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# Missouri DSS Division of Youth Services

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

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# Mo. Juvenile Justice 101

- 45 separate juvenile circuits and 24 locally operated juvenile detention centers handling 38,000 delinquency referrals yearly
- DYS serves the most chronic or serious offenders
- 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
- Juvenile court can retain/extend jurisdiction until age 21 for abuse/neglect, status offenders, and law violators
- Juvenile Court Diversion program administered by DYS for the purposes of strengthening local systems and reducing commitments
- DYS a Division of the Department of Social Services

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# Mo.DYS Statistical Overview

- **1,200 youth committed & 2,800 served yearly**
  - 86% Male; 14% Female
  - 85% between 14 - 16 years of age, 8% - 13 and younger
  - 37% minority youth (compared to 17.8% youth ages 10 – 17 in Missouri)
  - 66% from metro areas
- **Committing offenses:**
  - 53% felonies (66% with felony history)
  - 37% misdemeanors
  - 10% juvenile offenses
- **Educational Disability, Mental Health Conditions, Prior System Involvement**
  - 34% educational disability
  - 46% prior mental health; 38% with an active diagnosis
  - 54% involved in prior substance abuse involvement
  - 20% with prior placement in DSS CD alternative care

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# **What are the key elements of Missouri's Approach?**

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# Small Programs, Close to Home

- ❑ Regionalized approach, geographic distribution
- ❑ Least restrictive continuum of care, allowing flexible use based on youth and family strengths and needs:
  - \$4 million invested in juvenile court diversion – 39 circuit courts (diverts 3,500 youth each year)
  - Aftercare and community care with wraparound services (580 plus youth each year)
  - 11 day treatment/family resource centers (capacity 185)
  - 7 group homes (capacity 70)
  - 18 moderate care programs (capacity 420)
  - 7 hardware secure programs (capacity 220)

# Length of stay varies by program type and individual

System of indeterminate length of stays; based on individual treatment plan, progress, and risk. Some youth have determinate or dual-commitments.

Type of Facility	Missouri DYS Length of Stay in Months						TOTAL
	0-3	3-6	6-12	12-18	18-24	24+	
Community Based	9%	48%	39%	4%			100%
Moderate Care	10%	34%	48%	7%	1%	0%	100%
Secure Care	13%	11%	54%	17%	4%	1%	100%
<b>Total Youth Involved</b>	<b>119</b>	<b>365</b>	<b>553</b>	<b>101</b>	<b>16</b>	<b>4</b>	<b>1158</b>

# Length of stay varies by offense type, although it is not the primary determining factor

Missouri DYS Average Length of Stay by Offense Type					
AVG LOS IN MONTHS	C & D & OTHER FELONY	A & B FELONY	JUVENILE	MISDEMEANOR & OTHER NON-FELONY	TOTAL
0 – 3 months	11%	3%	9%	12%	10%
3 – 6 months	33%	21%	32%	33%	31%
6 – 12 months	47%	48%	48%	49%	48%
12 – 18 months	8%	20%	10%	6%	9%
18 – 24 months	1%	6%	2%	0%	1%
24 months plus	0%	2%	0%	0%	0%

# Humane Environments Through 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**



# 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**

# Correctional vs. Humane and Developmental Environments

**Traditional Youth Corrections**

**Therapeutic & Developmental**



# Correctional vs. Humane and Developmental Environments

**Traditional Youth Corrections**

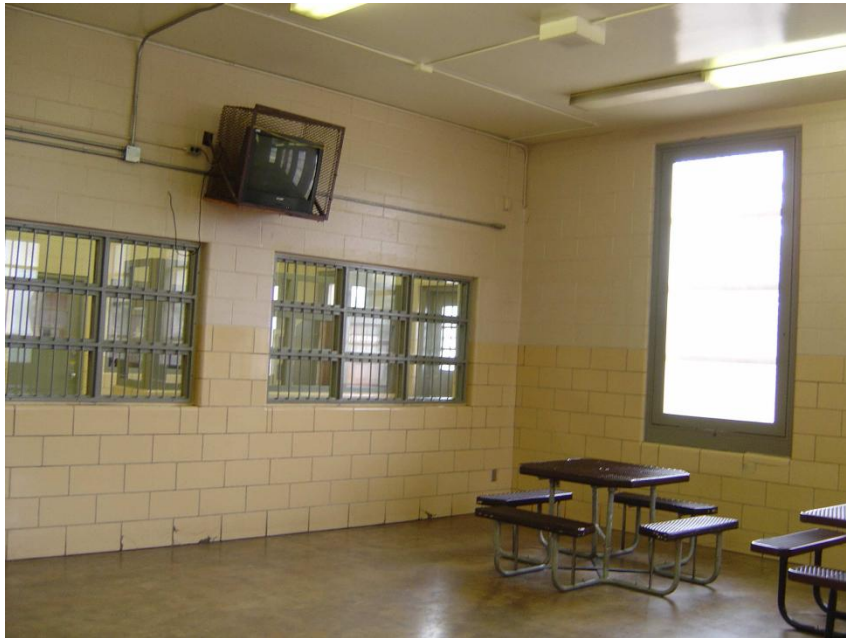


**Therapeutic & Developmental**



# Correctional vs. Humane and Developmental Environments

**Traditional Youth Corrections**



**Therapeutic & Developmental**



# Correctional vs. Humane and Developmental Environments

**Traditional Youth Corrections**



**Therapeutic & Developmental**



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# 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.

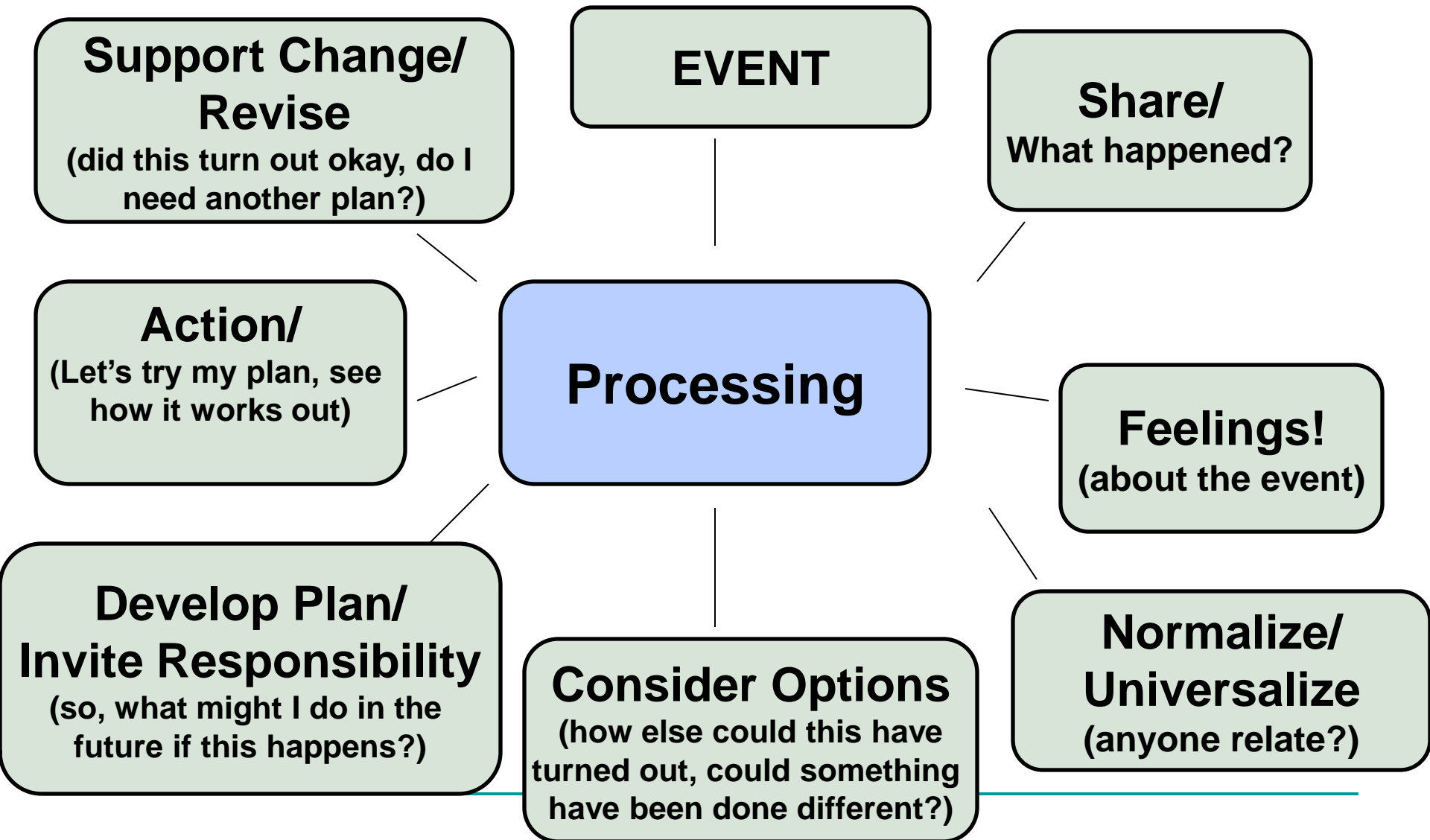
Source: Research by Dick Mendel (2008) comparing Missouri DYS to youth correctional programs participating in the Performance Based Standards (PbS) process.

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# Group Systems Approach

- **Therapeutic intervention, youth development, and social-emotional competence** through group “circles”, daily group meetings, and experiential group projects.
- **Quote on Social-Emotional Competence:** *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*

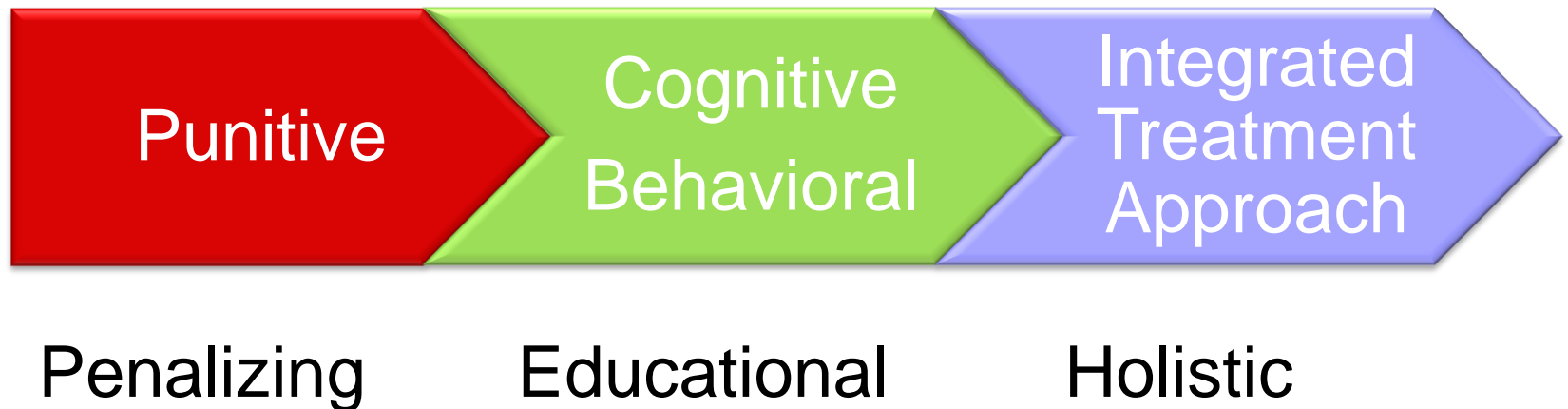
# Treatment Wheel



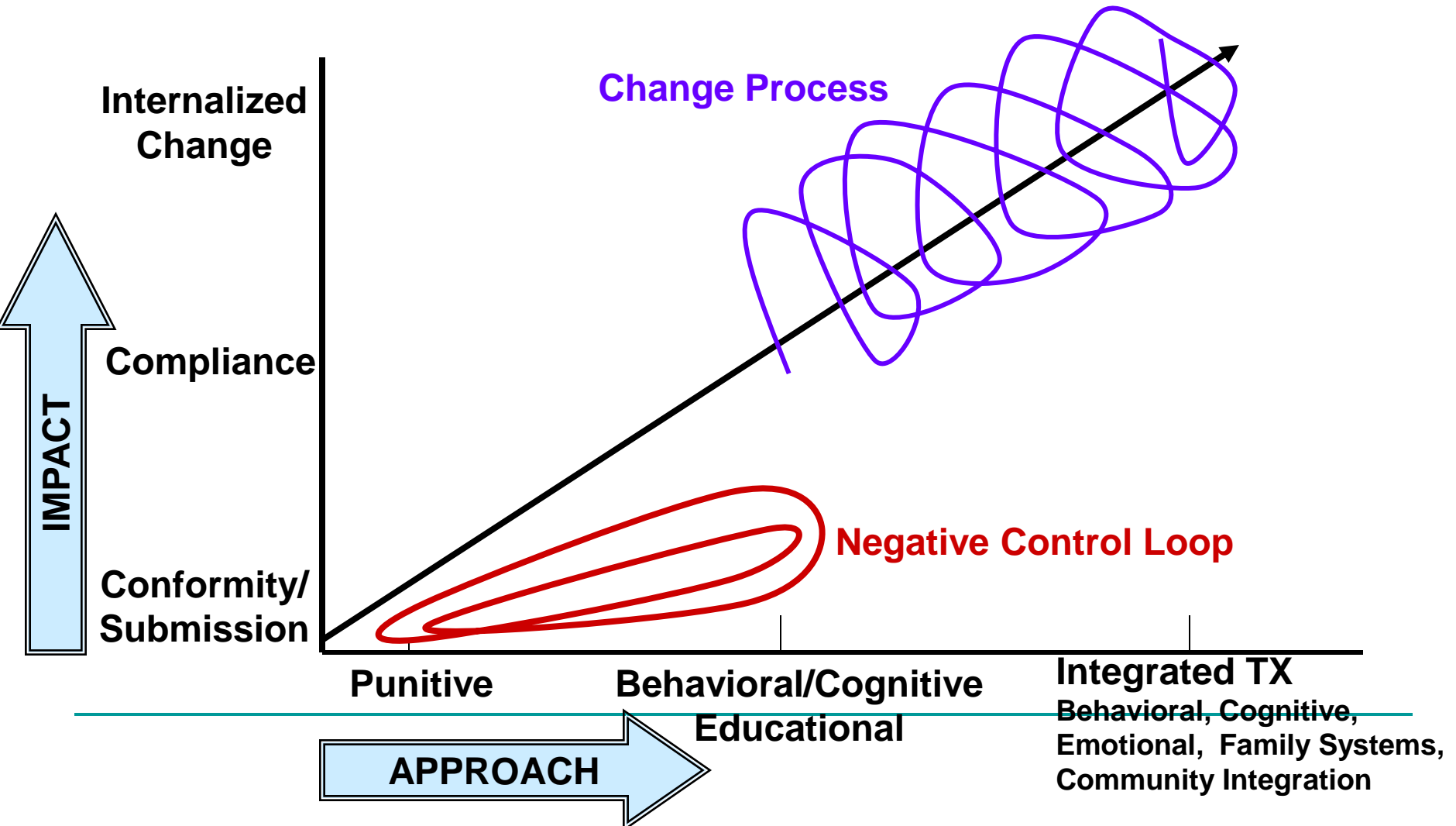


# Fully Integrated Treatment Approach

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



# Reshaping Behavior: *Completing the Puzzle*



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# Punitive Approaches

- Based on the belief that behavior change will occur as a result of punishing the youth's misbehavior
- Interventions have only an arbitrary connections to the youth's behavior and are neither logical, natural, or therapeutic. Implies superiority and control in the adult and inferiority in the youth
- Coerces superficial submission vs changed behavior. Overtime, long-term, sustained punitive approaches have an oppressive quality and which increases tension, anger, hostility, resentment and the occurrence of acting out behaviors.

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# Behavior Modification

- The use of rewards or punishments to reduce or eliminate problematic behavior. Often used with a point system, checklist
- Behavioral Modification can be a good tool in supporting and reinforcing positive behaviors changes and efforts
- Overtime points systems are counter productive to long lasting sustainable change. The focus is on “external” points vs. internalized change. Youth and staff can expend enormous amounts of time and energy “counting” points and not dealing with the real issues.
- There is a tendency in systems for the point system to devolve into a punitive system of behavioral control vs behavior change.
- Over focus on behavior and behavior modification techniques leads to getting “stuck” on symptoms, chasing behaviors, and does not focus on or get to youth’s core issues

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# Cognitive Approaches

- **Cognitive therapy**

- Focuses on recognizing unhelpful or destructive patterns of thinking and modifying them with more realistic or helpful ones.
- Does not address emotional or systemic aspects of behavior

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# **Integrated Treatment Approach**

- **Youth participate in process and structure**
- **Focused on building**
  - **healthy peer-to-peer and adult-child relationships**
  - **self-awareness and insight**
  - **skill development**
  - **resolution of core issues**
  - **behavioral change**

# 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

# 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



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# Healthy Marriage Between Treatment and Education

- DYS fully accredited as a free-standing school district with collaborative relationships
- Creating a therapeutic one-room schoolhouse
- Small class sizes and individualized learning plans for all students
- Teachers and youth specialists working side-by-side and with common professional development and treatment planning.

# DYS Educational Performance

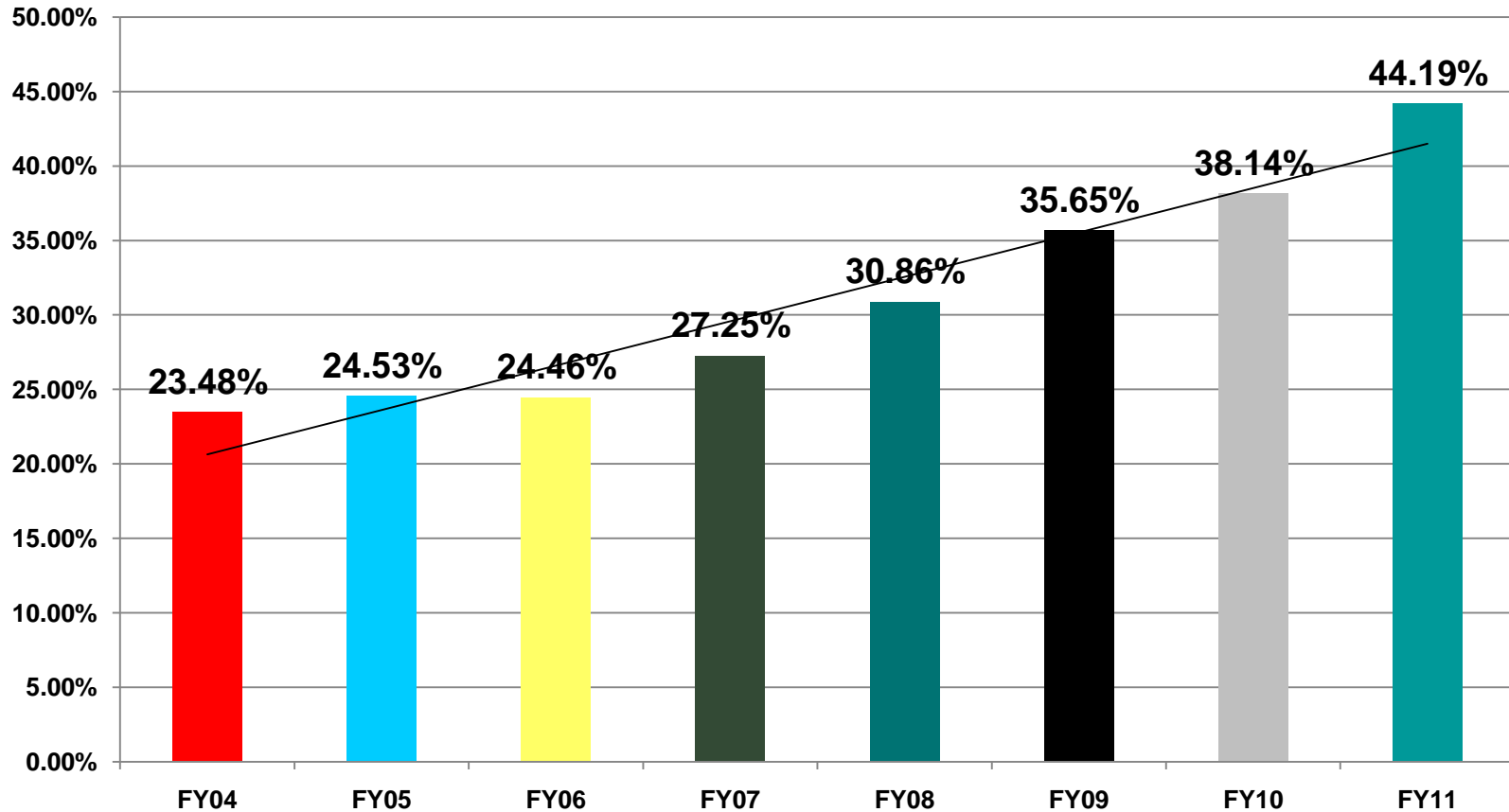
## Educational Progress and Completion -

progressing toward college or a career:

- ❑ 95% earn high school credits, compared to 50% nationally.
- ❑ 30% earn a GED or HS Diploma, compared to 11% nationally.
- ❑ 40% successfully return to their local school district, compared to 21% nationally.
- ❑ 87% improved in reading and math, compared to 72% nationally.
- ❑ 70% improve at a faster rate than their same-age peers in core subjects.

Source: U.S Department of Education, Title I, Part D Annual Program Performance Report, 2007-08 School Year

# Mo.DYS Educational Completion at Age 17



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# 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, and needs assessment
- **Individualized treatment planning** with significant youth/family involvement

**MISSOURI DIVISION OF YOUTH SERVICES  
RISK ASSESSMENT**

<b>Youth's Name:</b>	<b>DYS #:</b>	<b>SC:</b>	<b>Date:</b>
<b>1. <u>Age at Current Commitment</u></b>			<b><u>Score</u></b>
5 6 7 8 9 10 11 12 ..... 1			<input type="text"/>
13 14 15 ..... 2			<input type="text"/>
16 17 ..... 3			<input type="text"/>
<b>2. <u>Age at 1st Referral, Delinquent or Status, Excluding CAN</u></b>			<b><u>Score</u></b>
16 ..... 1			<input type="text"/>
13 14 15 ..... 2			<input type="text"/>
12 11 10 9 8 7 6 5 ..... 3			<input type="text"/>
<b>3. <u>Prior Non-adjudicated Delinquent or Status Referrals, Excluding CAN</u></b>			<b><u>Score</u></b>
None ..... 0			<input type="text"/>
1 2 ..... 1			<input type="text"/>
3 4 5 6 7 8 9 10 11 12+ prior referrals ..... 2			<input type="text"/>
<b>4. <u>Prior Adjudications</u></b>			<b><u>Score</u></b>
None ..... 0			<input type="text"/>
1 2 prior adjudications ..... 1			<input type="text"/>
3 4 5 6 7+ prior adjudications ..... 2			<input type="text"/>
<b>5. <u>Adjudicated Assaults</u></b>			<b><u>Score</u></b>
No prior or present adjudications for assault ..... 0			<input type="text"/>
1 2 3 4 5+ prior or present adjudications for misdemeanor assault ..... 1			<input type="text"/>
1 2 3 4 5+ prior or present adjudications for felony assault ..... 2			<input type="text"/>
<b>6. <u>History of Placement</u></b>			<b><u>Score</u></b>
No prior out-of-home placements ..... 0			<input type="text"/>
1 2 3 prior out-of-home placements ..... 1			<input type="text"/>
4 5 6+ prior out-of-home placements ..... 2			<input type="text"/>
<b>7. <u>Peer Relationships</u></b>			<b><u>Score</u></b>
Appropriate peer relationships ..... 0			<input type="text"/>
Some negative influence ..... 1			<input type="text"/>
Strong negative influence ..... 2			<input type="text"/>
<b>8. <u>Substance Abuse</u></b>			<b><u>Score</u></b>
No problem ..... 0			<input type="text"/>
Moderate disruption due to alcohol or drug use ..... 1			<input type="text"/>
Severe disruption due to alcohol or drug use or distribution ..... 2			<input type="text"/>
<b>9. <u>Public/Private School Behavior Problems</u></b>			<b><u>Score</u></b>
No or only minor problems ..... 0			<input type="text"/>
Moderate problems ..... 1			<input type="text"/>
Severe problems ..... 2			<input type="text"/>
<b>10. <u>Family Disruption/Parental Control</u></b>			<b><u>Score</u></b>
No or minor family disruption and good parental control ..... 0			<input type="text"/>
Moderate family disruption and some problems with parental control ..... 1			<input type="text"/>
Severe family disruption and poor parental control ..... 2			<input type="text"/>

<b>RISK TOTAL</b>	<input style="width:100px; height:20px;" type="text"/>
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## MISSOURI DIVISION OF YOUTH SERVICES SERIOUSNESS SCALE

Youth--s Name:	DYS #:	SC:	Date:
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<b>I.</b>	1.	<b><u>Seriousness of Committing Offense</u></b> Most Serious ..... 10 Moderately Serious ..... 4 Least Serious ..... 2	<b>Score</b> <input style="width: 40px; height: 20px;" type="text"/>
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	2.	<b><u>Seriousness of Prior Adjudications</u></b> Most Serious ..... 10 Moderately Serious ..... 4 Least Serious ..... 2 Not Applicable ..... 0	<b>Score</b> <input style="width: 40px; height: 20px;" type="text"/>
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	3.	<b><u>Prior Adjustment in Residential Placement</u></b> Severe Problems ..... 3 Moderate Problems ..... 2 Minimal Problems ..... 1 No Problems/NA ..... 0	<b>Score</b> <input style="width: 40px; height: 20px;" type="text"/>
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<b>Seriousness Level Total</b>	_____
<b>Risk Total (from page 1 of Risk Assessment)</b>	_____

**II. Has this case been designated high profile?**      \_\_\_ Yes      \_\_\_ No  
 If **Yes**, complete next four items:  
 Explanation: \_\_\_\_\_

Supervisory signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Regional Administrator signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Date copy sent to Deputy Director - Treatment Services \_\_\_\_\_

**III. PLACEMENT/ LENGTH OF STAY GRID: (Mark where risk score and seriousness level intersect)**

<b>S E R I O U S N E S S</b>	Most Serious <b>10+</b>	Moderately Secure Residential LOS= 4-6 Mos.	Secure Residential LOS= 6-9 Mos.	Secure Residential LOS= 9-12+ Mos.
	Moderately Serious <b>6-9</b>	Community-based Residential LOS= 1-4 Mos.	Moderately Secure Residential LOS= 4-6 Mos.	Secure Residential LOS= 6-9 Mos.
	Least Serious <b>2-5</b>	Non-residential LOS= 0 Mo.	Community-based Residential LOS= 1-4 Mos.	Moderately Secure Residential LOS= 4-6 Mos.
		Lowest risk <b>2-10</b>	Moderate risk <b>11-17</b>	Highest risk <b>18-22</b>
<b>RISK OF RE-OFFENDING</b>				

**Placement/LOS \*** \_\_\_\_\_  
 \*If different from what grid indicates, attach placement/LOS exception form. Placement/LOS more than one grid cell (horizontally or vertically) removed, or one cell diagonally removed requires prior approval of the Regional Administrator.

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# 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

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# Family and Community Engagement

- **Core philosophy** - *“the family is vital to the treatment process”*, viewed as “expert” on child.
  - **Universal Case Management** - continuity, youth and family advocacy – start to finish.
  - ***Outreach to homes*** through home visits.
  - **Responsive facility visitation policies** – flexible based on family interests, customs, convenience.
  - **Interface with Community Liaison Councils** to build a caring community of support for family.
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**Are outcomes sustained  
long-term?**

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

## Law-Abiding Behavior

- 3 years after discharge 93% of DYS youth have avoided further incarceration, and 67% have avoided further involvement with juvenile justice or adult corrections.

## 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

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**What does it take to  
implement the approach  
and what the key  
lessons learned?**

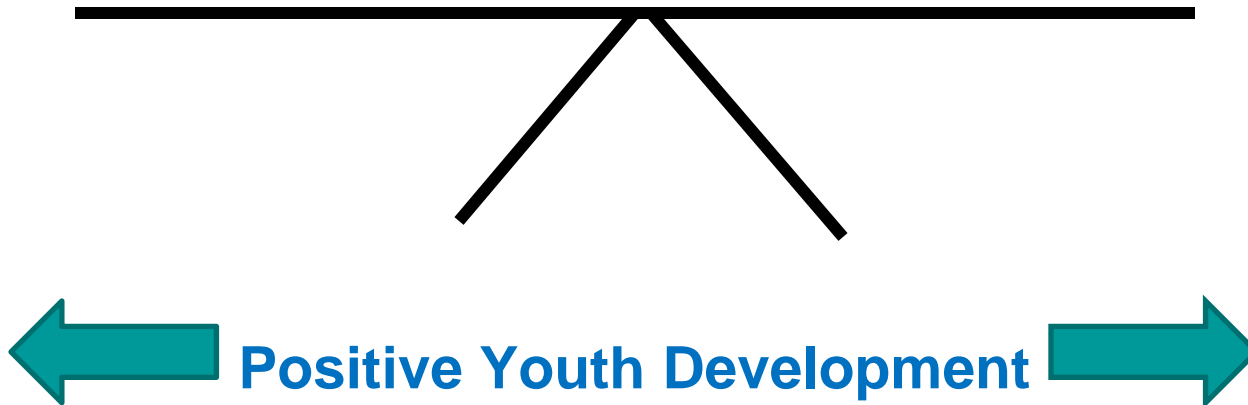
**These articles appeared in the *Columbia Daily Tribune* and the *Jefferson City News Tribune* in 1978 at a time when the systematic de-emphasis of large rural institutions to smaller treatment facilities was taking place.**



# Missouri Juvenile Justice System

## Finding a New Balance

Prevention   Public Safety   Treatment



# Creating Sustainable Change



youth



family



school



neighborhood

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# **Changing Systems for Youth and Families**

**Changing our end destination often  
involves starting from a fundamentally  
different place.**

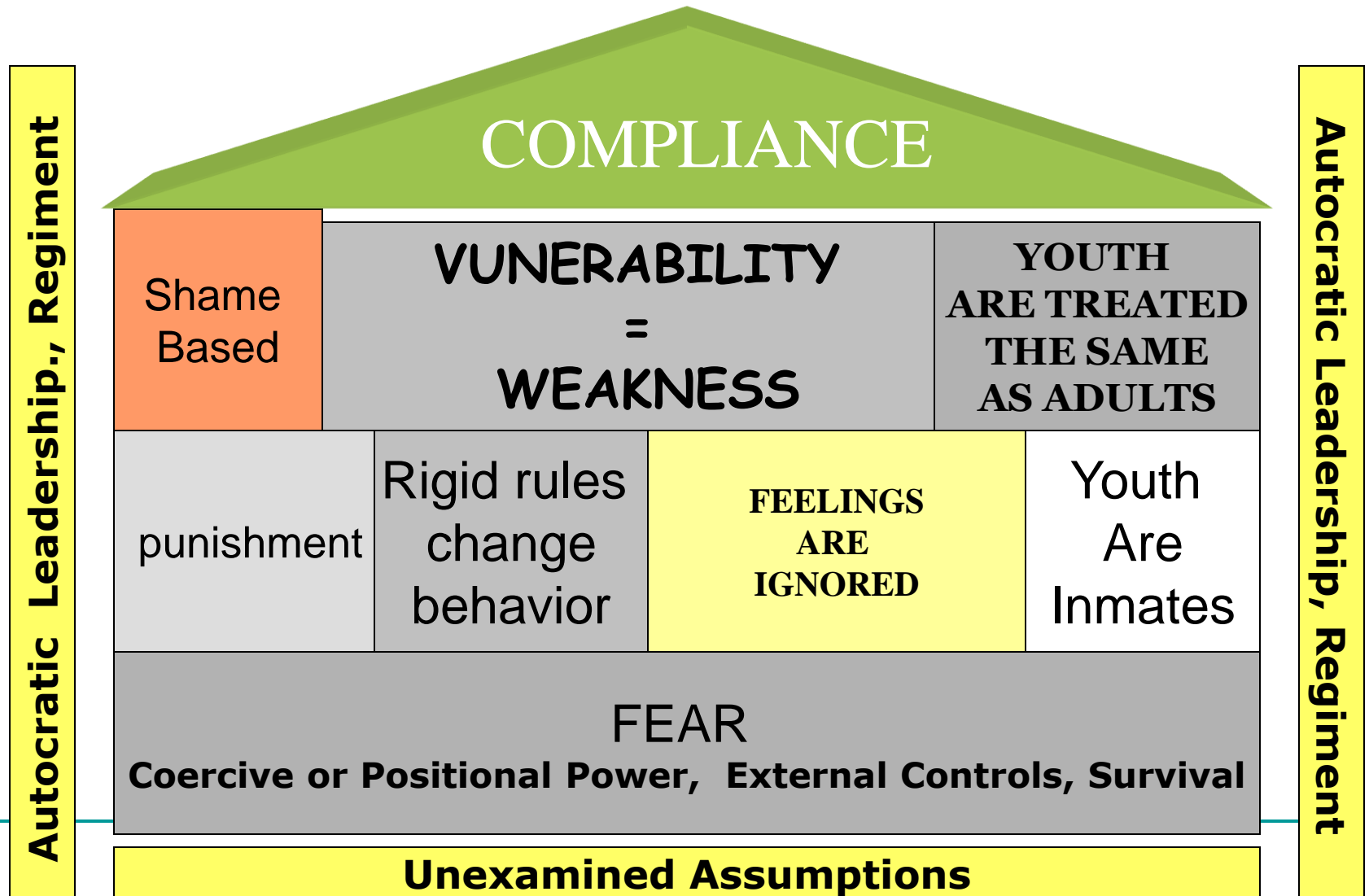
**Philosophy/Culture x Practice = Results**

# Our Journey: From Correctional to Therapeutic and Developmental

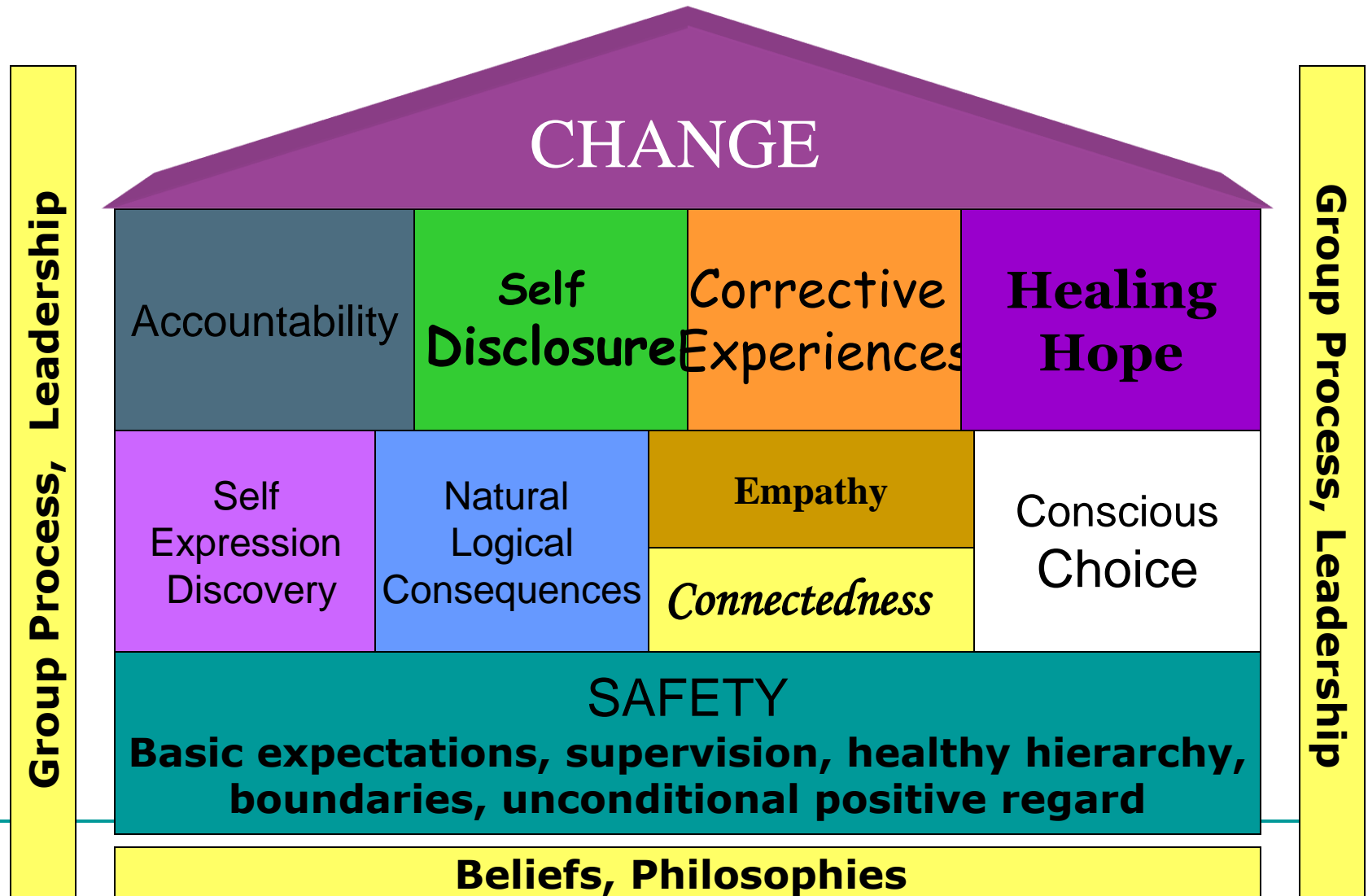
- Fundamentally changing our view of young people and families, moving beyond behavior and stereotypes (youth and families)
- Values/mission as our foundation - unrelenting compassion, determined to find what works (e.g. hard heads, soft hearts)
- Young people and families in the “center” of everything we do
- Quality and engaged frontline staff (non-custodial); with consistent team assignments, low ratios, team standards/accountability
- Program fits youth (family); not the youth fits the program
- Systemic perspective, beyond programmatic/best practice model
- Results (change versus compliance )



# Impact of Traditional Correctional Culture on Practice



# Therapeutic/Developmental Culture & Practice



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# Key State Reforms Supporting Evolution of Mo.DYS

- ❑ Shift in philosophy and practice, cultural change
- ❑ Closing large Training Schools
- ❑ De-centralized administrative structure and continuum of care (5 regions)
- ❑ DYS Advisory Board, Community Liaison Councils
- ❑ Juvenile Court Diversion and TA to communities
- ❑ Legislative (e.g. rehabilitative approach, indeterminate sentencing, dual jurisdiction)
- ❑ Focus on continuous improvement
- ❑ Building and expanding resource base over time

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.



# New York Times - 2008



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# Missouri DYS – Systemic Approach Beliefs Sustainable Practices and Exemplary Results

1. *Leadership*
2. *Organizational culture change*
3. *Highly effective strategy or approach*
4. *Constituency building*

# Lessons Learned - Leadership

- **Importance of promoting a new vision** for the system
- **Think and operate systemically, no “silver bullets”**
  - Understanding and use of system theory
  - Neutrality - avoid “symptom chasing”
  - Broad perspective – structural, human, symbolic, and political
- **Leadership and management** – adapting, aligning, orchestrating, and engaging (e.g. know names/stories)
- **Teach, Expect, Model, and Monitor (TEMM Approach)**
- **It can get worse before it gets better**
- **Accountable/ Determined** – “do what it takes” philosophy; proud, hopeful, and dissatisfied

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# Lessons Learned – Culture Change

## Build a firm foundation and view everything through the lens of values and what works

- ❑ ***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.



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# Lessons Learned – Culture Change

- **To change a system, you must change the culture**
- **Engaged leadership** is necessary to support and sustain culture change
- **Quality Staff and Team Approach** – get the “right people on the bus”, prepare and develop them constantly
- **Create a collective vision**, build on existing strengths
- **Accountability versus blame/scapegoats**
- **Adopt a developmental approach**, don't implement changes all at once
- **Refine** roles, responsibilities, policies and procedures to fully integrate culture and practice within the organization

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# Lessons Learned in Building Constituencies, Sustaining Change

- **Results-based accountability** – populations and programs
- **Positive stories** – *“whatever you focus on grows”*
- **Align** leadership, culture, preparation, and practice
- **Adapt**, integrate, and build ownership
- **Create an “open system”** and a culture of continuous improvement
- **Build Public Will and Ownership**
  - Bi-partisan Advisory Boards
  - Community Liaison Councils
  - Parents/families as constituents and allies
  - Relationships, relationships, relationships

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# **A LONG-TERM BROADER VISION**

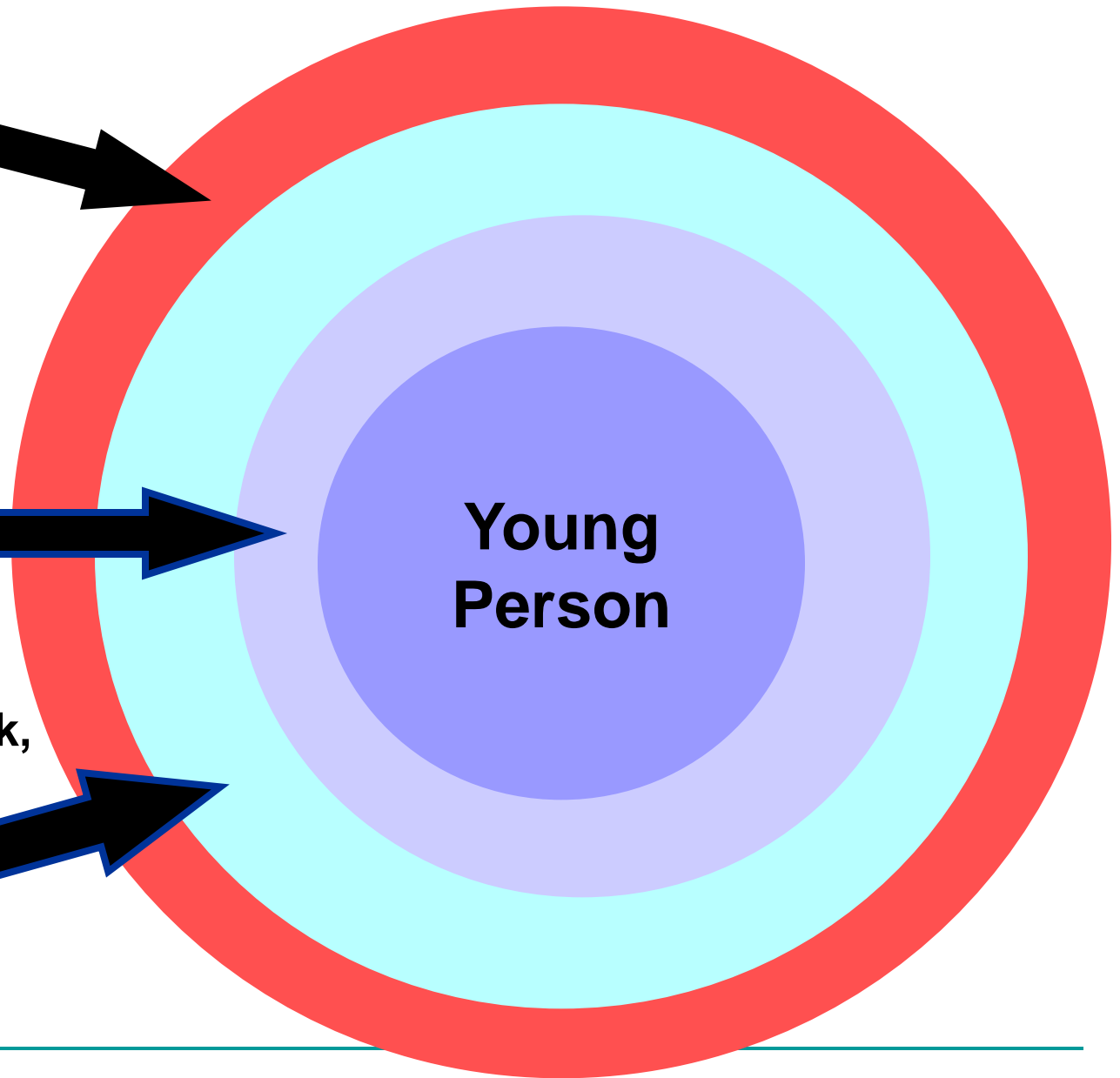
Moving from  
Programs to Systems

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**National customs**  
**Cultural values**  
Mass Media  
Social conditions  
Economic patterns  
Political philosophy

**Intimate & Immediate**  
**Effects:** Family,  
School, Peers,  
Religious Institutions

**Extended Family, Work,**  
Neighbors and Friends  
of the Family,  
Mental Health and  
Social Service  
Agencies



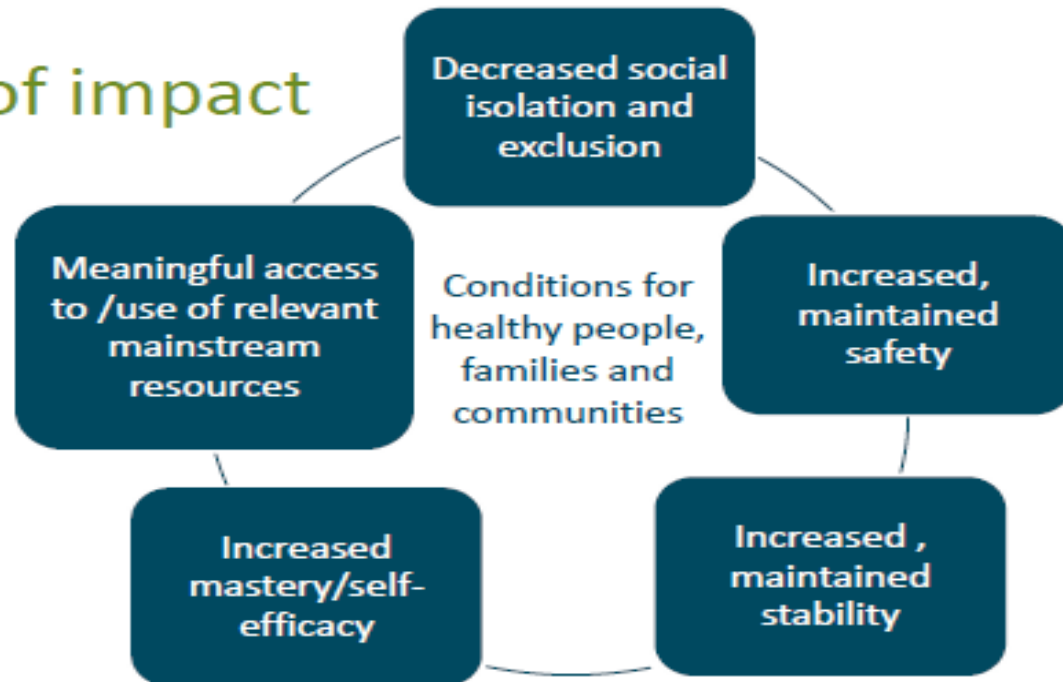
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**Bronfenbrenner's Ecological Model of Development**

# Five Domains of Impact

what full frame work leads to

domains of impact



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We hope our materials are useful to you. If you use them in your own work, please take a moment to cite us, and let us know how it goes.

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# A Broader Vision – Moving from Programs to Systems

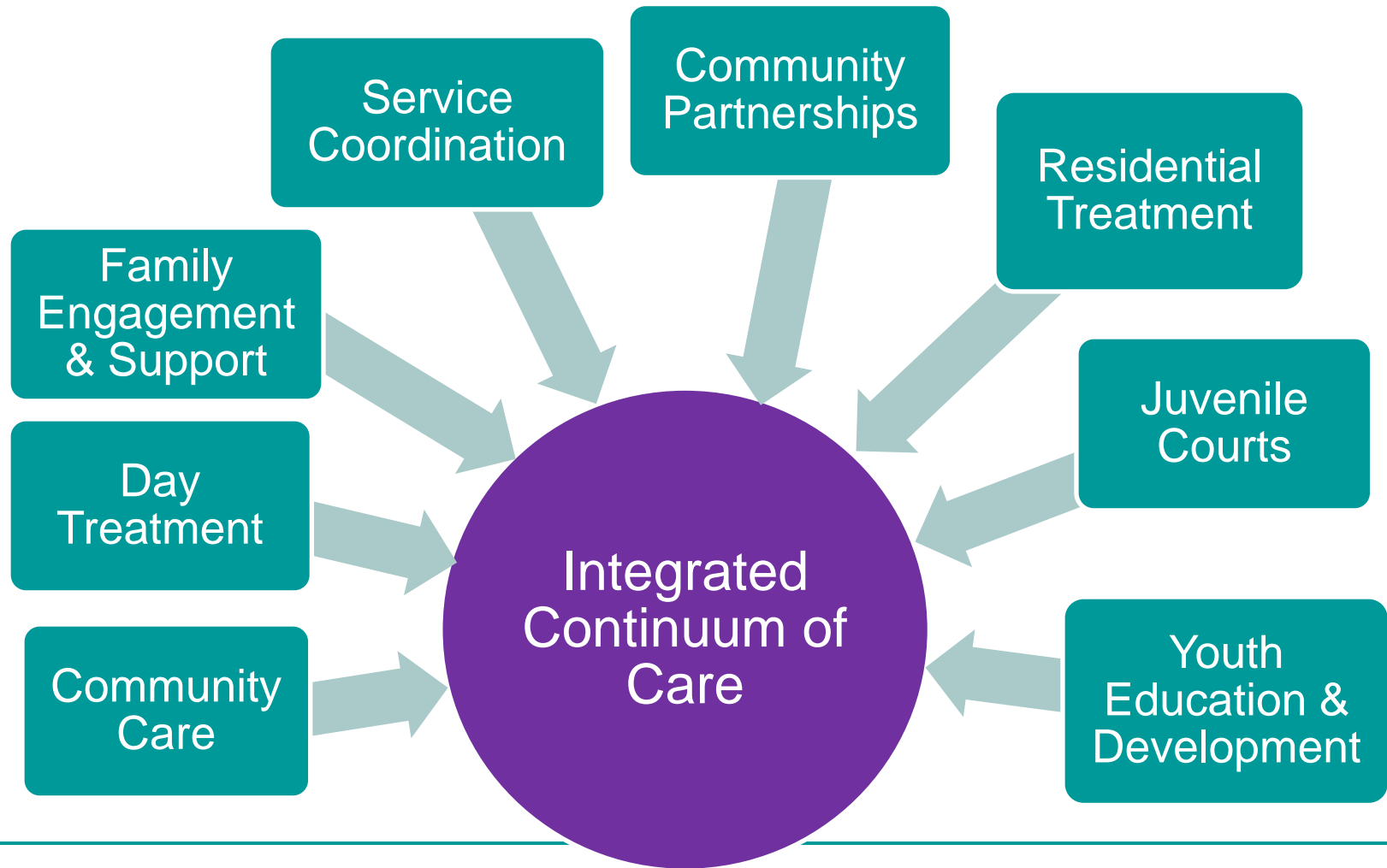
- **Continuum of residential services** that are humane, therapeutic, and developmental.
  - **Fully Integrated Treatment Approach and Comprehensive Wraparound** services across agencies and systems
  - **Youth and family-driven** services (e.g. group approach, youth centered transition planning)
  - **Mobilization of natural helping networks and social capital** (e.g. state services comprise no more than 50% of treatment plan)
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# A Broader Vision – Moving from Programs to Systems

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

# Service/Program Silos to Integrated Resource System





# Non-Residential Services and Aftercare

Traditional  
Correctional/Institutional
vs.
Developmental  
Rehabilitative/Treatment

Case manager	Service Coordinator (community organizer, resource developer)
Deficits focus	Assets focus
Probation and Parole	Community Care
Policy drives decision	Engaged problem solver, decision maker
One-size fits all	Individual/family needs
“Bad” neighborhoods	Community/neighborhoods as a resource
Goal is for youth to stay out of trouble	Goal is for youth & families to be productively involved
Time limited services	Open-ended services as needed
Staff as a monitor	Staff as a facilitator, connector
Offense Driven	Needs Driven
9- 5	24/7
Restrictive	Flexible/adaptive

# Non-Residential Services and Aftercare

Traditional Correctional/Institutional
vs.
Developmental Rehabilitative/Treatment

Hardware supervision	“Humanware” engaged supervision
Silos (case managers, day treatment, family therapy)	Non Residential /Community Care Continuum
Activity focus	Outcome focus
Isolation	Teamwork
Youth/individual	Systemic (youth, family, neighborhood, community)
Crisis intervention	Proactive planning
Day Treatment	Community/Family Resource Centers
Education and jobs focus	Education, jobs, community, service and individual/group/family treatment services
Trackers, Taxi Drivers, go-to persons	Community Mentors
Family Therapy Sessions only	Family Therapy sessions, engagement and natural support networks

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# **Missouri DYS Non-Residential Basic Expectations**

Basic expectations provide the foundation for a safe, successful, strengths-based and needs-driven non-residential experience for DYS youth and families.

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# Missouri DYS Non-Residential Basic Expectations

- 1. Youth are provided structure, supervision, and support at times and in the places necessary to minimize risk, meet needs, and increase success including:**
    - a. Regular face-to-face contact at varying times including days, evenings and weekends; and at various locations.
    - b. Developmentally appropriate supervision of furloughs, home passes, outings, and during transitions.
    - c. Ensuring productive involvement in school, family, work, recreation, or service.
    - d. Positive connections and access to neighborhood supports and services.
    - e. Immediate, responsive, and effective intervention in high risk or crisis situations including after-hours contact numbers and interventions.
  
  - 2. Treatment plans are timely and individualized based on the unique strengths, needs, and challenges of each youth and family.**
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# Missouri DYS Non-Residential Basic Expectations

- 3. Parents\guardians, family members, youth, and staff teams have an active voice in the treatment planning and implementation including:**
    - a. One-to-one or small group meetings at a time and place that is most comfortable for the family.
    - b. Regular face-to-face contact by service coordinators with the family throughout the youth's residential and non-residential stay.
    - c. Regular visits from family members or natural support networks arranged by the service coordinator during each youth's residential stay.
    - d. Comprehensive and collaborative transition planning and implementation prior to a youth's release from residential care, including both formal and natural support systems for the youth/family.
    - e. Cross-regional and/or cross-agency staffing prior to transferring supervision.
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# Missouri DYS Non-Residential Basic Expectations

- 4. Non-Residential Centers/Day Treatment operate at full daily capacity and beyond as necessary; while maintaining flexibility to adapt services and supports based on individual needs of youth and families.**
  - 5. Non-Residential Centers/Day Treatment provide an appropriately timed (e.g. days, evenings, and weekends) and comprehensive array of services including treatment, education, youth development, and family and community engagement.**
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# The Missouri Approach

A revolutionary approach to meaningful juvenile justice reform.



**For more information: [www.missouriapproach.org](http://www.missouriapproach.org)**