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## Lessons Learned from a Multidisciplinary Collaborative Supporting Juvenile Reentry

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*Multidisciplinary collaboration is paramount to engendering efficacious juvenile reentry. As the lives of juvenile offenders are infused with interwoven complexities and traumas leading to involvement with the juvenile justice system, a multifaceted approach permeated with varying perspectives is imperative. Effective juvenile reentry partnerships must embrace inclusivity and distinctly capitalize on the wide-ranging expertise encapsulated within a multidisciplinary team. Multidisciplinary collaboration is vital for juvenile offenders to return to the community from confinement with a comprehensive understanding of their situation as well as an assortment of approaches to mitigating their challenges both within and outside of the juvenile justice system. This manuscript will describe a unique approach and promising strategies designed to foster a smooth transition of urban juvenile offenders from confinement at a short-term detention facility back into the community. Lessons learned from a multidisciplinary collaboration between school districts, probation, health care, and city agencies designed to support juvenile reentry will be highlighted. Implications for replication among collaborative partners within the context of juvenile justice systems will be discussed.*

*Keywords: multidisciplinary collaboration, juvenile justice, juvenile offenders, juvenile reentry*

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### Lessons Learned from a Multidisciplinary Collaborative Supporting Juvenile Reentry

The original intended focus of rehabilitation within the juvenile justice system has diminished and become more punitive since establishment in 1899, resulting in youth detention to develop into a significant public health problem that should be of concern for all citizens (Myers & Farrell, 2008). Youth reentry, a term describing the process of transitioning juveniles ages 10-24 from juvenile and adult correctional facilities back into the broader community, has become one of the vital justice policy issues presently facing the United States (U.S.) (Mears & Travis, 2004). The biannual Juvenile Residential Facility Census conducted on October 2012 revealed that there were 57,190 youth under the age of 21 held within 1,985 public and private juvenile residential facilities nationally (Hockenberry, Sickmund, & Sladky, 2015). Per every 100,000 juveniles in the U.S. in 2010, 225 were in custody (Sickmund & Puzzanchera, 2014).

The latest national reentry data reports an average of 100,000 convicted juvenile offenders (primarily 15 years or older, minority, and male) are annually released back into the community from custodial facilities (Snyder & Sickmund, 2006). Youth entering and exiting detention has

recently declined significantly nationally. Smith (2015) reports that juvenile arrests and detentions are at all-time lows; 21% decrease in arrests from 2001 to 2010. According to Sawyer (2018), today there are 53,000 youth with justice involvement confined in facilities. The declining numbers of detained youth reflects that juvenile offenders are being confined for more serious offenses rather than low-level offenses, such as truancy and curfew violations (Sawyer, 2018).

Expectedly, the majority of detained juveniles will reintegrate into the community while struggling to transition from a life of crime to a life of achievement. Research reports that 45% of released juveniles will be rearrested post-release; illustrating the preventative need for sufficient reentry planning and ongoing support for youth and their caregivers as youth transition from incarceration (Abrams, Shannon, & Sangalang, 2008). If the juvenile justice system is to justly be rehabilitative, it must strengthen the methods for successfully transitioning formerly detained youth back to the community to minimize the potential detriment to youth, their families, and to society at large.

### **National Concerns for Juvenile Reentry**

The transition period of reentering the community, referred to as the time between one month pre-release and up to six months post-release, is significant for youth to establish routines and supports leading to the prevention of recidivism (Abrams, 2006).

Detained youth disproportionately arrive from disadvantaged communities affiliated with poverty and minority status while likely reentering similar types of communities post-release (Sullivan, 2004).

Juveniles in confinement consistently have the following risk factors suggesting they are “high-risk youth”: live in single-parent homes, have relatives previously incarcerated, are behind in educational achievement, endure mental health problems, and abuse alcohol and other drugs (Snyder, 2004). These youth often return to their communities without having addressed the grim risk and need factors that originally led to their detainment, thus leading to a lack of positive reentry outcomes (Bouffard & Bergseth, 2008).

The transition of confined youth back to the community is described as the most neglected phase amid the treatment and education of detained juvenile justice system-involved youth (Baltonado, Mathur, & Rutherford, 2005). For services available to these youth when released from juvenile confinement and their reentry to the community to be effective, acknowledgment of a transparent understanding of these transition experiences is critical (Bullis, Yovanoff, & Havel, 2004). With awareness of the multiple challenges youth face when reintegrating into the community, such as lack of housing, substance abuse, delayed psychosocial development, and employment issues, youth need considerably more than the typical probation services to productively reenter the community (Abrams et al., 2008).

### **Recidivism and Financial Challenges**

Recidivism, described as the repetition of criminal behavior, is complex and has proven challenging to measure in regards to both types and reasons of recidivism, thus, leading to a lack of a national juvenile recidivism rate (Sickmund & Puzzanchera, 2014). Preventing recidivism with a smooth and supported community transition for formerly detained youth is indispensable in terms of cost-effectiveness, as juvenile offenders are costly to our society in terms of the monetary and social expenditures from the court system, victims' personal costs, and incarceration (Unruh, Gau, & Waintrup, 2009).

Nationally, \$15 billion per year is contributing to juvenile justice; most of this money is spent on the confinement and care for adjudicated juveniles (Myers & Farrell, 2008). The cost savings of preventing a high-risk youth from a life of crime is \$1.7 to \$2.3 million (Gupta, Kelleher, Pajer, Stevens, & Cuellar, 2005). Youth returning back into the community from secure confinement confront particular challenges formed by specific developmental and social factors (Sullivan, 2004). There is limited knowledge about the full scope of the distinct challenges, such as youth development, for high-risk youth navigating juvenile reentry or how to most effectively aid youth to become productive citizens (Mears & Travis, 2004).

### **Health Concerns**

Juvenile justice system-involved youth, with exceptional vulnerability and remarkable need, have a notably higher risk and rate of mental and physical health problems as compared to non-juvenile justice system-involved youth (Griel & Loeb, 2009). Adverse childhood experiences (ACEs), such as family violence, are higher among juvenile offenders and research links ACEs to juvenile justice system involvement, suggesting a need for trauma screening for all youth at booking followed by provision of necessary services (Baglivio et al., 2014). The rapidly rising detention rate for juvenile delinquents with co-occurring mental health and substance use disorders is disconcerting as these youth are at high-risk for unfavorable outcomes as an adult (Trupin, Turner, Stewart, & Wood, 2004). Furthermore, their high-risk substance abuse behaviors are detrimental to the part of the brain that is immaturely controlling reasoning and impulses, as an adolescent brain is not fully formed until the age of 25 (Altschuler, Stangler, Berkley, and Burton, 2009; Partnership for a Drug-Free American, 2013).

Further contributing to public health concerns, a large proportion of confined youth have chronic diseases such as respiratory, dental, and dermatological problems demanding long-term health care, yet these youth typically receive poor continuity of care upon return to the community (Gupta et al., 2005). Additionally, many juvenile delinquents continue to partake in high-risk behaviors with potential to cause serious illnesses, such as human immunodeficiency virus (HIV) and other sexually transmitted infections (STIs), once they reintegrate into society (Tolou-Shams, Stewart, Fasciano, & Brown, 2010). Compared to reentry and community reintegration outcomes for formerly incarcerated youth without disabilities, outcomes for juvenile delinquents with a disabling condition are bleak (Unruh et al., 2009).

Research indicates that numerous juvenile offenders are in need of mental health services and that it is of utmost importance to screen youth in detention within 24 hours of booking (Teplin et al., 2006). The importance of juvenile detention facilities not only providing mental health

services but also assisting with the transition to community mental health and substance abuse support is understood (Trupin et al., 2004). The lack of appropriate mental health services has been linked to recidivism, and research speculates that continuity of mental health support post-detention may decrease recidivism rates (Gupta et al., 2005; Teplin et al., 2006). Given the numerous challenges for juvenile offenders, Mears & Travis (2004) suggest confinement is indeed a suitable opportune time to engage juvenile offenders and integrate reentry planning to prevent poor health outcomes and promote thriving societal transitions.

### **School Reentry Dilemmas**

Youth involved with the juvenile justice system are generally behind academically. Truancy, delayed development, lack of parental and peer support, low internal motivation, societal stigma, substance use, and under-resourced school settings are rampant in the lives of these youth leading to poor grades and regression of academic standing. Once youth do return to school after confinement they are often faced with increased stigmatization and other negative targeting fostering an amplified disinterest in student learning.

Educational shortcomings are masked by the youth acting out in school causing them to be pushed out of regular classroom settings. The youth face additional barriers to obtaining their education, as they are often mentally preoccupied with personal struggles and concerns for their safety on school campuses due to gang activity. All of these dilemmas lead to a greater school drop out rate and absences compared to youth not involved in the juvenile justice system. Toldson, Woodson, Braithwaite, Holliday, and De La Rosa (2010) state how the literature supports the importance of comprehensive and collaborative school reentry planning for academic success, such as sharing resources, interagency school transition planning, and shared trainings. Ideally, educational reentry planning should begin during in-custody time to help ensure a smooth transition to appropriate educational settings immediately upon release (Hirschfield, 2014).

### **Probation Impact**

Deputy probation officers (DPOs) have the responsibility to ensure communities are safe and juvenile justice system-involved youth are carrying out their terms and conditions of probation. Delays in connection post-release and limited ongoing contact between youth and their DPOs can cause a postponement in youth and DPOs expressing their areas of concern and clarifying important inquiries. This can lead to miscommunication and reduced understanding of youth and family expectations.

DPOs understanding of the risks and needs of youth on their caseloads is critical to reentry success. This understanding is vital for DPOs to identify how to best counteract these challenges with appropriate support, resources, and referrals. When youth do not carry out the DPO requests, the youth are often at greater risk for experiencing juvenile reentry. DPOs must be mindful of exactly how much emphasis they need to have with youth of high-risk versus low-risk to minimize criminality. Hsieh et al. (2016) report how DPOs need to shift their focus beyond risk, need, and punishment to a case management and restorative youth justice approach in order to have more successful youth outcomes.

### **Multidisciplinary Collaborative Description**

To promote rehabilitation through counteracting system gaps and improving the way juvenile offenders are transitioned back into the community from detention, a multidisciplinary collaborative was implemented in 2009 as an innovative approach to juvenile reentry. Two County agencies, comprised of probation and health care, partnered to strategically improve the quality of services to juvenile justice system-involved youth and their caregivers immediately upon release. Out of this partnership formed a multidisciplinary collaborative comprised of various disciplines working together to create a resource and referral center supporting reentry for juvenile justice system-involved youth and their caregivers.

The design of the collaborative has always carried the intention to support positive juvenile reentry outcomes. Research suggests that juvenile reentry should be a seamless transition back to the community with all agencies involved in communication with one another (Development Services Group, Inc, 2017). One main goal of the collaborative is to ensure that youth and their caregivers receive pertinent information, such as health care results and diagnostics, obtained during custody in order to best understand the support needed for the youth post release. With the myriad of services youth receive during detention compared to in the community, not passing on this relevant information is a missed opportunity for potentially improving lives. This method is designed to utilize the professional expertise of those working directly with the youth while in-custody to develop and promote a collaborative and individualized reentry plan to help support the youth as they return to the community.

### **Strategic Planning Process**

The multidisciplinary collaborative was developed to better coordinate needed health, probation, and educational services during detention, upon release, and post-release back in the community. A sample of detained youth and their caregivers were surveyed prior to the multidisciplinary collaborative conception to determine their discharge needs at release. Many of the survey findings, such as caregivers requesting medical information for youth during their confinement and youth desiring connections to employment, constructed the services currently provided. One general conclusion drawn from the surveys was that caregivers wanted information about what services the youth received while in-custody and what recommendations were made for necessary community services post-release.

One recommendation determined based on the survey results was the development of an individualized reentry plan to better inform the DPOs and juvenile court processes. Prior to implementation of the collaborative, youth were released from the juvenile detention facility with no information provided to the youth and their caregivers other than their next court date and DPO contact information if available. They received no transitional services other than provided by DPOs as part of their case management post-release, which is often delayed until the DPOs connect to the youth and caregivers. The collaborative was purposeful in supporting the DPOs to enhance the effectiveness of their work through strengthening their understanding of youth need and resources available. The collaborative intentionally sought to provide reentry services starting during detention and extending into the transitional period where there is a gap

in services since probation data at the time of the survey highlighted that youth may wait up to a month to be assigned to their supervision DPO after release.

### **Mission and Location**

The mission of the collaborative is to use a multidisciplinary informed process to engage caregivers and empower youth to transition from confinement to stable community support while successfully preventing the return to detention. Most unique about the multidisciplinary collaborative is the on-site location hosting all partners at a short-term detention facility positioned in an urban community. The collaborative provides transitional services to youth and their caregivers directly on the opposite side of the final locked facility door where youth exit upon release from the short-term detention facility. Families of the detained youth literally walk a short distance from a nearby juvenile courtroom, down the hall to the collaborative setting, to receive reentry services. Rather than traditionally staring at a television screen and waiting one to two hours to receive the youth, families and legal guardians come to the collaborative setting to receive reentry support, information, and resources during their wait time immediately preceding the youth returning back into the community.

### **Collaborative Team**

The multidisciplinary collaborative consists of a multidisciplinary team of nine core people from seven organizations, including health care (comprised of three agencies), probation department, office of education, one school district, and one city (same city as the school district). Exclusive of the city, all team members are stationed in a shared office space working to accomplish collective reentry goals and objectives.

The collaborative's multi-disciplinary team has provided over 6,000+ youth with a smooth transition to schools, health providers, employers, and community-based organizations providing reentry and case management support. The staffing at the collaborative began with one registered nurse (RN) doing direct services and has grown to consist of nine staff representatives with expertise in public health, behavioral health, probation, education, and administration. The team includes a DPO, DPO supervisor, two academic reentry specialists, education administrator, public health nurse (PHN), nurse manager, behavioral health clinician (BHC), and a specialist clerk.

**Health.** At the onset of the multidisciplinary collaborative the only detailed reentry information given to youth and their caregiver(s) was a medical discharge summary provided by the medical clinic located at the juvenile detention facility. The medical discharge summary has consistently included a variety of information such as the health services that youth received while in custody, follow-up health needs, vaccination record, and prescriptions/medications (when necessary). Some of the main duties of the collaborative PHN is to discuss the medical discharge summary with the youth and caregivers, and to aid them with connecting to the necessary health care services in the community. The PHN is also responsible for advocating for the health and wellness of the youth through a variety of methods, including the provision of health education, innovative health programs, and consultation. The BHC discusses behavioral health information with the youth and caregivers; informing them of services received in the juvenile detention facility as well as connecting them to necessary community-based services depending on their

individual goals and needs. Both the PHN and the BHC receive relevant health information and guidance from the clinicians working with the youth in-custody to help inform reentry recommendations to community health services.

**Education and Case Management.** One of the main roles of the education staff is to assist youth with their transition to a supportive and safe educational environment. They assess the academic standing of the youth and recommend the most appropriate educational options based on the individual needs of the youth and family. Safety of the youth and the other youth enrolled at the school campuses as well as positioning youth to meet positive academic outcomes are primary focal points. The school district staff works closely with the city to match youth with a case manager from an identified group of various community-based organizations (CBOs) so youth receive additional community support to prevent reentry.

The city has been supporting case managers in several community-based organizations working in partnership with the juvenile reentry work associated with the collaborative since inception. This work has led to the establishment of a warm hand-off from the collaborative to a variety of case management support for reentry youth returning to the various areas of the city, thus resulting in more successful post-release outcomes and lower recidivism rates for formerly incarcerated youth receiving the services. With the lack of comprehensive and collaborative pre-release planning, these case managers are not reliably receiving complete pre-release planning information to utilize to guide their case planning processes in alignment with that of the DPOs. However, there is a process in place to create the warm hand-off, as the collaborative meets monthly with the CBOs to disseminate relevant and complete reentry information to aid the CBOs in their work with youth in the community on a case-by-case basis.

**Probation.** The probation role in the collaborative consists of helping youth and their caregiver(s) understand the juvenile justice system, including court dates, terms and conditions, and methods to contact the assigned DPO. Probation helps to provide relevant information to the collaborative team to guide them to make appropriate reentry decisions regarding which resources and referrals to provide to the youth and families in alignment with the DPO recommendations. The collaborative DPO serves as the communication liaison between the collaborative and the probation team as well as CBOs to ensure relevant reentry information is utilized for development of the probation case plan.

### **Funding**

The multidisciplinary collaborative is financially supported by a division of resources. Each of the seven agencies involved provides funding for their staff. Over the years public health has funded the specialist clerk for the collaborative, which has now shifted to probation. The city voter-approved violence prevention local tax measure funds and previous federal funding has supported some of the probation and education staff. Office supplies, such as paper and pens, and technological support are provided by the various agencies on a rotation basis, although most is provided by probation due to the collaborative location.

## Juvenile Reentry Lessons Learned

The following describes the lessons learned from the collaborative based on eight years of juvenile reentry practices, observations, and experiences.

### **Multidisciplinary Reentry Planning**

This collaborative has found there is a lack of relevant, comprehensive, consistent, and shared reentry information captured while youth are in-custody and provided when youth are released from detention. Amid the understanding that youth being released from the juvenile detention facility have received services from various professionals (including educators and behavioral health clinicians) while detained, it is ethically unsettling knowing that youth are often assessed and receive various services with little to no consideration of their reentry needs. When the collaborative was first formed the staff knew very little about the youth and were making referrals with minimal guidance from those who had worked directly with the youth while in-custody. This speaks to how deeply the majority of traditional in-custody values are rooted in the culture of care, custody and control; the institutional staff is mainly focused on managing the behavior and maintaining the safety of detained youth as dictated by their union, thus limiting their scope to focus on transition planning.

Of great importance is to move the emphasis toward the principle of interagency collaboration in the juvenile justice system. The collaborative has lived a continuous struggle to implement an institutionalized process that is inclusive of an exchange of relevant reentry information between all of the professionals working with youth in-custody and those working with them at release and beyond. Closing this gap of a lack of information sharing to strengthen and improve the juvenile reentry process is a necessity for successful reentry. In order for youth to counteract their complex holistic needs, sharing of relevant reentry information leading to the determination of essential resources and referrals to a variety of services is indispensable. For the majority of juvenile offenders to receive pre-release planning services, continued leadership support across agencies as well as information sharing agreements and additional funding is needed.

A key concept for the collaborative approach described is that the services provided are ideally done with direction from the assessments performed and recommendations made by professionals, including institutional staff and attorneys working directly with the youth while in-custody. A gap in services is that there is a lack of multidisciplinary, individualized pre-release planning for youth prior to them coming to the collaborative. It is critical this gap is filled for the promotion of continuity of care, determination of appropriate community linkages to support youth out of custody, and decrease of duplicated and siloed work among professionals involved.

Ideally youth will receive reentry-planning services starting at booking and all people providing services to the youth, including members of community-based organizations and volunteers, will contribute to one, shared and comprehensive reentry plan. All partners servicing the youth, including the DPOs, and court professionals, will use the shared information to determine the youth's case and court plans. The assumption is that an improved transition planning process inclusive of the expertise of the entire multidisciplinary team will help decrease the high rates of juvenile recidivism as well as the fragmentation of reentry planning and services. Rather than



people creating multiple plans for the youth, there needs to be one reentry plan in which all partners contribute, which will help decrease the confusion and overload of youth and families receiving variations of conflicting information from many sources.

### **Inclusive Strategic Planning**

In order to do the best reentry planning on behalf of positive youth development outcomes, it is imperative to work as a collaborative team. All organizations involved with youth should be included to develop collective decisions regarding reentry. The collaborative has witnessed both within and outside the juvenile detention facility there are various professionals that are often working alongside one another rather than working interdependently doing reentry planning. This silo effect, arising from several reasons, greatly challenges the goal of coordination of services (Anthony et al., 2010).

The collaborative reduces siloing through the creation of a unique environment where many disciplines work together in the same space to do inclusive planning. A benefit to working closely across various disciplines is the daily coming together of collective minds making decisions through the lens of a range of expertise to produce the greatest possible outcomes for youth. Multidisciplinary team decision making, encompassing the youth and families, is critical to successfully aid the youth and families by having all agencies involved with crafting the reentry plan and knowledgeable of next steps. Furthermore, when there are juvenile reentry policies and procedures that need to be developed, best practice is for all parties to gather to give input that is representative of their agency. The ideal outcome of this is the creation of comprehensive reentry policies and procedures that are institutionalized into common practice and language that are representative of a shared, strategic reentry planning process from intake to the termination of probation. Having this shared understanding is key to successful juvenile reentry, as the collaborative has found that without it there is limited accountability of agencies to communicate and utilize reentry information obtained.

### **Probation Leading Collaboration**

At the inception of the collaborative model, probation staff were not directly apart of the team. Probation administration was involved in the planning process for the collaborative, but did not place a DPO at the collaborative until the first year had passed. As previously stated, the original staff person was a registered nurse who was succeeded by four more staff before a DPO was added to the team. The original collaborative staff found great difficulty in doing complete work without a DPO present, as important information was lacking in real time during the unexpected and quick release process. The staff did not have access to the probation database and often had communication delays with the assigned DPOs. This created misunderstanding of the full situation of the youth causing staff to be unable to make comprehensive reentry decisions about where to connect youth to services without input from the DPOs. With this understanding along with evidence that many youth were detained due to a warrant in addition to the complicated court process, probation leadership decided to place a DPO at the collaborative in order to improve communication with the assigned DPOs, as well as inform the collaborative, youth, and families of the court process and stipulations at release.

Once probation became directly involved with the work, it became apparent how much of a necessity it was for probation to be present. Information about the particulars of the youth cases became available and the collaborative staff was able to make more informed decisions in the best interest of the youth. Once a probation unit supervisor was assigned to the collaborative this helped develop more systems understanding to better inform the work processes. When probation first became involved a shared decision-making leadership structure between probation, health, and education was created to inform day to day processes and conduct strategic planning for the collaborative.

Probation was eventually determined to be the lead agency of the collaborative given that the setting is where the juvenile detention facility is located, DPOs are the primary case managers, and that probation has the authority to implement reentry processes. However, if probation is to lead, the collaborative has determined it is critical that the typical hierarchical probation culture is adjusted to value a shared decision-making model in order to ensure all agencies give input to any adjustments to the juvenile reentry processes that affect the entire collaborative. This collective input helps keep the reentry process from falling back into traditional archaic systems that were functioning prior to development of the collaborative.

### **Leadership and Institutionalized Practices**

The collaborative was formed with few to none institutionalized policies and practices directly related to juvenile reentry. For example, at the start of the collaborative many school districts did not have policies on how they conducted juvenile school reentry. The collaborative staff has since worked with various school districts to create school reentry policies and procedures that can be of greatest benefit to assist youth with a smooth and successful transition from confinement back to the community classroom. What has been challenging for the collaborative is that all school districts have differing policies for juvenile reentry and there is no standard of practice.

Another example is there has been no multidisciplinary policy in place for all involved agencies, including community-based organizations, that supports an individualized reentry plan for each youth starting at booking. The collaborative came across many limitations to assisting youth with a smooth reentry due to not having complete information to inform reentry recommendations. Ideally a reentry plan would be started with youth at booking that would follow them through their detainment, court, and release process. An institutionalized plan such as this would allow information to be collective, shared, and streamlined, thus minimizing repetitions of questions asked of youth as well as resulting in one plan representing input from all parties involved with the youth. In order to do this there must be a written understanding of the confidential sharing of information that can and cannot occur to reduce contribution barriers and develop a consensual agreement of what can be included in the plan. Ideally the court and probation processes would utilize the individualized reentry plan to make decisions on behalf of the youth. This plan would help set the tone for the decision making process in court. Leadership of all agencies must be on board to help support the implementation of comprehensive and collaborative reentry planning practices so that they become an essential part of the reentry process. The collaborative has experienced many barriers to shared reentry planning, such as limited time and agency ownership, which have kept agencies from working together.

### **Family and Youth Engagement**

The collaborative has discovered that youth and family involvement is extremely critical to successful reentry. There have been numerous conversations and plans created with minimal youth and family input. Adolescent development demonstrates that rapport building is essential to developing trusting relationships. Collaborative staff have had success with building a relationship with the youth prior to release from detention in order to help youth develop their reentry goals and strengthen the reentry process through youth being more engaging and trusting. The collaborative has found that plans are more likely to be carried out when youth and families are engaged in the process and have formed a relationship with staff. For example, follow-up calls and appointments are more often completed when youth and families have stronger connections with the staff making referrals. Positive youth development, defined as a strength-based and resilience-oriented perspective on adolescence, has been documented as an important approach for working with youth in the justice system (Butts, Bazemore, & Meroe, 2010). The collaborative has utilized this framework of viewing youth as assets to society rather than villains when working with juvenile offenders in support of successful reentry.

Often the youth are carrying the burden of accomplishing the terms and conditions of their probation without the family support needed for them to accomplish the necessary goals. It is understood that the youth come from broken families dealing with poverty restrictions, deep trauma, and cultural oppressions that limit their ability to provide the support necessary for the youth to have successful reentry. Therefore, it is important to focus on strengthening the family by providing the necessary support as determined with the family to best support the youth throughout the reentry process. This support should start at the same time it begins with the youth while detained.

Research suggests that family engagement helps with successful juvenile reentry and should be started before release; family helps connect youth to necessary community services, helps youth satisfy court orders, and helps encourage positive behavior (Development Services Group, Inc., 2017). Of utmost importance is to remember that the youth are not adults and should not be expected to act like them, so they need to be treated within the context of needing support from positive adult models in order to learn how to become constructive members of society. Sometimes these valuable adult role models are found through extended members of the family, such as coaches, mentors, and job supervisors.

### **Employment and Extracurricular Linkages**

According to Spencer and Jones-Walker (2004), supportive social networks are needed for juvenile justice system-involved youth to transition successfully as youth often return to the same environment that contributed to their confinement. For youth to be successful after exiting the juvenile detention facility they need to have activities that will engage them in their communities in a positive manner. It is of utmost importance to connect the youth to jobs and extracurricular activities of interest to them so they will be motivated to stay involved in the activities over the long term. In contrast, the collaborative has predominately focused heavily on connecting youth to case managers, school, and health care.

Employment is known to be important but is generally given to the assigned DPO to make the referral. This often delays the youth connecting to employment due to the postponement in connecting with their DPOs post release. When the collaborative was able to make referrals to youth for employment immediately at release, youth were able to start the process of being productive in society with the least amount of delay to help keep them involved in constructive activities. There has also been a gap of consistent connections to extracurricular activities. The collaborative staff often does not know where to send the youth to activities in their communities and need to become much more knowledgeable about what is available in the communities as well as how to connect the youth appropriately. Knowing what community members, such as the local barbershop or church group, are available and willing to appropriately support the juvenile justice system-involved youth to positive change is a component critical to the reentry process. Relationship building between the collaborative and community support has been effective with aiding successful connections in support of youth reentering.

### **Implications for the Juvenile Justice System**

Youth involved in the juvenile justice system are profoundly deserving of the deepest and most sincere compassion from the professionals in which they come in contact. Their wounded hearts, troubled pasts, and criminal journeys ought not to be that which sets the path for them for the rest of their lives. Juvenile justice system-involved youth need to be treated with the utmost respect and dignity in order to uplift them to see the incredible value and potential they bring to the world. The fact that many of these youth sincerely believe they are not good enough for success and that a life of crime is the best they can achieve in life is devastating.

Our most vulnerable youth in society should not have to hold their heads in shame and continue to suffer due to the inculpable consequences of being dealt multiple challenges in life. The fact that they were brought up within a deeply rooted cycle of poverty, violence, oppression, and trauma does not mean that they do not have the intrinsic power to break the cycle when given a positive and caring support system within the juvenile justice system and beyond. Juvenile offenders and their families deserve the very best that professionals working with them have to offer. The collaborative described is an example of an essential process to give juvenile offenders the paramount chance at becoming their greatest selves. For justice to be granted to the many juvenile offenders transitioning back to the community post detention, the collaborative suggests that institutionalized multidisciplinary reentry planning practices must be implemented in juvenile detention settings.

### **Implications for Research/Replication**

Juvenile reentry research affirms reentry programs and services are highly needed and beneficial for strengthening a smooth transition for incarcerated youth reintegrating to the community, consequently, preventing reentry. The collaborative approach and lessons learned has the potential to inform evaluation and research nationally, and can be applied to other juvenile justice systems and populations struggling with similar societal and contextual issues. The multidisciplinary collaborative represents an innovative and unique practice for juvenile reentry. This speaks to the difficulty of having a distinctive multidisciplinary team housed in the same

space at the exit point at a short-term detention facility. The quick turnaround time, limited data system sharing, and restricted knowledge of release dates are major barriers in collaborative reentry planning.

There is a lack of studies designed to capture the experience of juvenile reentry through the perspective of the youth and families. More qualitative research is needed that captures youth perspectives, using strength and resilience-based measures across the continuum – including follow-up a year or two post-release. Pre-release planning examples are limited in research, and this reveals a gap in practices that needs to be addressed in order to better assist youth with receiving continuity of care and community services to keep them from returning to detention.

Research is still needed for identification of the most promising practices for transitioning formerly confined youth to community support services for mental health issues, chronic physical health concerns, and substance abuse problems. Ideally, this research will identify best practices for positive youth development and parent engagement to support juvenile reentry. Further research is abundantly needed to provide concrete evidence for what specific types of juvenile reentry programs reveal best practices. Preferably, controlled experiments should be given priority to test certain interventions while also measuring recidivism rates and causes.

With such a lack of research on reentry programming, there is a need for prospective research of larger populations and programs in more diverse and urban settings to be examined for a longer period of time to determine the definitive impact on recidivism outcomes (Bouffard & Bergseth, 2008). Research on the development and implementation of reentry programs and services should be robustly supported, not only to increase the chances of juvenile offenders being contributing members to society, but also to decrease recidivism, thus decreasing the detention trauma to youth development and lessening costs to society. As youth are our future, there must be an improvement in quality and replicability of juvenile reentry research to determine best practices for the path to successful outcomes for the most at-risk youth in society.

### **Implications for Practice**

The collaborative described provides the context and direction for future juvenile reentry planning. Multidisciplinary transition planning, focused on areas such as health, education, and employment, is needed at the point of reentry to support the overall development and needs of detained youth with the goal of transformation and prevention of recidivism, while preventing poor health, academic, and developmental outcomes. With the knowledge that adolescent brain development is incomplete and they are highly directed by outside influences, juvenile offenders are deserving of a rehabilitative and preventative approach to juvenile justice. In summary, the key lessons learned from the collaborative validate the following promising practices for juvenile reentry: 1) multidisciplinary reentry planning starting at booking, 2) inclusive multidisciplinary planning methods to inform strategic reentry practices, 3) probation leading collaboration with shared decision making approach, 4) institutionalized juvenile reentry practices confirmed by collaborative leadership, 5) family and youth involvement as a necessity to reentry planning, and 6) provision of individualized employment and extracurricular linkages.

Beginning reentry planning starting at booking has been documented as essential to effective juvenile reentry. According to the National Reentry Resource Center's advisory Committee on Juvenile Justice, key elements to juvenile reentry planning include 1) the integration of adolescent brain development understanding, 2) incorporation of youth's strengths and assets, 3) engaging families and community members, 4) prioritizing education and employment, and 5) a well-supported transition plan (Bilchik, 2011). The collaborative highlights the importance of these practices as well as multidisciplinary reentry planning on positive juvenile reentry outcomes.

Lessons learned from the collaborative should be utilized to educate future professionals who plan to work with juvenile offenders as the justice system could greatly benefit from students being prepared to work in a multidisciplinary approach. The collaborative approach demonstrates that multiple disciplines can closely partner to create successful juvenile reentry by working effectively with high-risk youth and families as well as other cross-sector professionals and service providers, including probation and police officers, mental health clinicians, counselors, public health nurses, social workers, and educators within and outside the juvenile justice system. Through collaborative work the agencies are able to have greater collective impact through a more solid understanding one another's discipline in addition to providing youth and families with more robust juvenile reentry support.

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## ABOUT THE AUTHOR

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**Dr. Erica Hooper-Arana** has a mission to be of service to vulnerable children and adolescents to help them recognize their unique contribution to the world through healing and transformational strategies. She has nearly 30 years of experience working with children, youth, and families in a variety of settings including child care centers, schools, hospitals, juvenile justice and social services systems, clinics, camps, homes, and third world countries. She worked at a juvenile detention facility for 8 years where she served as a coordinator helping to champion an innovative model to provide seamless reentry services for juvenile justice system-involved youth and their caregivers.

Erica received her Doctorate of Nursing Practice in 2013 and completed her applied dissertation on juvenile reentry. She is a published author on the role and impact of public health nurses on meeting the health needs of youth in the juvenile justice system.

Erica currently serves as a commissioner on a Juvenile Justice Delinquency Prevention Commission; she aims to provide youth with alternative methods of healing trauma and enjoys facilitating various cultural/arts/advocacy events for youth in-custody at Alameda County Juvenile Hall.

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