

Back on Track: Supporting Youth Reentry from Out-of-Home Placement to the Community

Prepared by the Youth Reentry Task Force of the Juvenile Justice and Delinquency Prevention Coalition

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This brief was authored by Ashley Nellis, Ph.D., Research Analyst at The Sentencing Project, and Richard Hooks Wayman, Senior Policy Analyst at the National Alliance to End Homelessness, with research assistance from Sarah Schirmer of The Sentencing Project. Background research and substantive edits were provided by members of the Youth Reentry Task Force, a group of 20 national and state organizations that support enhanced focus and services for youth exiting the juvenile justice system. The Youth Reentry Task Force is a member of the National Juvenile Justice and Delinquency Prevention Coalition, a coalition of more than 50 national and state-based child serving organizations that are working to reform the juvenile justice system. For more information, please contact Ashley Nellis (anellis@sentencingproject.org) or Richard Hooks Wayman (rhookswayman@naeh.org), Co-Chairs of the Youth Reentry Task Force.





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Executive Summary

Each year approximately 100,000 young people exit formal custody of the juvenile justice system.¹ These youth are often discharged back to families struggling with domestic violence, substance abuse, unresolved mental health disabilities, and poverty. Many are returned to neighborhoods with few supportive programs, high crime rates, and poorly performing schools. Public safety is compromised when youth leaving out-of-home placements are not afforded necessary supportive services upon reentering their communities and are therefore at great risk to recidivate into criminal behavior.

Juveniles and young adults may be incarcerated during a key developmental phase of adolescence. Lacking the necessary skills to cope with adult responsibilities when they are

released, many youth face unemployment, school re-enrollment challenges, and homelessness upon release.

Plans are rarely in place to support youth as they exit confinement and reintegrate back into their family, school, and community. Reentry services and aftercare programs which target youth who are exiting custody and connect them with professional cases managers, mentors, or employment opportunities can reduce recidivism. By fostering improved family relationships and functioning, reintegration into school, and mastery of independent life skills, youth build resiliency and positive development to divert them from delinquent and other problematic behaviors.

If our nation hopes to reduce levels of youth delinquency, it must establish a national policy agenda which supports reentry services to connect youth with meaningful opportunities for self-sufficiency and community integration. Development of this public policy to address the reentry of juveniles from out-of-home placements should be grounded in evidence-based practices, and should involve cooperation between existing federal agencies, local stakeholders, and juvenile justice reform advocates. Members of the Juvenile Justice Reentry Task Force and the Juvenile Justice and Delinquency Prevention Coalition offer this issue brief to raise awareness and encourage investment of resources to expand reentry services nationally. It outlines the concept of reentry services in theory and practice, offers a review of federal policy previously enacted to support reentry, suggests opportunities for improvements in public policy, and reviews promising initiatives.

Principles for Effective Youth Reentry Programs

The juvenile justice field has identified principles and promising practices in reentry services and programs. These include pre-release planning, access to services, and actively involved case management that extends at least one year beyond release from secure


placement. At a minimum, reentry services should:

- Be located in the community where returning youth live;
- Be individualized to assist with developmental deficits;
- Concentrate heavily on ensuring school reenrollment, attendance, and success;
- Focus on permanent family/guardianship connections;
- Include access to mental health and substance abuse treatment;
- Recognize the diverse needs of returning youth;
- Include a structured workforce preparation and employment component; and
- Include housing support and assistance for youth who cannot live with relatives and are transitioning to adulthood.

Recommendations for Federal Leadership in Youth Reentry

After comprehensive review of available research and promising practices, the Youth Reentry Task Force offers the following national policy recommendations:

1. Strengthen the Juvenile Justice and Delinquency Prevention Act (JJDA) to incorporate the reentry

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- stage of youth involvement in the juvenile justice system;
 2. Eliminate barriers to needed medical and mental health services for reentering youth; and
 3. Fund Youth Reentry Grants to local community- and faith-based organizations to offer a broad spectrum of services for reentering youth.
 4. Provide incentives to states to reduce long-term incarceration in favor of reentry services that support success in the community.

Communities across the nation are searching for resources to reduce youth crime and offer programs to support positive youth development. Now is the time for a national policy supporting reentry services for youth. The Youth Reentry Task Force looks forward to working with Congress, the Administration, state juvenile justice professionals, and local jurisdictions to expand the supply of reentry supports to ensure social integration of vulnerable youth as they transition from out-of-home placement to their neighborhoods, schools, peers, and families.



Introduction

Each year approximately 100,000 young people exit the juvenile justice system.² Due to numerous and repetitive periods of incarceration^a many of them have spent almost one-third of their lives in secure confinement.³ Youth are often discharged from care back to families struggling with domestic violence, substance abuse, unresolved mental health disabilities, and extremely low income. Many youth return to neighborhoods with few supportive programs, high crime rates, poverty, and poorly performing schools. Additionally, juvenile facilities are highly structured environments, and even though a youth may

^a Unlike sentenced adults, who are usually incarcerated in either jails or prisons, youth adjudicated in juvenile court generally receive dispositions to a variety of placements, including residential treatment centers, training schools, boot camps, state juvenile correctional facilities, private placement facilities, or group homes. In this report, our focus is on the population of youth who exit any such facility. We use the term "out-of-home placement" to include all such dispositions.

excel while in confinement, the transition to a less structured environment may prove to be overwhelming unless supports are in place to facilitate the transition. States and localities should require the establishment of reentry initiatives for youth released from out-of-home placement to reduce unacceptably high rates of recidivism and improve educational, health, vocational, and housing stability outcomes for youth in custodial settings.

Public safety is compromised when youth exiting out-of-home placements are not afforded necessary supportive services back in their communities. The failure to systematically offer life-skills training, employment assistance, counseling, residential care, and school reintegration assistance exacerbates barriers to reentry. In some jurisdictions, over half these youth reoffend. Crime and public costs for jails and detention facilities would be significantly

reduced if resources were offered for productive reentry services to juveniles discharged from out-of-home placement. Considering that recidivism rates range from 50% to 70% in some localities, the United States must offer greater attention to reentry support to ensure youth have the best possible chance at leading a delinquency-free life upon their return to the community.

Juveniles and young adults may be incarcerated during a key developmental phase of adolescence. Lacking the necessary skills to cope with adult responsibilities when they leave secure placement, many youth face unemployment and homelessness upon release. Within twelve months of their reentry to the community, one study found that only 30% of previously incarcerated youth were involved in either school *or* work.⁴


Studies of homeless youth demonstrate the connection between youth homelessness and contacts with the juvenile and criminal justice systems. In a recent survey of homeless youth between the ages of 10 and 17, the Wilder Research Center found that 46% had been in a correctional facility, and of those, 44% exited into an unstable housing situation.⁵ Plans are rarely in place to support youth as they exit confinement and reintegrate back into their families, peer groups, schools, and

communities. This is a gap in services that contributes greatly to reoffending. One author notes: “Many within the justice system, the human services system, and the community have come to recognize that returning young people to their communities with only marginal investments in their rehabilitation and little support for their positive integration into community life is a recipe for failure.”⁶

Congress recognized the importance of reentry services for foster youth aging out of the foster care system, especially support for helping youth achieve their educational and vocational goals, through the Chafee Foster Care Independence Act.⁷ Given the unique needs and challenges for youth offenders in reintegrating into community life, there is little reason to deny youth exiting juvenile justice placements the same level of support and investment as foster youth.

Reentry services and aftercare programs for youth who are exiting custody can reduce recidivism. Reentry supportive services are designed to improve family relationships, reintegrate youth into school, offer independent life skills, build resiliency and bolster positive youth development to divert juveniles from harm and problematic behaviors.

⁸ This issue brief outlines the concept of reentry services in theory and practice, offers a



review of federal policy previously enacted to support reentry, suggests opportunities for improvements in public policy, and reviews promising initiatives underway.



Characteristics of Reentry Youth

In 2006, 92,854 youth were in some type of residential placement: 66% were in post-adjudicatory secure facilities, 26% were in pre-adjudicatory detention, and 8% were in detention awaiting placement in a diversion program.⁹ The typical sentence length for an adjudicated youth is 4 to 6 months, though longer and shorter sentences are frequent as well. Among youth who are given sentences of 4 to 6 months (excluding youth with very short and very long stays); we find the following characteristics:

- 86% were male;
- 60% were youth of color
- 88% were 15 years or older;
- 57% of youth were in publicly-operated facilities, 43% in private facilities; and

- 62% of youth exiting facilities had at least one prior commitment, but only 18% had committed offenses that were more serious than their previous offense.¹⁰

The Vast Majority of Juvenile Offenses are Nonviolent

Nearly two-thirds of juveniles in out-of-home placements are held for nonviolent offenses:

- 36% are person-related offenses;
- 26% are property offenses;
- 9% are drug-related offenses;
- 11% are public order offenses;
- 13% are held for technical violations of probation; and
- 5% are held for status offenses.¹¹

Youth of Color are Disproportionately Impacted in Out-of-Home Placements

In terms of racial and ethnic distribution, youth of color are significantly overrepresented in residential placements. Recent data reports that 60% of youth in residential placement are youth of color¹²

According to research conducted by the Urban Institute, youth of color may “...confront distinct types of discrimination compared to adults and the experience of discrimination may affect them differently.”¹³ Therefore, upon exit from confinement, youth of color may face more challenges than white youth in the reintegration process. The impact of race and ethnicity on reentry success should be taken into account in planning and implementing reentry programs.

There is an Overlap between Child Welfare and Juvenile Justice Youth

Social scientists have long recognized that the histories of youth offenders often parallel the histories of children in the child protection and foster care system. Both juvenile offenders and foster care youth enter out-of-home placement due to histories involving family dysfunction, physical abuse, sexual abuse, and chronic neglect.¹⁴ Juveniles often engage in delinquent

behavior as a response to family problems such as abuse, neglect, poverty, unemployment, substance abuse, and mental health disorders. One study found that neglect and child abuse increased the risk of being arrested by 55% and the risk of being arrested for a violent crime by 96%.¹⁵ The systems should work together to identify and respond to the needs of youth in multiple systems. Recent improvements to two federal laws—the Juvenile Justice and Delinquency Prevention Act and the Child Abuse Prevention and Treatment Act—begin to address this overlap through promoting better communication across systems and improvements in service delivery. However, these changes to federal law fail to explicitly address standards for youth reentry to ensure that child welfare-involved youth returning from juvenile justice placements receive the services they need for successful reentry.

Young People with Mental Health Problems Frequently End up in the Juvenile Justice System

Many youth in the juvenile justice system suffer from mental health disorders. In fact, more than half of incarcerated youth are reported to experience major depression and almost two-thirds report suffering from anxiety.¹⁶ Approximately two-thirds acknowledge regular

drug use.¹⁷ Sixty-six percent (66%) of boys and 74% of girls in the juvenile justice system meet the criteria for at least one mental disorder, according to a recent epidemiological study of psychiatric illness prevalence among youth in secure placement.¹⁸ Reports from the juvenile justice field often note the significant challenges faced by youth offenders with mental health disabilities in navigating social settings after secure confinement and the lack of appropriate referrals for treatment. Furthermore, many youth are discharged without health insurance coverage.

group faces associated challenges in addition to typical barriers.²²

Learning Disabilities are Common among Juvenile Justice-Involved Youth

Research also shows that many delinquent youth are developmentally behind their peers, and are more likely to have learning disabilities.¹⁹ More than half of youth in detention have not completed the eighth grade.²⁰ Some estimate that as many as 70% of youth involved in the juvenile justice system have learning disabilities.²¹ The presence of learning disabilities has been established as a correlate of juvenile delinquency, but insufficient attention is paid to the additional challenges youth with learning disabilities face upon reentry. When they reenter their communities from secure confinement this



Collateral Consequences Associated with Out-of-Home Placement

Removal of youth from their homes and communities and into out-of-home placement can exacerbate delays in positive youth development, social skills, and learning. Just as there are collateral consequences for adults who spend time in prisons and jails, there are collateral consequences for juveniles. Youth returning from placement face education, employment, health care, housing challenges.

Education

Attendance at school is a strong protective factor against delinquency; youth who attend school are much less likely to commit crime in the short-term and also in the long-term. Yet, more than half of youth in secure placements

have not completed the eighth grade and two-thirds of those leaving formal custody do not return to school.²³ Emphasis on returning to school upon exit from out-of-home placement should be a high priority for any reentry initiative.

Despite the strong connection between school truancy, dropouts, and delinquency, reenrollment in school for youth exiting detention is sometimes challenged. Some schools place obstacles to reenrollment for formerly incarcerated youth because these youth are considered difficult to manage. Pressure upon schools to excel through performance on standardized test scores may have the effect of bolstering a school district's

trend to erect obstacles to reenrollment for formerly incarcerated youth. What is more, in many instances schoolwork completed by youth in detention is not counted by the school toward credit completion. Some point out the incongruity in the fact that there is a federal policy on school exclusion (for instance, the Gun Free Schools Act requires expulsion for weapons offenses) but there is no federal policy on school reentry.²⁴

In the absence of federal policy disallowing it, some states have enacted laws which create clear obstacles for youth attempting to re-enroll in high school upon reentry. In 2002, the Pennsylvania legislature amended its school code to permit Philadelphia public schools to exclude youth who had been in secure placement or who were on probation from returning to the regular classroom. Instead, these youth were to be enrolled in an alternative education setting. However, in 2005, the Supreme Court in Pennsylvania ruled this to be unconstitutional under the 14th Amendment's Due Process clause.²⁵ Now, students in Pennsylvania can be placed in alternative schools only after an individualized assessment of their education needs, but cannot be categorically excluded from public schools.

Employment

Employment status is another strong predictor of criminal behavior. Individuals who have a job are less likely to commit crime, as evidenced by the findings in numerous studies on the subject.²⁶ Yet when formerly incarcerated offenders seek employment, they may encounter obstacles, especially if their record has not been expunged. Surveys of the post-incarceration employment application process find that having a criminal record places job-seekers "...at the bottom of the employment hierarchy."²⁷ Moreover, the months or years spent out of the labor force while in detention, jail, or prison, places these individuals at a distinct disadvantage in finding a job.

The time youth spend in out-of-home placement is generally not spent in preparation for employment, despite the protection employment serves against future offending. Some have noted that in residential settings, vocational programming designed to prepare young people for a job upon release was not accompanied by any industry certification, or associated with high-growth jobs in the communities where the youth would be returning.²⁸

Completion of education, discussed above, is also closely related to employment. The

consequences of dropping out of school were recently reinforced in the findings from a Northeastern University study.²⁹ The economists found that, in 2008, 45.7% of the nation's high school dropouts were employed, versus 68.1% of those who completed high school. High school dropouts aged 16-24 were about *half* as likely to be employed as those with a college degree. The study also found that youth who dropped out of high school were 63 times more likely to be in an institution (jail, prison, or juvenile detention center) than those who had completed college. Nearly 10% of young, high school dropouts were in a correctional institution; for high school graduates, this percentage was 2.8%.

Health Care

A large number of youth involved in the juvenile justice system cope with myriad medical, mental health, and substance abuse issues, including co-occurring mental illnesses, learning disorders, substance abuse problems, and/or cognitive disorders which may cause or contribute to behavior that results in problems with the law.³⁰ For example, one study found the research finds that more than 60% of youth in the juvenile justice system meet the criteria of at least three mental health disorders.³¹

Research consistently finds that recidivism often occurs just after release, sometimes within a few days. Especially because of the overlap between mental illness, substance abuse, and criminality, the period of transition from secure custody to the community is a critical time where necessary supports should be in place to provide appropriate medical attention. This is especially true for young people coping with mental illness, a history of substance abuse, or other disorders that may make reintegration difficult.

Medicaid, which is available to low-income youth, including youth in juvenile justice out-of-home placements, provides eligible youth with access to necessary medications, health care, mental health treatment, and substance abuse treatment.³² While data have not been gathered on the proportion of juveniles in secure placement who are eligible for Medicaid, it is likely that a substantial number of these youth qualify for the program, which provides health coverage to roughly half of the nation's low-income children.³³ For example, in Jefferson Parish, Louisiana, it is estimated that 79% of arrested youth receive their health care services through Medicaid or the State Children's Health Insurance Program (SCHIP).³⁴

Federal law restricts the use of federal Medicaid dollars (i.e., federal financial participation, or

FFP) for services provided to an “inmate of a public institution.”³⁵ However, this restriction does *not* affect the youth’s eligibility for Medicaid. The Center for Medicare and Medicaid Services has advised states that they should: (1) establish a process so the person remains on the Medicaid rolls but the state does not claim FFP for services disallowed by federal law; and (2) take whatever steps are necessary to ensure the individual can begin receiving Medicaid-covered services immediately upon leaving the institution. Nevertheless some states do terminate eligibility, requiring youth to reapply upon release. A 2001 study conducted by the Council of State Governments found that 46 states and two territories had policies that require termination of Medicaid supports for people in jail.³⁶

In 2003, state-level data from juvenile justice agencies and Medicaid agencies in 46 states and the District of Columbia, as well as from local agencies in 34 different states, were collected via telephone survey to examine variations in Medicaid disenrollment policies and procedures for detained youth at the pre-adjudicatory stage.^b Researchers found that 13 state juvenile

^b Note that Medicaid benefits can and should still be received among youth in pre-adjudicatory detention. The U.S. Code states that Medicaid benefits should still be accessible for one who is in a “...public institution for a temporary period pending other arrangements appropriate to his needs...” (See 42 CFR §435.1010).

justice agencies have a policy in place that automatically terminates Medicaid-enrolled youth in pre-adjudicatory detention, and half of the state Medicaid agencies had a termination policy in place. Upon release from detention, only 26% of state Medicaid agencies and 13% of state juvenile justice agencies attempt to reenroll eligible youth in Medicaid. This is especially troubling given the accompanying finding that 81% of local juvenile justice centers who were interviewed provide only a one-day supply of medication upon release, and 77% of state juvenile justice agencies supply only up to two days worth of medication. In addition, fewer than half of youth who were on psychiatric medication at exit were given a refill prescription when they were released.³⁷

When youth lose their Medicaid enrollment while in confinement, they must reapply for benefits upon their release, a process which may take up to 90 days or longer to complete.³⁸ This delay seriously threatens successful reintegration to the community and often results in long delays in obtaining vital

Additionally, youth held in secure confinement in the post-adjudicatory stage are probably even *more* likely to have their enrollment terminated because they are detained for longer periods (usually four to six months) than the population studied in this research. However, this study examined policies and procedures as reported by agency representatives, rather than collecting data on actual disenrollment and re-enrollment patterns, so this knowledge remains speculative until research is conducted on convicted youth who are held in confinement. This study also demonstrates the widespread confusion concerning Medicaid eligibility.

treatment, medication, and services at a time when they are most needed. Gaps in services significantly increase the risk of reoffending and recommitment to an institution.³⁹ Termination of benefits rather than suspension of coverage for disallowed services is also associated with greater administrative burdens: an analysis of Medicaid termination and re-enrollment patterns among inmates in Denver County, Colorado found that it takes twice as long to process a new application as it does to reactivate suspended benefits.⁴⁰

The key advantage of keeping individuals enrolled in Medicaid is that the youth's eligibility for services can be restored immediately upon release, translating to immediate access to mental health services, substance abuse treatment, and necessary medications. This eases the transition back to the community and increases the youth's chance for success.

Two states stand out as exemplary in their attention to ensuring seamless Medicaid policies for incarcerated individuals. In 2007, New York passed legislation that allows for the suspension but not termination of Medicaid enrollment during a period of incarceration. In 2008, California passed similar legislation. Policymakers should turn to these states in framing legislation to ensure Medicaid

availability upon release from out-of-home placements.

Stable Housing

Studies of homeless youth demonstrate the connection between youth homelessness and contacts with the juvenile and criminal justice systems. In a recent survey of homeless youth between the ages of 10 and 17, the Wilder Research Center found that 46% had been in a correctional facility, and of those, 44% exited into an unstable housing situation.⁴¹ The Covenant House in New York offers emergency shelter to homeless youth and reports that 30% of the youth they serve have a history of incarceration or detention. The Covenant House data also indicates that 68% of the youth had been living with their families or guardians prior to being incarcerated.⁴² A study of youth in runaway shelters in the state of Washington found that 28% were currently involved with the juvenile justice system.⁴³

Youth reentering their communities from out-of-home placement struggle to achieve housing stability.⁴⁴ Factors contributing to high mobility and residential displacement include: severe and unresolved conflicts with parents, abuse from parents, homeless parents, overcrowding, lack of rental history, income levels insufficient to afford market rate rent, criminal history, and

deficits in independent living skills. Some youth return to supportive homes while others do not. A segment of the youth reentry population is precluded from returning to their family homes by federal policies and local public housing authority rules that prohibit individuals who have been convicted of particular drug offenses from residing in public or Section 8 housing.⁴⁵

If juvenile offenders become homeless after discharge, they experience higher risks for reoffending. In many states, youth who were previously in foster care can lose their foster care placements once they are released from an out-of-home placement in the juvenile justice system, thus exacerbating their challenges to find stable housing.⁴⁶ Overall, “homeless youth are also likely to become involved in prostitution, to use and abuse drugs, and to engage in other dangerous and illegal behaviors.”⁴⁷

Many times, youth are released from confinement only to return to families with chemical dependency, physical or sexual abuse, or crime. Unfortunately, detention facilities often fail to work with families of the detained youth. Many youth released from detention return to families with severe internal conflicts and communities lacking in opportunities for positive youth development or employment.

Two separate studies found that one in four youth (25%) released from foster care, a group home, or juvenile detention center spent their first night either in a shelter or on the street.⁴⁸

The communities to which they return are also often rife with problems. Adults have more independence regarding their mobility upon release, but youth may not. Family reunification is certainly ideal, but this may not make sense in situations where the child will be placed at risk. Sometimes it is best to remove youth from high-crime neighborhoods.⁴⁹

Additional Collateral Consequences for Youth in Out-of-Home Placement

Some youth also face barriers to civil or social inclusion due to restitution payments, back child support owed to the state or child’s mother, and obstacles to obtaining public housing, Medicaid, food stamps, state-issued identification and other legal documents, or voter disenfranchisement (after they turn 18 years old if they were convicted of a felony). Reentry programs and services that begin pre-release and those offered upon transition best combat these barriers in order to help youth create a stable and normal life upon release to the community.

The laws governing whether a juvenile record is sealed (not accessible by the general public) or expunged (destroyed) vary from state to state. In Pennsylvania, for example, the records of youth 14 years of age or older may be accessible to the public if the offense would have been considered a felony if committed by an adult. If the youth was 12 or 13 years old at the time of the offense, only certain types of adjudications will result in a record that may be available to the public. If the juvenile was previously adjudicated delinquent for an offense mentioned above, and another petition has since been filed, that juvenile's court record will be public regardless of the most recent charge.⁵⁰ Juveniles transferred to the adult system are not protected from any restrictions on record expungement. Having a criminal record leads to numerous lifelong barriers which greatly reduce access to stabilizing life characteristics including permanent housing, education, and employment.

Finally, reentry programming for youth who have been transferred to the adult system produces additional problems. Though exact estimates are unavailable, approximately 73,000 individuals under 25 years old exited adult jails and prisons in 1999, and are potentially eligible for reentry services.⁵¹ Juveniles incarcerated in adult facilities are 30% more likely to be rearrested than those retained

in the juvenile justice system, both sooner and for more serious offenses.⁵² Incarcerated juveniles receive significantly less access to age-appropriate rehabilitative, educational, or vocational services than they would in the juvenile justice system. Additionally, programs offered in the adult system are not structured for juveniles, and correctional officers are often not aware of developmental differences between youth and adults, which require specialized handling and treatment. As a result, youth housed in adult facilities and released as young adults exhibit more negative outcomes than if they had been held in a juvenile facility.⁵³



Essential Components of Youth Reentry Services

Reentry refers to “...the process and experience of reentering society after a term of incarceration.”⁵⁴ Reentry theory assumes that, when offered support and resources, juveniles can be discharged from secure placement and reintegrated back to family residences to bring about social inclusion, advancement in education, and employment. Early aftercare models were dominated by a combination of surveillance approaches and services. These approaches included a concentration on probation contacts, electronic monitoring, urine testing, and other means to ensure public safety. It is now believed that interventions and services which include educational tutoring, job skills training, cognitive-behavioral therapy, family and individual counseling, and community-based services aimed at improving thinking and behavior will yield greater post-incarceration success.⁵⁵

Currently, where effective reentry programming is available, it often utilizes comprehensive case management services to assist youth in acquiring the life skills and resources needed to succeed in the community, and prevent recidivism. A variety of program services or models are employed in the reentry process, including thorough discharge planning, pre-release programs, drug rehabilitation and vocational training, work programs, housing, mentoring, and life skills training. Typically, youth reentry includes services tied to achieving the following outcomes:

- Social integration into family and community systems of care;
- Reduction in recidivism;
- Advancement in school studies;
- Mastery of life skills for greater self-determination;

- Development of healthy relationships;
- Residential stability; and
- Connection to workforce training and/or stable employment.

Reentry services should be initiated before release from out-of-home placement in the form of discharge planning. Discharge planning allows the youth participant and case worker to locate resources to secure education, employment, vocational training possibilities, and public benefits for the youth. Discharge planning should ensure that family reunification and stable housing are available during the youth's transition back to the community.

Finally, discharge planning can ease the transition to community settings by preventing barriers to reenrollment into health insurance coverage to meet the youth's need for physical and mental health care.⁵⁶ For instance, the Intensive Aftercare Program (IAP), an OJJDP-funded and evaluated youth reentry program, called for the coordination of case management and rehabilitative services over three distinct phases: (a) an institutional or pre-release planning and services phase; (b) a reentry preparation phase; and (c) a community-based services phase after discharge.

Planning in these areas can reduce some or all of the barriers to reentry in order to help create a stable life where reoffending is greatly

reduced. A stable life includes enrollment in school or training (as appropriate), employment, a nurturing, secure place to live, assistance with resolving substance abuse problems, mastery of life skills, and learning how to create healthy, positive relationships. However, even with the best discharge planning, unforeseen challenges and family crises may develop. Any reentry resources will require on-going delivery of service to youth once they are placed back into the community.

Effective Outcomes from Youth Reentry Services

Although juvenile justice reentry programs have not yet been subjected to rigorous research that conclusively identifies the practices or service components that best reduce recidivism and enhance youth development, some interventions have been found to be helpful in reducing recidivism and findings from other programs that serve youth suggest promising practices.

In studies on juvenile delinquency, there is general agreement that individual-centered programming is less effective than programming that broadens the focus to view youth as part of a larger system that includes the school, the family, peers, and the community, as in the evidence-based Multisystemic Therapy program.⁵⁷ In adult

reentry research, GIS technology has been utilized to determine the presence or absence of community services in neighborhoods where released prisoners return; an overwhelming mismatch emerges to show that services are seriously lacking in communities where there is the greatest need.⁵⁸ While studies on community factors within neighborhoods where reentering youth live have not yet been published, it is estimated that this same mismatch would appear.

There is modest evidence that frequent post-release mental health services for youth exiting out-of-home placements resulted in lower rates of reoffending.⁵⁹ Researchers from the University of Washington collaborated with the Juvenile Rehabilitation Administration (the

state's juvenile justice administration office) during the late 1990s to identify and prioritize the mental health needs of all incarcerated youth so that at discharge, transition plans were set in place and managed by the corrections staff as well as the parole officers in the community. However, plans were not implemented as designed, so some youth received post-release services while others did not. Despite this unfortunate outcome, it allowed for a natural experiment environment where recidivism could be measured among those who received services and compared to those who did not.

The experiment allowed for a study of post-release activities and outcomes for 44 juvenile offenders with mental illness who were released from formal custody.⁶⁰ Treatment measures included: mental health services, substance abuse services, financial support such as Medicaid, school, prospects for employment, housing, medical care, child and family services, and parental support. Two positive outcomes were identified. First, those who received extensive mental health treatment within the first three months of release were less likely to recidivate (defined in this study as adjudicated for a new offense within one year of release). Second, the state legislature passed legislation which established availability of funds for

evidence-based transition intervention programs for youth exiting detention with co-occurring disorders.⁶¹

A growing body of research also indicates that inclusion of mentoring into the array of reentry services results in long-term, positive effects.⁶² Mentoring is beneficial in achieving a variety of outcomes related to positive youth development. However, when mentoring services are incorporated into an aftercare and reentry program offered by community-based organizations, the primary goal is to reduce recidivism. One publicly supported, large-scale mentoring program focused on juveniles is the AIM program (Aftercare for Indiana through Mentoring), a comprehensive reentry program incorporating life skills training, service coordination, and the establishment of positive adult mentoring relationships. Scientific research found positive outcomes for juvenile participants over a four-year follow-up period including a finding that only 43% of the youth receiving the full AIM program were reincarcerated compared to 62% reincarceration for the control group.⁶³

Bouffard and Bergseth studied the impact of reentry services incorporating paid mentors and found positive effects on reducing recidivism and a host of other behavioral factors.⁶⁴ The

study compared 63 youth served by a reentry program incorporating paid mentors to 49 youthful offenders receiving traditional probation services in a Midwestern rural and small urban area. The reentry services studied were similar to the Intensive Aftercare Program (IAP) and included pre-release plans, discharge plans, and community-based programming based on individualized needs.

As a response to prior studies that suffered from poor research design and implementation difficulties, the Bouffard and Bergseth study examined the implementation of the reentry program by comparing process elements and outcomes for a group of youth reentering communities from out-of-home placement. Bouffard and Bergseth emphasized that the delivery of reentry services must have integrity, meaning that services must not only be planned but available to, delivered to, and engaged in by youth participants. The study concluded that if a reentry program is well implemented, the services (including mentoring) can “...improve both intermediate adjustment to the community and success in desisting from crime and delinquency.”⁶⁵ The study found that youth receiving reentry services with mentoring achieved better or improved outcomes in the following areas as compared to youth who simply received traditional probation services:

- Significant reductions in testing positive for drug usage;
- Lower recidivism;
- For those who did reoffend, longer time before their first reoffense;
- Increased referrals and connection to educational and employment services; and
- Increased referrals and connection to mental health treatment.⁶⁶

Principles of effective reentry services can serve as guides toward building best practices for youth reentry, and a solid research base is growing. As juvenile recidivism rates hover at 50% to 70%,⁶⁷ there is a growing urgency to support offenders as they leave the system, inform practice with research, and expand best practices in the juvenile justice reentry field. While members of Congress have recently hosted hearings, forums, and briefings to discuss how best to support the reentering community, much of the attention has been directed to adult offenders. Moving from a review of research, the following sections will be dedicated to a review of findings related to youth in detention, prior federal support for reentry services, and best practices, and recommendations for national policy.



History of Federal Support for Youth Reentry

Congress has demonstrated leadership in enacting federal legislation supportive of reentry services for various vulnerable populations, though rarely targeted at juveniles. Though some federal funding has been offered to juvenile populations, it is no longer available. The following is a review of prior and existing policies.

Serious and Violent Offender Reentry Initiative (SVORI)

Under the Serious and Violent Offender Reentry Initiative (SVORI), 69 state agencies were provided \$110 million in funding through the U.S. Department of Justice in 2003 and 2004, to create criminal and juvenile justice reentry programs. The initiative funded 89 reentry

programs around the nation that were aimed at providing quality of life improvements and promoting self-sufficiency among juveniles and adults through reentry grants to the community, better supervision and monitoring, and improved interagency collaborations. Recipients of grants were urged to develop risk instruments, individualized plans for reentry, transition teams, community supports, and graduated sanctions. As the name implies, these grants were targeted toward serious and violent offenders. Most SVORI programs received funding in 2002 for 3 years, although some extended their programs with no-cost extensions. By 2006, many programs had ended. A national evaluation of the program was released in 2004.⁶⁸ Preliminary outcomes

indicate that funds provided to the communities facilitated more funding opportunities and allowed for program activities to be sustained after the grant period ended.⁶⁹ In other words, SVORI was a much-needed catalyst for reentry programs and services. Most (75-90%) participants reported receiving transition services to prepare for their release, and the figures were 50% higher than comparison communities where SVORI grants did not exist. Employment services were the primary services received. Participants also noted that pre-discharge programming was far more frequent than programming post-release. Finally, small but substantively significant improvements across an array of possible outcomes were noted in the large-scale evaluation of SVORI, most notably employment: SVORI participants were 10% more likely to be employed three months after release than the comparison group.

Intensive Aftercare Program (IAP)

During the 1990s, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) funded the Intensive Aftercare Program (IAP), which was designed to assist the most high-risk young offenders and prevent them from reoffending. This program has received national attention, and its implementation in Colorado, Nevada,

and Virginia was studied by David Altschuler (one of the original program designers), Todd Armstrong,⁷⁰ and researchers at the National Council on Crime and Delinquency (NCCD).⁷¹ The program emphasized pre-release planning and services, structured, short-term transitional programming and structured, longer-term reintegrative activities that balanced supervision, treatment, and services. Wiebush and colleagues studied outcomes over 12 months for experimental and control groups in the IAP demonstration sites. They noted improvements in shorter institutional stays and a lower probability of testing positive for illegal substances, but saw few significant differences in recidivism between the treatment and control groups.⁷² Despite broad support for the program, the evaluation produced inconclusive results as to the program's effectiveness due to implementation difficulties and small sample sizes. This program is no longer funded.^c

^c It is important to note that both the IAP and the Serious and Violent Offender Reentry Initiative targeted high-risk, serious offenders. However, most offenders are not high risk, serious, or violent. In addition, while the SVORI program funded some juvenile programs, this was not the dominant focus. Juvenile justice and public safety will benefit from the establishment of targeted funding for reentry enterprises coupled with positive youth development principles and practices.

Youth Opportunity Grants


In 2000, the U.S. Department of Labor funded 36 high-crime, low-income communities around the nation to create Youth Opportunity Centers as “safe havens” for youth. These centers were developed to be focal points for case management and youth-centered activity for those between the ages of 14 and 21. Individual grants ranged from \$3.1 million to \$43.8 million over a five-year period. Programs were designed so that youth were connected to education support, workplace and career exposure, youth development activities, and case management support until they completed their academic credentials and successfully transitioned into the labor market or higher education. By the end of 2005, more than 90,000 mostly minority youth were enrolled in the Youth Opportunity program in the 36 communities. Despite promising evaluation findings, funding for this initiative was eliminated in 2005.⁷³

While not exclusively targeted at juvenile justice-involved youth, there was a fair amount of overlap, and 62% of the communities had formal referral relationships in place with the juvenile justice systems. Several process evaluations of programs funded with Youth Opportunity Grants have been conducted and

find that, until funding was cut, the program was making significant headway in providing post-release services to youth in the juvenile justice system once the right infrastructure was in place. For instance, program officials in Camden, New Jersey determined that the greatest demand for jobs were in the health care, finance, and hospitality industries. They then obtained the requirements for entry-level work in associated trades and created workshops and trainings for reentry youth in these areas. The program also worked with employers to allow for on-the-job-training and employment opportunities.⁷⁴

Second Chance Act

The Second Chance Act,⁷⁵ which was signed into law on April 9, 2008, authorizes \$165 million in federal spending on reentry, including competitive grants to government agencies and nonprofit organizations to provide employment assistance, substance abuse treatment, housing, family programming, mentoring, victims support, and other services that can help reduce recidivism. In fiscal year 2009, two of the ten grant programs authorized by the Second Chance Act received funding: Section 101, which provides funds to state and local governments and Indian tribes for reentry demonstration projects, received \$15 million,



and Section 211, which provides funds to nonprofit organizations for mentoring and other transitional services, received \$10 million. Both Sections 101 and 211 authorize funding for programs that provide services to youth under age 18, and the Office of Juvenile Justice and Delinquency Prevention released the first solicitations for both programs in May 2009. For fiscal year 2010, President Obama has requested \$100 million for Second Chance Act programs.

In October 2009, the Council of State Governments opened a National Reentry Resource Center, as authorized under the Second Chance Act. The Resource Center provides education and technical assistance to communities across the country with the best thinking on complex youth reentry issues, comprehensive resources, and myriad forms of support that can help reduce recidivism and strengthen neighborhoods and families.⁷⁶

Federal Support for Reentry in the Child Welfare System

The federal government invests in youth reentry services for young people aging out of foster care. In 1999, Congress enacted the Foster Care Independence Act which created the Chafee Foster Care Independence Program. The Chafee Foster Care Independence Program (Chafee Services) offers assistance to help current and former foster care youth achieve self-sufficiency.⁷⁷ Specifically, the law recognized the vulnerability and special needs of foster youth who may turn 18 with little family or community support and allowed states to: (a) use federal appropriations to increase supportive services to this population; (b) provide services to youth up to age 21; (c) offer educational and housing assistance; and (d) extend Medicaid to foster youth up to age 21.

In 2007, the American Public Human Services Association (APHSA) conducted a study and determined that 17 states had elected to offer the Medicaid extension to young people up to age 21. The study found that the cost of providing such care is only \$110 to \$350 per youth, per month. Other states may offer continuing health care via extension of foster care residential services to youth beyond the age of 18 or through other state-funded healthcare programs.⁷⁸

Chafee Grants are offered to states that submit a plan to assist youth in a wide variety of areas designed to support a successful transition to adulthood. Services may focus on education, employment, financial management, housing, emotional or mental health support, and assured connections to caring adults for youth

up to age 21 who are aging out of the foster care system. These funds (\$120 million annually) are often distributed to local child welfare systems to offer continued services to youth as they age out of foster care services. In addition, \$60 million is allocated by Congress each year from the Education and Training Vouchers Program (ETV) to meet the educational and training needs of youth aging out of foster care. This program offers youth vouchers of up to \$5,000 per year for education expenses and housing rental assistance.

Comparisons between the child welfare system and juvenile justice system illustrate the gap in community-based resources to assist juvenile justice system-involved youth in accessing education, employment, health care, and housing. In addition, it reveals the gaps in knowledge about what happens to youth upon release from out-of-home placement.

Table 1. Comparison of Child Welfare/Foster Care System to Juvenile Justice System

Issue	Child Welfare/Foster Care System	Juvenile Justice System
Number of youth in care/ confinement	500,000+	64,558**
Number of youth exiting system annually	~25,000	100,000**
Homelessness upon discharge	25 percent	Unknown
Participants in Independent Living Program	100,000	Unknown
Independent living service funding	\$140 million	None
Education and Training Vouchers (includes housing)	\$60 million	None
Average age of youth in care/confinement	11*	16**

*H. Snyder and M. Sickmund, *Juvenile Offenders and Victims: 2006 National Report* (Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention, 2006), 57.

** Youth in commitment facilities. M. Sickmund, T.J. Sladky and W. Kang, *Census of Juveniles in Residential Placement Databook* (2008). <http://www.ojjdp.ncjrs.gov/ojstatbb/cjrp/>.

Principles for Effective Youth Reentry

Based on a combination of research findings and several decades of reentry service experience, the juvenile justice field has identified principles and promising practices. Strategies, programs, and services implemented in various states and localities have offered juvenile justice professionals insight into how to connect with youth returning to their communities from incarceration and what core programmatic methodologies and services work. The application of theory and best practice recommendations in local programs and youth-serving systems (juvenile justice, child welfare, foster care, and others) demonstrates that youth reentry programs and services should include the following components:

Pre-Release Planning

Pre-release plans should not be an afterthought. Because juvenile sentences are generally a few months in length, pre-release plans should be developed immediately upon out-of-home placement, and transition programs are most effective when they start upon release and run longer than six months, with follow-up continuing for an additional year. The release plan should be an integral component of the secure placement experience and should be modified throughout detention as circumstances warrant.

Pre-release plans should essentially comprise written case plans specifically tailored to the

needs of the individual upon release. Individual needs should be determined based on assessments conducted by trained professionals in consultation with the juvenile’s family and legal counsel, as well as the youth. Items covered in a pre-release plan should include, at a minimum, plans for living arrangements upon release, return to school, medical and behavioral health care, and vocational, life skills, public assistance, and legal services. Pre-release planning should be in place in a timely fashion so as not to delay release.

As a MacArthur Foundation Models for Change site,⁷⁹ Pennsylvania’s *Comprehensive Aftercare Reform Initiative* developed a statewide working group to focus exclusively on youth reentry and is committed to multisystemic approach for this initiative. Youth leaving out-of-home placements are managed principally by a probation officer, but a single five-phase plan is developed for each youth within the first thirty days of placement, and includes input from the family, school, judge, service provider(s) and probation office.⁸⁰

Reentry Services in the Communities where Returning Youth Live

The delivery of reentry services must be strategically placed throughout neighborhoods

exhibiting the highest needs to allow ease of access and facilitate productive relationship building for returning youth. Building on natural connections and relationships to local persons through community-based and faith-based entities is a common sense best practice. Community-based solutions are beginning to appear as crime is recognized as a community issue. Nonprofit organizations and faith-based organizations are strong providers of youth reentry services, possibly because of their important place in individual communities. “There is compelling evidence to suggest that in many poor communities, faith-based institutions are the strongest, most rooted institutions remaining, and often the only institutions with both substantial community support and respect outside of the community.”⁸¹ Reentry services should be provided by those who can connect to youth, like community organizers and members of the faith community.

Reentry Services Must Proactively Address Developmental Deficits

Reentry programs for young adults can address deficits in skills and developmental assets by addressing seven areas of youth life: family and living arrangements (independent living for late adolescents), employment, links to prosocial

peers, substance abuse treatment, mental, behavioral, and physical health, enrollment to vocational training and employment, and leisure time and recreation. Practitioners can use current research on psychological development in young adults to design programs that help youth refrain from reoffending.

Focus on Permanency and Housing

Services that assist families in retaining youth in their homes or offer affordable housing models coupled with supportive services when youth cannot safely return home are crucial to reducing recidivism. In-home counseling that engages a youth's immediate and extended family members in addressing the root causes of delinquency has reduced recidivism by as much as 50 percent according to one study.⁸² The state of Tennessee uses family-group conferencing to guide permanency for youth people in both the child welfare and juvenile justice systems.

Access to Mental Health and Substance Abuse Treatment

A recent study of 1,800 arrested and detained youth found that nearly two-thirds of males and nearly three-quarters of females met diagnostic

criteria for one or more psychiatric disorders.⁸³

Unfortunately, many youth will not receive adequate mental health assessment or treatment while in detention or out-of-home placements, and often lose insurance coverage when transitioning back to community settings. Research on reentry methodologies points to the positive impact mental health treatment has on behavior and reductions in recidivism. Youth who received mental health treatment within the first three months of release were less likely to recidivate and those with co-occurring mental health and substance abuse disorder, who received *extensive* discharge planning, had lower rates of reoffending.⁸⁴ Additionally, mentoring services increased the likelihood that a youth accessed and progressed in treatment upon his/her return to the community.⁸⁵

Recognition of Diverse Needs of Returning Youth

The increasing prevalence of girls and women in detention, racial and ethnic disparity in secure placement, and continued reports of discriminatory behaviors by system staff and juveniles against girls, youth of color, Latino youth, and lesbian, gay, bisexual, and transgender (LGBT) youth must inform the design of reentry policy and practice.

Gender plays an increasingly substantial role in reentry program design as the number of women in prison has increased at almost double the rate of incarcerated men since 1985.⁸⁶ Compared to their male counterparts, female offenders come from lower socioeconomic backgrounds, suffer from mental health problems at a higher rate, abuse drugs at a higher rate, and are more likely to have been sexually abused, with nearly 70% of sexual abuse incidents occurring before 18 years of age.⁸⁷ Female offenders are more likely than males to be a parent to at least one child under 18,⁸⁸ and women are incarcerated for drug-related offenses at a higher rate than men, which creates additional barriers to reuniting women with their children. Young mothers who are incarcerated for a drug-related offense may require additional services upon release to secure housing and food stamps since in most states drug offenses prevent individuals from obtaining any federal public assistance.

Structured School Attendance, Workforce Preparation, and Employment

All children need structure, monitoring, and guidance. This may be especially important for youth exiting secure placement.⁸⁹ Youth should not be expected to simply pick up where they left off before confinement and succeed.

Instead, special attention needs to be paid to identified risk factors that can spark reoffending, and these should be addressed proactively through pre-discharge planning and post-release programming. Youth need to attend traditional schools to the extent possible so they have access to prosocial peers and activities, with tutoring to address deficits, special education services where youth are eligible, and planning for higher education or vocational aspirations.

Better Use of Leisure Time

Research shows excess leisure time creates trouble for at-risk youth, which is the main impetus behind support for after-school programs. Recently-released youth are accustomed to highly structured days, and misuse of the freedom that comes with release could lead to rearrest, whether for a new offense or for violation of conditions of release. Violations of probation (i.e., technical violations) account for 16% of out-of-home placements. Altschuler and Brash state: “Young offenders recovering from drug or alcohol abuse often have not had experience filling their time with anything but consuming drugs and being high...a whole new behavior pattern may have to be developed.”⁹⁰

Recommendations for Federal Leadership in Youth Reentry

Strengthen the Juvenile Justice and Delinquency Prevention Act

Although the Juvenile Justice and Delinquency Prevention Act (JJDP A)⁹¹ is the legislation that governs much of the federal funding for juvenile justice programming in the states, it does not currently allocate funds or directives specifically for reentry. While the JJDP A authorizes the use of federal funds for reentry services, few states and jurisdictions offer comprehensive reentry services given the competing needs of other core services for limited federal

appropriations.^d Juvenile justice and child welfare experts advocate for stronger language in this important legislation, including the following provisions for individuals leaving custody:

- Require a written case plan for each juvenile, based on an assessment of the needs of the juvenile, and developed and updated in consultation with the juvenile and his or her family that:

^d Specifically, the JJDP A allows the use of federal funds for “...community-based programs that provide follow-up post-placement services to adjudicated juveniles, to promote successful reintegration into the community” (Section 223 (9)(Q)).

- Describes the pre-release and post-release programs and reentry services that will be provided to the juvenile;
- Describes the living arrangement to which the juvenile is to be discharged; and
- Establishes a plan for the enrollment of the juvenile in post-release health care, behavioral health care, educational and vocational training, family support, public assistance, and legal services programs, as appropriate;
- Obligate, where appropriate, a hearing in family or juvenile court that is held in ample time before a youth's release, and in which the youth has legal representation, which determines the juvenile's discharge plan, including:
 - A determination of whether a safe, appropriate, and permanent living arrangement has been secured for the juvenile; and
 - Whether enrollment in health care, behavioral health care, educational and vocational training, family support, public assistance and legal services, as

appropriate, has been arranged for the juvenile.

- Ensure that discharge planning and procedures are completed in a timely fashion and do not delay release from custody.
- Secure state cooperation in providing technical assistance to local grantees on utilizing federal funds for reentry services and programs.

Eliminate Barriers to Needed Medical and Mental Health Access for Reentering Youth

Much confusion and inconsistency surrounds state policies and practices regarding detained youths' eligibility for Medicaid.⁹² Federal law does *not* require that states terminate Medicaid benefits for youth during a period of incarceration, but many states still do.

To correct the inconsistency, the federal government should provide that, in the case of any individual who is younger than 18 years of age upon admittance as an inmate to a public institution, and who is less than 25 years of age at the time of release from such institution:

- States should suspend, rather than terminate, medical assistance for such individual during such period;

- Youth should be presumed enrolled for such assistance upon release from such institution unless and until there is a determination that the individual is no longer eligible to be so enrolled;
- The institution must work with the appropriate Medicaid office to prepare the youth’s resumption of benefits immediately upon release so as to avoid any gaps in services; and
- The institution should work with the appropriate Medicaid office to enroll youth in Medicaid who were not enrolled upon admission, but who will be eligible for Medicaid upon release.


Federal leadership is necessary to clarify the widespread confusion about Medicaid eligibility for incarcerated youth so that state and local Medicaid offices provide continuity of care to youth leaving secure confinement. Most youth have mental health, medical, and/or substance abuse needs upon exit, and many of these youth are eligible for Medicaid. Many youth only begin to have these needs addressed while in confinement. Steps should be taken to ensure that communities do not abandon their children’s needs as the youth transition back to the community. Continuation of Medicaid coverage upon release translates to better children’s health and improved public safety

though fewer instances of reoffending. It is far less expensive to ensure health care than to pay for the reincarceration of those who reoffend.

Fund Youth Reentry Grants

The federal government should provide funds to states and localities to support youth reentry programs dedicated to reducing recidivism and improving outcomes in education, employment, and positive youth development. Model legislation would authorize funding for, at a minimum, the following pre- and post-release services:

- Individualized discharge planning;
- Housing with family or independently as appropriate;
- Employment and education assistance;
- Positive adult guidance from family or mentors;
- Health, mental health, and substance abuse assessment and treatment;
- Life skills training, including parenting skills and financial management;
- Navigation and assistance in applying for public benefits; and
- Community service and victim impact programming.



Communities across the nation are searching for resources to reduce youth crime and offer programs to support positive youth development. The principles, outcome data, and promising models outlined in this issue brief offer a compelling argument that now is the time for a national policy supporting reentry services for juvenile offenders. The Youth Reentry Task Force looks forward to working with Congress, the Administration, state juvenile justice professionals, and local jurisdictions to expand the supply of reentry supports to ensure social integration of vulnerable youth as they transition from detention to their neighborhoods, schools, peers, and families.

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