

The Missouri Approach

A revolutionary approach to meaningful juvenile justice reform.



Mo. Juvenile Justice 101

- 45 separate juvenile circuits and 24 locally operated juvenile detention centers handling 38,000 delinquency referrals yearly
- DYS is one of four program divisions of the State Department of Social Services.
- DYS serves the most chronic or serious offenders; courts relinquish jurisdiction upon commitment to DYS.
- A youth is considered an adult for new law violations at age 17.
- DYS typically retains jurisdiction of juvenile offenders for an indeterminate time based on youth's progress, or until the youth reaches age 18.
- DYS may petition the court to retain/extend jurisdiction until age 21 for dual jurisdiction youth or others as deemed necessary.
- Juvenile Court Diversion program administered by DYS to strengthen local systems and reduce commitments.

Mo.DYS Statistical Overview

- **879 youth committed annually (SFY 12-14 average) and 1,435 served daily in residential and aftercare:**
 - 83% Male; 17% Female
 - 82% between 14 - 16 years of age, 9% - 13 and younger
 - 37% minority youth (compared to 23% youth ages 10 – 17 in Missouri)
 - 68% from metro areas
- **Committing offenses:**
 - 49% felonies (69% with felony history)
 - 37% misdemeanors
 - 14% status offenses
- **Educational Disability, Mental Health Conditions, Prior System Involvement:**
 - 27% educational disability
 - 37% have a history of prior mental health treatment
 - 52% involved in prior substance abuse involvement
 - 22% with prior placement in DSS CD alternative care

These articles appeared in the *Columbia Daily Tribune* and the *Jefferson City News Tribune* in 1978 at a time when the systematic de-emphasis of large rural institutions to smaller treatment facilities was taking place.



Changing Systems for Youth and Families

Changing systems often involves starting from a fundamentally different place ...

Philosophy/Culture x Proven Practices x Focus = Quality and Results

Mo.DYS Beliefs and Philosophies

values driven  *what works*

"If your child was the next one in the door?"

- ❑ ***People desire to do well and succeed*** - even the most resistant youth hunger for approval and acceptance.
- ❑ ***We are more alike than different*** - everyone has fears, insecurities, and basic needs including safety, attention, and belonging.
- ❑ ***All behavior has a purpose*** - behavior is often a symptom of unmet needs.
- ❑ ***People do the best they can with the resources available to them*** – given limited behavioral and emotional options and resources and situations they have experienced, their behavior may seem logical.
- ❑ ***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.

Our Journey: From Correctional to Therapeutic and Developmental

- ❑ Fundamentally changing our view of young people and families, moving beyond behavior and stereotypes (youth and families)
- ❑ Values/mission as our foundation - unrelenting compassion, determined to find what works (e.g. hard heads, soft hearts)
- ❑ Young people and families in the “center” of everything we do
- ❑ Program fits youth (family); not the youth fits the program – implemented a continuum of options based on data, and risk/need assessments.
- ❑ Quality and engaged frontline staff (non-custodial); with consistent team assignments, low ratios, team standards/accountability
- ❑ Systemic perspective, beyond programmatic/best practice model
- ❑ Focused on internalized change, long-term results, continuous improvement

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

- Safety 1st
- 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

TRADITIONAL

TREATMENT

Leadership & Culture Change

"To change a system, you must change the culture"

- **Create a collective vision**, build on existing strengths, belief system/values, and proven effective practices
- **Engaged management, systemic leadership** necessary to support and sustain the change, **no "silver bullets"**
 - Neutrality - avoid "symptom chasing"
 - Comprehensive approach – structural, human, symbolic, and political
- **Quality Staff and Team Approach** – get the "right people on the bus", prepare and develop them constantly
- **Teach, Expect, Model, and Monitor** (TEMM Approach)
- **Accountable/ Determined** – "do what it takes" philosophy; proud, hopeful, and dissatisfied

Optimal Organizational/Program Operating Principles

- Humane Environment
- Least Restrictive Environment
- Small Programs, Close to Home
- Values Driven
- Comprehensive and Integrated Approach
- Systems Approach and Neutrality

Optimal Organizational/Program Operating Principles

- Group Approach/Process
- Developmental/Strengths Based Approach
- Continuity of Services and Relationships
- Family Voice, Choice, and Engagement
- Community Engagement
- Diversity

Correctional vs. Humane and Developmental Environments

Traditional Youth Corrections

Therapeutic & Developmental



Correctional vs. Humane and Developmental Environments

Traditional Youth Corrections



Therapeutic & Developmental



Correctional vs. Humane and Developmental Environments

Traditional Youth Corrections



Therapeutic & Developmental



Correctional vs. Humane and Developmental Environments

Traditional Youth Corrections



Therapeutic & Developmental



These articles appeared in 2008 editions of the *Kansas City Star* and *St. Louis Post-Dispatch* reflecting the results of years of innovation and reform by the Division's leaders and partners.



What are the key elements of Missouri's Approach?

Starts with a Compelling and Ambitious Vision & Mission

Every young person served by Missouri DYS will become a productive citizen and lead a fulfilling life.

Key Research Findings

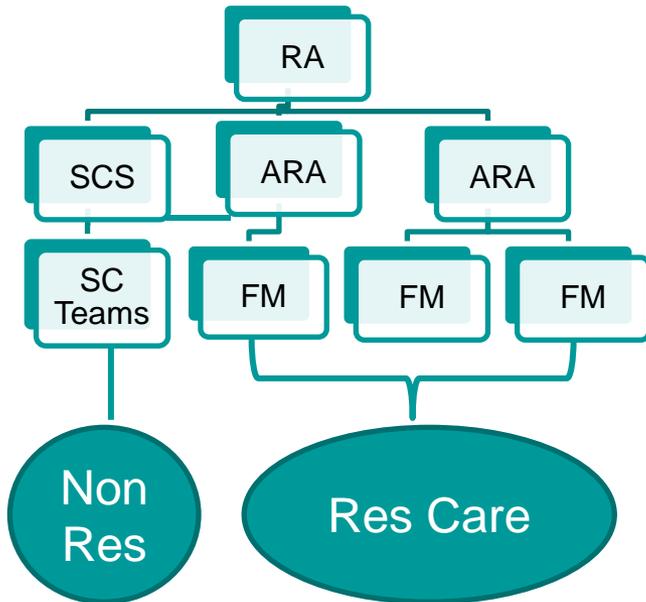
“Improving Effectiveness of Juvenile Justice Programs: A New Perspective on Evidenced Based Practice”, Lipsey, Howell, Kelly, Chapman, & Carver, 2010

- Juvenile justice systems will generally get more delinquency reduction benefits by focusing their most effective and costly interventions on higher risk and providing less intensive and costly interventions to low risk juveniles.
- Programs with a therapeutic philosophy and group approach were notably more effective than those with a control philosophy.
- Most family counseling programs had a positive impact.
- A sufficient amount of program service is important.
- Multiple coordinated services and quality implementation magnifies the impact.

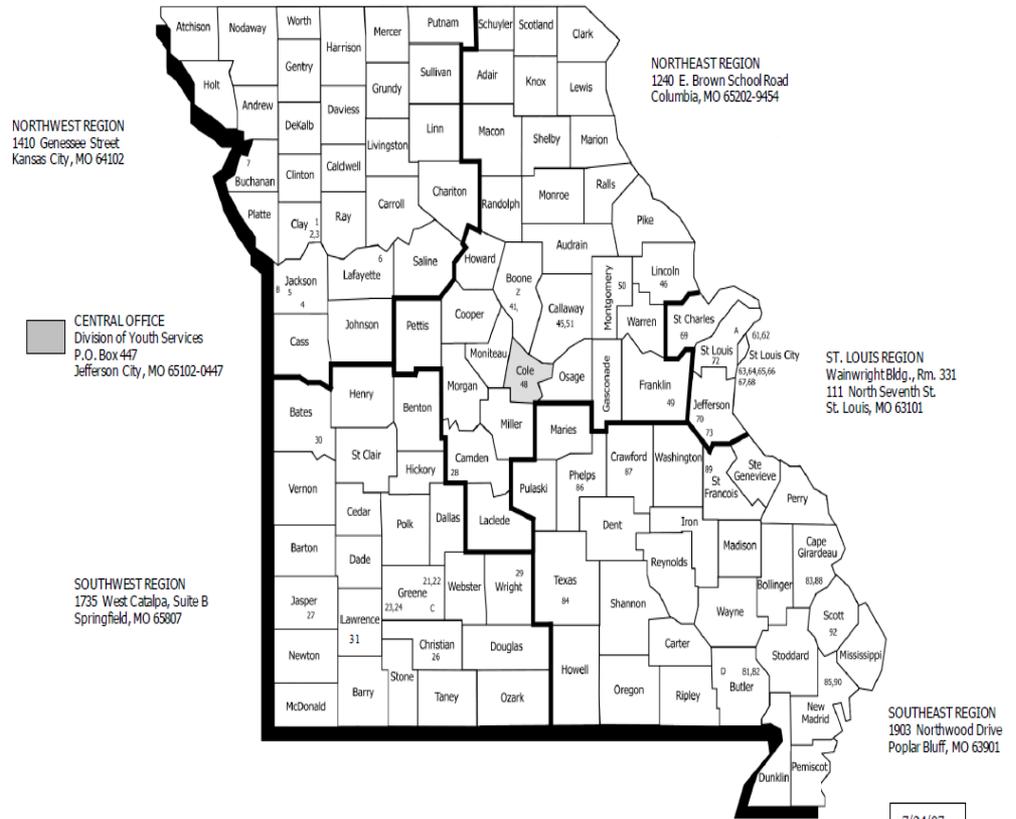
DYS Structure

Approach & Structure

Regional Approach Partial Structure



Decentralized Approach



Levels of Care



Day Treatment



Community Based



Moderate



Secure

DYS Program & Services Structure

Service Structures/Programs

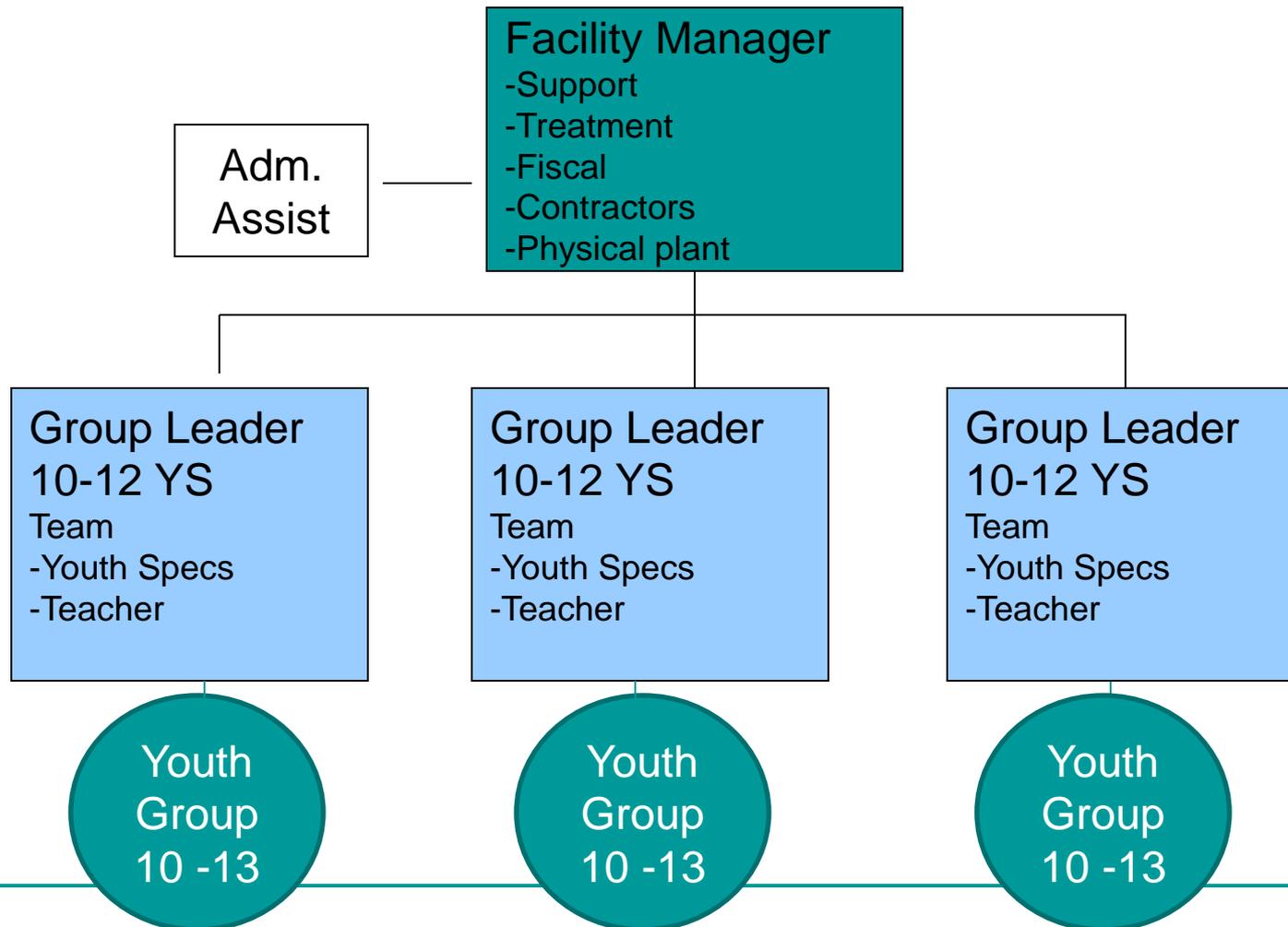
□ **Staffing**

- Youth Specialists
 - No Corrections Officers*
- Flat Hierarchy & Keep Staff Close to Kids
- High Ratios & High Levels of Supervision
- 8 Hour Shifts (highest treatment leverage)
- Stable Staffing Assignments

□ **Team Process**

- Teams assigned to small group (10 -13)
- Group Leader supervises the team
- Weekly team meetings

Missouri: Basic Facility Structure



Group Discussion

- **Missouri's Evolution**
- **Key Elements of the Approach/Research Findings**
- **DYS Structure**
 1. **What stood out to you in regard to the above topics in the presentation?**
 2. **What potential implications (if any) for Nebraska Juvenile Justice System?**
 3. **What further questions do you have?**

Integrated Treatment Approach

- Research
- MO Approach

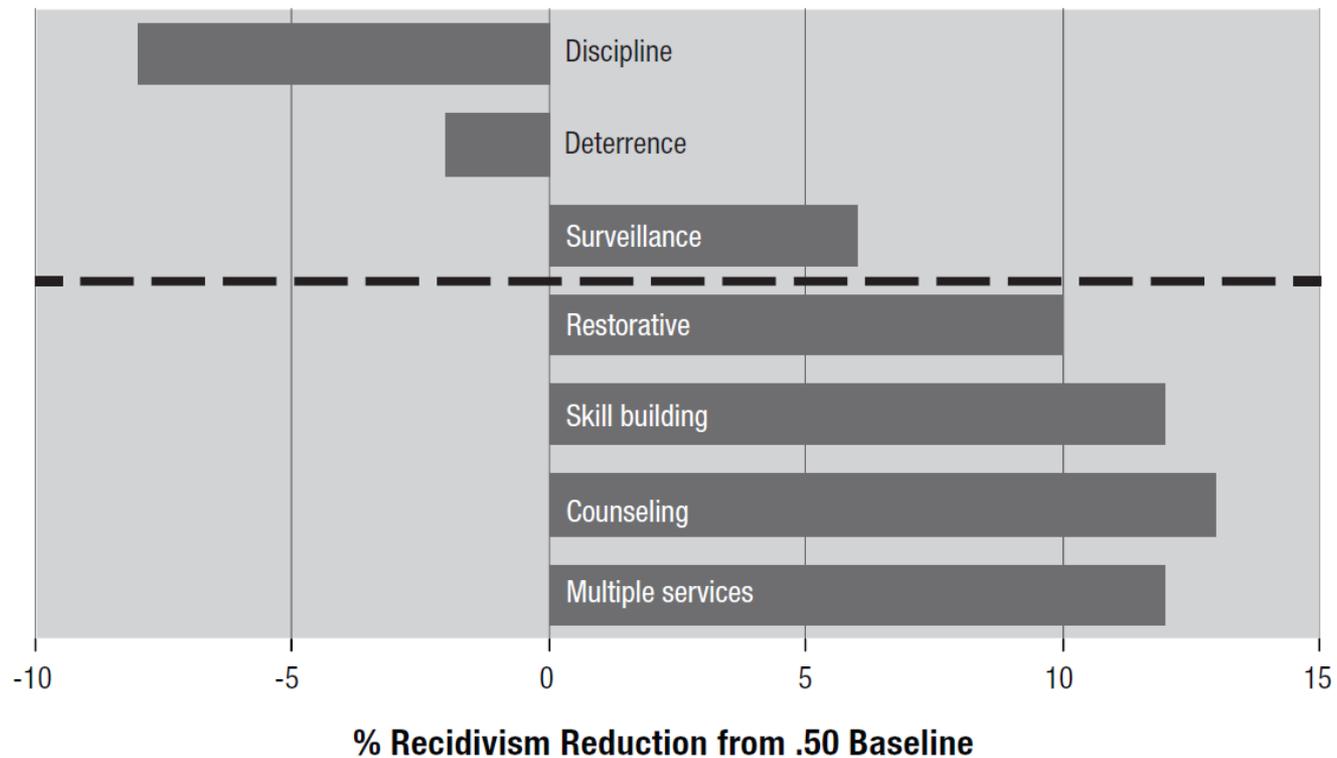
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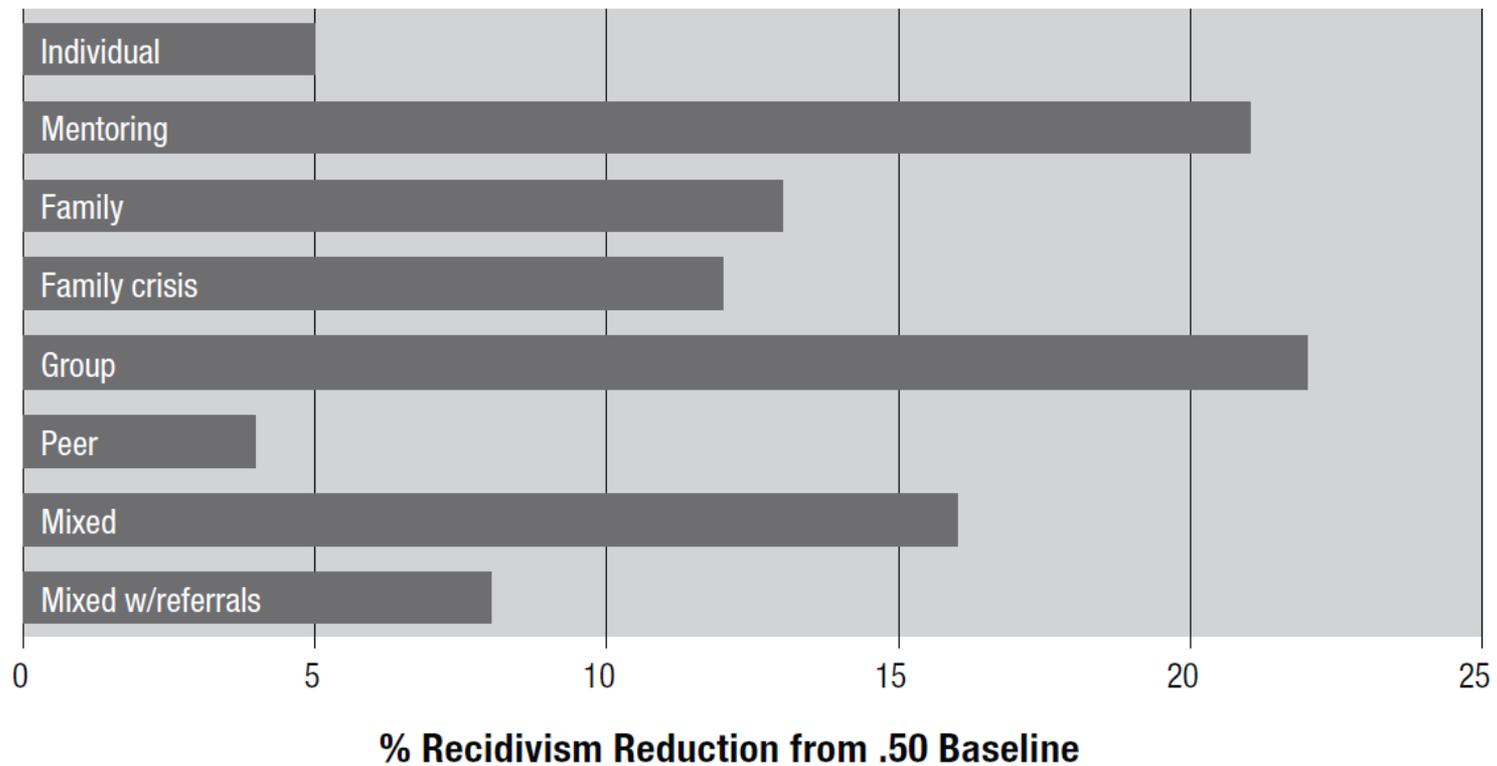
Control versus Therapeutic Philosophies

Figure 1. Mean recidivism effects for the program categories representing control and therapeutic philosophies

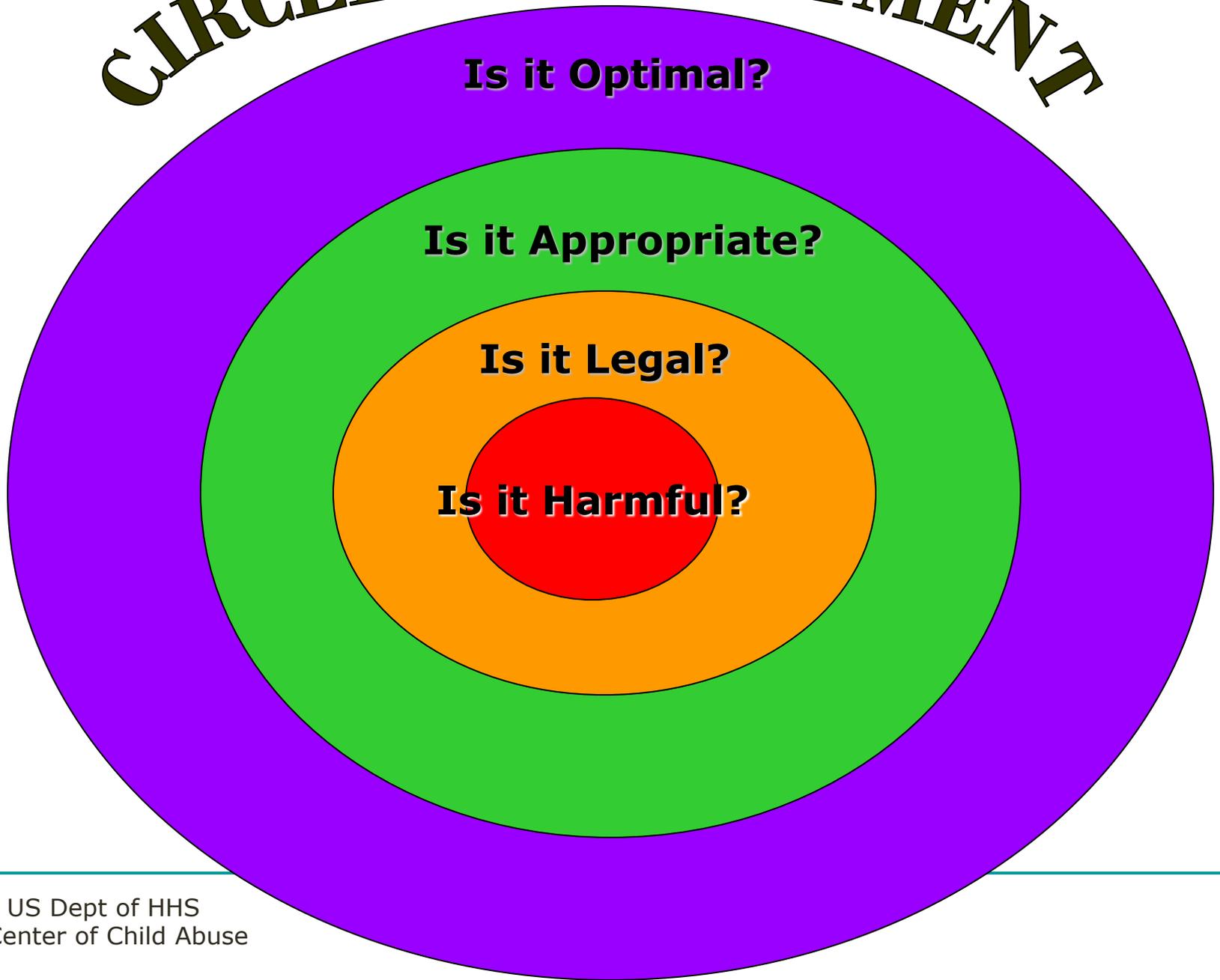


Recidivism by Program Type

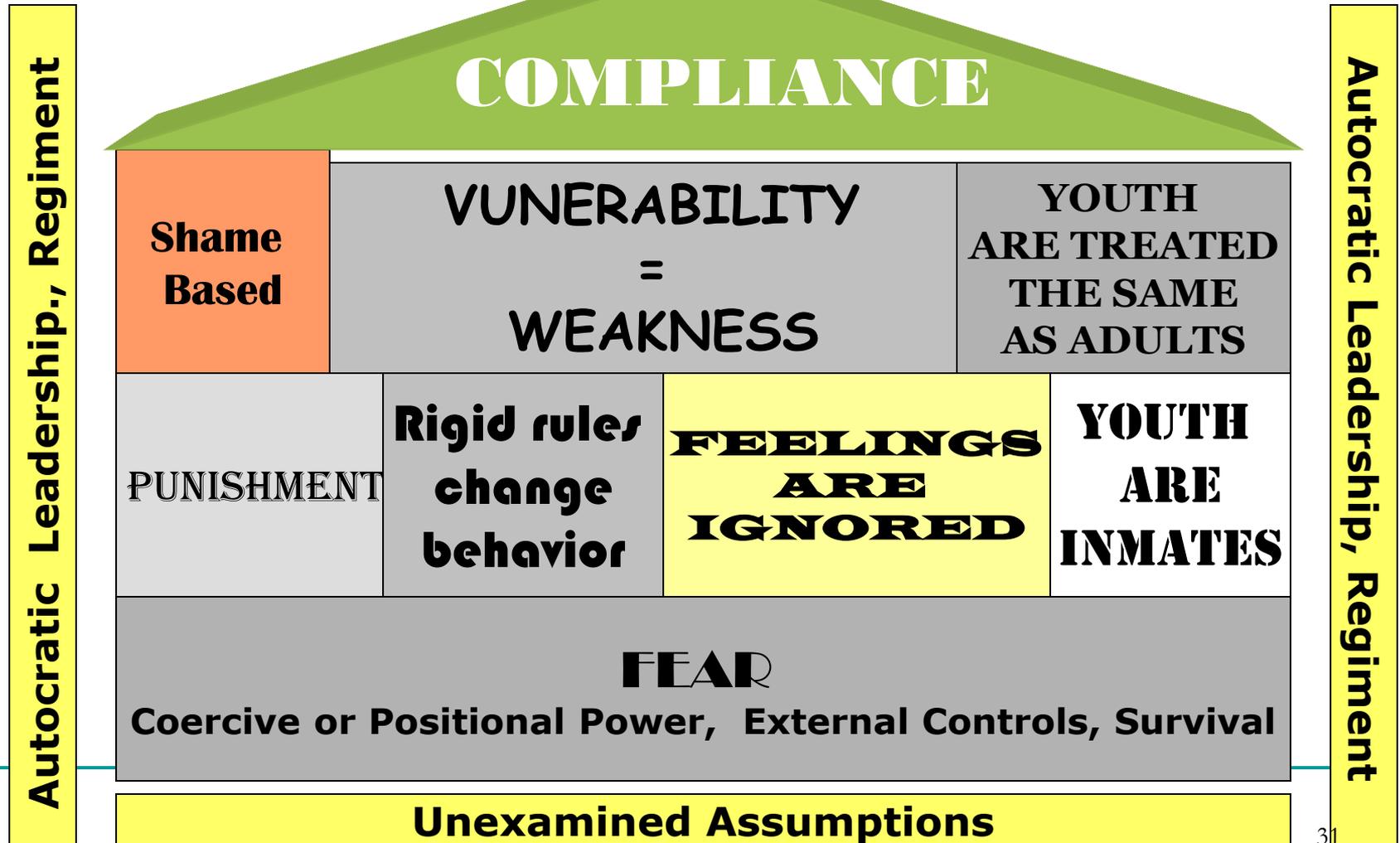
Figure 2. Mean recidivism effects for the generic program types within the counseling category



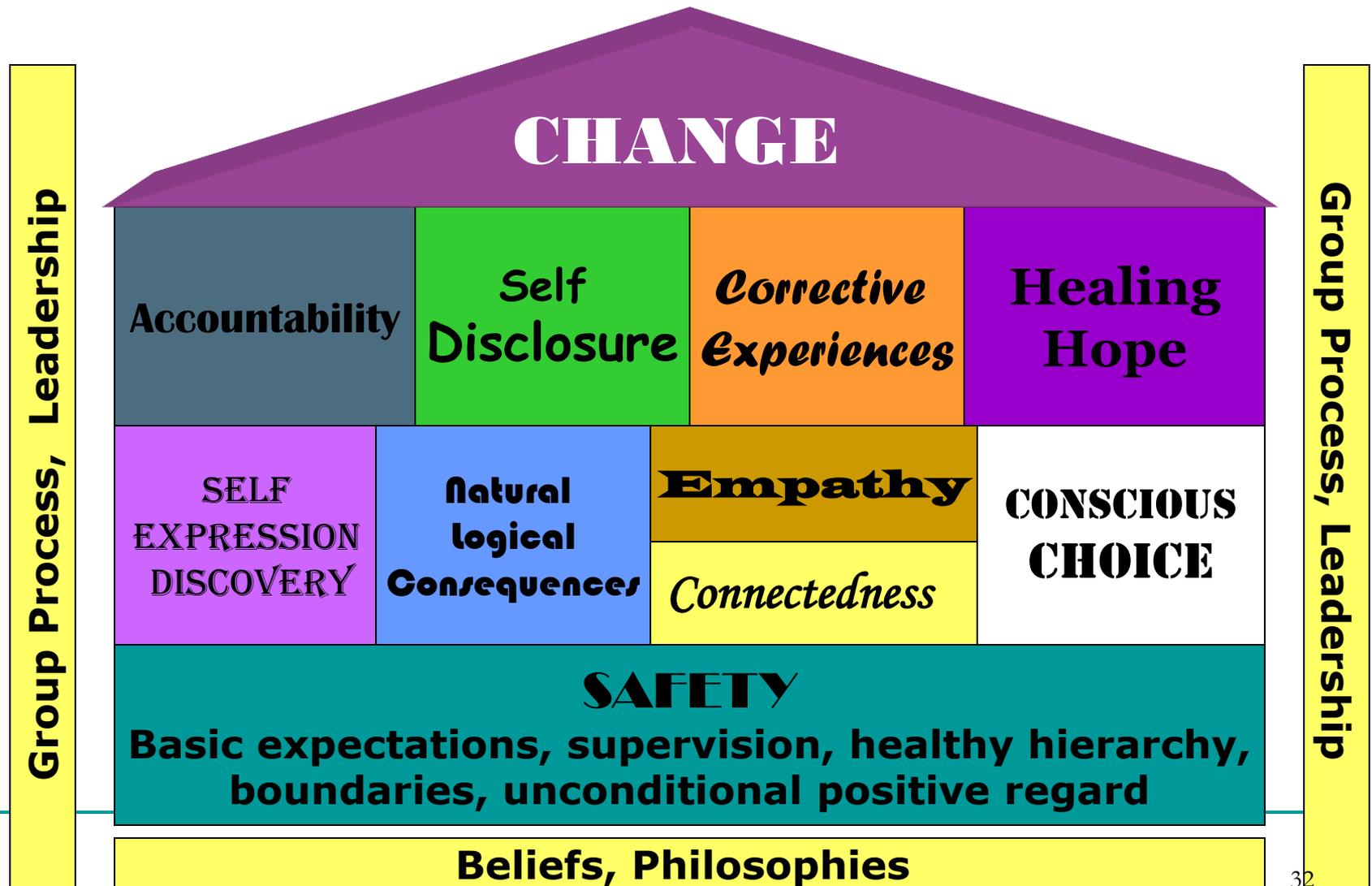
CIRCLE OF TREATMENT



Correctional/Traditional



Treatment/Developmental



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 Expectations

■ Creates Positive Norms

- ❑ Core Program Practice
- ❑ Youth Rights and Responsibilities
- ❑ Staff Practices
- ❑ Clean, Neat, and Organized

■ Indicators

- ❑ You hear compassionate tone of voice/kind firmness and direction as needed
- ❑ Clean, neat, and organized
- ❑ No hurting is demonstrated in actions and words – conflict dealt with/addresses prior to it escalating into harm
- ❑ Youth understand their rights and responsibilities
- ❑ Youth and Staff know what the basic expectations are and follow thru on them

Basic Needs

■ Meeting Basic Needs Contributes to Safety

- Maslow
- Self Care/Self Esteem

■ Indicators

- Medical needs are being met
- Tasty and nutritious food
- Youth have decent clothing and shoes
- Youth have good bedding
- Youth have healthy adequate hygiene products

Engaged Supervision

- **Engaged Supervision Builds Positive Safe Relationships**
 - Eyes on, ears on, hearts on
 - Interacting vs babysitting
 - Highly structured programming
- **Indicators**
 - Staff actively engage youth/group by leading and guiding
 - Staff participate in activities, meals and conversations with the youth/group
 - Balance of treatment, education, recreation
 - Student success celebrated
 - Youth know schedules, routines & staff reinforce

Boundaries & Communication

- **Healthy communication and clear boundaries maintains safety (youth & staff)**
 - “Good fences makes good neighbors”
 - Professional Boundaries
 - The value of feedback
 - Repairing violated boundaries
- **Indicators**
 - Staff at all levels are effectively communicating
 - Appropriate youth/staff interactions (personal boundaries respected – not too rigid or close)
 - Youth and staff are honest and genuine in their communication

Unconditional Positive Regard

- **Tap into the inherent dignity of all within the system**
 - Modeling
 - Do not get stuck on symptoms (negative control loop)
 - Getting to core
 - Respecting and respectful people – people who care do not hurt themselves or others
- **Indicators**
 - Hope for the future
 - Success celebrated by youth and staff
 - Everyone is accepted/belongs
 - No scapegoats or favorites

Humane and Developmental Approaches Increase Safety

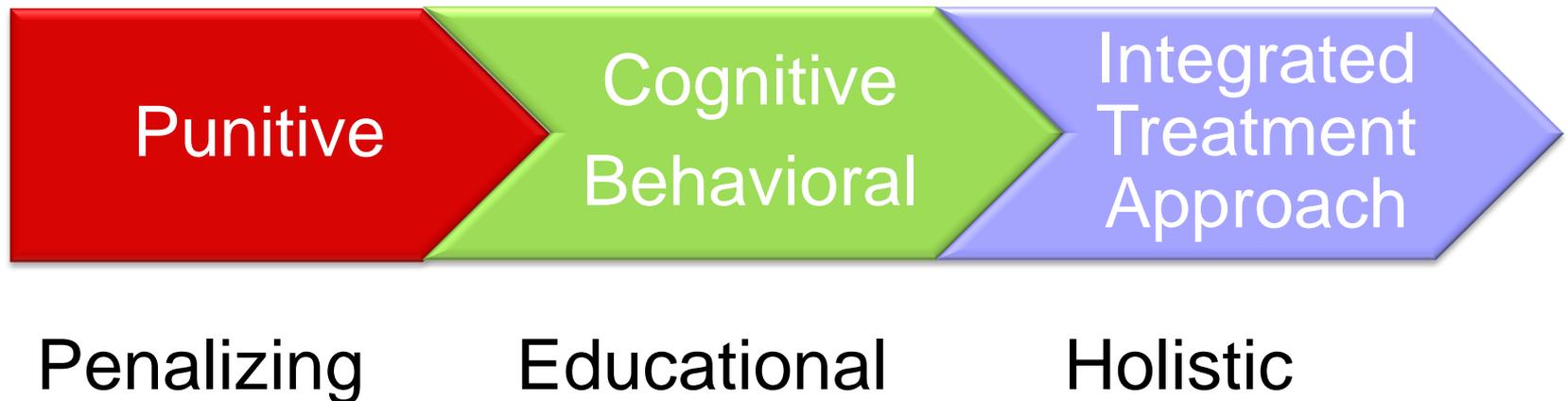
Safe and Humane Environments

- 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.

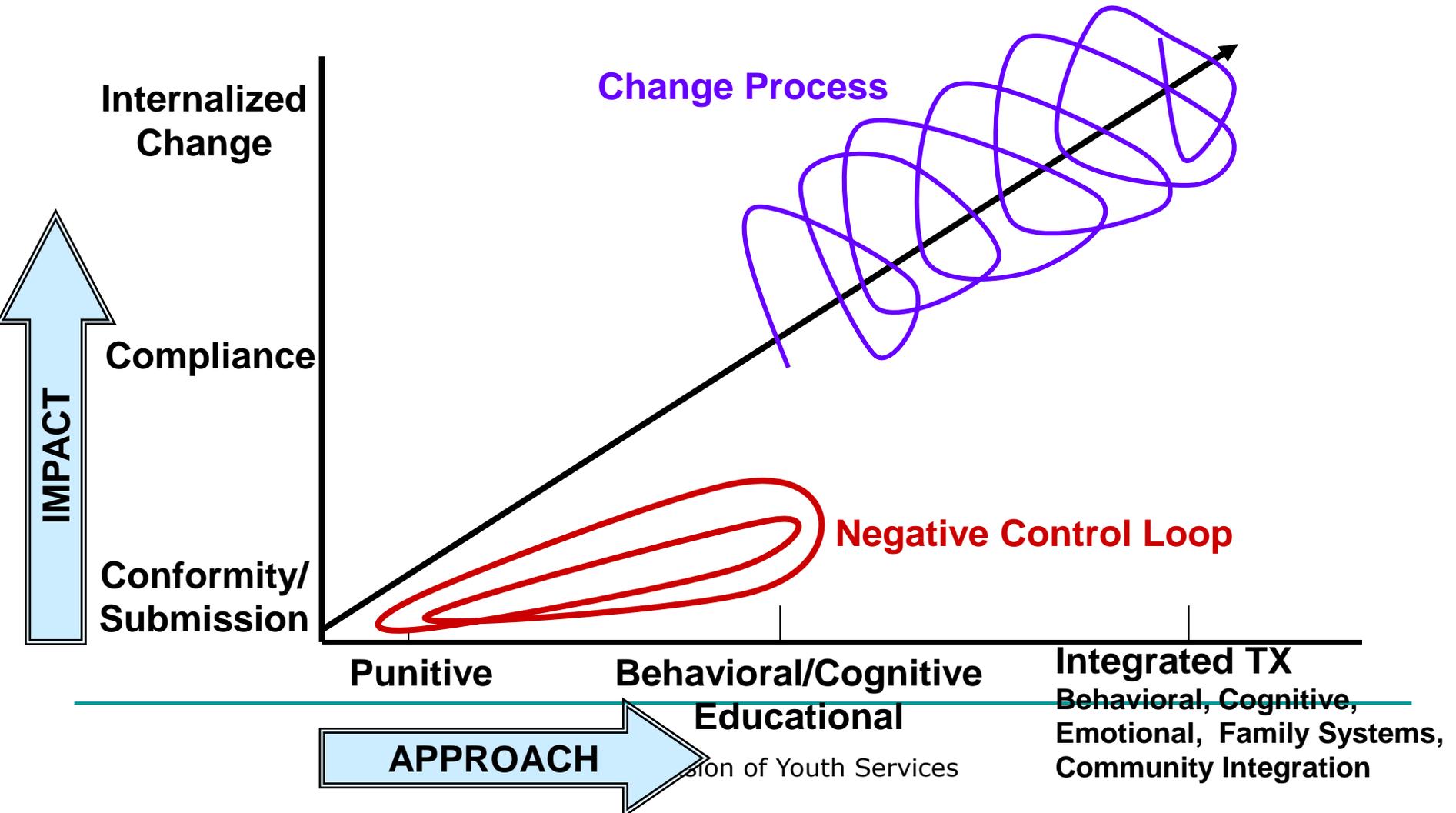
Source: Research by Dick Mendel (2008) comparing Missouri DYS to youth correctional programs participating in the Performance Based Standards (PbS) process.

Fully Integrated Treatment Approach

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



Reshaping Behavior: *Completing the Puzzle*



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 Treatment Planning and Level systems** - that reflect the change process and provide 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

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.

Social Intelligence – The New Science of Human Relationships

“Half a dozen times a day the members form into a circle to check in with each other to say how they feel..... They meet for activities that are designed to enhance camaraderie and cooperation, foster empathy and accurate perceptions of each other, and build communication skills and trust. All of that constructs a secure base and provides them with the social abilities they so desperately need.” – **Daniel Goleman, 2006**



Treatment Approaches & Theories

■ Primary Treatment Approaches

- Systems Approach and Group Process
- Individual Treatment Planning
- Levels System/Change Theory
- Intensive Structured Daily Schedule
- Integration of Treatment and Education
- Service Coordination
- Family Involvement/Engagement
- Community Involvement/Engagement

■ Foundational Treatment Theories:

- Developmental Approaches, Gestalt, Adlerian, Rogerian, family systems, Yalom's Therapeutic Factors, Positive Youth Development, Maslow, Group Process and Dynamics, adolescent development, Trauma Informed approaches, Well Being research, Positive Youth Development

Education and Treatment



Mo.DYS Educational Approach

- Fully accredited as a free-standing school district with collaborative relationships and access to federal, state, and local funding that “follows the student”
- Small class sizes and individualized learning plans
- Teachers and youth specialists working side-by-side and with common professional development and treatment planning (healthy marriage - education and treatment).
- Transition supports (e.g. virtual academy, case management, mentors and learning coaches)
- Individualized learning plans for every student and differentiated instruction, individualized learning in a group context.
- Social-emotional competence is an essential component of learning, healthy development, and navigating life.

Family and Community Engagement and Partnership

- **Core philosophy** anchored by *“the family is vital to the treatment process”* and *“families as experts”*.
- **Universal Case Management** providing continuity, youth and family advocacy – start to finish.
- **Outreach** through home visits.
- **Responsive facility visitation policies** that are flexible based on family interests, customs, convenience.
- **Interface with Community Partners and Community Liaison Councils** to build a caring community of support for family.
- **Implementing multi-family group process and governance** opportunities for families.

Non- Residential Services

A Broader Vision

From Programs to Systems

- Comprehensive family engagement and support (e.g. resource centers, multi-family groups, volunteer opportunities/reciprocity, health/wellness, emergency assistance)
- Enhanced integration with Family Courts and Juvenile Court Diversion
- Youth development opportunities (e.g. youth boards/leadership, afterschool activities, productive involvement)
- Post-secondary and vocational education and career services for youth and families

Contrasting Approaches: Transition

Developmental/ Rehabilitative	Institutional
Goal is for youth & families to be productively involved and contributing to community	Goal is for youth to stay out of trouble
Family at the table day 1	Family secondary
Build positive relationships, reduce isolation	Create barriers, limit peer contagion
“Humanware” engaged supervision and mentoring	Surveillance/Monitoring Programs

Contrasting Approaches: Transition

Developmental/ Rehabilitative	Institutional
Service Coordinator (community organizer, resource developer, connections and support)	Case manager; probation, parole, staff positioned as enforcers and monitors
Focus on achieving stability	Focus on locating a placement
Community/neighborhoods as a resource	“Bad” neighborhoods

Universal Case Management

- **Continuity, youth and family advocacy** from start to finish
- **Low ratios** of 1 service coordinator for every 18 youth
- **Comprehensive assessment** guided by risk, seriousness, strengths and needs assessment
- **Individualized treatment planning** with significant youth/family involvement

Risk Assessment Variables

- Seriousness of committing offense
- Prior delinquent adjudications and age of 1st delinquent referral
- Individual conditions such as aggression, anti-social attitudes and beliefs, risk-taking
- Placement history, adjustment, and stability
- Peer relationships and pro-social supports
- Mental Health and Substance Abuse history
- Family disruption and parental control

Needs Assessment Areas

- **Individual** including social and emotional development, peer relationships, child abuse and neglect, sexual adjustment
- **Family** including placement, family engagement and stability
- **Health and Medical** including health/medical, substance abuse, mental health
- **Education** including school attendance, disabilities, school behavior, academic performance
- **Vocation** including technical skills, employment
- **Community** including community response and resources

Group Discussion

- **Integrated Treatment Approach**
- **Non-Residential Services /Case Management**
 1. **What stood out to you in regard to the above topics in the presentation?**
 2. **What potential implications (if any) for Nebraska Juvenile Justice System ?**
 3. **What further questions do you have?**

Comprehensive Individual Treatment Plan

Philosophy & Frameworks

Comprehensive Treatment Planning

KEY CONCEPTS & FOUNDATION

1. Strengths Based
2. Well-Being (Five Domains)
3. Treatment Focus (systemic, integrated)
4. Trauma Informed Approach
5. Community Assets
6. Positive Youth Development

Comprehensive Strengths Based Assessment, Treatment Planning, and Community Transitions

Process	Comprehensive/ Strengths Based	Traditional/ Problem Focus
Purpose of Plan	-Framework to guide -Map/Domains/Pathways	-List of problems -Address behavior
View of Strengths	-Upfront -Resilience/Recovery	- Minimized - At the end of the plan
Presenting Problem	-Behavior has a purpose -Systemic/trauma aware	-What they did -Pathology/crimes
Treatment Goals	-Positive Outcomes -Inclusive	-Symptoms/Compliance -Staff Driven
Role of the Youth/Family in the Plan	-Youth guided & family driven	-Little to no input
Role of Community in the Plan	-Involved at the table -Natural supports -Domains, Positive Youth Development	-Underutilized -Not thought about until release from program

The Five Domains of Wellbeing

Universally needed, individually experienced

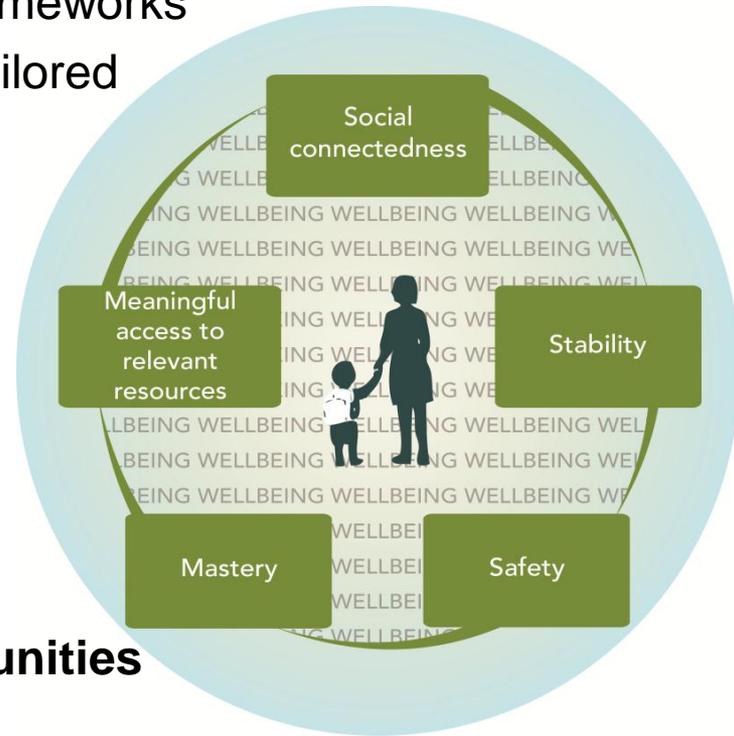
- Helps to tie together many other tools and frameworks
- Allows us to be both generalized and really tailored

Asset-based, reality driven

- Helps identify the purpose of behavior
- Surfaces what's working that could be used to overcome challenges
- Illuminates how something that seems negative could become something good

Applicable to individuals, families and communities

- Common language, framework
- Helps incorporate ecological, systems perspective



The Five Domains of Wellbeing

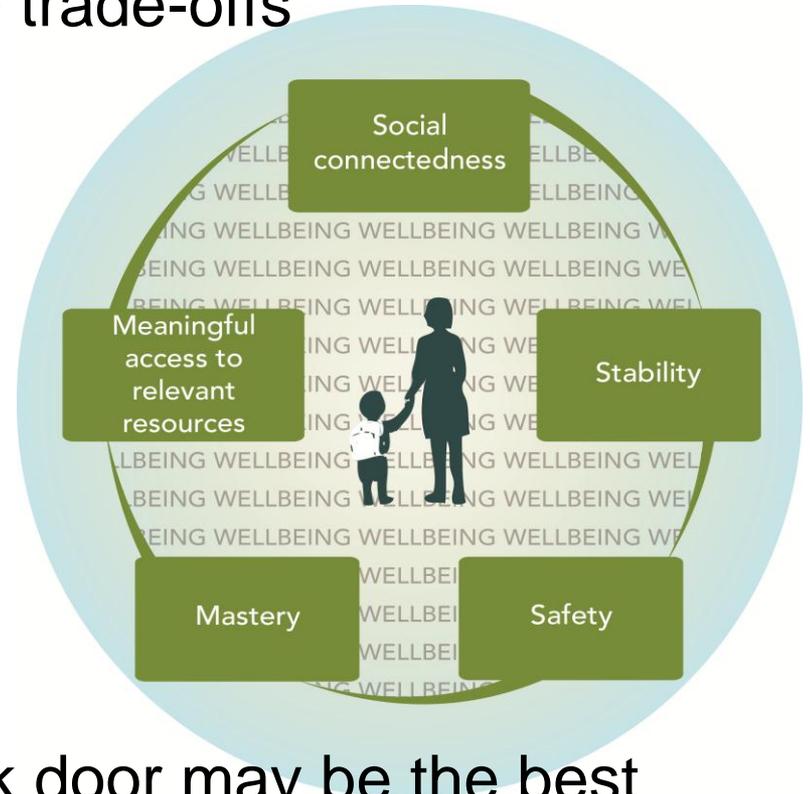
Interdependent

- Helps identify and anticipate trade-offs

People won't sustain change unless we talk about the tradeoffs and do our best to plan for them.

Non-hierarchical

- Helps identify when the back door may be the best door



Rates of Trauma in Youth in Juvenile Justice System

PERCENTAGE

- 93% of juvenile offenders reported at least one or more traumatic experiences.

TYPES

- The average number of different traumas reported was six.

PTSD

- The JJ population has rates of PTSD comparable to those of service members returning from Iraq.

Trauma Informed Principles

- Safety: Ensuring physical and emotional safety
- Trustworthiness: Maximizing trustworthiness, making tasks clear, and maintaining appropriate boundaries
- Choice: Prioritizing developmentally appropriate choice and control for children, youth, families
- Collaboration: Maximizing collaboration and sharing of power with children, youth, families
- Empowerment: Prioritizing child, youth, family empowerment and skill-building

Trauma Informed Model Emphasis

Symptoms are Adaptations

- 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.

DYS Youth Treatment Plan Template and Treatment Work

Missouri Division of Youth Services Comprehensive Individual Treatment Plan

Youth Name	<input type="text"/>	DOB	<input type="text"/>	DYS Case File #	<input type="text"/>
DOA	<input type="text"/>	DOC	<input type="text"/>	Region	<input type="text"/>

Part A: Assessment and Goals

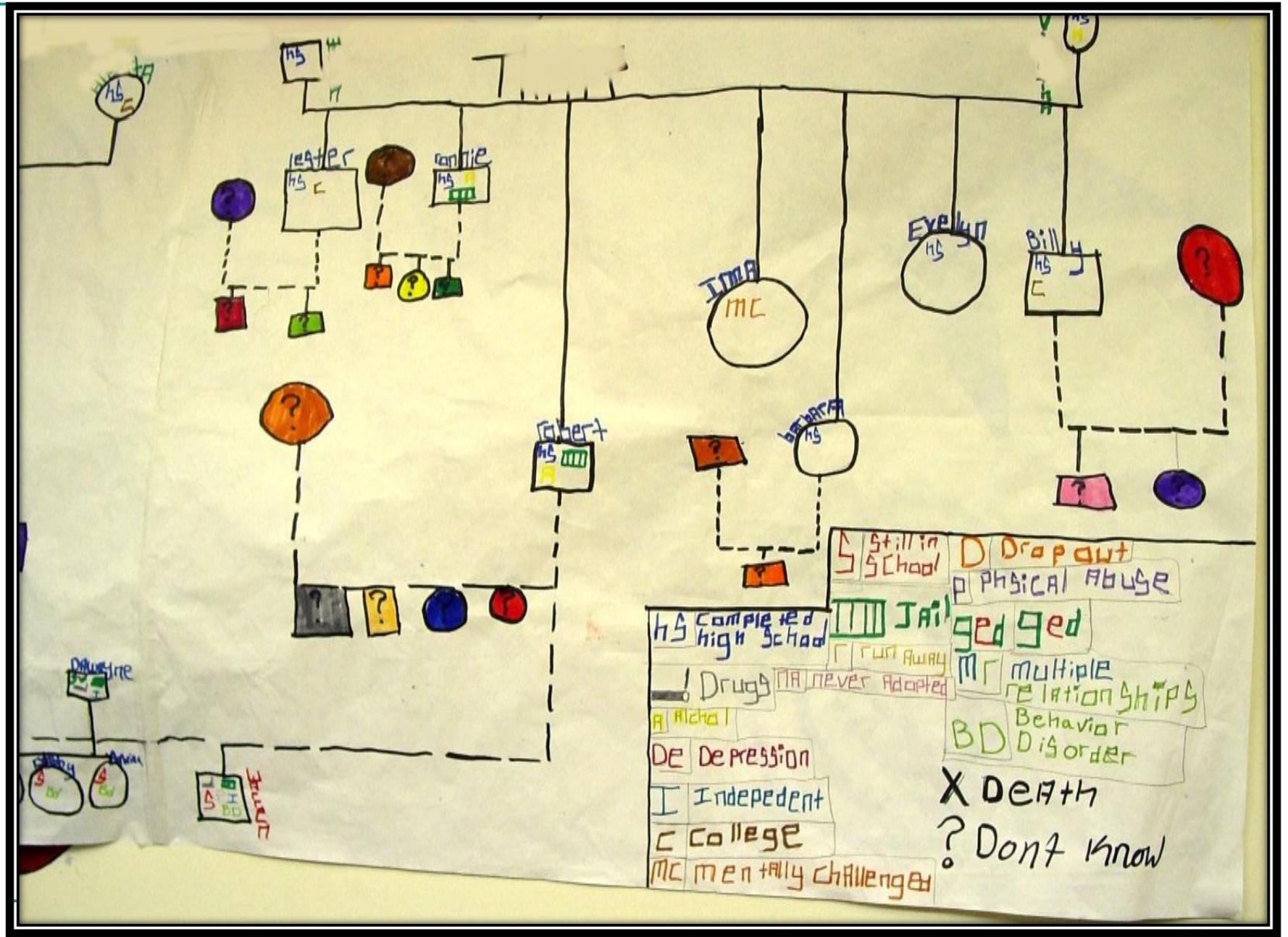
I. Youth and Family Strengths

A1. What are the key strengths and developmental assets of the youth?

A2. What are the key strengths and developmental assets of the family?

B1. What are the interests, hopes and dreams of the youth?

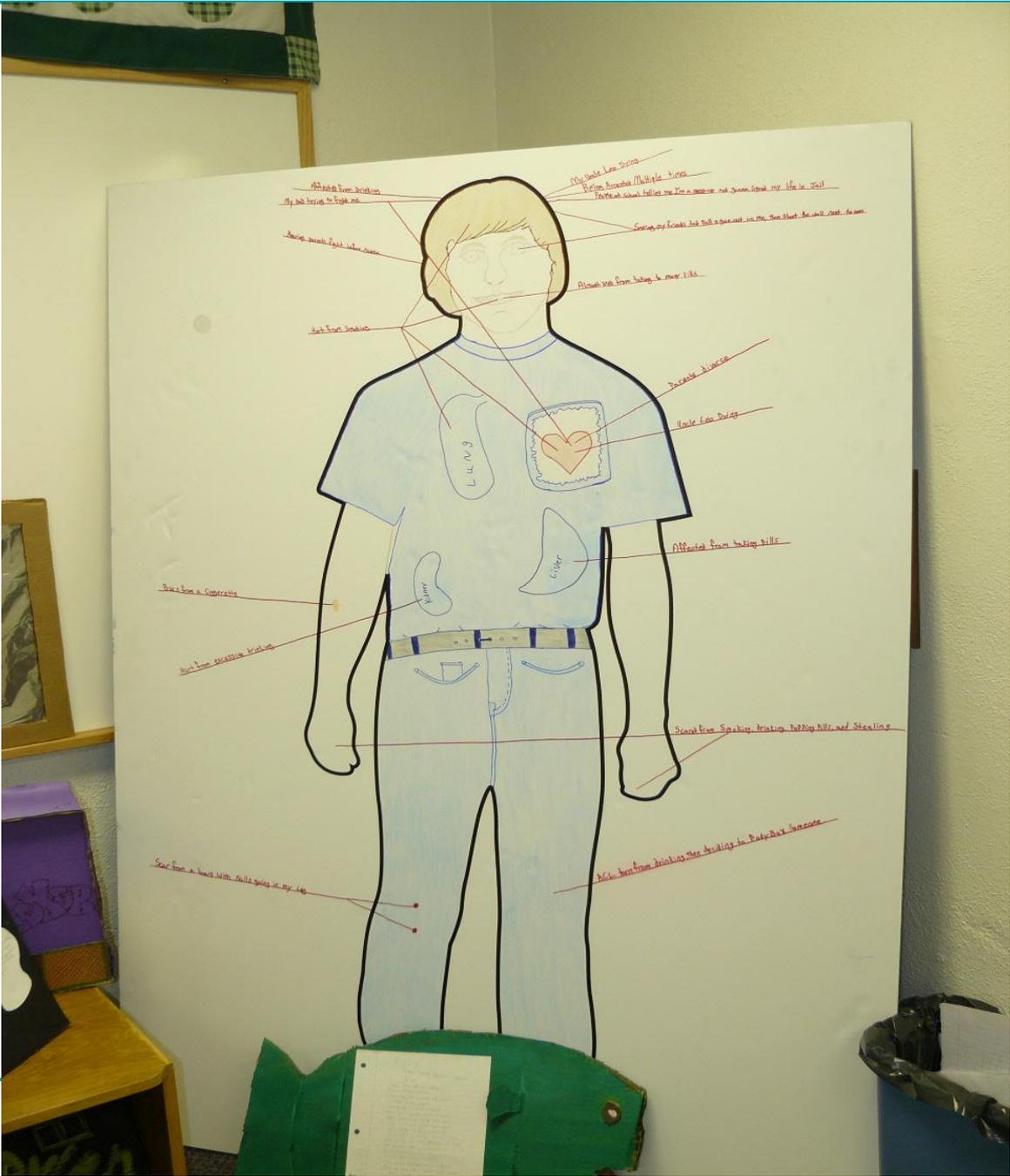
B2. What are the interests, hopes and dreams of the family?



- S Still in School
- D Drop out
- P Physical Abuse
- J Jailed
- M Multiple Relationships
- BD Behavior Disorder
- X Death
- ? Don't know
- HS completed high school
- Jail
- run away
- MC mentally challenged
- ! Drugs
- A Alcohol
- De Depression
- I Independent
- C college
- MC never adopted



Youth Treatment Work⁶⁹





Community Integration

Optimal Transition Practices

1. Plan transitions from the start
2. Help family & youth own the transition
3. Community integration – walk into success

Treatment Planning Tools

PART C: TRANSITION WORKSHEET

TRANSITION MEETING: YOUTH AND FAMILY WORKSHEET

This worksheet should be completed prior to and in the transition meeting by the youth and family with help from the program and SC. This will be reviewed in the meeting to finalize transition goals.

	Here's the progress we've made in...	Here's where we are going... Goals	These are the people and groups that can help us in...
	What we have learned and accomplished, and how we have grown	What we need to do to maintain our progress and what we need to do (or need help with!) to continue growing and moving forward.	What agencies and people we will work with to meet our needs and move forward.
Dealing with our personal and family issues. (our treatment, program and other counseling)			
Being positively connected with other people—having people we can count on, and being someone other people can count on.			

PATHWAYS TO THE COMMUNITY

Creating Positive Transitions for Young People



**Artwork by Jorge Alvarez, Omega Group, Sears Youth Center
Missouri Division of Youth Services
Community Integration Conference SE Region**

**Are outcomes sustained
long-term?**

Law-Abiding Behavior and Productive Involvement in Communities

Law-Abiding Behavior

- 3 years after discharge 93% of DYS youth have avoided further incarceration, and 69% have avoided further involvement with juvenile justice or adult corrections.

Productive Involvement

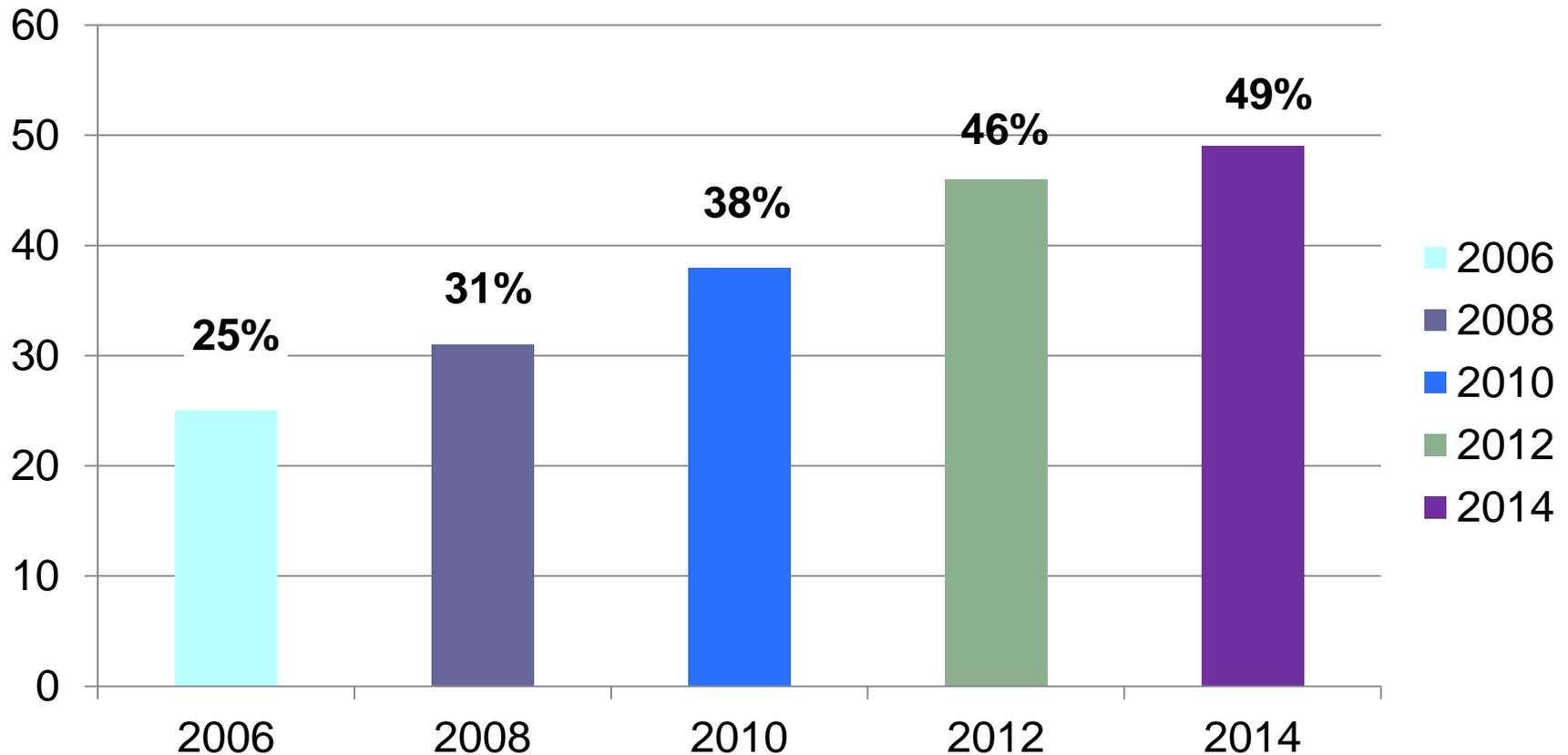
- Over 90% of DYS youth are productively involved in their communities through school or work.

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

DYS Educational Performance

- **Since 2000, over 4500 young people graduated** from MO DYS educational programs (HS diploma or GED/HISET)
- In State Fiscal Year 2014, **46% of sixteen year olds, and 49% of 17 year olds who were discharged from DYS had obtained their high school diploma or high school equivalency.** Compared to national statistics, only 9% of youth in juvenile justice obtained a high school diploma or high school equivalency.
- In addition to this, **79% of youth in DYS earn high school credits and 31% return to public school.** Nationwide, these figures are 47% and 25% respectively.
- Along with their progress toward high school completion, **27% of DYS youth apply and are accepted to post-secondary learning institutions.** Nationally, only 2% of youth who have been involved in juvenile justice education systems further their education past high school or high school equivalency.
- In FY 2014 - **89% of our youth have improved in reading, writing and math**

Missouri DYS School Completion Rates 17 year old Students



Group Discussion

- **Comprehensive Individual Treatment Plans**
- **Community Integration**
- **Outcomes**
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