

## POLICY

The Michigan Youth Reentry Initiative (MYRI) within DHS is established to reduce crime and enhance public safety by increasing the success rates of youth transitioning from residential placements to the community. DHS must provide a seamless plan of services and supervision developed in concert with each youth and family that is delivered through state and local collaboration from the time the youth enters a residential placement through their transition to community reintegration and aftercare.

## PURPOSE

To ensure there is a community-driven effort designed to create positive outcomes for youth from state residential juvenile justice facilities and their families.

The MYRI, managed within the Bureau of Funding, Contracting and Juvenile Programs (FCJP) in DHS, involves planning the youth's reintegration into the community while providing needed services and permanency. Individualized aftercare planning while in placement and following release is vital to reducing the likelihood of recidivism and maintaining community safety. Youth and family-centered service planning is conducted in collaboration with stakeholders and services are based on the level of criminogenic risk and other identified barriers to the youth's success in the community.

The MYRI model is built on a collaborative case management process which begins the first day a youth is placed in the facility and continues beyond release from the facility until the youth achieves stability in the community. Collaborative case management is implemented by the youth's transition team, comprised of multiple stakeholders who collaborate, communicate and coordinate resources to effectively deliver the plan of services and supervision. The model includes decision-making at seven critical decision points and incorporates a three-phase reentry approach to the placement, release and community supervision/aftercare process. The three phases of the reentry initiative are:

- Getting ready.
- Going home.
- Staying home.

The seven critical decision points are:

- Assessment and classification.
- Programming.
- Release preparation.
- Release decision-making.
- Supervision and services.
- Incentives.
- Discharge and aftercare.

Expected outcomes of this initiative include:

- Reducing the number of youth that reoffend and return to a juvenile justice placement, jail or prison.
- Reducing the number and rate of children placed in juvenile institutions based on the youth's criminogenic risk assessments.
- Decreasing the length of stay of youth in juvenile justice placements.
- Connecting each youth with community resources, agencies and caring adults that assist the youth in being successful in the community.

The initiative is open to court and state wards being released from state-operated juvenile justice facilities.

## DEFINITIONS

See JRG, JJ Residential Glossary.

## RESPONSIBLE STAFF

Assigned FCJP staff including facility direct care staff working with youth participating in the initiative.

## PHASE ONE, GETTING READY

Phase One, Getting Ready, begins immediately upon the youth's admission to the facility and involves the first two reentry decision points:

- Assessment and classification. Criminogenic risk and need factors are predictive of high-risk acting out and criminal behavior. In order to reduce recidivism, services and treatment

must target criminogenic risks (for example, peer associations, family connections and support, enhanced educational connections, and increased self-management and problem-solving skills). Each facility must screen and assess each youth upon admission with assessment techniques that identify both the level of criminogenic risk and need in order to serve as a basis for the treatment plan.

- Programming. An individualized treatment plan, based on the assessments conducted for each youth, must be developed to outline the programs and services that will be provided during the placement and to support a safe and successful return to the community. Programming must include evidence-based treatment options that are proven to impact the specific needs and criminogenic risks identified in the youth's assessment. Programming elements include:
  - Medical and mental health services.
  - Substance abuse treatment and behavioral therapy.
  - Education and vocational training.
  - Family engagement services and supports to strengthen the relationship between youth and their families.

## **PHASE TWO, GOING HOME**

Phase Two, Going Home, begins about six months before the youth's target release date. In this phase, highly specific reentry plans are organized that address housing, employment, family relations, education, and other needed services (for example, addiction and mental health treatment).

Phase Two includes the next two major decision points:

- Release preparation. During Phase Two, the youth must be reassessed to begin development of the aftercare plan. A transition team must be convened that includes the following:
  - The youth.
  - The youth's family.
  - The juvenile justice specialist.
  - Treatment staff.
  - Service providers.
  - Other stakeholders.

The transition team must work together and join with community-based agencies to develop a strong public safety conscious release and aftercare plan that will ensure a youth's access to stable housing, health care, and employment opportunities upon release. While preparing the youth for release, family members and victims are also prepared by receiving notification and appropriate information concerning the youth's release. Counseling, safety planning, and other supports are available to the family and victims to help them cope with the emotional, financial and interpersonal issues surrounding the youth's return.

- Release decision-making. The transition team must provide an ongoing review of the youth's progress following the service plan and the extent to which the youth is prepared to return to the community. The strengths and needs of the youth, the resources in the community, and conditions for release must be developed to support court decisions to release the youth.

### **PHASE THREE, STAYING HOME**

Phase Three, Staying Home, begins upon return to the community and continues until the end of supervision and jurisdiction in the community. In this phase, the youth, along with service providers and the youth's network of community supports and mentors, must be responsible for continued success. Phase Three involves the final three decision points:

- Supervision and services. Flexible and firm supervision and services must continue to be provided to the youth following release to the community. Ongoing assessment of the youth's risk and needs must support the adjustment of supervision strategies as the needs of the youth, the family, the victim, and the community change.
- Incentives. Case managers and field staff must have a range of options available to them to reinforce positive behavior and to address violations of conditions of release. Positive reinforcements must exist to motivate and encourage each youth to comply with the terms of release.
- Discharge and aftercare. Case managers, facility staff, and service providers must assist communities with developing resources and bridging local service gaps to provide linkages to education, employment, housing, physical/mental health, and family reunification services.