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Navigating the Road to Work

Research Brief

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Making the Right Turn: A Research Update on Improving Transition Outcomes Among Youth Involved in the Juvenile Corrections System

For many incarcerated teens, little chance has existed for rehabilitation and successful reintegration into school, community, and the workforce. Inadequate education and rehabilitation in juvenile corrections (JC) is a troubling and pervasive problem, with cases of systemic or reoccurring maltreatment in dozens of states.[1] U.S. Department of Justice (DOJ) investigations have found excessive use of force, sexual abuse, inadequate education and mental health supports, as well as cruel and demeaning disciplinary practices.[2] However, enactment of the Every Student Succeeds Act (ESSA) in 2015 provides an historic opportunity to improve the education, rehabilitation, and transition services of incarcerated youth.[3] Title 1, Part D of the ESSA incorporates goals that will positively affect services for youth involved in the juvenile justice system, including: (a) improving educational services for neglected and delinquent youth; (b) improving transitions services into and out of facilities that support continued education or employment; and (c) providing reentry support in a manner that promotes ongoing family and community involvement.

ESSA is consistent with the recent joint publication from the U.S. Departments of Justice (DOJ) and Education (DOE), *Guiding Principles for Providing High-Quality Education in Juvenile Justice Secure Care Settings*.[4] The groundbreaking principles promote:

1. **A safe, healthy facility-wide climate** that prioritizes education, provides the conditions for learning, and encourages the necessary behavioral and social support services that address the individual needs of all youths, including those with disabilities and English language learners.
2. **Necessary funding to support educational opportunities** for all youths within long-term secure care facilities, including those with disabilities and English language learners, comparable to opportunities for peers who are not system-involved.
3. **Recruitment, employment, and retention of qualified education staff** with skills relevant in juvenile justice settings who can positively impact long-term student outcomes through demonstrated abilities to create and sustain effective teaching and learning environments.
4. **Rigorous and relevant curricula** aligned with state academic and career and technical education standards that utilize instructional methods, tools, materials, and practices that promote college- and career-readiness.
5. **Formal processes and procedures**—through statutes, memoranda of understanding, and practices—that ensure successful navigation across child-serving systems and smooth reentry into communities.

Taken together, the ESSA and *Guiding Principles* indicate an unprecedented commitment to the 54,000 American youth held in residential placement facilities.[5] Two current initiatives will assist in realizing the intent of ESSA and the *Guiding Principles*. First, the DOJ (2016) Roadmap to Reentry identifies five guiding principles to ensure the education and rehabilitation, and eventual reintegration of youth and adults incarcerated with the Federal Bureau of Prisons. While intended for this population, the guidance is useful for serving incarcerated youth in any facility. The principles are: "(1) Upon incarceration, every inmate should be provided an individualized reentry plan tailored to his or her risk of recidivism and programmatic needs; (2) While incarcerated, each inmate should be provided education, employment training, life skills, substance abuse, mental health, and other programs that target their criminogenic needs and maximize their likelihood of success upon release; (3) While incarcerated, each inmate should be provided the resources and opportunity to build and maintain family relationships, strengthening the support system available to them upon release; (4) During transition back to the community, halfway houses and supervised release programs should ensure individualized continuity of care for returning citizens; and (5) Before leaving custody, every person should be provided comprehensive reentry-related information and access to resources necessary to succeed in the community."[6]

In a more applied way, "The Right Turn Career-Focused Transition Initiative" (Right Turn) also provides a career development process for youth who are involved with or at risk of becoming involved with the juvenile justice system. Right Turn provides individualized education, training, and workforce development opportunities by engaging youth in a three-phase career development process that includes self-exploration, career exploration, and career planning and management.[7] Right Turn is based on a number of foundational materials, including *Making the Right Turn: A Guide About Improving Transition Outcomes for Youth Involved in the Juvenile Corrections System*.[8]

The education and rehabilitation of incarcerated youth, and support for their effective transition, is a complex endeavor. Many youth involved in the juvenile justice system possess risk factors that are linked to antisocial behavior and recidivism, including a history of poverty and maltreatment, psychological disorders, and eligibility for an emotional disturbance (ED) or learning disabilities (LD) special education classifications.[9] As such, the discussion and potential approaches to supporting these youth are necessarily complex and must be multi-faceted. The purpose of this brief is to provide an update of available evidence related to education and rehabilitation of incarcerated youth and those transitioning to school, community, and the workforce, since the original publication of the *Guideposts for Success for Youth Involved in the Juvenile Corrections System* (JJ Guideposts) within the Right Turn Guide in 2008. Updates are discussed in terms of the five Guidepost areas:

1. **School-Based Preparatory Experiences**: In order to perform at optimal levels in all education settings, all youth need to participate in educational programs grounded in standards, clear performance expectations, and graduation exit options based upon meaningful, accurate, and relevant indicators of student learning and skills.
2. **Career Preparation and Work-Based Learning Experiences**: Career preparation and work-based learning experiences are essential in order to form and develop aspirations and to make informed choices about careers.

These experiences can be provided during the school day or through after-school programs and will require collaboration with other organizations.

3. **Youth Development and Leadership Opportunities**: Youth development is a process that prepares young people to meet the challenges of adolescence and adulthood through a coordinated, progressive series of activities and experiences that help them gain skills and competencies. Youth leadership is part of that process.
4. **Connecting Activities (support and community services)**: Young people need to be connected to programs, services, activities, and supports that help them gain access to chosen post-school options.
5. **Family Involvement and Supports**: Participation and involvement of parents, family members, and/or other caring adults promote the social, emotional, physical, academic, and occupational growth of youth, leading to better post-school outcomes.

1) SCHOOL-BASED PREPARATORY EXPERIENCES

The effects of providing an inappropriate education to incarcerated youth are somber and long lasting. These youth rarely have the opportunities necessary to obtain a high school diploma. Compared to youth with a diploma, dropouts are more likely to be unemployed and live in poverty.[10] Moreover, dropouts are financially costly to society. A high school dropout typically costs $250,000 over his/her lifetime, as a result of low tax contributions, reliance on Medicaid, Medicare, and welfare, as well as reincarceration.[11] However, there is some progress in terms of JC-related educational research. Education is particularly important for incarcerated youth with disabilities, as there is greater likelihood that they will reoffend than non-disabled peers.[12] The topics of recent research include: (a) educational access, curriculum, assessment, and accountability, (b) reading and mathematics instruction, and (c) managing youth behavior. In addition, three reading interventions were conducted in the JC setting.

Educational Access, Curriculum, Assessment, and Accountability

Data from national studies have revealed significant problems in JC education in terms of educational access, curriculum, assessment, and accountability. The Council of State Governments Justice Center noted that only thirteen states provide incarcerated youth with the same access to educational opportunities as public schools.[13] Similarly, information from the Civil Rights Data Collection 2013-2014 school year revealed that many confined youth do not receive the same access to instructional time as non-incarcerated peers and important core courses are not available (e.g., Algebra I and II, Geometry, Physics).[14] Even when courses do exist, about one-third of State Directors of Special Education reported that JC schools rely on school-developed or individualized curricula versus a state (SEA) or local education agency (LEA) curriculum.[15] There is little justification for school-level responsibility for curriculum, given the long history of JC schools providing inadequate education and special education services and the lack of state level oversight of these programs. Specifically, national research revealed that about one-third of principals and half of special education mathematics (SEM) teachers in JC reported that they did not use an LEA or SEA approved curriculum.[16]

Three additional factors contribute to concerns about the curriculum provided to incarcerated youth. First, approximately two-thirds of State Directors reported that JC schools were somewhat, very little, or

not at all supervised to ensure curriculum alignment with state assessments. Also, one-third of principals and 44% of SEM teachers had the same views. Second, approximately one-fourth of principals and SEM teachers reported that reading and mathematics curriculum were aligned with state assessments somewhat, very little, or not at all. Third, zero percent of principals and only 46% of SEM teachers agreed "to a great extent" that they were provided adequate professional development (PD) to ensure that curriculum aligned with state assessments. Compounding the problem, JC principals and teachers maintain a philosophy that pre-dates the current Individuals with Disabilities Education Act (IDEA) regulations.[17] Contrary to providing appropriate supports for youth with disabilities to access the general education curriculum as identified in IDEA, only 46% of principals and 36% of SEM teachers believed that grade level expectations should apply to youth with high incidence disabilities.

In terms of accountability, in only 35 states do JC schools participate in state educational accountability systems.[19] Additionally, while many states track incarcerated student outcome data, just 17 states analyze facility-level student outcome data and less than one-fourth of states collect the same data for privately run facilities.

Similarly, researchers noted problems with regard to JC school adherence to assessment and accountability requirements.[18] For example, 78% of SEM teachers and 80% of principals reported that students with disabilities participated in state assessments; a contrast to the 98% of State Directors that asserted students should participate in state assessments. For students with disabilities to have an opportunity to succeed on state assessments, they must have access to the assessment accommodations listed on their Individualized Education Program (IEP) during instruction. However, only 71% of principals and 64% of SEM teachers answered that youth with ED and LD had experience with assessment accommodations during classroom instruction. Issues also existed with regard to the use and reporting of state assessment results. In most cases, results were appropriately used and reported. However, a startling number of principals and SEM teachers reported that their school does not use assessment results, they do not know how assessment results are used, or assessment results are inappropriately used to decide if a youth is allowed to return to public school.

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Reading and Mathematics Instruction

Effective instruction is important for incarcerated youth to access the general education curriculum and experience success in learning. Academic achievement while incarcerated is related to an increase in post-release return to school, particularly for African American males.[22] Discussion of instruction, however, should take into consideration the qualifications of teachers in the JC setting. Using nationally representative data, researchers reported that many teachers in secondary exclusionary schools, which include JC, have insufficient content area preparation and there are few certified and prepared special educators.[23]It is not surprising, then, that JC teachers are lacking in their use of evidence-based instructional practices. In one national study of special education mathematics in JC, researchers highlighted that teachers often forego the use of effective instructional strategies (e.g., peer-mediated instruction, use of technology, graduated instructional sequence).[24] When other effective approaches are used, they may lack key components (i.e., specific aspects of explicit instruction) or be used so infrequently that benefit to students is minimal. In a national survey of special education reading and English teachers in JC, it was clear that these teachers also underutilize effective practices.[25] Despite teacher identification that at least half of their students had serious difficulties reading, only two strategies were used by a large majority of teachers: teaching students to understand and recognize text structures and repeated guided oral reading.

While the lack of qualifications is certainly related to the disuse of evidence-based mathematics and reading instruction, teachers also identified factors that inhibit their use of these practices. Consistently, special education reading and mathematics teachers reported a need for more training, and a lack of materials and resources.[26] Also, teacher understanding of the appropriateness of certain strategies was highlighted by their frequent assertion, despite research, that certain strategies did not meet the needs of their students.

Beyond survey research, there are few empirical studies that have focused on instruction in JC. Over the years, only eight studies have focused on reading instruction and no intervention studies have been published on mathematics instruction in JC.[27] Since the initial JJ Guideposts were published, three reading interventions have been conducted. In the most methodologically rigorous reading study, students were randomly assigned to the Read 180 (i.e., treatment) or New Century Learning System.[28] Read 180 is composed of curriculum materials including textbooks, trade books, computer software, and supplemental worksheets. Significant differences were reported, in favor of the treatment group, in the areas of reading comprehension and language. Results in the two other studies were hampered by methodological problems.[29] In the first study, a computer-based program (i.e., FastForWord Literacy and Advanced program) was implemented.[30] The authors noted no significant gains in listening accuracy, phonological awareness, and understanding of language structures due to the treatment. In the third study, researchers implemented an intervention that included using the Corrective Reading[31] program for decoding, paired student reading, and teacher-directed instruction (i.e., orally reading a passage, asking factual and inference questions, discussing the main idea).[32] The researchers reported that explicit instruction improved reading performance and students in small group instruction outperformed students in whole group instruction on word identification skills.

Managing Youth Behavior

JC teachers identify student behavior problems and lack of motivation as substantial barriers to providing quality instruction.[33] However, the JC system has too often responded to misbehavior of incarcerated youth with ineffective practices, including excessive use of force, cruel and demeaning disciplinary practices, and youth isolation.[34] In a recent study on the use of disciplinary confinement in JC, researchers noted that youth were isolated as many as 30 hours per week.[35] Moreover, African American youth and those with a disability, particularly ED, spent significantly more time in isolation. This use of youth isolation is associated with psychological harm and puts youth at-risk for harming themselves.[36]

Although the research is still in the initial stages, there are substantial calls for implementation of a multi-tiered proactive and positive approach to addressing the behavior of incarcerated youth, such as positive behavior interventions and support (PBIS).[37] PBIS is grounded in the belief that behavioral interventions should be differentiated based on youth need.[38] Typically, there are three levels of intervention. Tier I is designed for school-wide prevention of misbehavior and includes school- or facility-wide expectations, and positive and negative consequences. For those youth who are unsuccessful with Tier I supports, Tier II provides more intense interventions, including social skills training, counseling, peer mediation, and increased monitoring and accountability.[39] Tier III provides individualized behavioral interventions. Currently, Alabama, California, Georgia, Idaho, Illinois, Iowa, New Mexico, North Carolina, Texas, and Washington implement PBIS in JC.[40]

Researchers have also noted that the implementation of PBIS in JC must include adaptations, in light of the unique attributes of the setting.[41] First, in JC there is a common emphasis on documenting and providing negative consequences to inappropriate youth behavior. It is recommended that JC also collect and analyze data for PBIS that includes positive and prosocial youth behaviors, such as school attendance, academic achievement, and frequency/ratings of appropriate behavior and engagement (e.g., use of interpersonal problem solving, leadership skills, alternatives to aggression). Given variable lengths of stay, it is also important to rely on rates of behavior (e.g., minor infractions per period of time), rather than solely on frequency. Additionally, because of the complex JC environment, it is important to review behavioral data in ways that includes disaggregating data across important variables, including time and place (e.g., school, living units, cafeteria, hallway), personnel in charge, and activity.

In terms of research, there is one empirical study and one national study focused on the implementation of PBIS-related policies and practices within JC. Results of the empirical study of PBIS, while descriptive, have important implications for addressing youth behavior, but also data highlight the important link between youth behavior and academic achievement. Specifically, in a comparison of data in the year before PBIS implementation and the year after implementation, researchers reported a 46% decrease in behavioral incidents, a 21% increase in average daily school attendance, and 131 more industry certifications earned.[42]

The national survey of PBIS queried JC principals and addressed: (a) underlying components of PBIS, (b) organizational leadership and training, (c) expectations and consequences, (d) behavior monitoring, response, and oversight, and (d) crisis management.[43] Results indicated that 84% of JC facilities report implementing PBIS.

However, a number of PBIS-related policies and practices were lacking or inconsistent with its use. For example, only 57% implemented the needed multi-year prevention-based action plan for student behavior and 66% had a school/facility-wide behavior support leadership team. Similarly, despite the positive and proactive approach inherent in PBIS, many facilities still rely on youth exclusion and underutilize effective interventions, including cognitive or skills training. Unfortunately, for youth in need of Tier III individualized supports, exclusion was used more frequently and evidence-based approaches were used less than at the other two tiers. The lack of key PBIS components is not surprising in light of the lack of organizational leadership and training. Facility behavior leadership teams are hampered by the fact that principals did not have access to or were unaware of model PBIS programs and rarely did leadership teams visit such programs. Also, many facilities had no plan for continuous improvement and training to guide their approach to PBIS-related professional development (PD).

JC principals also responded to questions on school/facility expectations and consequences, and behavior monitoring, response, and oversight. Consistently, principals reported having written school/facility-wide behavioral expectations and consequences. They noted that they were positively stated, taught to students, and posted around the school and facility. However, only about one-quarter utilized the behavior leadership team to make decisions concerning expectations and consequences. Principals were also questioned about approaches to behavioral monitoring, responding to behavioral problems, and oversight. Use of data (e.g., behavioral or mental health screening or evaluation tools and discipline data) to identify youth in need of Tier II and III interventions was common. However, it is noteworthy that data was used less often for students with more serious behavior problems. Certainly data is as necessary, if not more so, to make decisions on the Tier III individualized supports these students need to be successful. In terms of sharing youth behavior data with facility staff, an almost equal number of principals reported that it was shared daily and not at all. Finally, principals primarily and appropriately used direct observation to oversee the behavioral program.

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Finally, as PBIS emphasizes preparation for misbehavior, principals were queried on their methods of crisis management. Seventeen percent of principals responded that there was no crisis plan. Where crisis plans did exist, only three-fourths included school/facility-wide and classroom level preparations and techniques for staff and student recovery and/or re-engagement. Even fewer used prevention/mitigation strategies (e.g., peer mediation or conflict resolution programs). Interestingly, in only about half of facilities were youth trained on safety procedures if there was a crisis.

Recommendations: School-Based Preparatory Experiences

The School-based Preparatory Experiences Guidepost emphasizes provision of and youth participation in a quality educational program. Quality is best achieved via the provision of: (a) an appropriate curriculum; (b) youth participation in and school accountability for state assessments; (c) implementation of research-based instruction and behavioral supports. However, the information reviewed indicates that these critical aspects are, in many cases, nonexistent or insufficient. Despite the many concerns, it should be noted that some students do view their education while incarcerated as a positive experience.[44] Nonetheless, the following recommendations are important to ensure quality education in JC:

1. **Hold states responsible for ensuring adherence to IDEA and the provision of a Free Appropriate Public Education (FAPE)** via evaluation using the State Correctional Education Self-Assessment (SCES)[45] or other comprehensive evaluation tool.
2. **Hold individual JC school programs accountable**. This will require on-site evaluation by knowledgeable professionals with clear criteria. Program evaluators should have an understanding of state and federal laws concerning curriculum assessment and accountability, as well as evidence-based instruction and behavioral interventions. Additionally, relevant facility-level data must be collected, analyzed, acted upon, and publicly reported. Collaboration between facilities, LEAs, and state agencies (e.g., State Department of Education, State Department of Juvenile Justice) are necessary to ensure oversight of JCs, maintain accountability, and provide support when remediation is necessary.
3. **Ensure that JC administration and staff, across departments, understand and are held accountable** for appropriate and comprehensive implementation of a multi-tiered behavior support system.
4. **Encourage researchers and JC personnel to collect behavioral and academic data** when implementing a multi-tiered behavior support system.
5. **Consider the use of Read180 or programs with similar attributes to teach reading in JC schools**. The program was identified as having moderate evidence of effectiveness in public schools and the limited research in JC shows promise.[46]
6. **Consistent with ESSA, comprehensive and ongoing professional development is needed for JC personnel**. Specifically, administrators need a greater understanding of ESSA and IDEA. Teachers are in clear need of training in evidence-based instruction, as well as guidance and support as they implement interventions in the often complicated JC context. Finally, for multi-tiered behavioral interventions to succeed, administrators, teachers, and staff responsible for facility security must have appropriate professional development.

2) CAREER PREPARATION AND WORK-BASED LEARNING EXPERIENCES

Career preparation and work-based learning experiences are critical for youth to integrate into school, community, and the workforce upon exit from JC. In an interview study, youth also identified employment as a significant factor in avoiding recidivism.[47] The Youth Reentry Task Force of the Juvenile Justice and Delinquency Prevention Coalition acknowledged the critical importance of several experiences previously recommended in the JJ Guideposts, including exposure to career opportunities, vocational training, and pre-vocational skills.[48] When interviewed, stakeholders (e.g., transition program participants, treatment coordinator, probation and parole officers, alternative school teachers, public defender, judges, project career and education specialist) also asserted the importance of career preparation and employment support, internships, and job shadowing.[49]

Similarly, recent expert recommendations on career preparation include several salient points. First, it is important that job training provided to incarcerated youth meets industry-based standards and results in certification, and that youth are provided graduated opportunities to engage in subsidized job experience, working with employers in the community while incarcerated, and continuing upon exit from the facility.[50] Specifically, work-related opportunities for incarcerated youth should include work readiness skills, as well as work experience and skill development that is age-appropriate and relevant to the local job context.[51] It is recommended that work-related opportunities include several critical attributes: (a) choice of the experience is decided with youth input and draws on youth strengths, skills, and interests; (b) youth have opportunities to work with small groups of co-workers, as well as support from a mentor and/or job coach to promote the acquisition and use of pro-social norms and behaviors; and (c) a clear and consistent schedule is set that ensures sufficient time for youth to be engaged with school, family, physical activity, and community engagement.[52]

To ensure that incarcerated youth are making informed choices about career goals and have input into what career preparation experiences they will pursue, juvenile correctional facilities should incorporate career exploration and planning activities into work-related training. While studies of career development assessment and planning strategies with incarcerated youth are limited, a study by Griller-Clark and colleagues (2011) found that youth with disabilities in juvenile detention who participated in career exploration and planning as a part of a comprehensive transition process had lower recidivism rates than youth in a control group.[53] Juvenile facilities in Pennsylvania[54], Massachusetts[55], and Arizona[56] utilize employability and transition curriculum that includes career exploration and plan development.

Two studies were identified that have focused on career and technical education since the 2008 JJ Guideposts. First, the Council of State Governments Justice Center conducted a national survey of state juvenile correctional agencies.[57] Results indicated that only nine states provide the same vocational services (i.e., work-based learning, career and technical education courses, and the prospect of earning a vocational certificate) to incarcerated youth as those offered in public schools. Another descriptive study of a career and technical education program was conducted in a county jail system.[58] The intervention included three key components: (1) general business education/small business management/entrepreneurship; (2) carpentry; and (3) drafting and computer-assisted

design occupations. Teacher professional development was also a key component of the plan. Although there are somewhat serious concerns about the details of the program, fidelity of implementation, data collection, and analysis, it is promising that youth involved in the intervention had improved attendance, engagement, and program completion. Staff also viewed the program positively.

The U.S. Department of Labor's Employment and Training Administration recommends a range of promising strategies and resources for serving justice-involved youth who are a Title 1 Youth Services priority population within the workforce development system.[59] Two of the recommended strategies for supporting the educational and career success of justice-involved youth under the Workforce Innovation and Opportunity Act (WIOA) include providing pre-release training in social, independent living, and workforce skills and creating linkages with community, business, and professional organizations to ensure youth's college and career preparation and readiness upon release from facilities.

Lastly, one noteworthy practical contribution to the information on career preparation and work-based experiences comes from the Right Turn Career-Focused Transition Initiative created by the Institute for Educational Leadership (IEL). Recognizing that justice-involved youth often lack access to comprehensive career planning, IEL developed the Individualized Career Development Plan (ICDP) to implement with court-involved youth who are receiving individualized education, training, and workforce development opportunities at Right Turn sites in multiple communities. Data on the effects of the ICDP are still being collected. Nonetheless, it is likely that the comprehensive and practical planning process will have positive effects. Specifically, the ICDP engages youth in a comprehensive career planning process consisting of the following phases:

1. Self-Exploration: Youth identify personal strengths, interests, values, and skills. This includes assessing where the individual is at and what he/she wants to improve in six areas of youth development – learning, working, connecting, thriving, leading, and restoring community.

2. Career Exploration: Youth learn about specific careers of interest, including the requirements and pathways to pursue each career, what it would be like to work in the career, and what steps they need to take to prepare for career success. This knowledge assists individuals in making informed decisions about their goals and plans for the future.

3. Career Planning and Management: Youth set goals—both long term and short term—for employment, education, and other areas of life. Then they start the journey to achieving goals by developing career readiness and success skills, participating in work experiences, completing needed education and training, and taking other steps to plan and manage their own career (www.iel.org/rightturn/icdp).

The ICDP aligns with the recommendations from the Council of State Governments Justice Center and there is promise that the plan could be used and supported by multiple agencies, case managers, transition specialists, and mentors.[60] At the core of the ICDP is the recognition that youth interests and goals may change and that frequent review, as well as revisions and updates on progress, are integral to success.

Recommendations: Career Preparation and Work-Based Learning Experiences

1. **Develop career pathways** that integrate education, vocational training, and job readiness supports, as well as self- and career-exploration and career planning and management, to ensure young adults are prepared to join and succeed in the workforce.[61]
2. **Provide incarcerated youth with graduated release for work-related opportunities** based on youth interest and local industry trends. Ensure youth are provided opportunities and support to develop close working relationships, and ensure that schedules consider necessary time for school, family, physical activity, and community engagement.
3. **Provide formal oversight and hold individual facilities accountable** for developing and implementing a comprehensive plan for career preparation and work-based learning experiences in JC that, at the minimum, are comparable to public school offerings.
4. **Develop and implement collaborative interagency partnerships** that are supported and held accountable for providing career preparation and work-based learning experiences to incarcerated youth.
5. **Fund and conduct formal research** on the effects of career preparation and work-based learning experiences in JC and publish results in peer-reviewed

3) YOUTH DEVELOPMENT AND LEADERSHIP OPPORTUNITIES

Since the original Guideposts were published, professional reports and research continue to improve our understanding of promoting youth development and leadership opportunities via the planning and support for youth transition to school, community, and the workforce. The National Commission on Correctional Health Care recently asserted that transition planning should include: (a) linkages and established agreements between a facility and families, community-based organizations, probation and parole, and medical professionals; (b) discussion of and support for obtaining follow-up and aftercare support, including education opportunities and available governmental health benefits (e.g., housing); and (c) timely exchange of health/mental health information and records.[62]

However, interdisciplinary and interagency communication, coordination, and commitment to transition planning and support for youth while incarcerated and following release, are often lacking.[63] In fact, research shows that many states lack formal systems that support youth transition and those that do provide little oversight. Specifically, in almost 50% of states, there is no single agency responsible for the transition of incarcerated youth and only 11 states have a designated education transition liaison.[64] In the same study, it was reported that less

than half of states provide post-incarceration oversight to identify if youth are enrolled in public school or a GED program.

In terms of transition services for youth involved in JC, a recent meta-analysis reported on 22 studies, of which 16 initiated the intervention while youth were still incarcerated.[65] Transition programs had a small, but significant effect on recidivism. Moreover, improved results were noted when the plan was implemented with fidelity and when there was a high intensity of treatment (e.g., frequent contact with youth, youth parents, and mentors/supervisors). The transition/aftercare services had a more positive effect on reducing recidivism for older youth and those with gang involvement, while fewer gains were evident for youth with substance abuse. The researchers also noted that individual treatment was more effective than interventions that focused on or included group therapy.

In another review of research, the authors concluded that mentoring was one of the most effective interventions for reducing recidivism.[66] One study evaluated the effects of a transition program, which included a (paid) mentoring component. While the effects on recidivism were minimal, youth were significantly less likely to test positive when submitting to drug testing.[67] This finding is significant given the links between substance use disorders and recidivism. It also highlights the importance of including evaluation of other youth outcomes in addition to recidivism.[68] Mentoring can also be used to support youth involvement in [community] health and leisure activities while incarcerated and upon youth exit. Youth have identified these activities as important for remaining drug free.[69]

In other research, post-release transition support was particularly important for keeping youth enrolled in school. Increased post-release school attendance is linked to decreases in recidivism at 12 and 24 months.[70] Research shows that when youth do not recidivate within one year after release, the probability of recidivating greatly reduces.[71] Additionally, compared to those who did not attend school regularly, post-release youth who attended school regularly were arrested for less serious offenses.[72] However, in another study, incarcerated youth identified that their history of academic failure and previous truancy would negatively impact their reintegration into school and that school supports were needed.[73] Further complicating their reintegration into school is that, in over one-third of states, youth are automatically reenrolled in an alternative school that may not meet their individual educational and vocational needs.[74]

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Additional approaches to transition show significant promise. First, research continues on Project SUPPORT (Service Utilization to Promote the Positive Rehabilitation and Community Transition of Incarcerated Youth with disabilities). The recent study focused on incarcerated youth with disabilities, those with psychiatric disorders, and those with both. Project SUPPORT services begin during incarceration, consist of a treatment team that is headed by a transition specialist, and include: (a) strategies to enhance self-determination skills in the youth with services focused on the unique needs,

interests, strengths, and barriers of the youth; (b) competitive job placement; (c) flexible educational opportunities; (d) social skill instruction; and (e) immediate service coordination of wrap-around services.[75] Youth involved in Project SUPPORT recidivated less than non-participants even though they had special education and mental health concerns. Additional research is needed, however, to disentangle the effects of specific intervention components. Also, the researchers noted that most reoffending occurs within 24 months of exit, providing justification for extending support to transitioning youth beyond two years.

Two other studies included the use of an individualized transition plan, comprehensive transition portfolio and regular meetings with a transition specialist. In the first study, the transition portfolio included the following: explanation of special education rights, IEP, psychoeducational evaluation, transition plan, transition resource packet, academic assessment, vocational assessments, resume, vital records (e.g., social security card, birth certificate, immunization records), transcripts, credit analysis, certificates, diplomas, GED, and work samples. In this study, compared to youth with disabilities who were provided minimal support, those with disabilities that received the aforementioned intervention had lower rates of recidivism.[76]

In another study, the use of an individualized transition plan, comprehensive transition portfolio and regular meetings with a transition specialist were supplemented with plans to ensure a seamless transfer of educational records and services, interagency linkages and communication, and a youth tracking system.[77] While the results of the three-year project are descriptive in nature, improvements were noted in terms of improved Child Find, records transfer, and improved fidelity of implementation over time. Also, the youth in the treatment condition had lower recidivism rates and were more engaged in school, work, or community activities than those in the non-treatment group.

The Merging Two Worlds[78] curriculum also shows promise as a secondary-level intervention (see description of PBIS above) in conjunction with a facility-wide program. The researchers suggest the potential viability of a multi-tier transition program and use of a cognitive restructuring curriculum that allows youth to develop their own path for reintegration based on individual experiences, values, beliefs, and interests. Although there are several limitations to the research, there was some evidence that participating youth were more likely to return to and maintain school attendance and had lower levels of recidivism compared to youth who did not receive the intervention.[79] Other researchers also caution that JC personnel need to be trained specifically in designated transition practices to ensure adherence to established guidelines.[80]

Professionals assisting justice-involved youth with transition planning may also find it helpful to use two resources developed by the U.S. Department of Education. You Got This is a guide written for youth that provides information and tips for navigating the transition back into education after leaving a facility. Transition Toolkit 3.0: Meeting the Educational Needs of Youth Exposed to the Juvenile Justice System provides guidance to professionals on providing transition services for students moving in, through, and out of the juvenile justice system.

Recommendations: Youth Development and Leadership Opportunities

1. **Promote mentoring programs for youth** during and post-incarceration as a component of additional transition planning and supports.
2. **Designate a single state agency responsible for the transition of incarcerated youth**, identify the specific responsibilities of the agency, and delineate the responsibilities of supporting agencies. Additionally, designate a state education transition liaison to support juvenile justice-involved youth.
3. **Include treatment modules and supports** focusing on substance abuse during and post-incarceration.[81]
4. **Provide individual transition programming** and be cautious of utilizing group therapy.[82]
5. **Ensure that professionals are trained** in order to understand the importance of providing transition services and their system's specific transition planning guidelines.[83]
6. **Utilize a comprehensive transition portfolio with frequent and regular meetings** between a youth, his/her family, concerned adults, and a trained transition specialist. Given the positive impact of youth enrollment and attendance in school upon exit, a concerted effort should be made to assist youth in this area.

4) CONNECTING ACTIVITIES

The Connecting Activities Guidepost emphasizes the need for incarcerated youth to be connected to programs, services, and activities to promote reintegration, beginning during incarceration and continuing post-exit. Justice-involved youth are often involved with numerous agencies, including child welfare, mental health treatment, substance use treatment, the housing authority, and special education.[84] Organization, coordination, and provision of these supports and services require active engagement with the youth, across agencies, and with the community.[85] However, accessing and working with services and systems can be overwhelming to youth because there may be little or no preparation and information provided while they are incarcerated. Moreover, there is often a lack of coordination and collaboration across systems, as well as between youth and adult sections within a single system.[86] Youth and stakeholders both assert the importance of the connectedness between the individual, family, peers, and community, as well as community social supports for successful reintegration following incarceration.[87] Nevertheless, uneven access to post-exit services, difficulties with old friends and pressures to reengage in criminal activity, and the significant lag time between release and initiation of services in the community are commonly problematic.[88] Clearly, it is important to consider ways to promote cross-agency collaboration, particularly between JC, child welfare, and

mental health. It is also relevant to understand services that currently exist, as well as barriers to and facilitators of youth access to services.

Juvenile Justice and Child Welfare

Collaboration between juvenile justice and child welfare during and following youth incarceration are particularly critical, in light of two facts. First, youth who exit JC and experience homelessness are more likely to recidivate, and experience greater behavioral health and medical needs, as well as mortality risk.[89] Second, collaboration between child welfare and juvenile justice has shown positive effects on youth accessing behavioral health services in the community when a single agency is held accountable as the primary agency overseeing services and ensuring the sharing of administrative data.[90]

Identified approaches exist that can facilitate collaboration across agencies. Information sharing is one key component and about half of states have some level of information sharing for dual-status youth.[91] In the noted study from the National Center for Juvenile Justice, five states were identified that currently have a single automated information system for both child welfare and juvenile justice data. This type of centralized approach is, perhaps, a more efficient approach than de-centralized sharing where certain staff are granted access to information in another other system. In addition to data sharing, interagency collaboration can be promoted at the organizational level via the hiring of liaisons, collaboration on treatment planning at the onset of and throughout youth incarceration, co-locating staff, and ensuring that professional development informs professionals on the roles and responsibilities of other agency professionals.[92] Additionally, interagency collaboration can be facilitated by the development of collaborative agreements and memoranda of understanding (MOU) that identify shared goals, address specific issues, and include agreements at both the administrative and front-line staff levels.[93] Although focused on probation, Project Connect is an example of a project that is based on an MOU between JC and mental health organizations and has resulted in increased youth access to services in the community.[94] Such collaborative efforts between JC and child welfare that begin while a youth is incarcerated would certainly hold promise for an equal or greater impact.

Juvenile Justice and Mental Health

Three times more incarcerated youth than adolescents in the general population have mental disorders and these issues persist even five years post exit.[95] As such, identifying youth with mental health needs and connecting them with appropriate mental health services during and after incarceration are critical. Youth with mental disorders, particularly disruptive behavior disorders and substance use disorders, are at greater risk to recidivate.[96] Further, youth with a substance use disorder, with or without a co-morbid mental disorder, were more likely to recidivate than justice-involved youth without a substance use disorder, and also more likely to commit more serious reoffenses.[97] However, incarcerated youth commonly report that they do not seek mental health services for several reasons, including that they thought their issues would "go away," they were not sure who to approach to obtain services, and that obtaining support was "too difficult."[98] Problems with availability of services are also disconcerting, as it is evident that therapeutic interventions are much more effective than strategies that focus on control or coercion.[99] To be effective for incarcerated youth, though, several aspects of mental health assessment and support are necessary: (a) mental health records must accompany youth at intake; (b) information on the existence of mental health

supports within a facility must be shared with each youth; (c) all youth should be given a mental health screening at intake into a facility and following an intrasystem transfer; (d) youth with identified needs should receive a comprehensive mental health evaluation; (e) mental health services should be available to all youth in need of such support; and (f) screening, assessment, and mental health services must be provided by qualified professionals.[100]

The inconsistent obligation for youth to participate in individual counseling is juxtaposed with the greater effects of individual (e.g., cognitive-behavioral therapy) compared to group counseling.[107] Also, despite the important role of family counseling in youth rehabilitation, less than one-third of facilities made family counseling compulsory.[108]

With regard to mental health screening and evaluations for incarcerated youth, the only available information is from one national survey of JC Clinical Directors.[101] Mental health screenings differ from evaluations in that screenings identify the likelihood that a youth is in need of immediate mental health support and the necessity for completing a thorough evaluation, which would determine individual need and provide information for a treatment plan.[102] In terms of screening, Clinical Directors overwhelmingly reported that general mental health and suicide screenings occurred within the first 24 hours of youth intake, tasks that are particularly relevant given the high percentage of incarcerated youth with thoughts of suicide or suicidal behaviors.[103] However, contrary to recommendations, repeated screenings and a discharge screening occurred in only about half of facilities.[104] It is encouraging that most facilities screened youth with the Massachusetts Youth Screening Instrument (MAYSI-2), a highly regarded screening tool.[105] However, for comprehensive mental health evaluations, there was no clear consensus on methods and facilities approaches included biopsychosocial assessment, informal assessment questions, previous treatment records, school records, and information from the family. Overall, it was evident that qualified professionals were conducting the screenings and evaluations.

Another national study focused on the counseling supports provided to incarcerated youth.[106] While the results are generally promising, in many cases there are serious caveats to this assertion. For example, only about 73% of Clinical Directors agreed that counseling services at their facility were adequate. Additionally, approximately 90% of respondents indicated that group counseling was mandatory and addressed anger, life skills, social skills, substance abuse, and trauma. However, individual counseling was mandatory in only half of facilities and the predominant approaches included cognitive-behavioral therapy, followed by client-centered counseling, and solution-focused, reality, and rational emotive behavioral therapy. The inconsistent obligation for youth to participate in individual counseling is juxtaposed with the greater effects of individual (e.g., cognitive-behavioral therapy) compared to group counseling.[107] Also, despite the important role of family counseling in youth rehabilitation, less than one-third of facilities made family counseling compulsory.[108] Inconsistent approaches to evaluating the effectiveness of treatment are also a concern. For individual and family counseling, treatment effectiveness was primarily and appropriately evaluated by progress on youth treatment plan goals

and feedback from the treatment team. In contrast, the completion of a "group" was the most common approach to evaluating the effectiveness of group counseling. Finally, it is noteworthy that 64% and 58% of Clinical Directors, respectively, reported the need for increased staff and training to improve mental health programs at their facility.

Important information on treatment interventions for incarcerated youth also emanated from a recent review of research focused on treatment for substance use with this population. Specifically, the Life Skills Training (LST) program, which can be implemented while a youth is incarcerated, had positive effects.[109] LST focuses on providing information and improving several youth skills including problem solving, resisting peer pressure, improving self-esteem and self-control by relaxation and coping techniques, social and interpersonal skills, and communication skills. The researchers also highlighted the importance of active family involvement with youth substance abuse treatment, citing the effectiveness of Multisystemic Therapy, Multidimensional Treatment Foster Care, and the Teaching Family model, all of which are typically implemented upon youth exit from JC.

Recommendations: Connecting Activities

1. **Use psychometrically sound mental health screening tools** (e.g., MAYSI-2) to screen all youth for mental health concerns, substance use disorders, and suicide risk within the 24-hours of intake, throughout incarceration, and before exiting.

2. **Use evidence-based, psychometrically sound mental health evaluation procedures** and obtain data from a variety of sources. Advocacy groups should consider providing guidance to promote standardization in the selection of instruments and the process for evaluation.

3. **Provide and mandate incarcerated youth participation in individual and family counseling**. Qualified professionals should provide evidence-based approaches and youth progress should be based on meeting treatment plan goals and objectives.

4. **Ensure that there are sufficient qualified professionals to screen, evaluate, and provide counseling to youth** and that these professionals are provided ongoing and comprehensive professional development.

5. **Provide consistent post-exit services** that ensure: (a) timely record exchange and availability of services; (b) enrollment in a school program that meets individual needs; (c) coordination of services that include parental involvement, transportation supports, life skills programming, and community health and leisure.

4) FAMILY INVOLVEMENT AND SUPPORTS

Family involvement is a critical component for rehabilitation of incarcerated youth and successful reintegration into school, community, and the workforce. Research on family involvement primarily focuses on the impact of the family and importance of familial association, with limited information on the supports needed by youth and their families during and following incarceration. It is important to consider that "family" may necessarily include extended family that can provide support if a youth's mother and/or father are unavailable.[110] In terms of familial impact, researchers noted an association between histories of parental maltreatment and foster care placement and youth delinquency and recidivism.[111] Youth with disabilities from families with a history of drug use and criminal activity are also at higher risk for recidivism.[112]

While incarcerated, familial association continues to have an impact on youth. For example, frequent family visits during incarceration are associated with a decrease in depressive symptoms and violent incidents as well as improved grades in schools.[113] Moreover, these researchers reported that more rapid youth progress was associated with more frequent parent visits. These positive effects occurred regardless of the quality of the youth-parent relationship. In another study, a family-based treatment for youth substance abuse was initiated while youth were incarcerated and continued upon exit. Family involvement was related to high levels of youth engagement in the program after release.[114] Results are particularly important given that there was no need to force or coerce youth to participate. Often, without some form of external pressure, youth typically do not persist with treatment.[115]

Limited information is available concerning the supports needed by youth and families during and following incarceration. It is evident that planning during incarceration and provision of post-release services are necessary to support youth and their families.[116] Youth and stakeholders have described the importance of a youth's family during reintegration and the positive impact of having a supportive family rather than a dysfunctional home.[117] In particular, youth need emotional support from their family and a stable living situation. However, youth reported that such familial support is not always present and its absence can lead to uncertainty with regard to housing and obtaining sufficient food.[118]

Family involvement is a critical component for rehabilitation of incarcerated youth and successful reintegration into school, community, and the workforce... It is important to consider that "family" may necessarily include extended family that can provide support if a youth's mother and/or father are unavailable.[110]

Researchers have also identified the critical importance of providing education prior to and during youth transition to improve the awareness and preparation of parents and community members regarding how best to support a youth.[119] For example, support to youth and their families is needed concerning the process of re-enrolling and staying in school upon release.[120]

Recommendations: Family Involvement and Supports

1. **Provide coordinated support and transition planning for youth and families** that begin when youth arrive at a facility and continue during the transition back to home, school, community, and the workforce.
2. **Utilize cross-agency collaboration and the development of formal processes** for systematically sharing information and collaborating to promote familial involvement, and assist youth and families during and after incarceration.[121]

MOVING FORWARD

This brief offers an update on the state of education and rehabilitative supports and transition services for incarcerated youth in the context of the *Guideposts for Success for Youth Involved in the Juvenile Corrections System*.[122] A formal reliance on the recommendations of the initial Guidepost recommendations, coupled with the current recommendations, will promote youth reintegration. However, to realize the benefits of the aforementioned promising and effective interventions for incarcerated youth, all interventions require that, "treatment providers are properly trained and supervised, that the service delivery is monitored, and that corrective action is taken when the quality falls off" (p. 145).[123]

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