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**Jimmy Widdifield, Jr.:**

Welcome everyone. My name is Jimmy Widdifield, Jr. I’m a program manager with the Oklahoma Commission on Children and Youth. I’m really excited to bring you “It Takes a Podcast,” which is a kind of a fun podcast title for a number of conversations that I’m having with friends and colleagues -- people in the field who are working toward helping children with problematic sexual behavior (PSB), impacted children and their families. And we call it “It Takes a Podcast” because it came about after writing a white paper that was published with Jerri Sites, formerly with the Southern Regional Children’s Advocacy Center. We wanted to keep the conversation going and how could we do it, and we said, “Well, it’s going to take a podcast,” and that just kind of stuck. I mean why overthink it. I’m super excited today to have a conversation with Matthew Roberts and I’ll let Matt introduce himself a little bit more in a moment. I met Matt eight, nine years ago as part of a training sponsored by the Office of Juvenile Justice and Delinquency Prevention in Kansas City, MO. I have lots of friends in Kansas City, so it was great to be there to do some training. We’re going to get a great perspective today from Matt and I look forward to it. Matt, tell us a little bit about who you are and what you want people to know about you.

**Matt Roberts:**

Sure. Thanks Jimmy, thanks for the invitation. I really do appreciate that. Never one to turn down an opportunity to talk about really pretty much anything in social work. About myself, I have a master’s in social work degree from New York University in 1997, so I’ve been in the field about 25-ish years. I got my start in shelters, community-based programs, and mental health in New York before I moved to Kansas City. And I started working for Jackson County family court, which is primarily in Kansas City, Missouri. I’ve been here for 17 years. I’ve been in my current position as a unit manager for the case assessment unit. So essentially what that means is that my boss is a juvenile officer, and we have a different system here in Missouri on how we handle juvenile delinquency and status cases. The work that we do is, we pretty much function as the intake unit for the family court here, where when young people are arrested for committing a crime or status offense, they are referred to the juvenile officer. We may decide to file a case, or we may decide to try diversion efforts, and all those youth and their families get referred to my unit. So, I oversee deputy juvenile officers. That’s what I do, and some of those cases that we get are youth with problematic sexual behaviors. For many years we called them sex offenders, or whatever it may be, but certainly my work through this program has helped me change how I look at young people who come in, who may have technically violated the law, but the issue is they could benefit from treatment, whether they’re a victim or a person who has engaged in problematic sexual behavior. So, I’ve been in my current job for about 12 years.

**Jimmy Widdifield, Jr.:**

Thanks, Matt. People may recognize Matt’s face and voice from a video learning series produced by the National Children’s Alliance. Fame and fortune have followed Matt wherever he goes. We’ll make sure we get information on that video learning series to people. Matt, I told you earlier, and when we were corresponding about the podcast, that I thought you’d have a unique perspective and I think I may have unfairly put an expectation out there on you. But when you were first involved in the implementation of a PSB program there in Kansas City, your involvement with the court was, I think, unique, or at least it was new to me. And that’s where I think your perspective is really interesting. Maybe that’s a better way to put it. I know it’s been about eight years or so ago, but tell me, what was the catalyst in your community there in Kansas City that led to a PSB program being implemented? What was going on that caught people’s attention to move forward?

**Matt Roberts:**

As I’ve been reflecting in advance of the podcast and started thinking about it, really two things were happening that I recall. One is that … I guess a little bit about myself that might help put it in context. I always believe that the court system has an opportunity to intervene in a really appropriate way with youth, regardless of what their situation is, and to provide treatment rather than a correctional approach. And so, part of my job when I started with my position, so not too long before the grant opportunity came about, one of the things that we do in my office is that we have weekly multidisciplinary team meetings within our office. We have lawyers, myself as a social worker, my staff, and we get together. We will meet to discuss a variety of different types of cases and one of them is youth who have been referred to our office for problematic sexual behaviors. It was then that I began to think that there’s got to be a better approach. We have great interventions in Kansas City and in our metro area for kids for a variety of different backgrounds and whatever their situation is. So mental health disorders, behavioral disorders, there’s a lot to offer. And what I came to realize is that it didn’t seem that we had a lot to offer in terms of youth with problematic sexual behaviors. It was either file a formal case and place the child on probation … and I became acutely aware of the problems with that. I believe in labeling theory and so, once you label somebody a certain way, that could harm their prognosis in treatment, so they’ll start to think of themselves a certain way. I became concerned about that. Around the same time that I was thinking about this, and I was starting to raise these in our weekly meetings, we call it our Sex Offender Response Team - probably need to change that term now that I’m thinking about it - but we call it SORT. And we would discuss cases we were getting, we would get older teenagers, but we’d also get younger kids. And by younger, eight, nine, ten years old, who somebody had called the police, and the police had done an investigation and sent it over to our office. And I thought we need something to help these younger youth out because I really don’t believe that it’s appropriate to file a formal case and place a child under court supervision when they’re eight or nine years old, when their ability to comprehend what it is they’re doing, and they appreciate the consequences and even know right from wrong, is not the same as an older teenager or even as an adult. I was starting to think about this, and I was raising the idea with the then juvenile officer about how I think we need to start trying to approach or come up with some different approaches for these young people for this particular subgroup. We had already expanded diversion efforts for kids referred for property crimes and maybe even felony a little, property crimes, nonviolent. We were diverting those away from formal prosecution, but we still had this category of youth that we weren’t receiving, and probably were in need of, treatment more than anybody, in my opinion, back then. Around the same time MOCSA (Metropolitan Organization to Counter Sexual Assault), I believe they were having the same conversations within the organization, so it really was coincidental that we were coming together. I literally got an email out of the blue from MOCSA saying they were working on a grant from the Office of Juvenile Justice and Delinquency Prevention to fund treatment for youth with sexual behavior problems. And so, for me, it was a no brainer. I immediately went to the juvenile officer, my boss, and said MOCSA’s working on this and, I think we need to get involved. We have a real opportunity here to help not only just the kids, but the families too and the victims. So, we were fortunate here that MOCSA was well-established in our community, providing primarily victim services treatment, whether it was individual, group, mental health, therapy. They had a wide range of services and provided treatment for our sex offender program…we still call it our sex offender program…for youth who are under formal probation. We got together and started talking, and I offered up myself and our court. Obviously, I had to get permission from the juvenile officer, but I was really invested in this, and I thought it was a great idea. I didn’t have to do a lot of convincing because the other thing about our court that was fortunate is that we’re very treatment-minded so we’re always looking to how we can provide treatment to youth and not just lock them up. We just try not to utilize a strictly correctional approach, a punishment approach. We are all about treatment in Missouri and particularly in Jackson County. So, that’s really how it started. MOCSA was responsible for applying for the grant, they were awarded the grant, and it really just took off from there.

**Jimmy Widdifield, Jr.:**

I think when you get two people together who don’t ever pass up the opportunity to talk, it may be the right formula for trouble. What you shared is just so interesting to me. One, what I pick up is there were two independent groups, you and the court system and looking at youth that have been referred because of a potential illegal behavior. You’re all thinking there has to be a better way to help these children and teens. And then MOCSA simultaneously also thinking about, what’s our role in helping children who initiate harm and how do we better help the full community? And then, who are the partners? MOCSA already had a connection with the local children’s advocacy center, given their work in the community. But to reach out to your program really shows that crossing over and figuring out who are the people who are involved with these kids and getting them to the table. Talk about serendipity.

**Matt Roberts:**

Serendipity. I think that’s the word I was thinking about before. Absolutely.

**Jimmy Widdifield, Jr.:**

Great minds think alike.

**Matt Roberts:**

That’s right.

**Jimmy Widdifield, Jr.:**

The other thing that you mentioned too, Matt, that stood out to me, you mentioned labeling theory and what we know about people-first language. Even research that’s come out when we use terms like “sex offender” with juveniles, with youth, with children and teens -- those children often have poor outcomes because of the stigma that comes along with the label “sex offender” versus “a child with problematic sexual behavior” or “illegal sexual behavior.” And some things are just hard to change, even continuing to use some of that language and how programs are named now. It certainly is a shift in the field.

**Matt Roberts:**

I think you’re right. When I think back over the last eight years, when we would talk about the cases, before the MDT program got started, we called the kids “perps” or “sex offenders,” “juveniles,” things like that. We would use language like, “he perped on her” or “she perped on him” or whatever it was. It really changed how we started talking about these kids, for one. Absolutely. Now we talk about youth with sexual behavior problems. Or we would say this is kid X, and he’s the one with the problematic sexual behavior. Sometimes we have to frame it in legal terms, whether it’s sodomy or sexual assault or something like that. If we’re going to file a case, what are the charges we’re going to be looking at? But we just changed how we filed petitions; we change how we talk about it. But sometimes habits are hard to break, even though after a couple of years of doing this work. I was doing a presentation, and I kept using the word perpetrate and somebody finally pointed it out after the fact, and I was horrified. Because some of those old habits, those old ideas and those old thoughts still did linger and one of the things that helped change my perspective were two things. One is that the outcomes of youth who get treatment are so astronomically high. I was really surprised. And the other thing I thought of is that to change people’s mindset, part of it is providing data. MOCSA was really great in helping me and coming to our office sometimes. And they did a big presentation to the lawyers, because sometimes lawyers are the ones who have to make the arguments in court, so they made a presentation and they showed in black and white the outcomes were tremendous. And I like the fact that I learned that the treatment approaches for youth for so long were based on these ideas that if you start out as a child with sexual behavior problems, you’re going to turn into a pedophile, because all the research was on adults who were convicted of sexual abuse of children. So, they did sort of – what is that called, like that reverse logic? It was that logical fallacy that, well, if all the ones we ever talked to said they started out as kids, ergo, you start out as a kid, you’re going to be turned into a pedophile. And that framed so many people’s thoughts about the cases, but also just how to proceed. And so now just in our office we’ll have young children and they’ve engaged in problematic behaviors and one of the first things will think about is, is this a case that can safely be diverted away from prosecution, because we have a program that we can refer them to. We have changed course a lot. It was either file a formal petition and sort of quote unquote, throw the book at them or do nothing. Either way could have been harmful. So, when you mentioned that I reflected back on how we’ve changed just as a system. I think it just happened. I don’t remember a big push from anybody in leadership saying, “Okay starting today we’re going to call these youth with sexual behavior problems.” It just evolved over time.

**Jimmy Widdifield, Jr.:**

And that’s how change happens, right? So, what I heard and what you were sharing is that to do a full paradigm shift, to adopt something new in a system where terms like “sex offender,” “perpetrator,” have been common for decades really since the system was created, having to shift away from that is something organic. How it happened in your world was just that it wasn’t overnight, but it just started happening, and it has stuck. Sometimes people continue to use that language. I mean we fall back into a wiring in our brain. But you said something that I thought was really key. That when it got brought to your attention, that you were horrified. And so that was for me … so many of us in the field when we look back at how we’ve done things in the past with this population or when we have slipped into one of those old patterns. It’s like we have that visceral reaction of like ah, no, no, no, no, I don’t know what happened, but that’s not what I meant. You said so many other things that I’d love to unpack so that means I’m going to have to come to Kansas City sometime soon.

**Matt Roberts:**

Fantastic.

**Jimmy Widdifield, Jr.:**

But you mentioned too, at least I think you did really something that I’ve heard from other people too is really how the systems there took a developmental approach to these children and seeing them as kids and how diversion can be helpful. And that sometimes filing formal charges is what’s going to be in the best interest of the case overall for different reasons. But you mentioned not automatically defaulting to a punitive approach or kind of the most significant or the biggest consequences possible, but really trying to start small. Can we help families with this much, can we help families maybe with a little bit more? One other thing that I’d like to point out when you talked about kind of misconceptions and that backwards logic. Mark Chaffin, who I had the very distinct pleasure to work with here in Oklahoma, authored a couple of papers where he mentions that kind of thing. We can’t take what we think we know and what we’ve learned from adults and apply that back to kids and try to move forward. I really appreciate you bringing that up because we have to remember that adults with these kinds of behaviors are very different. While they may have started engaging in problematic sexual behaviors as children, that doesn’t mean every child who’s got PSB goes on to then being an adult offender. Really breaking down that misconception, and how people kind of get there is really important. When I think about your involvement there, I’m really curious when the MDT, when things were really getting implemented there at MOCSA, and the partnerships with community providers like you. Help us understand what the MDT was like then, and what was being done that was different, to your knowledge, and what you know about it now.

**Matt Roberts:**

Sure. I go back to when the grant was awarded in the first part of 2014. It was about a solid year before we launched our first group. I would say probably about a year and a half before we settled in from the point of the grant being awarded to where we settled in on our model, for lack of a better way of putting it. And it went through… I was going through old email like I said, all the emails and meeting minutes - can’t believe I saved all that stuff - and it really highlights all the different things that we considered. So, I guess I can start with this. When the grant was awarded, we brought everybody we could think of together to the table. And again, this was in Kansas City. We have been blessed with even various systems that were engaged in wanting to help versus punish. We had, I want to say, three or four law enforcement agencies represented at the table initially. We had the Children’s Division, the court. We had Child Protection Center, MOCSA, and Children’s Mercy Hospital, who is huge in our community in providing the medical care. It’s a hospital right down the street from my office. They were at the table, we had all these people at the table, and we all sat around and kind of did a lot of handshaking and said, “Okay, how are we going to figure this out?” So early on there was a lot of early brainstorming sessions. Like who’s going to do what? I think that’s kind of a very broad way of categorizing how we went about the conversations early on. But we narrowed down, first of all, how are we going to first identify these kids that could benefit from the program, the treatment, and how are we going to get them here. That was kind of the thing, then we had to look at all the various systems that we had at the table. If you had three or four law enforcement agencies, they all had their own policies. We had state law to consider about confidentiality rules, Children’s Division had their rules. At the same time, Julie Donelson, executive director of MOCSA, will probably talk about this, but the state of Missouri, I believe the governor at the time had a task force looking into a lot of different things related to sexual violence and sexual offending. Some of it was related to youth with problematic sexual behaviors. She can speak to a lot of that. What I remember is that the Children’s Division was either directed to or was encouraged to look at their internal practices. What would happen is somebody would hotline a situation where there was an incident or a disclosure and so the Children’s Division would come out and they may or may not contact the police, but they had no recourse at that point. So, we identified all these times that the Children’s Division were going out into homes where a child had disclosed sexual abuse of some kind whether it was from an adult or from another child in the home. We had to parcel all of those out and we met, I think, once a month, at least once a month, maybe every three weeks, for about six to eight months. Over time, as we developed all our protocols and all our different approaches, eventually after I want to say was about eight months, then we started settling in on some agreements and we had this long protocol that we drafted. It was about 30 pages, I started reading through it and it’s a lot of stuff. But that’s what we had to do. We had a lot of agencies, and I think what we ultimately ended up doing was we narrowed it down to some general principles and guidelines and then the agencies that were still invested in, sorry, let me rephrase that, agencies that were still able to participate signed off on essentially memorandum of understandings (MOUs) with MOCSA because MOCSA was identified as the one providing the service. At one point, the CPC was going to be the driver of looking at cases and referring cases and then it switched over to MOCSA. I think I’m kind of trailing off here for a second. I’ll try to rein it back in because you were asking like how it got started, and I think that’s kind of my memory of it. It was a little chaotic and there was a lot of moving parts. We had captains from police departments, we had directors from court and directors from hospitals showing up and trying to figure all this stuff out. But really once MOCSA hired a therapist for the program, Jessica Walker. I think you met Jessica when we came out to Oklahoma City to see how you guys operate. That really was also quite helpful to be able to do a site visit and see and talk to the kids that were going through the program. That was really helpful. A sidebar, that helped reinforce that we’re talking about kids here who have their own feelings, their own histories, and the vast majority of them are not going to be public safety threats. And I think that’s what the courts had. For us, that’s where our court system changed. We stopped viewing them as automatic public safety threats. Anyway, I digress. So once the therapist got started, she was able to start to start this program. So, how are we going to get kids into the program or how are they going to get referred? Once we ironed out a lot of those steps along the way, Missouri changed some of their laws about what Children’s Division was required to do when they went out on a hotline call where it was related to children with sexual behavior problems. They were able to actually then refer youth to MOCSA. And I think that was the barrier, the confidentiality part was a big barrier for a variety of agencies. I’ll touch on that again for a quick second. In Missouri, the juvenile officer is allowed to share information with other agencies without parental permission. I’m not a lawyer and now that I’m kind of saying that out loud, I mean there’s very specific rules, but we were kind of given. Because the way the law is written, we were able to actually have meaningful participation in the MDT when we talked about actual cases. So that was helpful too. Some states and some jurisdictions may not have that ability where the court can freely communicate back and forth with treatment providers without consent and things like that.

**Jimmy Widdifield, Jr.:**

It’s a lot of really good information. How was the MDT functioning in the very beginning? And I think you’ve shared there were a lot of moving parts trying to get the right people to the table to figure out protocol, policies, procedures that met all of the demands of the different disciplines that were at the table. And then people just coming together to share information. I particularly appreciate you mentioning confidentiality and how the juvenile officer could share openly with the MDT. I think it’s so critical that an MDT should be a safe place within the structure and paradigm of confidentiality for people to share so that everyone can work together moving forward with the same information.

**Matt Roberts:**

Yes, I think that’s been enormously helpful. Now I kind of remember where I was trying to go with all this. Once we started, we were able to identify where the gaps were, how we could overcome the gaps, and getting the word out about the program. For example, law enforcement couldn’t share anything with anybody. That’s their confidentiality rules which was okay. So, we did some, not work arounds, but we decided that law enforcement could tell the families, “Hey, we have this program over at MOCSA, so we strongly encourage you to give them a call.” So that was helpful there. But once we were able to (eventually narrow down to what we believed to be the primary key stakeholders in this MDT group, became the MOCSA treatment program group, the family court (because many of our cases were involved in family court), Children’s Division, CPC, and Children’s Mercy Hospital. All of these players and all these stakeholders would have contact with youth with sexual behavior problems. So that became the core group that settled, that we established as the MDT. We had two groups running. We had a policy group to figure out all our guidelines and all the policies and then the MDT started as a separate group to start talking about how are we going to deliver the service and what’s it going to look like and then how we’re going to talk about these cases. When we started that process, and when we settle down that was probably… I’m really bad with dates, but I think it was around September of 2015-ish when this MDT really took off. And we’ve been meeting monthly since then, for the last six years or so. And really it started out with a bang, and it was still going really strong, as in, we had lots of cases and there was lots of very fruitful discussion. Because early on, I know my approach was early on - as MOCSA’s the treatment provider, they’re the clinicians, they’re the experts in that kind of thing, Children’s Division, they’re experts. We all had our expertise and, I think, we stayed in our own lane. We didn’t tell MOCSA what to do, MOCSA didn’t tell us what to do, we didn’t tell law enforcement what to do. We would have our own opinions, but we all tried to stay in our lane. That’s what I recall, we all had really good tight relationships and I never felt like anybody really tried to take over the group. MOCSA was responsible for organizing and keeping it organized and providing the data and the cases for discussion and then the rest of us were there just to talk about it. So, we might have Kid A who’s been referred, and so they would tell us where they’re at in the state, in the process, they’ve been referred, we can’t get ahold of them. Children’s Division said, “Oh well, we’ve got an open hotline and so I can communicate with a worker and tell them about this program” Family Court said, “Yeah, we got a referral on this youth and so, this is where we’re at in the stage of the process. So, we’re all kind of communicating with each other. And I learned early on we all wanted the clinicians, at least this is my opinion, to feel like nobody’s trying to step on their toes. They had a very important job to do, and we wanted them to be able to try treatment. So, this group was just about who’s in the program, where are they at, and how can we better support this program. And sometimes we had to make tough decisions. We’ve had this kid on for six months and nobody can get ahold of them. We’re not sure where they are, so we would make a decision to take them off the list. Other times we’d have to make tough decisions and the court would say, “We’ve got Kid X here, and we’re proceeding to adjudication and we feel strongly that they need community supervision is important in this case, and so we take that young person off the list.” So, it hasn’t really changed a whole lot over the years. The faces and the names have changed in terms of who participates, and like I mentioned before we started, that I decided I’d just take a step back. But it really has become … I don’t know if it’s become anything, it’s just a great place for people of different disciplines can kind of get together and talk about how we can help these kids.

**Jimmy Widdifield, Jr.:**

I really appreciate that. And I hear really the essence of an MDT in what you’re saying. It’s people coming together to be the experts in their own fields to then support one another. In the particular mental health and your sensitivity to make sure you weren’t kind of stepping on their toes, I think is how you said it, and so it seemed like the MDT was really relying on the mental health provider to provide the service, help the family, and because any kind of progress or involvement then in that mental health service was then coming back kind of in this feedback loop to the team to inform people, like, what are our next steps as child protective services, as juvenile justice, etc. so we all know how to best utilize our expertise and our resources. So that’s excellent.

**Matt Roberts:**

Yeah.

**Jimmy Widdifield, Jr.:**

Actually, one of the major tenants of the white paper is how to rely on the mental health person of your MDT and the provider to help support the decision-making and input of the MDT on these cases, so that everyone is really utilizing their resources to the maximum.

**Matt Roberts:**

Yeah. In the however many years I did, I don’t really recall a time where people would say, “Well, where are they in treatment? How far are they along? I need to know.” Just feeling like they were trying to really get information about a kid’s progress. We just trusted the process of the MDT and we trusted that if the clinicians are saying, I think we need to try something different, or maybe we need a new approach or whatever it may be, we trusted that. If they told us that they’re on week five of the program and they’re showing up every week that was fine for us. Fine for me anyway.

**Jimmy Widdifield, Jr.:**

Well, you know, it’s clear this is something that you’re still passionate about. Even though it’s been a little bit of time, when you are talking about it, it’s just pulling up things that you remember as being important or you believe are important. So, I’m kind of wondering a little bit about where you hope or wish … I’m trying not to use hope so much because, well, maybe hope is important here right. So, as I’m learning about hope and hope theory and science, particularly from Chan Hellman, psychologist here in Oklahoma, hope is something that we have like a part of. Like if you’re hoping for something you actually have the ability to do something. So, trying to differentiate between wishing and hoping. But you’re part of the system making change so maybe hope fits. So where are you hopeful or wishful that the field goes in the future, what do you think is the next place for us helping children with problematic sexual behavior, impacted children, and their families, where do you want to see the field go, where are you dreaming that the field would go, and what does tomorrow look like for you in this population?

**Matt Roberts:**

You know that was the one question that I’ve really pondered with and really kind of thought of. And I keep thinking like I’m not really sure, but I think I do. My dreams, my wishes are bigger than court or MOCSA or something like that. Really is that our culture and our community, our society evolves to the point at which children are always seen as children. So, when they engage in problematic behavior of any kind, whether it has a sexual component or a breaking into somebody’s house or things like that, we still continue - not that we still continue that we *will* continue to evolve and evolve to the point at which kids will be treated always as kids. And there will be a wide range of services available depending on what their need is. What I mean by that is, in Missouri and in Jackson County, we really do try hard to intervene at the least restrictive level. Just because somebody did something which seemed pretty heinous or really violent, we try to take a lot of contextual factors into account before we make a recommendation to the court and the court is 99% of the time, 90% of the time is on board with our recommendations. That way, when we go in and say we think this is the least restrictive intervention for these various research-based and our evidence-based and our experience-based practices tell us, this is what it needs to be. That’s where I want youth with problematic sexual behaviors to be at the same par with that, but really more in society. Because I might see them as youth with sexual behavior problems, you might and my colleagues down the hall might, but once you leave the court building and once the Children’s Division worker leaves their office and you go out into the community and you’re at the bar, or at a school meeting and you realize that not everybody feels the same way that you do. So, there’s still a lot of education that needs to take place at a much higher societal level. I’m a big believer in systems theory. I’m also a believer in systems theory and ecological theory. And so, as this builds momentum here in Jackson County it’ll spread out. Because we started in Jackson County, now we have kids from Clay County, which is to the north, we have kids refer to our program from Cass County. to the south. And so, we’re expanding. And when I start to think about that, I want to… You know, where a kid can be a kid. I think that’s sort of an old marketing tool or old marketing ploy. But really I think that the sentiment for me is really the same. I want to make sure I kind of wrap that up the way I wanted to. Because I started talking about deep, ecological theory and things like that. So yeah, that people won’t just hear about something on the news and think well that’s the next predator, and there needs to be, whatever horrifying thing, punishment you can think of that people think of when they think of young people who engage in problematic sexual behavior. Lock them up for life, all the other kinds of things. Lifetime registration. I don’t believe in most of that for most people. Those kinds of things, I want to see that continue to change. And ultimately, I would like to see like Missouri and other states get to where a state like, I think California is doing this, is now expanding juvenile court to 19, 20, 21. Go with the idea that the brain is still developing and their adolescence goes into your early 20s. I think that’s kind of where our society is headed, but there’s a long road ahead. I think I would love to see, if I could use this expression, this category or this group of kids with problematic sexual behaviors be in the same kind of conversation. They’re just kids, they’re still learning, they don’t appreciate the consequences of their actions. Let’s get them treatment, let’s get them help. Because the reality is, they’re not going to go on to be pedophiles as adults.

**Jimmy Widdifield, Jr.:**

What a beautiful world that would be if we wake up tomorrow and children are seen as children. And the work that we’re doing professionally is reflected in what we see in our community, throughout our community. Matthew, I think that is just such an amazing direction for the field to go in terms of just changing what other people see and believe about these children. And not always just highlighting the really egregious cases that come to the news. But that these are kids. Kids with a behavior problem that is highly responsive to intervention and support, and let’s remember that these are kids first. That would be absolutely amazing. Well, Matt, I am just really so happy to have this time with you and to hear your thoughts. It really is a unique perspective. I’ve decided that, after listening to you during our time together today, because you come from the juvenile justice system and your interaction with MOCSA, this is unique. By the way, MOCSA is listed as a resource in the white paper. You know, it really is just unique and informative, right? It’s not just unique in that it’s different, but it really plays into how stakeholders or partners come together to create change, even if we’re coming from different disciplines, right, and that’s amazing. Thank you. Thank you for sharing your thoughts and the history and your ideas. It really is great to hear.