



# *The Commonwealth of Massachusetts*



Executive Office of Health and Human Services

## DEPARTMENT OF YOUTH SERVICES

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### DEPARTMENT OF YOUTH SERVICES

## *Public Information Packet*

### DYS VISION

Every young person served by DYS will become a valued, productive member of their community and lead a fulfilling life.

### DYS MISSION

As the juvenile justice agency for the Commonwealth of Massachusetts, the Department of Youth Services promotes positive change in the youth in our care and custody. Our mission is to make communities safer by improving the life outcomes for youth in our care. We achieve our mission through investing in highly qualified staff and a service continuum that engages youth, families and communities in strategies that support positive youth development.

### DYS VALUES

- We are unwavering and persistent in the pursuit of the positive development of youth in our care.
- We promote safer communities by providing prevention, intervention and rehabilitation services.
- We actively engage and support youth, families and communities as our partners.
- We actively support a safe and healthy environment for our diversified and highly skilled workforce.
- We work collaboratively with our public and private partners.
- We adhere to the highest ethical and professional standards in all our work.
- We respect and embrace diversity.

# THE DEPARTMENT OF YOUTH SERVICES (DYS)

The Department of Youth Services, under the Commonwealth of Massachusetts' Executive Office of Health and Human Services (EOHHS), is charged with the detention, custody, diagnosis, education and care of delinquent juvenile offenders.

A mission of the Department of Youth Services (DYS) is to provide a comprehensive and coordinated program of delinquency prevention and services to delinquent youth referred or committed to the Department by the courts. These services are designed to advance public safety and prevent crime by promoting the acquisition of pro-social skills and providing positive opportunities for juvenile offenders

To carry out its duties under this chapter, the Department of Youth Services is authorized by General Law c. 120, §2 to employ medical, dental, psychiatric, psychological, social work, legal, investigative and other expert personnel.

The Juvenile Delinquency Code can be found in §§ 52-84 of Chapter 119 of the General Laws.

- Chapter 120 of the General Laws incorporates the Department and guides in treating and rehabilitating juveniles once committed.
- In addition, Chapter 18A of the General Laws establishes the Department of Youth Services as an agency within the Executive Office of Health and Human Services.

The juvenile delinquency code and juvenile courts were enacted in Massachusetts in 1906. Prior to this code, no comprehensive law existed but only piece-meal legislation regarding juveniles. Unless under age seven, children charged with crimes were treated the same as any other defendant.

The initial theory of the juvenile courts, under the "parens patriae" doctrine, was to treat juvenile offenders as children needing direction and guidance rather than as criminals. Massachusetts has moved away from the parens patriae doctrine with the enactment of the Juvenile Justice Reform Act of 1996. Generally, the Juvenile Justice Reform Act of 1996 moved to criminalize serious juvenile delinquency.

The current system in Massachusetts establishes that delinquency is a mixed-system, with elements of discipline and elements of rehabilitation. The most recent substantial change to the juvenile delinquency code took place in 1996 with the enactment of the "Youthful Offender" statute. Such legislation created a new category for juveniles when they commit a crime. It provides that all juveniles aged 14 and older charged with murder are automatically treated as adults. It further established the new category of "Youthful Offender" allowing those juveniles aged 14 or older accused of serious offenses, to be charged as youthful offenders at the prosecutor's discretion and subjected to a juvenile, adult, or combination sentence.

The current system defines the type of sentence juveniles may receive and defines the offender.

**An indeterminate sentence** is a commitment of a juvenile delinquent to DYS custody until age 18. Judges have no discretion to impose a different sentence length if they are imposing a commitment here. DYS custody until 18 is the only option.

**A Juvenile Delinquent** is a youth between 7 and 18 years old who has committed a felony, a misdemeanor, or violated a city ordinance or town by-law.

**A Youthful Offender** is a youth between 14 and 18 years of age who has committed a felony offense *and* has at least one of the following:

- Previous DYS commitment
- Committed a certain firearms offense
- Committed an offense which involves the infliction or threat of serious bodily harm

A Youthful Offender can receive a commitment to DYS until age 21, a combination DYS commitment and adult sentence or an adult sentence.

# DYS POPULATION

## MASSACHUSETTS COURT-INVOLVED YOUTH

- Annually, there are approximately 6,000 juveniles arraigned in court on criminal charges
- Of these youth, some 2,000 are held on bail at DYS detention facilities while they await the outcome of their trials (approximately 33% of all juveniles arraigned)

## AS OF JANUARY 1, 2014:

**717** committed youth currently being served by the Department of Youth Services

- **153** of these youth were adjudicated delinquent and had been committed as youth offenders until their 21st birthday
- **126** youth are estimated to be held on any given day at DYS detention facilities pending court action
- **55%** of the current population has been committed to DYS by the courts on a violent offense (crime against the person.)

### **RACE/SEX/AGE:**

- 86.5% Male, 13.5% Female
- 30% Caucasian, 28% African American, 34% Hispanic, 2% Asian, and 6% other
- Average age at time of initial commitment to DYS is 16 years
- Average age of current population is 17 years and 4 months

### **PLACEMENT WITHIN DYS:**

- 58% of the committed population had completed a residential placement with DYS and were under supervision in the community
- 40% of the committed population were placed in facility residential programs for periods ranging from three months to several years; and
- 2% were placed with other agencies

### **PRIOR SERVICES:**

- Nearly 50% of the DYS-committed population were placed in an out-of-home residential placement by another agency prior to DYS commitment
- Approximately 55% of the DYS committed population received services from the state's Department of Children and Families (DCF) prior to commitment
- 75% of the girls committed to DYS reported receiving services from DCF
- Nearly 55% of the committed population were known to have been adjudicated delinquent (found guilty of a crime) and placed on probation at least once prior to their commitment to DYS

# DYS OPERATIONS

## THE MASSACHUSETTS DEPARTMENT OF YOUTH SERVICES OPERATES 86 STATEWIDE PROGRAMS, WHICH INCLUDE:

- 60 residential facilities, ranging from staff-secure programs to hardware-secure programs, 40 of which are provider-operated and 20 of which are state-operated.
- 26 community programs to service youth who reside in the community with a parent, guardian, foster parent or in a transitional living program.
- Upon commitment to the Department of Youth Services, clients are placed in a Regional Assessment Program for up to 45 days to evaluate the needs of newly committed youth.
- All DYS programs address the educational, psychological and health needs of each youth.

### STAFF

Current staff: 900 state employees and 1,200 provider employees

### BUDGET:

**FY 2013:** \$ 154,456,397

### BUDGET HISTORY:

<b>2012</b>	\$145,825,977
<b>2011</b>	\$144,056,433
<b>2010</b>	\$152,577,666
<b>2009</b>	\$158,577,666
<b>2008</b>	\$160,353,526

## DYS SERVICE CONTINUUM

The Massachusetts Department of Youth Services (DYS) employs a “continuum model” of services and supervision. This continuum includes 56 residential facilities, ranging from staff-secure to highly-secure locked treatment programs and 26 community-based sites that service youth living in the community. DYS divides its services into five geographic regions. Each region has its own continuum of services and supervision. The goal is to serve youth as close to their home communities and families as possible.

## DYS RESIDENTIAL PROGRAMS

DYS operates a range of residential programs across Massachusetts for committed and detained youth. Residential programming services include clinical intervention, education, structured recreation and staff advocacy services. Safety and security in residential facilities are maintained by intensive staff supervision. There are two levels of security for DYS residential programs: *hardware-secure and staff-secure*.

- **RESIDENTIAL HARDWARE-SECURE PROGRAMS:** These facilities have locked perimeter doors, locked bedroom doors, locked and screened windows and restricted client movement.
- **RESIDENTIAL STAFF-SECURE PROGRAMS:** These facilities have locked perimeter doors and windows, unlocked dormitory style bedrooms and physically less restrictive program areas however, security supervision by trained staff is utilized.

## DYS RESIDENTIAL PROGRAMS

*Each residential program is designed to serve either detained youth or committed youth requiring short or long-term treatment. They include:*

- **ALTERNATIVE LOCK-UP (ALPS) PROGRAMS:** DYS gives oversight to five ALPS sites that provide beds for youth who are arrested overnight or during the weekend. ALPS provide a safe and secure placement to assist police departments in adhering to the laws involved in the detainment of juveniles. Clients are placed in an ALPS site until they are arraigned or can appear for their court date.
- **PRE-TRIAL DETENTION CENTERS/PROGRAMS:** These programs primarily serve clients that have been charged with a criminal offense and are being held on bail awaiting court action. These programs may also serve juveniles who are committed and awaiting placement in another facility or program, or who are in the process of revocation from a community placement.
- **ASSESSMENT CENTERS/PROGRAMS:** These programs are designed to further evaluate the needs of newly-committed youth. DYS administers several risk/need assessments in the areas of mental health, substance abuse and educational testing. This information, as well as information about the juvenile's family and any prior contact in the juvenile justice system or in the social service system and the youth's offense history, helps inform our placement decision. The typical length of stay in an assessment program is 30-45 days.
- **SHORT-TERM TREATMENT PROGRAMS:** These units serve newly-committed youth and youth who are having difficulty adjusting in the community. An average length of stay is 90 days, but placement may be extended to 180 days. Services include education, clinical programming, behavior management, medical services and recreation. Treatment services focus on crisis prevention, violence prevention and family counseling. They may also be offense specific such as sex offender treatment or drug and alcohol abuse services.
- **LONG-TERM SECURE TREATMENT PROGRAMS:** The Department's assessment may determine that the most appropriate placement for supervision and treatment is a long-term program. The average length of stay is eight to twelve months. Services include education, clinical programming, behavior management, medical services and recreational opportunities. Treatment services focus on providing youth access to positive opportunities in order to reduce recidivism and prevent violence. Treatment may also be offense-specific such as sex offender treatment or drug and alcohol treatment services.
- **STABILIZATION UNIT:** DYS also operates a 10-bed Stabilization Unit within the Westfield Youth Service Center designed to provide services to youth, from all five Department Regions, who have displayed difficulty engaging in and complying with the milieus of their respective secure programs. The goal is to provide a successful transition back to residents' respective programs.

*For youth who are leaving DYS residential facilities and whose homes are unsafe or unstable, the following services are provided:*

- **TRANSITIONAL LIVING PROGRAMS:** These programs offer support and structure for DYS clients who have either matriculated from a residential program, do not require the highly structured environment of a residential program or lack a viable housing option to return to in the community. Many of the youth served in this type of setting are older and working in the community
- **FOSTER CARE:** Through the Massachusetts Department of Children and Families, foster care is provided to a limited number of youth who are less criminally involved and do not have a viable home to return to. Foster care services are also used for low-risk youth on bail status as part of the Department's Juvenile Detention Alternatives Initiative (JDAI).

## DYS COMMUNITY PROGRAMS

The Massachusetts Department of Youth Services provide youth who transition back in the community with services to engage and support them and their families in a successful transition. Approximately 60% of youth who are committed to DYS are supervised in the community. Youth placed in the community are provided case management, community supervision and a range of community based services including counseling, education, training, job placement, family intervention services, substance abuse prevention and treatment services and access to community health and recreational opportunities.

Additionally, if youth are having difficulty adjusting and begin to engage in risky behavior in the community, DYS can intervene. If a youth's behavior includes further delinquent activity, a formal revocation hearing and return to custody may occur.

- **COMMUNITY RE-ENTRY:** DYS takes a proactive role in community crime prevention. Crime prevention and public safety require collaboration with communities, civic and religious organizations, health centers, educational institutions, neighborhood police and law enforcement gang task forces. As part of the community casework service delivery model, prior to release from secure and residential programs, staff reviews youth progress every 90, 60 and 30-days. This pre-release review allows for a careful balancing of DYS' dual-mission to protect public safety through the rehabilitation of the youth committed to its care and custody.
- **CASEWORK MODEL:** DYS utilizes a Casework Reference Guide which outlines its service delivery model for youth in the community. The community reentry plan focuses on connecting youth returning to the community with education and vocational services, job readiness training, behavioral health and medical services. Caseworkers are actively engaged in ensuring that their clients form healthy relationships with caring adults and find safe places in communities where they can succeed.
- **CASE MANAGEMENT:** A caseworker is assigned to each youth at the time the youth is committed to DYS. Caseworkers are responsible for preparing comprehensive case histories, developing individualized treatment plans, scheduling and conducting periodic case conferences, making appropriate referrals to residential and non-residential programs, monitoring client progress in programs and in the community, as well as serving as the primary DYS resource for youths and their families. Additionally, caseworkers must maintain a presence in the courts. The average caseload for caseworkers is 12-15 youth.
- **COMMUNITY LOCATIONS:** DYS operates 26 District and Satellite Offices across the Commonwealth. Community District Offices are strategically located in cities and towns with the highest concentrations of at-risk-youth detained at or committed to DYS to provide supervision and support to the community.
- **ELECTRONIC MONITORING:** Some youth placed at home are supervised through electronic bracelets and/or telecommunication surveillance technology (GPS).

## DYS CLINICAL SERVICES

The Massachusetts Department of Youth Services (DYS) provides clinical and rehabilitative services to its detained clients and committed youth based on the Comprehensive Strategy outlined by the Office of Juvenile Delinquency and Prevention.

**DIALECTICAL BEHAVIOR THERAPY (DBT):** This system of psychotherapy was adopted to fit the needs of the juvenile justice population by teaching youth skills from DBT skill modules (e.g., skills in emotion regulation and/or interpersonal effectiveness modules) that are basic fundamental skills underlying positive pro-social development. DBT is used as a behavior management tool in DHS to increase skill development in youth, improve relationships between youth and staff and create a positive pro-social learning environment. While DBT is not the only clinical treatment offered in DHS, it does serve as the structure for therapeutic work and for the behavior management system across all DHS programs in the Commonwealth.

**POSITIVE YOUTH DEVELOPMENT:** The Positive Youth Development model focuses on the positive attributes young people need to make a successful transition to adulthood. The Positive Youth Development framework revolves around the cognitive, emotional and social needs of a young person. A strong focus on three aspects of positive youth development will provide effective guidance for the goals and plans for each youth's successful re-entry into the community. These include a focus on each youth's strengths and personal assets, providing opportunities for youth empowerment and leadership, and cultivating community partnerships and supports that assist youth in moving successfully through the continuum of care.

**CLINICAL ASSESSMENTS:** Upon commitment to DHS, youth are given a comprehensive assessment conducted by licensed mental health clinicians, licensed teachers and medical and psychiatric staff. Licensed mental health clinicians provide psychosocial interviews, administer psychological testing, and review prior records that include educational, medical and criminal histories. Screening instruments are used to determine if the youth needs to be referred for a comprehensive neuropsychological evaluation to aid in treatment planning. Following the assessment phase, an individual treatment and service plan is developed for the youth that focuses interventions on the youth's strengths and risks factors for re-offending.

**RESIDENTIAL SUPPORT:** The clinical focus in the residential treatment programs is to rehabilitate the youth by preparing him or her to rejoin their community by teaching pro-social attitudes and behaviors. This is done through weekly individual counseling and participation in required group therapies which include: Dialectical Behavior Therapy (twice weekly); substance abuse groups (either prevention or substance abuse treatment groups); and violent offender/sex offender groups which focus on relapse prevention planning. Depending on the individual service needs of the youth, other treatments may be incorporated such as: family counseling, trauma work, teen dating violence prevention, and parenting skills classes for DHS youth with children of their own.

**COMMUNITY CONTINUUM:** As the DHS youth transitions from residential treatment to the community, the casework team (which includes licensed mental health clinicians) ensures that the youth and family are enrolled in community-based services to support the gains the youth has made in treatment.

## DYS EDUCATION SERVICES

The Massachusetts Department of Youth Services (DYS) has led a ten-year, comprehensive reform of the education and workforce development system for all young people that are placed in DHS custody. DHS has orchestrated this reform effort through a contract, referred to as the Comprehensive Education Partnership, with *Commonwealth Corporation (CommCorp)*—the state’s quasi-public workforce agency) and the *Collaborative for Educational Services (CES)*—a statewide education agency). The goal of this partnership is to create a continuum of options and opportunities—high-quality education and training, vocational and employability programs, and other services—that will give DHS youth the knowledge, skills, and confidence they need to build a better future.

*Some of the key areas of services delivery of the Comprehensive Education Partnership include:*

### Effective Workforce Development Strategies for Youth

- **BRIDGING THE OPPORTUNITY GAP (BOG) INITIATIVE:** Implementation of vocational and employability programming that provide career readiness, work-based learning opportunities and connections to employment.
- **EMPOWER YOUR FUTURE:** A life-skills, career development and employability curriculum guide developed for use by program staff taking part in the Bridging the Opportunity Gap Initiative.
- **COMMUNITY REENTRY INITIATIVE:** Supports the successful transition and reentry of youth by providing services for mentoring, arts and cultural programming, GED and adult basic education services and workforce development opportunities that foster career readiness and employment.
- **THE AIM MENTORING INITIATIVE:** Funded through federal grants, AIM connects DHS youth with caring adults who help expose youth to positive role-modeling as well as education and employment options.

### Positive Youth Development Approach to Programming and Reform Framework

- Promotion of research and “best practices” that support an asset-based approach to working with youth
- Professional development, workshops and training on culturally responsive teaching and learning strategies
- Collaboration with community partners who are motivated and engaged about working with youth from a range of cultural, ethnic, racial and socio-economic backgrounds

### Program Assessment and Improvement of DHS Programs and Infrastructure

- Education Quality Assurance Initiative, to support an assessment and improvement process to ensure quality educational programming in DHS facilities

### Quality Curriculum and Instruction for DHS Youth

- Continuous improvement of an infrastructure to support the delivery of educational services to youth in care
- Direct educational services (including Title 1) provided by quality teachers with Massachusetts teaching certifications
- Standardized delivery of academic content in residential programs
- Substantial increases of education resources in classrooms, including text books, materials, technology, and content manuals (English/Language Arts, Math, Social Studies and Science)

## DYS HEALTH SERVICES

The Massachusetts Department of Youth Services (DYS) ensures the delivery of a full spectrum of healthcare services to all youth in residential placements.

Youth in DYS staff-secure residential programs utilize local medical providers who work in collaboration with program staff facilitating an understanding of the Commonwealth's larger medical system. Additionally, this method of service delivery enhances a youth's awareness of how to gain access to medical care for themselves once released from DYS custody.

DYS youth in all hardware-secure and a subset of staff-secure programs have medical care provided on-site through a series of five regionally based contracts. Currently contract health services are provided as follows:

- Central Region – *University of Massachusetts Medical School*
- Metro Region – *Boston Children's Hospital*
- Northeast Region – *Lowell Community Health Center*
- Southeast Region – *Health Imperatives*
- Western Region – *Health Imperatives*

Upon commitment to a program, youth undergo a medical assessment to gain an understanding of their own overall health status and to identify any issues which must be promptly addressed. This evaluation includes screening for communicable diseases and determination of immunization status. During a youth's length of stay all medical concerns are addressed by a team of medical providers that include nurse practitioners, dentists, physician assistants and pediatricians

Healthcare providers diagnose and treat all routine medical conditions identified during a client's length of stay. DYS contracted medical providers determine the best venue to provide healthcare for each identified condition ranging from on-site within a DYS facility to a hospital-based medical specialist.

Medical providers determine if conditions identified are best treated during the anticipated period of confinement or deferred to community healthcare providers when released from DYS residential settings.

Medical care provided is framed by the guidance of the American Academy of Pediatrics, the Massachusetts Department of Public Health and other applicable organizations to ensure that health care provided is both culturally sensitive and delivered in accordance with the standard of care for the larger community. In addition to health care services, the Department also provides on-site general practice dental care in all secure facilities. Dental care is provided statewide through a single contract with Commonwealth Mobile Oral Health Services LLC.

In 2012, DYS in conjunction with the Department of Public Health Office of HIV/AIDS continues a grant-funded program to provide rapid testing for HIV in the Metro and Northeast Regions. The program helps individuals maintain negative HIV status by providing immediate test results, along with risk reduction counseling and education. It also provides an immediate preliminary test result for any youth who may be HIV positive.

## **DYS SUBSTANCE ABUSE SERVICES**

It is the policy of the Massachusetts Department of Youth Services (DYS) to enhance public safety and the health and welfare of its youth in custody by providing education on substance abuse issues, identifying clients with substance abuse histories, ensuring that youth receive appropriate treatment and services, and monitoring their compliance with substance-abuse treatment plans.

All committed youth are screened and assessed for substance abuse disorders. Based on clinical evaluation, clients receive preventative or treatment services to help support their needs, which include but are not limited to regular substance abuse treatment/psycho-educational support groups and individual counseling sessions. Dys also offers a comprehensive substance abuse prevention education curriculum for detained youth and provides referral services for clients in the community.

## **DYS VICTIM SERVICES**

The Department of Youth Services Victim Services Unit provides victims of juvenile crime with information pertaining to the status and placement of juveniles in its care and custody. This program enables the Dys to fulfill the statutory mandates of G. L. c 258B s. 3 (t) and contributes to the agency's mission of establishing safer communities.

The Dys Victim Services Unit works collaboratively with state agency victim service programs including District Attorney Victim Witness Bureaus, and Victim Service Units at the Department of Criminal Justice Information Services, Sex Offender Registry Board, Sheriff's Department and Probation.

Under the Victim Rights Law, a victim, parent or guardian of a minor age or incompetent victim, or family member of homicide victim can be informed of: *a juvenile's temporary, provisional or final release from custody, transfer from a secure facility to a less secure facility or escape, parole violation, return to custody, court ordered release, and transfer to state or county prison.*

## **DYS INITIATIVES**

### **STRATEGIC PLANNING**

In February 2012, Governor Deval Patrick signed Executive Order 540, (EO 540) requiring all Commonwealth secretariats to develop a multi-year strategic plan. In April 2012, the Executive Office of Health and Human Services (EOHHS) asked each agency to develop a two to three year strategic plan that would support the objectives of the EOHHS strategic plan as well as the Patrick-Murray Administration priorities.

The Department of Youth Services used the EOHHS mandate as an opportunity to assess the direction and current work of Dys. We understood that to ensure that Dys has a continuum of services that supports better outcomes for youth, the strategic plan required input from our many stakeholders – youth, families, staff, providers and other system partners.

In August 2012, Dys submitted a detailed two-year strategic plan to EOHHS. The plan begins with a vision (our hopes for the youth we serve) and values (what drives our work) that set the stage for the Dys mission, goals and strategies (how we achieve the vision).

## DYS INITIATIVES

THE 2012-2014 DYS STRATEGIC PLAN IS DIVIDED INTO FOUR GOALS:

1. Ensure the “right youth is in the right place for the right reasons” through juvenile justice reform strategies that engage public, private, community and family partners.
2. Improve youth success through a continuum of services based on the science of adolescent development and proven and promising practices in juvenile justice.
3. Youth sustain the gains they made while in DYS custody through improved discharge planning and continuing community supportive partnerships.
4. Develop and focus DYS’ human, physical and organizational capacity necessary to execute the various strategies to efficiently and effectively achieve the agency’s operational goals and, ultimately, its stated mission.

### BRIDGING THE OPPORTUNITY GAP (BOG)

The Bridging the Opportunity Gap initiative supports the successful transition and reentry of Department of Youth Services youth by focusing on career development and employment training services with a special focus on those returning to their home communities following residential treatment. This program addresses a variety of learning styles, is interactive and engaging to youth, and is delivered in a “hands-on” manner. The BOG initiative is based on a Positive Youth Development model that is asset-based, culturally responsive, and delivered by personnel with experience in operating youth employability programs.

**THE PRISON RAPE ELIMINATION ACT (PREA)** of 2003 (Public Law 108-79) established a “zero- tolerance” standard for sexual assault in correctional facilities. Based on the national draft standards issued by the National Prison Rape Elimination Commission, DYS adopted two separate policies to cover the requirements of PREA: (1) Staff Sexual Misconduct Policy; and (2) Youth Sexual Misconduct Policy. DYS has also implemented a number of practices throughout its programs, both with state and contracted providers, which included providing a standard training on PREA for all new and current direct care staff. The Department’s proactive efforts have been recognized nationally and DYS has been asked to assist other states in the development of policies and standards for the detection, prevention, and punishment of sexual assault in a juvenile treatment setting.

In August of 2012, the draft standards were finalized and published in the Federal Registrar. DYS is currently reviewing these standards throughout its operations to ensure full compliance in preparation for PREA audits that occurred in 2013. These standards affect all aspects of DYS operations including assessments of youth, housing decisions, human resource requirements for staff, investigations of incidents, training, and the collection of data. DYS expects to continue its strong compliance with these standards ensuring safety for its youth and staff.

## **JUVENILE DETENTION ALTERNATIVES INITIATIVE (JDAI)**

Massachusetts was selected by the Annie E. Casey Foundation in 2006 to participate in the Juvenile Detention Alternatives Initiative (JDAI), a nationwide effort that focuses on reducing reliance on secure pre-trial detention, while at the same time, strengthening the juvenile justice system.

In February 2007, DYS formally launched JDAI, and Worcester and Suffolk counties were designated as the two pilot sites for detention reform in Massachusetts. In 2010, in collaboration with the Massachusetts Juvenile Court, Juvenile Probation, the Department of Children and Families, the Department of Mental Health, the Youth Advocacy Department and Private Providers, JDAI expanded to two additional pilot sites in Middlesex and Essex counties.

In 2011, after receiving a grant from Annie E. Casey, Massachusetts embarked on expanding the JDAI statewide. In 2013, Bristol and Hamden counties joined JDAI.

JDAI promotes changes to policies, practices, and programs to:

- Improve outcomes for juvenile justice-involved youth and their families
- Reduce reliance on secure confinement
- Improve public safety
- Reduce racial disparities and bias
- Save taxpayers' dollars
- Stimulate overall juvenile justice reforms

## **DYS INITIATIVES**

Since 2007, the Massachusetts Department of Youth Services (DYS) has seen the number of juveniles committed decrease 60% due, in part, to our involvement with the Juvenile Detention Alternative Initiative (JDAI). Post- JDAI Trends for 2012 indicate that the numbers of statewide juvenile arraignments have decreased 58% and statewide juvenile detentions have gone down 54% since 2007.

### **PERFORMANCE-BASED STANDARDS/COMMUNITY-BASED STANDARDS**

First introduced in 1995 by the federal Office of Juvenile Justice and Delinquency Prevention (OJJDP) and the Council of Juvenile Correctional Administrators, these two initiatives were designed to identify, monitor and improve conditions and services provided to youth placed in justice juvenile settings using national standards and outcome measures. Performance-based Standards (PbS) works to improve program safety and conditions of confinement in juvenile facilities. Community-based Standards (CbS) applies the PbS model of performance evaluation to community-based, staff-secure residential treatment programs for youth.

DYS currently has 13 assessment and hardware-secure treatment programs involved in PbS and 7 staff-secure sites participating in CbS. The PbS and CbS programs provide a set of ambitious goals and standards for individual programs as well as tools to help facilities achieve high-standards through regular self-evaluation.

The Department's involvement with this initiative has proven successful as our programs have set national-standards for its reduction of assaults in programs, improving mental health screenings and physical fitness, reducing the use of restraints, has highlighted our efforts in room confinement reform and improvements in educational math and reading scores.

## DYS INITIATIVES

### **WORKFORCE PLANNING AND DEVELOPMENT**

In 2007, DYS began a multi-year, multi-phase Workforce Planning and Development Initiative with pro-bono technical assistance through the Annie E. Casey Foundation's (AECF) Human Services Workforce Initiative. The goal of the workforce planning and development initiative is to increase the professionalism of the DYS workforce and improve the outcomes for youth in its care and custody.

DYS first created a baseline survey to identify the issues that were the most concerning to employees – from compensation and benefits to vicarious trauma and professional development, and designed a workforce plan that was responsive to those needs. The statewide Workforce Planning and Development Initiative continues to align with other key initiatives in the Department and support strategic planning.

## DYS CROSS-AGENCY COLLABORATIONS

**DEPARTMENT OF CHILDREN AND FAMILIES (DCF)** – A high percentage of DYS youth have prior DCF histories of varying degrees of involvement and lengths of services. DYS works closely with DCF on investigative matters regarding allegations of abuse and neglect. DYS and DCF are also engaged in active collaboration on the Juvenile Detention Alternatives Initiative (JDAI).

**DEPARTMENT OF MENTAL HEALTH (DMH)** – Approximately 30% of youth come to DYS with psychiatric histories and between 18% and 20% have been prescribed psychotropic medication at the time of intake. DYS youth, primarily in the detained population, are routinely screened in for acute psychiatric hospitalization; many for multiple admissions. DMH is also an important partner in the Juvenile Detention Alternatives Initiative (JDAI).

**DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION (DESE)** – DESE's Special Education in Institutional Settings (SEIS) delivers special education services for approximately 45% of the DYS student population in residential settings. DESE also administers the Title 1 federal funds received by DYS for supplementary educational services and works closely with DYS in an advisory capacity regarding education matters in general.

**DEPARTMENT OF EARLY EDUCATION AND CHILD CARE (EEC)** – EEC provides licenses to both state and vendor DYS residential programs. DYS also works closely with EEC on investigative matters regarding allegations of abuse and neglect.

**DEPARTMENT OF PUBLIC HEALTH (DPH)** – DYS works closely with DPH on issues of teen substance abuse, violence prevention, medication administration and STD, and HIV/AIDS testing, education and awareness.

**PUBLIC SAFETY** – DYS collaborates with law enforcement across the Commonwealth to advance the DYS public safety mandate. DYS regional staff works with local police departments to coordinate efforts to maintain DYS committed youth in the community and to ensure an appropriate level of accountability for each youth. DYS also operates a network of overnight arrest units (alternative lock up programs) across the Commonwealth in support of local law enforcement. These residential shelters operate as safer, federally mandated replacements to police station "lock ups" for youth held pre arraignment evenings, nights and weekends.

**PUBLIC DEFENDERS** – DYS has an active collaboration with the Youth Advocacy Division (YAD) of the Center for Public Counsel Services (public defenders) that promotes due process for youth post disposition at DYS. This collaboration is significant and has improved the quality of the due process for youth and families related to liberty decisions at DYS.

# DYS CROSS-AGENCY COLLABORATIONS

## **MULTI-AGENCY COLLABORATIONS INCLUDE:**

- Juvenile Detention Alternative Initiative - JDAI (*See DYS Initiatives*)
- FACES Advisory Committee
- Lieutenant Governor's Substance Abuse Advisory Council
- Interagency Supportive Housing Working Group
- Safe and Successful Youth Initiative
- The Fatherhood Initiative
- DYS was awarded a national demonstration grant to improve integration between the child welfare and juvenile justice systems. Hampden County was one of four sites selected nationally.

## **HISTORY OF THE DEPARTMENT OF YOUTH SERVICES**

### **FIRST IN THE NATION**

Massachusetts created the nation's first juvenile correctional system in 1846 when it opened the Massachusetts State Reform School in Westborough. This was followed by the opening of the Lyman School for Boys in Westborough during the 1860's. The philosophy behind these institutions was that juveniles were more likely to be rehabilitated than adults were and therefore, should not be treated within adult institutions.

The Lyman School was almost completely self-sufficient. Youth raised livestock, grew vegetables, sewed their own clothes and built many of the facilities located on the school grounds. One administrator called Lyman "in, but not of, the community."

By 1908, five such juvenile institutions of various sizes existed; each administered by separate boards of trustees. In 1948, to solidify operations, the state elected a three-person panel Youth Service Board, which was succeeded by the Division of Youth Services, an independent unit within the Department of Education.

However, by 1960, problems of mismanagement, high recidivism rates and reports of child abuse within the training schools persisted, and the Division was the subject of severe public criticism. In 1969, the Division of Youth Services was abolished and the Department of Youth Services was established as a separate agency under the Executive Office of Health and Human Services.

### **DEINSTITUTIONALIZING STATUS OFFENDERS**

Governor Francis Sargent appointed Jerome Miller as the DYS commissioner in 1969. Miller attempted to reform the training schools by implementing new and innovative concepts in treatment. However, veteran institutional personnel met his ideas with great resistance.

Frustrated, yet committed to reform, Miller closed the Institute for Juvenile Guidance at Bridgewater in 1970, and by 1972 had dismantled the Lyman, Shirley and Oakdale training schools. Facilities in Westfield, Roslindale, Worcester, Lancaster and Brewster remained. The closing of targeted training schools effectively separated property offenders and "status offenders" (i.e. runaways, truants and stubborn children) from serious offender juvenile populations. However, many high-risk youth had been discharged into the community without services or supervision. In January 1973, Commissioner Miller was succeeded by Joseph Leavy.

# HISTORY OF THE DEPARTMENT OF YOUTH SERVICES

## THE GROWTH OF COMMUNITY PARTNERSHIPS AND A CONTINUUM OF CARE

In June 1973, Commissioner Leavy closed the Lancaster facility thereby completing the Department's deinstitutionalization phase. Commissioner Leavy also created the Commonwealth's first secure-treatment units. Leavy worked to fill the void in community services by expanding the network of private providers to replace the state-run institutions. Eventually there was a growing network of private organizations competing for DYS contracts. The practice of contracting for programs became the foundation of the Department's community-partnership system utilized to this day.

Outside the agency, the political climate had shifted from an emphasis on reform to a need for security. The Department was again the subject of severe public criticism, from judges, law enforcement officials and the media.

Commissioner Leavy left the Department in January of 1976 and became the President of Communities for People. That year, Governor Michael Dukakis appointed John Calhoun as the DYS Commissioner. At the time, there were 15 bills pending in the Legislature to abolish DYS, most filed in response to the lack of security within the community-partnership system. Commissioner Calhoun immediately established a task force, chaired by then Assistant Attorney General Scott Harshbarger, to address security concerns and determine the number of secure beds needed. The task force submitted its final report in 1977, with a strong recommendation that the Department significantly expand secure capacity.

Calhoun also established an administrative unit to monitor private provider agencies under contract with DYS and he created the training, legal and planning units within the Central DYS office. Calhoun left the Department in 1979 as he was appointed by President Carter to serve as the U.S. Commissioner of the Administration for Children, Youth and Families.

Governor Edward King appointed Edward M. Murphy as Commissioner in October of 1979. Commissioner Murphy implemented a classification policy that established clear guidelines for placing serious offenders in locked programs. Murphy also secured capital funds to develop new secure facilities, which marked the first significant capital expenditure by DYS in 15 years. He established a Management Information System (MIS) to track clients and provide demographic and court histories of each DYS youth. Under Murphy, the seven regional offices were reduced to five, allowing more staff to work in direct care positions with DYS youth.

Having restored confidence in the system, Commissioner Murphy accepted Governor Dukakis' appointment as Commissioner of the Department of Mental Health in 1985. Murphy's was succeeded by his Deputy Commissioner, Edward J. Loughran.

Under Commissioner Loughran the Department expanded the number of group homes, developed more outreach & tracking programs, and established the state's first juvenile "day treatment" program. Loughran also expanded education services, substance abuse intervention services and specialized treatment for juvenile sex offenders. In 1989, the National Council Crime and Delinquency (NCCD) recognized Massachusetts as a national model for pioneering a range of treatment services offered for juvenile offenders.

Throughout the mid 1990s, the Department experienced rapid growth in the numbers of juveniles committed to its custody. At the same time the agency budget was significantly cut. Employee positions were eliminated, the training unit was abolished and reductions were made in the number of treatment beds, foster care beds, day treatment slots and court diversion programs.

## HISTORY OF THE DEPARTMENT OF YOUTH SERVICES

In July 1993, Loughran resigned to accept a position as Director of the Robert F. Kennedy Memorial. Later that summer, four DYS youths were murdered in the community. These widely publicized murders highlighted the increasing admissions to DYS of an increasingly violent population. The Department's ability to provide for the safety of the public, and the safety of the youth in its custody, had been compromised.

In September 1993, Governor William F. Weld appointed William D. O'Leary as the sixth DYS Commissioner. O'Leary had served as an Assistant Commissioner for the Department of Mental Health.

### THE HOGAN COMMISSION

In his first month as Commissioner, O'Leary convened an expert panel of judges, law enforcement officials and human service agency administrators/providers to study the needs of the Department. Chaired by Judge William T. Hogan Jr., the Hogan Commission released its findings in January of 1994.

The Hogan Commission concluded that the Department needed to reaffirm public safety and crime prevention as primary goals. It embraced the continuum of services, but found that the continuum should be retooled to reflect the risk presented by a more violent juvenile population.

The Commission further concluded that Massachusetts, like the rest of the country, had begun to experience dramatic increases in violent crime and in the number of youth committed to DYS. The Commission's report then issued 18 recommendations for change including: population and classification review; expansion of facility and residential capacity; the separation of juveniles facing adult sentences; enhancement of community monitoring and crime prevention; improved communication with other agencies and organizations; and both physical plant/technological infrastructure development.

Consistent with Hogan's recommendations regarding public safety and the need to alleviate overcrowding, DYS added approximately 400 beds from 1994 to 1997. On February 8, 1996, Governor Weld signed capital bond legislation, which included \$37.6M for an additional 400 replacement and expansion beds across the Commonwealth of Massachusetts.

### BEYOND BEDS

Commissioner O'Leary initiated a major reorganization of the Department in September of 1994. Five Area Directors were named to assume responsibility for the development of a full continuum of services within specific geographic areas. The number of areas was subsequently reduced to four. The new "model" continuum of services was designed to allow for greater connection to a juvenile's family, schools and other community-based support systems.

In August 1997, Governor Paul Cellucci named Robert P. Gittens as the new Commissioner of the Department of Youth Services. Gittens replaced O'Leary, who left DYS to accept the position of Massachusetts Secretary of Health and Human Services. During his tenure, Gittens succeeded in establishing a network of more than 30 day-reporting and neighborhood centers, which offered a wide range of services for at-risk and court-involved youth including educational services, substance abuse programs, and recreational activities. These centers were established in cities and towns with the highest concentrations of DYS youth.

# HISTORY OF THE DEPARTMENT OF YOUTH SERVICES

## **COMMUNITY RE-ENTRY**

In January 2002, Acting Governor Jane Swift named Michael Bolden as the new Commissioner of the Department of Youth Services. Commissioner Bolden replaced Gittens who left DYS to accept the position of Massachusetts Secretary of Health and Human Services. During Bolden's tenure, the agency applied for and received a U.S. Department of Justice grant to establish a Serious and Violent Offender Re-entry program to provide a seamless continuum of programming, support, sanctions and aftercare to both protect the public and position youth to become successful members of the community. Commissioner Bolden resigned as commissioner to be sworn in as the Associate Justice of the Roxbury Division of the Boston Municipal Court in 2005.

## **RE-ESTABLISHING THE DYS NORTHEAST REGION/ JUVENILE DETENTION ALTERNATIVES INITIATIVE (JDAI)**

Jane E. Tewksbury was named DYS Commissioner in April 2005. One of Commissioner Tewksbury's first orders of business was to re-establish the DYS Northeast Region. Youth from Essex and Middlesex counties were being served in Dorchester and Worcester, at considerable distances from their families and communities. DYS hired a Northeast Regional Director and administrative staff to oversee operations, re-allocated existing programs and community staff and opened the Northeast Regional office in Middleton, MA. Tewksbury was a strong advocate of incorporating JDAI to improve the pre-trial detention system and create a multi-tiered system of detention alternatives and diversion programs with a range of security levels and program services that better serve the needs of court-involved youth. Commissioner Tewksbury's vision and goals greatly contributed to the Department's reform efforts and helped shape the current DYS Strategic Plan. In February 2012, Tewksbury became Executive Director of early childhood initiative, Thrive in 5.

Deputy Commissioner Edward J. Dolan was appointed DYS Commissioner in May 2012 and after 18 years of service to the Department; Dolan was named the state's Commissioner of Probation by the Massachusetts Courty System in June 2013.

## **PRESENT**

Peter J. Forbes was appointed Commissioner for the Department of Youth Services (DYS) in June 2013. Commissioner Forbes, a 30-year DYS employee, has an extensive history in human services, public administration and adolescent development. Forbes most recently served as the Department's Deputy Commissioner where he managed field operations as well as ensured quality residential programming, community transition and supervision critical to the effective daily operation of the Department.

Commissioner Forbes' long-standing commitment with DYS began in 1983 when he was first hired as a direct care worker at the Connelly Secure Treatment Unit. Forbes grew his professional career with the Department and held numerous direct-care and managerial roles with DYS as a Shift Supervisor, Caseworker, District Manager, Regional Director, and later as Assistant Commissioner of Operations. As the Regional Director in Boston for more than a decade, Forbes established a series of constructive relationships with public agency and community based partners that improved the services and outcomes for DYS youth.

Forbes served as the Department's Assistant Commissioner of Operations for eight years. In this capacity he supervised field-based operations, and introduced and implemented policy and practices changes including providing oversight to ensure that the DYS residential continuum is safe for both youth and staff.

Commissioner Forbes was also instrumental in the design and implementation of a structured community reentry model for DYS youth who are returning to their home communities.

The DYS Commissioner is committed to sustaining efforts that ensure low-risk youth do not penetrate the deep end of the juvenile justice system, and that youth in custody receive appropriate services where and when they need them most.

**DYS INFORMATION**

For more information on the Department of Youth Services, please visit our webpage at:

<http://www.mass.gov/dys>

