Transition Services for Justice-Involved Youth and Young Adults with Disabilities: Rehabilitation and Recovery Practices
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Summary

Many justice-involved youth experiencing trauma also report high rates of mental and behavioral health conditions. As shown in the chart on the next page, up to 90 percent relay exposure to some traumatic event, 70 percent meet the criteria for a mental health condition and 30 percent meet the criteria for post-traumatic stress disorder (PTSD). Additionally, the U.S. Department of Education estimates that 30 to 60 percent of youth in correctional facilities have a disability. When left unaddressed, a person’s mental and behavioral health symptoms can negatively affect their economic outcomes. The justice system faces challenges in establishing and maintaining supports to address these needs and reduce their impact on education and employment.

This brief describes how rehabilitation and recovery interventions can help states improve long-term workforce opportunities for justice-involved youth and young adults with disabilities (Y&YADs), including those with pre-existing mental and behavioral health needs. Such interventions can reduce the risk of the correctional settings exacerbating mental health conditions and empower justice-involved youth — including Y&YADs — by breaking cycles of reincarceration and unemployment. Focusing on rehabilitation and recovery can also advance policymakers’ goals of addressing challenges faced by marginalized populations while enhancing socioeconomic growth.

Policymakers can consider several rehabilitation and recovery practices that support long-term outcomes in correctional facilities, including:

1. Expanding initial screening to identify and address individualized needs;
2. Replacing punitive isolation practices with recovery practices;
3. Developing cultural competency training to address intersectionality; and
4. Implementing trauma-informed practices to address unresolved needs.
Introduction

Y&YADs are more likely to be involved in the justice system than their peers without disabilities. During their justice system involvement, Y&YADs can experience multiple challenges — including behavioral disorders, mental health conditions and other co-occurring disabilities — that hinder rehabilitation and limit opportunities for recovery. Often, these conditions are connected to long-term and complex circumstances, such as trauma within the family, which can create barriers to education and employment.

There is a notable correlation between reduced recidivism rates and increased employment for justice-involved youth. By promoting rehabilitation and recovery, states can address reincarceration, bolster educational attainment and expand access to jobs.

Trauma, Mental Health Disorders and PTSD among Justice-Involved Youth and Young Adults

These high percentages can increase the risk of unemployment and recidivism.

Source: The National Child Traumatic Stress Network.
To implement holistic rehabilitation and recovery practices that foster effective transitions from the justice system to schools, workplaces and communities, state policymakers can look to four broad evidenced-based strategies.

1 | Expand initial screening to identify and address individualized needs.

Early screening can identify substance use disorders and other risk factors which helps to ensure Y&YADs receive the services and supports necessary to achieve positive long-term employment outcomes. Screening plays a key role in identifying “invisible” and undocumented disabilities prevalent among justice-involved youth, including undiagnosed and untreated behavioral and mental health conditions and intellectual and learning disabilities. For instance, studies show that up to 85 percent of youth in detention facilities have disabilities that make them eligible for special education services; but only about 37 percent of justice-involved youth with disabilities actually received special education services in school. Youth and young adults with unidentified disabilities frequently enter the justice system with gaps in their educational attainment that must be addressed to help them succeed.

Y&YADs who are not properly screened or accurately diagnosed upon entry into the justice system face a greater risk of adverse outcomes and may not be connected to the programs and services needed to achieve positive long-term employment success. For example, staff might misinterpret a youth’s behavior as disruptive and impose punitive measures, not realizing the conduct may be indicative of a disability.

Early tracking and screening helps strengthen service delivery and ongoing support to Y&YADs during critical periods of youth development by
establishing a foundation upon which to develop a comprehensive plan to holistically address their individualized needs. Early screening also contributes to positive long-term economic outcomes by increasing teachers’ and employers’ understanding of how to accommodate Y&YADs’ needs, reducing negative perceptions about juvenile offenders and optimizing pre- and post-employment systems to create a positive hiring atmosphere.16

**State Examples:**

**Oregon** created the [Juvenile Justice Mental Health Task Force](#) to examine how its juvenile justice system could better serve youth with mental health needs. The task force’s proposals emphasized the need for early identification of mental health conditions to adequately address underlying factors that may be contributing to the youth’s behavior. It recommended standardized screening practices (e.g., for autism, developmental delays and adverse childhood experiences), data sharing between agencies and schools and continuity of care within the system and after release. The task force also noted important programs that screen and treat mental health conditions, such as school-based care and early intervention diversion programs.17

**Massachusetts** developed the [Massachusetts Youth Screening Instrument-Version 2 (MAYSI-2)](#) to identify and diagnose behavioral health needs for justice-involved youth ages 12-17. Practitioners in 35 states use the tool in probation and diversion programs, as well as during intake in detention and correctional centers.18

**Mental Health Screening Tools**

While the MAYSI-2 is the most commonly used or required screening tool in detention, correctional and probation settings, certain states use or adapt other [mental health screening instruments](#). These include the Global Appraisal of Individual Needs-Short Screener (GAIN-SS) and the Strengths and Difficulties Questionnaire (SDQ). There are also states using locally developed tools and validated screeners (e.g., Florida and Georgia). Research suggests that the quality of these tools varies, as does the extent to which particular tools are required or merely recommended.19

**Federal Intervention - Second Chance Act: Mental Health and Substance Use**

The [Second Chance Act](#) created a “Reentry Program for Adults with Co-Occurring Substance Use and Mental Disorders.” This grant program seeks to reduce recidivism for people with co-occurring substance use and mental health disorders and includes incentives to optimize screening and assessment and improve transitions from the justice system back to the community.
Replace punitive isolation practices with recovery practices.

Long periods of isolation during incarceration can cause serious psychological, physical and developmental harm, resulting in persistent mental health problems and even suicide.\textsuperscript{20,21} Solitary confinement can also exacerbate existing behavioral health conditions, particularly when used for long periods.\textsuperscript{22} Even short periods of solitary confinement can increase the risk of recidivism and negative employment outcomes.\textsuperscript{23}

Unsuitable and inappropriate punitive isolation practices are sometimes implemented when Y&YADs with certain types of disabilities exhibit an exacerbation of coping behaviors connected with their disability due to environmental conditions present in correctional facilities. For example, crowded and noisy spaces or bright lights can intensify anxiety symptoms for people with learning disabilities or autism; they may respond by yelling or fleeing the area.\textsuperscript{24,25} Staff observing the behavior may erroneously view this as “acting out,” and place Y&YADs in isolation as punishment, rather than handling the situation appropriately and providing needed supports.\textsuperscript{26} This example underscores the importance of identifying disabilities early to provide proper services.

To keep youth in justice facilities engaged in recovery and reduce what others may perceive as negative behaviors, states can consider using alternative practices which help them develop their strengths and skills. Areas of focus can include social skills, critical reasoning and impulse management.\textsuperscript{27} Boosting self-awareness in Y&YADs with behavioral conditions is another important alternative recovery strategy. These strategies can mitigate some of the adverse effects of isolation and reduce recidivism:

Positive Behavior Interventions and Supports (PBIS) are a collection of integrated practices implemented to encourage positive behavior.\textsuperscript{28} PBIS can set up a restorative and rehabilitative environment and provide an inclusive culture leading to positive development, educational gains and workforce success.\textsuperscript{29,30} Implementation plans can include an auditing process that reviews such approaches as alternatives to traditional punitive measures (e.g., restraint).\textsuperscript{31}

Cognitive Behavioral Therapy (CBT) can help incarcerated youth identify and reframe unhealthy thinking patterns and build self-awareness, self-control, critical reasoning, social skills and impulse management to promote healthier thinking patterns and behavior.\textsuperscript{32} CBT can also reduce recidivism and help Y&YADs develop skills that they can apply in the workforce for successful reentry outcomes.\textsuperscript{33,34}

State Examples:

Texas implemented schoolwide PBIS in a juvenile correctional facility in 2009 to improve student conduct and academic performance. Following the PBIS rollout, there was a 46 percent reduction in behavioral incidents and a 21 percent increase in daily school attendance. Furthermore, students achieved 131 new career and technical industry certifications.\textsuperscript{35}

Colorado passed House Bill 1328 in 2016 to prohibit the use of restraint or seclusion by juvenile justice facilities as a punishment, sanction, or as part of a treatment plan, and to allow its use only for emergencies.\textsuperscript{36} It also establishes a Youth Seclusion Working Group in the Division of Youth Services, which includes representatives from the Department of Human Services, nonprofit advocacy groups and experts in adolescent development. They monitor the use of confinement and seclusion and propose alternatives and best practices.\textsuperscript{37}
Develop cultural competency training to address intersectionality.

Ensuring that justice and other state agency staff serving youth receive cultural competency training focused on intersectionality can help improve communication with and understanding of justice-involved youth and improve their service delivery. Moreover, such training can also help reduce the disproportionate representation and punishment of incarcerated youth with intersecting social identities.

How an individual’s various social identities intersect in ways that further oppress or empower them in society is called intersectionality. Data across states suggests Y&YADs with intersecting social identities, including those who are LGBTQ+ or members of historically marginalized groups, are overrepresented in the justice system. About 20 percent of youth in the system identify as LGBTQ+, versus 5 percent in the general population. Also, LGBTQ+ people involved in the system are more likely to experience trauma and homelessness than heterosexual individuals.

Youth and young adults with marginalized racial identities are also more likely to be detained and committed to the justice system than their white peers. More than 60 percent of juvenile detention officers are white, meaning predominantly white officers often interact with youth from different racial backgrounds within juvenile settings. A lack of culturally competent practices, combined with personal and systemic biases, can lead to unfair punishment. For example, Black youth in the justice system are more likely to receive severe punishment due to bias that leads them to perceive these youth as adults.

Assessments of cultural competencies among justice system staff indicate the need for intersectionality training to address disability with a multifaceted lens by highlighting:

**Implicit biases**, i.e., attitudes or stereotypes that affect understanding, actions and decisions in an unconscious manner. This bias can be particularly harmful to rehabilitation for Y&YADs with intersecting social identities.

**Multi-system involvement**, which is a reality for many youth with multiple marginalized identities. It can include interactions with several child welfare, mental health and developmental disabilities agencies. Youth in multiple systems often experience compounded trauma caused by their experiences in individual systems. Additionally, youth involved in both the child welfare and justice system have high rates of neurodevelopmental disabilities and many of them do not receive adequate services for academic development.

State agencies can implement cultural competency training to better equip practitioners to provide services to youth with intersecting identities. These trainings can give personnel and practitioners a better understanding of disability, behavioral disorders and trauma. Training programs can also help personnel overcome bias to better serve youth with certain intersecting identities by including:

**Culturally responsive care** delivered by trained practitioners, including teachers, case managers,
and transition leaders. Culturally responsive care can help Y&YADs improve their self-perception and emotional well-being; it can also improve responses to traumatic experiences for individuals with intersecting identities.  

Multicultural approaches that teach Y&YADs to internalize and respect their own identity to improve self-image and overcome negative mindsets. Practitioners can tie cultural beliefs to coping and recovery with culturally responsive practices. Overall, this training can leverage the unique perspectives and experiences that youth identities can bring to future education and employment.

**State Examples:**

The **Oregon** Youth Authority’s (OYA) Affirmative Action Plan requires OYA to collaborate with the Office of Inclusion and Intercultural Relations (OIIR) to promote culturally competent and sensitivity training with juvenile justice staff and youth, including those with disabilities. OIIR training is required for all staff and supplemented by “Cross Culture Communication” to help personnel “respond to culturally diverse individuals, families and communities in an inclusive, respectful and effective manner” and provide gender-specific and language-appropriate treatment services to empower youth. Furthermore, OIIR established African American, Native American and Latino advisory committees.

The **Utah** Division of Children and Family Services collaborated with the Utah Pride Center to provide statewide training for all juvenile justice system staff on LGBTQ+ cultural competency. The program involved a basic understanding of LGBTQ+ concepts and tips for making spaces more inclusive. The training also equips mental health care professionals with strategies to support LGBTQ+ Y&YADs.

### Implement trauma-informed practices to address unresolved needs.

Because research from the last decade suggests that up to 90 percent of justice-involved youth report exposure to a traumatic event and 30 percent meet the criteria for PTSD, implementing trauma-informed practices to address unresolved trauma is an important part of recovery. These youth may experience trauma before their involvement with the justice system, as a result of involvement, or both. Arrests, detention, court proceedings and removal from one’s community can be significant sources of trauma and exacerbate the effects of preexisting trauma. Unresolved trauma often impacts justice-involved Y&YADs during incarceration and can affect their ability to trust, cause long-term mental health conditions, mask invisible disabilities and disrupt educational and employment prospects.

States can examine how the justice system considers the impact of trauma experienced by youth and reduce the risk of introducing additional trauma by implementing the following trauma-informed practices:

**Trauma-informed partnering with youth and families** helps Y&YADs establish positive relationships in their support network to encourage emotional development (e.g., coping mechanisms). When systems partner with families, it reinforces trust, which is especially important in working with those who may have previously experienced trauma within the context of a service system.

**Trauma-informed cross-system collaboration** helps states coordinate with social workers and health care professionals (e.g., behavioral health specialists) to create trauma-informed systems. These systems emphasize cultural sensitivity to address the lived experiences and holistic needs of justice-involved Y&YADs. Collaboration can also
Trauma-Informed Programming as a Pathway to Workforce Development

Personnel in justice facilities can coordinate with workforce boards, community-based organizations and other partners to increase employment success and retention for justice-involved youth by educating employers on the effect of trauma on worker performance and fostering supports for workplace mental health. The Kentucky Department of Juvenile Justice (KYDJJ) has a team of mental health practitioners at each juvenile facility. The team receives training for various trauma-informed practices and targeted services for Y&YADs. Kentucky also contracts with hospitals, universities and mental health care providers across the State to deliver trauma-informed CBT and activities such as trauma-informed yoga. KYDJJ supplements this with programs for youth, families and communities to help reduce recidivism — including both life and job skills training.

The Missouri Youth Services Institute (MYSI) developed an “Approach for Positive Juvenile Justice System Outcomes” that seeks to address the cycle of abuse and trauma, known as the “trauma outcome process.” MYSI’s approach includes providing justice-involved youth with a safe and supportive environment where staff and youth interact, discuss issues and find common ground and understanding of how they and others were impacted by their traumatic experiences. They focus on the strengths developed to survive and recognize trauma responses, contain reactions and resolve traumatic experiences. MYSI’s approach is also designed to decrease recidivism and results have shown increased educational achievement.

Support long-term employment outcomes through partnerships with schools, vocational rehabilitation and community-based organizations.

Trauma-informed programming and staff education provides direct ways to raise awareness and cultural sensitivity to build resilience in youth and families. This can promote equitable practices and inclusive spaces that allow for diverse representation, including addressing the particular needs of Y&YADs.

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Conclusion

Rehabilitation and recovery practices can mitigate a variety of challenges that transition-aged Y&YADs often face in the justice system, including barriers related to mental health, trauma and disability, as well as biases associated with intersecting identities. By implementing these practices, states can reduce recidivism and poverty, support positive youth development, better address the needs of justice-involved Y&YADs holistically and help promote their long-term success in education, employment and adulthood.

This is one brief in a two-part series on serving justice-involved Y&YADs. The other brief covers educational and economic access.

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Endnotes


9. Ibid at 1.


29. Ibid.


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