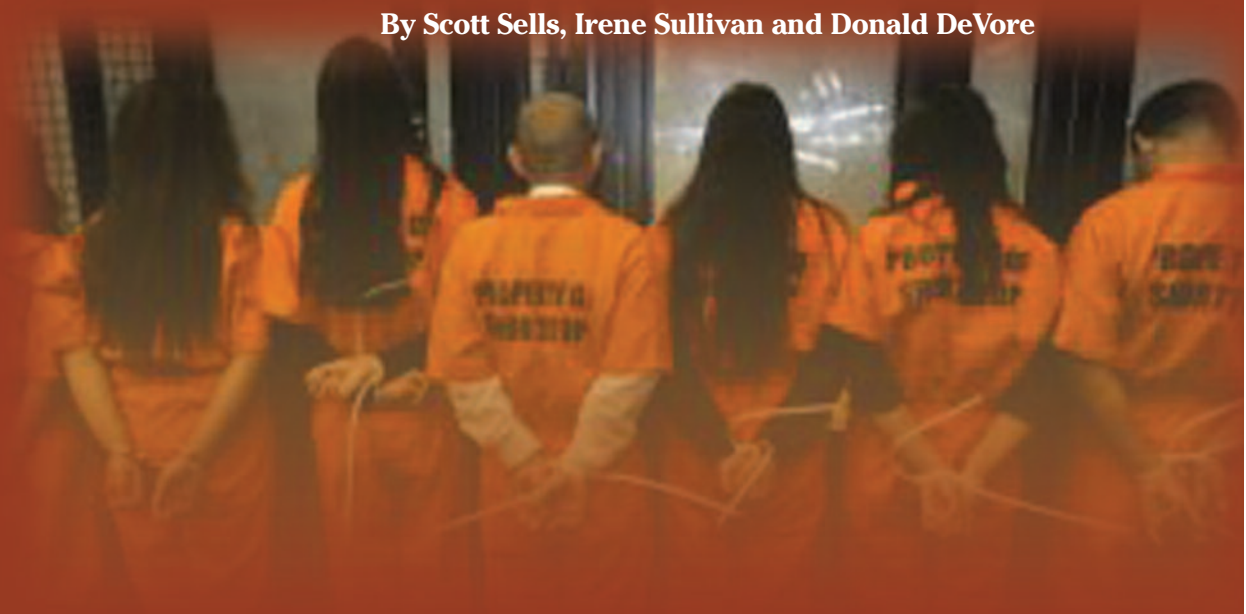
Stopping the Madness: A New Reentry System for Juvenile Corrections

By Scott Sells, Irene Sullivan and Donald DeVore



A post-discharge interview with 16-year-old John[1] provides clues as to why the reentry system is failing and what kind of reform is needed: *Look, this was my second commitment and here's the problem. I went from this totally structured environment for eight long months back to a totally unstructured home with no real plan before I left [residential]. I am going back to the same home [life] that I left in the first place. Nothing changed, except me. And if you want to know the truth, I am actually healthier than my family is right now. While I was locked up, I did all this work getting my (expletive) together while my mom and stepdad did nothing. All this time, they could have been doing something with my counselors, anything ... Is it any wonder that nothing changes and I will likely end up back on the streets again within weeks or months of going home?*[2]

Reentry programs are reintegrative services that prepare juveniles in correctional facilities for transition back into their community. Ideally, reentry starts after sentencing, continues through incarceration, and into discharge back within the community, which is commonly called "aftercare." The primary goals are for the juvenile to live a crime-free life with increased skills and a changed family to become a productive, crime-free citizen.

Yet, as John reports, something has gone terribly wrong. Studies tracking youths released from juvenile correctional facilities have consistently reported sky-high rates of recidivism.[3] Rates of juvenile reoffending after release from residential incarceration have been as high as 66 percent when measuring recidivism by rearrest and 33 percent when measuring reoffending by reconvictions within a few years of release.[4]

In addition, recent studies have revealed that longer stays in residential custody do not reduce future offending. The analysis found essentially no difference in future offending for youths held three to six months versus six to nine months, nine to 12 months or more than 12 months.[5]

Instead, "maintaining gains after discharge appeared to be associated with three key factors: the extent that the youth's family is involved in the treatment process before discharge (for example, in family therapy); the stability of the place where the child or adolescent lives after discharge; and the availability of aftercare support for the youth and his or her family post-discharge."[6]

Research has consistently demonstrated that any gains made by juvenile offenders in correctional facilities quickly evaporate following release due to release back to disorganized communities where it is easy for juveniles to slip back into the old habits that resulted in arrest in the first place.[7] The field of juvenile corrections is therefore faced with two important questions:

- What are the top reasons that the current reentry system fails?; and
- What are concrete solutions to solve this problem?

While the pendulum is swinging away from juvenile incarceration to community-based alternatives to commitment,[8] the reality is that there will still be some juveniles who commit serious crimes resulting in an out-of-home placement. Looking to the future, the momentum toward closing youth facilities must be paired with a planned and comprehensive approach to reforming reentry.

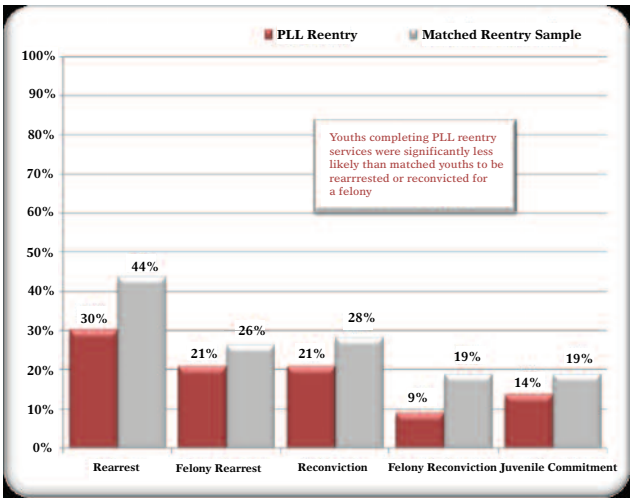
One Potential Solution: A New Reentry Operating System

An effective reentry system differs significantly from standard probation and community-based models (i.e., functional family therapy or multisystemic therapy) aimed at preventing residential placement. There are often more systems to consider: the judicial system, residential facility, probation system, transitional aftercare system, community health system, case management system, vocational training and school systems. The residential facility is often hundreds of miles from the youth's home community, making reentry with the parents prior to discharge extremely challenging. There is also a traditional separation of treatment between what the youth receives in the facility versus services received in the community following discharge. The two systems are mutually exclusive and rarely synchronize with one another.

In response to these challenges, juvenile justice system stakeholders and policymakers partnered with an evidence-based model known as Parenting with Love and Limits (PLL).[9] Local communities in seven states (Alaska, Florida, Indiana, Michigan, Rhode Island, Texas and Wyoming) worked with PLL to co-create a new model of providing reentry services to juvenile offenders. PLL is not a service provider, but took the role of consultant to train and supervise therapists within the local community mental health center to deliver the PLL reentry curriculum that included parenting groups along with individual therapy, family therapy and case management, utilizing a wrap-around philosophy.[10]

Initial results from a quasi-experimental program evaluation of the PLL reentry model conducted by the Justice Research Center revealed promising results. The sample

Table 1. Recidivism Results: PLL Reentry vs. Matched Control Group



consisted of 220 youths in total; 110 juveniles completed PLL reentry services following residential commitment and were matched, using propensity score matching, to 110 comparison youths who completed standard reentry programming in the study site.[11] Highlights from the study include:

- Lower rearrest rates for PLL (30 percent) versus the comparison group (44 percent);
- Lower rates of readjudication and felony readjudication for PLL (21 percent and nine percent, respectively) versus the comparison group (28 percent and 19 percent, respectively);
- Shorter average lengths of stay in commitment and reentry overall (425 days for comparison group versus 354 days for PLL — a 71-day difference); and
- At an average cost of $250 per day, immediate cost savings were $17,750 per youth or 1.95 million dollars (110 youths x $250 per day x 71 days).

Community-level collaboration. These positive results were achieved in large part due to identifying and addressing barriers to effective reentry, with each community using PLL developers as consultants and catalysts for change. This collaboration was initiated in response to studies pinpointing numerous challenges at a local level that prevented the implementation of evidence-based practices, as well as to point out how communities were not using these practices as intended.[12] This is called "transportability," or the ease in which a community can take the concepts of an evidence-based model and integrate them into the local community with real families.

At the local level, the PLL reentry model was used as an overlay blueprint to organize and bring the various reentry systems together. Different solutions using PLL were presented (e.g., early discharge, video conferencing, wrap-around teams, etc.). However, it was up to the key stakeholders to customize these concepts for their particular community without compromising the model's integrity. Once the blueprint was developed, the local service provider was trained in the model and provided with bi-monthly supervision from PLL to maintain model fidelity.

An ad hoc implementation task force was also initiated that included one representative from each reentry system for the first three months and then quarterly thereafter to address any barriers and make adjustments accordingly.

In Florida, Judge Irene Sullivan from Pinellas County supported the concept of early residential discharge, but wanted quantitative evidence that change was occurring in both the youth and the family. Florida uses the Residential-Positive Achievement Change Tool risk assessment to measure change in a youth while in residential commitment,[13] but does not simultaneously measure change in the youth's family. As an outgrowth of discussions in Florida, PLL implemented the Family Functioning Survey[14] to measure pre-and-post incarceration changes in family protective factors and overall functioning during the youth's residential stay and post-discharge.

From this work, PLL coined the term "earned release." In other words, the family and the youth co-jointly had to meet clearly established goals in addition to dropping pre-and-post incarceration risk levels to have any hope of an earned release or discharge (e.g., full attendance of six parenting education groups in the community, full participation in family therapy, establishment of a clear aftercare plan and sufficient progress residential level system, etc.). In other words, the youth and family had to "earn" an early discharge and the judge had to sign off on these recommendations.

In this way, the community co-created a new reentry operating system that actively involved the entire family and the entire treatment system (probation, judicial, residential, service provider and evidence-based curriculum). A good analogy is that PLL was the Apple software and the community was the Verizon network that implemented the PLL evidence-based software. The two became synchronized together to co-create a new reentry system of care.

Summary of Reentry Delivery System Changes

A brief summary of the top two major community shifts are presented in Table 2 as a before and after to give one the sense of how a new reentry system was developed. Because of space limitations, not all shifts could be listed here but can be assessed through the PLL website.[15] The following are brief real-life examples that will illustrate key moments of change:

Table 2. Before and After Reentry Delivery System Changes

Before	After
Underutilized Video Technology	**Use of Video to Connect Youth and Family**
In many states, even though video technology had been in place for years, it was not being used. There was no blueprint to coordinate the residential facility with the family in the local community. There was also no standardized or manualized curriculum to clearly guide the family, youth and therapist as to how to create a concrete after plan.	The local community mental service provider was trained in PLL and taught how to coordinate PLL family therapy session with the case manager at the residential correctional facility. The family would then meet with the therapist at the local probation office and connect via video conferencing with the residential site to conduct the family therapy session. As a result, reentry could begin day one of the youth's commitment and continue throughout their stay. The PLL evidence-based curriculum was manualized and used to guide the family and the therapist toward the establishment of concrete aftercare plan.

Real-life example: Darrel. In one community, before PLL, 15-year-old Darrel[16] had three different aftercare plans upon release. He had an anger management plan from his counselor at the residential facility, he had another set of community sanctions from his parole officer, and a third plan from his new aftercare community mental health provider. At his discharge hearing, it was the first time all the providers had met and the meeting was so disorganized that his mother was quoted as saying, "How is my son supposed to improve when the people [system] treating us look more unhealthy and disorganized than we do? The right hand does not know what the left hand is doing."[17]

After months of trial and error with the help of PLL, benchmark meetings were established using video conferencing to interlink all the systems together, regardless of distance, and interlink each plan into one cohesive, integrated plan that included clarification of roles and responsibilities to eliminate duplication of efforts.

Table 3. Before and After Reentry Delivery System Changes

Before	After
Silos and Disorganization	**Synchronizing Reentry**
The case management, probation, residential and aftercare systems often worked in silos with little synchronization. At times, it created substantial disorganization inhibiting effective service delivery.	PLL acted as a catalyst to bring all the systems together using a standardized, evidence-based curriculum and co-created a new delivery system to facilitate successful implementation which met the unique needs of the local community.

Real-life example: Sarah. At a local Texas Youth Commission residential facility, 15-year-old Sarah[18] was losing hope quickly. Prior to PLL, 100 percent of the treatment received was individually focused within the residential facility itself, and the local treatment provider waited until after discharge to begin treatment eight months after residential placement. The only family contact was weekly phone calls. Without active parent involvement, Sarah was without hope or direction and, in turn, acted out on the unit.

The lack of family involvement also hindered the development of a discharge aftercare plan. Sarah knew she was going back to the same unchanged family and this resulting anxiety led to further acting out. The facility was also 200 miles away from Sarah's home and the family had no transportation. With PLL acting as a catalyst, the local service provider (Vision Quest), the residential service provider and the parole office worked together to enable the video conferencing infrastructure.

Reentry then began in earnest with Vision Quest, which utilized the PLL family and group model to engage Sarah's mother, as well as her entire extended family of relatives. The residential case manager noticed an immediate positive change in Sarah and wrote the following email:

> *Last night we had periodic audio feedback and other minor issues, but overall in my estimate, it was successful beyond my greatest expectations. Sarah was absolutely thrilled to see her family. [Sarah's mother] never lost her smile, and Sarah's brothers and sister-in-law had an opportunity to say hello. There aren't words enough to describe how positively Sarah reacted to the whole session. The ability to look family members straight in the eye*

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> *and see the emotions as they speak is priceless. I look forward to this PLL program making a positive and quantifiable difference in transitioning our youth back to the community.*[19]

Recommendations

The current wave of facility closures, bed reductions and alternatives to residential placement has largely been done as a result of the fiscal crisis facing state governments[20] as a recent memorandum from a deputy director illustrates, "Effective January 15, 2011, discharge planning will begin day one with a full discharge plan in place no later than 60 days into placement. And average lengths of stay are to decrease from eight months to no longer than four months."[21]

However, this kind of drastic change in policy of reducing juvenile incarceration has not been coupled with any well thought-out plan of how states should best pursue the path of reduced incarceration without impacting public safety. As a result, the perfect storm is brewing — a sudden large-scale policy change, without a blueprint to simultaneously change the reentry delivery system.

The good news is, research indicates that high levels of family involvement rather than lengths of stay are the primary cause for reduced recidivism and long-term emotional/behavioral improvements.[22] However, reaching this goal will take more than just family involvement. As outlined in this article, it will also require a dual change in the way an entire community or state delivers reentry. The following five key areas emerged from the PLL work with seven states as essential for a successful juvenile reentry system to work.

Systems collaboration. The successful transportability or implementation of evidence-based models is difficult at best. It can often take up to three years for a local service provider to successfully implement an evidence-based model.[23] Traditionally, the major systems involved in the reentry process (courts, probation, residential, treatment providers and case management) have worked in silos without coordinated efforts. Therefore, any reentry system will likely fail if an evidence-based model is dropped into a community by the developers without community buy-in and the ability to adapt the model's implementation to what the community needs, and not vice versa.

Bridging the distance between residential program and community. When juveniles are sentenced to state facilities, they are often located hundreds of miles away from the local community and their families. A 2001 study by New York City Commissioner Vicente Schiraldi revealed that although 90 percent of the youths confined in the Office of Children and Family Services (OCFS) facilities were from New York City and surrounding counties, the vast majority of OCFS facilities were located in rural areas far away from where the family lived, making active family involvement prior to the youth's discharge difficult, if not impossible.[24] The implications of this distance results in individualized and intensive treatment for the youth, with little treatment or aftercare planning for the entire family until after the youth is discharged. Therefore, a successful reentry delivery system should include the use of video conferencing to conduct family or individual therapy sessions while the youth is still in residential care.

Enhanced coordination between residential treatment and aftercare. Residential programs conduct the majority of treatment with the individual, using a wide range of programming and services (e.g., anger management, social skills training, cognitive-behavioral trauma work, etc.). Residential case managers and treatment providers will then traditionally stop all treatment once the youth is discharged. A different set of local treatment providers in the community are then asked to deliver services. The result is a lack of coordination in discharge and reintegration planning between the two systems that hinders effectiveness and frustrates the family. A successful reentry system should use an evidence-based reentry model with a proven track record of connecting residential and aftercare transition into one synchronized system of care.

Institutionalization risks and early family engagement. Research has established that lack of family involvement before discharge and increased lengths of stay can increase recidivism. In the case of increased lengths of stay, there is a clear pattern of diminishing returns after six months of residential commitment.[25] Therefore, a successful reentry system should use an evidence-based overlay treatment model that actively engages the family within the first weeks of the youth's placement and continues with the same treatment provider into post-discharge aftercare. The use of an earned release option is recommended whereby the youth and his or her family must demonstrate quantifiable, positive change before an early discharge is even possible.

Program accountability in reentry service delivery. There is currently a lack of reentry outcome studies. A review of reentry and residential research from 1993 to 2003 yielded only seven major aftercare outcome studies.[26] Additionally, studies of traditional name-brand, evidence-based models generally examine front-end alternatives to residential placement, as opposed to evaluating the model's effectiveness as a reentry intervention.[27] Therefore, reentry evaluations using sophisticated quasi-experimental or random assignment are necessary to advance the field of reducing lengths of stay without a risk to public safety within financially strapped juvenile justice systems.

Conclusion

The process of changing reentry is not easy but must happen quickly due to the budget crisis and the fact that states must safely reduce lengths of stay whether they want to or not. The PLL reentry model offers one such solution with a set of unique components that includes a customized delivery system for reentry. There is concerted effort of PLL to work as a change agent in each community to bring stakeholders from each part of the reentry system together in order to retool the existing system to include high parent and community involvement before, during and after discharge. This includes an earned release blueprint to dramatically slash costs while simultaneously increasing public safety and

improve the perception that legislators, judges and key leaders have of ability to get results.

Looking to the future, this goal must be broader than ending an over-reliance on juvenile incarceration, with the only answer being more community-based alternatives. It is not a "one size fits all" answer. Rather, a youth correctional system must be built for tomorrow that is rooted in best practice research, as well as a balanced mix of residential treatment with active parent and family participation. PLL represents a step in this direction.

ENDNOTES

[1] The youth's name has been changed to comply with juvenile confidentiality laws.

[2] Personal communication, Feb. 10, 2010.

[3] The Annie E. Casey Foundation. 2011. *No place for kids: The case for reducing juvenile incarceration*. Baltimore: R.A. Mendel.

[4] Harris, P.W., B. Lockwood and L. Mengers. 2009. *A CJCA white paper: Defining and measuring recidivism*. Retrieved from http://www.cjca.net.

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[9] National Registry of Evidence-Based Programs and Practices. 2008. *Parenting with love and limits.* Washington, D.C.: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. Retrieved from http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=45.

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[10] A complete list of PLL outcome studies and how the PLL reentry model is delivered is available at PLL and can be downloaded at www.gopll.com.

[11] Winokur Early, K. 2011. *Reducing reentry recidivism rates: A quasi-experimental design using parenting with love and limits.* Manuscript submitted for publication.

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[15] A complete list of before and after reentry delivery changes using PLL reentry is available at PLL and can be downloaded at www.gopll.com.

[16] The youth's name has been changed to comply with juvenile confidentiality laws.

[17] Personal communication, April 24, 2010.

[18] The youth's name has been changed to comply with juvenile confidentiality laws.

[19] Personal communication, Oct. 14, 2011.

[20] The Annie E. Casey Foundation. 2011. *No place for kids: The case for reducing juvenile incarceration.* Baltimore: R.A. Mendel.

[21] Jorge Garcia, personal communication, November 15, 2011.

[22] The Annie E. Casey Foundation. 2011. *No place for kids: The case for reducing juvenile incarceration*. Baltimore: R.A. Mendel.

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