

Michael Umpierre:

Hello and welcome to today's webinar entitled Developing Comprehensive Reentry Plans for Youth. My name is Michael Umpierre and I'm the Director of the Center for Juvenile Justice Reform at the McCord School of Public Policy at Georgetown University. On behalf of CJJR and our partners at the American Institutes for Research, the Bureau of Justice Assistance and the Office of Juvenile Justice and Delinquency Prevention, I want to welcome all of you to our webinar today.

Michael Umpierre:

As you likely know, the Biden Administration recently proclaimed the month of April 2021 as Second Chance Month. This is a time to focus on prevention, reentry, and social support to ensure that America, in the words of President Biden, "is the land of second chances and opportunity for all people." As a part of Second Chance Month, this week we are celebrating Reentry Week, an opportunity to further elevate the importance of reentry policy and practice. And while over the course of this week, we and our partners at the National Reentry Resource Center are delving into many different topics related to reentry, today we're very happy to say is Youth and Family Day, where we take a special focus on how we can best support young people and families in the reentry process. We're so delighted to contribute to this conversation with our webinar today which is really exploring a critically important dimension of the youth reentry process and that is how we go about developing effective reentry plans for the young people who we all serve in the justice system.

Michael Umpierre:

Before we go any further, let me remind you all that we and our partners at the National Reentry Resource Center are hoping that you all will add to the national conversation on social media as well. So, as you watch the presentation, we encourage you to share your thoughts on the importance of reentry on Twitter, on Instagram, on Facebook, on LinkedIn, on the social media platform of your choosing using the hashtags that you see on your screen including #ReentryMatters, #ReentryWeek, #ReentryWeek21, and #Reentry2021.

Michael Umpierre:

On the next slide, we have something for all the lawyers out there which is the following statement, that the following presentation was prepared under cooperative agreement number 2020CZBXX002 from the Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, conclusions, or recommendations expressed in this presentation are those of the authors and do not necessarily represent the official position or policies of the U.S. Department of Justice.

Michael Umpierre:

On the next slide, as I mentioned, the focus of today's webinar is on reentry planning for young people. For those of you in the field serving young people involved in the justice system, we know that you all appreciate just how critically important reentry planning is and yet, at the same time, how challenging it can be. Ultimately, helping young people who are placed in facilities successfully re-enter the community is among the most important outcomes we seek in our field and to do it right we know that we need plans that will lay out the roadmap for the young person's success. Plans that leverage the rich information that we can gather on the youth's strengths and needs, and the family's strengths and needs. Plans that are developed by the full array of partners who can provide important context on the youth's life, especially young people and families themselves, and also who will be there to fully support the young person upon reentry. Finally, plans that are designed to effectively meet the needs of young

people and that are easily understood not only by youth and families, but by all of the partners who will play a role in supporting the young person's reintegration into the community.

Michael Umpierre:

So how exactly do we do that? How do we create comprehensive, holistic, effective reentry plans? Well, that's the focus of today's conversation. We are just so privileged and delighted to be joined by two wonderful leaders in our field who will describe for you how their own respective juvenile justice agencies approach this important process of developing reentry plans for youth. Next slide please.

Michael Umpierre:

So, on today's webinar, as I mentioned, we are thrilled to feature two wonderful leaders in our field, Ashaki McNeil and Eva Moore. Ashaki McNeil is the Reentry Program Manager within the Virginia Department of Juvenile Justice where she oversees DJJ's Reentry Unit, which provides reentry services returning to the community after commitment. She has many responsibilities in this perch and has been a voice, nationally, around supporting reentry policy and practice.

Michael Umpierre:

Also joining us is Eva Moore who's the Deputy Director of Aftercare at the Illinois Department of Juvenile Justice where she's responsible for the development and implementation of all DJJ aftercare and reentry policy in the state. Eva also brings a tremendous amount of experience and expertise. Both Ashaki and Eva are good friends to CJJR, who have presented at our various programs in the past and we can't thank them enough for sharing their insight with us today on today's webinar.

Michael Umpierre:

Ashaki and Eva, thanks again for being with us and welcome. And before I turn the floor over to each of you to talk a little bit about how you approach the development of plans in your jurisdictions, let me quickly discuss the format for today's webinar for our webinar participants. As I mentioned, we asked Ashaki and Eva each to provide an overview of the process around planning in Virginia and Illinois respectively. Once they each have an opportunity to do that, I hope to ask Ashaki and Eva a few follow-up questions and then we will complete the webinar recording. After the recording, we'll then join all of you for a live Q&A session where you can ask questions. So to that end, as we go along, please be sure to jot down any thoughts, any questions you may have for us and we'll do our best to address them when we connect with you in just a little bit. Also note that during the live session we do intend to share with you actual copies of the case plan templates that are being utilized in Virginia and Illinois, which we know you'll find to be very informative as you think about your own practice in your respective communities.

Michael Umpierre:

So with that, it's my pleasure now to pass the baton on first to Ashaki. And Ashaki, after you complete your presentation, please pass the baton on to our friend Eva. And Eva, when you're finished with your presentation, please send it back to me. So with that, Ashaki, the floor is yours.

Ashaki McNeil:

Thank you. Thank you, Michael. So I am Ashaki McNeil, the Reentry Program Manager for the Virginia Department of Juvenile Justice. And today we will look at Virginia's comprehensive reentry case plan

that drives the treatment goals to prepare a young person for successful transition to the community. We're going to talk about the importance of creating a consistent set of procedures to create a seamless plan. Our youths have a validated risk assessment to guide the development of a case plan and treatment goals, being intentional about reentry planning, setting specific meetings and agendas to drive that meeting, and last but not least and most important, ensuring that youth and families are supported throughout the process. Next slide.

Ashaki McNeil:

So prior to 2013, our parole and residential staff had separate reentry plans. This led to a breakdown in services in the community and a gap in treatment. So, in 2013, DJJ implemented a collaborative assessment driven case plan known as the Comprehensive Reentry Case Plan, or referred to as the CRCP. The CRCP identifies services and interventions to be provided during direct care and throughout parole supervision. It addresses areas determined to represent the greatest risks according to a validated risk assessment. Next slide.

Ashaki McNeil:

In Virginia, we use the Youth Assessment and Screening Instrument known as the YASI to assess risk to re-offend and to determine treatment needs. All youths who are committed to DJJ receive a full YASI assessment and the results are used to drive the content of the comprehensive reentry case plan. To ensure that this tool is accessible to both our community staff, our parole officers, and our residential staff, we also adopted a casework software that stores risk assessment information from the YASI instrument into our electronic database. This allows shared access by both a parole officer and the counselor and anyone else who's working on the case. Next slide.

Ashaki McNeil:

This is a copy of the YASI wheel. It shows the 10 domains that are assessed to determine a kid's likelihood to re-offend. And I think you'll see that when you get the chance to review Virginia's case plan, so I won't go into too much detail about the wheel. Next slide.

Ashaki McNeil:

So similar to having separate reentry case plans, our community parole officers and our residential staff also had a separate set of procedures intended to meet the same goal. To create a seamless reentry case plan, we found it to be important to ensure that staff are guided by a consistent set of procedures. In 2014, DJJ developed a reentry and intervention manual based on best practices to include the Council for State Governments' core principles for reducing recidivism and improving outcomes for youth in juvenile justice. That manual provides a roadmap to all DJJ staff involved in reentry planning. Next slide.

Ashaki McNeil:

In Virginia, we adopted the philosophy that reentry begins on day one. When a youth is committed, we hold what's called an initial family meeting to discuss concerns regarding commitment, potential barriers to visitation, and other things that families may have concerns about. We use this time to identify natural support, who can visit and be supportive throughout commitment, and we develop a written visitation plan. During this time, we also work with families to develop the family domain goal, which becomes a part of the comprehensive reentry case plan. As a note, the goal is to have this initial family meeting immediately after a kid is committed right after court, but we understand that families

are sometimes emotionally stressed and we respect the family's right to request a meeting be scheduled at a later date. Next slide.

Ashaki McNeil:

The next step to reentry planning is to develop a treatment plan that will determine placement, treatment, and programs. A staffing team meets to present the targeted goals and actions steps developed by the parole officer, the family, and the kid based on the results of the YASI. While a young person is waiting to be placed, he or she is usually going through a number of assessments that include mental health, substance abuse, and education to determine his treatment need. Next slide.

Ashaki McNeil:

Members of that staffing team include the youth and the family. They are represented as members of the staffing team and noted as such. This gives them the opportunity to provide input. Other members include the counselor, who facilitates the meeting, and the parole officer, who uses this opportunity to review and explain the YASI results to the family. Next slide.

Ashaki McNeil:

The team also consists of an educational representative and someone from our Behavioral Services Unit, which is where our therapists and psychologists are housed. DJJ also has reentry advocates who are positioned regionally around the state. There's one advocate per region, so we prioritize the needs of kids to determine where their work is concentrated. A reentry advocate participates in the staffing of a youth who is committed with a short length of stay, usually three months or less, to begin connecting them with services and this is because they won't likely see a 90 day reentry meeting, which we will address later in the presentation. Next slide.

Ashaki McNeil:

We found it important to be intentional about reentry planning, so we designated meetings for that purpose. The first meeting is held 30 days after placement and it's called an initial reentry meeting. It occurs during a routine meeting that takes place on a monthly basis called the treatment team meeting. We have this meeting in conjunction with the treatment team meeting to reduce the number of meetings a parent is requested to attend. The agenda is set to ensure that all areas are targeted for discussion. It includes a review of the CRCP goals, educational goals and progress, behavior and adjustment, reentry placement, and services needed. And we still talk about family planning and a family visitation plan. We review visitations to make sure that families are visiting.

Ashaki McNeil:

Treatment team is a body of professionals who develop and oversee the implementation and progress of the CRCP. During these meetings, the team discusses the juvenile's progress, the family's involvement while the youth is committed, and other needs as they arise. They are also continuing conversations around the juvenile's status of discharge and monthly review of the discharge plan. The treatment team members are staff at the placement, but with similar roles to that of the staffing team. If a youth is in foster care prior to commitment, DJJ has an agreement with the Department of Social Services to continue to be involved with the youth reentry plan until release. A DSS worker is invited to attend all treatment team members in the place of family members. Next slide.

Ashaki McNeil:

In an effort to ensure that kids have a voice in setting goals, DJJ adopted the personal action plan. It is a plan developed by the juvenile and it includes goals they set for themselves. The action plan is shared during treatment teams and updated as goals are achieved. At release, a reentry advocate is assigned to assist kids with creating action steps to accomplish the goals they set. Those goals are something as simple as attaining a driver's license, purchasing a car. It's about what's important to them and helping them advocate for themselves. Next slide.

Ashaki McNeil:

Our next designated meeting is the 90 day reentry meeting. And one of our aha moments with the 90 day reentry meeting was the need to allocate sufficient time to accomplish the agenda. This meeting is held in conjunction with a treatment team meeting and treatment team meetings are normally 10 to 15 minutes. We designated a half an hour to ensure that the agenda is accomplished. During this meeting, we continue to talk about progress toward meeting the CRCP goals and action steps, educational goals, and we begin talking about community school placement. We use this time to discuss behavior and adjustment within the facility, the family support, and regular visitation. We also look at this time to talk to the family about their goals and support upon release. Housing placement is discussed if the kid can't return back to their natural home setting. We begin thinking about other programs. We discuss community treatment and service needs, and we give the juvenile an opportunity to discuss his or her personal action plan with the team. Next slide.

Ashaki McNeil:

A comprehensive reentry case plan is vital to the success, but we have other points throughout a young person's commitment where we intentionally take action and that includes the 90 days prior to release. We have what's called a mental health services transition plan meeting for youth who are identified as needing continued mental health services in the community. We also continue to discuss and review the CRCP every 90 days and 60 days prior to release, we begin making program referrals to the community. Next slide.

Ashaki McNeil:

45 days prior to release, we found one of our barriers that we have kids being released as adults and they were being returned to the community without medical insurance. And so we work with a Cover Virginia Inmate Unit to ensure that applications are submitted for those kids being released after their 18th birthday. 30 days prior to release, our division of education begins the full re-enrollment process to make sure the kid can return to school on the day he's released to the community. And 30 days prior to release, we make any additional community and transitional referrals for services. Next slide.

Ashaki McNeil:

The final component of the reentry process is the community reentry phase. It brings together all of our efforts and completes the kid's reentry back into the community. During this phase, the parole officer meets with the parent and juvenile to discuss the reentry plan and to see if there are any questions. We also remind the parent and the child that we will have a 30 day community meeting to meet with the providers, the kids, and the family to determine if any adjustments need to be made and to determine if progress is being made. Throughout a young person's parole supervision, we continue to review the CRCP every 90 days until that young person has been released from supervision. And so, that's Virginia's reentry planning process and I will now turn it over to Eva Moore, Deputy Director of Illinois Aftercare.

Eva Moore:

Thank you. Good morning. So I'm going to begin by just giving a little bit of background on the state of Illinois and where we are in our reform process. So IDJJ began aggressively moving toward reform in 2014. In 2006, we were one agency separated... well, we separated from IDOC to establish DJJ as its own entity. And we've experienced many barriers and challenges to begin movement in our intended direction. One of the greatest barriers in my opinion was to obtain like a cultural shift. In 2015, we applied for a grant through OJJDP and was awarded that grant. And with the monies received from that grant, we acquired a risk, needs, and responsivity tool. We acquired the YASI. And at that point in Illinois, all of the probation departments were utilizing the YASI, but since that time, some have acquired other tools. In 2016, we developed policies and procedures to develop guidelines for the implementation of this assessment tool and staff training began. In 2017, IDJJ fully rolled out the use of the YASI statewide. Our case plan lives in caseworks. This is a system that's owned by Orbis and it allows access by our counselors, who are with IDJJ. They are referred to as the youth and family specialists. They actually drive or take the lead on the assessment process. And the aftercare specialist and their respective supervisors for the purposes of update and review.

Eva Moore:

So based on the mission of IDJJ and reentry planning, we understand building youth skills and strengthening families is best achieved by using a risk, needs, and responsivity assessment results and the youth's personal goals to drive the planning process by ensuring individualization in the case planning process, beginning at intake and continuing through discharge by relying upon a comprehensive array of services and supports and by ensuring a collaborative team approach to planning by a team composed of DJJ staff, community partners, and the family natural supports. Next slide, please.

Eva Moore:

So reentry planning begins upon intake and information to inform the reentry plan is gathered during the initial assessment and orientation period and updated from that point forward. So IDJJ uses the YASI to assess the needs and responsivity. We also use interviewing techniques to include the SMART aftercare model, that I'll speak to in just a little bit, and motivational interviewing to obtain needed information, set goals, and include family and community supports into the process. A full YASI assessment is completed within the first 30 days of arrival at IDJJ. Information to inform the case plan is gathered from within those 10 domains of the YASI. We also use information from other assessment tools. We use the GAINS, which is the Global Appraisal Inventory of Needs. The MAYSI, Massachusetts Youth Screening Instrument to assess any imminent mental health needs. We take a review of the social history, family dynamics, cognitive ability, and learning styles that might affect the effectiveness of interventions. Next slide, please.

Eva Moore:

So, part of the culture shift effort was to move staff away from the trainings that they had received from IDOC as relates to how they interacted with the children, inclusion of the family into the processes. And we were trying to encourage them to embrace and utilize some best practices in the field of juvenile justice. And so in 2017, we worked with the Vera Institute of Justice and developed SMART aftercare. Originally, it was a research project. We lost funding but we continued with the process. The acronym SMART is Support Monitoring using Appropriate Responses for Transformation. So SMART aftercare uses a systemic approach to infuse youth and family partnership into the decisions made about a young

person's aftercare case plan and experience from placement into a facility all the way through completion of community supervision. Next slide, please.

Eva Moore:

With the SMART aftercare case management, we're building on a stronger focus on engaging families as support into this whole aftercare case management process, allowing youth and families to have shared decision making in the case management decisions to include the aftercare goals setting, review and input on movement through support levels when they're in community, input into identifying incentive and sanctions when they're in community, and more input into program service and selection while they're in placement. For purposes of SMART aftercare, family is defined as traditional family, extended family, and/or elective family. Next slide, please.

Eva Moore:

And so, we put a front-end focus on engaging family as partners prior to the youth's release to placement. And we believe that families, they know each other best, they're a natural support system for early crisis intervention, and families have a longer term investment that might outlast any government interventions. So, aftercare specialists with the use of the SMART interview guide and other SMART tools during that initial conversation just kind of informally, while focusing on the areas that have been indicated as high risk in the YASI, just have a conversation with the youth and gather information, making documentation on the interview tool that's outlined based on the various domains. But they kind of gather information on what goals the young person might like to complete, what outcomes they would like to see, and information on who can support them when they're in the community.

Eva Moore:

And once all of that information is gathered and outlined on the goals form, the aftercare specialist obtains permission from the young person to go out to the home and talk to these people who they've identified as being a support and just make sure that they're willing to support the young person in these areas. And if they are, they're asked to sign a contract indicating their support. So the overall goal for the specialist, at this point, is to establish a relationship with the family members that will be supporting the young person while they're in facility and when they return home, identify people who would be interested in supporting the goals that are outlined by the youth, and get a written commitment from each person that would like to support the young person.

Eva Moore:

We'll be assembling a support team. This process will help us to assemble the support team and reinforce it by using those support agreements indicating their interest and their willingness to participate in creating an effective plan to help the young person meet their reentry goals. We'll be using information about the family support to inform decisions about the levels of support as they move through the system and beyond, even on to aftercare. Next slide, please.

Eva Moore:

Services are important. It's important to have them in the communities and in some communities, it can be challenging to have or to obtain the necessary services to support the young person once they're released. And so, IDJJ has developed a system whereby services that began in the facility in the area of mental health and mentoring will continue after the young person is in community. And those services

will be provided by the same staff that were assigned to them in facility. So for example, when the young person comes in and they're in need of mental health services, they're assigned a mental health professional. Those services begin on the inside and they will continue. That same mental health person will follow them all the way through their commitment with IDJJ.

Eva Moore:

And then in the community, we try and have like a holistic approach to the provision of services. And so, on this continuum, you can see that like with education, employment, behavioral health services that'll include like mental health, juvenile sex offender services, mentoring and advocacy, day reporting, which is a structured program that is in the community for youth who are beginning to have some issues along the area of technical violations to help them get back in alignment with their goals and objectives. We also provide services in the home. Multi-systemic therapy is one of those services and we have other wraparound services that provide in-home counseling and support for the parent. And then, we can move to like a residential behavioral health like a self-contained type of environment. And then when all else fails, we have our secure custody that they can come back to for support. Next slide, please.

Eva Moore:

And so we take a team approach to planning. We compose a multi-disciplinary committee that meets monthly while the youth is held in secure custody. The initial case plan is done within that 30 day period by this multi-disciplinary team. This team reviews those monthly goals and objectives and their progress while they're being housed with us. Achievement of case plan and goals while they're inside can reduce their length of stay. So IDJJ has its own release authority and so the goals and objectives are set up in a way and we have guidelines that the young person must meet and once they meet those guidelines, it can actually attribute to a reduction in their length of stay. And any progress is documented in the case plan by the youth and family specialist based on the outcomes of this multi-disciplinary staffing. And again, this team is composed of the youth, family support, behavioral health staff, educational staff, programming staff, the aftercare specialist, the family specialist and any applicable community providers. Next slide, please.

Eva Moore:

So, in the writing of goals, the goals are established based on a process where we outline action steps that are related to the problematic domains that have been indicated on the YASI's youth assessment. We encourage the goals to be like simple, like a what and a why, so that it kind of simplifies it for the young person to be able to set that goal. So, for example, they might say, "I'm going to learn to... control my anger so that I can get along with family members." And the goals have to be measurable and be developed by means other than like just the youth self-report, and the goals must have a timely deadline. Next slide, please.

Eva Moore:

And so once a youth completes an action step, they move on to the next one. If they're kind of dragging their feet or being resistant or just having difficulty achieving, we look at why and adjust the step if necessary. The goal is for them to complete the action steps because then that leads to completion of the overall goal.

Eva Moore:

And so, the youth reentry plan is implemented in four stages and so I'm just going to go through and summarize those. So there's the entry phase, where there's the gathering of information and an initial assessment takes place. A multi-disciplinary team is assigned, composed of treatment providers, parents, youth, educational professional, aftercare specialist, mentor, community providers. This team works with the youth and family, conducts the initial assessment to develop a plan that will include goals and objectives based on the needs of the youth. And this team will remain with the assigned youth and family specialist throughout the youth's stay with IDJJ.

Eva Moore:

And then there's the placement phase. This is the time that the youth is in secure custody. So the case plan is developed within 30 days of commitment to the department. During the placement phase, the youth will work on reentry goals and objectives that are outlined in the case plan. While in custody, this is achieved through completion of goals and objectives by attending school, participation in any therapeutic programming, building skills like in the area of avoiding criminal involvement and engaging in positive community capacity. So during this phase, the multi-disciplinary team meet monthly with the youth and the family to discuss, assess progress made, and help wherever it's needed if the youth has difficulty in an area meeting those goals and objectives. And this team also will make recommendations regarding the youth's eligibility for release. And any reductions that might be applicable towards early release.

Eva Moore:

And then there's the transitional phase. This begins like maybe 10 weeks prior to the date of exit. During this time, 45 days prior to release, application is made to the state for medical assistance, notification is provided to the Department of Health and Human Services to determine if the family is eligible for SNAP benefits. The youth are required to attend like a six week aftercare transition program and in this program, we reinforce some basic life skills. The training is interactive. We talk about expectations while on aftercare, how to get health insurance as an adult, talk about relationships and communication, and how to avoid some of the pitfalls that maybe they've had in the past. We also talk about human trafficking, financial literacy. We do an overview of government and talk about voting rights. During the transition phase, with 60 days prior to release, the aftercare specialist will go out to the home to approve the home for placement. Talk to the family about expectations, goals, and objectives, reinforcing... or just reiterating, I should say, some of those goals and objectives that were outlined during the last plan. During this phase, we also connect to community based organizations the youth will be attending for services. Referrals are done 30 days prior to release and also a connection within that 30 day period to their home school.

Eva Moore:

The last phase is the community-based aftercare phase and during this phase, the young person is in the community and the aftercare specialist is providing support and supervision for the young person. 45 days post release and every 90 days thereafter, the youth is reassessed using the YASI. Goals and objectives are monitored monthly. Action steps are monitored sometimes twice a week, maybe sooner depending on the level of supervision that the young person is on. A discharge plan is developed 60 days prior to discharge from aftercare. Referrals are made to ensure continuity of care. And during this period, the young person can also be released from aftercare early by achieving all of the YASI goals, being employed, and then there are some other written criteria that the young person must meet and then they can be released from aftercare.

Eva Moore:

And so, with that, I'm going to pass the mic back to Michael. Thank you.

Michael Umpierre:

Thank you so much, Eva and Ashaki, for those wonderful overviews of the reentry planning process in your jurisdictions. I know that we just hit the tip of the iceberg in terms of what this work is all about, but you've elevated so many important dimensions of reentry policy and practice. And I really hope that our audience has heard what you were saying, whether it's with respect to your targeted efforts in Virginia and in Illinois to engage individuals from different disciplines in the planning process, right? Including partners who are based in the facility and partners who are based in the community. How do we come together to make sure that we're getting the full context of a young person's life and identify the full set of supporters in a young person's life?

Michael Umpierre:

Each of you have talked about how you deliberately use the information that you're getting from the assessment process to really drive the creation of the reentry plan and making sure that that link is there is really vitally important. You've talked about how you engage young people and families in the planning process. We know that we can't do this work without true and meaningful partnership with youth and families. And we've been focused on that in Virginia and Illinois. You've talked about how you streamlined and simplified the process and minimized burdens for youth and families. Focusing on the what and the why so that we can build that buy-in and that ownership in the plan that's created in partnership with youth and families. And you've each talked about the importance of reentry planning early and often, right? As soon as the young person is in our care, we need to be thinking about reentry and we need to be regularly convening that multi-disciplinary team to support the young person upon reintegration.

Michael Umpierre:

So many facets, wonderful dimensions of the work and you've hit all of those. And I do have a couple of follow-up questions for each of you. Just to give a flavor of, hopefully, the Q&A that we'll have with the live audience when we're together. And the first question, and I'll start with you, Ashaki. Have you had an aha moment? Something that surprised you in the reentry work that you've found that's really critically important that you'd like to share with the audience? Any type of aha moment or kind of where a lightbulb went off and said, "This is a really important dimension of the work"?

Ashaki McNeil:

We spent the first year planning all of these meetings and we said, "Okay, maybe we should provide food." And then, "Maybe we should provide meetings in these particular places." And when we did all of these things and we just could not get families to the table. And then, we stumbled upon a family member who had a child as a part of DJJ as the time and she became an ongoing partner, if you will, in having conversations with us and bringing families to the table. And so, in a conversation with her, I asked the question of, "How do we get families to the table?" And she said, "Have you ever thought about asking families how to get them to the table?" And I said, "Um, no." And so, we actually ended up hiring her as a family advocate, to be a voice.

Ashaki McNeil:

And so, that aha moment for all of us as professionals, I think we can agree, that we oftentimes have expert advice because we've been doing the work for 25 years on what should be done and how it should be done. But since we have truly gotten the family's voice involved, the aha moment is we don't know as much as we think we do. And so that was our aha moment and we now... we're not doing as well as we'd like to be doing, but when you have five family members, five or six, who are attending meetings on a regular basis, we call that success. So that's our aha moment.

Michael Umpierre:

That's terrific. An important reminder that the young people and the families are the true experts in all of this. Their experiences are so valuable and we have to be listening and elevating their voices and really partnering with them in meaningful ways. Thank you for sharing that.

Michael Umpierre:

Eva? An aha moment on your end in Illinois?

Eva Moore:

So, I would say that an aha moment occurred like kind of early on. As we were trying to make this cultural shift and we were introducing these new concepts, staff were resistant. But one thing that we found with... There were about three really, really difficult cases. I'm not saying we only have three. I'm saying that those were three really difficult ones. What we found is that... if you work the plan... the plan works. And that includes adjusting the goals based on the young person's need, adjusting the action steps, keep going back to the plan. If you work the plan, the plan works.

Eva Moore:

One young man, we just knew we were going to lose him. He was involved in a lot of activities. We finally got his mom to the table, which was the beginning of a turnaround period, and we went through a lot with this young man. But long story short, we kept adjusting the plan. I was involved like early on, like really hands-on, kind of trying to get some traction with developing a case plan and utilizing it as a tool to move the young person forward through the process. But to fast-forward, this young person sent us a picture of him. He had been accepted at Alabama A&E and he and his mom took a picture in front of the college. And I just cried. And the supervisor came back and she was like, "It works." I mean, it was like a buy-in moment for her and her staff. And then, we had others where it was like if we work the plan, the plan works.

Michael Umpierre:

Excellent. Yeah, thank you. Thank you, Eva, for that and you're right. The last thing that we want to do is create a plan that sits on a shelf, that's not being actively utilized in the way that's intended, given the amount of thought that's gone into it. So we've got to work the plan, that is terrific advice.

Michael Umpierre:

So I think that we are ready to close the webinar out. I did have one additional question, but I'm going to reserve that for our live Q&A, just to make sure that folks stick around. We do want to hear from Ashaki and Eva's top piece of advice for folks who are working around reentry planning. So please stay with us for the live Q&A in order to hear Ashaki and Eva's thoughts on that. With that, I want to thank Ashaki and Eva

again for sharing your insight and for all that you do on behalf of young people and families. We know that this is critically important work and we appreciate your leadership.

Michael Umpierre:

On the next slide, please be sure to visit our website at [CJR.Georgetown.edu](http://CJR.Georgetown.edu). We've posted many resources related to reentry there, including our youth in custody practice model abbreviated guide and other publications, which I think you'll find interesting. We also offer a number of dynamic training and technical assistance programs, including our certificate programs. We have a certificate program on youth in custody, on reducing racial and ethnic disparities in juvenile justice, and we have a new certificate that we're developing and will be launching later this year focused on supporting facilities to move away from the practice of isolation and room confinement. So stay tuned for that.

Michael Umpierre:

On the next slide, you'll see the information for the National Reentry Resource Center. Please be sure to visit this website as well. Many wonderful resources, publications, webinars, and the like. Also note that the full schedule of Reentry Week events and resources are available on the site. You see the URL listed here.

Michael Umpierre:

And then finally, on this next slide, please don't forget to join the conversation on social media on Reentry Week. If there was anything that struck you or resonated with you on today's conversation, please post it, talk about it, use the hashtags that you see on the screen. Again, #ReentryMatters, #ReentryWeek, #ReentryWeek21, and #YouthReentry2021.

Michael Umpierre:

And then finally, for those of you who aren't already getting the NRRC updates, we encourage you to join the distribution list. You can go to this website, [NationalReentryResourceCenter.org/subscribe](http://NationalReentryResourceCenter.org/subscribe), and you can also reach out to the NRRC for any requests for assistance or information by contacting [info@NationalReentryResourceCenter.org](mailto:info@NationalReentryResourceCenter.org).

Michael Umpierre:

So with that, thanks for being with us. We look forward to the Q&A session shortly. Take care and be well, everybody.