

2023

Virginia Department of Juvenile Justice



REPORT ON 2023 LENGTH OF STAY GUIDELINES

In response to Chapter 1 of the 2023 Virginia Acts of Assembly,
Special Session I
2023 Appropriation Act, Item 427 (D)

PREFACE

This report on revisions to the Guidelines for Determining the Length of Stay for Juveniles Indeterminately Committed to the Department of Juvenile Justice is in accordance with Chapter 1 of the 2023 Appropriation Act of the Virginia Acts of Assembly, Special Session I, Item 427 (D):

“The Department shall provide to the Chairs of the House Appropriations and Senate Finance and Appropriations Committee, no later than December 1, 2023, a report on the impact of the revisions to the Guidelines for Determining the Length of Stay (LOS) for Juveniles Indeterminately Committed to the Department of Juvenile Justice (“LOS Guidelines”) adopted by the Board of Juvenile Justice on November 9, 2022. The report shall include: (i) the research and evidence base used to determine the Guidelines, to include (a) best practices on secure custody treatment “dosage” for programs the Department currently offers and (b) the data, including recidivism data, used to revise the offense-based tiers; (ii) historical data that shows juveniles’ length of stay compared to the length of their assigned treatment program, including data breakouts for (a) each year over the past decade, (b) youth who did and did not complete their treatment plans, (c) youth organized by offense level, (d) youth organized by initial risk level, and (e) youth organized by treatment need; (iii) recent revisions in programming and treatment length at the Bon Air Juvenile Correctional Center, including a detailed comparison to programming and treatment length before fiscal year 2023; (iv) a six-year forecast of the juvenile direct care population that includes the same assumptions as the 2023 official forecast, except that length-of-stay data is projected based on the LOS Guidelines adopted in 2015, to show the impact of the Guidelines on the six-year population forecast; (v) an analysis of the impact of the current LOS Guidelines on (a) staffing ratios, to include best practices, current ratios, and the staffing levels necessitated by the 2023 official forecast for the juvenile direct care population, (b) bedspace needs and related needs for treatment, rehabilitation, and reentry services; (vi) current bed capacity at the Bon Air Juvenile Correctional Center, including maximum capacity based on physical bedspace and maximum capacity based on staffing levels; (vii) consideration of options for meeting the Department’s anticipated capital and operating needs (including construction, renovation, contracts, and leases), addressing estimated capacity levels, costs, timeline, and staffing needs for each option; (viii) an assessment of the feasibility of evaluating treatment needs prior to determining the projected length of stay and incorporating projected treatment plan length into such determinations; and (ix) an assessment of the options available for youth to complete or continue programming started in direct care once they return to the community.”

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EXECUTIVE SUMMARY

Historically, the Guidelines for Determining the Length of Stay for Juveniles Indeterminately Committed to the Department of Juvenile Justice have been adjusted every seven years: in 2001, 2008, and 2015. In 2022, DJJ not only updated the LOS Guidelines to achieve a balance of rehabilitation, skill development, and public safety, but also to address unintended outcomes of the previous guidelines.

The 2015 guidelines removed requirements, such as treatment completion, for release eligibility and cut the lengths of stay considerably, resulting in substantially shorter amounts of time committed youth could receive treatment, rehabilitation, education, and other services and a lower proportion of youth completing needed treatment while in direct care. In the years following the implementation of the 2015 guidelines, there was no evidence of a reduction in recidivism rates among the youth who reentered the community, as was the intent. Rather, the numbers showed the percentage of rearrests involving a violent felony increased for direct care releases.

In 2022, DJJ recommended revised length of stay guidelines that would better meet the vocational and treatment needs of indeterminately committed youth by ensuring full consideration of their progress, successful completion, before they are released. Following a recommendation made by the Joint Legislative Audit and Review Commission in its 2021 report on Virginia's Juvenile Justice System, DJJ is focusing on providing each youth, individually, what they need to be successful.

The LOS Guidelines approved by the state Board of Juvenile Justice November 9, 2022, were updated to provide adequate time for committed youth to complete vocational programs, comprehensive mental health and behavioral programming, educational requirements, and workforce development. Research has shown that stable employment, supported by vocational skills, significantly reduces recidivism, both short term and long term. Therefore, reentry programs will focus on preparing youth for successful community behavior by providing in-demand job skills and ongoing support after release.

As part of the revised LOS guidelines, a juvenile's length of stay can be shortened by the successful completion of a vocational program, therapeutic treatment, and appropriate behavior. Youth committed under the updated guidelines will have the ability to petition for early release upon completion of their designated programming requirements.

Oftentimes, youth are committed to Bon Air Juvenile Correctional Center or, when possible, to a community placement program at a locally operated juvenile detention center because previous community interventions were ineffective. DJJ is charged with providing intervention and rehabilitation for the youth in its care. Under the new LOS Guidelines, DJJ offers these young people another chance to turn their lives around and become resilient, responsible members of their communities.

Amy Floriano

Director

ACRONYMS

ADP: Average Daily Population

ART: Aggression Replacement Training

COVID-19: Coronavirus Disease 2019 (2019 Novel Coronavirus)

CRCP: Comprehensive Reentry Case Plan

CY: Calendar Year

DCJS: Virginia Department of Criminal Justice Services

DJJ: Virginia Department of Juvenile Justice

FY: Fiscal Year

JCC: Juvenile Correctional Center

LOS: Length of Stay

LOS Guidelines: Length of Stay Guidelines for Indeterminately Committed Juveniles

PBIS: Positive Behavioral Interventions and Supports

PREA: Prison Rape Elimination Act of 2003

RSC: Regional Service Coordinator

VAIBRS: Virginia Incident-Based Crime Reporting System

VCC: Virginia Crime Codes

YASI: Youth Assessment and Screening Instrument

ABOUT THE LENGTH OF STAY GUIDELINES

The Guidelines for Determining the Length of Stay (LOS) for Juveniles Indeterminately Committed to the Department of Juvenile Justice (LOS Guidelines) provide direction for determining the projected LOS and establish the release review process and eligibility requirements for juveniles committed to DJJ for an indeterminate period of time.

The LOS Guidelines seek to promote accountability and rehabilitation by combining data-driven decision making with an analysis of the youth's individualized therapeutic, educational, vocational, and behavioral needs to support the youth's successful reentry from commitment to the community. The LOS Guidelines provide an initial baseline for estimating the juvenile's length of stay and build in an enhanced review and evaluation process that considers additional eligibility requirements to ensure that indeterminately committed youth have obtained the skills and resources needed for success upon release.

The LOS Guidelines apply to all juveniles who are committed to DJJ for an indeterminate period of time pursuant to subdivision A 14 of § 16.1-278.8 or § 16.1-272 of the *Code of Virginia*. Indeterminately committed juveniles placed in alternative direct care programs also fall under the purview of these guidelines.

The LOS Guidelines do not apply to juveniles determinately committed to DJJ as serious offenders under § 16.1-285.1 or subdivision A 2 of § 16.1-272 of the *Code of Virginia*. Notwithstanding the projected LOS determination and the case review process established in Section 8.0, the LOS Guidelines shall neither restrict nor limit the authority of the DJJ director or the director's designee to release juveniles pursuant to §§ 16.1-285 and 66-3 of the *Code of Virginia* or other applicable statutes and regulations.

STATUTORY REPORTING REQUIREMENTS

RESEARCH AND EVIDENCE

As part of a DJJ workgroup that met between February 2022 and July 2022 to examine and revise the 2015 LOS Guidelines, DJJ data was analyzed to inform the discussions and decisions. The following data analysis plan was completed, and the workgroup discussed and considered the findings during the development of the 2023 LOS Guidelines:¹

- Implementation
 - What proportion of youth fall within each Youth Assessment and Screening Instrument (YASI) risk group and offense tier?
 - Have the risk groups remained distinct and incrementally related to rearrest?
 - How has the rate of adherence to the guidelines changed over time? Are youth with shorter assigned LOSs being released on time?
- Outcomes
 - Are youth completing treatment within their LOS?
 - What are youth rearrest outcomes? How have they changed since the 2015 LOS Guideline revisions?
 - Are there patterns relating to assigned LOS, adherence, or actual LOS?

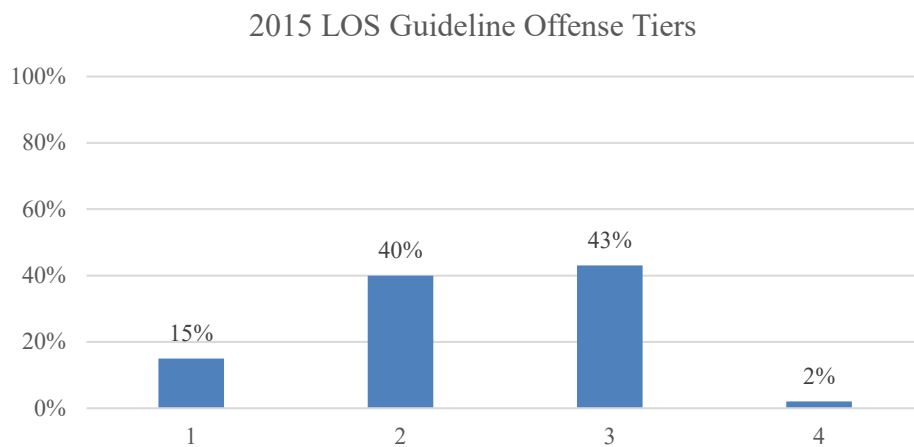
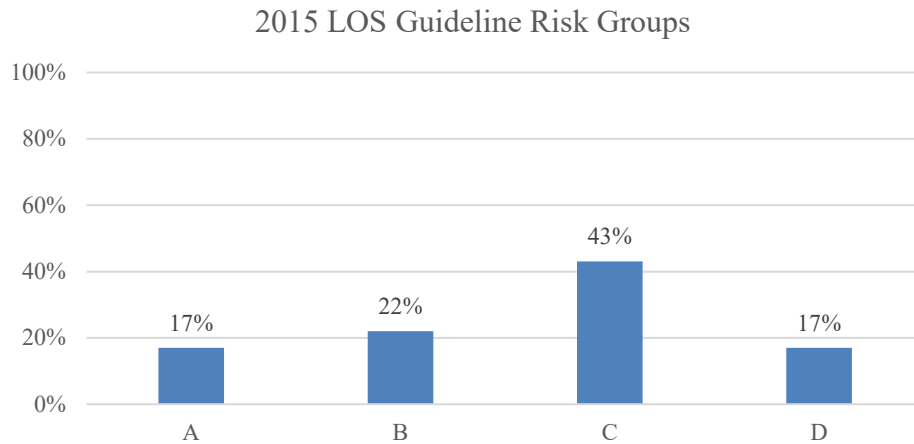
Workgroup Implementation Findings

For any tool that categorizes information to recommend decisions based on those classifications, it is important for the groupings to have appropriate separation and proportionality. For example, if a tool designates four categories, but the cases that fall within the four categories have overlapping characteristics that are not distinct (i.e., no separation), or if almost all cases fall into one category (i.e., no proportionality), then the tool's usefulness in distinguishing case-specific decisions is diminished. Additionally, it is important for the groupings to have predictive validity in relation to the targeted event or behavior. In the case of the LOS Guidelines, the YASI risk groups were determined as a method for predicting recidivism. As offense severity is not related to likelihood to reoffend, the offense tiers of 2015 were established as a public safety policy decision rather than a method of predicting recidivism, so the same analysis was not needed.

The findings indicated that the proportions for YASI risk groups and offense tiers were appropriately balanced, without a single group comprising an overwhelming majority of cases. During the 2015 LOS Guidelines, the YASI risk groups and offense tiers were represented by anywhere from 15% to 43% of indeterminate admissions, with the exception of very few indeterminate admissions (1-2%) for the most serious offenses (Tier 4), which were limited to a

¹ Data presented from the workgroup findings may differ from other sections of this report due to different dates of data download and analysis; however, the data is representative of the information viewed and discussed within the workgroup while planning the revisions. The workgroup analysis included youth with indeterminate commitments only and excluded youth with mandatory or inpatient sex offender treatment needs, except where otherwise noted. The timeframe used was generally FY 2012-2021, with variations to additional inclusion and exclusion methodology based on the specific analysis (e.g., admissions versus releases, before or after the 2015 LOS Guidelines, data availability limitations).

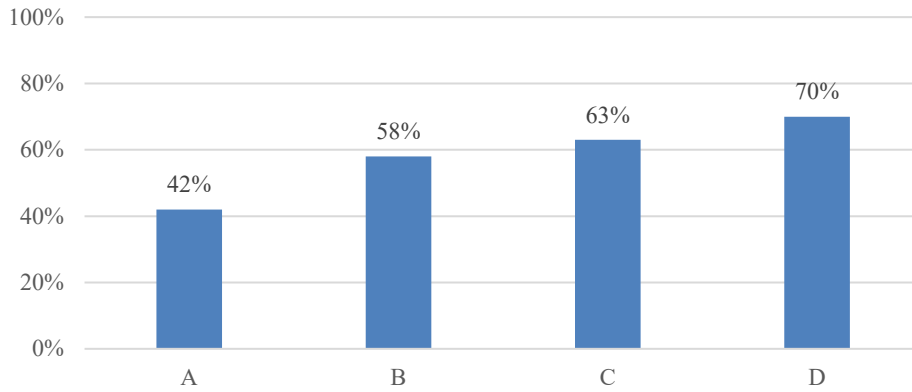
small number of offenses with an adult penalty, of 20 years or more. (See graphs below.) The smaller counts for the most severe offense tier were appropriate to differentiate these rare and serious cases.



Furthermore, the YASI risk group continued to be distinctly and incrementally related to 12-month rearrest rates. During the 2015 LOS Guidelines, indeterminate releases with Risk Group A (42%), had a lower rearrest rate than Risk Group B (58%), which had a lower rearrest rate than Risk Group C (63%), which had a lower rearrest rate than Risk Group D (70%). (See graph below.²) Therefore, the YASI risk groups and the concept of distinct offense tiers of the 2015 LOS Guidelines remained appropriate from the statistical perspective for a decision-making tool, and the matrix was retained for 2023. Offense tiers were adjusted as noted elsewhere in this report.

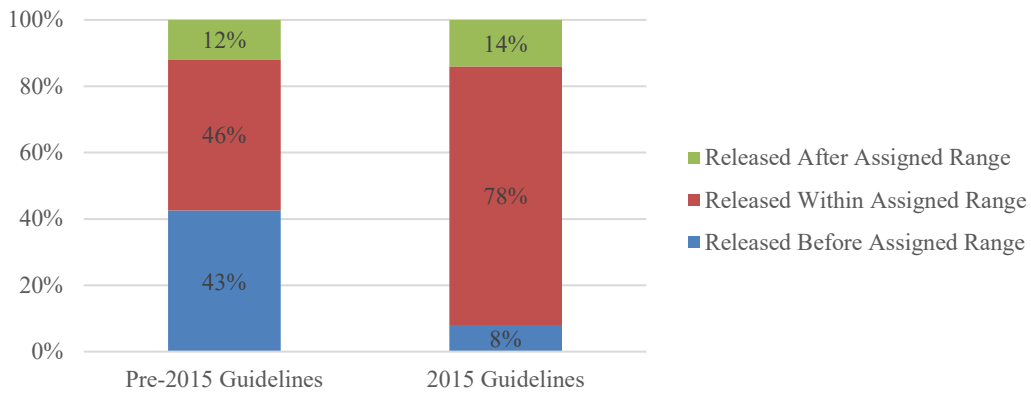
² All treatment needs were included. Youth transferred directly to the Virginia Department of Corrections and those with missing YASIs were excluded.

12-Month Rearrest Rates by Risk Group

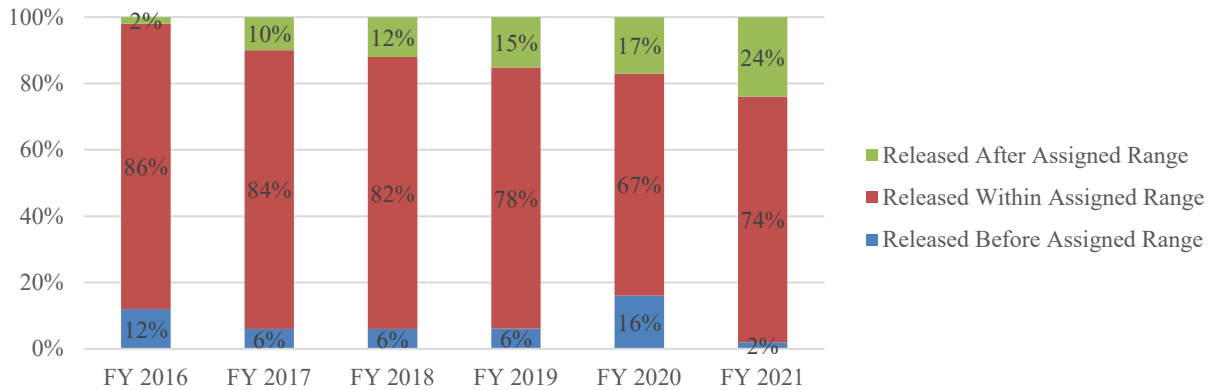


Adherence to the LOS Guidelines was greatest soon after the 2015 LOS Guidelines went into effect, and then waned over time. The percentage of indeterminate youth being released after their assigned LOS range was 2% in FY 2016 and then increased to 24% by FY 2021. (See graph below.) Although there were few cases, youth with the shortest assigned LOS range (2-4 months) were the least likely to be released within their assigned LOS range, with half being released later.

Adherence to Assigned LOS Ranges



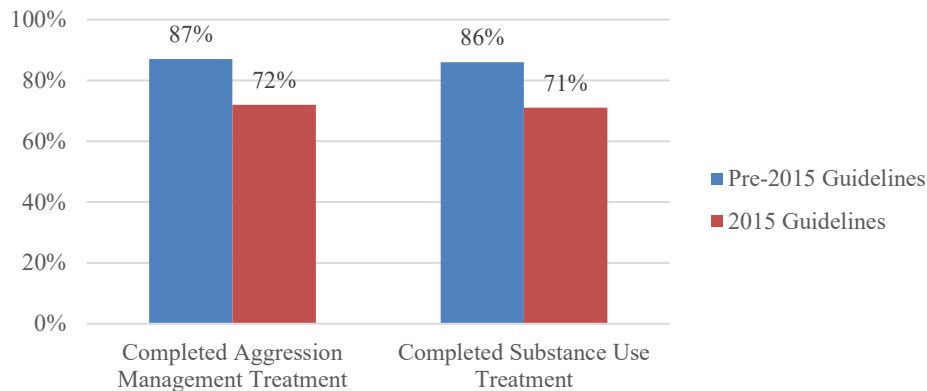
Adherence to Assigned 2015 LOS Guideline Ranges Over Time



Workgroup Outcome Findings

A lower proportion of youth with indeterminate commitments with identified treatment needs completed their treatment under the 2015 LOS Guidelines (72% and 71% for aggression management and substance use treatment, respectively), compared to the previous LOS Guidelines (87% and 86%, respectively). (See graph below.³) Early releases, shorter assigned LOSs, and shorter actual LOSs were generally associated with lower treatment completion rates.

Completion of Treatment Needs

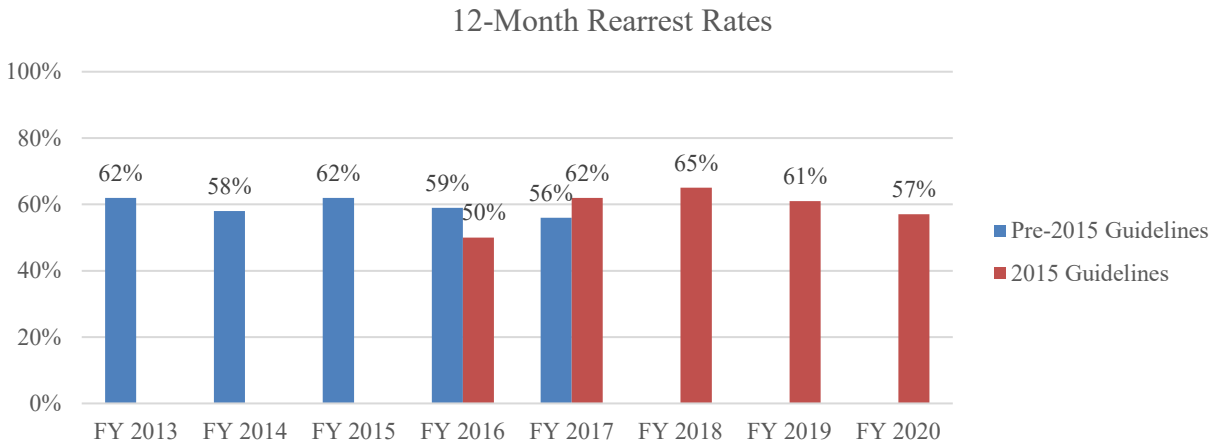


Overall, 12-month rearrest rates did not appear to improve due to the LOS revisions. Rates ranged from 56% to 62% for indeterminate releases prior to the 2015 LOS Guidelines and ranged from 50% to 65% under the 2015 LOS Guidelines. (See graph below.⁴) Rearrest rates did not appear to be connected to assigned or actual LOS, with the exception of the small number of youth with assigned LOSs of 2-4 months having higher rearrest rates. Because youth with indeterminate commitments were not assigned LOSs longer than 15 months under the 2015 LOS

³ Treatment completion was recorded beginning in FY 2014, so releases prior to FY 2014 are excluded.

⁴ See DJJ's Data Resource Guide for an explanation of recidivism methodology and annual recidivism rates.

Guidelines, the analysis was limited by not being able to compare rearrest rates for longer LOS ranges.



Other Relevant Evidence

Subsequent recidivism analysis indicated that the proportion of youth released from direct care who were rearrested within 12 months for felony or misdemeanor violent offenses (assault, weapons, robbery, murder, kidnapping, and sexual abuse) rose from FY 2015 to FY 2020. In FY 2015, 24.5% of youth released from direct care were rearrested for one of these violent offenses and in FY 2020, this percentage increased to 34.7%. As mentioned previously, 12-month rearrest rates decreased sharply to 39.8% in FY 2021, likely related to COVID-19 impacts on the overall system; however, the proportion of youth rearrested for violent offenses did not decrease as sharply (27.7%) and remained similar to FY 2019 levels (27.5%). (See table below.⁵)

⁵ All commitment types are included. Youth may be rearrested for more than one offense. Between FY 2015 and FY 2021, there were an average of 1.9 complaints per rearrest. Reoffense data is presented on a two-year time lag to allow adequate time for data cleaning. See DJJ’s Data Resource Guide for an explanation of recidivism methodology and annual recidivism rates. Rates may not match other reported rates due to different dates of analysis.

Youth Rearrested within 12 Months of Release for Select Offenses, FY 2015-2021 Direct Care Releases

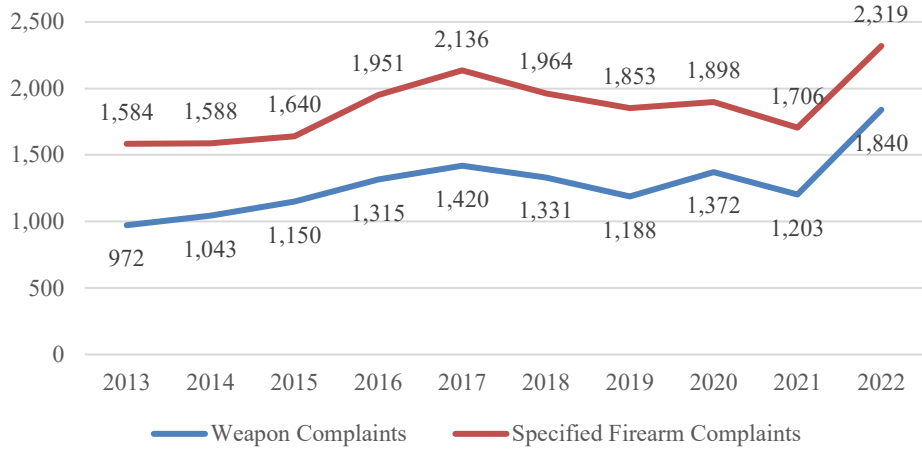
	2015	2016	2017	2018	2019	2020	2021
Total Rearrest Rates (Any Offense)	53.0%	49.9%	55.0%	56.9%	55.3%	50.3%	39.8%
Felony							
Assault	9.9%	11.6%	9.7%	14.4%	12.6%	14.3%	11.5%
Weapons	9.1%	7.8%	7.9%	13.1%	11.0%	15.3%	14.1%
Robbery	6.2%	7.2%	6.1%	9.1%	7.8%	7.1%	6.3%
Murder	1.8%	1.6%	1.2%	2.5%	1.9%	1.9%	0.5%
Kidnapping	1.1%	1.3%	1.8%	1.9%	1.3%	1.3%	1.0%
Sexual Abuse	1.1%	0.8%	0.3%	1.3%	0.6%	0.6%	1.0%
Felony Total	17.2%	18.9%	18.8%	25.9%	21.4%	27.6%	24.6%
Misdemeanor							
Assault	9.9%	9.3%	9.7%	9.4%	6.5%	9.7%	8.4%
Weapons	6.2%	5.4%	7.6%	9.4%	9.1%	11.4%	9.4%
Sexual Abuse	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.5%
Misdemeanor Total	15.0%	13.7%	16.4%	16.9%	14.6%	20.1%	16.8%
Total Select Offenses	24.5%	26.6%	27.1%	31.9%	27.5%	35.4%	27.7%
Total Direct Care Releases	453	387	329	320	309	308	191

Other emerging trends of community violence across Virginia further indicated a need for policy decisions to address the changing youth population involved with the juvenile justice system. As reported in the FY 2022 Data Resource Guide, specified firearm and weapon intake complaints increased by 35.9% and 53.0% respectively from FY 2021 to FY 2022, reaching 10-year highs.⁶ Similarly, juvenile victims of firearm-related murder and nonnegligent manslaughter (with perpetrators of any age) increased from 20 in CY 2019 to 40 in CY 2021, based on data provided by Department of Criminal Justice Services (DCJS).⁷ (See graphs below.)

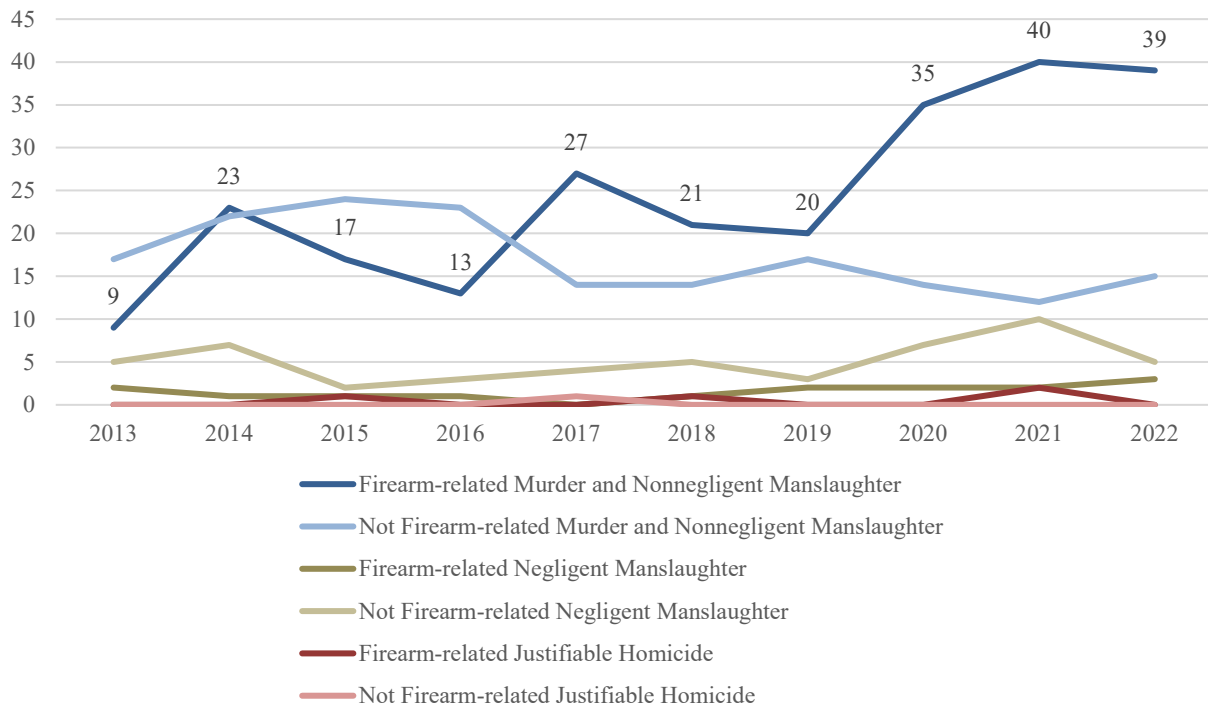
⁶ Specified firearm complaints include Virginia Crime Codes (VCCs) listed in DJJ's Administrative Directive A-2022-005 (Mandatory Overrides for Weapons Offenses on the Detention Assessment Instrument), including WPN-5253-M1. Weapon complaints are offenses with a VCC prefix of WPN. The two groups are not mutually exclusive.

⁷ Data Source: Virginia Incident-Based Crime Reporting System (VAIBRS), administered by the Virginia Department of State Police and prepared by DCJS Research Center. Juvenile refers to any person age infant to 17. Firearm presence indicates that a weapon was present in the commission of a crime but does not directly indicate that a shooting occurred. Only localities reporting juvenile homicide victims are included.

Specified Firearm and Weapons Intake Complaints,
FY 2013-2022



Juvenile Homicide Victims by Homicide Type, CY 2013-2022



Data-Informed Workgroup Findings and Decisions

Based on the data analysis presented above, the workgroup determined the following:

- The YASI risk groups could remain the same as defined in the 2015 LOS Guidelines.
- Adherence to the 2015 LOS Guidelines had diminished over time, with more youth requiring longer LOSs than their assigned ranges, particularly for the shortest ranges.
- Treatment completion within the ranges assigned under the 2015 LOS Guidelines declined, particularly for shorter LOSs.
- The 2015 LOS Guidelines had not resulted in the desired recidivism reduction.

The workgroup and DJJ leadership also considered policy and programming priorities beyond these data findings, which will be discussed in more detail throughout this report. Additionally, the historical data elements statutorily required in this report are presented in a later section.

TREATMENT “DOSAGE”

Secure custody treatment “dosage” is generally measured by the requirements of the programs themselves. For example, Aggression Replacement Training (ART) is a 30-session, 10-week program. When done with fidelity, it has demonstrated success. Cannabis Youth Treatment (CYT) is a 12-week program and is a brand name of programming that incorporates Cognitive Behavioral Therapy and Motivational Enhancement Treatment, both of which are noted in the research to be effective at addressing substance use problems. Dialectical Behavior Therapy is also offered to some youth and is a four- to six-month program.

Individual therapy is where a lot of personalized work is done with each resident to address their unique criminogenic and distorted thinking as well as any mental health issues with which they are dealing.

Best practices suggest there must be a safe environment – physically and psychologically – in which a youth may challenge some of their beliefs and behaviors. Also, a strong relationship must be established in order to lay the foundation for willingness to change, which with these youths takes a period of time given their histories of inconsistent and unreliable adult figures. Establishing rapport and relationship with those youth with more serious offenses and with more criminogenic thinking corresponding with these offenses would require a considerable amount of time to engage in the change process.

In addition to the best practices described above, DJJ’s data may provide further information regarding the appropriate “dosage” of a direct care stay. Assigned LOS and a youth’s case planning for individual treatment needs is based, in part, on the YASI. Recently, DJJ completed an analysis of YASI dynamic risk and protective score change across the duration of a direct care commitment (including indeterminate commitments under the 2015 LOS Guidelines and determinate commitments up to 36 months between FY 2018-2023).⁸

The analysis included 1,090 direct care commitments of 1,002 unique youth. Because LOSs ranged from 21 days to 1,691 days (56.4 months), with a median of 439 days (14.6 months), fewer assessments were available for longer LOSs. For example, the majority (66.4%) of assessments were completed within the first six months of direct care commitment.⁹

⁸ Cases include all indeterminate and determinate commitments admitted on or after October 15, 2015, and released before July 1, 2023. All indeterminate commitments during this time followed the 2015 LOS Guidelines. Canceled, rescinded, and successfully appealed commitments are excluded.

⁹ The first assessment was identified as the closest assessment to admission to direct care +/- 180 days. Assessment timing ranged from 159 days before admission to 1,063 days after admission.

YASI Assessments by Months Since Admission and Facility of Assessment, FY 2018-2023

	Count of Assessments	% of Total Cases
Months since Admission¹⁰		
0 months	1,757	39.3%
3 months	709	15.9%
6 months	500	11.2%
9 months	345	7.7%
12 months	228	5.1%
15 months	245	5.5%
18 months	177	4.0%
21 months	198	4.4%
24 months	114	2.6%
27 months	75	1.7%
30 months	55	1.2%
33 months	48	1.1%
36 months	15	0.3%
Facility of Assessment¹¹		
Bon Air Juvenile Correctional Center	1,766	39.5%
Admission/Evaluation at Detention	1,610	36.1%
Community Placement Program	971	21.7%
Other	119	2.7%
Total Assessments	4,466	-

A series of advanced statistical analyses, including models known as Generalized Estimating Equations, were used to evaluate the statistical significance of changing YASI risk and protective scores. These models account for the relationship between repeated YASI assessments for an individual youth and provide estimates of change for all direct care stays. The models include commitments until either a) release from direct care or b) 36 months after admission (only 15 youth remained in direct care at this time point).

Dynamic Risk Totals Decrease as LOS Increases

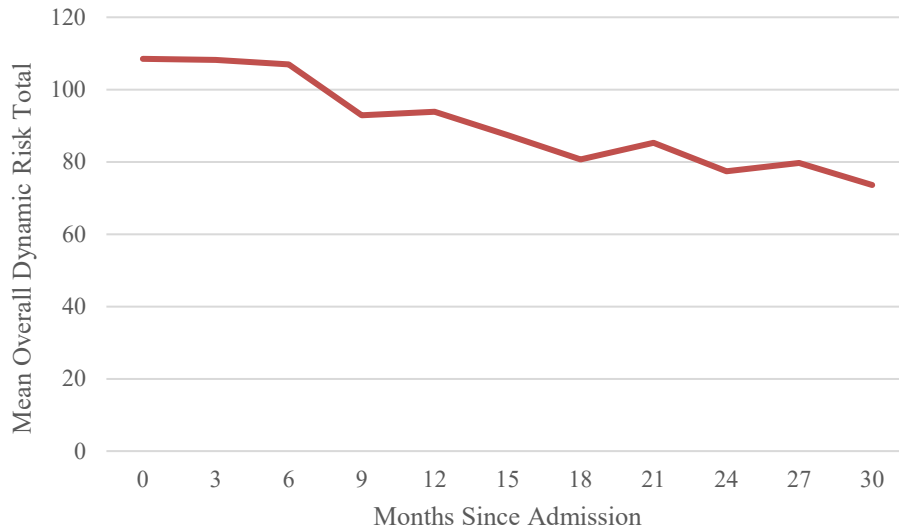
YASI overall dynamic risk is measured as a total raw score, which translates to a score level (low, low-moderate, moderate, moderate-high, high, or very high), which is then used by staff for case planning. Dynamic risk totals ranged from 0 to 189, with an average score of 101 (moderate-high risk for males or low-moderate risk for females).

¹⁰ Assessments completed after 30 months are excluded from graphs due to low counts but were included in statistical models.

¹¹ Facility refers to facility at time of assessment; youth may move between facilities multiple times during a direct care stay. "Other" facilities include continuum placements, detention reentry, and individual juvenile detention center beds.

The average YASI dynamic risk score at admission for all direct care commitments was 108.5 and decreased to 73.6 for commitments lasting 30 months.¹² This is equivalent to a reduction from moderate-high risk at admission to moderate at release for males or moderate at admission to low risk at release for females. The statistical analysis revealed that *there was a statistically significant decrease in YASI overall dynamic risk scores between admission and the time of release from direct care up to 36 months later.*

Mean YASI Overall Dynamic Risk Totals by Months Since Admission



Dynamic Protective Totals Increase as LOS Increases

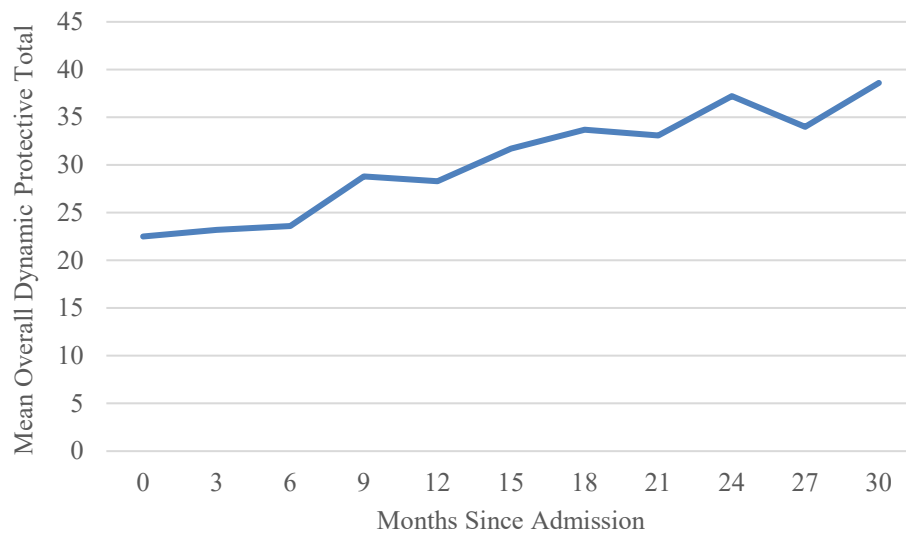
Similar to dynamic risk, YASI overall dynamic protective factors are measured as a total raw score, which translates to a score level (low, low-moderate, moderate, moderate-high, high, or very high), which is used by staff for case planning. Total scores ranged from 0 to 108, with an average score of 26 (moderate-high for males or high for females).

Compared to the change in YASI dynamic risk totals, there is an inverse trend seen in YASI dynamic protective totals during direct care stays. The average YASI dynamic protective score at admission for all direct care commitments was 22.5 and increased to 38.6 for commitments lasting 30 months.¹³ This is the same as an increase from a moderate to a moderate-high protective total at release for males, or an increase from a moderate-high to a very high protective total at release for females. The statistical analysis revealed that *there was a statistically significant increase in YASI overall dynamic protective scores between admission and the time of release from direct care up to 36 months later.*

¹² Assessments completed after 30 months are excluded from graphs due to low counts but were included in statistical models.

¹³ Assessments completed after 30 months are excluded from graphs due to low counts but were included in statistical models.

Mean YASI Overall Dynamic Protective Totals by Months Since Admission



Conclusion and Recommendations¹⁴

Using the data available for direct care stays between FY 2018-2023, ***there was no clear timeframe when the YASI dynamic risk or protective scores stop improving across the direct care population for up to three years.*** The lack of diminishing returns suggests that a universal cut-off for length of stay is not appropriate and treatment providers should assess individual progress throughout the direct care stay, including monitoring for changes or plateaus in YASI score changes, rather than creating a standard benchmark for all youth in direct care. Not all youth will follow the same trajectory or display similar changes across their commitment.

In the graphs presented above, a plateau is seen for both dynamic risk and dynamic protective scores across the first six months of commitment. This finding could reflect a lack of positive change during this early period of commitment. Alternatively, it could be attributed to a youth's willingness to disclose personal information during assessment after a period of relationship-building at the beginning of their direct care stay, or an artificial plateau due to a lack of reassessments of youth during this time. Moving forward, additional YASI reassessments during the first six months of direct care commitments could reveal if there are benefits during this time that have been missed in the current data.

¹⁴ Findings could be influenced by additional factors that were not considered, such as a) youth characteristics; treatment needs, participation, and completion; or offense characteristics, b) YASI reassessment schedule, or c) unavailability of longer LOSs not included under the 2015 LOS Guidelines.

OFFENSE-BASED TIERS

DJJ previously developed, and continues to follow, an LOS matrix that encompasses offense severity and risk to determine and guide potential treatment needs.

The offense-based portion of the tiers were revised after an assessment of the severity of the offense, with heightened focus on considering the elements and intent required to commit each offense. Approximately 6,000 criminal offenses were examined to identify the element of intent, and sorted accordingly by severity to factor into treatment needs.

Previous categorizations under the 2015 Guidelines did not properly consider conflicting elements, potentially leading to disparity in treatment. Specifically, the 2015 LOS Guidelines erroneously included similar offenses with markedly different intent elements in the same treatment tier.

For example, two distinct violations of 18.2-51 (Malicious Wounding and Unlawful Wounding) were improperly categorized in the same treatment tier under the 2015 guidelines (Tier III). Even in a preliminary analysis, it is clear these two offenses have conflicting elements, and therefore would naturally have different rehabilitative concerns. Malicious Wounding requires a malicious intent to maim disfigure, disable or kill. Unlawful Wounding, a lesser included offense of Malicious Wounding, does not require that element of malice. The two different elements naturally correlate to two different rehabilitative and intervention needs. Additionally, a lesser included offense, by definition, should have a lesser consequence. The 2015 LOS guidelines provided the same consequence for improperly categorized offenses, leading to disproportionate, and often more severe, treatment for lower-level offenders.

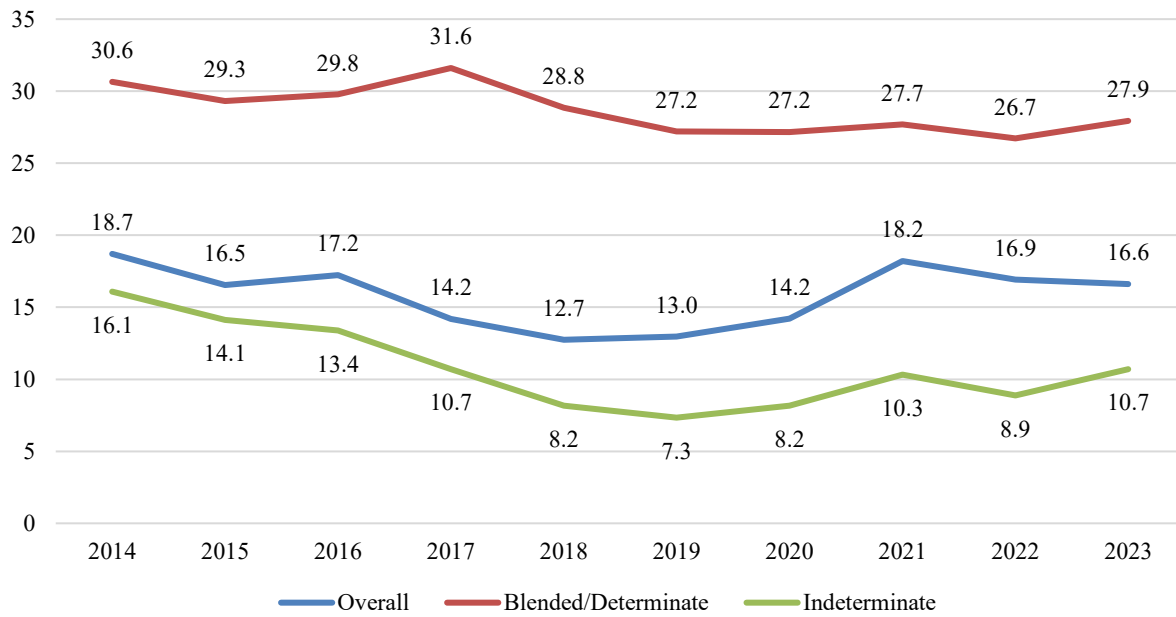
To better align with associated treatment needs, the 2023 LOS Guidelines adjusted these two offenses into different treatment tiers to better align with rehabilitative needs. Similar adjustments were made throughout the offense-based tiers.

STATUTORY DATA REQUIREMENTS

The required historical data for this report is included below.

LOS, Offense Tier, and YASI Risk Level by Year

Actual LOS for Direct Care Releases by Commitment Type, FY 2014-2023



Most Serious Committing Offense by Commitment Type and LOS Guideline Timeframe, FY 2014-2024 through September 1, 2023*

Felony Against Persons				
Indeterminate Guidelines	Blended Sentence	Determinate Commitment	Indeterminate Commitment	Total Admissions
Pre-2015 Guidelines	6.9%	25.3%	68.4%	364
2015 Guidelines	9.4%	34.5%	56.2%	974
2023 Guidelines	10.0%	30.0%	60.0%	30
Violent Felony				
Indeterminate Guidelines	Blended Sentence	Determinate Commitment	Indeterminate Commitment	Total Admissions
Pre-2015 Guidelines	7.8%	26.8%	66.1%	295
2015 Guidelines	9.0%	36.8%	54.3%	807
2023 Guidelines	11.1%	33.3%	55.6%	27
Violent Juvenile Felony				
Indeterminate Guidelines	Blended Sentence	Determinate Commitment	Indeterminate Commitment	Total Admissions
Pre-2015 Guidelines	8.0%	27.3%	65.4%	289
2015 Guidelines	9.5%	37.8%	52.8%	772
2023 Guidelines	11.5%	34.6%	53.8%	26

* “Pre-2015 Guidelines” includes youth with admission dates between July 1, 2013, and October 14, 2015. “2015 Guidelines” includes youth with admission dates starting October 15, 2015, and commitment dates through February 28, 2023. “2023 Guidelines” includes youth with commitment dates between March 1, 2023, and September 1, 2023. Youth with mandatory or inpatient sex offender treatment needs are exceptions to the anticipated LOS ranges and generally stay longer due to the length of the treatment program; they were excluded from the table.

Indeterminate Direct Care Admissions by FY of Admission and Offense Tier, FY 2014-2023*

FY	Tier I		Tier II		Tier III		Tier IV		Tier V		Total	
	#	%	#	%	#	%	#	%	#	%	#	%
2014	31	11.7%	48	18.2%	60	22.7%	125	47.3%	0	0.0%	264	100.0%
2015	33	11.3%	44	15.1%	55	18.9%	155	53.3%	3	1.0%	291	100.0%
2016	18	8.2%	30	13.6%	44	20.0%	118	53.6%	10	4.5%	220	100.0%
2017	15	6.2%	33	13.7%	55	22.8%	138	57.3%	0	0.0%	241	100.0%
2018	12	5.5%	40	18.4%	48	22.1%	112	51.6%	5	2.3%	217	100.0%
2019	14	5.9%	41	17.2%	48	20.1%	133	55.6%	3	1.3%	239	100.0%
2020	5	3.5%	20	14.0%	29	20.3%	85	59.4%	4	2.8%	143	100.0%
2021	7	6.9%	8	7.9%	29	28.7%	53	52.5%	4	4.0%	101	100.0%
2022	5	5.3%	8	8.5%	22	23.4%	56	59.6%	3	3.2%	94	100.0%
2023	5	3.7%	11	8.2%	29	21.6%	86	64.2%	3	2.2%	134	100.0%

* Youth with mandatory or inpatient sex offender treatment needs are excluded. Canceled, rescinded, and successfully appealed commitments are excluded.

* In FY 2016, one youth with a missing offense tier was excluded.

Indeterminate Direct Care Admissions by FY of Admission and YASI Category, FY 2014-2023*

FY	A		B		C		D		Missing		Total	
	#	%	#	%	#	%	#	%	#	%	#	%
2014	46	17.4%	58	22.0%	90	34.1%	62	23.5%	8	3.0%	264	100.0%
2015	54	18.6%	64	22.0%	121	41.6%	39	13.4%	13	4.5%	291	100.0%
2016	37	16.8%	49	22.3%	96	43.6%	36	16.4%	2	0.9%	220	100.0%
2017	41	17.0%	51	21.2%	105	43.6%	44	18.3%	0	0.0%	241	100.0%
2018	27	12.4%	59	27.2%	106	48.8%	24	11.1%	1	0.5%	217	100.0%
2019	25	10.5%	57	23.8%	106	44.4%	47	19.7%	4	1.7%	239	100.0%
2020	23	16.1%	36	25.2%	53	37.1%	31	21.7%	0	0.0%	143	100.0%
2021	8	7.9%	29	28.7%	36	35.6%	27	26.7%	1	1.0%	101	100.0%
2022	4	4.3%	29	30.9%	40	42.6%	21	22.3%	0	0.0%	94	100.0%
2023	17	12.7%	48	35.8%	43	32.1%	26	19.4%	0	0.0%	134	100.0%

* Youth with mandatory or inpatient sex offender treatment needs are excluded. Canceled, rescinded, and successfully appealed commitments are excluded.

* The closest full YASI within 90 days of the admission date was selected.

Indeterminate Direct Care Releases by Actual LOS and FY of Release, FY 2014-2023*

Actual LOS	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Total
2 Months or Less	23	24	12	8	10	5	3	4	2	2	93
2-3 Months	4	4	0	6	6	5	1	1	0	0	27
3-4 Months	0	3	4	6	7	4	5	1	0	1	31
4-5 Months	1	3	9	21	30	24	17	6	6	1	118
5-6 Months	14	22	29	60	54	61	41	18	11	8	318
6-7 Months	27	26	23	35	48	41	41	11	24	22	298
7-8 Months	11	27	24	42	38	32	33	21	13	8	249
8-9 Months	16	21	20	3	17	18	22	8	7	8	140
9-10 Months	14	23	20	5	12	18	15	7	3	7	124
10-11 Months	24	18	7	4	6	3	9	4	7	10	92
11-12 Months	28	27	21	14	2	3	7	3	6	3	114
12-13 Months	15	20	18	3	3	5	5	3	2	2	76
13-14 Months	18	22	15	10	3	2	5	0	1	2	78
14-15 Months	20	15	20	5	2	1	4	1	1	3	72
15-16 Months	18	16	10	2	0	0	1	1	1	1	50
16-17 Months	14	9	8	3	0	1	0	0	0	1	36
17-18 Months	13	10	8	5	0	1	0	0	1	1	39
>18 Months	88	55	26	31	6	0	1	7	1	1	216
<i>Total</i>	<i>348</i>	<i>345</i>	<i>274</i>	<i>263</i>	<i>244</i>	<i>224</i>	<i>210</i>	<i>96</i>	<i>86</i>	<i>81</i>	<i>2,171</i>

* Youth with mandatory or inpatient sex offender treatment needs are excluded. Canceled, rescinded, and successfully appealed commitments are excluded.

* In the FYs following the 2015 LOS Guidelines implementation, youth were released under both the 2008 and 2015 LOS Guidelines.

Treatment Needs and Treatment Completion

Note: Youth may have multiple treatment needs and may appear in both the aggression management and substance abuse tables and graphs.

Indeterminate Direct Care Releases with Aggression Management Treatment Needs by Actual LOS and FY of Release, FY 2014-2023*

Actual LOS	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Total
2 Months or Less	19	23	10	7	7	4	3	4	2	2	81
2-3 Months	4	3	0	2	3	3	1	0	0	0	16
3-4 Months	0	3	3	5	5	4	5	1	0	0	26
4-5 Months	1	3	8	15	23	23	16	6	6	1	102
5-6 Months	12	20	24	53	50	55	39	18	11	8	290
6-7 Months	23	22	20	34	45	39	41	11	24	22	281
7-8 Months	11	25	23	42	38	30	30	21	12	8	240
8-9 Months	12	21	16	3	17	18	22	8	7	8	132
9-10 Months	13	20	19	5	12	18	15	7	3	7	119
10-11 Months	23	18	7	3	6	3	9	4	7	10	90
11-12 Months	26	26	21	12	1	3	6	3	6	3	107
12-13 Months	14	18	17	2	3	5	5	3	2	2	71
13-14 Months	16	21	13	10	3	2	5	0	1	2	73
14-15 Months	19	14	19	5	2	1	4	1	1	3	69
15-16 Months	18	16	10	2	0	0	1	1	1	1	50
16-17 Months	14	9	8	3	0	1	0	0	0	1	36
17-18 Months	13	10	8	5	0	1	0	0	1	1	39
>18 Months	88	55	26	31	6	0	1	7	1	1	216
Total	326	327	252	239	221	210	203	95	85	80	2,038

* Youth with mandatory or inpatient sex offender treatment needs are excluded. Canceled, rescinded, and successfully appealed commitments are excluded.

* In the FYs following the 2015 LOS Guidelines implementation, youth were released under both the 2008 and 2015 LOS Guidelines.

Indeterminate Direct Care Releases with Substance Abuse Treatment Needs by Actual LOS and FY of Release, FY 2014-2023*

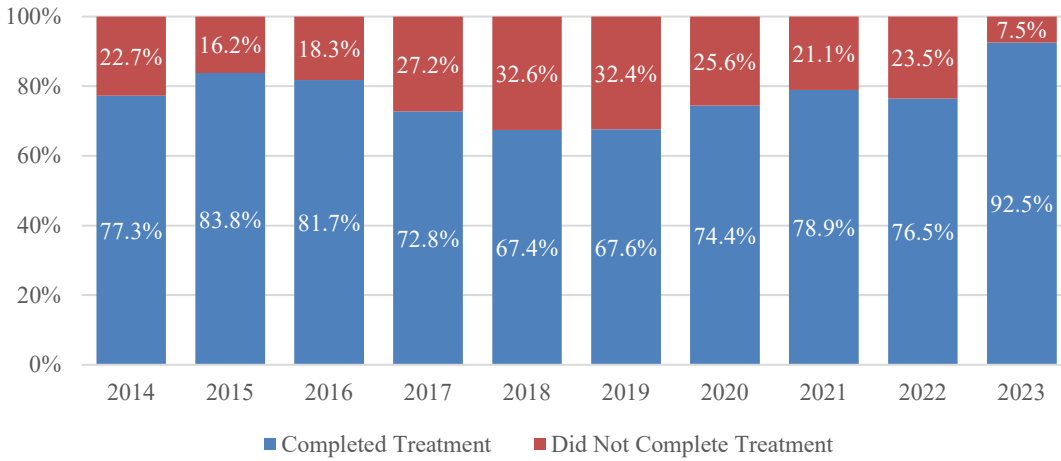
Actual LOS	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Total
2 Months or Less	19	20	10	4	9	3	0	3	2	2	72
2-3 Months	2	3	0	2	3	3	1	1	0	0	15
3-4 Months	0	3	2	4	4	3	4	0	0	1	21
4-5 Months	0	2	6	14	19	18	12	4	5	1	81
5-6 Months	13	20	24	51	44	48	35	16	11	7	269
6-7 Months	23	26	22	31	42	37	33	11	22	17	264
7-8 Months	7	23	19	34	33	30	28	19	12	8	213
8-9 Months	14	18	19	3	14	13	20	7	7	8	123
9-10 Months	12	18	17	4	10	18	12	7	2	6	106
10-11 Months	22	17	6	4	6	3	9	1	6	10	84
11-12 Months	25	24	15	13	1	3	6	3	5	2	97
12-13 Months	13	19	15	2	2	5	5	3	2	2	68
13-14 Months	17	20	13	7	2	2	5	0	1	2	69
14-15 Months	19	10	17	4	2	1	4	1	0	3	61
15-16 Months	17	14	8	1	0	0	1	1	0	1	43
16-17 Months	14	7	6	3	0	1	0	0	0	1	32
17-18 Months	11	10	7	4	0	1	0	0	0	1	34
>18 Months	79	50	25	29	3	0	1	4	1	0	192
Total	307	304	231	214	194	189	176	81	76	72	1,844

* Youth with mandatory or inpatient sex offender treatment needs are excluded. Canceled, rescinded, and successfully appealed commitments are excluded.

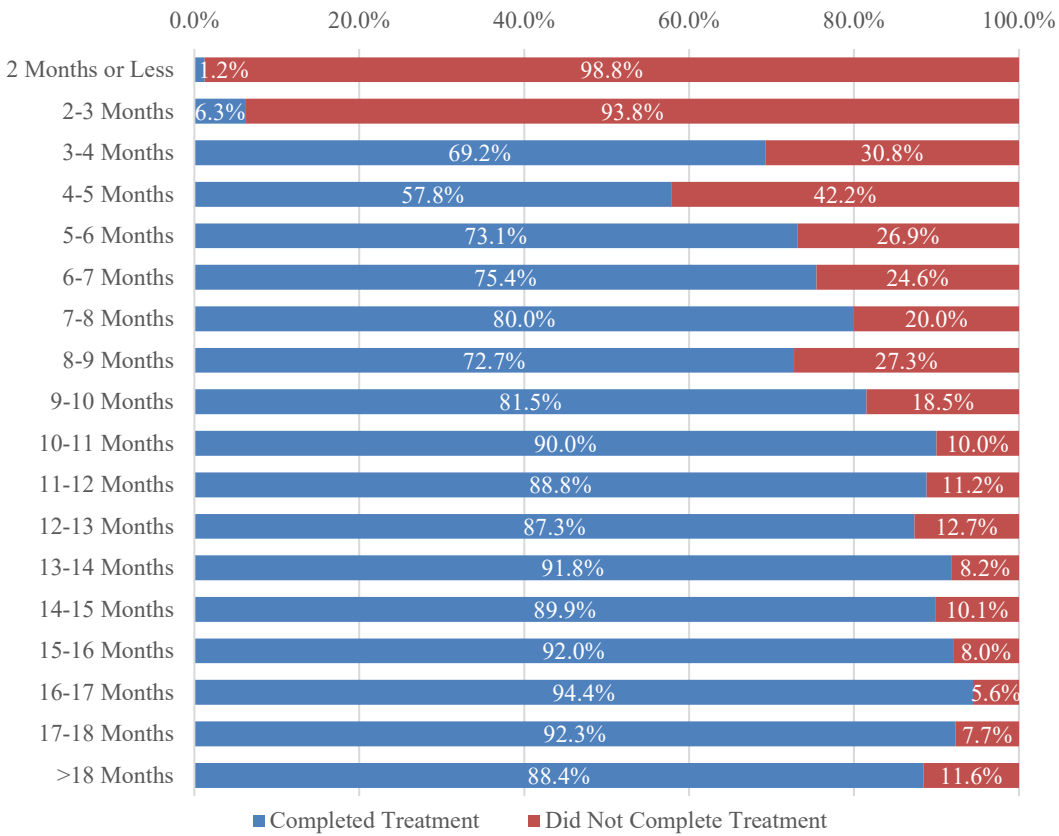
* In the FYs following the 2015 LOS Guidelines implementation, youth were released under both the 2008 and 2015 LOS Guidelines.

Treatment Completion Rates for Indeterminate Direct Care Releases with Aggression Management Treatment Needs, FY 2014-2023*

Treatment Completion By FY of Release



Treatment Completion By Actual LOS



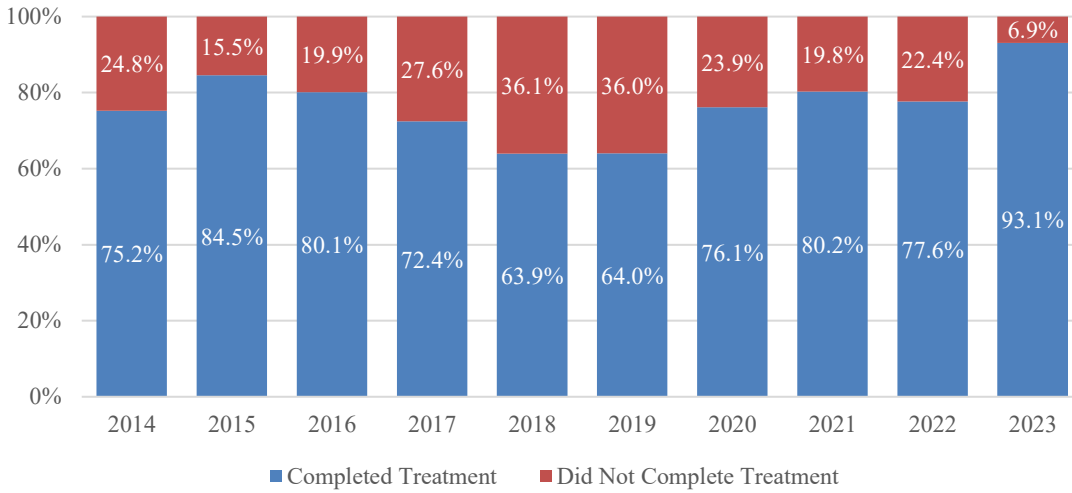
* Youth with mandatory or inpatient sex offender treatment needs are excluded. Canceled, rescinded, and successfully appealed commitments are excluded.

* In the FYs following the 2015 LOS Guidelines implementation, youth were released under both the 2008 and 2015 LOS Guidelines.

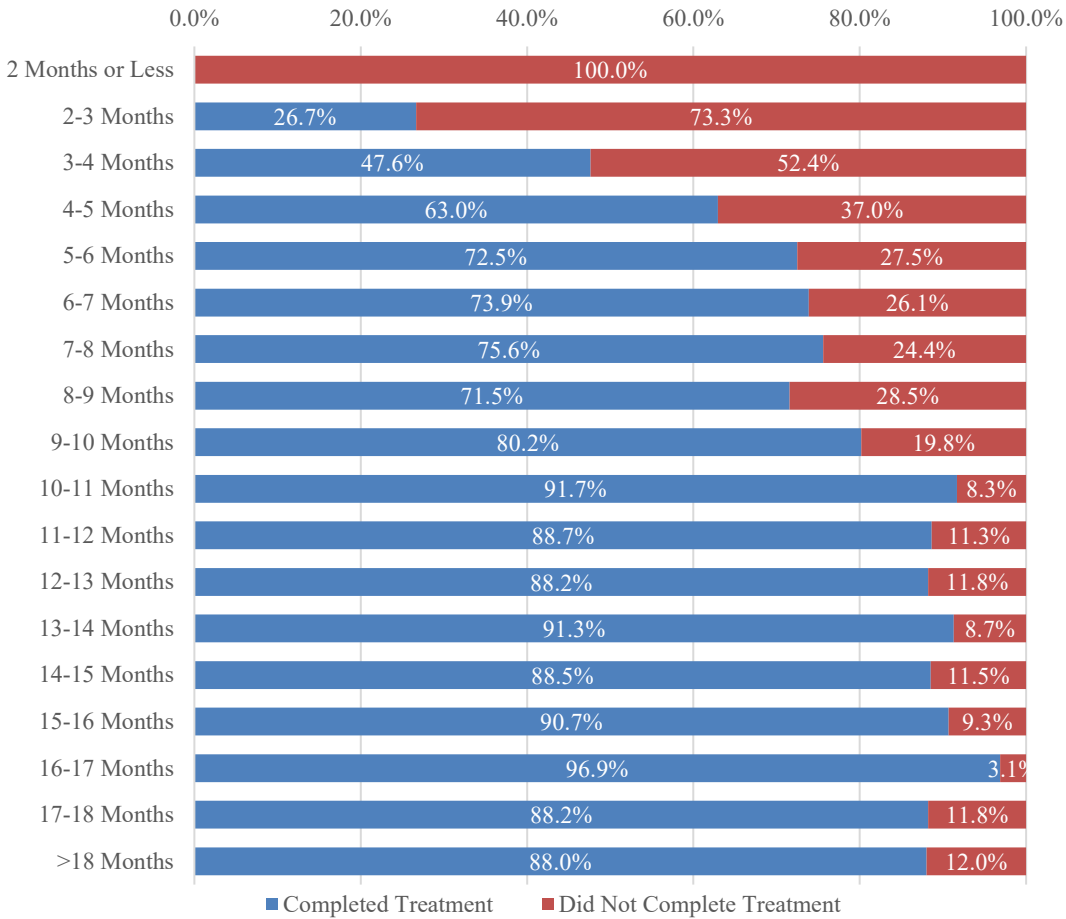
* Rates for small groups can be strongly influenced by the completion status of only one or two youth.

Treatment Completion Rates for Indeterminate Direct Care Releases with Substance Use Treatment Needs, FY 2014-2023*

Treatment Completion By FY of Release



Treatment Completion By Actual LOS



* Youth with mandatory or inpatient sex offender treatment needs are excluded. Canceled, rescinded, and successfully appealed commitments are excluded.

* In the FYs following the 2015 LOS Guidelines implementation, youth were released under both the 2008 and 2015 LOS Guidelines.

* Rates for small groups can be strongly influenced by the completion status of only one or two youth.

12-Month Rearrest Rates for Indeterminate Direct Care Releases by Treatment Need and Assigned Length of Stay (LOS), FY 2013-2021

Assigned LOS	Aggression Management		Substance Abuse	
	# Rearrested at 12M who did not Complete Treatment	Total Releases with Treatment Need	# Rearrested at 12M who did not Complete Treatment	Total Releases with Treatment Need
Pre-2015 Guidelines				
3 - 6 Months	10	47	12	42
6 - 12 Months	18	144	18	135
9 - 15 Months	2	19	2	16
12 - 18 Months	14	196	12	182
15 - 21 Months	4	49	3	47
18 - 24 Months	0	31	0	31
18 - 36 Months	0	68	0	58
21 - 36 Months	0	8	0	5
24 - 36 Months	0	8	0	7
<i>Pre-2015 Total</i>	<i>48</i>	<i>570</i>	<i>47</i>	<i>523</i>
2015 Guidelines				
2 - 4 Months	4	14	4	9
3 - 6 Months	19	89	17	76
5 - 8 Months	49	228	45	196
6 - 9 Months	59	324	64	303
7 - 10 Months	30	224	24	196
9 - 12 Months	16	64	16	58
<i>2015 Guidelines Total</i>	<i>177</i>	<i>943</i>	<i>170</i>	<i>838</i>
Total	225	1,513	217	1,361

PROGRAMMING AND TREATMENT LENGTH

All DJJ Behavioral Services Unit (BSU) staff have received training in trauma-informed care and most have been certified as clinical trauma professionals. A greater emphasis has been placed on looking at criminogenic thinking in individual therapy.

Prior to the current LOS, it typically took longer than three months to get into treatment because treatment groups were closed groups, in which all members must begin at the same time. Once begun, treatment completion would take 10 weeks to 12 weeks. Because youth may be behaviorally unstable (i.e., aggressive, non-compliant) upon admission and spend the first several months adjusting to the facility milieu, they may drop out or be ejected from treatment groups. An intake period may take approximately one month, and during that period individual therapy would be provided as a rapport-building and preparatory phase. Therefore, a youth with a three- to five-month length of stay would have difficulty successfully completing treatment and maintaining treatment fidelity. Additionally, treatment ideally needs to be internalized and internalization rarely can be achieved and/or demonstrated in a few months' time. Due to the previous shorter lengths of stay, residents were placed into groups irrespective of their readiness in an effort to expedite them starting treatment.

JUVENILE DIRECT CARE POPULATION

The Secretary of Public Safety and Homeland Security presents updated forecasts annually for the juvenile local-responsible (detention) population, juvenile state-responsible (direct care) population, adult local-responsible (jail) population, and adult state-responsible (prison) population. The official direct care population forecast in 2023 considered the 2023 LOS Guidelines using a simulation model. Using the same assumptions and methodology, DJJ calculated a six-year forecast using the 2015 LOS Guidelines in order to show the impact of the 2023 policy change.

Simulation Model Assumptions

The only changed assumption from the official forecast was that juveniles with indeterminate commitments will be assigned LOS ranges based on DJJ’s 2015 LOS Guidelines. Otherwise, the following assumptions, which match the official forecast, were made using a three-year average of historic direct care data (crime trends are not considered in the forecast):

- The proportion of juveniles in each assigned LOS range will remain constant.
- Juveniles with determinate commitments or blended sentences will represent 29.7% of all admissions.
- Youth with inpatient or mandatory sex offender treatment needs will represent 3.3% of all juvenile admissions. This group has a treatment override to the standard LOS Guidelines in both 2015 and 2023. Any other changes or trends in treatment needs for youth admitted to direct care are not considered in the forecast.

Forecast Admission Proportions

Assigned LOS (months)	FY 2021	FY 2022	FY 2023	Forecast Assumption*
2-4	0.6%	0.0%	0.0%	0.2%
3-6	3.7%	2.0%	2.8%	2.8%
5-8	11.0%	10.9%	19.1%	13.7%
6-9	24.5%	23.1%	25.8%	24.5%
7-10	16.0%	21.1%	19.1%	18.7%
9-12	5.5%	6.8%	7.9%	6.7%
9-15	0.6%	0.0%	0.6%	0.4%
Sex Offender	3.7%	2.7%	3.4%	3.3%
Determinate/Blended	34.4%	33.3%	21.3%	29.7%
<i>Total</i>	<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>

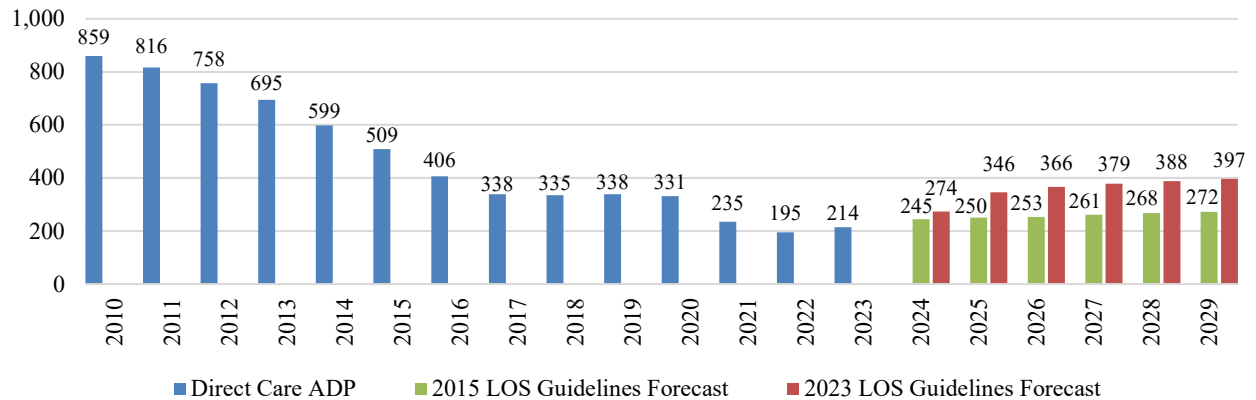
* The percentages are based on the average of assigned LOSs in FY 2021, FY 2022, and FY 2023 until March 1, 2023, when the assigned LOSs were recalculated to fit under the 2015 LOS guidelines. This three-year average was approved by the Forecast Policy Committee on August 30, 2023, except under the 2023 LOS Guidelines rather than the 2015 Guidelines.

DJJ Direct Care Population Admissions Forecast by Month, FY 2024-2029

Month	2024	2025	2026	2027	2028	2029
July	25	21	22	21	21	21
August	21	20	20	21	21	22
September	20	20	21	22	22	21
October	21	22	21	22	22	22
November	17	18	17	18	19	19
December	17	17	19	18	19	19
January	20	22	21	21	21	22
February	18	17	19	18	19	20
March	17	18	19	20	19	19
April	17	16	16	16	16	16
May	15	16	15	17	17	17
June	16	17	18	17	18	17
<i>Total</i>	<i>225</i>	<i>222</i>	<i>227</i>	<i>230</i>	<i>234</i>	<i>235</i>

The forecast for the direct care population using the 2015 LOS Guidelines predicted an increase in average daily population (ADP) to 245 in FY 2024 and then a gradual increase to 272 in FY 2029. This trend differs from the official forecast based on the 2023 LOS Guidelines, which predicts more substantial growth throughout the forecast timeframe, particularly in the first two fiscal years (274 in FY 2024 and 346 in FY 2025). By FY 2029, the projected population under the 2015 LOS Guidelines was 272, and the projected population under the 2023 LOS Guidelines was 397. (See graph below.)

Direct Care ADP and Forecast, FY 2010-2029



IMPACTS

Staffing

The staffing ratio required by the federal Prison Rape Elimination Act (PREA) standards is one staff for every eight residents during waking hours. Facility leadership prioritizes maintaining the staffing pattern in accordance with the federal PREA requirements.

In the seven months prior to the effective date for the new LOS guidelines, Bon Air Juvenile Correctional Center was losing approximately 5.6 staff per month. In March 2023, when the new LOS guidelines went into effect, Bon Air JCC had 179 filled, full-time positions. This number remained constant over the next three months with a slight increase in July to 180 filled, full-time positions. Although, more in-depth research would need to be conducted to consider additional factors that may have contributed to this stabilization, this could indicate that the implementation of the new LOS guidelines slowed the attrition of staff at Bon Air JCC and allowed staffing patterns to stabilize for a time. The facility did not see such stability in the months of August and September as these months saw a decline of 11 and seven staff, respectively. However, this may be attributed to significant organizational changes that took place during this time.

To prepare for the continued increase in residents in the care of Bon Air JCC, agency leadership determined that it would be most effective to hire wage staff to help fill any gaps in coverage while continuing to recruit for and onboard new full-time staff. In the months of August and September, when Bon Air JCC experienced another decline in full-time staff, the facility maintained approximately 30 wage staff who supported facility functions and worked directly with the youth on a part-time basis. Additionally, facility leadership has investigated and pursued creative solutions for hiring new staff to include sign-on bonuses, multiple shift options, and referral bonuses. The agency anticipates seeing an increase in numbers with the October and November staffing reports because the October basic skills classes have an enrollment of 29 new staff.

Other Needs

Independent of LOS increasing, more intensive treatment addressing criminogenic needs over the course of a longer period of time will require further staffing resources, as individual sessions and additional group and family therapy/counseling sessions increase.

CAPACITY

Bon Air JCC currently has an operational capacity of 220 beds with a maximum physical capacity of 257 beds. The operational capacity allows the facility to maintain ideal and effective ratios within the behavior management system while utilizing every available unit. To achieve the maximum physical capacity of all livable housing units, the JCC would need to engage in some renovation activities and purchase additional beds.

Although there are currently approximately 162 full-time staff, not all those roles have the capacity to count in staffing ratios. Many of those roles are administrative in nature, leaving approximately 90 full-time Juvenile Correctional Specialists who are able to provide coverage in units. This again is divided when considering coverage on all shifts. Current staffing ratios allow for a maximum of 216 residents. The wage staff may create opportunity to house additional residents safely, if required; however, they largely are bridging gaps in current coverage caused by various types of leave or full-time staff vacancies. Facility leadership is actively working to bring in additional staff to support potential increases in resident populations.

CAPITAL AND OPERATING NEEDS

With the rising statistics on violent juvenile crime, the current population forecast, and the adjustments made to the LOS Guidelines to address rehabilitative failures, DJJ has identified an increased capacity need to provide rehabilitative, specialized care, and reentry success with the expansion of vocational opportunities. The current statistical forecast demonstrates a gradual capacity need of more than 400 beds to house youth offenders over the course of several fiscal years.

To address capacity needs, DJJ has considered the following options:

- I. **A new 60-bed facility** – A capital project was previously approved and pool funded through preliminary design to construct a new 60-bed facility complete with administrative offices, dining, medical, and education facilities on the existing Bon Air campus. Working drawings were submitted to the Department of General Services' Division of Engineering and Buildings as well as a request for funding to complete the project. However, as of June 2023, the project cost relative to the bed count space came into question. The current estimated cost is \$80 million.

- II. **Renovating existing buildings on the Bon Air Campus** – An option to increase capacity within the existing campus is to renovate and reopen buildings that have previously been closed. The former Oak Ridge Juvenile Correctional Center is a single building containing 40 individual bedrooms, a limited dining area, administrative offices, a gymnasium, and educational facilities. The building was closed in July 2015 due to population reduction.

Over the last several years, DJJ has spent well over \$1 million cleaning and upgrading systems in the Oak Ridge building. These upgrades include clearing, cleaning, and mold remediation, as well as HVAC, chiller, and boiler replacement, fire alarm panel replacement, new ceiling tiles, new carpet, and CVT flooring, full interior painting, and plumbing repairs. In addition, a full roof replacement project has been contracted and scheduled for FY 2024. To reopen the building to house youth, Oak Ridge would also need new security systems, new fencing, window replacement, and tile repairs. Renovations aimed at therapeutic rehabilitation would also be required.

In addition, there are four individual cottages on the campus that can be renovated and updated to house youth in a rehabilitative setting. Each of these cottages contains 12 bedrooms with a shared bathroom, a dayroom, and offices. There has been minimal work done to these buildings other than general maintenance. The buildings are not equipped with fire sprinklers; however, they have been used as detention facilities within the past year. The fire marshal has been conducting annual

inspections of these cottages and has found no deficiencies. The Light, Stuart, Nichols, and Keller cottages are in acceptable condition but need some work prior to re-opening. This work includes roof replacement, new security systems, replacing bedroom door frames and new furniture.

The project has a combination of the above renovations of both the Oak Ridge building and the four cottages would generate an additional 88 beds for DJJ and meet the targeted system capacity of 400 beds by 2026. The total projected costs of the minimum renovations needed is currently \$10.5 million. It is anticipated that the required staffing to reopen these buildings can be absorbed in our existing funded maximum employment level counts.

- III. **Leasing space from local JDCs (30 beds)** – DJJ previously requested funding to expand operational capacity at the Bon Air Juvenile Correctional Center and for the agency’s director to enter into lease agreements to operate space in three local juvenile detention centers for the purpose of housing juveniles committed to the department. The requested funding would have aided in meeting capacity expansion to accommodate DJJ’s goal to provide additional treatment, rehabilitation, and reentry services to juveniles committed to the department closer to their respective communities. The additional \$3.7 million in funding assumed staffing needs of 60 positions but did not pass during the 2023 legislative session.

With rising crime and an anticipated and forecasted rise in the secured facility population at DJJ, we are committed to ensuring our facilities are inclusive of the best options to ensure the safety, security, and rehabilitation of the youth in our care. As such, the department has submitted a current budget request of \$2.6 million to address minor renovations in the existing Bon Air JCC that will allow the agency to open more units as needed and, as staffed, further assisting in expanding capacity.

TREATMENT NEEDS

At the time of a youth's commitment, the respective court service unit facilitates an updated YASI risk assessment, which incorporates identified risk factors and criminogenic need areas correlating to the pattern of criminal offending. The youth is then admitted to DJJ and evaluated at the facility – either the juvenile correctional center or a juvenile detention center – within the initial 21-30 days. The process includes medical, psychological, behavioral, educational, and career readiness evaluations. An interdisciplinary team meets to review all assessments and evaluations to identify each youth's treatment and mental health needs, determine length of stay, recommend placement, and develop a Comprehensive Reentry Case Plan (CRCP). If the evaluation process yields additional information, an updated YASI assessment will be completed to ensure the most up-to-date, accurate information relating to the youth's risk and needs, to include any responsivity factors. The committing offense(s) and risk assessment are utilized to determine the projected length of stay. Subsequently, a treatment plan (CRCP) is then devised to align services based on the identified need areas. Depending on the youth's individual needs, youth may be assigned to one or more treatment programs, to include aggression management, substance use, and sex offender treatment. There is a continuous quality improvement process assessing the intake and evaluation process to identify areas to strengthen.

Currently, there is no known available research that addresses a specific dosage and duration of treatment specific to overall length of stay. Research primarily addresses specific interventions targeting more narrow treatment objectives. However, if one were to consider the multiple interventions required to address the complexity of a youth's offense behavior – identifying, addressing, and developing new skills to address criminogenic thinking with integration – combining various interventions would require at least a cumulation of the interventions over a period where the youth is given much opportunity to exhibit – and be observed demonstrating – the appropriate socialized behaviors. A recent analysis of YASI dynamic risk and protective score change across the duration of a direct care commitment (including indeterminate commitments under the 2015 LOS Guidelines and determinate commitments up to 36 months between FY 2018-2023) reinforces the importance of the ongoing assessment and evaluation process. The analysis (described under “Treatment ‘Dosage’” above) indicated that there is no point of diminishing returns in improvement of either dynamic risk or protective scores during a direct care commitment. The findings suggested that decisions on appropriate LOSs and releases are best made on a case-by-case basis, considering a youth's individual trajectory of YASI change and improvement on treatment needs rather than creating a one-size-fits-all rule based on an initial assessment.

CONTINUATION OF PROGRAMMING

Lengthening stays for youth in residential facilities will:

- Allow youth to become acclimated to the culture of a facility and treatment focus in a structured setting. Providing a period of time for youth to acclimate to the facility, be further assessed, and prepare for treatment will optimize their amenability and compliance.
- Allow youth to complete the various treatment modules assigned to them to address their identified behavioral goals and objectives, despite behavioral instability that could result in premature termination of some treatment interventions and the need to restart them.
- Allow facility staff and clinicians to provide an opportunity for youth to address criminogenic thinking (which is more ingrained and difficult to change), focusing on harm reduction, and allow staff to observe if youth are able to exhibit appropriate social, interpersonal, and intrapersonal skills in multiple settings and over a period of time to validate learning and internalization of the skills.

DJJ is also implementing the evidence-based Positive Behavioral Interventions and Supports (PBIS) program as an additional framework for behavior management within the Bon Air Juvenile Correctional Center. The JCC PBIS model is modified from an evidence-based program used in many schools to improve academic, social, and behavioral outcomes for students. Extending LOS will facilitate youth responding to the PBIS modification program with observable changes in behavior.

Under its Regional Service Coordinator (RSC) Service Delivery Model, DJJ utilizes two lead agencies, AMIkids and Evidence-Based Associates (EBA), to select and award subcontracts to direct service provider companies. This ensures youth and families across the Commonwealth have continuous and consistent access to residential and community-based services and treatments needed to divert youth from further involvement with DJJ, provide appropriate dispositional options for youth under supervision, and enable successful reentry upon a committed youth's return to the community. The RSCs assist with building a more robust statewide continuum of evidence-informed services and alternatives to placement in state-operated secure facilities.

In addition to preparing youth for successful community behavior by providing opportunities to acquire in-demand job skills during commitment, reentry efforts will include providing ongoing support, mentoring, and tracking after release. DJJ's workforce development initiative includes establishing and maintaining relationships with employers and community organizations to develop long-term job and career training opportunities for youth. The 2023 LOS Guidelines also provide stronger reentry provisions to include step-down, independent living, work release, and furloughs that allow youths to gradually transition back into their communities with complete continuity of care.