
The Boston Globe

Founded 1872

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POORLY SERVED YOUTHS

2/23/2004

INUNDATED WITH mentally ill youths but ill prepared to cope with them, the Massachusetts Department of Youth Services is about to conduct a significant assessment and upgrade of its 63 detention centers and 24-hour programs. Despite an earlier reluctance to move away from traditional corrections models, the DYS commissioner, Michael Bolden, now appears focused on determining the levels of acute mental health care needs of the youths who are in his care.

Two recent suicides by young offenders have jolted Bolden and other state officials. In December, 15-year-old Myron Watkins hanged himself with a sheet in the Metro Youth Services Center, a Dorchester youth lockup that houses six detention and residential programs operated by both the state and private vendors. Earlier this month, 17-year-old Charish Williams hanged herself in another section of the facility.

"We think it's appalling. We're not going to tolerate the circumstances that were conducive to this," says Ronald Preston, the secretary of the state Executive Office of Health and Human Services.

While much of the focus is rightly on the vendors operating the facilities where the deaths occurred -- Spectrum and Northeastern Family Institute -- state officials are wisely reviewing the entire operation of DYS and Department of Social Services facilities that serve young people, from screening to intake procedures to staff training. The probe will be led by Dr. Elizabeth Childs, the first psychiatrist to serve as the state's mental health commissioner since the 1980s.

The ultimate goal, says Childs, is to introduce the proper level of mental health services into the juvenile justice system. But that can't happen so long as young people are taken into DYS custody without staffers even knowing about their earlier placements in the state's mental health or social services system. For too long, says Preston, agencies have been "literally sealed off from one another," leaving intake workers to scramble for information about a detainee. And it is around the time of handoff from one agency to the next, says Childs, that the young person is often the most emotionally defenseless. Flawed intake process

Watkins, who had spent a lengthy period in a Department of Social Services facility in Natick, took his life less than a week after arrival in DYS lockup, according to Bolden. Williams, who had been in foster care before her detention, committed suicide nine days after arrival. State officials, according to both Childs and Bolden, are still trying to determine whether staffers missed signs of suicidal behavior on Williams's part.

One obvious weakness in the system is the intake process at DYS, which can be conducted by anyone ranging from a social worker with a master's degree to a relatively low-paid direct care worker. Bolden expresses confidence in all of his staffers, who he says are highly resourceful. But

other state officials, including the DSS commissioner, Harry Spence, are urging investigators to determine the proper level of clinical review for young people entering the system.

The analysis is just beginning. But if, as expected, more than half of the boys and girls entering DYS custody exhibit signs of mental illness, then the system might do well to shift from its current clinical base of social workers toward more psychologists or psychiatric nurses.

Of immediate concern is the sharp increase in the number of girls entering the juvenile justice system in the past few years, a trend that blindsided DYS officials. Currently, about 15 percent of the agency's 5,600 charges are girls, roughly quadruple the number of a decade ago.

Bolden estimates that as many as three-quarters of the girls in DYS custody exhibit some form of stress disorder or mental illness. And Childs is especially concerned that adolescent girls nationwide are succeeding in their suicide attempts in greater numbers than previously seen.

Unprepared for girls

The lack of preparedness is reflected in the difference between the units for girls and for boys in the Dorchester facility. The boys live and study in a modern three-year-old building. The corridors are visible via central security cameras. The reasonably spacious cells are arranged around an airy common room used for meals and recreation. By contrast, in the girls' wing, which is 75 years old, there are no cameras. About 50 girls are either awaiting trial or serving out their sentences. In some cases, two girls are required to share about 80 square feet in oddly shaped cells that make it difficult for staffers to conduct bed checks. Heating and air conditioning work erratically in the girls' wing, according to DYS staff members.

The Romney administration's budget writers need to address physical plant issues while clinicians evaluate intake procedures and training. The governor's budget recommends \$2 million for a badly needed 15-bed stabilization unit for girls. But Bolden says he also hopes to secure an additional \$8 million to build a 50-bed unit for girls in Westborough, to alleviate crowding throughout the system.

A template for future DYS facilities may now be a building at the Metro Youth Services Center in Dorchester, where one of the nation's leading teen suicide experts, Robert Macy of the Allston-based Arbour Health System, is on site. Macy is introducing rounds by psychiatrists, modification of the physical plant, extensive review of the DYS intake process, and establishment of partnerships with clinicians in the Department of Mental Health.

The Dorchester facilities remain on high-alert status as experts complete their investigation. But the entire DYS system belongs on high alert until officials determine the level of care and treatment needs of all detained youths.