Missed Opportunities

Preventing youth in the child welfare system from entering the juvenile justice system





Executive Summary

Children pulled into the child welfare system are too often not afforded the kinds of stabilizing support systems that are essential for their healthy growth and well-being. This puts them at high risk of developing reactive behaviors that lead to their entry into the juvenile justice system. Involvement in the juvenile justice system is tied to academic failure, future arrests and other long-term consequences. Citizens for Juvenile Justice (CfJJ) worked with the Massachusetts Department of Youth Services (DYS) and the Department of Children & Families (DCF) to examine aggregate case information for the over 1,000 youth who had open cases with both DCF and DYS in 2014.¹

We must seek interventions to prevent these "multi-system," "dual-status" or "crossover" youth from entering the juvenile justice system. This review found that within the children welfare system, children who eventually had juvenile justice involvement had significantly different experiences from those who did not. These findings present opportunities to intervene, and incorporate different policies and programs that can prevent these children's juvenile justice involvement. CfJJ also identified areas where better data collection is needed to gather the essential information that can guide us to success and highlight what works.

Examining the data

Most youth in the Massachusetts juvenile justice system have been involved in our child welfare system.

Youth currently involved with DCF make up roughly 39% of the detention population, and 37% of the DYS committed caseload, our analysis found. A study of a much larger sample of youth committed to DYS between 2000–2012 found 72% had involvement with DCF either prior to or during their involvement with DYS.

They became involved with the child welfare system at very young ages.

57% of boys and 59% of girls in our study had their first DCF intake between birth and 5 years old.

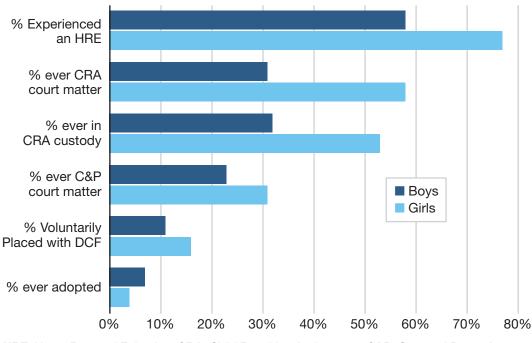
Dual-Status youth have many placements and home removals.

Children need a stable living situation in order to thrive: this provides them with the safety and security that is critical to their emotional development such as a stable relationship with caring adults, success in school, and participation in the regular activities of childhood. When a child is removed from where they are living, those stabilizing elements suffer, and so does the child. A removal is a traumatic event, often experienced by a child as rejection and failure.

While the median number of lifetime placements for children in DCF care is three, most youth in our study had far more. 39% of girls had more than six placements, and 15% had 11 or more; among boys, 27% had six or more, and 10% had 11 or more. One boy had experienced 37 different placements.

¹ Because data was not available for many youth, the study focused exclusively on those currently involved with DYS.

Summary Cohort of Dual-Status Youth



HRE: Home Removal Episode CRA: Child Requiring Assistance C&P: Care and Protection

58% of dual-status youth had experienced at least one home removal, including 77% of girls and 53% of boys.

Boys and minorities are at higher risk of becoming dually involved.

Compared to the overall DCF population, multi-system youth were disproportionately boys (82% v. 50% of the DCF population) and black or Latino (60% v. 39%).

Preventing crossover

Based on the data in this report and expertise on this issue from many fields, CfJJ makes the following recommendations:

From entry into the child welfare system, the state should use a positive youth development framework aimed at a forceful emphasis on providing the essential elements of childhood. That is: support all the experiences that we associate with healthy, beneficial childhood development. Assistance to biological and foster families as well as greater use of kinship care would all promote positive youth development.

Identify and support families who are at risk of re-entering the child welfare system. Home and placement removal is traumatic and strongly associated with juvenile justice involvement.

Adopt best practices to prevent placement disruptions. An extensive body of research exists on what works best for children who come in contact with the child welfare system. The state should adopt best practices for limiting

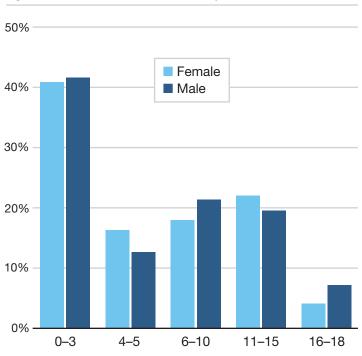
placement disruptions and abandon policies that may increase them. Disruptions should be treated as an unacceptable development requiring the immediate attention of all advocates for the child. Preventing placement failure should be the priority.

Judges and attorneys for children should develop new standards of engagement in case planning when a child becomes dually-involved. They should be notified immediately and hold a hearing within 7 days when there is any placement disruption.

Evaluate the STARR programs. The Stabilization, Assessment and Rapid Reintegration Programs were developed to provide short-term care for children whose clinical needs threatened placement stability. Of those youth in CfJJ's study not residing at home when they entered the juvenile justice system, 20 percent were at STARR programs. Children are often placed in STARR not because of their own needs, but because a suitable placement is not available. An evaluation of why children are being arrested from these programs would provide needed information on how to prevent this locus of crossover.

Courts should look for opportunities to keep kids out of the delinquency system. Prosecutors and judges should consider deferring prosecution or staying delinquency matters prior to arraignment if needed services can be provided through the open child welfare matter.

Improve data collection. Gathering information on all dual-status youth, including their educational needs and progress, will present more data for implementing evidence-based best practices to treat their needs, and identifying opportunities to prevent juvenile justice involvement.



Age of earliest intake-dual-status youth

Acknowledgments

Citizens for Juvenile Justice (CfJJ) would like to thank the following agencies and individuals for their assistance and support on this project. Individuals in **bold** also participated in an advisory committee for this report. Individuals in italics serve on the Board of CfJJ. The findings and recommendations are those of CfJJ alone.

Massachusetts Secretary of Health and Human Services Marylou Sudders

The Department of Youth Services, in particular **Ruth Rovezzi**, Lynsey Heff– ernan, Rob Tansi, and Commissioner Forbes

The Department of Children and Families, in particular Ruben Ferreira, Kim Occhiuti, Amy Kershaw, Elorie Stevens, **Paul Fitzsimons**, and Commissioner Spears

The Department of Probation, in particular Laura Lempicki and Commissioner Dolan

The Committee for Public Counsel Services, in particular *Josh Dohan* and Mike Dsida

RFK Children's Action Corps, in particular John Tuell

The Office of the Child Advocate, in particular Hon. Gail Garinger

The Massachusetts Budget and Policy Center and Massachusetts Kids Count, in particular **Nancy Wagman** and **Jeff Bernstein**

The Children's League, in particular Erin Bradley

Massachusetts Law Reform Institute, in particular Susan Elsen

The Trauma and Learning Policy Initiative (TLPI) of Massachusetts Advocates for Children and Harvard Law School, in particular Michael Gregory

Numerous other advocates and service providers who offered CfJJ critical insight and feedback on this project, including: Meira Russ (Health Law Advocates); Nancy Scannell (MSPCC): Bob Fleishner (Center for Public Representation); Bianca Fonseca and **Brian Condron** (The Home); Amy Mc-Carthy (Boston–Suffolk County Family Resource Center); Betsy Groves (Boston Medical Center); Erin Davies (Juvenile Justice Coalition in Ohio); Dr. Dan Sanford, Liza Berkowitz, and *Rebecca Pries* (Adolescent Consultation Services); *Dr. Richard Barnum*; *Scott Taberner* (Mass. Behavioral Health Partnership & MassHealth)

Former CfJJ Staff and Interns: Emily Bloomenthal, Kate Gannon, Andrew McArdell, and Sara Fiorillo

Sophia Guthrie, Susannah Sheffer, Doug Bellow

The research was funded by the Annie E. Casey Foundation through their Kids Count Initiative. We thank them for their support and acknowledge that the findings and conclusions presented in this report are those of Citizens for Juvenile Justice alone, and do not necessarily reflect the opinions of the Foundation.

Contents

Acknowledgments1
Introduction 2
What national research tells us about multi-system youth $\ldots \ldots _4$
Multi-system youth in Massachusetts
Most of the youth in the Massachusetts juvenile justice system are currently or were previously involved with our child welfare system9
Demographics of youth who are dually-involved with DCF & DYS9
History of child welfare system entry 10
History of removals and placements
Placement immediately prior to entry into DYS12
Discussion14
Further research needed15
Recommendations17
Conclusion

Introduction

In Massachusetts and across the country, children move from our child welfare system into the juvenile justice system at an alarming rate. Many struggle with the effects of neglect and/or maltreatment for years before becoming entangled in the juvenile justice system.

Much effort in Massachusetts has focused on identifying and better serving young people in the child welfare system once they become involved in the juvenile justice system — often at the time or after they are charged with a crime in court. While these initiatives are critically important, a growing body of research shows that delinquency system involvement — even court processing alone — increases the likelihood of a child dropping out of school and later becoming unemployed and entering the adult criminal justice system.¹ It is critical that we focus not just on serving these children effectively once they enter our juvenile justice system, but on *preventing* them from entering in the first place.

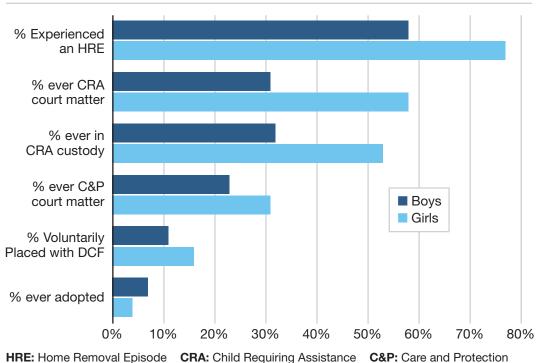
This report seeks to answer the question: **What can we do to prevent children in our child welfare system from entering our juvenile justice system?** While previous research has documented the over-representation of multisystem youth^{*} (also referred to as "dually involved" or "crossover" youth) in the Massachusetts juvenile justice system², little was known about the history of these young people before they entered the juvenile justice system. To address this gap, CfJJ worked in partnership with the Massachusetts Department of Youth Services (DYS) and Department of Children & Families (DCF) to examine aggregate case history information for the over 1,000 youth who had open cases with both DCF and DYS during 2014.

What we found was distressing. Teenagers in the custody of DYS had, overwhelmingly, experienced prior involvement with our child welfare system, either through a Care & Protection (C&P) case, Child Requiring Assistance (CRA) matter^{**} or, often, both. The majority of the children in our study first came to the attention of DCF by the age of 5, and nearly 40% by the age of 3. While most were at home at the time of their entry to DYS, the majority had experienced at least one removal from their home (home removal episode ("HRE"), and had experienced multiple out of home placements—far more than the average child who is served by DCF. A disturbing number of youth also

^{*} The term "Multi-System Youth" will be used in this report in order to emphasize that all systems that work with and affect these youth must be incorporated into the analysis of their struggles and needs.

^{*} A Care & Protection (C&P) case involves an allegation that a child "(a) is without necessary and proper physical or educational care and discipline; (b) is growing up under conditions or circumstances damaging to the child's sound character development; (c) lacks proper attention of the parent, guardian with care and custody or custodian; or (d) has a parent, guardian or custodian who is unwilling, incompetent or unavailable to provide any such care, discipline or attention." MGL Ch. 119 s. 24. A "Child requiring assistance" (CRA) case involves "a child between the ages of 6 and 18 who: (i) repeatedly runs away from the home of the child's parent, legal guardian or custodian; (ii) repeatedly fails to obey the lawful and reasonable commands of the child's parent, legal guardian or custodian, thereby interfering with their ability to adequately care for and protect the child; (iii) repeatedly fails to obey the lawful and reasonable regulations of the child's school; (iv) is habitually truant; or (v) is a sexually exploited child." MGL Ch. 119 s. 21. Both groups are served by DCE





entered DYS from DCF contracted residential programs for children with clinical needs.

While the child welfare histories of these young people are grim, there is also cause for hope. Extensive research exists on what works to help children who experience childhood neglect, trauma, school failure, or serious behavioral issues. Evidence-based programs and other promising practices have been identified and tested that can address these issues, as well as more system-wide changes that can vastly improve the avenues of support for these children. These kinds of programmatic and systemic innovations have helped tremendously in other states, and some needed reforms are already under way here in Massachusetts. The recommendations set forth in the conclusion of this report point to a number of changes that we can adopt immediately, and over time, in order to ensure that those who start life as our most vulnerable children are not just protected, but also supported and cared for, in order to best put them on a path to happier, healthier adolescence and adulthood.

What national research tells us about multi-system youth

National data shows that the vast majority of children involved in the juvenile justice system have experienced a traumatic event (see page 6, *ACE scores, Trauma, PTSD, Behavioral and Mental Health)* or maltreatment at the hands of a caregiver.³ This maltreatment, in turn, can lead to behavioral health issues and struggles that in turn lead to future juvenile or adult criminal justice system involvement. One national study found that maltreatment in early childhood increased the risk for being arrested as a juvenile by 59%.⁴ Children who experienced abuse or neglect early in life were also more likely to be younger at their first arrest, to recidivate, and to become chronic offenders.⁵ Abuse in early childhood may cause long-term cognitive, mental health, and behavioral problems that become risk factors for delinquency.⁶ For example, children exposed to abuse or neglect can become hypersensitive to negative feedback, develop aggressive self-protective behaviors, or become emotionally disconnected as the result of fear and anxiety.⁷ If these issues are inadequately addressed or persist, children may become difficult for caretakers and schools to manage.

Of course not all children who experience abuse and neglect go on to commit delinquent acts. In their article "Child Welfare and Juvenile Justice: Two Sides of the Same Coin," Shay Bilchik and Judge Michael Nash remind us that "[y]oung people living in stable communities with safe schools, access to health care, and supportive adult and peer relationships are more likely to thrive. Those lacking these and other protective factors risk 'crossing over' from the child welfare to the juvenile justice and other system of care."⁸ Unfortunately, precisely this kind of stability and support is lacking for too many children in our systems.

While maltreatment or neglect can directly increase a child's chances of entering the juvenile justice system, studies have also found that the child welfare system itself can increase the likelihood of future delinquent activity. The very process of removing children from their homes is traumatic,⁹ particularly when it is further compounded by additional removals from out of home placements. One study found that boys with four or more placements in foster care were more than twice as likely to have a delinquency charge as boys with just one placement.¹⁰ Placement instability is associated with a range of negative outcomes that could all contribute to an increased risk for juvenile delinquency, including behavior problems, feelings of insecurity, weak social bonds, and unhappiness with the foster care experience.¹¹ Placement instability also weakens the critical bonds to adults upon which healthy development depends, and which are believed to prevent children from engaging in delinquency.¹² Congregate care or group residential placements have also been correlated with higher rates of delinquency involvement.¹³

Certain groups of children are over-represented among multisystem youth. While both the child welfare and juvenile justice systems disproportionately involve youth of color, national research has found these disparities to be even starker among multi-system youth.¹⁴ Girls are also overrepresented in the national multi-system youth population, representing anywhere from one-third to one-half of that population compared to roughly one-quarter of the national delinquency population.¹⁵ Multi-system youth are also more likely than youth in the general population or the child welfare population to suffer from mental health and substance abuse issues,¹⁶ and disproportionately experience diffi-culties learning or engaging in school.¹⁷

Because multi-system youth are more likely to need a combination of services, these children frequently require support from multiple providers. Unfortunately, their involvement in multiple systems can itself become a barrier to access to essential services, particularly when providers do not communicate well or funding for services is tied to particular agencies, which in turn can push these youth deeper into the juvenile justice system.¹⁸ Child welfare agencies and courts sometimes abruptly close or put on hold cases when a young person is arrested, relying on the juvenile justice system to take over placement and treatment,¹⁹ resulting in a loss of access to services only available in the child welfare system. Youth may also not get consistent legal representation in both their dependency and delinquency proceedings, further contributing to contradictory plans and inadequate services. The coordination problem expands beyond just the child welfare and juvenile justice systems, including schools and health care providers.²⁰ Child welfare cases may also be more unofficially "dumped" into the juvenile justice system, with care workers failing to plan for permanency or placements after the child is arrested.²¹ On a systemic level, lack of aggregate information sharing or analysis can also prevent agencies from planning for a coordinated response to youth who need supports from multiple systems.

ACE Scores, Post-Traumatic Stress, Trauma, and Behavioral Health

Research shows us that the majority of children in the child welfare and juvenile justice systems have been exposed to a potentially traumatizing event, and that trauma can be, but is not always, at the root of behavioral problems and psychiatric disorders. Studies of dual status youth have shown that their exposure to traumatic events is more frequent and pervasive than those in the general youth population.¹ Because of the likelihood of its prevalence, it is important that those who are working to understand the possible underlying causes of behavioral issues in multi-system youth become familiar with the different tools and terms we use to assess and name the mental and behavioral health symptoms of children and adolescents. These terms can become confused, conflated, and misapplied.

One screening tool used to document the prevalence of overwhelming childhood experiences stems from the Adverse Childhood Experiences (ACE) study, a long-term study on the effect of childhood experiences of abuse, neglect and family dysfunction and how those experiences affect health and well-being in adulthood. The measurements are referred to as ACE (Adverse Childhood Experience) scores and they are one of the methods used to measure exposure to trauma. The ACE questionnaire includes questions about physical, emotional, and sexual abuse, neglect, witnessing family violence, losing a parent or other family member, family member incarceration, homelessness, and having a family member who is mentally ill or addicted to substances.

As ubiquitous as ACEs are in the general population—and certainly in the population of multi-system youth—it is important to distinguish between adverse experiences and the trauma that might result from them. Trauma is not the adverse experience itself, but rather a *response* to adversity when a child's ability to cope and function is fundamentally undermined. The reason this distinction is important is that not all children who experience adversity—and not all children who are multi-system youth—will go on to develop a trauma response. This is an essential perspective for those who work with these children because if a behavior is linked to the trauma, then not treating that trauma will significantly impact the ability of the child to stabilize their behavior. At the same time, repeatedly raising a past experience that is not a factor in the current behavior, can force a child to re-visit this experience unnecessarily.

For all kinds of reasons—including a child's genetics, their developmental stage when adverse experiences occur, the strength of their relationships

¹ See Abram, K.M., Teplin, L.A., Charles, D.R., Longworth, S.L., McClelland, G.M., & Dulcan, M.K. (2004) *Posttraumatic stress disorder and trauma in youth in juvenile detention*. Archives of General Psychiatry, 61(4), 403-410. Doi:10.1001/archpsyc.61.4.403

to caregiving adults, their access to educational, medical and mental health services, and many other factors—children's responses to adverse events can vary greatly and be difficult to predict.

The distinction between event and response is also important because the trauma response, even when it does occur, does not look the same for every child. Some children's exposure to trauma can lead to a diagnosis of post-traumatic stress disorder (PTSD), in which they are overwhelmed by their response to a traumatic event, but others will exhibit anxiety, depression, or other symptoms that are related to the trauma but do not rise to the level of meeting the criteria for a psychiatric disorder.

Some children attempt to cope by engaging in more outward, or externalizing, behaviors, including the aggressive and violent behaviors that can cause them to become entangled in the juvenile justice system. These behaviors can be an attempt to gain control over an environment that children perceive to be threatening or unsafe. Other children, however, may cope by internalizing their traumatic stress, withdrawing from social situations, and even dissociating when the emotions become too intense. These children may be less likely to engage in behaviors that draw the attention of law enforcement. Some children, of course, engage in both externalizing and internalizing behaviors. Still others appear to be resilient, succeeding in school and adjusting to life in the community in spite of the adversities they may have endured.

While it is important to recognize the educational, behavioral, and developmental challenges that are often correlated with adverse experiences and that can grow to become a trauma response in serious cases, it is also important not to label or make assumptions about all children who have experienced adversity. It is important for the trained professionals working with young people to make individualized assessments of their needs, understanding the risk that we know is associated with ACEs but not defining children by the bad things that may have happened to them.

For an excellent resource on this issue please see: Trauma in Dual-Status Youth: Putting Things in Perspective, by Thomas Grisso, Phd and Gina Vincent, PhD. http://www.ncjfcj.org/sites/default/files/Trauma%20in%20 DSY%20-%20Putting-Things-In-Perspective%20(2).pdf

The National Child Traumatic Stress Network provides a wealth of information on this issue: http://www.nctsn.org/content/ defining-trauma-and-child-traumatic-stress

For more detailed information on the impacts of trauma on children's learning, behavior and relationships at school, please visit http://traumasensitiveschools.org/

Multi-system youth in Massachusetts

In order to develop policies that are effective at preventing youth in the child welfare system from entering the juvenile justice system, we need to first understand the young people who are crossing over now: how many of them are there, what experiences have they had, and what do they need?

Unfortunately, very few of the agencies in our system currently track the kind of data that is needed to do this basic needs assessment. As of the time of this report, the Juvenile Court was unable to assess, on a systemic level, which children currently have both an open Care and Protection or Child Requiring Assistance (CRA) case and a delinquency matter, let alone which children with delinquency cases had previously been involved with the Juvenile Court. Similarly, the Committee for Public Counsel Services (CPCS) currently provides attorneys for both groups of young people, but has no mechanism to assess how many clients are receiving representation from both child welfare and delinquency attorneys, at least with respect to the majority of children, who are represented by private "panel" attorneys.

Even if basic demographic data were available, the Trial Courts, Probation, CPCS, DCF and DYS do not keep aggregate system-wide information about the children that they serve that any parent would want to know in order to determine important information about their well-being: how many children involved with these systems are functioning at grade level, are on track to graduate high school, have stable housing, have a disability, receive needed behavioral health services, require substance abuse treatment, or are employed or involved in other positive activities like sports, music, community events, let alone how many are succeeding and doing well as they enter adulthood.

The only group for whom *some* data is consistently available is youth who have been detained in a DYS facility (roughly 30% of youth who are arraigned) or who have been committed to DYS after a delinquency adjudication (about 7% of youth who are arraigned in court). This data exists because of advocacy by DYS to begin tracking and sharing information about these children in order to improve the services that they receive and, where possible, prevent their entry into DYS. As a result of this effort, DCF is now able to identify a group of youth who are *currently* involved with both agencies—the youth who are the subject of CfJJ's study and this report. Our review also incorporated research conducted by a Boston College doctoral student, Amy Griffin, who worked with DYS to assess a larger cohort of youth who were committed to DYS between 2000 and 2012.²²

Because our research was limited to youth who were involved with DYS (as opposed to all youth in the juvenile court who have an open DCF case and a delinquency matter), the youth in our study are likely to be older (younger youth are detained less often), and disproportionately made up of boys and youth of color (both of whom are disproportionately detained and committed). It is also possible that judges are more likely to detain youth who have an open DCF matter,²³ which would skew the data toward showing dual involvement; without data on the overall representation of DCF-involved youth in the delinquency system, this is impossible to assess.

Most of the youth in the Massachusetts juvenile justice system are currently or were previously involved with our child welfare system

Overall, youth who are *currently* involved with DCF (either through a C&P or a CRA matter) make up roughly 39% of the DYS detention population, and 37% of the DYS committed caseload. A more detailed study conducted over a much larger sample of youth committed to DYS between 2000–2012 found a much larger percentage—72%—had had some involvement with DCF either prior to or contemporaneously with their involvement with DYS.²⁴

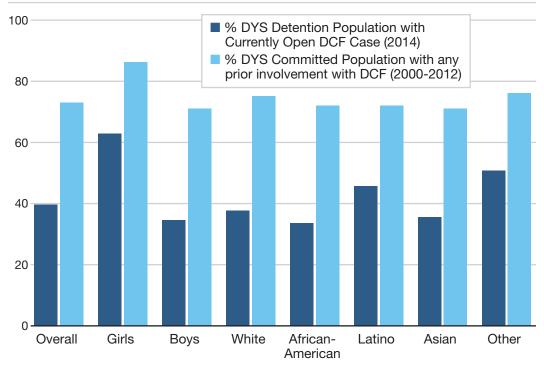


figure 2 Percentage of DYS Youth with DCF Involvement

Earlier research in Massachusetts found that a large proportion of DCF-involved youth in detention (approximately 40%) were deemed low-risk and only in detention because they were waiting for DCF to find a suitable placement.²⁵ While reforms have been put in place to address some of the practices that led to this finding, placement concerns may still result in DCF involved youth being over-represented in the DYS system.

Demographics of youth who are dually-involved with DCF & DYS

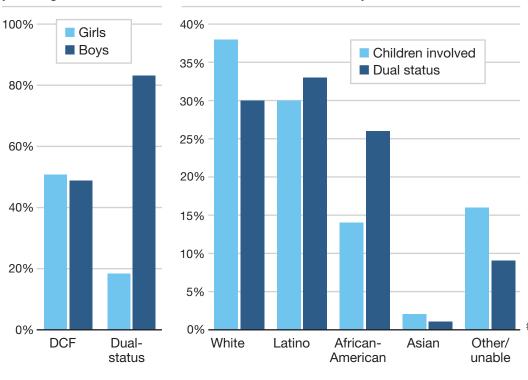
As compared to the overall DCF population,²⁶ dual-status youth in the group CfJJ studied were disproportionately boys (82% v. 50% of the DCF population) and African-American or Latino (60% v. 39%). These disparities reflect the disproportions present in the general DYS detention population, and are similar to the findings of the study of committed youth.²⁷

figure 3

Gender of DCF/dual-status youth, ages 12–17

figure 4

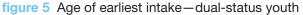
Race of children involved with Child Welfare and dual-status youth

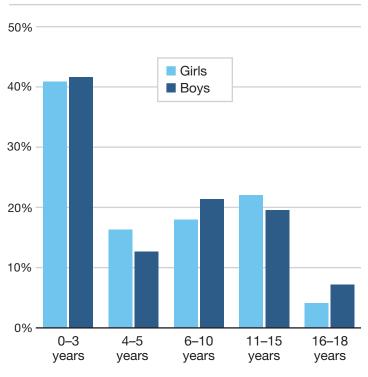


History of child welfare system entry

Consistent with national research, a large percentage of the youth in CfJJ's study cohort had been involved in the child welfare system from a young age. 57% of boys and 59% of girls in our study had their earliest intake by DCF between birth and 5 years old and nearly 40% of girls and boys first came to the attention of the system as infants or toddlers.

A large number of the young people in our study (61%) had experienced multiple instances of substantiated neglect or abuse, as indicated by the number of "supported investigations" in the case histories.²⁸ Roughly one-quarter of the young people in the group had been the subject of a Care & Protection petition, and 12% of the young people had been the subject of a "Voluntary"



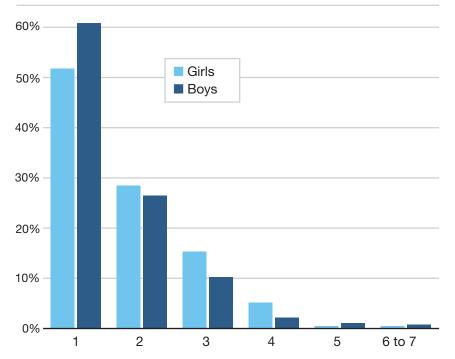


[‡] Race and Ethnicity of DCF child population, as reported in National Child Welfare Outcomes Report to Congress 2009-2012; http://www.acf.hhs.gov/programs/cb/ resource/cwo-09-12. custody petition.[§] Among the youth in our study, 36% had been the subject of a CRA petition, including 58% of girls and 31% of boys.

History of removals and placements

As noted previously, a removal from the home is a traumatic experience for a child, as is the disruption of being forced to move from one home or "placement" to another. For those for whom there was data, 58% of dual-status youth had experienced at least one home removal episode ("HRE"), including 77% of girls and 53% of boys. Nearly 50% of girls and 40% of boys had experienced 2 removals, indicating a reentry into foster care after an initial removal and subsequent return to home. By comparison, in 2013, 18.7% of all children in DCF care have experienced a reentry to care within 12 months of exiting the system.²⁹

figure 6



Lifetime number of home-removal episodes for dual-status youth

Research from the committed population found that in over two-thirds of cases in which a home removal had occurred, the reason listed for the removal was "child behavior," followed by "Caretaker Inability."³⁰ Notably, nearly half of the youth in that group were placed in a non-kinship foster home at the time of removal, and most of the others were sent to congregate care facilities; fewer than 1 in 10 were placed in kinship care, ³¹ significantly less than the overall rate of kinship care among DCF-involved youth (28%).³²

Of the youth in our study, the vast majority (88%) had spent some time in a DCF placement. While the median number of *lifetime* placements for children served by DCF is 3,³³ the majority of youth in our study had far more than that. This means that, in addition to being removed from their primary home, they were also moved to different homes or living placements while in DCF's care.

[§] Massachusetts provides for the voluntary placement of children with DCF by caregivers without a hearing or the appointment of counsel. See 110 CMR 4.0 et seq.

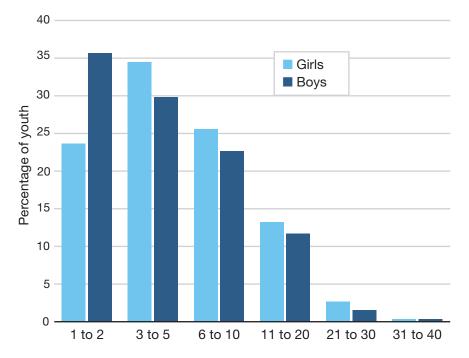


figure 7 Total lifetime count placements for children in placement

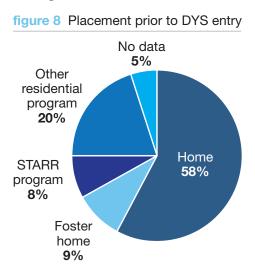
Among girls, 39% had more than 6 placements and 15% had 11 or more; among boys, 27% had six or more, and 10% had 11 or more. One young person had experienced 37 different placements during his time with DCF.

The number of placement disruptions these children have experienced is astonishingly high. By comparison, national researchers seek to track any child who has had more than *two*.³⁴

Placement immediately prior to entry into DYS

The majority of youth (58%) in our study cohort had been at home immediately prior to their entry into DYS custody. Of those who were not at home, 22% had been in a foster home, 20% had been in a STARR^{***} program, and the remaining 46% were in other congregate care facilities.

As reflected in figure 9 (page 13), counties varied widely with regard to both the number of DCF youth in their overall detention population, and where the youth were living prior to their detention. Essex, for example, has one of the highest percentages of dual-status youth in



^{*} STARR stands for "Stabilization, Assessment and Rapid Reintegration." These programs were conceived of to help children in need of stabilization due to underlying clinical needs and are supposed to be short-term. Unfortunately, many children end up in these programs not because of any need related to the child, but because of the lack of a more appropriate placement such as a kinship home, therapeutic foster home, or their biological home with supportive wrap-around services.

detention, and children from STARR programs make up a significant percentage of that population. In Suffolk, by comparison, there are many dual-status youth, but far more came from foster homes than from the Suffolk County STARR program.

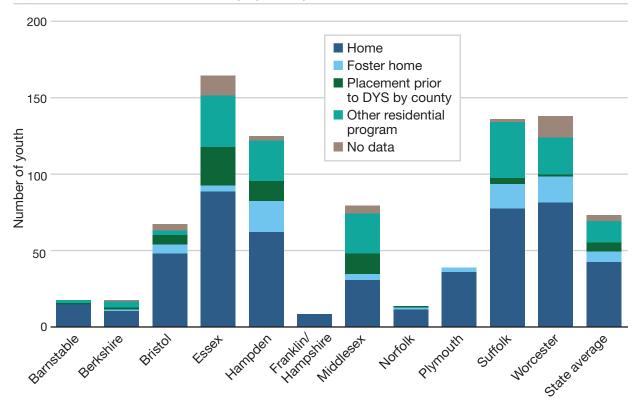


figure 9 Placement Prior to DYS Entry by County

Disparities between counties may be due in part to differences among judges in their practices; in some counties, for example, a large number of youth are detained because the judge issues an order requiring that a child only be released to DCF, but DCF does not take custody of the child.³⁵

Discussion

In many respects, the profile of multi-system youth in Massachusetts is consistent with national research. Compared to the overall child welfare population, the group is disproportionately made up of youth of color, boys, and older youth. Compared to the overall DYS population, the group is disproportionately female; this is consistent with national research showing that a large percentage of girls in the juvenile justice population have been abused or neglected. A recent report found that a girl's history of being sexually abused was one of the primary predictors of her involvement in the juvenile justice system.³⁶

As compared to the other youth in the child welfare system, the group in our study have experienced more home removals and far more placement disruptions than other children in the Massachusetts child welfare system. The high number of placements may be connected to the fact that many of these youth re-entered DCF care on multiple occasions, which in turn results in a greater likelihood of placement in a congregate care facility.³⁷ It may also reflect policies or practices that force youth with behavioral health or underlying concerns to "fail up" to more intensive programs: in essence youth must disrupt a regular placement before the agency will approve their receipt of more intensive therapeutic services, even when caregivers and service providers agree that a child is in need of more intensive services immediately. Finally, it may reflect that this group of youth is disproportionately burdened by administrative decisions to change a young person's placement that have nothing to do with behavior, but which may then precipitate difficult behavior in a child. Research in other jurisdictions has found that "behavior issues" - while frequently discussed as an underlying cause of placement disruption—was actually the underlying cause of only 1/4 of placement disruptions.³⁸ Further research is needed to determine what is driving placement disruptions for children in Massachusetts.

Previous research has documented the connection between placement disruptions and future delinquency, which offers a promising potential for targeted interventions designed to prevent such disruptions and ensure that youth are more effectively stabilized. While these kinds of interventions require resources, they are far less costly and less traumatic to youth than detention or commitment with DYS and the long-term repercussions of involvement with the juvenile justice system.

In contrast to national research, a significant number of the youth in Massachusetts were at home, as opposed to living in residential or foster care, at the time of their entry to the juvenile justice system. There are multiple possible reasons for this difference. First, in many jurisdictions, CRA cases are considered to be part of the "delinquency" system and so these young people are not considered "dual-status" youth. Children are more likely to be at home in CRA cases, which would explain why "home" was the most frequent previous placement. Additionally, Massachusetts may appropriately be focusing on family reunification as a goal, but not affording sufficient supports for families with children in need of more intensive, longer term services, and therefore setting families up to fail. Other advocates have pointed to a range of problems arising from the continued underfunding of these services.³⁹ Massachusetts is currently facing a severe lack of mental and behavioral health providers for children and adolescents. Long wait lists, limited reimbursement policies, and simply too few providers has seriously curtailed the provision of deeply needed mental health services to youth in the Commonwealth.

Another possibility for the high arrest rate from home could be that many of these children had recently returned home after some time in out-of-home placement. If so, it is worth noting that this is a particularly sensitive and challenging time for both the children and their home caretakers, and it is possible that families are not adequately supported through it (referred to as "post permanency support"), perhaps out of a mistaken assumption that DCF responsibility has ended once reunification has occurred. Additionally, children returning to school after returning home may continue to act out their anxiety and trauma, resulting in problem behaviors that schools are ill-equipped or just unwilling to manage without involving law enforcement. Finally, it could be that we are under-utilizing other options for these youth and that this is a group for whom a focus on reunification is problematic.

Further research needed

The initial findings from our study point to a number of areas of concern where Massachusetts can take immediate steps to improve its policies and practices in ways that will provide better outcomes. But additional research is needed to better understand how we can serve young people in our child welfare system, providing them with the best opportunities and preventing them from entering the juvenile justice system. Some of the things that we still want to know include:

What are the causes for the placement disruptions that these young people experience?

What are the underlying reasons, beyond the broad categories, for home removals?

What are the circumstances surrounding these children's arrests or charges? For example, are they getting arrested at schools or in group care facilities?

What are the educational histories of this group of young people? How are schools interacting with them in terms of discipline and academic support?

How many have special education needs, what types of needs, and are they being met? Who is advocating for these young people in school?

What are the behavioral health, trauma, substance use, and family histories of these young people? What interventions are most successful in providing support for these issues?

What programs and policies work? What happens in the child welfare cases in which young people go on to succeed and thrive?

Hampden County dual-status project

While this report focuses on ways we might prevent youth from entering the juvenile justice system entirely, it is no less important to ensure that youth who do become dually-involved are immediately identified and effectively served. One promising program in Massachusetts that addresses this need is the Hampden County Dual-Status Youth Initiative. This project, which received a technical assistance grant from MacArthur Foundation and the RFK Children's Action Corps, identifies youth who are dually involved at the time a delinquency case is commenced, and convenes a team to engage the young person and their family and develop a plan around what the adults need to do to support that young person. It has shown excellent results.

Youth are directed to a special docket in the court at the time of arraignment, staffed by a specially trained district attorney (DA). For each youth, a multi-disciplinary team meeting is held with the child, the family of the child, the child's attorney, the Probation Department, the District Attorney, current service providers, caseworkers from DYS and DCF, any additional family supporters or allies, and the Juvenile Court Clinic Director, who acts as the facilitator. A parent partner and staff from the local Family Resource Center are also engaged to assist in locating needed services. At the meeting, the team creates a document that reflects the group's recommendations for next steps, who is responsible for following through on each recommendation, and by when. The agreement is approved by the child's attorney and, once approved, is then given to all participants before they leave. A special docket session is held a few weeks after the case conference to assess progress on the agreement and identify next steps. The program has developed protocols to ensure that agencies can work together while preserving the privacy of individual youth. Efforts to duplicate it are underway in Essex and Suffolk Counties.

Preliminary results from the project have shown significant reductions in both placement disruptions and recidivism for multiple groups of youth participating in the project, including reductions in the number of new offenses or violations of probation by youth, the number of youth committed to DYS, the number of youth placed in DCF custody and the number of placement disruptions experienced by youth, and increased participation by families (particularly after the teams added parent advocates).

For more information about the Dual-Status Project in Hampden county, please see http://www.rfknrcjj.org/wp-content/uploads/ 2014/07/Hampden-County-MA-DSY-Manual.pdf

Recommendations

Massachusetts has several promising initiatives underway to better serve youth who enter the juvenile justice system with an open C&P or CRA matter. While these efforts are critical, it is equally important to focus on how we can *prevent* child welfare involved youth from entering the juvenile justice system in the first place — either by eliminating system-based experiences that increase their chances of entry, or diverting them from the juvenile justice system before they become enmeshed in it. The recommendations that follow are designed with the goal of prevention in mind:

All system professionals—including DCF & DYS staff, judges, attorneys, schools, caretakers—must approach youth with the framework of **Positive Youth Development**⁴⁰—providing, promoting, and investing in normative developmental experiences for children from the moment they touch the child welfare system, no matter what age. While this concept is currently a stated goal of all agencies that work with children, direct steps must be taken to ensure that this is being implemented in practice and in individual case planning so that the policy directly benefits children.

Improve identification, assessment, and support for families who are at risk of system re-entry. Many of the young people in our study began their involvement with DCF early in their lives and experienced multiple home removal episodes. We must do a better job of identifying families who are at risk of re-entering our system and providing supportive services for these families, particularly in the year following a child's return from out of home care. Risk factors for reentry such as housing instability, parental substance abuse or mental health concerns,⁴¹ difficulties in school, or behavioral or other health concerns for the child should be comprehensively planned for and addressed prior to closing out cases, and families should have a clear roadmap for how to get support with concerns that arise in the future.

Address the high levels of placement disruptions experienced by many young people in out of home placements in Massachusetts. The young people in our study had significantly higher numbers of placements while in care than most children in the Massachusetts child welfare system do, even accounting for the fact that Massachusetts has one of the highest placement disruption rates in the United States. System professionals must treat every placement disruption as a major, potentially life-altering event for a child, one that requires an immediate and proactive response.

DCF should adopt evidence-based practices designed to reduce placement disruptions and reform policies that may exacerbate problems. There is an extensive body of research on risk factors for, and evidence-based or promising practices that prevent or reduce, placement disruption and foster care reentry. Greater use of kinship care and treatment foster care; better recruitment, training and support for foster parents; increased use of supportive services for families including respite foster parents (as opposed to institutional respite services); increased family involvement in case planning, and A companion report by the Massachusetts Budget and Policy Center, *Funding Opportunities: Services that Help Prevent Kids in the Child Welfare System from Entering the Juvenile Justice System*, examines services that help children and families in the child welfare system. These services can include family stabilization to help children stay at home while their families receive supports to help them through a difficult time, supports for kids living with foster families, and other supports such as those for vulnerable kids at school. Funding for some of these services has recently increased, but even with increases, funding may not be sufficient to meet the needs of these vulnerable children. Further, these services are scattered across different agencies, pointing out both the need for and challenges of collaboration. This report is available at http://www.massbudget.org/reports/pdf/Funding_Opportunities.pdf.

lower caseworker caseloads (to name just a few possibilities) can all help reduce these traumatic events for children.⁴² Ensuring youth who need more intensive levels of services are able to promptly access them and adopting practices that result in quicker long-term placement identification, can help reduce unnecessary placement disruptions.

DCF should adopt policies expressly focused on addressing the issue of placement disruption when it happens. If a disruption occurs, family members, attorneys, caseworkers, supervisors, clinicians, and other service providers should immediately convene to ensure that further disruptions are avoided. DCF should prohibit providers from having youth arrested out of programs for behavior that is likely related to trauma, frustrations with placement disruptions, or behavioral health concerns. Training and support should be provided for caregivers and program staff serving these youth to ensure that they are trauma-sensitive and aware of the damage and long-term harms caused by placement disruption as well as arrest.

Judges and counsel for children should be actively engaged in case planning for children, including being notified immediately when there is any placement disruption. Both counsel and judges should be actively and regularly engaged in assessing and modifying case and permanency plans for young people to prevent disruptions and maximize stability for the child. Judges should consider issuing standing orders to require notifications of disruptions and conduct status hearings within the week following any disruption or new home removal episode. Practice standards or bench guides should be developed for judges and counsel to help ensure that they are actively promoting positive developmental experiences, aware of the impact of trauma on children's behavior, and addressing factors that research has shown place children and families at risk for further traumatic disruptions.

Evaluate the efficacy and model for the STARR programs and other programs with high numbers of dual-status youth. A distressingly large percentage of the youth in our study were in STARR programs immediately prior to their entry to DYS. DCF should assess whether the STARR model is working as intended, and review any foster home or residential placement that appears to have a large number of children arrested or sent to DYS.

Diversion from court processing. District attorneys and judges can help alleviate the harm caused by entry into the juvenile justice system by deferring prosecution or staying delinquency matters prior to arraignment if needed services and support can be provided through an open child welfare matter. Burdening children with records that can hurt their chances of college entry, military service, housing, or future employment will not help this highly vulnerable population of young people successfully enter adulthood.

Aggregate data sharing systems must be developed to allow us to assess how youth are travelling through our social services systems and to hold systems accountable for outcomes for these young people. It took a tremendous amount of time and effort by many individuals over several agencies to pull together and analyze the data reviewed for this report. The analysis drawn from

Massachusetts' law to support traumatized children in schools

As stated in the report "Child Welfare and Juvenile Justice: Two Sides of the Same Coin," "[y]oung people living in stable communities with safe schools, access to health care, and supportive adult and peer relationships are more likely to thrive. Those lacking these and other protective factors risk 'crossing over' from the child welfare to the juvenile justice and other system of care."¹ This observation about the importance of stable and supportive communities to help multi-system youth applies just as aptly to the "community" that exists inside of schools. As part of its commitment to maintain stabilization in children's lives whenever possible, the Department of Children and Families has made it a priority to do whatever possible to allow children involved in the child welfare system to remain in their current school. This is an incredibly important initiative that will benefit children involved in the child welfare and juvenile justice systems.

Along those lines, the way that schools manage children experiencing distress makes a big difference in the outcomes for these children. The culture within a school building, where children spend significant portions of their lives, can go a long way toward either buffering or exacerbating the adverse impacts that often result from traumatic experiences. The Safe and Supportive Schools statute (MGL c. 69, § 1P), signed into law in August 2014, is one of the first laws in the country that attempts to translate this critical insight about the importance of school culture into actual policy and practice in the Commonwealth of Massachusetts. The law holds tremendous promise for multi-system youth and all young people who endure adverse childhood experiences.

It defines "safe and supportive schools" as "schools that foster a safe, positive, healthy and inclusive whole-school learning environment that: »

(i) enables students to develop positive relationships with adults and peers, regulate their emotions and behavior, achieve academic and nonacademic success in school and maintain physical and psychological health and well-being; and (ii) integrates services and aligns initiatives that promote students' behavioral health, including social and emotional learning, bullying prevention, trauma sensitivity, dropout prevention, truancy reduction, children's mental health, foster care and homeless youth education, inclusion of students with disabilities, positive behavioral approaches that reduce suspensions and expulsions and other similar initiatives." The law establishes a structure and a process to support schools and districts across the Commonwealth to create safe and supportive school environments that meet this definition and that will provide essential tools for schools to help our most vulnerable children learn.

The law provides an organizational framework that can help educators weave important trauma-sensitive initiatives throughout the entire culture of their school. As implementation of the law moves forward it will be important to collect data on the effectiveness of this approach. In recognition of this need, the legislature has increased funding associated with the law and included a requirement in the line item that DESE evaluate the Safe and Supportive Schools grant program established by the statute.

While there is not yet any data to determine whether the law is being appropriately implemented or having the intended impact, it provides an important goal and framework for caring for our children, and shows the emphasis Massachusetts has put on the issue of supporting children impacted by trauma. By using the Safe and Supportive Schools Framework and the process contained in the law, schools can create safe and supportive environments that serve as the foundation for learning for all students, including multi-system youth. In turn, schools can become predictable safe havens for children whose lives outside of school are chaotic and uncertain, helping them to learn and be successful despite the adversities they may have experienced. More information on the law, including funding opportunities for interested schools, can be found at http://www.doe.mass.edu/ssce/safety.html?section=commission.

that data is important, but there is so much more we could do. In order to know how the system is functioning and whether it is working for kids, we must collect the right kind of data and make it accessible and comprehensible, while maintaining privacy. Financial support for agencies to employ staff for this kind of data analysis is also critical. As the hub of world-class educational, medical, technical, and psychological knowledge, Massachusetts has the wealth of knowledge and commitment necessary to make a real difference in these young lives and that process can begin by investing in information sharing at a systemic level in order to provide information across systems while maintaining privacy protections in individual cases. We cannot expect to succeed if we do not know when assistance is needed, missing, and simply not working.

Conclusion

The children who enter our child welfare system face tremendous challenges. Yet despite these obstacles, children have an amazing capacity to survive and thrive, particularly when our systems ensure that they receive critical developmental experiences: safe and stable housing, caring relationships with adults, appropriate educational programming, physical and behavioral health supports, and opportunities to engage with their peers and communities in positive and beneficial ways.

Unfortunately, healthy developmental experiences are not part of the picture for far too many children in our child welfare system. Instead of stability, they find themselves travelling through an unpredictable chain of foster homes, temporary placements, and residential programs. This in turn leads to progressively distressed children exhibiting increasingly challenging behaviors, leading to school disruption and, eventually, school failure. Participation in normal and equally important childhood experiences like sports, music or arts programs, school activities, summer camp, or even just playdates and birthday parties, becomes impossible. Youth with underlying health needs, physical or behavioral, find their needs unmet or even worsened by their experiences within the system. Most troubling, these children's ability to develop close, caring relationships with parents or other caring adults is thwarted, leaving them to face the challenging years of adolescence without the adult supports that every child deserves.

There is no more important investment of our resources than in bringing our agencies together to make sure that our most vulnerable youth will benefit from coordinated, caring treatment and services, and do not get lost in a jumble of agencies. We are fortunate that this is a time when the leaders of many of our state agencies are prepared to dig deep, learn from the information we have gathered, and overhaul, rebuild, or strengthen our current practices. By using the information we have, committing ourselves to learning more, and applying best practices when we discover problems, we can make a tremendous, positive difference in the lives of children and families.

Endnotes

¹ See Petrosino, Anthony, Carolyn Turpin-Petrosino, and Sarah Guckenburg. 2013. *Formal System Processing of Juveniles: Effects on Delinquency*. No. 9 of Crime Prevention Research Review. Washington, D.C.: U.S. Department of Justice, Office of Community Oriented Policing Services. Available at http://www.ric-zai-inc.com/Publications/cops-w0692-pub.pdf.

² Unlocking Potential: Addressing the Overuse of Detention in Massachusetts (Citizens for Juvenile Justice March 2014) at 12, available at http://cfjj.org/unlockingpotential.php; research by Massachusetts Juvenile Detention Alternatives Initiative (JDAI), available at

http://www.mass.gov/eohhs/docs/dys/jdai/jdai-statewide-dashboard-cy2015-q1.pdf; *Issue Brief-ing: DSS Gateway to Juvenile Crime* (Citizens for Juvenile Justice, January 2000) (on file with CfJJ).

³ Studies of youth involved in both the child welfare and delinquency systems consistently document a troubling correlation between maltreatment and delinquency. See Abram, K.M., Teplin, L.A., Charles, D.R., Longworth, S.L., McClelland, G.M, & Dulcan, M.K. *Posttraumatic stress disorder and trauma in youth in juvenile detention*. ARCHIVES OF GENERAL PSYCHIATRY, 61(4), 403-410 (2004). A national study by the National Institute of Justice showed that maltreatment in early childhood increased the risk for being arrested as a juvenile by 59%. Maxfield, Michael & Cathy Widom *"An Update on 'The Cycle of Violence,' Research in Brief."* (Department of Justice, National Institute of Justice, February 2001) available at https://www.ncjrs.gov/pdffiles1/nij/184894.pdf.

Those children who experienced abuse or neglect early in life were also more likely to be younger at their first arrest, to recidivate, and to become chronic offenders. *Id.* Abuse in early childhood may also cause long-term cognitive, mental health, and behavioral problems that become risk factors for delinquency. See Shay Bilchik & Judge Michael Nash, *Child Welfare and Juvenile Justice: Two Sides of the Same Coin,* Juvenile and Family Justice Today, 18 (Fall 2008), available at http://cjjr.georgetown.edu/pdfs/Fall%2008%20NCJFCJ%20Today%20feature.pdf.

See also Anne Dannerbeck & Jiahui Yan, *Missouri's Crossover Youth: Examining the Relationship between their Maltreatment History and their Risk of Violence*, 1 OFFICE OF JUVENILE JUSTICE AND DELINQUENCY PREVENTION JOURNAL OF JUVENILE JUSTICE 78 (Fall 2011), available at http://www.journalofjuvjustice.org/ JOJJ0101/JOJJ0101.pdf. Terence P. Thornberry et al., *The Causes and Correlates Studies: Findings and Policy Implications*, 9 *Journal of the Office of Juvenile Justice and Delin-quency Prevention* 3, 8 (Sept. 2004), available at https://www.ncjrs.gov/pdffiles1/ojjdp/203555.pdf. Models for Change, *Doorways to Delinquency: Multi-System Involvement of Delin-quent Youth in King County*, 4 (Sept. 2011) available at http://ncjfcj.org/sites/default/files/Doorways_to_Delinquency].

⁴ Maxfield & Widom, *id*.

⁵ Maxfield & Widom, *id*.

⁶ Bilchik & Nash, supra note 2 at 16-17.

⁷ Eric Rossen, Ph.D., Robert Hull, Ed.S., M.H.S., Supporting and Educating Traumatized Students: A Guide for School-Based Professionals (Oxford University Press, 2013).

⁸ Bilchik & Nash, *supra note* 2 at 17.

⁹ See Joseph P. Ryan et al., *Juvenile Delinquency in Child Welfare: Investigating Group Home Effects*, in CHILDREN AND YOUTH SERVICES REVIEW (2008), available at http://cwla.org/programs/ juvenilejustice/grouphomeeffects.pdf; Joseph J. Doyle Jr., *Child Protection and Child Outcomes: Measuring the Effects of Foster Care*, AMERICAN ECONOMIC REVIEW (forthcoming), available at http://www.mit.edu/~jjdoyle/doyle_fosterlt_march07_aer.pdf.

¹⁰ See generally *Crossover Youth Practice Model* (Georgetown University Center for Juvenile Justice Reform & Casey Family Programs 2010) at 89.

¹¹ Ryan, Joseph. *African American Boys in Foster Care and the Risk of Delinquency: The Value of Social Bonds and Permanence*. THE LINK: CONNECTING JUVENILE JUSTICE & CHILD WELFARE, Vol. 4, No. 3 (Child Welfare League of America 2006) at 8. Online at: http://www.cwla.org/programs/ juvenilejustice/thelink2006winter.pdf.

 12 *Id*.

¹³ See Doyle, *supra note* 9, Ryan et al., *supra note* 9, Ryan, *supra note* 11.

¹⁴ Federal Advisory Committee on Juvenile Justice, *Annual Report* (2010), available at http://www.facjj.org/annualreports/00-FACJJ%20Annual%20Report-FINAL%20508.pdf [hereinafter FACJJ Annual Report].

¹⁵ FACJJ Annual Report.

¹⁶ One Arizona study found that 61% of crossover youth had multiple identified mental health concerns and that 27% of the youth had seriously considered or attempted suicide. Gregory J. Halemba et al., *Arizona Dual Jurisdiction Study: Final Report* (National Center for Juvenile Justice, November 2004), available at ttp://www.cwla.org/programs/juvenilejustice/AZDualJurStudy.pdf. Several studies have found higher rates of substance abuse among crossover youth than in the regular juvenile justice population. See also FACJJ Annual Report, *supra note* 14, Bilchik & Nash, *supra note* 2.

¹⁷ Most crossover youth experience behavioral and learning difficulties in school, as well as significant challenges when released from the juvenile justice system, including difficulty finding employment or enrolling and staying in school. See Gretchen Ruth Cusick et al., *From Corrections to Community: The Juvenile Reentry Experience as Characterized by Multiple Systems Involvement* (2009) available at http://www.chapinhall.org/sites/ default/files/

Corrections%20to%20Community_04_21_09.pdf. In the previously noted Arizona study, 76% had chronic truancy problems, 44% received special education services, and 23% had a suspected or diagnosed learning disability. Helemba et al., *supra note* 16.

¹⁸ FACJJ Annual Report, *supra note* 14.

¹⁹ Id.

²⁰ Denise Herz et al., *Addressing the Needs of Multi-System Youth: Strengthening the Connection between Child Welfare and Juvenile Justice*, 20-22 (March 2012), available at http://cjjr.georgetown.edu/pdfs/msy/AddressingtheNeedsofMultiSystemYouth.pdf

 21 *Id*.

²² Griffin, Amy J. *Dually Involved Youth: Exploring Child Welfare Involvement, Maltreatment, and Offense Severity.* PhD Dissertation, Boston College (2014). On file with CfJJ and available at http://dlib.bc.edu/islandora/object/bc-ir:103618.

²³ See further discussion below and at endnote 35.

²⁴ Griffin, supra note 22.

²⁵ Forbes, Peter & Lisa Belmarsh. Massachusetts Division of Youth Services. (prepared as a Capstone Project at Georgetown University Center for Juvenile Justice Reform, 2009) at 7. On file with CfJJ.

²⁶ Massachusetts Department of Child & Families, *Quarterly Report* (4th Quarter 2014) [hereinafter "DCF Quarterly Report 2014 Q4"]. Available at http://www.mass.gov/eohhs/researcher/family-services/dcf/dcf-quarterly-reports.html.

²⁷ Griffin, *supra note* 22 at 53.

²⁸ Nearly all (95%) of the children in our study had been the subject of a 51A report at some point in their history. Of that group, 50% of the girls had 6 or more, and 10% girls and 7% of boys had 20 or more 51A reports in their case history.

²⁹ See Child Welfare Outcomes Report Data: *Timeliness and Permanency of Reunification* for Massachusetts (Children's Services Bureau, 2015). Available at

http://cwoutcomes.acf.hhs.gov/data/tables/composite_one?years[]=2010&years[]=2011 &years[]=2012&years[]=2013&viz=table&states[]=22&state=®ion. This number is still distressingly high; nearly twice the national median of 11.9%. See *Child Welfare Outcomes 2009-2012, Report to Congress* (Children's Bureau (ACYF, ACF) of the U.S. Department of Health and Human Services, November 2014). Available at http://cwoutcomes.acf.hhs.gov/data/overview.

³⁰ Griffin, *supra note* 22.

³¹ *Id*.

³² Family Ties: Exploring Massachusetts' use of Kinship Foster Care for Children in the Child Welfare System (Massachusetts Budget and Policy Center, November 2014). http://www.massbudget.org/reports/pdf/Kinship%20Care%20Final.pdf

³³ DCF Quarterly Report 2014 Q4 at 64.

³⁴ See Child Welfare Outcomes 2009-2012, Report to Congress, supra note 29.

³⁵ The Massachusetts Juvenile Detention Alternatives Initiative (JDAI) has been tracking this issue in an effort to address this problematic and harmful practice.

Additional data is available at the MA JDAI website:

http://www.mass.gov/eohhs/docs/dys/jdai/jdai-statewide-dashboard-cy2015-q1.pdf.

³⁶ Saar, Malika Saada, Rebecca Epstein, Lindsey Rosenthal & Yasmin Vafa. *The Sexual Abuse to Prison Pipeline: The Girls' Story* (Human Rights Project for Girls, The Center on Poverty and In-equality, and Ms. Foundation for Women, 2015). available at www.law.georgetown.edu/go/poverty.

³⁷ DCF Quarterly Report 2014 Q4, Table 20. "Statewide, first-time entrants to placement were more likely than re-entrants to be placed in foster care. Seventy-two percent of first-time entrants and 53% of re-entrants were placed in foster care. Conversely, 32% of re-entrants and 18% of first-time entrants were placed in congregate care."

³⁸ James, Sigrid. "Promoting Placement Stability by Studying the Dynamics and Antecedents of Placement Instability" in *CW360°: Promoting Placement Stability* (Center for Advanced Studies in Child Welfare, Spring 2010)[hereinafter Promoting Placement Stability]. Available at http://tapartnership.org/enterprise/docs/RESOURCE%20BANK/RB-CHILD%20WELFARE/General%20Resour ces/CW360_Promoting_Placement_Stability_2010.pdf.

³⁹ Elsen, Susan. *If Not Now, When? A Call to Action for Systemic Child Welfare Reform in Massachusetts*. (Massachusetts Law Reform Institute, June 2014).

⁴⁰ See, e.g. National Resource Center for Youth Development, "Positive Youth Development" available at http://www.nrcyd.ou.edu/youth-engagement/positive-youth-development.

⁴¹ See generally, Lee, Sangmoo, Melissa Jonson-Reid, Brett Drake. *Foster care re-entry: Exploring the role of foster care characteristics, in-home child welfare services and cross-sector services.* Child Youth Serv Rev. 2012 September 1; 34(9): 1825–1833, available at

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3666939/; Freundlych, Madelyn. *Legislative Strategies to Safely Reduce the Number of Children in Foster Care* (National Conference of State Legislatures, July 2010), available at http://www.ncsl.org/documents/cyf/

strategies_reducing_the_number_of_children_in_foster_care.pdf; Hatton, Holly & Susan Brooks. *Preventing Re-entry into the Child Welfare System A Literature Review of Promising Practices* (Northern Training Academy Supporting Children and Family Services November 2008), available at http://www.childsworld.ca.gov/res/pdf/PreventingRe-entry.pdf.

⁴² See generally, *Promoting Placement Stability, supra note* 38.



44 School Street, Suite 400 Boston, Massachusetts 02108 (617) 338-1050 cfjj.org