BluePrint for the Future:

Linking Girls in the New Mexico Juvenile Justice System to Health, Mental Health, Substance Abuse, Family Support, Parenting and other Community Services

July, 2011

Prepared by,

Leslie Acoca, MA, MFT
Stoneleigh Fellow
Executive Director
National Girls Health and Justice Institute
91 Sequoia Drive
Pasadena, California, 91105
Phone: 323 344 6069

Prepared for,

The State of New Mexico, Children, Youth and Families Department (CYFD)

I wish people wouldn't judge us so hard from the outside. We're the same as they are; we just made a mistake.

14-year old girl on probation in New Mexico

Sometimes I just need to fight… I don't know why… I just get so angry from all the things that happened to me…. it has to get out.

15-year old girl on probation in New Mexico

My teeth don't work. It hurts when I eat food.

16 year-old girl on probation in New Mexico

My daughter needs somewhere to go and something to do so she doesn't get in trouble… like a community center with no drugs.

Mother of a 15-year-old girl on probation

We need help too. We know these girls really, really well. When we find out that they've died or something bad happened to them. Their trauma gets passed on to us.

Juvenile probation staff member supervising girls in New Mexico

The above quotes were drawn from interviews with girls on probation, their mothers, and juvenile probation staff serving girls throughout the State of New Mexico.

Introduction: Goals and Methods of the BluePrint for Girls Study and Recommendations:

Between August, 2010 and June, 2011, the State of New Mexico Children, Youth and Families Department (CYFD), in collaboration with Leslie Acoca, MA., MFT, Executive Director of the National Girls Health and Justice Institute (NGHJI) conducted a qualitative evaluation of gender-responsive services for girls on probation.

The evaluation took place in 5 diverse regions of New Mexico providing juvenile probation services for girls. The probation offices included in the evaluation were in Santa Fe, Albuquerque, Las Cruces, Farmington and Alamogordo, and were chosen because they represent culturally diverse populations of girls and families and differing points on the size, innovation, and urban, suburban and rural continua. Each site had also developed its own array of gender-specific strategies, services and in some instances, such as in Albuquerque, a Girls Probation Unit specifically organized and dedicated to identifying and meeting the unique needs of girls on its case load. With the exception of the Albuquerque Girls Unit, the New Mexico Juvenile Probation offices visited had a paucity of community based services (like intensive treatment programs for girls with serious co-occurring mental illness and substance abuse and programs for pregnant and parenting teens) available to the girls.

However, the dedication of Juvenile Probation, mental health treatment staff, and other community-based program providers in every office visited was palpable. During individual and group interviews conducted by Acoca with girls on probation, many girls stated that their relationships with individual probation and program staff were deeply meaningful to them. While formal gender-specific services were limited, the relationships between probation staff and girls were caring, strong and sustained, filling in part the girls' need for caring relationships with adults. The relational component of promising and effective programs for girls has long been acknowledged by researchers and practitioners alike.

The initial objective of the evaluation was to identify the needs of girls on probation in New Mexico and the gender-responsive services currently available to them in each region. The critical gaps in services and programs for this population of girls also emerged during the site visits and interviews conducted for the study. The overarching goal of the evaluation was to provide a BluePrint for the Future of girls on probation in New Mexico.

The BluePrint is designed to provide guidelines for the development of a statewide, gender-responsive continuum of promising and evidence-based prevention, assessment, treatment and after-care programs and services for at-risk young women, their children and their families. It is expected that the BluePrint will guide CYFD, the New Mexico State Legislature, probation administrators and staff and community-based program providers in their efforts to better target existing limited resources to meet the identified needs of girls. The BluePrint that follows supports and expands the core recommendations of the Juvenile Justice Strategic Plan for Girls developed by the New Mexico HM 40 Task Force in 2010.

Given the current severe economic crisis affecting the nation and the New Mexico State Budget, CYFD asked that the BluePrint rely, wherever possible, on linking girls to *existing* community based services or services that could be flexibly reconfigured to become more gender-responsive.

The method for conducting the evaluation was a three-tiered series of structured interviews conducted by Leslie Acoca with probation staff working with girls, community-based providers delivering services to girls, and girls on probation themselves. In two of the five sites mothers accompanied their daughters to be interviewed and to contribute their insights on what services could help their daughters avoid re-offending and lead productive lives. Acoca traveled to four regions of the state and conducted on-site interviews within the various probation offices. In Farmington, Heather Faverino, Acting Chief, conducted the interviews with staff, providers, girls and their families using the interview protocol developed by Acoca. The quotes appearing at the beginning of this report were drawn from the total number of interview data collected from all 5 sites.

The interview protocols used for this evaluation are included in Appendix A of this report. Items included in the interview protocols were selected from previous tools developed by Acoca in her Validation Study for the Girls Health Screen, her statewide studies of girls in the Florida, California, Nevada and Pennsylvania Juvenile Justice Systems and from her meetings with probation administrators and staff in New Mexico. Acoca also examined recent data from the State of New Mexico describing gender related trends in arrest and detention to inform the protocols.

The ultimate goal of the project is to provide guidance on how CYFD, probation offices and programs can improve their response to the needs of girls, improve policies and practices that prevent girls' entry and penetration into justice system, and improve the overall health and well-being of girls at risk and that of their families.

I. Background Information: National and New Mexico trends affecting girls in the Juvenile Justice System:

More girls in the juvenile justice System

Girls have become the fastest growing segment of the juvenile justice system across the United States over the past twenty years. This historically unprecedented rise has occurred even as overall rates of juvenile offending have declined. The trend became increasingly prominent between 1995 and 2005 as delinquency cases for girls in juvenile courts nationwide increased by 15% while those for boys dropped by 12%. During that same decade, the number of girls' cases involving detention grew by 49% while those for boys increased by 7% (Puzzanchera and Kang, 2008). Further, the proportion of arrests of girls has climbed steadily in recent decades from 22% in 1986 (Chesney-Lind and Sheldon, 1998) to 25% in 1996 (Snyder, 1997) to 29% juvenile arrests in 2007. Snyder, H. (2008).

In 2007, there were 641,000 arrests of juvenile girls nationwide who represented 17% and 35% of violent and property crimes respectively (Puzzanchera, 2009). This means that roughly 1, 756 adolescent girls are arrested each day in the United States, mostly for non-violent offenses like running away. Extending into the next generation, NGHJI 2009 health data indicated that approximately 20% of girls being held in detention in the United States have been pregnant at least once or are currently pregnant. If just 10% of girls arrested annually were mothers, this would mean that there might be as many as 64,000 infants of adolescent mothers. These infants and children are invisible from a legal, public policy and developmental health perspective.

Yet, despite the large numbers of girls entering the juvenile justice system, the public and policymakers remain generally unaware of their characteristics and needs and those of their children and families. Further, programs for girls, given their relative invisibility within the juvenile justice system are often “last at the table and first to get cut”.

Changes in law enforcement and juvenile justice processing leading to greater system involvement for girls

The Girls Study Group, a national group of researchers and practitioners convened by the Office of Juvenile Justice Delinquency Prevention to examine and provide recommendations regarding girls’ delinquency, recently issued a report indicating that changes in law enforcement policies, reclassification of domestic disputes involving girls and their family members from status offenses to simple assault, and zero tolerance policies towards girl against girl fighting have collectively been more responsible for climbing arrest rates among girls than an increase in serious violence in this population.

The actual circumstances that lead to girls' arrests that have been documented, like "throwing a bag of cookies at mom" or "grabbing phone away from my brother", reveal that these actions are more likely domestic disputes among family members rather than violent assaults (Acoca and Dedel), 1998). In the relatively rare instances where girls commit violent offenses, scant attention has been paid to the circumstances that lead to these offences. Under scrutiny, serious offending among girls is very often a response to some form of victimization or serious emotional loss experienced by the girls or to their relational disputes with boyfriends, friends and parents.

Risk factors for girls offending

Since 1992 when the Juvenile Justice and Delinquency Prevention Act began mandating that states identify and deliver gender specific prevention and treatment services, our knowledge of the factors that might increase or decrease delinquent behaviors among girls has increased. For example, the Girls Study Group in Resilient Girls Factors That Protect Against Delinquency identified 4 major risk factors**,** physical assault, sexual assault, neglect and neighborhood disadvantage, and 4 countervailing protective factors: caring adult, school connectedness, school success and religiosity. Other researchers and practitioners have identified violent victimization, sexual assault and forced sex, school failure, family chaos and unmet physical and mental health related needs as key risk factors.

Health and mental health needs of girls

Highlighting the role of physical health and girls' offending, *Educate or Incarcerate, Girls in the Florida juvenile Justice System* (Acoca, 2001), a study including nearly 1000 girls at multiple levels of the juvenile justice system, revealed that girls who entered the juvenile justice system at least once and who had access to **physical** health care were more than 72% less likely to re-enter the system or to commit serious and violent crimes (Acoca, 2001).

Girls who had access to **mental health** care were 37% less likely to re-offend. These findings have led to analysis of the medical issues of girls and boys held in the 3500 United States juvenile Justice facilities holding boys and girls and to the recognition that girls require gender-focused health and behavioral health interventions rather than gender-neutral ones.

Among the health and behavioral health problems revealed by girls and medical practitioners in the 2009 Girls Health Screen Validation Study conducted by the National Girls Health and Justice Institute (NGHJI) are the following: 11% had recent exposure to TB; 23% had a history of self-harming behavior and 11% had a history of attempted suicide; 41% had signs of vaginal tearing possibly due to sexual assault and 33% reported experiencing a blackout from alcohol and/or other drugs.

Further, studies indicate there are currently no credible medical standards for girls entering these facilities and no standardized medical screening and assessment tools for girls other than the Girls Health Screen, a detention intake screening tool developed by the NGHJI. This medical neglect of the needs of detained girls poses a threat to the health and safety of thousands of girls, as well as to that of their families and the public. Clearly, there is a need for evidence-based, gender responsive assessment instruments and programming for girls in the juvenile justice system.

Demographics of girls in the juvenile justice system.

Girls constituted one third of all arrests of younger youth between the ages of 11 and 15 years old in the system (Snyder, 2008). Girls brought into the juvenile justice system at a younger age were more likely than their male counterparts to have experienced sexual assault and more likely to have sustained serious physical injury such as being stabbed or shot (Acoca and Dedel, 1998). Additionally, two thirds of girls entering the juvenile justice system are minorities (Short and Sharp, 2005), primarily Hispanic and African American.

As the demographic picture of the nation as a whole and individual states, particularly states like New Mexico, which has growing Hispanic/Latina populations, shifts, the ethnic and racial status of girls entering the juvenile justice system is mirroring the change. The fastest growing segments of detained girls in New Mexico are Native American and Hispanic.

This data demands greater attention within the juvenile justice system to the rising rates of minority girls and increased efforts to provide culturally sensitive prevention, treatment and aftercare services for all girls, including minority girls, in and at risk of entering the juvenile justice system.

II. Key Findings: 2010-2011 Evaluation of needs and services for girls on probation in New Mexico:

Finding 1: High rates of early onset chronic and severe sexual, physical and emotional trauma experienced by girls at home, in school and in the community. Lack of trauma-informed systemic approaches to working with girls and of high quality trauma-specific treatment programs.

Finding 2: High rates of co-occurring substance abuse and psychiatric disorders among girls. Absence of intensive, gender responsive substance abuse treatment and treatment for co-occurring disorders.

Finding 3: Extremely high numbers of pregnant and parenting girls in early and mid-adolescence. Absence of services for pregnant girls and for mother-child pairs. (In one jurisdiction, it was reported that approximately 40 per cent of girls on probation were pregnant or parenting.)

Finding 4: Serious and repeated family conflict, especially between mothers and daughters and among teen girls at school.

Finding 5: Lack of accommodation to cultural and generational differences among girls, between girls and their mothers, and among girls in their home communities.

Finding 6: Unidentified and untreated physical and dental health problems and lack of knowledge and understanding among girls about how their physical bodies function and about physical self-care. Lack of access to basic medical care due to lack of parental awareness, economic disadvantage and lack of access to transportation.

Finding 7: Lack of vocational, job and educational opportunities resulting in lack of skill mastery and boredom.

Finding 8: Resiliencies: Gifted girls and committed mothers. Lack of educational, vocational and psychological services for highly intelligent, articulate and gifted girls and mothers who want to be actively engaged in helping their daughters.

Finding 9: Second-hand Trauma: Traumatic effects on juvenile probation and treatment staff of working with traumatized girls and their families.

Finding 10: Need for updated, evidence-based and gender-responsive training and information to assist probation and program staff and in addressing trauma-related and other specific needs of girls

III. BluePrint for the Future of Girls: A continuum of gender-responsive training, reforms, and services girls for in the New Mexico Juvenile Justice System and their families:

Core Elements:

A. Build a *trauma-informed*, gender-specific juvenile justice system for girls in New Mexico and the staff that serve them.

The experience of chronic and severe trauma beginning in childhood is so widespread among girls in the juvenile justice system that it is imperative that the entire system be educated on how to understand and mitigate the effects of trauma on girls, their families and staff working with girls. The philosophy of using control and containment as the primary tools for protecting the public *against* girls' offending must fundamentally shift towards a commitment to treating the causes and effects of violence done *to* the girls earlier in their lives. In other words, implementing an effective trauma-informed juvenile justice system for girls will offer the most effective means for CYFD to protect public safety now and in the future.

First, it is important to understand exactly what a "trauma-informed" system is. The following definition, provided by Ann Jennings offers a strong foundational understanding of the goal and elements of a trauma informed systems.

"To address the treatment and support needs of survivors of trauma within the public system requires a systemic approach characterized both by trauma-specific diagnostic and treatment services and a "trauma-informed" environment capable of sustaining these services and supporting the positive outcomes for clients who receive these services.

Change to a trauma-informed organizational or service system environment will be experienced by all involved as a profound cultural shift in which consumers and their conditions and behaviors are viewed differently, staff respond differently, and the day-to- day delivery of services is conducted differently. The new system will be characterized by safety from physical harm and re-traumatization; an understanding of clients and their symptoms in the context of their life experiences and history, cultures, and their society; open and genuine collaboration between provider and consumer at all phases of the service delivery; an emphasis on skill building and acquisition rather than symptom management; an understanding of symptoms as attempts to cope; a view of trauma as a defining and organizing experience that forms the core of an individual's identity rather than a single discrete event; and by a focus on what has happened to the person rather than what is wrong with the person (Saakvitne, 2000; Harris & Fallot, 2001). Without such a shift in the culture of an organization or service system, even the most "evidence- based" treatment approaches may be compromised".
(Models for Developing Trauma-Informed Behavioral Health Systems and Trauma Specific Services, Jennings, 2004).

B. Provide updated, effective, gender-responsive and trauma-informed training

The first step towards achieving a trauma-informed juvenile justice system is to develop, conduct and evaluate a ***Comprehensive, Gender-Responsive and Trauma-informed, Training Addressing the Needs of Girls in the Juvenile Justice System and their Families***. The Gender- focused and trauma-informed training should be delivered to every region of New Mexico over a one-year period.

To ensure the high quality and credibility of training, the training curriculum should be developed and reviewed by experts on the multiple characteristics and needs of girls in the juvenile justice system, by researchers and clinicians expert on the effects of trauma on girls and young women and staff working with trauma victims, and by CYFD before it is delivered.

Additionally, a focus group of girls on probation should be asked to serve as "consultants" during the training development. Girls should read and give their feedback on the training modules once they are in draft form in return for an appropriate incentive. The training should be designed to inform and assist juvenile probation staff and administrators, community service providers as well as legal professionals. Judicial training and training of the juvenile court "team" of juvenile defenders, prosecutors and probation staff, should be delivered annually to educate legal professionals about the changing characteristics and needs of girls and their families. Legal training should be current, present evidence-based options wherever possible and targeted towards juvenile court professionals.

Suggested Training Modules should include current information on the following:

1. Girl-specific data trends and development

- Current data, trends and patterns in girls' offending. History of girls in the United States and New Mexico Juvenile Justice Systems.
- Difference in developmental (physical/neurological, psychological and social) pathways for girls and boys, and for adolescents and adults. New research on brain physiology and the difference between the adolescent and adult brain and the differences between male and female brain structure and function.

2. Trauma-informed systems for girls (examples of elements of training and service models drawn from *Models for Developing Trauma-Informed Behavioral Health Services and Trauma-Specific Services*, Ann Jennings, 2004)

- Definition of "single blow" and complex trauma and interpersonal violence in the lives of girls during childhood and adolescence. (Single incident trauma defined briefly as a rape, natural disaster, accident, and terrorist act; whereas complex, severe trauma is intentional, prolonged and may extend over years. Examples of complex trauma are physical, sexual and emotional abuse and incest, severe neglect and emotional abuse). Severe, complex trauma, common among girls in the juvenile justice system, is more likely to be related to serious mental health and behavioral health disorders.
- Understanding extreme coping strategies including self-harming, abusive relationships, substance abuse and addictions and suicidality.
- Understanding psychiatric disorders related to overwhelming trauma including traumatic Stress Disorder (PTSD), borderline personality disorder, depression, and affective disorders.
- Re-victimization of traumatized girls within the foster care and juvenile justice system and how to avoid it.
- **Introduction to trauma policies and therapies that specifically address the girls' culture, race, ethnicity, gender, age, sexual orientation, disability and economic status.**

3. Understanding and working with the unique characteristics of girls in the juvenile justice system, their children and families.

- Physical and behavioral health of girls in the juvenile justice system including their physical health needs.
- Needs of lesbian, gay, bisexual and transgendered girls. Relational needs of girls in relationships with boys.
- Understanding relationships of girls with older men and boys.

- Teen pregnancy and parenting and pregnancy prevention. Early childhood development and understanding the importance of mother-child pairs.
- Girls and their mothers, understanding the stressors and potential sources of nurturance.
- Educational needs of girls including learning and developmental disabilities.
- Understanding and finding programs and mentors for academically and socially gifted and exceptional girls.
- Evidence-based and gender-responsive screening and assessment tools for girls in the juvenile justice system.
- Promising program models and services for girls at risk and how to evaluate their effectiveness and responsiveness to girls.
- Girls' need for caring adults, school success and positive peer relationships.

4. Evaluation of the Training.

The effect and participant-friendliness of the training should be evaluated using a simple questionnaire as it is delivered; and new and evidence-based elements should be incorporated into the training curriculum as they develop. The National Girls Institute, funded by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) and operated by the National Council on Crime and Delinquency (NCCD) Center for Girls and Women is currently developing a national gender-responsive training curriculum that could be utilized as the basis for the above training. Another resource for training content is the National Child Traumatic Stress Network (www.nctsn.org) which provides a national database on the effects of child traumatic stress, information on programs and treatments that work and training and support for providers working with children who have experienced trauma.

Also available, is a training curriculum designed for correctional staff working with incarcerated adult women entitled Working Effectively with Women in the Justice System and available through the National Institute of Corrections (NIC) or the National Girls Health and Justice Institute (NGHJI)

B. Develop and implement high quality trauma-specific services for girls in the juvenile justice system utilizing existing community resources wherever possible.

The first step in developing trauma-specific services for girls in the New Mexico juvenile justice system is to understand how these services are formally defined. Ann Jennings in her above-mentioned 2004 report provides a basic understanding of these services:

"Trauma-specific" services are designed to treat the actual sequelae of sexual or physical abuse trauma. Examples of trauma-specific services include grounding techniques which help trauma survivors manage dissociative symptoms, desensitization therapies which help to render painful images more tolerable, and behavioral therapies which teach skills for the modulation of powerful emotions (Harris & Fallot, 2001). Treatment programs designed specifically for survivors of childhood trauma are consistent on several points: the need for respect, information, connection, and hope for clients; the importance of recognizing the adaptive function of "symptoms;" and the need to work in a collaborative empowering way with survivors of abuse (Saakvitne, 2000).

All trauma-specific service models, including those that have been researched and are considered emerging best practice models, should be delivered within the context of a relational approach that is based upon the empowerment of the survivor and the creation of new connections.

The betrayal and relational damage occurring when a child is repetitively abused and neglected sets up lifetime patterns of fear and mistrust which have enormous impacts on his or her ability to relate to others and to lead the kind of life he or she wants. Recovery cannot occur in isolation. It can take place only within the context of relationships characterized by belief in persuasion rather than coercion, ideas rather than force, and mutuality rather than authoritarian control —precisely the beliefs that were shattered by the original traumatic experiences (Herman, 1992)" (Jennings, 2004).

Specific examples of models for treatment of trauma include the following. All of the models cited have been at least informally evaluated for their effectiveness and are relatively inexpensive to deliver as they are manualized and available through the National Technical Assistance Center for State Mental Health Planning (NTAC):

- (TAMAR), Trauma, Addictions, Mental Health and Recovery Trauma Treatment Group Model, developed through the SAMHSA Women, Co-Occurring Disorders and Violence Study. This group treatment model is a structured, 14 week, 13-module psycho-educational group for women and men in correctional systems. It would have to be tailored to meet the specific, developmental needs of adolescent girls.
- (TREM). Trauma Recovery and Empowerment Model. This is a structured 24-33-session group model designed for women with serious mental health, substance abuse and PTSD. This model has been found to be "highly effective" in the treatment of trauma survivors, helping women overcome grief, fear and shame related to their traumatic experiences.
- Spanish Cultural and Linguistic Adaptation and Expansion of the TREM. This model offers a translation of the TREM into Spanish including cultural adaptions to Latina and African American women. It also addresses culturally responsive HIV risk prevention.

III. Juvenile justice processing reform for girls and the Girls Court Model

The process of penalizing and detaining girls for status offenses and subsequent violations of valid court orders must be eliminated. System intake assessment procedures and instruments used to evaluate risks posed by the girls to public safety must be gender-specific to girls and should be needs rather than risk-based. These instruments and procedures should reflect that the long established profile of girls entering the system, which has consistently revealed that they pose a low risk to public safety and yet have high levels of need in terms of services. Consequently, effective diversion and intervention options that specifically address girls' needs and engage their families and caretakers should be developed at the community level.

Family-focused programs that intervene upon family violence, including domestic disputes between rebellious girls and their caretakers should also be implemented at the community level.

A: One option for gender-responsive processing reform and accessing services for girls through the juvenile and family courts are **Specialty Girls Courts.** Girls Courts are beginning to offer a constellation of gender-responsive services for girls that could provide effective treatment and health promotion alternatives to traditional probation and detention**:** There are currently only two specialty Girls Courts in the nation**,** the **Program for Empowerment of Girls** started by Judge John Romero in Albuquerque, New Mexico, and the **Hawaii Girls Court**, on Oahu, Hawaii, started by Judge Karen Radius, seek to address girls' offending must be evaluated as to their long term impact on girls' health and development.

Both courts exist in states with high minority populations of girls and low fiscal resources. Both Girls Courts have processed and served a relatively small number of girls to date and should be evaluated for their capacity to reduce girls re-offending and violent offending. However, the Core Service roster offered by the Hawaii Girls Court and described below is fairly comprehensive, addressing many of the characteristics and needs of system-involved girls. These court-based gender responsive services should be replicated broadly throughout the State of New Mexico juvenile and family court system.

Both the New Mexico and Hawaii Girls Courts include a requirement that girls regularly come before the judge to assess their progress, re-enforce a sense of accountability and develop a relationship with the judge. The Hawaii Girls Court has developed a sophisticated network of collaborative agencies with the community of Oahu, which allows it to maximize existing community resources.

The roster of services offered through the Hawaii Girls Court include
The following:

1. Trauma Treatment
2. Life-Skills Training
3. Alternative Education & Vocational Training
4. Mental Health Treatment
5. Domestic Violence Prevention
6. Medical Services, Health Education
7. Teen Pregnancy Prevention
8. Substance Abuse Treatment
9. Mentoring and Strengthening Families

IV. *Gender-responsive screening, assessment, treatment and aftercare (ongoing care).*

Every girl who enters the juvenile justice system throughout New Mexico should routinely receive standardized, comprehensive, evidence-based and gender-responsive physical and mental health screening and assessment. Data and information from screening and assessment should, ultimately, be electronically recorded and transmitted and should trigger each girl's immediate care if she has urgent medical or mental health needs, inform her ongoing care while she is in the system, and her aftercare plan in preparation for her re-entry to her community and her development into a healthy young adult. This process of screening assessment and aftercare should seamlessly link each girl and her family to medical and other treatment "homes" in their communities.

Gender-responsive screening and assessment tools and procedures should be needs-based and should minimally address the following areas: Physical Health, Mental Health, Substance Abuse, Educational and Vocational Needs, Family Needs, and access to Concrete Necessities such as food, safe shelter, clothing, child care, health insurance, income maintenance and transportation.

As the State develops its capacity to implement **Electronic Medical and/ or Health** Records, gender-responsive screening tools must be integrated into the system from the start and serve as the routine physical and mental health intake procedures for girls at multiple points in the juvenile justice system. This should include "crossover" girls who may be moving through both the child welfare and juvenile justice systems.

“Gender-neutral” screening and assessment tools and procedures are not generally considered adequate for girls as they do not identify health issues such as sexual victimization and pregnancy as effectively as do instruments and procedures designed exclusively for girls. There are, however, very few instruments nationally that are designed and validated for girls. For example, the most widely used mental health screening tool, the MAYSI-2, (Massachusetts Youth Screening Instrument), was not originally designed for girls. The MAYSI-2 is a brief screening tool designed to assist juvenile justice facilities in identifying both boys and girls at admission who may have special mental health needs. In the past, there has been some question as to whether the trauma-related items on the tool adequately address the trauma needs of girls entering detention. One way to more accurately identify the unique physical and mental health needs of girls might be to deliver the Girls Health Screen and the MAYSI-2 side by side for girls at intake.

Probation supervision, screening, assessment, treatment services and aftercare programs for girls linked to these courts should address and require access to physical and behavioral health services including substance abuse in addition to other services. Wherever possible these services should be gender-focused and evidence-based.

Many court and probation based systems do not include physical health screening, assessment and treatment as one of their court-ordered services. Juvenile and family court judges could address this gap by using their power to convene resources as the basis for issuing court orders for physical and mental health screening for girls. Medical professionals such as nurses and Nurse Practitioners could be also be routinely included on the teams assembled by these courts to address girls’ needs and to better link juveniles in court with health services. Finally, the **Girls Health Screen (GHS)** should be utilized as the standard physical and behavioral health screening tool for girls at multiple points in the juvenile justice system including probation and detention intake.

The GHS is the first and currently the only validated physical and behavioral health screening tool designed to identify and prioritize the health problems of girls entering detention. It can also be used for girls entering probation, and in long-term treatment and correctional residential settings. Once the GHS is web-based, it will:

1. **Provide a health questionnaire written in fourth-grade language**, in a simple yes/no format, in English and Spanish that complies with all statutory requirements for medical intake for detained juveniles.

2. **Provide a flexible alert system** to notify detention medical and correctional staff when girls report an urgent medical problem on intake such as a life-threatening allergy, a recent sexual assault or suicidal ideation.

3. **Provide facility medical providers with an immediate record** of health and behavioral health screening information to guide assessment and treatment within the institution.

4. **Provide both on-demand and regular monthly reporting** of health data to juvenile correctional institutions and de-identified data reports, (stripped of girls' personal identifiers), to local state and national research, policy and legislative entities.

5. **Provide a portable medical report** upon each girl's release that can be linked to community-based healthcare for continued, uninterrupted care.

In August, 2011, with support from the **McCune Foundation**, the NGHJI will pilot a paper-pencil version of the Girls Health Screen with approximately 20 girls entering the Bernalillo County Detention Facility. It is expected that the results of the GHS will inform the girls' physical examinations and pre-release planning. After the GHS has been administered, girls, detention staff and medical personnel will be asked to evaluate its effectiveness in identifying girls' physical and behavioral needs and targeting resources to meet those needs, compared to traditional screening procedures.

Electronic (Web Based) Girls and Boys Health Passport

Ultimately, each girl should have a portable **Electronic Health Passport** that identifies and prioritizes her physical and behavioral needs and informs all her subsequent assessments and her aftercare (or, more correctly, her ongoing care) planning. The Electronic Girls Health Passport should also record the interventions, services and treatments she has received and should be available to medical providers in her “medical home” in the community.

Currently, there is little communication of medical needs between juvenile residential institutions and community health providers. Consequently, expensive medical procedures are often repeated unnecessarily (such as immunizations) and urgent medical and behavioral health problems such as injury resulting from sexual assault, head injuries, serious allergies and substance abuse are often missed. Once implemented, the Electronic Health Passport will remedy this costly and dangerous gap by providing a single standardized medical screening and record keeping procedure.

An **Electronic Boys Health Screen and Passport** should also be developed over the next 2 years using the same research, design and validation process used to develop the GHS. Together, the Girls and Boys Health Passports will ensure that all the health issues of all youth entering and leaving the New Mexico Juvenile Justice System are properly identified and prioritized and that, at the very least, urgent medical needs will be met.

V. Prevention and early intervention for girls in and at risk of entering the juvenile justice system. Gender-responsive, family-based, prevention and early intervention services for at-risk girls 5-8 and 9-12 years old.

Girls enter the juvenile justice system at a younger age than their male counterparts and more often for reasons related to victimization and family conflict. Additionally, girls' readiness to succeed academically in school and socially with their peers can be diminished by factors such as poverty, lack of access to health care and family fragmentation. Intensive family-focused services which already exist in some New Mexico communities such as **community-based Family Preservation programs**, and **Multisystemic Therapy (MST)** could be tailored to identify and meet the needs of very young girls 5-8 and 9-12 years old by implementing gender-responsive diagnostic, intervention and treatment services. These services would target the special characteristics and needs of girls (their greater vulnerability to sexual abuse and the lesser responsiveness of school teachers and administrators to their educational and relational needs, for example). Family Preservation programs have traditionally deployed individuals and teams to provide intensive, in-home services for families with children at risk of placement due to abuse and neglect and for children at risk or who have entered the juvenile justice system.

The Family Preservation Program offered through the Boys and Girls Clubs of San Fernando Valley provides a long established program model for working directly and intensively with families caring for young girls 5-12 years old who might be at risk of abuse and neglect, having trouble in school, experiencing family conflict and/or at risk for entering the juvenile justice system. The Transportation and income support elements of the program are especially important and relevant to New Mexico where limited transportation and poverty pose severe challenges to families.

Elements that should be added to this model are developmentally appropriate **conflict resolution** and techniques and therapy and intervention services that focus on **domestic violence prevention**.

The program identifies and builds upon family strengths to empower girls, boys, and families to succeed. A variety of services offered include assessments, intensive in-home counseling, teaching and demonstrating homemaker skills, parenting training, individual and group counseling, mental health services, transportation, financial assistance, linkage and referral services.

The Club's Family Preservation staff consists of trained professional and para-professionals. All families are referred by DCFS or the Los Angeles County Probation Department. This multi-disciplinary approach to child welfare also involves working in partnership with the Department of Public Social Services, Department of Mental Health, Los Angeles Unified School District and community based organizations.

Multisystemic Therapy (MST) is another intensive family and community-based treatment program that could be re-configured to meet the needs of girls. In contrast to Family Preservation Programs which were originally designed for child welfare populations. MST was developed for chronic and violent juvenile offenders; and works with their families, schools and teachers, neighborhoods and friends. The program, like many targeting juvenile offenders, was originally designed for boys. However, the target population is now adolescent boys and girls between the ages of 12 and 17, who have arrest histories. MST has been extensively formally evaluated and found to be effective in reducing behavior problems, especially among boys. The model has been shown to be somewhat effective in addressing “relational aggression” in girls and should be evaluated further once gender-specific program elements have been added and tested.

Elements of MST should be developed and tested that address conflict and violence between girls and their mothers, fathers and other caregivers and also girl-on-girl fighting at school and in their communities.

Members of an existing MST program in New Mexico were interviewed for this evaluation and felt that the model might be useful for at-risk girls but that gender-responsive elements such as access to trauma specific treatment, domestic violence prevention targeting mother-daughter conflict and access to physical and reproductive health services might improve the model. Existing elements of the MST model include but are not limited to the following: Clinicians go wherever the child is and are on call 24 hours a day, seven days a week for a determined period of time. They work intensively with parents and caregivers to put them in control. They support the caregivers to keep the adolescent focused on school and gaining job skills; and they work with caregivers to introduce the youth to sports and recreational activities as an alternative to “hanging out” and getting in trouble.

VI. Services for pregnant and parenting teen girls and their children 0-3, and Groups for teen girls and their mothers.

As indicated earlier in this report, the number of girls on probation who were pregnant and/or parenting was unexpectedly high. Any strategy to effectively meet the needs of at-risk girls must attend to the intergenerational nature of their involvement with the juvenile justice system. From a medical perspective, every teen pregnancy must be addressed as a high risk pregnancy Every pregnant and parenting adolescent girl and her children should have access to intensive, early intervention programs similar to the **Brighter Beginnings Early Head Start Program for pregnant and parenting teens** in Oakland, California that uses the Nurturing Parenting Program philosophy, program materials and service design.

The Family Preservation model mentioned above might also offer an excellent infrastructure for intensive teen parenting services.

Ideally, the core elements of an effective model for teen mother-child programs include: in-home visiting by a flexible team of family and infant-parent therapists, social workers and pediatric nurses; developmentally-sequenced groups for teen-mother pairs; and concrete services such as infant formula, ethnically appropriate food for the family, clothing and small subsidies for shelter and transportation as needed. As poverty levels increase in New Mexico, the need for concrete supports for the survival of teen parents and their children becomes even more critical.

Another unexpected need that emerged during the interviews conducted in New Mexico with girls in the juvenile justice system and their families was the need for additional and more targeted **mother-daughter support groups**. Mothers and daughters in two sites requested that mothers be included routinely in the Girls Circle groups. In one site, mothers and daughters were already meeting together and were enjoying the experience. Suggested additions to the mother-daughter component of Girls' Circle are an explicit set of meetings addressing mother-daughter conflict, recognizing exceptional and gifted daughters, and the cultural differences between mothers who are first generation immigrants to the United States and daughters who are more acculturated to the United States.

VII. Gender-responsive, intensive, residential treatment for girls with co-occurring disorders in the community and in detention.

Despite the State's economic challenges and those posed by the dearth of resources in New Mexico's many rural communities, girls who enter the juvenile justice system with serious substance abuse and mental health problems must have access to intensive, residential treatment within the State of New Mexico and as close to their home communities as possible. This treatment must utilize a trauma-informed treatment model and specific trauma services geared towards the needs of adolescent girls from Native American, Hispanic and other cultures. To ensure that programs are gender-responsive, they should be, if possible, all-girl, not mixed gender, programs that include health, mental health, substance abuse education as well as comprehensive assessments and high quality academic instruction. Regular involvement of family members should be integrated into the program design. These program elements can be implemented in detention settings depending on the duration of the girls' stay in detention and protection of girls' confidentiality.

In San Diego, California, for example, at the **Girls Rehabilitation Facility (GRF),** which is part of the Kearny Mesa Juvenile Detention Facility, 50 girls with stays of 60 days to one year receive substance abuse education and treatment and mental health services before they are released.

Gender-responsive programs for this population should be developmentally-appropriate (not based on an adult model), have defined orientation and phase systems for organized advancement based on improved behavior, address the relationship between substance abuse and risky sexual and other behaviors for girls and include high quality academic instruction. Programs should also be of long enough duration to ensure behavior change in the girls and successful re-integration of the girls into their families and communities.

Ideally, staff should include a mix of staff that are recovering (from substance abuse) and qualified mental health professionals with adolescent treatment experience.

One example of a high quality gender-responsive program for girls who may or may not be in the juvenile justice system is the **Phoenix Academy** in Los Angeles, California. The Academy provides a continuum of residential and out patient, strength-based and family-centered treatment for girls with substance abuse and co-occurring mental health problems. This program has been designated as an evidence-based practice by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Administration's (SAMHSA) National Registry of Evidence-Based Programs and Practices (NREPP, 2008) as well as a model program by the U.S. Department of Justice's Office of Juvenile Justice Delinquency Prevention (OJJDP, 2006).

Unfortunately, as funding and access to behavioral health care have diminished, the number of effective programs for girls with co-occurring disorders has plummeted across the nation. The Threshold Model in Marin County, California, developed by Acoca and described in: ***Breaking the Cycle: A Developmental Model for the Assessment and Treatment of Adolescents with Alcohol and Other Drug Problems***, (published online in July, 2009, by the National Council of Juvenile and Family Court Judges) provides a step-by-step guide on how to implement the elements of effective programming for this population in community settings.

VIII. Outpatient and professionally led support groups and services for girls and their families.

Outpatient trauma-services for girls

In the section above on building a trauma-informed system for girls, the definition as well as examples of trauma services for girls was provided. Since these outpatient, professionally led models are manualized, relatively short-term and inexpensive and available, they could be integrated into other professionally led groups therapeutic groups for girls.

One note of caution, however, is that professionals who are not specifically trained in trauma theory and practice should not attempt to deliver group trauma therapy to girls. The experience of revisiting their individual childhood experiences of abuse in a group setting without proper preparation and support after the group meeting can re-traumatize girls. Individual therapy with clinicians trained in chronic and severe trauma may be preferable to group work for girls. Alternatively, such therapy should be available as an adjunct to group therapy should girls require it.

Girls Circle Support Groups

Girls Circle Association (Girls Circle) was founded in 1996 as a support system to help girls make healthy decisions. The Girls Circle model encourages girls to express themselves within a structured support group on issues that are non-threatening and represent traditionally accepted subject areas in young women lives. Girls Circle developed nine separate activity guides to be implemented within these support groups that represent 8-12 week programs organized around themes of friendship; being a girl, body image; diversity; connections between the mind, body and spirit; expressing individuality; relationships with peers; identity; and paths to the future.

Girls Circle groups are held weekly and last approximately an hour and a half. The groups are led by women, some of whom are mental health professionals, many of whom are not, who have gone through the Girls Circle training on how to implement the Girls Circle guidelines. The guidelines involve giving each girl a turn to speak without being interrupted and attempting to ensure a safe and confidential space. The structure was designed to foster respect in the young girls for themselves and for each other. The group offers them an opportunity to express themselves using journaling, poetry writing, acting, role playing, drawing, working with clay, and/or dancing. The mission of Girls Circles is to instill self-confidence and improve girls' interpersonal relationships.

The expectation is that these improved relationships will, in turn, improve girls' lives.

The Girls Circle model was not originally designed to address the complex constellation of severe problems such as childhood trauma, poverty, and intergenerational histories of substance abuse, incarceration and physical and mental health problems typically experienced by girls involved with the juvenile justice system. Further, the original Girls Circle model was designed to encourage group leadership by paraprofessionals trained briefly in community model not necessarily by mental health professionals trained in the trauma-related experiences of high-risk girls. In other words, the subject areas addressed by the model and the training of the group leaders are not well matched to address the needs of girls in the juvenile justice system. This may leave traumatized girls participating in the groups feeling more isolated and may inhibit the juvenile justice system in New Mexico from developing more intensive services that better address the demonstrated needs of girls under its care.

The Girls Circle model has nevertheless been widely adopted throughout the State of New Mexico because there are few program alternatives for girls and because both staff and girls enjoy the relational elements of the program.

It is recommended that the CYFD evaluate the impact of Girls Circles that are implemented as part of its gender responsive probation system according to the following criteria among others: 1. Does participation in Girls' Circles prevent first-time girl offenders from returning to the system compared to girls who receive no services? 2. Does it decrease girls' acting out behavior among peers and family? 3. Does it increase girls' participation in school? 4. Is it equally effective for different minority and socio-economic groups? 5. Is it effective for girls with histories of childhood trauma?

Taking into account the answers to these questions, CYFD with support from mental health providers could augment and/or revise the Girl Circle curriculum to better meet the needs of girls and families under its care.

IX. Diversion Services for Girls

Adolescent girls who have come to the attention of law enforcement and juvenile probation for first-time, low-level offenses should a range of diversion options available to them that match their gender and age-related characteristics and needs. Selected frameworks for developing gender-responsive diversion are presented below.

Intensive Alcohol and Other Drug Education.

Many drug diversion programs are outdated, generic, and are thus uninteresting to adolescent girls and fail to engage them or change their behavior. To be effective, drug education curricula should address drugs currently in use and the latest data on the effects of drug use on girls' physical and mental health. Drug and Alcohol education must also be relevant to diverse racial and ethnic groups, especially to Native American and Hispanic girls in New Mexico. In order to be fully gender-competent, these curricula must explore the relational and trauma-related dynamics of girls' use of alcohol and drugs. Dr. Stephanie Covington has developed three curricula for girls and women that address trauma and substance abuse in the context of their unique life experiences. These curricula, entitled, ***Helping Women Recover*****,** ***Voices*** **and** ***Beyond Trauma*** could serve as the basis for substance abuse education and community-based support groups in New Mexico.

Further, instructors must be able to convey an authentic understanding of girls' substance abuse problems either through their own experience of recovery or through extensive experience working with girls in the juvenile justice system. During the course of the New Mexico evaluation, several community service providers emerged who had the motivation and experience to deliver effective drug diversion programs for girls within the context of existing programs for youth.

Recreational and Sports Programs

Despite the fact that developing competency and skill in sports is a protective factor for youth, at-risk girls often have fewer sports and recreational activities available to them do at-risk boys.

One example of a gender-specific diversion program that uses sports to build interpersonal trust, skill mastery, and a taste for healthy out door activity as an alternative to offending is the Hawaii Girls Court Spirit Sessions. **The Hawaii Spirit Sessions** diversion program consists of a 12-week long series of professionally conducted surf lessons coupled with talk circles guided by a counselor and Surfrider educators. Each session focuses on a life theme based on a page of the Surfer Spirit book and may include sections of the Surfrider Foundation Education manual. Sessions also will include ocean sport etiquette and basic water safety. Special sessions, such as swimming and lifesaving classes and introduction to marine biology or oceanography can also be incorporated as the opportunities arise.

Through this process, girls experience healthy activity and garner a greater sense of self-awareness and self-esteem while also gaining a deep appreciation for the ocean and their environment.

Of course, the Hawaii program relies on having the ocean nearby and a history of surfing. However, New Mexico has expansive wilderness areas, mountains and a history of hiking, climbing and exploring.

The successful elements of the Hawaii program, including its structured sessions, talk circles, safety protocols, and introduction to local biological environments could easily be adapted to hiking, biking and wilderness journeys and climbing in various regions of New Mexico at minimal cost.

X. Comprehensive Support for Probation Staff working with Girls.

As noted in the Introduction to this report, the probation staff interviewed in all 5 regions of the New Mexico distinguished themselves by their dedication, hard work and commitment to learning more about and improving their program responses to the girls with whom they work. Some probation staff also expressed the desire to receive specialized support services and training that would help them cope with the second-hand trauma they experience in working intensively, and sometimes over long periods of time, with traumatized girls and their families. Some of the issues staff would like assistance with, in addition to training on trauma, are the following: **bereavement support** for staff who learn that girls in the system have passed away or become seriously ill; **physical and psychological stress** from listening to and processing the traumatic events in girls' lives; and **communication skill enhancement** to help staff work effectively with other probation staff members, service providers, and the girls and families on their caseloads.

Staff members who experience a particularly traumatic event arising from their work with girls, should have access to individual or group counseling to help them come to terms with the feelings of loss, fear or sadness or anger that may arise from second-hand trauma. These and other specific issues should become part of a core matrix of support services for probation staff working with girls, which is available, is as needed. Other elements of the matrix would include special recognition for extraordinary service to girls for individual staff and pleasurable retreats that nurture staff who work with girls.

Most importantly, staff should have the opportunity to recognize and communicate regularly about the successes of girls who graduate from the juvenile justice system to become healthy women and mothers and to excel in their chosen professions.

There were several extraordinarily articulate girls who displayed leadership, compassion, intelligence and personal style who were interviewed for this study. One extraordinary young woman on probation who participated in a mutigenerational group interview including mothers, grandmothers and girls translated the words of non-English speaking adults to the younger participants in three languages and eventually led the entire group process. Through gentle coaching, this young girl assisted everyone in the group to communicate their thoughts and needs clearly and concisely. She also helped make each participant feel heard and valued. The probation staff member who accompanied the girl was clearly proud of her natural gifts and of the progress she had made while she was on probation. The staff member said, beaming and clearly gratified by her experience of working with the girl, “She’s great, she’s going to be leader”.