

# CHAPTER 9: PLACEMENT

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## Types of DYS facilities and programs

DYS and provider agencies that contract with DYS operate facilities and programs, including 63 secure treatment and residential facilities and 35 community programs.<sup>1</sup>

### Secure treatment facilities

Secure treatment treatment facilities are either hardware secure (secured by hardware such as locked doors) or staff secure (secured at least in part by staff). Secure treatment facilities may be specialized to treat youth at various stages in the DYS process, including the following types of units:

#### *Detention units*

These units may house youth who:

- have been charged and are being held on bail awaiting court action;
- are already committed but are waiting for a placement in another facility or program to have an available opening; or
- were living in the community but violated a provision of a grant of condition liberty and were placed on a detention unit as a consequence of that violation.

Detention units may be secure or staff secure facilities, but typically are secure.

DYS has one specialized secure detention unit. This unit is located on a separate DYS-operated wing within an adult correctional facility in Plymouth, the Plymouth County House of Correction.<sup>2</sup> This unit is solely for juveniles, despite being inside an adult facility. The unit houses juveniles charged with or convicted of murder or juveniles who face adult sentences.

#### *Assessment units*

These units are a type of DYS secure treatment unit where a youth goes after intake when a bed becomes available in an assessment unit to await DYS caseworker assignment, staffing, and placement. Youth receive a series of assessments on this unit, which includes review and

compilation of family involvement, educational history, prior juvenile record, presence or absence of substance abuse, medical and psychiatric history, and review of risk factors related to offending. This assessment should be completed within 30 to 45 days.<sup>3</sup> The assessment then is used to develop an individual treatment and service plan and to determine future DYS placements.

### *Committed units*

These units are secure treatment units housing youth committed to DYS. They may be long term with an average length of stay from 8-12 months or short term with an average length of stay from 30-90 days. Secure treatment units are hardware secure with locked doors and windows.

Such hardware secure treatment units typically provide treatment services to committed youth with grid level 4-6 offenses.<sup>4</sup> Youth committed on grid level 3 offenses involving fire arms and sex offenses will also be considered for hardware secure treatment.<sup>5</sup> Initial facility assignments in these placements range from 6 to 36 months in duration.<sup>6</sup>

### *Revocation units*

These units hold youth that have violated a grant of conditional liberty and have been returned to DYS confinement.

### Residential facilities

Residential facilities typically provide treatment services to committed youth on grid level 1-3 offenses.<sup>7</sup> Often these residential settings are “staff secure,” meaning security is provided by staff who are on site 24 hours per day instead of by hardware.

Initial assignments in these placements range from 3 to 8 months in duration.<sup>8</sup> These facilities are community-based programs, such as residential school programs and group homes.<sup>9</sup> Average lengths of stay are longer in residential school settings and shorter in group home settings.

### *Community programs*

Community programs serve youth who are released from DYS confinement to live in the community. These youth might reside with a parent, legal guardian, foster parent or professional staff. (Foster care is used for a limited number of youth who are less criminally involved and

do not have a viable home. In certain cases, family members or others in the community known to the child can be approved to become a foster parent.) DYS's community programs include a number of independent living programs.

Apart from DYS' community programs in which youth reside, DYS also sponsors 32 Community Re-entry Centers, discussed further in the chapter entitled "Supervision in the Community."

#### *Placement options for youth involved with other state agencies*

In addition, DYS committed youth who are involved with other state agencies may also be placed within programs operated by those agencies. These may include, but are not limited to, Department of Children and Families (i.e., foster care, residential placement); Department of Mental Health (i.e., Intensive Residential Treatment Program, psychiatric hospitalization); Department of Correction (i.e., adult correctional facility).<sup>10</sup> Department of Mental Health involved youth are discussed further in the chapter entitled "Mental Health and Substance Abuse Services During Confinement."

## **Selecting an appropriate DYS facility or program**

There are many different DYS facilities and programs where a youth may be placed. While DYS facilities and programs fall into general categories of secure treatment, residential and community and while the level of security and type of treatment needed will be foremost in DYS's consideration, there are still choices to be made based on multiple factors.

At classification, the classification panel (Regional Review Team) must identify a program that best meets the youth's needs and best protects the community at that time. The panel has several factors to consider in reaching this decision. Among these are the following.

First, the RRT must consider the youth's gender. All DYS residential units are single sex (although a building may have both boys' units and girls' units).<sup>11</sup>

Second, the RRT must decide if the youth needs treatment in a secure setting. If so, the RRT may assign him to a secure treatment program for a specified length of time.<sup>12</sup> The purpose of secure treatment is to rehabilitate the youth by teaching "pro-social attitudes and behaviors using a cognitive-behavioral approach."<sup>13</sup> In addition to secure treatment programs, DYS has community-based residential programs, "all of which provide clinical and educational services that emphasize accountability

and pro-social skill development.”<sup>14</sup> If such a community-based program were appropriate, the RRT could place a youth directly into such a program.<sup>15</sup> It is also possible that DYS decides at classification that the youth doesn’t require placement in either a secure treatment or residential program, but can be released directly back to the community.


Third, the RRT must consider the youth’s treatment needs. The type of treatment administered at these programs varies. There are residential programs that provide drug treatment and employment services, stabilization programs, and group care programs. If a youth has serious mental illness, DYS can send the youth to a facility operated by the Department of Mental Health; this topic is addressed further in the chapter entitled “Mental Health and Substance Abuse Services During Confinement.”<sup>16</sup>

Fourth, the RRT must consider the duration of the facility-based portion of the youth’s commitment. There are facilities for short-term stays of a few days, weeks or months. There are also facilities for long-term stays of months or years.

## **Pursuing community-based settings**

While DYS and others may find appropriate an initial placement in secure treatment for many youth, not all youth require such a placement. For some, there may be factual evidence to support an initial placement in a community-based setting. Such evidence should be presented while the youth is before the court during the sentencing hearing, and then again at both the staffing and classification meetings.

For example, a youth might have a mental health problem that clinicians believe would best be treated in a community-based setting. As discussed in the chapter entitled “Trial, Adjudication, and Disposition,” there is a growing consensus among mental health clinicians that community and home-based services are, in general, more effective at addressing mental health problems and rehabilitating youth than facility-level care. The argument may be particularly compelling if the youth lives in one of the communities with an initiative to serve youth with mental illness in their homes. These communities and their respective initiatives are listed in the chapter entitled “Trial, Adjudication, and Disposition” and described in the Resource Guide at the end of this book.

 **Tip for families:** It is important to advocate for appropriate services for youth with mental health issues. Even if you are not successful at eliminating a period of secure confinement for your child, you will nonetheless alert DYS to the youth's mental health needs.

## Pursuing specialized placements

When DYS believes that a committed youth needs intensive treatment that cannot be provided by one of DYS's own or contracted programs, DYS can buy a placement for that youth elsewhere.<sup>17</sup> Sometimes, DYS shares the cost of a placement with another entity, such as a local school district.<sup>18</sup> For example, the youth may need intensive services to treat mental health problems, substance abuse, fire-setting behavior or sex offender behavior. This type of placement happens rarely and would only be considered for extreme cases of need.<sup>19</sup>

Thus, a girl who comes to DYS with a history of multiple hospitalizations might be placed in a specialized mental health program outside the DYS system. If after a certain period of treatment, perhaps six months, it is clear that the youth still needs mental health treatment, DYS will complete an application for Department of Mental Health services on the youth's behalf.<sup>20</sup>

## Transition from placement to placement


A youth may well reside at more than one program during his confinement to DYS. For example, DYS first might place a youth in a secure treatment setting. The youth would remain there until he acknowledges his behaviors and their precipitants, develops a plan to avoid future delinquent actions, and demonstrates good behavior.<sup>21</sup> DYS would then transfer the youth to a residential group home, foster home or home to family.<sup>22</sup> The goal at each placement is to prepare for successful re-entry into the larger community.<sup>23</sup>


To ensure that the youth is properly placed, every program should review each youth's placement monthly at a minimum.<sup>24</sup> Parents should be encouraged to attend these meetings.

## Extension of time assignment


DYS occasionally extends the facility time initially assigned to the youth pursuant to the classification grid.<sup>25</sup> DYS generally takes this step when it believes that the youth has not yet completed treatment successfully or the youth has exhibited violent, dangerous or seriously oppositional behaviors and is not ready to return to the community. The DYS caseworker and staff at the program in which the youth resides make a recommendation to the RRT which decides if the youth should be extended. In such cases, DYS will identify a new time frame, with a tentative release date, for the youth to remain in DYS confinement.

This recommendation is made at treatment team meetings. Youth have the right to attend and participate in the development of the treatment plan.<sup>26</sup> DYS encourages the parents' and guardians' participation in these meetings as they are essential members of the youth's treatment team.<sup>27</sup>

 **Tip for families:** Parents always should attend treatment meetings if possible. Particularly if you think the treatment team is thinking about extending your child's duration of confinement, you should attend your child's treatment team meetings so that you may be involved in the discussion. Unfortunately, the Plymouth County House of Correction Facility does not allow parents to attend treatment team meetings. If this practice is posing a problem for you, contact one of the organizations that provides legal representation listed in the Resource Guide at the end of this book.

 **Tip for families:** Encourage your child to participate actively in the treatment offered by his program. This may help your child get more from the program and come home sooner.

RRTs review and authorize any extension of time assignments for DYS-committed youth.<sup>28</sup> If the treatment team wants to pursue an extension, the request and reason for it must be in writing and submitted to the RRT for authorization. The RRT may grant or deny the extension. The RRT will produce a document entitled "Extension of Time Assignment" which indicates that the extension was granted or denied, the length of any extension granted, and the rationale for any denial.<sup>29</sup>

 **Tip for families:** If you are unhappy with the recommendation of the team, you should submit a written explanation outlining your disagreement to the Regional Review Team before they make their decision. Additionally, once the Regional Review Team makes their decision, you have a right to review the Extension of Time Assignment

document. If you are unhappy with the decision, contact one of the organizations that provides legal representation listed in the Resource Guide at the end of this book. Some advocates have appealed this decision.

## Levels of supervision in confinement

Most, although not all, programs serving DYS-committed youth operate on a behavior modification model involving a level system.<sup>30</sup> This system classifies youth according to risk and has a clearly defined program to provide rewards and consequences to youth based on behavior. The system operates by giving and removing points, which ultimately causes the youth to move up or down levels of privileges.


This system has 8 levels of supervision, with 8 being the most restrictive.<sup>31</sup> Levels 8, 7 and 6 are used in secure treatment facilities.<sup>32</sup> Level 5 is used in residential programs.<sup>33</sup> Levels 4 through 1 are used in the community, with supervision provided by community re-entry centers.<sup>34</sup> These levels are discussed in the chapter of this book entitled “Supervision in the Community.”

These levels are distinct from the grid levels assigned during classification.<sup>35</sup>

The DYS level system is based on cognitive behavioral principles.<sup>36</sup> In addition, DYS uses other intervention tools which are nationally accepted best practices such as Dialectical Behavioral Therapy (DBT) and the Positive Youth Development Model. This means that DYS uses a combination of cognitive therapy and behavior therapy to change a youth’s behavior. In cognitive therapy, one examines and addresses faulty thoughts in order to solve one’s problems. In behavior therapy, one replaces learned bad behaviors with better behaviors. So, DYS uses both of these approaches to teach youth the skills to avoid bad behaviors. The level system reinforces this process.

Thus, movement from level to level depends upon a youth’s behavior. Good behavior should result in movement to a less restrictive level.


DYS uses the level system for several reasons.<sup>37</sup> First, it is a way for staff to observe and document youth behavior. Second, it provides a way to give youth feedback on a day to day basis. Finally, it provides a way for DYS to chart a youth’s behavior and determine why a youth may not be succeeding.

 **Tip for families:** If you believe that behavior management being applied to your child is failing to promote good behavior, ask for a meeting to review the system and discuss your child’s case. It is appropriate to look carefully at such practices and seek outside assistance if necessary.

## Dual status youth

If a committed youth is released from DYS custody and then is re-arrested for another offense that leads him back to DYS, he is called a “dual status youth.” If such a youth is held on bail in an adult correctional facility or is held in a psychiatric facility, DYS will lodge a “detainer” (in the form of a temporary warrant) to prevent the youth from being released.<sup>38</sup> Instead, the youth will be turned over to DYS custody. If, on the other hand, the youth is held on bail in a DYS detention unit, the youth who is able to post bail will instead remain in DYS custody.

The effect of the DYS detainer is that, if the youth makes bail on the new charge, he will be released to DYS custody for consideration of revocation of his grant of conditional liberty. A hearing, following the procedures for a revocation hearing discussed in the chapter entitled “Grant of Conditional Liberty,” must be held within seven business days of DYS receiving notice of the intended release.<sup>39</sup> If the hearing officer concludes that valid reasons exist to detain, the detainer will continue; otherwise, it will be removed.<sup>40</sup>

 **Tip for families:** This practice is generally used on a new arrest, juvenile or adult. A detainer is usually lodged at arraignment and stays in place if the defendant is held in an adult facility or a mental health facility. Parents and legal guardians should seek to ensure that a hearing is actually held and attend this hearing.

If such a youth is then re-committed for the new offense, he will be re-assessed, have another staffing, and be reclassified. The most serious offense will inform the decisions regarding his course of treatment at DYS. The new offense may result in a modification of the treatment response or may alter the treatment mode to focus on a more serious risk.

## Endnotes

- 1 DYS, Programs and Services at the Department of Youth Services, <http://www.mass.gov/dys>.
- 2 The Plymouth County Sheriff's Department sets rules for the Plymouth County Correctional Facility. See Plymouth County Sheriff's Department, Inmate Information, <http://www.pcsdma.org/inmate%20information.htm>. For example, these rules prohibit an inmate from receiving a visit from someone other than an attorney or clergy during his first 10 days of admission to the facility. Plymouth County Sheriff's Department, Visitor Information, <http://www.pcsdma.org/Visitor%20Info.htm>. The Sheriff's Department has applied these rules to youth held in DYS facilities located at the Plymouth County Correctional Facility. See, e.g., Maria Cramer and Kristen Green, Answers Sought in School Slaying, *The Boston Globe* (Jan. 26, 2007) at B5. If your child is being subjected to these rules, contact an advocate or lawyer for assistance.
- 3 DYS website, <http://www.mass.gov/dys>, Programs and Services at the Department of Youth Services (DYS), Clinical Services Provided by DYS.
- 4 DYS, Case Management Reference Guide (Aug. 2006) at 21.
- 5 DYS, Case Management Reference Guide (Aug. 2006) at 21.
- 6 DYS, Case Management Reference Guide (Aug. 2006) at 21.
- 7 DYS, Case Management Reference Guide (Aug. 2006) at 22.
- 8 DYS, Case Management Reference Guide (Aug. 2006) at 22.
- 9 DYS, Case Management Reference Guide (Aug. 2006) at 22.
- 10 DYS, Case Management Reference Guide (Aug. 2006) at 22.
- 11 Erin Trahan, "Navigating DYS" in Girls' Coalition Newsletter (Fall 2002/Winter 2003), [http://www.girlscoalition.org/uploads/issues/FALL.02\\_WINTER.03.pdf](http://www.girlscoalition.org/uploads/issues/FALL.02_WINTER.03.pdf), at 8.
- 12 109 CMR 4.04(2).
- 13 DYS 2005 Annual Report (Mar. 2007), [http://www.mass.gov/Eeohhs2/docs/dys/annual\\_report\\_2005.pdf](http://www.mass.gov/Eeohhs2/docs/dys/annual_report_2005.pdf), at 22.
- 14 DYS 2005 Annual Report (Mar. 2007), [http://www.mass.gov/Eeohhs2/docs/dys/annual\\_report\\_2005.pdf](http://www.mass.gov/Eeohhs2/docs/dys/annual_report_2005.pdf), at 22.
- 15 DYS 2005 Annual Report (Mar. 2007), [http://www.mass.gov/Eeohhs2/docs/dys/annual\\_report\\_2005.pdf](http://www.mass.gov/Eeohhs2/docs/dys/annual_report_2005.pdf), at 22.
- 16 Department of Mental Health & Department of Youth Services, Memorandum of Understanding (1999); DMH, Transfer Protocol Guidelines, available at <http://www.mass.gov/dmh>.
- 17 Communication of Edward Dolan, Department of Youth Services to MHLAC (Jan. 17, 2008).
- 18 DYS panel presentation, "Overview of DYS" in An Overview of DYS Advocacy, Juvenile Justice Center (June 6, 2007). If such a placement is not secure but is an open door setting, DYS would require a youth to sign a grant of conditional liberty prior to going to the placement. DYS correspondence to MHLAC (Jan. 14, 2008).
- 19 Communication of Edward Dolan, Department of Youth Services to MHLAC (Jan. 17, 2008).
- 20 Communication of Edward Dolan, Department of Youth Services to MHLAC (Jan. 17, 2008).
- 21 DYS, Clinical Services Provided by the Department of Youth Services, <http://www.mass.gov/dys>.
- 22 DYS, Public Information Packet (Feb. 15, 2006), at 3.
- 23 DYS, Clinical Services Provided by the Department of Youth Services, <http://www.mass.gov/dys>.
- 24 Correspondence from Jane E. Tewksbury, Department of Youth Services to MHLAC (Dec. 27, 2007).

- 25 DYS Policy # 1.1.4(a), Policy Definitions (July 1, 2004) (definition of “extension of time assignment”).
- 26 DYS Policy # 2.2.4, Progress Reports (Jan. 1, 1999), Procedures, A.2; DYS Policy # 2.2.1(b), Treatment Plans (Jan. 1, 1999), Procedures, B.9.
- 27 Correspondence from Jane E. Tewksbury, Department of Youth Services to MHLAC (Dec. 27, 2007); *see also* DYS Policy # 2.2.1(b), Treatment Plans (Jan. 1, 1999), Procedures, B.9.
- 28 *See* DYS Regional Review Team, Extension of Time Assignment form (example on file with MHLAC).
- 29 DYS Regional Review Team, Extension of Time Assignment form (example on file with MHLAC).
- 30 DYS, A User’s Guide, presented at Suffolk University Juvenile Justice Center, Understanding and Accessing Services for Children with Mental Health Needs (Nov. 22, 2002) at 65.
- 31 DYS, A User’s Guide, presented at Suffolk University Juvenile Justice Center, Understanding and Accessing Services for Children with Mental Health Needs (Nov. 22, 2002) at 65.
- 32 DYS, A User’s Guide, presented at Suffolk University Juvenile Justice Center, Understanding and Accessing Services for Children with Mental Health Needs (Nov. 22, 2002) at 65.
- 33 DYS, A User’s Guide, presented at Suffolk University Juvenile Justice Center, Understanding and Accessing Services for Children with Mental Health Needs (Nov. 22, 2002) at 65.
- 34 DYS, A User’s Guide, presented at Suffolk University Juvenile Justice Center, Understanding and Accessing Services for Children with Mental Health Needs (Nov. 22, 2002) at 65.
- 35 DYS, A User’s Guide, presented at Suffolk University Juvenile Justice Center, Understanding and Accessing Services for Children with Mental Health Needs (Nov. 22, 2002) at 65.
- 36 DYS, A User’s Guide, presented at Suffolk University Juvenile Justice Center, Understanding and Accessing Services for Children with Mental Health Needs (Nov. 22, 2002) at 65.
- 37 DYS panel presentation, “Overview of DYS” in An Overview of DYS Advocacy, Juvenile Justice Center (June 6, 2007).
- 38 109 CMR 8.13; DYS Policy # 1.3.6(a), Violation of Conditional Liberty (Nov. 1, 2004), Procedure, L.1.
- 39 109 CMR 8.13; DYS Policy # 1.3.6(a), Violation of Conditional Liberty (Nov. 1, 2004), Procedure, L.2.
- 40 109 CMR 8.13; DYS Policy # 1.3.6(a), Violation of Conditional Liberty (Nov. 1, 2004), Procedure, L.3.

