

LOS ANGELES COUNTY

DETENTION INTERAGENCY IDENTIFICATION AND RESPONSE PROTOCOL FOR COMMERCIALLY SEXUALLY EXPLOITED CHILDREN AND YOUTH



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DETENTION INTERAGENCY IDENTIFICATION AND RESPONSE PROTOCOL FOR COMMERCIALY SEXUALLY EXPLOITED CHILDREN AND YOUTH (CSECY)
(2019). LOS ANGELES COUNTY PROBATION DEPARTMENT; NATIONAL CENTER FOR YOUTH LAW.

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MESSAGE FROM THE BOARD OF SUPERVISORS

The Detention Interagency Identification and Response Protocol for Commercially Sexually Exploited Children and Youth represents the next step in what has been an eight-year-long journey to address the vile and repugnant crime of commercial sexual exploitation of children and teenagers in Los Angeles. From the beginning, the Board of Supervisors has dedicated time, attention, and, importantly, resources to this issue. We have done this legislatively, through motions, directives, and county-sponsored state bills. We have done this fiscally, through the allocation of millions of dollars to prevent child exploitation, intervene, and provide treatment. And we have done this collaboratively with the support of our exceptional community partners and survivor advocates, in cooperation and collaboration with our county partners.

With the Detention Interagency Protocol, we recognize the tremendous strides we have made toward decriminalizing our youth who have been so terribly abused, while also recognizing where we still have to go. The Protocol will enable county personnel to immediately deliver medical, mental health, education, and other support services to young people who have entered the juvenile justice system after experiencing commercial sexual exploitation.

The Board of Supervisors appreciates the hard work of those who have been involved in bringing this Protocol from a theoretical model to reality, underscoring our fundamental message that our children are not for sale. We are confident that the County of Los Angeles will continue to be a leader in combating this injustice and protecting our children and youth.



From left to right: Mark Ridley-Thomas (2nd Dist.), Sheila Kuehl (3rd Dist.), Janice Hahn (4th Dist.), Kathryn Barger (5th Dist.), Hilda Solis (1st Dist.)

When Los Angeles was identified as a major hub for the commercial sexual exploitation of children, our community resolved to take action. Since 2011, Los Angeles County has led California and the nation in the fight to end child sex trafficking, to protect youth from sexual exploitation, and to find and heal the victims of this horrific crime.

With the direction and support of the Board of Supervisors, the Probation Department has been a leader in developing innovative and collaborative solutions to identify and support the strength and resilience of children and youth who have experienced this unfathomable abuse in Los Angeles County. With an all-hands-on-deck approach, county agencies have come together with community-based organizations, community members, and families to break down silos and work hand in hand to tackle this enormous and important issue. Among our many proud achievements is the implementation of the Los Angeles Law Enforcement First Responder Protocol in 2014. By identifying the access points and opportunities for identifying victims, training law enforcement, and establishing a clear process for connecting youth to specialized services, the First Responder Protocol has revolutionized how law enforcement and social services personnel approach and connect with commercially sexually exploited youth.

Early on in this fight, we learned that one of the most powerful ways we can support our young people and prevent further traumatization is by expanding our understanding of the dynamics of commercial sexual exploitation, and shifting our mindsets about youth who are most affected by it. Through laws and policy, both Los Angeles County and the state of California have made clear that these youth must not be treated like criminals, but rather vulnerable children who have been neglected, abused, and exploited.



Chief Probation Officer
Terri L. McDonald

The implementation of the Detention Protocol is an important next step in our fight. So long as these young people are in Probation's care, we will be unwavering in our dedication to supporting them. We owe a debt of gratitude to the Board of Supervisors for leading the charge boldly, bravely, and aggressively, and to the many people from Los Angeles County agencies and other organizations who work tirelessly behind the scenes to help our youth. We will continue fighting, together, to reach all children in Los Angeles who have been affected by commercial sexual exploitation.

AGENCY COLLABORATION

The Detention Interagency Identification and Response Protocol for Commercially Sexually Exploited Children and Youth was developed in recognition that collaboration is a critical piece of effectively serving and supporting youth and families impacted by commercial sexual exploitation. This Protocol was created through close partnership between elected officials, public agencies, and community partners. We thank each of these partners for dedicating their time, resources, and expertise.



“What is brilliant about this protocol is that it looks at every single place folks from other departments are in the detention facilities, and asks all of us to step up. . . Our enormous responsibility is to make sure that this is a system that works, not just a set of programs.”

*-Barbara Ferrer, Director
Department of Public Health*

ACKNOWLEDGEMENTS

Many thanks to the following individuals from the listed agencies for their individual leadership and contributions to the Protocol:

Adela Estrada	Department of Children and Family Services
Allison Bearden	Department of Health Services
Allison Newcombe	National Center for Youth Law
Allison Reese	Probation Department
Alma Kucenski	Department of Health Services
Alondra Hernandez	Department of Mental Health
Alonso Machcua	Department of Public Health
Bianca Rayford-Varner	Probation Department
Candice Wong	Probation Department
Carol Shauger	Department of Mental Health
Catherine DeRidder	Department of Health Services
Cornelia Freudenstein-Licona	Department of Health Services
Cynthia Barrios	Probation Department
Cynthia Calagui	Department of Public Health
Dalila Alcantara	Probation Department
David Oh	Department of Health Services
Donnelyn Matthews	Department of Health Services
Ebony Smith	Department of Health Services
Edward Fithyan	Department of Children and Family Services
Elena Laurich	Department of Health Services
Elizabeth Munoz-Raisola	Probation Department
Emilio Mendoza	Department of Children and Family Services
Emily Williams	Board of Supervisors, 2nd District
Erica Reynoso	Department of Mental Health
Esther Feng	Department of Public Health
Felita Thompson	Department of Health Services
Ferlie Anne Villacorte	Department of Health Services
Gina Giacone	Probation Department
Gina Hamilton	Department of Children and Family Services
Hania Bocklen	Probation Department
Jane Rohde Bowers	Department of Public Health
Ja’Nae Robertson	Probation Department
Jennifer Kaufman	Probation Department
Jessica Valadez	National Center for Youth Law
Joan Pera	Probation Department
Jocelyn Roman	Probation Department
Karen Solomon	Department of Public Health
Karen Streich	Department of Mental Health
Kate Walker Brown	National Center for Youth Law
Katty Callender	Department of Mental Health

ACKNOWLEDGEMENTS

Kesha Wood	Los Angeles County Office of Education
Keturah Gordon	Probation Department
Kimberly Chang	Asian Health Services
Kimberly Givan	Department of Public Health
Kimberly West	Department of Public Health
Kindra Arbet-Beard	Probation Department
Kirsten Wilson	Department of Public Health
Kristy Bell	Probation Department
Krystal Parks-Fulton	Probation Department
LaShonda Spencer	Department of Health Services
Lazette Scott-Bowens	Los Angeles County Office of Education
Lizet Barboza	Probation Department
Luis Dominguez	Probation Department
Lynne Ticson	Department of Health Services
Mae Ackerman-Brimberg	National Center for Youth Law
Marcia McKeever	Department of Health Services
Marielle DeConza	Department of Health Services
Marissa Gavinet	Department of Health Services
Marisse Bibbens	Department of Children and Family Services
Markese Freeman	Probation Department
Marya Monares	Department of Health Services
Mary Logan	Department of Health Services
Michelle Guymon	Probation Department
Mikhaela Cielo	Department of Health Services
Monette Antonio-McCullough	Department of Public Health
Monique Newson	Probation Department
Myla Lampkin	Department of Mental Health
Naftali Sampson	Department of Children and Family Services
Nancy Martinez	Probation Department
Rachel Monas	National Center for Youth Law
Raelene Rojas	Probation Department
Rae Tinagon	Department of Mental Health
Raymond Perry	Department of Health Services
Rona Rogers	Probation Department
Ronda Zulich	Department of Health Services
Sadiyyah Abdul-Mumin	Probation Department
Sarah Godoy	University of California, Los Angeles
Sandra Lopez	Department of Health Services
Scott Sanders	Probation Department
Shatuaqua Draper	Department of Health Services
Soe Moe Kyaw	Department of Mental Health
Soledad Martinez	Department of Health Services
Stephen Canzoneri	Probation Department

ACKNOWLEDGEMENTS

Susie Baldwin
Tamera Wilson
Tapau Osborne
Taunya Johnson
Terrika Woolfolk
Tiffany Esqueda
Tonya Ross
Veronica Garza
Victoria Ezeonye
Violet Dawson
Xiomara Flores-Holguin
Zelda Nash

Department of Public Health
Department of Mental Health
Los Angeles County Office of Education
Department of Public Health
Probation Department
Probation Department
Los Angeles County Office of Education
Department of Health Services
Department of Health Services
Probation Department
Department of Children and Family Services
Department of Mental Health

Special thanks to Kate Walker Brown, Fiza Quraishi, Allison Newcombe, and Mae Ackerman-Brimberg, attorneys at the National Center for Youth Law, and Michelle Guymon, Director of the Probation Department's Child Trafficking Unit, for authoring the Detention Interagency Identification and Response Protocol for Commercially Sexually Exploited Children and Youth.

Remembering Fiza Quraishi

This Protocol would have been impossible without the leadership, vision, and unwavering dedication to youth of our dear friend and colleague, Fiza Quraishi. Fiza was a fearless child advocate, brilliant and creative lawyer, and a true believer in the power of collaboration – that by working together and breaking down silos, we can do better for and with the families and youth we serve. She could walk into a tense room full of diverse partners and have everyone laughing within five minutes, and diving into work within ten.

Fiza was there from the start of this Protocol; one of those original champions who recognized the potential and opportunity of juvenile hall staff to identify and support youth who had experienced exploitation, and had the commitment and drive to make that dream a reality. We miss Fiza immensely, and dedicate this Protocol to her and the many youth whose lives she impacted and will continue to impact through the legacy of her work.



Introduction to the issue

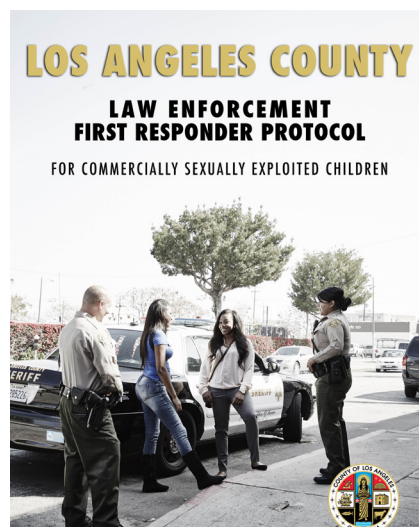
In the past, the primary way that youth¹ were identified as victims of commercial sexual exploitation (CSE) was through an arrest for prostitution or a related charge, such as solicitation or loitering with intent to commit prostitution. This resulted in large numbers of youth, primarily girls, being put on probation and channeled through the juvenile justice system.

Recent policy advocacy, informed by a greater understanding of the victim's experience as well as

“This protocol recognizes that when these youth do come into our custody and care, it is our responsibility and duty to identify that they have been exploited, report the exploitation as child abuse, build trusting relationships with the young person, and work collaboratively across multiple agencies to support them in meeting their myriad needs while also building on their strengths and cultivating their goals and aspirations.”

*-Markese Freeman,
Probation Department*

the factors that push and pull already vulnerable youth into exploitation, has shifted away from this practice and towards ensuring that victims of CSE are identified and may be served by their community or the child welfare system as victims of abuse and/or neglect. Thus, communities throughout the state of California and many others around the country no longer arrest children for prostitution-related offenses and have developed victim-centered policies and protocols to ensure that these children's needs are met. In 2014, Los Angeles took a major step in this direction through implementation of the Law Enforcement First Responder Protocol, which sought to avoid arrest of children for prostitution and instead connects youth with specialized services.² In 2016, California solidified its commitment to preventing criminalization of youth for their exploitation through the passage of Senate Bill 1322, which, effective



The 2014 Law Enforcement First Responder Protocol

¹ Gender-neutral pronouns are used throughout this document, recognizing that not all youth identify as “he” or “she” and that the pronoun binary is not sexual orientation, gender identity and expression (SOGIE) inclusive.

² See LOS ANGELES COUNTY, LAW ENFORCEMENT FIRST RESPONDER PROTOCOL FOR COMMERCIALLY SEXUALLY EXPLOITED CHILDREN (CSEC) (2015), <https://youthlaw.org/wp-content/uploads/2015/06/Los-Angeles-County-Law-Enforcement-First-Responder-Protocol.pdf>

EXECUTIVE SUMMARY

January 1, 2017, rendered the crimes of prostitution and loitering with the intent to commit prostitution inapplicable to minors.

Los Angeles County and many other communities believed that child welfare would be the sole agency serving youth who have been commercially sexually exploited, and that the juvenile justice system would no longer be interacting with these youth; however, this has not been the case.

In taking these steps, Los Angeles County and many other communities believed that child welfare would be the sole agency serving youth who have been commercially sexually exploited, and that the juvenile justice system would no longer be interacting with these youth; however, this has not been the case. Many children who are trafficked for sex become entangled in delinquent/criminal activity—often related to their exploitation and directed by their exploiter, or as a means of survival. For example, exploited youth may be forced to carry drugs or to be involved in petty theft for their exploiters; they may use drugs as a coping mechanism; or they may need to steal food, clothing, or other basic necessities to survive. Other times, youth are on probation for reasons that are not directly related to their exploitation.

In all of the above situations, youth in detention who have experienced CSE are not as easily identified as victims because they have not come to detention with a prostitution or related charge. As such, they often go months or even years before being identified as victims of CSE, if they are ever identified. The Detention Interagency Identification and Response Protocol for Commercially Sexually Exploited Children and Youth (“Detention Protocol”) was created to address this issue. The Detention Protocol provides agencies with the tools to actively identify children in detention, ensure they have the necessary supports while in detention, and effectively plan for and support their transition back to the community.

“We did not see this coming. I thought that after we stopped arresting children for prostitution, Probation would have a minimal role with youth who were being exploited. I didn’t anticipate how many kids would disclose their exploitation while they were in juvenile hall. Once we knew better, we had to do better for those young people.”

*-Michelle Guymon, Probation Department,
Child Trafficking Unit*

Background of the Protocol

The Detention Protocol was the brainchild of a small group of champions from the Probation Department (Probation), Juvenile Court Health Services (JCHS), and the Department of Mental Health (DMH) at one detention facility in Los Angeles, Central Juvenile Hall (Central), in collaboration with the National Center for Youth Law. Growing out of the County's early efforts to provide training about the signs and dynamics of trafficking to people working with youth, these champions began to notice that youth who had experienced commercial sexual exploitation (CSE) were still appearing in the juvenile halls. They committed to further expanding understanding and awareness of the issue in detention facilities by proactively training their fellow staff members to identify the red flags associated with CSE, and to discuss it with youth in thoughtful, non-judgmental ways. In addition to more training, survivor- and advocate-led prevention workshops and support groups were offered at Central in order to educate youth about CSE, encourage discussions, and create environments where more youth understood what exploitation was and felt comfortable coming forward if they had experienced it. Soon, other agencies – the Department of Public Health (DPH), the Department of Children and Family Services (DCFS), and the County Office of Education (LACOE) – joined the efforts, and other detention facilities in Los Angeles followed Central's lead.

526 youth in detention have disclosed exploitation since 2013

*Data through 2018

“When I first got locked up and I went to see the nurse, she was asking me all kinds of questions. I didn't answer her at first, but then she acted like she really cared so I told her about what was happening to me. She said someone else would come talk to me about having an advocate and other services. When the probation officer came to talk to me I was like, why are you here, but she ended up being really cool and supportive. What made it different is that after I talked to the nurse I got support really quick. I liked that.”

-Youth

As a result of these efforts, youth who had experienced CSE began disclosing their exploitation to staff in detention facilities across Los Angeles. Between 2013 and 2018, over 500 children in three juvenile halls disclosed that they had been, or were being, exploited. But for the commitment of dedicated staff taking proactive steps to increase awareness and sensitivity in their respective units and agencies, these children may never have been identified.

EXECUTIVE SUMMARY



Partners celebrate the launch of the Protocol on March 14, 2019. Left to right: Marya Monares (DHS); Kate Walker Brown (NCYL); Michelle Guymon (Probation); Myla Lampkin (DMH); Markese Freeman (Probation)

“As a mental health provider working with youth who demonstrate signs and symptoms of complex trauma as a result of being trafficked and sexually exploited, it is crucial that we communicate amongst team members who can help support and further assist these kids.

Having the interagency protocol in place ensures that these vulnerable youth are not being missed and will receive needed services and resources to minimize the impact of trauma while promoting their well-being and resiliency.”

*-Myla Lampkin,
Department of Mental Health*

Structure of the Reform

As more and more youth disclosed their experiences with commercial sexual exploitation (CSE) to staff at detention facilities, it became clear that a widespread, unified approach among all agencies working in the detention facilities was necessary to identify and support these young people in a collaborative way. They knew CSE children would be best served if the different partners banded together to provide coordinated services and supports to address their multifaceted needs and goals. In response, those same champions began meeting regularly to develop what would become the Detention Protocol.

The workgroup was comprised of members from the Probation Department, the Department of Mental Health, Juvenile Court Health Services, the Department of Public Health, the Department of Children and Family Services, and the Los Angeles County Office of Education, with support from the National Center for Youth Law. The workgroup involved partners at all levels (line staff, middle management, and leadership) to assess the practicality of the Protocol for those implementing it on the ground, while also garnering the commitment of leadership throughout the process.

Once this workgroup was established, the group met monthly over the course of several years to map out the goals and collaborative processes that make up the Protocol. First, they gained an understanding of each agency's role and individual responsibilities with youth in detention as they currently stood. Next, the workgroup identified where there were opportunities to improve the services provided to the youth who have experienced CSE. Then, they considered how the agencies could

streamline processes and collaborate to fill in these gaps and better support the young people in their care in a multidisciplinary manner. Finally, they synthesized and memorialized these collaborative processes into the written Protocol, which makes clear all of the roles and responsibilities of each agency partner.

The Detention Protocol was officially launched on March 14, 2019 before the County Board of Supervisors, with the strong support and endorsement of partner agency leadership. The Detention Protocol is now being implemented in youth detention facilities across Los Angeles.

“When I first started working with youth who trusted me enough to disclose exploitation, I was often faced with barriers while trying to help them. We did not yet know how to respond to CSE, and resources weren't readily accessible. With persistent searching for guidance, I crossed paths with some pretty spectacular people from Probation and the Department of Mental Health. We started talking more and figuring out ways that we could coordinate care of our suspected and identified exploited youth. The kids at Central started seeking us out for help. And they started to heal.”

*-Dr. Marya Monares
Juvenile Court Health Services*

EXECUTIVE SUMMARY

“The Detention Interagency Protocol represents yet another way L.A. County is leading the charge within California and nationally to move away from blaming and criminalizing youth for their exploitation and instead serving them in holistic, trauma-informed ways.”

-Mark Ridley-Thomas, LA County Supervisor



“I’m encouraged to know that through the training and collective agencies’ commitment to our youth in detention facilities, we are beginning to see more personal disclosures from young men and those who are LGBTQ, populations that we have otherwise had difficulty engaging and identifying.”

-Kathryn Barger, LA County Supervisor



To facilitate the roll out of the Protocol, there will be widespread training for all detention facility staff, coupled with technical assistance from the National Center for Youth Law. In addition, a detention interagency review committee will oversee the Protocol’s implementation, analyze data received from agency partners, serve as a forum for candid discussions about the challenges and successes of the Protocol, troubleshoot problems that arise and adapt the Protocol as needed, and report on the Protocol’s progress to the Board of Supervisors. This ongoing monitoring body is critical, born out of the recognition that the same multidisciplinary collaboration that led to creation of the Protocol is necessary for its future success.

Overview of the Protocol

The Detention Interagency Identification and Response Protocol for Commercially Sexually Exploited Children and Youth outlines the roles and responsibilities of agencies serving youth detained within Los Angeles County Probation Department juvenile detention facilities. The Protocol was developed with the following principles and goals in mind.

Guiding Principles:

1. Commercial sexual exploitation can happen to any youth.
2. Youth who have been commercially sexually exploited are victims of abuse and have experienced significant trauma.
3. Identifying youth who are victims is the first step in ensuring they can access the services they need.
4. Taking time to develop rapport and trust with the youth is key to facilitating an environment that is supportive and enables disclosure.
5. Increasing awareness and an open dialogue about CSE amongst children and staff, including facilitating CSE workgroups with specialized advocates, is crucial in preventing at-risk youth from becoming exploited and in creating an environment where exploited youth can safely disclose their exploitation.
6. Collaborating and communicating among agencies is a more effective and efficient way to identify, engage, and serve victims of CSE and children at risk for CSE.
7. Establishing policies and procedures for identifying and assessing CSE youth at each decision-making point in each agency is critical.
8. Proper training for all agency staff working with CSE youth must be mandatory to ensure staff know how to effectively identify and respond to the needs of this population. This training should be:
 - Trauma-informed; and
 - Culturally and LGBTQ competent, relevant, and affirming.
9. Prioritizing the youth's voice by taking a strengths-based approach is critical when working with CSE youth. This includes ensuring that the youth's case plan is informed by the youth's expressed interest and wishes.
10. Establishing a healthy work environment for staff to ensure they have avenues to process their interactions with youth who have experienced high levels of trauma and address their own vicarious trauma is imperative.

“Youth who have experienced commercial sexual exploitation are survivors of trauma, and the effect of this trauma on their lives and our communities is immeasurable. DCFS is pleased to be part of this vitally important protocol to ensure we get children the services that they need to heal and thrive.”

*-Bobby Cagle, Director,
Department of Children and Family Services*

Protocol Goals

1. IDENTIFICATION

Identify potential (at-risk) and confirmed youth who have been commercially sexually exploited.

2. REPORT AND INVESTIGATE CHILD ABUSE

Ensure notification and collaboration with the child welfare system to report and investigate exploitation as child abuse.

3. COLLABORATION

Ensure youths' medical and mental health needs are met as soon as possible upon entry into detention.

4. PROVIDE TRAUMA-INFORMED SERVICES

Provide CSE-informed, gender-responsive, and culturally appropriate services through a multi-disciplinary approach for youth while in detention.

5. COMMUNICATION

Streamline communication among the agencies.

6. DOCUMENTATION

Document key information about youth that can be used to inform case planning and placement/housing decisions.

7. GOAL SETTING

Assist youth in setting and making progress toward their short-term and long-term goals.

8. SAFETY AND SUPPORT PLANNING

Collaboratively develop a safety plan with youth to ensure they are aware of and know how to access services once transitioned back to the community.

9. TRANSITION PLANNING

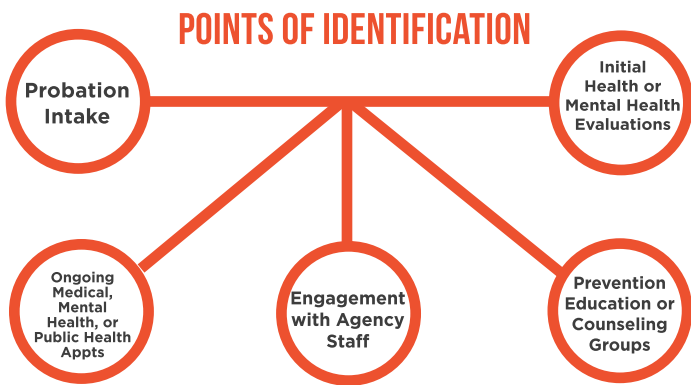
Develop a plan for services with the youth and support them as they transition out of detention.

“Children and youth deserve our protection and steadfast support, and our systems must be designed to provide it. The Detention Interagency Identification and Response Protocol represents a major step forward in leading and coordinating a compassionate and just response to the abuse of some of the most vulnerable members of our society. It is a critical, important step forward in ending the scourge of the exploitation of children and youth among us.”

*-Dr. Christina Ghaly,
Director, Department of Health Services*

How The Protocol Works

To achieve these goals, the Protocol sets forth a number of key steps for all agency partners. First, in order to facilitate identifying youth who have been CSE as early as possible, the Protocol lays out a number of critical junctures where identification is a priority—such as probation intake, medical screenings and ongoing appointments—and guides staff at these junctures to recognize warning signs of CSE and build trust and rapport with youth.



Then, if a youth discloses or staff confirms or reasonably suspects that they have been CSE, the Protocol directs the staff member to make a mandated child abuse report to initiate a child welfare investigation; notify specialized staff in Probation's Child Trafficking Unit (CTU) and the Probation CSEC Coordinator; coordinate with medical and mental health providers to address any urgent needs; and take other steps tailored to each agency. Finally, the Protocol creates multidisciplinary teams that meet regularly and plan for services and supports for each youth, both while the youth is still in detention and once the youth has transitioned back to the community.

1 CALL TO CHILD PROTECTION HOTLINE

to report abuse

2 NOTIFICATION TO CTU AND CSEC COORDINATOR

to assess and coordinate with agency partners

3 NOTIFICATION TO MEDICAL AND MENTAL HEALTH STAFF

to assess and address immediate needs

4 MULTIDISCIPLINARY TEAM MEETINGS

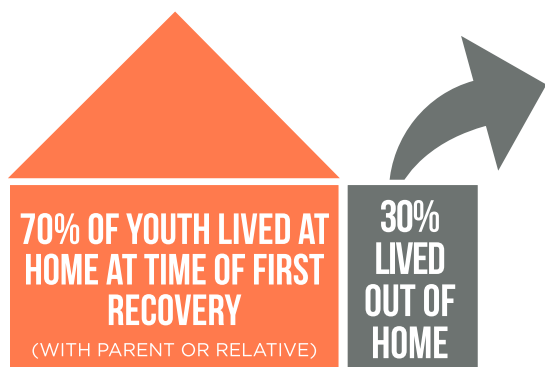
to ensure ongoing needs and goals are met

5 CONNECTION TO RESOURCES IN THE COMMUNITY

EXECUTIVE SUMMARY

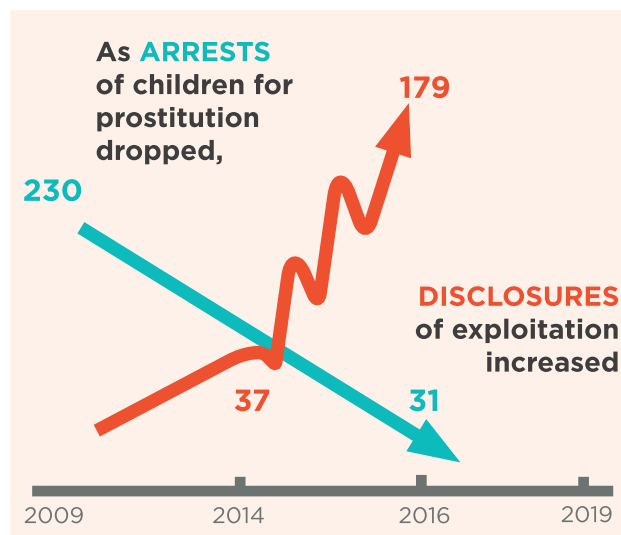
What We Know

This preliminary data show the immediate impact of County policy changes, and can inform future decision-making. As the County moved away from arresting children for prostitution, youth who had experienced exploitation continued to land in juvenile halls for other reasons. The increased training and support by juvenile hall staff for these youth led to more disclosures of exploitation -- including by male and transgender youth, who are traditionally underidentified. We also learned that despite the focus on children in foster care, many youth first experienced exploitation while living at home.



“With such a focus on youth in foster care, I was shocked to see that 70% of all the youth identified were living at home at the time of their exploitation”

-Michelle Guymon, Probation Department, Child Trafficking Unit

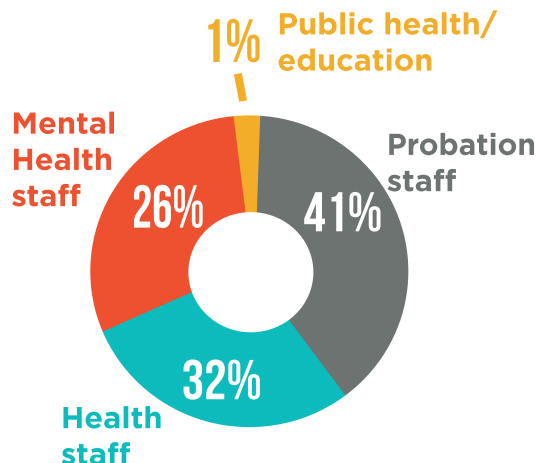
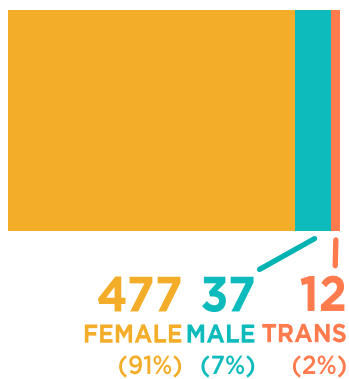


RELATIONSHIPS ARE EVERYTHING

Youth disclose exploitation to well-trained staff across all agencies

DISCLOSURES IN JUVENILE HALL

EXPLOITATION AFFECTS ALL YOUTH



Source: This data was collected on disclosures within the three LA County juvenile halls from 2013-2018. It was compiled from the Probation Case Management System (PCMS), along with data from partner agencies.

DETENTION PROTOCOL

The Detention Interagency Identification and Response Protocol for Commercially Sexually Exploited Children and Youth sets forth the roles and responsibilities of the following collaborative partners:

A. PROBATION DEPARTMENT (PROBATION)

1. Movement and Control (M&C) (Juvenile Hall) / Residential Supervisor (Dorothy Kirby Center)
2. Intake and Detention Control (IDC) (Juvenile Hall) / Intake Coordinator (Dorothy Kirby Center) / Camp's Assessment Unit (Camps)
3. Receiving Unit Staff (Juvenile Hall)
4. Unit Staff (Juvenile Hall) / Cottage Staff (Dorothy Kirby Center) / Camp Staff (Camps)
5. CSEC Coordinator(s) (Juvenile Hall / Dorothy Kirby Center / Camp)
6. Child Trafficking Unit (CTU)
7. Probation Public Health Nurse (CTU)

B. DEPARTMENT OF MENTAL HEALTH (DMH)

1. On-Call Clinician or DMH Officer of the Day
2. Assigned Mental Health Clinician
3. Mental Health Staff

C. DEPARTMENT OF HEALTH SERVICES (DHS), JUVENILE COURT HEALTH SERVICES (JCHS)

1. Nursing Staff
2. Physician Staff

D. DEPARTMENT OF CHILDREN AND FAMILY SERVICES (DCFS)

1. Child Protection Hotline (CPH) Staff
2. Investigating Social Worker
3. Children's Social Worker (CSW), as applicable

E. DEPARTMENT OF PUBLIC HEALTH (DPH)

1. Division of HIV and STD Program (DHSP) Case Managers
2. Specialized CSEC Public Health Nurse

F. LOS ANGELES COUNTY OFFICE OF EDUCATION (LACOE)

1. School Site Staff
2. School Counselor
3. CSEC Liaison(s)

“We need to ensure that teachers and administrators are trained and that we’re not criminalizing children or placing blame on them but placing the blame where it belongs—with the adults who are taking advantage of our children.”

*-Debra Duardo, Superintendent,
Los Angeles County Office of Education*

The responsibilities listed below supplement existing responsibilities of the participating agencies, and are not intended to alter or override any existing agency responsibilities or professional obligations.

Each agency that is party to this protocol is responsible for complying with California’s Child Abuse and Neglect Reporting Act (CANRA)—the state’s mandatory reporting guidelines pursuant to Cal. Penal Code §§ 11164–11174.3—along with individual agency mandatory reporting policies and protocols. Below are the responsibilities of each of the agencies related to mandated reporting and interagency communication. Reference existing agency policy for more information.

MANDATED REPORTING REQUIREMENTS

1. If a mandated reporter “has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect,” Cal. Penal Code § 11166, immediately, or as soon as practicably possible, call the Department of Children and Family Services (DCFS) Child Protection Hotline (CPH) at (800) 540-4000.
 - a. This includes reporting when you observe, know or reasonably suspect that a youth is, has been, or may be commercially sexually exploited.¹
 - i. Commercial Sexual Exploitation (CSE) of children and youth refers to any minor engaged in commercial sex in any capacity, including children trafficked by a third-party exploiter or “pimp” as well as those who exchange sex for food, shelter, money or other survival necessities.²
2. Provide all known details regarding the suspected abuse, including, if available:
 - b. Child/youth’s name and date of birth;
 - c. Name and address of youth’s parent(s), legal guardian(s) or primary caregiver(s);
 - d. Last known address of youth, including placement information, if applicable, prior to detention name and address of placement and dates youth was in placement;
 - e. Details of CSE incident(s), if known;
 - f. Location of CSE incident(s), if known, to ensure CPH staff can cross-report it to the correct law enforcement location for investigation purposes;
 - g. Name of the exploiter/trafficker, including any known aliases; also note whether the exploiter/trafficker has children of their own; and
 - h. Name of child/youth’s probation officer.

¹ Pursuant to recent changes in state and federal law, mandated reporters shall identify and report all known and suspected instances of commercial sexual exploitation. See Cal. Penal Code § 11166.

² “Commercial sexual exploitation’ refers to either of the following: (1) The sexual trafficking of a child, as described in subdivision (c) of [Cal. Penal Code] Section 236.1. (2) The provision of food, shelter, or payment to a child in exchange for the performance of any sexual act described in this section or subdivision (c) of Section 236.1.” Cal. Penal Code § 11165.1(d).

3. Once a call to the Child Protection Hotline has been made, complete a written report using the DCFS online reporting system found here: <https://mandreptla.org>. This online follow-up is required in addition to the call to the hotline, and must be filed within 36 hours of receiving the abuse information.³
4. Of note, many agencies will be interacting with youth in detention, and thus several individuals from different agencies may learn of a specific instance of exploitation related to an individual youth that requires a report to the Child Protection Hotline.
 - a. Even though another agency has already reported the alleged abuse, mandatory reporting is an individual obligation.⁴
 - b. If multiple people within an agency have joint knowledge about the alleged abuse, one person may be designated to make the report.⁵
5. If a mandated reporter learns new information about abuse that has already been reported, or learns of additional abuse that has occurred after a report has been made, the new information should also be reported. Any urgent issues must be reported using the Child Protection Hotline. Any non-emergent reports, including incidents of suspected child abuse or neglect that do not require immediate attention or where the child or youth is not in immediate danger, may be reported through the online reporting system.
6. If you are unclear about whether you are a mandatory reporter or whether a situation requires a report, consult a supervisor, and legal counsel if necessary.⁶

INTERAGENCY COMMUNICATION

Communication and collaboration are critical to ensuring that the agencies in detention facilities that are working with youth who are confirmed or suspected of CSE have pertinent information they need to provide time sensitive, necessary services and supports. To facilitate prompt information sharing and collaboration, following the report to the Child Protection Hotline regarding a suspected or confirmed CSE youth, the agencies that are party to this Agreement must immediately:

1. Contact the Juvenile Court Health Services' on-call nurse in the facility if:
 - a. Youth discloses they have been sexually assaulted or sexually exploited or if there is any evidence of CSE involvement within the last 72 hours.⁷

³ Cal. Penal Code § 11166(a).

⁴ Cal. Penal Code § 11166.1(i)(1).

⁵ Cal. Penal Code § 11166.1(h)..

⁶ For supplemental guidance, see R. Gudeman, *Minor Consent, Confidentiality and Mandatory Reporting of Child Abuse in California* 27–53 (National Center for Youth Law: Oakland, 4th ed. 2016).

⁷ This is not required if the professional who receives the information from the youth is a member of JCHS staff.

- i. Advise the youth that they should not shower if they have consented to a forensic exam; this is crucial for preserving forensic evidence.
 - b. Youth has been detained after identification through the Law Enforcement First Responder Protocol, regardless of whether the youth discloses sexual activity in the last 72 hours.
2. Contact the Department of Mental Health (DMH) on-call Clinician or Officer of the Day to make a mental health referral *if the youth is currently in crisis*.⁸
 - a. If the youth is not currently in crisis, a Request for Mental Health Consultation Form may be submitted to DMH through PEMRS. *See Juvenile Justice Mental Health, Standard Operating Procedure, Request for Mental Health Consultation.*
3. Send email notification to the Probation Department's CSEC Coordinator at CSEC@probation.lacounty.gov and Child Trafficking Unit at childtrafficking@probation.lacounty.gov. Include the following information:
 - a. Youth's name;
 - b. Youth's date of birth;
 - c. PDJ number;
 - d. Reason CSEC confirmed/suspected, as permitted by agency confidentiality requirements; and
 - e. Confirmation that a report was made to Child Protection Hotline.



If you **SUSPECT** or **CONFIRM** youth is CSE:

**Call DCFS
Child Protection Hotline
(800) 540-4000**

Email Probation
csec@probation.lacounty.gov and
childtrafficking@probation.lacounty.gov

Include
Child's name, DOB, PDJ #, reason CSEC confirmed/suspected, as permitted by agency confidentiality requirements, confirmation that report was made to CPS

⁸ This not required if the professional who receives the information from the youth is a member of DMH staff.

PHASE I: PRE-ADMISSION

When interacting with youth who are entering detention, it is important to consider what they experienced over the preceding 24 hours. They are typically upset, scared of what is to come, and may be exhausted. The admission process is often time consuming and requires that youth confer with individuals from several different Probation units, as well as Juvenile Court Health Services, over the course of several hours. Yet, each of these points during this admission process represent opportunities to identify youth who have been CSE. Staff have the opportunity to engage with the youth during the admission process to better understand their situation, which may lead to a disclosure or a discussion that may give rise to reasonable suspicion that a youth is being exploited.

While in detention, youth may begin to build relationships with adults in the hall that they interact with on a more regular basis, such as their unit staff and mental health or medical professionals. Through this rapport building, some youth may feel comfortable enough to disclose their exploitation. Although both phases are important, because of the nature of interactions and the time spent with the youth, the Protocol has been divided into two phases—Phase I: Pre-Admission, and Phase II: While in Detention (Post-Admission). Below are descriptions of the two phases as well as the agencies' responsibilities with regard to each phase.

A. PHASE I: Pre-Admission

When a youth first enters detention, they are brought to Movement and Control (M&C) to be processed. Staff from M&C interact directly with the law enforcement officers or other individuals bringing in the youth and will have the opportunity to gather additional information regarding the circumstances that led to the youth being detained. After a youth is processed through M&C, they are taken to Intake Detention and Control (IDC). Staff from IDC are responsible for conducting screening to determine whether the youth will be admitted into Juvenile Hall. Once the youth has been admitted to the hall, they are taken to the Receiving Unit, where they will shower, change their clothes, and wait until they are assigned to a unit.

In addition to interacting with Probation Department staff, the youth will also have contact with Juvenile Court Health Services (JCHS) prior to admission to assess whether they have emergent health conditions that would require medical clearance before being admitted to the hall. Such medical conditions may be associated with injuries, drug or alcohol intoxication, and other health conditions.

An abbreviated intake and admission process takes place if and when a youth is transferred to the Dorothy Kirby Center (DKC) or one of the County's Probation Residential Camps.⁹ A full intake is usually not required because youth will have gone through the intake and assessment process at Juvenile Hall before transfer.

The Dorothy Kirby Center (DKC) is a co-educational, secure residential treatment program operated by the LA County Probation Department. The delinquency court may refer youth to DKC for treatment when the behaviors leading to the delinquency case are influenced by mental health or emotional disorders. Camps are operated by the Residential Treatment Services Bureau (RTSB), which is charged with providing intervention services to youth on probation in a residential treatment setting. DKC and camps offer multi-disciplinary services in collaboration with LACOE, JCHS, DMH, and community-based organizations. For more information, see <https://probation.lacounty.gov/residential-treatment-and-camp-services/#youthIsAssessedForCampTab>.



For many youth, the detention admission process is stressful. They have been arrested or detained on a probation violation, and are going through the initial steps before they are admitted into detention, including calling parents and guardians to explain the situation. Often youth are hesitant to talk about much beyond answering yes and no questions. It is imperative that the staff interacting with the youth during this intake process is well-trained to recognize the signs of exploitation and to ask targeted questions to better determine whether a youth has been commercially sexually exploited. Without such training, youth at this phase may go unidentified. It is important to identify these youth as early as possible to effectively treat any medical conditions and mental health needs. Additionally, early identification is key to preserving evidence should the youth consent to a forensic examination.

Agency Responsibilities

Below are the roles and responsibilities of partner agencies during the youth's admission process into a detention facility.

PROBATION

Movement and Control (M&C) Staff:

1. Follow pre-existing department policy regarding admission and screening for emergent medical needs.
2. Input pertinent information into PCMS and PEMRS, pursuant to existing protocol.
3. If the youth discloses that they have been sexually abused or assaulted within the past 72 hours, there is any evidence of CSE involvement, or the youth is being detained after identification through the First Responder Protocol, contact the Juvenile Court Health Services (JCHS) on-call nurse in the facility.
 - a. Advise the youth that they should not shower if they have consented to a forensic exam; this is crucial for preserving forensic evidence.
 - b. Provide confidential space for youth to meet and talk with the JCHS nurse.
 - c. The JCHS nurse will assess whether the youth will be transported to the nearest VIP clinic/hospital/ER.
 - i. If JCHS staff indicates that the youth has consented to a forensic exam, follow department protocol to arrange transport for the youth to the VIP clinic/hospital/ER.
 - ii. Upon the youth's return from the VIP clinic/hospital/ER, immediately notify JCHS nursing staff.
4. If at any point during contact with youth, a youth discloses or is identified as a suspected or confirmed victim of CSE:
 - i. Follow [Mandatory Reporting and Interagency Communication Regarding CSEC](#) (*see Section V, above*).



- a. Send email notification to the Probation Department's CSEC Coordinator at CSEC@probation.lacounty.gov and Child Trafficking Unit (CTU) at childtrafficking@probation.lacounty.gov. Include the following information:
 - i. Youth's name;
 - ii. Youth's date of birth;
 - iii. DJ number;
 - iv. Reason CSEC confirmed/suspected, as permitted by agency confidentiality requirements; and
 - v. Confirmation that a report was made to Child Protection Hotline
 - vi. Document in PCMS under [Case Note Type: CSEC: Identification] whether the youth is a suspected or confirmed victim of CSE, and that CTU has been contacted regarding the youth's case.
5. If at Dorothy Kirby Center (DKC):
 - i. Residential Supervisors are responsible for all of the above tasks during the intake and admissions process.

Intake and Detention Control (IDC) Staff:

1. Follow pre-existing department policy for intake. Through this process, determine whether there is any concern that the youth is, has been, or is at risk of CSE.
2. Check PCMS Alerts to determine whether the youth has previously been identified as a victim of CSE.
3. If the youth has an open Department of Children and Family Services (DCFS) case, check CWS/CMS database to determine whether youth has previously been identified as CSE.
4. Check Intake section in PCMS to determine whether the youth has been booked in the past for prostitution or related offense.
5. Check PCMS case notes under [Case Note Type: CSEC: Identification] for additional information.¹⁰
6. Assess AWOL history through PCMS, CWS/CMS, and/or ProbLite.
7. When speaking with the youth and parent¹¹, ask about the risk factors and warning signs associated with exploitation, including:
 - a. Behavior at home;
 - b. School history and attendance;
 - c. AWOL history;

¹⁰ Evidence of previous CSE involvement may be apparent from reviewing past case notes or arrest history. As of January 1, 2017, minors can no longer be arrested for charges related to prostitution (see Cal. Penal Code §§ 653.22 or 647(b)); however, some youth may have previous charges that will indicate CSE such as prostitution or loitering.

¹¹ Parents and family members may be involved in a youth's exploitation, possibly impacting their willingness to share information or the accuracy of information shared.



- d. Older/undesirable/concerning boyfriends/girlfriends/partners/adults;
 - e. Tattoos;
 - f. Unaccounted for money/goods;
 - g. Previous identification of exploitation; and
 - h. Other risk factors/warning signs associated with exploitation.
8. If the youth has indicated that they have been sexually abused or assaulted within the past 72 hours, or if there is any evidence of CSE involvement, contact Juvenile Court Health Services (JCHS) and document in PCMS case notes.
- a. Advise Movement and Control (M&C) and the youth that the youth should not shower if they have consented to a forensic exam; this is crucial for preserving forensic evidence.
9. Determine whether the youth requires a debrief interview pursuant to Senate Bill (SB) 794 by identifying whether youth was missing, had run away, or was otherwise absent from care.¹²
- a. If a CSE-identified youth requires a SB 794 Debrief Interview:
 - i. Email notification to CSEC Coordinators at CSEC@probation.lacounty.gov and Child Trafficking Unit (CTU) at childtrafficking@probation.lacounty.gov; and
 - ii. Document in PCMS [Case Note Type: CSEC: Missing] that “Case requires SB 794 Debrief Interview.”
 - iii. Debrief Interview to be completed by CSEC Coordinator.
 - b. See [Appendix A, Missing or Runaway Youth \(SB 794\) Interview Debriefing Form](#).
10. If at any point during contact with youth, a youth discloses or is identified as a suspected or confirmed victim of CSE:
- a. Follow [Mandatory Reporting and Interagency Communication Regarding CSEC](#) (see [Section V](#), above).
 - b. Send email notification to the Probation Department’s CSEC Coordinator at CSEC@probation.lacounty.gov and Child Trafficking Unit (CTU) at childtrafficking@probation.lacounty.gov. Include the following information:
 - i. Youth’s name;
 - ii. Youth’s date of birth;
 - iii. DJ number;
 - iv. Reason CSEC confirmed/suspected, as permitted by agency confidentiality requirements; and
 - v. Confirmation that a report was made to Child Protection Hotline

¹² On September 29, 2014, the federal Preventing Sex Trafficking and Strengthening Families Act (H.R. 4980) was signed into law, which required states to develop and implement policies and procedures related to commercially sexually exploited children and runaway or missing children and youth. In 2015, the California legislature codified these federal requirements in Senate Bill 794 (SB 794), through the additions of Cal. Welf. & Inst. Code §§ 16501.35 and 16501.45. See [Probation SB 794 Directive](#) for more information regarding new requirements for Deputy Probation Officers.



vi. Document in PCMS under [Case Note Type: CSEC: Identification] whether the youth is a suspected or confirmed victim of CSE, and that CTU has been contacted regarding the youth's case.

11. If at Dorothy Kirby Center (DKC):

- a. DKC Intake Coordinator is responsible for all of the above tasks during the intake and admissions process, as applicable.

Receiving Unit Staff:

1. If the youth has indicated that they have been sexually abused or assaulted within the past 72 hours, or if there is any evidence of CSE involvement, ensure that the youth speaks to a Juvenile Court Health Services (JCHS) nurse.

- a. Advise the youth that they should not shower if they have consented to a forensic exam; this is crucial for preserving forensic evidence.

2. If at any point during contact with youth, a youth discloses or is identified as a suspected or confirmed victim of CSE:

- a. Follow [Mandatory Reporting and Interagency Communication Regarding CSEC](#) (see [Section V](#), above).
- b. Send email notification to the Probation Department's CSEC Coordinator at CSEC@probation.lacounty.gov and Child Trafficking Unit (CTU) at childtrafficking@probation.lacounty.gov. Include the following information:
 - i. Youth's name;
 - ii. Youth's date of birth;
 - iii. PDJ number;
 - iv. Reason CSEC confirmed/suspected, as permitted by agency confidentiality requirements; and
 - v. Confirmation that a report was made to Child Protection Hotline.
- c. Document in PCMS under [Case Note Type: CSEC: Identification] whether the youth is a suspected or confirmed victim of CSE, and that CTU has been contacted regarding the youth's case.



JUVENILE COURT HEALTH SERVICES

Nursing Staff:

1. Be available 24/7 to respond to calls from Movement and Control (M&C), Intake and Detention Control (IDC), or the Receiving Unit for a Pre-Assessment regarding:
 - a. Confirmed or suspected CSE youth;
 - b. Youth's disclosure of sexual assault or sexual abuse within past 72 hours;
 - c. Youth identified through the First Responder Protocol; or
 - d. Previously identified CSE youth returning to detention.
2. Follow existing Pre-Admission Nursing Procedure # 002 for youth entering the facility.
3. If there is evidence that the youth is a suspected or confirmed victim of CSE, do all of the following:
 - a. Discuss confidentiality and its limits with the youth.¹³
 - b. Follow the Mandatory Reporting and Interagency Communication Regarding CSEC (see Section V, above).
 - c. Further discuss the subject of the disclosure with the youth in a private location.
 - d. Ascertain the timing of the youth's last sexual interaction to determine if youth needs urgent treatment (e.g., needs emergency contraception, or transfer to hospital/ER or VIP clinic).
 - e. If notified that the youth was identified through the First Responder Protocol, check ORCHID to determine whether youth was previously seen at another county facility prior to detention, and review relevant medical records.
 - f. If the youth requires treatment from the hospital/ER or VIP Clinic, immediately notify the On-Call JCHS Physician.
 - i. Be available to debrief with the youth once they return from the hospital/clinic, if applicable, and contact the On-Call Physician for any recommendations given by the ER/Clinic.
 - g. Refer to JCHS Policy # C-211 – Sexual Assault: Clinical Care and Referral and JCHS Policy # MED-10 – Emergency Contraception.
 - h. Schedule youth to be seen at the next available Physician Clinic.
 - i. Document in clinical notes all of the following:
 - i. Whether youth is an identified or suspected CSE;
 - ii. Confirmation that CTU has been contacted regarding the youth's case; and
 - iii. That the above items have been discussed with the youth.

¹³ Note: This conversation is particularly important in terms of making the youth feel safe and comfortable sharing sensitive information, such as disclosing sexual exploitation. It is also important in explaining providers' obligations as mandated reporters.



Physician Staff:

1. Provide On-Call Physician consultation 24/7 for nursing staff.
2. Within 24 hours of a youth returning from the hospital/ER/VIP Clinic, review the youth's medical records and determine when the youth needs to be seen by a JCHS physician.

DEPARTMENT OF MENTAL HEALTH (DMH)

On-Call Clinician and Mental Health Officer of the Day:

1. Provide consultation during hours of program operation.
2. Follow Juvenile Justice Mental Health, Standard Operating Procedure, Request for Mental Health Consultation regarding referrals, including but not limited to:
 - a. If a youth has disclosed sexual abuse, sexual assault, inappropriate sexual touching and/or is a suspected CSE youth, and:
 - i. The youth is currently in crisis:
 1. During business hours: see the youth immediately.
 2. After business hours: refer the youth to the on-call psychiatrist immediately, and schedule appointment to see youth the following day.
 - ii. The youth is not currently in crisis:
 1. Schedule an appointment within three (3) days.
 3. If at any point during contact with youth, a youth discloses or is identified as a suspected or confirmed victim of CSE:
 - a. Follow Mandatory Reporting and Interagency Communication Regarding CSEC (see Section V, above).
 - b. Send email notification to the Probation Department's CSEC Coordinator at CSEC@probation.lacounty.gov and Child Trafficking Unit (CTU) at childtrafficking@probation.lacounty.gov. Include the following information:
 - i. Youth's name;
 - ii. Youth's date of birth;
 - iii. PDJ number;
 - iv. Reason CSEC confirmed/suspected, as permitted by agency confidentiality requirements; and
 - v. Confirmation that a report was made to Child Protection Hotline.
 - c. Document in PEMRS and the clinical record.

On-Call Psychiatrist:

1. Provide On-Call Psychiatrist consultation 24 hours a day following Juvenile Justice Mental Health Program Policy and Procedure Manual, V. C.
2. Respond to crisis referrals that are received after hours of program operation (between 4:30 PM and 7:00 AM).



DEPARTMENT OF CHILDREN AND FAMILY SERVICES (DCFS)

Child Protection Hotline (CPH) staff:

1. When receiving a call alleging CSE from a Juvenile Hall, DKC or a Camp facility, the Hotline Children's Social Worker (CSW) will gather and document information needed to generate a child abuse referral, as outlined in DCFS Policy # 0050-502.10 – Child Protection Hotline.
2. Assign to designated Regional Office who will then assign to an investigating children's social worker.

Investigating Children's Social Worker:

1. Follow existing departmental protocols.
2. Make a request to the CSEC Coordinator to arrange for interviews to take place in a private, confidential space, whenever possible.

Children's Social Worker (CSW), as applicable:

Follow existing departmental protocols.

B. PHASE II: Post-Admission (While the Youth is in Detention)

After a youth is admitted into detention, there are several additional steps to ensure that the youth successfully transitions and accesses necessary services while in detention. Unlike during the “Pre-Admission” phase (see [Phase I](#), above), during the youth’s stay in detention, staff from all agencies are able to build rapport and support the youth. It is during this stage of a youth’s time in detention—once they have been admitted—when youth most often disclose their exploitation.

Over 97% of the more than 500 disclosures made by youth in the three Los Angeles Juvenile Halls since 2013 have occurred during this phase of a youth’s stay. Youth disclose to staff from all agencies—about 41% to Probation staff, 32% to Juvenile Court Health Services (JCHS) nurses and physicians, 26% to Department of Mental Health (DMH) staff, and the remainder to LA County Office of Education (LACOE) and Department of Public Health (DPH) staff. Initially, medical personnel received an overwhelming majority of the disclosures. Often the individuals who interact with youth multiple times while they are in detention—for example by providing an initial medical screen, follow up medical care, and medication management—are those that develop rapport with the youth such that youth feel comfortable disclosing their exploitation. Additionally, as staff members receive more extensive training on CSE of children and youth, including learning how to ask questions related to the youth’s history and to direct questions about exploitation in thoughtful, non-judgmental ways, disclosures have become more common. Staff members in detention have found that youth do not typically disclose during their first interaction, but do so once a trusting relationship has developed, such as when they return to a second or third therapy session, during a follow-up appointment to get test results, or following a group facilitated by a survivor related to exploitation.

It is imperative that staff members build this rapport and develop trusting relationships with youth in their care. The trust creates a level of safety and an environment in which youth feel more comfortable disclosing what has happened to them. This level of comfort also supports youth in expressing their needs during their time in detention, and in actively helping to plan for a successful transition to placement or home once the youth is released from detention.

In order to meet the youth’s needs, the agencies involved with the youth while in detention—Probation, JCHS, DMH, LACOE, and DPH—will participate in an Internal¹⁴ Probation Detention Multi-Disciplinary Team (“Internal MDT,” see [Appendix B](#)) to identify and support the youth’s needs while in the detention facility. In addition, information from the Internal MDT will be shared with the weekly External Probation CSEC Multi-Disciplinary Team (“External MDT,” see [Appendix B](#)), which will collaborate and

¹⁴ As noted in [Appendix B, CSEC Multi-Disciplinary Teams](#), given that many of the same agencies and individuals participating in existing MDTs will participate in the CSEC MDTs, the Internal Detention CSEC MDT may occur immediately following other existing MDTs. Thus, the CSEC MDTs will be added to existing MDT calendars.



begin transition planning once a youth who has been CSE is identified. This planning will be centered on supporting the youth as they transition home or to placement from detention. Although the External MDT includes many of the same agencies as the Internal MDT, typically a different individual will be representing that agency at each meeting who will be responsible for providing pertinent information about the youth that are on the calendar for that MDT. This dual-phase MDT structure ensures that all agencies develop a coordinated plan in partnership with the youth to support them in detention as well as at home/placement after they transition back to the community. Additionally, and importantly, at both MDTs each agency is responsible for gathering information before the meeting and speaking to the youth, as needed, to ensure that their needs are considered and heeded in ongoing case planning.

During this phase while a youth is in detention, the agencies' objectives include:

1. Developing rapport with youth to ensure they feel supported and to better understand their needs and strengths;
2. Screening to identify youth who are CSE or at-risk for CSE;
3. Addressing the youth's medical and mental health needs;
4. Establishing communication among the agencies;
5. Holding weekly internal multi-disciplinary team (MDT) meetings to meet the youths' needs while in detention; and
6. Coordinating with the weekly Probation MDT to discuss CSE cases in detention and planning for youths' transition when they leave detention.

Agency Responsibilities

Below are the roles and responsibilities of each agency after the youth has been admitted to detention.

PROBATION

Probation Unit Staff:

1. Follow pre-existing department policy for admitting a new youth to the unit.
 - a. Through this process, determine whether there is any concern that the youth is or may be a victim of CSE.
2. If the youth has indicated that they have been sexually abused or assaulted within the past 72 hours or if there is any evidence of CSE involvement, ensure that they speak to a Juvenile County Health Services (JCHS) nurse by taking them to the medical module.



3. If at any point during contact with youth, a youth discloses or is identified as a suspected or confirmed victim of CSE:
 - a. Follow [Mandatory Reporting and Interagency Communication Regarding CSEC](#) (see [Section V](#), above).
 - b. Send email notification to the Probation Department's CSEC Coordinator at CSEC@probation.lacounty.gov and Child Trafficking Unit (CTU) at childtrafficking@probation.lacounty.gov. Include the following information:
 - i. Youth's name;
 - ii. Youth's date of birth;
 - iii. PDJ number;
 - iv. Reason CSEC confirmed/suspected, as permitted by agency confidentiality requirements; and
 - v. Confirmation that a report was made to Child Protection Hotline.
 - c. Document in PCMS under [Case Note Type: CSEC: Identification] whether the youth is a suspected or confirmed victim of CSE, and that CTU has been contacted regarding the youth's case.
4. If at Dorothy Kirby Center (DKC):
 - a. Cottage Staff are responsible for all of the above tasks, as applicable.

CSEC Coordinator(s):

1. General:

- a. CSEC Coordinators play a critical role in this Protocol. They serve as the point of contact in detention facilities for CSE-related issues. They also are responsible for coordinating as liaisons between agencies. They also serve as an additional support and point of contact for all identified CSE youth in a facility.
- b. CSEC Coordinators are responsible for keeping a list of all identified CSE youth in detention. The CSEC Coordinator will keep the list up to date, regularly checking the dedicated email address for possible notifications or updates regarding:
 - i. New referrals for potential CSE youth;
 - ii. CSE youth entering the facility requiring a SB 794 Debrief Interview (e.g., missing or runaway youth; see [Appendix A](#));
 - iii. CSE youth testifying as a victim witness;
 - iv. CSE youth being detained through the First Responder Protocol; and
 - v. Other general updates regarding CSE youth and their needs (e.g., information pertaining to MDT meetings, youth's transfer between halls, etc.).

2. New Referrals:

- a. If a referral is received regarding a suspected or confirmed CSE youth:



- i. Make initial contact with the youth within 24 hours of identification or disclosure to provide general support;
- ii. Immediately notify Juvenile Court Health Services (JCHS) and Department of Mental Health (DMH) staff regarding new referral via email per agency policy.
- iii. Document all of the above in PCMS under [Case Note Type: CSEC: Identification].

3. SB 794 Debrief:

- a. If notification is received from Intake and Detention Control (IDC) regarding a youth requiring a SB 794 Debrief Interview:
 - i. Contact the youth within 48 hours of their entry to a detention facility to complete the SB 794 Debrief Interview, including an assessment of the youth's immediate needs and a discussion regarding their experiences while they were AWOL/absent from care.¹
 1. See [Appendix A, Missing or Runaway Youth \(SB 794\) Interview Debriefing Form](#) for more guidance regarding this interview.
 - ii. Scan and email the SB 794 Interview Debriefing Form to the youth's DPO of record and Probation's Child Trafficking Unit (CTU) at childtrafficking@lacounty.probation.gov; and
 - iii. Document in PCMS under [Case Note Type: CSEC: Missing] that the Debrief Interview was completed.
- b. If at Dorothy Kirby Center/camps, this subsection is not applicable.

4. Victim Witness Testimony:

- a. If notified that the youth is involved as a victim witness in a criminal investigation or prosecution against their exploiter, do all of the following:²
 - i. Participate on the Victim Witness Support Team and be involved in planning for the youth prior to, on the day of, and following their testimony;³
 - ii. Communicate internally with DMH staff to ensure that the youth is connected to mental health services prior to, on the day of, and following their testimony;
 - iii. Fulfill duties as defined in the Victim Witness Support Planning Document⁴ (e.g., safety planning, arranging clothing for day of testimony, transportation, etc.);
 - iv. Determine, with the Victim Witness Support Team, DMH, and the youth, what support the youth is likely to require when returning to the detention facility following testimony;⁵

¹ See [Probation SB 794 Directive](#) for more information regarding these requirements.

² The Los Angeles County Victim Witness Testimony Protocol is being developed to provide support to youth who are subpoenaed to testify against their traffickers in Los Angeles County.

³ The Victim Witness Support Team is a component of the Victim Witness Testimony Protocol; see full protocol for more information.

⁴ This document will be included in the Victim Witness Testimony Protocol.

⁵ This may include being placed on a specific unit, immediately meeting with a mental health clinician, or having one-on-one time with a specific probation staff member that the youth is close with.



- v. Inform the Victim Witness Support Team immediately if the youth leaves the facility or is moved to a different facility; and
- vi. When law enforcement, the district attorney, or any other parties arrange to interview the youth in a detention facility, ensure that the youth is taken to a private and comfortable location.

5. First Responder Protocol:

- a. If youth is detained through the FRP:
 - i. Contact youth within 24 hours to check in with youth and assess their general well-being.
 - ii. Ensure specialized community-based advocates have access to detention facilities and the youth to support the youth while in detention.
 - 1. Reference the Child Trafficking Unit Approved Advocate List, which will be retained by the Superintendent/Director of each facility.
 - 2. If the youth is from out-of-county (OOC) with a delinquency warrant, or out-of-state (OOS), they will likely only be in detention for a short period of time pending transportation to their home county or state. These youth may require additional support while they are detained because they will not receive specialized advocacy services from a community-based provider in Los Angeles.
- b. If at Dorothy Kirby Center/camps, this subsection is not applicable.

6. Specialized CSE Supports:

- a. Support facilitation of CSE youth groups, including groups focused on CSE prevention and intervention.
- b. Coordinate meetings/interactions between youth and important support persons as needed, including:
 - i. Advocacy: provide a private space so that youth can meet with their community-based advocate and/or survivor advocate.
 - ii. Court: provide a private space so that youth can meet with law enforcement and attorneys (district attorney, public defender, and/or dependency attorney).
 - iii. DCFS: provide a private space so youth can meet with a Department of Children and Family Services (DCFS) Investigating Social Worker (if there is an ongoing DCFS investigation), or the ongoing Children's Social Worker (if there is an open DCFS case).

7. MDT Participation:

- a. Participate in MDT meetings and transition planning for the youth, and do all of the following:
 - i. Ensure that the case is on calendar to be heard at the MDT;
 - ii. Communicate with youth before and after MDTs to ensure their voice is represented in the MDTs and that they are kept apprised of pertinent decisions regarding their case plan;
 - iii. Attend Internal Detention MDTs, and share pertinent information related to youth;



- iv. Attend External Probation CSEC MDTs to share pertinent information related to youth, as requested by Probation's Child Trafficking Unit (CTU);
 1. If not attending in person, document the following information in PCMS under [Case Note Type: CSEC: MDT] for use in the External MDTs:
 - Youth's needs and services while in detention;
 - Youth's anticipated needs for a successful transition out of detention; and
 - Any other pertinent information as requested by the youth.
 - v. Coordinate with CTU, and request that CTU DPO attend Internal MDT meetings if needed.
8. If at any point during contact with youth, a youth discloses or is identified as a suspected or confirmed victim of CSE:
- a. Follow [Mandatory Reporting and Interagency Communication Regarding CSEC](#) (see [Section V](#), above).
 - b. Send email notification to the Probation Department's CSEC Coordinator at CSEC@probation.lacounty.gov and Child Trafficking Unit (CTU) at childtrafficking@probation.lacounty.gov. Include the following information:
 - i. Youth's name;
 - ii. Youth's date of birth;
 - iii. PDJ number;
 - iv. Reason CSEC confirmed/suspected, as permitted by agency confidentiality requirements; and
 - v. Confirmation that a report was made to Child Protection Hotline.
 - c. Document in PCMS under [Case Note Type: CSEC: Identification] whether the youth is a suspected or confirmed victim of CSE, and that CTU has been contacted regarding the youth's case.

Child Trafficking Unit (CTU):

1. General:

- a. The CTU will maintain close communication with the CSEC Coordinators to establish a cohesive plan for services and supports provided to youth in detention, as well as to coordinate necessary services and supports when the youth transitions back to the community. Such interactions are related to:
 - i. New referrals;
 - ii. MDTs, both Internal Detention MDT and External Probation MDT;
 - iii. First Responder Protocol (FRP); and
 - iv. Victim witness testimony.
- b. Maintain and update the [Child Trafficking Unit Approved Advocate List](#), which should be provided to and retained by the Superintendent/Director of each detention facility.



2. New Referrals:

- a. When a new CSE referral is received, CTU Supervisor/designee will assign the referral to a CTU DPO for assessment.
- b. Upon receipt of referral, the CTU DPO responsible for the assessment will make initial contact with youth within 72 hours of identification or disclosure.
- c. For all new CSE referrals, the CTU DPO will complete a CSE Assessment Document.
 - i. Refer to existing CTU assessment policy for full details regarding this initial contact.
 - ii. Gather information from the youth, the CSEC Coordinator, and the youth's DPO of record to inform the CSE Assessment Document.
 - iii. Confirm that LiveScan photos for the youth are accurate:
 1. Confirm picture of the youth and catalogue of existing tattoos are up-to-date. If the pictures are not up to date:
 - Email the CTU Director at childtrafficking@probation.lacounty.gov, and request that youth's information be updated in LiveScan system. CTU Director (or designee) will contact the facility Superintendent (or designee) to request a photo be taken and the update be made to the system.
 - This information should be updated in the system within 48 hours of notification to facility Superintendent.
 - Note any information related to updated photo and tattoos in PCMS.
 2. **Note:** if possible, ensure that the officer taking pictures and asking questions about tattoos is of the same gender/preferred gender as the youth. **If tattoos are located in a sensitive area, this is required.**
 - iv. Document in PCMS under [Case Note Type: CSEC: Identification] the date that the assessment was completed.
- d. Add the youth's name to the calendar for the next External MDT meeting.
- e. Coordinate with DCFS Investigating Children's Social Worker to ensure they have all information necessary to complete the CSEC Data Grid in CWS/CMS.
- f. Gather information from CSEC Coordinators or from PCMS under [Case Note Type: CSEC: MDT] to provide at the External MDT, in addition to information obtained through the assessment.
- g. If necessary, request that CSEC Coordinator attend MDTs in person or via phone conference.
- h. Attend Internal MDTs as requested by CSEC Coordinator.

3. MDT Participation:

- a. Lead Probation CSEC Multi-Disciplinary Team (MDT) meetings to develop and monitor the youth's case plan and transition plan ("External Probation MDT," *see* [Appendix B](#)).
- b. Notify the CSEC Coordinator/youth's DPO if circumstances change and update them on the status of the youth's case (e.g., if the youth is testifying as a victim witness, if there are any pertinent new



court orders, if there are changes in the youth's needs pertaining to having an advocate or survivor mentor, etc.).

- c. Plan for the youth's transition back to the community (home or placement).
 - d. Monitor and track identified CSE youths' release from detention.
4. First Responder Protocol (FRP):
- a. The responding CTU DPO will send an email to CSEC@lacounty.probation.gov to notify CSEC Coordinators that a youth identified through the Los Angeles County Law Enforcement First Responder Protocol for CSEC (FRP) is being detained. Include all of the following information:
 - i. Youth's name;
 - ii. Youth's date of birth;
 - iii. Contact information for advocate who responded;
 - iv. Whether the youth is from out-of-county or out-of-state; and
 - v. Brief summary of the FRP recovery.
 - b. The responding CTU DPO will immediately notify JCHS about any youth who is being detained after identification through the FRP, regardless of whether they disclose sexual activity in the last 72 hours, to ensure that they receive time sensitive assessment and services. The CTU DPO will notify JCHS by:
 - i. Calling the medical module at the relevant detention facility:
 1. Central Juvenile Hall Nursing: (323) 226-8816
 2. Barry J. Nidorf Juvenile Hall Nursing: (818) 364-2071,

And
 - ii. Forwarding the notification email to nursing staff at the relevant detention facility:
 1. Central Juvenile Hall Nursing: LAC-CJH-Nursing@dhs.lacounty.gov
 2. Barry J. Nidorf Juvenile Hall Nursing: LAC-BJNJH-Nursing@dhs.lacounty.gov
5. Victim Witness:
- a. CTU will notify CSEC Coordinator regarding any detained youth who has been identified to testify as a victim witness in an upcoming criminal trial.
 - b. CTU will engage CSEC Coordinator as a member on the youth's Victim Witness Support Team.⁶

⁶ The Victim Witness Support Team is a component of the Victim Witness Testimony Protocol; see full protocol for more information.



JUVENILE COURT HEALTH SERVICES (JCHS)

Nursing Staff:

1. Follow existing internal JCHS CSEC Policy.⁷
2. Be available 24/7 to respond if Movement and Control (M&C), Intake and Detention Control (IDC), or Receiving call with a suspected or confirmed CSE youth.
3. Upon receiving a call from the Probation staff listed above regarding a suspected or confirmed CSE youth, do all of the following:
 - a. Arrange to meet youth at IDC once the youth has completed intake with M&C and IDC;
 - b. Speak to the youth in a private space;
 - c. Discuss confidentiality and its limits;⁸
 - d. Determine whether the youth has been sexually abused or assaulted within the past 72 hours;
 - e. Determine whether youth would like to complete a forensic exam;
 - i. If so, coordinate with M&C to arrange transport for the youth to the hospital/ER/VIP clinic.
 - ii. If a youth goes to the hospital/ER/VIP clinic for a forensic exam prior to admission into detention, be available to meet with youth upon return from the hospital/ER/VIP clinic.
 - f. Schedule youth to be seen at the next available Physician Clinic once admitted into the detention facility.
4. Check PEMRS to review medical history, including any documentation related to CSE.
5. Explain the youth's reproductive health rights and initiate unbiased, medically accurate education regarding emergency contraception and STI/STDs, following the JCHS Policy on Emergency Contraception, Policy # MED-10 and DPH Division of HIV and STD Programs, Specialized Program for Juvenile Hall Protocol.
 - a. If the youth has recently had sexual intercourse, determine the length of time that has passed.
 - b. If the youth does not have any contraindications, is within the appropriate timeframe, and would like emergency contraception and/or STI/STD presumptive treatment, make referral to JCHS physician.
 - c. If during clinic hours, communicate with JCHS physician and regarding possible emergency contraception and/or STI/STD presumptive treatment, if not already received or offered (at hospital/ER/VIP clinic or through JCHS). Physician may order medication and/or make a follow-up appointment for the youth.
 - d. If after hours, contact the on-call physician to discuss the patient's case and request a verbal order for emergency contraception.

⁷ See JCHS Policy # C-213 – Commercial Sexual Exploitation of Children (CSEC).

⁸ This conversation is particularly important in terms of making the youth feel safe and comfortable sharing sensitive information, such as disclosing sexual exploitation. It is also important in explaining providers' obligations as mandated reporters.



6. Coordinate with DPH Case Manager and JCHS physician to ensure that youth who test positive for STIs/STD receive appropriate treatment.
7. If the youth is pregnant, initiate the procedure set forth in JCHS Policy # MED-03 – Care of Pregnant Youth.
8. If the youth discloses a history of CSE and refuses a referral to hospital/ER/VIP clinic, contact JCHS physician.
9. Document in clinical notes:
 - a. Whether youth is an identified or suspected CSE;
 - b. Confirmation that the CTU has been contacted regarding the youth's case; and
 - c. That the above items have been discussed with the youth.
10. If at any point during contact with youth, a youth discloses or is identified as a suspected or confirmed victim of CSE:
 - a. Follow Mandatory Reporting and Interagency Communication Regarding CSEC (see Section V, above).
 - b. Send email notification to the Probation Department's CSEC Coordinator at CSEC@probation.lacounty.gov and Child Trafficking Unit (CTU) at childtrafficking@probation.lacounty.gov. Include the following information:
 - i. Youth's name;
 - ii. Youth's date of birth;
 - iii. PDJ number;
 - iv. Reason CSEC confirmed/suspected, as permitted by agency confidentiality requirements; and
 - v. Confirmation that a report was made to Child Protection Hotline.
 - c. Document in PEMRS.

Physician Staff:

1. Follow existing internal JCHS Policy # C-213 – Commercial Sexual Exploitation of Children (CSEC Policy), including but not limited to:
 - a. Provide physician consultation 24/7 for nursing staff, including for youth who are returning from outside medical facilities.
 - b. Provide expedited scheduling (within 24–48 hours) for identified and suspected CSE cases, per the physician's discretion.
 - c. Coordinate with nursing staff regarding youth who disclose that they have been sexually abused, assaulted or exploited within the last 72 hours and refuse forensic exams, pursuant to the JCHS Child Abuse and Neglect Policy and JCHS CSEC policy.



- d. Check PEMRS to review medical history, including any documentation related to CSE.
 - e. Discuss confidentiality and its limits.
 - f. Engage in conversation with the youth to learn more about their life and possible risk factors for CSE.
 - g. Document in clinical notes:
 - i. Whether the youth is a suspected or confirmed CSE;
 - ii. Confirmation that CTU has been contacted regarding the youth's case;
 - iii. Confirmation that DCFS has been contacted regarding the youth's case; and
 - iv. That the above items have been discussed with the youth.
2. If there is evidence that the youth is a suspected or confirmed victim of CSE:
- a. Follow [Mandatory Reporting and Interagency Communication Regarding CSEC](#) (see [Section V](#), above).
 - b. Send email notification to the Probation Department's CSEC Coordinator at CSEC@probation.lacounty.gov and Child Trafficking Unit (CTU) at childtrafficking@probation.lacounty.gov. Include the following information:
 - i. Youth's name;
 - ii. Youth's date of birth;
 - iii. PDJ number;
 - iv. Reason CSEC confirmed/suspected, as permitted by agency confidentiality requirements; and
 - v. Confirmation that a report was made to Child Protection Hotline.
 - c. Document in PEMRS.

DEPARTMENT OF MENTAL HEALTH (DMH)

Screening Staff:

1. Follow DMH Juvenile Justice Mental Health Services, Standard Operating Procedures, MH Screening, including but not limited to:⁹
 - a. Administer the Massachusetts Youth Screening Inventory (MAYSI-2);
 - b. Complete the Brief Symptom Inventory (BSI);
 - c. Complete the Juvenile Justice Child/Adolescent Assessment; and
 - d. After meeting with the youth, complete the WestCoast Children’s Clinic Commercial Sexual Exploitation-Identification Tool (CSE-IT).¹⁰
2. Based on above assessments and screening tool:
 - a. Determine treatment needs of youth.
 - b. Recommend enhanced level of supervision, if needed.
3. If at any point during contact with youth, a youth discloses or is identified as a suspected or confirmed victim of CSE:
 - a. Follow Mandatory Reporting and Interagency Communication Regarding CSEC (see Section V, above).
 - b. Send email notification to the Probation Department’s CSEC Coordinator at CSEC@probation.lacounty.gov and Child Trafficking Unit (CTU) at childtrafficking@probation.lacounty.gov. Include the following information:
 - i. Youth’s name;
 - ii. Youth’s date of birth;
 - iii. PDJ number;
 - iv. Reason CSEC confirmed/suspected, as permitted by agency confidentiality requirements; and
 - v. Confirmation that a report was made to Child Protection Hotline.
 - c. Document in PEMRS and the clinical record.
4. If at Dorothy Kirby Center (DKC)/camps:
 - a. DMH Intake Screener is responsible for the above tasks.

Treating Clinician:

1. Follow DMH standard of care, including but not limited to:

⁹ Depending on the circumstances, these screening assessments may be completed by either the DMH Screening Staff or the DMH Treating Clinician, but not by both.

¹⁰ The CSE-IT tool is not meant to be a survey questionnaire and the items are not intended to be read directly to the youth as an interview. The CSE-IT is an information integration tool to be completed after the routine interviewing, screening, or observation, with information collected by talking to the youth, observing their appearance or behavior, gathering documents from other sources, and speaking with people involved in the youth’s life (e.g. probation officer, teachers, caregivers, etc.).

- a. Discuss confidentiality and its limits;
 - b. Check PCMS, PEMRS, and IBHIS for mental health treatment history;
 - c. Review intake clinical records including, but not limited to: the MAYSI, BSI, Juvenile Justice Child/Adolescent Assessment, and the CSE-IT;
 - d. Determine treatment needs of youth; and
 - e. Work with the DMH Case Manager to ensure youth is connected to services and supports based on needs.
2. Participate in Internal Detention MDT.
 3. If at any point during contact with the youth, the youth discloses or is identified as a suspected or confirmed victim of CSE:
 - a. Follow [Mandatory Reporting and Interagency Communication Regarding CSEC](#) (see [Section V](#), above).
 - b. Send email notification to the Probation Department's CSEC Coordinator at CSEC@probation.lacounty.gov and Child Trafficking Unit at childtrafficking@probation.lacounty.gov. Include the following information:
 - i. Youth's name;
 - ii. Youth's date of birth;
 - iii. PDJ number;
 - iv. Cause for concern related to CSE; and
 - v. Confirmation that a report was made to Child Protection Hotline.
 - c. Document in PEMRS and the clinical record.

Case Manager:

1. Follow DMH standard of care.
2. Work with treating clinician to identify appropriate resources for the youth and the caregiver/family.
3. Connect the youth to appropriate services.
4. Participate in Internal Detention MDT.
5. Follow up to ensure youth are connected to services while transitioning out of detention. This should be done in connection with the External Probation MDT.



DEPARTMENT OF PUBLIC HEALTH (DPH)

Specialized CSEC Public Health Nurse:

1. *If a referral is received by the Internal or External MDT:*¹¹
 - a. Meet with youth in person in the detention facility;
 - b. Conduct risk assessment;
 - c. Develop treatment plan related to health needs, if necessary; and
 - d. Discuss the following information with the youth, including but not limited to:
 - i. Substance use;
 - ii. Reproductive health rights and options;
 - iii. Clinic information in the community;
 - iv. Where to get condoms and other contraception; and
 - v. Other public health information.
2. Determine whether youth is being served by any other DPH staff (case managers, public health nurses) in the detention facility.
 - a. If youth is served by another DPH staff, coordinate with that staff person to ensure consistency and continuity in services.
3. For all youth who were referred to the CSEC Public Health Nurse and are transitioning out of detention back to the community, ensure that the youth is connected to the necessary community health services and that their ongoing health needs are being met by completing the following:
 - a. In-person: if release date is known, meet with the youth in person within three (3) business days of their release from detention, and every at regular intervals thereafter, as determined by the External MDT.
 - b. Coordinate with JCHS staff and DPH case manager within three (3) days before release, or as soon as release date is known (if less than 3 days), or within three (3) days after release (if release date was unknown), to ensure continuity of health care services upon release from detention.
4. Participate in Internal and External MDTs, as needed.
5. If at any point during contact with youth, a youth discloses or is identified as a suspected or confirmed victim of CSE:
 - a. Follow [Mandatory Reporting and Interagency Communication Regarding CSEC](#) (see [Section V](#), above).

¹¹ The Specialized CSEC Probation Public Health Nurse will meet with all youth for whom a referral has been made by the Internal or External MDT. Some youth may have already met with DPH Case Managers or Public Health Nurses if they tested positive for an STI/STD or if they have an open DCFS case. The goal is that all youth identified as CSE or at high risk be connected to a public health professional (a case manager, public health nurse, or both, where appropriate) who can assess needs and risk levels, provide health education, and facilitate connections and referrals to providers in the community.



- b. Send email notification to:
the Probation Department's CSEC Coordinator at CSEC@probation.lacounty.gov *and*
Child Trafficking Unit (CTU) at childtrafficking@probation.lacounty.gov.
Include the following information:
 - i. Youth's name;
 - ii. Youth's date of birth;
 - iii. PDJ number;
 - iv. Reason CSEC confirmed/suspected, as permitted by agency confidentiality requirements; and
 - v. Confirmation that a report was made to Child Protection Hotline.
- c. Document in DPH case management system¹² whether the youth is a suspected or confirmed victim of CSE, and that CTU has been contacted regarding the youth's case.

Division of HIV and STD Program (DHSP) Case Managers:

1. For youth who test positive for an STI/STD:
 - a. Notify youth of results of STI screen that was administered by Juvenile Court Health Services (JCHS), pursuant to DPH Division of HIV and STD Programs, Juvenile Hall Program.
 - i. This notification should be done in a discrete manner. This includes, but is not limited to:
 1. Discussing in a private location; and
 2. Arranging to have Probation staff bring the youth to private location to meet, rather than going to the unit to get the youth.¹³
 - b. Conduct Risk Assessment Tool, pursuant to DPH Division of HIV and STD Programs, Juvenile Hall Program.
 - c. Complete Partner Elicitation.
 - d. Discuss the following information with the youth, including but not limited to:
 - i. Reproductive health rights and unbiased, medically accurate information regarding STI/STDs;
 - ii. Substance use;
 - iii. Clinic information in the community; and
 - iv. Where to get condoms and other contraception.
 - e. Conduct a Risk Reduction session.
 - f. Coordinate with JCHS to ensure youth receives appropriate treatment and supportive services based on the result of their STI screen, including time sensitive STI/STD prophylaxis and treatment, pursuant to DPH Division of HIV and STD Programs, Juvenile Hall Program.
2. If youth is served by another DPH staff person (case manager, public health nurse, specialized Probation

¹² DPH staff should follow department policy regarding documentation location and requirements. For youth with open DCFS cases while they are in detention, notes are recorded in CWS/CMS.

¹³ These added safeguards are intended to reduce the chances that other youth learn a youth has tested positive for STIs, which can lead to shaming, bullying, labeling, and stigmatizing.



CSEC Public Health Nurse), coordinate with that staff person to ensure consistency and continuity in services.

3. Participate in Internal and External MDTs, as requested.
4. If at any point during contact with youth, a youth discloses or is identified as a suspected or confirmed victim of CSE:
 - a. Follow [Mandatory Reporting and Interagency Communication Regarding CSEC](#) (see [Section V](#), above).
 - b. Send email notification to the Probation Department's CSEC Coordinator at CSEC@probation.lacounty.gov and Child Trafficking Unit (CTU) at childtrafficking@probation.lacounty.gov. Include the following information:
 - i. Youth's name;
 - ii. Youth's date of birth;
 - iii. PDJ number;
 - iv. Reason CSEC confirmed/suspected, as permitted by agency confidentiality requirements; and
 - v. Confirmation that a report was made to Child Protection Hotline.
 - c. Document whether the youth is a suspected or confirmed victim of CSE, and that CTU has been contacted regarding the youth's case.



DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Child Protection Hotline (CPH) Staff:

1. When receiving a call from any staff within a Probation Department detention facility, the CPH Children's Social Worker (CSW) will gather CSE information needed to generate a child abuse referral, as outlined in DCFS Policy # 0050-502.10 – Child Protection Hotline.
2. Assign to designated Regional Office, who will then assign to an Investigating Children's Social Worker.

Investigating Children's Social Worker:

1. Follow existing DCFS protocols.
2. Interview youth in a private room.
3. Collaborate with Probation CTU court liaison, as needed.
4. Once investigation is completed, complete the CSEC Data Grid in CWS/CMS.

Children's Social Worker (CSW), as applicable:

1. Follow existing departmental protocols.
2. Participate, as needed, in Internal and External CSEC MDTs.

LOS ANGELES COUNTY OFFICE OF EDUCATION (LACOE)

All School Site Staff:

1. Support youth who have been CSE by:
 - a. Ensuring continuity of education as youth transition in and out of detention, as necessary;
 - b. Making accommodations for planned or unplanned absences or tardiness due to court appearances, testimony, medical or mental health appointments;
 - c. Providing behavioral or mental health supports needed related to exploitation in the education setting; and
 - d. Informing youth about their sexual and reproductive health and rights.¹⁴
2. If at any point during contact with youth, a youth discloses or is identified as a suspected or confirmed victim of CSE:
 - a. Make a call to the Child Protection Hotline pursuant to [Mandatory Reporting](#) requirements (*see Section V*, above).
 - b. Notify the School Counselor and Site Administrator, who will be responsible for communication with other agencies (*see Section V* above).¹⁵

School Counselor

1. If the School Counselor receives notification from another school staff member that a youth has disclosed or otherwise been identified as a suspected or confirmed victim of CSE, the School Counselor (or designee) is responsible for notifying agency partners, as set forth in [Mandatory Reporting and Interagency Communication Regarding CSEC](#) (*see Section V*, above).
 - a. As noted above, the other school site staff member is still required to follow [Mandatory Reporting](#) requirements, but is not responsible for other interagency communication (*see Section V*, above).
2. Participate in Internal Detention MDT and provide information related to the youth's educational needs and academic progress.
 - a. Communicate with youth before and after MDTs to ensure their voice is represented in the MDTs and that they are kept apprised of pertinent decisions regarding their academic status and transition plan;
 - b. Assist in transition planning by corresponding with LACOE representative on the External Probation MDT, as appropriate.
3. Notify LACOE CSEC Liaison(s), who will coordinate any ongoing education transition/aftercare needs, as well as LACOE's participation in the Internal and External MDTs, as appropriate.

¹⁴ See *Facts about the California Foster Youth Sexual Health Education Act Senate Bill 89*, John Burton Advocates for Youth (2018), <http://www.jbaforyouth.org/wp-content/uploads/2018/02/Sb-89-Fact-Sheet.pdf>

¹⁵ A school site staff member other than the School Counselor or Site Administrator is not responsible for notification to Juvenile Court Health Services, Department of Mental Health, the Probation Child Trafficking Unit or CSEC Coordinator under [Section V](#), above. This interagency communication will be conducted by the School Counselor and/or Site Administrator. The staff member is required only to follow existing mandated reporting requirements, as summarized in [Section V](#), above.

4. If at any point during contact with youth, a youth discloses or is identified as a suspected or confirmed victim of CSE:
 - a. Follow [Mandatory Reporting and Interagency Communication Regarding CSEC](#) (see [Section V](#), above).
 - b. Send email notification to the Probation Department's CSEC Coordinator at CSEC@probation.lacounty.gov and Child Trafficking Unit (CTU) at childtrafficking@probation.lacounty.gov. Include the following information:
 - i. Youth's name;
 - ii. Youth's date of birth;
 - iii. PDJ number;
 - iv. Reason CSEC confirmed/suspected, as permitted by agency confidentiality requirements; and
 - v. Confirmation that a report was made to Child Protection Hotline.

CSEC Liaison(s):

1. Serve of point of contact between agency partners and LACOE.
2. Coordinate any ongoing education transition/aftercare needs.
 - a. Attend External Probation CSEC MDTs to share pertinent information related to youth's academic progress and transition plan, as requested by Probation's Child Trafficking Unit.
3. If at any point during contact with youth, a youth discloses or is identified as a suspected or confirmed victim of CSE:
 - a. Follow [Mandatory Reporting and Interagency Communication Regarding CSEC](#) (see [Section V](#), above).
 - b. Send email notification to:
Probation Department's CSEC Coordinator at CSEC@probation.lacounty.gov and
Child Trafficking Unit (CTU) at childtrafficking@probation.lacounty.gov.
Include the following information:
 - i. Youth's name;
 - ii. Youth's date of birth;
 - iii. PDJ number;
 - iv. Reason CSEC confirmed/suspected, as permitted by agency confidentiality requirements; and
 - v. Confirmation that a report was made to Child Protection Hotline.

MISSING OR RUNAWAY YOUTH (SB 794) INTERVIEW DEBRIEFING FORM

Debrief Questionnaire

Date of Debrief: _____

Youth Name: _____

PDJ #: _____

1. What were some of the reasons you left your placement/home?
2. Tell me a little more about what was happening right before you left?
3. What was the first thing you did after you left - Where did you go?
4. If you were planning to go to specific place, did you go there? Yes No
5. Did anyone encourage you to leave? Yes No
6. Did you tell anyone you were leaving before you left? Yes No If so, who did you tell?
7. Where and with whom did you stay while you were gone?
8. Was there anything that placement staff/parent or your probation officer could have done to make it easier for you to stay in placement/home? Yes No If yes, explain:
9. Did you have a plan about how to take care of yourself while you were gone, and did it work out?
10. Did you have a plan in place before you left about places you could go / people you could contact if you were in trouble or needed help (i.e., a Safety and Support Plan)? Yes No
 - a. If yes, was it helpful (explain how it was helpful/ why it was not helpful):
11. Have you ever run away before? Yes No If yes, when and why?
12. Do you need any additional services or support, including medical care or mental health support at this time? Yes No If yes, explain
13. Do you want to return home/foster care placement? Yes No If no, explain (I will relay this information to the DPO of Record.):
14. Is there anything else you would like to share that has not been asked or that I can relay to your Probation Officer?

CSEC MULTI-DISCIPLINARY TEAMS (MDTS)

It is essential that the agencies that are party to this Protocol agree that, to most effectively address the needs of children and youth who have been commercially sexually exploited (CSE), they must work together and communicate consistently regarding a youth's needs. As victims of child abuse, children and youth who have been CSE have a myriad of needs. To meet these needs and facilitate collaboration among agencies serving the youth, two separate Multi-Disciplinary Team (MDT) meetings will be held: 1) Internal Detention CSEC MDT ("Internal MDT") and 2) External Probation CSEC MDT ("External MDT"). Although the youth will not participate in these two MDTs, participating partners are responsible for eliciting feedback from the youth that will inform recommendations made during the MDT.

Internal Detention CSEC MDT ("Internal MDT")

When a youth who has been CSE is identified in a detention facility, the parties agree to discuss the youth's case at the Internal MDT. The purpose of the Internal MDT is to assess the youth's needs and provide the youth with services and supports to address those needs while they are in the detention facility.¹ The youth's needs will be assessed on a weekly basis initially, and then as needed throughout the duration of their stay at the detention facility.

When a youth is identified as having been CSE or at risk of CSE, the CSEC Coordinator will ensure that the youth is added to the Internal MDT meeting docket. Currently, MDTs are held in each juvenile hall facility on a weekly basis to address needs of other specialized populations, such as developmentally disabled youth. Cottage staff at Dorothy Kirby Center hold weekly multi-disciplinary cottage meetings, as well as periodic MDTs. At camps, multi-disciplinary teams are held on an as needed basis. Given that many of the same agencies and individuals participating in these existing MDTs are needed for the CSEC MDTs, the Internal Detention CSEC MDT may occur immediately following these existing specialized MDTs. Each detention facility has the discretion to determine when the most efficient time to hold the MDT will be. The Internal MDT meetings will address the youth's current needs, including education needs and goals, mental health, health services, youth's prior placement/living circumstances, safety concerns, whether the youth is testifying against an exploiter/perpetrator, and any other pertinent issues raised by the youth or team members. The Internal MDT will use this information to support the youth while they are in detention, and also to ensure that they have needed services and supports in place outside of detention in order to address their exploitation and broader needs.

Participants in the Internal MDT include, but are not limited to: Probation CSEC Coordinators, Department of Mental Health (DMH), LA County Office of Education (LACOE), Juvenile Court Health Services

¹ The multi-disciplinary personnel team (MDT) will be formed to identify, prevent, manage and treat the exploitation, or child abuse, that these youth have experienced pursuant to Cal. Welf. & Inst. Code § 18951. An MDT is "any team of three or more persons who are trained in the prevention, identification, management, or treatment of child abuse or neglect cases and who are qualified to provide a broad range of services related to child abuse or neglect." Cal. Welf. & Inst. Code § 18951(d).

(JCHS), and Department of Children and Family Services (DCFS), if needed. Department of Public Health (DPH) will participate in the meeting on an as-needed basis. There will be coordination between this meeting and the External CSEC MDT (below) to ensure continuity of care when the youth transitions to the community.

Internal MDT Roles and Responsibilities

General Responsibilities of the Team

- Convene a weekly in person meeting.
- At least one team member meets with each youth on the MDT calendar individually before and after MDTs to ensure their voice is represented in the MDTs and that they are kept apprised of pertinent decisions; in most cases, this will be the CSEC Coordinator, but may be other team members, as appropriate.
- Discuss identified CSE youth to determine services and supports while in detention, including but not limited to:
 - Youth's needs and strengths;
 - Youth's goals while in detention;
 - Youth's educational needs or goals;
 - Youth's mental and physical health needs;
 - Any challenges in serving the youth and developing a plan to address those challenges;
 - Safety issues, including matters related to court dates, testimony against an exploiter, or conflicts with peers or staff; and
 - Identifying positive activities the youth can participate in that align with their goals. Such activities may include, but are not limited to:
 - Intervention groups;
 - CSEC advocate;
 - One-on-one time with a survivor mentor; and
 - Extracurricular activities like dance, art, or other educational enrichment.
- Reconvene and assess youth's progress at weekly MDTs, as needed, while youth is in detention.
- Ease transfer between detention facilities by communicating needs with new facility, if possible.
- Document information in relevant case management and data systems.
- Communicate the youth's needs with the External CSEC MDT to ease the youth's transition to the community.

Probation Department Responsibilities

CSEC Coordinator:

- Participate in weekly Internal MDT meeting;
- After receiving a disclosure or identifying a new CSE child or youth, ensure they are added to the Internal MDT calendar;
- Speak with youth prior to MDT each week to determine their needs, additional services and support, etc.;
- Follow up with youth after MDT each week to update them on the status of any requests and services needed;
- Ensure necessary information is communicated between Internal MDT and External MDT to ensure youth's needs are met; and
- Document MDT date and outcomes in PCMS under [Case Note Type: CSEC: MDT].

Juvenile Court Health Services (JCHS) Responsibilities

- Advise team from a health perspective on what should be monitored.
- Make recommendation regarding whether dedicated Specialized CSEC Public Health nurse should meet with youth individually while in hall.

Department of Mental Health (DMH) Responsibilities

- Advise team about triggers and behaviors the youth may exhibit and de-escalation strategies.
- Advise team on risk assessment.
- Make and follow up on referrals and ensure youth is connected to and engaged in services.
- Determine youth's mental health needs, treatment and aftercare needs upon discharge and coordinate recommendations with DMH participant on External MDT.

Department of Public Health (DPH) Responsibilities

- Provide team with information related to services for youth while in detention.
- Make recommendations for external services and communicate with DPH participant on External MDT in the community where youth will be placed.
- Make recommendation regarding whether dedicated Specialized CSEC Public Health nurse should meet with youth individually while in hall.

Los Angeles County Office of Education (LACOE) Responsibilities

- Provide input regarding the youth's education.
- Share concerns or challenges in the educational environment.
- Share progress/setbacks in academic and behavior goals.
- Interface with LACOE School Counselor if added support necessary as youth transitions back to the community.
- Share proposed school placement when youth is returned to the community to inform other services and planning decision.

External Probation CSEC MDT (“External MDT”)

In addition to fulfilling the needs of youth who have been identified as CSE while in detention, it is imperative to plan for services and support when the youth transitions from detention to the community. To ensure this continuity, there must be coordination between the partners in detention facilities with those responsible for providing services when a youth is released.

The Probation Child Trafficking Unit (CTU) is responsible for coordinating and facilitating the External MDT. All identified youth who have been CSE who are under Probation jurisdiction, including both cases in the Succeeding Through Achievement and Resilience (STAR) Court and non-STAR court, will be discussed in this MDT, regardless of whether they are in the community or in detention. When the CTU DPO completes an assessment of a youth, the DPO will add the youth’s name to the External MDT calendar. That way the agencies in the community can begin initial transition planning from outside of detention, while also gathering information regarding the youth’s needs and progress while the youth remains in detention.

Participants in the External MDT will include: the CSEC Coordinator, if requested, the specialized CTU DPOs, DPH, DMH, DCFS, STAR Court public defender, STAR Court district attorney, alternate public defender, LACOE, and LA Unified School District (LAUSD). These individuals will help to support the youth when they transition out of detention and back to the community. When a youth is transitioning from detention to the community, the CSEC Coordinators will ensure that the necessary information is shared between the Internal MDT and the External MDT. This coordination between the Internal and External MDTs will bridge a void that typically exists between detention and community partners, and will guarantee the youth’s needs are communicated to partners who will be responsible for supporting the youth upon discharge. Ideally, this will ease the challenges associated with transition for the youth, as well as dismantle siloes that oftentimes exist between and within agencies.

External MDT Roles and Responsibilities

General Responsibilities of the Team²

- Convene a weekly in-person meeting.
- At least one team member communicates with each youth on the MDT calendar individually before and after MDTs to ensure their voice is represented in the MDTs and that they are kept apprised of pertinent decisions.
- Discuss identified CSE youth connected to Probation to ensure successful transition from detention to community (home or placement), including but not limited to:
 - Youth’s needs and strengths;
 - Youth’s educational needs or goals;

² The complete roles and responsibilities for External MDT participants are further outlined and memorialized in the Probation Department Child Trafficking Unit Operational Manual.

- Youth’s mental and physical health needs;
- Placement (available placement options and where the youth may be placed);
- Safety planning, including current safety concerns;
- Any challenges in serving the youth and developing a plan to address those challenges;
- Services the youth could benefit from receiving;
- What supports are being provided while in detention; and
- What supports will be available outside of detention.
- Ensure the youth is connected to services when the youth transitions out of the detention facility.
- For any youth with high medical needs, assess whether a referral should be made to the Specialized Probation CSEC Public Health Nurse, to be determined on a case-by-case basis.

Probation Department Responsibilities

CTU Liaison:

- Lead and facilitate External MDT meeting for all CSE-identified youth under Probation jurisdiction.
- Ensure necessary parties are informed in advance of MDT calendar.

CSEC Coordinator:

- Speak with youth prior to External MDT to determine their needs and goals.
- Ensure necessary information is communicated between Internal MDT and External MDT to ensure youth’s needs are met.
- Attend the External MDT, if requested, or participate by phone.

Department of Children and Family Services (DCFS) Responsibilities

- Participate in MDT meeting for all CSE-identified youth on Probation,
- For youth with dual jurisdiction, speak with Children’s Social Worker (CSW) prior to MDT and provide relevant information on youth’s case, and
- Share necessary information with youth’s CSW to move youth’s case plan forward.

Department of Health Services (DHS) Responsibilities

- Advise team from a health perspective on what should be monitored.
- Make recommendations for the youth’s treatment and aftercare plans and additional supports needed by the caregiver/family.
- Coordinate with Department of Public Health (DPH) to carry out recommendations for the youth’s treatment and aftercare plans.

Department of Mental Health (DMH) Responsibilities

- Make recommendations for the youth's treatment and aftercare plans and additional supports needed by the caregiver/family.
- Advise team on risk assessment.
- Advise team about triggers and behaviors the youth may exhibit and de-escalation strategies.
- Follow up on referrals and ensure youth is connected to and engaged in services.
- Provide information about the youth's mental health needs upon discharge.

Department of Public Health (DPH) Responsibilities

- Coordinate with DHS to make recommendations regarding aftercare plans and ensure community-based supports are in place and shared with the youth prior to transition to the community.
- Follow up to establish a connection between the youth and the community supports (e.g. clinic).
- Provide a dedicated public health nurse to support CSE-identified youth under Probation jurisdiction, including an initial needs assessment and continued care.
 - Provide continuity of care for youth whether in placement, at home, or in a detention facility.
 - Provide team information related to services in the community where youth will be placed.

Los Angeles County Office of Education (LACOE) Responsibilities

- Provide input regarding the youth's education.
- Share concerns or challenges in the educational environment.
- Share progress/setbacks in academic and behavior goals.
- Work collaboratively with MDT team to help identify and address youth's needs.

GENERAL GUIDELINES FOR MDTs AND INFORMATION SHARING

The Los Angeles County agencies participating in this Protocol will enter into an Operational Agreement¹ to form multi-disciplinary teams (MDTs) pursuant to Cal. Welf. & Inst. Code §§ 18951 and 830, and, if appropriate, § 18961.7.²

These statutes permit sharing of certain confidential information related to the prevention, identification, investigation and treatment of child abuse among teams of designated professionals. However, the MDT statutes do not remove guarantees of confidentiality under other state and federal laws, including the Privacy Rule under the Health Insurance Portability and Accountability Act of 1996 (HIPAA),³ the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act (CAAPTR),⁴ and the Family Educational Rights and Privacy Act (FERPA).⁵ In addition, if the youth is a non-minor dependent (NMD), members of the MDT may have access to confidential records only with the explicit written and informed consent of the NMD.⁶

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 youth consent, and recording and storing shared information will be developed in conjunction with the County Counsel's office.**

¹ The Operational Agreement will be created once the Protocol is finalized.

² Under Cal. Welf. & Inst. Code § 18951, a multi-disciplinary team is “Any team of three or more persons who are trained in the prevention, identification, management, or treatment of child abuse or neglect cases and who are qualified to provide a broad range of services related to child abuse or neglect.” See also Cal. Welf. & Inst. Code § 830. The county may also convene multi-disciplinary teams under Cal. Welf. & Inst. Code 18961.7, which establishes MDTs of two or more people “to allow provider agencies to share confidential information in order for provider agencies to investigate reports of suspected child abuse or neglect . . . or for the purpose of child welfare agencies making a detention determination.”

³ 45 C.F.R. §§ 160 and 164 (protecting the confidentiality, and limiting disclosure and use, of certain health and mental health information).

⁴ 42 U.S.C. § 290dd-2; 42 C.F.R. § 2 (protecting the confidentiality, and limiting disclosure and use, of information about individuals in certain substance abuse treatment programs).

⁵ 20 U.S.C. § 1232g; 34 C.F.R. § 99 (protecting the confidentiality, and limiting access to and disclosure, of education records).

⁶ Cal. Welf. & Inst. Code § 18964(c).

APPENDIX D

INTERAGENCY DETENTION PROTOCOL FOR COMMERCIALY SEXUALLY EXPLOITED (CSE) CHILDREN & YOUTH



KEY STEPS: JUVENILE COURT HEALTH SERVICES

If you know or have reasonable suspicion that a youth has been commercially sexually exploited (CSE), take the following steps

1

CALL THE CHILD PROTECTION HOTLINE TO REPORT ABUSE



(800) 540-4000

2

NOTIFY:

- PROBATION'S CHILD TRAFFICKING UNIT**
childtrafficking@probation.lacounty.gov
- CSEC COORDINATOR**
CSEC@probation.lacounty.gov



- Name, DOB & PDJ #
- Reason CSEC confirmed/suspected, as permitted by agency confidentiality requirements
- Confirmation the Child Protection Hotline was called

3

NOTIFY: **Department of Mental Health**

If advised youth was identified through First Responder Protocol, check ORCHID for records for Medical Hub visit



Be sure to discuss confidentiality and its limits



Advise youth not to shower if exploitation within last 72 hours and consented to a forensic exam



- CSEC is child abuse
- Trading sex to meet basic needs is exploitation
- CSEC happens to boys, trans, and gender non-confirming youth, too

WARNING SIGNS FOR COMMERCIAL SEXUAL EXPLOITATION

1. Youth runs away or frequently leaves their residence or placement for extended periods of time.
2. Youth experiences periods of homelessness, e.g. living on the street or couch surfing.
3. Youth has highly irregular school attendance, including frequent or prolonged tardiness or absences.
4. Youth has tattoos, scarring or branding, (i.e., crowns, roses, references to money, \$, "loyalty")
5. Youth has repeated or concerning testing or treatment for pregnancy or STIs.
6. Youth uses language that suggests involvement in exploitation (i.e., "the life", "the game", "track/blade", "daddy").
7. Youth spends time where exploitation is known to occur or is connected to people who are exploited, or who buy or sell sex.
8. Youth has provocative images of themselves on social media or phone.
9. Youth has unhealthy, inappropriate or romantic relationships with an older, dominating boyfriend, girlfriend, or other partner.
10. Youth receives or has access to unexplained gifts, cell phone, drugs, alcohol, etc..
11. Youth is exchanging sex for money or material goods, including food or shelter for themselves or someone else, e.g. child, family, partner.



ADDITIONAL STEPS: JUVENILE COURT HEALTH SERVICES

Nursing Staff:

1. Be available 24/7 to respond to calls from Movement and Control (M&C), Intake and Detention Control (IDC), or the Receiving Unit for a Pre-Assessment regarding:
 - a. Confirmed or suspected CSE youth;
 - b. Youth's disclosure of sexual assault or sexual abuse within past 72 hours;
 - c. Youth identified through the First Responder Protocol; or
 - d. Previously identified CSE youth returning to detention.
2. Follow existing Pre-Admission Nursing Procedure # 002 for youth entering the facility.
3. If there is evidence that the youth is a suspected or confirmed victim of CSE:
 - a. Further discuss the subject of the disclosure with the youth in a private location
 - b. Ascertain the timing of the youth's last sexual interaction to determine if youth needs urgent treatment (e.g., needs emergency contraception, or transfer to hospital/ER or VIP clinic).
 - c. If the youth requires treatment from the hospital/ER or VIP Clinic, immediately notify the On-Call JCHS Physician.
 - i. Be available to debrief with the youth once they return from the hospital/clinic, if applicable, and contact the On-Call Physician for any recommendations given by the ER/Clinic.
 - d. Refer to JCHS Policy # C-211 – Sexual Assault: Clinical Care and Referral and JCHS Policy # MED-10 – Emergency Contraception.
 - e. Schedule youth to be seen at the next available Physician Clinic.
 - f. Document in clinical notes all of the following:
 - i. Whether youth is an identified or suspected CSE;
 - ii. Confirmation that CTU has been contacted regarding the youth's case; and
 - iii. That the above items have been discussed with the youth.

Physician Staff:

1. Provide On-Call Physician consultation 24/7 for nursing staff.
2. Within 24 hours of a youth returning from the hospital/ER/VIP Clinic, review the youth's medical records and determine when the youth needs to be seen by a JCHS physician.

INTERAGENCY DETENTION PROTOCOL FOR COMMERCIALY SEXUALLY EXPLOITED (CSE) CHILDREN & YOUTH



KEY STEPS: PROBATION

If you know or have reasonable suspicion that a youth has been commercially sexually exploited (CSE), take the following steps

ALL DETENTION STAFF

1

CALL THE CHILD PROTECTION HOTLINE TO REPORT ABUSE



(800) 540-4000

2

NOTIFY:

- PROBATION'S CHILD TRAFFICKING UNIT
childtrafficking@probation.lacounty.gov
- CSEC COORDINATOR
CSEC@probation.lacounty.gov

3

DOCUMENT IN PCMS

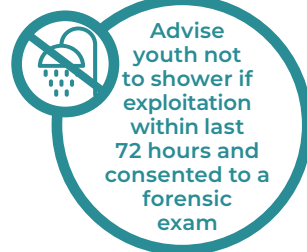
Under: [Case Note Type: CSEC: Identification]
(a) that youth has been identified as CSEC,
(b) CTU has been notified

M&C, IDC & UNIT STAFF

4

NOTIFY:

- Juvenile Court Health Services
- Department of Mental Health



- Name, DOB & PDJ #
- Reason CSEC confirmed/suspected, as permitted by agency confidentiality requirements
- Confirmation the Child Protection Hotline was called



WARNING SIGNS FOR COMMERCIAL SEXUAL EXPLOITATION

1. Youth runs away or frequently leaves their residence or placement for extended periods of time.
2. Youth experiences periods of homelessness, e.g. living on the street or couch surfing.
3. Youth has highly irregular school attendance, including frequent or prolonged tardiness or absences.
4. Youth has tattoos, scarring or branding, (i.e., crowns, roses, references to money, \$, "loyalty")
5. Youth has repeated or concerning testing or treatment for pregnancy or STIs.
6. Youth uses language that suggests involvement in exploitation (i.e., "the life", "the game", "track/blade", "daddy").
7. Youth spends time where exploitation is known to occur or is connected to people who are exploited, or who buy or sell sex.
8. Youth has provocative images of themselves on social media or phone.
9. Youth has unhealthy, inappropriate or romantic relationships with an older, dominating boyfriend, girlfriend, or other partner.
10. Youth receives or has access to unexplained gifts, cell phone, drugs, alcohol, etc..
11. Youth is exchanging sex for money or material goods, including food or shelter for themselves or someone else, e.g. child, family, partner.



ADDITIONAL STEPS: PROBATION

Movement and Control

1. Follow pre-existing policy regarding admission and screening for emergent medical needs.
2. Provide JCHS with a private, confidential space in which to meet with the youth
3. If JCHS Staff indicates that youth has consented to a forensic examination, follow department protocol to arrange transport for the youth to the VIP clinic/hospital/ER.
4. Upon the youth's return from the clinic/hospital/ER, immediately notify JCHS Nursing Staff.

Intake Detention and Control

1. Check for previous identification as CSEC:
 - a. CWS/CMS, if youth has open DCFS case
 - b. PCMS, CWS/CMS, and/or ProbLite, for AWOL history, WI1400 history, Out-of-County Runaway
 - c. Intake section in PCMS, for past detention for prostitution offense
Note: California Penal Code Section 647(b): Prostitution and California Penal Code Section 653.22: Loitering for Prostitution no longer available as an admitting charge to Juvenile Hall
 - d. Check PCMS Alerts for possible CSEC identifier
 - e. Case Notes under [CSEC case note subtype CSEC Identification]
 - f. If the youth has indicated they have been sexually abused or assaulted within the past 72-hours or if there is any evidence of CSE involvement, IDC shall notify medical and document in PCMS casenotes. Additionally, IDC shall advise MC not to shower youth if they have consented to a forensic exam; this is crucial for preserving forensic evidence.
 - g. If youth comes to juvenile hall and has experienced sexual assault, IDC shall notify medical and request Movement and Control to take youth directly to medical, who will assess whether the minor will be transported to the nearest hospital. IDC shall document in PCMS casenotes.
2. Be aware of risk factors and warning signs when speaking to youth and family
 - a. Ask specific questions of "family members" such as DOB, Social Security Number, Place of Birth
 - b. Inquire as to body tattoos, locations of body tattoos (particularly face and back)
 - c. Make all efforts to verify identity of individual minor for requests to call a parent/legal guardian
3. Contact CSEC Coordinator for Senate Bill (SB) 794 Debrief if youth was missing, ran away, or was otherwise absent from care.
4. If reasonable suspicion that minor is CSEC minor, notify and document in PCMS Casenotes that the following agencies have been contacted:
 - a. Child Protection Hotline: (800) 540-4000 (add referral number), and
 - b. Child Trafficking Unit (CTU) and CSEC Coordinator

Receiving Unit/Unit Staff

1. Determine through pre-existing policy for admitting youth into unit whether CSEC is suspected or confirmed
2. Follow procedure above for reporting to child protection hotline and notifying partners if CSEC is suspected or confirmed.

INTERAGENCY DETENTION PROTOCOL FOR COMMERCIAL SEXUALLY EXPLOITED (CSE) CHILDREN & YOUTH



KEY STEPS: DEPARTMENT OF MENTAL HEALTH

If you know or have reasonable suspicion that a youth has been commercially sexually exploited (CSE), take the following steps

1

CALL THE CHILD PROTECTION HOTLINE TO REPORT ABUSE



(800) 540-4000

2

NOTIFY:

- PROBATION'S CHILD TRAFFICKING UNIT
childtrafficking@probation.lacounty.gov
- CSEC COORDINATOR
CSEC@probation.lacounty.gov

3

NOTIFY: Juvenile Court Health Services



- Name, DOB & PDJ #
- Reason CSEC confirmed/suspected, as permitted by agency confidentiality requirements
- Confirmation the Child Protection Hotline was called



Advise youth not to shower if exploitation within last 72 hours and consented to a forensic exam



Be sure to discuss confidentiality and its limits



- CSEC is child abuse
- Trading sex to meet basic needs is exploitation
- CSEC happens to boys, trans, and gender non-confirming youth, too

WARNING SIGNS FOR COMMERCIAL SEXUAL EXPLOITATION

1. Youth runs away or frequently leaves their residence or placement for extended periods of time.
2. Youth experiences periods of homelessness, e.g. living on the street or couch surfing.
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4. Youth has tattoos, scarring or branding, (i.e., crowns, roses, references to money, \$, "loyalty")
5. Youth has repeated or concerning testing or treatment for pregnancy or STIs.
6. Youth uses language that suggests involvement in exploitation (i.e., "the life", "the game", "track/blade", "daddy").
7. Youth spends time where exploitation is known to occur or is connected to people who are exploited, or who buy or sell sex.
8. Youth has provocative images of themselves on social media or phone.
9. Youth has unhealthy, inappropriate or romantic relationships with an older, dominating boyfriend, girlfriend, or other partner.
10. Youth receives or has access to unexplained gifts, cell phone, drugs, alcohol, etc..
11. Youth is exchanging sex for money or material goods, including food or shelter for themselves or someone else, e.g. child, family, partner.

ADDITIONAL STEPS: DEPARTMENT OF MENTAL HEALTH

Screening Staff

1. Look for indicators of CSEC during initial screening:
 - a. MAYSI-2
 - b. BSI
 - c. Juvenile Justice/Adolescent Assessment
2. After meeting with the youth, complete the West Coast Children's Center CSE-IT Tool
3. Evaluate and make recommendations
 - a. Determine needs of youth
 - b. If appropriate, recommend enhanced supervision

On Call Clinician & Psychiatrist

1. Follow existing protocol for responding to requests for consultation
 - a. On Call Clinician / MH Officer of the Day - respond to requests during hours of program operation
 - b. On Call Psychiatrist - provide consultation 24 hours/day, and respond to crisis referrals received after program hours, as needed
2. Follow procedure above for reporting to child protection hotline and notifying partners if CSEC is suspected or confirmed.

Treating Clinician

1. Review mental health treatment and for risk factors indicating past CSEC history in:
 - a. PCMS
 - b. PEMRS
 - c. IBHIS
2. Review intake clinical records, including results from:
 - a. MAYSI-2
 - b. BSI
 - c. Juvenile Justice/Adolescent Assessment
 - d. CSE-IT Tool
3. Identify needs and provide treatment, including psychotherapy, psychotropic medication, or other, as appropriate
4. Connect youth to DMH case manager for resources and referrals upon release into the community, if appropriate

INTERAGENCY DETENTION PROTOCOL FOR COMMERCIAL SEXUALLY EXPLOITED (CSE) CHILDREN & YOUTH



KEY STEPS: LACOE

If you know or have reasonable suspicion that a youth has been commercially sexually exploited (CSE), take the following steps

ALL SCHOOL SITE STAFF:

1 CALL THE CHILD PROTECTION HOTLINE TO REPORT ABUSE
(800) 540-4000

2 NOTIFY: SCHOOL COUNSELOR
 SCHOOL SITE ADMINISTRATOR

SCHOOL COUNSELOR:

3 NOTIFY: PROBATION'S CHILD TRAFFICKING UNIT
childtrafficking@probation.lacounty.gov
 CSEC COORDINATOR
CSEC@probation.lacounty.gov

4 NOTIFY: LACOE CSEC Liaison(s)



- CSEC is child abuse
- Trading sex to meet basic needs is exploitation
- CSEC happens to boys, trans, and gender non-confirming youth, too

- Name, DOB & PDJ #
- Reason CSEC confirmed/suspected, as permitted by agency confidentiality requirements
- Confirmation the Child Protection Hotline was called

WARNING SIGNS FOR COMMERCIAL SEXUAL EXPLOITATION

1. Youth runs away or frequently leaves their residence or placement for extended periods of time.
2. Youth experiences periods of homelessness, e.g. living on the street or couch surfing.
3. Youth has highly irregular school attendance, including frequent or prolonged tardiness or absences.
4. Youth has tattoos, scarring or branding, (i.e., crowns, roses, references to money, \$, "loyalty")
5. Youth has repeated or concerning testing or treatment for pregnancy or STIs.
6. Youth uses language that suggests involvement in exploitation (i.e., "the life", "the game", "track/blade", "daddy").
7. Youth spends time where exploitation is known to occur or is connected to people who are exploited, or who buy or sell sex.
8. Youth has provocative images of themselves on social media or phone.
9. Youth has unhealthy, inappropriate or romantic relationships with an older, dominating boyfriend, girlfriend, or other partner.
10. Youth receives or has access to unexplained gifts, cell phone, drugs, alcohol, etc..
11. Youth is exchanging sex for money or material goods, including food or shelter for themselves or someone else, e.g. child, family, partner.



ADDITIONAL STEPS: LACOE

All School Site Staff

1. Make accommodations for planned or unplanned absences or tardiness due to court appearances, testimony, medical or mental health appointments
2. Provide behavioral or mental health supports needed related to exploitation in the education setting
3. Support continuity of education as youth transition in and out of detention

School Counselor

1. Notify CTU/CSEC Coordinator
2. Notify LACOE CSEC Liaison(s) , who will coordinate any ongoing education transition/aftercare needs

CSEC Liaison

1. Coordinate any ongoing education transition/aftercare needs

INDEX OF ACRONYMS AND ABBREVIATIONS

- BSI:** Brief System Inventory
- CPH:** Child Protection Hotline, a service of the Department of Children and Family Services
- CSE:** Commercial Sexual Exploitation, or Commercially Sexually Exploited
- CSE-IT:** Commercial Sexual Exploitation Identification Tool
- CSEC:** Commercial Sexual Exploitation of Children, or Commercially Sexually Exploited Child(ren)
- CSW:** Children’s Social Worker
- CTU:** Child Trafficking Unit, a division of the Probation Department
- CWS/CMS:** Child Welfare System Case Management System
- DCFS:** Department of Children and Family Services
- DHS:** Department of Health Services
- DKC:** Dorothy Kirby Center, a residential mental health treatment facility run by the Probation Department
- DMH:** Department of Mental Health
- DPH:** Department of Public Health
- DPO:** Deputy Probation Officer
- FRP:** Los Angeles County Law Enforcement First Responder Protocol for Commercially Sexually Exploited Children, *see* <https://youthlaw.org/wp-content/uploads/2015/06/Los-Angeles-County-Law-Enforcement-First-Responder-Protocol.pdf>
- IBHIS:** Integrated Behavioral Health Information System
- IDC:** Intake and Detention Control, a unit of the Probation Department
- ILP:** Independent Living Program
- JCHS:** Juvenile Court Health Services, a division of the Department of Health Services
- LACOE:** Los Angeles County Office of Education
- LAUSD:** Los Angeles Unified School District
- NCYL:** National Center for Youth Law, *see* <https://www.youthlaw.org>
- M&C:** Movement and Control, a unit of the Probation Department
- MAYSI:** Massachusetts Youth Screening Instrument
- MDT:** Multi-Disciplinary Team
- ORCHID:** Online Real-time Centralized Health Information Database
- PCMS:** Probation Case Management System
- PDJ:** Probation Department Juvenile
- PEMRS:** Probation Electronic Medical Records System
- SB 794:** Senate Bill 794, *see* Cal. Welf. & Inst. Code §§ 16501.35, 16501.45
- SCSW:** Supervising Children’s Social Worker
- STAR Court:** Succeeding Through Achievement and Resilience Court, a specialized court within the delinquency system for youth who are at risk of or are confirmed to have experienced CSE
- STI:** Sexually Transmitted Infection
- STD:** Sexually Transmitted Disease