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# Reentry & Aftercare

Juvenile Justice Guide Book for Legislators



## Introduction

Every year, approximately 100,000 juveniles are released from juvenile detention facilities and other out-of-home placements. An out-of-home placement can be disruptive even for juveniles who have family, school, or community support. Juveniles released from confinement experience other challenges in returning to society.

For instance, many confined juveniles return to communities with high crime rates and poverty, unstable households and family relationships, failing school systems, and unemployment. Juvenile offenders—in general—are more likely to struggle with mental health and substance abuse issues. Reentry and aftercare programs attempt to transition and reintegrate formerly incarcerated juveniles back into society. Reentry and aftercare programs are essential to help adjust juveniles back into society and to reduce recidivism rates.

### The Juvenile Reentry Population

Based on data from the Census of Juveniles in Residential Placement (1997-2007), OJJDP reports that the youth reentry population is overwhelmingly male, a racial minority, and age 15 or older. Reentry youth do not tend to come from two-parent households. At the time juveniles entered custody, 19 percent were living in two-parent households, 56 percent were living with one parent, and 26 percent were not living with any parent. Roughly one in eleven juveniles report having children of their own. Nearly 25 percent have a sibling who is or has been incarcerated, and 25 percent have a father who is or has been incarcerated.





### Statistics of the Reentry Population

In 2006, nearly 93,000 juveniles were in some type of residential placement: 62 percent in post-adjudicatory secure facilities, 26 percent in pre-adjudicatory detention and 8 percent in detention awaiting placement. The majority of these facilities reported providing on-site services: 63 percent provided mental health treatment and 57 percent provided substance abuse treatment. Adjudicated juveniles are sentenced on average to four to six months.



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Approximately two-thirds of incarcerated youth were convicted of non-violent offenses. CJRP found that 32 percent of incarcerated juveniles were convicted of a property offense, 10 percent convicted of a drug offense, 10 percent convicted of a public order offense, 10 percent convicted of a technical violation of parole or probation, and 5 percent convicted of a status offense.

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About 70 percent of juveniles in the system are affected with at least one mental illness. Seventy-one percent of juveniles in residential placement struggle with more than one emotional issue; the most common issues are related to anger management, anxiety, and depression. More than half of incarcerated juveniles report experiencing major depression, and nearly two-thirds report experiencing anxiety. In addition, two-thirds of juvenile offenders report regular drug use, not accounting for any alcohol consumption.

For juveniles enrolled in Medicaid prior to incarceration, health care remains an issue when reentering society. About 20 percent of state juvenile justice agencies and nearly 50 percent of state Medicaid agencies automatically terminate Medicaid benefits for juveniles in detention. Upon release, only 13 percent of state juvenile justice agencies and 26 percent of state Medicaid agencies attempt

to automatically re-enroll eligible youth back onto Medicaid. In addition, 81 percent of local juvenile justice centers interviewed report that a one-day supply of medication is given upon release, and 77 percent of state juvenile justice agencies report providing a two-day supply of medication.

Juvenile offenders are more likely than their peers to be behind academically. More than half of youth in out-of-home placements have not completed the 8th grade, and in state prisons, BJS reports that 66 percent of juveniles had between an 9th and 11th grade education. A 2003 report by National Council on Disability reveals that incarcerated youth are three to five times more likely to have special educational disabilities than the general juvenile population. The report estimates 20 to 50 percent of incarcerated youth have attention deficit hyperactivity disorder and nearly 12 percent are developmentally disabled. Not all juvenile offenders return to school upon release. For instance, New York City reports that two-thirds of juveniles released from formal confinement do not return to school.

Juvenile offenders—by default—spend their developmental years in confinement. Although they usually serve less than one year in confinement, because of multiple placements, many leave the juvenile justice system having spent one-third of their adolescence incarcerated. Many released juveniles are also homeless. The Wilder Research Center found that 46 percent of juveniles between ages 10 and 17 who are currently homeless have previously been in a correctional facility. And 44 percent of the 46 percent were released from confinement into unstable housing situations.

## Approaches to Reentry/Aftercare

As outlined in OJJDP's Juvenile Justice Practice Series, reentry/aftercare programs typically combine two different approaches: surveillance and services. Surveillance, or community restraint, practices include contact with parole correctional personnel, urine testing, electronic monitoring, employment verification, intensive supervision, house arrest and residence in halfway houses. Surveillance methods work to reduce capacity and opportunity to commit future crimes. Interventions include counseling, behavioral programs, restitution, probation, and vocational and educational programs; these programs work with individual behavior to prevent future delinquency. OJJDP suggests that surveillance is more effective when coupled with treatment/services.

Dr. David Altschuler, principal research scientist at the Johns Hopkins Institute for Policy Studies, co-authored an article in 2004 that identify seven domains where juvenile reentering society face challenges and opportunities. These domains include: family and living arrangements; peer groups and friends; mental, behavioral and physical health; substance abuse; education and schooling; vocational training and employment; and leisure, recreation and vocational interests.

### Employment

A strong association exists between those who are employed and absence of criminal behavior. However, similar to recently released adult offenders, a juvenile's criminal record presents obstacles to securing employment; thus, it is key that these records can be expunged. Furthermore, if youth are confined during their adolescence, their

employment history and academic preparation may be inadequate, which makes it more difficult for them to find jobs. Career and technical training available in residential placements often do not result in industry certification or are in industries in which few jobs are available in the juveniles' home communities. In many states, for example, most incarcerated youth come from urban jurisdictions, but many larger correctional facilities are located in more rural areas. Career training opportunities often will reflect facility locale and staff expertise of the staff, but not opportunities available in urban settings. It is important that career and technical training offered in facilities is based on industry recognized standards so that youth can continue training when they return home after placement.

The vast majority of delinquent youth will not go past a high school degree in their education pursuits. The likelihood that they will become productive adults is improved if they if they develop skills that will lead to employment at family sustaining wages.

### *Reentry from a Developmental Perspective*

Juveniles reentering society experience many of the same challenges plaguing formerly incarcerated adult offenders; however, some juvenile justice experts, like Dr. Laurence Steinberg, Professor of Psychology at Temple University, contend that juvenile offenders experience additional obstacles because they are incarcerated during their developmental years.

Dr. Steinberg states that levels of maturity and development are key to how juveniles respond to reentry/aftercare services and how well they cope with the social obstacles of reentering society. Levels

of maturity and development reportedly affect how juveniles experience incarceration, and then the incarceration experience affects how juveniles develop and mature. Dr. Steinberg, and some of his peers, argues that psychosocial maturity is necessary for successful reentry, particularly because normal psychosocial development can be disrupted by incarceration. Psychosocial maturity includes development in three main areas: mastery and self-competence, interpersonal relationships and social functioning, and self-definition and self-governance. A certain level of psychosocial maturity is reportedly necessary for adult autonomy and responsibilities.

## **Recidivism**

Recidivism can be measured in different ways. Although it varies, it tends to be unacceptably high. A study that focuses exclusively on juvenile offenders is the multi-site, seven-year project entitled Pathways to Desistance (Pathways). The study is an attempt to understand desistance—why do offenders stop offending? Pathways was created by the MacArthur Foundation Research Network on Adolescent Development and Juvenile Justice to study the results of sanctions and services in juvenile justice between 2000 and 2003; the study follows 1,354 juveniles involved in the juvenile justice system. Although the project is still in progress, preliminary findings have been released.

Pathways found that drug treatment services significantly reduced substance use in the six-month period, and drug treatment coupled with family involvement resulted in reduced drug use and re-offending. In initial Pathways interviews, more than

80 percent of young people indicated drug or alcohol use in the previous six months.

The project reports that, regardless of the intervention, 91.5 percent of juveniles who commit serious felony offenses have decreased or limited illegal activity within three years. The project also suggests that there is no difference in recidivism rates for incarceration periods ranging between three and thirteen months; in other words, preliminary findings suggest that there is no reduced recidivism with longer incarceration periods.

Pathways reported that six months after release, juveniles who received community supervision and community-based services were more likely to attend school, go to work, and avoid re-offending. The study found that the longer the duration of supervision, there was a decreased likelihood of re-offending and an increased engagement with school and work.

## **State Action**

### **Models for Change**

Pennsylvania is one of four states that are core participants in the MacArthur Foundation's Models for Change program. The initiative was established in 2004 and aims to accelerate promising efforts in the area of juvenile justice system reform. Aftercare is one of the targeted areas of improvement. In Pennsylvania, Models for Change reform efforts have focused on implementing reforms laid out in a Joint Policy Statement on Aftercare that was signed by five key states agencies. Goals of this statement include:

*“Juvenile probation officers and residential treatment staff to collaborate in a single plan that integrates treatment and aftercare services, including appropriate education placements and goals developed in consultation with the appropriate school districts.”*

A risk assessment tool including, the Structured Assessment of Violence Risk in Youth (SAVRY) is used in Louisiana to guide the use of out-of-home placements to ensure that the placements are imposed on the juveniles with the highest risk of re-offending. Furthermore, detention alternatives are meant to minimize disruption of family and social support. Illinois’ program, which began in 2005, provides fiscal incentives to communities that treat and rehabilitate juveniles in community-based settings; as a result, Illinois has been decreasing the number of juveniles committed to state facilities.

### State Laws

Aside from state implementation of federal programs, state legislatures have been passing laws related to improving reentry/aftercare services and reducing recidivism.

States have addressed a variety of issues related to aftercare, such as employment and vocational training. For instance, California requires county juvenile justice plans for high-risk juveniles to assess job training services and strategies, and for an assessment of the efficacy of job training and employment on reducing delinquency.

In 2008, Connecticut started a program providing additional reentry and diversionary programs for delinquent youth. Texas’ legislature, in 2009, directed

\$45.7 million dollars to its juvenile probation departments in order to enhance community-based alternatives. In 2010, Illinois passed legislation limiting the parole period for juveniles to a maximum of 6 months.

Since 2009, the Texas Juvenile Probation Commission is required to provide annual reports on the operations and conditions of juvenile probation services. Similarly, Maryland established a Task Force on Prisoner Reentry to address adult and juvenile offender issues. The Maryland Department of Public Safety and Correctional Services was awarded a \$2 million grant as part of a federal program.

In 2008, New Hampshire established a committee to study in-home intervention and counseling services for families and children within the juvenile justice system. As a result of 2009 legislation in Illinois, the Department of Human Services is required to develop recommendations to ensure effective reintegration of young offenders into the community.



### Conclusion

Juveniles recently released from confinement face numerous obstacles that hinder successful reentry. Thus, there is a great need for effective reentry services to prevent recidivism.

For references and additional resources, please see the [References, Glossary & Resources](#) section.



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