

VIRGINIA COMMISSION ON YOUTH

Study of Juvenile Offender Re-entry SPECIAL POPULATIONS SUBCOMMITTEE

5th Floor Conference Room
General Assembly Building
August 3, 2010
10:00 a.m.

MINUTES

Members Attending:

Delegate Robert Brink, Kim Brown, Joe Campbell, Regina Hurt

Participating Electronically:

Delegate Anne Crockett-Stark, Anthony Dale, Bernadette Holmes, Zina McGee, and Isis Walton

Staff Attending:

Amy M. Atkinson, Leah Hamaker, Lindsey Strachan

Members of the Public:

Jane Brown for Banci Tewolde, Deron Phipps, Curtis Smith, Sarah Stanton, and Shanee Harmon

Welcome, Agenda Overview, and Meeting Objectives

Amy Atkinson, Commission on Youth Executive Director, called the meeting to order at 10:00 a.m. She informed the participants that this subcommittee was one of four formed to address topics identified by the Advisory Group. Each subcommittee is comprised of Advisory Group members and others with subject-matter expertise or those with an interest in the issue. Ms. Atkinson then reviewed the agenda and the objectives for this meeting.

Barriers and Recommendations

The subcommittee then identified and discussed the following issues related to special populations:

Issue 1

There is, in treatment, a lack of continuity of care when the juvenile is released from the facility into the community.

- Developing a mental health transition plan (§ 6.1-293.1 of the *Code of Virginia*) helps with the transition of mental health services for juveniles committed to the Department of Juvenile Justice (DJJ). However, mental health transition plans are developed only for those juveniles already receiving mental health services in the facility.
- The Department of Correctional Education (DCE) develops an re-enrollment plan (§22.1-17.1) for every juvenile released from DJJ's custody or in detention for more than 30 days who is of school attendance age or is eligible for special education services.
- DJJ is currently looking to combine both the mental health transition plan and the re-enrollment plan, rather than having two separate plans.
- Point of Contact: 90 days prior to release, the Community Services Boards (CSBs) are involved in the mental health transition plan. The probation/parole officer is the point of contact for ensuring that

the plans (re-enrollment and/or mental health plan) are implemented and followed. Ideally, all parties should be involved in the development of the transition plans: the juvenile, the family, counselors and the probation officer – along with the service providers.

For Research/Consideration

- Assess how to improve coordination with Virginia's Independent Living Program. Changes may require additional funding.
- Families need to become involved when a juvenile is getting ready to be released because it gives them something to look forward to. Otherwise, they will just be released to a either group home into the community without housing. Investigate ways to improve family involvement.
- Evaluate programs that employ a holistic approach; this involves providing treatment for the entire family and not only the juvenile offender. Treatments may include how to re-parent and to reunify.
- Explore the formation of plans which include the involvement of all parties: probation officer, caregivers and mental health providers/counselors.
- Create a chart/matrix/diagram with the multiple statutory requirements and plans currently in place to help show the process, as well as any gaps.
- Receive an update from DJJ on their progress combining the Mental Health Transition Plan and the Education Re-enrollment Plan.

Issue 2

There is not an adequate pool of mental health and other service providers in the community.

- The availability of mental health services is determined by geography. Lack of service providers, particularly child and adolescent psychiatrists, is especially problematic for rural localities like those in Southwest Virginia.
- It is difficult implement a mental health plan when mental health providers and services are not accessible.

For Research/Consideration

- Coordinate with the Mental Health/Substance Abuse Subcommittee.
- Investigate the use and expansion of telemedicine. Telemedicine is already covered by Medicaid. The barrier to utilizing telemedicine may be clarifying the requirements for reimbursement, as well as understanding the criteria for prescribing medications. Perhaps family physicians can help facilitate this, as well as rural health clinics? Staff will investigate.

Issue 3

Services may not be available for older juveniles (ages 18-21) who are released.

- The juvenile system provides more services than the adult system. This is an issue for juveniles committed with a blended (juvenile/adult) sentence. However, with the Governor's Re-entry Initiative, the Department of Corrections (DOC) is working to address this gap in service availability.
- Often, a juvenile is over age 18 and, while they are on juvenile parole, they are unable to obtain needed services (i.e., they age out of group homes and are no longer eligible for other services).
- The group facing most problems is juveniles who leave DJJ when they are older than 18 and were not in foster care prior to adjudication.
- Many service providers are unwilling or unable to provide services to juveniles over the age of 18.
- Many providers are not willing to provide services to those who have committed a felony.
- There needs to be an effort to involve the family more in both service planning and delivery.

For Research/Consideration

- Investigate the feasibility of utilizing independent living arrangements for juveniles returning to the community, even if they were not previously served in foster care.
- Investigate whether policy guidance is needed to involve DSS in the transition planning process for juveniles who were previously served in foster care or for older juveniles whose parents have "disappeared" and may be eligible to receive foster care services.

- Research how foster care prevention services through the Comprehensive Services Act may be accessed for families to allow juveniles returning to their families to have a greater likelihood of successful reunification.

Issue 4

There are not enough independent living options for older juveniles.

- Independent living programs may be an option for juveniles aged 18-21 who are being released from DJJ and who were receiving foster care services from the Department of Social Services (DSS) at the time of commitment. However, these juveniles must reapply to DSS to receive foster care services in order to be eligible for independent living services. Additionally, independent living services are not available to older juveniles who are over the age of 18 and who were not served in foster care.
- The *Code of Virginia* provides that an independent living plan be offered to foster care youth DSS offers the Independent Living plan for those children who were in foster care before adjudication.
- Regardless of eligibility for foster care or independent living, some private providers do not allow felons into their independent living facility or group homes.
- Everyone needs to have food and shelter. However, some juveniles may not have access to housing. Their families may wash their hands of the juvenile.
- DJJ operates two halfway houses (Abraxas House and Hampton Place) designed to provide transitional skills to juveniles leaving DJJ's correctional centers. Abraxas House serves as a transitional home for sex offenders. Each halfway house program, serving approximately 10 youth, is designed to take advantage of the unique resources available in its community to meet the needs of the residents. The six-month program seeks to provide additional skills to promote a continued positive adjustment and reduce the risk of recidivism.

For Research/Consideration

- There is a need to define the term "independent living." Perhaps there is room to coordinate with the Independent Living Program (entirely dependent on funding).
- Investigate methods which allows for improved resource identification, including housing options.

Issue 5

Juvenile records may not always be confidential.

- Juvenile records are not closed. Once a juvenile has been adjudicated delinquent of a Class 1 or 2 misdemeanor or a felony, the record goes into CCRE. When employers conduct criminal background checks, information on a juvenile record may be found.
- Felony records do not go away.
- Juvenile records are supposed to be kept separate and apart.

For Research/Consideration

- Coordinate with DMV to request that juvenile records be destroyed.
- Recommend that the subcommittee on Education and Workforce develop a specific recommendation to address this.

Issue 6

Finding adequate community services for lower functioning youth (IQ of less than 78) is difficult.

- DJJ's Oak Ridge Juvenile Correctional Center (JCC) houses 40 male offenders with developmental disabilities and severe behavioral disorders. Offenders typically have an extensive history of maladaptive behavior, and some are committed for serious offenses. The facility operates a Behavioral "Token Economy" Program and offers Sex Offender, Anger Control, Life Skills and Substance Abuse Treatment Programs. However, while these services are offered at the JCC, they may be difficult or impossible to access in the juvenile's community.

For Research/Consideration

- Continue to explore this issue.

Issue 7

Distance away from home community poses challenges when transitioning the juvenile back to the community.

- Chesterfield County's Juvenile Detention Home offers a post-dispositional (Post-D) program which provides job skills training for older juveniles in their care. This program is locally funded and works with a small population. All important players are involved including the CSB, Probation Officer, parents and businesses. However, this program is very expensive to operate and many other similar programs across the states have closed due to budget cuts.

For Research/Consideration

- Identify programming that is effective to transition juveniles back to their home communities. Also identify any necessary budget recommendations.

Issue 8

"One size fits all" programming may not be appropriate to the population. For example, most programs have been validated on male populations. There is a question about their appropriateness for females.

- Involvement in the juvenile justice system for females creates additional psychosocial, economic and other cumulative effects. Females also lose their status in the family. There is a need to do something differently. Females receive other "invisible punishments."
- Existing treatment programs are not gender-specific. Female offenders have more internalizing symptoms whereas males have more externalizing symptoms and delinquency. Coping skills for these special populations are not tailored to the gender of the juvenile offenders. Females may require programs and treatments for depression and males typically require conflict resolution.
- DJJ offers gender specific programs. Bon Air Juvenile Correctional Center houses all of female offenders. At the Reception and Diagnostic Center, DJJ provides medical, psychological, academic, sociological and behavioral evaluation, classification, calculation of the Length of Stay, treatment planning, and placement. If DJJ finds that the juvenile has been previously abused, they report those findings to Child Protection Services (CPS). DJJ will not return the juvenile to an abusive home.
- Female offenders typically have longer lengths of stay because they tend to be more serious offender. In addition, their treatment plan requires more services within the JCC.
- More family involvement is needed.
- It would be helpful to have a resource guide for juveniles and their families.

For Research/Consideration

- Identify successful programs that are gender-specific and involve the entire family.
- Investigate the creation of a resource guide for juveniles and their families.

Issue 9

Some of the female offenders committed to DJJ are mothers and require unique services.

- DJJ offers motherhood programs such as Baby Think it Over. DJJ coordinates with the family to ensure that the child has childcare and the juvenile mother has opportunity to visit with her child.
- The female population at DJJ is small. In 2008, 60 females were committed to DJJ. As of this meeting, only 25 females offender were at a JCC.
- Research shows that 40-60% of the mothers of juvenile offenders have also been incarcerated.

For Research/Consideration

- Continue discussion of services for incarcerated parents and ways to address the generational issues which impact incarcerated mothers and their daughters.

Issue 10

Juveniles are sometimes released to grandparents or extended family.

- Complexity of the family adds to the difficulty of transition.
- Grandparents may not have the skills to handle a teenager.
- There is also a unique dynamic in that the family and the grandparents may have witnessed intergenerational cycles of incarceration.

For Research/Consideration

- Coordinate with the Commission's Kinship Care study.

Issue 11

Juvenile offenders need strong peer mentors.

- Positive peer mentoring improves the outcomes of recidivism.
- Universities can play a huge role. Through mentoring or student service learning, students can help local agencies, create resource guides, etc.
- Virginia universities can also be valuable resources to juvenile offenders and their families. University involvement allows provides students with valuable experience. University students can model behavior that would help them be successful in the community.

For Research/Consideration

- Research university-based mentoring programs for juveniles which allow college-students to fulfill community-service requirements while meeting the juveniles' need for positive role models.
- Staff visit one of the universities represented on the Advisory Group and ascertain if such a model can be developed. Conduct a focus group with students.

Ms. Atkinson advised the Subcommittee that information about future Advisory Group and Subcommittee meetings would be sent via email. She thanked the members for their interest and assistance. The meeting adjourned at approximately 11:00 a.m.