

New York State

Division of Criminal Justice Services

New York State Juvenile Re-entry Strategic Plan

**A Report from the New York State
Juvenile Re-entry Taskforce**

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Project Overview

The New York State Division of Criminal Justice Services (DCJS) received a federally funded Second Chance Act grant to analyze the current state of juvenile re-entry from voluntary agency placement in the state and to develop a juvenile re-entry strategic plan for New York. This grant provided a unique opportunity to begin assessing the re-entry work being done with youth and families in the juvenile justice system, especially in light of the increasing use of private agency out - of - home placement for youth adjudicated as delinquent.

The first goal was to establish a statewide Juvenile Re-entry Task Force. The Task Force was comprised of 32 individuals representing various state agencies (DCJS, Office of Children and Family Services, State Education Department, Office of Temporary and Disability Assistance, Department of Health), the New York State Office of Court Administration, local departments of social services, local probation offices, voluntary agency providers, community-based service providers, and advocates for children and families.

The Task Force began with a review of current laws, regulations, and policies relevant to the juvenile re-entry process. After an extensive analysis, the Task Force identified best practices already being implemented in juvenile re-entry, outlined barriers and recommendations, and ultimately established a detailed re-entry strategic plan for juvenile delinquent youth (JDs) returning from voluntary agency placements.

This Statewide Re-entry Plan describes the population served, current policies and barriers to effective re-entry, the reintegration continuum and principles of best practice, and provides recommendations for improving juvenile re-entry practices in New York. This Plan illustrates New York State's commitment to the stability and success of youth and families in the juvenile justice system.

Introduction to the Population

Youth between the ages of 7 and 15 who commit an offense that would constitute a crime if they were an adult can be charged and their cases heard in family court. If the court finds they have committed the offense and are in need of an out - of - home placement,

these youth are sent to either a state operated facility for adjudicated JDs or a voluntary agency¹ for a period of placement.

There have been substantial reductions in the use of out - of - home placement across New York State in recent years. While 2,000 youth were placed in the custody of the New York State Office of Children and Family Services (OCFS) in 2006, only 944 youth were placed in OCFS custody in 2011. This significant reduction reflects a steady decline in state custody placements over the last six years. Similar trend data is not available for youth placed in the custody of their local department of social services (LDSS).

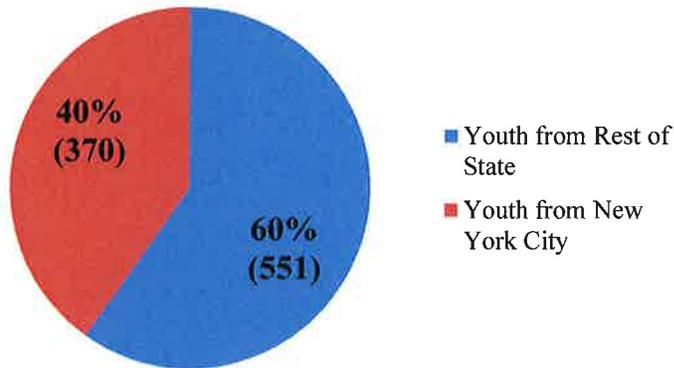
Currently, the majority of youth who are placed out of their homes are sent to voluntary agencies, not state operated facilities. In 2011, 921 JDs were placed in the voluntary agency setting while 268 JDs were placed in state operated facilities. This trend toward the use of voluntary agency placements for adjudicated JDs is likely to continue as New York City implements the state's new Close to Home initiative enacted in 2012. Under Close to Home, all youth in need of a non-secure placement are now placed in the custody of New York City's Administration for Children's Services and housed in voluntary agencies located in New York City. The law allows for New York City to eventually retain custody of youth in need of a limited secure level of residential care as well. Once fully implemented, nearly all New York City JD youth will therefore remain in voluntary agency settings in New York City as a result of Close to Home. This will further shift the population of placed JDs out of state operated facilities and into voluntary agencies.

Youth sent to voluntary agencies in New York State have significant needs. In order to understand what best re-entry practice should be it is imperative to understand the characteristics of the youth that are served. Below is a description of youth adjudicated as delinquent and sent to out - of - home placement in voluntary agencies in New York State in 2011.

The data below provides a snapshot of the youth admitted to voluntary agency placement as a result of an adjudication of delinquency in 2011. Many voluntary agencies provide residential services to youth who are placed out of their homes for other reasons, such as abuse and neglect, status offending (engaging in problem behavior, such as truancy, that is not criminal), or special education needs. These charts reflect only the juvenile justice - involved youth in the voluntary agency setting.

¹ Voluntary agencies are not for profit providers approved and regulated by New York State to provide residential care for youth. *See* Social Services Law §371 (10).

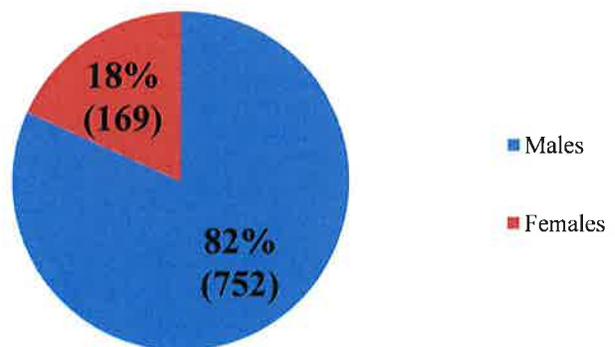
Number of Justice-Involved Youth Placed in Voluntary Agencies in 2011



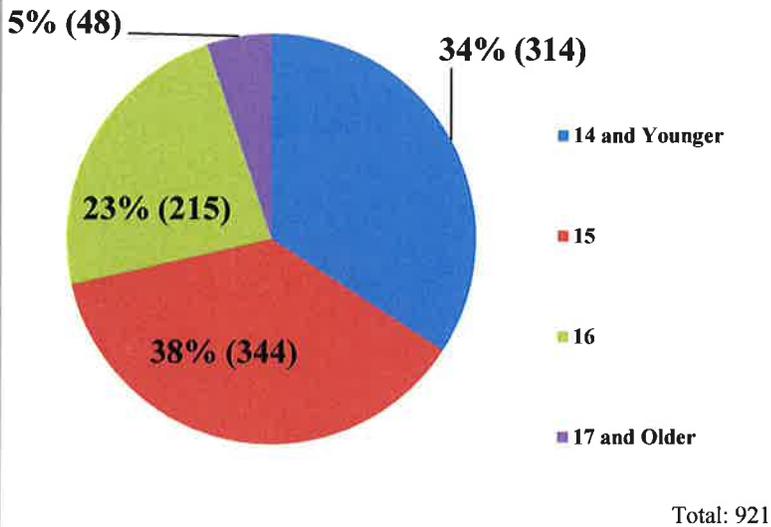
The majority of justice-involved youth in voluntary agency placement in 2011 were from areas outside of New York City. New York City youth comprised the remaining 40 percent of the population. This trend is likely to change significantly as New York City assumes custody of its adjudicated youth under the Close to Home initiative.

The population of justice-involved youth in voluntary agency placements was overwhelmingly male with 752, or 82 percent male youth in voluntary agency placement. Only 169, or 18 percent, were female.

Gender of Justice-Involved Youth Placed In Voluntary Agencies in 2011



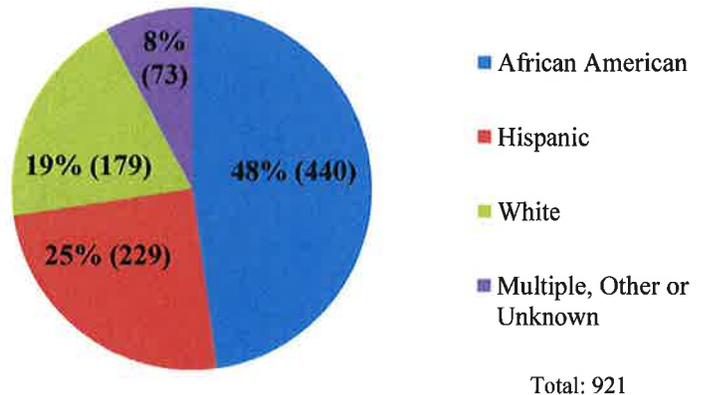
Age of Justice-Involved Youth in Voluntary Agency Placement in 2011



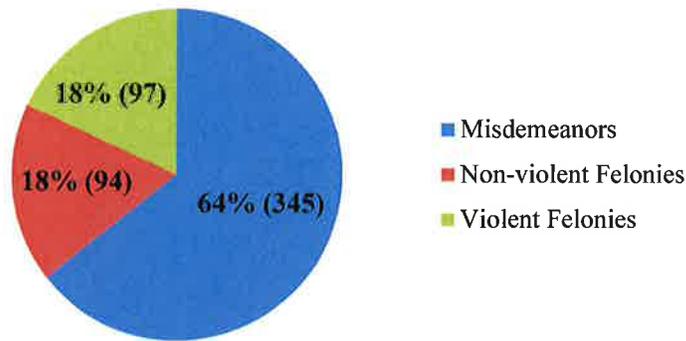
Fifteen year olds are the most commonly represented age group among justice-involved youth placed in voluntary agencies. Overall, the population is relatively young, with one-third of the youth aged 14 and younger. Only five percent of youth are older than 16.

Nearly 75 percent of justice-involved youth who are placed in voluntary agencies are youth of color, with African American youth comprising nearly half of the population. An additional 25 percent of youth are Hispanic.

Race/Ethnicity of Justice-Involved Youth in Voluntary Agency Placement in 2011



Most Serious Adjudicated Offense for Justice-Involved Youth in Voluntary Agency Placement in 2011

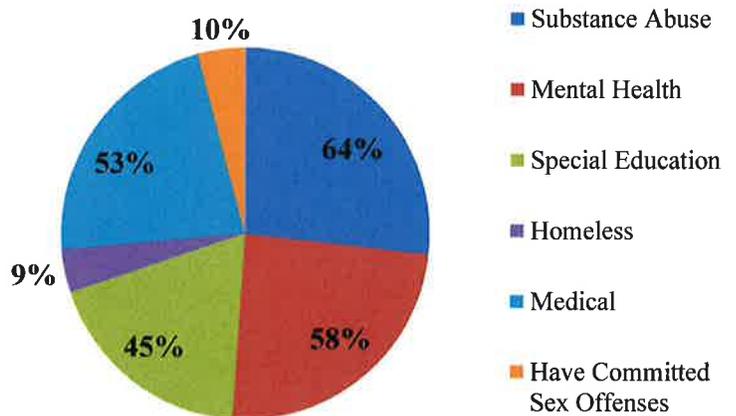


More than half of the youth in placement (345) were adjudicated delinquent for misdemeanors; 94 youth were adjudicated for non-violent felonies; and 97 youth were adjudicated for violent felonies.

Total: 921

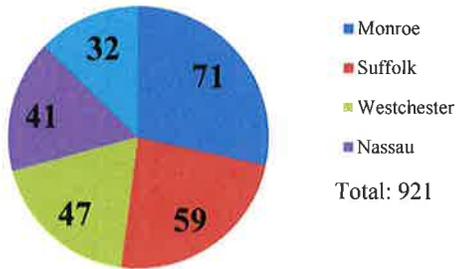
While there is no complete data on the needs of all youth in voluntary agency placements, youth who come into state-operated placements have significant substance abuse, mental health, and medical needs. In addition, nearly half of those youth have special education needs. The task force members came to a consensus that this needs profile is likely consistent with the needs of youth who are placed in voluntary agency settings.

Needs of Youth in OCFS Facilities in 2011



Total: 921

Counties Outside of New York City with the Highest Justice-Related Voluntary Agency Placements (2011)



The use of voluntary agency placements for youth adjudicated delinquent varies significantly by county. While 14 counties did not place any delinquent youth in a voluntary agency setting in 2011, Monroe, Suffolk, Westchester, Nassau and Albany counties had the highest voluntary agency placements with a total of 250 youth.

In summary, male youth of Color were disproportionately placed in a voluntary agency in 2011 as the result of a delinquency adjudication. The majority of these youth were 15 years old or younger with misdemeanor adjudications. Outside of New York City, Monroe County placed the highest number of youth adjudicated as delinquent in voluntary agency placements. Task Force members agreed that the profile of needs presented by youth placed in state operated facilities resulting from a delinquency adjudication is also representative of the profile of youth sent to voluntary agency placements. Based on this profile, youth in placement have significant substance use, mental health, medical and special education needs. The needs of the youth in the juvenile justice system, and the families and communities impacted by the care and custody of this population, is the guiding lens for the development of this Statewide Juvenile Re-entry Plan.

While it would be preferable to have more information about the youth who are placed in the voluntary agency setting, data gaps remain. For example, while voluntary agencies have significant information at the case-specific level, aggregate data on family service needs, previous educational attainment and school attendance, and youth’s accomplishments/strengths (i.e. high school diploma or equivalency, vocational certifications, cognitive behavioral skills group certificates) is not currently available.

The profile information presented here raises questions related to the current use of voluntary agency placement as a delinquency disposition. On average, this population of predominately young males of Color is being sent to an out - of - home residential setting as a result of adjudication for misdemeanor offenses. While the use of out - of - home placement for resolution to delinquency matters in these categories is outside the scope of the re-entry Task Force and this strategic plan, the data presented here raises questions about the system processes that are initially leading to placement in these kinds of cases.

Current Policies and Barriers

An understanding of the profile of the population in care is an important first step in developing an effective re-entry plan. In addition, understanding the current policies and barriers that affect youth and families is critical to identifying and implementing best re-entry practice, and to framing and implementing recommendations. The Task Force identified current law that governs practice in the following systems: **System Coordination, Supports and Services While in Care, Housing and Permanency, Physical Health, Behavioral Health, and Education and Job Training**. The Task Force also identified barriers that youth and families face in each of these areas.

System Coordination

There are no state policies, statutes or codes that specifically govern coordination of services for justice-involved youth returning home from a voluntary agency placement. Although there are specific examples of localized coordination efforts throughout the state, discussions among Juvenile Re-entry Task Force members often highlighted the need for effective coordination efforts across multiple systems such as: residential care, local social service district case management, education, physical and behavioral health, and supportive housing.

Barriers to Coordination

There are challenges to coordinating services for youth and their families while those youth are in care and when they return to the community.² For example, educational transitions are done more effectively when the residential provider, together with the families of youth, is actively engaged with the school district to which the youth is returning. The coordination that is needed requires contact that is often outside of a particular professional's area of expertise. Case managers and youth workers, educational professionals, physical and mental health staff, and community-based partners need to communicate across their own areas of expertise to maximize successful re-entry for youth. In addition, all coordination should include active engagement of a youth's family or, if family cannot actively engage, then the engagement of other positive adults who are willing to become a long-term permanency resources for youth.

Confidentiality laws can present challenges to the kind of cross systems coordination that is necessary. Protections that are afforded to youth regarding their justice system involvement, behavioral and physical health care³, and educational records⁴ often appear

² Juvenile Justice Advisory Group, "New York State Three-Year Comprehensive State Plan for the Juvenile Justice and Delinquency Prevention Formula Grant Program," 2009 – 2011: 2.

³ See the Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. § 1320d-9 (2010), and federal statute, 42 U.S.C. § 290dd-2, and regulation, 42 CFR Part 2.

to be barriers to the kind of information sharing that would best foster truly coordinated care across residential and community-based settings. However, there are many strategies that can be used to overcome the challenges of confidentiality, including the use of consents that contain various limitations including applicability to a certain limited number of identified agencies or for certain limited periods of time.

Ensuring that youth and families receive timely, appropriate coordinated service provision has tremendous positive effect on recidivism.⁵ Coordination among staff from facilities and local departments of social services, families, community-based service providers, schools, and pro-social faith based and natural community supports during placement and in the community at re-entry enhances stabilization.⁶

Supports and Services While in Care

Voluntary agency residential settings are considered foster care settings under state and federal law.⁷ There are no separate state or federal statutes that uniquely govern the re-entry of justice- involved youth from these settings. Instead, the statutory and regulatory framework that governs juvenile re-entry from voluntary agency settings in New York is the foster care framework. That framework provides specific direction on family engagement, discharge and transition planning, and health insurance. The New York State Office of Children and Family Services (OCFS) authorizes these agencies to care for youth out of their homes and oversee voluntary agency compliance with the applicable law. The following is a description of the applicable statutory, regulatory and policy based structure for voluntary agency care and an analysis of existing barriers to effective re-entry.

Family engagement, discharge and transition planning

The general statutory and regulatory framework for providing preventive services to youth to avoid foster care placement and to speed the return home of foster care youth applies to youth adjudicated delinquent and placed in voluntary agencies. Pursuant to this framework, preventive services can be used to: avert an impairment or disruption of a family which will or could result in the placement of a child in foster care; enable a child who has been placed in foster care to return to his family at an earlier time than would otherwise be possible; or reduce the likelihood that a child who has been discharged from foster care would return to such care.⁸ Therefore, youth who are in voluntary agency settings as a result of an adjudication of delinquency are eligible to receive family support and stabilization services under New York State's statutory framework for preventive services. A locality's ability to access such services are dependent on documentation of

⁴ See the Family Educational Rights and Privacy Act, 20 U.S.C. §1232g.

⁵ Ibid.

⁶ Bruns, E.J.; J.S. Walker; J. Adams; P. Miles; T. Osher; J. Rast; and J. VanDenBerg. (2004). *Ten principles of the wraparound process*. Portland, Oregon: National Wraparound Initiative, Research and Training Center on Family Support and Children's Mental Health, Portland State University.

⁷ See §371(10) of the NYS Social Services Law and 42 U.S.C. 672 (c)(2).

⁸ See §409 of the NYS Social Services Law.

the need for the services in the youth's uniform case record⁹ and the locality's capacity to provide the local funding match required for such service provision.¹⁰ The capacity to access preventive service funding is a key to providing effective re-entry support for both youth and their families.

Youth in voluntary agency placements as a result of delinquency must have permanency hearing reviews by the Family Court and are subject to recently enacted federal transition planning requirements. Pursuant to Section 355.5 of the Family Court Act, youth placed in either state or local custody and residing in a non-secure voluntary agency must have a permanency hearing in Family Court no later than 14 months after the youth entered foster care. At that hearing, the court must consider and determine in its order:

(a) where appropriate, that reasonable efforts were made to make it possible for the youth to return safely to his or her home, or if the permanency plan for the youth is adoption, guardianship or another permanent living arrangement other than reunification with the parent or parents of the youth, that reasonable efforts were made to make and finalize such alternate permanent placement, including consideration of appropriate in-state and out-of-state placements;

(b) in the case of a youth who has attained the age of 16, the services needed, if any, to assist the youth to make the transition from foster care to independent living;

(c) in the case of a youth placed outside of this state, whether the out-of-state placement continues to be appropriate and in the best interests of the youth;

(d) with regard to the completion of placement ordered by the court pursuant to Section 353.3 or 355.3 of the Family Court Act, whether and when the youth: (i) will be returned to the parent; (ii) should be placed for adoption with the local commissioner of social services filing a petition for termination of parental rights; (iii) should be referred for legal guardianship; (iv) should be placed permanently with a fit and willing relative; or (v) should be placed in another planned permanent living arrangement if the Office of Children and Family Services or the local commissioner of social services has documented to the court a compelling reason for determining that it would not be in the best interest of the youth to return home, be referred for termination of parental rights and placed for adoption, placed with a fit and willing relative, or placed with a legal guardian; and

(e) with regard to the completion or extension of placement, the steps that must be taken by the agency with which the youth is placed to implement a plan for release or conditional release, including consideration of appropriate in-state and out-of-state

⁹ See §409-a of the NYS Social Services Law.

¹⁰ §153-k(1)(a) of the NYS Social Services Law provides for 65% state reimbursement for preventive services, necessitating a 35% local match. However, the annual state process has provided for a lower level of state reimbursement on an annual basis for several years. Currently, the use of state preventive service funding requires a 38% match.

placements, the adequacy of such plan and any modifications that should be made to such plan.

New York State Social Services Law, and the implementing regulations, also requires that youth who are placed in the custody of the local department of social services as a result of an adjudication of delinquency must have a completed family service plan.

That plan is based on an assessment of the child and family's circumstances that includes: a statement of immediate problems requiring social services intervention; an assessment of family stability and a description of long term family relationships; an estimate of the time period necessary to ameliorate the conditions leading to the need for placement and a description of any immediate actions to be taken; and a recitation of the reasonable efforts that were made to avoid placement, the kind and level of necessary placement, an estimate of the placement duration and the plan for termination of services.¹¹

Per the statute, family service plans must be developed within 30 days of the youth's entry into foster care and then must be revisited within the first 90 days of placement, again within the first 210 days of placement and then every six months thereafter. The statute also mandates that family service plans be developed in consultation with the youth's parent or guardian and with the youth, if he or she is older than 10.

New York State regulations go beyond the statutory requirement for the creation of family services plans to outline standards for discharge planning for youth in the custody of the local department of social services. The same standards apply to youth in OCFS custody and in voluntary agency placements through the contractual requirements set by OCFS for those placements. Embedded in 18 New York Code of Rules and Regulations (NYCRR) 430.12, these standards require:

- The district to consider the need to provide preventive services to any youth (age 18 or under) and his or her family subsequent to the discharge of that youth;
- Facilitation of biweekly visits between the youth and his or her parents (if the plan is to return that youth home) for youth 13 or older in an institution less than 100 miles from their home. Visits can be quarterly if the location of the placement makes biweekly visitation impossible. Visitation of a greater frequency must be arranged when a plan for discharge is developed;
- Facilitation of visitation between a youth who is 13 or older and his or her parents once a plan for discharge has been developed, if the youth is placed at an agency greater than 100 miles from home. In this case the biweekly or quarterly visitation requirement prior to a discharge plan does not apply;
- Provision of vocational training for youth enrolled in secondary school and on track to graduate by age 20 and for youth enrolled full-time at an accredited college or university. Also, an independent living skills program for youth with a goal of

¹¹ See §409-e of the NYS Social Services Law. See also 18 NYCRR §428.1(a)(1).

discharge to Another Planned Permanent Living Arrangement (APPLA) or who are 16 or over, have been in foster care for 12 of the previous 36 months, and have a goal of discharge to parents, relatives, or adoption;

- Provision of a monthly stipend, subject to available funding, to each child 16 years or older who has, or is deemed to have, a goal of APPLA and who, according to his or her case plan, is actively participating in independent living services;
- For youth discharged to APPLA, identification and referral to necessary people, services or agencies that would help the child maintain and support himself or herself after discharge;
- At least 90 days written notice to youth prior to a discharge to APPLA;
- A minimum period of six month trial discharge for youth discharged to APPLA;
- Ongoing contact with youth discharged to APPLA, and who have permanently left the home of their parents or relatives prior to termination of the local district's custody, to age 21, even after the youth are no longer in local custody, as long as youth live within 50 miles of the local district and the youth continue to be able to be located.

New York State has also incorporated requirements related to transition planning that were established by the federal Fostering Connections to Success and Increasing Adoptions Act of 2008, Public Law (P.L.) 110-351, which went into effect on Oct. 7, 2008. Pursuant to that statute and the implementing New York State regulation and administrative guidance,¹² transition plans must begin to be developed for youth who are likely to remain in placement on or after their 18th birthday, 180 days prior to the youth's scheduled discharge date. Those plans must be completed 90 days prior to discharge and outcomes must be documented within 30 days following discharge.

Plans must include specific options for: housing, health insurance, education, local opportunities for mentors and continuing support services, and work force supports and employment services. The planning must be personalized at the direction of the youth and can be as specific as the youth chooses.

OCFS developed detailed planning forms to facilitate the development of the required transition plans. While these requirements provide a framework for a robust transition plan, they apply only to youth who are 18, 19 or 20 and in local custody. Given that youth who are placed out of their homes as a result of delinquency committed their offense, by definition, at age 15 or younger, it is not clear that these requirements will apply to a substantial portion of the population of youth returning home from a delinquency placement.

The visitation, discharge, and transition planning standards described above do not apply to youth who are residing in voluntary agencies in the custody of OCFS. Instead, OCFS

¹² 18 NYCRR 430.12(j) and 09-OCFS-ADM-16 provide the state level guidance in transition planning.

issued an administrative directive in 2010 to provide policy guidance on re-entry for youth in their custody who are leaving out-of-home placement and (1) were in local district custody (foster care) at the time of their delinquency placement, (2) have no identified viable release resource, or (3) have a release resource that is in need of intensive services in order to support the youth's return to the community.¹³ Pursuant to this guidance, an OCFS community services worker will contact a liaison at the local department of social services (LDSS) within the first 60 days of the youth's placement with OCFS if the youth falls into one of the three categories described above. OCFS and the LDSS will then engage in monthly planning meetings to:

- Identify barriers to the youth returning home to the family and community;
- Identify and assess alternative family resources for safety, stability and commitment to the youth, as needed;
- Secure a safe and timely discharge of the youth to the community with adequate resources and services to promote a successful transition; and
- Facilitate joint planning between OCFS and LDSS staff for the purpose of assessing the youth's service needs and identifying appropriate services to be offered to the family.

Ability to re-enter foster care after discharge from placement

Chapter 342 of the New York State Laws of 2010 permits a former foster youth who exited foster care on a final discharge status at age 18, 19 or 20 to re-enter foster care under certain circumstances, provided the youth is younger than 21.¹⁴ The law gives youth aging out of foster care the opportunity to re-enter foster care when no reasonable alternative exists and the youth has had a final discharge from care due to: a failure to consent to a continuation of placement; or discharge at age 18 or older to permanency (returned home, went to a relative's care, custody or guardianship, or was adopted) and that permanency arrangement was disrupted or dissolved.

Chapter 342 applies to youth whose prior episode of care was initiated through a juvenile delinquency (JD) or person in need of supervision (PINS) proceeding under Article 3 or 7 of the Family Court Act, respectively, if such youth are otherwise eligible under Chapter 342. All provisions of Chapter 342 would apply to such youth who re-enter care, including the notice required when the youth leaves care due to failing to consent to a continuation of placement or being discharged to permanency.

Barriers to Supports and Services While in Care

Targeting Criminogenic risks and needs

Use of the foster care framework for justice-involved youth brings strengths and weaknesses. Many justice-involved youth come directly from the child welfare system or have had some previous child welfare system involvement. Issues related to family

¹³ See 10-OCFS-LCM-17.

¹⁴ See 10-OCFS-LCM-17

stability that are prominent in the child welfare foster care context are also often prominent for justice-involved youth. However, exclusive use of the foster care framework also leads to a legal context that does not require an assessment of criminogenic risk and subsequent case planning based on that risk. Targeted interventions to address criminogenic risks and needs have been shown to be highly effective in reducing recidivism.¹⁵ In addition, psycho-educational and restorative justice programs, for both youth and families, can also foster stability once in the community.¹⁶ Applicable laws and policies that govern foster care do not require interventions that address identified criminogenic needs.

Family Engagement

In addition, many justice-involved youth have families that are not under investigation for failure to care for their children and are fully capable of active partnerships that set the stage for successful re-entry from the time that their child entered placement. There is ample literature that supports the positive relationship between an adjudicated youth's success in the community with consistent family contact while in the facility.^{17 18 19} However, families are often restricted from connecting with youth because their children are placed far from their homes with limited or no transportation available to the family. In addition, even describing a youth's time with his or her family as "visitation" implies that the primary setting for the youth is not the family. Visitation that is required to be only biweekly for youth within 100 miles of their families, and less frequent for youth placed farther from their families, is not likely to foster strong family engagement in case planning and continuity of care between residential placement and return home.

Age of Justice-involved Youth

The age requirements related to many of the strong transition planning requirements also pose a barrier in terms of justice related re-entry. Many of the requirements only apply once youth reach age 18. Since youth who are placed out of their homes as a result of delinquency committed their offense, by definition, at age 15 or younger, it is not clear that these requirements will apply to a substantial portion of the population of a relatively young population returning home from a delinquency placement.

Financing Structures

Financing structures were also identified by the Task Force as a significant barrier to effective re-entry. Currently, residential placements are supported through a locality's

¹⁵ D. Altschuler, Ph.D., "Rehabilitating and Reintegrating Youth Offenders: Are Residential and Community Aftercare Colliding Worlds and What Can Be Done About It?" Justice Policy Journal, 2008: 2(1):10.

¹⁶ M. Chaffin, "Reintegrating juvenile offenders into the family," University of Oklahoma: Center on Child Abuse and Neglect, 2012.

¹⁷ R. Borgman, "Influence of Family Visiting Upon Boys' Behavior in a Juvenile Correctional Institution," Child Welfare, 1985: 65(6):629-638.

¹⁸ W.D Bales, and D.P. Mears, "Inmate Social Ties and the Transition to Society: Does Visitation Reduce Recidivism?" Journal of Research in Crime and Delinquency, 2008: 45:287-321.

¹⁹ B.R Wright, & C.W. Younts, "Reconsidering the relationship between race and crime: Positive and negative predictors of crime among African American youth," Journal of Research in Crime and Delinquency, 2009: 46: 327-352.

foster care block grant allocation and providers are paid for residential care pursuant to the Maximum State Aid Rate structure. Community-based services are supported through various funding streams including preventive services, Supervision and Treatment Services for Juveniles Program (STSJP) and Community Optional Preventive Services (COPS) programs.

Each of the community-based funding streams presents unique challenges. The preventive services funding stream is widely regarded as one of the nation's strongest models for supporting community-based services to avoid out-of-home placement. The funding stream is an uncapped appropriation that supports state reimbursement for 62 percent of local expenditures. However, utilization of preventive services funding for re-entry services is uneven across counties. While some counties rely heavily on this funding stream, others do not. Some variation in local use can be attributed to the need for local funding to make up 38 percent of support for services. In other cases, local procurement requirements may make the combination of two distinct state funding streams, one a block grant for residential services and the other an uncapped, 62 percent reimbursed funding stream, into a comprehensive service package that begins in care and continues into the community a significant challenge.

The STSJP funding stream is aimed at preventing the institutionalization of justice-involved youth either during adjudication of their case in court or as a result of adjudication. Funding is provided under a capped appropriation that provides 62 percent state reimbursement for services. While this funding is specifically targeted to the safe maintenance of justice-involved youth in the community, it is funded only at \$8 million annually. In addition, STSJP funding also requires a local match of 38 percent, which can present challenges to local budgets.

Finally, the COPS program model was once a promising avenue for providing general preventive services to at-risk youth through the use of preventive dollars. However, the COPS funding stream allows only for continuing support of programs that existed in 2008 and has seen significant reductions in the recent state budget crisis.

The lack of continuity between residential and community-based funding streams can also become a barrier for some localities. County-level procurement processes may drive different local requirements related to administration of residential care funded through the foster care block grant versus preventive services or STSJP funding that require a local match. Comprehensive, re-entry focused case management during residential placement would be greatly enhanced if funding for re-entry services and residential services were easily combined into one comprehensive contract.

Standards of Practice

Finally, there is variation in the standard of practice across private agency providers. Expectations around **juvenile justice specific best practices** in voluntary agency settings are not formalized at the state level in a systemic way. In addition, while some counties embed contractually required best practice expectations, they are in need of resources to monitor agency compliance with those standards. From a voluntary agency perspective,

different sets of standards imposed by different counties can lead to tremendous difficulty in program operation as these agencies often serve youth from multiple counties simultaneously. Formal juvenile justice standards of practice in voluntary agency settings set at the state level would help bring all voluntary agency providers up to a standard level of services and supports for justice-involved youth.

Housing and Permanency

Although there is no one policy that addresses housing needs for youth returning to the community, pieces of the framework governing preventive services and discharge to APPLA can provide some housing support for youth at re-entry. Preventive services regulatory framework provides that, where the primary factor preventing the youth's discharge is a lack of adequate housing, the provision of housing services are considered mandatory.²⁰

Chafee Housing and Supervised Independent Living Programs (SILP)

The federal John H. Chafee Foster Care Independence Act assists states and localities in establishing and carrying out programs designed to assist foster youth likely to remain in foster care until 18 and youth who have left foster care because they turned 18, to make the transition from foster care to independent living. In order to qualify for this benefit program, youth must be under 19 and a current foster care recipient who is likely to remain in foster care, or youth must be under 22 and a former foster care recipient.²¹

New York State receives a Chafee allocation annually and, in turn, distributes the funding to counties pursuant to an annual state allocation. New York State has defined room and board services to include: money for rent, ongoing maintenance (e.g. utilities), furnishings and start-up costs generally associated with renting an apartment, (e.g. money for security deposits on apartments or a utility deposit). For a residence to be considered appropriate under room and board services, there needs to be a reasonable expectation that the housing the youth enters will be available to the youth for at least 12 months. Shelters for adults; shelters for families; or any other congregate living arrangement that houses more than 10 unrelated persons, with the exception of college dormitories or new, innovative models that provide intensive employment or other supportive services in residential settings are not considered appropriate residences for the use of Chafee funding.²²

Youth receiving room and board services are required to be supervised by the LDSS. Supervision includes at least monthly contact with the youth if the youth has not sustained housing and income for six months. Additionally, face-to-face quarterly contacts are required. Quarterly casework contacts are required to be maintained for youth who have sustained adequate housing and income continuously for six months. New York State's approach to room and board services affords social services districts the flexibility to

²⁰ See §409-a(5)(c) of the social services law and 18 NYCRR 430.9(e)(a).

²¹ <http://www.benefits.gov/benefits/benefit-details/763>

²² OCFS, "State and Local Activities, Independent Living Initiatives," 2003: 117-119.

determine how much of their independent living federal allotment (up to 30 percent) they spend on room and board services and whether they provide limited housing assistance (e.g. security deposits on apartments) or a more complete package of housing services.²³

In New York State, LDSS's that choose to provide room and board services must establish written policies and procedures for those services. LDSS's have the option of providing room and board services for youth who have left foster care because they are 18 years old but are not yet 21. In addition, LDSS's have the option to provide room and board services to former foster care youth who were in foster care and eligible for independent living services while in care, but who left foster care before they turned 18.²⁴

Supervised Independent Living Program

OCFS's Supervised Independent Living Program (SILP) assists older youth in making the transition to self-sufficiency. Supervised Independent Living is an agency-operated boarding home program where youth under supervision live on their own in the community in apartments or homes that more closely approximate the type of living quarters they will be residing in after they are discharged. To participate in the program, youth must be between 16 and 21, have been in foster care for at least 90 consecutive days immediately preceding the placement in the program or have been in the care and custody or the custody and/or guardianship of the local commissioner of the social services district in a status of trial discharge. Youth must be visited in their unit an average of twice per week during each 90-day period. A minimum of one visit per month is mandatory. At the time of each youth's admission, a discharge plan is developed for the youth with an anticipated date of discharge of six to 12 months after admission.²⁵

Supportive Housing

Supportive housing combines permanent, affordable housing with services and helps people who are homeless or at risk of becoming homeless achieve housing stability and independence in the community. It is a proven, cost-effective solution to homelessness, as it is less costly to provide permanent housing than to expend resources on emergency care such as shelters, hospitals, jails and prisons.²⁶ There is a strong supportive housing model in New York City, called New York New York III (NYYNYIII). The NYYNY III Supportive Housing agreement will support 9,000 new units of supportive housing in New York City over 10 years. These units, along with another 3,000 units currently in development will fulfill the City's commitment to create 12,000 units of supportive housing in New York City. Some of these supportive housing units are specifically targeted to young people transitioning from the voluntary agency setting to adult independence.

An example of a strong supportive housing program for youth is the Chelsea Foyer program in New York City. Based on a successful European model, the Chelsea Foyer

²³ Ibid.

²⁴ Ibid.

²⁵ Ibid.

²⁶ Division of Mental Hygiene, "New York/New York III Housing Agreement," <http://www.nyc.gov/html/doh/html/dmh/dmh-housing-agreement.shtml>

provides 40 young adults between the ages of 18 and 25 who are aging out of foster care, homeless, or at-risk of homelessness with supported transitional housing in a co-ed setting.²⁷ Residents live in suites or studio-style apartments and participate in an individualized program of services for up to 24 months, with the goal of preparing them for independent permanent housing, employment, and careers. Foyer residents are taught to become completely self sufficient, pursuing jobs with benefits to avoid the need for public assistance.²⁸

Young people receive on-site case management and life skills development services and linkages to job training and placement, educational, and vocational resources. Residents must apply to be part of the program and once accepted, they are required to hold, at-minimum, a part-time job to support their daily needs and to help them save for the future. They contribute a program fee, determined by income, in lieu of rent, which is deposited in a savings account and returned to them when they successfully complete the program. The goal of the Foyer is to prepare residents for permanent housing and economic self-sufficiency.²⁹

Housing Barriers

Research shows that the most effective transition planning happens in the beginning of a youth's stay to properly identify and plan for a youth and family's needs.³⁰ Task Force members consistently reported that, even when youth have a family to return to, housing instability of the entire family is frequently a barrier to successful re-entry. There are no policies or standards that require housing assessments or services early in a youth's placement. Housing instability of the family can be a complex problem requiring long term planning. The absence of explicit requirements to assess housing stability at the outset of a placement can present a barrier to successful re-entry.

There is also a population of justice-involved youth in voluntary agency care who do not have a family to which they can return. This is a problem endemic to the foster care population generally, as a key service many young people report not receiving is assistance finding and maintaining housing after they leave care.³¹ As a result, young people may age out of foster care without knowing how to find a place to live, where they may apply for housing assistance, or what their rights and responsibilities as tenants are. Youth may fail to receive the services they need to prepare them for the transition to adulthood for a variety of reasons. For example, it is difficult to engage some youth in services. Adequate continuums of housing options that include quality independent and/or supportive housing are not available for youth under 18, and youth who are 18 through 24 do not have enough supportive housing options to meet their needs.³²

²⁷ <http://www.goodshepherds.org/programs/out-of-home/foyer/model.html>

²⁸ Ibid.

²⁹ Ibid.

³⁰ M. Bullis et al. 80-94.

³¹ M.E. Courtney, et al. "Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 21." Chicago: Chapin Hall Center for Children at the University of Chicago, 2007.

³² New York State's Juvenile Reentry Task Force analysis of available services, 2012.

Chafee

Authorization for the Chafee Act has remained at \$140 million per year for more than a decade, despite a significant increase in the number of young people aging out of foster care, efforts to provide services at younger ages, and the expansion of eligibility to youth exiting care through adoption or legal guardianship after they turn 16. To exacerbate matters, each state's allocation of Chafee funds is proportional to the size of its foster care population, while the percentage of that population eligible for services differs across states. The result is a gross inequity in dollars per eligible youth and, given that emancipation accounts for a different percentage of foster care exits in different states, in the percentage of eligible youth who receive services (GAO 2004; 2007).³³ While there are many factors that create barriers to housing for youth at re-entry, at least part of the gap in service provision is linked to the inadequacy of federal funds.³⁴

Public Housing

Public housing authorities retain broad discretion to ban individuals and families from public housing as a result of an arrest. Federal law only requires families to be banned from public housing if a household member is subject to lifetime registration as a sex offender or any household member has ever been convicted of drug-related criminal activity for manufacture or production of methamphetamine on the premises of federally assisted housing.³⁵ However, local housing authorities retain broad discretion to exclude families from public housing on the basis of an arrest record. Therefore, local public housing policies related to the effect on the arrest of a household member on the family's eligibility for public housing can present barriers to the accessibility of public housing for justice-involved youth and their families.

Physical Health

Youth residing in voluntary agencies as a result of an adjudication of delinquency receive access to Medicaid services, usually through Medicaid per diems that are provided to voluntary agencies for all foster care youth. Agencies, through the per diem funding, ensure that youth receive necessary medical, mental health and substance use treatment during their time in out-of-home placement. While youth generally receive routine health care through the per diem structure, and often on-site at the residential setting, some services such as inpatient hospital care are not included in the per diem rate and are currently accessed for youth through a Medicaid fee for service mechanism. Eligible youth must be transitioned to a traditional Medicaid case upon return to the community. If

³³ Ibid.

³⁴ A. Dworsky et.al, "Housing for Youth Aging Out of Foster Care A Review of the Literature and Program Typology," U.S. Department of Housing and Urban Development Office of Policy Development & Research, 2012: 10-12.

³⁵http://www.nationalreentryresourcecenter.org/documents/0000/1089/Reentry_Council_Mythbuster_Housing.pdf.

youth transition to the community and remain in local district custody for a period of community aftercare, they are categorically eligible for Medicaid while they remain in the custody of the state or the locality.

Once youth leave the custody of the LDSS, they may remain Medicaid eligible in a number of ways. First, youth in New York City continue to be Medicaid eligible for four months in order to return the child to a regular recertification cycle that will include an eligibility determination. In addition, under New York's provision for continuous coverage,³⁶ all New York State youth under 19 are guaranteed Medicaid for 12 months from their initial eligibility determination or, if they will turn 19 during that 12 month period, until the end of the month of their 19th birthday. Therefore, youth under the age of 19 may continue to be eligible for Medicaid following release from custody pursuant to this continuous coverage provision.³⁷

The Chafee Act allows for categorical Medicaid eligibility for any youth until the age of 21 if they are in the custody of the LDSS on their 18th birthday and in a voluntary agency setting or on aftercare status, regardless of income and resources.³⁸ If a youth does not meet the criteria for Chafee eligibility or for continuous coverage, the LDSS must complete a Medicaid eligibility re-determination as soon as possible following discharge from LDSS custody.³⁹

Bridges to Health

New York State offers a progressive approach to meeting the sometimes complex health needs of youth in foster care. Called Bridges to Health (B2H), this home and community-based Medicaid waiver program is designed specifically for children in foster care with significant mental health needs, developmental disabilities or who are medically fragile. With approval from the federal Department of Health and Human Services, B2H offers 14 uniquely designed services not otherwise available in the community to children with these complex medical conditions, and does so in the context of their often complicated family and caregiver network.⁴⁰

B2H services enhance the health, safety, and well-being of these vulnerable youth and prevent psychiatric hospitalizations and higher levels of residential care. B2H waiver services aim to improve the health and welfare of youth in the least restrictive and most integrated setting appropriate to their needs. B2H is designed to respect the preferences and autonomy of the youth and recognize the importance of freedom of choice for youth/medical consenters. Services and supports are planned and effectively implemented in accordance with each youth's unique needs, expressed preferences and decisions concerning his or her life in the community, as the youth works toward the desired outcomes. Children are served in the most home-like setting possible. By wrapping

³⁶ See §366(4)(s) of the social services law.

³⁷ GIS 12 MA/011 provides policy guidance from the New York State Department of Health on these coverage provisions.

³⁸ Youth must be citizens or have an eligible immigration status.

³⁹ See GIS 12 MA/011

⁴⁰ http://www.ocfs.state.ny.us/main/cfsr/Bridges_to_Health.shtm

services around the entire caregiver network, B2H hopes to keep youth out of more costly, medical institutional care.⁴¹

B2H services complement, but do not duplicate, services provided to youth through other programs, such as foster care. Youth may enter the B2H Waiver Program only while in foster care, but once in the program they may be eligible for services after discharge from foster care until age 21 if they remain otherwise eligible. Further, by having the same services available in each waiver for the enrolled children, regardless of the qualifying disability, B2H creates new opportunities for serving children with cross-system needs.⁴²

Physical Health Barriers

Continuity of Care Plans

Continuity of physical health care is greatly enhanced through continuity of care plans that specifically address how health care that has been provided in the residential setting can continue to be provided in the community. Developing and implementing continuity of care plans in time to secure viable, culturally competent community health services was identified by the Task Force as a significant barrier to health care for youth in voluntary agency placement. In addition, confidentiality of health care information is sometimes identified as a barrier to the development of health-related continuity of care plans. Navigating HIPAA standards to ensure that up-to-date relevant information is following the youth and family to the best possible community referral can present a challenge.⁴³

Medicaid Managed Care

New York State is currently moving to a managed care environment for youth in foster care settings, including justice-involved youth in voluntary agency settings. This significant shift raises questions about how voluntary agency providers will be able to provide necessary health care for youth on their campuses and in their group home settings. While Medicaid redesign therefore presents challenges for youth returning from voluntary agency settings it also presents an opportunity to structure health care for justice-involved youth in a manner that could support one comprehensive and consistent plan of care from the voluntary agency setting through to the community-based setting.

Behavioral Health

Both mental health and substance use treatment are critical services for many justice-involved youth. Currently, these services are provided under the current Medicaid structure described above in the physical health section. Behavioral health services are

⁴¹ Ibid.

⁴² Ibid.

⁴³ Comprehensive federal privacy standards to protect patients' medical records and other health information provided to health plans, doctors, hospitals and other health care providers took effect on April 14, 2003. The Health Insurance Portability and Accountability Act (HIPAA) prohibit disclosure, without patient permission, of information and records related and unrelated to health care.

often provided on residential campuses of voluntary agency providers through the Medicaid per diem structure.

Community-based behavioral health services are also supported through a youth's access to private insurance, Medicaid or Child Health Plus. While many states have structured their Medicaid programs to support evidence-based therapeutic interventions for justice-involved youth with Medicaid funding, New York has not. Currently, providers who operate a licensed mental health clinic can be reimbursed for off-site services with state funds.⁴⁴ Many evidence-based interventions can be supported through this state funding mechanism.

Significant steps forward have been made in recent years, particularly regarding the development of standardized mental health screening and assessment instruments tested for use with youth in the juvenile justice system.⁴⁵ These tools represent an important advancement for research because they allow for comparisons among studies that utilize them, as well as among subpopulations within the juvenile justice system. Their use in research has expanded the knowledge base with respect to the prevalence of mental health disorders among justice-involved youth, and has yielded more consistent estimates, ranging from 65 percent to 70 percent among youth in residential juvenile justice.⁴⁶ Research utilizing these instruments with non-residential juvenile justice populations (i.e. youth at probation intake) has found mental health prevalence estimates of approximately 50 percent.⁴⁷

Behavioral Health Barriers

Mental Health

Many voluntary agencies have robust, model treatment services. But others do not provide front-end comprehensive assessment to determine needs for youth *and* families, and/or do not provide evidence-based, culturally competent, gender specific or trauma informed mental health groups or individual services. In addition, programs sometimes make the significant error of cushioning the youth with services at the facility, and neglecting to provide parallel services to the parents, which is designed to have a significant effect on the home life when the youth returns to the community.⁴⁸

New York State also does not maximize the use of federal funding for many therapeutic interventions. While other states use Medicaid funding for many evidence-based interventions, such as functional family therapy and multi systemic therapy, New York

⁴⁴ http://www.omh.ny.gov/omhweb/clinic_restructuring/part599/guidance.pdf.

⁴⁵ J.L. Shufelt, M.S. & J. J. Cocozza, Ph.D., "Youth with Mental Health Disorders in the Juvenile Justice System: Results from a Multi-State Prevalence Study," National Center for Mental Health and Juvenile Justice NCMHJJ, 2006.

⁴⁶ G. Wasserman, et al., "Gender differences in psychiatric disorders at juvenile probation intake," American Journal of Public Health, 2005: 95, 131-137.

⁴⁷ G. Wasserman, et al., "The Voice DISC-IV with incarcerated male youths: Prevalence of disorder," Journal of the American Academy of Child and Adolescent Psychiatry: 2002 41, 314-321.

⁴⁸ L. Garfinkel, "Improving Family Involvement for Juvenile Offenders with Emotional/Behavioral Disorders and Related Disabilities," Behavioral Disorders, 2010: 36 (1), 52-60.

State has not structured its Medicaid program to date to be able to charge Medicaid for these services.

Finally, behavioral health-related information sharing among local departments of social services, voluntary agencies, and community-based providers is often difficult. A lack of information on the part of any one of these service providers can compromise the critical need for continuity of care and services for youth at re-entry.

Substance Use Services

The high rate of substance use among young offenders suggests a large need for treatment. Although young offenders are usually screened for substance use disorders, there is a need to improve screening methods and to ensure that screening takes place early enough to allow youth and families to receive proper services.⁴⁹

Cautioning that no single treatment approach has been proven most effective, there are current standards of “best practices” in treating substance use disorders and some promising models of care. Substance use treatment challenges include the need for better methods of engaging adolescents and their families in treatment and the need to better address environmental risk factors, such as family substance use and deviant peer networks, and co-occurring conditions, such as learning disabilities and other mental health disorders.⁵⁰ The same barrier regarding use of Medicaid funding for evidence-based services discussed for mental health above is present for evidence-based substance use treatment as well.

Education

New York State Education Law clearly establishes the right to a public education for anyone under age 21 who has not received a high school diploma.⁵¹ That education is required to be provided by the school district in which the youth is residing. Thus, there is an actual residency requirement for youth to enroll in the local public school.

In addition, state law requires the prompt enrollment of any youth released from a residential facility under contract with the OCFS or the LDSS.⁵² That law also requires each school district to designate one or more employees to facilitate that prompt enrollment.

Nearly all residential programs that provide services to youth adjudicated delinquent have on-grounds schools (853 schools, which are private and operated by the voluntary agency, or Special Act Schools that are public schools established by the state Legislature and subject to federal No Child Left Behind Act provisions). Although the current state

⁴⁹ L. Chassin, “Juvenile Justice and Substance Use,” *The Future of Children*, 2008: Vol. 18, no. 2.

⁵⁰ *Ibid.*

⁵¹ See §3202(1) of the New York State Education Law.

⁵² See 8 NYCRR Part 100.2(ff).

structure allows for considerable variability at facilities, facility schools are accredited, licensed by the State Education Department (SED), and nearly all issue Regents diplomas. In addition, the New York State Education Department issued a field memo regarding Education Stability Guidance to District Superintendents and Charter School Administrators in March of 2012. This guidance document provides technical assistance to: child welfare, LDDS's and voluntary agencies, school districts, charter schools and Boards of Cooperative Educational Services (BOCES) regarding their roles in fostering educational stability for youth in foster care.

Family Educational Rights and Privacy Act (FERPA)

The Federal Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g) is a federal law that was passed to protect the privacy of student educational records. The law requires that a school district, with certain exceptions, obtain written consent from the parent or eligible student in order to release any information from a student's education record.

The following FERPA exceptions permit school officials to disclose information, without consent, to the following parties or under the following conditions:

- Appropriate officials in cases of health and safety emergencies;
- School officials with legitimate educational interest;
- Other schools to which a student is transferring;
- Specified officials for audit or evaluation purposes;
- Appropriate parties in connection with financial aid to a student;
- Organizations conducting certain studies for or on behalf of the school;
- Accrediting organizations;
- To comply with a judicial order or lawfully issued subpoena; and
- State and local authorities, within a juvenile justice system, pursuant to specific state law.

Chafee Education Supports

As described in the housing section, New York State participates in the federal Chafee Act program. While housing expenses can be supported with this funding, allocations can also be used to support traditional independent living services (such as life skills services) and for post-secondary education preparation expenses such as: cap and gowns and other costs associated with high school graduation; prom dresses; scholastic aptitude tests including PSAT/SAT/ACT; applications for admission to college or vocational training programs; examinations for attendance at a vocational training program; visits to colleges; and clothing for job/college interviews.⁵³

Education and Training Vouchers (ETV)

State-level guidance on the ETV program makes youth who have been adjudicated delinquent and in the custody of the LDSS explicitly eligible for ETV support.⁵⁴ Each

⁵³ See 11-OCFS-LCM-04.

⁵⁴ See 11-OCFS-LCM-06.

youth who is awarded an ETV receives up to \$5,000 annually that can be used for room and board expenditures, tuition at a post-secondary educational institution, or child care expenses. Given the limited level of federal funding for this initiative, state policy guidance establishes levels of priority for receipt of these funds, starting with the oldest eligible youth who have previously been in receipt of an ETV and are making progress in their post-secondary educational pursuits and ending with the youngest youth eligible to receive an ETV.

Education Barriers

Credit Issuance for completed coursework and course in progress Transfer

There are no overarching policies that set a standard for granting full credits, partial credits or best practices for course in progress to guide community-based schools as a result of students' grade level work during placements within voluntary agencies. Credit determinations therefore depend on how the receiving school district interprets the transcripts or progress reports credit allocation. This lack of concrete information may impede subsequent academic guidance given to youth and their families regarding credit allocation. The discretion that the receiving school has to determine credit allocation for previous earned credits and course enrollment opportunities for in progress work (a structure that is true of transfer between any two schools) provides opportunity for youth to be denied credit for completed coursework that does not readily match the school's course description to the course offered while in placement. In the absence of a clear course descriptions that can be used to evaluate for comparable credits, and no one to advocate for the youth and family with the community school, the youth can end up losing credits in progress or credit for completed coursework.

The issue of credits can also be exacerbated by the focus on reducing lengths of stay in residential care. Youth face even greater risks of losing credits in progress when they return home in the middle of a school semester. Shorter lengths of stay in residential placement can sometimes mean that youth are discharged before they have earned credit in a particular semester or school year. This hinders the opportunity for students to earn credit for successfully completed coursework in progress. It is important that youth be given every opportunity to complete courses in progress, including summer school.

Enrollment

Effective school enrollment at re-entry requires early case planning to identify an appropriate school placement and to actively engage the family in the school enrollment process. This kind of early planning related to the best educational setting upon return home does not always occur. In addition, the requirement that youth are actually residents of the home school district at enrollment, coupled with voluntary agency policies regarding time in the community prior to discharge, can prohibit youth from being able to quickly enroll in a school placement. Lack of timely linkage with families can also inhibit a family's capacity to play a role in their child's enrollment process. Barriers also include resistance from principals and other school administrators who may have played a role in the youth's initial adjudication process. In addition, once enrolled, student records

often do not transfer in a timely way to the new school. This records transfer issue is present both when the youth transition to the initial placement and when they return home.

GED® pathway

The voluntary agency schools are prohibited by law from holding GED® prep classes for any students, eliminating another pathway to a diploma for these youth while in care. The GED® pathway is often the best and final opportunity for youth who are over age and under credit when given the instructional supports are likely to experience educational success.

Job Training

Embedded in the state's foster care regulations (18 NYCRR 430.12) are the following standards: provision of vocational training for youth enrolled in secondary school and on track to graduate by age 20 and for youth enrolled full time at an accredited college or university, and an independent living skills program for youth with a goal of discharge to APPLA or who are 16 or over, have been in foster care for 12 of the previous 36 months, and have a goal of discharge to parents, relatives, or adoption.

Job Training Barriers

The Juvenile Justice System does not always see employment and training programs as a priority. The care of juveniles faced with a constellation of challenges — multiple behavior issues, emotional or learning challenges, family and neighborhood strain, and substance abuse issues — seems to place employment further down in the hierarchy of needs.^{55 56} Research shows that many practitioners believe the stigma from the juvenile justice system poses challenges for workforce development.⁵⁷ Furthermore, administrators and other practitioners point out, there are structural obstacles in employment and training programs for youthful offenders.

Limited Access to Community Networks and Geography

Many non-justice-involved youth often obtain employment through family and community networks. For many youth in juvenile justice placements, the same environment that was conducive to juvenile justice involvement inhibits the formation of employment networks.⁵⁸ Even when families and other support systems are there to assist, juvenile justice systems often fail to incorporate their efforts and leverage their help. Residential programs are sometimes located far from their participants' home

⁵⁵ Annie E. Casey Foundation, "Barriers and promising approaches to Workforce and Youth development For young offenders," 2002: 16-18.

⁵⁶ T. Duster, "Crime, Youth Unemployment, and the Black UrbanUnderclass," *Crime and Delinquency*, 1987 33(2): 300-316.

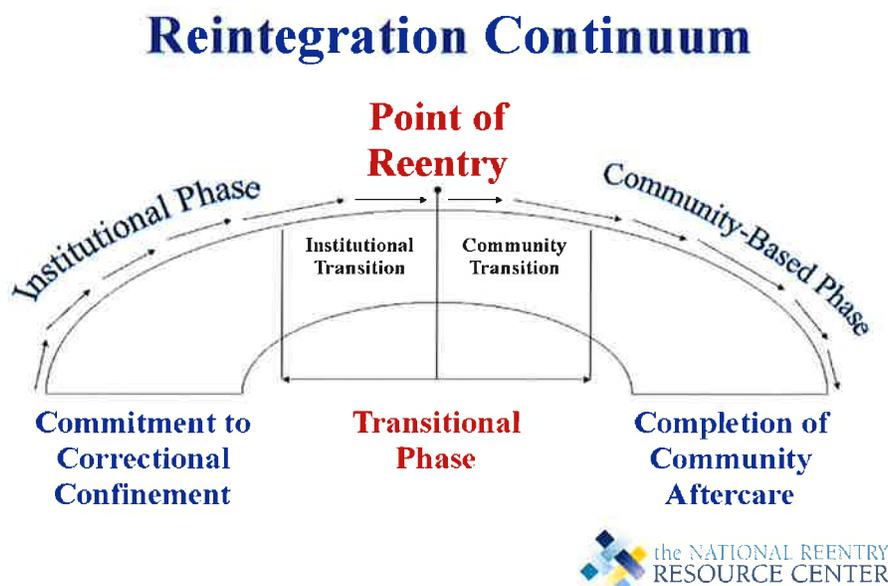
⁵⁷B. Krisberg, and G. Pearce. "Employment-Based Youth Violence Prevention: A Review of the Literature," *National Council on Crime and Delinquency*, 1997: 1.

⁵⁸ *Ibid*, 17.

neighborhoods, leaving youth too far away to find jobs in their home communities or attend community-based job training programs that match the local labor market. Finally, not all facilities espouse a philosophy that promotes seamless sustainable vocational and pre-employment training services that link the facility to the families and community.

The Reintegration Continuum and Juvenile Re-entry Best Practices

The Task Force reviewed literature on best practices in juvenile re-entry. Based on that review, this plan embraces David Altschuler's reintegration continuum⁵⁹ as the overarching model for strong juvenile re-entry practice. Pursuant to that model, juvenile re-entry can be thought about in terms of three phases and five stages as pictured below.



Altschuler also identifies four evidence-based building blocks that provide a foundation for strong juvenile re-entry practice and are woven throughout all of the principles and key drivers of this Task Force's Recommendations. These include: 1) continuity of care;

⁵⁹ David M. Altschuler, Ph.D., *Juvenile Demonstration (Planning and Implementation) and Technology Career Training Grantees: Collaborating For Results*, Second Chances and Safer Communities, May 22, 2012, Available At http://nationalreentryresourcecenter.org/documents/0000/1485/Learning_from_Each_Other_-_Juvenile_Demonstration.pdf.

2) cognitive-behavioral approach and skills building; 3) staffing, training, and quality assurance; and 4) overarching case management.

Continuity of Care components include: 1) continuity of control; 2) continuity in range of services; 3) continuity in service content; 4) continuity of social environment; and 5) continuity of attachment.⁶⁰

This concept - that the interventions started while in residence and continued into re-entry should be part of one continuous and integrated plan - is the groundwork that supports all the proposed recommendations. New York's re-entry practice should support case planning that begins at entry into residential care with a constant focus on the types of services and supports that can begin to be built during placement and can continue once the youth returns home. This continuity of care is critical to all of the recommendations in this plan.

Cognitive-Behavioral Approach and Skills Building includes: 1) managing anger and handling conflict pro-socially; 2) assuming responsibility for actions/reactions; 3) empathy; 4) solving problems and setting goals; and 5) acquiring life skills geared to a community setting.⁶¹

These interventions have been shown to be critical in reducing subsequent offending.

Staffing, Training, and Quality Assurance is an umbrella building block that ensures quality implementation of continuity of care, the cognitive behavioral approach and skills building and overarching case management.

Recommendations for improved re-entry practice in this plan include many areas ripe for staff training and quality assurance that cross the residential and community-based phases and that engage different professionals who work with youth and their families.

Overarching Case Management includes: 1) assessment and classification; 2) individual case planning; 3) surveillance/service mix; 4) incentives and consequences (graduated responses) and 5) brokerage of services and linkages.⁶²

This concept of overarching case management is also critical to effective implementation of this plan. Case management begins as soon as youth are placed and continues through a period of community-based supervision at re-entry. Proper assessment and graduated responses that use both incentives and consequences are all critical to case management at every point in the re-entry continuum.

While these building blocks are key foundational principles that provide the framework for effective re-entry practice, the Task Force also developed several additional principles for effective re-entry based on a review of relevant literature and Task Force member input. Those principles are as follows:

⁶⁰ Ibid, 15.

⁶¹ Ibid, 16.

⁶² Ibid, 17.

Principle 1: Re-entry planning starts with family and youth when the youth enters a facility⁶³

Case Planning

Discharge case planning should be initiated at the outset of voluntary agency placement. Placement is an opportunity to prepare the youth — and the family — to address the challenges the youth will face when released. Therefore, planning for the return home should start early, as soon as the decision is made to send the youth to placement.⁶⁴

Transition planning begins with development of a case plan for the period of placement. It should include: required visitations and consistent family engagement services, including transportation and the installation and use of technology- video conferencing and Skype; involvement of agencies, individuals and institutions from the youth's home community; and targeted community activities during placement.

Immediate Access to Paperwork

Facilities should have timely access to critical referral information and documentation from probation, the court, mental health (i.e. psychological evaluations and progress notes) and medical services (i.e. current immunizations and medications), substance use services and schools (IEPs and transcripts); and Social Security cards, birth certificates, Medicaid cards, etc. with the proper consents in place for continuity of care.

Principle 2: Assessment

Comprehensive Assets and Needs Assessment

Each youth should receive a comprehensive, standardized, objective and validated assessment that, upon admission to the facility, can be used to target interventions designed to address a youth's specific strengths/assets, clinical, and criminogenic needs.^{65, 66}

Capacity to achieve this goal is predicated on the immediate access to records noted above. Assessment should also include youth's mental and physical health; and substance use history; interpersonal skills; vocational aptitudes; education level and employment history.

⁶³ M. Bullis, P Yovanoff, & E. Havel, The importance of getting started right: Further examination of the community engagement of formerly incarcerated Youth (The Journal of Special Education, 2004) 38, 80-94.

M, Bullis, P. Yovanoff, E. Havel, & G. Mueller, (2000). *Life on the "outs"— transition research on adjudicated youth in community settings: TRACS*. Final Report.

⁶⁴ Michigan Council on Crime and Delinquency, 5-8.

⁶⁵ D. Steinhart, (2006). *Juvenile detention risk assessment: A practice guide to juvenile detention reform*. Available at <http://www.aecf.org/upload/PublicationFiles/JJ3622H5038.pdf>

⁶⁶ C. S. Schwalbe, (2007). Risk assessment for juvenile justice: A meta-analysis. *Law & Human Behavior*, 31(5), 449-462.

Evidence-based actuarial risk assessment should be used to match youth to appropriate services. If the initial youth assessment indicates need for specific behaviors or issues to be addressed, such as fire setting, sexual aggression, sexual exploitation, or developmental delays, the youth and family should be referred for appropriate assessments related to those specific needs and then to the appropriate targeted interventions.

Family Assessment

Families should participate in developing a comprehensive needs assessment within the first week of a youth's stay, with the help of a re-entry coordinator who bridges facility and community interventions and will be the family contact when the youth returns home. This includes: housing, employment, mental health and physical health needs, education, substance use, and strengths. It is important to pay close attention to family stabilization needs in this process. Basic family needs such as food and shelter must be addressed before other problems can be addressed.⁶⁷ This process should be respectful and culturally competent, so that parents are active participants during the entire process. Families with reservations about providing care for youth at re-entry need to be identified at initial assessment stage so that other relatives or other natural supports from the community can be engaged in the youth's treatment, as well as the last option of a possible concurrent child welfare referral. If child welfare is the only option, a foster family, independent living resource, or group home must be identified immediately to include home placement contact in re-entry planning.

A helpful technique at this point is to chart the youth's family life and the involvement of parents, siblings, significant family members or other natural support people in the family system.⁶⁸ This can include: strengths, talents and interests, education, employment, positive relationships between members, spiritual affiliation, community connections, and trauma from domestic violence, sexual abuse, sexual exploitation, the impact of incarceration on relationships, parental incarceration, neglect and abandonment.⁶⁹

Positive Youth Development⁷⁰

Use of a strengths-based Positive Youth Development (PYD)-focused tool to assess for the strengths, interests and talents, and future goals of the youth can be helpful.⁷¹ PYD requires that six practice domains be considered when addressing the needs of youth. 1) work, including job experience, apprenticeships, job preparedness, and income and independence; 2) education, including literacy, credentials, learning skills, and career planning; 3) relationships, including communication skills, conflict resolution, family systems, intimacy and support; 4) community, including civic engagement, community leadership and service responsibility; 5) health, including physical activity, diet and

⁶⁷E.J. Bruns; J.S. Walker; J. Adams; P. Miles; T. Osher; J. Rast; and J. VanDenBerg. (2004). *Ten principles of the wraparound process*. Portland, Oregon: National Wraparound Initiative, Research and Training Center on Family Support and Children's Mental Health, Portland State University.

⁶⁸ genograms are an example of an evidence-based, culturally competent tool.

⁶⁹ National Resource Center for Foster Care and Permanency Planning & Casey Family Services. *Permanence for young people: Framework*, 2004.

⁷⁰ J. A. Butts, G. Bazemore, & A.S. Meroe, "Positive Youth Justice Framing Justice Interventions Using the Concepts of Positive Youth Development," *Coalition for Juvenile Justice*, 2010: 9.

⁷¹ Ibid.

nutrition, behavioral health, lifestyle and sexuality, including sexual and gender identity; and 6) creativity, including personal expression, visual arts, music and performing arts.⁷²

Principle 3: Individualized Service Planning⁷³

Each youth and family should have an individualized case plan, informed by the assessments, that explains what programming should be provided during the period of residential placement to ensure that return to the community is supportive and successful.

Individualized Service Planning

Families and youth should complete separate but complementary individualized service plans based on needs identified in assessment that is informed by and accessible to all members of a collaborative case management team with an assigned re-entry coordinator. These plans for both youth and families provide clear messages to parents at day one that the child is coming home, so preparation must begin immediately.⁷⁴ Provisions should be included for periodic reassessments of youth and family to be conducted during treatment and for changes to be made in the plan accordingly.⁷⁵ Plans should include opportunity for home visits, transporting families to see youth, or the use of technology to strengthen the family connection.

Home Stay

Time at home during the residential placement period should be done through an intentional visiting model - with upfront planning and preparation with youth and parents prior to spending time at home. Comprehensive safety or crisis plans⁷⁶ should be developed with families so there is a plan in place to handle a crisis situation at facility and on home/community visits. Parents should be informed at the outset of placement about facility discipline policies and involvement of parents in giving consequences during placement can facilitate successful re-entry. If youth cannot return to the family home, effort should be made early in the placement period to identify other positive adult supports for youth in the community and to accommodate for the youth to spend time in the community with those adults. Youth should have a minimum number of natural community supports documented and case planning should include significant time for youth to build connections with those supports while in placement.⁷⁷

Principle 4: Physical, behavioral health and parenting and pregnancy services

Comprehensive physical and behavioral health care services should be accessible within

⁷² Ibid, 19-30.

⁷³ Bruns et al. 2004

⁷⁴ Michigan Council on Crime and Delinquency, 5-8.

⁷⁵ Ibid.

⁷⁶ M. Chaffin, (2012). *Reintegrating juvenile offenders into the family*. University of Oklahoma: Center on Child Abuse and Neglect.

⁷⁷ Bruns et al. 2004

facilities and as a central component of community linkages that offer evidence based interventions.

Family supports to assist youth and their families with substance use and/or mental health issues should start during facility stay. Evidence-based, culturally competent⁷⁸, gender-specific⁷⁹, trauma-informed^{80 81} mental health services should be available and provided based on these assessments. The re-entry coordinator should include parents to assist with identifying and connecting with health care service for their child. Medical and behavioral health care should include access to needed medications and continuity of care plans with necessary consents for information sharing, regardless of the expected length of stay in the facility. All facility staff should be trained in trauma-informed, evidence-based interventions.⁸²

Respite

Evidence shows that taking respite prevents recidivism and secures stability in the home placement.⁸³ Foster families and group home beds can be made available through preventive service dollars for families when they need a break. Respite options should be identified, contracted with and written into the re-entry safety plan before discharge, so that the youth and family are familiar with the respite option, and the respite provider understands the re-entry case plan and safety plan. A model discharge plan that includes a respite option should be developed and disseminated. In addition, a financing mechanism for this type of respite, without the need to open a child welfare case, should be identified.

Sexual Health and Family Planning

Evidence-based programs regarding sexual health, healthy relationships, parenting skills, and pregnancy prevention and planning should be provided to youth and families.

Principle 5: Criminogenic needs and restorative justice⁸⁴

Facilities should offer evidence-based interventions to address criminogenic risk factors

⁷⁸ Ibid.

⁷⁹ M, Chesney-Lind & K.H. Federle, "Special issues in juvenile justice: gender, race, and ethnicity," Juvenile Justice and Public Policy, 1992: 175.

⁸⁰ C. M. Layne, R. et al, "The Core Curriculum on Childhood Trauma: A Tool for Training a Trauma-Informed Workforce", Special Issue on Trauma Education and Training in Psychological Trauma: Theory, Research, Practice, and Policy, 2011 issue #3.

⁸¹ V. Strand, R. Abramovitz, C.M Layne, H. Robinson, & I. Way, "Meeting the Critical Need for Trauma Education in Social Work: A Problem-Based Learning Approach", Journal of Social Work Education, 2011.

⁸² C. M. Layne, R. et al, 2011.

⁸³F. Quraishi, H. Segal,, and J. Trone. (2002). *Respite care: A promising response for status offenders and court ordered placements*. Available at <http://www.vera.org/download?file=397/IIB%2BRespite%2Bcare.pdf>

⁸⁴ Bergseth, K. J., & Bouffard, J.A. (2007). The long-term impact of restorative justice programming for juvenile offenders. *Journal of Criminal Justice* 35 (4):433–51.

through cognitive-behavioral approaches proven to address the specific needs and to build strengths and skills.

Client Matching

Youth should be matched to the appropriate intervention based on need, and youth scoring high on risk and high on need should be prioritized for services.⁸⁵ Families should receive parallel skills building so they can understand their role in their child's behavioral management. Evidence-based interventions, such as cognitive behavioral⁸⁶ and dialectical behavioral⁸⁷ approaches, should be used to address criminogenic needs and those evidence-based programs should be implemented with fidelity.

Restorative Justice

Restorative justice and victim-empathy programs with evidence-based curriculums should be accessible to build empathy for victims and an understanding of the consequences of the youth's actions.

Principle 6: Educational, vocational, recreational and cultural services to develop and enhance a youth's competencies while in residential placement.^{88, 89, 90}

Complementary and culturally competent educational, vocational, and recreational services and supports that help to establish, reestablish, expand, and strengthen relationships between youth and their families should be available to family members.^{91, 92, 93} Transportation should be provided for families to engage with youth in out-of-home placements for celebrations at the facility, such as cultural events, holidays, graduations, and sports events.

Educational

Provide comparable coursework to public school standards. Meet special education needs by accessing Individualized Education Plans quickly and providing identified services as

⁸⁵ Michigan Council on Crime and Delinquency, 13.

⁸⁶ Landenberger, N. & Lipsey, M. (2005). The positive effects of cognitive-behavioral programs for offenders: A meta-analysis of factors associated with effective treatment. *Journal of Experimental Criminology*, (1)4, 451-476.

⁸⁷ S.C. Hayes (Editor), V.M. Follette, (Editor), and M.M. Linehan, (Editor). (2004). *Mindfulness and acceptance: Expanding the cognitive-behavioral tradition*. NY, NY: Guilford Press.

⁸⁸ S. Jekielek, S. Cochran, & E. Hair. (2002). *Employment programs and youth development: A synthesis*. Washington, D.C.: Child Trends.

⁸⁹ G.L. Partee, (2003). *Preparing youth for employment: Principles and characteristics of five leading United States youth development programs*. Washington, D.C.: American Youth Policy Forum.

⁹⁰ R. Zabel, and F. Nigro. (2007). Occupational interests and aptitudes of juvenile offenders: Influence of special education experience and gender. *Journal of Correctional Education* 58 (4):337-56.

⁹¹ J.S. Platt; R.E. Casey; and R.T. Faessel. (2006). The need for a paradigmatic change in juvenile correctional education. *Preventing School Failure* 51 (1):31-38.

⁹² D. E., Brown and M.B. Thakur. (2006). Workforce development for older youth. In *New Directions for Youth Development*. Malden, Mass.: Wiley InterScience.

⁹³ K.A. Larson & K.D. Turner (2002). *Best practices for serving court involved youth with learning, attention, and behavioral disabilities*. College Park, MD: University of Maryland College Park.

necessary.

Vocational and cultural programs

Conduct vocational program with both “soft” and concrete employment skills building, based on employment market demand with certifications and links to community workforce development and employment opportunities.

Recreation and arts

Provide arts and athletic programs that address recreational, therapeutic and vocational training needs with links to the family and community.⁹⁴

Social skills

Engage youth in activities that address basic life skills, interpersonal skills, restorative justice, and mentoring, as a way to promote positive relationships.

Cultural

Celebrate holidays across ethnic groups to expose youth to diverse perspectives. Facilitate efforts of community and faith-based groups to provide effective, culturally competent services.

Principle 7: Transition preparation⁹⁵

Transition preparation should occur for each youth to ensure that all stakeholders, prior to discharge, are prepared to participate in community-based services and supervision.

A transition team that includes the youth, the family, re-entry caseworker, case manager, facility staff, service providers and other supports should be established early in placement and work throughout the placement and re-entry periods to ensure success in the community.

Re-entry Plan

A re-entry plan should be part of the initial case planning and should be continually reassessed and updated as youth progress through the placement period.

Safety Plan⁹⁶

A comprehensive safety or crisis plans should be developed with families so there is a plan in place to handle a crisis situation in placement and on home and community visits. The safety plan should address issues specific to the referral behavior and history, such as sexual exploitation, sexual aggression or fire setting. Detention should be the absolute last option in the safety response protocol.

⁹⁴ Bruns et al. 2004

⁹⁵ Bullis et al. 2004, Bullis, et al. 2000

⁹⁶M. Chaffin, 2010

Principle 8: Housing

The re-entry plan should identify stable housing options for the youth upon his or her re-entry into the community.

The transition team, working with community-based organizations, should be familiar with the full range of housing options available in each community. An appropriate housing option for each youth should be identified well in advance of release.

Home Assessment

The feasibility, safety and appropriateness of a youth living with family members upon discharge should be assessed early in the period of residential placement through a home assessment.

Pre-Planning

Identify youth who lack a stable housing resource early in the placement period and ascertain whether the issue is one of family housing instability or lack of a family resource for the youth. If the family has a housing hardship, identify housing options for the family well before the youth's planned release. If youth do not have a family to which they can safely return, begin family finding and supportive housing activities early in the placement period. If youth need a referral to the foster care system, conduct visits to the foster care home prior to release.

Principle 9: Pro-social Development

The re-entry plan should identify skill-building opportunities and positive connections in the community, prioritizing long-term natural support systems. Positive community supports such as Boys and Girls Clubs, YMCAs, faith-based services, family friends and relatives should be identified and nurtured during placement. The needs and strengths of the youth's family should be considered and then community networks should be built to provide counseling, safety planning, and other services to help the family cope with the emotional, financial and interpersonal issues surrounding the youth's return.

Principle 10: Benefits Access

Each youth and family should have appropriate forms of identification and those eligible for public benefits should receive those benefits immediately upon return to the community.

Interagency collaboration is needed to effectively screen youth and family for eligibility for Medicaid, supplemental security income, cash assistance, food assistance and other benefits and to facilitate successful pre-release application for these benefits. Youth and

families should be provided help in obtaining necessary identification and in identifying and applying for appropriate benefits. Local housing authorities should adopt balanced admission and eviction policies for public housing that consider individual circumstances.

Principle 11: Educational and vocational transitions^{97,98}

Youth should receive comparable credit for academic work completed while in placement and should be transitioned into the appropriate educational and/or vocational setting to meet their individualized education needs upon return to their communities.

Education

A plan for a smooth education transition should be developed prior to return to the community. That plan should include: understanding which credits are transferable, what grade the youth will be placed in and how special education needs will be appropriately met. In addition, the youth should have the opportunity to visit the educational setting prior to return. Family members should be connected to community-based family support/advocacy organizations that can provide peer advocates to help parents navigate the school system.

Job Training

Job training efforts that may have started at the voluntary agency should be continued in the community upon the youth's return home. Opportunities to use skills that the youth developed while in placement should be offered to youth.

Principle 12: Supervision and services

Supervision and services identified in the re-entry plan should be effectively implemented in a timely manner. The youth and family should understand the re-entry plan and expectations.

Reassessment of safety plan

The comprehensive safety or crisis plans developed with families should be revisited once youth return home so there is a renewed plan in place to handle a crisis situation. Parents and youth should be involved in defining the rewards and consequences associated with each behavior associated with success and safety.^{99, 100}

⁹⁷ L. Mirsky (2004). Restorative practices at community prep high school in New York City. Available at http://www.iirp.edu/iirpWebsites/web/uploads/article_pdfs/communityprep.pdf

⁹⁸ M. Bullis & P. Yovanoff,(2006). Idle hands: Community employment experiences of formerly incarcerated youth. *Journal of Emotional & Behavioral Disorders*, 14(2), p 71-85.

⁹⁹ J.F., Alexander, and B.V. Parsons. (1982). *Functional family therapy: Principles and procedures*. Carmel, Calif.: Brooks/Cole.

Terms and conditions of release

Any terms and conditions of release should be set with active youth and family participation and should accurately correspond to available resources, reflect the likelihood of recidivism, and employ incentives to encourage compliance with the conditions of release. Each youth and family should receive a written copy of their re-entry plan, including established service structures, pro-social supports, educational/vocational arrangements, and terms and conditions of release. Community supervision resources should be concentrated on the period immediately following the youth's release from residential placement and adjusted as the needs of the youth, the family, the victim and the community change.

Evidence-Based supervision practices

Evidence-based supervision practices should be implemented by matching the level of supervision to the level of need.¹⁰¹ Community-based networks, formal and natural supports should be leveraged to assist with the implementation of the supervision strategy, and family and community members should be consulted regularly to determine their assessment of the youth's adjustment to the community.

Periodic assessment

Periodic assessment of the youth's transition into the community should be done and any necessary modifications to the supervision plan should be made accordingly. This assessment should be done while recognizing that youth under supervision will require an adjustment period, and the issues posed during the initial transition home should be addressed through the graduated response building block that underlies successful re-entry practice

Health services, substance use, pro social skills and cognitive behavioral interventions

As described in the continuity of care building block for strong re-entry practice, continuity in the range of service and service content from residential placement to the community-based setting is critical. To that end, continuity of physical and behavioral health services, pro-social skill development and engagement of pro-social supports should be provided when youth return to the community. In addition, youth who have been engaged in cognitive behavioral interventions should have access to cognitive behavioral interventions that are community-based and family-focused at re-entry.¹⁰²

Principle 13: Collaboration with community stakeholders

A team of natural and formal community-based supports should assume responsibility to identify resources, bridge gaps and effectively maintain community supports after custody

¹⁰⁰ S.W. Henggeler,.; S.F. Mihalic; L. Rone; C. Thomas; and J. Timmons–Mitchell. (1998). *Blueprints for violence prevention*, Book 6: Multisystemic Therapy. Boulder, Colo.: Center for the Study and Prevention of Violence.

¹⁰¹ R. Wiebush (2002). *Graduated sanctions for juvenile offenders: A program model & planning guide*.

¹⁰² Goldstein, 1999.

has ended.

The re-entry coordinator should continue to be available to provide consultations and referrals during any period of supervision at re-entry. That consultation and referral should include linkages with service providers to ensure continuity of care as well as supporting the capacity of community members to assist in strategic planning for re-entry resource development and expansion of community services.

Recommendations and Implementation Plan

Building on knowledge of the current legal framework for juvenile re-entry as well as the principles of best practice, the Task Force developed the following list of recommendations to enhance juvenile re-entry from voluntary agency settings in New York State.

System coordination

- **Support systemic reform efforts that promote coordination from placement to re-entry.**

There are several models used in localities throughout New York State that promote coordination efforts for youth in voluntary agency placements. For example, New York State has been piloting the use of a juvenile re-entry Task Force in Monroe County.¹⁰³ Early analysis shows that this may be a promising practice for reducing recidivism at re-entry. Funding should be provided to support expansion of this promising model and any other promising efforts that can document efficacy. Efforts to enhance coordination should also include creation of model cross system memorandums of understanding to accept referrals and provide linkages, and well as model consents to share information across service providers.

- **Explicitly require that transition planning begin at the outset of the voluntary agency placement**

Preventive service regulations may need to be amended to explicitly require that transition planning begins at the outset of the voluntary agency placement, with ongoing review and revision during the course of the youth's placement.

Supports and Services While in Care

- **Strengthen visitation policies and practices¹⁰⁴**

¹⁰³ http://criminaljustice.state.ny.us/crimnet/ojsa/initiatives/offender_reentry_cospecific.htm

¹⁰⁴ R. Borgman, 629-638.

Rename “home visits” to something like “family time”, “home time” or “community time” (to imply that the time a youth spends in the facility is in fact the temporary situation). Revise current regulations to require a minimum level of family engagement activities at voluntary agencies that promotes more robust visitation from the outset of placement and encourages stronger staff, family and youth connection through the use of technology such as Skype. Offer state and peer-to-peer training and technical assistance on family visitation program models that engage and promote the positive relationship between the youth and their caregivers. Training and technical assistance should also be provided to help ensure that “family time” is intentionally conducted with a Safety Plan¹⁰⁵ in place with the facility and transition staff, family, youth and natural supports to assess the challenges and successes from the time any time spent at home. Finally, family transportation policies of voluntary agencies should be assessed and options for expanded voluntary agency transportation for families should be explored.

- **Provide interventions to address criminogenic thinking¹⁰⁷**

Provide funding for and require provision of services, either directly or through referral that address and mitigate the effects of criminogenic thinking for providers caring for justice-involved youth. Match youth to the appropriate intervention based on risk level, and prioritize youth for a service if they score high on risk and high on need. Ensure that evidence-based programs are implemented to fidelity.

- **Foster enduring pro-social supports**

Provide training on effective models to conduct a search with the youth and family that is of sufficient breadth and depth to reliably identify current and potential natural supports. Incorporate supports in the appropriate plans, for example, safety supports in the safety plan and work or school supports in the re-entry plan. Set a minimum standard that requires that some of the supports come from individuals and/or programs outside of the youth’s family. The policy should emphasize the importance of connecting youth to community-based activities in which they have an intrinsic interest.¹⁰⁸

Housing and Permanency

- **Address housing stability from the beginning of placement**

¹⁰⁵ J.F. Alexander, and B.V. Parsons. (1982). *Functional family therapy: Principles and procedures*. Carmel, Calif.: Brooks/Cole.

¹⁰⁶ S.W. Henggeler; S.F. Mihalic; L. Rone; C. Thomas; and J. Timmons Mitchell. (1998). *Blueprints for violence prevention*, Book 6: Multisystemic Therapy. Boulder, Colo.: Center for the Study and Prevention of Violence.

¹⁰⁷ K. J. Bergseth & J.A. Bouffard, 433–51.

¹⁰⁸ *Ibid*, 27.

Require early home stability and safety assessments for youth as part of the re-entry plan that is developed with the family at the outset of placement. Develop a pilot project to address family housing stability prior to youth discharge.

- **Develop more supportive housing options**

Supportive Housing should be expanded to provide more units for youth returning from juvenile justice placement settings.

Physical and behavioral health

- **Strengthen Medicaid support for evidence-based services and ensure that continuity of care is enhanced through the shift to Medicaid managed care.**

Medicaid redesign should be done in a manner that allows Medicaid funding to be used to support evidence-based services for youth. In addition, the shift to a managed care setting for physical and behavioral health should be done in a manner that enhances continuity of care for youth at entry and re-entry and that provides youth access to the services they need.

- **Provide training on effective behavioral health interventions**

Train facility and re-entry staff, and youth and families in trauma-informed,¹⁰⁹ cognitive behavioral approaches to address issues and in strategies to ensure that youth and families receive parallel messaging when youth return to the community. Promote educational awareness about gender and sexual identity for both youth and their families to support positive self-image.¹¹⁰

Education and job training

- **Provide access to and training on effective educational and vocational assessments to voluntary agencies.**

Voluntary agencies should be given the tools to conduct educational and vocational assessments with youth upon entry into placement.

¹⁰⁹ C. M. Layne, R. et al, "The Core Curriculum on Childhood Trauma: A Tool for Training a Trauma-Informed Workforce", Special Issue on Trauma Education and Training in Psychological Trauma: Theory, Research, Practice, and Policy, 2011 issue #3.

¹¹⁰ G.P. Mallon, (1997). Basic premises, guiding principles, and competent practices for a positive youth development approach to working with gay, lesbian, and bisexual youth in out-of-home care. *Child Welfare*, 76(5), 591-609.

- **Pilot a model process for educational transitions that maximize the award of credits for work completed while in placement and that provide for the prompt enrollment of the appropriate educational setting for youth.**

The pilot projects should include: early assessment, early engagement with families regarding the appropriate educational setting upon discharge, the development of robust voluntary agency course descriptions, advocacy for complete credit awards at re-entry, completion of all necessary steps for enrollment prior to discharge (so that enrollment can happen quickly upon return to the community), and the opportunity for youth to visit the community-based educational setting prior to re-entry.

- **Provide technical assistance to voluntary agencies to develop robust course descriptions.**
- **Monitor and enforce existing requirements for the prompt enrollment of youth following release.**

Current law provides a strong mandate for school districts to identify a person to coordinate the prompt enrollment of youth following release. Compliance with that law should be monitored and consequences should be created and enforced for failure to comply with this existing requirement.

- **Allow for voluntary agencies to provide a GED® pathway for youth who are significantly over age and under credit.**

Legal barriers to the provision of GED® prep classes by voluntary agencies should be removed so that all youth have access to a pathway that can reasonably lead to college readiness.

- **Develop initiatives that provide youth mentoring with a career development focus.**

These initiatives should connect youth with mentors in their home communities during placement and should continue to be connected to that mentor at re-entry and for a substantial time thereafter. Mentors should be individuals who can connect youth with a work environment, providing the young people access to either job readiness skill building or actual employment upon return to the community.

Conclusion

This New York State Juvenile Re-entry Plan was made possible by the collective efforts of the inter-disciplinary Juvenile Re-entry Task Force facilitated by DCJS staff in partnership with OCFS staff.

The Task Force analyzed current policy, researched innovative principles of evidence based re-entry practice, and made recommendations for an implementation plan. The value of implementing best practices in juvenile re-entry cannot be underestimated. Robust transition planning with youth's families from the beginning of the youth's stay, which includes early identification of housing, employment, medical, mental health, recreational and substance use needs, results in improved outcomes for youth and families.¹¹¹

The recommendations in this plan will require significant attention for implementation, including analysis of what statutes and regulations might need to be changed, the fiscal impact of any structural changes, identification of training opportunities, and any variation that may need to occur as a result of the very different landscape in the New York City region versus upstate New York. DCJS, OCFS, the Juvenile Justice Advisory Group, and the Task Force remain committed to engaging in the work necessary to operationalize the recommendations of this plan.

Improving outcomes for youth and reducing serious reoffending can lead to critically important outcomes – increased public safety, higher levels of education and employment, reduced use of emergency rooms and homeless shelters, and, most importantly, bright futures for youth that are free of further justice system involvement. It is important to have a map to guide future policy and practice. The challenge ahead is to make the recommendations contained in this plan a reality.

¹¹¹ M. Bullis, P Yovanoff, & E. Havel, "The importance of getting started right: Further examination of the community engagement of formerly incarcerated Youth," The Journal of Special Education, 2004: 38, 80-94.

Works Cited

- Alexander, James F. and Parsons, Bruce V. Functional family therapy: Principles and Procedures (California: Brooks/Cole, 1982).
- Altschuler, David "Juvenile Demonstration (Planning and Implementation) and Technology Career Training Grantees: Collaborating For Results, Second Chances and Safer Communities," May 22, 2012, <http://nationalre-entryresourcecenter.org/documents/0000/1485/Learning_from_Each_Other_-_Juvenile_Demonstration.pdf>
- Annie E. Casey Foundation, "Barriers and promising approaches to workforce and youth development for young offenders," 2002: 16-18.
- Arredondo, David E. "Child development, children's mental health and the juvenile justice system: Principles for effective decision-making," Stanford Law and Policy Review, 2003:14.1, 22-23.
- Bales, William D. and Mears, Daniel P., "Inmate social ties and the transition to society: Does visitation reduce recidivism?" Journal of Research in Crime and Delinquency, 2008: 45:287-321.
- Bergseth, Kathleen J. and Bouffard, Jeffrey A., "The long-term impact of restorative justice programming for juvenile offenders," Journal of Criminal Justice 2007: 35 (4):433-51.
- Borgman, R. "Influence of family visiting upon boys' behavior in a juvenile correctional institution," Child Welfare, 1985: 65 (6):629-638.
- Brown, David E. and Thakur, Mala B., "Workforce development for older youth," New Directions for Youth Development, 2006.
<<http://blogs.cce.cornell.edu/community-horticulture/files/2006/12/workforce.pdf>>
- Bruns, Eric J., Walker, Janet S., Adams, Jane, Miles, Pat, Osher, Trina, Rast, J., and Vandenberg, J. "*Ten principles of the wraparound process*," National Wraparound Initiative, Research and Training Center on Family Support and Children's Mental Health, Portland State University. 2004.
- Bullis, Michael and Yovanoff, Paul, "Idle hands: Community employment experiences of formerly incarcerated youth," Journal of Emotional and Behavioral Disorders, 2006: 14(2): 71-85.
- Bullis, Michael, Yovanoff, Paul and Havel, Emily, "The importance of getting started right: Further examination of the community engagement of formerly incarcerated Youth," The Journal of Special Education, 2004: 38, 80-94.

- Bullis, Michael, Yovanoff, Paul, Havel, Emily and Mueller, Gina, "Life on the 'outs': Examination of the facility-to-community transition of incarcerated adolescents," Exceptional Children, 2002: 69: 7-22.
- Butts, Jeffrey A., Bazemore, Gordon, and Meroe, Aundra Saa, "Positive youth justice framing justice interventions using the concepts of positive youth development," Coalition for Juvenile Justice, 2010: 9.
- Chaffin, Mark, "Reintegrating juvenile offenders into the family," University of Oklahoma: Center on Child Abuse and Neglect, 2012.
- Chassin, Laurie, "Juvenile Justice and Substance Use," The Future of Children, 2008: 18: 2.
- Chesney-Lind, M. and Federle, K.H., "Special issues in juvenile justice: gender, race, and ethnicity," Juvenile Justice and Public Policy, 1992: 175.
- Children's Defense Fund, "Justice for all youth: Raising the age in New York," 2011.
- Christian, Johnna, "Riding the bus: Barriers to prison visitation and family management strategies," Journal of Contemporary Criminal Justice, 2005: 21: 31-48.
- Cohen, Shawn, and Rae, Leah, "Wraparound plan delivers success at less cost," The Journal News, 2002.
- Division of Mental Hygiene,"New York/New York III Housing Agreement," <http://www.nyc.gov/html/doh/html/dmh/dmh-housing-agreement.shtml>
- Duster, Troy, "Post-Industrialism and youth unemployment," cited in Barry Krisberg and Greg Pearce. Employment-based youth violence prevention: A review of the literature (San Francisco: National Council on Crime and Delinquency, 1997), 1.
- Duster, Troy, "Crime, youth unemployment, and the black urban underclass," Crime and Delinquency, 1987 33(2): 300-316.
- Dworsky A. et.al, "Housing for Youth Aging Out of Foster Care A Review of the Literature and Program Typology," U.S. Department of Housing and Urban Development Office of Policy Development and Research, 2012: 10-12.
- Garfinkel, Lili, "Improving Family Involvement for Juvenile Offenders with Emotional/Behavioral Disorders and Related Disabilities," Behavioral Disorders, 2010: 36 (1), 52-60.
- Goldstein, Arnold P., The Prepare Curriculum: Teaching Prosocial Competencies (US: Research Press, 1999).

- Gowen, Christopher, Thureau, Lisa, and Wood, Meghan, "The ABA's approach to juvenile justice reform: Education, eviction, and employment: The collateral consequences of juvenile adjudication," Duke Forum For Law and Social Change 2011: 3.
- Hayes, Steven C. (Editor), Follette, Victoria M. (Editor), and Linehan, Marsha M. (Editor), Mindfulness and acceptance: Expanding the cognitive-behavioral tradition. (New York: Guilford Press, 2004).
- Henggeler, Scott W., Mihalic, Sharon F., Rone, Lee, Thomas, Christopher, and Timmons-Mitchell Jane, Blueprints for violence prevention, Book 6: Multisystemic Therapy, (Colorado: Center for the Study and Prevention of Violence, 1998).
- Jekielek, Susan, Cochran, Stephanie and Hair, Elizabeth Employment programs and youth development: A synthesis. (Washington, DC: Child Trends, 2002).
- Juvenile Justice Advisory Group, "New York State Three-Year Comprehensive State Plan for the Juvenile Justice and Delinquency Prevention Formula Grant Program," 2009 – 2011: 2.
- Krisberg, Barry and Pearce. Greg. "Employment-Based youth violence prevention: A review of the literature," National Council on Crime and Delinquency, 1997: 1.
- Landenberger, Nana A. and Lipsey, Mark W., "The positive effects of cognitive-behavioral programs for offenders: A meta-analysis of factors associated with effective treatment." Journal of Experimental Criminology, 2005: (1)4: 451-476.
- Larson, Katherine A. and Turner, David, "Best practices for serving court involved youth with learning, attention, and behavioral disabilities," University of Maryland College Park, 2002.
- Layne, Christopher R. et al., "The core curriculum on childhood trauma: A tool for training a trauma-informed workforce", Special Issue on Trauma Education and Training in Psychological Trauma: Theory, Research, Practice, and Policy, 2011 : 3.
- Mallon, Gerald P., "Basic premises, guiding principles, and competent practices for a positive youth development approach to working with gay, lesbian, and bisexual youth in out - of - home care," Child Welfare, 1997: 76 (5): 591-609.
- McVey, Catherine C. "Coordinating effective health and mental health continuity of care," Corrections Today, 2004: 63(4), 58.
- Mendel, Richard A., "Less hype, more help: Reducing juvenile crime, what works—what doesn't," American Youth Policy Forum, 2000.

- Michigan Council on Crime and Delinquency, "Michigan youth re-entry model: Building a re-entry framework for youth, families and communities," 2011: 5-8.
- Mirsky, Laura, "Restorative practices at community prep high school in New York City," 2004, iirp.edu/iirpWebsites/web/uploads/article_pdfs/communityprep.pdf.
- National Resource Center for Foster Care and Permanency Planning and Casey Family Services. Permanence for young people: Framework, 2004.
- OCFS, "State and Local Activities, Independent Living Initiatives," 2003: 117-119.
- Partee, Glenda L., "Preparing youth for employment: Principles and characteristics of five leading United States youth development programs," Washington, DC: American Youth Policy Forum, 2003.
- Pearson, Geoffrey. "Drugs and criminal justice, a harm reduction perspective," 2012, drugtext.org/Crime-police-trafficking/drugs-and-criminal-justice-a-harm-reduction-perspective.html.
- Platt, John S., Casey, Richard E. and Faessel, Richard T. "The need for a paradigmatic change in juvenile correctional education," *Preventing School Failure*, 2006: 51 (1):31-38.
- Quraishi, Fiza, Segal, Heidi J., and Trone, Jennifer, "Respite care: A promising response for status offenders and court ordered placements," Vera Institute of Justice, 2002. vera.org/download?file=397/IIB%2BRespite%2Bcare.pdf
- Schwalbe, Craig S., "Risk assessment for juvenile justice: A meta-analysis," Law and Human Behavior, 2002: 31 (5): 449-462.
- Shufelt, Jennie L. and Cocozza, Joseph J., "Youth with Mental Health Disorders in the Juvenile Justice System: Results from a Multi-State Prevalence Study," National Center for Mental Health and Juvenile Justice NCMHJJ, 2006.
- Stanley, Marcus, "What's Working (and what's not): A summary of research on the economic impacts of employment and training programs," U.S. Department of Labor, Office of the Chief Economist, 1995.
- Steinhart, David , "Juvenile detention risk assessment: A practice guide to juvenile detention reform," Annie E. Casey Foundation, 2006, aecf.org/upload/PublicationFiles/JJ3622H5038.pdf
- Strand, V., Abramovitz, R. Layne, C.M., Robinson, H., and Way, I., "Meeting the Critical Need for Trauma Education in Social Work: A Problem-Based Learning Approach", Journal of Social Work.

- Wasserman, Gail A., "Gender differences in psychiatric disorders at juvenile probation intake," American Journal of Public Health, 2005: 95, 131-137.
- Wasserman, Gail A., "The Voice DISC-IV with incarcerated male youths: Prevalence of disorder," Journal of the American Academy of Child and Adolescent Psychiatry: 2002 41, 314-321.
- Wiebush, Rick, "Graduated sanctions for juvenile offenders: A program model and planning guide," 2002.
- Wright, Bradley R. and Younts, C. Wesley "Reconsidering the relationship between race and crime: Positive and negative predictors of crime among African American youth," Journal of Research in Crime and Delinquency, 2009: 46: 327-352.
- Zabel, Robert and Nigro, Frank, "Occupational interests and aptitudes of juvenile offenders: Influence of special education experience and gender," Journal of Correctional Education, 2007: 58 (4): 337-56.

APPENDIX 1- New York State Juvenile Re-entry Task Force Members

Euphemia Adams	Families on the Move, New York City
Bill Baccaglioni	New York Foundling
Robert Burns	Monroe County Office of Probation
Jeff Butts	City University of New York (John Jay College)
Phillipe Cadet	NYS Division of Criminal Justice Services
Keturah Colbert	NYS Education Department
Shane Correia	Juvenile Justice Advisory Group
Nina Rose Fischer	NYS Office of Public Safety
Felipe Franco	NYS Office of Children and Family Services
Stephanie Gendell	Citizens Committee for Children
Linda Glassman	NYS Office of Temporary and Disability Assistance
*Jacquelyn Greene	NYS Division of Criminal Justice Services
Alison Hamanjan	NYS Unified Court System
Sara Hemmeter	NYC Administration for Children's Services
Mark Keefe	NYS Office of Children and Family Services
The Honorable Judy Kluger	NYS Unified Court System
Jeremy Kohomban	The Children's Village
Lee Lounsbury	Council of Family and Child Caring Agencies
Dwayne Mahoney	Rochester Boys and Girls Club
Elana Marton	NYS Council on Children and Families
Dan Maxwell	NYS Office of Children and Family Services
Donna Mazzeo	NYS Department of Health
Dennis Packard	Schenectady County Department of Social Services
Pamela Page	NYS Department of Health
Colette Poulin	Albany County Department for Children, Youth and Families
James Purcell	Council of Family and Child Caring Agencies
Hector Ramirez	Northeast Parent and Child Society
Meredith Ray-Labatt	NYS Office of Mental Health
Paul Schiller	The Children's Village
Jennifer Utting	NYS Office of Children and Family Services
Laura Velez	NYS Office of Children and Family Services
Kevin Walsh	Northeast Parent and Child Society

*Chairperson

APPENDIX II - Recommendations Short List

SYSTEM COORDINATION

- **Support systemic reform efforts that promote coordination from placement to re-entry.**
- **Explicitly require that transition planning begin at the outset of the voluntary agency placement**

SUPPORTS AND SERVICES WHILE IN CARE

- **Strengthen visitation policies and practices**
- **Provide interventions to address criminogenic thinking**
- **Foster enduring pro-social supports**

HOUSING AND PERMANENCY

- **Address housing stability from the beginning of placement**
- **Develop more supportive housing options**

PHYSICAL HEALTH AND BEHAVIORAL HEALTH

- **Strengthen Medicaid support for evidence-based services and ensure that continuity of care is enhanced through the shift to Medicaid managed care.**
- **Provide training on effective behavioral health interventions for youth and their families.**

EDUCATION AND JOB TRAINING

- **Provide access to and training on effective educational and vocational assessments to voluntary agencies.**
- **Pilot a model process for educational transitions that maximize the award of credits for work completed while in placement and that provide for the prompt enrollment of the appropriate educational setting for youth.**
- **Provide technical assistance to voluntary agencies to develop robust course descriptions.**
- **Monitor and enforce existing requirements for the prompt enrollment of youth following release.**
- **Allow for voluntary agencies to provide a GED® pathway for youth who are significantly over age and under credit.**
- **Identify and promote the use of trade-certified vocational programs with a community-based component through Local Departments of Social Services at voluntary placements.**
- **Develop initiatives that provide youth mentoring with a career development focus.**

APPENDIX III- Performance Metrics Table

Recommendations	Performance Outputs	Performance Outcomes
SYSTEM COORDINATION	<ol style="list-style-type: none"> 1. Work with Local Departments of Social Services (LDSS's) to create model cross-system memorandums of understanding to accept referrals, provide linkages and develop model consents to share information across service providers. 2. Work with LDSS's to identify best practices and develop training to support and facilitate cross systems coordination. 3. Amend the necessary legal structure to require that transition planning begins at the outset of a voluntary agency placement. 	<ol style="list-style-type: none"> 1. Share all relevant information about youth in a seamless timely manner upon entry into placement and return to the community. 2. Each youth and family will participate in a cross systems meeting to develop a re-entry plan that meets their needs with representatives across agencies, as well as natural supports that supports their stability in the community.
SUPPORTS AND SERVICES WHILE IN CARE	<ol style="list-style-type: none"> 1. Work with LDSS's to develop model visitation policies and practices. 2. Identify model criminogenic thinking curriculum and training- share with LDSS's and develop implementation plan. 3. Work with LDSS's to ensure that natural supports are included as part of immediate case planning and re-entry planning in placements. 	<ol style="list-style-type: none"> 1. Voluntary placements have visitation policies and practices that are sensitive to the needs of youth and families 2. Voluntary placements provide Interventions to address criminogenic thinking. 3. Enduring pro-social supports are identified during stay and included in re-entry planning. 4.
HOUSING AND PERMANENCY	<ol style="list-style-type: none"> 1. Work with LDSS's to ensure that youth and family housing needs are assessed as part of immediate case planning and resolved by re-entry. 	<ol style="list-style-type: none"> 1. Address housing stability from the beginning of placement.

	<ol style="list-style-type: none"> 2. Work with local public housing authorities to develop plans that allow youth back into housing with intensive re-entry case management; lobby with State and Federal Agencies to enhance and expand effective housing models. 	<ol style="list-style-type: none"> 2. Develop more supportive housing options.
PHYSICAL HEALTH AND BEHAVIORAL HEALTH	<ol style="list-style-type: none"> 1. Ensure there are juvenile justice advocates at the Medicaid redesign table with agendas that include evidence-based coordinated service provision for youth and families. 2. Work with LDSS's to identify behavioral health best practices and support training where there are gaps in service that include parallel services for families. 	<ol style="list-style-type: none"> 1. Provide seamless continuity of care for youth and families supported by Medicaid. 2. Youth and families experience effective behavioral health interventions in facility linked to the community.
EDUCATION AND JOB TRAINING	<ol style="list-style-type: none"> 1. Provide access and training about educational and vocational assessments to voluntary placements through LDSS's. 2. Pilot a model process for educational transitions in one local school district in concert with the LDSS and private placement that maximizes the award of credits for work completed while in placement and that provide for the prompt enrollment of the appropriate educational setting for youth; and provide technical assistance to voluntary agencies through LDSS's in concert with local school districts to develop robust course descriptions. 3. Support the training of educational advocates to monitor and enforce existing requirements for the prompt enrollment of youth following release in partnership with the family. 4. Advocate with the State Education Department to allow voluntary agencies to conduct GED® prep 5. Support LDSS's in the identification and promotion of school settings that specifically meet the needs of youth, 	<ol style="list-style-type: none"> 1. Conduct effective educational and vocational assessments. 2. Provide youth in facilities credits that are comparable to viable community-based educational options. 3. Ensure youth are enrolled in school as part of a seamless transition from residential care. 4. Allow for voluntary agencies to provide a GED® pathway for youth who are significantly over age and under credit. 5. Connect youth to appropriate school setting. 6. Youth leave facility with vocational training that is linked

	<p>as well as advocate for the development and enhancement of school settings that meet the needs of the youth.</p> <ol style="list-style-type: none">6. Identify and promote the use of trade-certified vocational programs with a community-based component through LDSS's at voluntary placements.7. Work with LDSS's to identify and promote model mentoring programs with a career development component.	<p>to workforce development and/or job placement in the community.</p> <ol style="list-style-type: none">7. Develop initiatives that provide youth mentoring with a career development component.
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