

OFFICE OF THE STATE INSPECTOR GENERAL
Report to Secretary Brian Moran

*Review of Mental Health Services
in the Juvenile Correctional Centers
and Juvenile Detention Centers*

December 2015



June W. Jennings, CPA
State Inspector General
Report No. 2015-BHDS-002



COMMONWEALTH OF VIRGINIA
Office of the State Inspector General

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December 29, 2015

The Honorable Brian Moran
Secretary of Public Safety and Homeland Security
P.O. Box 1475
Richmond, VA 23218

Re: Review of Mental Health Services in the Juvenile Correctional Centers and Juvenile Detention Centers

Dear Mr. Secretary,

The Office of the State Inspector General (OSIG) recently conducted a review, pursuant to the Code of Virginia § [2.2-309.1\(B\)\[1\]\[2\]](#), of mental health services provided in the Juvenile Correctional Centers (JCCs) and Juvenile Detention Centers (JDCs).

OSIG sincerely appreciates the assistance provided by your staff during the course of this review.

If you have any questions or would like to discuss this report further, please call me at (804) 625-3255 or email me at june.jennings@osig.virginia.gov. I am also available to meet with you in person to discuss this report at your convenience.

Sincerely,

A handwritten signature in black ink that reads "June W. Jennings".

June W. Jennings
State Inspector General

CC: Paul J. Reagan, Chief of Staff to Governor McAuliffe
Dr. William A. Hazel Jr., Secretary of Health and Human Resources
Andrew K. Block Jr., Executive Director, Department of Juvenile Justice
Jack Barber, MD, Interim Commissioner, Department of Behavioral Health and Developmental Services
Cynthia B. Jones, Director, Department of Medical Assistance Services

Jennifer Faison, Executive Director, Virginia Association of Community Services Boards
Timothy Smith, President, Virginia Juvenile Detention Association

TABLE OF CONTENTS

Executive Summary.....	i
Authority, Focus and Scope of the Review.....	1
Background.....	2
Virginia Juvenile Justice and Mental Health Interface	2
Court Service Units.....	2
Juvenile Correctional Centers	2
Juvenile Detention Centers	3
Behavioral Services Unit.....	3
Community Services Boards/Behavioral Health Authority	4
Methodology.....	5
Review Results.....	6
Question 1: Do current regulatory standards for JCCs and JDCs lead to policies and practices that support consistent identification and engagement of youth with mental health service needs in treatment services?	6
Finding No. 1	6
Recommendation No. 1	6
Question 2: Are the services provided by Virginia’s juvenile corrections system identifying and meeting the mental health treatment needs of youth during and after their residency?	6
Finding No. 2A	6
Recommendation No. 2A	7
Finding No. 2B.....	7
Recommendation No. 2B	7
Finding No. 2C	7
Recommendation No. 2C	7
Question 3: Are DJJ policies and practices effective in connecting youth with community-based services when they leave DJJ residential settings and return to their communities?.....	8
Finding No. 3A	8
Recommendation No. 3A.....	8
Finding No. 3B.....	9
Recommendation No. 3B	9
Finding No. 3C	10

Recommendation No. 3C	10
Question 4: Is there a methodology in place to accurately determine total annual costs of providing mental health services in JCCs and JDCs?	10
Finding No. 4	10
Recommendation No. 4	10
Exhibit 1: Management's Response	1

Executive Summary

The Office of the State Inspector General (OSIG) conducted a review of the mental health services provided in the Virginia Juvenile Correctional Centers (JCCs) and Juvenile Detention Centers (JDCs) pursuant to Code of Virginia (Code) § [2.2-309.1\(B\)\[1\]\[2\]](#). The review included an evaluation of services provided by the 23 Community Service Boards and one Behavioral Health Authority, collectively referred to as CSBs, receiving state funding to provide mental health services in JDCs.

OSIG initiated this review in order to understand how JCCs, JDCs, and CSBs are identifying and addressing the needs of youth with mental illness. The review was undertaken with full understanding that the primary mission for JCCs and JDCs is the monitoring and safety of the youth under their care. OSIG recognizes that while JCCs have dedicated behavioral health staff to support youth, almost all JDCs are fully dependent on CSBs staff for mental health services.

Overall, OSIG found that JDCs and JCCs were operating in accordance with current clinical standards relevant to identification and engagement of youth offenders with mental health treatment needs, and all CSBs funded to provide mental health services in JDCs were doing so in some manner. However, OSIG did identify several areas where identification and engagement practices could be improved:

- A. OSIG found significant variation in individual policies and practices making it difficult to determine if JCCs and JDCs are uniformly able to identify and engage all youth with mental health services needs in treatment services.
- B. The availability of CSBs staff to youth in JDCs varies, making it difficult to state with certainty that services are successful in identifying and meeting the mental health treatment needs of youth during their residency and post discharge.
- C. Variation in assessment tools utilized makes it difficult to state with confidence that all youth with mental health issues are identified and treated consistently.
- D. The DJJ Behavioral Services Unit (BSU) staff have developed documentation practices that are not properly aligned with regulatory or licensing requirements, creating risks to themselves as practitioners and the residents.
- E. Youth are not consistently accessing mental health services recommended in their Mental Health Services Transition Plans (MHSTPs) in a timely manner due to a combination of lack of service availability and/or lack of timely and available payment sources.
- F. The current MHSTP process does not include a strategy for engaging family members of youth that have been identified as having mental health treatment needs during their residency in Post-Dispositional JDCs or JCCs.
- G. There is currently no process in place to determine the total annual costs of providing mental health services in JDCs and JCCs, nor for reviewing and analyzing those costs relevant to outcomes.

Authority, Focus and Scope of the Review

The OSIG Behavioral Health and Developmental Services (BHDS) division, pursuant to the Code of Virginia (Code) § [2.2-309.1\(B\)\[1\]\[2\]](#), conducted a review of the mental health services provided by the DJJ in three JCCs and 24 locally operated JDCs.¹ The process included a review of services provided by the 23 CSBs receiving state general funds to provide mental health services in the JDCs.

OSIG initiated this review with full understanding that the primary mission and vision of the DJJ, as found on its website, is to protect, “the public by preparing court-involved youth to be successful citizens” and to provide, “effective interventions that improve the lives of youth, strengthening both families and communities within the Commonwealth.”

In the June 2014 Juvenile Justice Bulletin, the U.S. Department of Justice (DOJ) reported that the juvenile offender population has a disproportionately higher rate of diagnosable behavioral health (mental health and substance abuse) disorders compared with the general youth population. Estimates suggest that 50 to 70 percent of juvenile offenders have a diagnosable mental health disorder, compared with nine to 13 percent of youth in the general population.² The risks for not addressing mental health issues in this population include the risk of re-offending, added costs to criminal justice agencies and victims, serious and long-term negative effects on confined youth, and increased risk for aggression and victimization inside facilities. The purpose of this review was to understand how DJJ addresses the challenges of serving youth with mental health needs in their charge.

During the course of the review, the OSIG BHDS researched and reviewed relevant policies, procedures, reports, and data. Site visits to each of the three JCCs in existence at the time and 24 JDCs were performed as well as surveys and interviews with CSBs, DJJ, and Court Service Units (CSUs) staff.

The review focused on answering the following four questions relevant to identification and engagement of residents with mental health needs, service provision, follow-up care, and costs:

- A. Do current regulatory standards for JCCs and JDCs lead to policies and practices that support consistent identification and engagement of youth with mental health service needs in treatment services?
- B. Are the services provided by DJJ, CSBs, or private providers identifying and meeting the mental health needs of youth during their residency?
- C. Are DJJ policies and practices effective in connecting youth with community-based services when they leave DJJ residential settings and return to their communities?
- D. Is there a methodology in place to accurately determine total annual costs of providing mental health services in JCCs and JDCs?

¹ At the time of this review, DJJ operated three JCCs including a Reception and Diagnostic Center, which has since closed.

² U.S. Department of Justice, Office of Juvenile Justice and Delinquency Programs
<http://ojjdp.gov/pubs/242440.pdf>.

Background

The 2014 OSIG report, [A Review of Mental Health Services in Local and Regional Jails](#), emphasized the importance of recognizing the Virginia public mental health system as being more extensive than the facilities operated by the Department of Behavioral Health and Developmental Services (DBHDS) and the 40 CSBs that provide community-based services. At the time of that report, Virginia's jails were one of the Commonwealth's largest providers of mental health services for adults. It was concluded a similar assessment was needed to determine if the same was true for youth served by DJJ and to gain an understanding of how Virginia's DJJ system is addressing the challenges of serving youth with mental health needs.

Virginia Juvenile Justice and Mental Health Interface

The Commonwealth has created laws and administrative standards and appropriated targeted state general funds to help identify and address the mental health needs of youth that enter local or state juvenile justice secure residential programs. These laws, standards, and appropriations convey responsibility to local and state operated entities to (1) identify youth in need of services, (2) engage them in services and supports, and (3) maintain continuity of care when those youth return to their homes and communities. The roles and responsibilities of each entity are summarized below.

COURT SERVICE UNITS

Each of the 34 locally or state-operated CSUs provides services to the Juvenile and Domestic Relations District Courts. Services vary between locations and include intake, investigations and reports, probation, parole, and case management. The CSU provides an essential role in implementing MHSTPs developed during a youth's residency in a JDC that operates a Post-D program or residency in any JCC.

MHSTPs are collaborative plans developed by the resident, clinical staff, family and community providers as required by Code § [16.1-293.1](#) and are designed to ensure continuity of services relevant to mental health, substance abuse, or other therapeutic need. The plan is required to be in writing and responsible agencies are required to make referrals specified in the plan prior to the resident's release.

JUVENILE CORRECTIONAL CENTERS

JCCs are secure facilities operated by DJJ where care is provided 24 hours a day to committed youth. Residents are placed either at the Beaumont JCC or the Bon Air JCC. Following the closure of the Reception and Diagnostic Center (RDC), the JCCs now operate intake units where mental health screenings are completed on new residents.

The Virginia Administrative Code [6VAC35](#) states that JCCs are responsible for juveniles committed to DJJ, ensuring that they receive treatment and educational services while in a safe and secure

setting. Services provided in JCCs include supervision, education, treatment services, recreational services, and a variety of special programs.

In JCCs treatment programs, casework staff provide oversight of treatment planning, facilitate aftercare arrangements, and operate psycho-educational groups. They are responsible for ensuring that all needed services (including mental health, substance abuse, sex offender, aggression management, and independent living skills development) are available for residents as their needs indicate, and along with CSU staff, they act as liaisons between facilities, re-entry programs, and administrative offices.

JUVENILE DETENTION CENTERS

The 24 JDCs, also known as homes or centers, are community-based residential facilities that provide temporary care for youth requiring secure custody pending court disposition or for those found guilty of an offense. Although JDCs are operated by the local jurisdiction, DJJ is the regulatory agency that ensures the facilities are being operated within state regulations. Virginia has made efforts to advance the therapeutic detention model. To that end, JDC residents receive medical and mental health screening upon admission. Additionally, Code § [16.1-293.1](#) requires JDCs with six month Post-D programs and JCCs to aid youth who have received mental health services in their transition back to their communities. Code § [16.1-248.2](#) requires each of the 24 JDCs screen for mental health treatment needs at admission, and when indicated, arrange for a more extensive mental health assessment to be performed by the local CSBs. Treatment services are coordinated by the JDCs, CSUs, local mental health and social service agencies, and the juvenile's family when possible. These services are individualized to meet the specific needs of each resident. Post-Dispositional (Post-D) Detention Programs were established in 1985 as therapeutic programs that confine youth up to 6 months in a JDC and provide the court an alternative to committing youth to DJJ. Some Post-D programs may include an additional six months of aftercare the resident must complete post confinement. Services are designed to address mental health, substance abuse and other issues such as anger management, coping skills, decision making, moral reasoning, and identifying and setting boundaries.

BEHAVIORAL SERVICES UNIT

The DJJ BSU conducts comprehensive evaluations for each newly admitted JCC youth, provides 24-hour crisis intervention, individual, group, and family therapy to residents of the JCCs, and participates in development of the MHSTP. The primary services provided by BSU staff include treatment for mental health, substance abuse, sex offences, and aggression management, as well as psychological and risk assessments. The capacity for full-time, on-site mental health expertise distinguishes JCCs from most JDCs.

During the spring 2015 OSIG visit to JCC sites, the BSU had only 10 of 19 staff positions filled. Follow up with the DJJ confirmed that fifteen of the 48 BSU direct care positions were vacant at that time, a 31 percent vacancy rate.

COMMUNITY SERVICES BOARDS/BEHAVIORAL HEALTH AUTHORITY

The 40 CSBs are the points of entry into the publicly funded system of services for mental health, intellectual disability, and substance abuse in Virginia. CSBs are funded in part by monies conveyed through DBHDS and managed through a performance contract. Beginning in FY 2007, the General Assembly included specific grants to localities in the DBHDS appropriation for CSBs to provide mental health services to youth in local detention centers. This funding initiative was largely a recognition of the need to provide a funding stream to support the CSBs role in the required mental health assessment process, as detailed in Code § [16.1-248.2](#). Currently, 23 of the 40 CSBs receive state funds to provide on-site mental health services in the JDCs.

Methodology

The OSIG BHDS division reviewed relevant policies, documents, reports, and data during this review. OSIG staff also conducted site visits at the RDC and JCCs. Additionally, surveys were conducted with the executive directors of 23 CSBs and administrators of 35 CSUs. Specific activities included:

- Review of regulations that relate directly to care of youth or training of staff in the JDCs and JCCs. Of the 117 regulatory standards in the Virginia Administrative Code relevant to the operation of JDCs, 25 standards related to mental health care. Of the 123 regulatory standards in the Virginia Administrative Code relevant to the operation of JCCs, 37 regulatory standards related to mental health care.
- Review of selected intake records to determine if screening for mental health treatment needs was occurring.
- Review of selected records of youth with mental illness to determine if screenings and assessments were conducted and that treatment needs were identified and addressed.
- Interviews of JCCs and JDCs leadership regarding mental health treatment needs for youth in their individual settings and to obtain their perspective on the quality and challenges of providing services.
- Surveys of the CSBs receiving funds through grants to localities to provide services in JDCs to determine funding application, number of staff allocated to serve this population, tasks they perform, and number of youth served.
- Surveys of 35 CSU administrators to obtain their unique perspectives on the Mental Health Services Transition Process (MHSTP).
- Attempt to determine the direct costs for providing mental health care in JDCs by performing the following:
 - Reviewed DBHDS data regarding grants to localities for the provision of mental health services in JDCs.
 - Surveyed CSBs leadership to obtain data relevant to funding for mental health positions in support of the JDCs.
 - Interviewed JDCs leadership to ascertain the current system, if any, used to measure and manage costs associated with providing mental health services to residents.
 - Reviewed JDCs annual expenditure reports.

Review Results

Question 1: Do current regulatory standards for JCCs and JDCs lead to policies and practices that support consistent identification and engagement of youth with mental health service needs in treatment services?

FINDING NO. 1

Following a review of the regulatory standards in the Virginia Administrative Code that address the operation of JCCs and JDCs and comparing them to policies and procedures in the same settings, OSIG concludes that all JCCs and JDCs have policies and practices that reach beyond the scope of regulatory standards relevant to identification and engagement of youth with mental health needs in treatment. OSIG found significant variation in individual policies and practices making it difficult to determine if JDCs are uniformly able to identify and engage all youth with mental health services needs in treatment services or if there are a number of youth with mental health service needs who are neither identified nor engaged and are left untreated to return to their communities much as they left, missing a significant opportunity. The question regarding the impact of this variation on specific outcomes was beyond the scope of this review.

RECOMMENDATION NO. 1

DJJ staff should work with staff from JCCs, JDCs, and CSBs to review current policies and procedures for identification and engagement of youth with mental health services needs and make revisions that will ensure that youth mental health service needs are uniformly identified and engaged in treatment.

Question 2: Are the services provided by Virginia's juvenile corrections system identifying and meeting the mental health treatment needs of youth during and after their residency?

FINDING NO. 2A

The identification, engagement, and provision of mental health services to youth with mental health needs in Virginia's juvenile corrections system is the joint responsibility of CSBs, DJJ, and JDC staff. In addition to variation found in policies and practices, CSBs availability in JDCs varies significantly in terms of total number of staff hours, type of staff provided, number of hours staff are on site, the array and intensity of services provided, and the extent of staff engagement with residents. This variation in the current system makes it difficult to state with certainty that services are successful in identifying and meeting the mental health treatment needs of youth during their residency and post

discharge.

RECOMMENDATION NO. 2A

DJJ, CSBs, and JDC staff (over which DJJ has regulatory oversight) should work jointly to review the current structure of Virginia's juvenile corrections system, identifying uniform expectations relevant to CSBs staff time allocated to serve residents, defined engagement activities, and the responsibilities of the various programs in linking youth with recommended community-based services.

FINDING NO. 2B

OSIG found that although all settings are utilizing the Massachusetts Youth Screening Instrument (MAYSI-2), there is wide variation in the interpretation of results of the instrument and treatment approaches utilized in JDCs. This variation in interpretation of the MAYSI-2 leads to variation in the decisions made on what residents are referred for mental health assessments and what residents are never assessed. This outcome makes it difficult to state with confidence that all youth with mental health issues are identified and treated consistently. In advance of Virginia JCCs adopting the community treatment model portions of the Missouri Youth Services Institute processes (a project currently under way) or implementing a single electronic health record, the use of a consistent set of tools will make identification and engagement of residents as well as data collection and analysis more consistent and reliable.

RECOMMENDATION NO. 2B

DJJ, in partnership with JDCs and CSBs, should review mental health screening and assessment tools currently used in Virginia and other states and come to a consensus on screening and assessment tools to be utilized.

FINDING NO. 2C

During an onsite visit OSIG observed that DJJ BSU staff have developed documentation practices that are not properly aligned with Virginia Department of Human Resources Management (DHRM) policy, standards of practice, etc., creating risks to themselves as practitioners, and to the agency. At the time of observation, it was reported to OSIG that it is common practice to document dates of assessment completion in accordance with policy requirements as opposed to the actual date of completion.

RECOMMENDATION NO. 2C

All DJJ BSU staff should be educated regarding documentation requirements and risks of documenting assessment completion dates according to policy requirements versus actual dates of completion. BSU staff should also develop a system of concurrent chart reviews to facilitate full compliance with documentation standards.

Question 3: Are DJJ policies and practices effective in connecting youth with community-based services when they leave DJJ residential settings and return to their communities?

A review of discharge records showed that MHSTPs were developed prior to release in all but one instance. Plans included documentation of treatment needs and participation of appropriate agencies or family members.

OSIG found that only 52 percent of records consistently contained evidence that agencies assisted in applying for insurance and other services identified in the plan as required by the Code § [16.1-293.1.C](#). Only 79 percent of records reviewed possessed evidence that confirmed information related to medications to be continued in the community was provided to the legal guardian or legally authorized representative.

Interviews with JDCs administrators confirmed a significant degree of support for serving the mental health needs of residents and a desire for greater resources to serve these youth. Leadership also emphasized the need for additional mental health training for all staff and several noted they are actively seeking mental health experience when hiring new staff. Administrators also expressed concern over lack of availability or access to prescribed services upon a resident's release. One third of the administrators voiced concern that the current behavioral health system lacked an inpatient forensic level of care for youth. This level of care is not currently being met by the DJJ system or DBHDS' Commonwealth Center for Children and Adolescents (CCCA), the only state operated hospital serving youth with mental health needs.

FINDING NO. 3A

OSIG found that there continues to be a population of youthful offenders for whom there lacks an adequate, designated program for the mental health treatment of youth involved in the DJJ system as there is for adults involved in the Department of Corrections (DOC). The development and funding of such a program must be based upon an accurate picture of current needs, structure, and available services and be designed by relevant stakeholders. Once operational, the program must have a robust system of outcome data collection in order to facilitate quality and performance improvement.

RECOMMENDATION NO. 3A

DJJ, DBHDS, and the Virginia Juvenile Detention Association should partner to develop an assessment of the needs, structure, risks, and outcomes of the current system for forensically involved youth with mental health service needs. That assessment should be used to identify future program needs for youth offenders with mental health services needs in the Commonwealth and to facilitate discussions regarding funding and development.

Of the CSU administrators who responded to a survey to obtain their unique perspectives on the MHSTP, the following impressions were noted:

- Ten of 32 (31.3%) reported that over the past five years the number of MHSTPs received from Post-D programs or JCCs was *higher or much higher*.
- Seven of 32 (21.9%) reported that the seriousness of mental health treatment needs was *much higher* now than five years ago.
- Nine of 32 (28.1%) indicated that the greatest barrier to successful implementation of the MHSTP is recommended services not being available.
- “Resistance of youth” (21.9%) and “resistance of family” (18.8%) were the second and third most common barriers reported.
- Medicaid was identified as the most common source of funding for recommended mental health services and DJJ Transitional Service Funds were the next most common.
- Twenty-five of 32 (78.1%) reported CSBs participation in MHSTP meetings was *good or very good*.

When asked to identify strengths of the MHSTP process, CSU administrators most frequently highlighted cross-agency collaboration and communication. When identifying weaknesses, the responses were more varied, but 24 percent (23 of 96) identified the inability to access treatment or resources as a weakness. Challenges in engaging youth or family and funding for community programs were also frequently referenced.

The survey emphasis on the lack of service availability is a significant concern as the MHSTP process is intended to assure continuity of care. MHSTPs developed should optimally recommend services that are known to exist in the community of residency.

The delay in reactivating Medicaid was also cited by CSUs administrators as a barrier to youth accessing mental health services recommended in MHSTPs. In the report on mental health services in local and regional jails, OSIG noted that federal regulations do not require states to terminate Medicaid enrollment of those who become inmates of a public institution; rather, states have the option to suspend eligibility saving individuals up to 90 days for a new application to be processed. This distinction is important for youth with mental health treatment needs, since the average length of residency in a JDC is four and a half months for those in a Post-D program with services.

FINDING NO. 3B

Youth are not consistently accessing mental health services recommended in their MHSTPs in a timely manner due to a combination of lack of service availability and/or lack of timely and available funding for the services. In both instances, the break in continuity of care creates a risk of disengagement for youth and families.

RECOMMENDATION NO. 3B

DJJ should partner with DBHDS, CSBs, and the Virginia Department of Medical Assistance

Review of Mental Health Services in the Juvenile Correctional Centers and Juvenile Detention Centers

Services (DMAS) and identify the root causes leading to the inability to access needed mental health services for youth leaving DJJ or JDC residential settings, and develop plans for mitigating those risks or addressing them directly through legislative, policy, or operational changes as appropriate.

FINDING NO. 3C

The current MHSTP process does not include a strategy for engaging family members or supports of youth that have been identified as having mental health treatment needs during their residency in Post-D JDCs or JCCs.

RECOMMENDATION NO. 3C

DJJ JDCs and CSBs staff should develop and implement written procedures for engaging family members and supports of youth receiving mental health services in Post- D JDCs and JCCs in order to optimize each youth's likelihood of following their MHSTP after discharge. These procedures should outline processes for addressing economic and cultural challenges, mental health education needs, mental health recovery, and Trauma Informed Care principles at a minimum.

Question 4: Is there a methodology in place to accurately determine total annual costs of providing mental health services in JCCs and JDCs?

According to DJJ's FY 2014 Data Resource Guide, the Commonwealth of Virginia invested \$33.5 million to support operation of the 24 JDCs and \$78.1 million to operate the three JCCs in existence at the time. The guide also reported 76.8 percent of residents have mental health treatment needs. Additionally, DBHDS allocates more than \$2.9 million to 23 CSBs to provide mental health services to youth residing in JDCs. These figures do not include the investment of local dollars, CSBs general fund dollars, contract costs, psychiatric costs, etc. In reviewing data provided by CSBs there is significant variation in the number of staff allocated to serve residents in JDCs impacting the number of youth able to be served. Although it is possible to obtain the direct staffing and pharmacy costs for mental health services, there is no current process in place to determine the total annual costs of providing mental health care in both settings, nor for reviewing and analyzing costs relevant to outcomes.

FINDING NO. 4

There is currently no process in place to determine the total annual costs of providing mental health services in JDCs, nor for reviewing or analyzing those costs relevant to outcomes.

RECOMMENDATION NO. 4

DJJ should develop a process for tracking and reporting the annual total direct costs of providing mental health services to youth in JDCs and JCCs settings, as well as a process for reviewing and analyzing costs relevant to outcomes.

Exhibit 1: Management's Response



COMMONWEALTH of VIRGINIA

Office of the Governor

Brian J. Moran
Secretary of Public Safety
and Homeland Security

November 18, 2015



June W. Jennings
State Inspector General
Office of the State Inspector General
James Monroe Building
101 North 14th Street, 7th Floor
Richmond, Virginia 23219

Dear Ms. Jennings,

The Office of the State Inspector General (OSIG) recently conducted a review, pursuant to the Code of Virginia § 2.2-309.1, of mental health services provided in the Juvenile Correctional Centers (JCCs) and Juvenile Detention Centers (JDCs). The review included an evaluation of services provided by the 23 Community Service Boards and one Behavioral Health Authority, collectively referred to as CSBs, receiving state funding to provide mental health services in JDCs. The OSIG submitted a draft of the report to the Department of Juvenile Justice (DJJ) for informal comment in September. DJJ staff met with OSIG staff to clarify a number of issues and also provided an informal written critique of that draft report.

By letter dated October 20, 2015, you submitted a second draft report and requested formal written comments. Attached, please find a memorandum addressed to me and submitted by DJJ containing their formal written comments about your report.

In conclusion, I sincerely thank you for your work and the opportunity to provide formal written comments.

Sincerely,

A handwritten signature in blue ink, appearing to read "Brian Moran".

Brian Moran
Secretary of Public Safety
and Homeland Security

C: Andrew K. Block, Director, Department of Juvenile Justice

Review of Mental Health Services in the Juvenile Correctional Centers and
Juvenile Detention Centers

Andrew K. Block, Jr.
Director

COMMONWEALTH OF VIRGINIA
Department of Juvenile Justice

November 9, 2015

TO: The Honorable Brian Moran, Secretary of Public Safety and Homeland Security
The Honorable Victoria Cochran, Deputy Secretary of Public Safety and Homeland Security

FROM: Andrew K. Block, Jr.

SUBJECT: Office of the State Inspector General's Review of Mental Health Services in the Juvenile Correctional Centers and Juvenile Detention Centers

Background: The Office of the State Inspector General (OSIG) recently conducted a review, pursuant to [§ 2.2-309.1](#) of the Code of Virginia, of mental health services provided in the Juvenile Correctional Centers (JCCs) and Juvenile Detention Centers (JDCs). The review included an evaluation of services provided by the 23 Community Service Boards and one Behavioral Health Authority, collectively referred to as CSBs, receiving state funding to provide mental health services in JDCs. The OSIG submitted a draft of the report to the Department of Juvenile Justice (DJJ) for informal comment in September. DJJ staff met with OSIG staff to clarify a number of issues and also provided an informal written critique of the draft report. Many of DJJ's recommendations were technical in nature; however, some were substantive. The informal draft response is attached for your review. The OSIG has now submitted a second draft for comment.

During the course of the review, the OSIG researched and reviewed relevant policies, procedures, reports, and data. Site visits to each of the three JCCs in existence at the time and 24 JDCs were performed, as well as surveys and interviews with CSBs, DJJ, and Court Service Unit (CSU) staff. The review focused on answering the following four questions relevant to identification and engagement of residents with mental health needs, service provision, follow-up care, and costs:

1. Do current regulatory standards for JCCs and JDCs lead to policies and practices that support consistent identification and engagement of youth with mental health service needs in treatment services?
2. Are the services provided by DJJ, CSBs, or private providers identifying and meeting the mental health needs of youth during their residency?
3. Are DJJ policies and practices effective in connecting youth with community-based services when they leave DJJ residential settings and return to their communities?
4. Is there a methodology in place to accurately determine total annual costs of providing mental health services in JCCs and JDCs?

Below, please find DJJ's comments concerning the findings made.

Review of Mental Health Services in the Juvenile Correctional Centers and
Juvenile Detention Centers

- **Finding A:** OSIG found significant variation in individual policies and practices making it difficult to determine if JCCs and JDCs are uniformly able to identify and engage all youth with mental health services needs in treatment services.

OSIG Recommendation No. 1: DJJ staff should work with staff from JCCs, JDCs, and CSBs to review current policies and procedures for identification and engagement of youth with mental health services needs and make revisions that will ensure that youth mental health service needs are uniformly identified and engaged in treatment.

DJJ Comment: DJJ agrees with the intent. The individual policies and practices for the identification and the provision of mental health services in the JCCs are consistent and driven by the Code of Virginia and the Administrative Code.¹ BSU conducts comprehensive psychological evaluations of all juveniles committed to DJJ. At each facility, BSU provides 24-hour crisis intervention; individual, group, and family therapy; mental status evaluations; case consultations and development of individualized behavior support protocols; program development and implementation; and staff training. JCCs have ISU beds for juveniles whose mental health needs do not allow them to function effectively in the general population of the facilities. Risk assessments are completed for all serious and major offenders when they are considered for release.

The Code of Virginia requires JDCs to ascertain a juvenile's need for mental health services at the time of intake.² If it is determined that the juvenile needs such an assessment, the assessment shall take place within twenty-four hours of such determination. The community services board serving the jurisdiction where the facility is located is responsible for conducting the assessment. However, the Code of Virginia is silent about who is responsible for the provision of the mental health services. Given that JDCs and CSBs are locally operated, the practices vary across the Commonwealth. DJJ agrees with the intent of promoting consistency and uniformity across jurisdictions, but that may require a change to the Code of Virginia to effectuate.

- **Finding B:** The report states that, "The availability of CSBs staff to youth in Virginia DJJ facilities varies, making it difficult to state with certainty that services from DJJ and CSBs are successful in identifying and meeting the mental health treatment needs of youth during their residency."

OSIG Recommendation No. 2A: DJJ and CSBs staff should work jointly to review the current structure of CSBs involvement in DJJ programs, identifying uniform expectations relevant to CSBs staff time allocated to serve DJJ residents, defined engagement activities, and the responsibilities of DJJ and CSBs staff in linking youth with recommended community-based services.

DJJ Comment: DJJ agrees with the intent. CSB staff do not provide services to youth while the youth are in the JCCs. DJJ proposes editing Finding B to state that the availability of CSB services to youth following their release from a JCC varies across the Commonwealth. CSB services for a youth released from a JCC back to his home community do vary across the Commonwealth. DJJ agrees with promoting greater cooperation and working jointly with CSBs.

- **Finding C:** Variation in assessment tools utilized makes it difficult to state with confidence that all youth with mental health issues are identified and treated consistently.

¹ See §§66-18, 66-19, and 66-20 of the Code of Virginia.

² See §16.1-248.2 of the Code of Virginia.

Review of Mental Health Services in the Juvenile Correctional Centers and
Juvenile Detention Centers

OSIG Recommendation No. 2B: DJJ, in partnership with JDCs and CSBs, should review mental health screening and assessment tools currently used in Virginia and other states and come to a consensus on screening and assessment tools to be utilized.

DJJ Comment: DJJ agrees.

- **Finding D:** The DJJ Behavioral Services Unit (BSU) staff have developed documentation practices that are not properly aligned with regulatory or licensing requirements, creating risks to themselves as practitioners and the residents.

OSIG Recommendation No. 2C: All DJJ BSU staff should be educated regarding documentation requirements and risks of documenting assessment completion dates according to policy requirements versus actual dates of completion. BSU staff should also develop a system of concurrent chart reviews to facilitate full compliance with documentation standards.

DJJ Comment: DJJ disagrees. The BSU documentation practices are consistent with regulatory and licensing requirements for all of its practitioners. DJJ is not aware of any regulatory and licensing requirements with which DJJ practitioners are not in compliance. DJJ believes that actual practice mirrors procedural requirements. BSU staff date documents effective the day of their completion.

- **Finding E:** Youth are not consistently accessing mental health services recommended in their Mental Health Services Transition Plans (MHSTPs) in a timely manner due to a combination of lack of service availability and/or lack of timely and available payment sources.

OSIG Recommendation No. 3A: DJJ, DBHDS, and the Virginia Juvenile Detention Association should partner to develop an assessment of the needs, structure, risks, and outcomes of the current system for forensically involved youth with mental health service needs. That assessment should be used to identify future program needs for youth offenders with mental health services needs in the Commonwealth and to facilitate discussions regarding funding and development.

Recommendation No. 3B: DJJ should partner with DBHDS, CSBs, and the Virginia Department of Medical Assistance Services (DMAS) and identify the root causes leading to the inability to access needed mental health services for youth leaving DJJ or JDC residential settings, and develop plans for mitigating those risks or addressing them directly through legislative, policy, or operational changes as appropriate.

DJJ Comment: DJJ agrees. Practices and the provision of services vary across the Commonwealth. The Code of Virginia required DJJ, in consultation with the Department of Behavioral Health and Developmental Services (DBHDS), to develop a regulatory process for development of the MHSTPs. The process for developing the plan is in place. The MHSTP must be in writing and completed before release from commitment to a JCC or placement in a post-dispositional detention program. The MHSTP shall identify the mental health, substance abuse, or other therapeutic needs of the person being released. Appropriate treatment providers and other persons from state and local agencies or entities shall participate in the development of the plan. Appropriate family members, caregivers, or other persons shall be invited to participate in the development of the person's plan. However, the Code of Virginia and the Virginia Administrative Code are silent concerning the provision of the identified mental health needs. Therefore, practices and the provision of treatment services vary across the Commonwealth. As the report suggests, promoting uniformity and consistency of service provision may require changes to the Code of Virginia.

- **Finding F:** The current MHSTP process does not include a strategy for engaging family members of youth that have been identified as having mental health treatment needs during their residency in Post-Dispositional JDCs or JCCs.

Recommendation No. 3C: DJJ, JDCs, and CSBs staff should develop and implement written procedures for engaging family members and supports of youth receiving mental health services in Post- D JDCs and JCCs in order to optimize each youth's likelihood of following their MHSTP after discharge. These procedures should outline processes for addressing economic and cultural challenges, mental health education needs, mental health recovery, and Trauma Informed Care principles at a minimum.

DJJ Comment: DJJ agrees. Family engagement is an integral component for the successful development and implementation of the MHSTP. The regulations governing the MHSTP process require inviting the parents to participate, but does not require participation.³ The family assessment and planning team process provides for family participation in all aspects of assessment, planning and implementation of services.⁴

- **Finding G:** There is currently no process in place to determine the total annual costs of providing mental health services in JDCs and JCCs, nor for reviewing and analyzing those costs relevant to outcomes.

OSIG Recommendation No. 4: DJJ should develop a process for tracking and reporting the annual total direct costs of providing mental health services to youth in JDCs and JCCs settings, as well as a process for reviewing and analyzing costs relevant to outcomes.

DJJ Comment: DJJ agrees in part and disagrees in part. DJJ agrees that there is currently no process in place to determine the total annual costs of providing mental health services in JDCs and JCCs, nor for reviewing and analyzing those costs relevant to outcomes. However, there is a process for DJJ to track its own expenditures and staffing at the JCCs, but DJJ does not track the expenditures and staffing issues in the JDCs. To effectuate this recommendation may require a change to the Code of Virginia.

DJJ tracks its staffing and budget expenditures. For example, in FY2014, DJJ spent a total of \$7.4 million for treatment for the residents in the JCCs.⁵ DJJ spent \$3.1 million for treatment services at Beaumont JCC, \$2.6 million at Bon Air JCC, \$1.3 million at Culpeper (now closed), and \$300,000 at the Reception and Diagnostic Center (RDC, now closed). Currently, DJJ has 51 funded BSU positions with 34 of those positions filled at Bon Air JCC and Beaumont JCC. Positions include Treatment Directors, Psychologist Supervisors, Psychologist Seniors, Therapist Supervisors, Therapists, Substance Abuse Treatment Providers, Clinical Social Workers, and Support Staff.

DJJ's BSU is responsible for providing clinical treatment services to juveniles committed to a JCC. Multidisciplinary treatment teams consisting of mental health professionals, counselors, and security staff provide aggression management treatment. All JCC treatment programs use a therapeutic milieu concept, embracing the notion that the social environment can be therapeutic, and are therefore provided in the form of group treatment sessions to enhance the effects of therapy. If the juvenile remains in the general population, he or she receives treatment in groups with residents from other units. Juveniles are

³ See, 6VAC35-180-120.

⁴ See, §2.2-5208 of the Code of Virginia.

⁵ This amount does not include the costs associated with security staff.

typically placed in treatment units according to their treatment need, release date, wait list status, and educational status.

DJJ agrees with the report's finding about reviewing and analyzing those costs relevant to outcomes. It is important to note that a substantial proportion of the JCC residents have the significant chance of reoffending, absent effective interventions. DJJ agrees with the underlying premise of the importance of identifying effective interventions for serious juvenile offenders, especially those in secure residential settings.