

Policy Platform YOUTH REENTRY/AFTERCARE

JULY 2010

Each year, nearly 100,000 youth exit custodial facilities, including jails, prisons, secure facilities, and other out-of-home placements. The positive supports these youth receive from their families, schools and communities can be severely disrupted by even a short stay in an out-of-home placement. Additionally, striking numbers of confined youth cope with a variety of obstacles to successful reentry, including academic challenges, mental health problems, substance abuse, unstable family relationships, high crime communities, an absence of positive role models, and lack of effective and well-resourced case management. More traditional programming often provided to youth in residential facilities may address some of these issues, but frequently lacks a focus on reentry, particularly in terms of how therapy and other services will be continued in youth's home communities.

Unfortunately, ensuring youth are reconnected to schools, services and family supports is often not given high priority in residential programming. Absent coordinated case management and sufficient funding for programs, many youth will be unable to access community services and supports needed to help them return successfully – such as job training, positive adult mentors, and mental health counseling – despite the fact that such services increase the chance that youth will be successful once they are released. Good institutional practices and thoughtfully constructed, comprehensive reentry programs not only help facilitate successful reintegration, but also lower recidivism rates, increase public safety, reduce the costs of re-incarceration, and save taxpayer dollars by facilitating youth's development into educated, productive citizens.

The National Juvenile Justice Network makes the following recommendations:

Programming

 Confinement in a secure facility should be utilized only as a last resort and for as short a time as possible.⁴ Any residential programming should always include the option of step-down care to community-based programming, such as lower security facilities and placement in a youth's home community.

- Planning for reentry must begin when a decision is made to send a youth to an out-of-home
 placement so the youth's most critical needs are addressed promptly and pro-social
 connections to family, education, and the youth's home community remain intact and can be
 integrated into programming.
- Behavior management and treatment programs in residential facilities must be crafted with a
 focus on meeting youth's individual needs and assisting youth in learning skills to regulate
 their behavior at home and within the community.

Family and Service Integration

- Youth should be placed close to their homes so families can continue to be involved in their
 lives while they are confined. Family visits should be strongly encouraged and supported, and
 all visits should be contact visits. If youth must be placed at a distance from their families,
 facilities should offer alternative means to foster continued communication and support
 between youth and family members, including transportation to the placement.
- Youth phone calls home must be encouraged. Barriers to phone calls home, such as high collect calling fees, should be eliminated. Prohibition of familial contact must not be used as a behavior management tool.
- All reentry plans must be developed in close collaboration with the youth, the youth's family, and other individuals involved in supporting the youth and holding the youth accountable upon his or her return to the community.
- Outside agencies, organizations, and other individuals involved in a youth's life and reentry
 plan must be allowed and encouraged to visit youth in residential placements in order to
 provide services and establish and maintain positive relationships with youth that will
 continue upon release. Such access will also create and maintain close and healthy ties
 between youth and the communities to which they will return.

Case Planning

- Reentry planning must be individually designed and should begin with comprehensive assessments to identify a youth's unique strengths, needs, and risk factors.
- All returning youth should have a comprehensive, individual written case plan that details the
 arranged living situation and plans for physical and behavioral health care, education, job
 training/employment, legal services (if appropriate), and other areas of need. Case plans
 should be coordinated across all relevant agencies, including probation, education, housing,
 health, and community-based services.
- Agencies must ensure that case workers responsible for overseeing and implementing reentry
 plans have caseload levels that allow workers to fully meet the needs of each individual
 youth.

Education, Employment, Youth Development and Health Services

 Youth's transition back to school should be seamless and facilitated by close cooperation between the placement, case manager, and the school or department of education. All youth's education records must be readily available to the appropriate residential and educational facilities and staff.

- Residential facilities' educational offerings should correspond to the department of education
 or local school curriculum to ensure youth earn appropriate credits for school work completed
 while in an out-of-home placement. Educational credits earned by youth while confined must
 transfer to and be accepted by students' local schools.
- Employment training in facilities should lead directly to employment and educational
 opportunities available in the community. Youth should be assisted with job/vocational
 placement upon release to the community.
- Reentry plans should include concrete opportunities for youth to participate in strengthsbased programming, such as positive recreational activities and volunteer service, and should include basic coaching on practical life skills, including time management, budgeting, and self-advocacy.
- Prior to release, mental health and substance abuse services that are provided in a facility, including counseling and/or medication, must be reevaluated and continued with appropriate oversight when the youth is released back to the community.
- Medicaid coverage must not be terminated upon a youth's entry into a facility. Rather, if necessary, Medicaid coverage should be suspended and immediately reinstated upon a youth's release.
- All youth in a facility who are eligible for programs such as Medicaid or SCHIP (State Children's Health Insurance Program), but have not been previously enrolled, should be appropriately enrolled prior to or immediately upon release.

Data Collection

• For at least one year after youth are released from out-of-home placements, jurisdictions should gather statistical data to measure outcomes, including recidivism rates and other measures of success, such as educational engagement, work status, housing circumstances, and access to physical and mental health care.

For More Information:

- National Reentry Resource Center –
 http://www.nationalreentryresourcecenter.org/topics/juveniles
- Carol Rapp Zimmerman, et al., "Desktop Guide to Reentry for Juvenile Confinement Facilities," National Partnership for Juvenile Services (July 2004), available at http://njjn.org/media/resources/public/resource_1244.pdf.
- Daniel P. Mears and Jeremy Travis, "The Dimensions, Pathways, and Consequences of Youth Reentry," Urban Institute Justice Policy Center (January 2004), available at http://njjn.org/media/resources/public/resource_1611.pdf.

¹ Howard N. Snyder, "An Empirical Portrait of the Youth Reentry Population," *Youth Violence and Juvenile Justice*, Vol. 2, No. 1 (January 2004): 39-55, available at http://nijn.org/media/resources/public/resource 1612.pdf>.

² "Stop the Revolving Door: Giving Communities and Youth the Tools to Overcome Recidivism," *Youth Justice Board* (January 2005): 16, available at http://njjn.org/media/resources/public/resource_258.pdf>.

³ Ashley Nellis and Richard Hooks Wayman, "Back on Track: Supporting Youth Reentry from Out-of-Home Placement to the Community," *Youth Reentry Task Force of the National Juvenile Justice and Delinquency Prevention Coalition*, (Fall 2009): 25, available at http://njjn.org/media/resources/public/resource_1397.pdf>.

⁴ This is in accordance with the recommendations of the United Nations Convention on the Rights of the Child, Article 37 (1989).