

**Study of Juvenile Offender Re-entry
MENTAL HEALTH AND SUBSTANCE ABUSE SUBCOMMITTEE**

BARRIERS

Outlined by the Commission on Youth Advisory Group on July 7, 2010 unless otherwise noted

1. There is a lack of continuity of care in treatment between the facility and the community.
2. There are limitations on the range of services, program and service content, social environment, and capacity.
3. Change in systems/services, as well as qualifying for support, is often a problem for youth who age-out; eligibility criteria exclude youth from services that may benefit them. *(Department of Criminal Justice Services [DCJS] comment)*
4. Services should be linked both upon release from a facility and upon release from parole. The youth or family might not always have the appropriate skills and resources to make this happen.
5. These youth may be exposed to harmful experiences while in the custody of DJJ. *(DCJS comment)*
6. Multiple systems make things difficult to coordinate and provide best results – there are issues with regards to turf, responsibility and accountability, and resources. With the Department of Juvenile Justice (DJJ) and/or local detention centers, the Department of Correctional Education (DCE), the Department of Education (DOE) and/or local school boards and schools, the Department of Behavioral Health and Developmental Services (DBHDS) and the Department of Social Services (DSS), possible community organizations/players are often overlooked.
7. Many service professionals lack training in developmental issues.
8. Medication continuity after release is problematic. Most offenders are given a 30-day supply as part of their Mental Health Transition plan.
9. Prior to incarceration, youth may be prescribed medication, but may stop taking it. Also, these youth may start self-medicating, taking street drugs, or mixing medications with other youth. (implications of mixing medications or taking street drugs)
10. Because about half of the juveniles are on psychotropic medications, access to such medications can be an issue upon release. *(Identified by the Governor's Juvenile Re-entry Workgroup on July 13, 2010)*

RECOMMENDATIONS

Outlined by the Commission on Youth Advisory Group on July 7, 2010 unless otherwise noted

1. Planning and services within the facility must take into account what can be continued following release. What happened in the community prior to commitment must also be considered when developing a treatment plan within the facility.
2. Could reentry teams which include all (both system and community players) help bridge the various issues? Much of the literature points to using a restorative justice model for youth reentry.
3. Community Policy and Management Teams (CPMTs) can be utilized to ensure mental health providers are held accountable.