

Community Engagement for Reentry Success of Youth from Juvenile Justice: Challenges and Opportunities

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Abstract

Based on our research over the past ten years, we have identified six evidence-based transition practices that are critical for promoting youth success after release from secure care. Success, however, also relies heavily on the engagement of community partners and stakeholders who receive these youth after release. To further understand the construct of community engagement, we conducted a reintegration survey and held focus groups with stakeholders representing several agencies that provided services to youth from the juvenile justice system. We also interviewed youth to identify barriers in the transition process. The findings suggest that juvenile justice personnel need to consistently work in collaboration with community partners to generate and sustain the resources and awareness necessary to improve reentry outcomes for youth. Definitions of community engagement are offered and specific barriers and challenges that interfere with effective reentry are identified. Suggestions to improve reentry are included.

KEYWORDS: transition, reentry, recidivism, juvenile justice, disabilities, community engagement

Whose job is it to get youth from the juvenile justice system positively reengaged in the community after release? The parole or probation officer? The juvenile justice transition specialist? The social worker? The case manager? Or the community partner? All of these people are involved in the process, so it should be accepted as a mutual responsibility. Juvenile justice (JJ) facilities and communities must collaborate and support each other in the reentry process.

A truly collaborative system is one in which all agencies take it upon themselves, both individually and communally, to ensure that

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youth under their care succeed (Gonsoulin & Read, 2011). Traditionally, JJ facilities have felt this responsibility heavily and are constantly under pressure to measure their success in terms of post incarceration outcomes for youth. Usually, this is in the form of juvenile arrests and recidivism rates. Although the recent reports on juvenile arrest rates for violent crimes show declining trends (Puzzanchera, 2013; Sickmund, Sladky, Kang, & Puzzanchera, 2011), post-release rates of success for youth and their engagement within communities is still unclear.

The Office of Juvenile Justice and Delinquency Prevention indicates that the average recidivism rate for juvenile offenders is nearly 55% at 12 months post-release (Snyder & Sickmund, 2006). Although engagement is viewed as an important indicator of successful transition and is considered at the center of programming for transition, it is not commonly understood. According to Bullis and Yavanoff, when a youth is engaged he/she is considered "employed, or enrolled in a school program, or working and going to school, and not arrested or placed back into the youth or adult criminal justice systems" (2002, p.70). Youth engagement is a multidimensional construct that consists of observable measures related to academic performance (e.g., high school completion, GED, number of earned credits) and prosocial and desirable behavior (e.g., keeping regular attendance at school, getting along at work) as well as internal factors related to cognitive processes (e.g., appropriate decision and choice making) and feelings (e.g., enthusiastic and positive attitude; Sinclair, Christenson, Lehr, & Anderson, 2003). It is associated with desirable outcomes. Youth disengagement is associated with negative outcomes such as delinquency, dropout, relationship issues, and mental health issues (Shochet, Dadds, Ham, & Montague, 2006).

However, community engagement is different than youth engagement. Community engagement is a planned process with a specific purpose where identified groups of people representing various agencies work together to address issues affecting their community (Kretzmann & McKnight, 1993). We know that youth within the JJ system are frequently served by multiple agencies including foster care, child welfare, vocational rehabilitation, and mental health (Leone & Weinberg, 2010). We also know that collaboration, community engagement, and shared responsibility among these various child-serving agencies can improve educational success and youth engagement (Gonsoulin & Read, 2011).

At a national level, the discussion around increased community engagement has commenced with a focus on increased family engagement. In 2011, the Center for Juvenile Justice Reform called for child welfare, JJ, mental and behavioral health, schools, and other involved

systems to work together to improve safety, fairness, and stability for youth by engaging them and their families in decision making and planning (Pennell, Shapiro, & Spigner, 2011). They recognized that this charge is complex as a result of the involvement of multiple agencies and multiple mandates addressing both youth protection and youth offending. Therefore, they advocate that it is necessary to create a shared vision of community engagement and youth success, in part by identifying the strengths and weaknesses of service systems and by developing greater levels of cooperation (Pennell et al., 2011). They postulated that community engagement is about having meaningful influence in the design, delivery, and evaluation of services. Engagement is nurtured by emphasizing the strengths of the youth, families, and community members and the resources they bring rather than exclusively on the problems (Pennell et al., 2011).

Also in 2011, the VERA Institute of Justice convened a group of national experts from corrections, JJ, child welfare, education policy, and social work to engage communities and work on *Setting an Agenda for Family-Focused Justice Reform* (diZerega & Verdone, 2011). The conversation resulted in several recommendations for improving training, technical assistance, and research to help community-based organizations and JJ agencies adapt their case management styles to be strength based and family focused (diZerega & Verdone, 2011). It is evident at the national level that juvenile justice, other child serving agencies, and stakeholders must work together to analyze and articulate the needs of their youth and families to develop effective strategies to meet those needs.

The receptiveness and engagement of the community is even more crucial for youth with disabilities. These youth are significantly over-represented in the JJ system and are less likely to be engaged after release than their nondisabled peers (Griller Clark, Mathur, & Holding, 2011). Estimates indicate 30 to 60% of incarcerated youth have disabilities and require special education services, compared to a prevalence rate of 10 to 12% in public schools (Rutherford, Quinn, Leone, Garfinkle, & Nelson, 2002). These youth generally had their first encounter with the JJ system at an earlier age compared to those without disabilities, and they are at a much higher risk for second and third referrals (Zhang, Barrett, Katsiyannis, & Yoon, 2011). An offender with a disability is likely to be referred again in 2.75 years as compared to 7 years for those without disabilities (Zhang et al., 2011).

It is well known that youth with disabilities need additional support to help them make the transition from secure care to school, work, and community and to prevent them from moving on to long-term incarceration (Bullis, Yavanoff, & Havel, 2004; Griller Clark,

Rutherford, & Quinn, 2004; Zhang et al., 2011). When youth have an emotional or behavioral disorder (EBD) their needs are even further exacerbated and families generally require a considerable range of services and supports (Garfinkel, 2010). These youth are served by multiple systems and we have a shared responsibility to work together to help them. It may be difficult for parents or guardians to navigate these systems and make the connections the youth need (Garfinkel, 2010). Hence, effective programs and practices that foster interagency communication and collaboration are necessary to develop the systems, policies, and procedures needed to address the comprehensive reentry requirements of youth with EBD and other disabilities in JJ (Gonsoulin & Read, 2011).

In a study by Unruh, Gau, and Waintrup (2009), a statewide reentry intervention program entitled Project SUPPORT targeted youth with either a mental health disorder or special education diagnosis for transition services. In implementation of reentry services, the authors of this study found employment and education helpful in increasing post incarceration engagement; however, more importantly they found that reentry services must be customized and individualized for the unique combination of risks, needs (e.g., mental health, special education), and interests of the youth and not solely depend upon the existing employment and educational opportunities.

In the areas of secure care, special education, and transition, the few studies that have examined the initial adjustment of incarcerated youth with disabilities upon returning to the community (Bullis, Yovanoff, Mueller, & Havel, 2002; Griller Clark et al., 2011; Mathur & Griller Clark, 2013) found that special education status was significantly associated with re-incarceration. For example, after six months of release, Bullis and his colleagues (2002) found that youth with disabilities were 2.8 times more likely to return to JJ than nondisabled youth. In addition, in terms of engagement, youth with disabilities who were engaged at 6 months were 2.38 times less likely to be reincarcerated at 12 months. Clearly, youth with disabilities need targeted supports for successful post-release engagement (Griller Clark & Unruh, 2010).

The Juvenile Justice Youth Reentry Task Force identified a set of guiding principles and practices for effective juvenile justice reentry programs. These practices should continue at least one year past release from secure care and must minimally include: (a) pre-release planning in facilities; (b) individualized services that address developmental deficits; (c) housing support in the community; (d) family connections; (e) access to mental health and substance abuse treatment; (f) structured workforce preparation, employment, and school

attendance; and (g) better use of youth's leisure time (Nellis & Hooks Wayman, 2009). To adequately address these principles, more attention needs to be paid to the additional challenges youth with disabilities face beyond the typical barriers and supports needed to navigate the transition process.

Our research on reentry has suggested specific transition components (e.g., individualized transition plans, transition portfolios, transfer of records, interagency collaboration, and a tracking system) that are needed for successful reentry of youth with disabilities (Mathur & Griller Clark, 2013). We also argued for personalized supports by a designated transition specialist for youth with disabilities. In our previous research, we found that pre-release programming increased the number of youth who returned to school or became employed at 30 days post-release by almost 12% (Griller Clark et al., 2011). However, the findings also identified a significant need to build collaborative partnerships, community supports, and systems around these components to enhance successful reentry (Nelson, Jolivet, Leone, & Mathur, 2010).

To continue this line of inquiry and promote positive outcomes for youth with disabilities, *Project RISE (Reentry Intervention and Support for Engagement)* established collaborative processes among the state department of juvenile corrections, local schools, community colleges, and other service providers. The conceptual framework for this model was guided by our previous research, the literature on risk and protective factors, and the overarching goal of building resilience in youth with disabilities (Griller Clark & Mathur, 2010; Griller Clark et al., 2011; Mathur, & Griller Clark, 2013). Case management focused on providing individualized supports from custody to community, and collaboration was sought from various agencies to create comprehensive transition plans. *Project RISE* committed to providing comprehensive transition services to all youth with disabilities until they turn 18.5 years old or transferred to another jurisdiction.

The first step in this process was to assign a transition specialist to work specifically with youth with disabilities. Next, two types of goals were established, individualized goals and systemic goals. Individualized goals were those goals that pertained to youth with disabilities and systemic goals were those that pertained to the overall juvenile justice and education system. These goals were interdependent. For example, one of the individualized goals was to develop a portfolio for youth with disabilities so they could organize their transcripts, certificates, and work products in a meaningful way to inform education and employment agencies of their skills and strengths after release. This goal required that community agencies

work with the JJ system and generate a shared list of qualifications and options to prepare youth for success after release. Accomplishment in both types of goals relied on better collaboration, interaction, and involvement of professionals serving youth with disabilities within and outside the facility. The two types of goals are described as follows.

Individualized Goals

Provide intensive educational and vocational programming that follows Individualized Education Plan (IEP) and Individualized Transition Plan (ITP) goals. To accomplish this goal, the transition specialist worked in collaboration with other special education teachers and staff to obtain and implement or modify the IEP and ITP for each youth with a disability. The transition specialist worked with the administrative team to ensure that youth with disabilities received instruction in core academic subjects through several different modalities. She continued to collect academic assessment and progress information for youth with disabilities throughout their stay in secure care.

Develop a transition portfolio for youth with disabilities. The transition specialist for youth with disabilities started working with the teachers in JJ to assist students in creating a Transition Portfolio to facilitate their transition to school, community, employment, or other residential treatment providers after release.

Provide individualized aftercare and community supports for youth with disabilities. The project coordinator worked closely with the transition specialist to provide pre-release programming and after care supports. The transition specialist began this process by conducting a transition interview with each youth to determine strengths, preferences, and needs. Four principles of programmatic action that underlie the *Project RISE* model included: 1) preparing youth for increased responsibility and freedom in the community, 2) facilitating youth-community interaction and involvement within targeted community support systems, 3) developing new resources and supports where needed, and 4) monitoring and tracking the youth and the community agencies' interaction with each other.

Systemic Goals

Establish a seamless transfer of educational records and services. The *Project RISE* transition specialist and project coordinator worked with public and alternative school personnel to expand these efforts and develop common assessment and portfolio information that was relevant across all education programs in which students with disabilities were placed. The goal was to ensure that youth with disabilities

in secure care and their education records move seamlessly as they transition from one setting to the next.

Increase interagency linkages and communication. In order to accomplish the first three individualized goals of *Project RISE*, the project coordinator and transition specialist developed and maintained interagency linkages and communication with public and alternative schools, community agencies, and employment services, as well as with other secure care/corrections entities. In order to accomplish this goal, a website was established, a brochure was created, and 12 members were recruited to the *Project RISE* Advisory Board.

Establish youth tracking system. The state secure care facility partnered with *Project RISE* to establish an online tracking system and created a dashboard that captured information such as the number of days a youth is in the project and his/her status (i.e., active, pending adult court, pending approval, discharged successfully, discharged unsuccessfully). This dashboard retained youth information for the duration of the project.

These goals begin to move us from results strictly focused on youth outcomes to those that also focus on the development of collaborative relationships, shared decision making, and mutual responsibility. For too long we have focused on whether or not the youth is engaged—in school, employment, or in court ordered services. We now need to broaden our area of intervention and focus on whether or not the community is engaged with the youth and what their perception of engagement is. The Harvard Family Research Project (2010) conceptualized family and community engagement as containing three central concepts (a) a shared responsibility, (b) continuous and ongoing, and (c) reinforces youth success and learning in multiple settings (Harris & Wilkes, 2013). Creating meaningful linkages and collaborations across stakeholders who are also partners and share a role in youth reentry are crucial for providing them with comprehensive supports. The extent to which stakeholders share their knowledge about reentry supports that facilitate youth engagement, is an important question to address. When stakeholders show collective awareness and knowledge about reintegration supports, they can lead to full adoption of research-based practices for promoting integrated, systemic, and sustained community engagement.

Purpose of the Study

Based on the significant need for reentry services for students in secure care, *Project RISE* was conceptualized as a collaboration between a large public university and a secure care facility. It was deemed important to solicit input from stakeholders on how to best

address issues of reentry for youth with disabilities and to scale up and implement research-based strategies that improved the likelihood of their success. Therefore, while providing transition services to youth with disabilities, *Project RISE* found it necessary to engage in further study related to increasing interagency communication and providing individualized community supports. The purpose of the current study was twofold: (a) to construct the meaning of community engagement with a group of stakeholders who served youth in secure care in some capacity and to examine the extent to which they knew the practices involved in reentry; and (b) to identify barriers, challenges, and factors that promote community engagement and reentry for youth and for the transition specialist as they attempted to navigate the processes with the youth they served. Finally, observations for improvement of services were also included.

Method

Setting

The project took place at a juvenile justice facility located in the southwest United States. On average, the facility housed 310 youth. Of the 310 youth, approximately 33% were identified as youth with disabilities (either an active or expired IEP). The facility has a fully accredited school. The school operates a minimum of 180 days per year and has seven hours of instruction each school day. Instructional delivery is multi-modal including traditional classroom settings, online learning, and technology-enhanced learning.

Participants

The study participants consisted of three groups: (a) members of the *Project RISE* Advisory Board/stakeholders ($n=12$), (b) transition staff ($n=2$), and (c) youth ($n=17$). Group 1, the *Project RISE* Advisory Board, was comprised of agency, school district, and community service members. The *Project RISE* Advisory Board met quarterly to provide advice and guidance to the project leadership and management team. The members represented county transition program management, alternative education administration, youth development program administration, community colleges, child protective services, secure care education administration, transition staff, and parole. The ages of the Advisory Board members ranged from 35 to 55 with an average age of 40. The Advisory Board consisted of seven males and five females; nine Caucasians, two Mexican Americans, and one African American. Group 2, transition staff, included the *Project RISE* transition specialist and the project coordinator. Group 3, youth, consisted of 17 youth with disabilities who participated in *Project RISE*.

In order to be eligible for enrollment in *Project RISE* the youth must be (a) newly committed (at the facility less than 30 days), (b) returning to the county in which the facility is located, and (c) must have either an active or an expired IEP. Potential participants were identified by the state juvenile correction school's special education department. Then youth assent and parental/guardian consent were obtained. In the first year of *Project RISE*, 17 youth between the ages of 16 and 18 were identified as meeting criteria for enrollment and 100% of these youth voluntarily agreed to participate. Of the 17 youth, 23% ($n=4$) were identified as having specific learning disabilities (SLD) and 77% ($n=13$) were identified with emotional and behavior disorders (EBD).

Measures

Three different measurement tools were used to triangulate data from the participants. The Reintegration Self-Assessment Survey (McEathron, Fields, & Schafer, 2006) was used for the *Project RISE* Advisory Board and focus groups were used for the *Project RISE* Advisory Board and the transition staff. Within the implementation framework of *Project RISE*, Structured Transition Interviews were conducted between the transition specialist and the participating youth. The intent of the Structured Transition Interview was to identify the youth's individualized strengths, needs, and barriers to successful reentry. The Structured Transition Interviews for 17 youth were analyzed for this study.

Reintegration Self-Assessment Survey. The purpose of the Reintegration Self-Assessment Survey was to identify stakeholder's knowledge of juvenile justice policies, practices, and operations for transitioning youth. We needed to have clear picture of the advisory board's current level of understanding to facilitate communication and sharing within and among interagency partners and other community stakeholders, based upon a common understanding of what constituted best practice in transition and reintegration for students released from the state juvenile correction facility into community education and employment programs.

The Reintegration Self-Assessment Survey is comprised of five domains: Interagency Collaboration, Team Planning, Education, Supporting Life Skills, and Continuity of Supports During and Post Transition (see table 1). It was developed by the Institute on Community Integration (ICI) at the University of Minnesota and the Minnesota Department of Education in 2006 (McEathron et al., 2006). The Reintegration Self-Assessment Survey is part of a larger Toolkit that was tested and evaluated within seven juvenile justice and drug treatment programs. The evaluation results indicated that the information from

Table 1
Reintegration Self-assessment Survey Responses

Domain	Number of indicators	Number of possible responses	Evident <i>n</i> (%)	Not Evident <i>n</i> (%)	Didn't Know <i>n</i> (%)
Interagency Collaboration	10	120	89 (74%)	2 (2%)	29 (24%)
Team Planning	5	60	43 (72%)	1 (1%)	16 (27%)
Education	10	120	57 (48%)	11 (9%)	52 (43%)
Supporting Life Skills	6	72	44 (61%)	7 (10%)	21 (29%)
Continuity During and Post Transition	8	96	30 (31%)	10 (10%)	56 (58%)

the Toolkit was beneficial in developing cohesive teams, identifying critical issues and methods for prioritizing students for services and supports, and creating an overall structure that significantly assisted in developing action plans for program improvement (McEathron et al., 2006).

The Reintegration Self-Assessment Survey was distributed at a *Project RISE* Advisory Board meeting in January 2014. Each participant completed the survey individually and anonymously.

Focus Groups. Focus group discussions were conducted with two groups of six to eight adult stakeholders, including members of the *Project RISE* Advisory Board and *Project RISE* transition staff. The purpose was to: (a) obtain meaning of community engagement; (b) identify current transition practices and systemic issues that both adversely affect and enhance the transition process for youth with disabilities from secure care back to schools, employment, and community programs; and (c) document recommendations for improving reentry efforts. The separation of the two groups allowed us to create an environment that was more conducive to honest comments and conversation. Two facilitators were identified and were assigned to the two groups. Each focus group was asked an identical list of questions by their facilitator (see table 2). The focus groups proceeded through three stages: preparation, discussion, and conclusion. In the preparation stage, the facilitator greeted the participants in the room where the discussion occurred. Then participants were given a comprehensive overview of the focus group process. During the discussion, the

facilitator drew the group's attention to each of the questions in the order they were listed. The facilitator occasionally prompted group members to elaborate or expand on points for clarification. At the end, the facilitator summarized the main ideas that were captured in each group. Each focus group session lasted approximately one hour. The *Project RISE* staff documented the discussions with written notes; however, sessions were also recorded to ensure that all responses were captured. Participation was voluntary, all participants were provided informed consent, and consent documents were signed prior to beginning the groups.

Structured Transition Interviews. Structured Transition Interviews were conducted between the transition specialist and the 17 participating youth within the first 30 days that the youth was enrolled in *Project RISE*. This initial Structured Transition Interview followed a similar format for each youth. After consent was obtained, the transition specialist met with the youth in an office within the juvenile justice facility. The transition specialist began the interview by describing the project and the services available to the youth. Then she asked the youth about his/her academic strengths and weaknesses, current performance, and IEP accommodations. They also discussed family situation, employment history, social expectations, behavior, and treatment status. She listened, offered guidance, and began building a rapport. Next, the transition specialist and the youth discussed barriers to successful reentry and identified transition goals. Subsequent transition meetings took place at least every 30 days while the youth were in the facility. These monthly meetings guided the individualized transition planning for each *Project RISE* youth.

Data Analysis

This study took an inductive/abductive approach to data collection and analysis. In this process, surveys and transcripts were read multiple times and preliminary themes were generated. Then we engaged in warranting for each theme by looking for confirming evidence. This involved looking at the data to find support or opposition for each theme. The goal was to gain an understanding of the meaning of community engagement, to ascertain the current level of awareness of local transition policies and practices, and to identify barriers to successful transition from the participant's point of view.

Reintegration Self-Assessment Survey. Responses were analyzed for each of the five domains: Interagency Collaboration, Team Planning, Education, Supporting Life Skills, and Continuity of Supports During and Post Transition. There were a combined total of 39 indicators for all five domains. The number of indicators ranged from five

Table 2
Focus Group Questions

Number	Question
1	What is your definition of "community engagement" in regards to the juvenile transition process?
2	What are the barriers that hinder the juvenile transition process?
3	What is the single biggest challenge in regards to successfully transitioning youth?
4	Identify the programs or processes that you consider to be "high quality" in regards to transitioning youth.
5	Identify specific goals and objectives that you would like to see Project RISE address in the upcoming year.

to ten per domain (see table 1). Each indicator represented a specific reentry practice within that domain. For example, interagency collaboration had 10 indicators. Two examples of indicators in this domain include: (a) procedures and interagency agreements are established with appropriate agencies; (b) timely transfer of all appropriate youth records occurs between releasing and receiving programs. If these practices were evident to stakeholders, they selected "Evident," if the indicator was not apparent to them they selected "Not Evident," and if they had no knowledge about the practice or they did not know if that specific practice existed they checked "Did Not Know." The total number of responses for each domain was calculated. These responses reflect stakeholders' perceptions as to whether or not there was evidence of the practices.

Focus Groups. As previously mentioned, two Focus Group discussions were held. These focus groups were recorded, and the recordings were transcribed by one of the facilitators. They were read multiple times and codes were generated. The codes were related to categories derived from the research questions. The first research question pertained to defining community engagement and collaboration, the second, third, and fourth research questions were to identify barriers and promoters of successful community collaboration, and the fifth was to identify recommendations for improving transition services (see table 2). Based on these research questions, the first facilitator identified themes and subthemes. Subthemes occurred less frequently than the themes. After the first facilitator conducted the initial analysis the other facilitator read the data and independently coded. Inter-coder reliability was calculated using pairwise comparison. The overall inter-coder reliability was 90%. Data for which codes

were not aligned were discussed among facilitators and a common code was chosen.

Structured Transition Interviews. During the initial Structure Transition Interviews the transition specialist and the youth discussed barriers to successful reentry. These barriers were categorized based on a list developed by Unruh, Povenmire-Kirk, and Yamamoto (2009). The original list contained 23 barriers. A few of these barriers were found to represent the same concept so they were combined and the list used in this study included 20 barriers (See table 4). The top three barriers for each youth were identified and coded.

Results

It is commonly thought that using multiple methods of analysis when studying youth in context will give richer levels of understanding of a phenomenon (Graue & Walsh, 1998). In addition, the use of various qualitative methods yields greater opportunities for confirmation and corroboration of data through triangulation. Therefore, three different measurement tools were used in this study: the Reintegration Self-Assessment Survey, focus groups, and Structured Transition Interviews. These tools were used to: (a) determine the meaning of community engagement, including the participant's awareness of current policies and practices involved in reentry; (b) identify barriers associated with reentry; and (c) document recommendations for improving reentry.

Reintegration Self-Assessment Survey

The Reintegration Self-Assessment Survey tool measured perceptions of stakeholders' awareness in five domains of reentry (see table 1). For the domain of Interagency Linkages, 9 of the 12 stakeholders perceived that regular communication was evident between agencies. Overall, 74% of the responses from stakeholders indicated evidence of existing practices in this domain. In the domain of Team Planning, 10 of the 12 stakeholders reported that a well-rounded planning team was established for each youth and thought that the youth played a significant part in the planning process. Overall, 72% of the responses indicated supportive evidence for the indicators of team planning; however 16% "Did Not Know" about having a designated person in the planning team who could serve as the youth's key contact for the entire reintegration process. In the domain of Education, 9 of the 12 participants felt that the students have an appropriate IEP and transition plan; however, 8 of the 12 stakeholders reported they "Did Not Know" if the receiving schools were notified or were involved in the reintegration process. Additionally, 43% of responses

in the domain of Education were "Did Not Know," signifying a significant lack of stakeholder awareness about the education process in JJ. In the domain of Supporting Life Skills, 61% of responses revealed that these indicators were evident, more specifically 8 of 12 stakeholders noted evidence of substance abuse and mental health counseling, whereas only 3 of 12 reported that resources and support services for postsecondary education, life skills, vocational training, and jobs were evident. Almost one third of the responses (29%) revealed a lack of awareness about these services. In the domain of Continuity of Supports During and Post Transition, only 31% of responses revealed the perception that these practices were evident. Approximately 58% of stakeholder responses were listed under "Did Not Know" category, showing an enormous lack of awareness about these practices. Three domains (Team Planning, Education, and Continuity of Supports) show "Did Not Know" responses in one or more indicators with the highest number in Continuity of Supports. Table 3 illustrates the indicators in which 50% or more of the responses were categorized as "Did Not Know."

Focus Groups

Pattern analysis of focus group data revealed that two main themes related to defining community engagement emerged. The first was that community engagement involves an ongoing or permanent relationship. Descriptors like "ongoing dialogue" and "regular connections" were used. The second was that it involves planning and activities to achieve a common or collective goal. Descriptors that were commonly used included "shared vision," "common goal," and "collective impact." Therefore, for this group, the definition of community engagement was "an ongoing relationship that involves planning and collaboration to achieve a shared goal."

There was one main theme and five subthemes that emerged as barriers to successful reentry. The main theme was that youth do not see themselves as able to be successful. One of the focus group participants said that "they are institutionalized." Another said, "the jailhouse mentality is the biggest barrier. It's such a part of who they are that they don't think they will be able to live a crime free life." The subthemes that emerged as barriers to success were: politics, a lack of funding, lack of parental involvement, lack of transportation, lack of sufficient life skills programming, problems with records transfer, and the lag time between release and the onset of other services.

Items that were viewed as "high quality"—those that were currently in use and promoted successful transition—by focus group participants included: social skills instruction, vocational instruction,

Table 3
Total Number and Percentages of "Did Not Know" Responses*

Domain	Indicators	Stakeholders <i>n</i> = 12
Team Planning	2.3 A decision-making protocol for the team is established in the pre-transition phase.	8 (67%)
Education	3.6 Aftercare conditions are communicated to receiving school and agreements are made regarding monitoring prior to reintegration.	6 (50%)
	3.7 Paperwork arrives at the new site ahead of youth or follows them in a timely fashion	7 (58%)
	3.8 A pre-release visit and admissions interview is scheduled with receiving school and youth shares his/her transition/reintegration plan with admissions interviewer.	6 (50%)
	3.9 Student, parents, and receiving school staff sign a behavior contract or reintegration plan.	9 (75%)
	3.10 Receiving school supports reintegration by matching curriculum and teacher assignment to meet youth's needs (as outlined in student's IEP).	7 (58%)
Continuity of Supports During or Post Transition	5.1 Youth meets with receiving school counselor within first two weeks of placement	9 (75%)
	5.2 Youth meets with receiving school counselor on a regular basis.	11 (92%)
	5.4 Staff to staff (case manager to school counselor, teacher to teacher, etc.) contacts are continued between receiving school and sending school staff for six months after reintegration.	6 (50%)
	5.6 Youth, parents, and service providers receive information about continuum of services and care.	7 (58%)
	5.7 Follow-up occurs at the program level to verify that agreed upon transition processes occurred for the student.	7 (58%)
	5.8 Systems are in place for periodic evaluation of transition and reintegration processes.	7 (58%)

Note: Not all indicators are listed. Only those are listed that showed 50% or more stakeholders' "Did Not Know" responses.

Table 4
Frequency of Identified Youth Barriers to Successful Reentry

n	Barrier
13	History of poor school attendance/high absenteeism/dropping out
6	Significantly low academic performance
6	Previous placement in foster care or with a child welfare agency
6	Lack of anger management skills
5	Previous or current substance abuse
3	Multiple living arrangements
3	Gang affiliation
3	Other (legal status, sex offender)
2	Lack of social skills
1	No paid work experience
1	History of running away
1	History of abuse/neglect
1	Lack of transportation
0	Unable to maintain job
0	Homelessness
0	Previous/current pregnancy
0	Parenting responsibilities
0	History of suicide risk
0	Lack of independent living skills
0	Family with a felony conviction

cognitive restructuring, parent groups, and programs that highlighted individuals who have successfully transitioned. Recommendations for improving transition or reentry were focused on: (a) improving awareness and preparation of providers, parents, and the community as to how to successfully engage youth; and (b) soliciting participation and advice from successful youth.

Structured Transition Interviews

The top three barriers to successful reentry were identified for each of the 17 youth in the Structured Transition Interviews. This resulted in a total of 51 identified barriers. These 51 barriers were concentrated in five areas. The barrier that was identified most frequently ($n=13$) was a history of poor school attendance/high absenteeism/dropping out. Significant low academic performance, previous

placement in foster care or with a child welfare agency, and a lack of anger management skills were identified as barriers six times each. Previous or current substance abuse was cited as a barrier five times. All identified barriers, and their frequencies, are listed in table 4.

Discussion

The purpose of this study was twofold: (a) to construct the meaning of community engagement with a group of stakeholders who served youth in secure care in some capacity and to examine the extent to which they knew the practices involved in reentry; and (b) to identify barriers, challenges, and factors that promote community engagement and reentry for youth and for the transition specialist as they attempted to navigate the processes with the youth they served. First, we surveyed community stakeholders to determine their perceptions and awareness of existing transition practices for youth. It is interesting to note that stakeholders perceived relatively strong evidence for practices related to Interagency Collaboration but exhibited a considerable lack of awareness of practices or indicators in Continuity of Supports During and Post Release. This leads us to conclude that if stakeholders increase their own understanding about existing reentry practices, they will be more likely to enhance meaningful outcomes for youth. Professional development opportunities can be organized to increase staff and stakeholders' awareness about education and reintegration practices and implementation. As stakeholders find themselves sharing understanding about reentry goals with each other, they may become more willing to work with one another, and their levels of communication, cooperation, and coordination may increase.

Based on the findings of the focus groups, community engagement was defined as "an ongoing relationship that involves planning and collaboration to achieve a shared goal." This definition illustrates the three essential elements of family and community engagement highlighted in the Harvard Family Research Project (2010): (a) a shared responsibility, (b) a continuous process, and (c) an ongoing relationship that involves partnerships (Harris & Wilkes, 2013). To enhance the likelihood of success for *Project RISE* as well as other reentry efforts, continuous assessment of stakeholders' awareness of programs and supports is essential. One focus group participant stated it clearly: "in order to collaborate you need two things, you need a shared vision and you need awareness of what the resources are." Based on focus group's findings, the barriers to achieving reentry goals included: lack of parental involvement, lack of transportation, lack of sufficient life skills programming, problems with records transfer, and the lag time between release and the onset of other services.

In the Structured Transition Interviews with youth, the most common barrier cited was a history of poor school attendance/high absenteeism/dropping out. A recent report from America's Promise Alliance (2014) revealed that youth drop out of school not for a single reason, but for a combination of reasons like absent parents, the impact of violence close to home, negative peer influences, and a sense of responsibility for others. Perhaps if we could help alleviate some of these factors through shared responsibility and a coordinated, engaged community effort, our youth would be more likely to stay in school. Regular school attendance is likely the best way to address the second most prevalent barrier identified by youth, low academic performance. Our collective challenge is to identify settings and programs that are willing and able to successfully reintegrate youth with disabilities, encourage continued attendance, and promote collaborative involvement of stakeholders. To the extent that school truancy represents an early risk factor for a life of cumulative disadvantage, communities need to be aware of their shared responsibility to turn the lives of these youth around.

It is vitally important that JJ youth are prepared for incremental success post-release, because they already have experienced barriers related to school attendance and performance. These findings have implications for the field as well as for further refinement of *Project RISE* practices to produce the desired outcome—youth who are engaged and not recidivating. To produce this outcome, the community needs to be engaged with youth. All stakeholders need to come to an agreement about what it means to be engaged within the community (Sinclair et al., 2003). Youth, their parents, transition specialist, parole, schools, and providers with a stake in the community need to share their perception about what it looks like to be engaged with the youth—what conditions are likely to keep the youth engaged and how we all need to go about creating those conditions (Leone & Weinberg, 2010). After developing communication, stakeholders representing various agencies are more likely to share fiscal, personnel, and other resources and expertise that may then increase system efficiency and effectiveness. Gradually they will become more integrated and strengthen their collaborative relationships to plan for and deliver targeted services that meet the unique needs of each youth (Gonsoulin & Read, 2011).

The approach of using stakeholder views and youth responses for structured interviews has provided context-specific information regarding the definition of community engagement. The richness of the experiences illustrated by this qualitative investigation provided information on how stakeholders define community engagement and

what types of barriers and supports they envision. The findings have also provided recommendations for adapting aspects of *Project RISE* and reentry programming that include inviting other stakeholders and having more focused discussions about reentry.

Limitations

A number of limitations warrant attention. First, the study is exploratory and information was collected from one project in one state and, therefore, is limited to specifics of the local demographics. Next, the nature of this descriptive study limits discussion of contributing youth barriers and supports unique to environmental and contextual conditions. Future research could broaden the analysis to include more youth voice and insights for further refinement of reentry programs as suggested by focus group participants.

What effects recommended reentry supports might have on youth engagement remains unknown because such rates have not been observed in light of community involvement. Most research has focused on youth engagement at a certain length of time—30 days, 60 days, 90 days, and so on (Bullis et al., 2004; Mathur & Griller Clark, 2013). This study attempted to highlight the fact that community engagement needs to be at the forefront of planning for youth reentry. More studies are needed to measure the capacity of the community to accommodate the needs of JJ youth with disabilities. Data from this study provides meaningful information for further refinement and improvement of transition programs and needs to be disseminated at the local, state, and national levels. Stakeholders need to be continually reminded of common goals and their commitment to the reentry process. Based on these findings, *Project RISE* has committed to continually promoting positive community engagement with stakeholders through joint efforts to increase awareness, more frequent exchanges of information, identification of shared agendas, engagement in shared professional development activities, and exploration of participation in a community resource event.

Conclusion

Over the years we have shifted the blame for recidivism and a lack of engagement from the youth to the JJ system itself. Now we know that the responsibility for the success of this population is ours, as a community. Through this study, we also learned that real community engagement is only possible when stakeholders have common goals, shared understanding of outcomes, resources, and supports within the local community. Their lack of awareness about reentry practices is only an impediment that limits the transition success of

returning youth with disabilities. We all share the responsibility to increase awareness and embrace our youth; our systems can't work until the awareness exists.

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