

# Overview of Virginia's Juvenile Detention Centers

PRESENTATION TO VIRGINIA COMMISSION ON YOUTH  
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# Juvenile Detention: What is it ?

*Often called homes or centers, secure detention facilities are community-based, locally-operated residential facilities that provide temporary care for youth requiring secure custody pending court disposition or placement, or who are placed in the facility by the court as a sanction once found guilty of an offense. Detainees participate in structured programs including school, recreational activities, counseling and, in some facilities therapeutic programming.*



# Juvenile Detention's Complex Population

## Pre-Dispositional Placements:

- Majority of population going through court process BUT also:
  - Restoration of mental competency
  - Juvenile tried as adults (Circuit Court)
  - Juveniles appealing sentence (Circuit Court)
  - Awaiting residential placements
  - Committed Juveniles awaiting transfer

## Post-Dispositional Placements:

- Program placements (30 days or 6 months in accordance with Code of VA Section 16.1-284.1)
- Short Term Sanction (Up to 7 days in accordance with the Code of VA Section 16.1-292)

## DJJ-Contracted Placements:

- Community Placement Programs
- CAP Holds
- Re-Entry Placements

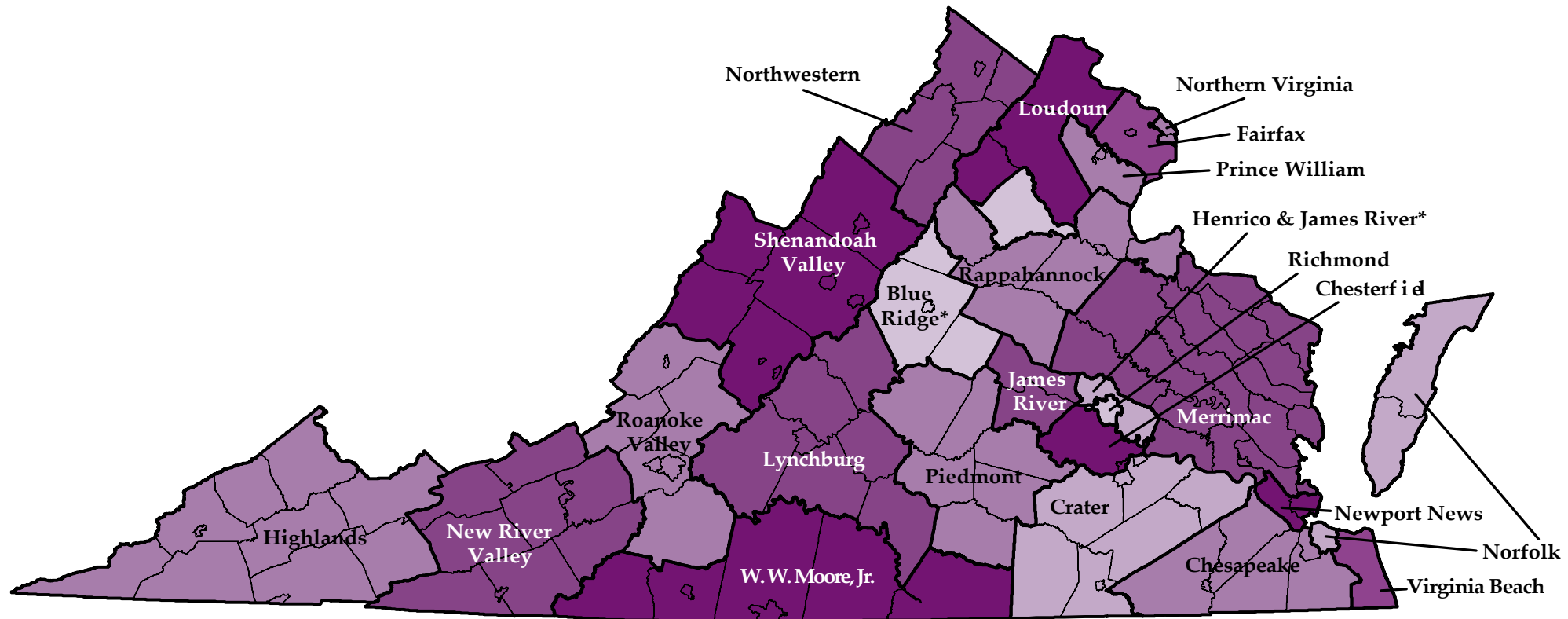
# Juvenile Detention: What is it?



Structured program of care focusing on stabilization, normalization and establishing routine in the resident's life.

- ▶ Highly Structured daily routine filled with activities designed to enrich and promote personal growth;
  - ▶ Meet residents' physical, educational and emotional needs
  - ▶ Provide protection, guidance, and supervision
  - ▶ Ensure delivery of program services – Individual and Group.
  - ▶ Meet the objectives of any individualized service plan
  - ▶ Delivered by appropriately educated, trained, and diverse staff (direct care staff, medical staff, food services staff, mental health staff, teachers, and numerous support and administrative staff.

# Virginia's Juvenile Detention Centers Where are they?



There are 24 Detention Homes located around the State of Virginia.

# Virginia's Juvenile Detention Centers

## Who do they work for and who do they work with?

### Oversight

- ▶ Local governing authority
- ▶ Commission Board
- ▶ Department of Juvenile Justice – Regulatory / Funding
- ▶ Federal Office of Juvenile Justice and Delinquency Prevention (OJJDP)
- ▶ Judiciary and Court Service Units
- ▶ State Department of Education (detention school programs)
- ▶ United States Department of Agriculture (breakfast and lunch program)
- ▶ Federal Department of Justice Prison Rape Elimination Act (PREA)

### Partners

- ▶ Local Law Enforcement – Police and Sheriff
- ▶ Judiciary and Court Services Units
- ▶ Local Mental Health Agencies (CSBs)
- ▶ Local School Department(s)
- ▶ Local Health Care Providers
- ▶ Department of Family and/or Social Services
- ▶ Shelter Care and Community-Based Programs
- ▶ Local Libraries
- ▶ Faith-Based Community and Volunteers

# Challenges Posed by Juveniles in Detention

- ▶ Children come into to detention any day and at any time with little to no information and often present with:

**Behavioral Challenges**

**Mental Health  
Challenges**

**Educational  
Challenges**

**Medical  
Challenges**

# Behavioral Challenges

## Challenge

Residents enter the JDC programs defiant and unaccepting of an environment that requires rule compliance and structure due to:

- ▶ Little to no parameters around behavior in the home environment
- ▶ History of Trauma
- ▶ Lack of structure – no positive life activities or routine.
- ▶ Negative peer group
- ▶ Gang members or affiliates

## Program Service Response

Highly structured program of care that includes:

- ▶ Trauma-informed and trauma-responsive interventions
- ▶ Utilization of mental health clinicians and case managers
- ▶ Well-designed and enforced Behavior Management Program, focusing on incentives for pro-social behavior
- ▶ Family Engagement



# Mental Health Challenges

## Challenge

An estimated 50-60% of youth entering JDCs suffer from some level of diagnosed or undiagnosed MH disorder. With 10-20% of those after assessment requiring formal contact with MH staff while in detention for management of disorder.

- ▶ Often enter with inconsistent or no treatment
- ▶ Often arrive wanting to self-isolate, threatening self-harm
- ▶ Inconsistent use of prescription medication and inability to acquire without seeing a doctor
- ▶ Lack of state-available beds when child is in crisis and is in need of a TDO
- ▶ Lack of emotional regulation

## Program Service Response

Depending on the detention facility's resources:

- ▶ Partnership with CSBs for mental health staff in detention – crisis stabilization and supportive counseling
- ▶ Suicide prevention and intervention program developed in consultation with a medical or mental health professional – all direct care staff trained in it
- ▶ 1:1 supervision
- ▶ Individualized Counseling and Services
- ▶ Psychiatric Medication Management
- ▶ Work to make connections for continuity upon release.
- ▶ Family Counseling

# Educational Challenges

## Challenge

- ▶ Educational Lapses- Often youth have been inconsistent or no longer attend school.
- ▶ Resistant or unmotivated regarding Education.
- ▶ Regionally many non English speakers.
- ▶ Often Low level readers and rarely or never read for pleasure.
- ▶ In need of specialized services with outdated plans
- ▶ Heavy reliance on social media.

## Program Service Response



# Medical Challenges

## Challenge

Many residents enter the facilities with injuries or untreated medical conditions and/or poor nutritional and sleeping habits:

- ▶ Injuries sustained from arrest.
- ▶ Injuries from abuse, sexual abuse or neglect.
- ▶ Vision and Dental care has been limited.
- ▶ Inconsistent use of prescription medication. Unregulated medication – diabetes.
- ▶ Not eating well balanced meals
- ▶ Diets consist of highly processed foods high sugar and fats.
- ▶ Lack of exercise and recreation at home – little to no team sports or opportunities for structured recreational activities
- ▶ Poor sleeping habits and dysregulated sleep

## Program Service Response

Detention centers have physicians and nurses who oversee medical services for detained youth (required by regulations):

- ▶ Medical screenings, assessments, physicals
- ▶ Daily Sick Calls
- ▶ Medication Management
- ▶ Obtaining outside medical appointments and obligation to transport in accordance with Section 16.1-254 of the Code of Virginia
- ▶ Implementation of special diets
- ▶ Obtaining dental appointments and eye appointments
- ▶ Sleep studies
- ▶ Continuity of services with existing medical providers

# Detention is more than Licensed Capacities and ADPs

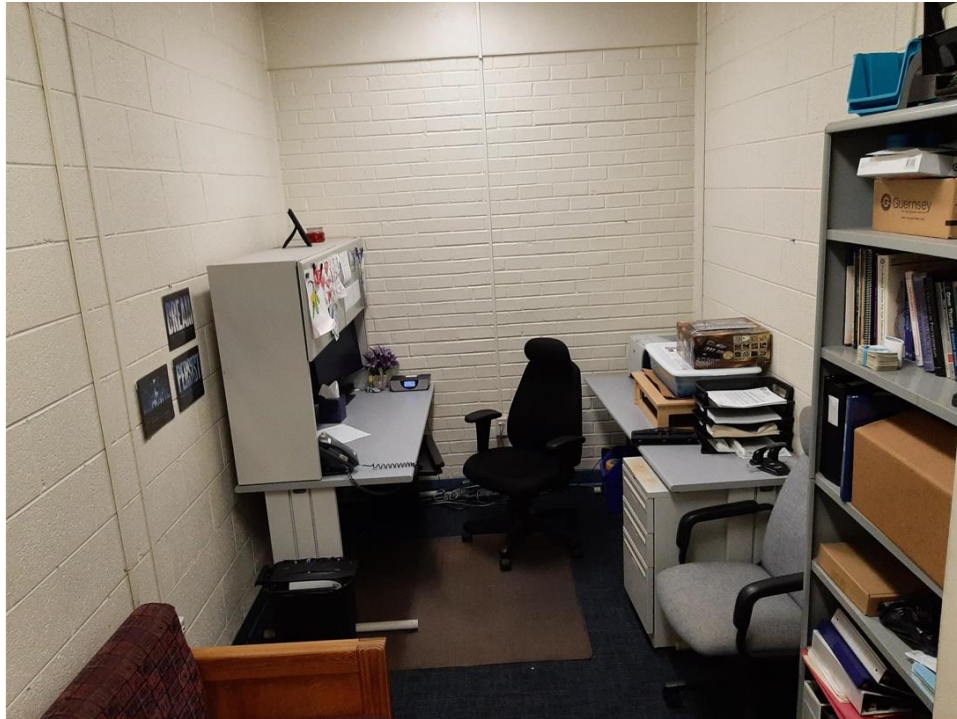
- ▶ Detention is much more than a Ratio of Dollar Spent : Bed-Used Analysis
  - ▶ History of Construction and Transformation Efforts
- ▶ Admissions versus Average Daily Population
  - ▶ Intake and Release Process
  - ▶ Transportation to Court
- ▶ Classification
  - ▶ Protection of Vulnerable Youth
  - ▶ Separation of Co-Defendants
  - ▶ Court Status (Awaiting Court or Actively Serving Sentence and Receiving Services?)
  - ▶ Quarantine ability in the age of COVID

# Adapting to Change: Repurposing Space



Living Units converted into a Training Room and a Post-D staff Office

# Adapting to Change: Repurposing Space



A Classroom converted into indoor recreation space and a locker room converted into a Mental Health Clinician Office.

# Adapting to Change: Repurposing Space



A Classroom converted into a Library and a living Unit converted into Therapeutic Programming Space.

# Adapting to Change: Repurposing Space



Many programs convert cells for much needed storage and Office Space



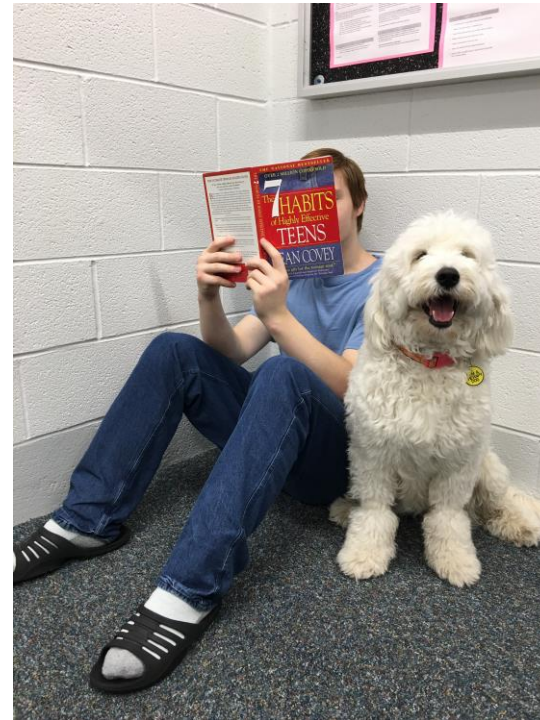


## Adapting to Change: Repurposing Space

# Detention as a Process Not a Place: The Argument for Keeping Kids Local

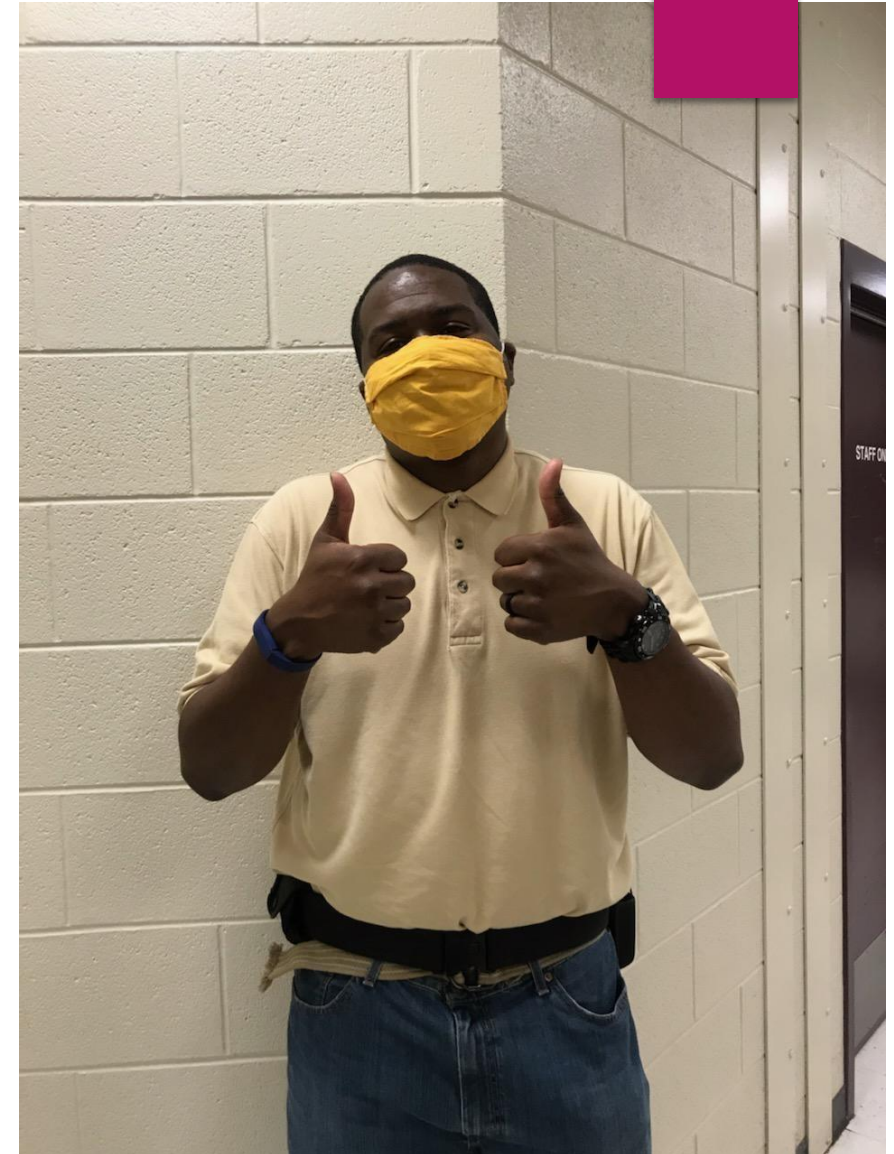
Juvenile Detention Centers are Embedded in their Local Systems of Care:

- ▶ CSB
- ▶ Schools
- ▶ Local Law Enforcement
- ▶ Community Based Programs
- ▶ Shelter Care
- ▶ Legal Representation
- ▶ Social Services



# What we learned from COVID and other Natural Disasters

- ▶ Space is essential; Personnel are essential!
- ▶ There is a long history of Detention Centers relying on available bed space at other facilities to house populations as a result of facility shut downs or incapacity due to natural disasters, staffing problems or operational problems with the physical plant.
- ▶ COVID and the Post-COVID concerns with impact on youth – Trends with more significant crimes; Dysregulation of youth while out of school; Significant impact on youth behavioral and mental health



# Why does it cost more to operate a Detention Center today?

- ▶ According to the Bureau of Labor and Statistics CPI Inflation Calculator the U.S. dollar has decreased in buying power by almost 30% in the past 10 years.
- ▶ The Block Grant Funding for Detention has increased from \$32,049,864.05 (FY13) to \$34,130,463.39 (FY23). This is a \$2,080,599.34 increase less than 6.5% increase over ten years.
- ▶ The Block Grant Funding only represents 32% of the actual cost to operate all of the Detention Facilities (DJJ FY19 Annual Expenditure Report). The remaining 68% of costs are funded by the localities.
- ▶ Average starting salaries of different detention homes have increased anywhere between \$10,000 - \$15,000 annually (This does not account for Fringe Benefit Increases) yet retention and hiring continue to be a challenge.



Thank you! Please feel free to tour our facilities or contact us:

Marilyn Brown, [brownmag@chesterfield.gov](mailto:brownmag@chesterfield.gov)  
Jason Houtz, [Jason.Houtz@fairfaxcounty.gov](mailto:Jason.Houtz@fairfaxcounty.gov)  
Carla White, [cwhite@rjdc-va.com](mailto:cwhite@rjdc-va.com)