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***FROM A  
PARENT'S  
PERSPECTIVE***

**A Handbook for Parents  
of Children Committed to the  
Massachusetts Department of Youth Services**

By Linda Smelstor.

Published by Citizens for Juvenile Justice.  
Funded in part by the Massachusetts Department of Youth Services  
and the Gardiner Howland Shaw Foundation.  
Distributed in cooperation with the Juvenile Justice Center at  
Suffolk University Law School.

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Boston, Massachusetts, January, 2000.

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*From A Parent's Perspective* may be accessed at: [www.cfjj.org](http://www.cfjj.org)

*From A Parent's Perspective* is intended as an overview of the Department of Youth Services and a reflection of one parent's personal experiences. The author is solely responsible for its contents.

Notwithstanding any general or specific recommendation, suggestion, or direction made or drawn from *From A Parent's Perspective*, you are hereby advised to consult a professional advisor, such as an attorney, before taking action relative to your child's case.

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# ***FROM A PARENT'S PERSPECTIVE***

## **A Handbook for Parents of Children Committed to the Massachusetts Department of Youth Services**

### *Key Issues and Concerns:*

- What facility will my child go to? Page 1.
- How do I communicate with my child's attorney? Page 1.
- When can I visit my child? Page 2.
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- How will my child's medical care and prescriptions be handled? Page 12.
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## Acknowledgments

My husband, Rob, and I gained firsthand experience with the Department of Youth Services (DYS) when our child was committed to DHS for one and one-half years. I decided to use this experience to establish a broader relationship between DHS and the parents of children committed to DHS. Many months of research went into the development of this handbook. Parents, guardians, DHS, the Massachusetts Department of Mental Health (DMH), Parent Professional Advocacy League (PAL), Citizens for Juvenile Justice (CJJ), and the University of Massachusetts Lowell came together to see this project launched.

Thank you to DHS for allowing me to step behind the scenes to gain a better understanding of the juvenile justice system. I am particularly grateful to Glenn Daly, former director of communications at DHS, who was instrumental in researching and compiling much of the technical information. Without his cooperation and encouragement, it would have been nearly impossible to complete this handbook. A special thank you to Scott Taberner and Emily Cornelissium for the many hours they contributed to the research project that led to the development of this handbook. Thanks, also, to David Strong, Glenn Heavey, Ruthanne Pevozzi, and John Comeau, who reviewed this handbook and added their expertise to the process.

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Additional thanks to June Gross, past director, Parent Professional Advocacy League. She was my mentor as well as a parent who understood the message of hope and understanding I was attempting to bring to parents and professionals. June brought this project to the attention of DMH.

A special debt of gratitude goes to Susan McLaughlin-Beltz, my professor, who motivated me to pursue this challenge. Through her tutelage, I acquired the tools I needed to accomplish such a daunting task.

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## Introduction

*Tall, barbed wire fences...Locked doors...Serious-faced security staff...Daunting and intimidating.*

You have just learned that your child will spend the next few months or years in the custody of DYS. Whatever your emotions may be, you will probably cope a little better if you know more about how, when, where, and why DYS confines and provides services for your child. It is important for each parent or guardian to become an informed advocate for his or her own child.

The first day your child is in DYS custody can be filled with worry, fear, and concern. You might be outraged and bitter, or you may have come to believe that DYS may be the best thing for your child right now. You might even have thrown your hands up and said, “I’ve had it! Let’s see what THEY can do!” Whatever you feel now, you should know that you and your child have some challenges in store.

The handbook provides an overview of the information you may need as you work to support your child during this difficult time. It can be used as a reference guide again and again. However, please consult a professional advisor, such as an attorney, before taking any action relative your child’s case.

When your child is in DYS custody, it is important for you to learn everything you can about your child’s situation, what kind of services and care your child will receive, and to think about what is in his best interest. Your child is in DYS custody by order of a judge, so DYS will be making the ultimate decisions. Nevertheless, this does not sever your rights as a parent.

It is important for DYS to take into consideration your family’s issues and your recommendations for what your child’s treatment plan should be. Since this does not always occur, it is important for you to advocate for your child. Maintaining a relationship with your child’s attorney throughout the process and during your child’s commitment to DYS will help you to advocate for services your child will need. Becoming better informed will help you to make the best decisions so that your child will ultimately be able to live the best life he can.

Having a child in DYS is very stressful. You are not alone. Parents can help each other in a variety of ways. Joining a support group can provide information and emotional support. Parents can also support each other by phone or by sharing rides to facilities with families who need transportation and companionship on visiting days. Information and community resources, including interpreters, can be developed and shared by and with families.

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## Questions and Answers

Now that your child has been placed in the custody of DYS, you will find yourself with plenty of questions, especially during the first few weeks and months. They may have to do with issues of placement, services, schooling, and emergencies; they will surely have to do with what you can expect from DYS, and what DYS should expect from you. The following is a selection of common concerns many parents and guardians have about their child and DYS. Feel free to contact your child's caseworker or attorney for any additional questions you may have.

**Legal issues:** *What does the attorney expect from my child and me? How long will the attorney remain involved with my child's case? What should I expect from my child's attorney?*

- The attorney will expect your child to keep him up-to-date on information relevant to any court process or his treatment while in DYS.
- The attorney will remind you that your child is the client — *not you*. This means that you will be shut out of that process unless your child grants the attorney permission to discuss the case. The attorney should however be willing to listen to your input around issues such as the your child's medical, mental health, and family histories.
- Once your child is committed to DYS, the attorney should remain involved in order to be prepared to step in to advocate for your child when questions, issues, and concerns arise during your child's commitment to DYS. You can also request that the attorney attend staffings and school meetings to help you advocate for any services your child may need that may prove to be difficult to access.

The American Bar Association recommends the following minimum standards of attorney conduct in juvenile cases:<sup>1</sup>

- Interview the child thoroughly at every stage of the proceeding.
- Be sensitive to multicultural issues.
- Conduct an adequate investigation.
- Prepare for the case and file appropriate pretrial motions.
- Ensure that your child understands the proceedings and their outcome.
- Explore alternative dispositions.
- Pursue appeals or other legal proceedings necessary to protect your child's interests.
- Represent your child in post-disposition reviews.
- Monitor the implementation of the disposition.

**Placement:** *What facility will my child go to? What are the visiting hours? How can I get there? Will we be able to write to our child? What about phone calls? What about clothing? What happens if he gets transferred to a different facility?*

- Information about placements may not be available until late in the afternoon, after bed assignments for that day have been determined. Call the area office that serves your court (see listing of phone numbers in Appendix C) and ask for the Detention Coordinator. You can also call your child's caseworker or clinician if he already has one.
- Visiting hours vary with each facility and program. To get times and days, call the facility and ask about their specific policy. When your child is first placed in a program, visitation rules may be strict. Each program has its own policy regarding visitors and should mail you a copy. Some programs require a child to attain a certain achievement level in order to be allowed visits

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from siblings and other relatives. **As a parent, you have a right to visit your child.** However, you are only allowed to see your child when a visit is scheduled.

- Directions to facilities and programs are available from your child's caseworker or your area office.
- You can write whenever you want, unless a court order forbids you from doing so. Be aware that all mail is checked for contraband and will be read by a third party.
- The frequency and duration of calls home will vary from program to program, unless (in rare cases) there is a court order to the contrary preventing contact. You may call the program staff at any time to check on your child's well being.
- You have the right to speak to your child in a language other than English during routine visits, unless there is a security issue that has been documented.
- The facility will instruct you as to what clothing, etc., you may bring for your child. Belongings may be brought either during regular business hours or at other times by prior arrangement.
- If your child is moved to a different facility, the caseworker will notify you. Either the caseworker or the sheriff's department will transport your child, along with his belongings. Your child is given the opportunity to call you during the intake process each time he is moved.

**Services:** *Will my child have a caseworker assigned? What records will DYS want, and how can I be sure they get them? Will DYS want to hear from other professionals who have worked with my child? Will my child have any kind of testing? What about counseling? What about substance abuse services? What about medications? What happens if my child refuses services?*

- Upon commitment to DYS, your child will be assigned a caseworker. Caseworker assignment is based on the community where your child lives. If a caseworker has not yet been assigned, call your area office and ask the on-call supervisor for any information you might need.
- When a caseworker has been assigned, he will meet with you to get a medical, personal, and social history on your child and your family. It would be helpful to have ready for your first visit with the caseworker the following: your child's social security card, birth certificate, reports from previous placements or programs, and any medical, educational, or psychological records.
- You can sign a release form allowing professionals who have been involved in your child's care prior to commitment to share their findings with DYS.
- Each child is assessed by a clinician to obtain a mental health history. Acute needs are dealt with immediately. Any necessary evaluations will be determined on a case-by-case basis. If it is appropriate, both group and individual counseling are utilized.
- During your child's intake period, his level of substance abuse is assessed. Various treatment modalities are used such as psycho-education, Alcoholics Anonymous, Narcotics Anonymous, drug testing, individual and group counseling, and residential placement.
- Acute medical problems will be addressed immediately. A physical exam will be done within 30 days. The administration of medication is determined on a case-by-case basis. If you are able to inform DYS and Probation about your child's medication and health needs, then DYS can plan his placement around any necessary arrangements that need to be made. You and your child's doctor should work together with DYS to ensure the delivery of proper health care at all times.

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- Failure to comply with treatment may result in sanctions ranging from a reprimand to a referral to a more secure facility.
  - It is very important for you to be aware that DYS can petition the court to extend a commitment from age 18 to age 21 if they determine that the child presents a risk to himself or the community. This petition can be filed right up to the day before your child actually turns 18. Preferably, DYS will inform you and your child of this decision, but the Department is under no obligation to do so. Again, it is important to keep your child's attorney up-to-date with events and issues.

***Emergencies:*** *What does DYS consider to be an emergency problem? Will I be contacted immediately if there is a medical emergency? What if my child tries to hurt himself? What happens if another child, who has a history of fighting with or intimidating my child, comes into the same facility as my child, or who is in a rival gang? What about other problems like fire, riots, or assaults? What about emergencies at home?*

- DYS evaluates injuries, serious fights, and other such incidents to decide whether they constitute emergencies.
- All parents and guardians are asked to sign a medical release at the intake meeting. In the case of a medical or mental health emergency, you will be contacted at the earliest possible opportunity.
- If you are aware that your child is having a problem with another child, let the caseworker know so that the problem can be addressed promptly. Parents are encouraged to discuss any concerns you might have about your child's safety with staff.
- In cases where your child is a victim or a perpetrator in any incident that involves criminal charges or other serious incidents, parents are notified on a case-by-case basis.
- If a family member becomes seriously ill or dies, decisions about your child's ability to visit or to attend bereavement services will be made on a case-by-case basis. If the youth is being held on bail, only the court can rule on these issues. The first priority for DYS will be public safety and the safety of your child.

***Insurance coverage:*** *How will health insurance coverage for my child be managed?*

- If you already have insurance through your employer, maintain that coverage. DYS may ask you to fill out paperwork allowing them to apply for your child to be covered by MassHealth, which will cover your child in most situations where your insurance does not.
- If for some reason you do not maintain your child's coverage during the time he is in custody, remember to enroll him in your health plan when he is discharged from DYS. Most private insurance policies cover children until their nineteenth birthday or while they are full-time students until age 22.
- Many insurance policies require that you enroll either upon hire or at a certain time of year; since your child may be leaving DYS at a different time, you may only have a certain time period in order to apply for coverage. Read your insurance booklet or ask your employer about the particular requirements of your insurance plan. Don't jeopardize your child's coverage by waiting too long.

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**Family involvement:** *How will my child and I take part in decisions about my child's ongoing treatment? What if I don't agree with something – how can I appeal? Can I review my child's DYS records? What conditions will be set for my child's return home? What happens if my child is at home and things break down? What about trips out of state? What will DYS expect of me as a parent? What should I expect of DYS?*

- You and your child can take part in any decision-making process by actively participating in discussions pertaining to your child's treatment and attending all staffings.
- **While you may not always agree with decisions that are made, you have the right to advocate for the services you believe your child needs.** If a conflict arises between DYS and yourself regarding services inside or outside of your home, the first person to contact should be your child's caseworker. If you are not satisfied, bring the issue to a supervisor and then to the area director. Engage your child's attorney in any discussions. Utilize resources outside of DYS for help from child agencies such as Parent Professional Advocacy League, Office of Child Care Services, Special Education Office of the Department of Education, and the Juvenile Justice Center at Suffolk University Law School. Other resources and contact information are listed in Appendix D.
- Massachusetts law gives a parent or guardian the right to review their child's record at any time. Make a written request to your area office to obtain a copy.
- When your child is ready to come home, an agreement called a Grant of Conditional Liberty is developed to outline the expectations DYS has for your child's behavior. You will get a copy. Be an active advocate in the design of the agreement.
- If the situation at home breaks down, ask for a case conference regarding your child's progress. In the case of an emergency, notify the caseworker immediately. If there is no resolution, call the supervisor or area director and so on up the chain of command. Inform your child's attorney so that he can advocate for your child's needs.
- It is important to let the caseworker know if the family is leaving the state for business or pleasure, especially if the trip is for an extended time.
- Your child will not be allowed to leave the state under any circumstances without prior approval by his caseworker. The caseworker must obtain an Interstate Compact Request with the state your child wants to visit. This means the other state must give permission for your child to enter the state. It must be done during normal business hours as far in advance as possible. This can be a problem if your child wants to go out of state at the last minute or if he lives along the border of another state. Even a simple visit to a beach or a relative has to be prearranged.
- Some of the expectations DYS has of you as a parent or guardian are: open communication, attending counseling as needed, attending meetings related to your child's welfare, and enforcing curfews at home.
- Your expectations of DYS may include: collaborating with you and any involved professionals (such as an attorney and school representatives, etc.), considering your child's best interest during any decision-making process, and providing prompt responses to questions and concerns.

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## Moving Through the System

You have just learned that your child will spend the next few months or years in the custody of DYS. Whatever your emotions may be, you will probably cope a little better if you know more about how, when, where, and why DYS confines and provides services for your child. It is important for each parent or guardian to become an informed advocate for his own child and keep pushing the process forward.

**Your role as an involved parent is an important factor in the kinds of services your child receives.**

In order to move your child through the system quickly, it is important that you stay in constant contact with DYS to ensure that his needs are being met. Because of a lack of resources and funding, many children end up sleeping on a gym floor, possibly for weeks or months at a time. A child stuck in that situation is not receiving treatment. It may be up to you and your child's attorney to inspire DYS to improve the situation.

While you may not always agree with decisions that are made, you have the right to understand the reasons behind the decisions. Any decisions that you disagree with can be brought to the attention of the immediate supervisor of the person making the decision. If this effort is unsuccessful, you can continue up the DYS chain of command. If there is still no resolution, you can turn to resources such as advocacy groups or your child's attorney.

The following information may assist you in responding to various concerns:

- If your child is being detained on bail, the court process will determine the length of time your child is in DYS detention. Your child will be assigned a court-appointed attorney or you may hire a private attorney. Contact your child's attorney or probation officer if there is a question regarding the bail process.
- After a finding of guilt or delinquency in a court proceeding, your child can be committed to the legal custody of DYS up until his 18<sup>th</sup> or 21<sup>st</sup> birthday. He can also be initially committed to age 18, but DYS can petition, extend the commitment to age 21 without warning. If this happens, your child will be held over in DYS during the court process with no bail.
- While your child is committed to DYS, the Department has physical custody of him. Your parental rights, such as giving permission for medical care, are *still* intact, assuming the Department of Social Services is not involved with your family.
- Depending on the severity of the crime, your child may then be required to appear before a "Classification Panel." This panel will determine the length of time your child is placed in a particular facility based on your child's risk to the community. Request that your child's attorney and the DYS caseworker explain the "time grid" to you and your child. You and your child may not be allowed to attend; however the attorney should attend.
- DYS has a number of services that your child might become involved in. On any given day, half of the youth committed to DYS custody are placed into a facility; the other half reside in foster care, independent living programs, or at home with a parent or guardian. Even when your child is at home, DYS will remain actively involved with your child and your family. Services that he receives are designed to protect the public and give your child the opportunity to live at home. The degree of your child's success at home will be determined by the collaborative efforts of you, your child, and DYS.

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- Each child committed to DYS custody should receive a thorough assessment. Assessments are conducted during confinement at various facilities. The assessment takes into account such factors as the nature of the crime, past criminal history, and his social and family history. You are included in the assessment process. Ask your caseworker how you can be involved during this decision making process. Talking with another parent, an advocate, or your child's attorney can be helpful with any questions or concerns you may have.
  - Once an assessment is completed, you will attend a "staffing" (what DYS calls a meeting) within 30 days at which time your child's assessment and service needs will be discussed and a treatment plan established. Your input in this meeting is valuable and your participation is necessary. When your child is ready to be discharged home or into the community, his treatment plan may be amended to include such interventions as visiting to a day reporting center, school attendance, curfews, employment, peer restrictions, substance abuse counseling, and family counseling. A staffing may also be held in response to a behavioral issue that is in question. It is probably one of the most important opportunities available to you to advocate for your child's needs. Following the staffing, it would be a good idea to send a letter restating the discussion that took place and your child's treatment plan that you may agree or disagree with. A sample letter can be found in Appendix F.
  - A staffing brings together your child, you, your child's attorney, the caseworker, the supervisor, counselors, and possibly school officials or other agencies that may be involved in your child's care. It can be quite the intimidating experience for both you and your child. Your child may feel that he is on the "hot seat." You may disagree with the outcome of the staffing. Enlist the help of advocacy groups. The best way to deal with staffings is to come prepared with a list of questions and concerns. It will usually be arranged by your child's caseworker. Directions to the staffing are available from your child's caseworker or by calling the office directly.
  - Your child may be sent to one of approximately 40 facilities or 64 programs that operate with varying levels of security. These can range from community-based programs that serve youth who live at home, to foster homes, group homes, or highly secure locked units. Services may include individual, group, and family counseling, structured recreational activities and substance abuse counseling. Keep in mind only a small percentage of facilities are set aside for girls across the entire state. Resources for girls are extremely limited, which may mean that you will have to advocate even more for access to appropriate services for her.
  - DYS does not know in advance how many new children are to be committed on a given day or what services those children will require. The wait for placements or services may take weeks or even months. This may require an intermediate change in your child's treatment plan. Children are moved in and out of placements according to an assessed level of risk posed by the entire population on any given day, not according to their individual needs.
  - Unless your child is being held on bail, he will usually be assigned to a caseworker within the first few days in DYS custody. The caseworker is your child's primary resource person at DYS. This is the first person you should contact about any issues or questions. He is responsible for preparing a comprehensive case history and developing your child's treatment plan. Other responsibilities include scheduling home visits, staffings, or other appointments, conducting periodic case conferences, and making appropriate referrals to residential and nonresidential programs. Your child's progress in the various programs, at home, and in the community will be monitored by this caseworker. If a placement is changed, the caseworker is expected to discuss it with you and arrange transportation for your child to the new placement.
  - Your child's caseworker is expected to have regular contact with you and your child to address any problems that come up and to update the treatment plan as needed. You are expected to act
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respectfully and to be treated respectfully. It is important to demonstrate that you are cooperative and are trying to be a positive influence for your child. Ask for help if you need it. Expect to be included in decisions. Make complaints as they are warranted. Sometimes staff at programs do not have the answer to your questions. Ask to speak to a supervisor or someone else who may provide you with accurate information. Caseworkers can be reached by telephone at the office from which they work. If a crisis arises, the caseworker's supervisor can be contacted at the same office. For emergencies, you can call the 24-hour DYS Communication Center at (617) 727-7575 extension 333. If your child has a court appearance to make, either his own caseworker or a court liaison caseworker will be at the court with him. The caseworker will also assess your child's readiness for discharge from DYS.

- Most programs operate on a behavior/reward point level system. Good behavior is rewarded with increasing privileges; poor behavior will decrease privileges. The behavior/reward level that your child has achieved in a particular program does not carry over from one placement to the next. If he is moved, the process starts all over again, sometimes frustrating the children.
- In some facilities, you may have to sign permission for your child to receive such services as taking medication or having a haircut. For security reasons and space limitations, your child will usually be allowed to keep only three or four changes of clothing – from socks to shirts. In some cases, your child may be required to wear a uniform. You might be allowed to bring food that is checked by staff first, depending on the facility. You may be allowed to bring your child a deck of cards or a book. Be sure to mark everything with his name.
- In most cases, you are encouraged to attend family counseling sessions with your child and a staff clinician. It may be more convenient to schedule this for a visiting day. The clinician is available to you to keep you informed of your child's progress.
- Some youth in DYS custody, both male and female, are parents themselves. In many cases, the Department of Social Services, the Massachusetts child protection agency, may be involved in your child's case along with DYS. Where appropriate, DYS encourages teen parents to be involved in their children's lives, perhaps by letter or phone calls. In some cases, teen pregnancy/teen parenting programs are available. Contact your child's caseworker for a list of available resources.

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## Facilities, Programs, and Community-based Services

DYS contracts with various vendors to provide facilities, services, and programs for children. These vendors are held to legal and policy standards. Contact the DYS Legal Department, your child's lawyer, or the Office of Child Care Services for help if vendors fail to adhere to published standards. A brief description of the various types of facilities includes:<sup>2</sup>

- **Staff secure** programs have no locked doors but might have alarmed perimeter doors and windows with an emphasis on security by staff. This type of unit might be a group home or a residential school in the community.
- A **limited secure** program has locked perimeter doors, locked and screened windows, unlocked dormitory style bedrooms, and physically restrictive program areas.
- A **secure** program has locked perimeter doors, locked bedroom doors and windows. Your child's movements and activities are severely restricted. This can be difficult for your child; he or she cannot do most things, including sitting or standing up or going to the bathroom, without permission from the staff. Every single thing he does is monitored and controlled.

Serious offenders may be placed in a specialized unit known as the Juvenile Secure Unit located in a separate wing of the Plymouth County Correctional Facility, an adult jail. The age range of youth placed in this unit is 14 to 21. Your child is subjected to the policies of the correctional facility, as well as DYS, such as wearing a uniform, being subject to searches, and being closely monitored.

- **Short-term committed units.** The average length of stay at this type of unit is 30 to 90 days. If your child is newly committed or has been transferred from other programs or from home, this is one kind of unit that may be used to confine him. Services include education, behavior management, and structured recreation. Treatment programs include help with crisis prevention, violence prevention, or drug/alcohol abuse.
- **Long-term committed units.** The average length of stay in these units is usually eight to twelve months. Services are generally the same as in short-term units.
- **Detention units.** If your child has been charged with an offense and is being held on bail awaiting court action, he may be sent to one of these facilities. In addition, if your child has already been committed but is waiting for a placement in another facility or program he could be sent here until an opening becomes available. If your child has been living in the community but has violated a part of the treatment plan, he may be placed here as a consequence of the violation.
- **Residential settings.** There are several types of residential placements, ranging from school settings to staff secure group homes. Placements may be from a few days to many months. Staff is on site 24 hours a day. Education, counseling, and treatment are a key part of the services.
- **Foster homes.** DYS has a very limited number of highly trained foster parents. In certain cases, other family members or others in the community known to the child may be approved to become a foster parent.

In order to allow your child to safely remain at home and in the community, there are a variety of community-based programs available. Remember that access to girls' services is not adequate, especially in comparison to the availability of services for boys. Since it is impossible for DYS to know what a child is

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doing 24 hours a day when he is living at home, these programs especially require the cooperation of the parents. Parental enforcement of curfews and other such restrictions is necessary for a successful outcome. It can be important that your child see that you are collaborating with DYS to help him. Four specific services that provide supervision of your child in the community are described below.

- **Day reporting centers** are community-based programs operated by DYS. Local police, local courts, the Department of Probation, and other community agencies may also be involved in the program. If your child is living at home, he may be required by the court, probation, or DYS to report to a center on a periodic basis. Staff at these centers supervise your children and provide a range of services including counseling, recreational activities, and tutoring. The program allows your child to continue to live at home and go to school, but strictly supervises them during the hours he is required to attend the center. The children may be escorted home at night to ensure their safety.

At night, the centers may be used by local police to house youth who have been arrested and need to be held overnight or over the weekend until they can be brought to court on the next juvenile court day. By having children housed in these centers, it provides them with a safe place away from adult prisoners in the local jails. The building has unlocked dormitory style bedrooms, with a room set aside for homework and recreation. As in all DYS facilities, girls and boys are housed separately.

- **Electronic monitoring.** Electronic monitoring is used if your child is under house arrest. That means he cannot leave the house at all without prearranged permission. This, too, is a program that can be intrusive in your family's life. The electronic sensor is attached to your child's ankle with a tamper-proof device to ensure that if he takes it off, a signal is sent to the monitoring staff alerting them to this action. The monitor is similar to a cable TV box. It is connected through your telephone line to send signals out to monitoring staff. Your child will only be allowed to be within a certain amount of feet from this box during whatever hours he is supposed to be in the house. The monitor can be set up to allow your child to leave to go to school, to work, or to an appointment and then come right back.

Signals are sent from the monitoring center to the box and bracelet on a random basis to verify that your child is at home. If someone is on the phone when an audible signal indicates that a check is to take place, that person will be *required* to immediately hang up the phone in order to allow the signal to be sent. You will not have any advance warning and you must comply. Try to remember that this inconvenience is a small price to pay to enable your child to stay at home with you.

- **Outreach and tracking.** DYS contracts with private, community-based agencies to provide intensive monitoring of your child's activities. The level of supervision your child requires may be anywhere from office-based counseling during regular business hours up to and including seven days a week, 16 hours a day monitoring and tracking of everywhere your child goes, who they are with, and what they are doing. He will be required to call the tracker every time his location changes. Trackers will show up unannounced at any time, anywhere, to verify that your child is in fact where he says he is. The school your child attends will be contacted daily either by phone or, an unannounced visit to verify attendance. If your child has a job, the tracker will verify that he is really there with a phone call or an on-site visit. If your child has to be in court, the tracker will often plan to be there for support.

From time to time, the tracker will take your child without notice and require him to ride along in his car or to stay at the program office while other children are being checked up on. This can be a consequence for a particular problem or it can be a time for the tracker to talk with your child and build rapport. This program can be somewhat intrusive in your family's life, but it is

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an important service that allows your child to safely remain in the community. You can encourage your child to comply with the demands of the program by such efforts as ensuring that he takes on the responsibility of having change for phone calls that have to be made each time he goes from one location to another.

- **Beepers.** Voice-tracking beepers are now being used to verify the location of your child on a random basis. Your child is paged by a computer and must call from previously determined locations. The computer will then verify your child's voice and location. A report is transmitted to DYS the following day. The beeper cannot be used for any other purpose.

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## Visiting Day at a Locked Facility

Let me share with you my first visiting day at a highly secure locked facility.

After arriving for my first visit and waiting to be greeted at the back entrance, I had to return to my car to leave my purse as no one is allowed to bring in anything but keys and a picture identification. Of course, this meant I lost the time out of my visit. Therefore, on subsequent visits, I left my belongings at home or locked them in the car trunk before I arrived.

Everything I brought for my child was searched thoroughly and given to my child later if it was acceptable. I was notified ahead of time to have his name on each item.

A metal detector wand was used on me from head to toe, front to back, to check for weapons or contraband. I was then asked to sign my name in a logbook. An intercom system was activated to announce my arrival. A guard, using a walkie-talkie, informed the staff ahead at each turn where I was as I approached the visiting room along with all the other parents.

I was escorted every step of the way. No member of the group I was with was allowed to go through any locked door along the way until each person had passed through the previous door. Every door was locked behind me. I was warned to be careful not to trip on the “trip strips” in certain doorways, which are used in DYS detention centers to stop a child if he tries to run away. I was told where to sit, stand, and walk. When I needed to use the bathroom facilities, a staff person escorted.

My child was escorted into the visiting room after I arrived. My child had been given strict instructions as to what he could or could not do. For example, he was not allowed to get out of his chair without permission. He was also not allowed to look out any windows.

*It was very difficult to see my child in such an environment. My stomach did flips and I felt very intimidated. I managed to get through the visit (and others to come) by telling myself how important it was to my son that I was there to support him.*

You will be watched as closely as your child is. No conversation is private. In some facilities, your child cannot talk to you (or anyone) unless there is a third person present. Be aware that your child may be searched after you leave. If a visitor does not follow DYS rules *he will be escorted out, and in serious cases, may face legal action.*

The visit may or may not be a good time to discuss any concerns you may have about your child. The staff is concentrating on ensuring a safe visiting day. Call the facility with any questions or to set up a time to discuss any concerns. When you leave, you may be asked what visiting day you plan to return so that a schedule can be set. Try to plan for this. You will then be escorted out one locked door after another until you are back outside.

Each facility has different levels of security and therefore, different rules and regulations. Your visit may be a somewhat different experience for you. In general, visiting your child in a unusual environment, with staff that requires you to follow their rules, is not easy.

Try to make every effort to be there on visiting day. It is very sad to see the kids who do not have anyone to visit them. Any visits are sure to be difficult. Try to find someone you can talk to before or after the visit who can help you to deal with the difficult emotions. Because these visits are very important to our children, most people find a way to deal with the experience. One way that might help you get through this is to attend a parent support group; another might be to reach out by telephone to another parent. You might even want to car pool with another family even if it's just for company on the ride home.

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## Medical Care

If your child has a medical problem, you may be concerned about how DYS will deal with your child's condition. Facilities have regular access to nurses, physician's assistants, and doctors and can administer the medications that your child routinely requires.

It is very important that you tell DYS staff about your child's medical condition and about any medication that your child may need to take on a regular or "as needed" basis. If you can, it is helpful to provide information about the medicines your child has been taking, so that program staff can administer them to your child while he is in custody. Sometimes your child may be transferred into a new DYS facility without your knowledge and staff may not be aware of your child's medical status. If this happens, it is very important that you get in touch with DYS right away to let staff know about your child's medical needs.

While children are held in lockups or at court after being arrested, it is not uncommon, that they may go for periods of up to several days without medications. All medicines are stopped for every child coming into detention (except those that would be acutely dangerous to stop abruptly) until parental consent is given and the child is given a new prescription that DYS will fill in "bubble-pack" form. If your child is moved from court to DYS (either having been committed or on bail), it will usually be the responsibility of the sheriff to provide transportation. Most sheriffs will not accept responsibility for transporting any personal effects (such as medication) along with prisoners. You should be aware that juveniles are occasionally transported with adult prisoners and are often in the van for many hours at a time. Staff at DYS facilities will usually not accept medicine from you to administer to your child. Frequently children are moved from one detention setting to another, sometimes without much notice. When your child moves, medication may be left behind.

The best thing you can do as a parent to prevent these kinds of problems is to make sure you communicate well. Try to find out from your child's doctor the risk your child faces during any period without medication. Make very clear to DYS ahead of time why your child needs the medication, and that any moves he makes must include taking the medication along with him. If you can, it is sometimes helpful to keep a small supply of your child's medicine with you, just in case it is left behind, misplaced, or lost during your child's travels in DYS. That way, you may be able to take your child's medicine to the pharmacy and have it packaged in bubble-packs acceptable to DYS. Another way parents can help is to learn from DYS what pharmacy your child's new program uses and ask your pharmacy to transfer your child's prescription there.

Though it may be embarrassing, you should let your child's doctor know that your child is in DYS, and to encourage him to be in touch with the DYS medical staff with any concerns about your child's condition. Unfortunately, some doctors do not regularly maintain contact with young patients after they are placed in DYS, but with your help and that of the DYS caseworker, it may be possible for your child to continue with the same care provider even in DYS. If it is not, at least your child's doctor can convey information and recommendations to whichever doctor DYS may arrange for your child to see.

Sometimes children with mental, emotional, or behavioral problems may be treated with psychotropic medications (medicines used to help with psychological problems). DYS requires that both the child and the child's parent or guardian explicitly consent to the use of such medicines for children committed to DYS.

What are mental, emotional, and behavioral problems? Many times, the behavior a child displays is part of normal development for an adolescent. However, if a behavior escalates or becomes chronic, that could be an indication that a problem exists. Some of the characteristics of these problems may include:<sup>4</sup>

- Very aggressive behavior.
- Very passive behavior.

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- A radical change in behavior.
  - Strong noncompliance to rules.
  - Uncontrollable temper.
  - Over-activity.
  - Academic or social problems at school.
  - Low self-esteem.
  - Depression or extreme mood swings.
  - Withdrawal from family or friends.
  - Delinquency, truancy, or running away.
  - Suicidal talk, threats, or actions.
  - Substance abuse.
  - Poor impulse control.
  - Poor reality testing.
  - Poor communication skills or language delay.

Most DYS detention and treatment programs now have consulting psychiatrists who will help youths, parents, and programs to determine whether it may be a good idea for a youth to take psychotropic medicine. You may be contacted by the program, DYS, or a doctor to learn more about your child's history and discuss the potential benefits and difficulties with taking psychotropic medication. It is very important to understand that your participation in this decision is not just a matter of following DYS rules. It is an important decision for you to be involved in as part of your child's treatment plan.

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## Education

DYS contracts with private providers for educational services and classrooms are regular features in DHS facilities.

During your child's time with DHS it may be determined that because of a disability, he needs special educational assistance. At any time, a child may be referred for a special education evaluation by a parent, legal guardian, DHS staff, school official, judicial officer, social worker, or family physician. Referrals are made to the student's Local Education Agency (LEA) by education liaisons at each DHS area office. Evaluations are the responsibility of the LEA in accordance with Massachusetts Chapter 766 regulations. You have a legal right to be part of the process. All students that qualify for special education *must* have an Individual Education Plan (IEP) and all students with IEPs *must* be taught by certified special education (SPED) teachers under law. However, not all DHS facilities have SPED teachers. It is important that you advocate for your child to ensure that all your child's rights are upheld, even while your child is in detention. Your child's attorney can be helpful during this process.

*Federal regulations specifically mandate that every special education child, no matter where he is placed, must receive the same "general education" as any other student.*

Upon initial commitment, DHS requests all school records including the IEP. You should share and discuss any services your child receives from his home school. It will be important to discuss any questions you might have regarding how the IEP will be followed while your child is in custody. You might want to ask for a parent/teacher conference to ensure continuity of service. If DHS has received a copy of your child's IEP, every effort should be made to provide special education services as soon as possible following his placement in a DHS facility. If DHS contacts professionals who were working with your child before his commitment to DHS, DHS should request that you sign a release form. DHS, along with your input, should evaluate the appropriateness of continuing any existing plans. In practice, you may need to push the process along in order to get records transferred as quickly as possible.

Be aware that each time your child moves through the system at critical points, such as from detention to a residential program, his education is interrupted. It is important that every child gets the best possible education available to prepare him for the future. DHS documents all educational services received by your child. These transcripts are transferred to your child's LEA. The LEA determines what credit will be given based on the transcripts. You might run into issues regarding whether or not your child's school district will give credit for any coursework he has done. Continued communication between DHS, the parent or guardian, and the LEA will ensure that your child is receiving appropriate services. Whether or not your child needs special education services, you need to advocate for his educational needs. Calling in your child's lawyer or one of the advocacy groups listed in Appendix D may be helpful.

### Appendix A: Advocacy Tips

The following advocacy tips were provided by Washington PAVE<sup>3</sup>. The suggestions may make it easier and less stressful for you at a staffing.

- Bring a friend or a family member to the staffing with you. It helps to have another person to listen and take notes for you. With permission of the participants, you can tape record the meeting to review later or share with your spouse or a relative.
- The image you project in terms of dressing neatly and appropriate grooming makes a difference. Arrive promptly, being on time shows that you feel this is an important meeting and that you are ready to conduct business.
- Go to the staffing prepared. Carry written information in a file holder, notebook, or expandable file to the meeting.
- Shake hands and acknowledge other people at the meeting as you are introduced to them. If no one else begins the introductions, you do it.
- Present your child's strengths and needs while at home or in other settings.
- Sit with other team members. Sitting between the people with power makes the statement that you are an equal in the decision-making process.
- Speak clearly and look at the other team members while you are talking.
- Make positive statements such as "My child needs..., I am concerned that..., I want to cooperate with you, however, I am concerned that..., I know you have many children to care for..."
- Remain as friendly as possible. Separate people from problems. Keep your emotions in control. Do not allow yourself (or others) to deal in personalities.
- Focus on the issue at hand. Do not be sidetracked by other issues such as past experiences, DYS's lack of funds, or what "all the other children" are doing.
- Ask questions and ask for clarification of anything you do not understand.
- Make your proposal and expect to get what your child needs. Be flexible enough to accept minor revisions, but be firm about the major issues.
- Sometimes necessary team members begin leaving the staffing before decisions have been made. If this happens, stop the meeting and reschedule a time when all team members can attend and complete the staffing.
- Feel confident enough to end the staffing if it seems that no more progress can be made. Tell the other team members that you would like to continue working with them.
- Follow up with a letter to the facilitator, as described in Appendix F. If you are satisfied, state what the agreements were. If you are not satisfied, explain your position, your understanding of their position and the next course of action.

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## Appendix B: Summary of the 1996 Juvenile Justice Reform Act

The Massachusetts Juvenile Justice Reform Act of 1996 changed the manner in which certain juveniles were legally held responsible for their actions. Prior to the Act, juveniles participated in a two-part judicial transfer hearing before being prosecuted as an adult for certain crimes. The Reform Act eliminated the judicial hearing process and placed in the hands of the district attorney the decision to prosecute a child as a juvenile or as a “youthful offender” if they meet certain eligibility criteria.

A juvenile may be prosecuted as a youthful offender and be subject to an adult sentence if he is between the ages of 14 and 17, committed a felony, and has either:

- been previously committed to DYS,
- been charged with a felony that involved bodily harm or the threat of bodily harm, or
- carried a firearm in the conduct of the crime.

Upon the finding of guilt, the court has the option of choosing one of three sentences:

- commitment to DYS until the age of 21,
- commitment to DYS until the age of 21, with an adult suspended sentence; or
- any adult sentence prescribed by law.

All 14, 15, and 16 year-olds charged with murder are automatically tried in adult court and receive an adult sentence if convicted (first degree murder: life without parole; second degree murder: life with parole eligibility after 15 years). Sentences are to be served in adult facilities, not in DYS. Juveniles convicted of murder are not held with adults, but in “youthful offender units” separated from the sight and sound of the general prison population until the age of 17.

If your child is prosecuted as a youthful offender any hearing in court is open to the public and the media.

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## Appendix C: Department of Youth Services Telephone Directory

In cases of emergency *only*, you may call the 24-hour DYS Communications Center. The center operates 7 days a week, evenings, weekends, and holidays. All other calls should be directed to your child's caseworker, who can be reached at the area office or community office that is listed below. To ensure the safety of your child and the staff, DYS is limited by law as to the information that can be released over the phone. Every effort will be made to answer your questions or refer you to the appropriate person.

### 24-Hour DYS Communications Center

(617) 727-7575 ext. 333

#### Central Area Office

Barbara Morton, Area Director  
Sharp Building  
PO Box 1380  
Westboro, MA 01581  
(508) 898-9562

#### Lawrence Day Reporting Center

100 Water Street  
Lawrence, MA 01841  
(617) 727-8208

#### Lowell Day Reporting Center

10 Favor Street  
Lowell, MA 01852  
(978) 458-5777

#### Worcester Day Reporting Center

52 Ward Street  
Worcester, MA 01607  
(508) 757-5499

#### Framingham Community Office

48 Franklin Street  
Framingham, MA 01701  
(508) 879-5725

#### Webster Community Office

25 Thompson Road  
Webster, MA 01570  
(508) 949-1515

#### Metro Area Office

Peter Forbes, Area Director  
27-43 Wormwood Street  
Boston, MA 02210  
(617) 727-7575

#### Roxbury Day Reporting Center

35 Northampton Street  
Roxbury, MA 02119  
(617) 236-1144

#### Chelsea Community Office

175 Crescent Avenue  
Chelsea, MA 02150  
(617) 887-2203

#### Somerville Day Reporting Center

1323 Broadway Street  
Somerville, MA 02144  
(617) 629-8400

#### Lynn Community Office

25 Munroe Street  
Lynn, MA 01901  
(781) 592-1391

#### Dorchester Day Treatment

879 Blue Hill Avenue  
Dorchester, MA 02124  
(617) 740-8480

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**Southeastern Area Office**  
Alan Collette, Area Director  
Forestry Camp  
Off Route 6A  
Brewster, MA 02631  
(508) 896-3312

**Brockton Day Reporting Center**  
15A Bolton Place  
PO Box 7638  
Brockton, MA 02301  
(508) 427-4393

**Taunton Day Reporting Center**  
60 Hodges Avenue  
Taunton, MA 02780  
(508) 824-1484

**Hyannis Neighborhood Center**  
20 East Willow Avenue  
Hyannis, MA 02601  
(508) 790-9324

**Plymouth Neighborhood Center**  
47 Hancock Street  
Quincy, MA 02169  
(800) 425-9915

**Western Area Office**  
George Ashwell, Area Director  
280 Tinkham Road  
Springfield, MA 01129  
(413) 783-0781

**Holyoke Day Reporting Center**  
162 Suffolk Street  
Holyoke, MA 01040  
(413) 540-9400

**Franklin County Office**  
139 Shelbourne Road  
Greenfield, MA 01301  
(413) 775-5010

**Springfield Day Reporting**  
9 Hampden Street  
Springfield, MA 01103  
(413) 737-3359

**Fall River Day Reporting Center**  
54 Front Street  
2<sup>nd</sup> Floor South  
Fall River, MA 02720  
(508) 675-0686

**Attleboro Neighborhood Center**  
7 North Main Street  
Attleboro, MA 02703  
(508) 226-9668

**New Bedford Neighborhood Center**  
209 Union Street  
New Bedford, MA 02740  
(508) 992-3075

**Berkshire County Office**  
16 Melville Street  
Pittsfield, MA 01201  
(413) 448-2093

**Hampshire County Office**  
45 Gothic Street  
Northampton, MA 01060  
(413) 587-3212

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## Appendix D: Useful Telephone Numbers

### **State Agencies**

Department of Education	(617) 388-3300
Department of Mental Health	(800) 221-0053
Department of Social Services	(617) 727-0900
Office of Child Care Services	(617) 727-8900

### **Hotlines**

AIDS Hotline	(800) 590-2437
Department of Social Services, Child-at-Risk Hotline	(800) 792-5200
Llamanos (Spanish Rape Crisis Hotline)	(800) 223-5001
National Rape Crisis Directory (Rainn)	(800) 656-HOPE

### **Legal**

Aid to Incarcerated Mothers	(617) 536-0058
Children's Law Center of Massachusetts	(781) 581-1977
Criminal Justice Institute at Harvard University	(617) 496-8143
Juvenile Justice Center at Suffolk University Law School	(617) 887-1974
Lawyer Referral Service	(800) 392-6164
Mental Health Legal Advisors Committee	(617) 338-2345
The Juvenile Rights Advocacy Project at Boston College Law School (for girls)	(617) 552-2530

### **Parents/Advocates**

Citizens for Juvenile Justice	(617) 338-1050
Federation for Children with Special Needs	(800) 331-0688
Federation of Families for Children's Mental Health	(703) 684-7710
Massachusetts Advocacy Center	(617) 357-8431
Parent Professional Advocacy League	(800) 537-0446
Parental Stress Line	(800) 632-8188
Parents Anonymous	(800) 882-1250

### **Substance Abuse/Suicide**

Alcoholics Anonymous	(800) 327-5050
Al-Anon/Alateen (for families/friends of alcoholics)	(508) 791-3431 or (617) 483-5300
Narcotics Abuse 24 Hour Helpline and Treatment	(800) 234-0420
Samarateen National Adolescent/Suicide Hotline	(800) 252-8336

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## Appendix E: Resource Books of Interest

*A Call for Justice: An Assessment of Access to Counsel and Quality of Representation in Delinquency Proceedings*, by Patricia Puritz, Sue Burrell, Robert Schwartz, Mark Soler, and Loren Warboys.

Reports on defense counsel and its role in delinquency proceedings. It includes suggestions for minimum standards of representation. To obtain a copy contact:

ABA Juvenile Justice Center  
740 15<sup>th</sup> Street, NW  
Washington, DC 20005  
(202) 662-1515

*Kids and the Law: A User's Guide to the Court System*, by Rebecca Pries and Carol Rosensweig, with a Spanish translation by Maria C. Saiz.

A clear descriptive of the juvenile court process from custody issues through the trial. It includes the telephone numbers for many agencies. This book is available at:

Adolescent Consultation Services, Inc.  
40 Thorndike Street  
Cambridge, MA 02141  
(617) 494-0135

*The Handbook on the Legal Rights of Minors*, by Mental Health Legal Advisors Committee.

A useful reference book that spells out how to access services of agencies such as the Department of Mental Health, Department of Social Services, and Department of Youth Services. Eligibility rules, guardianship issues, hospital evaluations and commitments, and complaint processes are covered in detail. Available for purchase (if you cannot afford it, request a courtesy copy) write to:

The Mental Health Legal Advisors Committee  
294 Washington Street, Suite 320  
Boston, MA 02108  
(617) 338-2345

*Responding to the Mental Health Needs of Youth in the Juvenile Justice System*, edited by Joseph J. Cocozza, Ph.D., and supported by the National Coalition for the Mentally Ill in the Criminal Justice System.

A monograph that discusses children, mental health, and the juvenile justice system. Includes a focus in prevention. Copies may be ordered from:

The National Coalition for the Mentally Ill  
In the Criminal Justice System  
2470 Westlake Avenue North, Suite 101  
Seattle, Washington 98109-2282  
(206) 285-7422

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## Appendix F: Sample Letter Following Staffing

Date

Your address

Recipient's address

Dear Recipient:

As a follow-up to the staffing for my child (name), on (date), I am writing to summarize our discussion and the treatment plan as I understand it.

Describe what you believe the treatment plan to be.

If you agree with the treatment plan, express your appreciation.

If you do not agree with the treatment plan, describe what you believe the treatment plan to be. Then explain what you disagree with and why. Suggest alternatives.

State follow-up action needed.

Sincerely,

Your name

Your phone number

cc: Supervisor

Area director

Your child's attorney

Anyone else you want to include such as school officials

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## Appendix G: Glossary of Terms

**Adjudicate** - A legal process where a judge hears and settles a case in court.

**Adjudicated** - Common term for a youth found to be delinquent.

**Advocate** - A parent, guardian, or other interested person who follows up on a child's care and works to see that the child's best interests are met.

**Attorney** - If your child is indigent, an attorney is appointed by the courts to represent your child in defense of any charges or complaints. Of course, you might also retain a lawyer on your own. The attorney's job is to do what your child wants him to, even if you do not agree with it. Many attorneys specialize in juvenile court law. Check the local bar association.

**Assessment** - An evaluation to determine what kinds of services a particular child needs for successful rehabilitation. Academic, physical and psychological evaluations are included.

**Bail** - An amount of money paid to a bail bondsman that allows your child to be released from custody while awaiting subsequent court appearances. It serves as a promise that your child will appear for all future court dates.

**Caseworker** - The DYS employee who is assigned to your child's case who will develop and implement your child's treatment plan.

**Commitment to DYS** - A sentence following a guilty or delinquent finding in a court proceeding. A judge orders DYS to take your child into their custody up to the age 21.

**Complaint** - A formal petition by law enforcement officials that states the alleged facts and charges that your child must answer to in a court.

**Custody** - A court order that gives DYS the responsibility for your child's well-being and care both legally and physically in order to protect the public. You as the parent or guardian have lost the legal right to make decisions regarding your child's treatment or placement.

**Day reporting center** - A community-based program that a juvenile may be ordered to report to on a regular basis as part of his Grant of Condition of Liberty. Typically centers are used for youth who are not in a facility but need a high level of supervision in order to live in the community.

**Delinquent** - A legal term that describes a juvenile who has committed an act that would be considered a crime if an adult had committed the act.

**Detention facility** - A securely locked facility that typically houses youth being held on bail.

**Disposition** - The part of a court proceeding which declares the outcome of the case. If your child is found delinquent or guilty, this is when the sentence is imposed by the judge.

**District attorney** - The prosecutor who brings charges against a defendant or juvenile and tries the case on behalf of the people in court.

**Facilities** - The actual building or program in which your child is placed by DYS.

**Felony** - A serious adult crime that carries a sentence to be served in a state prison.

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**Grant of Conditional Liberty Form** - A document that outlines the terms your child must follow while in the custody of DYS. Failure to comply could result in restrictions on your child's liberty.

**Incarceration** - The physical imprisonment of an adult offender for a certain period of time.

**Indictment** - The legal process a district attorney uses to seek an adult penalty for a youth under 17.

**Individualized Education Plan (IEP)** - A plan for your child's education which is closely linked with federal and state law. Any student with an IEP is deemed a special education student and entitled to certain educational benefits.

**Juvenile Justice Reform Act** - A law passed in 1996 which allowed the district attorney to prosecute some youth as adults in serious cases.

**Misdemeanor** - A minor criminal offense.

**Offense** - A delinquent or criminal act that is punishable in a court of law.

**Probation Department** - The state agency that supervises delinquent juveniles in the community.

**Program** - A specialized treatment plan that addresses your child's specific needs.

**Residential placement** - A therapeutic facility that specializes in the treatment and rehabilitation of a child.

**Staffing** - Another word for a meeting.

**Treatment (or service) plan** - A structured course of action that meets a child's educational, physical, and mental health needs while addressing the issues of rehabilitation.

**Youthful offender** - A new category of offender established by the Juvenile Justice Reform Act of 1996. Youthful offenders may receive adult penalties and may serve time in adult facilities.

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## Appendix H: Sources

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3. F. A. S. Times, Fetal Alcohol Syndrome/Family Resource Institute Newsletter, 1997, Spring, Washington PAVE (Parents are Vital in Education).
4. Principles of Family Support of the Federation of Families for Children's Mental Health.