RE-ENTRY BEGINS AT ENTRY

Initiating Community-Based Services Prior to Release from Direct Care Status

We often use the phrase "Re-Entry Begins at Entry". We know the importance of pre-planning, continuity of services and seamless transitions. For each of those reasons, staff are encouraged to send referrals for services well ahead of anticipated release dates and target service start dates. Staff are also encouraged to request the initiation of community-based services while youth are still in direct care status to prepare for release.

When should referrals for community-based services be submitted? Can services begin prior to release? Referrals for services for community-based services should be made approximately 60 days prior to release from direct care. Referrals can be made for services to begin upon release. Referrals can also be made for services to be initiated while the youth is in direct care status and follow the youth back to the community on parole.

What are some of the advantages of initiating community-based services while youth are still in direct care? Initiating services prior to release, while youth are in direct care status, allows time for providers to begin building rapport and developing relationships with youth prior to their return to the community. A period of pre-release services can also allow time for direct care and community-based treatment staff to confer and collaborate.

Which community-based services can be requested to begin during direct care status? Which services cannot begin prior to direct care release because they are not well suited for pre-release initiation?

Some services, (e.g. individual therapy, intensive care coordination), can begin during direct care status. Some services, including those services that require the completion of additional practice in natural settings, are not well suited for pre-release initiation. Our two primary family therapy models, Functional Family Therapy (FFT) and Multi-Systemic Therapy (MST), require practice in natural settings with caregivers, but can begin 2-4 weeks prior to release, with caregiver and youth engagement. FFT must have both the parent and youth present together (either in person or telehealth); whereas MST services can begin with the caregiver in the community.

What is the process for requesting that community-based services begin during direct care status and how many days prior to release can those services begin?

The recently revised DJJ RSC Model Service Referral Form includes a field for requesting pre-release services.

REFERRAL REQUEST		
Requested Start Date:		to begin prior to release date, please explain. This
Youth's Current Physical Location:		may include a transitional meeting, intake or
Pre-Release Services:		sessions, as applicable.

The revised form also includes a field for indicating the names of secondary workers. In addition to listing the name of the assigned court service unit worker, there is a space for entering the primary direct care staff member.

Referring Staff Name:	
Referring Staff Email:	Referring Staff Phone:
Other Staff Name:	
Email:	List other related contacts here, as

How many days prior to direct care release can services begin?

Service initiation is variable across service type and ranges from 30-60 days.

In addition to formally beginning services, what are other recommendations for pre-release engagement? In addition to formal service initiation, through the RSCs, workers can request intakes, introductory meetings, transition sessions, and pre-release assessments (e.g. life skills assessments). Workers can also coordinate with the RSC to request provider attendance at re-entry meetings.

What if I am not sure if pre-release services are viable or if providers from my area are willing to travel?

It is not necessary to know if a specific category of service can be offered pre-release or if a given provider is willing to travel to provide pre-release services. Referring workers can request pre-release services by completing the applicable section of the referral form. Regional Service Coordinators will contact referring workers to review customizable options for the approval of pre-release services. Providers may provide services in person or through technology-aided contacts.