Beyond Service Provision: Promoting Social Capital and Effective Functioning for Youth Reentering the Community After Incarceration
By Jiffy Lansing

In the summer of 2012, the Illinois Commission on Juvenile Justice (the Commission) launched the Juvenile Reentry Initiative (JRI). Through a competitive RFP process, the Commission awarded two three-year grants to community agencies to work with youth returning to their communities after incarceration in Illinois juvenile correctional facilities. Agencies receiving awards were Youth Outreach Services (YOS) in Cook County and Children’s Home + Aid (CH+A) in downstate Madison and St. Clair counties. YOS and CH+A initially used these funds to hire and train one full-time reentry worker\(^1\) to serve in a case management and coordination role for youth returning to their community. The funds also supported developing data collection and management processes and providing supervision and support to the reentry workers. In 2014, both YOS and CH+A hired an additional reentry worker. CH+A’s additional reentry worker (who worked part time) focused on education and employment as well as working to engage youth who had been previously difficult to engage. YOS’s additional full-time reentry worker was hired because the original reentry worker’s caseload became less manageable, nearing 30 youth.

One of the Commission’s goals with JRI was to inform system-level approaches to juvenile reentry by learning from the processes and experiences of this pilot. Preliminary findings from a qualitative implementation study of the JRI pilot highlight the potential for, and challenges to, collaborative partnerships between the Illinois Department of Juvenile Justice (IDJJ) and local community organizations to promote youth engagement in positive behaviors and activities after they are released from a correctional facility. The study included interviews and focus groups with 30 individuals involved in JRI, including leadership, administrative staff and youth workers from YOS and CH+A, and youth and their guardians who have experienced reentry with one of the agencies. It also included focus groups with IDJJ Aftercare specialists.

\(^1\) This was a newly created position in each agency although each agency had a history of direct service with justice-involved youth.
in Cook County and counties in downstate Illinois where the JRI pilots were implemented. Aftercare is a rehabilitative model for juvenile reentry in which specially trained “Aftercare specialists” engage youth upon their incarceration to plan for the youth’s reentry to the community and then monitor and support the youth during and after their transition back into the community. This brief outlines preliminary findings from that study.

The Vision

The vision for JRI was that, by partnering with youth-serving agencies in specific communities, Aftercare specialists could leverage the agency’s established partnerships with service providers and their knowledge of the community itself to engage youth and families, connect youth with appropriate services near their homes, and help youth develop positive trajectories and avoid recidivism. In theory, as part of the process of planning for reentry, Aftercare specialists would involve a YOS or CH+A reentry worker prior to a youth’s release from a facility. When a youth was released from the facility, the reentry worker would have paved the pathways to services and supports in the community and would help foster the youth along those pathways. In addition, the reentry worker would also engage the youth’s family to further support the youth’s transition.

The Reality

In reality, implementation of JRI happened in the context of major changes at IDJJ and, in the first year of the pilot, both agencies received very few referrals. During this grant period, IDJJ implemented Aftercare throughout the state in the summer of 2014, following the implementation of an Aftercare pilot program in Cook County in 2011. Aftercare specialists downstate reported that because of geographical distance and caseload size, they generally did not engage youth while youth were still in a facility. Instead, they tried to engage the youth’s family prior to the youth’s release. They successfully reached their benchmark of engaging youth within 72 hours of release “about 99 percent of the time.”

In Cook County, Aftercare specialists noted that meeting with youth upon entry in a facility generally happened quickly but that ongoing engagement with youth in facilities prior to release has been usurped by the need to engage with growing caseloads of youth who have already been released. Moreover, in 2014, IDJJ changed their process for youth assignment to Aftercare specialists so that Aftercare specialists’ caseload of youth concentrated in specific community areas in Cook County.

Nevertheless, despite these significant changes to IDJJ’s approach to Aftercare in the past year, by the end of 2014 more than 100 youth were served through JRI between the two locations. The average age of youth served through JRI was 18. Agencies connected youth to a variety of services in the community, the most common being substance abuse and mental health services. In addition, both agencies offered family counseling to the youth and families they served, although only a small proportion of families took up the offer. Importantly, both agencies focused on promoting youths’ education and employment through opportunities in the community.

How Collaboration between IDJJ and Community Agencies Worked

Reentry workers were rarely engaged prior to the youth’s release from a facility. In both locations, youth were generally referred to the agency upon release from an IDJJ facility. The referral process was initiated when the Aftercare specialist provided the reentry worker with a youth’s service plan. The reentry worker

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2 Some of the Aftercare specialists reported having youth on their caseloads for two and three years.
then reached out to the youth and family to hold an initial meeting where they introduced themselves, learned about the youth and the family, and explained the supports they could provide.

Reentry workers and Aftercare specialists in both communities reported feeling that the partnership between the Aftercare specialist and the reentry worker was mutually supportive and beneficial for the youth. Much of the communication between Aftercare specialists and reentry workers was ongoing and informal. This resulted in both Aftercare specialists and reentry workers having current information about the youth’s situation and enabled both to respond to potential crises. An example of this was witnessed during one interview with a youth downstate. As the youth was describing to the researchers a dangerous family situation that occurred only moments earlier, both the Aftercare specialist and the reentry worker each called the youth twice to offer support. This suggests that they had been in contact with each other about the crisis.

Little tension between Aftercare specialists and reentry workers was reported—the tensions described revolved around different approaches to substance abuse treatment and the specifics of parole conditions. Because the youth being served were on parole, reentry workers deferred to the Aftercare specialists in these situations. However, the lack of clarity between reentry workers and Aftercare specialists regarding appropriate substance abuse treatment and the implications of successful completion of the assigned treatment for parole point to larger system challenges in defining successful completion of parole beyond just aging out at age 21. In addition, inconsistent information from reentry workers and Aftercare specialists can lead to distrust from the youth and jeopardize the ability to establish or maintain an effective relationship between the youth and their reentry worker and/or their Aftercare specialist.

**Promoting Education and Employment**

In Cook County, Aftercare specialists noted that the YOS reentry worker was especially skilled at working with schools and locating and engaging youth when they were not responsive to the Aftercare specialist. The YOS reentry worker served as an advocate for the youth in navigating the school system. He often helped youth overcome barriers to school enrollment and conducted meetings with the youth, family members, and school officials to ensure that the youth was receiving appropriate services in school. This approach fostered connections of prosocial adults who, together, worked to keep the youth on track and out of trouble. In essence, this approach went beyond connecting youth to school and fostered the development of social capital for the youth.

Downstate, the reentry workers focused largely on GED completion and connections to postsecondary vocational training. Both YOS and CH+A brought youth to visit local community colleges and encouraged continuing education in areas that interested the youth. They also helped the youth seek employment, explained and modeled how to behave and communicate in the workplace, and accompanied youth to get haircuts, work clothes, and hygiene products. In the fall of 2014, CH+A moved the reentry workers’ office to the local community college to facilitate the connection to educational and employment opportunities.

**Tackling the ID Card Barrier Together**

Aftercare specialists and reentry workers in both sites together tackled one of the biggest challenges to youth engagement in services: obtaining a state identification card (ID) for the youth. At times, Aftercare specialists utilized IDJJ’s resource coordinator (in Cook County) and the annual Summit of Hope (downstate) to help youth access an ID and/or medical card. However, both Aftercare specialists and reentry workers also reported
scrambling to get all the necessary paperwork (birth certificate, social security card), filling out forms, and waiting in long lines at state agency offices to help a youth obtain an ID. Not only is an ID essential for youth to be able to obtain employment, it also helps youth when they have interactions with police. Aftercare specialists, reentry workers, and youth all described how having an ID prevents interactions with police from becoming drawn out situations that could interfere with activities such as school or work. Some youth noted that having an ID is also symbolic of a new identity. One downstate youth explained how he felt when he finally got his state ID, saying, “I ain’t gonna lie. That was a big change. Yeah. Because it’s like now I want to change.” IDJJ facilities could maximize this momentum for change for youth, as well as reduce barriers to engagement in mental health services, substance abuse treatment, and employment by using the period of time a youth is incarcerated to obtain an ID and incorporating the granting of the state ID into the release process.3

Agency-Provided Supports

In addition to fostering connections to services in the community, school, and work, family members and youth reported that reentry workers provided supports that were integral to youth functioning. These included instrumental supports to the youth and family, such as transportation or bus passes, money for an ID, and goods such as household supplies and clothes for school and work. One parent noted that the YOS reentry worker had helped connect her to her current job. The reentry workers also provided youth with opportunities for prosocial engagement through events, local trips, and group sports activities. Perhaps most importantly, reentry workers served as a source of emotional support to youth and their families. One downstate guardian emphasized how important it was to her to have the CH+A reentry worker reach out to her and talk with her about the struggles she faced.

Who’s Who?

At both sites, youth and guardians were confused about the different roles of individuals working with their child. Most often, family members spoke of Aftercare specialists as parole agents and sometimes referred to the reentry worker as the Aftercare specialist. In Cook County, youth and their guardians often referred to the youth worker as the youth’s “mentor.” Guardians also reported that the reentry worker was described to them by the Aftercare specialist (parole agent) as a “mentor” to their child. Downstate, youth and guardians were less clear about the role of the reentry worker and goals of the agency they were connected with. One youth said, “I don’t know what they be trying to accomplish. . . I ain’t never get, like, if they supposed to be some type of anger management program or something.” A greater focus on how reentry workers can serve as mentors or coaches and clearer framing of the role of the organization can solidify the reentry worker’s status with youth and family members.

Maximizing Social Capital Through Role Clarification

The family’s association of Aftercare specialists as being parole agents provides insight into the fact that, as employees of IDJJ, Aftercare specialists are part of the justice system. As such, they focus on the goals of the system: youth compliance with and completion of requirements of their Prisoner Review Board (PRB) orders and avoiding youth recidivism. As long as youth meet the conditions of PRB orders, Aftercare specialists can frame their work with youth and families as clarifying system requirements and working towards getting youth out of the system completely. Some youth

3 In addition to the ID, youth should also leave the facility with a copy of their school transcript in order to facilitate access to school but also as a symbol of their educational accomplishments.
described their PRB orders as something they could wait out. As one youth put it, “It ain’t nothing but a sit down.” Successfully completing the “sit down” can help a youth avoid recidivism during the period of parole. On the other hand, reentry workers, because of their position outside the justice system and within the community, can help youth think beyond the duration of their parole and toward “starting up” their lives after system involvement (see Figure 1).

What emerges from the pilot are distinct, yet aligned roles for Aftercare specialists and reentry workers. Aftercare specialists help youth and families transition, not only out of an IDJJ facility, but also out of system involvement through successful completion of PRB orders and parole conditions. Reentry workers help youth transition into positive, longer term trajectories in the community. Families and youth could reach out to the Aftercare specialist as an expert in what needs to be done for the youth to get off of parole while also working with the reentry worker to think beyond PRB requirements. It is possible that, with greater role clarification between Aftercare specialists and reentry workers, youth and families would be more likely to seek help from reentry workers without fear of violating parole.

**Conclusion and Recommendations**

The JRI pilot showed that Aftercare specialists consider collaboration between IDJJ and community agencies to be a valuable resource and support. JRI was especially effective at maintaining contact with youth and their families during the reentry transition and helping youth access school, work, and prosocial activities. As such, IDJJ should consider establishing long-term partnerships with youth-serving agencies in specific geographical areas, with increased focus on the following implementation issues:

- **Engage reentry workers earlier in the reentry planning process.** If there are geographic barriers to a reentry worker attending prerelease planning meetings, they may be able to join by phone. Even without inclusion in prerelease planning with the youth, the reentry worker would be able to connect with the youth’s family members prior to release. This approach would allow reentry workers to identify and prepare in advance for youth and family needs during reentry.

- **Clarify differentiation of roles for Aftercare specialists and reentry workers,** with Aftercare specialists focusing on helping youth comply with PRB orders and reentry workers helping youth and families identify supports and engage in experiences that prepare them for life after system involvement. Reentry workers may be best suited to support a youth’s engagement in school and work, although Aftercare specialists may have particular educational and/or programmatic connections that the reentry worker could draw upon. Providing reentry workers with a title such as “reentry coach” may help to better frame the expectations of the reentry worker and differentiate their role from that of the Aftercare specialist.
• Document information sharing and communications between Aftercare specialists and reentry workers. In the study, informal and ongoing communication seemed to be effective, especially during crisis situations. IDJJ and the community agency would need to establish identical ongoing data collection and sharing mechanisms in order for each to be able to maximize the resources of the other. This would also allow for ongoing partnership management and research into precipitators of youth and family crises, which could aid in further development of partnerships and programming to support youth in successful reentry.

• Explicitly align the goals of each partner. IDJJ has a specific mission to reduce recidivism and, as such, is focused on compliance with PRB orders. Aftercare specialists were largely perceived as being part of the juvenile justice system; therefore, their role could be reframed as helping families and youth successfully complete the conditions of parole. On the other hand, community agencies’ goals include fostering strong communities, so reentry workers can refocus their focus with reentering youth and their families on reintegration in the community. These goals are not in competition with each other. Helping a youth successfully complete their involvement in the system is a more bounded and shorter-term aspect of the broader goal of helping youth find pathways to productivity within the community.

• Clearly define the range of acceptable options regarding substance abuse treatment and successful completion of parole. Also ensure that Aftercare specialists and reentry workers provide the same message to youth and their families about the expectations and parole implications for compliance regarding use of illicit substances. IDJJ should reconsider the “one size fits all” approach to illicit substance use.

• Foster stronger pathways to employment for youth reentering the community. Collaboration between IDJJ and community agencies can identify appropriate employment opportunities and help reentry workers and Aftercare specialists focus the attention of the youth on prosocial means to making money and social engagement that may lead to an increase in skills and self-confidence for the youth.

• Youth who are on psychiatric medications while incarcerated are given a limited supply of medication upon release from an IDJJ facility. However, it can sometimes take months for a youth to see a psychiatrist in the community after release. For youth with significant mental health issues, it is difficult to address any other areas of concern until the youth is stabilized. Youth suffering from untreated mental illness are at risk for returning to IDJJ because of poor decision making and other behaviors. Not all youth need psychiatric mental health services, but for those who do, it needs to be a priority of Aftercare specialists to make sure the youth has a medical card and an appointment made with a psychiatrist prior to their release from a facility.
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