Review of Services for Alabama Girls Charged with Delinquency

Marty Beyer, Ph.D. and Paul DeMuro

ALABAMA DISABILITIES ADVOCACY PROGRAM
CENTER FOR PUBLIC REPRESENTATION
SOUTHERN POVERTY LAW CENTER

EXECUTIVE SUMMARY

Alabama has made excellent progress in reaching a primary goal of the 2008 Juvenile Justice Act (Act) — to promote community-based alternatives to costly institutional settings while holding youth accountable for their actions. Alabama now is poised to make significant progress on another of the Act's critical goals -- to promote a continuum of services for children and their families, from prevention to aftercare. Dr. Marty Beyer and Mr. Paul DeMuro, two nationally recognized juvenile justice experts, conclude in the following report that Alabama can take a giant step towards this goal by developing a trauma-informed system of care for girls charged with delinquency. After an extensive study of the Alabama's present service delivery system for delinquent girls, Beyer and DeMuro observe the following:

1. The two Department of Youth Services (DYS) facilities which serve girls are Chalkville (Birmingham) and Working on Womanhood (WOW) (Tuscaloosa). Both facilities are highly restrictive settings with very low censuses. In November 2011, there were 23 girls held at Chalkville and four girls at WOW. Chalkville is an old, large, traditional training school with many physical plant problems making it very costly to maintain.

2. The girls at these facilities are low-risk and have high needs. They have often seen and been victims of violence and, in many cases, have suffered the loss of close family members. Most have been sexually and/or physically abused. They have difficulty trusting adults and forming relationships. Despite this, there is a general lack of understanding of the impact of trauma on girls and about interventions that are effective in working with traumatized youth. Too often symptoms from trauma are misinterpreted as part of the character of a girl, rather than a guide to what was behind behavior that could have changed. As an experienced Alabama probation administrator told the experts, the girls locked up in Alabama's state facilities are more often victimized and abused by family members than they are perpetrators of serious crimes.

3. There is no system of care. Services to girls are hit-or-miss rather than systematic. DYS's statutory authority is limited and in some cases no other state agency is mandated to step in for a girl, particularly when her time with DYS is complete. Gains made in DYS custody are often lost. There are marked differences in the availability of services based on geography; rural areas, not surprisingly, having the fewest options for girls. Services that could benefit a particular girl are often not available because the girl does not meet narrow eligibility criteria. Providers consistently told the experts that there are not enough community-based services to ensure that girls' needs are met in the community in a way that ensures public safety.

RECOMMENDATIONS FOR REFORM

1. *Right-size the number of correctional beds for girls to not more than 16.* Operating one, rather than two, secure facilities for a small number of girls makes financial and programmatic sense. Resources should be invested into an expansion of DYS's grant program to expand diversion and reentry services for girls. This expansion should specifically address the development of trauma-responsive interventions for girls, particularly intensive in-home supports for girls and their families, support for school and peer success, and treatment foster care.

2. *Develop a strong transition/reentry role for facility staff to support girls as they transition back to their home communities.* DYS case managers can bridge the gap between residential treatment and community services by assisting with the development of a trauma-informed team to support the child in her community.

3. *Stimulate systems of care for girls in communities across the state.* DYS could give grants to one local agency in each region of the state to take responsibility for every girl in the region who is being considered for commitment or is committed to convene all the individuals in her life and prospective

providers to identify the strengths of the girl and family, the girl's needs and what support would be required for her family to meet those needs.

4. *Enhance DYS staff's capacity and their expertise in serving delinquent girls and their families and build public and private agency awareness of girls' special needs.*

5. *Market and manage the change in DYS's approach to serving girls.* Develop a collaborative process to ensure that significant state and local policy and program officials understand, "buy-in" and support the proposed statewide restructuring of girls' services. DYS itself would need to increase its internal capacities to plan, develop, support and assess (with clear outcome measures) a statewide network of local trauma informed treatment interventions.

CONCLUSION

DYS and Alabama have made many important changes to the juvenile justice system. There is now an opportunity to create a statewide model for girls. Developing a statewide, locally run model system of care for girls will again demonstrate the state's commitment to move away from a typical correctional institutional approach to troubled youth.

The study conducted by Dr. Beyer and Mr. DeMuro was undertaken with support from the Alabama Disabilities Advocacy Program (ADAP), the Center for Public Representation (CPR) and the Southern Poverty Law Center (SPLC).

INTRODUCTION

By building on its recent important successes in reforming its juvenile justice system, Alabama stands poised to design and implement a system of care for girls charged with delinquency. With the cooperation of the Alabama Department of Youth Services and with funding from the Public Welfare Foundation, we have studied the services for delinquent girls in Alabama and present the following report and recommendations.

The report concludes that a ripe opportunity exists to develop a model system of care that will better serve the girls, will enhance public safety and may even save money. Development of the proposed system of care will require the participation and support of several state agencies, the judiciary, private providers and advocates.

The Alabama Disabilities Advocacy Program (ADAP), the Center for Public Representation (CPR) and the Southern Poverty Law Center (SPLC) told us that Alabama has made very significant improvements to its youth services. However, the organizations believed that services for girls in the juvenile justice system warranted further attention. Accordingly, ADAP, CPR and SPLC retained us to assist them in their advocacy.

Marty Beyer is a clinical psychologist with an expertise in adolescent development. She has been involved in improving services for delinquents in several states and has assisted the Department of Justice in its investigations of juvenile facilities. She has also been involved in the reform of foster care practices in several states, including in Alabama.

Paul DeMuro has forty-one years experience managing staff, programs, budgets and processes designed to improve a wide variety of youth-serving agencies. A former Commissioner of Children and Youth in Pennsylvania and a Vice-President at the National Council on Crime and Delinquency, Mr. DeMuro is now a senior consultant for the Annie E. Casey Foundation and the National Juvenile Detention Association. He has been appointed by federal courts in several states to monitor consent decrees designed to improve services for children.

ADAP, CPR and SPLC asked us to assess what services should be available to help to prevent commitment to Alabama's Department of Youth Services (DYS) and what services should be available to girls who are transitioning from DYS facilities back to the community.

Our review was not an evaluation of DYS or how it is delivering services. Rather, as is reflected in the recommendations, the intention was to assess what should be done systemically to improve services for girls. By necessity, however, DYS is the focus of much of the report – after all, the girls are in its custody and control. Nevertheless, it is clear to us that most of the identified issues are consequences of events, interventions or the failure to intervene before the girls were committed to DYS. Likewise, because the proposed solutions are systemic, they are not wholly, or even substantially, within DYS's control. However, DYS has the keys to some important changes and the agency and its leadership have the respect and skills to play a significant role in the process of continued reform.

We very much appreciate the cooperation of DYS staff in assisting with this review. We offer particular thanks to DYS Director Walter Wood and General Counsel Dudley Perry.

ALABAMA'S JUVENILE JUSTICE REFORM

Alabama generally and DYS in particular have made excellent progress reforming many aspects of the State's juvenile justice system during the past three years. The observations and recommendations in this report are offered in the context of an understanding of how much has been accomplished.

One of the ongoing challenges is for DYS to accomplish its goal to move from an agency that primarily manages juvenile correctional institutions to an agency that assists local communities to develop, manage and assess effective community-based services for youth to assure that as few youth as possible get placed in centralized secure placements.

In the three years since the landmark revision of the state's juvenile code, Alabama has made great strides in transforming its juvenile justice system. For example, between 2008 and 2010, the number of youth committed to DYS has been reduced by approximately 25%. The daily population in DYS operated and contracted facilities also decreased by 46% from May 2007 to March 2011. The number of females confined in DYS custody has dropped 63% since 2007.

From fiscal years 2009 and 2011, DYS increased by 75% its budget for community non-residential programs. Through the use of a competitive bid process, DYS now awards grant-in-aid money for programs designed to meet the needs of youth in their communities and avoid potential incarceration. In 2010, DYS granted almost a million dollars to six counties committed to developing non-institutional services. For FY 2012, DYS has provided diversion grants in 47 of 67 counties in Alabama. By September 30, 2014 all existing DYS grantees must meet certain benchmarks for commitment levels in order to maintain their grant funding status.

DYS has provided solid leadership in reducing commitments and redesigning its grant-in-aid program, but more needs to be done to coordinate a trauma-responsive system of care.

THE REVIEW PROCESS

We (Dr. Beyer and Mr. DeMuro) met with the administrators of DYS's Chalkville facility and the DYS-contracted Working on Womanhood (WOW) program seeking their perspective and input on how to strengthen transition planning for girls served in these facilities. Each administrator provided an overview of her facility along with a walk-through of portions of the facility.

The following individuals met to discuss the Chalkville program with Dr. Beyer and/or Mr. DeMuro: Angie Toney, Campus Administrator; Dudley Perry, DYS General Counsel; and Alesia Allen, DYS Treatment Coordinator.

The following individuals met to discuss the WOW program with Mr. DeMuro: Dr. Virginia Scott-Adams, Program Director; Karen Singley, Youth Services Institute (YSI) Director; and Dudley Perry, General Counsel. YSI, a project of the School of Social Work at The University of Alabama, administers the WOW program.

We conducted private interviews with five girls at Chalkville and four girls at WOW and reviewed the individual DYS records of twelve girls before traveling to Alabama.

In addition to student interviews and record reviews, we reviewed the following:

- Survey results completed by girls at Chalkville and WOW;
- Program description summaries of children and adolescent mental health providers, providers of therapeutic foster care and related services, DYS providers for girls, and select Jefferson County community providers;
- List of psychiatric residential treatment facilities for youth under the age of 21 licensed

by the Alabama Department of Human Resources (DHR)

- Justice and Mental Health Collaboration Program (JMHCP) planning and implementation guide;
- Montgomery County JMHCP phase II master work plan;
- Abstract and research of ABSOP authored by Dr. Barry Burkhart;
- Data for child care facilities licensed or approved by DHR;
- Alabama Department of Children's Affairs Children First Trust Fund 2010 Annual Update; and
- *Smaller, Smarter, and More Strategic- Juvenile Justice Reform in Alabama*, Annie E. Casey Foundation Juvenile Justice Strategy Group, May 2011.

ADAP assisted us to convene well-attended community meetings in Birmingham on November 9, 2011 and in Montgomery on November 10, 2011. Participants at these meetings included providers of intensive in-home services and therapeutic foster care, juvenile probation offices, local mental health authority case managers, juvenile defense attorneys, county child welfare officials, providers of youth mentoring services and DYS leadership. We jointly facilitated these discussions. Participants identified gaps in the community care system and suggested ways community providers could better collaborate to provide trauma-informed systems of care for girls in their communities prior to and discharging from the juvenile justice system.

RECOGNIZING THE CHALLENGES

Further reform efforts directed at Alabama's juvenile justice system face serious challenges beyond the financial crisis that most states are facing. These challenges were reflected in the comments of the participants at the experts' meetings with providers, court personnel and advocates in Birmingham and Montgomery and in the discussions with DYS staff and leadership. Our recommendations have been informed by the following observations about Alabama's service system for delinquent girls.

1. There is no system of care. As is true in many states, services to girls are often more hit-or-miss than systematic. Responsibility is fractured and dispersed. In some cases, particularly as related to post-discharge care, no one agency is in charge. There are marked differences in service availability based on geography, and rural areas, not surprisingly, having the fewest services. Even where helpful services do exist, they are still inaccessible because too often a particular girl does not meet narrow eligibility criteria.

2. Providers consistently told the experts that there are not enough community-based services to ensure that girls' needs are met in the community in a way that ensures public safety.

3. Gains made in DYS custody are often lost. No single state agency, including DYS, has responsibility for a girl on her release from Chalkville or WOW. Juvenile Probation Officers (JPOs) are responsible for arranging transition services for girls as they move from DYS to the community. Not surprisingly, even the best JPOs have difficulty finding appropriate services for many girls on their discharge.

DYS's statutory authority is limited and in some cases no other state agency is mandated to step in for a girl, particularly when her time with DYS is complete.

4. Because decisions about girls are made locally, at a county level, there is often inconsistency based on geography.

5. There is a general lack of understanding of the impact of trauma on the girls in the juvenile justice system and about interventions that are effective in working with traumatized youth. Although there are commendable efforts to train staff and develop appropriate programming, the service system still has a long way to go in this regard.

6. Many of the complaints filed against girls are related to problems in school. With some exceptions, providers reported that it was often difficult to engage with schools.

These challenges, of course, are not unique to Alabama. What is unique is that the state has already made significant progress and reforming its juvenile justice system. Therefore, these problems, though very difficult ones, can be addressed in the context of reform by state and private partners who are already committed to change and know how to make it happen.

THE GIRLS AT CHALKVILLE AND WOW

In early November, 2011, there were about 27 girls held in secure care: 23 girls were at Chalkville and four girls were at WOW. In general, the girls held in secure juvenile facilities in Alabama are low-risk, high-needs youth. Most have been sexually and/or physically abused. Most have had multiple placements, often a history of school failure and of running away, and in some instances, a history of self-injurious behavior. They have often seen and been victims of violence and, in many cases, have suffered the loss of close family members. They have difficulty trusting adults and forming relationships. Their "delinquency" records are filled with multiple violations of probation and domestic violence. There are very few girls with major offenses. As an experienced Alabama probation administrator noted, the girls locked up in Alabama's state facilities are more often victimized and abused by family members than they are perpetrators of serious crimes.

WHAT WE LEARNED ABOUT THE GIRLS AND THEIR NEEDS

As noted above, Dr. Beyer reviewed the individual records of twelve girls prior to her visit to Alabama. During the week of November 7, 2011, we visited Chalkville where, on November 8, we interviewed two girls together. The following day Dr. Beyer interviewed three more girls at Chalkville (one girl had been discharged and one was too unstable to be interviewed). Mr. DeMuro visited WOW and interviewed four girls.

1. They are low-risk, high-needs girls.

One of the girls was committed for assault; three were committed for Violation of Probation (VOP)-assault; three were committed for domestic violence; one was committed for VOP-domestic violence; one was committed for VOP (unspecified); and one was committed for theft. Some of their assaults were against group home or detention staff. Their domestic violence was in the context of family conflict, often when a parent or sibling had, or was perceived to have, initiated the aggression. While serious, these are not acts of community violence and appear to be reactions to trauma (described below) and symptomatic of inadequate treatment.

2. All of the girls have experienced multiple traumas.

- Seven girls had been sexually abused, including one at the age of six and another who reported that a gang initiation involved her having sex with five gang members.
- Seven girls experienced disruptions in their caregivers. Five girls had been removed from their families by DHR at some point in their lives. One girl, by the time she was fifteen, had already lived in three different homes, including one DHR placement, and had been psychiatrically hospitalized four times for year-long stays.
- Five girls had been physically abused.
- Five girls were exposed to drugs while their mothers were pregnant with them.
- Four girls had experienced the death of a parent, grandparent or close friend. One girl reports having found her friend's body after the friend killed herself.
- At least four girls witnessed domestic violence at home. A Chalkville caseworker said the following about one girl, "she could feel that her use of violence to deal with problems is an acceptable behavior because her mother, father and brother all participate in violence on a regular basis."

3. Eight girls had psychiatric hospitalizations, most of them with more than one admission. One girl, between age ten and seventeen, had nine psychiatric hospitalizations due to depression, self-injurious behaviors and aggression. Three girls had attempted suicide.

4. All the girls have histories of school problems.

- Three girls have low IQs.
- Except for two girls, most of the girls are reading far below their grade levels. Three girls are reading below a 6th grade level.
- Six girls are doing math below a 6th grade level. Only two girls are at grade level in math.
- Truancy and/or school behavior problems are common among the girls, regardless of academic performance.

5. Two of the girls are mothers.

WHAT WE LEARNED ABOUT THE FACILITIES FROM OUR MEETINGS WITH THE GIRLS

Working on Womanhood (WOW)

The WOW program at the former Tuscaloosa County Juvenile Detention Center is a secure program for girls operated by The University of Alabama School of Social Work pursuant to a contract with DYS. The program has a capacity for sixteen girls. The WOW program has all the trappings of a high secure facility, with two eight-bed living units. The WOW program has been very slow to develop. Although it has been operating for over ten months, on the day of the site visit only four girls were in the WOW program. The WOW program is heavily staffed and has more than sufficient resources to offer several program enhancements. For example, girls can get their hair done every other week. On the weekend, girls working with staff can prepare and cook special meals. Girls with special needs, like the need for speech therapy, are taken for individual professional consults on the community.

The WOW program is designed to provide intensive residential services to committed girls with severe emotional difficulties. The program is designed to use gender-specific, outcome-driven interventions designed for adolescent females with a history of delinquent behavior and mental health related issues.

Since it began, the WOW program has had problems developing and maintaining a consistent approach. Girls interviewed noted that the program rules seem to change regularly. There also has been a high degree of staff turnover. There is a pronounced unresolved conflict or paradox between a traditional, high-security facility complete with the hardware and security cameras and a staff-enriched, treatment program. When girls leave the facility for medical or other clinical consultations in the community, they are placed in handcuffs and leg irons which they must keep on even during community clinical consults. Like Chalkville, the WOW staff acknowledged that it was difficult, if not impossible, to develop and implement an individualized, trauma-informed treatment program that would support a girl when she returned to the community.

The girls in WOW report feeling relatively safe. However, they complain of inconsistent and ever-changing rules. They report feeling "unconnected" to staff and stated they could not trust them. The girls had difficulty identifying the specifics of their treatment program when asked.

Although it was based on a checklist format that did not promote individualization, the Crisis Prevention Treatment Plan at WOW could help a girl recognize the things that upset her (such as feeling disrespected or arguments), what her early warning signs were (such as screaming, crying, cursing), and what triggered her (such as being teased, not being listened to or someone putting their hands on her). These could be used to notify staff of when and how to de-escalate each girl. Discussion with the girl could lead to her tailoring a "How to cope" reference for herself when she gets upset before she escalates, especially if they were connected to her trauma treatment work so she could separate past trauma from present provocation.

Chalkville

Chalkville is a juvenile correctional facility located on 575 acres in northeast Jefferson County near Birmingham. According to the DYS website, Chalkville was founded in 1909 by the Protestant Women of Birmingham, was first known as "The Rescue Home" and later as "The State Training School for Girls." It became a State facility in 1911. In 1937, after several different locations in Birmingham, the program settled in its present site at Chalkville. The facility is an old, large, traditional training school with many physical plant problems (e.g., rusty water, problems with mold, with impersonal "cottage" like living settings for the girls.) Thus, Chalkville is very costly to maintain.

Chalkville maintains a capacity for sixty adjudicated females between the ages of twelve and eighteen, although the census is, and has been for some time, far below capacity. The Chemical Addiction Program (CAP) provides for intensive drug and alcohol treatment. Dialectical Behavior Therapy (DBT) is the primary foundation for service delivery at Chalkville. DBT is an evidence-based treatment model for individuals who have difficulties controlling their emotions and behaviors. Students attend a school on the grounds.

Although the girls had lengthy psychological evaluations and psychosocial assessments after they arrived at Chalkville, all concluded with the same recommendations for the same list of interventions. Services were often not tailored to their individual needs. Despite their multiple trauma histories described in the Chalkville psychosocial assessment, the final psychological evaluation concluded with the same diagnosis of Conduct Disorder for all the girls except one. Most of the girls had prior hospital evaluations with different diagnoses which should have been reflected in the Chalkville diagnostic formulation, at least "by history." The diagnosis of Conduct Disorder is a descriptor that applies by definition to committed delinquents and is not helpful in designing individualized services.

The Chalkville treatment plans were formulaic, often using identical wording for girls who had different characteristics. Furthermore, the treatment plans were full of jargon and could not have been understood by most of the girls. As a result, the girls have difficulty articulating what they are working on at the facility. For example, one of the girl's treatment plans, common to many others, listed the following unclear "goals": "Anger and other feelings; Aggressive behavior; Ability to make good decisions (healthy relationships, substance use)." The typical simplistic Chalkville service plan was: "Anger management (DBT emotion regulation, distress tolerance, mindfulness; thinking errors, coping skills; counseling). Self-esteem. Improve school performance."

The treatment planning process is an opportunity to educate a girl about the impact of trauma on her behavior to begin the process of trauma recovery and behavior change. Likewise, treatment planning explains learning problems to a girl so she understands what it will take for her to be successful in school.

The girls' anger, including thinking errors, emotion regulation and distress tolerance, are not just a behavior problem in the present. Their anger comes from being hurt, sad, scared and powerless in the past when they were moved, abused and lost important relationships and were exposed to violence. Unless adults arrange an environment to meet their needs, their predictable reflexive reaction will be provoked repeatedly. Furthermore, girls with a history of trauma have high rates of alcohol and substance abuse to escape bad memories. Substance abuse education emphasizing abstinence not connected to trauma treatment for the feelings they are self-medicating is not likely to be effective. Learning new coping skills will help, but their behavior is unlikely to change if what is emphasized is simple self-control—until they understand it through trauma treatment, they will continue to get overwhelmed with feelings from the past.

An effective program helps a girl identify her trauma-related, learning-related and other needs behind her behaviors and what each staff person will do to meet her needs. Treatment does not occur primarily with the therapist or case manager, but in the school and unit where the girl spends most of her

time. All the staff must use the same trauma-informed, developmentally-sound words to communicate with the girl and each other. If her behavior continues, discussion of what need might not have been identified and/or what else staff could be doing to meet needs must occur. A trauma-responsive program for girls requires both a therapist trained in providing individual trauma treatment and an integration of the understanding of reactivity, anxiety and depression into the daily unit and school programs. Trauma treatment begins not with the trauma symptom checklist (on which girls often do not give valid answers) but with the girl developing an accurate trauma history. The notes from unit staff in the girls' Chalkville records reveal that the staff often triggers girls and girls continually trigger each other, and that the staff response is punitive. Trauma terms or DBT coping skills are seldom in the staff write-ups about the girls' behavior. It was not evident that the Chalkville program helps girls make a connection between past trauma and their reaction to provocation in the present.

The girls at Chalkville reported that they felt safe. Girls complained that when they are on Zero Level they spend most of the weekend in their room, essentially as a form of isolation. Most girls appear to spend week after week on Zero Level which strongly suggests that it is an ineffective intervention. Gender-specific programming around the country recognizes that girls do not benefit from level systems. Instead, programming for girls is relationship-centered, trauma-informed, and emphasizes praise rather than punishment in an emotionally safe environment.

Many of the girls at Chalkville have made educational gains. It was not evident from the records which girls had current individualized education plans (IEPs) at Chalkville and what special education services were being provided. Simply offering instruction at the girl's actual reading and math level (whether it is 2nd grade or 6th grade or higher) is not sufficient if the girl has processing, organizational or other learning disabilities. Furthermore, behavior problems in school must be treated using the same trauma-informed approach as on the unit. One girl had earned GED at Chalkville and another was progressing in the GED preparation book. Another was frustrated with the lack of a GED program or a GED teacher at Chalkville.

Six of the seven Chalkville residents are prescribed medication cocktails. One takes Abilify (anti-psychotic), Trazadone (anti-depressant), and Prozac (anti-depressant); one takes Seroquel (anti-psychotic), Celexa (anti-depressant), and Focalin (ADHD); one takes Trazadone, Prozac and Vyvanse (ADHD); two take Trazadone and Seroquel; one takes Seroquel and Zoloft (anti-depressant). Medical records were not inspected to determine whether the psychiatrist is prescribing, as required, for diagnoses other than conduct disorder indicated in their Chalkville assessments.

A SYSTEM OF CARE FOR GIRLS

A system of trauma-informed services designed to meet their unique needs was not available for girls before they entered Chalkville and WOW and was highly unlikely to be provided after they left the facilities in their urban and rural communities in Alabama. It appeared that none of the girls had received trauma treatment prior to commitment (except possibly the girl who had multiple long-term residential treatment), nor had their families or other caretakers been included in treatment to learn how to meet the trauma-related needs. Most had been discharged from psychiatric hospitals without adequate assessment of the effects of past trauma or referrals for specialized treatment. It was evident that the girls' emotional needs from disrupted care giving, abuse, and loss were greater than could be treated with typical outpatient services to which they were referred by the hospitals, DHR and probation. Too often symptoms from trauma were misinterpreted as part of the character of the girl, rather than a guide to what was behind behavior that could have changed.

Trauma typically slows down development in children and can interfere with all aspects of functioning, causing disturbances of emotional regulation, social relationships and attachment. Girls who have been abused or were not protected from violence often blame themselves and have trouble trusting others. Girls who are exposed to disrupted care giving (separation from their families and multiple foster homes) are at risk for continued difficulty in emotional regulation and deficits in social

cognitive processing. While other children are growing emotionally, girls coping with trauma are distracted from normal developmental tasks and are preoccupied with sadness and feeling powerless. Depression is common but often not diagnosed in traumatized girls. Their behavior problems become the focus rather than their underlying sadness, isolation and loss.

Aggression can be a defense against the helplessness typical among traumatized girls. Traumatized girls may misinterpret and be offended by relatively benign things that others say and react with combative self-preservation. They react negatively to outside controls and are often labeled oppositional. Traumatized girls may not be able to stop these reactions because they see controlling adults as mean and unfair, to which past abuse has made them acutely sensitive. When adults hurt them, they reflexively protect themselves; even if the adults believe they are controlling a situation, the girl automatically reacts as if back in the position of being victimized. When their feelings are hurt they are flooded with anger from the past which they are unaware is out of proportion to the present provocation, and they lack the ability to calm themselves. Multiple placements cause more loss and anxiety, provoking fear reactions and reinforcing sensitivity to rejection and perceived unfairness.

It was impossible to ascertain from the record review which girls had IEPs before entry into Chalkville for learning disabilities or behavior problems. Except for one girl reading and doing math at the 12th grade level, all the girls had substantial discrepancies between their grade level and their reading or math level, indicating the necessity for special education testing. Girls with prenatal substance exposure would likely have processing and organizing problems, which would affect both learning and behavior and require special services.

Several of the girls reported making progress in anger management, emotional regulation, education about substance abuse, and school at Chalkville, but there is not sufficient continuity of care so their gains can continue when they return to the community. Chalkville case managers make referrals for outpatient mental health services and communicate educational needs to probation officers, but girls return to the limited services that were insufficient to meet their needs before they went to the facility. At Chalkville they have learned the jargon of DBT, but in the community there may be no one to remind them of "mindfulness," "time away" and other coping skills to avoid family and peer conflict. Many of their parents are too far away from Chalkville to have been involved in treatment, and outpatient family counseling is unlikely to be adequate for the family conflict that led to their domestic violence and running away. Some of the older girls want to avoid family conflict by independent living which may not be available or sufficiently supportive given their continuing emotional neediness. Being successful in school is more likely for those girls advanced enough to apply to community college than those who require individual assistance not available in high school. Lessons learned at Chalkville and WOW could be applied to the parenting role of the two girls who are mothers, but they are likely to get insufficient support to cope with stresses associated with their children.

RECOMMENDATION ONE

Rightsize the number of correctional beds for girls to not more than 16.

Although we were not asked to analyze the number of girls currently served across all DYS programs, our review of girls' files and our interviews with girls at Chalkville and WOW suggests that of the total of 27 girls in those facilities when we visited, a substantial number had needs that either could not have been met in the facility (for example, two 13-year olds and a brain-injured girl) or could have been more effectively met in the community.

Operating one, rather than two, correctional facilities for a small number of girls makes financial and program sense.

- Cancel The University of Alabama's contract for WOW. Consider developing two types of programs at the present WOW location or find another suitable location (s). Using the funding that was tied into the WOW contract, develop an eight-bed, staff secure, residential trauma-responsive 3-6 month residential treatment program, with specific emphasis on reentry and family and community supports. Develop an eight-bed, 30-day assessment unit for girls whose behavior in the community is extremely self-injurious and for whom the courts and DYS need a specific and detailed community- based plan. At the end of the 30-day period, implement an individualized trauma-responsive community treatment plan. Keep one bed open at all times in the assessment unit so that a girl going through an emergency could be returned for a 15-day respite and further assessment.
- Close Chalkville and reinvest the Chalkville budget and staff into developing statewide, local systems of interventions for girls. A detailed plan could be developed to ensure that as many as possible of state employees at Chalkville would retain positions. Chalkville could gradually be closed rather than continuing to deal with its costly physical plant problems. DYS possibly could benefit financially by selling parcels of the property and/or making Chalkville available for other uses.

Invest Chalkville resources into an expansion of the DYS's grant program and to expand to a system of care of diversion and reentry services for girls. This expansion of community-based interventions should specifically call for the development of trauma-responsive, evidence-based interventions for girls, particularly intensive in-home supports for girls and their families, support for school and peer success, and treatment foster care. DYS could consider using the grant program for the development of a small 4-bed treatment home for girls in a region with greatest numbers, bearing in mind that managing girls in even small groups runs the risk of intensifying their emotional regulation problems.

RECOMMENDATION TWO

Develop and pilot a strong transition/reentry role for Chalkville staff to support girls as they make a transition out of the facility.

The directors of both Chalkville and WOW see themselves as strong advocates for improving services for girls throughout the state. Although girls make gains at Chalkville, there is little continuity of care when girls leave the facility. Girls return to families, schools and neighborhoods where no one is able to remind them of how to use, for example, their DBT skills to manage their feelings. They are

referred to mental health services that are not sufficiently intensive to continue trauma treatment or substance abuse treatment or guide their families to meet their needs. Case managers and other DYS residential staff could be coached to work with girls through their transitions from the facility, perhaps using a Multisystemic Therapy (MST) approach, to assist the girl in her home community and develop a supportive, trauma-informed team around her. This transition role for facility staff is driven by the importance of continuity of relationships for girls. The DYS staff's transition role could be time-limited, and designed not to compete with other agencies, with the goal of transitioning each girl to stable relationships in her community. This intensive continuity of care to maintain gains in the facility could be evaluated.

RECOMMENDATION THREE

Stimulate systems of care for girls in communities across the state.

DYS should encourage communities to develop interagency systems of trauma-informed care to meet the needs of most girls in juvenile justice outside of secure facilities. Nationally it is recognized that the development of girls is different from boys and that girls require different services to meet their needs. A system of care is not just a continuum of services; it encourages teaming and relationships; services and supports are tailored to meet each girl's unique needs and build on her strengths. Services necessary for successful diversion and reentry of girls are similar.

DYS could give grants to one local agency in each region of the state to take responsibility for every girl in the region who is being considered for commitment or is committed to convene all the individuals in her life and prospective providers to identify the strengths of the girl and family, the girl's needs and what support would be required for her family to meet those needs. In addition to teaming, coordination, and resolving local barriers to arrange intensive services, the local agency might also use the grant to purchase a time-limited therapeutic foster home bed for a girl in conjunction with family treatment so she is able to successfully return to family. Currently Therapeutic Foster Care (TCF) programs contract only for DHR children, and while DHR might be persuaded to pay for TFC for some probation girls, other DYS girls will not fit DHR criteria but would benefit from TFC. It is not recommended that DYS fund TFC programs because there are not sufficient girls needing it in any region. It cannot be predicted when or where a girl will require therapeutic foster care, so funds must be available to purchase a bed on an as-needed basis. Other in-home, evidence-based interventions (such as trauma treatment and MST) could be developed and available on a local level. Expanding the use of Medicaid to fund trauma-responsive, intensive, in-home mental health services for girls, in the context of increased awareness among public and private providers about trauma treatment, should be considered. Building on school-based interventions with girls is likely to be successful in some communities. Attracting psychiatric physician assistants and nurse practitioners with an interest in reconsidering the use of medication for traumatized girls to these local systems of care is also important.

RECOMMENDATION FOUR

Enhance DYS staff's capacity and their expertise in serving delinquent girls and their families and build public and private agency awareness of girls' special needs.

DYS should hire a consultant to train and coach staff working with girls in facilities and communities and to advise on the development of trauma-responsive girl-specific practices across the state.

RECOMMENDATION FIVE

Market and Manage the change in DYS's approach to serving girls.

- Develop statewide support to accomplish changing the system of interventions for girls. Develop a collaborative process to ensure that the significant state and local policy and program agencies and officials understand, "buy-in" and support the proposed statewide restructuring of girls' services. The Administrative Office of Courts, judges, probation, public defenders, prosecutors, the provider community and the general public should be included in this process.
- DYS itself would need to increase its internal capacities to plan, develop, support and assess (with clear outcome measures) a statewide network of local trauma-informed treatment interventions.

CONCLUSION

DYS and Alabama have made many important changes to the juvenile justice system. There is now an opportunity to create a statewide model for girls. Developing a statewide, locally run model system of care for girls will again demonstrate the state's commitment to move away from a typical correctional institutional approach to troubled youth.

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