

Transition Planning, Beginning at Intake

Overview

Reentry planning for youth with or without disabilities should begin as soon as a youth arrives at a facility and should outline transition issues, plus academic, career, and educational goals, and provide students with educational and career programming that prepares them for the challenges they might encounter after release from custody.^{1,2} The 2004 Individuals with Disabilities Education Act (IDEA) mandates that students with disabilities who are older than 16 years must have specific documentation of age- and disability-appropriate transition services and plans in their individualized education program (IEP).³ Transitioning to community-based schools should be coordinated, be outcome oriented, and promote successful movement between the facility and the community, using established evidence- and research-based practices.^{4,5} This is a complex issue that needs to be organized by a transition team, including correctional staff, the youth themselves, their families, community partners, and local educational representatives.⁶ A consistent transition counseling and youth reassessment process while at the facility and a planned sequence of services after release are integral to the plan's success.⁷

Key Principles of Practice

The following principles were identified in a review of *Transition Toolkit 2.0: Meeting the Educational Needs of Youth Exposed to the Juvenile Justice System*.⁸

Outcomes-Focused Planning One of the characteristics of successful transition planning for youth with disabilities in correctional facilities is a detailed focus on youth outcomes, including those specified in a youth's IEP. Within transition plans, considerations must be made to support a youth's successful return to community schools prior to facility release, including coordinated efforts across educational settings. Ideally, transition planning begins as soon as a youth enters a restrictive setting and continues throughout the entire period of involvement.⁹ Planning for outcomes is not a one-time event; it must be continually revisited to reflect ongoing assessments of the youth's current strengths, needs, and challenges.¹⁰ These assessments should be facilitated and monitored by transition specialists who can assist youth with disabilities in developing an individualized transition plan (ITP) that focuses on successful outcomes.¹¹ Such outcomes include school or work attendance, avoiding recidivism, strategies to reduce the likelihood of reentering the criminal justice system, and engaging positively with family and the community.^{12,13}

Individualized Transition Planning An ITP, similar to transition plans within an IEP for youth with disabilities, must identify each youth's educational and vocational goals, document agreements concerning action steps, and clearly identify services necessary for the youth's transition.¹⁴ No single route into and out of the juvenile justice system applies to each youth; therefore, it is essential that transition plans be completely individualized and factor in unique needs and challenges for each youth.¹⁵ Because Congress has explicitly stated that IDEA rights and protections for youth with disabilities remain, even when youth are within correctional facilities, these must be accounted for in the ITP.¹⁶ A successful ITP includes

the youth's entire ecology, including community, school, peers, family, teachers, classroom, the IEP, and risk and protective factors.¹⁷ An effective ITP incorporates ongoing, comprehensive assessments of the youth's progress and challenges and adjusts the planned sequence of services accordingly.^{18,19}

Multidisciplinary and Interagency Teaming Successful transitions require all stakeholders to form a multidisciplinary transition or reintegration team, communicate openly, and coordinate activities, ideally starting when the youth enters a facility. An effective transition team typically includes the youth; his or her parent or guardian; a caring adult, such as a teacher within the facility; a transition coordinator or other education specialist; correctional staff; local educational representatives; pertinent community partner agency representatives; and members who are familiar with IDEA requirements.^{20,21,22} For youth with disabilities, mental health and related service providers (e.g., psychologists, social workers, and speech and language pathologists) also should be members of the multidisciplinary team. Multidisciplinary teams should focus on coordinating services that are aligned with a youth's IEP, as well as determine the appropriate supports that are required to ensure that youth are prepared for their release from the facility.^{23,24} Youth with disabilities in correctional facilities often have numerous educational, social-behavioral, and therapeutic (e.g., substance abuse, mental health, and trauma-informed treatment) goals. Bringing together a multidisciplinary team composed of professionals from across disciplines and agencies can help facilitate the continuity of care for youth while they are in correctional facilities.

This document was retrieved from a Web-based resource on the topic of juvenile corrections. For more information and additional resources, please visit <http://osepideasthatwork.org/jj>.

Endnotes

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