

Juvenile Reentry

Nationwide, on any given day, more than 48,000 justice-involved youths are housed in juvenile residential facilities, with an additional 3,500 juveniles held in adult jails and nearly 1,000 held in adult prisons (Sickmund et al. 2017; Minton and Zeng 2016; Carson and Anderson 2016). Almost all of these juveniles will eventually leave these facilities and return to their communities (Hockenberry 2016).

National recidivism rates for juveniles do not exist, but state studies have shown that rearrest rates for youth within 1 year of release from an institution average 55 percent, while reincarceration and reconfinement rates during the same timeframe average 24 percent (Snyder and Sickmund 2006). These statistics underscore the need to reduce reoffending by providing systematic services to address reentry issues and facilitate a juvenile’s reintegration back into society (Mears and Travis 2004; Altschuler 2008).

Juvenile reentry—sometimes called aftercare¹—has been defined as the reintegrative services that prepare youths in out-of-home placements for their eventual return home by establishing the necessary collaboration with the community and its resources to ensure the delivery of needed services and supervision (Altschuler and Armstrong 2001; Gies 2003).

Research highlights the need for returning youths to experience “seamless” transitions from institutional settings to community settings, with clear communication among the different agencies and individuals involved in the reentry process (Platt et al. 2015, 10). Agencies that could be involved in reentry efforts include residential facility staff, juvenile probation or parole officers, mental/behavioral health service providers and other community-based treatment providers, schools, and family members and other adults who can support returning youth.

Two components distinguish reentry from the traditional handling of juveniles in custody:

1. Juveniles should receive services and supervision; and
2. Juveniles should receive intensive intervention while incarcerated, during their transition to the community, and when they are under community supervision.

Reentry therefore encompasses the provision of services both *before* and *after* release, to facilitate a juvenile’s continuing reintegration in the community (Altschuler and Brash 2004).

¹Aftercare is a misnomer. Reintegrative services begin *before* a youth is released into the community. Reentry is now used much more commonly. A comprehensive reentry process typically begins after sentencing and continues throughout incarceration and into the period of reentry into the community (Gies 2003).

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A comprehensive reentry model integrates two distinct fields of criminological research:

1. **Intervention strategies** in a reentry model concentrate on changing individual behavior, thereby preventing further delinquency. Meta-analyses and reviews of relevant research from the past two decades have concluded that intervention programs can be effective in reducing delinquency and reoffending (Andrews et al. 1990; Lipsey 2000, 1992).
2. **Community restraint**, by contrast, refers to the amount of surveillance over juveniles in the community. Some examples of community restraint include intensive supervision, electronic monitoring, house arrest, residential halfway houses, urine testing for use of illegal substances, and simple contact with parole officers or other correctional personnel. Theoretically, according to Sherman and colleagues (1997), increasing surveillance over juveniles adjudicated for an offense while they are in the community can prevent future criminal activity by reducing their capacity and opportunity to commit crime. The authors note, “it is expected that the punitive nature of the sanctions will act as specific deterrence to reduce the offender’s future criminal activity” (Sherman et al. 1997, 485)

Characteristics and Needs of Youth Returning to the Community

There is no systematic information collected specifically on youth returning to the community. However, the characteristics of juveniles held in residential facilities can provide insight into the population of youth returning to the community, since almost all of these juveniles will eventually be released.

Characteristics of Youths

In 2015, 38 percent of juveniles placed in secured residential facilities had committed offenses against people (including homicide, sexual assault, and robbery); 22 percent had committed property offenses, 5 percent had committed drug offenses, 13 percent had committed public order offense, 18 percent had committed technical violations, and 5 percent had committed status offenses (Sickmund et al. 2017).

Most juveniles (54 percent) in residential facilities are ages 16–17, and the vast majority are male (85 percent) and racial or ethnic minorities (69 percent), including black, Hispanic, and American Indian (Sickmund et al. 2017).

Youth returning to the community have been placed in facilities that include detention centers; shelters; reception/diagnostic centers; group homes; halfway houses; boot camps; ranch, forestry, and wilderness camps; marine programs; training schools; long-term secure facilities; and residential treatment centers (Hockenberry, Wachter, and Sladky 2016).

For those youths detained in a facility and awaiting adjudication, disposition, and placement elsewhere, less than half (about 42 percent) stay longer than 30 days. For those juveniles committed to a facility as part of their court-ordered disposition (following adjudication), approximately 60 percent stay for at least 90 days. However, only 12 percent of juveniles committed to a residential facility as part of their disposition remain in that facility longer than a year (Hockenberry 2016, 14).

Overall, this suggests youth returning to the community are older male adolescents, who have mostly committed offenses against people or property. If they’re returning from detention awaiting adjudication, they have likely stayed less than a month. If they’re returning from post-adjudication commitment, they have likely stayed at least 3 months.

Needs of Youths

Youth returning to the community face a variety of challenges that can affect reintegration (Cusick, Goerge, and Bell 2009). Research has shown that it is important to identify juveniles' criminogenic needs (i.e., needs that are associated with criminal behavior, such as substance abuse issues) and match them to appropriate services, to reduce youths' odds of reoffending once they return to the community (Andrews and Bonta 2010). For more information on identifying youths' risks and needs, please see the [Risks/Needs Assessments for Youths](#) literature review on the *Model Programs Guide (MPG)*.

Below are descriptions of four specific needs that can affect youths' reentry into the community: 1) mental health and substance use treatment, 2) family engagement; 3) targeted educational and employment programs, and 4) housing.

Mental health and substance use treatment. Studies on the prevalence of mental health and substance use disorders among juveniles in residential facilities suggest such issues are widespread. For example, a multisite study by Wasserman and colleagues (2010) across three justice settings (system intake, detention, and secure post-adjudication) found that just over half of all youths (51 percent) met the criteria for one or more psychiatric disorders. Specifically, 34 percent of youths met the criteria for substance use disorder, 30 percent met the criteria for disruptive behavior disorders, 20 percent met the criteria for anxiety disorders, and 8 percent met the criteria for affective disorder.

Similarly, findings from the Northwestern Juvenile Project (a longitudinal study that followed over 1,800 youths who were arrested and detained in Cook County, Ill.) found that 46 percent of males and 57 percent of females had two or more psychiatric disorders (Teplin et al. 2013). Approximately 46 percent of the male youths and 42 percent of the female youths in the project showed evidence of a substance use disorder, with drug disorders more prevalent than alcohol disorders. In addition, 16 percent of the male and 23 percent of the female youths showed signs of a mood disorder, including mania and major depression, while 11 percent of the male and 19 percent of the female youths showed signs of an anxiety disorder, including generalized anxiety disorder, panic disorder, and posttraumatic stress disorder (Teplin et al. 2015).

Exposure to childhood trauma has been found to increase the risk of rearrest for justice-involved youth (Wolff et al. 2015). More specifically, childhood abuse, neglect, and trauma are associated with increased risk of committing serious, violent, and repeat offenses in adolescence or young adulthood (Fox et al. 2015). Reentry interventions should consider juveniles' unique life experiences and address the effects of past trauma, fear of stigma, and need for trusting relationships with adults.

The fear of stigma has been identified as an important barrier to accessing mental health services by returning juveniles (Samuel 2015). Given past exposure to trauma and fear of stigma, it is particularly important for juveniles to build trusting relationships with adult service providers, to ensure they complete necessary treatment. Such trust can be created by allowing youths and service providers to establish a relationship before they are formally released from a correctional institution and allowing this bond to grow once they return to their communities (Samuel 2015).

Further, substance use disorders can increase both the likelihood and speed of recidivism among juveniles (Schubert et al. 2011; Aalsma et al. 2015). The provision of individualized substance use treatment is an important component of a juvenile's successful reentry. Research suggests that targeted reentry services, which include (among other components) a thorough assessment of juveniles' substance use and mental health treatment needs, can reduce recidivism (Calleja et al. 2016).

Family engagement. Research has established the important and influential role that family and parenting plays in the risk of antisocial and delinquent behavior in youths (Losel and Farrington 2012; Hoeve et al. 2012; National Research Council 2013). Out-of-home placement for youths can be especially difficult, because they are separated from their parents or caregivers who can provide supervision, guidance, and protection during a period when adolescents begin to develop important life skills, attitudes, and beliefs (National Research Council 2013; Shanahan and diZerega 2016).

Reconnecting with family during reentry is an important step to successful reintegration and can begin even before release from a residential facility. For example, Monahan and colleagues (2011) found that family visitations for incarcerated adolescents who committed serious offenses resulted in rapid declines in depressive symptoms over time, when compared with adolescents who received no visits from parents. The effects were cumulative, meaning the more visits youths received from family, the greater the decrease in symptoms.

Once youth are released back into the community, it is important to keep family members engaged in reentry programming. Because of the important role that family can play in the process, some reentry programs have been designed to focus on the promotion of family reintegration (Darnell and Schuler 2015; Winokur Early, Chapman, and Hand 2013). Family and parents can help to maintain any positive behavioral changes youths made while incarcerated. They can also help to connect youths to needed treatment and services in the community, and ensure youths fulfill any court-ordered requirements of their disposition, such as paying a fine or attending meetings with a probation officer.

Although research on the importance of family engagement in treatment for youth in the juvenile justice system is plentiful, few studies have examined the specific effects of family-focused programming during juvenile reentry. Therefore, more research is needed to determine what effects family involvement can have on recidivism and other related outcomes during the reentry process (Winokur Early, Chapman, and Hand 2013).

Targeted education and employment programs. Education and employment status are two strong predictors of involvement in criminal and delinquent behavior. Juveniles reentering the community face numerous challenges when returning to traditional school environments, leaving them at increased risk of dropping out (Wallace 2012).

One study found that 6 months after reentering the community, less than half of returning juveniles were enrolled in school or employed (Bullis et al. 2002). Another study interviewed youth about the barriers they faced when reentering their communities; the most frequently identified barrier was a failure to attend or stay enrolled in school (Mather and Clark 2014).

Prior research has found that 33 percent of youths in long-term, secure custody facilities have a learning disability, compared with 8 percent in the general population (Cruise, Evans, and Pickens 2011). An inability to access special education and related services while in residential facilities add to the barriers and stigma that youths with learning disabilities must overcome if they go back to school (Sedlak and McPherson 2010). Making certain that youth have appropriate support as they transition back into public education, and that school systems and other reentry-related agencies collaborate to deliver such support, is therefore essential (Gary 2014). With such collaboration, the planning process can begin while a juvenile is in custody, to facilitate a smooth and direct transition into an educational setting as soon as the juvenile returns to the community (Hirschfield 2014).

Educational programs that focus on targeted skill development for career preparation can be

particularly helpful for youth undergoing reentry (Platt et al. 2015). Since youth who have spent time in a residential facility will not have had the opportunities as their peers to obtain work experience or other forms of informal career preparation (Zajac et al. 2015), targeted programs can build needed job skills.

Unfortunately, research examining the importance of employment for juvenile reentry is scant. Monahan, Steinberg, and Cauffman (2013), using data from the Pathways for Desistance project (a prospective study of 1,300 juveniles who had offended and been in contact with the justice system), found that youths who worked more than 20 hours per week (i.e., high-intensity employment) reported significantly less aggressive antisocial behavior and income-related antisocial behavior (i.e., they sold things they knew were stolen) compared with unemployed youth over 5 years. However, the authors explained that the “positive effects of high-intensity employment are only noted when youth are simultaneously attending school regularly” (Monahan et al. 2013, 798), emphasizing that while having a job can have a beneficial impact for at-risk youths, it is still important they also regularly attend school.

Housing. Although more exact estimates are not available, it is estimated that as many as one in four youth or young adults with a history of juvenile justice system involvement experience homelessness (Tam et al. 2016). Ensuring that youth have appropriate housing and accommodation upon release is important, because it may reduce the chance of recidivism and help to ensure successful reintegration into the community (Stansfield 2016). However, finding a stable and safe place to live upon release can be complicated because of the residual impacts of being separated from family members during their residential placement (Stepteau-Watson et al. 2014) and from other impediments that may arise when trying to finding housing, such as the stigma attached to having a criminal history when applying for public housing assistance (U.S. Department of Housing and Urban Development 2016).

Additionally, supportive accommodation for juveniles reentering the community is disproportionately situated in low-income areas, which may not have employment and educational opportunities available to youths, compared with higher-income areas (Tam et al. 2016, 116), posing other reentry challenges. It is important that the location of housing for youths is considered, since youth who return to more disadvantaged areas face an increased risk of recidivism (Baglivio et al. 2017) and, therefore, may need additional targeted services to overcome barriers to successful reentry.

Types of Reentry Programs

There are several different types of reentry programs, such as therapeutic communities, mentoring, case management, cognitive–behavioral programs, and reentry courts (James et al. 2016). In addition, some reentry programs offer a combination of different interventions, such as case management combined with cognitive–behavioral programming (e.g., James et al. 2016).

Therapeutic communities are separate, residential substance treatment programs for juveniles with substance use disorders. They promote substance use recovery through “group-living in a varied, permissive but safe environment,” in which emotions and personal problems can be shared (Tucker and Worrall 2006, 162). They differ from other models of treatment through their emphasis on recovery and community as the driver of lifestyle change (De Leon and Wexler 2009; National Institute of Drug Abuse 2015; Welsh 2007). They employ a social learning approach to spur changes in thought patterns, attitudes, and actions (De Leon 2015), with the goal of integrating those healthy behaviors into youths’ daily routines (National Institute of Drug Abuse 2015). The current evidence base about the effectiveness of therapeutic communities with juveniles is small but growing. A meta-analysis by Mitchell, Wilson, and MacKenzie (2012) looked at four evaluations of incarceration-based therapeutic communities for juveniles, but found no significant post-release differences in recidivism between the

treatment and comparison groups. Drake (2012) analyzed the effect sizes in three studies of the impact of incarceration-based therapeutic communities on juvenile recidivism and also found no significant differences in post-release recidivism. However, given the limited number of studies included in both analyses, their results and applicability to reentry should be interpreted with caution.

Mentoring has been shown to reduce aggression and delinquency among at-risk youth and youth with a history of delinquent behavior (see Tolan et al. 2008). The rationale for mentoring is evident from qualitative interviews with adolescents in the reentry process. These interviews highlight the importance of establishing trusted relationships with at least one adult in the juvenile justice system (Todis et al. 2001). Researchers found that such relationships encouraged juveniles to share their feelings and seek guidance, and many juveniles in the sample had never had a trusted relationship with an adult before.

Similarly, in a narrative review of mentoring programs for youth reentering the community, Chan and Henry concluded that mentoring could help increase “engagement with school and community” and allow such juveniles to more effectively access other needed services and employment opportunities (2014, 321).

However, a systematic review of mentoring programs to facilitate juvenile reentry uncovered mixed results. One study found no significant impact on recidivism, while the other two studies found some recidivism reductions (Abrams et al. 2014). That said, the authors noted that a lack of in-depth information about the content of the mentoring interventions and a lack of studies featuring rigorous methods affected the ability to draw conclusions (Abrams et al. 2014). For more information, see the [Mentoring](#) literature review on the MPG and the [Mentoring](#) practice profile on *CrimeSolutions.gov*.

Case management of juveniles in the justice system involves the identification of a juvenile’s recidivism risk, as well as the specific factors (criminogenic needs) that must be addressed to decrease that risk and individual factors, such as cognitive ability and learning style, that may affect the effectiveness of interventions (Peterson-Badali et al. 2014). This idea follows the principles laid out by the Risk-Needs-Responsivity framework. As Petersonson-Badali and colleagues (2015) explain, the “framework outlines a systematic, evidence-based approach for evaluating an individual’s risk of future offending and identifying the specific factors (criminogenic needs) that must be addressed to reduce risk, while paying heed to treatment modality (general responsivity) as well as individual characteristics such as cognitive ability, learning style, and motivation that may affect the effectiveness of intervention (specific responsivity)” (p. 304).

Thus, for youth returning to the community, it is not only important to identify their needs, but make sure that services are appropriately matched (i.e., high-risk youths receive the highest levels of services) and that services are matched to youths’ learning styles and cognitive abilities, to better ensure they are responsive to services. Case management should, therefore, involve the application of risk-needs assessment instruments to identify a targeted plan for treating a juvenile. This plan can then be modified over time as the juvenile’s needs and risks change (Schlager and Pacheco 2011).

Since the inability to navigate multiple systems is a major barrier preventing some released youth from accessing services in the community (Zajac et al. 2015), case management helps to bring these systems together. However, while it is important for youths’ risk and needs to be identified during the case management process, it is equally important for youth to receive treatment and services to address their identified needs.

Petersonson-Badali and colleagues (2015) found that while specific needs of youths were identified by probation officers in charge of case management for youths, those needs were not always matched with appropriate services. For instance, approximately 42 percent of youths that had identified education/employment needs were matched with services. For youths with identified substance use needs, only 21 percent were matched with services, while 32.8 percent of youths with identified family needs were matched with services. The study illustrates the disconnect between identifying youths' needs and matching services to address those needs that can impact the effectiveness of case management.

Overall, more rigorous research is needed on the effects of case management in juvenile reentry.

Cognitive-behavioral treatment focuses on controlling impulses, problem solving, and criminogenic thinking patterns in justice-involved youth (James et al. 2016). As part of reentry, youths in residential settings need to be encouraged to develop skills and thinking patterns that will help them succeed in the community, and not merely cope with environment of residential facilities (Mathys 2017).

Cognitive-behavioral treatment can be offered in residential facilities or in the community, but the most effective juvenile interventions include *both* institutional and community components. For example, six months after release, youths who were given cognitive-behavioral interventions with both residential and community components were less likely to use drugs, be re-arrested, or stop attending school than youths who were solely given residential treatment (Thompson et al. 2010). For more information, see the [Cognitive Behavioral Treatment](#) literature review on the *MPG*.

Reentry courts are specialized, problem-solving courts that seek to reduce recidivism of youths and improve public safety using judicial oversight to help youths transition from placements in residential facilities back into the community. In this model of reentry programming, the court takes a more active role and retains jurisdiction over a case for the entirety of a youth's sentence (National Council of Juvenile and Family Court Judges 2003). However, there have not been many juvenile reentry courts implemented in communities, compared with the number of adult reentry courts; therefore, the effectiveness of this type of program is not entirely known. For more information, see the [Reentry Courts](#) literature review on the *MPG*.

Outcome Evidence

Research on the effectiveness of reentry programs for juveniles has been growing in recent years. Two meta-analyses of [juvenile reentry programs](#) (James et al. 2013; Weaver and Campbell 2015) found conflicting results. James and colleagues (2013) analyzed the impact of juvenile reentry services on recidivism by aggregating the results from 22 studies. They found that reentry had a small, yet significant, impact on recidivism, meaning juveniles who participated in reentry programs have lower recidivism rates than juveniles who did not participate.

Conversely, Weaver and Campbell (2015) analyzed the results from 30 studies and found that although juvenile reentry services appeared to reduce recidivism for juveniles adjudicated for an offense, the impact was not significant.

However, the two meta-analyses used different definitions of what constituted a reentry or aftercare program, and had slightly different inclusion criteria for the studies they reviewed, which could account for the differences in the findings. For example, James and colleagues (2013) only included studies on reentry programs that incorporated a treatment modality (such as cognitive-behavioral therapy or skills training), while Weaver and Campbell (2015) included reentry programs that involved

monitoring and supervision as well as other treatment services (such as counseling or education). They also conducted their meta-analysis later; thus, they could include studies published after James and colleagues (2013).

Findings from the moderator analyses (which are additional statistical tests conducted to see if any factors strengthened the likelihood that reentry programs improved youths' outcomes) from both meta-analyses provide some insight into program characteristics that could affect overall effectiveness. For instance, Weaver and Campbell (2015) found that programs targeting older youths (i.e., youth whose average age was over 16.5 years) and those that were well-implemented displayed stronger effects. James and colleagues (2013) found that reentry programs focused on individual treatment had significantly better results than programs that combined individual treatment with group therapy.

Finally, both meta-analyses found that reentry programs were more effective for juveniles who committed violent offenses compared with juveniles who committed non-violent offenses (which supports the principles of the Risk-Needs-Responsivity framework, that the highest-risk juveniles should receive the most intensive services).

A more recent meta-analysis by Bouchard and Wong (2017) looked at 10 studies of supervision-oriented aftercare/reentry programs for juveniles. They found that juveniles who participated in reentry services were significantly less likely to be charged or arrested upon release from custody compared with those who did not participate, but there was no significant effect on how likely juveniles were adjudicated for an offense. This meta-analysis further illustrates the conflicting evidence on the effectiveness of juvenile reentry programs, as well as the lack of common definitions of what constitutes juvenile reentry interventions.

Although the research on juvenile reentry programs is mixed, some programs have produced significant, positive results. Below are examples of evidence-based programs from the *MPG* that have demonstrated positive outcomes for youths returning to the community.

Project Build. Project Build (which stands for Broader Urban Involvement and Leadership Development; now called the BUILD Violence Intervention Curriculum) is a violence prevention curriculum implemented in the Cook County Juvenile Temporary Detention Center in Chicago. The curriculum was designed to help youth in detention overcome problems they may face in their communities, such as gangs, crime, and drugs. The program intervenes in the lives of youth who have come in contact with the juvenile justice system to reduce recidivism and diminish the prospects that they will become adult offenders. Case managers provide the reentry curriculum and follow-up case management services to ensure that youth, upon release, enroll in school and engage in constructive activities to reduce recidivism. Lurigio and colleagues (2000) found that youths who participated in Project BUILD had significantly lower rates of recidivism (33 percent) within the 1-year follow-up period, compared with youths who did not participate (57 percent).

Multisystemic Therapy–Family Integrated Transitions (MST–FIT). The program provides integrated individual and family services to juveniles charged with an offense who have co-occurring mental health and substance use disorders. Services are provided during a juvenile's transition from incarceration back into the community. The overall goal of MST–FIT is to provide necessary treatment to youth, thereby reducing recidivism. The program also seeks to connect youth and their families to appropriate community supports, achieve youth abstinence from alcohol and other drugs, improve their mental health, and increase their prosocial behavior. An evaluation by Trupin and colleagues (2011) found mixed results on the effects of MST–FIT. There was no significant impact on measures of

overall recidivism. However, there was a significant effect on felony recidivism. At 36 months post-release, the MST-FIT intervention was significantly associated with a lower risk of felony recidivism. The hazard of recidivism for youths in the MST-FIT treatment group was 30 percent lower than it was for youths in the control group.

Operation New Hope. The program (formerly called Lifeskills '95) is a curriculum-based treatment program designed to assist chronic, high-risk juveniles in their reintegration in the community after release from secure confinement. The program treats improperly socialized juveniles by using a series of lifestyle and life-skill treatment modalities in an integrated educational approach to healthy decision-making. Josi and Sechrest (1999) found that 53 percent of the control group was unsuccessful at parole, compared with 35 percent of the experimental group that participated in Operation New Hope. The juveniles who participated in the program were also significantly less likely to have been arrested or used drugs or alcohol, were significantly more likely to be employed (full or part time), and displayed significantly greater improvements in social behavior.

Wayne County (Mich.) Second Chance Reentry (WC-SCR) Program. The WC-SCR program, geared toward males ages 13–18 who have been placed in secure residential facilities, aims to significantly enhance reentry services for adolescents who have committed offenses. The program is consistent with the six best practices of reentry as identified by the U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention, which includes 1) objectively assessing youths' criminogenic needs, 2) enhancing youths' intrinsic motivation, 3) targeting youths at high risk for offending, 4) addressing criminogenic needs of youths at high risk for offending, 5) using cognitive-behavioral interventions, and 6) determining appropriate treatment dosage and intensity of services for youths (Calleja et al. 2014).

Calleja and colleagues (2014), in their study of WC-SCR, found that at the 2-year follow-up the control group was two times more likely to recidivate (i.e., receive a new charge or violation that did not result in confinement), compared with those that received WC-SCR treatment services. The rate of recidivism for the control group was 9.5 percent, compared with 4.3 percent for the WC-SCR treatment group, a statistically significant difference.

For more information on these programs, please click on the links below.

[Project BUILD](#)

[Multisystemic Therapy-Family Integrated Transitions \(MST-FIT\)](#)

[Operation New Hope](#)

[Wayne County \(Michigan\) Second Chance Reentry Program](#)

Conclusion

Comprehensive reentry efforts for juveniles begin once they enter a residential facility and continue upon their return to the community. The research above highlights that youths returning from out-of-home placements have specific needs that should be considered in reentry planning, chief among them are mental health and substance use treatment, family engagement, education and employment programs, and housing. Therapeutic communities, mentoring, case management, cognitive-behavioral therapies, and reentry courts are examples of types of programs that can help address some of the major barriers youths face as they reenter society.

However, the mixed evidence of the effectiveness of juvenile reentry programs emphasizes the need to continue to explore new and innovative approaches to helping youths return to the society, and ensure they reintegrate back to the community and no longer continue to commit criminal and delinquent acts (Bouffard and Wong 2017). Recent federal initiatives, such as the Second Chance Act, highlight the need to continually support and improve reentry efforts (Calleja et al. 2016), to ensure that juveniles successfully transition back to the community once they return home.

Additional Resources

Additional information on juvenile reentry can be found at Youth.gov and the [National Reentry Resource Center](#).

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