Under the leadership of Chief Public Defender Ronald L. Brown, the Office of the Public Defender provides legal representation in the courts of Los Angeles County to indigent persons charged with criminal offenses. Established in 1914, the Los Angeles County Public Defender’s Office is both the oldest and the largest full service local governmental defender in the United States, with offices in 39 separate locations throughout the County. For Fiscal Year 2010-11, the Public Defender’s Office had 1,122 budgeted positions of which 708 were Deputy Public Defender I through IV attorney positions, in addition to 38 managing attorney budgeted positions. Integral to the collaborative team are Public Defender employed paralegals, psychiatric social workers, investigators, secretaries, and clerical staff. The Public Defender represents clients:
1) charged in felony and misdemeanor offenses;
2) charged in juvenile delinquency cases;
3) charged in sexually violent predator cases;
4) facing mental health commitments;
5) facing civil contempt matters;
6) in pre-judgment appeals and writs; and
7) in post-conviction matters including areas of police misconduct, intimate partner battering and its effects, and claims involving factual innocence based on DNA.

In Fiscal Year 2010-11, the Public Defender represented clients in approximately 123,918 felony-related proceedings; 309,299 misdemeanor-related proceedings; and 69,194 clients in juvenile delinquency proceedings, respectively.

While continuing to provide the highest quality legal representation to clients in a cost-effective manner, the Office of the Public Defender also devotes its resources to facilitate broad justice system improvements for all of its clients. This includes programs and initiatives designed to produce positive lifestyle outcomes for children, their families, and the communities in which they reside. The Public Defender actively participates, often in a leadership role, in numerous criminal justice inter-agency committees and projects designed to focus on the issues faced by communities at risk. Such inter-agency collaborations craft creative solutions to effectively resolve those issues by addressing the root causes of criminal behavior. The Public Defender recognizes that effective advocacy can only occur in the context of understanding the unique needs of the individual client, including the developmental, educational, psychological, and sociological history of each individual represented.

**SPECIAL PROJECTS OF THE PUBLIC DEFENDER**

**Women’s Re-entry Court**

Many women cycle daily through the doors of the Los Angeles County criminal justice system, the county jails and state prisons, and then back into the community without the appropriate services and programs to address the underlying issues that brought them into the system in the first place. The complex needs of women – surviving sexual and physical abuse, domestic violence, severe trauma, and chronic addiction, have been well documented. Many of these women enter the criminal justice system, and over 60% face non-violent drug and property crimes. This rapid influx of women into the criminal justice system has resulted in an increased demand for appropriate evidence-based, gender-responsive programs for women in lieu of incarceration and/or upon parole. These programs are designed to break the cycle of substance abuse and crime and to positively impact the children of women offenders who are at high risk of continuing the intergenerational patterns of drug abuse, criminal behaviors, and neglectful parenting.

Research confirms that the pathways to crime for women are different than for men:

- A majority of women offenders have mental health disorders;
- Four in ten were physically or sexually abused before age 18;
- 64% of women imprisoned in California are mothers;
- Nearly one-third have children under the age of six.

Few initiatives have focused specifically on treatment and services for women offenders. The Los Angeles County Public Defender has played a leadership role from concept to implementation of the Women’s Re-entry Court (WRC). This first-in-California, second-in-the-country, prison-alternative pilot combines individually designed wraparounds in a residential facility with intensive judicial supervision for women parolees, including those with children, who face a subsequent felony charge and an imminent state prison commitment. The WRC is part of a long-term strategy to enhance public safety and promote individual accountability by addressing and treating underlying substance abuse and mental health issues; and providing education, parenting classes, job preparation and housing stability. Such a comprehensive approach promotes the successful return of formerly incarcerated individuals into local communities.

The primary objective of the WRC prison alternative pilot is to develop and implement an early assessment of mental health and substance abuse problems among women parolees in Los Angeles County who are under the jurisdiction of the Superior Court because they are facing a new non-violent, non-serious felony charge, or are otherwise simultaneously on parole and probation. The WRC pilot is voluntary, and only candidates facing an imminent state prison commitment are considered for the program. The WRC prison alternative pilot contemplates programming of up to two years, starting with residential treatment of at least six months at PROTOTYPES Women’s Center in Pomona, followed by intensive outpatient programming at PROTOTYPES of up to a year, with an additional six months of aftercare. The WRC judge actively monitors the women’s program progress and orders them to court for regular updates and to address any issues of concern.

The WRC prison alternative pilot represents a multi-agency collaborative effort of the following Los Angeles County partners:

- Countywide Criminal Justice Coordinating Committee (CCJCC)
- Department of Public Health, Substance Abuse Prevention and Control
- Los Angeles Superior Court
- Public Defender’s Office
- District Attorney’s Office
- Probation Department
- Sheriff’s Department
- Department of Mental Health
- California Department of Corrections and Rehabilitation (CDCR)
- PROTOTYPES
- UCLA Integrated Substance Abuse Programs (UCLA ISAP)
- USC Annenberg Institute for Justice and Journalism.

Funding from the initial CDCR Intergovernmental Partnership Grant (IPG) covered 25 women parolees per year (75 total), and formal operations commenced in May 2007 for a two-and-a-half year period. After the expiration of initial grant funding, CDCR pledged an additional two years of funding.
based on the demonstration of successful, cost-efficient outcomes.

The WRC women participants are chosen annually over the course of each year by members of the WRC Team, including representatives from the Public Defender, District Attorney, Probation, and CDCR’s Division of Adult Parole Operations. The Honorable Michael Tynan, who presides over the WRC and utilizes a Drug Court model approach, must approve of the selections. This approach combines intensive supervision, mandatory drug testing, positive reinforcement, appropriate sanctions, and court-supervised treatment to address the issues of addiction and criminal activity. The WRC also accepts women probationers facing an imminent state prison commitment, if slots from other existing funding streams are available.

Following acceptance into the WRC, service provider PROTOTYPES conducts an in-depth, needs-based assessment and designs specific and appropriate wrap-around services including the following:

- Women-focused, evidence-based substance abuse treatment;
- evidence-based trauma treatment;
- mental health care;
- health and wellness education;
- education and employment training/placement;
- legal services;
- mentorship programs;
- financial management support;
- child support and family reunification services where appropriate;
- domestic violence education and domestic violence/trauma counseling;
- transportation and child care; and
- caseworker support.

Women may bring with them into the residential treatment program up to two children eleven years of age or younger. Child development specialists work directly with the children and interface with the Department of Children and Family Services regarding reunification plans, where appropriate, thereby positively impacting the next generation.

UCLA ISAP is currently conducting an extensive evaluation, the results of which are not yet available. For Fiscal Year 2010-2011, WRC project statistics are as follows:

- 53 women have been formally admitted into the program;
- Of the 53 formally admitted, 1 woman has been terminated from the program and sent to prison.
- One hundred percent of those who were formally admitted to the program have received substance abuse treatment and job development/placement services. In addition, most receive individual therapy for co-occurring disorders.
- 25 women have graduated from the program during this fiscal period.
- In addition, 10 children have entered the program with their mother and have participated in the specialized treatment for children including Head Start, preschool and family therapy.
- Seven drug-free babies have been born at the program.
• Four children have been successfully reunited with their mothers this fiscal year.

• While final cost savings will be determined by the evaluation currently underway, cost savings are estimated at over $11 million based on projected incarceration cost savings less treatment costs.

PROJECT S.T.A.R. (STRIVING TOGETHER TO ACHIEVE RECOVERY)

In 2007, the Los Angeles County Domestic Violence Council created the Incarcerated Survivor Defendant Task Force, to address the needs of an underserved community of domestic violence victims/survivors, namely those who find themselves charged with and convicted of crimes often related to substance abuse and mental health disorders. The Public Defender’s representative on the Domestic Violence Council chaired the Incarcerated Survivors Task Force.

In May 1991, the Los Angeles County Commission for Women, along with representatives from the Public Defender’s Office, Superior Court, Sheriff’s Department, Los Angeles Police Department, District Attorney’s Office, Probation Department, Immigration and Naturalization Service, and community service providers conducted a survey and identified a correlation between the number of women engaged in prostitution who were also survivors of domestic abuse and/or child abuse. The study further found that the overwhelming number were mothers of dependent children, most of whom were either in foster care or otherwise funded by County dollars. Most of those women repeated their criminal behavior with non-serious or non-violent felonies. In its Year 2000 report, the Commission recommended alternatives to incarceration for this population, including diverting eligible and suitable women out of the criminal justice system and into appropriate wraparound services in order to stop the cycle of violence for incarcerated survivors of domestic violence who had current charges or past convictions for prostitution. However, due to lack of funding, no programs were implemented.

The Incarcerated Survivors Task Force worked on a collaborative basis for over a year to create a program designed as a prison alternative for women arrested on a new felony who were recent victims of intimate partner battering and who had a background, either charged, uncharged, or self-reported, in prostitution. Such a focus was a policy shift acknowledging that unresolved trauma from domestic violence can lead to problematic behavior including self-medication that paves the way for criminal justice involvement including incarceration, which only exacerbates pre-existing trauma.

The Task Force decided to explore an alternative to prison, namely such as a residential program providing comprehensive treatment for trauma, domestic violence, substance abuse and mental health, and where appropriate, family reunification services. The Task Force attendees uniformly recognized that in addition to untreated trauma and substance abuse disorders, some domestic violence survivors also suffer from untreated or undiagnosed mental health disorders; thus, the population would often present with co-occurring disorders.

On behalf of the Incarcerated Survivors Task Force, PROTOTYPES, a community based service provider, applied for and received a five-year federal grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to fund Project
S.T.A.R. (Striving Together to Achieve Recovery) which carries to September 2012. With key involvement from the Public Defender, Project S.T.A.R. represents an innovative collaboration with PROTOTYPES S.T.A.R. House and representatives from many county agencies and domestic violence service providers. S.T.A.R. House is a confidential battered women’s shelter located in Hollywood that specifically serves domestic violence victims with co-occurring disorders. The residential program links women to comprehensive services, addressing domestic violence and trauma recovery, substance abuse, and mental health, including oversight by clinicians, such as psychiatrists, psychologists, licensed clinical social workers and case managers.

The Project originally required a past prostitution contact in order to be eligible, but the Task Force later unanimously agreed to jettison that requirement and focus on three key areas described below. While no longer a formal requirement, the vast majority of candidates nonetheless have some experience with prostitution. The following eligibility requirements must be met for Project S.T.A.R. consideration:

- Non-violent felony charges and no prior strike convictions or violent felony convictions;
- Recent victim of intimate partner battering (within the last 12 months);
- Facing an imminent prison sentence, or for Felony probation candidates, facing a minimum of 180 days in county jail.

Project S.T.A.R. provides eligible domestic violence survivors with early assessment of trauma, substance abuse and mental health disorders, and appropriate residential treatment and wraparound services. Women admitted to this voluntary program reside, along with up to two children ages eight years of age or under, at PROTOTYPES S.T.A.R. House for six months while participating in treatment for substance abuse, mental health, and/or domestic violence issues including parenting. The residential treatment component incorporates children's/family strengthening services with a special emphasis on family reunification and collaboration with DCFS, where appropriate. Former Los Angeles County Board of Supervisor Yvonne Brathwaite Burke donated $65,000 to the Project to secure a van to provide transportation to and from court and program appointments for Project S.T.A.R. participants.

This Project addresses the following emphasis areas:

- Legal and criminal justice issues relating to family violence;
- Substance abuse and family violence;
- New approaches to intervention, prevention, and treatment for all aspects of family violence; and
- Other topics related to aspects of family violence and child abuse and neglect.

The SAMHSA grant for Project S.T.A.R. funds 40 women annually for five years, as well as one Public Defender paralegal who assists with screening for project amenability, and acts as a liaison with PROTOTYPES to coordinate cases and court dates for Public Defender clients.

Upon formal acceptance into Project S.T.A.R.:
The participant is placed on formal probation for three years, and a jail or prison sentence is suspended;

The participant is conditionally released to service provider PROTOTYPES, where she and where appropriate, up to two children ages eleven and under, reside at Project S.T.A.R. for six months, followed by 6-12 months of wraparound outpatient services which can include additional residential treatment services.

During Phase I, the participant must complete a minimum of six months at S.T.A.R. House, where she is randomly drug tested three times per week. Positive tests are reported immediately to the court, Probation Officer, and Public Defender. During Phase I, the participants attend weekly classes addressing relapse prevention, 12 step, personal therapy, seeking safety, job training, and parenting.

Clients who complete the 18-month program may request early termination of probation. Those who do not successfully complete the program due to program abandonment or termination due to non-compliance are ordered to serve out the originally suspended prison or jail term. The first Project S.T.A.R. graduate completed the program on August 8, 2009.

At the October 30, 2008, ICAN Conference, District Attorney Steve Cooley endorsed the collaborative effort of this intensive project and praised its focus on addressing the root causes of incarcerated women’s criminality that would lead to reunification with children and no future contact with the criminal justice system. Additionally, during this ICAN conference, representatives from the Public Defender, District Attorney, and PROTOTYPES presented on Project S.T.A.R.

During Fiscal Year 2010-2011:

- 33 women were admitted to the program;
- Ten women are currently in the program;
- Nine women have completed/graduated from the program;
- Five women are on bench warrant status;
- Two women were terminated from the program but placed in other programs;
- Four women (12.5% of those admitted) were terminated from the program and sentenced to state prison; and
- Of those who have graduated this fiscal year, none have faced subsequent criminal charges.

The Measurement Group, LLC is conducting an independent evaluation of Project S.T.A.R., as required by SAMHSA. The Project S.T.A.R. population includes women from the criminal justice system and the community at large for the grant and evaluation. A current report on Selected Outcomes from that evaluation notes that 86 women were admitted to the program from the start of the grant in March 2008, through March 31, 2011.

For purposes of the Program evaluation procedures are determined in accordance with requirements of the entity providing funds for performance assessment in response to Federal Government Performance and Results Act (FGPRA). Using PROTOTYPES data through March 31, 2011, The Measurement Group reports:

- Among women no longer in the program, 39.7% have completed/graduated or left having made satisfactory progress;
Based on six-month follow-up data from a sample of 73 participants, 100% report positive outcomes in at least one of the domains targeted by this program:

- 91.1% have obtained or sustained stable housing;
- 91.1% have sustained sober living;
- 95.6% have no or reduced recidivism with the criminal justice system;
- 88.9% have been reunified with family or friends;
- 88.9% have made improvements in working towards employment or furthering their education;
- 97.8% report that they have reduced their sexual risk behaviors;
- 97.8% made changes to reduce their risk of intimate partner violence; and
- 100% report that they have improved their mental and/or physical health.

**HABEAS ADVISORY PROJECT**

**Assisting Incarcerated Survivors of Domestic Violence**

The Public Defender is an active member of the California Habeas Project Advisory Committee. The California Habeas Project is a statewide collaboration implementing a unique California law (Penal Code §1473.5) which allows incarcerated survivors of intimate partner battering to challenge their convictions in court if expert evidence on battering and its effects was not received in evidence during the original trial proceedings. The Public Defender represents a number of clients in this regard. The Habeas Project also partners with volunteer legal teams to assist eligible abuse survivors to petition the court for a new trial or reduced sentence based upon evidence that should have been considered at their trial or during plea negotiations. Collaborating organizations of the Habeas Project include the California Women's Law Center, the University of Southern California Law School's Post-Conviction Justice Project, the Los Angeles County Public Defender's Office, and Legal Services for Prisoners with Children. The Los Angeles County Public Defender's Office is the only governmental agency partner of the Habeas Project.

Since the habeas corpus law (Penal Code §1473.5) was enacted in 2002, approximately 33 domestic violence victims have been released through the collaborative efforts of the Habeas Project. While 12 imprisoned domestic violence victims have been released through habeas petitions filed under PC § 1473.5, another 21 victims have been released through other remedies (19 through parole, one through a different kind of habeas petition, and one through compassionate release). Sixteen domestic violence victims' petitions have been granted under PC § 1473.5. In one case, the prisoner had already been released through the parole process, and in two cases the prisoner was granted a new trial. In one case, the woman was fully acquitted of all charges while in the other, her conviction was reduced from 1st degree murder to 2nd degree murder.
LOS ANGELES COUNTY PERINATAL MENTAL HEALTH TASK FORCE

According to data from the California Department of Health Services, Center for Health Services (2008), approximately 15% of all women will experience mood disorders related to pregnancy or childbirth regardless of race, ethnicity, culture or socio-economic status. In 2007, 151,814 live births occurred in Los Angeles County facilities. (Los Angeles County Department of Public Health, Los Angeles Mother Baby (LAMB) 2007 Surveillance Report.) Nearly 23,000 women in Los Angeles County experience clinical perinatal mood disorders each year. Perinatal refers to the period of time covering pregnancy and up to one year postpartum. Left untreated, perinatal depression and related mood and anxiety disorders experienced by pregnant and new mothers affect the development of the neonate, new baby and developing child.

Healthy attachment between the infant and mother/primary caregiver in the first year of life is critical to the formation of trust and safety. Healthy development depends on a responsive environment, and the interactive influence of genes and experiences shapes the neurological architecture of the developing brain. In addition, untreated perinatal mood and anxiety disorders not only disrupts healthy attachment between mother and baby but can lead to negative effects across the child’s lifespan.

The effects of attachment disorders in middle school and high school students include the following developmental outcomes: engagement in anti-social behaviors, drug/alcohol abuse, gang involvement, juvenile justice system involvement, sexual acting out, teen dating violence, teen pregnancy, risky sexual behavior, psychiatric symptoms, eating problems, mood swings, suicidal ideation/attempts, somatic complaints, and uncontrolled anger.

Research is mounting that indicates in no uncertain terms that when the mental health of a mother is at risk, the effects can be devastating for not only mother and child, but also the entire family and society as a whole. By tending to the mental health of mothers, the well being of babies and children is best protected and the chances of a child thriving are maximized.

With support from the Department, a Public Defender’s representative founded the Los Angeles County Perinatal Mental Health Task Force (the “Task Force”) in February, 2007. The Task Force seeks to establish collaborative, community-driven approaches to improving policies and practices that address maternal mental health and reduce the prevalence and severity of prenatal and postpartum depression in Los Angeles County. The grant funded Director of the Task Force is a clinical psychologist with clinical expertise in perinatal mood and anxiety disorders. The Task Force is a volunteer network of over 30 individuals representing more than 15 public, private and community agencies involved in outreach, screening, and treatment services for perinatal mood and anxiety disorders, along with community leaders, research partners, and advocates for mothers, infants, and families.

Task Force Members include representatives from:

- Breastfeeding Task Force of Greater Los Angeles
- Center for Postpartum Health, Woodland Hills
- Didi Hirsch Community Mental Health Center
First 5 LA Jewish Family Service Center
Harbor UCLA
Junior Leagues of California - State Public Affairs Committee (SPAC)
LA Best Babies Network
Los Angeles County Department of Mental Health, Birth to Five Program
Los Angeles County Department of Public Health, Maternal Child Adolescent Health Programs
Los Angeles County Public Defender's Office
Magnolia Place Community Initiative
Maternal Wellness Center at LAC/USC
LAUSD School Mental Health Services
Perinatal Advisory Council/Leadership, Advocacy and Consultation
Postpartum Support International (PSI)
PHFE-WIC Program
Project ABC/Children's Hospital/USC Keck School of Medicine
QueensCare Health & Faith Partnership
South Bay Center for Counseling
UCLA: Health Services Research Center – Department of Psychiatry and Behavioral Science
UCLA School of Public Affairs
Zero to Three

The Task Force is chaired by a Public Defender representative and co-chaired by a representative from the Department of Public Health, Maternal Child Adolescent Health Programs and is a Project of Community Partners, its 501(c)(3) fiscal sponsor.

Mission

The mission of the Task Force is to remove barriers to the prevention, screening, and treatment of perinatal depression and related mood and anxiety disorders for women and their families throughout Los Angeles County. The Task Force strives to identify gaps and unmet needs, mobilize and align resources, implement systematic and coordinated approaches, and disseminate knowledge and findings regarding perinatal mood disorders that are aimed at:

- Raising awareness and removing stigma;
- Supporting affected individuals and families;
- Providing access to screening, effective treatment, and coordinated care;
- Training health care professionals on diagnosis, treatment and referrals for perinatal mood disorders and improving clinical practice;
- Improving the coordination and functioning of systems of care for affected women and families;
- Addressing the unique needs of underserved and vulnerable populations, with a particular focus on Medi-Cal recipients, low income women and high risk populations including mothers affected by criminal court involvement, substance abuse, domestic violence, and cultural dislocation;
Establishing responsive and effective policies that address perinatal mood disorders and the need for integrated services

VISION
To be a regional center of excellence that actively promotes maternal and infant well-being and reduces the burden of illness that is associated with untreated or inappropriately treated maternal depression and related mood disorders.

ACCOMPLISHMENTS FOR FISCAL YEAR 2010-11:

- Developed a Training Institute that delivers tailored perinatal mood disorder training for all levels of providers and across sectors, including early childhood education, health, child welfare, criminal justice, and mental health, including infant mental health. In Fiscal Year 2010-11, the Training Institute conducted perinatal mood disorder trainings in conjunction with LA Best Babies Network, Children’s Hospital-LA Project ABC Program and the Public Defender’s Office. In May 2011, the Task Force Training Institute conducted perinatal depression training at Esperanza House for Promotoras, Antelope Valley Partners for Families and the Los Angeles County Office of Education, Early Intervention Support Services. In April 2011, the Task Force trained telephone staff at 2-1-1 LA County, a safety net telephone resource and referral service for LA’s most underserved population, on perinatal mood disorders.

- Created a Community Provider Perinatal Mental Health Tool Kit geared toward a wide range of providers including pediatricians, OB/GYNs, primary health care providers, mental health professionals as well as community based providers such as health promotoras and case managers. This easy-to-use resource contains important information on the signs, symptoms, risk factors, effects, screening, assessment, prevention, and intervention for perinatal depression and related mood and anxiety disorders.

- Received the 2011 National Association of Counties (NACO) Achievement Award in the category of public health, awarded to Los Angeles County as a result of a joint submission by the Los Angeles County Public Defender and the Los Angeles County Department of Public Health, Maternal, Child and Adolescent Health Programs. NACO Achievement awards formally recognize effective and creative programs, enhance awareness of county activities and share valuable information with other counties across the nation. The NACO Achievement Award recognizes the founding of the Los Angeles County Perinatal Mental Health Task Force and its multifaceted Maternal Depression Improvement Project which seeks to provide education and awareness, training across sectors and improved access to informed resources.

- Worked with the Los Angeles County Board of Supervisors with leadership from the Second District, to pass an April 2011 resolution again proclaiming May 2011 Perinatal Depression Awareness Month throughout Los Angeles County to facilitate increased awareness and education about perinatal depression, to encourage the use of screening tools, and to improve the availability of effective treatment and support services. In its resolution, the Board recognized the Los Angeles County Perinatal Mental Health
Task Force as a “volunteer public and private network dedicated to promoting maternal mental health through education, treatment and training.”

- Co-sponsored ACR 53 (Hernández), the Kelly Abraham Martínez Act, which prioritizes Perinatal Depression Awareness with an emphasis on identification and education surrounding risk factors. The Act takes a public health approach which will help prevent and enable early intervention for perinatal depression and related mood and anxiety disorders. ACR 53 includes the Task Force among a statewide network of stakeholders. ACR 53 passed in the Legislature and was chaptered into law August 2011.

- Disseminated in May 2011 to every birthing hospital throughout Los Angeles County, English and Spanish brochures entitled “Six Things Every Mom and Mom-to-Be Should Know About Perinatal Depression.” With support from the Los Angeles Best Babies Network and the Los Angeles Community Child Abuse Councils, over 105,000 copies were printed and are being distributed throughout Los Angeles County in many different locations where women, children and infants seek services.

- Organized an April 2011 Community Awareness Forum on Maternal Depression at Harbor UCLA Medical Center. Co-sponsors included the Los Angeles County Commission for Women, Harbor UCLA Medical Center and the Los Angeles Best Babies Network. Supervisor Mark Ridley-Thomas’ Office presented a Board Resolution, proclaiming May of 2011 Perinatal Depression Awareness Month throughout the County.

- Together with Junior Leagues Los Angeles, received a proclamation from the Los Angeles City Council, proclaiming May 2011 Perinatal Depression Awareness Month throughout the City of Los Angeles. The proclamation included a pledge to work with the Task Force to further the cause.

- Along with Magnolia Place Community Initiative and UCLA’s Early Detection Screening and Intervention, led the Maternal Depression Systems Improvement Project in the Magnolia Place catchment area, which covers 5,000 families. The project goal is to improve outcomes for children in the catchment area by working to align systems that directly address maternal mental health. The Task Force provided perinatal depression training for providers in the catchment area, with the goal of increasing culturally competent and informed supportive services. This includes the placement and training of USC social work interns to address perinatal mental health.

**THE VETERANS COURT PILOT PROGRAM**

Veterans Court is a pilot program designed to address felony defendants with criminal court cases who have served honorably in the U.S. military. Veterans Court is an alternative to state prison. This court joins other alternative sentencing courts currently under the administration of Judge Michael Tynan in Department 42 at the Clara Shortridge Foltz Criminal Justice Center. Veterans Court is a collaborative effort between the Superior Court, District Attorney, Public Defender, Alternate Public Defender and the Department of Veterans Affairs (hereinafter the VA). The program has a capacity of 50 participants at any one time. The pilot began on September 13, 2010 and was initially limited to the Central District. In June 2011 the program became available to courts countywide. Veterans are
accepted into the court program following a screening process, which includes issues related to the goals of the program and program space availability. Thirty (30) Veterans are currently participating in the program.

The Veterans Court pilot program will accept those Veterans who have served in the United States military; are entitled to benefits through the VA; and suffer from any of the following disorders that are related to their military service:

1) Post traumatic stress disorder
2) Traumatic brain injury
3) Substance abuse
4) Sexual trauma
5) Mental health issues

Generally, consideration for the program is available only to defendants currently charged with non-serious, nonviolent felonies and who have no prior strikes. An exception may be sought from the District Attorney’s Director of Central Operations by the deputy district attorney assigned to Veterans Court for veterans who are suitable but otherwise ineligible due to pending charges or prior convictions.

The Sheriff’s Department routinely seeks to identify inmates who are Veterans upon booking into a custodial facility. Representatives from the VA are present in the jail to offer services to qualifying inmates. Veterans are screened to determine if they would benefit from the opportunity to receive treatment in addition to, or as an alternative to, punishment for certain crimes. Veterans who are determined to qualify for referral to Veterans Court may be identified by the VA representatives and referred to the Veteran’s attorney who will assess a client as to whether or not to refer the Veteran for additional screening for suitability for admission to Veterans Court.

At arraignment or the earliest opportunity, the trial deputy public defender will request that the trial deputy district attorney review a case for a preliminary determination of eligibility. If determined to be preliminarily eligible, the trial deputy public defender will refer the case to the deputy public defender assigned to Veterans Court as part of the preliminary screening process. Potential participants will be evaluated by the VA for suitability and, if suitable, a recommendation for the program best suited to address the treatment needs of the Veteran will be identified and submitted for consideration to the court. Veterans who are confirmed as preliminarily eligible and suitable will be required to enter a conditional plea (with an Arbuckle waiver) and will then be transferred to Department 42 for final determination of acceptance into the program. If later deemed to be either ineligible or unsuitable, the defendant will have the opportunity to return to the referring court in order to withdraw the plea and have the case continue through normal court channels.

All potential candidates who plead guilty will be continued for probation and sentencing in the Veterans Court) regardless of whether the case originated in a Branch & Area court or a Central court. At the sentencing hearing, the Veterans Court team - consisting of the Judge, the deputy district attorney, the deputy public defender and the representative from the VA - will review the assessment and treatment plan, the probation report, and the VA’s recommendation prior to selecting the appropriate treatment program for the Veteran. If accepted into the Veterans Court program, the VA will provide supervision of the Veteran
and report to the court on the progress of the Veteran in the program. Treatment will be ordered to be completed through a program selected from a series of providers approved by the VA. Benefits available through the VA will pay all expenses of the selected program. The Veteran will be ordered to complete the recommended treatment program and comply with any other terms and conditions of probation imposed by the court. The time frames for future court appearances will be adjusted as appropriate to meet each individual Veteran’s needs and ensure compliance with the goals of the program.

**Co-occurring Disorders Court**

In addition, the Public Defender was a key collaborative partner in the creation of the Co-Occurring Disorders Court (CODC). Public Defender representatives have attended Mental Health Services Act Delegate’s Meetings since early 2005 and were instrumental in voicing the need for such a court. The Public Defender is represented on the CODC Standing Committee. The mission of the Los Angeles County CODC Program is to provide both mental health and substance abuse treatment to the non-violent mentally ill defendant who recognizes his/her problem and voluntarily chooses to enter into a contract with a court-supervised co-occurring disorders treatment program. They are expected to participate in all phases of treatment with the hope of improving his/her quality of life, clinical functioning and possibly further benefiting by the reduction and/or dismissal of criminal charges.

Co-Occurring Disorders Courts represent a non-traditional approach to criminal offenders who are addicted to drugs and suffer from mental illness. Rather than focusing only on the crimes they commit and the punishments they receive, Co-Occurring Courts also attempt to address some of their underlying problems. The Los Angeles County CODC, which held its first session in April 2007, is built upon a unique partnership between the criminal justice system, drug treatment community and the mental health community which structures treatment intervention around the authority and personal involvement of a single CODC Judge. CODCs are also dependent upon the creation of a non-adversarial courtroom atmosphere where a single bench officer and a dedicated team of court officers and staff work together toward the common goals of breaking the cycle of drug abuse and criminal behavior, and promoting the stabilization and functioning of mental health symptoms. CODC program capacity is 62 participants.

The Public Defender screens clients for legal criteria eligibility and represents approximately 90 percent of all participants, while the Department of Mental Health screens for the clinical criteria. A number of candidates who are either not eligible or suitable for CODC are reconnected to other programs.

Since formal operations launched in April 2007 through Fiscal Year 2010-11:

- 1,026 candidates have been screened for CODC;
- 30 participants have graduated from the CODC;
As of June 30, 2011:

- 53 individuals are participating in the Community Full Service Partnerships component of the program;
- 14 individuals are participating in the Antelope Valley Rehabilitation Centers (AVRC) residential component;
- In Fiscal Year 2010-11, CODC has maintained a retention rate of 68%.

**HOMELESS ALTERNATIVE TO LIVING ON THE STREETS (“HALO”)**

Now in its 5th year of existence, the Homeless Alternative to Living On the Streets Project (HALO) has gained national recognition as a successful form of collaborative justice. (See page 39 of the Brennan Center for Justice’s Community Oriented Defense: Stronger Public Defenders.) In an effort to reduce recidivism, the HALO project is a pre-plea diversion program which provides an alternative to incarcerating homeless clients who are mentally ill, developmentally disabled and/or addicted to narcotics or other substances.

The eligibility screening process is commenced when deputy public defenders refer their misdemeanor clients--who are either homeless or are facing homelessness due to their criminal court involvement--to the deputy public defender assigned to the HALO project. During Fiscal Year 2010-2011, 170 clients have been referred to the project while 112 were deemed eligible.

The HALO attorney evaluates and presents these cases to a deputy city attorney for review. The protocol established by the parties excludes all clients charged with violations involving gang injunctions, fraud, domestic violence and charges subject to registration pursuant to PC 290.

The clients fund their own treatment from their General Relief and/or SSI benefits, which are assigned to the treatment provider. The client is referred to the Department of Mental Health for an intake assessment to determine eligibility for mental health services. Treatment plans can range from three to six months. Outpatient mental health treatment is primarily provided by Department of Mental Health clinics. Clients in need of a more supportive environment are referred to “Board and Care” facilities which are staffed by psychiatric personnel.

Clients who decline treatment when initially offered, or refuse to continue treatment, have the option of either contesting the charges or accepting a traditional disposition. Clients who successfully complete their course of treatment receive a dismissal. Of the 112 clients initiated for HALO, 51 earned a dismissal of their case following the successful completion of treatment.

Once the case has been dismissed the clients are eligible for supportive services. Each of the 51 clients received some form of linkage assistance in locating affordable housing or in pursuing an education goal.

**PUBLIC INTEGRITY ASSURANCE SECTION AND INNOCENCE PROJECT**

The Public Integrity Assurance Section (PIAS) of the Public Defender’s Office focuses on the investigation and litigation of wrongful convictions primarily resulting from police misconduct. In the wake of the LAPD Rampart corruption scandal, PIAS was instrumental in successfully litigating numerous post-conviction Writs of Habeas Corpus and Motions to Vacate
based on police misconduct and wrongful conviction of innocent clients. PIAS attorneys also handle post-conviction cases of former clients where the cases involved Intimate Partner Battery which was precluded as a defense at trial, Innocence Project cases where DNA could be used to exonerate clients, and cases involving misapplication of the Sexual Offender Registration statutes. In addition to post-conviction assistance, PIAS attorneys provide ongoing training and litigation support for deputy public defenders confronting issues of peace officer misconduct.

**HOMELESS COURT**

Homeless Court is a collaborative project between the Public Defender, District Attorney, Los Angeles County Superior Court, Los Angeles City Attorney, and Public Counsel. Homeless Court is a mechanism whereby formerly homeless participants who complete a requisite program designed to address the issues contributing to their homelessness are able to secure dismissal of outstanding ‘quality of life’ infraction and misdemeanor warrants. The purpose of this court is to avoid incarceration for old outstanding matters that might interfere with or erase the progress the participant has made. During fiscal year 2007-08, Homeless Court received funding from the Board of Supervisors and is now staffed by dedicated personnel from Public Counsel and the Los Angeles Superior Court. Transportation, housing, and food vouchers have been added to this program to provide more holistic services for the participants. During Fiscal Year 2010-11, 1,968 cases or citations were submitted for Homeless Court relief.

**DRUG TREATMENT COURTS AND PROPOSITION 36 TREATMENT COURTS**

The Public Defender was also a leader in creating Drug Court in 1994. Drug Court is a collaborative program involving the Superior Court, Public Defender, District Attorney, and drug treatment providers to allow drug offenders with minimal criminal records to participate in a closely supervised drug treatment program instead of jail. Because of the tremendous success of this program that began in downtown Los Angeles, fourteen adult Drug Courts and three Juvenile Drug Courts now operate in Los Angeles County. Additionally, in 1998, a second collaborative effort resulted in the creation of the Sentenced Offender's Drug Court, a highly successful program involving more intensive and jail based therapeutic treatment as an alternative to prison for drug addicted offenders including parolees subsequently charged with new crimes. In Fiscal Year 2010-11, 102 participants were admitted to the program. Thirty one (31) participants graduated from the program in the three graduations held throughout the fiscal year.

Proposition 36 Courts are the result of the statewide initiative mandating treatment for eligible drug offenders. The Public Defender has taken a leadership role in promoting this treatment opportunity in the most effective manner. Through collaboration with community partners such as Volunteers of America and with cooperation from the Sheriff’s Department and the Superior Court, the Public Defender created a transportation project to deliver in-custody clients directly to treatment. The Public Defender has also successfully lobbied for an on-site Assessment Center in the busy downtown court, brought Social Services directly to the courtroom, and partnered with Public Counsel to address clients’ civil legal issues often connected to homelessness.
Due to the current budget shortfall and its impact on court operations, effective July 1, 2009, the Superior Court integrated Proposition 36 cases in regular calendar courts pursuant to the normal matrix, with supervision reduced to a period of 180 days. The maximum length of treatment has been reduced to 120 days. Additionally, since the Governor eliminated Offender Treatment Program funds in 2009 and Federal Stimulus funds expire on September 30, 2011, the County is moving to a “fee for service” model for Proposition 36 treatment services. Despite the budget challenges, Public Defender staff remain committed to accessing appropriate treatment and services for all clients, including those qualifying under Proposition 36.

THE JUVENILE JUSTICE SYSTEM

Within the Juvenile Justice system, the Office of the Public Defender continues to be proactive and successful not only in providing quality representation addressing the liberty interests of children charged in juvenile delinquency proceedings, but also by accomplishing a broader agenda to better the lives of the children and their families who become subject to the juvenile court system. The Los Angeles County Public Defender’s Juvenile Division represents over 69,000 juvenile clients in juvenile delinquency proceedings each year. Many children enter the Juvenile Justice system with serious, long-standing, and unaddressed educational and psychosocial problems that significantly contribute to their troublesome behavior. The underlying issues are mental health and substance abuse problems, cognitive learning disabilities, developmental disabilities, and the effects of sexual abuse, physical abuse and neglect.

According to the National Center for Mental Health and Juvenile Justice, the prevalence of mental disorders among youth in the juvenile justice system is two to three times higher than among youth in the general population. A 2006 fact sheet prepared by Physicians for Human Rights entitled “Mental Health in the Juvenile Justice System” states that 50-75% of incarcerated children have diagnosable mental health disorders and nearly half have substance abuse problems. Two-thirds of youth in the justice system have co-occurring disorders, which compound the challenges in diagnoses and treatment. The report also indicates that a number of studies demonstrate an association between conduct disorder, attention deficit hyperactivity disorder, and substance abuse. However, research indicates that in over 80% of these cases, the mental health disorder preceded the addictive disorder.

According to the Juvenile Court Judges of California, 50% of all children in the juvenile delinquency system have undetected learning disabilities. Learning disabilities affect cognitive systems related to perception, attention, language, and the symbolization abilities required to learn to read and/or carry out mathematical calculations in an automatic manner. Clearly, youth with disabilities are over represented in the Juvenile Justice system. One study from the National Center on Education, Disability, and Juvenile Justice noted that the prevalence of youth with disabilities is three to five times greater in juvenile corrections populations than in public school populations.

Accordingly, many children in the Juvenile Justice System including many of those detained in juvenile halls and camps suffer from significant learning, developmental, emotional, and behavioral disabilities that impede their
ability to fully benefit from mainstream educational services. Many of these children are covered by state and federal special education laws that mandate a continuum of educational program options for special education students. For example, AB 490 effective January 1, 2004, seeks to ensure educational rights and stability for foster youth. Through AB 490, the Legislature declared its intent to ensure that all pupils in foster care and those who are homeless as defined by the federal McKinney-Vento Homeless Assistance Act (42 U.S.C. Sec. 11301 et seq.) have a meaningful opportunity to meet the same rigorous state pupil academic achievement standards to which all pupils are held. Similar to the approach already utilized by the Public Defender, AB 490 places high emphasis on promoting educational advancement and stability by holding specific agencies accountable to maintain stable school placements and to ensure that each pupil is placed in the least restrictive educational programs and has access to the academic resources, services, extracurricular and enrichment activities that are available to all pupils.

Unfortunately, many of these disabilities are not diagnosed until these children appear in the Juvenile Justice system, and even then, all too often the juvenile delinquency system focuses only on the specific behavior or circumstances that bring delinquent children to the attention of law enforcement and the courts. For any number of reasons, the system fails to pay sufficient attention to the serious underlying issues that often lead children into juvenile court charged with criminal or status offenses.

**JUVENILE ALTERNATIVE DEFENSE EFFORT**

Beginning in 1999, the Public Defender’s Office initiated an innovative and comprehensive plan known as the Juvenile Alternative Defense Effort (JADE). JADE is designed to bring critically needed services to the children in juvenile delinquency courts and consists of two components: the Client Assessment Recommendation Evaluation (CARE) Project and the Post Disposition Program.

The holistic advocacy approach already embodied by and practiced in the Public Defender’s Office was recognized through the adoption of Rule 5.663 of the California Rules of Court on July 1, 2004. Rule 5.663 suggests guidelines for all juvenile court defense attorneys to follow for effective advocacy that acknowledges the dual role which the Public Defender’s Office had adopted: one of defending against charges filed in the petition and determining whether the child is appropriately in the juvenile delinquency court, as well as advocating on behalf of the child to ensure that the child receives appropriate care, treatment, and guidance, especially in the areas of education and mental health.

**CARE PROJECT- PRE DISPOSITION COMPONENT**

**2008 California Council On Mentally Ill Offenders (Comio) “Best Practices” Award**

The California Council on Mentally Ill Offenders (COMIO) was created by the Legislature in 2001 to investigate and promote cost-effective approaches to meeting the long-term needs of adults and juveniles with mental disorders who are likely to become offenders or who have a history of offending. COMIO’s stated mission is “to end the criminalization of
individuals with mental illness by supporting proven strategies that promote early intervention, access to effective treatments, a planned re-entry and the preservation of public safety.” In 2008, five COMIO Best Practices Awards were presented to adult and juvenile programs statewide. The Public Defender’s CARE Project was the only non-mental health court program and one of only two juvenile programs to receive this award.

Since its inception in 1999, the Juvenile Division of the Public Defender’s Office has implemented its CARE Project which focuses on early intervention with children in delinquency court by addressing the cluster of underlying causes of delinquent behavior such as mental illness, mental retardation, developmental disabilities, learning disabilities, emotional disturbances, and trauma. It is a child advocacy model that is non-traditional in its vision and approach. The CARE Project provides a model continuum of legal representation that incorporates attention to the unaddressed psychosocial and educational needs of children in the Juvenile Justice system while also emphasizing early intervention and accountability of both the child involved and the agencies collectively responsible for safeguarding the child’s interests.

Currently through the CARE Project, Los Angeles County Deputy Public Defenders collaborate with a multi-disciplinary team of psychiatric social workers, mental health professionals, resource attorneys, and other clinicians from the earliest stage of the juvenile delinquency proceedings through disposition.

During Fiscal Year 2010-11, the Public Defender CARE Project employed fifteen psychiatric social workers (13 psychiatric social workers and two supervising social workers) and five resource attorneys. The psychiatric social workers prepare an assessment of a juvenile client to determine the child’s special needs whether developmental, emotional, or psychological. Based on the assessment, an effective and individualized treatment plan is created to address the issues that put youth at risk for delinquent behavior and aims to significantly reduce the likelihood of recidivism. The psychiatric social workers also provide consultation services which include early intervention to identify needed services as well as client support during the court process, advocacy with school systems, and recommendations for disposition plans in difficult cases.

The Public Defender resource attorneys advocate on behalf of juvenile clients to assure accountability by various outside agencies that are obligated to provide services to address the child’s educational and mental health needs. In reviewing school and mental health records and appearing at administrative hearings before schools and the regional centers, the attorneys work to ensure that children receive appropriate special education services in the school districts and that the Regional Center system accepts eligible clients and provides needed services to the children. The success rate in obtaining services previously denied both by schools and the Regional Center system has been very high. In Fiscal Year 2010-11, the Public Defender’s Office provided Regional Center assistance to 193 children through the CARE Project.

The Public Defender’s office recognizes that traditional representation for these clients similar to that normally provided to adult clients is no safeguard against recidivism if other resources are not channeled toward those children to assist them in dealing with the many other challenges and obstacles they face outside of the courtroom; hence, the advocacy of Public Defender staff on behalf of children in
the Juvenile Justice system is not viewed purely in a legal context. The Public Defender adheres to the philosophy that effective child advocacy must encompass a holistic approach individually tailored to the particular needs of each unique client.

Under the pre-disposition component of the Public Defender CARE Project with partial funding from the Juvenile Accountability Block Grant (JABG), CARE staff operates in ten juvenile branch offices of the Public Defender. Deputy Public Defenders refer cases to the CARE Project. Referrals are for either Extended Services or Brief Services. Brief services are those which can be completed on the same day the request for services was made. Extended services extend beyond the date of the request for services. The referrals involve a variety of consultation services including: 1) Psychosocial and educational assessments; 2) early intervention to identify requisite services; 3) referrals to community resources which include substance abuse services (such as Alcoholics Anonymous–AA, Narcotics Anonymous-NA, after school activities such as the YMCA and parenting classes); 4) inter-agency advocacy that triggers Department of Mental Health, Regional Center and special education assistance; 5) client and family support during the court process; and 6) recommendations to the court for disposition plans and conditions of probation in difficult cases.

Psychosocial assessments often help Deputy Public Defenders to determine whether the child represents a risk to the community and constitute the basis for effective treatment plans likely to reduce re-offending by addressing the issues that otherwise would put the child at risk for further delinquent behavior. The psychiatric social workers interview the juvenile clients along with their family members and other involved parties such as school counselors, team coaches, social workers working in dependency courts, foster parents and therapists. At the discretion of the Deputy Public Defenders, CARE Project psychiatric social workers prepare reports for the Deputy Public Defenders to present to the court. The information developed by the psychiatric social workers plays a key role in assisting the Deputy Public Defenders to individualize and humanize the perception of each child by busy bench officers who otherwise would not have the advantage of in-depth evaluations and insight about each child and awareness of services available to implement an effective treatment plan. Consequently, more appropriate services are rendered to children and families to reduce recidivism while continuing to hold minors accountable.

Additionally, five Deputy Public Defenders serve as resource attorneys. These attorneys enhance the CARE Project’s advocacy in the areas of special education and mental health for children who otherwise would not receive necessary mental health and educational services mandated by state and federal law. CARE Project resource attorneys ensure that children with educational difficulties have current Individual Education Plans (IEPs) which identify special education needs and define specific services to be provided. In addition, they facilitate special program referrals to agencies such as the Regional Center system which provides services for children with developmental disabilities. Resource attorneys also garner Department of Mental Health entitlements for their juvenile clients and provide consultation for other Deputy Public Defenders on complicated cases involving children coming from the Dependency court system.
By referring clients for evaluation, identification and intervention at the pre-trial stage, the Public Defender’s Office focuses on abating the behaviors that prompted the filing of the juvenile petition in these cases. By beginning to design disposition plans at an early stage, members of the CARE Project team are able to provide the court with a better assessment of the minor’s needs, present reasonable recommendations for appropriate conditions of probation and identify resources that will assist the minor and his/her family to responsibly satisfy the conditions of probation. This approach enables the court to make orders that will foster accountability by both the minor and the system.

The current beneficiaries of the integrated components of these programs are the children, together with their families and communities, who receive services from attorneys, psychiatric social workers, resource attorneys and others. For example, children with special education needs are represented by Public Defender resource attorneys and psychiatric social workers at school district hearings, including IEP meetings. Advocacy by the Public Defender’s Office on behalf of children entering the Juvenile Justice system has reaped tremendous benefits for children with disabilities and has provided them with a necessary continuum of educational program options in the school system that are mandated by state and federal law. Children and their families also benefit from referrals to appropriate mental health residential and outpatient treatment programs, Regional Center services for children with developmental and cognitive disabilities and referrals to other public and private service agencies.

Since the 1999 inception of the pre-adjudication component of the Public Defender CARE Project through June 2011, 16,017 children have received project services. In fiscal year 2010-11, 7,615 services were provided to 1,397 clients. Additionally, in Fiscal Year 2010-11, the Public Defender provided special education assistance to 844 clients and DMH assistance to 385 clients. On average, each child served received more than six services from the Project.

The referrals involved a variety of consultation services including psychosocial and educational assessments, early intervention to identify services, referrals to community resources (such as 12-step programs for alcohol and substance abuse, and after-school activities such as the YMCA and parenting classes), crisis intervention referrals during the court process, and recommendations for disposition plans and conditions of probation in difficult cases. A significant number of these dispositions were for placements that provided treatment for a problem identified in the assessment process or the minor was permitted to remain in the home while receiving treatment services in the community. Many of these children are wards of both the Delinquency and Dependency court systems and are themselves victims of abuse and neglect.

Overall, for Fiscal Year 2010-11, the Los Angeles County Juvenile Courts adopted 85% of the Public Defender disposition recommendations where CARE extended services were provided. Over the past nine years, the court on average has adopted 83% of the disposition recommendations. Judicial officers have stated that the evaluations are invaluable in making the courts better equipped to identify those youth with emotional or developmental issues.
POST DISPOSITION PROGRAM

Through the Post Disposition Program, the Public Defender’s Office provides assistance to children who were sent to juvenile probation camp by court order. It is the only program to address complicated issues presented by these children after the court has ordered them to a camp program they can not successfully complete because of issues not previously identified. It targets those children whose needs for services are not being met by juvenile camp programs, but could be more fully and properly addressed in a suitable placement setting or other structured program in the community.

The target camp population for the Public Defender Post Disposition Program includes, but is not limited to:

(1) Children with apparent or suspected learning or developmental disabilities whose special needs cannot be accommodated in a juvenile camp program;
(2) Children with mental health issues including the need for psycho-tropic medication;
(3) Children whose age and level of maturity are not compatible with the camp population or programming;
(4) Children with physical disabilities that prevent full participation in camp programs; and
(5) Children about to emancipate from the camp program.

In this component, psychiatric social workers employed by the Public Defender work in cooperation with the Los Angeles County Probation Department to identify and reevaluate children who were committed to juvenile probation camp but whose educational and mental health needs would be better met through a less restrictive alternative. The psychiatric social workers assess the child and make an alternative recommendation for placement. Deputy public defenders then present the alternative plan to the Juvenile Court. Often, the Post Disposition Program is the first to address issues involving neglect, abuse, abandonment, gang affiliation, education deficits, school failure, the absence of special education services and entitlements, mental health issues, and developmental disabilities.

The Public Defender Post Disposition Program likewise continues to maintain a consistent rate of success in convincing Juvenile Court judges throughout the ten Los Angeles County Juvenile Court locations that in appropriate cases children in juvenile camps should be removed and placed in an environment more conducive to receiving necessary treatment and services otherwise not available in the camp setting.

Alternative dispositions involved one of the following situations:

- A less restrictive setting whereby the minor was either suitably placed in a girls’ or boys’ group home or the minor was sent home to his/her family with specific conditions of probation including counseling;
- The camp order remained in full force and effect; but the minor was released home on a Court Furlough with specific conditions of probation;
- The minor was released from Camp and was placed in the Regional Center system for mental health/educational issues;
- The minor was placed in a mental health facility.
When returned to court for presentation of the alternative plan by the deputy public defender and the psychiatric social worker, the Juvenile Courts granted 96% of these motions, finding a change of circumstance in the discovery of otherwise unnoticed mental, emotional, or educational needs.

Consequently, the overwhelming majority of the Public Defender proposed alternative dispositions have been granted to remove the child from camp and place the child in an alternative setting that better addresses the child’s individual needs.

Of the 1,427 total cases handled by the Post Disposition Program since the program’s inception in November 1999 through June 2011:

- The Post Disposition Program has enjoyed a 96% success rate in convincing courts to pursue less restrictive alternative dispositions;
- Judges continued camp placement in only four percent (4%) of the referrals;
- Of the children released from camp placement:
  - approximately 63% were suitably placed;
  - 29% were placed home with court conditions;
  - approximately three percent were placed in a mental health hospital; and
  - One percent was placed in a regional center facility.

Twenty-six referrals were made to the Post Disposition Program during Fiscal Year 2010-11. Despite ongoing cross training, the number of referrals from the Probation Department during this period was far lower than past years. During Fiscal Year 2009-10, Probation referred 60 youth to the Post Disposition Program.

The Public Defender’s Office continues to collaborate with the Probation Department in identifying children who qualify for placement in a less restrictive setting and has succeeded in returning children to the community with appropriate treatment and support in the overwhelming majority of cases. In the vast majority of cases, the deputy public defenders through collaboration with Probation have convinced courts to change dispositions by removing children from the community camp placement setting into more appropriate alternative placements.

**RETAIL SKILLS VOCATIONAL PROGRAM (“RSVP”)**

Many youth exiting the juvenile justice system re-enter the community with poor prospects for employment. These youth often lack the skill set necessary to apply and interview for jobs, identify and enroll in continuing education, and arrange transportation – skills necessary for successful community reintegration. They quickly become overwhelmed, and unable to stay on track with court requirements and community expectations.

The Retail Skills Vocational Program (“RSVP”) represents a collaborative effort of the Public Defender, the Probation Department, Los Angeles NAACP Customer Service Learning Center, Western Justice Center Foundation and Mentoring & Partnership for Youth Development to provide in-camp retail skills and job training followed by reentry support and job linkage for transitional age youth represented by the Public Defender. RSVP is designed to increase prospects for
employment of transitional age youth who are completing a camp commitment, by providing youth with the skills and support they need to overcome systemic hurdles and build positive connections for a more successful future.

This program targets low-to-medium-risk children who reside within the catchment area served by the Probation Department’s Centinela and Crenshaw area offices. The participants must have math and reading skills equivalent to a fifth-grade education.

Participants are referred by the Probation Department to the Public Defender’s Office and then take part in a twelve-week curriculum including resume writing, retail skills, employment research and conflict resolution. The program also teaches life skills. Within five days after release from camp the participant will have job interviews scheduled. The program is designed to provide help with transition and aftercare.

Essential components of the RSVP program include:

- Job Readiness Training
- Computer Skills Training
- Motivational Engagement
- Conflict Prevention and Life Skills Training
- Case Management
- Community Mentoring
- Outcome Measurement

The Customer Service Learning Center provides job and retail skills training to youth at Camp Miller who have been pre-screened for eligibility and suitability by the Public Defender’s Psychiatric Social Worker. Youth must be at least 16 years of age, in camp on a non-violent charge and show an interest in the retail industry. This twelve week program consists of “Equipped for the Future” skills training and coaching. The curriculum incorporates the use of computers for resume writing, employment research, and certification. Upon completion of the curriculum, students have the opportunity to take an online assessment and earn a National Professional Certificate in Customer Service. After camp release, the Customer Service Learning Center assists participants with job linkage and some internships are provided to selected students pending employment.

While in camp, a collaborative plan is developed to identify each participant’s reentry needs and wrap appropriate aftercare services around the youth. A case manager from Probation and a Public Defender Psychiatric Social Worker remains connected to the student following release to assist with transition linkage. Residents from the local community are teamed with each youth to provide mentoring support and encouragement on a continuous basis.

The retail skills curriculum is coupled with a motivational speaker series to engage participants and encourage their successful reintegration into the community. Students have the opportunity to interact on a regular basis with business leaders, community leaders, program graduates, and experts in the areas of conflict resolution and other life skills.

In addition, RSVP students receive conflict prevention training. This interactive training educates youth to recognize the signs of potential conflict and better negotiate problem situations. The series also includes additional life skills components such as money management, empathy, and self-awareness, and critical decision making.
The RSVP program formally launched on November 1, 2008, and started initially with 15 participants. Grant funding for the RSVP program allowed RSVP to run through eight camp cycles of the program with the last camp cycle ending on March 26, 2011. Grant funding for RSVP officially ended on March 31, 2011.

As of June 30, 2011:

- Overall 82 students participated in the program;
- 61 students graduated from the in-camp portion of the program
- 19 students were released prior to the program’s completion
- Eleven children are currently enrolled in school; and
- 30 students passed the National Retail Federation test and became certified in retail sales.
- Of the 82 released students who participated in the community portion of the program:
  - 23 students either graduated from high school or passed their GED, specifically with 11 graduating from high school and 12 obtaining their GED
  - 15 are currently in school
  - 16 currently have jobs

Data tracking each participant’s progress for one year after release from camp will be used to evaluate the success of the program using the following performance measures:

1. Enrollment in the program;
2. Attendance in the program;
3. Completion of the program;
4. Certificates obtained;
5. Employment assistance provided;
6. Employment sustainability; and
7. Education sustainability.

THE DJJ UNIT

The passage of SB 459, effective January 1, 2004 (Chapter 4, Statutes of 2003), gave the Juvenile Court continuing jurisdiction over minors sent to the Division of Juvenile Justice (DJJ). SB 459 was a legislative attempt to ensure that courts take an active role in supervising minors who are committed to DJJ by mandating the following:

1) Juvenile Courts are now required to set a maximum term of confinement (Welfare and Institutions Code §731);
2) DJJ is required to set an initial parole consideration date within 60 days of the commitment of a ward; (Welfare and Institutions Code §1731.8); and
3) DJJ must prepare a treatment plan for each ward, provide these reports to the Juvenile Court and to the Probation Department, and provide written periodic reviews at least annually (Welfare and Institutions Code §1766).

The Public Defender now has the duty to monitor treatment provided at DJJ. Three experienced Public Defender resource attorneys have been assigned to the Department’s DJJ unit, which was created in the summer of 2004.

The current population of youth housed in DJJ facilities statewide is approximately 1,400. On February 22, 2010, the California
Department of Corrections and Rehabilitation officially closed the doors of the Herman G. Stark Youth Correctional Facility located in Chino, which had been the state’s largest DJJ facility for juvenile offenders. AB 1628 was signed into law in January 2010 (Chapter 729, Statutes of 2010). The primary purpose of AB 1628 was to eliminate DJJ parole by July 2014 and shift this population to county supervision and aftercare, with the use of evidence-based supervision and detention practices for those youth who come to the counties via AB 1628. In February 2011, counties began to receive youth from DJJ custody onto their probation caseloads as a result of the Juvenile Re-Entry Grant recently enacted by passage of AB 1628.

The Public Defender DJJ Unit serves approximately 67 clients currently housed at DJJ institutions throughout the state, and during Fiscal Year 2010-11, additional Public Defender DJJ clients were paroled or released through successful WIC section 779 petitions. All DJJ clients are visited by their Public Defender DJJ Unit attorneys. They also may reach their lawyer by telephone. The attorneys have developed working relationships with the clients’ DJJ counselors, as well as with other staff at the institutions. They work to obtain their clients’ prior mental health and education records, and they also review DJJ documents in order to assess current services. Even upon parole release, Public Defender staff remain involved with the client and assist with accessing services.

Advocacy within the institution may bring a change in the services provided to the client. The attorneys have participated in obtaining special education services for their clients inside DJJ and have attended IEP meetings on behalf of their institutionalized clients. They have ensured that clients were transferred to facilities where specialized counseling was available, thus enabling the clients to receive services necessary for them to successfully reintegrate into the community upon parole.

Public Defender DJJ Unit attorneys also research and prepare motions pursuant to WIC §731, requesting that the judge set a determinate term for the sentence. WIC §731, which states that minors may not be held in physical confinement for a period longer than the maximum adult sentence, has been amended. The additional language now states that “[a] minor committed to . . . the Youth Authority also may not be held in physical confinement for a period of time in excess of the maximum term of physical confinement set by the court based upon the facts and circumstances of the matter or matters which brought or continued the minor under the jurisdiction of the juvenile court, which may not exceed the maximum period of adult confinement as determined pursuant to this section.”

The lawyers also pursue relief pursuant to WIC §779, which gives the Juvenile Court discretion to remove clients from DJJ institutions in cases where appropriate services are not being provided. While current law allowed the Juvenile Court to modify or set aside a DJJ commitment, WIC §779 has been amended to state that “[t]his section does not limit the authority of the court to change, modify, or set aside an order of commitment after a noticed hearing and upon a showing of good cause that the Youth Authority is unable to, or failing to provide treatment consistent with section 734.” Courts have granted these motions after holding hearings and finding that DJJ services were inadequate. A number of clients have been moved from DJJ Youth Correctional Facilities to local suitable
placements where their special needs can be addressed.

**JUVENILE MENTAL HEALTH COURT**

The Office of the Public Defender also continues to be actively involved in Juvenile Mental Health Court (JMHC). JMHC, which began operating in October 2001, is a comprehensive, judicially-monitored program for juvenile offenders with diagnosed mental health disorders or learning disabilities and whose crimes demonstrate a link to the disorder or disability. A collaborative inter-agency team consisting of a judge, prosecutor, defense attorney, Department of Mental Health psychologist, and a Los Angeles County Office of Education liaison develops an individualized case plan for each eligible child referred to JMHC. The plan includes home, family, therapeutic, educational and adult transition services. A deputy public defender with the assistance of psychiatric social workers advocates on behalf of the child to secure mental health services from all available community resources.

The deputy public defender works with the family, local mental health organizations, school districts, the Regional Center system, the Probation Department, and DCFS to obtain for the child every benefit to which he or she is legally entitled. Implementation of the plan is monitored intensively on an ongoing basis for two years or as long as the minor remains on probation. One goal of JMHC is to reduce recidivism in the mentally ill population.

Since its inception in October 2001 through June 2011, the JMHC has accepted 510 children, and the Public Defender represented 427 of those children. In FY 2010-2011, the JMHC accepted 56 new cases, with 51 of those children being represented by the Public Defender.

JMHC also acts as a referral court for all minors found to be incompetent in Los Angeles County, and is the only Delinquency Court in California that specifically accepts children who have been found incompetent by the referring court.

**JUVENILE DRUG TREATMENT COURT**

Juvenile Drug Treatment Court attempts to resolve underlying problems of drug and alcohol abuse and is built upon a unique partnership between the juvenile justice community and drug treatment advocates. The courtroom atmosphere is non-adversarial, with a dedicated team of court officers and staff, including deputy public defenders who strive together to break the cycle of drug abuse. The Los Angeles County Juvenile Drug Treatment Court Programs are supervised, comprehensive treatment programs for non-violent children. The programs are comprised of children in both pre-adjudication and post-adjudication stages as well as high-risk probationers who are sometimes placed in a 26-week residential facility.

Children participate in the program voluntarily. In the pre-adjudication program referred to as Drug Court Lite, charges are suspended during the child’s participation while children in the post-adjudication program admit charges in the petition prior to participation. Most children participating in the pre-adjudication program are charged with committing offenses involving possession of narcotics or being under the influence of drugs and/or alcohol. Children are generally eligible to participate in the post-adjudication program so long as they have no prior sustained or current petitions for sex offenses, crimes of violence or possession, or use of a firearm. The requirements are waived on occasion to allow some otherwise ineligible children to participate.
in Juvenile Drug Treatment Court when the interests of justice are served.

Upon a finding of eligibility and suitability, the Juvenile Drug Treatment Court judge provisionally accepts the child into the Juvenile Drug Court Treatment Program. After the child is accepted into the program, deputy public defenders continue representation throughout the child’s participation in Drug Court. Successful completion and graduation will result in the dismissal of charges in the pre-adjudication program and the termination of probation in the post-adjudication program. Failure or dismissal from the program will result in the reinstatement of criminal (delinquency) charges and subsequent prosecution on the pre-adjudicated charges or continuation on probation on the post-adjudication charges. Success in the Juvenile Drug Court Treatment Programs is not solely measured by the number of graduates from the program, but rather whether the curriculum favorably impacted the children to the extent that they are now considered drug-free.

Juvenile Drug Court Treatment providers direct participating children through a 52-week curriculum which includes drug treatment, drug testing, frequent court appearances, and individual as well as group counseling. The programs are divided into three phases: 1) Phase one focuses on stabilization, orientation and assessment; 2) Phase two emphasizes intensive treatment; and 3) Phase three focuses on transition back to the community.

A counselor or probation officer also assists with obtaining education and skills assessments. Referrals for vocational training or job placement services are also provided. Participants are required to attend school on a regular basis with enrollment in Independent Studies allowed only with the court’s approval. The child’s parents and family members are encouraged to participate in appropriate treatment sessions. Deputy public defenders receive training regarding addiction, treatment, and related issues which constitute an ongoing part of the therapeutic environment fostered in the Juvenile Drug Treatment Court.

There are currently three Juvenile Drug Treatment Courts:

1. Sylmar (which began operations in 1998);
2. Eastlake (which began operations in 2001); and
3. Inglewood (which began operations in 2004).

Sylmar handles pre-adjudication and post-adjudication. Eastlake handles post-adjudication matters only, and Inglewood handles solely pre-adjudication matters.

For Fiscal Year 2010-11:

- Sylmar Court accepted:
  - 42 new Drug Court participants; 14 of whom have graduated so far;
  - 27 Drug Court Lite participants; of whom four graduated and had their admissions withdrawn and petitions dismissed by the court.

- Eastlake Court accepted 135 Drug Court participants and graduated 21 participants.

- Inglewood Court accepted 27 new participants and had 5 graduates. Five additional participants continued on with residential treatment provider
associated with the Court’s program. Note that participants must reside in the Centinela Probation Area to qualify.