

Tyren Frazier
Michael N. Herring
David R. Hines
Scott Kizner
Robyn Diehl McDougle
Quwanisha Hines Roman
Dana G. Schrad
Robert Vilchez
Jennifer Woolard



Post Office Box 1110
Richmond, VA 23218-1110
804.588.3903

COMMONWEALTH of VIRGINIA
Board of Juvenile Justice

BOARD MEETING

September 13, 2017

Main Street Centre, 600 East Main Street, 12th Floor Conference Room South, Richmond, VA 23219

A G E N D A

9:30 a.m. Board Meeting

1. **CALL TO ORDER**
2. **INTRODUCTIONS** (Recognize New Board Members)
3. **ELECTION OF OFFICERS: CHAIR, VICE-CHAIR, AND SECRETARY**
4. **APPROVAL of June 28, 2017, MINUTES** (Pages 3-8)
5. **PUBLIC COMMENT**
6. **DIRECTOR'S CERTIFICATION ACTIONS** (Pages 9-50)
Ken Bailey, Certification Manager, Dept. of Juvenile Justice
7. **OTHER BUSINESS**
 - A. *Regulatory Update -- Kristen Peterson, Regulatory and Policy Coordinator, Dept. of Juvenile Justice (Pages 51-52)*
 - B. *Revisions to the Board of Juvenile Justice Bylaws -- Kristen Peterson, Regulatory and Policy Coordinator, Dept. of Juvenile Justice (Pages 53-59)*
 - C. *Bon Air Campus - Student Government Association*
 - D. *Family Day Review -- Joyce Holmon, Deputy Director of Residential Services, Dept. of Juvenile Justice and Greg Davy, Public Information Officer, Dept. of Juvenile Justice*
8. **DIRECTOR REMARKS AND BOARD COMMENTS**
9. **NEXT MEETING DATE:** November 8, 2017, Main Street Centre, 600 East Main Street, Richmond, 12th Floor, Conference Room South
10. **ADJOURNMENT**

GUIDELINES FOR PUBLIC COMMENT

1. The Board of Juvenile Justice is pleased to receive public comment at each of its regular meetings. In order to allow the Board sufficient time for its other business, the total time allotted to public comment will be limited to thirty (30) minutes at the beginning of the meeting with additional time allotted at the end of the meeting for individuals who have not had a chance to be heard. Speakers will be limited to 3 minutes each with shorter time frames provided at the Chairman's discretion to accommodate large numbers of speakers.
2. Those wishing to speak to the Board are strongly encouraged to contact Wendy Hoffman at 804-588-3903 or wendy.hoffman@djj.virginia.gov three or more business days prior to the meeting. Persons not registered prior to the day of the Board meeting will speak after those who have pre-registered. Normally, speakers will be scheduled in the order that their requests are received. Where issues involving a variety of views are presented before the Board, the Board reserves the right to allocate the time available so as to insure that the Board hears from different points of view on any particular issue. Groups wishing to address a single subject are urged to designate a spokesperson. Speakers are urged to confine their comments to topics relevant to the Board's purview.
3. In order to make the limited time available most effective, speakers are urged to provide multiple written copies of their comments or other material amplifying their views. Please provide at least 15 written copies if you are able.

David R. Hines, Vice Chair
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Robyn Diehl McDougale
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COMMONWEALTH of VIRGINIA

Board of Juvenile Justice

DRAFT MEETING MINUTES

June 28, 2017

Main Street Centre
600 East Main Street, 12th Floor, Conference Room South
Richmond, Virginia 23219

Board Members Present: Heidi Abbott, Karen Cooper-Collins, David Hines, Robyn McDougale, Dana Schrad

Board Members Absent: Tyren Frazier, Michael Herring, Helivi Holland, Jennifer Woolard

Department of Juvenile Justice (Department) Staff Present: Ken Bailey, Jessica Berdichevsky (Attorney General's Office), Andrew "Andy" K. Block, Jr., Valerie Boykin, Katherine Farmer, Lisa Floyd, Daryl Francis, Wendy Hoffman, Lesley Hull, Teresa Moore, Kristen Peterson, Deron Phipps, Romilda Smith, Beth Stinnett, Emily Thomas, Angela Valentine

Guests Present: Erin Fowler (Governor's Fellow), Brian Fuller (York County), Alexa Gotchall (Governor's Fellow), Michelle Justiniano (York County), Sheri Newcomb (York County), Elizabeth Parker (Governor's Fellow), Lashawnda Singleton (Office of the Secretary of the Commonwealth), Kelsey Wilkinson (Governor's Fellow)

CALL TO ORDER

Chairperson Heidi Abbott called the meeting to order at 9:39 a.m.

INTRODUCTIONS

Chairperson Abbott welcomed all who were present and asked for introductions.

APPROVAL of April 26, 2017, MINUTES

The minutes of the April 26, 2017, Board meeting were provided for approval. On MOTION duly made by Robyn McDougale and seconded by Dana Schrad, the Board approved the minutes as presented. Motion carried.

PUBLIC COMMENT PERIOD

There was no public comment.

DIRECTOR'S CERTIFICATION ACTIONS

Ken Bailey, Certification Manager, Department

Included in the Board packet are the individual audit reports and a summary of the Director's certification actions completed on May 31, 2017.

The following programs received 100% compliance on their audits: 8th District Court Service Unit, Northwestern Regional Juvenile Detention Center and Post-dispositional Program, and the Rappahannock Juvenile Detention Center and Post-dispositional Program.

The 7th District Court Service Unit had only one area of non-compliance in its audit, which was immediately corrected.

The 22nd District Court Service Unit had two areas of non-compliance in its audit due to documentation. Both of those issues were immediately corrected.

The Director certified the Foundations Group Home in Fairfax for three years with a status report in September to follow up on medication issues.

The audit for the Northern Virginia Juvenile Detention Home and Post-dispositional Program found ten areas of non-compliance. The certification team completed their follow up visit and Northern Virginia remained non-compliant regarding grievances and log books. The Director certified the program for one year with a monitoring report in September. Northern Virginia has been through several challenges in the past year with a change in administration and illness of administrative staff. A new director has been hired who has a strong background in operating facilities. The certification team is working closely with the new director on the auditing process and the issues found in the last audit.

Sheltercare of Northern Virginia had an excellent audit with one minor deficiency, which has been immediately corrected.

Included in the Board packet is a letter notifying the Department of the City of Charlottesville's Community Attention Group Home closure on June 30, 2017. This requires no action by the Board. The residents of this group home have been moved. The City of Charlottesville hopes to reuse the facility for community based programs.

Chairperson Abbott asked why it closed. Mr. Bailey responded that the closure was due to budgetary reasons.

Director Block further explained that the group home was being underutilized and the City decided to invest the money in detention alternatives and other interventions identified as needed in the community. Director Block believes a number of jurisdictions are experiencing underutilization of group homes. As programs move towards the risk responsivity principle, there is a realization that sometimes youth are put in the wrong place. Many of the group homes were established for lower risk youth, such as youth in the truancy system or in the foster care system. The Department is evaluating on a case-by-case basis whether to put youth in group homes.

The Department's Deputy Director for Community Services, Valerie Boykin, remarked that the data on group homes also does not support good outcomes for youth, particularly if low risk youth are put in congregate care situations where they learn things that are not pro-social in nature and that may keep them in the system longer, rather than pushing them back into the community.

Chairperson Abbott indicated that she has dealt with some youth in foster care who had trouble in public housing and are now in a supervised group home. Although they are considered higher risk youth, they are out of the neighborhood and doing better in a different environment. If group homes are closing, then that door of opportunity will be closed.

The Department's Statewide Program Manager Beth Stinnett responded that there are 18 publicly funded group homes in addition to private group homes in Virginia. As group homes are being used less for lower risk populations, it seems there is more capacity than need overall.

Deputy Director Boykin said that although youth seem to improve when taken out of their neighborhood, reintegrating them back into the community where they encounter the same influences they had before they left can present challenges. The Department is exploring the use of multi-systemic therapeutic foster care, and preliminary data on the program is showing good results for at-risk youth. Virginia does not have the capacity for multi-systemic programs currently, but is looking at new models/services to build into its continuum of services.

VIRGINIA JUVENILE COMMUNITY CRIME CONTROL ACT (VJCCCA) PLAN APPROVAL

Beth Stinnett, Statewide Program Manager, Department

The Department has been administering the VJCCCA program since 2006. It provides funding through a formula grant to all 133 localities across the state that amounts to \$10 million, and with local contributions about \$26 million. VJCCCA supports 350 programs and serves 15,000 youth every year. Typically, the Department comes before the Board every two years to ask for plan approval based on the two-year biennium. However, there are some VJCCCA plans not included in the two-year biennium request, and the localities have made substantial changes to their plans. The Department has five motions to address these areas.

VJCCCA Plan Approval – Motion 1

Last year, the Department recommended that the Board approve the VJCCCA plans of nine localities for one year of the two-year biennium. This approval would allow the Department to continue working with the localities on improvements to their plans. The localities have low-risk youth in high end programs instead of using the risk principle and risk assessments to drive the programming. In addition, the localities failed to meet required benchmarks for a successful completion rate. All nine localities have submitted corrective action plans and program evaluations and have worked actively with Department staff to change their target population and improve their success rate. The Department is recommending that the nine programs that were approved last year for only one year now be approved for the second year of the biennium through June 30, 2018.

Chairperson Abbott asked if the localities were not targeting the correct population.

Ms. Stinnett responded that most of the localities have intensive supervision programs or group homes on their plan but have made adjustments to their target population and the length of stay. The localities have written new program manuals and communicated with local court service units about the types of referrals appropriate for their programs.

On MOTION duly made by Robyn McDougale and seconded by David Hines, the Board of Juvenile Justice approved the VJCCCA plans for Arlington, Falls Church, Frederick, Manassas, Martinsville, Rockingham, Warren, Washington, and York for the 2018 fiscal year. Motion carried.

The second motion (mistakenly labeled Motion 3 in the Board packet) outlines two jurisdictions that want to restructure their plans. Jurisdictions may combine plans. Virginia has 89 combined VJCCCA plans and designates a single fiscal agent to administer the plan. Arlington County and Falls Church have maintained independent plans previously, but beginning this fiscal year want to combine efforts. Both have agreed and identified Arlington County as the fiscal agent for their plan. Likewise, Bland County and Wythe County have agreed to combine plans and have identified Wythe County as the fiscal agent.

On MOTION duly made by Karen Cooper-Collins and seconded by Robyn McDougale, the Board of Juvenile Justice approved the consolidation of the Falls Church and Arlington VJCCCA plans and the identification of Arlington as fiscal agent beginning in the 2018 fiscal year. Motion carried.

On MOTION duly made by Karen Cooper-Collins and seconded by David Hines, the Board of Juvenile Justice approved the consolidation of the Bland County and Wythe County VJCCCA plans and the identification of Wythe as fiscal agent beginning in the 2018 fiscal year. Motion carried.

The fourth motion (mistakenly labeled Motion 5 in the Board packet) is a request for Arlington County to reduce their Maintenance of Effort to match the state allocation in their VJCCCA plan for group homes. This would allow for a decreased local contribution.

The Board asked what is Maintenance of Effort.

Ms. Stinnett responded that at the inception of VJCCCA in 2006, several localities were contributing money toward juvenile justice programming, particularly group homes. It was established that the locality needed to maintain the same level of contributions financially so they would not supplant local money with state money.

On MOTION duly made by Robyn McDougale and seconded by Dana Schrad, the Board of Juvenile Justice approved the reduction of the required Maintenance of Effort for Arlington County to match the state allocation beginning in FY 2018. Motion carried.

In the final motion, four localities made significant adjustments to their two-year VJCCCA plans that have been approved through June 30, 2018.

1. Campbell County started a new program for pro-social skill development using funds reallocated from an underutilized parenting program.

2. The detention home in Charlottesville has closed. Charlottesville is removing the closed detention home from their plan and reallocating funds to community based alternatives.
3. Lynchburg built a new group home and will no longer be using Sparc House and Opportunity House. They are adding this new development to their plan.
4. Norfolk has added a new category of pro-social skills development to their VJCCCA plan.

On MOTION duly made by Karen Cooper-Collins and seconded by David Hines, the Board of Juvenile Justice approved the VJCCCA plan changes for the Campbell, Charlottesville, Lynchburg, and Norfolk VJCCCA plans for the 2018 fiscal year. Motion carried.

VIRGINIA JUVENILE DETENTION ASSOCIATION (VJDA) VARIANCE REQUEST TO 6VAC35-101-200

Kristen Peterson, Regulatory and Policy Coordinator, Department

At the November 14, 2016, Board meeting, the VJDA requested an extension to its variance request to the regulatory requirement in 6VAC35-101-200 that currently mandates that all detention center part-time and relief care staff receive 40 hours of training annually. VJDA submitted this request due to logistical challenges and concerns with coordinating part-time and direct care staff to fulfill the training requirements. At the November 14, 2016, meeting, the Board requested the Department conduct a 50-state study to determine the training requirements for juvenile detention centers in other states. The Department has completed that study, which can be found in the Board packet. Prior to completion of the study, the VJDA submitted a letter requesting that the variance request be withdrawn. The study is now intended for informational purposes.

Ms. Peterson directed the Board's attention to page 75 of the Board packet, which provides a summary of the findings. 31 out of 50 states have annual training requirements of 40 hours or more. Only three states make a distinction between part-time and full-time staff and in those states they allow 20 hours of training for their part-time staff. The vast majority of states require at least 40 hours of training each year.

The Board accepted the variance as withdrawn.

DIRECTOR'S COMMENTS

Andy Block, Director, Department

Graduation ceremonies took place this week (June 26) at Bon Air Juvenile Correctional Center. The Yvonne B. Miller High School graduation was held on Monday and celebrated the 27 students who earned their standard diplomas. One student received an advanced diploma, which was a first for youth in the facility. On Tuesday, June 27, the Department held a graduation ceremony for youth who received GED/Penn Foster diplomas. Today is a graduation program for youth in the Department's post-secondary program who completed college classes or certification programs.

The Department has now fully consolidated the Bon Air Juvenile Correctional Center. Beaumont Juvenile Correctional Center officially closed on June 9. The Department has a skeleton crew onsite performing closeout functions such as inventory and disposal of excess furniture. On September 9, the

closeout process will be completed and the facility will be state property surplus. The Department's Future Planning Group recommended a year to fully close the facility in order to systematically close down and give Beaumont employees an opportunity to find job placements within the Department. The day the Department announced Beaumont's closure, the facility had 374 employees. Between early retirement, other job opportunities, and placements, only five employees from Beaumont are facing lay-offs. The task was not without its challenges. The Department had to hold vacant positions open at Bon Air for Beaumont placements, which made Bon Air understaffed.

The Department is fully consolidated, which allows full-time positions to be offered again without worry about placements from Beaumont. The sizes of the Department's recruiting classes are starting to increase in a significant way since jobs are not temporary. The Department has created a Cadre Unit, which is a floating group of staff who can fill vacant positions and step in when employees are out on disability or training. The Department's goal is to build the Cadre Unit to a maximum of 40 people. The Department will continue to monitor and keep Bon Air fully staffed.

The consolidation was a difficult process with new staff and new residents, all trying to jockey for position. The Department's staffing levels are at the highest they have ever been due to the consolidation and every unit has converted to the community treatment model, which is a huge accomplishment.

The Department has been undergoing transformation long enough to see positive early returns on recidivism rates. Between the ends of Fiscal Year 2015 and Fiscal Year 2016, the Department's six-month re-arrest rate dropped by almost 50%. It is the biggest drop the Department has experienced in a long time.

Director Block recognized Board members Karen Cooper-Collins and Heidi Abbott whose terms on the Board have come to an end. Director Block presented a certificate of appreciation to Karen Cooper-Collins for her service to the Board. Director Block presented a resolution to Heidi Abbott signed by the Governor for her service as chair to the Board for the past four years. Director Block also gave her a quilt from the Beaumont Quilting program.

BOARD COMMENTS

The Board thanked Karen Cooper-Collins and Heidi Abbott for their service.

NEXT MEETING

The next Board meeting is scheduled for September 13, 2017, at the Main Street Centre, 600 East Main Street, Richmond.

ADJOURNMENT

Chairperson Abbott adjourned the meeting at 10:41 a.m.

SUMMARY DEPARTMENT CERTIFICATION ACTIONS

August 2, 2017

Certified the 1st District Court Service Unit for three years.

Pursuant to 6VAC35-20-100C.2, if the certification audit finds the program or facility in less than 100% compliance with all regulatory requirements and a subsequent status report, completed prior to the certification action, finds 100% compliance on all regulatory requirements, the director or designee shall certify the facility for a specific period of time, up to three years.

Certified the 2nd District Court Service Unit for three years.

Pursuant to 6VAC35-20-100C.2, if the certification audit finds the program or facility in less than 100% compliance with all regulatory requirements and a subsequent status report, completed prior to the certification action, finds 100% compliance on all regulatory requirements, the director or designee shall certify the facility for a specific period of time, up to three years.

Certified the 13th District Court Service Unit for three years.

Pursuant to 6VAC35-20-100C.2, if the certification audit finds the program or facility in less than 100% compliance with all regulatory requirements and a subsequent status report, completed prior to the certification action, finds 100% compliance on all regulatory requirements, the director or designee shall certify the facility for a specific period of time, up to three years.

Certified the 23rd District Court Service Unit for three years.

Pursuant to 6VAC35-20-100C.2, if the certification audit finds the program or facility in less than 100% compliance with all regulatory requirements and a subsequent status report, completed prior to the certification action, finds 100% compliance on all regulatory requirements, the director or designee shall certify the facility for a specific period of time, up to three years.

Certified the 28th District Court Service Unit for three years.

Pursuant to 6VAC35-20-100C.2, if the certification audit finds the program or facility in less than 100% compliance with all regulatory requirements and a subsequent status report, completed prior to the certification action, finds 100% compliance on all regulatory requirements, the director or designee shall certify the facility for a specific period of time, up to three years.

Certified the 30th District Court Service Unit for three years.

Pursuant to 6VAC35-20-100C.2, if the certification audit finds the program or facility in less than 100% compliance with all regulatory requirements and a subsequent status report, completed prior to the certification action, finds 100% compliance on all regulatory requirements, the director or designee shall certify the facility for a specific period of time, up to three years.

Certified Crossroads Community Youth Home for three years with a letter of congratulations for 100% compliance.

Pursuant to 6VAC35-20-100C.1, if the certification audit finds the program or facility in 100% compliance with all regulatory requirements, the director or designee shall certify the facility for three years.

Certified Fairfax Boy's Probation House for three years.

Pursuant to 6VAC35-20-100C.2, if the certification audit finds the program or facility in less than 100% compliance with all regulatory requirements and a subsequent status report, completed prior to the certification action, finds 100% compliance on all regulatory requirements, the director or designee shall certify the facility for a specific period of time, up to three years.

SUMMARY DEPARTMENT CERTIFICATION ACTION

Certified Westhaven Boys' Home for three years.

Pursuant to 6VAC35-20-100C.2, if the certification audit finds the program or facility in less than 100% compliance with all regulatory requirements and a subsequent status report, completed prior to the certification action, finds 100% compliance on all regulatory requirements, the director or designee shall certify the facility for a specific period of time, up to three years.

**CERTIFICATION AUDIT REPORT
TO THE
DEPARTMENT OF JUVENILE JUSTICE**

PROGRAM AUDITED:

1st District Court Service Unit
301 Albemarle Drive
Chesapeake, Virginia 23320
(757) 382-8190
Maury B. Brickhouse, Director
maury.brickhouse@djj.virginia.gov

AUDIT DATES:

March 21-22, 2017

CERTIFICATION ANALYST:

Mark Ivey Lewis

CURRENT TERM OF CERTIFICATION:

April 14, 2014 – April 13, 2017

REGULATIONS AUDITED:

6VAC35-150 Regulations for Nonresidential Services Available to Juvenile and Domestic Relations District Courts

PREVIOUS AUDIT FINDINGS – November 13, 2013:

100% Compliance Rating

CURRENT AUDIT FINDINGS – March 22, 2017:

96.36% Compliance Rating

Number of Deficiencies: Three

6VAC35-150-336 (A). Social histories.

6VAC35-150-350 (A). Supervision plans for juveniles.

6VAC35-150-420. Contacts during juvenile's commitment.

RECOMMENDED CERTIFICATION ACTION: Certify the 1st District Court Service Unit for three years.

Pursuant to 6VAC35-20-100C.2, if the certification audit finds the program or facility in less than 100% compliance with all regulatory requirements and a subsequent status report, completed prior to the certification action, finds 100% compliance on all regulatory requirements, the director or designee shall certify the facility for a specific period of time, up to three years.

TEAM MEMBERS:

Mark Ivey Lewis, Team Leader
Clarice Booker, Central Office
Shelia Palmer, Central Office
Deborah Hayes, Central Office
Angie Perrotta, 2nd District CSU-VA Beach
Katherine Grimm, 3rd District CSU-Portsmouth
Tony Craig, 5th District CSU-Suffolk

POPULATION SERVED:

The 1st District Court Service Unit serves the City of Chesapeake.

PROGRAMS AND SERVICES PROVIDED:

The 1st District Court Service Unit provides mandated services including:

- Juvenile Intake
- Probation
- Parole Re-Entry Planning
- Direct Care and Parole Supervision

The 1st District Court Service Unit interacts with the community in obtaining such services as:

- Group Home Program
- Post-Dispositional Detention Program
- In-Home Service Providers
- Substance Abuse Counseling
- Individual and Family Therapy
- Challenge Outreach (Outreach Detention)
- The Violation Intervention Program
- Anger Replacement Therapy
- Sex Offender Treatment Provider
- Shoplifting Groups
- The Juvenile Conference Committee Program
- The Community Service Program
- The Fire Setter's Program
- Community Mental Health

**CORRECTIVE ACTION PLAN
TO THE
DEPARTMENT OF JUVENILE JUSTICE**

FACILITY/PROGRAM: 1st District Court Service Unit (Chesapeake)

SUBMITTED BY: Maury B. Brickhouse, CSU Director

CERTIFICATION AUDIT DATES: March 20-21, 2017

CERTIFICATION ANALYST: Mark Ivey Lewis

Under Planned Corrective Action indicate; 1) The cause of the identified area of non-compliance. 2) The effect on the program. 3) Action that has been taken/will be taken to correct the standard cited. 4) Action that will be taken to ensure that the problem does not recur.

6VAC35-150-336 (A). Social histories.

A. A social history shall be prepared in accordance with approved procedures.

Audit Finding:

Per approved procedures, three of seven social histories reviewed had not been completed within 45 days from the date of adjudication.

Program Response

Cause:

Overlooking the new time frame for submission of Social Histories, as opposed to the court date. The requirement for the Social History is relatively recent and very different from the previous standards.

Effect on Program:

Minimal effects as none of the reports were late for the court hearing.

Planned Corrective Action:

Supervisors will focus on the date the Social History is due for the record. The CSU will use waivers in appropriate cases, Supervisory Notes and The Standards of Conduct when appropriate.

Completion Date:

4/1/2017

Person Responsible:

Maury Brickhouse and Unit Supervisors.

Current Status on May 17, 2017: Compliant

Six applicable social histories reviewed had been completed within 45 days from the date of adjudication.

6VAC35-150-350 (A). Supervision plans for juveniles.

A. To provide for the public safety and address the needs of a juvenile and that juvenile's family, a juvenile shall be supervised according to a written individual supervision plan, developed in accordance with approved procedures and timeframes, that describes the range and nature of field and office contact with the juvenile, with the parents or guardians of the juvenile, and with other agencies or providers providing treatment or services.

Audit Finding:

Five of six applicable case narratives reviewed did not include entries indicating that the case plan had been jointly developed by the probation officer, juvenile and family and/or had been signed by all parties as required by procedure.

Program Response

Cause:

Omission of documentation in BADGE and the case record of the review with the parent and

client.

Effect on Program:

Minimal, as the review generally occurred in the development of the case record, right after disposition. Often there were several dispositions on the same day led to some omissions.

Planned Corrective Action:

Clients will be directed to CSU office after Dispositional Hearing to meet with the Probation Officer to ensure participation in development of the Supervision Plan and the supervisor will confirm the notation at first case review.

Completion Date:

4/1/2017

Person Responsible:

Maury Brickhouse and Unit Supervisors.

Current Status on May 17, 2017: Compliant

Four of four applicable case narratives reviewed all included entries indicating the case plan had been jointly developed by the probation officer, juvenile and had been signed by all parties as required by procedures.

6VAC35-150-420. Contacts during juvenile's commitment.

During the period of a juvenile's commitment, a designated staff person shall make contact with the committed juvenile, the juvenile's parents, guardians, or other custodians, and the treatment staff at the juvenile's direct care placement as required by approved procedures. The procedures shall specify when contact must be face-to-face contact and when contacts may be made by video conferencing or by telephone.

Audit Finding:

Three of four parole case narratives reviewed did not have documentation that a case staffing had been conducted at least once every thirty (30) days by the assigned PO for all level 3 and 4 parole cases.

Program Response

Cause:

Misinterpretation of Standards. The practice of the 1st District CSU was to have meetings monthly which were accomplished, however, not every 30 days. This will be accomplished with minor calendar adjustments for the meeting times.

Effect on Program:

Minor, meetings took place monthly but exceeded 30 days.

Planned Corrective Action:

Better use of calendar.

Completion Date:

4/1/2017

Person Responsible:

Maury Brickhouse and Unit Supervisors.

Current Status on May 17, 2017: Compliant

Seven applicable case narratives reviewed had documentation that a case staffing had been conducted at least once every (30) days by the assigned PO for all level 3 and 4 parole cases.

**CERTIFICATION AUDIT REPORT
TO THE
DEPARTMENT OF JUVENILE JUSTICE**

PROGRAM AUDITED:

2nd District Court Service Unit (Virginia Beach)
2425 Nimmo Parkway, Bldg. 10.A
Virginia Beach, VA 23456
(757) 385-4426
Olympia A. Perkins, Director
olympia.perkins@djj.virginia.gov

AUDIT DATES:

March 6-7, 2017

CERTIFICATION ANALYST:

Shelia L. Palmer

CURRENT TERM OF CERTIFICATION:

March 15, 2014 – March 14, 2017

REGULATIONS AUDITED:

6VAC35-150 Regulations for Nonresidential Services Available to Juvenile and Domestic Relations District Courts

PREVIOUS AUDIT FINDINGS – September 25, 2013

98.2% Compliance Rating

6VAC35-150-300 (B). Predispositionally placed juvenile.

CURRENT AUDIT FINDINGS- March 6-7, 2017

98.2%

Number of Deficiencies: One

6VAC35-150-336 (A). Social histories.

RECOMMENDED CERTIFICATION ACTION: Certify the 2nd District Court Service Unit for three years.

Pursuant to 6VAC35-20-100C.2, if the certification audit finds the program or facility in less than 100% compliance with all regulatory requirements and a subsequent status report, completed prior to the certification action, finds 100% compliance on all regulatory requirements, the director or designee shall certify the facility for a specific period of time, up to three years.

TEAM MEMBERS:

Shelia L. Palmer, Team Leader, Central Office
Clarice Booker, Central Office
Deborah Hayes, Central Office
Mark Lewis, Central Office
Marc Crippen, 3rd District CSU-Portsmouth
Kelly Rummel, 7th District CSU-Newport News

POPULATION SERVED:

The 2nd District Court Service Unit serves the City of Virginia Beach, Virginia.

PROGRAMS AND SERVICES PROVIDED:

- Intake Services
- Investigations and Reports
- Domestic Relations
- Probation and Parole

The Unit interacts with the community in obtaining such services as:

- Tidewater Youth Services Commission
 - Substance Abuse Groups
 - In-Home
 - ART
 - Outreach Detention/Electronic Monitoring
 - Shelter Care

- Department of Human Services
 - Substance Abuse Evaluations and treatment
 - Psychosexual evaluations
 - Sex Offender Treatment

**CORRECTIVE ACTION PLAN
TO THE
DEPARTMENT OF JUVENILE JUSTICE**

FACILITY/PROGRAM: 2nd District Court Service Unit (Virginia Beach)
SUBMITTED BY: Olymphina Perkins, CSU Director
CERTIFICATION AUDIT DATES: March 6-7, 2017
CERTIFICATION ANALYST: Shelia L. Palmer

Under Planned Corrective Action indicate; 1) The cause of the identified area of non-compliance. 2) The effect on the program. 3) Action that has been taken/will be taken to correct the standard cited. 4) Action that will be taken to ensure that the problem does not recur.

6VAC35-150-336 (A). Social histories.

A social history shall be prepared in accordance with approved procedures (9230) Effective 9/14/2016.

Audit Finding:

Cover Sheet

Four of 10 social histories reviewed did not document the age of the juvenile.

Employment and Use of Free Time

Eight of 10 social histories reviewed did not document the juvenile's self-reported career goals in the Employment and Use of Free Time section of the social history. All eight had the information documented in several other sections of the report.

Program Response

Cause:

Lack of careful editing/proofreading by both the social history writer and supervisor. It is the supervisor's responsibility to ensure that the YASI SH adheres to DJJ policies and regulations. This was not done

Effect on Program:

Completed social history documents are out of compliance as required elements are either absent or in the wrong location. Failure to comply with regulations negatively impact the certification results.

Planned Corrective Action

The CSU will provide quarterly refreshers via emails, unit meetings and staff meetings to all social history writers on required elements in the social history and proper responses/completion. Emphasis to be placed on areas of concern and noncompliance cited by the certification team.

Social history writers will be required to complete their own review prior to submission to the supervisor and include the DJJ review checklist. To increase the writer's accountability, reports will be returned to writer if it appears the writer has not proofread the report.

Supervisors will complete the DJJ checklist as part of the review process and attach it to the social history.

The Assessment Unit supervisor will complete a proofreading on-line course before May 1, 2017.

Supervisors and PO seniors will participate in monthly social history audits until 7-1-17. Supervisors and PO seniors will participate in quarterly social history audits from 7-1-17 to 4-1-18. Social histories will be randomly selected by the Director or designee. Results will be shared with staff and Michael Morton.

Completion Date:

April 1, 2018.

Persons Responsible:

Nina Joyner, Assessment Unit Supervisor will ensure compliance with each area of the Corrective Action Plan (CAP). Gloria Bartley, Deputy Director and Mrs. Joyner's supervisor, will monitor Mrs. Joyner's progress implementing the CAP. Olympia Perkins, Director, will ensure that the staff and Mr. Morton are advised of the results of the audits.

Current Status as of May 31, 2017: Compliant

Five of five social histories reviewed contained all the required documentation.

**CERTIFICATION AUDIT REPORT
TO THE
DEPARTMENT OF JUVENILE JUSTICE**

PROGRAM AUDITED:

13th District Court Service Unit
Oliver Hill Courts Building
1600 Oliver Hill Way
Richmond, Virginia 23219
(804) 646-2948
Kimberly D. Russo, Director
kimberly.russo@djj.virginia.gov

AUDIT DATES:

February 8-0, 2017

CERTIFICATION ANALYST:

Clarice T. Booker

CURRENT TERM OF CERTIFICATION:

March 15, 2014 – March 14, 2017

REGULATIONS AUDITED:

6VAC35-150 Regulations for Nonresidential Services Available to Juvenile and Domestic Relations District Courts

PREVIOUS AUDIT FINDINGS – October 31, 2013:

100% Compliance Rating

CURRENT AUDIT FINDINGS – February 9, 2017:

96% Compliance Rating
No repeated deficiencies from previous audit.

Number of Deficiencies: Two

6VAC35-150-336 (B). Social histories.

6VAC35-150-350 (A). Supervision plans for juveniles.

RECOMMENDED CERTIFICATION ACTION: Certify the 13th District Court Service Unit for three years.

Pursuant to 6VAC35-20-100C.2, if the certification audit finds the program or facility in less than 100% compliance with all regulatory requirements and a subsequent status report, completed prior to the certification action, finds 100% compliance on all regulatory requirements, the director or designee shall certify the facility for a specific period of time, up to three years.

TEAM MEMBERS:

Clarice T. Booker, Co-Team Leader
Mark Lewis, Co-Team Leader
Deborah Hayes, Central Office
Tracey King, 11th District CSU-Petersburg
Kathleen Jones, 14th District CSU-Henrico
Kevin Sutton, 12th District CSU-Chesterfield

POPULATION SERVED:

The 13th District Court Service Unit serves the City of Richmond.

PROGRAMS AND SERVICES PROVIDED:

The 13th District Court Service Unit provides mandated services including:

- Intake
- Probation supervision
- Direct care and parole supervision
- Investigative reports

The Unit interacts with the community in obtaining such services as:

- Substance abuse screening
- Out-patient counseling groups
- Anger management
- Sex offender outpatient services
- Mental health and mental disability services
- Psychological, psycho-sexual and psychiatric evaluations
- Medication management
- Multi-systemic therapy
- Surveillance services
- Law related education groups
- Family Ties
- Community service work
- Private in-home counseling
- Post-Dispositional Detention Program

**CORRECTIVE ACTION PLAN
TO THE
DEPARTMENT OF JUVENILE JUSTICE**

FACILITY/PROGRAM: 13th District Court Service Unit (Richmond)
SUBMITTED BY: Kimberly D. Russo, Court Service Unit Director
CERTIFICATION AUDIT DATES: February 8-9, 2017
CERTIFICATION ANALYST: Clarice T. Booker

Under Planned Corrective Action indicate; 1) The cause of the identified area of non-compliance. 2) The effect on the program. 3) Action that has been taken/will be taken to correct the standard cited. 4) Action that will be taken to ensure that the problem does not recur.

6VAC35-150-336 (B). Social histories.

An existing social history that is less than 12 months old may be used provided an addendum is prepared updating all changed information. A new social history shall be prepared as required in subsection A of this section or when ordered by the court if the existing social history is more than 12 months old.

Audit Finding:

Predispositional social history reports were not completed within the required timeframes in accordance with approved procedures in four out of seven applicable reports reviewed.

Program Response

Cause:

There appeared to be a lack of guidance and interpretation on the regulation for 6VAC35-150-336 (B). Social histories. On 3/15/17, the Deputy Director of Community Programs sent a revised memorandum regarding the policy of 6VAC35-150-336 (B). Social histories, providing clarity on the waiver process.

Effect on Program:

This CSU met the returnable court date deadlines. Unfortunately, the 30 & 45 day/date deadlines were not met in these particular cases.

Planned Corrective Action:

The 13th CSU is following the 3/15/17 revised memorandum guidance sent by the Deputy Director of Community Programs. Following the audit and prior to the 3/15/17 memo, the CSU started completing waivers on every applicable report wherein dates were set outside the 30 and 45 day timeframe.

Completion Date:

2/9/17

Person Responsible:

CSU Director, Supervisors assigned to the case and office service staff (due to the clearing of courtesy request cases)

Current Status on June 23, 2017: Compliant

Eleven social history reports reviewed. Three were applicable pre-dispositional reports and were completed within the required timeframes.

6VAC35-150-350 (A). Supervision plans for juveniles.

To provide for the public safety and address the needs of a juvenile and that juvenile's family, a juvenile shall be supervised according to a written individual supervision plan, developed in accordance with approved procedures and timeframes, that describes the range and nature of field and office contact with the juvenile, with the parents or guardians of the juvenile, and with other agencies or providers providing treatment or services.

Audit Finding:

The case narrative did not include entries indicating that the case plan was jointly developed by the probation officer, juvenile and family in accordance with approved procedures in three out of eight applicable case records reviewed.

Program Response

Cause:

The statement of the case plan being jointly developed was embedded into the actual case plan

itself which was signed by all parties involved. The statement was not consistently entered into the BADGE narrative.

Effect on Program:

Inconsistency in the procedure and CSU practices. Some Probation Officers and Probation Supervisors were entering the information into the narrative and some were not.

Planned Corrective Action:

The Probation Officer shall make the statement in each appropriate case, i.e.: The PO jointly developed the case plan on date with the youth and guardian/parent. All parties agreed and stated they understood.

Completion Date:

2/27/17

Person Responsible:

All supervising Probation Officers and their supervisors (for review).

Current Status on June 23, 2017: Compliant

Ten case narratives reviewed. Eight were applicable and were compliant.

**CERTIFICATION AUDIT REPORT
TO THE
DEPARTMENT OF JUVENILE JUSTICE**

PROGRAM AUDITED:

23rd District Court Service Unit
400 East Main Street
Salem, Virginia 24153
(540) 283-3183
Carolyn M. Minix, Director
carolyn.minix@djj.virginia.gov

AUDIT DATES:

February 27, 2017

CERTIFICATION ANALYST:

Shelia L. Palmer

CURRENT TERM OF CERTIFICATION:

December 22, 2013 - December 21, 2016

REGULATIONS AUDITED:

6VAC35-150 Regulations for Nonresidential Services Available to Juvenile and Domestic Relations District Courts

PREVIOUS AUDIT FINDINGS – July 23, 2013

94.3% Compliance Rating
6VAC35-150-90 (A). Training.
6VAC35-150-300 (A). Predispositionally placed juvenile.
6VAC35-150-300 (B). Predispositionally placed juvenile.

CURRENT AUDIT FINDINGS – February 27, 2017:

95.2% Compliance Rating
Number of Deficiencies: Two
6VAC35-150-110 (D). Volunteers and Interns.
6VAC35-150-336 (A). Social histories.

RECOMMENDED CERTIFICATION ACTION: Certify the 23rd District Court Service Unit for three years.

Pursuant to 6VAC35-20-100C.2, if the certification audit finds the program or facility in less than 100% compliance with all regulatory requirements and a subsequent status report, completed prior to the certification action, finds 100% compliance on all regulatory requirements, the director or designee shall certify the facility for a specific period of time, up to three years.

TEAM MEMBERS:

Shelia L. Palmer, Team Leader
Clarice T. Booker, Central Office
Mark Lewis, Central Office
Jay Gaylor, 22nd District CSU-Rocky Mount
Toni Winn, New River Valley Juvenile Detention Center

POPULATION SERVED:

The 23rd District Court Service Unit serve Roanoke County, the Town of Vinton and the City of Salem.

PROGRAMS AND SERVICES PROVIDED:

- Intake Services
- Investigations and Reports
- Domestic Relations
- Probation & Parole

Other Services:

- Utilizes comprehensive services to provide:
 - Blue Ridge Behavioral Health Care (CSB)
 - Roanoke County Department of Social Services
 - Individual and family counseling services
 - 294 funded services
 - Surveillance services
 - VJCCCA services
 - Diversion
 - Substance Abuse Services
 - Family Assessment and Planning Team
 - Brambleton Assessment and Counseling Center, LLC
 - TAP (Total Action Against Poverty)

**CORRECTIVE ACTION PLAN
TO THE
DEPARTMENT OF JUVENILE JUSTICE**

FACILITY/PROGRAM: 23rd District Court Service Unit (Salem)

SUBMITTED BY: Carolyn Minix, CSU Director

CERTIFICATION AUDIT DATES: February 27, 2017

CERTIFICATION ANALYST: Shelia L. Palmer

Under Planned Corrective Action indicate; 1) The cause of the identified area of non-compliance. 2) The effect on the program. 3) Action that has been taken/will be taken to correct the standard cited. 4) Action that will be taken to ensure that the problem does not recur.

**6VAC35-150-110 (D). Volunteers and Interns.
D. Volunteers and interns shall be registered with the Department.**

Three of five intern files reviewed were not registered with the Department.

Program Response

Cause:

The cause of this non-compliance was due to staff error/oversight. Three out of five interns that served with the 23rd CSU since the last certification audit were not registered with DJJ. The Senior Office Services Specialist in the 23rd CSU has been the primary secretary for the past seven years. This OSS is in charge of staff files, including intern files. This staff shortage and oversight was the main reason of non-compliance for 6VAC35-150-110 (D).

Effect on Program:

There is no long term or major effect to the program in this area cited for non-compliance. All interns are vetted by DJJ's Background Unit; receive a thorough record check with the State Police, finger prints and DSS. In addition, they go through a complete interview process with the Sr. PO and Director.

Planned Corrective Action:

Sr. OSS Matheus corrected the oversight and entered the three missing interns' names on the DJJ registry. In addition, a check list has been developed that will be placed on the left side of each intern's personnel file. This includes:

- Application/referral letter/resume
- Employee Work Profile (EWP)
- Orientation Check list
- Background Investigation Check list
- Time Sheets
- Computer Access Information
- Volunteer Registry Confirmation

Sr. PO Lee and Director Minix will review each intern's file prior to and during their semester with the CSU to ensure that all elements of the check list are being completed.

Completion Date:

March 16, 2017

Person Responsible:

Patricia Matheus (Sr. OSS), Kimberly Lee (Intern Supervisor) and Carolyn Minix, Director.

Current Status as of May 31, 2017: Not Determined

The 23rd Court Service Unit has not had any new volunteers since their audit conducted on February 27, 2017.

6VAC35-150-336 (A). Social histories.

A social history shall be prepared in accordance with approved procedures (9230) Effective 9/14/2016.

Audit Finding:

Employment and Use of Free Time

Three of four social histories reviewed did not document the juvenile's self-reported career goals in Employment and Use of Free Time section of the social history. All three had the information documented in several other sections of the report.

Program Response

Cause:

The cause of this non-compliance was due to staff error/oversight. This was due to staff having approximately three months to work with the revised Social History format and new regulations. The new Social History Procedure and format were issued in September 2016 and went into effect in October 2016. The only training available had been one webinar. The sampling of Social

Histories for the 23rd CSU was submitted in January 2017. Thus, there was not a great assortment of socials to choose from. In addition, there was not a departmental checklist issued for the revised format to assist staff in ensuring that required information was included and in the correct section.

Effect on Program:

There is no long term effect to the program. This missing information did not have a major impact on the recommendation for service delivery to the juvenile/family or to the court.

Planned Corrective Action:

The non-compliance area was reviewed with staff following the certification audit (2/27/17) and at the CSU staff meeting (3/8/17). The staff have since attended another webinar (3/17/17) and reviewed the updated social history format, check list and certification check list. All social histories will continue to be reviewed by Supervisor Walker. In addition, the CSU will continue to complete a bi-annual self-audit to review compliance with this regulation. Director Minix will review said results of the self-audit with staff at CSU staff meeting.

Completion Date:

3/17/17

Person Responsible:

CSU Probation staff, Supervisor Walker, Director Minix

Current Status as of May 31, 2017: Compliant

Four of four social histories reviewed document the juvenile's self-reported career goals in Employment and Use of Free Time section of the social history.

**CERTIFICATION AUDIT REPORT
TO THE
DEPARTMENT OF JUVENILE JUSTICE**

PROGRAM AUDITED:

28th District Court Service Unit
193 East Main Street
Abingdon, Virginia 24210
(276) 676-6284
Patricia Davis, CSU Director
patricia.davis2@djj.virginia.gov

AUDIT DATES:

March 14, 2017

CERTIFICATION ANALYST:

Shelia L. Palmer

CURRENT TERM OF CERTIFICATION:

March 15, 2014 – March 14, 2017

REGULATIONS AUDITED:

6VAC35-150 Regulations for Nonresidential Services Available to Juvenile and Domestic Relations District Courts

PREVIOUS AUDIT FINDINGS – October 15, 2013

100% Compliance Rating

CURRENT AUDIT FINDINGS- March14, 2017

98% Compliance Rating

6VAC35-150-336 (A). Social histories.

RECOMMENDED CERTIFICATION ACTION: Certify the 28th District Court Service Unit for three years.

Pursuant to 6VAC35-20-100C.2, if the certification audit finds the program or facility in less than 100% compliance with all regulatory requirements and a subsequent status report, completed prior to the certification action, finds 100% compliance on all regulatory requirements, the director or designee shall certify the facility for a specific period of time, up to three years.

TEAM MEMBERS:

Shelia L. Palmer, Team Leader, Central Office
Clarice Booker, Central Office
Mark Lewis, Central Office
Kevin Heller, 27th District CSU-Pulaski
Dawn Gilbert, 30th District CSU-Gate City

POPULATION SERVED:

The 28th District Court Service Unit serve the City of Bristol and the Counties of Smyth and Washington.

PROGRAMS AND SERVICES PROVIDED:

- Intake Services
- Investigations and Reports
- Domestic Relations

- Probation and Parole

The Unit interacts with the community in obtaining such services as:

- Substance Abuse Counseling
- Drug Screening
- Adolescent Resource Specialist
- Mental Health Counseling
- Outreach Detention Supervision
- Shoplifting Program
- Community Service
- Improving Scholars
- Mentoring

**CORRECTIVE ACTION PLAN
TO THE
DEPARTMENT OF JUVENILE JUSTICE**

FACILITY/PROGRAM: 28th District Court Service Unit (Abingdon)
SUBMITTED BY: Patricia Davis, CSU Director
CERTIFICATION AUDIT DATES: March 14, 2017
CERTIFICATION ANALYST: Shelia L. Palmer

Under Planned Corrective Action indicate; 1) The cause of the identified area of non-compliance. 2) The effect on the program. 3) Action that has been taken/will be taken to correct the standard cited. 4) Action that will be taken to ensure that the problem does not recur.

6VAC35-150-336 (A). Social histories.

A social history shall be prepared in accordance with approved procedures (9230) Effective 9/14/2016.

Audit Finding:

Cover Sheet

Four of 10 social histories reviewed did not document the age of the juvenile.

Employment and Use of Free Time

Four of 10 social histories reviewed did not document the juvenile's self-reported career goals in the Employment and Use of Free Time section of the social history. Three had the information documented several other sections of the report and one did not document the juvenile's self-reported career goals.

Program Response

Cause:

Probation Officers, Office Service Specialist and Probation Supervisors' errors. The social history report template distributed to all DJJ staff on 10/19/16 did not include a checklist to ensure fidelity of the social history report content. Between 10/19/2016 and 03/14/2017, there was not a specific plan in place to ensure the juvenile's age and self-reported career goals were addressed, and, when they were addressed included beside the Date of Birth on page 1 of the social history report, and, in the Employment and Use of Free Time section of the social history report. It is relevant Officers, OSS staff, and Supervisors had only a few months of completing social history reports under the October 19, 2016 template until the Unit's certification process occurred. The selected social histories for the Certification Team were submitted in February 2017. The template distributed 10/19/2016 followed a template distributed 09/14/2016. It was suggested Units not create a checklist since DJJ "was working on a universal checklist" to be used to ensure fidelity to the social history report process.

Effect on Program:

There does not appear to be any long term effect or major impact to the probation program due to the lack of juvenile's age and career goals being included beside date of birth and in Employment/Free time Section of the social history reports between 10/19/16 and 3/14/17 – social history reports submitted to Certification Team leader in February 2017. The juvenile's date of birth was missing on the "title" page only of the social history report. The social histories missing self-reported career goals did contain information about the juvenile's education and interests in jobs or work interests for the future within the report (not in the correct section of the social history).

Planned Corrective Action:

All staff have been given detailed results of the Certification Team's finding. All staff have received written results of the Certification Team's findings. Probation Supervisors have discussed audit findings with all Officers and OSS staff. All staff participated in the social history report webinar on 03/07/17. Probation Officers and Probation Supervisors are required to use the new DJJ social history report checklist with each report. Since 03/14/17, the Court Service Unit Director has reviewed each social history completed in the Unit. Officers and Supervisors and OSS staff were given detailed notes from the social history webinar 3/17/17.

Completion Date:

04/25/17; official audit findings received on 4/20/2017.

Person Responsible:

Probation Supervisors Darcy S. Janson and Kevin K. Downs and CSU Director Patricia H. Davis.

Current Status on June 13, 2017: Compliant

Fourteen of 14 social histories reviewed documented all the required information.

**CERTIFICATION AUDIT REPORT
TO THE
DEPARTMENT OF JUVENILE JUSTICE**

PROGRAM AUDITED:

30th District Court Service Unit
190 Beech St., Suite 203
Gate City, VA 24251
(276) 386-9561
Mark E. Thompson, Director
mark.thompson@djj.virginia.gov

AUDIT DATES:

March 15, 2017

CERTIFICATION ANALYST:

Clarice T. Booker

CURRENT TERM OF CERTIFICATION:

June 18, 2014 – June 17, 2017

REGULATIONS AUDITED:

6VAC35-150 Regulations for Nonresidential Services Available to Juvenile and Domestic Relations District Courts

PREVIOUS AUDIT FINDINGS – January 15, 2014:

100% Compliance Rating

CURRENT AUDIT FINDINGS – March 15, 2017:

98.4% Compliance Rating
Number of Deficiencies: One
6VAC35-150-336 (A). Social histories.

RECOMMENDED CERTIFICATION ACTION: Certify the 30th District Court Service Unit for three years.

Pursuant to 6VAC35-20-100C.2, if the certification audit finds the program or facility in less than 100% compliance with all regulatory requirements and a subsequent status report, completed prior to the certification action, finds 100% compliance on all regulatory requirements, the director or designee shall certify the facility for a specific period of time, up to three years.

TEAM MEMBERS:

Clarice T. Booker, Team Leader
Patricia Davis, 28th District CSU-Abingdon
Mark Lewis, Central Office
Shelia Palmer, Central Office

POPULATION SERVED:

The 30th District Court Service Unit serve the City of Norton and the counties of Lee, Scott and Wise.

PROGRAMS AND SERVICES PROVIDED:

The 30th District Court Service Unit provides mandated services including:

- Intake
- Probation supervision

- Direct care and parole supervision
- Investigative reports

The Unit interacts with the community in obtaining such services as:

- Juvenile Drug Court
- Outreach Detention/Electronic Monitoring
- Community Service
- Intensive Supervision
- Mental Health services, including:
 - Assessments
 - Individual and family counseling
 - Group counseling
 - Relapse prevention counseling
 - Educational group/brief motivational intervention
 - Crisis intervention
 - Substance abuse evaluations and treatment
 - SASSI Assessments
 - Trauma assessments

**CORRECTIVE ACTION PLAN
TO THE
BOARD OF JUVENILE JUSTICE**

FACILITY/PROGRAM: 30th Court Service Unit (Gate City)

SUBMITTED BY: Mark E. Thompson, Court Service Unit Director

CERTIFICATION AUDIT DATES: March 15, 2017

CERTIFICATION ANALYST: Clarice T. Booker

Under Planned Corrective Action indicate; 1) The cause of the identified area of non-compliance. 2) The effect on the program. 3) Action that has been taken/will be taken to correct the standard cited. 4) Action that will be taken to ensure that the problem does not recur.

6VAC35-150-336 (A). Social histories.

A social history shall be prepared in accordance with approved procedures (i) when ordered by the court, (ii) for each juvenile placed on probation supervision with the unit, (iii) for each juvenile committed to the Department, (iv) for each juvenile placed in a post-dispositional detention program for more than 30 days pursuant to § 16.1-284.1 of the Code of Virginia, or (v) upon written request from another unit when accompanied by a court

order. Social history reports shall include the following information:

- 1. Identifying and demographic information on the juvenile;**
- 2. Current offense and prior court involvement;**
- 3. Social, medical, psychological, and educational information about the juvenile;**
- 4. Information about the family; and**
- 5. Dispositional recommendations, if permitted by the court.**

Audit Finding:

Social history reports were not prepared in accordance with approved procedures and were missing the following elements:

- **The age of the juvenile was missing in four out of 10 social history reports reviewed.**
- **There was no documentation of the juvenile's self-reported career goals in four out of 10 social history reports reviewed.**

Program Response

Cause:

Due to the frequency of change of the social history format, staff committed errors when completing the social history. The DJJ social history was implemented in September of 2016 with a revised format distributed in October of 2016 with additional revisions to the social history template distributed on March 15, 2017. Social histories submitted for review to the Certification Audit Team was submitted in February of 2017. Of the social histories reviewed by the certification audit team, five of the cases were opened in October, four were opened in November and one was opened in December. The checklist for the social history was distributed in March 15, 2017 and the DJJ Social History Webinar was not available for staff to view until 03-17-2017.

Effect on Program:

There is no long term effect to the program due to staff not documenting the age of a juvenile or the juvenile's self-reported career goals. The age was not documented in four of the ten social histories reviewed but the date of birth was documented on the cover page of each social history. The juvenile's self-reported career goals were not documented in the Employment and Use of Free Time Section in four of the ten social histories reviewed however employment was discussed and documented in the social history with the juvenile. This missing information did not impact service delivery to the juvenile.

Planned Corrective Action:

The 30th CSU Director emailed staff in the 30th District CSU advising of the results of the Certification Audit. Addressed in the email were the two area of deficiencies reported by the Certification Audit Team. Staff was advised to document on the social history cover page the date of birth and age of each juvenile. Also staff was advised to document in the Employment and Use of Free Time section of the social history the juvenile's self-reported career goals. Probation Supervisors will meet with each probation officer and advise them of the certification audits team's results to ensure compliance with the procedure. Available staff was required to participate in the DJJ Social History Webinar on 03-17-2017. Staff that was not available to participate in the webinar will be required to participate in the webinar when it is available for a second viewing. Each probation officer and probation supervisor will be required to use the DJJ Social History checklist with each report. The DJJ Social History checklist was distributed on March 15, 2017 which will have a positive impact for documenting required information in the

social histories. The CSU Director will discuss at the next Unit staff meeting the requirement of documenting the DOB and age of the juvenile and the juvenile's self-reported career goals in the social histories. A Unit self-audit will be conducted in the months of May and August to only review completed social histories from 03-20-2017. A complete Unit self-audit will be conducted in September to include all requirements of the Unit's self-audit process. Information obtained from the Unit's self-audit will be provided to Robert Foster, RPM.

Completion Date:

04-15-2017

Person Responsible:

Mark E. Thompson, 30th CSU Director
Dawn Gilbert, 30th CSU Probation Supervisor
Troy Funkhouser, 30th CSU Probation Supervisor

Reviewed and approved by Robert Foster on 03-31-2017.

Current Status on July 6, 2017: Compliant

Five social history reports were reviewed, and the age and self-reported career goals of the juvenile were documented.

**CERTIFICATION AUDIT REPORT
TO THE
DEPARTMENT OF JUVENILE JUSTICE**

PROGRAM AUDITED:

Crossroads Community Youth Home
5684 Mooretown Road
Williamsburg, VA 23188
(757) 890-4140
Carolyn W. Radcliffe, Program Manager III
radcliffec@yorkcounty.gov

AUDIT DATES:

May 10, 2017

CERTIFICATION ANALYST:

Shelia L. Palmer

CURRENT TERM OF CERTIFICATION:

May 9, 2016 – May 8, 2017

REGULATIONS AUDITED:

6VAC35-41 Regulation Governing Juvenile Group Homes

PREVIOUS AUDIT FINDINGS December 1-2, 2015:

95.81% Compliance Rating

*One non-compliance from previous audit.

6VAC35-41-165 (A). Employee tuberculosis screening and follow-up.

6VAC35-41-180 (A). Employee and volunteer background checks. (CRITICAL)

6VAC35-41-190 (A). Required initial orientation.

6VAC35-41-200 (A). Required initial training.

6VAC35-41-650 (B). Nutrition. (CRITICAL)

6VAC35-41-650 (D). Nutrition.

6VAC35-41-850 (B). Daily log.

6VAC35-41-870 (A). Quarterly reports.

6VAC35-41-870 (C). Quarterly reports.

6VAC35-41-1210 (A). Tuberculosis screening. (CRITICAL)

*6VAC35-41-1280 (E). Medication. (CRITICAL)

CURRENT AUDIT FINDINGS – May 10, 2017:

100% Compliance Rating

RECOMMENDED CERTIFICATION ACTION: Certify Crossroads Community Youth Home for three years with a letter of congratulations for 100% compliance.

Pursuant to 6VAC35-20-100C.1, if the certification audit finds the program or facility in 100% compliance with all regulatory requirements, the director or designee shall certify the facility for three years.

TEAM MEMBERS:

Shelia L. Palmer, Team Leader
Clarice Booker, DJJ Central Office
Deborah Hayes, DJJ Central Office
Mark Lewis, DJJ Central Office
J. T. Smith, Lynchburg Youth Group Home
Teneka Wortham, DJJ Central Office

POPULATION SERVED:

Crossroads Community Youth Home is a community-based group home for at-risk adolescent males and females between the ages of 14 and 17. It has a capacity of 16 residents. The facility is operated by Colonial Group Home Commission and serves the 9th Judicial District residents and families from that jurisdiction.

PROGRAMS AND SERVICES PROVIDED:

The program emphasizes personal accountability, competency development, and positive functioning in the community. In order to achieve the objectives stated above, the program includes building life skills competencies, rehabilitating socially unacceptable behavior, enabling insight into problematic behavior, reinforcing appropriate limits and boundaries, facilitating positive life choices, and promoting appropriate self-confidence.

In addition to all mandated services, Crossroads Community Youth Home provides the following at the facility:

- Education
- Social Skills
- Decision Making
- Anger Management
- Baby Think It Over
- Law Related Education
- Active Daily Living Skills
- Study Hall and Tutoring

Crossroads Community Youth Home interacts with the community in obtaining such services as:

- Professional counseling services through Colonial Behavioral Health
 - York County Juvenile Psychological Services and Substance Abuse Programs
 - Education through York County Public Schools
-

**CERTIFICATION AUDIT REPORT
TO THE
DEPARTMENT OF JUVENILE JUSTICE**

PROGRAM AUDITED:

Fairfax Boys' Probation House
4410 Shirley Gate Road
Fairfax, VA 22030
(703) 591-0171
Nicholas A. Williams, Director
nicholas.williams@fairfaxcounty.gov

AUDIT DATES:

February 13-14, 2017

CERTIFICATION ANALYST:

Clarice T. Booker

CURRENT TERM OF CERTIFICATION:

July 14, 2014 – July 13, 2017

REGULATIONS AUDITED:

6VAC35-41 Regulation Governing Juvenile Group Homes

PREVIOUS AUDIT FINDINGS March 25, 2014:

98.01% Compliance Rating

6VAC35-41-490 (I) Emergency and evacuation procedures. (CRITICAL)

6VAC35-41-850 (B) Daily log

6VAC35-41-1210 (B) Tuberculosis screening. (CRITICAL)

6VAC35-41-1220 (B) Medical examination and treatment. (CRITICAL)

6VAC35-41-1280 (E) Medication. (CRITICAL)

6VAC35-41-1280 (H) Medication. (CRITICAL)

CURRENT AUDIT FINDINGS – February 14, 2017:

97.96% Compliance Rating

6VAC35-41-90 (B) Serious incident reports.

6VAC35-41-300 (A) Orientation and training for volunteers or interns.

6VAC35-41-460 (A) Maintenance of the buildings and grounds.

6VAC35-41-565 (A) Vulnerable populations.

6VAC35-41-850 (B) Daily log.

6VAC35-41-860 (F) Individual service plan.

RECOMMENDED CERTIFICATION ACTION: Certify Fairfax Boy's Probation House for three years.

Pursuant to 6VAC35-20-100C.2, if the certification audit finds the program or facility in less than 100% compliance with all regulatory requirements and a subsequent status report, completed prior to the certification action, finds 100% compliance on all regulatory requirements, the director or designee shall certify the facility for a specific period of time, up to three years.

TEAM MEMBERS:

Clarice T. Booker, Team Leader
John Adams, Central Office
Jessica Cabrera, Argus House
Deborah Hayes, Central Office
Mark Lewis, Central Office

Shelia Palmer, Central Office

POPULATION SERVED:

Fairfax Boys Probation House is a community-based group home for at-risk adolescent males between the ages of 14 and 18. It has a capacity of 16 residents. The facility is operated by Fairfax County and serves residents and families from that jurisdiction.

PROGRAMS AND SERVICES PROVIDED:

The Boys Probation House program is a community-based residential treatment program for court-involved males. It offers residents a structured living situation designed to meet the treatment needs of adolescent males who can no longer acceptably control their behavior at home, at school, or in the community, but who can benefit from maintaining regular contact with their family and community.

The program at the Boys Probation House is based upon the belief that each resident is responsible and accountable for his behavior. The staff provides guidance to each resident by helping him determine and achieve his individual goals.

In addition to all mandated services Fairfax Boys Probation House provides the following at the facility:

- Individual, group, and family counseling designed to decrease criminogenic risk while increasing functional strengths
- Basic food preparation and sanitation
- Life and prosocial skills groups
- Recreation
- Gender specific psychoeducation
- Mental health and substance abuse counseling by licensed or certified staff

Fairfax Boys Probation House interacts with the community in obtaining such services as:

- Alcohol and drug services
 - Mental health services
 - Education on-site through Fairfax County Public Schools
 - Boy Scouts of America
 - Summer Reading Program
 - Therapeutic Recreational Program
-

**CORRECTIVE ACTION PLAN
TO THE
DEPARTMENT OF JUVENILE JUSTICE**

FACILITY/PROGRAM: Fairfax Boys Probation House
SUBMITTED BY: Nicholas A. Williams, Director
CERTIFICATION AUDIT DATES: February 13-14, 2017
CERTIFICATION ANALYST: Clarice T. Booker

Under Planned Corrective Action indicate; 1) The cause of the identified area of non-compliance. 2) The effect on the program. 3) Action that has been taken/will be taken to correct the standard cited. 4) Action that will be taken to ensure that the problem does not recur.

6VAC35-41-90 (B). Serious incident reports.

The provider shall notify the director or designee within 24 hours of any events detailed in subsection A of this section and all other situations required by the regulatory authority of which the facility has been notified

Audit Finding:

There was no notification to the director or designee in four out of five applicable serious incident reports reviewed.

Program Response

Cause:

Unsure of the exact breakdown here. It could have been attributed to use of an outdated fax number, and/or failure to send information to the correct e-mail address of the Director and/or Designee.

Effect on Program:

No effect on program.

Planned Corrective Action:

SIR Template has been updated to include the correct fax number. Receipt of fax confirmations will also be saved for our record. We will also follow the procedure of calling to report incidents, followed by a fax of the SIR.

Completion Date:

Effective immediately.

Person Responsible:

Program Senior Partners Nick Williams and/or Misty Zdanski.

Current Status on June 29, 2017: Compliant

Two serious incidents were reported. They were reviewed and were found compliant.

6VAC35-41-300 (A). Orientation and training for volunteers or interns.

Volunteers and interns shall be provided with a basic orientation on the following:

1. The facility;
2. The population served;
3. The basic objectives of the facility;
4. The facility's organizational structure;
5. Security, population control, emergency, emergency preparedness, and evacuation procedures;
6. The practices of confidentiality;
7. The residents' rights including, but not limited to the prohibited actions provided for in 6VAC35-41-560 (prohibited actions); and
8. The basic requirements of and competencies necessary to perform their duties and responsibilities.

Audit Finding:

There was no documentation that volunteers or interns were provided orientation on the required elements in two out of four volunteer records reviewed. Security and population control were not included in the orientation of two out of two volunteers or interns.

Program Response

Cause:

Misinterpretation of Policy at the time of the older volunteer orientations; and an oversight in updating the orientation documentation for the two newer volunteers.

Effect on Program:

None, as this information is explained verbally.

Planned Corrective Action:

Volunteer orientation form has been updated.

Completion Date:

Effective immediately.

Person Responsible:

Program Senior Partners Nick Williams and/or Misty Zdanski.

Current Status on June 29, 2017: Compliant

One applicable volunteer file was reviewed and orientation was completed as required.

6VAC35-41-460 (A). Maintenance of the buildings and grounds.

The interior and exterior of all buildings and grounds shall be safe, maintained, and reasonably free of clutter and rubbish. This includes, but is not limited to, (i) required locks, mechanical devices, indoor and outdoor equipment, and furnishings; and (ii) all areas where residents, staff, and visitors may reasonably be expected to have access.

Audit Finding:

The interior and exterior of all buildings and grounds were not properly maintained in the following areas:

- Broken chair and ceiling tile in recreation room
 - Wall needs painting in recreation room
 - Water stained tile and broken tile needs replacing in Room 120
 - Window out and covered with plywood in Room 137
 - Gang graffiti found and light out in Room 135
 - Chair stained and calcium on drain of water fountain in B side
 - Graffiti on toilet door and laminate broken on counter in Room 129
 - Water stained tile in Room 118
 - Courtyard door needs painting and ledges refinishing
 - Kitchen light needs cleaning
 - Wall paneling needs repair in Rooms 133 and 136
-

Program Response

Cause:

Normal wear and tear on the building which is 20 years old. Recent budget constraints have also impacted when repairs are completed and when purchases can be made.

Effect on Program:

None

Planned Corrective Action:

We have begun working with our Facilities Maintenance on several projects related to the general condition of our building. We will ask that the items mentioned here become of higher priority.

Completion Date:

- Broken chair and ceiling tile in recreation room – **completed**
- Wall needs painting in recreation room – **pending, work order has been submitted**
- Water stained tile and broken tile needs replacing in Room 120 – **completed**
- Window out and covered with plywood in Room 137 – **completed**
- Gang graffiti found and light out in Room 135 – **completed**
- Chair stained and calcium on drain of water fountain in B side – **completed**
- Graffiti on toilet door and laminate broken on counter in Room 129 – **completed**
- Water stained tile in Room 118 – **completed**
- Courtyard door needs painting and ledges refinishing – **completed**
- Kitchen light needs cleaning – **work order has been submitted**
- Wall paneling needs repair in Rooms 133 and 136 – **completed**

Person Responsible:

Senior Partner Nick Williams.

Current Status on June 29, 2017: Compliant

All identified deficiencies were corrected. There is a pending work order to replace the kitchen lights. The lights have been cleaned since the audit, but some rust spots could not be removed and the decision was made to replace the lights.

6VAC35-41-565 (A). Vulnerable populations.

The facility shall implement a procedure for assessing whether a resident is a member of a vulnerable population.

Audit Finding:

There was no vulnerability assessment in three out of five applicable case records reviewed.

Program Response

Cause:

Misinterpretation of Policy when it was first introduced, and/or oversight during the implementation of this new regulation.

Effect on Program:

None.

Planned Corrective Action:

Starting at the end of 2015, all clients had to undergo an initial vulnerability assessment. As of July 2016, we have added reassessments as well. Improved internal auditing will also ensure these issues are identified if they are initially missed.

Completion Date:

Effective immediately.

Person Responsible:

Senior Partners Nick Williams and/or Misty Zdanski.

Current Status on June 29, 2017: Compliant

Three applicable case records were reviewed and vulnerability assessments were completed as required.

6VAC35-41-850 (B). Daily log.

The date and time of the entry and the identity of the individual making each entry shall be recorded.

Audit Finding:

The time and/or the identity of the individual making the entry was missing in one or more entries in eight out of sixteen randomly selected dates in logbooks.

Program Response

Cause:

Different interpretation of what constitutes the start and ending of an entry. Lack of uniformity in log entries increases the probability for mistakes.

Effect on Program:

None

Planned Corrective Action:

As of October 2016, we have changed the formatting of our logbooks to ensure a uniform appearance, and to make it easier for us to recognize when errors have been made.

Completion Date:

Effective October 2016.

Person Responsible:

All Staff, Team Leaders, and ultimately, Senior Partners Nick Williams and/or Misty Zdanski.

Current Status on June 29, 2017: Compliant

Eight randomly selected dates were reviewed and were compliant.

6VAC35-41-860 (F). Individual service plan.

The (i) supervising agency and (ii) resident's parents, legal guardian, or legally authorized representative, if appropriate and applicable, shall be given the opportunity to participate in the development of the resident's individual service plan.

Audit Finding:

There was no documentation of participation or the opportunity to participate in two out of three applicable case records reviewed.

Program Response

Cause:

Misinterpretation of how to use the current signature sheets; lack of a consistent internal policy on obtaining signatures; more than one version of the signature sheet in circulation.

Effect on Program:

None

Planned Corrective Action:

Signature pages have been updated for all Service Planning purposes.

Completion Date:

3/1/17

Person Responsible:

Assistant Senior Partner Misty Zdanski

Current Status on June 29, 2017: Compliant

Three applicable case records were reviewed and the required documentation was compliant.

**CERTIFICATION AUDIT REPORT
TO THE
DEPARTMENT OF JUVENILE JUSTICE**

PROGRAM AUDITED:

Westhaven Boys' Home
3515 Race Street
Portsmouth, VA 23707
(757) 397-5371
Carlos Hooker, Director
chooker@tyscommission.org

AUDIT DATES:

February 6-7, 2017

CERTIFICATION ANALYST:

Mark Ivey Lewis

CURRENT TERM OF CERTIFICATION:

July 10, 2014 – July 9, 2017

REGULATIONS AUDITED:

6VAC35-41 Regulation Governing Juvenile Group Homes and Halfway Houses

PREVIOUS AUDIT FINDINGS February 3-4, 2014

99% Compliance Rating
6VAC35-51-1030. (C). Serious Incidents
6VAC35-140.70 Grievances

CURRENT AUDIT FINDINGS – February 6-7, 2017

98.70% Compliance Rating
6VAC35-41-50 (A). Age of residents.
6VAC35-41-210 (C). Required retraining.
6VAC35-41-460 (A). Maintenance of the buildings and grounds.
6VAC35-41-1250 (C). Residents' health records.
6VAC35-41-1280 (E). Medication. CRITICAL

RECOMMENDED CERTIFICATION ACTION: Certify Westhaven Boys' Home for three years. Pursuant to 6VAC35-20-100C.2, if the certification audit finds the program or facility in less than 100% compliance with all regulatory requirements and a subsequent status report, completed prior to the certification action, finds 100% compliance on all regulatory requirements, the director or designee shall certify the facility for a specific period of time, up to three years.

TEAM MEMBERS:

Mark Ivey Lewis, Central Office
Clarice Booker, Central Office
John Adams, Central Office
Deborah Hayes, Central Office
Jackie Nixon, Chesapeake Juvenile Services
Tom Keating, Chaplin Youth Center
Bryan Whitley, Virginia Beach Juvenile Detention Center
Cindy Hauschildt, New River Valley Juvenile Detention Center

POPULATION SERVED:

Westhaven Boys' Home is a 12 bed residential facility that serves both pre-dispositional and post-dispositional males 12 to 17 years of age who are referred by the Juvenile Court and/or Social Services. The program is sponsored by the Tidewater Youth Services Commission and serve the cities of Portsmouth, Chesapeake, Virginia Beach, Suffolk, Franklin, and Isle of Wight County.

The facility is a two story brick building. Sleeping quarters are located upstairs. The kitchen, dining area, TV lounge, recreation room, administration offices and laundry facilities are located downstairs. There are two bathrooms consisting of a sink, toilet and shower upstairs and two bathrooms consisting of a sink and toilet downstairs.

PROGRAMS AND SERVICES PROVIDED:

Westhaven Boys' Home is a community based program where the residents live, attend school and work in the community just as they would if they were living at home. Westhaven Boys' Home provides a structured environment where immediate feedback and counseling is provided to encourage growth in the areas of social skills and positive behavior. A point sheet is utilized and is broken down in a time frame that corresponds to WBH's daily schedule. This provides the resident the opportunity to turn his behavior around without it effecting his entire day. Residents earning 90 out of a hundred daily points, earn extra privileges such as playing video games and having extra phone privileges. The primary focus of the program is to provide a safe and secure setting for youth awaiting a court hearing and to help them learn to control and accept responsibility for their behavior. The program is also designed to provide supervision and individualized treatment that addresses the individual needs of each resident.

Westhaven Boys' Home's educational component is provided by the Portsmouth Public Schools. Most of the youth attend the local middle or high schools and are transported by staff. Any resident who has been suspended from school is required to do assigned homework and community projects.

The facility has a strong recreational program that includes educational, cultural, recreational and therapeutic components. Activities can range from going to the museum to taking first aid and CPR classes to going canoeing and bike riding.

Upon completion of the Westhaven Boys' Home program, the residents are prepared for reunification with family or placed in a less restrictive setting such as a foster home or independent living program.

SERVICES PROVIDED:

- Direct:
 - Case Management
 - Individual Counseling
 - Family Counseling
 - Aggression Replacement Training (ART)
 - Skill Streaming
 - Anger Control Training
 - Moral Reasoning Training
 - Community Group
 - Independent Living Skills

- Book Club
 - Community/Volunteer Services
 - Community
 - Therapeutic Recreation and Summer Program
 - Recreation Centers
 - Museums
 - Local festivals
 - Cultural and Educational growth
 - Medical Services
-

**CORRECTIVE ACTION PLAN
TO THE
DEPARTMENT OF JUVENILE JUSTICE**

FACILITY/PROGRAM: Westhaven Boys' Home

SUBMITTED BY: Carlos Hooker, Director

CERTIFICATION AUDIT DATES: February 6-7, 2017

CERTIFICATION ANALYST: Mark Ivey Lewis

Under Planned Corrective Action indicate; 1) The cause of the identified area of non-compliance. 2) The effect on the program. 3) Action that has been taken/will be taken to correct the standard cited. 4) Action that will be taken to ensure that the problem does not recur.

6VAC35-41-50 (A). Age of residents.

A. Facilities shall admit residents only in compliance with the age limitations approved by the board in establishing the facility's certification capacity, except as provided in subsection B of this section.

Audit Finding:

Five of 13 months reviewed had documentation that the population exceeded the facility certification capacity of 12 on 6/16 (12.1); 7/16 (13.8); 9/16 (12.6); 10/16 (12.58); and 11/16 (12.33).

Program Response

Cause:

WBH does not admit residents when the facility is at capacity. The only time that this occurs is when the juvenile courts order a child into our facility with a court order.

Effect on Program:

The facility can become overcrowded.

Planned Corrective Action:

When WBH is at its licensed capacity, we will attempt to defer the court ordered child to another

commission program or transfer an existing resident who is not court ordered if the other commission program is not at capacity. WBH will inform the courts of our population on a daily basis.

Completion Date:

2/7/17

Person Responsible:

Carlos Hooker, Director

Current Status on May 18, 2017: Compliant

Three months (February, March, April) reviewed had documentation that the facility population did not exceed the certification capacity of 12.

6VAC35-41-210 (C). Required retraining.

C. All direct care staff and staff who provide direct supervision of the residents while delivering services, with the exception of workers who are employed by contract to provide behavioral health or health care services, shall complete at least 40 hours of training annually that shall include training in the following areas:

- 1. Suicide prevention;**
- 2. Child abuse and neglect;**
- 3. Mandatory reporting;**
- 4. Residents' rights, including, but not limited to, the prohibited actions provided for in 6VAC35-41-560 (prohibited actions);**
- 5. Standard precautions; and**
- 6. Behavior intervention procedures.**

Audit Finding:

Training records reviewed had documentation that staff did not receive at least 40 hours of training annually on six out of 14 occasions.

Program Response

Cause:

Over the past three years, several of our staff did not meet the 40 hours of required annual training.

Effect on Program:

Whenever a WBH staff member does not meet their required 40 hours of yearly training, this can reflect poorly on the program. We want to make sure that every staff member is learning about new trends in the juvenile justice system and being refreshed with information that they have already been taught. A well-trained staff member is an effective staff member.

Planned Corrective Action:

Yearly training plans are implemented for every WBH staff member at the beginning of each fiscal year. The Director will keep a running training log so that everyone will be aware of their training hours throughout the year, so there will be no further noncompliance issues with staff not completing their 40 hours of required training.

Completion Date:

2/7/17

Person Responsible:

Carlos Hooker, Director

Current Status on May 18, 2017: Compliant

Five of five applicable training records reviewed had documentation that staff had completed 40 hours of annual training prior to the end of fiscal year 2017.

6VAC35-41-460 (A). Maintenance of the buildings and grounds.

A. The interior and exterior of all buildings and grounds shall be safe, maintained, and reasonably free of clutter and rubbish. This includes, but is not limited to, (i) required locks, mechanical devices, indoor and outdoor equipment, and furnishings; and (ii) all areas where residents, staff, and visitors may reasonably be expected to have access.

Audit Finding:

The following were in need of cleaning, repairing or replacing:

- The paneling in the secretary's office had buckled at the base.
 - The kitchen cabinet edges were chipped.
 - There was a constant water drip under the kitchen sink.
 - There was a gap at the top of the kitchen door.
 - Both storage sheds were cluttered.
 - The storage sheds needed painting.
 - The outside stairs by the emergency exit were bowing.
 - The flooring at the top of the emergency exit stairs was shaky and deemed a potential hazard.
 - The side wall on the building near the fence needed repairing.
 - The exterior portion around the front of the building needed painting.
 - One of the steps going upstairs to the bedrooms had a broken tread.
 - Room 1
 - One locker needed repairing.
 - A crack in the ceiling needed patching.
 - The vent in the upstairs office was not connected or secured.
 - The shutter outside the director's office window was broken.
 - The dining room light needed a shield.
-

Program Response

Cause:

There were areas throughout the facility that needed either maintenance attention or to be taken care of by the WBH staff.

Effect on Program:

The areas that needed attention can give the facility an unprofessional appearance. These areas are in need of repair, so they will not potentially become a safety hazard for staff and the residents.

Planned Corrective Action:

The WBH staff and Rick Belaire, TYSC maintenance personnel will work on completing all the maintenance and grounds issues by the below date. Any maintenance or repair issues that are beyond the Commission's level of expertise will be contracted outside of our agency and completed in a timely manner.

Completion Date:

4/1/17

Person Responsible:

Carlos Hooker, Director.

Current Status on May 17, 2017: Compliant

Items which were identified during the February 7, 2017 audit as needing cleaning, repairing or replacing were re-inspected and found to have been corrected.

6VAC35-41-1250 (C). Residents' health records.

C. Each physical examination report shall include:

- 1. Information necessary to determine the health and immunization needs of the resident, including:**
 - a. Immunizations administered at the time of the exam;**
 - b. Vision exam;**
 - c. Hearing exam;**
 - d. General physical condition including documentation of apparent freedom from communicable disease, including tuberculosis;**
 - e. Allergies, chronic conditions, and handicaps, if any;**
 - f. Nutritional requirements including special diets, if any;**
 - g. Restrictions on physical activities, if any; and**
 - h. Recommendations for further treatment, immunizations, and other examinations indicated;**
- 2. Date of the physical examination; and**
- 3. Signature of a licensed physician, the physician's designee, or an official of a local health department.**

Audit Finding:

Four of eight medical records reviewed were missing information necessary to determine the immunization needs of the resident. Also there was no documentation that follow up was made in obtaining this information as indicated by the physician on the physical examination form.

Program Response

Cause:

The documentation on the resident's physical forms stated that the doctor did not have an immunization record to review when completing the resident's physical form.

Effect on Program:

If the program is unable to obtain an immunization record for our residents, then a doctor and the

WBH program will be unaware of any potential health hazards. The WBH program wants to be as proactive as possible when it comes to the health needs of our residents.

Planned Corrective Action:

Before a resident is transported to the doctor by a WBH staff member or a parent/guardian, WBH will obtain an immunization record from the resident's previous school or their primary doctor. The doctor that is completing the physical will be able to make a better determination concerning the need to update the resident's immunization record. The doctor can document on the resident's physical form their current immunization status and if any follow up care is needed.

Completion Date:

2/7/17

Person Responsible:

Carlos Hooker, Director.

Current Status on May 18, 2017: Compliant

One of one applicable medical files reviewed had the information necessary to determine the health and immunization needs of the residents

One of one applicable medical files reviewed had documentation that follow up had been made in obtaining information requested by the physician on the physical examination form.

6VAC35-41-1280 (E). Medication. CRITICAL

E. A program of medication, including procedures regarding the use of over-the-counter medication pursuant to written or verbal orders signed by personnel authorized by law to give such orders, shall be initiated for a resident only when prescribed in writing by a person authorized by law to prescribe medication.

Audit Finding:

Two of 12 Medication Administration Records (MAR) reviewed had documentation that some over-the-counter medication had been administered without the physician's approval:

- **One resident was given Sudafed pills instead of Sudafed liquid which was the approved medication on the Over-The-Counter Medication form.**
 - **One resident was given Benadryl but the physician had not signed the Over-The-Counter Medication form approving the resident to receive this medication.**
-

Program Response

Cause:

The WBH over-the-counter medication form was signed off for a resident to receive liquid Sudafed, but the resident was given Sudafed pills instead. The doctor approved another resident to receive Benadryl, but the doctor did not sign his over-the counter medication form.

Effect on Program:

When residents are approved to take over-the counter medications, it is the responsibility of the

WBH staff to follow the doctor's orders and only give the medications as the doctors has ordered. When residents are taken to the doctor to get approval to take over-the counter medications, it is the responsibility of the WBH staff to make sure that the approving doctor has signed the over-the-counter medication form. We do not want to appear that our program gives over-the-counter medications without prior approval.

Planned Corrective Action:

The Director of WBH will purchase the over-the-counter medications that are listed on our over-the-counter form. This will prevent the purchase of medications that are not on our list. Any WBH staff member that takes a resident to the doctor and the doctor prescribes an over-the counter medication(s), the staff will double check the form for a doctor's signature. The WBH administration will also check the form for proper signature(s).

Completion Date:

2/7/17

Person Responsible:

Carlos Hooker, Director.

Current Status on May 18, 2017: Compliant

Two of two Medication Administration Records (MAR) reviewed had documentation that an over-the-counter medication had been administered with the physician approval.

**DEPARTMENT OF JUVENILE JUSTICE
REGULATORY UPDATE**

September 13, 2017

CURRENT ACTIONS:

6VAC35-160 Regulations Governing Juvenile Record Information and the Virginia Juvenile Justice Information System

Stage: Final (Standard Regulatory Process).

Status: This regulation became effective on August 16, 2004. This action involves a comprehensive review of the regulatory requirements. The Notice of Intended Regulatory Action (NOIRA) was published in the *Virginia Register* on December 14, 2015. At the NOIRA stage, no public comments were submitted. The proposed regulation was approved by the Governor's Office on November 18, 2016, and published in the *Virginia Register* on January 9, 2017. The 60-day public comment period ended on March 10, 2017. No public comments were received. The regulation has advanced to the Final Stage of the regulatory process and was approved by the Governor's Office on July 20, 2017. Notification of the final regulation was published in the *Virginia Register* on August 21, 2017, initiating the commencement of the final adoption period and public comment period.

Next step: The public comment period will end on September 20, 2017, after which time, the regulation will take effect.

6VAC35-41 Regulation Governing Juvenile Group Homes and Halfway Houses

Stage: NOIRA (Standard Regulatory Process).

Status: At the June 15, 2016, Board of Juvenile Justice (Board) meeting, the Board authorized the submission of a NOIRA to initiate the regulatory process for a comprehensive review of this regulation. The Governor's Office completed its review of the NOIRA action on October 7, 2016, and the notification was published in the *Virginia Register* on October 31, 2016. The public comment period for the NOIRA action ended on November 30, 2016. No public comments were received.

Next Step: Although the deadline for submitting the proposed regulation for Executive Branch review at the Proposed Stage was in May, the Department had to delay the submission of the regulation package to ensure that outstanding issues were fully resolved. The Department will present the proposed regulatory package for the Board's review and approval at the November 2017 Board meeting.

6VAC35-71 Regulation Governing Juvenile Correctional Centers

Stage: NOIRA (Standard Regulatory Process).

Status: At the June 15, 2016, Board meeting, the Board authorized the submission of a NOIRA to initiate the regulatory process for a comprehensive review of this regulation. The NOIRA completed Executive Branch review on September 2, 2016, and the notification was published in the *Virginia Register* on October 3, 2016. The public comment period for the NOIRA ended on November 2, 2016. No public comments were received.

Next Step: Although the deadline for submitting the proposed regulation for Executive Branch review at the Proposed Stage was in May, the Department had to delay the submission of the regulation package to ensure that outstanding issues were fully resolved. The Department will present the proposed regulatory package for the Board's review and approval at the November 2017 Board meeting.

6VAC35-101

Regulation Governing Juvenile Secure Detention Centers

Stage: NOIRA (Standard Regulatory Process).

Status: At the June 15, 2016, Board meeting, the Board authorized the submission of a NOIRA to initiate the regulatory process for a comprehensive review of this regulation. The Governor's Office completed review of the NOIRA action on September 23, 2016, and the NOIRA notification was published in the *Virginia Register* on October 17, 2016. The public comment period for the NOIRA action closed on November 16, 2016. No public comments were received.

Next Step: Although the deadline for submitting the proposed regulation for Executive Branch review at the Proposed Stage was in May, the Department had to delay the submission of the regulation package to ensure that issues concerning training requirements were fully resolved. The Department will present the proposed regulatory package for the Board's review and approval at the November 2017 Board meeting.

STATE BOARD OF JUVENILE JUSTICE

BY-LAWS

Revised September 13, 2012

Article 1.

§ 1.01. Establishment and Composition.

The State Board of Juvenile Justice (the "Board") is established by § 66-4 of the Code of Virginia. The Board consists of ~~seven~~ nine members appointed by the Governor and confirmed by the General Assembly if in session and, if not, at its next succeeding session. Two of the nine members shall be experienced educators.

Commented [PK(1)]: Board membership extended to nine members pursuant to legislation enacted during the 2013 General Assembly Session (Chapters 37 and 232, SB 1187 and HB 2123). The legislation also required that two of the nine members be experienced educators.

Article 2.

§ 2.01. Term of Office.

In accordance with § 66-5 of the Code of Virginia, the term of office of Board members shall be for four years, except that appointments to fill vacancies shall be for the remainder of the unexpired terms. No person shall be eligible to serve more than two successive four-year terms, except that a person appointed to fill a vacancy may be eligible for two additional, successive four-year terms after the term of the vacancy for which the person was appointed has expired.

§ 2.02. Orientation.

In accordance with § 2.2-3702 of the Code of Virginia, within two weeks of their appointment or re-appointment, members of the Board shall (i) be furnished by the Board's administrator or legal counsel with a copy of the Virginia Freedom of Information Act (§ 2.2-3700 et seq.), and (ii) read and become familiar with the provisions of that Act.

§ 2.03. Meetings.

Section 66-8 of the Code of Virginia requires that the Board meet at least four times each calendar year. The Board shall meet as follows:

- (a) Regular Meetings - Meet once during each calendar quarter at such times and places as it deems appropriate.
- (b) Special Meetings - Special meetings of the Board may be called by the Chairperson or, if the Chairperson is absent or disabled, by the Vice chairperson or by any four members of the Board at such dates, times and places as may be specified in the call for the meeting.

STATE BOARD OF JUVENILE JUSTICE
BY-LAWS

§ 2.04. Notice.

At least five days' notice in writing shall be given to a Board member of the date, time, and place of all meetings. In accordance with § 2.2-3707 of the Code of Virginia, notice including the time, date and place of each meeting shall be furnished to any citizen of the Commonwealth who requests such information. Notices for meetings shall state whether or not public comment will be received at the meeting, and, if so, the approximate points during the meeting public comment will be received. Any requests to be notified of Board meetings on a continual basis shall be made at least once a year, in writing and shall include the requester's name, address, zip code, daytime telephone number, email address (if available) and organization, if applicable, ~~of the requester~~. Notice to any citizen of the Commonwealth who requests such information, reasonable under the circumstance, of special or emergency meetings shall be given contemporaneously with the notice provided Board members.

§ 2.05. Board Materials.

With the exception of any materials that are exempt from public disclosure pursuant to § 2.2-3705 of the Code of Virginia, at least one copy of all agenda packets and materials furnished to Board members for a meeting shall be made available for inspection by the public at the same time such documents are furnished to the members of the Board.

§ 2.06. Cancellation or Rescheduling of Meetings.

The Chairperson may, with the concurrence of a majority of the Board, cancel or postpone a meeting. The Director of the Department of Juvenile Justice (the "Director") shall ensure that proper and immediate public notice is given. In an emergency, the Chairperson is authorized to cancel, significantly alter, or postpone the meeting time.

§ 2.07. Quorum.

In accordance § 66-9 of the Code of Virginia, a majority of the current membership of the Board shall constitute a quorum for all purposes.

§ 2.08. Attendance.

Participation is essential to the fulfillment of the function of membership. The absence of any member impedes the business of the Board and deprives the Department of Juvenile Justice (the "Department") of the overall policy direction this Board is responsible for providing. Should any member miss three consecutive regular meetings, or a total of five or more regular meetings during a calendar year, the Chairperson, following consultation with the member, is authorized to advise the appropriate Executive Branch official(s). In accordance with § 66-5 of the Code of Virginia, members of the Board may be suspended or removed by the Governor at his pleasure.

§ 2.09. Conduct of Business.

The Board actively encourages and welcomes public participation in all its public deliberations. All meetings of the Board, including meetings and work sessions during which no votes are cast or any decisions made, shall be public meetings, and shall be conducted in accordance with § 2.2-3707 of the Code of Virginia. Votes shall not be

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taken by written or secret ballot in an open meeting, and minutes shall be recorded at all public meetings. All meetings shall be conducted in accordance with the principles of procedures prescribed in Roberts' Rules of Order.

Article 3. Powers and Duties.

§ 3.01. General Powers and Duties.

Section 66-10 of the Code of Virginia gives the Board the following general powers and duties:

- a) To establish and monitor policies for programs and facilities for which the Department is responsible by law;
- b) To ensure the development of a long-range youth services policy;
- c) To monitor the activities of the Department and its effectiveness in implementing the policies of the Board;
- ~~e)d) To advise the Governor and Director on matters relating to youth services;~~
- ~~d)e) To promulgate such regulations as may be necessary to carry out the provisions of Title 66 of the Code of Virginia and other laws of the Commonwealth administered by the Director of the Department;~~
- e)f) To ensure the development of programs to educate citizens and elicit public support for the activities of the Department; and
- g) To establish length-of-stay guidelines for juveniles indeterminately committed to the Department and to make such guidelines available for public comment.
- ~~f)h) To adopt all necessary regulations for the management and operation of the schools in the Department, provided that any such regulations do not conflict with regulations relating to security of the institutions in which the juveniles are committed.~~

Commented [PK(2)]: This language was removed from the statute pursuant to 2012 Acts of Assembly, Chapters 164 and 456 (SB 411 and HB 1104)

Commented [PK(3)]: This provision was added pursuant to 2012 Acts of Assembly, Chapter 835 (SB 678)

§ 3.02. Additional Specific Powers and Duties.

Various sections of the Code of Virginia give the Board additional specific powers and duties, both mandatory and discretionary. Such sections of the Code of Virginia include, but are not limited to, the following:

- a) Section 2.2-4007.02 of the Code of Virginia requires the Board to promulgate regulations for public participation in the formation and development of regulations.
- b) Section 16.1-223 of the Code of Virginia requires the Board to promulgate regulations governing the security and confidentiality of data in the Virginia Juvenile Justice Information System.
- c) Section 16.1-233 of the Code of Virginia requires the Board to establish minimum standards for court service unit staff and related supportive personnel and to promulgate regulations pertaining to their appointment and functions to the end that uniform services, insofar as is practical, will be available to juvenile and domestic relations district courts throughout the Commonwealth.

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~~d) Section 16.1-249 of the Code of Virginia authorizes and directs the Board to prescribe minimum standards for temporary lock-up rooms and wards for juveniles 14 years of age or older who are charged with an offense which, if committed by an adult, would be a felony or a class one misdemeanor and a judge or intake officer determines that secure detention is needed for the safety of the juvenile or the community.~~

e)d) Section 16.1-284.1 of the Code of Virginia requires the standards established by the Board for secure juvenile detention centers to require separate services for the rehabilitation of juveniles placed in post-dispositional detention programs for greater than 30 calendar days.

f)e) Section 16.1-293.1 of the Code of Virginia requires the Board to promulgate regulations for the planning and provision of mental health, substance abuse, or other therapeutic treatment services for persons returning to the community following commitment to a juvenile correctional center or post-dispositional detention program.

g)f) Section 16.1-309.3 of the Code of Virginia authorizes the Board to approve local plans for the development, implementation, and operation of a community-based system of services under the Virginia Juvenile Community Crime Control Act (Article 12.1 of Title 16.1 of the Code of Virginia). This section also requires the Board to solicit written comments on the plan from the judge or judges of the juvenile and domestic relations court, the director of the court service unit, and if applicable, the director of programs established under the Delinquency Preventions and Youth Development Act (Chapter 3 of Title 66 of the Code of Virginia).

h)g) Section 16.1-309.5 of the Code of Virginia requires the Board to promulgate regulations to serve as guidelines in evaluating requests for reimbursement of one-half the cost of construction, enlargement, renovation, purchase, or rental of a secure juvenile detention center or other home and to ensure the geographically equitable distribution of state funds provided for such purpose.

i)h) Section 16.1-309.9 of the Code of Virginia requires the following:

- a. The Board to develop, promulgate, and approve standards for the development, implementation, operation, and evaluation of a range of community-based programs, services, and facilities authorized by the Virginia Juvenile Community Crime Control Act (Article 12.1 of Title 16.1 of the Code of Virginia)
- b. The Board to approve minimum standards for the construction and equipment of secure juvenile detention centers or other facilities and for the provision of food, clothing, medical attention, and supervision of juveniles to be housed in these facilities and programs.

j)i) Section 16.1-309.10 of the Code of Virginia authorizes the Board to visit, inspect, and regulate any secure juvenile detention center, group home, or the residential care facility for children in need of services, delinquent, or alleged delinquent that is established by a city, county, or any combination thereof.

k)j) Section 16.1-322.5 of the Code of Virginia requires the Board to approve those localities creating a Commission for the purpose of financing and constructing a

Commented [PK(4)]: Under subsection G of this section, it is the State Board of Corrections, and not the Board of Juvenile Justice, that has the authority and is directed to prescribe minimum standards for temporary lock-up rooms and wards.

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regional detention or group home. This section also requires the Board to approve contracts for construction of such facilities.

- l) Section 16.1-322.7 of the Code of Virginia requires the Board to make, adopt, and promulgate regulations governing ~~eight~~ specific aspects of the private management and operation of local or regional secure juvenile detention centers or other secure facilities.
- m) Section 66-10.1 of the Code of Virginia requires the Board to promulgate regulations to effectuate the purposes of Chapter 5.1 (§32.1-162.16 et seq.) of Title 32.1 of the Code of Virginia governing any human research conducted or authorized by the Department.
- n) Section 66-13 of the Code of Virginia requires the Board to prescribe standards for the development, implementation, and operation of juvenile boot camps.
- o) Section 66-23 authorizes the Board to promulgate regulations to govern the process by which superintendents of juvenile correctional centers consent to residents applying for driver's licenses and issue employment certificates;
- p) Section 66-24 of the Code of Virginia requires the Board to promulgate regulations for the certification of community group homes or other residential care facilities that contract with or are rented for the care of juveniles in direct state care.
- q) Section 66-25.1 of the Code of Virginia requires the Board to promulgate regulations governing the form and review process for any agreement with a public or private entity for the operation of a work program for juveniles committed to the Department.
- r) Section 66-25.6 of the Code of Virginia requires the Board to promulgate regulations governing the private management and operation of juvenile correctional facilities.
- s) Section 66-28 of the Code of Virginia requires the Board to prescribe policies governing applications for grants pursuant to the Delinquency Prevention and Youth Development Act (Chapter 3 of Title 66 of the Code of Virginia) and standards for the operation of programs developed and implemented under the grants.

Article 4. Committees.

§ 4.01. **Special or Ad Hoc Committees**

Special or Ad Hoc Committees may be constituted at any time by action of the Board or the Chairperson. At the time a Special Committee is created, its mission shall be specifically established by action of the Board or by the Chairperson. In creating such Special Committees, the Chairperson shall specify the time within which the Committee is to make its report to the Board.

§ 4.04. **Other Appointments.**

The Chairperson may designate members of the Board from time to time to serve on various task forces, advisory councils, and other committees and to serve as liaison with Department functions and state organizations or associations.

Article 5. Officers.

§ 5.01. Officers Elected from the Board.

The Officers of the Board elected from its membership shall be the Chairperson, Vice-chairperson and Secretary, who shall each be elected by the Board at its first regular meeting of the fiscal year. Officers shall serve for a term of one year and shall be eligible for re-election.

§ 5.02. Chairperson.

The Chairperson shall be the presiding officer of the Board at its meetings. Upon request of the Board, the Chairperson shall act as its spokesperson or representative and shall perform such additional duties as may be imposed on that position by an Act of the General Assembly or by direction of the Board. The Chairperson shall be an ex-officio member of all Committees of the Board.

§ 5.03. Vice-chairperson.

In the absence of the Chairperson at any meeting or in the event of disability or of a vacancy in the office, all the powers and duties of the Chairperson shall be vested in the Vice-chairperson. The Vice-chairperson shall also perform such other duties as may be imposed by the Board or the Chairperson.

§ 5.04. Secretary.

The Secretary shall (1) review and recommend improvements to Board meeting procedures and other relevant Board business so as to facilitate the administrative efficiency of the Board; (2) ensure the development of appropriate resolutions, etc., which are needed by the Board from time to time; (3) serve as the Board's parliamentarian; (4) work closely with the Department staff who are assigned to provide administrative assistance to the Board to review and sign minutes and policy documents, etc.; and (5) to ensure that unique or non-routine materials and equipment are available for the Board to carry out its functions. In the event that both the Chairperson and Vice-chairperson are absent at any meeting, the Secretary shall preside over the meeting.

§5.05. Order of Succession in Absence of Officers

In the event that the Chairperson, Vice-chairperson, and Secretary all are absent from a meeting, the Board member in attendance with the longest tenure on the Board shall be authorized to preside over the meeting. In the event that two or more such members in attendance have served identical terms, the Director shall be authorized to designate one of the two Board members to preside over the meeting.

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Article 6. Department of Juvenile Justice.

§ 6.01. Director.

§ 66-1 of the Code of Virginia establishes the Department of Juvenile Justice under the immediate supervision of a Director who is appointed by the Governor, subject to

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confirmation by the General Assembly. In accordance with § 66-2 of the Code of Virginia, the Director is responsible for supervising the Department and for exercising such other powers and performing such other duties as may be provided by law or as may be required of the Director by the Governor and the Secretary of Public Safety. The Director shall implement such standards and goals of the Board as formulated for local and community programs and facilities. In accordance with § 16.1-234 of the Code of Virginia, it shall be the duty of the Department to ensure that minimum standards established by the Board for court service and other state-operated programs are adhered to.

§ 6.02. Relationship of the Board and Department.

In keeping with the powers and duties imposed upon the Board and upon the Director by law, the Board shall regularly meet with the Director in order that the responsibilities of each are carried out efficiently and cooperatively. The Board shall periodically assess its needs for administrative assistance and how well those needs are being met, and shall so advise the Director. In accordance with § 16.1-309.4 of the Code of Virginia, the Department shall submit to the Board on or before July 1 of odd-numbered years, a statewide plan for the establishment and maintenance of a range of institutional and community-based, diversion, predispositional and postdispositional services to be reasonably accessible to each court. The Department shall establish procedures to ensure (i) the superior quality and timeliness of materials submitted to the Board and (ii) that the Board is informed as early as possible of individuals attending Board meetings.

§ 6.03. Administrative Assistance.

The Department shall provide staff assistance to the Board in carrying out its administrative duties.

Article 7. Amendments and Procedural Irregularities.

§ 7.01. Annual Review.

The Board shall review the By-Laws annually to ensure compliance with any amendments that may have been made to applicable sections of the Code of Virginia.

§ 7.02. Amendments.

The By-Laws may be amended at any regular or special meeting of the Board by an affirmative vote of the majority of the Board, provided that the proposed amendment was included in the notice of the meeting.

§ 7.03. Procedural Irregularities.

Failure to observe procedural provisions of the By-Laws does not affect the validity of Board actions.

§ 7.04. Effective Date.

The foregoing By-Laws are adopted by the Board and are effective as amended, September 12, 2012.

