COMMONWEALTH OF VIRGINIA

Commission on Youth

Assessment of the Mental Health Needs of Juvenile Offenders

September 17, 2013

Leah Mills

Study Mandate

- During the 2013 General Assembly Session, Senator Jill Holzman Vogel introduced Senate Bill 928. This bill would require an interdisciplinary team to evaluate the service needs of a juvenile when the Commonwealth is seeking the juvenile's commitment. Such an evaluation would be ordered when the juvenile has been:
  - placed in a secure facility;
  - identified with a mental health need from the mental health assessment conducted by the secure facility; and
  - adjudicated delinquent and the attorney for the Commonwealth is seeking commitment.
- The interdisciplinary committee would evaluate the juvenile's service needs and submit a report to the juvenile and domestic relations (JDR) court .
- The JDR court would consider the evaluation when determining whether the juvenile would be committed to the Department of Juvenile Justice (DJJ).

Study Mandate

- The Senate Courts of Justice Committee reviewed Senate Bill 928 and determined further study would be appropriate
- The Committee passed Senate Bill 928 by indefinitely and requested the Commission on Youth to study the issues set forth in the legislation.
- On April 2, 2013, the Commission on Youth adopted the study plan.

Study Activities

- Identify Concerns with SB 928
- Site visits and stakeholder interviews
- Literature review
- Review federal legislation/statutes
- Review Virginia laws, regulations, and policies
- Two informal surveys
- Prepare draft findings and recommendations

Study Activities

- Identify Concerns with SB 928
  - The screening conducted at the juvenile detention centers does not identify a mental health diagnosis.
  - This bill may increase the juvenile's length of stay at a juvenile detention center.
  - The bill requires Commonwealth Attorneys to reveal whether they are seeking commitment.
  - The bill raises concerns about information-sharing and workload.
  - The bill provides the judge with existing dispositional options.
  - This bill raises concerns about self-incrimination.
  - Adequate mental health services may not be in place in some localities of the Commonwealth.

Site Visit Interviews

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

Stakeholder Interviews

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

Literature Review

- Other states' initiatives and policies
  - National Conference of State Legislatures
  - MacArthur Foundation Model for Change Program
  - Annie E. Casey Juvenile Detention Alternative Initiatives (JDAI)
  - Office of Juvenile Justice and Delinquency Prevention Model Programs Guide
  - Blueprints for Healthy Youth Development
  - SAMHSA's National Registry of Evidence-based Programs and Practices

Department of Juvenile Justice Trends

The Virginia Commission on Youth

September 17, 2013

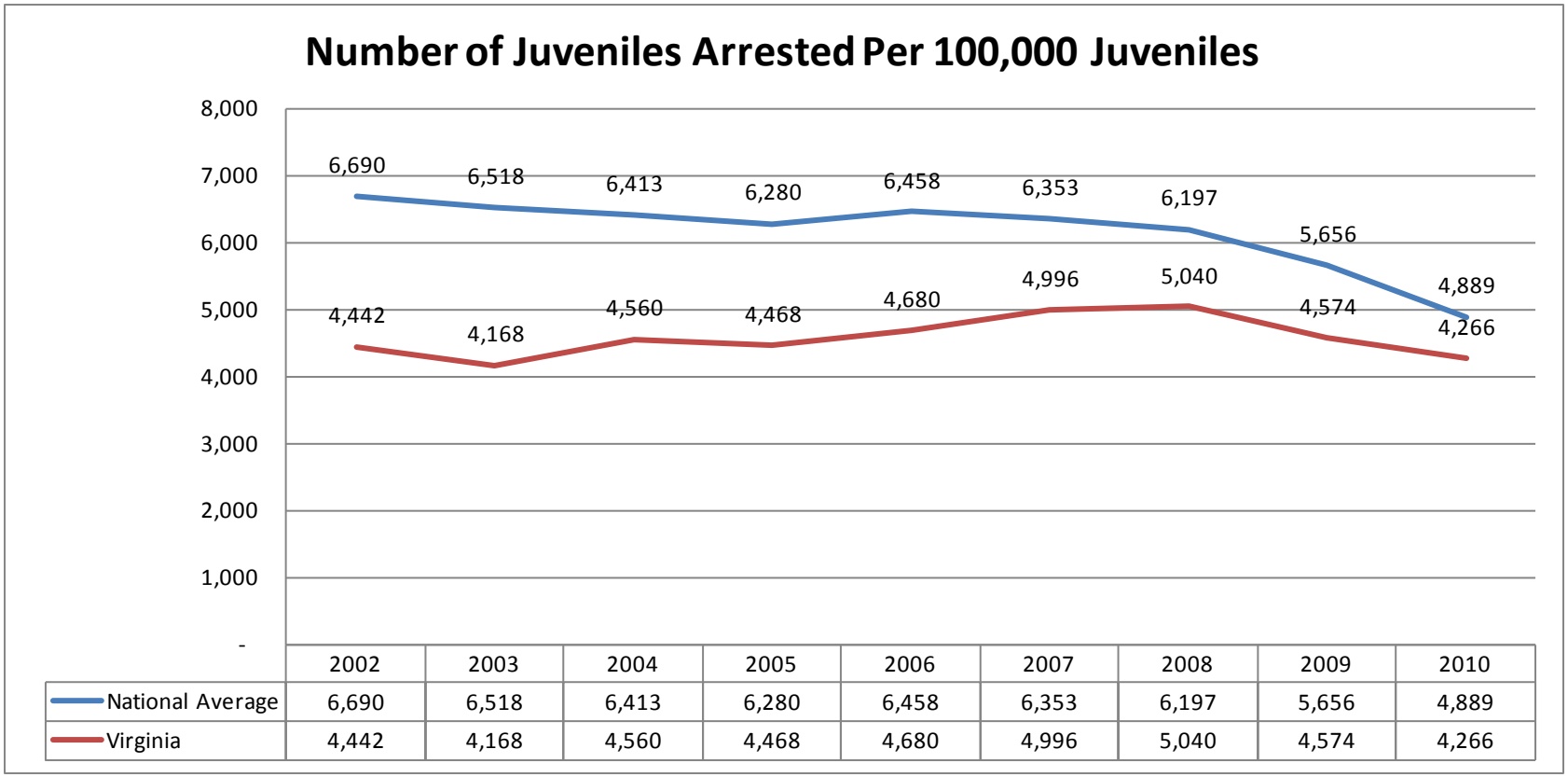
Prepared by:

The Department of Juvenile Justice

Legislative and Research Unit

Court Service Units Intake Trends

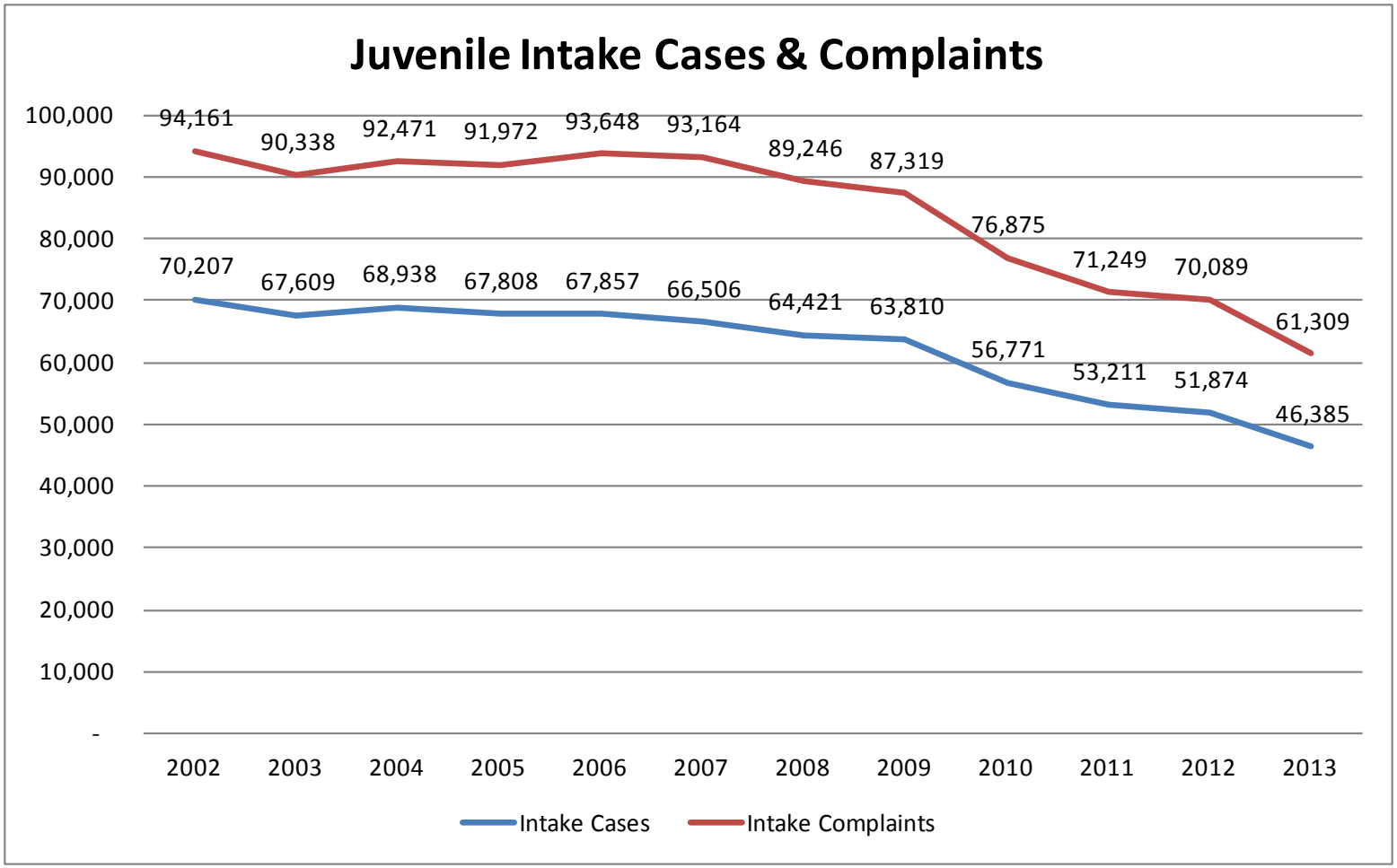
National Arrest Data



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

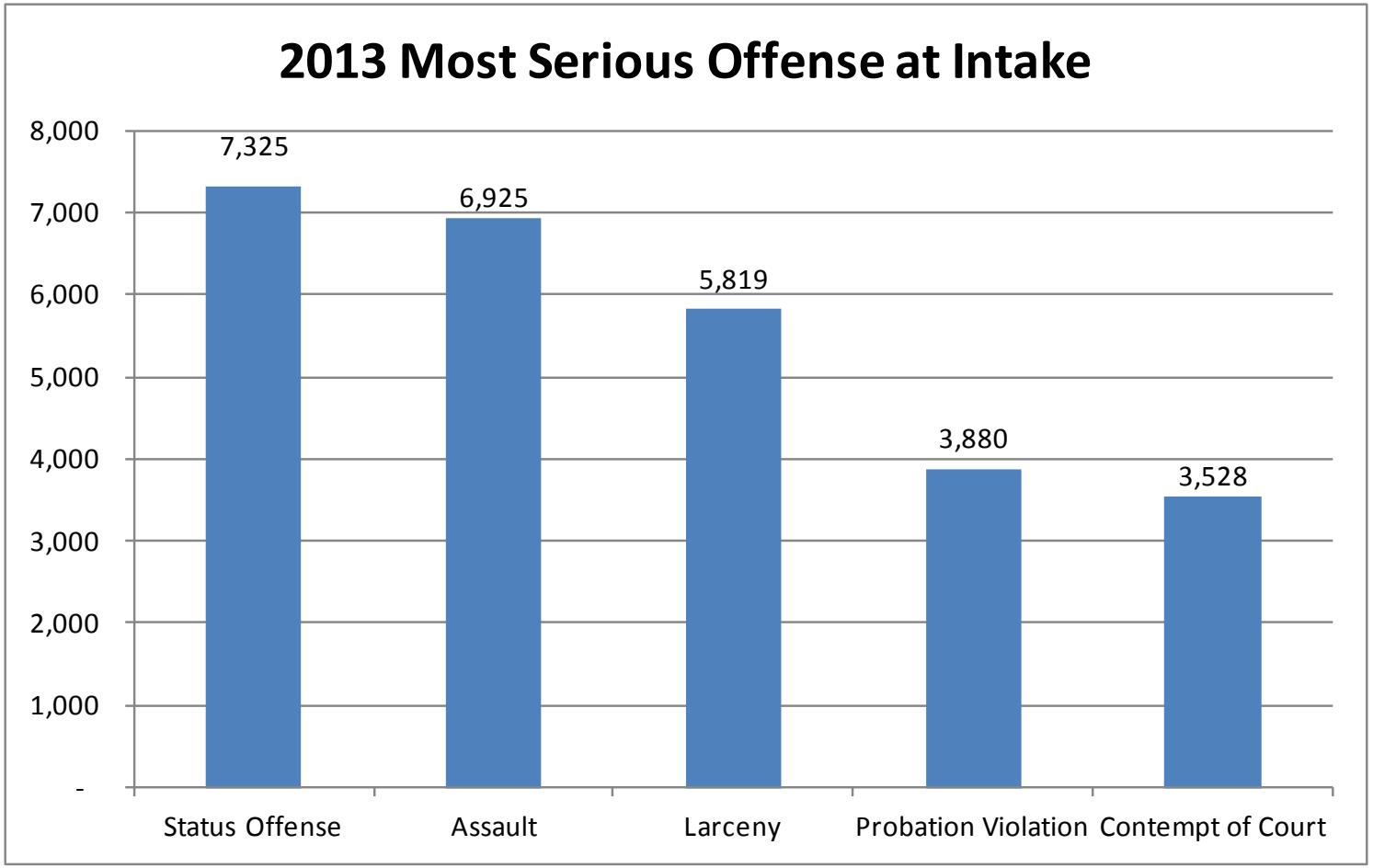
- **On average, from FY 2000 - FY 2010 there were 1,787 fewer juveniles arrested per 100,000 juveniles in Virginia compared to the national average.**
- **In FY 2010, there were 623 fewer in Virginia.**

Juvenile Intakes



• Over the reporting period, there have been between 1.2 to 1.4 juvenile intake complaints per juvenile intake case.

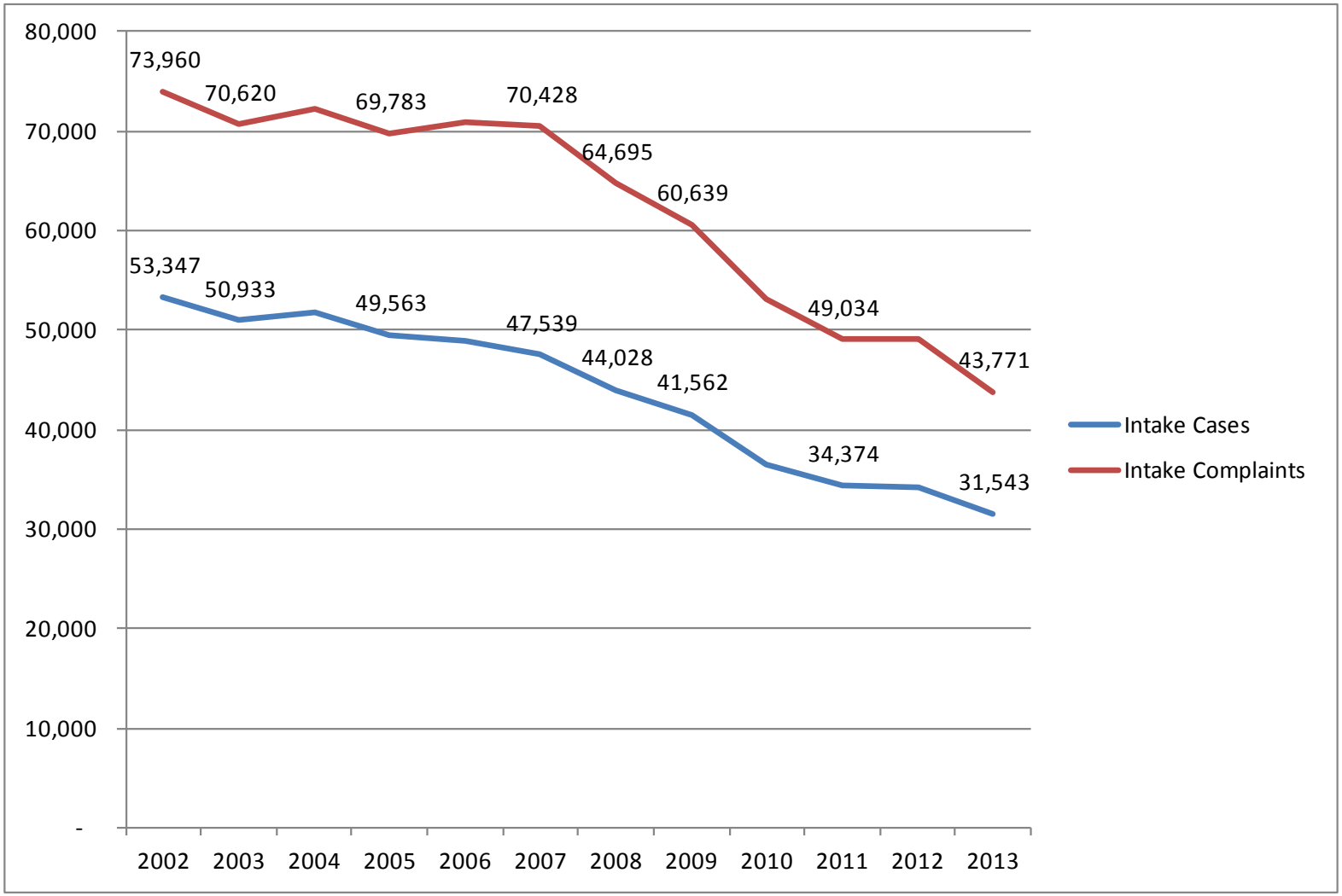
Juvenile Intake Cases by Most Serious Offense Category



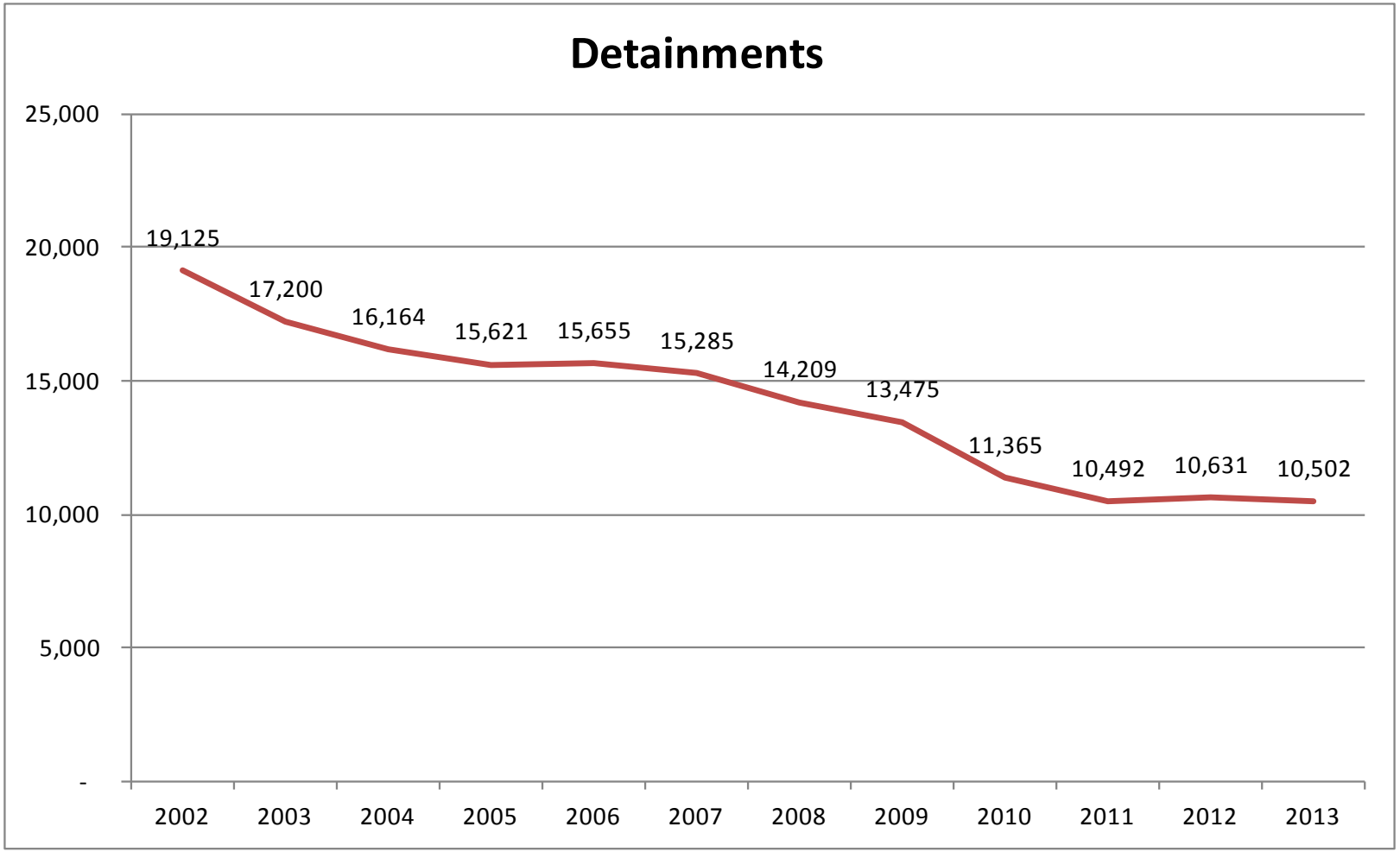
- The top five most serious offenses of juvenile intake cases accounted for 58.6% of all intake cases in FY 2013.

Court-Involved Youth Trends

Intakes by Petitioned Cases and Complaints

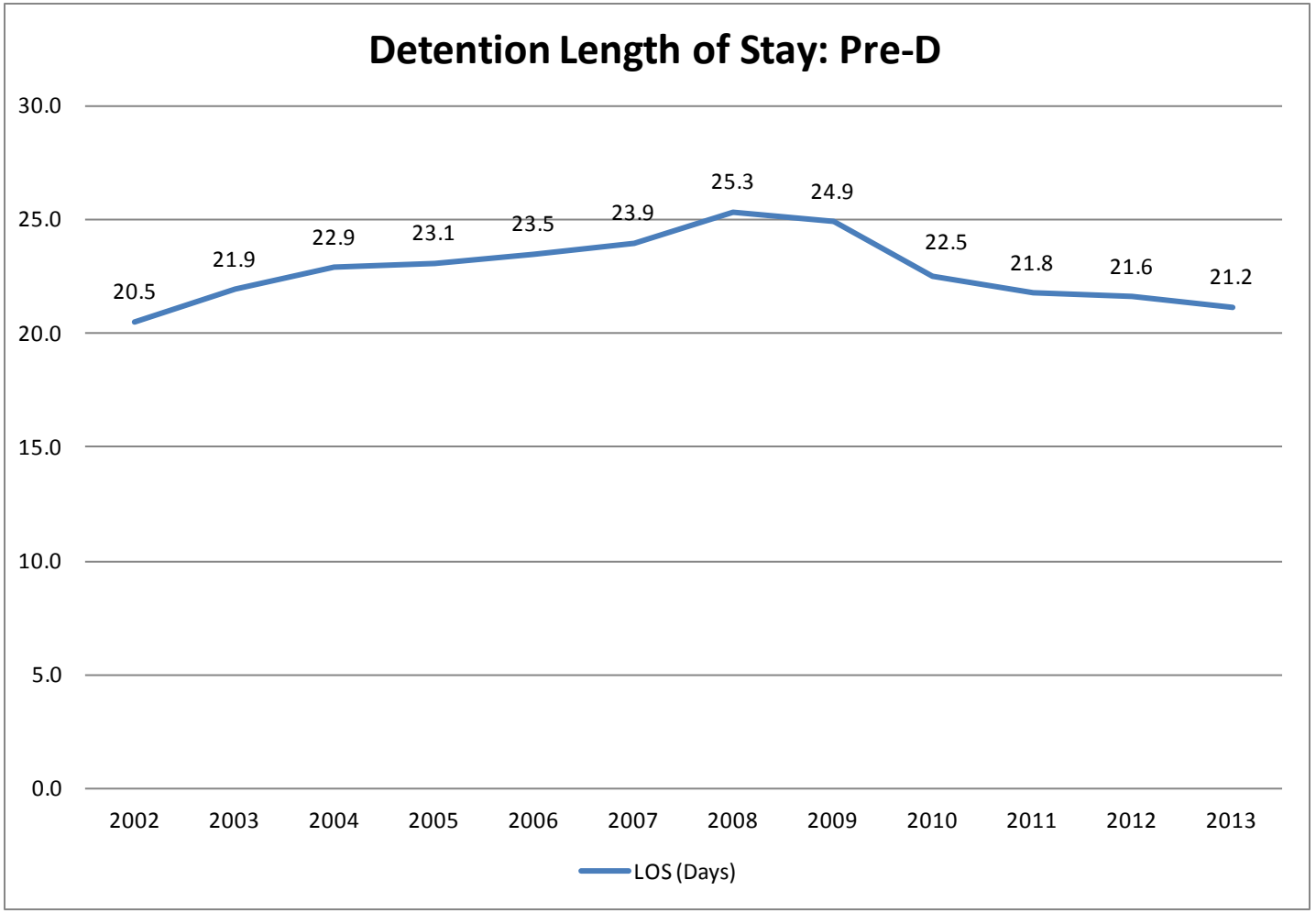


Detainments

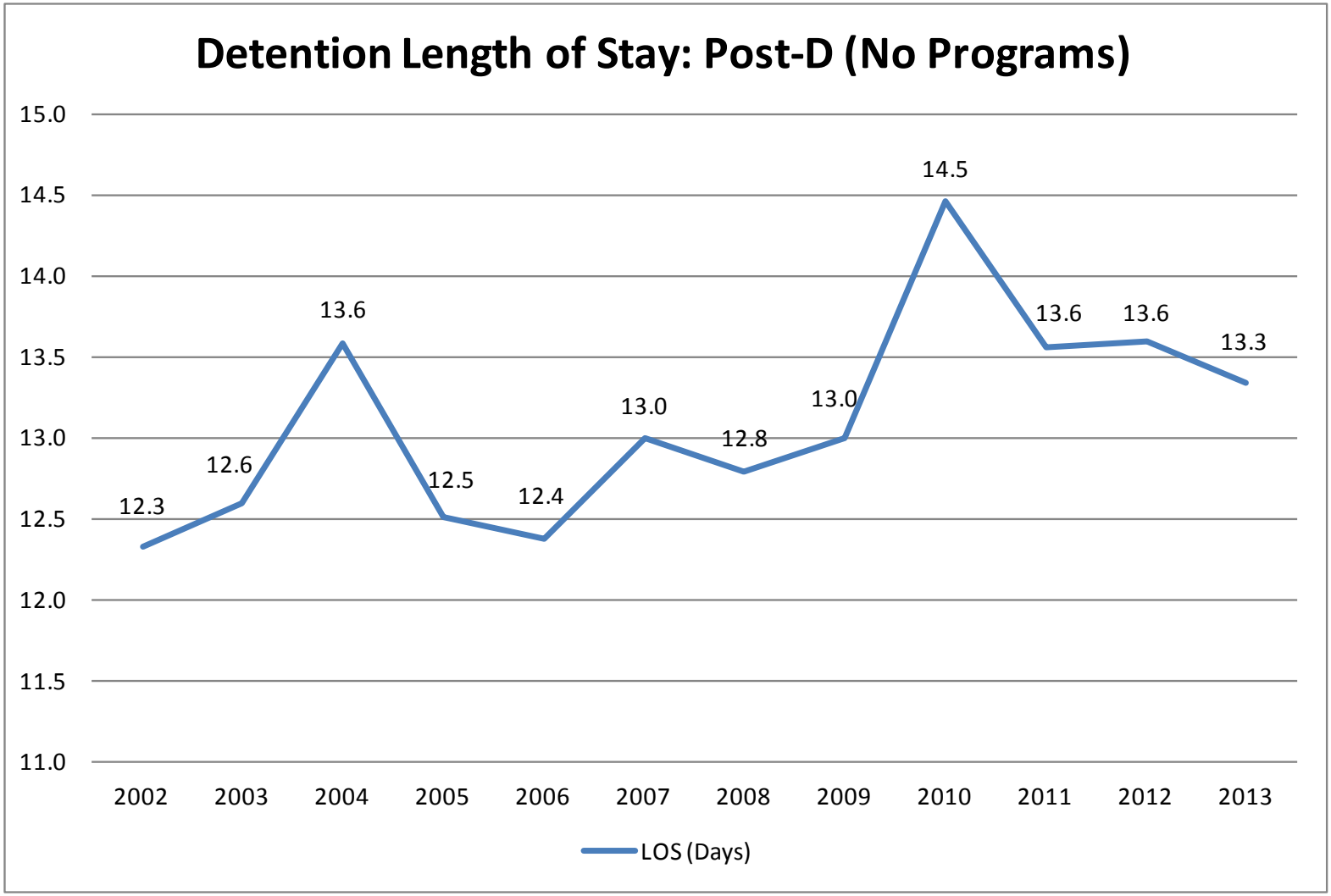


- A detainment is the first admission of a continuous detention stay.

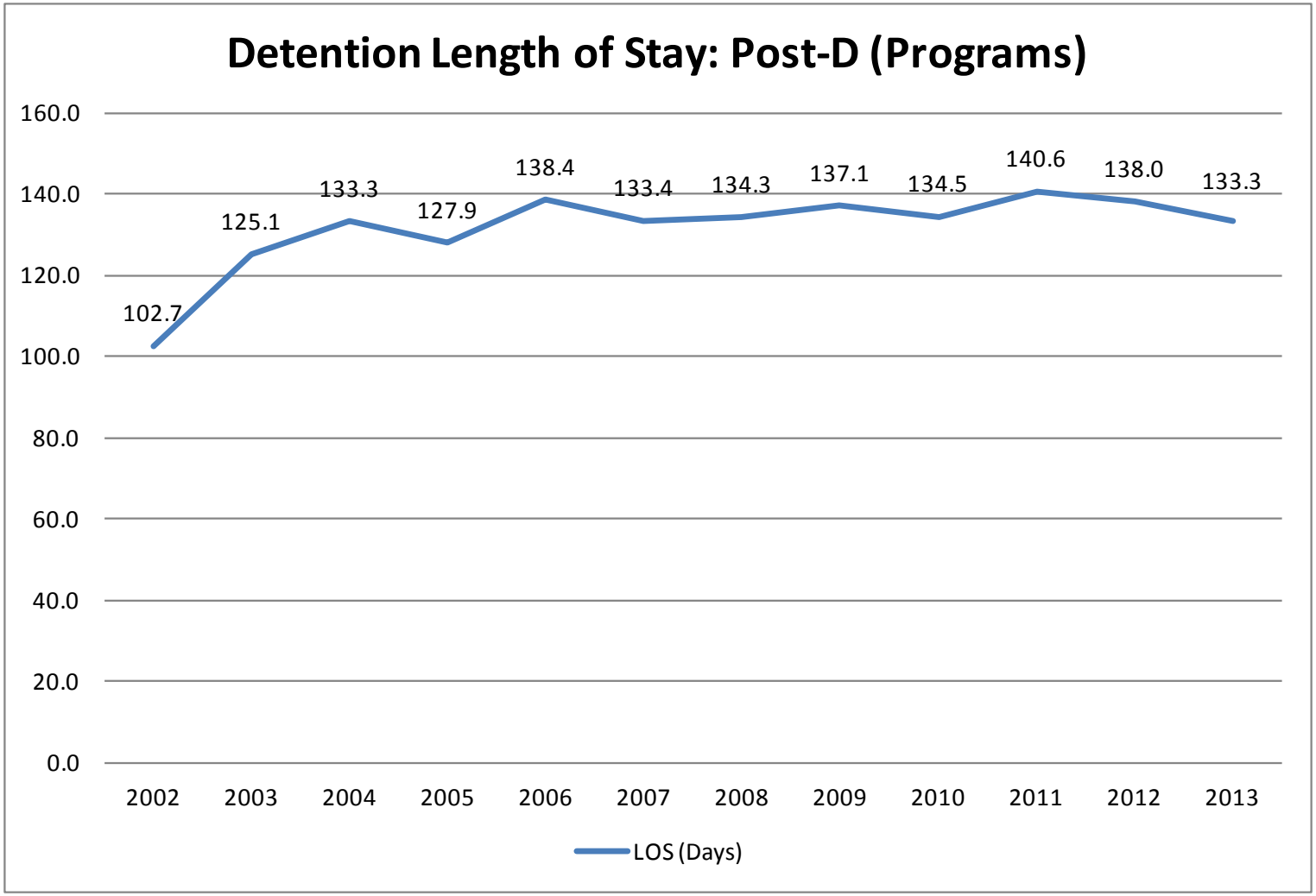
Average Length of Stay – Detention Disposition



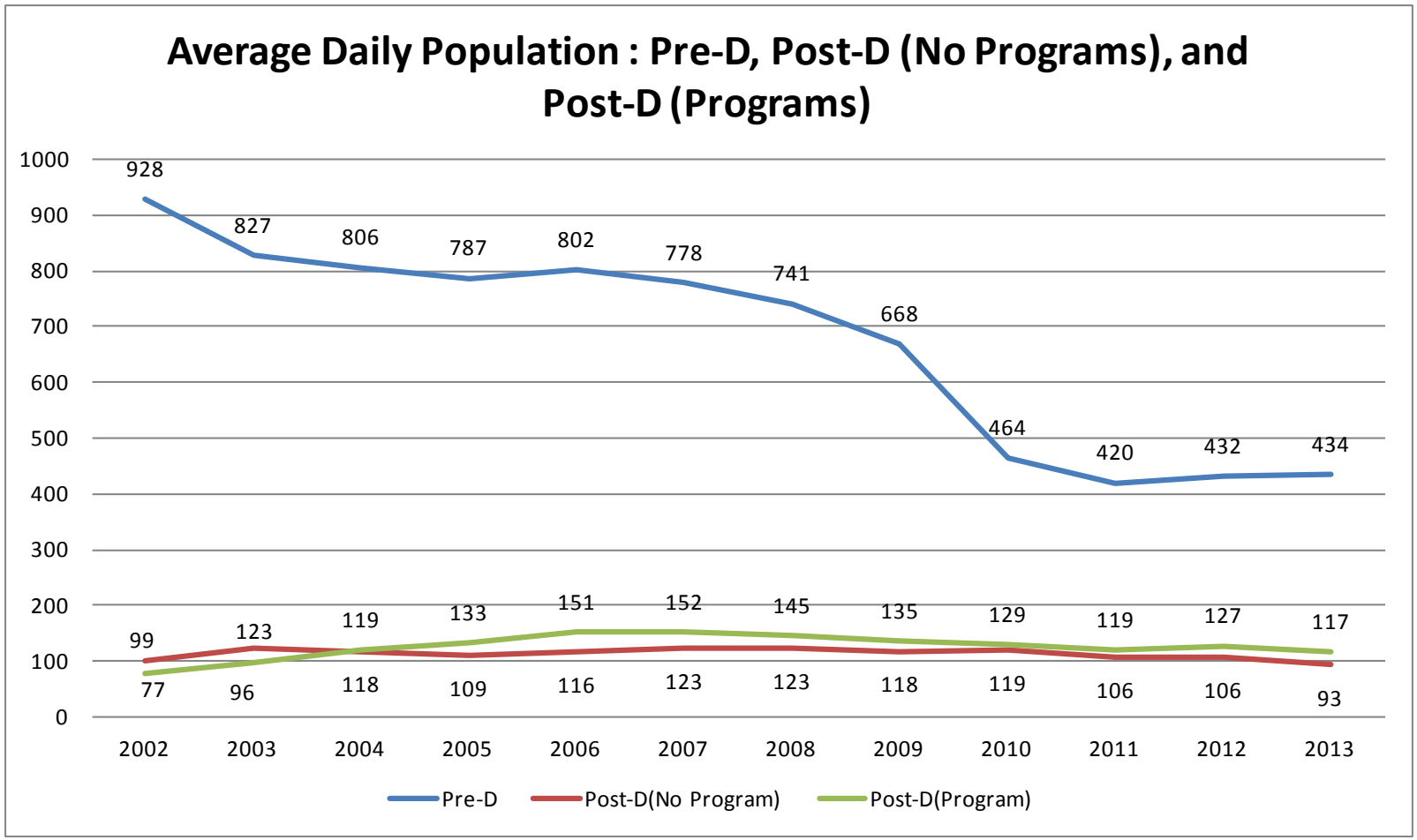
Average Length of Stay – Detention Disposition



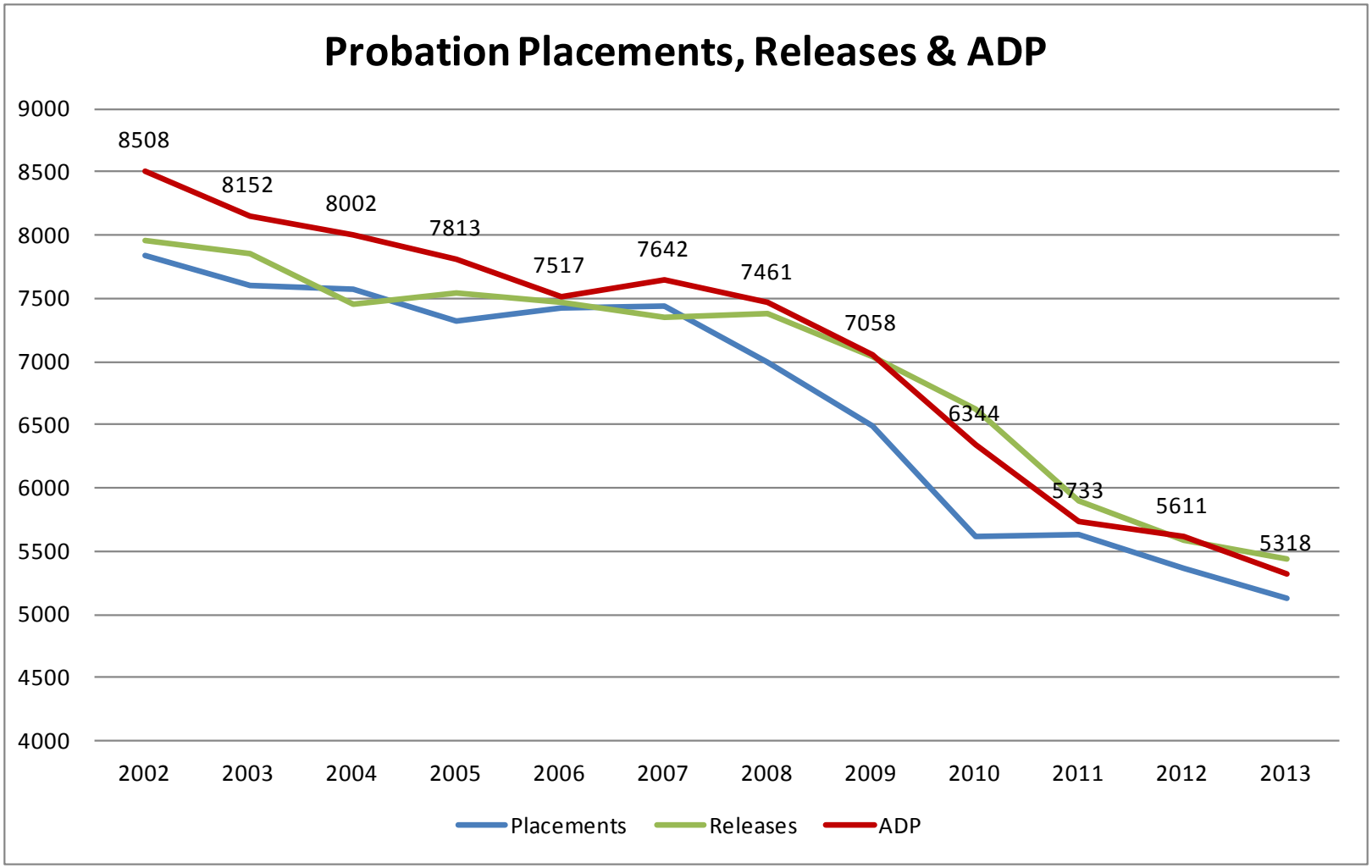
Average Length of Stay – Detention Disposition



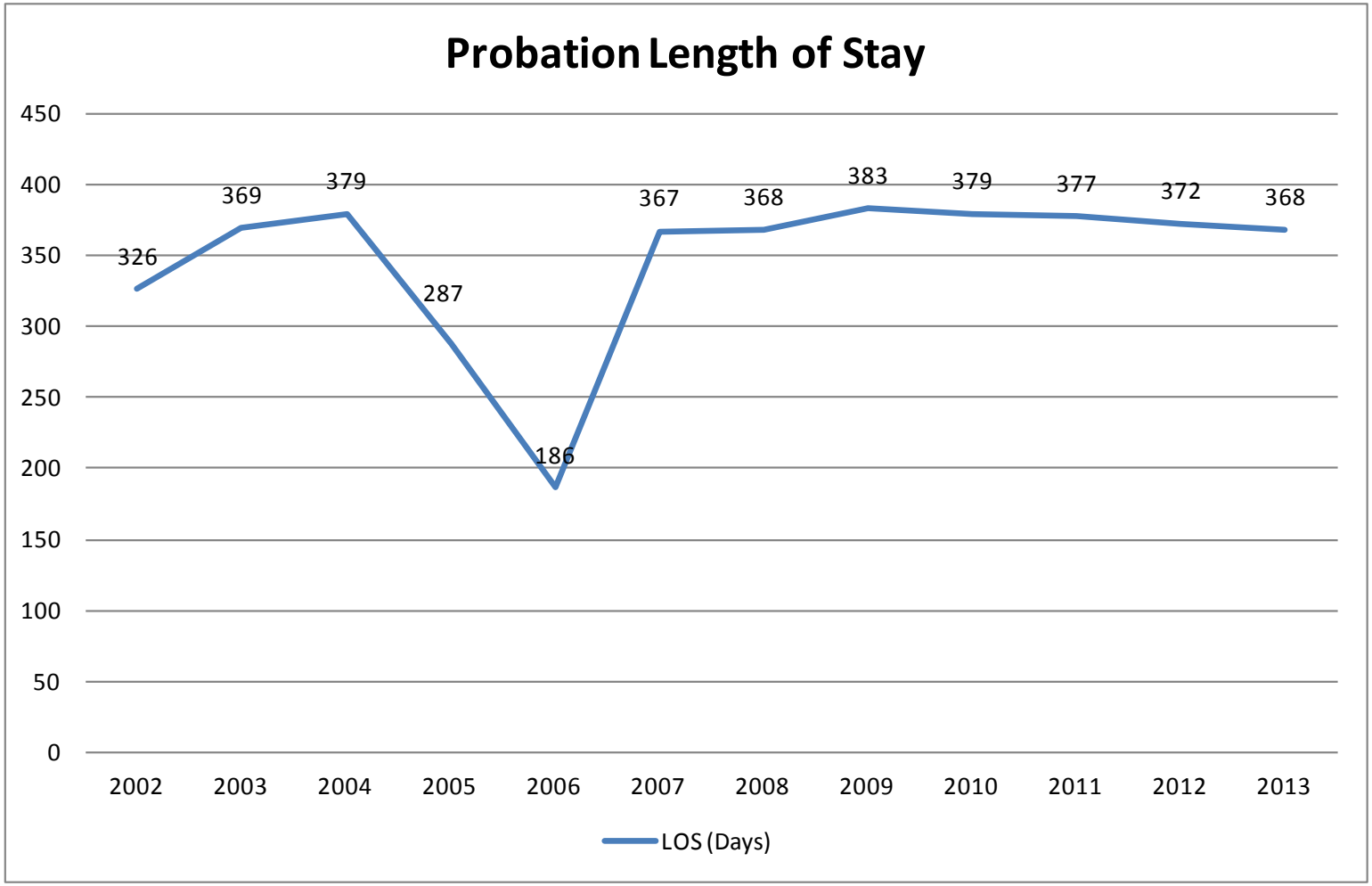
Detention ADP by Disposition



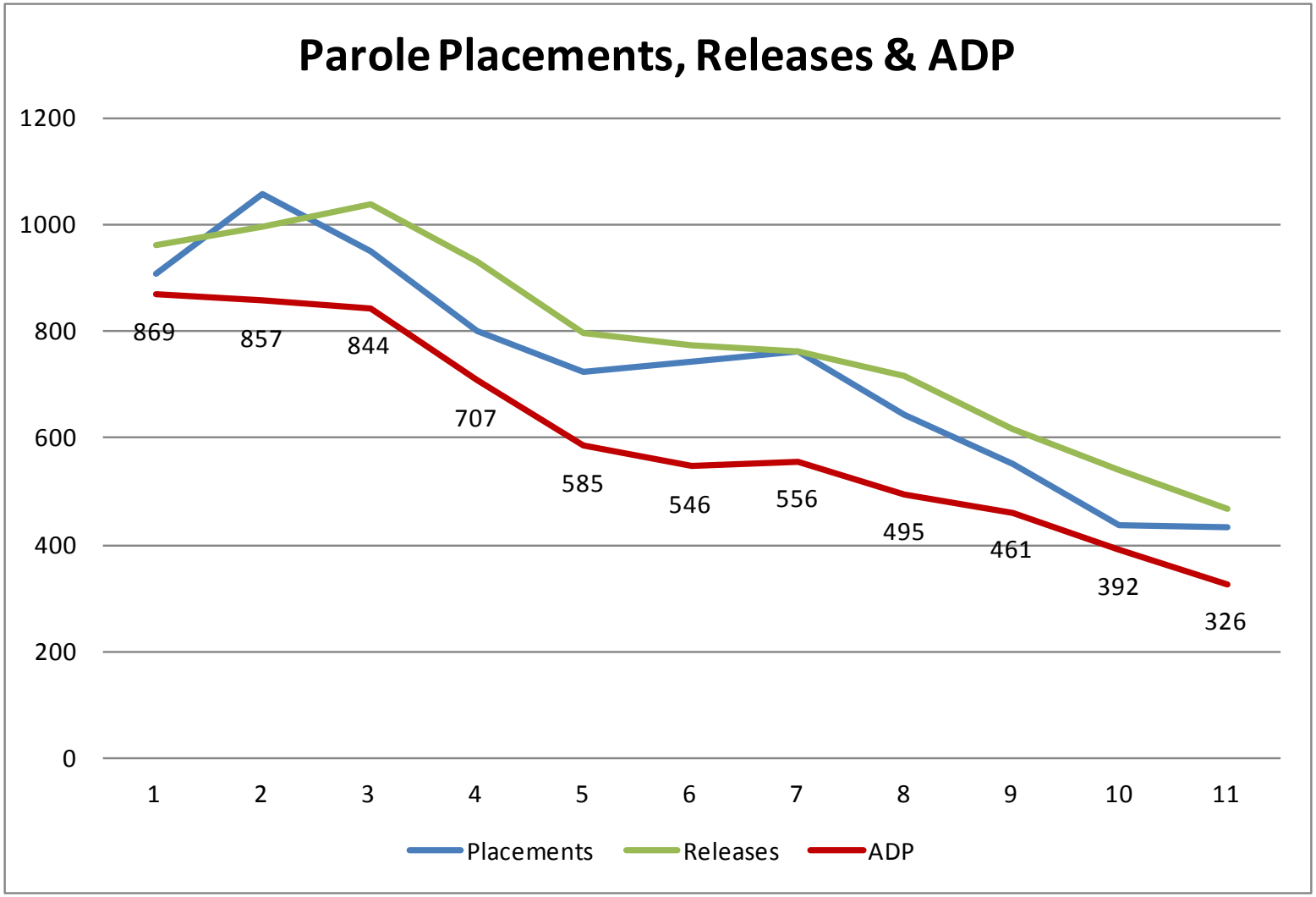
Probation Trends



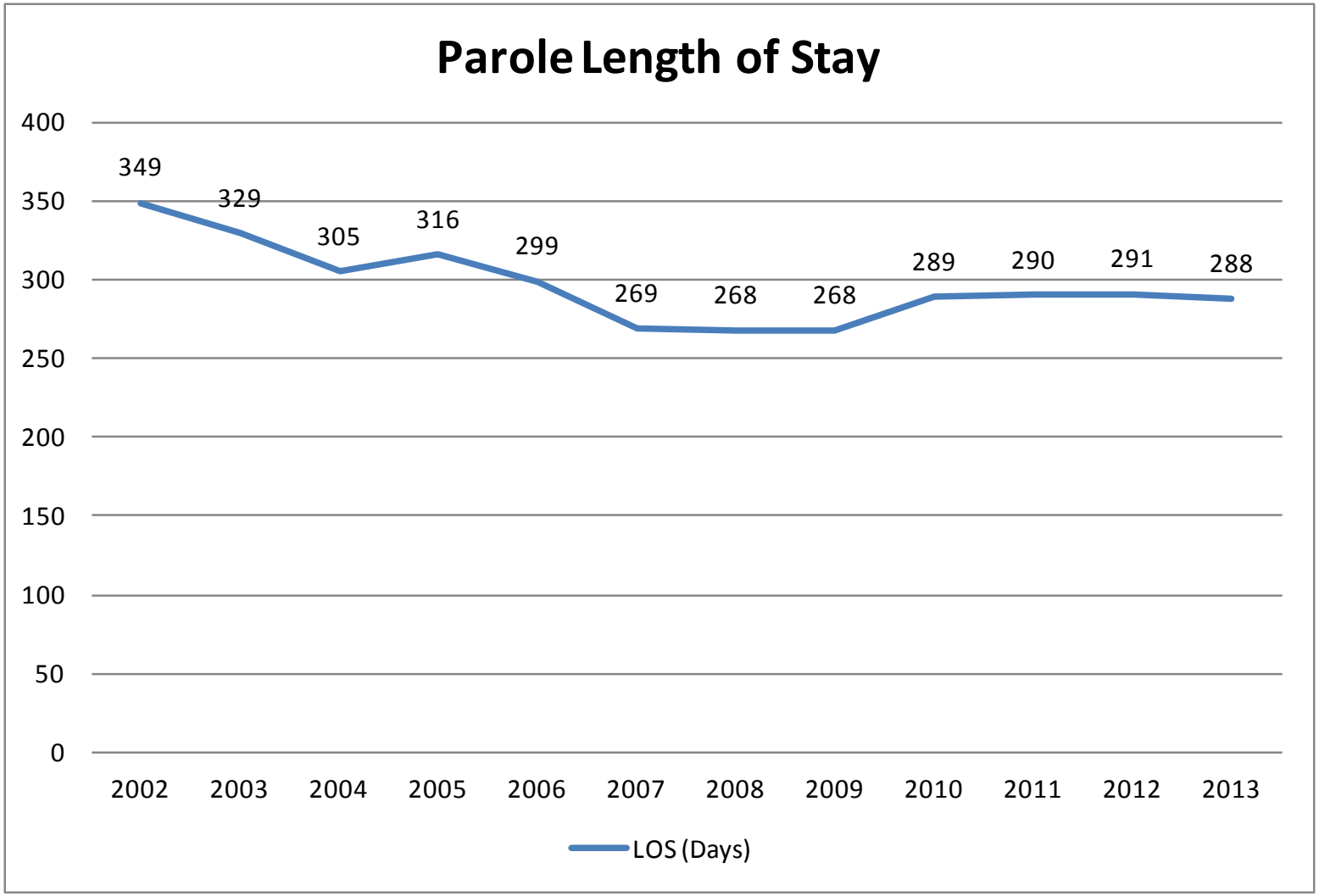
Probation Trends



Parole Trends

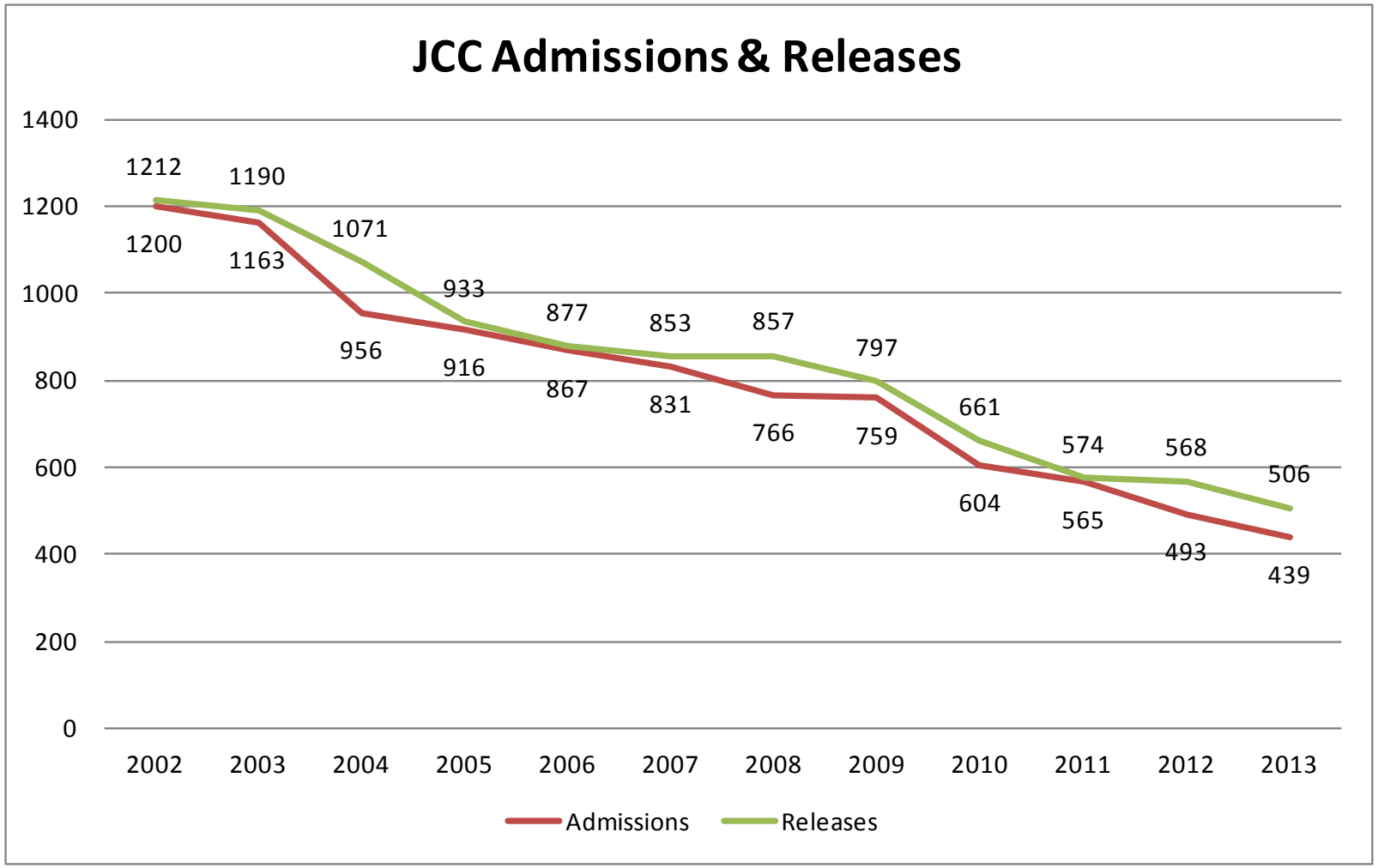


Parole Trends

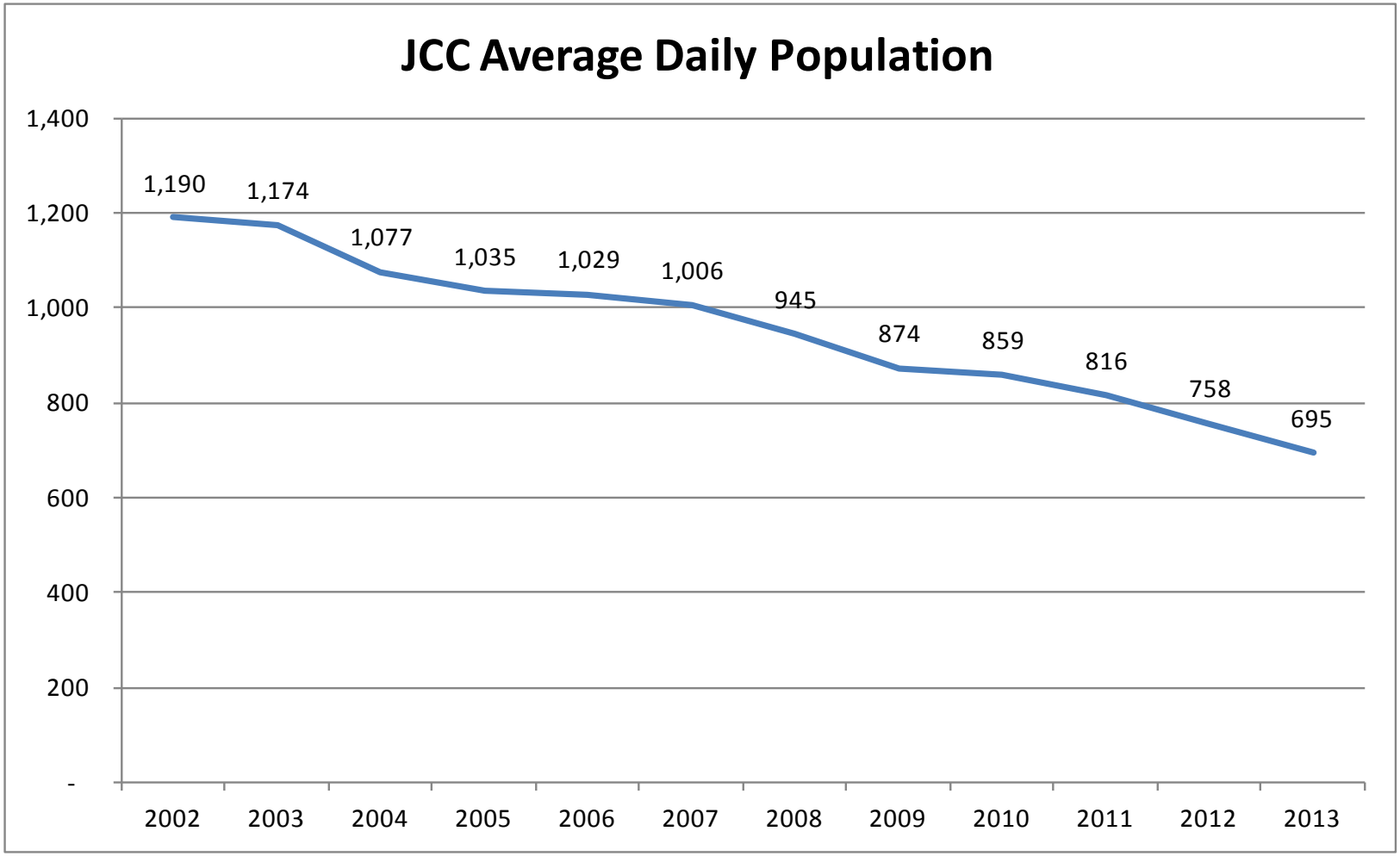


Juvenile Correctional Center Trends

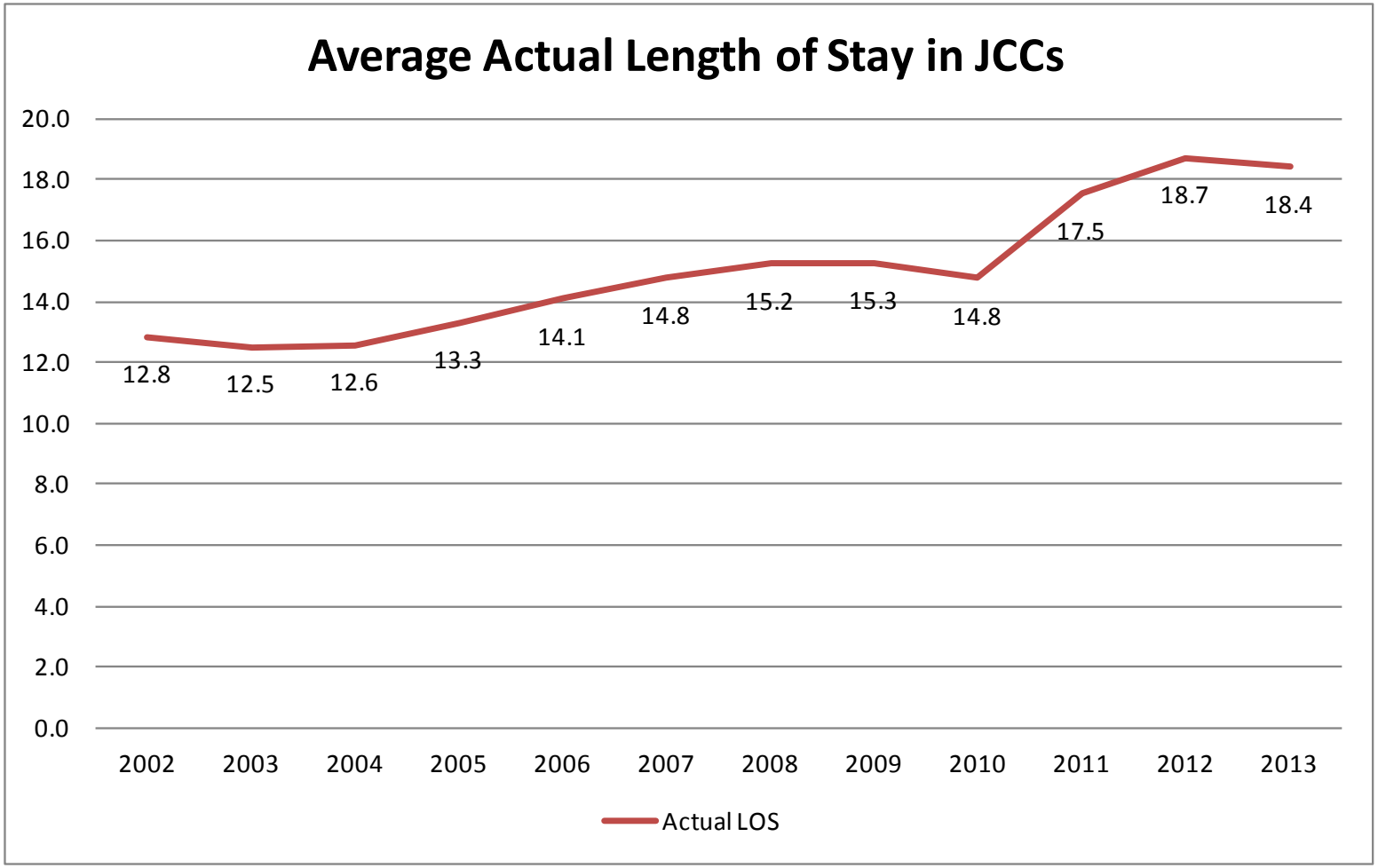
Admissions & Releases



Direct Care Average Daily Population

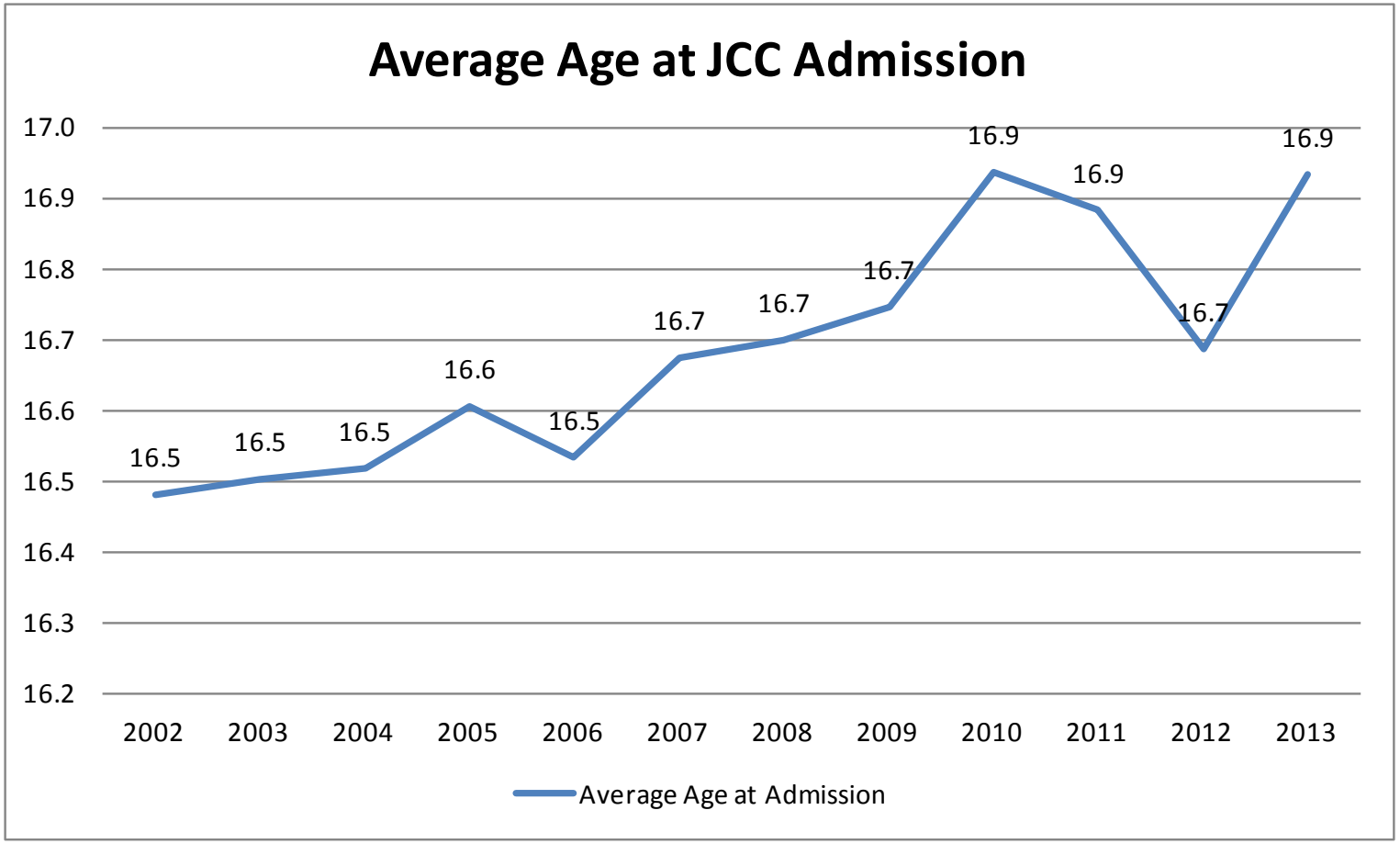


Actual Length of Stay – Average (Months)



Juvenile Demographics

Average Age at JCC Admission

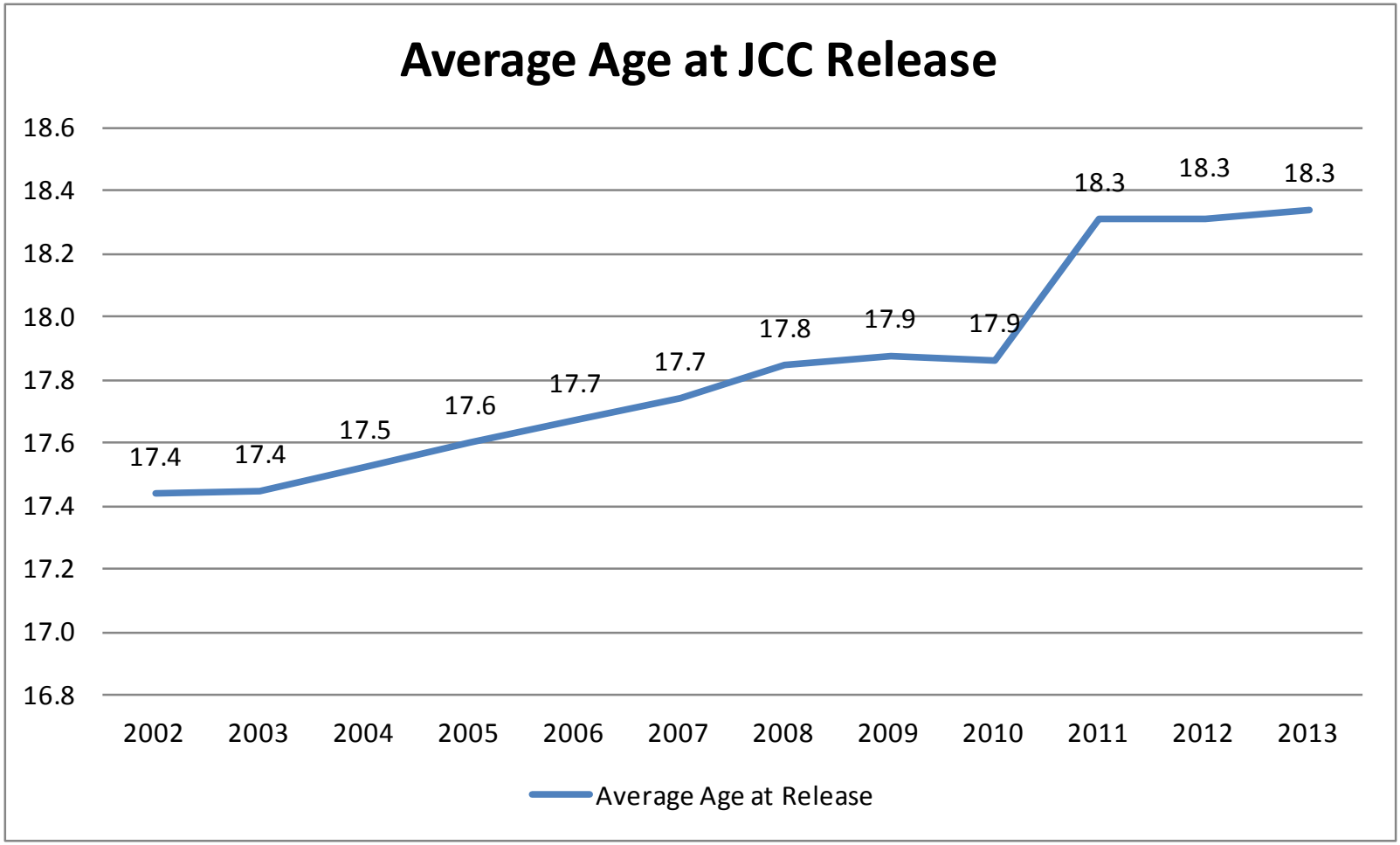


JCC Admissions by Age Category

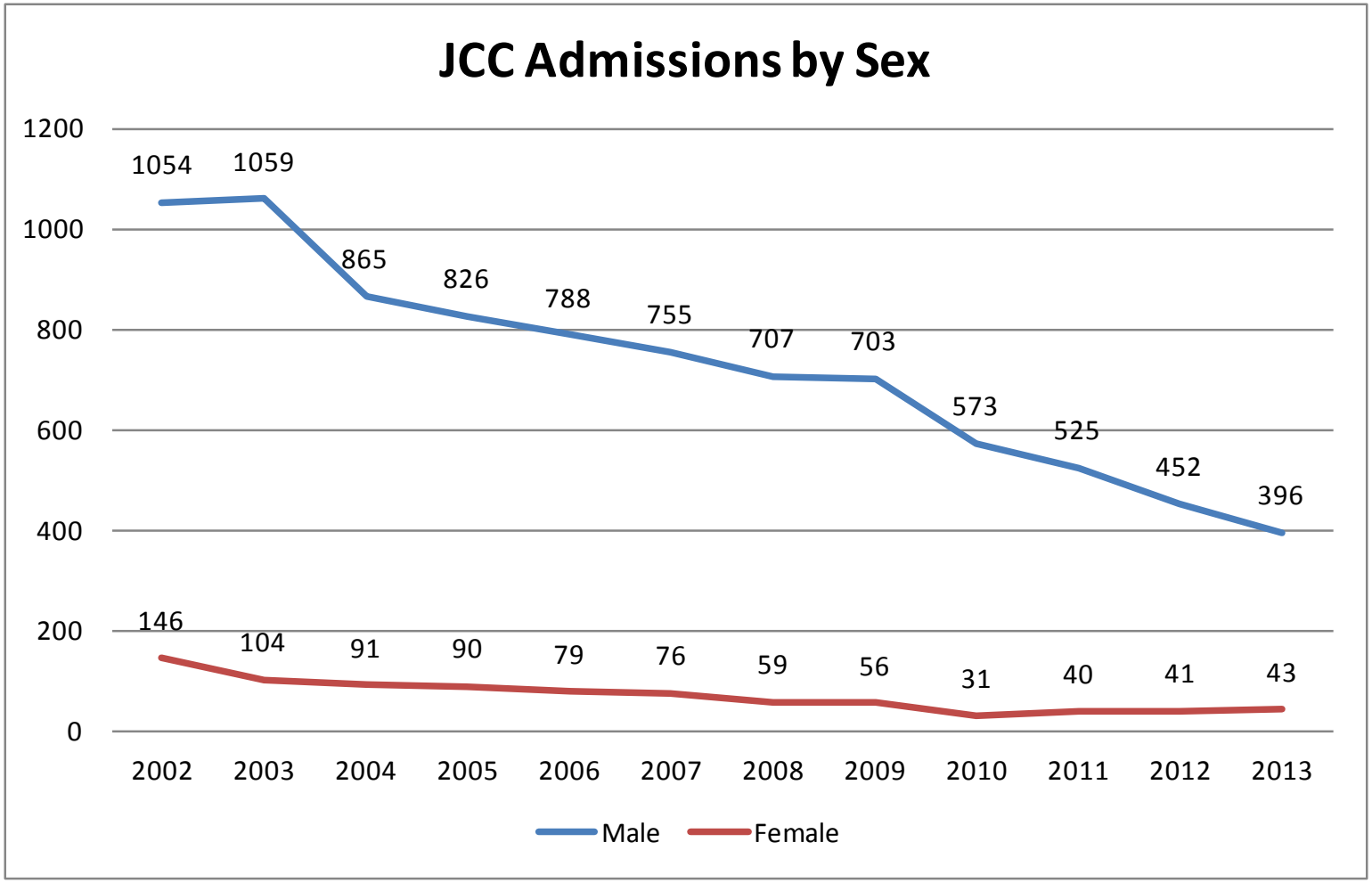
Age	2002	2003	2004	2005	2006	2007
Under 14	3.7%	3.5%	2.8%	2.9%	2.3%	1.7%
14	8.9%	8.9%	8.3%	8.0%	7.7%	6.9%
15	18.4%	16.7%	18.6%	18.2%	19.0%	17.3%
16	29.7%	30.5%	30.0%	27.2%	31.7%	28.6%
17	34.2%	35.8%	34.8%	36.1%	33.7%	37.7%
18	4.9%	4.0%	5.1%	6.8%	5.4%	7.0%
19 or older	0.3%	0.5%	0.3%	0.8%	0.1%	0.8%

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

Average Age at JCC Release



JCC Admissions by Sex



- In FY 2013, 90% of JCC admissions were male and 10% were female.

JCC Admissions by Race

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

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

Most Serious Committing Offense by Category

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

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

- The charts above shows the six most serious committing offenses that were committed most frequently each year.

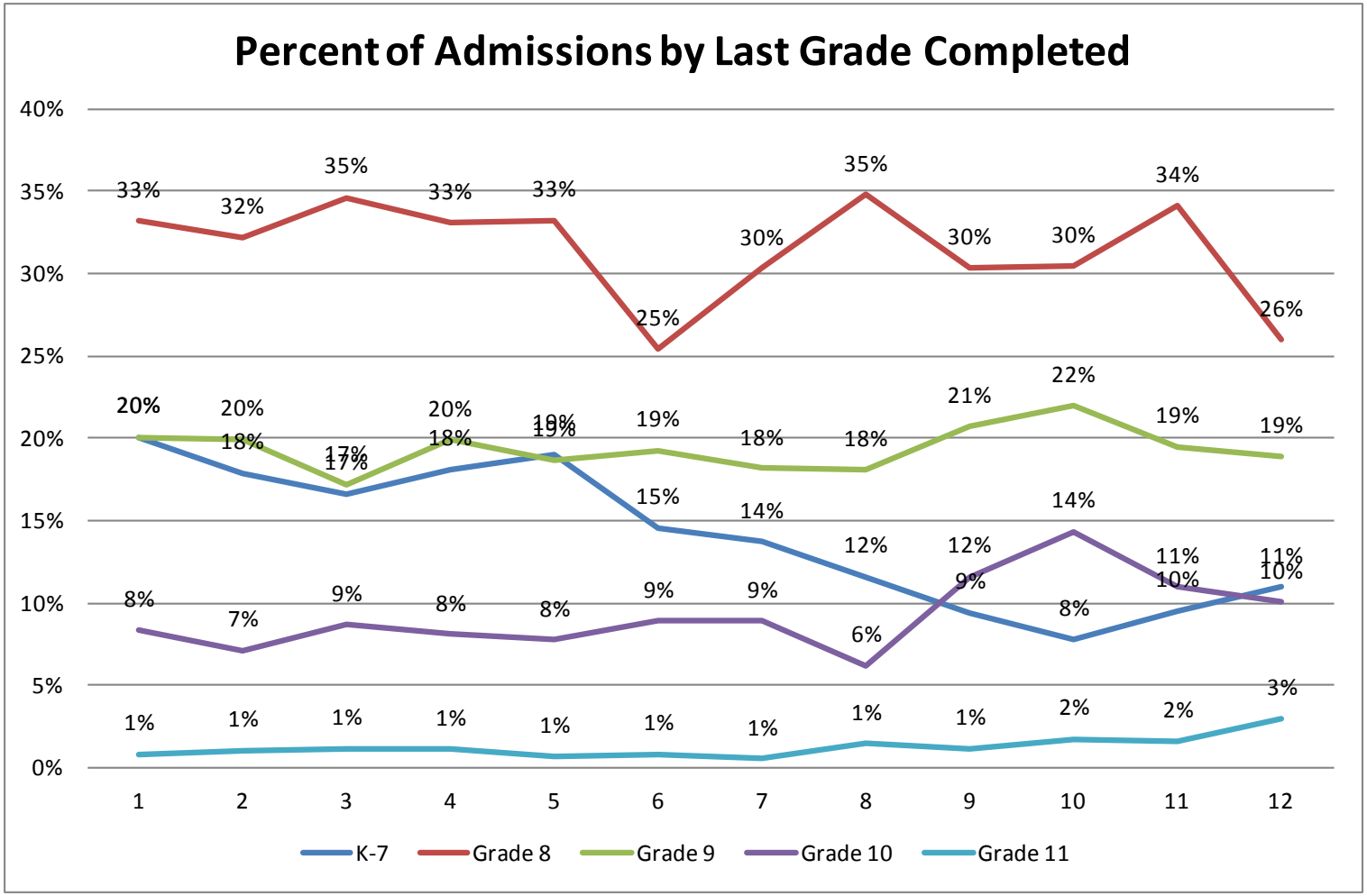
Most Serious Committing Offense by Severity*

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

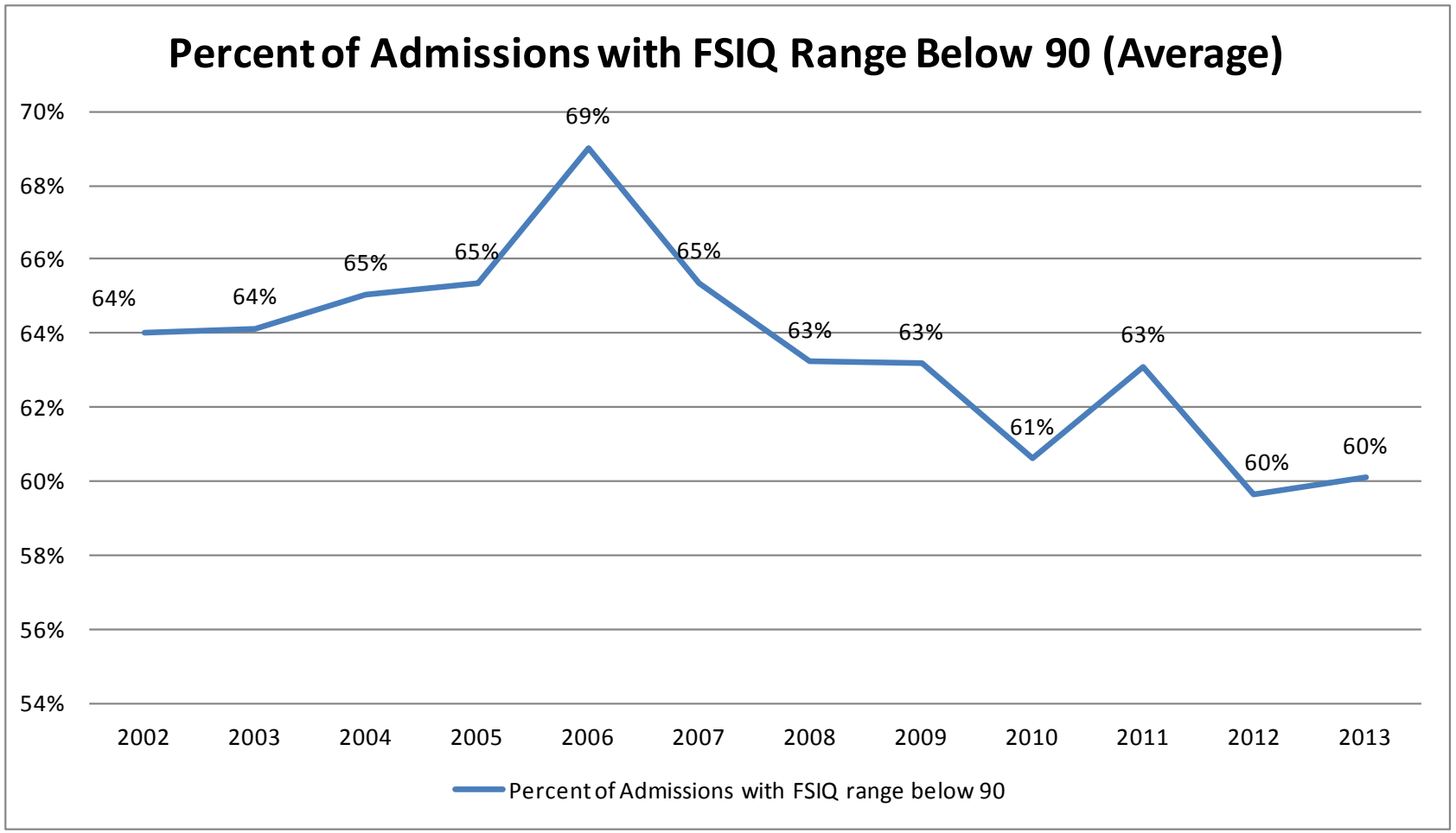
Offense Severity	2008	2009	2010	2011	2012	2013
Felony Against Persons	***45.1%***	***49.6%***	***45.6%***	***50.5%***	***47.5%***	***43.7%***
Felony Weapons/Narcotics	7.7%	6.2%	5.7%	2.6%	2.2%	1.6%
Other Felony	32.0%	27.3%	34.4%	29.0%	35.7%	36.0%
C1 Misdemeanor Against Persons	6.0%	7.1%	5.5%	8.2%	5.2%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

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

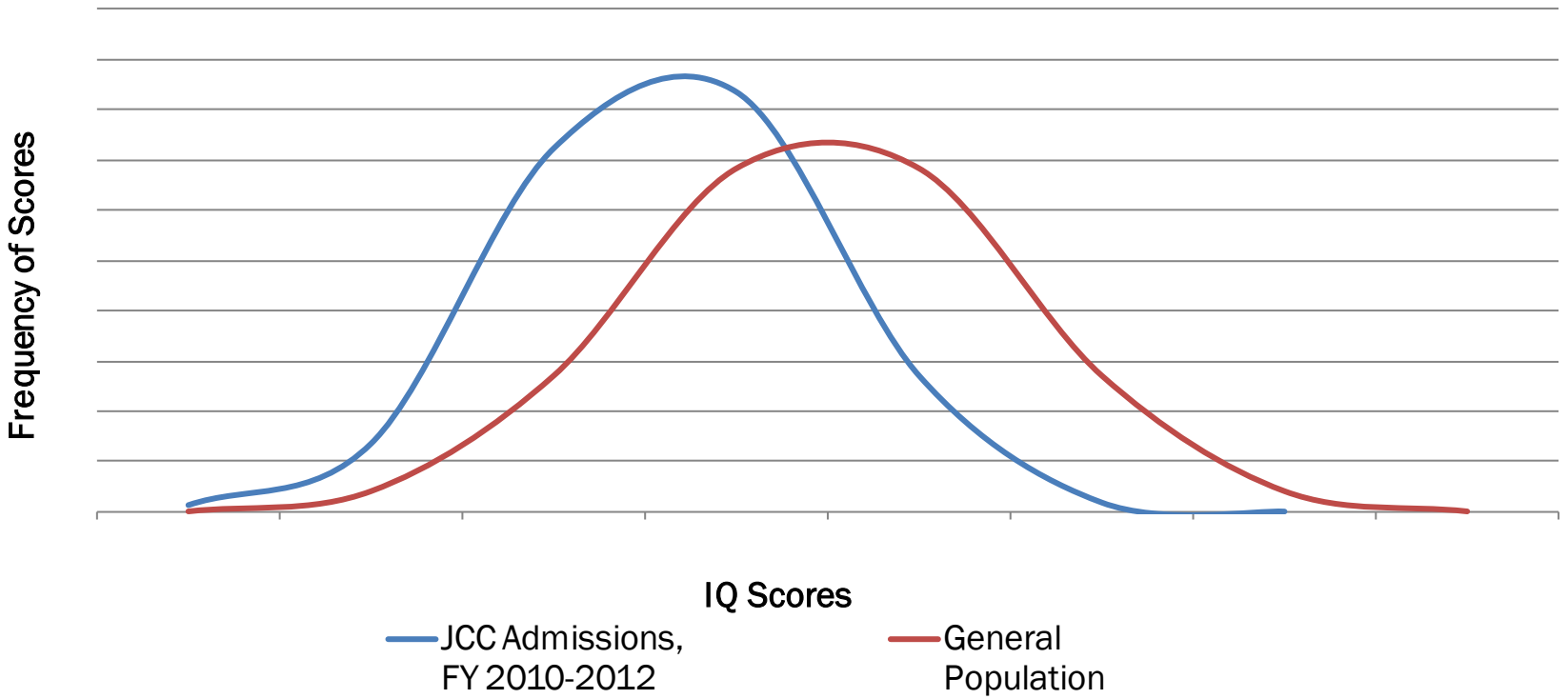
JCC Admissions – Last Grade Completed



JCC Admissions
Full Scale IQ



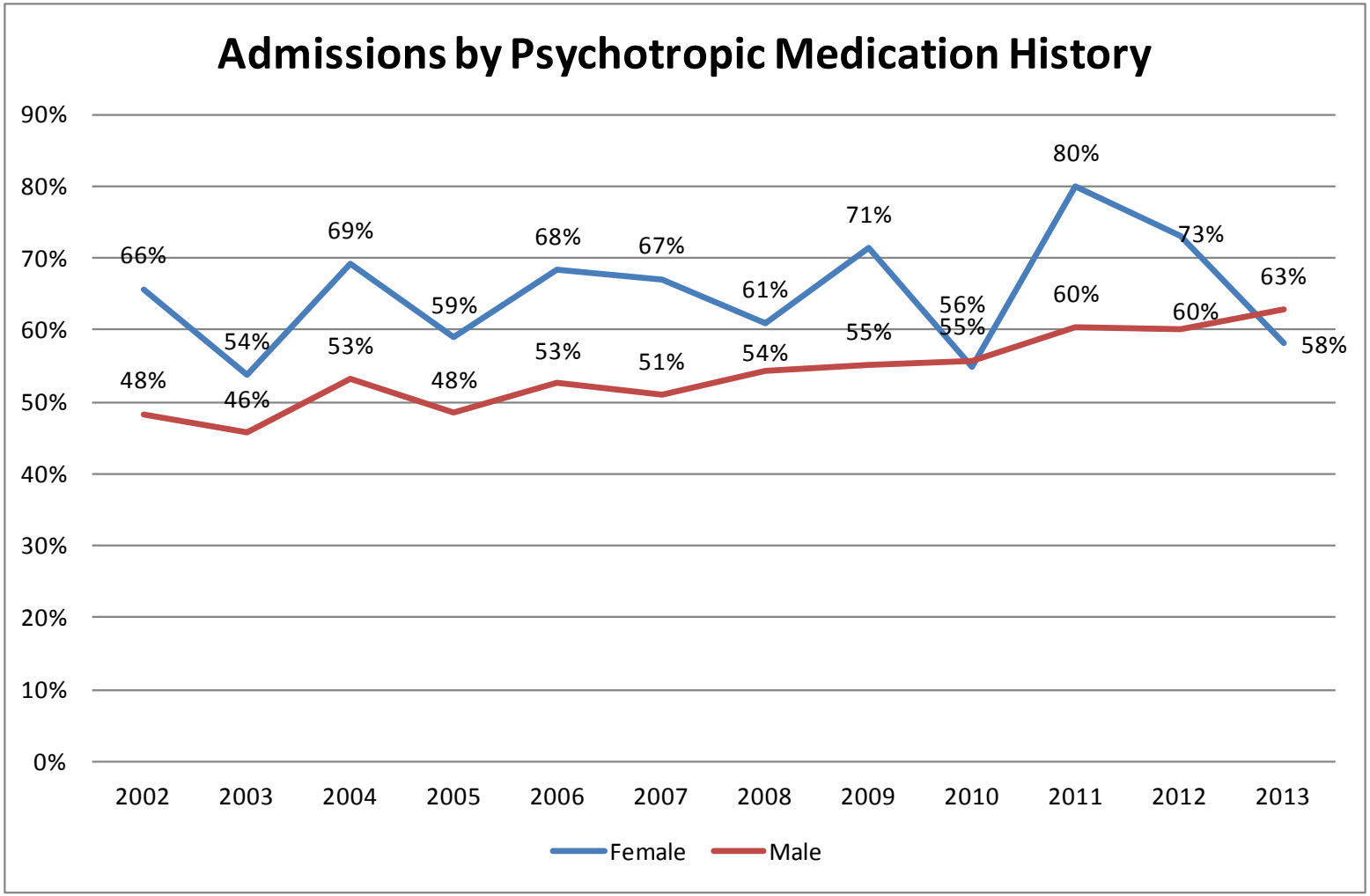
JCC Educational Evaluation: Intelligence Quotient



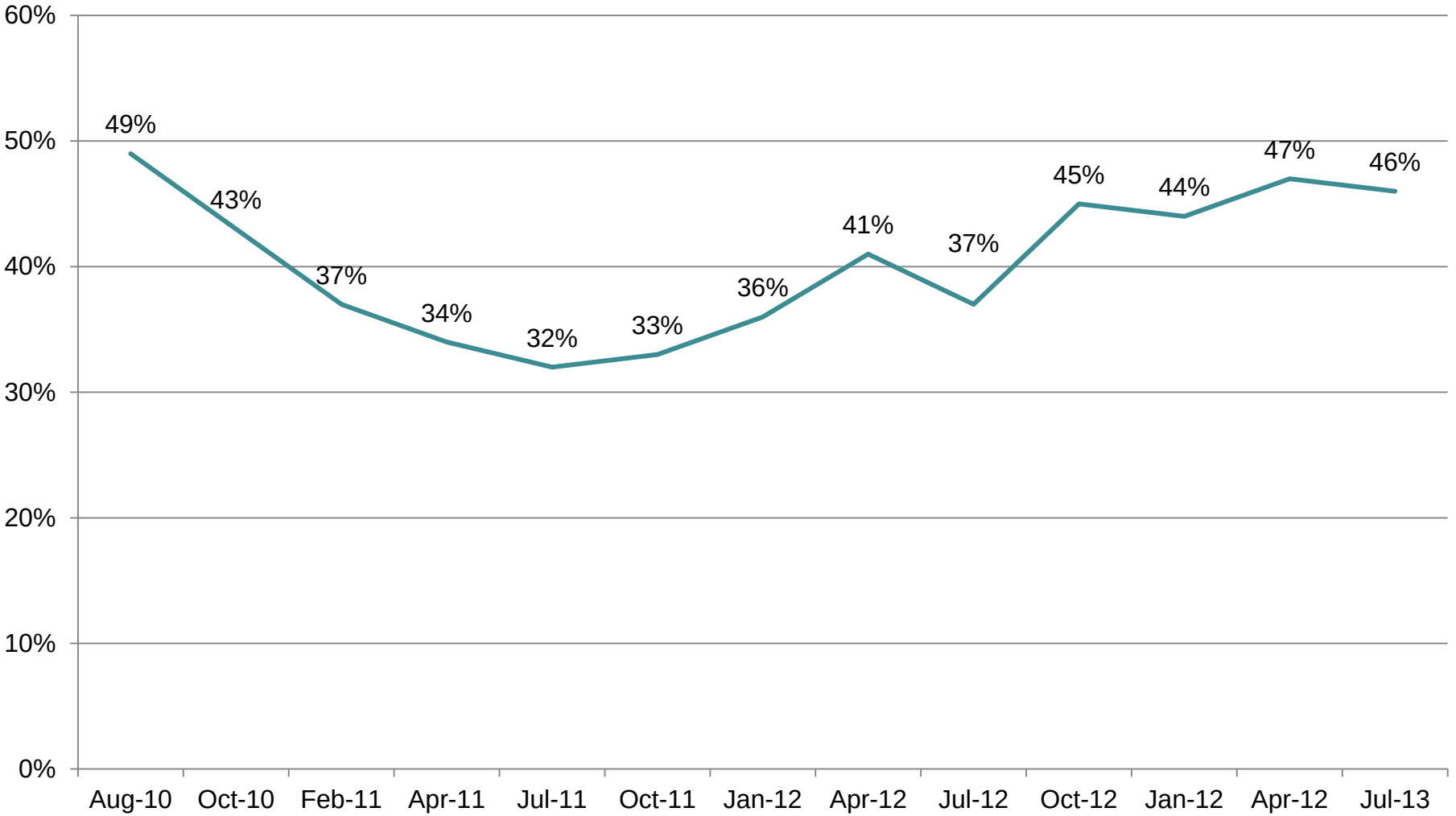
- **JCC Average IQ: 87**
- **General Population Average IQ: 100**

Mental Health Trends

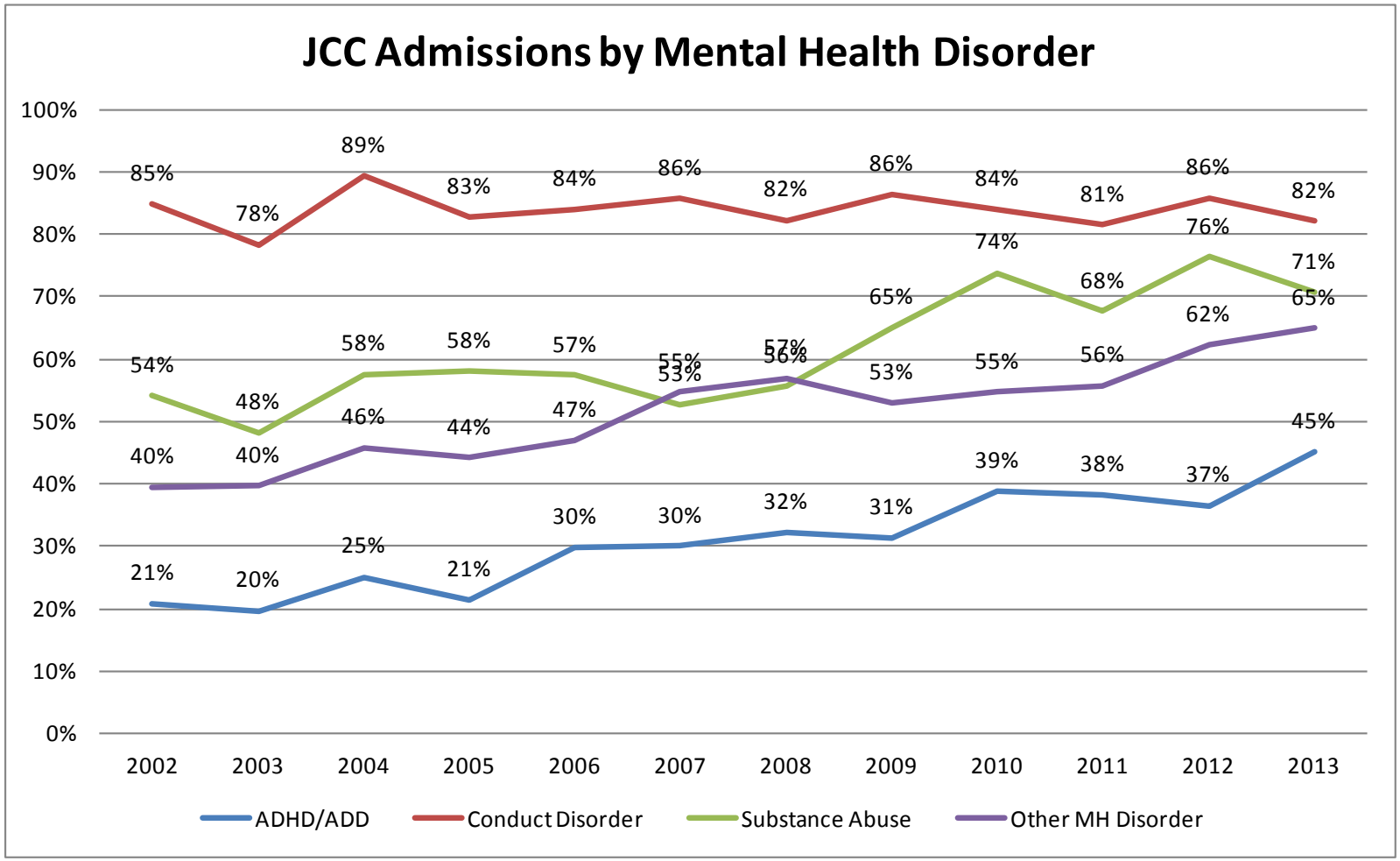
JCC Admissions by Psychotropic Med History



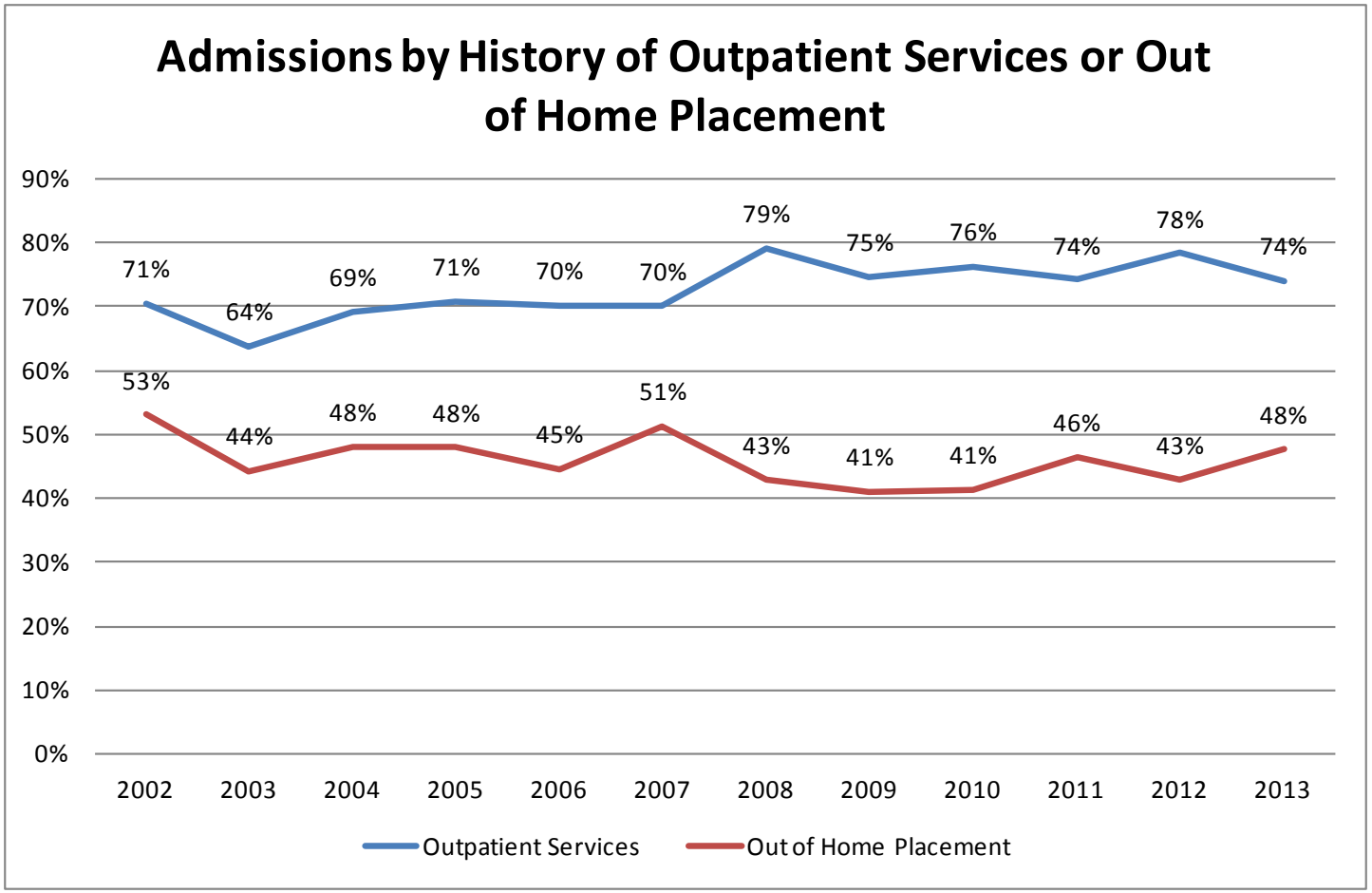
Direct Care Residents Taking Psychotropic Medications (CY)



JCC Admissions by Mental Health Disorder

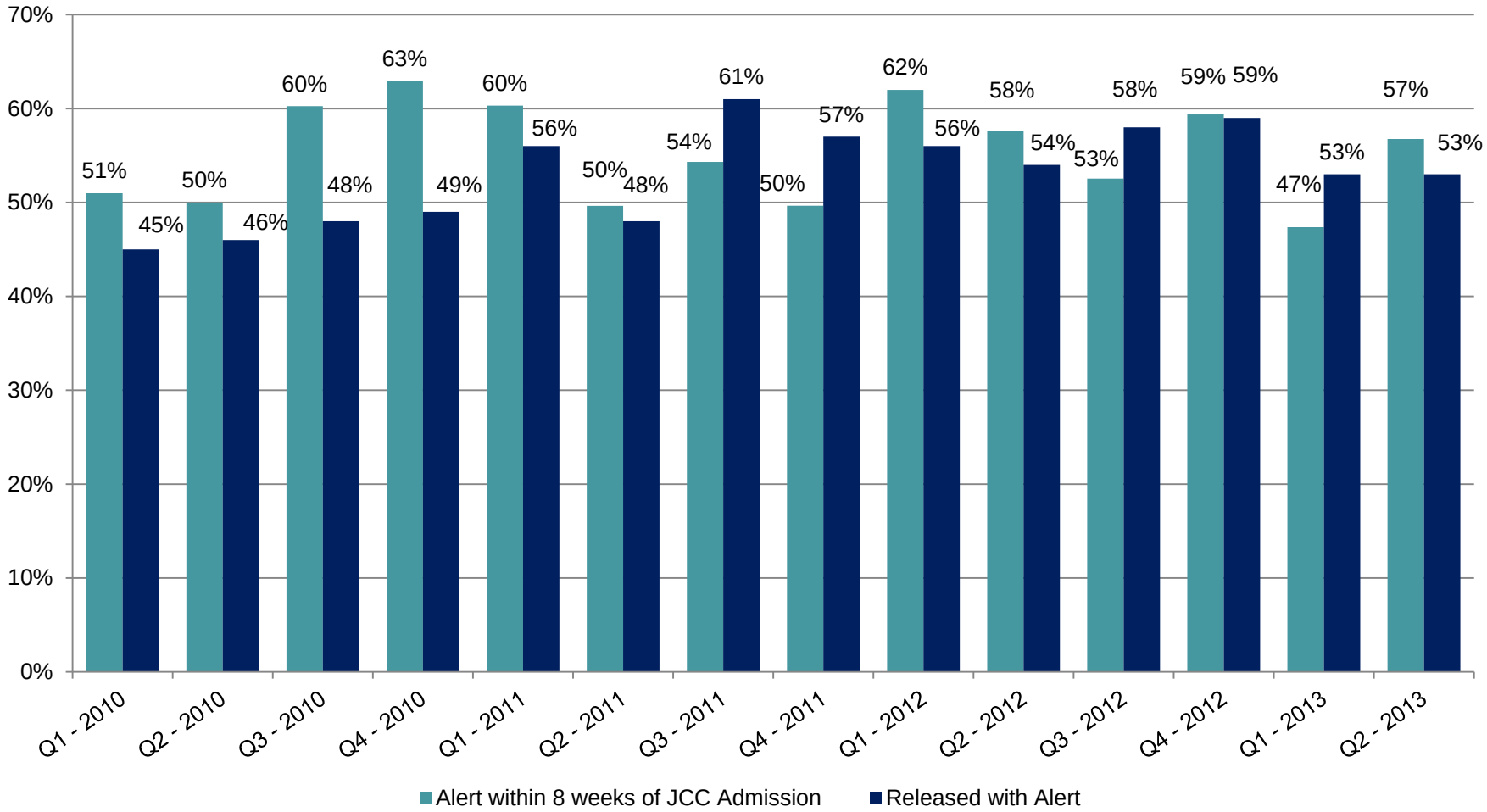


JCC Admissions – Psychiatric Services History



- This slide shows the percentage of JCC admissions with a history of Outpatient Services OR group home placement, psychiatric inpatient placement, residential treatment, therapeutic foster placement, or inpatient substance abuse rehabilitation placement.

Percent of Juveniles with a MHSTP Alert within 8 Weeks of Admission* and at Release



* Includes MHSTP alerts given to new commitments and MHSTP alerts that have carried over from prior commitment.

Identified Issues & Recommendations

Juvenile Offenders & Mental Health Needs

- JCC Commitments – FY 2012
  - >60% of males and 80% of females committed to DJJ showed significant symptoms of a mental health disorder.
  - 63% of males and 58% of females had a history of psychotropic medication use prior to their commitment.
  - 47% of males and 77% of females had a history of outpatient services or group home placement, psychiatric inpatient placement, residential treatment, therapeutic foster placement, or inpatient substance abuse rehabilitation placement.
- Juveniles in Detention – FY 2012
  - 45% of juveniles in detention have at least one mental health disorder and almost 25% are on psychotropic medication.

Sources: Virginia Department of Juvenile Justice, 2013 and Virginia Council on Juvenile Detention, 2012.

Mental Health Screening & Assessment

- Screening at Intake
  - In 2008, DJJ adopted the Youth Assessment Screening Instrument (YASI).
  - The YASI is a validated tool that assesses risk, needs, and protective factors to help develop case plans for juveniles.
  - Mental health and substance use are two domains included on the YASI.
  - The YASI includes a brief “pre-screening” version that generates a risk score. This score assists with early decision-making regarding the appropriateness for diversion or detention.

Mental Health Screening & Assessment
(cont).

Screening at Detention

- Virginia utilizes the Massachusetts Youth Screening Inventory, second edition (MAYSI-2) for youth held in detention.
  - Designed to identify potential mental health & substance use needs of juveniles
  - Validated mental health screening tool
  - Acts as early warning for emergencies
  - Assists in deciding need for a more detailed and individualized assessment
- The MAYSI-2 is effective in the initial identification of juveniles with mental health treatment needs and/or those at risk for homicidal or suicidal behavior in order to determine if a temporary detention order (TDO) should be filed.

Social History Report

- A social history is a report which may be ordered by the court following the adjudication of a juvenile.
- Pursuant to DJJ regulations, a social history report must be prepared when:
  - ordered by the court;
  - for each juvenile placed on probation supervision with the unit;
  - for each juvenile committed to DJJ;
  - for each juvenile placed in a post-dispositional detention program for more than 30 days (pursuant to § 16.1-284.1); or
  - upon written request from another unit, when accompanied by a court order.*
- When a juvenile is committed to DJJ, a social history report must be completed within fifteen days (pursuant to § 16.1-278.7).
- For those reports completed prior to disposition, the information contained in the social history is used at the dispositional hearing to assist the judge in determining appropriate services and sanctions.

*6VAC35-150-336

Social History Report (cont.)

- Judges report social histories as being very helpful and beneficial when making a dispositional decision. They want, and need, as much information as possible to make appropriate dispositional decisions.
- Despite the noted value of a completed social history, judges may not always have a completed social history prior to disposition.
- In FY 2012, 3,067 social histories were completed before disposition and 2,542 were completed post-disposition.*
- Reasons for this may include:
  - plea agreements;
  - judges dispose of cases incrementally and have entered initial orders;
  - delay in getting records from other jurisdictions; and
  - adjudication and disposition occurring on the same day, narrowing considerably the window in which a social history can be completed.

*This may be after any court disposition including status offenses.

Social History Report (cont.)

- Court Service Units (CSUs) strive to complete social histories prior to disposition.
- An informal survey of 22 CSUs conducted by DJJ found that in 14 of those CSUs, the court does not commit a juvenile without a social history.
  - In Chesapeake, Culpeper, and Winchester, there is no disposition without a social history; similarly in Culpeper, there is no probation without a social history.
  - Fairfax reports judges receive social histories 100% of the time prior to committing a juvenile is committed.

Social History Report (cont.)

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

Social History Report (cont.)

Social Histories/Predispositional Reports
Selected States

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

Social History Report (cont.)

- DJJ has established policies and procedures as to what must be included in a social history. Social histories are supposed to include the following:
  - identifying and demographic information on the juvenile;
  - current offense and prior court involvement;
  - social, medical, psychological, and educational information about the juvenile;
  - information about the family; and
  - dispositional recommendations, if permitted by the court.
- An issue that often arises as localities attempt to work together is variability of the information included in social histories.
- For some, a checklist may be sufficient, whereas others provide lengthy narratives.

Social History Report Recommendations

Draft Options

1. Amend § 16.1 273 of the *Code of Virginia* to clarify that social histories may be completed sooner in the process rather than following adjudication.
2. Amend § 16.1-278.8 the *Code of Virginia* to ensure judges have a completed social history prior to disposition for juveniles who may be committed to DJJ.
3. Amend § 16.1-278.7 of the *Code of Virginia* to state that a commitment order will be supported by a determination that the interests of the juvenile and community require that the juvenile be committed.
4. Request DJJ to create a model social history and guidelines for CSUs to use in assisting the courts in making informed dispositional decisions. The model social history and guidelines may include information on obtaining IEP assessments and acknowledge exposure to trauma of a juvenile's social history report.

Court Service Units

- In Virginia, each juvenile and domestic relations court is served by a court services unit (CSU). DJJ operates 32 CSUs. In addition, there are 3 CSUs which function as locally operated entities.*
- CSU juvenile services include intake, screening, diversion, placement, pre- and post-adjudicatory case management, supervision, parole planning and coordination, and a variety of specialized services.
- Juvenile intake services are provided 24-hours a day, and the intake officer has the authority to receive, review, and process complaints.
- The investigations and reports primarily completed by CSU personnel are social history reports, but also include case summaries to the FAPTs, commitment packets for the Reception and Diagnostic Center (RDC), interstate compact reports, transfer reports, parole transition reports, ongoing case documentation, and transitional services referral packets.

* The three exceptions are Fairfax, Falls Church, and Arlington.

Court Service Units (cont.)

- Because of the number of juveniles with mental health disorders entering the juvenile justice system, it would be extremely valuable to have a person within the CSU to conduct mental health and substance abuse screenings, assessments, and evaluations.
- Assessing juveniles earlier in the process would enable judges to move forward with dispositional and other decisions, equipped with more information and a more complete understanding of what might be the appropriate action to take for the juvenile.
  - The 31st CSU (Manassas, Manassas City, & Prince William) has a court psychologist who administers, scores, and interprets psychological and behavioral tests, reports on findings and makes recommendation for treatment plans. The court psychologist also conducts field visits to facilities pending court hearings or placements in treatment facilities and testifies in court to present the results of interviews and evaluations. The court psychologist attends FAPT meetings and assists in the development of service and treatment strategies.
  - The 29th CSU covering the counties of Bland, Buchanan, Dickenson, Giles, Russell, and Tazewell have a psychologist on staff. Attorneys will request a psychological evaluation if they feel that it is necessary. Usually, a mental health evaluation has been completed before commitment is recommended.

Court Service Units Recommendations

Draft Options

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

   OR

2. Introduce a budget amendment authorizing CSUs to contract with a QHMP for the provision of mental health, substance abuse, and/or trauma screenings, assessments, and evaluations. Provide the CSU with the flexibility to hire the position, to contract with the local CSB, or to contract with a private provider.

CSB Services in Juvenile Detention Centers

- In FY 2008, the General Assembly appropriated $110,000 state general funds for CSBs affiliated with a local detention facility so that CSBs could provide mental health screening, assessment services, and community-based referrals for juveniles in detention.
  - These programs began in 2003 with federal grant funds provided by the Department of Criminal Justice Services (DCJS) for approximately $500,000.00. A 10% cash match from the grantee was required.
  - Federal funds from DCJS were discontinued in 2008. The Department of Behavioral Health and Developmental Services (DBHDS) assumed the costs using state general funds.
- A licensed mental health therapist and a case manager employed by the CSB, housed at the juvenile detention facility are present at each program site.
- The CSB's role is the provision of consultation and mental health services for juveniles with mental health disorders and/or co-occurring substance use disorders who are detained in the center.

CSB Services in Juvenile Detention Centers

(cont.)

Service Sites and Funding Years

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

CSB Services in Juvenile Detention Centers
(cont.)

Detention Home Survey

- Six detention homes indicated that their CSB's clinicians' hours had been reduced and/or diverted to perform duties at the CSB.
- Data provided by the DBHDS reveals that, overall, state funds to CSBs for detention center services had not been significantly reduced.
  - The state general funds distributed by DBHDS for CSB services in local detention homes were originally designated as "restricted".
  - These funds were later classified as "earmarked" meaning CSBs must spend the funds for the identified purpose but CSBs do not have to report expenditures tied specifically to those funds.
- In FY 2012, total juvenile detention center costs for the 23 CSBs was $3,552,897.
- The state general fund appropriation for these services was $2,569,652.
- Local funds comprised the difference.

CSB Services in Juvenile Detention Centers
(cont.)

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

CSB Services in Juvenile Detention Centers
(cont.)

Feedback from Site Visits/Survey – Detention Centers

- Some detention home representatives expressed concerns because their clinicians' hours have been reduced/diverted to perform duties at the CSB.
  - *One detention center representative is considering hiring its own clinician since the localities are so territorial and some Post-D residents receive no services depending on their jurisdiction.*
- Another common response was that executive directors at the CSBs did not fully understand or support the mandate and the rationale for these services.
- Several detention center representatives stated that there was effective collaboration between their detention center and CSB but worried this may change in the future should existing CSB staff leave or retire.

CSB Services in Juvenile Detention Centers
(cont.)

Feedback from Site Visits/Survey – CSBs

- CSB representatives emphasized the need for flexibility. On average, there has been a decline of detention admissions. There should be agreements in place to maximize mental health services for juvenile offenders.
- CSB representatives also noted the level of intensity for the juveniles they serve has also increased significantly.
  - *One locality has two full-time clinicians in their detention center. While the level of intensity and service need has escalated, the Memorandum of Understanding between the CSB and the detention center has not been revised to address this.*

CSB Services in Juvenile Detention Centers Recommendations

Draft Options

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

CSB Services in Juvenile Detention Centers Recommendations (cont.)

Draft Options

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

3. Introduce a budget amendment for a state general fund appropriation in the amount of $167,996 to offset loss of fund to the 6 CSBs not receiving the full state general fund appropriation during FY 2014 ($111,724).

Impact of Trauma

- Trauma is a result of physical or sexual abuse, neglect or maltreatment, loss of a caregiver, witnessing violence, community violence, or disasters that induce feelings of powerlessness, fear, hopelessness, and include a constant state of alertness.
- Individuals who experience trauma as children are more likely to develop life-long mental health disorders.
- According to the Juvenile Policy Institute:
  - Somewhere between 75-93% of youth entering the juvenile justice system annually have experienced some degree of trauma.
  - Being abused or neglected as a child increases the likelihood of arrest as a juvenile by 59%.
  - Arrest rates for youth who have experienced trauma are 8 times higher than their non-traumatized peers.

Impact of Trauma (cont.)

- In Virginia, several localities reported an increasing awareness that trauma is a crucial element of understanding and best serving juvenile offenders, but the lack of training and resources limits the work that can be done.
- Ideally, trauma-informed care would be diffused throughout the juvenile justice system.
  - Screening for trauma exposure could occur at the various entry points into the system.
  - Court-ordered mental health assessments could include assessments of trauma.
  - Qualified mental health professionals working with the juvenile justice system could be trained in evidence-based interventions for trauma.

Impact of Trauma Recommendations

Draft Options

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

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

Supporting Current Juvenile Justice Practices

- Juveniles involved in the juvenile justice system who also have a mental health disorder are more likely to continue to experience justice system involvement.
- Properly identifying youth in need and linking them with appropriate services will help facilitate their rehabilitation and likely reduce subsequent law violating behavior.
- Heightened awareness of mental health disorders has led to increased research and new treatment practices in the juvenile justice system.
- Among delinquent juveniles who receive structured, meaningful and sensitive treatment, recidivism rates are
  - 25% lower than those in untreated control groups.
  - re-offense rates are reduced by as much as 80%.*

*Source: National Coalition for Juvenile Justice, 2000.

Supporting Current Juvenile Justice Practices
(cont.)

- Virginia's juvenile justice system allows for the diversion of juveniles consistent with the protection of public safety.
- Intake is a critical intervention point within the juvenile justice system and plays a vital role in determining whether a juvenile's case is dismissed, diverted, or formally referred to the court.
- In Virginia, CSUs and juvenile justice officials strive to integrate community resources to meet the needs of the juvenile.
- These localities have begun to expand the role of probation officers to that of a "case manager" providing intensive case management and support to juveniles with identified mental health and substance use concerns.
- CSU officials who were interviewed noted that they would appreciate additional information on mental health, assessment, family engagement, trauma, and appropriate interventions/resources.

Supporting Current Juvenile Justice Practice Recommendation

Draft Option

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