

The Missouri Approach

A revolutionary approach to meaningful juvenile justice reform.



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- DYS 101 and Evolution
- Structure & Treatment
- Interventions

Mo. Juvenile Justice 101

- DYS is a part of State Department of Social Services, serving “deep-end” youth, who often have been served unsuccessfully by other systems.
- Youth are committed to DYS care and custody from 45 separate juvenile circuits
- DYS typically retains jurisdiction for juvenile offenders until discharged or until the youth reaches age 18, and some cases age 21.
- DYS administers Juvenile Court Diversion program for the purposes of strengthening local systems and reducing commitments

Mo.DYS Statistical Overview

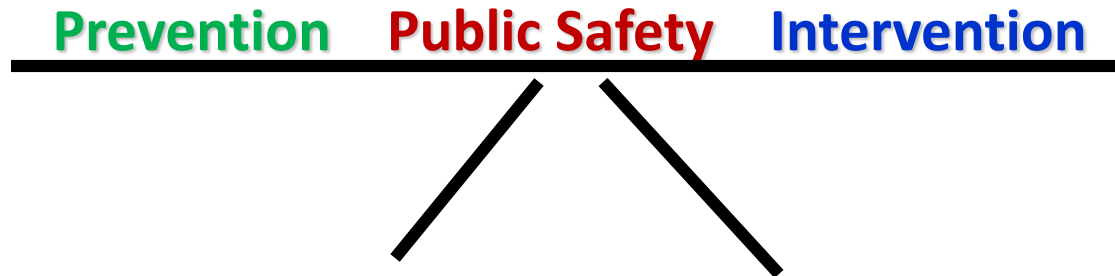
- 591 youth were committed to the Division of Youth Services (DYS) in SFY18.
- 487 (82%) of youth committed were male; 104 (18%) were female.
- The average age of all committed youth was 15.1 years.
- 237 youth committed (40%) had a history of prior mental health services.
- 245 youth committed (41%) had a history of prior substance abuse involvement.
- 121 youth (20%) were committed for the most serious felonies (A/B).
- 297 youth (50%) were committed for less serious felonies (C/D/E).
- 111 youth (19%) were committed for misdemeanors and other non-felonies.
- 62 youth (11%) were committed for juvenile offenses.
- 247 (43%) of all committed youth were from single-parent homes.
- 375 (63%) youth were committed from metropolitan areas.
- 262 (58%) of DYS youth ages 17 or older had earned a high school diploma or a High School Equivalency (HSE) by the time of discharge.

MO DIVISION OF YOUTH SERVICES GRADUATION



Smart JJ=Continuum of Care

Juvenile Justice Systems Finding a Balance



The Evolutionary Journey to a Humane System and Better Results in Missouri

- Fundamentally changing our view of young people and families, moving beyond behavior and stereotypes (youth and families)
- Unrelenting compassion, determined to find what works (e.g. hard heads, soft hearts)
- Young people and families in the “center” of everything we do
- Adaptation - program fits youth (family); not youth fits program

Correctional Vs. Rehabilitative

- External Controls
- Lock-up
- External control
- Positional Power, Autocratic, No Relationship
- Inmates
- Majors, Lieutenants, Sergeants
- Correctional Officers, Security Workers, Security
- Family/Community as problem
- Regiment, rules
- Custodial supervision
- Behavioral Compliance

TRADITIONAL

- Safety 1st(emotional, physical)
- Continuum of Services
- Facilitation
- Healthy Hierarchy, Boundaries, Relationship
- Young people
- Leaders, Managers, Directors
- Youth Workers, Service Coordinators, Counselors
- Family/Community as partners
- Structure, order
- Engaged interaction
- Internalized Change

TREATMENT

Some Key Operating Principles

- **Values driven**
 - Alignment and accountability to a **humane and trauma informed** mission.
- **Humane Environment**
 - It is the responsibility of the agency to provide a **healthy, therapeutic, nonjudgmental, and accountable environment** within which change may take place.
- **Least Restrictive Environment, Small Programs, Close to Home**
 - The least restrictive environment and **services close to the youth home** should be provided to youth.

Some Key Operating Principles

- **Group Approach/Process**

- Group treatment is an effective method of providing treatment services for youth in Juvenile Justice programs. Groups provide youth the opportunity for **resolution of core issues, skill improvement and development of social-emotional competency.**

- **Developmental Strengths Based Approach**

- Individual treatment planning identifies customized services and supports for youth and families. The student's treatment program is based on their **strengths, needs, core issues**, utilizing best practice strategies.

Some Key Operating Principles

- **Continuity of Services and Relationships**

- The case manager/service coordinator can serve as the **primary advocate** for each youth and their family throughout the process.
- Stable, assigned staff teams (with an appropriate staff to student ratio) in residential programs **provides consistency, modeling and the development of healthy therapeutic relationships.**

- **Family Voice, Choice, and Engagement**

- Planning is grounded **in family members' perspectives, and provides options and choices.** The process recognizes the importance of the bonds between family members and significant others and creates opportunities for involvement

Mo.DYS Treatment Beliefs

values driven  *what works*

“If your child was the next one in/out the door?”

- ***All behavior has a purpose*** - behavior is often a symptom of unmet needs.
- ***Safety and structure are the foundation of treatment***
– Meeting youth's basic needs and providing physical and emotional safety is the foundation of treatment.
- ***The family is vital in the treatment process*** - family expertise and participation is essential in the youth's treatment process, and can also help facilitate system change within family.

The Foundation of Treatment & Education Services

Correctional vs. Safe Humane and Developmental Environments

Traditional Youth Corrections



Therapeutic & Developmental



Correctional vs. Safe Humane and Developmental Environments

Traditional Youth Corrections



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Correctional vs. Safe Humane and Developmental Environments

Traditional Youth Corrections



Therapeutic & Developmental



Division of Youth Services



Treatment Programs

MISSOURI DIVISION OF YOUTH SERVICE

Structure & Treatment

Levels of Care



Day Treatment



Community Based

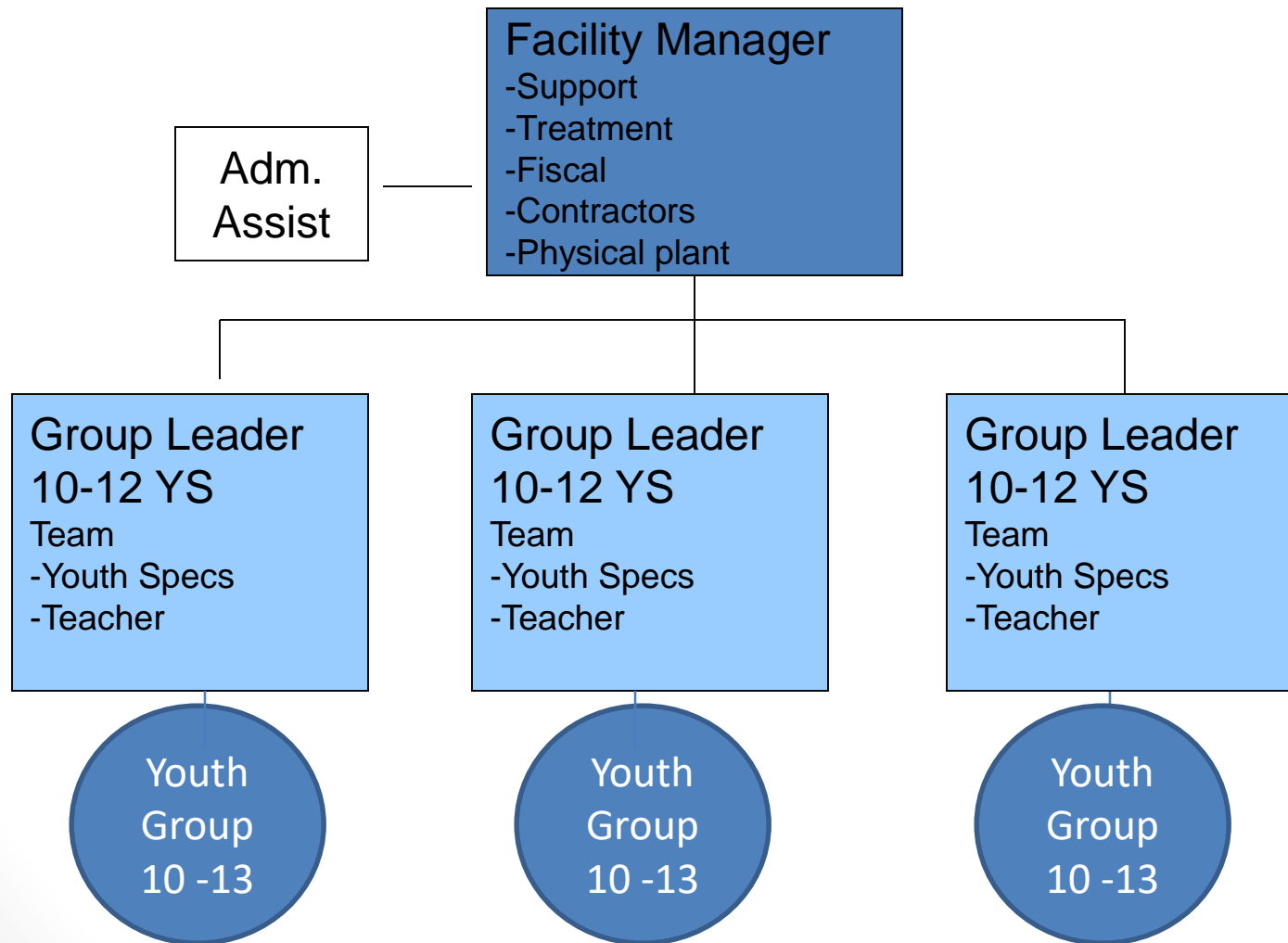


Moderate



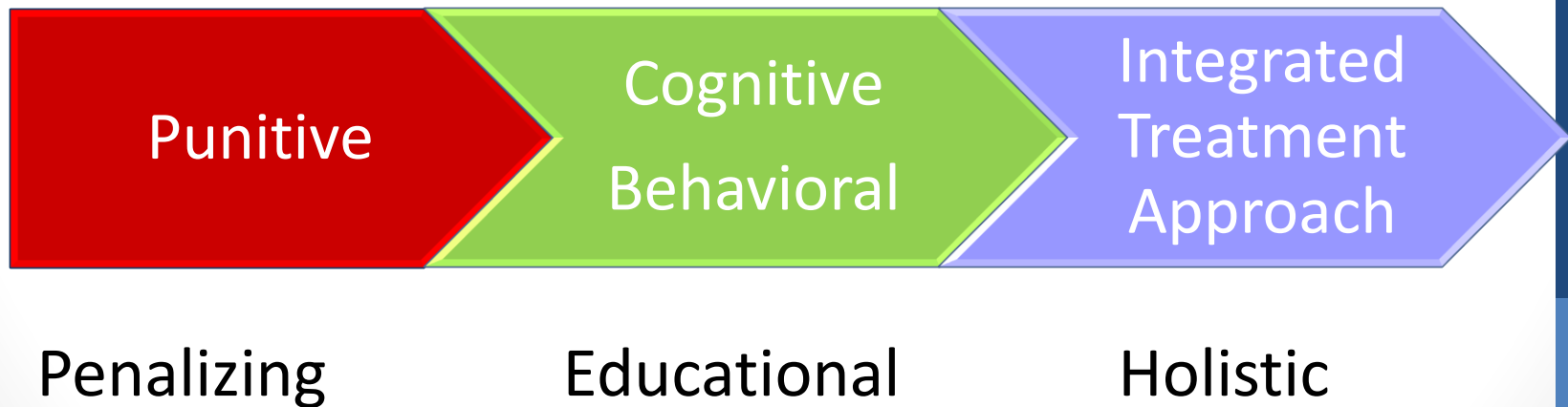
Secure

Missouri: Basic Facility Structure



Fully Integrated Treatment Approach

- **Comprehensive and trauma-informed process** focused on emotional healing, self-awareness and cognitive-behavioral, youth development, family systems.



Integrated Treatment Approach

- **Individualized treatment and education planning** based on asset, risk, and needs assessment
- **Focused on youth and family development**
 - healthy peer-to-peer and adult-child relationships
 - self-awareness and insight
 - skill development
 - resolution of core issues
 - behavioral change
 - family and community connections, natural support networks

Integrated Treatment Approach

- **Key Components**

- **“Holistic” approach** - perceptions (cognitions), feelings/emotions, decisions and behavioral choices
- **“Group Systems”** – integration of group process, developmental, and family systems
- **Individual Education and Treatment Planning** - that reflect the change process and provides an individualized “roadmap”
- **Purposeful and Intentional Use of Time** - structured planning including education, treatment, experiential learning, skill building, connections to family and community

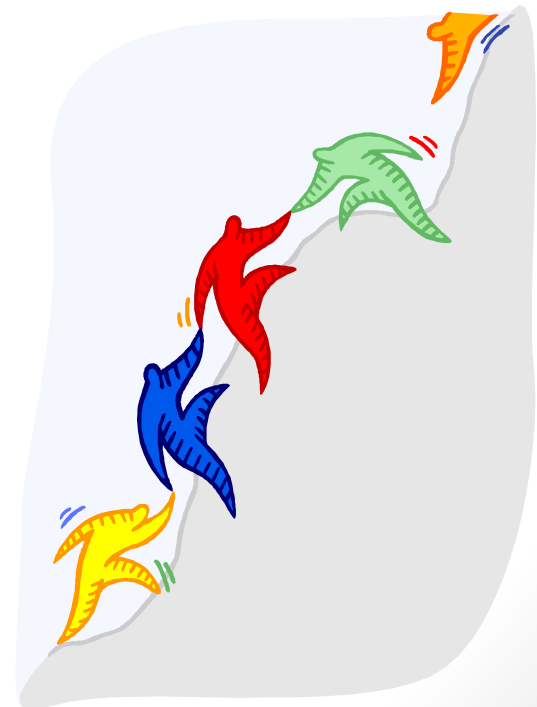
Integrated Treatment Approach

Purposeful and Intentional Use of Time

- **Individualized and integrated educational approach** (“therapeutic one-room schoolhouse”)
- **Predictable Daily group meetings** (sacred time, emotional safety, trauma work, self acceptance and accountability)
- **Ongoing treatment activities** and group “circles” (educational, conflict resolution, problem solving)
- **Regular engagement with family and community** (empathy and giving back)
- **Leadership (Positive Youth Development)** and recreational opportunities

Interventions

how we help



General Treatment Process

- Stage 1: Meet safety and security needs of individual and group through directive staff and group leadership to achieve basic expectations (clean, neat, orderly; clear boundaries, etc)
- Stage 2: Teach basic information about human behavior including family systems, effects of trauma, basic needs, child development, goals of behavior, (to support new behavioral options, practice and exploration, healthy relationships, self disclosure, insight)
- Stage 3: Use present situations to link learning to here and now interactions with the impact of past life events (internalized emotional, mental, and behavioral change, make connections to home/community)

General Treatment and Programmatic Guidelines

- Treatment programming must address the needs of the individual within the context of their family and cultural systems. Meeting the needs of youth must be simultaneously balanced with the need to protect the community.
- All behavior has a purpose and delinquency and other harmful behavioral patterns are viewed as coping mechanisms. Most often these are adopted in the face of earlier abuse, neglect or other failures to meet developmental needs.
- Treatment programming must be multi-cultural and gender sensitive. Programming should provide a continuum of care to meet youth and family needs; and youth being placed in the least restrictive environment; and as close to home as appropriate and possible.

General Treatment and Programmatic Guidelines

- All programs must provide a humane environment.
- Programming is structured to provide meaningful family engagement and involvement in treatment.
- Engaged and supportive supervision, interventions and interactions with youth and groups is required at all times to create a safety net of support (eyes on) (ears on) supervision. Treatment goals are to help youth understand their meaning of their behavior, their role in the family, address core issues, and learn successful strategies to express emotions and meet needs.

General Treatment and Programmatic Guidelines

- Blaming and punitive behavior and the shaming it induces, is seen as counterproductive to the ultimate goal of internalized change; the emphasis is on teaching accountability and the impact and consequences of one's behavioral choices.
- Program interventions focus on de-escalating tension with individuals and groups so that a crisis does not actualize or escalate.
- Treatment and education programming and goals are integrated and customized to meet individual and group needs i.e. teachers are a part of the treatment teams, treatment goals support educational achievement, and educational programming incorporates treatment learning.

Safety Building Blocks

Unconditional Positive Regard

Dignity & respect
Strengths-based
Equity, hope

Basic Needs Met

Food, clothing, shelter
Emotional & physical safety
Humane environment
Belonging (you are not alone)
Family involvement

Boundaries & Communication

Clear, caring, firm boundaries
Staff walk the talk
Warm welcome (orientation)
Trust building
(foundation for safe self disclosure)

Supervision

Awareness (Eyes, Ears, Hearts)
Predictability, structure, balance

Basic Expectations

How we treat each other and our environment (no hurting)
Clean, neat, & orderly
Rights & Responsibilities

BELIEFS & PHILOSOPHIES

BASIC NEEDS MET

- Medical needs are being met
- Tasty and nutritious food
- Environment is safe clean and organized
- Youth focused on relationship vs. things
- Environment bright and colorful
- Youth receive meaningful family visits and families are a part of the treatment team
- Youth are working on education goals and/or career & job goals that are based on their strengths
- Youth have decent clothing and shoes
- Youth have “homey” appropriate bedding
- Youth have healthy adequate hygiene products
- Youth are dress appropriately (age and style)
- Youth experience a sense of belonging
- Youth have ITP based on strengths and needs

BASIC EXPECTATIONS

- Youth function well in a group (you feel "groupness") close proximity (amoeba effect - fluid not rigid)
- Staff standing or sitting with the group; listening, actively engaged with youth
- You hear compassionate tone of voice/kind firmness and direction as needed
- You see/hear group calls being used for celebrations, dealing with needs and issues, transitions
- Youth and staff can understand and explain the use of group calls and group process
- Interventions based on need
- Safe, neat, and organized
- No hurting is demonstrated in actions and words
- Youth understand their rights and responsibilities
- Issues and hurting behaviors and comments are dealt with in a firm, caring, tone and manner by staff and youth

ENGAGED SUPERVISION

- Staff actively engage youth/group by leading and guiding
- Staff sit with youth and participate in conversations at meal times.
- Staff stand/sit with youth and participate in group discussions
- Staff participate with youth during other treatment activities, recreational & educational activities,
- Staff work as team; providing support and feedback to each other in regard to their work with the youth/group
- High awareness on all shifts
- Youth schedules predictable, but not rigid
- Balance of treatment/core issues, education, recreation
- Management providing direction and leadership
- Youth and families receive regular, ongoing and as needed family visits in the program, home visits, meetings, and supervision
- Staff are actively engaged with the youth's families and/or guardians (res, day tx and aftercare)

BOUNDARIES AND COMMUNICATION

- Kids and staff are "social" (introduce themselves, shake hands, eye contact etc.)
- Kids are empathetic ; spirit of helping
- Kids know schedules, routines & staff reinforce
- Appropriate youth/staff interactions (eat together, personal boundaries respected , staff work and intermingle with youth)
- Youth provide tours and can explain goals & format of program (level, personal goals)
- Family atmosphere is communicated thru art, décor, youth have their work on the walls
- Staff and Youth know everyone's name
- Youth are “candorous” and are talking about real issues
- Hear fun, happy conversations
- Youth share pride about self , program and future
- Staff at all levels effectively communicating (clear, direct, open and caring)
- Youth can maintain healthy boundaries with friends and others in the community

UNCONDITIONAL POSITIVE REGARD

- Happy, engaged, active, smiling
- Hope for the future
- Success celebrated by youth and staff
- Everyone is accepted/belong
- Neutrality (staff have a systems perspective, understand problems vs symptoms and do not judge, condemn youth/families)
- Youth are knowledgeable about each other
- No scapegoats or favorites
- Staff demonstrate “unrelenting compassion”



Humane and Developmental Approaches Increase Safety

Safe and Humane Environments

- Youth are 4 ½ times more likely to be assaulted in other youth correctional programs than in Missouri DYS.
- Staff members are 13 times more likely to be assaulted in other youth correctional programs than in Missouri DYS.

Source: Research by Dick Mendel (2008) comparing Missouri DYS to youth correctional programs participating in the Performance Based Standards (PbS) process.

Change Is From The Inside Out

What does this mean?

Assessing Readiness

- What does that mean?
- What would it look like?
- How can you tell when someone is “ready” to make changes?
- What does that feel like?

Symptoms are Adaptations

- DYS looks at our kids and the trauma they have been through in their lives.
- A trauma model frames survivors' symptoms as adaptations, rather than as pathology.
- Every symptom helped a survivor in the past and continues to help in the present — in some way.
- Emphasizes resiliency in human responses to stress.
- It reduces shame.
- It engenders hope for clients and providers alike.

ALL BEHAVIOR HAS A PURPOSE!

Problems vs. Symptoms

behavior → **goal/needs**

- All behavior moves towards a goal
- Goal of behavior is to meet basic needs
- What kind of behaviors do we see from kids trying to get needs met?
- These are indicators of unmet needs
- Don't confuse cover behavior with the real issues

All Behavior Has A Purpose: Line of Movement Example

Perceptions

I am worthless

People hurt you

World is dangerous

Feelings

shame

fear

threatened

Behavior

Withdraw

Defensive

Fight/flight

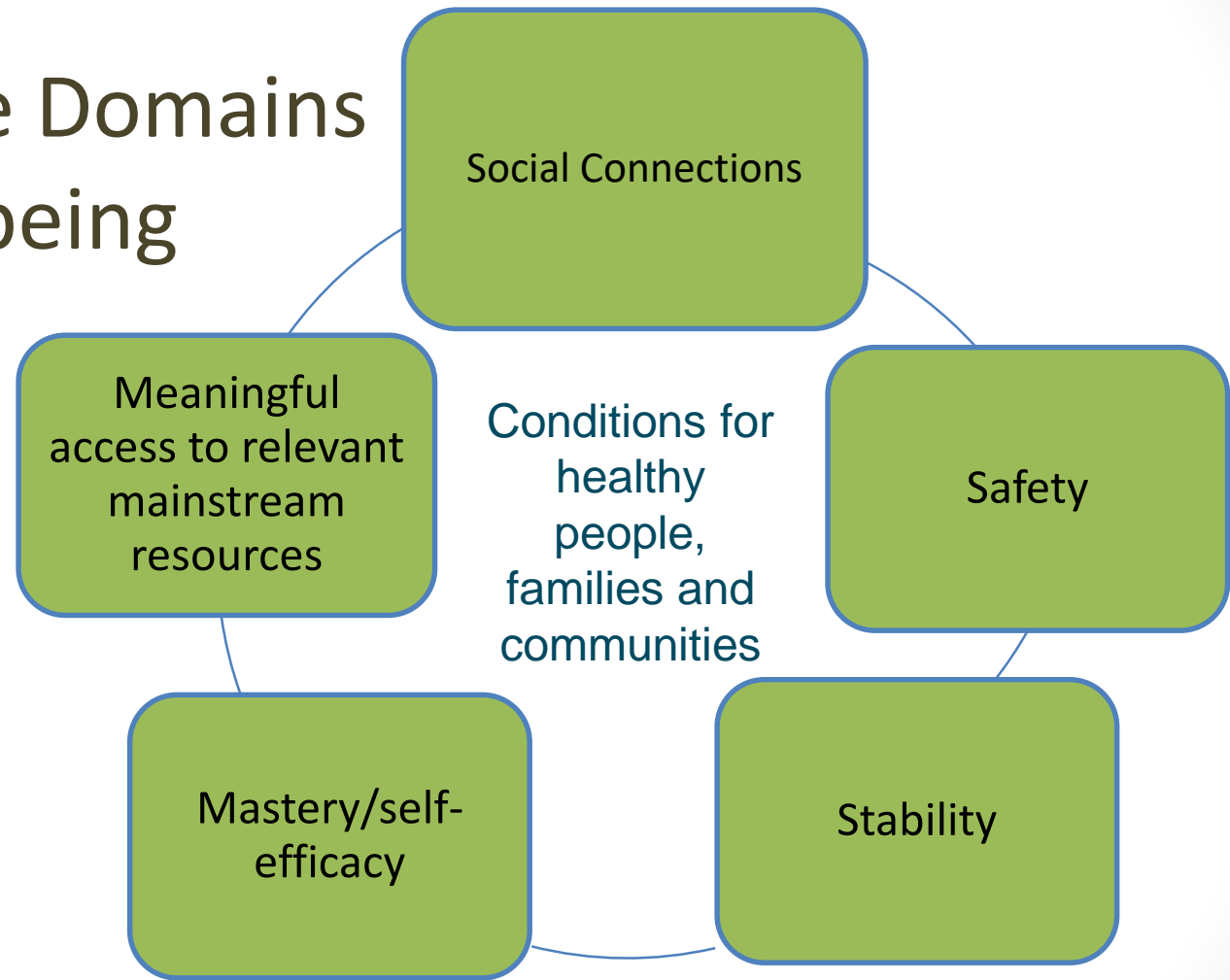
goal/needs

safety

What we all need

The Five Domains of Wellbeing

Breaking inter-generational cycles of poverty, violence and *trauma requires we simultaneously support progress in these five domains – at the individual, family and community levels



Group Approach

- **Therapeutic Intervention, Youth Development, and Social-Emotional Competence** through:
 - Assessing group dynamics and systemic needs
 - Group “circles” for facilitating peer to peer feedback, and conflict resolutions
 - Daily group meetings to address treatment needs
 - Experiential group projects including youth team building, outdoor education and other opportunities to learn and practice social-emotional competence

Treatment Planning

Creating Sustainable Change



youth



family



school



community

Comprehensive Strengths Based Individualized Treatment Plan: What's the Difference?

Process	Traditional/ Problem Focus	Comprehensive/ Strengths Based
Purpose of Plan	<ul style="list-style-type: none"> - List of problems - Address Behavior 	<ul style="list-style-type: none"> - Framework to guide - Map/Domains/Pathways
View of strengths	<ul style="list-style-type: none"> - Minimized - At the end of the plan 	<ul style="list-style-type: none"> - Up front - Resilience/recovery
Presenting Problem	<ul style="list-style-type: none"> -What they did - Pathology/crimes 	<ul style="list-style-type: none"> -Behavior has a purpose - Systemic/trauma aware
Treatment Goals	<ul style="list-style-type: none"> -Symptoms /Compliance -Staff driven 	<ul style="list-style-type: none"> -Positive Outcomes -Inclusive
Role of the youth/family in the plan	<ul style="list-style-type: none"> -Little to no input 	<ul style="list-style-type: none"> - Youth guided & family driven
Role of community in the plan	<ul style="list-style-type: none"> -Underutilized -Not thought about until release from program 	<ul style="list-style-type: none"> -Involved at the table -Natural supports - Domains, Positive Youth Development

Youth Self Care Plans

- **My Support Team is:**
- **Myself**
 - My strengths
 - What I have learned about myself and my progress on my treatment goals
 - My goals for life and my dreams
 - How I meet my needs before /How I meet them now
 - What triggers me
 - My warning signs
 - How I will cope with my triggers
 - My safe places and people are
- **My Home & Family**
- **Rules & Structure At Home**
- **My Friends**
- **My Education & Career**
- **My Health**

COMMUNITY INTEGRATION

- The formal transition meeting serves as the official meeting to bring forth all previous work related to transition, addressing current needs, and additional planning for our youth's transition back to the community.
 - Plan transition from the start.
 - Help family and youth own the transition.
 - Community integration – walk into success.

Community Integration

Building a Community Theater Set



Installing a Community Playground

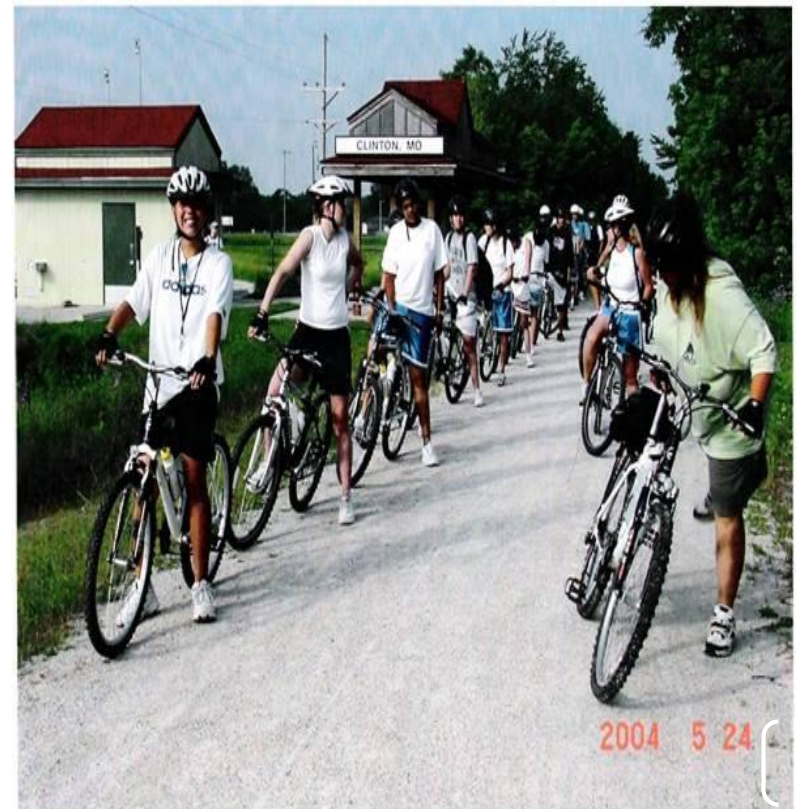


Community Integration

Graduation



Bike Fundraiser



Law-Abiding and Productive Young People with a Future ...

Law-Abiding Behavior

- Using SFY 15-17 data; recidivism was low the first year after being discharged but increased the next two years. Still, over 70% of discharges remained law-abiding after three years and this has remained consistent over the past five years.

Productive Involvement

- Over 86% of DYS youth are productively involved in their communities through school or work.

Source: Missouri Department of Social Service, Center for Management Information

The End

THANK YOU