

**YOUTH REENTRY:
YOUTH DEVELOPMENT, THEORY, RESEARCH AND
RECOMMENDED BEST PRACTICES**

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A Project of the Youth Reentry Task Force
A Member of the Juvenile Justice and Delinquency Prevention Coalition

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Executive Summary

Each year approximately 200,000 youth under age twenty-four exit the juvenile and criminal justice systems, often discharged back to families struggling with domestic violence, substance abuse, unresolved mental health disabilities, and poverty. Many youth are placed back into neighborhoods with few supportive programs, high crime rates, and poorly performing schools. National crime rates are higher and public safety is compromised because many youth exiting detention are not afforded necessary supportive services when reentering their communities. If our nation hopes to reduce levels of youth delinquency, then we must establish a national policy agenda which supports reentry services to connect youth with meaningful opportunities for self-sufficiency and community integration.

Juveniles and young adults enter detention during a key developmental phase of adolescence. Lacking the necessary skills to cope with adult responsibilities when they leave detention, many youth face unemployment and homelessness upon release. Plans are rarely in place to support youth as they exit confinement and reintegrate back into their family, school, and community. Reentry services and aftercare programs for youth who are exiting custody can reduce recidivism. By fostering improved family relationships and functioning, reintegration into school, and mastery of independent life skills, youth build resiliency and positive development to divert them from delinquent and other problematic behaviors. This issue brief is jointly published by members of the Juvenile Justice and Delinquency Prevention Coalition to raise awareness and encourage investment of resources to expand reentry services nationally. This issue brief outlines the concept of reentry services in theory and practice, offers a review of federal policy previously enacted to support reentry, suggests opportunities for improvements in public policy, and reviews promising initiatives underway.

Overview of Juvenile Reentry Theory and Programmatic Approach

Reentry refers to “the process and experience of reentering society after a term of incarceration.” Reentry programming often utilizes comprehensive case management services to assist youth in acquiring the life skills and resources needed to succeed in the community and preventing

recidivism. Typical goals for community-based reentry services include: social integration into family and community systems of care, reduction in recidivism, housing stability, advancements in school, obtainment of employment, and mastery of life skills.

Reentry services can be initiated before release from detention in the form of discharge planning that secures mainstream, health, educational, and vocational resources. Planning in these areas can reduce some or all of the barriers to reentry and troubleshoot challenges within the youth's family home.

Offering reentry services is paramount given the fact that most juvenile delinquents come from histories of abuse or neglect, often engage in petty, nonviolent crimes, and remain in detention for only short periods of time. Not only is incarceration and locked detention a costly endeavor, it fails to significantly reduce future recidivism and has a harmful impact on the youth's cognitive development.

Congressional Leadership and Federal Policy Exploring Juvenile Reentry

Congress has already shown leadership in enacting federal legislation supportive of reentry services for various vulnerable subpopulations. During the 1990s, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) funded the Intensive Aftercare Program (IAP), which was designed to assist the most high-risk young offenders and prevent them from reoffending. In 2000, the U.S. Department of Labor funded 36 high-crime, low-income communities around the nation to create Youth Opportunity Centers as "safe havens" for youth ages 14 to 21. In 2003 and 2004, the Serious and Violent Offender Reentry Initiative (SVORI), funded 89 reentry programs around the nation to promote self-sufficiency among juveniles and adults through reentry grants to the community, better supervision, and improved interagency collaborations. Also, the Second Chance Act (Public Law 110-199), which was signed into law on April 9, 2008, authorizes \$165 million in federal spending on reentry, including competitive grants to government agencies and nonprofit organizations to provide employment assistance, substance abuse treatment, housing, family programming, mentoring, victims support, and other services

that can help reduce recidivism. However, none of these worthwhile federal policies have received sustained support.

Finally, Congress has invested heavily in reentry services for former foster youth. In 1999, Congress enacted the Foster Care Independence Act which created the Chafee Foster Care Independence Program. The Chafee Foster Care Independence Program offers assistance to help current and former foster care youth achieve self-sufficiency. In FY2009 \$200 million was appropriated for independent living services funding and education and training vouchers. The Youth Reentry Task Force calls on Congress to address the inequity of offering support to former foster youth to the exclusion of youth discharged from juvenile justice. The necessity to address the inequity is compelling when one considers that Congress appropriates \$200 million for the 25,000 youth aging out of foster care each year but offers no dedicated funding for the 200,000 youth transitioning from juvenile justice placements annually.

Principles for Effective Youth Reentry Programs

Rigorous, scientific study and research on the efficacy of reentry services for youth is lacking. However, programs offering services have existed for a couple of decades in local jurisdictions and outcome data shows substantial decreases in recidivism and positive advances in education and employment for youth who access reentry supportive services. This issue brief concludes with a review of promising models from across the country. Furthermore, the juvenile justice field has identified principles and promising practices in reentry services.

- (a) pre-release planning;
- (b) reentry services in the community where returning youth live;
- (c) reentry services must proactively address developmental deficits;
- (d) focus on permanent family/guardianship connections;
- (e) recognition of diverse needs of returning youth;
- (f) structured workforce preparation, employment, and school attendance; and
- (g) better use of leisure time.

Recommendations for Federal Leadership in Youth Reentry

Research, evidence-informed program data, and promising practices, the Youth Reentry Task Force makes the following national policy recommendations:

1. Strengthen the Juvenile Justice and Delinquency Prevention Act
 - a. Require a written case plan for each juvenile, based on an assessment of the needs of the juvenile and developed and updated in consultation with the juvenile and his or her family
 - b. Obligate, where appropriate, a hearing in family or juvenile court that is held *at least* 30 days before a youth's release
 - c. Enact federal policies ensuring that discharge planning and procedures are completed in a timely fashion and do not delay a juvenile's release from custody; and
 - d. Secure state cooperation in providing technical assistance to local grantees on utilizing federal funds for reentry services and programs.
2. Eliminate barriers to needed medical and mental health access for reentering youth.
3. Fund Youth Reentry Grants to local community- and faith-based organizations to offer a broad spectrum of service capable of meeting diverse local needs.

Communities across the United States are searching for resources to reduce youth crime and offer programs to support positive youth development. The principles, outcome data, and promising models outlined in this issue brief offer a compelling argument that now is the time for a national policy supporting reentry services for juvenile offenders. The Youth Reentry Task Force looks forward to working with Congress, the new administration, and local jurisdictions to expand the supply of reentry supports to ensure social integration of vulnerable youth as they transition to community settings.

Introduction

Each year approximately 200,000 youth under age twenty-four exit the juvenile and criminal justice systems. Due to numerous and repetitive periods of detention many of them have spent almost one-third of their lives in secure confinement.¹ Youth are often discharged from care back to families struggling with domestic violence, substance abuse, unresolved mental health disabilities, and households with extremely low income. Many youth are placed back into neighborhoods with few supportive programs, high crime rates, poverty, and poorly performing schools. The administration of juvenile justice in states and localities should require the establishment of a reentry enterprise for juveniles exiting juvenile justice placements to reduce unacceptably high rates of recidivism and improve educational, health, vocational, and housing stability outcomes for youth adults.

National crime rates are higher and public safety is compromised because many youth exiting detention are not afforded necessary supportive services when reentering their communities. The failure to systematically offer life skills training, employment assistance, counseling, residential care, and school reentry assistance exacerbates barriers to reentry and leads many to reoffend. Reduction in crime and public costs for jails and detention facilities would be significantly reduced if resources were offered for productive reentry services to juveniles discharged from detention.

Juveniles and young adults enter detention during a key developmental phase of adolescence. Lacking the necessary skills to cope with adult responsibilities when they leave detention, many youth face unemployment and homelessness upon release. Within twelve months of their reentry to the community, one study found that only 30% of youth were involved in either school or work.² Studies of homeless youth demonstrate the connection between youth homelessness and contacts with the juvenile and criminal justice systems. In a recent survey of homeless youth between the ages of 10 and 17, the Wilder Research Center found that 46 percent had been in a

¹ Snyder, H. N. (2004). An empirical portrait of the youth reentry population. *Youth Violence and Juvenile Justice*, 2(1), 39-55.

² Burllis, M. Yovanoff, P., Mueller, G. & Havel, E. (2002). Life on the "Outs": Examination of the Facility-to-Community Transition of Incarcerated Adolescents. *Exceptional Children*, 69, 7-22.

correctional facility, and of those, 44 percent exited into an unstable housing situation.³ Considering that recidivism rates range from 50 to 70% in some localities, the United States must offer greater attention to reentry support to ensure youth have the best possible chance at leading a delinquency-free life upon their return to the community.

Plans are rarely in place to support youth as they exit confinement and reintegrate back into their family, peer group, school, and community. This is a gap in services that contributes greatly to reoffending. One author notes: “Many within the justice system, the human services system, and the community have come to recognize that returning young people to their communities with only marginal investments in their rehabilitation and little support for their positive integration into community life is a recipe for failure.”⁴ Many youth do not have the necessary skills to succeed back in their communities, and also lack awareness of or access to aftercare services and programs. It is no surprise that so many young offenders fail to complete school or find work, become homeless, or reoffend, only to return to secure confinement.

Congress recognized the importance of reentry services for foster youth emancipating from out-of-home placements, especially the support for youth in their educational and vocational goals, through the Chafee Foster Care Independence Act (P.L. No. 106-109, 1999). Given the unique needs and challenges for youth offenders in reintegrating into community life, there is little reason to deny youth exiting juvenile justice placements the same level of support and investment as foster youth.

Reentry services and aftercare programs for youth who are exiting custody can reduce recidivism. By fostering improved family relationships and functioning, reintegration into school, and mastery of independent life skills, youth build resiliency and positive development to divert them from harm and delinquent and other problematic behaviors.⁵ This issue brief

³ Owen, G., Heineman, J. and Decker Gerrard, M. (2007). Overview of Homelessness in Minnesota 2006: Key Facts From the Statewide Survey. St. Paul: Wilder Research Center. Available online:

<http://www.wilder.org/download.0.html?report=1963>; Owen, G., Heineman, J. and Decker Gerrard, M. (2005). Homeless Youth in Minnesota: 2003 Statewide Survey of People without Permanent Shelter. St. Paul: Wilder Research Center. Available online: <http://www.wilder.org/download.0.html?report=410>.

⁴ Harris, L. (2006). *Making the Juvenile Justice Workforce System Connection for Re-Entering Young Offenders*. Washington, D.C.: Center for Law and Social Policy.

⁵ Gunn, A., & Peterson, J. (2007). *CEO's Young Adult Program: Engaging Formerly Incarcerated Young Adult*

outlines the concept of reentry services in theory and practice, offers a review of federal policy previously enacted to support reentry, suggests opportunities for improvements in public policy, and reviews promising initiatives underway.

Reentry Theory and Research

Reentry refers to "...the process and experience of reentering society after a term of incarceration."⁶ Reentry programming often utilizes comprehensive case management services to assist youth in acquiring the life skills and resources needed to succeed in the community and preventing recidivism. A variety of program services or models are employed in the reentry process, including thorough discharge planning, prerelease programs, drug rehabilitation and vocational training, work programs, housing, and life skills training. Typically, youth reentry includes services tied to achieving the following outcomes:

- Social integration into family and community systems of care;
- Reduction in recidivism;
- Advancement in school or educational studies;
- Mastery of life skills for greater self-determination;
- Development of healthy relationships;
- Residential or housing stability; and
- Connection to stable employment or vocational training.

Reentry services can be initiated before release from detention in the form of discharge planning that secures education, employment or vocational training possibilities, health care, housing, and family reunification, rehabilitation, mental health, and public benefits enrollment/reenrollment, vocation services for the individual. Planning in these areas can reduce some or all of the barriers to reentry in order to help create a stable life where reoffending is greatly reduced. A stable life includes enrollment in school (if appropriate), employment, a nurturing, secure place

People in the Workforce. New York City: Center for Employment Opportunities; Western, B. (2008). *From Prison to Work: A Proposal for a National Prisoner Reentry Program*. Washington, D.C.: The Brookings Institution.

⁶ Mears, D. & J. Travis. (2004). *The Dimensions, Pathways, and Consequences of Youth Reentry*. Washington, D.C.: Urban Institute.

to live, assistance with resolving substance abuse problems, mastery of life skills, and learning how to create healthy, positive relationships. However, even with the best discharge planning, unforeseen challenges and family crisis may develop. Any reentry resources will require ongoing delivery of service to youth once they are placed back into the community.

Implementation of reentry services for juvenile offenders is partially obstructed by an insufficient array of evaluation of reentry programs, services, and outcomes for youth in the juvenile justice system. The rigorous research that has been completed has not conclusively identified best practices or identified which essential service components are necessary to reduce recidivism and enhance positive youth development. The result is that current reentry programs are based on limited research and theory.

There is modest evidence in support of the perspective that a lack of post-release mental health services has a positive impact on reoffending. Researchers from the University of Washington collaborated with the Juvenile Rehabilitation Administration, (the state's juvenile justice administration office) during the late 1990s to identify and prioritize the mental health needs of all incarcerated youth so that at discharge, transition plans were set in place and managed by the corrections staff as well as the parole officers in the community. Unfortunately, plans were not implemented as designed for a variety of reasons, so some youth received post-release services while others did not. Despite this unfortunate outcome, it allowed for a natural experiment environment where recidivism could be measured among those who received services and compared to those who did not.

Researchers examined the post-release treatment of 44 youth released from the Washington state juvenile justice custody. Treatment measures included: mental health services, substance abuse services, financial support such as Medicaid, school, prospects for employment, housing, medical care, child and family services, and parental support. Two positive outcomes were identified: those who received mental health treatment within the first three months of release were less likely to **recidivate** (defined in this study as adjudicated for a new offense), and those with co-occurring mental health and substance abuse disorder who received *extensive* discharge

Comment [r1]: Do we have a percentage for the drop in recidivism? If it's a large comparative drop we may want to say the percentage...

planning had lower rates of reoffending.⁷ Another fortunate outcome of this study was the enactment of state legislation which established availability of funds for evidence-based transition intervention programs for youth exiting detention with co-occurring disorders.⁸

However, despite the lack of rigorous study, there are effective community-based reentry programs exhibiting positive outcomes for youth. This issue brief highlights important findings from these programs to encourage expansion and replication of best practices from the field. Principles of effective reentry services can serve as guides toward building best practices for youth reentry, and a solid research base is growing from investigations of lessons learned within the adult reentry population. As juvenile recidivism rates hover between 50%-70% in many jurisdictions,⁹ there is a growing urgency to support offenders as they leave the system. Several members of the U.S. Congress have recently hosted hearings, forums, and briefings to discuss how best to support the reentering community. Although most attention has been directed to adults, much can be learned from these experiences and transferred to the youth population.

Characteristics of Youth in Detention

In 2006, 92,854 youth were held in public and private detention facilities.¹⁰ The typical sentence length is 4-6 months, though longer and shorter sentences are frequent as well. Some characteristics of youth in detention follow.

1. The Vast Majority of Juvenile Offenses are Nonviolent.

Nearly three-quarters of juveniles in detention are held for nonviolent offenses.¹¹

- 34% are person-related offenses,
- 25% are property,
- 9% are drug-related,

⁷ Trupin, E., Turner, A., Stewart, D., & Wood, P. (2004). Transition Planning and Recidivism among Mentally Ill Juvenile Offenders. *Behavioral Sciences and the Law* (22), 599-610.

⁸ [cite legislation]

⁹ Annie E. Casey Foundation (2008). 2008 KidsCount Essay: A Map for Juvenile Justice Reform. Baltimore: Annie E. Casey Foundation.

¹⁰ Sickmund, Melissa, Sladky, T.J., & Kang, Wei. (2008) "Census of Juveniles in Residential Placement Databook." Online. Available: <http://www.ojjdp.ncjrs.gov/ojstatbb/cjrp/>

¹¹ Ibid.

- 11% are public order offenses,
- 16% are held for technical violations of probation; and
- 5% are held for status offenses.¹²

2. *Youth of Color are Disproportionately Impacted at all Levels of the Juvenile Justice System.*

In terms of racial and ethnic distribution, youth of color are significantly overrepresented in residential placements:¹³

- 25% of youth in residential placement are White,
- 40% are African American; and
- 20% are Latino.¹⁴

According to research by the Urban Institute, youth of color may "...confront distinct types of discrimination compared to adults and the experience of discrimination may affect them differently."¹⁵ Therefore, upon exit from detention, youth of color may face more challenges than white youth in the reintegration process. The impact of race and ethnicity on reentry success should be taken into account in planning and implementing reentry programs.

3. *Overlap between Child Welfare and Juvenile Justice Youth.*

Social scientists have long recognized that the histories of youth offenders often parallel the histories of child in the child protection and foster care system. Both juvenile offenders and foster care youth enter out-of-home placement due to histories involving family dysfunction, physical abuse, sexual abuse, and chronic neglect.¹⁶ Juveniles often engage in delinquent behavior as a response to family problems such as abuse, neglect, poverty, unemployment, substance abuse, and mental health disorders. One study found that neglect and child abuse

¹² Ibid.

¹³ Dighton, D. (2003). Minority Overrepresentation in the Juvenile and Criminal Justice System. Available: <http://www.icjia.state.il.us/public/pdf/compiler/summer2003.pdf>.

¹⁴ Sickmund, Melissa, Sladky, T.J., and Kang, Wei. (2008) "Census of Juveniles in Residential Placement Databook." Online. Available: <http://www.ojjdp.ncjrs.gov/ojstatbb/cjrp/>

¹⁵ Mears, D. P., & Travis, J. (2004). *The Dimensions, Pathways, and Consequences of Youth Reentry*. Washington, D.C.: Urban Institute.

¹⁶ Cohen, R., Parmelee, D., Irwin, L., Weisz, J., Howard, P., Purcell, P. and Best, A. (1990). Characteristics of Children and Adolescents in a Psychiatric Hospital and a Correctional Facility. *Journal of the American Academy of Child and Adolescent Psychiatry*, 29, 909-113. As cited in Lyons, J. S., Barger, D. R., Quigley, P., Erlich, J., & Griffin, E. (2001). Mental Health Service Needs of Juvenile Offenders: A Comparison of Detention, Incarceration, and Treatment Settings. *Children's Services: Social Policy, Research, and Practice*, 4(2), 69-85.

increase the risk of any arrest of a juvenile by 55% and the risk of committing a violent crime by 96%.¹⁷ Recent improvements to two federal laws (JJDP and the Child Abuse Prevention and Treatment Act) seek to address this overlap through promoting better communication across systems and improvements in service delivery. However, these changes to federal law fail to address reentry of youth offenders back to the community. The systems should work together to identify and respond to the needs of youth in multiple systems. A study of youth in runaway shelters in the state of Washington found that 28% were currently involved with the juvenile justice system.¹⁸

4. *Young People with Mental Health Disorders Frequently End up in the Juvenile Justice System.*

Youth in detention often suffer from mental health disorders. In fact, more than half of youth in detention report suffering from major depression and almost two-thirds report suffering from anxiety.¹⁹ Approximately two-thirds acknowledge regular drug use.²⁰ Sixty-six percent (66%) of boys and 74% of girls in the juvenile justice system meet the criteria for at least one mental disorder, according to a recent epidemiological study of psychiatric illness prevalence among youth in detention.²¹ Reports from the juvenile justice field often note the significant challenges faced by youth offenders with mental health disabilities in navigating social settings after secure confinement and the lack of appropriate referrals for treatment. Furthermore, many youth are discharged without health insurance coverage.

5. *Cognitive Development Is Often Delayed Among Delinquent Youth.*

¹⁷ Windom, C.S. (1989). Does Violence Beget Violence? A Critical Examination of the Literature. *Psychological Bulletin*, 106(1), 3-28.

¹⁸ Estes, R.J. and Weiner, N.A. (2001). *The commercial sexual exploitation of children in U.S., Canada, and Mexico*. Philadelphia, PA: University of Pennsylvania. Available online:

<http://www.ssw.upenn.edu/~restes/CSEC.htm>

¹⁹ Sickmund, M. (2005, April). New survey provides a glimpse of the youth reentry population. *Corrections Today*.

²⁰ Snyder, H. N. (2004). An Empirical Portrait of the Youth Reentry Population. *Youth Violence and Juvenile Justice*, 2(1), 39-55.

²¹ Teplin, L.A., Abram, K.M., McClelland, G.M., Dulcan, M.K., & Mericle, A.A. (2002). Psychiatric Disorders in Youth in Juvenile Detention. *Archives of General Psychiatry*, 59(12), 1133-1143.

More than half of youth in detention have not completed the 8th grade.²² Research also shows that many delinquent youth are developmentally behind their peers, and are more likely to have learning disabilities.²³ Some estimate that as many as 70% of youth involved in the juvenile justice system have learning disabilities.²⁴ The presence of learning disabilities has been established as a correlate of juvenile delinquency, but insufficient attention is paid to the additional challenges learning disabled-youth face upon reentry. When they reenter their communities from secure confinement this group face associated challenges in addition to typical barriers.²⁵

The prevalence and combination of low-educational attainment, lack of employment experience and skills, substance abuse, mental health problems, unstable families and living conditions, and homelessness compounded with lack of life experiences can create very unstable lives for youth upon release.

In addition to these issues, at-risk and delinquent youth lack self-esteem, a positive attitude, and motivation. Many have not lived independently, and they have a concept of time that makes a relatively short sentence seem like forever.²⁶ Finally, since most youth have never lived independently, many of them return to their families in communities where poverty, unemployment, homelessness, drug addiction, and crime are endemic.

Collateral Consequences Associated with Holding Youth in Detention

Removal of youth from their homes and communities and into detention can exacerbate delays in positive youth development, social skills, mental health, and learning. Just as there are collateral

²² Roy-Stevens, C. (2004). *Overcoming Barriers to School Reentry*. Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention.

²³ Quinn, M. M., Rutherford, R. B., Leone, P. E., Osher, D. M., & Poirier, J. M. (2005). Youth with Disabilities in Juvenile Corrections: A National Survey. *Exceptional Children*, 71.

²⁴ Leone, P. (1995). *Understanding the Over Representation of Youths with Disabilities in the Juvenile Justice System*. 3 D.C. Law Review 389.

²⁵ Chung, H.L., Little, M., & Steinberg, L. (2005). The Transition to Adulthood for Adolescents in the Juvenile Justice System: A Case of "Arrested" Development. In W. Osgood, M. Foster, & C. Flanagan (Eds.), *On Your Own without a Net: The Transition to adulthood for vulnerable populations*. Chicago: MacArthur Research Network on Transitions to Adulthood.

²⁶ Mears, D. P., & Travis, J. (2004). *The Dimensions, Pathways, and Consequences of Youth Reentry*. New York: Urban Institute.

consequences for adults who spend time in prisons and jails, there are collateral consequences for juveniles. Youth face different consequences than adults.

Education

Attendance at school is a strong protective factor against delinquency; youth who attend school are much less likely to commit crime in the short-term and also in the long-term. In most states, access to public education is statutorily required. More than half of youth in detention have not completed the 8th grade and two-thirds of those leaving formal custody do not return to school.²⁷ Emphasis on returning to school upon exit from detention should be a high priority for any reentry initiative.

Reenrollment in school for youth exiting detention is sometimes challenged. Some schools place obstacles to reenrollment for formerly incarcerated youth because these youth are considered difficult to manage, particularly as there is more pressure on schools to excel through performance on standardized test scores. What is more, in many instances schoolwork completed by youth in detention is not counted by the school toward credit completion. Some point out the incongruity in the fact that there is a federal policy on school exclusion (for instance, the Gun Free Schools Act requires expulsion for weapons offenses) but there is no federal policy on school reentry.²⁸

In the absence of federal policy, some states have enacted laws which create clear obstacles for youth attempting to re-enroll in high school upon reentry. In 2002, the Pennsylvania legislature amended its school code to allow Philadelphia public schools to exclude youth who had been in secure placement or who were on probation from returning to the regular classroom. Instead, these youth were to be enrolled in an alternative education setting. In 2005, the Supreme Court in Pennsylvania ruled this to be unconstitutional under the 14th Amendment's Due Process clause.²⁹

²⁷ Roy-Stevens, C. (2004). *Overcoming barriers to school reentry*. Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention.

²⁸ Schwartz, R. (2009). The Paradox of Juvenile Justice and Poverty. *Georgetown Journal on Poverty Law and Policy*.

²⁹ *D.C., K. C., & K. J., v. School District of Philadelphia (2005)*.

Students can be placed in alternative schools only after an individualized assessment of their education needs, but cannot be categorically excluded from public schools.

Employment

Employment is another very strong predictor of criminal behavior. Individuals who have a job are less likely to commit crime, as evidenced by the findings in numerous studies on the subject.³⁰ Yet, when formerly incarcerated offenders seek employment, they encounter obstacles. When surveyed about willingness to hire members of various “stigmatized” groups (e.g., those on welfare, those with no formal education), those with a criminal record “...find themselves at the bottom of the employment hierarchy.”³¹ Moreover, the months or years they spend out of the labor force while in detention, jail, or prison, places them at a distinct disadvantage in finding a job.

The time spent in detention is generally not spent preparing this group for employment, despite the protection employment serves against future offending. Some have noted that in residential settings, vocational programming designed to prepare young inmates for a job upon release were not accompanied by any industry certification, or associated with high-growth jobs in the communities where the youth would be returning.³²

Health Care

Youth who engage in delinquency frequently cope with myriad of medical, mental, and substance abuse issues. It is widely known that those who enter the juvenile justice system commonly suffer from co-occurring mental illnesses, learning disorders, substance abuse

³⁰ Uggen, C., & Thompson, M. (2003). The Socioeconomic Determinants of Ill-Gotten Gains: Within-Person Changes in Drug Use and Illegal Earnings. *American Journal of Sociology* 109 (1): 146-185; Bushway, S., & Reuter, P. (2001). Labor Markets and Crime. In *Crime: Public Policies for Crime Control*. 3rd Ed. James Q. Wilson and Joan Petersilia, Eds. Oakland: Institute for Contemporary Studies Press.

³¹ Travis, J. (2005). *But They All Come Back: Facing the Challenges of Prisoner Reentry*. Washington, D.C.: Urban Institute.

³² Schwartz, R. (2009, March 26). *Keynote Address*. Presented at the Symposium on the Intersection of Juvenile Justice and Poverty. Washington, D.C.: Georgetown University Law Center.

problems, and/or cognitive disorders which coincide with and, in many cases, amplify the tendency to encounter problems with the law.³³ Some research finds that more than 60% of youth in the juvenile justice system meet the criteria of at least three mental health disorders.³⁴

Medicaid is available to low-income youth, including youth in juvenile justice out-of-home placements, to provide eligible youth with access to necessary medications, health care, mental health treatment, and substance abuse treatment.³⁵ While data have not been gathered on the proportion of juveniles in detention who use Medicaid, the fact that Medicaid provides health coverage to roughly half of the nation's low-income children³⁶ suggests a substantial overlap between the juvenile justice population and the population of youth receiving Medicaid benefits. In Jefferson Parish, Louisiana, it is estimated that 79% of arrested youth receive their health care services through the Medicaid or the State Children's Health Insurance Program (SCHIP).³⁷

Research consistently finds that recidivism often occurs just after release, sometimes within a few days. The transition from secure custody to the community is a critical time where necessary supports should be in place to provide necessary medical attention.

Federal law restricts the use of Medicaid dollars (i.e., federal financial participation, or FFP) for any "inmates of a public institution."³⁸ However, federal law does *not* mandate that coverage be terminated, though many states have interpreted it as such. A study conducted by the Council of State Governments found that 46 states and two territories have policies that require termination

³³ Cuellaer, A. E., Kelleher, K., Rollis, J.A., and Pajer, K (2005). Medicaid Insurance Policy for Youths Involved in the Criminal Justice System. *American Journal of Public Health*. 95 (10): 1707-1711; Cocozza, J., Skowrya, K. (2000). Youth with Mental Health Disorders: Issues and Emerging Responses. *OJJDP Journal* 7(1); Otto, R., Greenstein, J., Johnson, M., Friedman, R. (1992) *Prevalence of Mental Disorders Among Youth in the Juvenile Justice System*. In Cocozza, J. (Ed.) *Responding to the Mental Health Needs of Youth in the Juvenile Justice System*. Seattle, WA : National Coalition for the Mentally Ill in the Criminal Justice System.

³⁴ Shufelt, J., and Cocozza, J. (2006). *Youth with Mental Health Disorders in the Juvenile Justice System: Results from a Multi-State Prevalence Study*. Delmar: National Center for Mental Health and Juvenile Justice.

³⁵ Cuellaer, A. E., Kelleher, K., Rollis, J.A., and Pajer, K (2005). Medicaid Insurance Policy for Youths Involved in the Criminal Justice System. *American Journal of Public Health*. 95 (10): 1707-1711; Cocozza, J., Skowrya, K. (2000).

³⁶ Kaiser Commission on Medicaid and the Uninsured. *Health Coverage for Low-Income Children*. Washington, DC: Kaiser Family Foundation. Available online at: www.kff.org/uninsured/upload/2144-05.pdf.

³⁷ Hanlon, C., May, J., and Kaye, N. (2008). *A Multi-Agency Approach to Using Medicaid to Meet the Mental Health Needs of Juvenile Justice-Involved Youth*. Washington, DC: National Academy for State Health Policy.

³⁸ Judge, D. L. (2004). Federal Benefits for Individuals with Serious Mental Illnesses Who Have Been Incarcerated. *Bazelon Center for Mental Health Law*. Washington, D.C. Also see 42 CFR §§ 1396d(a)(27)(A).

of Medicaid supports for incarcerated individuals.³⁹ States design and administer their Medicaid programs within broad federal regulations; they may choose to terminate enrollment or may choose to suspend eligibility.

In 2003, state-level data from juvenile justice agencies and Medicaid agencies in 46 states and the District of Columbia, as well as from local agencies in 34 different states, were collected via telephone survey to examine variation in Medicaid disenrollment policies and procedures for detained youth at the pre-adjudicatory stage.⁴⁰ Researchers found that 13 state juvenile justice agencies have a policy in place that automatically terminates Medicaid-enrolled youth in pre-adjudicatory detention, and half of the state Medicaid agencies had a termination policy in place. Upon release from detention, only 26% of state Medicaid agencies and 13% of state juvenile justice agencies attempt to reenroll eligible youth in Medicaid. This is especially troubling given the accompanying finding that 81% of local juvenile justice centers who were interviewed provide only a 1-day supply of medication upon release, and 77% of state agencies supply only up to two day's worth of medication. What is more, fewer than half of youth who were on psychiatric medication at exit were given a refill prescription when they were released.⁴¹

Comment [r2]: As a reader I got hung up on this sentence- something didn't seem right about percentages... is it me?

When youth lose their Medicaid membership while in confinement, it forces them to reapply for benefits upon their release, a process which may take up to 90 days to complete.⁴² This delay seriously threatens one's successful reintegration back into the community and often results in long delays in obtaining vital treatment, medication, and services at a time when they are most

³⁹ Brown, C. (2001). Jailing the Mentally Ill. *State Government News*, p. 28. Available: <http://www.csg.org/pubs/Documents/sgn0104.pdf>.

⁴⁰ Note that Medicaid benefits can and should still be received among youth in pre-adjudicatory detention. The U.S. Code states that Medicaid benefits should still be accessible for those who are in "...public institution for a temporary period pending other arrangements appropriate to his needs..." (See 42 CFR §435.1010). Additionally, youth held in secure confinement in the post-adjudicatory stage are probably even *more* likely to have their enrollment terminated because they are detained for longer periods (usually 4-6 months) than the population studied in this research. However, this study examined policies and procedures as reported by agency representatives, rather than collecting data on actual disenrollment and re-enrollment patterns, so this knowledge remains speculative until research is conducted on convicted youth who are held in confinement. This study also demonstrates the widespread confusion concerning Medicaid eligibility.

⁴¹ Cuellar, A. E., Kelleher, K. J., Rolls, J. A., and Pager, K. (2005). Medicaid Insurance Policy for Youths Involved in the Criminal Justice System. *American Journal of Public Health* (95)10: 1707-1711.

⁴² Brown, C. (2001, April). Jailing the Mentally Ill. *State Government News*, p. 28. Available at: <http://www.csg.org/pubs/Documents/sgn0104.pdf>; Eiken, S. and Galantowits, S. (2004). *Improving Medicaid Access for People Experiencing Chronic Homelessness: State Examples*. U.S. Department of Human Services, Centers for Medicare and Medicaid Services, Disabled and Elderly Health Programs Division.

needed. Gaps in services significantly increase the risk of reoffending and recommitment to an institution.⁴³ Termination of benefits rather than suspension is also associated with greater administrative burdens: an analysis of Medicaid termination and re-enrollment patterns among inmates in Denver County, Colorado found that it takes twice as long to process a new application as it does to reactivate suspended benefits.⁴⁴ The first few days and weeks after detention are the most likely period during which recidivism occurs.

The key advantage of keeping individuals enrolled in Medicaid is that one's eligibility for services can be restored immediately upon release, translating to immediate access to mental health services, substance abuse treatment, and necessary medications. This eases the transition back to the community and increases one's odds for success.

Stable Housing

Youth reentering their communities often struggle to achieve housing stability. Factors contributing to high mobility and residential displacement include: severe and unresolved conflicts with parents, abuse from parents, homeless parents, over-crowding, lack of rental history, income levels insufficient to afford market rate rent, criminal history, and deficits in independent living skills. If juvenile offenders become homeless after discharge, they experience higher risks for reoffending. "Homeless youth are at a higher risk for anxiety disorders, depression, posttraumatic stress disorder (PTSD), and suicide because of the increase exposure to violence while living on their own. Overall, homeless youth are also likely to become involved in prostitution, to use and abuse drugs, and to engage in other dangerous and illegal behaviors."⁴⁵

Many times, youth are released from confinement only to return to families with chemical dependency, physical or sexual abuse, or crime. The communities to which they return are also

⁴³ Bazelon Center for Mental Health Law (2007). *Creating New Options: Training for Corrections Administrators and Staff on Access to Federal Benefits for People with Mental Illness Leaving Jail or Prison*. Washington, DC: Author.

⁴⁴ Fact Sheet in association with SB08-006 in Colorado, "Concerning Suspension of Medicaid Benefits for Persons Confined Pursuant to a Court Order.

⁴⁵ National Alliance to End Homelessness (2007). Available online: www.naeh.org.

often strife with problems. Adults have more independence regarding their mobility upon release, but youth may not. Family reunification is certainly ideal, but this may not make sense in situations where the child will be placed at risk. Sometimes it is best to remove youth from high-crime neighborhoods.⁴⁶ It may be particularly useful for gang-involved youth and those who are especially susceptible to peer pressure.

Family Reunification

Unfortunately, detention facilities often fail to work with families of the detained youth. Many youth released from detention return to families with severe internal conflicts and communities lacking in opportunities for positive youth development or employment. When young adults are released from detention many do not have a home to return to either because they have aged out of foster care or family ties are severed. To demonstrate, two separate studies found that one in four youth (25%) released from foster care, a group home, or juvenile detention center spent their first night either in a shelter or on the street.⁴⁷

Additional Collateral Consequences for Youth in Detention

Some youth also face barriers to civil or social inclusion due to voter disenfranchisement, restitution payments, back child support owed to the state or child's mother, and obstacles to obtaining education, public housing, Medicaid, food stamps, state issued identification and other legal documents. Reentry programs and services that begin pre-release and those offered upon transition best combat these barriers in order to help youth create a stable and normal life upon release to the community.

⁴⁶ West, D.J., & Farrington, D. (1973). *Who Becomes Delinquent?* London: Heineman; Ludwig, J., Duncan, G.J., & Pinkston, J. (2001). Urban Poverty and Juvenile crime: Evidence from a Randomized Housing-Mobility Experiment. *Quarterly Journal of Economics*, 116(2), 655-679; LeBaron, J. (2001). *Examining the Relative Influence of Community Context on Juvenile Offender Post- Confinement Recidivism*. [Unpublished doctoral dissertation.] Rutgers: The State University of New Jersey.

⁴⁷ Clark, R. and Robertson, M.J. (1996). *Surviving for the Moment: A Report on Homeless Youth in San Francisco*. Berkeley: Alcohol Research Group.

Robertson, M.J. (1989). *Homeless youth in Hollywood: Patterns of alcohol use*. Report to the National Institute on Alcohol Abuse and Alcoholism (No C51). Berkeley, Alcohol Research Group.

Reentry for youth who have been transferred to the adult system face additional problems. Juveniles incarcerated in adult facilities are 30% more likely to be rearrested than those retained in the juvenile justice system, both sooner and for more serious offenses.⁴⁸ Incarcerated, juveniles receive significantly less access to age-appropriate rehabilitative, education, or vocation services, than they would in the juvenile justice system. Additionally, programs offered in the adult system are not structured for juveniles, and correctional officers are not aware of developmental differences between youth and adults which require specialized handling and treatment. As a result, individuals sentenced as juveniles and released as young adults exhibit increased negative outcomes than if they had been detained in a juvenile facility.⁴⁹ The adult system must use its opportunity to provide specialized services to these youth while they are incarcerated to lower the chances of re-arrest and strengthen public safety.

Finally, the laws governing whether a juvenile record is sealed (not accessible by the general public) or expunged (destroyed) vary from state to state. In Pennsylvania, for example, the records of youth 14 years old or older may be accessible to the public if the offense would have been considered a felony if committed by an adult. If the youth was 12 or 13 years old at the time of the offense, only certain types of adjudications will result in a record that may be available to the public. And, if the juvenile was previously adjudicated delinquent for an offense mentioned above, and another petition has since been filed, that juvenile's court record will be public regardless of the most recent charge.⁵⁰ Juveniles transferred to the adult system are not protected from any restrictions on record expungement.

History of Federal Support for Reentry in the Juvenile Justice System

⁴⁸ Bishop, D.M., Frazier, C.E., Lanza-Kaduce, L., & Winner, L. (1996). The transfer of juveniles to criminal court: Does it make a difference? *Crime & Delinquency*, 42(2), 171-191.

Fagan, J. (1995). Separating the men from the boys: The comparative impact of juvenile and criminal court sanctions on recidivism of adolescent felony offenders. In J.C. Howell, B. Krisberg, & D.J. Hawkins (Eds.), *A Sourcebook on serious, violent, and chronic offenders* (pp. 238-260). Thousand Oaks, CA: Sage.

⁴⁹ Ryan, L. (2008, October 20). Campaign for Youth Justice testimony before Washington, D.C. City Council, hearing on Bill 17-913, the Juvenile Justice Improvement Act of 2008.

⁵⁰ Shah, R. (2007). *Juvenile Records Expungement: A Guide for Defense Attorneys in Pennsylvania*. Philadelphia: Juvenile Law Center.

Congress has already shown leadership in enacting federal legislation supportive of reentry services for various vulnerable subpopulations. The following is a review of existing policy adopting reentry principles and services.

Serious and Violent Offender Reentry Initiative (SVORI)

Under the Serious and Violent Offender Reentry Initiative (SVORI), 69 state agencies were provided \$110 million in funding through the U.S. Department of Justice in 2003 and 2004 to create criminal and juvenile justice reentry programs. The initiative funded 89 reentry programs around the nation that were aimed to provide quality of life improvements and to promote self-sufficiency among juveniles and adults through reentry grants to the community, better supervision and monitoring, and improved interagency collaborations. Recipients of grants were urged to develop risk instruments, individualized plans for reentry, transition teams, community supports, and graduated sanctions. As the name implies, these grants were targeted toward serious and violent offenders.

A national evaluation of the program was released in 2004.⁵¹ Preliminary outcomes indicate that funds provided to the communities facilitated more funding opportunities and allowed for program activities to be sustained after the grant period ended.⁵² In other words, SVORI was a much-needed catalyst for reentry programs and services. Most (75-90%) participants reported receiving transition services to prepare for their release, and the figures were 50% higher than comparison communities where SVORI grants did not exist. Employment services were the primary services received. Participants also noted that pre-discharge programming was far more frequent than programming post-release. Finally, small but substantively significant improvements across an array of possible outcomes were noted in the large-scale evaluation of SVORI, most notable employment; SVORI participants were 10% more likely to be employed 3 months after release than the comparison group.

⁵¹ Lattimore, P., Brumbaugh, S., Visher, C., Lindquist, C., Winterfield, L., Salas, M., & Zweig, J. (2004). *National Portrait of SVORI: Serious and Violent Offender Reentry Initiative*. Washington, D.C.: U.S. Department of Justice.

⁵² Lattimore, P., and Visher, C. (2009). Prepared Remarks before the U.S. House of Representatives Appropriations Subcommittee on Commerce, Justice, and Science and Related Agencies Regarding Assessment of the SVORI. March 11, 2009, Washington, DC.

Intensive Aftercare Program (IAP)

During the 1990s, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) funded the Intensive Aftercare Program (IAP), which was designed to assist the most high-risk young offenders and prevent them from reoffending. This program has received national attention, and its implementation in Colorado, Nevada, and Virginia was studied by David Altschuler (one of the original program designers), _____ (first name here) Armstrong,⁵³ and researchers at the National Council on Crime and Delinquency (NCCD).⁵⁴ The program emphasized prerelease planning and services, structured, short-term transitional programming and structured, longer-term reintegrative activities that balanced supervision, treatment and services. Despite broad support for the program, evaluations of it produced inconclusive results as to the program's effectiveness. This program is no longer funded.⁵⁵

⁵³ Altschuler, D.M., & Armstrong, T.L. (1994, September). *Intensive Aftercare for High-Risk Juveniles: Policies and Procedures*. Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention.

Altschuler, D.M., & Armstrong, T.L. (1996, December). Aftercare not afterthought: Testing the IAP model. *Juvenile Justice*, 3(1), 15-28.

⁵⁴ Wiebush, R.G., Wagner, D., McNulty, B., Wang, Y., & Le, T.N. (2005). *Implementation and outcome evaluation of the Intensive Aftercare Program: Final report*. Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention.

⁵⁵ It is important to note that both the IAP and the Serious and Violent Offender Reentry Initiative targeted high-risk, serious offenders. However, most offenders are not high risk, serious or violent. In addition, while the SVORI program funded some juvenile programs, this was not the dominant focus. Juvenile justice and public safety will benefit from the establishment of targeted funding for reentry enterprises coupled with positive youth development principles and practices.

Youth Opportunity Grants

In 2000, the U.S. Department of Labor funded 36 high-crime, low-income communities around the nation to create Youth Opportunity Centers as “safe havens” for youth. These centers were developed to be focal points for case management and youth-centered activity for those between 14 and 21 years old. Individual grants ranged from \$3.1 million to \$43.8 million over a five year period. Programs were designed so that youth were connected to education support, workplace and career exposure, youth development activities, and case management support until they completed their academic credentials and successfully transitioned into the labor market or higher education. By the end of 2005, more than 90,000 mostly minority youth were enrolled in the Youth Opportunity program in the 36 communities. Despite promising evaluation findings, funding for this initiative was eliminated in 2005.⁵⁶

While not exclusively targeted at juvenile justice-involved youth, there was a fair amount of overlap, and 62% of the communities had formal referral relationships in place with the juvenile justice systems. Several process evaluations of programs funded with Youth Opportunity Grants have been conducted and find that, until funding was cut, the program was making significant headway in providing post-release services to youth in the juvenile justice system once the right infrastructure was in place. For instance, program officials in Camden, New Jersey determined that the greatest demand for jobs were in the health care, finance, and hospitality industries. They then obtained the requirements for entry-level work in associated trades and created workshops and trainings for reentry youth in these areas. The program also worked with employers to allow for on-the-job-training and employment opportunities.⁵⁷

Second Chance Act

The Second Chance Act (Public Law 110-199), which was signed into law on April 9, 2008, authorizes \$165 million in federal spending on reentry, including competitive grants to

⁵⁶ Harris, L. (2006). Learning from the Youth Opportunity Experience. Washington, D.C.: Center for Law and Social Policy.

⁵⁷ Harris, L. (2006). Making the Juvenile Justice-Workforce System Connection for Re-Entering Young Offenders. Washington, D.C.: Center for Law and Social Policy.

government agencies and nonprofit organizations to provide employment assistance, substance abuse treatment, housing, family programming, mentoring, victims support, and other services that can help reduce recidivism. In fiscal year 2009, two of the ten grant programs authorized by the Second Chance Act received funding: Section 101, which provides funds to state and local governments and Indian tribes for reentry demonstration projects, received \$15 million, and Section 211, which provides funds to nonprofit organizations for mentoring and other transitional services, received \$10 million. Both Sections 101 and 211 authorize funding for programs that provide services to youth under age 18, and the Office of Juvenile Justice and Delinquency Prevention released the first solicitations for both programs in May 2009. For fiscal year 2010, President Obama has requested \$100 million for Second Chance Act programs.

Federal Support for Reentry in the Child Welfare System

The federal government has already invested in youth reentry services, however, only for youth aging out of foster care. In 1999, Congress enacted the Foster Care Independence Act which created the *Chafee Foster Care Independence Program*. The *Chafee Foster Care Independence Program (Chafee Services)* offers assistance to help current and former foster care youth achieve self-sufficiency.⁵⁸ Specifically, the law recognized the vulnerability and special needs of foster youth who may turn 18 with little family or community support and allowed states to: (a) use federal appropriations to increase supportive services to this population, (b) provide services to youth up to age 21, (c) offer educational and housing assistance, and (d) extend Medicaid to foster youth up to age 21.⁵⁹

Grants are offered to states that submit a plan to assist youth in a wide variety of areas designed to support a successful transition to adulthood. Services may focus on education, employment, financial management, housing, emotional or mental health support, and assured connections to caring adults for youth up to age 21 who are aging out of the foster care system. These funds

⁵⁸ P.L. No. 106-169 (1999).

⁵⁹ In 2007, the American Public Human Services Association (APHSA) conducted a study and determined that seventeen states had elected to offer the Medicaid extension to young people up to age 21. The study found that the cost of providing such care is only \$110 to \$350 per youth, per month. Other states may offer continuing health care via extension of foster care residential services to youth beyond the age of 18 or through other state-funded healthcare programs. CITE (see HHS website... or NFCC website...).

(\$120 million annually) are often distributed to local child welfare systems to offer continued services to youth as they age out of foster care services. In addition, \$60 million is allocated by Congress each year from the Education and Training Vouchers Program (ETV) to meet the educational and training needs of youth aging out of foster care. This program offers youth vouchers of up to \$5,000 per year for education expenses and housing rental assistance.

It seems fair that just as Congress offers aftercare services to youth aging out of foster care, they should ensure that aftercare services are available for youth exiting juvenile justice placements. Comparisons between the child welfare system and juvenile justice system illustrates the gap in community-based resources to assist juvenile justice system-involved youth in accessing education, employment, health care, and housing. In addition, it reveals the gaps in knowledge about what happens to youth upon release from detention.

Table 1. Comparison of Child Welfare/Foster Care System to Juvenile Justice System

Issue	Child Welfare/Foster Care System	Juvenile Justice System
Number of youth in care	500,000+	92,854*
Number of youth aging out of system annually	~25,000	Youth do not age out of the system. Approximately 100,000 exit residential care each year.**
Homelessness upon discharge	25 percent	Unknown
Participate in Independent Living Program	100,000	Unknown
Number of youth over the age of 13 in care	250,000	91,647 (only 1,207 are under 13)*
Independent living service funding	\$140 million	None
Education and Training Vouchers (includes housing)	\$60 million	None
Average age of youth in care	11*	16**

*Snyder, H. & Sickmund, M. (2006). Juvenile Offenders and Victims: 2006 National Report. Washington, DC: OJJDP., page 57.

** Youth in residential care, including public and private facilities. Sickmund, Melissa, Sladky, T.J., & Kang, Wei. (2008) "Census of Juveniles in Residential Placement Databook." Available online: <http://www.ojjdp.ncjrs.gov/ojstatbb/cjrp/>

Principles for Effective Youth Reentry Programs

Beyond clinical research, the juvenile justice field has identified principles and promising practices in juvenile justice reentry services. Strategies, programs, and services implemented in various states and localities offered juvenile justice professionals insight into how to connect with youth returning to their communities from incarceration and what core programmatic methodologies and services work. The application of theory and best practice recommendations in local programs and youth-serving systems (juvenile justice, child welfare, foster care, and others) demonstrate that youth reentry programs and services should include the following components:

Pre-Release Planning

Pre-released plans should not be an afterthought. Pre-release programs are most effective if they begin approximately one year prior to release, or immediately upon incarceration if the sentence is less than one year, and transition programs are most effective when they start within three months of release, and should run longer than six months, preferably for at least one year, with follow-up continuing for an additional year. The release plan should be an integral component of the juvenile's detention experience and should be modified throughout his/her detention as circumstances **warrant**.

Comment [r3]: I think we should say more here about what is typically included in the process and plans themselves.

Reentry Services in the Communities where Returning Youth Live

The delivery of reentry services must be strategically placed throughout neighborhoods exhibiting highest needs to allow ease of access and facilitate productive relationship building for returning youth. Building on natural connections and relationships to local persons through community-based and faith-based entities is a common sense best practice. Community-based solutions are beginning to appear as crime is recognized as a community issue. Nonprofit organizations and faith-based organizations are strong providers of youth reentry services, possibly because of their important place in individual communities. "There is compelling evidence to suggest that in many poor communities, faith-based institutions are the strongest,

most rooted institutions remaining, and often the only institutions with both substantial community support and respect outside of the community.”⁶⁰ Reentry services should be provided by those who can connect to youth, like community organizers and members of the faith community.

Reentry Services Must Proactively Address Developmental Deficits

Reentry programs for young adults can address deficits in skills and developmental assets by addressing seven areas of youth life: family and living arrangements (independent living for late adolescents), employment, links to prosocial peers, substance abuse treatment, mental, behavioral, and physical health, enrollment to vocational training and employment, and leisure time and recreation. Given what researchers find about psychological development in young adults, practitioners can take this information into consideration when designing programs to help youth refrain from reoffending.

Focus on Permanency

In-home counseling that engages a youth’s immediate and extended family members in addressing the root causes of delinquency has reduced recidivism by as much as 50 percent in one study.⁶¹ The state of Tennessee uses family-group conferencing to guide permanency for youth people in both the child welfare and juvenile justice systems.

Recognition of Diverse Needs of Returning Youth

The increasing prevalence of girls and women in detention, gross racial disparity in prisons, and continued reports of discriminatory behaviors by system staff and juveniles against girls, African American youth, Latino youth, and lesbian, gay, bisexual, and transgender (LGBT) youth must inform the design of reentry programs and reforms to policy and programmatic practice. Race

⁶⁰ Hartmann, T.A. (2002). Moving beyond the walls: Faith and justice partnerships working for high-risk youth. Philadelphia, PA: Public/Private Ventures.

⁶¹ Juvenile Justice Digest (2002, January 31). Connecticut Family Counseling Plan Reduces Youth Recidivism by 50 Percent.

and ethnicity cannot be ignored in creating reentry programs. Additionally, gender plays an increasingly substantial role in reentry program design as the number of women in prison has increased at almost double the rate of incarcerated men since 1985.⁶² Compared to their male counterparts, female offenders come from lower socioeconomic backgrounds, they suffer from mental health problems at a higher rate, abuse drugs at a higher rate, and they are more likely to have been sexually abused, with nearly 70% of incidents occurring before they turned 18 years old.⁶³ Female offenders are more likely than males to be a parent to at least one child under 18,⁶⁴ and women are incarcerated for drug-related offenses at a higher rate than men, which creates additional barriers to reuniting women with their children. Mothers who are incarcerated for a drug-related offense may require additional services upon release to secure housing and food stamps since in most states drug offenses prevent individuals from obtaining any federal public assistance.

Comment [r4]: What type of incidence do you refer to here? Sexual abuse?

Structured Workforce Preparation, Employment, and School Attendance

All children need structure, monitoring, and guidance.⁶⁵ This may be especially important for youth exiting the juvenile justice system. Youth should not be expected to simply pick up where they left off before confinement and succeed. Instead, special attention is necessary—particularly in the areas of education and employment—to ensure that youth stay on the right track. Youth reentry to school can be a difficult transition; sometimes the previous school no longer wishes to enroll the youth; sometimes peers may be especially cruel. These are risk factors that can spark reoffending and return to detention and so should be address proactively through pre-discharge planning and post-release programming.

Better Use of Leisure Time

⁶² The Sentencing Project. (2007). *Women in the Criminal Justice System: An Overview*. Washington, D.C.: The Sentencing Project.

⁶³ Goodwill Industries International. (2008). *Working beyond Conviction: Goodwill Industries' Call to Action to Ensure Successful Reentry for Ex-Offenders*. Rockville: Goodwill Industries International.

⁶⁴ Glaze, L. E. & Maruschak, L. M. (2008). *Parents in Prison and Their Minor Children*. Washington, D.C.: U.S. Bureau of Justice Statistics.

⁶⁵ Todis, B., Bullis, M., Waintrup, M., Schultz, R., & D'Ambrosio, R. (2001). Overcoming the Odds: Qualitative Examination of Resilience among Formerly Incarcerated Adolescents. *Exceptional Children*, 68(1), 119-139.

Use of leisure time is one final component of reentry programs that may be particularly important for young adults. Use of free time has not been researched exhaustively, but research shows excess leisure time creates trouble for at-risk youth. This awareness supports the use of after-school programs. Recently-released youth are accustomed to highly structured days, and misuse of the freedom that comes with release can lead to rearrest, whether for a new offense or for violation of conditions of release. Violations of probation (i.e., technical violations) account for 16% of detention in youth residential treatment. Altschuler and Brash state: “Young offenders recovering from drug or alcohol abuse often have not had experience filling their time with anything but consuming drugs and being high...a whole new behavior pattern may have to be developed.”⁶⁶

Recommendations for Federal Leadership in Youth Reentry

Strengthen the Juvenile Justice and Delinquency Prevention Act

Although the Juvenile Justice and Delinquency Prevention Act (JJDP A)⁶⁷ governs much of the federal funding for juvenile justice programming in the states, it does not currently allocate funds specifically for reentry. While the JJDP A authorizes the use of federal funds for reentry services, few states and jurisdictions offer comprehensive reentry services given the competing needs of other core services for limited federal appropriations.⁶⁸ Juvenile justice and child welfare experts advocate for stronger language in this important legislation, including the following provisions for individuals leaving custody:

- Require a written case plan for each juvenile, based on an assessment of the needs of the juvenile and developed and updated in consultation with the juvenile and his or her family that:
 - Describes the pre-release and post-release programs and reentry services that will be provided to the juvenile;

⁶⁶ Altschuler, D.M., & Brash, R. (2004). Adolescent and Teenage Offenders Confronting the Challenges and Opportunities of Reentry. *Youth Violence Juvenile Justice*, 2(1), 72-87.

⁶⁷ P.L. No. 93-415 [1974].

⁶⁸ Specifically, the JJDP A allows the use of federal funds for “community-based programs that provide follow-up post-placement services to adjudicated juveniles, to promote successful reintegration into the community” (Section 223 (9)(Q)).

- Describes the living arrangement to which the juvenile is to be discharged; and
- Establishes a plan for the enrollment of the juvenile in post-release health care, behavioral health care, educational, vocational, training, family support, public assistance, and legal services programs, as appropriate;
- Obligate, where appropriate, a hearing in family or juvenile court that is held *at least* 30 days before a youth’s release, and in which the youth has legal representation, which determines the juvenile’s discharge plan including:
 - A determination of whether a safe, appropriate, and permanent living arrangement has been secured for the juvenile and
 - Whether enrollment in health care, behavioral health care, educational, vocational, training, family support, public assistance and legal services, as appropriate, has been arranged for the juvenile; and
- Enact federal policies ensuring that discharge planning and procedures are completed in a timely fashion and do not delay a juvenile’s release from custody; and
- Secure state cooperation in providing technical assistance to local grantees on utilizing federal funds for reentry services and programs.

Eliminate Barriers to Needed Medical and Mental Health Access for Reentering Youth

Much confusion and inconsistency surrounds state policies and practices regarding detained youth’s eligibility for Medicaid.⁶⁹ Federal law does *not* require that states terminate Medicaid benefits for youth during a period of incarceration, but many states still do. In a 2004 letter to the states, the Department of Health and Human Services’ Centers for Medicare and Medicaid Service encouraged temporary suspension rather than termination of benefits among Medicaid-enrolled youth who were in detention. Specifically, the letter stated: “The statutory federal financial participation (FFP) exclusion applying to inmates of public institutions and residents of [Institutes for Mental Disease] affects only the availability of federal funds under Medicaid for health services provided to that individual while he or she is an inmate of a public institution or a resident of an IMD. Thus states should not terminate eligibility for individuals who are inmates

⁶⁹ Hanlon, C., May, J., and Kaye, N. (2008). *A Multi-Agency Approach to Using Medicaid to Meet the Mental Health Needs of Juvenile Justice-Involved Youth*. Washington, DC: National Academy for State Health Policy.

of public institutions or residents of IMDs based solely on their status as inmates or residents.”⁷⁰ Despite the clarity of these instructions, many states still terminate Medicaid instead of suspending benefits for a variety of reasons.⁷¹

To correct for the inconsistency, the federal government should provide that, in the case of any individual who is younger than 18 years of age upon admittance as an inmate to a public institution, and who is less than 25 years of age at the time of release from such institution, --

- States should suspend, rather than terminate, such medical assistance for such individual during such period;
- Youth should be presumed enrolled for such assistance upon release from such institution unless and until there is a determination that the individual is no longer eligible to be so enrolled;
- The institution must work with the appropriate Medicaid office to prepare the youth’s resumption of benefits immediately upon release so as to avoid any gaps in services; and
- The institution should work with the appropriate Medicaid office to enroll youth in Medicaid who were not eligible upon admission, but who will be eligible for Medicaid upon release.

Federal leadership is necessary to clarify the widespread confusion about Medicaid eligibility for incarcerated youth so that state and local Medicaid offices provide continuity of care to youth leaving secure confinement. Most youth have mental health, medical, and/or substance abuse needs upon exit, and many of these youth are eligible for Medicaid. For many, youth only begin to have these needs addressed while in confinement. All steps should be taken to ensure that we do not abandon our children’s needs as they transition back to the community. Continuation of Medicaid enrollment upon release translates to better children’s health and improved public safety though fewer instances of reoffending. It is far less expensive to ensure health care than to pay for the reincarceration of those who reoffend.

⁷⁰ Letter from CMS to State Medicaid Directors May 25, 2004, page 2.

⁷¹ Letter from National Association of State Medicaid Directors to CMS, August 18, 2004, page 1-2.

Fund Youth Reentry Grants

The federal government should provide funds to states and localities to support youth reentry programs dedicated to reducing recidivism and improving outcomes in education, employment, and positive youth development. Model legislation would authorize funding for, at a minimum, the following pre- and post-release services:

- Individualized discharge planning,
- Life skills training, including parenting skills training,
- Training in budgeting and financial management,
- Substance abuse prevention,
- Mental health counseling,
- Preventive health activities,
- Assistance in applying for income assistance and health insurance;
- Education, training, and social services;
- Post-secondary education and training preparation;
- Mentoring;
- Post-release financial, housing, counseling, employment, education, health, mental health, and public benefit services
- Community service and victim impact programming; and
- Education and training vouchers.

The Office of Juvenile Justice and Delinquency Prevention historically showed an interest in supporting reentry endeavors. The OJJDP would offer administration of the funding and evaluate programmatic methodologies and outcomes to ensure services provide positive outcomes to youth, families, and communities.

Appendix A: Promising or Innovative Programs for Youth Reentry

The programs described below are a sample of promising initiatives in the states. The first section is devoted to those model community reentry service programs that can offer evaluation evincing reduction in recidivism for youth participants. These programs have shown remarkable progress in sustaining significant decreases in recidivism in youth offenders, at considerable cost savings to their communities. The second section includes reentry services that evince positive outcomes in educational advancement and employment for youth offenders. While in various stages of evaluation, each brings innovation and commitment to keeping youth out of the cycle of offending through support, education, and partnership with positive role models. Programs are listed alphabetically according to the state where they are located.

SECTION 1 – Evidence-informed Outcomes of Reduction in Recidivism

Indiana

Aftercare for Indiana through Mentoring (AIM)

Program:

The purpose of the AIM program was to support Indiana’s incarcerated youth in making the transition from corrections to community through healthy relationships with adult mentors. Created in 1996, AIM is a diverse team of dedicated AmeriCorps members and adult volunteers who serve as mentors released from Indiana’s juvenile justice detention centers. Mentors provide reentry support to incarcerated youth returning to communities throughout Indiana and serve as effective role models that target unique needs of these youth, inspiring purpose, motivation and direction. With a focus on life skills, AIM steers youth toward success by engaging community resources and service providers. AIM inspires youth to pursue successful and productive futures where they reach their potential, through self-development and the utilization of community resources. AIM maintains a roster of about 120 mentees at any given time. Seventy-two percent of the participants are male and 28% are female. Sixty percent are White, and 40% are youth of color.

Outcomes:

As of 2004, AIM served 2,124 youth released in the community, and continues to work with several hundred youth that will be released. Since the original project award, AIM have achieved the following:

- established the program at the nine correctional facilities and three contract facilities;
- refined procedures to more effectively deliver the curriculum, “Life After Incarceration” and prepare reentry plans for larger numbers of youth;
- established and staffed support centers in Indianapolis and Gary to serve the needs of the youth after their release;
- partnered with communities to address youth needs in the areas of employment, education, health, leisure activities, community service, counseling services;
- streamlined the processes to obtain birth certificates and social security cards for the youth prior to their release;

- further refined recruitment and training programs for mentors;
- generated positive strategies to attract youth to program prior to their release.

From the ongoing evaluation of AIM, it reported the following outcomes:

- 49% of AIM participants were attending school;
- while many of the youth were able to find employment after their release, at any one time 22% of the youth are currently employed;
- 60% of AIM participants were attending school or working;
- of the 643 youth released to Marion County over the 12-month period of June 2002 to May 2003, 480 visited the AIM Support Center for assistance;
- of the youth who take part in the Support Center programs, 63% participate in two or more activities/services;
- over a three-year period, the following information was available about offending behaviors:

Within the First Year...	Participated in AIM	Did Not Participate in AIM
Arrests	38.5%	41.7%
Felony Arrests	27.3%	33.3%
Convictions	13.4%	18.1%
Felony Convictions	7.0%	10.8%

Comment [r5]: The table with percentages below seems to not support the more positive findings from the 1997 study noted below. Perhaps we should delete this table and only reference the 1997 study. Your thoughts?

In 1997, all youth leaving the Plainfield facility and returning to the Indianapolis metropolitan area were randomly assigned to be eligible for AIM or not. AIM followed these youth for almost six years after their release. For the first three years, AIM reported the following results related to re-incarceration:

	Percent Reincarcerated		
	After 12 months	After 24 months	After 36 months
Participated in AIM	13%	18%	24%
Did Not Participate in AIM	39%	49%	60%

The results also demonstrate that when the program is implemented effectively, it can make a significant difference in the offending behavior of the youth involved and in the strain on criminal justice resources. These results also demonstrated that mentoring is critical for the long-term success of the youth.

In terms of costs, AIM's evaluation concluded that for every 100 youth participating in AIM, the amount of savings to the state, just in terms of reductions in reincarceration, would be \$1,003,454.

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Connecticut
The Hartford Choice Program/Catholic Charities of Hartford

Program:

Recent college graduates spend one year acting as caseworkers and mentors to delinquent inner city juveniles, ages 9-17, considered at-risk. The program features intensive monitoring of each youth, and collaborates with the parents and the parole officers in establishing accountability for the juvenile. Each caseworker advocates for the juvenile in matters of health, education, vocation, family or foster interventions, and in law related issues. Each caseworker provides intensive tracking services, maintains daily reports and up to date documentation of each client, and creates and leads activity programs. Caseworkers are also closely involved with the parents of the juveniles and emphasize accountability for each juvenile. The caseworker is present at the intake interview and assessment of the client, and establishes aftercare plans upon the client's completion of the program. Each juvenile is provided with resources to assist in the transition back into the community. The caseworker serves as a role model and assists the juvenile in the development of responsible behaviors in the home, school, and the community which prepare the youth for successful reentry.

Outcomes:

The Choice Program is highly respected by both participants and employers in the area who consider one year working at Choice to be the equivalent of two years of work experience.⁷² The Choice model has been recognized as highly successful, the Model Programs Guide (MPG) of the Office of Juvenile Justice and Delinquency Prevention in Maryland reported: "76 percent of the Choice youth had no arrests within 6 months, compared with 55% of the control youth. Somewhat fewer Choice youth (24 percent compared to 30 percent) had been arrested for medium or major offenses."

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North Carolina
Asheboro/Randolph Juvenile Restitution Program & Day Reporting Center

Program:

⁷² Catholic Charities of Hartford, The Choice Program.http://www.ccaoh.org/Our_Services/Youth/HC/opportunities.htm

The Juvenile Day Reporting Center offers services to youth ages 10 to 18 as they transition from a juvenile delinquency out-of-home placement or detention. The Juvenile Day Reporting Center utilizes continuous and cohesive structured work activities and therapeutic treatment groups to assist juveniles emotionally, socially, physically and mentally. The strictly regimented program is for juveniles ages 10-18 and centers on accountability. Services provided include education, behavioral intervention including anger management, substance abuse treatment and education, daily physical fitness, a six week parenting skills program for parents, individual counseling, transportation to the program, and daily and weekly progress reports for each participant.⁷³

The Asheboro/Randolph Juvenile Restitution program focuses on accountability, and assigns youth ages 10-17 to community service as part of probation. The service work is specifically matched to the abilities of the youth. The program strives to instill a sense of self respect and pride in each juvenile through the use of their particular abilities to assist others.

Outcomes:

In 2002-2003, the restitution program served 114 youth, 88 percent of whom successfully completed the program. Eighty-two percent of the youth served have not reoffended. In 2003-2004, 118 youth were served, 91 percent of who successfully completed the program. Eighty percent of those have not reoffended. As of 2004, 978 juveniles participated in the Day Reporting Center; 91 percent of these did not commit any offenses while enrolled in the program, and 90 percent of the youth were able to successfully reintegrate into the school system upon program completion.⁷⁴

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**Wisconsin
Southern Oaks Girls School**

Program:

This program is specifically for delinquent girls. There are roughly 140 girls served each year, and the average age is 15. It features a series of programs which prepare girls for reentry, some of which address girls with severe mental illnesses. The program provides assistance in the creation of strong family relationships, education, career development training, and general assistance in transitioning back into the community. There is a short term reentry program specifically designed for mentally stable girls ages 13-17, a "Stepping Up Program" for mildly mentally ill girls, and an "Intensive Treatment Program" for the treatment of girls with mental health issues and severely aggressive behavior.

⁷³ Randolph County Government, "Juvenile Day Reporting Center"
<http://www.co.randolph.nc.us/drc/ProjectPride.htm>

⁷⁴ Randolph County Government, "Asheboro/Randolph Juvenile Restitution Program"
<http://www.co.randolph.nc.us/drc/juvenileRestitution.htm>

Outcomes:

The Stepping Up and Intensive Treatment programs have had high rates of successful reentry, and almost no recidivism. According to the School: “The total number of adult prison placements within two years of release (post-release recidivists, plus direct transfers to adult prison) for youth admitted to SU/ITP has been 5 (5.7%; versus 50% for the Comparison Group). A review conducted in August of 2003 found that only 29 (3.2%) of the roughly 900 youth previously discharged from Southern Oaks since its opening in 1994 were incarcerated in the adult prison system as of that date. Similarly, a recent review, completed in October of 2005, found that only 22 (2.2%) of the roughly 1,000 youth previously discharged from Southern Oaks were incarcerated in adult facilities as of that date.”⁷⁵

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⁷⁵ Southern Oaks Girls' School 2005-2006 Annual Report

Section 2 – Evidence-informed Outcomes related to Education and Employment

Massachusetts

Youth Options Unlimited (YOU)

Program:

This reentry program provides services to all Boston youth involved in the court system ages 14-24. The program provides intensive case management, the development of individual service plans for each youth, assistance, referral, and placement in educational options, and transitional job programs which lead to employment. The program is a partnership between educators, law enforcement, and business and community leaders that motivate young people to become educated and employed. Y.O.U. strives to raise awareness in the community of the need for structural support and workforce opportunities for juvenile offenders.

Outcomes:

Y.O.U. serves about 600 youth a year. Between 2000 and 2005 Y.O.U. has placed over 1600 youth in long-term education and employment. Since 2006, Y.O.U. has provided 632 youth with case management services, 118 youth with education services, and 718 youth with employment services.

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**Missouri
Urban Youth Empowerment Program**

Program:

This Program provides education and work experience for adjudicated youth ages 18-21. The goals of the program include the development of self sufficiency through community service, education and employment. Components of the program include assessment, education, work, and personal development continuums. Services provided include counseling, GED preparation, work opportunities and internships, and opportunities in community service.

Outcomes:

In 2005, 25 percent of youth participating in the program earned GEDs and/or high school diplomas, 40 percent of the participating youth improved reading and math scores, and the average earnings of youth participants increased by 12 percent.⁷⁶

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⁷⁶ Morial, Marc (2007). "A SECOND CHANCE by MARC MORIAL," Maxim s News Network.
<http://www.maximsnews.com/107mnunapril30marcmorialnationalurbanleague.htm>

New York Juvenile Reentry Network

Program:

This is a community based program which works with juveniles and their families beginning pre-release to develop a post release program of goals which is specifically tailored to the individual. The program requires enrollment and attendance in school, participation in Boys and Girls Club activities, compliance with all referrals for service, compliance with a curfew, and attendance at weekly case management hearings. The program also requires bimonthly court appearances with parents and the aftercare staff to determine progress in meeting the program goals, and to provide judicial monitoring of the process. The program provides the Justice Center and partner agencies with access to computer data on the juvenile's progress in the program. This allows the Justice Center and partners to make informed decisions in guiding the juvenile. The program strives for the creation of a stable environment for the juvenile, and places heavy emphasis on the involvement of the juvenile's family.

Outcomes:

As of July 2007, 74 of the 117 juveniles enrolled in the Center's juvenile accountability court successfully graduated the program.⁷⁷

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⁷⁷ <http://www.courtinnovation.org/index.cfm/fuseaction/Page.viewPage/pageId/605>

New York Court Employment Project

Program:

The Center for Alternative Sentencing and Employment Services (CASES) operates several direct service programs for adult and youth offenders, including the Court Employment Project. The Court Employment Project is a non-residential alternative-to-incarceration program for teenagers with felony convictions. CEP staff maintain a presence in New York City's Supreme and Family Court which enables them to screen cases against the program's eligibility requirements and advocate for the release of participants to CEP programs who can be best served by the program. In most cases where the judges agree to place youth in CEP, they allow these young people to enter a guilty plea with a promise of 5 years probation and youthful offender status for those who successfully complete the 6 month program. Court services include: screening and interviewing defendants; reporting back to the court - through written reports and in-court appearances - on a regular basis; and working with participants to ensure that they understand their obligations to the court.

Programming falls into four categories: art, education, health and well-being, and outdoor activities. In addition, CEP offers two employment programs: The Career Exploration Program and The Youth Enterprise Project. The program is designed around a youth development model which means that young people in the program set their own goals, plan their own programs, and are expected to succeed. Each participant is assigned a case coordinator who manages all aspects of the participant's involvement with CASES; case coordinators serve as guides and coaches to assist participants in reaching the short-term and long-term goals they have set for themselves. The program helps participants build a set of core competencies in three areas: Intellectual and Career Development, Health and Well-Being, and Judicial and Civic Accountability. For young women, CEP offers gender-responsive services through the GirlRising Program. CEP works closely with judges, probation officers, defense attorneys and prosecutors.

Outcomes:

- In Fiscal Year 2008, CEP had an overall successful completion rate of 58%.
- In Fiscal Year 2008, 67 youth program participants earned a GED while receiving services at CASES, including 28 who were at the CASES GED testing site.
- CEP operates the Career Exploration Project, which provides employment training and placement in paid internships to young people in CASES youth programs. One hundred twenty-three participants were accepted into Career Exploration in Fiscal Year 2009, with 63% successfully completed the 14 week training and paid internships.
- By diverting jail and prison bound young people into CEP, the program saved the City and State a total of 19,582 jail and prison bed days.

Comment [r6]: Hard for me to evaluate its success without knowing the total number of youth served in the program – is it 67 out of 1000? 100?

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New York Community Prep High School

Program:

The Center for Alternative Sentencing and Employment Services' (CASES) Community Prep High School is a partnership between CASES, NYC Department of Education and the City University of New York (CUNY). The Community Prep High School serves 14 to 17 youth exiting custody, who are typically the City's lowest performing and most vulnerable students and who read significantly below grade level. The program opened in 2002 as a transitional, school-readiness academy that works to improve the academic and social skills of court-involved youth returning to the community from custodial settings. Community Prep School enrolls students aged 14 to 17 who have spent time in detention centers and other justice facilities; it is the only school of its kind in New York City. At Community Prep, students build their literacy, mathematical and social skills, earn credits toward a high school diploma, develop a sense of ownership over their education, and prepare to transition to an appropriate diploma-granting high school, GED program, or work. The school offers a credit-bearing curriculum taught by DOE faculty, and intensive support services provided by CASES staff.

Outcomes:

- Students enter Community Prep, on average, with reading and math skills between the 5th and 6th grade levels and six high school credits. For one-third of our students, Community Prep is their first high school experience.
- In the first marking period of the current school year, 57 students earned credits toward a high school diploma or successfully transitioned to a high school or GED program.
- In the past school year, 58 percent of Community Prep's active students who had a record of attendance at a community school prior to their initial detention demonstrated an improved attendance rate at Community Prep.
- For the last four years, Community Prep students participated in a 16-week arts and entrepreneurship program that culminated in a public show of student work.

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Pennsylvania
Pennsylvania's Comprehensive Aftercare Reform Initiative

Program:

Pennsylvania participates in the MacArthur Foundation's Models for Change initiative. A statewide working group has been created to focus on youth reentry that begins at disposition. Their first task was to develop a statement of principles, created in 2005, that stated a commitment to collaborate across agencies including public schools, placement facilities, juvenile courts and juvenile probation in the four pilot counties of Allegheny, Cambria, Lycoming, and York. After this, substantial process-oriented work was completed in 2007 to streamline aftercare plans so that probation officers have the greatest management control over the exiting youth and are working from an individualized, single five-phase plan that has been developed with consultation from the individual's school, judge, family, service provider(s), and probation office. Plan priorities include a variety of performance measures for community protection, offender accountability, competency development, behavioral health, and parental services and supports.

Outcomes:

The program is in its implementation phase and expects to have youth outcome data in the near future. The program will continue until at least 2010.

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