

Plan for a Continuum of Community Based Services for Adolescent Females Involved in the Juvenile Court System

IN RESPONSE TO SUBSTITUTE HOUSE BILL No. 5366, SPECIAL ACT No. 04-05



Darlene Dunbar, MSW
Commissioner

Department of Children and Families

In collaboration with Court Support Services Division,
Judicial Branch, Office of the Child Advocate,
Department of Social Services, Department of
Education, private providers, women's and children's
rights advocates and
girls in the juvenile justice system in Connecticut

DCF Girls' Services Steering Committee
December 30, 2004

Table of Contents

Abstract	2
Acknowledgements	3
Definitions	5
Implementation Plan – Year I	6
Executive Summary	8
Summary of Recommendations	18

Complete Report

I. Introduction

Legislative Mandate	24
Review of the Literature	25
Gender-Specific Systems and Services	29
Immediate Implications.....	41
Scope of the Plan.....	45

II. Population Profile

Who are the Girls in the CT Juvenile Justice System	46
General Profile	47
DCF Committed Girls.....	48
FWSN Referred Girls.....	51
Delinquent Girls	52
Girls with Serious Dispositions	53
Girls Involved in the Juvenile Court/CSSD	55
Girls Involved in the Criminal Justice System.....	55
Case Study / Girls voices.....	56

III. Current Services for Girls: Community and Residential

Background and Important Issues for Gender-Specific Services	58
Community-Based Services	59
Residential Services.....	59
Gaps in the Service System.....	62

IV. Recommendations: Building a Continuum of Services for Girls

Important Systems Reforms	66
Important Continuum of Care Reforms	76
Implement Quality Assurance Mechanisms	89

V. Implementation Plan..... 93

VI. References and Resource Materials 95

VII. Appendices..... 101

DCF/CSSD FWSN Protocol	
Results of SWOT Analysis	
Community-Based Mapping of CSSD and DCF Services	

ABSTRACT

Plan for a Continuum of Community Based Services for Adolescent Females Involved in the Juvenile Court System Department of Children and Families

Purpose of the Report. The purpose of this report is a response to a legislative mandate (Special Act 04-5) requiring DCF to produce a plan for a continuum of community-based services designed to prevent incarceration of female status offenders and delinquent girls. In 2004, there were approximately 5300 girls referred to the juvenile court. Of these, approximately 1800 were referred due to Families With Service Needs (FWSN) petitions and approximately 3500 were referred for delinquency charges. The majority of these petitions, over 3200, was nolle or dismissed with community services provided. Over 500 were detained. DCF is directly involved with approximately 130 girls committed as delinquents, approximately 50 committed as FWSN and about 150 under court-ordered FWSN supervision, for a total of approximately 330. Most (95%) are between 11 and 16 years old, 59% are African-American or Latina (an overrepresentation in comparison to the state's juvenile population) and most have experienced physical, sexual and/or emotional abuse. Girls' offenses are often less violent than boys. Though there are residential facilities and community-based services, there is no continuity. Based on evolving research and programs introduced in other states, the report describes the need for gender-specific services to avoid incarceration of these girls through better support systems and a continuum of care. The report is the product of a collaborative effort of state agencies, the Judicial Branch, advocates and providers.

Process. The newly appointed DCF Girls' Services Director (TBA) will be responsible for coordinating the recommendations outlined in this report. The Director will to utilize the enclosed implementation plan for immediate (0-1 year) and short-term (1-3 years) which, in turn, will complement the Joint Strategic Planning process between the Court Support Services Division of the Judicial Branch and the Department of Children and Families.

Reforms. The report clearly spells out immediate and more long-term changes needed to create the type of system that can make positive and appropriate improvements to current programming, including a shift to gender-specific services for girls.

Fiscal Constraints. Though new funding will be needed for the long-term, implementation of the recommendations for Year I of this report will primarily come from a realignment and reallocation of existing resources.

ACKNOWLEDGEMENTS

We'd like to acknowledge all of the people involved in the process of developing this report: Ann Adams, Bureau of Behavioral Health, DCF; Dave Albert, Bureau of Behavioral Health, DCF; Mary Alfano, DCF; Luis Felipe Agrelot, Deputy Director, MiCasa; Elizabeth Berger, Director of Community Relations, Hartford Interval House; Tanya Bogdanovski, Law School Intern, Center for Children's Advocacy; Gayle Brooks, Former Director of Girls' Services, Bureau of Juvenile Services, DCF; Rudy Brooks, Ombudsman, DCF; Chatham Carillo, Legislative Aide, Senator Eileen Daily's Office; Bill Carbone, Executive Director, Court Support Services Division, Judicial Branch; Marijane Carey, Executive Director, Connecticut Women's Consortium and Co-Chair Roundtable on Women's Behavioral Health; Cinda Cash, Director, Community and Provider Relations, Connecticut Women's Consortium; Frank Clynes, Parole Officer, DCF; Cindy Conklin, DCF; Sylvia Gafford-Alexander, Director, Commissioner's Office, Department of Social Services; Liz D'Amico, Bureau of Behavioral Health, DCF; Francis Davila, Supervisor, DCF; Don DeVore, Director, Juvenile Services, DCF; Deborah Dworak, Bureau of Adolescent and Transitional Services, DCF; Elaine Fry, Executive Director, Residential Treatment Center for Girls, Natchaug Hospital; Leslie Gabel-Brett, Executive Director, Permanent Commission on the Status of Women and Co-Chair, Roundtable on Women's Behavioral Health; Gustavo Guevara, Bureau of Juvenile Services, DCF; Fayola Hastings, DCF; Krystin Horrocks, Connecticut Women's Education and Legal Fund; Susan King, NAFI; Janet Kniffen, CT Valley Girl Scouts; Debra Korta, Legislative Program Manager, DCF; Mickey Kramer, Associate Child Advocate, Office of the Child Advocate; Elaine Lacombe, Commissioner's Office, DCF; Saralyn Levesque, Supervisor, Parole Services, DCF; Marisol Lopez, Gear Up, University of Connecticut; Frank Martin, DCF; Peter Mendelson, Bureau Chief, Behavioral Health, DCF; Jeanne Milstein, Child Advocate, Office of the Child Advocate; Maria Obregon, Commissioner's Office, DCF; Susan O'Brien, Director, Parole Services, DCF; Julia O'Leary, Deputy Director, Juvenile Services, Court Support Services Division, Judicial Branch; Peter Panzarello, Behavioral Health, DCF; Bob Pidgeon, CEO, Community Solutions, Inc.; Melodie Peet, Director, Residential Services, DCF and Superintendent, Riverview Hospital for Children and Youth; Natasha Pierre, PCSW; Alice Pritchard, Executive Director, CT Women's Education and Legal Fund; Agnes Quinones, Education Consultant, CT State Department of Education; Brett S. Rayford, Bureau Chief, Adolescent and Transitional Services, DCF; Jessica Ritter, Law School Intern, Center for Children's Advocacy; Valentin Rosario, Program Director, Mi Casa; Lynda Rowan, Program Manager, CPA/RAP; Chris Sanders, Operations Coordinator, CT State Department of Labor; Michelle Sarofin, Program Director, North American Family Institute; Mark Schaefer, Medicaid Medical Manager, Department of Social Services; Lesley Siegel, Medical Director, Riverview Hospital for Children and Youth; Foye Smith, Attorney, Office of the Public Defender; Tammy Sneed, Executive Director, NAFI-CT; Antonie Thorpe, CT Juvenile Training School retiree and Adult Education, New Haven; Joyce Welch, Superintendent, Connecticut Children's Place; Patricia Wilson-Coker,

Commissioner, Department of Social Services; and Susan Zimmerman, FAVOR CT.

In particular, we would like to thank Alyssa Benedict, Executive Director of CORE Associates; Douglas Duford, on loan from the CT Juvenile Training School, DCF; Jane Fleishman, Director, Organizational and Staff Development, Bureau of Juvenile Services, DCF; Anne McIntyre-Lahner, Director, Inter-Agency Coordination, Bureau of Juvenile Services, DCF; Karen Snyder, Assistant Commissioner, Chief of Program Operations, DCF; Kim Sokoloff, Program Manager of Girls' Services, Court Support Services Division, Judicial Branch; and Martha Stone, Director, Center for Children's Advocacy for all of their help with each and every draft of this report.

We'd also like to extend heartfelt thanks to the legislators who have been involved in the process of developing this report: Rep. Gail Hamm, 34th Assembly District; Sen. Eileen Daily, 33rd Senatorial District; and Rep. Toni Walker, 93rd Assembly District.

It is with great admiration that we acknowledge the work of experts from around the country who have inspired this report: Stephanie Covington and Barbara Bloom, from the Center for Gender and Justice in California; Pam Patton, President of the Coalition for Equal Access for Girls, State of Oregon; Marty Beyer, from Washington, D.C., and Denise Bray from Manatee County, Florida.

We would like to extend our thanks to the directors and staff members of the promising programs we have highlighted here. They generously shared their strategies so that other communities might benefit from their considerable knowledge, experience and insight.

And finally, we would like to thank the girls who participated in our focus groups who gave their insights, experience and wisdom to this plan.

**For more information,
please contact:**

Jane Fleishman, Director
Organizational Dev't and Training
Bureau of Juvenile Services
Department of Children and Families
505 Hudson Street
Hartford, CT 06106
(860) 550-6570
jane.m.fleishman@po.state.ct.us

We are grateful for permission to excerpt from "Capacity Building: Developing a Gender Responsive Justice System for Young Women in the State of Rhode Island", Benedict, Alyssa (2003), supported through an Office of Juvenile Justice and Delinquency Prevention Challenge Grant Project.

DEFINITIONS. The following acronyms and terms are used throughout the report:

Acronyms

BARJ	Balanced and Restorative Justice
BJS	Bureau of Juvenile Services
CBT	Cognitive Behavioral Therapy
CCP	Connecticut Children's Place
CPS	Child Protection Services
CPT	Central Placement Team
CSSD	Court Support Services Division
DCF	Department of Children and Families
FFT	Functional Family Therapy
FWSN	Families With Service Needs (status offenders)
HM	High Meadows
IICAPS	Intensive In-home Comprehensive Adolescent Psychiatric Services
JRRC	Juvenile Risk Reduction Center
MST	Multi-Systemic Therapy
MDFT	Multi-Dimensional Family Therapy
OJJDP	Office of Juvenile Justice and Delinquency Prevention
RVH	Riverview Hospital for Children and Youth
SDE	State Department of Education

Terms

Adolescent Female	Girl
Child	Anyone under 16 years old
Court-Involved	Girls involved with the court system, some of whom may be identified as delinquent or status offenders
DMC	Disproportionate Minority Contact; a term used to describe the phenomenon whereby people of color have uneven contact with the juvenile justice system relative to their representation in the general population
Gender	Sex differences are biologically determined, while gender is about the reality of an individual's life as a female or a male, and the contexts in which she or he lives ¹
Gender-Specific	Gender Specific systems and services are those that <u>intentionally</u> allow research, knowledge and competency on female development, socialization, risks, strengths, and needs to affect and guide <u>all aspects</u> of system design, system processes, service design and service delivery ²
Youthful Offender	Anyone involved in the court system, ages 16 or 17

¹ Covington and Bloom, (2003).

² Benedict, (2003).

Implementation Plan: YEAR I³

Recommendation:	DCF Action Steps:	Responsibility of:	By:
1. Assure gender-specific competencies.	Charge DCF Director of Girls' Services with implementing plan to develop competencies across current service delivery system.	DCF Director of Girls' Services D. DeVore	Ongoing
2. Formalize DCF/CSSD partnership in gender-specific services.	DCF and CSSD will work collaboratively to produce a Joint Strategic Plan for Juvenile Justice in Connecticut, which includes gender-specific services for girls.	D. DeVore	Ongoing
3. Realign residential beds for high public safety risk girls.	Work with existing providers to realign existing beds for high public safety risk needs.	D. DeVore DCF Director of Girls' Services	Ongoing
4. Expand respite care.	Realign and develop capacity for girls in transition and in need of supportive and emergency services.	D. DeVore DCF Director of Girls' Services	Ongoing
5. Refine referral and placement process.	Continue to refine referral and placement services through the DCF Girls' Network and the Central Placement Team (CPT).	DCF Director of Girls' Services	Ongoing
6. Utilize mentors.	Expand the current mentoring partnerships to include girls in the juvenile justice system.	DCF Director of Girls' Services	Ongoing
7. Implement quality improvement mechanisms.	Charge DCF Director of Girls' Services to begin a quality improvement program with regard to treatment needs of girls in order to determine progress	DCF Director of Girls' Services	Ongoing

³ This implementation plan covers Year I; subsequent implementation steps for Years 1-3 are described in Section VI.

	on implementing gender-specific services for girls across a continuum of care.		
8. Expand specialty residential services.	Open two (2) therapeutic group homes for girls, which are gender-specific and trauma-informed.	DCF Director of Girls' Services P. Mendelson	7/05
9. Implement gender-specific services.	Review and select two (2) existing providers realign their services consistent with a selected model to implement gender-specific services.	DCF Director of Girls' Services	9/05
10. Develop trauma-informed service competencies.	Through a collaboration of DCF Bureaus of Behavioral Health, Child Protection and Juvenile Services, 1) review and identify competencies needed to develop trauma-informed services; 2) select and train providers in using trauma-informed competencies.	DCF Director of Girls' Services P. Mendelson (Beh. Health) K. Kemper (Child Protection) D. DeVore	12/05
11. Expand gender-specific residential services for girls.	Realign existing beds by opening a 14-bed girls unit at Riverview Hospital for adolescent girls, which is gender-specific and trauma-informed.	DCF Director of Girls' Services M. Peet	12/05

EXECUTIVE SUMMARY

In response to SUBSTITUTE HOUSE BILL No. 5366, SPECIAL ACT No. 04-05, the Department of Children and Families (DCF), in collaboration with the Court Support Services Division (CSSD) of the Judicial Branch, the Department of Social Services (DSS), the Office of the Child Advocate (OCA), advocates and community providers have developed the following recommendations for a continuum of community-based services for female status offenders and delinquents that reflects the most promising practices.

Court involved girls in the Connecticut juvenile justice system mirror the national profile of delinquent and status offending girls. Most (95%) are between 11 and 16 years old, 59% are African American or Latina (an overrepresentation in comparison to the state's juvenile population) and most have experienced physical, sexual and/or emotional abuse. Girls have different pathways into, through, and out of the juvenile justice system than boys. This report recognizes these differences and proposes interventions, services, and systems that support girls' unique development, risks, strengths and needs.

The programs and services recommended in the following plan are **gender-specific services**. Gender-specific services are those that intentionally use research and knowledge on female development, socialization, risks, strengths, and needs to affect and guide all aspects of service design and service delivery⁴ and adhere to the gender-specific service delivery principles consistently cited in the research and best practice regarding girls' services.⁵ Competency in gender-specific services acknowledges that gender, culture, race and ethnicity make a difference; are relational and strengths-based; are community-based and family-centered; and address substance abuse, behavioral health and in the lives of girls. Gender-specific services acknowledge the serious impact and specialized treatment needs where significant trauma and loss have been experienced by girls.

In keeping with the DCF mission to collaborate and encourage wide participation, the Girls' Services Action Plan was developed and written by the DCF Girls' Services Steering Committee, a large group of people DCF convened in May, all of whom are interested in improving services for girls involved with Connecticut's juvenile justice system. The group included stakeholders from the Court Support Services Division (CSSD), the Department of Social Services (DSS), the Office of the Child Advocate (OCA), the Permanent Commission on the Status of Women (PCSW), private providers, advocates for children, women and girls, mental health providers, state legislators and national experts. Members of the Steering Committee interviewed girls in a number of DCF- and CSSD-funded programs so that their voices could be incorporated into Steering Committee discussions and into the report.

The Steering Committee developed and presented this report to the Commissioner of DCF, DSS the Executive Director of CSSD and the Child Advocate. It is important to note that the report did not limit its recommendations based upon fiscal constraints and that none of the agencies have previously approved or requested funding for all of the services described within the report. The report represents the current and evolving research, best practices and thinking on girls' services in juvenile justice. It is in keeping with the integrity of the Steering Committee and stakeholders' process that the DCF Commissioner has approved the report for dissemination and consideration to the General Assembly.

1. Important Systems Reforms

- a. **Implement Gender-Specific Services for Girls.** A continuum of care for girls should include gender-specific services and program competencies and processes..

⁴ Benedict, (2004) adapted from Maniglia, (2000).

⁵ Bloom, Owen, and Covington, (2003).

Thus, DCF services and programs that provide services will be guided by gender-specific philosophy and practice. Continuous quality improvement should ensure ongoing development according to local and national research and best practices. All gender-specific services will reflect the philosophy and principles contained in this report including, but not limited to, those regarding family involvement, trauma-informed services and access to a holistic model of service delivery and care.

- b. **Reduce Disproportionate Minority Contact.** Reducing disproportionate minority contact is a high priority, as African Americans and Latino/as are overrepresented in juvenile justice facilities. In 1998, African Americans represented 11% of the overall juvenile population, but 44% of juveniles in detention; Latino/as represented 11% of the overall juvenile population, but 28% of juveniles in detention.⁶ There were 529 girls (or 28%) detained in fiscal year 2003-04.⁷ The W. Haywood Burns Institute of the Youth Law Center has worked with many communities, counties and states across the country to reduce disproportionate minority contact. DCF should work through a multi-step process including the development of alternatives to incarceration, including community-based programs, parental support, wraparound services, court diversion programs, tracking outcomes of alternatives, and utilizing restorative justice alternatives; and developing a full continuum of treatment, supervision and placement options for girls.
- c. **Formalize DCF/CSSD Partnership in Gender-Specific Services.** DCF and CSSD are already working diligently in a collaborative manner (i.e., detention centers, FWSN protocol, Emily J.). DCF and CSSD should work collaboratively to formalize a partnership in gender-specific services. Girls need both DCF and CSSD to work toward the development of a gender-specific (e.g., relational and strengths-based) approach to girls' services in both the types of services offered to girls and the way the system functions so as not to create additional barriers for girls. The Judicial Branch (CSSD) and the Executive Branch (DCF) should share resources in a more extensive manner.
- d. **SYSTEMS OF CARE: Adopt Model for Juvenile Justice Girls.** There is an urgent and compelling need to a) ensure that existing and newly developed community-based services are, by definition, gender-specific and 2) expand the types of community-based services available in the DCF continuum of care so that girls can access services tailored to meet their particular needs.
 - i. **Ensure Family Involvement.** Gender-specific services must involve the entire family from prevention to treatment and support. Services and treatment are too often provided in isolation from the family. Family involvement is essential to the treatment. In the juvenile justice arena, girls need relational services that promote healthy connections to children, families, significant others and the community. There is an urgent and compelling need for family-centered services to be made available to girls in the juvenile justice system.
 - ii. **Care Coordination.** Girls need someone to have an overall understanding of their service needs. There is an urgent and compelling need to expand the responsibilities of and resources for Care Coordinators⁸ to become gender-specific case managers for girls in the juvenile justice system in the

⁶ A Reassessment of Minority Overrepresentation in Connecticut's Juvenile Justice System (2001).

⁷ Data supplied by CSSD.

⁸ Currently, DCF provides funding for Care Coordinators through community providers, but an expansion of this program would entail the need for additional funding since existing Care Coordinators have significant waiting lists.

community. Such adults will be qualified to understand girls' services and programs throughout the State and will be helpful in managing the needs of girls in the juvenile justice system.

- iii. **Implement Wraparound Services.** Girls need a system similar to those pioneered in Milwaukee, Wisconsin and Missouri but one that is gender-specific and tailored to Connecticut's needs. In this system, girls must have access to a wider array of services in the community. In Milwaukee, there is a lead agency responsible for the funding and coordination for each family's service needs, wherever it is needed. Since many girls in the juvenile justice system have service needs that cross agency and provider lines, there is an urgent and compelling need for creative, non-traditional funding options to allow a full range of access to services.
- iv. **Improve Treatment Options.** All DCF-funded and operated behavioral health services, including treatment planning, specialized treatment programs and other services for girls should be certified as gender specific programs. In contrast to a "silo" approach, DCF is interested in building upon what is already available. There is an urgent and compelling need to develop gender-specific practices in the following models: Adolescent Substance Abuse; Cognitive Behavior Therapy; Dialectical Behavioral Therapy; Intensive In Home Child and Adolescent Psychiatric Services; Functional Family Therapy; Multidisciplinary Treatment Foster Care; Multi-Systemic Therapy; and a cohort of Trauma-Informed Services.
- v. **Utilize Mentors.** As a component to treatment supports for parents and family members, mentors can serve as an important positive role for girls. Research has shown that positive adult relationships are one of the foremost protective factors in an adolescent or child's development. As part of service and treatment planning processes, girls need to be matched with a mentor. There is an urgent and compelling need to conduct a matching process for each girl as they enter the juvenile court system and ask judges to assign a mentor -- as a pre-trial detention alternative. The existing Outreach, Tracking and Reunification (OTR) model should be considered for adaptation into a more relational model that focuses on the development of a relationship between a girl and a competent adult she can relate to, and who can support and advocate for her.
- e. **Improve Processes and Services for Status Offenders.** DCF should work with CSSD to improve processes and services for girls receiving services as part of a Families With Service Needs (FWSN) referral. Historically, services for adolescents referred to court as FWSN were scarce, if available at all. The recently adopted FWSN protocol (see Appendix A) establishes criteria for joint agency collaboration, drastically improving the chances of identifying and accessing needed services for girls and their families. There is an urgent and compelling need to establish quality assurance processes to ensure the protocol is fully utilized and that the service system accessible to FWSN girls and families be enhanced to demonstrate gender-specific programming principles. Additionally, a greater array of and access to services is needed to fully serve this population. Because most girls who spend time in detention in Connecticut have a history of FWSN referrals, it is paramount that diversion programs be further developed. In a one-day snapshot of girls in detention conducted on 6/24/03, 86% of detained girls had at least one FWSN referral and 49% had two or more FWSN referrals in their court history⁹.

⁹ from CSSD data, (2004).

-
- i. CSSD, in conjunction with DCF, has established two girls' diversion programs in which FWSN girls and their families can access needed respite beds, with services on a voluntary basis, if a girl is at risk of being detained or having longevity in the juvenile justice system as a delinquent. This was developed in response to the significant number of girls detained or using residential non-family based treatment due to insufficient services. There is an urgent and compelling need for the newly developed FWSN protocol and diversion model to be tested for effectiveness in reducing the FWSN to Delinquent to Detainee trajectory and that new models be developed and evaluated as well. When home is not a safe place for a FWSN girl to reside, staff-secure, gender-specific group homes or multidimensional treatment foster care should be made available. There is an urgent and compelling need to make available a system of gender-specific programs that address the service needs of every FWSN girl so that she can be successfully diverted from detention and delinquent placement. Simply said, a girl and her family who have petitioned the court for assistance need access to intensive services and supports. Without this, and without an evaluation of the outcomes of the intervention, girls tend to become more court-involved and experience less and less development and life success.
 - ii. Incarceration does not meet the needs of status offenders. As a result of the FWSN protocol between DCF and CSSD, girls are beginning to be diverted from incarceration to evaluation and treatment. In order to implement the protocol there needs to be, for the FWSN population, services that target a) "beyond control" girls and b) truant girls. While there is some overlap with these two populations, the treatment models in some aspects may be different. Often, truancy masks educational disabilities and so truancy reduction programs, alternative small schools and availability of thorough assessments are necessary and should be developed collaboratively with the State Department of Education (SDE) and local school systems. For girls who are "beyond control", family-centered behavioral health services should be made available. Also, criteria for "beyond control" status should be evaluated.
 - a. Although many FWSN girls violate their court orders and are incarcerated on a violation of court orders because of a lack of an appropriate grid of alternative services for this population, necessary services range from those mentioned above, to respite foster homes, multidimensional treatment foster care for the girls who cannot reside at home, community service and mediation programs in accordance with gender-specific philosophy.
 - b. On a long-term basis, there is an urgent and compelling need for diverting status offenders from the Juvenile Court altogether. This could take one of several forms, either 1) mandate a diversionary period of five (5) days before referral to Court, which is similar to the Florida model, or 2) refer to a Community Service Board which is similar to the Illinois model. These are questions that cannot be answered in this plan and should be determined by the joint DCF/CSSD strategic planning process.
 - f. **Implement Needs-Based Service Siting.** All decisions on siting new facilities or programs are to be based on service needs, access to transportation and housing. Services need to be placed where the girls are – not the reverse. There is an urgent and compelling need to use data to inform us where service needs exist.

- g. **Collaborate with State Department of Education (SDE).** DCF will work with the SDE to determine a larger role for the SDE in relation to local school boards' decisions about juvenile justice girls returning to school and other re-entry efforts.
- h. **Develop and Implement Gender Specific Services for 16-17 Year Olds.** Although 16-17 year old girls are considered youthful offenders under current state statutes, they were not part of the scope of this plan. However, improved gender-specific services for girls are needed, no matter what their legal status is. There is an urgent and compelling need to provide funding for the recommendations in the Report from the Juvenile Justice Implementation Team (2004).¹⁰ Youth in Crisis are better served in the juvenile justice system than in the adult criminal court system.

2. Important Continuum of Care Reforms

- a. **PREVENTION: Develop and Implement Gender-Specific Prevention Services.** DCF will strive to improve access to gender-specific prevention services that will keep girls out of or returning to the juvenile justice system through a variety of means including: Family Support Teams, School-Based Initiatives including gender-specific Alternative Schools and Truancy Prevention Programs (the Truancy Court Prevention Project in Hartford is one such model); After-School Programs; Re-Entry Efforts; Workforce Development Programs; Parent support programs such as parent education and family treatment services; and mentoring. In addition, pre-trial diversion programs must be expanded.
- b. **ASSESSMENTS: Develop and Implement Gender-Specific Assessments.** There is an urgent and compelling need to provide girls with a comprehensive (multi-perspective) assessment that brings to life the girl and her family, including not just her court history, but the dynamic factors of her and her family's strengths and interests.¹¹ Assessments used with girls need to be researched for their attention to important issues that are unique to girls. There is an urgent and compelling need to seek and/or develop validated gender specific risk, strengths and needs assessment tools. The Juvenile Assessment Generic (JAG), utilized by Juvenile Probation in Connecticut, should be evaluated for gender responsiveness. Until research is complete, a specific supplement for girls should be added to the assessment process in the short-term.
- c. **RESIDENTIAL: Gender-Specific Residential Services and Placement Options.** There is an urgent and compelling need to a) ensure that existing and retooling of existing residential services are, by definition, gender-specific, and 2) realign or reallocate the types of residential services/options available in the DCF continuum of care so that girls and families can access services tailored to meet their particular needs. There is an urgent and compelling need to expand access of residential services in the areas of the state and for the populations of girls who are most under-served.
 - a. **Girls who are a High Public Safety Risk.** In a majority of cases where a girl is considered to be a "high public safety risk", she is actually more of a risk to her self and her family than to the community. Unwittingly, girls are exposed to services and

¹⁰ Section 1 of Public Act 03-257, *An Act Concerning Youths in Crisis and the Age of a Child for Purposes of Jurisdiction in Juvenile Matters*, established an Implementation Team to review all matters, including funding, necessary to implement an increase of not more than two years in the age limit for juvenile matters jurisdiction.

¹¹ Juvenile Justice Working Group (2004).

interactions in facilities that do not understand the full impact of girls' adolescent development and have not fully adopted a gender-specific approach. This may result in girls "acting out" in predictable and often avoidable ways. DCF should work to establish and utilize clear criteria to determine if a girl is indeed a "high public safety risk." Through a gender-specific certification program, DCF should a) ensure that facilities receive the proper training on gender-specific approaches to avoid this phenomenon, and b) be careful to not assume that all "acting out" renders girls a "high public safety risk". For girls who are determined to be a "high public safety risk", DCF should realign existing beds in the DCF residential provider network to accommodate these girls through a specialized model in which staff are trained specifically to work successfully with girls in two (2) target populations: 1) girls who are currently in the system and have not experienced success at any of the programs currently offered at these facilities and 2) girls who have been in the system a long time and have been placed in out-of-state facilities. If accomplished, girls in out-of-state facilities will be returning to Connecticut, where an opportunity for connection to family and community is greatest and most likely.

- b. **Respite Care.** Girls and families often need a short-term respite when dealing with chronic crisis situations. Often, running from a residential provider results in added charges and creates a deeper pathway into the juvenile justice system. As an alternative to detention, there is an urgent and compelling need to: 1) develop respite beds for girls who need emergency shelter (i.e., girls who run); 2) assess the effectiveness of current CSSD's Centers for Assessment, Respite and Enrichment (CARE) for FWSN girls who are in danger of having longevity in the court system or detained, for chronic status offending; and 3) conduct research and training on why girls run.
- c. **Expand Access to Services and Group Homes.** DCF has received approval to open five (5) new group homes this year and has requested six (6) additional group homes in the current budget for FY '06. These 11 group homes are specifically connected to the Service Initiative Proposals that were submitted during summer 2004. These group homes will encompass a wide range of behavioral health treatment services. While all will provide trauma-informed services, some will serve youth with problem behaviors, others with more psychiatric issues, and still others will serve those with histories of psychosexual behavior problems. More than half of these group homes will serve adolescent girls. Two (2) of the homes this year and two (2) to three (3) of the homes next year are specifically being designed to serve adolescent girls with varying behavioral health needs. In addition, a six (6)-bed therapeutic group home for adolescent girls ages 14-21 with significant psychiatric issues and behavioral issues is slated to open in late spring 2005 in Danbury. This was the result of an RFP and is particularly designed for young women who will eventually transition into the Department of Mental Health and Addiction Services. Finally, a therapeutic group home for younger adolescent girls will be opening in spring 2005 in the North Central area of the state for girls with marked psychiatric and behavioral difficulties. There is an urgent and compelling need to ensure that girls in the juvenile justice system

have access to service providers and programs in their community. Specifically, there is a need to expand access of DCF-funded group homes to girls in the juvenile justice system, especially those who have been formerly placed out-of-state.

- d. **Multidimensional Treatment Foster Care.** Develop multidimensional treatment foster care services, using the Oregon model¹². MTFC is a cost effective alternative to group or residential treatment, incarceration, and hospitalization for adolescents who have problems with chronic antisocial behavior, emotional disturbance, and delinquency. In the Oregon model, which is a promising practice, community families are recruited, trained, and closely supervised to provide adolescents with treatment and intensive supervision at home, in school, and in the community; clear and consistent limits with follow-through on consequences; positive reinforcement for appropriate behavior; a relationship with a mentoring adult; and separation from delinquent peers. The target population for MTFC is generally teenagers with histories of chronic and severe criminal behavior at risk of incarceration. Though MTFC has not been tested in a gender-specific environment, it is a promising practice and contains many important program components.
- e. **Reduce Restraint and Seclusion.** The negative impact of restraint and seclusion cannot be overstated, especially when a large percentage of the population are trauma survivors. Restraining and locking girls in their rooms should never be a substitute for effective programming or staff competency. There is an urgent and compelling need to train staff how to effectively teach and support girls in how to understand and tolerate different emotions, and have healthy options for girls with significant mental health or behavioral needs (i.e., hospitalization, treatment, respite).
- f. **Enhance the Referral and Placement Process.** The current mechanism for accessing residential and treatment options for committed girls is through the DCF Girls' Network and the CPT (Central Placement Team) process. However, these do not include community-based service referrals. There is an urgent and compelling need to ensure that the current referral and placement process for girls be examined so that essential improvements can be made to the process. Because of bed shortages in years past, referrals were often made based on bed availability rather than on the risks, strengths and needs of the girl. There is an urgent and compelling need to develop a protocol that clearly indicates that the best interests of the girl are the priority in all treatment decisions.
- g. **Examine the Size of Residential Facilities.** Research has shown that smaller care environments/programs are more effective than larger ones for girls. When asked about the types of facilities they would like, most girls say they would like them to be smaller, more home-like, and that the community should function as a family. There is an urgent and compelling need to determine whether to have facilities larger than six (6) beds.

¹² Chamberlain & Mihalic, (1998).

- ¹³ More information on the PACE educational centers is available on line at www.pacecenter.org/history.htm.

together, residential staff could be trained together) so that content could be tailored to each service/program type.

It will also be important to provide training and technical assistance in gender-specific policies, practices and procedures to DCF, CSSD and Judicial Branch administrators at all levels. This is particularly important as such personnel are developing policies, procedures and practice standards for girls.

We understand that girls' gender-specific needs have gone unnoticed for many years and that there is a lack of knowledge about the specific needs of girls at all levels of the system. Training and technical assistance is critically needed for two reasons: 1) to update staff on current and evolving research, theory and practice, and 2) to facilitate the development of critical competencies in girls' development and service needs so that all future decisions and actions can fully use the knowledge.

"Training will enhance practitioner-client interactions and facilitate important dialogue on the form and function of specific interventions (e.g., parole) and the ways in which such services can be enhanced to be more gender responsive (and, in turn, more effective for system-involved girls). Armed with new knowledge about the needs of system-involved girls, practitioners can discuss the ways in which they can deliver optimal interventions for girls and make strategic plans to improve service delivery."¹⁴

- ii. **Develop Gender-Specific Service/Program Standards.** In order to create measurable outcomes for success in using gender-specific models, gender-specific standards need to be in place. There is an urgent and compelling need to develop gender-specific service and program standards that are operationalized from the philosophy and principles provided in this report. These standards will become the reference point for all decisions made about girls' services, be tailored to each service and program category, as needed, and be useful in evaluation of services.
- iii. **Implement Oversight and Evaluation.** Once gender-specific standards have been developed, DCF should ensure that new language/standards are included in all service/program contracts and agreements and formally shared with providers. DCF should evaluate services and programs for their adherence to identified gender-specific service principles/standards. Program evaluators should be trained on the principles of gender-specific programming so that they can accurately assess programs' compliance. System-level quality improvement strategies should be implemented to ensure that essential gender-specific program development is occurring and being delivered effectively and appropriately.
- iv. **Develop and Implement a Certification Program to Establish Gender-Specific Competency.** There is an urgent and compelling need for DCF to work with CSSD, other agencies, private providers and outside consultants to create a gender-specific certification program for all service types, including residential facilities, to ensure that they are, by definition, gender-specific (e.g., trauma-informed, relational, safe, strengths-based, culturally competent) and have specialty services in substance abuse and other behavioral health topics. Existing services and programs should be given

¹⁴ Benedict, (2003).

adequate time to become certified as gender-specific programs. Certification would become a requirement for all DCF and CSSD services and programs serving girls in the juvenile justice system and their families.

- v. **Implement Assessment, Evaluation and Research.** Good data is the empirical foundation for effective programs¹⁵ (Patton and Morgan, 2001), as evidenced in the experience in Oregon. Existing DCF processes, community services and residential services should be assessed for the purposes of determining their gender-specificity (i.e., attention to the specific needs of girls), thus facilitating needed program enhancements that impact effective service delivery to girls.

Assessment of existing services/programs is particularly important for the following reasons: 1) to identify program strengths, 2) to identify program challenges and determine technical assistance needs, 3) to identify promising programs and 4) to identify model programs.

As research and practice explore the potential for and actual efficacy of new approaches/interventions and treatments for system-involved girls (e.g., Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Multi-Systemic Therapy, Functional Family Therapy, and various group therapy curricula), it is critically important to determine their appropriateness for and application to girls.

Historically, research on treatment needs have focused on males, and research regarding effective interventions has included primarily male participants. Because of this, interventions that work for males have been assumed to work for females. DCF will avoid this assumption by ensuring nonbiased data collection and analysis methods (e.g., including looking at outcomes that are particularly important for girls).

Ongoing evaluation will also be important so that needed adjustments can be made. Finally, research on cutting-edge system- and program-level practice should inform all policy, procedure and practice decisions.

UNDERSTANDING OF JOINT STRATEGIC PLANNING PROCESS. The DCF Plan for a Continuum of Community Based Services for Adolescent Females Involved in the Juvenile Court System was developed while an overall joint strategic planning process between DCF and the Court Support Services Division of the Judicial Branch has begun. Many of the systems reforms discussed in this report will be more fully pursued in the overall joint strategic plan. The joint strategic plan is due to be delivered on or about 9/1/05. Suggestions for the Joint Strategic Plan are noted in Section V on Implementation.

¹⁵ Patton & Morgan, (2001).

Summary of Recommendations

There is an urgent and compelling need for:

1 Systems Reforms

1.1 Implement Gender-Specific Services for Girls Across a Continuum of Care

- for DCF services and programs (e.g., residential, non-residential/community-based) for girls to be gender-specific in philosophy and practice, and for continuous quality improvement to ensure ongoing development according to local and national research and best practices.

1.2 Reduce Disproportionate Minority Contact

- to reduce disproportionate minority contact (DMC) by working through a multi-step process including the development of alternatives to incarceration, including community-based programs, parental support, wraparound services, court diversion programs, tracking outcomes of alternatives, and utilizing restorative justice alternatives; and developing a full continuum of treatment, supervision and placement options for girls.

1.3 Formalize DCF/CSSD Partnership in Gender-Specific Services for Girls

- for DCF to continue to work collaboratively with CSSD to formalize a partnership in gender-specific services for girls.

1.4 Adopt a Systems of Care Model for Juvenile Justice Girls

- to ensure that existing and newly developed community-based services are, by definition, gender-specific
- expand the types of community-based services available in the DCF continuum of care so that girls can access services tailored to meet their particular needs.

1.4.1 Family Involvement

- for family-centered services to be made available to court-involved girls.

1.4.2 Care Coordination

- to expand the responsibilities of and resources for Care Coordinators to become gender-specific case managers for girls in the juvenile justice system in the community.

1.4.3 Implement Wraparound Services

- to create a system similar to the ones pioneered in Milwaukee, Wisconsin but one that is gender-specific and tailored to Connecticut's needs.
- for creative, non-traditional funding options to allow a full range of access to services across agency lines.

1.4.4 Improve Treatment Options

- to develop gender-specific practices using, but not limiting to the following models, if they are to continue in community-based gender-specific programs: Adolescent Substance

Abuse; Cognitive Behavior Therapy; Dialectical Behavioral Therapy; Intensive In Home Child and Adolescent Psychiatric Services; Functional Family Therapy; Multidisciplinary Treatment Foster Care (using the Oregon model); Multi-Systemic Therapy; and a cohort of Trauma-Based Services.

1.4.4.1 Managed Service System

- for Care Coordinator contractor agencies to incorporate gender-specific services to be utilized within the Managed Service System to identify and develop appropriate services and supports to successfully transition and/or maintain a girl within their community.

1.4.4.1.1 Housing Assistance

- to expand the CHAP program to girls in the juvenile justice system and for housing decisions for girls to be planned with safety and service needs in mind.

1.4.4.1.2 Intensive In-Home Programs (KidCare)

- as part of the continuing implementation of the Connecticut Community KidCare initiative, for DCF and the Department of Social Services (DSS) to be contracting with an Administrative Services Organization (ASO) to administer behavioral health services and supports available under HUSKY A, HUSKY B, and the Voluntary Services Program. The ASO will be responsible for maintaining a comprehensive provider database with information about special areas of clinical emphasis or expertise.
- That DCF and DSS consider including provider specific information regarding gender specific programming and certification so that this information can be used to facilitate access to gender responsive services. This designation could also be used to conduct quality related studies focusing on access and outcomes related to the use of these services.

1.4.5 Utilize Mentors

- to conduct a matching process for each girl as they enter the juvenile court system and ask judges to assign a mentor -- as a pre-trial detention alternative.

1.5 Improve Processes and Services for Status Offenders

- to establish quality improvement processes to ensure the FWSN protocol is fully utilized and that access to services for girls with a FWSN referral be enhanced to demonstrate gender-specific programming principles. Additionally, a greater array of services is needed to fully serve this population.
- for the newly developed FWSN protocol and diversion model to be evaluated for effectiveness in reducing the FWSN to Delinquent to Detainee trajectory and that new models be developed and tested as well. When home is not a safe place for a FWSN girl to reside, staff-secure, gender-specific group homes or multidimensional treatment foster care should be made available.
- to make available a system of gender-specific programs that address the service needs of every FWSN girl so that she can be successfully diverted from detention and delinquent placement. On a long-term basis, diverting status offenders from the Juvenile Court altogether.

1.6 Implement Needs-Based Service Siting

- to use data to inform us where service needs exist.

1.7 Develop and Implement Gender-Specific Services for 16-17 year Olds

- to support funding for the recommendations on the Task Force on 16-17 Year Olds.

2 Continuum of Care Reforms

2.1.1 Family Support Teams

- to expand the services of Family Support Teams to girls in the juvenile justice system.

2.1.2 Collaboration with State Department of Education

- for schools, parole services and others in the juvenile justice system to work collaboratively to transition post-adjudicated girls into the educational system in a manner that promotes school success and supports ongoing treatment for behavioral health needs (if necessary).
- to work with State Department of Education (SDE) to develop new models for gender-specific educational services for girls.
- to work with SDE to develop a “re-entry” policy for girls returning to schools and for SDE to collaborate with local school districts in the implementation of the policy and the development of the policy application.

2.1.3 Gender-Specific Alternative Schools

- to research and develop a gender-specific alternative school model as an intervention for girls who are at-risk for system-involvement for whom traditional schools are not an option.

2.1.4 Truancy Prevention Programs

- to research and develop gender-specific truancy prevention projects for girls who are at-risk for truancy.

2.1.5 After-School Programs

- to provide after-school services that are structured and gender-specific (strengths-based, holistic) for girls.

2.1.6 Workforce Development Programs

- to develop gender-specific workforce development services for girls that give them access to educational and occupational success.

2.1.7 Mentoring in the Middle and High Schools

- to expand mentoring programs into the middle and high schools in areas where girls are at-risk for system-involvement.

2.1.8 Pre-Trial Diversion Programs

- to create gender-specific pre-trial diversion programs.

2.1.9 Probation Alternatives and Graduated Sanctions

- to expand probation alternatives and graduated sanctions to have a larger number of graduated sanctions than presently exist prior to violating probation. These might include community service and mediation.

2.2 Develop and Implement Gender-Specific Assessments

- to provide girls with a comprehensive (multi-perspective) assessment that brings to life the girl and her family, including not just her court history, but the dynamic factors of her and her family's strengths and interests. Assessments used with girls need to be researched for their attention to important issues that are unique to girls.
- to seek and/or develop validated gender specific risk, strengths and needs assessment tools. The Juvenile Assessment Generic (JAG), utilized by Juvenile Probation in Connecticut, should be evaluated for gender responsiveness. Until research is complete, a specific supplement for girls should be added to the assessment process in the short-term.

2.3 Gender-Specific Residential Services and Placement Options

- to ensure that existing and retooling of existing residential services are, by definition, gender-specific.
- to realign or reallocate the types of residential services/options available in the DCF continuum of care so that girls can access services tailored to meet their particular needs
- to expand access of residential services in the areas of the state and for the populations of girls who are most under-served.

2.3.1 Girls Who Are a "High Public Safety Risk"

- to realign gender-specific services for girls who are considered to be a "high public safety risk."
- to establish and utilize clear criteria to determine if a girl is indeed a "high public safety risk."

2.3.2 Respite Care

- to realign existing residential beds to respite and emergency care.

2.3.3 Access to Services and Group Homes

- to assign existing and planned group home beds for girls in the juvenile justice system who are in need of behavioral health services.

2.3.4 Multidimensional Treatment Foster Care

- to develop Multidimensional Treatment Foster Care services, using the Oregon model.

2.3.5 State-Operated Inpatient and Residential Treatment Settings

2.3.5.1 Riverview Hospital for Children and Youth and Connecticut Children's Place

- to continue to realign the DCF-operated residential beds in order to develop the most effective gender-specific programs for girls in the juvenile justice system.

2.3.6 Reduce Restraint and Seclusion

- to train staff to effectively teach girls how to understand and tolerate their emotions and have healthy options for girls with significant mental health or behavioral needs (i.e., hospitalization, treatment, respite).

2.3.7 Enhance Referral and Placement Process

- for a protocol that clearly indicates that the best interests of the girls are the priority in access to treatment decisions.

2.3.8 Examine the Size of Residential Facilities

- to determine whether to have facilities larger than six (6) beds.

2.3.9 Ensure Single Sex Residential Facilities

- to ensure that all gender-specific residential facilities be single sex.

2.3.10 Consider Age-Specific Residential Services and Facilities

- to conduct research on the efficacy of differentiated age programs (e.g., 11-13 only, 14-16 only) to ensure that age-differentiated services within current and future facilities are appropriate.

2.4 Address Service/Programming Gaps

2.4.1 Implement Services Regarding Sexual Health

- to investigate promising programs in order to develop gender-specific services for girls who are pregnant and parenting
- to provide education and treatment in sexuality and sexual health in a non-judgmental setting.

2.4.2 Implement Services Regarding Sexual Orientation

- to develop gender-specific services for girls whose sexual or gender identity is gay, lesbian, bisexual or transgender and to work with system partners.

2.5 Transitional Programs and Service Reforms

2.5.1 Develop and Implement Improved Transitional Services Programs

- to provide more planning for services for parents, families and girls after girls are placed back in their family's home.

3 Quality Improvement Mechanisms

3.1 Implement Gender-Specific Training and Technical Assistance

-
- to provide comprehensive training and assessment to staff in all community-based services, in all programs (both public and private) for administrators at DCF, CSSD and in the Judicial Branch in gender-specific programming issues. Training must be tied to outcome measures to determine whether it is successful. Technical assistance may be used as a follow-up measure.

3.2 Develop Gender-Specific Service/Program Standards

- to develop gender-specific service/program standards that are operationalized from the philosophy and principles provided in this report.

3.3 Implement Oversight and Evaluation

- to implement monitoring and oversight efforts for all existing and new gender-specific services and programs.

3.4 Develop and Implement a Certification Program to Establish Gender-Specific Competency

- for DCF to work with CSSD, other agencies, private providers and outside consultants to create a gender-specific certification program for all service types, including residential facilities, to ensure that they are by definition, gender-specific (e.g., trauma-informed, relational, safe, strengths-based, culturally competent) and have specialty services in substance abuse and other behavioral health topics.

3.5 Conduct Assessment, Research and Evaluation

- that existing DCF processes and services be assessed for the purposes of determining their gender-specificity; thus facilitating needed program enhancements that impact effective service delivery to girls.

I. INTRODUCTION

Legislative Mandate

On May 10, 2004, DCF was given a legislative mandate (see below) requiring that it prepare a plan for a continuum of community-based services designed to prevent incarceration of female status offenders and delinquents, or court-involved girls. Part of the mandate required that DCF develop the plan in collaboration with the Court Support Services Division (CSSD) of the Judicial Branch, the Department of Social Services (DSS), the Office of the Child Advocate (OCA) and community providers.

Substitute House Bill No. 5366

Special Act No. 04-5

AN ACT ESTABLISHING A PLAN OF COMMUNITY-BASED SERVICES FOR ADOLESCENT FEMALES INVOLVED IN THE JUVENILE COURT SYSTEM.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. (*Effective July 1, 2004*) (a) The Commissioner of Children and Families, in consultation with the Court Support Services Division, the Commissioner of Social Services, the Child Advocate and providers of community based services, shall establish a plan for the development of a continuum of community based services for female juvenile status offenders and delinquents. Such services shall be designed to prevent the incarceration of such status offenders and delinquents. The plan shall include, but not be limited to, intervention and substance abuse programs, monitoring and treatment plans and mental health treatment.

(b) The Commissioner of Children and Families shall submit the plan required by subsection (a) of this section, in accordance with section 11-4a of the general statutes, to the joint standing committees of the General Assembly having cognizance of matters relating to appropriations and human services and to the select committee of the General Assembly having cognizance of matters relating to children not later than January 1, 2005.

Approved May 10, 2004

Development of a Participatory Process

On June 18, 2004, DCF created a Girls' Services Steering Committee to advise DCF on the development of the plan. The DCF Girls' Services Steering Committee, a group of stakeholders interested in improving services for girls involved with Connecticut's juvenile justice system, included representatives from the Court Support Services Division (CSSD) of the Judicial Branch, the Department of Social Services (DSS), the state Department of Education (SDE), the Office of the Child Advocate (OCA), the Permanent Commission on the Status of Women (PCSW), private providers, advocates for women and girls,

mental health providers, state legislators, and national experts. Members of the Steering Committee interviewed girls in a number of DCF- and CSSD-funded programs so that their voices could be incorporated into Steering Committee discussions and into the report. The Steering Committee developed recommendations and presented them to the leadership of DCF, CSSD, DSS and OCA for review. The Girls' Services Action Plan represents cutting-edge research, best practices and thinking on girls' services in juvenile justice.

"We are so many things besides a juvenile delinquent."

Focus Group Participant #1

Review of the Literature

The National Movement to Improve Services for Girls

Before the mid-60's, most formal discussions of juvenile offenders did not include any data on girls. In the 50's, delinquents were described as a rogue male. It was not until the 60's and 70's with an increase in female delinquency -- between 1960 and 1975, arrests of female juvenile offenders rose 254 percent¹⁶ -- researchers began to notice and think critically about girls in the juvenile justice system for the first time. Bergsmann (1989) described the profile of a typical court-involved girl from the late 60's to early 80's as someone who is approximately 16 years old, lives in an urban area in a single-parent home, is a high school dropout who lacks adequate work and social skills, and has been the victim of sexual and/or physical abuse.¹⁷ In 2000, Hunter reported that girls accounted for 28% of all juvenile arrests, compared with just 19% in 1990.¹⁸ Between 1980 and 2000, the arrest rate for all offenses increased 35% for girls and declined 11% for boys.¹⁹

On the national level, girls now account for more than 25% of all juveniles arrested each year. Although there are far more boys (9354, or 64%) in Connecticut's juvenile justice system than girls (5258, or 36%)²⁰ we have seen a significant increase in the number of girls entering the system.²¹ Since boys have been the dominant group in this population, girls have been seen as the "forgotten few" in a system designed largely for men and boys.²² During the past 10 years, gender-specific programs have been developing in many parts of the country and there are many gender-specific service systems already serving girls and their families.

¹⁶ Chesney-Lind, Meda. (1979).

¹⁷ Bergsmann, I. (1989).

¹⁸ Snyder, H. (2002).

¹⁹ Snyder, H (2000).

²⁰ data from CSSD reports, (2004).

²¹ Maniglia, (1998).

²² Bergsmann (1989).

The Movement to Improve Services for Girls in Connecticut

Connecticut policy makers and advocates have long been interested in services that focus on primary prevention, early intervention, treatment and aftercare for girls in the juvenile justice system, especially since the downsizing and closure of Long Lane School. In July 2001, the Connecticut General Assembly passed a statute which requires that any juvenile justice-serving agency provide services that are gender-specific, in that they address the unique developmental needs of a specified gender group.²³

In 1998, the Judicial Branch, Court Support Services Division (CSSD), applied for and received a four-year grant from the Bureau of Justice Assistance and the Office of Juvenile Justice and Delinquency Prevention to develop and provide services for court-involved girls. The scope of the grant initially focused on developing programs for the specific needs of pregnant and parenting girls but quickly expanded focus to include the unique risks, needs, and strengths of all girls in the juvenile justice system. Over the past five years, significant system improvements have been at CSSD in an effort to provide a more gender responsive system of probation, detention and alternative sanctions.

In 1999, a study was commissioned by CSSD to report on the status of girls in the Connecticut Juvenile Justice system. Produced in conjunction with the University of Connecticut School of Social Work and published in 2002, the report provides the first ever comprehensive profile of court-involved girls in Connecticut with accompanying recommendations for continued system improvements.

While several improvements recommended in the report have been initiated, specifically enhancements in community-based detention centers for girls, training for new probation and detention officers and the development and implementation of a gender-specific diversion model, many of the recommendations provided in the report have not yet been actualized.

In 2003, in the wake of the closure of Long Lane School, DCF was engaged in a wide range of discussions regarding girls' services with the Office of the Child Advocate and the Court Monitor for the Juan F. case, Dr. Ray Sirry and the Court Monitor for the Emily J. case, Don DeVore. Those discussions resulted in the following priorities:²⁴

- 1) increasing the system's capacity to address delinquency commitments and parole revocations, severe violence and aggression, and significant clinical needs by implementing gender-specific and trauma-sensitive programming for girls and their families involved with child welfare and juvenile justice services;

²³ Public Act 01-181.

²⁴ Letter to Darlene Dunbar and Bill Carbone from Dr. Ray Sirry, Court Monitor for Juan F. case, Jeanne Milstein, Child Advocate and Don DeVore, Court Monitor for Emily J. case, dated 9/29/03.

- 2) develop regional assessment, early intervention and crisis stabilization shelter-like programs for girls in community-based settings to avoid detention;
- 3) develop and implement specialized treatment foster care services and intensive case management programs on a statewide basis;
- 4) modify the CPT process to expedite admissions;
- 5) plan and develop a comprehensive training program for gender specific, trauma sensitive and systemically oriented care; and
- 6) promote stability of placement for girls in detention.

The discussions raised the notion of gender-specific service priorities. Of these priorities, most notable was the recommendation of either creating a state-operated 12-bed secure gender-specific facility for girls or creating a state-funded program at one of the existing DCF-funded residential facilities. The current report seeks to address this question more fully.

An expanded, multiple-agency commitment is urgently needed to actively address the needs of girls in the juvenile justice system in Connecticut. A formal interagency commitment of both human and fiscal resources is required if reform of the current system and services for girls is to become a reality.

Purpose of Report

The purpose of this report is to outline a plan that will not only guide the enhancement of services for girls identified as status offenders and delinquent, but create a continuum of care that is gender-specific for them. This plan is based on a keen understanding of the girls it is designed to assist and represents a collaborative, inter-agency approach to the care of this often neglected and underserved population. Most importantly, the plan places the needs and experiences of girls at its center. At its foundation is the abundance of literature and research on girls, including how they develop, what their life experiences are, the unique factors that place them at risk, and their strengths and needs. For example, it starts with an understanding of the impact that sexual or domestic violence and other forms of trauma have in the lives of a vast majority of girls in the juvenile justice system. This plan also recognizes the unique characteristics of female development, such as the ways in which girls engage in relationships and the ways girls communicate.

“We need more places to help us instead of locking us up. They would look like a house, be near the city, but not in it, and would be close to libraries, the Y and other places like that.”

Focus Group Participant, #2

Why a Plan for Girls?

Before we can answer questions about policies, programs and resources needed for a continuum of care for girls in the juvenile justice system, we first have to

answer the question of why we need a special report on this subject. There are two reasons: First, gender makes a difference, from assessing risk, needs and strengths of adolescents through providing effective programming and services. Second, it is widely known and accepted that programs and services were developed based on research of adult males and boys in the correctional system. In most human service systems, the needs and experiences of girls have been marginalized at best and invisible at worst. Programs developed with boys and men in mind have long been the “submerged referent” against which other programs were measured, while programs specifically for girls and women have been considered “special” accommodations.

Including Girls’ Voices

While research literature provides a foundation of information upon which any dialogue or planning regarding girls’ services can effectively take place, girls’ voices must be a constant source of perspective and guidance. As part of the development process of this report, girls’ voices were solicited and included as vital information. Their invaluable perspective and wisdom is included throughout the report, and, the body of this report begins most appropriately with the voice of a girl involved with Connecticut’s juvenile justice system.

During the course of developing gender-specific programming and services for girls in Connecticut, CSSD, CORE Associates and DCF have conducted focus groups. It is important that girls’ voices continue to be heard as we continue to develop more specific services for them. We have been moved by the imaginative and hopeful ideas girls have given us.

My Heart Has Armor On It: Creating a Sense of Hope and Trust:

The following is taken from a poem written by a girl in a creative writing program at one of Connecticut’s few gender-specific residential treatment facilities for female adolescent offenders and published in an anthology of their poetry²⁵. The poem ends: “Look into my eyes. See what I’ve seen.”

I’m a child who’s lost all hope.
I’m a piece of shattered glass –
An innocent soul corrupted by the world.
I’m a diamond that shines all the time.
I’m an angel gone bad.
My heart has armor on it.
If you took the time to look
you’d see it was split and fractured, needing to be stitched.
I’m a collection of cuts and bruises.
I cry so much but it relieves no stress.
I’m trapped in a glass jar, fermenting.
I have no father to guide me through this cold world.
I’m a miserable queen, so alone, so forgotten.

²⁵ Charde, (2003).

I have talents but they cannot find a home.
I have goals I want to reach.
I'm an addict.
My scars can tell the story.
My soul is like a see-through negligee.
I'm a victim of drugs, violence and hate.
I'm a failure in life.
I'm sweet and sour, taste me.
I am not the ideal daughter.
I'm a runaway.
I've been traumatized.
I'm an ace that gets played in the wrong game.
I scream in silence.
I am not what you think I am
but I am what you think I'm not.
How can I make you believe I am not a juvenile delinquent?
I've been tested and tried --
Look into my eyes.
See what I've seen.

Gender-Specific Systems and Services

Until relatively recently, research on patterns of delinquency and recidivism within the juvenile justice system and research on the etiology and the treatment/service needs of juvenile offenders focused mostly on males.²⁶ Juvenile offending was viewed as a “male problem,” and such a misconception had many consequences for girls, not the least of which was the lack of appropriate program options tailored to address their unique needs.²⁷

A direct result of the lack of knowledge regarding the true factors and correlates surrounding girls' court involvement has been the inconsistent and inappropriate processing of girls' cases and the placement of girls in programs that have either been designed for boys²⁸ or developed outside the scope of girls' specific needs.²⁹

While more boys continue to be involved in the court system, girls' court involvement has been rising at unprecedented rates.³⁰ This trend, coupled with new research, underscores the need to create systems for girls, including programs, processes and service options that are designed to meet their unique needs. Typically, girls are either placed in programs with mostly boys, or placed in all girl “male model” programs. Additionally, while there has been a shift in recent years to providing more services in single-sex settings, there has not been

²⁶ Odem & Schlossman, (1991); Chesney-Lind, (1986); (1989); Sheldon, (1998).

²⁷ Benedict, (2003).

²⁸ Chesney-Lind & Freitas, (1999); Chesney-Lind *et al.*, (1998); Greene, Peters and Associates, (1998); Holsinger, (1999); Girls Incorporated, (1996); Belknap & Holsinger, (1998).

²⁹ Benedict, (2003).

³⁰ Snyder & Sickmund, (1995); Greene, Peters & Associates, (1998).

an adequate accompanying shift to providing services to girls within single-sex settings that, by definition and in accordance with well-established research, are gender specific.³¹

In order to create a more relevant, evidence-based best practice system of care for girls at DCF and CSSD, policymakers, administrators and practitioners at all levels must understand the unique dimensions of female development, girls' risk factors for system-involvement, girls' pathways through the system, girls' strengths and girls' service needs.

Female Psychosocial Development

Research on human development and female development in particular has provided important information on girls' developmental characteristics and pathways. It is now understood that there are key differences in the psychosocial development of girls compared to that of boys,³² and such differences are helping policymakers, administrators and practitioners to enhance girls' services.

Socialization. First, there are clear differences in the ways girls and boys are socialized.³³ Research continues to show the negative aspects of socialization and its particular effects on girls and young women. Most notably, the messages girls receive about being female are confusing and limiting.³⁴ There is an abundance of evidence describing the negative impact media messages have on girls and women. For example, one study found that Seventeen magazine portrayed girls as "neurotic, helpless, and timid beings who must rely on external sources, usually men, to make sense of their lives" while another concluded that YM magazine represented a "dangerous and impoverished script" for girls.³⁵

³¹ Benedict, (2003).

³² Gilligan, (1977); (1982); Pipher, (1994); Mann, (1996); Green, Peters & Associates, (1998).

³³ Gilligan, (1977).

³⁴ Chesney-Lind, (1997); Chesney-Lind & Freitas, (1999); OJJDP, (1998).

³⁵ Pierce, (1990); (1993); Evans *et al.*, (1991); Durham, (1998); cited in Chesney-Lind & Freitas, (1999)

Relationships/Identity Development. Second, there are distinct variations between the way girls and boys see and understand the world. Historically, healthy psychological development was described as a progression from dependence to independence, where a healthy identity is developed by separating from others (e.g., influential adults). Cutting-edge scholarship and psychological research reveal that girls and women have a relational orientation to their world. New psychological theory and research reveal that girls develop healthy identities within their connections with others.³⁶ Ultimately, relationships and connection play significant roles in girls' healthy development and decision-making. For girls of color, identity formation involves not only seeking a balance in gender, but also ethnic identity formation.³⁷

Emotional Expression and Peer Dynamics. During adolescence, girls struggle with balancing expressing themselves and sheltering or silencing their feelings and desires. When girls feel angry, frightened or unloved, they may strike inward³⁸ or outward.³⁹ They may hurt themselves by abusing drugs, prostituting their bodies, starving, mutilating themselves⁴⁰ or "acting out" in an effort to self protect.⁴¹

Two of the most significant consequences of the negative and limiting messages that girls receive as part of their socialization process are disempowerment and the silencing of their voices. Research indicates that girls learn very early on in life that they do not have power in their communities or in society in general and this affects the way they relate to their world. This silencing affects girls' emotional expression and they learn early on to hide their anger and frustration. Ultimately, girls are discouraged from voicing their emotions, in particular, their frustration and anger. Research indicates that this silencing leads to relational aggression among girls. Relational aggression is distinctly different from the more "overt" aggression observed among boys. For example, a girl may be relationally aggressive by spreading rumors about a peer or by excluding a peer from a social circle. Such behaviors are very different from the more widely understood physical/overt aggressions (e.g., behaviors such as yelling and hitting) and difficult to respond to effectively without a pre-existing understanding of their origin and purpose.⁴²

Cultural Strengths and Differences. Recent research highlights important strengths and challenges associated with girls' cultural and

³⁶ Gilligan, (1993); Acoca, (1995).

³⁷ Chesney-Lind & Freitas, (1999).

³⁸ Bellknap, (1996)

³⁹ Holsinger, (1999)

⁴⁰ Belknap, (1996)

⁴¹ Benedict, (2003)

⁴² Gilligan, (1993); Simmons, (2002).

ethnic backgrounds.⁴³ Many girls from working class backgrounds and girls of color are socialized to defend themselves physically. For these girls, overt aggression is used more often as a tool to confer and maintain social status and/or to show loyalty to another person. Furthermore, cultural permission enables these young women to express such overt aggression. Cutting-edge theory is highlighting culturally influenced differences in female socialization processes, female responses to abuse and female risk/protective factors for court involvement. Gender-specific programming includes adapting to these differences and building on girls' cultural and ethnic strengths to enhance the effectiveness of programs and interventions.

Girls' Risk Factors for System-Involvement⁴⁴

When other risk factors are added to the already daunting developmental tasks of adolescence, the results can be overwhelming; pushing some girls into delinquency. Researchers are focusing on a "developmental pathway to delinquency".⁴⁵ Just as girls and boys develop different ways physically and emotionally during adolescence, their pathways to delinquency are often gender-specific as well.⁴⁶ Along with an understanding of female psychosocial development, the following risk factors for girls' system involvement provide additional information that must influence the form and function of program models, services and interventions for girls. Female and male offenders share economic, familial and educational problems; however, such problems are compounded further by gender and membership in an ethnic minority group.⁴⁷ Girls not only have different risk factors than their male counterparts, but they respond to the same risk factors in different ways and are exposed to the same risk factors to different extents.⁴⁸

Abuse and Exploitation. Girls and young women are sexually abused before the age of 18 almost three times more often than boys.⁴⁹ Girls who have been sexually abused are more likely to have high stress, depressive symptoms, and low self-esteem. The prevalence of abuse in the lives of girls and young women points to the need for services that directly address issues of victimization and survival. According to the OJP, the abuse and exploitation of young girls should be viewed as a major and pervasive public health threat and a primary precursor to involvement in

⁴³ Ross-Leadbeter & Way, (1996); Johnson et al., (2001); Taylor et al., (1995); Martinez & Duke, (1991).

⁴⁴ The term, "system-involvement" is similar to the term, "iatrogenic", which refers to unintended or unwanted results of treatment as when a medical patient in the hospital becomes increasingly ill due to the treatment regimen. System-involvement here means that a girl finds her way further into the system, often due to lack of supports and gender-specific services.

⁴⁵ Belknap & Holsinger, (1998).

⁴⁶ Greene, Peters & Associates; (1998); (2000).

⁴⁷ Chesney-Lind & Freitas, (1999).

⁴⁸ Benedict, (2003).

⁴⁹ Finkelhor, (1994); Sedlack & Broadhurst, (1996).

the criminal justice system.⁵⁰ Girls need access to a continuum of service options in which their safety can be ensured while they address the issues that brought them into the system and receive the services they will need to leave it.⁵¹ Such options should be non-punitive.

Substance Abuse. Another important risk factor for girls' offending is substance abuse. Recent studies have revealed that girls and women have different substance abuse patterns and motivations for substance use than their male counterparts. In the realm of corrections, it is now known that drug abuse is a greater problem for female offenders than for male offenders.⁵² The American Correctional Association (ACA) found that girls have higher rates of substance abuse and addiction: sixty percent of girls in state training schools in the juvenile justice system need substance abuse treatment at intake, and over half of those are multiply addicted.⁵³ Researchers and practitioners who work with girls and women are beginning to acknowledge the relationship between trauma and substance abuse. A number of studies have found a correlation between chemical dependency and physical and/or sexual abuse, especially among girls. In many cases, substance abuse among many at-risk and court-involved girls effectively numbs the pain from past and/or continuing abuse.

Teen Pregnancy and Parenthood. Teenage pregnancy/parenthood is also a "major delinquency risk factor" for girls in the juvenile justice system and teenage girls in general.⁵⁴ On the national level, many girls who enter the court system are pregnant or are mothers, and the system lacks program options to meet their needs.⁵⁵

Low or Damaged Self-Esteem. Low self-esteem is another major risk factor for girls' court-involvement. Research reveals that while girls have equal, if not higher, levels of self-esteem during the childhood years, at the onset of adolescence, their self-esteem falls below that of their male counterparts. This diminished sense of self persists throughout high school and, often, into adulthood.⁵⁶ The breakdown of girls' families and emotional, physical and sexual abuse also cause feelings of profound rejection. The negative aspects of female socialization (e.g. objectification of the female body in the media) also contribute to girls' diminished self-esteem.

⁵⁰ Office of Justice Programs, (1998).

⁵¹ Office of Justice Programs, (1998).

⁵² See Covington and Bloom, (1998).

⁵³ ACA, (1990). However, it must be noted that, in Connecticut, 16-7 year olds would not be included in this category.

⁵⁴ OJP, (1998)..

⁵⁵ The Peters Group, (1998).

⁵⁶ AAUW, (1992); Orenstein, (1994).

Traditional System Responses to Female Offending

Although their offenses are typically less violent, girls who break the law are sometimes treated more harshly than boys who offend.⁵⁷ There are fewer community-based services for girls. As a result, on a national average, girls are twice as likely to be detained, with detention lasting five (5) times longer for girls than boys.⁵⁸ In addition, girls are detained for less serious offenses. In 1987, nine percent of girls in training schools were committed for status offenses, compared to 1.5 percent of boys.⁵⁹

Despite the non-violent nature of status offenses, disproportionately more girls are adjudicated and incarcerated for status offenses and re-arrested and detained upon violation of a non-offense court order.⁶⁰ There is also evidence that girls receive harsher penalties for the same or even lesser offenses than males. Empirical studies show that girls who commit status offenses are often treated more harshly than their male or female counterparts charged with crimes.⁶¹ And, girls have a greater possibility of being incarcerated for less serious delinquent activity than males.⁶²

Girls tend to be arrested and involved in the juvenile justice system for less serious offenses than their male counterparts, and status offenses continue to account for the majority of cases involving girls.⁶³ While the majority of girls' cases are related to a status offense, girls are now more likely to be arrested for assault, drug trafficking and gang activity -- juvenile crimes only recently considered to be the exclusive domain of boys.⁶⁴ Girls' involvement in these crimes appears to be linked to the relationships that are so important to them. For example, girls report carrying and selling drugs for friends, family members and partners, and also report engaging in violent acts to protect loved ones.⁶⁵

It is equally important to note that, as is the case with the general juvenile justice population, ethnic minorities are disproportionately represented in the female offender population.⁶⁶ Nationally, African-American girls comprise nearly half of all those in secure detention and Latina girls comprise 13 percent.⁶⁷ Although 65 percent of the population is Caucasian, only 34 percent of girls in detention are

⁵⁷ Davidson, (1982).

⁵⁸ Girls Incorporated, (1996).

⁵⁹ Greene, Peters & Associates, (1998).

⁶⁰ Girls Incorporated, (1996); Hoyt & Scherer, (1998).

⁶¹ Datesman & Scarpitti, (1977); Mann, (1979); Pope & Feyerherm, (1982); Schlossman & Wallach, (1978); Shelden, (1981); cited in Chesney-Lind, (1997).

⁶² Bergsmann, (1989); (1978); Horowitz & Pottier, (1991); Rhodes & Fischer, (1993); Schwartz et al., (1990).

⁶³ Girls Incorporated, (1996); Poe-Yamagata & Butts, (1996).

⁶⁴ Greene, Peters, Associates, (1998); (2000); Schaffner, (1999).

⁶⁵ Holsinger, Belknap, Acoca.

⁶⁶ Bergsmann, (1989); Campbell, (1995); Community Research Associates, (1997).

⁶⁷ Bergsmann, (1994).

Caucasian. Finally, seven of every 10 cases involving White girls are dismissed, compared to three of every 10 cases dismissed for African-American girls.⁶⁸

The Critical Need for Gender Specific Programming

In most cases, girls were victims themselves before they became offenders.⁶⁹ Because girls in crisis are more likely to threaten their own well being, they may

DEFINITION

Gender-specific systems and services

are those that *intentionally* allow research and knowledge on female development, socialization, risks, strengths, and needs to affect and guide *all aspects* of system design, system processes, service design and

not seem dangerous to society. As a result, their needs have been overlooked and undertreated.⁷⁰ Girls in trouble have been the afterthought of a juvenile justice system designed to deal with boys.⁷¹

The traditional male model of service delivery often focuses on rules, status and ways to advance within a structured environment independently. Because girls are motivated by relationships and responsibility, this model does not work for girls. Programs that focus on relationships with other people and ways for girls to master their lives while keeping these relationships in tact are more effective for girls.⁷²

The data in Connecticut mirror the profile of girls at the national level, in terms of arrests, delinquent and status offenses, referrals, processing and detainment, as described more fully in Section II of this report, given the preliminary studies conducted at DCF and the comprehensive profile study conducted in 2002 at CSSD.⁷³

Gender-specific Systems and Services

Definition. Implicit in the above definition⁷⁴ is the distinction between sex and gender. Sex differences are biologically determined, while gender is about the reality of an individual's life as a female or a male, and the contexts in which she or he lives.⁷⁵ Because of this, systems and services that are not intentionally designed to meet girls' unique needs are insufficient. Similarly, separating boys and girls in programs and providing services in a single-sex environment is insufficient. The realities of boys' and girls' lives must be acknowledged in the types of services offered and the manner in which they are delivered.

⁶⁸ Greene, Peters and Associates, (1998).

⁶⁹ Prescott, (1997); Girls Inc., (1996); Davis, Schoen, Greenburg, Desroches, & Abrams, (1997).

⁷⁰ Chesney-Lind, (1988).

⁷¹ Bergsmann, (1989); Miller, Trapani, Fejes-Mendoza, Eggleston & Dwiggins, (1995); Greene, Peters & Associates, (1998).

⁷² Bloom & Covington, (2002); Department of Human Rights, (1996).

⁷³ Lyon and Spath, (2002).

⁷⁴ Benedict, (2004), adapted from Maniglia, (2000).

⁷⁵ Covington & Bloom, (2002); see also Bloom, (2003); Covington & Bloom, (2000).

Research indicates that girls have unique developmental pathways and experiences that are different from those of their male counterparts and “should not merely be seen in comparison to [boys] nor as a mere extension of them”.⁷⁶ Critical to an understanding of gender specific services for girls is an acknowledgement that assumptions about girls’ behavior, including underlying processes and motivations must be different from those regarding male behavior.⁷⁷

Experts agree that gender specific services are [those] designed to address needs unique to the gender of the individual for whom such services are provided⁷⁸ and that gender-specific programming refers to unique program models and services that comprehensively address the special needs of a targeted gender group.⁷⁹

Philosophy. Based on a thorough review of the literature, DCF adopts the philosophy that **gender and culture make a difference**. The juvenile justice field has been dominated by the rule of parity, with equal treatment to be provided to everyone. However, this does not necessarily mean that the exact same treatment is appropriate for both female and male offenders. The data are very clear concerning the distinguishing aspects of court-involved females and males. They come into the juvenile justice system through different pathways; respond to services (e.g., clinical interventions, supervision, custody) differently; have differences in terms of substance abuse, mental illness, trauma, parenting responsibilities, and employment histories; and represent different levels of risk within both the system and the community. In order to successfully develop and deliver services at all levels we must first acknowledge gender differences.

Services for girls cannot be considered gender specific unless they are grounded in research on **culture and diversity** and have actively acknowledged the vital role that a girl’s cultural identity formation plays in her overall identity formation as a young woman.⁸⁰

Principles. Evidence drawn from a variety of effective practices and disciplines (e.g., mental health, substance abuse, violence prevention and treatment, criminology, sociology, psychology) indicate that addressing the realities of girls’ and women’s lives through gender-responsive policy and practice is fundamental to improved outcomes. The following guiding principles⁸¹ are consistent with those documented by national experts and are designed to guide essential enhancement of policies, processes and practices at all levels of service and care throughout DCF. These guiding principles are intended to influence all

⁷⁶ Chesney-Lind & Freitas, (1999); Covington & Bloom, (2002).

⁷⁷ Chesney-Lind & Freitas, (1999).

⁷⁸ JJDP Act, 1992c

⁷⁹ Chesney-Lind & Freitas, (1999).

⁸⁰ Benedict, (2003).

⁸¹ Benedict, (2003).

levels of services to ensure that girls involved in DCF have access to consistent, gender responsive services, regardless of their level of involvement in the system. Policies, processes, programs and services at all levels will be:

1. **Grounded in girls' developmental theory, including research on girls' psychosocial development, girls' unique decision-making patterns, socialization processes, communication, emotions expression, and interpersonal dynamics.** This means ensuring that all levels and types of services are grounded in cutting-edge research on female development and actively adjusting services so that they are more relevant to the realities of girls' lives.
2. **Grounded in cultural theory, including research conducted on girls and women of various backgrounds, cultures and ethnicities.** This means recognizing the dynamic relationship between gender and culture and acknowledging that culture, race and ethnicity matter in providing services to girls. Of all girls in the juvenile justice system in the Connecticut juvenile justice system⁸², 37% are white, 27% African-American, 26% are Latino, 6% are multi-racial, 1% are Asian, and 3% are classified as "other." DCF has already begun to recognize that diversity exists within the population of girls served and the staff employed and has formally adopted policies that address a wide swath of affirmative action, diversity and cultural competency issues. DCF supports this effort in embracing the values and strengths of all cultures and the implementation of culturally relevant/gender specific and language-appropriate treatment services that empower youth to make positive changes.
3. **Acknowledge girls' unique substance use patterns and mental health strengths and challenges and the critical intersection between trauma, substance abuse and mental health.** This means addressing the issues of substance abuse, mental health and trauma through comprehensive, integrated, and culturally relevant services. Substance abuse, mental health, and trauma are three critical, interrelated issues in the lives of girls. These issues have a major impact on a girl's experience of services including community supervision, placement and transition to the community. Although they are therapeutically linked, these issues have historically been treated separately. One of the most important developments in health care over the past several decades is the recognition that a substantial proportion of girls have a history of serious traumatic experiences that play a vital and often unrecognized role in the evolution of their physical and mental health problems.⁸³
4. **Holistic, acknowledging multiple factors influencing female's thoughts, feelings, and behaviors.** This means adopting processes,

⁸² Data directly from CONDOIT, 9/10/04.

⁸³ Covington and Bloom, (2003).

services, interventions and models that acknowledge the complexities of girls' behaviors and do not draw premature and stigmatizing conclusions and, ultimately, oversimplify the reasons for girls' court involvement and their accompanying needs. For example, it is important to not immediately assume that a girl who has been unsuccessful in five different placements has "failed" in those placements. It is much more prudent to explore the nature of the placements (e.g., are they gender specific, do they employ gender specific services and interventions that are relevant to her needs) and re-analyze her needs to ensure that she was matched to the appropriate services.

5. **Evidence-based for girls, offering treatment, services and interventions that address the affective as well as the cognitive influences on behavior.** This means a total process beginning with knowing what questions to ask, how to find the best programs and services, and how to critically appraise the evidence for validity and applicability to the needs of the girls in a particular situation. The best evidence then must be applied considering their unique strengths and needs. The final aspect of the process is evaluation of the effectiveness of the service and the continual improvement of the process.
6. **Cognizant of the critical intersection of trauma, substance abuse, mental health**⁸⁴. Research by the National Center on Addiction and Substance Abuse at Columbia University⁸⁵ shows correlations between many negative factors and substance abuse. According to the study, many of the issues related to delinquency – depression, victimization, family fragmentation, socio-economic status, and media treatment of girls – are also positively correlated with substance abuse.
7. **Create physical, emotional and psychological safety at all levels of care, including the development and implementation of programs, practices and procedures that promote individual and group safety, encouraging therapeutic engagement, and fostering productive interpersonal and community interactions.** Research from a range of disciplines has shown that safety, respect and dignity are fundamental to behavioral change. In order to improve behavioral outcomes for girls and young women, it is critical to provide a safe and supportive setting at all levels of care (e.g., probation, community-based programming, residential programming, parole). Research indicates that many girls involved in the juvenile justice system have grown up in less than optimal family and community environments, and most have experienced a significant pattern of emotional, physical, and sexual abuse. Because of this every

⁸⁴ Covington and Bloom, (2003).

⁸⁵ National Center on Addiction and Substance Abuse at Columbia University. (2003). *The Formative Years: Pathways to Substance Abuse Among Girls and Young Women ages 8-22*. NY.

precaution must be taken to ensure that system processes, services and interventions do not reenact those types of earlier life experiences.

8. **Relationship-centered, integrating relational-cultural theory and promoting healthy connections to self, children, family, friends, partners, schools and the community.** Understanding the role of relationships in the lives of girls is fundamental as the common theme of connection and relationship threads throughout the lives of female delinquents.⁸⁶ When the concept of relationship is incorporated into policies, practices, and programs, the effectiveness of the system or agency is enhanced. For example, understanding the centrality of relationships in girls' lives provides a more comprehensive understanding of addressing the reasons why girls commit crimes, the impact of interpersonal violence on girls lives, the importance of children in the lives of female delinquents, relationships between girls in an institutional setting, process of girls' psychological growth and development, environmental context needed for programming, and challenges involved in reentering the community.
9. **Family-Centered, focusing on and emphasizing family strength and recovery.** Research has shown that family-centered programs have more successful outcomes and provide more of the necessary supports girls need to successfully return to the community after placement. Being family-centered means involving the family, wherever possible, at all levels of care (e.g., in clinical interventions, transitional plans) and allowing the family to provide perspective and guidance in decision-making. Girls have significant relationships with their families – relationships that influence their decision-making and behavior – and attention to this important part of their lives is vital. Additionally, because many juvenile justice system involved girls have children, being family-centered means including discussions about children into conversations with girls and ensuring that all levels of service incorporate children and provide practical and therapeutic opportunities for girls to bond with children in the context of care/service planning and delivery.⁸⁷
10. **Strengths-based, focusing on a health model of intervention**, including identifying girls' assets and the assets of their families, avoiding false labels/classifications (e.g., via mental health assessment and diagnosis), creating opportunities for self-empowerment, giving girls a voice in their treatment/services, facilitating skill development, and fostering self-efficacy. Strengths-based programming for girls is an intentional movement away from a deficit approach to work with girls.

⁸⁶ According to Gilligan (1993), relationships play an unusually important role in girls' social development. Girls perceive danger in their lives as isolation, especially the fear that by standing out they will be abandoned. Boys, however, describe danger as a fear of entrapment or smothering.

⁸⁷ Benedict, (2004).

Strengths-based programs focus on girls' strengths and new skill acquisition. This means identifying girls' strengths in treatment/service planning and delivery, offering girls opportunities to impact the services they receive, and allowing them to provide feedback about such services on a regular basis.⁸⁸

- 11. Trauma-informed, including the development and implementation of programs, practices and procedures that take trauma and its effects into account and create opportunities for safety, recovery and empowerment.** Girls enter the juvenile justice system with pervasive feelings of powerlessness related to their victimization and the negative aspects of the gender socialization process. Girls are also exposed to processes and services within the juvenile justice system that re-victimize them by providing them with services that are not relevant to their risk, strengths and needs. A focus on empowerment in service delivery can help facilitate successful community re-entry and, ultimately, reduce recidivism.⁸⁹
- 12. Include gender, culture and class responsive tools for and approaches to screening, treatment matching, intake, assessment, orientation, treatment planning and review, service and model/curricula selection, and community reconnection and reintegration.**
- 13. Provide girls with opportunities for multi-level recovery and growth at the individual (e.g., recovery from trauma and addiction) relational (e.g., recovery from destructive relationships, development of healthy, supportive relationships) and community levels (e.g., connection/reconnection within the community).**
- 14. Provide girls with opportunities to improve their socio-economic status.** Addressing both the social and material realities of girls is an important aspect of intervention. A girl's life is shaped by her socioeconomic status; her experience with trauma and substance abuse; and her relationships with family, peers, and children. Most delinquent girls are disadvantaged economically and socially, which is compounded by trauma and substance abuse histories. Improving outcomes for girls and young women requires providing them with preparation through education and training to support themselves and in some cases their children.
- 15. Provide girls with the services they need in the least restrictive program/service setting.** Because of their lower levels of violent crime and their low risk to public safety, delinquent girls should, whenever

⁸⁸ Benedict, (2003).

⁸⁹ Benedict, (2003).

possible, be supervised with the minimal restrictions required to meet public safety guidelines.

16. Provide girls with comprehensive, coordinated community-based services. This means developing a comprehensive, coordinated system of community services, including supervision and reentry, that emphasizes the creation of both indigenous support systems (e.g., women's resource networks, childcare networks, transportation, ethnic/cultural programs and advocacy organizations) and formal "systems" linkages.

Issues Critical to Positive Outcomes

Girls face specific challenges as they reenter the community following services. Girls on probation also face challenges in their communities. In addition to the stigma associated with their system involvement, they may carry additional burdens such as single motherhood, decreased economic potential, lack of services and programs targeted for girls and young women, responsibilities to multiple agencies, and a general lack of community support. Navigating through a myriad of agencies that often provide fragmented services and conflicting requirements can interfere with supervision and successful reintegration. There is a need for wraparound services – that is, a holistic and culturally sensitive plan for each girl that draws on a coordinated range of services within her community. The types of organizations that should work as partners in assisting girls who are reentering the community should include, but are not limited to, the following:

- mental health systems
- substance abuse and other recovery programs
- programs for survivors of physical, emotional and sexual violence
- family service agencies
- educational organizations
- vocational and employment services
- health care agencies
- the child welfare system, child care, and other children's services
- transportation
- mentoring/self-help groups
- organizations that provide leisure and recreation options

Attention to the above issues is crucial to the promotion of successful outcomes for girls in the juvenile justice system.

Immediate Implications

The literature on girls has immediate implications for service delivery that are being tackled both nationally and locally. In Connecticut, both DCF and CSSD have adopted the following initiatives/priorities in their efforts to improve services and systems for all youth: a) the reduction of disproportionate minority contact (DMC) with the juvenile justice system, b) improved pathways for youth who have

a Family with Service Needs (FWSN), c) standards of care for gender specific services, d) partnerships with girls involved in the juvenile justice system, e) evidence-based practice. It is important that these initiatives/priorities be pursued in the context of research on girls and their unique service needs.

A brief explanation of each priority area and concomitant implications for girls, given the aforementioned research, best practices, philosophy and principles of girls' services follows:

- **Reduction of Disproportionate Minority Contact (DMC)**

Disproportionate Minority Contact, or, DMC, is a term that was developed by OJJDP that refers to the overrepresentation of youth of color in the juvenile justice population. Youth of color account for about 1/3 of the US juvenile population, yet they comprise about 2/3 of the juvenile detention/corrections population.

Implications for Girls: While the issue of DMC has far-ranging implications for the entire system, it has particular implications for girls, especially those who are African-American and Latina.

- **Improved Pathways for Family with Service Needs (FWSN) Violators**

FWSN is a term that describes status offenders. In the past, services for girls who were referred as FWSN's were sparse. However, as a result of the FWSN protocol between DCF and CSSD, girls are beginning to be diverted. Other states handle status offender violators differently (New York, Illinois, Florida). For instance, a Florida statute (Florida Statute 984.09) describes a process of dealing with children in need of service violators which includes placement in a secure facility for five (5) days, alternative sanctions and an Alternative Sanctions Coordinator within each judicial circuit to act as the liaison between the judiciary, local department officials, district school board employees and local law enforcement agencies and coordinates alternative sanctions, including non-secure detention programs, community service projects, and other juvenile sanctions, in accordance with the courts.

Implications for Girls: Very often, a girl enters the system through a pathway as a FWSN and violates her court orders, which leads to delinquency charges. Most girls enter the juvenile justice system through truancy and other status offenses, which leads to their trajectory into the system resulting deeper system-involvement.

- **Standards of Care**

In the wake of new research and best practices in juvenile services, systems and agencies across the country are beginning to develop standards of care for their service delivery to youth. DCF and CSSD are committed to developing such standards within their respective systems and shared standards for service delivery to girls. Such standards will be accompanied

by training, certification, and monitoring and effective quality improvements on an ongoing basis for any practitioner or program licensed as Gender Specific by the Department of Children and Families. The long-term goal of this initiative is to require that any new program seeking funding as a Gender Specific Program is jointly certified by DCF and CSSD.

Implications for Girls: Standards of Care will need to look different for girls than for boys; certification in gender-specific services and programs will create new competencies to enhance services in all parts of the system.

- **Partnerships with Girls**

Partnerships with girls must be enhanced if the system is ever truly going to be responsive to the clients served.

Implications for Girls: For girls' services to succeed, girls must be involved in the design stage of new programs, the assessment stage of ongoing programs and the continuing quality improvement stage of all programs and services.

- **Evidence-Based Practice (EBP)**

Evidence-based Practice, or, EBP, is a term being used nationally to describe programs, services and curricula that have been demonstrated to be effective according to empirical research. DCF and CCSD are striving to create programs and services that are proven, through research, to be effective at reducing recidivism, reducing waiting time for placement and services, improving educational outcomes, and improving performance indicators.

Implications for Girls: Much of the very research that defines what is or is not "evidence-based" does not account for gender and culture, and, therefore, may not be "evidence-based" for girls or different ethnic/cultural groups. Such research often fails to include girls in norming samples, or that the number of girls in a sample is too small to generalize results. Most evidence-based practices to date are not rooted in gender specific programming principles, and several national experts in gender specific programming⁹⁰ challenge their effectiveness with girls. What has become a parallel movement to be both evidence-based and gender-specific has created a critical opportunity in Connecticut to implement those services that are evidence-based for girls and to test the effectiveness of gender-specific interventions. CSSD has found that:

"In Connecticut, evidence-based practice is systemically applied. Gender responsivity is also a priority. Validated screening and assessment tools are tenets of evidence-based practice. The gender literature often challenges the research that supports validity for girls, because often girls and women were either not included in samples or data were not analyzed

⁹⁰ Bloom, Covington, Owen (2003)

by gender. Connecticut's system ultimately engages in the national debate about the application of evidence-based practice for girls and women, which creates room for testing assumptions about the impact of gender in all areas of professional practice."⁹¹

- **Cognitive-Behavioral Therapy (CBT) and Interventions**

Cognitive-behavioral interventions have been highlighted as a preferred "evidence-based" intervention for juvenile justice system involved youth, including girls. Several CBT models have been utilized with youth in Connecticut, though DCF does not currently fund any CBT programs. Relational psychology fits more closely with gender-specific principles and philosophy.

Implications for Girls: One aspect of the "evidence-based" literature focuses on cognitive theory and behaviorism. Gendreau, Andrews, Bonta and others in the "Ottawa School" have developed a theory they call the psychology of criminal conduct.⁹² However, an important shift has been taking place in the theory of human psychology: in recent years, there has been a move from cognitive, behaviorist, humanistic, and psychoanalytic psychology, which postulate the individual as primary, to relational psychology.⁹³ Relational psychology focuses on connections, interdependence, changing patterns, and the understanding that individuals cannot develop outside a web of relationships.⁹⁴ In designing programs for girls, the core theoretical approach ought not to be the cognitive and rational-emotive approach, as this makes artificial divisions in women's experiences.⁹⁵ This approach also ignores the complexity of human experience and its interrelatedness.⁹⁶ What is most troubling about cognitive-behavioral interventions for court-involved girls is that many of the cognitive-behavioral interventions being promoted: a) were originally developed to meet the needs of a largely male population and are being used, with minimal adjustment, with girls, b) fail to fully acknowledge and validate all levels of the human experience (the cognitive as well as the affective/emotive), c) oversimplify how behaviors develop and how to change those that are maladaptive, d) fail to acknowledge the female experience when providing a context for their use, e) fail to provide training to staff on their application to girls (including training on girls' development, girls' unique responses to interventions and ways to engage girls in programming), f) are viewed as a sufficient intervention for female offending, g) lack attention to girls' unique development and pathways into the system (e.g., trauma) and the impact

⁹¹ Arnone, Chapman, & Sokoloff (2004)

⁹² Andrews, Bonta, and Hoge (1990)

⁹³ Stacey (1999)

⁹⁴ Covington (1998a)

⁹⁵ Kaschak (1992)

⁹⁶ Bloom and Covington (2002); Bloom (2003)

of both on receptivity to traditional interventions, h) are not strengths-based and pathologize normal thought patterns.⁹⁷ Although people's perceptions tend to become distorted when they are highly emotional, that does not mean that the emotions themselves are the results of distorted perceptions,⁹⁸ i) ignore the important shift in recent years to relational psychology,⁹⁹ j) lack attention to the importance of relationships in girls' lives, including the influence relationships and connection have on girls' engagement in programming.¹⁰⁰

Cognitive-behavioral interventions can serve a useful purpose; however, they should not be the only intervention used and may need adjustments in their delivery to a female population to ensure consistency with well known principles of gender-specific programming for girls. This may mean supplementing a cognitive behavioral curriculum with one that includes an important and complementary emotive orientation.

- **Balanced and Restorative Justice (BARJ)**

Balanced and Restorative Justice, or, BARJ, consists of a variety of interventions that focus on responsibility and accountability for the offender, the victim and the community.

Implications for Girls: Research and commentary on girls indicates that the victim, offender, community triangle needs to be adapted for girls, since girls are so often both "victim" and offender. The very word, "victim" is out of place in a strengths-based approach to services. Philosophically, BARJ can be an important service type, but it needs to be adapted for girls and should not be the sole intervention.

Scope of the Plan

This plan covers a current profile of girls in the juvenile justice system in Connecticut along with an explanation of the current service options and processes in place. It then takes a look at the gaps in the current system and seeks to describe models – not prescriptions – that can DCF and its' partners can utilize to improve and create gender-specific services for girls. It does not cover the fiscal constraints, specific legislative language for such models nor youth in crisis (16-17 year olds), but develops a suggestions based on research with other states. Immediately, there are many areas that can be accomplished this year. However, for the areas that will take new funding or further study, there will be some rollover to the DCF/CSSD joint strategic plan.

⁹⁷ Benedict (2003)

⁹⁸ Linehan (1993)

⁹⁹ Stacy (1999); Covington (2003)

¹⁰⁰ Benedict (2003)

II. POPULATION PROFILE

Who are the Girls in the Connecticut Juvenile Justice System?

For a more complete understanding of who the girls in Connecticut's Juvenile Justice system are, and to provide a context for the substantial recommendations presented in Section IV of this report, we have drawn on both the data in the report commissioned in 1999 by CSSD, *Court Involved Girls in Connecticut*, and, where possible this data has been updated.

How do girls enter the Connecticut Juvenile Justice system?

Approximately 36% of girls enter the Juvenile Justice system with a referral to court as a child in a Family With Service Needs¹⁰¹ (FWSN). This occurs when a status offense has been committed by a child or adolescent not punishable if it were committed by an adult (e.g., running away, truancy, beyond control of a parent). Depending on the severity of the status offense, the case can be handled either judicially (before a judge) or non-judicially (with a probation officer). The outcome of these cases can result several different ways:

- The FWSN protocol might be accessed (see Appendix A)
- FWSN supervision might be ordered
- Interim orders may be established
- Case may be dismissed
- Case may be dismissed and child and family are referred for services

In a non-judicial FWSN case, if the girl violates the terms of agreement, she must appear before a judge and her case is referred to the Court for judicial FWSN processing. If a girl violates a judge's orders, she then is referred to court as a Delinquent.

The OJJDP Act of 1974 called for the deinstitutionalization of status offenders. Although the legislation effectively lowered the number of status offenders detained, an amendment made in 1980 allows judges to re-label status offenders as Delinquents if they violate a valid court order, including probation violations. This amendment encourages the practice of bootstrapping and disproportionately affects girls¹⁰². Better collaboration between the juvenile court, child protection and juvenile justice systems, and community-based services would improve outcomes immensely.¹⁰³

¹⁰¹ Families with Service Needs (FWSN) is Connecticut's designation for status offenses.

¹⁰² Kaltenecker (2000) refers to a girl who hits a family member or acquaintance (often while defending herself or attempting to leave), is charged with battery or assault, is placed in the juvenile justice system, and often goes to prison. Several researchers have found this practice, sometimes referred to as "bootstrapping," especially prevalent in the delinquency of African American girls (Bartollas, 1993).

¹⁰³ Sharp, C. and Simon, J. (2004). Washington, D.C.: Girls in the Juvenile Justice System: The need for more gender-responsive services. CWLA press.

General Profile of Court-Involved Girls

In 1999, in Connecticut, 3,530¹⁰⁴ of the 10,435 juveniles with court cases disposed were girls. In 2004, there were 5,258¹⁰⁵ girls with court cases disposed, which is an increase of 49% of girls in the system.

The profile data show that court-involved girls in Connecticut are most likely to be:

- Referred to juvenile court for the first time at age 13 or 14 (5% were age 10 or younger, 18% were 11 or 12, 48% were 13 or 14, and 29% were 15 or 16).
- Caucasian (38%), but African-American (37%) and Latina (22%) girls are over-represented in comparison to Connecticut's juvenile population.
- Caucasian in criminal (adult) court as well (62%), where African American (27%) and Latina (10%) girls are less over-represented.
- First referred to juvenile court for a minor offense (38% for a minor misdemeanor, 16% for an A misdemeanor, 4% for a violation or infraction, and 37% for FWSN).
- Referred to juvenile court for minor offenses even when their most serious charges are highlighted (18% A misdemeanors, 42% minor misdemeanors, 12% violations or infractions, and 22% FWSN).
- Referred to criminal court for only slightly more serious charges (25% A misdemeanors, 54% minor misdemeanors, 7% violations or infractions).
- Disposed without substantial supervision or intervention (65% in juvenile court and 63% in criminal court).

Girls who spend time in detention often:

- Spend just 1 – 7 days there (41%), but 19% spend more than 30 days there,
- Have a history of FWSN referrals (83%), and of those who do, 55% have had two or more, and
- Are discharged non-judicially (29%) or have their cases nolle (10%).

Juveniles Admitted to Detention by Race and Sex¹⁰⁶

July 1, 2003 – June 30, 2004

Race/Ethnicity	Female	Male	Total
African-American	190	543	733
Latino/a	127	340	467
Asian	2	6	8
Other	7	10	17
Caucasian	203	435	638

¹⁰⁴ Lyon and Spath (2002).

¹⁰⁵ Data from CONDOIT.

¹⁰⁶ Data from CONDOIT.

TOTAL	529	1334	1863
-------	-----	------	------

DCF Committed Girls

Girls who were committed to DCF as delinquent were likely to have:

- High rates of public order type offenses (79%),
- A history of FWSN referrals in juvenile court (88%) and
- Have disproportionate minority contact for African-Americans (37%) and Latinas (22%).

Juvenile Justice Girls Committed by Race¹⁰⁷

Report For: 07-Dec-2004

Race	Total Committed	Percentage of Total
Caucasian	49	38
African-American	41	37
Latina	29	22
Asian	1	<1
Other	4	3
African-American/Caucasian	4	3
African-American/Latina	2	2
TOTAL	130	104%

DCF Committed girls have less charges than boys. Most girls are committed for substance abuse, escape and assault.

Juvenile Justice Parole Caseload - by Race - Girls¹⁰⁸

2004

Data on Girls	Total Number
Girls Committed	248
Girls Dually Committed	43
Serious Juvenile Offenders	6
Escape Risks	99
Assault Behavior	99
Weapons Charges	43
Gang Affiliation	23

¹⁰⁷ Data from CONDOIT.

¹⁰⁸ Data from CONDOIT.

Substance Abuse	101
Self-Injurious	53
Set fires	13
Sexually Assaultive	6
Sexually Victimized	44
Inappropriate Sexual Behavior	62
History of Abuse/Neglect	62

Girls who were on the Parole Services Intake Report during the fiscal year 7/1/03-6/30/04 were predominantly from the major urban areas:

- Bridgeport
- Hartford
- New Haven
- Waterbury

Parole Services Intake Report –Hometown¹⁰⁹

Report Period: 1-Jul-2003 through 30-Jun-2004

Town	Count of Male Commitments	Count of Female Commitments	Total New Commitments
Ansonia	1	0	1
Avon	1	0	1
Berlin	1	0	1
Bethel	0	2	2
Bloomfield	4	0	4
Branford	1	0	1
Bridgeport	37	8	45
Bristol	5	4	9
Broad Brook	1	1	2
Canterbury	1	0	1
Cheshire	1	0	1
Cos Cob	1	0	1
Coventry	1	0	1
Danbury	6	2	8
Danielson	1	0	1
Deep River	2	0	2
Derby	1	0	1
East Granby	1	0	1
East Haddam	1	0	1
East Hartford	1	3	4
East Haven	1	1	2

¹⁰⁹ Data from CONDOIT.

East Windsor	0	1	1
Enfield	7	2	9
Essex	1	0	1
Fairfield	1	0	1
Greenwich	1	1	2
Griswold	1	1	2
Groton	3	0	3
Hamden	1	0	1
Hartford	36	9	45
Harwinton	1	1	2
Ivoryton	0	1	1
Ledyard	0	1	1
Litchfield	9	2	11
Manchester	6	6	12
Meriden	8	0	8
Middlebury	1	0	1
Middletown	3	1	4
Monroe	1	0	1
Morris	1	0	1
Mystic	1	0	1
Naugatuck	1	1	2
New Britain	10	9	19
New Haven	19	1	20
New London	1	1	2
New Milford	1	1	2
Newington	1	0	1
Norwalk	6	1	7
Norwich	3	2	5
Oakville	2	1	3
Out Of State	1	0	1
Plainville	2	1	3
Plymouth	1	0	1
Rockville	1	0	1
Seymour	3	0	3
Somers	1	0	1
Stafford	1	1	2
Stafford Springs	0	1	1
Stamford	16	3	19
Stevenson	1	0	1
Stonington	2	0	2
Stratford	0	1	1
Terryville	1	0	1
Thomaston	1	1	2
Thompson	1	0	1

Torrington	5	3	8
Vernon	4	0	4
Wallingford	2	0	2
Waterbury	25	7	32
Waterford	1	0	1
Watertown	0	3	3
West Hartford	1	2	3
West Haven	4	0	4
Willimantic	1	0	1
Winchester	3	0	3
Windsor	1	0	1
Windsor Locks	0	2	2
Winsted	2	0	2
Wolcott	1	1	2
Totals:	277	90	367

FWSN Referred Girls

Historically, girls were referred to court due to status offenses, which by definition are offenses that are not punishable if committed by an adult. These include running away, truancy, beyond control of a guardian, defiance of school rules, and sexual promiscuity. Probation Officers and Judges report as common practice having violated the supervision of a FWSN referred girl and filing a delinquency petition to access detention services as a method of keeping girls safe. A judge may remand a youth to a secure temporary placement (for instance, detention) even when the “youth poses no real threat to the community”¹¹⁰

“Although girls frequently enter the system initially as a result of a status offense, they are often further involved in the juvenile justice system through violation of a court order, probation violation, or contempt charges. In this practice, called “bootstrapping,” female offenders are repeatedly detained for probation or court order violations, rather than for the commitment of a new offense.”¹¹¹

During 1999 in Connecticut, almost half of all girls referred to court were referred for status offenses as a FWSN. In 1999, there were 3530 girls referred to juvenile court in Connecticut, representing 34% of the total juvenile justice population. Of the 3530 girls referred, 1611 (or 46%) were referred as a FWSN. In fiscal year 2003-2004 there were 5452 girls referred, representing an increase of 54% since 1999.

¹¹⁰ Vera Institute (2002).

¹¹¹ CWLA (2004).

FWSN was the most serious offense on the first referral for more than 1200 girls referred to court in 1999 and for 1792 girls in 2003, meaning that a status offense was the most serious offense and no delinquency was charged. FWSN referred girls exist at every level of judicial involvement. In Detention, 77% of girls have at least one (1) FWSN referral in their court history.

Lyon and Spath¹¹² determined that:

- Girls with DCF (abuse/neglect) involvement are more likely to enter the court system with a FWSN referral than with a delinquency.
- Girls who enter the system with a FWSN referral are more likely to accumulate four or more additional court referrals.
- Girls who enter the system with a FWSN referral for running away were more likely than those with other FWSN charges to accumulate four or more court referrals.
- Girls who entered the juvenile justice system at the youngest ages are more likely entering with a FWSN referral.

“I am a strong, intelligent African-American woman.”

Focus Group Participant #3

The data indicates an alarming but not surprising trend. Girls who enter the Juvenile Justice System with status offenses have a significant risk of becoming entrenched in the court system as delinquents if they are not diverted with appropriate, gender specific services. Girls with multiple FWSN referrals are the most at risk for future involvement.

Delinquent Girls

Connecticut has a relatively small number of juvenile girls who commit serious criminal offenses. Only 13% of all girls in detention were charged with felony in 1999. Girls committed to the Department of Children and Families as a delinquent and sent to Long Lane School (in 1999) had several FWSN referrals marking their court involvement. For example, 88% had a history of FWSN with more than 72% of those having two or more FWSN referrals in their history. 52% had a Violation as the most serious charge, and only 9% of girls sent to Long Lane committed a Felony.¹¹³

Recent studies of smaller samples of girls in detention shows that most girls have high risk scores on the JAG risk/needs instrument but also show that girls in detention are rarely at risk for violent crimes. In fact, assessments indicate that only 14% of girls in detention are at risk of committing a violent crime, indicating the need for an alternate response for the majority of these girls.¹¹⁴

¹¹² Lyon and Spath (2002).

¹¹³ Lyon (2002).

¹¹⁴ J.F. Chapman, personal communication, March 30, 2004

Girls with Serious Dispositions¹¹⁵

Girls who received a more intensive disposition (probation or committed placement) were significantly more likely to:

- Have been rated high risk,
- Have records of truancy,
- Have indications of neglect,
- Have been referred to Department of Children and Families for verbal or emotional abuse,
- Have indications of physical abuse,
- Have indications of sexual abuse,
- Have some record of abuse or neglect,
- Have records indicating pregnancy or parenting,
- Have Department of Children and Families substantiated allegations of abuse or neglect,
- Have families who exert little control or influence, or contribute to delinquency,
- Abuse drugs or chemicals in ways that is serious and chronic or interferes with functioning,
- Abuse alcohol in ways that are serious and chronic or interfere with functioning,
- Have peer relationships that are negative or involve delinquent behavior,
- Have emotional disabilities that present barriers to learning,
- Have limited or no activities or curfew outside of school, and
- Be Latina.

Girls in the CT Juvenile Justice System: 1999-2004 Comparison¹¹⁶

These data show that the girls who received a disposition of probation or placement have multiple needs related to abuse or neglect, drug or alcohol abuse, ineffective family and peer relationships, and little structured activity outside of school.

Data on Girls		1999		2004	
		Number	%	Number	%
Total Juveniles		10,435		14,612	
▪ Number and Percentage of Girls		3,530	34%	5,258	36%
Race/Ethnicity of Girls					
▪ White		1729	49%	2,503	48%
▪ African-American		1024	29%	1552	30%
▪ Latina		671	19%	1,102	21%

¹¹⁵ Lyon (2002).

¹¹⁶ Lyon and Spath (2002) for 1999 data; CSSD for 2004 data.

▪ Other	106	3%	101	2%
Age Breakdown of Girls				
▪ 15 or 16	1,010	43%	2,505	48%
▪ 13 or 14	1,024	43%	2,284	43%
▪ 11 or 12	671	11%	445	8%
▪ 10 or Younger	106	3%	118	2%
Court Location	1999		2003	
▪ Danbury	127	4%	149	3%
▪ Stamford	131	4%	153	3%
▪ Norwalk	115	3%	152	3%
▪ Bridgeport	391	11%	539	10%
▪ Hartford	546	15%	783	15%
▪ New Britain	376	11%	491	9%
▪ Waterford	248	7%	372	7%
▪ Torrington	136	4%	196	4%
▪ Middletown	175	5%	307	6%
▪ New Haven	593	17%	978	19%
▪ Rockville	156	4%	313	6%
▪ Waterbury	356	10%	619	12%
▪ Willimantic	180	5%	206	4%
	Calendar Year 2003		Fiscal Year 2004	
Population of Girls FWSN	1611	46%	1,869	36%
Population of Girls Delinquent	2,765	31%	3,583	33%
Population of Juveniles Detained	1537	15%	1863	13%
Number and Percentage of Girls Detained	468	30%	529	28%
Number of Girls Cases Nolled/Dismissed	1445	41%	3262	62%
Number of Girls Cases FWSN Supervision	141	4%	444	8%

Number of Girls Probation Cases	631	18%	713	14%
Number of Girls Cases FWSN Commitment	8	<1%	50	1%
Number of Girls Cases Direct Placement	95	3%	95	2%

Girls Involved with Juvenile Court/CSSD

A snapshot of the juvenile justice caseload for girls on a particular day in December (12/7/04) by committing court reveals the high number of cases in the Bridgeport, Hartford and New Britain courts:

Juvenile Justice Caseload - Girls Only - by Committing Court¹¹⁷

Report For: 07-Dec-2004

Committing Court	Total Committed
Bridgeport	21
Torrington	12
Waterbury	14
Willimantic	1
Waterford	3
Norwalk	1
Danbury	8
Hartford	21
Middletown	4
New Haven	4
New Britain	21
Rockville	15
Stamford	6
Total Youth Involved:	130¹¹⁸

Girls involved in the Criminal Justice System (age 17 and under)

Although not the focus of this report, it is important to recognize the girls in the criminal justice and corrections systems in Connecticut. Between July 1, 2003 and June 30, 2004, there were 1500 girls (31%) and 2715 boys (69%) under age

¹¹⁷ Data from CSSD.

¹¹⁸ Data from CONDOIT, 12/7/04. Occasionally, there are multiple courts involved, which brings the total number of cases in courts to 131.

18 on Probation in the criminal justice system in Connecticut. During the same period, there were 269 girls (31%) and 597 boys (69%) admitted into an adult alternative sanction program, serving those on probation ages 16 and older.

According to a report from October 27, 2004, there were 123 girls age 17 or younger admitted or transferred within the Department of Correction since January 1, 2004. This is a marked increase from calendar year 2003, when 70 girls age 17 or younger were either admitted or transferred within the Department of Correction.

Case Study: Girls Voices -- What girls had to say about themselves

A series of focus groups were conducted with JJ girls throughout the state to find out what they think about programming, services, and myths and realities of their lives. This is a summary of their responses from discussions held between November 2004 to March 2000. The consistency of their statements of their strengths is remarkable.

When presented with this statement “There are many myths going around about girls like you, but most of them are not true. What would you say to get people to understand the reality?” Girls said:

- “I am someone who cares”
- “I am someone who doesn’t like to be looked down on”
- “I am family oriented”
- “I am not a bad person, I have issues I need help with”
- Staff read our files and believe what is written, I am different than what is written about me
- “We are kids”
- “We are so many things besides a juvenile delinquent”
- Ask us what is going on at home
- “Harsher things are happening to kids and those people get less charges that we do”
- “Until you walk in my shoes you don’t know”
- They don’t ask why
- “I am a strong female with the perseverance of a million men”
- “I am a future navy person”
- Delinquent girls are the ones that get caught, the ones that don’t get caught are more sneaky and should be watched more closely
- People should sit down and talk to the kids
- “I am just like anyone else”

When asked, “What is the most positive thing about you?” girls responded with enthusiasm:

I’m strong-minded. I’m smart. I’m funny and have a good sense of humor. I am a strong, intelligent, African-American woman. I make other people laugh, I give good advice and help people with their problems and I am smart. I am intelligent and I care about other people. I am nice, friendly, kind, loving, great!, enthusiastic, I can read other peoples minds, understanding, loving, caring, open

mindful, sense of humor, giddy, poetic, write songs, very talented, athletic, smart, good personality, good listener, funny, serious, love animals, poetic, artistic, serious, funny, can talk to my parents, nice to everyone, friendly, beautiful, very high self esteem, have pride in self, think for my self, I love myself, I am me.

III. CURRENT SERVICES FOR GIRLS: Community-Based and Residential

Background and Important Issues

DCF serves about 225 girls a year who are committed to the Commissioner as delinquent. Ten years ago Connecticut was one of the first states to recognize that these girls had significantly different needs than boys. Since then, other states and the federal government have recognized the need for services for delinquent girls that are designed specifically for them. Both the research and promising practices across the country have evolved in the direction DCF anticipated with the opening of Touchstone, a gender-specific residential program, seven (7) years ago. Of approximately 225 committed girls, about 160 are served in programs in Connecticut; about 31 are served in programs located outside the state; and, at any given time, about 35 have returned home and are receiving community services.

Although every girl who comes to us is unique, she is likely to share elements of this profile with other girls committed as delinquent. New programs are designed specifically for these girls:

- She's now 14 to 16 years old, although she may have started acting out a few years earlier;
- She's poor and has grown up in a neighborhood with a high crime rate;
- She's likely to belong to an ethnic minority group;
- She's had a history of poor academic performance and may be a high school drop out;
- She has used and abused drugs and/or alcohol;
- She may have a history of hurting herself or others;
- She has gone without attention for medical and mental health needs; and,
- She's been sexually abused, and, most often, from an early age.

Sexual Abuse and Trauma. Of critical importance to understanding why girls begin to demonstrate aggressive behavior and/or commit violent acts is the early age at which they suffer abuse and the negative repercussions of this abuse in their lives. Abuse not only interrupts girls' identity and sexual development, but it often triggers behavioral reactions and coping mechanisms that, though intended for self-protection, can lead to more negative life circumstances. It also brings them into the juvenile justice system. Such reactions and coping mechanisms are often linked to girls' aggressive and violent behavior. Girls with a history of sexual and physical trauma may:

1. Transform their hurt and pain into anger, which manifests itself in aggression and violence.
2. Turn their anger inward and act violently against themselves through self-mutilating behaviors, such as self-cutting and body scarification.
3. Act abrasively or combatively, to avoid their own emotions and ensure that others will not inflict harm upon them.

4. Assault others physically or verbally so that they can victimize others before they can be re-victimized.
5. Turn to drugs and alcohol to numb the pain of their abuse, which, in turn, often increases the propensity for violent behavior.
6. Attempt to commit suicide.

Family Involvement. Among the most important changes we started at Touchstone in 1996 was the expectation and staff necessary to involve the girl's family in treatment. One way this is done is by having the clinician and the girl return to her home for family treatment sessions. This is not a home pass, but a treatment visit. This has been successful in dealing with issues between parent and child, teaching the parents the new skills the girl is learning, and supports a more positive return to home and community. All of the new programs are doing the same with families.

Risk and Protective Factors. Gender-specific programs for girls are designed with an understanding of the connection between risk factors girls face at adolescence and protective factors that can help them avoid delinquency. Treatment in DCF programs aims to reduce the effects of risk factors, and to build on and increase protective factors. These are:

Risk Factors	Protective Factors
<ul style="list-style-type: none"> • Early sexual experimentation • Academic failure • History of sexual abuse • Low self-esteem • Dysfunctional family system • Racism • Sexism • Substance abuse 	<ul style="list-style-type: none"> • Delay of sexual experimentation • Academic success/progress • Trauma treatment • Positive self-esteem • Positive family environment • Positive cultural/ethnic identity • Positive gender identity • Pro-social skills and competence

Community-Based Services

Community-based treatment services for girls living at home currently consist of Multi-Systemic Therapy, Outreach, Tracking and Reunification and a scattering of other disparate services (see Appendix C for mapping of such services).

Residential Services

Traditional assumptions about any juvenile justice system lead to a linear model in which youth and programs are thought of in terms of the "easiest" to most challenging needs and treatment. It leads to girls, in this case, moving from program to program if she cannot make it in one, or two or three providers.

Indeed, the process is described as “the girl failing in treatment,” and not as programs failing to meet the needs of those in their care. In addition, service providers have been stand-alone entities that neither see themselves as inter-related, nor as having a mutual responsibility for the treatment of one girl. This makes it easier to simply request a girl’s removal without much thought as to what will happen in the next program.

In creating a DCF Girls’ Network, DCF is working towards a more embracing and less hierarchical model of service provision. The residential programs have been designed specifically for the needs of these girls. The programs meet weekly with DCF, Parole Services, CSSD, and the Office of the Child Advocate and have worked to streamline the process of referrals and placements, with the following agreed-upon goals: 1) the Network, including Parole Services, assumes responsibility for the care of the girls and work with their families; 2) the Network meets on a regular basis to insure girls’ needs are being met; 3) if a girl is having difficulty in one program, other programs consult on the case as a first step; 4) If everyone agrees that she will benefit more from another program in the Network, the sending program and the new program will work daily with the girl and her family and each other to support a positive transition; 5) on occasion, behavior that brings about a girl’s arrest and being charged with a crime may result in her removal to detention but the Network itself should help keep these occurrences to a minimum; 6) Riverview Hospital is a member of the Network and will support girls’ need for hospitalization, and crisis stabilization; and 7) CT Children’s Place is also a member of the Network, and will continue to play a role in supporting girls’ needs.

Current Residential Programs for Girls

DCF currently has 104 beds in residential programs that are providing some level of gender-specific services, providing a level of care from physically secure, medium secure to staff secure:

Program Name	Level of Care	Total Capacity
NECC (formerly Tri-County), Springfield MA (gender-specific)	Staff Secure Residential	9
NAFI-Steppingstone, Waterbury CT (gender-specific)	Medium Secure Residential	29
NAFI Touchstone, Litchfield CT (gender-specific)	Staff Secure Residential	26
Natchaug Hospital Residential Treatment Center, Mansfield CT (gender-specific)	Phys. Secure Residential	16
Community Partners in Action, Referral and Assessment Program, Hartford CT	Medium Secure	14
Connecticut Children's Place, E. Windsor, CT	Staff Secure Residential	10
TOTAL		104

However, many of the girls in the juvenile justice system in Connecticut are placed at residential providers who are not necessarily gender-specific programs. The following gives a sense of the residential providers who serve girls in the juvenile justice system.

Juvenile Justice Caseload - Girls

Report For: 07-Dec-2004

Placement Site	Girls Placed
Alison Gill Lodge	1
Children's Home EDT	1
Children's Home RT	5
Connecticut Children's Place	9
CREC Polaris Center RT	4
Germain Lawrence School	1
Gray Lodge RT	3
High Meadow	1
Klingberg Center RT	1
Lake Grove Durham Level1	1
Lisa Inc Plainville	1
Lisa Inc. Beacon House	2
Midwestern Connecticut Council on Alcoholism	2
Natchaug Hospital	1
Natchaug RTC	4
NAFI Stepping Stone	21
NAFI Touchstone	20
New Hope Manor SA	7
Riverview Hospital	1
Stonington Institute	5
Tri County Youth Programs Inc - Parent NECC	1
Valley Head	1
Waterford Country School RT	1
Wellspring Foundation	1
York Correctional Center ¹¹⁹	1
Passes	0
Escaped	0
Home Placement	34
Total for all placements:	130

Gaps in the Current Service Delivery System

Before reform recommendations can be examined for the juvenile justice system for girls, gaps in the current system must be addressed. All participants in the first meeting of the Steering Committee were asked to assist in conducting a

¹¹⁹ Placed at York by the adult criminal justice system.

SWOT (Strengths, Weaknesses, Opportunities and Threats) Analysis. Results of the SWOT Analysis are included in Appendix B.

Major difficulties in the current system include a need for:

- Models for programs to deal with assaultive behaviors
- Diverse programs and staff
- Institutional culture change
- Community-based programs for girls at home
- Increased education and vocation programs
- Diagnosis vs. person (complex PTSD v. conduct disorder or oppositional defiant behavior)
- Fragmentation among/between services (foster care, RTC) – no kick out
- Not In My Backyard (NIMBY) siting problems
- Staff salaries in private sector are low, turnover is high
- No early intervention services for runaways
- Delinquent criminogenic system
- Child welfare inadequacies
- Engaging families, family support geographically
- Risk vs. safety
- Courts lack understanding of girls and their issues and think the only way to protect them is to lock up – society's view of sex roles
- Driven by availability of services or beds
- Level of evaluations done
- Lack of information on commitment

“I am someone who doesn’t like to be looked down on”

-Focus Group Participant #4

IV. Recommendations: Building a Continuum of Services for Girls

The reforms described in the following section are lengthy and complex and the order may not always be clear to the reader. In order to guide the reader toward the reforms, a note of explanation is required. They are in three (3) categories: 1) Important Systems Reforms; 2) Important Continuum of Care Reforms; and 3) Important Quality Assurance Mechanisms. Although each category is a part of the whole, it was for purposes of clarity that this report is structured so.

Each category has specific information about the topic as well as specific recommendations. Each recommendation begins with: **There is an urgent and compelling need...** and is in bold with a box surrounding it. There is also an implementation plan in Section V.

The following is a listing of the reforms noted in the following section.

Summary of Reforms

1 Systems Reforms
<ul style="list-style-type: none"> ▪ Implement Gender-Specific Services for Girls Across a Continuum of Care ▪ Reduce Disproportionate Minority Contact ▪ Formalize DCF/CSSD Partnership in Gender-Specific Services for Girls ▪ Adopt a Systems of Care Model for Juvenile Justice Girls ▪ Ensure Family Involvement ▪ Care Coordination ▪ Implement Wraparound Services ▪ Improve Treatment Options ▪ Managed Service System ▪ Housing Assistance ▪ Intensive In-Home Programs (KidCare) ▪ Intensive In-Home Child and Adolescent Psychiatric Services ▪ Multi-Systemic Therapy ▪ Adolescent Substance Abuse ▪ Functional Family Therapy ▪ Multidisciplinary Family Therapy ▪ Cognitive Behavior Therapy ▪ Dialectical Behavior Therapy ▪ Trauma-Related Services ▪ Utilize Mentors ▪ Improve Processes and Services for Status Offenders ▪ Implement Needs-Based Siting ▪ Develop and Implement Gender-Specific Services for 16-17 year Olds

2 Continuum of Care Reforms

- Develop and Implement Gender-Specific Prevention Services
- Family Support Teams
- Collaboration with State Department of Education
- Gender-Specific Alternative Schools
- Truancy Prevention Programs
- After-School Programs
- Workforce Development Programs
- Mentoring in the Middle and High Schools
- Pre-Trial Diversion Programs
- Probation Alternatives and Graduated Sanctions
- Develop and Implement Gender-Specific Assessments
- Gender-Specific Residential Services and Placement Options
- Girls Who Are a “High Public Safety Risk”
- Respite Care
- Access to Services and Group Homes
- Multidimensional Treatment Foster Care
- State-Operated Inpatient and Residential Treatment Settings
- Riverview Hospital for Children
- Reduce Restraint and Seclusion
- Enhance Referral and Placement Process
- Examine the Size of Residential Facilities
- Ensure Single Sex Residential Facilities
- Consider Age-Specific Residential Services and Facilities
- Address Service/Programming Gaps
- Implement Services Regarding Sexual Health
- Implement Services Regarding Sexual Orientation
- Aftercare and Transitional Programs and Service Reforms
- Develop and Implement Improved Transitional Services/Programs

3 Important Quality Assurance Mechanisms

- Implement Gender-Specific Training and Technical Assistance
- Develop Gender-Specific Service/Program Standards
- Implement Oversight and Evaluation
- Develop and Implement a Certification Program to Establish Gender-Specific Competency
- Conduct Assessment, Research and Evaluation

1. Important Systems Reforms

1.1 Implement Gender-specific Services for Girls Across a Continuum of Care. A continuum of care for girls should include gender-specific service components and processes.

There is an urgent and compelling need for DCF services and programs (e.g., residential, non-residential/community-based) for girls to be gender-specific in philosophy and practice, and continuous quality improvement will ensure ongoing development according to local and national research and best practices.

All gender-specific services will reflect the philosophy and principles contained in this report including, but not limited to, those regarding family involvement, access to trauma services and access to a holistic model of service delivery and care. Although girls experience many stressors during adolescence and may face unique risks for delinquency, fulfilling certain needs can provide an environment where all girls can grow and thrive (Patton, 2002).¹²⁰

1.2 Reduce Disproportionate Minority Contact. The consideration of cultural expectations when developing gender-specific programs is crucial. Latina and African American girls are represented at almost twice their population rate in the juvenile justice system. The disparate experience of girls of color within the educational and social system at large (e.g. more likely to be poor, more likely to be placed in low-level academic/training programs, more likely to be victimized) is compounded within the population of girls of color entering into the juvenile justice system. This population is much more likely to have multiple and varied needs and issues than their Caucasian counterparts and as such, may need modified treatment and support programs. Further, the *Connecticut Court Involved Girls Profile Study* (2002) revealed, “Latina girls who become involved with juvenile court are most likely to display some of the

¹²⁰ Patton, P. and Morgan, M. (July 2002) *How to Implement Oregon’s Guidelines for Effective Gender-Responsive Programming for Girls*. Oregon Criminal Justice Commission Juvenile Crime Prevention Program and the Oregon Commission on Children and Families. The following components of a gender-specific service ones Patton and Morgan see as vital: 1) safe space, physically and emotionally, that is removed from the attention of adolescent males; 2) time to talk, to conduct emotionally safe, comforting, challenging, nurturing conversations within ongoing relationships; 3) opportunities to develop relationships of trust and interdependence with other women already present in their lives, such as friends, relatives, neighbors, loved ones and church members; 4) programs that tap girls’ cultural strengths rather than focusing primarily on the individual girl; 5) girls’ voices in program design, implementation and evaluation; 6) mentors who share experiences that resonate with the realities of girls’ lives and who exemplify survival and growth; 7) education about women’s health, including female development, pregnancy, contraception, diseases and prevention, along with opportunities for girls to define healthy sexuality in their own terms; 8) opportunities to create positive changes to benefit girls on an individual level, within their relationships and within the community; 9) adequate financing to ensure that comprehensive programming will be sustained long enough for girls to integrate the benefits; and 10) involvement with schools, so that curricula reflect and value the experience and contributions of women.

characteristics associated with repeat involvement: initial referral as FWSN [families with substantial need], referral at a young age, and first referral for truancy.”¹²¹ It is clear that the community system outside of the juvenile justice system is not adequately supporting the needs of these girls and it therefore becomes crucial that these inadequacies are not duplicated and exacerbated once they are within the juvenile justice system.

Reducing disproportionate minority contact is a high priority, as African Americans and Latino/as are overrepresented in juvenile justice facilities. In 1998, African Americans represented 11% of the overall juvenile population, but 44% of juveniles in detention; Latino/as represented 11% of the overall juvenile population, but 28% of juveniles in detention.¹²² There were 529 girls (or 28%) detained in fiscal year 2003-04.¹²³ The W. Haywood Burns Institute of the Youth Law Center has worked with many communities, counties and states across the country to reduce disproportionate minority contact through a multi-step process by gaining administrative emphasis, support and leadership; decision point mapping and data review (i.e., what affects decisions to arrest, book, detain, release and place) by ethnicity and race; creating and tracking outcome indicators for detention alternatives and dispositional programs; research into criteria used for decision making; ensuring culturally competent staff with ongoing training and understanding of DMC issues; eliminating barriers to family involvement, including removal of ethnic, cultural, socio-economic or language differences and ensuring family and parental involvement; developing alternatives to incarceration, including community-based programs, parental support, wraparound services, court diversion programs, tracking outcomes of alternatives, and utilizing restorative justice alternatives; and developing a full continuum of treatment, supervision and placement options.

There is an urgent and compelling need to reduce disproportionate minority contact (DMC) by working through a multi-step process including the development of alternatives to incarceration, including community-based programs, parental support, wraparound services, court diversion programs, tracking outcomes of alternatives, and utilizing restorative justice alternatives; and developing a full continuum of treatment, supervision and placement options for girls.

1.3 Formalize DCF/CSSD Partnership in Gender-Specific Services. The Judicial Branch (CSSD) and the Executive Branch (DCF) must share resources in a more extensive manner. Girls need both DCF and CSSD to work toward the development of gender-specific (e.g., relational and strengths-based) approach to girls’ services in both the types of services offered to girls and the way the system functions so as not to create additional barriers for girls.

¹²¹ E. Lyon and R. Spath (2002)

¹²² A Reassessment of Minority Overrepresentation in Connecticut’s Juvenile Justice System (2001).

¹²³ Data supplied by CSSD.

There is an urgent and compelling need for DCF to continue to work collaboratively with CSSD to formalize a partnership in gender-specific services.

1.4 SYSTEMS OF CARE: Adopt Model for Juvenile Justice Girls.

There is an urgent and compelling need to a) ensure that existing and newly developed community-based services are, by definition, gender-specific, and 2) expand the types of community-based services available in the DCF continuum of care so that girls can access services tailored to meet their particular needs.

1.4.1 Ensure Family Involvement. As with other DCF programs, families come first. Gender Specific services must truly involve the entire family from prevention to recovery to aftercare. Services and treatment are too often provided in isolation from the family. Family involvement must be real and immediate. In the Juvenile Justice arena, girls need relational services that promote healthy connections to children, families, significant others and the community.

There is an urgent and compelling need for family-centered services to be made available to court-involved girls.

1.4.2 Care Coordination.

There is an urgent and compelling need to expand the responsibilities of and resources for Care Coordinators¹²⁴ to become gender-specific case managers for girls in the juvenile justice system in the community.

Such adults will be qualified to understand girls' services and programs throughout the State and will be helpful in managing the needs of girls in the Juvenile Justice system.

1.4.3 Implement Wraparound Services. Wraparound is a term used to define community-based, family-centered, multi-agency services that are accessible to people in need of services. Milwaukee, Wisconsin pioneered wraparound services along with other counties and states across the country. In Milwaukee, there is a lead agency responsible for the funding for each family's service needs, wherever it is needed.

¹²⁴ Currently, DCF provides funding for Care Coordinators through community providers, but an expansion of this program would entail the need for additional funding since existing Care Coordinators have significant waiting lists.

There is an urgent and compelling need to create a system similar to the ones pioneered in Milwaukee, Wisconsin but one that is gender- specific and tailored to Connecticut's needs.

In a gender-specific juvenile justice system, girls must have access to a wider array of services in the community.

Since many girls in the juvenile justice system have service needs that cross agency lines, there is an urgent and compelling need for creative, non-traditional funding options to allow a full range of access to services.

1.4.4 Improve Treatment Options. All too often, girls in the juvenile justice system are given a clinical diagnosis which speaks more about her behavior than it does her mental health needs. Most girls in the juvenile justice system are trauma survivors yet they often receive a diagnosis of conduct disorder rather than posttraumatic stress disorder (PTSD). These often lead to lack of services for girls in the juvenile justice system.

All behavioral health services, including treatment planning, specialized treatment programs and other behavioral health services for girls are to be certified as gender-specific programs in order to be offered by DCF. In addition, it is not in the best interests of children for DCF to create a system parallel for juvenile justice girls as it has for girls in the child protection system (especially since so many of those girls have involvement in both child protection and juvenile justice). In contrast to a “silo” approach, DCF is interested in building upon what is already available and expanding and specializing those services to girls in the juvenile justice system.

There is an urgent and compelling need to develop gender-specific practices using, but not limiting to the following models, if they are to continue in community-based gender-specific programs: Integrated Adolescent Substance Abuse; Cognitive Behavior Therapy; Dialectical Behavioral Therapy; Intensive In Home Child and Adolescent Psychiatric Services; Functional Family Therapy; Multidisciplinary Treatment Foster Care (using the Oregon model); Multisystemic Therapy; and a cohort of Trauma-Based Services.

Duncan, Miller and Sparks (2000) and others have argued for the relational aspect as one of the most important aspect of a treatment outcome; 40% of what accounts for outcome variance has to do with what the clients bring to therapy and the therapist's (program's) ability to capitalize on the client's expertise.¹²⁵

1.4.4.1 Managed Service System. The Managed Service System is a consortium of DCF provider agencies convened under the authority of DCF local

¹²⁵ Duncan, *et al.*, (2000)

Area Office to assure that a comprehensive and coordinated array of services is available at the local level to meet the behavioral health and community support needs of children and their families.

There is an urgent and compelling need for Care Coordinator contractor agencies to incorporate gender-specific services to be utilized within the Managed Service System to identify and develop appropriate services and supports to successfully transition and/or maintain a girl within their community.

Managed Service Systems in each area of the state will make recommendations as to gender-specific programs that are currently available and additional services needed based on individual assessments of children currently in their community.

1.4.4.1.1 Housing Assistance

The Community Housing Assistance Program (CHAP) is a semi-supervised, subsidized, housing component for DCF committed youth 17 and older who are ready for more independence. Youth who are referred to the CHAP program must be in a successful full time educational program, must be employed part-time, must have completed a DCF- approved life skills program and must be recommended for placement by their social worker and two (2) non-DCF acquaintances. The program was designed to allow youth who were moving positively towards adulthood to begin to get those skills in a supervised manner.

There is an urgent and compelling need to expand the CHAP program to girls in the juvenile justice system and for housing decisions to be planned with safety and service needs in mind.

1.4.4.1.2 Intensive In-Home Programs

Intensive In Home programs (or KidCare) are designed to address not only the needs of the child but also how they interact within their family system and in their environment. All of the current evidence-based models are designed to address internalizing and externalizing factors that affect the child's mental health status and behavior.

There is an urgent and compelling need, as part of the continuing implementation of the Connecticut Community KidCare initiative, for DCF and DSS to be contracting with an Administrative Services Organization (ASO) to administer behavioral health services and supports available under HUSKY A, HUSKY B, and the Voluntary Services Program. The ASO will be responsible for maintaining a comprehensive provider database with information about special areas of clinical emphasis or expertise.

There is an urgent and compelling need that the Departments consider including provider information regarding gender-specific programming and certification so that this information can be used to facilitate access to gender-responsive services. This designation could also be used to conduct quality improvement studies focusing on access and outcomes.

In addition to offering insight into a child's behavior, they offer options to address the behaviors that may cause the child to be hospitalized or incarcerated. All components offer therapeutic interventions as well as a case management function to assist the family and their caretaker in concrete daily tasks. These services are currently available to all children in the DCF system, including juvenile justice, but many are unaware of the access.

These services include:

- 1.4.4.1.2.1 Intensive In Home Child and Adolescent Psychiatric Services (IICAPS)** IICAPS is similar to MST (see below), but focuses more on children who have internalizing psychiatric conditions.
- 1.4.4.1.2.2 Multi Systemic Therapy (MST)** MST works with the unique and individual ecology of each child, so the effects of culture, race and gender are inherently attended by the therapists using the model. The Connecticut based MST quality assurance/quality improvement service is committed to ensuring gender sensitive and informed quality care for youth involved in the juvenile justice system. There is periodic review to any identified gender related issues by carefully analyzing access to MST treatment via utilization data, treatment outcomes as they relate to gender, and supporting MST provider agencies in crafting case specific goals and treatment interventions for children that are informed by consideration of gender specific needs and dynamics. Outcome data from multiple MST clinical trials has consistently revealed that the relative effectiveness of MST not moderated by demographic characteristics (i.e., race, age, social class, gender, arrest and incarceration history). DCF is currently working on a trauma-sensitive, trauma-informed and evidence-based approach to MST with a private provider.
- 1.4.4.1.2.3 Adolescent Substance Abuse.** The Connecticut Alcohol and Drug Policy Council is developing a policy paper on gender differences and trauma informed service. There are adolescent substance abuse treatment models for girls such as Multidimensional Family Therapy (MDFT) which takes a

relational approach and have shown better outcomes for girls. Trauma and victimization has been identified in studies to have effect on treatment outcomes and needs to be assessed. A recent national report found girls and young women use substances for reasons different than boys and young men¹²⁶. They have different levels of risk, higher vulnerability and suffer consequences sooner. Gender specific services and standards around trauma informed services need to be developed. DCF substance abuse programs have started to develop capacity and skills but standardized criteria needs to be developed across treatment programs. We further recommend that prevention services become gender specific. Data on girls and substance abuse show that the pathways for girls' involvement in drugs are very different reasons from boys. Trends show that girls are starting earlier and that girls are more vulnerable to substance abuse and its consequences. Some have theorized that protective factors been decreasing.¹²⁷

Substance abuse services are provided to children and families in a variety of contexts. In addition to services provided in DCF facilities, the department funds substance abuse prevention, intervention and treatment services in the community. These treatment services include the following: home based, outpatient and residential treatment services for youth; immediate access for drug testing, evaluations and outpatient substance abuse treatment is available to primary caregivers involved in the department's child protective services through a DCF contract with a managed statewide network of substance abuse providers (Project SAFE); Supportive Housing for Families (SHF); Substance Abuse Families at Risk (SAFAR). The Substance Abuse Division emphasizes the use of evidence based treatment models.

In addition, Substance Abuse Specialists are part of Regional Resource Groups in each of the Department's regional offices, providing consultation, assessment, coordination and training on substance abuse issues to enable DCF social workers to better serve families. At the Central Office, a substance abuse division plans, develops standards, coordinates and manages quality assurance for the Department's overall effort.

¹²⁶ CASA, (2004)

¹²⁷ The National Center on Addiction and Substance Abuse at Columbia University, *The Formative Years: Pathways to Substance Abuse Among Girls and Young Women Ages 8-22*, February 2003, page 12.

- 1.4.4.1.2.4 Functional Family Therapy (FFT).** Currently there is one (1) program at Child and Family Services of Southeastern Connecticut using FFT. We recommend research into the Oregon Therapeutic Foster Care, Blue Sky model, which could be effective for girls.
- 1.4.4.1.2.5 Multidisciplinary Family Therapy** MDFT focuses on adolescents that have externalizing behaviors and will work within all settings in which a child and their family interact. Many of these children are currently or at risk of using substances. MDFT is a promising practice that could be adapted for girls.
- 1.4.4.1.2.6 Cognitive Behavior Therapy (CBT)** CBT has not yet been tested for women and girls and could be highly problematic in a gender-specific environment for girls since CBT's assumptions of the separation between thoughts and feelings creates an incompatibility with relationally-based theory or practice for women and girls in treatment.
- 1.4.4.1.2.7 Dialectical Behavioral Therapy (DBT):** Though the Department has not funded many DBT programs, NAFI has adapted DBT for girls' use and NECC uses the traditional DBT model. We recommend evaluation and further adaptation for a gender-specific environment for girls, if necessary.

1.4.4.1.3 Trauma-Related Services

The vast majority of girls in the juvenile justice system have experienced some form of trauma in their lives, either as victims or witnesses¹²⁸ (Abram et al., 2004). Trauma occurs across a broad context, from the direct experience or witnessing of events (e.g., sexual or physical abuse) that pose extreme personal physical danger, threat, violation or loss of control, to experiences of psychological, interpersonal and/or emotional trauma. For girls in the juvenile justice system, the experience of being arrested, removed from their homes, and detained can also be traumatic. The manifestations of trauma in these girls' lives are frequently severe, ranging from alcohol and substance abuse, to self-harming behaviors (i.e., cutting), to full-blown Posttraumatic Stress Disorder.¹²⁹ Indeed, the research indicates that there are both immediate and long-term behavioral and physiological consequences to trauma that must be considered in both understanding and treating girls with trauma histories. Trauma-informed or trauma-related services need to be researched to find models that would work with girls in the juvenile justice population. For instance, promising results have been indicated with the Traumatic Recovery and Empowerment Model (TREM)

¹²⁸ Abram, K., *et al.* (2004)

¹²⁹ Arroyo (2001); Cauffman, *et al.* (1998)

for incarcerated substance-abusing women, including longer community stays without arrest after release from prison.¹³⁰ Other models, including Girls' Circles¹³¹ Seeking Safety¹³² and Motivation Enhancement Therapy (MET) also need further research.

There is an urgent and compelling need to develop gender-specific trauma-related and trauma-informed services for girls in the juvenile justice system.

1.4.5 Utilize Mentors. Research has shown that positive adult relationships are one of the foremost protective factors in an adolescent or child's development. As part of service and treatment planning processes, girls need to be matched with a mentor.

There is an urgent and compelling need to conduct a matching process for each girl as she enters the juvenile court system and ask judges to assign a mentor -- as a pre-trial detention alternative.

There is an urgent and compelling need for the existing Outreach, Tracking and Reunification (OTR) model to be considered for adaptation into a more relational model that focuses on the development of a relationship between a girl and a competent adult she can relate to, and who can support and advocate for her.

1.5 Improve Processes and Services for Status Offenders. DCF will work with CSSD, through the Joint Strategic Plan, to improve processes and services for girls with a Families With Service Needs (FWSN) referral. Historically, services for adolescents referred to court as FWSN were scarce, if available at all. The recently adopted FWSN protocol (see Appendix A) establishes criteria for joint agency collaboration, drastically improving the chances of identifying and accessing needed services for FWSN's and their families.

There is an urgent and compelling need to establish quality assurance processes to ensure the protocol is fully utilized and that the service system accessible to FWSN girls be enhanced to demonstrate gender-specific programming principles. Additionally, a greater array of services is needed to fully serve this population.

Because most girls who spend time in detention in Connecticut have a history of FWSN referrals, it is paramount that diversion programs be further developed. In a one-day snapshot of girls in detention conducted on 6/24/03, 86% of

¹³⁰ Harris, M. (1998)

¹³¹ Bloom B. and Covington, S. (2001)

¹³² Najavits, L., *et al* (1998)

detained girls had at least one FWSN referral and 49% had two or more FWSN referrals in their court history.

CSSD, in conjunction with DCF, has established two girls' diversion programs in which FWSN girls and their families can access needed respite beds, with services on a voluntary basis, if she is at risk of being detained or entrenched in the juvenile justice system as a delinquent. This was developed in response to the overwhelming number of girls detained or placed residentially with a history of FWSN referrals.

There is an urgent and compelling need for the newly developed FWSN protocol and diversion model to be tested for effectiveness in reducing the FWSN to Delinquent to Detainee trajectory and that new models be developed and tested as well. When home is not a safe place for a FWSN girl to reside, staff-secure, gender-specific group homes or multidimensional treatment foster care should be made available.

There is an urgent and compelling need to make available a system of gender-specific programs that address the service needs of every FWSN girl so that she can be successfully diverted from detention and delinquent placement.

Incarceration does not meet the needs of the FWSN population. As a result of the FWSN protocol between DCF and CSSD, girls are beginning to be diverted. In order to implement the protocol there needs to be, for the FWSN population, services that target a) "beyond control" girls and b) truant girls. While there is some overlap with these two populations, the treatment models in some aspects may be different. Often, truancy masks educational disabilities and so truancy reduction programs, alternative small schools and availability of thorough assessments are necessary and should be developed collaboratively with the Department of Education and local school systems. For girls who are beyond control, family-centered behavioral health services should be made available. Also, criteria for "beyond control" status should be evaluated.

Although many FWSN girls violate their court orders and are incarcerated on a violation of court orders because of a lack of an appropriate grid of alternative services for this population, necessary services range from those mentioned above, to respite foster homes, multi-dimensional treatment foster care for the girls who cannot reside at home, community service and mediation programs in accordance with gender-specific philosophy.

On a long-term basis, there is an urgent and compelling need for diverting status offenders from the Juvenile Court altogether.

This could take one of several forms, either 1) mandate a diversionary period of five (5) days before referral to Court, which is similar to the Florida model or 2)

refer to a Community Service Board which is similar to the Illinois model. These are questions that cannot be answered in this plan and should be determined by the joint DCF/CSSD strategic planning process.

1.6 Implement Needs-Based Services Siting. All decisions on siting new facilities or programs are to be based on service needs, access to transportation and housing. Services need to be placed where the girls are – not the reverse.

There is an urgent and compelling need to use data to inform where service needs exist.

1.7 Develop and Implement Gender Specific Services for 16-17 Year Olds. Although 16-17 year old girls are considered youthful offenders under current state statutes, they were not part of the scope of this plan. However, improved gender-specific services for girls are needed, no matter what their legal status is.

There is an urgent and compelling need to support funding for the recommendations on the Task Force on 16-17 Year Olds.

Youth in Crisis are better served in the juvenile justice system than in the adult criminal court system.

2. Important Continuum of Care Reforms

2.1 Develop and Implement Gender-Specific Prevention Services.

Abuse has been correlated with increased truancy, running away, substance use/abuse, risky sexual behavior, eating disorders, low self-esteem, prostitution, and violence. Other risk factors include difficulty in school (often compounded by undetected learning disabilities, pregnancy and other health concerns), and gang-related activities.¹³³ The presence of these factors was reinforced by the *Lyon and Spath report* (2002)¹³⁴. It becomes clear that for these girls, mental and emotional health issues, learning disabilities and a lack of resources to address them, has a causal relationship to the behavior that places them in the juvenile justice system.

“Adolescent girls are entering the juvenile justice system with far more complex mental health, substance abuse, physical health, vocational, and educational concerns than their male counterparts. The increased focus on punishment instead of rehabilitation or support and the lack of community options has disproportionately impacted girls in the juvenile

¹³³ Girls, Inc. (1996).

¹³⁴ Lyon and Spath, (2002).

justice system by further narrowing possibilities for needed intervention and diversion alternatives.”¹³⁵

DCF will strive to improve access to gender-specific prevention services that will keep girls out of or returning to the juvenile justice system through a variety of means including: Family Support Teams, School-Based Initiatives including Gender specific Alternative Schools and Truancy Prevention Programs; After-School Programs; Re-Entry Efforts; Workforce Development Programs; and Mentoring. Research has shown that positive adult relationships are one of the foremost protective factors in an adolescent or child’s development and DCF will strive to expand current mentoring programs into the high schools. In addition, Pre-Trial Diversion Programs must be expanded. Each of these is described in detail below:

2.1.1 Family Support Teams. Family Support Teams are teams of professionals and paraprofessionals who provide intensive, home and community based intervention to children and caregivers to ensure the identified child’s success in home, school and community. Children targeted for this intervention are those who have a psychiatric diagnosis with complex behavioral health needs, and who are returning home or to treatment foster care from residential treatment. Children who are at risk for entering residential levels of care, or those who have experienced frequent psychiatric hospitalizations are also considered appropriate for this level of care.

The Family Support Team (FST) model requires an integration of licensed professional staff offering therapeutic services (i.e., family treatment, parent guidance, individual therapy, crisis intervention and medication management) in concert with paraprofessional staff who provide a variety of support services including but not limited to, mentoring, tutoring, transportation and recreational activities. Services are provided in the home and various community settings (school, job site, recreational venues). The clinical support needs of adult caregivers are also addressed through support, direct clinical care or linkage to appropriate service. Psychiatric services are embedded within this model and all families utilizing this service have timely access to 24/7 crisis intervention and in home support. Each Family Support Team is comprised of 4 (FTE) licensed professionals and 4 (FTE) paraprofessionals, one FTE Clinical Director and .5 FTE Psychiatrist and .5 FTE APRN.

Each referred family is matched to a specific licensed professional / paraprofessional unit, but has access to the skills and services of all team members as necessary. The goal of this service is to provide support and clinical intervention required to sustain the identified child in his/her home environment. The Family Support Team will remain involved with the child and family until a 6-month period of stability has been achieved, at which time, services will be transitioned to a less intensive community based services. The FST will,

¹³⁵ Girls, Inc., (1996).

however, remain available to re-engage the child and family should a crisis occur and this level of support is again required. DCF has contracted for seven (7) Family Support Teams to provide statewide coverage.

There is an urgent and compelling need to expand the services of Family Support Teams to girls in the juvenile justice system.

2.1.2 Collaboration with State Department of Education. The challenging experience that girls and children of color have in our society is mirrored in our educational system. It is expressed through test scores, discipline rates, dropout rates, career choice and college enrollment and retention. Recently, focus has been placed on the achievement gap among our nations' school-aged population and how expectations and success continue to elude girls and students of color. If these two distinct populations experience difficulty, imagine the barriers present to students that combine these categories: girls of color. This population continues to drop out of high school at alarming rates, continues to be placed in lower-level courses, prepared for low-wage careers and has an increased likelihood of victimization.

There is an urgent and compelling need for schools, parole services and others in the juvenile justice system to work collaboratively to transition committed girls into the educational system in a manner that promotes school success and supports ongoing treatment for behavioral health needs (if necessary).

There is an urgent and compelling need to work with State Department of Education (SDE) to develop new models for gender-specific educational services for girls.

There is an urgent and compelling need to work with SDE to develop a "re-entry" policy for girls returning to schools and for SDE to collaborate with local school districts in the implementation of the policy and the development of the policy application.

2.1.3 Gender-Specific Alternative Schools. Alternative schools, which are gender-specific, exist in other states and they need to be researched in order to develop similar models for Connecticut. The PACE Center for Girls is one such option. PACE is a gender-responsive, school-based program, established in 1985 as an alternative to incarceration or institutionalization of at-risk adolescent girls in Jacksonville, Florida, which has been successfully replicated in 18 cities throughout Florida.¹³⁶ Another such promising practice is a residential program called GROWTH, for girls in Alabama who are committed delinquent in an 18-month program. Preliminary results are quite positive: 100% of girls remained in

¹³⁶ More information on the PACE educational centers is available on line at www.pacecenter.org/history.htm.

school, 97% never had another (or first) pregnancy. Girls transition from secure facility to staff secure to home.

There is an urgent and compelling need to research and develop a gender-specific school-based model as an intervention for girls who are at-risk for system-involvement.

2.1.4 Truancy Prevention Programs. Emphasis must be placed on literacy and meeting the educational needs of girls so that they do not become truants. Research needs to be conducted into school-based and community initiatives that may exacerbate or mitigate the risks for court involvement among girls and that encourage school success for at-risk girls. The Truancy Court Prevention Project in Hartford is one such model. Court sessions are held at Hartford High School through a collaborative project sponsored by the Center for Children's Advocacy, Hartford Public Schools and the Judicial Branch. The model includes educational reviews and case management.

There is an urgent and compelling need to research and develop gender-specific truancy prevention projects for girls who are at-risk for truancy.

2.1.5 After-School Programs. There are a large array of services that need to be made more accessible to girls in the juvenile justice system who have returned to schools in their community. These might include Youth Service Bureaus focusing more on the needs of these girls or Girl Scouts expanding into more communities or local school districts offering programs of interest to these girls. Some of the promising programs in residential facilities could be expanded into the community, such programs as: 1) drumming, 2) literary readings, 3) stepping, 4) performing arts and 5) music/art/dance. To be most effective, these programs must adhere to gender-specific philosophy and principles.

There is an urgent and compelling need to provide after-school services that are gender-specific, structured, strengths-based and holistic for girls in the juvenile justice system.

2.1.6 Workforce Development Programs.

Workforce development programs for girls must be gender-specific and provide training and employment opportunities that allow girls access to training for occupations that yield a wage that permits economic self-sufficiency, particularly non-traditional jobs for their gender. Career counseling and development activities should be targeted to girls, facilitating their exploration of a broad range of careers particularly in higher skill, higher wage fields. Training must be provided for instructors on gender inclusive and culturally competent pedagogy, environment and curriculum.

Once girls become committed, the issue of returning to their community and their school systems are a natural place to begin cross-system collaboration efforts.

In 2001-2202, the Girls Justice Initiative sent out a national survey to juvenile defense attorneys and juvenile court judges. The responses revealed the following: Almost three-fourths of attorneys (72%) and over half of judges (56%) believe vocational training and educational services for girls were lacking in their jurisdictions, both inside and outside of placements. Further, the girls that were interviewed, and many of the judges and defense counsel surveyed, were not aware of resources in their communities to provide vocational training and meaningful employment for system-involved girls.¹³⁷

Unfortunately, it is not surprising that girls within the juvenile justice system continue to be educated and trained into traditional occupations. Women and girls continue to be concentrated in vocational programs that are traditional for their gender, such as home health aide, cosmetology, and childcare.

Segregating women into traditional occupations compromises their earning capacity due to the large pay disparities between traditionally male and traditionally female jobs. In addition, girls consigned to traditionally female vocational programs often receive inequitable educational opportunities, including less access to advanced level courses and high technology programs. Pervasive sex segregation, sexual harassment in the classroom, discrimination in counseling and recruiting, and other gender-based biases are creating serious barriers to girls' future earning power.¹³⁸

Compounding this occupational segregation is the tendency to have limited career/education expectations for girls in the juvenile justice system. Because these girls have been identified as "at risk", the strongest measure of success becomes their lack of recidivism in the system. Because of the high number of girls that have learning and behavioral challenges, expectations for their educational and career success are limited even further.

These girls, already limited by poverty, racism, and emotional and learning issues are further challenged by a lack of role models from which to visualize high expectations. "The inadequate attention to careers in high school is especially problematic for young people whose parents and friends are unemployed or in unskilled jobs. Since these students cannot learn about or gain access to these careers through informal networks, the absence of good formal channels to these jobs becomes a major disadvantage."¹³⁹

Therefore, girls in the juvenile justice system have a triple bind to their power to make informed career decisions: 1) they have experienced non success in school; 2) they have entered into systems that have low expectations for their educational or occupational success and 3), it is very likely that they have limited access or exposure to adults that represent a breadth of career options or who have stable employment.

¹³⁷ Girls Justice Initiative, (2003).

¹³⁸ National Women's Law Center Report, (2002).

¹³⁹ .Lerman, (1999).

The only formal employment readiness programs that DCF funds were originally funded through the Governor's Youth Initiative, and were for boys. In 2000, as part of the Governor's Youth Initiative supported by the Office of Workforce Competitiveness, DCF and the Department of Labor formed a partnership with Our Piece of the Pie (OPP) to provide employment readiness skills to girls and boys on parole. OPP is a unique youth business incubator that is a program of Southend Community Services in Hartford. Along with employment readiness skills, the program provides life skills and social skills development. Court-involved children and those in foster care are served in Hartford and Bridgeport. Among the youth businesses are Riverwrights Boat Building, Echoes from the Street Youth Newspaper, Drumming Full Circle, Junior Art Makers, and Web Works. In 2003, the federal Department of Labor recognized OPP as a Promising and Effective Program for its ability to provide youth businesses that are structured to include seven key elements: (1) activities that children want to do, (2) products or services that have a market in the community, (3) older adolescent role models similar to the participants, (4) adult role models and mentors with appropriate technical expertise, (5) training for all, (6) resources from the community, and, (7) participants decide distribution of profits or services. The Youth Pilot is integrated with other department services, including Transitional and Independent Living, the regional office, Parole, Outreach, Tracking and Reunification, and Multi Systemic Therapy, among others. Also, in 2003, OPP partnered with the CT Women's Education and Legal Fund to create a plan to make the program more responsive to the needs of girls who participate. The evaluation of OPP showed it to be a promising practice that could be expanded into a gender-specific program.

There is an urgent and compelling need to develop gender-specific workforce development services for girls that give them access to educational and occupational success.

2.1.7 Mentoring in the Middle and High Schools. A primary protective factor for adolescent girls is the presence of a healthy adult relationship outside of their family. These can take the form of mentors, who can divert and prevent girls from involvement in the juvenile justice system if they are implemented at a young age. Since most girls get involved in the juvenile justice system between the ages of 13 and 16, mentors should be introduced, especially to at-risk girls, at those ages.

There is an urgent and compelling need to expand mentoring programs into the middle and high schools in areas where girls are at-risk for system-involvement.

2.1.8 Pre-Trial Diversion Programs.

Within the DCF/CSSD Joint Strategic Plan, the issue of creating gender-specific pre-trial diversion programs should be a part of the discussions.

There is an urgent and compelling need to create gender-specific pre-trial diversion programs.

2.1.9 Probation Alternatives and Graduated Sanctions.

There is an urgent and compelling need to expand probation alternatives and graduated sanctions to have a larger number of graduated sanctions than presently exist prior to violating probation. These might include community service and mediation.

2.2 Develop and Implement Gender-Specific Assessments. The juvenile justice system is in a much better position to serve girls if we know who and what we are dealing with, across disciplines. Once we “connect the dots”, we see a very different situation and subsequently, options. Obtaining a good comprehensive assessment is essential in guiding service options.

An important aspect of gender specific services is to be mindful of the impact of assessment on the child so as not to retraumatize the child through unnecessary questioning. The approach to assessment is to therefore collect and review previous evaluations, treatment summaries and available histories whenever possible so as to inform a sensitive approach to further assessment of the child. Current and future assessment tools must be scrutinized to create gender specific means for clinical staff to understand the clinical diagnoses, the history and the strengths of the girls we serve. The following may be useful to draw from.¹⁴⁰

- Illinois' Cook County Juvenile Department, a gender specific risk assessment and strengths/needs assessment instrument for girls has been developed that looks at family relationships, mental health, basic needs, substance abuse, life skills, history of abuse and neglect, physical safety, peer relationships, school status, social supports, motherhood and health.
- A comprehensive assessment and interview protocol for young women in the Juvenile Justice system was developed by Leslie Acoca of the National Council on Crime and Delinquency (1995)¹⁴¹.
- San Diego's County Department of Probation developed a risk and resiliency check-up (1998) for youth, which they are redesigning to become gender-specific.
- In Oregon, the Northwest Professional Consortium, Inc. has developed a strength/needs assessment tool for both male and female juveniles. The

¹⁴⁰ Oregon's Guidelines for Effective Gender-Responsive Programming for Girls, July 2002.

¹⁴¹ Acoca, (1995).

organization has also developed a Juvenile Crime Prevention Risk Screen and Assessment Instrument.

There is an urgent and compelling need to provide girls with a comprehensive (multi-perspective) assessment that brings to life the girl and her family, including not just her court history, but the dynamic factors of her and her family's strengths and interests.¹⁴² Assessments used with girls need to be researched for their attention to important issues that are unique to girls.

There is an urgent and compelling need to seek and/or develop validated gender specific risk, strengths and needs assessment tools. The Juvenile Assessment Generic (JAG), utilized by Juvenile Probation in Connecticut, should be evaluated for gender responsiveness. Until research is complete, a specific supplement for girls should be added to the assessment process in the short-term.

2.3 Gender-Specific Residential Services and Placement Options.

There is an urgent and compelling need to a) ensure that existing residential services are, by definition, gender-specific, and 2) realign or reallocate the types of residential services/options available in the DCF continuum of care so that girls can access services tailored to meet their particular needs.

There is an urgent and compelling need to expand access of residential services in the areas of the state and for the populations of girls who are most under-served.

2.3.1 Girls who are a "High Public Safety Risk".

There is an urgent and compelling need for gender-specific services for girls who are considered to be a "high public safety risk" and to establish and utilize clear criteria to determine if a girl is indeed a "high public safety risk".

Too often, girls are exposed to services and interactions in facilities that have not fully adopted a gender-specific approach. This may result in girls "acting out" in predictable and often avoidable ways. Through a gender-specific certification program, DCF should a) ensure that facilities receive the proper training on gender-specific approaches to avoid this phenomenon, and b) be careful to not assume that all "acting out" renders girls a "high public safety risk". For girls who are determined to be a high public safety risk, DCF should develop a plan for their care that includes developing an internal capacity to meet their unique

¹⁴² Juvenile Justice Working Group (2004).

needs, instead of advocating for a new residential program. This could take the form of DCF reassigning existing beds in the DCF residential provider network to accommodate these girls through a specialized model in which staff are trained specifically to work successfully with girls in two target populations: 1) girls who are currently in the system and have not experienced success at any of the programs currently offered at these facilities and 2) girls who have been in system a long time and have been placed in out-of-state facilities. If accomplished, girls in out-of-state facilities will be returning to Connecticut, where an opportunity for connection to family and community is greatest and most likely.

2.3.2 Respite Care. Families often need a short-term respite when dealing with chronic crisis situations. As an alternative to detention, there is an urgent and compelling need to assess the effectiveness of current CSSD's Center for Assessment, Respite and Enrichment (CARE) for FWSN girls who are in danger of becoming entrenched in the court system, or detained, for chronic status offending; develop respite beds for girls who need emergency shelter (i.e., runaway girls); conduct research on why girls run, since running from a residential provider often creates a deeper pathway into the juvenile justice system.

There is an urgent and compelling need to realign existing beds to respite and emergency care.

2.3.3 Expand Access to Services and Group Homes. DCF has received approval to open five (5) new group homes this year and has requested six (6) additional group homes in the current budget for FY '06. These 11 group homes are specifically connected to the Service Initiative Proposals that were submitted during summer 2004. These group homes will encompass a wide range of behavioral health treatment services. While all will provide trauma informed services, some will serve youth with problem behaviors, others with more psychiatric issues, and still others will serve those with histories of psychosexual behavior problems. More than half of these group homes will serve adolescent girls. Two (2) of the homes this year and two (2) to three (3) of the homes next year are specifically being designed to serve adolescent girls with varying behavioral health needs. In addition, a six (6)-bed therapeutic group home for adolescent girls ages 14-21 with significant psychiatric issues and behavioral issues is slated to open in late spring 2005 in Danbury. This was the result of an RFP and is particularly designed for young women who will eventually transition into the Department of Mental Health and Addiction Services. Finally, a therapeutic group home for younger adolescent girls will be opening in spring 2005 in the North Central area of the state for girls with marked psychiatric and behavioral difficulties. There is an urgent and compelling need to ensure that girls in the juvenile justice system have access to service providers and programs in their community. Specifically, there is a need to expand access of

DCF-funded group homes to girls in the juvenile justice system, especially those who have been formerly placed out-of-state.

There is an urgent and compelling need to assign existing and planned group home beds for girls in the juvenile justice system who are in need of behavioral health services.

2.3.4 Multidimensional Treatment Foster Care (MTFC). MTFC is a cost effective alternative to group or residential treatment, incarceration, and hospitalization for adolescents who have problems with chronic antisocial behavior, emotional disturbance, and delinquency. In the Oregon model, which is a promising practice, community families are recruited, trained, and closely supervised to provide MTFC-placed adolescents with treatment and intensive supervision at home, in school, and in the community; clear and consistent limits with follow-through on consequences; positive reinforcement for appropriate behavior; a relationship with a mentoring adult; and separation from delinquent peers. The target population for MTFC is generally teenagers with histories of chronic and severe criminal behavior at risk of incarceration. Though MTFC has not been tested in a gender-specific environment, it is a promising practice and contains many important program components. MDFT training for community families emphasizes behavior management methods to provide children with a structured and therapeutic living environment. After completing a pre-service training and placement of the youth, MTFC parents attend a weekly group meeting run by a program case manager where ongoing supervision is provided. Supervision and support is also given to MTFC parents during daily telephone calls to check on children's progress and problems. Family therapy is provided for the child's biological (or adoptive) family, with the ultimate goal of returning the child back to the home. The parents are taught to use the structured system that is being used in the MTFC home. Closely supervised home visits are conducted throughout the youth's placement in MTFC. Parents are encouraged to have frequent contact with the MTFC case manager to get information about their child's progress in the program. Frequent contact is maintained between the MTFC case manager and the child's parole/probation officer, teachers, work supervisors, and other involved adults. Evaluations of MTFC have demonstrated that program children compared to control group: 1) spent 60% fewer days incarcerated at 12 month follow-up; 2) had significantly fewer subsequent arrests; 3) ran away from their programs, on average, three time less often; 4) had significantly less hard drug use in the follow-up period; and 5) quicker community placement from more restrictive settings (e.g., hospital, detention).

There is an urgent and compelling need to develop Multidimensional Treatment Foster Care services, using the Oregon model¹⁴³.

¹⁴³ Chamberlain, P., & Mihalic, S.F. (1998). Blueprints for Violence Prevention, Book Eight: Multidimensional Treatment Foster Care. Boulder, CO: Center for the Study and Prevention of Violence

2.3.5 State-Operated Inpatient and Residential Treatment Settings

2.3.5.1 Riverview Hospital and Connecticut Children's Place.

Connecticut is one of the few states in the nation where juvenile judges have the capacity to order 30-day inpatient evaluations for pre-adjudicated youth.¹⁴⁴ Riverview Hospital for Children and Youth has provided these evaluations to pre-adjudicated girls since its inception in 1974, and statistics from the last 10 years show that 45-65% of hospital admissions each year have been for these court-ordered evaluations, with about 30-50% being for girls. Although follow-up data is limited, the average rate of re-hospitalization for the hospital as a whole is 12%.

Four (4) years ago, a new specialized inpatient unit (initially 12-bed, but then expanded to 14-bed) opened at Riverview jointly sponsored by CSSD and DCF. The aim of this program was to re-direct youth from the juvenile justice system (both pre- and post-adjudication) into the mental health system by a collaboration of resources from both over a three (3) to four (4)-month inpatient hospitalization. Participation was voluntary (court-orders were rescinded upon admission) and consent as well as a commitment to treatment from families, probation and parole officers, and the involved youth were sought prior to acceptance for admission. Liaisons from the unit to the three (3) state detention centers as well as CJTS were developed, and pre-admission interviews were conducted. A criteria for acceptance included a community resource willing to participate in treatment and willing to accept the youth after discharge, assuming treatment was successful. The focus of the problem was on creating a positive, strength-based milieu treatment program where youth were re-integrated into their community with a focus on integrated aftercare (MST, IICAPS, continued collaboration between the patient, family, DCF, mental health providers, and probation/parole). This program has been a paradigm for breaking down the walls separating traditional mental health and juvenile justice programming to create successful programs for youth.

As the range of services available in the community has expanded, referrals to this program have dropped. The hospital is now considering developing an inpatient unit for traumatized girls currently in the juvenile justice system who have not been able to be treated in any of the current residential programs due to persistent self-abusive behavior or repeated runaways. There are very few such programs in the US which more likely reflects the lack of funding for inpatient care versus the existence of other successful less restrictive treatment programs for this high-risk population. In addition, the hospital plans on making trauma a focus of treatment for the entire hospital, given the presenting history of physical, sexual, and emotional trauma in 95% of the inpatient population.

Riverview's treatment models have focused on an individualized treatment plan developed following an intensive two (2)-week multidisciplinary evaluation led by

¹⁴⁴ Siegel, Stubbe, and Thomas, (1999).

a Child Psychiatrist during which individual evaluations are completed by psychology, education, social work, nursing, rehabilitation, pediatrics, psychiatry, neurology, speech and language, etc. While gender-specific issues are considered, programming is not usually gender-exclusive, except for portions of the pregnancy-prevention groups (which are broken into sub-groups by gender); unit groups that focus on gender issues; and assignments of individual therapists, which take gender into account. All units are co-ed (except a sub acute unit for boys necessary because of environmental considerations).

Riverview and Connecticut Children's Place have participated in the DCF Girls' Network. Benefits have included the ability to collaborate with outside providers and refer girls for placement who would have previously been stuck at RVH, and also being able to admit high-risk girls discussed for whom treatment recommendations were unclear or who were doing poorly in less restrictive settings. In addition, by participating in the Network, gaps in the system could be identified, and a continuum offered (for example, being able to back-up short-term hospitalizations or risky residential placements). Connecticut Children's Place provides ten (10) beds for girls who are in need of placement in the juvenile justice system.

There is an urgent and compelling need to continue to realign the DCF-operated and funded residential beds in order to develop the most effective gender-specific programs for girls in the juvenile justice system.

2.3.6 Reduce Restraint and Seclusion. Restraining and locking girls in their rooms should never be a substitute for effective programming or staff competency.

There is an urgent and compelling need to train staff how to effectively teach girls how to manage their needs, and have healthy options for girls with significant mental health or behavioral needs (i.e., hospitalization, treatment, respite).

2.3.7 Enhance the Referral and Placement Process. The current placement mechanism for girls is through the DCF Girls' Network and the CPT process. However, these do not include non-residential referrals. There is an urgent and compelling need to ensure that the current referral and placement process for girls be examined so that essential improvements can be made to the process. Because of bed shortages in years past, referrals were often made based on bed availability rather than on the risks, strengths and needs of the girl.

There is an urgent and compelling need for this process to be reversed with a protocol that clearly indicates that the best interests of the girls are the priority in placement or re-placement decisions.

2.3.8 Examine the Size of Residential Facilities. Research has shown that smaller care environments/programs are more effective than larger ones for girls. When asked about the types of facilities they would like, most girls say they would like them to be smaller, more home-like, and that the community should function as a family.

There is an urgent and compelling need to determine whether to have facilities larger than six (6) beds.

2.3.9 Ensure Single Sex Residential Facilities. Single sex residential facilities are a primary component of gender-specific services.

There is an urgent and compelling need to ensure that gender-specific residential facilities be single sex.

2.3.10 Consider Age-Specific Residential Services/Facilities.

There is an urgent and compelling need to conduct research on the efficacy of differentiated age programs (e.g., 11-13 only, 14-16 only) to ensure that age-differentiated services within current and future facilities are appropriate.

2.4 Address Service/Programming Gaps

2.4.1 Implement Services Regarding Sexual Health. For girls who are pregnant, we recommend maternal and child health services as well as parenting education. There are a number of promising programs for healthy families: 1) the Hartford-based Healthy Families Program through Connecticut Children's Medical Center could be expanded to girls in the juvenile justice system; 2) the High Risk Infant Program which is run collaboratively by Lawrence and Memorial Hospital and the DCF Norwich Office could be expanded into other parts of the state and 3) Nurse Case Managers could be funded to follow new mothers in the juvenile justice system with monthly home visits up to the age of two and intensive one-to-one parent education in their home.

There is an urgent and compelling need to investigate promising programs in order to develop gender-specific services for girls who are pregnant and parenting.

There is an urgent and compelling need to provide education and treatment in sexual health in a non-judgmental setting, especially for girls who are or have been sexually active.

2.4.2 Implement Services Regarding Sexual Orientation. Girls are "coming out" at earlier ages than ever before and their sexual orientation may often be a trigger for other girls' or staffs' discomfort ranging anywhere from

ignorance to physical violence. Because of the Department's sense of dedication to addressing diversity, and how inattention to those issues can create harassment situations, as well as violence at home and school, it is imperative that LGBT (Lesbian, Gay, Bisexual and Transgender) issues are dealt with in a therapeutic and fostering manner.

The social isolation and stigma attached to sexual minority status leads to significantly higher rates of substance abuse, suicide attempts and completions; truancy; dropouts; running away and homelessness.¹⁴⁵

Staff training in the area of LGBT cannot be underestimated, as these sometimes very complex underlying thoughts and feelings experienced can manifest themselves when unaddressed. In an attempt to lessen anxiety and/or stressors, as well as unnecessary stigmas related to LGBT issues, programs will provide training, awareness and on-going education for staff and children. This training and education will proactively address the LGBT area and offer support to girls, thereby lessen reaction, displaced anger and frustration.

There is an urgent and compelling need to develop gender-specific services for girls whose sexual or gender identity is gay, lesbian, bisexual or transgender and to work with system partners.

2.5 Transitional Services and Programs Reforms

2.5.1 Develop and Implement Improved Transitional Services/Programs.

DCF must work with SDE to develop a "re-entry" policy for girls returning to schools and for SDE to collaborate with local school districts in the implementation of the policy and the development of the policy application. In addition, the juvenile justice system needs to focus more carefully on other needs of girls as they become committed, including: housing, transportation, child care, vocational opportunities, and leisure time activities.

There is an urgent and compelling need to provide more planning for services for parents, families and girls after girls are placed back in their family's home.

3 Implement Quality Assurance Mechanisms

3.1 Implement Gender-Specific Training and Technical Assistance

Comprehensive training on gender-specific programming (theory and practice) to all service and program types is needed to raise the bar of service delivery to girls according to national research and best practices. There is an equally important need to provide follow-up technical assistance following training to assistant providers in translating training into improved practice and to provide a

¹⁴⁵ D'Augelli, (1993).

forum within which they can discuss implementation needs, challenges and compliance issues. Training and technical assistance could occur by service/program types (i.e., group home staff could be trained together, residential staff could be trained together) so that content could be tailored to each service/program type.

It will also be important to provide training and technical assistance in gender-specific policies, practices and procedures to DCF, CSSD and Judicial Branch administrators at all levels. This is particularly important as such personnel are developing policies, procedures and practice standards for girls.

There is an urgent and compelling need to provide comprehensive training and assessment to staff in all community-based services, in all programs (both public and private) for DCF, CSSD and Judicial Branch administrators in gender-specific programming issues. Training must be tied to outcome measures to determine whether it is successful. Technical assistance may be used as a follow-up measure.

Because girls' needs have gone unnoticed for so long, there is a lack of knowledge about the needs of females at all levels of the system. Training and technical assistance is critically needed for two reasons: 1) to update system personnel on cutting-edge research, theory and practice, and 2) to facilitate the development of a critical understanding of girls' development and service needs so that all future decisions and actions can fully take into account the female perspective

"Training will enhance practitioner-client interactions and facilitate important dialogue on the form and function of specific interventions (e.g., parole) and the ways in which such services can be enhanced to be more gender responsive (and, in turn, more effective for system-involved girls). Armed with new knowledge about the needs of system-involved girls, practitioners can discuss the ways in which they can deliver optimal interventions for girls and make strategic plans to improve service delivery".¹⁴⁶

3.2 Develop Gender-Specific Service/Program Standards

These standards will become the reference point for all decisions made about girls services and be tailored to each service/program category, as needed.

There is an urgent and compelling need to develop gender-specific service/program standards that are operationalized from the philosophy and principles provided in this report.

3.3 Implement Oversight and Evaluation

¹⁴⁶ Benedict, (2003).

Once gender-specific standards have been developed, DCF should ensure that new language/standards are included in all service/program contracts and agreements and formally shared with providers. DCF should monitor services and programs for their adherence to identified gender-specific service principles/standards. Evaluators will be trained on the principles of gender-specific programming so that they can accurately assess programs' compliance. Related to monitoring, system level quality assurance strategies will be implemented to ensure that essential gender-specific program development is occurring and being delivered effectively and appropriately.

There is an urgent and compelling need to implement oversight and evaluation efforts for all existing and new gender-specific services and programs.

3.4 Develop and Implement a Certification Program to Establish Gender-Specific Competency.

Existing services and programs will be given adequate time to become certified as gender specific programs. Certification would become a requirement for all DCF and CSSD services and programs serving girls in the juvenile justice system.

There is an urgent and compelling need for DCF to work with CSSD, other agencies, private providers and outside consultants to create a gender-specific certification program for all service types, including residential facilities, to ensure that they are by definition, gender-specific (e.g., trauma-informed, relational, safe, strengths-based, culturally competent) and have specialty services in substance abuse and other behavioral health topics.

3.5 Conduct Assessment, Evaluation and Research

Good data is the empirical foundation for effective programs¹⁴⁷, as noted by Patton and Morgan (2001) from their experiences in Oregon over the past ten (10) years. Assessment of existing services/programs is particularly important for the following reasons: 1) to identify program strengths, 2) to identify program challenges and determine technical assistance needs, 3) to identify promising programs, 4) to identify model programs.

There is an urgent and compelling need that existing DCF processes and services be assessed for the purposes of determining their gender-specificity; thus facilitating needed program enhancements that impact effective service delivery to girls.

¹⁴⁷ Patton and Morgan (2001).

During the course of the preparation of this document, a number of research and evaluation questions arose which could not be dealt with herein. For instance, in addition to data which could not be ascertained due to limitations on data collection and analysis, the following questions need to be understood:

- Reasons why girls women commit crimes
- Impact of interpersonal violence on girls lives
- Importance of children in the lives of female delinquents
- Relationships between girls in an institutional setting
- Process of girls' psychological growth and development
- Environmental context needed for programming
- Challenges involved in reentering the community

As research and practice explore the potential for and actual efficacy of new approaches/interventions and treatments for system-involved girls (e.g., Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Multi-Systemic Therapy, Functional Family Therapy, and various group therapy curricula), it is critically important to determine their appropriateness for and application to females. Historically, research on treatment needs has focused on those of males, and research regarding effective interventions has included primarily male participants. Because of this, interventions that work for males have been assumed to work for females. DCF should avoid this assumption by ensuring nonbiased data collection and analysis methods (e.g., including looking at outcomes that particularly important for girls). Ongoing evaluation will also be important so that needed adjustments can be made. Finally, research on cutting-edge system- and program-level practice should inform all policy, procedure and practice decisions.

There is an urgent and compelling need for DCF and CSSD to tackle research and evaluation questions within the context of the joint strategic planning process.

V. Implementation Plan: Immediate (1 year) and Short-Term (1-3 years) Recommendations

Immediate

The following set of recommendations can begin during year 1 of this plan. However, some may take longer to complete than one (1) year to complete and are more carefully described on pages 6 and 7 of this report:

Recommendation
1.1 Implement Gender-Specific Services for Girls Across a Continuum of Care
1.3 Formalize DCF/CSSD Partnership in Gender-Specific Services
1.4.4.1.3 Trauma-Related Services
1.4.5 Utilize Mentors
2.3.2 Respite Care
2.3.3 Expand Access to Services and Group Homes
2.3.5.1 Riverview Hospital for Children and Youth and Connecticut Children's Place
2.3.8 Enhance Referral and Placement Process
3.3 Implement Quality Improvement Oversight and Evaluation
3.5 Conduct Assessment, Research and Evaluation

Short-Term

The following recommendations may begin earlier than during year 2 of this plan, but require discussion with other agencies. Many of these recommendations will require additional funding. Some are overall systems reforms which reflect CSSD, DSS, SDE concerns in addition to DCF. CSSD and DCF are currently engaged in a Joint Strategic Plan; these recommendations will be forwarded to the Executive Committee of the DCF/CSSD Joint Strategic Plan, which includes major stakeholders in juvenile justice in Connecticut.

Recommendation
1.2 Reduce Disproportionate Minority Contact
1.3 Create a Formal DCF/CSSD Partnership
1.4 Adopt a Systems of Care Model for Juvenile Justice Girls
1.4.1 Ensure Family Involvement
1.4.2 Expand Number of Enhanced Care Coordinator Positions
1.4.3 Implement Wraparound Services
1.4.4 Improve Treatment Options
1.4.4.1 Improve Managed Service System
1.4.4.1.1 Expand Housing Assistance
1.4.4.1.2 Intensive In-Home Programs (KidCare)
1.5 Improve Processes and Services for Status Offenders
1.6 Implement Needs-Based Siting
1.7 Develop and Implement Gender-Specific Services for 16-17 Year Olds
2.1.1 Expand Family Support Teams

2.1.2 Collaborate with State Department of Education
2.1.3 Research and Develop Gender-Specific Alternative Schools
2.1.4 Research and Develop Gender-Specific Truancy Prevention Programs
2.1.5 Provide After-School Programs
2.1.6 Develop Gender-Specific Workforce Development Programs
2.1.7 Expand Mentoring Programs into Middle and High Schools
2.1.8 Create Gender-Specific Pre-Trial Diversion Programs
2.1.9 Expand Probation Alternatives and Graduated Sanctions
2.2 Develop and Implement Gender-Specific Assessments
2.3 Ensure Residential Services are Gender-Specific, Sited by Need
2.3.4 Develop Multidimensional Treatment Foster Care
2.3.7 Reduce Restraints and Seclusions
2.3.9 Determine Size for Residential Facilities
2.3.10 Ensure Gender-Specific Residential Facilities are Single Sex
2.3.11 Research Age-Specific Residential Facilities for Girls
2.4.1 Implement Gender-Specific Sexual Health Services
2.4.2 Implement Gender-Specific Sexual Orientation Services
2.5.1 Improve Transitional Services and Programs
3.1 Implement Gender-Specific Training and Technical Assistance
3.2 Develop Gender-Specific Service and Program Standards
3.3 Implement Oversight and Evaluation
3.4 Develop and Implement a Certification Program to Establish Gender-Specific Competency
3.5 Conduct Assessment, Research and Evaluation

VI. REFERENCES AND RESOURCE MATERIALS

Abram, K.A., Teplin, L.A., Charles, D.R., Longworth, S.L., McClelland, G.M., & Dulcan, M.K. (2004). Posttraumatic Stress Disorder and trauma in youth in juvenile detention. *Archives of General Psychiatry*, 61, 403-409.

Acoca, L. (1998). *Outside/Inside: The Violation of American Girls at Home, on the Streets, and in the Juvenile Justice System*. *Crime and Delinquency* 44 (4): 561-589.

Albrecht, L. (2000). "Valentine Foundation Recommendations", from Children's Comprehensive Services, The Shero's Journey.

American Bar Association and the National Bar Association. (May 2001) *Justice by Gender: The Lack of Appropriate Prevention, Diversion and Treatment Alternatives for Girls in the Justice System*. Washington, DC

Arroyo, W. (2001). PTSD in children and adolescents in the juvenile justice system. In S. Eth (Ed). *Review of Psychiatry*, 20(1), *PTSD in Children and Adolescents* (1st ed.) (pp. 59-86). Washington, DC: American Psychiatric Publishing.

Belknap, J. (1996) *The Invisible Woman: Gender, Crime, and Justice*. Wadsworth Publishing, Belmont, CA.

Benedict, A. (2001, 2002, 2003) *Gender-specific Programming for females: Translating Research into Action*. CORE Associates Training Materials.

Benedict, A. (2002) *Limitations of Moral Reconation Therapy When Applied to Females*. CORE Associates Training Materials.

Benedict, A. (2003) *Gender-specific Approaches to Multi Systemic Therapy* (unpublished manuscript).

Benedict, A. (2002) *Important Elements of Female Programming: Improving Services and Interventions for Males and Females* (unpublished manuscript).

Benedict, A. (2003) *Capacity Building: Developing a Gender Responsive Justice System for Young Women in Rhode Island*. Rhode Island Justice Commission and the Rhode Island Department of Children, Youth and Families.

Bergsmann, I. (1989). The Forgotten Few – Juvenile Female offenders. *Federal Probation*, 73-74.

Bloom, B and Covington, S. (2001). Effective Gender-Responsive Interventions in Juvenile Justice: Addressing the Lives of Delinquent Girls. *Paper presented at the 2001 Annual Meeting of the American Society of Criminology*, Atlanta, Georgia, November 7-10, 2001.

Bloom, B., Owen, B., and Covington, S. (2003) *Gender-Responsive Strategies: Research, Practice, and Guiding Principles for Women Offenders*, National Institute of Corrections, Washington, DC.

Board of Supervisors, County of San Diego, Policy on Gender-Responsive Services.

Bridges, G., Hsia, H., McHale, R. *Disproportionate Minority Confinement: 2002 Update*, September 2004, (NCJ 201240)

Cauffman, E., Feldman, S.S., Waterman, J., & Steiner, H. (1998). Posttraumatic Stress Disorder among female juvenile offenders. *Journal of the American Academy of Child and Adolescent Psychiatry*, 37(11), 1209-1216.

Chamberlain, P., and Mihalic, S.F. (1998). Blueprints for Violence Prevention, Book Eight: Multidimensional Treatment Foster Care. Boulder, CO: Center for the Study and Prevention of Violence.

Charde, S., ed. (2003) *I am NOT a Juvenile Delinquent*.

Chesney-Lind, M. (1979) "Young Women in the Arms of the Law." In *Teenage Women in the Juvenile Justice System: Changing Values*, Ruth Crown and Ginny McCarthy, eds. New Directions for Women, Tucson, AZ.

Chesney-Lind, M. (1997) *The Female Offender: Girls, Women and Crime*. Sage Publications, CA.

Chesney-Lind, M. (2001) *What About Girls? Delinquency Programming as if Gender Mattered*. Corrections Today. February 2001.

Chesney-Lind, M. and Freitas, K. (1999) *Working with Girls: Exploring Practitioner Issues, experiences and Feelings, a report of the Hawai'i Girls Project*, vol. 4, no. 403. The Center for Youth research. Social Science research Institute. University of Hawai'i at Manoa.

Chesney-Lind, M., and Randall, S. (1998). *Girls, Delinquency, and Juvenile Justice*. Second Edition. Belmont: Wadsworth Publishing. First Edition, 1992

D'Augelli, A.R. (1993). "Preventing Mental Health Problems Among Lesbian and Gay College Students." *Journal of Primary Prevention*, 13(4), 245-261.

DiBiase, M. Psychology and Justice Working Together: Addressing the needs of female juvenile offenders, *Healing Magazine*, Volume 5, No. 2, Fall/Winter 2000

Duncan, B.D., Miller, S.D. and Sparks, J. (2000) *The Heroic Client : A Revolutionary Way to Improve Effectiveness Through Client-Directed, Outcome-Informed Therapy*, Jossey-Bass, San Francisco, CA

Females in Juvenile Detention, *International Journal of Law and Psychiatry* (in press).

Gilligan, C. (1982) *In a Different Voice: Psychological Theory and Women's Development*. Harvard University Press, Cambridge, MA.

Girls, Inc. (1996) *Improving Policy and Practice for Adolescent Girls with Co-Occurring Disorders in the Juvenile Justice System*.

Griffin, P. , The Post-Traumatic Stress Disorder Project -- Continued, (October 2002). *Pennsylvania Progress, Juvenile Justice Achievements in Pennsylvania*, Vol. 9, No. 2.

Hammond, S. (December 2004) "Downsizing helps delinquents." *State Legislatures*, 23.

Harris, M. *Trauma Recovery & Empowerment - A Clinician's Guide to Working with Women*. (1998) The Free Press, New York, NY.

Holsinger, K. (1999) *Challenging Delinquency Theories and Sexist Processing*. Paper presented at the Annual meeting of the American Society of Criminology, Washington, DC.

Interagency Adolescent Female Subcommittee. (1999). *What Works For Girls*. Minnesota Department of Corrections, Valentine Foundation: A Conversation About Girls.

Investing in Girls: A 21st Century Strategy, (1999) *Juvenile Justice*, Volume VI, Number 1, October 1999.

Juvenile Justice Implementation Team, (2004) *Report pursuant to Section 1 of Public Act 03-257, CT General Statutes*.

Juvenile Justice Working Group. (2004) *Trauma among Girls in the Juvenile Justice System*, National Child Traumatic Stress Network.

Juvenile Justice Working Group. (2004) *Assessing Exposure to Psychological Trauma and Post-Traumatic Stress in the Juvenile Justice Population*, National Child Traumatic Stress Network.

Lederman, C., Dakof, G., Larrea, M., Li, H. (2004). Characteristics of Adolescent Females in Juvenile Detention (2004) *International Journal of Law and Psychiatry, Publication: in Press*.

Lyon, E., Spath, R. (2002). *Court Involved Girls in Connecticut*. Submitted to Court Support Services Division, State of Connecticut Judicial Branch, University of Connecticut School of Social Work.

Maniglia, R. (1998) *Appropriate Gender Specific Programming for Female Offenders and Girls At-Risk: Standards for Operation*. Ka Mana o Na Kaikamahine: the Power for the Girls Conference. Tokai University Pacific Center. Honolulu, HI

Maniglia, R. (1998) *Juvenile Female Offenders: A Status of the States Report*. Office of Juvenile Justice and Delinquency Prevention, Washington, DC.

Maniglia, R. (2000) Judicial Branch, Court Support Services Division, *Gender-Specific Programming for Females, Training of Trainers Curriculum*.

Mental Health Association, *Criminal Justice Initiative Narrative*, Milwaukee County

Moore, J., and Hagedorn, J. 2001. *Female Gangs: A Focus on Research*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice.

Navajits, L.M., Weiss, R.D., Shaw, S.R., Muenz, L.R. 1998. "Seeking Safety: Outcome of a New Cognitive-Behavioral Psychotherapy for Women with Posttraumatic Stress Disorder and Substance Dependence," *Journal of Traumatic Stress, Vol. 11, No. 3*.

National Center on Addiction and Substance Abuse at Columbia University. (2003). *The Formative Years: Pathways to Substance Abuse Among Girls and Young Women ages 8-22*. NY.

National Mental Health Association. *Mental Health and Adolescent Girls in the Juvenile Justice System*. Fact Sheet. Alexandria, VA

Office of Juvenile Justice and Delinquency Prevention. (1998) *Guiding Principles for Promising Female Programming: An Inventory of Best Practices*. Washington, DC:, U.S. Department of Justice.

Odem, M.E. and Schlossman, S. (1991) "Guardians of Virtue: The Juvenile Court and Female Delinquency in early 20th Century Los Angeles," *Crime and Delinquency*, 37.

Office of Juvenile Justice and Delinquency Prevention, *Juvenile Female Offenders: A Status of the States Report*. (1998). Washington, DC: U.S. Department of Justice.

Office of Juvenile Justice and Delinquency Prevention, *Juvenile Justice Journal: Investing in Girls: A 21st Century Strategy*. (1999). Washington, DC: U.S. Department of Justice.

Patton, P. and Morgan, M. (July 2002) *How to Implement Oregon's Guidelines for Effective Gender-Responsive Programming for Girls*. Oregon Criminal Justice Commission Juvenile Crime Prevention Program and the Oregon Commission on Children and Families.

Prescott, L. (1998). *Improving Policy and Practice for Adolescent Girls with Co-Occurring Disorders in the Juvenile Justice System*. Delmar, NY: The National Gains Center for People with Co-Occurring Disorders in the Justice System.

Ross Leadbetter, B.J. and Way, N. (1996). *Urban Girls: Resisting Stereotypes, Creating Identities*. University Press, New York, NY.

Schiraldi, V. and Soler, M., *Locked Up Too Tight – It's harder to Prevent Abuse in Prisons Like These*, Washington Post, 9/19/04.

Sharp, C., Simon, J. (2004). *Girls in the Criminal Justice System: The need for more gender-responsive services*. CWLA Press, Washington, DC.

Sherman, F. *Girls in the Juvenile Justice System: Perspectives on Services and Conditions of Confinement*, Juvenile Rights Advocacy Project, Girls Justice Initiative.

Siegel, Stubbe, and Thomas, Poster Presentation, *Academy of Child and Adolescent Psychiatry Meetings*, Chicago, (1999).

Simmons, R. (2002). *Odd Girl Out: The Hidden Culture of Aggression in Girls*. Harcourt, Orlando, FL.

Snyder, H. (1997) *Juvenile Justice Bulletin*. Office of Juvenile Justice and Delinquency Prevention, Washington, DC.

Snyder, H. (2002). *Juvenile Arrests 2000*. Office of Juvenile Justice Delinquency Programs, Washington, DC.

Travis, J. (1999). *Adolescent Girls: The Role of Depression in the Development of Delinquency*. Washington, DC: National Institute of Justice, U.S. Department of Justice.

Widom, C. *Childhood Victimization and the Derailment of Girls and Women* to the Weiler, J. (1999). *An Overview of Research on Girls and Violence*. New York, New York: Institute for Urban and Minority Education, Teachers College, Columbia University.

Wiig, J., Widom, C, and Tuell, J. (2003) *Understanding Child Maltreatment and Juvenile Delinquency: From Research to Effective Program, Practice, and Systemic Solutions*. CWLA Press, Washington, DC.

Zlotnick, C., Navajits, L.M., Rohsenow, D.J., Johnson, D.M. (2003) "A Cognitive-Behavioral Treatment for incarcerated Women with Substance Abuse Disorder and Posttraumatic Stress Disorder: Findings from a Pilot Study", *Journal of Substance Abuse Treatment*, 25.

APPENDIX A. DCF/CSSD FWSN PROTOCOL

DEPARTMENT OF
CHILDREN AND FAMILIES

AND

CONNECTICUT
JUDICIAL BRANCH

Implementation of Policies and Procedures for the Processing of Family With Service Needs Cases

Filing of Complaint

Any FWSN complaint filed pursuant to Section 46b-149 of the Connecticut General Statutes shall be in writing and signed by the complainant. Such complaint shall be assigned to the Court Support Services Division (CSSD) Supervisor and may be reviewed by the Juvenile Prosecutor for legal sufficiency.

Upon the principle that the family as well as the child must be involved in services in order to effectively deal with the child's problematic behavior, the Juvenile Probation Officer and DCF Social Worker will work together to assess the family's needs and strengths and to coordinate service delivery.

Court Support Services Division

The Juvenile Probation Supervisor will review the referral, determine the handling and assign the case to a Juvenile Probation Officer. If the case is to be processed non-judicially it shall be handled in accordance with CSSD non-judicial FWSN case handling policy.

The Juvenile Probation Supervisor may recommend that a FWSN protocol referral be made at the initial assignment of the case based on reported mental health issues, an immediate need to access services, or known history including individual, family or sibling.

Initial Interview – Non-Judicial Handling

The non-judicial interview will be conducted by a Juvenile Probation Officer with the goal of resolving the conflict through mediation or other dispute resolution techniques. In select cases, the FWSN Social Worker or Court Liaison may attend the initial non-judicial interview.

If the initial meeting is unsuccessful in resolving the matter, the Juvenile Probation Officer may attempt to assist the family in accessing resources privately. If this is unsuccessful or not possible, the Probation Officer may determine that a FWSN protocol referral is needed due to mental health issues or the need for services not available in the community. Additionally, the Juvenile Probation Officer will administer the Massachusetts Youth Screening Instrument (MAYSI) and, should a score of 4 cautions or 2 warnings occur, the Juvenile Probation Officer **may** make a FWSN Protocol Referral.

The Juvenile Probation Officer may then schedule a second non-judicial appointment with child, parent and Department of Children and Families (DCF) Social Worker to further identify issues and coordinate appropriate services. School personnel should, when appropriate, be invited to this appointment to assist in the collaborative process.

On non-judicial cases, the DCF FWSN Social Worker will meet with the probation officer, child and his/her family and refer to services. Cases will not be made judicial for the sole purpose of accessing services.

Judicial Handling

If judicial handling is warranted, the Juvenile Probation Officer shall file the petition in accordance with Section 46b-149 of the Connecticut General Statutes.

At anytime during the case, the Juvenile Probation Officer may determine that a protocol referral be made for services prior to **Disposition**. Before presenting FWSN petitions filed by the Juvenile Probation Officer, the Juvenile Prosecutor may request information regarding the case from the Juvenile Probation Officer and the FWSN Social Worker. Once the Protocol referral is made, the DCF Social Worker can refer family to services prior to the pre-trial hearing. Both the Juvenile Probation Officer and the DCF Social Worker shall attend all court hearings and be prepared to submit information to the court.

Department of Children and Families

The FWSN Liaison to the court and/or the DCF social worker will be responsible for attending all FWSN and delinquency hearings. The Liaison will be available to the Court as well as to the Juvenile Probation Officer to answer questions regarding DCF involvement, interview families where more information is requested by the court, cover hearings such as docket matters and pre-trials upon request of the social worker and may consult on cases prior to identifying the need for a FWSN referral. The Court liaison shall participate as a member of the case review team.

FWSN Protocol Referral

The Juvenile Probation Officer prepares a FWSN referral packet including the face sheet, copy of the FWSN complaint and a copy of the petition, if applicable. The referral is faxed to the DCF Hotline and the hard copy of the referral is given to the designated FWSN liaison to the court.

Upon receipt of the FWSN referral from the Juvenile Probation Officer, a FWSN case shall be opened for assessment services. If an open DCF case exists, the Court Liaison will enter and log the referral and the case will be assigned to the current social worker. If an open case does not exist, the Department will open and assign the case within three days and the assessment will begin. **Upon completion of the assessment, if services appear necessary and the family agrees, the case will be transferred to a Social Worker for ongoing services.** The Juvenile Probation Officer will be informed of the assigned social worker.

The DCF Social Worker shall consult with the Juvenile Probation Officer and make an initial contact with the child and his/her family within **five business days** to assess the situation.

After appropriate releases are secured the DCF SW shall complete a comprehensive assessment of the child through:

- interviews with the child and family
- review of the case record
- consulting with past and current service providers
- collaboration between the Probation Officer and Social Worker.

The Assessment will include:

- complaint or presenting problem
- family History including any DCF Child Protection history
- educational History
- evaluation, Diagnosis and Treatment History

-
- consultation with the Regional Resource Group
 - Summary/Recommendations.

A copy of the assessment will be provided to the Juvenile Probation Officer to present to the Court prior to the dispositional hearing.

At any time the DCF social worker and Juvenile Probation Officer may identify the need for court ordered evaluations or interim orders. In this event, the Juvenile Probation Officer will file the necessary court documents to bring these concerns before the court for consideration.

The DCF social worker and the Juvenile Probation Officer will consider services funded by either agency.

The DCF social and Juvenile Probation Officer will confer prior to court hearings regarding recommendations to the court relative to service needs. The Department of Children and Families Social Worker will coordinate services that the Department has identified for the family. The Juvenile Probation Officer will coordinate those services offered by the Judicial Branch.

The Juvenile Probation Officer shall monitor the compliance of the Juvenile with any orders of the court including any court ordered DCF services and interventions.

The DCF social worker will monitor compliance with Voluntary Services. In the event that the family requests that Voluntary Services through the FWSN protocol referral be withdrawn, DCF social worker will discuss any services identified, assess risk to child and/or other family members and determine whether further Department intervention is required.

FWSN Disposition

Prior to a child being placed by the Court under FWSN Order and Warning, it may be the recommendation of the Juvenile Probation Officer that the order include a condition that the child cooperate with the Department of Children and Families. The DCF social worker and the Juvenile Probation Officer will review the recommendations from service providers in order to provide the child and his/her family with services to maintain the child in the home and to prevent an out of home placement. The Juvenile Probation Officer and Social Worker will continue to confer and monitor child's service needs and compliance with supervision. The Department of Children and Families shall close a FWSN supervision case if it is determined that the child and his/her family have been provided services according to the treatment plan, can no longer benefit from continued provisions of services, and/or have sufficiently achieved treatment goals.

Prior to Disposition but following an adjudication where a child is committed, for placement purposes, to the Commissioner of DCF as a child from a Family With Service Needs, it is the expectation that a case conference team will meet to ensure that there are no other community based options available. With a Family With Service Needs Commitment, it may be the recommendation of the Juvenile Probation Officer that the commitment order include a condition that the child cooperate with DCF and their services. Should the child violate the condition of said order, the DCF Social Worker shall notify, in writing, the Juvenile Probation Supervisor specifying the alleged violation and requesting that the matter be referred to the Juvenile Prosecutor for possible prosecution as a violation of a court order. If a delinquency charge exists at the time of disposition, the Juvenile Probation Officer may recommend that the child be placed on a period of probation, to coincide with placement and a condition to cooperate with DCF services in order to support said FWSN placement.

When residential placement is being considered, the Juvenile Probation Officer will refer the child to the DCF Central Placement Team and complete pre-placement responsibilities. The DCF FWSN Social Worker shall make the actual placement of the child.

The DCF FWSN Social Worker will be responsible for filing a Motion for Review of Permanency Plan, and Study in Support of Motion to Approve Permanency Plan and Maintain Commitment.

Please file in Confidential

Date:

**DEPARTMENT OF CHILDREN AND FAMILIES
FAMILY WITH SERVICE NEEDS ASSESSMENT**

Child's Name: D.O.B: Age: Gender: ☐ Female ☐ Male

Address:

Phone:

Legal Guardian/Relationship:

Mother's Name:

Father's Name:

Address:

Address:

In Placement (Y/N)

If yes, where

DCF Case Number:

ASSIGNED TO:

SUPERVISOR:

DCF STATUS: ☐ INVESTIGATIONS ☐ PROTECTIVE SERVICES ☐ VOLUNTARY SERVICES
☐ FWSN ☐ NEGLECT ISSUES PENDING

REASON FOR DCF INVOLVEMENT & PRESENTING PROBLEM:

SERVICES (What Services were offered to the child and family)

- | | | |
|--|---|---|
| <input type="checkbox"/> Parent Aid | <input type="checkbox"/> Intensive Family Services | <input type="checkbox"/> Psychological Evaluation |
| <input type="checkbox"/> Psychiatric Services | <input type="checkbox"/> Counseling | <input type="checkbox"/> Day Treatment |
| <input type="checkbox"/> Day Care | <input type="checkbox"/> Regional Resource Group | <input type="checkbox"/> Specialized Medical Care |
| <input type="checkbox"/> Assessment | <input type="checkbox"/> Drugs and Alcohol Services | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Adolescent Parent | <input type="checkbox"/> Youth Service (YSB) |
| <input type="checkbox"/> Domestic Violence Service | <input type="checkbox"/> In-home Service | <input type="checkbox"/> Educational Service |

Other (explain):

ASSESSMENT:

Current Situation
Family History
Educational History
Evaluations, Diagnosis and Treatment History
Summary/Recommendations

FAX	
To: Fax: 860.560.7070 Re: DCF FWSN Protocol Referral	FROM: DATE: CC:
– INR	, Probation Officer

**REFERRAL OF A Family With Service Needs (FWSN) MATTER
TO THE DEPARTMENT OF CHILDREN AND FAMILIES
FROM THE DIVISION OF JUVENILE PROBATION**

DATE:

CHILD: _____

DATE OF BIRTH:

ADDRESS: _____

TELEPHONE:

PARENT: _____

ADDRESS: _____
(IF DIFFERENT)

TELEPHONE:

JUVENILE PROBATION OFFICER:

TELEPHONE:

COURT STATUS

☐ **NON-JUDICIAL FAMILY WITH SERVICE NEEDS (FWSN)**

☐ **JUDICIAL FAMILY WITH SERVICE NEEDS (FWSN)**

DATE OF HEARING / NON-JUDICIAL INTERVIEW (IF SCHEDULED):

LOCATION:

Attached please find a copy of the Family With Service Needs (FWSN) complaint to the court and copies of any petitions filed with the court regarding this matter. Please contact the above Probation Officer for further consultation in proceeding with this matter.

APPENDIX B. RESULTS OF SWOT ANALYSIS

<p>STRENGTHS</p> <p>1. What are the strengths of girls' services currently?</p> <ul style="list-style-type: none"> ▪ NAFI – public trust, reliable programs ▪ Legitimacy ▪ Audits for G.S. services – accountability, measures ▪ Group present ▪ Increases in research ▪ Parole officers for girls ▪ PYD ▪ Strengths-based approaches ▪ Agency commitment ▪ Trauma based services 	<p>WEAKNESSES</p> <p>2. What are the major difficulties?</p> <ul style="list-style-type: none"> ▪ Assaultive behaviors – models for programs ▪ Diverse programs and staff ▪ Institutional culture change ▪ Community-based programs for girls at home ▪ Increased education and vocation programs ▪ Diagnosis vs. person (complex PTSD v. conduct disorder or oppositional defiant behavior) ▪ Fragmentation among/between services (foster care, RTC) – no kick out ▪ NIMBY, siting problems ▪ Staff salaries in private sector ▪ No early on services for runaways – delinquent criminogenic system ▪ Child welfare inadequacies ▪ Engaging families, family support geographically ▪ Risk v. safety ▪ Courts lack understanding of girls and their issues and think the only way to protect them is to lock up – society's view of sex roles ▪ Driven by availability of services or beds ▪ Level of evaluations done ▪ Lack of information on commitment
<p>OPPORTUNITIES</p> <p>3. What are the major opportunities?</p> <ul style="list-style-type: none"> ▪ NY PINS system ▪ Intensive probation and parole ▪ Probate Court (juvenile justice pilot in NH) ▪ This group ▪ Design outcomes ▪ Girls services – divert from adult system – mental health connections ▪ Assessment tools better for women and men ▪ Collaborations between CSSD and DCF ▪ Culturally and ethnically based services ▪ MST, MDFT, DBT – more family based ▪ Entire gestalt – vocational employees ▪ Ed and Pr for communities and families 	<p>THREATS</p> <p>4. What are the major threats?</p> <ul style="list-style-type: none"> ▪ Lack of funding ▪ Proprietary interests ▪ Funding on limited services, then out ▪ Difficult to change paradigms ▪ “One size fits all”, lack of individual differentiation ▪ Juvenile Court bench – lack of training for court in gender and race differences, kid revoked and not treated ▪ Girls are perceived as “difficult” ▪ Staff – risk taking is discouraged ▪ Only one person in each agency assigned to Girls – need a team ▪ Politically in vogue today ▪ Competency of staff!!

APPENDIX C. Community-Based Services Mapping – DCF and CSSD

The transparencies attached give a unique perspective on the services – and service needs – in the juvenile justice system in the State of Connecticut. The first map illustrates the locations CSSD provides services; the second map illustrates the locations of DCF services. Layered, the maps give a better understanding of the locations throughout the state *without* services. A legend describes each symbol.