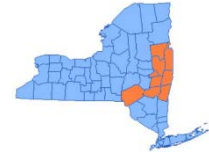


CAPITAL REGIONAL YOUTH JUSTICE TEAM

Reintegration Workgroup

Regional Action Plan



ALBANY, COLUMBIA, DELAWARE,
GREENE, RENSSELAER, SARATOGA,
SCHENECTADY, WARREN, WASHINGTON

VISION

New York State will have an effective continuum of care for reintegrating juvenile justice involved youth who experience out of home placement that will reduce recidivism, increase community involvement, increase stability, strengthen families and communities, promote educational and vocational success, and increase youth well-being.

MISSION

Ensure that a coordinated continuum of care serves youth placed out of their home and supports the youth, family, school, and community. Reintegration prioritizes successful and timely discharge from placement with the involvement and support of community stakeholders and services. All stakeholders have consistent philosophy, values, and expectations for care and reintegration.

The continuum of reintegration will be informed by the ***risk, needs, and responsibility framework***. All programs and services will be based in best practice and will be research- and trauma-informed. All stakeholders will collaborate for a seamless continuum, have a common language and have an agreed-upon process of defined and shared roles and responsibilities. Reintegrating youth into his or her community is the central objective, which begins at the time of admission. Communities and organizations will monitor and continually improve reintegration procedures.

A successful continuum of reintegration will result in the following outcomes:

- A length of stay in placement that is the minimum necessary to improve youth outcomes.
- Reduced recidivism.
- Reduced risk factors and increased protective factors.
- Increased youth, family, and community stability.
- Improved integration to education and vocational programs.
- Increased physical, emotional, cognitive, and social well-being for youth.
- Increased cultural and linguistic competency among youth-serving organizations.
- Increased input and meaningful representation from impacted youth and families.

KEY PRINCIPLES

- Reintegration continuum should *do no harm*.
- Out of home placement should occur only when youth, family, and community safety requires it. Placement decisions should be informed by validated risk assessments that show placement is the least restrictive and most appropriate option to address the criminogenic risk factors of the youth and the safety of the community.
- Case planning should utilize cognitive behavioral interventions that target criminogenic risk factors and is built around the risk, needs, and responsivity framework.
- The key priority while in placement is to prepare out of home placed youth for reentry to the families and communities to which they will return.
- Compliance while in a placement facility does not equate to progress. Progress in treatment is improvement on key risk factors. How well a youth “behaves” in a facility does not equate to how a youth will do when they leave a facility.
- Reintegration should incorporate the 8 guiding principles for risk/recidivism reduction (See Appendix 7).
- Reintegration includes other juvenile justice reform values, including trauma-informed care, restorative justice, and reducing racial and ethnic disparities.
- Stakeholders should collaborate and not merely communicate or coordinate.¹
- Strategies for reintegration programming include:
 - Evidence-informed, research-driven intervention treatment modalities
 - Structuring the reintegration process as a coordinated continuum
 - Staff and leadership training
 - Consistent case management framework
 - Requirement for multi-agency family- and youth-focused collaboration
- Resiliency and protective factors should be enhanced.
- Youth should not lose connections to community while in placement. There should be an interweaving of community with youth’s life while in placement. Placement should maintain natural supports.
- Youth should maintain connections to school. Schools and justice/service organizations should work as partners to reintegrate students back into their school district.
- Provide special attention at the time of removal to limit the harm. Repairing and reestablishing support is a priority if support is already broken.
- Reintegration should coordinate and complement prior positive experiences, programs, services, and assessments. Do not lose positives of earlier stages.
- Services provided to youth must be effective – effective services must be culturally competent and linked to community.
- Graduated responses should be provided throughout the continuum.
- Encourage home visits throughout placement.
- Reduce stigma associated with placement.

¹ See definition of “Communicate v. Coordinate v. Collaborate,” in Appendix 2.

OBJECTIVES AND RECOMMENDATIONS

Select Recommendations also have suggested action steps. Recommendations with action steps are indicated with an asterisk and the action steps are provided in Appendix 1.

Obj. 1: Each county has a coordinated plan for reintegrating youth safely into the community.

Rec. 1: Each county creates a Reintegration Policy and Practice Review Team.*

Rec. 2: Each county creates a Reintegration Quality Assurance team or process.*

Rec. 3: Each county develops and adopts a model reintegration continuum plan.*

Rec. 4: All referral agencies use a uniform referral packet. A recommended uniform referral face sheet and packet list is provided in Appendix 5.

Obj. 2: Interdisciplinary Reintegration Support Team gathers around each youth, from admission through return to community.

Rec. 1: Reintegration Support Team is formed for each youth placed.*

Obj. 3: Treatment Plans for youth are collaborative, grounded in cognitive behavioral treatments, and promote effective reintegration back into homes, communities, and schools.

Rec. 1: Treatment Planning (which is set at the first meeting of the Reintegration Support team, see action steps for Obj. 2, Rec. 1) is structured on risk, needs, and responsivity framework.

Rec. 2: Treatment programs for youth who are placed use cognitive behavioral interventions that focus on criminogenic risk factors throughout reintegration, including while in the residential treatment center and after return to community.*

Obj. 4: Youth who are placed maintain educational and positive social connections to their home school.

Rec. 1: School representatives are proactively invited and participate as members on the Reintegration Policy and Practice Review Team and the Reintegration Support Teams (see Obj. 1, Rec. 1, and Obj. 2).*

Rec. 2: School districts who are doing reintegration well will share successful strategies. The County Policy and Practice Review Team should identify and be responsible for sharing these strategies.

Rec. 3: Residential facilities utilize educational and behavioral plans for youth while in placement that can be shared when the youth reenters back into home school, and these should be easily understandable and usable by home schools.*

Rec. 4: Reintegration into school should use restorative practices if there was harm or conflict between the youth and home school (see Restorative Practices chapter).

All stakeholders should recognize that most instances of youth who are placed involve reciprocal harm.

Obj. 5: Placement facilities utilize reintegration best practices.

Rec. 1: Each placement facility incorporates reintegration best practices for placement facilities (see Appendix 6 for list of practices).

Rec. 2: Each placement facility has a juvenile justice implementation team. This team reviews fidelity of its practices and the outcomes of youth in the facility. This team utilizes implementation science to maintain adherence to the reintegration continuum as outlined in these recommendations.

Rec. 3: Demonstration projects in placement facilities are piloted for implementing juvenile justice reform, reintegration best practices, risk-need-responsivity practices, and cognitive behavioral therapy practices.*

Rec. 4: Placement facility supervisors and staff, including clinical staff, residential staff, and school staff, are trained in reintegration principles, risk-needs-responsivity framework, and cognitive behavior models.

Rec. 5: Do not place youth with different risk levels together or, at minimum, avoid mixing risk levels as much as possible.

Obj. 6: All staff and organizations involved with youth who are placed out of home will engage in training to improve the reintegration continuum.

Rec. 1: Require initial and ongoing training on reintegration principles and associated reintegration practices for multi-disciplinary organizations and staff, including probation, child welfare, law enforcement, school, courts, mental health, youth bureau, service providers, substance abuse treatment providers, community representatives, family and youth advocates, attorneys for children, and county attorneys. Such training should be accessible through a variety of delivery methods and fiscally supported at the local, state, and federal level.

Rec. 2: Provide training to organizations and staff on validated risk assessments to determine level of care which should be least restrictive. This should also include how to implement risk assessments in treatment planning to target the criminogenic risk factors and enhance protective factors.

Rec. 3: Utilize a model reintegration training curriculum for the region and provide interagency training among multi-disciplinary agencies.

Rec. 4: Regionally examine and implement strategies to support cognitive behavioral therapy training for placement and community based providers.

Rec. 5: Provide training on monitoring and evaluation of reintegration recommendations and principles to oversight staff to ensure fidelity and consistency.

Obj. 7: Create and scale demonstration projects of successful reintegration continuums.

Rec. 1: Region will identify at least one county who will work with at least one placement facility to create a model reintegration continuum. Selection of county and placement facility should be chosen based upon existing capacity and readiness. Financial, administrative, and logistic support is provided by state agencies, including DCJS and OCFS. This may include using grant funding, utilizing technical assistance, and evaluating outcomes. Process will be shared regionally.

Obj. 8: State policy promotes effective reintegration

Rec. 1: Form a state body on reintegration which includes representation from all state agencies with a responsibility for youth involved in juvenile justice (e.g. OCFS, DCJS, SED, OPCA, OCA, OMH, OPWDD, OASAS, Department of Labor, HUD, and DOCCS) to coordinate juvenile justice funding, policies and oversight.*

Rec. 2: Any new policies and practices must include a fiscal impact analysis and be fiscally supported to ensure localities are able to adequately implement them.

Rec. 3: Implement state policy to support the opportunity for probation to remain positively involved during the course of a youth's placement and to assist in providing aftercare community supervision.

Rec. 4: Reintegration continuum as outlined in these recommendations should be incorporated into the NYS OCFS Child Welfare Practice Model.*

Rec. 5: Case record and data systems should be linked so that appropriate providers have access to youth's information to create continuity of care.

Rec. 6: OCFS-supervised youth should receive the same reintegration continuum practices that non-OCFS-supervised youth receive (e.g. they should have home visitation opportunities). County representatives should be included in the monthly meetings hosted by OCFS regarding OCFS-youth.

Rec. 7: Examine current funding structures and re-align to promote incentives for effective evidence-informed services, fiscal collaborations between DSS and probation, and maximizing funding options (such as by utilizing Health Homes and Managed Care).

APPENDIX 1 – ACTION PLAN FOR SELECT RECOMMENDATIONS

Obj. 1: Each county has a coordinated plan for reintegrating youth safely into the community.

Rec. 1: Each county creates a Reintegration Policy and Practice Review Team.

Action 1: Purpose: County Reintegration Policy and Practice Review Team develops and implements a county model reintegration continuum plan that identifies specific timelines, roles, and responsibilities for all stakeholders during the continuum of a youth's reintegration using the Stakeholder Matrix (see Stakeholder Matrix in Appendix 3). This should be detailed, include specific names or agencies when applicable, and incorporate the visual diagram of the reintegration continuum (see Reintegration Continuum Visual Diagram in Appendix 4).

Action 2: Membership: Senior leadership from local DSS, probation, youth bureau, provider representatives, schools, mental health, substance abuse, community agency representatives, family and youth advocates, courts, attorneys for children, county attorneys, and community and faith organizations. (Note: some of these members may also be on the Reintegration Quality Assurance team, see Obj. 1, Rec. 2).

Action 3: Frequency of meetings: Meetings should be no less than quarterly. Meetings could be more frequent initially to develop and implement the county model reintegration continuum plan, with regular meetings thereafter generally proportional to number of youth county places.

Action 4: Each county's Reintegration Policy and Practice Review Team develops an agreement or MOU as a commitment to work cooperatively in utilizing their county's model reintegration plan.

Action 5: Reintegration Policy and Practice Review Team's ongoing responsibilities include:

1. Have process to address local or state practice, budget and policy issues.
2. Engage and maintain membership participation from all relevant stakeholder groups.
3. Identify and coordinate needed trainings and other strategies to successfully implement and maintain fidelity to the county reintegration plan.
4. Monitor Reintegration Support Team practices, use of the Stakeholder Matrix, and outcomes (see Obj. 2, Rec. 1).
5. Communicate regularly with individual Reintegration Support Teams and address system barriers as they arise.

6. May delegate use of workgroups or subcommittees to meet specific county needs.

Rec. 2: Each county develops a Reintegration Quality Assurance team or process.

Action 1: Purpose: This team is responsible for monitoring the Reintegration Support Teams (see Obj. 2, Rec. 1). The Quality Assurance team reviews the Support Teams' effectiveness, fidelity, attendance, and barriers, and provides ongoing support.

Action 2: The Reintegration Quality Assurance team may be an independent team (suggested for counties with larger numbers of placed youth) or its functions may be provided by the County Policy and Practice Review Team (see Obj. 1, Rec. 1) (suggested for counties with few numbers of placed youth).

Action 3: Membership: Supervisory personnel, including providers serving the youth, local DSS, probation, youth bureau, schools, mental health, substance abuse, community agency representatives, family advocate. (Some members from this team would likely also be on the county Policy and Practice Review Team.)

Action 4: Frequency of meetings: Meetings would be monthly or proportional to the number of Reintegration Support team meetings.

Action 5: Team's ongoing responsibilities include:

1. Review membership, attendance, and frequency of meetings for individual Reintegration Support Teams.
2. Review the Stakeholder Matrix of Reintegration Support Teams to evaluate each stakeholder's role.
3. Review the Reintegration Support Teams' utilization of risk-needs-responsivity principles, completed assessments and recommendations.
4. Ensure treatment integrity and fidelity from placement providers.
5. Address system barriers as they arise, such as educational concerns. Refer identified barriers to the County Policy and Practice Review Team.

Rec. 3: Each county develops and adopts a model Reintegration Continuum Plan.

Action 1: County Reintegration Policy and Practice Review Team develops and implements reintegration plan that identifies specific timelines, roles, and responsibilities for all stakeholders during the continuum of a youth's reintegration. This should be detailed, include specific names when applicable, and incorporate the visual diagram of the reintegration continuum (see Appendix 4).

Action 2: All stakeholders sign MOU or agreement to commit to reintegration continuum plan.

Obj. 2: Interdisciplinary Reintegration Support Team gathers around each youth, from admission through return to community.

Rec. 1: Reintegration Support Team should be formed for each youth placed.

Action 1: The existing Service Plan Review membership (a legally-mandated team for each youth placed) should be expanded to include representatives from home school district, probation, DSS, placement facility, family, service agencies, family advocate, natural supports (solicit youth input), law guardian, community, and after-care services. All team members are equal.

1. Each county case manager and case planner identify the representative for each organization listed in membership.
2. Obtain informed consent from the family to allow participation by all of these stakeholders.

Action 2: Meeting locations and times should be convenient for all parties. In-person meetings are strongly encouraged, but telecommunication services can be used if necessary.

Action 3: Frequency of meetings: First meeting within 30 days of admission. Regular meetings at least every 3 months during placement. Final reintegration meetings 3 months and 1 month prior to youth leaving placement.

Action 4: Agenda of first meeting - Treatment Planning Meeting

1. Team should review and discuss the placement referral face sheet and any assessments conducted by the residential treatment center.
2. Treatment plan should utilize validated risk assessment tools that evaluate risk, needs and responsivity. Treatment plan should prioritize risk reduction using the risk, needs and responsivity framework.
3. Reintegration Support Team collaboratively develops a treatment plan (refer to Appendix 8 for visual tools to assist in process).
4. Team should complete the Reintegration Stakeholder Matrix (See Appendix 3).
5. Team should designate a Reintegration Liaison to be responsible for ongoing coordination and communication for the Support Team.

Action 5: Agenda for ongoing meetings should include (in addition to the mandated Service Plan Review items):

1. Review the risk, needs, and responsivity elements from the Treatment Plan. This includes reviewing the youth's reactions to graduated responses and the youth's strengths.
2. Review and update the Stakeholder Matrix.
3. Prioritize continuity of care. Continuity of care is continuity along multiple components, including control, range of services, service content, social environment, and attachment.
4. Family connection – update the family, solicit their feedback, keep engaged, and discuss expectations.
5. Education connection – academic update and home-school preparation, including starting Restorative Practice process if appropriate (see Obj. 4).
6. Home planning and wraparound services. Promote the “4 Pathways to Meaning” (see definition in Appendix 2).

Action 6: Family Team Meetings should be used at key decision-making points if appropriate, especially admission.

Obj. 3: Treatment Plans for youth are coordinated, grounded in cognitive behavioral treatments, and promote effective reintegration back into homes, communities, and schools.

Rec. 2: Treatment programs for youth who are placed use cognitive behavioral interventions that focus on criminogenic risk factors throughout reintegration, including while in the residential treatment center and after return to community.

Action 1: Ensure cognitive behavioral treatment programs are appropriately targeting risk factors (as defined by validated assessments, such as the YASI and YLS).

Action 2: Services in placement and services in community both use cognitive behavioral interventions that are the same or at least complementary and seamless.

Action 3: Treatment planning prioritizes continuity of care.

Obj. 4: Youth who are placed maintain educational and positive social connections to their home school.

Rec. 1: School representatives are proactively invited and participate as members on the Reintegration Policy and Practice Review Team and the Reintegration Support Teams (see Obj. 1, Rec. 1, and Obj. 2).

Action 1: A list of all Designated Educational Officials (as required by state education law) should be provided to the County Policy and Practice Review Team.

Action 2: The Designated Educational Official for each school district should designate which educational representative should participate for each youth's Reintegration Support Team.

Action 3: School representatives from Reintegration Support Teams will provide updates to school administration and relevant teachers.

Action 4: School representatives will provide clear and formal notification to school about discharge dates as soon as anticipated discharge date is known.

Action 5: In the event a home school is unable to provide for the educational needs of a youth, the Reintegration Support Team will find appropriate alternative options while the child is still in placement.

Rec. 3: Residential facilities utilize educational and behavioral plans for youth while in placement that can be shared when the youth reenters back into home school, and these should be easily understandable and usable by home schools.

Action 1: A non-disabled Individualized Education Plan is one recommended tool for residential facilities to use as it shares with the home school what is working while the youth was in placement and is a tool that schools recognize and can use.

Obj. 5: All staff and organizations involved with youth who are placed out of home will engage in training to improve the reintegration continuum.

Rec. 3: Utilize a model reintegration training curriculum for the region and provide interagency training among multi-disciplinary agencies.

Action 1: Multi-disciplinary team members should be trained in basic concepts and principles, including but not limited to:

- Reintegration Continuum of Care and Risk-Needs-Responsivity Framework
- Cognitive Behavioral Treatment modalities
- Trauma-informed care
- Disproportionate Minority Representation/Equity
- Community and Family engagement
- Graduated responses (incentives and sanctions) within the community and/or placement setting
- Cultural/Linguistic sensitivity

Action 2: Provide training on meeting facilitation to those who lead Reintegration Support Teams.

Obj. 8: State policy promotes effective reintegration

Rec. 1: Form a state body which includes representation from all state agencies with a responsibility for youth involved in Juvenile Justice (i.e. OCFS, DCJS, SED, OPCA, OCA, OMH, OPWDD, OASAS, Department of Labor, HUD, and DOCCS) to coordinate all Juvenile Justice funding, policies and oversight of Juvenile Justice practices.

Action 1: Familiarize themselves with JJ best practices and the Reintegration Model (such as by partnering with the Center for Juvenile Justice at Georgetown or MacArthur Foundation's Models for Change initiatives).

Action 2: Identify and Implement regulatory or legislative changes to support the implementation of reintegration model as laid out in this set of recommendations.

Action 3: Review legislation and regulations related to juvenile justice youths' dispositional options to allow for aftercare community supervision and to define objectively the minimum and maximum lengths of disposition based on risk, needs and responsivity principles and emphasizing the least restrictive dispositional option.

Action 4: Review education legislation and regulations to align with the reintegration model and best practices (see Obj. 4).

Rec. 6: Reintegration model should be incorporated into the NYS OCFS Child Welfare Practice Model.

Action 1: Review and implement any necessary changes to the CONNX system to support the reintegration model practices

Action 2: Risk, needs and responsivity framework should be incorporated into child welfare trainings and information at the state level.

APPENDIX 2 – DEFINITIONS

Risk, Needs, and Responsivity Framework: A research-based model for addressing criminal or delinquent behavior. Risk, needs, and responsivity are the three principles which guide how to effectively decrease recidivism. Risk principle: match the level of service to the offender's risk to re-offend. Need principle: assess criminogenic needs and target them in treatment. Responsivity principle: maximize the offender's ability to learn from a rehabilitative intervention by providing cognitive behavioral treatment and tailoring the intervention to the learning style, motivation, abilities and strengths of the offender.

Criminogenic Risk Factors: Factual elements that when present in a person's life cause a higher likelihood of committing criminal or delinquent behavior. Criminogenic risk factors are those elements which have been empirically validated as causing an increased probability of criminal or delinquent behavior, and can be static (unchangeable or historical) or dynamic (able to be changed). New York State probation uses the Youth Assessment Screening Instrument which has identified several key validated criminogenic risk factors that include: legal history, family/environment, school, community/peer associations, alcohol/drugs, mental health, attitudes/behavior, skills, and use of free time.

Reintegration Continuum: The various stages involved from the beginning of when a youth will be placed in a residential treatment center to the point of returning and living back in the community. Reintegration is a continuum and each "stage" is coordinated with the others with common purposes, models, and language, to the extent that the stages are effectively seamless.

4 Pathways to Meaning: The concept that there are four fundamental cornerstones that provide significance to a person's life. The 4 Pathways are the following. 1. A support system, including people to bond with over time. 2. A way to provide for basic needs, including employment and educational opportunities. 3. Opportunities to relax and enjoy life; future things to look forward to. 4. Something to believe in and connect to that is bigger than oneself, including community, social action and faith.

Cognitive Behavioral Interventions or Cognitive Behavioral Therapy: An evidence-based therapeutic intervention that can help a youth manage problems by changing how they think and behave. It can assist youth with managing anger & handling conflict pro-socially, assuming responsibility for actions/reactions, empathy, solving problems & setting goals, and acquiring life skills geared to community setting

Communicate v. Coordinate v. Collaborate: There are three levels of teamwork. Communicate is merely exchanging information. Coordination is aligning plans and practices. Collaborate is jointly working together to develop a single operation and consistency of approach.

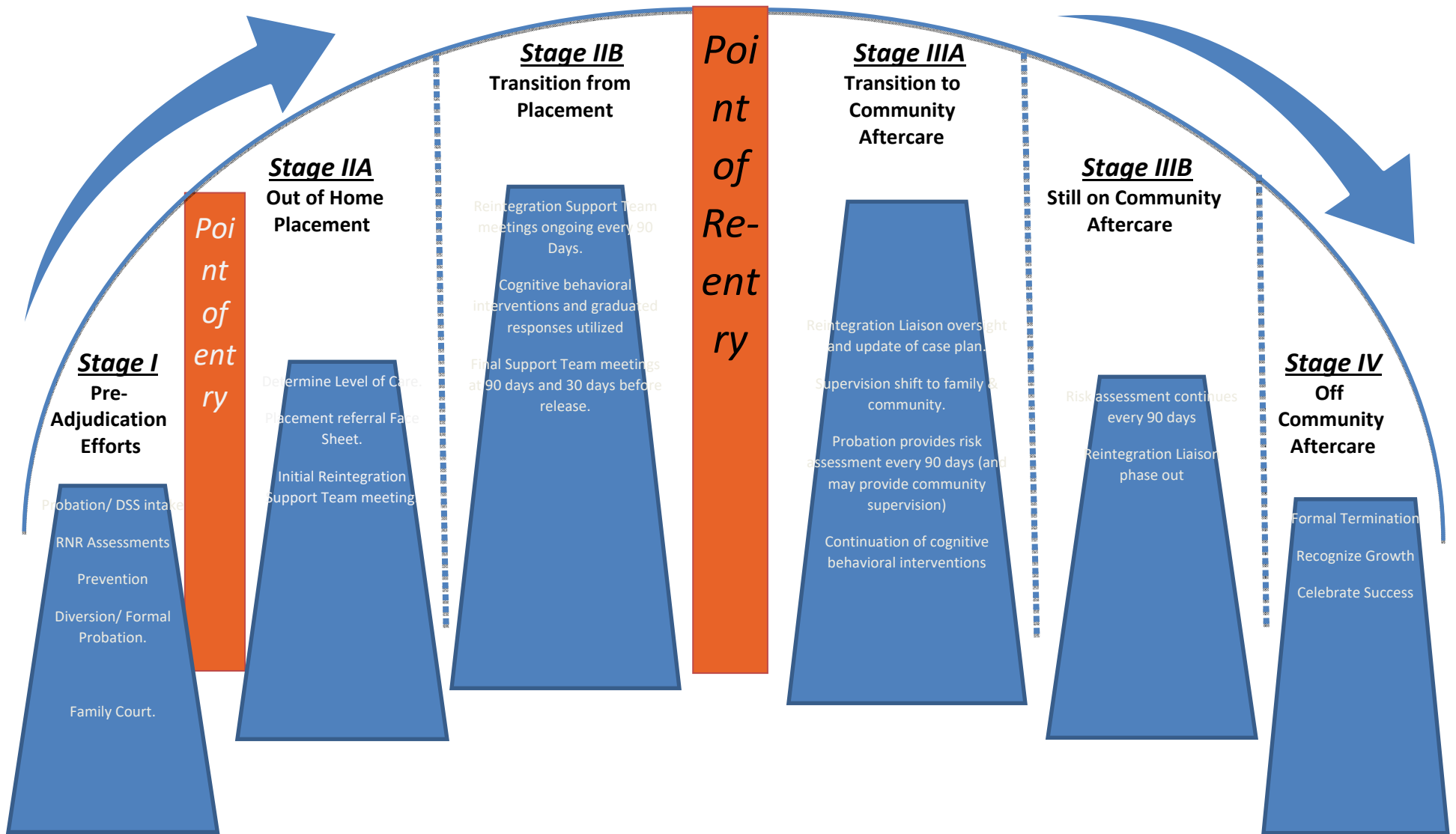
Placement facilities: Facilities which house youth who have been court-ordered into placement. They are typically run by non-profit organizations, contracted by local DSS, regulated by OCFS,

and often referred to as Residential Treatment Centers or Voluntary Placement Agencies. They house youth who are placed for non-adjudicatory reasons in addition to juvenile justice youth (adjudicated juvenile delinquent or persons in need of supervision).

Reentry v. Reintegration: Reentry is simply returning from placement to the community while Reintegration includes the entire continuum from placement to successful termination of contact.

APPENDIX 3 – REINTEGRATION CONTINUUM VISUAL DIAGRAM

Transition



APPENDIX 4 – REINTEGRATION STAKEHOLDER MATRIX

Example of Reintegration Stage and Stakeholder Matrix

	Probation	DSS	Out-of-Home Placement Facility	School	Family	Community Based Service	MH	Substance Abuse	Mentor/Natural Support	Workforce	[Additional as needed ...]
Stage 1	When placement is recommended in PDI: Probation will fill out referral face sheet and gather all supporting assessments as completed during Stage 1				Maintains involvement and in communication with Probation and school.						
Stage 2a	Attends Initial Reintegration Support Team (RST) meeting	Will determine level of care with collaboration from other RST members and utilizing assessments Assigned role of Reintegration Liaison (RL) Attends Initial RST meeting	Collaboratively with Not-for-Profits will determine level of care Conducts additional assessments based on information gathered during Stage 1 Assigned role of facilitating the RST meeting Attends Initial RST meeting Utilizes Cognitive-Behavioral interventions and Graduated Responses.	Attends Initial RST meeting Will discuss need and options for Restorative Justice (i.e. from the school's perspective what harm was done and what needs to be restored)	Attends Initial RST Meeting Provides information about youth's strengths and weaknesses to guide development of case plan	Attends Initial RST meeting Will start process of preparing for Restorative Justice meeting in school	Attends Initial RST meeting	Attends Initial RST meeting	Attends Initial RST meeting Will become involved during home visits	Attends Initial RST meeting Will become involved during home visits	

Stage 2b		<p>RL becomes responsible for keeping in touch with all stakeholders having a task assigned in the RST plan</p> <p>Attends follow up and final RST meetings</p>	<p>Is responsible for scheduling the RST meeting every 90 days</p> <p>Attends follow up and final RST meetings</p>	<p>Attends follow up and final RST meetings</p> <p>Will keep school district apprised of youth progress and assess or determine a plan towards enrolling youth back into the school district</p>	<p>Attends follow up and final RST meetings</p> <p>Encourages and assists with creating home visits</p> <p>Regularly communicates with child</p>	<p>Attends follow up and final RST meetings</p> <p>Will facilitate a restorative Justice meeting in school</p>	<p>Attends follow up and final RST meetings</p> <p>Will gather all assessments done from stage 1 up till now.</p>	<p>Attends follow up and final RST meetings</p> <p>Will report back on support services in place during RST meetings</p>	<p>Attends follow up and final RST meetings</p> <p>Will report back on support services in place during RST meetings</p>		
Stage 3a	<p>Could provide community supervision and complete Risk Assessment</p>	<p>Stays involved as the RL, staying in touch with all stakeholders in between RST meetings.</p> <p>Will also run the RST meeting</p>	<p>Continues to attend RST meetings</p>	<p>Will enroll back into home school district</p> <p>Continues to attend RST meetings</p>	<p>Continues to attend RST meetings</p> <p>Becomes responsible for Graduated Responses to youth behaviors</p>	<p>Will complete the 90 day risk assessment</p> <p>Continues to attend RST meetings</p>	<p>Will start implementing treatment in the community in line with successful treatment work done while in placement</p> <p>Continues to attend RST meetings</p>	<p>Will complete assessment and start community services if needed</p> <p>Continues to attend RST meetings</p>	<p>Will continue to support youth during home visits</p> <p>Continues to attend RST meetings</p>	<p>Will continue to support youth during home visits</p> <p>Continues to attend RST meetings</p>	
Stage 3b	<p>Could provide community supervision and complete Risk Assessment</p>		<p>Begins the process of phasing out</p>			<p>Will continue to complete the 90 day assessments</p>	<p>Will continue to provide MH services if recommended</p>	<p>Will continue to provide substance abuse services if needed</p>	<p>Will continue to provide services</p>	<p>Will continue to provide services</p>	
Stage 4		<p>Begins the process of phasing out as the RL</p>					<p>Will continue to provide MH services if needed</p>		<p>Will continue to provide services</p>		

APPENDIX 5 – PLACEMENT REFERRAL FACE SHEET

PLACEMENT REFERRAL FACE SHEET

TO: _____

PERSON COMPLETING REFERRAL: _____

CONTACT NUMBER: _____

TODAY'S DATE: _____

NAME OF CHILD: _____ DOB: _____

HOME ADDRESS: _____

CHILD'S WHEREABOUTS IF DIFFERENT: _____

RESPONSIBLE PARENT(S) OR GUARDIAN: _____

PARENT/GUARDIAN TELEPHONE: _____

PETITION TYPE: JD _____ OR PINS _____

DATE PETITION FILED: _____ DOCKET NO: _____

DATE OF ADJUDICATION/PROBATION ORDERED: _____

DATE OF VIOLATION OF PROBATION (if applicable): _____

CURRENT PROBATION OFFICER: _____

PROBATION OFFICER TELEPHONE: _____

DATE(S) PLACED IN DETENTION: _____

ATTORNEY FOR CHILD: _____

DATE COUNTY ORDERED TO SEEK PLACEMENT: _____

DSS CUSTODY: YES _____ NO: _____

IF YES, DATE PLACED: _____

CURRENT SERVICE PROVIDERS AND CONTACT INFORMATION:

NEXT COURT DATE: _____

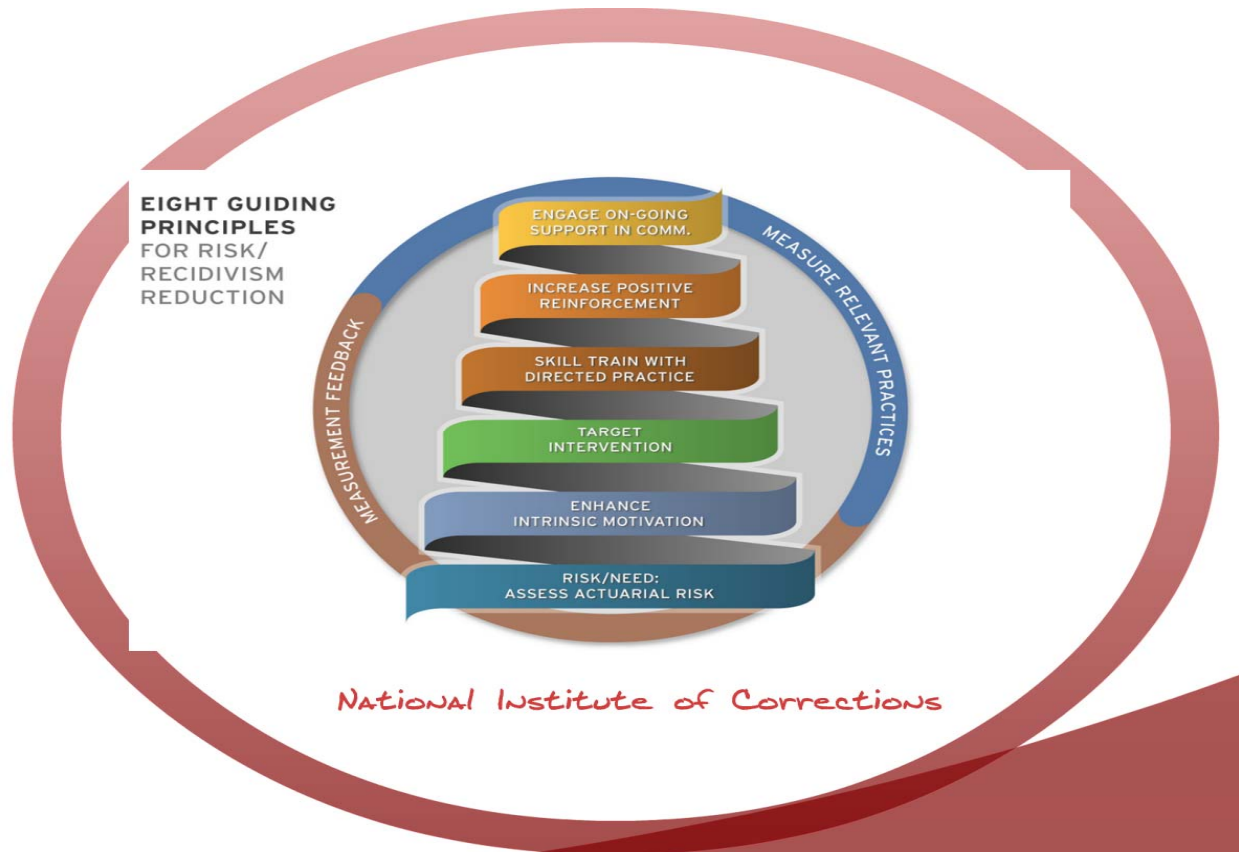
PRIORITY ITEMS TO INCLUDE WITH PLACEMENT REFERRAL

- Pre-dispositional Investigation Report (PDI)
- Violation of Probation Report (as applicable)
- Youth Assessment Screening Instrument (YASI) and Case Plan from such
- List of current medications and medical information regarding any pervasive medical issues
- Court records—petition, current orders
- School records, including IEP (if available)
- Psychosocial, Psychological and Psychiatric Assessments (if available)
- Current Family Assessment Service Plan (FASP) (if applicable)
- Substance abuse evaluation and treatment history (if available)
- Other information/assessments regarding high risk behaviors (Sexualized behaviors, Fire activity, weapon use) (if available)
- Any recent Detention Reports (as applicable)
- Previous out of home placement information (as applicable and available)
- CANS-NY (as applicable)
- Discharge Summaries (if available)

APPENDIX 6 – REINTEGRATION BASIC BEST PRACTICES FOR RESIDENTIAL TREATMENT CENTERS

1. Focus on community reintegration throughout placement period, beginning at admission.
2. Focus on family work and community connections as opposed to placement behavior.
3. Involve community resources at admission with treatment planning.
4. The risk, needs and responsivity framework drives treatment planning.
5. Assess criminogenic risk factors with a validated tool. Key criminogenic risk factors are prioritized for treatment.
6. Risk for delinquency is assessed within the context of a comprehensive assessment that includes elements such as strengths, family, natural connections, trauma, psychological evaluations, behavior, gender, race, sexual orientation, and culture.
7. Cognitive behavioral therapy treatment strategies are employed to address key criminogenic risk factors.
8. Youth receive an appropriate “dosage” of cognitive behavioral therapy services.
9. Motivational Interviewing is employed to address responsivity concerns.
10. Progress in treatment is based on phases of treatment model which focus on making progress on treatment as contrasted with complying with the program.
11. Use graduated responses to youth behavior (including incentives and sanctions). Develop a written graduated incentive and sanction system as it relates to behavior. Use of technical violations and revocations should be regulated and directly related to safety (not merely compliance). Incorporate all information about youth when responding to youth behavior, including what has been effective or ineffective in prior contexts. Graduated responses should include, and shift to, the family throughout the reintegration continuum.
12. Utilize graduated home visits where youth and family skills are practiced in home and community while in placement.
13. For youth success upon reentering community, the placement facility should support improved resiliency, conflict management and practice of skills within the community. Facility should utilize in-reach from community to youth while in the facility and outreach for the youth to visit the community.

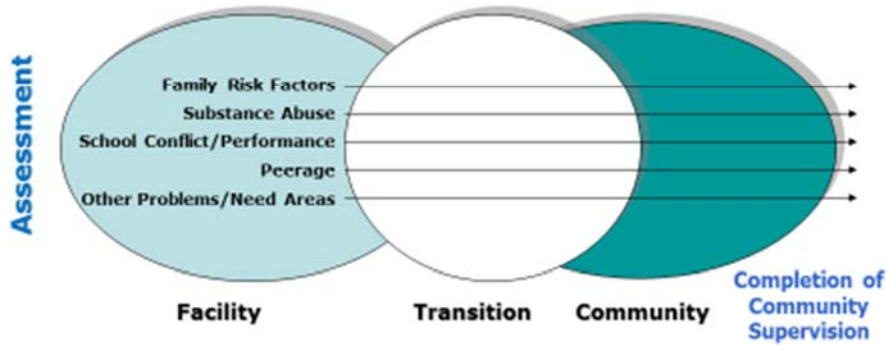
APPENDIX 7 – EIGHT GUIDING PRINCIPLES FOR RISK/RECIDIVISM REDUCTION



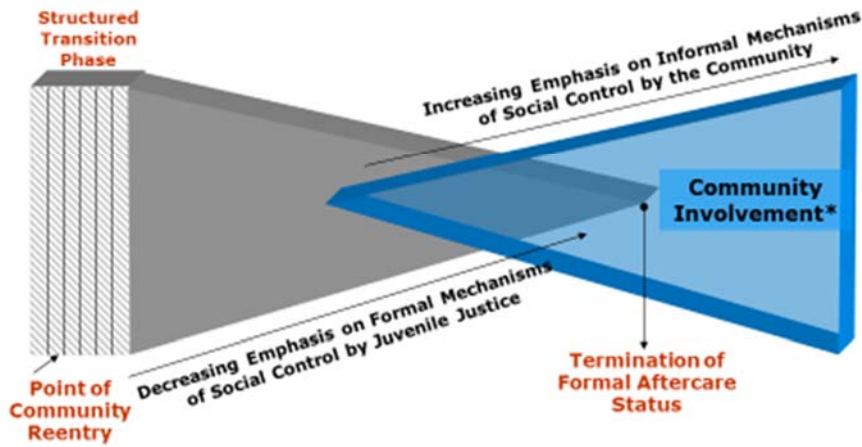
Source: National Institute of Corrections

APPENDIX 8 – VISUAL AID FOR TREATMENT PLANNING

Targeting Factors Predictive of Reoffending Behavior



The Decompression Process in Reentry



*When community is referenced, it includes a network of community supports and most importantly, family.

Source: Dr. Altschuler training and technical assistance for Capital RYJT on March 16-17, 2016.