

HEALTH SERVICES

Lisa M. Johnson, M.D.
 Chief Medical Director
 (850) 921-9269
lisa.johnson@djj.state.fl.us



- ❖ **Vision:** Comprehensive health systems that provide quality services, accountability, and responsibility for the children in the care of the Department of Juvenile Justice (DJJ).
- ❖ **Overarching Goals:** The long term vision and planning for the Office of Health Services is to extensively improve the quality of medical, dental, mental health, substance abuse, and developmental disability services provided to the youth in our care through increased resources, improved staffing, increased contract monitoring and compliance, early troubleshooting for problem areas/programs and, improved collaborations with other state Agencies, such as, the Department of Children and Families, the Department of Health, the Agency for Health Care Administration, and the Agency for Persons with Disabilities.

Office Mission:

To ensure the Department, and our stakeholders, provide professional, high quality, comprehensive, and timely health, mental health, substance abuse, and developmental disability services to our children.

The Office of Health Services (OHS) was established February 21, 2005. As Florida is the fourth most populous state with over 138,000 delinquency referrals annually, it was critical that the Department have a Chief Medical Director and an organizational unit dedicated to the health, mental health, substance abuse, and developmental disability needs of delinquent youth.

OHS is responsible for assisting the Department with the oversight of medical, mental health, substance abuse, and developmental disability services to all youth adjudicated delinquent and placed under the supervision of the Department. The primary goals of OHS are to:

1. ensure medical, mental health, substance abuse, and developmental disability services provided in DJJ facilities and programs are rendered in accordance with state and federal health care regulations and rules, and professional standards of care;
2. promote delivery of high quality health care services for delinquent youth under DJJ custody or supervision; and
3. assist healthcare staff in developing and consistently implementing necessary and appropriate medical, mental health, substance abuse, and developmental disability services in DJJ facilities and programs.

OHS does not have specific program areas, but instead collaborates with nearly every other branch in the Department. The Office strives to ensure quality and timely care to our youth within the Department's shelters administrated by Prevention and Victim Services; facility-based day treatment centers administrated by Probation and Community Interventions; 25 state operated detention centers; and 100+ Residential

programs/facilities. The vast majority of health care services provided in DJJ facilities and programs are procured through contracted providers. To adequately fulfill its responsibilities to the Department and the youth in its care and custody, OHS must provide technical assistance, contract standardization and enhancement, contract compliance and monitoring, youth placement reviews, medical investigations, policy, rule and decision making, training of medical, mental health and direct care staff, and the support of interagency collaborations.

Many of the youth who enter the Department have pre-existing chronic medical conditions such as diabetes, hyper-tension, hemophilia, sickle cell disease, renal failure, etc., and serious dental disease, as well. Some have not accessed medical care prior to entering the Department's facilities and new diseases are discovered while they are in custody. Other youth have new injuries, illnesses, and emergencies that arise. Nonetheless, the Department is responsible for ensuring that these youth receive the same degree of care that they would, had they been out in the community.

Over 65% of the youth in the Department's care have a mental illness or substance abuse issue. These issues must be addressed through assessments, evaluations, and crisis intervention and treatment services. There is also a subset of DJJ youth who are developmentally disabled. A snapshot analysis conducted in 2005 of DJJ youth in detention centers and residential commitment programs indicated that 213 youth had a documented IQ less than 70. The Department is responsible for ensuring that youth with a developmental disability receive appropriate care and treatment services. Each of the Department's primary program areas has a means in place to begin to approach these issues, but OHS has been actively engaged in the process of improvement, oversight, and further development.

Trauma Informed Care

Trauma Informed Practice is a way of providing the foundation for a basic understanding of the psychological, neurological, biological, and social impact that trauma and violence has on many of the youth in our care. Its purpose is to incorporate proven practices into current operations to deliver services that acknowledge the role that violence and victimization play in the lives of most of the youth entering our system. The state has received technical assistance from the National Association of State Mental Health Program Directors in this area. In addition, OHS is an active participant in the Interagency Trauma Informed Care Workgroup.

A national expert on trauma informed care conducted a **Girl Matters Train-the-Trainer Program** for Program Directors from selected Residential girls programs, staff from OHS, Staff Development and Training, Probation, and the Programming and Technical Assistance Unit to raise awareness and better prepare staff to treat the girls in our care. The "Girl Matters" curriculum is the "cornerstone" of the new DJJ Gender Responsive Program Initiative.

Effective Programming and Services for Girls

Girls entering DJJ facilities and programs often have serious unmet healthcare needs, especially girls who are runaways, living in poverty or have limited access to healthcare. There are high rates of physical, sexual, and

emotional abuse among girls involved in the juvenile justice system, which makes their programming and service needs very different from boys. Incarcerated girls and young women have high rates of infectious and communicable disease, sexually transmitted diseases, genitourinary disorders, and injuries. Extensive implementation of trauma informed care practices should involve all staff working with girls. Focused efforts on the redirection of seclusion and restraints must be prioritized.

A new Departmental Gender Responsive Program Initiative that includes a partnership with the National Center for Crime and Delinquency's Center for Girls and Young Women was launched statewide with a "webinar." The presentation included a brief overview of the "Girl Matters" curriculum, upon which the DJJ initiative will be based. The curriculum's tools were provided as a resource for DJJ's Residential providers and DJJ operated sites to utilize as they continually assess the current state of programs. This DJJ initiative is to lay a foundation and improve on what already has been integrated into program operations for "gender responsive training."

A DJJ-facilitated workgroup holds monthly conference calls or videoconferencing. Ongoing support and technical assistance is provided through the National Council on Crime and Delinquency's National Center for Girls and Young Women. The **Girl Matters Train-the-Trainer** curriculum has been offered to all female residential programs, and many residential providers sent program and/or corporate representatives. DJJ managers in Residential, Detention, OHS, and the Office of Staff Development and Training are working in collaboration with internal and external stakeholders by encouraging and supporting our girl-serving programs. This initiative represents the major component of Goal #6 in the agency's Strategic Plan (2008-09 to 2011-12) – **"Ensure Gender-Specific Services Are Provided."** Within the strategic plan goal, we state: *"Across all diagnoses, the percent of girls exhibiting mental illness is significantly higher than that of boys. ... Half of girls who are in the DJJ system have someone in their immediate family who is incarcerated..."* The train-the-trainer component is specifically outlined in Objective #17 of Goal #6.