



Juvenile Justice Policy and Data Board

COVID-19 and the Massachusetts Juvenile Justice System

*Recommendations for Supporting Youth and
Preventing Future Delinquency*

**A REPORT OF THE JUVENILE JUSTICE POLICY AND DATA
(JJPAD) BOARD**

OCTOBER 2021

[HTTPS://WWW.MASS.GOV/JUVENILE-JUSTICE-POLICY-AND-DATA-BOARDCHILDHOOD-TRAUMA-TASK-FORCE](https://www.mass.gov/juvenile-justice-policy-and-data-boardchildhood-trauma-task-force)

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Members of the JJPAD Board

Member Name	Appointing Organization
Maria Mossaides, Chair	Office of the Child Advocate
Representative Carolyn Dykema	House of Representatives (Speaker of the House Appointee)
Representative Timothy Whelan [^]	House of Representatives (Minority Leader Appointee)
Senator Adam Gomez	State Senate (Senate President Appointee)
Senator Patrick O'Connor*	State Senate (Minority Leader Appointee)
Deputy Court Administrator Thomas Capasso*	Juvenile Court
Commissioner Edward Dolan	Massachusetts Probation Service
Commissioner Peter Forbes*	Department of Youth Services
Assistant Commissioner Rebecca Brink*	Department of Children and Families
Deputy General Counsel Cristina Tedstone*	
Assistant Commissioner Nancy Connolly, Psy.D. [^]	Department of Mental Health
Associate Commissioner Lindsey Tucker*	Department of Public Health
Matthew Connolly*	Executive Office of Education
Joshua Dohan	Committee for Public Counsel Services
Barbara Kaban	
No Appointment Made	Massachusetts District Attorney Association
Ruth Budelmann [^]	Juvenile Justice Advisory Committee
Naoka Carey	Citizens for Juvenile Justice
Tammy Mello	Children's League of Massachusetts
Police Chief Kevin Kennedy [^]	Massachusetts Chiefs of Police Association
Dawn Christie	Parent of child who has been subject to juvenile court jurisdiction (2)
No Appointment Made	Individual with experience or expertise related to design and implementation of state administrative data systems
* Members with an asterisk next to their name abstained from voting on this report.	
[^] Members with a caret next to their name were not present to vote on this report.	

The JJPAD Board is staffed by the Office of the Child Advocate:

Melissa Threadgill, Director of Juvenile Justice Initiatives
 Kristi Polizzano, Juvenile Justice Specialist
 Alix Rivière, Research and Policy Analyst

About the JJPAD Board

In April 2018, the Legislature passed *An Act Relative to Criminal Justice Reform*, which created the Juvenile Justice Policy and Data (JJPAD) Board under [M.G.L. Chapter 119, Section 89](#). The Legislature charged the JJPAD Board with evaluating juvenile justice system policies and procedures, making recommendations to improve outcomes based on that analysis, and reporting annually to the Governor, the Chief Justice of the Trial Court, and the Legislature. The statute creating the JJPAD Board also placed a special emphasis on improving the quality and availability of juvenile justice system data.

<https://www.mass.gov/juvenile-justice-policy-and-data-board>

Interested in receiving email updates about the work of the Juvenile Justice Policy and Data Board and the Childhood Trauma Task Force? [Sign up here](#)

About the Office of the Child Advocate

The Office of the Child Advocate (OCA) is an independent state agency that serves children and families across the Commonwealth. The Office's goal is to ensure all children receive appropriate, timely and quality services. The OCA collects and analyzes data and makes recommendations to legislators and professionals to improve these services. The Office also takes complaints and provides information to families who receive state services. The Child Advocate chairs the JJPAD Board and the OCA provides staffing for the Board's work.

<https://www.mass.gov/orgs/office-of-the-child-advocate>

Guide to Acronyms

Acronym	Definition
BSAS	Bureau of Substance Addiction Services
CAFL	Children and Family Law (Division of CPCS)
CBHI	Children’s Behavioral Health Initiative
CBI	Community-based intervention
CPCS	Committee for Public Counsel Services (Public Defenders)
CTTF	Childhood Trauma Task Force
DCF	Department of Children and Families
DESE	Department of Elementary and Secondary Education
DMH	Department of Mental Health
DPH	Department of Public Health
DYS	Department of Youth Services
EOE	Executive Office of Education
EOHHS	Executive Office of Health & Human Services
EOPSS	Executive Office of Public Safety & Security
JJPAD	Juvenile Justice Policy and Data Board
JDAI	Juvenile Detention Alternatives Initiative
MPS	Massachusetts Probation Service
ONA	Overnight Arrest
SRO	School Resource Officer
YAD	Youth Advocacy Division (Division of CPCS)
YO	Youthful Offender

Executive Summary

The COVID-19 pandemic has had, and continues to have, significant and myriad impacts on children, families, and the state systems that serve them. This report, which builds upon prior work of the Juvenile Justice Policy and Data (JJPAD) Board¹, focuses specifically on **how the pandemic has affected youth’s current—as well as possible future—involvement with the juvenile justice system**. As such, this report seeks to answer the following questions:

- *How has the pandemic impacted juvenile justice system utilization thus far?*
- *What pandemic-related conditions have put youth at increased risk of juvenile justice system involvement?*
- *How have child-serving state entities responded to support youth involved in the juvenile justice system?*
- *Which pandemic-inspired changes in policies, practices, and services should be kept moving forward?*
- *What additional actions should the Commonwealth take to mitigate the impact of the pandemic on youth and prevent future delinquency?*

The Impact of the Pandemic on Juvenile Justice System Utilization

There was an immediate drop in juvenile justice system utilization at the start of the pandemic (March 2020), and utilization has generally remained lower up to the date of this report. **The decrease in system utilization is likely due to:**

- **Shifts in “circumstantial” factors** (e.g. being around peers) that are tied to increased likelihood of delinquent behavior; and
- **A concerted effort by juvenile justice system stakeholders to divert youth and/or keep them in the community during the pandemic.**

Key data findings during the first year of the pandemic
(March 2020-Feb 2021 compared to year prior)

- There was a 40% decrease in average monthly **overnight arrest admissions**
- There was a 48% decrease in average monthly **detention admissions**
- There was a 62% decrease in average monthly new DYS **commitments**
- Risk/Need and Administrative **probation supervision cases** dropped 60% and 42% respectively

Despite this overall drop in utilization, **there was also a small but significant cohort of youth who remained “stuck” in the system due to delays in court processing** (including a lengthy delay in jury trials). These youth were held – and in some cases are still held – in detention for

¹ To download a copy of the Board’s 2020 Annual report click this link: <https://www.mass.gov/doc/jipad-board-2020-annual-report-0/download>; To download a copy of the CTF’s June 2020 Report click this link: <https://www.mass.gov/doc/ctf-june-2020-report-protecting-our-childrens-well-being-during-covid-19-0/download>

significantly longer periods of time than they otherwise would have been. These youth experienced specific hardships from the pandemic and their court involvement. **Data on the demographics of the detention population show these youth were disproportionately Black and Hispanic/Latino.**

The Pandemic Created Increased Risk of Future Delinquency

The pandemic and the restrictions put in place to keep people safe from COVID-19 have also put some youth at increased risk of future delinquency and juvenile justice system involvement. Research shows that certain factors can increase youth’s risk of delinquency and/or involvement with the juvenile justice system. To address how the pandemic has impacted youth’s risk of future delinquency, this report combines research on the risk factors for delinquency with information on how these factors were impacted or exacerbated by the pandemic:

- **Lack of prosocial connections and activities** impede youth’s access to positive experiences that have been shown to reduce the risk of delinquency.² Not only does research show that the absence of prosocial connections and activities increases the risk of delinquency, it also demonstrates that safe and healthy relationships with peers and non-parent caregivers are effective ways to respond and prevent youth delinquency.³ Unfortunately, for a majority of youth in the Commonwealth, many avenues for prosocial relationships and activities were closed off, which could exacerbate some youth’s risk of engaging in delinquent behavior.
- **Mental health issues or trauma**, which are prevalent among youth involved in the juvenile justice system, have a complex—albeit not always causal—relationship with delinquency.⁴ During this pandemic, stay-at-home orders, school closures, and limitations on in-person activities have greatly isolated youth. The impact of loneliness and isolation on youth’s mental health has been extensively demonstrated, particularly its long-term association with anxiety and depression.⁵ Traumatic experiences children have experienced during the

² OJJDP. (n.d.). *Provide Opportunities for Children and Youth*. Retrieved September 22, 2021, from <https://ojjdp.ojp.gov/sites/g/files/xyckuh176/files/action/sec4.htm>; Gentle-Genittu, C. (n.d.) Understanding juvenile delinquent behavior through social bonding. *IATDP Journal*, <https://scholarworks.iupui.edu/bitstream/handle/1805/22321/Gentle-Genittu-Understanding.pdf?sequence=1&isAllowed=y>

³ Grossman, J. & Bulle, M. (2006, December). Review of what youth programs do to increase the connectedness of youth with adults, *Journal of Adolescent Health* 39, no.6, 788-799. <https://doi.org/10.1016/j.jadohealth.2006.08.004>; Office of Juvenile Justice and Delinquency Prevention. (n.d.) *Mentoring*. <https://ojjdp.ojp.gov/programs/mentoring>; Hawkins, S., Karcher, M. J., Stewart, K., & DuBois, D. L. (2020). (rep.). *Mentoring for Preventing and Reducing Delinquent Behavior Among Youth*. National Mentoring Resource Center <https://nationalmentoringresourcecenter.org/wp-content/uploads/2021/03/Mentoring-for-Preventing-and-Reducing-Delinquent-Behavior-Among-Youth-Research-Review.pdf>;

Walters, G. (2020). Prosocial peers as risk, protective, and promotive factors for the prevention of delinquency and drug use, *Journal of Youth and Adolescence* 49, 618-630. <https://link.springer.com/article/10.1007%2Fs10964-019-01058-3>

⁴ Wasserman, G. A., Keenan, K., Tremblay, R. E., Coie, J. D., Herrenkohl, T. I., Loeber, R., & Petechuk, D. (2003). (issue brief). *Risk and Protective Factors of Child Delinquency*. OJJDP. <https://www.ojp.gov/pdffiles1/ojjdp/193409.pdf>; McCormick, S., Peterson-Badali, M. & Skilling, T. (2016, December). The role of mental health and specific responsivity in juvenile justice rehabilitation. *Law and Human Behavior*, 41(1), 55–67. <https://pubmed.ncbi.nlm.nih.gov/27977225/>; Buffington, K., Dierkhising, C. B., & Marsh, S. C. (2010). (tech.). *Ten Things Every Juvenile Court Judge Should Know About Trauma and Delinquency*. Reno, Nevada: National Council of Juvenile and Family Court Judges. https://www.ncjfcj.org/wp-content/uploads/2012/02/trauma-bulletin_0.pdf

⁵ Loades, M. E. et al. (2020, November). Rapid systematic review: The impact of social isolation and loneliness on the mental health of children and adolescents in the context of COVID-19. *Journal of the American Academy of Child & Adolescent Psychiatry* 59(11), 1218-1239. [https://www.jaacap.org/article/S0890-8567\(20\)30337-3/fulltext](https://www.jaacap.org/article/S0890-8567(20)30337-3/fulltext)

pandemic include traumatic separation and grief, medical trauma, racial trauma, and increased financial and housing insecurity.

- **Strained family circumstances**, such as domestic violence, parental mental health, and parental substance use disorder can increase risk of delinquency.⁶ During the pandemic, parents faced increased challenges regarding their economic and housing situations, parenting responsibilities, and other personal or societal circumstances that impacted their families. All of these stressors tested families and created conditions that could negatively impact youth’s risk of becoming involved with the juvenile justice system.⁷
- **Disengagement from school** can increase a youth’s risk of engaging in delinquent acts and juvenile justice system involvement.⁸ Massachusetts youth faced important challenges in remote school access, academic engagement and achievement, and access to a wide range of school-based services, which led to unprecedented levels of absenteeism and, for many, disconnection from learning and school in general.
- **Substance use** issues and disorders can impact a youth’s behaviors and lead to juvenile justice involvement.⁹ Despite initial fears of widespread increase of substance use among young people in Massachusetts, it does not appear that youth’s drug and alcohol use has been uniformly impacted by the pandemic. Indeed, preliminary analysis of the Department of Public Health’s (DPH) Community Impact Survey had mixed findings: while 83% of youth under 18 did not report using substances in the past 30 days, 44% of youth under 18 reported a change in substance use of either “a lot more” or “somewhat more” since the start of the pandemic. Youth living in rural areas were significantly more likely to report more substance use since the pandemic began, compared to youth living in urban areas.¹⁰
- **Previous or current justice system involvement** in and of itself can increase the risk of recidivism.¹¹ In addition to the five domains impacted by the pandemic discussed above, youth who were – and continue to be—involved in the juvenile justice system during the pandemic experienced increased stressors specific to their system involvement. Delays in court case processing extended the length of time youth were involved with the juvenile justice system. Further, those who were held in out-of-home settings potentially suffered

⁶ Cénat, J. M., Hébert, M., Blais, M., Lavoie, F., Guerrier, M. (2015). Delinquent behaviors among students exposed to family violence in Quebec schools. *Adolescentia & saude* 12(3), 43-52; Patchin, J. W., Huebner, B. M., McCluskey, J. D., Varano, S., Bynum, T. S. (2006). Exposure to community violence and childhood delinquency. *Crime & Delinquency*, 52(2), 307-332; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3136210/>; Delany-Brumsey, A., Mays, V.M. & Cochran, S.D. Does Neighborhood Social Capital Buffer the Effects of Maternal Depression on Adolescent Behavior Problems?. *Am J Community Psychol* 53, 275–285 (2014). <https://doi.org/10.1007/s10464-014-9640-8>

⁷ McCord, J. (1991, August). Family relationships, juvenile delinquency, and adult criminality. *Criminology* 29, 3, 397-417; Hoeve, M., Dubas, J.S., Eichelsheim, V.I. et al. (2009, March). The relationship between parenting and delinquency: a meta-analysis. *Journal of Abnormal Child Psychology* 37, 749–775.

⁸ Henry, K. L., Knight, K. E., & Thornberry, T. P. (2012). School disengagement as a predictor of dropout, delinquency, and problem substance use during adolescence and early adulthood. *Journal of youth and adolescence*, 41(2), 156–166. <https://doi.org/10.1007/s10964-011-9665-3>

⁹ Mulvey, E.P., Schubert, C.A., & Chassin, L. (2010). Substance Use and Delinquent Behavior Among Serious Adolescent Offenders. *Office of Juvenile Justice Delinquency Prevention*. <https://www.ojp.gov/pdffiles1/ojjdp/232790.pdf>

¹⁰ For preliminary results from the Community Impact Survey (CIS), see <https://www.mass.gov/doc/covid-19-community-impact-survey-ccis-preliminary-analysis-results/download>

¹¹ Wiley, S. & Finn-Aage E. 2016. “The Effect of Police Contact: Does Official Intervention Result in Deviance Amplification?” *Crime & Delinquency* 62(3)283–307. & https://justicepolicy.org/wp-content/uploads/justicepolicy/documents/dangers_of_detention.pdf

specific and serious consequences from the pandemic, including the impact of prolonged isolation, reduced prosocial connection and activities, and most importantly separation from loved ones and community members during an extremely stressful time.

Silver Linings and System Protective Factors

Massachusetts' juvenile justice entities and other public agencies adapted their operations and services throughout the pandemic to mitigate risks for youth in the Commonwealth. Despite the many negative consequences of the pandemic, there were also lessons learned and "silver linings" in policy and practice innovations undertaken by juvenile justice and other child-serving state entities. **This report details two overarching factors that contributed to policy and practice silver linings:**

- 1. Remote Technology:** To limit the number of people coming into close contact with each other, organizations and businesses across the country switched operations to virtual platforms. Remote conferencing programs like Zoom, WebEx, and Facetime were used across state entities in Massachusetts. Virtual programming replaced many in-person activities to promote positive youth development and helped maintain connections to family, pro-social supports, and positive programming.
- 2. Reducing Instances of Youth in Custody:** Juvenile justice system utilization has decreased, especially for youth held in DYS facilities. Recognizing that youth living in congregate care settings are inherently at a higher risk of contracting COVID-19, juvenile justice stakeholders across the board attempted to limit the number of times youth were taken into custody and held in out-of-home settings. The impact of this is seen in the data, as described above. There is also general agreement that system actors were more likely to divert youth at each stage of the juvenile justice process, although data on this is not yet available.

Recommendations for Supporting Youth & Preventing Future Delinquency

Understanding the risks to delinquency posed by the pandemic and the systemic response thus far, the JJPAD Board makes the following recommendations, as further detailed in the body of the report:

- 1. Continue to Limit Youth Contact with the Juvenile Justice System.** The Commonwealth should continue and build upon practices adopted or expanded during the pandemic that reduced the number of youth who came into contact with, and advanced through, the juvenile justice system. Specifically:
 - Police should continue efforts to limit use of custodial arrests.
 - Court magistrates, district attorneys and Juvenile Court judges should continue to offer youth diversion and, when possible, expand the number and type of situations in which diversion is attempted prior to the traditional delinquency process.
 - District attorneys, Probation, the Juvenile Court, Department of Youth Services (DYS), police and bail magistrates should continue to work collaboratively to limit overnight arrest admissions, detention admissions and DYS residential commitments.

- Committee for Public Counsel Services (CPCS) should continue to train and support counsel to use a Youth Development Approach connecting young people with community-based programming, regularly partner with social workers, and actively engage in education advocacy.
- Probation should continue to limit the use of technical violation notices.

2. **Continue to Support Youth Directly Involved in the Juvenile Justice System.** During the pandemic, youth involved with the juvenile justice system have experienced stress specifically related to isolation, home removals, and/or delays in case processing. As such, the JJPAD Board recommends the following:

- The Juvenile Court should identify mechanisms for more swiftly processing open and ongoing delinquency cases.
- All system stakeholders should collaborate to ensure that youth who were held in DYS residential facilities for a significant length of time receive any additional/longer-term support they may need as a result of increased isolation and/or length of stay during the pandemic.
- Juvenile justice practitioners should continue to collaborate across entities to support positive youth outcomes.

3. **Keep and Expand Remote Technology Innovations for System Stakeholders to Supplement In-Person Activities/Operations.** Adaptations in the use of remote technology and innovation in service-delivery led to some silver linings over the past year and a half. Massachusetts should continue to use technological advancements to support youth and system practitioners:

- The Trial Court should lead an inclusive study process with juvenile justice stakeholders to determine opportunities for continued use of virtual non-evidentiary hearings beyond FY22 for some juvenile cases.
- Probation should explore the continuation of virtual visits under certain conditions across caseload and supervision types.
- DYS should continue to allow virtual visits to supplement in-person visits for families and lawyers.
- DYS and MassHealth should continue their partnership to ensure youth exiting residential commitment facilities have the opportunity to connect with clinicians in the community before their release.
- DYS should consider additional ways in which the use of video conferencing technology could help improve re-entry efforts for both committed youth and those held in detention for longer periods of time.
- The state should allow youth (or their parents/guardians) to issue bail payments through virtual or mobile payment options.

4. **Support Community-Based Programs Aimed at Reducing System Involvement and Promoting Prosocial Activities.** Given the importance of prosocial connections and activities in preventing youth's future risk of delinquency, the JJPAD Board recommends the

state expand its support for programs and services that promote social connectedness. To do so, the Board recommends the following:

- Support and expand the availability of enrichment activities through schools, community-based organizations, libraries, Family Resource Centers (FRCs), and other child-serving programs throughout the state.
- Increase funding to expand Department of Mental Health (DMH) Young Adult Access Centers.
- Increase funding for the Mass Mentoring Partnership (MMP).
- Create “flex funds” to be used as creative solutions to help youth engage in prosocial activities.
- Increase funding for services aimed at preventing delinquency or supporting youth previously or currently involved with our juvenile justice system.

5. **Support Families Across the Commonwealth.** One way the state can support youth and prevent future juvenile justice system involvement is by supporting their parents and caretakers. As such, the JJPAD Board recommends the following:

- Support services and policies aimed at helping parents and caretakers cope with hardships experienced during the pandemic. Policies and funding that support families are ones that address financial/housing stability, support childcare access and affordability, and expand adult mental health and substance use services.
- Support the expansion of Family Resource Centers (FRCs) by increasing funding to provide more staff and services in every FRC, and to fund new sites across the state.

6. **Expand Availability and Access to Services that Promote Youth Mental Health.** Since March 2020, children and youth have experienced many stressors related to the COVID-19 pandemic that have deeply affected their mental and behavioral health. Given the prevalence of mental health issues among juvenile justice-involved youth and the role poor mental health can play in impeding delinquency prevention efforts as well as creating behavioral challenges that lead to increased risk of delinquency, it is crucial for the state to take the following steps to prepare for current and projected continued increase in youth needing behavioral health services once they come into contact with our court system:

- Increase capacity of the Juvenile Court Clinics to serve youth coming through the courts who require mental health and substance use evaluation and support.
- Improve connections to Children’s Behavioral Health Initiative (CBHI) services for youth involved in the juvenile justice system by establishing a MassHealth liaison to the Juvenile Court.
- Improve the ability of parents/guardians to support their youth's mental health needs by increasing communication about existing services.
- Facilitating the use of social workers by CPCS/Youth Advocacy Division (YAD) attorneys.

7. **Support Delinquency Prevention Efforts in Schools.** The state, school district administrators, teachers, and school staff can play an important role in mitigating youth’s risk of delinquency and juvenile justice involvement by supporting efforts to promote school engagement, increasing the availability of behavioral health services and supports in schools, and preparing for an increase in students’ behavioral challenges as a result of pandemic-related stressors. Over the course of 2020 and 2021, the Department of Elementary and Secondary Education (DESE) issued a variety of guidance to schools with recommendations for steps schools can take to promote student engagement, learning, wellbeing and safety.¹²

The JJPAD Board recommends the state take the following steps to help ensure schools have the resources and capacity to implement the recommendations in the DESE guidance documents:

- Increase funding for services that promote student mental health.
- DESE should report on the number of schools applying for one-time grant funds related to student mental health efforts and the percentage of those requests that could be fulfilled with existent funding, to help quantify any unmet need.
- Increase the availability of technical assistance to support schools in adopting and implementing evidence-based practices for improving school-based behavioral health services.
- Issue more detailed guidance to help schools identify and increase supports for youth who might have been the most disengaged during the pandemic.
- Help schools prepare for an increase in students’ behavioral challenges as a result of pandemic-related stressors.

Additionally, CPCS should continue to train and support lawyers in engaging in education advocacy for the youth they represent.

8. **Expand Substance Use Services for Youth Involved in the Juvenile Justice System and Those at Risk of Involvement.** As youth return to pre-pandemic routines and are around other peers, substance use can increase. Early research from DPH’s Community Impact Survey described in this report suggests that this may be a particular concern for youth in rural areas, where gaps in service availability have been a long-standing concern. In recent months, the Bureau of Substance and Addiction Services (BSAS) has expanded a variety of services for youth. Moving forward, JJPAD Board recommends:

- BSAS continue to track service demand, availability, and gaps and make information that might help quantify any unmet need available to aid in FY23 budget deliberations.

BSAS also indicates plans to increase outreach to state and local stakeholders in the coming fiscal year, to help promote greater awareness of existing services. The JJPAD Board

¹² See: <https://www.doe.mass.edu/sfs/sel/>

strongly encourages BSAS and juvenile justice stakeholders to collaborate in these outreach efforts.

Conclusion

It is likely that, as a Commonwealth, we will continue to see and wrestle with challenges created or exacerbated by the pandemic and resulting emergency response for many years to come.

Yet we are not powerless in the face of these deeply challenging circumstances. As outlined in this report, there are numerous concrete actions state government actors – from legislators who allocate funding to individual practitioners who work with youth on a day-to-day basis – can take to mitigate the impact the pandemic has had on youth and support their positive development.

Over the course of the pandemic, there have been countless examples of individuals across state government and the provider and advocacy communities demonstrating creativity, flexibility, and persistence in their efforts to protect and support youth. If we continue in that spirit, with that same level of focus and dedication, many of the future challenges and negative events predicted in this report can be avoided, and we can help ensure a brighter future for all of the youth of the Commonwealth.

Introduction

The COVID-19 pandemic has had a significant impact on children, families, and the state systems that serve them. In addition to the health and educational challenges children have faced, youth and their families have had to cope with the stress of uncertain futures, upended routines, and isolation from friends and loved ones. At the same time, many youth have faced and continue to face important economic and social challenges, including their household's loss of income and our society's continued grappling with issues of systemic racism.

In Massachusetts, Governor Baker declared a state of emergency on March 10, 2020, that lasted 15 months, until June 15, 2021. Massachusetts youth, families, and government entities across the Commonwealth adjusted their daily lives and work operations to adhere to the emergency order and public health guidance. Although the state of emergency has ended, as of this report, the pandemic is ongoing and continues to impact youth and families in a variety of ways.

This report builds upon prior work of the Juvenile Justice Policy and Data (JJPAD) Board, including the Board's FY20 Annual Report, the Childhood Trauma Task Force June 2020 report on the potential impacts of COVID-19, and Board and Subcommittee discussions on the impact of the pandemic.¹³ Given the mandate of the JJPAD Board and its subcommittees, this report will specifically focus on **how the pandemic has affected youth's current—as well as possible future—involvement with the juvenile justice system** ("the system" throughout this report). As such, this report seeks to answer the following questions:

- *How has the pandemic impacted juvenile justice system utilization thus far? (Part 1)*
- *What pandemic-related conditions have put youth at increased risk of juvenile justice system involvement? (Part 2)*
- *How have child-serving state entities responded to support youth involved in the juvenile justice system? (Part 3)*
- *Which pandemic-inspired changes in policies, practices, and services should be kept moving forward? (Part 4)*
- *What additional actions should the Commonwealth take to mitigate the impact of the pandemic on youth and prevent future delinquency? (Part 4)*

Although it is not the primary focus of this report, the JJPAD Board recognizes the wide-ranging impacts the pandemic has had on youth and families that fall beyond the scope of this report as described above, including serious impacts on physical health, financial and economic stability, and life outcomes. We recognize that all of these elements are tightly interconnected and influence the lives of youth who are at risk of delinquency and/or already involved in the juvenile justice system. In keeping with the JJPAD Board's mandate, however, and to allow for deeper analysis, this report focuses on:

¹³The JJPAD Board has two subcommittees: the Community Based Interventions (CBI) Subcommittee and Data Subcommittee. The Childhood Trauma Task Force functions as a third subcommittee but has a separate legislative mandate. Each subcommittee dedicated part of a monthly meeting to discussing the pandemic's impact on youth delinquency and justice system involvement. Additionally, Subcommittee members were asked to provide more information through an online survey. <https://www.mass.gov/doc/jipad-board-2020-annual-report-0/download>; <https://www.mass.gov/doc/cttf-june-2020-report-protecting-our-childrens-well-being-during-covid-19-0/download>

- Youth already involved in the juvenile justice system and/or near the age of potential involvement (10-17 years old).
- Research on the pandemic’s impact on domains related to delinquency and juvenile justice system involvement.
- Recommendations that can positively impact youth in the immediate future (within the next 1-3 years).

Beyond the limited focus of this report, the Board recognizes that the pandemic will continue to affect our juvenile justice system in long-term ways that are not necessarily predictable.

**Beyond the Juvenile Justice System:
 Impact of the Pandemic on the Lives of Children & Families Lives in Massachusetts**

The following data provides a snapshot of the pandemic’s negative consequences on various aspects of children and families’ lives in Massachusetts:

- As of September 14, 2021, there have been over 731,564 confirmed COVID-19 cases, and 18,015 confirmed deaths.^a
- An estimated 8% of adults had children in their household who were not eating enough because their household could not afford food in June 2020.^b
- In October 2020, about 17% of households with children 0-17 had slight or no confidence in making their next rent or mortgage payment on time, and over 2,600 evictions were executed between October 2020 and July 2021.^c
- An estimated 21% of adults had difficulty covering usual household expenses in June 2020.^d
- Jobless benefit claims reached over 475,000 in June 2020 and the average unemployment rate from February through April reached 6.7%.^e
- Over a quarter of childcare programs did not resume operations since closing because of COVID, disproportionately affecting poorer communities and communities of color.^f
- Seven percent of households reported in March 2021 being concerned that their internet and computer were not available for education ^g

Sources:

- ^a <https://www.mass.gov/info-details/covid-19-response-reporting>
- ^b <https://www.cbpp.org/research/poverty-and-inequality/tracking-the-covid-19-recessions-effects-on-food-housing-and>
- ^c <https://datacenter.kidscount.org/data/tables/10942-households-with-children-where-there-was-little-or-no-confidence-in-ability-to-pay-the-next-rent-or-mortgage-payment-on-time-by-race-;https://public.tableau.com/app/profile/drap4687/viz/MassachusettsTrialCourtSummaryProcessExecutionsIssued/ExecutionsIssuedbyWeekMonth>
- ^d <https://www.cbpp.org/research/poverty-and-inequality/tracking-the-covid-19-recessions-effects-on-food-housing-and>
- ^e <https://www.cbpp.org/research/poverty-and-inequality/tracking-the-covid-19-recessions-effects-on-food-housing-and>
- ^f https://eeclead.force.com/apex/EEC_ChildCareEmergencyProcedure ; <https://www.americanprogress.org/issues/early-childhood/reports/2020/06/22/486433/coronavirus-will-make-child-care-deserts-worse-exacerbate-inequality/>
- ^g <https://assets.aecf.org/m/resourcedoc/aecf-2021kidscountdatabook-2021.pdf>

Framework for Analysis

This report draws from research on risk factors of juvenile justice involvement, delinquency prevention, and positive youth development to frame its analysis of the impact of the pandemic on youth’s risk of delinquency and its recommendations to prevent future juvenile justice involvement among youth in the Commonwealth.

A wide body of research has demonstrated that there are specific factors that increase the risk of delinquency and juvenile justice involvement or that can negatively impact efforts to prevent delinquency. This report focuses on the following six domains that put young people at increased risk of engaging in delinquent acts and that have been heavily impacted by the COVID-19 pandemic:

- **Lack of prosocial connections and activities** impede youth’s access to positive experiences that have been shown to reduce the risk of delinquency.¹⁴
- **Mental health concerns and trauma**, which are prevalent among youth involved in the juvenile justice system, have a complex—albeit not always causal—relationship with delinquency.¹⁵
- **Negative family circumstances**, such as domestic violence, parental mental health, and parental substance use disorder.¹⁶
- **Educational concerns**, such as lack of school engagement, have been identified as increasing youth’s risk of engaging in delinquent acts.¹⁷
- **Substance use** issues and disorders can impact a youth’s behaviors and lead to juvenile justice involvement.¹⁸
- **Juvenile justice system involvement** in and of itself can increase the risk of recidivism.¹⁹

This report also describes **how youth-serving entities have adapted polices, practices, and services to mitigate the risk of juvenile justice involvement** and fulfill departmental missions

¹⁴ OJJDP. (n.d.). *Provide Opportunities for Children and Youth*. Retrieved September 22, 2021, from <https://ojjdp.ojp.gov/sites/g/files/xyckuh176/files/action/sec4.htm>; Gentle-Genittu, C. (n.d.) Understanding juvenile delinquent behavior through social bonding. *IATDP Journal*, <https://scholarworks.iupui.edu/bitstream/handle/1805/22321/Gentle-Genittu-Understanding.pdf?sequence=1&isAllowed=y>

¹⁵ Wasserman, G. A., Keenan, K., Tremblay, R. E., Coie, J. D., Herrenkohl, T. I., Loeber, R., & Petechuk, D. (2003). (issue brief). *Risk and Protective Factors of Child Delinquency*. OJJDP. <https://www.ojp.gov/pdffiles1/ojjdp/193409.pdf>; Shader, M. (n.d.) Risk Factors for Delinquency: An Overview. Office of Juvenile Justice and Delinquency Prevention. <https://www.ojp.gov/pdffiles1/ojjdp/frd030127.pdf>; McCormick, S., Peterson-Badali, M. & Skilling, T. (2016, December). The role of mental health and specific responsibility in juvenile justice rehabilitation. *Law and Human Behavior*, 41(1), 55–67. <https://pubmed.ncbi.nlm.nih.gov/27977225/>; https://www.ncjfcj.org/wp-content/uploads/2012/02/trauma-bulletin_0.pdf

¹⁶ Cénat, J. M., Hébert, M., Blais, M., Lavoie, F., Guerrier, M. (2015). Delinquent behaviors among students exposed to family violence in Quebec schools. *Adolescencia & saude* 12(3), 43-52; Patchin, J. W., Huebner, B. M., McCluskey, J. D., Varano, S., Bynum, T. S. (2006). Exposure to community violence and childhood delinquency. *Crime & Delinquency*, 52(2), 307-332; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3136210/>; Delany-Brumsey, A., Mays, V.M. & Cochran, S.D. Does Neighborhood Social Capital Buffer the Effects of Maternal Depression on Adolescent Behavior Problems?. *Am J Community Psychol* 53, 275–285 (2014). <https://doi.org/10.1007/s10464-014-9640-8>

¹⁷ Maguin, E. & Loeber, R. (1996). Academic Performance and Delinquency. *Crime and Justice* 20. 145-264. <https://www.jstor.org/stable/1147645?seq=1>; Institute of Medicine (2000). *Education and Delinquency: Summary of a Workshop*. Washington, DC: The National Academies Press. 13-20 <https://doi.org/10.17226/9972>.

¹⁸ Mulvey, E.P., Schubert, C.A., & Chassin, L. (2010). Substance Use and Delinquent Behavior Among Serious Adolescent Offenders. *Office of Juvenile Justice Delinquency Prevention*. <https://www.ojp.gov/pdffiles1/ojjdp/232790.pdf>

¹⁹ Wiley, S. & Finn-Aage E. 2016. “The Effect of Police Contact: Does Official Intervention Result in Deviance Amplification?” *Crime & Delinquency* 62(3)283–307.; Holman, B., & Ziedenberg, J., (n.d.) The Dangers of Detention: The Impact of Incarcerating Youth in Detention and Other Secure Facilities. *Justice Policy Institute*. https://justicepolicy.org/wp-content/uploads/justicepolicy/documents/dangers_of_detention.pdf

and mandates. Many of the “silver linings” of the pandemic, discussed in Part 3, have been documented across other states’ juvenile justice systems as well.²⁰

This analysis guides our **recommendations for what child-serving entities should continue to do to support juvenile justice-involved youth and prevent juvenile delinquency** in the next several years, included in Part 4 along with **additional recommendations for actions the Commonwealth and system actors should take to mitigate the impact of the pandemic on youth and prevent future delinquency**.

²⁰ Jackson, B. A., et.al. (2021). How the Criminal Justice System's COVID-19 Response has Provided Valuable Lessons for Broader Reform: Looking to the Future. *RAND Corporation*. https://www.rand.org/pubs/research_briefs/RBA108-6.html.

Part 1: Impact of the Pandemic on Juvenile Justice System Utilization

Data available at the time of this report indicates a large drop in juvenile justice system utilization from March 2020 to present.²¹

This drop continues a ten-plus year decline in the number of youth coming into contact with Massachusetts' juvenile justice system.²² **The decrease in system utilization is likely due to:**

- **Shifts in “circumstantial” factors** (e.g. being around peers) that are tied to increased likelihood of delinquent behavior; and
- **A concerted effort by juvenile justice system stakeholders to divert youth during the pandemic.**

Unfortunately, for the youth who were not diverted and remained in the juvenile justice system, case processing delays, including delays in jury trials, caused many youth to become “stuck” in the system. **As detailed below, these youth were disproportionately Black and Hispanic/Latino.**

Reduced Juvenile Justice System Utilization During the Pandemic

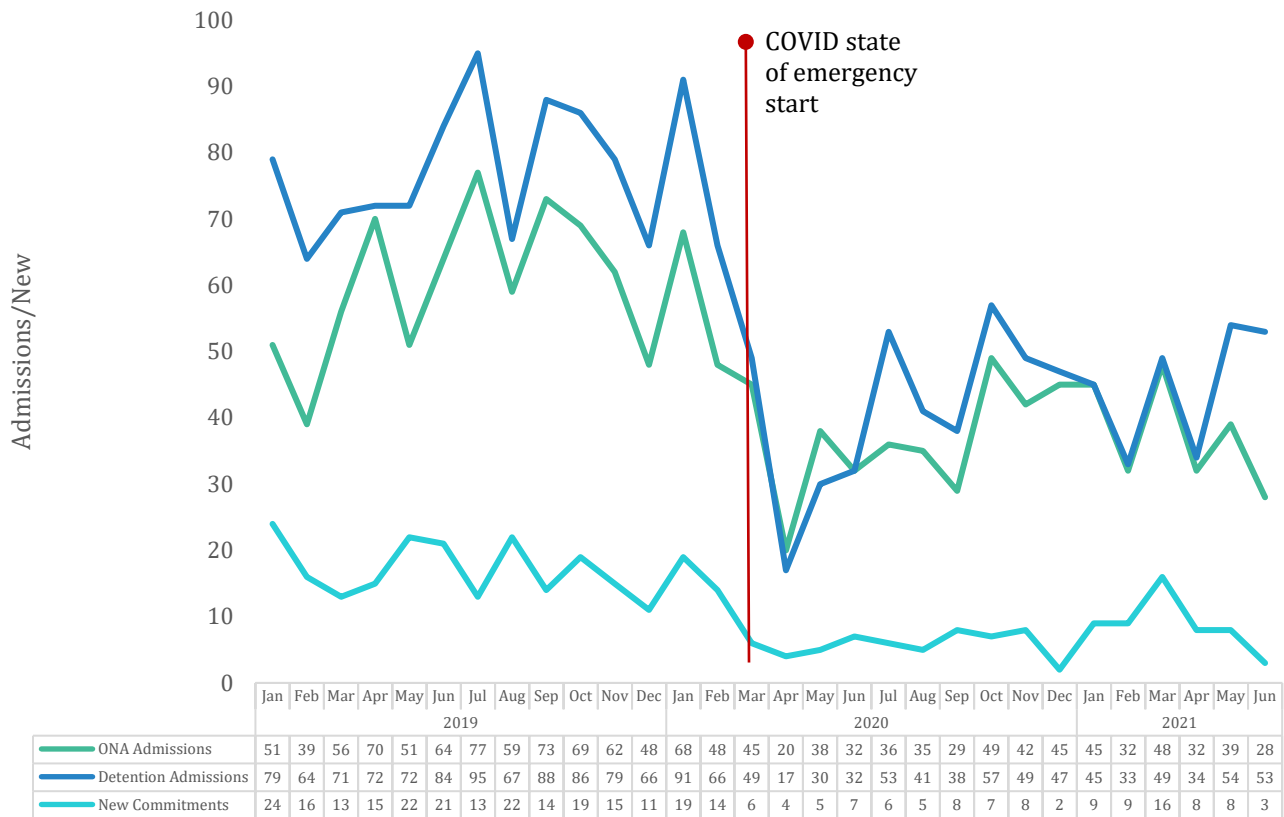
During the first year of the pandemic (March 2020-February 2021), there was a decrease in the number of youth involved in the juvenile justice system in Massachusetts (compared to the year prior) at the following points:

- There was a 40% decrease in average monthly **overnight arrest admissions**
- There was a 48% decrease in average monthly **detention admissions**
- There was a 62% decrease in average monthly new **commitments to DYS**
- Risk/Need and Administrative **probation** supervision cases also dropped 60% and 42%

²¹ This report includes data from the Department of Youth Services on admissions to overnight arrest and on the use of detention and commitments to DYS, as well as data from Massachusetts Probation Service on probation caseloads. Data on juvenile arrests and data from the Trial Court for FY21 was not available at the time of this report. However, as reported in the JJPAD Board's 2020 Annual Report, there was a drop in arrests, applications for complaint and delinquency filings in FY20 and juvenile justice practitioners consulted with for this report expect FY21 data to show a continued drop in those area. Additional FY21 data will be available in the JJPAD Board's 2021 report, expected to be released in December 2021.

²² For a detailed description of juvenile justice process points, see: <https://www.mass.gov/info-details/overview-of-the-massachusetts-juvenile-justice-system>

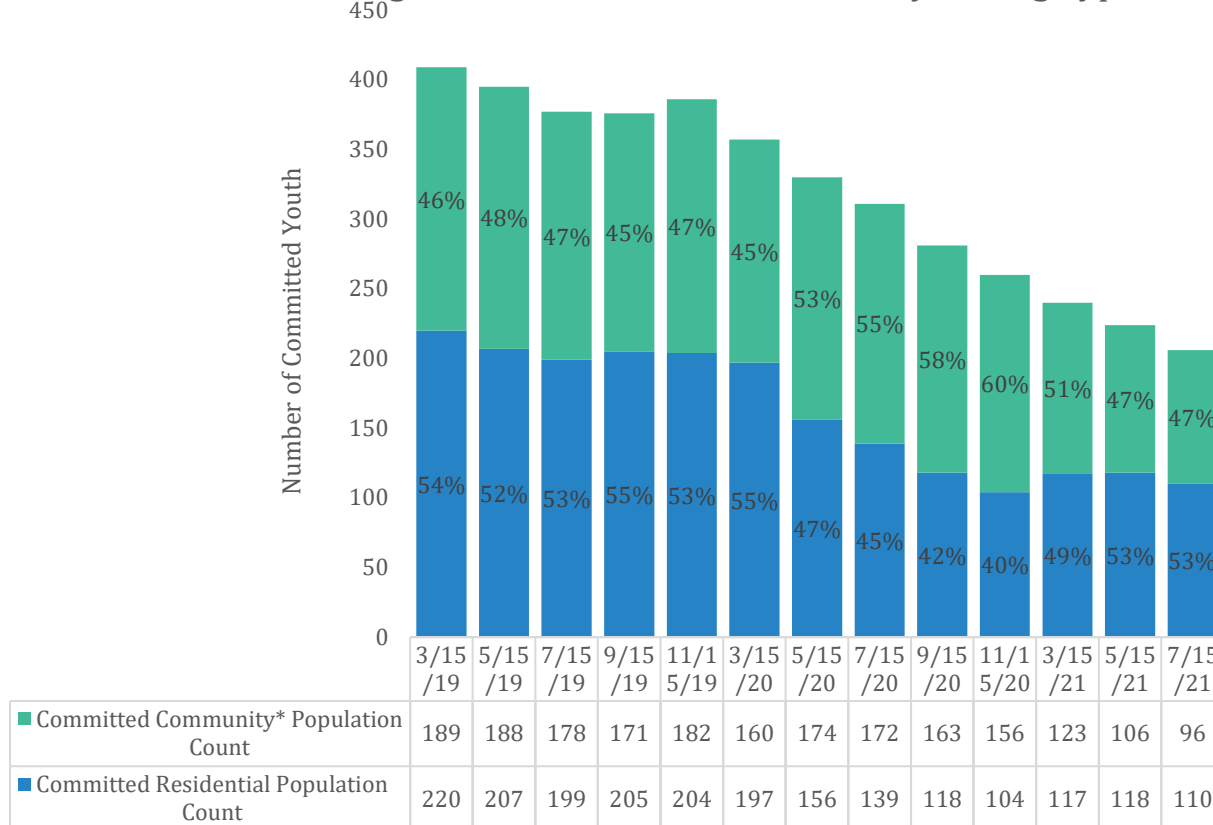
Figure 1: Monthly Overnight Arrest (ONA) Admissions, Detention Admissions and New Commitments Jan. 2019- April 2021



Source: Department of Youth Services, Department of Research

Figure 2, on the next page, further breaks down data on youth committed (post-adjudication) to DYS by placement setting type. While the number of youth committed to DYS declined overall throughout the pandemic, **the percentage of youth placed in the community (as compared to a residential/out-of-home setting) increased compared to pre-pandemic levels.** This is likely a result of DYS efforts to keep youth out of congregate settings where possible to reduce potential exposure to COVID-19 as well as the overall decline in youth committed to DYS in this period (as youth typically begin their commitment in a residential setting).

Figure 2: Youth Committed to DYS by Setting Type



*Community Totals Include all committed with sub-placement types of Home, Foster Care, and Transitional Living and excludes youth held in Adult Corrections, DCF Residential Placements, and Hospitalizations. Source: Department of Youth Services, Department of Research

Data from recent months suggests that juvenile justice system utilization has started to increase from the first year of the pandemic, but remains relatively low compared to similar timeframes pre-pandemic in 2019:

- There was an average of 37 overnight arrest (ONA) admissions per month between March and June 2021. This represents a 9% increase in admissions compared to the same months in 2020 but **remains 39% below the 2019 average monthly admissions rate (n=60) for those same months.**
- Average monthly detention admissions (n=48) increased 48% after the first year of the pandemic but **are still 36% below the average monthly admissions (n=75) during same months in 2019.**
- On average, there were 9 new commitments to DYS per month between March and June 2021. While this represents a 59% increase in new commitments compared to the same months in 2020, new monthly commitments remain **51% below the 2019 average monthly commitments for the period.**

Caution Interpreting Data

While there may be all-time lows in the number of youth processed in the juvenile justice system in FY20/21, this decline cannot solely be attributed to the circumstances surrounding the pandemic. Nationally, as well as in Massachusetts, juvenile justice system utilization has been trending downward over the last ten years.* **COVID-19 likely increased the magnitude of that decline, but we are unable to isolate the specific impact of the pandemic.**

Additionally, **in FY22 and FY23, there is a potential for there to be an increase in the number of youth processed through the system compared to FY20/FY21.** This is largely due to two possibilities:

1. Court process delays (e.g. the initial focus on emergency hearings almost a full year pause on jury trials) may mean a spike in adjudications and dispositions due to the court processing a backlog of cases.
2. As people return to pre-pandemic routines, there is more opportunity for youth to commit delinquent offenses. *(See Part 2 on how the pandemic may have caused an increased risk for delinquency for youth.)*

*See: <https://ojdp.ojp.gov/library/publications/juvenile-arrests-2019> and <https://www.mass.gov/info-details/data-about-juvenile-court-arraignments-and-detentions>

Drivers of Reduced Juvenile Justice System Utilization

The overall decrease in juvenile justice system utilization since March 2020 is likely due to two factors:

- Pandemic restrictions, school and business closures, and public health “stay-at-home” messaging led to a **shift in “circumstantial factors”** (e.g. being around peers) that are tied to increase likelihood of delinquent behaviors. Less “opportunity” for delinquency likely reduced the actual frequencies of delinquent acts.
- A **concerted effort across systems to increase the use of diversion** (both formal and informal) **and to limit youth contact with congregate settings** as much as possible to reduce COVID-19 exposure.

Shifts in Circumstances Associated with Increased Delinquency

Though we are beginning to identify trends in juvenile justice system *involvement*, we cannot yet present a full picture of the pandemic’s impact on juvenile *delinquency* due to limited data. Arrest data and other national proxy datasets such as the National Youth Risk Behavior Survey and the National Crime Victimization Survey are, as the time of this report, unavailable for the period during the height of COVID-19 (2020-2021).²³

²³ See: <https://www.fbi.gov/services/cjis/ucr/nibrs> ; See: <https://www.cdc.gov/healthyouth/data/yrbs/index.htm> ; See: <https://bjs.ojp.gov/data-collection/ncvs>

Nationally, most property and drug crime rates fell significantly in 2020, and other major crimes like robbery, burglary, and larceny dropped during the first half of 2021. Homicide rates, on the other hand, rose sharply in many parts of the country throughout 2020 and into 2021. Still, homicide rates were substantially lower than peak rates in the early 1990s, and violent crimes overall make up a small portion of total crime rates.²⁴

There is still research to be done on delinquency rates during the pandemic, but criminological theories suggest that **youth delinquent behavior likely decreased during the initial months of the pandemic.**²⁵ “Routine activity” theory suggests that when *opportunities* for crime decline (e.g. public space closures, limited interaction between individuals), crime will decline.²⁶ Additionally, peer exposure is a main risk factor for delinquency, and many youth were isolated from their peers. Limited in-person contact due to school closures and stay-at-home orders likely decreased individual proclivity for delinquency by limiting time spent with peers. Additionally, stay at home orders likely increased parent and caregiver supervision over youth, which may have contributed to a decline in delinquency.²⁷

Finally, certain types of arrests were directly reduced by school and business closures. For example, there wasn’t an opportunity for school-based arrests to be made while schools were operating remotely.²⁸

Reduced Contact with the Juvenile Justice System

In Massachusetts, juvenile justice stakeholders took direct steps to limit the number of youth who came into contact with the juvenile justice system and the intensity/frequency of that contact. To limit the instances of close *physical* contact between youth and professionals and other youth, juvenile justice professionals in the state made the following policy and procedural shifts:

- Many police departments **issued court summons instead of using custodial arrests** (i.e. handcuffing a youth, transporting them in a police cruiser to the courthouse and/or police station, and/or holding youth at the station) for arrests that did not threaten public safety. This reduced the amount of physical contact youth had with the justice system at the earliest stage.
- The Juvenile Court’s standing order stemming from the Supreme Judicial Court decision in *Committee for Public Counsel Services v. Chief Justice of the Trial Court*, SJC-12926²⁹ directly impacted utilization of detention and residential commitments at DYS facilities. In line with federal guidance, the Juvenile Court issued a standing order that streamlined procedures for

²⁴ Note, these findings are not disaggregated by age. Rosenfeld, R., Abt, T., & Lopez, E. (2021). Pandemic, Social Unrest, and Crime in U.S. Cities: 2020 Year-End Update. *The National Commission on COVID-19 and Criminal Justice and Arnold Ventures*. Retrieved from: <https://covid19.counciloncj.org/2021/01/31/impact-report-covid-19-and-crime-3/>

²⁵ Buchanan, M., Castro, E. D., Kushner, M., & Krohn, M. D. (2020). It’s F**ing Chaos: COVID-19’s Impact on Juvenile Delinquency and Juvenile Justice. *American journal of criminal justice : AJCJ*, 1–23. Advance online publication. <https://doi.org/10.1007/s12103-020-09549-x>

²⁶ Cohen, L.E., & Felson, M. (1979). Social Change and Crime Rate Trends: A Routine Activity Approach. *American Sociological Review* 44(4) 588-608. <https://doi.org/10.2307/2094589>

²⁷ Scott, E., Steinberg, L.D., (2009) Rethinking Juvenile Justice. *Harvard University Press*; Hirschi, T. (1969). Causes of delinquency: Social Bond/Social Control Theory. *University of California Press*. Retrieved from: https://in.sagepub.com/sites/default/files/upm-binaries/36812_5.pdf

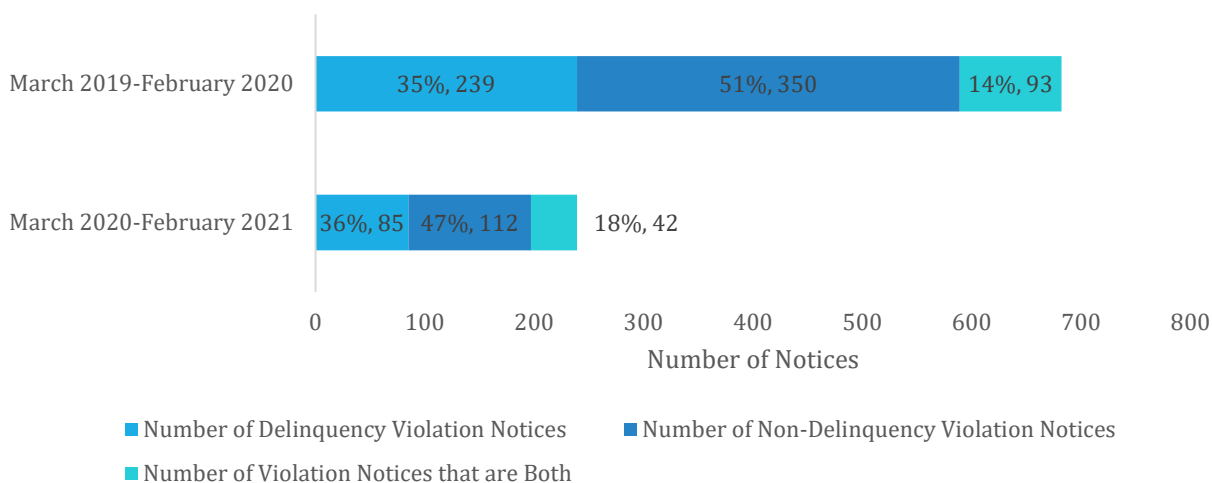
²⁸ Data on school-based arrests is not available at this time to confirm this hypothesis.

²⁹ See: <https://www.mass.gov/doc/sjc-12926-opinion/download>

“presumption of release” cases due to the fact that detention centers, jails and prisons are locations where COVID-19 could spread easily and quickly.³⁰ **Juvenile justice entities collaborated to some extent to review and identify prior and ongoing cases to determine which youth were eligible for release from detention or a residential setting.** This guidance led to a decrease in detention utilization and residential commitments.

- **Juvenile Courts notified the Committee for Public Counsel Services (CPCS) of summons arraignments weeks ahead of time.** This enabled defense counsel to prepare the young person and their family for the arraignment. As a result, young people were more likely to understand the implications of being in court and the actual arraignment process was streamlined. Since lawyers, youth and families were more prepared at the outset, this may have led to more dismissals and diversions. Given that youth with private counsel virtually always make these arrangements prior to arraignment, this new process likely led to more equitable outcomes as well.
- **Juvenile Probation Officers limited their use of violations of probation notices.** As seen in Figure 3 below, probation issued 65% fewer probation violations during the first 12 months of the pandemic compared to the same timeframe the year prior. Continuing a relatively new practice, juvenile probation officers issued notices for new arrests and limited notices regarding technical violations of probation conditions (i.e. breaking curfew, not attending school).

Figure 3: Violation of Probation Notices: Pre-COVID and First 12 Months of COVID



Source: Massachusetts Probation Public Tableau

³⁰ See: <https://ojjdp.ojp.gov/library/publications/OJJDP-COVID-Guidance-for-Juvenile-Justice-Facilities-June-2021.pdf>; <https://www.mass.gov/juvenile-court-rules/juvenile-court-standing-order-5-20-protocol-governing-requests-for-release>

Youth “Stuck” in the Juvenile Justice System During the Pandemic

While Massachusetts took measures to limit the number of youth in out-of-home/congregate settings, youth with ongoing/open cases in the juvenile justice system were often described as “stuck” due to case processing delays. Case processing delays and extended length of time in the system stem from multiple factors:

- The abrupt transition from in-person hearings to prioritizing certain remote hearings extended court case processing time for most youth with pending cases.
- Delays in evidentiary hearings and jury trials extended the pretrial phase for youth awaiting trial.
- For a variety of reasons, many cases can only be resolved on the day set for jury trial. Some of these cases go to trial, but many are either dismissed or resolved by way of a plea bargain. Because of the long delay in having trials and no other means of resolution, many youth, including those in DYS custody, have been waiting well over a year to resolve their cases.³¹

While many young people were diverted from the juvenile justice system during the pandemic, youth with open cases and youth detained or residentially committed acutely felt the effect of public health measures enacted to curb the spread of COVID-19. Youth with open juvenile cases faced uncertain futures as legal challenges lacked resolutions; detained youth were required to medically quarantine and isolate away from others; and youth committed in DYS residential facilities were forced to navigate pandemic-related stresses away from home.

The following data highlights youth “stuck” in the system:

- **Probation pretrial supervision caseloads for March increased 9% (n=753) compared to the year prior (n=689).** This rate of increase has been consistent over the past three years, but in the context of the pandemic, court delays mean youth on pretrial supervision may have been under supervision for longer periods of time without being adjudicated or without a case resolution.³² These 753 youth also likely had reduced access to services and prosocial supports during their probation supervision due to the pandemic than they otherwise would have had.
- **Between March 2020 and February 2021, youth who were released from detention facilities were detained for an average of 62 days, 19 days longer than youth released from detention facilities during the same time frame the prior year.** Data for youth who did not exit detention during this time—and subsequently may have even longer lengths of stay—is not available.

³¹ The SJC decision in *Commonwealth vs. Lougee*, which ruled time limits around pretrial detention lengths of stay should not be applied during the emergency order, may have extended some youth’s stay in detention. See: <https://cases.justia.com/massachusetts/supreme-court/2020-sjc-12949-12950-12955.pdf?ts=1592913778>

³² Currently, the Board does not have data on the length of time youth are supervised by probation.

DYS “Snapshot” Data



Using point-in-time data (sometimes referred to as “snapshot” data) allows us to compare characteristics of the total number of youth detained on a given day while taking into account typical variations in caseload data from month to month.

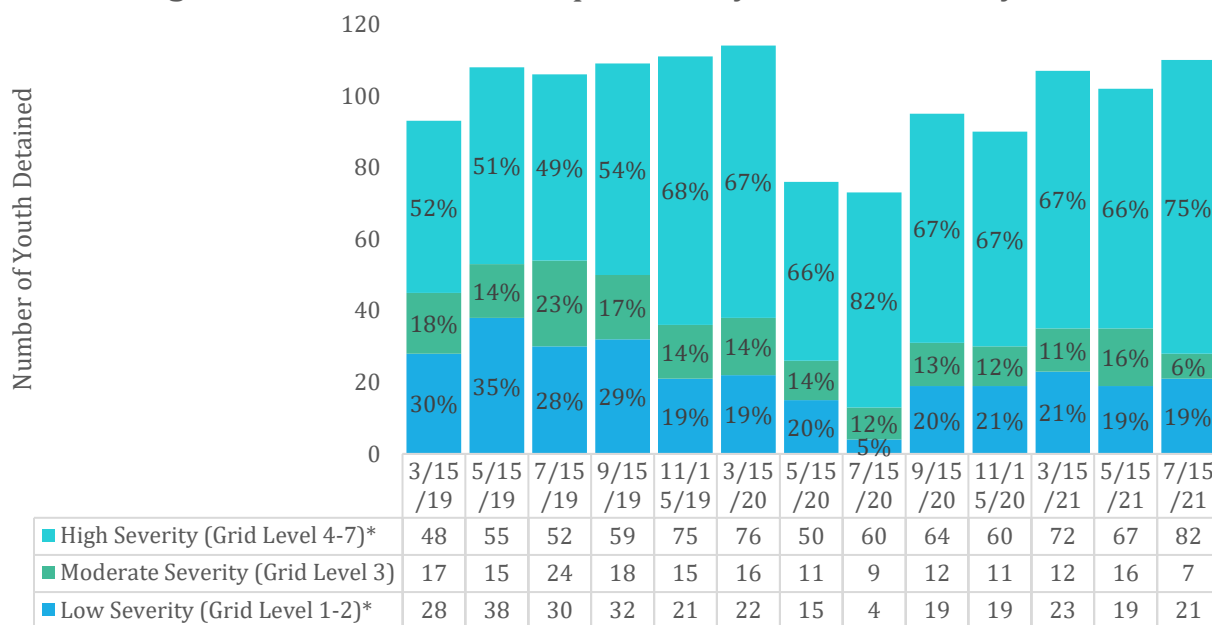
The data presented in this section looks at the total number of youth detained on the same days over three years. (March 15, May 15, July 15, September 15, and November 15).

Offense Type and Severity

An initial analysis of detention population data indicates that while juvenile justice system utilization decreased throughout the pandemic, the youth who were detained were – in some, but not all instances – alleged of committing more serious offense types.³³

Figure 4, below shows youth detained for offenses with *High* severity levels (DYS grid levels 4-7) made up a larger percentage of youth detained throughout the pandemic.

Figure 4: DYS Detention Population by Offense Severity

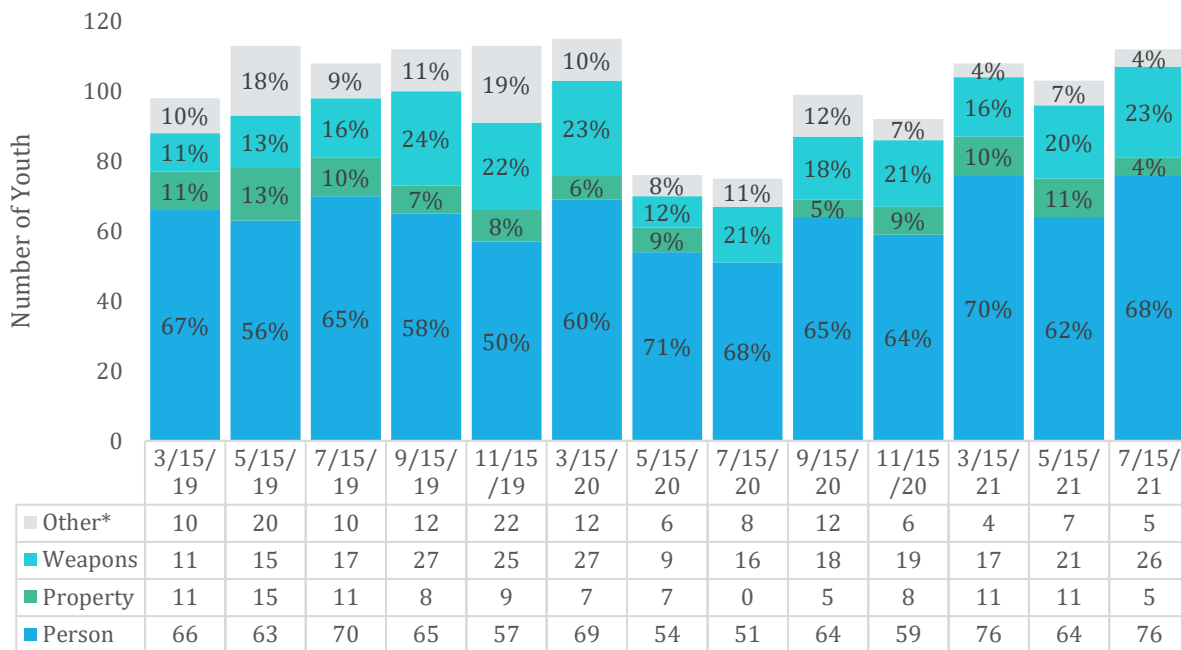


*Totals may not match across datasets due to suppressing cells with less than 5 individuals. Source: Department of Youth Services, Department of Research

³³ Most Serious Offense (MSO) reports the most serious offense if held on more than one offense. DYS categorizes offense severity by “grid level.” This is a numeric representation, ranging from 1 (least serious) to 7 (most serious), based on adult sentencing guidelines. For the purposes of this report, grid levels have been combined into Low (grid levels 0-2), Moderate (grid level 3), and High (grid levels 4-7).

Figure 5, below shows youth detained on *person* (e.g. assault) offense types made up a larger percentage of overall youth detained compared to pre-pandemic levels (average pre-pandemic caseload of 59% pre-pandemic compared to an average of 66% during the pandemic).

Figure 5: DYS Detention Population by Offense Type

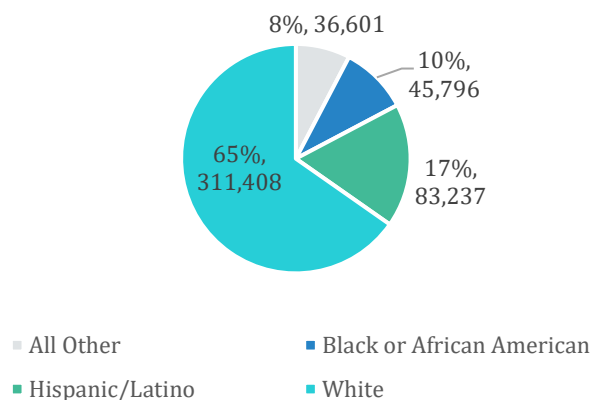


*Other offense types include Drug, Public Order, and Motor Vehicle and are combined here due to cell suppression issues. Source: Department of Youth Services, Department of Research

Racial and Ethnic Disparities

Black and Hispanic/Latino youth were detained at disproportionate rates compared to the general population throughout the pandemic. While racial and ethnic disparities (RED) are not new to the Massachusetts’ juvenile justice system, available data suggests that the pandemic and subsequent policy responses may have exacerbated these disparities at different times and in different ways throughout the emergency response period.³⁴

Figure 6: Massachusetts Youth Population (12-17 years old)

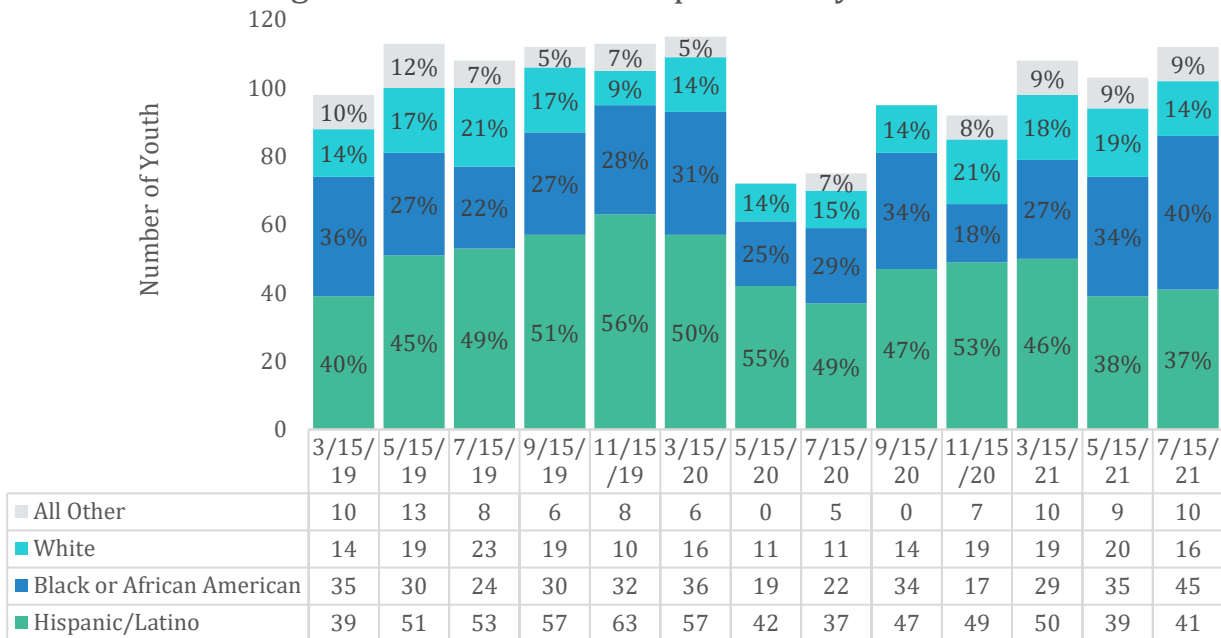


Source: <https://www.ojdp.gov/ojstatbb/ezapop/>

³⁴ Due to limited data, we are unable to assess what drove these disparities. For example, it is unclear whether more Black and/or Hispanic/Latino youth were arrested during the first months of the pandemic; if fewer White youth were arrested and thus detained less often; or if policies releasing some youth from congregate care settings benefited White youth more than Black and Latino youth.

As Figure 7 shows, in May 2020, two months into the state of emergency, 55% of youth held in detention were Hispanic/Latino, up from 45% in May 2019. By May 2021, however, the percentage dropped to 38%. (For comparison, 17% of all youth in Massachusetts identify as Hispanic/Latino.) In other words, over the course of the pandemic, disparities in the rate of Hispanic/Latino youth held in detention increased and then decreased somewhat.

Figure 7: DYS Detained Population by Race



Source: Department of Youth Services, Department of Research

In comparison, there has been an opposite trend in disparities for Black youth in detention. While disparities seem to have decreased slightly in the early months of the pandemic (with Black youth making up 25% of the detained population in May 2020, compared to 27% in May 2019), disparities have grown significantly in recent months. In May 2021, 34% of the detained population was Black, and by July 2021 that number grew to 40%. (For comparison, 10% of all youth in Massachusetts are Black.) **This growth in disparity in the detained population may indicate that a greater proportion of youth who are “stuck” in detention awaiting trial (as described in more detail below) are Black.**

As the JJPAD Board has highlighted in our 2019 and 2020 Annual Reports, Black and Hispanic/Latino youth have been severely overrepresented in Massachusetts’ juvenile justice system for years – and this pattern has, unfortunately, seemed to persist over the course of the pandemic. Importantly, these disparities do not exist in a vacuum, as Black and Hispanic communities were hit hard by the pandemic and also at disproportionate rates. Of the 11 cities or

towns with the highest COVID incidence rates in Massachusetts, seven are communities with majority population of people of color.³⁵

Additionally, as detailed in Part 2 of this report, **many of the risk factors associated with juvenile justice system involvement that have been impacted by the pandemic also disproportionately impact youth of color.** In other words, Black youth and Hispanic/Latino youth were disproportionately involved in the juvenile justice system throughout the pandemic and—due to the conditions created by the pandemic—are at increased risk of future involvement. This makes it all the more critical that we take action as a state to address drivers of delinquency and inequity in our society, as further discussed in the section on Recommendations.

³⁵ Wagman, N. (2021). Towards the Other Side: Past the Pandemic and Beyond to an Equitable Recovery. *Massachusetts Budget & Policy Center*. <https://massbudget.org/wp-content/uploads/2021/06/Towards-the-Other-Side.pdf>

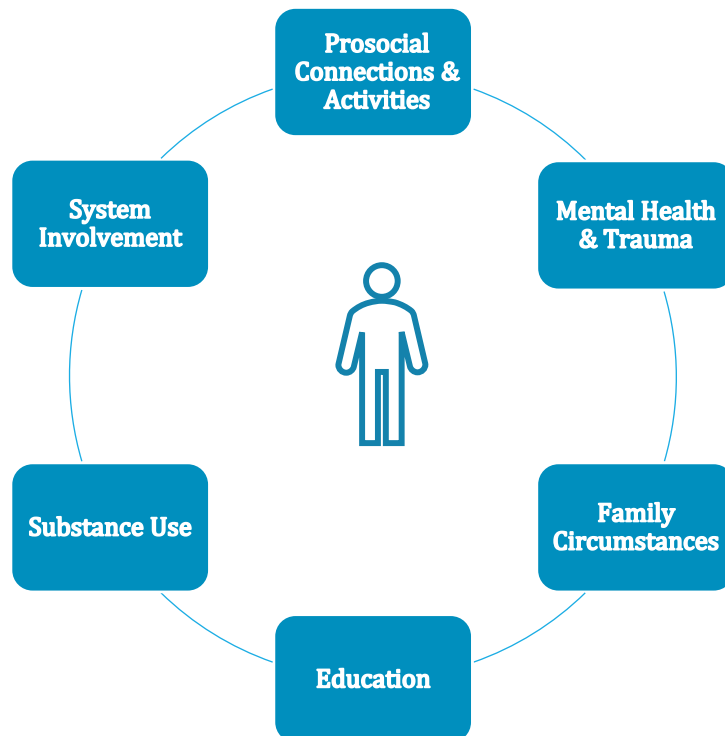
Part 2: The Pandemic Created Conditions that Increased Risk of Future Delinquency

Research shows that certain factors can increase youth’s risk of delinquency and/or involvement with the juvenile justice system, most notably:

- Lack of prosocial connections and activities
- Mental health issues or trauma³⁶
- Strained family circumstances
- Disengagement from school
- Substance use
- Previous or current justice system involvement

To address how the pandemic has impacted youth’s risk of future delinquency, this section combines research on risk factors exacerbated by the pandemic and the lack of positive youth development factors that may have mitigated key risk domains (see Figure 8 below). This section also highlights national and state data demonstrating the pandemic’s impact on youth in these domains.

Figure 8: Key Domains for Risk of Future Delinquency



³⁶ As further discussed below, the relationship between mental health concerns and juvenile justice system involvement are complex, as various forces contribute to the overrepresentation of youth with mental health issues in the juvenile justice system, including the impact that system contact itself can have on youth’s mental health. Importantly, mental health issues do not necessarily cause delinquency.

The Impact of the Pandemic on Youth’s Prosocial Connections and Activities

Although not easily measured, worries about **youth’s disconnection** from their communities, schools, peers and other prosocial supports were a recurring theme in JJPAD subcommittee conversations regarding the impact of the pandemic on youth’s risk of juvenile justice involvement.³⁷ Research shows that the following put youth at increased risk of delinquency:

- **Disconnection from prosocial relationships:** A lack of positive social relationships may increase a youth’s risk of delinquency.³⁸ During the pandemic, youth were encouraged to stay at home and refrain from gathering in groups, leading to limited opportunities to socialize with individuals that could be positive influences in their lives, such as teachers, coaches, mentors, neighbors, and relatives. Not only does research show that the absence of prosocial connections increases the risk of delinquency, but it also demonstrates that safe and healthy relationships with peers and non-parent caregivers are effective ways to respond and prevent youth delinquency.³⁹ Unfortunately, for a majority of youth in the Commonwealth, many avenues for prosocial relationships were closed off, which could exacerbate some youth’s risk of engaging in delinquent behavior.
- **Disconnection from prosocial activities:** The suspension of in-person activities in community-based organizations and schools during most of the pandemic prevented youth from engaging in prosocial activities and behaviors that are central to positive youth development and delinquency prevention. Activities that encourage positive development, such as those offered in recreational, cultural, athletic, and educational programs, have been shown to reduce youth’s delinquent behaviors.⁴⁰ As is demonstrated by a wide body of literature, prosocial activities not only promote positive peer relationships, healthy lifestyle choices, and personal interests but also enable youth to feel engaged and attached to their community—all of which contribute to delinquency prevention.⁴¹

Of note, isolation and disconnection from prosocial opportunities are strongly connected to other domains that influence youth’s risk of delinquency, such as mental health, educational achievement/engagement, and substance use, which are discussed below. The level of disconnection that youth have experienced over the past year and a half has been unprecedented in

³⁷ For this report, we use the term “prosocial behavior” to mean *behavior that is valued by society as a whole*. Examples include helping, sharing, co-operating, obeying rules and otherwise conforming to socially accepted behaviors. “Prosocial relationships” or “prosocial supports” are ones that encourage prosocial behavior. Dovidio, J. F. (1984). Helping Behavior and Altruism: An Empirical and Conceptual Overview, *Advances in Experimental Social Psychology*, Academic Press, no. 17,361-427. [https://doi.org/10.1016/S0065-2601\(08\)60123-9](https://doi.org/10.1016/S0065-2601(08)60123-9).

³⁸ D. L. (2002). Friendship networks and delinquency: The relative nature of peer delinquency. *Journal of Quantitative Criminology*, 18, 99–134; Demuth, S. (2004). Understanding the delinquency and social relationships of loners. *Youth & Society*, 35, 366–392.

³⁹ Grossman, J. & Bulle, M. (2006, December). Review of what youth programs do to increase the connectedness of youth with adults, *Journal of Adolescent Health* 39, no.6, 788-799. <https://doi.org/10.1016/j.jadohealth.2006.08.004>; Office of Juvenile Justice and Delinquency Prevention. (n.d.) *Mentoring*. <https://ojjdp.ojp.gov/programs/mentoring>; OJJDP. (n.d.). *Provide Opportunities for Children and Youth*. Retrieved September 22, 2021, from <https://ojjdp.ojp.gov/sites/g/files/xyckuh176/files/action/sec4.htm>;

http://nationalmentoringresourcecenter.org/images/PDF/Mentoring_for_Preventing_and_Reducing_Delinquent_Behavior_Among_Youth_Research_Review.pdf; Walters, G. (2020). Prosocial peers as risk, protective, and promotive factors for the prevention of delinquency and drug use, *Journal of Youth and Adolescence* 49, 618-630. <https://doi-org.ezproxy.library.tufts.edu/10.1007/s10964-019-01058-3>

⁴⁰ OJJDP. (n.d.). *Provide Opportunities for Children and Youth*. Retrieved September 22, 2021, from <https://ojjdp.ojp.gov/sites/g/files/xyckuh176/files/action/sec4.htm>

⁴¹ Gentle-Genittu, C. (n.d.) Understanding juvenile delinquent behavior through social bonding. *IATDP Journal*, <https://scholarworks.iupui.edu/bitstream/handle/1805/22321/Gentle-Genittu-Understanding.pdf?sequence=1&isAllowed=y>

our country during our lifetimes, and the likely detrimental effect on youth is yet to be fully understood. However, given the research on the relationship between prosocial connections and delinquency, there is particular reason for concern on the impact this disconnection will have on youth’s risk of delinquency.

The Impact of the Pandemic on Youth’s Mental Health and Trauma

It is estimated that as many as 70% of youth in contact with the juvenile justice system have a diagnosable mental health issue.⁴² While the prevalence of mental health issues among youth involved in the juvenile justice system is high, not all mental health issues are risk factors for criminal behavior.⁴³ The literature on the link between delinquency and mental health is complex, as various forces contribute to the overrepresentation of youth with mental health issues in the juvenile justice system, including the impact that system contact itself can have on youth’s mental health. Importantly, many misconceptions exist surrounding mental health and crime, especially violent crimes.⁴⁴ What research does show is that:

- Some behaviors, such as aggression, hyperactivity, or antisocial behavior – which may in *some* circumstances be symptoms of a mental health disorder – can increase youth’s risk of engaging in delinquent activities.⁴⁵
- Mental health disorders such as anxiety or depression are not necessarily associated with an increased risk of delinquency – but youth experiencing these issues may not be as responsive to services meant to address their needs or prevent recidivism.⁴⁶

During the pandemic, stay-at-home orders, school closures, and limitations on in-person activities have

Mass Mentoring Partnership Responds to the Pandemic

One organization that aimed to keep youth connected to prosocial supports during the pandemic was Mass Mentoring Partnership (MMP). MMP is a statewide organization that works to create a web of support for young people by partnering with youth programs, school systems, and employers to strengthen their ability to help young people grow and thrive.

In the first few months of the pandemic, MMP developed a series of virtual trainings for all youth-serving organizations in their network. These trainings focused on best practices for sustaining and supporting positive youth-adult relationships during the pandemic. Among other activities that directly supported mentoring programs, MMP also developed a bi-weekly virtual series where youth-serving professionals could connect, share ideas, and discuss challenges and best practices for sustaining meaningful and vibrant connections in the lives of young people throughout the pandemic.

For more information on MMP and their work throughout the pandemic, visit their website: <https://www.massmentors.org/>

⁴² Model Programs Guide (2017). Intersection between Mental Health and Juvenile Justice System. *Office of Juvenile Justice and Delinquency Prevention*. <https://ojjdp.ojp.gov/sites/g/files/xyckuh176/files/media/document/intersection-mental-health-juvenile-justice.pdf>

⁴³ McCormick S, Peterson-Badali M, Skilling TA. The role of mental health and specific responsivity in juvenile justice rehabilitation. *Law Hum Behav*. 2017 Feb;41(1):55-67. doi: 10.1037/lhb0000228. Epub 2016 Dec 15. PMID: 27977225.

⁴⁴ <https://csgjusticecenter.org/wp-content/uploads/2021/08/Addressing-Misconceptions-about-Mental-Health-and-Violence.pdf>

⁴⁵ Wasserman, G. A., Keenan, K., Tremblay, R. E., Coie, J. D., Herrenkohl, T. I., Loeber, R., & Petechuk, D. (2003). (issue brief). *Risk and Protective Factors of Child Delinquency*. OJJDP. <https://www.ojp.gov/pdffiles1/ojjdp/193409.pdf>; Shader, M. (n.d.) Risk Factors for Delinquency: An Overview. Office of Juvenile Justice and Delinquency Prevention. <https://www.ojp.gov/pdffiles1/ojjdp/frd030127.pdf>

⁴⁶ McCormick, S., Peterson-Badali, M. & Skilling, T. (2016, December). The role of mental health and specific responsivity in juvenile justice rehabilitation. *Law and Human Behavior*, 41(1), 55–67. <https://pubmed.ncbi.nlm.nih.gov/27977225/>

greatly isolated youth. The impact of loneliness and isolation on youth’s mental health has been extensively demonstrated in over sixty studies, particularly its long-term association with anxiety and depression.⁴⁷ Additionally, research on the impact of natural disasters and other past stressful events has found that 25-30% of youth develop new symptoms of mental health problems that remain elevated over time (up to three years later).⁴⁸

National Data

The following data points demonstrate that, nationally, **youth have faced increased mental and behavioral health issues during the pandemic:**

- The Centers for Disease Control and Prevention (CDC) found that while the average number of weekly mental health-related Emergency Department (ED) visits for children under 18 was smaller in 2020 (n=2,872) than in 2019 (n=3,025), the **average proportion of mental health ED visits compared to general ED visits was higher** (1,539 per 100,000 visits in 2020 compared to 1,130 per 100,000 visits in 2019), suggesting that “children’s mental health warranted sufficient concern to visit EDs during a time when nonemergent ED visits were discouraged.”⁴⁹
- While overall medical claims decreased for youth aged 13-18, mental health medical claims significantly increased in March-November 2020.⁵⁰
- Harvard University researcher Katie McLaughlin found in a longitudinal study of 145 youth between the ages of 10 and 15, that rates of **adolescent depression doubled** during the pandemic, and **behavioral problems tripled**.⁵¹
- Many parents have reported increased behavioral health issues for their children, with 14% of parents responding to a survey in June 2020 that their children's behavior problems had intensified during the pandemic.⁵²
- As seen in Figure 9, **half of teen survey respondents (13-18 years old) reported experiencing mental or emotional health challenges** in the past month. The most

⁴⁷ Loades, M. E. et al. (2020, November). Rapid systematic review: The impact of social isolation and loneliness on the mental health of children and adolescents in the context of COVID-19. *Journal of the American Academy of Child & Adolescent Psychiatry* 59(11), 1218-1239. <https://pubmed.ncbi.nlm.nih.gov/32504808/>

⁴⁸ Weissman, D.G, Rodman, A.M., Rosen, M.L., Kasperek, S., Mayes, M., Sheridan, M.A., Lengua, L.J., Meltzoff, A.N., McLaughlin, K.A., (2021). Contributions of Emotion Regulation and Brain Structure and Function to Adolescent Internalizing Problems and Stress Vulnerability During the COVID-19 Pandemic: A Longitudinal Study, *Biological Psychiatry Global Open Science*. <https://doi.org/10.1016/j.bpsgos.2021.06.001>

⁴⁹ Leeb, R., Bitsko, R., Radhakrishnan, L., Martinez, R., Njai, R., & Holland, K. (2020). Mental Health-Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic. *US Department of Health and Human Services/Centers for Disease Control and Prevention*. 69 (45) 1675-1679. <https://stacks.cdc.gov/view/cdc/97459>

⁵⁰ FAIR Health. (2021). The Impact of COVID-19 on Pediatric Mental Health: A Study of Private Healthcare Claims.

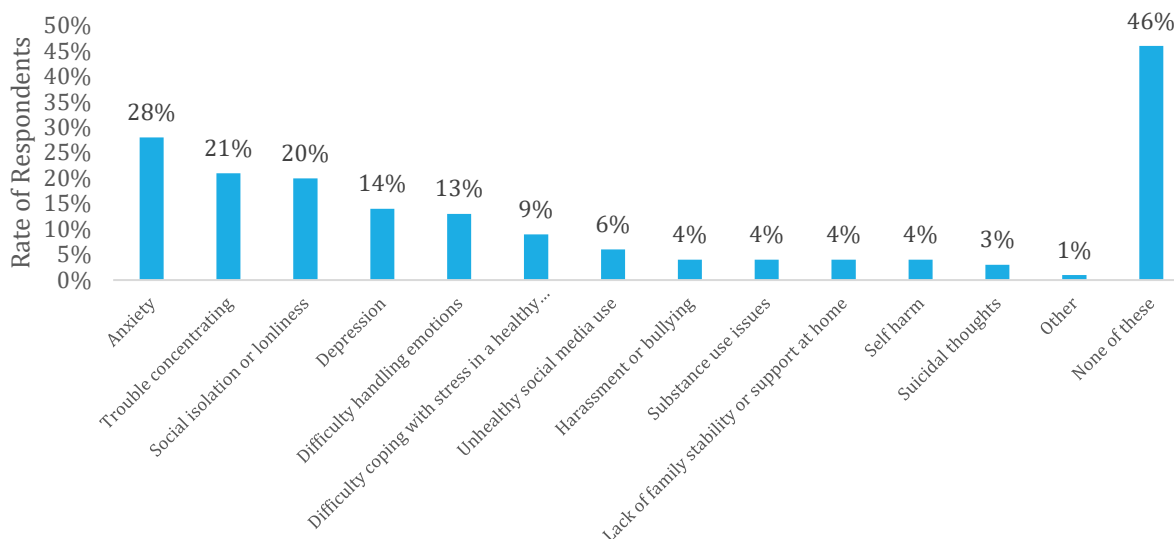
<https://www.fairhealth.org/article/fair-health-releases-study-on-impact-of-covid-19-on-pediatric-mental-health>

⁵¹ Weissman (2021). ; WBUR Interview June 23, 2021 Accessed at: <https://www.wbur.org/commonhealth/2021/06/23/harvard-psychologist-mclaughlin-children-mental-health-coronavirus>

⁵² Patrick, S., Henkaus, L., Zickafoose, J., Lovell, K., Halvorson, A., Loch, S., Letterie, M., Davis, M. (2020) Well-being of Parents and Children During the COVID-19 Pandemic: A National Survey. *Pediatrics* 146 (4). <https://pediatrics.aappublications.org/content/146/4/e2020016824>

commonly reported challenges were anxiety, trouble concentrating and social isolation/loneliness.⁵³

Figure 9: Mental or Emotional Challenges Teen Experienced in August/September 2020 (n = 899)



Source: The Jed Foundation: National Survey: Youth well-being during COVID-19. <https://www.jedfoundation.org/youth-wellbeing-during-covid-19-survey-findings/>

Massachusetts Data

Massachusetts data on the impact of the pandemic on children’s mental health closely mirrors national data:

- According to the Department of Public Health’s (DPH) survey of 3,000 youth under 25 conducted in the fall of 2020 (hereafter cited as “DPH Community Impact Survey”), almost **half of youth in MA (48%) reported feeling sad or hopeless enough almost every day for two weeks or more in a row that they stopped doing some usual activities**. This is 21% higher than the rates reported in the 2017 Youth at Risk Behavior Survey (YRBS) which surveys youth for similar concerns every two years.⁵⁴ **For youth who identify as non-binary or queer, rates of feeling sad or hopeless were even worse; 83% - 84% of non-binary and queer youth reported feeling sad or hopeless for two or more weeks in the past year.**
- Youth’s mental health concerns also appear to have been **more acute** during the pandemic. While there were approximately 3,200 fewer pediatric behavioral health patients who had an ED visit between March and September 2020 compared to same period in 2019, there

⁵³ The survey was conducted online among a national sample of 2,074 US residents, ages 18 or older, who are parents or guardians of children ages 2-18. In addition, 899 teens ages 13-18 from these households completed a separate section of the survey. The survey was conducted September 16 – October 23, 2020. Fluent Family Wellbeing Study (2020). The JED Foundation. Accessed at: <https://www.jedfoundation.org/news-views/national-survey-youth-well-being-during-covid-19/>

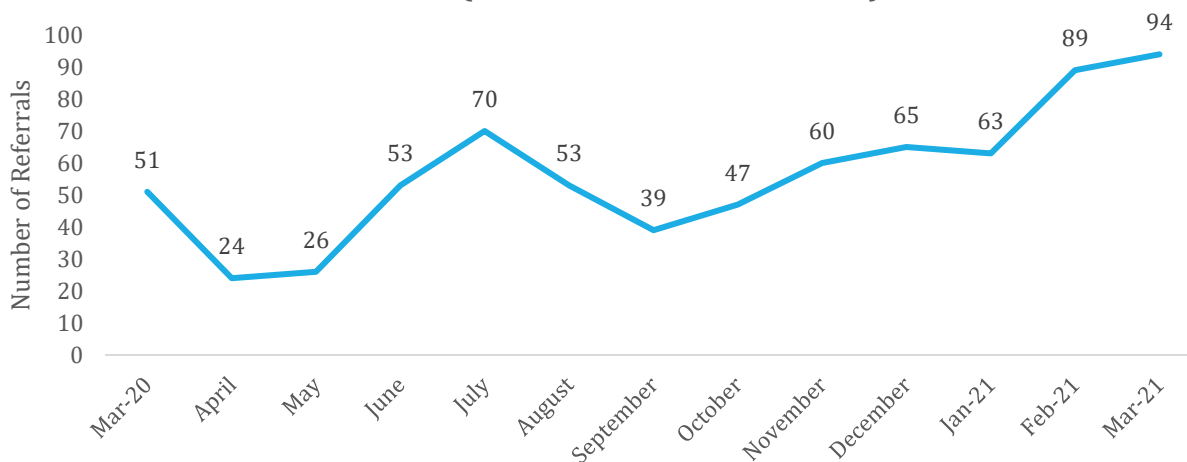
⁵⁴ For preliminary results from the Community Impact Survey (CIS), see <https://www.mass.gov/doc/covid-19-community-impact-survey-ccis-preliminary-analysis-results/download>

was a higher percentage of pediatric patient visits that resulted in boarding, increasing by 7 percentage points. Of the pediatric patients who experienced ED boarding, 29% spent over 48 hours in the ED—more than any other age group.⁵⁵

The Impact of Traumatic Stress

As the National Child Traumatic Stress Network (NCTSN) notes, the pandemic has disrupted children and families’ sense of safety and protection, leading many to **be more vulnerable to traumatic stress**.⁵⁶ While data on the number of children impacted by trauma during the pandemic is not available, data from LINK-KID, a Massachusetts center to assess and refer children who have experienced trauma, demonstrates that during the pandemic there was a heightened need for trauma-based services for youth 0-22. As the graph below demonstrates, LINK-KID referrals saw an 84% increase between March 2020 and March 2021.⁵⁷

Figure 10: Number of LINK-KID Referrals to Trauma-based Services (March 2020-March 2021)



Source: Private communication between the Office of the Child Advocate and UMass/Link KID.

This is particularly important as research has demonstrated that more than 80% of youth involved in the juvenile justice system report experiencing trauma and that some forms of trauma, such as exposure to violence in the community, can increase the risk of court involvement and more severe court outcomes.⁵⁸ Traumatic experiences children have experienced during the pandemic include:

⁵⁵ Massachusetts Health Policy Commission. (2021). Impact of COVID-19 on the Massachusetts Health Care System: Interim Report. <https://www.mamh.org/assets/files/Impact-of-COVID-19-on-the-Massachusetts-Health-Care-System-Interim-Report.pdf>

⁵⁶ The National Child Traumatic Stress Network. (2021). The Traumatic Impact of COVID-19 on Children and Families: Current Perspectives from the NCTSN. <https://www.nctsn.org/sites/default/files/resources/special-resource/traumatic-impact-covid-childrenfamilies.pdf>

⁵⁷ Private communication between Alix Riviere (OCA) and Jennifer Malcolm Brown (UMass, Link KID). July 12, 2021.

⁵⁸ Peterson, S. (2018). *Essential elements*. The National Child Traumatic Stress Network. Retrieved September 27, 2021, from <https://www.nctsn.org/trauma-informed-care/trauma-informed-systems/justice/essential-elements>; Wyrick, P. & Atkinson, K. (2021, April). Examining the relationship between childhood trauma and involvement in the justice system. *National Institute of Justice Journal*. https://nij.ojp.gov/topics/articles/examining-relationship-between-childhood-trauma-and-involvement-justice-system?utm_source=govdelivery&utm_medium=email&utm_campaign=nijjournal

- **Traumatic separation and grief:** As of September 27, 2021, over 18,154 people have died of COVID-19 in Massachusetts, leaving thousands of children to grieve the death of a loved one.⁵⁹ Additionally, over 44,410 people were hospitalized due to COVID-19, leaving many children to deal with the stress of being suddenly separated from loved ones. While not every youth who has lost a loved one or been separated due to sudden hospitalization experienced or will experience toxic stress, the National Child Traumatic Stress Network warns that many will need help dealing with traumatic grief and traumatic separation.⁶⁰
- **Medical trauma:** The Department of Public Health reports that, between August 1, 2020 and September 29, 2021, there have been 518 pediatric (<18 years old) hospital admissions for confirmed COVID cases.⁶¹ Research shows that, following a life-threatening illness, injury, or painful medical procedure, between 15% and 25% of children “experience persistent traumatic stress reactions that impair daily functioning and affect treatment adherence and recovery.”⁶²
- **Racial trauma:** Throughout the pandemic, there have been increased rates of reported hate crimes against Asian Americans, even while reported hate crimes are down overall.⁶³ Asian American and Pacific Islander youth and their families have suffered the consequences of these hate crimes, which may contribute to experiences of racial trauma.⁶⁴ Additionally, the social unrest following the murder of George Floyd concurrent with the pandemic has likely exacerbated any prior racial trauma experienced by children of color as it laid bare the systemic violence faced by families of color throughout the country. Experts also warn that the increased media coverage of police violence can lead to increased secondary traumatic stress or vicarious trauma among Black youth.⁶⁵
- **Increased financial and housing insecurity:** The economic impact of the stay-at-home orders and health-related regulations during the pandemic have led many children and families to experience acute financial and housing insecurity. DPH’s Community Impact Survey reports that parents were 35% more likely to be worried about expenses (e.g. housing, utilities, vehicle, and debt expenses) than non-parents. The pandemic specifically

⁵⁹ Given the deadly impact of the virus on older individuals, children and young adults are disproportionately affected by COVID-19 kin loss. It is estimated that for every 10,000 COVID-related death, 90,000 individuals will grieve the loss of a grandparent, parent, sibling, spouse, or child. Of note, between 7,500 and 12,500 children will grieve the loss of a grandparent, with Black children disproportionately suffering from the loss of a family member. Verdery, A., Smith-Greenaway, E., Margolis, R. & Daw, J. (2020, July). Tracking the reach of COVID-19 kin loss with a bereavement multiplier in the United States. *PNAS*, 117(30). 17695-17701. <https://www.pnas.org/content/117/30/17695> ; For Massachusetts COVID-19 data see: <https://www.mass.gov/info-details/covid-19-response-reporting#covid-19-interactive-data-dashboard>.

⁶⁰ Cohen, J., Goodman, R., Kliethermes, M. D., & Epstein, C. (2020). *Helping Children with Traumatic Separation or Traumatic Grief Related to COVID-19*. National Center for Child Traumatic Stress. <https://www.nctsn.org/sites/default/files/resources/fact-sheet/helping-children-with-traumatic-separation-or-traumatic-grief-related-to-covid19.pdf>

⁶¹ Data provided by DPH to the OCA on October 1, 2021. The data comes from the DPH hospital survey (survey data are self-reported by hospitals) and is current as of 9/29/2021 and subject to change. This data is for children admitted to the hospital following a COVID diagnosis; it does not include pediatric patients who tested positive while in the hospital.

⁶² Peterson, S. (2018). *Effects*. The National Child Traumatic Stress Network. Retrieved September 27, 2021, from <https://www.nctsn.org/what-is-child-trauma/trauma-types/medical-trauma/effects>.

⁶³ Center for the Study of Hate and Extremism (2020). Fact Sheet: Anti-Asian Prejudice March 2020 <https://www.csusb.edu/sites/default/files/FACT%20SHEET-%20Anti-Asian%20Hate%202020%203.2.21.pdf>

⁶⁴ *Racial trauma*. Mental Health America. (n.d.). Retrieved September 27, 2021, from <https://www.mhanational.org/racial-trauma>

⁶⁵ *Resources to support children's emotional well-being amid anti-black racism, racial violence, and trauma*. Child Trends. (n.d.). Retrieved September 27, 2021, from <https://www.childtrends.org/publications/resources-to-support-childrens-emotional-well-being-amid-anti-black-racism-racial-violence-and-trauma>

exacerbated financial strain among families of color. For example, among the parents surveyed, 75% of Hispanic/Latino and 74% of Black parents reported being worried about expenses compared to 41% of White parents.⁶⁶

In particular, experts have **discussed youth’s increased risk of suffering from complex trauma during the pandemic**. Complex trauma is defined as “both children’s exposure to multiple traumatic events—often of an invasive, interpersonal nature—and the wide-ranging, long-term effects of this exposure.”⁶⁷ For some youth, many of the issues described above—social disconnectedness, increased mental health issues, financial stress, and various forms of trauma—can be compounded by past or current experiences of maltreatment, household dysfunction, and other interpersonal traumatic events, which could impact them in ways more complex and long-lasting than youth who suffer a single traumatic experience (i.e. youth experiencing the pandemic who do not have trauma histories).

Of particular interest for this report, **complex trauma is prevalent among youth with juvenile justice system involvement and is associated with risk of delinquency**.⁶⁸ One study found “more than two-thirds of youth involved with law enforcement or juvenile justice have complex histories of interpersonal trauma, including exposure to neglect, emotional, physical, and sexual abuse, family and community violence, traumatic losses, and disrupted relationships with primary caregivers.”⁶⁹ Given differences in symptoms, chronicity, and treatment between complex and single-event trauma, child-serving professionals should be aware of the possible impact of the pandemic on some youth’s experiences of complex trauma and how it might affect their risk of juvenile justice involvement.

The Impact on Positive Childhood Experiences

In addition to youth’s traumatic experiences during the pandemic, the first fifteen months of the pandemic may have limited young people’s positive childhood experiences (PCEs), particularly those that happen outside the home. Positive childhood experiences include feeling safe and protected by an adult in one’s home, feeling supported by friends, having a sense of belonging and connection with a larger group (e.g. school, church, clubs), and having a relationship with a non-parent adult who takes genuine interest in you.

This has important implications for youth at risk of future delinquency, as PCEs have been demonstrated to mitigate the impact of adverse/traumatic experiences.⁷⁰ The Healthy Outcomes from Positive Experiences (HOPE) framework developed by experts in the field of childhood trauma and PCEs has identified four building blocks that promote positive experiences that help

⁶⁶ For preliminary results from the Community Impact Survey (CIS), see <https://www.mass.gov/doc/covid-19-community-impact-survey-ccis-preliminary-analysis-results/download>

⁶⁷ Peterson, S. (2018). *Complex trauma*. The National Child Traumatic Stress Network. Retrieved September 27, 2021, from <https://www.nctsn.org/what-is-child-trauma/trauma-types/complex-trauma>

⁶⁸ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7534660/> ; https://www.ncjfcj.org/wp-content/uploads/2012/02/trauma-bulletin_0.pdf

⁶⁹ Ford, J. D., Grasso, D. J., Hawke, J., & Chapman, J. F. (2013). Poly-victimization among juvenile justice-involved youths. *Child Abuse and Neglect*, 37, 788-800. doi: 10.1016/j.chiabu.2013.01.005 as cited by <https://www.nctsn.org/resources/complex-trauma-juvenile-justice-system-involved-youth>

⁷⁰ Bethell C, Jones J, Gombojav N, Linkenbach J, Sege R. Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample: Associations Across Adverse Childhood Experiences Levels. *JAMA Pediatrics*. 2019;173(11) <https://jamanetwork.com/journals/jamapediatrics/article-abstract/2749336>

youth grow into healthy, resilient adults (see Figure X, below). As this report demonstrates, many of these building blocks have been negatively impacted by the pandemic.

In addition to serving as a preventative buffer, **PCEs have also been shown to reduce the risk of recidivism among youth involved with the juvenile justice system.**⁷¹

Lack of Access to Services and Workforce Shortages

Despite the research above suggesting an increased need for mental health support, available data suggests there was actually a *decrease* in utilization of services that promote youth’s mental health during the first part of the pandemic. In Massachusetts, about one in four pediatric patients who suspended therapy in March 2020 had not resumed by end of June 2020. This was especially the case for boys and younger children.⁷² Additionally, pediatric well-child visits, which usually provide an opportunity for youth and families to discuss mental

health issues and get access to services, declined in the first year of the pandemic. While data for Massachusetts is not yet available, nationally, 16% of low-income parents have postponed well-child visits for their children. Pediatric visits in general had not rebounded to pre-pandemic levels by December 2020.⁷³

As the pandemic has worn on, however, **demand for mental health services has begun to significantly outpace supply.** As reported by Commonwealth Magazine in late May 2021, “According to the Executive Office of Health and Human Services, since June 2020, the number of patients boarding in emergency rooms has increased by 200 to 400 percent compared to the same month in the previous year.”⁷⁴ That article goes on to report that 1,200 children under 18 were

Figure 11: The Four Building Blocks of HOPE



Source: <https://positiveexperience.org/about/>

⁷¹ Baglivio, M.T., & Wolff, K.T. (2020). Positive Childhood Experiences (PCS): Cumulative Resiliency in the Face of Adverse Childhood Experiences. *Youth Violence and Juvenile Justice*, 19(2),139-162. <https://doi.org/10.1177/1541204020972487>

⁷² Massachusetts Health Policy Commission. (2021). Impact of COVID-19 on the Massachusetts Health Care System: Interim Report. <https://www.mamh.org/assets/files/Impact-of-COVID-19-on-the-Massachusetts-Health-Care-System-Interim-Report.pdf>

⁷³ Massachusetts Health Policy Commission. (2021). Impact of COVID-19 on the Massachusetts Health Care System: Interim Report. <https://www.mamh.org/assets/files/Impact-of-COVID-19-on-the-Massachusetts-Health-Care-System-Interim-Report.pdf>

⁷⁴ Schoenberg, S. (2021, May 31). For pediatric mental health patients, days stuck in the Er. *CommonWealth Magazine*. Retrieved from <https://commonwealthmagazine.org/health-care/for-pediatric-mental-health-patients-days-stuck-in-the-er/>

referred to a psychiatric facility in 2020, with an average wait time between 2.4 and 4.5 days. The most common barrier to placement cited was bed availability.

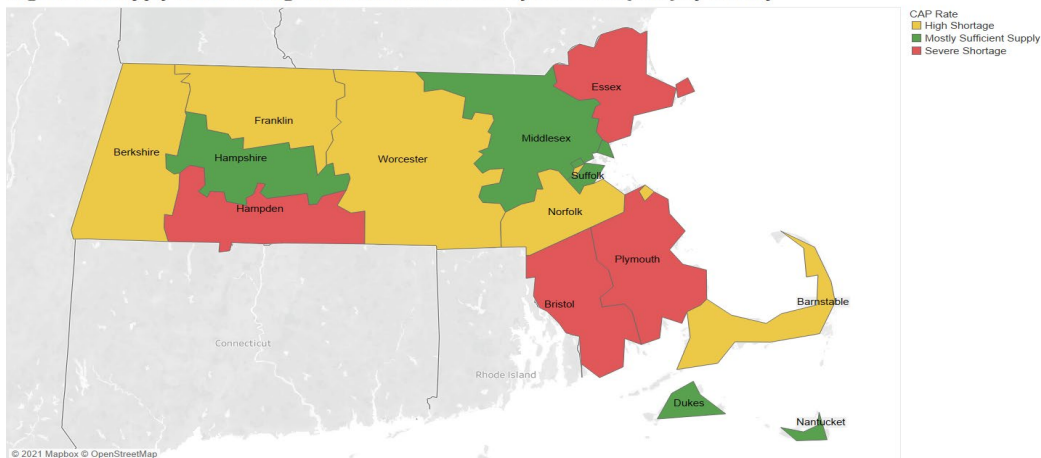
Even before the pandemic, wait lists for mental health services were a major barrier to mental health supports for children and youth: for children and youth with public health insurance, wait times for an outpatient appointment averaged two to six months, and for those with commercial insurance, waits were even longer at an average of four to nine months.⁷⁵

Consumers have also consistently reported that culturally competent behavioral health care for LGBTQ+ youth as well as racially, ethnically and linguistically diverse communities can be difficult to find, and that many mental/behavioral health professionals do not accept insurance (both public or private), adding to the difficulty many families have in accessing services.⁷⁶

Practitioners interviewed for this report note that all of these issues – emergency room boarding, waitlists for outpatient services, and insufficient availability of behavioral health services that will meet the specific needs of individual families – have only worsened over the course of the pandemic.

One driving factor of these service access issues is the ongoing workforce shortage in the mental health sector. As one example, the American Academy of Child and Adolescent Psychiatrists states that for every 100,000 children, there should be at least 47 child and adolescent psychiatrists – and yet there are only 35 per 100,000 youth in the Commonwealth.⁷⁷ As the map below demonstrates, there are also important geographical disparities, with only four counties having a mostly sufficient supply of psychiatrists to meet the needs of youth.⁷⁸

Figure 12: Supply of Practicing Child and Adolescent Psychiatrists (CAP) by County



Source: https://www.aacap.org/AACAP/Advocacy/Federal_and_State_Initiatives/Workforce_Maps/Home.aspx

⁷⁵ Children’s Mental Health Campaign (n.d.) Pediatric Behavioral Health Urgent Care Second Edition. <https://www.mamh.org/assets/files/Pediatric-Behavioral-Health-Urgent-Care-2nd-Ed.pdf>

⁷⁶ As accessed on September 22, 2021. See: <https://www.mass.gov/service-details/roadmap-for-behavioral-health-reform> https://www.bluecrossmafoundation.org/sites/g/files/cspwhs2101/files/2020-09/Model_BH_Report_January%202019_Final.pdf

⁷⁷ American Academy of Child and Adolescent Psychiatry. (n.d.). *Workforce Maps by State*. Workforce maps by State. Retrieved September 27, 2021, from https://www.aacap.org/AACAP/Advocacy/Federal_and_State_Initiatives/Workforce_Maps/Home.aspx

⁷⁸ Sufficient supply of psychiatrists is ≥ 47 psychiatrists per 100,000 children under 18 years old; High shortage includes between 18 and 46 psychiatrists per 100,000 children; and severe shortage includes ≤ 17 psychiatrists per 100,000 children.

The Impact of the Pandemic on Family Circumstances

Research has shown that the combination of parenting styles and practices can be strongly affiliated with youth delinquency.⁷⁹ During the pandemic, parents faced increased challenges regarding their economic and housing situations, parenting responsibilities, and other personal or societal circumstances that impacted their families. All of these stressors tested families and created conditions (e.g. poor/strained child-parent relationship, parental substance use disorders and mental health issues, domestic violence) that could negatively impact youth's risk of becoming involved with the juvenile justice system.⁸⁰

In particular, the pandemic has affected the following family circumstances that can increase the risk of juvenile delinquency:

- **Family conflict:** Research has linked aggressive behavior and delinquency to exposure to domestic and community violence.⁸¹ Long-existing research on the psychological impact of isolation and household economic stress led experts, in the early days of the pandemic, to warn about the increased risk of child exposure to family violence, including physical, sexual, or psychological violence.⁸² Additionally, experts note that the pandemic has created conditions of isolation that have prevented victims from safely connecting with services that could improve their circumstances.⁸³

In Massachusetts, the Department of Public Health's Community Impact Survey

FRCs' Increased Support of Families During the Pandemic

When a state of emergency was declared in March 2020, Family Resource Centers (FRCs) throughout the state quickly adapted to continue supporting their communities and vulnerable families. By shifting to telephonic/virtual appointments, providing services that were crucial as unemployment and stress levels reached record highs, and reorganizing staff responsibilities, between March and July 2020 FRCs were able to:

- Serve 2,933 new families.
- Provide more services than during the same period in 2019, including family support, parenting classes/groups, behavioral health assistance, and school/childcare assistance.
- Survey families to understand what they needed the most help with and adapt services accordingly.

For more information on FRCs' response to the pandemic, see:

<https://www.mass.gov/doc/2020-family-resource-center-mid-year-report/download>

⁷⁹ Hoeve, M., Dubas, J. S., Eichelsheim, V. I., van der Laan, P. H., Smeenk, W., & Gerris, J. R. (2009). The relationship between parenting and delinquency: a meta-analysis. *Journal of abnormal child psychology*, 37(6), 749-775. <https://doi.org/10.1007/s10802-009-9310-8>

⁸⁰ McCord, J. (1991, August). Family relationships, juvenile delinquency, and adult criminality. *Criminology* 29, 3, 397-417; Hoeve, M., Dubas, J.S., Eichelsheim, V.I. et al. (2009, March). The relationship between parenting and delinquency: a meta-analysis. *Journal of Abnormal Child Psychology* 37, 749-775.

⁸¹ Cénat, J. M., Hébert, M., Blais, M., Lavoie, F., Guerrier, M. (2015). Delinquent behaviors among students exposed to family violence in Quebec schools. *Adolescencia & saude* 12(3), 43-52; Patchin, J. W., Huebner, B. M., McCluskey, J. D., Varano, S., Bynum, T. S. (2006). Exposure to community violence and childhood delinquency. *Crime & Delinquency*, 52(2), 307-332.

⁸² Humphreys KL, Myint MT, Zeanah CH. Increased risk for family violence during the COVID-19 pandemic. *Pediatrics*. 2020; doi: 10.1542/peds.2020-0982 ; Usher, K. & Bhuller, N. (2020). Family Violence and COVID-19: Increased Vulnerability and Reduced Options for Support. *International Journal of Mental Health Nursing*. 29(4), 549-552. <https://doi.org/10.1111/inm.12735> ; Campbell, A.M. (2020). An increasing risk of family violence during the Covid-19 pandemic: Strengthening community collaborations to save lives, *Forensic Science International*, 2. <https://doi.org/10.1016/j.fsir.2020.100089>.

⁸³ Evans, M.L., Lindauer, M. & Farrell, M.E. (2020). A Pandemic with a Pandemic-Intimate Partner Violence during COVID-19. *The New England Journal of Medicine*. DOI: 10.1056/NEJMp2024046

found that more than two times the percentage of adults reported experiencing any Interpersonal Violence (IPV) in the first 6-8 months of the pandemic than the percentage of adults who reported experiencing any IPV over the course of a full year the last time DPH surveyed on this issue.⁸⁴ The majority of adults who reported IPV during the pandemic reported that it was new or had gotten worse since the pandemic began. Within these larger trends, demographic disparities exist: DPH found that respondents who identified as Black, Hispanic/Latino, Asian, American Indian/Alaska Native, Multiracial, LGBTQ+ or as having a disability were two to four times more likely to report an experience of IPV during COVID-19. Among youth surveyed by DPH, LGBTQ youth **were two to five times as likely to report experiencing violence in their household during COVID** compared to cisgender, male and heterosexual youth.

Given the increased stress on parents/caregivers and limited access to services that could support families during the pandemic, some experts have warned that the pandemic could lead to an increase in child maltreatment, which is also a risk factor for future delinquency.⁸⁵ To date, there is no available national or state data that speaks definitively on this topic.

- **Parental mental health issues:** Studies have demonstrated the relationship between poor parental mental health, behavioral issues, and juvenile delinquency.⁸⁶ During the pandemic, disrupted routines, lost income, and isolation combined with the loss of social supports have deeply impacted adults' mental health. Parents and caregivers have been particularly affected by the stresses caused by the pandemic. In a CDC national survey, caregivers report being five times more likely to have adverse mental health symptoms than non-caregivers.⁸⁷ A survey of over 1,000 U.S. parents in June 2020 found that 27% of parents reported worsening mental health.⁸⁸ In Massachusetts, DPH reports that persistent poor mental health among adults has tripled during the pandemic.⁸⁹
- **Parental substance use issues:** Parental issues with drug and alcohol use have been linked to behavioral and substance use issues among youth, putting them at increased risk of becoming involved with the juvenile justice system.⁹⁰ Parents throughout the U.S. have faced increased

⁸⁴ For preliminary results from the Community Impact Survey (CIS), see <https://www.mass.gov/doc/covid-19-community-impact-survey-ccis-preliminary-analysis-results/download>

⁸⁵ Smith, C. & Thornberry, T. P. (1995, November). The relationship between childhood maltreatment and adolescent involvement in delinquency. *Criminology* 33, 4, 451-481; Mersky J.P., Topitzes J., Reynolds A.J. (2012, May). Unsafe at any age: Linking childhood and adolescent maltreatment to delinquency and crime. *Journal of Research in Crime and Delinquency* 49, 2, 295-318.

⁸⁶Jennings, W. G., Maldonado-Molina, M. M., Piquero, A. R., & Canino, G. (2010). Parental suicidality as a risk factor for delinquency among Hispanic youth. *Journal of youth and adolescence*, 39(3), 315-325. <https://doi.org/10.1007/s10964-009-9439-3> ; Delany-Brumsey, A., Mays, V.M. & Cochran, S.D. Does Neighborhood Social Capital Buffer the Effects of Maternal Depression on Adolescent Behavior Problems?. *Am J Community Psychol* 53, 275-285 (2014). <https://doi.org/10.1007/s10464-014-9640-8>

⁸⁷ Czeisler M, Lane R, Petrosky E, et al. (2020). Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. *Centers for Disease Control and Prevention*.69 (32):1049–1057. <http://dx.doi.org/10.15585/mmwr.mm6932a1>

⁸⁸ Patrick, S., Henkaus, L., Zickafoose, J., Lovell, K., Halvorson, A., Loch, S., Letterie, M., Davis, M. (2020) Well-being of Parents and Children During the COVID-19 Pandemic: A National Survey. *Pediatrics* 146 (4). <https://pediatrics.aappublications.org/content/146/4/e2020016824>

⁸⁹ For preliminary results from the Community Impact Survey (CIS), see <https://www.mass.gov/doc/covid-19-community-impact-survey-ccis-preliminary-analysis-results/download>

⁹⁰ Jackson, A. (2013). Assessing the Impact of Parental Drug Use, Family Structure, and Environmental Conditions on Adolescents' Self-Reported Drug Use, Serious Delinquency, and Deviant Behaviors. *International Journal of Criminology and Sociological Theory*. 6(2) 1103-1134. <https://ijcst.journals.yorku.ca/index.php/ijcst/article/viewFile/36404/33121>

substance use issues as a result of the pandemic.⁹¹ In Massachusetts, 40% of adults using substances reported increasing their substance use compared to before the pandemic, and this is especially the case for parents of children/persons with special needs.⁹² Some experts have warned about the consequences of the convergence of the ongoing opioid epidemic and the COVID-19 pandemic, including increased substance use for adults already affected by substance use disorder (SUD).⁹³ This has led to an increase in drug overdoses nationally and in Massachusetts. DPH reports that, when including estimated opioid-related overdose deaths, opioid-related overdose deaths increased by over 5% (n=2,104) between 2019 and 2020.⁹⁴

The Impact of the Pandemic on Youth’s Education

On March 15, 2020, Governor Baker ordered all K-12 schools to close in-person learning and activities as a public safety measure during the COVID-19 state of emergency. By the fall, some schools were reopening throughout the state, but universal in-person learning did not resume until the end of spring 2021.⁹⁵ During these fifteen months, Massachusetts youth faced important challenges in remote school access, academic engagement and achievement, and access to a wide range of school-based services, which led to unprecedented levels of absenteeism and, for many, disconnection from learning and school in general.

Research has shown that these **educational challenges may have put youth at increased risk of engaging in delinquent behaviors.**⁹⁶ As such, this section will discuss how the pandemic affected academic domains, paying particular attention to socioeconomic, race, and ethnicity divides as well as the unique experiences of students with learning disabilities and English language learners, who are overrepresented in the juvenile justice system.^{97,98}

⁹¹ Czeisler M, Lane R, Petrosky E, et al. (2020). Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. *Centers for Disease Control and Prevention*.69 (32):1049–1057.

<http://dx.doi.org/10.15585/mmwr.mm6932a1>

⁹² For preliminary results from the Community Impact Survey (CIS), see <https://www.mass.gov/doc/covid-19-community-impact-survey-ccis-preliminary-analysis-results/download>

⁹³ Hochstatter, K.R., Akhtar, W.Z., Dietz, S. et al. (2021). Potential Influences of the COVID-19 Pandemic on Drug Use and HIV Care Among People Living with HIV and Substance Use Disorders. *AIDS and Behavior*. 25, 354–359. <https://doi.org/10.1007/s10461-020-02976-1> ; Weiner, A. (n.d.). *An epidemic during a pandemic*. National Safety Council. Retrieved September 27, 2021, from

<https://www.nsc.org/safety-first-blog/an-epidemic-during-a-pandemic>

⁹⁴ The number of deaths include 69 estimated opioid-related overdose deaths. See: <https://www.mass.gov/doc/opioid-related-overdose-deaths-among-ma-residents-may-2021/download>

⁹⁵ Cohan, A. (2021, April 27). Massachusetts high schools must fully reopen by May 17, per department of education. *Boston Herald*. Retrieved from <https://www.bostonherald.com/2021/04/27/massachusetts-high-schools-must-fully-reopen-by-may-17-per-dept-of-education/> ; Chianca, P. (2021, April 28). Mass. high schools are reopening full-time with a month left. Should they bother? *Boston.com*. Retrieved from <https://www.boston.com/news/schools/2021/04/28/should-mass-high-schools-reopen-with-one-month-left/>

⁹⁶ Maguin, E. & Loeber, R. (1996). Academic Performance and Delinquency. *Crime and Justice* 20. 145-264.

<https://www.jstor.org/stable/1147645?seq=1> ; Institute of Medicine (2000). *Education and Delinquency: Summary of a Workshop*. Washington, DC: The National Academies Press. 13-20 <https://doi.org/10.17226/9972>.

⁹⁷ The JJPAD Board recognizes the immense impact the pandemic had and will continue to have on youth’s academic success but a detailed look into academic challenges is beyond the scope of this report.

⁹⁸ Shandra, C. L., & Hogan, D. P. (2012). Delinquency Among Adolescents with Disabilities. *Child indicators research*, 5(4), 10.1007/s12187-012-9135-9. <https://doi.org/10.1007/s12187-012-9135-9>; <https://www2.ed.gov/about/offices/list/ocr/docs/2013-14-juvenile-justice.pdf> ; Youth Law Center. (2016) Educational Injustice: Barriers to Achievement and Higher Education for Youth in California Juvenile Court Schools. <https://ylc.org/wp-content/uploads/2019/05/EDUCATIONAL-INIJUSTICE.pdf>

School disengagement has been shown to be strongly tied to juvenile delinquency.⁹⁹ The shift to online schooling and the many challenges it brought about for children, their families, and school professionals alike has created circumstances leading to decreased levels of school engagement.

Massachusetts parents surveyed by MassINC in June 2020 reported wide variation in the frequency of the school system’s engagement with their children. While about 20% of parents reported that their child received any kind of personalized feedback from their teachers on a daily basis, almost 25% reported that this was happening just once a week and 33% reported their child received personalized feedback a few times a week.¹⁰⁰ In particular, during remote schooling, language was an important barrier to school engagement for students who do not speak English at home. The survey noted that “54% of parents who did not speak English at home said their children participated in online classrooms at least a few times a week, compared to 72% of English-speaking households.”¹⁰¹

School disengagement can lead to **chronic absenteeism**, which is also an important risk factor for juvenile delinquency.¹⁰² At the time of this report, chronic absenteeism data for the entire 2020-2021 school year was not yet available. Instead, this report highlights data for youth missing 10 days or more of school by March 1, 2021. As of that date, 17.2% of students missed 10 days or more of the 2020-2021 school year. As the graph below shows, race and ethnic disparities are seen in absences across the state. Twenty-four percent of Black students, and 28.1% of Latino students missed 10 days or more of school by March 1, 2021.¹⁰³

⁹⁹ Hirschfield P., Gasper J. (2011). The relationship between school engagement and delinquency in late childhood and early adolescence. *Journal of Youth and Adolescents*. 40(1), 3-22. <https://doi.org/10.1007/s10964-010-9579-5> ; Bender,K. (2012). The Mediating Effect of School Engagement in the Relationship between Youth Maltreatment and Juvenile Delinquency, *Children & Schools*, 34(1), 3748, <https://doi.org/10.1093/cs/cdr001> ; George, T. (n.d.). School Engagement and Juvenile Offending Among Maltreated Youth Who Vary by Race/Ethnicity, Gender and Type of Child Maltreatment. Washington State Center for Court Research. https://www.ofm.wa.gov/sites/default/files/public/legacy/sac/pdf/nchip/gender_racial_differences_in_outcomes.pdf

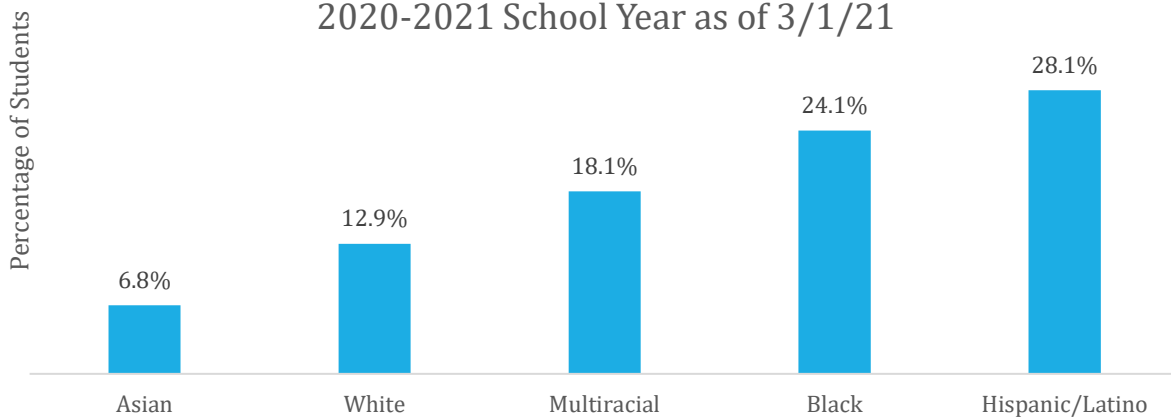
¹⁰⁰ See: <https://www.massincpolling.com/the-topline/poll-k-12-parents-report-dramatically-different-remote-learning-experiences-engagement-levels-with-schools>

¹⁰¹ See: <https://www.massincpolling.com/the-topline/poll-k-12-parents-report-dramatically-different-remote-learning-experiences-engagement-levels-with-schools>

¹⁰² Massachusetts defines Chronically Absent as missing at least 10% of days enrolled (e.g., 18 days absent if enrolled for 180) regardless of whether the absences are considered excused, unexcused and/or for disciplinary reasons. Since this report does not use a full school year’s worth of data, we use “absent 10 or more days” to understand absenteeism rates. For more information see: <https://www.doe.mass.edu/sfs/attendance/> ; Mueller, D. & Stoddard, C. (2006). Dealing With Chronic Absenteeism and Its Related Consequences: The Process and Short-Term Effects of a Diversionary Juvenile Court Intervention. *Journal of Education for Students Placed at Risk*. 11(2),199-219. [10.1207/s15327671espr1102_5](https://doi.org/10.1207/s15327671espr1102_5)

¹⁰³ DESE Data Reports. Attendance—March 1, 2021. Excel spreadsheet available at <https://profiles.doe.mass.edu/statereport/attendance.aspx>

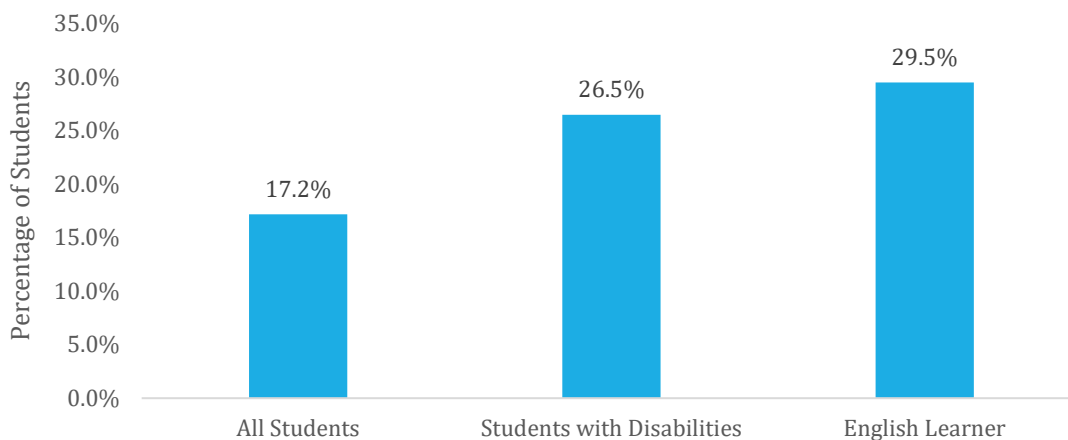
Figure 13: Students Absent 10 Days or More Rates by Race/Ethnicity
 2020-2021 School Year as of 3/1/21



Source: DESE Data Reports. Attendance—March 1, 2021

As shown in Figure 14, youth who already face significant challenges in school engagement and achievement due to learning disabilities or language barriers had higher rates of absenteeism than all students statewide and, thus, are at increased risk for juvenile justice system involvement.

Figure 14: Students Absent 10 Days or More
 2020-2021 School Year as of 3/1/21



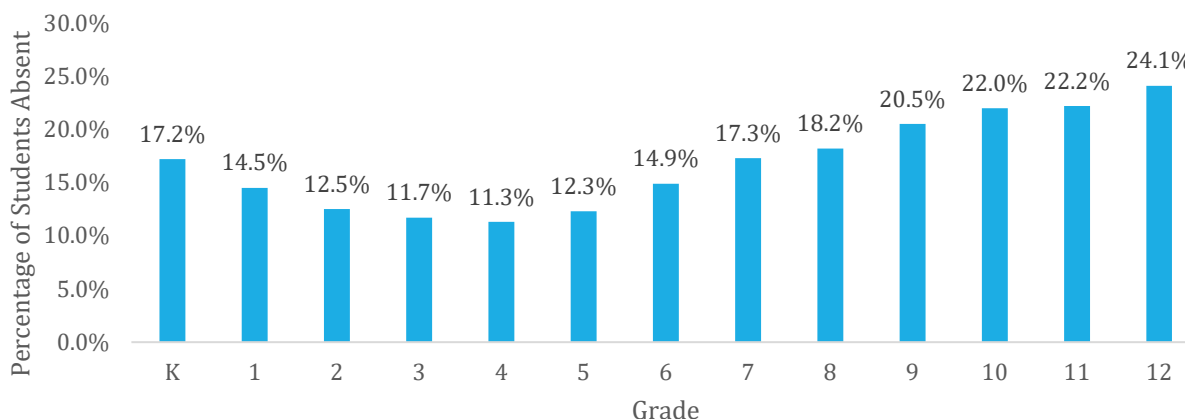
Source: DESE Data Reports. Attendance—March 1, 2021

Additionally, as Figure 15 on the next page demonstrates, high school students had the highest rates of missing 10 days or more of school of any age group.

It is worth noting that while studies have shown that chronic absenteeism and truancy in the early elementary grades are more closely connected to family factors (i.e., job schedules that conflict with school start times; family health needs), chronic absenteeism in the middle and upper grades are more commonly linked to school-related factors such as ineffective academic supports, difficulty

with peers and lack of a caring teacher-student relationships.¹⁰⁴ Receiving individualized academic support and bonding with a teacher are both more difficult virtually, which may partially explain higher levels of disengagement among older youth. Considering that the age range of Massachusetts juvenile system jurisdiction (12- 17 years old) aligns with middle and high school years, absenteeism rates for these youth are particularly concerning.¹⁰⁵

Figure 15: Students Absent 10 or More Days by Grade
2020-2021 School Year as of 3/1/21



Source: DESE Data Reports. Attendance—March 1, 2021

Student engagement in more economically disadvantaged cities has been particularly impacted by the pandemic, pointing to important economic and regional disparities in students’ academic achievement and engagement during this pandemic.¹⁰⁶ In Fall River, for instance, 41.9% of students were absent 10 or more days. Of note, this was the case for 47.3% of Black students, 49.2% of Hispanic/Latino students, 49.4% of students with disabilities, and 51.6% of English learners.¹⁰⁷

Finally, it is important to note that as youth return to in-person learning, there is the **potential for increases in school exclusion and school-based arrests**. The National Association of School Psychologists anticipates that rates of social-emotional and behavioral concerns will double or triple after COVID, and these behavioral concerns may contribute to higher rates of discipline and/or school-based arrests.¹⁰⁸

¹⁰⁴ Jacob, B.A. & Lovett, K. (2017, July 27). *Chronic absenteeism: An old problem in search of new answers*. Brookings. Retrieved from <https://www.brookings.edu/research/chronic-absenteeism-an-old-problem-in-search-of-new-answers/>

¹⁰⁵ DESE Data Reports. Attendance—March 1, 2021. Excel spreadsheet available at <https://www.doe.mass.edu/DataAccountability.html>

¹⁰⁶ Gateway cities in Massachusetts include Brockton, Fall River, Fitchburg, Haverhill, Holyoke, Lawrence, New Bedford, Pittsfield, Springfield and Worcester. For more information see: <https://massinc.org/our-work/policy-center/gateway-cities/about-the-gateway-cities/>

¹⁰⁷ DESE Data Reports. Attendance—March 1, 2021. Excel spreadsheet available at <https://www.doe.mass.edu/DataAccountability.html>

¹⁰⁸ National Association of School Psychologists. (2020). Providing effective social-emotional and behavioral supports after COVID-19 closures: Universal screening and Tier 1 interventions. P.1. https://www.nasponline.org/assets/Documents/Resources%20and%20Publications/Resources/Health/COVID-19/ATE_Return-to-School_SEL%20Tier%201.pdf

The link between school exclusion and justice system involvement has been well documented.¹⁰⁹ Exclusionary discipline like suspensions and expulsions increase the likelihood of a youth’s involvement in both the juvenile justice and adult criminal justice systems. In fact, research out of North Carolina schools has shown that long-term negative impacts of schools with high expulsion rates can be seen across a school’s population, not just to students who were suspended during school years.¹¹⁰

The Digital Divide

Unequal access to technology has affected youth throughout the Commonwealth, but particularly those living in under resourced communities. For instance, between 27 and 32% of households with school-age children in Gateway Cities lack internet access. Across those cities, which already face important social and economic challenges, “there are nearly 100 neighborhoods where more than 25% of residents have no service.”

As the [June 2020 CTF report](#) had warned, unreliable access to internet, computers, and tablets not only undermined children’s education, but also worsened socioeconomic, race, and ethnic disparities in access to education and professional opportunities that already existed before the pandemic.

Source: https://www.renniecenter.org/sites/default/files/COE_2021_Data_Dashboard.pdf

The Impact of the Pandemic on Youth Substance Use

Like mental health issues, substance use is highly correlated to youth engaging in delinquent activity—especially serious offending.¹¹¹ Given this link, some youth’s increased use of alcohol and drugs during this pandemic could put them at increased risk of becoming involved with the juvenile justice system.

Despite fears of widespread increase of substance use among young people in Massachusetts, it does not appear that youth’s drug and alcohol use has been uniformly impacted by the pandemic. Indeed, DPH reports mixed findings from their Community Impact Survey conducted between September and November 2020: while 83% of youth under 18 did not report using substances in the past 30 days, 44% of youth under 18 reported a change in substance use of either “a lot more” or “somewhat more” since the start of the pandemic. Youth living in rural areas were significantly

¹⁰⁹ Villalobos, J.G. & Bohannon, T. (2017). The Intersection of Juvenile Courts and Exclusionary School Discipline. *National Council of Juvenile and Family Court Judges and School-Justice Partnership National Resource Center*. <https://ojjdp.ojp.gov/library/publications/intersection-juvenile-courts-and-exclusionary-school-discipline>

¹¹⁰ Bacher-Hicks, A., Billings, S. B., & Deming, D. J. (2021, September 16). *Proving the school-to-prison pipeline*. Education Next. Retrieved September 27, 2021, from <https://www.educationnext.org/proving-school-to-prison-pipeline-stricter-middle-schools-raise-risk-of-adult-arrests/>

¹¹¹ Mulvey, E.P., Schubert, C.A., & Chassin, L. (2010). Substance Use and Delinquent Behavior Among Serious Adolescent Offenders. *Office of Juvenile Justice Delinquency Prevention*. <https://www.ojp.gov/pdffiles1/ojjdp/232790.pdf>

more likely to report more substance use since the pandemic began, compared to youth living in urban areas.¹¹²

The data collected by DPH also highlights important regional disparities. Youth living in rural areas were significantly more likely to report more substance use since the pandemic began, compared to youth living in urban areas.¹¹³ More data is needed to understand the rates of substance use among youth who face other important challenges that puts them at risk of juvenile justice system involvement, notably school disengagement, family conflict, and mental health issues.

The Impact of the Pandemic on Youth Involved in the Juvenile Justice System

In addition to the five domains impacted by the pandemic discussed above, youth who were – and continue to be—involved in the juvenile justice system during the pandemic experienced increased stressors specific to their system involvement. Research shows system involvement – from arrest through commitment – in and of itself increases the risk of recidivism.¹¹⁴ Delays in court case processing extended the length of time youth were involved in the juvenile justice system.

Further, youth who remained in DYS congregate care settings potentially suffered severe consequences from the pandemic. For youth “stuck” in residential settings, traumatic medical experiences, prolonged isolation, and lack of prosocial connection and activities were all exacerbated by separation from loved ones and community members. **This combination of risks and the fact that juvenile justice system involvement in of itself can lead to more juvenile delinquency and system involvement necessitates focused attention on this group of youth.**

Increased Case Processing Time and Extended Length of Stay in Detention

Youth who were arrested, charged, or adjudicated during the first year of the pandemic experienced ongoing stress related to postponed court hearings, delays in case processing that may influence outcomes, and barriers in meeting their probation requirements due to some service delays. Challenges reported by Massachusetts juvenile justice stakeholders included:

- The extended length of time it took to process cases also meant there were longer wait times between when a youth allegedly committed an offense and case resolution. During that extended time, youth may have been required to follow strict court orders around pretrial probation supervision and, in some cases, be under home confinement or electronic monitoring.
- At the same time, many youth supervised on probation experienced barriers in meeting probation requirements due to extended waitlists for community service providers and therapeutic supports. Probation officers also experienced difficulties trying to engage some youth in services related to their probation conditions that *were* switched to remote options. In some cases, this led to probation terms being extended.

¹¹² For preliminary results from the Community Impact Survey (CIS), see <https://www.mass.gov/doc/covid-19-community-impact-survey-ccis-preliminary-analysis-results/download>

¹¹³ Ibid.

¹¹⁴ Wiley, S. & Finn-Aage E. 2016. “The Effect of Police Contact: Does Official Intervention Result in Deviance Amplification?” *Crime & Delinquency* 62(3)283–307. & https://justicepolicy.org/wp-content/uploads/justicepolicy/documents/dangers_of_detention.pdf

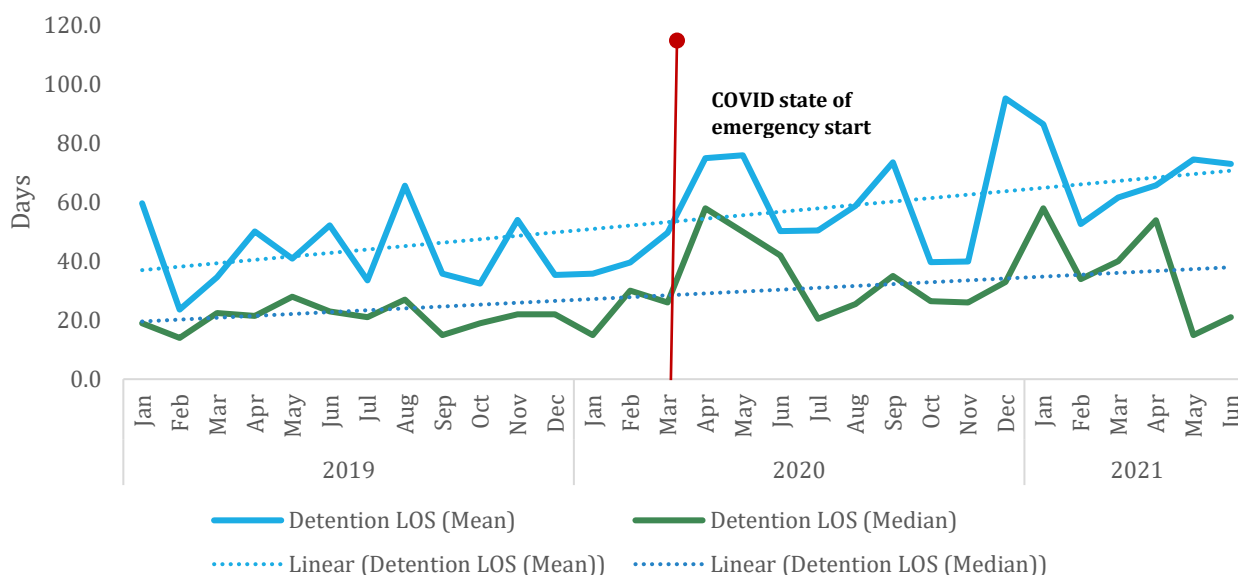
- Extended cases processing times, as well as other pandemic-related operational impediments, can contribute to difficulties acquiring evidence and the discovery process between defense counsel and prosecutors, ultimately impacting a youth’s court process. Barriers existed in accessing important paperwork or evidence in a timely manner. For example, security video footage may have been recorded over by the time a case was processed and defense counsel learned of it as possible evidence.
- The extended length of time it took to process cases also meant that many young people turned 18 while awaiting trial. This means that the jurisdiction of the court was extended, and the young people are court-involved for longer than they otherwise would have been.
- Extended case processing time is also important to note because research shows that the swiftness and certainty of a sanction can have a more powerful effect on behavior than the severity of a sanction.¹¹⁵ In other words, extended court case processing times may have significantly reduced any individual deterrent effect for future delinquency that a disposition may have.
- Finally, there is the intangible yet very real impact that ongoing uncertainty about one’s future and a lack of resolution to a worrying situation can have on individuals. Having an open case “hanging over one’s head” would be stressful for anyone, and likely all the more so for a young person. In addition, research indicates that delays in case processing can also have harmful impacts on victims.¹¹⁶

Importantly, all of the risk factors described in Part 2 of this report have been compounded for youth detained or committed to a Department of Youth Services (DYS) residential facility for above-average lengths of stay. As Figure 16 below demonstrates, of the youth who exited detention between March 2020 and February 2021, **youth remained in detention on average 19 days longer than before the pandemic** (between March 2019 and February 2020), increasing a youth’s average length of stay from just under a month and a half (or around 43 days) to just over two months (about 63 days). It is also important to note that this data point does not account for youth who have remained detained throughout the pandemic – which means it likely *understates* the impact delays have had on length of stay for detained youth.

¹¹⁵ National Institute of Justice. (2016). Five Things to Know about Deterrence. <https://www.ojp.gov/pdffiles1/nij/247350.pdf>

¹¹⁶Sered, D. (2019). *Until we reckon: Violence, mass incarceration, and a road to repair*. The New Press.

Figure 16: Detention Average and Median Length of Stay (LOS)



*ALOS is reported for youth exiting detention during the reported timeframe. Source: Department of Youth Services, Department of Research

The increase in time some youth have spent in detention is concerning considering:

- **Longer lengths of stay in detention may interrupt** a youth’s psychological developmental pathway and increase recidivism, given that youth typically desist from crime as they mature.¹¹⁷
- **The longer youth remain detained, the longer they are disconnected from their communities and families.** As described above, disconnection from pro-social supports in of itself can increase the likelihood of recidivism.
- **Out of home placements do not improve outcomes for most youth.**¹¹⁸ The traumatic nature of out of home placements has been well documented.¹¹⁹ Rehabilitative treatment is typically more effective when it is received in the community.¹²⁰ Indeed, many of the most effective evidence-based services and practices for justice-involved youth *must* take place in the home or community because they build on a young person’s systems of support.¹²¹

¹¹⁷ Mulvey, E. P., Steinberg, L., Fagan, J., Cauffman, E., Piquero, A. R., Chassin, L., Knight, G. P., Brame, R., Schubert, C. A., Hecker, T., & Losoya, S. H. (2004). Theory and Research on Desistance from Antisocial Activity Among Serious Adolescent Offenders. *Youth violence and juvenile justice*, 2(3), 213. <https://doi.org/10.1177/1541204004265864>

¹¹⁸ Pew Charitable Trusts (2015). Re-examining Juvenile Incarceration. https://www.pewtrusts.org/-/media/assets/2015/04/reexamining_juvenile_incarceration.pdf

¹¹⁹ Mendel, R. (2011). No Place for Kids: The Case for Reducing Juvenile Incarceration. *Annie E. Casey Foundation*. <https://assets.aecf.org/m/resourcedoc/aecf-NoPlaceForKidsFullReport-2011.pdf>

¹²⁰ Underwood, L. A., von Dresner, K. S., & Phillips, A. L. (2006). Community treatment programs for juveniles: A best-evidence summary. *International Journal of Behavioral Consultation and Therapy*, 2(2), 286-304. <http://dx.doi.org/10.1037/h0100783>

¹²¹ For example: Multi-Systemic Therapy. See: <https://www.wsipp.wa.gov/BenefitCost/Program/36> and also: <https://pubmed.ncbi.nlm.nih.gov/21338001/>

- **The longer individuals were detained during their youth, the worse their mental health and physical health is reported in adulthood.** Compared with no detention time, individuals who reported spending less than one month in detention as a youth predicted adult depressive symptoms; a duration of one to twelve months predicted worse adult general health; a duration of greater than one year predicted functional limitations, depressive symptoms, and suicidal thoughts in adulthood.¹²²

Impact of Prolonged Isolation

In an effort to keep youth physically healthy, and in accordance with federal guidance, youth who were admitted to a DYS facility during the pandemic were required to medically quarantine for a 14-day period. While medical quarantine was necessary under the circumstances, there are reasons to be concerned about the negative impact this may have had on youth. Indeed, prior to the pandemic, DYS has made extensive efforts in recent years to significantly limit the use of room confinement due to concerns about the **harmful effects of prolonged isolation in detention settings**. For example:

- In adults, documented effects include **anxiety, depression, decreased cognitive functioning, impaired memory, hallucinations, and insomnia**.¹²³
- Even a few days of isolation **can shift a person’s electrical brain activity**, indicating patterns of activity consistent with delirium.¹²⁴
- A 2009 Office of Juvenile Justice and Delinquency Prevention (OJJDP) report analyzed data on youth in confinement (i.e., juvenile detention centers, reception centers, training schools, ranches, camps, and farms) who were victims of suicide, and found 62% of suicide victims had a history of room confinement, and **51% were on room confinement status at the time of their death**.¹²⁵

Finally, even if youth were not medically quarantined, the significant increase in isolation can have detrimental effects as previously discussed.

Lack of Prosocial Connection and Activities

Compared to youth in the community, youth detained and committed to residential facilities had more limited access to prosocial connections and activities throughout the pandemic. While DYS took steps to replace group activities with individual enrichment activities, and fostered prosocial connections through virtual platforms, the pandemic created unavoidable circumstances for youth who remained detained or residentially committed.¹²⁶

Due to the need for social distancing, there were few opportunities for social group activities in facilities. Structured group time was limited with other youth as well as staff in the facility. By the fall (2020), DYS modified its recreation programming to increase options that were permitted for

¹²² Barnert E., Dudovitz R., & Nelson B. (2017). How Does Incarcerating Young People Affect Their Adult Health Outcomes? *Pediatrics*. 139(2). https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5260153/pdf/PEDS_20162624.pdf

¹²³ Burrell, S. (n.d.) Trauma and the Environment of Care in Juvenile Institutions. *Youth Law Center and National Child Traumatic Stress Network*. https://www.nctsn.org/sites/default/files/resources/trauma_and_environment_of_care_in_juvenile_institutions.pdf

¹²⁴ Grassian, (S). (2006). Psychiatric Effects of Solitary Confinement. *Washington University Journal of Law & Policy*. 22, 327-380 https://openscholarship.wustl.edu/law_journal_law_policy/vol22/iss1/24

¹²⁵ Hayes L. (2009). Juvenile Suicide in Confinement: A National Survey. *Office of Juvenile Delinquency and Prevention*. <https://www.ncjrs.gov/pdffiles1/ojdp/213691.pdf>.

¹²⁶ See Part 3 for more ways DYS positively responded to support youth.

youth in quarantine.¹²⁷ Yet, as of this report, many pandemic-related circumstances continue to affect youth’s ability to participate in group program activities.¹²⁸

Additionally, DYS instituted a video visitation procedure for families to connect with youth on a regular basis, which was received positively by youth and their families and increased opportunities for youth and family visits.

Yet, the absence of in-person visits likely had negative effects on youth’s emotional and mental well-being. Data from youth in Ohio’s juvenile justice system shows family visitation is correlated with youth feeling happier and more connected to family. At the same time, youth who never had family visits had higher rates of behavioral health incidents.¹²⁹ In-person visits allow for hugs from a youth’s family and extended individualized attention. While many of us navigated similar situations during the pandemic and were unable to hug or be with some family members for some time, we were able to navigate that dynamic in the comfort of our own homes. Youth who were detained or committed were forced to navigate that phenomenon while held in a facility away from home.

Reduced Opportunities for Treatment Services

Youth held in pre-trial detention have less access to rehabilitative services than youth who have been committed to DYS post-adjudication. To the extent that a greater portion of a youth’s time in the custody of DYS has been in a Detention Unit rather than a Treatment Unit as a result of case processing delays, then youth have had decreased access to treatment services during this period. This is lost time for these youth – and represents a failure of our system to maximize the potential benefit of time in custody.

Physical and Mental Health Risks

Nationally, there were almost 4,000 youth with known cases of COVID-19 while detained as of March 31, 2021¹³⁰ and—as of September 1, 2021—102 known cases by DYS in Massachusetts.¹³¹ Youth involved in the justice system report poorer physical health than youth not involved in the justice system, potentially putting them at greater risk of contracting COVID-19 and suffering from severe side-effects.¹³²

¹²⁷ Youth were given books, games, puzzles, video games, and movies throughout their isolation. Youth in residential programs were grouped into cohorts of no more than four youth and remained solely with their cohort for all recreational activities. Each youth or cohort was issued their own deck of cards, social board games, and were able to participate in some small (i.e. two-vs-two) group team sports.

¹²⁸ See: <https://www.mass.gov/doc/activity-protocol-covid-19-for-residential-settings-updated-july-1-2021/download>

¹²⁹ Agudelo, S.V. (2013). The Impact of Family Visitation on Incarcerated Youth’s Behavior and School Performance. *VERA Institute of Justice*. https://www.vera.org/downloads/Publications/the-impact-of-family-visitation-on-incarcerated-youths-behavior-and-school-performance-findings-from-the-families-as-partners-project/legacy_downloads/impact-of-family-visitation-on-incarcerated-youth-brief.pdf

¹³⁰ Rover, J. (2021). Covid-19 in Juvenile Facilities. *The Sentencing Project*. <https://www.sentencingproject.org/publications/covid-19-in-juvenile-facilities/>

¹³¹ As reported by the Department of Youth Services’ Department of Research on September 10, 2021.

¹³² Forrest, C.B., Tambor, E., Riley, A.W., Ensminger, M.E., & Starfield, B. (2000). The Health Profile of Incarcerated Male Youths. *Pediatrics*, 105 (Supplement 2). 286-291.

https://pediatrics.aappublications.org/content/105/Supplement_2/286?ijkey=be5bfb21b81299e4ba6218bc8da45f722ef61fa4&keytyp=e2=tf_ipsecsha; Centers for Disease Control and Prevention. (2021, August 20). *People with certain medical conditions*. Centers for Disease Control and Prevention. Retrieved September 27, 2021, from <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

It is estimated that as many as 70% of youth in contact with the juvenile justice system have a diagnosable mental health issue.¹³³ During the pandemic, mental health concerns previously mentioned in this report were potentially exacerbated for youth in detention or residentially committed due to their confined status. Specifically, traumatic separation experienced by youth confined away from their homes can be a concern for a youth’s mental health.¹³⁴

The Negative Impact of Virtual Court Hearings and Visits

As is further discussed in Part 3, video conferencing technology provided an effective means to mitigate some of the challenges posed by the pandemic. Remote technology allowed entities to provide innovative strategies to connect youth with prosocial services and relationships—some of which should be continued beyond the pandemic period. Yet, many youth, families, case workers, and clinicians experienced technological problems and unreliable internet connections that hindered potential benefits from virtual court hearings.

Additionally, while virtual visits may have promoted positive rapport between youth and juvenile justice professionals, in some circumstances, virtual visits impeded effective communication and positive relationship building.

There are also concerns that the long-term use of video conferencing could have unintended impacts on case outcomes, with implications for racial/ethnic disparities. A recent report on the adult criminal bail process by the Brennan Center found “defendants whose hearings were conducted over video had substantially higher bond amounts set than their in-person counterparts,” and that “remote witness testimony by children and youth was perceived as less accurate, believable, and consistent when appearing over video.”¹³⁵

Early signs in Massachusetts’ data may indicate a similar concern: **youth that were held on an overnight arrest in 2020 and in the first half of 2021 were more likely to be admitted into detention than youth held overnight in 2019** (55% of ONA admissions in 2020 [n=268] and 2021 [n=123] resulted in detention admissions compared to 46% [n=334] in 2019)¹³⁶ More data is needed to understand if this was due to virtual court hearings, or the nature of the offense youth were alleged of committing.

¹³³ Model Programs Guide (2017). Intersection between Mental Health and Juvenile Justice System. *Office of Juvenile Justice and Delinquency Prevention*. <https://ojjdp.ojp.gov/sites/g/files/xyckuh176/files/media/document/intersection-mental-health-juvenile-justice.pdf>

¹³⁴ Cohen, J., Goodman, R., Kliethermes, M. D., & Epstein, C. (2020). *Helping Children with Traumatic Separation or Traumatic Grief Related to COVID-19*. National Center for Child Traumatic Stress. <https://www.nctsn.org/sites/default/files/resources/fact-sheet/helping-children-with-traumatic-separation-or-traumatic-grief-related-to-covid19.pdf>

¹³⁵ Bannon, A. & Adelstein, J. (2020). The Impact of Video Proceedings on Fairness and Access to Justice in Court. *Brennan Center for Justice at New York University School of Law*. <https://www.brennancenter.org/sites/default/files/2020-09/The%20Impact%20of%20Video%20Proceedings%20on%20Fairness%20and%20Access%20to%20Justice%20in%20Court.pdf>

¹³⁶ As reported by the Department of Youth Services’ Department of Research on September 10, 2021.

Part 3: Silver Linings & System Protective Factors

While youth, families, and child-serving entities encountered immense hardship throughout the pandemic, government entities took many creative steps in the face of operational challenges and, in certain cases, went above and beyond to meet their missions and mandates.

The Commonwealth's juvenile justice entities rose to the occasion to address the pandemic and its impact on youth they serve. Justice entities were forced to balance keeping youth, families, and staff safe with the need to continue core functions and daily operations to the extent possible. New policies and procedures were put into place and continuously revised as scientific understanding of the pandemic developed. Some new policies and practices that supported youth involved in the system during the pandemic may also benefit youth beyond the pandemic.

This section highlights silver linings in policy and practice innovations undertaken by juvenile justice and other child-serving state entities. Conversations with child-serving professionals highlighted **two overarching factors that contributed to policy and practice silver linings:**

1. **Remote Technology:** To limit the number of people coming into close contact with each other, organizations and businesses across the country switched operations to virtual platforms. Remote conferencing programs like Zoom, WebEx, and Facetime were used across state entities in Massachusetts. Virtual programming replaced many in-person activities to promote positive youth development and helped maintain connections to family, pro-social supports, and positive programming.
2. **Reducing Instances of Youth in Custody:** As detailed in Part 1, juvenile justice system utilization has decreased, especially for youth in DYS facilities. Recognizing that youth living in congregate care settings are inherently at a higher risk of contracting COVID-19, juvenile justice stakeholders across the board limited the frequency of taking youth into custody and placement in congregate care settings. Anecdotally, many system actors report that youth were more likely to be diverted at each stage of the juvenile justice process, although data on this is not yet available. Considering the research in Part 2 explaining the harmful impacts justice system involvement can have, this reduction in utilization can also be seen as a silver lining of the pandemic.

The following policies/practices implemented by state entities are considered “silver linings” by the JJPAD Board because they build on youth protective factors, promote positive youth development, and mitigate the risk factors presented in the prior section:

The System’s Response to Youth Involved in the Juvenile Justice System

- **Police departments made an effort to reduce custodial arrests and overnight arrests by using the summons process instead.** To limit potential exposure to COVID-19 for themselves and the youth they serve, many police departments instructed officers to increase their use of court summons and limit on-sight (custodial) arrests to those that

threatened public safety. Some youth and family advocates have suggested that this particularly benefitted youth of color who are arrested at disproportionate rates.¹³⁷

- **The juvenile courts held virtual non-evidentiary court hearings. This presented both pros and cons, but had significant benefits for family and youth.** Virtual court hearings allow for youth to spend more time in school (and other prosocial activities) and less time waiting in courthouses for their hearing, as virtual hearings had set times for youth and families to log in for their case to be heard. Families and advocates reported youth felt relief from the burdens associated with in-person court hearings.
 - DYS collaborated with the Committee for Public Counsel Services (CPCS)'s Youth Advocacy Division (YAD), private juvenile attorneys, district attorneys and the Juvenile Court to host virtual court hearings for youth. As the courts have gradually begun to resume hearing matters in person, DYS has continued to provide this service.

- **Collaboration between the juvenile justice system practitioners helped reduce the detention and residential commitment population.**
 - District Attorneys and defense attorneys reviewed the bail status of individuals in pretrial detention to determine if they could agree on individuals with specific health considerations or who were being held on low bail amounts who could safely be released to the community. Defense attorneys also electronically filed motions for youth who were not eligible for the *presumption* of release to request reconsideration of pretrial detention on a case-by-case basis.
 - DYS instituted a practice for reviewing all youth in their transition period to determine whether they may be candidates for accelerated release. CPCS lawyers worked closely with DYS staff to facilitate the release of committed youth ready for successful re-entry.

- **For the first time, probation officers were able to use FaceTime calls and video technology to do virtual visitation with youth under probation supervision.** Probation has reported that, in general, youth felt safe and more comfortable sharing with probation officers during virtual visits compared to typical office visits. Virtual check-ins also allowed for more flexibility with probation officer contacts.

- **Probation continued their pre-pandemic work of limiting violation of probation notices to violations that stemmed from a new arrest.** Probation limited the number of “technical” violation notices to youth throughout the pandemic and continued using their administrative review process and other graduated response practices to address youth’s noncompliance with conditions. Massachusetts Probation Services (MPS) put an emphasis on helping youth on their caseloads access important resources throughout the pandemic. This likely led to fewer violation notices and a stronger rapport. Attorneys working with youth report that in many

¹³⁷ See: <https://www.mass.gov/info-details/data-about-youth-arrests>

cases probation conditions were increasingly well-tailored to the risks and needs of each youth. These steps limit the number of youth coming into the courthouse and possibly being held in pretrial detention.

- **Remote technology helped improve and increase communication between the courts and CPCS attorneys.** The courts notified CPCS on a regular basis of the youth who were summoned, so CPCS was able to assign attorneys days, and sometime weeks, before arraignment. This meant the attorneys and social workers could connect with youth and families ahead of time to explain the process, think about pre-arraignment motions for diversion or dismissal, and access important healthy development resources. It also promoted equity, given that families that can afford private attorneys have always been able to do these things.
- **DYS virtual visits made it easier for some attorneys to connect with their clients.** DYS developed resources and guidance to facilitate youth/attorney visits by phone and video that also provided confidentiality for attorneys and clients.

The System's Response to Support Youth's Mental Health & Address Substance Use Issues

- **The Department of Mental Health (DMH), DYS and DPH all report using telehealth programming for youth in their care during the length of the pandemic.** While sometimes technology challenges existed (e.g. poor/no internet connection, video camera misfunctions, lack of available device), youth in DYS facilities greatly benefitted from the ability to video chat with their mentors, counselors, and therapists. DMH clinicians video chatted with youth; DPH grant-funded programs connected with youth at risk of delinquency; and Bureau of Substance Addiction Services (BSAS) providers and clinical staff utilized virtual platforms to conduct therapy sessions.
- **DYS was able to collaborate with MassHealth to bridge the connection between community clinicians and youth returning home from residential placements.** Use of virtual technology made it significantly easier to set up a pre-release meeting between a community provider and a youth, and MassHealth worked with DYS to ensure that the meeting could be billed to MassHealth.

The System's Response to Engage Families

- **DYS and DPH/BSAS implemented virtual visits for families to visit with their children.** At the start of the pandemic, DYS paused in-person visits to youth detained or committed to residential facilities, but quickly replaced (starting March 27, 2020) –and eventually supplemented—in-person visits with video visitation between families and youth. Youth have been able to use DYS-issued iPads to video call family members throughout the pandemic. DPH/BSAS longer-term residential provider also used virtual platforms to connect families with youth in their care.

Part 4: Recommendations for Supporting Youth and Preventing Future Delinquency

As COVID-19 vaccination rates increase, in-person activities resume, and people transition back to pre-pandemic routines, **it is crucial for the state to support youth who are the most at risk of engaging in delinquent acts as well as those who are already involved with our juvenile justice system.**¹³⁸ The following recommendations delineate steps the state can take and/or continue to take to support youth and their families to:

- Mitigate ongoing risks to delinquency exacerbated by the pandemic, as outlined in Part 2 of this report.
- Support positive childhood experiences and positive youth development to prevent future juvenile justice involvement.¹³⁹
- Ensure our juvenile justice system appropriately responds to the potential for an increase in system utilization.

Some of the recommendations below are a continuation or expansion of the initiatives highlighted in Part 3 of this report, while others are new proposals aimed at reducing delinquency and supporting youth in the Commonwealth’s juvenile justice system.

Recommendation #1: Continue to Limit Youth Contact with the Juvenile Justice System

Over the past decade, Massachusetts has worked to decrease reliance on the juvenile justice system by better supporting youth in the community. For example, programs like the Juvenile Detention Alternatives Initiatives (JDAI) work to limit the number of youth brought into detention with the goal of ensuring “the right youth is in the right place for the right reasons.”¹⁴⁰ More recently, the state decriminalized certain adolescent behaviors and increased opportunities for diversion.¹⁴¹ As a result of efforts like these, the Commonwealth has successfully decreased juvenile justice system utilization without a significant increase in risky behaviors or offending.¹⁴²

As noted in this report, we are not yet able to measure the specific impact of the pandemic, but it is clear that justice system utilization continued to decline during this time, at some points sharply, continuing the decade-long trend. **The Commonwealth should continue and build upon**

¹³⁸ It is important to note that as of this report, the COVID-19 pandemic is ongoing and resurging levels of infections due to the Delta variant of the disease indicate more months, if not years, of a “pandemic-related response.”

¹³⁹ Research demonstrates that positive childhood experiences, support from loved ones and professionals, as well as strength-based approaches to delinquency prevention can positively impact youth who are at risk of becoming involved with the juvenile justice system. This research supports the positive youth development (PYD) perspective of juvenile justice system involvement, which counteracts the “long-held beliefs of the inevitable so-called storm and stress of adolescence and the predictable engagement by youth in risky or destructive behaviors.” See: Lerner, R. M., (2005). Positive youth development: A view of the issues. *Journal of Early Adolescence* 25(1), 10-16. <http://www.ospd.ms.gov/2020%20Nov%20IUV%20Virtual%20Training/Positive%20Youth%20Development%20-%20A%20View%20of%20the%20Issues.pdf>

¹⁴⁰ For more information see: <https://www.mass.gov/service-details/juvenile-detention-alternatives-initiative-jdai>

¹⁴¹ For more information see: <https://malegislature.gov/Laws/SessionLaws/Acts/2018/Chapter69>

¹⁴² For more information see: <https://www.doe.mass.edu/sfs/yrbs/2017exec-summary.pdf>; <https://www.mass.gov/info-details/data-about-youth-arrests>

practices adopted or expanded during the pandemic that reduced the number of youth who came into contact with, and advanced through, the juvenile justice system. Specifically:

- **Police should continue efforts to limit use of custodial arrests** to youth that pose a public safety threat and, when public safety is not a concern, consider diversion or use the summons process to initiate arrests.
- **Court Magistrates, District Attorneys and Juvenile Court Judges should continue to offer youth diversion** and, when possible, expand the number and type of situations in which diversion is attempted prior to the traditional delinquency process. The state can support this by **expanding funding for the Office of the Child Advocate/Department of Youth Services' statewide diversion pilot sites, and other community-led programming that can serve as a form of diversion.** Diversion programs should focus on supporting youth whose unmet needs, including any underlying mental health & behavioral health concerns, contributed to their alleged offense.
- **District attorneys, Probation, the Juvenile Court, DYS, police and bail magistrates should continue to work collaboratively to limit overnight arrest admissions, detention admissions and DYS residential commitments.** Understanding the risk of congregate care settings for youth, the state should continue to limit the use of out-of-home placement to situations where a youth poses a threat to public safety. This is particularly important as COVID-19 rates have begun to climb back up in recent months.
- **CPCS should continue to train and support counsel to use a Youth Development Approach, connect young people with community-based programming, regularly partner with social workers, and actively engage in education advocacy.** Defense counsel are well-situated to help young people choose and engage in prosocial activities that promote healthy development and reduce recidivism. By engaging in these activities, defense counsel can provide both the child and the court with a range of effective pre- and post- arraignment dispositional options. Zealous advocacy also increases the likelihood that the young person and their family experience the court process as fair, which research suggests should reduce recidivism and enhance the legitimacy of the court.¹⁴³
- **Probation should continue to limit the use of technical violation notices** and reserve violations of probation notices for new arrests or imminent threats to public safety. **Officers should also continue to work with the Juvenile Court to tailor conditions of probation specific to the unique needs of each youth.**

¹⁴³ *Procedural justice.* Yale Law School. (n.d.). Retrieved September 27, 2021, from <https://law.yale.edu/justice-collaboratory/procedural-justice>

Recommendation #2: Continue to Support Youth Directly Involved in the Juvenile Justice System During the Pandemic

Youth involved with the juvenile justice system have experienced stress specifically related to isolation, home removals, and/or delays in case processing. The JJPAD Board recommends the following steps specific to juvenile justice entities and the youth they serve:

- **The Juvenile Court should identify mechanisms for more swiftly processing open and ongoing delinquency cases**, including by identifying opportunities to streamline case processes, such as the continued use of virtual hearings as appropriate (and discussed further below). As mentioned, the longer the wait between an alleged delinquent act and the final sanction, the less likely the sanction will have a deterrent effect on youth for future delinquency.
- **All system stakeholders should collaborate to ensure that youth who were held in DYS residential facilities for a significant length of time receive any additional/longer-term support they may need as a result of increased isolation and/or length of stay during the pandemic.** For youth who were detained for a longer period of time but not ultimately committed to DYS, DYS has no jurisdiction over the youth once they exit DYS and often has limited-to-no prior advance notice of when a youth will be released or where they will be released to. This can greatly hinder DYS's ability to make effective referrals to community services. Within those constraints, however, the agency can partner with system stakeholders that may have continued involvement in the youth's life – including Probation, Department of Children and Families (DCF), the youth's attorney, and the youth's school – to ensure as smooth a transition to community services as possible. These other system partners should be aware of the potential longer-term impacts that increased isolation and disconnection from their community can have on youth, and factor that into any ongoing case planning and therapeutic support offered. For youth who are committed to DYS, the agency should continue transition planning and support, including continuing the services provided through the Youth Engaged in Services (YES) program, with a particular awareness of the unique needs youth may be experiencing as a result of the pandemic.
- **Juvenile justice practitioners should continue to collaborate across entities** to support positive youth outcomes. For example, magistrates and CPCS/YAD attorneys should continue to work together to match youth with defense counsel prior to the arraignment hearing day. Additionally, CPCS lawyers and DYS should continue to work closely with DYS staff to facilitate the release of committed youth ready for successful re-entry.

Recommendation #3: Keep and Expand Remote Technology Innovations for System Stakeholders to Supplement In-Person Activities/Operations

Adaptations in the use of remote technology and innovation in service delivery led to some silver linings over the past year and a half. Massachusetts should continue to use technological advancements to support youth and system practitioners:

- **The Trial Court should lead an inclusive study process with juvenile justice stakeholders to determine opportunities for continued use of virtual non-evidentiary hearings beyond FY22 for some juvenile cases.** Research on the use of virtual hearings is still relatively limited, but thus far suggests that, absent extraordinary circumstances, bail hearings or other hearings in which the defendant’s liberty is in question should be held in person.¹⁴⁴ However, the use of video for at least some court hearings may increase court efficiency, reduce the time that children are out of school, and provide other benefits to children and families. A more detailed study process is required to weigh the costs and benefits of various approaches.

Beyond the use of virtual hearings, the Courts should consider the benefits of adopting other innovations from this year in general court processes. For example, pre-pandemic, youth and families were frequently required to be present on the morning of the day of their hearing and remain in court until their appearance. Courts should continue to make use of staggered scheduling to avoid youth and families spending long periods of times away from work, school, or familial duties.

- **Probation should explore the continuation of virtual visits under certain conditions** across caseload and supervision types, including youth with pre-trial supervision, risk/need supervision, administrative supervision, and youth with informal or formal Child Requiring Assistance (CRA) cases.
- **DYS should continue to allow virtual visits** to supplement in-person visits for families and lawyers.
- **DYS and MassHealth should continue their partnership** to ensure youth exiting residential commitment facilities have the opportunity to connect with clinicians in the community before their release. DYS should also explore the potential to extend this service to youth exiting detention who have been held in detention for a significant amount of time.
- **DYS should consider additional ways in which the use of video conferencing technology could help improve re-entry efforts for both committed youth and those held in detention for longer periods of time.** While DYS has prioritized re-entry/transition supports for youth in recent years, directly connecting community supports (such as school or vocational opportunities) with youth prior to release has always been a logistical challenge. Video conferencing has the potential to reduce some of these operational barriers and promote smoother transitions for youth coming out of a DYS program.

¹⁴⁴ Bannon, A. & Adelstein, J. (2020). The Impact of Video Proceedings on Fairness and Access to Justice in Court. *Brennan Center for Justice at New York University School of Law*. <https://www.brennancenter.org/sites/default/files/2020-09/The%20Impact%20of%20Video%20Proceedings%20on%20Fairness%20and%20Access%20to%20Justice%20in%20Court.pdf>

- **The state should allow youth (or their parents/guardians) to issue bail payments through virtual or mobile payment options.** Use of mobile payment options has expanded considerably in recent years, and fewer people are regularly carrying significant amounts of cash. There is an opportunity to modernize our system for accepting bail payments. H.1557/S.923, *An Act updating bail procedures for justice-involved youth*, would allow this under law and require the State Bail Administrator to issue guidance on virtual or mobile payment options.

Recommendation #4: Support Community-Based Programs Aimed at Reducing System Involvement and Promoting Prosocial Activities

Given the importance of prosocial connections and activities in preventing youth’s future risk of delinquency, **the JJPAD Board recommends the state expand its support for programs and services that promote social connectedness.** To do so, the Board recommends the state take the following actions to mitigate the impact of disconnection and social isolation experienced during the pandemic and help prevent future juvenile justice involvement:

- **Support and expand the availability of enrichment activities:** Schools, community-based organizations, libraries, Family Resource Centers, and numerous child-serving programs throughout the state offer enrichment activities that promote positive youth development opportunities to children and youth of all ages. Given the known benefits of creativity, sports, and social engagement to promote youth’s prosocial connections and activities and prevent delinquency, it is crucial for the state to invest in enrichment activities in a variety of child-serving settings.
- **Increase funding to expand DMH Young Adult Access Centers.**¹⁴⁵ In addition to providing free and easy access to services related to mental health, trauma, and substance use issues, Access Centers offer youth the possibility of being connected to community peer support groups and activities based on their gender identity and sexual orientation, racial or ethnic background, and other self-identified experiences. The state currently funds eight such centers, which means youth in many areas do not currently have convenient access to one in their community.
- **Increase funding for Mass Mentoring Partnership’s (MMP)** State Mentoring Matching Grants, dedicated to expanding mentoring programs and empowering positive youth-adult relationships across the state.¹⁴⁶ These are currently funded through Line Item 7061-9634.¹⁴⁷ Expanding funding for these grants would allow MMP to continue to provide training and technical assistance to state entities and organizations, as well as support more locally-based mentoring programs. The Board recommends the state increase its financial support for this initiative in the FY23 budget for MMP to directly support organizations

¹⁴⁵ For more information, see <https://www.mass.gov/service-details/dmh-access-centers>

¹⁴⁶ For more information see: <http://www.massmentors.org/content/state-mentoring-matching-grants>

¹⁴⁷ See: <https://budget.digital.mass.gov/govbudget/fy20/appropriations/education/education-k-12/70619634>

working with youth involved with, or at risk of involvement with, the juvenile justice system (including a diversion program).

- **Create “flex funds” to be used as creative solutions to help youth engage in prosocial activities.** These funds would be used based on individual needs to support youth’s access to transportation, program fees, equipment, etc. In particular, the state should ensure there is sufficient funding to support stipends for youths who are already system-involved, including children with an open DCF case and youth involved with the Juvenile Court. These stipends could be made available through statewide organizations such as Wonderfund or One Can Help, which are specialized in assisting system-involved families.¹⁴⁸
- **Increase funding for and coordination of services aimed at preventing delinquency or supporting youth previously or currently involved with our juvenile justice system.** The state should explore additional opportunities to collaborate with community-based organizations and increase funding for programs and services already serving youth involved, or at risk of becoming involved, with our juvenile justice system. In particular, the state should target programs and services that promote:
 - Peer support specialists, mentorship, and credible messenger programs¹⁴⁹
 - Academic success (secondary or post-secondary) and school re-engagement
 - Vocational programming, professional development, and opportunities for employment
 - Life skills and civic engagement
 - Safety planning and violence desistance with gang-involved youth

Recommendation #5: Support Families Across the Commonwealth

One way the state can support youth and prevent future juvenile justice system involvement is by supporting their parents and caretakers. As such, the JJPAD Board recommends the following:

- **Support services and policies aimed at helping parents and caretakers cope with hardships experienced during the pandemic.** Policies and funding that support families are ones that:
 - Address financial/housing stability
 - Support childcare access and affordability
 - Expand adult mental health and substance use services
- **Support the continued expansion of Family Resource Centers (FRCs).** Family Resource Centers, which were first created in 2012, have been enormously popular with the families that use their services. In December 2020, the University of Massachusetts Medical School released an evaluation of the Family Resource Centers, with survey results that show

¹⁴⁸ For more information on Wonderfund see <https://www.wonderfundma.org/who-we-are> ; for more information on One Can Help see <https://onecanhelp.org/help/whos-risk/>

¹⁴⁹ For more information see: <https://cmjcenter.org/>

families' satisfaction with FRC services and programming is very high. Among the findings, and of importance to this report, between 70% and 91% of family members respondents reported that the FRC provided them help related to their initial need, which varied based on the type of initial need.¹⁵⁰ Additionally, as noted in this report, throughout this pandemic FRCs have continued to demonstrate the critical role they play in supporting families in a variety of ways.

Given their successful efforts in serving their communities, the JJPAD recommends the state:

- **Increase funding to provide more staff and services in every FRC.** To ease wait lists for support services, the following steps could be taken to support FRCs and families in the Commonwealth:
 - o Increase the number of clinicians at each FRC to provide direct/bridge support to youth, particularly those at risk of delinquency or involvement with the Child Requiring Assistance (CRA) system, with outpatient services while they are on a waitlist with outside providers.
 - o Increase the number of Family Partners to support consistent wraparound support to families interacting with FRCs.
 - o Provide increased funding for transportation services (e.g. transit vouchers) in each FRC to ensure that transit is not a barrier for families seeking help.
 - o In communities where there may be gaps in availability, provide culturally responsive and varied after-school programming to foster youth's prosocial connections and activities.
- **Fund new sites across the state** to reduce service gaps in certain regions.

Recommendation #6: Expand Availability and Access to Services that Promote Youth Mental Health

Since March 2020, children and youth have experienced many stressors related to the COVID-19 pandemic that have deeply affected their mental and behavioral health. Given the prevalence of mental health issues among juvenile justice-involved youth and the role poor mental health can play in impeding delinquency prevention efforts as well as creating behavioral challenges that lead to increased risk of delinquency, it is crucial for the state to expand availability and access to services that promote youth mental health.

Challenges with the availability of behavioral health services for children and youth are long-standing and well-documented, and issuing recommendations for addressing these more systemic problems are beyond the scope of this report. Of note, however, in the spring of 2021 the Executive Office of Health and Human Services issued a Roadmap for Behavioral Health Reform,¹⁵¹ and many

¹⁵⁰ Henry, A. D., Pratt, C., Miller, F., & Tedesco, R. (2020). Assessing outcomes achieved by the Massachusetts Family Resource Network. *Commonwealth Medicine, University of Massachusetts Medical School*. <https://www.mass.gov/doc/massachusetts-family-resource-center-network-program-evaluation-report-march-2021/download>

¹⁵¹ For more information see: <https://www.mass.gov/service-details/roadmap-for-behavioral-health-reform>

aspects of that plan – such as the creation of a centralized “front door” to treatment and expanded access to treatment – should help address some of these concerns.

However, specific to youth involved with the juvenile justice system, the JJPAD Board makes the following recommendations to help prepare for current and projected continued increase in youth needing behavioral health services once they come into contact with our court system:

- **Increasing capacity of the Juvenile Court Clinics** to serve youth coming through the courts who require mental health and substance use evaluation and support. Funding for Juvenile Court Clinics has remained level since FY19. As the acuity of youth coming into the court potentially increases in the coming months, Juvenile Court Clinics must be adequately resourced to meet the demand for evaluation and consultation services to ensure youth with mental health and substance use issues receive appropriate support. At the same time, recruitment and retention of trained staff is a challenge, particularly as salaries for many staff have remained stagnant in recent years.

In many courts, Juvenile Court Clinics also provide some outpatient services, such as therapeutic groups, as well as referrals to enrichment activities that promote positive youth development and good mental health. In addition to helping support staff recruitment and retention efforts, increased funding could support expansion of these services.

- **Improving connections to MassHealth CBHI services for youth involved in the juvenile justice system by establishing a MassHealth liaison to the Juvenile Court.** Many justice system professionals continue to report that connecting youth with mental health services is a significant challenge. Although in many situations this is due to the capacity and wait list challenges noted above, lack of familiarity with, and readily available connections to, MassHealth/CBHI services is also a barrier.

DCF, Department of Mental Health (DMH) and DYS, as well as many FRCs, all have liaisons who are in regular contact with the Juvenile Court and Probation and are available to answer questions about service availability, but this same connection to MassHealth does not exist. MassHealth should consider creating liaison relationships with each juvenile and family court to provide juvenile justice system practitioners and families with support navigating common barriers to services, such as help understanding the insurance system, support filling out administrative paperwork, and knowledge of the types (and capacity) of crisis intervention and CBHI services available in the area.

- **Improving the ability of parents/guardians to support their youth's mental health needs by increasing communication about existing services:** Parental engagement can have a critical impact on the likelihood of a youth receiving appropriate services to address their mental health needs. In recent years, a number of state services to support parents in this process have been developed, including HandholdMA.org, which was launched by EOHHS, DMH and OCA in 2020, and the aforementioned LINK-KID and Family Resource

Centers.¹⁵² While significant efforts have been made to increase awareness of these resources, including in some cases paid social media campaigns and other targeted outreach efforts, all too often families who could benefit from these services are not aware they exist. The JJPAD Board encourages juvenile justice practitioners to share information about these services with families at every opportunity, starting with the first time they come to the attention of law enforcement.

- **Facilitating the use of social workers by CPCS/YAD attorneys.** Judges should encourage lawyers to file motions for funds (which are available via CPCS's annual budget) to employ social workers on cases. The confidential nature of the attorney-client relationship creates a unique opportunity for skilled professionals to identify mental health issues, identify appropriate therapeutic community-based resources, and help the young person and his/her family to engage voluntarily.

Finally, given the persistent racial and ethnic disparities in our juvenile justice system, as described above, the Board wishes to highlight **the critical importance of diversifying the mental and behavioral health workforce and increasing the availability of culturally competent and linguistically diverse services for youth involved with the juvenile justice system.** Behavioral health system reform efforts, including the Behavioral Health Roadmap project noted above, must prioritize this in all planning, implementation, and strategic funding efforts.

Recommendation #7: Support Delinquency Prevention Efforts in Schools

The state, school district administrators, teachers, and school staff can play an important role in mitigating youth's risk of delinquency and juvenile justice involvement by supporting efforts to promote school engagement, increasing the availability of behavioral health services and supports in schools, and preparing for an increase in students' behavioral challenges as a result of pandemic-related stressors.

Over the course of the 2020 and 2021, the Department of Elementary and Secondary Education (DESE) issued a variety of guidance to schools with recommendations for steps schools can take to promote student engagement, learning, wellbeing and safety, which are all connected to potential risks of delinquency. In addition to guidance, DESE offered ongoing professional development and technical assistance to school personnel on these topics, particularly as it relates to social-emotional learning, mental health and school engagement. The full guidance can be viewed on the Department's website.¹⁵³

Of note, guidance released in January 2021 and updated over the summer of 2021 provided information on how school districts can develop, strengthen, and implement comprehensive

¹⁵² For more information on Handhold, visit <https://handholdma.org/>; for more information on LINK-KID visit <https://www.umassmed.edu/cttc/cttc-services/link-kid/>; for more information on Family Resource Centers visit <https://www.frcma.org/>

¹⁵³ For more information, see: <https://www.doe.mass.edu/covid19/mental-health.html>

systems for engaging with students and their families, connect students and families with additional supports they may need, and promote student safety.¹⁵⁴ This document also includes racial equity and cultural responsiveness considerations to support districts in ensuring the wellbeing of all students.

The JJPAD Board recommends the state take the following steps to help ensure schools have the resources and capacity to implement the recommendations in the DESE guidance documents:

- **Increasing funding for services that promote student mental health.** Research shows that students are more likely to seek counseling when services are available in schools, and in some cases, such as rural areas, school may provide the only easily accessible mental health services in the community.¹⁵⁵ Schools, then, provide an important avenue for connecting students with needed mental and behavioral health services.

The state FY22 budget included \$6 million in funding for one-time grants to districts and educational collaboratives to adapt, expand or strengthen multi-tiered systems of support to respond to the social, emotional and behavioral health needs of students, families and educators, with \$1 million earmarked to pilot universal K-12 mental health screening.¹⁵⁶ The budget also included \$2 million to support grants to support schools with addressing non-academic barriers to student success and in establishing an infrastructure to facilitate integrated coordination of school and community- based resources, including but not limited to, social services, mental health, and behavioral health resources. Plans for how this money would be distributed have not been announced at the time of this report, but DESE reports that additional details will be released this fall.

In addition to the above funding, DPH received \$3.5 million to launch a pilot program to increase student access to tele-behavioral health services in schools, in consultation with DMH and DESE. At the time of this report, DPH was in the final stages of a procurement process to launch this project.

The above funding is in addition to increased funding dedicated to schools as a result of the Student Opportunity Act, as well as federal America Rescue Plan Act (ARPA) funds, some of which could be allocated toward school-based behavioral health staff and services. It is unclear, however, if this funding will be sufficient to meet the increased need. **The JJPAD Board recommends that DESE report on the number of schools applying for the one-time grant funding and the percentage of those requests that could be fulfilled with existent funding, to help quantify any unmet need.**

- **Increasing the availability of technical assistance to support schools in adopting and implementing evidence-based practices for improving school-based behavioral**

¹⁵⁴ For more information, see: <https://www.doe.mass.edu/sfs/promoting-wellbeing.docx>

¹⁵⁵ *Comprehensive school-based mental and Behavioral Health Services and school psychologists*. National Association of School Psychologists (NASP). (n.d.). Retrieved September 27, 2021, from <https://www.nasponline.org/resources-and-publications/resources-and-podcasts/mental-health/school-psychology-and-mental-health/comprehensive-school-based-mental-and-behavioral-health-services-and-school-psychologists>

¹⁵⁶ Line Item 7061-0028, <https://malegislature.gov/Budget/FY2022/FinalBudget>

health services. School districts are under considerable pressure right now due to the myriad of impacts the pandemic has had on students, families, and school staff. As much as possible, the state should provide meaningful, practical technical assistance to help schools build and sustain their capacity to promote social, emotional and behavioral health.

In addition to providing “a clearinghouse of resources for sustainable school improvement in Massachusetts” on the “Mass Tools for Schools” website, DESE currently provides a variety of technical assistance opportunities for schools, such as the school mental health Collaborative Improvement & Innovation Network, the SEL/MH Academy, and the Supporting Students’ Wellbeing grant program.¹⁵⁷ The Department typically gets many more applications for these technical assistance opportunities than available funds can support, however.

One model for expanding access to meaningful technical assistance is outlined in “An act to create a thriving public health response for adolescents” (HB. 2084), which would create a statewide, regionalized Technical Assistance Center providing consultation, coaching, and training to assist school districts in implementing school-based behavioral health systems. A survey of nearly 500 school- and community-based personnel conducted by the UMass BIRCh center in the spring of 2021 found that 98% of school-based respondents reported that they would make use of such a technical assistance center.¹⁵⁸

- **Issuing more detailed guidance to help schools identify and increase supports for youth who might have been the most disengaged during the pandemic** by:
 - Issuing a model truancy policy to standardize the expectations for how chronic absenteeism should be identified and addressed. Such a policy should include procedures for identifying youth who have been chronically absent and/or disengaged in learning activities during remote schooling, and guidance on best practices for re-engaging with students and families, including:
 - Assessing the potential need for an Individualized Education Plan (IEP) and/or 504 Plan
 - Engaging with Family Resource Centers and other community supports
 - Instituting culturally sensitive systems or guidance to facilitate communication with English Learners and their families in the language of choice

¹⁵⁷ For information on Mass Tools for Schools, visit <https://matoolsforschools.com/>; for information on the Collaborative Improvement & Innovation Network, visit <https://www.doe.mass.edu/sfs/safety/coiin.html>; for information on the SEL/MH Academy, visit <https://selmhacademy.edc.org/about-academy>; for more information on the Supporting Students Well Being grant program, visit <https://www.doe.mass.edu/grants/2020/336-613/>

¹⁵⁸ BIRCh Project (2021). *Development and Implementation of the Massachusetts Technical Assistance Center for School Based Behavioral Health*. https://www.umb.edu/editor_uploads/images/centers_institutes/birch/BIRCh_SBBH_Technical_Assistance_Report_August_202178.pdf

- Developing alternative learning processes and settings as well as supporting school re-engagement programs for youth who have been disengaged or have dropped out of school in the past two academic years
- **Helping schools prepare for an increase in students’ behavioral challenges as a result of pandemic-related stressors** by:
 - o Increasing the availability of training and information on the impact of the pandemic on student’s mental and behavioral health to ensure that educators and school staff, including School Resource Officers, are adequately prepared to understand and deal with increased behavioral challenges as well as be able to identify internalizing behaviors (e.g. depression, anxiety) that might be less obvious or disruptive.
 - o Continuing to advocate for trauma-informed discipline and promoting resources already available on DESE’s website, such as those listed in the Rethinking Discipline Initiative.¹⁵⁹

Last, CPCS should continue to train and support lawyers in engaging in educational advocacy. When the social, emotional and/or educational needs of young people are not being met by their schools, educational advocacy by trained lawyers, in partnership with social workers, can help the young person, their family and their school to identify the educational services and/or settings that would be effective and to which the students are entitled. In this way, advocates for children and youth involved in the child welfare and/or the juvenile justice system can help the schools meet their mission of educating and promoting the healthy development of all of their students and in the process improve public safety and reduce court involvement.

Recommendation #8: Expand Substance Use Services for Youth Involved in the Juvenile Justice System and Those at Risk of Involvement

Youth’s increased use of alcohol and drugs during this pandemic could put them at heightened risk of becoming involved with the juvenile justice system. Importantly, as youth return to pre-pandemic routines and are around other peers, substance use can increase. In particular, early research from DPH’s Community Impact Survey described above suggests that this may be a particular concern for youth in rural areas, where gaps in service availability have been a long-standing concern.

In recent months, the Bureau of Substance and Addiction Services (BSAS) has expanded a variety of services for youth, particularly in Western Massachusetts. Highlights include:

- Opening a residential program in Chicopee and Reading for youth with co-occurring mental health and substance addiction disorders.
- Expanding street outreach and intervention services for youth 16-24 in Holyoke, Springfield, Chelsea, and Lynn

¹⁵⁹ For more information, visit <https://www.doe.mass.edu/sfs/discipline>

- New peer support programs, including a new Alternative Peer Group program in Great Barrington and Cape Cod and seven new Young People in Recovery (YPR) chapters dispersed across the Commonwealth.

Moving forward, JJPAD Board recommends that **BSAS continue to track service demand, availability, and gaps and make information that might help quantify any unmet need available to aid in FY23 budget deliberations.**

BSAS also indicates plans to increase outreach to state and local stakeholders in the coming fiscal year, to help promote greater awareness of existing services. **The JJPAD Board strongly encourages BSAS and juvenile justice stakeholders to collaborate in these outreach efforts,** to ensure that practitioners across the continuum – law enforcement, district attorney staff, public defenders, members of the Judiciary, and probation officers, and diversion coordinators – are aware of BSAS-funded options in their community.

Conclusion

The COVID-19 pandemic has had significant and myriad impacts on children, youth and families – the effects of which we are only beginning to see. Research shows that disconnection from schools, peers and other social supports; isolation; trauma; and stressed family and financial situations could all, on their own, increase a youth’s likelihood of delinquent behavior. The combination of all of those factors over the past year and a half could have a significant impact on the long-term trajectories of many children in the Commonwealth.

Further, youth who remained in DYS congregate care settings potentially suffered severe consequences from the pandemic as their experiences of prolonged isolation and limited access to prosocial connection and activities were all exacerbated by separation from loved ones and community members. The impact of these experiences may impact the mental health of these youth for years to come.

It is likely that, as a Commonwealth, we will continue to see and wrestle with challenges created or exacerbated by the pandemic and resulting emergency response for many years to come.

Yet we are not powerless in the face of these deeply challenging circumstances. As outlined in this report, there are numerous concrete actions state government actors – from legislators who allocate funding to individual practitioners who work with youth on a day-to-day basis – can take to mitigate the impact the pandemic has had on youth and support their positive development.

Over the course of the pandemic, there have been countless examples of individuals across state government and the provider and advocacy communities demonstrating creativity, flexibility, and persistence in their efforts to protect and support youth. **If we continue in that spirit, with that same level of focus and dedication, many of the future challenges and negative events predicted by this report can be avoided, and we can help ensure a brighter future for all of the youth of the Commonwealth.**

Appendix: Additional Data Tables

Table 1: DYS Monthly Admissions Data

Year	Month	Overnight Arrest (ONA) Admissions	ONA Admissions resulting in Detention	Detention Admissions	Detention Releases	Detention Length of Stay (LOS) (Mean)	Detention LOS (Median)	Detention Resulting in Commitment	New Commitments	YES Transitions	YES Terminations
2019	Jan	51	23	79	80	59.7	19.0	21	24	7	13
	Feb	39	18	64	57	23.6	14.0	10	16	20	16
	Mar	56	29	71	68	34.7	22.5	9	13	19	16
	Apr	70	23	72	70	50.2	21.5	14	15	14	8
	May	51	21	72	71	40.9	28.0	19	22	17	12
	Jun	64	37	84	90	52.2	23.0	14	21	16	14
	Jul	77	40	95	80	33.5	21.0	11	13	14	7
	Aug	59	24	67	75	65.7	27.0	18	22	20	15
	Sep	73	36	88	68	35.8	15.0	13	14	11	9
	Oct	69	33	86	84	32.5	19.0	16	19	17	11
	Nov	62	27	79	92	54.1	22.0	13	15	12	12
	Dec	48	23	66	63	35.3	22.0	7	11	9	11
2020	Jan	68	32	91	83	35.8	15.0	14	19	11	8
	Feb	48	26	66	77	39.6	30.0	9	14	17	11
	Mar	45	23	49	67	49.7	26.0	4	6	9	7
	Apr	20	7	17	36	75.0	58.0	3	4	8	5
	May	38	20	30	37	76.0	50.0	5	5	11	10
	Jun	32	15	32	30	50.3	42.0	6	7	13	9
	Jul	36	25	53	36	50.4	20.5	6	6	10	6
	Aug	35	15	41	34	58.9	25.5	5	5	11	9
	Sep	29	17	38	47	73.6	35.0	8	8	21	9
	Oct	49	32	57	58	39.7	26.5	5	7	12	8
	Nov	42	29	49	39	40.0	26.0	2	8	14	5
	Dec	45	27	47	34	95.3	33.0	3	2	10	9
2021	Jan	45	21	45	37	86.5	58.0	7	9	6	9
	Feb	32	19	33	37	52.6	34.0	8	9	6	16

Mar	48	31	49	61	61.7	40.0	16	16	15	8
Apr	32	16	34	35	65.8	54.0	3	8	16	15
May	39	19	54	37	74.6	15.0	5	8	7	14
Jun	28	17	53	47	73.1	21.0	3	3	10	8

Source: Department of Youth Services, Department of Research

Table 2: Detention Snapshot Data

Measure	Category	Date												
		3/15/19	5/15/19	7/15/19	9/15/19	11/15/19	3/15/20	5/15/20	7/15/20	9/15/20	11/15/20	3/15/21	5/15/21	7/15/21
Race/Ethnicity	Hispanic / Latino	39	51	53	57	63	57	42	37	47	49	50	39	41
	Black or African American	35	30	24	30	32	36	19	22	34	17	29	35	45
	White	14	19	23	19	10	16	11	11	14	19	19	20	16
	All Other	10	13	8	6	8	6	<5	5	<5	7	10	9	10
	Total	98	113	108	112	113	115	76	75	99	92	108	103	112
Grid Level	Grid 1	<5	<5	<5	<5	<5	<5	0	<5	<5	<5	<5	<5	0
	Grid 2	28	38	30	32	21	22	15	4	19	19	23	19	21
	Grid 3	17	15	24	18	15	16	11	9	12	11	12	16	7
	Grid 4	27	38	30	37	47	41	23	32	35	30	33	31	40
	Grid 5	16	12	18	16	20	23	18	20	20	21	21	26	30
	Grid 6	5	5	4	6	8	12	9	8	9	9	18	10	12
	Grid 7	<5	<5	<5	<5	<5	0	0	0	0	<5	0	0	<5
	Total	98	113	108	112	113	115	76	75	99	92	108	103	112
Offense Type	Drugs	<5	0	<5	<5	<5	<5	<5	0	<5	0	0	0	0
	Motor Vehicle	<5	6	<5	<5	6	5	<5	0	<5	<5	<5	<5	<5
	Person	66	63	70	65	57	69	54	51	64	59	76	64	76
	Property	11	15	11	8	9	7	7	<5	5	8	11	11	5
	Public Order	8	14	5	7	13	5	<5	5	8	<5	<5	5	<5

	Weapons	11	15	17	27	25	27	9	16	18	19	17	21	26
	Total	98	113	108	112	113	115	76	75	99	92	108	103	112

To maintain confidentiality, data with cells less than <5 youth are suppressed. *Source: Department of Youth Services, Department of Research*

Table 3: DYS Committed (Residential) Snapshot Data

Measure	Category	Date												
		3/15/19	5/15/19	7/15/19	9/15/19	11/15/19	3/15/20	5/15/20	7/15/20	9/15/20	11/15/20	3/15/21	5/15/21	7/15/21
Race/Ethnicity	Hispanic/Latino	101	100	91	87	92	78	61	57	51	45	49	56	52
	Black or African American	64	58	58	57	55	63	50	44	37	35	36	31	30
	White	29	28	34	39	41	36	34	27	19	15	21	23	19
	All Other	26	21	16	22	16	20	11	11	11	9	11	8	9
	Total	220	207	199	205	204	197	156	139	118	104	117	118	110
Grid Level	Grid 1	9	8	9	11	<5	9	7	5	<5	<5	<5	<5	<5
	Grid 2	103	88	88	96	92	76	54	53	45	39	45	44	40
	Grid 3	39	37	30	25	31	36	28	27	23	17	22	26	23
	Grid 4	48	47	48	50	55	52	46	35	29	30	31	28	27
	Grid 5	13	18	17	16	15	16	13	12	11	9	12	13	12
	Grid 6	8	9	7	7	7	8	8	7	7	6	5	4	5
	Total	220	207	199	205	204	197	156	139	118	104	117	118	110
Offense Type	Drugs	5	<5	<5	5	5	<5	<5	<5	<5	0	<5	<5	<5
	Motor Vehicle	12	9	8	8	7	6	<5	5	5	<5	6	7	<5
	Person	113	105	99	97	100	96	73	66	57	47	57	57	56
	Property	45	43	43	40	38	34	32	29	23	22	20	22	19
	Public Order	14	12	16	15	11	13	12	10	11	9	10	7	9
	Weapons	31	35	30	40	43	44	34	28	21	22	22	22	19
	Total	220	207	199	205	204	197	156	139	118	104	117	118	110

To maintain confidentiality, data with cells less than <5 youth are suppressed. *Source: Department of Youth Services, Department of Research*

Table 4: DYS Committed (Community*) Snapshot Data

Measure	Category	Date												
		3/15/19	5/15/19	7/15/19	9/15/19	11/15/19	3/15/20	5/15/20	7/15/20	9/15/20	11/15/20	3/15/21	5/15/21	7/15/21
Race/ Ethnicity	Hispanic/Latino	101	97	89	88	86	84	93	85	79	70	62	49	43
	Black or African American	41	46	42	43	45	41	48	50	47	49	33	30	29
	White	29	29	29	26	33	26	21	26	26	22	19	19	15
	All Other	18	16	18	14	18	9	12	11	11	15	9	8	9
	Total	189	188	178	171	182	160	174	172	163	156	123	106	96
Grid Level	Grid 1	16	15	11	11	13	8	6	5	6	7	8	6	<5
	Grid 2	78	88	93	82	95	86	92	86	75	70	47	42	42
	Grid 3	27	25	20	24	23	18	25	25	24	21	13	11	11
	Grid 4	51	49	43	43	40	38	40	44	45	41	36	30	25
	Grid 5	14	11	11	10	10	10	11	12	12	14	16	12	10
	Grid 6	<5	0	0	<5	<5	0	0	0	<5	<5	<5	5	<5
	Total	189	188	178	171	182	160	174	172	163	156	123	106	96
Offense Type	Drugs	<5	<5	<5	<5	<5	0	<5	<5	<5	<5	<5	<5	0
	Motor Vehicle	<5	<5	6	8	8	8	8	5	7	7	<5	<5	3
	Person	90	96	99	90	89	84	92	89	81	81	60	47	46
	Property	35	33	30	31	41	30	29	29	27	24	18	17	17
	Public Order	18	19	11	15	17	12	9	9	9	7	11	12	8
	Weapons	43	33	30	26	26	26	33	37	37	34	28	25	22
	Grand Total	189	188	178	171	182	160	174	172	163	156	123	106	96
*Community Totals Include all committed with sub placement of Home, Foster Care, and Transitional Living and excludes youth held in Adult Corrections, DCF Residential Placements, and Hospitalizations. Those additional youth are counted here:		44	47	41	37	33	38	27	22	23	24	26	27	28

To maintain confidentiality, data with cells less than <5 youth are suppressed. Source: Department of Youth Services, Department of Research

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