Developing Comprehensive Reentry Plans for Youth

April 28, 2021

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Focus of Today’s Webinar

• Leaders from two jurisdictions will share how their agencies approach reentry planning, including how they:
  - Gather information to identify strengths and needs
  - Engage a full array of partners in the process, including youth and families
  - Develop plans that are effective and easily understood
Today’s Presenters

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Reentry Planning

Ashaki McNeil, Reentry Program Manager
Learning Objectives

• Developing a Reentry Case Plan that is comprehensive and inclusive.
• Ensuring all staff involved in reentry planning, assessment and treatment are guided by a consistent set of procedures.
• Use a validated risk assessment to guide the development of the CRCP and treatment goals.
• Designate meetings and agendas to drive review and updates of reentry planning.
• Ensure youth and families are supported throughout the process.
In 2013, the Virginia Department of Juvenile Justice (DJJ) implemented a Comprehensive Reentry Case Plan (CRCP) to create a collaborative, assessment-driven case plan that incorporates the criminogenic needs of juveniles committed to DJJ.

The CRCP:

- Identifies the rehabilitative services and interventions to be provided to each juvenile while in direct care and throughout parole supervision.

- Addresses domains that are determined to represent the greatest risks according to the results of the Youth Assessment and Screening Instrument (YASI) and other assessments, and addresses the juvenile and family goals that will facilitate the juvenile’s successful reentry.
Reentry Planning
Validated Risk Assessment Tool

- Virginia DJJ uses the YASI to assess a youth’s risk to reoffend and to determine treatment needs.
- A full YASI assessment must be completed when a youth is committed to DJJ.
- The YASI results drive the content of the CRCP.
- Casework software is used to record and store risk assessment information from the YASI into BADGE, DJJ’s electronic data system.
- **This allows shared access by the Parole Officer and the Counselor.**
In 2014 DJJ developed a Reentry and Intervention Manual to provide guidance to all parties involved in the assessment, treatment, transition, and reentry of juveniles committed to the Department of Juvenile Justice (DJJ).

The Reentry Manual:

• Provides a roadmap for staff to collaborate across systems and with the juvenile and family throughout the juvenile’s commitment.

• Developed based on best practices, to include the Council for State Government’s Core Principles for Reducing Recidivism and Improving Other Outcomes for Youth in the Juvenile Justice System (2014).
Reentry Planning

Reentry begins at commitment with an Initial Family Meeting. The purpose of the meeting is to:

• Identify expectations, goals, strengths, and concerns regarding commitment.

• Identify and address family resources, natural supports, community support groups, reentry placement barriers, and develop a written visitation plan.

• Work with the family to develop the YASI Family Domain goals which become a part of the Comprehensive Re-Entry Case Plan (CRCP).
Reentry Planning

The Classification and Evaluation Staffing Team (CEST) meets to develop a treatment plan, determine the proper programmatic placement, and finalize the juvenile’s length of stay.

During this meeting:

• CRCP targeted goals and action steps are presented.

• Educational assessment findings and information regarding educational options are presented to develop the educational goals in the school domain of the CRCP.

• Treatment goals and action steps are established and entered into the CRCP for mental health services, aggression management, sex offender, and/or substance abuse treatment programs.
Reentry Planning

The CEST members include:

• Youth and family members provide input regarding proposed treatment needs and CRCP goals and action steps.

• Counselor facilitates the meeting and communicates with all members.

• PO reviews and explains the most recent YASI results to include the high risk domain(s) and collaborates with the family and juvenile to discuss and determine the family domain goals and action steps of the CRCP.
Reentry Planning

The CEST members include:

• The education representative ensures completion of the appropriate assessments and relay results and interpret findings related to academic ability, transcripts, and attendance for all juveniles.

• Behavioral Services Unit (BSU) shares and interprets results of psychological evaluations and provide information to develop treatment goals.

• The Reentry Advocate is included in meetings for juveniles with a tentative length of stay of 3 months or less to begin connecting youth with services in the community.
Reentry Planning
Initial Reentry Meeting

Within 30 days of placement the assigned counselor convenes an **Initial Reentry Meeting**. This meeting occurs during the first Classification and Treatment Services Team (CTST)/Treatment Team.

The meeting includes a review of:
- CRCP goals, action steps, and progress;
- Educational goals and progress;
- Behavior and adjustment;
- Reentry placement and service needs (e.g., benefits);
- Family planning;
- The family visitation plan.
Reentry Planning
Treatment Team

• **Classification and Treatment Services Team (CTST)/Treatment Team** develop and oversee the implementation of CRCP, meet monthly to monitor progress toward completion of CRCP goals and make recommendations for release or step down.

• **Treatment Team meetings** discuss the juvenile’s progress toward meeting the CRCP Goals and Action Steps, family's involvement, continuing criminogenic and non-criminogenic needs of the juvenile, juvenile’s progress towards discharge; and the status of discharge planning.

• **Treatment Team Members include:** juvenile, family, counselor, PO, reentry advocate, BSU, education and DSS worker (if applicable).
Reentry Planning
Personal Action Plan (PAP)

• Juveniles develop a PAP to include their goals for successful reentry, the barriers they perceive to achieving those goals, and the needs for support that they feel will be most valuable in moving toward those goals.

• Juveniles discuss the PAP during every treatment team meeting and update the PAP as necessary when new information arises.

• Upon release the reentry advocate assists the juvenile with implementing action steps to achieve their goals.
Reentry Planning
Transition Phase

At least ninety (90) days prior to a juvenile’s anticipated release date a reentry meeting is held for the juvenile and family. This meeting occurs during a scheduled treatment team meeting, affording a **minimum of thirty (30) minutes to focus on the following:**

- Review the CRCP goals, action steps, and progress.
- Review educational goals and determine community school placement.
- Discussion of behavior and adjustment within the facility.
- Discussion of family support and visitation.
- Determine family goals and supports upon release.
- Determine housing placement upon release.
- Determine community treatment and service needs.
- Discussion of the juvenile’s personal action plan.
Reentry Planning
Transition Phase

- 90 days prior to release a Mental Health Services Transition Plan (MHSTP) is developed to connect identified youth with services in the community upon release.

- 90 days before the anticipated release date, the CRCP is reviewed and revised by adding/revising goals and action steps for the parole supervision period with input from the juvenile, the family and other treatment team members.

- 60 days prior to anticipated release date a review of housing status, on-going treatment needs, program referrals, and community supports, addressed in the CRCP is done to finalize plans for release.
Reentry Planning
Transition Phase

• 45 days prior to release Medicaid applications are submitted to the Cover Virginia Inmate Unit for youth released on or after their 18th birthday.

• 30 days prior to release the Division of Education begins the school re-enrollment process.

• 30 days prior to release referrals are made for community and transitional services.
The community reentry phase is the final component of the reentry process. It brings together all the preceding efforts and completes the reentry of the juvenile back into the community.

During this phase:
- The PO obtains the signature of the juvenile and parents (if applicable) no later than 5 days after release.
- The PO convenes a service review meeting with the juvenile, parent, if applicable and service providers within 30 days after release.
- The CRCP continues to be reviewed and revised at least every ninety (90) days with the juvenile and parent, if applicable, while the juvenile is on supervision.
The Reentry Planning Process

Eva Moore, Deputy Director of Aftercare
Mission Driven

Based on the mission of DJJ and reentry planning we understand that “building youth skills and strengthening families” is best achieved:

• By using risk, needs, and responsivity assessment results and the youth’s personal goals and objectives driving 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
• By ensuring a collaborative team approach to planning by a team comprised of DJJ staff, community partners, and the family’s natural supports.
Risk Need and Responsivity Assessment

• Reentry planning begins upon intake. Information to inform the reentry case plan is gathered during the initial assessment and orientation period, and updated from that point forward.

• IDJJ Aftercare uses the Youth Assessment and Screening Instrument (YASI) risk, needs and responsivity tool to identify areas of risk and Supportive Monitoring using Appropriate Responses for Transformation/SMART Aftercare Case management model and motivational interviewing to obtain needed information, set goals, and include family and community supports into the process.

• Use of the YASI provides an evidence-based approach for evaluating an individual’s risk of future offending and identifying the specific factors (criminogenic needs) that must be addressed to reduce risk, while paying heed to treatment modality (general responsivity) as well as individual characteristics such as cognitive ability, learning style, and motivation that may affect the effectiveness of intervention (specific responsivity).
SMART Aftercare Case Management

- **SMART Aftercare** takes the best of what is known to be effective in juvenile reentry, combining family partnership in case-planning and decision making with structured levels of support and the use of graduated responses.

- SMART Aftercare uses a systematic 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.
SMART Aftercare Case Management

• Build in a stronger focus on engaging families as support in aftercare case management.

• Allow youth and families to have shared decision-making in case management decisions including:
  • Aftercare goal setting.
  • Review and input on movement through levels of support.
  • Input into identifying incentives and sanctions that best fit each individual youth and family.
  • More input into program/service selection.
SMART Aftercare Case Management

- Front-end focus on engaging family as partners prior to youth release from placement.
- Assembling a support team using support agreements to create an effective plan to help youth meet their reentry goals.
- Using information about family support to inform decisions about release and level of support and movement through and beyond aftercare.
- Using principles of adolescence and young adult development to provide youth the space to develop goals and define success.
- Working in partnership with youth to develop accountability through the use of graduated responses during their time on aftercare.
Providing an array of services

Less Intensive

- Educational, Employment, Vocational Services
- Behavioral Health & Health Services
- Mentoring & Advocacy (YAP)

More Intensive

- Day Reporting
- Intensive Clinical Services (MST)
- Residential Behavioral Health Services
- Secure Custody: Small, Regional, Rehabilitative
Team Approach to Planning

• Monthly multidisciplinary staffings are held while youth remain in secure custody.
• YASI Case Plans and youth’s progress is reviewed at the monthly staffing meeting.
• Achievement of case plan goals reduces length of stay.
• Progress documented in the case plan.
Individualization in the Case Planning Process

• Goals are established based on outlining action steps related to the problematic domain(s) indicated in the youth’s YASI assessment.

• Staff work with the youth to create a goal with two important components. The goal should be written with a “What” and a “Why” in the youth’s words. For example, an ideal goal may include a format such as, “To learn to......so that........”

• Goals are to be measurable by means other than youth self-report and goals must have a timely deadline.
Individuation in the Case Planning Process

- Once a youth completes an action step, move onto the next one. If they’re dragging their feet, determine why and adjust the step if necessary. Obviously, the goal is to complete action steps, which ultimately accomplishes the overarching goal.

- At the next reassessment, the youth will score as lower risk in that domain resulting in a lower overall risk level. Youth can then work on another higher risk area to make them as low of a risk as possible by their discharge.
Questions?

Illinois Department of JUVENILE JUSTICE

The Virginia Department of Juvenile Justice
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