Ch.18 Transition Planning and Reentry

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It is a common axiom among juvenile confinement professionals that reentry begins at admission. With few exceptions, youth who enter confinement facilities return to our communities. But, the extent to which that fact actually impacts the mission and operations of youth confinement facilities varies greatly. For many youth confinement professionals, that phrase traditionally has had limited application in connection with reentry or transition planning processes. It has had little impact on a wide range of day-to-day practices that best serve youth in confinement and the community. In addition to highlighting some of the common components of traditional transition planning, this chapter will introduce readers to broader notions about reentry principles that can apply to all types of facilities and the juvenile justice system.

Defining Reentry and Transition

This then begs the question as to what is meant by the terms reentry and transition. For example:

- Is reentry or transition an event defined by a specific period of time during which a youth is moving from one placement to another, in this case from a confinement facility back into the community? If so, how long is that time period? When does it start? When does it end?
- Do these terms represent a defined set of activities, perhaps even a defined program (e.g., the Intensive Aftercare Program)[1], carried out by a select set of individuals that are designed to promote and sustain successful reintegration to the community?
- Or, as suggested in the following sections, do they represent a set of principles or practices applicable across the spectrum of engagement with youth, all of which are focused on ensuring that confinement facilities deliver the kinds of services that are most likely to result in a youth being successful upon returning to the community?

For purposes of this chapter, the terms reentry and transition are meant to represent a process that culminates in a youth’s return to the community in a way that promotes the greatest likelihood of sustainable success. The terms reentry or transition planning are generally meant to represent a set of practices or activities that support the goal of successful reentry.

Using a Reentry Lens for all Confinement Facilities

Along with the traditional notion that reentry practice applies only to the final stages of planning for a youth’s return home, it is common for confinement professionals to focus solely on transition and reentry planning as it applies to youth in longer-term programs or institutions. Professionals who work in short-term detention (not to mention that the line between short and long term is becoming increasingly blurred) can easily overlook the impact even short-term programs have on youth who are removed from their homes or communities and the opportunities for adding value to the overall juvenile justice system’s effectiveness with youth. This is captured in a quote from A Desktop Guide to Juvenile Reentry for Juvenile Confined Facilities “Without a sound philosophical approach and attention to reintegration as the key mission of short-term facilities, it is shortsighted at best, and negligent at worst, to ignore the impact of short-term removal on youthful offenders and believe that short-term facilities are simply a ‘time out’ from the youth’s normal development.”[2] In many ways it is more challenging for short-term programs to apply a reentry perspective, but in most cases (albeit not always), short-term facilities are located closer to home, closer to families and other supportive adults, closer to a youth’s home school, and closer to resources that can be engaged while a youth is in confinement and continued upon release.

Similarly, housing youth in adult facilities places a responsibility on adult confinement professionals to think seriously about how programs, policies, and resources are designed and whether they help ensure that the almost-certain return of youth to their community is more likely to succeed. This responsibility is not different than that placed on juvenile justice professionals, but it is likely to be even more antithetical to the values and operations of adult programs and more difficult to implement. Nonetheless, whether it is for juveniles (under 18) or for the large number of youthful offenders (up through age 25) confined in adult correctional programs, both the fact that most are ultimately released and return to their communities and the hopes for successful reintegration reinforce the need for taking a reentry perspective in adult facilities as well as juvenile facilities.
Although the practical application and implementation of the principles and components of reentry identified later in this chapter may vary depending on the type of facility, it is possible to use a “reentry lens” to generate creative ideas and help direct resources to increasing the likelihood of a successful return to the community.

Reentry: the Other Side of Removal

There is a growing body of research that confirms the potential and real harmful effects that result from removing a youth from his or her community to a confinement facility, even for a short time. More recent studies, such as the research on Pathways to Desistance,[3] show that long institutional stays generally do not produce better outcomes than shorter stays, and community-based treatment produces better outcomes than institutional placement. This research suggests minimizing a reliance on confinement as a response to delinquency while increasing both the availability and focus of well-designed and well-implemented community-based programs. Knowing that there will be youth who require some form of secure custodial confinement during critical developmental stages, we also know that incorporating a reentry perspective in all aspects of facility programming and operations can help minimize the harmful effects of removal and increase the likelihood of sustainable and successful reintegration of youth back into the community.

Some Principles to Apply Across the Board

There are some fundamental concepts that can guide practice.

1. Programs and operations of confinement facilities must be viewed in the context of the larger juvenile justice system; that is, detention and correctional facilities are part of a process, not just places.[4]
2. The mission for confinement facilities should purposefully and clearly articulate the importance of preparing youth to become contributing members of their community upon their return, even if the facility has responsibility for youth for a short period of time.
3. Consistent with that mission, every aspect of confinement programs should be designed and evaluated through the lens of how well they meet that goal. This requires changing the focus of institution programs from simply managing youth inside the facility to promoting skills that lead to successful reentry.
4. Transitions for youth into and out of programs should be as seamless as possible; that is, efforts to redirect youth are more likely to succeed when youth experience consistent expectations, services, and supports as they move into, through, and out of confinement facilities.
5. Confinement facility professionals need to respect and elevate the important role that others (parents, mentors, other caretakers, teachers, the faith community) play in the lives of youth in confinement and the likelihood of success for youth. Programs need to find ways to engage those support systems as part of an overall case plan in which everyone is working together toward the same goals.
6. Confinement facilities have to push the envelope on ways to develop individualized plans and programs rather than maintain a one-size-fits-all approach to policies, programs, and practices within the facility.

The result of using these concepts to guide practice leads to programs that look different in a myriad of ways from the programs—short and long term—that take a more traditional or institutional approach to confinement. A more in-depth exploration of these differences is available in Chapter 3 of the Desktop Guide to Reentry for Juvenile Confinement Facilities,[5] but some examples show differences in the following:

1. Defining staff roles and providing appropriate training and supervision for all staff—no matter what official role they play—in a way that elevates the importance of all interactions with youth to be part of a reentry mission.
2. Developing behavior management systems that promote healthy cognitive and decision-making skills in youth that can be applied to situations they will face in the community.
3. Implementing behavior management systems that hold youth accountable for misbehaviors by focusing on restorative practices that promote youth understanding of the impact of their behavior on others and give them a role in repairing harm.
4. Evaluating the degree to which programs proactively engage and integrate the youth's community in providing services and creating linkages that can be maintained as the youth returns to the community.
5. Examining how youth are involved in setting both short- and long-term goals as an active member in planning for their own future.

In short, practitioners who are truly committed to assisting youth with experiencing successful reentry will find ways to incorporate these concepts and opportunities into facility programming and will support staff in learning new skills or transitioning to new roles that promote sustainable pro-social changes for youth in confinement.

As with other aspects of successful confinement programming, having a sense of underlying values and principles provides a foundation for programmatic components and processes that are more likely to be successful for individual youth.
Five Key Components for Successful Reentry

1. Integrating the science of adolescent brain development into the design of reentry initiatives.
2. Ensuring that reentry initiatives build on youth strengths and assets to promote pro-social development.
3. Engaging families and community members in a meaningful manner throughout the reentry process.
4. Prioritizing education and employment as essential elements of a reentry plan.
5. Providing a stable, well-supported transition to adulthood that helps to create lifelong connections.[6]

(See Ch. 10: Effective Programs and Services: Reentry) [4]

Building a Reentry Team

Remaining sections of this chapter will reference the notion of a reentry team or transition team, meaning the set of individuals tasked with developing and implementing a successful reentry and transition process. The members of this team will vary depending on the type of facility and the resources that facilities and the larger juvenile justice system can apply to this work.

For long-term facilities, such as juvenile correctional institutions, specific staff may be identified to coordinate the development of transition plans and may be responsible for tasks such as the following:

- Gathering input from other facility staff related to the youth’s progress in learning skills that will be needed in the community.
- Serving as the point of contact and coordination for community resources (e.g., treatment resources) that are already engaged or will be engaged when the youth returns to the community.
- Connecting with parents or caretakers and engaging them in the planning process as well as identifying other family members that may be helpful.
- Identifying other supports for reentry such as mentors, faith community members, and other pro-social adults.
- Ensuring that the educational components of a transition plan are being properly developed and that appropriate information-sharing and enrollment supports will be in place.

For short-term detention programs, it is much less likely that there will be significant attention to the transition process or someone designated within the facility to play that coordination role. More often, development of a reentry plan is really part of the overall case planning responsibility of those designated to develop dispositional recommendations to present to the court. However, this does not mean that short-term confinement facilities do not have a role to play; in fact, they can often play a very important role in providing information that can be used to develop a successful case plan for dispositional purposes. Therefore, at a minimum, even short-term facilities should consider having someone within the facility play a liaison or communication role.

Beyond someone whose role may be largely defined as focusing on reentry, there are others within the facility that need to be involved as part of a reentry team.

- Educational staff responsible for providing input into the plan and supporting the transition by gathering and sharing information with future educators.
- Treatment staff that have been involved in working with the youth on particular issues, such as mental health, AODA, or other behavioral issues.
- Supervision staff or supervisors who can help develop a plan by focusing on issues related to youth behavior within the facility, response to interventions by adults, and trigger issues that could result in setbacks.

It is important to engage as soon as possible those individuals from outside the facility that will support a youth’s successful reentry.

- Parents, other caretakers, or relatives who will play a significant role in the youth’s return.
- Community programs or providers who will engage with the youth by providing specific treatment, employment, or other pro-social supports.
- Educators who will be working with the youth when he or she returns to the community.
- Mentors or other pro-social adults who can help provide both support and a sense of accountability for the youth in the community.

Finally, there should be someone acting on behalf of the supervising agency after the youth’s return to the community (if that person is not already included in one of the other roles referenced above). This may be someone designated as a probation or parole officer, delinquency social worker, or aftercare agent. This official is the person who has responsibility for supervising and

https://info.nicic.gov/dtg/print/17
reporting and often has the authority to make certain decisions related to the youth, such as revoking parole or probation, imposing sanctions, or extending supervision. In many smaller jurisdictions, this person completes a number of the necessary tasks for successful transition planning. These duties may decrease as the number of youth in confinement continues to decline.

Making a Reentry Team Work

Making a reentry team work is work! That may sound redundant, but it is meant to reflect that, although the system has talked about reentry teams, it has too often simply reflected on the individual roles that team members play (even as outlined above) and too often paid only limited attention to the nature of the process itself and the skills needed to collectively build a stronger plan. Evaluating the process might include the following questions:

- What voice does the youth have in the process? Does the youth have an equal voice on the team?
- What about parents or caretakers? Are there efforts to ensure they are at the table when discussions occur or when decisions are made that affect their child?
- Who makes decisions? Is it simply the probation officer who has ultimate authority, or is there a collaborative decision-making process to deal with issues as they arise?

There is much to be learned from the principles of collaborative team planning and decision-making that have developed through the systems of care movement or wraparound programs.[7] These have developed in cross-system work between mental health and juvenile justice systems. Implementing the principles involved sometimes requires a change in roles and skills; programs have proven to be successful in keeping youth in the community and in supporting successful reentry.

The Role of Family Engagement and Visitation

Both nuclear and extended families need to be involved in reentry planning and should be engaged early and often while a youth is in care. Usually, family is the best source of information in identifying the strengths and needs of the youth and for determining how best to facilitate a supportive transition from the confinement setting to the home. Engaging families in the reentry process can be challenging, but learning to communicate and developing a positive relationship with family members during the reentry process can be one of the most important steps the planning team can take. A parent's perspective is important in developing the plan and approving the team's recommendations. Consideration of the family perspective builds the family's trust in the team and in the reentry process and provides an opportunity for everyone on the team to learn more about the family's values and expectations.

Family engagement in confinement facilities can be particularly challenging due to the typically short-term nature of detention and detention programs. However, it is increasingly clear that the benefits of doing so far outweigh the challenges.[8]

If geographic distance between the facility and youth's family is a barrier, confinement facilities may use technology to facilitate family participation in the development of the reentry plans.

Sometimes a family is unaware of their child's eligibility for available services; they may discover such resources for the first time during reentry planning in the confinement setting. In other cases, planning while a youth is in confinement provides an opportunity to get the youth into services or a program that the parents have been encouraging, but that the youth has been resisting.

Sometimes the way detention staff perceive families can get in the way of engagement. To see the family as a resource is to believe that the family has the requisite skills, an intact and vital network of supports, and the social capital within the community to invest in the life of their child. Outside of an effective community reentry model, these assumptions about the family may seem unlikely, since many of the families of youth in the juvenile justice system have been seen as risk factors for the youth. Seeing the family as a true resource can require a dramatic shift in perspective.[9] Therefore, although there may be times when the family home may not be the best setting for the returning youth, the family should still be engaged in discussions and planning for the most appropriate temporary or “step-down” setting. Research clearly affirms that engaging families is critical to long-term reentry success.[10]

Additionally, for purposes of reentry, thinking about family in fairly broad terms may be useful or even necessary at times. For a youth, family may include various extended family members, caretakers who may not be legally related, or other adults that the youth feels play an important caretaker and support role.

Examples of efforts that have been successful in engaging families, include the following:

- The Substance Abuse and Mental Health Services Administration (SAMHSA) has invested significant resources in engaging families and training family members to be advocates for the rights of their children. Families come to the table
prepared to discuss what is needed to support their child’s return home. When resources are available in the community and the necessary supports are in place, the chances for success increase tremendously during the youth’s transition to the home, school, community programs, and workplace.

- Programs like Wraparound Milwaukee (Wisconsin), Connection (Clark County, Washington), and the Repeat Offender Prevention Program (California) work with youth reentering the community from correctional placement and use a team planning model in which the family has equal voice in the process of developing and maintaining a reentry plan.
- The Family Integration Transitions™ (FIT™) model in Washington state uses a variety of evidence-based programs as part of a reentry process.
- New York uses Multi-Systemic Therapy (MST) programming for youth released from residential facilities.
- In St. Joseph County, Indiana, families are engaged in a Parenting with Love and Limits (PLL) Reentry model for youth reentering the community from placement. Research about various family engagement efforts and this particular project are summarized in a recent article in the OJJDP Journal of Juvenile Justice.[11]

Increasingly, juvenile justice practitioners across the spectrum—not just in confinement facilities—are recognizing the value of a much more proactive approach to engaging key family members as critical partners to ensure that youth have a chance to become contributing members of the community.

Education

Education may be the most critical component of programming in confinement facilities and reentry planning. Most youth in the justice system test below grade level—typically, at least two to three grades below the grade level their chronological age would suggest. Many have had negative experiences in school and have found ways to avoid class; some have experienced so many transitions that any continuity in educational programming has been minimal at best. Additionally, it is estimated that between 30% and 70%[12] of the youth in the juvenile justice system have special education needs and that up to 70% of youth in residential placement have at least one mental health disorder.[13] These estimates speak to the need for thoughtful and comprehensive transition planning with the support of a transition coordinator. (See Ch. 13: Education)[14]

Both the Elementary and Secondary Education Act (ESEA) in Title I, Part D,[14] and the Individuals with Disabilities Education Act (IDEA)[15] require transition coordinators to make sure youth have integrated and coordinated planning to help connect them to school and to coordinate with parole or probation officers, aftercare workers, and other resources.

For most youth transitioning from confinement, engaging a school to support them requires advocacy and deliberate coordination with the relevant school district. Engagement is more than registering youth in school. It requires establishing or maintaining a connection with school personnel during the time a youth is away, ensuring that records are exchanged in a timely manner, and ensuring that the skills gained during confinement are setting the stage for successful reentry. In some situations, there may be a clear alignment between the institution’s courses and the curriculum for the school district. In others, that alignment is less clear, and it is incumbent on the reentry team to make sure that a youth is reintegrated into an academic program in a way that maintains high expectations and provides needed support. Coordination among the family, the youth, the educational staff at the facility, staff at the receiving school, and the transition coordinator is essential. All parties should agree on 1) the youth’s educational goals, 2) the nature of any disabilities the youth may have and special supports he or she may need, 3) sharing appropriate information in a timely way to avoid any delays in the youth reengaging with school upon release, and 4) a process for ongoing communication for an agreed-upon period of time after reentry. A well-planned strategy will lead to the best possible transition from the institutional school program to the community school. The U.S. Departments of Justice and Education have jointly produced a helpful resource, Guiding Principles for Providing High-Quality Education in Juvenile Justice Secure Settings. [15] The document includes a good summary of the importance of good programming within the facility and being focused on supporting successful transition.

To truly facilitate successful reentry for youth, juvenile justice agencies should prioritize the continuity of students’ academic career (addressing, as appropriate, transition into postsecondary education or career), allocate sufficient reentry-devoted resources, institute and implement comprehensive individual plans for students immediately upon community entry, and establish connections with other child-serving agencies and community-based supports.[16]

There are resources that can help guide practitioners as they work through issues of education during transition planning and implementation. For example, the education toolkit developed by the National Evaluation and Technical Assistance Center for the Education of Children and Youth Who Are Neglected, Delinquent or At-Risk (NDTAC) for transitioning youth can serve as a guide for the staff and family, because it identifies the expectations of the institution when a youth arrives and what is required when he or she leaves the facility to reengage with the home school.[17] There are other excellent tools for helping parents and educators understand how to best handle youth with special education needs.[18]
Recently, initiatives by the U.S. Department of Education have elevated the important role that education plays in improving the future of youth in confinement and as part of larger juvenile justice reform efforts. A recently released package of reforms and guidance includes reducing the exclusion of youth from school, affirming state and local requirements under IDEA, and affirming civil rights requirements that apply to many confinement facilities and programs. Additionally, the Department of Education is providing new guidance about youth in confinement being eligible to receive Pell grants to support higher education coursework if they have already completed high school coursework. This guidance allows facilities to access funds to support post-secondary coursework at the institution. It also links youth to opportunities for post-secondary work as they return to the community.

Life Skills

Strategic life skill activities and courses also play a critical role in making sure youth are ready to return to their community. Life skills courses are commonly available in youth confinement facilities and are important in preparing youth for the demands and challenges of everyday life. A life skills curriculum typically includes pro-social skills such as problem solving, decision-making, peer resistance and conflict resolution skills, relationship building, anger management, accepting difference, various coping strategies, understanding consequences, and time management. Many of these programs also include career exploration, budgeting and money management, resume building, the importance of having and acquiring health insurance, acquiring a social security card, getting a learner's permit to drive, and applying for a state medical insurance card. The ability to perform these routine tasks is often assumed to be easy for youth, but that is rarely the case. Adding these kinds of skills to a curriculum may benefit many youth and help to reduce the stress that comes with independence. (See Ch. 10: Effective Programs and Services)

Job and Vocational Connections

Vocational and interest inventories should be performed routinely as part of the intake process at institutions where youth will have a prolonged stay, and job preparation and job readiness can be part of the transition planning that occurs in every youth confinement facility.

For long-term confinement facilities, establishing an effective vocational program that can provide youth with work experience, certifications that they can take with them, and marketable trade skills can be a solid foundation for reentry. For short-term programs, the simple act of exposing youth to a variety of learning opportunities that include gaining additional knowledge about the world of work is a first step to finding out more about a youth's interest and strengths, information that can be shared with case planners and integrated into a community supervision plan. Both short- and long-term programs can develop vocational labs in which students can use technology to explore various vocational trades well beyond their current knowledge or experience.

To illustrate, youth may be able to identify a few professions in the healthcare industry (e.g., doctors and nurses), all of which may seem beyond their reach, given where they see their education. Yet, we know that there are dozens of positions and skill sets that these youth could learn to do to take advantage of their natural interests as well as the growing demand in the healthcare field for skilled workers. Given that most youth in confinement are at a critical developmental stage in terms of identity and relationship development, it is an important time to expand their knowledge rather than limit it.

Longer-term programs have greater opportunities—and therefore greater responsibility—to apply research that exists in every state about needed trade skills (and this can be a pretty long list) by developing vocational programs that can put youth well on their way to some form of certification or licensure, which becomes a highly marketable skill set that can be applied upon release. Examples include culinary skills, welding, construction skills, electrical work, landscaping, asbestos or lead abatement, or any one of a long list of skills that are highly valued in communities and are in demand.

Longer-term programs may develop informal, if not formal, relationships with technical colleges or trade unions that can help link youth up with programs, where they can finish a certification that they began in the institution. And, relationships with technical colleges or other trade schools should be established so that youth who qualify for admission to those schools can be registered and ready to go upon their release, often with the help of pre-arranged financial aid. It is conceivable that a youth could leave an institution one day and be on the job the next, which represents a change from an all-too-common situation in which youth return to the community with too much time on their hands.

Although challenged to complete programs or certifications by the generally declining length of stays in institutions, creative linkages with the community can be developed so progress made during a youth’s confinement is not lost when he or she returns to the community. There are often workforce development funds available in states that can be applied to help support programs in the facility and be accessed by youth during reentry.

Community Linkages and Referrals to Community-Based Services
As referenced earlier, collaboration and engagement with community service agencies is essential to the successful reentry of youth who have complex needs. This engagement can be accomplished in both short- and long-term facilities. In some ways, short-term programs that are often closer to home have an advantage. Unfortunately, short-term programs too often sell themselves short by assuming that there is little they can do during the brief time a youth is confined. Yet, for many youth, short-term confinement still means weeks or longer, and time that can be used to create linkages is easily lost.

For longer-term programs, transition and reentry plans must be comprehensive, integrated, and coordinated, suggesting that no single agency can be expected to meet all of a youth’s needs upon return. Coordination for the team will require multiple modes of communication and cooperation, especially if youth are in a facility that is distant from their home or community and the resources and individuals that they will be linking with. In many programs, technology such as Skype, Face Time, and video-conferencing is now available to facilitate participation from multiple locations and allows team members to see and hear each other and share information as needed.

**Mental Health**

There is little disagreement that a significant number of youth in confinement experience mental health challenges. Providing quality mental health assessments and services in both short and long-term confinement facilities is critical. (See Ch. 11: Mental Health) [8]

As early as 1999, Linda Teplin, researcher for Northwestern University near Chicago, Illinois, identified 70% of the girls and 69% of the boys entering the Cook County Juvenile Temporary Detention Center as having at least one mental health disorder other than conduct disorder. (Conduct disorder is a disorder frequently assigned to anyone who breaks the law). Teplin’s study and her ability to keep track of 96% of the youth in the study for over ten years broke new ground for juvenile justice. For the first time, there was evidence to verify the rate of mental health disorders among youth entering the juvenile justice system. During this same period, a very strong emphasis was placed on screening for mental health disorders, substance use, and exposure to trauma. As the prevalence of substance use and trauma-related issues came to light, the needs for additional training and professional development for staff and an increased array of services were also identified, some of which has had a fiscal impact on jurisdictions.

The use of screening tools has helped practitioners learn more about the needs of the youth in their care and custody, and good screening has helped to move the field toward a more therapeutic approach to care. Screening has also challenged some of the correctional practices that are known to be particularly harmful to youth who have emotional and mental health issues. As confinement professionals learn more about the impact of trauma and Adverse Childhood Experiences (ACEs) on development and develop more practical, trauma-informed strategies to working with youth, behavioral problems that occur in confinement can be significantly reduced. Youth are also then better prepared for reentry.

A number of evidence-based treatment models have proved to be effective with justice-involved youth and can be implemented in confinement facilities, especially longer-term placements. For example, Cognitive Behavior Therapies (CBT) such as Trauma-informed CBT, Functional Family Therapy (FFT), Brief Strategic Family Therapy (BSFT), and Dialectical Behavior Therapy (DBT) are among some of the treatment models that are effective when implemented with fidelity. (See Ch. 10: Effective Programs and Services) [8]

For effective transition planning and reentry, it is critical to ensure that services that start during placement are linked, without gaps, to services in the community. For long-term facilities far from a youth’s home, this could mean making special attempts by the community-based provider to engage with a youth prior to release. For short-term programs or long-term programs that are closer to home, it may mean having that community-based provider come into the facility to develop a positive relationship with the youth and family, a relationship that can be maintained at the time of reentry. For youth facing mental health challenges, gaps or confusion during transition can be particularly detrimental to success, so every effort is needed to make these transitions as seamless as possible.

It is therefore important that one or more members of the transition team pay significant, proactive attention to eliminating these gaps. This may include the following:

- Making sure that information developed during the youth’s confinement is shared with community providers in an appropriate and timely manner that allows them adequate internal planning time.
- Breaking through bureaucratic obstacles that arise such as funding, registration, enrollment, and waiting lists.
- Reaching out to providers to assure them that they are not alone and to ensure that they are aware of the available supports and resources and to answer such questions as, What happens when a youth is a “no-show” for an appointment? Who do I call if there are financial issues?
The key point is that continuity in service delivery is absolutely critical to sustaining progress that the youth has made during confinement.

Healthcare

Youth in confinement facilities (whether short-term, long-term, or adult), often have an intermittent history of using healthcare services that are developmentally appropriate. Youth admitted to facilities have often not received the kinds of screenings and assessments that can identify issues in a timely way or that prevent longer-term problems. Youth are often not up-to-date on immunizations, and they are largely unaware of the helpful role that healthcare professionals can play in promoting a healthy lifestyle.

Best Practice Guidance

- See Chapter 12: Healthcare for a good overview of services needed from intake and assessment up through transition and reentry.
- Standards promoted by the National Commission on Correctional Health Care for Health Services in Juvenile Detention and Confinement Facilities, including a specific standard (Y-E-13)[19] related to Discharge Planning.
- Position statements and principles adopted by the American Correctional Association, going back as far as 1870 up through current standards for youth facilities.
- A summary of the issues as well as policy statements by the American Academy of Pediatrics, which reiterate the importance of comprehensive care for youth in confinement and in the community once the youth is discharged.[20]
- A position statement adopted in 2002 by the National Juvenile Detention Association that lists the basic requirements for providing healthcare in juvenile detention.[21]
- Standards for the Juvenile Detention Facility Assessment process as part of the Annie E. Casey Juvenile Detention Alternative Initiative (JDAI) (updated 2014), which includes a long list of best practice questions about health services and discharge planning.[22]
- National Academy for State Health Policy, funded by Models for Change, studies of policies and procedures for the delivery of medical services in the juvenile justice system. Results were published in 2010 in a document titled, Service Delivery Policies: Findings from a Survey of Juvenile Justice and Medicaid Policies Affecting Children in the Juvenile Justice System and have influenced changes in medical practice in confinement institutions in areas such as medical screening, physical examinations, treatment, documentation, advice to caregivers about the medical needs of youth, and parental consent to treat.[23]

Funding can often be a complicating factor related to providing needed healthcare services for confined youth and having qualified healthcare providers on site or sufficiently resourced to provide continuous care. This can be true for long-term programs in which funding for health services often competes with funding for other kinds of services such as education, vocational programs, mental health services, and even basic needs. Federal policies that prevent using federal funds (e.g., Medicaid, CHIP) to provide healthcare for youth in confinement—even though those youth were eligible prior to admission and most likely will be again immediately upon release—push the costs of healthcare services to state and local governments. For short-term programs, those same funding restrictions often apply, along with a tendency for programs to minimize their costs by focusing solely on emergent healthcare needs. This can sometimes result in limited attention to preventive or educational measures that can actually reduce costs in the long run.

Fortunately, many short-term programs are proactive in providing quality healthcare assessments and services by linking with local public health departments, medical schools, or clinics. On the other hand, some programs have been forced to respond to lawsuits related to the Civil Rights of Institutionalized Persons Act (CRIPA) that have been filed to reinforce that youth in confinement have some basic rights to an environment that is safe and healthy.[24]

No matter what type of facility, participation in reentry planning by medical staff is important to promoting continuity of care, appropriate sharing of health-related information—staying within the regulations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)—and workable linkages with healthcare professionals to begin building a positive and ongoing relationship between youth and providers.

Dental Care

For many youth who enter the juvenile justice system, dental care—prevention and treatment—may also have been neglected. In fact, confinement facility staff are aware that inadequate dental care may be an even more common problem than other basic
healthcare issues. Many of the issues and best practice guidance referenced in the healthcare section above apply to dental care; certainly access to basic or emergent treatment services is required. Short-term facilities must coordinate with a dentist in the community. For longer-term programs, dental care—including more prevention—should be part of the overall health delivery system. In both cases, dental staff need to communicate any requirements and plans for future dental care needed by a youth after his or her release from confinement.

**Medicaid and Eligibility-Based or Entitlement Income**

As noted earlier, use of Medicaid and Children’s Health Insurance Program (CHIP) funds has long been prohibited for people who are incarcerated. Efforts to change this restriction to access by confined youth (especially for youth in pre-sentence confinement) have so far been unsuccessful. Medicaid and CHIP are governed by specific federal regulations that give states the responsibility for implementing both programs, and the federal government provides matching federal dollars to the states, known as Federal Financial Participation (FFP). Federal regulations prohibit the use of FFP funds for “care or services for any individual who is an inmate of a public institution such as a juvenile and/or an adult justice facility.”[25] As a result, youth may be at risk for being discharged from these facilities without access to needed healthcare services. However, some jurisdictions have used state Medicaid funds for the treatment of youth in temporary juvenile detention facilities, but that option is the exception rather than the rule.

At the same time, court cases on confinement issues have reinforced the constitutional rights of confined individuals (including youth) to appropriate healthcare. In the 1976 case, *Estelle v Gamble*, the U.S. Supreme Court established a constitutional standard for the provision of healthcare for individuals residing in both juvenile and adult correctional facilities, citing that to do otherwise would constitute cruel and unusual punishment under the 8th Amendment of the Constitution.[26] As a result, confinement facilities are responsible for providing healthcare services to individuals in custody.

**Medical Insurance Programs under the Affordable Care Act**

On March 23, 2010, President Obama signed into law the Patient Protection and Affordable Care Act (PPACA). The PPACA has had wide-ranging implications for expanding healthcare coverage for Americans, including the mandate that health insurance companies make available coverage for all young people up to age 26 under their parents’ health insurance policies. The U.S. Supreme Court ruled that a similarly mandated expansion of Medicaid was coercive on the states and therefore unconstitutional. However, the Court’s decision did not affect the PPACA’s Medicaid expansion for children ages 6 to 18 years. In fact, the PPACA mandates expansion of Medicaid coverage for children at or below 138% of the Federal Poverty Level ($32,270 per year for a family of four).[27] Even though the PPACA does not provide additional funding for youth while they are confined, the rules are especially important for youth leaving a confinement facility and should be clearly understood and included in all reentry planning.

Also, it is not uncommon that youth are eligible for Supplemental Social Security supports, if they have a qualifying disability, or for Social Security Survivor benefits, if they have a parent eligible for Social Security. In many cases, the family or youth has been accessing these funds prior to the youth’s confinement. In any case, reentry planning should include an initial review of eligibility for funds that can help support the youth and family.

Particularly for long-term programs, it is helpful to either link with resources that can help work through these programs and eligibility requirements or designate an internal staff member who can identify potential benefits that can be readily accessible at the time of reentry. Some jurisdictions have provided training in an effort to expand the use of a federal provision that allows a state to hold a youth’s state medical insurance card in suspension during a period of confinement instead of dropping the youth from the medical insurance role. This exception offers the youth access to the medical insurance card upon his or her release from a confinement facility, but many jurisdictions have not yet established the necessary policy or procedures needed to implement this provision.

**Mentoring**

Research has shown that youth with at least one caring adult in their lives, often a mentor, can be the bond that leads to a better future.[28] Mentoring is being used much more frequently as a component of reentry planning for youth. Mentoring relationships should start while a youth is in care and continue when the youth reenters the community.[29] Even short-term programs can link with local programs that may provide follow-up support and mentoring for youth that are most often going to remain in the community. For all types of programs, mentors may become part of the team—helping to develop reentry plans and identifying specific roles that mentors can play to support successful reentry such as providing academic support, engaging the youth in positive pro-social activities, linking youth with pro-social peer groups, and supporting employment.
General concepts for establishing and supporting mentoring programs for confined youth are similar to those for community mentoring programs. Mentoring programs may be coordinated by the facility or by an existing mentoring program in the community. One significant exception is that community-based mentoring programs that serve youth in confinement facilities must operate under the rules and regulations of the facility. Facility-based mentoring programs require a commitment of resources from the confinement facility and a sustainability strategy to ensure that the mentoring relationship continues after release.

NDTAC has defined mentoring as an excellent strategy for reducing recidivism. The organization has produced a Mentoring Toolkit to support educators, treatment staff, reentry workers, and others involved in reentry planning. In addition, the National Mentoring Partnership has technical assistance tools and resources for developing and implementing mentoring services across juvenile justice settings.

Youth have identified mentoring as one of the services that exposed them to careers they never thought possible for them.

One youth says, as she rolls her eyes, “My mentor is there for me all of the time.” (S. C., age 13, Orlando, FL).

A New York youth (E.B.), who sits on the State Advisory Group, describes mentoring as the best thing that happened to him. His mentor expected him to go to college and graduate, something that was not on his radar or that of his family. But, because the mentoring started while E.B. was incarcerated, getting admitted to community college was one of the stated goals in his transition plan. Five years later, he graduated college, had a great job, and continued to advocate for juvenile justice policy. He developed a lifetime connection with his mentor.

Childcare Services for Youth who are Parents

Some youth in confinement have children, and this presents an opportunity to engage them in parenting skills training while in placement. It is important that part of transition planning consider the optimum relationship for a returning youth with their child or children, as in most cases they will continue to play an important role in raising the child. Along with the many stresses and challenges faced by young parents, a plan to pay for quality child care is something that can be part of a reentry plan developed with the transition team, family, and other supports. Depending on the age of the youth and other factors, they may be eligible for state or federal child care support funding (through the Child Care and Development Block Grant program) that can help pay for child care while the parents are involved in education or work activities. Good transition planning can help identify these resources and set the stage for accessing them in a timely way after a youth's release.

Homeless and Abandoned Youth

Every day, a significant number of homeless youth can be found in U.S. confinement facilities, simply on the street, or “couch surfing” (informal, sequential stays with friends). Many jurisdictions have developed juvenile justice foster care placements to create a safety net for homeless youth in the justice system. Other jurisdictions have invested in relationships with child welfare agencies to secure a child welfare placement for younger children transitioning from youth confinement facilities and to state- or county-operated independent living programs for older youth. Depending on the jurisdiction, there may be joint funding available for these placements. Some of these resources and programs are included in the next section on youth who are making the transition from adolescence to adulthood. When juvenile justice and child welfare are part of the same agency, it is much easier to smoothly transition youth from one system to the other, especially when strong agency leadership supports positive outcomes for youth.

Youth Aging out of the Juvenile System

More work has been done recently to address concerns about all youth aging out of juvenile systems—whether the delinquency system or child welfare system. There is nothing magic about reaching the age of majority that ensures a youth can make the transition to adulthood successfully. In fact, what is known about brain development and other traditional adolescent development tasks suggests otherwise—that the field needs to do a better job supporting youth into their early 20's.

A good summary of issues facing youth who are aging out of the juvenile system is provided in a report released in 2009, entitled Back on Track: Supporting Youth Reentry from Out-of-Home Placement to the Community. The report also highlights the importance of stable housing; dealing with some of the collateral consequences of system involvement such as scattered education or work history, or a record that may limit employment opportunities; and components of youth reentry services.
For youth living in foster care, supports may continue beyond age 18, as long as they are engaged in educational programs; other youth may be involved in a variety of independent living programs. Federal funding through Transitional Living Program grants can help support youth, in some cases up through age 22. Federal funding for the Serious and Violent Offender Reentry Initiative (SVORI), development of the Intensive Aftercare Program (IAP) model and research, Youth Opportunity Grants, and the more recent Second Chance Act[33] have all been focused on helping youth through a critical transition from late adolescence to young adulthood, recognizing that these youth often do not have the same kind of opportunities and supports that non-system youth may be able to access.

As with other aspects of reentry, programs must ensure that information about these types of resources is available during the planning phase, either through developing in-house expertise, linking with local resources or experts who are knowledgeable about available resources, or linking with experts and resources in the youth’s home community. More information about transitions for youth that can help guide practice in this area is available through the U.S. Department of Health Administration for Children and Families Child Information Gateway.[34]

In short, although resources may be limited, helping youth make the transition to adulthood needs to be everyone’s job, no matter what official role an individual may play in the system. Failure to do so significantly increases the likelihood that youth will fall through the cracks and end up reoffending.

**Conclusion**

Adhering to good transition and reentry planning in long-term facilities and applying a reentry framework to programming in both short- and long-term programs are among the most critical components of promoting success for young people involved in the justice system. These services work best when they are integrated, coordinated, and comprehensive. The opportunity to help youth connect to age-appropriate services and support in the community can serve to guide youth with a troubled past onto a path that leads to success and self-sufficiency.

**References**

42 C.F.R. § 435, 1008–1009.

42 C.F.R. § 441.1 Subpart B, “Early and Periodic Screening, Diagnosis and Treatment (EPSDT) of Individuals Under Age 21.” 441.50–441.62.


**Bibliography**


**Endnotes**


[9] Ibid.


[17] NDTAC, “Transition Toolkit 2.0: Meeting the Education Needs of Youth Exposed to the Juvenile Justice System.”


42 C.F.R. § 435, 1008–1009.


In 2012, the National Mentoring Partnership, the National Partnership for Juvenile Services, and Global Youth Justice, in a project funded by OJJDP, conducted research for the purpose of identifying best practices for referring youth to mentoring from six juvenile justice settings: Detention, Corrections, Probation, Delinquency Court, Teen Court/Youth Court, and Dependency Court. The team developed technical assistance tools in response to research findings and are available on the National Mentoring Partnership website at http://www.mentoring.org/program-resources/start-a-program/.


More information about various reentry programs is available on the National Reentry Resource Center of the Council of State Governments website at https://csgjusticecenter.org/cj/category/reentry/nrrc/.

U.S. Department of Health and Human Services, “Transition to Adulthood and Independent Living”