Welcome to the NCCHC Juvenile Health Committee Webinar:

Providing Continuity of Care for Justice-Involved Youth: A Reentry Initiative

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Providing Continuity of Care for Justice-Involved Youth: A Reentry Initiative

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Objectives

1. Participants will be able to identify the barriers in providing continuity of health care for justice involved youth being released from secure facilities.

2. Participants will learn to identify strategies for developing reentry initiatives including the development of logic models.

3. Participants will learn implementation strategies used to connect youth upon release to community health care providers.
Georgia Department of Juvenile Justice Reentry Initiative
Administration Priority

Governor’s Criminal Justice Reform Council

- Accountability Courts
- Juvenile Justice Reforms
- Re-entry Programs
- DJJ Commissioner Avery Niles (Strategic Goals)
JUSTGeorgia is a statewide juvenile justice coalition of community organizations and individuals created in 2006. Its purpose is to advocate for change to Georgia’s juvenile code and the underlying social service systems to better serve Georgia’s children and promote safer communities.

Current lead partners include, Barton Child Law and Policy Center at Emory School of Law, Georgia Appleseed, Voices for Georgia’s Children and Interfaith Children’s Movement
December 2013, the Georgia Department of Juvenile justice (DJJ) Office of Reentry Services launched the development of the Reentry Strategic Plan Task Force.

Our goal was to assure the Georgia DJJ was moving in the right direction by identifying key indicators for improvements which resulted in changed youth, unified families, and safer communities.
DJJ Reentry Task Force

Objectives

Stronger families

Better youth outcomes and reduced recidivism

Collaborative funding opportunities (grants/legislative)

Enhanced collaboration with external stakeholders

Improved system of care

DJJ Plan implementation with SCA funds

Better youth outcomes and reduced recidivism

Collaborative funding opportunities (grants/legislative)

Enhanced collaboration with external stakeholders

Improved system of care

DJJ Plan implementation with SCA funds
Reentry Initiative Process

- Reviewed the Vision, Mission, Goals and Objectives of the Department.

- Mirrored the GA-PRI Framework and converted it into juvenile justice language.

- Representatives were assigned to participate in a Reentry Strategic Plan Workgroup from all sections throughout the Department.

- Meetings were co-facilitated based on the subject area of discussion, engaging an extensive range of subject matter experts to review and develop the strategic plan.
• The Workgroup met weekly over a three month period discussing the Seven Decision Points which included twenty-seven Targets for Change.

• The Workgroup went line by line identifying each policy expectation and each operational performance expectation as an Asset or Barrier.

• Each Decision Point was linked to one or more written policies.

• The Workgroup identified Barriers and developed what steps needed to be taken to address the Barrier(s) and who would be responsible.
• For each Barrier, we determined “Who” will do “What” and “When” in order to eliminate the Barrier (i.e., create a “Plan of Action”).

• Next steps were to assess the resource/fiscal gaps that prevented the Plan from becoming a system-wide reality

• Determined our current fiscal commitment: what was the cost and what would it take to expand the activity system wide?

• Determined performance measures in reaching, achieving and documenting the changes identified in the Plan and how to include the performance measures in policy.
6 Reentry Task Force Subgroups

- Family and Living Arrangements
- Education and Schooling
- Vocational Training and Employment
- Peer Groups and Friends
- Leisure Time, Recreation and Avocational Interest
- Behavioral and Physical Health
Social Determinants of Health

- Emotional
  - Care for emotional crises
  - Stress management

- Physical
  - Fitness
  - Control of substance abuse

- Spiritual
  - Love
  - Purpose

- Social
  - Communities
  - Families
  - Friends

- Intellectual
  - Educational achievement
  - Career development
Family and Living Arrangements Subgroup

Identify providers interested in applying for permanency housing
Review status of Sex Offender discussion and Legislation
Identify high housing needs based on Region/District
Inform and identify possible funding streams
Identify a DJJ family to invite to the subgroup
Research Youth Build and benefits for DJJ Youth
Education and Schooling Subgroup
Education and Schooling Subgroup

• DJJ involved youth are likely to have great difficulty returning to school unless they receive special interventions, even though DJJ is it’s own accredited school district.

• School systems have often not been receptive to enrolling juvenile justice involved youth.

• Also contributing to the problem with schools are zero-tolerance policies that make it difficult to admit or readmit juvenile justice involved youth.
School to Prison Pipeline

1. Amends the "disruption of a public school" statute by requiring local boards of education to develop a system of progressive discipline and to engage parents in the resolution of student discipline issues before referring a child to court.

2. Requires the State Board of Education to adopt and establish minimum qualifications for hearing officers, tribunals and panels, including initial and continuing training.
Vocational Training and Employment Subgroup
Leisure Time, Recreation and Avocational Interest Subgroup

Youth entering the community often face difficulty both in finding and partaking in leisure time activities. Young offenders recovering from drug or alcohol abuse often have not had experience filling their time with anything but consuming drugs and being high. A whole new behavior pattern may have to be developed.
Peer Groups and Friends Subgroup

Build capacity and develop training for mentoring service providers
Identify sorority and fraternities interested in mentoring
Develop a program on healthy/positive choices
Develop peer support classes prior to release
Understand gang relations and develop training to educate staff
Behavioral and Physical Health Subgroup
OFFER HOPE AND YOUTH CHANGE

GEORGIA DJJ OFFICE OF REENTRY SERVICES
"I found myself in the hands of DJJ at around 16 years old. Since I’ve been out I’ve had four job opportunities. Now I’m at a hands-on job I really like doing. By the grace of God I’m here today."  
— Carlos Valdez

"I have beaten all the odds against me. I stopped feeling sorry for myself and decided to use my life to inspire other troubled teenagers who feel like they can’t go another day or another moment. I want to thank DJJ for believing in me when no one else did."
— Chelsi Hope Cash

"Caught up in drugs at a very early age I was a very lost youth. DJJ gave me opportunities that at the time I did not want but these were opportunities that I needed to be able to make good decisions."  
— Chase Thomas

"By age fifteen I was a very troubled teen. I stopped going to school. I had a bad attitude. I started doing bad things. At DJJ I changed for the better."  
— Shelia Dion McAllister

Look At Me Now.
ORS PROCESS FLOWCHART

Long-Term Adjudicated Youth

MDT Meetings

Risk, Needs & service planning goals determined

Substantive historical data obtained and reviewed

Service Plan Developed

Service Plan reviewed

Youth Centered Reentry (YCRT) Teams Process within 60 days of Long-Term Placement frequency determined by need.

YCRT meetings occur monthly 120 days and below

60 Day YCRT Meeting

30 Day YCRT Meeting

Working Transition Plan Developed

Final Transition Plan Developed

Reentry Specialist documents YCRT actions via YCRT Casenote

JPPS insures handoff of the Working Transition Plan to the Reentry Specialist

Reentry Specialist insures handoff to the Reentry Resource Coordinator

Resource Coordinator uses the resource map and transition plan to connect youth to services up to 60 days after release

RRC begins Release Preparations

Responsibilities:

- Reentry Specialists
  - Responsible for the oversight of the YCRT Process to include scheduling notification and documentation

- Reentry Resource Coordinators
  - Responsible for youth transition within 60 days of release and after 60 days of release

- Technology Specialist
  - Database maintenance and Resource Map Development

- Campus Supervisor
  - Quality Assurance for the YCRT process and Special Projects

- Community Supervisor
  - Quality Assurance for the Reentry Resource Coordinators

- Strategic Implementation and Planning Manager
  - Support for the Taskforce including Governance, and ROC
YOUTH CENTERED REENTRY TEAM
REENTRY SPECIALISTS and RESOURCE COORDINATORS
1491 YCRT MEETINGS 3/1/2017 - 9/5/2017
Family Participation – 58.15%

- In Person Percentage: 45.81%
- Conference Call Percentage: 10.53%
- Video Conference Percentage: 1.81%
Department of Juvenile Justice

“OFFER HOPE AND YOUTH CHANGE”

GA DJJ Reentry Taskforce Domain Behavioral and Physical Health Subgroup Strategy
Behavioral and Physical Health

Behavioral Health is defined as programs, support services and procedures, alleviating disturbance of a youth’s mental, emotional or behavioral functioning that vastly interferes with their well-being, development and social functioning. This includes those programs, agencies, providers and interventions that address psychiatric disorders, substance use and sexually harmful behaviors.
Behavioral and Physical Health

Physical Health is not just the absence of disease, but overall wellness. This includes follow up and management of chronic diseases, as well as routine physical and dental health care visits.

The goal of the Behavioral and Physical Health Subgroup to establish a medical home for youth transitioning back to the community in order to provide integrated care and support.
Behavioral and Physical Health Statement of Purpose

To identify and resolve barriers to the delivery of physical and behavioral health services and provide support for DJJ youth as they transition from a facility or residential program to the community.
Behavioral and Physical Health: Subgroup Expectations

- Behavioral and Physical Health Subgroup
- Access to care
- Medicaid/Insurance Funding Resources
- Transportation
- TeleHealth/EHR
- Community Providers Services/Supports
Subgroup Projects

• Additional Partners Identified
  – Initial discussions with GAPHC for physical health needs
  – Reaching out to faith-based and community organizations to alleviate transportation issues

• Physical and Behavioral Health Reentry Services Pathway Logic Diagram Approved
  – Youth Development Campus (YDC)
  – Non-Secure Alternatives to Detention
  – Residential Placements

• Resource link for DJJ Website
  – Starting with links to resources on page
  – Website Development Plan to phase in user-friendly, medical, public health, recreational, and other resource finder by zip code
  – Including printable version at local Court Service Offices
  – Exploring potential mobile application for youth and parents
Behavioral and Physical Health Subgroup Collaborations

Community Service Boards  Federally Funded Health Centers
Subgroup Projects

• **Additional Partners Identified**
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  – Reaching out to faith-based and community organizations to alleviate transportation issues

• **Physical and Behavioral Health Reentry Services Pathway Logic Diagram - Approved**
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Behavioral & Physical Health Reentry Planning Pathways

Summary

Within 20 days of admission into YDC, Begin Behavioral & Physical Health Benefits Planning during Youth Centered Reentry Team (YCRT) Meeting

- Is Youth in a Youth Development Campus (YDC)?
  - Yes → Are Residential Placements being explored for youth (DF- Class II Step Down Option)?
  - No → Is youth awaiting Non Secure Residential Placement in an RDFC?
    - Yes → Begin Application for DJJ Fee For-Service Medicaid (Child-only coverage) five (5) days prior to release
    - No → Did Court Order a Non-Secure Detention Alternative (NSDJ)?
      - Yes, if no other form of health insurance → Care Coordination by Georgia Families 360°
      - No → Did Youth have private insurance prior to YDC?
        - Yes → Guardian to determine private insurance policies on qualifying events & updating dependent’s status; Ask guardian if youth will be removed from private insurance policy
        - No → Did Youth have active Medicaid prior to YDC?
          - Yes → Advise Youth & Families to Complete COMPASS Application to explore benefit eligibility options available to youth in the community. OFF provides internal notifications 120 days prior to release from secure confinement of youth’s prior eligibilities.
          - No → Did Youth receive SSA benefits prior to YDC?
            - Yes → Office of Federal Programs (DJJ) notifies Social Security Administration (SSA) of youth’s long term confinement status
            - No → Explore SSI eligibilities due to new diagnosis
              - Yes → Prepare Pre-release Agreement/Contact SSA to reapply for SSI/RSDI/Survivor Benefits
              - No → 90 days prior to release

- Offer Hope And Youth Change

- If youth has no health insurance benefits, advise youth of other healthcare options such as the Federal Qualified Healthcare Centers and Georgia Crisis Access Line (GCAL)
  - Georgia Families coordinates transition planning and advises youth of benefit options available in the community.
  - If the youth has private insurance, it will be the payer of first resort for all healthcare services.

- Engage Healthcare Providers in Release Planning
  - 120 days prior to release: pre-release planning; DBHDD funding available through most providers before Medicaid is reinstated/Begin Community Transition Planning (Need DBHDD assistance to elaborate)

- No Action required by DJJ
  - During Transition Planning, 120 days prior to release, advise guardian to notify the private insurance of youth’s release in accordance with their policies
Behavioral & Physical Health Reentry Planning Pathways
YDC Placements

Within 20 days of admission into YDC, begin Behavioral & Physical Health Benefits Planning during Youth Centered Reentry Team (YCRT) Meeting.

Are residential placements being explored for youth (RII Step 8 Step down option)?

Yes → Begin application for DJJ Fee for Service Medicaid (Child-only coverage) five (5) days prior to release.

No → Did youth have private insurance prior to YDC?

Yes → Guardian to determine private insurance policy on qualifying events & updating dependent’s status. Ask guardian if youth will be removed from private insurance policy.

No → DJJ COMPASS Individual Users are available to assist the youth and/or their families to complete COMPASS application to explore benefit eligibility options available to youth in the community. Office of Federal Programs provides internal DJJ notifications 120 days prior to release from secure confinement of youth’s prior eligibilities.

Did youth have active Medicaid prior to YDC?

Yes → DJJ’s Office of Federal Programs (OFP) notifies Social Security Administration (SSA) of youth’s long term confinement status.

No → Did youth receive SSI benefits prior to YDC?

Yes → Explore SSI eligibilities due to new diagnosis.

No → If a new clinical diagnosis is determined.

During Transition Planning, 120 days prior to release, advise guardian to notify the private insurance of youth’s release in accordance with their policies.

No action required by DJJ.

Advise youth of other healthcare options such as the Federal Qualified Healthcare Centers and Georgia Access Line (GAL), local Community Service Boards (CSBs) and Care Management Entities (CMEs).

If ineligible for Medicaid → If eligible for Medicaid → Assist guardian with applying for potential benefits through COMPASS or local DFCS office.

90 days prior to release → DJJ community & facility staff prepare pre release Agreement to reapply for SSI/SSDI/Survivor Benefits.

Engage healthcare providers in release planning 120 days prior to release: Pre-release planning: DBHDD funding available through most providers before Medicaid is reinstated/Begin Community Transition Planning (Need DBHDD input to elaborate on CTP)

Offer Hope And Youth Change

Decision Point/Question

Process

On Page Reference/Note

Shape Legend
Behavioral & Physical Health Reentry Planning Pathways
Non-Secure Alternatives to Detention

Court ordered Alternative to Detention (ATD) in Non-Secure Community Residential Placement (NSD)

- In youth an undocumented immigrant OR over 12 years of age?
  - Yes
  - Begin application for BIFF for Service Medicaid (Child-only coverage) within 24 hours of court order
  - Placement is secured

- Does youth have healthcare insurance?
  - Yes
  - Place in an Alternative to Detention setting

- No
  - Placement is secured
  - Release Transition Planning
  - Begin Behavioral & Physical Health Care Coordination by Georgia Families 360°/sum

- Private Insurance remains primary payer source (Family Medicaid such as Peachstate, Wellcare, Amargroup, and Peachcare for Kids (PCK))

Offer Hope And Youth Change

Begin Multi-Disciplinary Coordination Meetings (MDCM): Georgia Families follows youth upon release for up to 12 months. Georgia Families coordinates transition planning and advises youth of benefit options available in the community. Appropriate referrals are made during the MDCM for continuity of care such as CSBS, CMEs, Intensive Family Intervention (IFI), and CORE (a treatment model comprised of an array of mental health services). If the youth has private insurance, it will be the payer of first resort for all healthcare services.
Subgroup Projects

• Additional Partners Identified
  – Initial discussions with GAPHC for physical health needs
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• Resource link for DJJ Website
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  – Exploring potential mobile application for youth and parents
July 2016 thru October 2016: ORS worked with the Department of Community Health to obtain GPS locations for database

January thru July 2016: ORS Began collaboration with Community Division to cultivate and consolidate resources in to one database

Tasks Accomplished

WEBSITE DEVELOPMENT

Ongoing Tasks

January 15, 2018: Resource Map Phase 3 (Full implementation with Apple and Android APP)

Projected Completion Date: January 2018

October 1, 2017: Resource Map Phase 1 (Basic Search)

December 1, 2017: Resource Map Phase 2 (Advanced Search)

June thru August 2017: Technology Manager was briefed on resource database project and began work, and has provided guidance to RRCs and modified template to submit resources. Participated in staff meetings and conference calls.
Resources Listing

Organization Name
Enter Organization Name

Services Provided

- ALL SERVICES -
  - Education and Schooling
  - Family and Living Arrangements
  - Leisure Time/Recreational and Avocation Interests
  - Mentoring
  - Peer Groups and Friends
  - Physical and Behavioral Health
  - Vocational Training and Employment

Availability: Year Round

Services Provided
Houston County
202 N. Davis Drive
Warner Robins, GA 31093
(478) 302-5577

Resource Website

(Family Connections) Jones County Community Partnership - Detail View

Availability: Year Round

Services Provided
Jones County
161 West Clinton Street
Gray, GA 31032
(478) 319-8209/JC (478) 986-0387/SJ
Next Steps

• Continue to make provider referrals for a seamless process based on data assessment
• Formalize MOU with DJJ and GAPHC
• Facilitate youth transportation to appointments—Creation of transportation committee and assessment of needs
• Complete links for care and treatment on DJJ website
• Continue to collaborate with DFACS to expedite Medicaid applications for youth upon release from YDC
COACHES Public/Private Partnership

Amerigroup GF 360 Program Goals

- Improve access to health care services, particularly for physical and behavioral health services covered by the Medicaid program
- Increase continuity of care, including when members transition in and out of foster care
- Enhance health outcomes, providing additional care coordination and improved physical and behavioral health oversight

Families First

Mission: *To ensure the success of children in jeopardy by empowering families*

- In 1890 started as an orphanage on the Westside of the city
- First licensed adoption agency in the state of Georgia (1937)
- In 1964, opened the first group home for troubled teens in the state.
Coaches Empower Young Adults

- Increase young adult’s knowledge and access to the full continuum of services and benefits, in the public and private sectors, that are available to young adults in foster care

- Provide a “one stop” resource to transitioning young adults to focus on building their preparation for self-management and life skills

- Coach them step-by-step on how to access and use healthcare, education, employment, finance, housing, life-skills and other support resources

- The COACHES program supports young adults in gaining the knowledge and skills necessary to access healthcare services and enhances their life skills, to prepare them to live self-sufficiently.
Why COACHES?

• Long-term health outcomes of young adults who have been in DJJ custody
• Federal expansion of health coverage for young adults
• Trauma-informed care/support for young adults who have been in DJJ custody to learn how to access their healthcare services
• Support for young adults in DJJ custody to ensure a successful reentry
• Provide resources and coaching to ultimate reduce recidivism
COACHES DISCLOSURE

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