

OPPORTUNITIES FOR EQUITY

What more could be done to provide
EQUITABLE treatment for youth in Missouri?

Here are a couple ideas to help us get started:

- **DIVERSION:**

- MOUs with schools and law enforcement:
MJJA is working to develop best practices
for school responses to trauma and minor
offenses, and non-offenses, committed on
school property. Even a referral for a
minor offense results in the child's
insertion into the system!

- **UTILIZING EXISTING COMMUNITY RESOURCES:**

- MJJA is working to create a Resource
Directory for law enforcement which
officers can use to guide children and
families in crisis to available resources
rather than having to access those services
via a referral to the Juvenile Office.

The goal is to provide youth with the services
they NEED to be successful (equity) instead
of relying on a "cookie-cutter" approach
which traditionally provides all youth with the
SAME services regardless of needs (equality).

INTERESTED IN LEARNING MORE?

Please contact:

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The **Missouri Juvenile Justice Association**
(MJJA) is a statewide, not for profit 501(c)(3)
organization whose mission is dedicated to
promoting justice for children, youth and
families within Missouri. Funds are made
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stop RED .org

STOP Racial and Ethnic Disparity (**RED**)





Racial and ethnic disparities (**RED**) exist if a specific minority group's rate of contact at particular points in the juvenile justice system are disproportionately higher than the rate of contact for other groups.

Specifically, Missouri looks at the following points of contact:

- Referral
- Diversion
- Secure Detention
- Petition (Charges)
- Adjudication
- Supervision (Post Adjudication)
- Secure Confinement (Commitment to Division of Youth Services)
- Certification

The **MISSOURI JUVENILE JUSTICE ASSOCIATION** is the statewide leader in efforts to reduce over-representation of minority youth in Missouri's juvenile justice system.

Through Title II Funding from the Missouri Department of Public Safety, MJJA has developed a Statewide **RED** response. MJJA works closely with Missouri Office of State Courts Administrator (OSCA), Missouri Department of Public Safety, local courts, law enforcement agencies, schools, and community organizations to **STOP RED**.

MAKING A DIFFERENCE

MJJA assists local communities and agencies to **STOP RED**. Here are a few of our initiatives:

- Effective Police Interactions with Youth training for law enforcement
- Effective School Staff Interactions with Students and Police training for school administrators and SROs
- Best Practice Manual for SROs and school administrators
- Juvenile Justice Guidelines and Recommended Practices Manual for law enforcement
- Monthly "lunchtime learning" webinars on **RED** issues
- The state **RED** Coordinator is available to work with local sites to create action plans to address disproportionality. This includes assistance with collecting and analyzing data provided by OSCA.
- Provide speakers and information for training, educational conferences, and community events.

HOW DO WE KNOW THERE'S DISPARITY?

In Missouri, black youth are more than twice as likely to be referred to the juvenile court as white youth.

We know this because the data tells us. Here is an example of determining disparity, using the percentage model:

White Youth Referrals = 23,280

White Youth Population = 419,074

Divide the number of referrals for white youth by the population, and you see that white youth are referred to the juvenile court at the rate of approximately 5.6%.

NOW . . . do the same thing for black youth.

Black Youth Referrals = 9,459

Black Youth Population = 81,397

Divide the number of referrals for black youth by the population, and you see that black youth are referred to the juvenile court at the rate of approximately **11.6%** - more than **DOUBLE** the rate at which white youth are referred.

This elevated rate of referral is inconsistent with data from the National Youth Risk Behavior Survey, which reveals behaviors of white and minority youth are almost identical.

Despite efforts to address racial and ethnic disparities, disproportion at the point of referral has remained relatively unchanged since 2015.

