

PROMOTING POSITIVE OUTCOMES FOR JUSTICE-INVOLVED YOUTH:

Implications for Policy, Systems and Practice

Robert Kinscherff, PhD, JD, Robert P Franks, PhD, Karli J Keator, MPH, and Matthew J Pecoraro, MSW



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Promoting Positive Outcomes for Justice-Involved Youth: Implications for Policy, Systems and Practice

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Introduction

Massachusetts has a long and innovative history of policy, systems, and practice level efforts to promote positive outcomes for juvenile justice-involved youth. This trend dates back to 1906 when Judge Harvey Humphrey Baker (for whom the Judge Baker Children’s Center is named) was appointed the first Boston Juvenile Court Judge by Governor Curtis Guild.¹ As the Commonwealth’s first juvenile court justice, Baker sought an alternative to youth incarceration. He saw promise in the youth coming before him and believed with the proper supports and services they could grow into healthy, contributing adults.

Modern efforts at juvenile justice reform have their roots in the bold “Massachusetts Experiment” of the early 1970’s when Commissioner Jerome Miller of the newly created Department of Youth Services radically departed from 128 years of Massachusetts practice and the rest of the states by abruptly closing juvenile incarceration facilities.² In so doing, Massachusetts began a bold and continuing commitment to an ever-improving juvenile justice system; one explicitly focused on rehabilitation, reliance upon community-based services, and increasingly upon positive youth and community development, rather than punitive incarceration. This approach has had its critics and experienced social and political fluctuations over the years. However, its evolution continues with numerous opportunities for new policies and improved systems based on evidence-informed decision-making and the implementation of evidence-based practices.

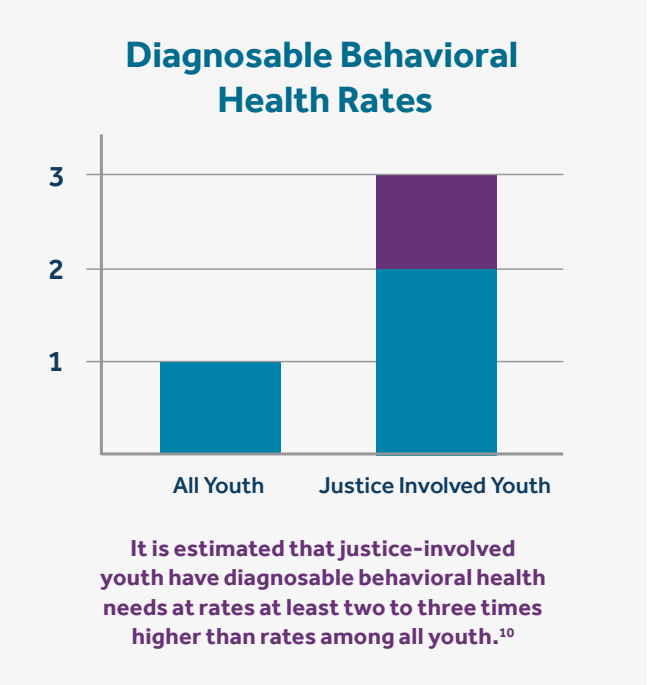
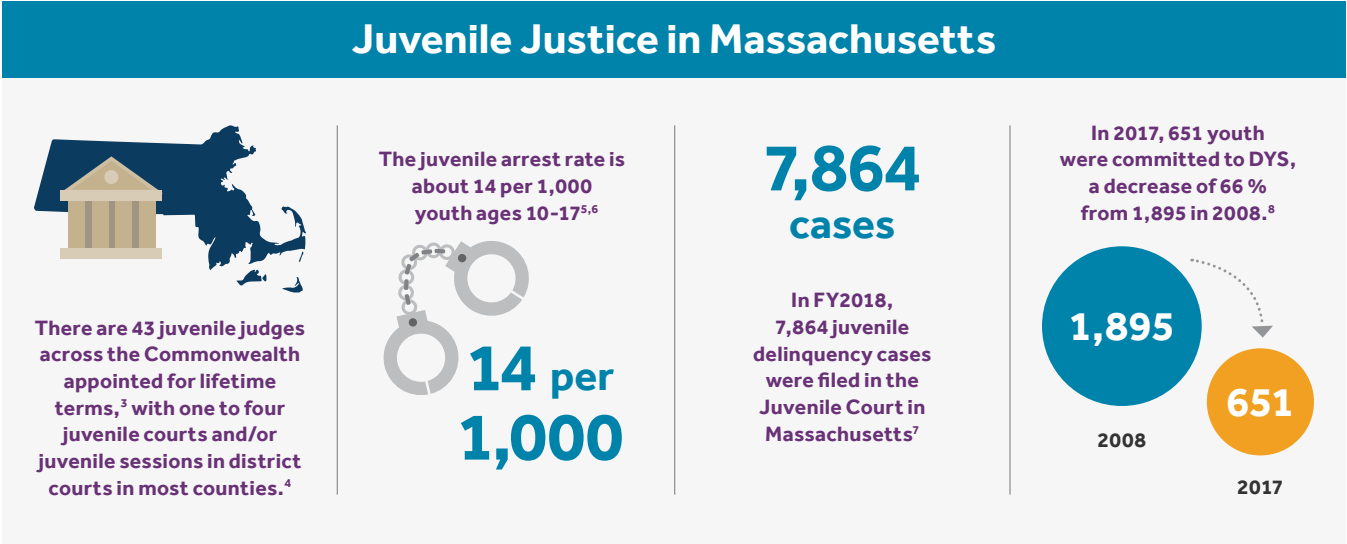
Evidence-informed decisions at the policy, systems and practice levels can have broad-reaching, positive effects on justice involved youth and families. These decisions promote the mutual goals of individual positive development and community safety. While Massachusetts has a demonstrated history of national juvenile justice leadership, continued and enhanced system reform can lead to improved outcomes for youth, greater diversion from system involvement, bolstered community strengths and resources, and significant return on investment and overall cost-savings. A youth’s contact with the justice system has considerable social and economic costs to the Commonwealth. Massachusetts can ease these substantial costs by continuing to develop a comprehensive continuum of care that prioritizes evidence-based policies and practices, community-based services, and strategies that utilize positive youth development. Approaches centered on these values will help address and alleviate the underlying behavioral, emotional, and developmental needs that contribute to contact and lasting involvement with the juvenile justice system. For the purposes of this report “justice involvement” includes contacts anywhere along the continuum from pre-arrest to adjudication to community reintegration.

Behavioral Health Concerns for Youth in the Juvenile Justice System

Youth enter the juvenile justice system for a variety of reasons, ranging from minor infractions to serious crimes. While the behaviors that lead to system involvement may be a sign of significant behavioral health needs, traumatic stress reactions, or common developmental challenges, continued system reform in several key areas is necessary to better address the needs of juvenile justice-involved youth and families, and keep Massachusetts a national leader in juvenile justice supports and services. Nearly three decades of research suggest that youth with mental health conditions and substance use disorders are disproportionately represented in the juvenile justice system.¹⁰ In fact, it is estimated that justice-involved youth have diagnosable behavioral health needs at rates at least two to three times higher than rates among all youth.¹¹ A 2006 National Center for Mental Health and Juvenile Justice (NCMHJJ) study found that 70% of justice-involved youth met criteria for at least one mental disorder¹² and more than half of justice-involved youth met criteria for two.¹³ By addressing these needs, and at the earliest point possible, a youth can decrease the risk of experiencing an array of negative outcomes including unemployment, homelessness, victimization, serious health conditions, and institutionalization.¹⁴

70% of justice-involved youth met criteria for at least one mental disorder

Research shows that youth who were in the juvenile justice system experience more long-term negative outcomes such as academic failure, higher rates of recidivism, and inhibited behavioral, emotional, and social growth and functioning compared to non-justice involved youth.⁹ These youth are disproportionately youth of color and from socially and economically disadvantaged situations. The harmful impact of such outcomes poses a significant risk to the individual, their family, and the community at large. Given the correlation between involvement in the juvenile justice system and exposure to risk factors and adverse experiences, it is clear that entry into the juvenile justice system is an opportunity to intervene and potentially change this life trajectory.



³ Article XCVIII, passed in 1972, implemented a mandatory retirement age of 70
⁴ Baker, Bennet, David, & Polito, 2017; Healy, 2015
⁵ Juvenile Justice Geography, Policy, Practice & Statistics, Accessed 2018
⁶ As of 2014; This statistic reflects the number of youth for whom the system intervenes. However, while many adolescents engage in behavior that can be criminally charged most are not arrested.
⁷ Juvenile Court Department, 2018
⁸ Baker, et. al., 2017

¹ Judge Baker Children’s Center, 2018, ² Loughran, 1997

⁹ Breslau et al., 1998; Abram et al., 2004; Colman, Kim, Mitchell-Hezfeld, & Shady, 2008; Breslau et al., 1991. ¹⁰ Coker, Smith, Westphal, Zonana, & McKee, 2014, ¹¹ Teplin, McClelland, Abram, & Mileusnic, 2005; Underwood, Washington, 2016, ¹² This is consistent with similar studies; Office of Juvenile Justice and Delinquency Prevention, 2017, ¹³ Shufelt and Coccozza, 2006, ¹⁴ Hawkins, 2009

Report Development

This report was developed using a structured methodology based on the established *Practice Profile Approach*.¹⁵ Existing quantitative data and best practice literature, as well as qualitative strategies using multiple informants, were utilized to develop this report. Data collection methods included a review of relevant juvenile justice literature, input from key stakeholders and experts, a review of current juvenile justice practices in Massachusetts, and a review of national juvenile justice best practices. Thirty-nine stakeholders were engaged in 21 semi-structured in-person interviews using questions developed by Judge Baker Children’s Center (JBCC) policy and research staff. Interviewees expanded on topics based on their areas of focus and expertise. Initial interviewees were identified by their areas of expertise and connection to the juvenile justice system.

Snowball sampling was used to identify key informants with knowledge of the current system and best practices. Data were compiled via written notes and/or audio recording and analyzed by a qualitative researcher to extract themes. These themes were incorporated into the narrative of the report, along with the literature review and quantitative data that was surveyed in order to develop an overview of the Massachusetts juvenile justice system, to identify best practices nationally and locally, and to develop actionable recommendations for system enhancement and reform. Select expert and stakeholder editors were provided with the opportunity to review and respond to this report before its publishing.

Understanding Adolescent Development and Juvenile Justice Involvement

Youth development occurs in a complex intermingling of biological, familial, community, and social influences. In the last two decades we have seen new and deepened understanding of the adolescent brain which has prompted reform across child and youth serving systems. In particular, our increased understanding of the adolescent brain has advanced how we think about juvenile justice and the services and supports we provide to justice-involved youth.

Major changes in laws governing justice-involved youth include the United States Supreme Court’s abolishment of the death penalty for juveniles (2005);¹⁶ banning of life without parole for crimes other than murder (2010),¹⁷ and elimination of mandatory life without parole sentences for juveniles for any crime (2012).¹⁸ These rulings reflect the Supreme Court’s recognition that adolescents, because of their relatively immature brain development, are not consistently capable of the same reasoning functions as adults (especially when with peers or in emotionally-charged situations) and therefore should be held to different standards of culpability. Some inconsistencies remain, however, as the court ruling allows individual states to decide what specific penalties juvenile offenders receive.¹⁹ In order to provide the most appropriate interventions and supports to youth involved in the justice system, we must further examine the many facets of healthy and abnormal development and the interplay of risk factors that can lead to maladaptive and even violent behaviors.

Who Are the Youth in the Juvenile Justice System?

Historically, many people have thought of youth involved in the juvenile justice system simply as “delinquents” or “criminals,” but research shows that the reality is much more complex. Youth involved in the justice system have disproportionately been exposed to extreme adversities, including victimization, trauma, living in challenging home and community environments, and prior involvement with the child welfare system.²⁰ In fact, a report by Citizens for Juvenile Justice (CfJJ) found that DCF-involved youth make up about 39% of the detention population and about 37% of the DYS committed caseload.²¹ These experiences make them more likely to: be arrested, be arrested at a younger age, and commit nearly twice as many offenses in their lifetimes.²² Additionally, many youth have been victims of sexual abuse or assault that is highly associated with engaging in delinquent acts resulting in increased involvement in the juvenile justice system.²³ Thus, being a victim can lead to future juvenile justice involvement.

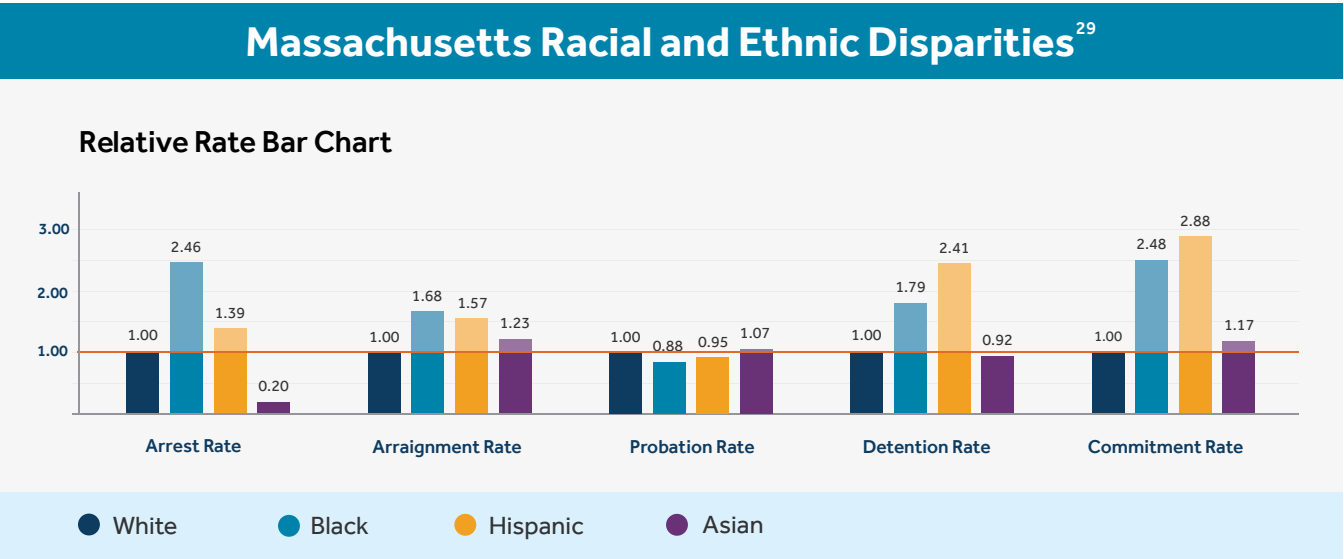
Finally, youth involved in the juvenile justice system, in Massachusetts and nationally, are disproportionally impoverished and members of racial and ethnic minority groups. The well documented and often discussed reality of racial and ethnic disparities (RED) must be considered whenever discussing juvenile justice systems. National research has found that youth of color make up approximately

two-thirds of incarcerated youth, but only one third of the general adolescent population.²⁴ In Massachusetts, youth of color make up about 33% of the youth population; but they represent 60% of those arraigned, 66% of pre-trial detainees (due to probation violation) and 68% of DYS- committed youth.²⁵ See section *Massachusetts Context (pg 16)* for information on how Massachusetts is responding to this pervasive issue.

Research on racial and ethnic disparities in juvenile courts has found that practices are both directly and indirectly influenced by racial bias, that racial biases are more likely to occur earlier in system processing, and that racial disparities often worsen at most decision points, and as youth move through the system.²⁶ Further, professionals who work with justice involved youth have suggested that socio-economic status and race play a large role in whether youth who experience challenges become involved in the juvenile justice system or seek behavioral health services.²⁷ The elements of poverty, exposures to adversity, being “youth of color,” and lack of protective and resilient factors creates what has been termed the “Cradle to Prison Pipeline.”²⁸

It has been argued that the juvenile justice system has become a default placement for children and adolescents who have experienced challenges and failures in other systems such as education, child welfare, and public health. Most of the youth involved in the juvenile justice system have experienced multiple failures across systems during their lives – or are lacking the needed family resources and access to the necessary help and support from other systems.³⁰

Finally, there is a strong connection among multigenerational factors and exposure to family and community risk factors that contribute to whether or not youth become involved in the juvenile justice system. System involved youth more often have caregivers, parents, and/or siblings involved in the justice system, as well as more exposure to high levels of family and community adversity such as trauma, substance use, educational and child protection failures, unsafe neighborhoods, and exposure to community violence.³¹ One key goal of juvenile justice intervention is to support resilience and facilitate engagement with strengths-based strategies, such as positive youth development, to prevent continued penetration into the juvenile justice system or eventual entry into the adult justice system.



²⁹ Massachusetts Juvenile Detention Alternative Initiative, 2015

¹⁵ Metz, 2016, ¹⁶ Roper v. Simmons, 543 U.S. 551 (2005). ¹⁷ Graham v. Florida, 560 U.S. 48 (2010). ¹⁸ Miller v. Alabama, 567 U.S. 460 (2012). Life without parole has been abolished in Massachusetts following the 2013 landmark case Gregory Diatchenko vs. District Attorney for the Suffolk District & others. However, it is still permissible in many states. ¹⁹ Cohen & Casey, 2014, ²⁰ Abram et al., 2004, ²¹ Citizens for Juvenile Justice, 2015, ²² Baglivio, Wolff, Piquero, & Epps, 2015; Ford, Hartman, Hawke, & Chapman, 2008, ²³ Becker & Kerig, 2011; Ford, Chapman, Connor, & Cruise, 2012; Stimmel, Cruise, Ford, & Weiss, 2014

²⁴ National Conference of State Legislatures, 2018; Federal Advisory Committee on Juvenile Justice, 2010; Rovner, 2016, ²⁵ Citizens for Juvenile Justice, N/D.c., ²⁶ Niedzwiecki, Irazola, Churchill & Field, 2015, ²⁷ Stakeholder input, ²⁸ Cass, Curry, & Liss, 2007; Wilson & Wilka, 2011, ³⁰ McCord, Widom, & Crowell, 2001

³¹ Lander, Howsare & Byrne, 2013

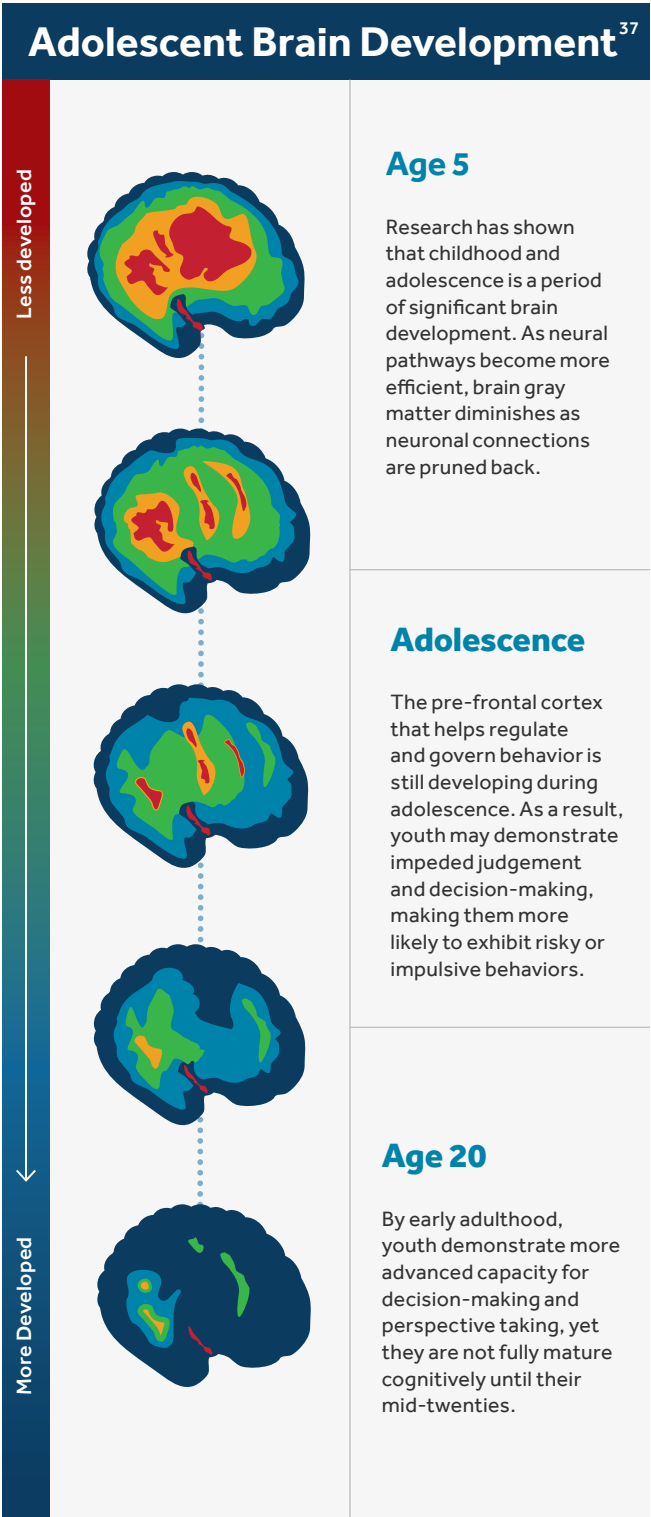
What is adolescence?

Adolescence is largely a cultural and societal construct that also has clear developmental benchmarks typically referring to the period of time between childhood and adulthood.³² Adolescent development is a dynamic construct - occurring simultaneously, yet often inconsistently across multiple developmental domains. These include physical, cognitive, emotional, social, moral, spiritual, racial-cultural and sexual domains.³³ Milestones include features such as perspective taking, emotion regulation, identity formation, independence, affiliation, and striving for achievement, among others.³⁴ When we consider all of these ongoing facets of youth development it is easy to understand why this can be a challenging, and at times confusing, period in an individual’s life.

Further, development is an individual experience. Some adolescents may appear to be physically mature and even look like adults while being quite immature in other domains, or conversely they can look very young and be mature in other capacities. It is normal for adolescents to demonstrate a range of competencies in some areas and deficits in others.³⁵ Because development across domains can occur at different rates for different youth, it is very difficult to describe a “typical” teenager. Therefore, when trying to understand adolescents, it is very important to assess their individual strengths and limitations.

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The federal government has recognized adolescence beginning as early as age 10 and lasting as late as age 25.³⁶ The accepted time period of adolescence has expanded as we have learned more about brain development and cognitive maturity – an understanding we have seen reflected in the national discussion about juvenile justice, especially with regard to ages of juvenile justice jurisdiction.



³⁷ Massachusetts General Hospital Center for Law, Brain & Behavior, N/D; Genetic Science Learning Center, N/D



Some describe adolescence as a period of development that provides us with a “learner’s permit” to adulthood.³⁸ As a result, it is expected that the individual will make mistakes as they try out new identities and ideas, and seek new experiences.³⁹ While these tendencies can help facilitate learning and growth, they can also make the adolescent vulnerable to engage in high risk behaviors which may lead to negative consequences.

Changes in cognitive and psychosocial factors impact the way young people process information – including their ability to make complex, calculated decisions – often resulting in impulsivity.⁴⁰ Much of the recent research on brain development has demonstrated that adolescent’s pre-frontal cortex continues to develop throughout the teenage and young adult years.⁴¹ The pre-frontal cortex is responsible for executive decision-making, and when it is not fully developed can impede an adolescent’s ability to make the safe and appropriate decisions that an adult would. Adolescents are also more responsive to immediate rewards and less likely to consider long-term consequences.⁴² For some adolescents and young adults, moral reasoning is still developing and it is difficult for them to fully understand the consequences of their behavior or take the perspective of another. Impulsive and risky behaviors are often exacerbated by group dynamics and the central role peers play in adolescents’ decision-making. These influences can result in poor decision-making, and for some youth, lead to delinquent acts and subsequent involvement in the juvenile justice system.⁴³

The construct of what is “normal” adolescent development can also be variable and is important to consider when thinking about justice-involved youth. What is considered to be normal is actually a statistical construct based on the behaviors or characteristics of same age peers.⁴⁴ So as widely accepted or universal behaviors change, so can the constructs of what is “normal.” Consider, for example, tattoos among teenagers and young adults. A few decades ago, a teenager having a tattoo would be considered unusual and by many to be “abnormal.” Yet, as times have changed, teenagers and young adults having tattoos has become more accepted, even “normal.” Thus, what we consider to be normal has both a temporal and societal context – and the construct is ever changing. Behaviors that might seem abnormal to us or even antisocial, like experimenting with substance use, might actually be normative when comparing youth to their peers.

³² Brizio, Gabbatore, Tirassa, & Bosco, 2015, ³³ Bryan-Hancock & Casey, 2010, ³⁴ Bryan-Hancock & Casey, 2010, ³⁵ American Psychological Association, 2002, ³⁶ Office of Adolescent Health, 2018a; Office of Adolescent Health, 2018b

³⁸ Scott and Grisso, 1997, ³⁹ Scott and Grisso, 1997, ⁴⁰ Bryan-Hancock and Casey, 2010, ⁴¹ Monahan, Steinberg, and Piquero, 2015, ⁴² Monahan et. al., 2015, ⁴³ Bryan-Hancock and Casey, 2010, ⁴⁴ Bryan-Hancock and Casey, 2010

Risk, Trauma, and the Juvenile Justice System

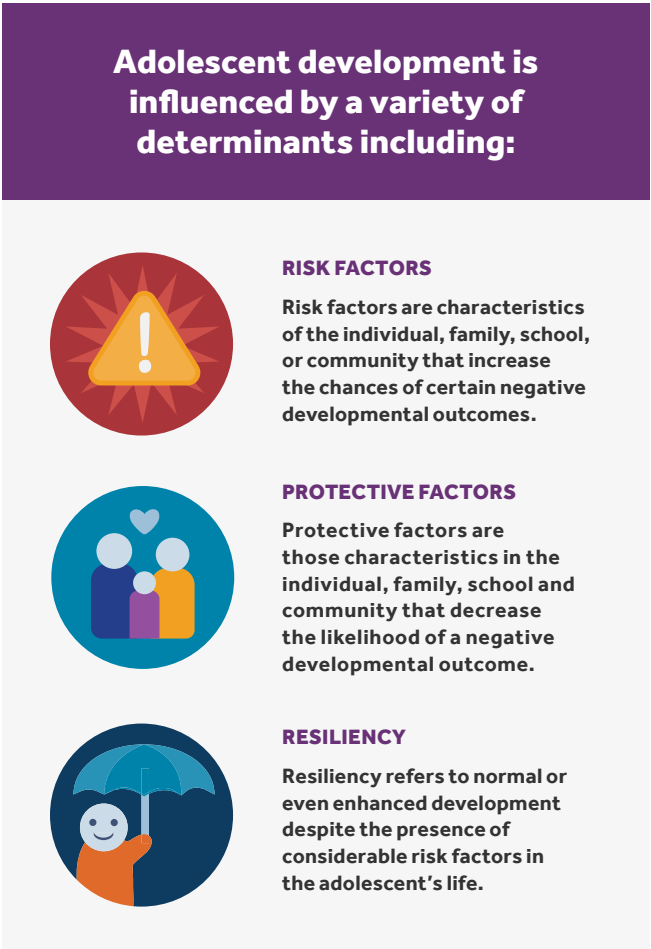
Understanding Risk, Protective Factors and Resiliency

Adolescent development is influenced by a variety of determinants including *risk factors*, *protective factors*, and *resiliency factors*. For youth involved in the juvenile justice system, it is important to understand their unique risk factors and how these influences may contribute to the problems they are experiencing. Strengths-based approaches can help us see beyond a youth’s challenging behaviors and capitalize on talents, interests, and strengths to promote healthy development. Risk factors can be ameliorated to a degree through intervention and support. Protective factors and resiliency factors can also help offset or mitigate risk. While some adolescents are exposed to protective factors or develop resiliency naturally, we can help counter the impact of risk factors by building upon an adolescent’s strengths through prevention, early intervention, positive youth development strategies, and treatment programs.⁴⁵ Ideally, many adolescents can be diverted from further involvement in the juvenile justice system, but once involved they can benefit from strengths-based services and supports to help them overcome exposure to negative influences in their environment.

Risk factors are characteristics of the individual, family, school, or community that increase the chances of certain negative developmental outcomes.⁴⁶ Risk factors also have a cumulative effect on children and adolescents – the more risk factors an individual experiences the more likely it is that they will experience negative outcomes.

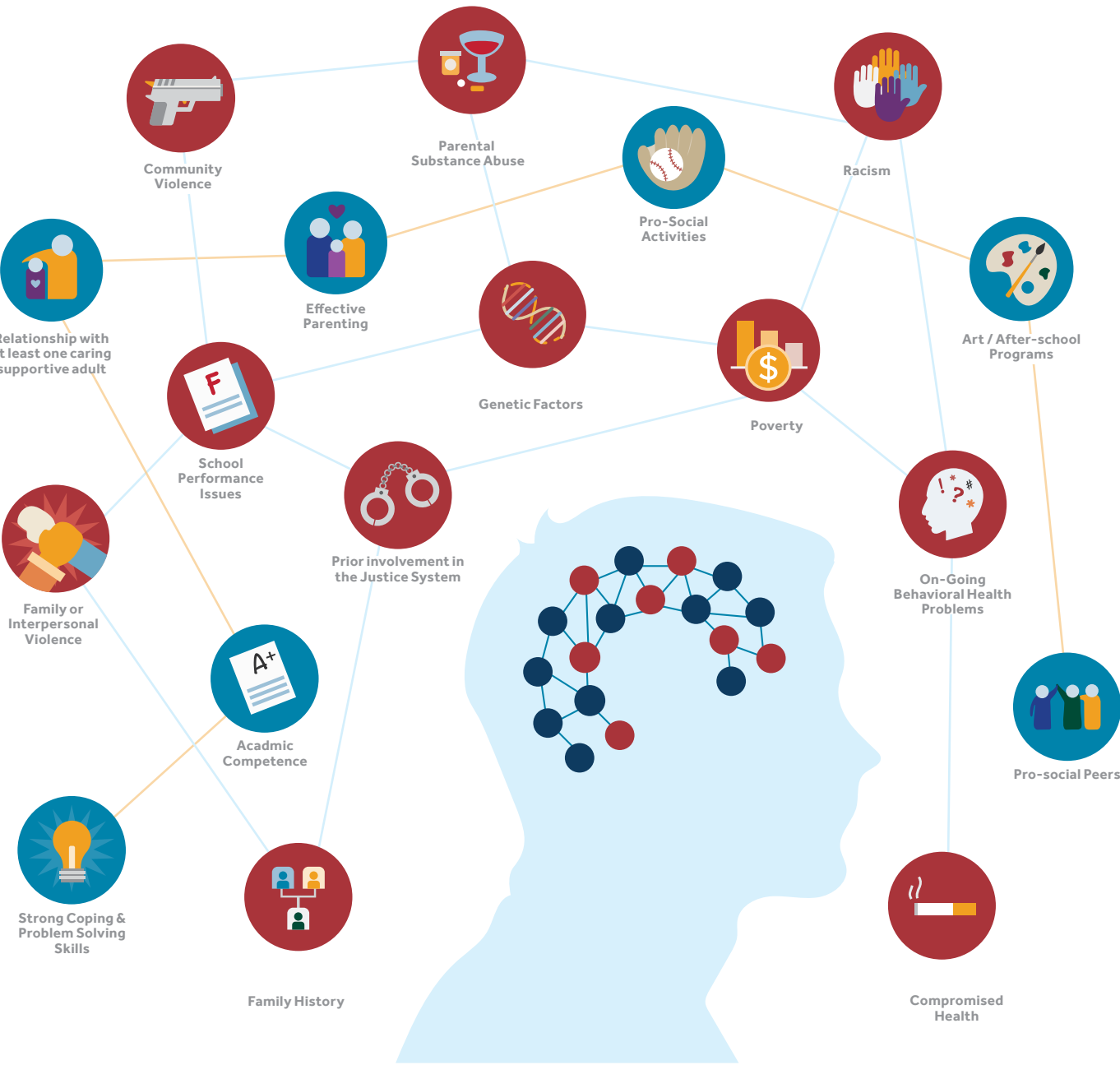
Factors that contribute to behavioral health problems and substance use, which could lead to juvenile justice systems involvement include: poverty, racism, community violence, familial or interpersonal violence, parental substance abuse, compromised health, family history, genetic factors, over-use of school discipline, school performance issues or drop-out, prior involvement in the justice system and previous or ongoing behavioral health problems, among others.⁴⁷

Prior exposure to physical and sexual abuse and neglect increase the likelihood an individual will suffer from mental health conditions such as depression and Post-traumatic Stress Disorder (PTSD), and increases the likelihood of



being involved in the juvenile justice system.⁴⁸ Research also demonstrates that youth who have been assaulted and victimized are more likely to engage in delinquent acts, and those youth who have experienced maltreatment are more likely to be arrested later in life.⁴⁹ Thus, being victimized puts youth at higher risk for subsequent involvement in the justice system.

Protective factors are those characteristics in the individual, family, school and community that decrease the likelihood of a negative developmental outcome.⁵⁰ Protective factors can take many forms; examples include: effective parenting, consistent physical safety, strong coping and problem solving skills, academic competence, involvement in pro-social activities such as athletics, the arts or after school programs, pro-social peers, and a relationship with at least one caring, supportive adult. Unfortunately, many at-risk children do not have access to these types of protective factors. Continued reforms are needed to provide at-risk children access to these types of protective factors. Trajectories of adolescent development resulting in negative outcomes can occur when one or more factors outweigh protective factors in an adolescent’s life.⁵¹



Protective Factors Include

- Strong Coping & Problem Solving Skills
- Academic Competence
- Relationship with at least one caring supportive adult
- Effective Parenting
- Pro-social Activities
- Art / After-School Programs
- Prosocial Peers
- Consistent physical safety
- High self-esteem
- Employment

Risk Factors Include

- Family History
- Prior Involvement in the Justice System
- Family Interpersonal Violence
- School Performance Issues
- Genetic Factors
- Community Violence
- Parental Substance Abuse
- Racism
- Poverty
- On-Going Health Problems
- Compromised Health

⁴⁵ Substance Abuse and Mental Health Services Administration, 2019, ⁴⁶ Center for Disease Control, 2018b, ⁴⁷ Center for Disease Control, 2018b, ⁴⁸ Center for Disease Control, 2018a, ⁴⁹ Sered, 2017, ⁵⁰ Substance Abuse and Mental Health Services Administration, 2019, Center for Disease Control, 2018b, ⁵¹ Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards, . . . Marks, 1998

When providing juvenile justice interventions and responses, an effective strategy is enhancing the protective factors in youth by building upon their strengths – an approach often referred to as positive youth development (see page 13) – to help them overcome adversity.

There have been three types of resiliency identified



COMPENSATORY
Compensatory resiliency develops when a positive factor in the adolescent’s life serves to counterbalance a potential risk factor.



PROTECTIVE
Protective resiliency factors are evident when assets within the child, family or community can offset potential risk.



CHALLENGE
Challenge resiliency factors occur when an adolescent is exposed to moderate levels of risk, but develops skills to cope despite the adversity.

Resiliency refers to normal or even enhanced development despite the presence of considerable risk factors in the adolescent’s life.⁵² Resilient youth can overcome great odds and even thrive, despite being exposed to a wide range of challenges. For adolescents involved in the juvenile justice system, it is important to consider how to build youth resiliency, especially when it is difficult to ameliorate or control the risk factors to which they are exposed.

There have been three types of resiliency identified: compensatory, protective, and challenge.⁵³ *Compensatory resiliency* develops when a positive factor in the adolescent’s life serves to counterbalance a potential risk factor.⁵⁴ For example, adult monitoring and engagement of an adolescent

who lives in a high crime area might offset the potential risk and help the youth to be more resilient in the face of adversity. *Protective resiliency* factors are evident when assets within the child, family or community can offset potential risk.⁵⁵ One example is a child who demonstrates strong academic performance by successfully utilizing available academic and extracurricular resources both in and out of school in order to thrive, despite attending a school with high dropout and low graduation rates. Finally, *challenge resiliency* factors occur when an adolescent is exposed to moderate levels of risk but develops skills to cope despite the adversity.⁵⁶ An example of challenge resiliency is a child living in a family with parenting impaired by substance abuse disorder who develops skills to cope and adapt to ensure that they and their siblings nonetheless, meet their basic needs.

A variety of factors in the individual, family, and school/ community can contribute to resiliency development.⁵⁷ At the *individual* level these include higher self-esteem, academic achievement, participation in work and extra-curricular activities, and a positive orientation to the future. *Family* level factors contributing to resiliency include caregiver/ child connectedness, shared activities, parental presence, parental school expectations, and limited exposure to trauma and substance abuse. At the *school* level, policies that keep adolescents in school are, school engagement, positive school climate and active parent organizations all contribute to resiliency in youth. These factors are important to consider when working with youth in juvenile justice to both prevent recidivism and prevent future involvement in the juvenile or criminal justice systems. Programs that are strengths-based



and based upon the principles of positive youth development are more likely than more traditional compliance-driven approaches to help offset potential risk factors, while building protective and resiliency factors that promote healthy child and adolescent development.

Positive Youth Development

Positive youth development (PYD) focuses on a youth’s talents, strengths, interests, and future potential.⁵⁸ This approach to working with youth recognizes that everyone is exposed to risk and adversities, but that healthy development can be promoted by building on strengths and resiliency factors. Positive youth development holds that every youth has potential strengths that can be built upon to offset risk factors and emphasizes developing youth as leaders, participants, and active decision-makers in their lives.⁵⁹ PYD reflects an ecological approach, recognizing that youth development is influenced by multiple systems and contexts ranging from peers and families, schools, neighborhoods and communities to governmental policies.⁶⁰ PYD recognizes that all youth wish to pursue activities that bring them pleasure, engage with others, and they want to find a sense of meaning in their lives.⁶¹ This approach holds that consistent commitment to these principles will result in more effective strengths-based programs and supports that help youth overcome adversity. This evidence-based approach is a significant departure from the punitive approaches commonly adopted by juvenile justice systems in the past.

Positive youth development holds that every youth has potential strengths that can be built upon ...

Primary Goals of Positive Youth Development ⁶²	
1	Promote bonding and positive, pro-social relationships
2	Foster resilience and coping strategies
3	Promote competencies / build upon strengths
4	Promote competence in multiple domains: emotional, cognitive, behavioral, & moral
5	Encourage self-determination and responsibility
6	Foster spirituality
7	Develop self-efficacy
8	Nurture a clear and positive identity
9	Foster a belief in the future
10	Recognize and support positive behavior
11	Provide opportunities for pro-social involvement
12	Establish and promote pro-social norms

⁶² Family & Youth Services Bureau, N/D; Anderson Moore, 2016; Stakeholder input

⁵² Substance Abuse and Mental Health Services Administration, 2018, ⁵³ Ledesma, 2014, ⁵⁴ Ledesma, 2014, ⁵⁵ Ledesma, 2014, ⁵⁶ Ledesma, 2014, ⁵⁷ National Resilience Resource Center. (2018). Retrieved from <http://www.nationalresilienceresource.com/>

⁵⁸ Family & Youth Services Bureau, N/D, ⁵⁹ Anderson Moore, 2016, ⁶⁰ Bronfenbrenner, 1994, ⁶¹ Anderson Moore, 2016



Trauma and Adverse Childhood Experiences (ACEs)

All youth experience adversity, and most experience at least one traumatic event.⁶³ Not all adverse experiences result in trauma, and not all traumatized youth become involved in the juvenile justice system. However, youth who do end up in the juvenile justice system have higher rates than the general population of adversity resulting in trauma, often arising from maltreatment and neglect, and are more often experienced by youth of color and other minority groups.⁶⁴ Being abused or neglected increases the likelihood of arrest as a juvenile by 53%, as an adult by 38%, and for a violent crime by 38%.⁶⁵ Research further demonstrates an association between violence exposure, trauma reactions, and misconduct among juvenile justice involved youth.⁶⁶ More than 75% of juvenile justice involved youth have experienced *traumatic victimization* and 93% of children in detention report exposure to adverse experiences. The majority of these youth have been exposed to six or more traumatic events.⁶⁷

Research links adverse childhood events, such as exposure to trauma, abuse, neglect, and community violence with chronic, lifelong problems. Challenges may include behavioral health issues, addiction, academic difficulties, impaired social functioning, and chronic health concerns. As a result, early exposure to adversities also increases risks of further involvement and deeper penetration into juvenile and adult justice systems.⁶⁸ This further highlights the need for evidence-based screening and early intervention for

victimized and traumatized youth. Screening should occur before the youth start engaging in dangerous or criminal behaviors, and again at each point of contact with or within the juvenile justice system to avoid unwarranted further justice system involvement or use of ineffective and/or punitive intervention strategies.

Adverse Childhood Experiences (ACEs) are potentially traumatizing events that may have negative and long-lasting effects on the health and well-being of a child.⁶⁹ Research finds that more than 50% of the general population has at least one adverse childhood experience by the time they reach adulthood. Twenty-five percent have more than two.⁷⁰ These numbers are dramatically higher for justice-involved youth. A 2013 study by the Massachusetts Juvenile Court Clinic looked at ACEs in a sample of 258 children referred to the state-wide Juvenile Court Clinic system. In this sample, over 50% had experienced emotional neglect, 40% had experienced physical abuse, 30% had experienced physical neglect and 15% had experienced sexual abuse.⁷¹ ACEs have also been correlated with poorer overall health, poorer mental health, negative social outcomes, and increased substance use.⁷²

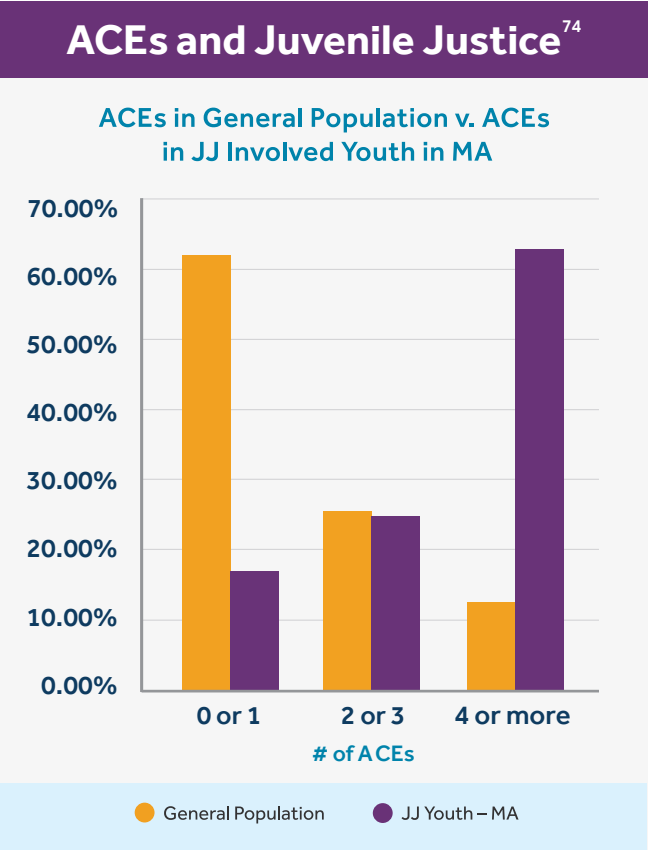
The experience of coming into contact with the juvenile justice system can itself be a traumatic experience for children, and can exacerbate post-traumatic symptoms for children who have prior ACEs. Research suggests that arresting and charging a child for minor offenses can be highly distressing, even traumatizing, and can derail a child’s healthy development at a vulnerable stage in their lives.⁷³

It’s important for the juvenile justice system and other child-serving systems to routinely screen for ACEs, as some of the behavioral and emotional difficulties associated with exposure to ACEs can be misinterpreted as intentional willful misconduct, including delinquent behavior. Exposure to ACEs also puts youth at much higher risk for substance abuse. As we learn more about the impact of ACEs and their prevalence, our growing knowledge supports use of trauma-informed systems and supports that identify exposure to adverse events earlier and promptly provide effective evidence-informed services and supports to offset risks associated with ACEs.



ACEs research suggests that early identification and intervention with children who experience adverse events can serve to mitigate future problems and support positive development.

Substance Use is a persistent and ever-growing concern for youth involved in the juvenile justice system, which has been intensified by the national opioid crisis. In general, by age eighteen 64% of high school students have tried alcohol, nearly 50% have tried an illegal drug, and over 18% have used prescription medication for nonmedical purposes.⁷⁵ For justice involved youth, those numbers are significantly higher. One study found that in a sample of 1,300 justice involved youth, 85% reported using marijuana, 80% reported using alcohol, 27% reported using other illegal drugs, such as



⁷⁴ Center for Disease Control, 2016; Massachusetts Alliance of Juvenile Court Clinics, 2013; Massachusetts Alliance of Juvenile Court Clinics, 2017; Massachusetts Alliance of Juvenile Court Clinics, N/D

cocaine, hallucinogens, or opiates an average of one to two times in the past 6 months.⁷⁶ Substance use is particularly concerning for at-risk and justice involved youth given the high prevalence of substance use disorders, often co-occurring with other behavioral health concerns, among these groups of young people. Sixty percent of justice-involved youth with a mental health disorder also have a co-occurring substance use disorder.⁷⁷ Youth with co-occurring disorders have been found to be at increased risk for a range of additional negative outcomes, including higher rates of re-offense, higher rates of impaired functioning, greater academic difficulties, and more suicide attempts.⁷⁸ Much of the criminal and delinquent behavior conducted by youth involves the use of substances.⁷⁹ Promoting positive outcomes for justice-involved youth must include effective identification and treatment for youth struggling with substance use that begins at the earliest possible point of contact and utilizes validated screening tools, comprehensive assessments, and proven effective treatment practices.⁸⁰

⁶³ Felitti et al., 1998, ⁶⁴ Abram, et. al., 2004, ⁶⁵ Center for Disease Control, 2018a, ⁶⁶ Becker & Kerig, 2011; Ford, et. al., 2012; Stimmel, et. al., 2014, ⁶⁷ Abram et al, 2004; Dierkhising et al., 2013; Ford, et. al., 2012, ⁶⁸ Felitti et al., 1998; Baglivio, et. al., 2015; Ford, et. al., 2008, ⁶⁹ Sacks & Murphey, 2018, ⁷⁰ Felitti et al., 1998, ⁷¹ Baker, et. al., 2017, ⁷² Felitti et al., 1998; Mersky, Topitzes, & Reynolds, 2013, ⁷³ Citizens for Juvenile Justice, 2017,

⁷⁵ National Center for Mental Health and Juvenile Justice, N/D, ⁷⁶ Mulvey, Schubert, Chassin, 2010, ⁷⁷ Shufelt & Cocozza, 2006, ⁷⁸ Shufelt & Cocozza, 2006, ⁷⁹ Mulvey, Schubert, Chassin, 2010; Underwood & Washington, 2016. ⁸⁰ Grisso & Underwood, 2003; Kinscherff, 2014

Massachusetts Context: Policies, Systems, and Practices

Policy

Over the years, Massachusetts has developed an array of legislation and policy initiatives to promote positive outcomes for juvenile justice-involved youth. Recent topics which have received attention and development of new policy and practices include:

Status Offenses

Status Offenses involve misconduct by youth that can bring them before a Juvenile Court but are not crimes, such as running away or truancy.⁸¹ Juvenile Court involvement as a status offender substantially increases the likelihood of future encounters with the juvenile justice system.⁸²

In 2012, the legislature created a process for addressing status offenses intended to divert these cases from Juvenile Courts to avoid unwarranted court involvement. Known as the *Child Requiring Assistance* (CRA) system,⁸³ the law provides for Family Resource Centers (FRC) to which

youth and families are referred initially to seek assistance and access resources. Should that effort fail, a petition may be filed in Juvenile Court prompting an initial period of “informal assistance” before a hearing and formal determination is made by a judge. If determined to be a Child Requiring Assistance, a plan is developed to address the needs of the youth. One key reform was record expungement of CRA involvement upon completion of the CRA case to avoid creating a record which might otherwise invite future entry into the juvenile justice system.⁸⁴

Schools and Education

A 2012 joint report⁸⁵ on school-based arrests in three Massachusetts school districts described deeply entrenched disciplinary practices driving youth into juvenile justice for conduct which could be characterized as defiant but not ordinarily regarded as criminal or dangerous. Since that time, Massachusetts has engaged in a range of progressive educational policy and practice initiatives relevant to at-risk or justice involved youth.

These initiatives include the 2014 legislative enactment of The Safe and Supportive Schools Framework (MGL Ch. 69 §1P) as part of efforts to move away from “zero tolerance” school disciplinary policies. The legislation was designed to begin integrating in-school behavioral supports for all students, but especially for youth deemed at-risk of school failure and systems involvement. Eighteen school districts received state grants in FY17 to facilitate implementation of this trauma-sensitive youth framework.

Additional steps include local initiatives, such as establishing a Safe and Supportive Schools Commission in the Department of Elementary and Secondary Education. The Commission is intended to create positive learning environments and address issues such as overuse of disciplinary suspension and expulsion, bullying, the achievement gap, and interrupting the school to prison pipeline.⁸⁶ Renewed attention has also been given to training of *School Resource Officers* and law enforcement to appropriately identify and respond to the needs of youth to minimize suspension and expulsion, limit unnecessary school based arrests, and promote educational success of at-risk and justice involved youth.⁸⁷

In 2018 the legislature passed the Criminal Justice Reform Act prohibiting an elementary or secondary school student from being charged as a delinquent child for a violation of disturbing or interrupting a school assembly, disturbing the peace, or disorderly conduct. The legislation also requires police departments deploying officers in schools to craft Memoranda of Understanding (MOU) with local school districts that limit “criminalizing” behavior that should be handled through school discipline procedures.

Still, policing and school discipline training and practices remain highly variable across the Commonwealth. School policing “best practice” models such as the Cambridge Safety Net Collaborative, an approach developed in Cambridge, MA that prevents youth justice involvement by addressing risk factors associated with juvenile delinquency through prevention, early intervention, and diversionary practices,⁸⁸ are not yet widely adopted.⁸⁹

Cambridge Safety Net Collaborative has identified a **greater than 50% decrease in arrests** and an average of 94 outpatient mental health referrals per year since model implementation.

⁹⁰ Barrett & Janopaul-Naylor, 2016

Child Protection

A July 2017 Report of the Subcommittee on Dual Status Youth⁹¹ found that “in Massachusetts, as in many other states, most youth involved with the juvenile justice system have had prior or concurrent involvement with the child welfare system due to childhood abuse or neglect.” In fact, a growing body of research indicates a causal relationship between juvenile justice involvement and the neglect and abuse suffered as children.⁹² The Report noted with concern that 72% of youth held in DYS detention have concurrent or prior DCF involvement⁹³ and are more likely to incur greater costs while having poorer outcomes, deeper penetration into DYS, and ultimately entry into the criminal justice system compared to non-dual status youth. Dual-status youth were also described in the Report as having more significant histories of trauma and adversity, educational difficulty and underachievement, “troubled attachments and disrupted relationships,”⁹⁴ and disproportionate impact of juvenile

justice practices. Dually-involved youth also had significantly higher rates of placement instability (i.e. cycling through foster care placements).⁹⁵

The Report’s recommendations included: (a) steps to prevent unnecessary and disrupted placements while in DCF custody; (b) increased availability of behavioral health services due to the greater needs of children in child welfare systems; (c) further efforts to support DCF-involved youth in schools, including review of disciplinary practices that disproportionately disadvantage them; (d) reduced detention for low-risk youth, including use of evidence-based screening tools and sentencing guidelines; (e) continued development of PYD approaches across child-serving entities, and, (f) further evaluation of racial and other disparities in the child protection and juvenile justice systems.

⁸¹ In Massachusetts, the status offenses which can bring youth before a Juvenile Court are: running away from home (Runaway), willfully disregarding the lawful commands of a parent or guardian (Stubborn), failing to attend school as required until age 16 (Truancy), non-criminal failure to abide by school regulations (Habitual School Offender), sexual exploitation by a person other than a parent or other recognized caretaker (Sexually Exploited Minor). The category of Sexually Exploited Minor was included in 2012 to address the sexual trafficking of minors and to avoid criminalizing their sexual exploitation by charging them with crimes of prostitution. ⁸² Jafarian, & Ananthakrishnan, 2017, ⁸³ The previous system had been the Child In Need of Services (CHINS) system. ⁸⁴ Opportunities to improve the CRA system exist, however. For example, stakeholder feedback revealed that the required truancy prevention plans have yet to be fully implemented in schools, and that the requirement that schools demonstrate steps have been taken to address truancy before a petition is filed is not consistently observed. Another challenge is that programs to serve Sexually Exploited Minors are inconsistently available across the state and largely focus on sexually exploited girls to the exclusion of exploited boys. ⁸⁵ Dahlberg, 2012, ⁸⁶ Massachusetts Department of Elementary and Secondary Education, 2015, ⁸⁷ Massachusetts Department of Elementary & Secondary Education, 2018

⁸⁸ Cambridge Safety Net Collaborative, 2019, ⁸⁹ Barrett & Janopaul-Naylor, 2016, ⁹¹ Dykema, Dubois, Ferguson, Gregoire, Hecht, Keenan, 2017; “Dual status youth” are youth with current or past involvement with the Department of Children and Families (DCF) at the time that they come into contact with the juvenile justice system and are ordered detained by, and/or eventually committed to, the Department of Youth Services (DYS). ⁹² Dykema, et. al., 2017, ⁹³ Dykema, et. al., 2017; Citizens for Juvenile Justice, 2015, ⁹⁴ Dykema, et. al., 2017, ⁹⁵ Citizens for Juvenile Justice, 2015

Criminal Justice Reforms

In 2013, Massachusetts raised the maximum age of juvenile court jurisdiction from 17- to 18-years old, demonstrating national leadership, a recognition of youth developmental science, and a forward-thinking commitment to supporting justice involved youth.⁹⁶ The debate in Massachusetts continues with some proponents suggesting the maximum age of juvenile jurisdiction should again be raised to include young adults in their early twenties. In 2018, the Legislature adopted an Omnibus Criminal Justice Reforms Bill that raised the minimum age of juvenile justice jurisdiction from age 7 to age 12. Juvenile justice implications for this wide-ranging bill also included: easing certain standards for delinquency charges, expanding pre-arraignment diversion programs, including creating statutory provisions on diversion programs for juveniles,⁹⁷ and restorative justice; establishing a Juvenile Justice Policy and Data Commission; establishing a task force to facilitate gender-responsive and trauma-informed approaches; and creating opportunities to expunge records of crimes committed under age 21, among other reforms.^{98, 99} Stakeholders interviewed for this brief, as well as available literature, suggest revisiting raising the maximum age of juvenile justice jurisdiction beyond 18 in order to ensure that our justice interventions are developmentally appropriate.

⁹⁶See "An Act Expanding Juvenile Jurisdiction", ⁹⁷ Examples of juvenile diversion programs include those operated by the District Attorneys in Middlesex County and in Suffolk County. Use of diversion programs for adults or juveniles run by Offices of District Attorneys remain the exception rather than the rule of Massachusetts. ⁹⁸ More information available at Citizens for Juvenile Justice, <https://www.cfjj.org/jjreforms-2018>, ⁹⁹ The authors would like to acknowledge the legislative leadership of Speaker of the House DeLeo; Senate President Spilka; Senate President Emeritus Chandler, Chairs of the Joint Committee on the Judiciary — Representative Cronin and Senator Brownsberger, and the interest and support of numerous legislative committees and caucuses, advocates, and professionals across the state who were instrumental in passing the above discussed legislation.



Systems

Who are the Key Participants in the Juvenile Justice System?

There are multiple roles in the MA juvenile justice system, including those within the formal system such as courts and state agencies, and those outside of the formal juvenile justice system that nonetheless significantly influence the functioning and outcome of the juvenile justice system and youth who come into contact with it.

Formal Roles



Law enforcement: Often a youth’s first point of contact with the juvenile justice system. The decisions they make during responses to incidents in the community often dictate whether a youth comes into contact with the juvenile justice system (arrest), influence charges filed, or formal or informal diversion from the system.

District Attorneys: Responsible for investigating, deciding what charges to be filed, and prosecuting alleged crimes in a given jurisdiction. Many also operate diversion programs.

Committee for Public Counsel Services (Youth Advocacy Division) and private counsel: Oversees youth legal representation in the Commonwealth with staff attorneys and trained private attorneys and assures children have access to quality legal representation.

Juvenile Court, including Probation and Clerk-Magistrates, Juvenile Court Clinic, and specialized sessions of Juvenile Court (e.g., drug court, dual-involved youth): Hears all Delinquency, Youthful Offender, Child Requiring Assistance (CRA), Care and Protection, and other cases involving youth. Also provides pre-trial and post-adjudication community supervision (Probation), and court-ordered forensic evaluations (Juvenile Court Clinic).

Department of Youth Services (DYS): State-run department responsible for providing supports and services for youth committed as Juvenile Delinquents or Youthful Offenders, and those youth ordered detained or placed under DYS supervision pending further court proceedings.

Significant Ancillary Roles



State Agencies

Department of Children and Families (DCF): State-run department responsible for protecting children from abuse and neglect and, when necessary, providing out of home placement. There is significant overlap between youth involved in the juvenile justice system and youth currently or formerly involved in DCF, leading to the formation of a legislative subcommittee specifically dedicated to dual status youth.

Department of Mental Health (DMH): State-run department responsible for ensuring access to mental health services and supports. DMH runs a number of programs which include juvenile justice-involved youth with significant mental health needs such as Child and Adolescent Services, Transitional Aged Youth Services, the Adolescent Unit at Worcester Recovery Center and Hospital, and Juvenile Forensic Services. DMH also oversees the training and certification of juvenile court clinicians.

Department of Public Health (DPH): State-run department responsible for promoting wellness and health equity through provision and access to high-quality public health and healthcare services. DPH partners with DYS to address substance use concerns for “at-risk” and juvenile justice-involved youth such as DYS youth served by DPH’s adolescent substance abuse services.

Department of Transitional Assistance (DTA): State-run department that assists low-income individuals, including “at-risk” and justice involved youth, with obtaining the resources to meet basic needs, and get on track to improve their quality of life.

MassHealth: While youth in the JJ system are not able to utilize their MassHealth benefits, to ensure continuity of care post system involvement, integration and coordination with medical and behavioral health systems is important.



Collaboration and Initiatives

The Juvenile Justice Advisory Committee (JJAC): Responsible for advising the governor on juvenile justice related issues, including core federal requirements under the Juvenile Justice and Delinquency Prevention Act (JJDPa), and ensuring Massachusetts systems and practices are informed by national best practice.

Juvenile Detention Alternatives Initiatives (JDAI): A nation-wide reform initiative intended to improve the juvenile justice system by lessening secure detention for low-risk youth, decreasing length of stay in detention, and reducing racial and ethnic disparities. The initiative is supported by the Annie E. Casey Foundation.

Massachusetts Child Welfare and Juvenile Justice Leadership Forum (Leadership Forum): A collective impact group comprised of key Massachusetts government, non-profit, and community stakeholders working to promote positive youth and family development. The Forum’s foci include: reducing racial and ethnic disparities in the juvenile justice system, strengthening child welfare supports, training and workforce development, and strengthening community based responses.¹⁰⁰

Juvenile Justice Policy and Data Board (JJPAD): Established by Chapter 69 of the Acts of 2018, is charged with evaluating juvenile justice system policies and procedures and making recommendations to improve outcomes.¹⁰¹

DMH – UMass Medical School certification program for Juvenile Court Clinicians: The statewide system of Juvenile Court Clinics is jointly operated by the Administrative Office of the Juvenile Court and the Department of Mental Health and is the only statewide system of its kind in the United States. The DMH-UMass Medical School collaboration provides training and certification of juvenile court clinicians.

DCF – DYS initiative regarding Dually-Involved Youth (including Hampden County Juvenile Court special session for dually-involved youth): The goal of this initiative is to reduce the highly disproportionate number of DCF-involved youth who are committed to DYS.

Family Resource Centers (FRC): Established through the CRA legislation in 2012. FRCs provide youth and families access to community-based support programming such as parenting education and support, mental health counseling, information and referrals, educational support, and supports specifically for youth designated as Child Requiring Assistance (CRA).

DYS – School Initiatives: Such as the Boston Public Schools re-entry supports for DYS youth, helping DYS involved youth successfully transition back into school settings.



Critical Ancillary Organizations and Systems

School and special educational systems, including alternative school programs: Juvenile justice-involved youth disproportionately have lower graduation rates, learning disabilities and other conditions which create learning challenges.

Community-based health and behavioral health providers: Access to community-based health and behavioral health services is a key positive youth development asset, and juvenile justice-involved youth disproportionately have unmet health and behavioral health needs.

Community-based resources in support of Positive Youth Development: Positive Youth Development assets support success in youth and include health and behavioral health services, leisure and recreational programs, opportunities for positive community engagement, community safety, and cultural, pre-vocational and educational opportunities. Juvenile justice-involved youth commonly have limited engagement with community Positive Youth Development assets.

Providers of residential and specialized services: Residential programs serve youth with behavioral health, educational, or other needs that cannot be adequately met by community-based services, including youth involved with juvenile justice.

Specialized organizations supporting JJ youth (Roca, UTEC, JRI, other): These specialized organizations focus upon youth at high risk for penetration into the juvenile justice system, already involved, and/or at-risk of early criminal justice system involvement.

Office of the Child Advocate: The Child Advocate is appointed by the governor and has a broad mandate to advocate, investigate, and influence policy in support of the well-being of children and youth in the Commonwealth.

¹⁰⁰ Citizens for Juvenile Justice, N/D.a; Information contributed by Citizens for Juvenile Justice, ¹⁰¹ Information contributed by Citizens for Juvenile Justice

Movement Through The System

Youth move through a complex juvenile justice system that shares core consistencies but also reflects significant variations.

Key points in the movement of youth through the Massachusetts juvenile justice system are:

1. **Arrest or Summons Issued**
2. **Intake**
3. **Arraignment**
4. **Trial**
5. **Adjudication**
6. **Disposition & Sentencing**
7. **Community Support & Re-Integration**



Movement Through The System

Youth move through a complex juvenile justice system that shares core consistencies but also reflects significant variations. The disparities arise from local differences, including local funding priorities, social and behavioral health resources, implementation of state directives in local schools and other child-serving entities, judicial and probation practices, law enforcement practices, and prosecution priorities. Key points in the movement of youth through the MA juvenile justice system are:



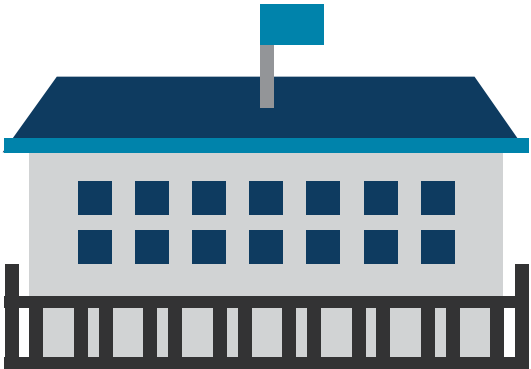
Arrest or Summons Issued

When presented with misconduct, officers have the option of ignoring it, issuing a warning, taking the youth into protective custody (e.g., to return to a parent or guardian, or to an Emergency Department for evaluation), taking the youth into custody following arrest, or issuing a Summons for the youth to later appear in Juvenile Court.



Intake

If arrested, the case is presented for a charging decision by the local District Attorney (DA). They may charge or, if they have a diversion program, may seek to divert the youth from formal charging or prosecution. If the youth receives a Summons, the youth must appear before the Juvenile Court where a determination of “probable cause” is made.



Arraignment

An arraignment is the formal pronouncement of the charge(s) filed by the prosecution and requires the assistance of defense counsel.¹⁰² A juvenile is arraigned either as a *Delinquent* or as a *Youthful Offender*.¹⁰³ Bail decisions are commonly made at arraignment,¹⁰⁴ as are threshold decisions about whether to order the youth detained by Department of Youth Services (DYS) where they would have access to developmentally appropriate services and supports.¹⁰⁵ Current challenges include consistent implementation of an evidence-based screening tool to aid in setting bail.



Trial

A significant majority of cases are resolved prior to trial through plea bargains or a pre-trial term of probation, after which charges will be reduced, filed as Continued Without a Finding (CWOFF), or dismissed upon successful completion. A youth in Juvenile Court on a Delinquency or Youthful Offender matter is entitled to a jury trial but may request a “bench trial” (judge only).¹⁰⁷

85%
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Citizens for Juvenile Justice reports that 85% of youth arraigned in court in Massachusetts are accused of low-level, nonviolent crimes.¹⁰⁶ Massachusetts Police, District Attorneys’ (DA) Offices and the Juvenile Courts offer diversionary programs at their own discretion, resulting in varying availability and practices across the Commonwealth. Following the 2018 Criminal Justice Reform Act the courts can, without the agreement of the DA, divert a child who is the subject of an application for complaint to a diversion program pre-arraignment.

¹⁰² Juveniles in Delinquency and Youthful Offender cases are entitled to defense counsel and are commonly determined to be indigent and therefore eligible for appointment of counsel through the Committee on Public Counsel Services (CPCS). CPCS has a Youth Advocacy Division comprised of staff defense counsel and private attorneys identified and trained to accept juvenile defense cases. ¹⁰³ In Massachusetts, all cases except Murder allegedly committed between ages 14 – 17 (inclusive) remain in Juvenile Court. Delinquent offense is misconduct committed by a juvenile between ages 12 – 17 (inclusive) that would be charged as a criminal offense if committed by a person 18 years of age or older. A delinquent may be committed to DYS to age 18 with extensions to age 21 under specific circumstances and court review. A Youthful Offender is a youth aged 14 – 18 indicted by a Grand Jury under MGL.c. 119, sec. 54 for a crime that could carry a state prison term if an adult and where there is one of the following: (a) the youth has previously been committed to DYS, (b) the alleged offense(s) involves the infliction or threat of serious bodily harm; or (c) the charge(s) include a violation of specified firearms offenses (G.L. c. 269, §10 (a), (c) or (d) or G.L. c. 269, § 10E). A Youthful Offender is subject to commitment to DYS until age 21 and imposition of a subsequent suspended term of incarceration by the Department of Corrections. ¹⁰⁴ In Massachusetts, bail decisions are made on the likelihood that the defendant will return to Court for further proceedings. If the defendant is alleged to pose a threat to the community if released on bail then there will be a “dangerousness hearing” under [Ch. 276 Sec 58A] where the prosecution has the burden of proving the danger the defendant allegedly would pose if released. ¹⁰⁵ In Massachusetts, the Department of Youth Services is the state juvenile justice authority and placed within the Executive Office of Health and Human Services with other health and human services agencies (e.g., DMH, DPH, DDS). In other states, the juvenile justice authority is located within state entities which operate adult corrections rather than human services, or is highly localized and largely operated by the Court or County governments. ¹⁰⁶ Citizens for Juvenile Justice, N/D.b ¹⁰⁷ A youth at trial has all of the procedural protections and rights of an adult defendant including indigent court costs for investigations and expert witnesses, application of rules of evidence, right to call or cross-examine witnesses, and right to testify in their own defense if they choose to do so.

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Adjudication

If the Commonwealth does not prevail on the formal charges or lesser charges (“lesser included offenses”), the juvenile defendant is found “Not Delinquent” and the case is dismissed. If the Commonwealth prevails in the prosecution, defendant youth are formally found “Delinquent” or to be “Youthful Offenders” rather than found “Guilty.”



Disposition and Sentencing

In *Delinquency* cases, disposition options before the Juvenile Court include probation overseen by an assigned Probation Officer (PO)¹⁰⁸ and with conditions imposed,¹⁰⁹ Suspended Commitment to DYS, and commitment to DYS until age 18.¹¹⁰ In *Youthful Offender* cases, disposition options include Probation overseen by an assigned PO, Suspended Commitment to DYS or Commitment to DYS to Age 21, or Commitment to DYS until Age 21 followed by a suspended term of incarceration to the Department of Corrections (G.L. c. 119 §58).

Current initiatives include efforts to implement evidence-based risk assessment tools to aid determinations of level and conditions of probation, and development and implementation of disposition/sentencing guidelines. Attention is also being given to calibrating probation conditions to avoid the inadvertent consequences of “over-supervision” or unwarranted Violations of Probation and subsequent commitment to DYS for so-called “technical” violations of routine conditions (e.g., curfew, school attendance, and respect for parental or other adult authority). Stakeholders interviewed during this process repeatedly praised both Massachusetts’s DYS and Probation Services for the excellent and caring work they do to support justice involved youth and families.



¹⁰⁸ In Massachusetts, the juvenile Courts are supported by specially designated and trained Juvenile Probation Officers. ¹⁰⁹ The conditions may range from very minimal contact between a juvenile and PO (“administrative probation”) to very intensive supervision which may also include required participation in services (including behavioral health services), street contacts and home or school visits. Youth who violate the terms of Probation are subject to “Violation of Probation” hearings before the Juvenile Court that may result in revocation of Probation and commitment to DYS. ¹¹⁰ Baker, et. al., 2017

1%

were in confinement for a status offense

4%

were in confinement for a technical violation

79% ▼

of new probation cases falling from 2007 to 2016.

4,514 to 930

The population of minority youth in MA was 31% in 2015, but constituted 80% of DYS committed youth in 2017.

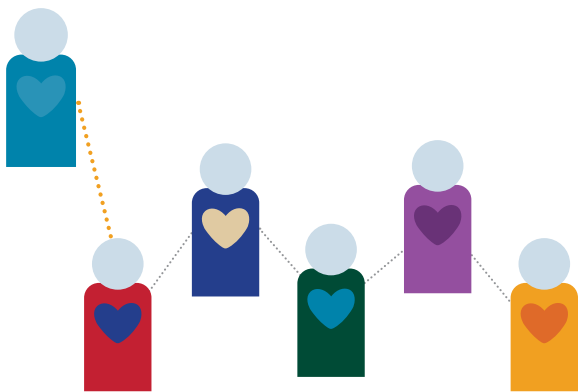
If committed to DYS, the youth enters a process of facilities-based assessment and classification. Following assessment and classification, a youth will enter a period of facilities-based secure treatment determined by the nature of the adjudicated offenses leading to commitment and the outcome of their needs assessment. While in secure treatment, youth are served within the therapeutic treatment framework Dialectical Behavior Therapy (DBT)¹¹¹ and receive educational supports to address their common special educational needs and delayed learning achievement. Current initiatives include the extension of the DBT framework to DYS community-based staff and the families/caretakers of youth. DYS has also secured funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) to offer training on trauma to its workers, and has begun incorporating trauma into training of new employees.¹¹²

Massachusetts is notably successful at diverting low-level offenses from juvenile confinement. Of the youth committed by DYS in 2015, 1% were in confinement for a *status offense* (compared to the national average of 5%), and 4% were in confinement for a *technical violation* (compared to the national average of 18%).¹¹³ Massachusetts has also been successful in reducing the number of children under community-based supervision, with the number of new probation cases falling by 79% from 2007 to 2016 (from 4,514 to 930 new cases).¹¹⁴ Of concern, minority youth are still overrepresented in the population committed to DYS. The population of minority youth in Massachusetts was 31% in 2015, but constituted 80% of DYS committed youth in 2017 (37% African American and 38% Hispanic).¹¹⁵

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Community Support and Re-Integration

Probation staff work to identify community supports for court-involved youth. Some youth are referred to the statewide-system of Juvenile Court Clinics for forensic evaluations that commonly include recommendations for continued behavioral health care and treatment as well as for addressing social determinants of health (e.g., educational, housing, health and behavioral health, safety needs)^{116, 117} and justice-system involvement.



¹¹¹ This framework is based upon Dialectical Behavior Therapy (DBT), an evidence-based intervention focusing upon lessening emotional reactivity and impulsivity, and improving option-detection, decision-making and non-violent conflict resolution. It is based on the recognition of the high prevalence of childhood maltreatment, disrupted attachments, exposures to violence, and other adversities commonly found among DYS youth. ¹¹² Stakeholder input, ¹¹³ Horowitz, Carlock, 2018, ¹¹⁴ Baker, et. al., 2017, ¹¹⁵ Baker, et. al., 2017, ¹¹⁶ Syme & Smedley, 2002, ¹¹⁷ The World Health Organization defines Social Determinants of Health as: “The conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.”

SPOTLIGHT ON MASSACHUSETTS

Led by DYS, Massachusetts joined the national Juvenile Detention Alternative Initiative (JDAI) in 2006 and has since implemented JDAI programs in Suffolk, Worcester, Hampden, Middlesex, Bristol and Essex Counties, with a Norfolk County location in development.¹¹⁸ These initiatives include the use of an evidence-based detention screening tool¹¹⁹ and development of alternatives to hardware secure detention. Prior to JDAI, approximately 5,000 juveniles were held on bail each year in locked detention facilities (75% held for alleged low-level offenses). By 2013, there were less than 2,000 children admitted to bail (54% decrease) and one third of these juveniles were successfully held in non-secure or community-based settings. Actual detention practices continue to vary across counties, communities, and court jurisdictions and continue to reflect disproportionate minority juvenile justice involvement and confinement.¹²⁰

¹¹⁸ Stakeholder input, ¹¹⁹ Detention Placement Tool (DPI), ¹²⁰ Additional resources at JDAI website at www.mass.gov/service-details/juvenile-detention-alternatives-initiative-jdai

Practices

Massachusetts has been recognized for the quality of its juvenile defense attorneys and the quality of legal advocacy.¹²¹ The Department of Youth Services (DYS) has been a national leader in radically departing from juvenile incarceration, moving instead to community-based services, implementing an evidence-based intervention – Dialectical Behavioral Therapy (DBT) – in its secure treatment facilities, utilizing a validated screening tool¹²² for detained youth, and spearheading the Juvenile Detention Alternatives Initiative (JDAI). Juvenile Probation continues to explore new ways to support justice-involved youth, such as adopting a validated assessment tool, and Massachusetts continues to be the only jurisdiction with a statewide system of Juvenile Court Clinics staffed by specially certified juvenile forensic mental health clinicians. Massachusetts has participated in social investment strategies such as the Roca project to prevent justice involved youth from further criminal justice involvement, and the legislature has devoted funding through the Safe Communities Initiative for community-based strategies to reduce youth violence. Several juvenile justice serving state systems have also begun offering juvenile justice workforce development opportunities such as trainings on implicit and explicit bias, trauma, racial and ethnic disparities, and positive youth development, among other relevant topics.¹²³

A notable challenge is the significant variability of responses to youth misconduct. Factors such as location, race and class, access to evidence-informed services and effective supports including positive youth development, healthcare, behavioral health, social services, and educational supports can significantly impact the manner and effectiveness of ways misconduct is addressed.¹²⁴

There is no lack of local efforts at innovations to support positive youth development and prevent juvenile justice involvement or to disrupt youth movement through the “pipeline” to the criminal justice system. This is exemplified by organizations such as UTEC in Lowell and Roca in Boston, Chelsea, and Springfield; both of whom have demonstrated notable success in supporting at-risk and juvenile justice involved youth. In FY2017 UTEC reported positive outcomes in reduced recidivism, improved employability, and educational attainment. 90% of young adults served had no new arrests during the year, 78% of young adults who left UTEC programming were employed two years later, and 32% obtained a high school credential.¹²⁵ Similarly, Roca reports 84% of young men served had no new arrests and 76% held jobs for more than three months. Their program focused on young mothers boasts an 80% retention rate, 19% received a high school credential, and 97% held a job for more than three months.¹²⁶ Most communities can point to efforts to identify youth at-risk of juvenile justice involvement and to respond to them before and after contact with a Juvenile Court.

¹²¹ Citizens for Juvenile Justice, 2015, ¹²² DYS has long used the Massachusetts Youth Screening Inventory (MAYSI) to screen for behavioral health needs, trauma, and suicide/violence risk among detained youth. ¹²³ Stakeholder input, ¹²⁴ Stakeholder input; Citizens for Juvenile Justice, (N/D.c), ¹²⁵ UTEC, 2017, ¹²⁶ Roca, 2017

SPOTLIGHT ON MASSACHUSETTS

UTEC and Roca both display innovative and person-centered approaches to supporting at-risk and justice-involved youth. UTEC’s social enterprises, multi-generational services, and educational and transition opportunities give youth paid work, essential life skills, and embody, as they call it, “mad love.”¹²⁷

Roca’s “relentless outreach” approach espouses similar ideals of patience and dedication. By focusing on cultivating meaningful, supportive, and consistent relationships, Roca helps young people live safely and make changes to better their lives. Roca’s 30 years of relentless outreach demonstrates young people’s capacity to make truly remarkable changes, even those youth at the highest risk.¹²⁸

¹²⁷ UTEC, N/D, ¹²⁸ Molly Baldwin, founder and CEO of Roca

Recognizing the significant effort and resource investment made by the Commonwealth in the last decade, additional reforms would build on the existing strong foundation and increase positive outcomes for justice-involved youth. In recent years, the Massachusetts judicial system has implemented some innovative and exemplary pre-arraignment diversion programs and has given greater attention to specialty sessions in Juvenile Courts, but these steps have been limited and are not yet fully integrated into statewide policy. Implementing evidence-based and community-based interventions for delinquent youth remains a challenge, as does consistent screening and assessment of court-involved youth. Massachusetts has generally been reluctant to embrace evidence-based interventions due to their upfront costs and required investment in training, quality assurance and infrastructure development, despite their potential for significant long-term cost savings. The cost savings of utilizing innovative diversion and evidence-based practices has been recognized as demonstrated by the *Report of the Subcommittee on Dual Status Youth* which found that the Commonwealth could save more than \$23 million annually by diverting low-risk offenders to alternative programs.¹²⁹ Further, compared with other states who have engaged in juvenile justice reform, Massachusetts has a very low penetration of in-home evidence-based programs across the state as an alternative to residential placement. These in-home evidence-based treatments are well established and can result in significant cost savings per family while offering improved outcomes and maintaining youth in their homes

and communities. Other states across the nation have invested heavily in home-based alternatives, such as Multisystemic Therapy, which despite an upfront investment prove to be cost effective, sustainable and helps significantly reduce problems such as substance abuse, behavior problems and recidivism when compared with traditional treatment.¹³⁰

In 2015, the Massachusetts Juvenile Diversion Assessment Study was released, providing an overview of the current diversion practices of the 11 District Attorneys’ Offices in the Commonwealth. Ten of the 11 offices used diversion in some capacity, with eight using the DA’s office budget and three offices receiving state and/or federal funding. Seven of the offices had staff dedicated to diversion, such as diversion case managers or program specialists, and seven offices indicated that they have formal written policies or procedures governing their diversion program. Since the release of the report, Suffolk County has also launched a juvenile diversion program.

¹²⁹ Dykema, et. al., 2017, ¹³⁰ Connecticut Center for Effective Practice, N.D; Underwood & Washington, 2016

National Best Practices and Model Programs

In the last two decades, there have been significant reforms in juvenile justice made nationally, which have been predicated on the belief that the best way to reduce delinquency and increase public safety is to meet the developmental and behavioral health needs of youth. Instruments used to identify the criminogenic and behavioral health needs of youth have been developed, validated, and widely adopted.¹³¹ Further, models and strategies, leveraging the information gathered through the use of these tools, were developed that guide diversion decision-making and case planning efforts – positively impacting at-risk and justice-involved youth across the country.¹³²

One major national trend, bolstered by the system of care movement, is ensuring that statewide systems effectively collaborate to ensure that youth and families receive effective, family centered and appropriate community-based services and supports, especially when behavioral health needs are identified. The following section highlights best practices for improving systems responses, reducing recidivism and improving outcomes for justice involved youth with behavioral health needs. Many of these strategies are already underway in Massachusetts, while certain best practices can be further developed and expanded.

Cross-Systems Collaboration

In order to appropriately and effectively respond to justice-involved youth with behavioral health conditions, national best practice holds that all youth serving systems must efficiently communicate, collaborate, and coordinate.¹³³

The foundation of collaboration is developing a shared vision across child serving systems. Many communities across the country convene an interagency task force or coalition, or restructure an existing group to ensure cross-systems communication. For example, communities with an active Systems of Care coalition can conduct a self-assessment of their current membership and goals to ensure the needs of all youth, including juvenile justice-involved youth, are being met.¹³⁵ In order for this collaboration to be successful, all partners must have a shared role and responsibility in creating the strategic plan that outlines goals and objectives. Policy-makers and administrators from all child serving systems,



funding entities, community organizations, and youth and families directly affected by these programs should be included and actively participate to ensure a family centered approach is implemented.

Collaboration between systems should be formalized through Memoranda of Understanding (MOUs) or other agreements, and these MOUs should be further implemented and operationalized at the community level.¹³⁶ Roles and responsibilities should be clearly spelled out and mechanisms for sharing information and data, both at the individual and aggregate levels, should be established.¹³⁷ At the individual level, this collaboration should support case planning, service coordination, and collaborative funding to ensure children, youth and families receive evidence-based services and supports that are known to be effective. At the aggregate level, this collaboration should support data sharing to support program evaluation and program planning efforts.¹³⁸

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Massachusetts’ Leadership Forum, the first of its kind in the nation, addresses issues impacting child welfare, justice-involved and at-risk youth and families through collaboration among key stakeholders. Entities represented include child welfare and juvenile justice systems, the Department of Elementary and Secondary Education, the Massachusetts Trial Court, the Juvenile Court Department, the Massachusetts Probation Service, District Attorneys, Police, and others. Together, the Forum aims to increase literacy and permanency and decrease the number of dually-involved youth and how they move through the system. The Forum recently received a million dollar grant to continue its work.

This collective impact group has adopted a Results Based Leadership model to work collaboratively as a community to reduce racial and ethnic disparities in the juvenile justice system, specifically education on implicit bias, strengthening child welfare supports for youth to reduce delinquent behaviors and improve child welfare outcomes; and strengthen community based responses to youth and families.

Additionally, “Pathways,” the Juvenile Court’s Differentiated Case Flow Management Initiative, will be launched this year for case flow management. This is the Juvenile Court’s opportunity to bring a process that has been successful in other jurisdictions across the county to each of the juvenile courts in Massachusetts, and with it, improve outcomes for youth and families.¹³⁴

¹³¹ Policy Research Associates, 2015, ¹³² National Research Council, 2013, ¹³³ Skowyra & Coccozza, 2007, ¹³⁵ Childwelfare.gov, N/D; Stroul, Dodge, Goldman, Rider, Friedman, 2015, ¹³⁶ Models for Change Information Sharing Tool Kit, N/D, ¹³⁷ Juvenile Law Center & RFK National Resource Center for Juvenile Justice, 2015, ¹³⁸ The Info Sharing Toolkit maintains current resources. Please see the many examples available at www.infosharetoolkit.org

¹³⁴ Contributed to the authors by Chief Justice Amy L. Nechtem



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Juvenile justice in Massachusetts must be understood in relation to other child-serving systems. Youth previously involved with child protection, special education, and other systems are overrepresented among youth who become justice involved. This overrepresentation increasingly intensifies as youth move into the deepest end of the juvenile justice system. The trajectory commonly includes prior involvement with the Department of Children and Families as child protection cases,¹³⁹ special education services by elementary and middle school, contact with the Juvenile Court as “status offenders,” and subsequent contact with the Juvenile Court as Delinquent or Youthful Offender cases culminating in commitment to the Department of Youth Services.

This trajectory reflects the Massachusetts version of the “Cradle to Prison Pipeline”¹⁴⁰ in which disadvantaged youth, especially youth of color living in or close to poverty,¹⁴¹ are exposed over the course of their lives to factors that drive their disproportionate engagement with child protection, special education, school discipline, status offender cases, and ultimately the justice systems (juvenile and criminal). Significant efforts have been made to create links to some child and adolescent services for youth at-risk of being pulled into the “Pipeline.” However, many services and supports remain in organizational and funding stream silos that preclude successfully crafting a full spectrum of care from infancy through early adulthood.

Share Data, Share Responsibility. For youth with higher levels of need, the terms of their involvement with the juvenile justice system must be driven by the charge(s) that brought them to the juvenile justice system, not how much progress they have or have not made clinically. This will allow youth to be accountable for their misconduct but not beholden to open-ended expectations of compliance or response to interventions. That being said, services provided through involvement with the juvenile justice system should not be entirely driven by their status as juvenile offenders. Many juvenile justice-involved youth have needs that will outlast their probations or commitments. Terminating supports and services upon completion of involvement with juvenile justice – whether or not the youth and family would otherwise choose to continue – may undermine the facilitation of skills and support of protective and resilience factors. This, in turn, can inadvertently increase the likelihood of subsequent involvement in juvenile or criminal justice. The continuum of response to youth involved in juvenile justice must allow for ongoing care despite completion of probation or DYS commitment or community supervision.¹⁴² For some youth, clinical needs will extend well beyond the length of contact with the juvenile justice system. These longer term considerations must be taken into account when making referrals to services and supports, and require a sense of shared responsibility between systems.

Developing shared responsibility for the long-term well-being of youth, who have come into contact with the juvenile justice system, should be formalized through data sharing agreements to support evaluation and quality improvement of programs and services, and shared financing of services and supports that benefit these youth.¹⁴³ Sharing limited resources reduces the duplication across systems that is commonly seen in communities that do not participate in service coordination activities, and can ease access by youth and families to a continuum of well-matched and effective services during and after their contact with the juvenile justice system.¹⁴⁴

Communities and states can benefit from cross-systems program evaluation and quality assurance processes. More frequent data-sharing, for example on a monthly or quarterly basis, can allow for quick practice improvements and research-based policymaking.¹⁴⁵ It will also allow communities to identify inefficiencies, opportunities, and gaps in the current service array.

Systematic Identification of Need. The first step to improving responses to youth with mental, substance use, and traumatic stress conditions is to systematically screen for these needs as youth become involved with the system. Processes must be established across the juvenile justice continuum using screening instruments that are validated for use with justice-involved populations in connection with research-based administration procedures.¹⁴⁶ It is critical that screening opportunities exist from the earliest points of contact, such as pre-adjudication, intake, and at key transition points, such as at the time placement decisions are being made.

Identification should ideally be universal, meaning all youth are screened. Research demonstrates there is a range of needs among this population and it is critical to identify mental, substance use, and traumatic stress needs.¹⁴⁷ The results of the identification process should inform which youth require (1) immediate, crisis services, (2) a more thorough mental health evaluation by a clinician, and (3) no behavioral health response. Treatment decisions should never be made based solely on the results of a screen, and the information collected through the screening process must be protected to the fullest extent possible. Regardless of when the screening occurs in the process, the information collected should be used to guide decisions related to treatment, not in a way that jeopardizes the legal rights of the youth.

Many communities have created assessment programs or community-based drop-in centers available to families, schools, law enforcement, and other juvenile justice agencies.¹⁴⁸ These centers are intended to create a single location where youth can receive crisis services, be screened and assessed for needs, and referred to services and supports matched to those needs, thereby creating an alternative to arrest for law enforcement and an opportunity to intervene before behaviors escalate.

Alternative Pathways at Critical Intervention Points (Diversion). As noted earlier, the majority of youth in contact with the juvenile justice system are experiencing mental, substance use, and traumatic stress conditions. Frequently, the behavioral manifestations of the youth’s under-recognized or inadequately addressed behavioral health conditions have contributed to their legal trouble.¹⁴⁹ The complexity of their needs typically require a coordinated clinical response that includes behavioral health care. Research demonstrates that community-based

¹³⁹ These cases come before the Juvenile Court as Care and Protection cases when DCF is seeking legal custody of children on grounds of abuse or neglect and/or when parental rights may be terminated as a result of parental abuse or neglect of a child. In other states these are commonly termed “dependency” cases.
¹⁴⁰ Cass, Curry, & Liss, 2007; Wilson & Wilka, 2011; This Pipeline has been the subject of significant research and discussion, including policy discussion about how to dismantle this trajectory from early childhood disadvantage towards juvenile justice and adult criminal justice systems. ¹⁴¹ Citizens for Juvenile Justice, N/D.c

¹⁴² Underwood & Washington 2016, ¹⁴³ National Conference of State Legislatures, N/D; Acoca, Stephens, Van Vleet, 2014; Barr, 2016, ¹⁴⁴ Mankey, Baca, Rondenell, Webb, & McHugh, 2006, ¹⁴⁵ National Center for Juvenile Justice, N/D; National League of Cities, 2014; Calhoun, 2019, ¹⁴⁶ National Center for Mental Health and Juvenile Justice, 2016a; Grisso, 2005, ¹⁴⁷ Shufelt & Cocozza, 2006; Faxel, Doll, Langstrom, & Langstrom, 2008; Wasserman, McReynolds, Schwalbe, Keating, & Jones, 2010; Teplin, Abram, Washburn, Welty, Hershfield, & Dulcan, 2013, ¹⁴⁸ Rivers & Anwyl, 2000; Rivers, Dembo, Anwyl, 1998; Vera Institute of Justice, 2016, ¹⁴⁹ Greene & Allen, 2017; The Council of State Governments, N/D.a; The Council of State Governments, N/D.b

programming is most effective. Evidence is growing that diversion programs positioned across multiple points of contact with law enforcement and the juvenile justice system produce positive outcomes. Participants who successfully complete a diversion program have lower recidivism rates, decreased odds of offending, and fewer offenses committed as a young adult.¹⁵⁰ Diversion options must be available at all critical intervention points, and use standardized inclusion and exclusion criteria, to reduce intentional and implicit bias in the decision making process.¹⁵¹

One example of a diversion model that is gaining traction, and has evidence to supports its effectiveness in achieving desirable juvenile justice, education and behavioral health outcomes, is the School Responder Model (SRM).¹⁵² The core components of the SRM are:

- Formal collaboration among schools, law enforcement, courts and behavioral health systems built around a common vision for reducing the number of youth referred to the justice system for behaviors that could be addressed through appropriate, community-based services and supports.
- Cross-systems training for all school staff on the signs and symptoms of mental, substance use, and trauma disorders is key, as is providing cross-systems training on the diversion model so that all collaborators – schools, law enforcement, and behavioral health providers – know each other’s roles and responsibilities.
- Ensuring there is a “responder” as an alternative to law enforcement who is able to provide timely assistance.¹⁵³
- Formal agreements with community based behavioral health service providers to facilitate access to crisis services and referrals for other services.¹⁵⁴
- Revised school policies to replace zero tolerance protocols that allow for a mental health response rather than a punitive response to children acting out in schools.

A notable national example of successful diversion is Connecticut’s School-based Diversion Initiative (SBDI), a SAMHSA model program developed by the Child Health and Development Institute of Connecticut (CHDI) to address the issues of school-based arrests and lack of access to community-based services. SBDI aims to: (1) reduce the frequency of in-school arrests, expulsions, and suspensions,

(2) link youth at-risk of arrest to school- and community-based services, and (3) build school staff knowledge and skills to recognize and address in-school behavioral health crises. This program has positive results, including fewer in-school arrests, fewer court referrals, fewer in- and out-of-school suspensions, and increased service utilization.¹⁵⁵

A Knowledgeable and Skilled Workforce. Practitioners who work with juvenile justice-involved youth and families need to understand typical adolescent development, the effects of childhood trauma and adverse childhood experiences, signs and symptoms of mental, substance use and traumatic stress conditions, and develop skills for effectively engaging and working with these youth and their families.¹⁵⁶ Ongoing continuing education must be provided across systems to support a shared understanding of this population. Cross-systems educational opportunities can reduce systems level barriers, and increase the safety for both youth and juvenile justice staff.¹⁵⁷ For example, numerous communities and states, including Massachusetts, have adopted Crisis Intervention Teams for Youth (CIT-Y).¹⁵⁸ Law enforcement officers are in a unique position to help individuals in crisis as first responders to calls involving disruptive behavior. Properly trained officers can recognize signs and symptoms of mental, substance use, and traumatic stress conditions and connect youth with appropriate, community-based services. In addition to law enforcement, providing training to all professionals who work with youth involved in the juvenile justice system is critical—including probation staff, youth services, and contracted community based and residential providers. Many communities and states have provided training on adolescent development, the impact of trauma, evidence-based interventions, and positive youth development to court staff, probation staff, the provider community, juvenile detention and correctional staff. Still others have provided specific curricula aimed at educating judges about these conditions and evidence-based interventions that address these needs.¹⁵⁹

To sustain a knowledgeable and skilled workforce, policies and practices should also be developed that encourage self-care and support wellness activities.¹⁶¹ Some agencies have implemented mindfulness programs for staff, support for vicarious and secondary trauma, Employee Assistance Programs (EAPs), and assessments of physical and emotional safety and wellbeing.

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In 2007 Massachusetts’s Department of Mental Health began to provide grant funding for local Police-Based Jail Diversion Programs (JDPs), which focus on the initial point of entry for many juveniles – a behavioral health crisis. JDPs develop a community-specific response diverting youth to appropriate treatment rather than arrest and entry into the juvenile justice system. As of 2017, this Grant Program supports four different models including: Co-Response, Crisis Intervention Teams (CIT), Innovative program models, Crisis Intervention Team Training and Technical Assistance Centers. Within each of these models, law enforcement professionals are trained by behavioral health clinicians and family members on topics related to identifying a mental illness, mental health resources and crisis de-escalation. According to a 2017 report, “The \$2M budget investment in FY18 for DMH’s Massachusetts Jail/Arrest Diversion Grant Program supports the Legislature’s and this Administration’s goal of expanding state support to public safety personnel to consistently provide safe, effective crisis response services to its citizens with behavioral health challenges.”¹⁶⁰

¹⁶⁰ Massachuestts Department of Mental Health, 2017

Use of Evidence-based Practices

Over the past two decades we have accumulated a great deal of knowledge about what services and interventions are most effective for working with youth in the juvenile justice system. Evidence-based practices (EBPs) are defined as interventions which have consistently demonstrated intended results and positive outcomes.¹⁶² These established approaches target the types of challenges justice-involved youth most often experience such as traumatic stress, substance use, behavior and conduct problems, and family functioning.¹⁶³ Further, many of these models emphasize the importance of maintaining youth in their homes and communities. Historical models that relied on punitive measures and/or congregate care treatment are often not effective and, in some studies, can actually increase recidivism and problem behaviors.¹⁶⁴ Evidence-based practices, when compared to traditional juvenile justice interventions, demonstrate that they are superior to regular care, result in reduced symptoms and are more effective in creating and sustaining meaningful changes in youth’s lives.¹⁶⁵ Organizations such as Blueprints have catalogued and rated the evidence of these programs and many states in their juvenile justice reform efforts have widely adopted them with great success.

An initial investment in training and ongoing investment in quality assurance and outcome monitoring makes some states initially reluctant to invest in these well-established treatments, but long-term cost savings and improved sustained outcomes can be significant. A regular course of an evidence-based in home treatment can cost as much as ten times less than a course of residential treatment for the same or similar problems— saving over \$100,000 per youth.¹⁶⁶ Plus, in-home EBPs have been demonstrated to be more effective in producing positive outcomes and youth can remain in their homes and communities. A list of highly effective EBPs that have been used successfully across the country are listed in the chart on page 37.

One of the most widely adopted in home evidence-based treatments, Multisystemic Therapy, has been used as an effective alternative to costly residential treatment around the world. In order to implement evidence-informed policy making, EBPs should be a significant part of any state's juvenile justice service array. Utilizing evidence-based services that target the identified needs of youth has been proven to be the most effective strategy for achieving positive outcomes and reducing recidivism.¹⁶⁷

¹⁵⁰ Kretschmar, Tossone, Butcher, March, 2018, ¹⁵¹ Models for Change Juvenile Diversion Workgroup, 2011, ¹⁵² Connecticut School-Based Diversion Initiative, N/D, ¹⁵³ A “responder,” is someone typically with a behavioral health and/or clinical background that can respond instead of law enforcement, ¹⁵⁴ National Center for Mental Health and Juvenile Justice, 2017; Greene & Allen, 2017, ¹⁵⁵ Bracey, Arzubi, Vanderploeg, Franks, 2013, ¹⁵⁶ Kinscherff, 2012; Substance Abuse and Mental Health Services Administration, 2007; Vanderploeg, 2016, ¹⁵⁷ Douglas & Lurigio, 2014; Illinois Criminal Justice Information Authority, 2016, ¹⁵⁸ McClure, et. al., 2017, ¹⁵⁹ Meservey & Skowyra, 2015, ¹⁶¹ Rhineberger-Dunn & Mack, 2018; Branson, Baetz, Horwitz, & Hoagwood, 2017

¹⁶² Morris, Day, Schoenwald, 2010, ¹⁶³ Washington State Institute for Public Policy, 2017; Morris, Day, Schoenwald, 2010; Models for Change , 2012; Nelson & Vincent, 2018, ¹⁶⁴ Underwood & Washington, 2016, ¹⁶⁵ Underwood & Washington, 2016, ¹⁶⁶ Based on available information it is estimated that an average course of MST costs between \$6,000 and \$8,000 compared to one year in residential treatment with an estimated cost of \$100,000. Information on EBP Cost-Benefit is available from the Washington State Institute for Public Policy at www.wsipp.wa.gov/BenefitCost., ¹⁶⁷ Underwood & Washington, 2016



Right Service, Right Youth, Right Time.

A common misstep is ordering justice-involved youth into services that are not warranted or appropriate, as evidenced by the screening and assessment results.¹⁶⁸ Taking a “one size fits all” approach to treating youth is not effective and can even be counterproductive. Effectively matching youth with services facilitates an efficient use of limited resources and promotes the best possible outcomes for youth.¹⁶⁹ It is therefore important for communities to develop and sustain a full continuum of evidence-based care – from prevention and early intervention to intensive services and supports. In addition, given the prevalence of multiple conditions present among youth in contact with the juvenile justice system, communities must be able to provide integrated co-occurring treatment services.¹⁷⁰ Integrated co-occurring treatment includes those services in which one provider can address the mental, substance use, and traumatic stress needs of youth.

In addition, based on available research, in order to best meet the needs of youth involved in the juvenile justice system services should also be trauma-informed. Trauma-specific services must be available to those youth with an increased traumatic stress need.¹⁷¹ Services should be coordinated so as to not place undue burden on children, youth and families who may have contact with multiple systems and need an array of services and supports. In addition, children, youth and families must be empowered to fully participate in the process from identifying a provider to treatment and discharge planning. Lastly, research indicates that those services that are home or community-based, and youth and family driven will achieve superior outcomes to those that follow more prescriptive, office-based models.¹⁷²

It is important for communities to develop and sustain a full continuum of evidence-based care – from prevention and early intervention to intensive services and supports.

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DYS is a national leader in part due to their use of the evidence-based practice Dialectical Behavioral Therapy (DBT). DBT is appropriate for some. However, there are a range of additional evidence-based practices that may be as or more appropriate and effective depending on the youth’s needs. Massachusetts youth would benefit from the implementation of additional evidence-based interventions, particularly those that help them remain in their homes and communities.

Evidence Based Practices (EBP)

There are a number of EBPs for treating justice-involved youth. Several notable ones include:

Integrated Co-occurring Treatment (ICT) Model

The ICT Model is an intensive, in-home treatment approach that incorporates a comprehensive set of mental health and substance use interventions into a single multifaceted assessment and treatment plan for each youth and family.¹⁷³ ICT addresses how each disorder affects the other, especially within the context of the youth’s family, culture, peers, school, and greater community.

Multisystemic Therapy (MST) for Juvenile Offenders

MST for Juvenile Offenders is an evidence-based program that addresses the behavioral health issues of justice-involved youth.¹⁷⁴ It is an intensive, community-based intervention that focuses on the dynamics of the youth’s various social networks that lead to juvenile justice contact. The goal of MST is to help families develop a healthier environment through existing child, family, and community resources.

Family Integrated Transitions (FIT)

FIT is a comprehensive, family-based intervention that consists primarily of three evidence-based programs: MST, dialectical behavior therapy (DBT), and motivational enhancement.¹⁷⁵ It also includes a parent skills training module. FIT seeks to address the multidimensional needs of youth – particularly justice-involved youth – with co-occurring mental and substance use disorders. FIT is especially associated with reducing felony recidivism rates among justice-involved youth transitioning out of the system.

Functional Family Therapy (FFT)

FFT is a short-term (often 3-month) prevention/intervention program for at-risk youth between ages 11 and 18 and their families. It is designed to help families improve communication skills and supportiveness while decreasing negative and dysfunctional behavior patterns that may lead to juvenile justice involvement. FFT is targeted to the specific risk and protective factors present in each family.¹⁷⁶

Multidimensional Family Therapy (MDFT)

MDFT is a family-based prevention/intervention program addressing youth substance abuse. Topics addressed include the youth’s perception of drugs’ harmfulness, emotional regulation, parenting skills, and youth/family interaction patterns. MDFT comprehensively and systematically targets the interacting risk factors that may ultimately lead to substance use and possibly juvenile justice involvement.¹⁷⁷

Brief Strategic Family Therapy (BSFT)

BSFT is a family-based short term intervention (with 12-15 sessions typically happening over 3 months) addressing youth substance use, conduct problems, and delinquency. The focus is on improving maladaptive family relationships as well as relationships between the family and other youth-impacting systems such as school or peer groups.¹⁷⁸

To learn more about these and other EBPs used to treat justice involved youth please visit Blueprints for Healthy Youth Development at www.blueprintsprograms.org

¹⁶⁸ Seigle, Walsh, Weber, 2014, ¹⁶⁹ Vitopoulos, Peterson-Badali, & Skilling, 2012, ¹⁷⁰ Cleminshaw, Shepler & Newman, 2005; Hawkins, 2009; Underwood & Washington, 2016, ¹⁷¹ National Center for Mental Health and Juvenile Justice, 2016b; Branson, Baetz, Horwitz, & Hoagwood, 2017, ¹⁷² Henggeler, 2016

¹⁷³ Cleminshaw, Shepler & Newman, 2005, ¹⁷⁴ Underwood & Washington, 2016, ¹⁷⁵ Trupin et al., 2011, ¹⁷⁶ More information at <https://www.blueprintsprograms.org/factsheet/functional-family-therapy-fft> & <https://www.ncjrs.gov/pdffiles1/ojdp/184743.pdf>, ¹⁷⁷ More information at <https://www.childtrends.org/programs/multidimensional-family-therapy-mdft> & <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2916747/> ¹⁷⁸ More information at <https://www.ncjrs.gov/pdffiles1/ojdp/179285.pdf>; Vanderploeg & Meyers, 2009



Restorative Justice. Restorative Justice is a holistic response to crime that looks beyond a law-breaking transgression and emphasizes the impact on individuals, relationships, and communities. The primary focus is on confronting and repairing the harm caused by the offense and cooperatively bringing together the perpetrator, victim, and community/government. In this way, Restorative Justice fosters a sense of personal moral accountability that does not turn on punishment while providing both offenders and victims the opportunity to find their “voice” and to attempt to heal harms they have inflicted or endured. There are four key values to Restorative Justice:¹⁷⁹

- 1. **Encounter:** The victim, offender, and community all have an opportunity to meet and discuss the transgression and its impact.
- 2. **Amend:** The offender acknowledges and makes reparations for harm caused.
- 3. **Reintegration:** Victims and offenders both seek to heal from and move beyond the transgression, once again functioning as contributing members of society.
- 4. **Inclusion:** All stakeholders (individual, community, and governmental) have the chance to participate in a transgression’s resolution.

Literature to date suggests that Restorative Justice has promising outcomes in reducing future delinquency, yielding feelings of fairness and satisfaction among justice involved youth; as well as victim satisfaction with the program.¹⁸⁰ Restorative Justice is present in Massachusetts juvenile justice settings through organizations and coalitions such as Communities for Restorative Justice,¹⁸¹ Our Restorative Justice,¹⁸² and the Restorative Justice Coalition of Massachusetts.¹⁸³

Characteristics of Effective Programs and Services for Youth¹⁸⁴

Research has identified multiple characteristics of programs and services that have been effective in working with youth. These characteristics include:

- 1 Comprehensive and time-intensive
- 2 Emphasize prevention and/or earliest possible intervention
- 3 Importance placed upon the timing of intervention
- 4 Highly structured
- 5 Recognition that effectiveness is related to fidelity to a model
- 6 Emphasize adult involvement
- 7 Active and skills-oriented programming
- 8 Target multiple ecological systems
- 9 Sensitive to the individual’s culture and community
- 10 Informed by strong theory and evidence-based practices

¹⁸⁴ Lipsey, 2009.

Current arrays of services and supports should be examined to explore whether they share these characteristics and efforts should be made to include programs that meet these criteria and promote positive youth development through the identified strategies. Most established evidence-based programs for youth involved in the juvenile justice system meet these criteria and focus on keeping youth in their homes and communities by using proven strategies to address both parenting and behavior challenges. In addition, evidence-based approaches tend to be more cost effective, efficient, sustainable and are significantly more successful at reducing recidivism.¹⁸⁵

Conclusion & Implications

This brief has established the importance of understanding and addressing the behavioral, emotional, and developmental needs of juvenile justice-involved youth, identified national best-and evidence-based practices, and reviewed a variety of efforts that are ongoing in Massachusetts to support justice-involved youth. While Massachusetts demonstrates national leadership in several areas, there is still work to be done. In order to fully meet the complex needs of at-risk and juvenile justice-involved youth we must ensure that our continuum of services and supports are utilizing the most effective strategies to improve outcomes and reduce future involvement in the justice system.

At the policy level, Massachusetts would benefit from further applying the knowledge and science of child and adolescent development into policy decision-making, and improving access to effective evidence-based practices that maintain children and adolescents in their homes and communities. We must adopt policies that improve screening and early identification of at-risk youth and divert youth to community-based alternatives at multiple points within the juvenile justice system. Further, the recommendations from this brief could be operationalized as a framework for future legislation, legislative reform, and the development and implementation of an improved continuum of care for at-risk and justice-involved youth.

At the systems level, Massachusetts has made significant advancements across at-risk and justice involved youth-serving systems. However, many services and supports remain in organizational and funding stream silos that preclude successfully crafting a full spectrum of care from

young childhood through early adulthood. Massachusetts would benefit from developing a state-wide, comprehensive and evidence-based system of care that links and coordinates early childhood, behavioral health, child welfare, juvenile justice and education systems. This will require rethinking current policies, practices, missions and mandates, as well as eligibility requirements for accessing services. In order to improve and enhance our system of care, it will be necessary to invest in cross-system comprehensive workforce development and training approaches that are informed by research and best practices.

Attention must be focused on addressing disproportionate minority contact within the juvenile justice system and systemic racial inequities. Breaking down silos between child serving systems, increasing the focus on early identification and intervention and diverting justice-involved youth can help reach these goals. Further, reforms should emphasize community-based, strengths-based, and youth/family-centered approaches, replacing more traditional deficit-based thinking. This includes implementing and expanding workforce development strategies to train youth and justice serving persons to respond based on stage of development, exposure to adversity, and level of need¹⁸⁶ as well as trauma-informed care and approaches, and a clear commitment to data collection and sharing within and across systems.¹⁸⁷ This particularly pertains to supporting the Departments of Children and Families (DCF) and Youth Services (DYS) dually-involved youth.

Practice level implications include the need to implement and utilize established best- and evidence-based approaches that help maintain youth in their homes and communities and reduce the reliance on costly residential treatment. Beyond the use of Dialectical Behavior Therapy, a broader spectrum of evidence-based services and supports should be implemented that are trauma-informed and can meet the complex needs of justice-involved youth. Services should target family, behavior problems and substance abuse – especially in light of the ongoing opioid crisis. This necessarily includes identifying youth with trauma histories and adverse childhood experiences and understanding the impact of trauma and adversity on youth’s functioning. Massachusetts should further develop, implement, and expand youth- and family-driven approaches ensuring that youth and families are actively engaged in practice development, implementation, and oversight.

¹⁷⁹ Center for Justice and Reconciliation,2019; Restorative Practices International, 2018, ¹⁸⁰ Wilson, Olaghere, & Kimbrell, 2017, ¹⁸¹ Communities for Restorative Justice, N/D, ¹⁸² Our Restorative Justice, 2015, ¹⁸³ Restorative Justice Coalition of Massachusetts, N/D

¹⁸⁵ Washington State Policy Institute, 2018; Washington State Policy Institute, 2018, ¹⁸⁶ e.g., police, probation officers and judges, defense and prosecuting attorneys, DCF social workers and substitute care providers, persons providing services to delinquent youth in DYS, programs contracted by DYS, other programs, ¹⁸⁷ The recent creation of the Juvenile Justice Policy and Data Board positions Massachusetts to significantly improve data-collection, use of data to inform policy and practice, and sharing of data in collaborations with other child-serving systems. To date, Massachusetts has lacked procedures for developing common operational definitions, output and outcome measures, or for sharing or integrating data and data systems. The long-term impact of this newly formed group remains to be seen.

Recommendations

Massachusetts has made significant advancements across youth-serving systems to address the behavioral, emotional, and developmental needs of justice-involved youth. One persistent challenge faced by the Commonwealth is how to link the discrete systems supporting this vulnerable population. Massachusetts has an extraordinary opportunity to again demonstrate national leadership in juvenile justice reforms by creating a continuum of care prioritizing evidence-based policies and practices that support youth in their homes and communities. Developing, implementing, and sustaining a unified System of Care (SOC) can offer a spectrum of effective, community-based services and supports for at-risk and justice-involved youth and families. There are six core values basic to System of Care approaches. They are being: 1) youth-centered, 2) family-focused, 3) community-based, 4) multi-system, 5) culturally responsive, and 6) least restrictive and intrusive.¹⁸⁸

The following recommendations are made with full recognition that considerable work has already been done in many of these areas, and that further work remains in others.

Our recommendations are intended to support the existing work in the Commonwealth, promote best practice, and facilitate SOC development to help at-risk and justice-involved youth function better at home, in school, in the community, and support their long-term positive development. By working together, across systems, jurisdictions, and agencies, the Commonwealth can create a comprehensive and coordinated approach to supporting at-risk and juvenile justice-involved youth; elevating Massachusetts’ status as a national leader in addressing this critical topic.

1 Develop, implement, and expand family-driven juvenile justice policies, systems, and practices.

- a. Meaningfully engage, involve, and empower families to fully participate in policy and program development, and program implementation and oversight.
- b. Give families meaningful opportunities to participate in decisions that involve the well-being of their child throughout his/her involvement with the juvenile justice system.
- c. Inform families of processes and give them opportunities to ask questions.

2 Develop, implement, and expand youth-driven juvenile justice policies, systems, and practices.

- a. Meaningfully engage, involve, and empower youth to fully participate in policy and program development, and program implementation and oversight.
- b. Meaningfully engage youth in developing his/her own diversion or case plan. Ensure that it will meet needs and build strengths and resiliencies, develop competencies, and assure access to positive youth development assets.
- c. Inform youth of processes and give them opportunities to ask questions.

3 Develop, implement, and expand evidence-based, trauma-informed, and culturally responsive policies, systems, and practices at all points along the juvenile justice continuum.

- a. Prioritize serving youth in the least restrictive setting (including home-based services) that are consistent with public safety and available resources.
- b. At all points of contact with the juvenile justice system, ensure that youth are being properly screened for behavioral health problems, especially previous exposure to trauma and related problems, with a validated, evidence-based screening process that is developmentally, culturally, and linguistically appropriate.
- c. Assess current service array and determine effectiveness and level of evidence to support current available interventions.
- d. Determine how existing resources can be reallocated to improve outcomes and better meet the needs of youth.
- e. Reduce reliance on costly, and at times ineffective, residential treatment.
- f. Increase access to *evidence-based* and *home-based* services that have been proven to be effective for juvenile justice-involved youth and target family, behavior problems and substance abuse.
- g. Implement a continuum of *trauma-informed* services and supports in the home, school and community that meet the needs of youth.
- h. Ensure that services and supports are *culturally and linguistically responsive*.
- i. Protect health information gathered as a result of the risk assessment process and ensure that information is only used to guide service and support referrals.

4 Develop, implement, and expand diversionary practices at every intercept.

- a. Prioritize diverting youth with mental health, substance use and traumatic stress conditions from the traditional system to effective community-based services and supports.
- b. Ensure positive screens result in a comprehensive assessment and, as appropriate, subsequent diversion to appropriate community-based services.
- c. Develop, implement, and expand a continuum of alternative pathways ranging from pre-contact with law enforcement (e.g., school-based diversion), to police, prosecutor, and probation and court-based programming, to post-disposition.
- d. Develop, implement, and expand programs and supports at all points of contact that maintain youth in their homes, in their schools, and in their communities.
- e. Further develop, implement, and expand strategies to divert low-level offenses from the Juvenile Court.

5 Develop, implement, and enhance comprehensive training and professional development opportunities for the juvenile justice workforce to increase knowledge, utilize best practices and build effective skills.

Specific topics to be covered include:

- a. Adolescent development including understanding the impact of risk, resiliency and protective factors;
- b. The impact of behavioral health challenges on youth involved in the juvenile justice system (including special populations and at-risk youth);
- c. The intersection of juvenile justice involvement and educational challenges for youth including the impact on school success as well as possible special education needs;
- d. Understanding the impact of trauma and adversity on youth to include identification, prevention, treatment and implementing comprehensive trauma-informed systems and supports;
- e. Youth and family engagement and motivation strategies;
- f. Cultural humility and responsiveness;

- g. Evidence-based interventions (both those that can be directly provided by the Department of Youth Services and those that can be provided by community-based providers);
- h. Positive Youth Development; and
- i. Training to minimize vicarious traumatization among staff and administrators in youth-serving organizations and systems.

6 Develop financial strategies and incentives to implement, support and sustain these recommendations. Create long-term, sustainable cross-systems models for effectively working with justice-involved youth.

- a. Examine and reallocate current financial resources to prioritize evidence-based services and supports that maintain youth in their homes and communities.
- b. Invest in early identification, diversion, and programs that decrease disproportionate minority contact.
- c. Identify opportunities for cross-system collaboration and blended funding.
- d. Seek public and philanthropic partnerships to support innovation and systems change.
- e. Ensure that policy and funding decisions are informed by evidence and current knowledge of best practices.

7 Raise public and professional awareness about the importance of understanding and addressing the behavioral, emotional and developmental needs of justice-involved youth.

- a. Actively engage youth and families involved in the justice system.
- b. Utilize strengths-based strategies to raise awareness about youth involved in the juvenile justice system.
- c. Raise awareness about the impact of adversity and trauma on youth that can sometimes lead to juvenile justice involvement.
- d. Develop and implement a statewide public awareness campaign that focuses on destigmatizing youth involved in the juvenile justice system.
- e. Utilize a range of public awareness strategies including traditional and social media formats.

¹⁸⁸ Child and Adolescent Service System Program (CASSP) principles updated in 2010

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Appendix: Glossary of Key Terms

Adverse Childhood Experiences: Traumatic events that may have negative and long-lasting effects on the health and well-being of a child.

Arraignment: The formal pronouncement of the charge(s) filed by the prosecution.

Community-based supervision: Conditions may range from very minimal (“administrative probation”) to very intensive supervision which may also include required participation in services (including behavioral health services), street contacts and home or school visits.

Criminogenic: Relating to and/or causing criminal behavior.

Delinquent/ Delinquency: Formal designation assigned to a youth who has been arrested and arraigned for misconduct.

Diversion: Strategically redirecting youth away from further justice system involvement and into community-based programming.

Early Intervention: Approaches implemented soon after the onset of behaviors that may be harmful or result in negative outcomes.

Evidence-based practices: Clinical and decision-making approaches which have withstood rigorous testing and been demonstrated effective in consistently producing intended results.

First Responder: Adult professionals most often the first to respond to community crises or disturbances (e.g. police officers, emergency personnel, teachers).

Prevention: Approaches implemented prior to the onset of behaviors that may be harmful or result in negative outcomes.

Protective factors: Characteristics in the individual, family, school and community that decrease the likelihood of a negative developmental outcome.

Resiliency: Normal or even enhanced development despite the presence of considerable risk factors in the adolescent’s life.

School Resource Officers: Law enforcement officers stationed within a school.

Status Offenses: Non-criminal misconduct by youth that can bring them before a Juvenile Court.

Systems of Care: A spectrum of effective, community-based services and supports for children, youth and their families who are at-risk for or already have behavioral health or other challenges.

Technical violation: A technical violation is misbehavior violating a condition of release while under supervision that is not by itself a criminal offense and would not otherwise result in arrest. For example, missing a curfew or failure to attend school.

Traumatic stress: The disruptive chronic psychological and physical symptoms that result from exposure to shocking or emotionally overwhelming situations that may include actual or potential death, serious injury, or threaten physical integrity.¹⁸⁹

Traumatic victimization: When a child or adolescent is the victim of crime that results in feeling psychologically or physically threatened, leading to potential traumatic stress reactions.

Youthful Offender: Prosecutors may choose to indict youths between ages 14 – 17 (inclusive) as Youthful Offender cases if (a) the youth has previously been committed to DYS and is indicted for a felony, (b) the case involves specific gun charges, or (c) the alleged crime involves serious bodily injury, or the threat of serious bodily harm. The Juvenile Court may commit a Youthful Offender to DYS until age 21 and has authority to impose an additional state prison sentence.

¹⁸⁹ International Society for Traumatic Stress, N/D



 **JUDGE BAKER
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jbcc.harvard.edu

Judge Baker Children's Center
53 Parker Hill Avenue, Boston, MA 02120 | Phone: (617) 232-8390



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