



Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Youth Services

Official Policy

Policy Name: **Youth Sleep Care for Residential and Community-based placement**

Policy #: **02.05.18(a)** ***Effective Date:*** **August 5, 2026**

References: DYS Youth Sleep Committee Final Recommendations (10/2018), NCCHC Position Statement: Adolescent Sleep Hygiene (1/2025), American Academy of Pediatrics (AAP) Policy Statement. Health Care for Youth in the Juvenile Justice System (2011) Recommended Amount of Sleep for Pediatric Populations: A Consensus Statement of the American Academy of Sleep Medicine (2016) DBT® Skills Manual for Adolescents. Rathus, J, and Miller, A (2014), Policy 03.04.10(a) Youth Wellness in Residential Settings, Policy 02.05.15(c) Client-Centered Medication Administration.

FORMS: DYS Sleep Questionnaire
DYS Sleep Log
DYS Sleep Journal
DYS Psychiatric Referral Form

Signature  08/04/ 2026
Cecely Reardon, Commissioner

Applicability: This policy shall apply to all staff.

Policy

It is the purpose of this policy to promote sleep conditions that support adequate and restorative sleep for detained and committed youth in residential settings and community-based placements. The American Academy of Sleep Medicine and the American Academy of Pediatrics recommend 8 to 10 hours of sleep per night for teenagers and 7 to 9 hours for young adults. DYS recognizes that maintaining regular wake-up and sleep times is important for a youth's overall health. During adolescence, youth naturally have a later sleep schedule. DYS further recognizes that sleep disturbances, including insomnia, are common among adolescents due to biological, social, and environmental factors, and that sufficient and high-quality sleep is essential to maintaining physical and mental health.

To reduce the health-related consequences associated with chronic sleep loss, staff who provide direct care to youth in residential settings or in community-based placement shall follow the procedures in this policy. These procedures provide environmental and scheduling guidance supporting adolescents' sleep and steps to identify and manage sleep-related concerns.

Procedures

A. Definitions

1. Cognitive Behavioral Therapy for Insomnia (CBT-I): A structured, non-medication treatment that targets multiple factors that lead to insomnia disorder.
2. Dialectical Behavior Therapy (DBT): Therapeutic interventions to increase awareness of emotional triggers, manage personal safety, coach emotional regulation skills, and improve skills for social interactions.
3. Insomnia: A condition marked by frequent and persistent difficulty initiating or sustaining sleep or feeling rested after sleep despite adequate sleep opportunities and circumstances.
4. Sleep Wellness: Factors related to a youth's sleep environment and behavior.
5. Sleep Journal: A DYS journal form where a youth with sleep concerns will record their daily sleep quality, exercise, and mood. Sleep journals are completed daily for the specified period. See Attachment 3.
6. Sleep Log: A record of a youth with sleep problems' time spent in bed, out of bed, or asleep, updated every 60 minutes during third shift. Sleep logs are completed nightly for the specified period. See Attachment 2.
7. Sleep Questionnaire: A youth-completed form that collects information about the youth's current and past sleep concerns, medications, and past medical history. See Attachment 1.

8. Staff: Any employee of either the Department or a contracted provider.
9. Supervisor: Any employee of the Department or a contracted provider who is responsible for supervising one or more direct reports.
10. Trauma-Informed Yoga: A therapeutic approach using yoga and breathing techniques that is effective in reducing insomnia and addressing symptoms of PTSD and trauma-exposure, which can lead to insomnia.
11. Terms that are defined in Policy #01.01.04, "Policy Definitions," shall have the meanings assigned to them in that policy, unless this policy provides an alternative definition.
12. Terms not defined in Policy #01.01.04 or in this policy shall have the meanings assigned to them by reasonably accepted standard dictionary definitions of American English.

B. General Guidelines

1. Sleep Policy Review for Youth and Employees
 - a. Supervisors shall review the DYS Sleep Policy and associated forms with direct care supervisees, including but not limited to: juvenile justice youth development specialists, or contracted provider equivalents, health services providers, and clinicians, during on-the-job training, orientation, or on-site policy review.
 - b. Program Administrators and contracted provider equivalents shall review sleep-related forms (See Attachments 1-4) with residential direct care staff to ensure proper completion when needed.
 - c. Staff may direct questions regarding forms or procedures to Health Services.
 - d. Clinical Services staff shall review sleep wellness practices and sleep skills with the detained or committed youth as detailed in the DBT Skills Manual for Adolescents during individual or group clinical sessions, in the context of other treatment.
2. General Residential Sleep Wellness Guidelines
 - a. Residential settings shall establish a consistent sleep schedule and work with youth and staff to maintain it. Residential programs may implement the following schedule:
 - i. A bedtime no earlier than 9:30 pm and no later than 10:30 pm on weekdays.
 - ii. A bedtime no earlier than 9:30 pm and not later than 11:00 pm on weekends.
 - iii. A wake-time no earlier than 7:30 am on weekdays to accommodate the youths' later wakefulness and allow adequate time for sleep.
 - iv. A flexible schedule due to program events, special occasions, and specific individual youth and program needs. Bedtime sleep schedule

changes shall be documented in the location's logbook.

- b. Residential settings shall provide an environment that is supportive of sleep. Residential programs may consider the following guidelines to support strong sleep habits:
 - i. Cease use of electronic screens starting one hour before bedtime and consider reading, drawing, coloring, games, puzzles, yoga, or relaxation groups.
 - ii. Reduce lighting in the youths' sleep areas throughout the night.
 - iii. Limit nighttime light exposure in youth's rooms by:
 - 1. Providing sleep masks or eye pillows without elastic or string.
 - 2. Lowering overhead lighting in hallways.
 - 3. Covering exterior windows where it is safe to do so, if there is intrusive outside lighting.
 - iv. Keep noise, including talking, alarms, or other equipment sounds to a minimum during sleep hours.
 - v. Move televisions that are within earshot of sleeping youth, place them on closed captioning during sleep hours, or keep them off until youth have fallen asleep.
 - vi. Maintain youths' room temperature at approximately 65 degrees Fahrenheit.
 - vii. Allow youth to display approved pictures in their rooms.
 - viii. Paint bedrooms in calming colors to aid with sleep, such as muted shades of blue, green, and yellow.
 - ix. Replace mattresses and pillows in youths' rooms as needed.
 - x. Supply small rugs for rooms to increase comfort, reduce noise, and provide additional non-bed space for youth.
- c. Regular physical activity is essential to good health and promotes better sleep. Residential programs shall follow DYS policy and guidelines to promote as much physical activity as possible, including:
 - i. Providing for physical recreation set forth in Policy 03.04.10(a) Youth Wellness in Residential Settings;
 - ii. Developing midday programming to reduce youth late afternoon downtime and napping after 3:00 pm.
 - iii. Avoiding large muscle activity, like sports, within the last two hours before bedtime, considering the ability to schedule gym time.

- iv. Encouraging less active, low stimulation activities, including but not limited to reading, drawing, games, puzzles, yoga, and relaxation groups two hours before bed time.

3. Evaluation and Management of Detained and Committed Youth with Insomnia in Residential Settings

- a. Staff shall refer any youth experiencing sleep concerns while in residential placement to Health Services. Sleep concerns include, but are not limited to:
 - i. difficulty falling or staying asleep;
 - ii. daytime sleepiness, nightmares;
 - iii. excessive snoring;
 - iv. repeated requests to leave the bedroom, or
 - v. other disturbances impacting a night's sleep.
- b. Youth may self-refer to health services when experiencing sleep concerns.
- c. Staff shall periodically engage youth in conversations about their sleep preferences and challenges and incorporate youth input into individualized sleep support plans when appropriate.
- d. After a youth is referred, staff shall allow for a 14-day adjustment and observation period. During this 14-day period:
 - i. Health Services shall notify Clinical, Program, and Education staff of youth sleep concerns and discuss related behavior, mental health, substance use history, or other contributing factors or concerns.
 - ii. Health Services shall have the youth complete a sleep questionnaire and evaluate the youth for potential medical issues affecting sleep patterns. See Attachment 1.
 - iii. Clinical Services shall review educational materials and sleep skills with the youth during individual sessions, and in the context of other treatment as detailed in the DBT Skills Manual for Adolescents. .
 - iv. Clinical Services shall offer the youth sleep aids that have been approved by Health Services (including, but not limited to: sound machines, weighted blankets, and eye masks) to support sleep while also considering any safety concerns for the individual youth.
 - v. If Health Services finds that sleep concerns have been resolved at the end of the 14-day adjustment and observation period, Health Services staff shall communicate the resolution to the youth's clinician. The youth's clinician shall note any successful sleep improvement habits in the JJEMS clinical progress notes and add them to the daily diary card;
 - vi. Health Services shall continue to monitor the youth for sleep difficulty as needed.
- e. If the sleep concerns remain and Health Services recommend further

evaluation, the following next steps shall be taken as necessary:

- i. Residential Program staff shall complete a Sleep Log nightly for 14 days. See Attachment 2.
 - ii. The youth shall complete a Sleep Journal nightly, or within an hour of waking in the morning if not completed the night before, for the same 14-day period.
 - iii. Health Services and Clinical Services staff shall review the Sleep Logs and Sleep Journals at least every 3 days within the 14-day period.
 - iv. Clinical Services shall continue to review sleep wellness practices and sleep skills with the youth as detailed in the DBT Skills Manual for Adolescents during individual sessions, and in the context of other treatment.
 - v. Program staff shall continue to encourage healthy sleep habits and note any relevant details about the youth's sleep habits in the shift summary in the Operations Log.
- f. Health Services and Clinical Services shall review the completed 14-day Sleep Logs and Sleep Journals to identify general patterns of sleep-wake times and day-to-day variability.
- g. If no sleep disturbance is shown on the Sleep Log and Sleep Journal:
- i. Health Services shall follow up with the youth and staff as needed.
 - ii. Clinical Services shall continue to review sleep wellness practices and sleep skills with the youth as detailed in the DBT Skills Manual for Adolescents during individual or group clinical sessions. The youth's clinician shall note any relevant habits in the JJEMS clinical progress notes and add them to the daily diary card.
 - iii. Program staff shall continue to encourage healthy sleep habits.
- h. If the Sleep Log shows a continued sleep disturbance, Health Services may consider a trial of a non-prescription medication consistent with guidelines for pediatric insomnia, including but not limited to melatonin, in accordance with Policy 02.05.15(c) Client- Centered Medication Administration. If medication is used, staff and youth shall complete the sleep log and sleep journal again for 14 days.
- i. Health Services and Clinical Services staff shall review the Sleep Logs and Sleep Journals at least every 3 days within the 14-day period.
- j. If the non-prescription medication provides positive results to the youth:
- i. Health Services shall continue prescribing as needed.
 - ii. Health Services shall follow up with the youth as needed.
 - iii. Clinical Services shall continue to review sleep wellness practices and sleep skills with the youth as detailed in the DBT Skills Manual for Adolescents during individual or group clinical sessions. The

youth's clinician shall note any improvements in sleep habits in the JJEMS clinical progress notes and add them to the daily diary card.

- k. If insomnia persists, Clinical and Health Services shall refer the youth to the psychiatric team as needed. Clinical services shall forward the DYS Psychiatric Referral Form (see Attachment 4) and the documentation in support of the insomnia evaluation including the sleep questionnaire, Sleep Log, and Sleep Journal, to the psychiatric team.
 - l. Health Services and Clinical Services may also use additional interventions when a youth's insomnia persists and does not improve with either counseling and/or non-prescription medication, including but not limited to:
 - i. Other sleep aids;
 - ii. Other Health Services approved non-pharmaceutical interventions to improve sleep where available, including but not limited to:
 - 1. Cognitive Behavioral Therapy for Insomnia (CBT-I) provided by DYS Clinical Services, or CBT-I trained community therapists via referral; and
 - 2. A trauma-informed yoga curriculum for youth affected by trauma in partnership with trauma-informed yoga therapists in the community.
 - m. Health Services staff may make exceptions to the sleep policy if medically indicated for youth with significant mental health concerns, or youth taking prescribed psychotropic medications at intake, who are not subject to the requirement to pursue non-medication interventions as an intermediate measure.
4. JJEMS Progress Note Recording
- a. When a youth reports difficulty sleeping, clinical staff shall record the following in the youth's clinical progress notes on JJEMS:
 - i. The date the youth first reported experiencing insomnia;
 - ii. The date the youth began the 14-day observation and adjustment period, and whether the sleep concerns were resolved at the conclusion of the 14-day adjustment period;
 - iii. If a 14-day trial of non-prescription medication administration is initiated, the date it began and what additional interventions were attempted; and
 - iv. If the youth was referred to psychiatry for further treatment of insomnia at the conclusion of the 14-day trial of non-prescription medication administration.
 - b. Sleep supports and interventions for youth shall be documented in the youth's JJEMS file as detailed in the procedures, including case management notes, treatment plans, or case management plans, as needed, to ensure staff are aware and can provide consistent services and resources.

5. Transitioning to the Community

- a. Health Services shall communicate the current management and follow-up plans for committed youth with continued sleep concerns to the youth's caseworker during the 30-, 60- and 90-day pre-release case management meetings.
- b. When a committed youth with continued sleep concerns is released to the community:
 - i. Health Services staff shall communicate, within a reasonable amount of time, the current management and follow-up plans with the youth's parent or guardian and the youth's community healthcare provider.
 - ii. Caseworkers shall work with the youth and community healthcare providers to refer the youth to appropriate supportive services where available, including but not limited to psychologists or clinicians who practice CBT-I, that are responsive to the continued sleep concerns.
- c. For youth who report insomnia while in community-based placement, DYS community clinicians and caseworkers shall:
 - i. Provide handouts on sleep wellness skills from the DBT Skills Manual for Adolescents.
 - ii. Assist the youth with scheduling a medical appointment with the youth's primary care provider for evaluation of the sleep concerns.
 - iii. Refer the youth to a community behavioral therapist who can provide CBT-I, if available.

6. Outcome Measures and Performance Indicator

- a. Until the sleep interventions described in this policy are completed, no youth may be referred to a psychiatric provider for medication to treat insomnia., unless specifically medically indicated per Section B, Paragraph 3, Subsection M of this policy.

DYS Policy 02.05.18(a)
Attachment 1
SLEEP QUESTIONNAIRE

NAME: _____

DATE: _____

Staff Completing Form:

Is your primary sleep issue related to:

- a. Trouble falling asleep
- b. Waking frequently during the night
- c. Waking too early and not being able to fall back to sleep
- d. All of the above
- e. Other: _____

How long has sleep been a problem? _____

Usual bedtime in the community: _____

Usual wake time in the community: _____

Do you...	Yes	No	Details
...snore?			
...sleepwalk?			
...have nightmares? How often?			
...have painful, tingling, or cramping feelings in your arms or legs before bed? (if so, which?)			
...ever wake up gasping for breath?			
...often have to use the bathroom during the night?			
...feel like you're choking while sleeping?			
...feel tired during the day?			
...nap during the day?			
If so, how many times/for how long?			
...wake up in the middle of the night?			
If so, how many times/for how long?			
What wakes you? (e.g. noise, needing the bathroom, dreams, physical discomfort)			
...wake up too early in the morning?			
Can you fall back asleep?			
...have racing thoughts in bed?			
...ever feel wide awake in bed?			
...worry about your sleep problems?			

Have you ever taken anything to help you sleep? Yes _____ No _____

If so, what?

- _____ Over-the-counter sleep aids (such as Benadryl, Tylenol PM, Sleep-Eeze)
- _____ Prescription sleep aids (such as Ambien, Lunesta, Klonopin, Xanax, Trazodone)
- _____ Dietary supplements (such as melatonin, chamomile)
- _____ Alcohol, marijuana, or other drugs
- _____ Other: _____

Name: _____ DOB: / / Doctor: _____ Unit #: _____
 Date started: / / Comments: _____
 List Medications: _____

[illegible][illegible]

Key: ↑=out of bed ↓=in bed Filled in=asleep

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Youth Name:							
Date:							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Did you exercise today? If so, what time ?							
Did you take any naps today? How many ? How long ?							
What time did you turn off lights ?							
How sleepy did you feel at lights out?							
How stressed did you feel at lights out? What about ?							
Did you try anything to help you relax ? If yes, what ?							
How long did it take you to fall asleep ?							
How many times did you wake up in the night ? For how long ?							
Did you have nightmares ?							
Did anything/anyone wake you up ?							
How did you feel when you woke up ?							
How would you rate how well you slept ? 1 – poor 2 – fair 3 – good 4 – very good 5 – excellent							
Comments							

DYS Policy 02.05.18(a)
Attachment 3
Sleep Journal

YOUTH INFORMATION:

Name:

Gender: ☐ Male ☐ Female

Expected Length of Stay:

DOB:

Legal Status: ☐ Detained ☐ Committed☐ Committed, with open charges**CLINICIAN INFORMATION:**

Name:

Unit:

Date of referral:

CHIEF COMPLAINT (reason for referral, clinical/resident's description of why referral is requested):

CURRENT OBSERVATIONS	Yes	No	COMMENT
1. Overt mental status abnormalities?			
2. Suicidal or homicidal ideation, impulses, plans, or intentions?			
3. Disoriented or confused?			
4. Socially disengaged?			
5. Psychomotor agitation or retardation?			
6. Depressed appearing?			
7. Thoughts of hopelessness or helplessness?			
8. Anxiety symptoms?			
9. Pressured speech?			
10. Disordered thinking?			
11. Delusions or hallucinations?			
12. Low frustration tolerance?			
13. Acts of aggression?			
14. Future oriented?			
15. Does resident have difficulty falling asleep?			
16. Does resident have difficulty staying asleep?			
17. Concerns for self-care?			
18. Are there attention issues?			
19. Is resident hyperactive?			
20. Concerns related to impulsivity?			
21. Is resident easily distracted?			
22. Is resident engaged in treatment?			

*If yes to either question 15 or 16, please include sleep log.

*If answered yes to any 2 out of the 4 questions from 18-21, please include Vanderbilt scales.

Additional comments (if any):

DYS Policy 02.05.18(a)

Attachment 4

Psychiatric Referral Form