



Addressing the Health Care Needs of Girls in the Juvenile Justice System



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Addressing the Health Care Needs of Girls in the Juvenile Justice System



Leslie Acoca
Fellow, Executive Director,
National Girls Health and Justice
Institute



Girls Health Screen



The Girls Health Screen and Health Passport for girls in the Juvenile Justice System:

**National Girls Health and Justice Institute
(NGHJI)**

Leslie Acoca, MA, MFT

Stoneleigh Fellow and Executive Director NGHJI

Fall, 2010



Who We Are

- Who are the organizations who have developed and validated the electronic Girls' Health Screen nationally?
 - **National Girls Health and Justice Institute**
 - **Stoneleigh Foundation**
 - **Juvenile Law Center**
 - **Children's Hospital of Philadelphia (CHOP)**

Why We Created the GHS

- Girls are the fastest growing segment of the juvenile justice system
- **Medical standards lacking**, significant variation in intake services
- **Inadequate data** on health of detained girls and youth
- **Lack of continuity** between community and detention health services

Physical Health Care/Girls Offending

- Correlation Health Care and Girls' Offending from *Educate or Incarcerate: Girls in the Florida and Duval County Juvenile Justice System* (Acoca, 2001)
- ***Girls Receiving physical health care were 72% Less likely to re-offend or commit violent offenses***
- ***Girls receiving mental health care are 37% less likely to re-offend or commit violent offenses***



Lack of Medical Standards in Juvenile Detention Centers

- Only 53 of 3,500 juvenile justice residential facilities in the U.S. were accredited
- No systematic medical screening or assessment
- 18% of facilities regularly gave girls pregnancy tests

(Gallager and Dobrin, 2007)

What is the Girls Health Screen (GHS)

- **First validated medical screen** for detained girls 11-18
- **Triage model questionnaire** including Urgent, Care and Advocacy components
- Instrument includes **120 questions** available in **paper/pencil** and **voice enhanced** computerized instrument formats
- **Self report** instrument designed for **5th grade** comprehension with yes/no answers

Purpose of the GHS

To identify and prioritize the physical and behavioral health needs of girls entering detention through a validated screening instrument.



Goals of the National Girls Health and Justice Institute

- **Disseminate** a validated gender-specific health screen (GHS) to identify and prioritize medical problems
- **Improve** health assessment and care for girls and youth in the juvenile justice and child welfare systems
- **Connect** detention health services to community health providers
- **Assist** juvenile correctional and other health care providers to better target medical resources
- **Improve health outcomes for girls and their children**



GHS Study Results

Highlights: GHS Validation Study

**Results from the Girls Health Screen and
Validation Physical Examination**

Acoca and Lexcen, 2009

Demographic Profile of Girls Detained in Three Sites

Total n=119

(Philadelphia, Santa Cruz and San Diego)

Race/Ethnicity

81% of girls were minorities (compared to 67% of GHS 2004 study)

Hispanic/Latina	44%
Black/African American	27%
White	18%
Asian or Pacific Islander	2%
Native American, Aleut or Eskimo	2%

Mean Age: 15.64

Source: Girls' Health Screen and Physical Exam Reports from two California and one Pennsylvania counties



GHS Urgent: Allergies

Total n=119

- 41% - Serious allergies to foods, prescription and/or over the counter medications
 - 0 had EPI pens with them on intake

Source: Girls' Health Screen and Physical Exam Reports from two California and one Pennsylvania counties



TB Risks

Total n=119

- 11% - Exposed to TB in past year
- 8% - Tested positive for TB

Source: Girls' Health Screen and Physical Exam Reports from two California and one Pennsylvania counties



Sexual Victimization/Assault

Total n=119

- 22% - History of forced sexual contact
- 3 sexual assaults within past 7 days (first report)

Source: Girls' Health Screen and Physical Exam Reports from two California and one Pennsylvania counties



Genital/Rectal Problems (PE)

Total n=119

- 41% - Abnormal vaginal mucosa
- 24% - Abnormal rectal examinations (tearing)

Source: Girls' Health Screen and Physical Exam Reports from two California and one Pennsylvania counties

Pregnancy

Total n=119

- 20% - History of one pregnancy
- 11% - History of miscarriage (some within past 3 months)

Source: Girls' Health Screen and Physical Exam Reports from two California and one Pennsylvania counties



Urgent Mental Health Problems (GHS)

Total n=119

- 23% - History of self harm
- 30% - Feeling hopeless recently
- 18% - Explicit suicidal ideation
- 11% - History of attempted suicide

Source: Girls' Health Screen and Physical Exam Reports from two California and one Pennsylvania counties



Vision

Total n=119

- **40% - Needed/wore glasses**
 - **Only 5 had glasses with them**

Source: Girls' Health Screen and Physical Exam Reports from two California and one Pennsylvania counties



Home

Total n=119

- **36% - History of Homelessness**
- 47% - Lived in area plagued by gang activity
- 26% - Foster Care or lived outside of home

Source: Girls' Health Screen and Physical Exam Reports from two California and one Pennsylvania counties

Feedback From Medical Professionals Using the GHS

Medical personnel were nearly unanimously positive about the experience.

- “Despite the time crunch, the thoroughness of the process is very beneficial, helping identify a range of health issues affecting most of the girls. And it’s direct – it gets to the meat of the matter.”
- “You see that at the men’s facility – they keep getting asked the same questions. They miss so many things. That’s a big part of why these people get sicker, not better. I love the GHS – I’m going to use that questionnaire when I go to my own doctor.”

Feedback from Correctional Administrators

- “Today, as a director, I find it really nice to have been in on the ground level and part of the process, working with the docs and nurses and the staff from Philadelphia.”
- “I see the GHS as a great example of being able to accomplish something big on a shoestring budget, moving it forward because of the commitment of the people who designed and implement it.”

GHS On Target With New Electronic Health Records

- “It fits with a trend toward moving from paper to computer-based charting. The idea of the GHS being integrated into the assessment process – another screen on which to enter data – also makes this a promising tool.”
- I see “tech-savvy girls really respond,” and I believe working in front of a computer screen – “and not having to look anyone in the eye while you talk about these very personal things” – helps girls open up. For this reason, I also see a major plus in female staff administering the screen and the physical exam.

How GHS Assists Facilities to Meet Standards for Youth in Detention

- **GHS** helps facilities respond to Federal and State mandates.
- GHS complies with Best Practice Guidelines from the American Academy of Pediatrics, NCCCHC, NJDA and ACA.
- **Eighth Amendment** states incarcerated individuals may not be deprived of medical treatment about which the institution knew and disregarded.

How GHS Assists Facilities to Meet Standards for Youth in Detention

(Continued)

- **GHS raises institutional standard of care** by increasing awareness of medical problems
- **Clarifies legal liability** by demonstrating that institution has taken appropriate steps to identify medical needs.

How GHS Can Assist Facilities to Access Medicaid and Other Funding

- **Children in placement** considered “family of 1” for purposes of income determination and usually qualify for Medicaid.
- Medicaid reimburses all “**medically necessary**” treatment (also EPSDT) for youth. GHS assists in establishing medical necessity.
- **Youth in detention awaiting adjudication** generally qualify for Medicaid. GHS provides rapid identification of health problems and may assist girls to qualify for Medicaid.

How GHS Can Assist Facilities to Access Medicaid and Other Funding (Continued)

- The U.S. Department of Justice, Office of Justice Programs (**Recovery Act**) is releasing approximately 2.76 billion dollars for state and local law enforcement and other criminal and juvenile justice services in 2009.
- **State and local governments** positioned to improve juvenile and criminal justice programs are more likely to qualify for this funding.
- **Innovative and best practice programs** attract private funding.
- Consistent with national trend towards **electronic medical records**

General Benefits of the GHS to Facilities and Girls

- **Protection** from legal exposure
- **Ease of licensure** and accreditation
- **Improved population management /decreased violent behavior**
- **Improved staff morale**
- **Increased capacity** to target scarce medical resources based on data

How the GHS Will Work in Specific Detention Facilities

Step One: GHS adopted as **standard intake procedure** for girls entering detention

Step Two: GHS results used to **trigger acute medical responses** for girls entering detention

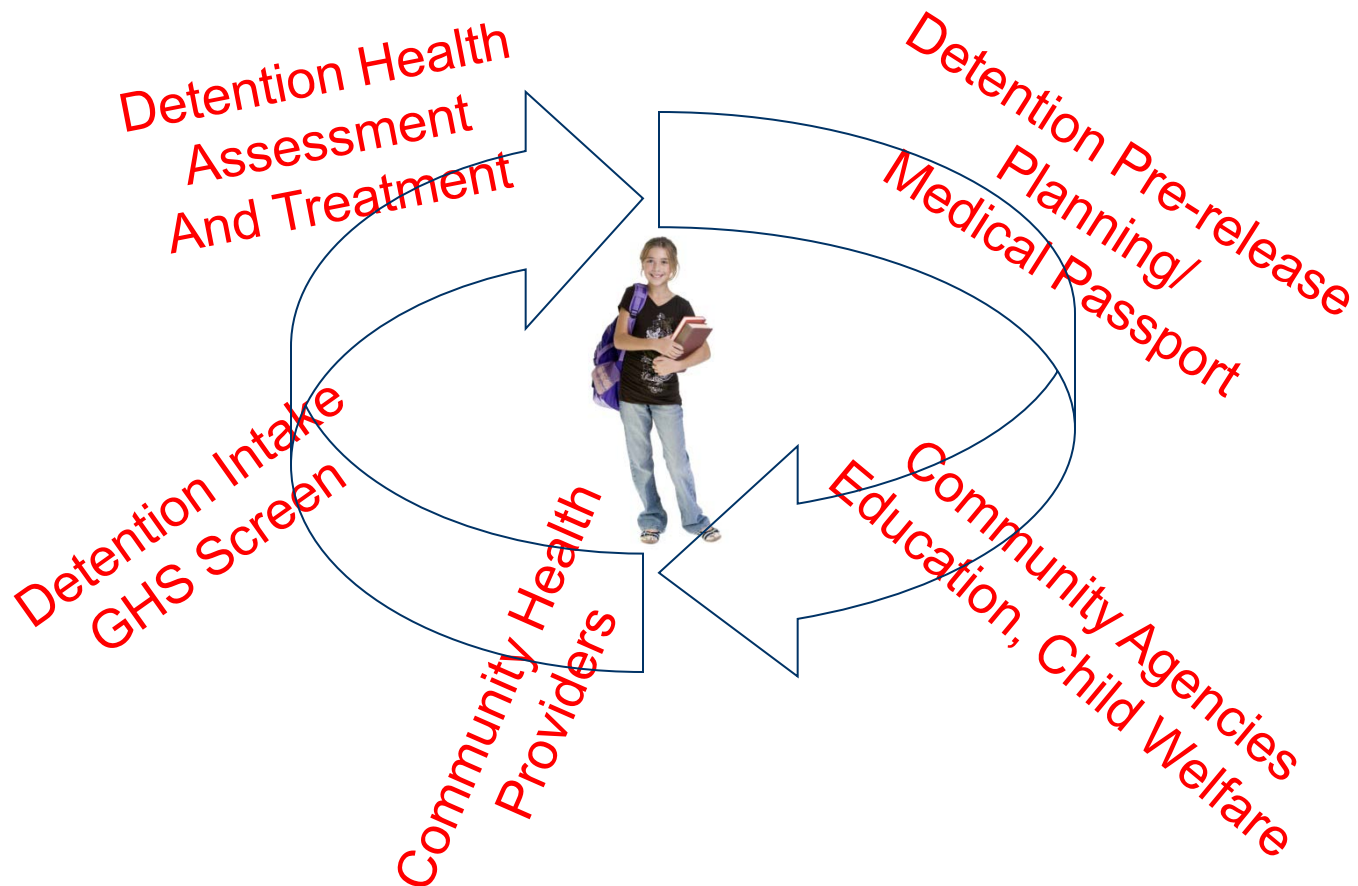
Step Three: GHS used to **guide medical assessment and treatment** planning by existing medical provider while in detention

Step Four: GHS used to **guide pre-release planning** and post release follow-up

Next Steps (2009-2011)

- **Develop a secure web platform/database** to make it accessible at intake to girls in detention
- **Pilot the web based GHS** in Philadelphia, Pennsylvania, New Mexico and nationally
- **Initiate an electronic girls health passport/continuum** of medical screening, assessment, treatment and follow-up

GHS: Continuum of Care (NGHJI)





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Cathy Weiss
Stoneleigh Foundation

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Fellowships for Social Change



Founded by John and Chara Haas, 2006



STRATEGY FOR CHANGE

**Unite Research with Policy Change and
Practice Improvement**

Systems Change

**Fellowship
Support**

**Connecting the
Unconnectable**

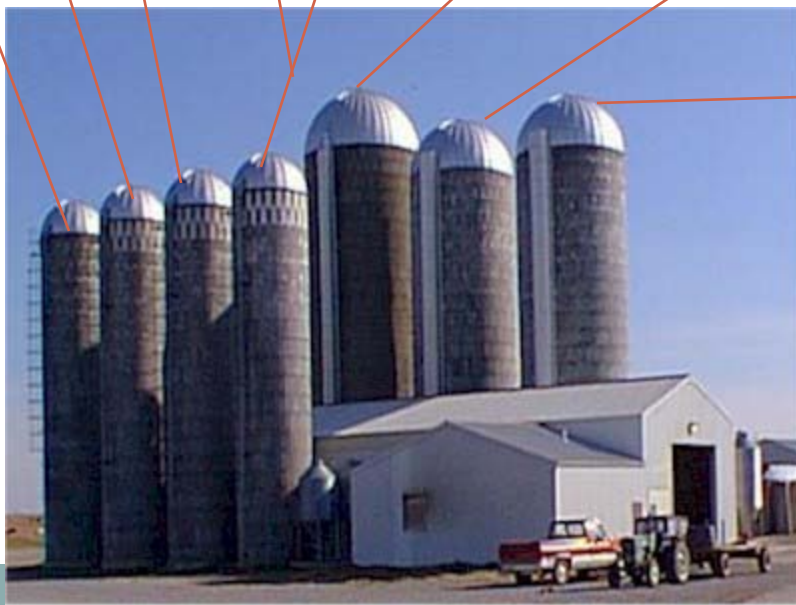
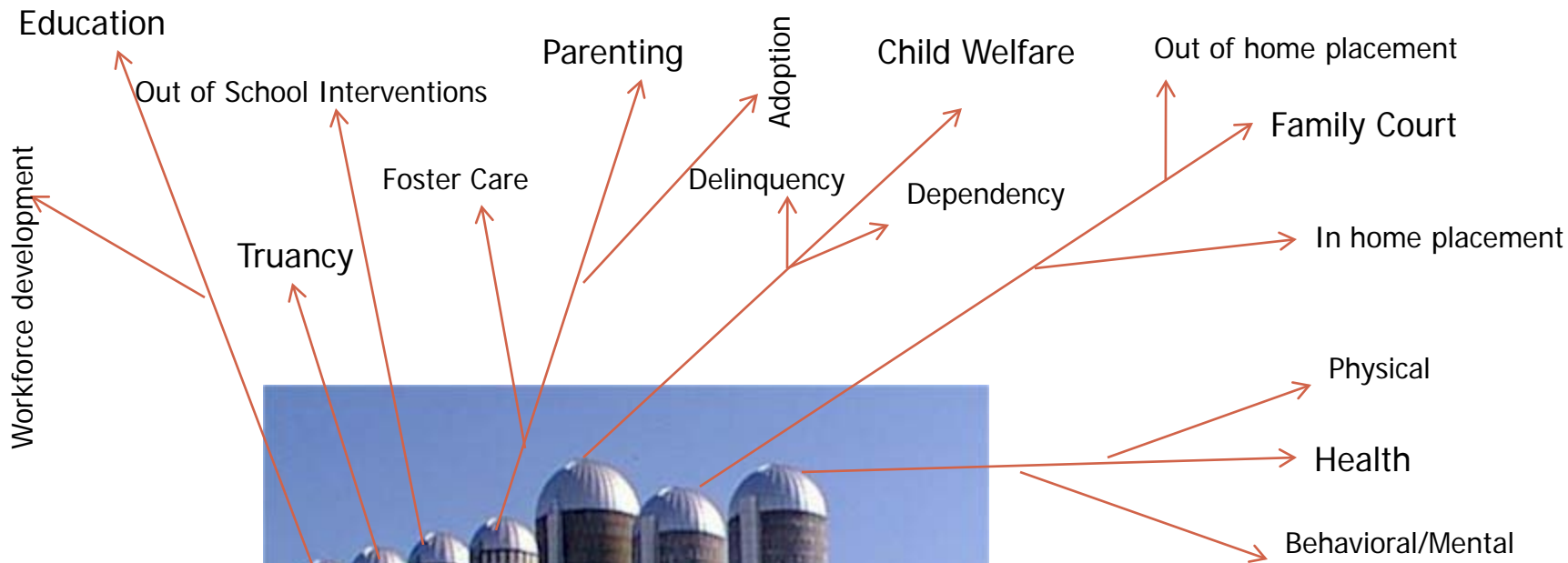


Why Fellowships?



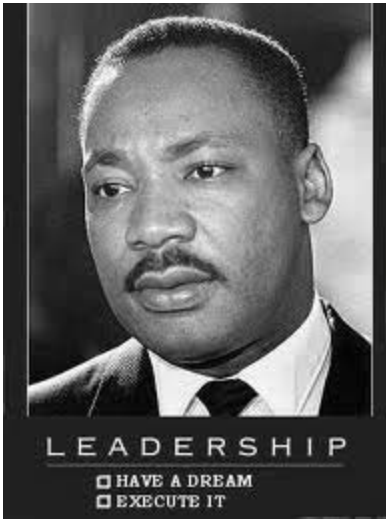
- Space
- Time
- Flexibility to think long term and creatively

The Silos of Care for Vulnerable Youth



Why Leslie Acoca?





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Unite Research with Policy Change and
Practice Improvement



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Julia Boerth
Stoneleigh Foundation



THREE FELLOWSHIP PROGRAMS



Stoneleigh Fellows



Public Policy Fellows



Junior Fellows



JUNIOR FELLOWSHIP





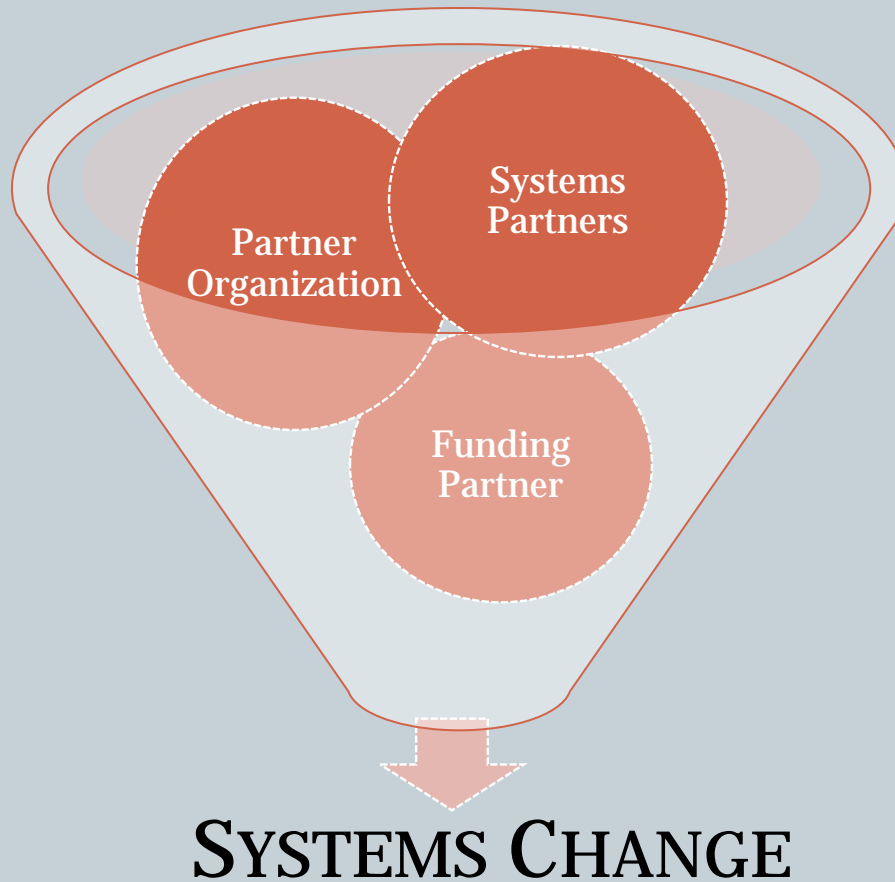
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FLEXIBILITY IS KEY



PARTNERS MATTER



SYSTEMS CHANGE

STAKING CHANGE



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