 months) allowed 5 hour outing. After 2 weeks on Level IV may go out for 8hrs. Once on Level V may go out for two 8hrs. outing and after two weeks on Level V may go out for overnight. Parents must participate in family component of the program for the residents to go out.
James River	Yes. Upon reaching Level II, all residents are eligible for home visits after their court review.
Loudoun	Yes. At first, our detainees need to be in the facility for at least 30 days. At which time, they can participate in Community Service Outings with Parks and Recreation. Next, a detainee can earn outings by earning the next Phase in the program. For example;

	<p>Phase I is one 4 hour outing. Phase II is two 6 hour outings and Phase III is two 8 hour outings. When a detainee in their last two months of the program and maintains eligibility for outings they can participate on four transitional furloughs; 6 hours, 10 hours, 24 hours and 48 hours. A detainee's eligibility for the outings/furloughs is based upon their compliance with their Phase Contract, treatment/service plan and educational program. Once a detainee is eligible for a family outing they are given an Outing Request Form and a Post Dispositional Outing Contract to complete with their parent, legal guardian and/or responsible adult during weekly visitation. At which time, the Outing Request Form will be reviewed, changes will be made and approved or denied. When the detainee's return to the facility they are patted down, strip searched and test for drugs/alcohol.</p>
Lynchburg	<p>Yes. After the first court review participants are eligible for a 12-hour home visit, per weekend (9a-9p). After the 2nd court review, participants are eligible for 2 12-hour, per weekend. After the 3rd court review, participants are eligible for an overnight home visit, per weekend (9a Saturday til 9p Sunday). After the 4th court review, participants are eligible for a full weekend home visit, per weekend (3:15p Friday til 8:15p Sunday). To be eligible for the entire time, participants cannot have received room time during the week. Drug, nicotine and alcohol screens are conducted on Sunday upon their return to the center for anyone who has received a home pass regardless of the length of the pass.</p>
Merrimac	<p>Yes, based on compliance with level and phase progression. During the first 30 days of placement, residents are only allowed out of the building with Post-D staff. All other phases are 21 days in length (and subject to completion of assignments and appropriate behavior [no extended consequences during the week]); residents will interview with staff panel for phase progression. Upon receipt of phase 2 they are allowed on temporary releases with parents/guardians for medical/dental appointments. Phase 3 is a 4 hour home pass; phase 4 is an 8 hour pass. Phase 5 is 24 hours and phase 6 is 48 hours. Phase 7 is also known as the Community Reintegration Program (not all residents will reach/earn this phase), during phase 7 residents are typically out of the facility for 5 days (attending regular school) and return on weekends to "debrief" with staff and mental health; this phase can be tailored by the treatment team to meet the needs of individual residents and must be approved by all parties prior to initiation. All residents are expected to be with parents/guardians at all times (unless pre approved by Tx Coordinator during phase 6 and 7 status). They are expected to participate in healthy family activities. All residents are drug tested upon return.</p>
Newport News	<p>Yes. Our resident receive weekly, progressive home passes after they have reached level three / phase three of the program. The start at 4 hours, then 8 hours, 24 hours, and 48 hours. Normally, there 48 hour passes coincide with Phase IV, in which case our judges begin looking at early release.</p>
New River Valley	<p>Yes. Home visits do not begin until they have been in the program 90 days – start with four hours and can work up to 48 hours by achieving levels, points and completing GOALS units.</p>

Norfolk	Yes, at the juncture of 90 days, the Post-D residents are reviewed for transitional home visits through short day visits or outing with the parent(s). The resident must be determined not to be a run risk by both the Post-D staff and Probation Officer, must have demonstrated progress with their behavioral issues, and the parent must be able to provide the required level of supervision. The plans to start community releases under the parent's supervision are reported in the court report prior to implementation.
Northern Virginia	Yes. Residents are eligible for home passes after being in the program for 140 days AND being a Level 4 on our behavioral management system. The resident must be demonstrating responsible behavior and making progress with their treatment goals. The probation officer and parent must be in agreement. For every home pass the resident and the parent sign a home pass contract. The resident starts with 2 eight hour passes, then 2 twelve hour passes, then 2 twenty-four hour passes, then 2 forty eight hour passes etc. While at home, the resident must call the program twice. Staff also will randomly call. In addition, the resident is usually given an assignment to complete. Upon return to the facility, a urine screen is administered. Home passes are a privilege.
Rappahannock	Yes, Residents may earn one 12-hour (or less) day pass per week upon earning advancement to Level 3. When the residents advance to Level 4 they may earn two 12-hour (or less) day passes per week.
Chesapeake	N/A
Virginia Beach	Residents are allowed home passes based on their progression through the program, risk status, and behavior. Typically, the resident's first home pass (for three hours) occurs after their second court review. After approximately seventy-five days of program placement (Phase Three of our program), the residents begin earning one five-hour home pass per week. These increase to one eight-hour home pass per week after approximately one hundred and five days of placement (Phase Four). We typically allow a twenty-four hour and forty-eight hour home pass the final two weekends of the program, respectively. Only parents/guardians are allowed to take the residents on pass and must provide constant eyesight supervision. There is a Community Release Rules contract which outlines the rules. Residents must check in with staff during passes and staff also conducts random calls to residents on pass. Parents are required to complete a feedback form following each pass. Drug screens and breathalyzers are administered randomly following passes.
Northwestern	Yes. If the resident has completed their initial service plans and has been successfully progressing, we request home visits to start at the first 30 day review. We wait until subsequent reviews to request home visits if the resident has not shown progression. We start home visits on Sundays 1100-1700. If they continue to progress through their Phases we will request an extension of Sundays 0900-2000. We request overnight visits, Saturdays 0900-Sundays 2000, once they have passed their final Life Skills project and they are close to being released. They need to successfully complete several overnight visits before we request release from the program. Parents, resident and staff sign home visit rules each week prior to leaving the facility. They have

	specific times that they must make calls to the facility to check in. We make sure that they are with their guardians. If they are late: the first time is a warning, the second time they must return an hour early and the third time the return immediately and lose their next visit. Home visit privileges are suspended pending the next review if any problems are reported while they are on their visit. The residents are drug tested prior to leaving the facility on their first visit and are randomly drug/nicotine tested thereafter.
Highlands	No.

8. WHAT COMMUNITY (OUTSIDE OF JDC) EVENTS DO YOU PARTICIPATE IN (field trips, community service, employment, community-based programs, etc.)?

Blue Ridge	Teens Give service learning; employment/educational programs on case-by-case basis; no group recreational outings.
Chesterfield	Community service work at county schools and parks on weekends, educational trips during the week, youth are eligible to get a job once on level III. We also do recreational outings (Parks, movies, museums)
WW Moore	When a client reaches level 2 he/ she is eligible to attend school board breakfast(we cater), we have the opportunity to get community service hours through the local rescue squad (washing trucks).As the behavior level increases opportunities increase.
Fairfax	NONE
James River	Employment, field trips, educations and cultural events.
Loudoun	Once a detainee meets the criteria to be eligible for outings, there are available funds and available staff the program participates in some of the following field trips; museums, movies, restaurants, AA meetings, hiking, community service with Parks and Recreation and etc. In reference to employment, it is granted on a case by case basis (GED, restitutions, transportation and performance within the program).
Lynchburg	Yes. Participants are required to participate in the Center’s greenhouse with the Master Gardner’s each week as part of the Education Program and receive 1 hours of community service. In addition, they work a local greenhouse, Lynchburg Grows, weekly and receive 2 hours of community service. When economically feasible, participants are taken on field trips to local museums, skate parks, movies, etc. Employment is granted on a case-by-case basis. We make every effort to assist the participant in finding employment that they will be able to continue in after discharge from the program.
Merrimac	Residents are expected to organize and participate in community service during their phase 6 status. We have worked in conjunction with a therapeutic equestrian facility to complete community service hours regularly. Outings are regularly scheduled to the

	<p>park, Frisbee golf, movies, museums, skating, bowling, lazer tag, rec center and the library. On a bi-annual basis we take residents to receive food handlers certification, tour the VCU college campuses, and participate in an etiquette luncheon in Richmond. All residents with substance abuse issues attend a community based Marijuana Anonymous program on a weekly basis. Employment is granted on a case-by-case basis and must be approved by the treatment team.</p>
Newport News	<p>We have too many to list all of them. However, we have approximately 4-5 trips a week. Our kids are involved with Fort Eustis, Career Café, Empowered Believer’s Christian Center Homeless Feedings, the Peninsula Food Bank, the Downing Gross Cultural Arts Center, Fields House, Newsome House, the James River Convalescent Home, and local college tours to include Norfolk State, Christopher Newport University, Old Dominion University, and Thomas Nelson Community College. Three of our current GED residents are enrolled to begin college courses in August. There are many other outings, just too many to list.</p>
New River Valley	<p>A project was created just for our program called the Huckleberry Trails Project – the kids work on the trail grooming and cutting new trail sections. – Community service is performed at the Feeding America Warehouse in Salem, with the local RSVP and Caring Pregnancy Center on a case-by-case basis– We go on educational and recreational field trips – tour local colleges</p>
Norfolk	<p>Community sponsored events for continued education or employment, employment placement to pay restitution (only reason for employment from NJDC), job searches for transitional employment placement, all community therapeutic services providers as identified/approved by the Court Services Unit, local community colleges, local employment commission and at this point very few recreational based events.</p>
Northern Virginia	<p>New Beginnings residents are eligible to attend their home school and obtain employment after being in the program for 140 days and being on Level 4. The residents are aware that this is a privilege. For Arlington and Falls Church residents—if the resident had a positive court report and court review, the Judge will allow the resident to be released (temporarily) at Court to their parents for a two hour lunch pass. For Alexandria residents—if the resident had a positive court report and court review the Judge will allow the parent to take their child on a two hour lunch pass on the weekend. New Beginnings has numerous outings (recreational and educational). The residents are not allowed to participate in any outings for the first 15 days in the program. The program is allowed to go into DC but not Maryland. The program takes full advantage of the local museums and parks. The program goes to the movies, baseball games, hockey games, basketball games, local speaking engagements, and restaurants etc.</p>
Rappahannock	<p>Residents are ordered and must complete 100 hours of community service while a participant in Post-D 180. Community service activities include Adopt-A-Highway projects, Habitat for Humanity, Fredericksburg area Foodbank, State Park clean-ups, and various other community connections. Recreation and Education Field trips vary from museums, movies, and hiking to library, local colleges, and business tours.</p>

Chesapeake	N/A
Virginia Beach	We offer group outings on average of once a month. Outings we have held over the years include Ropes Course, Rock Gym, canoeing, fishing, bowling, Busch Gardens, visits to local museums, community service around the holidays, etc. Residents complete community service within the facility. On a rare occasion, we will seek outside community service opportunities. Outside employment is approved on a very select basis and only in the final month of placement wherein strict guidelines are implemented. Otherwise, residents seek employment in their final weeks in order to secure a job once they are released.
Northwestern	All outings are strictly for community service projects. Our residents have volunteered at our Salvation Army Thrift store, SPCA, maintained landscaping at a local church, painted Sunday school classrooms at a local church and served meals at a soup kitchen. We participate in a community service outing each week, weather permitting. We are in the planning phase of planting a tree in each locality we serve to give back to each community. Employment is granted on a case-by-case basis. We encourage each resident to research employment opportunities in their locality prior to discharge. We do not participate in any field trips.
Highlands	N/A

9. WHAT IN-HOUSE EVENTS DO YOU PARTICIPATE IN (CATERING, COMMUNITY SERVICE, GREENHOUSE, MUSIC THERAPY, ETC)?

Blue Ridge	Maintenance of greenhouse and raised beds; donation of greenhouse vegetables/plants to other community members; art therapy; music therapy; daily chores; at times residents have received certification in CPR/First Aid/OSHA.
Chesterfield	Maintain detention home greenhouse, do landscaping around the detention home and some cleaning in the detention home.
WW Moore	Catering, greenhouse, community service hours,
Fairfax	Music Therapy, Art Therapy, Sand Tray Therapy, we also have the Community Recreation Services personnel come in weekly to conduct Recreational Therapy.
James River	Greenhouse and community service
Loudoun	We maintain 4 raised bed gardens and have begun to incorporate our greenhouse. Also, we are in partnership with Plant-a-Row (PAR). The majority of the items grown are either donated to our local food bank or eaten at the facility.
Lynchburg	Music and Art Therapy, greenhouse, community service, CPR/First Aid Certification, community speakers and daily chores.

Merrimac	On top of the 21 therapeutic groups conducted each week and various school requirements our residents also participate in the Horticultural Program, working in the greenhouse and garden several times throughout the week. The residents host an annual plant sale, proceeds refurbish the greenhouse for the following year. All residents have daily chores to complete on the unit and throughout the facility. As part of their phase 2 requirements all residents participate in the “Baby Think it Over” RealCare program. Residents participate in a reading program throughout the summer months and maintain the facilities “library”. Residents are in charge of the daily care and maintenance for Post-D pets (3 guinea pigs). Post-D residents conduct facility tours for visitors and assist with the annual volunteer luncheon. Post-D alumni are invited to return and speak at the annual luncheon.
Newport News	We have community services with our GreenHouse Maintenance, Grounds keeping, and performances / practices with the Post-D Melody Makers.
New River Valley	Landscaping and greenery maintenance for the facility – Green house projects such as growing and selling vegetables, flowers and plants – in-house community service – volunteer groups religious and secular are very involved on a regular basis.
Norfolk	Community Services, Greenhouse activities, and Food Handler’s Card training. The NJDC School Program offers a variety of competitive programs and activities with rewards and recognition.
Northern Virginia	New Beginnings usually earn on average 10 hours of community service (in house and in the community). We have a recycling program, Greenhouse, Adopt-A-Block, volunteer at Woodbine Rehabilitation Center, PAWSitive Peers (volunteering at the local animal shelter). We have numerous volunteers that come in to conduct reading programs, teambuilding, improving self-esteem etc. The residents also get certified in CPR, First Aid, and Safe Food Handling. New Beginnings also hosts an Open House (this is usually done every two years).
Rappahannock	Art Therapy, Landscaping and greenery maintenance for the facility, onsite community service, daily chores, community speakers, and opportunity to receive CPR/First Aid Certification.
Chesapeake	N/A
Virginia Beach	Residents complete community service within the facility. We coordinate guest speakers for the residents in such areas as former gang members, military, substance abuse, etc. We conduct onsite car washes in the spring and summer which are attended by JDC staff, probation officers, judges, etc. The car washes help raise money for outings and items for the unit. We have a partnership with the Virginia Aquarium entitled Oceans of Opportunity, which includes an educational curriculum and experimental outings.
Northwestern	Unfortunately the size and design of our facility does not allow for creative in-house events. All components discussed in question #4 are provided in-house. We have given the residents opportunities to participate in community service projects in the facility,

	ie: folding all facility clothes, cleaning different parts of the facility and painting cells. However, that is done based on the need of the facility and resident. They do participate in a music therapy class every Friday afternoon.
Highlands	N/A

APPENDIX C - Virginia Council on Juvenile Detention Position Letter

January 4, 2013
Mr. Dick Hickman
Deputy Staff Director
Senate Finance Committee
201 North 9th Street
Richmond, VA 23219

Dear Mr. Hickman:

On behalf of the Virginia Council on Juvenile Detention (VCJD), I would like to thank you for taking the time to address our group at our Council meeting in Newport News last month. We appreciate your support of our organization over the years as well as your knowledge of juvenile justice and commitment to the youth we serve.

Per your request, we have met and discussed the proposed legislation from Senator McDougle which would amend Section 16.1-284.1 of the Code of Virginia, governing post-d detention. We have organized our comments and concerns in two sections below. The first set of comments addresses the intent of the legislation, and the second set addresses our concerns regarding the technical language of the proposal.

Feedback regarding the Intent of the Legislation

It is our understanding that this legislation may be part of a larger juvenile justice reform effort to reduce state juvenile correctional center capacity and serve these juveniles in local and regional detention centers. You acknowledged that such efforts would have to be accompanied by the shifting of state dollars to local detention centers for this purpose. With the financial resources to do so, our organization is supportive of serving juveniles in their own communities, in facilities staffed to provide evidence-based programming, family engagement, and transitional/aftercare services and with resources to meet the medical, dental, and psychiatric needs of those juveniles. As you know, there is no state financial support specific to post-d detention, and several detention centers throughout Virginia do not have post-d programs because of the lack of financial resources. Therefore, in the absence of the larger reform picture and the allocation of the needed resources, VCJD is not supportive of the legislation, most notably expanding the time spent in a post-d program from six to twelve months, for the following reasons:

- The number of juveniles served would decrease, thereby potentially increasing the number of juveniles committed to DJJ. For example, a facility with a post-d program capacity of 10 would normally serve 20 juveniles in one year. If the program was extended to twelve months, only 10 juveniles would be served.

- The potential for waitlist times would increase as juveniles who are sentenced to post-d wait for space to become available while sitting in detention, and juveniles may end up serving more time in a local detention center than they would in a state correctional center.
- Juveniles who are covered by Medicaid lose that coverage when they come to detention. The potential financial exposure to detention for juveniles without health insurance coverage is currently a concern and would be even more of a concern due to the increased length of stay.
- There is a lack of resources to provide the level of services needed (dedicated staff, including additional mental health staff to deliver evidence-based programming) for a twelve-month program.

Feedback regarding the Technical Language of the Legislation

- VCJD is opposed to striking the misdemeanor language to allow for the felony language (lines 7-8).
- VCJD is opposed to striking the 30-day language which was amended to 90-days regarding court reviews (line 26). We believe monthly court reviews are important for the juvenile in regards to accountability, consistency, and overall program integrity.
- There is a need for stronger language relative to the assessment for appropriateness in the program (lines 16-18) and the detention center's ability to deny placements for inappropriate referrals.
- VCJD is opposed to juveniles being placed in a twelve-month post-d program who are not eligible for commitment to DJJ.

Thank you for the opportunity to provide feedback, and VCJD looks forward to working with you as we all look for ways to improve the system for the children we serve.

Sincerely,

Tim Smith, President

Virginia Council on Juvenile Detention