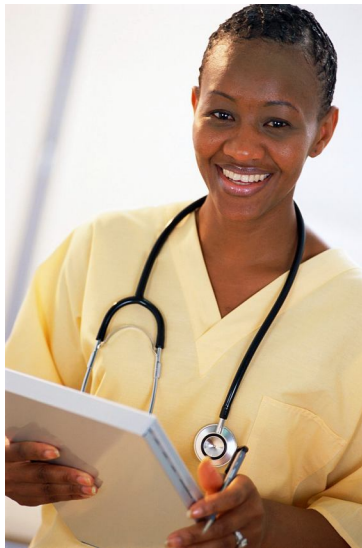


# Welcome Participants



Fourth National Advisory Board Meeting  
National Girls Health and Justice Institute  
In Our Daughter's Hands  
Juvenile Law Center  
California Endowment Center for Healthy  
Communities  
June 2008

# Who Are We?

- Who are the organizations who have developed and are validating the electronic Girls' Health Screen nationally?
  - In Our Daughter's Hands
  - Juvenile Law CenterWith Support from Children's Hospital of Philadelphia (CHOP)

# What Are Today's Goals?

- Present Preliminary Findings of Validation Study
- Discuss Legal Implications and Evaluation
- Present Site Reports and Data
- Discuss Development of National Girls Health and Justice Institute

# What Are Goals of the GHS?

- Develop a validated gender-specific health screen/Identify and prioritize medical problems
- Improve health assessment and medical care for girls and youth in the juvenile justice and child welfare systems
- Assist juvenile correctional and other health care providers
- Measurably improve health outcomes for girls
- Improve girls' health care conversation

# What is the need for the GHS?

- Why do we need a Girls' Health Screen?
  - Girls are the fastest growing segment of the juvenile justice system nationally
  - No medical standards
  - Need for medical care for this population
  - Gather more complete data

# Physical Health Care Is Critical

- Why is physical health care so important to girls and youth in the juvenile justice system?
  - Reduce the odds of girls re-offending and committing serious person offenses by 72%\*

\* From *Educate or Incarcerate* (Acoca 2001)

# Lack of Current Standards

- Are juvenile detention centers meeting existing medical standards?
  - Gallagher and Dobrin (2007) found
    - Only 53 of 3500 juvenile justice residential facilities in the U.S. were accredited
    - No systematic screening or assessment
    - Large government-owned facilities provided better care than smaller and privatized facilities
    - 18% of facilities regularly gave girls pregnancy tests

# Organization of the GHS Study

## Phase I

- Conduct a national medical case file review of 320 detained girls.
- Design and pilot Girls' Health Screen, a computerized voice questionnaire That girls will answer within 2 - 4 hours of intake.

## Phase II

- Conduct a validation study in four regions of the country.

## Phase III

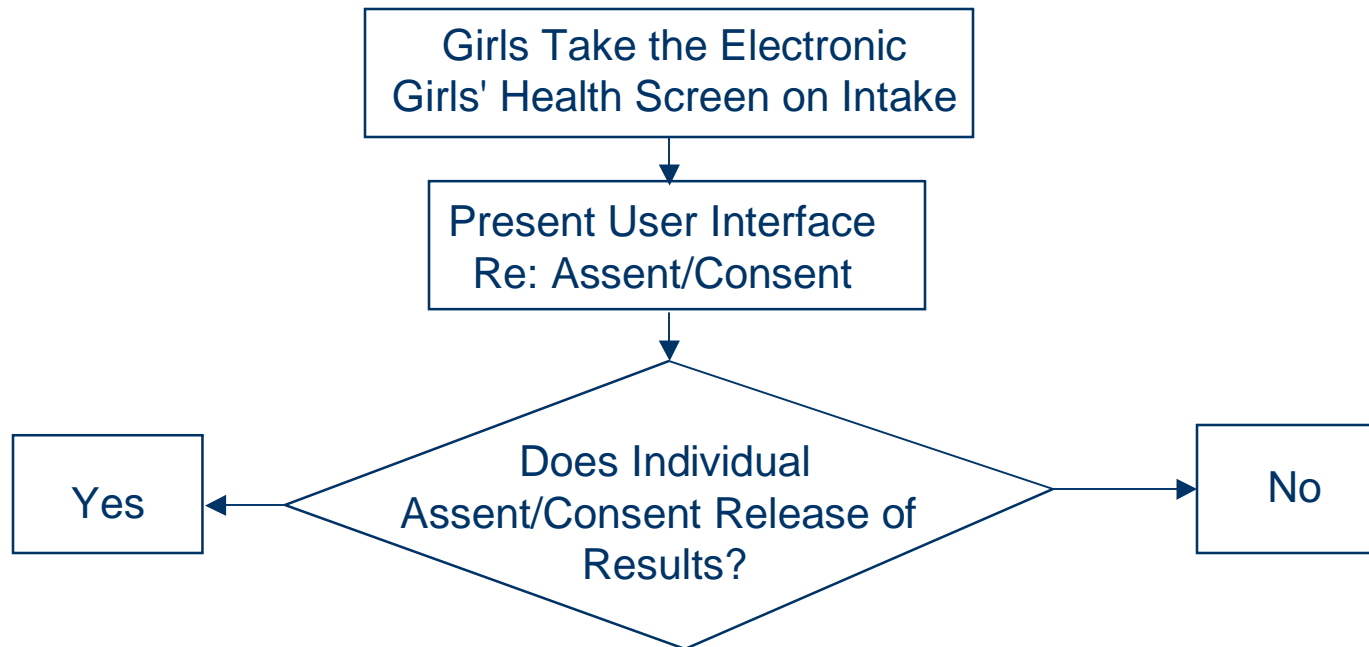
- Disseminate Girls' Health Screen nationally.
- Create a National Health and Justice Institute



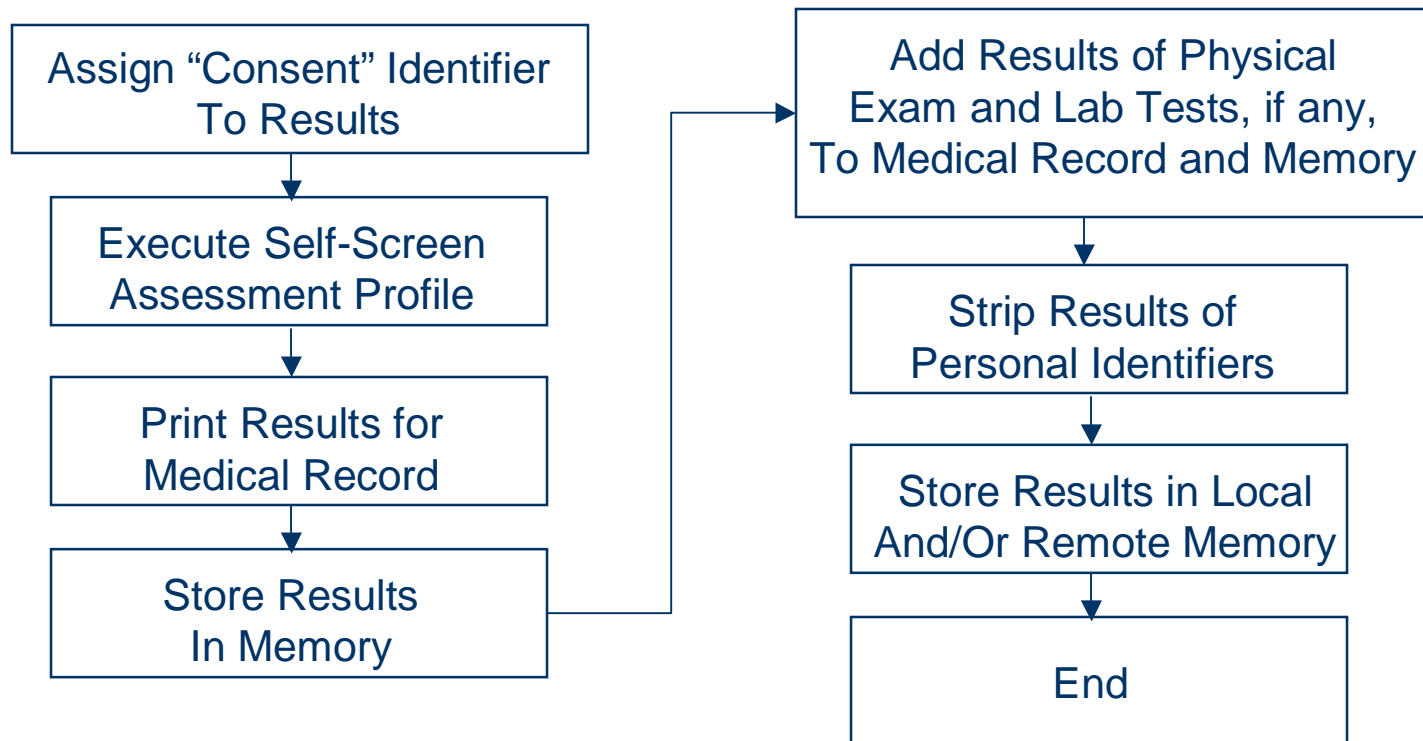
# Validation Process

- Where are we in the validation process?
  - All three sites fully operational
    - Laptops installed, correctional/medical staff identified and trained
  - IT and Staffing barriers overcome
  - Complete data received from 75 girls
    - Including GHS, PE and Assent
  - Preliminary analysis initiated
    - Key findings to follow

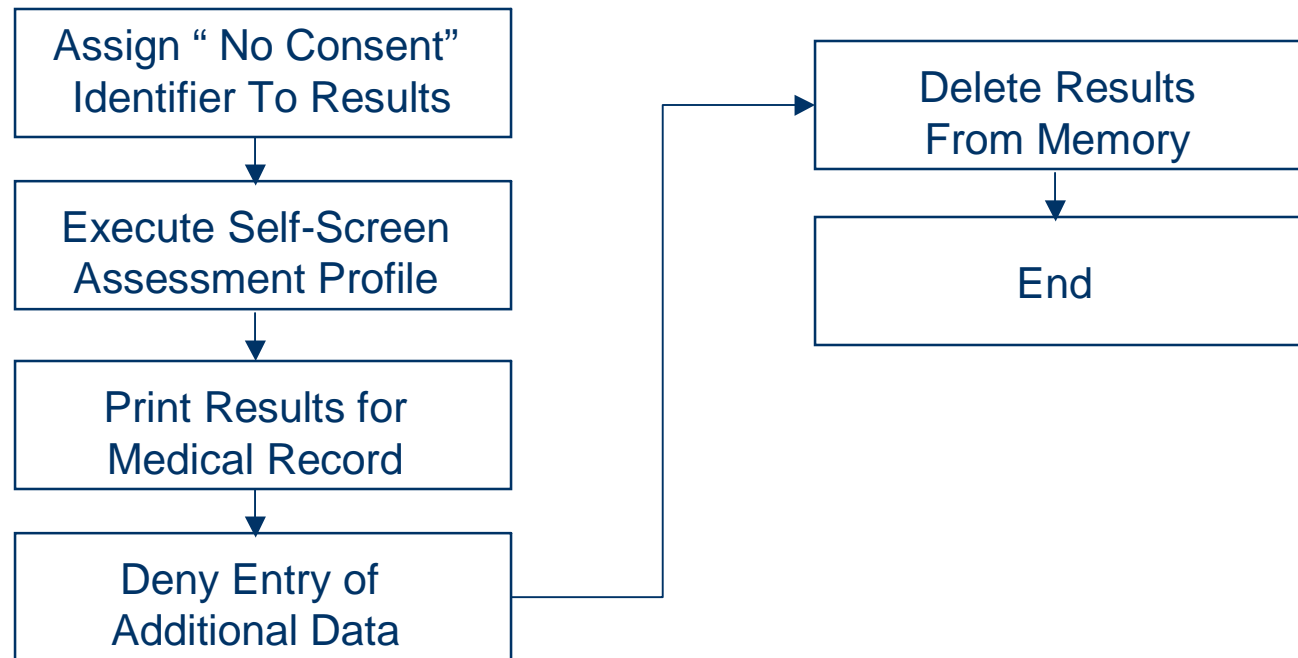
# How The Validation Study Works On Site



# How The Validation Study Works On Site – Yes



# How The Validation Study Works On Site – No



# First GHS Study Results:

Preliminary Analysis of Data from the GHS and  
Validation Physical Examination

Acoca and Lexcen, 2008

# Demographic Profile of Girls Detained in Three Sites

Total n=75

(19 Philadelphia, 5 Santa Cruz, 51 San Diego)

## Race/Ethnicity

Black/African American	24
Hispanic/Latina	28
White	14
Asian or Pacific Islander	4
Native American	2

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

# Demographic Profile of Girls Detained in Three Sites

Total n=75

## Age

12-14	13
15	20
16	23
17	16
18	2
21	1

## Language

Primary Language English	70
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Source: Girls' Health Screen and Physical Exam Reports from two California and one Pennsylvania counties

# GHS Urgent: Allergies

- 8 Prescription Medications
- 4 Over-the-counter
- **26 Food**
- **9 Bee Sting**
- **1 EPI Pen**
- **0 EPI with them now**
- **62% of all girls reported serious allergies on intake. None had the required EPI pen**

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



# TB Risks

- 8 girls with positive TB hx
- Of those, 4 reported negative chest x=ray
- None were currently taking medicines

# GHS Urgent Health/Mental Problems

(Substance Abuse, Psychiatric, Sexual Assault)

- 20 Alcohol/Drug Overdoses 4 were taking psychiatric meds
  - 2 had recent psychiatric inpatient care
  - 4 had hallucinations not related to drugs
  - 5 had suicidal ideation, 4 had attempted; 6 had homicidal ideation
  - 6 had history of forced sexual contact

# Alcohol & Drug Abuse (GHS)

- **6 girls reported using during pregnancy**
- 23 reported problems with alcohol
- 29 reported heavy drinking
- 31 girls reported marijuana use
- Additional abuse of a variety of street drugs, methamphetamine most common
- **25 reported blackouts from drugs or alcohol**
- **5 girls reported IVDU, 1 shared needles, 7 had sex with IVDU users**

# Injuries on GHS & PE

- **11 head injuries w/LOC in past year (PE Medhx)**
- **5 Head injuries Past 2 weeks (GHS Care)**
- 8 Girls reported injuries in the past week
  - 5 had medical care, 3 did not (GHS Urg)
- 7 Injuries in Past History (e.g., MVA's) (PE Med Hx)
- 4 had stitches in past year (PE Med Hx)
- **2 Injuries identified by nurses (PE Concerns)**

# Genital/Rectal Problems (PE)

- High rates of gynecological problems
- 32 (43%) abnormal vaginal mucosa
- 38 (51%) abnormal cervix
- 25 (33%) abnormal rectal examinations
- 1 Abnormal Pap Smear
  - (Mild Squamous Dysplasia)

# STI History

- Most frequent test was for HIV
  - Most results negative, but 1 girl on medications
- 18 Girls reported a history of STI on GHS (19 on PE)
- Chlamydia was most frequently tested and positive
- Gonorrhea & Trichomoniasis at n=3 each

# Pregnancy

- History of pregnancy was reported by 10 girls, 2 had more than 1 pregnancy
- Girls answered inconsistently about having given birth – 3 on GHS, only 2 on PE
- Only 2 girls had consistent care during pregnancy and delivery
- Girls gave inconsistent responses about babies' health after birth

# Overnight Hospitalizations

- **31 Medical and Psychiatric Overnights (PE MedHx)**
  - 11 Surgeries
  - 5 related to drug overdose, alcohol poisoning
  - 8 Psychiatric Inpatient
  - 3 Asthma
  - 3 Rhabdomyolysis (1 person, 3 times)
  - 2 Childbirth
  - 2 MVA's
  - 1 Fractured Ankle
  - 1 Strepp Throat



# Surgeries

- 8 Girls had surgeries in past 3 months (GHS Urg)
- 1 Ankle surgery (PE MedHx)
- 22 Surgeries Reported (PE Medhx)
  - 11 had been hospitalized overnight for surgery in the past (PE MedHx)

# Serious Mental Health by Prevalence

1. Suicidal ideation hx, recent hopelessness most frequent problem
2. Fighting/aggression second most frequent
3. Depression, anxiety, mood disorders third most frequent problem

Conclusion: symptoms of SMI more common among detained girls than teen girls in general population

# Sexual Abuse and Assault

- 16 girls (21%) reported a history of forced sexual contact
- 1 reported sexual assault in past week
- Nurse recorded concerns that 1 girl exhibited symptoms of PTSD because of rape history

# Vision

- **28 Girls reported they needed/wore glasses, but only 4 had glasses with them**
- 7 had observed injuries/abnormalities
- 6 had nystagmus

# Dental Problems

- About 9 (12%) Girls had caries
- Gingivitis, bleeding gums, and bad breath also noted as problems in a few girls

# Hearing

- 3 Girls reported using hearing aids
- Only 1 girl had hearing aid with her

# Hair & Skin

- About 20 girls complained of hair loss, thinning hair
- Physical Exam showed 4 with hair loss and 1 with lice/nits
- 10 Girls reported itching
- Physical exam found 1 with eczema

# Home

- Foster Care History 18
- No One to Pick Up from Detention 6
- No Safe Place to Live Outside Detention 8
- **Homelessness 23**



# Community

- Gangs in Neighborhood 34
- Gang Involvement 15
- Weapons Carried in Neighborhood 24
- Weapons in Home 15
- History of Carrying Weapons 23
- Gang Fighting 17

# Access to Health Care

- Health Problems Past Year 6
- Have Health Insurance 57
- Vaginal Exam Past Year 29
- Breast Exam Past Year 18
- Regular Healthcare Provider 48
- Saw Dentist Past Year 37

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

# Barriers to Health Care

- No Money 3
- No Insurance 4
- No Transportation 8
- No Child Care 1
- Healthcare at ER Only 0
- Other Barrier 20

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

# Resilience Factors

- Close Friend 64
- Caring Adult 67
- Ever on Honor Roll 39
- Employed Past 12 Months 20
- School 45
- Sports 37
- Hobbies 47
- Friendships 57
- Other Involvement 40
- None 5

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

# Exercise & Body Image

- Do Not Exercise 15
- Exercise Once or Less per Month 6
- A Few Times per Month 5
- Once or More per Week 17
- Every Day 25

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

# Body Image

- Weight Loss 3
- Weight Gain/Overweight 4
- Body Dysmorphia 1
- Health and Attractive 23
- Look Good 9
- Feel OK About Looks 19
- Too Fat 10
- Unhappy Other Reason 6

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

# Birth Control

- Condoms 50
- Birth Control Pill 12
- Depo-Porvera 7
- Patch 2
- Withdrawal 14
- Morning After Pill 1
- Other 1
- None 7

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

# Preliminary Process Evaluation of How the GHS is Working

- What we have learned to date from our qualitative data about the efficacy of the GHS in a detention setting?
- Preliminary selected results from Monteil's process evaluation of the GHS validation, 2008.



# Breaking New Ground: Barriers Overcome by the GHS, Finding 1

- The GHS has broken through political and administrative barriers at each site, providing good models for further progress and other health and justice projects.
- First research permission nationally for medical research in detention settings
- New models for judicial orders protecting medical information
- New models for electronic medical screening and records
- New data and information on the health needs of girls

# Positive Feedback From Medical Professionals Using the GHS, Finding 2

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.”

# GHS Uncovers New Health Issues, Finding 3

- **The GHS uncovers important health issues not identified by previous screens.**
- **“I am very happy with the screen and the process and find the resulting information really good relative to the quality of what we learned before the GHS was in place. We have a classic example of learning about a rape from a girl who had been through the system several times and had been asked before the GHS, but, in the girl’s words, “never that way.” The nurses say they get great information – and not just great, but accurate, which is really important.” (Correctional Staff)**

## Suggested GHS Reforms, Finding 4

- **There was broad consensus that the GHS – with modifications – is sustainable at their facilities, and a source of valuable information in the corrections setting.**
- **“I’m concerned about the time it takes, but I feel the GHS is valuable – and that a special intake process for girls is valuable.” (Correctional Staff)**

## Finding 4, Continued

- **“Girls have different needs. So many of these girls here come from prostitution. The GHS is very thorough and the questions are very relevant – though they have to be “cut down.” The GHS is well worth utilizing more widely – put it in different areas. It’s all good for the kids.”**
- **“The GHS is supposed to be – and has become – the way we assess girls.” I am “very happy” with the screen and the process and find the resulting information “really good” relative to the quality of what we learned before the GHS was in place.**

# Support From Top Administration Critical, Finding 5

- “I came to the project early in the planning phase, directed by facility supervisor. I was working at juvenile hall overseeing two girls’ units. I participated on the team that helped design the process at this facility. I have gone through the screen with girls and helped train the volunteers who “assent” the girls. I was there all the time, I could monitor intakes, keep on top of the project. It was important. It came from the top.” (Correctional Staff)

# The Commitment of Key Individuals

## Critical, Finding 6

- “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 and the test 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, Finding 7

- “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.



# Trimming Questions Improving Design, Finding 8

- The data systems used in another test program operating at the site are worth looking at. I like their drop-down menus – they're time-savers.
- The voice version of the instrument was not widely used.

# Legal Implications of GHS

- What are the legal implications of using the GHS in detention and other settings?
- Jessica Feierman, JLC, 2008

# Overview

- Legal Issues Arising During Screen
- Legal Issues Relating to Treatment

# Case study

- **Saturday night:** Natalia is at home with her little brother, Jake. She just found out that she is pregnant, and is worried that her boyfriend will leave her. Her father comes home drunk and starts screaming at Jake. Natalia stands up to defend Jake, and her father punches Natalia in the face, knocking her to the ground.
- **Sunday afternoon:** Natalia is hanging out with some friends and her boyfriend at the park. One friend, Sheila, starts telling everyone – including Natalia’s boyfriend – that Natalia sleeps around. Natalia starts yelling at Sheila to tell the truth. When Sheila won’t back down, Natalia punches her. Their friends join in the fight – some on Natalia’s side, some on Sheila’s. A passerby calls 911, and Natalia is arrested. Because Natalia’s parents can’t be found, she is placed in detention pending an adjudicatory hearing. Sheila has agreed to testify that Natalia had a gun and was threatening to use it.



# **Legal Issues During Screening**



**62. In the past 2 weeks have you had a bad injury to your head or a concussion?**

**Yes  No**

## **Legal issue: Mandatory Reporting**

- **What must be reported?**
- **Who must report?**
- **How is the report made?**
- **What are the consequences to the reporter?**

25. Do you think you might be pregnant right now?  
 Yes

## Legal issue: Confidentiality

Federal law: HIPAA (Health Insurance Portability and Accountability Act of 1996)

- When it applies
- What it does
- Who controls the records
- What are the rules on disclosure?
- What about disclosure to a court?

State Law: Similar to above, with variations depending on type of treatment, age of minor.

181. Have you ever carried a weapon?

Yes  No

## Legal issue: self-incrimination

- “[N]o person... shall be compelled in any criminal case to be a witness against himself.” (5<sup>th</sup> Amendment)
- “In all criminal prosecutions, the accused shall enjoy the right... to have the Assistance of Counsel for his defence.” (6<sup>th</sup> Amendment)
- Applies to court-ordered psychiatric evaluations. Does it apply to screens??



181. Have you ever carried a weapon?

Yes  No

### Legal issue: self-incrimination

- Some state laws hold that statements made during intake cannot be entered into evidence
- Some states extend this protection to youth in detention. It is arguably a constitutional right.
- Few states have comprehensive prohibitions against the use of information gathered from youth in JJ system through a screen.

**181. Have you ever carried a weapon?**  
Yes  No

## **Self-incrimination – Implementation Ideas**

- Legislation
- Judicial Orders
- Memoranda of Understanding
- Delete Selected Questions????

# **Legal Issues Relating to Treatment**



# Constitutional Issues

- Youth entitled to “reasonable care and safety.” Medical providers must at a minimum treat medical issues they know about.
  - Screen assists detention centers by clarifying the needs of the youth and ensuring the facility meets its legal responsibilities
  - Screen assists youth by ensuring that medical issues are identified and treated.

# Consent to Care

- Under age 18, a minor's ability to consent to care may depend on a number of factors, including:
  - **the type of treatment.**
  - **The age of the minor.**
  - **The minor's legal status.**
  - **If the youth is still in detention.**

# Payment

## Medicaid Reimbursement:

- *Eligibility*
- *Youth in detention awaiting adjudication*
- *Adjudicated youth in public correctional institutions*
- *At re-entry*

## Follow-up care

- **Disclosure to a correctional institution**
- **Disclosure by a correctional facility – state law, default rule lists recipients**

# Snapshot of Girls Data from Santa Cruz County Trends

- What trends are occurring relating to the detention of girls in the detention sites where the validation study is being conducted?
  - Data compiled from Santa Cruz facility



# Data from Healthy Returns Initiative (Cal Endowment)

- HRI data reported for all youth referred to out-of-custody health care
- Data collected on MAYSI-2 caution and warning scores, presenting health concerns, and DSM IV diagnoses.
- Small sample (n=50). Differences considered significant if  $p < .10$ .

Santa Cruz County

## MAYSI-2

- Scores collected on depression/anxiety, suicidality, alcohol and drug abuse, somatic symptoms, anger disorder, thought disturbance, and trauma.
- Two significant differences across gender:
  - Girls more likely to score in caution or warning range for somatic complaints (78% compared with 43% of boys).
  - Girls more likely to score in caution or warning range for trauma (89% compared with 60% of boys)

Santa Cruz County

# Presenting Health Concerns

- Nurses document a wide range of concerns including acute injury, dental needs, infectious disease, family planning needs.
- There were two significant differences:
  - Girls were more likely to present with STDs (33% compared with 7% of boys)
  - Girls were more likely to request services related to family planning (44% compared with 17% of boys)

Santa Cruz County

# DSM IV Diagnoses

- DSM IV diagnoses reported by mental health clinicians for wide range of disorders including depression/anxiety, eating disorders, personality disorders, grief, etc.
- There was one significant difference:
  - Girls were more likely to present with a mood disorder (63% compared with 24% of boys).

Santa Cruz County

# Childhood Sexual Abuse

- All of the girls (100%) on the intensive caseload in April 2008 had disclosed an experience with childhood sexual abuse.
- These girls are referred to expressive art therapy groups for teenage girls who are survivors of childhood sexual abuse (these groups are paid with Title II funds).

Santa Cruz County

# Creating A Health Care Continuum

- How might the GHS and HRI offer a potential model for creating a seamless continuum of gender responsive health and mental health screening, assessment and pre-release planning for girls in detention in California?

# Looking Ahead

- What organization will carry the Girls' Health Screen forward in 2009?
  - National Girls Health and Justice Institute (NGHJI)
    - Currently being formed
    - Acquiring California not-for-profit 501c3 status

# NGHJI Goals

- What are the mission, goals, objectives and starting activities of the Institute?
  - Promote the health of girls and youth in the juvenile justice, child welfare and other systems
  - Improve health outcomes for high risk girls and their children
  - Should the Institute address boys as well as girls?





# Moving Forward

- Complete the validation
- Disseminate electronic GHS (and possibly Physical Exam)
- Link GHS with HRI to create model continua in California
- Form the Institute
- Advance collaborative projects with other health and justice organizations (Summit 2009)
- Advance health care technology for high risk youth
- Create and disseminate training curricula and materials

# Board of Directors for the NGHJI

- Suggestions?
- Commitments?

# Question and Answer



**Closing Remarks...**  
**Thank you.**

NGHJI/IODH/JLC

