Direct Care

DJJ utilizes multiple placement options for youth in direct care; as of June 30, 2022, DJJ operates one JCC (Bon Air JCC) with an operating capacity of 272 beds. An additional 91 beds are available in the CPPs operated at Blue Ridge, Chesterfield, Merrimac, Northern Virginia, Prince William, Rappahannock, Shenandoah Valley, and Virginia Beach JDCs. Some JDCs also house youth for admissions and evaluation services and detention reentry programs. Youth in direct care also may be placed in individually purchased JDC beds and other contracted alternatives. DJJ implements direct care programs to ensure that committed youth receive effective treatment and educational services.

Admission and Evaluation

The CAP Unit receives and reviews all commitment documentation and coordinates the admission, orientation, and evaluation process.

Youth admitted to direct care are evaluated at either the JCC or a JDC. The process includes medical, psychological, behavioral, educational, and career readiness evaluations. A team meets to discuss and identify each youth's treatment and mental health needs, determine LOS, recommend placement, and develop a CRCP.

Depending on the youth's individual needs, youth may be assigned to one or more treatment programs to include aggression management, substance abuse, and sex offender treatment. Although treatment needs generally are identified during the evaluation process, a youth can be reassessed at any time while in direct care.

Placement recommendations at the conclusion of the evaluation process may include a referral to a CPP or another alternative placement. If a youth is eligible, a referral is submitted through the case management review process, and a transfer is coordinated as needed.

LOS Guidelines

The LOS Guidelines were developed to promote accountability and rehabilitation by using data-driven decision-making to support youth's successful reentry from commitment to the community. These guidelines provide consistency while allowing reasonable flexibility in accommodating case differences and treatment needs.

The most recent LOS Guidelines took effect on October 15, 2015. (See Appendix D.) The assigned LOS for an indeterminate commitment is a calculated range of time (e.g., 6-9 months) from their commitment date; the first number in the range represents the youth's ERD, and the second number represents the youth's LRD. Youth's projected LOSs are calculated using their assessed YASI risk level and the MSO for the current commitment.

Youth with indeterminate commitments may not be held past their statutory release date (typically 36 continuous months or their 21st birthday). If a youth is committed for violating the terms of probation, the underlying MSO is used in determining the projected LOS. If a youth is determined to need inpatient sex offender treatment services, the youth receives a treatment override and is not assigned a projected LOS. Youth who receive a treatment override are eligible for consideration for release upon completion of the designated treatment program. Youth may be assigned other treatment needs as appropriate, but they are not required to complete those treatment programs to be eligible for consideration for release.

JCC 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 adequately and safely function in other units.

Case management and treatment staff collaborate to coordinate and deliver services for youth based on risk and treatment needs. Staff facilitate groups as well as address individual 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. BSU, Health Services, Recreation, Food Services, and Maintenance provide support to JCC operations. The Division of Education provides educational and career readiness services to meet the needs of youth in direct care. Residents also engage in extra-curricular programming that develops leadership and life skills by providing real-world opportunities and connections, such as SGA, voting and mock elections, the Institutional Work Program, and more.

CTM

During FY 2015, the JCCs began implementing CTM as a way to support youth rehabilitation while decreasing inappropriate behaviors during commitment. Given that many youth in state custody have experienced

significant exposure to adverse childhood experiences, CTM integrates elements of trauma-informed care to promote the development of resilience and improve self-regulation, decision-making, moral reasoning, and skill-building. The main tenets of the relationship-oriented model include conducting therapeutic structured activities, maintaining consistent staffing in each housing unit, and keeping youth in the same unit throughout their stays. CTM uses a blend of positive peer culture and group processing to address concerns and celebrate accomplishments within the unit. Using this approach, staff develop treatment-oriented relationships with the youth and act as advocates.

As part of CTM, youth progress through a phase system (Phases I to IV) with clearly defined behavioral expectations. Youth receive additional expectations, responsibilities, and privileges with each phase. Eligible youth who reach higher phases can earn off-campus trips and furloughs.

Division of Education

The Division of Education provides educational opportunities for middle school, high school, and post-secondary students at the Yvonne B. Miller High School and Post-Secondary Programs in Bon Air JCC. The Division of Education offers an array of high school completion routes that include an Advanced Studies Diploma, Standard Diploma, Applied Studies Diploma, or GED®. The Division of Education also offers opportunities to earn certifications, credentials, certificates, and college credits for students interested in continuing their education after graduation. The school is staffed by administrators and teachers who are licensed by the VDOE.

When youth enter Bon Air JCC, school counselors evaluate student records and place youth in an appropriate educational program. School counselors complete a career and academic plan with each student to create a program of study for high school graduation and a post-secondary career pathway. To address educational gaps, the Division of Education uses a blended learning model to meet the unique needs of the students. This model is a combination of direct instruction, online modules, and hands-on learning activities. Teachers provide instruction aligned with the SOLs and actively track students' progress.

The Division of Education offers CTE courses as well as applicable certification and credentialing opportunities. These offerings prepare youth for productive employment while simultaneously meeting the Commonwealth's need for well-trained and industry-certified technical workers. For example, the WRS credential is an indicator to post-secondary educators, businesses, and industries that students understand universal workplace behaviors and expectations. Additionally, the W!SE financial literacy credential is aligned with VDOE's personal finance course requirement.

The Division of Education utilizes the VTSS framework that combines academic, behavioral, and social-emotional wellness into a single decision-making framework to establish the supports needed for schools to be effective learning environments. VTSS requires the use of evidence-based, system-wide practices with fidelity to provide a quick response to academic, behavioral, social and emotional needs. The practices are progress-monitored frequently to enable educators to make evidence-based instructional decisions for students. Beginning in 2018, the Division of Education began implementation of Tier 1 of PBIS, which provides universal supports for students and consistent behavioral management strategies. The Division of Education also is implementing stages of Tier 1 of RTI, a multi-tier approach to the early identification and support of students with learning or behavior needs. The RTI process begins with high-quality instruction and universal screening of all students in the general education classroom. The Division of Education became an official VTSS cohort in 2021.

A higher proportion of students at Bon Air JCC (40%) receive special education compared to students in Virginia public schools (10-12%). The Yvonne B. Miller High School teaches self-advocacy skills to students with disabilities using tools and materials from established programs. The primary focus is helping students gain the confidence and skills to navigate their own lives, ask for help, solve problems, and understand their rights as people with disabilities. Students with disabilities also may participate in both the Pre-Employment Transitions Services and Pathway programs offered through DARS. These services help link students to post-secondary programming, explore career options, and prepare for reentry into the community.

The Division of Education also provides post-secondary career and college readiness opportunities for youth. Post-secondary courses are geared toward the attainment of industry certifications, credentials, or college course completion. Vendors provide programs that award industry certifications. College courses are taught via partnerships with local community colleges and universities. The Division of Education maintains partnerships with CPPs to support programming for the post-secondary youth by providing resources tailored to individual CPP needs, such as technology, online courses, college enrollment, funding, hands-on programming, and certificate/credentialing opportunities.

BSU

BSU is the organizational unit responsible for providing clinical treatment services for youth at the JCC. The primary services provided by BSU staff include treatment for mental health issues, aggression, substance abuse, and sex offending, as well as psychological evaluations and pre-release risk assessments. To align with CTM, a BSU therapist is assigned to each housing unit.

Aggression Management Treatment: BSU provides aggression management treatment services in all units. Intensive treatment is group oriented and more rigorous compared to prescriptive treatment, which is delivered individually as needed. Youth must complete core objectives that address anger control, moral reasoning, and social skills as well as demonstrate aggression management in their environment. Depending on individual needs, treatment completion generally requires approximately four months. Bon Air JCC offers ART for most youth and modified DBT in some units. Modified DBT is a treatment program originally designed to help people with emotional self-regulation difficulties who engage in self-harm, but it has been expanded to populations with other problem behaviors. Core therapeutic activities focus on teaching improved emotion regulation, interpersonal effectiveness, distress tolerance, mindfulness, and self-management skills.

Substance Abuse Treatment: BSU provides cognitive-behavioral substance abuse treatment services in all units. Track I is for youth meeting DSM criteria for substance use disorder and in need of intensive services. Track II is for youth who have experimented with substances but do not meet the DSM criteria for substance use disorder. Bon Air JCC also offers CYT, an evidence-based substance abuse program to address marijuana/drug use. Treatment emphasizes motivation to change, drug and alcohol refusal skills, addiction and craving coping skills, relapse prevention, problem solving, effective communication, transition to the community, and other skills. Depending on individual needs, completion of substance abuse treatment services requires five weeks to six months.

Sex Offender Treatment: BSU provides cognitive-behavioral sex offender evaluation and treatment services in specialized treatment units and in the general population. There are three levels of treatment: inpatient, mid-level, and prescriptive. Youth requiring inpatient or mid-level treatment services receive individual, group, and family therapy within specialized units. Prescriptive treatment is delivered individually, as needed. Youth in sex offender treatment units receive intensive treatment from specially trained therapists as part of a specialized multi-disciplinary treatment team that includes a community coordinator, counselor, and other unit staff. Each youth receives an individualized treatment plan that addresses programmatic goals, competencies, and core treatment activities. Successful completion of sex offender treatment may require six to 36 months, depending on the youth's treatment needs, behavioral stability, and motivation.

Mental Health Services: BSU conducts comprehensive psychological evaluations and provides 24-hour crisis intervention; individual, group, and family therapy; mental status evaluations; case consultations and development of individualized behavior support protocols; program development and implementation; and staff training. Mental health professionals complete risk assessments for all serious offenders, sex offender special decision cases, and other special decision cases by request.

MHSTPs: For qualifying youth in direct care, a team of direct care staff, medical and mental health professionals, the PO, service providers, family members, and the youth collaborate to develop an MHSTP. The purpose of the MHSTP is to ensure the provision and continuation of treatment services for mental health, substance use, and other needs as the youth transitions from direct care to the community.

Health Services

The Health Services Unit provides quality healthcare services to youth in the JCC. DJJ employs a staff of medical and dental providers who provide assessment, treatment, and care to meet the needs of the youth. In addition, contracted psychiatrists and optometrists provide healthcare services to the youth at the facility. Nurses are assigned to housing units to establish a primary medical relationship and educate youth on health and wellness issues. On-site staff are supplemented by a network of hospitals, physicians, and allied health providers to ensure all medically necessary healthcare services are provided in a manner consistent with community standards.

PREA

DJJ has a zero tolerance policy toward any incident involving the sexual abuse or sexual harassment of a youth. Mandated by the federal government, PREA and its associated rules and guidelines make detection and prevention of sexual abuse and sexual harassment a top priority in all facilities housing committed youth. The PREA Unit consists of a PREA coordinator, facility PREA manager, alternative placement PREA manager, and PREA analyst. All DJJ and alternative placement staff members are responsible for making DJJ-operated

and contracted facilities safe by preventing, detecting, and reporting sexual abuse and sexual harassment. This effort begins with staff being respectful of youth and supporting a culture that does not tolerate sexual abuse or sexual harassment. Staff receive extensive training on how to identify risk factors, preventive measures, and reporting mechanisms. Youth also receive extensive training, resources, and information on how to recognize and report sexual abuse and sexual harassment. Staff and youth are given multiple ways to report sexual abuse or sexual harassment. DJJ ensures all allegations of sexual abuse and sexual harassment are thoroughly investigated.

Human Rights Coordinators

A grievance program is in place at the JCC as a safeguard for youth and to provide a strong system of advocacy. The program is staffed by human rights coordinators. By monitoring living conditions and service delivery systems, the program identifies and solves problems that may harm or impede rehabilitative efforts; protects the rights of youth; promotes system accountability; and ensures safe, humane, and lawful living conditions. The human rights coordinators and their management team operate independently from the JCC in order to provide youth with a resource to address concerns.

Reentry

In order to coordinate the reentry process for youth efficiently and effectively, reentry staff assist youth and their families in preparing for the youth's transition from direct care back to the community. Reentry advocates, each serving one of the five regions across the Commonwealth, provide support and guidance in the areas of employment, education and career planning, connection to human service agencies, and obtaining identification documents.

DJJ provides additional services that promote public safety and accountability through partnerships with community organizations. These partners provide services to support a successful transition and reintegration into the community. A selection of these partnerships is described below:

Apartment Living Program: This eight-bed apartment-style residential program serves youth released from direct care. The program serves youth ages 17.5 and older and provides opportunities to learn and practice life skills in the community. The average length of stay in the program is four to six months.

Summit House: This eight-bed, single-family home designed as a residential program serves youth released from direct care. The program serves youth ages 17.5 and older, providing an opportunity for youth to learn and practice life skills beyond a secure environment. The average length of stay is six to nine months.

DMV Connect: When youth are released from direct care without official state-issued photo identification, they can face barriers to gaining employment, housing, and access to services. To provide youth with a better chance of success when reentering the community, DJJ partners with DMV to bring a mobile office to the JCC on a regular basis to provide state-issued photo identification to youth who are in Bon Air JCC. Reentry advocates coordinate with the community DMV mobile office to provide state-issued photo identification to youth released from direct care. This partnership also certifies DJJ's reentry advocates to administer the learner's permit exam to eligible youth.

Medicaid Pre-Application: CVIU streamlines the Medicaid application and enrollment process for incarcerated individuals in Virginia. DJJ's reentry advocates submit applications for eligible youth 18 years and older to the CVIU prior to release from direct care, resulting in applications being processed in a more timely manner to prevent a gap in coverage at release.

Direct Care Youth in JDCs

CPPs are highly structured residential programs operated for direct care youth in JDCs. A goal of the CPPs is to place youth in smaller settings closer to their home communities to facilitate a smoother transition after release and to increase family engagement. CPPs focus on PYD and increasing competency in areas of education, vocational preparation, life and social skills, thinking skills, employability skills, and anger management. CPPs use YASI as the basis for case planning to address criminogenic needs. Services focus on dynamic risk factors using cognitive-behavioral techniques and are tailored to meet the individual needs outlined in the youth's CRCP. Additionally, CPPs deliver aggression management and substance abuse treatment services. Youth in CPPs are housed in units separate from the JDC population. As of June 30, 2022, the eight participating JDCs were Blue Ridge, Chesterfield, Merrimac, Northern Virginia, Prince William, Rappahannock, Shenandoah Valley, and Virginia Beach. Lynchburg CPP was closed to youth on June 30, 2022, and Northern Virginia CPP was closed to youth on July 12, 2022. Northern Virginia served females, and Merrimac has programs for both males and females. All other CPPs serve only males.

Additionally, some JDCs provide detention reentry programs for youth in direct care, allowing them to begin transitioning back to the community 30 to 120 days be-

fore their scheduled release date. Similar to CPPs, these programs facilitate parole planning services with the assigned POs and allow for increased visitation with families and community involvement. Established contracts for detention reentry with the JDCs include Blue Ridge, Crater, James River, Merrimac, Norfolk, Rappahannock, Richmond, Shenandoah, and Virginia Beach.

The CAP Unit maintains case management responsibilities for direct care youth in JDCs and acts as a liaison between the JDCs and CSUs. Although youth in CPPs, detention reentry, and individual JDC beds are housed in the JDCs, they are counted in the direct care population and not in the JDC population.

Continuum of Services

Research has demonstrated that less restrictive environments are most effective at producing successful outcomes for committed youth. As such, an important element of DJJ's transformation has been to build and expand upon its continuum of services and alternative placement options. While the JCC, CPPs, and detention reentry programs provide secure placement options for youth in direct care, the broader continuum of services includes additional contracted secure and non-secure placement options such as group homes and RTCs. The CAP Unit maintains case management responsibilities for youth in these placements and acts as a liaison between the placements and CSUs.

Beginning in FY 2017, DJJ contracted with two service coordination agencies, AMI and EBA, to serve as RSCs and assist with building a more robust statewide continuum of evidence-informed services and alternatives to placement in state-operated secure facilities. The RSCs support DJJ's continuum of services by managing centralized referrals, service coordination, billing, quality assurance, and reporting. The Practice Improvement and Services Unit manages the RSC Service Delivery Model.

In addition to increasing the number and type of direct care placement setting options, DJJ continues to add community-based alternatives designed to reduce the need for direct care and other out-of-home placements. For example, two evidence-based family interventions, FFT and MST, are available in approximately 97% of cities and counties statewide. (See page 16 for more information about the continuum of services related to community programs.)

Family Engagement

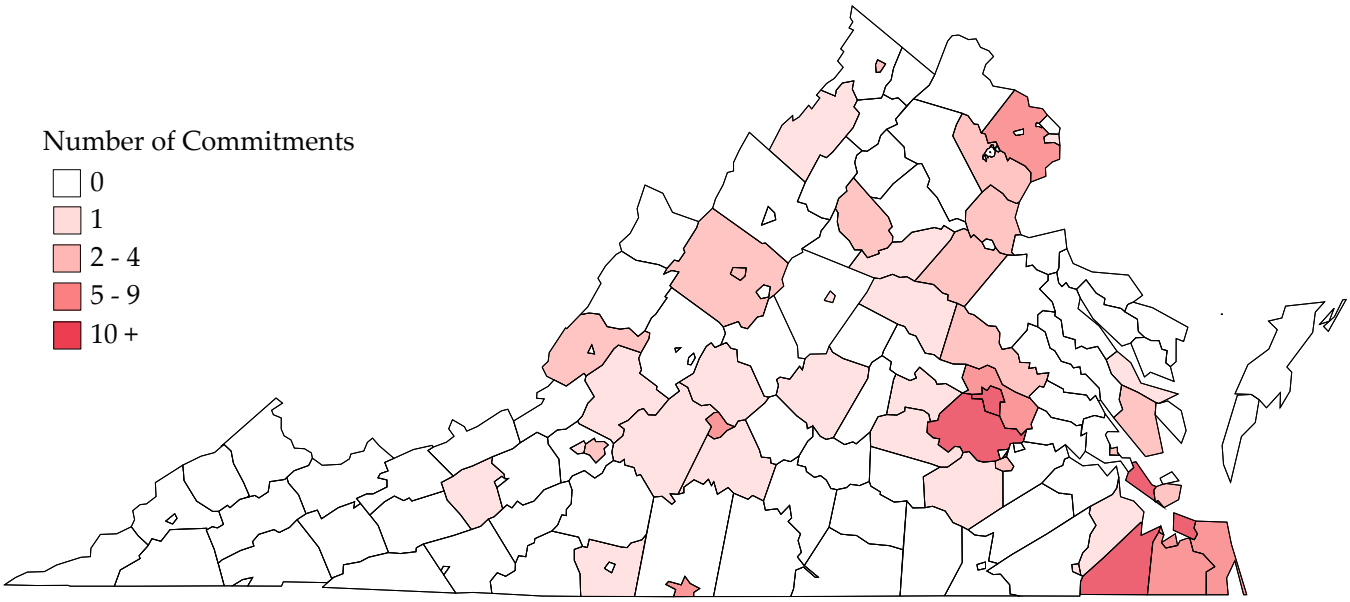
A major portion of DJJ's transformation is an increased focus on family engagement with youth in direct care. Youth's families often live more than a one-hour drive from Bon Air JCC, and the distance can pose a barrier to families wishing to visit. To assist those families, DJJ partners with transportation companies to provide free transportation to families with youth at Bon Air JCC from various sites across the Commonwealth. In addition to standard visitation, DJJ strives to host several family engagement functions annually, with at least one campus-wide and one per housing unit. DJJ also established a Family Engagement Committee comprised of DJJ staff, committed youth, and family members. The focus of the committee is to create an environment where committed youth and their support systems have opportunities to communicate, stay connected, and make recommendations to promote family engagement. DJJ established an email address (djj4families@djj.virginia.gov) to allow parents and other supports to communicate directly with the committee. DJJ also publishes a quarterly newsletter called Family Matters and a Facebook page in an effort to inform and maintain open lines of communication with families and youth supports.

QA Unit

The QA Unit monitors the integrity and success of contracted interventions, including JDCs that provide direct care admission and evaluation services, CPPs, detention reentry programs, and the RSC Service Delivery Model. The QA Unit provides oversight and comprehensive reviews, assessments, and reports regarding fidelity to evidence-based models and compliance with contract requirements. Utilizing a collaborative approach, the QA Unit conducts strengths-based performance monitoring and assists in developing individualized CQI plans to ensure programs align with best practices, the RNR model, and DJJ's strategic framework. The QA Unit also tracks performance measures, identifies program strengths and weaknesses, confirms services are tailored to meet youth's needs, and provides support and advocacy to promote ongoing system changes across DJJ.

Additionally, the QA Unit implements SPEP™, an evaluative tool to establish sustainable performance improvement and maximize positive youth outcomes. In partnership with Vanderbilt University, a team of DJJ staff earned their Level I SPEP™ specialist certificate following a cycle of SPEP™ training, with Merrimac and Virginia Beach CPPs as volunteer pilot sites. Lastly, the QA Unit, in collaboration with JCC staff, is implementing and facilitating CQI activities and plans for each Bon Air JCC housing unit.

Commitments by Locality, FY 2022*



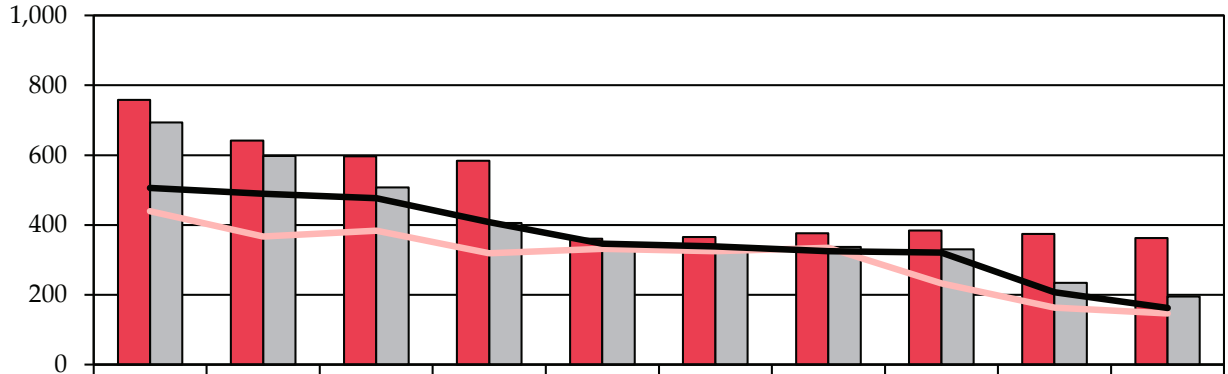
* CSU 12 had four subsequent commitments in FY 2022; these commitments are excluded.

» There were 158 commitments in FY 2022.

» The cities of Norfolk, Richmond, and Newport News had the highest number of commitments (14, 13, and 12, respectively).

» 86 of 133 localities (64.7%) had no commitments.

Capacity, ADP, Admissions, and Releases, FY 2013-2022*



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Capacity	758	642	597	584	361	366	376	384	374	363
ADP	693	597	508	406	338	335	337	331	234	195
Admissions	439	367	384	319	332	325	335	233	163	147
Releases	506	489	477	408	346	339	325	321	207	162

* Capacities are determined on the last day of the FY.

* Between June 10, 2015, and July 15, 2015, some youth admitted to direct care were evaluated in Chesterfield, James River, and Richmond JDCs. This temporary capacity is not included in the data presented above.

» Due primarily to facility closures, capacity decreased 52.1% between FY 2013 and FY 2022.

» ADP decreased 71.9% between FY 2013 and FY 2022.

» Admissions decreased 66.5% between FY 2013 and FY 2022.

» Releases decreased 68.0% between FY 2013 and FY 2022.

Capacity and ADP, FY 2022*

Facility/Placement	Capacity	ADP
Bon Air JCC	**272**	**106**
Adm./Eval. in JDCs	**N/A**	**10**
CPPs	**91**	**75**
Blue Ridge	8	6
Chesterfield	8	7
Lynchburg	N/A	5
Merrimac-Females	5	4
Merrimac-Males	8	8
Northern Virginia	5	2
Prince William	8	6
Rappahannock	16	12
Shenandoah Valley	8	7
Virginia Beach	20	18
Contracted Alternatives	**N/A**	**2**
Detention Reentry	**N/A**	**0**
Individual JDC Beds	**N/A**	**2**
Total	*363*	*195*

* Capacities are determined on the last day of the FY.

* Lynchburg CPP was closed to youth on June 30, 2022.

* The sum of individual CPP capacities does not equal the total CPP capacity because five CPP beds included in the total may be used at any CPP based on need and availability.

* Admission and Evaluation in JDCs, Contracted Alternatives, Detention Reentry, and Individual JDC Beds do not have capacity as there are no dedicated beds.

* ADPs may not add to totals due to rounding.

» The ADP in FY 2022 was 195 youth.

» 54.4% of the direct care ADP was in the JCC.

In FY 2022, 54.4% of the direct care ADP was in the JCC, 38.5% was in a CPP, and 7.1% was in another alternative placement.

Admissions with Prior Successful Diversion Plans, Probation Placements, or Direct Care Admissions, FY 2020-2022*

	2020	2021	2022
Prior Successful Diversion Plans	21.9%	22.7%	25.9%
Prior Probation Placements	65.7%	76.1%	72.8%
Prior Direct Care Admissions	11.6%	15.3%	15.0%
Total Admissions	*233*	*163*	*147*

* A prior successful diversion plan is defined as an intake case earlier than the committing offenses with at least one complaint with a successful diversion plan and no complaints with a petition.

» 25.9% of admissions in FY 2022 had at least one prior successful diversion plan.

» 72.8% of admissions in FY 2022 had at least one prior probation placement.

» 15.0% of admissions in FY 2022 had at least one prior direct care admission.

Admission Demographics, FY 2020-2022

Demographics	2020	2021	2022
Race			
Asian	0.9%	0.6%	0.0%
Black	67.8%	71.8%	71.4%
White	26.6%	24.5%	23.8%
Other/Unknown	4.7%	3.1%	4.8%
Ethnicity			
Hispanic	10.3%	6.7%	8.8%
Non-Hispanic	81.1%	85.9%	78.2%
Unknown/Missing	8.6%	7.4%	12.9%
Sex			
Female	3.4%	9.2%	8.2%
Male	96.6%	90.8%	91.8%
Age			
Under 14	1.3%	1.2%	0.7%
14	4.3%	6.1%	4.1%
15	14.6%	13.5%	13.6%
16	24.9%	21.5%	22.4%
17	39.9%	38.7%	45.6%
18	13.3%	18.4%	10.2%
19-20	1.7%	0.6%	3.4%
Total Admissions	*233*	*163*	*147*

» 71.4% of admissions in FY 2022 were Black, and 23.8% were White.

» 78.2% of admissions in FY 2022 were non-Hispanic, and 8.8% were Hispanic. 12.9% had unknown ethnicity information.

» 91.8% of admissions in FY 2022 were male, and 8.2% were female.

» Approximately two-thirds (60.1-68.0%) of admissions since FY 2020 were 16 or 17 years of age.

» The average age of youth admitted in FY 2022 was 17.1 years.

Admission Demographics by Commitment Type and Committing Court Type, FY 2022*

Demographics	Commitment Type		Committing Court Type		
	Determinate/ Blended	Indeterminate	J&DR District Court	Appeal to Circuit Court	Circuit Court
Race					
Asian	0.0%	0.0%	0.0%	0.0%	0.0%
Black	83.7%	65.3%	70.8%	50.0%	75.0%
White	14.3%	28.6%	24.8%	50.0%	18.8%
Other/Unknown	2.0%	6.1%	4.4%	0.0%	6.3%
Ethnicity					
Hispanic	6.1%	10.2%	9.7%	0.0%	6.3%
Non-Hispanic	79.6%	77.6%	77.0%	100.0%	81.3%
Unknown/Missing	14.3%	12.2%	13.3%	0.0%	12.5%
Sex					
Female	6.1%	9.2%	8.8%	0.0%	6.3%
Male	93.9%	90.8%	91.2%	100.0%	93.8%
Age					
Under 14	N/A	1.0%	0.9%	0.0%	N/A
14	0.0%	6.1%	5.3%	0.0%	0.0%
15	14.3%	13.3%	14.2%	0.0%	12.5%
16	18.4%	24.5%	25.7%	0.0%	12.5%
17	44.9%	45.9%	45.1%	100.0%	43.8%
18	12.2%	9.2%	8.0%	0.0%	18.8%
19-20	10.2%	0.0%	0.9%	0.0%	12.5%
Total Admissions	*49*	*98*	*113*	*2*	*32*

* Youth with multiple commitments for a single admission are counted once. If an admission is for at least one determinate commitment or blended sentence, the admission is counted as "Determinate/Blended."

- 33.3% of admissions were for determinate commitments or blended sentences, and 66.7% were for indeterminate commitments.
- 76.9% of admissions were committed by a J&DR district court, 1.4% by a J&DR district court with the commitment upheld in circuit court on appeal, and 21.8% by a circuit court.
- The average ages at admission by commitment type were as follows:
  - Determinate/Blended – 17.4 years
  - Indeterminate – 16.9 years
- The average ages at admission by committing court type were as follows:
  - J&DR district court – 16.9 years
  - Appeal to circuit court – 17.8 years
  - Circuit court – 17.6 years

Admissions by Committing MSO Category, FY 2022*

MSO Category	Det./Blend.	Indeterminate			Overall		
	Felony	Felony	Misd.	Total	Felony	Misd.	Total
Arson	0.0%	1.1%	0.0%	1.0%	0.7%	0.0%	0.7%
Assault	18.4%	20.5%	62.5%	23.5%	19.7%	62.5%	21.8%
Burglary	2.0%	11.4%	N/A	10.2%	8.0%	N/A	7.5%
Fraud	0.0%	1.1%	0.0%	1.0%	0.7%	0.0%	0.7%
Kidnapping	0.0%	1.1%	0.0%	1.0%	0.7%	0.0%	0.7%
Larceny	10.2%	26.1%	12.5%	24.5%	20.4%	12.5%	19.7%
Murder	18.4%	4.5%	N/A	4.1%	9.5%	N/A	8.8%
Narcotics	2.0%	2.3%	0.0%	2.0%	2.2%	0.0%	2.0%
Parole Violation	0.0%	0.0%	0.0%	2.0%	0.0%	0.0%	1.4%
Robbery	36.7%	17.0%	N/A	15.3%	24.1%	N/A	22.4%
Sexual Abuse	6.1%	3.4%	0.0%	3.1%	4.4%	0.0%	4.1%
Traffic	2.0%	3.4%	0.0%	3.1%	2.9%	0.0%	2.7%
Vandalism	2.0%	0.0%	12.5%	1.0%	0.7%	12.5%	1.4%
Weapons	2.0%	8.0%	12.5%	8.2%	5.8%	12.5%	6.1%
Total Admissions	*49*	*88*	*8*	*98*	*137*	*8*	*147*

* Youth with multiple commitments for a single admission are counted once. If an admission is for at least one determinate commitment or blended sentence, the admission is counted as "Determinate/Blended."

* N/A indicates an offense severity (e.g., misdemeanor) that does not exist for that offense category.

* Total includes felonies, misdemeanors, and other offenses; the sum of felonies and misdemeanors may not equal the total. The "Other" offenses include two indeterminate admissions for parole violations.

* "Narcotics" no longer includes marijuana possession offenses that are captured under the new VCC prefix, MRJ.

- The majority of total admissions (93.2%) were for felonies; 5.4% were for misdemeanors.
- The highest percentage of total admissions were for robbery (22.4%).
- 66.7% of admissions were for indeterminate commitments.
  - The majority of admissions for indeterminate commitments were for felonies (89.8%); 8.2% were for misdemeanors.
  - The highest percentage of admissions for indeterminate commitments were for larceny (24.5%) and assault (23.5%).
- 33.3% of total admissions were for determinate commitments or blended sentences.
  - The highest percentage of admissions for determinate commitments or blended sentences were for robbery (36.7%).

Admissions by Committing MSO, FY 2022*

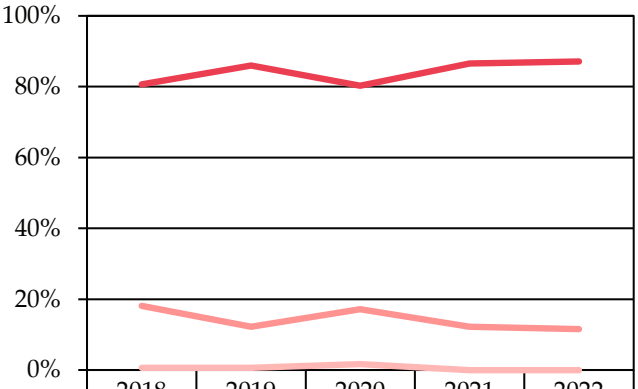
MSO Severity	Determinate/ Blended	Indeterminate	Total
DAI Ranking			
Felony			
Against Persons	91.8%	59.2%	70.1%
Weapons/Narcotics Dist.	2.0%	7.1%	5.4%
Other	6.1%	23.5%	17.7%
Class 1 Misdemeanor			
Against Persons	0.0%	6.1%	4.1%
Other	0.0%	2.0%	1.4%
Parole Violation	0.0%	2.0%	1.4%
VCSC Ranking			
Person	75.5%	56.1%	62.6%
Property	14.3%	32.7%	26.5%
Narcotics	2.0%	2.0%	2.0%
Other	8.2%	9.2%	8.8%
Total Admissions	*49*	*98*	*147*

* Youth with multiple commitments for a single admission are counted once. If an admission is for at least one determinate commitment or blended sentence, the admission is counted as "Determinate/Blended."

» MSO by DAI ranking:
  › The highest percentage of determinate or blended and indeterminate admissions were for felonies against persons (91.8% and 59.2%, respectively).
» MSO by VCSC ranking:
  › The highest percentage of determinate or blended and indeterminate admissions were for person offenses (75.5% and 56.1%, respectively).

The majority of admissions were high risk based on YASI.

Admissions by Risk Levels, FY 2018-2022*



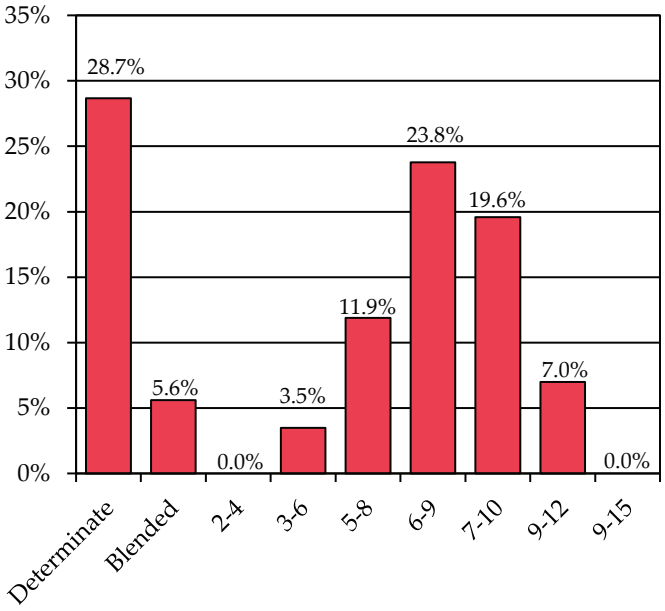
	2018	2019	2020	2021	2022
Low	0.6%	0.6%	1.7%	0.0%	0.0%
Moderate	18.2%	12.2%	17.2%	12.3%	11.6%
High	80.6%	86.0%	80.3%	86.5%	87.1%
Total Admissions	*325*	*335*	*233*	*163*	*147*

* Percentages may not add to 100% due to missing YASIs. For example, in FY 2022, two direct care admissions were missing YASIs.

* The closest YASI within 90 days of the admission date was selected.

» 98.6% of admissions had a YASI completed in FY 2022.
» Over 80.0% of direct care admissions were high risk between FY 2018 and FY 2022.

Admissions by Commitment Type and Assigned LOS (Months), FY 2022*



* Youth with multiple commitments for a single admission are counted once. The longest blended or determinate assigned LOS was selected, even if the assigned LOS for an indeterminate commitment was longer. If the youth had only indeterminate commitments, the longest LOS category was selected.

* Data are not comparable to previous reports. In prior reports, youth with a treatment override were categorized according to the assigned LOS calculation; these youth are now excluded. In FY 2022, four admissions had a treatment override.

» 65.7% of admissions were for indeterminate commitments.

» An assigned LOS of 6-9 months was the most common for indeterminate commitments.

» 39.2% of admissions had an assigned indeterminate LOS with a maximum of nine months or less.

See Appendix D for an explanation of the LOS Guidelines.

Releases by LOS, FY 2022*

Assigned LOS Category	Releases	% of All Releases	Average Actual LOS (Months)
Blended	**17**	**10.5%**	**29.7**
Determinate	**56**	**34.6%**	**25.8**
Indeterminate	**89**	**54.9%**	**8.9**
2-4 months	1	0.6%	12.5
3-6 months	0	0.0%	N/A
5-8 months	18	11.1%	7.0
6-9 months	37	22.8%	8.3
7-10 months	21	13.0%	8.3
9-12 months	8	4.9%	9.8
9-15 months	1	0.6%	9.0
Treatment Override	3	1.9%	28.6
Total Releases	*162*	*100.0%*	*16.9*

* Youth with multiple commitments for a single admission are counted once. The longest blended or determinate assigned LOS was selected, even if the assigned LOS for an indeterminate commitment was longer. If the youth had only indeterminate commitments, the longest LOS category was selected. Youth with treatment overrides for their indeterminate assigned LOS range are included but are likely to have longer LOSs.

* Subsequent commitments are included because of their impact on actual LOS. There were two subsequent indeterminate commitments and no subsequent determinate commitments.

* Data are not comparable to previous reports. In prior reports, youth with a treatment override were categorized according to the assigned LOS calculation; this report categorizes youth with treatment overrides separately.

» The average actual LOS for all youth released in FY 2022 was 16.9 months.

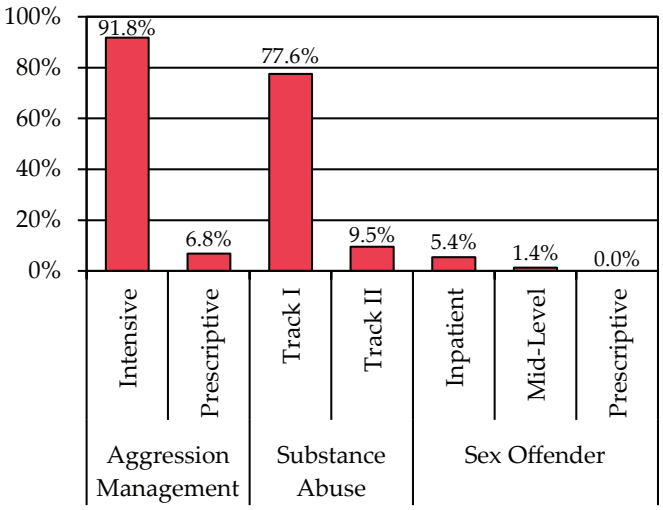
» Youth with indeterminate commitments comprised 54.9% of releases, and their average actual LOS was 8.9 months.

› Youth with treatment overrides have inpatient or mid-level sex offender treatment needs. Successful completion of sex offender treatment may require six to 36 months, depending on the youth's treatment needs, behavioral stability, and motivation. In FY 2022, their average actual LOS was 28.6 months.

» Youth with determinate commitments or blended sentences comprised 45.1% of releases. Their assigned LOSs ranged from 6.0 to 69.9 months, averaging 39.4 months. Their average actual LOS was 26.7 months.

» The average age of youth released was 18.6 years.

Admissions by Treatment Need, FY 2022



» 98.6% of admissions were identified as having an aggression management treatment need.

› Intensive is more rigorous compared to prescriptive, which is delivered individually as needed.

» 87.1% of admissions were identified as having a substance abuse treatment need.

› Track I is for youth meeting the DSM criteria for substance use disorder and in need of intensive services.

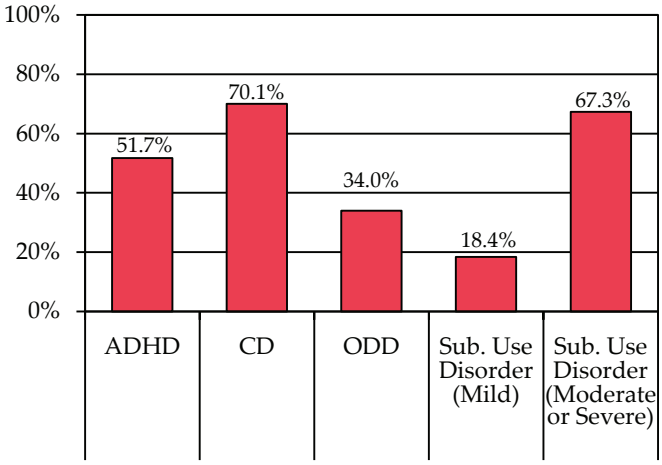
› Track II is for youth who have experimented with substances but do not meet the DSM criteria for substance use disorder.

» 6.8% of admissions were identified as having a sex offender treatment need.

› Youth requiring inpatient or mid-level treatment services receive individual, group, and family therapy within specialized units. In FY 2022, 5.4% of admissions had an inpatient and 1.4% had a mid-level sex offender treatment need.

› Youth identified as having a prescriptive sex offender treatment need are given treatment individually, as needed. In FY 2022, there were no admissions with a prescriptive sex offender treatment need.

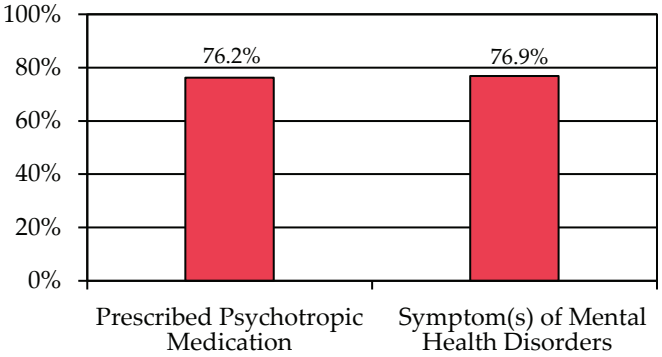
Admissions by Symptoms of Select Mental Health Disorders, FY 2022*



* Disorder data include youth who appear to have significant symptoms of a mental health disorder according to diagnostic criteria in the DSM.

» 93.2% of admissions appeared to have at least one symptom of ADHD, CD, ODD, or substance use disorder.

Admissions by Prescribed Psychotropic Medication and Symptoms of Other Mental Health Disorders, FY 2022*



* Medication data include past, current, and newly prescribed psychotropic medication at the time of admission. The data include stimulant medication and exclude sleep medication.

* Disorder data include youth who appear to have significant symptoms of a mental health disorder according to diagnostic criteria in the DSM. ADHD, CD, ODD, and substance use disorder are excluded.

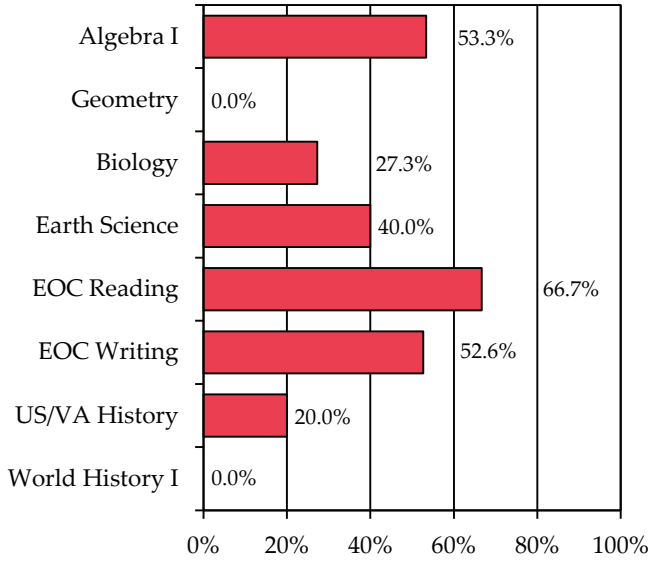
» The majority (76.2%) of admissions were prescribed psychotropic medication at some point in their lives.

» 35.4% of admissions had current or newly prescribed psychotropic medication at the time of admission.

» The majority (76.9%) of youth appeared to have significant symptom(s) of a mental health disorder at the time of admission, excluding those disorders listed in the caveat.

Division of Education

SOL Pass Rates, SY 2021-2022*



* Youth are counted as passing if they fail the initial test and pass the retest.

* Locally awarded verified credits were not offered during SY 2021-2022.

* EOC Reading and EOC Writing include WorkKeys exams. WorkKeys exams are an alternative testing option for students who have failed the EOC Reading or EOC Writing SOL twice. This exam allows students to earn verified credits for graduation.

» The highest pass rate was in EOC Reading (66.7%).

Virginia and Penn Foster High School Diplomas and GED® Certificates Earned, SY 2020-2021 and SY 2021-2022*

Type	2020-2021	2021-2022
Advanced Studies Diploma	1	1
Standard Diploma	13	7
Applied Studies Diploma	3	2
Penn Foster High School Diploma	1	N/A
GED® Certificate	16	12
Total	*34*	*22*

* As of SY 2021-2022, the Penn Foster High School Diploma is no longer offered.

» During SY 2021-2022, 10 youth earned Virginia high school diplomas and 12 youth earned GED® certificates.

» During SY 2021-2022, 30.8% of eligible high school seniors graduated. (The graduation rate calculation was changed in SY 2021-2022 to align with the methodology of surrounding public schools. Therefore, rates are not comparable to previous reports.)

CTE Credentials, SY 2021-2022*

Course	Assessment	Pass Rate 2021-2022
Advertising Design I	SkillsUSA®	55.6%
Advertising Design II		
Entrepreneurship		
Economics and Personal Finance	W!SE	86.7%
Introduction to Marketing		
Principles of Business and Marketing		

* Youth may be released from direct care or change classes, preventing them from completing a CTE course.

» During SY 2021-2022, nine youth took the SkillsUSA® assessment and 15 took the W!SE assessment.

College Courses and Post-Secondary Enrichment Programs, SY 2021-2022*

Type	Enrolled	Completed
Students		
Reynolds Community College	20	17
University of Virginia	5	4
Virginia Commonwealth University	5	3
Certification Courses	68	41
Enrichment Courses	54	25
Courses		
Reynolds Community College	42	33
University of Virginia	5	4
Virginia Commonwealth University	24	18
Certification Courses	114	41
Enrichment Courses	182	44

* Youth may be released from direct care or change classes, preventing them from completing a course.

» The Division of Education offers youth the opportunity to take college courses and certification programs in the areas of business, entrepreneurship, media production, and Russian literature. For example, during SY 2021-2022:

› 20 youth enrolled in seven college courses at Reynolds Community College; 17 youth completed 33 courses, earning a total of 89 credits.

› Five youth enrolled in one college course at the University of Virginia; four youth completed the course, earning a total of four credits.

› Five youth enrolled in the Advanced Media Production Technologies Certification Program at Virginia Commonwealth University; three youth completed the program to earn a certificate.

› 41 youth completed certification courses, and 25 youth completed enrichment courses.

Direct Care Population on June 30, 2022

Demographics

Demographics	Bon Air	Non-JCC	Total
Race			
Asian	0.0%	0.0%	0.0%
Black	69.2%	80.0%	73.4%
White	28.2%	17.3%	24.0%
Other/Unknown	2.6%	2.7%	2.6%
Ethnicity			
Hispanic	7.7%	6.7%	7.3%
Non-Hispanic	80.3%	86.7%	82.8%
Unknown/Missing	12.0%	6.7%	9.9%
Sex			
Female	4.3%	8.0%	5.7%
Male	95.7%	92.0%	94.3%
Age			
Under 14	0.0%	0.0%	0.0%
14	1.7%	1.3%	1.6%
15	6.8%	9.3%	7.8%
16	15.4%	12.0%	14.1%
17	21.4%	22.7%	21.9%
18	31.6%	34.7%	32.8%
19-20	23.1%	20.0%	21.9%
Total Youth	*117*	*75*	*192*

» 73.4% of youth in direct care on June 30, 2022, were Black, and 24.0% were White.

» 82.8% of youth in direct care on June 30, 2022, were non-Hispanic, and 7.3% were Hispanic. 9.9% had unknown ethnicity information.

» 94.3% of youth in direct care on June 30, 2022, were male, and 5.7% were female.

» 54.7% of youth in direct care on June 30, 2022, were 17 or 18 years.

» The average age of youth in direct care on June 30, 2022, was 18.0 years.

YASI Risk Levels

YASI Risk Level	Bon Air	Non-JCC	Total
Low	0.9%	0.0%	0.5%
Moderate	17.9%	21.3%	19.3%
High	79.5%	78.7%	79.2%
Missing	1.7%	0.0%	1.0%
Total Youth	*117*	*75*	*192*

» 79.2% of youth in direct care on June 30, 2022, were high risk.

Committing MSO Category*

MSO Category	Bon Air	Non-JCC	Total
Arson	1.7%	0.0%	1.0%
Assault	18.8%	18.7%	18.8%
Burglary	2.6%	5.3%	3.6%
Fraud	0.9%	0.0%	0.5%
Kidnapping	0.9%	0.0%	0.5%
Larceny	8.5%	20.0%	13.0%
Murder	13.7%	5.3%	10.4%
Narcotics	1.7%	1.3%	1.6%
Parole Violation	2.6%	0.0%	1.6%
Robbery	27.4%	37.3%	31.3%
Sexual Abuse	17.1%	0.0%	10.4%
Traffic	1.7%	0.0%	1.0%
Vandalism	0.9%	2.7%	1.6%
Weapons	1.7%	8.0%	4.2%
Other	0.0%	1.3%	0.5%
Total Youth	*117*	*75*	*192*

* "Narcotics" no longer includes marijuana possession offenses that are captured under the new VCC prefix, MRJ. There were no youth in direct care on June 30, 2022, with an MSO of marijuana.

» The highest percentage of youth in direct care on June 30, 2022, were committed with robbery as the committing MSO (31.3%).

Committing MSO Severity

MSO Severity	Bon Air	Non-JCC	Total
DAI Ranking			
Felony			
Against Persons	87.2%	72.0%	81.3%
Weapons/Narcotics Dist.	1.7%	8.0%	4.2%
Other	6.8%	16.0%	10.4%
Class 1 Misdemeanor			
Against Persons	1.7%	1.3%	1.6%
Other	0.0%	2.7%	1.0%
Parole Violation	2.6%	0.0%	1.6%
VCSC Ranking			
Person	79.5%	64.0%	73.4%
Property	12.8%	24.0%	17.2%
Narcotics	1.7%	1.3%	1.6%
Other	6.0%	10.7%	7.8%
Total Youth	*117*	*75*	*192*

» 95.8% of youth in direct care on June 30, 2022, had a felony as the committing MSO according to the DAI ranking.

» 81.3% of youth in direct care on June 30, 2022, had a felony against persons as the committing MSO according to the DAI ranking.

» 73.4% of youth in direct care on June 30, 2022, had a person offense as the committing MSO according to the VCSC ranking.

Committing Court Type*

Committing Court Type	Bon Air	Non-JCC	Total
J&DR District Court	61.5%	65.3%	63.0%
Appeal to Circuit Court	1.7%	0.0%	1.0%
Circuit Court	36.8%	34.7%	35.9%
Total Youth	*117*	*75*	*192*

* Youth with multiple commitments for a single admission are counted once. If an admission is for at least one determinate commitment or blended sentence, the admission is counted as "Determinate" or "Blended" and the committing court of the commitment type is selected.

» Of the youth in direct care on June 30, 2022, 63.0% were committed by a J&DR district court, 35.9% by a circuit court, and 1.0% by a J&DR district court with the commitment upheld in circuit court on appeal.

Commitment Type*

Commitment Type	Bon Air	Non-JCC	Total
Blended	15.4%	2.7%	10.4%
Determinate	42.7%	54.7%	47.4%
Indeterminate	41.9%	42.7%	42.2%
Total Youth	*117*	*75*	*192*

* Youth with multiple commitments for a single admission are counted once. If an admission is for at least one determinate commitment or blended sentence, the admission is counted as "Determinate" or "Blended."

» 42.2% of youth in direct care on June 30, 2022, had an indeterminate commitment.

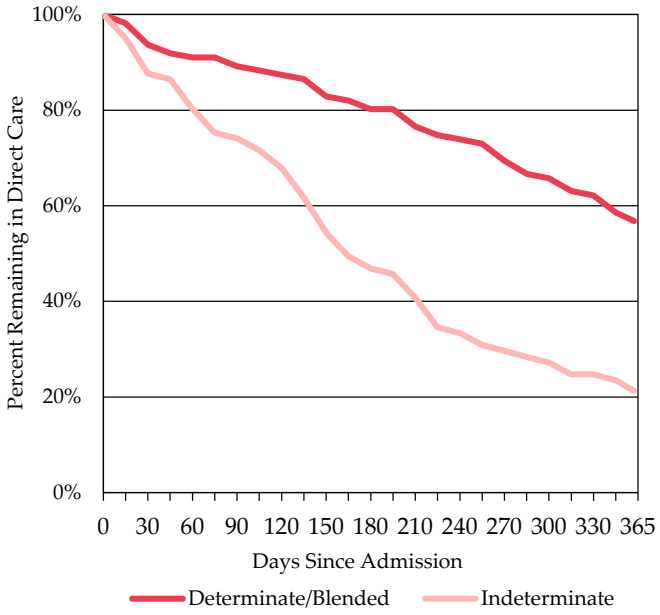
» 57.8% of youth in direct care on June 30, 2022, had a determinate commitment or blended sentence.

Placement Type

Placement Type	Count	%
Bon Air JCC	117	60.9%
Adm./Eval. in JDCs	7	3.6%
CPPs	65	33.9%
Contracted Alternatives	0	0.0%
Detention Reentry	0	0.0%
Individual JDC Beds	3	1.6%
Total Youth	*192*	*100.0%*

» Of the youth in direct care on June 30, 2022, 60.9% were at Bon Air JCC, 33.9% were in a CPP, and 5.2% were in another alternative placement.

Time in Direct Care*



* This graph does not reflect youth's entire LOSs; rather, it is a one-day snapshot of the number of days youth spent in direct care from their admission date through June 30, 2022. The graph displays up to 365 days.

» There were 111 youth with a determinate commitment or blended sentence and 81 youth with an indeterminate commitment on June 30, 2022.

» Among youth with a determinate commitment or blended sentence, 89.2% had been in direct care for at least 90 days, and 56.8% had been in direct care for at least one year. The average time in direct care was 1.3 years.

» Among youth with an indeterminate commitment, 74.1% had been in direct care for at least 90 days, and 21.0% had been in direct care for at least one year. The average time in direct care was 251 days.

The proportion of determinate commitments and blended sentences is larger for the direct care population (57.8% on June 30, 2022) than for admissions (33.3% in FY 2022) due to longer LOSs.