

# Los Angeles County Public Defender CARE Project

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## Evaluation Report

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### **About Resource Development Associates**

Resource Development Associates (RDA) is a consulting firm based in Oakland, California that serves government and non-profit organizations throughout California as well as other states. Our mission is to strengthen public and non-profit efforts to promote social and economic justice for vulnerable populations. RDA supports its clients through an integrated approach to planning, grant-writing, organizational development, and evaluation.





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## Executive Summary

### Evaluation Overview

For nearly twenty years, the Juvenile Division of the Los Angeles County Public Defender's Office has provided award-winning holistic legal representation and intervention for youth in the juvenile justice system through its Client Assessment Recommendation and Evaluation (CARE) Project. Through the CARE project, Los Angeles County Deputy Public Defenders in the Juvenile Division refer clients to in-house social workers and resource attorneys who specialize in mental health and educational advocacy. They, in turn, provide predisposition linkages to services that help clients address basic needs.

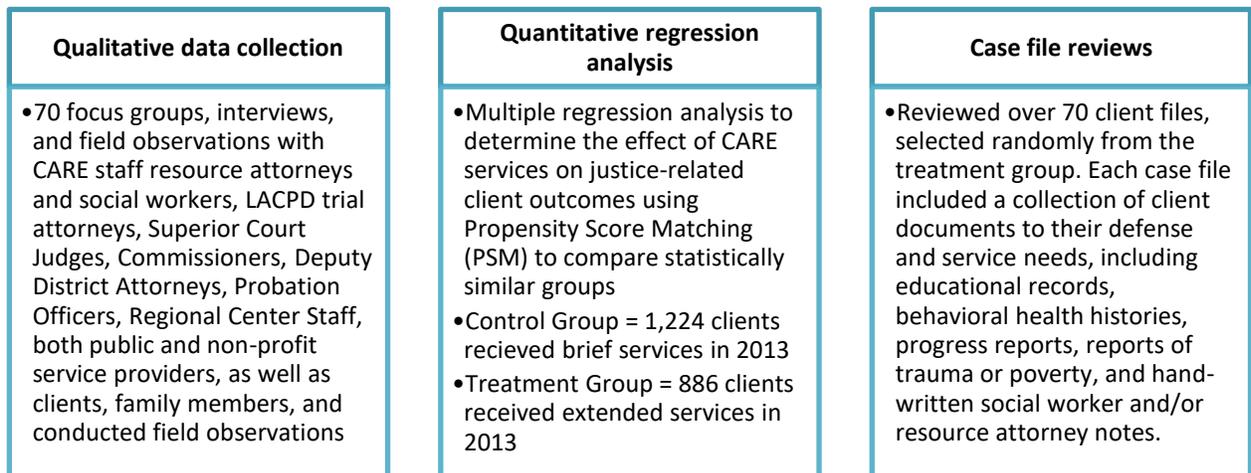
In 2016, the Public Defender's Office contracted with Resource Development Associates (RDA) to conduct a comprehensive evaluation of the CARE Project, including an examination of CARE's impact on client outcomes and recommendations to improve program design, implementation, and service delivery. Though the Project has won numerous awards, this is the Public Defender's first opportunity to subject CARE to rigorous evaluation.

This evaluation was guided by the following research questions:

<b>Outcome Evaluation Questions</b>	<ol style="list-style-type: none"> <li>1. Do CARE services result in reduced negative contact with the juvenile justice system?</li> <li>2. Do Public Defender's Office clients who receive CARE services have improved dispositional outcomes?</li> </ol>
<b>Process Evaluation Questions</b>	<ol style="list-style-type: none"> <li>1. What are CARE's facilitators of successful implementation?</li> <li>2. What program areas can CARE improve to increase Project and client success?</li> </ol>

These questions informed RDA's mixed-methods evaluation design, which included primary qualitative data collection and analysis, secondary quantitative data analysis, and case file analysis. Figure 1, below, provides an overview of evaluation methods.

**Figure 1. Overview of Evaluation Methods**





## Evaluation Findings

This evaluation found that the LA County Public Defender's Office's holistic representation CARE Project is a highly effective approach to defense that results in reduced negative contact with the juvenile justice system and improved dispositional outcomes for clients. In particular:

- **CARE clients who receive extended services have significantly less subsequent contact with the juvenile justice system.** The treatment group experienced 0.96 fewer negative interactions with the juvenile delinquency court after receiving CARE services than clients that received only brief services. Respondents from both the District Attorney's Office and the judiciary overwhelmingly agreed with CARE staff and clients that CARE services help young people address the underlying issues that result in justice involvement and, in so doing, reduce their negative contact with the juvenile justice system.
- **CARE services appear to successfully help clients obtain desired dispositional outcomes.** Of the case files that included dispositional outcomes, RDA found that twice as many CARE clients were adjudicated according to the Public Defender's recommendations rather than the Probation Department's recommendations. Several justice partners reported that clients who receive CARE services receive more appropriate community services and placements, leading to better case outcomes. The collaboration between CARE staff and other justice partners helps clients receive less severe dispositional outcomes, including dismissals due to competency, fewer restrictive dispositions, and fewer placements into halls and camps.

In addition, this evaluation identified several facilitators of success of the CARE Project and its clients. In particular:

- CARE staff's extensive engagement with youth and families helps them build trust and rapport with clients.
- High levels of collaboration between trial attorneys, resource attorneys, and social workers support better client representation.
- Widespread buy in from juvenile justice partners is essential for CARE success.
- Clear and structured coordination with service partners are essential for successful implementation of CARE services.

This evaluation also identified the following barriers to successful project implementation:

- At times, the absence of clearly defined roles and responsibilities or explicit policies and procedures reduce the efficacy of CARE's work.
- Staff turnover among roles reduces the effectiveness of CARE services.



## Recommendations

Overall, RDA found that the LA County Public Defender's Office's holistic representation CARE Project is a highly effective approach to defense that results in reduced negative contact with the juvenile justice system and improved dispositional outcomes for clients. The impressive impact of CARE services notwithstanding, RDA's analyses also revealed several opportunities to improve the implementation of the CARE Project. RDA recommends the following in order to better facilitate success for CARE clients and improve CARE Project implementation:

- ❖ **Provide extended services to all clients.** RDA's analysis found significant evidence to support the need for a comprehensive service approach for all of CARE's clients due to their high levels of need. Brief referrals without comprehensive follow-through do not improve client outcomes significantly. CARE should provide extended service linkages to ensure all clients receive the support they need to avoid further contact with the juvenile justice system.
- ❖ **Continue CARE services beyond the point of case disposition.** Currently, CARE Project policies require Project staff to stop serving clients within 30 days of disposition. Clients, staff, and CARE partners agreed that in order to best serve clients and reduce repeated justice system contact, services must extend beyond the point of disposition to address lengthy procedural issues like mental health assessment and treatment, reenrolling in school, or obtaining medical assistance.
- ❖ **Bolster programmatic structure, including policies, procedures, and training for staff.** CARE staff, justice partners, and service providers need to understand their roles to effectively collaborate and advocate on behalf of their clients. Clearly defining program policies, procedures, and ongoing attorney training about CARE's services will improve service coordination for clients, and result in reduced client risk factors for recidivism.
- ❖ **Increase evaluability by improving data collection and infrastructure.** The CARE Project should research, identify, and implement a structured assessment tool for client screening, identifying needs, triaging, and referring clients to services. This will standardize client needs assessments, reduce the burden of data entry, and support staff in ensuring that clients access and receive needed services. Improving data infrastructure and quality will also increase CARE's evaluability, which will increase CARE's ability to understand its impact on clients. The lack of systematic data collection on service linkages and outcomes limits RDA's ability to assess many program outcomes and cost implications.



## Conclusion

RDA's evaluation activities and analyses provide strong evidence that CARE is a beneficial early intervention program that helps youth with very complicated needs. CARE not only helps clients access the services they require to be successful in life, but reduces barriers to stabilization and involvement with the justice system. Although the research base on holistic defense remains limited, based upon the findings presented here, RDA believes this approach is a strong candidate for consideration as a promising practice. Moreover, the L.A. County Public Defender's Office's CARE Project is an impressive model for holistic legal representation. If the CARE Project can implement the recommendations listed above, RDA believes that CARE would be a very strong candidate for the additional research that would be required to qualify it as a promising or best practice.



## 1. Introduction

For nearly twenty years, the Juvenile Division of the Los Angeles County Public Defender's Office has provided award-winning holistic legal representation and intervention for youth in the juvenile justice system through its Client Assessment Recommendation and Evaluation (CARE) Project.<sup>1</sup> Since 1999, CARE has linked clients to critical services in areas including mental illness, intellectual or developmental disability, special education, commercial sexual exploitation, homelessness, trauma, abuse, and neglect. Through the CARE project, Los Angeles County Deputy Public Defenders in the Juvenile Division refer troubled clients to in-house social workers and resource attorneys who specialize in mental health and educational advocacy. They in turn provide predisposition linkages to services that help them address basic needs. Services include:



CARE provides an innovative and cutting-edge holistic defense approach to legal services, aiming not only to provide legal defense advocacy but also to comprehensively remediate clients' underlying needs and proactively prevent further justice system involvement. CARE operates in each of the Los Angeles County Public Defender's eight juvenile branches and is comprised of 13 psychiatric social workers, two supervising psychiatric social workers, eight resource attorneys, and one Supervising Deputy in Charge that assists in overseeing the program. CARE is a critical component of the Juvenile Division, which consists of approximately 50 trial attorneys, two Head Deputy Attorney Managers, eight Supervising Deputies in Charge, two appellate attorneys, two specialty court attorneys, a Department of Juvenile Facilities attorney, five Paralegals, eight Investigators, and one full-time Attorney Trainer.

The diversity of services CARE staff provide and the array of issues they help young people address make the CARE Project a leader among holistic defense practices, and one that has been widely regarded and has won numerous awards. In 2016, the Public Defender's Office contracted with Resource Development Associates (RDA) to conduct a comprehensive evaluation of the CARE Project, including an examination of CARE's impact on client outcomes and recommendations to improve program design, implementation, and service delivery. This is the Public Defender's Office's first opportunity to subject CARE to rigorous evaluation. This report provides an overview of the CARE Project's service delivery model, a general

<sup>1</sup> SRAD Award for the CARE Project. November, 2008 Office of Juvenile Justice Delinquency Prevention (OJJDP) and Corrections Standards Authority (CSA); COMIO Best Practice Award. March, 2008 California Council on Mentally Ill Offenders; Defender Program of the Year, 2004 California Public Defender's Association



description of holistic defense approaches from across the country, a discussion of prior research on holistic defense, and RDA's evaluation methods and findings.

## 2. Holistic Defense Practices

### 2.1 Overview of CARE Service Delivery

CARE services begin at the point when a Deputy Public Defender in the Juvenile Division refers his or her client to a CARE social worker or resource attorney. During the first meeting with a client at the beginning of the juvenile court process, the assigned trial attorney looks for signs of significant or noteworthy social, emotional, mental, intellectual, or physical disabilities, as well as indications of homelessness or substance abuse, that may impact the youth's ability to function at a reasonable age or culturally appropriate level. If the attorney believes that the youth needs assistance, he or she may refer the client to the CARE Project for additional services. Once referred to CARE, resource attorney specialists and social workers assess the client for additional service needs and consider a range of individual factors—including apparent level of cognitive development, history and presentation of mental health and emotional needs, and home environment. These factors inform CARE referrals to appropriate follow-up assessments and additional support services, including:

- **Record retrieval and review.** Social workers and resource attorneys help request, obtain, and review clients' medical, mental health, dependency, and educational records to determine how to best address their needs.
- **Consultations with a resource attorney.** CARE resource attorneys help identify legal entitlements or supports for which the client may be eligible, including special education support, mental health services, and treatment for a developmental disability.
- **Referrals to community-based organizations.** CARE staff refer clients to organizations in the community that can provide them with no-cost or low-cost services such as physical and mental health care, housing, substance abuse treatment, and educational supports.
- **Mental health assessment.** Social workers link clients to mental health professionals through community-based organizations and public agencies, including the Los Angeles County Department of Mental Health, who provide screening and assessment for mental health needs, as well as ongoing treatment and support.
- **Education and school support.** Justice system involvement and/or delinquent behavior often disconnects youth from school, and CARE staff assist disconnected clients with re-enrollment. Additionally, CARE staff work with school district administrators to develop or revise Individualized Education Plans (IEPs) for clients that require special education support.
- **Regional Center assistance.** CARE staff help connect developmentally or cognitively disabled clients to the Los Angeles County Regional Centers. Staff refer clients to disability assessments at the appropriate Regional Center, and clients that have been diagnosed with cognitive or developmental disabilities are eligible for lifetime services.



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- **Competency evaluations.** In California, as in most states, juveniles must be competent to stand trial. For clients that may have a mental illness, a developmental disability, developmental immaturity, or other conditions that cause insufficient ability to prepare his or her defense, CARE staff advocate for competency evaluations. When a client is deemed not competent to stand trial, the case may be dismissed if the youth cannot become competent in the foreseeable future.

In addition to assisting clients with their environmental, physical, educational, and social-emotional needs, CARE social workers and resource attorneys collaborate with Public Defender's Office trial attorneys to ensure the individual's circumstances are brought before the court for full consideration prior to disposition. Because CARE staff often have knowledge of clients' underlying needs, judges and prosecutors frequently rely on them to bring commentary and relevant documentation before the court to inform disposition and appropriate legal outcomes for each client.



## 2.2 Holistic Defense Practices

### Public Defenders' Offices

While the Public Defender's Office has utilized holistic defense practices through its CARE Project for nearly two decades, this approach to legal representation is still considered an emerging practice. Holistic defense is an uncommon practice among public defender's offices nationwide. Of those offices that do implement holistic defense practices, each defines its approach, processes, partners, and focal areas differently.

#### San Francisco

For example, the San Francisco Public Defender's Office operates the Legal Education Advocacy Program (LEAP) for holistic juvenile representation. Outside of providing representation, LEAP focuses primarily on addressing clients' educational needs. Through meetings with their clients, public defenders identify youth that may need additional educational advocacy or assistance due to a history of academic failure, truancy, or possible special education needs. Clients referred to LEAP work with their defense attorneys as well as a team of education attorneys, social workers, and advocates from a local community-based organization. Collectively, the LEAP team helps the client access a range of education-related services based on individual needs, including tutoring, GED placements, assistance with college or financial aid applications, attendance at school meetings or court appearances, and accompaniment to special education hearings. Additionally, LEAP teams conduct home visits, provide progress reports for families and judges, attend court on behalf of the client, and provide workshops for parents to learn advocacy skills for their children.

#### Washington DC

The Public Defender Service of Washington D.C. also takes a holistic approach to representing both juvenile and adult clients, providing clients with access to supportive services that help them address legal challenges beyond traditional delinquency or juvenile defense. In 2000, the Public Defender Service initiated the Community Defender Program, which then became the Community Defender Division (CDD), to advocate on behalf of current or former juvenile clients that are either detained or committed. The CDD advocates for improved conditions of confinement and also represents juvenile clients at disciplinary hearings, refers clients to social services, and provides other forms of post-commitment legal advocacy.

As a compliment to the legal services of CDD, in 2001 the Public Defender Service also initiated the Civil Legal Services Division (CLS) to provide other forms of advocacy and supports. CLS special education attorneys advocate for accommodations for children who have developmental, physical, or cognitive disabilities or otherwise require special education services under federal law.<sup>2</sup> Other CLS attorneys help clients address civil issues related to their delinquency charges, including housing and/or family court matters. In contrast to San Francisco's LEAP and some other holistic representation services, D.C.'s CDD and CLS services are focused on legal representation of different forms. Although CDD services do include

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<sup>2</sup> Individuals with Disability Education Improvement Act, 2004



referrals to social services, the programs do not employ social workers or provide other non-legal services to support their clients' defense.

**Maryland**

The Maryland Neighborhood Defenders Program (NDP), established by the State of Maryland's Office of the Public Defender in 2006, employs trial attorneys, social workers, law clerks, and also college interns to provide clients with supports and linkages to address immediate non-legal needs related to reentry, housing, employment, immigration, mental health, and education. NDP social workers develop case plans with juvenile and adult clients and their families to address underlying conditions related to their justice involvement. In addition, the social workers collaborate with the clients' trial attorneys to provide expert testimony before the court and to advocate for the least restrictive disposition possible. Maryland's Office of the Public Defender operates the Social Work Division separately from its legal defense services and consequently, in contrast to some other holistic representation programs, Maryland's NDP services are not limited to the pre-disposition phase of a client's criminal or delinquency case and can continue past the public defender's legal representation of the client.

**Community Organizations**

In addition to these examples of holistic defense programs provided by public defenders' offices, a number of non-profit legal defense and advocacy organizations implement holistic representation.

**TeamChild (WA)**

TeamChild of Washington State provides civil legal representation to youth with histories of involvement or at risk of involvement in delinquency court. Youth may be in foster care, regularly truant, or otherwise at risk. Attorneys at TeamChild provide direct services to youth between the ages of 12-18 to help them understand and exercise their rights to return to school, obtain special education, and receive mental health support. Unlike some other holistic defense services, TeamChild primarily employs attorneys that provide civil legal advocacy to clients. However, TeamChild attorneys partner with local community-based organizations to refer clients to a variety of health and social services that address a holistic range of needs.

**Louisiana Center for Children's Rights**

The Louisiana Center for Children's Rights (LCCR) provides holistic representation services that are more analogous to those provided by the public defenders' offices listed previously. LCCR's services include delinquency court representation and a combination of civil legal advocacy and social work services. In LCCR's work, all youth defense clients also work with a social worker, an education attorney, and a case manager to address a range of needs. According to its executive director, LCCR's approach is unique in that the clients' case teams look holistically at successful outcomes for the client, working collaboratively to agree on goals that do not necessarily prioritize juvenile court outcomes over other life outcomes. LCCR's youth-led approach to case management engages clients to define their own best outcomes, even if that does not align with staff perceptions of the clients' best outcomes.



Gator TeamChild (FL)

Gator TeamChild is a juvenile law clinic housed within the University of Florida Law School, providing a holistic approach to advocacy on delinquency, dependency, administrative, and educational matters. Certified legal interns work together with social work and psychology students to assess and address client needs while the young person is going through the court process.

## 2.3 Review of Research and Prior Evaluations

To date, there is limited research on holistic defense programs, including both implementation and impact. As a result, there are few, if any, best practices for the implementation or evaluation of holistic defense programs. RDA's review of the literature identified four publicly available evaluations assessing holistic defense program implementation and outcomes. The section below summarizes the methods and key findings from each of these studies.

**There are a few approaches to implementing holistic defense, however, the research is extremely limited and RDA found no comparative studies identifying the relative efficacy or impact of one practice over another. Thus, while there may be intuitive benefits to different approaches, there are no evidence-based practices from which RDA can draw recommendations.<sup>3</sup>**

LEAP (San Francisco)

The most recent evaluation conducted on a holistic defense program was a process evaluation of San Francisco's LEAP program completed in 2014. This evaluation examined the extent to which stakeholders perceived LEAP to effectively advocate for their clients' needs. The researchers conducted focus groups with LEAP stakeholders and issued a survey to program attorneys, ultimately finding that LEAP's greatest strength is the way program attorneys advocate on behalf of their clients before the court and in the school environment, including liaising with school administrators and attending meetings with youth or their parents.<sup>4</sup>

NDP (Maryland)

In 2006, researchers conducted a process evaluation of the implementation of Maryland's NDP program. The evaluation looked at: 1) clients' perceptions of program benefits and their own success within NDP's holistic defense program, 2) staff perceptions regarding the success of NDP's holistic defense program implementation, and 3) whether the program met clients' needs. The researchers used qualitative methods including interviews with staff and multiple focus groups with youth program participants. The process evaluation

<sup>3</sup> In 2012, the National Institute for Justice (NIJ) funded a multi-site study of holistic defense programs that aims to 1) develop and refine definition of holistic defense; 2) examine variation in holistic defense practices; and 3) empirically evaluate outcomes and cost effectiveness of holistic defense. This project, which is being led by a team of researchers from the National Center for State Courts, was in the data collection phase at the time of this report. The project's lead researcher suggested to RDA that another 1-2 years would pass before that study produced any results or findings.

<sup>4</sup> Kramer, K., (2014) Legal Advocacy Program Report.



determined that clients viewed the program as beneficial but that staff needed more clarity on the program implementation. The program's public defenders did not know when to refer clients to a social worker, and other staff believed that the program needed new benchmarks and milestones because the initial program goals had been met.<sup>5</sup>

TeamChild  
(Washington)

Researchers conducted an outcome evaluation of Washington State's TeamChild program in 2012. As with other evaluations, this study examined the effect of TeamChild services on post-participation criminal charges. The researchers attempted to construct a comparison group using statistical matching, but gaps in the available data prevented the creation of a valid comparison group. As a result, the researchers instead analyzed the correlation between service intensity (the level of services each client received) and post-program criminal charges, while controlling for historical criminal justice involvement. The study revealed that as service intensity increased, the number of clients' new charges decreased.<sup>6</sup>

Gator TeamChild  
(Florida)

In 2004, a team of researchers evaluated Gator TeamChild branches in Florida's Gadsen and Leon counties, looking specifically at the impact of TeamChild participation on subsequent juvenile justice outcomes. At the time, Gator TeamChild had limited data regarding participants' justice involvement. Consequently, the researchers developed a plan to utilize the number of participant arrests as a proxy for post-program justice involvement. This evaluation compared the change in number of arrests between the treatment group (Gator TeamChild participants) and the control group (individuals referred to Gator TeamChild that received fewer than ten hours of service, or no service). The researchers used regression analysis to evaluate the impact of program participation on the number of client arrests within one year of starting the program. The analysis controlled for prior juvenile justice involvement. The results of this study were mixed. On the one hand, participation in Gator TeamChild programming led to fewer participant arrests; on the other hand, participation did not lead to a reduction in delinquency adjudications for participants.<sup>7</sup>

The table on the following page summarizes the research methods and the main takeaways from each of these studies.

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<sup>5</sup> Hisle, B., Shdaimah, C., and Finegar, N., (2006). An Evaluation of Maryland's Holistic Representation Program.

<sup>6</sup> Collins, P., and Strand, D., (2013) Team Child Evaluation Study 2012-2013: Final Report.

<sup>7</sup> Norrbin, S., Rasmussen, D., and Von-Frank, D., (2004). Evaluation of TeamChild Florida Programs.



Table 1: Prior Holistic Defense Evaluations

Program	Year	Method	Key Findings
Gator TeamChild	2004	Quantitative <i>Compared outcomes across clients that received less and more than 10 hours of service while controlling for prior arrests</i>	<ul style="list-style-type: none"><li>Services led to fewer post-service arrests within one year of leaving the program</li></ul>
Neighborhood Defenders Program	2006	Qualitative <i>Focus groups with clients and NDP staff</i>	<ul style="list-style-type: none"><li>Staff required more training and program required more planning</li><li>Clients viewed the program as beneficial</li></ul>
TeamChild Washington	2012	Quantitative <i>Multiple regression analysis used to determine the correlation between service intensity and criminal charges filed</i>	<ul style="list-style-type: none"><li>Service intensity was linked to a decreased number of post-program criminal charges</li></ul>
LEAP	2014	Mixed-methods <i>Staff survey and focus groups with stakeholders</i>	<ul style="list-style-type: none"><li>Most effective advocacy was attending school meetings and appearing in court with youth</li></ul>

As the research shows, the effects and impacts of holistic defense still require additional study. Using lessons learned within previous evaluations of this holistic approach to public defense, RDA designed a mixed-methods evaluation, detailed in the next section.



### 3. CARE Evaluation Design

#### 3.1 Overview of Objectives and Research Approach

##### Objectives

The purposes of this evaluation are to assess the extent to which CARE successfully achieves its intended outcomes, and to make recommendations for program improvement. The Public Defender's Office intends CARE to: 1) link young people to services that can help them address risk factors associated with justice system involvement, especially concerning mental health, education, and disability; 2) obtain the least restrictive and most appropriate dispositional outcome; and 3) reduce future involvement in the delinquency system.

##### Research Questions

This evaluation was guided by the following research questions:

<b>Outcome Evaluation Questions</b>	<ol style="list-style-type: none"><li>1. Do CARE services result in reduced negative contact with the juvenile justice system?</li><li>2. Do Public Defender's Office clients who receive CARE services have improved dispositional outcomes?</li></ol>
<b>Process Evaluation Questions</b>	<ol style="list-style-type: none"><li>1. What are CARE's facilitators of successful implementation?</li><li>2. What program areas can CARE improve to increase Project and client success?</li></ol>

##### Evaluation Activities

RDA designed a mixed-methods process and outcome evaluation for the CARE Project, combining qualitative and quantitative data collection activities to inform a wide-ranging set of analytic findings. To this end, RDA completed focus groups and interviews with a variety of stakeholders to obtain diverse perspectives on program implementation, and combined the results of these qualitative activities with statistical analysis of quantitative data on client outcomes. By triangulating primary data collected by the RDA team and secondary data, collected by the Public Defender's Office and the Los Angeles County Superior Court, the research team was able to assess a comprehensive picture of CARE services. The sections below describe the methods employed for the evaluation activities described here.

#### 3.2 Quantitative Methods

##### Overview of Data Sources

The evaluation team gathered CARE client data from the Los Angeles County Superior Court Juvenile Automated Index (JAI) database as well as the Public Defender's CARE Project FileMaker Pro client database. The objective of the quantitative analysis of these data was to: 1) develop a descriptive overview of CARE's client population, and 2) examine the impact of CARE services on subsequent juvenile



justice involvement. The evaluation team collaborated with the Public Defender's Office to obtain these data, described in Table 2 below.

Table 2: CARE Data Sources

Data Source	Agency	Description	Data Elements
<b>Juvenile Automated Index (JAI)</b>	Los Angeles County Superior Court	JAI records the calendar of juvenile court hearings for arrested youth and youth that have charges filed against them.	<ul style="list-style-type: none"> <li>Youth Unique JAI Identifier</li> <li>Gender</li> <li>Race/ethnicity</li> <li>Court Hearing Date(s)</li> <li>Charge(s) and offense(s)</li> </ul>
<b>CARE Client Database</b>	LACPD CARE Project	This FileMaker Pro case database contains demographics, service needs and referrals, and CARE start/stop dates.	<ul style="list-style-type: none"> <li>Date CARE Opened</li> <li>Date CARE Closed</li> <li>Race/Ethnicity</li> <li>Identified need/referred services</li> </ul>

### Comparison Groups

In order to receive CARE services, defense clients must display signals to their trial attorneys in early meetings, or meet certain criteria. All CARE clients displayed signs of significant social/emotional needs, family instability, cognitive or developmental disabilities, educational or mental healthcare treatment needs; however, not all CARE clients receive the same level of services and supports. At the point of intake, CARE staff utilize an assessment to triage clients for different follow-up needs or levels of ongoing support.

RDA limited the evaluation to clients that began CARE services within a specific timeframe in order to look at both juvenile justice involvement prior to CARE services as well as juvenile justice involvement after receiving CARE services. The clients analyzed for this evaluation are CARE clients that received their first CARE services between 2009 and 2013.<sup>8</sup>

Through a review of the available quantitative program data, RDA identified two distinct groups of CARE clients.<sup>9</sup> Some clients received only the initial CARE client assessment and brief referrals to external community services, which RDA calls "brief services." RDA evaluated the 1,224 clients within this group. Other clients worked more closely with CARE staff throughout the duration of their court cases, and received a more comprehensive assessment of service needs, referrals to external community services, and additional linkage supports from CARE staff to ensure follow-through and receipt of the services

<sup>8</sup> In this evaluation, prior justice system involvement includes prior sustained petitions, probation violations, or other negative contacts with the juvenile justice system.

<sup>9</sup> Initially, RDA intended to utilize client need and risk data to develop comparison groups. Because CARE does not utilize a validated risk and needs assessment tool, these data were not available for evaluation. Although CARE staff collect information on clients' needs during their initial assessment with CARE staff, this information is used strictly for case planning and is not documented in a systematic manner that could be used for evaluation.



described in the “Overview of CARE Services Delivery.” RDA and the CARE project call this group “extended services,” and RDA analyzed 886 clients within this group.

**Table 3: CARE Clients Analyzed within the Evaluation**

Population Group	Client type	Sample Size
Treatment	Extended services	886
Control	Brief services	1,224

RDA utilized these different levels of service intensity as a means to develop evaluable comparison groups. While this approach to developing analytic groups for comparison differs from controlled comparison studies within rigorous academic settings, RDA’s approach to developing comparison groups is an actionable and appropriate use of the available data, similar to other evaluations conducted for existing social programs.<sup>10</sup> The regression analysis compares individual justice outcomes within the extended services group (the “treatment” group) to individual justice outcomes in the brief services group (“control” group).

Research shows that clients who qualify for or receive holistic defense services are systematically more vulnerable than other populations, and that high levels of service needs are connected to increased levels of recidivism. For example, one study found that individuals with developmental disabilities are 14% more likely to recidivate than individuals without.<sup>11</sup> Another found that individuals with substance abuse or mental health diagnoses are 8% more likely to recidivate.<sup>12</sup>

As evidenced in section 2.3 Review of Research and Prior Evaluations, above, prior evaluations of holistic defense faced similar challenges in developing a valid control group including non-clients. As such, the peer-reviewed evaluation of Florida’s TeamChild services leveraged service intensity by comparing a group of referred clients that had received more than ten hours of services to a group of clients that had received less than ten hours of services.<sup>13</sup> RDA’s approach to comparing levels of service intensity creates evaluable sets of clients with similar risk factors for recidivism. The services received by each group are listed below.

<sup>10</sup> The rigorous requirements for developing social science quasi-experimental comparison groups can create barriers for real world projects already deep into implementation, such as CARE. It can be very difficult to prevent biases, non-standardized selection criteria, or other unforeseen or uncontrolled variables from impacting the validity of analytic results when random group assignment is impossible. Though all these factors were barriers to developing idealized control groups within this CARE evaluation, these barriers are also very typical for real-world social projects already undergoing mature phases of implementation.

<sup>11</sup> Wilson, A., (2012). Examining the Impact of Mental Illness and Substance Use on Recidivism in County Jail. *International Journal of Law and Psychiatry*, v34, n4, July-August, p264-268

<sup>12</sup> CA Department of Corrections and Rehabilitation (2012). 2012 Outcome Evaluation Report. Office of Research.

<sup>13</sup> Norrbinn, S., Rasmussen, D., and Von-Frank, D., (2004). Evaluation of TeamChild Florida Programs.



**Services received by the brief services control group:**

- Referral by trial attorney
- Assessment for program readiness
- Consultation with a resource attorney and/or a social worker
- Community referrals (no follow-up)

**Services received by the extended services treatment group:**

- All services received by the brief services control group, plus:
- Community referrals with follow-up and repeated referrals, as necessary
- Assistance with school, health, and educational record retrieval
- Ongoing mental health advocacy and education
- Special education support/advocacy at Individualized Education Programs (IEPs)
- Referrals to and advocacy with Regional Centers

The team used a statistical process to create demographically similar comparison groups between the extended service clients (the “treatment” group) and the brief service clients (the “control” group). This process, called Propensity Score Matching (PSM), is a statistical matching technique intended to estimate the effect of an intervention (i.e. CARE extended services) while accounting for demographic variables present within both the treatment and control groups. PSM attempts to reduce bias that may lead to false findings by making the treatment group and the control group more comparable.

After creating the sample groups using PSM, RDA estimated the impact of extended services by comparing the subsequent negative court involvement of the treatment group to the subsequent negative court involvement of the control group.

**Outcomes Measured**

This study’s quantitative analysis is intended to evaluate the impact of the CARE Project on future juvenile justice involvement. First, RDA reviewed individual-level data from the LACPD CARE Project FileMaker Pro database and individual-level data from the Los Angeles Superior Court. After assessing the data’s respective levels of readiness for evaluation, RDA identified metrics to measurably define “a reduction in juvenile justice involvement.” Using the available data as a guide, RDA defined “juvenile justice involvement” as negative court contacts that are either probation violation hearings or appearances for new delinquent offenses.<sup>14</sup>

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<sup>14</sup> Due to the quantity of court contact types, RDA aimed to eliminate the vast number of contacts that did not indicate further *negative* involvement, including such court contacts as mandatory status checks, updates, or continuances.



Figure 2: Evaluation outcome measures defined



### Data Limitations

As information technology evolves and ages, it is extremely common for public agencies and community organizations to face challenges with recording, tracking, and reporting on data. Los Angeles County's Superior Court and Public Defender's Office are no exception. A key limitation of this evaluation is that these two agencies developed data systems to record information, but those systems were not designed for reporting the same information. Without the ability for real-time reporting on critical program data, making data-informed strategic decisions is a major challenge.

The Los Angeles County Superior Court designed the JAI system to be a court calendaring system. It also pulls data directly from the court minute orders completed by the court staff, but those minutes are not always in a standard format. As a result, the minute orders do not always map to the correct JAI fields. RDA found that due to JAI's primary functions of calendaring and pulling court minute orders, data within JAI are not consistent or regular. For example, a client's legal disposition is frequently recorded into different data fields. Because of these inconsistencies, RDA was unable to use JAI to measure recidivism outcomes. Instead, the evaluation utilized the more consistent fields within JAI to measure clients' subsequent negative court contacts.<sup>15</sup>

<sup>15</sup> Data used for evaluation include the date, the charges filed, and the type of court hearing scheduled.



### 3.4 Qualitative Methods

#### Overview of Qualitative Approach

In addition to the quantitative analyses described above, RDA conducted a series of interviews, focus groups, and field observations to better understand implementation of the CARE Project and to assess client, staff, and partner experiences with and perspectives of the CARE Project. These interviews and focus groups also supported RDA's efforts to learn about how stakeholders and partners collaborate with CARE staff, how the utilization of CARE services impacts client outcomes, how youth and families perceived the efficacy of CARE services, and any gaps in service delivery. These data collection methods included:

- **Interviews** with Public Defender's Office staff, including management, trial attorneys, resource attorneys, and social workers;
- **Interviews** with juvenile justice system stakeholders, including delinquency court judges, District Attorney's Office juvenile trial attorneys, and staff from the Probation Department;
- **Interviews** with CARE partners from public agencies and non-profits, including the Los Angeles County Office of Education (LACOE), the Los Angeles County Department of Mental Health (DMH), several Southern California Regional Centers, and the Children's Law Center;
- **Interviews and focus groups** with current and former CARE clients and their family members;
- **Field observations** at three Los Angeles County Superior Courthouses.

In total, RDA conducted 70 interviews or focus groups with CARE clients, staff, and stakeholders including:

<b>CARE Staff</b>	Resource Attorneys	5
	Social Workers	5
<b>Other Public Defender's Office Staff</b>	Trial Attorneys	10
<b>CARE Partners</b>	Judges	5
	Commissioners	2
	Deputy District Attorneys	5
	Probation	3
	Regional Center	4
	LA County Office of Education	3
	Department of Mental Health	1
	Children's Law Center	1
<b>Former CARE Clients and Families</b>	Client focus groups (participants)	2 (6)
	Client interviews	12
	Family member focus groups (participants)	2 (13)
	Family member interviews	9



## 3.5 Case File Reviews

### Overview

To supplement the quantitative and qualitative activities, RDA reviewed over 70 client files from cases that occurred in 2013. These individuals received the extended services and were randomly selected from the treatment group. Case files contained a range of documentation and information about individual clients not otherwise represented in existing datasets or attainable through other qualitative methods. The files included supplemental documents such as social workers' and resource attorneys' notes on individual client needs and circumstances. Each case file included a unique collection of client-specific documents that ranged in scope from education records, behavioral health histories, progress reports, documentation of trauma or poverty, to pages of hand-written social worker and/or resource attorney notes.

### Case Review Strategy and Data Limitations

As might be expected, there are limits to the evaluability of unstructured information. RDA's review of these files demonstrated that, across the range of CARE clients, case files are both highly specialized and highly irregular. Case files do not adhere to specific structures due to the variation of documents pertinent to a client's needs or defense strategy. For example, for clients that CARE staff indicated to have special education needs (within CARE's FileMaker Pro client database), the case file sometimes included documentation for special education referrals and services and sometimes did not. Similarly, the files sometimes contained information regarding the case disposition and sometimes did not.

The time required to analyze a single case file meant that the evaluation team was only able to review case files from a single year, rather than looking across years to identify trends or changes in client needs or services. As a result, the case file reviews only offer an illustration of CARE clients at a single point in time.

RDA recognizes that the purpose of CARE case files are to support defense strategies and help clients attain necessary services, and not necessarily to include every single element of information regarding a case or a client. Nevertheless, the irregularity of contents limited the degree to which RDA could determine links between services and justice-related outcomes. In response to these limitations, RDA employed a grounded theory approach to analyzing the case files, reviewing and summarizing each file by identifying specific service needs and histories and distilling a description of CARE clients through a process of manual coding.



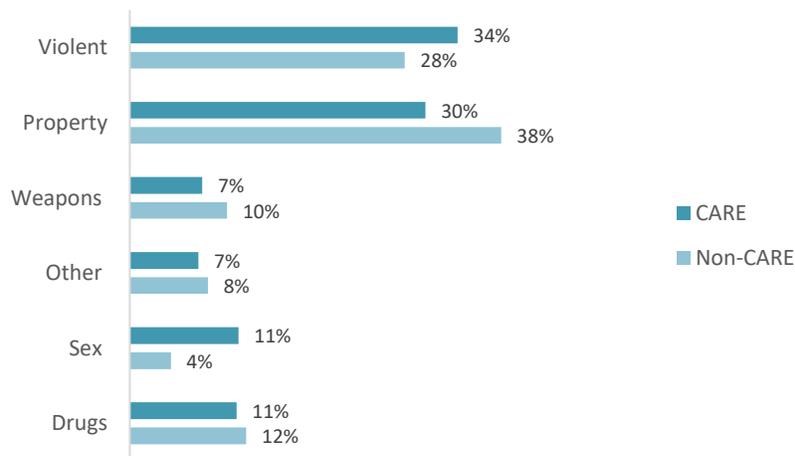
## 4. Description of CARE Clients

### 4.1 CARE Client Demographic Overview

CARE clients are both similar to and different from the overall population of youth represented by the Los Angeles County Public Defender's Office. Consistent with all Public Defender's Office clients, the vast majority of clients are male (79%) and Latino (61%) or Black (30%).<sup>16</sup> At the same time, CARE clients appear to be systematically different from other youth represented by the Public Defender's Office in a number of ways.

First, there are notable differences in the offenses for which CARE youth have delinquency petitions filed, compared with other young people represented by the Public Defender's Office. In particular, CARE youth are more likely to have petitions filed for violent offenses or sex offenses and less likely to have petitions filed for property, drugs, or weapons-related offenses than other clients. As Figure 3 shows, the most commonly listed offenses for CARE clients were violent, while the most commonly occurring offenses for non-CARE clients were property offenses. Sex offenses are the third most commonly occurring offense for CARE clients but are the least common offense for non-CARE clients.

**Figure 3: Offense types for CARE and non-CARE clients**

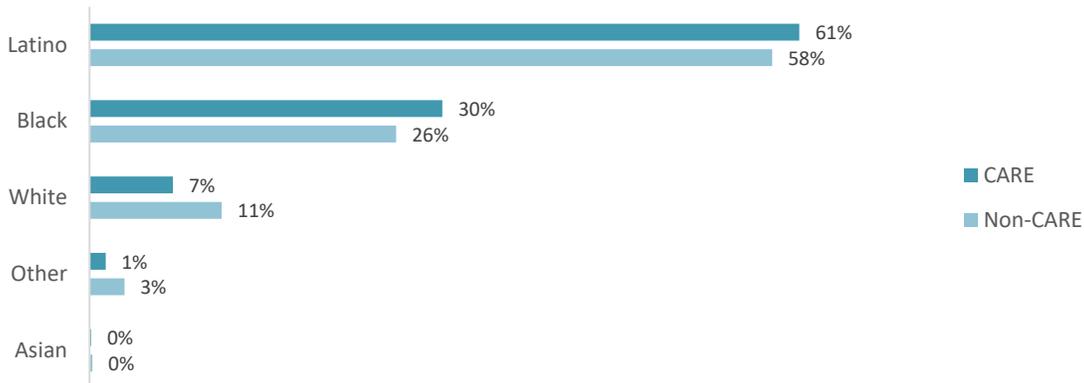


In addition, while CARE clients are generally similar to other Public Defender's Office clients in terms of demographics, as Figure 4 shows, youth who receive CARE services are more likely to be Latino or Black and less likely to be White, Asian, or Other, than are other Public Defender's Office clients, which may well also be an indicator of lower socio-economic status.

<sup>16</sup> RDA included 2,111 clients in the analytic dataset. These were CARE clients that began services between 2009-2013. Of these 2,111 clients, 1,667 are male (79%) and 444 (21%) are female. 1,286 identify as Latino (61%) and 636 identify as Black (30%).



**Figure 4: Race/Ethnicity of CARE clients vs. other Public Defender's Office juvenile clients**



<b>Age</b>	The average CARE client was 15.3 years at the time they started CARE services.
<b>Gender</b>	The vast majority (79%) of CARE clients are male; 21% are female.
<b>Race/Ethnicity</b>	Most CARE clients are Latino or Black.

## 4.2 Overview of Client Needs

To supplement the quantitative profile of CARE clients available through the JAI database, RDA conducted a case file review for over 70 clients within the treatment group to describe additional characteristics among CARE clients.

The individualized nature of each clients' psychosocial history, and the degree to which related documents were excluded or otherwise missing from their case files means that the description of client needs analyzed from the case file review most likely underrepresents the presence of certain risk factors and psychosocial needs.

**Education.** The majority of CARE client files reviewed by RDA had documented special educational needs (40 of 70 or 57%).<sup>17</sup> Most clients from this group had existing IEPs documented prior to their alleged offense date, but CARE staff referred 25 clients to additional educational support services, 14 of which were referrals to update their IEP because the client's plan was either out-of-date or inadequate.

<sup>17</sup> Special education means specially designed instruction to meet the specific needs of a child with a disability. A disability may include, but is not limited to: 1) language or speech disorder; 2) Autism-like behaviors; 3) intellectual disability; 4) other health impairment which may include Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder; 5) specific learning disorder; 6) a serious emotional disturbance; and/or, 7) traumatic brain injury. School districts must provide each student with a disability with free, appropriate public education (FAPE) that conforms with the student's Individualized Education Program (IEP). [Title 20 USC § 1401(9); Title 34 CFR § 300.17.] Special education must be provided in the least restrictive environment. This means that to the maximum extent appropriate, all students with disabilities should be educated with students who are not disabled. [34 CFR § 300.114.] In addition, FAPE requires that special education students are involved and make progress in the general education curriculum and toward achievement of their IEP goals. [20 USC § 1414(d)(1)(A); 34 CFR § 300.320(a)(1).]



Six clients among the 70 files RDA reviewed had been Regional Center consumers prior to their alleged offense dates, and CARE staff helped three of them to reconnect with Regional Center services. Additionally, CARE referred 14 more clients to be assessed by the Regional Center for intellectual or behavioral disabilities.

**Behavioral Health.** The majority of the reviewed files—46 of 70, or 66%—illustrated histories of behavioral health issues, including reports of mental health problems, histories of counseling, documented psychiatric diagnoses, and psychotropic medication prescriptions. This figure is in line with national statistics, which indicate that 70% of youth in the juvenile justice system meet criteria for at least one mental health disorder. The prevalence of a mental disorder among youth in the system is two to three times higher than among youth in the general population.<sup>18</sup>

Psychotropic medications are prescribed as needed to children and adolescents diagnosed with a mental health condition or psychiatric illness to improve their emotional and behavioral health.<sup>19</sup> Twenty files included documentation of pre-existing mental illness, and twenty files indicated that the client had been prescribed psychotropic medications prior to their alleged offense. Because the twenty that had documented diagnoses were not always the same individuals that were prescribed psychotropic medications, it is highly likely that these figures underrepresent the actual number of clients that had psychiatric and/or mental health histories prior to their alleged offense date. CARE referred 12 of the clients with histories of mental health issues to psychiatric assessment, and CARE also referred another five clients without documented histories of mental health issues to receive psychiatric assessment in order to address previously unidentified behavioral health treatment needs.

In addition, 17 CARE clients had documented histories of substance use—mainly alcohol and marijuana—but only one individual had a record of attending substance abuse treatment or counseling. CARE referred six individuals to substance abuse counseling or treatment.

**Trauma and Abuse.** Among the files reviewed by RDA, 19 clients (27%) had documented histories of extensive trauma and/or abuse at home. Seven had a documented history of sexual abuse, seven had a documented history of parental physical abuse, three had a documented history of parental emotional abuse, four had DCFS-related histories of neglect, and at least nine had been put into an out-of-home placement at some point prior to their alleged offense date. At the time of their alleged offense, at least seven clients were wards of the Department of Children and Family Services. National research indicates that these values may underrepresent the actual rate of trauma experienced by CARE clients, or by youth involved in the juvenile justice system more generally. The literature shows that while up to 34% of all

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<sup>18</sup> Youth with Mental Health Disorders in the Juvenile Justice System: Results from a Multi-State Prevalence Study (Jennie L. Shufelt, M.S. and Joseph J. Cocozza, Ph.D.), 2006

<sup>19</sup> American Academy of Child and Adolescent Psychiatry. Practice parameter on child and adolescent mental health care in community systems of care. *J Am Acad Child Adolesc Psychiatry*. 2007;46:284-299.



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children in the US have experienced trauma, between 75-93% of youth entering the juvenile justice system are estimated to have experienced trauma.<sup>20</sup>

Additionally, seven client files included documentation of poverty conditions, including a lack of access to necessities for daily living such as food, clothing, shelter, or safe drinking water. Five CARE clients fell under the federal definition of homelessness at the time of their alleged offense. While these numbers may seem low, RDA believes it is highly likely that these numbers underrepresent the actual number of clients either living in or that have lived in poverty. A large body of research demonstrates the connections between poverty and health, including behavioral and physical health, as well as the connections between poverty and crime. However, a client's experience of poverty is not typically included within a legal defense strategy or taken into account within a courtroom. For this reason, RDA assumes that the number of CARE clients living in poverty is higher than suggested by the file review.

**CARE clients have high levels of special education needs, cognitive or developmental disabilities, mental health issues and psychotropic medication prescriptions, and many have experienced extensive trauma and/or abuse.**

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<sup>20</sup> "Healing Invisible Wounds: Why Investing in Trauma-Informed Care for Children Makes Sense," Justice Policy Institute, July 2010.



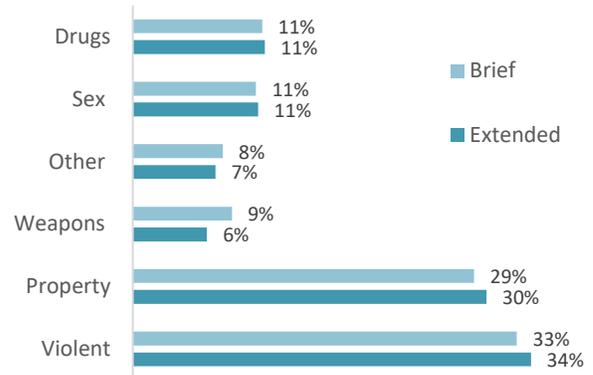
## 5. Findings

### 5.1 Client Outcomes

**Finding 1: CARE clients who receive extended services have significantly less subsequent contact with the juvenile justice system.**

**Quantitative Analysis.** RDA's statistical analysis of justice-related outcomes between the control group and treatment group of CARE clients demonstrates that they are comparably similar across age, race, and ethnicity (see Appendix A). In addition, the figure here shows that individuals from both groups were charged with similar offenses, indicating that they also have similarities from a juvenile justice perspective. Approximately one third of all charges filed against CARE clients from both groups were for violent offenses, and another third were for property crimes.

**Figure 5: Offense Type by Comparison Group**



To measure the impact of CARE services on juvenile justice outcomes, RDA estimated a series of statistical models to measure subsequent negative court contacts for each group. As described in Section 3.2 Quantitative Methods, RDA used an analytic method called propensity score matching (PSM) to develop highly similar groups matched by race, age, and prior court contacts. RDA's analysis revealed that clients from the treatment group avoided negative court interactions more than the control group, with the treatment group experiencing .96 fewer negative interactions with the juvenile delinquency court after receiving CARE services than clients from the control group.<sup>21</sup>

Statistically speaking, this finding is highly significant. The most common measure of statistical significance is called the *p-value*, which essentially determines the degree to which the finding was caused by chance.<sup>22</sup> RDA's *p-value* testing determined that the effect of CARE services on justice involvement is, indeed, highly statistically significant; there is less than a 1% likelihood that this outcome was found by chance.<sup>23</sup>

<sup>21</sup> Statistical analysis showed -.96 fewer subsequent negative court contacts, defined as either reduced probation violation hearings or fewer new delinquent offenses.

<sup>22</sup> When measuring a finding's *p-value*, the finding (or hypothesis) is shown to be valid by demonstrating that the counter-claim (or null hypothesis) is not likely to be true. The most common use of *p-values* is to determine the statistical significance of a result. A result is said to be statistically significant when the analyst can reject the counter-claim on the grounds that it is improbable.

<sup>23</sup> *P-values* below .05 or .1 typically demonstrate that a result is statistically significant. RDA's regression analysis determined that the effect of extended services on reducing juvenile justice involvement by .96 negative court interactions has a *p-value* of .004, which demonstrates a high level of statistical significance.



**Qualitative Analysis.** In addition to the above quantitative finding – that clients who receive extended services have measurably fewer subsequent negative interactions with the juvenile justice system than do a comparable group of CARE clients that receive only brief services – RDA's qualitative analysis and case file reviews provide strong evidence for the positive impact of CARE services on justice outcomes.

**Respondents from both the District Attorney's Office and the judiciary overwhelmingly agreed with CARE staff and clients that CARE services help young people address the underlying issues that result in justice involvement and, in so doing, reduce their negative contact with the juvenile justice system.**

CARE service partners also reported that CARE clients are much less likely to have ongoing negative contact with the juvenile justice system, noting that recidivism is reduced when clients are given the services they need to reduce their risk factors for justice involvement. By addressing underlying issues with the support of their CARE social workers, clients are able to receive the help they need and resolve critical issues that may result in future arrests, court appearances, and negative dispositions. A partner from the Los Angeles County Office of Education reported that due to CARE:

*The rate of recidivism is lower. My CARE kids go home and they stay home longer. They have fewer arrests post than the other kids do who don't get the services. I think it's because they were placed appropriately when they left and their underlying needs were addressed. They look at [their issues] more holistically and look at psychological factors and find treatment for those issues, and they didn't have that at their disposal before. Four out of five cases where I go to court, I help the judge understand the results of social and emotional trauma, PTSD, whether the client had a good IEP, and psychological services. [The client] can transition back into the community and we have been able to get kids back into the community.*

Justice system partners— including judges, prosecutors, and probation officers— also attribute CARE-provided services to reduced client recidivism. One Deputy Probation Officer pointed to collaboration with the Public Defender as a key factor in CARE's success:

*I think collaborating more with the Public Defender's Office with post release services will minimize recidivism. More follow up from the Department of Mental Health, the Public Defender, and Deputy Probation Officers will minimize recidivism because if you drop the ball on the client, the client is going to regress. In order to train someone, you need to provide reward and consistency and support so the client will be able to thrive. If the client is released and has to take medication and if the client doesn't get the medication or isn't reminded to take the medication, that's when the problems begin. That increases their chances of recidivism. They are going to act out.*

Finally, CARE clients themselves attribute their work with CARE staff and their linkage to related services as critical for helping them stay out of trouble and avoiding additional contact with the delinquency



system. One youth discussed how his social worker helped him access services to address his substance use issue, which helped him turn his life around.

*You know, I think a lot of kids want to go down the right path, they want to get help but they need to know who they can trust and what their options are. That is what my social worker did. She was great, she helped me when I was going through my substance abuse by helping me get into a program. Without her help, I wouldn't have been able to do it because it would have been too much for me to handle alone.*

**Finding 2: CARE services appear to successfully help clients obtain desired dispositional outcomes.**

In addition to reducing clients' negative contact with the juvenile justice system, evaluation findings indicate that the CARE Project is successful in its effort to help clients obtain improved dispositional outcomes, including dismissals due to competency issues and less restrictive dispositions for youth who are adjudicated delinquent.

**Case File Analysis.** Based on the review of 70 CARE client case files, CARE advocated that many clients receive competency assessments (at least 23), and as a result, 14 clients were found not competent and had their cases dismissed. In most juvenile cases, a Deputy Probation Officer (DPO) makes an adjudication recommendation to the court, as does the prosecutor and trial attorney. While the case files did not always document the ultimate dispositional outcome (that information is kept in another database), RDA found that CARE clients received more dispositions in line with the Public Defender's recommendation, rather than the DPO's recommendation. Thirty-six cases were adjudicated according to the public defender's recommendation, compared to 14 cases that were adjudicated according to the DPO's recommendation. At least 15 CARE clients were placed at home on probation—a less harsh disposition—when the DPO recommended suitable placement or camp. Additionally, CARE referred at least 23 clients to competency assessments, and as a result, 14 clients were found not competent and had their cases dismissed.

**Of the case files that included dispositional outcomes, RDA found that twice as many CARE clients were adjudicated according to the Public Defender's recommendation rather than the DPO's recommendation.**

**Qualitative Analysis.** With the support of CARE social workers and resource attorneys, Public Defender's Office trial attorneys can present mitigating evidence to the judge in support of the client's recovery needs, including information about the client's background, history, and psychosocial assessment. With a clearer understanding of clients' backgrounds, justice partners can make data-informed decisions regarding placement and necessary services.

**Several justice partners reported that clients who receive CARE services receive more appropriate community services and placements, leading to better case outcomes.**



One judge described the weight of CARE staff's psychosocial assessments and information regarding their clients:

*As a bench officer, you might have a case and think 'if these allegations are true, this is what the disposition is going to be. It's going to be a slam dunk.' Then you find out that this kid has autism and now you are viewing that behavior a little differently than how you normally would and you want to hear what the experts are saying. I have to redirect my thoughts on the case. So instead of camp, maybe we are thinking about an appropriate facility that specializes in autism. The information that they provide to me is information that I need to make the appropriate orders. I don't get that information from Probation. CARE has a positive influence in that regard.*

Reports and assessments on CARE clients that further explain the complexities of a case can support a recovery focus and appropriate placement. One Deputy District Attorney provided the following:

*These reports are really useful and the issues can be addressed to put in place the right decisions for the kid. I and the Public Defender worked together on [a] case, and we were happy to see the results.*

Judges stated that the additional information CARE staff present regarding their clients helps them come to more appropriate case dispositions. Judges valued hearing about clients' histories from CARE staff and noted that when a plan has been established by the CARE team to address the client's needs, they often come to different legal decisions. According to one juvenile court judge:

*What I have seen, is there are times when a youth is facing camp or suitable placement, I might be more comfortable with probation actually if I know we can get the youth into therapy and CARE helps lay the groundwork for that. I also think it helps with the prosecutor who is concerned with public safety because they don't want that youth to repeat their mistakes either.*

**CARE staff collaborate with their justice partners to help clients receive less severe dispositional outcomes, including dismissals due to competency, fewer restrictive dispositions, and fewer placements into halls and camps.**

## 5.2 Implementation Outcomes

As the outcome data indicate, the Public Defender's holistic legal representation CARE services are a very effective approach to juvenile defense practice, leading to both desired case outcomes for clients and trial attorneys as well as supporting reduced negative contact with the juvenile justice system. The section below explores the factors that facilitate the success of CARE services and approach, in addition to identifying opportunities for improvements.



**Finding 3. CARE staff build trust and engagement with youth and family members.**

The extent to which CARE staff are able to establish trust and meaningful engagement with clients and their family members was highlighted as a facilitator of success. In order for CARE to get clients the support they need, clients must be open to receiving support, and family members must trust that CARE staff want the best for their children. Family members provided RDA with stories of repeated attempts to obtain support for their children that were unsuccessful until CARE staff got involved. One mother of a CARE client described how CARE helped her son obtain an IEP.

***She was like a mentor basically but she was still my social worker though. My mom talks to her a lot... I would just say thank you.***

*- Former CARE client*

*Our resource attorney was terrific, we tried before to get my son in special education but I was never successful because his grades weren't that bad but he always had behavioral issues. The attorney sat with me at a meeting at my son's school for five hours to help me advocate for my son. They were instrumental in helping us get him an IEP and getting him services through the Regional Center.*

CARE clients themselves also indicated that once they understood CARE staff were pursuing their best interests, they were more open to receiving services. One former client provided the following:

*She was like a mentor basically but she was still my social worker though. My mom talks to her a lot... I would just say thank you. She helped... She made me think about my actions and start taking advice...and thinking before you do something. She made me start thinking about my future. [The social workers] really help.*

**Finding 4. High levels of collaboration between trial attorneys, resource attorneys, and social workers support better client representation.**

Trial attorneys, resource attorneys, and social workers agreed that CARE more effectively serves clients when communication is consistent and staff are clear about their roles on a case. Trial attorneys stated that they divide work with CARE staff to ensure multiple client needs are addressed simultaneously. Trial attorneys concentrate on the legal facts of a case, while resource attorneys and social workers gather information on client and family history. One trial attorney described the collaboration this way:

*Working with CARE staff is really a collaborative team effort. They are able to come and work on things beyond the legal aspects of a case... They are able to do those things to make sure that issues that need attention are addressed. They can also be present in court and relay what they found to the judge and sometimes, that is the difference between someone going home and going to placement.*

CARE staff provided greater clarity as to how CARE coordinates their efforts to address the complex needs of their clients. A CARE social worker provided the following:



*We divvy up the work, we [social workers] can advocate for the client to address issues they and the family are facing, the resource attorney jumps in and starts reviewing school records to see if the youth is getting what they are entitled to, at the same time both of us are communicating with the trial attorney. Then we address the court together to provide a complete picture of what is going on with the youth.*

**Finding 5. Buy-in from juvenile justice partners is essential for CARE success.**

CARE staff noted that juvenile justice system partners must be willing to operate in a legal system that values holistic defense in order for CARE to be successful. Deputy District Attorneys, bench officers, and Deputy Probation Officers overwhelmingly reported the benefits of holistic legal representation and stated that CARE provides youth with better representation compared to youth who do not get support from CARE. One Deputy Probation Officer explained:

*I've seen every kid [CARE] has worked with get better services than kids who don't get CARE services. They are always here at juvenile hall talking with us and the kids... They talk to the kids to find out what's going on and how they're doing. They are very proactive with them. I think it's a major plus. When kids don't have that, there is no level of support, there is nothing comparable.*

Prosecutors also expressed their appreciation for the services CARE provides, and saw collaboration with CARE as contributing to better legal and client outcomes. One Deputy District Attorney described a very collaborative relationship with CARE staff:

*I really appreciate having them just down the hall. It is, you know, getting the whole story and all of us want that. We want to know everything we can to help make sure we are making the right decision for the youth and the victim. My big thing is I don't want to see kids come back to the courthouse, so it's really about finding a decision that will accomplish that and still protect the victim.*

Conversely, field observations and interviews with CARE staff and partners made it clear that without buy-in from all juvenile justice system partners, CARE services cannot be successful. Observations of juvenile court hearings evidenced a range of interest from bench officers regarding the input and recommendations from CARE social workers and resource attorneys, with some judges clearly placing a higher value on the recommendations of CARE staff than others.

Interestingly, field observations and interviews also indicated varying levels of buy-in from Public Defender's Office trial attorneys. While the majority of trial attorneys interviewed reported a great appreciation for CARE Project resource attorneys and social workers, some trial attorneys remained solely focused on the legal issues of their cases. CARE social workers and resource attorneys also noted that they receive more referrals from some trial attorneys and fewer from others. They reported that this variation appears to be related to an attorney's interest in a holistic defense approach rather than any systematic differences in their clients.



**Finding 6. Clear and structured coordination with service partners is essential for successful implementation of CARE services. At times, the absence of clearly defined roles and responsibilities or explicit policies and procedures reduces the efficacy of CARE's work.**

In addition to maintaining collaborative relationships with justice system partners, the CARE Project operates more effectively when its staff are able to coordinate services with non-justice system partners to get youth the support they need. CARE staff frequently coordinate efforts with school districts, the Department of Mental Health, and Regional Centers to obtain clients the services they need. A service provider from the Department of Mental Health described what they need from CARE staff to get clients the mental health supports they need:

*Our agency uses multiple sources and pieces of information to make a decision on whether or not we can get a youth into a treatment program. When the individual is a CARE client, the social workers provide more detail about the youth's personal experiences and challenges, they are really good at getting us the paperwork that helps us determine if we can get the client into a treatment program.*

CARE clients also observed the efficacy with which CARE staff are able to navigate the complex landscape of social and educational services. One mother recounted the speed with which her son's resource attorney was able to get him placed in a school with the appropriate educational services after she had been struggling to do so on her own for months.

*I never worked with anyone that got it done more quickly than before. I think she knew all of the technicalities and at the end of the day ...she looked at the IEPs and knew that they had to put him in a school. [Inglewood Unified School District] told us to put him in another district and she made sure that they provided a school for him. He was out of school for four months [before we started working with the resource attorney].*

In contrast, some CARE service partners shared challenges in collaborating with CARE Project staff. In particular, non-profit and public partners mentioned that CARE staff communications, requests for information, or requests for services are sometimes unclear or incomplete. They indicated that if CARE staff could more clearly articulate their clients' needs, describe the timeline for their requests, and provide more supporting documentation, then the service providers could more easily and quickly collaborate on client cases. RDA also heard that adding greater structure to staff processes for making requests would help CARE and partner agencies operate more efficiently to address clients' needs.

In addition, some CARE partners discussed the need for more structured processes for requesting client information or assessments and linking clients to services. One partner interviewed for this evaluation suggested that a way to reduce duplication of effort would be to clarify roles surrounding specific tasks on client cases.



**Finding 7. Regular turnover in staffing roles in the Public Defender's Office reduces the effectiveness of CARE services.**

Staff in the Public Defender's Office—including Juvenile Division trial attorneys and CARE Project social workers and resource attorneys—repeatedly spoke of a need for more training about CARE services and holistic defense in general. Broadly speaking, these training needs fell or fall into two categories: 1) training for trial attorneys about the purpose and approach of holistic defense and about the processes for linking their clients to CARE staff, and 2) training for resource attorneys about civil legal issues to support their clients.

While every attorney receives extensive training when they begin in the Juvenile Division, several trial attorneys expressed a need for ongoing training related to CARE Project services. Staff believed that the initial training they received when newly assigned to the Juvenile Division did not fully prepare them to access, utilize, and maximize these services for their clients. Said one trial attorney:

*It is a change coming from working adult misdemeanor cases and adjusting to juvenile and to having the option of working with CARE. There is nothing like CARE at the adult level so recognizing when to refer to CARE is something that is learned and takes time.*

Resource attorneys also spoke of the need for more training about holistic legal representation as an approach, as well as about the specific work that CARE resource attorneys do for Public Defender's Office clients. Both resource attorneys and trial attorneys noted that staff in the Public Defender's Office can be assigned to work as CARE resource attorneys without consideration for the individual's level of interest in the civil legal matters that constitute the CARE Project. While many attorneys assigned to work in the CARE Project adapt and quickly master the issues necessary to provide clients with a high level of service, social workers, resource attorneys, and trial attorneys all recounted examples of individuals assigned to work as resource attorneys who were not a good fit for the role due to their lack of particular interest in the work.

These challenges are exacerbated by staff turnover in the Public Defender's Office. The Public Defender employs approximately 750 attorneys, and as a result there is regular turnover due to parental leave, temporary disability, family emergencies, resignation, and retirement. CARE staff identified that this turnover creates barriers to supporting clients. To provide holistic defense effectively, CARE staff noted that resource attorneys and social workers must have established relationships in the community, and that turnover gets in the way of building and strengthening those community relationships. One resource attorney explained:

*To be a successful advocate for the client, you need to have the opportunity to build relationships in the community. To get a kid an IEP, it helps to know folks at the school. It takes a lot of work and you need the information quickly. You have to get their information, grades, disciplinary record, and a meeting setup with*



*administrators. It is so much easier to get that accomplished if you have had time to build relationships with the schools.*

CARE partners echoed this concern, with several noting that some of the communication challenges discussed above were due in part to newer staff with less understanding of their services, processes, or timelines. While the Public Defender's Juvenile Division does provide substantial in-person training for newly assigned attorneys, including information about the CARE Project staff and services, some attorneys did not feel prepared to fully utilize the services available to their clients through CARE.<sup>24</sup>

**Finding 8. Partners consistently agree that CARE services should not end upon case disposition.**

When the CARE Project first began, grant funding requirements mandated that CARE services cease 30 days after disposition. Years later, it is clear that this milestone is not a uniformly appropriate juncture for ending services. CARE social workers and resource attorneys are often deeply involved in the process of obtaining IEPs, linking clients and their families to services, and a range of other activities. Regardless of whether or not CARE clients are adjudicated, the relationships that CARE staff have built with youth, families, schools, and service providers can go a long way toward supporting their success and well-being. For youth whose cases are dismissed, discontinuation of CARE social worker and/or resource attorney involvement can result in an end to support in accessing needed services for those young people. Conversely, for youth who are adjudicated, the linkages and processes that CARE social workers and resource attorneys have begun can be essential for probation staff or other juvenile justice system partners to leverage and build upon. Concerns about CARE's pre-disposition mandate were repeated regularly by CARE staff, justice partners, and service delivery partners. According to one resource attorney:

*What makes it challenging is you build relationships with these youth, you help them and you want them to succeed but then you have to just stop. The problem is their needs and challenges don't cease after disposition.*

A juvenile court judge expressed similar sentiments, suggesting that CARE services should not be limited by the duration of a client's case:

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<sup>24</sup> Holistic legal representation is a non-traditional defense practice that requires significant training and specialization. To this effect, the Public Defender's Juvenile Division provides substantial in-person training for newly assigned attorneys, pursuant to Assembly Bill 703, on a wide range of topics that affect juvenile clients. Training includes information about the CARE Project staff and services, as well as on topics such as adolescent development, special education, competence and mental health issues. For the past 35 years, the Public Defender's Office has also been providing a yearly delinquency law training seminar open to all juvenile defense attorneys and advocates throughout California. Nationally recognized speakers have presented on the topics highlighted above, and also on such subjects as immigration, use of experts, trauma, collateral consequences, and LGBTQ youth involved in the justice system, to name a few.



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*The cases that come in are predisposition cases. It would be helpful to expand services to do post disposition work as well, so they can continue to receive services after their case. There should not be any restrictions in how long the client can receive the services.*

A mental health provider found CARE extremely useful for clients but worried that limiting the program to predisposition services allows some clients to regress after the court process is complete.

*More follow up is needed even after the case, if you drop the ball on the client the client is going to return to their old ways. For example, if a client is released after their case and has to take medication and doesn't know how to get the medication or isn't reminded to take the medication, that's when the problems begin in my experience.*



## 6. Conclusion and Recommendations

Taken together, data collected for this evaluation indicates that the Los Angeles County Public Defender's Office's holistic representation CARE Project is a highly effective approach that results in both reduced negative contact with the juvenile justice system and improved dispositional outcomes for clients. Statistical analyses found that clients who receive extended CARE services are significantly less likely to have subsequent negative interactions with the juvenile delinquency court, a finding that was echoed by virtually all Project partners and stakeholders. Juvenile justice system partners, including judges, deputy district attorneys, and probation staff, repeatedly spoke of the value of CARE's approach and services and their efficacy in supporting improved youth outcomes and well-being. Service partners, youth, and their families strongly echoed these sentiments, speaking of the impact of CARE social workers and resource attorneys in helping youth and families access the services they need.

*I've seen every kid that CARE worked with get better services than kids who don't get CARE services... I think it's a major plus. When kids don't have that, there is no level of support, there is nothing comparable.*

*- Deputy Probation Officer*

The impressive impact of CARE notwithstanding, RDA's analyses did reveal several opportunities to improve implementation of the CARE Project. In particular, RDA recommends the following in order to better facilitate success for CARE clients and improve CARE Project implementation.

- ❖ **Provide extended services to all clients.** To address the intense needs of CARE clients, a supportive and comprehensive service approach is needed. Brief services that only include referrals to outside agencies without additional follow-up are not enough to improve CARE client outcomes. Clients require comprehensive levels of service and consistent support in order for their needs to be addressed and to prevent future justice system contact. CARE should focus on providing more in-depth service linkages to ensure clients receive the support they need to avoid further contact with the juvenile justice system.
- ❖ **Stop using disposition as the ending or conclusion to CARE services.** Clients, staff, and CARE partners indicated that in order to best serve clients and reduce repeated justice system contact, services must be extended beyond disposition. Addressing common client needs such as obtaining access to mental health services, reenrolling in school, or getting the medical assistance they are eligible for can be a lengthy process that extends well beyond disposition. As a result, restricting CARE services to predisposition may prevent clients from having their needs adequately addressed and subsequent justice system contact prevented.
- ❖ **Bolster programmatic structure, including policies, procedures, and training for staff.** CARE staff, justice partners, and service providers need to understand their roles in order to effectively collaborate and advocate on behalf of their clients. Clearly defining program policies, procedures, and training objectives will improve service coordination for clients and, as a result, reduce client



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risk factors for recidivism. The lack of structured processes impacts consistent delivery of client services, reduces the quality of in-depth follow-through, and ultimately effects client outcomes. In addition, CARE should provide ongoing training to all attorneys within the Public Defender's Office about accessing and utilizing the CARE Project's services.

- ❖ **Increase evaluability by improving data collection and infrastructure.** The CARE Project should research, identify, and implement a structured assessment tool for client screening, identifying needs, triaging, and referring clients to services. Use of a structured tool will standardize needs assessments for clients, reduce the burden of data entry, and support staff in ensuring clients access and receive needed services. Improving data infrastructure and quality will also increase the benefits of evaluation, which will, in turn, improve CARE's ability to understand its impact on client outcomes. The lack of systematic data collection related to CARE staff activities, service linkages, and non-justice system client outcomes limits RDA's ability to assess many program outcomes and cost implications.

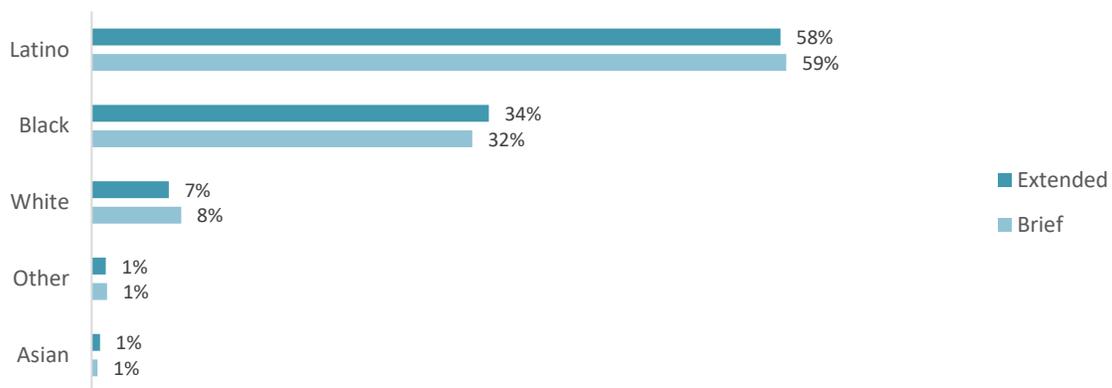
RDA's evaluation activities and analyses provide strong evidence that CARE is a beneficial early intervention program that helps youth with very complicated needs. CARE not only helps clients access the services they require to be successful in life, but reduces barriers to stabilization and involvement with the justice system. Although the research base on holistic defense remains limited, based upon the findings presented here, RDA believes this approach is a strong candidate for consideration as a promising practice. Moreover, the L.A. County Public Defender's Office's CARE Project is an impressive model for holistic legal representation. If the CARE Project can implement the recommendations listed above, RDA believes that CARE would be a very strong candidate for the additional research that would be required to qualify it as a promising or best practice.



## Appendix A

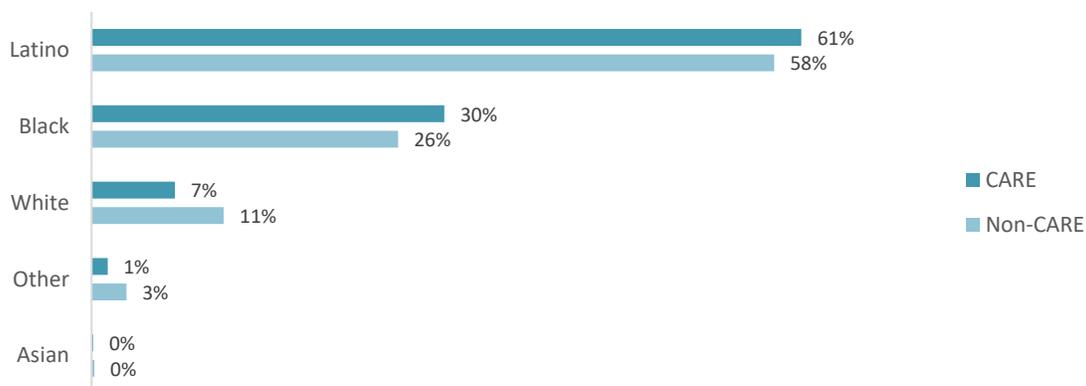
RDA examined the demographic differences across 1,224 CARE clients that received extended services and 886 CARE clients that received only brief services, finding that the CARE clients that received extended services are more similar clients that received brief services than they are to other juvenile clients of the Public Defender that are not CARE clients. The average age for extended service CARE clients was 15.2 and 15.4 for brief service CARE clients. Extended service CARE clients and brief service CARE clients were both approximately 80% male and 20% female. As shown below in Figure 6, the two groups are very similar across race and ethnicity.

**Figure 6: Race/ethnicity of extended service clients and brief service clients**



The evaluation team also compared the characteristics of 9,096 non-CARE juvenile clients of the Public Defender to 2,111 CARE clients who had cases between 2009-2013. The average age for CARE clients was 15.3, which was about half a year younger than the average age for non-CARE clients, which was 15.9. Compared to non-CARE clients, a larger proportion of CARE clients were Latino or Black, and a smaller proportion were White, Other, or Asian.

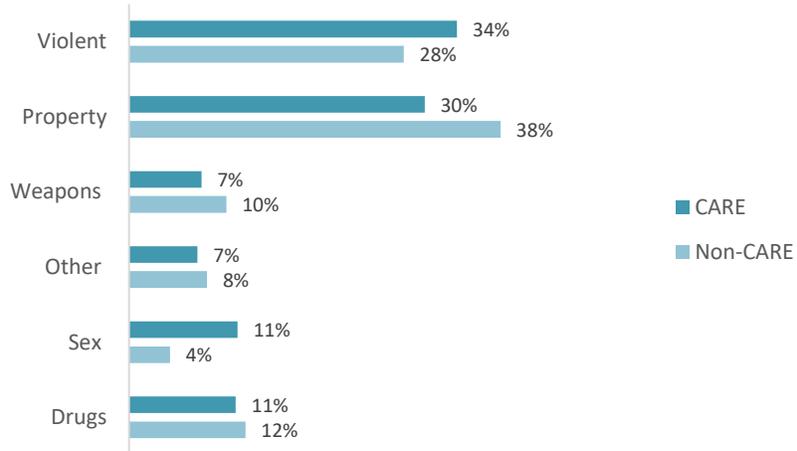
**Figure 7: Race/ethnicity of CARE clients and non-CARE clients**





The most commonly listed offenses for CARE clients were violent, while the most commonly occurring offenses for non-CARE clients were property offenses. Sex offenses are the third most commonly occurring offense for CARE clients but are the least common offense for non-CARE clients.

**Figure 8: Offense types for CARE and non-CARE clients**





## Appendix B

Through regression analysis, RDA looked at the relation between extended services and subsequent negative court contacts, finding that extended services are associated with reduced subsequent negative court contacts. This result is highly significant. The coefficient of -0.78 indicates that CARE clients who received extended services had nearly one fewer subsequent negative court contact and the P-value of 0.004 indicates the result is highly significant. Additionally, race, age, and the number of prior court contacts were found to be statistically significant factors.

**Figure 9: Impact of extended services on subsequent negative court interactions (N=503)**

Average Treatment Effect	Outcome	P-Value
Effect of CARE on future negative court interactions	-0.96	0.004

**Figure 10: Impact of extended services estimated using regression analysis**

Variables	Coefficient	P-Values
Extended services	-0.782333	0.008
Black*	1.541089	0.009
Latino/Hispanic	0.984033	0.083
Other	0.713382	0.689
Age*	-0.281557	0.000
Prior negative court contacts*	0.173367	0.003