

**Written Testimony of Citizens for Juvenile Justice (CfJJ)
To the Special Commission on Correctional Consolidation and Collaboration
December 12, 2025**

Chair Brownsberger, Chair Hunt, and honorable members of the Commission,

My name is Joshua Dankoff, and I am Director of Strategic Initiatives at [Citizens for Juvenile Justice](https://www.cfjj.org) (CfJJ), a Massachusetts non-profit advocacy organization dedicated to equitable youth justice reform. In my 10 years at CfJJ, I have researched and written more than a 15 reports on subjects including health and education in youth and young adult correctional settings as well as GPS monitoring in Massachusetts and its impact on young people.¹

Takeaway message: Raising the Age of the juvenile court jurisdiction is the most cost-efficient way to ensure that the emerging adult population that is currently being managed poorly by the HOCs and DOC. Both adult and DYS populations have gone down over the last 15 years,² yet DYS spending has been flat, and adult spending has gone up almost 25 per cent. The Department of Youth Services (DYS) has the capacity, infrastructure, and already is in custody of 18–20-year-olds under the Youthful Offender statute. While there is significant hype and some small young adult units with improved programming and practices in a small number of houses of correction, these only reach a tiny percentage of the emerging adults; many others are in restrictive housing spending 22.5 hours a day in isolation. We have within Massachusetts, a DYS system that has achieved better public safety outcomes than the adult system; all at a fraction of the cost of what it would take to get the adult corrections system to bend away from its punishment focus. The annex to this written testimony estimates the first-year caseload impact of the passage of legislation to raise the age of juvenile court jurisdiction to include 18-year-olds, utilizing publicly available data.

The remainder of this testimony will focus on four areas of CfJJ’s research: education, health, community supervision models, and ongoing HOC/DOC collaboration with federal immigration authorities.

Part I: Education as evidence based rehabilitative investments.

CfJJ’s 2022 [School’s Out: Massachusetts Youth in Adult Correctional Systems Denied Education](#) report makes clear that special education provision for 18-21-year-olds in the adult correctional system is structurally unable to meet legal requirements. HOCs and DOC massively fail to identify youth with existing IEPs, as only 8-10% of youth are identified despite evidence that 38-51% of system-involved youth have disabilities. (51% of youth at DYS have identified

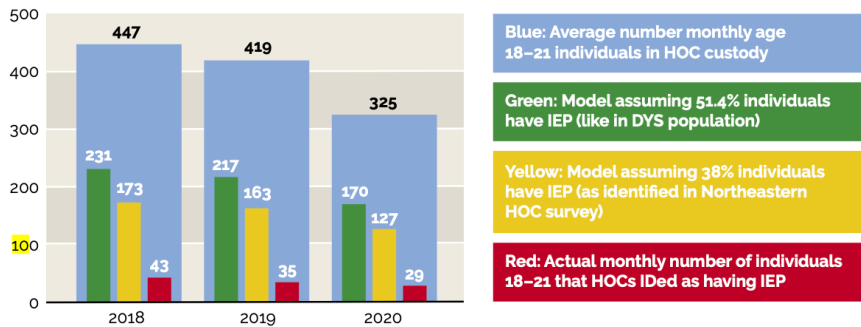
¹ See www.cfjj.org/publications.

² Joshua Dankoff, How to Down-Size a System: Querying the Contraction of Massachusetts’ Juvenile Legal System and Envisioning Next Steps *Northeastern Law Review* Vol 15, Issue 2. Available at: https://nulawreview.org/s/NULR152Final_TS-image-enhance.pdf

disabilities.) Across all HOCs, fewer than 20 students are identified as requiring special education at any given time, leaving 142-189 eligible youth unserved each year.

A major reason for this failure is that DESE’s Special Education in Institutional Settings (SEIS) unit only considers a young person a “student” after the HOC identifies them as having an IEP. Since HOCs do such a poor job identifying youth, extremely few ever become “students” in DESE’s system. Special education teacher staffing numbers are based on the number of youth with disabilities identified, but because so few youth are identified, staffing is minimal. In reality, it often means that a SPED teacher is only on-site one day per week.

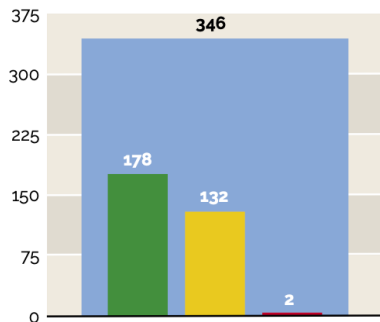
Monthly total of youth age 18–21 at MA HOCs, Estimated Number of Youth with IEPs, and Actual Number HOCs have IDed as having IEP



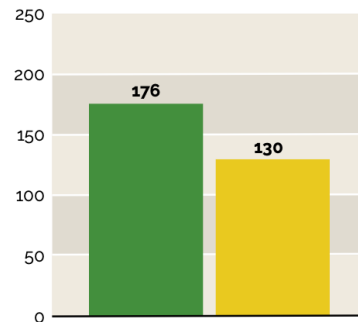
DOC’s failure is even more extreme: out of 346 young adults enrolled in DOC school programs over four years, only two were identified as needing special education. The report estimates that DOC likely denied FAPE to over 170 youth during that period.

Figure 7: Estimated number of youth with IEPs at Massachusetts DOC, and the estimated under-identification

DOC Total Youth Age 18-21 Enrolled in School 2017-21, Estimated Number of Youth with IEPs, and Actual Number of Youth DOC identified as having IEP.



Estimated number of under-identified youth at DOC age 18-21 with IEP



Blue: Total youth age 18-21 enrolled in school in DOC custody, 2017-21
Green: Model assuming 51.4% individuals have IEP (like in DYS population)

Yellow: Model assuming 38% individuals have IEP (as identified in Northeastern HOC survey)
Red: Actual number of youth age 18-21 that DOC IDed as having IEP, 2019-21

Typically, even for students at HOCs identified with an IEP, the only SPED services provided are tutoring in basic math and English instruction; related services required by an IEP, such as counseling, speech therapy, or specialized instruction in other subjects, are almost never provided. Facility conditions further disrupt services, as teachers may be barred from entering during lockdowns, and students regularly miss the opportunity to attend class due to classification or disciplinary status. (Youth at DYS are not removed from school for disciplinary reasons.)

In short, special education in the adult system is woefully inadequate at every stage, including identification, service delivery, DESE oversight, district involvement, and meaningful academic progress.

General Education for 18-24 Year Olds in the Adult System Is Inadequate

General education (i.e. K-12) for young adults in the adult correctional system is also deeply insufficient. HOCs invest only 1-5% of their budgets in programming, and DOC invests 1.8%, signaling that education is not a priority. While DYS provides full-time school, HOCs and DOC do not offer consistent, credit-bearing education.

The scale of unmet need is significant: In December 2021, there were 886 people (or just under 15% of the total population) enrolled in educational classes at DOC. At the same time, 4,065 people—more than 67% of the incarcerated population—were on waiting lists for adult basic education and adult secondary education. Given that DOC invests only 1.9% of its budget on program costs, this unmet demand for educational programming is unsurprising.

Even when classes are available, youth rarely earn high school credit, and most facilities offer only HiSET prep rather than a full curriculum. Some HOCs even incentivize youth away from education by offering more sentence-reduction credit for work programs than for attending school. Adult correctional facilities do not provide the basic structure, staffing, curriculum, or incentives necessary for 18-24-year-olds to make meaningful educational progress. The system is inadequate by design, and young adults leave custody no closer to completing high school than when they entered.

There is current pending litigation against DESE right now concerning the provision of SPED for 18–21-year-olds at HOCs. However, the carceral actors are also responsible for these failings, and have largely shirked their collective responsibility in this area by not norming the provision of general and special education for 18–21-year-olds.

Access to education and programming is always important for incarcerated people for its mission. At this time, given the widespread K2 epidemic, which should also be seen as a mental health crisis, I draw your attention to the need for consistent and expanded access to educational programming. We encourage the Commission to listen to groups like the Norfolk Inmate Council, which wrote a powerful report on November 7, 2025 entitled “Genesis of Substance Use Disorders (SUDS) in OC Custody (Suggestions Moving Forward).” They remind us

that the K2 epidemic is also a mental health epidemic, and recommend increases to education and mental health programming as fundamental needs.

Recommendation: Raise the Age of Juvenile Jurisdiction to include 18–20-year-olds in the Juvenile Court; Do not consolidate 18-20-Year-Olds who need SPED into specific counties.

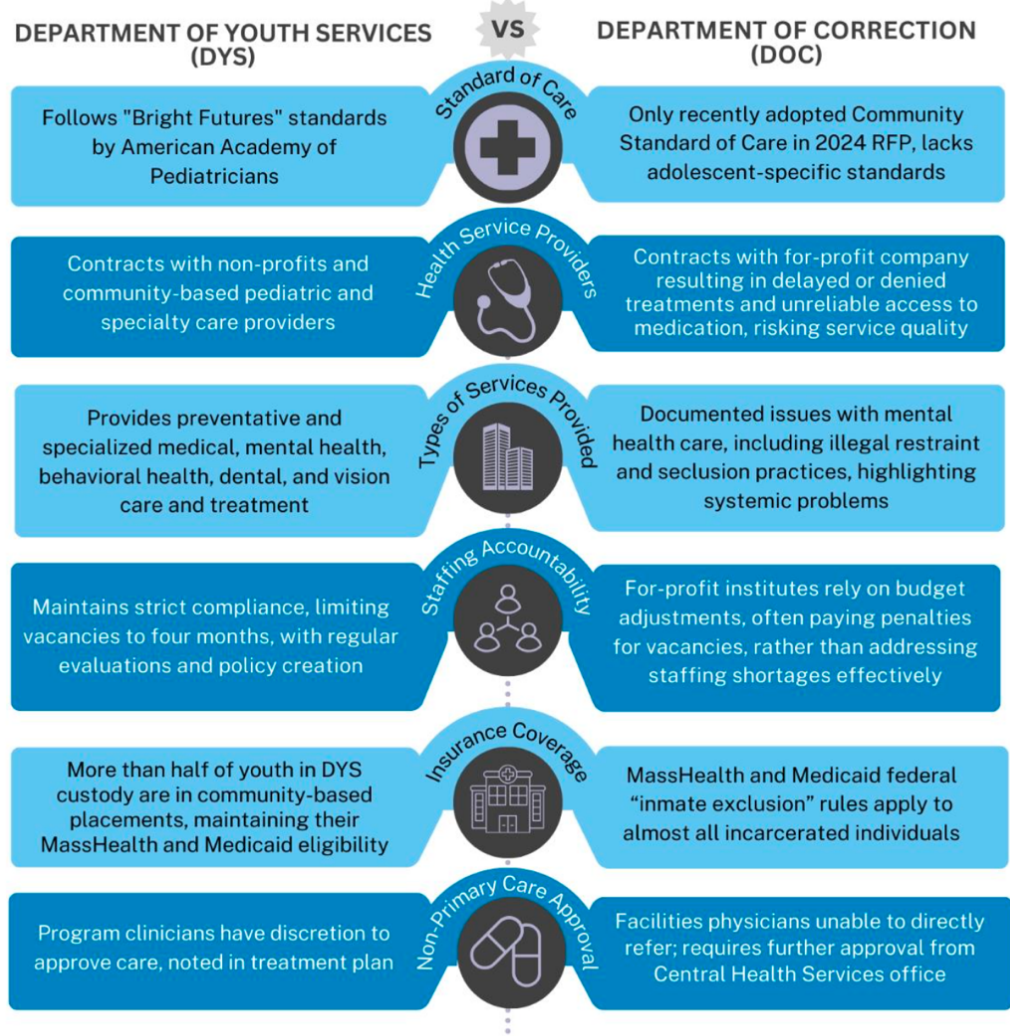
The adult system routinely misses young people with IEPs, provides only minimal instruction, rarely awards academic credit, and lacks meaningful accountability for IDEA compliance. Rather than moving more youth into a system that manages them poorly and at significant cost, the Commission should avoid consolidation and instead view Raising the Age as the most cost-efficient and developmentally appropriate way to serve this population. While no system is perfect, alternatives outside the adult correctional structure, such as DYS, which maintains a more education-centered model with clearer oversight, are better positioned to meet the needs of school-aged youth. Consolidation within a few counties would only deepen existing failures. Raising the Age offers a fiscally responsible, evidence-based alternative that ensures young adults receive the education and support the Commonwealth is legally and morally obligated to provide.

Recommendation: The Commission should recommend the passage of An Act to Ensure Educational Rights are Upheld for Incarcerated Youth (H.620/S.1721) – [Fact Sheet](#). This bill proposes systemic reforms, modeled after DYS’s educational services, to ensure that youth age 18-21 who are incarcerated in the adult system are engaged in education (including high school, special education, higher education, or vocational educational programs) for 6 hours a day, year-round, regardless of classification or disciplinary status.

Part II: The Adult Correctional System Cannot Meet the Healthcare Needs of 18-24-Year-Olds

From a healthcare perspective, the adult correctional system is a dangerous, unhealthy place for 18–24-year-olds and the system has broadly demonstrated an inability to provide developmentally appropriate, timely care at or above a community standard. As CfJJ’s [Just Healthcare: An Overview and Analysis of Healthcare Delivery in the Massachusetts Juvenile Justice System](#) report shows, DYS maintains a community standard of health care for youth in its care and custody, contracts with high-quality non-profit pediatric providers, preserves MassHealth eligibility for youth, and delivers a full range of preventative, physical, and mental health services. In contrast, the DOC suspends MassHealth enrollment, relies on for-profit medical contractors with documented histories of delayed or denied treatment, and routinely fails to meet even basic clinical standards, such as timely sick-call responses, adequate mental health services, and clear documentation of care. Reports from youth and adults inside these facilities describe long wait times, inconsistent access to clinicians, and a pervasive lack of accountability. **These conditions are fundamentally incompatible with the needs of emerging adults, who require continuity of care, adolescent-informed clinical practice, and responsive treatment.**

Key Difference between DYS and DOC health care are shown in the table below:



DYS adopts a ‘community standard of care’ for health provision via its contracting processes, making specific reference to the Bright Futures model from the American Academy of Pediatrics. While DOC’s 2024 health services RFR sought for the first time a healthcare provider to provide what they called a ‘community standard of care,’ DOC defined this term so narrowly as to strip it of its meaning. Specifically, DOC writes that the ‘community standard’ *“shall be interpreted in light of a prison system environment, taking into consideration the unique nature of the delivery of healthcare to incarcerated individuals within the prison system, and taking into account the incarcerated individual’s history of incarceration and present circumstances. Accordingly, services should be evidence-based and should incorporate best practices utilized by health care professionals in prison systems.”*³ In other words, DOC claims that health care will be provided at the same level as ‘the community’ but then defines the community to mean ‘those

³ Department of Corrections, Request for Responses 2024.

in other prison systems.’ This weak, restrictive definition does not reflect a true ‘community standard’ of care, in contrast to the use of the term in DYS.

Recommendation: Young Adults Need Developmentally Appropriate, Healthcare, which is available and provided at DYS

Given these systemic deficiencies, the Commission should recommend that the legislature raise the upper age of juvenile jurisdiction to include 18–20-year-olds in the juvenile court (and by extension at DYS if incarcerated). The adult system’s reliance on for-profit care, suspension of public insurance, and weak adherence to a meaningful community standard of care make it ill-equipped to meet even baseline clinical needs. DYS’s integrated healthcare approach, including non-profit providers, continuity of MassHealth, pediatric-informed standards, and stronger oversight, offers a more appropriate foundation for addressing the health needs of young adults. Raising the Age is the most cost-efficient way to manage this population, reducing preventable medical crises, avoidable emergency care, and the long-term system costs created by untreated physical and behavioral health conditions in DOC settings. The Commission should therefore support pathways that align young adults with systems capable of delivering legally required, developmentally appropriate healthcare.

Part III: Overreliance on Facility-Based Custody When Community-Level Supervision Is More Cost-Efficient and Less Harmful

The most cost-efficient way to manage young adults is not through extended carceral custody in HOCs or DOC, but by transitioning individuals safely back into the community settings, using the least restrictive method appropriate. At times, GPS monitoring may be deemed appropriate, and the DOC and about half of the HOCs already operate GPS monitoring ankle bracelet programs, at significantly reduced cost than incarceration. However, as the CfJJ’s [E-Carceration](#) report⁴ shows, when GPS is applied too broadly, for too long, and without adequate oversight, this can result in frequent technical violations, restricted access to work, school, and healthcare, and conditions that can resemble “virtual incarceration.” These harms are magnified for young adults, who are developmentally less able to navigate rigid compliance requirements and more vulnerable to the cascading consequences of technical violations. There remain opportunities to update the classification systems to decarcerate and move people into less restrictive (and less expensive) settings, including an expansion of the community-based placements (using GPS monitoring only as necessary).

While imperfect, certain elements of our criminal legal system have committed more than DOC and HOCs to risk need responsiveness in determining programming and sentencing by addressing the life domains that drive likelihood of recidivism. Specifically, the approaches to taken by the Community Justice Support Center can be gleaned.

⁴ Citizens for Juvenile Justice (2025). *E-Carceration: The Impact of GPS Monitoring in the Massachusetts Criminal and Juvenile Legal Systems*. <https://www.cfjj.org/gps-monitoring>

Concerning over-classification, emerging adults at DOC are over-classified and almost 50% of 18-21 year olds (31 out of 63) as of March 7, 2023 were at Souza Baranowski Maximum Security, which is significantly higher than the overall population.⁵

Recommendation: Expand Community Supervision Through Accurate Classification, Using GPS Only When Necessary

To reduce costs, improve outcomes, and avoid unnecessary confinement, the Commission should consider recommending expansion of the use of individualized classification assessments that safely “class down” especially young adults from secure custody to community-level supervision. GPS monitoring may play a role, but only when required based on clear, individualized criteria. DOC should meaningfully review with an aim toward expansion of the GPS program already in place under Policy 103 DOC 468. Consistent with the *E-Carceration* report’s recommendations, GPS should be used in the least restrictive manner, for the shortest duration necessary, with stronger oversight to reduce technical violations and eliminate unnecessary restrictions. Community placement offers a more cost-efficient and developmentally appropriate approach to managing 18-24-year-olds than continued reliance on custodial beds. The Commission should therefore prioritize accurate classification and targeted, limited GPS use as a strategy that reduces incarceration costs, minimizes harm, and supports successful reentry.

Part IV: An Example of Too Much Collaboration: DOC and HOC Relationships with ICE.

One area where there is *too much collaboration* is between DOC, most of the HOCs and the federal immigration infrastructure. Sheriff departments regularly share daily intake logs with ICE of people coming into custody. This goes well beyond information that is publicly available and includes information that is not required by law. Almost all of the Sheriffs in the Commonwealth are doing this, and this has been documented in recent media.⁶ A sheriff told me that he was following the Governor’s lead in terms of information sharing with ICE (in reference to the 287(g) agreement between MA DOC and ICE), and that he would welcome statutory restrictions on what information Sheriff departments can send to federal immigration authorities.

The current legal framework that allows collaboration/information sharing with ICE undermine core principals of the juvenile and criminal legal systems, namely that there is a presumption of innocence, due process with an opportunity to defend oneself against allegations and a right to an attorney, among other things. While the immigration system is apparently ‘civil’ in nature, the Trump Administration has criminalized and militarized the immigration system such that the real-world consequences for a ‘civil’ immigration violation are more akin to criminal

⁵ DOC March 28, 2023 response to CfJJ Public Records Request

⁶ New Bedford Light. October 16, 2025. “How Mass. sheriffs navigate delicate balance of ICE demands and state law.” Available at: <https://newbedfordlight.org/how-mass-sheriffs-navigate-delicate-balance-of-ice-demands-and-state-law/>

punishment: arrest, detention often far away from family and community supports, little to no access to legal counsel and the possibility of deportation.

If we have any faith in our state's own legal system, then we should allow our legal processes to run their course, and not allow our local and state-level actors (including police, prosecutors, court staff, or the sheriff department staff) to alert ICE to the whereabouts of an individual who may be undocumented, which can and does lead to their detention. We have state-level juvenile and criminal justice systems that are far too often co-opted and short-circuited by the federal immigration practices, including through permissive policies at the local police department, sheriff's department and Trial Court level.

There are also legal/financial risks to DOC and Sheriff departments collaborating with ICE. Bristol County Sheriff settled in November 2025 for almost \$1 million a lawsuit stemming from misconduct of its employees during the Sheriff Department's earlier policy housing ICE detainees. Neither the state nor the federal government indemnified the Sheriff Department or its employees sued in their individual capacities. Given the number of US citizens wrongly detained (and even deported) by ICE recently, Sheriffs and the DOC are putting their agencies at legal risk by collaborating and sharing information with ICE that could lead to lawsuits.

In sum, while consolidation and collaboration usually trigger fiscal arguments, money is not the only calculation: collaboration between trigger policy questions in terms of the closeness we want Massachusetts institutions to be with our federal agencies, along with the legal and ethical risks that ensues.

Recommendation: The Commission should recommend that the Legislature enact statutory limits in our General Laws on the ability of sheriff departments (and local law enforcement agencies) to share information with federal immigration authorities. Requests for information from ICE can and should be treated as public records requests, or the Commonwealth can take a page from Colorado's recently passed Senate Bill 25-276 criminalizes information sharing,⁷ or from the Los Angeles County Sheriff's Department policy which clearly states that: "If a victim's, witness' or offender's immigration status is discovered during an investigation, deputies shall not forward that information to US Immigration and Customs Enforcement (ICE)."

⁷ See Section 8, which reads, "A state agency employee or political subdivision employee shall not disclose or make accessible, including through a database or automated network, personal identifying information that is not publicly available information for the purpose of investigating for, participating in, cooperating with, or assisting in federal immigration enforcement, including enforcement of civil immigration laws and 8 U.S.C. sec. 1325 or 1326, except as required by federal or state law."

Annex: Juvenile Court, Department of Youth Services, Department of Correction and Houses of Correction: Caseload & Budget Analysis and First Year Projections of Raise the Age Legislation

This analysis estimates the first year caseload impact of the passage of legislation to raise the age of juvenile court jurisdiction to include 18 year olds, utilizing publicly available data from the [Juvenile Court](#), [Trial Court](#) and [Juvenile Justice Policy and Data Board](#) to document legal system involvement trends from 2018 to 2023. This analysis compares the Trial Court’s data on lead charges in the Juvenile and District Courts and the number of Department of Youth Services (DYS) detentions and commitments during those same years.

Had Raise the Age passed, with 18-year-olds included in juvenile jurisdiction in FY2024, DYS would have experienced an increase of 195 youth in detention and 52 youth in commitment. This represents a 18% and 18% increase, respectively, over their intake that year. This would have brought DYS back to 2018/2019 caseload levels. On average, 15% of Juvenile Court charges result in DYS detention, and 4% result in DYS commitments. We utilize these estimates to project the caseload impact on DYS had Raise the Age passed and been implemented during this five-year stretch.

Criminal Court Lead Charges for 18-year-olds	2019	2020	2021	2022	2023	2024
Drug	107	81	61	54	51	41
Motor Vehicle	631	602	710	757	702	620
Other	151	155	111	102	108	98
Person	401	369	317	329	312	344
Property	302	248	211	213	216	229
Public Order	54	65	44	40	32	43
Weapon	48	54	54	57	54	64
Grand Total	1,694	1,574	1,508	1,552	1,475	1,439
Projected detention rate	287	250	216	194	170	195
Projected commitment rate	61	50	64	48	49	52

From FY2018 to FY2024, DYS, DOC and all HOCs have seen steep reductions in admissions, however, DOC and HOC budgets increased by 23% and 25%, respectively, while DYS’s budget has remained stable. CfJJ also analyzed the fiscal impact of the caseload change on DYS, DOC and Houses of Correction budgets. During fiscal years 2018-2024, admissions to all HOCs dropped by 36% but their budget increased by 25% and admissions to DOC dropped by 54% but their budget increased by 23%. In contrast, DYS admissions decreased by 35% during that period and its budget has remained relatively stable. Given the juvenile system’s lower

recidivism rate and increased utilization of diversion, shifting 18-year-olds may require a shift in financial resources from the adult system (District/Superior Courts, HOC/DOC) to the juvenile system (Juvenile Court/DYS). The return on investment in those shifted dollars would result in better outcomes and lower recidivism, which would pay dividends for the state as we face a tough fiscal climate.

Addendum: The Data

FY2018 to FY2024

Budget (in \$ millions)	FY2018 GAA	FY2019 GAA	FY2020 GAA	FY2021 GAA	FY2022 GAA	FY2023 GAA	FY2024 GAA	FY18:FY24 % Change	FY18:FY24 \$ Change
DYS	\$180.5	\$178.3	\$179.2	\$174.5	\$169.6	\$176.5	\$183.1	+1%	\$2.7
All HOCs	\$ 566.5	\$ 573.8	\$ 603.4	\$ 647.8	\$ 651.2	\$ 695.4	\$ 705.6	+25%	\$139.1
DOC	\$615.5	\$633.1	\$679.5	\$687.4	\$698.9	\$727.0	\$ 757.2	+23%	\$141.7

Source: <https://www.mass.gov/operating-budgets-fy25-and-previous>

Juvenile Court Charging Data								
(all ages) by Fiscal Year	2018	2019	2020	2021	2022	2023	2024	
Drug	237	170	131	107	69	117	105	
Motor Vehicle	530	325	288	403	367	397	398	
Other	1,508	631	496	371	490	534	533	
Person	2,947	2,569	2,225	1,582	2,721	3,197	3,168	
Property	2,258	1,297	1,400	1,201	1,344	1,901	2,022	
Weapon	371	288	266	198	408	498	393	
Grand Total	7,851	5,280	4,806	3,862	5,399	6,644	6,619	

Source: <https://public.tableau.com/app/profile/drap4687/viz/MassachusettsTrialCourtChargesDashboard/LeadCharges>

Criminal Court Charging Data for 18-year-olds by Fiscal Year	2019	2020	2021	2022	2023	2024
Drug	107	81	61	54	51	41
Motor Vehicle	631	602	710	757	702	620

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Other	151	155	111	102	108	98
Person	401	369	317	329	312	344
Property	302	248	211	213	216	229
Public Order	54	65	44	40	32	43
Weapon	48	54	54	57	54	64
Grand Total	1,694	1,574	1,508	1,552	1,475	1,439

Source: <https://www.mass.gov/info-details/criminal-court-reports-and-dashboards#data-files-with-extracts-of-case-information->

Rate of DYS Admissions: Court Charges by Fiscal Year	2018	2019	2020	2021	2022	2023	2024
Juvenile Court Total Lead Charges	7,851	5,280	4,806	3,862	5,399	6,644	6,609
DYS Detention Admissions	1250	893	764	553	676	768	897
Delin Filings: Detention Rate (est.)	16%	17%	16%	14%	13%	12%	15%
DYS Commitments	280	191	153	165	167	219	237
Delin Filings: Commitment Rate (est.)	4%	4%	3%	4%	3%	3%	4%

All Adult Corrections Admissions (by fiscal year)	2018	2019	2020	2021	2022	2023	2024
All HOC County Admissions	43,417	38,144	21,127	22,519	25,608	26,799	27,080
MA DOC Admissions	4,669	4,111	1,269	1,516	1,979	2,143	2,011

Source: <https://www.mass.gov/info-details/cross-tracking-system-state-county-correctional-populations#admissions-and-releases->