

Missouri Department of Social Services
Division of Youth Services

Residential Care

The division operates residential care facilities across the state for young offenders who require a more structured setting than the community. Each residential program includes intensive counseling, life skills training and some type of education program.

Community-based Residential Programs

The least-restrictive residential environments in the division are group homes. Typically, about 10 youths live together in a home-like setting under 24-hour supervision. The residents in some facilities go to public schools and participate in other activities in the community on a regular basis.

Some juvenile offenders are placed in a short-term treatment program that combines traditional residential services with re-entry exercises.

While in the group home, the youths are responsible for general housekeeping, serving meals and laundry. More importantly, they are expected to participate in group, individual and family therapy sessions.

Moderately Structured Facilities

The division operates nine programs providing a moderate structure, three in state parks. These programs use the same treatment approach as group homes, but are designed for youths who need more structure and supervision. Basic education, General Education Development (G.E.D.) programming, and remedial and special education are provided on-site in division schools accredited by the Department of Elementary and Secondary Education.

Secure Care

There are seven highly structured secure care programs operated by the division in locked facilities. Secure-care residents tend to be more serious offenders, with longer offense histories or crimes against people.

An educational program is customized for each resident with basic, remedial, special and vocational education available. Each resident works within his own Individual Treatment Plan to gain basic, practical knowledge and skills that will help him cope effectively after release from the program.

Special Needs

Some young offenders have special needs because of emotional disturbance or learning disability. The division operates two programs designed to meet these special needs.

02/14/05

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Aftercare

DYS employs a graduated Aftercare system which helps ensure youth exiting a residential program receive the services and support needed to be successful. With rare exception, all youth receive Aftercare services when they leave a residential treatment program. While on Aftercare, the Service Coordinator (SC) provides support, supervision and the services necessary to help youth transition to life at home and in the community. Service Coordinators reinforce skills the youth learn in while in residential treatment and provide continued guidance and supervision. Depending on the youth's needs at that time, a Service Coordinator may act as a counselor, a supervisor, an advocate, or as a coach.

Prior to the youth's release from residential programming, the Service Coordinator, in conjunction with the youth's guardians and facility staff, will hold a transition meeting(s) and begin to develop an Aftercare plan. Typically this plan will focus on continued education, treatment and/or employment. Planning for release while still in program ensures a seamless transition to Aftercare as potential problems and solutions are identified and goals developed. Aftercare is usually preceded by treatment furloughs where a youth may return home for one or more overnight visits prior to their actual release.

Specifically, Aftercare is the period of supervision a youth receives after a residential placement but prior their release from custody. It is designed to allow youth an opportunity to practice the skills learned during the previous phase of their treatment. During Aftercare, SC activity is increased to insure the transition from a residential placement to the home environment is successful. Supervision contact, while generally frequent initially (weekly), is later based on the youth and family's needs in the community. Other factors that might influence the youth's ability to be successful are also considered (e.g. school attendance, employment, counseling, etc.). The SC attempts to support the family while continuously pushing them towards self-sufficiency. The SC might assist the family system in a variety of ways, such as making referrals for family therapy, assisting in job placement, located community services opportunities, or advocating for the youth in the public school system, etc.

The length of Aftercare services depends on the specific needs of the youth and family but is seldom less than 4 months. Challenges while on Aftercare can be met in a variety of ways, depending on the level of concern. Options include, increased contact with the service coordinator, brief returns to residential placement, alternative placements (e.g. Drug & Alcohol Program, etc.), or revocation. Revocation is reserved only for youth who truly require additional, long-term residential treatment. In these situations, the youth is returned to the residential phase of programming and the process essentially "starts over" with a revisiting of the original Individual Treatment Plan.

Ultimately, the youth's ITP is completed after a successful period of Aftercare. At that time, the SC will review the case with his/her supervisor and regional management. If all agree, a letter is sent to the family and the committing court advising both parties of the youth's release from DYS custody.

02/24/06

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Day Treatment

The day treatment program provides an alternative for at-risk youths so they do not have to be removed from their families and placed in residential programs. Instead, they spend six hours each day in school, even in the summer, and return home in the evenings.

Each student works with day treatment teachers to design an individual education plan outlining the goals and expectations of both staff members and the youths. They then work toward those goals at their own pace.

Since the majority of these students did not thrive in the public school system, training toward General Educational Development (G.E.D.) is offered. Career planning and job-seeking skills also are emphasized. The educational program is reinforced with individual, group and family therapy services, along with community services.

01/18/01

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Case Management

DYS operates a case management system that provides treatment assessment and planning through the coordination and utilization of the various regional services available to youth. The same case manager, or Service Coordinator (SC), will serve as the youth's advocate throughout the system. Service Coordinator caseloads are typically maintained at 15-20 youth. The SC is the primary liaison between the family and the agency in regard to overseeing and guiding all aspects of treatment. This small caseload allows the SC to develop and maintain close relationships with each youth, family and community to which they are assigned. To provide continuity and consistency, each youth remains with the same service coordinator throughout his/her DYS commitment.

When DYS is advised by an officer of the court that a youth has been committed to its care and custody, a SC is immediately assigned to serve as that youth's case manager. Initially, the SC will meet with the youth, family members, juvenile officer, teachers, and any other sources that may be able to offer information regarding the youth's strengths and needs. In close conjunction with the family, the treatment needs of the youth are thoroughly discussed and an Individual Treatment Plan (ITP) is developed.

During the initial intake, the SC completes a Risk/Needs Assessment. This tool, along with the specific needs of the youth, will ultimately determine the most appropriate placement. Considerable efforts are made to keep the youth in the least restrictive environment that best fits their treatment needs and is also proximal to their home community. Placement options include an array of DYS-operated residential facilities, DYS Day-Treatment Programs, other-agency contractual care settings and, in select cases, community care, in which the youth is placed back in the community with wraparound treatment services.

In conjunction with the development of the ITP, the SC will meet with his/her supervisor and staff team to discuss the particulars of the case and formulate specific treatment interventions for the youth. These team meetings occur several times each month and allow the SC to staff cases and problem solve with their peers and immediate supervisor. These meetings also allow the team to review and coordinate residential placements, receive supervisory training, and further build team cohesion. SC meetings are typically held on the campus of residential facilities affording the SC immediate access to their youth before and/or after the meetings.

Following placement in a program, the Service Coordinator continuously works with members of the treatment team to assess each youth's needs and progress in completing their ITP. Continuous communication between the SC, youth, the youth's family and treatment staff is viewed as imperative to the youth's success. In addition to monitoring the youth's progress, the SC evaluates the services provided to youth and their families, ensuring services provided are both effective and appropriate for the individual needs of that youth. As youth near their release date, transition meetings are held in which parents, SC, youth and facility staff meet to discuss the youth's pending release. Using this information, the SC develops an Aftercare Plan to help ease the youth's return to the community. The SC serves as a resource to help coach and guide activities aimed at meeting the goals found in the ITP during the entire residential placement. Progress toward outlined goals are documented by the SC and formally reported to

the family and court on a regular basis.

In addition to the monitoring described above, a formal meeting with the youth, family, SC and treatment providers occurs on six month anniversaries of the youth's commitment. This Administrative Review takes place for all youth in DYS custody and provides the stage to measure progress toward ITP goals; examine the quality and effectiveness of treatment provided; and to make further adjustments to the ITP, if so warranted. It is typically facilitated by regional staff not directly affiliated with the facility of placement.

Service Coordinators are typically assigned to a specific county(s) or area of the state. The geographic size of this area varies greatly, depending on the population of the individual community(s) and the subsequent number of commitments from the member circuits. This area specialization allows the SC to become familiar with the services available to youth and families in their communities. The service coordinators continuously work to develop community-based partnerships for job placement, alternative education and treatment opportunities for the youth. This may include placement in vocational training, employment, counseling, GED classes, public school and/or college.

In conclusion, it is important to note the juvenile courts actually relinquish their jurisdiction upon the youth's commitment to DYS. Understanding this, DYS strives to maintain positive working relationships with each of Missouri's juvenile courts. Regular communication occurs with the juvenile office as they are advised of youth progress and challenges. The courts are afforded the opportunity to influence both facility releases and discharges from DYS custody. The comments and information they provide is weighed against what the youth has done in treatment and typically addressed prior to DYS action.

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Intensive Case Supervision

Social Service Aides (Trackers) are hired by the Division of Youth Services to assist the Service Coordinator (SC) with the supervision of youth placed in the community. This placement typically occurs after the completion of the youth's residential treatment but may also occur immediately following commitment while the youth is awaiting residential placement or on Community Care status.

Trackers, as they are commonly called, help the SC maintain a high level of supervision on youth activities but, are also a central component of the youth's successful transition back into the community. The level of involvement is assigned by the youth's SC and is likely to include regular home, school and employer visits. The Tracker is expected to maintain contact with a youth through face-to-face meetings, home visits, phone calls and collateral contacts with others professionals who work directly with the youth. The frequency and type of contact is adjusted by the SC based on the progress and needs of the individual. Trackers regularly report progress and concerns to the SC in order to ensure the SC is kept current on the youth.

While the emphasis of the Tracker is typically increased supervision of youth assigned to them, they also serve the youth as a 'mentor.' In this role, they act as a social role model for the youth by participating in age appropriate, socially acceptable recreational activities, such as going to the movies or attending a local sports game. Examples of other Tracker activities include: helping the youth locate and secure employment; providing transportation to/from work or school; providing tutoring; locating alternative recreational activities in the community and/or finding other services that will enhance the youth's return to the community. Trackers also provide treatment services such as counseling, conflict resolution and problem-solving assistance to their youth.

The Tracker position is part-time and, as such, does not include employment benefits. However, flexible scheduling and attractive pay make this an appealing option to college students, retired DYS employees and other members of the local community. The length of appointment is indeterminate and service to individual youth is based on the youth's needs and typically ranges from a few weeks to several months. At the conclusion of which a different youth, in need of similar services, will be assigned.

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Family Therapy

The Division of Youth Services offers Family Therapy to its youth and their families. The Division uses a Systems approach to therapy which incorporates youth, parents, alternative caregivers, as well as, siblings when appropriate. The goals of this approach are to encourage families to recognize their strengths, educate regarding effective parenting skills with logical consequences, and to improve communication within the family.

A Family Therapy referral is initiated by the Service Coordinator based on a needs assessment. Once the referral is made, a Family Specialist is assigned and makes initial contact with the family. Family Therapy usually begins while the youth is in a residential placement and may address such issues as communication skills, anger management, conflict resolution skills, and establishing appropriate familial boundaries. The frequency of these sessions is determined mutually between the families and the Family Specialists.

The Family Specialists are committed to providing ongoing communication with the facilities and the Service Coordination unit. This allows for the most holistic approach for the families. The Family Specialists also attend regular staffings and assist in the implementation of the Individual Treatment Plan.

Once the youth successfully completes the residential phase of treatment, the Family Specialists continue to be involved to ensure the most appropriate level of continued support. This also serves to ease the transition from residential placement to community placement. Additionally, Family Specialists collaborate with other assisting agencies to determine the most effective provision of services to the youth and their families.

While the Division accepts referrals from other agencies on a limited basis, most of the young people participating in the Family Therapy program have been committed to the Division and/or are involved in other Divisional programs, such as Day Treatment.

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