The New York City Council,
Committee on Juvenile Justice
Committee on Courts and Legal Services
September 20, 2017

"Oversight – Violence in New York City Secure Detention Facilities"

Testimony by
New York City Administration for Children's Services
Felipe Franco, Deputy Commissioner
Division of Youth and Family Justice

Good morning Chair Cabrera and members of the Committee on Juvenile Justice. I am Felipe Franco, Deputy Commissioner for the Division of Youth and Family Justice (DYFJ) within the Administration for Children's Services (ACS). Thank you for the opportunity to testify this morning. The safety and security of our young people and of our staff are of paramount importance—it is only when staff and youth feel safe that we can achieve the therapeutic outcomes we want on behalf of the youth we serve. I look forward to sharing with you the efforts that DYFJ has made to prevent violence and promote safety within our secure detention facilities.

DYFJ Overview

DYFJ oversees services and programs for youth at every stage of the juvenile justice process. Our continuum includes community-based preventive and alternative services for youth who are at risk of delinquency and their families, and we provide detention services to youth who are arrested and awaiting court resolution. Since 2012, we have been providing residential services for all youth placed with New York City as adjudicated juvenile delinquents, as well as aftercare services and supervision upon their return to the community.

Detention Overview

ACS provides secure and non-secure detention (NSD) services for youth who have been arrested and are waiting for judges to hear their case in court. DYFJ oversees seven not-for-profit provider agency-operated NSD group homes across the City, and directly operates two secure detention facilities- Crossroads in Brooklyn, and Horizon in the Bronx. Secure detention has the most restrictive security features and is typically reserved for youth who pose the highest risk or have been accused of committing serious offenses. Our NSD residences solely serve juvenile

delinquents,[1] while our two secure detention centers serve both juvenile delinquents and juvenile offenders.[2]

The number of young people admitted to detention has continued to decline over the last several years due to smart policing practices leading to a decline in juvenile arrests, as well as the increased number of community-based alternative programs designed to safely divert juvenile delinquents from the justice system. In 2010, 5,084 young people were admitted to detention for the calendar year. Since then, admissions to detention have decreased significantly, dropping to just 2,126 total admissions in fiscal year 2017, which represents a 32% decrease from fiscal year 2014.

ACS values transparency in reporting outcomes for the agency's work, including detention outcomes, which were included in the Mayor's Management Report (MMR) that was released earlier this week. As a result of our historically low detention census which continues to decrease, it is important to note that the rates reported in a number of areas in the MMR appear elevated in comparison to the actual numbers. For example, while the child abuse and/or neglect allegation rate reported in the MMR rose from 0.11 per 100 average daily population in fiscal year 2016 to 0.14 in fiscal year 2017, the actual number of allegations decreased from 65 in fiscal year 2016 to 61 in fiscal year 2017.

The MMR also reflects a small increase of .04 percent from fiscal year 2016 to fiscal year 2017 in the "youth on staff assault with injury" rate, which translates to only two additional incidents in fiscal year 2017 than in the previous fiscal year. While this is a small increase, we take all incidents in our facilities seriously and recognize that there is always room for improvement.

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[1] A young person between the ages of 7-15 who commits a crime is considered a "Juvenile Delinquent" and his or her case is heard in the Family Court. Dispositions on Family Court delinquency cases may include treatment, probation, restitution, conditional discharge, or placement.

[2] A child who is 13, 14 and 15 years old and commits a more serious or violent act – such as murder, manslaughter, assault, sexual assault, attempted murder, burglary, arson, or kidnapping- may be treated as an adult and is considered a "Juvenile Offender". These cases are typically heard in the Criminal Term of the Supreme Court. Youth adjudicated Juvenile Offenders are subject to more serious penalties than a juvenile delinquent. Due to the nature of their charges, Juvenile Offenders in New York City are solely remanded to secure detention facilities.

We are continuing efforts to procure on-site intervention programs such as Cure Violence at both secure detention sites. We are also working to hire additional front-line staff and improve staff training to emphasize development of skills necessary to work with high risk populations, which you will hear more about later in my testimony.

Conditions of Care in Secure Detention

While youth crime in New York City has declined and the number of youth remanded to detention has decreased substantially over the last 4 years, the youth who are placed in detention are the highest needs youth in the City and present extremely challenging behaviors. Many have experienced significant trauma or abuse, and have families with extensive child abuse and neglect histories. The vast majority—as high as 90% of young people in the juvenile system, regardless of gender—have experienced some sort of trauma. To address this trauma, we strive to have a system that is both informed and responsive. Meaningful support for youth through targeted therapeutic programming, cultural services, and comprehensive educational programming helps to address their trauma, keep youth engaged, prevent risky behaviors, and keep our facilities safe. We are proud of our partnership with Bellevue Hospital, NYU Langone Medical Center, and others to create and implement trauma-informed screening and care in our secure detention facilities, making us one of the first secure detention systems in the country to implement trauma-informed practices and training. Our work in detention is focused on helping the youth we serve develop the skills to control and manage their emotions and behaviors.

We also recognize that the conditions of care in secure detention are strongly driven by the relationships between the youth and our staff, and we are committed to providing our staff the training and supports they need to work effectively with our youth and maintain safety in our secure facilities. We have contracted with the New York Society for the Prevention of Cruelty to Children to provide stress reduction/secondary trauma workshops for our secure detention staff, as well as

resiliency interventions after critical incidents beginning October 1, 2017. In partnership with the ACS James Satterwhite Training Academy (JSA), and with support from the ACS Workforce Institute, we have improved and expanded the pre-service training we offer to all Juvenile Counselors at the start of their employment with ACS to include:

- More time devoted to training staff on Safe Crisis Management (a highly regarded crisis intervention model used across the country);
- Partnering with external subject matter experts, like Bellevue Hospital to provide new training on mental health and trauma and their impact on youth behavior with practical guidance for how to work with youth who have mental health needs;
- Behavior Management Theory and Practice; and
- On the job training experience alongside more senior Juvenile Counselor mentors and JSA trainers to help new staff learn the job while still in training.

We also partner with John Jay College to provide six weeks of Peace Officer training to all Special Officers who work in our detention facilities, and have partnered with the CUNY Public Safety Academy for specialized training for our Special Officers on front-end security in both facilities to improve practice, minimize incidents, and reduce contraband coming into the facilities.

Investments in Safety

Keeping our facilities safe is our top priority, and we have invested more resources than ever towards reducing contraband and in implementing best practices to increase safety and security.

Contraband Reduction

While there is no single solution for preventing contraband, our current security protocols and investments in new technology are all meant to reduce the entry of prohibited items into our facilities. Security staff at each facility search everyone who enters—staff and visitors alike—using magnetometers, wands, and cell phone and other wireless detecting equipment, and we have

increased random resident and facility searches. Staff uniforms were altered to prevent staff from bringing contraband into the facilities, and we added staff lockers to provide more storage for personal items. Our Special Officers, management team and Tour Commanders carry cell phone detecting equipment as they walk through the facilities, and we have upgraded this equipment to reflect the most technologically advanced equipment for detecting cell phones even when they are shut off and when the batteries are removed.

Missouri Youth Services Institute Model

DYFJ is working to aggressively to implement a team staffing model of care adapted from the Missouri Youth Services Institute (MYSI) model within our secure juvenile detention system. MYSI is a nationally recognized therapeutic approach for working with young people involved with the juvenile justice system. Facilitated small group interactions and processes, and the promotion of healthy, productive relationships and interactions are at the core of the MYSI group process approach. These approaches must be administered by caring, skilled and well-trained staff, who work in multidisciplinary teams that include juvenile counselors, case managers, and clinicians. These teams of staff working together are key to helping youth make better decisions and manage negative behavior and thinking. We continue to partner with the Missouri Youth Services Institute to train all Juvenile Counselors and Supervisors on the MYSI model. One week of MYSI training is incorporated into our pre-service training program for Juvenile Counselors, and MYSI consultants provide on-site consultation to our detention staff year-round to improve their implementation of this model within our secure detention facilities.

Safe Crisis Management

DYFJ has employed Safe Crisis Management (SCM) as our crisis intervention methodology since 2012. SCM was selected over other tools largely because of its intensive focus on helping staff learn about and understand youth development and behavior, as well as prevention and de-

escalation strategies that can be used to safely influence a youth's behavior in lieu of or prior to the need for physical interventions. We created and will implement this year an enhanced Safe Crisis Management training plan for secure detention and have contracted with the developer of SCM to provide quarterly, on-site training and consultation to improve staff practice of SCM.

NYU/Bellevue:

Through our partnership with NYU/Bellevue all secure detention staff receive training in working effectively with traumatized youth and strategies for preventing or mitigating vicarious trauma. DYFJ is pleased to continue our collaboration with NYU/Bellevue to expand trauma-informed care within detention through the use of evidence-based training for staff and skill development for residents. We are in now in the initial phase of implementing *Trauma Affect Regulation: Guide for Education & Treatment* (TARGET). TARGET is a comprehensive trauma intervention specifically designed for use in juvenile justice settings. This effort is supported by a five year grant from the Substance Abuse Mental Health Services Administration and is designed to increase staff's understanding of trauma and its impact on youth and staff; reduce institutional violence and increase youths' and staff members' sense of safety; and provide front-line staff with proven skills for managing the behavior of youth with trauma-related problems as well as their own work-related stress reactions.

Closing

Thank you for the opportunity to share with you the targeted actions DYFJ has taken to fortify safety and security in our secure detention facilities. New York City has safe, secure detention facilities where youth go to school every day, and where their medical, dental and, more than ever, their mental health needs are being met. Only the highest risk youth now reside in our facilities and to maintain safety we need to continue to invest in our staff and in proven practices such as MYSI, SCM and Trauma Responsive Therapies. The investments we are making now to

improve our practice, support our staff, and bolster safety in our facilities will strengthen the foundation of our system as the City enters a new phase of juvenile justice with the implementation of Raise the Age. As always, we are happy to work with the Committee in our continuing efforts to improve the system and to provide services for the City's justice-involved youth. We are happy to take your questions.

NYU School of Medicine
NYU LANGONE MEDICAL CENTER

My Background

- Clinical psychologist & former juvenile offender
- Expertise in juvenile justice & trauma-informed care (TIC)
- My Experience:
  - NYC: Department of Probation, Rikers Island, Red Hook Community Justice Center, Center for Community Alternatives, STEP/MBTC drug court
  - Recently awarded $2 million grant to expand TIC to NYC SD & NSD facilities
  - Florida Department of Juvenile Justice
  - Fairfax County (VA)
  - Consultant for *National Center for Mental Health & Juvenile Justice* project to develop trauma-informed diversion programs in 4 states (GA, IN, MA, TN)
  - Consultant for the *Council of Juvenile Correctional Administrators*

Definition of a Trauma

Actual or threatened death, serious injury, or sexual violence that involves:

- Directly experiencing trauma
- Witnessing trauma
- Repeated/extreme exposure to details of traumatic events
- (for kids 0-6) Hearing about trauma that happened to a parent or caregiver

Source: Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5; American Psychiatric Association, 2013)

Correctional Officers experience the most work-related violence of any profession in US after police officers
(*Source:* US Dept. of Justice)

Majority of JJ professionals experience *secondary trauma exposure*

25-60% of correctional staff report moderate-to-severe PTSD
(*Source:* Branson et al., 2017)

- Posttraumatic Stress Disorder (PTSD) symptoms
- Depression
- Substance use
- Chronic health problems
- More sick days/absenteeism
- Worker's compensation claims
- Impaired job performance
- Reduced job satisfaction
- Turnover (i.e., leaving the field)
- Negative work environment
- Negative impact on personal life (divorce, relationship problems)
- Decreased life expectancy

What is [illegible]

- Local & national stakeholders have called for system-level responses to the high rates of trauma in youth and line staff in juvenile justice
- SAMHSA's 4 Rs of TIC: **Realize**, **Recognize**, and **Respond** to the impact of trauma on youth and staff and **Resist Re-traumatizing**
- TIC represents a significant shift in organizational culture and practice for most juvenile justice systems in the USA
- Becoming a trauma-informed agency or system is a <u>process</u>

Essential Elemen[illegible]ed [illegible]ustice

1. Staff knowledge/training in child traumatic stress
2. Trauma-informed mental health services
3. Youth physical & psychological safety
4. **Staff safety & traumatic stress prevention**
5. Cross-systems collaboration/Coordination of care

Nationally

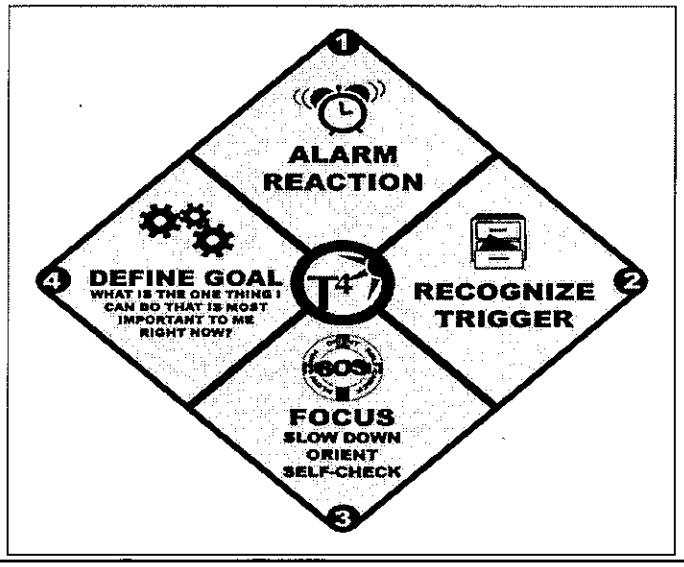
- US Office of Juvenile Justice & Delinquency Prevention
- International Association of Chiefs of Police
- National Institute on Corrections
- National Council of Juvenile & Family Court Judges
- American Bar Association
- National Juvenile Defender Center
- National Center for Mental Health & Juvenile Justice
- Robert Wood Johnson foundation
- US Department of Health & Human Services

New York

- NYC Administration for Children's Services
- NYC Department of Probation
- NYS Office of Children & Family Services
- Center for Alternative Sentencing & Employment Services
- Center for Community Alternatives
- Center for Court Innovation
- STEP/MBTC drug treatment court

- Trauma-informed organizational self-assessment
- Consultation on promoting staff wellness & increasing safety within facilities
- TARGET 1,2,3,4 (T4) skills training for staff
- TARGET skills groups for youth & families

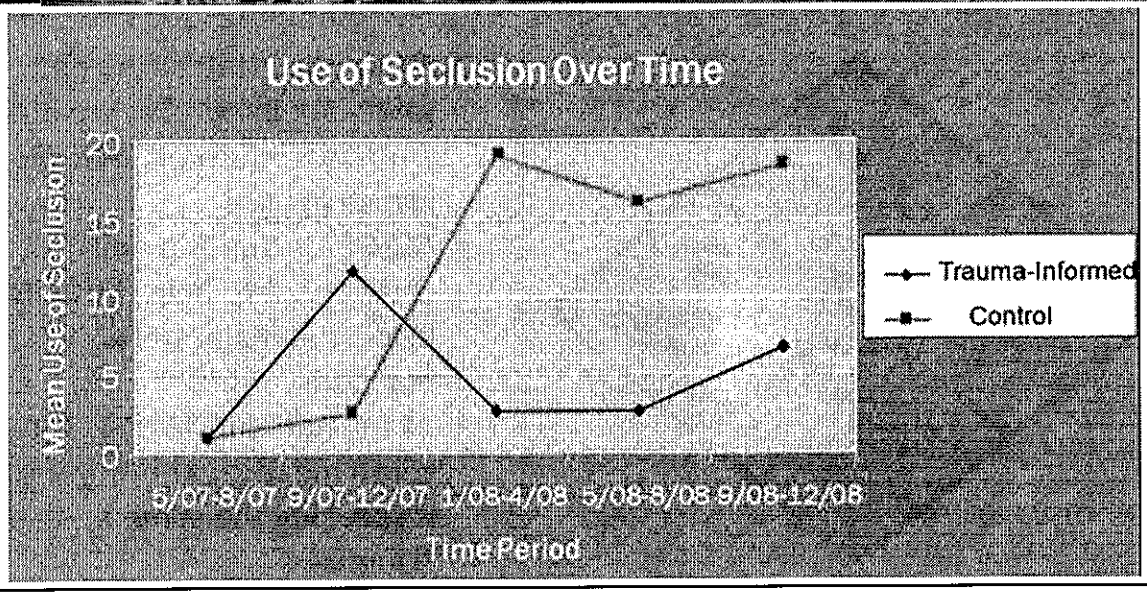
TARGET 1,2,3,4 (aka T4)



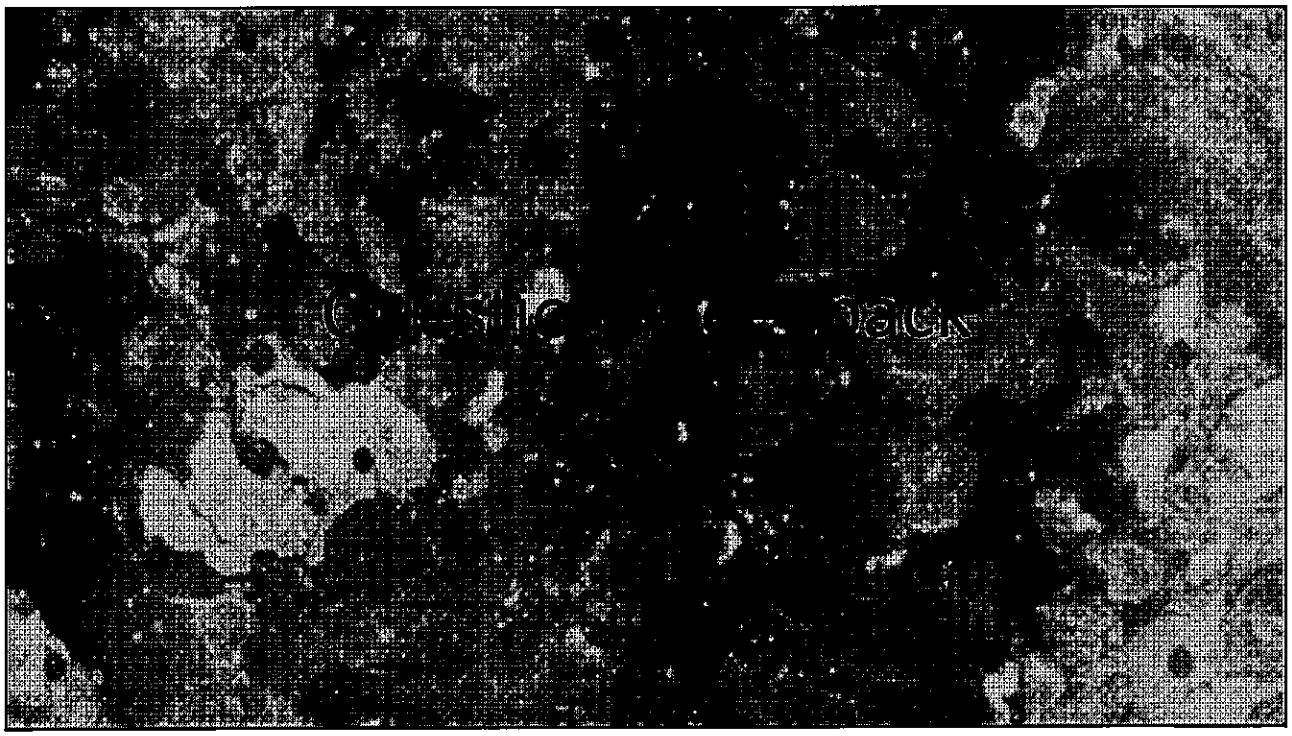
- Addressing staff stress and safety are integral to creating a trauma-informed juvenile justice agency
- TARGET includes a skills component to help staff and leaders manage stress reactions
- T4 for staff and TARGET for youth means that everyone is speaking the same "language"

The Evidence [illegible]

- 5 published studies of TIC in juvenile justice facilities
- Key findings:
  - *Connecticut*: reductions in youth disciplinary infractions, time in isolation, & recidivism (Ford & Hawke, 2012)
  - *Ohio*: ⇩ youth-on-staff aggression, physical restraint, & use of isolation. Improvements in youth mental health symptoms & satisfaction with services received (Marrow et al., 2012)
  - *NYC* (preliminary findings): ⇧ in staff ratings of perceived safety within organization (Branson, 2016)
  - *Pennsylvania*: ⇩ in rates of seclusion, physical restraint, youth fights, assaults on staff, youth grievances filed, staff grievances filed (Elwyn et al., 2015)



- Our plan will be informed by results of *Baseline Organizational Assessments*
- Potential strategies to implement:
  - Protocol for **Staff Debriefing** following any potentially traumatic events in the workplace (violence, injury, death)
  - Implement recurring **Staff Forums** to allow line staff to share concerns & feedback with facility leadership
  - **Training supervisors** to address staff stress/wellness in team meetings or supervision
  - Onsite **Peer Support groups**
  - Provide staff with **list of vetted NYC therapists** with expertise in treating PTSD
  - **Continuing Education workshops** (Mindfulness/Stress management skills, Yoga, working with youth with mental health problems)
  - Recognition of staff successes



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"Oversight – Violence in New York City Secure Detention Facilities"

Testimony by:

James Davis, LCSW
Senior Consultant
MYSI Institute

Good morning Chair Cabrera and members of the Committee on Juvenile Justice. I am James Davis a Senior Consultant with the Missouri Youth Services Institute (MYSI). It is an honor to speak before this committee and engage in a discussion about what is best is for the young people of New York City. After 35 years working with juveniles in the State of Missouri, I retired and am most thankful for the youth and staff who all acted as my mentors, especially in the early years. I am particularly grateful to be a member of the MYSI family at the invitation of Mark Steward, who was the Director of the Missouri Division of Youth Services for 17 years. Mark has always been an advocate for youth and when he invited me to join MYSI to provide consultation and training to facilitate systemic change in other states, it was a dream comes true. I joined the MYSI team in 2008 and became involved with NYC's Close to Home Project in 2012, after establishing a program for OCFS called Brooklyn for Brooklyn. This was a transition period for C2H as young offenders were moving from upstate secure facilitates to CTH facilities in the city. My role was supervising a team of 6 MYSI consultants who were training and coaching the Close to Home private provider network. Over the past two years, my responsibilities expanded to include training all of the staff within ACS's s two secure detentions centers, Crossroads and Horizons on the MYSI model. Before I describe the work that I have been doing in detention, however, I'd like to provide a brief description of the MYSI model itself.

MYSI's goal is to provide a safe and secure environment to facilitate therapeutic change. This is accomplished through work in four areas:

- Leadership and Organizational Structure
- Safety, Supervision and Structure
- Group Work and Facilitation Skills
- Facility Environment.

These basic pillars form the foundation of the MYSI Approach and are interconnected to establish and maintain a safe environment for growth and change. Relationships are a key component of the Approach- when staff and youth see the same faces every day, it helps to build community. Staff training focuses on skill building and team cohesion. The team building continues in weekly unit team meetings, and when new staff are assigned to a unit, every effort is made to have them scheduled consistently into the same unit. This consistency offers stability and provides opportunity for relationship building.

Youth are supervised 24/7 by staff utilizing "eyes on supervision" and "therapeutic positioning". This combination of supervision, structure and engagement places staff in the best position for early intervention and relationship building. The peer group is essential and acts as an agent for safety and change. When 10-12 youth live together, a peer group will inevitably emerge as an influential component. The recognition of peer influence and the intentional development of the group's positive influence on other peers provides another component to maintain a safe environment. Throughout the day, check-ins are routinely facilitated to assess the tone of youth and their peer group. When an issue surfaces, "Circle-Ups" are used to resolve conflicts, organize activities and movements while recognizing strength and progress. Each night, a 60-90 minute group meeting is facilitated by a trained staff. During the meeting, youth and group issues are more thoroughly addressed along with the development of skills sets and core competencies. For example, most youth face challenges to regulate their emotions and channel anger. The group will explore the origins of anger, identify a safety plan and strategies for de-escalation.

During these two years, MYSI consultants have trained the staff at both Crossroads and Horizons and have provided follow-up coaching for implementation and sustainability. This has included

leadership training as well as team training resulting in increased team cohesion, improved role definition, therapeutic planning using the Line of Movement, regular staff facilitated check-ins and circle-ups, and RAP sessions as well as "unit group" activities.

We believe staff must be safe in order for the youth to be safe. Safety for staff looks more like security. Enhancing staff security requires supervision and feedback on job performance and a sense that colleagues are concerned about everyone's wellbeing. Reporting to the same team each day with the same youth provides added security because staff come to know the youth, their triggers and what coping skills work to keep the unit safe. Lastly, security means going home at the end of the shift to family.

Safety from my perspective is not an "incident driven" set of events. Instead, safety is a 24/7 process. How do staff greet the youth? How well do team members interact and work together? Does the unit feel tense, like something might happen? How does staff position themselves? When staff enter the unit, how do the young people introduce themselves? Does the living area appear clean, neat and organized? It is language respectful? Are the youth engaged? ? Does the group know and understand the schedule so they can prepare? Do the youth help each other? Does it seem the staff is engaged, ready to move if needed, but not on edge waiting for an incident? What is the conversation between the youth and staff? Do front line staff believe they are an important change agents or merely "observing and reporting"? MYSI helps develop these components in juvenile justice settings to create a safe and secure spaces for youth and staff. We look forward to continuing our work with ACS and with their partners at Bellevue/NYU and JKM to improve best practices within secure detention for NYC's youth and families.

TESTIMONY

The Council of the City of New York
Committee on Juvenile Justice

Oversight: Violence in New York City Secure Detention Facilities

September 20, 2017

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The Legal Aid Society, the nation's oldest and largest not-for-profit legal services organization, is more than a law firm for clients who cannot afford to pay for counsel. It is an indispensable component of the legal, social, and economic fabric of New York City – passionately advocating for low-income individuals and families across a variety of civil, criminal and juvenile rights matters, while also fighting for legal reform. Through a network of borough, neighborhood, and courthouse offices in 26 locations in New York City, the Society provides comprehensive legal services in all five boroughs of the City. With its annual caseload of more than 300,000 legal matters, The Legal Aid Society takes on more cases for more clients than any other legal services organization in the United States.

The Legal Aid Society's Juvenile Rights Practice provides comprehensive representation as attorneys for children who appear before the New York City Family Court in abuse, neglect, juvenile delinquency, and other proceedings affecting children's rights and welfare. Last year, our staff represented some 34,000 children, including approximately 4,000 who were charged in Family Court with juvenile delinquency. During the last year, The Legal Aid Society's Criminal Practice handled nearly 230,000 trial, appellate, and post-conviction cases for clients accused of criminal conduct. The Criminal Practice has a dedicated team of lawyers, social workers and investigators devoted to the unique needs of adolescents charged in adult court--the Adolescent Intervention and Diversion Project. In addition to representing many thousands of children, youth, and adults each year in trial and appellate courts, we also pursue impact litigation and other law reform initiatives on behalf of our clients.

We thank the Committee on Juvenile Justice for the opportunity to testify about violence at the Administration for Children's Services ("ACS") Division of Youth and Family Justice ("DYFJ") secure detention facilities and the need for greater oversight. Given the City's plans to

remove all 16 and 17 year olds from Rikers as well as the State's imminent plans to Raise the Age of criminal responsibility for some 16 and 17 years olds, it is imperative that ACS address problems with violence in its secure facilities now. At the outset, it is important to note that the reported violence at ACS secure facilities is significantly lower than in the adolescent facility at Rikers Island.

Our testimony is informed by our daily contacts with detained youth, their families and ACS DYFJ officials and staff. Recent media has painted a picture of extreme violence driven by youth in secure facilities, however, our experience and ACS data does not support such a picture. Based on our review of ACS' data, it appears that violent incidents are down this year from last year. At the same time, our clients do complain to us about violence in the secure facilities. Violence in the secure facilities presents in many different ways. At times, youth complain of physical and mechanical restraints, what can be characterized as excessive force and assaults by staff and assaults by other youth. Our clients report that even when staff are aware of a threat to a youth by another youth, they sometimes fail to intercede. We have also received reports that staff sometimes encourage or instigate conflicts between youth. This leads to conflict and clashes that could be avoided or mitigated with appropriate training and services. Based upon conversations with our clients and their family members, the environment in Crossroads seems more chaotic and unsettled.

Effective training and supervision are necessary tools for the successful management of these facilities. We know from past history that poorly trained and unsupported staff may miss opportunities to help young people develop skills to modify and improve their behavior. We urge ACS to train and support staff to prevent conflicts between youth and staff, and among youth, from escalating, and to respond with behavioral modification methods, collaborative responses

with mental health staff and restorative justice interventions rather than resort to arrest when conflicts do occur.

In addition to reports from individual youth, the scope of the violence inside the facilities can be measured in part by looking at a variety of data. Such data includes physical and mechanical restraints, reports of abuse related to staff on youth incidents, youth on youth incidents and youth on staff incidents, child abuse reports and findings, Justice Center reports and findings, and medical reports relating to any injury regardless of the reported origin.

Data can help to identify trends that occur such as evaluating where and when violent incidents occur, and which staff and which youth are involved. These trends can allow management to discern, among other things, the need to re-evaluate the level of staffing, supervision and programming provided in order to keep youth occupied and safe. This data must be routinely gathered and evaluated and, as will be discussed more fully below, shared with an oversight body.

Physical Restraints

We remain concerned regarding ACS' use of physical and mechanical restraints in detention. We note that ACS DYFJ has made improvements in reducing the numbers of restraints. In 2012, the Office of Children and Families ("OCFS") placed ACS DYFJ on a Corrective Action Plan which lasted several years to reduce ACS' high rate of restraints and room confinement in its two secure detention facilities. It is well recognized that "physical restraints come with inherent risk due to the hazardous circumstances in which restraints are applied."[1] Such risks to youth during restraints, include exposure to trauma and the risk of

[1] "Behavior and Management: Coordinated Standards for Children's Systems of Care," Final Report to the Governor September 2007, developed by the Committee on Restraint and Crisis Intervention Techniques p. 11.

serious physical injury or death. In particular, exposure to trauma for a population with a documented history of trauma is particularly harmful. Staff must be able to de-escalate situations and the use of restraints must be an intervention of last resort and only to prevent imminent harm.[2] We are pleased that the ACS DYFJ restraint policy as written echoes this sentiment, however, ACS must continue to ensure that staff comply with this policy. We do receive reports that some DYFJ staff use physical restraints in an abusive manner in an effort to intimidate or punish youth. In some instances, youth also report staff being disrespectful and/or unduly aggressive.

The Right to be Free from Harm

Incarcerated youth have a constitutional right to be free from harm while in confinement.[3] Yet despite this constitutional mandate, incarcerated youth remain vulnerable to harm whether related to the use of physical or mechanical restraints, abuse and excessive force by staff or conflict with other youth. ACS DYFJ must protect youth in its secure detention centers from harm.

The Needs of Youth in Detention

Children and teenagers in New York City jails are almost exclusively poor, and African-American or Latino. Many have experienced trauma and at least one significant social issue beyond poverty that causes instability in their lives. The vast majority of individuals admitted to Crossroads and Horizon come from the following New York City communities: Brownsville,

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[2] *Id.* at 19.

[3] The Fourteenth Amendment of the United States Constitution, which prohibits the deprivation of "life, liberty or property without due process of law" guarantees to each child in state custody the substantive right to be free from harm." *Youngberg v. Romeo*, 457 U.S. 307, 324 (1982); U.S. Const. amend. XIV, § 1.

Bedford-Stuyvesant, East New York, Harlem, the South Bronx and Far Rockaway. These neighborhoods also share significant problems of poverty, inadequate services to meet the high needs of its residents, low performing schools, higher than average prevalence of health and mental health issues and substandard housing stock.

The needs of detained and placed youth are far greater than those of youth in the general population. Not surprisingly, the mental health needs of the youth in detention in ACS facilities are significant. Indeed, according to ACS's data in Fiscal Year 2017, 46% of youth in detention were referred for and received mental health services.[4] Studies show that nearly seven in ten youth involved with the justice system are experiencing a mental illness, and one in four of these youth exhibit severe functional impairment.[5] These national figures are consistent with our local findings. Indeed, "approximately 85 percent of young people assessed in secure detention intake reported at least one traumatic event, including sexual and physical abuse, and domestic or intimate partner violence".[6]

Girls in detention, in particular, suffer from complex, overlapping needs. These girls have suffered more intense and prolonged trauma than the boys and they present with higher rates of mental illness. Standard intervention strategies employed in restrictive settings such as secure detention, including the use of physical restraints, frequently have the unintended effect of causing increased stress and re-traumatization, thereby escalating self-destructive and self-harming behavior for girls.[7] Additionally, commercially sexually exploited youth[8] have

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[4] http://www.nyc.gov/html/ops/downloads/pdf/pmmr2014/acs.pdf.
[5] *Report on Juvenile Justice, Mental Health & Family Engagement*, p. 4, October 2013; https://www.mhanys.org/MH_update/wp-content/uploads/2013/11/MHANYS_Juvenile-Justice-Report-2013_Final.pdf*Id.*
[6] http://www.vera.org/sites/default/files/transition-brief-juvenile-detention-reform.pdf at 12.
[7] *Improving Policy and Practice for Adolescent Girls with Co-Occurring Disorders in the Juvenile Justice System,* pp. 7-8. GAINS Center.

experienced repeated physical and sexual abuse at the hands of family members, as well as their pimps and johns. Commercially sexually exploited youth need immediate crisis intervention services, and intensive, ongoing counseling by therapists who have been specially trained to work with this vulnerable population.

ACS has made strides in training its staff at DYFJ on LGBTQI+ cultural competency. However, it is not clear whether ACS is meeting its burden under the Prison Rape Elimination Act standards (PREA).[9] PREA requires that ACS ascertain which youth identify in the LGBTQI+ communities to ensure they receive individualized safety assessments and are placed in the most affirming environment free from the risk of sexual violence. ACS needs to make certain that its staff is both speaking to young people about their gender identity and sexual orientation and evaluating where each youth is most safely housed. ACS needs to do more to educate its staff regarding the intersex youth community and ensure that these youth are equally supported and affirmed in their gender identity.

In terms of the numbers of youth in secure detention, there has also been some good news. Overall, the number of youth arrested and detained city-wide has declined significantly, and a greater percentage of youth have been diverted from prosecution or released to community-based, alternative to detention programs. However, the needs of the population in detention have intensified as a result. Just a few years ago, youth charged with offenses in Family Court represented the overwhelming majority and there were far fewer youth charged in

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[8] The term sexually exploited child is defined as any person under the age of eighteen who has been subject to sexual exploitation because he or she is the victim of the crime of sex trafficking; engages in any act of prostitution; is the victim of the crime of compelling prostitution; participates in sexual performance; or loiters for the purpose of engaging in a prostitution offense. See Social Services Law §447-a, Penal Law §§ 230.34, 230.00, 230.33; Article 263 of the Penal Law; and Penal Law §240.37.
[9] 42 U.S.C. Chapter 147.

Supreme Court as juvenile offenders.[10] Currently, however youth charged as juvenile offenders outnumber youth charged as juvenile delinquents. Youth detained on cases in the adult court system face significant pressures related to their Supreme Court charges and have greater lengths of stay in detention. A recent report of the average length of stay of juvenile offenders in secure detention was 149 days.[11] Often, youth who are held the longest have the most significant needs. For example, for those youth with serious mental illness who are awaiting placement in a residential mental health facility, where beds are scarce, the wait while detained can be as long as 6 months.

Mental Health Treatment

Since many youth enter detention with depression and trauma histories, initial screening is critical to quickly identifying treatment and classification needs at the outset. In October, 2014, ACS and the New York City Health and Hospitals Corporation (HHC) entered into a contract stating that Bellevue Hospital Center would provide psychiatric and psychological care to youth in secure and non-secure detention. In the two years prior to entering this contract, Bellevue Hospital in conjunction with ACS provided trauma-informed training to the staff and adolescents in the secure detention centers. We are encouraged by the proficiency and dedication of the doctors and clinicians providing these services. Additionally, the clinical services provided by START appear to have improved and there is much needed communication between the START and Bellevue clinicians. As the Council knows, we have advocated for enhanced mental health services for many years and we are pleased to report that the implementation has been

[10] Juvenile delinquents are children over 7 and less than 16 years of age who are charged in Family Court with the commission of acts that would constitute a crime if committed by an adult. Family Court Act §301.2(1). Juvenile offenders are youth aged 13-15 who are automatically charged in the adult criminal court system for an enumerated list of violent felonies. Penal Law §10(18).
[11] ACS Testimony before the New York City Council, Oversight: Educational Service for New York City's Deatained, Placed and Incarcerated Youth, Adolescents and Young Adults. November 30, 2016 p. 3.

impressive.

In addition to improved mental health treatment, ACS has increased programming to youth in its secure facilities. Indeed, a 2012 Corrective Action Plan, created by OCFS in response to alarmingly high rates of physical restraints and room confinement at both Crossroads and Horizon, directed DYFJ to "expand the availability of programming . . . and increas[e] the assortment of recreational activities, social and cultural programming, educational and vocational programming etc. . . . [aimed at] reducing the idle time that appears to contribute to restraints" as well as youth on youth conflicts.

The Role for Independent Oversight

While we know that the City has developed a more therapeutic approach to youth in its custody, no system is immune from problems, no matter how well-intentioned. Common sense and data tells us that incarcerated youth are particularly vulnerable to harm and also not very likely to complain of abuse. For example, both Horizon and Crossroads have Resident Advocates employed by ACS DYFJ embedded in the facilities. Youth are encouraged to report complaints and/or to ask for assistance from the Resident Advocates. Nonetheless, the youth we represent tell us that they are reluctant to report abuse to the Resident Advocate, an ACS employee, as they are too close to other staff.

Independent oversight shines a light on the serious challenges that incarcerated youth face that often go unnoticed by their families and the public-at-large. [12] Incarcerated youth are often socially isolated, unaware of their rights and unable to effectively assert them. Incarcerated youth may accept abusive treatment as the norm in a particular facility. They live in a rigidly

[12] Monitoring Conditions from the Inside and Out: Developing Comprehensive Quality Assurance and External Oversight Systems, May 22, 2013, p.10, www.nc4yc.org (citing ABA Resolution 104b (2008).

controlled environment that allows only limited and highly supervised contact with the outside world, family members included. And where family members or advocates are aware of harmful situations, they may not know where to turn for relief and often fear retaliation for the young person if they make their concerns known.

While ACS is subject to the oversight of other governmental agencies such as OCFS, the Justice Center and of course, the City Council, the mandate and resources of these oversight entities are limited and are subject to political pressures and changes. An independent monitor can provide administrators with leverage when it comes to securing resources and programming for their staff and facilities. External scrutiny of this type enhances public trust. Most governmental processes are designed to remain confidential. As a result they largely support management's need for information and accountability without furthering the goal of public transparency. External, independent oversight must be routine. Regular inspections must occur equally across facilities, not just when problems emerge.

While governmental oversight is important, it cannot meaningfully serve every oversight function. Independent oversight must be multi-disciplinary, and include perspectives from outside the agency such as from youth and families as well as mental health, education and legal and child advocacy professionals who can provide a wealth of experience and knowledge. Effective oversight must also include a monitoring component. External oversight provides a non-biased credible assessment of what is happening inside facilities, and allows administrators and the public-at-large to evaluate the needs of both staff and youth. The essential elements of an effective oversight system include: (1) independence; (2) unfettered and confidential access; (3) staffing and resources; (4) the power and the duty to report findings and recommendations to the public; and (5) a multi-faceted approach to evaluating the treatment of youth, relying on

observations, interviews, surveys, and other methods of gathering information from youth, families and staff, as well as on data and performance-based outcome measures. To be clear, the purpose of oversight is not to lay blame for past mistakes, but rather to provide supports, improve practices and prevent future occurrences. It is about finding ways to meet agreed-upon goals and ensuring quality services and humane treatment for youth in secure detention.

Recommendations

In closing, we reiterate our recommendations:

A. ACS must provide treatment and programming at appropriate levels and to all youth, to prevent idle time and to improve the overall well-being of the youth.

B. Arrests of youth for physical altercations should be a last resort and interventions including mental health services, behavior modification and restorative practices should be employed as alternatives.

C. ACS should use data to evaluate the scope and nature of conflict and violence and any trends in terms of when, where and by whom incidents occur and this data should inform staffing and programming decisions.

D. ACS must meet the requirements of PREA by ascertaining which youth identify in the LGBTQI+ communities to ensure they receive individualized safety assessments and are placed in the most affirming environment free from the risk of sexual violence.

E. Development of an independent, multi-disciplinary oversight body that includes the essential elements laid out above.

We thank you for your consideration.

MISSOURI YOUTH SERVICES INSTITUTE

Photo courtesy of "Like Any Other Kid".

The Missouri Youth Services Institute (MYSI)

Approach for

POSITIVE JUVENILE JUSTICE SYSTEM OUTCOMES

The Missouri Youth Services Institute *(MYSI)* Approach for

Positive Juvenile Justice System Outcomes

The MYSI Approach

The Missouri Youth Services Institute (MYSI) employs a therapeutic group treatment approach, which utilizes components of positive youth development and cognitive behavioral therapy to help youth make positive and long-lasting changes. These therapeutic components are delivered to youth in a fully integrated treatment team approach where social-emotional competencies are learned and practiced.

The therapeutic process utilized by MYSI addresses two issues directly related to youth in juvenile justice systems. First is the cognitive therapies that are needed to address the adolescent's faulty beliefs and thinking errors which lead to impulsive and harmful choices. By examining their beliefs in a safe and supportive environment young people learn how their behavior impacts others. Through problem solving skills and reflective thinking, they learn to make healthier choices and relationship decisions.

The second issue relates to the cycle of abuse and trauma commonly referred to the "trauma outcome process". Once again in a safe and supportive environment as the staff and group discuss these issues they often find common ground and understanding of how they and others were impacted by these experiences. The focus is on the strengths developed to survive and recognize triggers, contain reactions and resolve their traumatic experiences to the best of their ability. This process becomes empowering by developing coping skills and an improvement in their ability to trust and form healthier relationships.

The MYSI approach is based on the award-winning Missouri Approach where youth stay together in small groups with the same staff and are treated in a humane and nurturing environment. The MYSI Approach establishes an organizational structure with clear lines of authority that empower and enhance accountability throughout the organization—from the director to the direct care staff—for effective implementation of the program. The therapeutic group approach is designed to keep youth safe and secure during their rehabilitative process and to reduce the number of youth that recidivate.

Cover Photo:

Mark D. Steward, Founder and Director of Missouri Youth Services Institute, speaks with a resident at a youth facility

MYSI Beliefs and PHILOSOPHY

A "line of body" depicting a youth's injuries, wounds and trauma

1. **The most effective way for treatment to occur is through the group process.** The positive peer group process allows youth to critically examine their past, present and future while they are in a safe, caring environment, with competency-based learning, led by well-trained staff.

2. **Each person is special and unique. Treatment needs to be individualized.** Youth spend time evaluating their respective qualities. Activities are structured in order to enhance this evaluation both by self and the group members. As a result, youth see their own value as well as the value of others.

3. **Safety and structure are the foundations for development.** Youth need to know that staff cares enough about them to expect them to succeed. Staff reinforce this belief through high and positive expectations for youth and the willingness to provide safety and enforce structure.

4. **It is difficult to change.** People tend to be naturally resistant to change and may even resist when the alternatives seem more positive and healthy. Youth must be guided to try new behaviors, succeed, and possibly fail before actual change occurs. Significant practice and support must occur before integration of new behaviors can be accomplished.

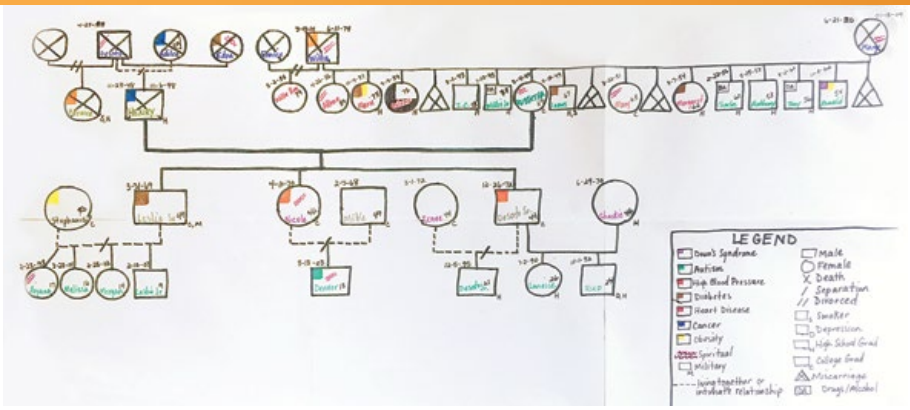
5. **All people desire to do well and succeed.** Even the most resistant youth hunger for approval and acceptance. In particular, the youth in many juvenile programs have spent a number of years camouflaging this desire. Programs and services are structured in a manner that taps into this universal need.

6. **All people have needs.** Everyone has fears, insecurities and basic needs including safety, attention and belonging. People need others to help meet these needs. Programs and services are expected to meet these needs and assist youth in learning to meet these needs on their own. Therapeutic groups are designed to illustrate the need for others by providing opportunities for youth to help others and to be helped by them.

7. **Emotions are not to be judged.** Feelings are not right or wrong. Often, youth coming into a program have poor communication skills and are unable to distinguish between their thoughts and emotions. They often feel very little control over their behavior, and view feelings as controlling factors in their lives. Programs and services teach youth that emotions are a very important part of them but not the controlling agent.

The following beliefs serve as a basis for treatment programming within the MYSI Approach:

The MYSI approach is based on the belief that in order for youth to truly achieve long-lasting change and avoid re-offending, they must go through a process of self-exploration and a change process that addresses their history and family dynamics, and how those elements have influenced their present situation.



A "genogram" depicting the history of an individual's biological and familial history

8. **People are a combination of their past and present.** Youth have learned through a wide variety of experiences before they enter the agency. Often, their perceived negative behavior could have been a very natural response to their particular situation or family system. Additionally, a youth's reactions to a given situation are frequently based on perceptions from a much earlier stage of life and their experience at that time. Investigation of these perceptions may facilitate the change process.

9. **All behavior has a purpose.** Even the most delinquent behavior is goal directed. It is either a conscious or unconscious (aware or unaware) attempt to get needs met. Our treatment approach is designed to help youth meet those needs by helping them investigate and understand their behavior and its effects, and to explore healthier alternatives.

10. **People need a sense of self-worth.** Improved self-esteem is an important aspect of the therapeutic process for youth. To maximize the opportunity for youth to be successful in our programs, as well as on the streets, we must take every opportunity to enhance the youth's self-esteem.

11. **Effective juvenile justice must be a balanced approach.** Effective juvenile justice systems should balance public safety, prevention and treatment. Treatment should be a seamless continuum of care from time of commitment to discharge in which youths' needs are met in a safe, structured environment with well-trained, caring staff who help them identify and address their issues.

12. **Human dignity is a basic value.** Human dignity goes beyond the basics of honor or respect to the essence of being human. It is reacting to the human dimension of every person. Human dignity is accorded to a person in as much as he or she is a person.

Dignified & Undignified Behavior	
Dignity	Lack of Dignity
Trust	Humiliation
Listening	Scorn
Dialogue	Condescension
Empathy	Ignoring
A good word	Shouting
Consideration	Undermining other's confidence
Offering assistance	Blaming
Decency	Moralizing

FUNDAMENTALS
of the MYSI Approach

1. Small, Non-Institutional Facilities Close to Home

• Groups of 10-12 youth stay together with the same staff team at the same facility throughout the treatment process.
• The system may be divided by regions, with small, residential programs and different levels of care.
• The regions should try to ensure youth are no more than two hours from home.
• Facilities are designed to resemble home with comfortable "dayrooms," shared, open sleeping dorms and walls adorned with artwork, motivational slogans and other appropriate items.

A Missouri style dormitory, which provides a homelike environment for supporting a therapeutic group process

2. Integrated Treatment: Treating the Whole Person

• Youth participate in a highly structured daily schedule focused on building healthy peer-to-peer and adult-to-youth relationships.
• Youth explore and develop self-awareness, insight, skills and leadership as they work on resolving core issues and attaining behavioral change.
• Predictable daily group meetings such as group circles and treatment activities keep youth involved in the group process.
• Youth are provided with educational and recreational opportunities, and encouraged to develop leadership skills.
• The program supports regular engagement with family and the community.

3. Individual Care Within a Group Treatment Model

• Small groups of 10-12 youth stay together at all times throughout the program (sleeping, eating, school, group meetings, chores, etc.)
• Groups check in regularly and meet daily for formal group treatment.
• Each youth has an individualized treatment team (group leader, service coordinator, one-on-one staff, teachers, etc.) that meets weekly to assess each youth's progress through stages of development and readiness for release.

4. Safety through Supervision, Structure and Relationships

• Staff members are educated, culturally diverse and committed to helping youth make positive and lasting changes.
• Constant, active supervision of youth by staff (24/7 "eyes-on, ears-on supervision") provides a secure, safe environment.
• The highly structured program schedule, including group meetings, school and activities, fosters responsibility and keeps youth engaged in the process.
• Appropriate, caring relationships between staff and youth encourage interpersonal accountability.

The principles on which the MYSI approach are founded address the whole person as a strategy for long term success - rather than punitive measures alone, which only offer short term results if any at all.

5. Integrated Treatment and Education

- Education is highly valued and supported within the treatment plan.
- Youth attend most of their general education classes together with their respective groups on a daily basis, with exceptions for special education and GED, college and vocational education courses, which youth may attend individually or with other groups.
- Youth specialists or on-line staff for each group provide support to teachers in the classroom and monitor the individual needs and progress of youth.
- Teachers and other classroom staff are members of each youth's individual treatment team.

In the MYSI approach, the education experience is a crucial part of the overall treatment plan

6. Families and Communities as Partners in Treatment

- Families are engaged in treatment as soon as a youth enters into a program.
- The program provides time for regular family visiting hours and communication each week.
- Family therapy is provided to help families and youth work through issues.
- Families are considered integral partners in planning for the youth's release and transition home.

7. Support from Transition through Aftercare

- One case manager (service coordinator) is assigned to each youth at intake and monitors the youth's progress from entry to transition home.
- An individualized service plan (ISP) guides the youth's progress during placement.
- Transitional planning begins at entry, intensifies prior to release and continues through aftercare.
- The period of aftercare depends on each youth's individual plan and needs.

Program Principles

- *Move beyond traditional correctional models*
- *Develop new approaches from best practices*
- *Create safe environments*
- *Help youth realize positive and lasting changes*
- *Improve staff effectiveness and enhance skills*
- *Facilitate youth skills and personal growth*
- *Reduce recidivism and critical incidents*
- *Involve families and communities*
- *Utilize evidence-based systems to get results*

Implementation COMPONENTS

Implementing the MYSI approach requires a significant commitment throughout a system to helping youth make positive, long-lasting changes. Facilitating small group interactions and processes, and promoting healthy, productive relationships and interactions are at the center of MYSI's group therapeutic approach and must be administered by caring, well-trained staff members. Additionally, facilities must be conducive to facilitating successful treatment programs. The following core components are critical for implementation:

Organizational Structure/Staffing Requirements

- Operationalizing the MYSI approach requires a unit management organizational structure. Unit management is assigning a specific treatment team of staff to work only with one group of youth. This structure enables the staff to consistently work with the same group of youth and develop therapeutic relationships with their respective group.

Group Therapeutic Treatment

- Effective group engagement and facilitation allows staff to create an atmosphere where youth are encouraged and supported to explore the roots of their past and current behaviors, develop and test new behaviors, practice healthy interactions, build relationships, and use the here and now to heal old wounds. Under this approach, it is imperative that staff provides enough structure and boundaries to ensure a safe and trusting group environment to increase the likelihood of success on any given task.

A facilitated group session is a key part of providing rehabilitation

Facility Environment

- MYSI standards recommend a facility size to accommodate four groups with a total of 40-48 youth. This size is ideal, but in many cases, the facility size is significantly increased because of the existing, available facility. The facility should have living units that resemble dorms versus individual cells. Additionally, it should have a more open layout to better facilitate awareness supervision and group interaction. Additional facility standards to facilitate the group treatment process and ensure youth safety are also necessary.

A Missouri style dorm room

A correctional dorm room

The MYSI PROCESS

MYSI initiates the following process in response to a potential client's inquiry regarding assistance. The purpose is to determine the interest, needs and resources of an organization and inform the potential design and implementation of the organizational change process.

Pre-Assessment Phase

Our team meets with organizational leaders to identify ***interest, issues, strengths and challenges*** and discuss the basics of the MYSI approach.

Site Visit:
We visit the site to evaluate the programs, assess the facilities and conduct interviews with staff and youth.

Leadership Overview:
Our team presents an in-depth overview of the MYSI approach and facilitates discussion regarding implementation implications.

Assessment of System

The MYSI team outlines key components and conducts ongoing assessments initially and throughout the transformation process with the following areas of focus: organizational vision, mission and beliefs, leadership capacity responsiveness, accountability and communication, safety factors, organizational structure, staffing patterns and dynamics, training, treatment program, physical plant, integration of services, data and community engagement.

Implementation Plan

Based on the assessment process, we engage the organization's leadership and designated staff in a strategic planning process to outline the implementation of the new approach.

The process includes addressing critical factors such as

- Identification of a start-up group
- Developing policies to reflect the new approach
- Training leadership and staff
- Coaching at various levels of the organization to help move a system from theory to practice.

The coaching component is an integral part of the change process and incorporates hands-on assistance, on-site observation and modeling to frontline staff, as well as ongoing consultation, feedback and recommendations to various levels of management.

Dr. Pili Robinson, MYSI Director of Consulting Services, has made supporting youth his life's work

History of MYSI *and the Missouri Approach*

Nearly four decades ago, Missouri made dramatic changes to its juvenile justice system. The state moved from a correctional approach plagued with physical and emotional abuse, violence, suicides and escapes, to a rehabilitative, therapeutic group approach that produced positive outcomes for both the system and youth.

The new program utilized a peer approach guided by trained staff that worked with groups of youth in smaller, regionally based facilities that treated youth closer to home and encouraged family involvement. It emphasized rehabilitation, treatment and education to equip youth with skills and accountability to make internal, long-lasting changes. The drastic reduction in escapes and violence combined with significant improvements in education and recidivism had a dramatic and positive impact on both the system and the outcomes for youth.

Mark D. Steward, Founder and Director of Missouri Youth Services Institute

During the past four decades, Missouri has utilized this same basic approach with gradual improvements along the way. Its evidence-based results are exceptional, unbiased and nonpartisan. For years, Missouri outcomes show lower recidivism rates, higher educational achievements and safer facilities.

MYSI Director and founder Mark Steward was one of the first counselors for the pilot program in 1970 that helped set Missouri on the course for positive change. He served as Director of the Division of Youth Services for 17 years, where he played an integral role in the development, implementation and improvement of the Missouri juvenile justice system, known nationally as The Missouri Approach. He launched MYSI following his retirement in 2005 to assist jurisdictions across the nation interested in implementing a therapeutic group treatment approach. He and his team of seasoned staff members have decades of experience in youth services—and specifically with the Missouri Approach.

" For anyone honestly seeking to transform their juvenile justice system from a correctional model to a positive youth development model, there is no group better than MYSI to help effect that change. MYSI staff truly understood the dynamics of making the kind of huge cultural change in an entrenched system.

They handled their technical assistance/training/coaching role with great skill and sensitivity. We would have come nowhere near as far as we did in our reform efforts without MYSI."

- Vincent N. Schiraldi

- Senior research fellow, Harvard Kennedy school of government, program in criminal justice policy and management.
- NYC- Commissioner, New York City Department of Probation (2010-2015)
- DC - Director, Department of Youth Rehabilitation Services (2005-2009)

About the MISSOURI YOUTH SERVICES INSTITUTE *(MYSI)*

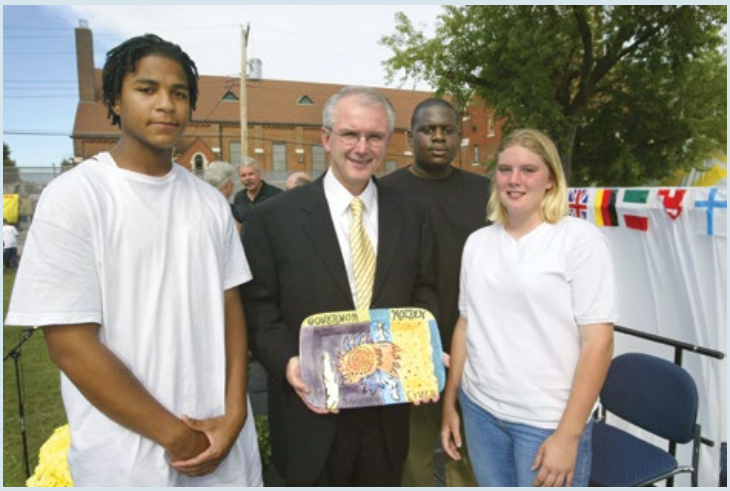
MYSI is a nonprofit organization created to assist juvenile justice systems across the country with reform efforts. Our team is uniquely positioned to help jurisdictions move from a traditional correctional model toward a rehabilitative, therapeutic approach with significantly better outcomes.

MYSI Team

MYSI is the only juvenile justice consulting group in the country that provides in-depth, customized services based on years of experience with the successful Missouri Approach, resulting in comprehensive and systemic changes to juvenile justice systems. Our dynamic team offers unmatched experience, knowledge and dedication to our clients. We work with state, local and private entities to implement juvenile justice programs that produce positive, long-term results

"Our youth reflect who we are and what our future will become. During my term as Governor I often attended events sponsored by the Missouri Division of Youth Services. One such event was the multi-cultural event in St. Louis, Mo. Another very special event occurred when Lori and I invited 50 young Missourians and their staff to the Governor's Mansion to celebrate the holiday season. We believed then, as we do now, that our juvenile justice system will shape their future and ours."

- Bob Holden
Governor of Missouri, 2001-2005



Governor Bob Holden attends a multi-cultural event in St. Louis

Evidence-Based Practice for SUCCESSFUL *Outcomes*

Performance measures in the Missouri Division of Youth Services (Missouri Approach) clearly indicate the MYSI/Missouri approach works.

Safer Facilities for Youth & Staff:

- **Youth** are **4 ½ times less likely to be assaulted** in Missouri's system than in other systems
- **Staff** members are **13 times less likely to be assaulted** than in other systems
- **Isolation** is used **200 times less** in Missouri than in other systems

(Source: Research by Dick Mendel (2009) comparing Missouri Division of Youth Services with youth correctional programs participating in the Performance Based Standards Process.)

Lower Recidivism Rates:

7% of youth released from Missouri's Division of Youth Services are either recommitted to the juvenile justice system or incarcerated in Missouri's prisons three years after discharge

compared to rates from **20-70%** in other states.

Higher Educational Achievements:

95% of youth earn high school credits ***compared to*** 50% nationally

30% of youth earn a GED or high school diploma ***compared to*** 21% nationally

87% of youth improved in reading and math ***compared to*** 72% nationally

MYSI CLIENTS

MYSI has assisted the following jurisdictions in various capacities:

- Louisiana
- New Mexico
- New York State and New York City
- Washington, DC
- San Francisco, CA
- Santa Clara County, CA
- Cayman Islands
- Virginia

Additionally, through a grant from the Annie E. Casey Foundation, MYSI has facilitated tours to Missouri's Division of Youth Services facilities and provided written materials, publications and guidance to more than 25 states across the nation.

MYSI COMMITMENT

When an organization is committed to meaningful reform of its juvenile justice system, MYSI is here to help—every step of the way. Our team provides comprehensive, customized consulting services to help take our clients through the entire change process from initial interest and assessment to planning and implementation to education and training to staff considerations to ongoing feedback and monitoring.

MYSI trainer, Charles Galbreath, provides training to staff in New York City's Administration for Childrens' Services.

MYSI consultants work side by side with facility staff to train, coach and model the MYSI approach. They work with facility administrators and mid-management to help establish oversight of the therapeutic group treatment process. Our staff don't just come in and give a training course and leave, but are on the ground daily, weekly and monthly to help implement the MYSI Approach.

But, our commitment goes deeper by integrating a unique coaching component into the change process. Our coaching service incorporates hands-on assistance, on-site observation and modeling to frontline staff, as well as ongoing consultation, feedback and recommendations to various levels of management. Our team members help our clients work through issues one day at a time to help ensure success.

JUVENILE JUSTICE REFORM:
Making the "Missouri Model" an American Model

The state of Missouri has created a juvenile justice system that has proved so successful over the last thirty years it's known as the "Missouri Miracle." A number of practices combine to make Missouri's system unique: It's primarily made up of small facilities, generally designed for between ten and thirty youths, located at sites throughout the state that keep young people close to their own homes. These facilities don't look like jails with traditional cells; there are only eight isolation rooms in the entire state, which are seldom used and only for emergency situations. They feature a highly trained and educated staff working in teams with small groups of youths. Youths are treated with respect and dignity, and instead of more traditional correctional approaches, the system uses a rehabilitative and therapeutic model that works towards teaching the young people to make positive, lasting changes in their behavior. The result has been some of the best outcomes in the nation: fewer than 8% of the youths in the Missouri system return again after their release, and fewer than 8% go on to adult prison. One-third of the youths return to their communities with a high school diploma or GED, and another 50% successfully return to school.

Missouri's results have been so positive that Mark Steward, the visionary former director of the Missouri Division of Youth Services, founded the Missouri Youth Services Institute (MYSI) to help other jurisdictions across the country do what Missouri has done...The Missouri model is already being studied and replicated successfully in other cities and states including Washington, D.C.; San Jose, California; New Mexico; and Louisiana.

One of the most persistent roadblocks to juvenile justice reform across the country is resistance to change. Too many officials cling to the belief that citizens think existing punitive juvenile systems with facilities and cultures that resemble adult prisons are "where these kids deserve to be." But when you ask people whether they want young people who have gone through the juvenile justice system to come out better or worse at the end, the answer is clear. They understand that abusive and punitive approaches often lead youths to the adult criminal system. New York State's abusive youth prisons have an 89 percent recidivism rate for boys and cost $210,000 a youth – a one-year equivalent of 4 years at Harvard – to produce an adult criminal.

Statistics already show Missouri is one of the few states achieving this goal. We need a system that returns young people to the community prepared to succeed and become productive adults to serve as a model for the entire nation. We don't need systems that do further harm and return youths, most of them nonviolent offenders, back to their communities hopeless, angry, and unprepared to succeed in life.

By Marian Wright Edelman
President of the Children's Defense Fund and its Action Council

For additional information, please contact

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Phone: 573.556.6155

Email: mysi@earthlink.net

MISSOURI YOUTH SERVICES INSTITUTE

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____
☐ in favor ☐ in opposition

Date: 9/20/17

(PLEASE PRINT)

Name: Christopher Bronson, PhD

Address: 111 Lawrence St Apt 1711, Brooklyn, NY 11201

I represent: New York University School of Medicine

Address: 1 Park Ave, New York, NY 10016

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

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☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: James Davis

Address: 150 William

I represent: ACS / NY

Address:

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THE CITY OF NEW YORK

Appearance Card

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☐ in favor ☐ in opposition

Date: 9/20/17

(PLEASE PRINT)

Name: Christine Belle + Nancy Ginsburg

Address: 199 Water St

I represent: The Legal Aid Society

Address:

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THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

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☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Erik Lemos

Address:

I represent: City Comptroller

Address:

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____
☐ in favor ☐ in opposition

Date: 9-20-17

(PLEASE PRINT)

Name: Stephanie Prussack, Associate Commissioner

Address: 150 William Street, NY, NY

I represent: NYC Administration for Children's Services

Address: 150 William Street, NY, NY

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____
☐ in favor ☐ in opposition

Date: 9-20-17

(PLEASE PRINT)

Name: Felipe Franco, Deputy Commissioner

Address: 150 William Street, NYC

I represent: NYC Administration for Children's Services

Address: 150 William Street, NY, NY

9-20-1

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