

2025

# Virginia Department of Juvenile Justice



## **CROSSOVER YOUTH IN VIRGINIA**

Research Unit Report – June 1, 2025

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## Introduction

The term “crossover youth” is used to describe youth with histories of involvement in both juvenile justice and child welfare systems. Youth victims of maltreatment are vulnerable due to traumatic experiences such as abuse and neglect. Studies have shown that these experiences can lead to chronic physical and mental health problems, including Post-Traumatic Stress Disorder (PTSD) and difficulties forming healthy attachments (Bartlett & Rushovich, 2018). Among youth in foster care, multiple placement disruptions can intensify trauma, further increasing the risk of PTSD, behavioral problems, and involvement in the juvenile justice system (Bartlett & Rushovich, 2018; Ryan & Testa, 2005). Youth in foster care are at elevated risk not only of becoming involved with the juvenile justice system, but also of becoming involved at an earlier age and having more serious and chronic involvement (Young et al., 2015). Compounding these effects, crossover youth may progress further into the system due to increased documentation and subsequent criminalization of their circumstances, activities, and behavior while in foster care (Lovaas, 2016).

Without the implementation of best practices like early identification of cross-system involvement, improved information sharing, and coordinated case supervision and service delivery, juvenile justice and child welfare agencies are likely to use resources inefficiently when providing services to crossover youth, leading to increased costs and worse outcomes (Herz & Dierkhising, 2019). In Virginia, local and statewide efforts have been undertaken to identify crossover youth and promote information sharing across agencies. In 2021, the Virginia Commission on Youth authored a report on crossover youth information sharing, which included multiple recommendations. These recommendations included updating statewide guidance on information sharing, amending applicable sections of the *Code of Virginia*, providing relevant training to state employees, and requesting that the Department of Juvenile Justice (DJJ) analyze Virginia’s crossover youth population using the Virginia Longitudinal Data System (VLDS).

VLDS allows state agencies to connect data across agencies while ensuring privacy and confidentiality of personal identifiable information. Participating agencies provide data, and individuals’ data are then linked and anonymized. After receiving approval, these datasets are available for researchers and state agencies to address public policy and research questions. Using an approved VLDS dataset, the purpose of this report is to examine the prevalence of crossover youth in Virginia and their level of involvement with DJJ.

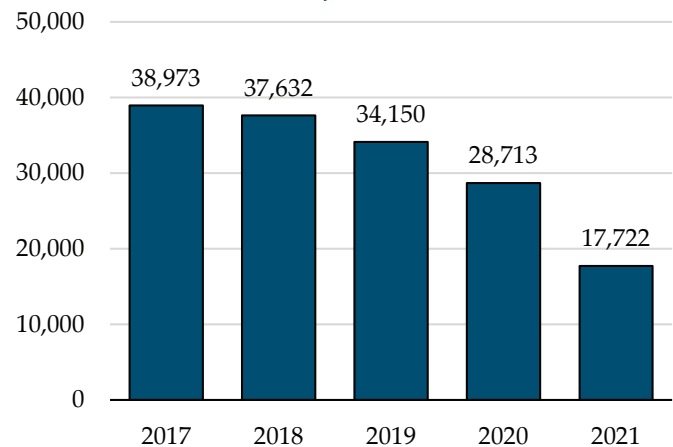
To date, existing research on crossover youth has generally focused on involvement with juvenile justice and either child welfare or foster care. While maintaining a focus on foster care involvement, this report expands the focus to include youth involved with DJJ and additional programs administered by the Virginia Department of Social Services (DSS). Including additional DSS services will help inform how youth interact with both systems, help DJJ and DSS understand any additional vulnerabilities, and help DJJ and DSS more effectively support the crossover youth population.

## Methodology

This report uses VLDS data to analyze the characteristics of Virginia youth who have had contact with both DJJ and DSS. It also details the extent of their involvement with either agency and their geographical distribution throughout the Commonwealth.

This study focused on DJJ juvenile intake cases and complaints between fiscal year (FY) 2017 and FY 2021. The data include approximately 80,000 DJJ-involved youth with 157,000 juvenile intake cases and 219,000 juvenile intake complaints.

### Juvenile Intake Cases, FY 2017-2021



DJJ data were matched with data from select DSS programs and services. DSS involvement was included regardless of timing in relation to the juvenile intake (i.e., before, concurrent, or after). Availability of DSS data varied by calendar year (CY) and DSS program. These programs and services and available years of DSS data are described below, based on definitions from DSS (n.d.) and Fairfax County (n.d.):

- » **Child Support Enforcement (CSE):** collects child support through a federal-state-local partnership to ensure that children have the financial support of both parents, to emphasize that children need both parents involved in their lives, and to reduce public

assistance costs. Analysis includes data from CY 2008 through CY 2021.

- » **Foster Care:** provides services, substitute care, and supervision for children on a 24-hour basis until a child can either return to their family or become a permanent member of another family. Analysis includes data from CY 2003 through CY 2021.
- » **Medicaid:** enables states to provide medical and health-related services to individuals who meet income, resource, and other eligibility criteria. Analysis includes data from CY 2007 through CY 2021.
- » **Supplemental Nutrition Assistance Program (SNAP):** alleviates hunger and malnutrition by increasing the purchasing power of low-income households. Analysis includes data from CY 2007 through CY 2021.
- » **Temporary Assistance for Needy Families (TANF):** provides temporary cash assistance and employment-related services to enable families with children to become self-supporting. Analysis includes data from CY 2007 through CY 2021.
- » **Other:** the following programs and services are included in the “DSS Involved” total but not shown by type of DSS program or service.
  - » **Child Care Assistance:** promotes economic self-sufficiency and child development by assisting families with the cost of providing substitute parental care, protection, guidance, and early childhood education. Analysis includes data from CY 2015 through CY 2021.
  - » **Refugee Resettlement Program:** provides support to men, women and children from all parts of the world forced to flee their homelands because of wars, armed conflicts, and/or human rights violations. The goal of the program is to promote economic self-sufficiency and social integration among refugees. Analysis includes data from CY 2010 through CY 2021.
  - » **Virginia Initiative for Education and Work (VIEW):** provides parents the assistance and resources needed to find and keep a job. Analysis includes data from CY 2007 through CY 2021.

## Definitions

There are many terms to describe youth with involvement in both the juvenile justice system and social service agencies. The following definitions are used throughout this report:

- » **DSS Involved:** youth with one or more juvenile intake complaints between FY 2017 and FY 2021 who were also involved in one or more of the following DSS programs: CSE, foster care, Medicaid, SNAP, TANF, or other services (i.e., child care assistance, refugee resettlement program, VIEW). DSS involvement may occur at any time regardless of timing in relation to the juvenile intake (i.e., before, concurrent, or after).
  - » **Foster Care Involved:** a subset of DSS involved youth. Youth with one or more juvenile intake complaints between FY 2017 and FY 2021 who were also in foster care. Foster care involvement may occur at any time regardless of timing in relation to the juvenile intake (i.e., before, concurrent, or after).
  - » **Concurrent Involvement:** involvement in DSS services or programs in the same CY a juvenile intake complaint was opened. Youth who had involvement with DJJ and DSS in different CYs are not identified as concurrent youth in the data even if the involvement with each agency occurred within a 12-month period.
- » **Juvenile Intake Case:** one or more intake complaints for a youth involving an alleged delinquent act, a child in need of services (CHINS), a child in need of supervision (CHINSup), or a status offense.
- » **Juvenile Intake Complaint:** a request for the processing of a petition to initiate a matter that is alleged to fall within the jurisdiction and venue of a particular juvenile and domestic relations district court.
- » **Not DSS Involved:** youth with one or more juvenile intake complaints with *no* involvement in any of the following DSS programs or services during the years for which data are available: CSE, foster care, Medicaid, SNAP, TANF, or other services (i.e., child care assistance, refugee resettlement program, VIEW).
- » **Petition:** a document filed with the juvenile and domestic relations district court by the intake officer initiating formal court action.
- » **Probation:** a court-ordered disposition placing a youth under the supervision of a court service unit (CSU) in the community, requiring compliance with specified rules and conditions.

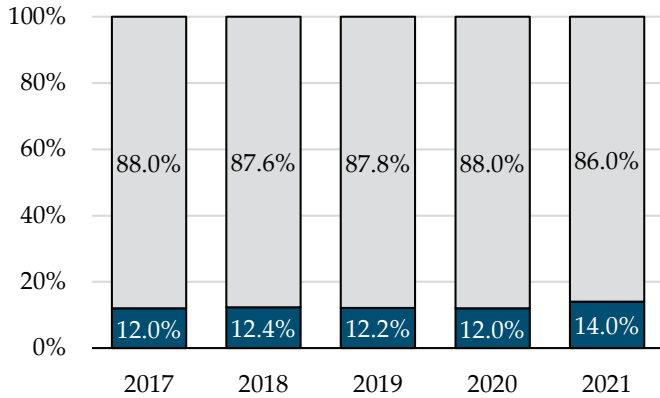
- » **Commitment:** a court-ordered disposition placing a youth in the custody of DJJ for a determinate or indeterminate period of time.

## Limitations and Caveats

- » Any changes to the data after the download date are not reflected in this report.
- » Data for DSS services were available for different time ranges, which could impact calculations and reported percentages.
- » Data for “Other” DSS services are included in the “DSS Involved” total but are not shown as a separate group.
- » Individuals without identifiers (e.g., name, date of birth) are excluded because matching those cases across agencies is not possible.
- » Percentages may not add to 100% due to rounding.
- » Not all CSUs receive and enter all court summons paperwork.
- » When intake decisions are reported, the initial decision is counted. Petitioned intake complaints do not include unsuccessful diversions with a petition filed.
- » The “Other” category for initial intake decisions includes the following: accepted via ICJ, pending, returned to out-of-state, and shelter care only.
- » The “Other” category for complainant type includes the following: ABC Board, Community Services Boards, Commonwealth’s Attorney, detention home, fire department, group home, mental health official, and the United States Naval Criminal Investigative Service.
- » “Other Status” in this report includes curfew violations, motion to show cause – parents fail to obey CHINS/delinquency order, failure to obey CHINS/delinquency order, possession of tobacco by a minor, and civil commitments.
- » The analysis is based on juvenile intake complaints or cases; therefore, probation placements or commitments associated with multiple intake complaints or cases are represented multiple times.

## Juvenile Intake Cases with Foster Care and DSS Involvement

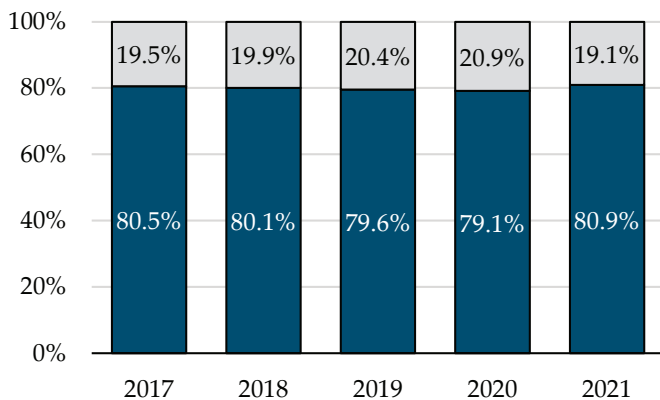
### Juvenile Intake Cases by Foster Care Involvement and FY of Intake



■ Foster Care Involved □ Not Foster Care Involved

- » In FY 2021, there were 17,722 juvenile intake cases, and 2,489 (14.0%) cases had involvement with foster care.
- » The percentage of juvenile intake cases with foster care involvement remained steady between FY 2017 and FY 2021 (12.0%-14.0%). Approximately one out of every eight juvenile intake cases involved a youth with foster care involvement.

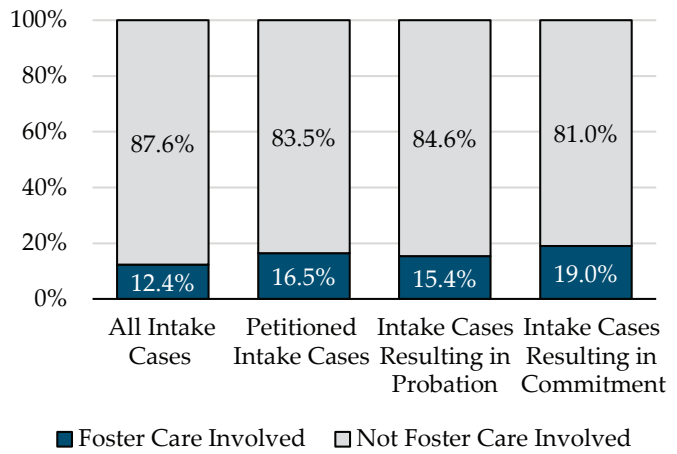
### Juvenile Intake Cases by DSS Involvement and FY of Intake



■ DSS Involved □ Not DSS Involved

- » The majority of juvenile intake cases between FY 2017 and FY 2021 had involvement with DSS services, remaining steady around 80% each year.

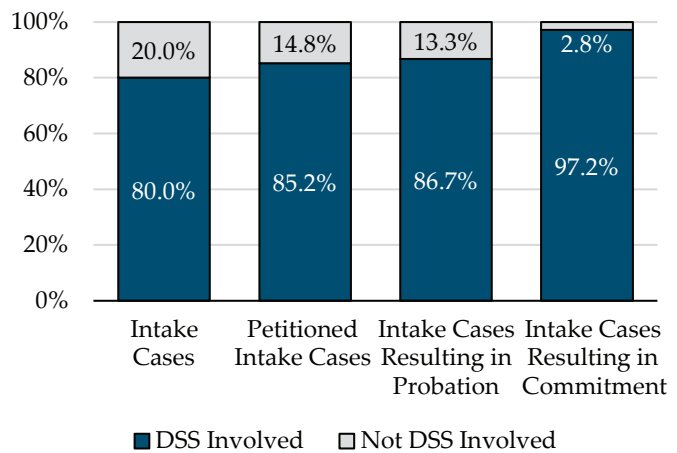
## Juvenile Intake Cases by Foster Care Involvement and Level of DJJ Involvement\*



\* Some cases had pending court decisions at the time of data download.

- » The percentage of juvenile intake cases with foster care involvement was highest among cases resulting in commitment.

## Juvenile Intake Cases by DSS Involvement and Level of DJJ Involvement\*

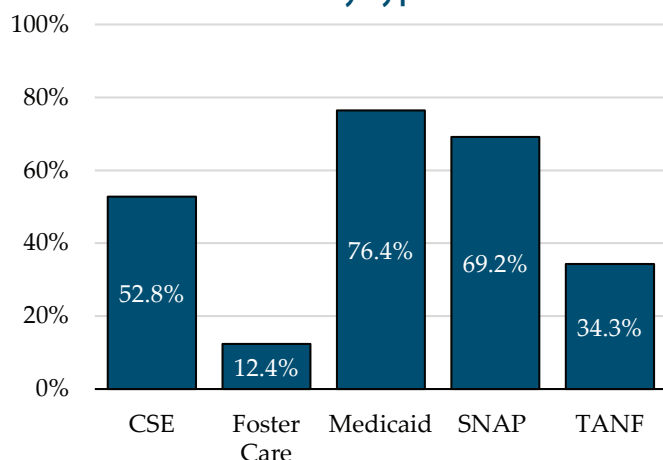


\* Some cases had pending court decisions at the time of data download.

- » The percentage of juvenile intake cases with DSS involvement increased with deeper juvenile justice system involvement.
- » Almost all juvenile intake cases (97.2%) that resulted in commitment had DSS involvement.

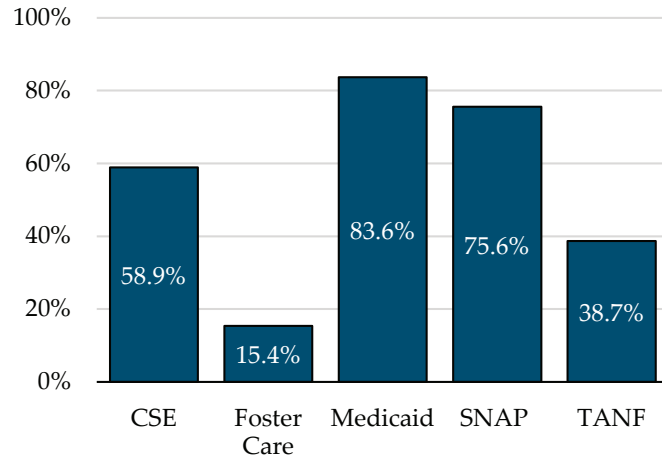
## Juvenile Intake Cases by Type of DSS Service

Juvenile Intake Cases by Type of DSS Service



» More than half of juvenile intake cases had involvement with Medicaid (76.4%), SNAP (69.2%), and CSE (52.8%). (See Appendix B for service type involvement by CSU).

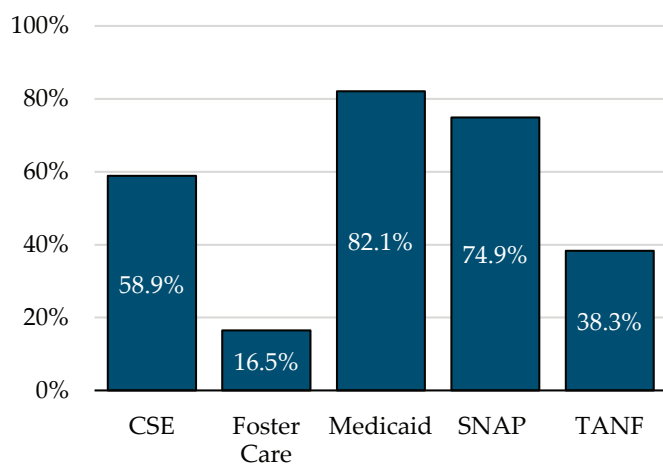
## Juvenile Intake Cases Resulting in Probation by Type of DSS Service\*



\* Some cases had pending court decisions at the time of data download.

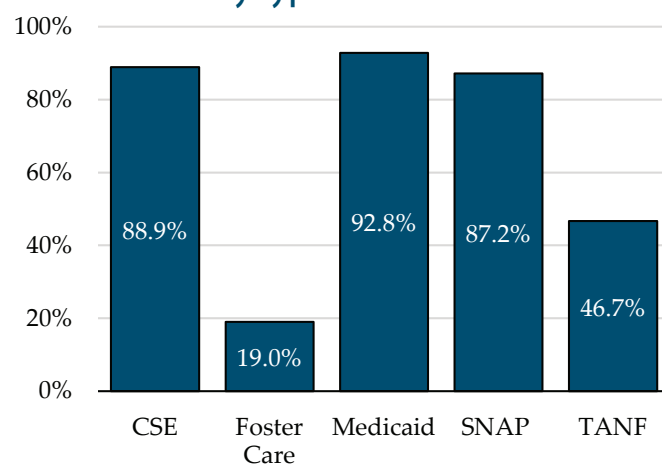
» More than 75% of juvenile intake cases resulting in probation had involvement with Medicaid and SNAP.

## Petitioned Juvenile Intake Cases by Type of DSS Service



» 82.1% of petitioned juvenile intake cases had involvement with Medicaid; 74.9% had involvement with SNAP; and more than half had involvement with CSE (58.9%).

## Juvenile Intake Cases Resulting in Commitment by Type of DSS Service\*



\* Some cases had pending court decisions at the time of data download.

» More than 85% of juvenile intake cases resulting in commitment had involvement with Medicaid, CSE, and SNAP.

## Demographics and DSS Involvement

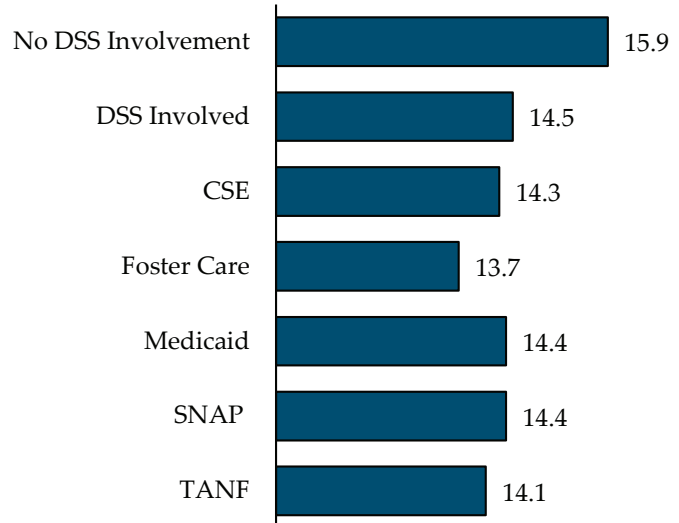
### Juvenile Intake Case Demographics\*

Demographics	Not DSS Involved	DSS Involved	Foster Care
<b>Race</b>			
Asian	2.0%	0.7%	0.5%
Black	24.4%	45.8%	42.7%
White	60.0%	45.0%	49.7%
Other/Unknown	13.6%	8.5%	7.1%
<b>Ethnicity</b>			
Hispanic	14.6%	10.2%	7.0%
Non-Hispanic	27.2%	45.1%	60.7%
Unknown/Missing	58.2%	44.7%	32.3%
<b>Sex</b>			
Female	31.1%	33.4%	38.2%
Male	68.9%	66.6%	61.8%
<b>Age at Intake</b>			
10 and Under	1.7%	3.0%	3.9%
11-12	4.0%	6.4%	7.1%
13-14	15.3%	21.0%	25.1%
15	15.4%	18.2%	20.2%
16	23.8%	22.9%	21.8%
17	33.9%	25.2%	19.7%
18	4.1%	2.9%	1.9%
19-20	0.3%	0.4%	0.3%
Missing	1.3%	0.1%	0.0%
<b>Total Cases</b>	<b>31,438</b>	<b>125,752</b>	<b>19,426</b>

\* Effective in FY 2020, ethnicity became a required data entry field.

- » Compared to those without DSS involvement, youth with foster care involvement were more often Black, non-Hispanic, female, and younger.
- » Black youth represented 24.4% of youth with no DSS involvement, 45.8% of youth with DSS involvement, and 42.7% of youth with foster care involvement.
- » Hispanic youth represented 14.6% of youth with no DSS involvement, 10.2% of youth with DSS involvement, and 7.0% of youth with foster care involvement.
- » Female youth represented 31.1% of youth with no DSS involvement, 33.4% of youth with DSS involvement, and 38.2% of youth with foster care involvement.
- » Youth aged 14 and under represented 21.1% of youth with no DSS involvement, 30.4% of youth with DSS involvement, and 36.1% of youth with foster care involvement.

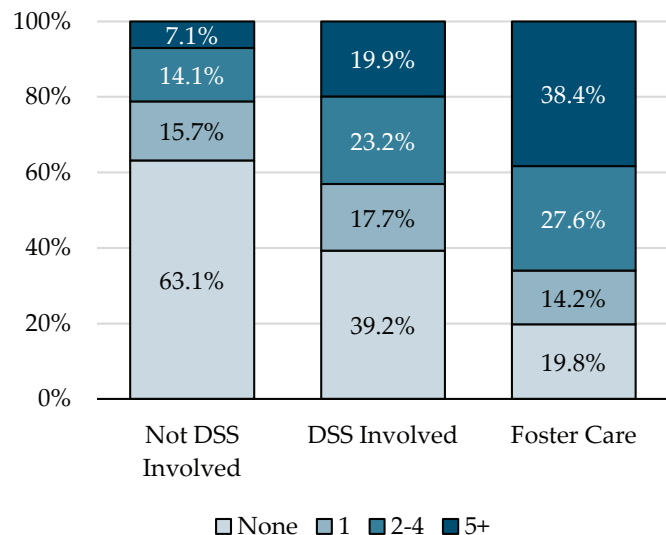
### Median Age at First Delinquent Complaint\*



\* CHINS/CHINSup complaints, missing/unknown ages, and ages under eight are excluded.

- » The median age at first delinquent complaint for juvenile intake cases without DSS involvement was 15.9 years, higher than the median age for those with DSS involvement (14.5).
- » The median age at first delinquent complaint was lowest for juvenile intake cases with foster care involvement (13.7 years).

### Number of Prior Juvenile Intake Cases



- » Approximately 80% of juvenile intake cases with foster care involvement had at least one prior juvenile intake case. Of the juvenile intake cases with no DSS involvement, 36.9% had at least one prior case.
- » Nearly 40% of juvenile intake cases with foster care involvement had five or more prior cases (38.4%).



## Complainant and Intake Decision

### Juvenile Intake Complainant Type

Complainant Type	Not DSS Involved	DSS Involved	Foster Care
Community Member	7.8%	10.1%	14.1%
Court	1.6%	2.1%	3.3%
DJJ Probation/Parole Officer (PO)	4.6%	8.3%	12.5%
Law Enforcement	70.2%	59.2%	48.5%
School Official/Resource Officer	12.8%	16.2%	12.5%
VDSS	0.4%	1.0%	4.0%
Other	2.5%	3.1%	5.2%
<b>Total</b>	<b>42,988</b>	<b>175,702</b>	<b>25,803</b>

» Compared to those with no DSS involvement, complaints with foster care involvement were less likely to be made by law enforcement (48.5% vs. 70.2%) and more likely to be made by DJJ POs (12.5% vs. 4.6%) or community members (14.1% vs. 7.8%), including parents and foster parents.

### Juvenile Intake Complaint Initial Decisions\*

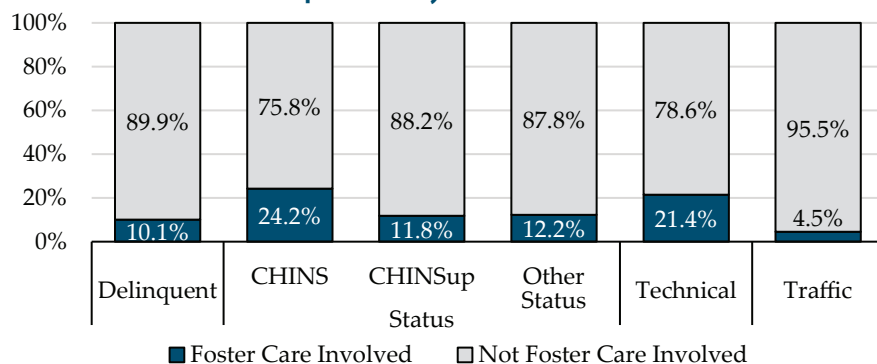
Intake Decision	Not DSS Involved	DSS Involved	Foster Care
Court Summons	13.1%	6.9%	4.0%
Detention Order Only	0.7%	1.2%	1.7%
Diversion Plan	22.4%	15.0%	7.8%
Petitioned	49.5%	66.5%	78.7%
Resolved	12.0%	8.7%	6.5%
Unfounded	1.2%	1.2%	0.8%
Other	1.0%	0.6%	0.4%
<b>Total</b>	<b>42,988</b>	<b>175,702</b>	<b>25,803</b>

\* Not all CSUs receive and enter all court summons paperwork.

- » 78.7% of juvenile intake complaints with foster care involvement were initially petitioned, compared to 49.5% of juvenile intake complaints with no DSS involvement.
- » 22.4% of juvenile intake complaints with no DSS involvement were initially diverted, compared to 7.8% of juvenile intake complaints with foster care involvement.

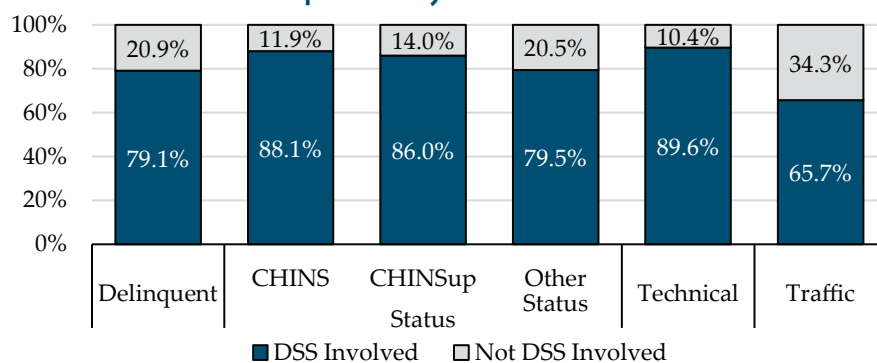
## Offense Severity and Category

### Juvenile Intake Complaints by Foster Care Involvement and Offense Type\*



- » The percentage of juvenile intake complaints with foster care involvement was highest among CHINS complaints and technical violations (24.2% and 21.4%, respectively) and lowest for traffic offenses (4.5%).
- » Among CHINSup complaints, juvenile intake complaints with foster care involvement made up 25.7% of complaints for running away and 8.5% of complaints for truancy.

### Juvenile Intake Complaints by DSS Involvement and Offense Type\*



- » The percentage of juvenile intake complaints with DSS involvement was highest among technical violations (89.6%), CHINS (88.1%), and CHINSup (86.0%) complaints.

\* "Other Status" in this report includes civil commitments in addition to status offenses such as tobacco and curfew-related offenses.

## Juvenile Intake Complaints by Offense Severity

Offense Severity	Not DSS Involved	DSS Involved	Foster Care
<b>Felony</b>			
Against Persons	7.4%	8.8%	7.7%
Weapons/Narcotics Dist.	1.1%	0.9%	0.4%
Other	10.4%	11.2%	10.7%
<b>Class 1 Misdemeanor</b>			
Against Persons	12.7%	14.1%	14.2%
Other	27.6%	22.4%	18.2%
Prob./Parole Violation	2.1%	5.2%	8.5%
Court Order Violation	3.2%	6.9%	11.4%
Status Offense	12.6%	13.2%	19.5%
Other	22.8%	17.3%	9.5%
<b>Total Complaints</b>	<b>42,988</b>	<b>175,702</b>	<b>25,803</b>

» Among juvenile intake complaints with foster care involvement, 39.4% were for probation or parole violations, court order violations, and status offenses. Among complaints with no DSS involvement, 17.9% percent were for the same offenses.

## Juvenile Intake Cases Resulting in Commitment by Most Serious Offense (MSO) Severity

MSO Severity	Not DSS Involved	DSS Involved	Foster Care
<b>Felony</b>			
Against Persons	62.7%	33.0%	27.3%
Weapons/Narcotics Dist.	1.5%	2.5%	2.0%
Other	19.4%	27.8%	26.2%
<b>Class 1 Misdemeanor</b>			
Against Persons	3.0%	7.7%	10.9%
Other	7.5%	9.4%	10.4%
Prob./Parole Violation	3.0%	16.2%	18.2%
Court Order Violation	3.0%	2.2%	4.4%
Other	0.0%	1.1%	0.6%
<b>Total Complaints</b>	<b>67</b>	<b>2,257</b>	<b>451</b>

» Among juvenile intake cases resulting in commitment, 55.4% of foster care involved cases had a most serious committing offense of felony, and 21.3% had a most serious committing offense of Class 1 misdemeanor. For cases with no DSS involvement, 83.6% had a most serious committing offense of felony, and 10.4% had a most serious committing offense of Class 1 misdemeanor.

## Juvenile Intake Complaints by Offense Category\*

Offense Category	Not DSS Involved	DSS Involved	Foster Care
Alcohol	4.0%	1.6%	1.0%
Assault	12.0%	15.1%	15.9%
Burglary	1.8%	2.3%	2.2%
CHINS	2.4%	4.4%	8.1%
CHINSup	6.3%	9.4%	8.8%
Civil Commitment	2.1%	2.2%	3.5%
Contempt of Court	3.2%	6.9%	11.4%
Disorderly Conduct	1.8%	2.2%	1.5%
Fraud	1.7%	1.6%	1.9%
Larceny	12.8%	11.6%	9.8%
Misc./Other	3.6%	2.2%	1.8%
Narcotics	9.4%	5.4%	2.6%
Obstruction of Justice	1.5%	1.7%	1.6%
Other Status Offense	3.9%	3.6%	2.5%
Probation Violation	2.1%	4.6%	7.6%
Robbery	1.1%	1.8%	1.2%
Sexual Abuse	1.8%	1.4%	1.4%
Traffic	12.9%	6.0%	2.8%
Trespass	2.8%	2.0%	1.5%
Vandalism	5.0%	5.7%	6.1%
Weapons	2.0%	3.2%	1.7%
<b>Total Complaints</b>	<b>42,988</b>	<b>175,702</b>	<b>25,803</b>

\* Percentages may not add to 100% because categories with less than 1.0% are included in the totals but not displayed.

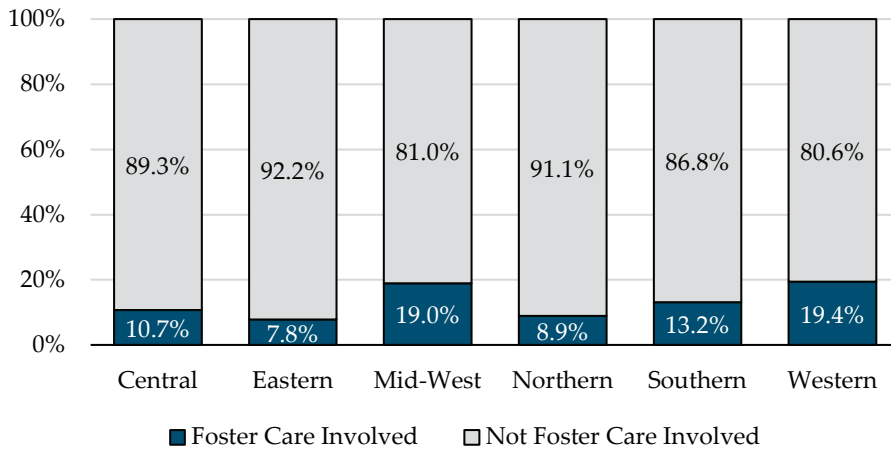
» Among complaints with foster care involvement, 36.1% were for CHINS, CHINSup, contempt of court, and probation violation offenses, compared to 14.0% among complaints with no DSS involvement.

Youth with foster care involvement tend to have lower-level offenses, even as they move deeper into the juvenile justice system.

## Region and Locality

### Juvenile Intake Cases by Foster Care Involvement and DJJ

#### Region at Intake\*

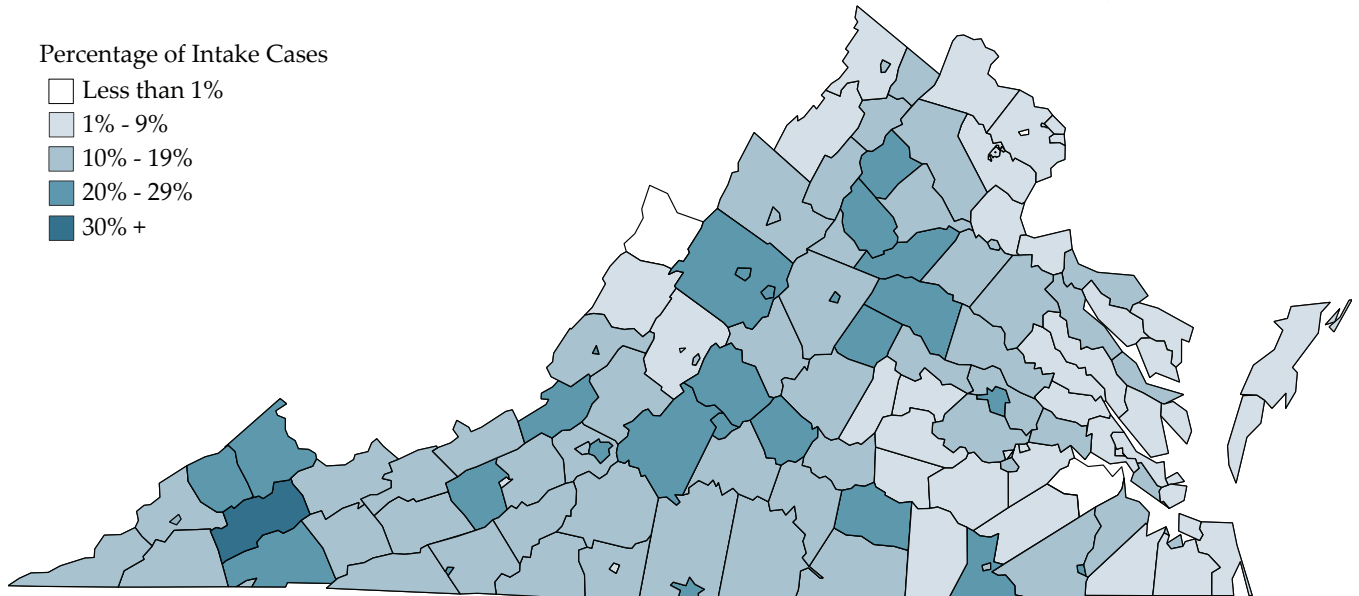


» The percentage of juvenile intake cases with foster care involvement across regions ranged from 7.8% to 19.4%.

» The percentage of juvenile intake cases with foster care involvement was highest in the Mid-West and Western regions (19.0% and 19.4%, respectively).

\* Region is determined by the locality where a juvenile intake case was opened, regardless of the location of DSS services.

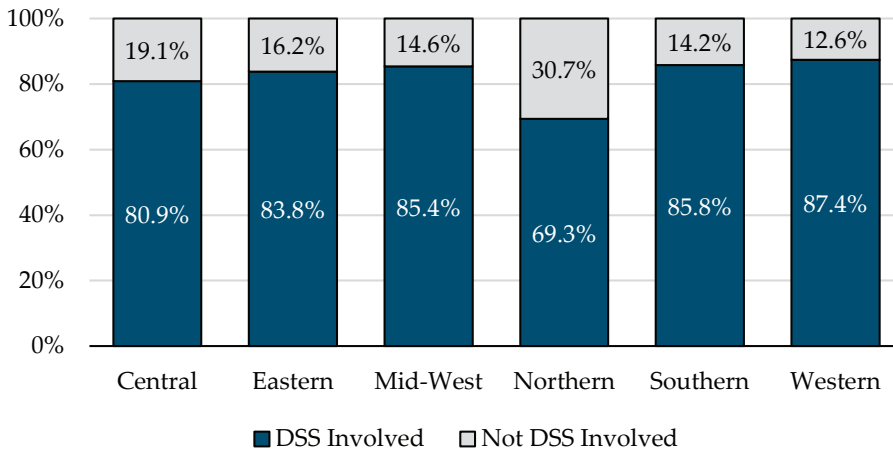
### Percentage of Juvenile Intake Cases with Foster Care Involvement by Locality\*



\* Locality is determined by the locality where a juvenile intake case was opened, regardless of the location of foster care services.

» The percentage of juvenile intake cases with foster care involvement varied across the Commonwealth, ranging from 0.0% to 30.6% of all intake cases in a locality. There were 29 localities that had at least 20% of intake cases with foster care involvement. Russell County was the only locality that had at least 30% of intake cases with foster care involvement.

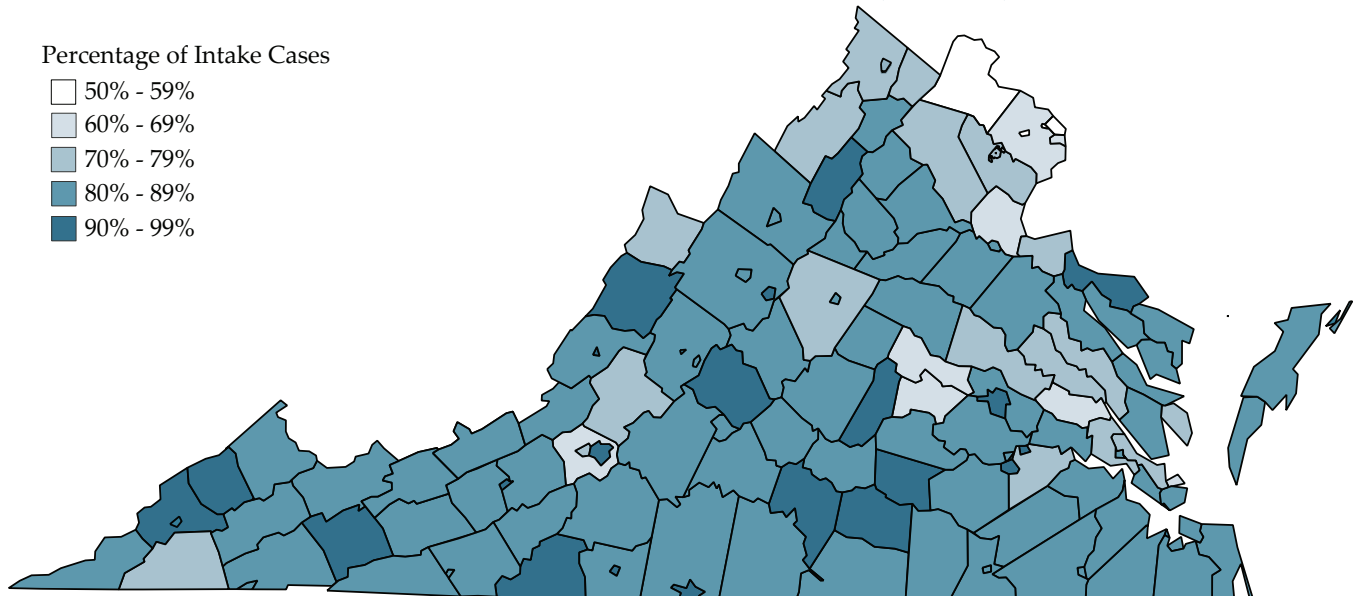
## Juvenile Intake Cases by DSS Involvement and DJJ Region at Intake\*



- » The percentage of juvenile intake cases with DSS involvement across regions ranged from 69.3% in the Northern region to 87.4% in the Western region.
- » With the exception of the Northern region, the percentage of juvenile intake cases with DSS involvement was greater than 80% across all regions.

\* Region is determined by the locality where a juvenile intake case was opened, regardless of the location of DSS services.

## Percentage of Juvenile Intake Cases with DSS Involvement by Locality\*

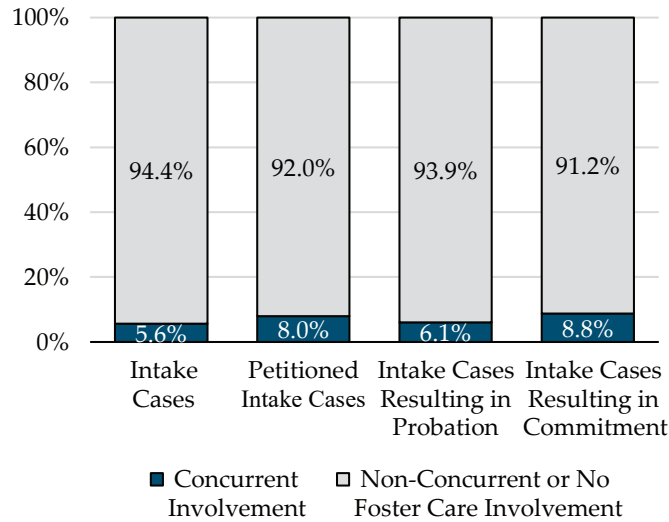


\* Locality is determined by the locality where a juvenile intake case was opened regardless of the location of DSS services.

- » The percentage of juvenile intake cases with DSS involvement varied across the Commonwealth, ranging from 50.2% to 94.8% in a locality. In 110 of 133 localities, at least 75% of intake cases had DSS involvement, and in 66 localities, 85% or more of intake cases had DSS involvement.

## Juvenile Intake Cases with Concurrent DSS Involvement

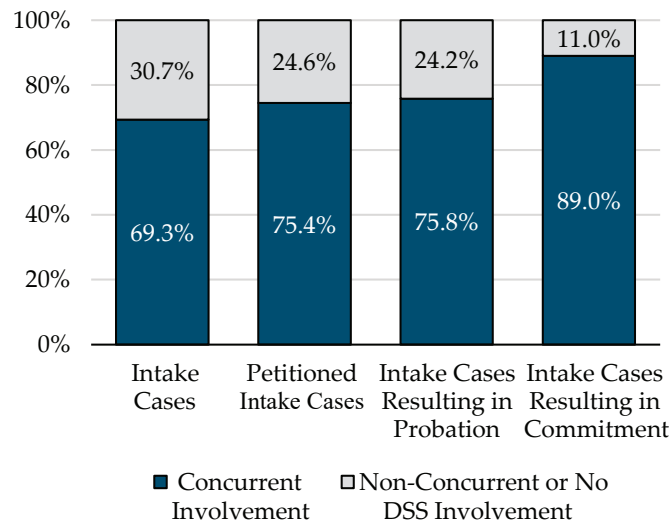
### Juvenile Intake Cases by Concurrent Foster Care Involvement and Level of DJJ Involvement\*



\* Some cases had pending court decisions at the time of data download.

» 5.6% of all intake cases had concurrent foster care involvement, along with 8.0% of petitioned intake cases.

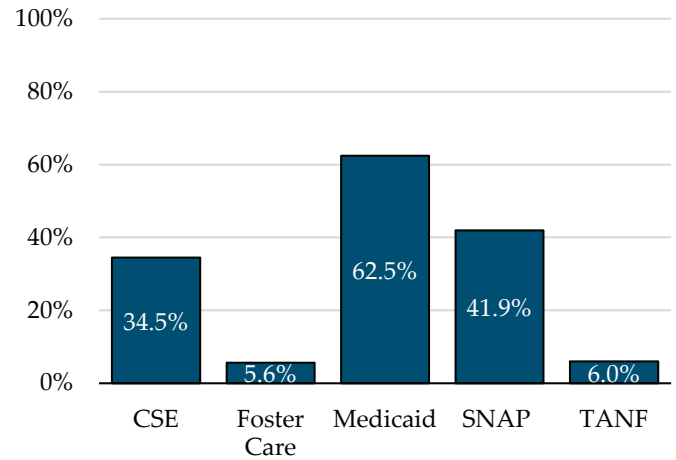
### Juvenile Intake Cases by Concurrent DSS Involvement and Level of DJJ Involvement\*



\* Some cases had pending court decisions at the time of data download.

» 69.3% of all intake cases had concurrent DSS involvement, along with 75.4% of petitioned intake cases.

## Juvenile Intake Cases by Type of Concurrent DSS Service



» 62.5% of all juvenile intake cases had concurrent involvement with Medicaid, and 41.9% had concurrent involvement with SNAP.

Concurrent involvement is defined as involvement in DSS services or programs in the same CY a juvenile intake complaint was opened.

## Findings and Recommendations

Research indicates that crossover youth tend to have earlier and more chronic involvement with the juvenile justice system. These findings are affirmed in the data examined in this report. Between FY 2017 and FY 2021, the median age at first delinquent complaint among youth was lowest for those with foster care involvement. More than one third (36.1%) of youth with foster care involvement were under age 14 at the time of their juvenile intake case, compared to 30.4% of youth with any DSS involvement and 21.0% of youth with no DSS involvement. Additionally, nearly 40% of juvenile intake cases with foster care involvement had five or more prior intake cases, compared to approximately 20% of cases with any DSS involvement and 7% of cases with no DSS involvement. These findings indicate that, in Virginia, youth with foster care involvement come into contact with DJJ at earlier ages overall and more frequently over time than their peers without foster care involvement.

Additional patterns emerged when examining juvenile intake complaints and complainants, suggesting youth in foster care may experience contact with the juvenile justice system in different ways than those without foster care involvement. These differences may be related to system processes rather than youth's individual risks and behaviors. Complaints from law enforcement were less common among complaints with foster care involvement compared to those without; instead, community members, courts, DJJ POs, and DSS complainants were more common among complaints with foster care involvement. Additionally, a substantial portion (39.4%) of juvenile intake complaints with foster care involvement were for probation or parole violations, court order violations, or status offenses, compared to only 17.9% among complaints with no DSS involvement. Complaints with foster care involvement also had the highest percentage of petitioned complaints and the lowest percentage of diverted complaints, and cases that resulted in commitment were more likely to be for misdemeanors or parole violations rather than felonies compared to cases with no DSS involvement. Together, these findings indicate that (i) complaints with foster care involvement tend to come from sources responsible for documenting youth rather than from law enforcement contact; (ii) a higher percentage of these complaints are for less serious offenses, including status offenses and technical violations; (iii) a higher percentage of these complaints result in a petition, moving them deeper into the juvenile justice system; and (iv) cases with foster care involvement that result in the most severe juvenile disposition—commitment—are for lower-level offenses that may result in communi-

ty-based dispositions for other youth. These findings support prior research that found foster care youth may experience more chronic involvement with the juvenile justice system due to increased documentation of their circumstances, activities, and behavior relative to their peers (Lovaas, 2016) and not just differences in levels of delinquency. For example, a foster parent may be required to report a youth's behaviors that qualify for a juvenile intake complaint, particularly if the youth violates probation rules; however, parents without those same requirements may not report their own child for a violation or offense. Additionally, youth with foster care involvement may move deeper into the juvenile justice system via more frequent petitions and commitments for less serious offenses if they lack parents willing to support diversions and community-based interventions at home.

When paired, the fact that foster care youth are more likely to have their behaviors observed and documented and the research detailing the significant needs of foster care youth produce a complex picture. The experiences and challenges faced by foster care youth necessitate observation and documentation for the purpose of service provision. At the same time, increased observation combined with the absence of natural family supports for more informal processing and interventions may lead to increased contact with the juvenile justice system and over-criminalization of youth's behaviors due to their family circumstances. DJJ and DSS must be aware of this dynamic and consider any unintended consequences when planning programming and supports for crossover youth.

Based on findings in this report, the recommendations made by the Virginia Commission on Youth in 2021, and best practices (see Appendix C for examples of best practices), DJJ and DSS should prioritize the following actions:

**Recommendation 1:** DSS should enhance prevention and support services to help youth avoid becoming DJJ-involved, develop protocols to prohibit reporting non-delinquent behavior to DJJ, and establish processes and services to allow crossover youth to stay in the community and receive diversion and community-based interventions when appropriate. The findings indicate youth with foster care involvement make contact with DJJ earlier and more often, are more likely to be reported by non-law enforcement, and experience deeper system involvement for lower-level offenses. Based on these patterns, DJJ may be relied on currently as the "enforcer" for managing DSS-involved youth's behavioral issues. Instead, DSS should provide prevention and support services to help prevent the pathway from DSS to DJJ. Additionally, DSS should consider

if or how any current or future practices may lead to a foster youth's entry into the juvenile justice system. Behavioral issues and non-delinquent behavior should be addressed through prevention and support services rather than utilizing the juvenile justice system to avoid deeper involvement. Separation of the agencies is key in order to prevent at-risk youth from becoming or being labeled as "delinquent" and progressing further into the juvenile justice system.

**Recommendation 2:** Agency leaders should form a multiagency task force to improve collaboration and strengthen policies and practices for addressing the needs of crossover youth. While DSS-provided prevention and support services for youth in foster care are ideal to avoid unnecessary juvenile justice involvement, some youth will still need the services of both DSS and DJJ. In these cases, collaboration in case management, information sharing, and service delivery is imperative.

This task force should consist of representatives from DJJ and DSS. Additional representatives should also include the Department of Behavioral Health and Developmental Services, Office of Children's Services, Department of Education, Juvenile and Domestic Relations Court judges, youth and family representatives, advocates (e.g., court appointed special advocates). DJJ members should include representatives from Community Programs; Education and Rehabilitative Care; Quality Assurance; Reentry and Intervention; Compliance and Legal Support; Data, Research, and Records Integrity; Legislative and Regulatory Affairs; Training; and Information Technology.

In addition to the experience and expertise of the members listed above, the task force should utilize existing resources. Georgetown University's Crossover Youth Practice Model and the Robert F. Kennedy National Resource Center for Juvenile Justice's Dual Status Youth Reform, for example, offer frameworks to guide cross-system collaboration. These models have been used across the country, including by the City of Alexandria, and provide agencies support in developing and implementing cross-system information sharing and integrated system practices. The task force should adopt one of these models to build a stronger, more coordinated approach for addressing the needs of crossover youth. While utilizing the model, the task force should address the following:

- » Improve guidance on information sharing. The Commission on Youth's 2021 report recommends creating updated data sharing guidance at the state level and amending the *Code of Virginia* to clarify that the early identification of crossover youth between agencies is allowable. Providing data sharing guidance will help DJJ and DSS staff understand the type of informa-

tion that can legally be shared while also ensuring that youth information is protected. Written guidance should specify at which points data sharing is required, the type of information that is allowed to be shared, and the roles and responsibilities of each agency. Early identification of crossover youth is considered a best practice (Herz & Dierkhising, 2019). However, some local departments of social services refrain from sharing data with DJJ due to confusion about what is permissible under current laws (Commission on Youth, 2021). Improving guidance and amending the *Code of Virginia* where appropriate will address these concerns and support more effective collaboration across agencies.

- » Develop methods to improve data sharing between agencies. Best practices show that improved data collection and real-time data sharing methods allow agencies to more effectively identify crossover youth and address their unique needs. DJJ and DSS should develop a plan for implementing real-time data sharing using available technology and careful account access permissions. DJJ and DSS operate separate data systems, but creating a more automated method to share appropriate information in both directions at key decision points in a case could alleviate reliance on more manual processes. This process will likely take time due to the complexity of the issue; therefore, DJJ and DSS should create both short-term and long-term goals that will support change at a realistic pace and work toward meeting the standards of best practice.
- » Review the 2015 Memorandum of Agreement for Children in Foster Care Committed to DJJ and finalize the model memorandum of understanding detailing collaborative efforts with local departments of social services and court service units for crossover youth. These documents should be reviewed and updated in light of current best practices to ensure the most effective and informed approaches are being used. These documents will help give staff guidance on their roles and responsibilities, understand the purpose and the scope, ensure privacy and security, and improve the coordination of services.
- » Examine case planning and service delivery procedures across agencies. By jointly studying processes with the intention of comprehensive service provision for crossover youth rather than identifying each agency's separate roles, the workgroup can pinpoint any gaps, conflicts, or duplicated efforts and recommend changes. One potential recommendation could include assigning a dedicated staff member within each CSU and local department of social services to manage a caseload specifically for the crossover youth population.

» Develop interagency training that can be provided regularly to DJJ and DSS staff on how to effectively share case information and coordinate service provision. Providing this training regularly will empower DJJ and DSS staff to better serve crossover youth while making more efficient use of available resources.

**Recommendation 3:** DJJ should convene an internal team to (i) examine procedures and practices to streamline resources for crossover youth and (ii) identify areas where case planning for crossover youth can be improved. While the interagency task force would address these same elements with an eye toward collaboration, the internal team would focus on actions DJJ can take unilaterally to improve service provision for crossover youth and, where possible, prevent deeper contact with the juvenile justice system. This recommendation should be implemented by representatives from Community Programs, Education and Rehabilitative Care, Reentry and Intervention, Quality Assurance, Legislative and Regulatory Affairs, Compliance and Legal Support, and Training.

**Recommendation 4:** DJJ should improve data tracking and data management for crossover youth. DJJ should examine how to revise existing fields and add new data fields (as necessary) to its electronic data management system (BADGE) to better track DSS involvement. DJJ should identify the responsible staff for entering this information at specific decision points in a youth's case and ensure they are properly informed about their data entry role. Currently, there is limited information available in BADGE to identify youth with juvenile justice and child welfare involvement. While some data exists (e.g., foster care precommitment alert, child neglect indicator), there is not a way to identify all youth involved with both systems or effectuate case coordination between DJJ and DSS. Adding new data fields could assist DJJ and DSS staff in identifying crossover youth and improving case planning.

**Recommendation 5:** DSS should add Child Protective Services (CPS) data to VLDS, which can indicate neglect, maltreatment, or abuse. Currently, there is no information in VLDS about CPS referrals or investigations that might occur prior to a potential foster care placement. Research that incorporated data on CPS investigations, cases, and foster care involvement has found that between 45-70% of these youth also experience involvement with the juvenile justice system (Herz & Dierkhising, 2019), suggesting the percentage of youth who have experienced abuse or neglect and have juvenile justice involvement is likely larger than the 12.4% of juvenile intake cases identified in this report as having foster care involvement. Access to CPS data would allow DJJ and

DSS to better understand both the prevalence of youth with juvenile justice and child welfare involvement in Virginia and the outcomes associated with multisystem involvement.

**Recommendation 6:** DJJ's Research Unit, in collaboration with DSS, should continue studying Virginia's crossover youth population and conduct a more in-depth study on the extent of DJJ youths' DSS involvement. A future report could examine the number of years the youth were involved with DSS, the reason(s) why foster care youth were removed from their homes, and the timing between DSS and DJJ involvement, all of which could be used to identify potential intervention points and services to reduce contact with the juvenile justice system.



## Appendix A: References

Bartlett, J. D., & Rushovich, B. (2018). Implementation of trauma systems therapy-foster care in child welfare. *Children and Youth Services Review, 91*, 30-38. <https://doi.org/10.1016/j.childyouth.2018.05.021>

Fairfax County. (n.d.). *Department of Family Services - Employment and Training*. <https://www.fairfaxcounty.gov/familyservices/employment-and-training/>

Herz, D.C. & Dierkhising, C.B. (2019). *OJJDP Dual System Youth Design Study: Summary of findings and recommendations for pursuing a national estimate of dual system youth*. Washington, D.C.: U.S. Department of Justice, Office of Justice Programs. <https://www.ojp.gov/pdffiles1/ojjdp/grants/252717.pdf>

Lovaas, J. L. (2016). Policing through 'paperwork': Foster youth files and archival surveillance in the 21st century. *Global Studies of Childhood, 6*(4), 442-454. <https://doi.org/10.1177/2043610616676027>

Ryan, J. P., & Testa, M. F. (2005). Child maltreatment and juvenile delinquency: Investigating the role of placement and placement instability. *Children and youth services review, 27*(3), 227-249. <https://doi.org/10.1016/j.childyouth.2004.05.007>

Virginia Commission on Youth. (2021). *Study on Crossover Youth Information Sharing*. <https://rga.lis.virginia.gov/Published/2021/RD594/PDF>

Virginia Department of Social Services. (n.d.). *Annual Statistical Report*. [https://www.dss.virginia.gov/geninfo/annual\\_report/index.html](https://www.dss.virginia.gov/geninfo/annual_report/index.html)

Young, D., Bowley, A., Bilanin, J., & Ho, A. (2015). Traversing two systems: An assessment of crossover youth in Maryland. <https://www.ncjrs.gov/pdffiles1/nij/grants/248679.pdf>

## Appendix B: DSS Involvement by CSU

### Juvenile Intake Cases by Type of DSS Service, FY 2017-2021\*

CSU	Total Juvenile Intake Cases	Percentage with DSS Involvement by DSS Service Type						Percentage with Concurrent DSS Involvement	
		CSE	Foster Care	Medicaid	SNAP	TANF	Total DSS Involved	Foster Care	Total DSS Involved
1	3,780	59.4%	7.0%	78.7%	72.8%	36.8%	83.0%	2.8%	71.6%
2	5,765	54.2%	7.5%	76.8%	69.1%	30.8%	81.8%	3.1%	67.8%
2A	1,047	56.8%	3.5%	78.4%	71.3%	33.0%	81.0%	2.2%	73.1%
3	2,474	69.2%	11.8%	86.0%	82.7%	48.9%	87.9%	6.1%	81.3%
4	7,409	63.4%	7.7%	82.1%	78.8%	44.3%	84.8%	3.0%	77.8%
5	2,366	67.3%	11.2%	82.5%	79.6%	43.7%	86.2%	4.3%	78.7%
6	2,323	65.2%	7.7%	84.0%	82.6%	45.2%	86.9%	3.3%	79.3%
7	6,144	63.3%	13.2%	80.4%	76.3%	42.3%	83.1%	6.6%	75.1%
8	4,184	67.8%	9.7%	83.6%	80.9%	51.7%	87.0%	2.7%	79.2%
9	4,146	48.0%	6.6%	69.0%	61.8%	25.8%	75.0%	2.6%	61.4%
10	2,983	63.9%	17.0%	86.0%	78.9%	42.1%	88.1%	7.2%	78.8%
11	3,556	61.8%	12.6%	84.8%	78.8%	41.3%	87.9%	6.2%	79.8%
12	8,917	50.4%	10.9%	77.1%	68.3%	29.2%	81.4%	5.8%	68.8%
13	4,426	71.5%	22.2%	91.0%	88.2%	55.7%	92.0%	13.0%	86.8%
14	6,184	57.6%	11.8%	79.5%	73.3%	37.0%	83.4%	6.3%	73.0%
15	8,929	47.4%	10.7%	72.9%	65.3%	27.5%	77.5%	5.0%	64.7%
16	5,564	54.2%	19.4%	80.5%	71.4%	33.8%	83.6%	8.6%	72.3%
17	2,654	28.6%	9.0%	45.9%	33.8%	14.5%	50.9%	4.7%	40.1%
18	2,200	36.0%	7.3%	62.7%	52.8%	22.8%	68.3%	3.6%	55.8%
19	10,823	29.7%	5.3%	56.4%	43.3%	17.1%	61.3%	2.3%	48.0%
20	5,386	25.1%	7.1%	50.7%	37.0%	10.9%	56.1%	3.0%	40.8%
21	1,929	66.5%	12.6%	88.9%	84.3%	46.2%	90.4%	5.1%	82.3%
22	5,115	62.3%	21.4%	85.6%	82.0%	42.5%	88.5%	9.0%	79.6%
23	7,215	56.3%	16.6%	75.3%	69.0%	37.3%	79.1%	8.1%	68.8%
24	6,461	63.1%	20.3%	85.7%	80.4%	41.8%	87.6%	9.5%	80.2%
25	4,984	57.7%	19.4%	84.5%	77.7%	38.8%	86.8%	7.8%	76.4%
26	7,668	49.2%	11.8%	77.9%	70.8%	28.4%	81.3%	4.2%	69.8%
27	4,982	58.1%	17.6%	83.9%	79.2%	41.4%	85.8%	7.1%	76.1%
28	1,841	57.0%	20.7%	86.7%	81.0%	44.7%	88.5%	9.2%	80.5%
29	2,804	51.2%	23.4%	85.9%	79.8%	39.4%	87.2%	10.8%	77.4%
30	2,566	55.6%	22.6%	86.0%	83.4%	48.9%	87.6%	10.2%	80.5%
31	10,365	39.1%	6.3%	68.0%	54.4%	23.5%	72.9%	3.0%	57.3%
<i>Total</i>	<i>157,190</i>	<i>52.8%</i>	<i>12.4%</i>	<i>76.4%</i>	<i>69.2%</i>	<i>34.3%</i>	<i>80.0%</i>	<i>5.6%</i>	<i>69.3%</i>






\* Locality is determined by the locality where a juvenile intake case was opened regardless of the location of DSS services.



## Petitioned Juvenile Intake Cases by Type of DSS Service, FY 2017-2021\*

CSU	Petitioned Juvenile Intake Cases	Percentage with DSS Involvement by DSS Service Type						Percentage with Concurrent DSS Involvement	
		CSE	Foster Care	Medicaid	SNAP	TANF	Total DSS Involved	Foster Care	Total DSS Involved
1	2,165	62.9%	7.9%	83.9%	77.7%	40.0%	87.1%	3.4%	76.3%
2	3,248	58.2%	8.9%	81.5%	73.7%	34.1%	85.5%	3.8%	72.3%
2A	491	68.0%	6.5%	89.4%	81.1%	37.1%	90.2%	4.5%	84.7%
3	1,108	72.3%	15.3%	92.1%	88.2%	51.3%	92.8%	9.3%	87.5%
4	3,245	71.6%	11.5%	89.7%	84.2%	48.2%	91.9%	4.9%	85.1%
5	1,570	72.4%	14.3%	86.6%	83.5%	47.9%	89.7%	5.6%	82.6%
6	1,731	67.2%	8.6%	85.5%	84.1%	45.6%	88.3%	4.0%	80.4%
7	3,852	70.8%	17.4%	88.1%	84.1%	47.8%	90.1%	9.0%	83.3%
8	2,860	70.2%	11.0%	85.9%	83.7%	54.3%	89.2%	3.3%	82.1%
9	2,614	52.3%	7.6%	71.8%	64.7%	26.9%	77.7%	3.2%	65.5%
10	2,040	67.8%	22.3%	88.6%	80.9%	44.9%	90.1%	10.0%	82.2%
11	2,727	61.9%	15.2%	85.8%	78.3%	40.4%	88.6%	7.7%	80.5%
12	4,527	57.1%	14.6%	83.7%	73.6%	31.6%	87.6%	8.0%	74.0%
13	3,225	74.4%	26.0%	92.6%	89.9%	56.2%	93.6%	16.0%	88.8%
14	3,543	66.9%	17.1%	88.4%	82.9%	43.2%	91.3%	9.7%	82.7%
15	4,578	52.8%	13.7%	79.8%	72.1%	31.6%	83.6%	6.2%	71.8%
16	3,571	59.2%	26.1%	85.9%	76.3%	37.6%	88.4%	12.0%	78.1%
17	1,659	34.4%	12.4%	49.6%	38.2%	17.3%	55.1%	7.1%	45.1%
18	1,158	39.9%	8.9%	65.4%	55.3%	24.0%	72.7%	4.7%	59.0%
19	6,511	33.7%	7.1%	60.9%	48.1%	19.7%	65.8%	3.3%	53.2%
20	2,296	30.6%	11.5%	59.2%	44.0%	13.0%	64.9%	5.0%	47.9%
21	696	79.3%	19.5%	93.7%	89.5%	57.3%	94.5%	9.3%	89.1%
22	3,605	68.6%	26.7%	91.0%	87.8%	48.4%	93.2%	11.7%	85.9%
23	3,108	68.9%	26.2%	88.1%	82.7%	47.9%	90.7%	14.8%	82.5%
24	5,498	65.4%	22.0%	87.0%	81.9%	43.5%	88.9%	10.6%	81.9%
25	3,164	62.5%	23.8%	88.0%	81.0%	42.2%	90.0%	10.5%	79.9%
26	5,296	53.2%	14.4%	81.3%	74.5%	31.0%	84.3%	5.3%	74.0%
27	2,504	66.0%	24.0%	88.5%	83.7%	46.1%	89.6%	11.1%	81.7%
28	1,007	60.1%	25.8%	89.3%	83.8%	48.8%	91.1%	13.1%	83.0%
29	1,740	55.5%	30.2%	89.3%	82.8%	42.5%	90.3%	15.2%	81.9%
30	1,314	59.2%	30.7%	87.3%	84.8%	49.1%	88.4%	15.8%	82.8%
31	4,796	48.4%	10.1%	76.8%	62.5%	28.5%	81.7%	5.4%	66.2%
<i>Total</i>	<i>91,447</i>	<i>58.9%</i>	<i>16.5%</i>	<i>82.1%</i>	<i>74.9%</i>	<i>38.3%</i>	<i>85.2%</i>	<i>8.0%</i>	<i>75.4%</i>

\* Locality is determined by the locality where a juvenile intake case was opened regardless of the location of DSS services.

## Appendix C: Best Practices Rubric for Cross Systems Work\*

INFRASTRUCTURE TO SUPPORT CROSS-SYSTEMS WORK					
TYPE OF PRACTICE	PRACTICE NOT IN PLACE	INITIAL EFFORTS IN PLACE	EMERGING PRACTICE	DEVELOPED PRACTICE	HIGHLY DEVELOPED PRACTICE
<b>INTERAGENCY COLLABORATION</b> 	Cross-system teams/committees have not been established and key stakeholders have not been engaged.	Potential cross-system teams/committees and key stakeholders have been identified but not engaged.	Cross-system teams/committees and key stakeholders have been engaged in the work but do not meet regularly.	Cross-system teams/committees are established and meet regularly. Key stakeholders are engaged but not in a consistent manner.	Cross-system teams/committees are established and meet regularly. Key stakeholders are consistently engaged and participate in ongoing review of the work.
<b>JUDICIAL LEADERSHIP</b> 	No judicial support or leadership. Or, there is active judicial opposition.	No active opposition. Some judicial support but not very involved nor leadership in the work.	Active judicial support for collaboration. Attends meetings but may not take a leadership role.	Active judicial support. Regularly attends cross-system meetings and trainings; provides leadership but in a limited capacity.	Active judicial support and leadership. Convenes and leads cross-system meetings, drives the work, and provides accountability.
<b>INFORMATION SHARING</b> 	There is not a protocol in place and/or an MOU/MOA that supports or allows information sharing between CW and JJ systems.	An MOU/MOA or a protocol is in the process of being developed that allows information sharing between JJ and CW systems.	An MOU/MOA or a protocol is in place that allows information sharing between JJ and CW systems, but information is never exchanged or only shared under special circumstances (e.g., challenging case, emergencies, etc.).	An MOU/MOA or a protocol is in place that allows information sharing between JJ and CW systems, but information is not consistently shared.	An MOU/MOA or a protocol is in place that allows information sharing between JJ and CW systems and information is regularly shared between systems in a structured and collaborative manner.
<b>DATA COLLECTION</b> 	There are no data collection efforts in place to identify the prevalence of dually-involved youth and their characteristics.	There is an effort to build a data collection system, but it is not in place or there is a data collection protocol, but it is not currently in use.	Data collection efforts, informal or formal, are in place separately at each agency, but data are not consistently collected, or data are not complete.	Formal data collection efforts are in place and consistently collected and available. However, data systems are not integrated between child welfare and juvenile justice.	Data collection efforts are established and ongoing and include key characteristics of the target population (as defined by the jurisdiction). Data are centralized in one database that includes information from both child welfare and juvenile justice.
<b>TRAINING</b> 	Training on dually-involved youth is not provided to staff.	Training is provided to staff on dual system youth but there is no protocol for how to work with the population.	Training on the protocol for how to work with dual system youth is available typically at one point in time. These trainings may be conducted by each agency and may or may not include staff from multiple agencies.	Training on the protocol for how to work with dual system youth is conducted regularly (i.e., in an ongoing manner). These trainings are done in a cross-system format with staff from multiple agencies attending.	Training on the protocol for how to work with dual system youth is conducted regularly (i.e., in an ongoing manner) along with related trainings (e.g., CW 101, JJ 101). These trainings are done in a cross-system format with staff from multiple agencies attending.

TYPE OF PRACTICE	PRACTICE NOT IN PLACE	INITIAL EFFORTS IN PLACE	EMERGING PRACTICE	DEVELOPED PRACTICE	HIGHLY DEVELOPED PRACTICE
<p>PERMANENCY AND TRANSITION PLANS</p> 	<p>PT plans are minimal and often only meet legal requirement minimums. Plans do not involve both CW and JJ systems.</p>	<p>PT plans meet legal requirement minimums and there is some coordination between CW and JJ systems.</p>	<p>PT plans meet or exceed legal requirements and are developed jointly by CW and JJ systems.</p>	<p>PT plans meet or exceeds minimum legal requirements and are developed jointly by CW and JJ systems well before release.</p>	<p>PT planning is conducted jointly by CW and JJ systems at disposition leading to a formal plan within 90 days. PT plan meets or exceeds all legal requirements and is reviewed on a regular basis by the PT team.</p>
<p>PLACEMENT PLANNING</p> 	<p>There is no communication or collaborative placement planning between CW and JJ. Other parties to the case (and family members) are not routinely informed about a youth changing placements.</p>	<p>There is occasional communication between CW and JJ regarding placement changes but no formal collaborative placement planning that includes other parties to the case and family members.</p>	<p>There is regular communication between CW and JJ regarding placement needs and transitions. Collaborative placement planning occurs on an inconsistent basis and occasionally includes other parties to the case and family members.</p>	<p>There is regular communication between CW and JJ regarding placement needs and transitions. This includes collaborative placement planning with other parties to the case and family members.</p>	<p>There is a robust placement process that includes regular communication between CW and JJ, collaborative pre-placement planning (with all parties to the case including family members) for the transition and a phased in approach that supports an adjustment phase into the new living situation. Relatives and next of kin are consistently reviewed for their viability as a placement or supportive resource.</p>
<p>SERVICE PROVISION AND TRACKING</p> 	<p>There is no access to behavioral health, and/or prosocial services for dual system youth.</p>	<p>There are some options for behavioral health, and/or prosocial services but they are not provided regularly and whether youth connect to the agency/service is not tracked.</p>	<p>Behavioral health and prosocial services are regularly provided to dual system youth but whether youth connect to the agency/service is not tracked.</p>	<p>Behavioral health, and prosocial services are regularly provided to dual system youth and referrals are made to evidence-based and/or trauma-focused treatment when the need is indicated. But whether youth connect to the agency/service is not tracked.</p>	<p>Behavioral health and prosocial services are regularly provided to dual system youth and referrals are made to evidence-based and/or trauma-focused treatment when the need is indicated. There is also a process in place to track whether youth connect to the agency/services that they are referred to.</p>

\* This rubric and its contents were taken from Herz and Dierkhising (2019) and used with the authors' permission.