

**REPORT OF THE VIRGINIA DEPARTMENT OF
JUVENILE JUSTICE**

**Rehabilitative Services Report
(2024 Appropriation Act, Item
414.B.)**

TO THE GENERAL ASSEMBLY OF VIRGINIA



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Virginia Department of Juvenile Justice



REHABILITATIVE SERVICES REPORT

MANDATE

This report of DJJ's rehabilitative services is published in accordance with the requirements of Chapter 2 of the 2024 Appropriation Act of the Virginia Acts of Assembly, Special Session I, Item 414 (B).

AGENCY OVERVIEW

DJJ's mission is to protect the public by preparing court-involved and committed youth to be successful citizens. To accomplish this mission, DJJ uses an integrated approach to juvenile justice, bringing together current research and best practices to target delinquent behavior; meet the needs of court-involved youth, victims, and communities; and manage activities and resources in a responsible and proactive manner. DJJ's primary responsibilities are to hold youth accountable for wrong-doing, prevent further offending, and treat all youth fairly.

DJJ strives to balance the safety of the community with the needs of youth. When appropriate, youth may be diverted from the court system as a means to best address minor infractions and low-risk behaviors. For matters that require court involvement, DJJ uses a balanced approach that provides (i) protection of public safety through structured community supervision or secure confinement of youth, (ii) a system of incentives and graduated sanctions in both community and direct care settings to ensure accountability for youth's actions, and (iii) a variety of services and programs that build skills and competencies (e.g., substance use and aggression management treatment, education, career readiness). These strategies enable youth to become law-abiding members of the community during and upon release from DJJ's supervision.

DJJ is committed to using the evidence-based Risk-Needs-Responsivity (RNR) principles by (i) focusing resources on youth with the highest risk of reoffending and (ii) addressing the individual risk factors that contribute to the initiation and continuation of delinquent behavior to create the greatest impact on offending youth. DJJ recognizes that successful outcomes require services that are individualized to the strengths and needs of youth, families, and communities. Individual risk factors are identified and addressed to increase the likelihood of successful outcomes. Likewise, appropriate public safety strategies, such as electronic monitoring, drug screening, and various levels of supervision are matched to a youth's individualized circumstances. DJJ also uses a set of research-based and consensus-based instruments to guide decisions at different points within the juvenile justice system, including the initial decision to detain and the assignment to various levels of community probation or parole supervision.

DJJ continues to expand its continuum of services and alternative placements that (i) offer programs and treatments to divert youth from further involvement in the justice system and (ii) provide appropriate dispositional options for youth under supervision that enable committed youth to return successfully to the community. DJJ contracts with a regional service coordinator (RSC) to assist in assessing existing programming, developing new service capacity, and selecting and subcontracting with direct service providers (DSPs). Additionally, the CPPs and detention reentry programs in several JDCs provide alternatives to JCC placement for youth in direct care. These programs allow committed youth to be placed in smaller settings intended to keep them closer to family, provide individualized services to address criminogenic needs, and enhance reentry planning and services.

NEW AND ONGOING REHABILITATIVE INITIATIVES

Some of the system-wide initiatives DJJ has embarked upon to achieve its goals and better serve the Commonwealth are described as follows.

RSC MODEL FOR SERVICE DELIVERY

The Regional Service Coordination (RSC) model is the primary method of interaction of direct service providers. In FY 2024, DJJ contracted with the company Evidence-Based Associates (EBA), to select and award subcontracts to direct service providers. This ensures youth and families across the Commonwealth have continuous and consistent access to residential and community-based services and treatments needed to divert youth from further involvement with DJJ, provide appropriate dispositional options for youth under supervision, and enable successful reentry upon a committed youth's return to the community. The RSCs assist with building a more robust statewide continuum of evidence-informed service providers and alternatives to placement in state-operated secure facilities.

During FY 2024, the RSCs contracted with more than 100 distinct direct service providers. In FY 2023, a total of 1,674 youth were referred to the RSCs, 3,824 assessments and services were approved and authorized, and 84.1% of youth began at least one service. Of the approved assessments and services, 35.4% were for clinical services; 23.0% were for assessments or evaluations, and 21.2% were for non-clinical services and interventions. Other types of services included: non-interventions/service enhancements (13.4%), monitoring services (4.5%), residential services (1.3%), and case management (1.2%).

RSC Category	% Approved FY 2023 Referrals
Assessments/Evaluations	23.0%
Case Management	1.2%
Clinical Services	35.4%
Monitoring Services	4.5%
Non-Clinical Services and Interventions	21.2%
Other: Non-Interventions/Service Enhancements	13.4%
Residential Services	1.3%
<i>Total</i>	<i>3,824</i>

For many youth referred for RSC monitored services, CSU staff identify up to three domains from the Youth Assessment and Screening Instrument (i.e., Aggression and Violence, Alcohol and Drugs, Attitudes, Community and Peers, Employment and Free Time, Family History, Mental Health, School, Skills) as priority areas to target during the service. Of the 495 youth with at least one identified domain who were discharged from RSC services during FY 2023, 198 (40.0%) had a reduction in at least one targeted risk domain.

A Pre-Release Problem Solving Team was established in May 2023 with the goal of creating a well-defined process to ensure all youth have access to and receive rehabilitative services prior to their release from a direct care placement. The team was charged with identifying gaps in and barriers to services with correlating solutions. The team has created an implementation plan inclusive of five sub-workgroups focused on enhancing the RSC referral process, the commitment and reentry process, DJJ forms and BADGE documentation, mental health services transition planning (MHSTP), and criteria for step-down programs. Recommendations from these sub- workgroups have been and continue to be implemented.

SEAS TRAUMA SCREENING TOOL

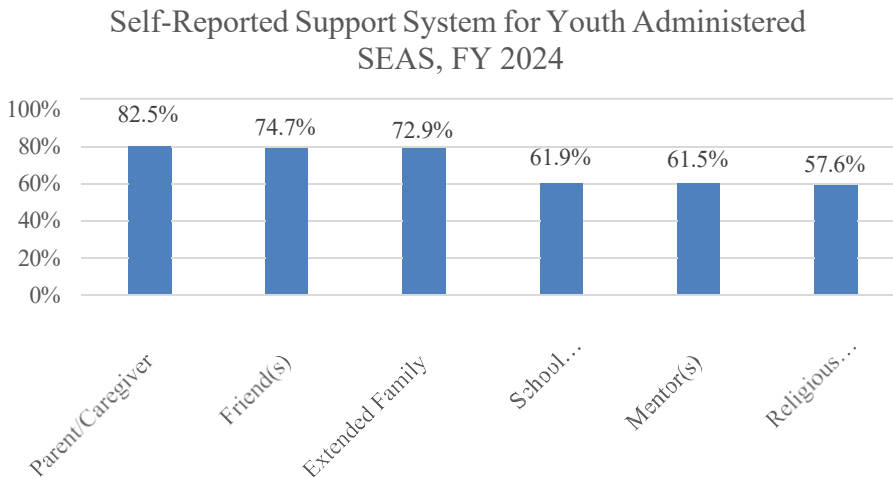
SEAS (Screening for Experiences and Strengths) is an evidence-informed tool for screening of victimization and its impact on the population we serve. The tool identifies trauma experiences and provides recommendations for services to address the needs. DJJ uses two versions of the tool targeted for youth ages 7-12 and 13-21. The tool screens for physical and sexual abuse, community violence exposure, trafficking, domestic violence, and bullying. The tool also identifies protective factors that are incorporated into the response plan for services. DJJ administers the SEAS tool and documents findings in the social history report provided to the court as requested.

DJJ began implementation of the SEAS in April 2022. The tool is a product of the VA HEALS, Trauma Informed Model of Service Delivery for Children, Youth and Families. The Virginia Department of Social Services served as the lead agency in development of the tool, a seven-year project federally funded with training and technical assistance by the National Council of Juvenile and Family Court Judges, and child trauma experts from the project's National Steering Committee. The tool was piloted and evaluated over 3.5 years with participation from DJJ and 17 other local agencies and organizations.

Of the 2,819 youth who were administered a SEAS assessment in FY 2024, 1,211 (43.0%) received a score indicating the youth needed interventions. Approximately a quarter (27.7%) of youth indicating a need for intervention reported having at least one victimizing experience in the 30 days prior to the assessment.

The majority of youth considered their parents and caregivers (82.5%), friend(s) and friend(s)' family (74.7%), and extended family (72.9%) to be a strong part of their support system. However, just under a quarter (22.6%) of youth administered the assessment also reported at least one victimizing experience from their caregiver or family. Additionally, many youth reported their school communities (61.9%), mentor(s) (61.5%), and religious community (57.6%) to be a strong part of their support system as well. (See the following graph.¹)

¹ The "Friend(s)" category includes friend(s) and/or friend(s)' family. The "School" category includes teachers, coaches, or other people at school.



PRE-COURT SERVICES

To promote early engagement with community-based services that provide support to juveniles and families in crisis, probation officers provide information about potential pre-court services and resources within five (5) days from the intake of a petitioned complaint. The goal is early intervention and identification of underlying issues causing the alleged behavior. The probation officer serves as a pre-court services case manager, engaging with the juvenile and family members to determine immediate needs and supports, and providing assistance with accessing services in the community as needed. Participation by youth and families is voluntary. In FY 2024, 5,299 pre-court service statuses began, an average of 585 youth received pre-court services and resources per day. Between FY 2023 and FY 2024, the number of pre-court service statuses increased 11.4%, and the average number of youth receiving pre-court services and resources per day increased 17.2%.

COURT SERVICE UNIT-EMBEDDED MENTAL HEALTH SERVICES

Providing youth access to appropriate mental health services is a priority for the agency. In addition to services provided at local Community Service Boards (CSB), DJJ contracts with local CSBs to embed licensed mental health providers at court service units. These positions improve efficiency of referrals and the initiation of services. In FY 2024, DJJ established memorandums of agreements with CSBs for positions at 20 court service units. Services provided to support youth and families and include mental health and substance abuse assessments, individual, group, and family counseling, relapse prevention counseling, educational groups for parenting, substance use, and anger management, crisis intervention, referrals for psychiatric services, as applicable, and trauma-focused cognitive behavioral therapy.

PBIS AT THE JCC

Positive Behavioral Interventions and Supports (PBIS), a program used in many schools to improve academic, social, and behavioral outcomes for students, is being applied to improve the social climate and resident behavior at Bon Air Juvenile Correctional Center (Bon Air JCC). An example of this program has been in place at Yvonne B. Miller High School, located on the Bon Air campus, since February 2018. The following year,

there was a 77% decrease in student removals from class due to disruptive behavior.

PBIS is a unifying system for choosing and implementing proactive interventions for behavioral modification. Behavioral expectations are clearly communicated across all areas of campus to ensure consistency and are taught directly to residents. PBIS is data driven and evidence-based, data is used to make decisions and is communicated with staff to show the impact of their work. Fidelity is continuously assessed to ensure the model will work as intended, and to guide professional development. Research of PBIS programs has shown increases across the social and emotional competence of students, decreases in problem behavior, improved academic performance, improved staff retention, improved organizational health, and a reduction in bullying behaviors.

With an established foundation in the educational setting, expanding PBIS beyond the classroom and into all areas of residential life facility wide at Bon Air JCC will improve consistency for youth and reduce behavioral problems. Training for all staff took place in March 2024, and Facility-Wide PBIS implementation began in April 2024 and covers all areas of a resident's stay at Bon Air JCC.

Research suggests that Tier 1 supports will eventually work for 80% of youth. Less than halfway through DJJ's implementation timeline we are already seeing success with 66% of our population and expect to continue to improve steadily until reaching or exceeding the 80% mark. Additionally, on average 48% of our youth go 30 days or more remaining incident free, that number rose to 57% in June of 2025. Our staff are currently implementing our primary Tier 1 resident recognition system at 88% fidelity across all units and reaching as high as 93%. PBIS aims for 70% fidelity across implementation, and the Department is currently able to exceed that within our primary Tier 1 support system, the resident recognition system, currently at 88% fidelity across the facility (some units have achieved 100%).

WORKFORCE DEVELOPMENT

One goal of the Department is to expand reentry vocational programs, workforce development, and mentoring to provide resources to facilitate a positive path to successfully returning to the community. The aim of the Workforce Development Center (WDC) is to empower justice-involved youth under DJJ's care with industry-standard skills and credentials to seek, secure, sustain, and succeed in their future career endeavors and in life.

The WDC has two components. The Department has created an on-site vocational center at Bon Air JCC that houses services such as assessment, training and career placement for youth. In addition, the site provides quality workplace readiness skills (WRS) courses and hands-on industry-standard trade programs in electrical, plumbing, HVAC and C-Tech. The WDC has a dedicated building at the Bon Air campus that includes redesigned classrooms for such training.

In collaboration with the Division of Education, youth can engage in vocational skills training while in direct care and transition into community skill programs and job placements. The Division of Education provides youth with courses to meet credentialing requirements, and then the WDC provides a space for students to learn and practice skills that will help them be successful in the workplace. The WDC replicates centers found in the community and provides the same services and resources to promote job readiness.

The second component of the WDC works to establish and maintain relationships with employers and community organizations to develop long-term job opportunities and career training. To increase the likelihood of DJJ youth being matched to employers in their field of interest, the WDC staff build partnerships with community-based employers to create positions, job shadowing, internships and training programs in the communities to which youth are returning. Youth who are committed to DJJ miss critical points in their lives to explore new opportunities as their non-committed peers begin preparing for the future. The WDC fills those

gaps by equipping committed youth with the soft and hard skills needed to be marketable in the workforce. Soft skills include such things as communication, time management and how to work as a team. Additionally, the WDC ensures youth also have hard skills such as basic computer skills and effective writing, which can greatly benefit them in their job seeking endeavors.

The goals of the WDC are to:

- Match juveniles with interests and skill-appropriate job and career opportunities
- Increase sustainable job opportunities
- Increase in the recruitment of employers and community organizations for long-term and future placement
- Reduce recidivism

Through its efforts to link youth returning from commitment with DJJ to long-term careers in the community, the WDC helps youth attain skills and resources to become gainfully employed and become resilient, responsible members of the community.

Research has determined that employment, like education, significantly reduces recidivism among juveniles. Even after controlling for adolescent crime and delinquency, job stability from ages 17 to 25 significantly decreased crime during those years, as well as from ages 25-32. Studies have additionally examined the effect of employment programs for committed juvenile offenders on criminal involvement following their release from commitment. Several meta-analyses indicated that participation in career programs increased later employment and decreased recidivism, and the few meta-analyses of interventions for juvenile offenders have found that programs focusing on adolescent “human capital development (jobs and job skills)” are more effective than punitive interventions (See, for example, Andrews et al., 1990; Lipsey & Wilson, 1998; Aos, Phipps, Barnoski & Leib, 1999.).

GANG INTERVENTION

DJJ’s gang intervention initiative furthers two goals: to support successful community programs and create new efforts to address the current concerns of the Commonwealth; and to build trust with law enforcement and judicial partners to ensure youth are placed in the best possible, most effective programs.

The Violence Intervention Unit is responsible for the development, implementation and oversight of programs designed to combat gangs and violence throughout the Commonwealth. It specializes in working with gang-involved youth and youth who have a history of violence to provide them with the skills necessary to be successful in life. This unit uses evidenced-based approaches to address gangs and violence both in the juvenile correctional center and community. The ASPIRE program, designed for the Virginia Department of Juvenile Justice direct care population, has been implemented at Bon Air JCC for residents suspected, validated, associated, or affiliated with gang involvement. Initial impacts of implementation are indicating success. Since the inception of the ASPIRE program, there have been 25 releases from Bon Air to step down and community placements. There have been over 50 participants in the program, and 92.9% of those enrolled in the program remain charge free for gang-related behavior, and over 72% remain free from fighting.

The Gang Resistance Education and Training (GREAT) programming has been put into practice in all 30 of the state-funded community supervision court service units across the state. The 16-week GREAT curriculum includes developing positive relationships with law enforcement and instilling life skills, goal setting, empathy and pride for the community, violence- intervention and conflict-resolution techniques, decision making, and problem solving. Successful completion of the program is celebrated with a graduation ceremony, followed by regular group check-in meetings and recreational outings coordinated by GREAT facilitators until each youth is released from supervision. This program is endorsed by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) of the U.S. Department of Justice as a means of intervention.

Furthermore, Gang Intervention Specialists (GIS), along with supervisory staff and special agents, are assigned to jurisdictions throughout the Commonwealth. The GIS includes certified regional gang investigators, probation officers from each of DJJ's court service units, and staff from Bon Air JCC, the Central Admissions and Placement unit, DJJ's Department of Education, and Community Placement Programs. The Gang Intervention Specialists identify individuals who exhibit gang-like behavior and share that information with law enforcement, local prosecutors and community leaders in order to implement targeted intervention and prevention.

JUVENILE CORRECTIONAL CENTER PROGRAMS

JCC programs offer community reintegration and specialized services in a secure residential setting on a 24-hour basis. Youth are assigned to appropriate housing units based on age, sex, vulnerability, and other factors. In addition, some designated units house youth with significant issues involving mental health, low intellectual functioning, poor adaptive functioning, or individual vulnerabilities that hinder their ability to function in other units adequately and safely.

Case management and treatment staff collaborate to coordinate and deliver services for youth based on risk and individual treatment needs.. Progress is assessed and reviewed regularly via multi-disciplinary treatment team meetings. Staff also work with CSUs and the Reentry Unit to provide a transition and parole plan for reentry. The Behavior Service Unit BSU, Health Services, Programming, Food Services, and Maintenance teams support JCC operations. DJJ provides educational and career readiness services to meet the needs of youth in direct care. Residents engage in extra-curricular programming that develops leadership and life skills by providing real-world opportunities and connections.

At the request of the Director, The Quality Assurance team evaluated services delivered by the Behavioral Services Unit (BSU) at Bon Air utilizing the Standardized Program Evaluation Protocol (SPEP™). The services evaluated included Aggression Replacement Training (ART), Dialectical Behavior therapy (DBT), Cannabis Youth Treatment (CYT), and individual therapy. A summary of the findings and significant recommendations are summarized below.

The Standardized Program Evaluation Protocol (SPEP™) is a tool derived from meta-analytic research and designed to compare existing juvenile justice services to the characteristics of the most effective services found in the research. The SPEP rating scheme allows service providers to identify areas for continuous quality improvement to optimize the effectiveness of their service(s) for reducing juvenile recidivism.


For a service to be assessed using SPEP, the service must be considered a therapeutic service, meaning the service is oriented toward facilitating constructive internalized and sustained changes in behavior. Therapeutic services have been classified into three (3) broad categories (Restorative Services, Counseling, and Skill Building) and fourteen (14) distinct subcategories of services. Following the classification interview with the provider, all therapeutic services that are a dominant theme of the program are classified as primary services. Research shows that secondary services delivered in conjunction with a primary service can enhance the delivery of the primary service and are more effective in reducing recidivism. These secondary services are referred to as qualifying supplemental services

AGGRESSION REPLACEMENT TRAINING (ART)

The SPEP™ review was completed and was inclusive of 49 youth who started and ended ART between 1/1/2021 and 6/30/2022.

- ✚ **Classification:** There is a significant amount of research supporting ART's outcome on reducing recidivism for juvenile justice involved youth. ART delivered to fidelity of the model is a Cognitive Behavioral Therapy (CBT) service. The SPEP™ team classified this service as CBT under the auspices that the Department intends the service to be delivered according to the fidelity measures required by the developers.
- ✚ **Quality of services:** The SPEP™ team conducted separate interviews with seven BSU staff who deliver ART, as well as BSU supervisory staff. Generally, staff did not have the updated ART manual, inconsistently completed booster trainings, and were provided minimal oversight for assessing their fidelity and quality of service delivery.
- ✚ **Dosage and duration:** Session data were pulled from BADGE for all youth in the data cohort. BSU was also provided the opportunity to provide additional session data. Session dates and topics were charted for each youth to determine if the youth received the full 30 sessions to fidelity. Research has identified the optimal duration of this service as 10 weeks. 47 youth (96%) met the targeted duration. Of the 49 youth reviewed, 41% participated in 10 anger control sessions (31% completed the sessions in the prescribed order), 55% participated in 10 skill streaming sessions, and 18% participated in 10 moral reasoning sessions. 29% of the youth had at least one 2-week gap between sessions. Many youth were suspended from the group due to aggressive behavior.
- ✚ **Risk level:** The data cohort included 49 youth, all scoring an overall risk of high. Based on the correlation between ART and higher recidivism rates is considered in context with existing ART literature, ART may have little or even a negative impact on recidivism.
- ✚ **SUBSEQUENT DATA REVIEW:** As of July 2024, there was some improvement. Among the youth who completed ART in 2022, 2023, or 2024, approximately 60% received the full 30 sessions. An additional 20% received 29 of the 30 sessions.
- ✚ **AGENCY DETERMINATION:** A thorough analysis conducted in 2024 as a result of the budget language determined that there is a possibility that youth will be better served by a different program, the Department is in the process of exploring a replacement program that will serve the rehabilitative needs of the population within the care of DJJ, while simultaneously focusing on delivering ART to fidelity.
- ✚ **STAFFING IMPACT:** BSU therapists facilitating ART at Bon Air Juvenile Correctional Center (BAJCC) have been trained by the ART developer. Recently, a train-the-trainer cohort was established in collaboration with the ART developer and a current BSU Supervisor at BAJCC is certified to deliver ART training. Booster trainings were occurring every three years; however, boosters will now be an annual requirement. Note: During COVID, group frequency and sizes may have varied. Successful rehabilitative efforts require investment of staff time, resources, training

and attention. A deficiency in staffing makes implementation of programming more difficult, though not impossible. Though all required services are being provided in Bon Air, an increase in staffing will allow the Department to dedicate more resources to individual therapeutic efforts.


 **DJJ response:** In response to the increased vacancy rates in BSU, the Department realigned the entrance evaluation process in order to reassign the clinicians that were doing only assessments into the facility to actively treat the youth. This doubled the number of clinicians present in the facility working directly with youth, and allowed for all units to have at least one designated treatment provider. Reallocating and prioritizing treatment of youth with available resources will have long term benefits to the rehabilitation of the youth in the care of the Department, and better serve the mission of the Department.

CANNABIS YOUTH TREATMENT

The SPEP™ review was completed and was inclusive of 48 youth who started and ended CYT between 11/1/2021 and 5/31/2023.

- ✚ **Classification:** CYT delivered to fidelity of the model is a Cognitive Behavioral Therapy (CBT) service. The SPEP™ team classified this service as CBT under the auspices that the Department intends the service to be delivered according to the fidelity measures required by the developers.
- ✚ **Quality of services:** The SPEP™ team conducted an interview with BSU staff who deliver CYT, as well as BSU supervisory staff. Staff utilize the CYT curriculum to deliver the service. DJJ's substance use manual requires quarterly Continuous Quality Improvement (CQI) oversight of services. Staff are provided minimal oversight to assess their fidelity and quality of service delivery.
- ✚ **Dosage and duration:** Session data were pulled from BADGE for all youth in the data cohort. BSU staff were also provided the opportunity to provide additional session data. Session dates and topics were charted for each youth to determine if the youth received all sessions. The SPEP team reviewed the sessions based on the developer's 12 session curriculum despite BSU adjusting the curriculum to 10 sessions; sessions 7 and 8 on aggression are excluded from service delivery. Only 1 youth received all 12 sessions. 72% of the youth received the reformatted 10 sessions and, of those, 74% completed the sessions in the prescribed order.
- ✚ **Risk level:** In this data cohort, 48 youth (100%) scored an overall risk of moderate or high. Moreover, 47 youth (96%) scored an overall risk of high.
- ✚ **AGENCY DETERMINATION:** A thorough analysis conducted in 2024 as a result of the budget language determined that CYT is not meeting the agency need. The design of CYT was not incorporating use for high-risk youth in a juvenile facility. Per the CYT manual, the target population is 12-18 with problems related to cannabis in an outpatient setting. The program has shown little to no effect on recidivism rates. The determination was made that youth will be better served by a different substance abuse treatment program, and the Department is in the process of implementing a replacement substance abuse program that will better serve the rehabilitative needs of the population within the care of DJJ. The identified replacement program is 7 Challenges.
- ✚ **Risk level:** In this data cohort, 48 youth (100%) scored an overall risk of moderate or high. Moreover, 47 youth (96%) scored an overall risk of high.
- ✚ **7 CHALLENGES:** The Seven Challenges, an evidence-based program, is a comprehensive counseling program for drug and co-occurring psychiatric and situational problems. It uses a motivational and behavior change model designed to achieve recovery from substance use disorders and improvement in mental health functioning. There are three core components: Mastery Counseling in which clients identify situational and psychological issues of concern and work to resolve them; Seven Challenges Decision-making Process (based on the cognitive-behavioral, public health model) to help clients make informed decisions about drug use and other behaviors; and Individualized Support to guide clients to success in changing drug use behavior. Individual, family, and/or group counseling are supplemented with Supportive Journaling (clients and

counselors interact in written communication). In 2005, at the SAMHSA Joint Meeting on Adolescent Treatment Effectiveness (JMATE), Michael Dennis presented data comparing manualized treatment in outpatient settings for youth with serious trauma issues. The Seven Challenges had a significantly larger effect than all the other programs and was the most effective outpatient approach for reducing substance use among adolescents with high victimization scores. At the 2010 JMATE, Randy Muck presented data showing The Seven Challenges to be highly effective in addressing adolescent co-occurring and trauma issues.

 **STAFFING IMPACT:** All successful rehabilitative efforts require investment of staff time, resources, training and attention. A deficiency in staffing makes implementation of programming more difficult, though not impossible. An increase in staffing will allow the Department to dedicate more resources to individual therapeutic efforts

INDIVIDUAL THERAPY

Individual Therapy-

The SPEP™ review was completed and was inclusive of 23 youth who started and ended individual therapy between 11/1/2021 and 5/31/2023.

- ✚ **Classification:** The SPEP™ team classified this service as individual counseling.
- ✚ **Quality of Services:** The SPEP™ team conducted an interview with BSU staff who deliver individual therapy, as well as BSU supervisory staff. There is no written procedure guiding staff on expectations on service delivery. Individual therapy is clinical in nature. Staff are provided clinical oversight but there is no clear process for assessing their fidelity and quality of service delivery.
- ✚ **Dosage and Duration:** Session data were pulled from BADGE for all youth in the data cohort. BSU was also provided the opportunity to provide additional session data. Sessions were often documented as individual therapy. Based on documentation, youth participated in individual therapy an average of 57% of their total weeks at BAJCC; with individual youth participation varying from 26% to 100% of their weeks at BAJCC. Procedure indicates youth should be offered therapy at least every 30 days.
- ✚ **Risk Level:** All of the youth had YASI reassessments conducted within 90 days prior to service initiation and scored high risk to reoffend.
- ✚ **STAFFING IMPACT:** There is an increasing demand for behavioral health support in Bon Air and throughout the juvenile justice system. It is estimated by treating clinicians that 74% of youth in DJJ care struggle with at least one mental health condition. This is a sharp increase from the 66% of the 2014-2018 population that had at least one mental health condition. The data indicates that in March of 2022, there were 24 BSU therapists and treating clinicians on record providing treatment compared to 15 as of July 2024. Additional intensive rehabilitation can be dedicated to each youth with increased staff.
- ✚ **Recent changes:** In response to the increased vacancy rates in BSU, the Department realigned the entrance evaluation process in order to reassign the clinicians that were doing only assessments into the facility to actively treat the youth. This doubled the number of clinicians present in the facility working directly with youth, and allowed for all units to have at least one designated treatment provider. As of January 2025, the agency was in alignment with Best-practices recommendations for treatment providers. Reallocating and prioritizing treatment of youth with available resources will have long term benefits to the rehabilitation of the youth in the care of the Department, and better serve the mission of the Department. The Department has also created and filled a Residential treatment coordinator position, who accesses external providers able to deliver specialty and acute identified treatment for individualized treatment needs of the residents in Bon Air.

SEX OFFENDER INDIVIDUAL THERAPY

A full SPEP™ review was completed and was inclusive of 11 youth who started and ended sex offender individual therapy between 1/1/2017 and 6/30/2022.

- ✚ **Classification:** The SPEP™ team classified this service as individual counseling. The SPEP™ research does not currently include sex offender-specific service classifications.
- ✚ **Quality of Services:** The SPEP™ team conducted two interviews with BSU staff who deliver sex offender individual therapy and BSU supervisory staff. BSU maintains a sex offender treatment manual. BSU staff delivering the service are generally certified sex offender treatment providers (CSOTPs) but this certification is not required by the manual. Staff are provided clinical oversight. The SPEP™ team recommended dosage increases to afford youth the opportunity to participate in individual therapy at a minimum of weekly and minimize the gaps in services to ensure youth are receiving consistent services. Additional recommendations include updating the sex offender treatment manual to include guidance and expectations for staff delivering the treatment and ensure all sessions are documented and in development. Subsequent changes to the Departments data tracking system are in progress.
- ✚ **Dosage and Duration:** Session data were pulled from BADGE for all youth in the data cohort. BSU was also provided the opportunity to provide additional session data. Youth participation in the service ranged from 33 to 153 weeks, with an average of 106 weeks in the service. The sex offender treatment manual requires a minimum of 1 individual session per week while in the program.
- ✚ **Risk Level:** All of the youth had YASI reassessments conducted within 90 days prior to service initiation. Typical for sex offender youth, only 55% scored high risk to reoffend with the remainder scoring moderate risk.
- ✚ **STAFFING IMPACT:** There is an increasing demand for behavioral health support in Bon Air and throughout the juvenile justice system. It is estimated by treating clinicians that 74% of youth in DJJ care struggle with at least one mental health condition. This is a sharp increase from the 66% of the 2014-2018 population that had at least one mental health condition. The data indicates that in March of 2022, there were 24 BSU therapists and treating clinicians on record providing treatment in the facility compared to 15 as of July 2024. Additional intensive rehabilitation can be dedicated to each youth with increased staff.
- ✚ **Recent changes:** In response to the increased vacancy rates in BSU, the Department realigned the entrance evaluation process in order to reassign the clinicians that were doing only assessments into the facility to actively treat the youth. This doubled the number of clinicians present in the facility working directly with youth, and allowed for all units to have at least one designated treatment provider. As of January 2025, the agency was in alignment with Best-practices recommendations for treatment providers. Reallocating and prioritizing treatment of youth with available resources will have long term benefits to the rehabilitation of the youth in the care of the Department, and better serve the mission of the Department. The Department has also created and filled a Residential treatment coordinator position, who accesses external providers able to deliver specialty and acute identified treatment for individualized treatment needs of the residents in Bon Air.

SEX OFFENDER GROUP THERAPY

A full SPEP™ review was completed and was inclusive of 13 youth who started and ended sex offender individual therapy between 1/1/2017 and 6/30/2022.

- ✚ **Classification:** The SPEP™ team classified this service as group counseling. The SPEP™ research does not currently include sex offender-specific service classifications.
- ✚ **Quality of services:** The SPEP™ team conducted two interviews with BSU staff who deliver sex offender individual therapy and BSU supervisory staff. BSU maintains a sex offender treatment manual. BSU staff delivering the service are generally certified sex offender treatment providers (CSOTPs) but this certification is not required by the manual. Staff are provided clinical oversight and there is no clear process for assessing their fidelity and quality of service delivery.
- ✚ **Dosage and duration:** Session data were pulled from BADGE for all youth in the data cohort. BSU was also provided the opportunity to provide additional session data. Youth participation in the service ranged from 40 to 147 weeks, with an average of 85 weeks in the service. The sex offender treatment manual requires a minimum of 1 group session per week for level II youth and 2 sessions for level I youth. Session durations ranged from 15 minutes to 1.5 hours.
- ✚ **Risk level:** All of the youth had YASI reassessments conducted within 90 days prior to service initiation. Typical for sex offender youth, only 39% scored high risk to reoffend with the remainder scoring moderate risk.
- ✚ **STAFFING IMPACT:** There is an increasing demand for behavioral health support in Bon Air and throughout the juvenile justice system. It is estimated by treating clinicians that 74% of youth in DJJ care struggle with at least one mental health condition. This is a sharp increase from the 66% of the 2014-2018 population that had at least one mental health condition. The data indicates that in March of 2022, there were 24 BSU therapists and treating clinicians on record providing treatment inside the facility, compared to 15 as of July 2024. Additional intensive rehabilitation can be dedicated to each youth with increased staff.
- ✚ **Recent changes:** In response to the increased vacancy rates in BSU, the Department realigned the entrance evaluation process in order to reassign the clinicians that were doing only assessments into the facility to actively treat the youth. This doubled the number of clinicians present in the facility working directly with youth, and allowed for all units to have at least one designated treatment provider. As of January 2025, the agency was in alignment with Best-practices recommendations for treatment providers. Reallocating and prioritizing treatment of youth with available resources will have long term benefits to the rehabilitation of the youth in the care of the Department, and better serve the mission of the Department. The Department has also created and filled a Residential Treatment Coordinator position, who accesses external providers able to deliver specialty and acute identified treatment for individualized treatment needs of the residents in Bon Air.

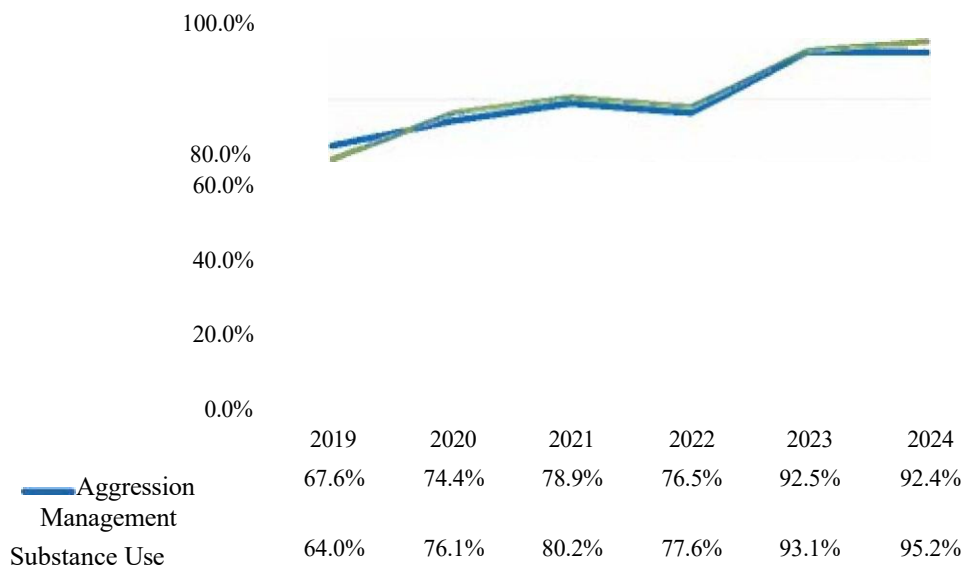
DATA ANALYSIS

The 2023 Length of Stay (LoS) guidelines reorganized the tiers of offenses to match treatment needs and severity, realigned times to match treatment and programming needs, and created clear release goals for objective determinations.

The treatment needs of committed youth are significant (98.8% of youth have an aggression management treatment need, 87.7% have a substance abuse treatment need, and 76.7% have significant symptoms of a mental health disorder, with 68.7% prescribed psychotropic medication at admission). Bon Air serves high-risk youth with high severity offenses in a therapeutic setting while maintaining a focus on rehabilitation and thereby, preserving public safety.

Under the 2023 guidelines, 95.9% of youth at Bon Air completed their aggression management treatment need and 93.6% completed their substance use treatment need prior to their late release date, indicating no extension in commitment length was necessary as a result of treatment delivery. More importantly, the majority completed their treatment prior to their early release date, 63.3% and 66.0% for aggression management and substance use, respectively. This is significant as youth become eligible for early release, and are then, in fact, released if their treatment requirements are complete. It is essential to their future success that these youth be able to complete their necessary treatment.

Aggression Management and Substance Use Treatment Need Completion Prior to Release, FY 2019-2024*



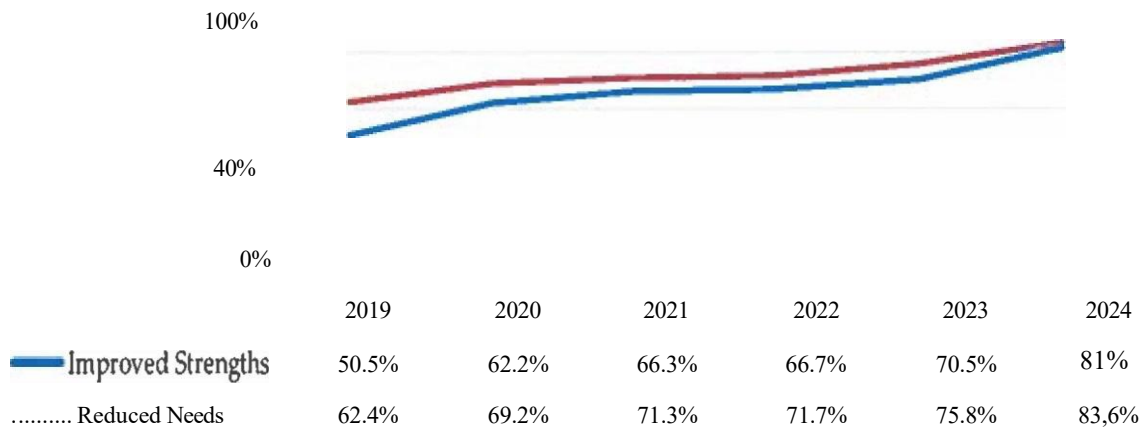
* Determinate commitments and blended sentences are excluded.

* Indeterminate commitments with a mandatory or inpatient sex offender treatment need and youth with cases that were canceled, rescinded, and successfully appealed are also excluded.

* Completion rates were calculated based on youth with an identified treatment need. Most youth have aggression management treatment needs (94-99%) and substance use treatment needs (84-91%),

Data reveals that a universal cut-off for LOS is not appropriate, and treatment providers should access individual progress and Youth Assessment and Screening Inventory (YASI) scores throughout the commitment. From July 2017 to June 2023, YASI dynamic risk scores decreased from 102.4 at admission to 80.9 at release, on average, for commitments lasting up to 36 months. YASI dynamic protective scores increased from 24.4 at admission to 34.2 at release, on average, for commitments lasting up to 36 months. During this time period, there was no clear timeframe when the YASI dynamic risk or protective scores stopped improving across the direct care population for up to three years.

Risk Assessment Range During Direct Care Stay, FY 2019-2024*



* Data excluded canceled, rescinded, and successfully appealed cases.

* Changes in strengths and needs were determined using the dynamic protective and dynamic risk totals, respectively, from the Youth Assessment Screening Instruments (YASIs) closest to youth's admission and release dates. Youth without a YASI close to either date were excluded (22 youth in FY 2019; fewer than 10 in all other years).

* Youth with improved strengths (i.e., increased dynamic protective factors) during their direct care stay increased from 50% in FY 2019 to 82% in FY 2024.

* Youth with reduced needs (i.e., decreased dynamic risk factors) during their direct care stay increased from 62% in FY 2019 to 84% in FY 2024.

RECOMMENDATIONS

1. The SPEP™ team recommends implementing ART to fidelity in order for the service to have the intended impacts for the youth. Staff should utilize an updated manual, complete initial training and booster trainings, implement pre- and post-tests, document session duration, conduct fidelity monitoring, and implement a formal procedure to guide implementation. Additionally, the team recommends that counselors and direct care staff be trained to deliver ART and utilize common language and processes when youth display behavior. As previously noted, DJJ is in the process of exploring a replacement program.
2. The Behavioral Services Unit should implement a more comprehensive substance use treatment program for youth with complex substance use disorders. Many youth committed to DJJ have extensive opioid use and this service is not addressing those needs. BSU should ensure all staff delivering substance use treatment are a Certified Substance Abuse Counselor (CSAC) licensed, or license-eligible under board approved supervision and that they are trained to deliver the service. As previously noted, DJJ is in the process of implementing a replacement substance abuse program. Additional staffing will be needed to support the implementation of a new program.
3. The Department should continue to develop a system and budget to facilitate specialization amongst BSU treatment providers to better address the individualized need of youth, and access experts through the Regional Service Coordination provider network to deliver specific need interventions.
4. Retention and recruitment of BSU treatment providers is impacted by non-competitive salaries for psychologists, suggesting the need for a compensation study. Further, the Department should realign the internal positions to better represent obligations and expectations of the role.

