

Girls and Juvenile Justice Systems

INTRODUCTION AND BACKGROUND

The California Women's Mental Health Policy Council (WMHPC) is committed to investigating the well being of girls in local juvenile justice systems, and proposes a set of activities in the following report that will assist local decision-makers in developing appropriate sets of interventions and strategies to improve mental health services for those girls.

The WMHPC published two previous reports that provide the fundamental background for this report. In 2004, the WMHPC completed *Gender Matters in Mental Health: An Initial Examination of Gender-Based Data*, by Pat Jordan. This analysis of gender-based data concerning women's mental health needs and their utilization of public mental health services identified significant differences in utilization of public mental health services for girls and young women with serious mental health needs. Investigators reviewed Medi-Cal records and found that 3.50% of female Medi-Cal recipients from birth to age 17 received specialty mental health services; whereas, 5.41% of male Medi-Cal recipients of the same age ranges received such services. Similarly, of the total population of clients from birth to 17 served in the mental health system, only 38.2% were female. Adding to the concern, the average dollars spent per client for females from birth to 20 years of age was significantly lower than the average dollars spent for males of the same age. While dollars spent does not necessarily equate with quality, taken together the under-

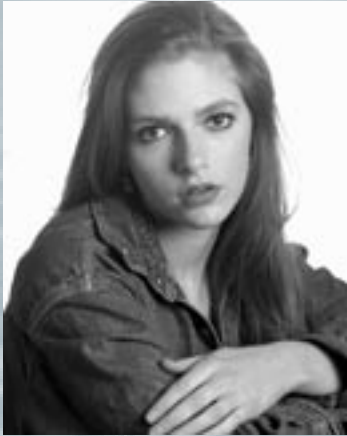
utilization of mental health services and the lower investment of dollars in their care suggest that we are not investing in services to girls during this vulnerable and determinative period in their lives. (Jordan)

In 2005, the WMHPC completed *A Roadmap to Mental Health Services for Transition-Age Young Women: A Research Review*, by Lynne Marsenich. This review is used extensively below in our analysis and examined (1) information about specific mental health problems that disproportionately affect young women; (2) evidence from the social science literature on mental health interventions focused on young women; (3) evidence-based interventions most likely to enhance young women's successful transition to adulthood; and (4) implications for mental health service delivery. This research relied in part on services for women because of the paucity of information and research about services for girls. Overall findings are that transition-age young women suffer more sexual assaults, single parenthood, homelessness, under-employment and unemployment, and suicide attempts. This vulnerable age group is often neglected in social and mental health service systems. The report also underscores our earlier findings that transition-age women are not accessing mental health services at the same rate as their male counterparts, despite demonstrated need.

All these findings are brought into alarming focus for girls in the juvenile justice system. More girls are becoming involved in the juvenile justice system at a younger age, and for more violent activities. The juvenile



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justice system affects girls from ethnic minority groups disproportionately. And, placement and treatment options are less available for girls in the justice system. (Marsenich) These findings also are underscored in the book *Sugar and Spice and No Longer Nice: How We Can Stop Girls' Violence*, by Deborah Prothrow-Stith and Howard R. Spivak, 2005. This book is primarily intended to provide parents and schools with specific tools to identify and prevent violence by girls. However, the book provides a compelling case that although violent crime has been decreasing since 1990 for boys, arrest rates for girls have been increasing, and that the increase is especially marked in serious crimes, including aggravated assault, weapons and larceny-theft. For a longer-term perspective, in 1900, one in 50 juveniles arrested for all crimes was female; in 2003, one in three juveniles arrested for violent crimes is female. Moreover, females are being arrested at younger and younger ages.

The state juvenile justice system has significant, and extensively documented, problems. Among other responses to taxpayer lawsuits and press investigations, the California Department of Corrections and Rehabilitation (CDCR) has undertaken reforms to the system. The Legislature has required quarterly status reports on those reforms during the 2005-06 fiscal year. The most recent status report, dated December 1, 2005, included findings that deepen our information about the status of local juvenile justice systems, which are our principal concern in this report. (CDCR)

- Investigators conducted a gap analysis of the juvenile justice continuum involving interviews

with a representative sample of 12 counties. The most significant gap among these counties is mental health services (including treatment, facilities, staff and appropriate jurisdiction) for local young people that come into the local system. The number of at-risk youth and youthful offenders with mental health problems continues to increase, as does the seriousness of their mental illness. Every county surveyed identified this issue as significant. Individual counties identified needs for services for females, and commitment facilities for females. Counties expressed the need for consistent statewide, coordinated assessment and case management strategies. Significantly for our report, these counties expressed a need for evidence-based alternatives to out-of-home placement, and requested that strategies be found to pool agencies' knowledge, data and research about methods that work.

- CDCR has developed a remedial plan to reform California's juvenile corrections system. In this plan, the state has made a commitment to identify additional rehabilitation and treatment interventions, including interventions designed specifically to meet the needs of female offenders. These gender-specific interventions will include secure placements outside the state's facilities.
- CDCR's Division of Juvenile Justice has developed a specific Mental Health Plan. The plan includes a commitment to develop and implement a new mental health assessment protocol from intake to transition to the community, with aligned treatment activities that are evidence-based

and target each youth's individual diagnosis. Programs will focus on anger management, rational thinking and behavior, parenting, victim awareness, and coping with trauma and alternatives to violence, and will include substance abuse treatment when needed. CDCR has identified Cognitive Behavioral Therapy and Dialectical Behavior Therapy, along with Motivational Interviewing and Trans-theoretical Model of Change, as evidence-based treatment models to include as part of a mental health assessment, treatment, case planning and aftercare program. The plan does not identify gender-specific program models.

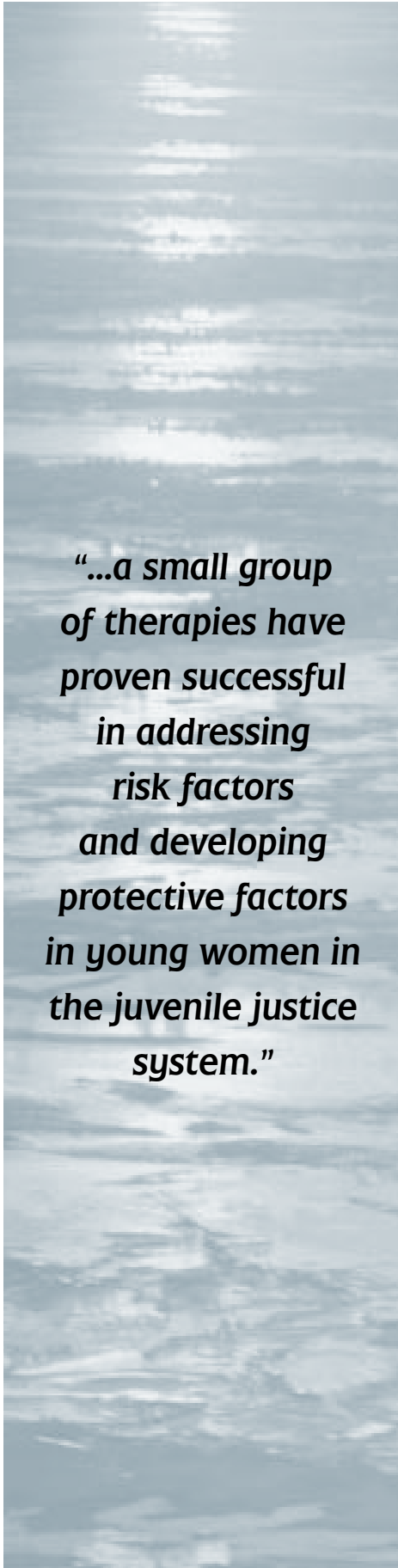
The passage of the Mental Health Services Act (MHSA) provides California with an opportunity to expand and transform the public mental health system. The part of the act that is targeted to services for individuals with serious mental illness and serious emotional disturbance, Community Services and Supports (55% of the total funding), is currently being distributed to counties in response to plans that identify specific programs and services that meet the ethnic minority, age, gender and geographic locations of individuals with serious illness. Anecdotally, counties have identified transition-age young people (age 16-24) as needing special outreach, engagement and full-service treatment programs. Counties have identified with considerable specificity the ethnic minority populations that are currently underserved. Few counties have developed specific program plans that are unique to the specific needs of young women.

FRAMEWORK FOR PROPOSED PROGRAMS

Our initial research, including the work outlined in the Marsenich report, indicates that we know a great deal about the numbers and characteristics of girls in the juvenile justice system. We know the risk factors in the background and history of young women that make them likely to become part of the juvenile justice system. And, we know the protective factors that are characteristics of resilient young women. These protective factors in turn suggest the targets of successful treatment programs for meeting the needs of girls with mental illness in the juvenile justice system. We have described these numbers, characteristics, risk factors and protective factors below.

Moreover, a small group of therapies have proven successful in addressing risk factors and developing protective factors in young women in the juvenile justice system. We have summarized them below. And, a wide range of programs have utilized these proven therapies and other promising practices developed for the special needs of young women in the juvenile justice system. We have described some of them below.

Finally, improvement of the gender-specific programming for young women in the juvenile justice system is urgently needed. These include the need for strategies to deliver program models to counties as they implement the MHSA over the next three-year period. Research is needed to identify effective practices, especially for cultural subgroups, and for outreach and engagement as well as treatment. Policy recommendations are needed to assist counties and the state in the development of addi-



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tional MHSA components, especially the Prevention and Early Intervention component. In addition, a fourth component is crucial to the three elements of program development, research and policy development: the voices of transition-age young women need to be heard with more clarity and more specificity, as a part of the planning and program development process and as a part of the public dialogue that is accompanying the implementation of the MHSA and the rapid and comprehensive changes that are taking place in California’s public mental health system.

I. Description of Girls in the Juvenile Justice System

A. Rising numbers of young women in the juvenile justice system

Girls are involved in the justice system at younger ages and for more violent offenses than ever before. Typically, young women offenders have been arrested for shoplifting, status offenses and prostitution. However, increasing numbers are involved in robbery, gang activity, drug trafficking, weapons possession and assault.

Females are typically incarcerated in the justice system for longer periods of time than males; this is due in part to the lack of available community-based services, and the fact that they have few family resources to rely upon. (Marsenich)

B. Characteristics of Girls in the Juvenile Justice System

Young women in the juvenile justice system are likely to have some or all of the following characteristics: member of an ethnic minority group, poor academic history, high school drop out, physically and/or sexually abused and exploited, user/abuser of substances, unmet medical and mental health needs, lacking hope for the future. Large numbers of young

women have been exposed to trauma. Females in the justice system are more likely than males to have a psychiatric disorder. (Marsenich)

C. Risk Factors for Juvenile Offending

Young women in the justice system have risk factors that relate directly to these characteristics. (Marsenich)

- Individual characteristics: impaired cognitive function, poor academic skills, weak language skills, poor peer relationships, early sexual experiences, emotional and behavioral disorders, low self-esteem, victimization, member of an ethnic minority group.
- Family characteristics: parental disengagement and inattention, parental abuse, family conflict, intergenerational patterns of arrest and incarceration, poverty, single-parent household, poor education for head of household.
- Peer characteristics: association with deviant peers, intimate relations with peers, gang participation, impulsivity and anger in friendship groups.
- School characteristics: poor school performance, early disruptive behavior in school, low school bonding, dropping out or expulsion from school, absenteeism and frequent school changes, little involvement in extracurricular activities.
- Community characteristics: living in an urban environment, early age at first arrest, distressed and disorganized neighborhood environment, lack of social supports in the community.

Prothrow-Stith and Spivak provide a more graphic and compelling list of risk factors that precede girls’ participation in acts of violence. These include:

- Gun availability: girls and women are not using guns to the extent of boys and men, but these researchers anticipate an increase in gun use among girls.
- Poverty: poverty is a risk factor for crime for all genders and ages. Poor, urban girls are most affected by the increase in violence among young women.
- Alcohol and other drug use: an American Correctional Association study of girls in the juvenile justice system found that 60% needed substance abuse treatment at intake. Many began using drugs or alcohol very young. Many used these substances to self-medicate for other risk factors, including mental illness, isolation, trauma and other harm.
- Biological factors: beyond head trauma, little is known about the precise relationship between biological or organic problems and violence.
- Witnessing and victimization: girls are three to four times more likely to be sexually abused than boys; an astoundingly high percentage of juvenile inmates have been victims of abuse in early childhood.
- Social and cultural influences: parents, teachers, other school personnel and society play large roles in the socialization of girls.

These authors know that more risk factors intensify the likelihood of juvenile offense. In addition, we know less about resiliency than about risk. A stable relationship with a caring adult is the most crucial. The experience of success is important, and academic success, especially early, is a good thing for healthy growth. Females do better when they live, learn or work in nurturing environments. Race and class play a key role, as young women

of color more often experience the criminal justice system for violent or disruptive behavior and are more likely to receive inadequate education and employment opportunities.

D. Protective Factors for Juvenile Offending

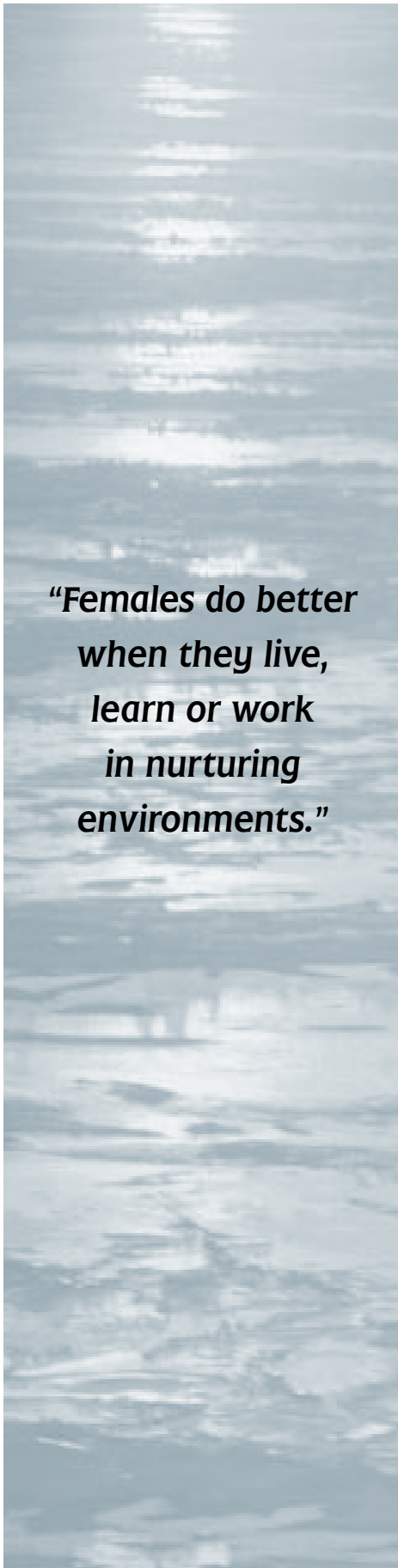
Resilient young women thrive in spite of significant obstacles. The risk factors suggest protective factors that are characteristics of resilient young women, including the ability to garner positive attention, stable care giving, quality relationship with at least one caregiver, availability of social networks, confidence and optimism, self-esteem, positive self-concept, sense of autonomy, stimulating environments, emotional support, safety from harsh environments, developmental assets supported by community activities.

II. Effective therapies for the treatment of girls in the juvenile justice system

As counties in California design and implement programs to serve adolescents and transition-age youth, specific therapies must be implemented within the programs targeting specific populations. Some therapies have been evaluated and found successful in treating the behaviors and risk factors identified in young women in the juvenile justice system.

- Cognitive Behavioral Therapy for Posttraumatic Stress Disorder (PTSD)

“Cognitive Behavioral Therapy is a problem-focused approach designed to help people identify and change the dysfunctional beliefs, thoughts, and patterns of behavior that contribute to their emotions.” (OJJDP Model Programs Guide) Cognitive Behavioral Therapy (CBT) combines the focus on assumptions, thoughts and



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beliefs that are the goal of cognitive therapy and focuses on the specific actions and environments that are the goal of behavioral therapy. The combination is an evidence-based form of psychotherapy that focuses on problems and goals, is measurable and sometimes quick.

CBT has been adapted to the treatment of Post Traumatic Stress Disorder (PTSD) in children and adolescents exposed to trauma, and has been found efficacious. As used in treating PTSD, CBT has a goal of reducing negative emotional and behavioral responses and correcting maladaptive beliefs and attributions related to traumatic experiences. Non-offending parents are included in the treatment. (Marsenich).

- Dialectical Behavior Therapy for Incarcerated Female Juvenile Offenders

Dialectical Behavior Therapy (DBT) is a modification of CBT designed to treat individuals with borderline personality disorder, and is intended to help people with self-harm and suicidal behaviors. The therapy has been tested and found successful. An adaptation of DBT has been used and evaluated for treatment of juvenile female offenders. The findings were mixed: youth behavior problems and use of punitive responses by staff decreased in one group while no behavior or staff changes were noted in another. The evaluation demonstrated the efficacy of providing DBT to female offenders in a residential setting and yielded mixed results on behavior change during the study period that may relate to quality of training and the use of this technique on a broader range of girls than it was designed to treat. (Marsenich)

- Multidimensional Treatment Foster Care

Multidimensional Treatment Foster Care (MTFC) is an alternative to group or residential treatment, incarceration and hospitalization for adolescents who have problems with chronic antisocial behavior, emotional disturbance and delinquency. MTFC places such young people in family-based care that is an alternative to group care. Research on MTFC has demonstrated that it is effective at reducing juvenile re-offending. Training, support and access to program staff 24 hours a day are provided to foster parents. Individualized treatment programs for each young person, and behavioral management skills are goals of the program. Previous research has documented the effectiveness of MTFC, and the model has been adapted for specific use with female juvenile offenders. Recently published outcomes from this adaptation show significantly reduced recidivism and delinquency than other girls placed in group care. Several counties in California offer MTFC. Functional Family Therapy and Multisystemic Therapy are additional therapies that have been found effective generally in the treatment and rehabilitation of juvenile offenders. However, they have not been specifically adapted for intervention with females. (Marsenich, MAJC, OJJDP Model Programs Guide)

- Motivational Interviewing/Enhancement and Transtheoretical Model of Change

The California Department of Corrections and Rehabilitation has identified the Motivational Interviewing/Enhancement Therapy as a tool for engaging young people in the juvenile justice system in treatment and therapy. The methods focus on assisting clients to identify their own motivation for change and

to consolidate personal decisions and plan for change. The therapy is based on principles of cognitive and social psychology, and begins with a therapist assisting the client to identify discrepancies between current behavior and significant personal goals. This technique has been widely used in interventions with persons who have co-occurring mental health and substance abuse disorders, and with the homeless. (SAMHSA)

The California Department of Corrections has identified the Trans-theoretical Model of Change as an additional program tool. This change model is a broad and well-developed model of behavior change. It has been used in a wide variety of settings, including identifying how people modify a problem behavior or adopt a new behavior. This tool provides a theoretical and evaluative framework for examining whether Motivational Interviewing/Enhancement and other program elements are effective in achieving change for young women in juvenile justice. (CDCR)

III. Description of programs in the juvenile justice field for young women

- Girls' Task Force/Girls Circle Curriculum: finding another door than the criminal justice system

Santa Cruz County's Probation Department, together with many collaborating organizations, has developed a Girls' Task Force that targets young women who are, or who might be, at risk of negative outcomes. The Girls' Task Force is of interest for two elements. First, the multi-agency effort involving public and community-based organizations is a resource collaboration effort, representing a community-wide commitment to assuring that entrance to services for troubled young women and girls is not solely

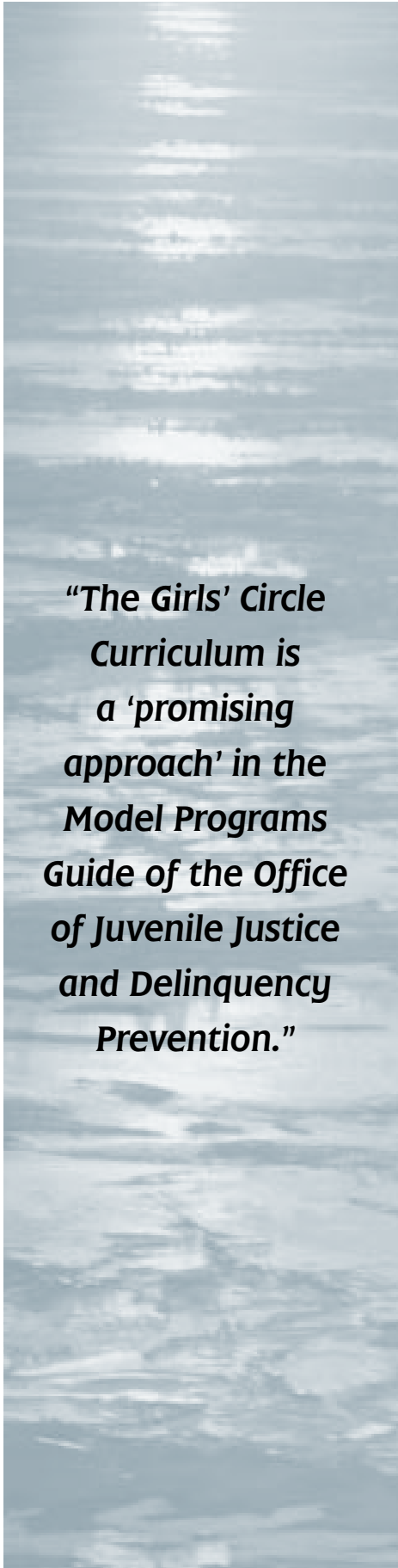
through the criminal justice system. The task force has improved gender-specific services and communication between such services to better serve all females at risk in the community. The effort began with intensive training on major risk factors for females, and an assessment and planning for improved services

Second, the task force identified the Girls' Circle curriculum as effective in early intervention. The program encourages females to voice their opinions, enhance judgment and critical thinking skills, respect themselves and others, evaluate decision making with regard to high-risk behavior, maintain authentic connections with peers and adults, and broaden their definitions of beauty and womanhood.

The Girls' Circle Curriculum is a 'promising approach' in the Model Programs Guide of the Office of Juvenile Justice and Delinquency Prevention. Evaluation of the programs reveals significant increases in the body image scores of females, perceived social support, and level of self-efficacy. In other words, the evaluation supported the hypothesis that the curriculum 1) provides a positive impact on a female's sense of self-reliance or resiliency; 2) helps strengthen a young female's physical self-image; and 3) promotes her sense of belonging and connectedness. (OJJDP Model Programs Guide)

- San Mateo County Juvenile Probation Girls' Camp: using DBT with a mix of other treatment models

San Mateo County provides an ongoing case study of the opportunities presented by the Mental Health Services Act implementation in counties throughout California. San Mateo County is developing a collaborative Juvenile Probation Girls' Camp, planned to open in June 2006. The



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camp will provide 30 beds for high-risk females on juvenile probation needing intensive longer-term services. Individuals placed in the camp will be ordered to do so through the Juvenile Court.

The camp will be a residential, non-locked but secure setting. The length of the program is anticipated to be from nine months to one year. The elements of the program include:

- o On-site educational programming;
- o Individual, group, and family therapy services;
- o Psychiatric services;
- o Art and occupational therapy;
- o Peer mentoring;
- o Sport/physical programming;
- o Drug and alcohol treatment;
- o Family life education and support;
- o Medical services;
- o Vocational programming;
- o Organic gardening program;
- o Elaborated aftercare services and case management linking to multiple community-based organizations.

Program elements are developed from a gender-specific focus. Treatment models include Dialectical Behavioral Therapy, trauma recovery services, nutritional education, yoga and pet-assisted therapy.

Program plans include collaboration from Juvenile Probation Department, Mental Health Department, Alcohol and Drug Services, Health Services, County Office of Education and community-based organizations.

- Los Angeles County Probation Department

Los Angeles County Probation Department, in collaboration with

the Los Angeles County Department of Mental Health and other public and private community partners, has recognized the need of females in juvenile justice for gender-specific strategies and programs. In the county's three juvenile halls, the department operates Girls Reaching Out to Womanhood, which provides a gender-specific orientation and mental health assessment; an educational component with specific education and training in areas that constitute risk factors for delinquency (relationships, abuse, schooling); and a life skills component that provides life skills training and tools for use in the community.

The county also provides a gender-specific strategy for the Girls Camp. This program also includes in-depth screening, case planning that includes mental health, health and substance abuse treatment, group counseling aimed at self-knowledge and communication skills, and education programming. The specific goal of the program is to identify and mitigate risk factors and identify and strengthen protective factors.

Finally, the county mental health department assesses and treats all females that enter juvenile hall who have emotional disturbance. Traditional therapy, family therapy and therapeutic interventions including dance, art and music are a part of the program. Anger management, substance abuse, stress reductions and other life skills are critical components of the program.

- Prototypes

PROTOTYPES, Centers for Innovation in Health, Mental Health and Social Services is a multi-facility, multi-service agency with services located throughout California. Prototypes operated one site in the Substance Abuse and Mental Health Services

Administration (SAMHSA) project, the Women, Co-Occurring Disorders and Violence Study. The study's goal was the generation and application of empirical knowledge about the development of comprehensive, integrated service approaches, and the effectiveness of these approaches in meeting the needs of women with co-occurring substance abuse, mental health disorders and histories of violence.

The Prototypes experience has documented that effective interventions among women with co-occurring needs include the following:

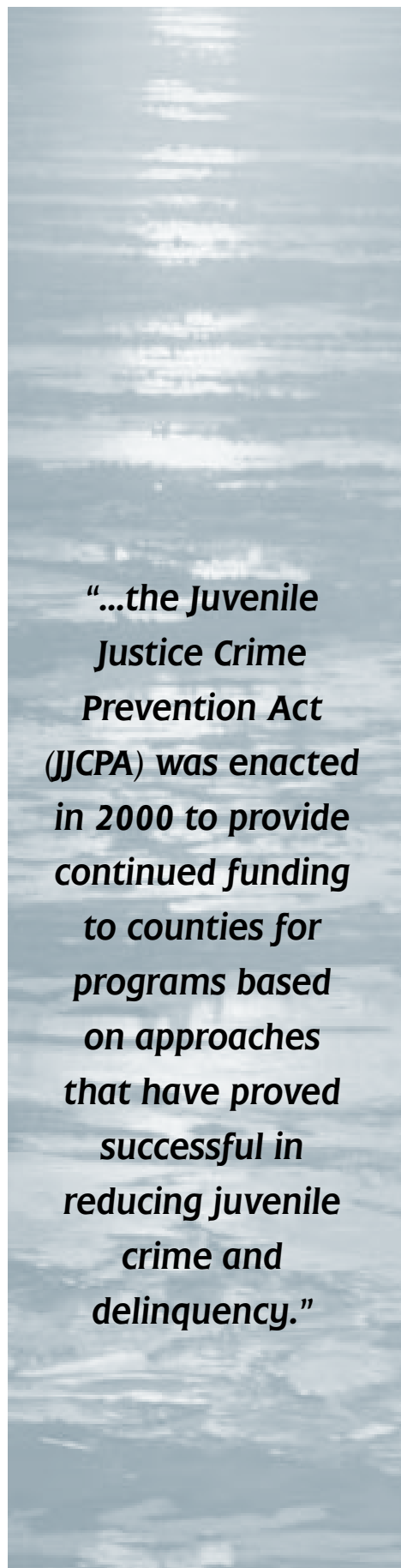
- o A comprehensive range of services;
- o Integrated treatment of trauma, mental illness and substance abuse;
- o Trauma-specific services are provided. These services are designed to address the specific behavioral, intrapsychic and interpersonal consequences of exposure to sexual, physical and prolonged emotional abuse;
- o Trauma-informed services are provided. These services are general services for survivors of trauma, such as mental health or substance abuse services that are based on an understanding of trauma and the ways in which trauma can affect women.
- o Consumers/recovering individuals are integrated into the work of the program.
- Juvenile Justice Crime Prevention Act Programs

The California Board of Corrections implemented a Juvenile Crime Enforcement and Accountability Challenge Grant Program in 1996. The program permitted probation departments to convene broad stakeholder groups to plan and implement

programs to improve outcomes for young people involved in the juvenile justice system. Several counties tested ways to address probation needs for young people with mental health problems. The Challenge Grant program has ended. However, the Juvenile Justice Crime Prevention Act (JJCPA) was enacted in 2000 to provide continued funding to counties for programs based on approaches that have proved successful in reducing juvenile crime and delinquency. This act also requires a broad stakeholder group for planning and evaluation of funded programs. The program has funded more than 190 programs in 56 counties. Some programs are targeted specifically to young women.

Orange County has a non-secure institution called the Youth Guidance Center that provides treatment and rehabilitation services for females (as well as males). Orange County used JJCPA funds to expand treatment and rehabilitation services for females in the program. Although not uniquely targeted to young women with mental illness problems, the program provides classes and counseling in anger management, parenting, life skills/self concepts, victimization, job and career planning and vocational services. The 2003 annual report of the JJCPA program indicated that 63 of 71 girls enrolled successfully completed the program and had not incurred a new arrest or experienced significant behavioral problems. (JJCPA Annual Report, 2003)

Sacramento County used JJCPA program funds to provide a Healthy Teen Mothers Program. Available to pregnant teens age 14 to 18 who come into juvenile detention (approximately 10% of detained teen females are pregnant), the program provides prenatal and parenting assistance



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and classes. However, the program also provides educational, vocational, substance abuse, and other treatment services. A six-month evaluation of the program in 2001-02 found that re-arrest rates were more than two times lower than the historical comparison group, and none of the participants had probation violations during the evaluation period. (JJCPA Annual Report, 2004)

Solano County has implemented the Butterfly Project, a gender-specific program for female offenders at risk of out-of-home placement because they are serious or repeat offenders, or they pose a danger to the community or themselves. The program offers 14-week group counseling sessions that include communication skills, emotional health, conflict resolution, substance abuse, leadership development, life skills and personal responsibility. In addition, individualized treatment plans target specific issues. And the program provides intensive probation supervision and small caseloads. More than 90% of participants (30 young women served in 2003-04) have completed probation successfully; only seven required out-of-home placement. (JJCPA Annual Report, 2005)

None of these programs are targeted exclusively to young women with mental health treatment needs. However, we know that a very high number of female delinquents have mental health disorders (84% in one 1997 study; 75% in a 2002 study, Marsenich). These programs, identified in JJCPA annual reports as notable successes, target the very conditions and experiences we’ve seen characterize risk factors for young women in juvenile justice: anger management, victimization, substance abuse, life skill deficits, poor educational history

and hence employment possibilities, low self esteem.

IV. WMHPC Proposed Program

The Marsenich report includes specific recommendations for the service needs of transition-age young women with mental health diagnoses. This report has extended that work with program reviews and assessment of state and local program experiences. This combined work leads us to recommend the following steps to assist local decision-makers in developing appropriate sets of interventions and strategies to improve mental health services for girls in the local juvenile justice system.

1. Provide gender-specific programming for young women in the juvenile justice system.

Our preliminary review identified some gender-specific programs for females in the juvenile justice system. Research suggests that adolescent girls entering the juvenile justice system “bring with them complex health and mental health needs related to trauma histories, including childhood abuse and current partner abuse, sexual behavior and substance abuse. Services for girls in the juvenile justice system should include treatment for depression, traumatic stress, substance abuse and health-risking sexual behaviors.” (Marsenich, p. 38) In addition, for any young women in the juvenile justice system who are pregnant or are already parents, parenting education would improve the opportunities for their children.

Strategies to implement this recommendation could include development of an assessment tool to provide juvenile justice programs with information about the needs in their programs. In addition, gender-specific transition-age training packages should be developed

for regional or specific county delivery using the new MHSA funding.

2. Increase funding for mental health treatment research specific to transition-age women and subgroups of transition-age women.

Very little evidence-based mental health research is available specific to transition-age women. “Moreover, there is only limited research on the specialized mental health needs of racial, cultural and ethnic subgroups among transition-age women.” (Marsenich, p. 39)

Research on cultural distinctions in successful program and treatment design models would help California serve the diverse population of young women in the juvenile justice system. Anecdotal information from the MHSA planning process suggests that program design suggestions are especially needed in the area of engagement of young women of diverse racial, cultural and ethnic subgroups.

3. Develop policy recommendations that target the unique needs of girls at risk of juvenile justice involvement in the planning for the Prevention and Early Intervention phase of the MHSA.

The experience of Santa Cruz County, described above, suggests that one avenue for exploration would be the identification of strategies that prevent the entrance of women at high risk into the juvenile justice system. As the state proceeds to identify a process for planning for the Prevention and Early Intervention phase of MHSA, targeted policy development in this area would be useful.

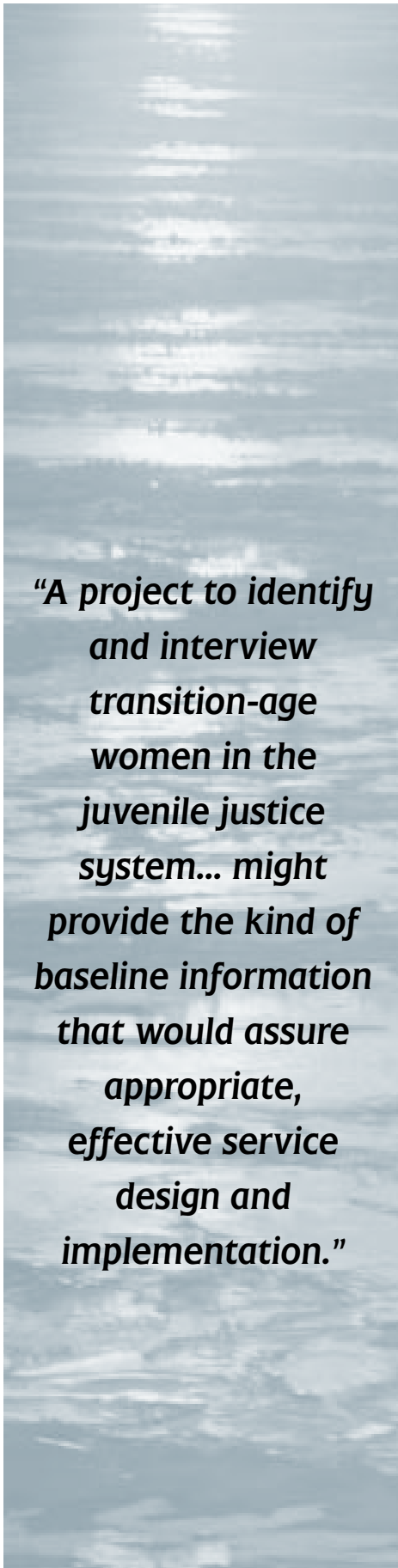
4. Capture the voices of transition-age young women involved in the juvenile justice system.

The WMHPC has become increasingly interested in methods to capture the voices of consumers of service, and document their experiences in ways that can help make programs and services more effective. A project to identify and interview transition-age women in the juvenile justice system, capture their life experiences, and document the impact of specific services on their development and self-image, might provide the kind of baseline information that would assure appropriate, effective service design and implementation.

5. MAJC as advisor/evaluator

The Multi-Association Joint Committee (MAJC) is a group of state associations that have established collaborative advocacy on behalf of youth in the juvenile justice system who have mental illness and/or substance abuse problems. These associations include the California Mental Health Directors Association, the Chief Probation Officers of California and United Advocates for Children of California. The broad purpose for MAJC is to create an arena for county- and state-level planning, training and technical assistance development, and other collaborative activities in order to meet the mental health and alcohol and other drug service needs of youth in the juvenile justice system; and to promote fair and equal justice for all children and youth.

MAJC has agreed to operate as advisor and evaluator to the WMHPC in its Girls and Juvenile Justice project. The statewide members of the committee, who include state and local representatives, justice system and mental health program providers and developers, and advocates for children and young people, can provide the experience and access necessary to make the program a success.



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