

STUDY OF JUVENILE OFFENDER REENTRY

Findings and Recommendations

ISSUES IDENTIFIED BY THE COMMUNITY & FAMILY SUBCOMMITTEE

Finding #1 – Confinement may negatively impact the juvenile’s relationships with family, community, and pro-social peers.

There are two keys to successful reentry: resiliency factors and maintaining connections with loved ones. Communication with family members can increase successful reentry by as much as 20%. Family members should be able to maintain communication during the juvenile’s time of commitment without unnecessary bureaucratic constraints. Positive communication and connections with family and the community allow effective supports to be maintained, thus, providing the juvenile with a greater chance of successful reentry.

It is often difficult for juveniles to maintain relationships with their families because the juvenile may be placed in a correctional center a distance from their homes. For example, the family of a juvenile placed in the Culpeper Correctional Center may have to contend with a lack of public transportation, as well as restrictions on visitation. These challenges make it difficult for families and juveniles to maintain connections. To address this issue, in September 2010, the Department of Juvenile Justice (DJJ) began a pilot Video Visitation Program titled “Family Link.” The purpose of Family Link is to enable residents and their family members to visit via video in collaborative sites operated by DJJ and non-profit agencies. This contact will augment and support the DJJ visitation program, while fostering a stronger family connection and to enhance reentry initiatives.

Another barrier identified by the Study Subcommittee is visitation guidelines not being consistently applied. Identification requirements for family visitation are not always communicated in advance. Additionally, the guidelines may not always be applied consistently because exceptions are sometimes made. In some instances, people have counterfeited clergy certifications to gain access, so pastors need to be prepared to present proper identification. Conversely, officials in the juvenile justice system may feel that the family, while visiting, sabotages the progress made by the juvenile while in custody. Finally, even though DJJ makes an effort to involve family members, a number of juveniles have families who do not want to be involved. Without family involvement, there are significant limitations on what can be done in terms of effective reentry.

Recommendations

1. Request DJJ review the Juvenile Correctional Centers’ (JCC) visitation guidelines to ensure that they are applied consistently. Request that DJJ ensure that visitation guidelines and identification requirements be shared with the juvenile’s family/caregivers at intake.
2. Request DJJ develop a plan to expand the “Family Link” Video Visitation Program statewide. The plan will identify community and faith-based partnerships. The plan will be shared with the Commission on Youth prior to the 2012 General Assembly Session.
3. Request DJJ encourage the Reception and Diagnostic Center (RDC) identify other family members and adults who may be included in visitation with the juvenile, such as coaches, neighbors, and family friends who are positive role models. This information is to be shared with the JCC upon the juvenile’s arrival at the center.

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Finding #2 – After commitment, juveniles may be returning to disadvantaged and socially disorganized neighborhoods, increasing the risk of recidivism.

There are few community partnerships and informal support networks for juveniles returning to their communities. Effective community supports are critical to helping juveniles successfully reenter into their communities. Maintaining community ties and building a reentry plan for juveniles while they are confined is difficult due to physical distance between the actual community and the facility where the youth is confined. Accordingly, there is a critical need for coordinated programs in order to reduce the risk of recidivism.

A juvenile who was previously served in foster care prior to their commitment has a transition plan developed 90 days prior to leaving custody. However, the juvenile's aftercare plan (parole) may not adequately address suitability of family living arrangements, residential restrictions, and challenges in their support system.

The Study Subcommittee noted that mentoring can directly address the lack of community supports and negative influences. The very presence of a mentor in a youth's life can help to reduce isolation and provide needed supervision and support. A positive adult role model offers new perspectives to a juvenile who may lack positive, long-term adult relationships. Mentoring for a juvenile re-entering the community strengthens the likelihood that the juvenile can overcome barriers that may otherwise prevent them from leading healthy and productive lives. Positive peer mentoring improves the outcomes of recidivism. Universities can play a huge role. University students can model behavior that would help juveniles be successful in their community. A service learning component could be developed and Virginia's universities can also be valuable resources to juvenile offenders and their families.

Another best-practice identified by the Study Subcommittee is the mapping of community services. The Urban Institute's Reentry Mapping Network is a community-based mapping partnership which collects and analyzes local data related to incarceration, reentry and community wellbeing. Mapping helps youth and adults as they identify resources and opportunities that exist in their community. For example, older juveniles may not have housing available to them after their release and have no remaining ties to family and friends on the outside. Mapping the locations of shelters, halfway houses, and other affordable housing in relation to where juveniles return can illustrate gaps in services and provide guidance in choosing appropriate housing options. Mapping can also identify assets in the community as well as help identify employment options. An example of mapping is the National Reinvestment Project in Brooklyn, which identifies "million dollar blocks" and makes prevention investments in these blocks by identifying productive services. TANF funding is a possible funding source for this initiative because it connects vulnerable citizens to existing community-based services.

Recommendations

1. Request DJJ, in conjunction with the Virginia Mentoring Partnership, develop a plan for the creation of a mentoring component to be included as a condition of release for juveniles leaving custody who do not have meaningful connections in their home communities. Virginia's universities and community college systems shall be included as a resource in this effort.
2. Request the Secretary of Public Safety, the Secretary of Health and Human Resources and Virginia's Prisoner Reentry Coordinator include the mapping of community services in Virginia's Prisoner Reentry Plan.

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3. Request that the Secretary of Health and Human Resources investigate expanding Virginia 2-1-1 in the development of a reentry mapping network for Virginia. Other public and privately-operated information and referral systems, such as Virginiahousingsearch.com and socialserve.org, will be asked to participate in this effort.

Finding #3 – There is a lack of options for gradual release to the community.

Community reintegration strategies may be incorporated for the juvenile through home visits or gradual release, and intensive aftercare services. However, budget cuts have had a tremendous impact upon graduated programs and upon crime control funds. 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. DJJ begins to assess community services at the beginning of the juvenile's commitment but this can be difficult because the juvenile is no longer in foster care once they are in the custody of DJJ and Medicaid is terminated.

Virginia's Post Dispositional (Post-D) programs are also extremely effective. These are locally-administered and entirely funded with local funds. The Post-D Program is a long-term program (up to six months) which allows juveniles aged 14-17 to serve their sentence in their local detention center while receiving local treatment services designed to address the reason for court involvement. This program of local confinement, treatment services, and release plans will increase the juvenile's awareness of the consequences of delinquent activity; balance the community's needs with the resident's future involvement with the resident court system; and reduce the percentage of residents with juvenile court records from entering the adult correctional system. Detention Superintendents authorize work release for juveniles in detention/Post-D programs. However, in light of the recent the budget cuts detention homes have experienced, additional resources will be needed to expand these programs.

Recommendations

1. Request the Secretary of Public Safety incorporate a gradual release component in Virginia's Prisoner Reentry Plan. Such a component will include an assessment component for qualifying juveniles and will allow qualifying juveniles to step-down to graduated programs 30 to 60 days prior to their release. The component will also enable DJJ to establish partnerships with private providers to offer identified step down services to qualifying juveniles.
2. Introduce a budget amendment to fund additional transitional living and halfway houses for juvenile offenders.
3. Introduce a budget amendment to provide state funding for locally-administered Post-D programs.

Finding #4 – Juvenile offenders returning to their home communities may be prohibited from living with their families if their families are residing in public housing.

As discussed by the Governor's Prisoner and Juvenile Offender Reentry council, federal law requires criminal background checks to be done on adult household members applying to live in public housing. These federal requirements may restrict offenders with certain convictions. However, this may also be a barrier to juveniles returning home after commitment to DJJ.

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Because federal law gives local public housing agencies liberal discretion to deny housing to individuals with certain criminal backgrounds, landlords are allowed to screen and deny housing based on past criminal convictions. While this may be appropriate for drug offenses or if the crime was physical or violent nature, juveniles without an adult convictions should be permitted to reside in public housing. Local housing authorities may also be interpreting juvenile's adjudications similarly to adult criminal convictions.

Recommendations

1. Request the Commission on Youth to assess local housing authorities' application of laws pertaining to criminal background checks to ascertain their impact upon juveniles who are returning to their communities and ascertain whether current practices need to be modified. This information would be shared with the Governor's Prisoner and Juvenile Offender Reentry Council.
2. Introduce legislation to prohibit local housing authorities from applying eviction restrictions for "juvenile adjudications." Such legislation would apply only to those juveniles tried in juvenile court and not to adult convictions and permit these juveniles to reside in public housing.
3. Request the Commission on Youth to research model programs that focus on independent living skills (such as apartment living) for older juvenile offenders. This information would be shared with the Governor's Prisoner and Juvenile Offender Reentry Council.

ISSUES IDENTIFIED BY THE EDUCATION & WORKFORCE SUBCOMMITTEE

Finding #1 – Juveniles in the custody of the Department of Juvenile Justice (DJJ) may be encouraged to obtain a GED rather than graduate with a high school diploma.

DJJ's Reception and Diagnostic Center (RDC) receives the juvenile's academic record from the juvenile's home school at intake. RDC and Department of Correctional Education (DCE) staff review the juvenile's assessment, school record and existing educational track, along with any disciplinary activity (e.g., suspension or expulsion). The DCE strives to keep the juvenile on same educational track: modified; standard; or special diploma, as they were prior to their commitment. However, it is not uncommon for the juvenile to be very behind in credits. In addition, older juveniles may have reading levels at an elementary grade level.

For the juvenile seeking meaningful employment, a high school diploma, along with career training, provides for more employment opportunities rather than a GED.

Recommendation

1. Request (or support) DCE to integrate the provisions set forth in the Department of Education's Academic and Career Plan (ACP) into the juveniles' educational program.

Finding #2 – Transition planning for re-enrolling the juvenile in school does not always occur within the regulatory timeframes; there may be a lag in transmitting the juvenile's record and in developing the juvenile's reentry plan.

Schools have 30-days notice of re-enrollment. Once DJJ notifies DCE staff of a juvenile's pending release, DCE staff formulates a preliminary re-enrollment plan and invites the re-enrollment coordinator at the receiving school to meet. The preliminary plan is subsequently sent to the school. However, practices vary depending on how quickly the JCC staff contacts the school division and how quickly the point-person from the local school division notifies

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appropriate personnel within the division. Typically, DJJ, DCE and local school division staff responsible for the juvenile's re-enrollment may be in a rush to get the juvenile re-enrolled in school. It can be a challenge to involve all of the educational representatives in a timely fashion. DCE staff may not always be aware of the juvenile's exact release date if the juvenile is required to re-appear before the judge. This can throw off re-enrollment timeframes. It is critical that all of the systems work together.

Practices may vary among school divisions. However, DOE provides training and procedures for the school re-enrollment coordinators, DJJ and DCE staff.

Recommendations

1. Request the DOE to survey the school divisions' re-enrollment coordinators to ascertain commonly encountered barriers to re-enrollment. Request that the identified issues, and recommended solutions, be shared with the Commission prior to the 2012 General Assembly Session.
2. Request DOE to include in their graduation index information on the number of juveniles who re-enter school dropout in the following year.
3. Request DOE to develop guidelines for DCE and school re-enrollment coordinators how to effectively utilize electronic meetings and e-mail for purposes of educational transition planning and school re-enrollment.
4. Request the DOE, in conjunction with DCE, collect information on the number of re-enrollment meetings by school division.

Finding #3 -- A juvenile returning from DJJ may have difficulty re-enrolling in school because they were served in foster care prior to their commitment and there is no assigned guardian or caregiver once they are released.

DJJ no longer has custody when the juvenile is released from DJJ into the community. In theory, custody reverts the Department of Social Services (DSS) upon release. However, the juvenile may have aged out of foster care and may not be eligible for independent living services based on their adjudication or type of conviction. DSS does not keep the case active while the juvenile is in the custody of DJJ because DSS transfers custody of the juvenile to DJJ when the juvenile is committed.

The timeframes for processing a foster care case vary, particularly for a juvenile offender. Moreover, this typically does not occur concurrently with the juvenile's re-enrollment in school. There is also a question as to who has the authority to re-enroll the juvenile if DJJ is releasing the juvenile and DSS no longer has the juvenile in custody. DSS may not regard these juveniles as a priority or may not have time to prepare for their release.

Because of the passage of the federal *Fostering Connections to Success and Increasing Adoptions Act of 2008*, DSS and DOE have formed a task force to develop a plan for carrying out the provisions of the federal law. A plan template is being developed. DOE is also in the process of drafting a decision brief to help assist school divisions and local departments of social services determine whether youth in foster care should remain at their home school or move. This brief will be a resource for all involved parties.

Recommendations

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1. Request DJJ to develop guidance/procedures to ensure that JCCs include local social service agencies/Family Assessment and Planning Teams (FAPTs) in the juvenile's reentry planning and educational transitional planning. The involvement of local social service agencies will be determined at intake and include a plan for transitioning the juvenile back to foster care and/or independent living or a plan to address the juvenile's aging out of foster care.
2. Request DSS to develop policy for expedited timeframes for case review for juveniles returning from DJJ who were previously served in foster care. Such policy will be developed in conjunction with DJJ, DCE, CSA and DOE.
3. Request the DOE/DSS task force on the federal *Fostering Care and Connections Act* address this issue in the development of the plan. DJJ and representatives from local social service agencies shall be included in this effort.

Finding #4 – A significant percentage of juveniles leaving DJJ may be older youth or young adults and are unprepared for the workplace. Workforce development is a key issue for these juveniles.

DCE strives to prepare juveniles for school reentry and also operates youth enterprise programs, which allows juveniles gain licensure in a particular occupation. However, many juveniles struggle with finding employment once they re-enter their community. Statistics on the problem of recidivism in Hampton and Newport News highlight the need for workforce development:

- of 48 juveniles ages 18 or older released in 2007, 21 were reconvicted within 12 months – a 1 year reconviction rate of 43.8%; and
- of 52 juveniles ages 18 or older released in 2005, 37 were reconvicted within 36 months – a 3 year reconviction rate of 71.2%.

DJJ, in conjunction with DCE, developed the Youth Industries Program to train older, incarcerated youth who follow program requirements and who do not have behavior issues. Youth Industries Program, a juvenile enterprise program designed to teach marketable skills and workplace behaviors to juvenile committed to DJJ. Youth Industries provides committed juveniles work experience and encourages employment upon reentry

Virginia's Community College System has oversight of the federal Workforce Development Act (WIA). WIA provides opportunities for workforce investment activities through a statewide board and 15 local workforce investment boards (WIB). Each local board has a One-Stop Career Center that assists dislocated workers. WIBs primary focus is the transitioning of laid off employees. Juveniles being released from DJJ into the community are typically not served by their WIBs and One-Stop Centers. The WIA requirements have increased accountability and give no incentives for One-Stops to serve juvenile offenders.

However, one of Virginia's One-Stop's, One Peninsula Worklink, is developing a program geared to juvenile offenders re-entering the workforce. The Peninsula Worklink Reentry to Education and Employment Project (REEP) received a \$75,000 grant to expand staff to being to serve reentry juveniles.

The Study Subcommittee discussed Virginia's Middle College program, which can be effective in providing support to juvenile offenders who have dropped out of school and would like to return. This program could help juveniles transitioning from high school into community college.

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Five colleges participated in this program; however, budget cuts have reduced the program. Virginia needs to develop careers and lifelong learners in all of its populations.

The Study Subcommittee also noted that the Work Opportunity Tax Credit (WOTC) provides a federal tax credit incentive to private-sector businesses for hiring individuals from 12 target groups (including adult and juvenile offenders) who have consistently faced significant barriers to employment.

Recommendations

1. Amend §66-25.1 of the *Code of Virginia* to expand the membership of the Virginia Juvenile Enterprise Committee to include the Office of the Secretary of Education, Virginia Community Colleges System, representatives from the WIA and the local WIBs and the Department of Correctional Education.
2. Amend §66-25.1 of the *Code of Virginia* to expand the role of the Virginia Juvenile Enterprise to include developing a plan for the creation of a network of willing employers to hire juvenile offenders re-entering their communities.
3. Request the VCCS and the VCE to create educational materials to be shared with juvenile offenders about the effectiveness of Virginia's Middle College programs.
4. Request a budget amendment to expand funding for Virginia's Middle College Programs.
5. Request the Secretary of Public Safety, the Secretary of Commerce and Trade, and the VCCS/WIA develop a strategy to communicate with business community information about the WOTC.

Finding #5 -- There is confusion about the confidentiality of juvenile records. This confusion can prevent the juvenile from obtaining employment or pursuing higher education.

There is no consistency in the purging of juvenile records. This is particularly problematic for juveniles charged with misdemeanors when those charges are dismissed. This action may not be reflected in the juvenile's record and can adversely impact a juvenile. There is a need to expunge records so employers cannot obtain the juvenile's prior records. These records may be transmitted to the Department of Motor Vehicles (DMV) when the juvenile's license is suspended. The juvenile's record "attaches" to their DMV record. However, when the juvenile returns to the community, their criminal record is still accessible. Thus, the juvenile's offense keeps them from obtaining employment or enrolling into certain community colleges. It has been reported that some community colleges have not admitted juveniles in these circumstances. This may also impact financial aid.

There is also confusion about the check-off box on both college and employment applications and whether the juvenile is to select he juvenile check YES or NO if they were adjudicated of a felony. The Study Subcommittee asserted that there needed to be a balance between public safety and allowing the juvenile to have a second chance. Additionally, §16.1-308 of the *Code of Virginia* prohibits the imposition of barriers to juveniles returning from DJJ by not allowing adjudications to be a barrier to employment in the public sector.

Recommendations

1. Request the Secretary of Public Safety, in conjunction with the Commissioner of DMV, the Office of the Executive Secretary of the Supreme Court, and the Virginia Information and Technology Authority, convene a workgroup of impacted agencies and stakeholders to

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review existing juvenile record requirements and establish guidelines for purging juvenile records after the juvenile's adjudication date. This will include establishing a process for purging juvenile records from the DMV system.

2. Request the VCCS transmit consistent guidelines to all of Virginia's community colleges regarding admission policies for juvenile offenders reentering their communities.

ISSUES IDENTIFIED BY THE MENTAL HEALTH SUBCOMMITTEE

Finding #1 – In Virginia, Medicaid is terminated upon commitment, based on federal requirements prohibiting federal Medicaid funds from being used on inmates of public institutions. This provision is applied to juveniles committed to DJJ.

Virginia elects to terminate, rather than suspend, Medicaid because of the requirement that any status changes be reported. Federal rules require determinations of financial eligibility for Medicaid must be made within 45 days from the date of application. Forty-five days prior to release, DJJ begins to prepare for re-enrolling juveniles back into Medicaid. However, there is often a problem with re-determination. Usually, a parent or guardian must be involved.

There is also variability among local DSS offices regarding Medicaid re-determinations. Some offices may not accept an application for Medicaid until the juvenile is released, whereas others do not accept the application because there is uncertainty about who can apply on behalf of the juvenile. The Department of Medical Assistance Services (DMAS) and DJJ are working to address this. The main goal of Virginia's Mental Health Transition Plan is to avoid juveniles' not receiving essential/required medications.

Foster care services terminate upon commitment, so DSS no longer has custody when a juvenile is committed to DJJ. Further, DJJ does not act as a guardian over the juvenile while in custody. This creates a problem for a juvenile who comes from DSS and, upon release, is under age 18, because the juvenile has no guardian to reapply for Medicaid on their behalf.

DSS receives 30 days' notice prior to release, but Medicaid can be applied for up to 45-days before exiting. Policies could be established to allow for more seamless reenrollment into Medicaid.

Recommendations

1. Request DMAS to develop a plan addressing systemic, legal, and budgetary impact of suspending, rather than terminating, Medicaid for juveniles.
2. Introduce a budget amendment, with necessary funding, to modify Virginia Medicaid requirements to allow for the suspension of Medicaid benefits for juveniles who are committed to DJJ.
3. Request that DMAS, DSS and DJJ develop guidelines to make local DSS' re-enrollment practices more consistent. Guidelines would address which agency is responsible for which role.

Finding #2 – Implementing the provisions set forth in the juvenile's Mental Health Transition Plans is problematic due to gaps in available services and lack of health insurance.

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The Mental Health Transition Plan is helpful; however, implementing the Plan is problematic. Frequently, the services included in the Plan do not exist in the juvenile's community. This is especially problematic in rural areas. For example, there is a shortage of child psychologists in Virginia. This is a huge barrier for those juveniles who must access a psychiatrist for psychotropic medication management. Released juveniles are given a 30-day supply of medication. However, they will often request refills in addition to the mandated 30-day supply, because they are unable to locate a provider or schedule an appointment.

In addition, there are differences among the 40 Community Services Boards (CSBs) services across the Commonwealth. DJJ's Court Services Units (CSUs) negotiate agreements with them. All evaluations, including mental health evaluations, take place at the RDC. The parole officer takes the Plan and then schedules a follow-up meeting in the community to arrange for services if the juvenile has private health insurance. If the Plan indicates the juvenile needs substance abuse services and if substance abuse services unavailable for the juvenile in the community, the juvenile usually does not receive the needed service. Thus, juveniles "fall down" when they return home because services they were receiving while in the custody of DJJ are not available to them in their communities. In addition, a large percentage of released juveniles do not fit into any mandated mental health category and are not eligible for services funded by the Comprehensive Services Act. If juvenile offenders are Medicaid-eligible, transportation to distant providers is a covered service. Telemedicine, a covered service under Medicaid, may increase access to psychiatric professionals. However, there are specific requirements which must be fulfilled in order for the service to be reimbursed. Juveniles without health insurance have no money to pay for services. For juveniles aged 18-21, the primary problem is access. For instance, juveniles without health insurance use the emergency room instead a private physician. They may then accumulate debt from emergency room and ambulance bills.

The Study Subcommittee asserted that services should be linked both upon release from a facility and upon release from parole. The youth or family might not always have the appropriate skills and resources to make this happen.

Recommendations

1. Request the Office of Comprehensive Services for At-Risk Youth and Families examine the feasibility and cost of changing the status of juvenile offenders with mental health needs as a mandated population under the Comprehensive Services Act.
2. Request the Secretary of Health and Human Services establish guidelines to encourage the use of telemedicine in Virginia localities not having psychiatric services.

ISSUES IDENTIFIED BY THE SPECIAL POPULATIONS SUBCOMMITTEE

Finding #1 – There are not enough independent living options for older juveniles (ages 18-21). Services may not be available for older juveniles who are released. The need for permanency planning applies to all youth, including older ones.

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 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 provided by DSS are not available to older juveniles who are over the age of 18 and who were not

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previously served in foster care. Regardless of eligibility for foster care or independent living, private providers may not allow adjudicated juveniles into their independent living facility or group homes. Their families may “wash their hands” of the juvenile and they may not have access to housing. Frequently, these youth have developmental concerns but they are expected to be autonomous.

This is particularly an issue for juveniles committed with a blended (juvenile/adult) sentence. Often, a juvenile is over 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). There can be a lack of family/community ties for older youth with histories of out-of-home placements.

Recommendations

1. Request the Secretary of Public Safety and the Secretary of Health and Human Resources investigate the feasibility of utilizing independent living arrangements for juveniles returning to the community, even if they were not previously served in foster care. This investigation will address methods allowing for improved resource identification, including housing options.
2. 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.
3. 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.
4. Request DSS define the term “independent living.” Perhaps there is room to coordinate with the Independent Living Program (entirely dependent on funding).

Finding #2 – “One size fits all” programming is not appropriate to this 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.

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Female offenders typically have longer lengths of stay because they tend to be more serious offenders. In addition, their treatment plan requires more services within the JCC. It would be helpful to have a resource guide for these juveniles and their families.

Recommendation

1. Request DJJ create a resource guide for juveniles and their families which identifies successful programs which are gender-specific and involve the entire family.

Finding #3 – A number of the juvenile offenders committed to DJJ are parents. There are a small percentage of female offenders who are mothers and require unique services.

The female population at DJJ is small. In 2008, 60 females were committed to DJJ. As of this meeting, only 25 female offenders were at a JCC. Research shows that 40-60% of the mothers of juvenile offenders have also been incarcerated. 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.

Recommendation

1. Support DJJ in the development of services for incarcerated parents and ways to address the generational issues which impact incarcerated parents, particularly mothers and their daughters.

Finding #4 – Juveniles are frequently 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 and may be ill-equipped to care for a juvenile offender with identified mental health, behavioral, developmental or substance abuse issues. There is also a unique dynamic in that the family and the grandparents may have witnessed intergenerational cycles of incarceration.

Recommendation

1. Request DSS to address this finding in child transformation/kinship care activities.

OVERARCHING ISSUES

Finding #1 – Multiple systems makes it very difficult to coordinate and provide services. There are issues with regards to turf, responsibility and accountability, and resources.

Agencies who are involved in different aspects of the juvenile justice arena include the courts, DJJ, and/or local detention centers, local CSUs, DCE, DOE, local school divisions, schools, the Department of Behavioral Health and Developmental Services (DBHDS), CSBs, DSS, local social service agencies. When all systems are involved, it creates a problem. Fragmentation can likewise be problematic.

Recommendations

1. Request DJJ, in conjunction with representatives from the above-mentioned agencies; develop a singular reentry plan for the juvenile. The Plan will merge the components of the Mental Health Transition Plan, the juvenile's Education Re-enrollment Transition Plan, and reentry plans and address issues confronting offenders as they return to the

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community. Components to be included are education, mental health and substance abuse treatment, job training and mentoring.

Finding #2 – There is confusion about Virginia’s laws and law-related terminology. Juveniles may not understand Virginia’s laws, how they apply to them and how breaking these laws may have lasting repercussions upon their future. Juveniles may not understand that certain offenses carry certain penalties which may haunt them into their adulthood. Moreover, there are multiple systems and terminology. There is confusion regarding the differences between a juvenile who have been adjudicated in juvenile court as opposed to an adult conviction in Circuit Court. There is also confusion regarding youthful offenders. Clarification about Virginia’s laws and terms, as they affect juveniles, would be helpful to both juveniles and adults alike. Such knowledge may be helpful as a preventive tool to educate youth and potential prevent criminal activities.

Recommendations

1. Support the Office of the Attorney General’s Virginia Rules Program which educates teens about Virginia laws and how these laws impact their day-to-day lives.
2. Request the DJJ to create resource guide, including a web-based guide, explaining the terminology associated with the juvenile justice system in Virginia.