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Views from the National Council on Crime and Delinquency

A Rallying Cry for Change:

Charting a New Direction in the State of Florida's Response to Girls in Juvenile Justice

Executive Summary

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Overview of Research

The National Council on Crime and Delinquency (NCCD) was funded by the Jessie Ball duPont Fund to conduct an independent research study of girls in the Florida juvenile justice system in order to inform a comprehensive approach to gender-specific juvenile justice programming. This report presents new research findings on the pathways of girls into the Florida juvenile justice system and identifies their treatment needs. Additionally, it furthers the discussion about an essential set of services and a system of care that meets the multiple needs of girls in the juvenile justice system. The research supports change in the response to girls, both in treatment services and in policy/system changes, that are needed to increase success with the girls. This research should be of interest to every child advocate, Department of Juvenile Justice (DJJ) staff from prevention to residential, lawmakers, law enforcement, judges, and concerned Florida citizens.

The NCCD research sample includes a total of 319 girls in the Florida system—244 girls from 13 different residential DJJ programs (low, moderate, high, and maximum risk) and 75 girls from six non-residential programs (PACE Centers). NCCD used its Juvenile Assessment and Intervention System (JAIS) interview instrument to learn more about girls in the system at the aggregate level, their intervention needs, risk level of offending and also to suggest supervision strategies for working with them. NCCD also conducted focus groups with staff to better understand the gaps in services and barriers to implementation. The following is a summary of the major findings and recommendations of the final report.

Major Findings

The profile data of girls in the Florida juvenile justice system suggests there are systemic factors contributing to the number of girls entering and cycling through the system. The information has implications for early intervention, increased program options, and appropriate placement based

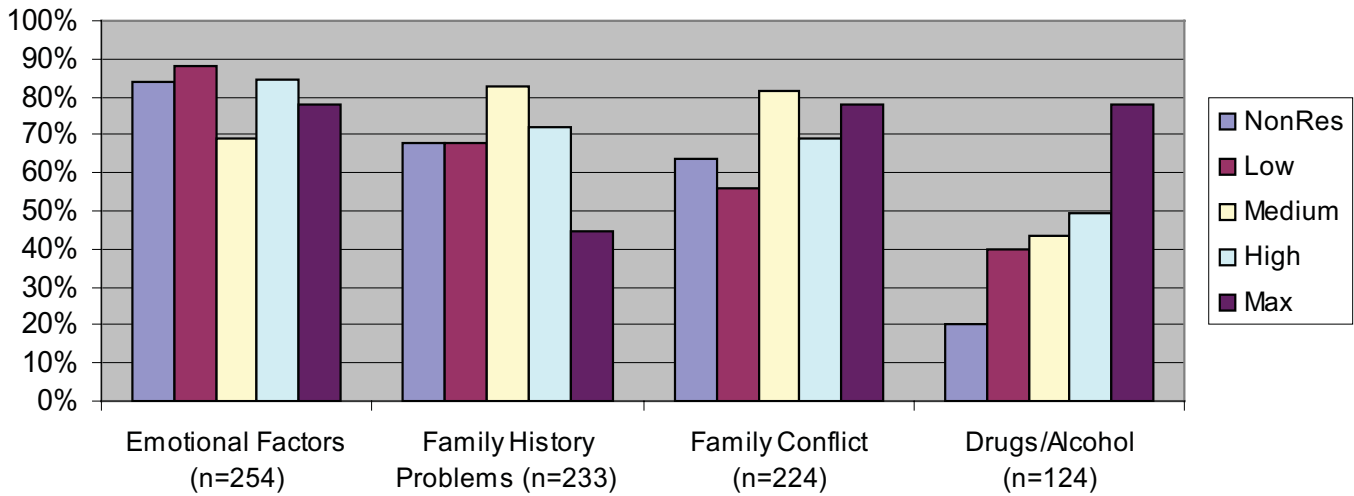
on the individual needs and public safety risks of girls.

- Girls are getting arrested at young ages—40% of all girls reported committing their first offense before the age of 13.
- Girls with three or fewer self-reported criminal offenses were committed to residential programs across all restrictiveness levels, including high risk.
- 73% of girls in moderate programs and 33% of girls in high risk programs reported they were currently in their first DJJ commitment placement.
- Level of risk to re-offend is related to level/intensity of intervention services needed in order for girls to be successful. Our assessment found that there were girls who were low, medium, and high risk to re-offend in every DJJ restrictiveness level (low risk to re-offend in a high risk DJJ program, high risk to re-offend in a low risk program).

There were common major factors or pathways into the system related to the delinquent behavior of these girls (see Figure 1). This information supports the literature regarding pathways on how women and girls enter the system and gives emphasis to why the state is urged to invest in gender-responsive programming to address these factors:

- Emotional Factors: Depression, trauma, anger, self-destructive behavior, or other mental health/clinical diagnoses were a factor for 79% of girls in residential programs and 84% of girls in non-residential.
- Family Issues and Conflict: Offenses against family, family history problems, ineffective parental supervision or abuse by family were factors for more than 70% of girls in residential programs and 64% of girls in non-residential.
- Substance Abuse: Alcohol and/or drug use was a problem related to the delinquency of almost half (46%) of the girls in residential programs and 20% of girls in non-residential.

**Figure 1:
JAIS: Major Factors Contributing to Juvenile Delinquency for Girls
By DJJ Program Level (n=319)**



The level of needs of girls does *not* differ by DJJ program level. This finding, coupled with the common factors that are affecting girls’ involvement in the system, indicates that an essential set of services needs to be available to girls at *all* program levels—low, moderate, and high. On average, girls have three to four significant treatment needs. The programming needs chart on the last page shows improved outcomes for girls that can be attained if critical intervention services are provided to address the needs of the girls. The most pressing intervention needs include:

- Specialized mental health services
- Substance abuse treatment
- Family focused services
- Specialized medical care
- Alternative, educational, and vocational services
- Transitional placements and services for girls

These major findings, coupled with other systemic issues facing girls in Florida’s juvenile justice system (inadequate/unavailable treatment in the community or in low restrictive DJJ programs, symptomatic behavior that results in placement transfers, inappropriate placement of girls, and gaps in gender-responsive services and training), help to explain the escalating numbers of girls entering the system. The implications of these critical findings point to recommendations for immediate, short-term and long-term change in Florida’s response to girls.

Implications

Based on the information collected from focus groups with staff regarding gaps in services, there appears to be a mismatch between the level of available treatment services and the identified treatment needs of girls in residential programs (specialized mental health services, aftercare). If these needs are not met, both in treatment and in systematic policy changes, we can assume that the girls will continue to penetrate deeper into the juvenile justice system by picking up new charges while in placement, re-offending after release, or violating probation.

Recommendations Summary

The following multi-pronged set of recommendations charts the direction for a comprehensive approach designed to address girls' pathways into the system. It highlights the essential set of services and policy initiatives that are critical to meet the different needs of girls and reverse the escalating numbers of girls entering the system in Florida.

Tier 1: Addressing Immediate Critical Needs

- **Severe Mental Health Needs:** Identify strategies for the re-allocation of funds to secure short term, acute psychiatric placement options for girls in need of intense mental health services.
- **Treatment Needs:** Develop evaluation criteria to determine a program's ability to effectively meet the needs of girls as identified by the research as well as criteria that ensure the safety and well being of youth in programs. These include the emotional and physical safety of the environment, the level of institutionalized or symptomatic behavior, staff turnover, staff qualifications and experience, and youth outcomes.
- **Inappropriate Placements:** Assess girls currently committed to DJJ that do not pose a public safety threat utilizing a standardized assessment instrument coupled with staff recommendations. Further, develop a uniform process for transferring to a lower level program to ensure proper placement. Reserve space in residential programs for girls who pose a public safety risk.
- **Provider Per-diem Rates:** Review the feasibility of increasing per diem rates through the cost savings of placing girls in lower levels of care who are low and medium risk to re-offend and who do not pose a public safety threat.

Tier 2: Short Term Recommendations for FY 2006-07

- **Funding for All Program Levels:** Assess and allocate appropriate per diem rates for critical services to address the multiplicity of needs of girls in the juvenile justice system.
- **Support OPPAGA:** Support the Office of Program Policy Analysis and Government Accountability (OPPAGA) recommendations outlined in Report No. 06-13 which includes strategies for cost savings by reducing beds in residential delinquency programs by creating community treatment programs for at-risk girls.
- **Appropriate Assessment Tools:** Implement a uniform, gender-responsive screening and assessment process utilizing an instrument that identifies risk level, intervention needs, and supervision strategies to effectively work with them.
- **Practical Supervision Tools:** Provide staff with tools for understanding differences between girls, such as the NCCD-recommended supervision strategy groups which can assist with supervision planning and individual treatment case planning.
- **Gender-Responsive Training:** Provide appropriate resources for the development and implementation of uniform gender-responsive training for all staff working with girls along the entire DJJ continuum (prevention, probation, detention, non-residential, residential) as part of the required training.
- **Collaboration:** Assign a legislative work project to determine strategies that promote cross-agency collaboration between the Department of Education, Department of Children and Families, mental health, courts, police, public defenders, and the Department of Juvenile Justice.

- **Policy Change in Community Mental Health:** Mandate that local mental health providers accept referrals for appointments from residential programs to ensure a smooth transition and availability of mental health service follow-up when girls transition back to the local community.

Tier 3: Strategic Recommendations for Longer Term Solutions

- **System Examination:** Conduct further research using the “pathways” framework to better understand and identify points in the process where girls could be diverted or appropriately referred to the least restrictive services or placements based on level of need and public safety risk.
- **Policy and Practice:** Identify and re-examine policies and practices that drive girls into the system. For example, charging girls with assault against family members; imposing additional charges obtained during residential placement; and violating girls on probation for running away are policies that have a direct impact on the numbers of girls that will enter and stay in the system.
- **Statewide Training:** Develop and provide specialized training for judges, state attorneys, police departments, and public defenders on topics such as female development, mental health, special education, cross system collaboration, and gender-responsive approaches.
- **Resources:** Increase resources and expand gender responsive services in both residential and non-residential programs to expand:
 - Specialized service options for pregnant and parenting girls.
 - Health services such as gynecological care, prenatal and post-partum care for pregnant girls, dental and vision, and health education that addresses sexually transmitted infections and diseases.
 - Specialized services to address family conflict and associated risk.
 - Aftercare and transitional services to ensure success for girls.
 - Traditional/non-traditional education and vocational programs that are gender specific.
- **Intergenerational Incarceration:** Implement programs and services for young children of incarcerated parents in an effort to reduce intergenerational incarceration.
- **Gender-specific Probation:** Explore the implementation of a female offender probation unit which would entail the reorganization of caseloads so all girls on probation would be supervised under one unit and probation officers would have all girl caseloads.
- **Research-focused Pilot Programs:** Fund pilot programs to address the girls who continue to cycle through the system, both in non-residential and residential programs. The pilots would be designed to specifically address the significant factors that contribute to girls’ delinquency (emotional factors; parental family problems; substance abuse, etc.).

Summary of Girls' Programming Needs

INTERVENTION TREATMENT	ASSOCIATED RISK FACTORS- NCCD FINDINGS	OUTCOMES FOR GIRLS
Specialized Mental Health and Substance Abuse Services		
<ul style="list-style-type: none"> ✦ Addiction and substance abuse treatment. ✦ Therapeutic treatment for mental health issues such as depression, trauma. ✦ Address physical, emotional or sexual abuse, neglect, and family and domestic violence. 	<ul style="list-style-type: none"> ➤ Alcohol or drug abuse was a significant factor for involvement in system for 46% of the girls. ➤ Emotional factors (depression, anger, self-defeating behavior) contributed to delinquent behavior for 79% of girls. 72% cited emotional motivations for committing last offense. ➤ 61% committed offenses against family, 25% reported their offense histories were "usually" against family. ➤ Reported abuse: 37% by a parent, 55% by a non-parent, 25% by both. 	<ul style="list-style-type: none"> ☑ Measurable reduction in substance abuse. ☑ Increased individual and family counseling. ☑ Measurable increase in positive coping strategies and reduction of high risk behaviors.
Specialized Physical Health Services		
<ul style="list-style-type: none"> ✦ Comprehensive health assessments and care, including gynecological services and prenatal and post-partum care for pregnant girls. ✦ Sexual health education. ✦ Programs for pregnant and parenting girls. ✦ Establish safety from self and others. 	<ul style="list-style-type: none"> ➤ 15% reported major illness. ➤ 35% were pregnant or had been in the past. 10% had children. ➤ High risk behaviors include self-mutilation (49%), suicide attempt (34%), suicide threat (7%), physical aggression (54%). 	<ul style="list-style-type: none"> ☑ Treatment and reduction of serious health problems. ☑ Measurably fewer cases of HIV and STDs. ☑ Specialized services for pregnant girls. ☑ Measurable reduction of self-harm and aggressive behavior.
Specialized Educational Services and Development Programs		
<ul style="list-style-type: none"> ✦ Comprehensive girls' educational programs. ✦ Educational enhancement. ✦ Vocational programming. ✦ Relationship building, life skills development, pro-social orientation and assertiveness. 	<ul style="list-style-type: none"> ➤ Educational risk factors include lack of interest in school/drop out (54%), extensive truancy (67%), major disruption (67%). ➤ 68% wanted post-high school training/ education. ➤ Lack of social skills was a significant factor for involvement in system for 25% of the girls. 	<ul style="list-style-type: none"> ☑ Measurable increase in academic and behavioral success in school. ☑ Increased relevant programming, including vocational and career training. ☑ Increased gender-specific life skills education and healthy development.
Transitional Programs		
<ul style="list-style-type: none"> ✦ Aftercare and step-down programs to wrap around services for girls and family. ✦ Supportive independent living options. 	<ul style="list-style-type: none"> ➤ Lack of aftercare services repeated as biggest challenge and barrier to effective programming by staff. ➤ 46% had been in at least one out of home placement, including foster care. 	<ul style="list-style-type: none"> ☑ Wraparound services provided to improve opportunities for success. ☑ Measurably safer environments for youth.