

LOS ANGELES COUNTY

LAW ENFORCEMENT FIRST RESPONDER PROTOCOL

FOR COMMERCIALLY SEXUALLY EXPLOITED CHILDREN



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MESSAGE FROM THE BOARD OF SUPERVISORS



Hilda Solis
1st District



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2nd District



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3rd District



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5th District

As the largest local governing body in the United States, it is the responsibility of the Los Angeles County Board of Supervisors to tackle difficult issues that impact over 10 million people living in 88 cities and over 140 unincorporated communities.

In 2012, we learned that Los Angeles County was identified as a major hub for the commercial exploitation of children and one of our most vulnerable populations was at-risk. Adult traffickers were preying upon children, some as young as 10 years old, and forcing them to sell their bodies for money in our local streets night after night. As a result of a history of abuse and neglect prior to their exploitation, many of these children have been involved in our child welfare system. Despite being victims of exploitation, these children were routinely criminalized for behavior they were forcefully manipulated into by their exploiters. As we continued to learn about this issue, it became clear that these children were not criminals—they were innocent victims.

We immediately committed resources to educate ourselves on this problem and to devise solutions to more effectively serve and support the victims of this heinous crime. We brought together the County's child-serving agencies, as well as law enforcement, to create a countywide response and train staff to identify and better serve child victims of sexual exploitation.

Through our collective efforts over the past three years, Los Angeles County has become a national leader in the fight to end the sexual exploitation of children. We have committed time, energy and resources to expose this brutal industry and have begun to shift public perceptions about the true nature of this crime through multiple awareness campaigns. We have trained thousands of County employees and community partners to be aware of the risk factors and warning signs of trafficking and to report suspected cases to the appropriate authorities. We also worked with local, state and federal leaders to create bipartisan legislation that supports trafficking victims and appropriately punishes those who buy and sell them. In addition, we also secured funding to establish a dedicated courtroom that specifically handles sex trafficking cases and connect victims with mental health, counseling and other services that they need to treat their trauma.

With the Los Angeles County Law Enforcement First Responder Protocol for Commercially Sexually Exploited Children, we have created a system in which law enforcement officers can identify victims of sexual exploitation and work collaboratively with County agencies and community-based organizations to avoid arrest, keep them safe and provide them with the services they need to escape exploitation. Identifying and engaging youth at this first point of contact will help keep victims of extreme sexual abuse from being criminalized.

Much has changed in the three years since we began this journey together. We have changed the way we treat the true victims of this crime and we continue to change the stigma surrounding this issue. We have shifted the language we use because there is no such thing as a "child prostitute," and we now, more appropriately, recognize them as victims of child abuse. We commend our County and community partners who have joined us in this fight and we are proud to be the first jurisdiction to create a national model protocol for law enforcement first responders.

We have made major strides in our fight to end the sexual exploitation of children in Los Angeles County, but there is still more work to be done. We know these children come from our system and we must protect our most vulnerable population. Together with law enforcement and our non-profit partners, Los Angeles County stands united in saying: "Our children are not for sale."

ACKNOWLEDGEMENTS

The Law Enforcement First Responder Protocol for Commercially Sexually Exploited Children is the result of effective collaboration among elected officials, public agencies, and community partners in Los Angeles County. We would like to acknowledge the work of the following agencies for sharing their expertise, time and resources, which led to the successful development and implementation of the Protocol:

- Los Angeles County Board of Supervisors
- Los Angeles County Chief Executive Office
- Los Angeles County Department of Children and Family Services
- Los Angeles County District Attorney
- Los Angeles County Department of Health Services
- Los Angeles County Department of Mental Health
- Los Angeles County Probation Department
- Los Angeles County Public Defender
- Los Angeles County Department of Public Health
- Los Angeles County Department of Public Social Services
- Los Angeles County Sheriff's Department
- Long Beach Police Department
- National Center for Youth Law
- Saving Innocence
- Trinity Youth Services

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Long Beach Police Department
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Los Angeles County Board of Supervisors, Fourth District
Los Angeles County Probation Department
Los Angeles County Department of Mental Health
Los Angeles County Department of Children and Family Services
Los Angeles County Probation Department
Los Angeles County Department of Children and Family Services
Los Angeles County District Attorney's Office
Los Angeles County Probation Department
Los Angeles County Department of Children and Family Services
Los Angeles County Probation Department



EXECUTIVE SUMMARY

BACKGROUND

Five years ago, county officials in Los Angeles began to recognize the increasing number of children and young adults arrested for prostitution and related offenses. Instead of dismissing these children as “prostitutes” who were choosing an unsafe lifestyle voluntarily, they began asking questions about what was happening in these children’s lives and why they were on the streets with much older men and women. This inquiry led to a more nuanced perspective of commercial sexual exploitation and recognition that these children are victims in need of support and help rather than judgment and further stigmatization.

Armed with a better understanding of the dynamics of the commercial sexual exploitation of children (CSEC) and a desire to appropriately serve CSEC, the Los Angeles County Probation Department and the Juvenile Court secured state funding in 2010 to develop innovative practices for serving victims of commercial sexual exploitation through a collaborative approach. Probation and the Juvenile Court worked together to develop a collaborative court model to serve CSEC.

The Los Angeles County Board of Supervisors (BOS) has also taken a leadership role to bring awareness to this issue, spur progress to more effectively serve victims, and ensure the County treat these children as victims of child sexual abuse rather than criminals. In 2012, the BOS issued a motion establishing a joint task force between the Child Welfare and Probation Departments.¹ In 2013, the BOS expanded this task force to include mental health, public health, health services, the Los Angeles Sheriff’s Department, and Public Social Services. This task force was charged with developing a multi-agency response model to combat CSEC within 90 days.²

The growing attention and momentum around the issue coupled with the leadership of the BOS galvanized the interagency partnerships necessary to better serve CSEC. This resulted in the development and ultimate implementation of the Law Enforcement First Responder Protocol for CSEC (Protocol).

The Protocol outlines a coordinated response to serve CSEC from identification through the first 72 hours of contact. The goal of the Protocol is to identify and respond to CSEC expeditiously using a victim-centered, strengths-based approach. It focuses on building relationships with youth from the outset, understanding where the child is in his/her stage of exploitation, and avoiding arrest and detention.



¹ See Appendix A.

² See Appendix C.

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STRUCTURE OF THE REFORM

Because the Protocol required a significant shift in the current practice at the time, the Probation and Child Welfare Departments convened three bodies, all of which were key to the project's success: the Leadership Team, the Steering Committee, and the workgroup. The Leadership Team, made up of the Probation and Child Welfare Departments and the National Center for Youth Law, facilitated the work of the Steering Committee, defined and refined the goals of the project, interfaced with the Chief Executive's Office and the BOS, oversaw the development of the Protocol, drafted the Protocol, and created the Implementation Plan.

The Steering Committee consists of the Leadership Team and the additional agencies required to participate in the task force including, mental health, public health, health services, the Los Angeles Sheriff's Department, and Public Social Services. The Steering Committee was formed to oversee the CSEC projects in Los Angeles beyond the First Responder Protocol. By convening the heads of agencies and community partners, the Steering Committee is empowered to set goals and make decisions about the trajectory of the work.

The workgroup of stakeholders is made up of line and supervisory staff who provide direct supervision and treatment to youth affected by exploitation. The workgroup members, viewed as the subject matter experts, provided feedback on the feasibility of proposals made by the Steering Committee. The Steering Committee amended and altered the policy reforms based on this stakeholder feedback, which in turn, resulted in a proposal that would translate into something workable in the field.

In order to develop the Protocol, the Leadership Team took several key steps: 1) developed relationships with each of the agencies through individual meetings, 2) gained an understanding of each agency's perceived and mandated role in working with the population, 3) met with all levels of staff (line, middle management, and leadership) to gain an understanding of how CSEC were being served through each system, and 4) mapped key decision points to shift protocols in the way CSEC were served. Engaging all of the parties from the beginning ensured a shared vision and a mutually agreed upon process.

Once the Protocol was drafted, the Leadership Team developed an Implementation Plan.³ The Steering Committee, with direction from the BOS, strategically decided to pilot the Protocol in an area of the county with disproportionately high rates of arrest of children and young adults for prostitution and related offenses. The Implementation Plan laid out the internal responsibilities of each agency to complete before rolling out the Protocol. These tasks included basic

³ See Appendix D.

EXECUTIVE SUMMARY

identification and awareness training; training on the Protocol, which defined the roles and responsibilities of each agency in the Protocol; reviewing and signing the Operational Agreement;⁴ creating a wallet card for law enforcement; and setting up an expedited appointment mechanism for health services.

As the Protocol evolved and took form, the Steering Committee and workgroup recognized a need for continued check-ins with the individuals implementing the Protocol in the pilot area. In response, the Leadership Team created the multi-agency review committee (MARC) to oversee the implementation of the Protocol, analyze aggregate data, revise the Protocol as needed, assess the sufficiency of resources, and report to the BOS on the Protocol. MARC now meets monthly to discuss emerging trends and discuss any challenges that have arisen over the last month. Additionally, MARC is responsible for developing plans to expand the pilot area to other law enforcement agencies and geographic areas in Los Angeles County.

WHAT WE HAVE LEARNED

The Protocol was implemented in mid-August in Long Beach and Compton in South Los Angeles. After nine months of implementation, law enforcement has identified thirty-two children. Like many jurisdictions across the U.S., a majority of the identified commercially sexually exploited children are system-involved, with over sixty percent with current child welfare involvement. This number likely underreports that involvement because many of the children from out-of-county or out-of-state are also involved with child welfare. Overall, the results have been promising, and there are currently plans to expand the Protocol throughout Los Angeles County. Below are some of the key numbers:

- System Involvement
 - Child Welfare: 62.5%
 - Probation: 2 children
 - Out-of-county/state: 28%
 - Unknown to either system (Child Welfare nor Probation): 1 child
- 72-hour status
 - In home/placement: 59%
 - Detained in juvenile hall: 28%, 44% of whom were from out-of-county/state
 - Children that have run away: 3 children
 - Hospitalized: 1 child
- Current status
 - Remains in home/placement: 65%
 - Returned to county/state: 12%
 - Children that have run away: 9%
 - Detained: 12%

⁴ See Appendix E.

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One of the biggest challenges in working with this population is engaging and stabilizing them. These youth frequently run away, especially when they are not secured in locked settings. Because one focus of the Protocol was to find an effective alternative to detention, there was considerable trepidation as to whether the identified youth would stay in community-based settings. Fortunately, the teaming approach, which combines public agencies with community-based advocates, in conjunction with providing intensive engagement within 90 minutes of identifying a child, has proven promising. Nearly sixty percent of the children identified through the Protocol remained stable in their placements in unlocked settings for seventy-two hours post-identification. Very few children were detained, and those that were either had an outstanding warrant or were held until they were returned to their home or placement out-of-county or out-of-state. To date, law enforcement has not arrested any children in the pilot area.

Because of the significant trauma these children have both during early childhood as well as a result of their exploitation, they tend to distrust child-serving agencies. Utilizing a specially-trained advocate that is not embedded within a public agency has begun to breakdown those barriers. Many of the youth have quickly formed lasting connections with their advocates. This bond has endured even when the youth runs away – with a large proportion of the youth that are missing from care remaining in contact with their advocate through social media and weekly phone calls.

We picked up a young girl through the First Responder Protocol, and built a good rapport with her. While on a weekly visit, the girl expressed that she was always bored at home and that was one of the main reasons she was running away. Her Advocate then discovered that dance really interested her [and helped her get a scholarship for classes]. She is now so excited about dance and has not run from home since dancing started.

-ADVOCATE

In addition to these successes, MARC has also identified several challenges and has amended the Protocol accordingly. For example, a significant proportion of the identified children have bench warrants from other counties/states or have been reported missing from another jurisdiction (over twenty-five percent). In response, the Probation Department and law enforcement have designed a procedure that expedites a child's return to his/her jurisdiction of origin.

EXECUTIVE SUMMARY

When the Protocol was initially rolled out by two law enforcement jurisdictions in Los Angeles, a significant number of children were identified on a consistent basis. However, these numbers have dwindled and almost dissipated entirely. Now, areas of the County that are not utilizing the Protocol are identifying more children. In other words, the exploiters have moved the children outside the catchment area of the pilot to avoid police involvement.

MARC is currently planning with Los Angeles Police Department to expand the pilot to cover more areas in the County and ideally identify these children that exploiters have moved.



One of the key successes of the Protocol and its implementation thus far is the strong partnerships, camaraderie, and collaboration that have formed among law enforcement, social workers, probation officers, physicians and medical professionals, and the advocacy agency. These partnerships have translated into more effective service provision and support to the children and their families. It has also resulted in the identification, arrest, and prosecution of high-level exploiters in the County. The future success and sustainability of the Law Enforcement First Responder Protocol for CSEC will be built on these continued partnerships.

One of the most significant benefits I have observed about the First Responder Protocol is the collaboration and camaraderie that has developed among the agencies. It is evident in the MARC meetings, and even more apparent in the interactions these agencies have with the identified victims. We are truly fostering collaboration among agencies and community partners, which is benefitting some of the most vulnerable children in our community.

-ATTORNEY

For more information on the Protocol, please contact ChildTrafficking@probation.lacounty.gov

FIRST RESPONDER PROTOCOL

The Law Enforcement First Responder Protocol for commercially sexually exploited children (“Protocol”) demonstrates Los Angeles County’s commitment to treating commercially sexually exploited children as victims of child abuse and human trafficking, rather than criminalizing them as delinquents. It reflects an understanding that these children have experienced and been exposed to severe violence, threats, and trauma. The Protocol guides the child-serving agencies listed below on their roles and responsibilities for responding when they encounter suspected or identified victims of commercial sexual exploitation. It describes the subsequent steps each agency must take within the first 72 hours to address these children’s immediate and ongoing needs.

The County recognizes that first responders include more than law enforcement officers. However, the County has decided to pilot the Protocol through law enforcement agencies within three areas of increased incidence of prostitution and related arrests—Compton, Lynwood, and Long Beach. Once the Protocol is further refined, the County will look for opportunities to expand its reach and applicability to other law enforcement jurisdictions and through other first responders such as emergency department physicians and other health practitioners.

“When I was picked up by the cop, it was different. He asked me if I was okay and if I needed anything. He let me talk to an advocate and then I went to a placement. What was really different is that he calls me every once in a while to see how I’m doing, and lets me know that if I need anything or if I’m ever in a bad situation and need help, to call him.”

-YOUTH

As authorized by California Welfare and Institutions Code Section 18961.7, several county agencies have entered into an agreement to create a multidisciplinary team (MDT), which will investigate suspected child abuse and make placement decisions when a child is suspected of or identified as being commercially sexually exploited.⁵ The MDT members include: the Department of Children and Family Services; the Probation Department; law enforcement; the Department

5. See Appendix E, Los Angeles County Operational Agreement; Cal. Welf. & Inst. Code § 18961.7(a).

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of Health Services; a specially-trained advocacy agency; and the child.⁶ Parents, foster parents, guardians, group home/emergency shelter staff, emergency housing providers, and other caregivers may be a part of the MDT pursuant to Welfare & Institutions Code Section 18964(b).⁷

The following child-serving agencies and community-based partners each play a key role in coordinating the County's response for CSEC:

- **Law Enforcement**

- Los Angeles County Sheriff's Department (LASD) – Compton Sheriff's Station
- Los Angeles County Sheriff's Department – Century Sheriff's Station

⁶ Cal. Welf. & Inst. Code § 18961.7(b)(1-2) (1) ("Child abuse multidisciplinary personnel team" means any team of two or more persons who are trained in the prevention, identification, or treatment of child abuse and neglect cases and who are qualified to provide a broad range of services related to child abuse.")

⁷ Cal. Welf. & Inst. Code § 18964(b) ("The caregiver of the child and, in the case of an Indian child, the child's tribe shall be permitted to provide information about the child to the multidisciplinary personnel team that will be considered by the team and to attend meetings of the multidisciplinary personnel team, as deemed appropriate by the team, without becoming a member of the team.")

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- Long Beach Police Department (LBPD)
- **Department of Children and Family Services (DCFS)**
 - Child Protection Hotline
 - Multi-Agency Response Team (MART)
- **Probation Department**
 - Child Trafficking Unit (CTU)
- **Advocacy Agency**
- **Department of Health Services**
 - Medical Hub (Partnership between Department of Mental Health, DCFS, and Probation)
- **Emergency Housing/ Shelter Staff**
 - Specially trained homes for CSEC⁸
 - Emergency Shelters (for boys or if no CSEC emergency housing beds available)

To ensure the effectiveness of the Protocol, the County also formed the Los Angeles County CSEC Multi-Agency Review Committee (MARC). MARC is a subgroup of the larger Los Angeles County Child Trafficking Steering Committee. MARC meets monthly to discuss new cases, assess the effectiveness of the Protocol, identify challenges and barriers, implement any necessary changes to the

Protocol, and continually evaluate the sufficiency of resources. Quarterly, MARC is responsible for submitting a report to the County Board of Supervisors describing the progress of the Protocol, proposing expansions of the Protocol, and requesting additional resources to ensure the Protocol's fidelity.



⁸ Right now these homes are only available to girls.

ROLES AND RESPONSIBILITIES

A. LAW ENFORCEMENT

Law enforcement officers encounter potential victims of commercial sexual exploitation in a variety of circumstances including, but not limited to observing a child engaged in solicitation: while on patrol, while executing a warrant on a separate matter, late in the evening in an area known for prostitution, and planned operations at a hotel or motel. Children who are victims of commercial sexual exploitation have suffered extreme trauma and violence, and they are often triggered emotionally through interactions with authorities like law enforcement. In order to effectively implement this Protocol, experts on commercial sexual exploitation trained law enforcement officers on the signs of exploitation, engagement strategies, and de-escalation techniques for this population. When an officer identifies or suspects that a child may be a victim of commercial sexual exploitation, the officer is responsible for engaging the child even if the child displays a potentially combative demeanor, which is often a resiliency the youth has developed. As a mandated reporter, the officer must report the known or suspected abuse to the DCFS Child Protection Hotline.⁹ Once the officer identifies a confirmed or suspected victim of commercial sexual exploitation, the officer is responsible for transporting the child to either the police/sheriff station or the hospital, if there is a medical need (hereafter both will be referred to as the “staging area”).



⁹ See Cal. Penal Code §§ 11165.1, 11166(a).

ROLES AND RESPONSIBILITIES

Roles and responsibilities:

1. Be familiar with the signs/symptoms of commercial sexual exploitation.
2. Engage any suspected CSEC using best practice approaches.
3. Conduct initial investigation per internal protocols, including, but not limited to:
 - a. Notice to unit/officer(s) specializing in human trafficking cases.
 - i. Long Beach: This occurs automatically in Long Beach (VICE)
 - ii. Sheriff (Compton/Century Station): Notification to Vice Lieutenant and/or Vice Sergeant under circumstances described in L.A. County Sheriff's Unit Orders.
 - b. Assess the urgency of medical needs.
 - i. If there is evidence of a sexual assault, follow Department protocols, including the responsibility for transporting the youth and requesting a forensic exam.
 - ii. Transport child to the emergency room or Sexual Assault Response (SAR) site as soon as possible if:
 - A. There was genital-genital or genital-mouth contact between the suspect and the child in the last 72 hours. Ideally, HIV post-exposure medication is given within the first 36 hours but must be given within 72 hours.
 - iii. There was unprotected genital-genital contact within the past 5 days. Emergency contraception is most effective in the first 3 days but can be given up to 5 days after the contact.
 - iv. The child appears to need immediate treatment for any other reason.
 - c. File an Emergency Protective Order against the suspect if the youth would like added protection.¹⁰
 - d. Advise a child who is 10 years of age or older of his or her right to make two phone calls, except where physically impossible. One call will be to a parent, guardian, or responsible relative; and the other call will be to an attorney.¹¹

Prior to the CSEC First Responder protocol, patrol deputies were left with few options. The CSEC First Responder Protocol changed all that. They are now able to go out and confidently rescue CSEC children, knowing they can get back out to the street quickly to back up their partners. Everyone benefits, especially the children.

-LAW ENFORCEMENT OFFICER

¹⁰ Cal. Family Code §6250.

¹¹ Cal. Welf. & Inst. Code §308(b).

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- e. Ascertain the child's real age using department protocols if the child reports that he or she is above 18 but there is some indication that the youth is a minor.
- f. Decide whether to detain child if the investigation uncovers other potential crimes/offenses:
 - i. For misdemeanors: After engaging the child, law enforcement will use discretion to decide whether to detain.
 - ii. For felonies: If the child is 14 years of age or older and is taken into custody for the personal use of a firearm in the commission or attempted commission of a felony or any offense outlined in Welf. & Inst. Code §707(b), then law enforcement must detain the child.¹²
- g. Contact child's parent, guardian, or caregiver and notify that child was stopped.
- h. Take the child into temporary custody, without a warrant, under the following circumstances:¹³
 - i. The officer has reasonable cause to believe the child is a victim of abuse or neglect and has an immediate need for medical care, is in immediate danger of physical or sexual abuse, or the physical environment poses an immediate threat to the child's health or safety;¹⁴
 - ii. The officer has reasonable cause to believe the child falls under Cal. Welf. & Inst. Code §601 or 602,¹⁵ or that
 - iii. The child has violated an order of the juvenile court or has escaped a commitment ordered by the juvenile court.¹⁶
 - iv. The child is under the age of 18 and is in a public place suffering from any sickness or injury which requires care, medical treatment, hospitalization, or other remedial care;¹⁷ or a missing child report on file with the National Crime Information Center (NCIC) or (2) there is an active warrant from another county or state. The law enforcement officer must take the following steps:
 - i. Take a child into temporary custody if (1) the child is missing from another jurisdiction and there is a missing child report on file with the National Crime Information Center (NCIC) or (2) there is an active warrant from another county or state. The law enforcement officer must take the following steps:
 - i. Contact Probation Department's Intake and Detention Control (IDC) and advise them they have a child who is missing or a runaway from a jurisdiction outside of Los Angeles County.
 - ii. Complete a Live-Scan, if possible.

¹² Cal. Welf. & Inst. Code § 625.3

¹³ Should the officer take the child into temporary custody, "the officer shall advise such minor that anything he says can be used against him and shall advise him of his constitutional rights, including his right to remain silent, his right to have counsel present during any interrogation, and his right to have counsel appointed if he is unable to afford counsel." Cal. Welf. & Inst. Code § 625(c).

¹⁴ Cal. Welf. & Inst. Code § 305(a).

¹⁵ Cal. Welf. & Inst. Code § 625(a).

¹⁶ Cal. Welf. & Inst. Code § 625(b).

¹⁷ Cal. Welf. & Inst. Code § 625(c).

ROLES AND RESPONSIBILITIES

- iii. Complete Arrestee Medical Screening Form.
 - iv. Provide information regarding the child's warrant or probation status, or any wants/holds in the child's home county or state.
 - v. Transport child to Los Padrinos Juvenile Hall,
 - j. Follow internal protocols if the child is under the jurisdiction of Los Angeles County Probation and there is an active warrant.
4. Report suspected abuse to the DCFS Child Protection Hotline.
 - a. Identify self and your law enforcement agency
 - b. Use specified triggering language: "I have a CSEC in custody in the pilot area."
 - c. Provide location of the staging area.
 5. Transport to staging area (police station or the hospital, if medically necessary).
 6. Notify parent of staging area location, if appropriate.¹⁸
 7. Interface with DCFS's Multi-Agency Response Team (MART) or the Probation Department's Child Trafficking Unit (CTU), and the Advocate at the staging area.
 8. Participate in MDT meeting led by either MART or CTU, if necessary.
 9. Alert MART/CTU and the Advocate as soon as the child can be released from the police station so that they can transport him or her to the decided upon placement.
 10. Follow policies for temporary involuntary commitment under the Lanterman-Petris Short Act if, at any point, the child presents as a harm to him/herself or others.¹⁹

B. DCFS CHILD PROTECTION HOTLINE

The Child Protection Hotline currently receives reports of commercial sexual exploitation, and now has a formal process to address these calls. This Protocol creates a specific CSEC Expedited Response for calls from the pilot area, specifically when: 1) a law enforcement officer reports a suspected CSEC/human trafficking victim within the Compton, Lynwood, or Long Beach areas, or 2) the L.A. County Sheriff's Department - Compton Station or Century Station, or the Long Beach Police Department is the reporting agency.

Upon recognizing the case is a CSEC in the pilot area, the hotline worker must initiate a CSEC Expedited Response. The CSEC Expedited Response includes: creating an expedited form; identifying the youth through Child Welfare Services Case Management System (CWS/CMS) or contacting the Probation Department if unable locate/confirm the child in the system to 1) determine if the child is known to Probation 2) determine the probation status of the child and 3) confirm the lead

¹⁸ Cal. Welf. & Inst. Code § 307.4(a).

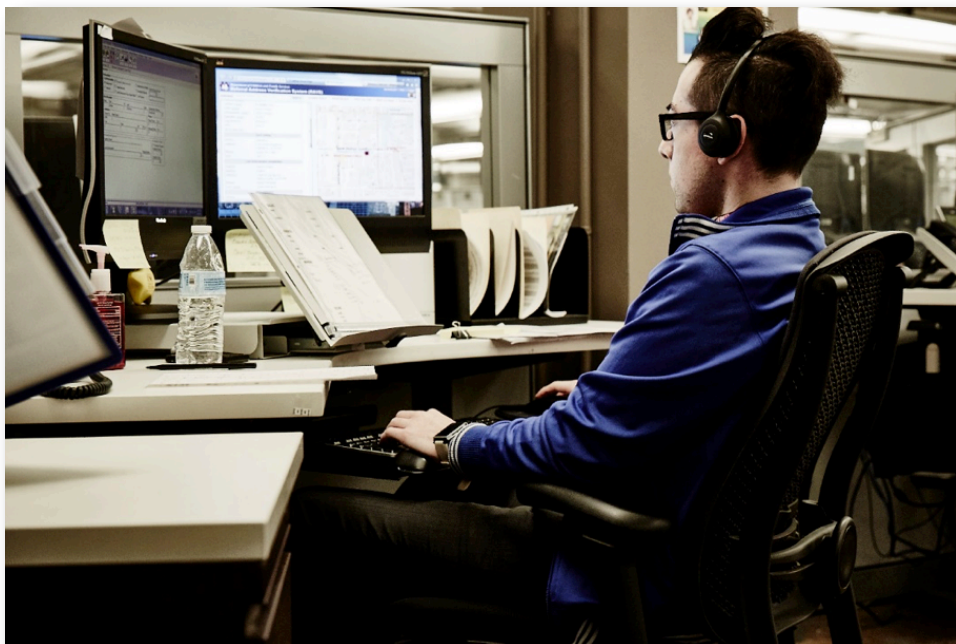
¹⁹ Cal. Welf. & Inst. Code § 5150 et seq.

ROLES AND RESPONSIBILITIES

agency if the child is dual jurisdiction; and contacting MART or Probation CTU to initiate the field response.

Procedural steps DCFS Child Protection Hotline Staff must take:

1. Obtain demographic information and allegation information.
2. Flag as “Commercially Sexually Exploited Child-CSEC” under Special Projects Code when the caller indicates that the child is being exploited, is a human trafficking victim, or is engaged in prostitution.
 - a. Note whether the caller uses the triggering language (participating law enforcement agency says, “I have a CSEC in custody in the pilot area.”)
3. Determine whether case is located in Pilot Area (Proceed to steps 4-10 if the referral falls within the Pilot Area):
 - a. Case falls within Pilot Area if:
 - i. Incident occurred in Compton, Lynwood, or Long Beach, OR
 - ii. L.A. County Sheriff’s Department - Compton Station, Century Station, Major Crimes Bureau’s Vice Detail, or Long Beach Police Department makes the referral.
 - a. If case did not come from Pilot Area, follow standard Department Response.
4. Initiate CSEC Expedited Form.
5. Reference CWS/CMS to determine system involvement.
6. Call the Probation’s designated number to:
 - a. Check probation status on child who are not known to DCFS, or
 - b. Confirm the lead agency if the child is dual jurisdiction.
7. Determine which agency to contact (Probation’s CTU or DCFS’s MART Unit).



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- a. If the child is under DCFS jurisdiction; or the child is under dual jurisdiction and DCFS is the lead agency; or the child is unknown to either DCFS or Probation:
 - i. Notify the MART Unit of the case.
 - ii. Provide staging area location.
 - iii. Request presence of agency with jurisdiction (either DCFS or Probation) at the staging area within 90 minutes to lead the MDT.
 - iv. Send an email notification to existing social worker, if there is one.
- b. If the child is under Probation jurisdiction or is under dual jurisdiction and Probation is the lead agency:
 - i. Notify CTU by phone and email.
 - ii. Provide staging area location.
 - iii. Request presence at the staging area within 90 minutes to lead the MDT.
8. Complete the CSEC Expedited Form.
9. Distribute the CSEC Expedited Form to responding agency (DCFS MART Unit or Probation CTU).

I recall when a 16 year old revealed that her sexual abuse and exploitation started in middle school. She said the only thing she found helpful was when someone listened to and believed her story. By listening to her, we were able to identify her exploiter, which lead to a child protection investigation of her pimp and the eventual recovery of two small children that were in his care. The First Responder Protocol in Los Angeles County made this possible. It has increased our ability to identify victims and ensure their protection.

-DCFS MART

C. DCFS MULTI-AGENCY RESPONSE TEAM

The Multi-Agency Response Team (MART) is the DCFS investigatory body when CSEC cases are referred to the DCFS Child Protection Hotline from the Pilot Area and the child is:

1. Under DCFS jurisdiction,
2. Under dual jurisdiction and DCFS is the lead agency, or
3. Unknown to both DCFS and Probation.

MART is available 24 hours a day, 7 days a week. MART is responsible for investigating allegations of child abuse and leading a multidisciplinary team (MDT) meeting. The MDT is convened to determine placement; develop an initial safety plan; and schedule a medical and mental health evaluation at the DHS Medical Hub. MART is expected to collaborate

ROLES AND RESPONSIBILITIES

with law enforcement, the Advocacy Agency, the Emergency Housing/ shelter staff, the child, and parent/guardian, if appropriate. The MART worker will be available as the point of contact for law enforcement if the child needs to be re-interviewed. If the child does not have an open DCFS case, MART serves as the child's primary social worker until he/she is stabilized (up to 30 days). Following those 30 days, MART transitions the child to the Runaway Outreach Unit. If the child already has an open case with DCFS, MART works closely with the child's primary social worker to address the child's needs.

Procedural steps DCFS MART Emergency Response Workers must take when notified of a suspected CSEC:

1. Respond to the staging area (police station or hospital) within 90 minutes of being contacted by the Child Protection Hotline.
2. Immediately call the Advocacy Agency upon being contacted by the Child Protection Hotline.
3. Notify parent, guardian, or caregiver of child's location, if the law enforcement officer has not already done so.
4. Initiate DCFS required assessment and investigation.
 - a. Follow standard Department Protocol.
 - b. If a decision is made to temporarily remove the child from the home and pursue a dependency petition, the worker will prepare a petition to declare the child a dependent of the court and file it within 48 hours of taking the child into custody, excluding non-judicial days.²⁰
5. If the child has an open DCFS case, check the child welfare file to see if there is a valid signed parental consent for medical treatment and authorization for release of information.
 - a. If there are no signed releases, determine whether there are any court orders authorizing consent or treatment in child's file.
 - i. If there are no court orders/authorizations, obtain signed parental consent and authorization for release from parent/guardian.
 - A. If the parent/guardian does not come to the staging area, upon scheduling the DHS Hub appointment, call parent to advise them that a nurse from DHS will be calling during the window of the appointment and request that they answer the phone.
 - b. If the child does not have an open DCFS case, follow Department Protocols for obtaining consent.
6. Lead an MDT meeting at the staging area with the advocate, child, and parent/guardian/caregiver (if present and appropriate).
 - a. See *Section III (A)*, entitled "*MDT Objectives*" for details on objectives to be accomplished in the MDT.
 - b. See *Section III (B)*, entitled "*General Guidelines for Multidisciplinary Team Information Sharing*" for general

²⁰ Cal. Welf. & Inst. Code §313(a).

ROLES AND RESPONSIBILITIES

guidance on information sharing between agencies participating in the MDT. More specific protocols will be developed for information sharing in this meeting.

7. Ascertain whether the parent/guardian/caregiver and child are willing to accept DCFS voluntary services (as part of MDT).
 - a. If yes, obtain consent from child and parent/guardian/caregiver, identify needs, and initiate the process.
8. Arrange for transportation to decided upon placement (home, Emergency Housing/ shelter, group home, etc.) as soon as the law enforcement officer indicates that child can be moved from the police station or hospital.
9. Administer the Mental Health Screening Tool (MHST) before taking the child to the DHS Medical Hub if there is no known prior positive MHST. Prepare a Coordinated Services Action Team (CSAT) packet to present to DMH at the Medical Hub. If the child presents as acute, call 911 or the Psychiatric Mobile Response Team (PMRT) for further assistance and evaluation.
10. Work with the MDT to develop a safety plan for the youth at the placement with the parent/guardian/caregiver/ placement provider.
11. Coordinate with the advocate and other applicable parties to organize a follow-up MDT.
12. Follow policies for temporary involuntary commitment under the Lanterman-Petris Short Act if, at any point, the presents as a harm to him/herself or others.²¹

D. PROBATION DEPARTMENT CHILD TRAFFICKING UNIT (CTU)

When the DCFS Hotline determines that the identified child is 1) currently under Probation jurisdiction, or 2) under dual jurisdiction, Probation is the lead agency, and the case falls in the pilot area, it must notify the Probation Department's Child Trafficking Unit (CTU). CTU is responsible for responding to calls 24 hours a day, 7 days a week. In these cases, CTU will lead an MDT with the Advocacy Agency, the youth, and the parent/ guardian/ caregiver (if present) to determine placement, develop an initial safety plan, and schedule medical and mental health assessment at the DHS Medical Hub. CTU is expected to collaborate with law enforcement, the Advocacy Agency, the Emergency Housing/ shelter staff, the child, and parent/ guardian (if present). The CTU worker will be available as the point of contact for law enforcement if the child needs to be re-interviewed.

Procedural steps the Probation Department must take when notified of a suspected CSEC:

1. Respond to the specified staging area (police or hospital) within 90 minutes of being contacted by the Hotline.
2. Immediately contact the Advocacy Agency upon being contacted by the Child Protection Hotline.
3. Notify parent, guardian, or caregiver of child's location, if the law enforcement officer has not already done so.

²¹ Cal. Welf. & Inst. Code § 5150 et seq.

ROLES AND RESPONSIBILITIES

4. Check Probation file to see if there is a valid signed parental consent for medical treatment and authorization for release of information.
 - a. If there are no signed releases, determine whether there are any court orders authorizing consent or treatment in child's file.
 - i. If there are no court orders/ authorizations, obtain signed parental consent and authorization for release from parent/guardian/caregiver when the parent/guardian/caregiver arrives at the staging area.
 - A. If the parent/guardian/caregiver does not come to the staging area, upon receiving DHS Hub appointment, call the parent to advise them that a nurse from DHS will be calling during the window of the appointment and request that they answer the phone.
5. Lead an MDT meeting with the advocate, the child, and parent/ guardian (if present).
 - a. See *Section II (A)*, entitled “*MDT Objectives*” for details on objectives to be accomplished in the MDT.
 - b. See *Section II (B)*, entitled “*General Guidelines for Multidisciplinary Team Information Sharing*” for general guidance on information sharing between agencies participating in the MDT. More specific protocols will be developed for information sharing in this meeting.
6. Contact DCFS MART Unit immediately if there is any indication of neglect or child abuse or if there are siblings in the home who might be at risk.
7. Arrange for transportation to decided upon placement (home, emergency housing/shelter, group home, etc.) as soon as the law enforcement officer indicates that child can be moved from the police station or hospital.
8. Work with the MDT to develop a safety plan for the child at the placement with the parent/guardian/caregiver/ placement provider.
9. Coordinate with the advocate and other applicable parties to organize follow-up MDT.
10. Follow policies for temporary involuntary commitment under the Lanterman-Petris Short Act if, at any point, the child presents as a harm to him/herself or others.²²

E. ADVOCACY AGENCY

An advocate from an agency with training on CSEC will serve as a support system to the child and help guide him or her through interactions with the various agencies the child will encounter. Many children who have been commercially sexually exploited are wary of working with public systems because they have had bad experiences in the past or have been conditioned by the exploiter to inherently distrust them. As such, an advocate from a specially trained agency outside of the public systems can be an effective way to develop rapport and a trusting relationship with a youth.

²² Cal. Welf. & Inst. Code § 5150 et seq.

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An advocate from a CSEC-trained agency will be available 24 hours a day, 7 days a week. Upon receiving the call from either MART or CTU, the advocate is expected to respond within 90 minutes and ensure that the child's basic needs are met, which includes providing a change of clothes to the child at the staging area. The advocate is the first person to meet with the child upon reaching the staging area to ensure that the child's needs are met. Upon arriving to the staging area, the advocate is responsible for engaging the child and advocating on his/her behalf by ensuring his/her voice is heard throughout the process.

Services will vary case-by-case, but, at a minimum, the advocate will conduct an initial needs assessment, participate in the MDT meeting with MART/CTU and the child, provide advocacy, and may remain with the child throughout the first 72 hours (if determined necessary during the MDT). Because many child victims of commercial sexual exploitation pose a risk of running away, providing this intensive, in-person support can be beneficial in stabilizing the child. The advocates will also provide advocacy services for the first 90 days, which includes case management, crisis management, assistance with appointments, help navigating county systems, etc.

Procedural steps the Advocacy Agency must take:

1. Answer calls 24 hours a day, 7 days a week.
2. Respond to specified location within 90 minutes of receiving the notification call from MART or CTU.
3. Meet with the child for a maximum of 30 minutes upon reaching the staging area.
4. Engage the child using best practice approaches.
 - a. Ensure the child's basic needs are met.
 - i. Provide humanitarian bags/clothing - including a change of clothes.
 - b. Explain to the child what will happen next (MDT meeting, assessment at DHS Medical Hub, etc.).
 - c. Provide the child with youth-friendly information/materials about confidentiality during MDT meeting.²³ Explain to child that information shared outside of the MDT can be used against the child if he/she is involved in a delinquency or dependency case.
5. Participate in MDT meeting at the staging area with MART/ CTU, the child, and parent/guardian (if present).
 - a. See *Section III (A)*, entitled "*MDT Objectives*" for details on objectives to be accomplished in the MDT.
 - b. See *Section III (B)*, entitled "*General Guidelines for Multidisciplinary Team Information Sharing*" for general guidance on information sharing between agencies participating in the MDT. More specific protocols will be developed for information sharing in this meeting.
6. Work with the MDT to develop a safety plan at the placement with the parent/guardian/caregiver.

²³ In process of being created.

ROLES AND RESPONSIBILITIES

7. Remain with the child for up to 72 hours, as determined by the team.
 - a. This may include in-person supervision by several advocates at the emergency housing during the first 72 hours or follow up the next morning at the family/caregiver's home, detention, or the child's placement (group home, foster family, etc.).
8. Coordinate a follow-up MDT as the child stabilizes.
9. Provide advocacy services for the first 90 days including case management, crisis stabilization, etc.
10. Determine whether ongoing case management is necessary, and if so, make an appropriate referral.
11. Follow policies for temporary involuntary commitment under the Lanterman-Petris Short Act if, at any point, the child presents as a harm to him/herself or others.²⁴

F. EMERGENCY HOUSING / SHELTER BEDS

In many cases, identified and suspected CSEC will not have a viable home or placement to return to at the point of identification. In these cases, Los Angeles County has developed a contract with a foster home provider to guarantee six beds for CSEC girls in the pilot area.²⁵ These beds are available 24 hours a day, 7 days a week, and will have enough space to accommodate meetings and an advocate, who will support the child throughout the first 72 hours. The providers



You [Advocate] are the only person that will follow me no matter where I go or where I am. The respect that I have for you will never end. You're always around helping me out whenever I need you. I am glad I can let you know how I feel. I appreciate your hard work and forever you will be in my heart.

-YOUTH

²⁴ Cal. Welf. & Inst. Code § 5150 et seq.

²⁵ The Contract is still being finalized.

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have received specialized training on CSEC and their needs, and will play an active role in the MDT while the child is living in the home. The homes will have staff available to provide overnight supervision when a CSEC is present and provide additional supervision as needed. Los Angeles County will identify a shelter for CSEC boys in the pilot area with beds that will be available 24 hours a day, 7 days a week. The staff at this shelter will also receive specialized training on CSEC and their needs. A child will be allowed to stay at the emergency housing or the shelter for up to 30 days, with a goal of placing them no later than 7 days from initial contact.

Procedural steps the Emergency Housing providers or Shelter Bed staff must take:

1. Answer calls 24 hours a day, 7 days a week.
2. Coordinate with MART/ CTU and the advocate to ensure bed is available.
3. Arrange for additional staff to provide overnight supervision and additional coverage as needed when CSEC is placed in the home.
4. Create a home-like environment that fulfills child's basic needs.
5. Provide housing for up to 30 days, though MART/ CTU will try to find a more permanent placement within the first week.
6. Participate in the safety planning MDT with MART/ CTU, the advocate, and the child.
 - a. The provider will sign a written statement that he or she will not disclose any confidential information he or she receives as a result of his or her participation on the team.²⁶
7. Follow policies for temporary involuntary commitment under the Lanterman-Petris Short Act if, at any point, the child presents as a harm to him/herself or others.²⁷



²⁶ Cal. Welf. & Inst. Code § 18964(b) ("Any caregiver or tribal representative who attends multidisciplinary personnel team meetings shall agree in writing not to disclose any confidential information he or she receives as a result of his or her participation with the team.")

²⁷ Cal. Welf. & Inst. Code § 5150 *et seq.*

ROLES AND RESPONSIBILITIES

G. DEPARTMENT OF HEALTH SERVICES – MEDICAL HUB

The DHS Medical Hub is charged with improving outcomes for children by conducting medical and mental health evaluations and treatment. CSEC present with a variety of medical and mental health needs, and as such, must be screened and assessed through the DHS Medical Hub. The Medical Hub is allowed to provide medical examinations to children placed into protective custody, and to those who have a case where there is an active investigation.²⁸ All identified CSEC will receive an examination and evaluation at the Hub within the first 72 hours from identification. The physicians and other medical professionals tending to these appointments will be specially trained on CSEC issues. The medical staff treating the child will obtain the child's consent for minor consent services.

Procedural steps DHS Medical Hub staff must take:

1. Schedule an appointment within 72 hours (same or next day, if possible) upon receiving a call from MART/ CTU staff.
2. Obtain any signed parental consents to medical treatment and authorizations for release of information, if not otherwise completed when the child arrives at the Hub.
 - a. If there are no signed parental consents and releases, attempt to obtain verbal consent from parent guardian. Follow Department Protocol for obtaining verbal consent.
3. Obtain the child's consent for any minor consent services. Obtain an authorization to release information related to these minor consent services from the child.



²⁸ DCFS Procedural Guide 0600-500.00.

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The DHS Medical Hub evaluation will take place within 72 hours and will include:

1. A full medical evaluation for sexual abuse, physical abuse, emotional abuse, and neglect, if one has not already been done within the previous 72 hours.
2. A comprehensive medical evaluation to screen and treat other urgent and non-urgent medical needs, and to evaluate the child's overall well-being and development.
3. Mental health assessment by a licensed professional.
4. HIV post-exposure prophylaxis treatment if within 72 hours of genital-genital or genital- mouth contact.
5. Emergency contraception within 120 hours, if needed.
6. Reproductive health services, including contraception, pregnancy testing, or pregnancy-related services.
7. Testing and treatment for sexually transmitted infections and HIV.
8. Coordination with DCFS and/or Probation, and the advocate to arrange follow-up medical treatment.
9. Adherence to policies for temporary involuntary commitment under the Lanterman-Petris Short Act if, at any point, the child presents as a harm to him/herself or others.²⁹

“Many teens want to stay healthy, but they’ve never had a doctor or nurse they felt comfortable opening up to. In our medical home model, all our specialists practice trauma-informed care - we meet the teen where they are emotionally, we provide their immediate medical and mental health needs, and we begin to build trust in order to empower them to make positive decisions about their health. And some of them have chosen to keep coming back for regular checkups - it’s been very exciting to see.

-PHYSICIAN

²⁹ Cal. Welf. & Inst. Code § 5150 et seq.

MULTI-AGENCY REVIEW COMMITTEE (MARC)

In order to best serve CSEC in Los Angeles County, the systems and agencies that interface with these children must collaborate. Los Angeles County has formed a countywide task force to more closely coordinate its efforts with respect to victims of child sex trafficking.

To ensure the effectiveness of the First Responder Protocol in the Pilot Area, a County CSEC Multi-Agency Review Committee (MARC) has been formed. This group meets monthly to review cases, the protocol, identify what is working well, discuss the barriers that have arisen, and develop strategies to ensure the protocol runs efficiently. It is also responsible for submitting quarterly reports to the Board of Supervisors detailing the progress of the pilot and any additional funding requests to meet increased demand. It is responsible for developing a plan to expand the Protocol countywide.

LAW ENFORCEMENT First Responder Protocol for Commercially Sexually Exploited Children



MULTIDISCIPLINARY TEAM (MDT)

The purpose of the MDT is to investigate reports of suspected child abuse and neglect; determine a placement if the child cannot return home; identify the child's needs and begin developing a plan to connect him or her to services, regardless of the placement; and create a safety plan for the child in his or her placement. If DCFS responds, the MART emergency response (ER) worker will conduct a separate child abuse investigation. This investigation will not include the parent/ guardian, and the ER worker will use his or her discretion as to whether the advocate can support the child during interviews. The ER worker will interview collaterals to complete the investigation.

The MDT will be victim-centered. The team will incorporate the child's input into decisions that are made, if the child is willing to participate. If the child is not willing to participate, the advocate will meet with the child separately in order to voice the child's input during the meeting. The team will focus on identifying the child's strengths and needs and will be non-judgmental. The youth will be treated as a participant in finding solutions, rather than being seen as the problem that needs to be solved.

The information gathered during the MDT meetings is confidential and cannot be used to develop a delinquency or criminal case against child or his or her trafficker.³⁰

A. MULTIDISCIPLINARY TEAM OBJECTIVES

1. Decide on a placement (at the staging area):
 - a. Conduct an initial assessment about whether home or former placement is viable.
 - b. If **MART** is leading the MDT:
 - i. Determine whether DCFS voluntary services are an option and the child can be released to his or her home.
 - ii. If the child cannot return home or to the former placement, make arrangements to transport the child to the designated emergency housing or shelter.
 - A. If the home or former placement are not viable options, the worker will immediately notify the parent, guardian or caregiver that the child is being taken into temporary custody.³¹ Follow Department Protocols for: notifying parent that child has been taken into protective custody, notifying parent/ guardian of their rights, and notifying them of the child's location.³²
 - iii. Follow standard Department protocol once placement decision is made.

³⁰ Cal. Welf. & Inst. Code § 18961.7(c)(1).

³¹ Cal. Welf. & Inst. Code §307.4(a).

³² Id.; Cal. Welf. & Inst. Code §308.

MULTIDISCIPLINARY TEAM (MDT)

- c. If **Probation** is leading the MDT:
 - i. Determine whether the child can return home.
 - ii. If the child cannot return home or the former placement, make arrangements to transport the child to the emergency housing or shelter.
 - A. Immediately notify parent or guardian that child has been taken into protective custody and provide the phone number for the location where the child will be placed.
 - iii. Follow standard Department protocol once placement decision is made.
2. Develop a safety plan at the decided upon placement in partnership with the child, advocate, and the caregiver-placement provider.
 - a. The safety plan will:
 - i. Focus on identifying the child's triggers for dangerous or risky behavior.
 - ii. Identify clear steps for team to take proactively and responsively.
 - iii. Identify warning signs for the triggers.
 - iv. Develop strategies for the child to self-soothe/cope when distressed.
3. Determine the scheduling and transportation for a medical and mental health assessment at DHS Medical Hub. If needed, the social worker/ probation officer will go to the Hub with the child (for example, if no parent or guardian will be present).
 - a. The MLK Hub will provide medical evaluations for sexual abuse Monday through Friday, 8am-5pm. CSEC will be given same-day appointments for the medical evaluation if the DCFS worker speaks with the Hub clinician by 8:30am. If the child is identified by police or DCFS on an evening or during a weekend, DCFS will call the Hub by 8:30am on the next business day to discuss what time the child should be brought in that day.
4. Notify other key parties connected to the child.
 - a. Alert any applicable parties of child whereabouts/situation by phone or email, including, but not limited to the parties below: (next day if between 10pm-6am).
 - i. Existing Probation Officer
 - ii. Existing Social Worker
 - iii. Child's attorney (Dependency and/ or Delinquency)
 - iv. Court Appointed Special Advocate (CASA)
 - v. Legal advocate

MULTIDISCIPLINARY TEAM (MDT)

B. GENERAL GUIDELINES FOR MDT INFORMATION SHARING

The County Agencies participating in this pilot project have entered into an Operational Agreement³³ to form a child abuse investigation multidisciplinary team pursuant to Cal. Welf. & Inst. Code § 18961.7. These guidelines reflect statutory requirements under California law. This section does not serve as a protocol for information sharing in the MDT. Before implementation, specific protocols related to how and what information can be shared, obtaining consent, and recording and storing information shared will be developed in conjunction with the County Counsel's office.³⁴

1. Notwithstanding Cal. Welf. & Inst. Code § 827 or any other provision of law, during a 30-day period, or longer if documented good cause exists, members of the MDT may disclose to and exchange with one another information, documents, or any other material that relate to any incident of child abuse that may also be designated as confidential under state law if the member of the team having that information reasonably believes it is generally relevant to the prevention, identification, or treatment of child abuse.³⁵
2. Any discussion related to the disclosure or exchange of the information or anything that is written down during a team meeting is confidential and, notwithstanding any other provision of law, testimony, concerning that discussion is inadmissible in any criminal, civil, or juvenile court proceeding, including dependency and delinquency hearings.³⁶
3. Every MDT team member who receives information or records regarding children and families in his or her capacity as a member of the team shall be under the same privacy and confidentiality obligations and subject to the same confidentiality penalties as the person disclosing or providing the information or records. The information or records obtained during the MDT will be maintained in a manner that ensures the maximum protection of privacy and confidentiality rights.³⁷
4. If a parent, guardian or caregiver (including group home, emergency housing provider, or shelter staff) is present and able to participate in the MDT, that individual will sign a written statement that he or she will not disclose any confidential information he or she receives as a result of his or her participation on the team.³⁸
5. If the youth is a non-minor dependent (NMD), the MDT team may have access to confidential records only with the explicit written and informed consent of the NMD.³⁹

³³ See Appendix E, Los Angeles County Operational Agreement.

³⁴ Cal. Welf. & Inst. Code § 18961.7(e).

³⁵ Cal. Welf. & Inst. Code § 18961.7(c)(1).

³⁶ *Id.*

³⁷ Cal. Welf. & Inst. Code § 18961.7(f).

³⁸ Cal. Welf. & Inst. Code § 18964(b).

³⁹ Cal. Welf. & Inst. Code § 18964(c).

APPENDIX A

AGN. NO. _____

MOTION BY SUPERVISOR DON KNABE

January 10, 2012

Over the past several years Los Angeles County has seen a significant increase in the number of sexually trafficked youth. Sadly, this County is recognized as one of the major hubs for sex trafficking in the state and nation.

It is sickening to me that minors in this country – some as young as 12 years old - are forcibly coerced and manipulated into selling their bodies for the benefit of their pimps. Untold numbers of these children fall victim to predatory adults who sexually exploit them for commercial gain, and who very often abuse these minors in unspeakably brutal ways. These children often are arrested for prostitution and go through the juvenile justice system with little opportunity for rehabilitation and healing that is specific to their needs. This must change.

We must shine a light on this travesty by helping these children heal and keeping other children away from this. We also must bring those individuals responsible for their abuse and exploitation to justice.

-- MORE --

MOTION

MOLINA _____

RIDLEY-THOMAS _____

KNABE _____

ANTONOVICH _____

YAROSLAVSKY _____

APPENDIX A

I THEREFORE MOVE THAT the Board of Supervisors declare January to be National Human Trafficking Awareness Month in Los Angeles County.

I FURTHER MOVE THAT the Chief Probation Officer, in partnership with the District Attorney, Juvenile Court, the Departments of Children and Family Services, Mental Health and Health Services as well as the Interagency Council on Child Abuse and Neglect (ICAN), develop an aggressive strategy to combat child prostitution, including: enhanced health and mental health screenings of children brought into juvenile halls for prostitution, the feasibility of establishing a unit within the Probation Department dedicated to sexually exploited minors, as well as development of specialized aftercare services, and report back within 45 days.

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APPENDIX B

AGN. NO. _____

MOTION BY SUPERVISOR MICHAEL D. ANTONOVICH

NOVEMBER 27, 2012

ESTABLISH A SEX TRAFFICKING TASK FORCE

Sex trafficking of minors is becoming a paramount issue for municipalities across the country as law enforcement officials uncover more and more underage prostitution rings. The statistics as they relate to child welfare are staggering: the average age of entry into prostitution is 12 years old; and the average life expectancy following entry is seven years, according to several sources including the United States Department of Justice and the FBI.

In response to this growing problem, Californians overwhelmingly voted to support Proposition 35, (Californians Against Sexual Exploitation Act), which will strengthen penalties against human traffickers, add fines to fund victim services, and require that all sex offenders disclose Internet accounts. This new law will also remove barriers to prosecute child sex traffickers, mandate training for law enforcement, and protect victims in court proceedings.

However, even with this new State legislation we face a critical issue with the youth in the foster care system. Children within foster care are at greater risk to become involved in sex trafficking for a number of reasons. These children often come from broken homes with a history of neglect and abuse, and foster children often overlap with runaway and homeless youth with a lack of resources that makes them more vulnerable and susceptible to exploitation.

In Los Angeles County alone, 174 youth under the age of 18 were arrested for prostitution related charges in 2010. And nearly two-thirds of the youth involved in sex-trafficking have had prior involvement with our Department of Children and Family Services (DCFS). In many cases, these minors have suffered in their own homes before becoming involved in DCFS, and then move to a life on the streets where they are victimized and terrorized by local pimps. Even more shocking is that pimps are using child sex workers to recruit fellow foster care children at the DCFS Emergency Response Command Post and group homes across the County.

- M O R E -

MOTION

MOLINA _____

RIDLEY-THOMAS _____

KNABE _____

ANTONOVICH _____

YAROSLAVSKY _____

APPENDIX B

Page: 2

DCFS must develop a strategy and plan to address this critical issue; and identify how to prevent foster youth from becoming involved in sex trafficking rings, along with a program to extricate current child sex workers from their prostitution rings.

WE, THEREFORE, MOVE that the Los Angeles County Board of Supervisors direct the Director of the Department of Children and Family Services (DCFS) to:

1. Convene a task force to address the issue of sex trafficking of minors within the foster care system in collaboration with the Los Angeles County Probation Department, Los Angeles County District Attorney's Office, Los Angeles County Sheriff's Department, Los Angeles County Police Chiefs Association, Los Angeles Police Department, Los Angeles County Department of Mental Health and others.
2. Culminate monthly meetings of the task force and provide a report back within six months to include:
 - a. Background information on the scope of the problem in Los Angeles County;
 - b. Current barriers and hurdles to address the issue;
 - c. Best practices utilized in other jurisdictions across the Country; and
 - d. Recommendations related to DCFS minors involved in sex trafficking and a plan to effectively address the recruitment of these minors within the system.

#

MDA:mvb
sexttraffickingtaskforce112712

APPENDIX B

AGN. NO. _____

MOTION BY SUPERVISOR DON KNABE

November 27, 2012

Amendment to Item 15

It is sickening to me that minors in this country – some as young as 10 years old - are forcibly coerced and manipulated into selling their bodies for the benefit of their pimps. Untold numbers of these children fall victim to predatory adults who sexually exploit them for commercial gain, and who very often abuse these minors in unspeakably brutal ways. Some of these children are arrested for prostitution and go through the juvenile justice system. Fortunately, due to the hard work of the Probation Department, we have been able to provide these girls with rehabilitation and healing that is specific to their needs. The passage of the CASE Act will also be a great benefit to those dedicated to eradicating this horrific issue.

If the County is to add to an already extensive list of task forces on human trafficking, we need to look at the issue comprehensively. 80% of the kids arrested for prostitution are in foster care. We cannot think of this in terms of kids in foster care as opposed to kids who are arrested, because they are one in the same. There's no difference!

- M O R E -

MOTION

MOLINA _____

RIDLEY-THOMAS _____

KNABE _____

ANTONOVICH _____

YAROSLAVSKY _____

APPENDIX B

Probation has been working on this for 2 years. They have developed expertise and they have trained County staff – including sizable numbers of DCFS staff – as to how to work with this fragile population of young people. They would be ideally positioned to help direct the work of this group as co-chair w DCFS.

I, THEREFORE, MOVE that the motion be amended to add the Chief Probation Officer as a co-chair of the Child Sex Trafficking task force.

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APPENDIX C

AGN. NO.

MOTION BY SUPERVISORS MARK RIDLEY-THOMAS
AND DON KNABE

SEPTEMBER 24, 2013

ESTABLISH A COUNTY-WIDE MULTI-AGENCY RESPONSE MODEL TO COMBAT THE SEX TRAFFICKING OF CHILDREN IN LOS ANGELES

Numerous jurisdictions around the nation are forming task forces and creating response protocols in their efforts to combat the sex trafficking of children. Los Angeles County (County) is amongst those jurisdictions that recognize the need for, not just a task force, but new laws and initiatives to enhance awareness, provide services and criminalize exploiters and purchasers.

In November 2012, the Board of Supervisors (Board) established a task force led by the Probation Department and the Department of Children and Family Services (Task Force), to convene meetings with all involved parties in the County and report back in six months with recommendations to address sex trafficking in the County. The Task Force provided the Board with a report with recommendations in July 2013.

-MORE-

MOTION

MOLINA	_____
YAROSLAVSKY	_____
KNABE	_____
ANTONOVICH	_____
RIDLEY-THOMAS	_____

APPENDIX C

MOTION BY SUPERVISORS MARK RIDLEY-THOMAS AND DON KNABE SEPTEMBER 24, 2013 PAGE 2

Among the recommendations was the proposal to create a county-wide interagency response model to assist victims, collect data and provide training to all agencies who serve these victims. Law enforcement, probation, education, mental health, medical care and public health systems as well as nonprofit organizations should work together and communicate with each other so they can effectively serve these victims.

This proposed response model will create a comprehensive and coordinated strategy that will be followed county-wide by all public and private sector agencies for responding to victims of sex trafficking. Creating a multi-agency response model, whereby the County departments of Public Health, Mental Health, Health Services, Public Social Services, Children and Family Services, Sheriff and Probation and private sector agencies communicate and collaborate, is vitally important to ensuring the County designs a response model that most effectively keeps victims of sex trafficking from returning back to being trafficked.

Such a strategic response model for human sex trafficking is long overdue in Los Angeles County. The Federal Bureau of Investigation determined that Los Angeles is one of the nation's thirteen high intensity child prostitution areas. In 2010, Los Angeles County Probation Department identified 174 sexually trafficked youth; nearly 70% were a part of the child welfare system.

APPENDIX C

**MOTION BY SUPERVISORS MARK RIDLEY-THOMAS AND DON KNABE
SEPTEMBER 24, 2013
PAGE 3**

WE THEREFORE MOVE THAT THE BOARD OF SUPERVISORS:

Direct the Chief Executive Officer to coordinate with the Sex Trafficking Task Force and the Departments of Probation, Children and Family Services, Public Social Services, Mental Health, Public Health, Health Services and Sheriff to create the Los Angeles County multi-agency response model and to report back in ninety days with a model and implementation plan.

###

APPENDIX D

Los Angeles County's Law Enforcement First Responder Protocol for Commercially Sexually Exploited Children (CSEC) **Implementation Plan**

In order to implement the Los Angeles County CSEC First Responder Protocol, a plan must be developed to prepare the agencies and providers who will be responsible for carrying out the response. Our intended rollout date is August 15th, which requires the steps below to be completed by July 15th. Each county agency will also have critical steps that need to be completed before the protocol can be implemented. Below are some key requirements that each agency must fulfill prior to implementing the protocol:

I. Law Enforcement

1. Develop training on:
 - a. Signs of exploitation, red flags, warning signs, engagement, etc.
 - b. Interacting with victims of complex trauma and serial sexual abuse
 - c. First Responder Protocol
2. Train staff
3. Design a business card reminder
 - a. Lays out law enforcement's duties for the CSEC First Responder protocol
4. Negotiate and approve Operational Agreement among agencies
5. Work with Probation and DCFS to develop address jurisdictional issues (youth who are out-of-county, undocumented, etc.)

II. Department of Children and Family Services

1. Develop training for Hotline and MART Units on:
 - a. Signs of exploitation, red flags, warning signs, engagement, etc.
 - b. First Responder Protocol
2. Train staff
3. Create communication protocol
 - a. Probation
 - b. MART
 - c. Advocate

APPENDIX D

- d. DHS Medical Hub - scheduling
- 4. Create CSEC Expedited Response Checklist to ensure fidelity to the protocol.
- 5. Negotiate and approve Operational agreement among agencies
- 6. Work with County Counsel to develop protocols for information sharing and obtaining consent.
- 7. Engage current shelter programs for overflow in Pilot Area and develop contract for services.
- 8. Create MDT template/checklist
- 9. Work with law enforcement and Probation to address jurisdictional issues (youth who are out-of-county, undocumented, etc.)

III. Probation Department

- 1. Develop training on:
 - a. Signs of exploitation, red flags, warning signs, engagement, etc.
 - b. First Responder Protocol
- 2. Train staff
- 3. Create communication protocol
 - a. Probation
 - b. MART
 - c. Advocate
 - d. DHS Medical Hub - scheduling
- 4. Create “Google” voice number for Hotline to call (line will be open 24/7)
- 5. Negotiate and approve Operational Agreement among agencies
- 6. Work with County Counsel to develop protocols for information sharing and obtaining consent.
- 7. Recruit SODA/Pad Foster Homes
- 8. Engage current shelter programs for overflow in Pilot Area and develop contract for services
- 9. Amend current SODA/PAD bed contract
- 10. Develop protocols related to provision of medical and mental health services for youth who are held in custody at detention facility.
- 11. Work with law enforcement and DCFS to address jurisdictional issues (youth who are out-of-county, undocumented, etc.)

IV. Advocacy Agency

- 1. Develop training on:

APPENDIX D

- a. First Responder Protocol
- b. MDT process
2. Train staff
3. Create communication protocol
 - a. Probation
 - b. MART
 - c. Advocate
 - d. DHS Medical Hub - scheduling
4. Create Needs Assessment to complete with children in the CSEC pilot
5. Coordinate supply of humanitarian bags

V. Emergency/Shelter Beds

1. Emergency/bed providers, overnight staff, Emergency Shelters (for overflow and boys) will receive training on:
 - a. Signs of exploitation, red flags, warning signs, etc.
 - b. Interacting with victims of complex trauma and serial sexual abuse
 - c. First Responder Protocol

VI. Department of Health Services Medical Hub

1. Develop training on:
 - a. Signs of exploitation, red flags, warning signs, engagement, etc.
 - b. Interacting with victims of complex trauma and serial sexual abuse
 - c. First Responder Protocol
2. Create new CSEC appointment type in Medical Hub appointment scheduling system, and train DCFS MART & Probation CTU staff to indicate CSEC referral in “reason for referral” box on the referral form.
3. Create communication protocol
 - i. Probation
 - ii. MART
 - iii. Advocate
 - iv. DHS Medical Hub - scheduling
4. Work with Probation to ensure that Probation youth who are seen at DHS can receive necessary medical assessment and treatment.
5. Work with County Counsel to develop protocols for information sharing and obtaining consent.

APPENDIX D

VII. County Counsel

1. Work with DCFS, Probation, DHS, and DMH protocols related to consent for medical treatment.
2. Work with DCFS, Probation, DHS, and DMH to develop protocols for information sharing and obtaining consent.

VIII. Multi-Agency Collaboration

1. Develop Operational Agreement among agencies to create a multi-disciplinary team
2. Develop specific protocols for information sharing and obtaining consent for medical and mental health treatment.
Activities include, but are not limited to:
 - a. Identifying the tools available for sharing of information (federal/ state law, standing orders, existing MOUs, etc.).
 - b. Identifying what and with whom information needs to be shared, how information is currently collected and stored, etc.
 - c. Identifying how consent is currently obtained from parent or guardian and youth.
 - d. Determining what policies/procedures must be created to allow for information sharing and obtaining consent.
 - e. Define parameters to measure outcomes and effectiveness of the Protocol.
3. Form CSEC Multi-Agency Review Team
 - a. Assemble team of DCFS, Probation, DHS, Law Enforcement, DMH, Advocate, and County Counsel
 - b. Arrange monthly meetings for case review.
 - c. Organize agenda structure for monthly meetings in order to discuss new cases, assess the effectiveness of the protocol, identify challenges and barriers, implement any necessary changes to the protocol, and continually evaluate the sufficiency of resources.
 - d. Develop template for quarterly Board of Supervisors report describing the progress, proposing expansions of the protocol, and requesting additional resources to accommodate the demand.

APPENDIX E

OPERATIONAL AGREEMENT BETWEEN

LOS ANGELES SHERIFF'S DEPARTMENT

Herein referred to as "LASD"

AND

LONG BEACH POLICE DEPARTMENT

Herein referred to as "LBPd"

AND

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Herein referred to as "DCFS"

AND

DEPARTMENT OF PROBATION

Herein referred to as "Probation"

AND

DEPARTMENT OF HEALTH SERVICES

Herein referred to as "DHS"

AND

SAVING INNOCENCE

AND

TRINITY YOUTH SERVICES

FOR

Los Angeles County Commercially Sexually Exploited Children (CSEC) Law Enforcement First Responder Protocol

WHEREAS, in November 2012, the Los Angeles County Board of Supervisors (BOS) established the Sex Trafficking Task Force led by Probation and DCFS. The BOS charged the Task Force with creating a countywide interagency response model to assist CSEC, which includes the collection of data and provision of training to all agencies who serve these youth.

WHEREAS, on September 24, 2013, the BOS directed the Chief Executive Officer (CEO) to coordinate with the Sex Trafficking Task Force and Probation, DCFS, Public Social Services, DMH, Public Health, DHS, District Attorney, County Counsel and LASD to create the Los Angeles County multi-agency response model to combat the sex trafficking of children and to report back in 90 days on the proposed model and implementation plan.

WHEREAS, the parties to this Agreement, LASD, LBPd, DCFS, Probation, DHS, Trinity Youth Services, and Saving Innocence, a non-profit organization dedicated to providing emergency crisis response services to CSEC in Los Angeles County, in order to implement this Operational Agreement have created the attached Law Enforcement First Responder Protocol as a first step for a victim-centered, multi-agency response model within the County, which may be revised as needed. The First Responder Protocol will serve to guide law enforcement, County agencies, and community-based

APPENDIX E

partners on appropriate steps to take within the first 72 hours of interfacing with an identified or suspected CSEC. The Operational Agreement and protocol reflect Los Angeles County's commitment to treating commercially sexually exploited children who have been exposed to severe violence, threats, and trauma, as victims of child abuse and human trafficking, rather than criminalizing them as delinquents. The First Responder Protocol will be operated within identified pilot areas.

WHEREAS, this Agreement defines the mutually agreed upon collaboration and responsibilities of the Parties to implement the First Responder Protocol. These cooperative activities under this Agreement shall be implemented at no additional cost to the Parties. It is not intended to establish legal duties or otherwise alter the respective responsibilities of the Parties.

WHEREAS, in order to implement the First Responder Protocol and to allow for the sharing of information among the Parties, it is the purpose of this Agreement to form a multidisciplinary personnel team to investigate reports of suspected child abuse and neglect.

Now, therefore, each party agrees to enter into this Operational Agreement and provide the services contained herein:

LAW ENFORCEMENT RESPONSIBILITIES

The law enforcement agencies that are a party to this Agreement are the Los Angeles County Sheriff's Department-Century and Compton Stations and the Long Beach Police Department. LASD and LBPd agree to:

1. Designate law enforcement officials to support and resolve issues with implementation of the First Responder Protocols. They will also be responsible for approving or denying non-material change requests to this Agreement.

a. For LASD-Century Station:

Todd Deeds, Lieutenant
11703 S. Alameda Street
Lynwood, CA 90262
(323) 568-4800 tddeeds@lasd.org

b. For LASD-Compton Station:

Carmichael Octave, Lieutenant
301 S. Willowbrook Avenue
Compton, CA 90220
(310) 605-6568
cs octave@lasd.org

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c. For LBPB:

Richard Farfan, Commander
400 W. Broadway
Long Beach, CA 90802
(562) 570-7217
Rick.Farfan@longbeach.gov

2. Assign personnel who have been trained to recognize the signs and symptoms of commercial sexual exploitation. in order to engage any suspected CSEC using best practice approaches.
3. Conduct an initial investigation in accordance with internal protocols.
 - a. Make best efforts to obtain the identity of the child, including using a Blue Check device if available.
4. Give notice to the investigating officer:
 - a. LBPB: This occurs automatically in Long Beach (VICE).
 - b. LASD: Notification to Vice Lieutenant and/or Vice Sergeant under certain circumstances pursuant to department protocols as described in L.A. County Sheriff's Unit Orders.
5. Assess the urgency of the child's medical needs:
 - a. If there is evidence of a sexual assault, follow applicable Department protocols. The law enforcement agency that interacts with the youth is responsible for transporting the child and requesting a forensic exam.
 - b. The child must be taken to the emergency room or Sexual Assault Response (SAR) site as soon as possible if:
 - i. There was genital-genital or genital-mouth contact between a person and the child in the last 72 hours.
 - ii. There was unprotected genital-genital contact within the past 5 days.
 - iii. The child appears to need immediate medical treatment for any other reason.
6. Request an Emergency Protective Order pursuant to California Family Code §6250, if the child identifies the trafficker.
7. If the child is 10 years of age or older, the officer shall complete an advisement of rights. The child has a right to make two phone calls, except where physically impossible. One call will be to a parent, guardian, or responsible relative; and the other call will be to an attorney.
8. Follow department protocol to ascertain the child's real age, if the child reports to being over the age of 18 years old, but there is any indication that the child is a minor.
9. Use the following guidelines, if the investigation uncovers potential crimes or offenses committed by the child:
 - a. For misdemeanors: After engaging the child, law enforcement will use discretion to decide whether to detain.
 - b. For felonies: If the child is 14 years of age or older and is taken into custody for the personal use of a firearm in the commission or attempted commission of a felony or any offense listed in Welf. & Inst. Code §707(b),

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then law enforcement must detain the child.

10. Contact the child's parent, guardian or caregiver to notify them that the child was found. Notify parent of staging area location, if it is safe to do so.
11. Complete an advisement of the child's constitutional rights, including the right to stay silent, if the officer takes the child into temporary custody because the officer has reasonable cause to believe the child falls under Welf. & Inst. Code § 602, or that the child has violated an order of the juvenile court or escaped from any commitment ordered by the juvenile court.
12. Report suspected abuse to the DCFS Child Protection Hotline.
 - a. Use specified triggering language, identify reporting law enforcement agency (LASD- Century Station, LASD-Compton Station or LBPd) and state that the officer has a suspected CSEC in custody in the pilot area
 - b. Provide the location of the staging area where the child will be in one hour from the call.
13. Transport the child to the identified staging area.
14. Interface with DCFS' Multi-Agency Response Team (MART) or the Probation Department's Child Trafficking Unit (CTU), and Saving Innocence representative at the staging area.
15. Participate in the MDT meeting led by either MART or CTU, if necessary.
16. Alert MART/CTU and Saving Innocence representative as soon as the child can be released from police station so that they can transport the child to selected placement. Help with transporting the child, if determined necessary
17. Follow policies for temporary involuntary commitment under the Lanterman-Petris Short Act if, at any point, the child presents as a danger to self or others.

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DCFS RESPONSIBILITIES

DCFS, as a co-lead department, including employees that are part of the Child Protection Hotline Staff or the Multi-Agency Response Team, agrees to:

Designate Program Managers to support and resolve issues with the implementation of the First Responder Protocol. The Program Manager will also be responsible to serve as a one of the Co-Lead Program Managers to perform the duties stated in the General Terms, subsections 3 and 4.

1.
 - a. For the Child Protection Hotline:
Roberta Medina, Deputy Director
Bureau of Specialized Response Services
1933 S. Broadway Avenue
Los Angeles, CA 90007
(213)-765-7378
MedinR@dcfs.lacounty.gov
 - b. For the Multi-Agency Response Team:
Diane Iglesias, Senior Deputy Director
Dept. of Children and Family Services
425 Shatto Place
Los Angeles, CA 90020
(213) 351-5711
iglesiasd@dcfs.lacounty.gov
2. Assign personnel who have been trained to recognize the signs and symptoms of commercial sexual exploitation in order to engage any suspected CSEC using best practice approaches.
3. Duties of the DCFS Child Protection Hotline Staff:
 - a. Upon receipt of a hotline call about a CSEC and determine whether or not the case is located within the Pilot Area:
 - i. The case falls within Pilot Area if:
 - A. Incident occurred in Compton or Long Beach; or
 - B. LASD (Century or Compton Station) or LBPB makes the referral.
 - ii. If case did not come from Pilot Area, follow standard Hotline Department Response.
 - b. If the call is about a CSEC within the pilot area, the hotline worker will initiate a CSEC Expedited Response by taking the following steps:
 - i. Obtain demographic information and allegation information.
 - ii. Flag as “Commercially Sexually Exploited Child-CSEC” using Special Projects Code when triggering lan-

APPENDIX E

guage (“CSEC in custody in the Pilot area”) is used by the caller.

- iii. Initiate CSEC Expedited Form.
 - iv. Utilize CWS/CMS to determine if the child has an open or prior case with DCFS.
 - v. When the child does not have a DCFS case, call the Probation Pre-Release Center (PRC) to determine whether the child has an open delinquency case or is involved with Probation.
 - vi. Determine which agency to contact (Probation’s CTU or DCFS’s MART Unit).
 - c. If the child is under DCFS jurisdiction; or the child is under dual jurisdiction and DCFS is the lead agency; or the child is unknown to both DCFS and Probation:
 - i. Notify the MART Unit and request presence at the staging area within ninety (90) minutes to lead the MDT.
 - ii. Send an email notification to existing social worker, if there is one.
 - d. If the child is under Probation jurisdiction or is under dual jurisdiction and Probation is the lead agency:
 - i. Notify Probation’s Child Trafficking Unit (CTU) by phone and email, and request presence at the staging area within ninety (90) minutes to lead the MDT.
 - e. Complete the CSEC Expedited Form.
 - f. Distribute the CSEC Expedited Form to responding agency (DCFS MART Unit or Probation CTU).
4. Duties of the DCFS Multi-Agency Response Team (MART):
- a. Serve as the investigatory body whenever a CSEC case is referred to the DCFS Child Protection Hotline from the Pilot Area and the child:
 - i. Is currently under DCFS jurisdiction;
 - ii. Is currently under dual jurisdiction with DCFS designated as the lead agency; or
 - iii. The child is unknown to both DCFS and Probation.
 - b. Respond to the identified staging area within ninety (90) minutes of being informed by the Child Protection Hotline about a CSEC case.
 - c. Immediately notify the Saving Innocence advocate upon being contacted by the Child Protection Hotline.
 - d. Notify the parent, guardian, or caregiver of the child’s location, if the law enforcement officer was unable to reach them and it is safe to do so.
 - e. Initiate the required DCFS assessment for a child abuse investigation per Department protocols. The child must be interviewed separately from the parent or guardian. Determine if it is appropriate to allow the Saving Innocence advocate to be present during the interview with the child.
 - i. Follow standard Department Protocol.

APPENDIX E

- ii. If a decision is made to temporarily remove the child from parental custody, the worker will prepare a detention report and submit it to Intake, Detention and Control (IDC) for preparation and filing of a dependency petition.
- iii. Ascertain whether or not it is appropriate to provide voluntary services to the child and his or her parent or guardian.
 - A. If a decision is made to offer voluntary services, obtain consent from the child and parent or guardian, identify needs, and initiate process
- f. Lead an MDT meeting at the staging area with other members of the MDT team, which may include law enforcement officer, DCFS (MART/ CTU), Probation and Saving Innocence advocate. Determine if it is appropriate to include the child, parent, guardian or other caretaker in the MDT while discussing placement issues.
- g. If the parent is present, follow Department protocols to obtain signed consent for health care and authorization to release protected health information. If parent is not present, check the child's file to determine whether there is a valid signed consent and release.
- h. Arrange for transportation to the selected placement or the child's home as soon as the law enforcement officer indicates that the child can be moved from the staging area.
- i. Lead a safety planning meeting at the placement that includes the child, the caregiver, or placement staff, as well as the Saving Innocence advocate. Provide each participant with a copy of the safety plan.
- j. Call the provided DHS scheduling number to arrange for an appointment at the Hub for the next day or if appropriate, on the same day. Prepare a Coordinated Services Action Team (CSAT) packet to present to DHS at the Medical Hub.
- k. Administer the Mental Health Screening Tool (MHST) before taking the child to the DHS Medical Hub if there is no record of a prior MHST.
- l. Coordinate with the Saving Innocence advocate and other applicable parties to organize a follow-up MDT.
- m. Follow policies for temporary involuntary commitment under the Lanterman-Petris Short Act if, at any point, the child presents as a danger to self or others.

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PROBATION DEPARTMENT RESPONSIBILITIES

Probation agrees to:

1. Designate a Program Manager to lead and support the Sex Trafficking Task Force with the implementation of the First Responder Protocols. The Program Manager will also be responsible to serve as a one of the Co-Lead Program Managers to perform the duties stated in the General Terms, subsections 3 and 4.
 - a. Michelle Guymon, Director
Probation Headquarters – 9150 E. Imperial Hwy.
Downey, CA 90242
(661) 236-5405
Michelle.Guymon@probation.lacounty.gov
2. Assign personnel who have been trained to recognize the signs and symptoms of commercial sexual exploitation in order to engage any suspected CSEC using best practice approaches.
3. Respond to the identified staging area within ninety (90) minutes of being informed by the Child Protection Hotline about a CSEC case.
4. Immediately contact the Saving Innocence advocate upon being contacted by the Child Protection Hotline.
5. Notify parent, guardian, or caregiver of the child's location, if the law enforcement officer was unable to reach them and it is safe to do so.
6. Lead an MDT meeting at the staging area with other members of the MDT team, which may include law enforcement officer, DCFS (MART/ CTU), Probation and the Saving Innocence advocate. Determine if it is appropriate to include the child, parent, guardian or other caretaker in the MDT while discussing placement issues.
7. Contact DCFS MART Unit if there is any indication of neglect or child abuse.
8. If the parent is present, obtain signed consent for health care and authorization to release protected health information. If parent is not present, check the child's file to determine whether there is a valid signed consent and release.
9. Arrange for transportation to the selected placement or the child's home as soon as the law enforcement officer indicates that the child can be moved from the identified staging area.
10. Lead a safety planning meeting at the selected placement that includes the child, the caregiver/ placement staff, and the Saving Innocence advocate. Provide each participant with a copy of the safety plan.
11. Call the provided DHS scheduling number to arrange for an appointment at theHub for the next day, or if appropriate on the same day.
12. Coordinate with the Saving Innocence advocate and other applicable parties to organize a follow-up MDT.
13. Follow policies for temporary involuntary commitment under the Lanterman-Petris Short Act if, at any point, the

APPENDIX E

child presents as a danger to self or others.

DHS RESPONSIBILITIES

DHS agrees to:

1. Designate a Program Manager to support and resolve issues with the implementation of the First Responder Protocols. They will also be responsible for approving or denying non-material change requests to this Agreement.
 - a. Karen Bernstein, Director-Special Programs
313 N. Figueroa St., Room 704
Los Angeles, CA 90012
(213) 250-8644
kbernstein@ladhs.org
2. With appropriate legal consent or authority, and to the extent it is legally permissible to do so, DHS will complete a Medical Hub evaluation of the child within seventy-two (72) hours that will include:
 - a. A full medical evaluation for sexual abuse, physical abuse, emotional abuse and neglect, if one has not already been done within the previous seventy-two (72) hours.
 - b. A comprehensive medical evaluation to screen and treat other urgent and non-urgent medical needs and to evaluate the child's overall well-being and development.
 - c. HIV post-exposure prophylaxis treatment if within 72 hours of genital-genital or genital-mouth contact.
 - d. Emergency contraception within 120 hours, if needed.
 - e. Reproductive health services, including contraception, pregnancy testing, or pregnancy-related services.
 - f. Testing and treatment for sexually transmitted infections and HIV.
 - g. Coordination with DCFS and/or Probation, and Saving Innocence advocate to arrange for follow-up medical treatment.

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SAVING INNOCENCE

The Saving Innocence agrees to:

1. Designate a Program Manager to support and resolve issues with the implementation of the First Responder Protocol. They will also be responsible for approving or denying non-material change requests to this Agreement.
 - a. Kim Biddle, Director
Saving Innocence
PO Box 93037
Los Angeles, CA 90093
(323) 379-4232
kim@savinginnocence.org
2. Answer calls 24 hours a day, 7 days a week.
3. Respond to specified location within ninety (90) minutes of receiving the notification call from MART or CTU.
4. Engage the child using best practice approaches, including:
 - a. Explain to the child what will happen during the intake process (MDT meeting, assessment at DHS Medical Hub, etc).
 - b. Provide the child with child-friendly information/materials about confidentiality during MDT meeting
 - c. Explain to the child that information shared outside of the MDT can be used against the child if he or she is involved in a delinquency or dependency case.
5. Ensure the child's basic needs are met by providing the child with a humanitarian bag which includes a change of clothes.
6. Participate in an MDT meeting at the staging area with other members of the MDT team, which may include law enforcement officer, DCFS (MART/ CTU), Probation, the child, and parent or guardian, if it is appropriate to include the parent or guardian.
7. Remain with the child for the first 72 hours.
 - a. This may include in-person supervision by several advocates at the temporary placement, detention facility or emergency shelter during the first seventy-two (72) hours or follow up the next morning at the family or caregiver's home or the child's placement.
8. Accompany the child to the DHS Hub appointment, if requested by the youth.
9. Coordinate the follow up MDT as the child stabilizes.
10. Provide advocacy services for the first ninety (90) days including case management, crisis stabilization, etc.
11. Determine whether ongoing case management is necessary, and if so, make appropriate referral.
12. Follow policies for temporary involuntary commitment under the Lanterman-Petris Short Act if, at any point, the

APPENDIX E

child presents as a danger to self or others.

TRINITY YOUTH SERVICES

Trinity Youth Services agrees to:

1. Designate a Program Manager to support and resolve issues with the implementation of the First Responder Protocol. They will also be responsible for approving or denying non-material change requests to this Agreement.
 - a. John Neiuber, Chief Executive Officer
Trinity Youth Services
P.O. Box 848
Colton, CA 92324
(909)-825-5588 Ext. 286
jneiuber@TrinityYS.org
2. Ensure that there are six beds available for CSEC girls in the pilot area. Answer calls from Protocol partners 24 hours a day, 7 days a week.
3. Reserve sufficient space in the placement to accommodate both the CSEC child and the Saving Innocence advocate, who may remain with the child for the first seventy-two (72) hours of placement.
4. Engage the child using best practice approaches, including assigning personnel who have received specialized training on CSEC and their needs.
5. Take an active role in safety planning for all CSEC placed in the home.
6. Provide staff to provide overnight supervision when a CSEC is present as well as additional staffing as needed.
7. Allow a CSEC child to stay at the temporary placement up to thirty (30) days.
8. Participate in safety planning with MART, Probation, Saving Innocence advocate and the child.
9. Follow policies for temporary involuntary commitment under the Lanterman-Petris Short Act if, at any point, the child presents as a danger to self or others.

FORMATION OF A MULTI-AGENCY REVIEW COMMITTEE

In order to best serve CSEC in Los Angeles County, it is imperative that the agencies that interface with these children collaborate. Los Angeles County has formed a countywide task force to more closely coordinate its efforts with respect to victims of child sex trafficking.

To ensure the effectiveness of the First Responder Protocol in the Pilot Area, a County CSEC Multi-Agency Review Committee will be formed. This group will meet on a monthly basis to review the protocol; identify what is working well; discuss any barriers that have arisen; and develop strategies to ensure the protocol runs efficiently. The Review

APPENDIX E

Committee will also be responsible for submitting quarterly reports to the Board of Supervisors to provide details as to the progress of the protocol and to make additional funding requests as needed to meet increased demand.

FORMATION OF A CHILD ABUSE MULTIDISCIPLINARY TEAM

By this Agreement, the parties are establishing a qualified child abuse multidisciplinary team (“MDT”), subject to the provisions contained in Welfare and Institutions Code § 18961.7. The parties agree that each of its staff participating in any convened MDT meeting are qualified under Section 18961.7 to participate in an MDT and have been trained in the prevention, identification or treatment of child abuse and neglect and are qualified to provide a broad range of services related to child abuse. The purpose of the MDT will be to allow all participating agencies to share confidential information in order to investigate reports of suspected child abuse and neglect for all CSEC cases that are received. Additionally, confidential information that is shared among the participating agencies may be used by DCFS or Probation to make a detention determination. As part of the MDT, confidential information may be utilized to create a safety plan for the child, identify the child’s needs for proper placement and treatment, develop a plan to connect the child to appropriate services and determine the appropriate placement for the child. The following guidelines reflect statutory requirements under California law:

1. Given the complexities of the issues involved in CSEC matters, the parties agree there is good cause to extend the 30-day period for members of the MDT to meet, disclose, and exchange information, documents, or any other material that relate to any incident of child abuse reported under the Protocol. This information may be exchanged even though it may also be designated as confidential under state law as long as a member of the MDT having the information reasonably believes it is generally relevant to the prevention, identification, or treatment of child abuse.
2. Any discussion related to the disclosure or exchange of the information or anything that is written down during a team meeting is confidential. Testimony concerning this discussion is inadmissible in any criminal, civil, or juvenile court proceeding.
3. Every MDT team member who either receives information or records regarding children and families in the capacity of an MDT member shall be under the same privacy and confidentiality obligations and subject to the same confidentiality penalties as the person disclosing or providing the information or records.
4. All information or records obtained during the MDT must be maintained in a manner that ensures the maximum protection of privacy and confidentiality rights.
5. Disclosure and exchange of information shall not be made to anyone other than members of the MDT.
6. Under WIC 18964, an MDT may allow a parent, guardian or other caregiver of the child to attend the MDT meeting and provide information, without becoming a member of the MDT. The individual must sign a written statement that

APPENDIX E

he or she will not disclose any confidential information received as a result of attending the meeting.

7. If the youth is a non-minor dependent, the MDT team may have access to confidential records only with the explicit written and informed consent of the non-minor dependent.

CONFIDENTIALITY

1. Each Department and Agency shall maintain the confidentiality of all records including, but not limited to County records and client records in accordance with all applicable federal, state and local laws, regulations, ordinances, and directives regarding confidentiality.
2. DHS, Law Enforcement, Probation, DCFS, Saving Innocence and Trinity shall comply with all applicable laws pertaining to confidentiality. This shall include, but is not limited to, the confidentiality provisions of Section 827 and Section 10850 of the California Welfare and Institutions Code and California Department of Social Services Manual of Policies and Procedures Division 19, Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), Section 13402 of Title XII of Division A and Title IV of Division B, the Health Information Technology for Economic and Clinical Health Act ("HITECH") of the American Recovery and Reinvestment Act of 2009 (Pub. L. 111-5), the Confidentiality of Medical Information Act, Cal. Civ. Code 56 et seq. ("CMIA"); and Health and Safety Code section 123100 et seq, among others, as applicable, which require to the parties to protect and safeguard both child abuse and patient medical information and prevent unauthorized access to such information.
3. Each department shall maintain the confidentiality of all reports, information and data received, prepared or assembled pursuant to this Agreement and will work to prevent re-disclosure of such information except as required or permitted by law, including but not limited to the Public Records Act, Government Code 6250 et seq. Records and information includes, but is not limited to any information regarding a child or family who has received services from either DCFS or Probation that becomes known to any other department during the course of providing services to the child or family.
4. Any breaches or suspected breaches of confidentiality will be cross-reported immediately to each impacted department so there is no delay in the impacted department's ability to meet its statutory reporting obligations. Such breaches or suspected breaches, to the extent it is legally permissible to do so, shall be reviewed by the impacted department and DCFS, and the department and/or departments will work together to develop and implement a corrective action plan.

APPENDIX E

GENERAL TERMS

The Operational Agreement shall be effective August 15, 2014, and will remain in effect until August 1, 2016 or as subsequently amended in accord with Section 2 below, with automatic renewals each subsequent year for a total of five years through August 31, 2021.

1. Any party may terminate its participation in this Operational Agreement by giving ninety-day (90-day) prior notice to the other parties.
2. It is mutually agreed that for any material change this Operational Agreement may be modified or amended upon the written mutual consent of the parties hereto.
3. For any non-material change, a written request by e-mail or letter from one party to the Co-Lead Program Managers from DCFS and Probation must be made. The Co-Lead Program Managers will distribute the request to the affected Parties, who will have five (5) business days to approve or deny the request, a non-response will be considered approval. Once approved by the other affected Parties, a Change Notice may be issued and signed by the co-lead Program Managers. Any disputes will be mediated through the CEO's office.
4. Notification of staffing and/or Protocol changes may be requested by e-mail or letter from one party to the co-lead Program Managers from DCFS and Probation, who may issue, sign and distribute the Change Notice to all Parties to this Agreement through e-mail or letter within ten (10) business days of the request.
5. With the exception of the obligations set forth in this Agreement, this Agreement contains the entire agreement and understanding concerning the subject matter among the parties and supersedes and replaces all prior negotiations and proposed agreements, whether oral or written. Each of the parties hereto acknowledges that no other party, nor any agent or attorney of any other party, has made any promise, representation or warrant whatsoever, express or implied, not contained herein, concerning the subject matter hereof, to induce them to execute this Agreement, and acknowledges that this Agreement has not been executed in reliance upon any such promise, representation or warranty not contained herein.
6. This Agreement may be executed in one or more counterparts, all of which counterparts shall be deemed to be one instrument and shall constitute one agreement with the same force and effects as if all signatures have been entered in one document. The parties further agree that a faxed signature shall have the same force and effect as an original.

APPENDIX E

Signatures by Department Heads and Authorized Representative

Department of Health Services

Dated: _____, 2014

By: _____
Mark Ghaly, M.D., Director of Community Health & Integrated Programs

Department of Children and Family Services

Dated: _____, 2014

By: _____
Philip L. Browning, Director

Department of Probation

Dated: _____, 2014

By: _____
Jerry Powers, Chief Probation Officer

Los Angeles Sheriff's Department

Dated: _____, 2014

By: _____
John L. Scott, Sheriff

Long Beach Police Department

Dated: _____, 2014

By: _____
Jim McDonnell, Chief of Police

Saving Innocence

Dated: _____, 2014

By: _____
Kim Biddle, Director

Trinity Youth Services

Dated: _____, 2014

By: _____
John Neiuber, Chief Executive Officer

APPENDIX F

1

Los Angeles County *First Responder Protocol for CSEC*

CSEC PLACEMENT INTAKE FORM

Youth's Name: _____

Date: _____	
Case Demographics / System Identification	
Name: _____ Date of Birth: _____ Age: _____	
AKA's: _____	
Ethnicity/Race: ☐ Hispanic ☐ Black/African American ☐ White ☐ Asian ☐ American Indian/Alaska Native ☐ Native Hawaiian / Other Pacific Islander ☐ Other: _____	
Known to System: ☐ Unknown ☐ DCFS Only ☐ DCFS Lead ☐ Probation Only ☐ Probation Lead ☐ Closed case – Prior DCFS ☐ Closed case – Prior Probation	
Out-of County/State/Country: ☐ Yes ☐ No If yes, location: _____ *Active Warrant: ☐ Yes ☐ No If yes, ☐ Child Welfare ☐ Probation *Missing Persons report in NCIC: ☐ Yes ☐ No If yes, was youth detained in Juvenile Hall: ☐ Yes ☐ No If no, explain: _____	
Rescue/Recovery Information	
Law Enforcement Agency: ☐ Compton ☐ Century ☐ LBPD ☐ LAPD 77 th / ☐ SE Law Enforcement Officer Making Contact: ☐ Patrol ☐ Vice Type of Contact: ☐ Patrol ☐ Vice - Planned Ops/Street ☐ Vice - Planned Ops/Hotel ☐ Vice – Unplanned Other: _____	
Staging Area: ☐ Sheriff/Police Station ☐ Hospital: _____ ☐ Other: _____	
Hotline Call / Response Team Arrival: Time of Hotline Call: _____ Time of Hotline Call to MART/CTU: _____ MART/CTU Arrival Time: _____ Time of Contact to Advocate by MART/CTU: _____ Advocate Arrival Time: _____	

Los Angeles County Law Enforcement First Responder Protocol for CSEC (updated: April 12, 2015)

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Los Angeles County *First Responder Protocol for CSEC*

CSEC PLACEMENT INTAKE FORM

Youth's Name: _____

Other Demographic Information
Parent/Guardian/Caretaker Information Name: _____ Relationship: _____ Contact Number: _____ Address: _____ Zip Code: _____
District of Origin (from last known parental address): ☐ 1 st District ☐ 2 nd District ☐ 3 rd District ☐ 4 th District ☐ 5 th District
Identifying Marks / Tattoos: ☐ See attached photos _____
Pregnant / Parenting Information
Is the Youth Pregnant or a Parent? ☐ Yes ☐ No If no, skip this section Current Whereabouts of Youth's Child/Children ☐ Unknown ☐ Relative ☐ Foster Care (under DCFS) ☐ Mother ☐ Father ☐ Mother (w/DCFS Services) ☐ Grandparent ☐ Trafficker/Exploiter Is the other Parent of the Child/Children the Trafficker/Exploiter? ☐ Yes ☐ No ☐ Unknown / Doesn't want to Disclose
Case Information - DCFS
Open Referral/Case? ☐ Yes ☐ No If no, Prior open case/referral: ☐ Yes ☐ No ☐ DCFS Referral – Family Maintenance ☐ Voluntary Services ☐ Court Services ☐ DCFS Family Reunification ☐ NREFM / Relative ☐ FFA/FFH ☐ Group Home ☐ Level 14 ☐ Shelter Care ☐ Hospital Hold / Psychiatric Hospitalization AWOL Information: Currently AWOL from Home/Placement? ☐ Yes ☐ No

APPENDIX F

3

Los Angeles County ***First Responder Protocol for CSEC***

CSEC PLACEMENT INTAKE FORM

Youth's Name: _____

When did the Youth AWOL? Date: _____			
Length of time at last Placement: _____			
Was a Missing Persons Report Filed?	☐ Yes	Date: _____	☐ No
Was a Protective Custody Order Filed?	☐ Yes	Date: _____	☐ No

Placement Decision - DCFS

Case Decision (assess safety issues for youth and family)

- ☐ Non-Detain Petition (Home) ☐ Detention – Out of Home ☐ Det. – Mother Only
☐ Detention – Father Only

Initial Placement Decision:

- ☐ Return home to Parent/Legal Guardian ☐ Return to GH/FFA/FFH
☐ Return to NREFM/Relative Home ☐ Emergency Housing / Shelter
☐ Youth Welcome Center (YWC) ☐ Hospitalization
☐ Detention – Juvenile Hall Reason: ☐ Bench Warrant ☐ Arrest: _____ ☐ NCIC
☐ Other: _____

Case information - Probation

Open Case? ☐ Yes ☐ No If no, Prior open case: ☐ Yes ☐ No

If yes, current case status:

- ☐ Home on Probation ☐ Suitable Placement (SP)

Type of Placement (last known): ☐ N/A

- ☐ Home ☐ Relative Home ☐ NREFM ☐ Foster Home ☐ Group Home
☐ Psychiatric Hospitalization

AWOL Information:

Currently AWOL from Home/Placement? ☐ Yes ☐ No

When did the Youth AWOL? Date: _____

APPENDIX F

4

Los Angeles County **First Responder Protocol for CSEC**

CSEC PLACEMENT INTAKE FORM

Youth's Name: _____

Length of time at last Placement: _____
Was a Missing Persons Report Filed? ☐ Yes Date: _____ ☐ No
Was a Protective Custody Order Filed? ☐ Yes Date: _____ ☐ No
Placement Decision - Probation
Placement Plan (assess safety issues for youth and family) ☐ Return home ☐ Return to Placement ☐ Emergency housing ☐ Detention Detention Reason: Bench Warrant: ☐ Detained/BWI ☐ Detained/BW Not in CWWS Arrest: ☐ Arrest/Detained ☐ Arrested, cited out Date of Hearing: _____ Arrest Type: ☐ 647PC (Solicitation) ☐ 653.22 (Loitering) ☐ Other: _____
Services Provided
Did the Youth receive a Humanitarian Bag / Clothing? ☐ Yes ☐ No
Was a Photograph taken of the Youth? ☐ Yes ☐ No
Advocacy Agency Plan: ☐ Detention Follow-up ☐ Home Follow-up ☐ Foster Care Placement Follow-up ☐ Emergency Housing/Shelter/YWC Follow-up ☐ Hospital Follow-up ☐ Remain with youth: Length of Time: _____ ☐ Other: _____
Medical Plan: ☐ Urgent Medical Attention Needed ☐ Yes ☐ No ☐ SART Exam ☐ Yes ☐ No If yes, Name of Hospital: _____ ☐ Medical Hub Appointment made: ☐ Yes ☐ No If yes, Date/Time: _____ If no, Reason: _____ ☐ ACCESS/PMRT ☐ Yes ☐ No Outcome: ☐ Hospitalized ☐ Released

APPENDIX F

5

Los Angeles County ***First Responder Protocol for CSEC***

CSEC PLACEMENT INTAKE FORM

Youth's Name: _____

Outcome of 72-hour Response:

☐ Juvenile Hall ☐ DCFS Continued Detention ☐ Return Home ☐ Foster Care

FC Type: _____ ☐ Remains in Emergency Housing Bed ☐ DCFS YWC

☐ Psychiatric Hospitalization (5585)

☐ AWOL Date & Time: _____

Missing Persons Police Report Filed: ☐ Yes ☐ No

Police Agency: _____

Required Notifications Completed (pursuant to internal departmental protocol) ☐ Yes ☐ No
(see page #6)

Summary/Comments: (Use this space to give some brief details as to what happened during the 72-hours after the team concluded the safety plan)

APPENDIX F

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Los Angeles County *First Responder Protocol for CSEC*

CSEC PLACEMENT INTAKE FORM

Youth's Name: _____

Required Notifications				
	Name & Contact Info:	Date	Time	By Whom
Parent/Guardian Caretaker	#:		☐ AM ☐ PM	
Dependency Attorney	#:		☐ AM ☐ PM	
Delinquency Attorney	#:		☐ AM ☐ PM	
CSW/DPO of Record	#:		☐ AM ☐ PM	
Legal Advocate Agency:	#:		☐ AM ☐ PM	
Out of County Contact Info County:	#:		☐ AM ☐ PM	
Out of State Contact Info County:	#:		☐ AM ☐ PM	
Other _____	#:		☐ AM ☐ PM	

Document completed by: ☐ DCFS MART ☐ Probation CTU

Print Name _____

Date _____

APPENDIX G

CSEC Safety Plan

Youth's Name: _____

Intake Date: (____ / ____ / ____)

Youth's Name: _____

Date of Birth: (____ / ____ / ____)

Youth's Phone #: _____

Youth's Address: _____

Caregiver/Placement Name _____

Address: _____

Contact #: _____

CPH Referral #: _____

Case/PDJ # (if applicable): _____

Dual Jurisdiction? ☐ Yes ☐ No

If yes, Lead Agency: ☐ DCFS ☐ Probation

Lead Agency Contact: _____

Phone #: _____

If Placement, Name of Primary Contact _____

Contact #: _____

24 HOUR CRISIS RESPONSE:

Call the social worker or probation officer listed below.

If no answer, contact the advocate listed below.

If there is an emergency or the child is at risk of harming him/herself or others, call 911 immediately.

TEAM MEMBER NAME	RELATIONSHIP	CONTACT NUMBER
	DCFS MART	
	Probation CTU	
	Advocacy Agency	
	Placement/Caregiver	
	Interested Party	

EMERGENCY CONTACTS	NUMBER
Primary Physician:	
Psychiatrist:	
Hospital:	
Police Department:	
Fire Department:	
On-Call After Hours:	
Other:	

Updated: 04/02/2015 Los Angeles County Law Enforcement First Responder Protocol for CSEC 1 of 4

APPENDIX G

CSEC Safety Plan

Youth's Name: _____

IMPORTANT INFORMATION ABOUT THE YOUTH (as reported by youth)
Social Media:
Places Exploited/Arrested:
Medical Concerns:
Allergies:
Medications (name/dosage/frequency):
Special Notes (e.g. identifying markers):

INTERVENTIONS/ APPROACHES THAT ARE HELPFUL	INTERVENTIONS/ APPROACHES THAT ARE NOT HELPFUL

ANTICIPATED CRISIS	WARNING SIGNS	INTERVENTION PLAN
		Proactive:
		Responsive:
		Proactive:
		Responsive:

APPENDIX G

CSEC Safety Plan

Youth's Name: _____

Reviewed and Agreed Upon By:

_____ Print Name (Lead Agency) ☐ MART ☐ CTU	_____ Signature	_____ Title	_____ Date
_____ Print Name (Youth)	_____ Signature	_____ Title	_____ Date
_____ Print Name (Advocate)	_____ Signature	_____ Title	_____ Date
_____ Print Name – Provider)	_____ Signature	_____ Title	_____ Date
_____ Print Name	_____ Signature	_____ Title	_____ Date
_____ Print Name	_____ Signature	_____ Title	_____ Date

Submitted to Multi-Agency Review Committee (MARC) by:

_____ Print Name	_____ Signature	_____ Agency/ Title	_____ Date
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APPENDIX G

CSEC Safety Plan

Youth's Name: _____

Examples of interventions

ISSUE (YOUTH...)	SOLUTIONS
Wants to AWOL due to conflict at placement	• Problem-solve conflict • Utilize motivational interviewing skills
Is unable to sleep at night	• Sleep with lights on/door open • Develop a bedtime routine • Remind youth that [s]he is safe • Sit outside youth's door until [s]he falls asleep
Experiences PTSD (flashbacks, disassociation)	• Practice grounding – orient youth to the present • Stay calm • Speak in short sentences • Remind youth that [s]he is safe • Remind youth who you are and where [s]he is at
Is anxious about what will happen (placement, court hearing, etc.)	• Validate youth's anxiety • Engage in distracting activities • Report anxiety symptoms to DPO or CSW in case youth needs referral to therapist
Wants to smoke	• Validate youth's frustration and anger about not being able to smoke • Offer the youth gum to chew
Doesn't like being told what to do	• Speak to youth with respect • Ask youth to do things rather than tell them what to do
Coping Skills/Distracting Activities	
• Watch TV • Listen to music • Talk to someone from support system • Journal/write about future goals • Paint nails • Take a nap • Squeeze play dough • Exercise/do yoga	• Color • Read a book/magazine • Play a board game • Do a puzzle • Take a warm shower • Play with a stuffed animal • Meditate • Sing