FINAL REPORT OF THE
VIRGINIA COMMISSION ON YOUTH

TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA

Mental Health Assessments for Juvenile Offenders

REPORT DOCUMENT 196

COMMONWEALTH OF VIRGINIA
RICHMOND
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COMMONWEALTH of VIRGINIA

Commission on Youth

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June 26, 2014

TO: The Honorable Terry R. McAuliffe, Governor of Virginia

and

Members of the Virginia General Assembly

During the 2013 General Assembly Session, Senator Jill Holtzman Vogel introduced legislation requiring the juvenile and domestic relations district court, when the attorney for the Commonwealth is seeking commitment of a juvenile, to order that an interdisciplinary team evaluate the service needs of a juvenile who has (i) been placed in a secure facility, (ii) had a mental health assessment completed by the secure facility that has identified a mental health need or mental illness, and (iii) been adjudicated delinquent and found eligible for commitment. The bill also required the court to consider the report when determining whether the juvenile will be committed to the Department of Juvenile Justice and to state in its order for commitment the basis for its findings. The Senate Courts of Justice Committee reviewed this bill and, determining that further study was appropriate, requested the Commission on Youth investigate the feasibility and policy implications of such legislation.

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

Respectfully submitted,

Christopher K. Peace

MEMBERS OF THE VIRGINIA COMMISSION ON YOUTH

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Christopher K. Peace, Chair
Mamye E. BaCote
Richard P. Bell
Robert H. Brink
A. Benton Chafin Jr.
Peter F. Farrell

From the Senate of Virginia

Barbara A. Favola, Vice-chair
David W. Marsden
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I. Authority for Study

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

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

During the 2013 General Assembly Session, Senator Jill Holtzman Vogel introduced legislation, Senate Bill 928, requiring the juvenile and domestic relations district court, when the attorney for the Commonwealth is seeking commitment of a juvenile, to order that an interdisciplinary team evaluate the service needs of a juvenile who has (i) been placed in a secure facility, (ii) had a mental health assessment completed by the secure facility that has identified a mental health need or mental illness, and (iii) been adjudicated delinquent and found eligible for commitment. The bill also required the court to consider the report when determining whether the juvenile will be committed to the Department of Juvenile Justice and to state in its order for commitment the basis for its findings. The Senate Courts of Justice Committee reviewed this bill and, determining that further study was appropriate, requested the Commission on Youth investigate the feasibility and policy implications of such legislation.

II. Members Appointed to Serve

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

Members of the Virginia Commission on Youth are:

Delegate Christopher K. Peace, Mechanicsville, Chair
Delegate Mamye E. BaCote, Newport News
Delegate Richard P. "Dickie" Bell, Staunton
Delegate Robert H. Brink, Arlington
Delegate A. Benton Chafin, Jr., Lebanon
Delegate Peter F. Farrell, Richmond
Senator Barbara A. Favola, Arlington, Vice Chair
Senator David W. Marsden, Burke
Senator Stephen H. Martin, Chesterfield
The Honorable Gary L. Close, Esq., Culpeper
Frank S. Royal, Jr., M.D., Richmond
Charles H. Slemp, III, Esq., Norton

III. Executive Summary

Data provided by the Virginia Department of Juvenile Justice (DJJ) indicate that juvenile offenders have significant mental health treatment needs. In fiscal year 2012, over 60 percent of males and 80 percent of females committed to DJJ had significant symptoms of a mental health disorder.[1] In addition, 63 percent of males and 58 percent of females had a history of psychotropic medication use.[2] Serving juveniles with mental health disorders is also quite costly. In 2012, DJJ's annual expenditures for psychotropic drugs exceeded $995,376 in contrast to $387,593 for all other medications.[3]

According to DJJ, the majority of juvenile offenders placed in confinement will eventually be released into the community with the percentage of juveniles who will return to their communities being close to 100 percent. Other states have been evaluating and modifying existing juvenile justice programming in favor of community-based approaches with the potential to yield better results for less cost.[4] These policy approaches are also designed to better serve the mental health needs of juvenile offenders. Such policies may keep juveniles from being committed and can potentially yield a high return, particularly in Virginia where the average per bed cost for incarcerated juveniles exceeds $85,000 annually.[5]

During the 2013 General Assembly Session, Senator Jill Holtzman Vogel introduced legislation, Senate Bill 298, requiring the juvenile and domestic relations district court, when the attorney for the Commonwealth is seeking commitment of a juvenile, to order that an interdisciplinary team evaluate the service needs of a juvenile who has (i) been placed in a secure facility, (ii) had a mental health assessment completed by the secure facility that has identified a mental health need or mental illness, and (iii) been adjudicated delinquent and found eligible for commitment. The bill also required the court to consider the report when determining whether the juvenile will be committed to the Department of Juvenile Justice and to state in its order for commitment the basis for its findings. The Senate Courts of Justice Committee reviewed this bill and, determining that further study was appropriate, requested the Commission on Youth investigate the feasibility and policy implications of such legislation.

At the Commission's meeting on April 2, 2013, the Commission on Youth adopted a study plan to examine the current practices or and the need for mental health assessments for juvenile offenders. The study plan included site visits with interviews with stakeholder groups to assist in the study effort.

At its November 18, 2013 meeting, the Commission on Youth approved the following recommendations:

<u>Social History Report</u>

- Amend §16.1-278.8 of the *Code of Virginia* to ensure judges have a completed social history prior to disposition for juveniles who may be committed to DJJ. This recommendation includes a delayed enactment date of October 1, 2014.

- Direct DJJ create a model social history and guidelines for Court Service Units to use in assisting the courts in making informed dispositional decisions. The model social history and guidelines may include information on obtaining individualized educational program (IEP) assessments and incorporate information about exposure to trauma in a juvenile's

[1] Virginia Department of Juvenile Justice. *Data Resource Guide Fiscal Year 2012*. [Online]. Available: http://www.djj.virginia.gov/pdf/AboutDJJ/DRG/FY2012_DRG.pdf. [June 2014].
[2] Ibid.
[3] Personal Communication. Janet Van Cuyk, March 25, 2013.
[4] Brown, S. (2012). *Trends in Juvenile Justice State Legislation: 2001 to 2011*. National Conference of State Legislatures. [Online]. Available: http://www.ncsl.org/documents/cj/TrendsInJuvenileJustice.pdf. [June 2014].
[5] Virginia Department of Juvenile Justice. *Data Resource Guide Fiscal Year 2012*. [Online]. Available: http://www.djj.virginia.gov/pdf/AboutDJJ/DRG/FY2012_DRG.pdf. [June 2014].

social history report. DJJ shall report its progress to the Commission on Youth prior to the 2015 General Assembly Session.

Mental Health Support for Court Service Units

- Introduce a budget amendment to fund up to one qualified mental health professional (QMHP) for each Court Service Unit that best suits their particular needs, including conducting mental health, substance abuse, and/or trauma screenings, assessments, and evaluations. Provide the Court Service Unit with the flexibility to hire the position or to enter into a Memorandum of Understanding with their local Community Services Board.

- Introduce a budget amendment authorizing Court Service Units to contract with a QMHP for the provision of mental health, substance abuse, and/or trauma screenings, assessments, and evaluations. Provide the Court Service Unit with the flexibility to hire the position, to contract with the local CSB, or to contract with a private provider.

Community Services Board (CSB) Services in Juvenile Detention Centers

- Request the Department of Behavioral and Developmental Services (DBHDS) work with Virginia's detention home superintendents and CSB executive directors to facilitate a quantifiable agreement for the provision of mental health and substance use screening, assessment, and other services identified as necessary for juveniles in detention. DBHDS will provide guidance and technical assistance and assist in the creation of a model memorandum of understanding or other quantifiable arrangements between the detention homes and the CSBs. The agreement may include, but is not limited to, the duties of each position and expectations regarding the number of hours, services, and processes between local CSBs and detention centers. The agreement will also reflect the intent of the General Assembly that the state general funds be utilized for the provision of mental health services in local detention homes, providing a full-time mental health clinician and a case manager in each of the detention homes. The Virginia Council on Juvenile Detention (VCJD) and the VACSB shall be included in the process. DBHDS shall report its progress to COY prior to the 2015 General Assembly Session.

- Request DBHDS convene a training comprised of detention home and CSB representatives to clarify the role of each agency in the provision mental health and substance use services including assessment/evaluations, outpatient treatment, and crisis and case management services to juveniles in detention. Other topics include the purposes of the funding, the needs of juveniles in detention, model memorandums of understanding, and partnership opportunities. The VCJD and the VACSB shall be included in the process. DBHDS shall report its progress to COY prior to the 2015 General Assembly Session.

Trauma

- Request DJJ investigate the feasibility of implementing a formal screening method for trauma and developing a training program for all appropriate parties in recognizing trauma and appropriately handling youth when trauma is detected.

- Support the efforts of the Department of Criminal Justice Services (DCJS), the Office of the Executive Secretary for the Supreme Court, and DJJ in training appropriate parties, including police officers, judges, and other staff, in recognizing trauma and appropriately handling youth when trauma is detected.

Supporting Current Juvenile Justice Practices

- Request DJJ include in their ongoing training efforts information on the facilitation of case management of youth in the juvenile justice system. Training may incorporate best

practices for juveniles with mental health, substance use, and co-occurring disorders as well as the impact of trauma.

IV. Study Goals and Objectives

At its meeting on April 2, 2013, the Commission on Youth adopted a study plan to examine the need for mental health assessments for juvenile offenders. The study originated from legislation introduced in the 2013 General Assembly Session by Senator Jill Holtzman Vogel. As introduced, Senate Bill 928 would require an interdisciplinary team to evaluate the service needs of a juvenile when the Commonwealth is seeking the juvenile's commitment. Such an evaluation would be ordered when the juvenile has been:

- placed in a secure facility;
- identified with a mental health need from the mental health assessment conducted by the secure facility; and
- adjudicated delinquent and the attorney for the Commonwealth is seeking commitment.

The proposed legislation would require juveniles with an identified mental health need being considered for commitment be referred to an interdisciplinary committee and for the committee to submit a report, unless an interdisciplinary team had met on the juvenile's case within the preceding 90 days. The proposed legislation would require the juvenile and domestic relations district court to consider the evaluation when determining whether the juvenile will be committed to the Department of Juvenile Justice (DJJ). Members of the Senate Courts of Justice Committee reviewed the bill and determined that further study would be appropriate. The Committee passed the bill by indefinitely and requested the Commission on Youth to study the provisions set forth in Senate Bill 928 and to report findings and recommendations to the Committee by November 1, 2013.[6] In addition, Commission staff was directed to report study findings and recommendations to the Commission prior to the 2014 General Assembly Session.

A. ISSUES

Currently, § 16.1-248.2 of the *Code of Virginia* specifies that when a juvenile is placed in a secure facility (i.e., detention), staff at the facility will determine whether the juvenile requires a mental health assessment. The community services board serving the jurisdiction is to then conduct the assessment within 24-hours of the determination. The proposed legislation would require the juvenile and domestic relations district court to order an interdisciplinary team to conduct an evaluation of the juvenile's service needs based upon the findings of the mental health assessment.

The majority of juveniles entering Virginia's juvenile justice system have complex needs, including mental health and substance abuse.

- In Fiscal Year 2012, over 60 percent of males and 80 percent of females committed to DJJ showed significant symptoms of mental health disorders. Additionally, 62 percent of males and 76 percent of females had a history of psychotropic medication use prior to their commitment.
- In Fiscal Year 2012, 94 percent of committed juveniles had significant symptoms of Attention Deficit Hyperactivity Disorder (ADHD), Conduct Disorder, Oppositional Defiant Disorder, Substance Abuse Disorder, or Substance Dependence Disorder.
- In 2012, DJJ's annual expenditures for psychotropic drugs exceeded $995,376 in contrast to $387,593 for all other medications.

- Diverting youth with mental health disorders from the juvenile justice system may help to reduce recidivism.
- Section 16.1-227 of the *Code of Virginia* gives Virginia's juvenile and domestic relations district courts flexibility in dealing with juveniles with mental health needs. Juvenile and

[6] Senate Bill 928 is included as Appendix A.

domestic relations district courts are permitted "to divert from or within the juvenile justice system, to the extent possible, consistent with the protection of the public safety, those children who can be cared for or treated through alternative programs."

- Intake officers may also divert eligible juveniles and refer them to services and/or brief informal supervision pursuant to § 16.1-260 of the *Code of Virginia.*
- The number of successfully diverted complaints increased 63 percent, from 5,302 to 8,508 between Fiscal Years 2002 and 2012.
- Because a mental health assessment is an in-depth evaluation of the juvenile, issues concerning confidentiality, information sharing, and self-incrimination must be addressed.
- The Commonwealth's custodial role, due process/procedural issues, and public safety obligations should also be considered.

B. STUDY ACTIVITIES

The study plan approved by the Commission on Youth on April 2, 2013 included the following activities:

- Conduct extensive background and literature reviews
  - Other states' initiatives and policies
  - Best-practices in screening and assessing mental health disorders in the juvenile offender population
  - MacArthur Foundation Model for Change Program
  - Annie E. Casey Juvenile Detention Alternative Initiatives (JDAI)
- Review federal legislation/statutes
  - *The Second Chance Act of 2007*
  - *The Juvenile Justice and Delinquency Prevention Reauthorization Act of 2008*
- Review Virginia laws and regulations
  - Juvenile and domestic relations district court statutes
  - Juvenile confidentiality statutes
  - Mental health screening statutes
  - Regulations addressing diversion, adjudication, confidentiality, and mental health assessment
- Interview impacted stakeholders
  - DJJ officials
  - Department of Criminal Justice Services (DCJS)
  - Department of Behavioral Health and Developmental Services (DBHDS)
  - Community Services Board (CSB) representatives
  - Comprehensive Services Act (CSA) representatives
  - Court Services Units (CSU)
  - Local Family Assessment and Planning Teams (FAPT)
  - Probation/Parole officers
  - Detention Center representatives
  - Law Enforcement officials
  - Commonwealth Attorneys
  - Guardians Ad Litem
  - Juvenile Court Judges/Court officials
  - Virginia Supreme Court/Office of the Executive Secretary
  - Governor's Task Force on School and Campus Safety
  - Advocacy Organizations
- Analyze Virginia practices
  - Receive information on DJJ's memoranda of agreement with CSBs
  - Receive information on screening and assessment practices from a cross-section of Virginia's judicial districts (rural and urban)
  - Assess barriers to screening, assessment, and diversion
  - Receive information on Virginia's community-based mental health services

- Examine potential funding sources
- Synthesize findings of literature review and interviews
- Develop findings and recommendations
- Solicit feedback on draft recommendations from impacted stakeholders
- Refine findings and recommendations
- Present findings and recommendations to the Commission on Youth
- Prepare final report

V. Methodology and Objectives

The findings of the study are based on several distinct research activities conducted by the Commission on Youth.

A. RESEARCH AND ANALYSIS

Commission staff conducted a literature review of other states' and private foundations' initiatives and policies related to mental health assessments, screenings and social histories for juvenile offenders. Commission staff met with representatives of the Models for Change Program of the MacArthur Foundation, a juvenile justice reform initiative. The Foundation provided additional literature resources for the Commission for study deliberations. Commission staff also considered efforts of the Annie E. Casey Juvenile Detention Alternative Initiative (JDAI), which focuses on the juvenile detention component of the juvenile justice system.

A review was conducted on federal legislation and statutes. The Second Chance Act of 2007 is federal legislation that provides for adult and juvenile offender state and local demonstration projects for successful re-entry efforts. The Second Chance Act focuses on jobs, housing, substance abuse/mental health treatments and families. In addition to the Second Chance Act, the federal government through the Juvenile Justice Delinquency and Prevention Act (JJDPA) sets standards, provides funding, research, training, technical assistance and evaluation for state and local juvenile justice systems. The Virginia Department of Criminal Justice Services monitors Virginia's compliance of the Act and provides pass through funding for the state and local programs.

Virginia juvenile and domestic relations district court statutes and Virginia Department of Juvenile Justice regulations were also reviewed. Those laws and regulations included juvenile confidentiality, mental health screening, and social history statutes. Regulations and department guidance addressing division, adjudication, confidentiality, mental health screenings and assessments, and social histories were also evaluated.

B. SITE VISITS

Site visits played an important role in the development of study findings and recommendations. Commission staff conducted site visits at and/or with representatives from the following localities:

- Roanoke
- Culpeper
- Winchester
- Fairfax
- Chesapeake
- Virginia Beach
- 29th Court Service Unit (Bland, Buchanan, Dickenson, Giles, Russell, & Tazewell)
- Chesterfield
- Henrico
- Hanover
- City of Richmond

Stakeholder interviews were conducted by staff in order to receive input and suggestions for improving the juvenile justice systems for offenders with mental health treatment needs. Stakeholders provided valuable information for the formulation of study findings and recommendations. Interviews included representatives of the following:

- Department of Juvenile Justice (DJJ) officials
- Department of Behavioral Health and Developmental Services (DBHDS)
- Community Services Board (CSB) representatives
- Commonwealth Center for Children and Adolescents (CCCA)
- Local Comprehensive Services Act (CSA) representatives
- Court Services Unit (CSU) Directors
- Local Family Assessment and Planning Teams (FAPTs)
- Local Departments of Social Services (DSS) representatives
- Mental health clinicians & service providers
- Virginia Supreme Court/Office of the Executive Secretary
- Juvenile Detention Center representatives
- Probation/Parole officers
- Law Enforcement officials
- Guardians Ad Litem
- Defense Attorneys
- Juvenile Court Judges/Court representatives
- Advocacy organizations
- Family Members/Parents
- Commonwealth Attorneys
- Department of Criminal Justice Services

VI. Background

This section summarizes the results of the research and analysis conducted by Commission staff.

A. JUVENILE JUSTICE TRENDS

Working closely with the Virginia Department of Juvenile Justice, the Commission on Youth analyzed current juvenile justice trends including:

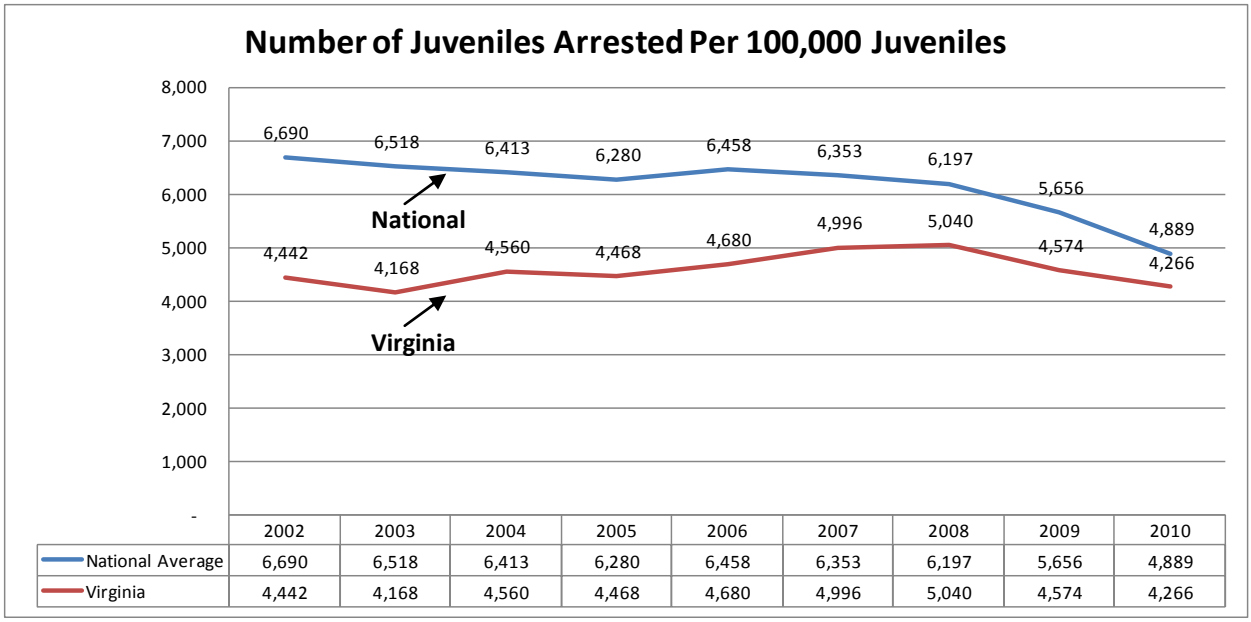
- Court Service Units Intake Trends,
- Court-Involved Youth Trends,
- Juvenile Correctional Center Trends,
- Juvenile Demographics, and
- Mental Health Trends.

The Virginia Department of Juvenile Justice provided the following graphs and data in this section to the Commission on Youth.

Court Service Unit Trends

Data reveals that on average, from Fiscal Year 2000 to Fiscal Year 2010 there were 1,787 fewer juveniles arrested per 100,000 juveniles in Virginia compared to the national average. In FY 2010, there were 623 fewer juvenile arrests in Virginia, a total of 4,226, as compared to the national average of 4,889 juvenile arrests. This decline in arrests is depicted in Chart 1.

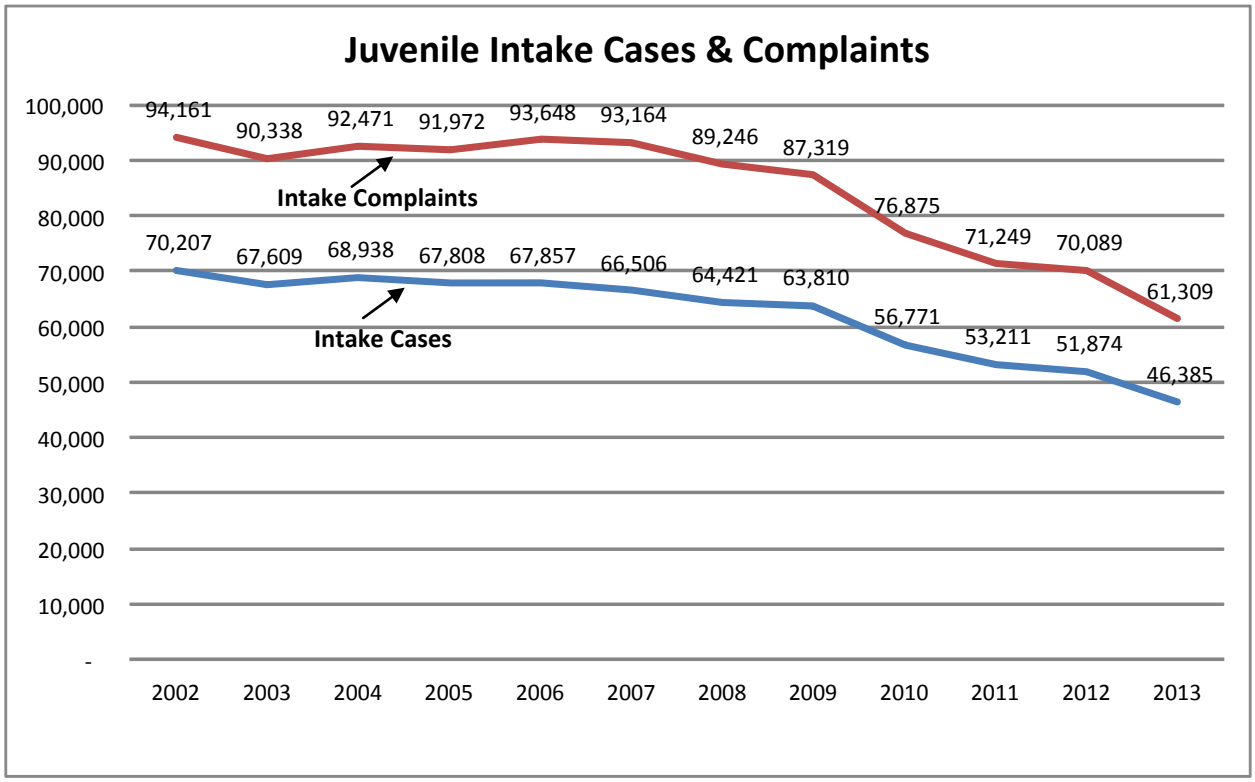
Chart 1



	2002	2003	2004	2005	2006	2007	2008	2009	2010
National Average	6,690	6,518	6,413	6,280	6,458	6,353	6,197	5,656	4,889
Virginia	4,442	4,168	4,560	4,468	4,680	4,996	5,040	4,574	4,266

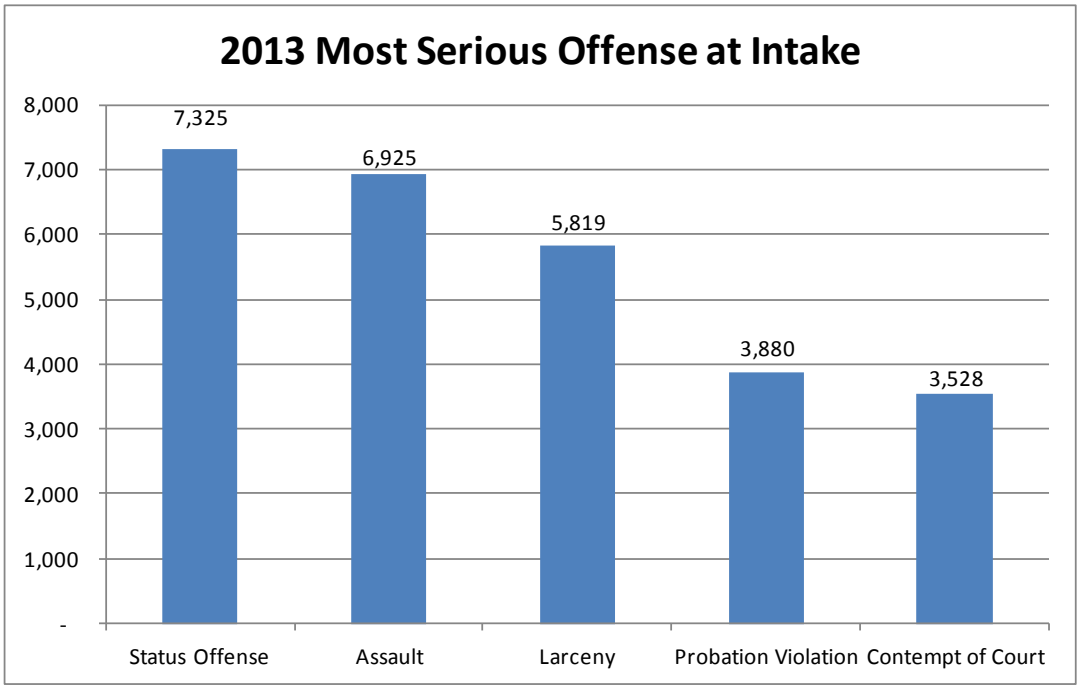
Over the reporting period (FY2002 – FY2013), there have been between 1.2 to 1.4 juvenile intake complaints per juvenile intake case. Juvenile intake complaints cover delinquency, status offenses, and technical violations. The number of intake cases and complaints is outlined in Chart 2.

Chart 2



As noted in Chart 3, the top five most serious offenses of juvenile intake cases accounted for 58.6 percent of all intake cases in FY 2013.

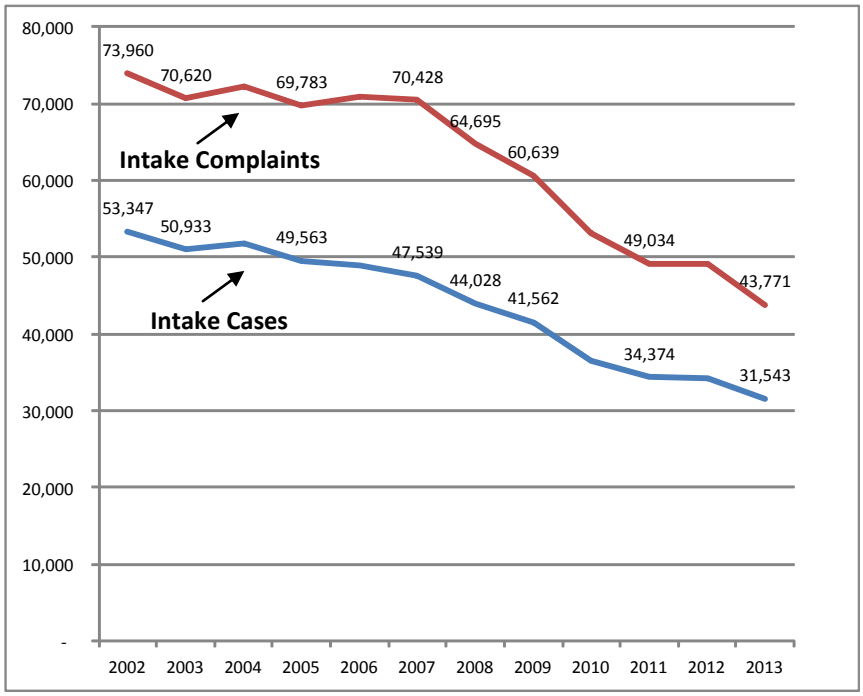
Chart 3



Court Involved Youth Trends

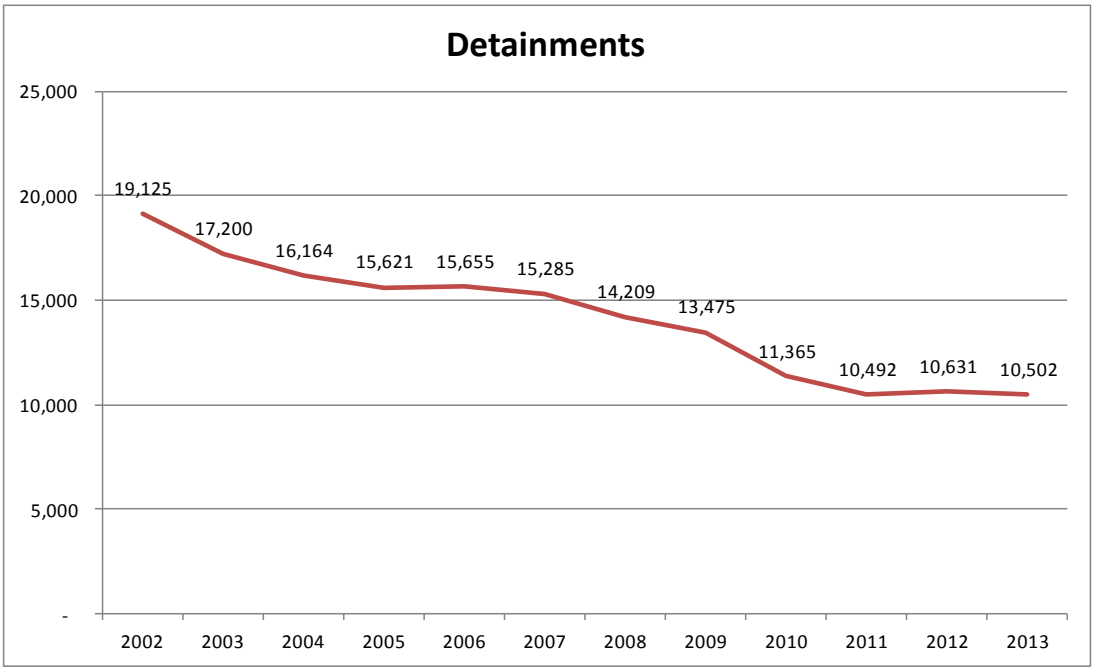
Data for court-involved youth have demonstrated a downward trend for intake cases and intake complaints, both decreasing by 41 percent. This trend is noted in Chart 4.

Chart 4



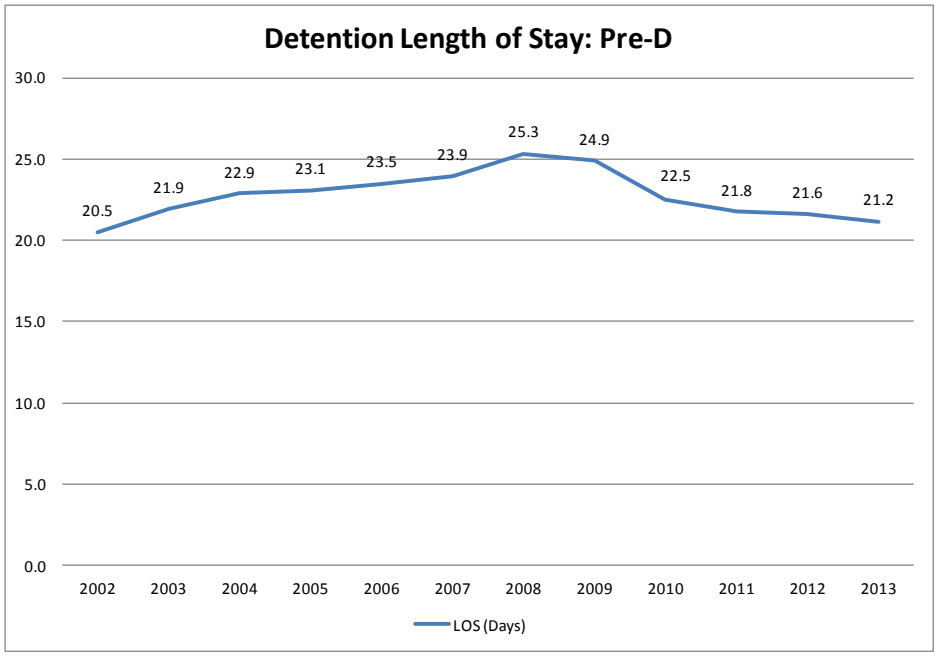
A detainment is the first admission of a continuous detention stay. This graph below shows the number of juveniles the first time they enter a juvenile detention center. A new detainment is not counted if a juvenile is transferred to another detention center on a continuous stay or has a change in dispositional status before being released. Chart 5 shows that detainments have decreased by 8,623 (45 percent) since 2002 (through 2013).

Chart 5



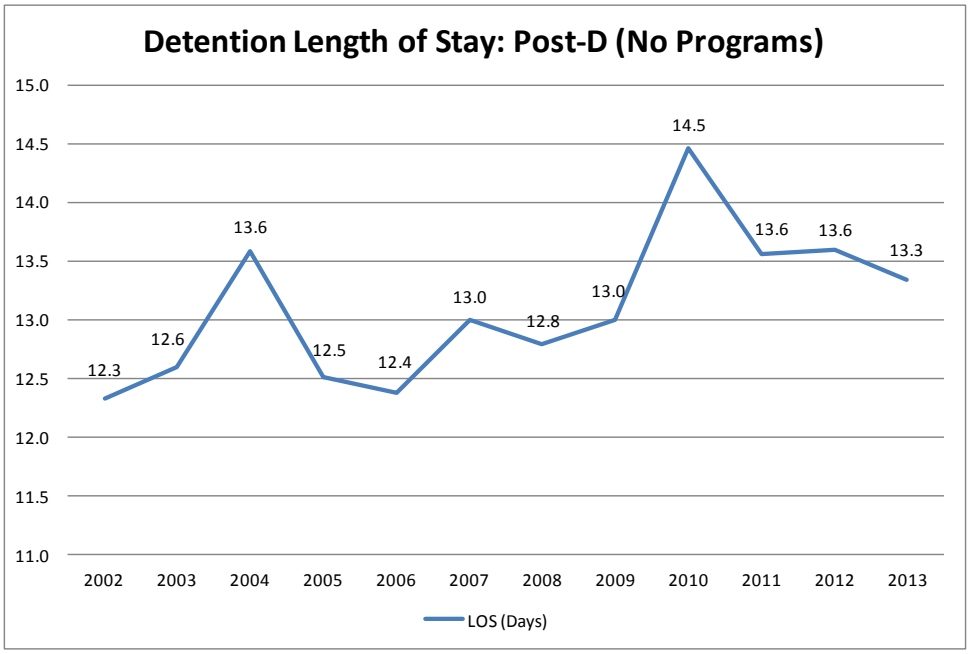
Average Length of Stay for a detention disposition has remained relatively stable. The length of stay has ranged from 24.9 (2008) days to the length of 21 days (a 3.9 day difference). Chart 6 depicts the average length of stay for detention dispositions.

Chart 6



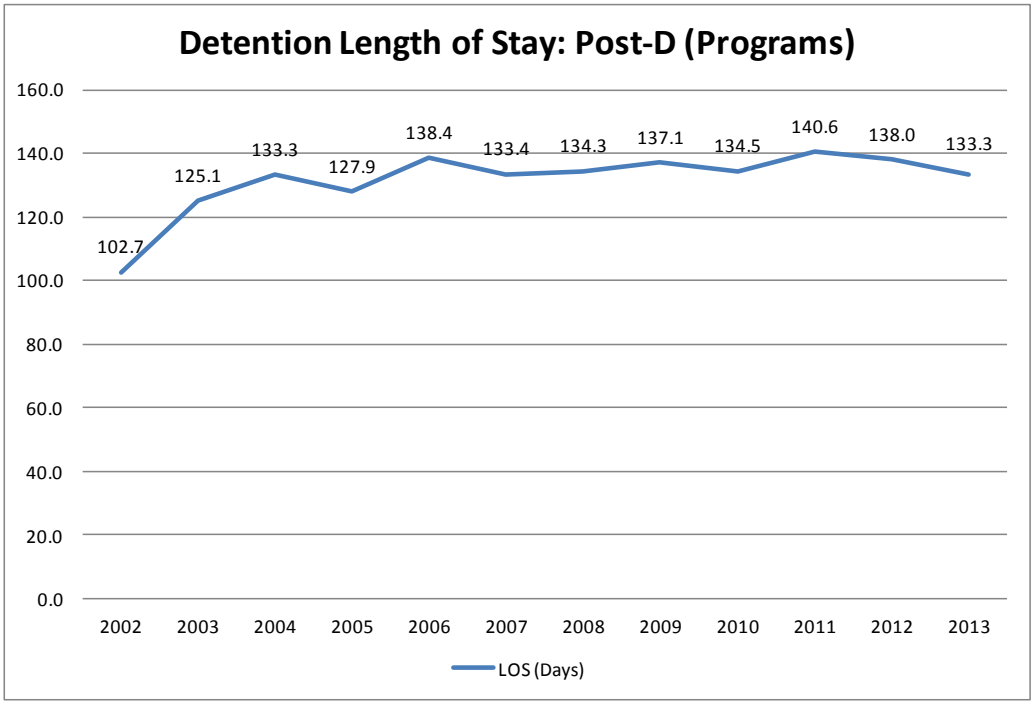
Not all detention homes in Virginia have a Post-Disposition (post-D) option. For those detention homes without a Post-D program, the average length of stay has remained relatively stable. In 2002, the average length of stay was 12.3 days and in 2009 and 2010, the average length of stay increased slightly to 13.9 days (a 1.6 day difference). This variation is depicted in Chart 7.

Chart 7



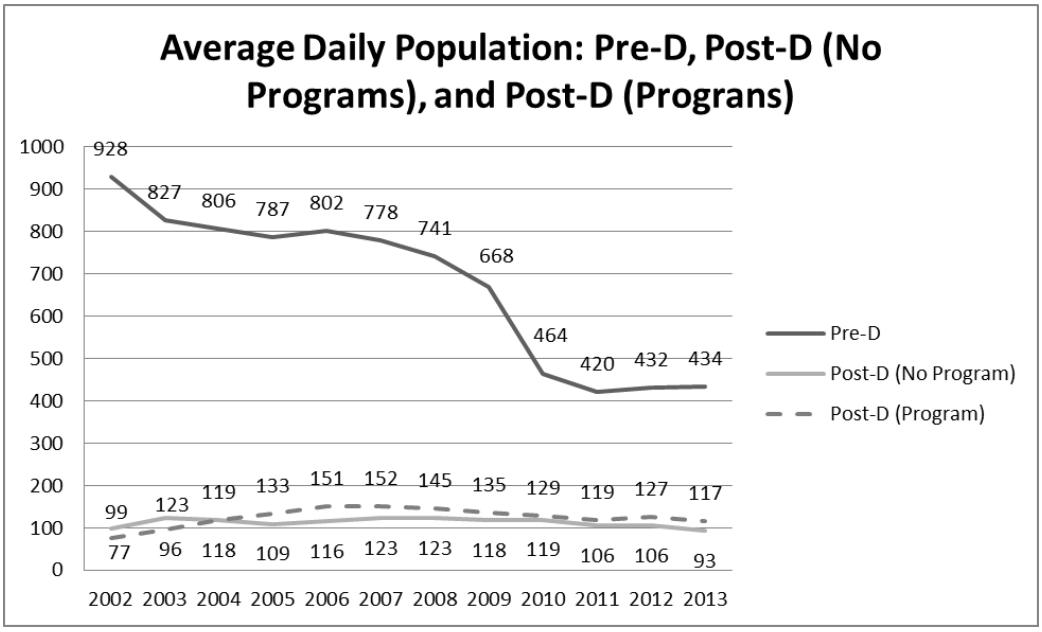
For those detention homes with a post-d program, the length of stay has remained stable. From 2008 – 2013 (five years), the length of stay has remained consistent, only fluctuating by a few days. This trend is depicted in Chart 8.

Chart 8



The Average Daily Population (ADP) for both types of Post-D placements has not fluctuated significantly. However, the ADP for Pre-D placements has declined by over 50 percent (458 juveniles average per day). This downward trend for Pre-D placements is exhibited in Chart 9.

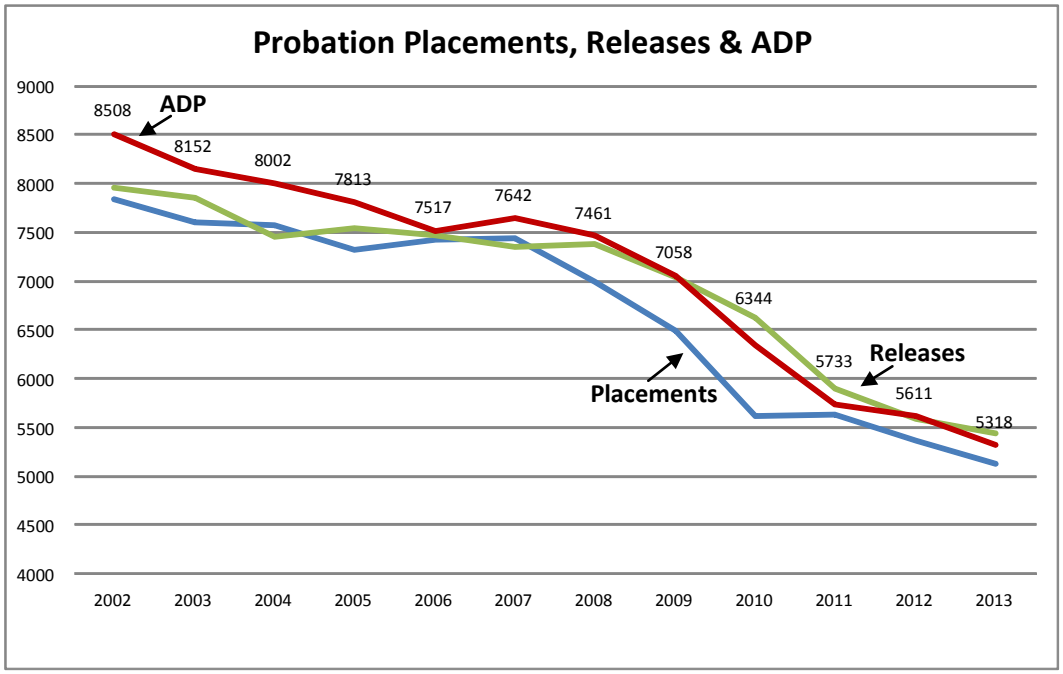
Chart 9



Probation Trends

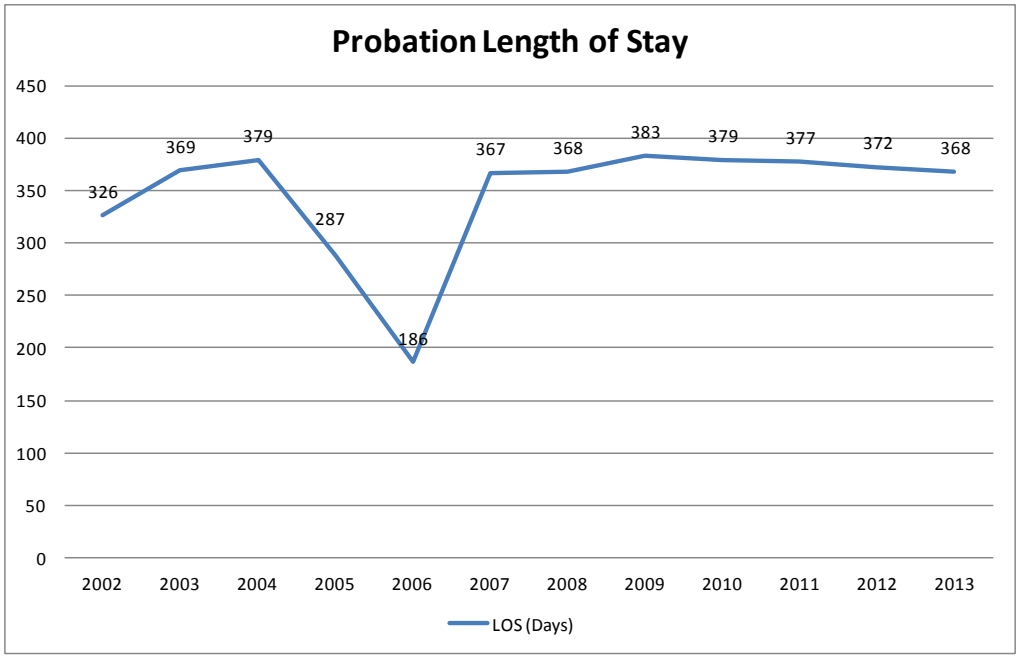
Since 2002, probation placements have decreased by 2,719 placements (35 percent) and probation releases decreased by 2,516 (32 percent). Also, probation average daily population has decreased by 3,190 juvenile (38 percent). Chart 10 depicts these probation trends.

Chart 10



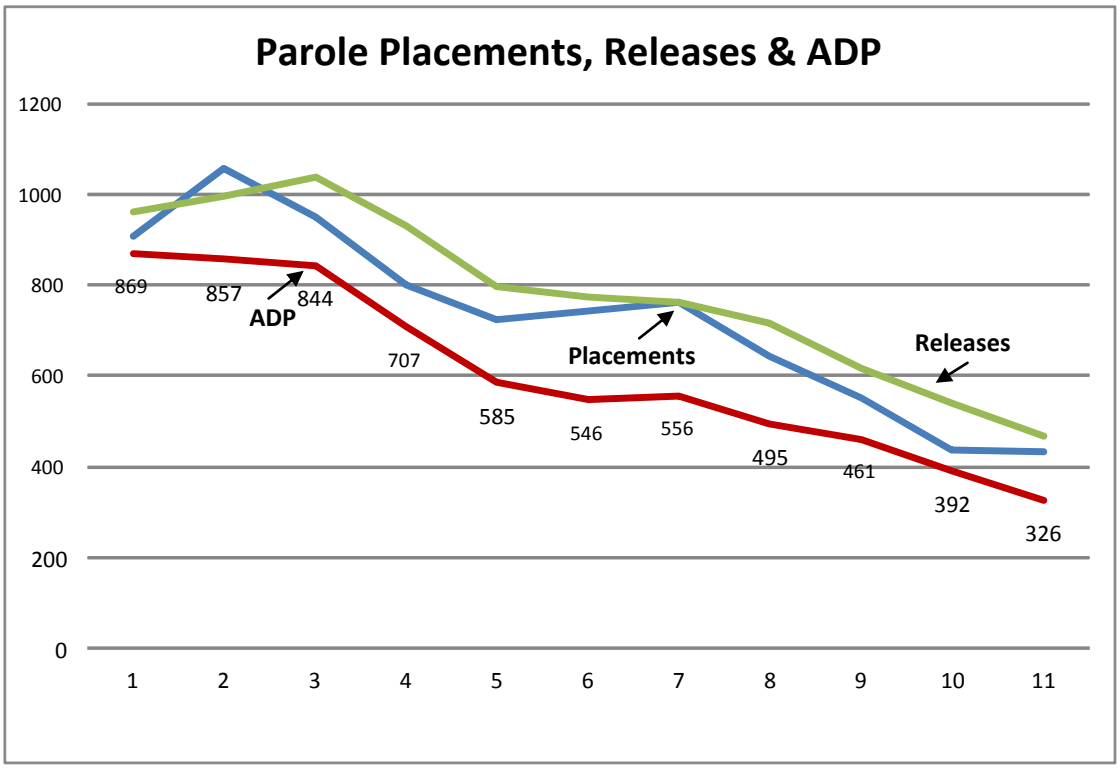
There were several placements in 2005/2006 with very short lengths of stay (LOS) that impacted the average length of stay. Probation length of stay is shown in Chart 11.

Chart 11



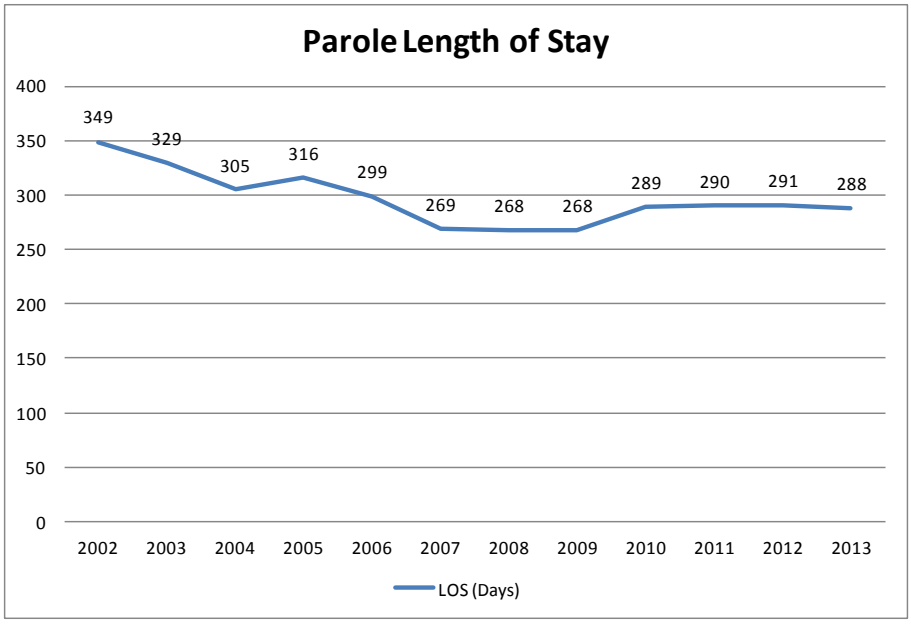
Parole placements decreased by 701 since 2002 (66 percent). Parole releases decreased by 564 since 2002 (59 percent) and parole average daily population decreased by 574 since 2002 (66 percent). Chart 12 depicts parole trends.

Chart 12



There has been a slight decline in the parole average length of stay. Generally, parole length of stay averages around 9.5 to 10 months or 285 to 300 days. Chart 13 exhibits the average parole length of stay.

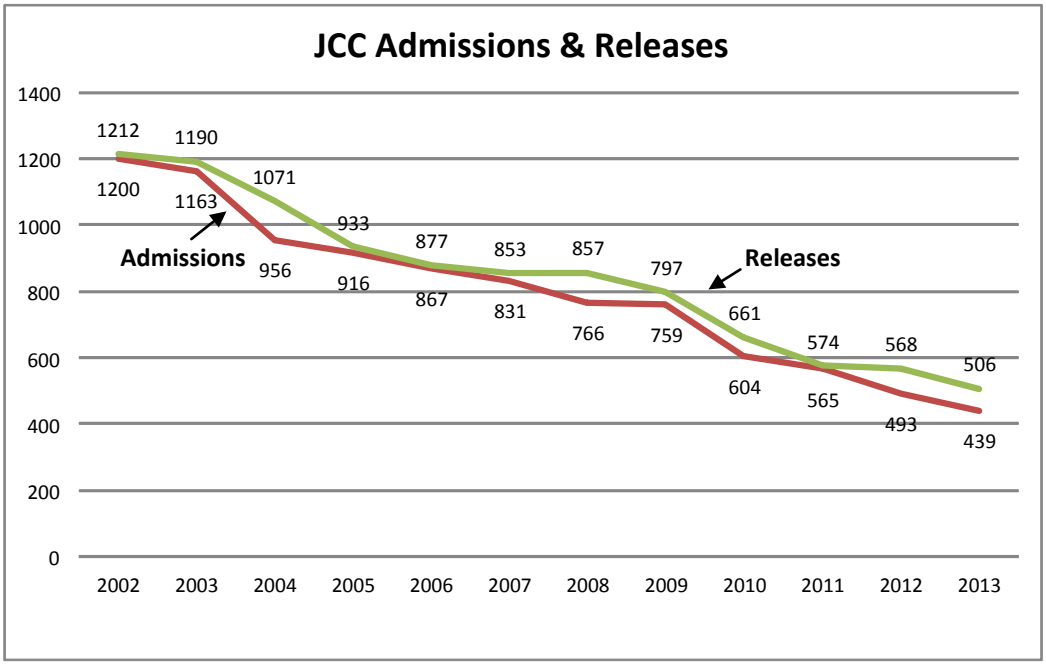
Chart 13



Juvenile Correctional Center Trends

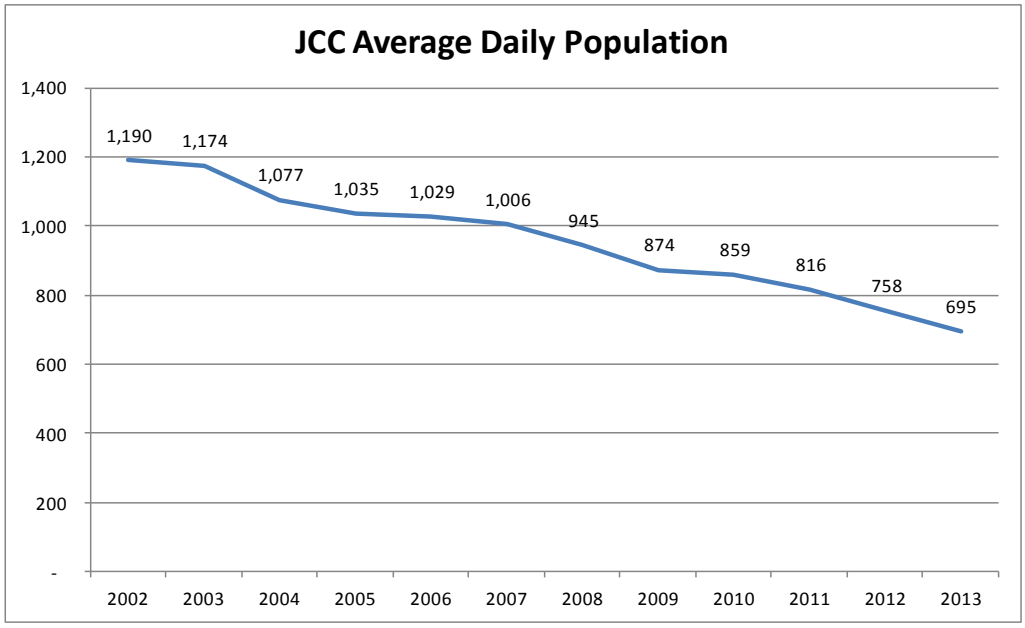
The trends for juvenile correctional centers (JCCs) have gone downward during the time period analyzed. JCC admissions have decreased by 761 since 2002 (a 63 percent decrease) and JCC releases have decreased by 706 juvenile since 2002 (58 percent). Chart 14 exhibits the downward trend in JCC Admissions and Releases.

Chart 14



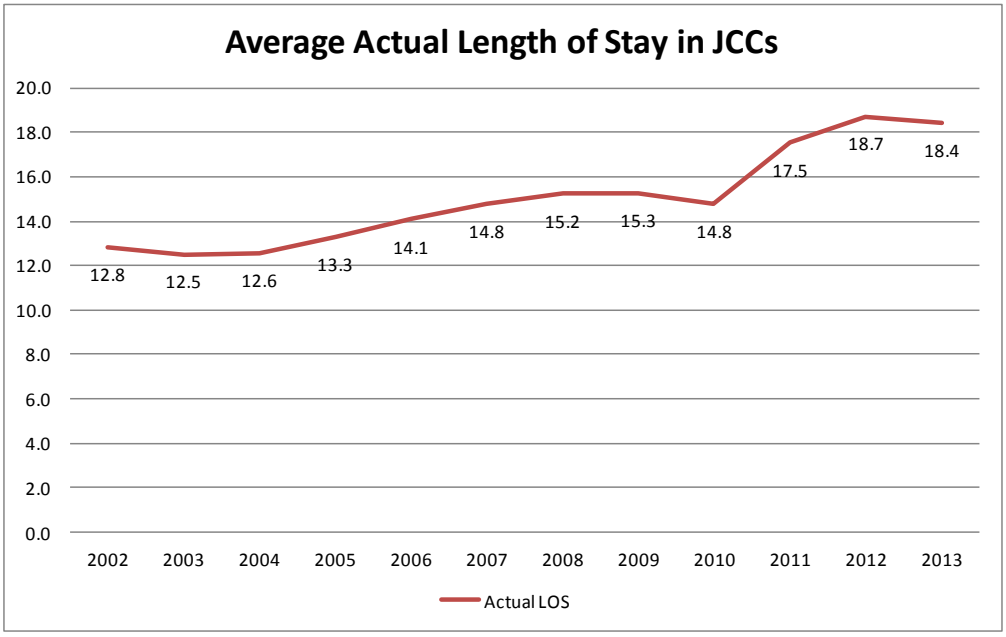
Consistently, since 2002, the JCC ADP has declined. The JCC ADP has decreased by 463 residents since 2002 (42 percent). Chart 15 shows the ADP population decline.

Chart 15



The actual length of stay in juvenile correctional centers has increased by 6.2 months since 2002 (33 percent increase). For indeterminate commitments, the percentage of residents with shortest calculation, 3 to 6 months, has declined 16 percent, while the percentage of residents with the longer calculations has increased. The 12 to 18 months category has increased by 4 percent and the 18 months and longer category has increased by 9 percent. The length of stay for determinate commitments has also increased. The highest length of stay for a determinate commitment was in FY 2006 (42.1 months) and the lowest was in 2011 was 41.5 months. Chart 16 displays the average length of stay in months in juvenile correctional centers.

Chart 16



Juvenile Demographics

The Commission on Youth also analyzed data regarding demographics of juveniles entering the justice system. The trend for average age at admission to a juvenile correctional center has increased slightly from 16.5 years old in 2002 to 16.9 years old in 2013. Chart 17 explains the average age at JCC admission. Table 1 breaks down the percentage age from under 14 to 19 or older from 2002 to 2013.

Chart 17

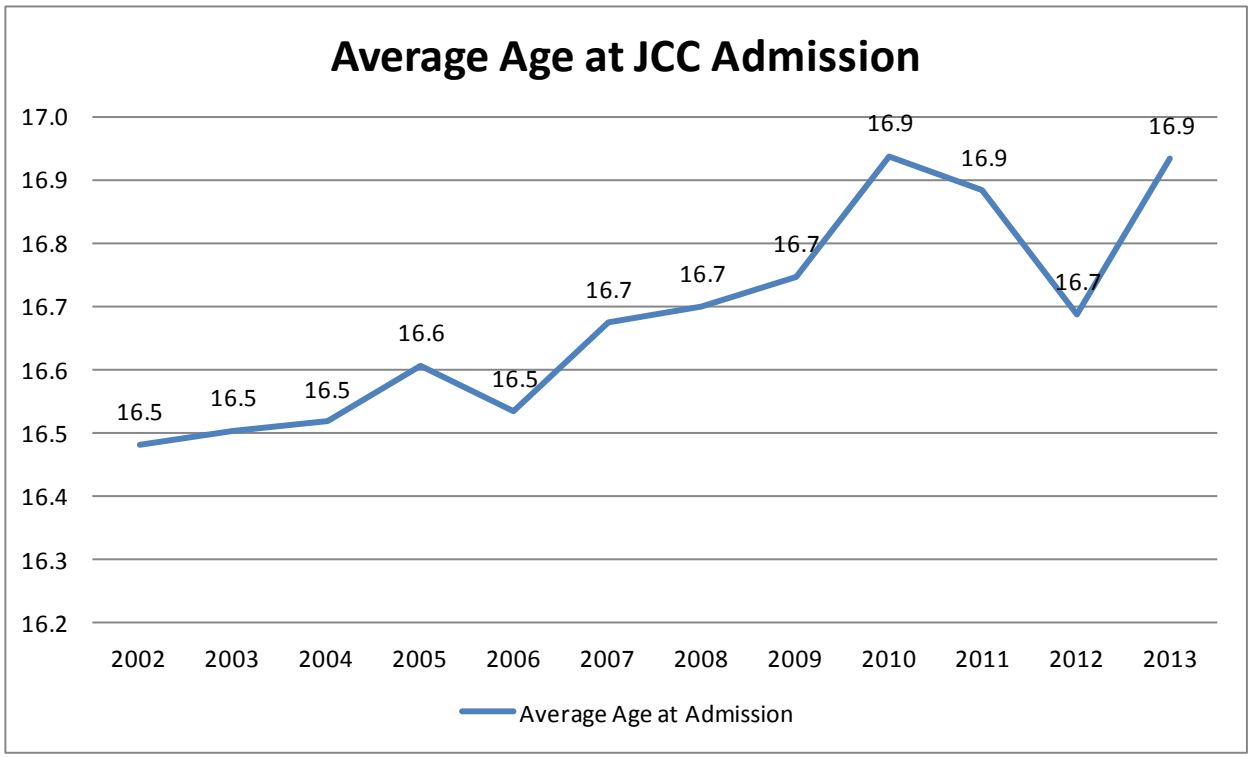


Table 1

JCC Admissions by Age Category from 2002 to 2007

Age	2002	2003	2004	2005	2006	2007
Under 14	3.7%	3.5%	2.8%	2.9%	2.3%	1.7%
14	8.9%	8.9%	8.3%	8.0%	7.7%	6.9%
15	18.4%	16.7%	18.6%	18.2%	19.0%	17.3%
16	29.7%	30.5%	30.0%	27.2%	31.7%	28.6%
17	34.2%	35.8%	34.8%	36.1%	33.7%	37.7%
18	4.9%	4.0%	5.1%	6.8%	5.4%	7.0%
19 or older	0.3%	0.5%	0.3%	0.8%	0.1%	0.8%

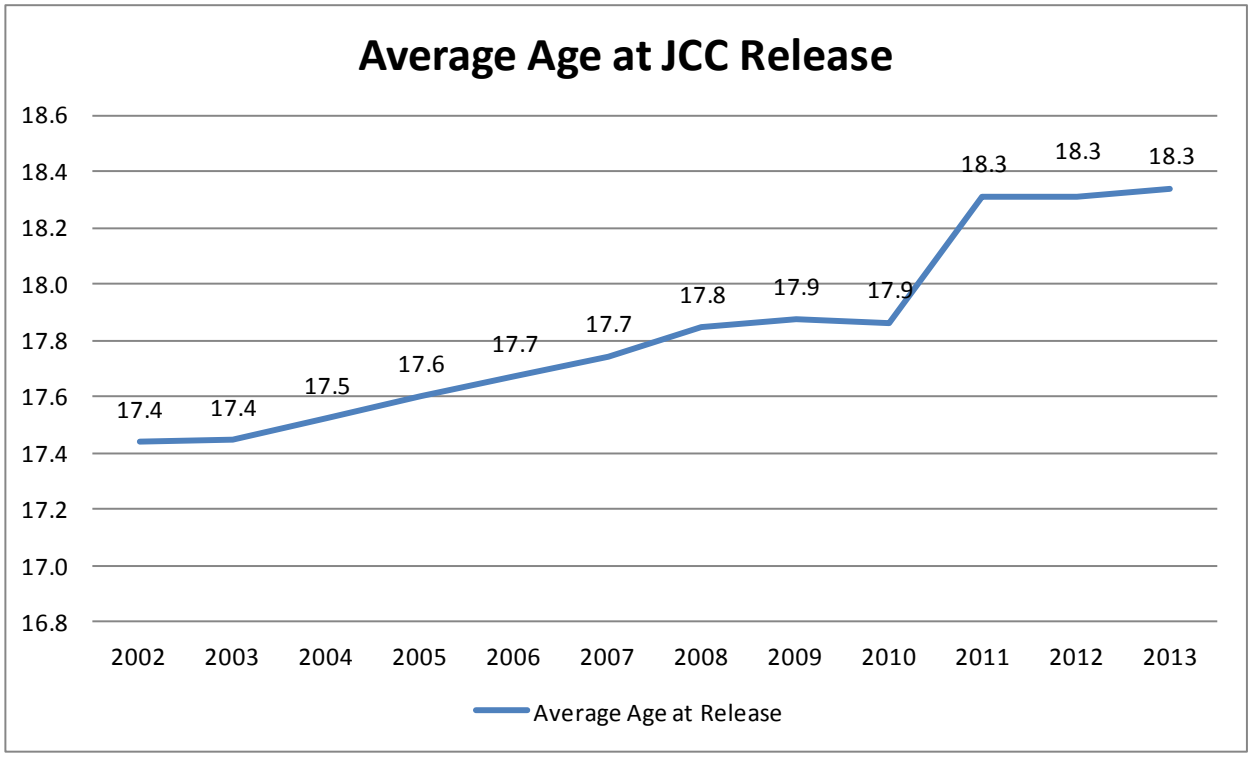
Table 1

JCC Admissions by Age Category from 2008 to 2013

Age	2008	2009	2010	2011	2012	2013
Under 14	2.0%	1.6%	1.2%	1.2%	1.8%	0.9%
14	6.5%	5.0%	4.5%	4.4%	7.1%	6.4%
15	15.7%	16.7%	13.6%	13.5%	17.0%	13.0%
16	27.7%	31.8%	24.5%	30.4%	28.4%	23.0%
17	40.9%	36.6%	44.2%	38.8%	36.5%	43.7%
18	6.9%	7.2%	11.1%	10.3%	8.5%	11.2%
19 or older	0.4%	1.1%	1.0%	1.4%	0.6%	1.8%

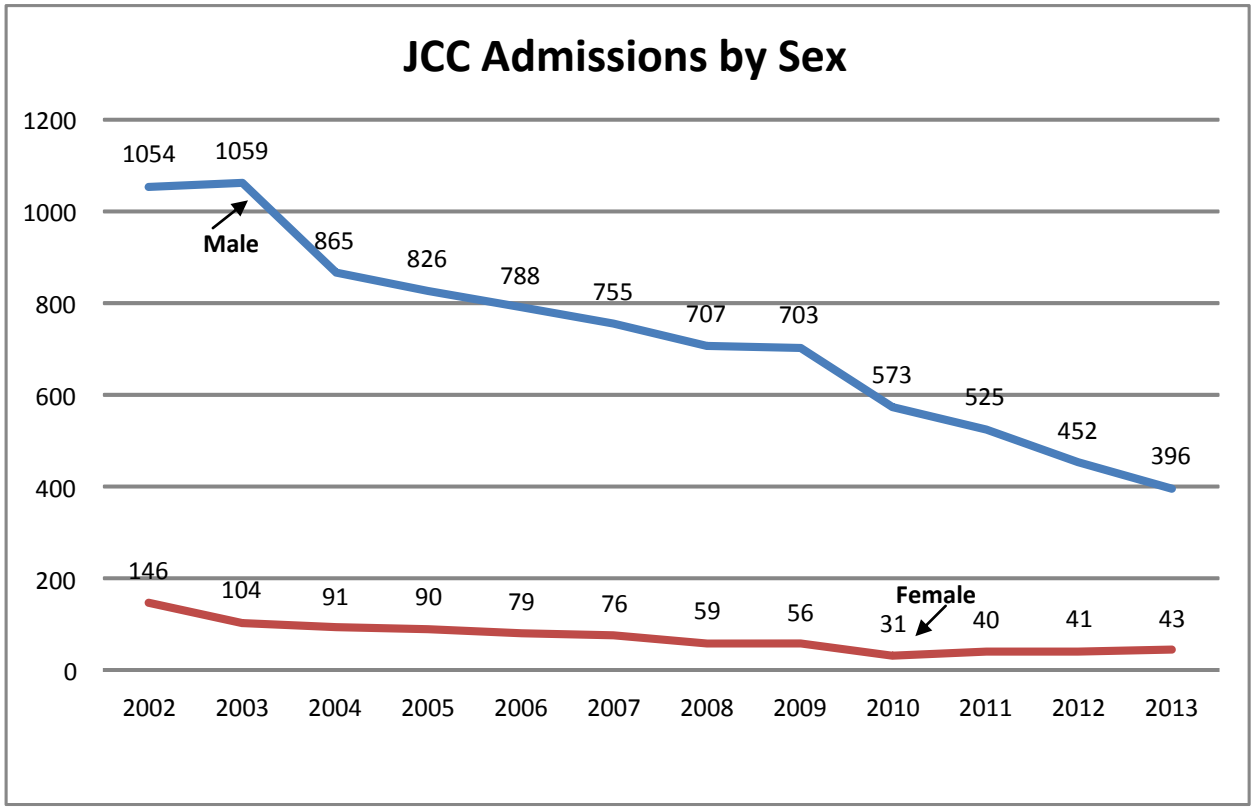
While the age for admission to a juvenile correction center has been fairly stable, the average age of release from a juvenile correctional center has increased from 17.4 years in 2002 to 18.3 years of age in 2013. This upward trend is exhibited in Chart 18.

Chart 18



In FY 2013, 90 percent of JCC admissions were male and 10 percent were female. This stark difference is shown in Chart 19.

Chart 19



Highlights from the data for JCC admissions by race include:

- Black: Increased from 60.0 percent of admissions to 65.1 percent.
- White: Decreased from 35.8 percent to 29.2 percent of admissions.
- Asian: Increased from 0.4 percent to 0.5 percent of admissions.
- Other Races: Increased from 3.8 percent to 5.2 percent of admissions.

Admissions by race category from 2002 to 2013 are shown in Table 2.

Table 2

JCC Admissions by Race Category from 2002 to 2007

	2002	2003	2004	2005	2006	2007
Black	60.0%	63.9%	65.0%	66.6%	68.1%	66.1%
White	35.8%	32.2%	31.3%	27.1%	25.5%	27.0%
Asian	0.4%	0.5%	0.6%	0.9%	0.8%	0.5%
Other	3.8%	3.4%	3.1%	5.5%	5.7%	6.5%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 2

JCC Admissions by Race Category from 2008 to 2013

	2008	2009	2010	2011	2012	2013
Black	66.2%	66.8%	65.1%	65.3%	69.8%	65.1%
White	25.7%	25.6%	27.8%	29.9%	26.2%	29.2%
Asian	0.9%	0.8%	0.7%	0.7%	0.4%	0.5%
Other	7.2%	6.9%	6.5%	4.1%	3.7%	5.2%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 3 below shows the six most serious committing offenses that were committed most frequently each year.

Table 3

Most Serious Committing Offense by Category from 2002 to 2013

	2002	2003	2004	2005	2006	2007
Assault	15.0%	14.8%	15.5%	14.9%	14.7%	15.6%
Burglary	14.5%	11.9%	13.5%	12.1%	15.9%	15.5%
Larceny	22.4%	24.6%	23.1%	22.1%	18.9%	19.2%
Narcotics	8.5%	7.8%	8.5%	8.7%	7.6%	6.1%
Robbery	10.1%	11.1%	11.7%	13.1%	17.2%	14.0%
Sex Offense	6.7%	8.1%	6.6%	6.8%	6.8%	7.4%

	2008	2009	2010	2011	2012	2013
Assault	16.3%	15.3%	17.4%	16.9%	13.2%	11.6%
Burglary	13.2%	15.3%	15.5%	13.1%	19.5%	20.0%
Larceny	16.3%	17.2%	18.6%	18.0%	17.7%	19.1%
Narcotics	5.9%	5.0%	2.7%	2.1%	2.5%	1.8%
Robbery	24.8%	22.5%	19.4%	24.3%	21.5%	22.5%
Sex Offense	7.9%	6.3%	8.8%	9.7%	9.9%	7.7%

Table 4 below shows the type of most serious committing offense using the Virginia Detention Assessment Instrument categories. Since 2002:

- Felonies against persons have increased by 27.7 percent.
- All misdemeanor offenses have decreased by 25.5 percent.

Trending from 2000 to 2011:

- Felonies against person increased from 21.6 percent to 50.5 percent.
- Felonies involving weapons/narcotics decreased from 7.4 percent to 2.6 percent.
- Other felonies decreased from 31.5 percent to 29 percent.
- Misdemeanor person offenses decreased from 13.8 percent to 8.2 percent.
- Misdemeanor non-person offenses decreased from 13.4 percent to 5.8 percent.
- Parole violations decreased 7.9 percent in 2000 to 3.7 percent in 2011 (this is for commitment with only a parole violation and not a violation of parole with a new offense).

Table 4

Most Serious Committing Offense by Severity from 2002 to 2013*

Offense Severity	2002	2003	2004	2005	2006	2007
Felony Against Persons	31.6%	30.8%	35.0%	38.3%	40.2%	40.5%
Felony Weapons/Narcotics	7.6%	7.1%	7.1%	7.8%	7.1%	6.3%
Other Felony	34.1%	35.4%	33.8%	31.2%	34.1%	34.6%
C1 Misdemeanor Against Persons	9.0%	9.3%	10.0%	7.9%	7.9%	6.2%
Other C1 Misdemeanor	8.2%	9.3%	8.1%	8.0%	6.7%	6.2%
Parole Violation	6.4%	6.4%	5.5%	6.5%	4.0%	5.6%

Offense Severity	2008	2009	2010	2011	2012	2013
Felony Against Persons	45.1%	49.6%	45.6%	50.5%	47.5%	43.7%
Felony Weapons/Narcotics	7.7%	6.2%	5.7%	2.6%	2.2%	1.6%
Other Felony	32.0%	27.3%	34.4%	29.0%	35.7%	36.0%
C1 Misdemeanor Against Persons	6.0%	7.1%	5.5%	8.2%	5.2%	5.5%
Other C1 Misdemeanor	5.0%	4.9%	4.4%	5.8%	5.2%	7.3%
Parole Violation	4.2%	4.7%	4.2%	3.7%	4.0%	5.9%

*Percentages do not add to 100 percent because categories with small percentages are not displayed.

Chart 20 below represents the percent of juveniles admitted to a juvenile correctional center that have a Full Scale IQ (FSIQ) range below the average score of 90.

Chart 20

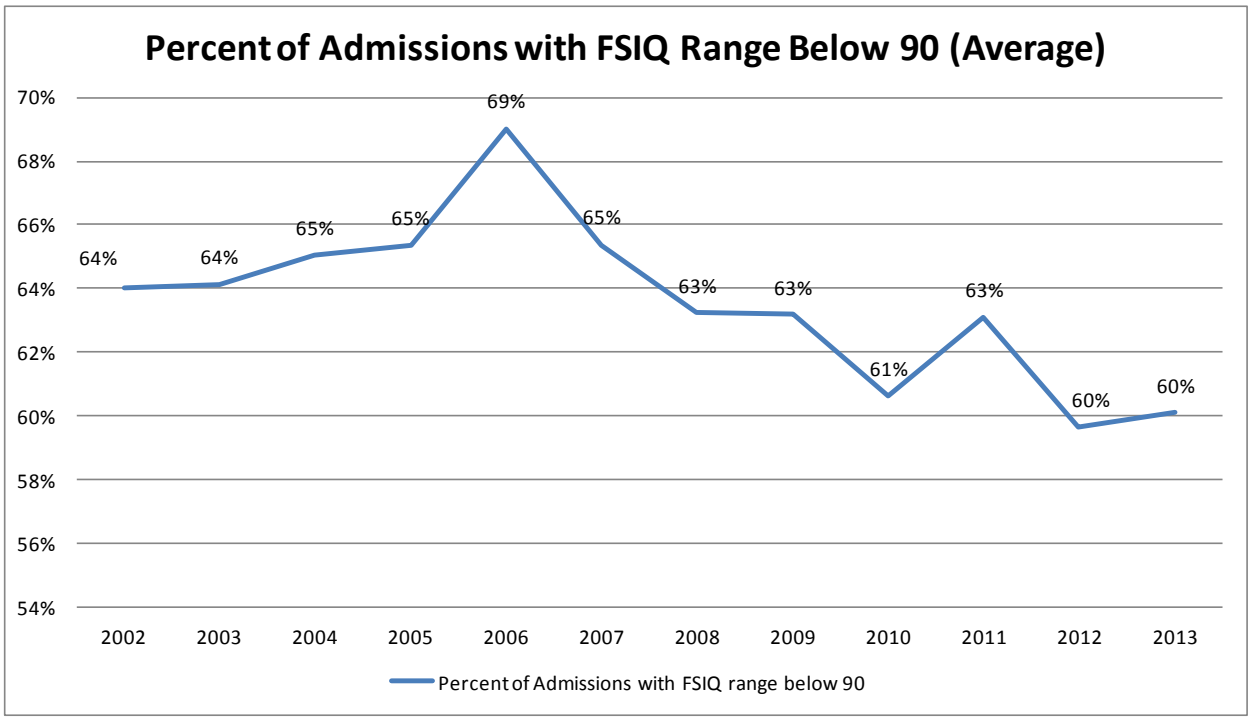
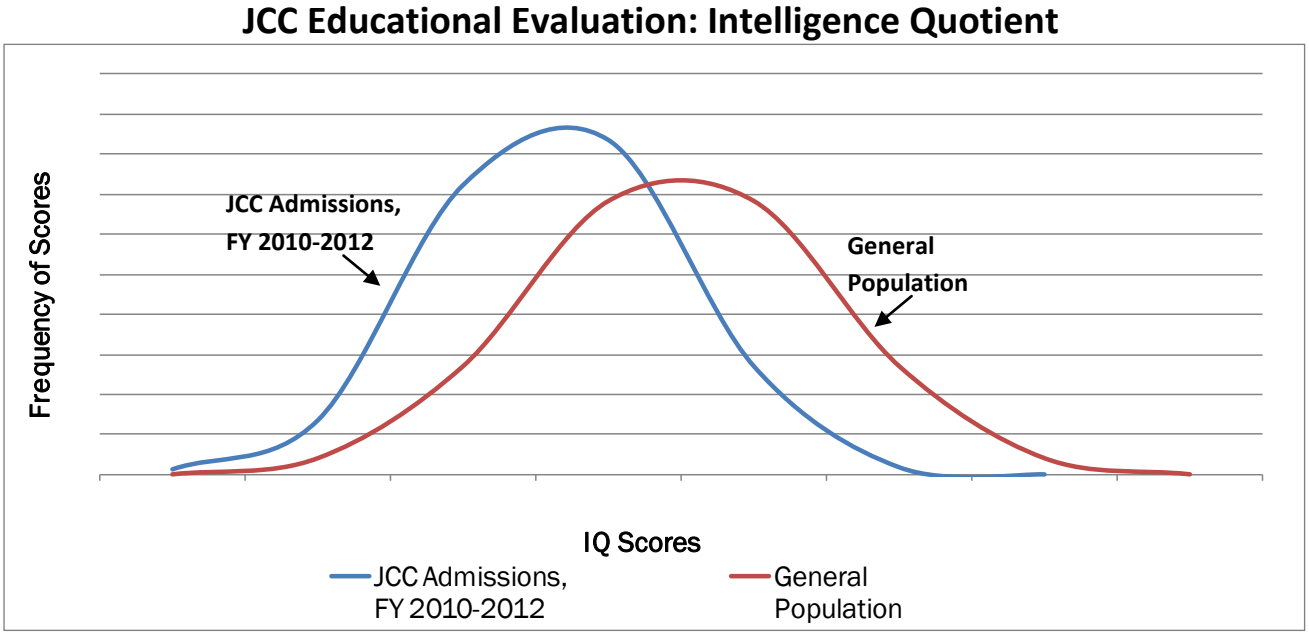


Chart 21 below compares the results of the juvenile correctional center's educational evaluation results of the IQ scores of juveniles committed to the Department of Juvenile Justice to the general population. The average IQ score of committed juveniles is 87, while the general population IQ score is 100.

Chart 21



Mental Health Trends

The Commission researched juvenile justice trends as they related to mental health. Chart 22 below represents the percentage of JCC admissions who have a history of using psychotropic medication.

Chart 22

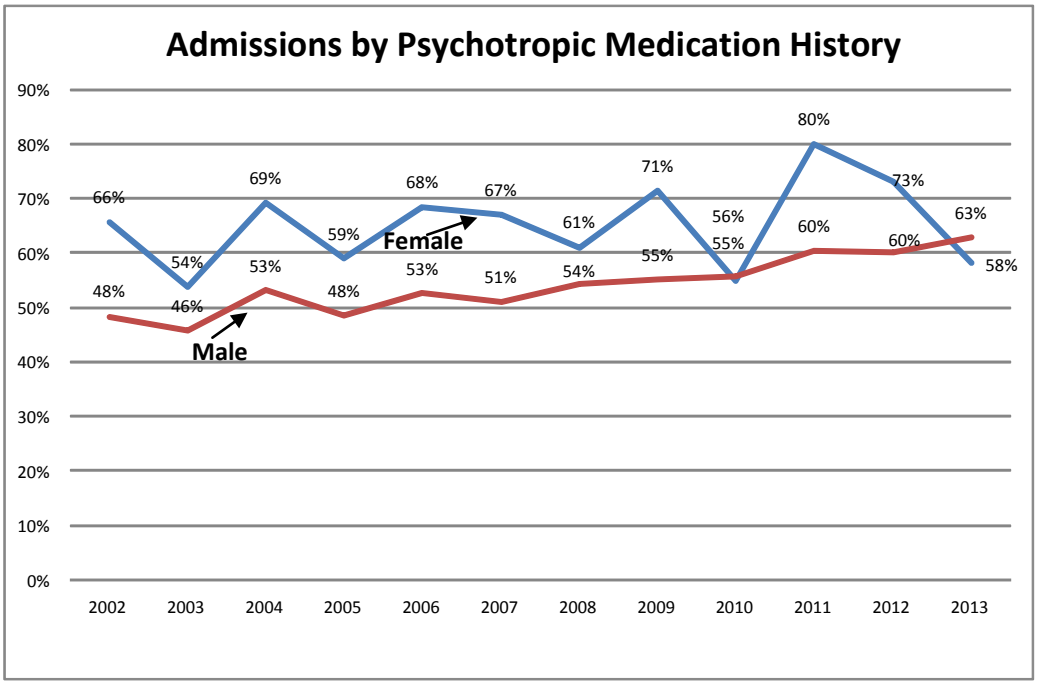
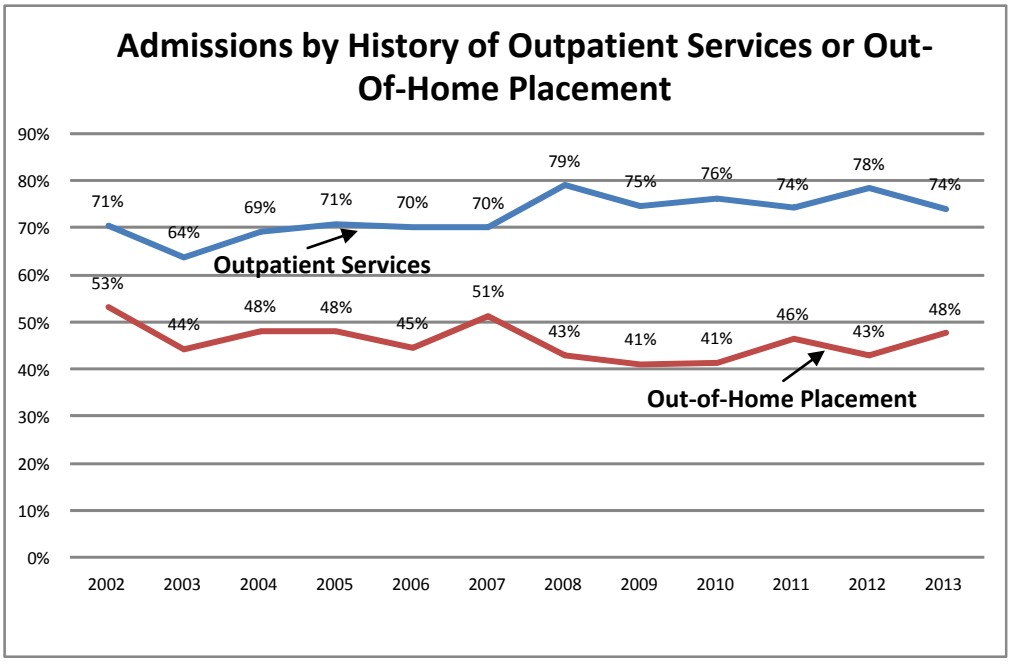


Chart 23 below shows the percentage of JCC admissions with a history of outpatient services or out-of-home placements (e.g., group home placement, psychiatric inpatient placement, residential treatment, therapeutic foster placement, or inpatient substance abuse rehabilitation placement).

Chart 23



For juveniles in direct care of the DJJ, the information in Chart 24 below shows a snapshot from the first day of each month of the calendar year (CY) shown of the percentage of juveniles prescribed psychotropic medication and the number of juveniles actually taking psychotropic medication on that date. Prior to April 2011 the information was only reported when requested by the Director of DJJ. After that date, the information was reported on a quarterly basis. Beginning in October 2012, the percentage also includes information from those residents placed at one of the two state-operated halfway houses.

Chart 24

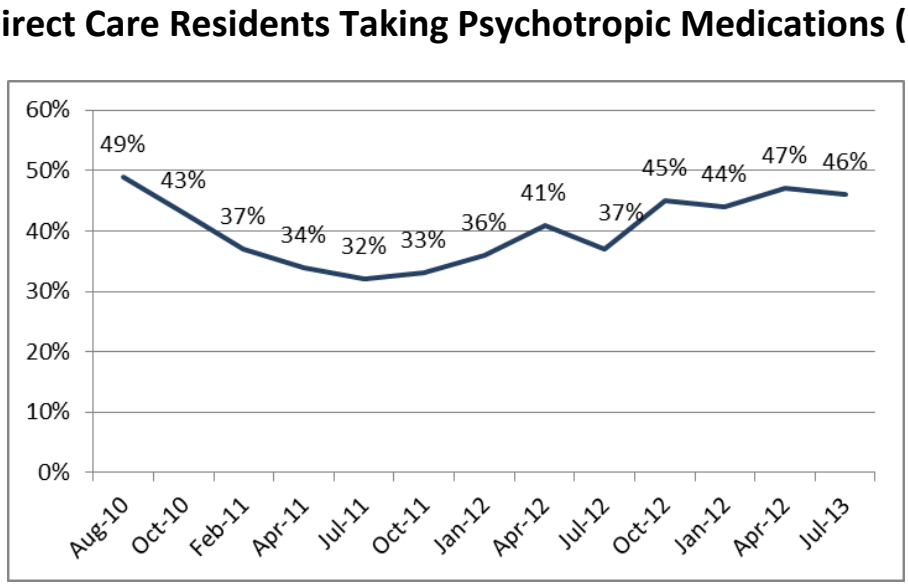
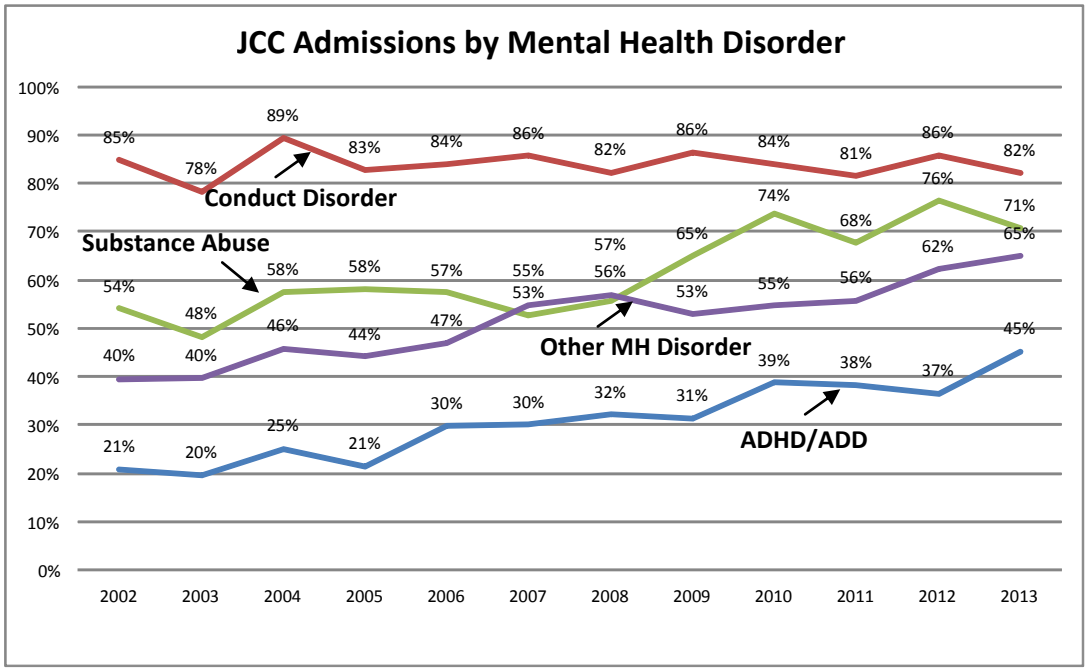


Chart 25 below represents the admissions to a juvenile correctional center with a mental health disorder. A juvenile may be captured in multiple categories based on his/her diagnosis. The category below listed as "other" includes Depression, Anxiety, Eating, Bipolar, Adjustment, Dissociative, Psychotic, Mental Retardation, Paraphilia, and Personality Disorders.

Chart 25



B. MENTAL HEALTH SCREENING AND ASSESSMENTS FOR JUVENILE OFFENDERS

Youth often experience conduct, mood, anxiety, and substance abuse disorders. The result of these disorders may culminate in troublesome acts. One study found that youth exposed to a number of risk factors may be at an elevated risk of developing mental health problems, engaging in offending behavior, or both.[7] Mood disorders occur when a child's functioning ability is impaired by anxiety or depression. The Center for Mental Health Services estimates that one in every 33 children and one in eight adolescents are affected by depression.[8] Depression occurrence is significantly higher among juvenile offenders than among other young people. Substance abuse and dependency are also commonly linked to acts of crime and delinquency. Substance abuse also shows up most commonly as a dual disorder, combined with conduct, anxiety, or mood.

According to a comprehensive study conducted by the National Center for Mental Health and Juvenile Justice (NCMHJJ) and the Council of Juvenile Correctional Administrators, 70 percent of youth involved in the juvenile justice system meet the criteria for at least one mental health disorder and approximately 27 percent experience a mental health disorder so severe that they require critical and immediate treatment.[9] Furthermore, the Bureau of Justice Statistics estimates that more than three-quarters of mentally ill offenders in jail have had prior criminal offenses.[10] In the Justice Department's Arrestees Drug Abuse Monitoring Program, juvenile male arrestees tested positive for at least one drug in at least half the arrests in nine sites.[11] The prevalence of mental health issues and substance abuse and dependency in the juvenile population make screening and assessment vital for when youths enter the court system. Effective assessment and compressive responses are needed to fight this cycle, especially since mental disorders are more complicated to treat in the youth population.

In Virginia, a juvenile enters the juvenile justice system when an offense is committed and reported by a parent, citizen or the police. If the juvenile enters the system through police contact, a decision is made whether to counsel and release the youth back to the community or to arrest. If a parent, citizen, or agency made the complaint, then the complaint goes to intake.[12] Juvenile intake services are available 24-hours a day at any of the 35 Court Service Units throughout the Commonwealth.[13] The Court Service Unit's intake officer may take informal action to divert eligible juveniles and refer them to services and/or brief informal supervision pursuant to § 16.1-260 of the *Code of Virginia;* take no action; or file a petition with the juvenile and domestic relations district court. Once a petition has been filed, the intake officer decides if the juvenile should be detained or released to his or her parents/guardians. For the youth detained, since 2004 the Department of Juvenile Justice (DJJ) has implemented a statewide validated detention assessment instrument, known as the *Detention Assessment Instrument (DAI).* This objective instrument is designed to enhance consistency and equity in the detention decision-making process and to ensure that only those juveniles who represent a serious threat to public safety or failure to appear in court are held in secure pre-trial detention.[14]

Figure 1 depicts the various phases in the juvenile justice process.

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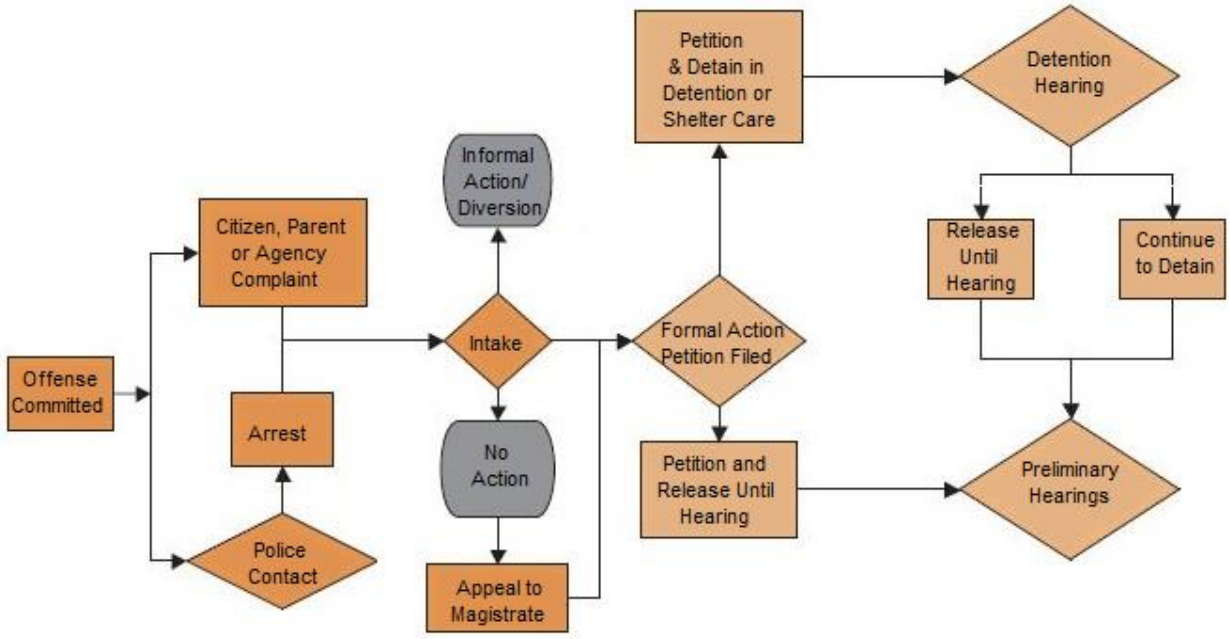
[7] Office of Juvenile Justice and Delinquency Prevention. *Behavioral Health Problems, Treatment, and Outcomes in Serious Youthful Offenders.* [Online] Available: http://ojjdp.gov/pubs/242440.pdf. [June 2014].
[8] Ibid.
[9] Skowyra, K., & Cocozza, J. (2007). National Center for Mental Health and Juvenile Justice. *Blueprint for change: A comprehensive model for the identification and treatment of youth with mental health needs in contact with the juvenile justice system*. [Online]. Available: http://www.ncmhjj.com/wp-content/uploads/2013/12/Blueprint.pdf. [June 2014].
[10] Hammond, Sarah. (2007). National Conference of State Legislatures. *Mental Health Needs of Juvenile Offenders*.
[11] Ibid.
[12] Virginia Department of Juvenile Justice. [Online]. Available: http://www.djj.virginia.gov/CommunityPages/CSUlisting.aspx. [June 2014].
[13] Virginia Department of Juvenile Justice. *Data Resource Guide Fiscal Year 2013*. [Online]. Available: http://www.djj.virginia.gov/pdf/AboutDJJ/DRG/FY2013_DRG.pdf. [June 2014].
[14] Virginia Department of Juvenile Justice. *Detention Assessment Instrument.* [Online]. Available: http://www.djj.virginia.gov/CommunityPages/DetAssessInstrument.aspx. [June 2014].

Figure 1



Source: Virginia Department of Juvenile Justice.

In addition to the DAI, decisions made by Court Service Unit personnel regarding appropriate service plans for the juvenile and family are directed by further screening. Screening is a brief procedure that looks to identify youth that necessitate immediate mental health attention and require further evaluation. Screening has two main purposes. First, it is used to identify youth at the initial point of contact who may require an immediate response in regards to medication or suicide prevention. Second, it is used to identify youth with a higher likelihood of having a problem requiring special attention.[15] In addition, measurements collected from mental health screening tools are expected to change within a few weeks after they are taken. That is because they target acute problem areas.[16] In 2008, the Virginia Department of Juvenile Justice (DJJ) adopted the Youth Assessment Screening Instrument (YASI) to be used at intake to assist in the decision-making process.[17] The YASI is a validated tool that assesses risk, needs, and protective factors to help develop case plans for juveniles. The YASI is completed by probation officers and facility staff. The YASI includes a brief "pre-screening" version that generates a risk score. The pre-screen generates a risk score on a four-point scale from No Risk through High Risk. The full YASI instrument examines and generates risk and protective scores for each of 10 domains, as well as overall risk classifications.[18] The 10 YASI domains consist of legal history, family, school, community/peers, alcohol/drugs, mental health, violence/aggression, attitudes, skills, and use of free time/employment.[19] The score generated by the YASI assists with early decision-making regarding the appropriateness for diversion or detention. The decision is based on the juvenile's risk to self, community, or flight. There is no specific mental health screening at this entry phase. If the decision is made to detain the juvenile, a detention hearing is required to be held within 72 hours. The hearing is held in the

[15] Vincent, G. M. (2012). Technical Assistance Partnership for Child and Family Mental Health. *Screening and Assessment in Juvenile Justice Systems: Identifying Mental Health Needs and Risk of Reoffending.*
[16] Ibid.
[17] The Office of the Secretary of Public Safety. *Report on the Offender Population Forecasts (FY2012 to FY2017).* (October 15, 2011). [Online]. Available: http://leg2.state.va.us/dls/h&sdocs.nsf/fc86c2b17a1cf388852570f9006f1299/6cdaeb52d1872e038525772e006b72eb/$FILE/RD259.pdf. [June 2014].
[18] Virginia Department of Juvenile Justice. *Data Resource Guide Fiscal Year 2013*. [Online]. Available: http://www.djj.virginia.gov/pdf/AboutDJJ/DRG/FY2013_DRG.pdf. [June 2014].
[19] Yasi: Youth Assessment & Screening Instrument. [Online] Available: http://www.orbispartners.com/sites/default/files/files/Brochures/YASI-Brochure.pdf. [June 2014].

juvenile and domestic relations district court where the juvenile court judge determines the need for further detention and examines the merits of the charges.

Currently, § 16.1-248.2 of the *Code of Virginia* specifies that when a juvenile is placed in a secure facility (i.e., detention), staff at the facility will determine whether the juvenile requires a mental health assessment.

> *Whenever a juvenile is placed in a secure facility pursuant to § 16.1-248.1, the staff of the facility shall gather such information from the juvenile and the probation officer as is reasonably available and deemed necessary by the facility staff. As part of the intake procedures at each such facility, the staff shall ascertain the juvenile's need for a mental health assessment. If it is determined that the juvenile needs such an assessment, the assessment shall take place within twenty-four hours of such determination. The community services board serving the jurisdiction where the facility is located shall be responsible for conducting the assessments and shall be compensated from funds appropriated to the Department of Juvenile Justice for this purpose. The Department of Juvenile Justice shall develop criteria and a compensation plan for such assessments.*

The CSB serving the jurisdiction is to conduct the assessment mandated by § 16.1-248.2 within 24 hours of the determination. However, the Massachusetts Youth Screening Inventory, second edition (MAYSI-2) assessment conducted at local detention centers does not provide the detention facility with a mental health diagnosis nor does the assessment identify treatment needs. Rather, it operates as a validated mental health screening tool. The assessment is conducted to evaluate whether a juvenile is at risk for homicidal or suicidal behavior to determine if a temporary detention order (TDO) pursuant to § 16.1-340.1 of the *Code of Virginia* should be filed. It is designed to identify potential mental health and substance use needs of juveniles and to assist in deciding if there is the need for a more detailed and individualized assessment.

A mental health assessment, on the other hand, builds on the information collected at screening, providing a more comprehensive and intensive examination of problems and behaviors exhibited by a young person. Specifically, an assessment looks to verify the existence of mental health needs, make diagnoses if necessary, determines the individual symptoms of a disorder, and provides information to aid in forming long term intervention plans. Assessment also differs from screening in a number of ways. The timing of an assessment is variable. It can occur right after a screening, in emergency situations, or a number of weeks later if there is not an immediate crisis that needs addressing. As well, assessments require specialized staff and longer administration times to complete. Also, the results last for more than a few weeks, unlike screenings.[20]

In Virginia, there is no uniform process from jurisdiction to jurisdiction for guardian ad litems (GALs) or attorneys representing the juvenile to petition for mental health assessments. Of an informal survey conducted by the DJJ of the 22 Court Service Units, 13 responded that GALs and defense attorneys petition the court for mental health evaluations. Six Court Service Units indicated the GALs or defense attorneys do not petition the court for mental health evaluations. In the same survey the 8th Court Service Unit, Hampton, responded that GALs can petition the court for a mental health evaluation, but do not generally need to do so. That is because in Hampton mental health screenings and evaluations are built into the judicial processing system. In Hampton, all court-adjudicated juveniles receive a mental health screening by the local CSB, and the clinician completing the mental health screening and assessment participates in the social history process.

[20] Vincent, G. M. (2012). Technical Assistance Partnership for Child and Family Mental Health. *Screening and Assessment in Juvenile Justice Systems: Identifying Mental Health Needs and Risk of Reoffending.*

Section 16.1-227 of the *Code of Virginia* gives Virginia's juvenile and domestic relations district courts flexibility in dealing with juveniles with mental health needs. Juvenile and domestic relations district courts are permitted "to divert from or within the juvenile justice system, to the extent possible, consistent with the protection of the public safety, those children who can be cared for or treated through alternative programs." One such benefit of using a thorough assessment process is that it can be paired with diversion and interventions can be identified with the goal of preventing the youth's further involvement in the juvenile justice system. Diversion is seen as a better solution than detention in many situations because detention can exacerbate trauma and interrupt helpful therapeutic services. Dr. Robert Kinscherff in his presentation *Targeting Juvenile Behavioral Health Needs: Screening and Assessment* discussed the importance of using an assessment format that specifically gathers and presents information about any links between a mental health disorder and the misconduct leading to the juvenile justice system.[21] An assessment format that encompasses best practices will describe functional capacities and characteristics of youth and not just list a diagnosis. It will identify strengths as well as risk factors, offer rationale and recommendations for kind of intervention, level of intensity of intervention, setting for intervention, and finally, yield a treatment plan that integrates multiple dimensions, including peers, family, school/vocational, juvenile justice and community safety.[22] Mental health professionals should be familiar with best practices in mental health assessment.

Since 2003, Virginia's DJJ has partnered with Annie E. Casey Foundation on the Juvenile Detention Alternative Initiative (JDAI). The goals of the initiative are to minimize the number of non-violent offenders who are detained and, when appropriate, increase the number of juveniles served by community-based alternatives while protecting public safety. Current efforts are focused on certain detention facilities and jurisdictions. This program has resulted in a reduction in admissions and average daily population in the detention facilities where it is implemented.[23] In general the benefits of effective screening and assessment are that first they assist agencies assign youth correct levels of treatment and security. Second, appropriate screening encourages agencies to develop the proper type of services based on the needs of the youth.[24]

Once completed, an assessment plays a vital role in the future services allocated to the youth. This is because youth that have a recognized mental health, substance abuse, or therapeutic need qualify for mental health services transition planning upon release from the JCC.[25] Prior to the release of a juvenile with mental health needs, DJJ's Behavioral Services Unit staff and counseling staff work with the parole officer, juvenile, juvenile's family, and community services providers to develop a mental health services transition plan for the juvenile to provide a seamless transition from facility to community with no lapse in mental health services.

A survey of other states provides additional insight regarding the intake process in Virginia. A few states have a more clearly defined screening and assessment process, while some are less detailed. The intake process varies widely from state to state. In Florida when a youth begins the intake process the juvenile is screened using the Detention Risk Assessment Instrument (DRAI), which is a tool used to determine whether detention care is warranted and whether the youth should be placed into secure, home, or some other form of non-secure detention status.[26] In addition to the DRAI, the juvenile's risk of suicidal behaviors is evaluated

[21] Kinscherff, Robert. National Center for Mental Health and Juvenile Justice. *Targeting Juvenile Behavioral Health Needs: Screening and Assessment.* [Online]. Available: http://csgjusticecenter.org/documents/0000/0931/Juvenile_Screening_and_Assessment_Slides.pdf. [June 2014].
[22] Ibid.
[23] Virginia Department of Juvenile Justice. *Celebrating 6 Years of JDAI in Virginia.* [Online]. Available: http://www.djj.virginia.gov/pdf/AboutDJJ/VA_JDAI_Celebrating_6_Years_12-2009.pdf. [June 2014].
[24] Vincent, G. M. (2012). Technical Assistance Partnership for Child and Family Mental Health. *Screening and Assessment in Juvenile Justice Systems: Identifying Mental Health Needs and Risk of Reoffending.*
[25] 6VAC35-180-30.
[26] Fla. Admin. Code Ann. 63D-9.001.

through the Suicide Risk Screening Instrument. All youth charged with a criminal or delinquent offense undergo a risk and needs assessment through the administration of the Positive Achievement Change Tool (PACT). This assessment tool considers the youth's risk to re-offend and identifies those factors that might lead to further criminal behavior. The results of the PACT determine the need for further assessment or immediate intervention. Using the PACT Mental Health and Substance Abuse Screening Report and Referral Form, the juvenile probation officer is required to refer youth directly to the appropriate assessment provider for a comprehensive assessment. For youth who are in detention, the juvenile probation officer must provide written notification to the detention center of any need for crisis intervention for youth indicated as at-risk for suicide and must notify the detention center of any need for referral to the center's mental health professional for any youth in need of further mental health evaluation.[27]

After a decision regarding detention has been made, a comprehensive assessment is conducted.[28] This assessment includes the youth's psychological condition. Florida's Administrative Code requires it be completed within ten calendar days for youth in secure detention and 14 calendar days for youth not in secure detention. Recommendations for the disposition of the case, which can include treatment in a mental health setting, are then made and forwarded to the juvenile probation officer who incorporates the recommendations into the pre-disposition report.

In Louisiana, a court must order a mental examination of a youth before it when there are reasonable grounds to question whether that youth has the mental capacity to proceed.[29] In 2004, Louisiana began to expand its intake procedures by working with the Annie E. Casey Foundation and the Missouri Division of Youth Services to develop an approach to juvenile justice that was based on a therapeutic treatment, and child-centered model, rather than the traditional correctional/custodial model. A key component of the model in Louisiana is the use of assessments. A psychological assessment is used to determine a youth's psychological functioning, treatment needs, and to make recommendations for the youth while in placement.[30]

In Maryland, each youth receives an initial mental health screening upon admission to a detention facility.[31] A qualified mental health professional conducts the interview/screening, administers the appropriate tests, and reviews any psychological, clinical, and other relevant health care information.[32] If the screening reveals symptoms of mental health issues, recommendations must be made, including a more in-depth assessment. This assessment must be conducted by a licensed psychologist to determine emotional, adaptive, and cognitive functioning, risk, and recommendations for treatment, placement, and further assessment as needed.[33] Once a youth is committed to the custody of the Department of Juvenile Services, a placement process determines the appropriate program and treatment services for the youth. A comprehensive assessment of each youth begins the process.[34] This assessment includes delinquency history, social history, educational records, clinical assessments, and the *Maryland Comprehensive Assessment and Service Planning (MCASP) Intake Risk Screen* recommended supervision level and assessment of need. Recently, Maryland has begun work on changing the placement process, by ensuring that assessment teams exist in all existing detention centers.[35]

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[27] Fla. Admin. Code Ann. 63D-9.004.
[28] Fla. Admin. Code Ann. 63D-9.005.
[29] La. Child Code Ann. art. 833.
[30] State of Louisiana Youth Services: Office of Juvenile Justice. *Treatment & Rehabilitation.* [Online]. Available: http://ojj.la.gov/index.php?page=sub&id=186. [June 2014].
[31] Maryland Department of Juvenile Services. *Data Resource Guide FY 2013*. [Online]. Available: http://www.djs.state.md.us/drg/Full_DRG_With_Pullouts_2013.pdf. [June 2014].
[32] Ibid.
[33] Ibid.
[34] Ibid.
[35] Maryland Department of Juvenile Services, *2012 JCR Response: Report on the Department of Juvenile Services Reception and Evaluation Center Implementation Plan*. [Online] Available: http://www.djs.state.md.us/docs/2012_p132_DJS_Reception%20and%20Evaulation%20Center%20Implementation%20Plan.pdf. [June 2014].

In North Carolina the intake process includes a risk and needs assessment, containing information regarding the youth's "social, medical, psychiatric, psychological, and educational history."[36] The court may also order a youth to be examined by a psychiatrist or psychologist. When a youth is placed in a juvenile detention center pending a court hearing or is waiting for a dispositional placement, he or she receives mental health screenings in order to inform the appropriate care for the youth during the short-term stay.[37] Once a youth is committed to the Division of Juvenile Justice, he or she goes to a youth development center, a locked, secure facility. Upon admission, the youth undergoes a "battery of assessments and screenings" to develop an individualized service plan for the youth, including plans mental health treatment. A multidisciplinary service planning team, made up of the parent, the youth, the court counselor, stakeholders from the youth's community, and staff from the youth development center, meet monthly.[38]

Under Pennsylvania law, there is no statewide mandated mental health screenings or assessments for youth offenders, in statute or regulation. In a majority of cases following arrest, a youth is administered a detention risk assessment instrument to assist in making the decision of whether or not to place the youth in a secure detention center prior to the hearing.[39] Youth are also assessed through the administration of the *Youth Level of Service/Case Management Inventory*, the results of which are used to determine the appropriate level of supervision and to establish measureable goals specific to the individual youth.[40] This occurs prior to adjudication. Additionally, a youth is administered the *MAYSI-2* to help identify any particular mental health needs the youth may have; this screening may occur at any point during the proceeding.[41] Most recently, Pennsylvania has moved towards implementing the *Juvenile Justice System Enhancement Strategy* as part of a major reform effort to coordinate the mental health and juvenile justice systems.[42]

South Carolina addresses the mental health of juvenile offenders in a limited capacity. In the state, a family court judge may order the Department of Juvenile Justice to conduct an assessment of a juvenile prior to making a final decision in the case.[43] The South Carolina Department of Juvenile Justice evaluation includes psychological, social, and educational evaluations.[44] Once a youth is adjudicated, but prior to disposition, a family court judge may order the child to be examined or treated by a physician, psychiatrist, or psychologist and place the child in a hospital or facility.[45]

In Texas when a youth is arrested and detained in a secure pre-adjudication detention facility, it is mandated that a standard screening instrument be administered within 48 hours.[46] The juvenile may be placed in a secure pre-adjudication detention facility if they are accused of an offense and are awaiting court action, an administrative hearing, or other transfer action.[47] A youth who scores a positive screening on this instrument must either be administered a secondary screening immediately to help clarify the resident's need for mental health intervention or referred to a qualified mental health professional for consultation by the end of

[36] N.C. Gen. Stat. § 7B-2413.
[37] North Carolina Department of Public Safety, Division of Juvenile Justice, *2011 Annual Report.* [Online]. Available: https://www.ncdps.gov/div/JJ/annual_report_2011.pdf. [June 2014].
[38] Ibid.
[39] Juvenile Court Judges' Commission. *Pennsylvania's Juvenile Justice System Enhancement Strategy*. [Online]. Available: http://www.jcjc.state.pa.us/portal/server.pt/community/jcjc_home/5030. [June 2014].
[40] Ibid.
[41] Ibid.
[42] Pennsylvania Models for Change. [Online]. Available: http://www.modelsforchange.net/about/States-for-change/Pennsylvania.html. [June 2014].
[43] South Carolina Department of Juvenile Justice. *Evaluation*. [Online]. Available: http://www.state.sc.us/djj/process-evaluation-popup.php. [June 2014].
[44] Ibid.
[45] S.C. Code Ann. § 63-19-1410.
[46] 37 Tex. Admin. Code § 343.404.
[47] 37 Tex. Admin. Code § 343.100.

the following workday to determine if there is a need for further intervention.[48] All youth who are adjudicated delinquent and admitted to the Texas Juvenile Justice Department receive a mental health screening within 24 hours of being admitted to the facility.[49] This mental health screening includes an inquiry into the youth's history of self-injurious and/or suicidal behavior; history of inpatient and outpatient psychiatric treatment; history of alcohol and other drug use; history of treatment for alcohol and other drug use; suicide ideation; current mental health complaint; and prescribed psychotropic medications.[50] The mental health professional conducting the screening also observes the youth's general appearance and behavior and looks for any evidence of abuse or trauma, and any current symptoms of psychosis, depression, anxiety, and/or aggression.[51] Within 14 days of the initial commitment, all youth undergo a mental health appraisal.[52] Youth may be further referred for a mental health evaluation or for mental health treatment, and if so, a comprehensive evaluation is to be completed by a mental health professional as soon as clinically indicated, but must not exceed 30 calendar days from the request date.[53]

Mental health assessments play a vital role in the juvenile justice process in states such as Texas and Florida, while in a state like South Carolina there is less detail and attention paid to assessments. In Virginia, there is more of a mixed result since not all judges ask for a mental health assessment or evaluation during the process. Of an informal survey of 22 Court Service Units in Virginia, 13 indicated that the juvenile and domestic relations judges defer disposition in delinquency cases for completion of a mental assessment or referral to a Family Assessment and Planning Team (FAPT), a team which evaluates the needs of at-risk youths. In the 6th Court Service Unit, Hopewell, the deferral of disposition is only for completion of a mental health assessment. On the other hand, the 29th Court Service Unit, covering the counties of Bland, Buchanan, Dickenson, Giles, Russell, and Tazwell said yes and no on the survey. In that jurisdiction the Court Service Unit would normally identify the need for referral and attempt to coordinate an assessment into the social history process in preparation for disposition.

What is important to remember is that the type of assessment tool may vary depending on what particular point the youth is in the juvenile justice process. These various points could be intake, pretrial detention, disposition, probation, post-dispositional placement, and community re-entry. For example, at intake, the concern might be whether the juvenile needs to be diverted or could benefit from a particular mental health treatment. If assessment is done at pretrial detention, the concern might be whether the youth offenses necessitate secure detention to prevent a risk of re-offense.[54] Selecting the correct tool and proper implementation is important because agencies can increase the likelihood of positive incomes for youth by ensuring that quality control mechanisms are in place.[55]

C. SOCIAL HISTORY

Pursuant to the *Code of Virginia* § 16.1-273, a social history is a report which may be ordered by the court following the adjudication of a juvenile. A social history report, also known as a pre-disposition report describes the social adjustment and circumstances of juveniles and

[48] 37 Tex. Admin. Code § 343.404.
[49] Texas Juvenile Justice Department. *Health Services Policy and Procedure Manual, HSP.06.02.* [Online]. Available: https://www.tjjd.texas.gov/policies/hsp/06/hsp0602.pdf. [June 2014].
[50] Ibid.
[51] Ibid.
[52] Texas Juvenile Justice Department. *Health Services Policy and Procedure Manual, HSP.06.03.* [Online]. Available: https://www.tjjd.texas.gov/policies/hsp/06/hsp0603.pdf. [June 2014].
[53] Texas Juvenile Justice Department. *Health Services Policy and Procedure Manual, HSP.06.04.* [Online]. Available: https://www.tjjd.texas.gov/policies/hsp/06/hsp0604.pdf. [June 2014].
[54] Vincent, G. M. (2012). Technical Assistance Partnership for Child and Family Mental Health. *Screening and Assessment in Juvenile Justice Systems: Identifying Mental Health Needs and Risk of Reoffending.*
[55] Ibid.

their families.[56] Pursuant to the Department of Juvenile Justice (DJJ) regulation (6VAC35-150-336), a social history report must be prepared when:

- ordered by the court;
- for each juvenile placed on probation supervision with the unit;
- for each juvenile committed to DJJ;
- for each juvenile placed in a post-dispositional detention program for more than 30 days (pursuant to §16.1-284.1) of the *Code of Virginia*; or
- upon written request from another unit, when accompanied by a court order.

When a juvenile is committed to DJJ, a social history report must be completed within 15 days pursuant to §16.1-278.7 of the *Code of Virginia*. For those reports completed prior to disposition, the information contained in the social history is used at the dispositional hearing to assist the judge in determining appropriate services and sanctions. In addition, whenever any court directs an investigation before disposition, the Court Service Unit must file the report with the clerk and the report must be furnished to attorney's representing parties in the matter no later than 72 hours prior to the hearing.[57] Judges report social histories as being very helpful and useful to them when they are making a dispositional decision.[58] Since the information in a social history report consists of a variety of information that includes information on the juvenile's family as well as the child's social, emotional, mental and physical development they can be an extremely helpful tool for judges' pre-disposition. Despite the noted value of a completed social history, judges may not always have a completed social history prior to disposition. Similar to sentencing in circuit court, disposition is a court order determining the consequence for a juvenile adjudicated delinquent.[59] This may be due to a delay in getting records from other jurisdictions, holding up the completion of the social history. Another reason is the fact that in some courts, adjudication and disposition may fall on the same day, narrowing considerably the window in which a social history can be completed. In FY 2012, 3,067 social histories were completed before disposition and 2,542 were completed post-disposition.[60] In FY 2013, 2,799 social histories were completed before disposition, and 2,374 were completed post-disposition.[61] From a survey of 35 of the Court Service Unit directors, 25 or 71 percent support amending the *Code of Virginia* to ensure that judges are provided with a social history prior to disposition.[62]

Because of the importance of having a completed social history report prior to disposition Court Service Units strive to complete social histories prior to disposition. In Chesapeake, there is no disposition without a social history. Fairfax reports judges receive social histories 100 percent of the time when a juvenile is committed. A survey of Court Service Units found that in 14 of 22 responding Court Service Units, a juvenile is not committed without a social history having been completed. Of those that proceed with commitment without a social history report, one Court Service Unit reported that it was a rare occurrence. Another Court Service Unit reported that this may occur when a plea agreement has already been reached. However, while a social history report might be extremely useful at a disposition hearing, there are a number of reasons that social histories are not completed until post-disposition, including because of plea agreements, incremental disposition of cases where the judge has already entered an initial

[56] Virginia Department of Juvenile Justice. *Data Resource Guide Fiscal Year 2013*. [Online]. Available: http://www.djj.virginia.gov/pdf/AboutDJJ/DRG/FY2013_DRG.pdf. [June 2014].
[57] Va. Code § 16.1-274.
[58] Interview: Judge Elizabeth Kellas. (May 28, 2013).
[59] Virginia Department of Juvenile Justice. Data Resource Guide Fiscal Year 2013. [Online]. Available: http://www.djj.virginia.gov/pdf/AboutDJJ/DRG/FY2013_DRG.pdf. [June 2014].
[60] Virginia Department of Juvenile Justice. *Data Resource Guide Fiscal Year 2012*. [Online]. Available: http://www.djj.virginia.gov/pdf/AboutDJJ/DRG/FY2012_DRG.pdf. [June 2014].
[61] Virginia Department of Juvenile Justice. *Data Resource Guide Fiscal Year 2013*. [Online]. Available: http://www.djj.virginia.gov/pdf/AboutDJJ/DRG/FY2013_DRG.pdf. [June 2014].
[62] The Department of Juvenile Justice. *Memorandum: RE: The Draft Findings and Recommendations on the Commission on Youth's Assessment of Mental Health Needs of Juvenile Offenders.* (November, 4 2013).

order, delays in getting records from other jurisdictions, and the occurrence of adjudication and disposition on the same day.

The timing of social histories or pre-disposition reports varies in other states. In Florida, Louisiana, and Pennsylvania, a social history may only be completed post-adjudication. North Carolina requires a social history to be completed "prior to a disposition hearing," but provides an exception that allows a disposition to occur without the report where the court makes a written finding that one is not required. In Texas, a probation officer is required to begin a social history report as soon as charges are filed against a juvenile. Similarly, in Maryland, the court may direct a social history report after a petition or citation has been filed with the juvenile court.

In Florida, a pre-disposition report is an inquiry into the background, criminal history, and family circumstances of the defendant. It is completed by the Department of Juvenile Justice and given to the Judge, the defense attorney, the defendant and the Assistant State Attorney. The report includes a sentencing recommendation for the Judge to review. Although the Judge may order the Department of Juvenile Justice to complete a pre-disposition report, they are not required or completed in all cases.[63] Upon a finding that a juvenile has committed a delinquent act, the court may order the department to prepare a pre-disposition report regarding the child's eligibility for disposition other than by adjudication and commitment to the department or for disposition of adjudication, commitment to the department, and, if appropriate, assignment of a residential commitment level. A pre-disposition report shall be ordered for any child for whom a residential commitment disposition is anticipated or recommended by an officer of the court or by the department. The court shall consider the child's entire assessment and pre-disposition report and shall review the records of earlier judicial proceedings prior to making a final disposition regarding the case.[64]

In Louisiana, following adjudication, the court may order such physical and mental examination and evaluation of the child as may be helpful in determining a fair and just disposition. In conjunction with such an examination or evaluation, the court may order the preparation of a social summary and case history about the child.[65]

As indicated in Louisiana Child Code Ann. Art. 890, in making the investigation, the probation officer shall investigate and report to the court regarding:

> *(1) The circumstances attending the commission of the offense; the attitudes of the child and his parents toward the offense; the prior offenses committed by the child, including other referrals or contacts not resulting in juvenile court petitions; and, when applicable, the disposition of companion cases arising out of this offense.*
> *(2) The impact on the victim, if a child is adjudicated of or admits to a delinquent act involving a victim. The court shall require that a victim impact statement be included in the pre-disposition report. The victim impact statement shall include factual information as to whether the victim or his family has suffered, as a result of the offense, any monetary loss, medical expense, or physical impairment, and shall include any other information deemed relevant. The district attorney may also file a victim impact statement with the court.*
> *(3) The child's home environment including his family's composition and dynamics, stability, economic status, participation in community or religious activities, and any physical, mental, or emotional handicaps, substance abuse, or criminal history of any of its members.*

[63] State Attorney's Office Second Judicial District. *The Juvenile Justice System.* [Online]. Available: http://www.sao2fl.org/Juvenile_Justice_System.htm. [June 2014].
[64] Fla. Stat. §985.43.
[65] La. Child Code Ann. Art. 888.

(4) The child's current physical description, developmental and medical history, social adjustment in the community, school record, including the name and address of the school where the child is registered and enrolled, employment or vocational interest, significant behavior patterns, or other personality traits relevant to his rehabilitation.

The social summary report shall also contain a brief statement of the child's identified behavioral problems and the probation officer's assessment of cause and potential for rehabilitation, indicating specifically those resources available in the community or within the child's extended family which could provide needed assistance to the child and his family.

In Maryland, after a petition or citation has been filed with the juvenile court, the court may direct the Department of Juvenile Services or another qualified agency to make a study concerning the child, the child's family, the child's environment, and other matters relevant to the disposition of the case.[66]

North Carolina law requires a risk and needs assessment to be conducted, and information regarding the juvenile's social, medical, psychiatric, psychological, and education history to be incorporated into the pre-disposition report, prior to the disposition hearing. A court may make a written finding that a report is not needed and then proceed with the disposition hearing without the report.[67]

In Pennsylvania, the court may direct an officer of the court or another person designated by the court to make a social study and report after the court has held a hearing on the petition and has found the child committed a delinquent act. This social study and report looks at the child, his family, his environment, and other matters relevant to disposition of the case. The court shall not direct the study and report to be made prior to the hearing unless the allegations of the petition are admitted to.[68] According to the *Pennsylvania Rules of Juvenile Court Procedure*, a social study is a pre-dispositional report, which summarizes important information concerning the juvenile to aid the court in determining the disposition. It includes, but is not limited to, the compilation of the juvenile's family history and demographics; school record and educational issues; job history; talents and extracurricular activities; prior delinquency or dependency involvement with the court; health care issues; psychological or psychiatric history, examinations, and reports; drug and alcohol examinations, treatments, and reports; needs regarding disability; and any other relevant information to assist the court understand any issues relating to the juvenile.[69]

Finally in Texas, if charges are filed against a juvenile, a probation officer must conduct a court investigation of the child. The investigation report contains a detailed assessment of the child's behavior, home and school life, and social relationships. The report assists the judge in later deciding how to appropriately sentence the offender.[70]

Table 5 outlines these states' requirements and time frames for submitting pre-disposition reports.

[66] Md. Code Ann., Cts. & Jud. Proc. §3-8A-17.
[67] N.C. Gen. Stat. § 7B-2413.
[68] 42 Pa. Cons. Stat. § 6339.
[69] *Rules of Juvenile Court Procedure.* [Online] Available: http://www.pacourts.us/assets/files/setting-1744/file-1560.pdf?cb=ae9e98. [June 2014].
[70] Texas Attorney General. *Juvenile Justice Handbook*. [Online]. Available: https://www.texasattorneygeneral.gov/AG_Publications/pdfs/juvenile_justice.pdf. [June 2014].

Table 5

Social Histories and Pre-disposition Reports

State	May or Shall	When
Florida[71]	May – unless a residential commitment disposition is anticipated or recommended by an officer of the court or the department, in which case shall	Post-adjudication
Louisiana[72]	May	Post-adjudication
Maryland[73]	May	After a petition or citation has been filed with the court
North Carolina[74]	Shall	Prior to disposition hearing – unless the court makes a written finding that a pre-disposition report is not required
Pennsylvania[75]	May	Post-adjudication
Texas[76]	Shall	When charges are filed against the juvenile

The Virginia DJJ established policies and procedures as to what must be included in a social history. The following information is to be included in a social history:[77]

- identifying and demographic information on the juvenile;
- current offense and prior court involvement;
- social, medical, psychological, and educational information about the juvenile;
- information about the family; and
- dispositional recommendations, if permitted by the court.

The Department of Juvenile Justice Division of Operations Agency Policies and Procedures Manual further details the information required in the social history report. Prior court involvement includes past, present, and pending petitions and dispositions, response to court intervention, and history of detention and placements ordered by the court, any previous contacts with the Court Service Unit resulting in diversion and informal resolutions at intake, unless prohibited by the court.[78] Contacts with other Court Service Units will also be noted. Included in the section about family history is a description of the juvenile's living situation; parental supervision and disciplinary practices; how the family handles conflict; family activities; family resources (e.g., support system, community and economic resources); history of family abuse or the juvenile being a victim of abuse or neglect; criminal histories of parents and

[71] Fla. Stat. §985.43.
[72] La. Child Code Ann. Art. 888.
[73] Md. Code Ann., Cts. & Jud. Proc. §3-8A-17.
[74] N.C. Gen. Stat. § 7B-2413.
[75] 42 Pa. Cons. Stat. § 6339.
[76] Tx. F.C. §54.04(b).
[77] 6VAC35-150-336.
[78] Virginia Department of Juvenile Justice. *Agency Policies and Procedure Manual Division of Operations. Volume IX Court Service Unit Operations.* (June 1, 2011).

persons residing in the household; and mental health and substance abuse issues of parents and persons residing in the household.

The psychological status of the juvenile should include a description of current and past concerns about emotional and mental health status and treatment services including the impact of the juvenile's being a victim of any form of abuse, if applicable, and a description of the juvenile's use of alcohol and drugs and the impact of such use. The section on educational information should include the juvenile's school status and functioning, including attendance, academic performance, behavioral adjustment, history of disciplinary problems, involvement in school activities, and juvenile's and parent's or guardian's perception of the value of education.

Finally, the summary included in the disposition report should include an evaluation of the pertinent facts of the report that support any recommendations. This includes an assessment of the juvenile and family of (i) their strengths or protective factors, (ii) the areas needing intervention, and (iii) the overall level of risk. In addition, the overall risk level as determined by Virginia's DJJ approved risk assessment instrument will be added.[79] In addition, if a social history is over a year old, then an addendum is added.

An issue that often arises in Virginia as localities attempt to work together is variability of the information included in social histories. For some, a checklist may be sufficient, whereas others provide lengthy narratives. During the course of the study, local officials stated that it would be beneficial to have a guide and template when compiling a social history. Additionally, social histories completed prior to disposition are different than those completed post-disposition, as post-disposition social histories only have to meet basic certification requirements. From the survey conducted by the DJJ of Court Service Unit directors, 37 percent supported creating a model social history and guidelines for Court Service Units to use, and 20 percent did not, while 43 percent did not respond.

A separate study noted that most judges and other legal professionals are not trained to differentiate between adequate and inadequate evaluation reports and may be influenced by the mere presence of information in certain content areas rather than by the actual quality of the information in the report.[80] Having a template might help ensure that judges are receiving adequate reports. Minnesota incorporated social history requirements in its statutes to include mental health screening requirements, family history background, placement history, and strengths/risk factors.[81] Tennessee created a pre-disposition investigative (social history) report manual as well as a template social history. Tennessee's *Pre-disposition Investigation and Report Manual* lays out the minimum requirements for completing a pre-disposition report but adds that the staff conducting the report should not feel limited to the material in the outline.[82] It also clarifies that all pre-disposition reports must provide dispositional alternatives for the court's consideration and that a tentative suggestion plan must be suggested for each alternative.[83]

D. VIRGINIA'S COURT SERVICE UNITS

In Virginia, each juvenile and domestic relations district court is served by a Court Service Unit. DJJ operates 32 Court Service Units. In addition, 3 Court Service Units (Arlington, Fairfax, and Falls Church) function as locally operated entities. Court Service Units provide a variety of specialized services such as intake, screening, diversion, placement, pre- and post-

[79] Ibid.
[80] Heckler, Thomas, and Steinberg, Laurence. (2002). Professional Psychology: Research and Practice. *Psychological Evaluation at Juvenile Court Disposition*. Vol. 33, No. 3, 300-306.
[81] Minnesota Department of Corrections: Policies, Directives, and Instructions Manual. *Juvenile Offender Probation Supervision.* [Online]. Available: http://www.doc.state.mn.us/DocPolicy2/html/DPW_Display_TOC.asp?Opt=201.110.htm. [June 2014].
[82] State of Tennessee Department of Children's Services. *Predisposition Investigation and Report Manual*. [Online]. Available: http://www.tn.gov/youth/dcsguide/manuals/PredispositionReportManual.pdf. [June 2014].
[83] Ibid.

adjudicatory case management, supervision, and parole planning and coordination. Juvenile intake services are provided 24-hours a day, and the intake officer at the Court Service Unit is authorized to receive, review and process complaints.[84]

The investigations and reports primarily completed by Court Service Unit personnel are social history report, but also include case summaries to local Family Assessment and Planning Teams (FAPTs), commitment packets for the Reception and Diagnostic Center (RDC), interstate compact reports, transfer reports, parole transition reports, ongoing case documentation, and transitional services referral packets.

Virginia's Court Services Units interact primarily with juveniles alleged to have committed a delinquent act but also with children who are in need of supervision (CHINSup), children in need of services (CHINS), and children who are abused, neglected, or lacking proper parental care.[85] Virginia, like other states, has employed policies to reduce confinement of non-violent youth (e.g., probation in the community) based upon data which shows the adverse impact more restrictive confinement has upon recidivism rates.[86]

Virginia's current juvenile justice policies reflect current research that demonstrates it is more effective to treat youth in their communities while helping them avoid contact with the juvenile justice system. For example, Court Services Units may divert a youth to the community for treatment if the juvenile's alleged offense is not: i) a violent juvenile felony, ii) a complaint made after a prior diversion or adjudication of a felony offense, or iii) a second or subsequent truancy complaint.[87] These efforts reflect the research on how to serve juveniles with mental health concerns. However, in order for these diversion policies to be effective, there must be access to community-based mental health services for youth.[88] Unfortunately, a lack of access to community-based services is a barrier for youth at risk of juvenile involvement.

In Fiscal Year 2013 over 60 percent of males and 75 percent of females committed to DJJ had significant symptoms of a mental health disorder.[89] In addition 65 percent of males and females had a history of psychotropic medication use.[90] For juveniles served in detention centers, 45 percent had at least one mental health disorder and 25 percent are on psychotropic medication.[91] Of all committed juveniles, 94 percent had significant symptoms of Attention Deficit Hyperactivity Disorder (ADHD), Conduct Disorder, Oppositional Defiant Disorder, Substance Abuse Disorder, or Substance Dependence Disorder.[92]

Because of the number of juveniles with mental health disorders entering the juvenile justice system, it would be extremely valuable to have a person within the Court Service Unit to

[84] Appendix B shows the breakdown for number of commitments per Court Service Unit from 2010-2013.
[85] A CHINS case is a child whose behavior, conduct, or condition presents or results in a serious threat to the well-being and physical safety of that child. A CHINSup is a child who is habitually and without justification absent from school despite opportunity and reasonable efforts to keep him or her in school. CHINSup may also refer to a child who habitually runs away from his or her family or lawful custodian.
[86] In Virginia, recidivism is defined as the percentage of those who are reconvicted of a Class 1 misdemeanor or a felony based on an arrest made within 12 months of being placed on probation or being released (Virginia Department of Juvenile Justice, 2013).
[87] Virginia Department of Juvenile Justice. *Data Resource Guide Fiscal Year 2013*. [Online]. Available: http://www.djj.virginia.gov/pdf/AboutDJJ/DRG/FY2013_DRG.pdf. [June 2014].
[88] Virginia Mental Health Law Reform Commission. (2008). *Report of the Task Force on Children and Adolescents*. [Online]. Available: http://www.courts.state.va.us/programs/concluded/cmh/taskforce_workinggroup/reports/2008_1201_tf_child_adolescent.pdf. [June 2014].
[89] Ibid.
[90] Ibid.
[91] Virginia Council on Juvenile Detention. *Overview on Juvenile Detention in Virginia.* Presentation to Senate Finance Subcommittee on Public Safety on July 18, 2012. [Online]. Available: http://sfc.virginia.gov/pdf/Public%20Safety/2012%20Interim%20Mtgs/071812_No2_Juvenile_Detention.pdf. [June 2014].
[92] Virginia Department of Juvenile Justice. *Data Resource Guide Fiscal Year 2013*. [Online]. Available: http://www.djj.virginia.gov/pdf/AboutDJJ/DRG/FY2013_DRG.pdf. [June 2014].

conduct mental health and substance abuse screenings, assessments, and evaluations. Assessing juveniles earlier in the process would enable judges to move forward with dispositional and other decisions, equipped with more information and more complete understanding of what might be the appropriate action to take for the juvenile. Two Court Service Units hired mental health professionals to provide assessment and treatment services. These programs are described below.

- The 31st Court Service Unit (Manassas, Manassas City, & Prince William) has a court psychologist who administers, scores, and interprets psychological and behavioral tests, reports on findings and makes recommendation for treatment plans. The court psychologist also conducts field visits to facilities pending court hearings or placements in treatment facilities and testifies in court to present the results of interviews and evaluations. The court psychologist associate attends FAPT meetings and assists in the development of service and treatment strategies.

- The 29th Court Service Unit (Bland, Buchanan, Dickenson, Giles, Russell, & Tazewell) has a psychologist on staff. This staff psychologist will often travel to their patients. Attorneys will request a psychological evaluation if they feel that it is necessary. Usually, a mental health evaluation has been completed before commitment is recommended.

In the DJJ survey of Court Service Unit directors, when asked whether the Court Service Unit had a qualified mental health professional available to provide services or treatment, 54 percent responded that one was not available. In many cases, the lack of a qualified mental health professional has led to identifiable gaps in the provision of mental health, substance abuse or trauma-related services according to the surveyed Court Service Unit directors. The most common gaps identified related to lack of availability of trauma treatment and assessment. Other gaps identified include a general lack of services available due to limited funding.

The majority of Court Service Unit directors responded affirmatively to funding or contracting with a qualified mental health professional for each Court Service Unit for the provision of mental health, substance abuse, and trauma screenings, assessments, and evaluations (82 percent). The directors stated that such a position would be helpful in identifying needs, planning service delivery, and providing effective services.

When asked whether Court Service Unit staff have received training in the best practices of case management for juveniles with mental health or substance abuse issues, 57 percent of the Court Service Unit directors responded affirmatively, and 34 percent responded negatively. When asked if such training should be required 89 percent responded affirmatively, with the following topics covered: best practices for juveniles with mental health issues, substance abuse issues, co-occurring disorders, and the impact of trauma.[93]

E. COMMUNITY SERVICES BOARD SERVICES IN JUVENILE DETENTION CENTERS

The Virginia Department of Behavioral Health and Developmental Services contracts with 40 regional Community Services Boards (CSBs) to provide community-based children's mental health services.[94] Pursuant to the *Code of Virginia*, CSBs are expected to provide comprehensive mental health, developmental, and substance abuse services and are the single point of entry to access publicly funded mental health services (Va. Code § 37.2-500). In reality, CSBs are only required to provide emergency services and case management, as funding

[93] The Department of Juvenile Justice. *Memorandum: RE: The Draft Findings and Recommendations on the Commission on Youth's Assessment of Mental Health Needs of Juvenile Offenders.* (November 4, 2013).
[94] Voices for Virginia's Children. (2011). *Children's Mental Health in Virginia: System Deficiencies and Unknown Outcomes.* [Online]. Available: http://vakids.org/pubs/Health/VoicesMentalHealthReportEmbargoedUntilMay3.2011.pdf [June 2014].

permits.[95] Other types of children's services identified within the continuum of care are largely dependent on the availability of funding.

To better serve the needs of juveniles, in Fiscal Year 2008 the General Assembly appropriated $110,000 state general funds for the CSBs affiliated with a local detention facility so that the CSBs could provide mental health screening, assessment services, and community-based referrals for juveniles in detention. These programs began in 2003 with federal grant funds provided by the Department of Criminal Justice Services (DCJS) for approximately $500,000 a 10 percent cash match from the grantee was required. Federal funds from DCJS were discontinued in 2008. Since that time, the Department of Behavioral Health and Developmental Services (DBHDS) assumed the costs of the program using state general funds.

Table 6 details the service sites and funding years for participating programs.

Table 6

Service Sites and Funding Years

Funded in FY 03 (Federal Juvenile Accountability Block Grant/State Funds as of FY 08)		
1.	Chesapeake CSB	Chesapeake Juvenile Services
2.	Crossroads CSB	Piedmont Juvenile Detention Center
3.	Planning District 1 BHA	Highlands Juvenile Detention Center
4.	Richmond Beh. Health	Richmond Juvenile Detention Center
5.	Valley CSB	Shenandoah Valley Juvenile Center
Funded in FY 06 (State General Funds)		
6.	Central VA CSB	Lynchburg Regional Juvenile Detention Center
7.	Chesterfield CSB	Chesterfield Juvenile Detention Home
8.	Norfolk CSB	Norfolk Juvenile Detention Center
Funded in FY 07 (State General Funds)		
9.	Alexandria CSB	Northern VA Juvenile Detention Home
10.	Blue Ridge Beh. Health	Roanoke Valley Detention Center
11.	Region 10	Blue Ridge Juvenile Home
12.	Colonial CSB	Merrimac Juvenile Detention Center
13.	Danville CSB	W.W. Moore, Jr. Juvenile Detention Home
14.	New River Valley CS	New River Valley juvenile Detention Home
Funded in FY 08 (State General Funds)		
15.	Henrico CSB	James River Juvenile Detention Center
16.	Henrico CSB	Henrico Juvenile Detention Home
17.	Fairfax CSB	Fairfax Juvenile Detention Home
18.	Loudoun CSB	Loudoun Juvenile Detention Home
19.	NWCSB	Northwestern Regional Juvenile Detention Center
20.	PWCSB	Prince William Juvenile Detention Center
21.	VA Beach CSB	VA Beach Juvenile Detention Center
22.	District 19 CSB	Crater Juvenile Detention Home
23.	Rappahannock CSB	Rappahannock Juvenile Detention Home
24.	Hampton/Newport News CSB	Newport News Juvenile Detention Center

Participating CSBs are to provide a licensed mental health therapist and a case manager employed by the CSB at each detention facility site. CSB staff provides consultation and mental health services for juveniles with mental health disorders and/or co-occurring substance use disorders who are detained in the center. Services include mental health and substance abuse assessment service, including the *Massachusetts Youth Screening Instrument* (MAYSI-2) screening. Other services may include individualized case planning and service coordination, individual and small group counseling, referral for specialized medical or psychiatric evaluations,

[95] Va. Code § 37.2-500.

consultation (with detention staff, probation staff, and parents/guardians), discharge planning, and post-release service coordination to facilitate service continuity through community resources.

CSB services are not uniform from region to region. In Winchester for example, the CSB provides acute care only, with some therapeutic day treatment. On the opposite side of the spectrum, the CSB in Chesapeake has a strong relationship with its detention facility site. The Chesapeake CSB has prioritized the criminal justice population with the rational that costs will increase if no care is provided. Another concern with the wide variability of services provided is that the CSBs are meant to be the entry point for mental health services but they often fail to refer juveniles out for services. In 2011, the Virginia Department of Behavioral Health and Developmental Services looked at the inconsistency in the availability and capacity of "base services" in CSB's across the Commonwealth. Department of Behavioral Health and Developmental Services found wide variability in availability of services and that crisis response is rarely available and psychiatric services are quite inadequate.[96]

An informal survey of detention homes was conducted to receive information about this program. Survey results indicated that six detention homes had their CSBs' clinicians' hours reduced and/or diverted to perform duties at the CSB. In Fairfax, for example, while the CSB conducts court ordered full psychological assessments, because of reductions in staffing, there is a long waiting list for a number of services. Short staffing and limited hours has led to fewer services being provided, and impacts the ability of the CSB to manage health needs on a day-to-day basis. However, data provided by the Department of Behavioral Health and Developmental Services revealed that, overall, state funds to CSBs for detention center services had not been significantly reduced.

The state general funds distributed by Department of Behavioral Health and Developmental Services for CSB services in local detention homes were originally designated as "restricted." These funds were later classified as "earmarked" meaning CSBs must spend the funds for the identified purpose, but CSBs do not have to report expenditures tied specifically to those funds.

In Fiscal Year 2012, total juvenile detention center costs for the 23 participating CSBs were $3,552,897. The state general fund appropriation for these services was $2,569,652. Local funds compromised the difference.

During the course of the study, CSB representatives emphasized the need for flexibility with this program. It was noted that, on average, there has been a decline of detention admissions throughout the Commonwealth. There should be agreements in place with detention homes to maximize mental health services for juvenile offenders.

CSB representatives also noted the level of intensity for the juveniles they serve has also increased significantly. While the level of intensity and service needs of the juveniles served by the CSBs have escalated, the Memorandum of Understanding between the CSB and the detention center has not been revised to address this.

F. TRAUMA

Trauma has increasingly been seen as an important issue that needs to be addressed when a youth enters the juvenile justice system. Child traumatic stress refers to the physical and

[96] Virginia Department of Behavioral Health and Developmental Services. *A Plan for Community-Based Children's Behavioral Health Services in Virginia*. [Online]. Available: http://www.dbhds.virginia.gov/documents/cfs/cfs-community-based-bh-plan.pdf. [June 2014].

emotional responses of a child that threaten to impact the life or physical well-being of the child or a close relative.[97]

The impact of a stressful event to a child is determined by both the type of event and the child's individual response to it. There is a great variability in responses to traumatic events, so an event that causes trauma in one child may not be traumatic for another. The impact of a traumatic event is dependent on a number of factors. Some of these factors include, the child's age and developmental stage, the child's perception of the danger faced, whether the child was the victim or a witness, the child's relationship to the victim or perpetrator, the child's past experience with trauma, the adversities the child faces following the trauma, and the availability of adults who can offer assistance.[98]

Addressing youth trauma concerns requires programs and agencies to make trauma a priority and to add awareness into their organizational cultures, practices, and policies. An agency or program that has a trauma-informed perspective is one in which they do the following:[99]

- Routinely screen for trauma exposure and related symptoms;
- Use culturally appropriate evidence-based assessment and treatment for traumatic stress and associated mental health symptoms;
- Make resources available to youth, families, and providers on trauma exposure, its impact, and treatment;
- Engage in efforts to strengthen the resilience and protective factors of youth and families affected by and vulnerable to trauma;
- Address parent and caregiver trauma and its impact on the family system;
- Emphasize continuity of care and collaboration across youth-serving systems; and
- Maintain an environment of care for staff that addresses, reduces, and treats secondary traumatic stress and increases staff resilience.

Nationally In 2012, 865,478 children were victims of child maltreatment.[100] Over 78 percent experienced neglect, 18 percent were physically abused, 9 percent were sexually abused, 8 percent endured emotional or psychological abuse, and over 10 percent experienced other forms of maltreatment (e.g., abandonment, threats of harm, congenital drug addiction). In Virginia 6,486 children were victims of child maltreatment.[101] Over 64 percent experienced neglect, 28 percent were physically abused, 15 percent were sexually abused, and 1 percent endured emotional or psychological abuse.[102] An estimated 1,640 children died from abuse and neglect, meaning the national rate of child fatalities was 2.20 deaths per 100,000 children.[103]

Trauma in youth has been shown to lead to aggressive or disruptive behavior, sleep disturbances, and drug and alcohol use.[104] Recent literature has drawn a line between the observance and impact of violence to youths perpetrating violence. Four out of 10 U.S. children

[97] Dr. Sampson, Allison. *Juvenile Offenders & Trauma: An Invitational Shared Learning Collaborative*. [Presentation]. [May 2013].
[98] The National Child Traumatic Stress Network. *Understanding How Trauma Impacts Children in Child Welfare and What to Do About It*. [Online] Available: http://www.chadwickcenter.org/Documents/Ohio%20TICW%20workshop.pdf. [June 2014].
[99] Dr. Sampson, Allison. *Juvenile Offenders & Trauma: An Invitational Shared Learning Collaborative*. [Presentation]. [May 2013].
[100] Ibid.
[101] Ibid.
[102] Ibid.
[103] U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. *Child Maltreatment 2012.* [Online]. Available: http://www.acf.hhs.gov/sites/default/files/cb/cm2012.pdf. [June 2014].
[104] Dr. Sampson, Allison. *Juvenile Offenders & Trauma: An Invitational Shared Learning Collaborative*. [Presentation]. [May 2013].

report witnessing violence at some point in their childhood.[105] Being abused or neglected as a child increased the likelihood of arrest as a juvenile by 59 percent, as an adult by 28 percent, and for a violent crime by 30 percent.[106] Studies of antisocial youth have found self-reported trauma exposure ranging from 70 percent to 92 percent.[107] The fact that trauma manifests itself as violent behavior means that addressing the trauma may be overlooked. Addressing trauma is important because an informed approach can likely reduce contact with the juvenile justice system and recidivism.

Of particular importance is addressing trauma in the context of delinquency programming. The current recommendation from the National Child Traumatic Stress Network (NCTSN) is to implement universal screening at all child-serving agencies in order to identify youth who suffer from stress related to trauma.[108] There are three main instrument approaches to the assessment of trauma of youth in the juvenile justice setting. First, there are instruments used to directly measure traumatic experiences or reactions in youth. Second, there are certain diagnostic instruments that include a Posttraumatic Stress Disorder (PTSD) analysis. Finally, a number of instruments directly assess the symptoms.[109] All of these trauma-informed assessment approaches recognize that witnessing a traumatic event can be just as traumatizing as experiencing it firsthand and that the interaction between the event and the youth's perception can vary greatly from person to person. Independent of what approach is selected by a juvenile justice assessment group, the NCTSN recommends addressing safety by explaining to the child and family the process as well as the boundaries and limits concerning confidentiality. Additional considerations that should be included in an assessment approach are:[110]

- Structured case plans for probation, community supervision, and or placement;
- Plans for returning home;
- Plans for youth's continuing school and education; and
- Plans related to additional court or probationary monitoring.

As noted by NCTSN a fully trauma-informed juvenile justice system would mean that all court-ordered evaluations are performed by health professionals that are specifically trained in the assessment of trauma in adolescents. This is still an existing goal because currently not all mental health professionals provide psychological evaluations to the court that are trauma informed.

In Virginia, several localities reported an increasing awareness that trauma exposure was a crucial element in understanding and best serving juvenile offenders, but the lack of training and resources limits the work that can be done. Ideally, trauma-informed care would be diffused throughout the juvenile justice and child welfare systems. Screening for trauma exposure could occur at the various entry points into the system. The DJJ identified three possible points of entry into the system, intake, with the completion of social history reports, and commitment. Court Service Unit directors rejected a formal screening method for trauma at the intake stage because of concerns such as intrusiveness, due process, and staffing resources including workload and training. Another issue raised is that at intake the juvenile is generally not present unless law enforcement is seeking to detain. A large number of Court Service Unit directors (74

[105] Kilpatrick et al. (2003). US Dept. Of Justice: Office of Justice Programs National Institute of Justice. *Youth Victimization: Prevalence and Implications.* [Online]. Available: http://www.ncjrs.gov/pdffiles1/nij/194972.pdf. [June 2014].
[106] National Institute of Justice Research in Brief. *An Update on the "Cycle of Violence"*. [Online]. Available: http://www.ncjrs.gov/txtfiles1/nij/184894.txt. [June 2014].
[107]
[108] Dr. Sampson, Allison. *Juvenile Offenders & Trauma: An Invitational Shared Learning Collaborative*. [Presentation]. [May 2013].
[109] Ibid.
[110] Ibid.

percent) supported screening for trauma at the completion of the social history stage.[111] A requirement for trauma screening at the commitment stage is superfluous since DJJ completes a trauma assessment at the Reception and Diagnostic Center when a resident is committed.

Court-ordered mental health assessments could include assessments of trauma. Qualified mental health professionals working with the juvenile justice system could be trained in evidence-based interventions for trauma.

VII. Findings and Recommendations

At its September 17, 2013, meeting, the Commission on Youth received findings and recommendations for this study. The Commission on Youth met again on November 18, 2013, and voted to adopt the following recommendations:

Social History Report

Findings

A social history is a report which may be ordered by the court following the adjudication of a juvenile. Pursuant to the Department of Juvenile Justice (DJJ) regulation (6VAC35-150-336), a social history report must be prepared when:

- *ordered by the court;*
- *for each juvenile placed on probation supervision with the unit;*
- *for each juvenile committed to DJJ;*
- *for each juvenile placed in a post-dispositional detention program for more than 30 days (pursuant to §16.1-284.1) of the Code of Virginia; or*
- *upon written request from another unit, when accompanied by a court order.*

When a juvenile is committed to DJJ, a social history report must be completed within fifteen days pursuant to §16.1-278.7 of the Code of Virginia. The information contained in the social history is used at the dispositional hearing to assist the judge in determining appropriate services and sanctions.

Judges report social histories as being very helpful and useful to them when they are making a dispositional decision.[112] They want, and need, as much information as possible to make appropriate dispositional decisions. Despite the noted value of a completed social history, judges may not always have a completed social history prior to disposition. In FY 2012, 3,067 social histories were completed before disposition and 2,542 were completed post-disposition.[113] In FY 2013, 2,799 social histories were completed before disposition, and 2,374 were completed post-disposition.[114]

The timing of social histories, or pre-disposition reports, varies in other states. In the statutes of Florida,[115] Louisiana,[116] and Pennsylvania,[117] a social history may only be completed post-adjudication. North Carolina requires a social history be completed "prior to a disposition hearing," but provides an exception; where the court makes a written finding

[111] The Department of Juvenile Justice. *Memorandum: RE: The Draft Findings and Recommendations on the Commission on Youth's Assessment of Mental Health Needs of Juvenile Offenders.* (November 4, 2013).

[112] Interview: Judge Elizabeth Kellas. (May 28, 2013).
[113] Virginia Department of Juvenile Justice. *Data Resource Guide Fiscal Year 2012*. [Online]. Available: http://www.djj.virginia.gov/pdf/AboutDJJ/DRG/FY2012_DRG.pdf. [June 2014].
[114] Virginia Department of Juvenile Justice. *Data Resource Guide Fiscal Year 2013*. [Online]. Available: http://www.djj.virginia.gov/pdf/AboutDJJ/DRG/FY2013_DRG.pdf. [June 2014].
[115] Fla. Stat. §985.43.
[116] La. Child Code Ann. Art. 888.
[117] 42 Pa. Cons. Stat. § 6339.

that one is not required, a disposition may occur without the report.[118] In Texas, a probation officer is required to begin a social history report as soon as charges are filed against a juvenile.[119] Similarly, in Maryland, the court may direct the Department of Juvenile Services to begin a social history report after a petition or citation has been filed with the juvenile court.[120]

The Virginia DJJ established policies and procedures as to what must be included in a social history. The following information is to be included in a social history:[121]

- *identifying and demographic information on the juvenile;*
- *current offense and prior court involvement;*
- *social, medical, psychological, and educational information about the juvenile;*
- *information about the family; and*
- *dispositional recommendations, if permitted by the court.*

An issue that often arises as localities attempt to work together is the variability in the information included in social histories from one locality to another. For some, a checklist may be sufficient, whereas others provide lengthy narratives. Local officials stated that it would be beneficial to have a guide and template when compiling a social history. Tennessee has created a pre-disposition investigative (social history) report manual as well as a template social history.[122] Minnesota has incorporated social history requirements in its statutes to include mental health screening requirements, family history background, placement history, and strengths/risk factors.[123]

Recommendation 1

Amend §16.1-278.8 of the *Code of Virginia* to ensure judges have a completed social history prior to disposition for juveniles who may be committed to DJJ. This recommendation includes a delayed enactment date of October 1, 2014.

Recommendation 2

Direct DJJ create a model social history and guidelines for Court Service Units to use in assisting the courts in making informed dispositional decisions. The model social history and guidelines may include information on obtaining individualized educational program (IEP) assessments and incorporate information about exposure to trauma in a juvenile's social history report. DJJ shall report its progress to the Commission on Youth prior to the 2015 General Assembly Session.

Court Service Units

Findings

In Virginia, each juvenile and domestic relations district court is served by a Court Service Unit. DJJ operates 32 Court Service Units. In addition, 3 Court Service Units (Arlington, Fairfax, and Falls Church) function as locally operated entities. Court Service Units provide a variety of specialized services such as intake, screening, diversion, placement, pre- and post-adjudicatory case management, supervision, and parole planning and coordination.

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[118] N.C. Gen. Stat. § 7B-2413.

[119] Texas Attorney General. *Juvenile Justice Handbook*. [Online]. Available: https://www.texasattorneygeneral.gov/AG_Publications/pdfs/juvenile_justice.pdf. [June 2014].

[120] Md. Code Ann., Cts. & Jud. Proc. §3-8A-17.

[121] 6VAC35-150-336.

[122] State of Tennessee Department of Children's Services. *Predisposition Investigation and Report Manual*. [Online]. Available: http://www.tn.gov/youth/dcsguide/manuals/PredispositionReportManual.pdf. [June 2014].

[123] Minnesota Department of Corrections: Policies, Directives, and Instructions Manual. *Juvenile Offender Probation Supervision.* [Online]. Available: http://www.doc.state.mn.us/DocPolicy2/html/DPW_Display_TOC.asp?Opt=201.110.htm. [June 2014].

Juvenile intake services are provided 24-hours a day, and the intake officer at the Court Service Unit is authorized to receive, review and process complaints.

The investigations and reports primarily completed by Court Service Unit personnel are social history report, but also include case summaries to local Family Assessment and Planning Teams (FAPTs), commitment packets for the Reception and Diagnostic Center (RDC), interstate compact reports, transfer reports, parole transition reports, ongoing case documentation, and transitional services referral packets.

In FY 2013 over 60 percent of males and 75 percent of females committed to DJJ had significant symptoms of a mental health disorder.[124] In addition 65 percent of males and females had a history of psychotropic medication use.[125] For juveniles served in detention centers, 45 percent had at least one mental health disorder and 25 percent are on psychotropic medication.[126] Because of the number of juveniles with mental health disorders entering the juvenile justice system, it would be extremely valuable to have a person within the Court Service Unit to conduct mental health and substance abuse screenings, assessments and evaluations. Assessing juveniles earlier in the process would enable judges to move forward with dispositional and other decisions, equipped with more information and more complete understanding of what might be the appropriate action to take for the juvenile.

- *The 31st Court Service Unit (Manassas, Manassas City, & Prince William) has a court psychologist who administers, scores, and interprets psychological and behavioral tests, reports on findings and makes recommendation for treatment plans. The court psychologist also conducts field visits to facilities pending court hearings or placements in treatment facilities and testifies in court to present the results of interviews and evaluations. The court psychologist attends FAPT meetings and assists in the development of service and treatment strategies.*

- *The 29th Court Service Unit (Bland, Buchanan, Dickenson, Giles, Russell, & Tazewell) has a psychologist on staff. Attorneys will request a psychological evaluation if they feel that it is necessary. Usually, a mental health evaluation has been completed before commitment is recommended.*

Recommendation 3

Introduce a budget amendment to fund up to one qualified mental health professional (QMHP) for each Court Service Unit that best suits their particular needs, including conducting mental health, substance abuse, and/or trauma screenings, assessments, and evaluations. Provide the Court Service Unit with the flexibility to hire the position or to enter into a Memorandum of Understanding with their local CSB.

Recommendation 4

Introduce a budget amendment authorizing Court Service Units to contract with a QMHP for the provision of mental health, substance abuse, and/or trauma screenings, assessments and evaluations. Provide the Court Service Unit with the flexibility to hire the position, to contract with the local CSB, or to contract with a private provider.

[124] Virginia Department of Juvenile Justice. *Data Resource Guide Fiscal Year 2013*. [Online]. Available: http://www.djj.virginia.gov/pdf/AboutDJJ/DRG/FY2013_DRG.pdf. [June 2014].
[125] Ibid.
[126] Virginia Council on Juvenile Detention. *Overview on Juvenile Detention in Virginia.* Presentation to Senate Finance Subcommittee on Public Safety on July 18, 2012. [Online]. Available: http://sfc.virginia.gov/pdf/Public%20Safety/2012%20Interim%20Mtgs/071812_No2_Juvenile_Detention.pdf. [June 2014].

Community Services Board (CSB) Services in Juvenile Detention Centers

Findings

In FY 2008 the General Assembly appropriated $110,000 state general funds for the CSBs affiliated with a local detention facility so that the CSBs could provide mental health screening, assessment services, and community-based referrals for juveniles in detention. These programs began in 2003 with federal grant funds provided by the Department of Criminal Justice Services (DCJS) for approximately $500,000 a 10 percent cash match from the grantee was required. Federal funds from DCJS were discontinued in 2008. Since that time, the Department of Behavioral Health and Developmental Services (DBHDS) assumed the costs of the program using state general funds.

CSBs are to provide a licensed mental health therapist and a case manager employed by the CSB at each detention facility site. CSB staff provides consultation and mental health services for juveniles with mental health disorders and/or co-occurring substance use disorders who are detained in the center. Services include mental health and substance abuse assessment service, including the Massachusetts Youth Screening Instrument (MAYSI-2) screening. Other services may include individualized case planning and service coordination, individual and small group counseling, referral for specialized medical or psychiatric evaluations, consultation (with detention staff, probation staff, and parents/guardians), discharge planning, and post-release service coordination to facilitate service continuity through community resources.

An informal survey of detention homes was conducted to receive information about this program. Survey results indicated that six detention homes had their CSBs' clinicians' hours reduced and/or diverted to perform duties at the CSB. However, data provided by the DBHDS revealed that, overall, state funds to CSBs for detention center services had not been significantly reduced.

Funding to CSBs:

The state general funds distributed by DBHDS for CSB services in local detention homes were originally designated as "restricted." These funds were later classified as "earmarked" meaning CSBs must spend the funds for the identified purpose, but CSBs do not have to report expenditures tied specifically to those funds.

In FY 2012, total juvenile detention center costs for the 23 CSBs were $3,552,897. The state general fund appropriation for these services was 2,569,652. Local funds compromised the difference.

Based on FY 2014 Letters of Notification to the 23 CSBs, DBHDS will disburse $2,401,656 for mental health services in juvenile detention centers. Of the 23 CSBs, 17 will each receive approximately $111,724. Six CSBs will receive lesser amount, varying from $100,000 to approximately $54,000. If all 23 CSBs received the full amount ($111,724), the total disbursed would be $2,569,652. Subtracting the total amount for the 23 CSBs ($2,401,656) from the amount above ($2,569,652) leaves reduction of $167,996 that would need to be offset.

Recommendation 5

Request DBHDS work with Virginia's detention home superintendents and CSB executive directors to facilitate a quantifiable agreement for the provision of mental health and substance use screening, assessment, and other services identified as necessary for juveniles in detention. DBHDS will provide guidance and technical assistance and assist in the creation of a model memorandum of understanding or other quantifiable arrangements between the detention homes and the CSBs. The agreement may include, but is not limited to, the duties of each position and expectation regarding the number of hours, services, and processes between local CSBs and detention centers. The

agreement will also reflect the intent of the General Assembly that the state general funds be utilized for the provision of mental health services in local detention homes, providing a full-time mental health clinician and a case manager in each of the detention homes. The Virginia Council on Juvenile Detention (VCJD) and the VACSB shall be included in the process. DBHDS shall report its progress to COY prior to the 2015 General Assembly Session.

Recommendation 6

Request DBHDS convene a training comprised of detention home and CSB representatives to clarify the role of each agency in the provision mental health and substance use services including assessment/evaluations, outpatient treatment, and crisis and case management services to juveniles in detention. Other topics include the purposes of the funding, the needs of juveniles in detention, model memorandums of understanding, and partnership opportunities. The VCJD and the VACSB shall be included in the process. DBHDS shall report its progress to COY prior to the 2015 General Assembly Session.

Trauma

Findings

Trauma is a result of physical or sexual abuse, neglect or maltreatment, loss of a caregiver, witnessing violence, community violence, or disasters that induce feelings of powerlessness, fear, hopelessness, and include a constant state of alertness. Individuals who experience trauma as children are more likely to develop life-long mental health disorders.

According to the Juvenile Policy Institute:

- *Approximately 75 to 93 percent of youth entering the juvenile justice system annually have experienced some degree of trauma.*
- *Being abused or neglected as a child increases the likelihood of arrest as a juvenile by 59 percent.*
- *Arrest rates for youth who have experienced trauma are 8 times higher than their non-traumatized peers.*

In Virginia, several localities reported an increasing awareness that trauma exposure was a crucial element in understanding and best serving juvenile offenders, but the lack of training and resources limits the work that can be done. Ideally, trauma-informed care would be diffused throughout the juvenile justice system. Screening for trauma exposure could occur at the various entry points into the system.

Court-ordered mental health assessments could include assessments of trauma. Qualified mental health professionals working with the juvenile justice system could be trained in evidence-based interventions for trauma.

Recommendation 7

Request DJJ investigate the feasibility of implementing a formal screening method for trauma and developing a training program for all appropriate parties in recognizing trauma and appropriately handling youth when trauma is detected.

Recommendation 8

Support the efforts of the Department of Criminal Justice Services (DCJS), the Office of the Executive Secretary for the Supreme Court, and DJJ in training appropriate parties, including police officers, judges, and other staff, in recognizing trauma and appropriately handling youth when trauma is detected.

Supporting Current Juvenile Justice Practices

Findings

Juveniles involved in the juvenile justice system who also have a mental health disorder are more likely to continue to experience justice system involvement. Properly identifying youth in need and linking them with appropriate services will help facilitate their rehabilitation and likely reduce subsequent law violating behavior.

Heightened awareness of mental health disorders has led to increased research and new treatment practices in the juvenile justice system. Among delinquent juveniles who receive structured, meaningful and sensitive treatment, recidivism rates are 25 percent lower than those in untreated control groups and re-offense rates are reduced by as much as 80 percent.

Virginia's juvenile justice system allows for the diversion of juveniles consistent with the protection of public safety. Intake is a critical intervention point within the juvenile justice system and plays a vital role in determining whether a juvenile's case is dismissed, diverted, or formally referred to the court.

In Virginia, Court Service Units and juvenile justice officials strive to integrate community resources to meet the needs of the juvenile. These localities have begun to expand the role of probation officers to that of a "case manager" providing intensive case management and support to juveniles with identified mental health and substance use concerns. Court Service Unit officials who were *interviewed noted that they would appreciate additional information on mental health, assessment, family engagement, trauma, and appropriate interventions/resources.*

Recommendation 9

Request DJJ include in their ongoing training efforts information on the facilitation of case management of youth in the juvenile justice system. Training may incorporate best practices for juveniles with mental health, substance use, and co-occurring disorders as well as the impact of trauma.

VIII. Acknowledgments

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Commonwealth Center for Children and Adolescents
- Jeffrey Aaron, Ph.D., Director
- Don Roe, Ph.D., Special Projects Administrator

Culpeper
- Christian A. Brashear, Esq.

Gary Close, Commission Member
The Honorable Frank W. Somerville, Juvenile and Domestic Relations Court
Margie Messick, Youth Network Director
Elise Stevenson, Ph.D., Private Provider

Department of Behavioral Health and Development Services
Janet Lung, Director, Child and Family Services
Katharine Hunter, Child and Adolescent Program Specialist

Department of Juvenile Justice
Kristen Marshall, Research Analyst
Ashaki McNeil, Re-Entry Program Manager
Janet VanCuk, Legislative and Research Manager
Barbara Peterson-Wilson, Regulatory and Policy Coordinator
Angela Valentine, Community Programs Manager

Fairfax
Robert Bermingham, Court Services Unit Director
James McCarron, Director, Probation Services
Elaine Lassiter, Director of Special Services

Giles County and the 29th Court Service Unit
Ron Belay, Court Services Unit Director
Ricky Teague, Court Psychologist Associate

Hanover
Frank Uvanni, Guardian ad Litem

Henrico
The Honorable Margaret Deglau, Juvenile and Domestic Relations District Court

JustChildren
Kate Duvall
Angela Ciolfi
Donald Ross, M and R Strategies

Prince William
Victor L. Evans, Comprehensive Services Act Program Manager

Richmond City
Camilita Hayes, Parole Supervisor
Marcia Lamb, Mental Health Clinician
Renesha James, Education Coordinator

Roanoke
Rodney Hubbard, Court Services Unit Director
Gina Wilburn, Director of Child and Family Services, *Blue Ridge* Behavioral Healthcare

Supreme Court of Virginia, Office of the Executive Secretary
Lelia Baum Hopper, Court Improvement Program

Virginia Association of Community Services Boards
Mary Ann Bergeron, Executive Director
William Frank, Public Policy Manager
Members of the Child and Family Services Council

Virginia Beach
The Honorable Deborah V. Bryan, Juvenile and Domestic Relations District Court
The Honorable Winship C. Tower, Juvenile and Domestic Relations District Court
Olymphia A. Perkins, Court Services Unit Director
William Dean, Deputy Chief of Policy
James Thornton, Coordinator, Child and Youth Mental Health/Substance Abuse Services
Susan Dye, Pendleton Child Service Center Administrator
(Representatives from the Court Services Unit, Community Services Board, and law enforcement also assisted Commission on Youth staff)

Virginia Council of Juvenile Detention
Tim Smith, President

Voices for Virginia's Children
John Morgan, Director
Margaret Nimmo Crowe, Policy Director
Amy Woolard, Senior Policy Attorney

Winchester
The Honorable Elizabeth Kellas, Winchester Juvenile and Domestic Relations District Court
The Honorable Jill Holtzman Vogel, Senate of Virginia
The Honorable Beverly Sherwood, House of Delegates
Evelyn Zirkle, Private Provider
Mary Zirkle, Private Provider

APPENDIX A

SENATE BILL NO. 928

Offered January 9, 2013

Prefiled January 7, 2013

A BILL to amend and reenact §§ 16.1-248.2, 16.1-273, 16.1-274, and 16.1-278.8 of the Code of Virginia, relating to mental health assessments for certain juveniles.

Patron-- Vogel

Referred to Committee for Courts of Justice

Be it enacted by the General Assembly of Virginia:

1. That §§ 16.1-248.2, 16.1-273, 16.1-274, and 16.1-278.8 of the Code of Virginia are amended and reenacted as follows:

§ 16.1-248.2. Mental health screening and assessment for certain juveniles.

Whenever a juvenile is placed in a secure facility pursuant to § 16.1-248.1, the staff of the facility shall gather such information from the juvenile and the probation officer as is reasonably available and deemed necessary by the facility staff. As part of the intake procedures at each such facility, the staff shall ascertain the juvenile's need for a mental health assessment. If it is determined that the juvenile needs such an assessment, the assessment shall take place within twenty-four hours of such determination. The community services board serving the jurisdiction where the facility is located shall be responsible for conducting the assessments and shall be compensated from funds appropriated to the Department of Juvenile Justice for this purpose. The Department of Juvenile Justice shall develop criteria and a compensation plan for such assessments. *A copy of the assessment and its findings shall be sent to the superintendent of the secure facility.*

The superintendent of the secure facility or his designee shall inform the juvenile's assigned probation officer in writing of the findings of the assessment. If the attorney for the Commonwealth is seeking commitment of a child adjudicated delinquent and a mental health assessment completed pursuant to this section has identified a serious mental health problem that can be diagnosed under the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association, the juvenile's probation officer shall advise the court of this finding and the requirement to order an evaluation under subsection B of § 16.1-273.

§ 16.1-273. Court may require investigation of social history and preparation of victim impact statement.

A. When a juvenile and domestic relations district court or circuit court has adjudicated any case involving a child subject to the jurisdiction of the court hereunder, except for a traffic violation, a violation of the game and fish law or a violation of any city ordinance regulating surfing or establishing curfew violations, the court before final disposition thereof may require an investigation, which (i) shall include a drug screening and (ii) may, and for the purposes of § 16.1-278.7 shall, include the physical, mental and social conditions, including an assessment of any affiliation with a criminal street gang as defined in § 18.2-46.1, and personality of the child and the facts and circumstances surrounding the violation of law. However, in the case of a juvenile adjudicated delinquent on the basis of an act committed on or after January 1, 2000, which would be a felony if committed by an adult, or a violation under Article 1 (§ 18.2-247 et seq.) or Article 1.1 (§ 18.2-265.1 et seq.) of Chapter 7 of Title 18.2 and such offense would be punishable as a Class 1 or Class 2 misdemeanor if committed by an adult, the court shall order the juvenile to undergo a drug screening. If the drug screening indicates that the juvenile has a substance abuse or dependence problem, an assessment shall be completed by a certified substance abuse counselor as defined in § 54.1-3500 employed by the Department of Juvenile Justice or by a locally operated court services unit or by an individual employed by or currently under contract to such agencies and who is specifically trained to conduct such assessments under the supervision of such counselor.

B. *If the attorney for the Commonwealth is seeking commitment of a child adjudicated delinquent and a mental health assessment completed pursuant to § 16.1-248.2 has identified a mental health need or mental illness, the court shall direct the appropriate public agency to evaluate the child's service needs using an interdisciplinary team approach. The team shall consist of qualified personnel who are reasonably available from the following community agencies: community services board established pursuant to § 37.2-501, juvenile court services unit, department of social services, local school division, and other appropriate and available public and private agencies. A family assessment and planning team established pursuant to § 2.2-5207 shall be considered a qualified team. In lieu of directing that an evaluation be made, the court may consider the report of an interdisciplinary team concerning the child if such team met not more than 90 days prior. A report of the evaluation shall be filed as provided in subsection A of § 16.1-274 prior to disposition of the matter.*

C. The court also shall, on motion of the attorney for the Commonwealth with the consent of the victim, or may in its discretion, require the preparation of a victim impact statement in accordance with the provisions of § 19.2-299.1 if the court determines that the victim may have suffered significant physical, psychological or economic injury as a result of the violation of law.

§ 16.1-274. Time for filing of reports; copies furnished to attorneys; amended reports; fees.

A. Whenever *(i)* any court directs an investigation pursuant to subdivision A of § 16.1-237 or § 16.1-273 or 9.1-153, or an evaluation pursuant to § 16.1-278.5, *or (ii) an evaluation pursuant to subsection B of § 16.1-273 has been conducted for a juvenile adjudicated delinquent and found eligible for commitment,* the probation officer, court-appointed special advocate, or other agency conducting such investigation *or evaluation* shall file such report with the clerk of the court directing the investigation *or evaluation*. The clerk shall furnish a copy of such report to all attorneys representing parties in the matter before the court no later than 72 hours, and in cases of child custody, 15 days, prior to the time set by the court for hearing the matter. If such probation officer or other agency discovers additional information or a change in circumstance after the filing of the report, an amended report shall be filed forthwith and a copy sent to each person who received a copy of the original report. Whenever such a report is not filed or an amended report is filed, the court shall grant such continuance of the proceedings as justice requires. All attorneys receiving such report or amended report shall return such to the clerk upon the conclusion of the hearing and shall not make copies of such report or amended report or any portion thereof. However, the chief judge of each juvenile and domestic relations district court may provide for an alternative means of copying and distributing reports or amended reports filed pursuant to § 9.1-153.

B. Notwithstanding the provisions of §§ 16.1-69.48:2 and 17.1-275, when the court directs the appropriate local department of social services to conduct supervised visitation or directs the appropriate local department of social services or court services unit to conduct an investigation pursuant to § 16.1-273 or to provide mediation services in matters involving a child's custody, visitation, or support, the court shall assess a fee against the petitioner, the respondent, or both, in accordance with fee schedules established by the appropriate local board of social services when the service is provided by a local department of social services or by a court services unit. The fee schedules shall include (i) standards for determining the paying party's or parties' ability to pay and (ii) a scale of fees based on the paying party's or parties' income and family size and the actual cost of the services provided. The fee charged shall not exceed the actual cost of the service. The fee shall be assessed as a cost of the case and shall be paid as prescribed by the court to the local department of social services, locally operated court services unit or Department of Juvenile Justice, whichever performed the service, unless payment is waived. The method and medium for payment for such services shall be determined by the local department of social services, Department of Juvenile Justice, or the locally operated court services unit that provided the services.

C. When a local department of social services or any court services unit is requested by another local department or court services unit in the Commonwealth or by a similar department or entity in another state to conduct an investigation involving a child's custody, visitation or support pursuant to § 16.1-273 or, in the case of a request from another state pursuant to a provision corresponding to §16.1-273, or to provide mediation services, or for a local department of social services to provide supervised visitation, the local department or the court services unit performing the service may require payment of fees prior to conducting the investigation or providing mediation services or supervised visitation.

§ 16.1-278.8. Delinquent juveniles.

A. If a juvenile is found to be delinquent, except where such finding involves a refusal to take a blood or breath test in violation of §18.2-268.2 or a similar ordinance, the juvenile court or the circuit court may make any of the following orders of disposition for his supervision, care and rehabilitation:

1. Enter an order pursuant to the provisions of § 16.1-278;

2. Permit the juvenile to remain with his parent, subject to such conditions and limitations as the court may order with respect to the juvenile and his parent;

3. Order the parent of a juvenile living with him to participate in such programs, cooperate in such treatment or be subject to such conditions and limitations as the court may order and as are designed for the rehabilitation of the juvenile and his parent;

4. Defer disposition for a specific period of time established by the court with due regard for the gravity of the offense and the juvenile's history, after which time the charge may be dismissed by the judge if the juvenile exhibits good behavior during the period for which disposition is deferred;

4a. Defer disposition and place the juvenile in the temporary custody of the Department to attend a boot camp established pursuant to § 66-13 provided bed space is available for confinement and the juvenile (i) has been found delinquent for an offense that would be a Class 1 misdemeanor or felony if committed by an adult, (ii) has not previously been and is not currently being adjudicated delinquent or found guilty of a violent juvenile felony, (iii) has not previously attended a boot camp, (iv) has not previously been committed to and received by the Department, and (v) has had an assessment completed by the Department or its contractor concerning the appropriateness of the candidate for a boot camp. Upon the juvenile's withdrawal, removal or refusal to comply with the terms and conditions of participation in the program, he shall be brought before the court for a hearing at which the court may impose any other disposition as authorized by this section which could have been imposed at the time the juvenile was placed in the custody of the Department;

5. Without entering a judgment of guilty and with the consent of the juvenile and his attorney, defer disposition of the delinquency charge for a specific period of time established by the court with due regard for the gravity of the offense and the juvenile's history, and place the juvenile on probation under such conditions and limitations as the court may prescribe. Upon fulfillment of the terms and conditions, the court shall discharge the juvenile and dismiss the proceedings against him. Discharge and dismissal under these provisions shall be without adjudication of guilt;

6. Order the parent of a juvenile with whom the juvenile does not reside to participate in such programs, cooperate in such treatment or be subject to such conditions and limitations as the court may order and as are designed for the rehabilitation of the juvenile where the court determines this participation to be in the best interest of the juvenile and other parties concerned and where the court determines it reasonable to expect the parent to be able to comply with such order;

7. Place the juvenile on probation under such conditions and limitations as the court may prescribe;

7a. Place the juvenile on probation and order treatment for the abuse or dependence on alcohol or drugs in a program licensed by the Department of Behavioral Health and Developmental Services for the treatment of juveniles for substance abuse provided that (i) the juvenile has received a substance abuse screening and assessment pursuant to § 16.1-273 and that such assessment reasonably indicates that the commission of the offense was motivated by, or closely related to, the habitual use of alcohol or drugs and indicates that the juvenile is in need of treatment for this condition; (ii) the juvenile has not previously been and is not currently being adjudicated for a violent juvenile felony; and (iii) such facility is available. Upon the juvenile's withdrawal, removal, or refusal to comply with the conditions of participation in the program, he shall be brought before the court for a hearing at which the court may impose any other disposition authorized by this section. The court shall review such placements at 30-day intervals;

8. Impose a fine not to exceed $500 upon such juvenile;

9. Suspend the motor vehicle and driver's license of such juvenile or impose a curfew on the juvenile as to the hours during which he may operate a motor vehicle. Any juvenile whose driver's license is suspended may be referred for an assessment and subsequent referral to appropriate services, upon such terms and conditions as the court may order. The court, in its discretion and upon a demonstration of hardship, may authorize the use of a restricted permit to operate a motor vehicle by any juvenile who enters such program for any of the purposes set forth in subsection E of § 18.2-271.1 or for travel to and from school. The restricted permit shall be issued in accordance with the provisions of such subsection. However, only an abstract of the court order that identifies the juvenile and the conditions under which the restricted license is to be issued shall be sent to the Department of Motor Vehicles.

If a curfew is imposed, the juvenile shall surrender his driver's license, which shall be held in the physical custody of the court during any period of curfew restriction. The court shall send an abstract of any order issued under the provisions of this section to the Department of Motor Vehicles, which shall preserve a record thereof. Notwithstanding the provisions of Article 12 (§ 16.1-299 et seq.) of this chapter or the provisions of Title 46.2, this record shall be available only to all law-enforcement officers, attorneys for the Commonwealth and courts. A copy of the court order, upon which shall be noted all curfew restrictions, shall be provided to the juvenile and shall contain such information regarding the juvenile as is reasonably necessary to identify him. The juvenile may operate a motor vehicle under the court order in accordance with its terms.

Any juvenile who operates a motor vehicle in violation of any restrictions imposed pursuant to this section shall be guilty of a violation of § 46.2-301.

The Department of Motor Vehicles shall refuse to issue a driver's license to any juvenile denied a driver's license until such time as is stipulated in the court order or until notification by the court of withdrawal of the order imposing the curfew;

10. Require the juvenile to make restitution or reparation to the aggrieved party or parties for actual damages or loss caused by the offense for which the juvenile was found to be delinquent;

11. Require the juvenile to participate in a public service project under such conditions as the court prescribes;

12. In case of traffic violations, impose only those penalties that are authorized to be imposed on adults for such violations. However, for those violations punishable by confinement if committed by an adult, confinement shall be imposed only as authorized by this title;

13. Transfer legal custody to any of the following:

a. A relative or other individual who, after study, is found by the court to be qualified to receive and care for the juvenile;

b. A child welfare agency, private organization or facility that is licensed or otherwise authorized by law to receive and provide care for such juvenile. The court shall not transfer legal custody of a delinquent juvenile to an agency, organization or facility outside of the Commonwealth without the approval of the Director; or

c. The local board of social services of the county or city in which the court has jurisdiction or, at the discretion of the court, to the local board of the county or city in which the juvenile has residence if other than the county or city in which the court has jurisdiction. The board shall accept the juvenile for care and custody, provided that it has been given reasonable notice of the pendency of the case and an opportunity to be heard. However, in an emergency in the county or city in which the court has jurisdiction, such local board may be required to temporarily accept a juvenile for a period not to exceed 14 days without prior notice or an opportunity to be heard if the judge entering the placement order describes the emergency and the need for such temporary placement in the order. Nothing in this subdivision shall prohibit the commitment of a juvenile to any local board of social services in the Commonwealth when such local board consents to the commitment. The board to which the juvenile is committed shall have the final authority to determine the appropriate placement for the juvenile. Any order authorizing removal from the home and transferring legal custody of a juvenile to a local board of social services as provided in this subdivision shall be entered only upon a finding by the court that reasonable efforts have been made to prevent removal and that continued placement in the home would be contrary to the welfare of the juvenile, and the order shall so state;

14. Commit the juvenile to the Department of Juvenile Justice, but only if he is 11 years of age or older and the current offense is (i) an offense that would be a felony if committed by an adult, (ii) an offense that would be a Class 1 misdemeanor if committed by an adult and the juvenile has previously been found to be delinquent based on an offense that would be a felony if committed by an adult, or (iii) an offense that would be a Class 1 misdemeanor if committed by an adult and the juvenile has previously been adjudicated delinquent of three or more offenses that would be a Class 1 misdemeanor if committed by an adult, and each such offense was not a part of a common act, transaction or scheme.

If an interdisciplinary team report has been filed pursuant to subdivision B of § 16.1-273, the court shall consider the report and may (i) find the child to be in need of services and enter an order of disposition authorized by § 16.1-278.4 for a child in need of services, (ii) order any dispositional alternatives permitted by this section, or (iii) if the court finds that all other appropriate treatment options in the community have been exhausted and that commitment is needed to meet the child's service needs, commit the child to the Department of Juvenile Justice. The court shall state in its order for commitment the basis for all findings required by this subdivison;

15. Impose the penalty authorized by § 16.1-284;

16. Impose the penalty authorized by § 16.1-284.1;

17. Impose the penalty authorized by § 16.1-285.1;

18. Impose the penalty authorized by § 16.1-278.9; or

19. Require the juvenile to participate in a gang-activity prevention program including, but not limited to, programs funded under the Virginia Juvenile Community Crime Control Act pursuant to § 16.1-309.7, if available, when a juvenile has been found delinquent of any of the following violations: § 18.2-51, 18.2-51.1, 18.2-52, 18.2-53, 18.2-55, 18.2-56, 18.2-57, 18.2-57.2, 18.2-121, 18.2-127, 18.2-128, 18.2-137, 18.2-138, 18.2-146, or 18.2-147, or any violation of a local ordinance adopted pursuant to § 15.2-1812.2.

B. If the court finds a juvenile delinquent of any of the following offenses, the court shall require the juvenile to make at least partial restitution or reparation for any property damage, for loss caused by the offense, or for actual medical expenses incurred by the victim as a result of the offense: § 18.2-51, 18.2-51.1, 18.2-52, 18.2-53, 18.2-55, 18.2-56, 18.2-57, 18.2-57.2, 18.2-121, 18.2-127, 18.2-128,18.2-137, 18.2-138, 18.2-146, or 18.2-147; or for any violation of a local ordinance adopted pursuant to § 15.2-1812.2. The court shall further require the juvenile to participate in a community service project under such conditions as the court prescribes.

APPENDIX B

Court Service Units – Commitments by District & Location

Juvenile District	Location (Main Office)	Commitments			
		2010	2011	2012	2013
1	Chesapeake	8	16	13	15
2	Virginia Beach	31	29	33	34
2A	Accomac	12	4	3	7
3	Portsmouth	16	23	22	15
4	Norfolk	34	54	53	45
5	Suffolk	19	17	17	22
6	Hopewell	10	12	10	9
7	Newport News	34	40	40	37
8	Hampton	28	29	28	16
9	Williamsburg	19	20	22	22
10	Appomattox	5	6	4	7
11	Petersburg	35	26	25	12
12	Chesterfield	37	39	30	66
13	Richmond	49	40	39	57
14	Henrico	54	42	36	25
15	Fredericksburg	39	42	26	37
16	Charlottesville	20	31	21	18
17A *Locally Operated*	Arlington	15	11	16	7
17F *Locally Operated*	Falls Church	0	0	0	0
18	Alexandria	4	4	9	2
19 *Locally Operated*	Fairfax	30	18	18	7
20W	Warrenton	4	3	1	5
20L	Loudoun	4	3	4	1
21	Martinsville	11	11	11	5
22	Rocky Mount	24	23	18	16
23	Salem	6	1	0	0
23A	Roanoke	17	7	7	4
24	Lynchburg	19	17	12	9
25	Staunton	4	11	10	5
26	Winchester	18	14	7	6
27	Pulaski	8	4	3	6
28	Abingdon	1	2	0	0
29	Pearisburg	2	4	3	2
30	Gate City	3	0	1	0
31	Manassas	27	14	21	16
Total		647	617	563	535

Source: Virginia Department of Juvenile Justice.