

Office of the Child Advocate
Juvenile Justice Policy and Data Board
Community Based Interventions Subcommittee
Monday, February 23, 2026
11:00 AM – 12:30 PM
Meeting held virtually

Subcommittee Members or Designees Present:

Amy Ponte (CAFL)
Heidi Gold (EOE)
Jin Liu (DESE)
Laura Miller (MDAA)
Leon Smith (CfJJ)
Rebecca Brink (DCF)
Stacey Lynch (BSAS)
Susan Gill-Hickey (DMH)
Thula Sibanda (DYS)

OCA Staff:

Kristi Polizzano
Melissa Threadgill
Morgan Byrnes
Bessie Pierre

Other Attendees:

Bridget Nichols (DMH)
Julie Wickman (Juvenile Court)
Kate Lowenstein (CfJJ)
Kathleen Bitetti (OSA)
Lori Sustek (Youth Villages)
Matt Stone (Youth Villages)
Maria Torres (Youth Villages)

Meeting Commenced: 11:03am

Welcome and Introductions:

Ms. Polizzano welcomed the attendees to the Community Based Interventions (CBI) Subcommittee virtual meeting. She welcomed members to introduce themselves.

Review and Approval of Minutes from the October Meeting:

Ms. Polizzano held a formal vote on the approval of the previous Community Based Interventions meeting minutes. Susan Gill-Hickey, Stacey Lynch, Heidi Gold, Rebecca Brink, Leon Smith, Amy Ponte, and Thula Sibanda all voted to approve the minutes. No one abstained. No one voted to oppose the minutes.

The meeting minutes for October 27, 2025, were approved.

Ms. Polizzano reviewed the meeting agenda, which featured guest presentations from Bridget Nichols and Julie Wickman of the Hampden County Dual Status Youth project and Matt Stone, Lori Sustek, and Maria Torres of the Youth Villages Intercept Model.

OCA Announcements – Dual Status Youth Project Update

Ms. Polizzano began by providing an update on the Dual Status Youth Project, including the project's core research questions and goals. She then reviewed previous work on the project.

Ms. Polizzano then provided an overview of six emerging themes based on the group's research so far:

- Dual system youth are different than single system youth in key ways. Ms. Polizzano explained that these factors can contribute to more misdemeanor or home-based offenses, as well as more school challenges.
- Detained Girls and LGBTQ+ youth are disproportionately DCF involved. Ms. Polizzano noted a possible reason for this trend could be a lack of supports for this population.
- There are gaps in services and early supports to prevent crossover or initial system involvement. Ms. Polizzano highlighted the lack of substance use services for youth and caregivers, as well as an increased need for short-term respite options and mental health supports.
- There are juvenile justice and child welfare system policies and practices that actively contribute to crossover. Ms. Polizzano named right-to-refuse policies in place at congregate care placements as an example.
- There are short- and long-term negative impacts to dual involvement. Ms. Polizzano named higher rates of recidivism, unemployment, and mental/emotional challenges as some examples of outcomes.

Next, Ms. Polizzano reviewed the next phases of the Dual Status Youth Project through Fall 2026. She invited questions, thoughts, and feedback.

One member suggested that the Subcommittee hear from the Massachusetts Commission on the Status of Women or the Massachusetts Commission on LGBTQ Youth to further inform the project, as the OCA spoke with these groups during the initial stakeholder interview phase of the project. Attendees also discussed educational outcomes for Department of Children and Families (DCF)-involved and dual status youth.

Hampden County Dual Status Youth Project Presentation

Ms. Polizzano introduced the presenters from the Hampden County Dual Status Youth Project and welcomed Ms. Nichols (DMH Manager of Juvenile Forensic Services) to begin presenting.

Ms. Nichols provided an overview of the presentation and welcomed Ms. Wickman (Court Clinician, BHN, Western MA Area) to introduce herself. Then, Ms. Nichols reviewed the presentation topics.

Ms. Nichols presented on the historical background of the Hampden County Dual Status Youth Project, from its beginnings as a partnership between the Department of Youth Services (DYS) and the juvenile court to an MOU between key agencies. She emphasized the importance of agency partnership in the model.

Next, Ms. Nichols reviewed the core elements of DIY case management, including the following information:

- The program's target population includes youth who are before the court on delinquency charges who also are involved with the DCF in any capacity (supported 51A, CRA, C&P, voluntary status).
- The program seeks to make the referral process as simple as possible for lawyers, who are ultimately responsible for submitting a referral.
- Each week, the case manager receives a list of youth involved with DCF so they can identify any new eligible youth and reach out to their defense attorney to connect them with the Hampden DIY program.
- Both a youth's attorney and family must consent to program participation.
- The court clinician acts as a neutral convener of key stakeholders, including representatives from the District Attorney's Office (DAO), defense, DCF, and a DYS court liaison. A youth's family has say in who is present at the meetings. Youth themselves are welcome to participate, depending on their age and other factors.
- The court clinician guides the group to determine an action plan for the youth, focusing on existing strengths. They can also make certain referrals to other services.

Then, Ms. Nichols and Ms. Wickman described the program's data collection process and outcomes of interest, including the following information:

- The clinic submits data to the Department of Mental Health (DMH) via a secure web application monthly.
- Data collection is a key component of the program model. Tracking outcomes has also been helpful to assuage concerns that convenings could lead to an increase in delinquency findings or youth held at DYS, which has not happened; the data show that there is no increase in CWOs, delinquency findings, or youth held at DYS.
- Case managers monitor youth outcomes on a weekly basis. Outcome measures of interest include both minimizing and successfully completing court involvement. There are also informal outcome measures, such as a youth's participation in mentorship programs.
- Case managers often refer youth to Children's Behavioral Health Initiative (CBHI) and DCF-specific services. Connections with Family Resource Centers are also key in

identifying support, such as educational advocates and positive mentors, and can expedite access to services.

Ms. Wickman next presented the “Challenges/Lessons Learned” section, including the following information:

- It is important to manage families’ and system professionals’ expectations.
- There are ongoing program staffing changes, including that there is no longer a single judge dedicated to hearing DIY cases.
- Decreasing DIY case levels have allowed for more intensive and longer sessions with youth.
- Youth now attend the entirety of a case management meeting and have opportunities for biweekly check-ins before their next court date.
- The Hampden DIY program now supports DIY pre-arraignment.

Lastly, in the “Bright spots” section, Ms. Wickman highlighted that district attorneys are now requesting multidisciplinary meetings for non-DIY across Western Massachusetts. Ms. Nichols added that the follow up mechanism of the program enables its success, where ongoing support can help ensure the continuation of services.

Youth Villages Intercept Model Presentation

Ms. Polizzano introduced the presenters from Youth Villages and welcomed Mr. Stone (Executive Director, New England) to begin presenting.

Mr. Stone provided an overview of the presentation and welcomed Ms. Torres (Regional Supervisor) and Ms. Sustek (New England Managing Director) to introduce themselves.

Then, Mr. Stone provided background information on Youth Villages and the organization’s overall mission. He explained that Youth Villages shifted from focusing on residential treatment programs to intensive home support, creating the Intercept and LifeSet models.

Next, Ms. Sustek reviewed the core elements of the Intercept program, including the following information:

- Intercept serves youth birth through age 18 with the goal of diverting youth from placement or supporting the transition home after out-of-home placements.
- The program includes four to five Bachelors & Masters Degree specialists with caseloads of four to five families per specialist. Specialists visit families three times per week for four to six months.
- Specialists are available 24/7 to provide crisis support to families.
- Staff from the Department of Mental Health, Hospital Emergency Departments, DCF, and DYS refer families to Intercept.

- Intercept staff collect outcome data at program completion, six, and twelve-months post-completion.

Ms. Torres then reviewed the findings of three external evaluations that confirm the efficacy of the Intercept program, including that Intercept reduces the odds of out-of-home placement by 37% following a maltreatment investigation.

Ms. Torres next discussed Intercept’s involvement with child requiring assistance (CRA) youth in partnership with the Hampden County Juvenile Court and DCF in Western Massachusetts, including the following information:

- Intercept operates on the belief that that families deserve success.
- Intercept helps families gain skills and confidence in learning tools to build a more positive environment by having families to pause, assess, and focus on safety.
- Intercept serves families with a variety of needs.
- Between December 2021 and June 2025, Intercept served 337 youth in twelve courts throughout the Commonwealth across all five DCF regions. The average length of service was around five months and 81% of youth were successfully discharged from the program.

Then, Ms. Torres shared Intercept’s implementation process for placement prevention, including three anecdotes:

- Ms. Torres worked with a young girl who was not interested in engaging in services. To connect and align with the youth, Ms. Torres would play basketball with her. From there, she was able to work with the girl and the family separately to build a relationship over time using a strengths-based approach.
- Ms. Torres worked with a young girl with gang involvement and identified that a contributing factor to her involvement was her mother’s busy work schedule. Together, they developed a safety plan for triggering situations. The youth went on to attend cosmetology school.
- Intercept works with parents and families in a way that fits their everyday life. For example, they have met with parents while they are at the nail salon.

Next, Ms. Sustek reviewed program exclusion criteria, including the following information:

- A combination of risk factors, without the protective factors necessary for safety, may lead to a denial of admission to Intercept services. Risk factors can include IQs below 70, active homicidal and/or suicidal ideation, and evidence of problematic sexual behavior.
- Eligibility assessments are conducted on a case-by-case basis and are provided to the funder/referral source upon denial.

Then, Ms. Sustek presented information on Intercept’s population served and outcomes at discharge, including the following data:

- Between 2023 and 2025, Intercept served 4,275 youth with an average age of 12.9 years.
- Intercept’s population served is 47% female and 49% male. The majority of youth in the program are White (73%), followed by Hispanic (32%) and Black (28%) youth.
- The majority of youth live at home or independently at the time of discharge (88%). The average length of stay is 162 days.

Mr. Stone then highlighted some program challenges and lessons learned, noting the significance of caregiver burnout. Ms. Torres added that it is key to remain strengths-focused in family interactions to continue skill building and sustain engagement. Mr. Stone shared that sometimes due to system eligibility and funding structures, entities may encourage case closer prior to the clinical recommendation to close the case.

Lastly, Mr. Stone highlighted some bright spots, emphasizing growing collaboration with probation officers and other key stakeholders.

Questions & Discussion

One member shared that the families she works with are thankful for the strengths-based approach in Bristol County.

Another member asked if Intercept will become a part of CBHI or MassHealth. Mr. Stone shared that there is no code within MassHealth that could adequately fund Intercept at this time.

Ms. Threadgill asked for clarification on pre-arraignment supports provided by the Hampden County program. Ms. Nichols clarified that youth must be docketed to be eligible for the program, but don’t necessarily have to be arraigned yet (i.e., the arraignment can be stayed).

Closing Comments

Ms. Polizzano thanked the members for their participation and adjourned the meeting.

Meeting adjourned: 12:30pm