

2013 EXECUTIVE SUMMARY OF

**THE VIRGINIA COMMISSION
ON YOUTH**



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

**COMMONWEALTH OF VIRGINIA
RICHMOND
2013**



COMMONWEALTH of VIRGINIA
Commission on Youth

Delegate Christopher K. Peace, *Chair*
Senator Barbara A. Favola, *Vice Chair*

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January 2, 2014

TO: The Honorable Robert F. McDonnell
and Members of the General Assembly

Pursuant to the provisions of the *Code of Virginia* (§§ 30-174 and 30-175) establishing the Virginia Commission on Youth and setting forth its purpose, I have the honor of submitting herewith the Executive Summary for the calendar year ending December 31, 2013.

This 2013 Executive Summary includes the interim activity and work conducted by the Virginia Commission on Youth during the 2012 study year, as required by § 30-175.

Final reports of the studies conducted will be published or made available on the General Assembly website. These reports will also be available on the Commission's website, <http://vcov.virginia.gov>.

Sincerely,

A handwritten signature in cursive script that reads "Christopher K. Peace".

Christopher K. Peace

2013

VIRGINIA COMMISSION ON YOUTH

House of Delegates

The Honorable Christopher K. Peace, Chair
The Honorable Mamy E. BaCote
The Honorable Robert H. Brink
The Honorable Peter F. Farrell
The Honorable Beverly Sherwood
The Honorable Anne Crockett-Stark

Senate of Virginia

The Honorable Barbara A. Favola, Vice Chair
The Honorable Stephen H. Martin
The Honorable Harry B. Blevins (*Through August 2013*)

Gubernatorial Appointments from the Commonwealth at Large

The Honorable Gary L. Close, Esq.
Frank S. Royal, Jr., M.D.
Charles H. Slemper, III, Esq.

Commission Staff

Amy M. Atkinson, Executive Director
Leah Mills, Senior Policy Analyst

EXECUTIVE SUMMARY

Virginia Commission on Youth - Background

Enabling Authority

§ 30-174 and § 30-175

Established in statute by the 1989 General Assembly, the Virginia Commission on Youth represents a legislative response to a two-year study examining the issues related to services to chronic status offenders. Virginia Code directs the Commission "to study and provide recommendations addressing the needs of and services to the Commonwealth's youth and families." Enacted in 1989, the Commission began operations in 1991.

The Commission on Youth is comprised of nine members of the General Assembly and three citizens appointed by the Governor (§30-174). Six Commission members from the House of Delegates are appointed by the Speaker of the House. The three Commission members from the Senate are appointed by the Senate Committee on Rules.

Recent Accomplishments

In 2013, the General Assembly adopted the Commission on Youth's recommendation to provide a procedure to restore the parental rights of a parent whose rights had been previously terminated, with the following conditions:

- Age of Juvenile: 14 years of age
- Exceptions to Age Requirement
 - Younger Sibling Exception

The juvenile must be a certain age, or a younger sibling of a juvenile of sufficient age for whom restoration is being sought, and the younger sibling independently meets the criteria for restoration; and
 - LDSS and GAL File Jointly

A restoration petition may be filed for a juvenile who does not meet the age requirement where his or her guardian ad litem and the local department of social services jointly file the petition for restoration.
- Who May File: the local departments of social services (LDSS) or the juvenile's guardian ad litem
- Required Time Period Post-Termination: Two years
- Time Period Exception: 18th Birthday Exception
 - Where the required two year time period would expire after the juvenile's 18th birthday, the petition may be brought sooner.
- Who Must Consent: the juvenile and the parent whose rights are being restored
- Best Interests Standard: A clear and convincing burden of proof
- Participation of Court Appointed Special Advocates
- Limitations: Limits the availability of the restoration procedure for those cases in which a parent's parental rights were terminated pursuant to §16.1-283(B), (C), or (D).

- **Transition:** Provides for a transitional period, during which the juvenile is in the physical custody of the parent and the legal custody of the local department of social services.

Delegate Mamyé BaCote served as the chief patron for the legislation (House Bill 1637) to provide a process for restoration of parental rights. On March 14, 2013, the Governor approved the legislation (Chapter 338) and the legislation went into effect on July 1, 2013.

In May 2013, the Virginia Commission on Youth also hosted a Family Impact Seminar in partnership with the Virginia Commonwealth University entitled, *Virginia Military and Veteran Families - Focus on Strategies for Sustainable Housing and Family Well-Being*. The purpose of Virginia Family Impact Seminars is to provide objective, non-advocacy, solution-oriented research on timely policy issues. The seminars encourage policymakers to consider the impact of policies on families. Family Impact Seminars are for legislators, legislative staff, Governor's office staff and executive branch agency representatives. Stakeholders from throughout Virginia were invited to participate.

The Virginia Partnership for Out-of-School-Time (VPOST) is a statewide public-private partnership dedicated to developing and expanding academic, social, emotional, and physical supports and services to school-age children and youth across Virginia during the out-of-school time hours. On August 19, 2013, the Virginia Commission on Youth collaborated with the VPOST Leadership Council to host the Virginia Out-of-School Time Summit in Richmond. Sponsoring organizations were the Virginia Department of Education, the National Conference of State Legislatures, and the Charles Stewart Mott Foundation.

Summit attendees included educators, program directors, site coordinators, principals and superintendents, policymakers, researchers, community stakeholders, and funders. Delegate Christopher Peace, Chairman of the Commission on Youth, spoke to the Summit attendees about the need for expanded awareness and support for more meaningful out-of-school options at state and local levels.

Legislative Initiative

Assessment of the Mental Health Needs of Juvenile Offenders

Study Author

Virginia Commission on Youth

Enabling Authority

§ 30-174 and § 30-175

EXECUTIVE SUMMARY

During the 2013 General Assembly Session, Senator Jill Holtzman Vogel introduced Senate Bill 928 which would require the juvenile and domestic relations 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 and the barriers to assessing the mental health needs of juvenile offenders. The study plan included site visits and stakeholder interviews to assist in the study effort.

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

Social History Report

- 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 CSUs 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.

Mental Health Support for Court Services Units (CSU)

- Introduce a budget amendment to fund up to one qualified mental health professional (QMHP) for each CSU that best suits their particular needs, including conducting mental health, substance abuse, and/or trauma screenings, assessments, and evaluations. Provide the CSU with the flexibility to hire the position or to enter into a Memorandum of Understanding with their local CSB.
- Introduce a budget amendment authorizing CSUs to contract with a QMHP for the provision of mental health, substance abuse, and/or trauma screenings, assessments, and evaluations. Provide the CSU 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 Health 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 Virginia Association of Community Services Boards (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.

Legislative Initiative

Update of *Collection of Evidence-based Treatments for Children and Adolescents with Mental Health Disorders*

Study Author

Virginia Commission on Youth

Enabling Authority

§ 30-174 and § 30-175

EXECUTIVE SUMMARY

The 2002 General Assembly, through Senate Joint Resolution 99, directed the Virginia Commission on Youth to coordinate the collection of empirically-based information on treatments recognized as effective for children, including juvenile offenders, with mental health treatment needs. The resulting publication entitled *Collection of Evidence-based Treatments for Children and Adolescents with Mental Health Treatment Needs* was compiled by the Commission on Youth with the assistance of an advisory group of experts pursuant to the resolution. The *Collection* was published in *House Document 9* and presented to the Governor and the 2003 General Assembly.

The *Collection* summarizes mental health practices proven effective for children and adolescents. The *Collection* is a resource for parents, caregivers, educators, service providers, and others seeking current research on evidence-based practices. Since 2003, the Commission has updated the *Collection* every two years and made it available on the Commission on Youth's website and in print editions. It is currently in its fifth edition.

The 2003 General Assembly subsequently passed Senate Joint Resolution 358, which required the Commission to update the *Collection* biennially. The Commission on Youth designed this initiative to be assisted by an advisory group, which was to provide overall guidance, including direction and philosophy for the update of the *Collection*. The *Collection* is currently in its 5th Edition. Each of the reports was presented to the Governor and the General Assembly.

Senate Joint Resolution 358 also mandated that the Commission disseminate the *Collection* via web technologies. As specified in the resolution, the Commission received assistance in disseminating the *Collection* from the Advisory Group, the Secretary of Health and Human Resources, the Secretary of Education, and the Secretary of Public Safety.

In anticipation of the release of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders Fifth Edition* (DSM-5), the Commission on Youth directed staff at the April 2 meeting to:

- Revise the *Collection of Evidence-based Practices for Children and Adolescents with Mental Health Treatment Needs 5th Edition* (the "Collection"). The Collection is to be revised biennially pursuant to Senate Joint Resolution 358 (2003);
- Seek the assistance of the Study Advisory Group, the Secretary of Health and Human Resources, the Secretary of Public Safety, and the Secretary of Education;

- Make the Collection available through web technologies; and
- Develop a cost-effective and efficient dissemination method.

The *Diagnostic and Statistical Manual of Mental Disorders* (DSM) is the American Psychiatric Association's publication considered by practitioners throughout the world to be the definitive source by which to classify mental illnesses. The DSM was recently updated in May 2013. Changes to the newest edition (the DSM-5) are significant. The following are just a few of the changes included to the DSM-5:

- Eliminates the category, "Disorders Usually First Diagnosed in Infancy, Childhood, and Adolescence"
- Re-categorizes learning disorders;
- Creates a single diagnostic category for autism and other socialization disorders;
- Modifies the three ADHD subtypes;
- Eliminates "substance abuse" and "substance dependence" as disorders, to be replaced with a single "addiction and related disorders" category;
- Adds a new disorder in children, "temper dysregulation with dysphoria," describing negative mood with bursts of rage; and
- Revises criteria for some eating disorders, including creation of a separate "binge eating disorder" distinct from bulimia.

The Commission reconvened the Collection's Advisory Group to assist in the update and to provide feedback to the process. Commission on Youth staff is currently revising the Collection reorganizing the content based on the DSM-5. Staff is also developing a "crosswalk" to outline the changes from the DSM-IV to the DSM-5.

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

The Commission on Youth will update the next biennial revision (6th Edition) of the *Collection of Evidence-Based Practices for Children and Adolescents with Mental Health Treatment Needs* to reflect the revisions in the DSM-5 and suggestions from the Advisory Group including:

- adding family-specific information for each mental health/developmental disorder;
- updating the sections on cultural competency; and
- including information on early childhood issues.

The *Collection* 6th Edition is scheduled to be completed in early 2014.

Legislative Initiative

Three Branch Institute on Child Social and Emotional Well-Being

Study Author

Virginia Commission on Youth

Enabling Authority

§ 30-174 and § 30-175

EXECUTIVE SUMMARY

At the Commission's meeting on April 2, 2013, the Commission on Youth adopted a study plan to collaborate and coordinate with the executive and judicial branches in Virginia's application for the National Governors Association's Three Branch Institute on Child Social and Emotional Well-Being Request for Proposals to improve the social and emotional well-being of foster care children in Virginia.

In April 2012, the Administration for Children, Youth and Families (ACYF) published an information memorandum with guidance for understanding and measuring the concept of well-being of children and youth receiving child welfare services. The ACYF identified four primary domains for measuring a child's well-being:

- cognitive functioning,
- physical health and development,
- behavioral/emotional functioning and
- social functioning.

The Three-Branch Institute on Child Social and Emotional Well-Being of the National Governors Association seeks to improve the social and emotional well-being of children in foster care in participating states. The Institute's Request for Proposals requires the coordination and collaboration of the state's executive, legislative and judicial branches of government. The goal is for states to develop a state-specific plan for children and youth receiving foster care services through the state's child welfare system. The Institute, which was held July 24 to 26, provided support to states in:

- identifying the nexus between the unique health, mental health and education challenges of children in foster care;
- examining strategies in which safety, permanency and well-being are interrelated;
- highlighting best or promising practices across the state; and
- identifying possible gaps or barriers in policy in order to improve outcomes for children connected to the child welfare system.

Virginia's Three Branch Institute Leadership team is in the process of developing a state-specific plan to promote and measure well-being among children and youth receiving child welfare services, focusing on four overall goals which include:

- continuity of effective health care services;
- provision of trauma-informed behavioral health assessments and services that are evidenced-based and research-informed;
- appropriate use and effective management of psychotropic medications at child and systems level; and
- improved educational stability, performance, and predictors of success.