

3 Special Topics

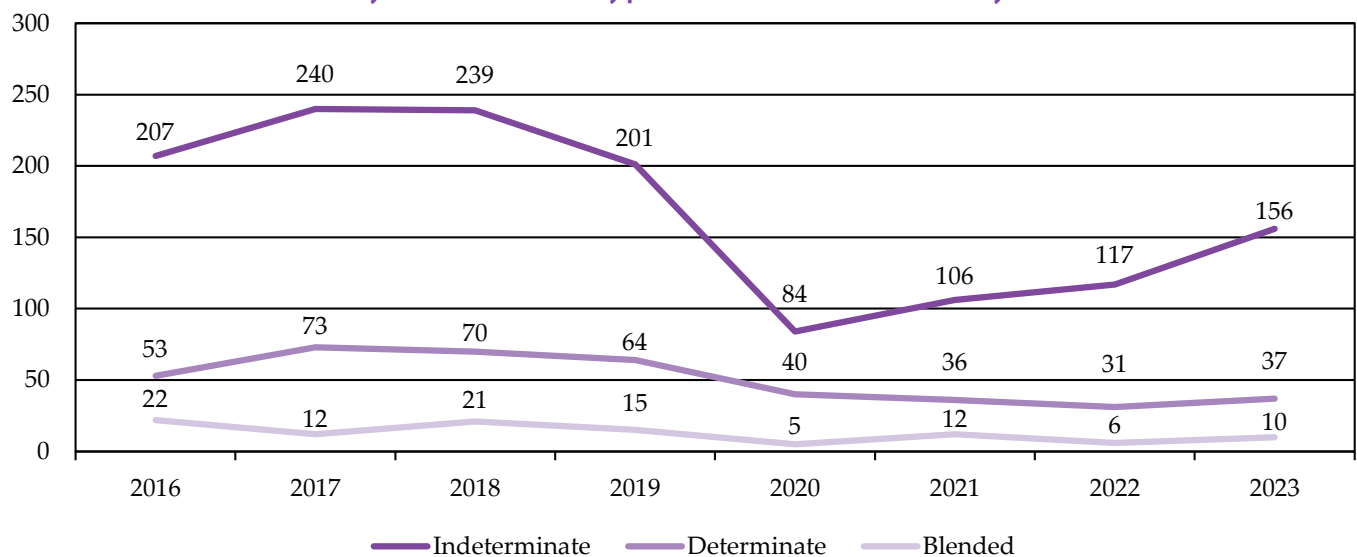
DJJ's Research Unit analyzes data to evaluate programs, initiatives, and trends in order to provide meaningful information to decisionmakers for improving services and outcomes. The following studies represent a selection of the projects completed during FY 2024. Data in this section of the report may not match other sections due to different download dates.

2023 LOS Guidelines One-Year Update

The 2023 LOS Guidelines apply to youth committed on or after March 1, 2023, and replaced the 2015 LOS Guidelines, which had been in effect for all direct care

admissions on or after October 15, 2015. (See Appendix D.) This update provides data on the first year of implementation, through June 30, 2024, compared to all direct care admissions under the 2015 LOS Guidelines. The intent is to provide an overview of direct care admissions since the 2023 LOS Guidelines were enacted. With the exception of the graph below, all data in this section are for indeterminate commitments. Youth who have an indeterminate commitment and have an inpatient sex offender treatment need are given a treatment override and are not assigned a projected LOS. These youth are excluded from this section. Caution must be used when drawing conclusions based on roughly one year of data under the new guidelines compared to approximately eight years of data under the previous guidelines.

Direct Care Admissions by Commitment Type, March 2016 - February 2024*



* For this graph only, each year listed started on March 1 and ended on the last day of February the following year (e.g., 2023 includes March 1, 2023, through February 29, 2024).

* Youth with multiple commitments for a single admission are counted once. If an admission is for at least one determinate commitment or blended sentence, the admission is counted as "Determinate" or "Blended."

- » Between 2022 and 2023, the number of direct care admissions with an indeterminate commitment increased 33.3% from 117 to 156 while the number of determinate commitments and blended sentences remained stable.
- » The percentage of direct care admissions with an indeterminate commitment increased from 65.1% to 76.8% between 2020 and 2023.

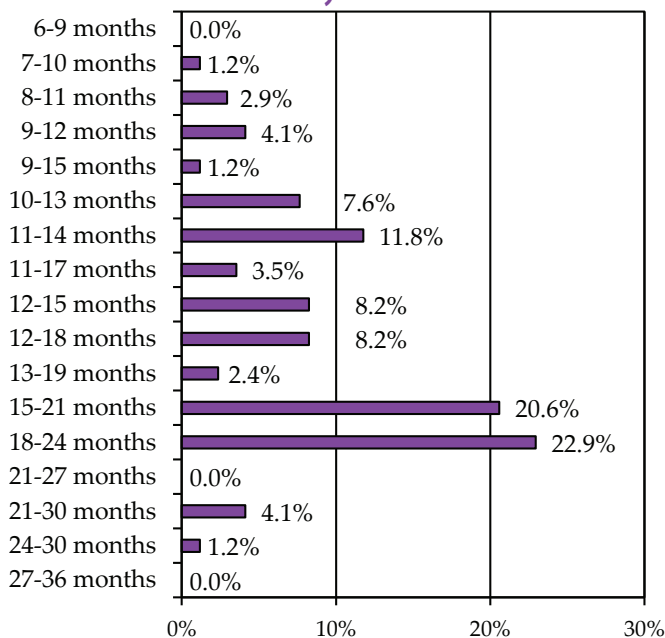


Direct Care Admissions by Treatment Need, October 2015 - June 2024

Treatment Need	LOS Guidelines	
	2015	2023
Aggression Management		
Intensive	87.9%	97.1%
Prescriptive	6.1%	1.8%
<i>Total</i>	94.0%	98.8%
Substance Use		
Track I	74.7%	86.5%
Track II	8.9%	10.0%
<i>Total</i>	83.6%	96.5%
<i>Total Admissions</i>	1,279	170

» Under the 2023 LOS Guidelines, the percentage of admissions identified as having an aggression management or substance use treatment need increased compared to the 2015 LOS Guidelines.

Direct Care Admissions by Assigned LOS, March 2023 - February 2024*



* Youth with multiple indeterminate commitments for a single admission are counted once and the longest assigned LOS was selected.

» Under the 2023 LOS Guidelines, 18-24 months (22.9%) and 15-21 months (20.6%) were the most commonly assigned LOS ranges, compared to 6-9 months (34.2%) under the 2015 LOS Guidelines.

Direct Care Admissions by Committing MSO, October 2015 - June 2024

MSO Severity	LOS Guidelines	
	2015	2023
DAI Ranking		
Felony		
Against Persons	46.9%	57.6%
Weapons/Narcotics Dist.	5.8%	5.3%
Other	33.0%	27.6%
Class 1 Misdemeanor		
Against Persons	5.2%	4.7%
Other	4.4%	2.9%
Prob./Parole Violation	4.7%	1.8%
<i>Total Admissions</i>	1,279	170

» 57.6% of admissions under the 2023 LOS Guidelines had a felony against persons MSO according to the DAI ranking, compared to 46.9% under the 2015 LOS Guidelines.

Conclusion

Preliminary data indicate that, compared to the 2015 LOS Guidelines, (i) a higher percentage of admissions under the 2023 LOS Guidelines have indeterminate commitments; (ii) admissions are more likely to have intensive aggression management and track I substance use treatment needs; and (iii) nearly half of admissions are being assigned an LOS that is longer than any LOS under the 2015 LOS Guidelines.

As of July 31, 2024, ten youth subject to the 2023 LOS Guidelines had been released from direct care. The Research Unit will continue to monitor these data, and recommends examining additional data in future years, including the following:

- » Trends in both assigned and actual LOS.
- » Completion of assigned treatment needs.
- » Changes in YASI risk and protective scores associated with longer LOS.
- » Outcomes related to education, vocational training, and recidivism as more data become available.



Risk and Protective Score Change During Time in Direct Care, FY 2018-2023

Youth committed to DJJ are offered an array of services aimed at rehabilitation, including education, vocational training, and therapeutic services. In line with the RNR model, therapeutic environments should be better suited to addressing criminogenic risk by providing individualized, need-based services to residents.¹ Little published research has examined the effects of LOS on risk and protective factors in youth committed to secure facilities that provide education, training, and therapeutic services, such as DJJ's direct care settings. This study sought to identify trends in YASI dynamic risk and protective scores across direct care commitments during FY 2018-2023.

YASI dynamic risk scores indicate a youth's risk of re-offending based on criminogenic risk factors, such as substance use or delinquent peers. A higher risk score indicates a greater likelihood of reoffending. Alternatively, YASI dynamic protective scores indicate factors that serve a protective function in reducing a youth's risk to reoffend by buffering against risk factors, such as school attendance or participation in prosocial activities. A higher protective score indicates a lower likelihood of reoffending.

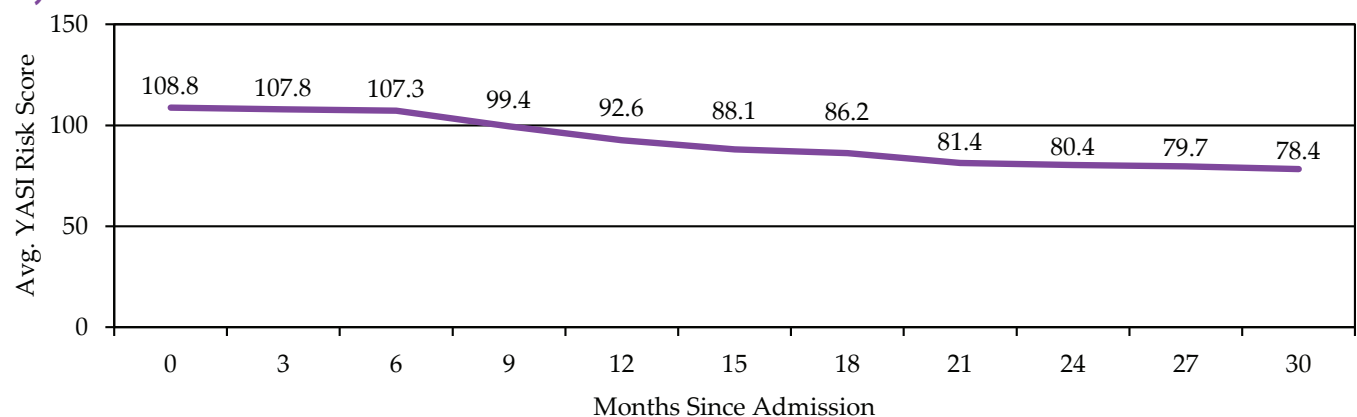
Data include all indeterminate and determinate commitments admitted on or after July 1, 2017, and released by June 30, 2023; all indeterminate commitments included in this analysis had an assigned LOS under the 2015 LOS Guidelines. Specifically, the analyses included 1,090 direct care commitments of 1,002 youth.

In this section, LOS is calculated as the number of days between direct care admission and release. Because LOSs ranged from 21 days to 1,691 days (56.4 months), with a median of 203 days (6.8 months), fewer assessments were available for longer LOSs (62.7% of YASIs were completed within six months since admission). Assessments after 30 months were excluded from graphs due to low counts but were included in the analyses. Overall, 39.5% of assessments were completed at Bon Air JCC, 36.1% were completed at a JDC during the admission and evaluation process, and 21.7% were completed at a CPP.

Generalized estimating equations (GEEs) were used to evaluate the statistical significance of changing YASI scores. These models account for the relationship between repeated YASIs for individual youth and provide estimates of change for the full sample. The GEE models in this report include commitments until either (i) release from direct care or (ii) 36 months after admission, whichever occurred sooner.

¹ Bonta, J., & Andrews, D.A. (2016). *The Psychology of Criminal Conduct* (6th ed.). Routledge. <https://doi.org/10.4324/978131567718>

Dynamic Risk Scores Decrease as LOS Increases*

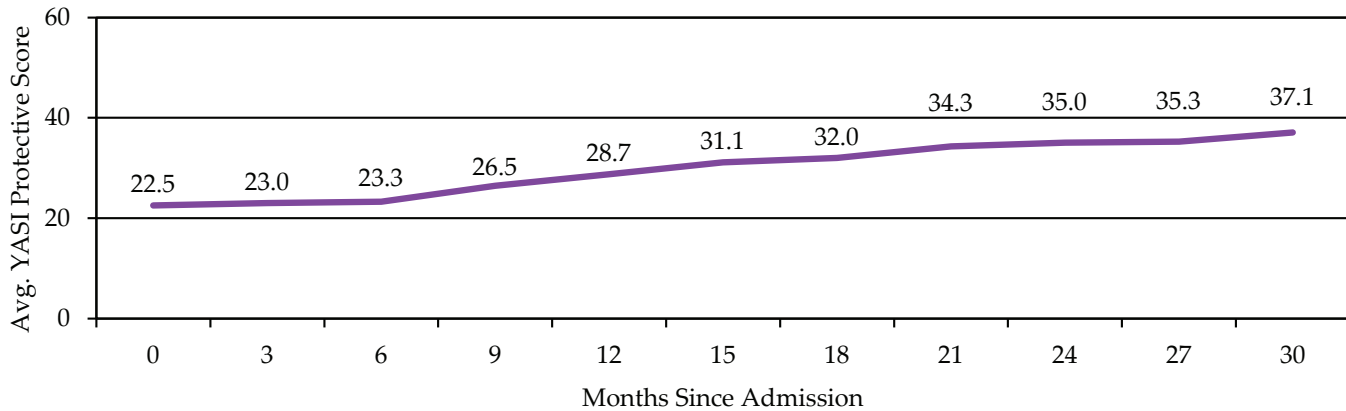


* Assessments after 30 months since admission were excluded from graphs due to low sample size.

- » The average YASI dynamic risk score at admission was 108.8 and decreased to 78.4 for commitments lasting 30 months. This is equivalent to a reduction from a moderate-high risk level at admission to a moderate risk level at release for males, or a decrease from a moderate risk level at admission to a low risk level at release for females.
- » The GEEs indicated 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.



Dynamic Protective Scores Increase as LOS Increases*



* Assessments after 30 months since admission were excluded from graphs due to low sample size.

- » The average YASI dynamic protective score at admission was 22.5 and increased to 37.1 for commitments lasting 30 months. This is equivalent to an increase from a moderate protective level at admission to a moderate-high protective level at release for males, or an increase from a moderate-high protective level at admission to a very high protective level at release for females.
- » The GEEs indicated 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.

Conclusion

YASI dynamic risk and protective scores improved continuously across the direct care population for up to three years. These findings suggest that a universal cut-off for LOS is not appropriate and staff should assess individual progress throughout the direct care stay, including monitoring for changes or plateaus in YASI scores, rather than creating a standard benchmark for all youth in direct care. Not all youth follow the same trajectory or display changes of the same magnitude across their commitment; therefore, decisions should be made on a case-by-case basis.

DJJ's Research Unit presented these research findings at the 2024 National Institute of Justice Research Conference, hosted in Pittsburgh, Pennsylvania. Out of 113 poster submissions, DJJ's poster was one of 50 accepted and one of 45 presented at the conference.

Future projects will expand on these findings:

- » Considering additional factors related to risk and protective scores, such as youth characteristics (e.g., age, sex, race, ethnicity); treatment needs; participation in and completion of treatment; and offense characteristics.
- » Re-examining trends when there is more data available for longer LOS ranges (i.e., 15-36 months), such as those used in the 2023 LOS Guidelines. A repeated analysis of commitments under the 2023 LOS Guidelines could determine if similar results are found

when there is greater emphasis on treatment completion, education requirements, and other release criteria. A similar analysis of the 2023 LOS Guidelines will require at least five years of data collection.

- » Employing advanced statistical methods for comparing youth between direct care settings to determine if outcomes are similar despite differences in baseline characteristics between the samples.



Marijuana Intake and Use Trends

In recent years, marijuana laws in Virginia have undergone substantial changes. Prior to FY 2021, medical marijuana use and possession were legal for adults, with numerous restrictions. All non-medical marijuana use and possession were criminal offenses for adults and delinquent offenses for youth. Effective in FY 2021 and FY 2022, legislative amendments (i) decriminalized recreational marijuana use for adults 21 and over; (ii) legalized possession and household cultivation for adults 21 and over; (iii) reduced offense severity for selling, giving, distributing, or possessing with intent to sell, give, or distribute marijuana; (iv) made first-time marijuana possession both a civil and delinquent offense for juveniles; and (v) reduced offense severity of juvenile first-time marijuana possession to a non-misdemeanor.

Some studies suggest that marijuana decriminalization for adults increases availability to, and decreases the perception of harm associated with, marijuana among youth. Although youth's marijuana use is inversely related to their perceived risk of use, marijuana use among youth is unrelated to perceived availability. Na-

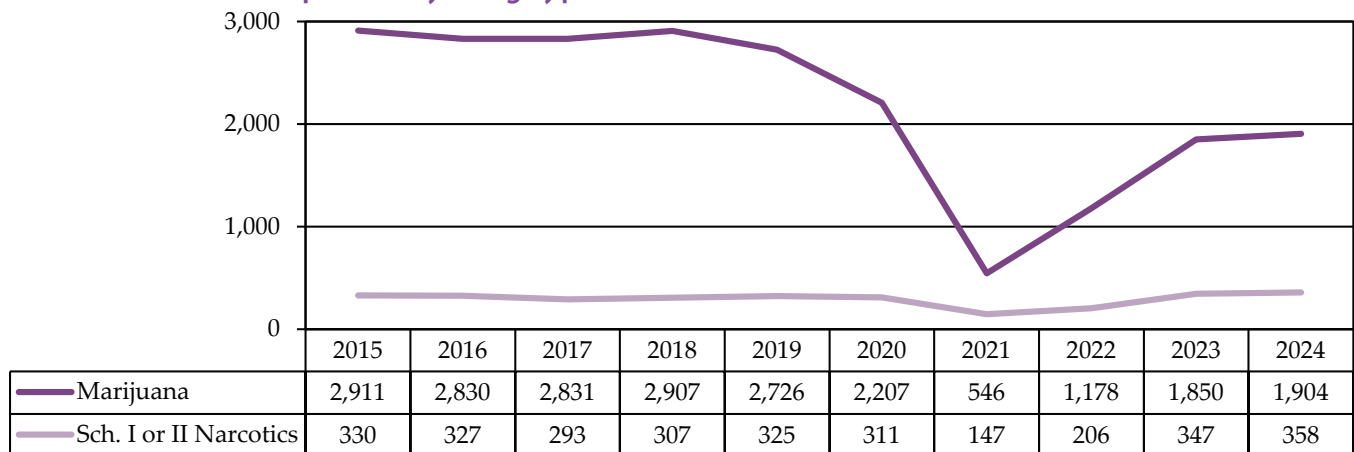
tionally, perceptions of harm have decreased since 2014 as select states began legalizing marijuana, which could influence trends over the past 10 years.¹

The following section identifies how legislative changes in Virginia may have impacted marijuana-related intake complaints for youth. However, this legislation coincided with the COVID-19 pandemic, which substantially impacted the juvenile justice system both directly and indirectly. As a result, changes due to legislation cannot be separated from other effects, such as those related to COVID-19.

The offense categories presented in this section are unique and categorize offenses by drug type, which includes "Marijuana" and "Schedule I or II Narcotics." Offenses where the type of drug is not clear and could include either marijuana or schedule I or II narcotics are excluded from all data. Between FY 2015 and FY 2024, the majority of juvenile intake complaints for marijuana or schedule I or II narcotics were for marijuana (79-91%).

¹ Puzzanchera, C., Hockenberry, S., & Sickmund, M. (2022). *Youth and the Juvenile Justice System: 2022 National Report*. Pittsburgh, PA: National Center for Juvenile Justice. <https://ojjdp.ojp.gov/publications/2022-national-report.pdf>

Juvenile Intake Complaints by Drug Type, FY 2015-2024



- » In FY 2024, there were 1,904 marijuana-related intake complaints, a 34.6% decrease from FY 2015 and 30.2% decrease from FY 2019.
 - › There was a 75.3% decrease in marijuana-related intake complaints from FY 2020 to FY 2021, which corresponds with the initial legislative shift to de-criminalize marijuana possession as well as COVID-19 impacts.
- » Schedule I or II narcotics accounted for 15.8% of juvenile intake complaints for marijuana or schedule I or II narcotics in FY 2024.



Demographics of Youth with Marijuana-Related Intake Cases, FYs 2019 and 2024*

Demographics	2019	2024
Race		
Asian	1.6%	0.7%
Black	30.9%	30.4%
White	56.8%	55.4%
Other/Unknown	10.7%	13.6%
Ethnicity		
Hispanic	15.5%	15.9%
Non-Hispanic	29.2%	53.8%
Unknown/Missing	55.3%	30.3%
Sex		
Female	24.9%	30.5%
Male	75.1%	69.5%
Age		
8-10	0.2%	0.2%
11-12	2.2%	3.7%
13	3.8%	7.4%
14	8.4%	16.5%
15	14.5%	23.1%
16	26.4%	24.1%
17	41.3%	23.7%
18-20	3.1%	1.1%
Missing	0.1%	0.1%
Total Juvenile Intake Cases	2,511	1,629

* Ethnicity was not a required data entry field until FY 2020.

- » Females represented 30.5% of youth with marijuana-related intake cases in FY 2024, an increase from 24.9% in FY 2019.
- » In FY 2024, there was a greater percentage of youth ages 13-15 (47.0%) compared to FY 2019 (26.8%); and a lower percentage of youth age 17 (23.7%) in FY 2024 compared to FY 2019 (41.3%).

Lifetime Use and Frequency

The YASI has six questions regarding marijuana use, behaviors, and habits. YASI data is primarily available for youth placed on probation or parole supervision or in direct care, limiting the ability to draw conclusions regarding all youth with intake complaints. For example, in FY 2024, only 21.9% of youth with intake complaints had responses on at least one YASI marijuana item.

Nationally, only 1 in 17 (5.9%) high school students tried marijuana before age 13.² Of all youth with an intake in FY 2024 and a YASI indicating a history of marijuana use, 27.8% had tried marijuana for the first time before age 13. There is little research on the long-term impacts of early-onset marijuana use.³

Since the marijuana laws changed, the average age at first use among youth with a YASI who indicated they had used marijuana at least once remained stable between 13.4 years old in FY 2019 and 13.3 years old in FY 2024. However, this group used marijuana more often in FY 2024 compared to FY 2019, increasing from an average of 12.3 times during the previous three months to 15.7 times during the previous three months. Youth with marijuana-related intake complaints had a similar increase in past three-month use, increasing from an average of 15.7 times in FY 2019 to 21.4 times in FY 2024. Youth with marijuana-related intake complaints had a higher past three month use rate compared to youth with any intake complaint across all FYs.

Conclusion

Overall, marijuana-related intake complaints decreased by 34.6% from FY 2015 to FY 2024. Specifically, there was a 75.3% decrease from FY 2020 to FY 2021, coinciding with both Virginia's recent marijuana law changes and COVID-19 impacts. Some demographics of youth with marijuana-related intake cases changed, with a shift toward more intake cases for females and younger youth between FY 2019 and FY 2024. Although youth have reported increasingly higher marijuana use rates since FY 2019, their age at first use remained steady during this time. Several steps may further improve the current understanding of recent marijuana law impacts in Virginia:

- » Continuing to monitor data to determine whether current patterns persist. The lack of available YASI data for all intake cases limits understanding of how pervasive increasing use rates are for DJJ youth.
- » Tracking marijuana-related offense data by demographics to understand whether decriminalization has disproportionately impacted certain groups, such as females and youth under 16 years old.
- » Separating ambiguous VCCs into marijuana-related offenses and non-marijuana schedule I or II narcotics offenses to allow for more accurate analysis of trends in substance-related offenses.
- » Creating agency-wide guidance on available services for youth who use marijuana to ensure available treatments are appropriate for all populations, including the increasing number of females and younger youth with marijuana-related intake cases.

² Puzzanchera et al., 2022.

³ Ladegard, K., Thurstone, C., & Rylander, M. (2020). Marijuana legalization and youth. *Pediatrics*, 145 (Supplement 2). <https://doi.org/10.1542/peds.2019-2056D>

