

# **CHAPTER 16: TRANSITION BACK TO THE COMMUNITY**

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# TRANSITION BACK TO THE COMMUNITY

DYS has responsibilities for committed youth transitioning back to the community.<sup>1</sup> Transition to the community may occur when a youth's term of commitment has ended at age 18 or 21 or prior to that time pursuant to a grant of conditional liberty, discussed below.<sup>2</sup>

It is important that DYS start work early on a youth's transition plan.<sup>3</sup> This plan describes how the youth will transition from DYS confinement to the community. The plan should be completed by the DYS caseworker working with the youth and his parents or legal guardian. The plan should be individualized to the youth's needs.

Experts believe that appropriate planning for community re-entry begins upon admission to facilities of confinement. At DYS, re-entry planning should begin upon commitment.


## Ninety-day re-entry planning


DYS has developed a transition planning process that includes a 90-day re-entry plan. This plan requires that the DYS caseworker ensure that the treatment team engage in the following steps:

- at 90 days prior to anticipated release date, an aftercare plan is discussed and placement needs identified;
- at 60 days prior to anticipated release date, an aftercare plan is solidified;
- at 30 days prior to anticipated release date, the youth is brought on a pass to his future Community Re-entry Center to meet his future aftercare providers.<sup>4</sup>

Further details about the discharge planning process are provided in DYS's Case Management Reference Guide. As the guide outlines, the process is slightly different for youth who are committed on offenses where grid assignment is less than six months and youth who receive six months or more as their initial time assignment.<sup>5</sup>

Notably, for youth who receive six months or more as their initial time assignment, DYS will re-administer a Youth Level of Services Inventory/Case Management Inventory (YLS/CMI) risk-needs assessment as part of the comprehensive pre-release assessment in addition to a review of all documents and or tests completed during the assessment phase.<sup>6</sup> More information about the YLS/CMI can be found in the chapter entitled "Commitment and Assessment."

 **Tip for families:** If DYS and the family believe that a youth has a serious emotional disturbance and will need ongoing intensive mental health services in the community, then DMH should be involved in planning as soon as possible. For youth expected to age out of DYS at age 18, such planning should begin while the youth is age 16, particularly if it believed that the youth will need residential treatment.

 **Tip for families:** You and your child should attend your child's staffing meeting and monthly treatment team meetings as often as possible to begin work on your child's transition.

## Step down transition programs


One option DYS has to address a client's need for additional treatment prior to full release to the community is the use of "step down" programs such as short term group care, transitional living programs and other community-based residential settings.<sup>7</sup> DYS uses such short term step-down programming to quickly create ties with identified community services and resources.<sup>8</sup> Youth would then move from such short term programs back to the community.

## Elements of a transition plan

DYS considers the following topics upon a youth's commitment to DYS. In the process of planning a youth's re-entry to the community, DYS examines the topics again. In developing a transition plan, the following topics should be considered and, when applicable, addressed:<sup>9</sup>

- clinical services (including medical and dental care, substance abuse treatment, mental health/trauma treatment, sex offender treatment, and violent offender treatment);
- health insurance coverage;
- reassessment of family needs/involvement;
- community caseworker support;
- family counseling;
- family stabilization;
- foster care;
- living arrangements (including independent living and emergency living arrangements);
- education issues (including transcript, access to the local school district, pursuit of a Massachusetts State High School Equivalency Diploma (GED), vocational preferences and training, placement issues);
- employment issues;

- parenting issues;
- legal issues (such as open cases or warrants);
- criteria for extension of commitment;
- victim notification requirements of Mass. Gen. L. ch. 258B, § 3(t);<sup>10</sup>
- sex offender notification requirements of Mass. Gen. L. ch. 6, §§ 178C-178P;
- restorative/community service plan;
- update of youth's DYS service delivery plan (to address services to be coordinated through the DYS Community Re-entry Center).

 **Tip for families:** During transition planning, DYS will identify an appropriate placement for the youth. This placement may be home, but it may be to a DYS or non-DYS community placement. For example, a youth may go to a substance abuse program for adolescents in Boston.


See also the discussion of transitioning back to the community in the chapter entitled “The Situation for Girls.”

## Elements of an aftercare plan

In addition to a transition plan, DYS youth also should have an aftercare plan which includes referrals to services the youth will have access to once he enters the community.

A good aftercare plan should ensure that the youth will receive:

- appropriate individual supports (e.g. continued programming, substance abuse treatment, vocational training, mental health insurance and services);
- appropriate educational services;
- counseling and referrals for his family, where appropriate;
- assistance in fulfilling any legal requirements (such as victim notification, warrant checks, and sex offender registry compliance).<sup>11</sup>

 **Tip for families:** Bring the above list when you meet with your child's DYS caseworker about transition planning and ask the caseworker to develop an aftercare plan that addresses all relevant areas. Make sure the plan is individualized to address your child's needs, strengths, weaknesses and goals.

## Continuity of care

### Detained youth

Detained youth who are discharged from DYS with a current medical problem must, upon request, be referred to a previous provider or another community provider whenever possible, although DYS has no authority over a detained youth who posts bail.<sup>12</sup>

### Committed youth

Medical staff is responsible for providing a referral for follow-up of any existing medical or psychiatric problems when a committed youth returns home and for the duration of the youth's commitment.<sup>13</sup> Such planning must include a referral to a local provider based on the particular problem and made in consultation with the parent or legal guardian and youth.<sup>14</sup>

During the 90 day re-entry period, DYS may bring in community clinicians who will work with a youth after his release from DYS.<sup>15</sup>

## Re-entry program for serious and violent offenders

Beginning in 2003, DYS has operated a re-entry program for serious and violent offenders returning to the community. These youth have been deemed to pose a significantly higher risk of continued violence and serious crime after release from secure DYS facilities.<sup>16</sup> The goal of the program is to successfully integrate these youth back into the community following their sentence in secure treatment.

Involved youth receive supervision and support services through a local DYS community re-entry center.<sup>17</sup> All youth are assigned a re-entry caseworker who works with each youth through their residential confinement and continues through a required period of community supervision.<sup>18</sup> Caseworkers, mentors, and residential program staff work collaboratively to identify community resources for education, vocational training, jobs programs, mental health and substance abuse services, housing when needed, recreational activities and other support services.<sup>19</sup>

In Boston, for example, this program is called the Boston Juvenile Re-entry Initiative (BJRI). BJRI covers the Roxbury, Dorchester, Mattapan and South End areas of Boston.<sup>20</sup>

The BJRI is facilitated by four re-entry caseworkers.<sup>21</sup> Intervention begins during residential confinement and continues through a required period of community supervision.<sup>22</sup> The caseworkers and other partners coordinate a continuum of after-care programming, support, counseling, and other services.<sup>23</sup> Partners may include community and faith-based service providers, the Boston Police Department, the Suffolk County House of Correction, Suffolk District Attorney's Office, and the U.S. Attorney's Office.<sup>24</sup>

Among some key elements of BJRI are the careful selection of highest risk, highest impact juvenile offenders, the use of an intense pre-release residential treatment to prepare youth for return to the community, a multi-disciplinary panel to review progress, release readiness and a plan with the youth before acceptance into the community phase of the program, intense case management which includes intensity of both services and accountability, the strong involvement and services to the entire family in collaboration with state and local family serving agencies, one-to-one mentoring by a caring responsible adult to increase positive adult involvement in the youth's life, a full array of available resources made available to the family on a priority basis to reduce barriers to success, and a multi-agency release and orientation process to include both law enforcement and community and faith based representatives.<sup>25</sup>

The BJRI project, dealing intensively with the highest risk, highest impact offenders in the DYS caseload, has produced a recidivism rate of 28%, well below the rate of the general DYS population.<sup>26</sup>

## Endnotes

- 1 See Executive Office for Administration and Finance, Policy Report: Moving Beyond Serving the Homeless to Preventing Homelessness (Oct. 2000) at 72 (discussing the purpose of the DYS transition planning system).
- 2 109 CMR 9.05(i)(c).
- 3 The DYS transition and aftercare plans should be distinguished from Chapter 688 transition planning that is required for severely disabled students who will need continuing adult services from one or more adult agencies. Chapter 688 of the Acts of 1983, codified in statute at Mass. Gen. L. ch. 71B, 12C and in regulation at 101 CMR 10.00. This Chapter 688 transition planning should begin at least two years before the end of special education services. In this process, the student's school system must refer the student to an appropriate human services agency, such as DMH or MRC, for transition planning.
- 4 DYS, Case Management Reference Guide (Aug. 2006) at 9, 13, 22-24; DYS panel presentation, "Overview of DYS" in An Overview of DYS Advocacy, Juvenile Justice Center (June 6, 2007). Whether it is the community or residential caseworker depends on the youth's particular circumstances. DYS, Case Management Reference Guide (Aug. 2006) at 9, 13, 22-24.
- 5 DYS, Case Management Reference Guide (Aug. 2006) at 22-26.
- 6 DYS, Case Management Reference Guide (Aug. 2006) at 23.
- 7 DYS, Case Management Reference Guide (Aug. 2006) at 25-26.
- 8 DYS, Case Management Reference Guide (Aug. 2006) at 26.
- 9 For a Transition Discharge Planning Checklist, see DYS, Discharge Planning, Discharge Manual prepared for the Executive Office of Administration and Finance Task Force on Housing and Homelessness (draft 1999) at 16-21. This 1999 manual also includes an outline of discharge planning responsibilities to be completed by the DYS caseworker and caseworker supervisor beginning six months prior to discharge. DYS, Discharge Planning, Discharge Manual prepared for the Executive Office of Administration and Finance Task Force on Housing and Homelessness (draft 1999) at 1-2.
- 10 DYS's Victim Services Unit is charged with providing information, support, and notification to victims of juvenile crimes whose offenders are in DYS custody.
- 11 DYS correspondence to MHLAC (Jan. 14, 2008).
- 12 DYS correspondence to MHLAC (Jan. 14, 2008).
- 13 DYS correspondence to MHLAC (Jan. 14, 2008).
- 14 DYS correspondence to MHLAC (Jan. 14, 2008).
- 15 DYS correspondence to MHLAC (Jan. 14, 2008).
- 16 DYS correspondence to MHLAC (Jan. 14, 2008).
- 17 See Massachusetts Executive Office of Administration and Finance, Policy Report: Moving Beyond Serving the Homeless to Preventing Homelessness, at 72 (Oct. 2000).
- 18 DYS Policy # 2.5.7, Continuity of Care (Mar. 14, 2000), Procedures, B.6.
- 19 DYS Policy # 2.5.7, Continuity of Care (Mar. 14, 2000), Procedures, D.1.
- 20 DYS Policy # 2.5.7, Continuity of Care (Mar. 14, 2000), Procedures, D.2.
- 21 DYS panel presentation, "Overview of DYS" in An Overview of DYS Advocacy, Juvenile Justice Center (June 6, 2007).
- 22 DYS, 2005 Annual Report (Mar. 2007), [http://www.mass.gov/Eeohhs2/docs/dys/annual\\_report\\_2005.pdf](http://www.mass.gov/Eeohhs2/docs/dys/annual_report_2005.pdf), at 31.
- 23 DYS, 2005 Annual Report (Mar. 2007), [http://www.mass.gov/Eeohhs2/docs/dys/annual\\_report\\_2005.pdf](http://www.mass.gov/Eeohhs2/docs/dys/annual_report_2005.pdf), at 31.
- 24 DYS, 2005 Annual Report (Mar. 2007), [http://www.mass.gov/Eeohhs2/docs/dys/annual\\_report\\_2005.pdf](http://www.mass.gov/Eeohhs2/docs/dys/annual_report_2005.pdf), at 31.
- 25 DYS, 2005 Annual Report (Mar. 2007), <http://www.mass.gov/Eeohhs2/docs/dys/>

- [annual\\_report\\_2005.pdf](#), at 31.
- 26 DYS, 2005 Annual Report (Mar. 2007), [http://www.mass.gov/Eeohhs2/docs/dys/annual\\_report\\_2005.pdf](http://www.mass.gov/Eeohhs2/docs/dys/annual_report_2005.pdf), at 31.