STONELEIGH
FOUNDATION

MOVING THE DIAL

LESLIE ACOCA

The National Girls Health Screen Project

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In 2007, Stoneleigh's Director attended a conference at which Leslie Acoca presented her work focusing on the health needs of girls in the juvenile and criminal justice systems. Leslie's prior research had proven that there was a direct correlation between access and use of health services and repeated involvement in the criminal justice system.[1]

Following the presentation, Leslie was invited to submit a fellowship proposal to validate the Girls Health Screen, provide a research-based foundation for the development of medical standards in juvenile correctional settings, and advance policy to support and monitor the delivery of health services for adolescent girls in the juvenile justice system. She was awarded a fellowship in 2008 and shortly thereafter founded the National Girls Health and Justice Institute (NGHJI).

Girls are the fastest growing segment of the juvenile justice population despite the overall drop in juvenile crime.[2] However, at the launch of this fellowship, there were neither medical standards to guide the screening, assessment and treatment of physical or mental health problems, nor comprehensive data on the particular health care needs of girls entering detention. Yet, Leslie's 2001 study of girls in the Florida juvenile justice system revealed that girls who had entered the system with access to health care were over 72% less likely to re-enter the system or to commit serious and violent crimes. In addition to preventing further justice involvement, attending to the health needs of girls in the justice system addresses other legal and public health concerns such as medical mandates for juvenile facilities and public health concerns regarding infectious and communicable diseases.

DISCOVERY

While the immediate goal of this project was to validate a screen that identifies and prioritizes the health problems of girls as they enter detention, the over-arching, long-term goal was to improve the health of girls in the juvenile justice system by:

- Developing the first gender-specific health screen for girls entering juvenile detention.
- Creating the first electronic health record for girls in detention linked to community health providers.
- Creating a database of girls' health needs which would allow for better public health planning and provide the basis for standardizing the provision of health services to detained girls.

- Increasing the capacity of juvenile correctional professionals and public and private health providers to identify, prioritize and effectively treat girls' urgent, chronic and ongoing health issues in detention and in their home communities.

RESEARCH

Prior to her fellowship, Leslie and her collaborators designed both a screening tool and a physical examination protocol to validate the tool. Leslie led the research team that developed a series of 132 questions about a girl's physical and mental health that would be self-administered upon entering a juvenile detention facility. The screen was age-appropriate, culturally sensitive, and suitable for girls with different learning abilities and levels of literacy.

The GHS focused on three areas of inquiry (1) health conditions in need of immediate attention (e.g., acute or contagious health conditions), (2) problems that require further evaluation and/or treatment (e.g., exposure to sexually transmitted infections), and (3) circumstances that constituted resiliency (e.g., positive school engagement) or risk (e.g., homelessness). Screening questions emerged from existing research, unique instruments used at three detention centers, medical providers of health care to detained girls, and Leslie's research and advocacy experience with girls and women in the justice system.

The physical exam to validate the screen was designed by the Chief of Adolescent Medicine at The Children's Hospital of Philadelphia (CHOP). This exam was conducted by medical professionals at each site and was linked to items on Leslie's screening instrument. The goal was to validate the screening tool by administering it to approximately 600 girls at facilities in Philadelphia, San Diego and Santa Cruz.

Validation

In the end, the GHS was administered to 119 girls, ages 11-17, entering the designated facilities in the three cities. Completing the GHS took 13 – 45 minutes, depending on a girl's reading ability. After completing the questionnaire, each girl received a physical examination designed to determine if the physical and mental health issues identified in the computerized screening tool matched those from the physical.

FINDINGS

Concern: Is the GHS a valid screen?

Results of the validation process showed a strong and statistically relevant correlation between issues identified by the GHS and those identified by the physical exam. In fact, the GHS identified important medical issues that were not revealed during the physical exam.

The validation process identified important medical patterns for the girls screened:

- 21% reported a history of forced sexual contact and one reported having been sexually assaulted within the last 7 days.
- 11% reported a history of positive testing for tuberculosis.
- Almost 33% reported experiencing blackouts from alcohol or drug abuse.
- 27% reported having overdosed on alcohol and drugs.
- 15% suffered from serious physical injuries within the past year and 11% reported injuries in the week prior to taking the GHS.

Concern: Can the Girls Health Screen be implemented systemically and replicated in other jurisdictions?

Leslie successfully shared the model with New Mexico's Children Youth and Families and Department (CYFD). She provided guidance on how CYFD, probation officers and programs can improve their response to the needs of girls, improve policies and practices that prevent girls' entry into the justice system, and improve the overall health and well-being of girls at risk.

Subsequent to the completion of the fellowship, the GHS was also incorporated into all of the girls' youth camps in Los Angeles County and the Bernalillo County juvenile detention facility in New Mexico.

Concern: Can the Girls Health Screen tool be made web accessable?

GHS was administered electronically from the start. However, in 2011, Leslie developed the first secure web application of the GHS, which was used at intake into the Bernalillo County Detention Center (BCDC). The development and implementation of the web-based GHS was supported by the California Endowment, Blue Shield of California and Kaiser Family Foundations and is used in both the Bernalillo and Los Angeles County facilities.

The web-based platform:

- Provides a flexible alert system to notify medical and correctional staff when girls report an urgent medical problem at intake, such as a life-threatening allergy, a recent sexual assault or suicidal ideation.
- Provides facility medical providers with immediate physical and behavioral health information to guide assessment and treatment within the institution.
- Provides both on-demand and regular monthly reporting of health data to juvenile correctional institutions.
- Provides portable medical records upon each girl's release that can be linked to community-based healthcare for continued, uninterrupted care.
- Initiated the First Electronic Girls Health Passport, which will provide a seamless continuum of medical screening, assessment, treatment and follow-up linking community health providers and medical providers in correctional institutions.

In its latest version, a GHS app was created in 2012.

LESSONS LEARNED FROM THE FIELD

Over-ambition

The GHS was originally planned to be administered to 600 girls using laptop computers. However, because validating the GHS represented the first medical research on the physical health needs of detained girls nationally, there were significant and unanticipated delays in securing the necessary research approvals. In addition, there were administrative challenges that resulted in lost data and limited the subject pool.

- Leslie had to obtain approval from four institutional review boards, which had conflicting requirements that needed to be resolved.
- Limited staffing necessitated the hiring of nurses and nurse practitioners to administer the screen within each facility.
- Every county required a judicial order from the presiding juvenile court judges and/or commissioners of Philadelphia, Santa Cruz and San Diego to add extra protection for the GHS data generated during the validation study.
- CHOP's laptop version of the GHS malfunctioned and security procedures to access the computers were too complex.
- Both the GHS and physical examination were recorded onto a laptop program and then downloaded onto separate discs. However, every completed screen outside of Philadelphia and its corresponding physical exam had to be shipped across the country to CHOP for secure data collection.
- CHOP's data management unit, which was responsible for collecting and analyzing the data, was outsourced in the middle of the project, causing Leslie to lose information on many subjects.
- According to the requirements of Philadelphia's Institutional Review Board, each girl had to give consent through a qualified, unpaid and independent advocate within a specified number of hours. Many girls were ready to complete the GHS, but the advocate often could not reach the facilities in time to provide consent.

Unrealistic Funding

This was Stoneleigh's second fellowship award. Neither Leslie nor Stoneleigh staff anticipated the need for additional funding. This fellowship highlighted the need for Stoneleigh to contemplate other requisite revenue when considering fellowship requests.

- Leslie originally planned to design and implement a health and justice website where health data could be aggregated and where interested jurisdictions and facilities could download the user manual and the GHS assessment tool. However, the cost of developing this site was insufficiently considered and development of the website stalled due to the need to raise considerable funds and limited capacity to do so.
- Though Stoneleigh staff stepped into an active fundraising role, in the end it did not yield enough to support the web-based application.
- During the last year of her fellowship, Leslie tried to develop two additional pilot sites, but was unable to do so because further funds were needed to hire a part-time staff person.

In the future, Stoneleigh has to be more realistic about actual project costs beyond the fellow's salary, and be clear about the role that Stoneleigh staff will play in helping fellows identify and secure additional resources.

Importance of Partners

This project also exposed the importance of a strong organizational partner for fellows.

- Leslie applied for her fellowship with the Juvenile Law Center as her partner organization. By spring 2009, JLC was no longer an active partner, although its staff continued to serve in an advisory role. Finding a new partner in the middle of the fellowship proved difficult and Leslie remained unaffiliated with an organizational partner during a time when project demands transitioned from validation of research to dissemination of results.
- Without JLC or another partner with national standing, the project was unable to command the attention of the juvenile justice field. This increased the time needed to convince policymakers and practitioners that the GHS was a cost-effective tool for managing the health care needs of girls in detention and, thus, delayed achieving some of the fellowship goals.
- The absence of a strong partner also impacted Leslie's ability to raise the funds needed to develop the web-based GHS and national health screening standards for detained juveniles.

OUTCOMES: MOVING THE DIAL

Leslie's fellowship demonstrated that providing gender-specific health screening for girls entering detention was useful for identifying serious health issues and supporting the systems required to meet girls' medical needs. It also proved that the GHS was a valid screening tool and applicable to large-system use. While not all of Leslie's ambitious goals were attained during the fellowship, since its conclusion in 2010, Leslie and the GHS have garnered significant attention and moved the dial on the way youth justice detention facilities are using the GHS to diminish recidivism.

In December 2011, The National Girls Health and Justice Institute and representatives from the Health and Probation Departments, the courts, as well as philanthropic leadership, convened to plan the implementation of the GHS in Los Angeles, expand the GHS to the juvenile justice systems in two additional California counties, and develop new funding streams, including Medicaid, for the administration of the GHS and treatment of the health problems it identifies.

Stoneleigh Foundation

The Stoneleigh Fellowship is designed to support researchers, practitioners, and policymakers who have demonstrated leadership in child welfare, juvenile justice, or related fields. We are particularly interested in individuals whose fellowship proposal work involves work that crosses systems and enhances the coordination of service delivery. For more information, please visit our website at www.stoneleighfoundation.org.

Leslie Acoca, MA., MFT

Leslie Acoca is recognized for her trailblazing work focusing on justice and health strategies in her research, policy, and programming efforts for youth and women in the juvenile and criminal justice systems. Over the last twelve years, Leslie conducted five studies in California and other states identifying the health and other needs of girls and women in the juvenile and criminal justice systems. In response to the critical need for health and educational services that emerged from her research, Leslie is the Executive Director and Founder of the National Girls Health and Justice Institute. Its mission is to improve access to health care for the 641,000 adolescent girls who enter the juvenile justice system each year in the United States.

In January 2012, the GHS was adopted as the standard medical intake for girls entering the Albuquerque Detention Center. Results of the screen in Albuquerque are consistent with the national validation data and demonstrate that it is easily and rapidly administered and that it effectively identifies and prioritizes girls' physical and behavioral health problems.

In February 2012, the Los Angeles Departments of Probation and Health Services agreed to utilize the GHS in the Los Angeles County Girls Camps. Leslie's team trained nurses, caseworkers, mental health providers, and correctional staff at the camps and assessment centers on gender-competent services in order to administer the GHS. The introduction of the GHS in Los Angeles marked the first time that a validated, gender-responsive medical screen was administered to any of the roughly 60,000 girls who annually enter the California Juvenile Justice System.

WHERE IS THE DIAL NOW?

Leslie continues to make progress in improving the health of girls in the juvenile justice system as the GHS expands to more juvenile detention centers and advocacy for gender-responsive services spreads.

- The California Endowment, Kaiser Family Foundation and Blue Shield of California Foundation have provided three-year grants to launch the Girls Heath Screen statewide.
- The Kaiser Foundation has also provided an expert to identify new and sustainable public funding like Medicaid and Medi-Cal for the GHS and the medical service needs it identifies.
- The Los Angeles GHS project is ongoing and is expected to continue and move to detention intake, where it will serve every girl entering detention in 2013.
- Leslie is also working in collaboration with the Sierra Foundation to implement the GHS in San Diego.
- Kaiser Health News conducted an in-depth interview with Leslie that aired on National Public Radio. This was the first story NPR has aired on girls in the juvenile justice system since 2003.
- Leslie is collaborating with film makers to produce a short film about the needs of incarcerated girls.

Additional Facts Found by The GHS

- Over 40% said they were currently in pain, indicating an average Likert scale rating of 6.
- 12% reported visual hallucinations and 26% complained of some type of thought disturbance, such as their minds playing tricks on them.
- 40% reported vision problems and needed to wear glasses or contact lenses, but only 4% had their glasses with them.
- 11% indicated that they had attempted suicide in the past.
- Only 55% had been immunized for chicken pox and 47% said they had been immunized for Hepatitis A.
- 25% said they had a history of asthma or breathing problems.
- 22% tested positive for sexually transmitted infections (STI). 14% were reported to have Chlamydia and 4% tested positive for gonorrhea.
- 20% reported past pregnancies with 12% stating that they had been pregnant once and 6% had been pregnant twice. Out of the girls that reported past pregnancies, only 12% of them received medical care.
- 36% said they had experienced homelessness at some time in their lives.
- 47% said they lived in neighborhoods plagued by gang activity, and 24% said they had been gang-involved.
- 32% felt that it was common for people in their neighborhood to carry weapons and 32% said they had carried weapons in the past.
- 26% had spent time away from home in a foster care placement.
- 8% said they had no one to pick them up when they were released from detention. Similarly, 8% said they did not have a safe place to live outside of detention.

[1] "Educate or Incarcerate? Girls in the Juvenile Justice System" Acoca, 2001
[2] The OJJDP's Juvenile Offenders and Victims: 2006 National Report shows that the 14,590 female offenders held in 2003 accounted for 15 percent of offenders in custody, as compared with 13 percent in 1991. Further, current data show there is increasing disproportionality in the rates at which girls are arrested, detained, sentenced and returned to detention - particularly for delinquency offenses (offenses such as robberty and aggravated assault) and status offenses (offenses that are illegal for children but lawful for adults such as truancy, curfew violation, and running away.)