

# ICAN

Inter-Agency Council on Child Abuse and Neglect

# 2006

Los Angeles County ♦ ICAN Data/Information Sharing Subcommittee  
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**ICAN**

Report Compiled From 2005 Data

**THE STATE OF CHILD ABUSE IN LOS ANGELES COUNTY**



# ICAN

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## THE STATE OF CHILD ABUSE IN LOS ANGELES COUNTY

*Photographs were selected from commercially available sources and are not of children in the child protective service system.*

*Children's names in case examples have been changed to ensure confidentiality.*



# TABLE OF CONTENTS

Policy Committee Members.....	v
ICAN Operations Committee Members.....	ix
Data/Information Sharing Committee Members.....	xv
Board of Directors - ICAN Associates.....	xix
Los Angeles County Child Abuse Coordination Project Members.....	xxiii
Introduction.....	xxvii
ICAN Organizational Summary.....	xxxix

## SECTION I INTER-AGENCY OVERVIEW

Selected Findings • Recommendations.....	5
Analysis of Inter-Agency Data Collection • Independent Police Agency Data • Youth Demographics.....	13

## SECTION II SPECIAL REPORTS

ICAN Associates.....	27
ICAN Multi-Agency Child Death Review Team.....	31
ICAN CHILD ABDUCTION TASK FORCE Reunification of Missing Children Program.....	39
California Department of Social Services.....	47

## SECTION III ICAN AGENCY REPORTS

Department of Public Social Services.....	69
Los Angeles County Office of Education.....	91
Department of Health Services.....	107
Department of Children and Family Services.....	129
Los Angeles Superior Court.....	161
Los Angeles County Sheriff’s Department.....	173
Los Angeles County Counsel.....	187
Los Angeles Police Department.....	195
Los Angeles County District Attorney’s Office.....	205
Probation Department.....	265
Department of Justice.....	285
Department of Coroner.....	295
Department of Mental Health.....	307
Los Angeles City Attorney’s Office .....	339
The Child Advocates Office/CASA of Los Angeles .....	351
Los Angeles County Public Defender’s Office.....	359

## APPENDICES

Categories of Abuse.....	373
Data/Information Sharing Committee Biographies.....	375



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**LOS ANGELES COUNTY CHILD  
ABUSE COUNCILS COORDINATION  
PROJECT MEMBERS**





The Los Angeles Community Child Abuse Councils consist of 14 community-based councils throughout Los Angeles County. The mission of the Councils is to reduce the incidence of child abuse and neglect, and to raise public awareness of child abuse and family violence issues. The membership of the Councils is made up of professionals working in the fields of child welfare, education, law enforcement, health and mental health as well as parents and anyone concerned about the problems of child abuse and family violence.

The Child Abuse Councils Coordination Project facilitates the joint projects of the 14 Community Councils. Since the child abuse councils are volunteer organizations, and most members have full time jobs apart from their involvement with the councils, it is important that our projects can be implemented easily and quickly.

The Coordination Project also serves the councils by providing technical assistance and professional education, advocating for children issues, and networking with other councils and agencies on behalf of the Councils.

The Coordination Project has been in existence since 1987, and has been a non-profit corporation since March 1998. The Coordination Project acts as contractor with the Los Angeles County Department of Children and Family Services and the California Child Abuse Training and Technical Assistance Project (CATT) to provide services to benefit the 14 Child Abuse Councils in their efforts to prevent child abuse.

The Los Angeles Community Child Abuse Councils are involved in the following nine joint projects:

- The April Child Abuse Prevention Campaign
- Publication of The Children's Advocate Newsletter
- The Report Card Insert Project
- Coordination of Non-Profit Bulk Mailings
- Establishment and Maintenance of a Los Angeles Community Child Abuse Councils Website
- Training and Technical Assistance to the Community Relating to Child Abuse and Family Violence Issues
- Networking Meetings
- Coordination of Suicide Resource Prevention and Postvention Cards
- Special Projects for Individual Councils

For further information about the Los Angeles Community Child Abuse Councils contact Marjorie Gins, Liaison, at (626) 287-4086 or visit our website at [latchildabusecouncils.org](http://latchildabusecouncils.org).



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# INTRODUCTION





This unique report, published by the Los Angeles County Inter-Agency Council on Child Abuse and Neglect Data/Information Sharing Committee, features data from ICAN agencies about activities for 2005, or 2004/2005 for some agencies. The report includes some information about programs, but is intended primarily to provide visibility to data about child abuse in Los Angeles County and information drawn from that data. Much of the report assumes the reader has a basic knowledge of the functions and organization of ICAN and its member agencies. The Appendix describes ICAN's organizational structure.

Section I of the report highlights the inter-agency nature of ICAN by providing reports, conclusions and recommendations that transcend agency boundaries. Significant findings from participating agencies are included here, as well as special reports.

Section II includes special reports from ICAN Associates; ICAN Multi-Agency Child Death Review Team; ICAN Child Abduction Task Force; California Department of Social Services Community Care Licensing; Child Abuse and Developmental Disabilities and the Children's Planning Council Scorecard. Also included is our annual inter-agency analysis of data collection. This analysis continues to evolve, providing an opportunity to view from a more global perspective the inter-agency linkages of the child abuse system.

Section III includes the detailed reports that are submitted each year by ICAN agencies for analysis and publication. In response to the goals set by the Data/Information Sharing Committee, Departmental reports continue to improve. Most departmental reports now include data on age, gender, ethnicity and/or local geographic areas of the county, which allows for additional analysis and comparisons. The reports reflect the increasing sophistication

of our systems and the commitment of Data Committee members to meet the challenge of measuring and giving definition to the nature and extent of child abuse and neglect in Los Angeles County.

In this twenty second edition of *The State of Child Abuse in Los Angeles County*, we are once again pleased to include the artwork of winning students from the ICAN Associates Annual Child Abuse Prevention Month Poster Contest. The contest gives 4th, 5th, and 6th grade students an opportunity to express their feelings through art, as well as to discuss child abuse prevention and what children need to be safe and healthy.

The Data/Information Committee is again grateful to the Los Angeles County Internal Services Department - Information Technology Service, especially Ana Maria Correa, Christopher Chapman and Dionne Lyman. They have provided the technical desktop publishing support to produce this final document.

The Committee continues to be committed to applying our data assets to improve the understanding of our systems and our interdependencies. We believe this understanding will help support us all in better serving the children and families of Los Angeles County.



# **ICAN ORGANIZATIONAL SUMMARY**





The Inter-Agency Council on Child Abuse and Neglect (ICAN) was established in 1977 by the Los Angeles County Board of Supervisors. ICAN serves as the official County agent to coordinate development of services for the prevention, identification and treatment of child abuse and neglect.

Twenty-seven County, City, State and Federal agency heads are members of the ICAN Policy Committee, along with UCLA, five private sector members appointed by the Board of Supervisors, the Children's Planning Council, and an ICAN youth representative. ICAN's Policy Committee is comprised of the heads of each of the member agencies. The ICAN Operations Committee, which includes designated child abuse specialists from each member agency, carries out the activities of ICAN through its work as a committee and through various standing and ad hoc subcommittees. Sixteen community based inter-disciplinary child abuse councils interface with ICAN and provide valuable information to ICAN regarding many child abuse related issues. ICAN Associates is a private non-profit corporation of volunteer business and community members who raise funds and public awareness for programs and issues identified by ICAN. In 1996, ICAN was designated as the National Center on Child Fatality Review by the U.S. Department of Justice.

This strong multi-level, multi-disciplinary and community network provides a framework through which ICAN is able to identify those issues critical to the well-being of children and families. The Council is then able to advise the members, the Board and the public on relevant issues and to develop strategies to implement programs that will improve the community's collective ability to meet the needs of abused and at-risk children with the limited resources available.

ICAN has received national recognition as a model for inter-agency coordination for the

protection of children. All ICAN Policy and Operations Committee meetings are open to the public. All interested professionals and community volunteers are encouraged to attend and participate.

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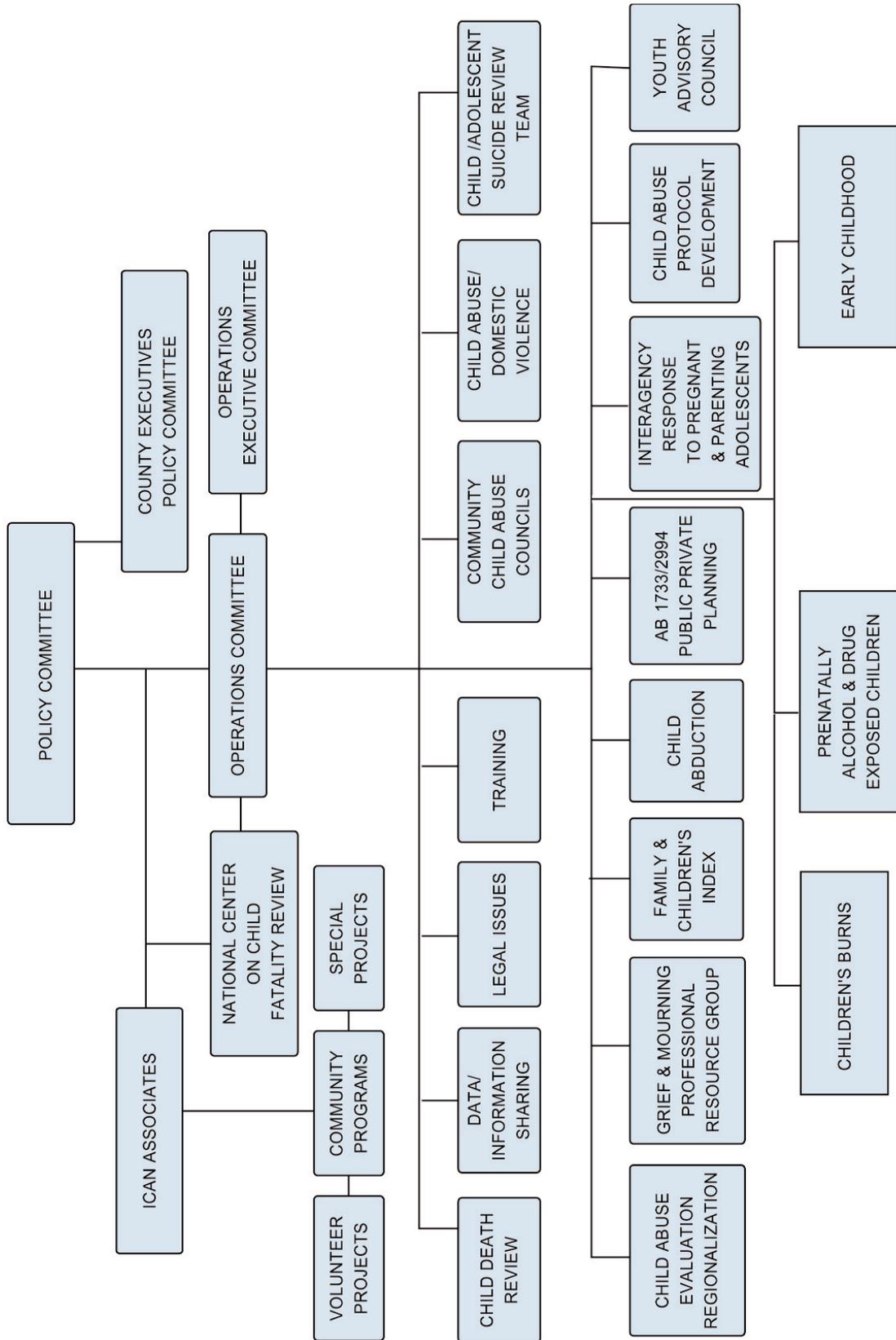
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ICAN Secretary

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# ICAN ASSOCIATION CHART





## **POLICY COMMITTEE**

Twenty-seven Department heads, UCLA, five Board appointees, an ICAN youth representative and the Children's Planning Council. Gives direction and forms policy, reviews the work of subcommittees and votes on major issues. (Meets twice annually).

## **COUNTY EXECUTIVES POLICY COMMITTEE**

Nine County Department heads. Identifies and discusses key issues related to county policy as it affects the safety of children. (Meets as needed).

## **OPERATIONS COMMITTEE**

Working body of member agency and community council representatives. Reviews activities of subcommittees, discusses emerging issues and current events, recommends specific follow-up actions. (Meets monthly).

## **OPERATIONS EXECUTIVE COMMITTEE**

Leadership for Operations Committee and liaison to Policy Committee. Helps set agenda for Operations and Policy meetings. (Meets as needed).

## **ICAN ASSOCIATES**

Private incorporated fundraising arm and support organization or ICAN. Sponsors special events, hosts ICAN Policy meetings and receptions, promotes public awareness and raises funds for specific ICAN projects. Maintains volunteer program, conducts media campaigns, issues newsletter and provides support and in-kind donations to community programs, supports special projects such as

Roxie Roker Memorial Fund, L.A. City Marathon fundraiser, MacLaren Holiday Party and countywide Children's Poster Art Contest. Promotes projects developed by ICAN (e.g., Family and Children's Index). (Meets as needed).

## **CHILD DEATH REVIEW TEAM**

Provides multi-agency review of intentional and preventable child deaths for better case management and for system improvement. Produces annual report. (Meets monthly).

## **DATA/INFORMATION SHARING**

Focuses on intra and inter agency systems of information sharing and accountability. Produces annual ICAN Data Analysis Report The State of Child Abuse in Los Angeles County, which highlights data on ICAN agencies' services. Issues annual report. (Meets monthly).

## **LEGAL ISSUES**

Analyzes relevant legal issues and legislation. Develops recommendations for ICAN Policy Committee and Los Angeles County regarding positions on pending legislation; identifies issues needing legislative remedy. (Meets as needed).

## **TRAINING**

Provides and facilitates intra and inter agency training. (Meets as needed).

## **CHILD ABUSE COUNCILS**

Provides interface of membership of 16 community child abuse councils involving hundreds of organizations and professionals



with ICAN. Councils are interdisciplinary with open membership and organized geographically, culturally, and ethnically. Coordinates public awareness campaigns, provides networking and training for professionals, identifies public policy issues and opportunities for public/private, community-based projects. (Meets monthly).

### **CHILD ABUSE/DOMESTIC VIOLENCE**

Examines the relationship between child abuse and domestic violence; develops interdisciplinary protocols and training for professionals. Provides training regarding issues of family violence, including mandatory reporting. Sponsors the annual NEXUS conference (Meets as needed for the planning of NEXUS Conference).

### **CHILDREN'S BURNS**

This committee reviews issues surrounding children's burn injuries that result from parental abuse or neglect. (Meets monthly at Grossman Burn Center).

### **GRIEF AND MOURNING PROFESSIONAL RESOURCE GROUP**

A professional peer group which serves as a resource pool of experts in grief and loss therapy to those providing mental health interventions to surviving family members of fatal family violence. The Group is developing specialized training in grief issues in instances of fatal family violence and a resource directory of services. (Meets monthly).

## **FAMILY AND CHILDREN'S INDEX**

Development and implementation of an inter-agency database to allow agencies access to information on whether other agencies had relevant previous contact with a child or family in order to form multidisciplinary personnel teams to assure service needs are met or to intervene before a child is seriously or fatally injured. (Meets monthly).

### **CHILD ABDUCTION**

Public/private partnership to respond to needs of children who have experienced abduction. Provides coordinated multi-agency response to recovery and reunification of abducted children, including crisis intervention and mental health services. (Meets monthly).

### **AB 1733/AB 2994 PLANNING**

Conducts needs assessments and develops funding guidelines and priorities for child abuse services; participates in RFP process and develops recommendations for funding of agencies. (Meets as needed).

### **INTERAGENCY RESPONSE TO PREGNANT AND PARENTING ADOLESCENTS**

Focuses on review of ICAN agencies' policies, guidelines and protocols that relate to pregnant and parenting adolescents and the development of strategies which provide for more effective prevention and intervention programs with this high risk population. Includes focus on child abuse issues related to pregnant teens, prevention of teen pregnancies, placement options for teen mothers and babies, data collection, legal issues and public policy development. (Meets monthly).



### **CHILD ABUSE PROTOCOL DEVELOPMENT**

Develops a countywide protocol for inter-agency response to suspected child abuse and neglect. (Meets as needed).

### **CHILD ABUSE EVALUATION REGIONALIZATION**

Coordinates efforts to facilitate and expand availability of quality medical exams for child abuse victims throughout the County. (Meets as needed).

### **NATIONAL CENTER ON CHILD FATALITY REVIEW (NCFR)**

In November 1996, ICAN was designated as the NCFR and serves as a national resource to state and local child death review teams. The NCFR web site address is: [www.ICAN-NCFR.org](http://www.ICAN-NCFR.org).

### **CHILD AND ADOLESCENT SUICIDE REVIEW TEAM**

Multi-disciplinary sub-group of the ICAN Child Death Review Team. Reviews child and adolescent suicides. Analyzes trends and makes recommendations aimed at the recognition and prevention of suicide and suicidal behaviors. (Meets monthly).



# Section I

## INTER-AGENCY OVERVIEW

SELECTED FINDINGS	5
RECOMMENDATIONS	11
ANALYSIS OF INTER-AGENCY DATA COLLECTION	13
INDEPENDENT POLICE AGENCY DATA	19
YOUTH DEMOGRAPHICS	24





## SELECTED FINDINGS

### LOS ANGELES CITY ATTORNEY'S OFFICE

There were 60,409 total cases filed during Calendar Year 2005 by the Los Angeles City Attorney's Office. Of this number, 784 defendants (or 1.29% of the total filed cases) had ICAN category offenses of child abuse, neglect or exploitation alleged against them.

### DEPARTMENT OF CORONER

In calendar 2005, after a review of the cases based on the ICAN established criteria, of the total child deaths reported, 297 were referred to the Inter-Agency Council on Child Abuse and Neglect for tracking and follow-up. Last year calendar 2004 the total child deaths referred to the Inter-Agency Council on Child Abuse and Neglect for tracking and follow-up was 275, a increase of 22 cases.

### DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Based on the July 2006 Quarterly Outcome and Accountability County Data Report published by CDSS, the following outcome measures for the Los Angeles County DCFS demonstrate that the Department is heading in a positive direction towards its primary goals:

- The recurrence rate of maltreatment of all children who had a substantiated allegation within the first six months of the analysis year and had another substantiated allegation within six month, according to federal guidelines, reflects a decrease from 7.8% during CY 2004 to 7.7% for CY 2005.
- Based on CDSS guidelines, the recurrence rate of maltreatment of all children with a substantiated allegation

during the twelve-month study year and a subsequent substantiated allegation within 12 months reflects a decrease from 11.1% during CY 2003 to 10.9% for CY 2004. (Please note that CY 2004 is the latest available reporting year for this indicator.)

- The rate of abuse for children in DCFS supervised foster care during the twelve-month review period reflects an increase from 0.02% during CY 2004 to 0.14% during CY 2005.
- Among the children who were reunified with their parents or caretakers during the 12-month study period, the percentage of children who had been in care for less than 12 months shows an increase from \*43.5% during CY 2004 to 49.2% during CY 2004.
- The percentage of children in foster care for less than 24 months, who were adopted during the 12-month study period, reflects an increase from \*13.4% during CY 2004 to 15.5% during CY 2005.

*\*Updates of data reported in the July 2005 from the July 2006 Quarterly Outcome and Accountability County Data Report.*

### HEALTH SERVICES

- Infant mortality rates for Los Angeles County had been stable around 5.4 infant deaths per 1,000 live births between 2001 and 2003. In the year 2004, the infant death rate dropped slightly to 5.0 infant deaths per 1,000 live births (Figure 1).
- African Americans have the highest infant mortality rate of all races (11.7 deaths per 1,000 live births in 2004) (Figure 2).



- SPA 6 (South) and SPAs 1 and 2 (Antelope Valley and San Fernando, respectively) have the highest infant mortality rates. In 2004, the infant mortality rate for the South was 6.0 deaths per 1,000 live births. Antelope Valley and San Fernando had the second highest infant mortality rate in Los Angeles County at 5.6 deaths per 1,000 live births (Figure 3). It should be noted that from 2003 to 2004 the infant mortality rate for the Antelope Valley decreased 42.2 percent (Table 2).
- Overall child abuse related infant death rates have remained relatively low between 2000 and 2004. The overall rate of child abuse related infant deaths in 2004 is 3.3 deaths per 100,000 live births. The male infant death rate related to child abuse is higher than that of female infants (3.9 vs 2.7 deaths per 100,000 live births, respectively) (Figure 4).
- Between 2000 and 2004, child death rates among children ages 1 to 17 decreased from 23.3 per 100,000 to 20.6 deaths per 100,000 in 2004 (Figure 5). Among race/ethnic groups, African American children ages 1 to 17 had the highest death rate at 41.9 deaths per 100,000 in 2004 (Figure 6). Among SPAs, SPA 6 (South) had the highest rate at 36.7 deaths per 100,000 followed by SPA 1 (Antelope Valley) at 27.8 deaths per 100,000 (Figure 7).
- In 2004, the leading cause of death among infants was congenital malformations, deformations and chromosomal abnormalities (Table 3).

## CALIFORNIA DEPARTMENT OF JUSTICE

In 2005, a total of 6,215 Los Angeles reports of child abuse and neglect were entered into CACI. This is a slight increase from the total of 5,813 reports submitted in 2004 for Los Angeles County.

Overall, the reports of Child Abuse submitted to the DOJ CACI for the categories of physical, sexual, mental and severe neglect have decreased from 37,013 to 23,296 during the last five years. On a statewide basis the effective reporting rate is similar to that of Los Angeles County at 28% (23,000/80,000). DOJ is working with stakeholder groups around the state and with DSS to make business process modifications to improve state and local reporting.

## DEPARTMENT OF MENTAL HEALTH

- During FY 2004-05, The Family Preservation Program treated 939 clients. Family Reunification served 10 outpatients. Rate Classification Level-14 (RCL-14) facilities treated 267 and Community Treatment Facilities (CTF) treated 138. The Child Abuse Prevention, Intervention and Treatment (CAPIT) program was offered to 1,208 individuals. Start Taking Action Responsibly Today (START) services were given to 222. The three Juvenile Hall Mental Health Units (JMHU) served 12,497. Dorothy Kirby Center provided mental health services to 344. At Challenger Memorial Youth Center and the Juvenile Justice Camps, 1,787 children/youth received mental health services. A total of 17,412 children and adolescents, potentially at-risk for child abuse or neglect, were served by the selected mental health treatment programs.



- Clients receiving mental health services in the START, CAPIT, Family Preservation, and Family Reunification programs were 14% of the clients at the programs considered. Of these, 28% were identified as DCFS referrals.
- Clients treated in RCL-14 or Community Treatment Facilities were 2% of the clients considered. DCFS referrals constituted 59% of the RCL-14 referrals and 78% of the CTF referrals.
- Clients in the Mental Health Units of the three juvenile halls made up 72% of the clients considered. Of these, 7% were identified as DCFS referrals.
- Clients in the Mental Health Units at the Challenger Youth Center/ Juvenile Justice Camps and Dorothy Kirby Youth Center were 10% of the clients at the programs reviewed. Of these, 5% were identified as DCFS referred.
- Clients in Mental Health Units of the Youth Centers were distributed as follows: 84% in Challenger Youth Center/Juvenile Justice Camps, and 16% in Dorothy Kirby Center.
- The Child Abuse Early Intervention and Prevention Program (CAPIT) served 238 clients receiving a DSM diagnosis of Child Abuse and Neglect (CAN). This is the largest number diagnosed with CAN in any of the programs considered. During FY 04-05, CAPIT treated more than three fourths of the 308 clients in the treatment programs considered who were diagnosed with CAN. The percentage of clients served by CAPIT with CAN program decreased from 32% in FY 03-04 to 20% in FY 04-05. Comparable percentages of the CAPIT clients who were diagnosed with CAN were 25% in FY 02-03 and 21% in FY 01-02.
- The Family Preservation (FP) Program served 42 clients diagnosed with CAN. This is 14% of the 308 clients diagnosed with CAN in the programs considered and establishes the FP program with the second largest concentration of clients diagnosed with CAN. The percentage of clients with CAN treated in the FP program decreased from 9% in FY 03-04 to 5% in FY 04-05. Comparable percentages of the FP clients diagnosed with CAN were 7% in FY 02-03 and 3% in FY 01-02.
- The Juvenile Hall Mental Health Units served 26 clients diagnosed with CAN. This is 8% of all CAN clients in the programs considered. The percentages of clients with diagnosed with CAN at the juvenile hall mental health Units have been less than 1% from FY 01-02 through FY 04-05.
- The START program, the mental health units of Challenger Youth Center and its associated juvenile justice camps, and the mental health unit of Dorothy Kirby Center each served 10 or fewer clients diagnosed with CAN during FY 04-05. Clients diagnosed with CAN at these programs were less than 1% of the clients served by each program from FY 01-02 through FY 04-05.
- The most frequent DSM diagnoses for clients in the treatment programs considered are Adjustment/Conduct Disorder/ADHD and Major Depression. Adjustment/Conduct Disorder/ADHD were the most frequent diagnoses received by clients in the Family Preservation, Child Abuse Prevention, START, and Juvenile Hall mental health



programs, with Major Depression the next most common diagnosis at these programs. Major Depression was the most frequent diagnosis received by clients at the Dorothy Kirby and Challenger Youth Centers.

- Among substance using clients, marijuana was most frequently reported, followed in frequency by poly-substance use.

**LOS ANGELES COUNTY  
DISTRICT ATTORNEY'S OFFICE**

- A total of 5143 cases were submitted for filing consideration against adult defendants.
- Of these, charges were filed in 48% (2462) of the cases reviewed. Felony charges were filed in 58% (1432) of these matters.
- Of those cases declined for filing (a total of 2681), cases submitted alleging a violation of §288(a) PC accounted for 41% of the declinations (1094).
- In 78% of the cases filed, the gender of the defendant was male.
- Convictions were achieved in 89% of the cases filed against adult offenders. Defendants received grants of probation in 73% (1,113) of these cases. State prison sentences were ordered in 23% (349) of the cases; with 1% (8) of the defendants receiving a life sentence in state prison.
- A total of 510 cases were submitted for filing consideration against juvenile offenders.
- Of these, charges were filed in 58% (294) of the cases reviewed. Felony charges were filed in 95% (279) of these cases.

- Of the filed cases, 65% (182) alleged a violation of §288(a) PC.
- Of the declined cases, 76% (165) alleged a violation of §288(a) PC.
- In 93% of the petitions filed, the gender of the minor was male.
- Sustained petitions were achieved in 91% of the juvenile cases.

**LOS ANGELES COUNTY  
SHERIFF'S DEPARTMENT**

In 2005, the FCB caseload decreased by 7.8%, with a similar drop in both physical and sexual abuse cases. The percentage and number of those victims of sexual abuse who were under 3 years of age dropped dramatically, from 26.6% (643) in 2004 to 15.6% (367) in 2005, a decrease of 11%. However, victims between the ages of 10 and 17 and those over 17 increased a total of 16.9%, from 54.1% in 2004 to 71% for 2005. Also noteworthy is that in both the victim and suspect ethnicity identifier of "Hispanic," the percentages are almost exact (57.1% and 57%, respectively).

**LOS ANGELES POLICE DEPARTMENT**

**Juvenile Division**

1. The total investigations (5,618) (crime and non-crime) conducted by the (JD) in 2005 showed an increase (32.47 percent) over the number of investigations (4,241) in 2004.
2. Adult arrests (194) by the (JD) in 2005 showed a decrease (20.16 percent) in the number of arrests made (243) in 2004.
3. The number of dependent children (1,166) handled by the (JD) in 2005 showed a decrease (24.29 percent) from the number handled (1,540) in 2004.



## LOS ANGELES SUPERIOR COURT

- A noticeable increase in filings occurred in 2005, reversing declines of the previous two years, and evidencing numbers last seen in 1998.
- New WIC §300 petitions in relation to total petition filings, constituted 53.4% of filings in 2005.
- 9,957 new WIC §300 petitions were filed in 2005, while 10,435 children exited the Dependency System.

## LOS ANGELES COUNTY OFFICE OF EDUCATION

Overall, Los Angeles County school districts showed decreases across all four abuse types (Sexual Assault, Physical Abuse, General Neglect and Emotional Abuse).

Sexual abuse incidence rates decreased -0.18, ranging from -0.01 to -1.78, and increases ranged from 0.02 to 2.46. Physical abuse incidence rates decreased -0.37, ranging from -0.08 to -5.28, and increases ranged from 0.25 to 8.38. General abuse incidence rates decreased -0.18, ranging from 0.01 to 1.85, and increases ranged from 0.01 to 2.46. Emotional abuse incidence rates decreased slightly (-0.07), ranging from -0.02 to -2.64, and increases ranged from 0.01 to 1.88. On average, Los Angeles County districts showed decreases across all abuse types.

## PROBATION DEPARTMENT

Of the 632 Child Abuse referrals received by the Adult Bureau in 2005, 148 (23.4%) resulted in a court ordered grant of formal probation. The adult defendants not placed on formal probation may have been sentenced to state prison, county jail, placed on informal probation to the court, found not guilty or had their cases dismissed.

Of the 718 Juvenile Child Abuse offense referrals received by the Juvenile Bureau in 2005, 114 (15.9%) offenses resulted in a disposition of probation supervision. Juveniles not placed on probation may have been sentenced to the California Department and Rehabilitation, Division of Juvenile Justice (DJJ), found Unfit (referred to adult criminal court), sentenced to Camp Community Placement, had their cases rejected by the District Attorney, transferred out of county, or closed.





## 2006 DATA RECOMMENDATIONS

### RECOMMENDATION ONE:

#### Juvenile Offender Data Collection

Agencies contributing data to this ICAN report should, to the extent possible, obtain and include data on juvenile offenders. A juvenile offender is defined as any individual who is under court supervision due to a Welfare and Institutions Code (WIC) 601 or 602 petition, or jointly filed WIC 300 and WIC 600 petitions, i.e., WIC 241.1 cases.

#### RATIONALE:

The Department of Children and Family Services has implemented a system to track data on the number of WIC 300 dependents who also are supervised by Delinquency Court due to the filing of a WIC 600 petition. Additional juvenile offender data is needed to determine the breadth and scope of this issue. This data also will enable analysis to determine how best to provide services to meet the needs of youth in their transition to independent living.

### RECOMMENDATION TWO:

#### Agency Data Report Definitions

Agency data statements contained in the annual Data and Information Sharing Committee Report, The State of Child Abuse in Los Angeles County, should include a glossary explaining the meanings of acronyms and legal definitions of terms used in the agency's report.

#### RATIONALE:

In recognition of the fact that contributive agencies come from a wide variety of systems that have a different focus of their core mission, like terms used from report to report may not mean the same thing. For example, the word

"case" may mean a person on probation, a person accused of committing a crime, a child alleged to have been abused or neglected, or a family receiving services. Inclusion of a glossary of terms will help clarify the nuances among these various agency data reports.

### RECOMMENDATION THREE:

#### Permanency initiatives or mentoring programs that impact children and youth

Agencies that submit annual data statements to the ICAN Data and Information Sharing Committee should include data and information about permanency initiatives, educational programs and mentoring programs focused on serving the needs of their teenage clients.

#### RATIONALE:

Agencies involved in some aspect of child welfare and/or in providing services for at-risk families and children have rightly focused on the needs of the youngest and most vulnerable of their children served. At the same time, teens served by these agencies also have critical needs for education, support, stability and community services. In recent years, this often-overlooked population has received renewed focus and resources, in recognition of their health, psychological, and life skills needs. Agencies, which have targeted this population of young people with additional resources and new programs, should include discussion of these efforts in their annual ICAN data statements.





## ANALYSIS OF INTER-AGENCY DATA COLLECTION

There is limited information available from individual agencies which can be linked with other agency data to portray the child victim's route through the criminal justice and juvenile dependency systems. Information in the 2006 State of Child Abuse in Los Angeles County report presents data unique to each agency which may include the type of abuse/neglect involved, detailed information on the victim, or the extent of the agency's work. This special inter-agency section of the report attempts to show the data connections which exist between agencies and information areas which could be expanded.

The regular inclusion of this special report section is in response to two recommendations presented to the ICAN Policy Committee in the 1990 ICAN Data Analysis Report:

6. All ICAN agencies review their current practices of data collection to ensure that the total number of reports or cases processed by the agencies, irrespective of reason, are submitted in their data reports.
8. ICAN agencies support the Data/Information Sharing Committee efforts to establish guidelines for common denominators for intake, investigations, and dispositional data collection.

To implement these recommendations, a team of ICAN Data/Information Sharing Committee members, with the benefit of comment from the full Committee, developed and regularly updates the following material:

### I. LIST OF CHILD ABUSE AND NEGLECT SECTIONS

Figures 1 and 2 list criminal offense code sections, identifying relevant child abuse offenses which permit ICAN agencies to verify

and consistently report the offenses which should be included as child abuse offenses. The breakdown of these sections into seven child abuse and neglect categories permits consistency in the quantification of child abuse activity completed by the agencies, particularly the law enforcement agencies that use these criminal offense code sections. Use of this list may uncover offenses which were not counted in the past and therefore maximize the number of child abuse cases counted by each agency.

### II. FLOW CHARTS

Flow Charts were developed to:

- Show the interrelationship of all departments in the child abuse system;
- Show the individual agency's specific activities related to child abuse;
- Reflect the data used in the annual report by showing the extent of data currently collected, and by the absence of data, graphically depict whether additional data may be reported, if the agency so chooses;
- Show differences in items being counted between agencies with similar activities; and
- Provide a basis for any future modifications to be used in data collection.

Flow Chart II presents a simplified overview of the manner in which the ICAN agencies interrelate with each other and the way in which the agencies' data does (or does not) correlate with that of other agencies. Because this chart intends to provide an overview, it does not present every activity or item of data collected as detailed in the other agency Flow Charts, III through VIII. Where possible, it reflects totals for common data categories between agencies.





**Figure 1**

**CHILD ABUSE/NEGLECT OFFENSES BY CATEGORY**

ABUSE TYPE	SECTION	FELONY/MISD	DESCRIPTION
General Neglect	270PC	M	Failure to Provide
General Neglect	270.5PC	M	Failure to Accept Child Into Home
General Neglect	272PC	M	Contribute to the Delinquency of a Minor
General Neglect	273ePC	M	Send Child to Improper Place
General Neglect	273fPC	M	Send Child to Immoral Place
General Neglect	273gPC	M	Immoral Acts Before Child.
General Neglect	313.1(A)PC	M	Give Harmful Matter to Child
General Neglect	278.5PC	F/M	Violation of Custody Decree
Severe Neglect	278PC	F/M	Child Concealment/Noncustodial Person
Severe Neglect	280PC	F/M	Violation of Adoption Proceedings
Exploitation	311.10(a)PC	F/M	Advertising Obscene Matter Depicting Child
Exploitation	311.11PC	F/M	Poss/Control Child Pornography.
Exploitation	311.2PC	F/M	Importing Obscene Matter Depicting a Child
Exploitation	311.3(A)PC	F/M	Creation of Obscene Matter Depicting Child
Exploitation	311.4PC	F/M	Use Minor For Obscene Act
Caretaker Absence	271aPC	F/M	Abandonment of Child Under 14
Caretaker Absence	271PC	F/M	Desertion with Intent to Abandon Child Under 14



Figure 1 (continued)

**CHILD ABUSE/NEGLECT OFFENSES BY CATEGORY**

ABUSE TYPE	SECTION	FELONY/MISD	DESCRIPTION
General Neglect	270PC	M	Failure to Provide
General Neglect	270.5PC	M	Failure to Accept Child Into Home
General Neglect	272PC	M	Contribute to the Delinquency of a Minor
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General Neglect	273gPC	M	Immoral Acts Before Child
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General Neglect	278.5PC	F/M	Violation of Custody Decree
Severe Neglect	278PC	F/M	Child Concealment/Noncustodial Person
Severe Neglect	280PC	F/M	Violation of Adoption Proceedings
Exploitation	311.10(a)PC	F/M	Advertising Obscene Matter Depicting Child
Exploitation	311.11PC	F/M	Possession/Control Child Pornography
Exploitation	311.2PC	F/M	Importing Obscene Matter Depicting a Child
Exploitation	311.3(A)PC	F/M	Creation of Obscene Matter Depicting Child
Exploitation	311.4PC	F/M	Use Minor For Obscene Act
Caretaker Absence	271aPC	F/M	Abandonment of Child Under 14
Caretaker Absence	271PC	F/M	Desertion with Intent to Abandon Child Under 14



**Flow Chart I**

**REPORTING DEPARTMENTS INVOLVEMENT IN CHILD ABUSE CASES - 2004**



**REPORTING DEPARTMENTS WORKLOAD**

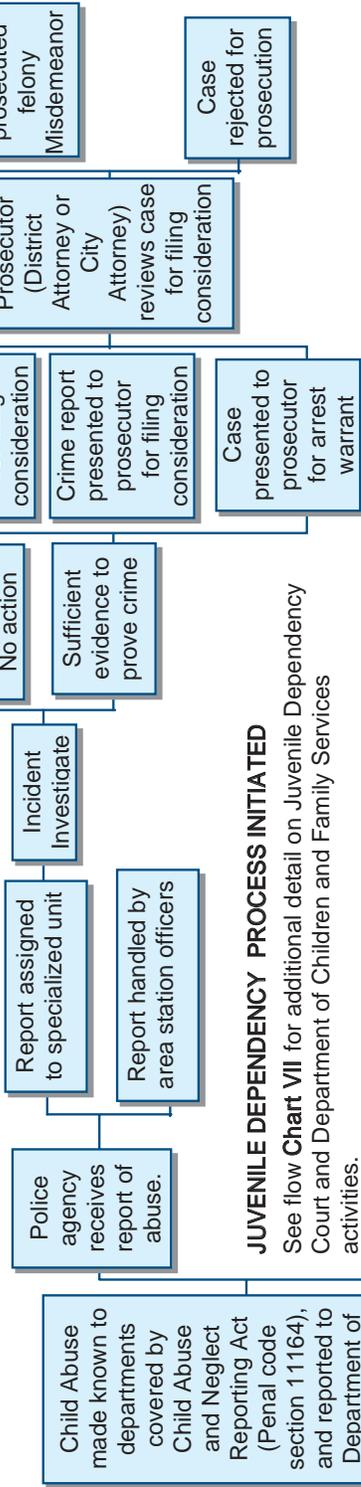
CHIEF MEDICAL EXAMINER CORONER	297
L. A. COUNTY PROBATION DEPARTMENT	632
DEPT. OF PUBLIC SOCIAL SERVICES	305
LOS ANGELES POLICE DEPARTMENT	5,618
L.A. COUNTY SHERIFF'S DEPT. FCB	3,308
DEPT. OF CHILDREN & FAMILY SERVICES	156,831

ICAN AGENCY INVOLVEMENT IN CHILD ABUSE CASES - 2004

CHILD PROCESS INITIATED

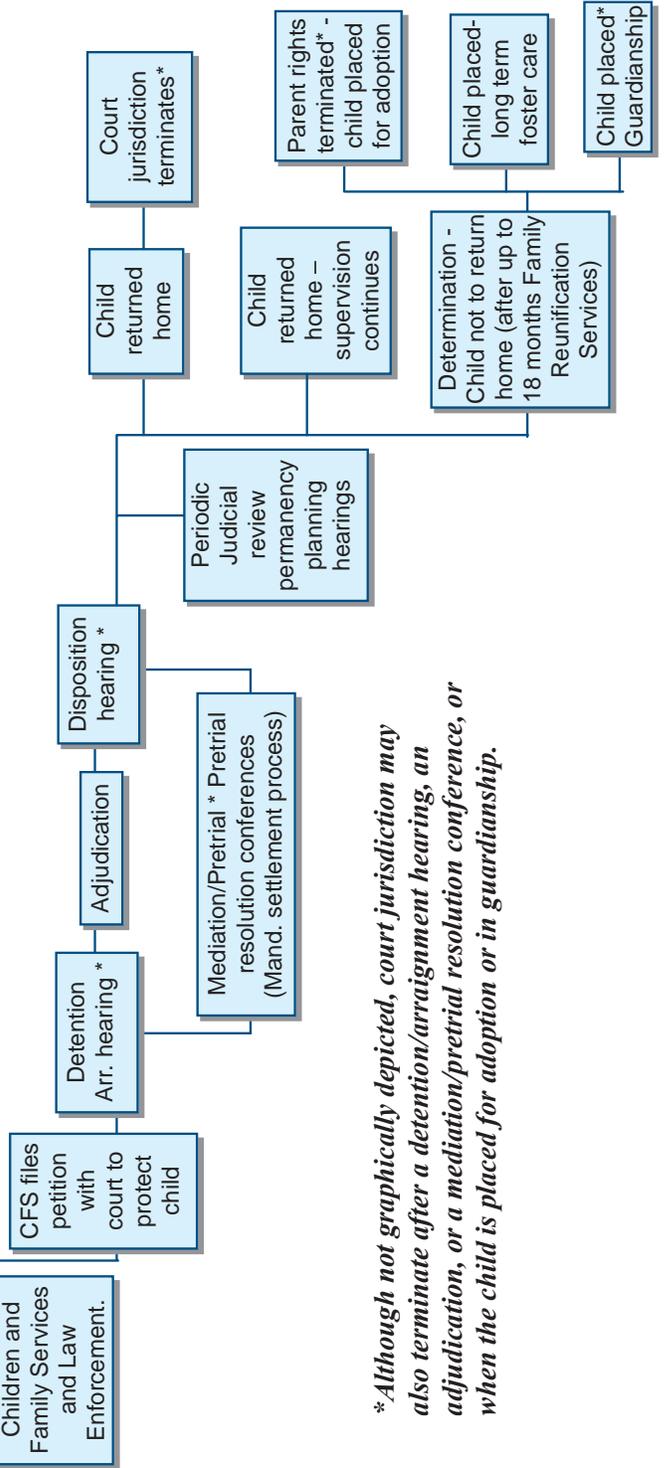
See flow Charts III, IV for individual detail on LAPD and LASD  
 See Flow Chart VI for detail on the L.A. District Attorney.  
 Where possible similar categories of agency data have been totaled.

CHILD ABUSE/NEGLECT REPORT



JUVENILE DEPENDENCY PROCESS INITIATED

See flow Chart VII for additional detail on Juvenile Dependency Court and Department of Children and Family Services activities.

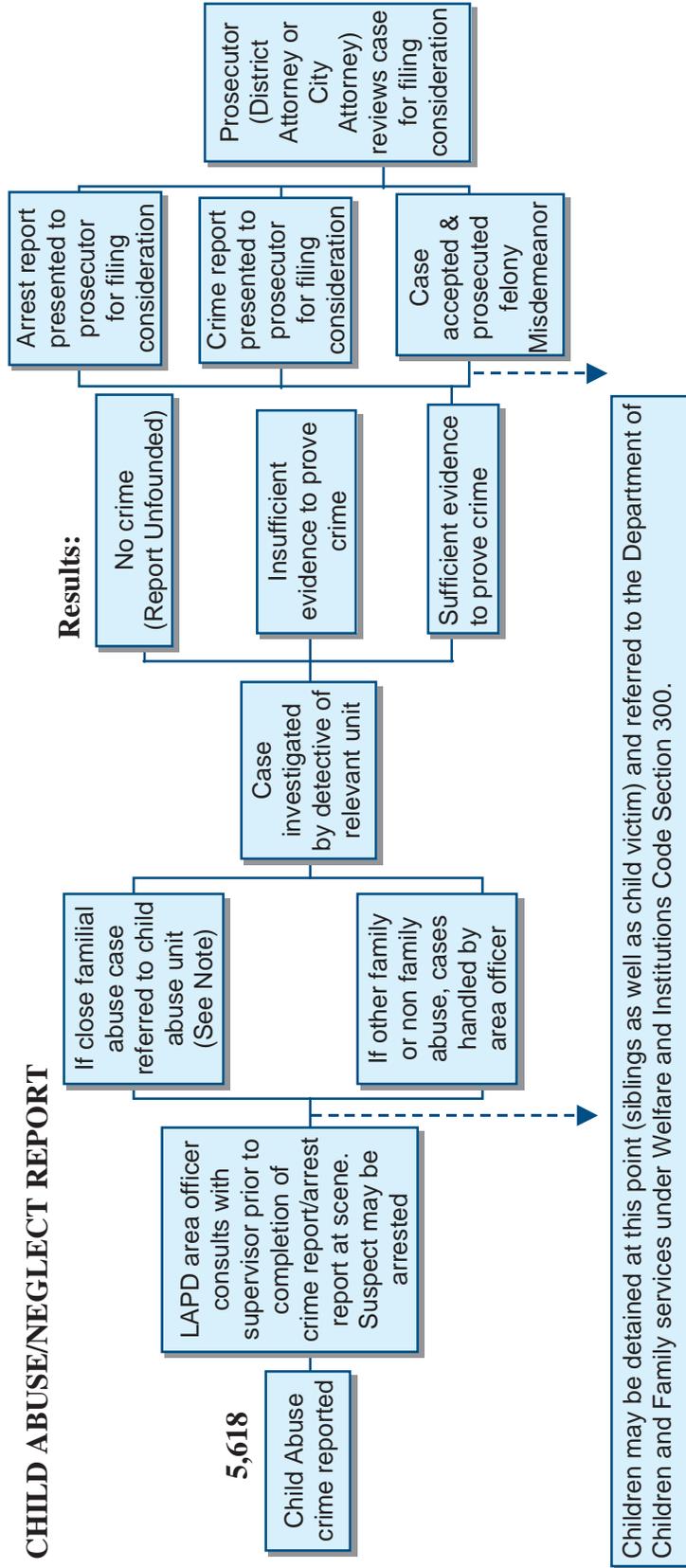


*\*Although not graphically depicted, court jurisdiction may also terminate after a detention/arraignment hearing, an adjudication, or a mediation/pretrial resolution conference, or when the child is placed for adoption or in guardianship.*



LOS ANGELES POLICE DEPARTMENT INVOLVEMENT IN CHILD ABUSE CASES - 2004

CHILD ABUSE/NEGLECT REPORT



NOTE:

Case Count Definition

Endangering cases:

Multiple victims in same family = 1 report (case)

All other cases:

Each victim = 1 report (case)

Child Abuse Unit Responsibilities

Child Abuse Unit handles abuse involving parents, step parent, legal guardian, common law spouse.

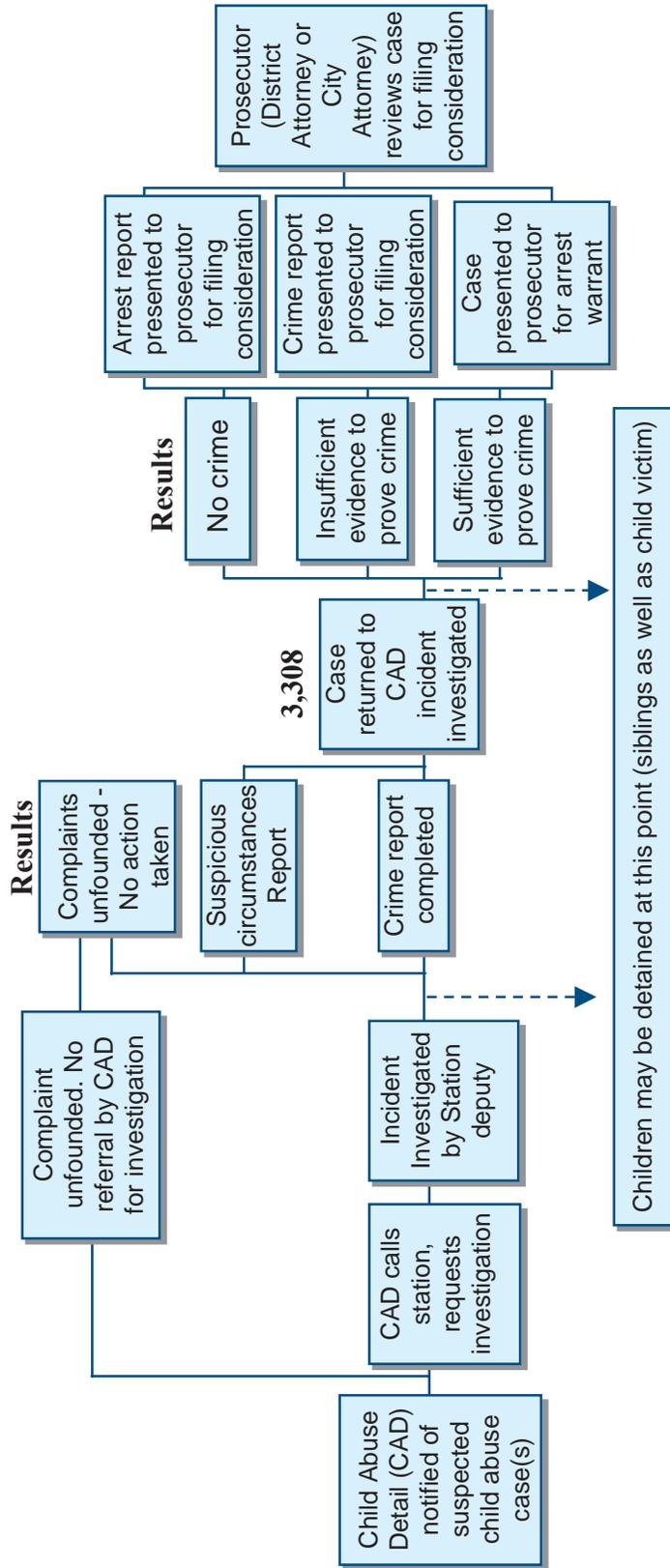
GEOGRAPHIC AREA RESPONSIBILITIES

Abuse in which perpetrator is not parent, step parent, legal guardian, or common law spouse: child not primary object of attack, but receives injury; unfit homes, endangering and dependent child cases; other cases where criteria does not meet Abused Child Unit.





**Flow Chart IV**  
**LOS ANGELES SHERIFF DEPARTMENT INVOLVEMENT IN CHILD ABUSE CASES - 2004**



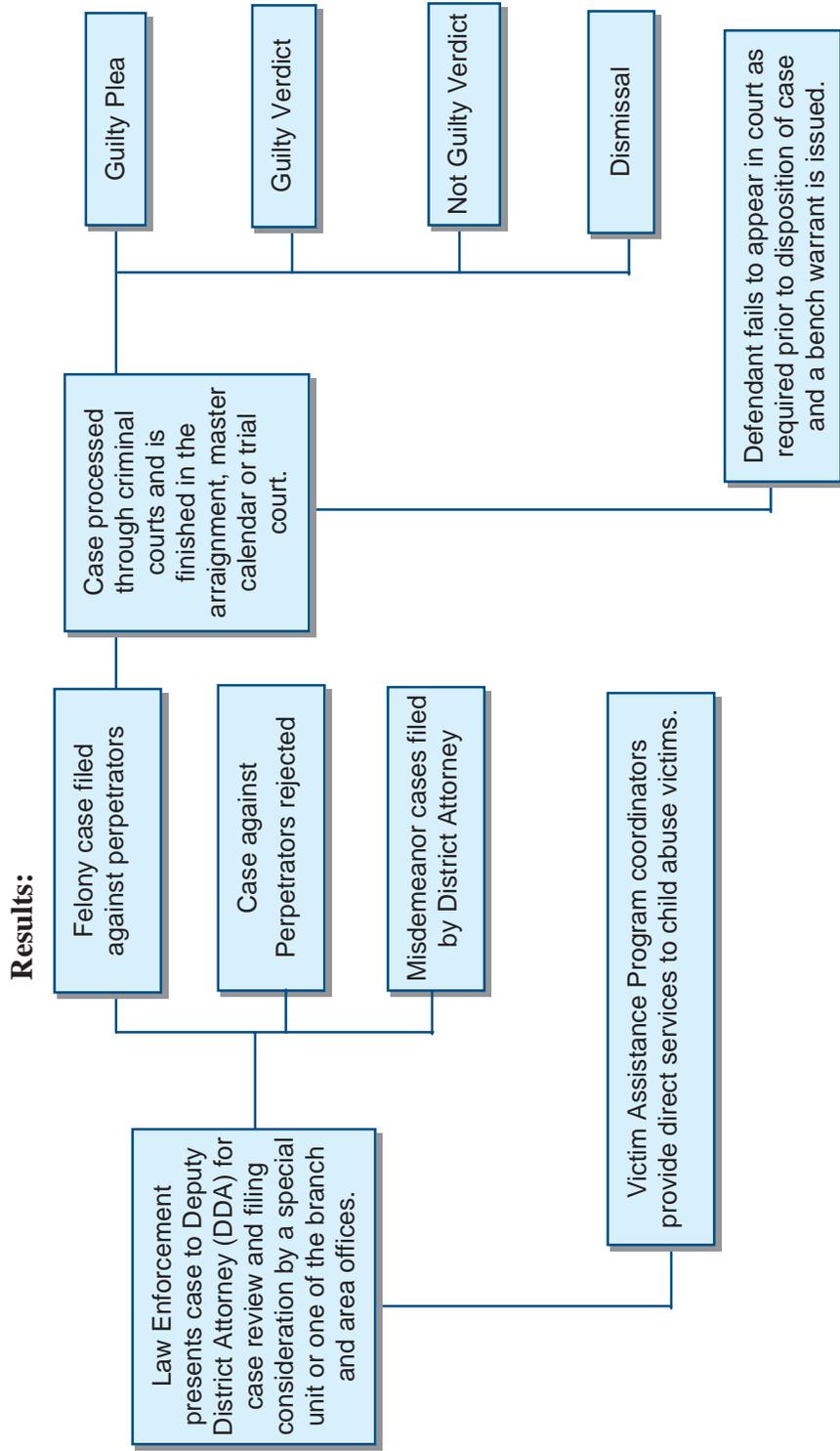
**NOTE:**

**CASE COUNT DEFINITION**

*Multiple victims of the same incident, in the same family are treated as one case.  
 The Child Abuse Detail does not handle neglect/endorsement cases.*

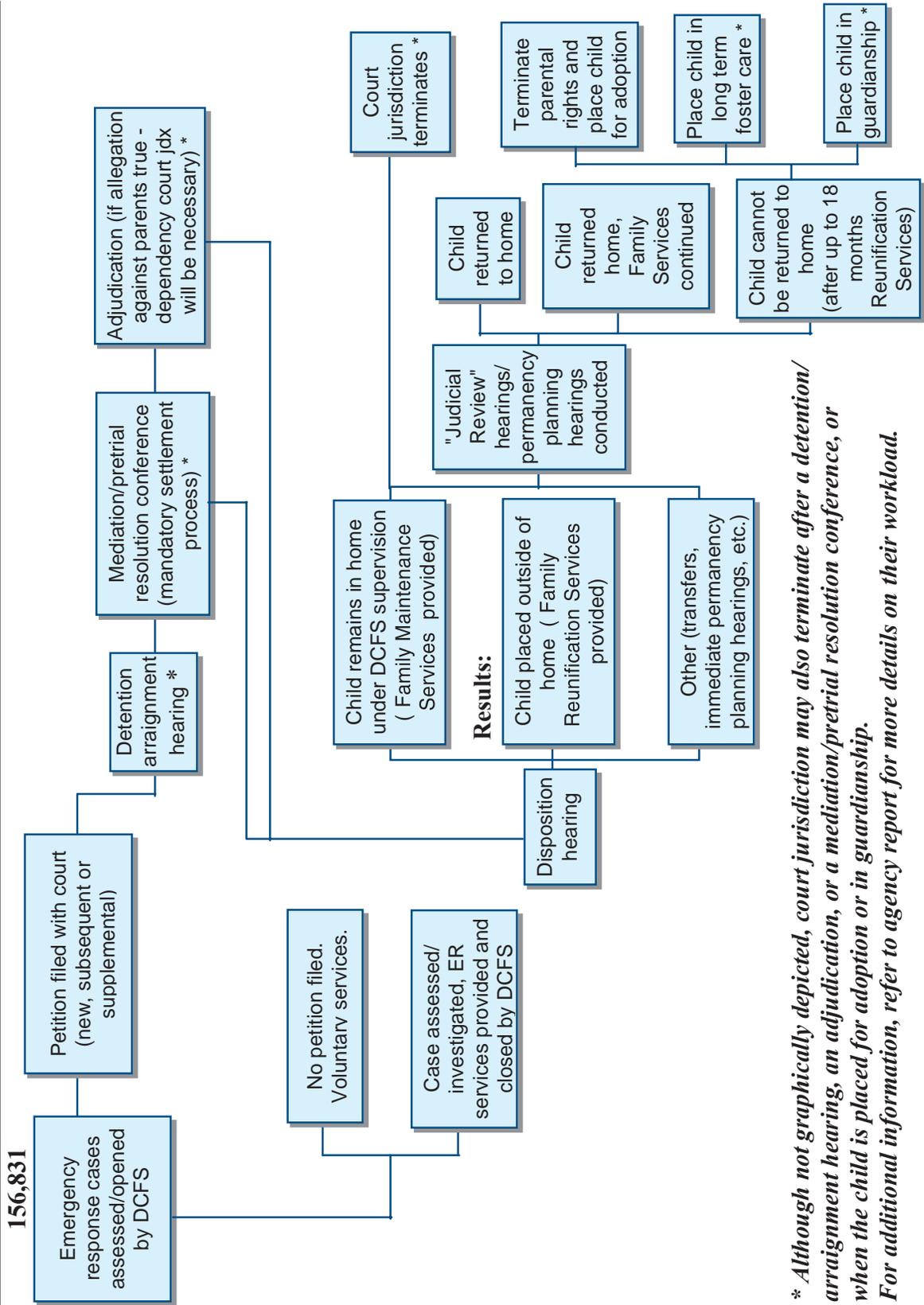
*See the Los Angeles Sheriff's Department Report for more details on their workload.*

**LOS ANGELES POLICE DEPARTMENT  
INVOLVEMENT IN CHILD ABUSE CASES - 2004**





**Flow Chart VI**  
**JUVENILE DEPENDENCY COURT/DEPARTMENT OF CHILDREN AND FAMILY SERVICES**  
**INVOLVEMENT IN CHILD ABUSE CASES - 2004**



*\* Although not graphically depicted, court jurisdiction may also terminate after a detention/arraignment hearing, an adjudication, or a mediation/pretrial resolution conference, or when the child is placed for adoption or in guardianship. For additional information, refer to agency report for more details on their workload.*



Flow Chart VII

LOS ANGELES COUNTY INDEPENDENT POLICE AGENCY DATA  
Involvement in Child Abuse Cases During 2004

AGENCY	TOTAL POPULATION*	CHILD POPULATION*	2004 INVESTIGATIONS*	2004 ARRESTS*	CHILDREN PLACED IN PROTECTIVE CUSTODY*	2004 DOMESTIC VIOLENCE INVESTIGATIONS
Alhambra	90,000	18,000	139	13	8	232
Baldwin Park	75,837	29,135	44	32	10	228
Bell Gardens	46,000	27,000	727	1,901	Not Available	1,041
Beverly Hills	35,000	Not Available	58	4	Not Available	123
Covina	49,400	13,832	23	18	2	252
Downey	113,607	32,775	96	29	Not Available	541
El Segundo	16,700	3,818	11	4	4	35
Gardena	57,746	14,644	137	20	21	304
Glendora	50,000	14,500	230	160	10	123
Inglewood	112,580	39,623	333	37	181	393
Long Beach	461,522	115,577	541	92	92	3,400
Maywood	29,215	11,417	110	11	2	177
Monrovia	39,147	12,325	119	6	6	86
Montebello	62,150	17,776	61	14	15 (Estimate)	220
Pasadena	146,166	33,618	61	32	Not Available	317
Redondo Beach	66,900	11,890	37	23	5	121
San Fernando	24,000	7,752	190	8	43	87
San Gabriel	41,000	Not Available	94	7	0	89
Sierra Madre	10,086	1,916	15	0	1	31
Signal Hill	10,631	2,460	6	3	1	43
South Pasadena	25,519	5,637	14	1	Not Available	29
Vernon	95	29	2	2	1	
West Covina	105,000	29,400	66	24	21	283
Whittier	83,680	23,667	51	8	38	1,042



This year, we are again pleased to have data on overall youth demographics for Los Angeles County. These figures are provided by the State of California, Department of Finance. The data

are presented here to give the reader a baseline of youth age from which to draw comparisons when examining other data presented by the various agencies represented in this book.

Figure 1

**POPULATION ESTIMATE BY AGE**  
**Los Angeles County, 1992 - 2000**

Age	1992	1993	1994	1995	1996	1997	1998	1999	2000
0	201,460	188,736	183,686	174,387	169,521	163,070	169,374	168,212	143,291
1	200,379	198,914	186,747	181,384	172,349	169,263	168,595	168,534	143,060
2	171,712	198,304	197,394	184,878	179,715	172,499	168,704	168,234	145,189
3	157,334	169,971	197,043	195,831	183,503	179,989	172,080	168,498	150,148
4	150,959	155,747	168,869	195,617	194,605	183,864	179,664	171,981	155,943
5	142,932	149,499	154,760	167,534	194,488	195,044	183,627	179,656	158,512
6	141,986	141,551	148,601	153,516	166,484	194,988	194,868	183,692	157,394
7	134,757	140,687	140,740	147,430	152,526	166,945	194,766	194,887	160,982
8	130,484	133,431	139,836	139,538	146,425	152,960	166,697	194,752	162,356
9	130,704	129,168	132,588	138,653	138,532	146,819	152,672	166,651	162,803
10	123,376	129,576	128,452	131,591	137,824	138,861	146,483	152,574	157,206
11	128,614	122,114	128,741	127,306	130,630	138,090	138,468	146,317	147,467
12	123,829	127,336	121,267	127,605	126,328	130,923	137,741	138,351	143,810
13	116,504	122,645	126,558	120,205	126,701	126,655	130,617	137,668	137,754
14	115,506	115,342	121,890	125,500	119,309	127,131	126,449	130,647	137,415
15	115,732	114,491	114,732	120,995	124,785	119,873	127,050	126,616	134,159
16	115,332	114,547	113,784	113,648	120,111	125,545	119,978	127,401	133,065
17	117,742	114,090	113,852	112,668	112,761	121,080	125,812	120,534	137,422
<b>TOTAL</b>	<b>2,519,342</b>	<b>2,566,149</b>	<b>2,619,540</b>	<b>2,658,286</b>	<b>2,696,597</b>	<b>2,758,008</b>	<b>2,803,645</b>	<b>2,845,205</b>	<b>2,667,976</b>

*1992 - 1999 Source: State of California, Department of Finance, 1970-2040 Race/Ethnic Population Projections for Counties with Age and Gender Details. 2000 Source: US Census 2000, SF 1 California file.*

## Section II

# SPECIAL REPORTS

ICAN ASSOCIATES	27
ICAN MULTI-AGENCY CHILD DEATH REVIEW TEAM	31
ICAN CHILD ABDUCTION TASK FORCE	39
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	47





## ICAN ASSOCIATES

ICAN Associates is a private/non-profit organization which supports the Inter-Agency Council on Child Abuse and Neglect (ICAN) and the important issues addressed by ICAN. The Board of ICAN Associates consists of business, media and community leaders.

ICAN Associates supports ICAN through the provision of services including dissemination of materials, hosting media campaigns, sponsorship of educational forums, support of direct and indirect services to prevent child abuse and neglect as well as promoting integration and collaboration among child service agencies. Further, ICAN Associates sponsors special events for vulnerable and abused children, publishes newsletters, and coordinates community educational projects. The formation of ICAN Associates represents one of the first and most effective public/private partnerships in the nation addressing the critical issues and needs surrounding child abuse and neglect.

ICAN has been extremely successful in securing funding through grants and corporate sponsorships:

In November 1996, ICAN/ICAN Associates launched the ICAN National Center on Child Fatality Review (ICAN/NCFR) at a news conference held in connection with the United States Department of Justice and United States Department of Health and Human Services. Funding for this major national project was facilitated through the efforts of ICAN Associates. Generous support was secured through the United States Department of Justice, Office of Juvenile Justice and Delinquency Prevention; Times Mirror Foundation and the family of Chief Medical Examiner Lakshmanan Sathyavagiswaran. The NCFR web site is at [www.ICAN-NCFR.org](http://www.ICAN-NCFR.org).

ICAN/ICAN Associates continues to provide statewide Child Death Review Team Training designed to address a range of issues to benefit the overall development and functioning of Child Death Review Teams throughout the State. The training curriculum is funded through a grant from the California Department of Social Services (CDSS).

The Times Mirror Company continues to assist ICAN Associates with their challenge grant to help fund the work of ICAN and its critically needed services for abused and neglected children.

In October 2006, ICAN Associates sponsored "NEXUS XI" in conjunction with California Department of Social Services (CDSS); community groups and ICAN agencies. The Sheraton Universal Hotel in Universal City provided the exquisite setting. The conference presented an opportunity to hear from local, state and national experts, about the impact of all forms of violence within the home on children as well as potential solutions. It is hoped that the information presented will inspire professionals and volunteers to develop and participate in efforts aimed at preventing violence in the home and in communities.

ICAN Associates again sponsored the Annual Child Abuse Prevention Month Children's Poster Art Contest which raises awareness about child abuse in schools throughout Los Angeles County. Children in the 4th, 5th and 6th grades and in special education classes participate in this contest. The children's artwork is displayed at the California Department of Social Services in Sacramento, Edmund D. Edelman Children's Court, L. A. County Office of Education, District Attorney's Office, Hollywood Library and in numerous national publications.

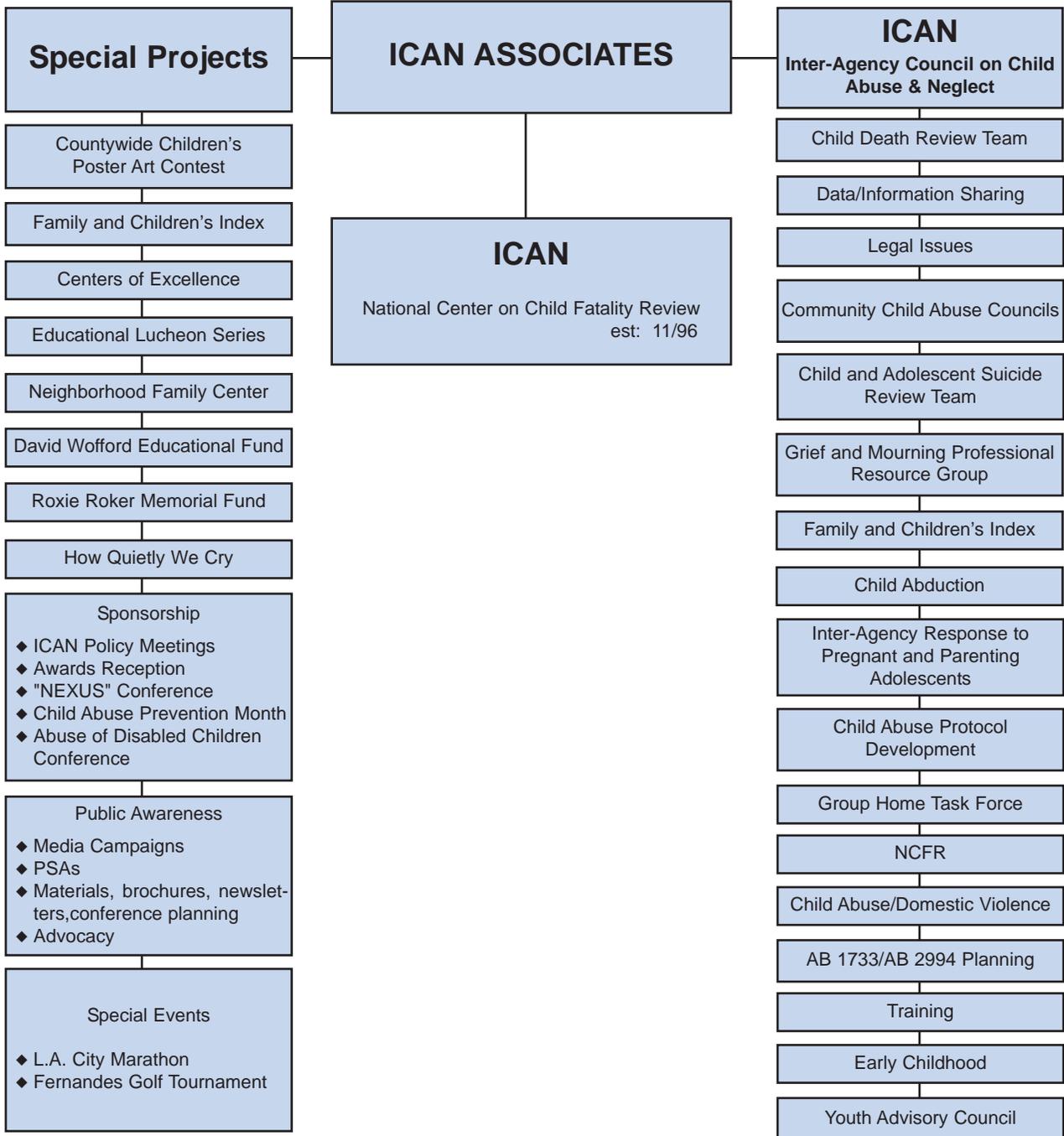


ICAN Associates was honored to serve as one of the official charities of the Los Angeles Marathon. Funds raised from this event are used to assist in various projects for abused and neglected children.

For the past 16 years, the Annual Fernandes Golf Tournament has raised funds for ICAN Associates. This event is a result of the efforts of individuals and businesses in the city of Chino and surrounding communities and is held in memory of Bob, Gary and Tony Fernandes. ICAN Associates continues to help eight ICAN neighborhood family centers and a number of other non-profit agencies that provide services to abused and neglected children and their families with their holiday festivities.

ICAN Associates continues to work with "It's Time For Kids" headed by Kendall Wolf with Landmark Entertainment. This program enables abused, neglected and abandoned children in foster care to enjoy visits to theme parks, sporting events and other entertainment most children take for granted.

ICAN Associates continues its mission of supporting ICAN's efforts on behalf of abused and neglected children in Los Angeles County, in the State of California and nationally.





# **ICAN MULTI-AGENCY CHILD DEATH REVIEW TEAM**

## **SPECIAL REPORT**





## ICAN MULTI-AGENCY CHILD DEATH REVIEW TEAM

The ICAN Multi-Agency Child Death Review Team was formed in 1978 to review child deaths in which a caregiver was suspected of causing the death. Over the past 28 years, the activities of the Team have expanded to include review and statistical analysis of accidental deaths, undetermined deaths, child and adolescent suicides and fetal deaths.

The Team is comprised of representatives of the Department of Coroner, Los Angeles Police and Sheriff's Departments, District Attorney's Office, Los Angeles City Attorney's Office, Office of County Counsel, Department of Children and Family Services, Department of Health Services, County Office of Education, Department of Mental Health, California Department of Social Services and representatives from the medical community.

### TEAM PROCEDURES

California law requires that all suspicious or violent deaths and those deaths in which a physician did not see the decedent in the 20 days prior to the death be reported to the Department of Coroner. The Coroner is responsible for determining the cause of death to be listed on the death certificate as either: homicide, accident, natural, undetermined or suicide.

The Department of Coroner refers all cases it has received for children age seventeen (17) and under to ICAN, including fetal deaths, and ICAN staff reviews these cases to determine which cases meet Team protocol. This process first involves the exclusion of all natural deaths. Thereafter, cases that meet at least one of the following criteria are selected for review:

- Homicide by caregiver, parent or other family member
- Suicide
- Accidental death
- Undetermined death

Once a case has been identified as meeting Team protocol, case-specific clearances are secured from the Department of Children and Family Services, District Attorney's Office, Los Angeles Police Department, and the Los Angeles County Sheriff's Department. Members check their agency records for contacts with the child and/or family and provide their findings to ICAN for compilation and analysis. All homicide cases meeting Team protocol receive this level of review in the annual ICAN Child Death Review Team Report.

Specific cases are identified for in-depth review by the Team in the Team meeting setting; such cases are most often high profile in nature and/or cases for which a Team member has requested the Team's multi-disciplinary perspective. Generally, two to three cases are reviewed at each month's Team meeting. Due to the high volume of cases that meet Team protocol, not all deaths receive this detailed review by the entire Team, which often requires several hours of Team time per case.

Information from the Department of Coroner is located in the "ICAN Agency Reports" Section of this report which details the 297 year 2005 child deaths reviewed by the Team. This more detailed, separate report, the *ICAN Child Death Review Team Report for 2006*, will be available from the ICAN office, and will provide analysis of the multiple agency records for these children and their families, case summaries of some of these deaths, and findings and recommendations made by the Team. It should be noted that the Coroner's Office utilizes a separate classification system than ICAN and there may be minor discrepancies in figures provided in the Coroner's Section with this report.



## MULTI-YEAR TRENDS

Figure 1 illustrates the total number of deaths from 1991 through 2005 that were reviewed by the Team. In 1998, review of accidental and undetermined cases and homicides by a parent/caregiver/family member was expanded; the age of inclusion was increased from ten to twelve (with the exception of accidental drowning deaths that were reviewed through age 17 since 1997). In 1999, the number of cases referred to the Team rose again, in part, as the Team's protocol expanded to include accidental automobile deaths. In 2000, the number of cases referred to the Team decreased slightly although the age of review for accidental and undetermined deaths was increased from age twelve to age fourteen. In 2001 there was an increase in the number of cases referred to the Team and this steady increase continued through 2003. In 2002, the number of cases referred to the Team increased as the age of inclusion for accidental and undetermined deaths rose from age 14 to age 17 (with the exception of accidental drowning deaths which were already reviewed through age 17). In 2003, the increase in cases over 2002 was minor (i.e., 1.3%). In 2004, the number of deaths (n=274) decreased by eleven percent from 2003 (n=309). Finally, in 2005, the number of deaths (n=297) increased by eight percent from 2004 (n=274). The reason for these fluctuations from 2002 through 2005 is unknown and cannot be attributed to any changes in the data collection protocol during that period.

The number of homicides (n=33) in 2005 increased by three from 2004 (n=30). The number of undetermined deaths significantly increased by thirty percent from 84 in 2004 to 109 in 2005. This is the second year in a row that a significant increase in undetermined deaths was experienced from the previous year. In 2004 there was an eighteen-percent increase from 71 undetermined deaths in 2003 to the 84

undetermined deaths in 2004. Accidental deaths (n=140) decreased by approximately five percent from 2004 (n=147). The number of child and adolescent suicides increased in 2005 (n=15) from 2004 (n=13). Lastly, the number of fetal deaths (n=25) increased by twenty-five percent from 2004 (n=20).

Figure 2 displays the numbers of child homicides perpetrated by parent/caregiver/family member for years 1991 through 2005. There were 33 child homicides by parent/caregiver/family member in 2005. Since 1990, this is the second lowest number of child homicides by parent/caregiver/family member, with the lowest amount numbering 30 in 2004. The highest number of child homicides by parent/caregiver/family member was in 1991 when there were 64 referrals. The average number of homicides by parents/caregivers/family members reported over the past 15 years is 42.3 per year.

In 2005, there were 109 undetermined deaths, a significant increase from the 84 cases reported in 2004. Figure 3 displays the number of undetermined child deaths since 1991. The number of undetermined deaths has averaged 44.6 per year over the past 15-year period. This low average can be explained by the low number of referrals made in earlier years (1990 - 1996). Through 2002, there has been a steady increase in the number of undetermined deaths referred by the Coroner that meet Team protocol since 1991 with a low of 9 cases referred in 1991, and this year's high of 109. In 2003, there were 71 cases, which was a decrease from the 76 cases reported in 2002, and an exception to the steady increase.

Data on accidental deaths have been expanded over the decade that the Team has collected data on child deaths. Figure 4 provides detail on the number of accidental deaths that have met Team protocol for the past 15 years. The number of accidental deaths slightly



decreased from 147 in 2004 to 140 in 2005. Accidental deaths, suffered by youth ages 15 - 17 were included for the first time in the 2002 data. With the inclusion of these older youth, automobile accidents (solo and vehicle v. vehicle) were the leading cause of death in 2003, 2004 and 2005; in 2005, they were followed by autopedestrian accidents, deaths associated with drowning and maternal substance abuse.

The Team has collected data on adolescent suicides since late 1987. Figure 5 illustrates the number of suicides referred to the Team over the past 15 years. In 2005, the Child Death Review Team reviewed 15 adolescent suicides. The age of adolescent suicides decreased through 1999 when the youngest reported suicide victim was 10 years old. However, in 2000, suicide victims were most often older teens, predominantly age 16 and 17 years. In 2001, the age of suicide victims decreased significantly, and for the first time since ICAN began collecting these data, there was a 9-year old suicide victim. In 2002, the age of suicide victims increased whereas only three of the nineteen victims were under age 15. In 2003, the age of suicide victims decreased slightly; there were six suicides among 17-year olds, three suicides among 16-year-olds, and five suicides among 15-year olds. There were four suicides under age 15. In 2004, the age of suicide victims was spread out slightly more than the previous year; there were four suicides among 17-year-olds, three sixteen-year-olds and one fifteen-year-old. The remaining five suicides were under age fifteen (two 14-year-olds, one 13-year-old and two 12-year olds). Finally, in 2005, eight of the fifteen victims were age 17, three were age 16 and one was age 15. The remaining three victims were under age fifteen (two 14-year-olds and one 12-year-old). Of these 15 suicides, eleven of the suicide victims were male and only four were female. The most common method of suicide was by hanging (n=8) and the second most common method was by gunshot (n=4). The

remaining three suicides were by other methods (one overdose, one carbon monoxide poisoning and one victim jumped out of a tall building). It should be noted that in 2000, a separate Child and Adolescent Suicide Review Team began to review suicide cases; it is the goal of the Child and Adolescent Suicide Review Team to provide each case with an in-depth, multi-disciplinary review.

The Team has been receiving reports of fetal deaths since 1987. Figure 6 provides a summary of the number of fetal deaths received over the past 15 years. In 2005, 25 fetal deaths that met Team protocol were referred by the Coroner, an increase from the 20 reported in 2004. The number of fetal deaths referred to the Team fluctuates from year to year. These deaths are predominantly due to intrauterine fetal demise, most frequently with a notation of maternal drug abuse and/or fetal tissues that were positive for drugs at the time of autopsy. In 2005, thirteen fetal deaths were coded by the Coroner as an accident, nine were coded as undetermined and three were coded as a homicide. Fetal deaths associated with maternal drug abuse was the leading cause. Two of the three fetal homicides were the result of an assault against the mother and one fetal homicide was the result of the mother's suicide attempt.



Figure 1

**TOTAL CASES REFERRED TO ICAN  
Child Review Team By Coroner 1990-2005**

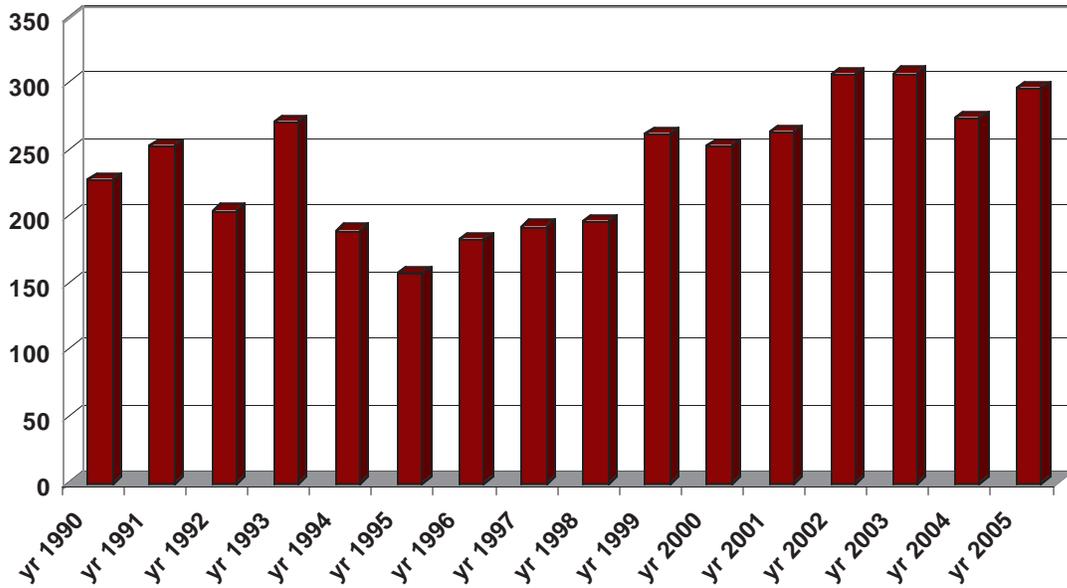


Figure 2

**HOMICIDES BY PARENT/CAREGIVER/FAMILY MEMBER  
Year 1990 through 2005**

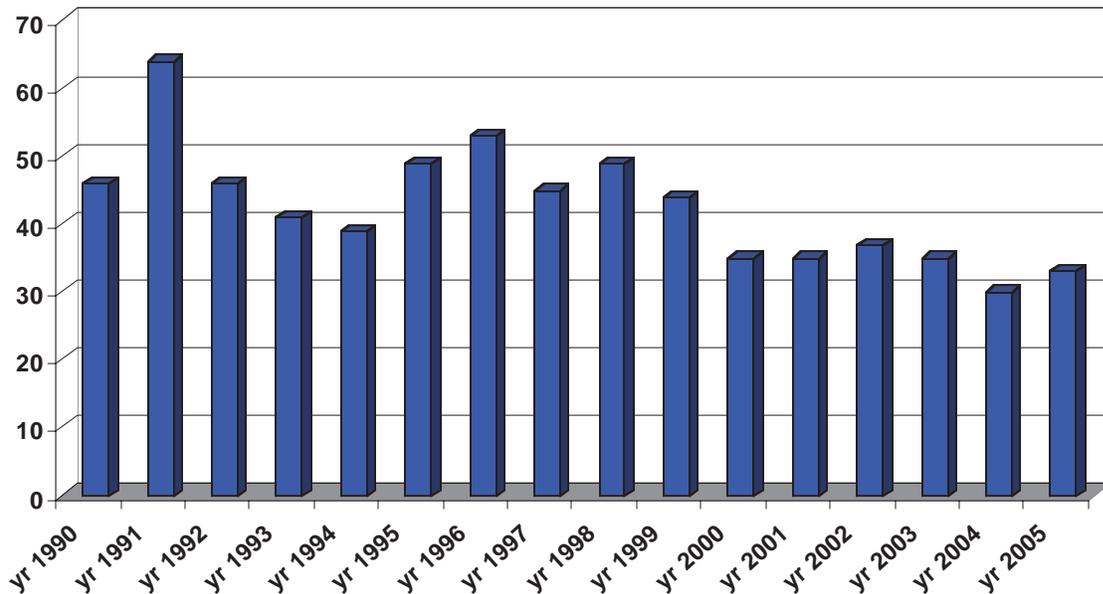




Figure 3

### UNDETERMINED DEATHS Year 1990 through 2005

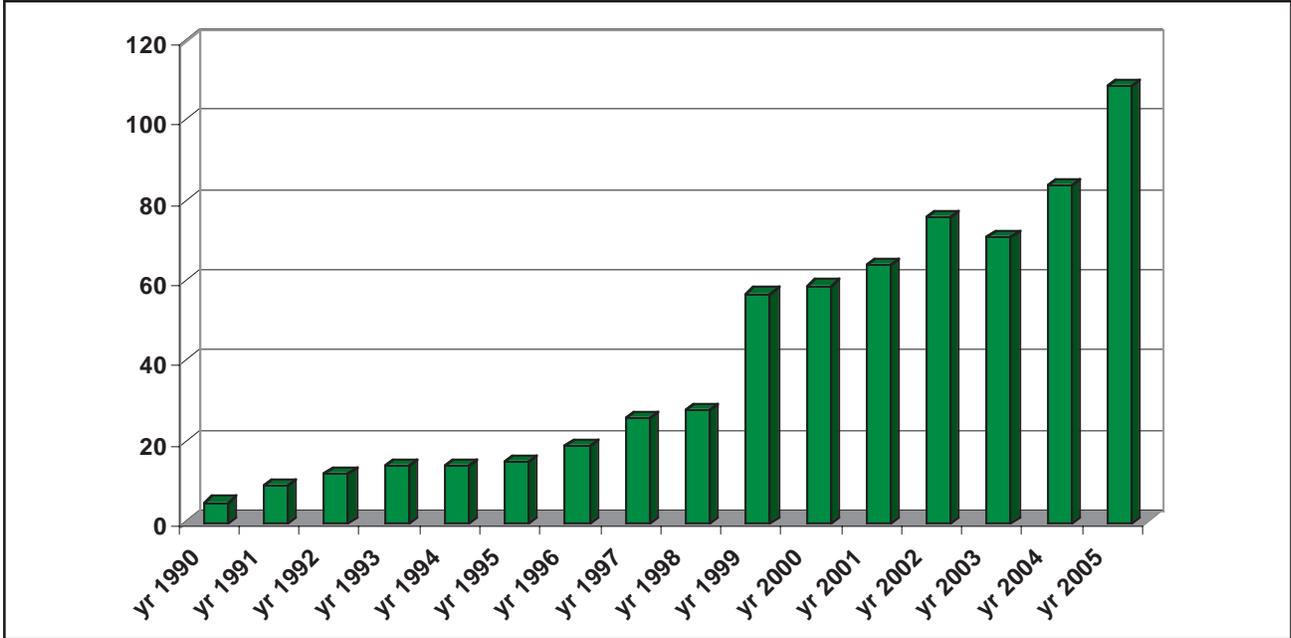


Figure 4

### ACCIDENTAL CHILD DEATHS Year 1990 through 2005

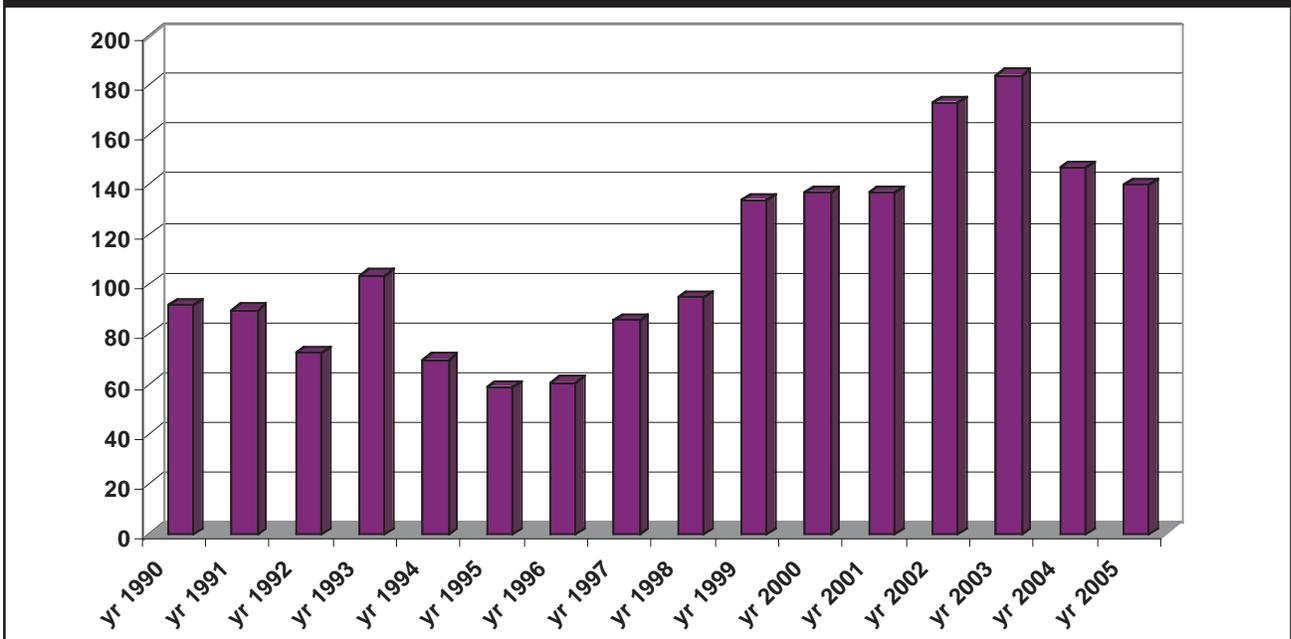




Figure 5

**TEEN SUICIDES**  
Year 1990 through 2005

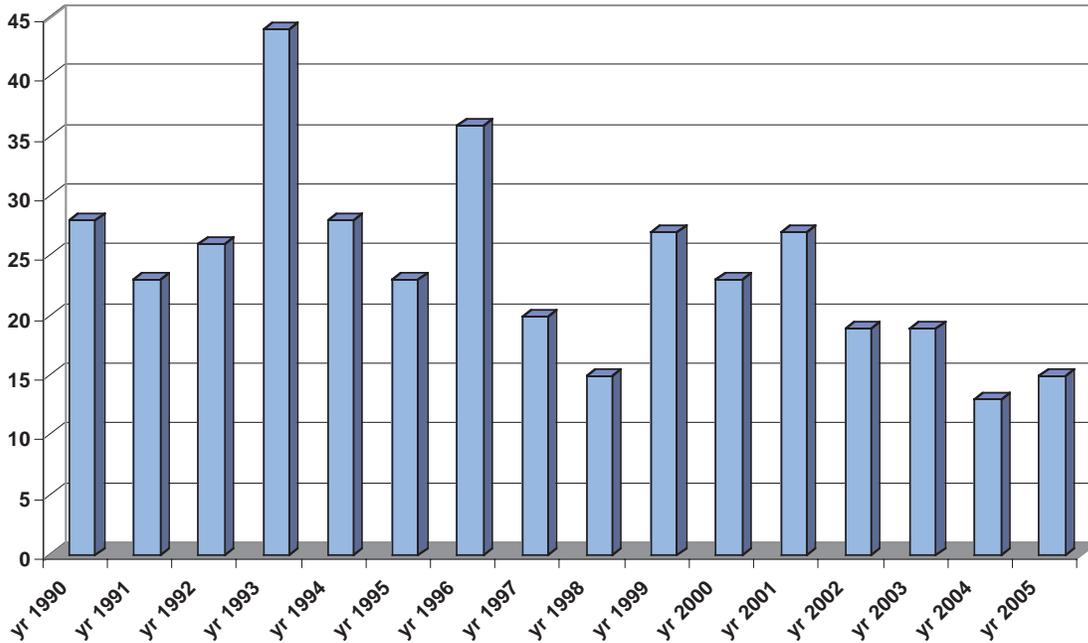
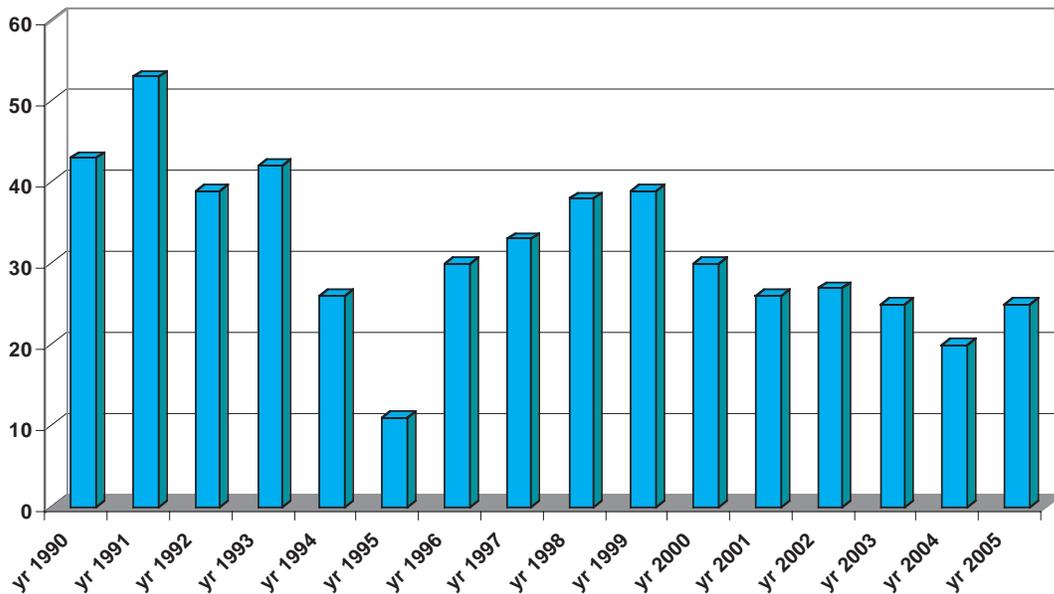


Figure 6

**FETAL DEATHS**  
Year 1990 through 2005



# ICAN CHILD ABDUCTION TASK FORCE REUNIFICATION OF MISSING CHILDREN PROGRAM SPECIAL REPORT







## **REUNIFICATION OF MISSING CHILDREN PROGRAM**

It is estimated that each year thousands of children are abducted by parents in Los Angeles County. In addition, numerous children are abducted each year by strangers. Thanks in part to local law enforcement, Los Angeles District Attorney Child Abduction Unit Investigators, the FBI, and Department of Children and Family Services social workers, many of these children are recovered and reunified with their custodial or foster parents. While the trauma of abduction is obvious, reunification with the searching parent and family can present its own set of difficulties. In the case of parental abduction, allegations of child abuse, domestic violence and chronic substance abuse require skilled assessment by investigating agencies.

To study and work on these issues, ICAN formed the Child Abduction Task Force in July 1990. As a result of the Task Force's efforts, in September 1991, the Reunification of Missing Children Project was initiated. The initial Project encompassed an area in West Los Angeles consisting of LAPD's West Los Angeles and Pacific Divisions; Sheriff's Marina Del Rey, Malibu/Lost Hills, West Hollywood and Lennox station areas; and the Culver City Police Department.

In September 1995, the Project was expanded countywide. The U.S. Department of Justice and the Office of Juvenile Justice and Delinquency Prevention made funding available for mental health services at two additional community mental health sites, the HELP Group in the San Fernando Valley and Plaza Community Services in East Los Angeles. Training was conducted for law enforcement agencies throughout the County, Department of Children and Family Services social workers, mental health therapists from the HELP Group and Plaza Community Services, and District

Attorney Victim Assistance staff to familiarize them with the Project and its benefits.

The expanded Project is currently referred to as the ICAN Child Abduction Task Force/Reunification of Missing Children Program, and participants include: Find the Children, Los Angeles Police Department, Los Angeles Sheriff's Department, Didi Hirsch Community Mental Health Center, HELP Group, Prototypes, Los Angeles County Department of Children and Family Services, Los Angeles District Attorney Child Abduction Unit, Los Angeles Legal Aid Foundation, Los Angeles County Office of County Counsel, Mexican Consulate, United States Secret Service and FBI.

The Program's goal is to reduce trauma to children and families who are victims of parental or stranger abductions by providing an effective, coordinated multi-agency response to child abduction and reunification. Services provided by the Program include quick response by mental health staff to provide assessment and intervention, linkage with support services, and coordination of law enforcement, child protection and mental health support to preserve long term family stability.

The Task Force is coordinated by Find the Children. Find the Children places a strong emphasis on preventative education through community outreach programs such as the Elementary School and Parent Presentation Program. The goal of programs like these is to educate the public on the issue of child abduction and abuse and to present measures that should be taken to help ensure the safety of all children. These prevention-based programs are also intended to support the efforts of the Task Force.

In order to monitor and evaluate the progress of ongoing cases receiving services,



Find the Children holds monthly meetings where all cases are reviewed. The Task Force participants provide expertise and assess each case for further action.

Figure 1 below shows that in 2005, the Program served 37 children in 22 cases as compared to the 34 children in 28 cases served in 2004. This is approximately a 21% decrease in caseload but almost a 9% increase in the number of children served from the previous year. Since a case may represent one or more children, the increase in children served as compared to the decrease in caseload, is most likely attributed to the fact that several of the cases represent large sibling sets. The decrease in caseload may be due to the decrease in referrals from Task Force agencies.

Figure 2 shows the ethnic breakdown for the 37 children served in calendar year 2005: 35% were Hispanic, 3% were African American and 8% were Caucasian (54% of the children did not have any race denoted). Figure 3 shows the age range of the children served in calendar year 2005: 52% of the children served were age 5 or younger, 27% were age 6 to 10 and 21% were age 11 or older. Figure 4 shows that of the children served, 64% were under the jurisdiction of the Department of Children and Family Services while 36% were not. Finally, Figure 5 reflects trend data on the number of cases and children served by the Reunification Program for calendar year 2001 through 2005. Over the past 5-year period, the number of cases has averaged 44.8 per year, while the number of children served has averaged 57.6 per year. Overall, there has been a steady decrease in the number of cases and children served, except in 2003, when a slight increase in the number of cases and children served was experienced from the previous year. Also, in 2005, there was a slight increase in children served as compared to the number of children served in 2004.



Figure 1

**NUMBER OF CASES/CHILDREN SERVED  
BY REUNIFICATION PROGRAM 2004 VS 2005**

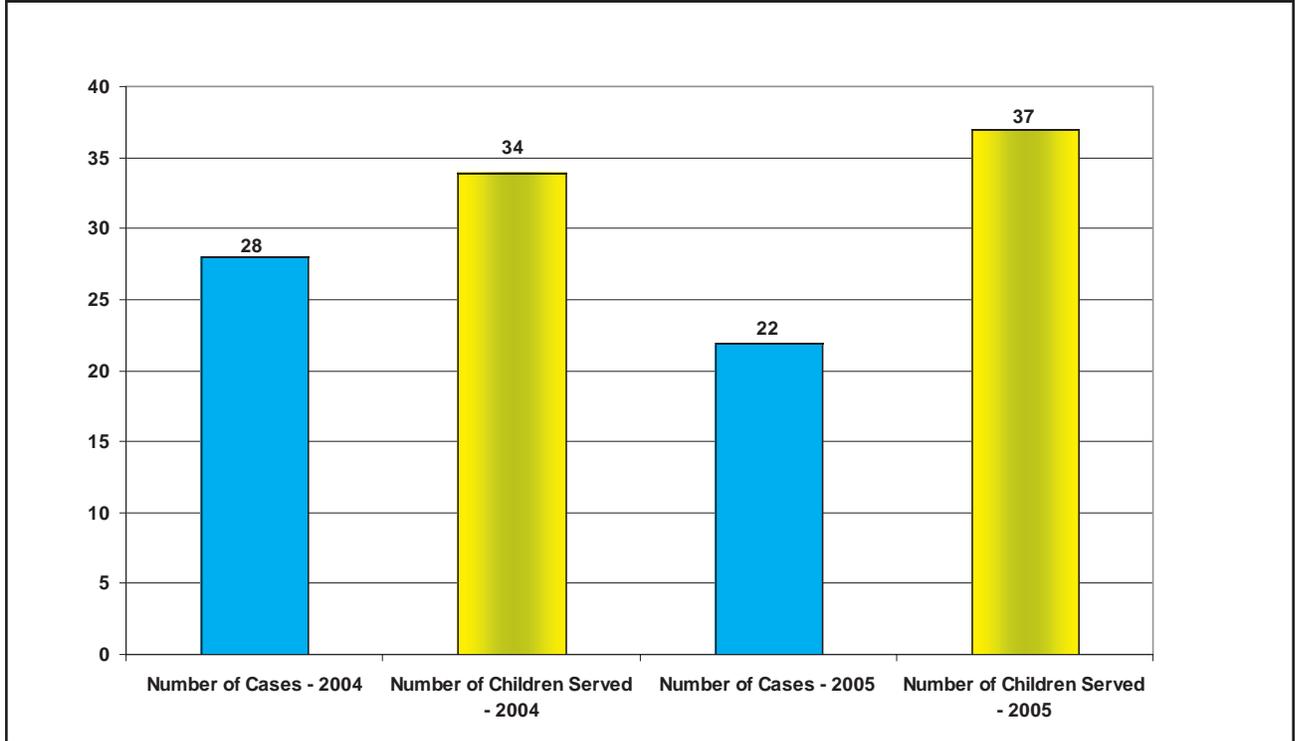


Figure 2

**ETHNIC BREAKDOWN OF CHILDREN SERVED - 2005**

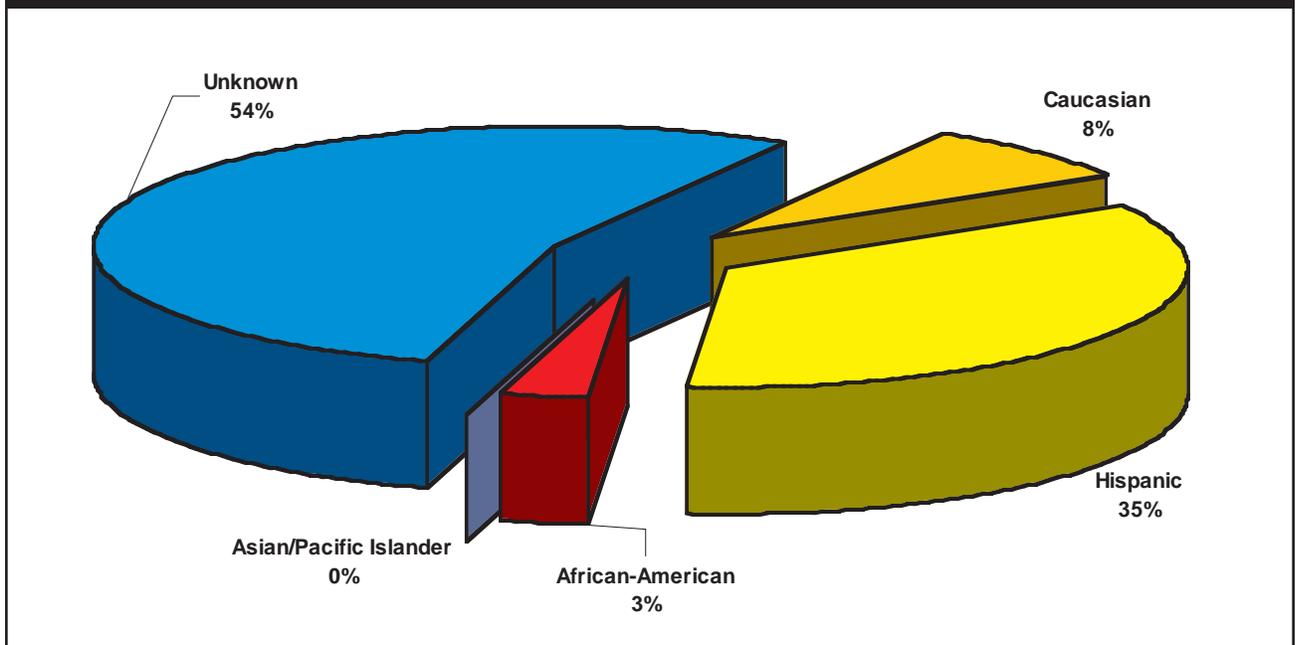




Figure 3

**AGE RANGE OF CHILDREN SERVED - 2005**

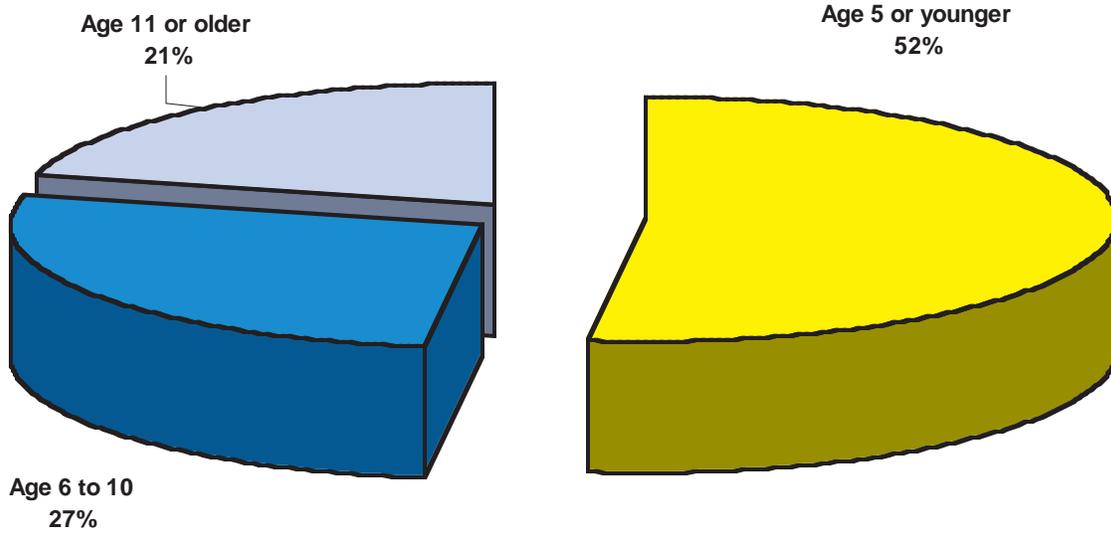


Figure 4

**PERCENTAGE OF CHILDREN SERVED UNDER DCFS SUPERVISION - 2005**

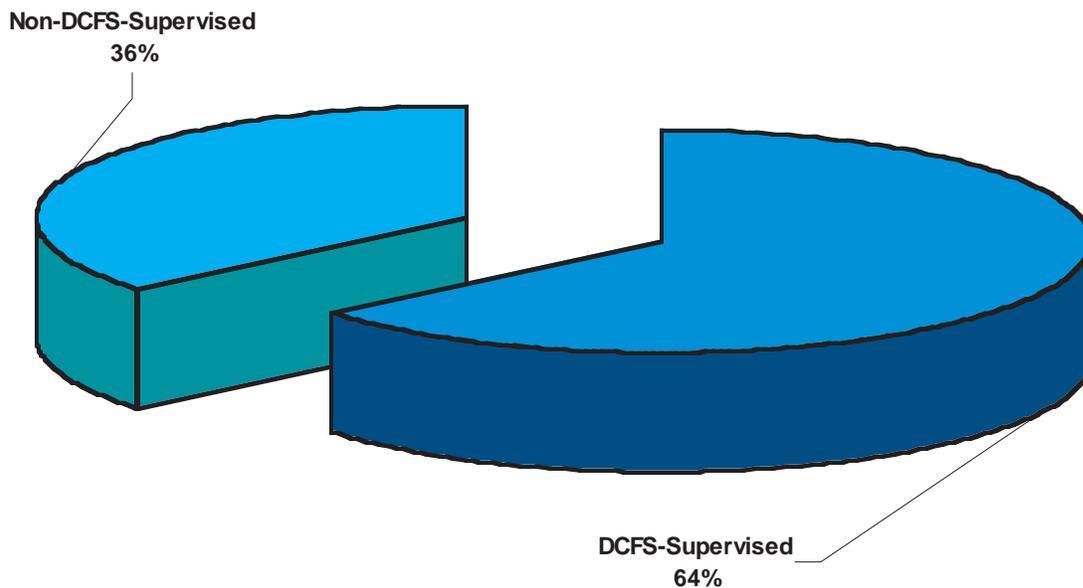
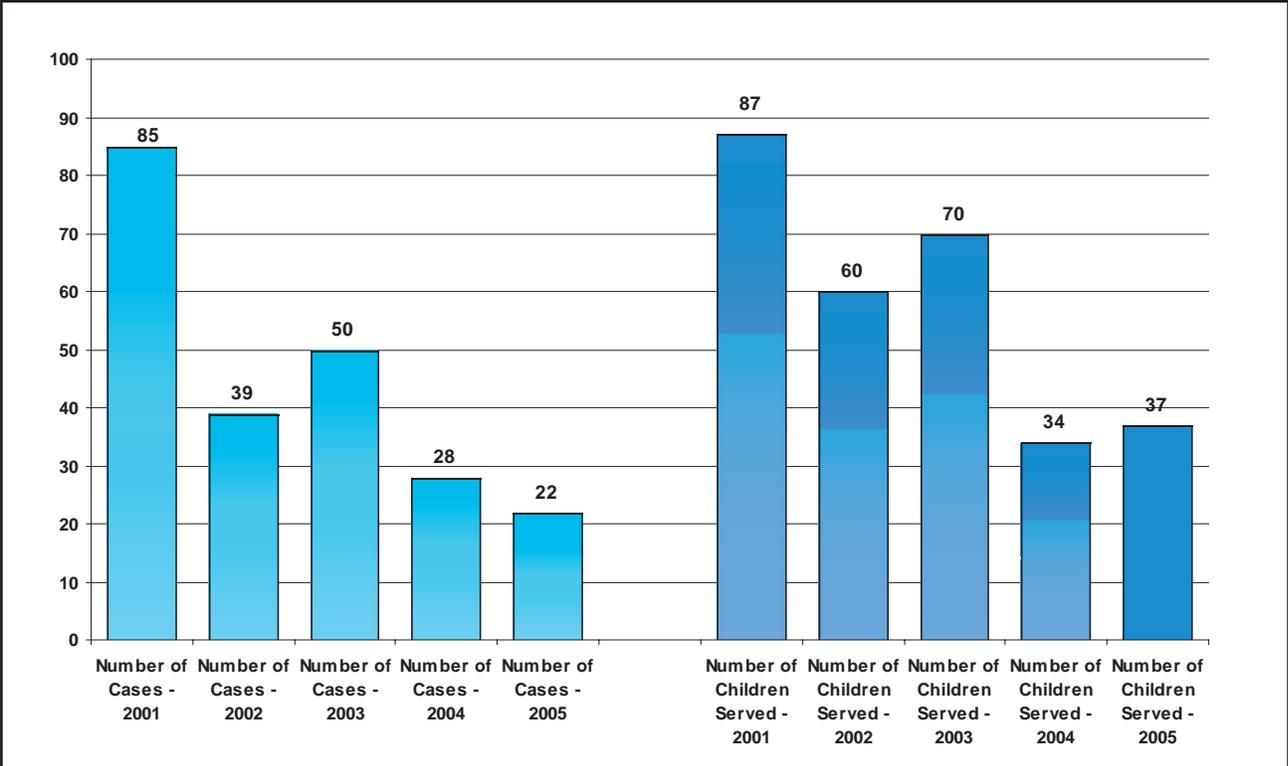




Figure 5

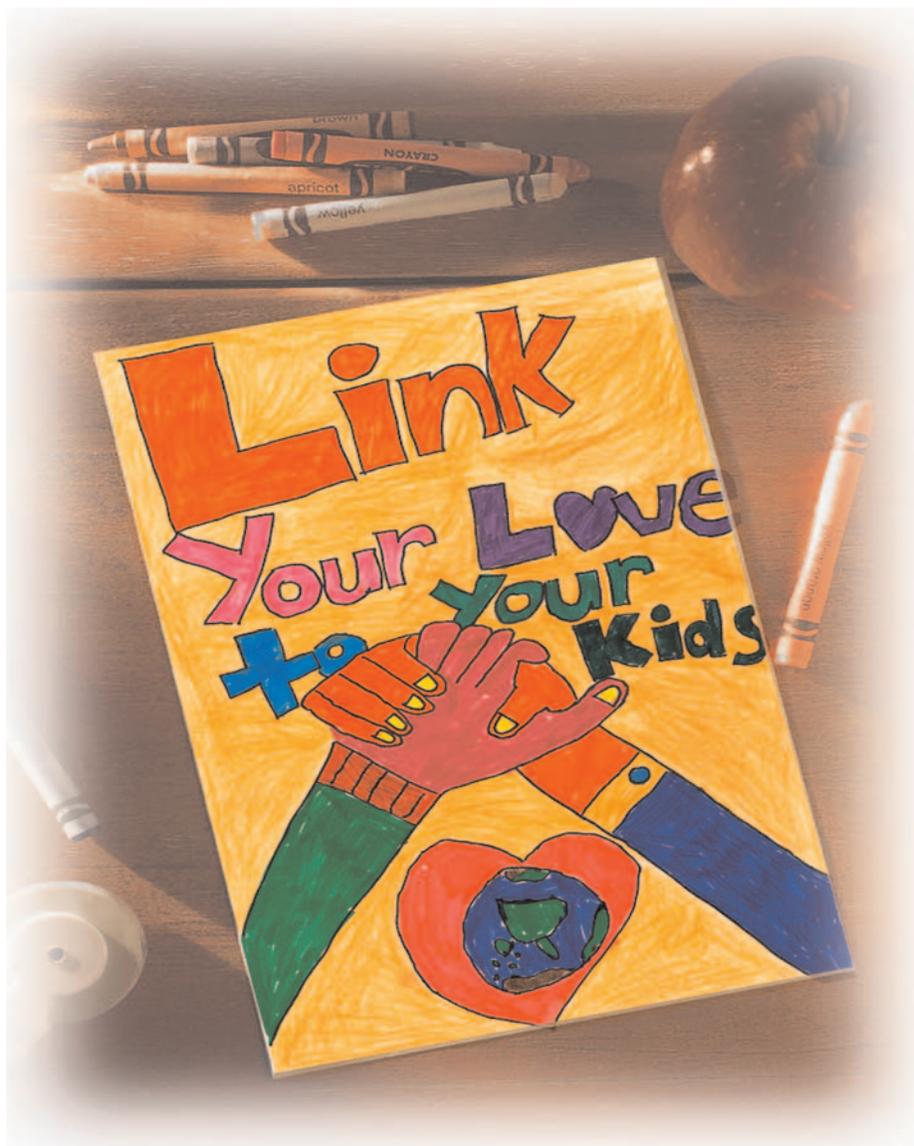
**CASES/CHILDREN SERVED BY REUNIFICATION  
Program 2001 through 2005**





# CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

## SPECIAL REPORT







## **CALIFORNIA CHILD WELFARE SERVICES OUTCOME & ACCOUNTABILITY COUNTY DATA REPORT**

**(Child Welfare Supervised Caseload)**

### **LOS ANGELES**

Quarterly Outcome and Accountability County Data Reports published by the California Department of Social Services (CDSS), provide summary level Federal and State program measures that will serve as the basis for the county self-assessment reviews and be used to track State and county performance over time. It is important that counties not draw comparisons to performance in other counties or even the State, as a whole due to the differences in demographics, resources, and practice. The intent of the new system is for each county, through their self-assessment review based on their data, to determine the reasons for their current level of performance and to develop a plan for measurable improvement.

Assembly Bill (AB) 636 requires a series of measures that provide indicators of key program outcomes, processes, and receipt of critical services. The outcome measures are also, at a minimum, consistent with those outcomes of the federal Child and Family Services Review in that the federal indicators are a subset of the State's indicators under this new system. Under the new Outcomes and Accountability System it is expected that the state will not only improve its performance on the federal indicators but on an even broader set of state enhanced indicators. The data in this report focuses on critical safety, stability, family, and well-being measures that are currently available, and that are provided to counties for on-going assessment of their programs' performance. New data is added and old data has been updated in this report. The data in this report reflect the original outcomes for data available through January 1, 2006. We have

also included updated (refreshed) data for most time periods, run on data from more recent extracts than those that were originally posted. Differences between the Original and Updated values for these measures are probably due to improved data entry and cleanup efforts in some counties for 3rd and 4th quarter of 2005, modifications in CWS/CMS to county of removal and placement counter variables. Uniform Resource Locators (URLs) included in this document direct the viewer to summary data across counties and breakouts by age, race, gender, and over time including refreshed data for time periods earlier than these included in this report for all UCB developed measures. This Outcome and Accountability County Data Report will provide the state with a county-by-county detailed description of each element that comprises the service delivery system.

The data source for these reports is the Child Welfare Services/Case Management System (CWS/CMS), which became fully operational in all 58 counties on December 31, 1997. Counties are responsible for inputting data on CWS/CMS as part of their process to manage their caseloads of children and families who receive child welfare services. The accuracy of the information derived from CWS/CMS is continuously improving. As with any large automation system it provides a broad range of challenges and benefits as it continues to undergo improvements to keep abreast of the changing child welfare system.

Comparison of data across counties should be done with caution. First, counties may have different data management practices. Though data is recorded on one statewide database system (CWS/CMS), differences in data entry and update may influence outcome measures reported here. Second, the social and economic contexts within which child welfare services are provided vary widely among the 58 counties of California.



In this report data measures have been grouped into the four general categories of information: Child Welfare Services Participation Rates, Safety Outcomes, Permanency Outcomes and Child and Family Well-Being Outcomes. The data for these categories are presented as follows:

**CHILD WELFARE SERVICES PARTICIPATION RATES**

This section provides data on the number, and number per 1,000 children in the county/state, for key child welfare indicators. It is intended as background information to assist your county in analyzing your county's performance by the outcome indicators. This section was developed by the University of California, Berkeley (UCB).

**Number of children < 18 in population**

Population projections from California Department of Finance (based on the 2000 U.S. Census).

URL:<http://cssr.berkeley.edu/CWSCMSreports/Referrals/rates.asp#countyrates>

**Number and rate of children with referrals**

Unduplicated count of child clients < age 18 in referrals during the indicated year, per 1,000 children < age 18 in population.

URL:<http://cssr.berkeley.edu/CWSCMSreports/Referrals/rates.asp#countyrates>

**Number and rate of children with substantiated referrals**

YEAR	NUMBER
2005	2,779,941
2004	2,771,020
2003	2,766,304
2002	2,733,364

Unduplicated count of child clients < age 18 in referrals during the indicated year that had substantiated allegations, per 1,000 children < age 18 in population.

URL:<http://cssr.berkeley.edu/CWSCMSreports/Referrals/rates.asp#countyrates>

**Number and rate of first entries**

YEAR	NUMBER	RATE	
		Original	Updated
2005	122,830	44.2 per 1,000	–
2004	122,450	44.3 per 1,000	44.2 per 1,000
2003	127,043	46.1 per 1,000	45.9 per 1,000
2002	126,773	46.1 per 1,000	46.4 per 1,000

Unduplicated count of children < age 18 entering a child welfare supervised placement episode of at least five days duration for the first time during the indicated year, per 1,000 children < age 18 in population.

URL:<http://cssr.berkeley.edu/CWSCMSreports/Cohorts/firstentries/Rates.asp>

**Number and rate of children in care**

YEAR	NUMBER	RATE	
		Original	Updated
2005	28,273	10.2 per 1,000	–
2004	28,047	10.4 per 1,000	10.5 per 1,000
2003	28,377	10.2 per 1,000	10.3 per 1,000
2002	31,056	11.4 per 1,000	11.4 per 1,000

Number of children < age 19 in child welfare supervised foster care on the indicated date, per 1,000 children < age 19 in population.

URL:<http://cssr.berkeley.edu/CWSCMSreports/Pointintime/fostercare/childwel/prevalence.asp>



YEAR	NUMBER	RATE	
		Original	Updated
2005	8,757	3.2 per 1,000	–
2004	7,148	2.7 per 1,000	2.6 per 1,000
2003	6,987	2.6 per 1,000	2.5 per 1,000
2002	7,560	2.8 per 1,000	2.8 per 1,000

### SAFETY OUTCOMES

These measures are designed to reflect the effectiveness of efforts to protect children from abuse/neglect by reporting instances of abuse and neglect at various stages of child welfare services and process measures which reflect the frequency of social worker contact with children and the speed of face-to-face investigation of abuse/neglect allegations.

DATE	NUMBER	RATE	
		Original	Updated
06/01/05	27,281	10.0 per 1,000	9.3 per 1,000
06/01/04	28,942	10.5 per 1,000	9.9 per 1,000
06/01/03	31,596	11.3 per 1,000	10.9 per 1,000

### Recurrence of Maltreatment (1A and 1B)

This measure reflects the percent of children who were victims of child abuse/neglect with a subsequent substantiated report of abuse/neglect within specific time periods. It is both a state and federal outcome measure.

**Federal:** Of all children with a substantiated allegation within the first six months of the 12-month study period, what percent had another substantiated allegation within six months? (limited to dispositions within the study year, according to federal guidelines).

**URL:** [http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/cfsr\\_recurrence.asp](http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/cfsr_recurrence.asp)

**State:** Of all children with a substantiated referral during the 12-month study period, what percent had a subsequent substantiated referral within 12 months?

**URL:** <http://cssr.berkeley.edu/CWSCMSreports/Referrals/recurrence.asp>

Figure 1A

### PERCENT RECURRENCE OF MATREATMENT (FED)

12-month study period	Original	Updated
01/01/05-12/31/05	7.7%	-
10/01/04-09/30/05	7.7%	7.7%
07/01/04-06/30/05	7.8%	7.8%
04/01/04-03/31/05	7.6%	7.6%
01/01/04-12/31/04	7.8%	7.8%
10/01/03-09/30/04	8.0%	8.0%
07/01/03-06/30/04	7.7%	7.8%
04/01/03-03/31/04	8.0%	8.1%
01/01/03-12/31/03	8.3%	8.4%
10/01/02-09/30/03	8.7%	8.6%
07/01/02-06/30/03	9.2%	9.1%

**State:** Of all children with a *first* substantiated referral during the 12-month study period, what percent had a subsequent substantiated referral within 12 months?

**URL:** <http://cssr.berkeley.edu/CWSCMSreports/Referrals/recurrence.asp>



### Rate of Child Abuse and/or Neglect in Foster Care (1C)

This measure reflects the percent of children in foster care who are abused or neglected while in foster care placement. It is a federal outcome measure, but for a period of 12 months instead of 9 months.

For all children in child welfare supervised foster care during the twelve month review period, what percent had a substantiated allegation by a foster parent during that time?

URL:[http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/cfsr\\_abuse.asp](http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/cfsr_abuse.asp)

**Figure 1B**  
**PERCENT RECURRENCE OF MATREATMENT WITHIN 12 MONTHS**

12-month study period	Original	Updated
01/01/04-12/31/04	10.9%	-
10/01/03-09/30/04	10.8%	10.8%
07/01/03-06/30/04	11.0%	11.0%
04/01/03-03/31/04	11.2%	11.2%
01/01/03-12/31/03	11.1%	11.1%
10/01/02-09/30/03	11.3%	11.4%
07/01/02-06/30/03	11.8%	11.9%
04/01/02-03/31/03	11.9%	11.9%
01/01/02-12/31/02	11.8%	11.8%
10/01/01-09/30/02	11.8%	11.8%
07/01/01-06/30/02	11.4%	11.5%

<sup>1</sup>The Quarter 4, 2005 CFSR abuse in care reports employ a new method and should not be compared to the previously published abuse in care measure:

1. This new method includes all children served, not just those in non-relative foster care (foster homes or FFAs) and covers a 12 month period. For details, please see the methodology at:[http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/method\\_ACLabuseinCare.html](http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/method_ACLabuseinCare.html)

**Figure 1B**  
**PERCENT RECURRENCE OF MATREATMENT WITHIN 12 MONTHS after first substantiated allegation**

12-month study period	Original	Updated
01/01/04-12/31/04	9.4%	-
10/01/03-09/30/04	9.3%	9.3%
07/01/03-06/30/04	9.5%	9.5%
04/01/03-03/31/04	9.7%	9.7%
01/01/03-12/31/03	9.6%	9.7%
10/01/02-09/30/03	9.8%	9.9%
07/01/02-06/30/03	10.2%	10.2%
04/01/02-03/31/03	10.3%	10.4%
01/01/02-12/31/02	10.4%	10.4%
10/01/01-09/30/02	10.5%	10.5%
07/01/01-06/30/02	10.1%	10.2%

2. Capturing this data involves new data instructions for counties. As a result, the current numbers are likely an undercount. An All County Letter (ACL), distributed on December 3, 2003, discusses the method of populating the necessary variables.

The ACL can be viewed at: <http://www.dss.cah-wnet.gov/getinfo/acl03/pdf/03-61.pdf>

**Figure 1C**  
**PERCENT RATE OF CHILD ABUSE AND/OR NEGLECT In Foster Care (Fed)<sup>1</sup>**

12-month study period	Original	Updated
01/01/05-12/31/05	.14%	-
10/01/04-09/30/05	.09%	-
07/01/04-06/30/05	.06%	-
04/01/04-03/31/05	.02%	-
01/01/04-12/31/04	.02%	-
10/01/03-09/30/04	.02%	-
07/01/03-06/30/04	.02%	-
04/01/03-03/31/04	.02%	-
01/01/03-12/31/03	.02%	-
10/01/02-09/30/03	.02%	-
07/01/02-06/30/03	.01%	-



**Rate of Recurrence of Abuse and/or Neglect in Homes Where Children Were Not Removed (2A)**

This measure reflects the occurrence of abuse and/or neglect of children who remain in their own homes. This data was developed by CDSS. It is a state outcome measure.

Of all the children with allegation (inconclusive or substantiated) during the 12-month study period who were not removed, what percent had a subsequent substantiated allegation within 12 months?

URL:<http://cssr.berkeley.edu/CWSCMSreports/Ccfsr.asp#2A>

**Child Abuse/Neglect Referrals with a Timely Response (2B)**

This process is designed to measure and determine the percent of cases in which face-to-face contact with a child occurs, or is attempted, within the regulatory time frames in those situations in which a determination is made that the abuse or neglect allegations indicate significant danger to the child. This data was developed by CDSS. It is a state process measure.

Percent of investigated child abuse and neglect referrals in the study quarter that have resulted in an in-person investigation stratified by immediate response and ten-day referrals, for both planned and actual visits.

URL:<http://cssr.berkeley.edu/CWSCMSreports/Ccfsr.asp#2B>

Figure 2A

**PERCENT RATE OF REACCURENCE OF ABUSE/NEGLECT IN HOMES Where Children Were Not Removed**

12-month study period	Original	Updated
01/01/04-12/31/04	6.6%	-
10/01/03-09/30/04	6.5%	-
07/01/03-06/30/04	6.5%	6.5%
04/01/03-03/31/04	6.5%	6.6%
01/01/03-12/31/03	6.5%	6.5%
10/01/02-09/30/03	6.6%	6.7%
07/01/02-06/30/03	6.8%	6.8%
04/01/02-03/31/03	6.9%	6.9%
01/01/02-12/31/02	6.8%	6.9%
10/01/01-09/30/02	6.9%	6.9%
07/01/01-06/30/02	6.7%	-

**Timely Social Worker Visits With Child (2C)**

This process is designed to measure and determine if social workers are seeing the children on a monthly basis when required. Children for whom a determination is made that monthly visits are not necessary (e.g. valid visit exception) are not included in this measure. This data was developed by CDSS. This report is based on CWS/CMS only. (Other data analysis measurements such as the SafeMeasures application may provide different results.)

Of all children who required a monthly social worker visit, how many received a monthly visit?

URL:<http://cssr.berkeley.edu/CWSCMSreports/Ccfsr.asp#2C>



**Figure 2B**  
**PERCENT OF CHILD ABUSE/NEGLECT Referrals With A Timely Response**

	Immediate Respose Compliance		10-Day Response Compliance	
	Original	Updated	Original	Updated
Q4 2005	97.5%	-	97.6%	-
Q3 2005	97.0%	-	98.2%	-
Q2 2005	97.2%	97.3%	97.6%	97.7%
Q1 2005	96.8%	96.9%	97.6%	97.5%
Q4 2004	97.0%	97.0%	98.2%	98.2%
Q3 2004	97.5%	97.5%	97.3%	97.3%
Q2 2004	96.7%	96.6%	97.1%	97.1%
Q1 2004	97.4%	97.4%	96.8%	96.7%
Q4 2003	96.0%	96.0%	96.0%	95.7%
Q3 2003	94.8%	94.7%	96.6%	96.4%
Q2 2003	94.6%	-	96.0%	-

<sup>2</sup> Updates to the measure 2C code beginning in the 4th quarter of 2004 resulted in a small jump in the percentages from the 3rd quarter of 2004 to the 4th quarter of 2004.

**Figure 2C**  
**TIMELY SOCIAL WORKER VISITS WITH CHILD**

Percent of timely social worker visit with child<sup>2</sup>

	Original	Updated	Original	Updated
	Q4 2005	Oct 2005		Nov 2005
	87.7%	-	88.1%	-
Q3 2005	Jul 2005		Aug 2005	
	91.5%	-	91.9%	-
Q2 2005	Apr 2005		May 2005	
	92.1%	-	91.1%	96.7%
Q1 2005	Jan 2005		Feb 2005	
	92.1%	-	91.0%	91.1%
Q4 2004	Oct 2004		Nov 2003	
	91.1%	-	90.1%	90.1%
Q3 2004	Jul 2004		Aug 2003	
	90.7%	-	90.5%	-
Q2 2004	Apr 2004		May 2004	
	91.1%	90.5%	96.0	-
Q1 2004	Jan 2004		Feb 2004	
	91.1%	90.5%	96.0	-
Q4 2003	Oct 2003		Nov 2003	
	90.8%	90.8%	91.0%	91.1%
Q3 2003	Jul 2003		Aug 2003	
	89.8%	89.8%	90.5%	-
Q2 2003	Apr 2003		May 2003	
	90.4%	-	90.7%	-

<sup>2</sup> Updates to the measure 2C code beginning in 4th quarter of 2004 resulted in a small jump in the percentages from the 3rd quarter of 2004 to the 4th quarter of 2004.



**Figure 2C (continued)**  
**TIMELY SOCIAL WORKER VISITS  
WITH CHILD**  
Percent of timely social worker visit with child<sup>2</sup>

	Original	Updated
Q4 2004	Dec 2005	
	88.5%	-
Q3 2005	Sep 2005	
	92.1%	-
Q2 2005	June 2005	
	92.6%	-
Q1 2005	Mar 2005	
	92.7%	-
Q4 2004	Dec 2004	
	91.7%	-
Q3 2004	Sep 2004	
	91.1%	-
Q2 2004	June 2004	
	91.1%	91.1%
Q1 2004	Mar 2004	
	91.4%	91.4%
Q4 2003	Dec 2003	
	90.3%	90.3%
Q3 2003	Sep 2003	
	90.7%	-
Q2 2003	June 2003	
	91.0%	-

### PERMANENCY OUTCOMES

These measures are designed to reflect the number of foster care placements for each child, the length of time a child is in foster care, and the rate that children re-enter foster care after they have returned home or other permanent care arrangements have been made.

### Length of Time to Exit Foster Care to Reunification (3E and 3A)

This is an outcome measure reflecting the percent of children reunified within 12 months of removal of a child from the home. The data was developed by UCB. It is a federal and state outcome measure.

Federal: Of all children who were reunified from child welfare supervised foster care during the 12-month study period, what percent had been in care for less than 12 months?

URL: [http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/cfsr\\_standardsForm.asp](http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/cfsr_standardsForm.asp)

**State:** For all children who entered foster care for the first time (and stayed at least five days) during the 12-month study period, what percent were reunified within 12 months?

URL: <http://cssr.berkeley.edu/CWSCMSreports/Cohorts/exits/>

**Figure 3E**  
**PERCENT REUNIFIED  
WITHIN 12 MONTHS (Fed)**

12-month study period	Original	Updated
01/01/05-12/31/05	49.2%	-
10/01/04-09/30/05	N.A.	46.7%
07/01/04-06/30/05	41.7%	46.4%
04/01/04-03/31/05	41.4%	45.0%
01/01/04-12/31/04	40.7%	43.5%
10/01/03-09/30/04	37.3%	41.2%
07/01/03-06/30/04	34.1%	38.8%
04/01/03-03/31/04	32.0%	37.5%
01/01/03-12/31/03	33.2%	37.2%
10/01/02-09/30/03	33.9%	37.4%
07/01/02-06/30/03	33.2%	38.1%



**Figure 3A.**  
**PERCENT REUNIFIED WITHIN 12 MONTHS (entry cohort)**

12-month study period	Original	Updated
01/01/04-12/31/04	29.6%	--
10/01/03-09/30/04	N.A.	28.2%
07/01/03-06/30/04	25.0%	27.3%
04/01/03-03/31/04	24.1%	26.3%
01/01/03-12/31/03	23.7%	25.2%
10/01/02-09/30/03	22.4%	24.8%
07/01/02-06/30/03	21.3%	24.0%
04/01/02-03/31/03	20.8%	23.4%
01/01/02-12/31/02	20.5%	22.8%
10/01/01-09/30/02	20.0%	22.4%
07/01/01-06/30/02	19.3%	21.4%

**LENGTH OF TIME TO EXIT FOSTER CARE TO ADOPTION (3D AND 3A)**

This is an outcome measure reflecting the percent of children adopted within 24 months of removal of a child from the home. The data was developed by UCB. It is a federal and state outcome measure.

**Federal:** Of all children who were adopted from child welfare supervised foster care during the 12-month study period, what percent had been in care for less than 24 months?

**URL:**[http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/cfsr\\_standardsForm.asp](http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/cfsr_standardsForm.asp)

**Figure 3D**  
**PERCENT ADOPTED WITHIN 24 MONTHS (FED)**

12-month study period	Original	Updated
01/01/05-12/31/05	15.5%	--
10/01/04-09/30/05	N.A.	15.1%
07/01/04-06/30/05	14.8%	14.6%
04/01/04-03/31/05	14.2%	13.9%
01/01/04-12/31/04	13.6%	13.4%
10/01/03-09/30/04	11.8%	11.7%
07/01/03-06/30/04	10.8%	11.0%
04/01/03-03/31/04	10.8%	10.8%
01/01/03-12/31/03	9.5%	9.5%
10/01/02-09/30/03	9.4%	9.6%
07/01/02-06/30/03	8.7%	8.8%

**State:** For all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12-month study period, what percent were adopted within 24 months?

**URL:**<http://cssr.berkeley.edu/CWSCMSreports/Cohorts/exits/>

**Figure 3A**  
**PERCENT ADOPTED WITHIN 24 MONTHS (entry cohort)**

12-month study period	Original	Updated
01/01/03-12/31/03	4.5%	--
10/01/02-09/30/03	N.A.	4.4%
07/01/02-06/30/03	3.8%	3.9%
04/01/02-03/31/03	3.4%	3.5%
01/01/02-12/31/02	2.8%	2.8%
10/01/01-09/30/02	2.4%	2.4%
07/01/01-06/30/02	2.3%	2.4%
04/01/01-03/31/02	2.3%	2.3%
01/01/01-12/31/01	2.4%	2.5%
10/01/00-09/30/01	2.3%	2.4%
07/01/00-06/30/01	2.3%	2.4%



### MULTIPLE FOSTER CARE PLACEMENTS (3B AND 3C)

These measures reflect the number of children with multiple placements within 12 months of placement. This data was developed by UCB. It is a federal and state outcome measure.

**Federal:** For all children in child welfare supervised foster care for less than 12 months during the 12-month study period, what percent had no more than two placements?

**URL:** [http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/cfsr\\_standardsForm.asp](http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/cfsr_standardsForm.asp)

**Figure 3B**  
**PERCENT WITH 1-2 PLACEMENTS  
WITHIN 12 MONTHS (FED)**

12-month study period	Original	Updated
01/01/05-12/31/05	88.6%	--
10/01/04-09/30/05	N.A.	89.0%
07/01/04-06/30/05	89.9%	89.9%
04/01/04-03/31/05	89.7%	89.9%
01/01/04-12/31/04	88.6%	88.7%
10/01/03-09/30/04	88.1%	88.0%
07/01/03-06/30/04	88.3%	88.3%
04/01/03-03/31/04	88.1%	87.9%
01/01/03-12/31/03	86.9%	86.8%
10/01/02-09/30/03	86.7%	86.4%
07/01/02-06/30/03	87.1%	86.9%

**State:** For all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12-month study period, and were in care for 12 months, what percent had no more than two placements?

**URL:** <http://cssr.berkeley.edu/CWSCMSreports/cohorts/stability/>

**Figure 3C**

### PERCENT WITH 1-2 PLACEMENTS - IF STILL IN CARE AT 12 MONTHS (entry cohort)

12-month study period	Original	Updated
01/01/04-12/31/04	79.2%	--
10/01/03-09/30/04	N.A.	78.2%
07/01/03-06/30/04	77.6%	78.2%
04/01/03-03/31/04	76.2%	76.7%
01/01/03-12/31/03	75.2%	75.9%
10/01/02-09/30/03	74.6%	75.1%
07/01/02-06/30/03	74.2%	74.6%
04/01/02-03/31/03	74.6%	75.2%
01/01/02-12/31/02	74.6%	75.1%
10/01/01-09/30/02	75.1%	76.2%
07/01/01-06/30/02	74.0%	75.2%

### RATE OF FOSTER CARE RE-ENTRY (3F AND 3G)

This measure reflects the number of children who re-enter foster care subsequent to reunification or guardianship. The data was developed by UCB. It is a federal and state outcome measure.

**Federal:** For all children who entered child welfare supervised foster care during the 12-month study period, what percent were subsequent entries within 12 months of a prior exit?

**URL:** [http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/cfsr\\_standardsForm.asp](http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/cfsr_standardsForm.asp)



**State:** For all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12-month study period and were reunified within 12 months of entry, what percent re-entered foster care within 12 months of reunification?

**URL:** <http://cssr.berkeley.edu/CWSCMSreports/Cohorts/reentries/>

**Figure 3F**

**PERCENT OF ADMISSIONS WHO ARE RE-ENTRIES (FED)**

12-month study period	Original	Updated
01/01/05-12/31/05	6.0%	--
10/01/04-09/30/05	N.A.	5.8%
07/01/04-06/30/05	6.3%	6.3%
04/01/04-03/31/05	6.4%	6.5%
01/01/04-12/31/04	6.2%	6.4%
10/01/03-09/30/04	6.3%	6.4%
07/01/03-06/30/04	6.4%	6.7%
04/01/03-03/31/04	6.3%	6.5%
01/01/03-12/31/03	6.5%	6.8%
10/01/02-09/30/03	6.5%	6.8%
07/01/02-06/30/03	6.5%	7.0%

**State:** For all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12-month study period and were reunified within 12 months of entry, what percent re-entered foster care within 12 months of reunification?

**URL:** <http://cssr.berkeley.edu/CWSCMSreports/Cohorts/reentries/>

**Figure 3G**

**PERCENT WHO RE-ENTERED WITHIN 12 MONTHS OF REUNIFICATION (entry cohort reunified within 12 months)**

12-month study period	Original	Updated
01/01/03-12/31/03	4.1%	--
10/01/02-09/30/03	N.A.	4.5%
07/01/02-06/30/03	5.1%	5.2%
04/01/02-03/31/03	4.9%	4.6%
01/01/02-12/31/02	4.8%	4.4%
10/01/01-09/30/02	4.5%	4.0%
07/01/01-06/30/02	5.0%	4.4%
04/01/01-03/31/02	5.9%	5.4%
01/01/01-12/31/01	6.1%	5.7%
10/01/00-09/30/01	6.9%	6.0%
07/01/00-06/30/01	6.0%	5.2%

**CHILD & FAMILY WELL-BEING OUTCOMES**

These measures are designed to reflect the degree to which children in foster care retain relationships with the family and extended communities with whom they were associated with at the time of their removal from their parents.

**SIBLINGS PLACED TOGETHER IN FOSTER CARE (4A)**

These measures reflect the number of children placed with all or some of their siblings in foster care. The data was developed by UCB. It is a state outcome measure.

For all children in child welfare supervised foster care on the point-in-time, of those with siblings in care, what percent were placed with some and/or all of their siblings?

**URL:** <http://cssr.berkeley.edu/CWSCMSreports/pointintime/fostercare/childwel/siblings.asp>



**Figure 4A**  
**PERCENT OF CHILDREN IN FOSTER CARE THAT ARE PLACED WITH ALL SIBLINGS**

Point-in-time	Original	Updated
Jan 1, 2006	44.5%	--
Oct 1, 2005	44.6%	44.5%
Jul 1, 2005	43.3%	43.8%
Apr 1, 2005	42.4%	42.8%
Jan 1, 2005	42.0%	42.3%
Oct 1, 2004	41.5%	42.0%
Jul 1, 2004	41.8%	41.6%
Apr 1, 2004	41.2%	40.9%
Jan 1, 2004	41.2%	40.9%
Oct 1, 2003	40.6%	40.9%
Jul 1, 2003	40.6%	39.9%

**Figure 4A**  
**PERCENT OF CHILDREN IN FOSTER CARE THAT ARE PLACED WITH SOME OR ALL SIBLINGS**

Point-in-time	Original	Updated
Jan 1, 2006	68.3%	--
Oct 1, 2005	68.5%	68.4%
Jul 1, 2005	68.2%	67.9%
Apr 1, 2005	67.6%	67.4%
Jan 1, 2005	66.6%	66.7%
Oct 1, 2004	66.4%	66.7%
Jul 1, 2004	67.0%	66.2%
Apr 1, 2004	67.0%	66.3%
Jan 1, 2004	67.2%	66.3%
Oct 1, 2003	66.4%	66.3%
Jul 1, 2003	66.9%	65.9%

### FOSTER CARE PLACEMENT IN LEAST RESTRICTIVE SETTINGS (4B)

This measure reflects the percent of children placed in each type of foster care setting. The data was developed by UCB. It is a state outcome measure.

For all children who entered child welfare supervised foster care for the first time (and stayed at least five days) during the 12-month study period, what percent were in kin, foster, FFA, group, and other placements (first placement type, predominant placement type)? What percent of children in child welfare supervised foster care were in kin, foster, FFA, group, and other placements at the specified point in time?

**URL: (entry cohort)**

<http://cssr.berkeley.edu/CWSCMSreports/cohorts/firstentries/>

**URL: (point in time)**

<http://cssr.berkeley.edu/CWSCMSreports/pointintime/fostercare/childwel/ageandethnic.asp>



	INITIAL PLACEMENT		PRIMARY PLACEMENT		POINT IN TIME (PIT) PLACEMENT	
	01/01/05-12/31/05		01/01/05-12/31/05		January 1, 2006	
	ORIGINAL	PLACEMENT	ORIGINAL	PLACEMENT	ORIGINAL	PLACEMENT
4B. Relative	35.7%		52.0%		40.9%	
4B. Foster Home	11.3%		5.8%		7.1%	
4B. FFA	49.7%		37.6%		20.7%	
4B. Group/Shelter	2.6%		3.3%		6.8%	
4B. Other	0.7%		1.4%		24.4%	

	INITIAL PLACEMENT		PRIMARY PLACEMENT		POINT IN TIME (PIT) PLACEMENT	
	10/01/04-09/30/05		10/01/04-09/30/05		October 1, 2005	
	ORIGINAL	PLACEMENT	ORIGINAL	PLACEMENT	ORIGINAL	PLACEMENT
4B. Relative	N.A.	34.8%	N.A.	52.3%	39.1%	39.8%
4B. Foster Home	N.A.	12.0%	N.A.	6.0%	7.3%	7.5%
4B. FFA	N.A.	49.8%	N.A.	36.8%	20.5%	20.8%
4B. Group/Shelter	N.A.	2.7%	N.A.	3.4%	6.7%	6.8%
4B. Other	N.A.	0.8%	N.A.	1.6%	26.4%	25.1%

	INITIAL PLACEMENT		PRIMARY PLACEMENT		POINT IN TIME (PIT) PLACEMENT	
	7/01/04-06/30/05		7/01/04-06/30/05		July 1, 2005	
	ORIGINAL	PLACEMENT	ORIGINAL	PLACEMENT	ORIGINAL	PLACEMENT
4B. Relative	32.7%	33.0%	49.4%	51.5%	37.6%	38.9%
4B. Foster Home	12.7%	12.6%	6.9%	6.3%	7.2%	7.6%
4B. FFA	50.6%	50.4%	39.2%	36.9%	20.0%	20.9%
4B. Group/Shelter	3.0%	3.0%	3.2%	3.5%	6.9%	7.2%
4B. Other	0.9%	1.0%	1.3%	1.8%	28.4%	25.3%



	INITIAL PLACEMENT		PRIMARY PLACEMENT		POINT IN TIME PLACEMENT	
	04/01/04-3/31/05		04/01/04-3/31/05		April 1, 2005	
	ORIGINAL	UPDATED	ORIGINAL	UPDATED	ORIGINAL	UPDATED
4B. Relative	31.8%	32.2%	48.5%	51.1%	38.3%	38.3%
4B. Foster Home	14.1%	13.8%	7.2%	6.6%	7.8%	8.1%
4B. FFA	49.5%	49.3%	39.3%	36.63%	20.3%	21.0%
4B. Group/Shelter	3.5%	3.4%	3.6%	3.7%	7.1%	7.4%
4B. Other	1.1%	1.3%	1.4%	2.1%	26.5%	25.2%

	INITIAL PLACEMENT		PRIMARY PLACEMENT		POINT IN TIME PLACEMENT	
	01/01/03-12/31/04		01/01/04-12/31/04		January 1, 2005	
	ORIGINAL	UPDATED	ORIGINAL	UPDATED	ORIGINAL	UPDATED
4B. Relative	31.0%	31.6%	48.4%	51.1%	38.8%	38.4%
4B. Foster Home	14.2%	13.8%	7.2%	6.7%	8.3%	8.4%
4B. FFA	49.9%	49.6%	39.0%	35.8%	20.2%	20.7%
4B. Group/Shelter	3.9%	3.8%	3.9%	3.9%	7.2%	7.4%
4B. Other	1.0%	1.3%	1.5%	2.5%	25.6%	25.1%

	INITIAL PLACEMENT		PRIMARY PLACEMENT		POINT IN TIME PLACEMENT	
	10/01/03-09/30/04		10/01/03-09/30/04		October 1, 2004	
	ORIGINAL	UPDATED	ORIGINAL	UPDATED	ORIGINAL	UPDATED
4B. Relative	30.9%	31.1%	47.9%	50.7%	37.7%	37.5%
4B. Foster Home	15.3%	14.9%	7.7%	7.3%	8.4%	8.8%
4B. FFA	48.5%	48.3%	38.1%	34.2%	19.9%	20.8%
4B. Group/Shelter	4.1%	3.9%	4.4%	4.3%	7.2%	7.6%
4B. Other	1.3%	1.8%	1.8%	3.4%	26.8%	25.3%

	INITIAL PLACEMENT		PRIMARY PLACEMENT		POINT IN TIME PLACEMENT	
	07/01/03-06/30/04		07/01/03-06/30/04		July 1, 2004	
	ORIGINAL	UPDATED	ORIGINAL	UPDATED	ORIGINAL	UPDATED
4B. Relative	29.9%	30.2%	46.3%	50.1%	37.9%	37.5%
4B. Foster Home	16.1%	16.0%	3.5%	7.5%	9.0%	9.4%
4B. FFA	48.7%	48.2%	38.8%	34.3%	19.9%	20.8%
4B. Group/Shelter	3.9%	3.8%	4.3%	4.4%	7.3%	7.5%
4B. Other	1.4%	1.8%	2.1%	3.7%	25.9%	24.8%



	INITIAL PLACEMENT		PRIMARY PLACEMENT		POINT IN TIME PLACEMENT	
	04/01/03-3/31/04		04/01/03-3/31/04		April 1, 2004	
	ORIGINAL	UPDATED	ORIGINAL	UPDATED	ORIGINAL	UPDATED
4B. Relative	29.7%	29.8%	46.0%	49.5%	38.2%	37.7%
4B. Foster Home	16.3%	16.3%	8.7%	7.7%	9.2%	9.6%
4B. FFA	48.9%	48.3%	39.1%	33.9%	20.6%	21.4%
4B. Group/Shelter	3.9%	3.7%	4.4%	4.5%	7.2%	7.5%
4B. Other	1.3%	1.8%	1.8%	4.3%	24.7%	24.0%

	INITIAL PLACEMENT		PRIMARY PLACEMENT		POINT IN TIME PLACEMENT	
	01/01/03-12/31/03		01/01/03-12/31/03		January 1, 2004	
	ORIGINAL	UPDATED	ORIGINAL	UPDATED	ORIGINAL	UPDATED
4B. Relative	26.6%	28.5%	42.4%	48.8%	36.5%	38.2%
4B. Foster Home	19.8%	17.8%	12.6%	8.4%	12.0%	9.8%
4B. FFA	48.5%	48.2%	39.3%	34.0%	20.5%	20.9%
4B. Group/Shelter	3.6%	3.4%	4.1%	4.4%	7.2%	7.5%
4B. Other	1.4%	2.1%	1.6%	4.4%	23.7%	23.7%

	INITIAL PLACEMENT		PRIMARY PLACEMENT		POINT IN TIME PLACEMENT	
	10/01/02-09/30/03		10/01/02-09/30/03		October 1, 2003	
	ORIGINAL	UPDATED	ORIGINAL	UPDATED	ORIGINAL	UPDATED
4B. Relative	25.1%	26.3%	40.5%	47.3%	36.1%	37.4%
4B. Foster Home	19.2%	17.8%	12.6%	8.4%	11.6%	10.0%
4B. FFA	51.2%	51.0%	41.4%	35.9%	21.1%	21.5%
4B. Group/Shelter	3.3%	3.2%	3.5%	4.2%	7.1%	7.3%
4B. Other	1.2%	1.7%	2.0%	4.2%	24.1%	23.8%

	INITIAL PLACEMENT		PRIMARY PLACEMENT		POINT IN TIME PLACEMENT	
	07/01/02-06/30/03		07/01/02-06/30/03		July 1, 2003	
	ORIGINAL	UPDATED	ORIGINAL	UPDATED	ORIGINAL	UPDATED
4B. Relative	24.0%	24.7%	40.1%	45.5%	36.6%	37.3%
4B. Foster Home	18.4%	17.2%	12.0%	8.6%	11.5%	10.2%
4B. FFA	52.7%	52.9%	42.1%	36.9%	21.4%	21.7%
4B. Group/Shelter	3.6%	3.5%	3.7%	4.5%	7.0%	7.1%
4B. Other	1.4%	1.7%	2.1%	4.6%	23.6%	23.6%



**\*\*RATE OF ICWA  
PLACEMENT PREFERENCES (4E)**

4E (1) This measure reflects the percent of Indian Child Welfare Act eligible children placed in foster care settings as identified with ICWA eligibility ("y"). This data was developed by CDSS. It is a state outcome measure.

URL: <http://cssr.berkeley.edu/CWSCMSreports/Ccfsr.asp#4E>

Q4 2005	ORIGINAL
4E. Relative Home	32.3%
4E. Non-Relative Indian Family	0.5%
4E. Non-Relative Non-Indian Family	44.6%

Q3 2004	ORIGINAL
4E. Relative Home	34.2%
4E. Non-Relative Indian Family	0.0%
4E. Non-Relative Non-Indian Family	44.9%

Q2 2005	ORIGINAL
4E. Relative Home	32.3%
4E. Non-Relative Indian Family	0.5%
4E. Non-Relative Non-Indian Family	42.3%

Q1 2005	ORIGINAL
4E. Relative Home	42.0%
4E. Non-Relative Indian Family	0.7%
4E. Non-Relative Non-Indian Family	35.7%

Q4 2004	ORIGINAL
4E. Relative Home	43.5%
4E. Non-Relative Indian Family	0.0%
4E. Non-Relative Non-Indian Family	34.4%

Q3 2004	ORIGINAL
4E. Relative Home	46.7%
4E. Non-Relative Indian Family	1.8%
4E. Non-Relative Non-Indian Family	31.1%

Q2 2004	ORIGINAL
4E. Relative Home	45.5%
4E. Non-Relative Indian Family	0.5%
4E. Non-Relative Non-Indian Family	32.3%

Q1 2004	ORIGINAL
4E. Relative Home	66.7%
4E. Non-Relative Indian Family	0.0%
4E. Non-Relative Non-Indian Family	14.0%

Q4 2003	ORIGINAL
4E. Relative Home	41.8%
4E. Non-Relative Indian Family	0.0%
4E. Non-Relative Non-Indian Family	19.8%

Q3 2004	ORIGINAL
4E. Relative Home	44.2%
4E. Non-Relative Indian Family	0.0%
4E. Non-Relative Non-Indian Family	22.1%

Q2 2004	ORIGINAL
4E. Relative Home	45.1%
4E. Non-Relative Indian Family	0.0%
4E. Non-Relative Non-Indian Family	15.4%



**4E (2)** This measure reflects the percent of Indian Child Welfare Act eligible children as identified w/primary or mixed (multi) ethnicity of American Indian placed in foster care settings. This data was developed by CDSS. It is a state outcome measure.

URL:<http://cssr.berkeley.edu/CWSCMSreports/Ccfsr.asp#4E>

Q4 2005	ORIGINAL
4E. Relative Home	28.7%
4E. Non-Relative Indian Family	1.1%
4E. Non-Relative Non-Indian Family	45.2%

Q3 2005	ORIGINAL
4E. Relative Home	39.5%
4E. Non-Relative Indian Family	1.3%
4E. Non-Relative Non-Indian Family	38.6%

Q2 2005	ORIGINAL
4E. Relative Home	27.1%
4E. Non-Relative Indian Family	1.1%
4E. Non-Relative Non-Indian Family	45.4%

Q1 2005	ORIGINAL
4E. Relative Home	34.6%
4E. Non-Relative Indian Family	0.5%
4E. Non-Relative Non-Indian Family	42.5%

Q4 2004	ORIGINAL
4E. Relative Home	38.5%
4E. Non-Relative Indian Family	0.5%
4E. Non-Relative Non-Indian Family	40.4%

Q3 2004	ORIGINAL
4E. Relative Home	39.5%
4E. Non-Relative Indian Family	1.3%
4E. Non-Relative Non-Indian Family	38.6%

Q2 2004	ORIGINAL
4E. Relative Home	38.1%
4E. Non-Relative Indian Family	1.0%
4E. Non-Relative Non-Indian Family	38.5%

Q1 2004	ORIGINAL
4E. Relative Home	54.0%
4E. Non-Relative Indian Family	0.0%
4E. Non-Relative Non-Indian Family	21.4%

**\*\*Measure 4E(2)** was recently developed to reflect percent of ICWA eligible placement types. For county information only. CDSS does not update these measures due to recent methodology changes, which render comparisons between current and previous data meaningless.

### CHILDREN TRANSITIONING TO SELF-SUFFICIENT ADULTHOOD (8A)

These measures are designed to reflect the degree to which children and families receiving child welfare services are receiving the services necessary to provide for their care and developmental needs.

This measure reflects the percent of foster children eligible for Independent Living Services who receive appropriate educational and training, and/or achieve employment or economic self-sufficiency. The data was collected by CDSS. This measure includes data regarding youths, ages 16 through 20, who



receive services from the Independent Living Foster Care Program. It identifies the number of youths receiving Independent Living Program services, the program outcomes for those youths, and certain client characteristics. This report is limited to a subset population obtained from State of California form 405A. It is a state outcome measure.

This data is based on hard copy reports submitted by counties to the CDSS for the time period covered by the report. These numbers are updated once per year.

URL:[http://www.dss.cahwnet.gov/research/SO\\_C405A-In\\_415.htm](http://www.dss.cahwnet.gov/research/SO_C405A-In_415.htm)

**NUMBER OF CHILDREN  
TRANSITIONING TO SELF-SUFFICIENT ADULTHOOD WITH:**

10/01/04-9/30/05	Original
8A. High School Diploma	1,980
8A. Enrolled in College/Higher Education	1,545
8A. Received ILP Services	8,363
8A. Completed Vocational Training	504
8A. Employed or other means of support	1,766

10/01/03-9/30/04	Original
8A. High School Diploma	1,818
8A. Enrolled in College/Higher Education	1,430
8A. Received ILP Services	7,428
8A. Completed Vocational Training	723
8A. Employed or other means of support	1,675

10/01/02-9/30/03	Original
8A. High School Diploma	2,249
8A. Enrolled in College/Higher Education	1,634
8A. Received ILP Services	6,705
8A. Completed Vocational Training	607
8A. Employed or other means of support	1,944

10/01/01-9/30/02	Original
8A. High School Diploma	2,522
8A. Enrolled in College/Higher Education	1,617
8A. Received ILP Services	7,011
8A. Completed Vocational Training	669
8A. Employed or other means of support	1,787



# Section III

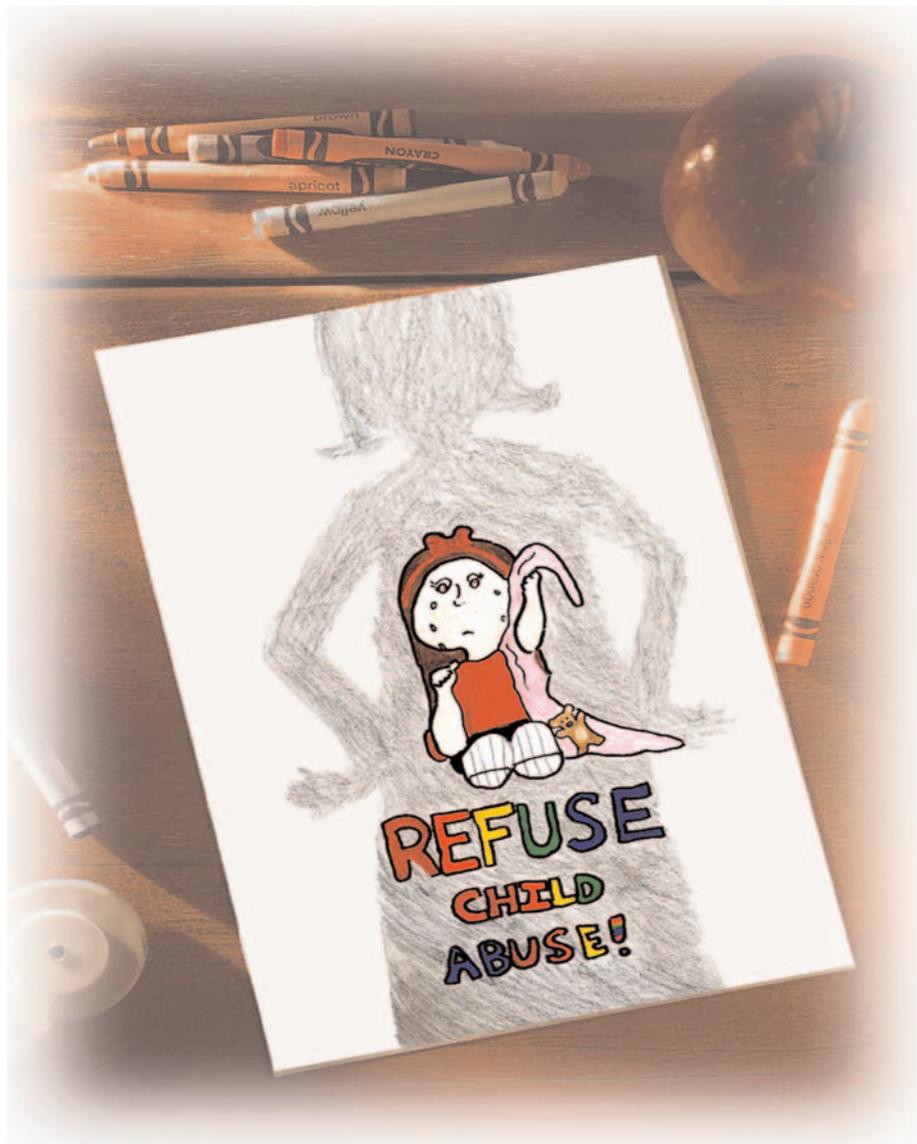
## INTER-AGENCY OVERVIEW

DEPARTMENT OF PUBLIC SOCIAL SERVICES	69
LOS ANGELES COUNTY OFFICE OF EDUCATION	91
DEPARTMENT OF HEALTH SERVICES	107
DEPARTMENT OF CHILDREN AND FAMILY SERVICES	129
LOS ANGELES SUPERIOR COURT	161
LOS ANGELES COUNTY SHERIFF’S DEPARTMENT	173
LOS ANGELES COUNTY COUNSEL	187
LOS ANGELES POLICE DEPARTMENT	195
LOS ANGELES COUNTY DISTRICT ATTORNEY’S OFFICE	205
PROBATION DEPARTMENT	265
DEPARTMENT OF JUSTICE	285
DEPARTMENT OF CORONER	295
DEPARTMENT OF MENTAL HEALTH	307
LOS ANGELES CITY ATTORNEY’S OFFICE	339
THE CHILD ADVOCATES OFFICE/CASA OF LOS ANGELES	351
LOS ANGELES COUNTY PUBLIC DEFENDER’S OFFICE	359



# LOS ANGELES COUNTY DEPARTMENT OF PUBLIC SOCIAL SERVICES

## AGENCY REPORT







## DEPARTMENT OF PUBLIC SOCIAL SERVICES

The Department of Public Social Services (DPSS) has an operating budget of \$3.07 billion and 13,389 employees for Fiscal Year 2005-2006. The Department's primary responsibilities, as mandated by public law, are:

- To promote self-sufficiency and personal responsibility.
- To provide financial assistance to low-income residents of Los Angeles County.
- To provide protective and social services to adults who are abused, neglected, exploited or need services to prevent out-of-home care and
- To refer a child to protective services whenever it is suspected that the child is being abused, neglected or exploited, or the home in which the child is living is unsuitable.

The Department's mission has changed dramatically. The focus of its programs has shifted from ongoing income maintenance to temporary assistance coupled with expanded services designed to help individuals and families achieve economic independence.

In 2004, the Department adopted the following new "DPSS Mission and Philosophy":

### OUR MISSION

To enrich lives through effective and caring service.

### OUR PHILOSOPHY

DPSS believes that it can help those it serves to enhance the quality of their lives, provide for themselves and their families, and make positive contributions to the community.

DPSS believes that to fulfill its mission, services must be provided in an environment that supports its staff's professional development and promotes shared leadership, teamwork and individual responsibility.

DPSS believes that as it moves towards the future, they can serve as a catalyst for commitment and action within the community, resulting in expanded resources, innovative programs and services, and new public and private sector partnership.

### DPSS PROGRAMS

The State and Federal assistance programs that DPSS administers include California Work Opportunity and Responsibility to Kids (CalWORKs), the Refugee Resettlement Program (RRP), Food Stamps Program, and Medical Assistance Only (MAO). DPSS also administers the General Relief (GR) Program for the County's indigent population and the Cash Assistance Program for Immigrants (CAPI). The goal of these programs is to provide the basic essentials of food, clothing, shelter and medical care to eligible families and individuals. In calendar year 2005, DPSS provided public assistance to an average of 2.0 million persons per month, including In-Home Supportive Services (IHSS).

As a result of Welfare Reform, the California Work Opportunity and Responsibility to Kids (CalWORKs) Program replaced the AFDC program effective January 1, 1998. The CalWORKs Program is designed to transition participants from Welfare-to-Work. To achieve the goal of Welfare Reform, DPSS has devel-



oped programs which help participants achieve self-sufficiency in a time-limited welfare environment. The Department's Welfare-to-Work programs currently provide the following services: Child Care, Transportation, Post Employment Services and treatment programs for Substance Abuse, Domestic Violence and Mental Health.

### **AIDED CASELOAD**

As shown in the Persons Aided chart (Figure 2) using December 2004 and 2005 as points in time for comparison, the aided persons receiving CalWORKs cash assistance decreased by 7.2% (30,213 persons). Medical Assistance Only aided persons counts increased by 2.8% (37,779 persons).

In total, there was a 0.8% increase (18,173) in the number of persons receiving assistance for all aids combined from December 2004 to December 2005.

The following represents caseload changes in programs where children are most likely to receive aid:

#### **CalWORKs**

The number of participants receiving assistance through the CalWORKs Program (previously known as AFDC, or Aid to Families With Dependent Children) has slowly been declining since February 2002. In December 2005, 388,447 persons received cash assistance from CalWORKs.

### **FOOD STAMPS**

Like the cash assistance program for families, the number of persons receiving Food Stamps peaked in 1995. This population was ultimately reduced to 661,703 in December 2005 down from 671,176 in December 2004, representing a 1.4% decrease (9,473 persons).

### **MEDICAL ASSISTANCE ONLY (MAO)**

Over the 12-month period, there was an increase from 1,358,470 persons aided in January 2005 to 1,389,196 persons aided in December 2005.

### **CASELOAD CHARACTERISTICS BY SERVICE PLANNING AREAS (SPA) - CITIZENSHIP STATUS, PRIMARY LANGUAGE AND ETHNIC ORIGIN.**

These charts display the total number of persons aided by citizenship status and ethnic origin and the total number of cases aided by primary language for all programs by SPA.

### **CHILD ABUSE PREVENTION, CHILD ABUSE REFERRALS AND STAFF TRAINING**

A major focus of the Department continues to be to ensure that staff are active participants in child abuse prevention. In 1987, the DPSS Training Academy implemented a comprehensive Child Abuse Prevention training program. The primary purpose of this training is to inform DPSS public contact employees about the seriousness of the child abuse problem in Los Angeles County and the employees' mandated reporting responsibilities.



Since its inception, the Child Abuse Prevention training program has been delivered to DPSS public contact staff, including social workers, GAIN Services workers, Eligibility Workers, clerical staff and managers. To ensure that all DPSS public contact staff receive the training, the program is incorporated into the orientation course given to all new hires.

During the training session, the trainees are informed of the types of child abuse, indicators of such abuse, provisions of the reporting law and DPSS employees' reporting responsibilities and procedures. The trainees also review and discuss handouts given to them related to the indicators of child abuse.

Program materials and other trainings emphasize to staff that one of the child abuse/neglect indicators is violence between others, which often endangers the child. The Domestic Violence Council provides Domestic Violence training to all of the Department's public contact staff.

In calendar year 2005, a total of 305 child abuse referrals were made to the Department of Children & Family Services. This represented a 16.4% decrease from the 365 referrals made in 2004.



Figure 1

**DPSS CASELOAD CHARACTERISTICS DECEMBER 2005  
LOS ANGELES COUNTY TOTALS**

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	Food Stamps	In-Home Supportive Services
<b>CITIZENSHIP STATUS OF AIDED PERSONS</b>							
<b>Citizen</b>	366,119	55,352	0	11	918,120	599,986	NA
<b>Legal Immigrants</b>	22,328	7,069	404	2,721	417,063	61,717	NA
<b>Undocumented Immigrants</b>	0	0	0	0	54,013	0	NA
<b>TOTAL</b>	<b>388,447</b>	<b>62,421</b>	<b>404</b>	<b>2,732</b>	<b>1,389,196</b>	<b>661,703</b>	<b>NA</b>
<b>PRIMARY LANGUAGE OF AIDED CASES</b>							
<b>Armenian</b>	3,665	1,244	169	537	7,415	6,152	23,884
<b>Cambodian</b>	1,624	75	0	18	1,178	1,874	1,803
<b>Chinese</b>	880	231	62	233	12,509	2,439	10,930
<b>English</b>	91,737	54,818	22	189	247,819	171,950	62,228
<b>Korean</b>	139	193	0	206	4,594	572	3,009
<b>Russian</b>	368	148	30	187	1,530	728	7,250
<b>Spanish</b>	58,643	4,478	21	944	287,876	95,595	27,471
<b>Vietnamese</b>	1,475	338	21	53	4,943	3,009	3,170
<b>Other</b>	744	279	44	365	8,440	1,718	11,218
<b>TOTAL</b>	<b>159,275</b>	<b>61,804</b>	<b>369</b>	<b>2,732</b>	<b>576,304</b>	<b>284,037</b>	<b>150,963</b>
<b>ETHNIC ORIGIN OF AIDED PERSONS</b>							
<b>American Indian/ Alaskan</b>	370	330	0	0	1,276	1,132	322
<b>Asian</b>	18,344	2,100	95	782	106,730	36,338	27,182
<b>Black</b>	95,352	32,156	6	37	98,710	164,625	30,316
<b>Hispanic</b>	236,385	15,990	23	971	1,051,364	390,148	38,410
<b>White</b>	36,234	11,325	272	914	121,638	66,096	54,733
<b>Other</b>	1,762	520	8	28	9,478	3,364	0
<b>TOTAL</b>	<b>388,447</b>	<b>62,421</b>	<b>404</b>	<b>2,732</b>	<b>1,389,196</b>	<b>661,703</b>	<b>150,963</b>

The counts are adjusted to match departmental aided case and person total counts where characteristics are unavailable.



Figure 1.1

**DPSS CASELOAD CHARACTERISTICS DECEMBER 2005**

**Service Planning Area 1**

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	Food Stamps	In-Home Supportive Services
<b>CITIZENSHIP STATUS OF AIDED PERSONS</b>							
<b>Citizen</b>	20,738	1,446	0	1	36,991	33,346	NA
<b>Legal Immigrants</b>	407	134	0	30	8,876	1,438	NA
<b>Undocumented Immigrants</b>	0	0	0	0	1,079	0	NA
<b>TOTAL</b>	<b>21,145</b>	<b>1,580</b>	<b>0</b>	<b>31</b>	<b>46,946</b>	<b>34,784</b>	<b>NA</b>
<b>PRIMARY LANGUAGE OF AIDED CASES</b>							
<b>Armenian</b>	6	1	0	2	11	10	46
<b>Cambodian</b>	2	0	0	1	2	3	6
<b>Chinese</b>	0	0	0	0	7	1	11
<b>English</b>	7,057	1,459	0	1	12,481	10,483	4,624
<b>Korean</b>	0	0	0	1	11	0	9
<b>Russian</b>	0	0	0	0	1	0	2
<b>Spanish</b>	1,018	89	0	16	6,167	2,018	609
<b>Vietnamese</b>	4	0	0	0	16	7	6
<b>Other</b>	10	5	0	10	73	23	132
<b>TOTAL</b>	<b>8,097</b>	<b>1,554</b>	<b>0</b>	<b>31</b>	<b>18,769</b>	<b>12,545</b>	<b>5,445</b>
<b>ETHNIC ORIGIN OF AIDED PERSONS</b>							
<b>American Indian/ Alaskan</b>	34	7	0	0	91	77	38
<b>Asian</b>	292	28	0	7	1,097	555	165
<b>Black</b>	8,765	635	0	0	6,695	13,481	2,295
<b>Hispanic</b>	7,543	315	0	17	28,796	13,337	1,063
<b>White</b>	4,398	583	0	7	9,910	7,127	1,884
<b>Other</b>	113	12	0	0	357	207	0
<b>TOTAL</b>	<b>21,145</b>	<b>1,580</b>	<b>0</b>	<b>31</b>	<b>46,946</b>	<b>34,784</b>	<b>5,445</b>

The counts are adjusted to match departmental aided case and person total counts where characteristics are unavailable.



Figure 1.2

**DPSS CASELOAD CHARACTERISTICS DECEMBER 2005**

**Service Planning Area 2**

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	Food Stamps	In-Home Supportive Services
<b>CITIZENSHIP STATUS OF AIDED PERSONS</b>							
<b>Citizen</b>	42,102	4,107	0	3	153,778	66,091	<b>NA</b>
<b>Legal Immigrants</b>	8,804	1,633	201	850	81,839	16,154	<b>NA</b>
<b>Undocumented Immigrants</b>	0	0	0	0	10,413	0	<b>NA</b>
<b>TOTAL</b>	<b>50,906</b>	<b>5,740</b>	<b>201</b>	<b>853</b>	<b>246,030</b>	<b>82,245</b>	<b>NA</b>
<b>PRIMARY LANGUAGE OF AIDED CASES</b>							
<b>Armenian</b>	2,936	1,015	133	397	5,983	4,795	18,006
<b>Cambodian</b>	24	0	0	1	27	24	32
<b>Chinese</b>	7	1	0	5	200	21	183
<b>English</b>	8,804	3,865	3	53	42,717	16,308	7,166
<b>Korean</b>	18	17	0	26	687	65	274
<b>Russian</b>	169	60	8	75	546	292	1,965
<b>Spanish</b>	7,589	395	4	147	50,566	11,874	3,728
<b>Vietnamese</b>	107	26	4	4	484	241	361
<b>Other</b>	364	125	29	145	3,009	803	4,192
<b>TOTAL</b>	<b>20,018</b>	<b>5,504</b>	<b>181</b>	<b>853</b>	<b>104,219</b>	<b>34,423</b>	<b>35,907</b>
<b>ETHNIC ORIGIN OF AIDED PERSONS</b>							
<b>American Indian/ Alaskan</b>	60	33	0	0	194	147	60
<b>Asian</b>	1,397	201	5	112	14,452	2,639	2,428
<b>Black</b>	4,148	972	0	3	6,115	6,768	1,138
<b>Hispanic</b>	29,609	1,421	4	149	174,454	46,362	4,812
<b>White</b>	15,364	3,059	191	580	48,938	25,748	27,469
<b>Other</b>	328	54	1	9	1,877	581	0
<b>TOTAL</b>	<b>50,906</b>	<b>5,740</b>	<b>201</b>	<b>853</b>	<b>246,030</b>	<b>82,245</b>	<b>35,907</b>

The counts are adjusted to match departmental aided case and person total counts where characteristics are unavailable.



Figure 1.3

**DPSS CASELOAD CHARACTERISTICS DECEMBER 2005**

**Service Planning Area 3**

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	Food Stamps	In-Home Supportive Services
<b>CITIZENSHIP STATUS OF AIDED PERSONS</b>							
<b>Citizen</b>	47,383	5,718	0	0	151,886	76,853	NA
<b>Legal Immigrants</b>	2,159	758	90	417	66,857	7,607	NA
<b>Undocumented Immigrants</b>	0	0	0	0	7,964	0	NA
<b>TOTAL</b>	<b>49,542</b>	<b>6,476</b>	<b>90</b>	<b>417</b>	<b>226,707</b>	<b>84,460</b>	<b>NA</b>
<b>PRIMARY LANGUAGE OF AIDED CASES</b>							
<b>Armenian</b>	63	36	5	15	378	149	1,214
<b>Cambodian</b>	162	8	0	3	195	192	141
<b>Chinese</b>	641	186	59	185	9,941	1,831	7,938
<b>English</b>	11,743	5,452	3	18	43,590	20,839	7,927
<b>Korean</b>	12	3	0	9	462	24	194
<b>Russian</b>	14	3	0	2	22	20	54
<b>Spanish</b>	5,743	423	5	110	38,768	9,511	4,296
<b>Vietnamese</b>	942	239	14	31	3,445	2,014	1,996
<b>Other</b>	75	26	0	44	1,156	160	1,379
<b>TOTAL</b>	<b>19,395</b>	<b>6,376</b>	<b>86</b>	<b>417</b>	<b>97,957</b>	<b>34,740</b>	<b>25,139</b>
<b>ETHNIC ORIGIN OF AIDED PERSONS</b>							
<b>American Indian/ Alaskan</b>	72	60	0	0	231	200	42
<b>Asian</b>	5,677	615	76	273	42,870	13,544	11,976
<b>Black</b>	5,425	1,625	0	1	7,372	9,083	1,970
<b>Hispanic</b>	33,804	2,846	7	116	157,824	53,785	7,023
<b>White</b>	4,259	1,276	6	25	16,889	7,378	4,128
<b>Other</b>	305	54	1	2	1,521	470	0
<b>TOTAL</b>	<b>49,542</b>	<b>6,476</b>	<b>90</b>	<b>417</b>	<b>226,707</b>	<b>84,460</b>	<b>25,139</b>

The counts are adjusted to match departmental aided case and person total counts where characteristics are unavailable.



Figure 1.4

**DPSS CASELOAD CHARACTERISTICS DECEMBER 2005**

**Service Planning Area 4**

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	Food Stamps	In-Home Supportive Services
<b>CITIZENSHIP STATUS OF AIDED PERSONS</b>							
<b>Citizen</b>	44,101	10,519	0	3	114,432	79,461	<b>NA</b>
<b>Legal Immigrants</b>	3,917	1,921	69	720	67,604	12,069	<b>NA</b>
<b>Undocumented Immigrants</b>	0	0	0	0	9,207	0	<b>NA</b>
<b>TOTAL</b>	<b>48,018</b>	<b>12,440</b>	<b>69</b>	<b>723</b>	<b>191,243</b>	<b>91,530</b>	<b>NA</b>
<b>PRIMARY LANGUAGE OF AIDED CASES</b>							
<b>Armenian</b>	707	201	33	111	1,023	1,187	4,233
<b>Cambodian</b>	103	3	0	2	130	130	64
<b>Chinese</b>	240	36	0	29	1,706	534	1,969
<b>English</b>	7,268	10,405	5	38	25,295	19,887	5,966
<b>Korean</b>	86	151	0	115	2,268	388	1,724
<b>Russian</b>	179	77	20	97	798	379	4,169
<b>Spanish</b>	11,821	1,405	0	269	47,041	20,346	5,074
<b>Vietnamese</b>	135	30	1	13	369	301	252
<b>Other</b>	61	50	5	49	1,593	227	1,586
<b>TOTAL</b>	<b>20,600</b>	<b>12,358</b>	<b>64</b>	<b>723</b>	<b>80,223</b>	<b>43,379</b>	<b>25,037</b>
<b>ETHNIC ORIGIN OF AIDED PERSONS</b>							
<b>American Indian/ Alaskan</b>	27	74	0	0	168	155	37
<b>Asian</b>	2,355	518	3	216	19,584	5,596	5,839
<b>Black</b>	4,105	5,462	4	8	5,422	10,872	1,613
<b>Hispanic</b>	37,877	4,399	0	273	154,109	67,086	6,426
<b>White</b>	3,541	1,920	62	223	11,023	7,565	11,122
<b>Other</b>	113	67	0	3	937	256	0
<b>TOTAL</b>	<b>48,018</b>	<b>12,440</b>	<b>69</b>	<b>723</b>	<b>191,243</b>	<b>91,530</b>	<b>25,037</b>

The counts are adjusted to match departmental aided case and person total counts where characteristics are unavailable.



Figure 1.5

**DPSS CASELOAD CHARACTERISTICS DECEMBER 2005**

**Service Planning Area 5**

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	Food Stamps	In-Home Supportive Services
<b>CITIZENSHIP STATUS OF AIDED PERSONS</b>							
Citizen	4,733	3,642	0	3	20,033	10,762	NA
Legal Immigrants	505	201	19	87	8,238	1,234	NA
Undocumented Immigrants	0	0	0	0	954	0	NA
<b>TOTAL</b>	<b>5,238</b>	<b>3,843</b>	<b>19</b>	<b>90</b>	<b>29,225</b>	<b>11,996</b>	<b>NA</b>
<b>PRIMARY LANGUAGE OF AIDED CASES</b>							
Armenian	1	4	1	1	13	7	26
Cambodian	1	0	0	0	3	2	0
Chinese	0	1	0	1	112	5	54
English	1,613	3,692	2	11	9,075	6,149	2,559
Korean	3	0	0	1	89	4	23
Russian	11	8	2	10	149	30	939
Spanish	462	68	0	18	4,697	850	418
Vietnamese	2	0	1	0	20	3	13
Other	120	37	11	48	1,012	251	1,763
<b>TOTAL</b>	<b>2,213</b>	<b>3,810</b>	<b>17</b>	<b>90</b>	<b>15,170</b>	<b>7,301</b>	<b>5,795</b>
<b>ETHNIC ORIGIN OF AIDED PERSONS</b>							
American Indian/ Alaskan	2	28	0	0	51	37	11
Asian	126	64	2	13	1,860	296	261
Black	1,861	1,856	0	2	2,810	4,372	537
Hispanic	1,937	409	0	18	15,743	3,505	632
White	1,187	1,395	15	52	7,847	3,497	4,354
Other	125	91	2	5	914	289	0
<b>TOTAL</b>	<b>5,238</b>	<b>3,843</b>	<b>19</b>	<b>90</b>	<b>29,225</b>	<b>11,996</b>	<b>5,795</b>

The counts are adjusted to match departmental aided case and person total counts where characteristics are unavailable.



Figure 1.6

**DPSS CASELOAD CHARACTERISTICS DECEMBER 2005**

**Service Planning Area 6**

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	Food Stamps	In-Home Supportive Services
<b>CITIZENSHIP STATUS OF AIDED PERSONS</b>							
<b>Citizen</b>	92,475	13,687	0	1	164,174	150,454	<b>NA</b>
<b>Legal Immigrants</b>	2,381	995	4	167	73,800	9,559	<b>NA</b>
<b>Undocumented Immigrants</b>	0	0	0	0	9,735	0	<b>NA</b>
<b>TOTAL</b>	<b>94,856</b>	<b>14,682</b>	<b>4</b>	<b>168</b>	<b>247,709</b>	<b>160,013</b>	<b>NA</b>
<b>PRIMARY LANGUAGE OF AIDED CASES</b>							
<b>Armenian</b>	2	0	0	1	5	2	6
<b>Cambodian</b>	33	1	0	0	19	39	43
<b>Chinese</b>	2	1	0	3	24	7	26
<b>English</b>	24,739	13,728	0	15	36,235	42,933	16,489
<b>Korean</b>	3	12	0	15	102	26	167
<b>Russian</b>	0	1	0	1	3	1	7
<b>Spanish</b>	15,465	887	4	130	57,939	24,813	3,141
<b>Vietnamese</b>	6	1	0	0	21	18	6
<b>Other</b>	24	8	0	3	122	41	104
<b>TOTAL</b>	<b>40,274</b>	<b>14,639</b>	<b>4</b>	<b>168</b>	<b>94,470</b>	<b>67,880</b>	<b>19,989</b>
<b>ETHNIC ORIGIN OF AIDED PERSONS</b>							
<b>American Indian/ Alaskan</b>	45	30	0	0	91	100	20
<b>Asian</b>	749	109	0	19	1,685	1,231	398
<b>Black</b>	41,738	12,076	1	11	38,712	70,175	15,380
<b>Hispanic</b>	51,531	2,048	3	136	205,135	86,901	3,810
<b>White</b>	692	346	0	0	1,585	1,367	381
<b>Other</b>	101	73	0	2	501	239	0
<b>TOTAL</b>	<b>94,856</b>	<b>14,682</b>	<b>4</b>	<b>168</b>	<b>247,709</b>	<b>160,013</b>	<b>19,989</b>

The counts are adjusted to match departmental aided case and person total counts where characteristics are unavailable.



Figure 1.7

**DPSS CASELOAD CHARACTERISTICS DECEMBER 2005**

**Service Planning Area 7**

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	Food Stamps	In-Home Supportive Services
<b>CITIZENSHIP STATUS OF AIDED PERSONS</b>							
<b>Citizen</b>	48,759	2,490	0	0	142,161	73,259	<b>NA</b>
<b>Legal Immigrants</b>	2,214	759	14	227	60,121	6,844	<b>NA</b>
<b>Undocumented Immigrants</b>	0	0	0	0	79,990	0	<b>NA</b>
<b>TOTAL</b>	<b>50,973</b>	<b>3,249</b>	<b>14</b>	<b>227</b>	<b>210,272</b>	<b>80,103</b>	<b>NA</b>
<b>PRIMARY LANGUAGE OF AIDED CASES</b>							
<b>Armenian</b>	25	8	0	6	74	39	482
<b>Cambodian</b>	76	8	0	1	105	97	192
<b>Chinese</b>	12	6	0	8	368	43	577
<b>English</b>	11,150	2,365	3	12	33,294	15,710	5,979
<b>Korean</b>	11	2	0	19	520	39	248
<b>Russian</b>	4	1	0	0	16	9	34
<b>Spanish</b>	9,055	796	7	159	49,793	14,796	7,537
<b>Vietnamese</b>	35	11	0	2	136	67	132
<b>Other</b>	31	9	0	20	682	88	662
<b>TOTAL</b>	<b>20,399</b>	<b>3,206</b>	<b>10</b>	<b>227</b>	<b>84,988</b>	<b>30,888</b>	<b>15,843</b>
<b>ETHNIC ORIGIN OF AIDED PERSONS</b>							
<b>American Indian/ Alaskan</b>	52	14	0	0	222	157	44
<b>Asian</b>	988	89	4	53	7,907	1,805	1,976
<b>Black</b>	2,644	222	0	1	3,561	3,757	691
<b>Hispanic</b>	44,042	2,425	7	161	187,729	69,489	10,755
<b>White</b>	3,046	473	1	12	9,579	4,492	2,377
<b>Other</b>	201	26	2	0	1,274	403	0
<b>TOTAL</b>	<b>50,973</b>	<b>3,249</b>	<b>14</b>	<b>227</b>	<b>210,272</b>	<b>80,103</b>	<b>15,843</b>

The counts are adjusted to match departmental aided case and person total counts where characteristics are unavailable.



Figure 1.8

**DPSS CASELOAD CHARACTERISTICS DECEMBER 2005**

**Service Planning Area 8**

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	Food Stamps	In-Home Supportive Services
<b>CITIZENSHIP STATUS OF AIDED PERSONS</b>							
Citizen	65,389	13,728	0	0	132,974	109,336	NA
Legal Immigrants	2,380	683	7	223	51,330	7,236	NA
Undocumented Immigrants	0	0	0	0	6,760	0	NA
<b>TOTAL</b>	<b>67,769</b>	<b>14,411</b>	<b>7</b>	<b>223</b>	<b>191,064</b>	<b>116,572</b>	<b>NA</b>
<b>PRIMARY LANGUAGE OF AIDED CASES</b>							
Armenian	1	1	0	2	6	3	67
Cambodian	1,232	53	0	10	705	1,398	1,336
Chinese	4	4	0	3	231	20	207
English	18,915	13,830	5	37	42,950	38,760	11,361
Korean	10	7	0	18	420	23	367
Russian	1	1	0	2	19	6	88
Spanish	7,789	411	0	99	34,839	12,145	2,582
Vietnamese	262	33	1	3	506	390	406
Other	65	17	1	49	832	136	1,394
<b>TOTAL</b>	<b>28,279</b>	<b>14,357</b>	<b>7</b>	<b>223</b>	<b>80,508</b>	<b>52,881</b>	<b>17,808</b>
<b>ETHNIC ORIGIN OF AIDED PERSONS</b>							
American Indian/ Alaskan	93	80	0	0	205	248	68
Asian	6,982	483	2	91	17,720	10,855	4,187
Black	24,835	9,346	0	12	26,070	44,739	6,687
Hispanic	31,218	2,234	2	102	131,471	51,514	3,747
White	4,134	2,129	1	13	13,524	8,279	3,119
Other	507	139	2	5	2,074	937	0
<b>TOTAL</b>	<b>67,769</b>	<b>14,411</b>	<b>7</b>	<b>223</b>	<b>191,064</b>	<b>116,572</b>	<b>17,808</b>

The counts are adjusted to match departmental aided case and person total counts where characteristics are unavailable.



Figure 2

**PERSONS AIDED-ALL AID PROGRAMS DECEMBER 2005  
as Compared to December 2004**

<b>CASH ASSISTANCE PROGRAMS</b>				
<b>Program</b>	<b>Dec. 2004</b>	<b>Dec. 2005</b>	<b>Change</b>	<b>% Change</b>
CalWORKs	418,660	388,447	30,213	-7.2%
General Relief	66,330	62,421	3,909	-5.9%
CAPI	2,802	2,732	-70	-2.5%
Refugee	388	404	16	4.1%
Medical Assistance Only	1,351,417	1,389,196	37,779	2.8%
Food Stamps	671,176	661,703	-9,473	-1.4%
IHSS	143,465	150,963	7,498	5.2%
<b>Total All Programs *</b>	<b>2,152,193</b>	<b>2,170,366</b>	<b>18,173</b>	<b>0.8%</b>

\* This total represents an unduplicated count of persons across all programs since some persons are aided in more than one program.

Figure 3

**CHILD ABUSE REFERRALS  
January 1998 - December 2005**

<b>Month</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2004/05 change</b>	<b>2004/05 % change</b>
Jan	80	78	29	56	47	20	37	20	17	-45.9%
Feb	86	41	42	39	50	13	33	24	9	-27.3%
Mar	88	70	64	41	23	32	32	21	11	-34.8%
Apr	104	49	64	42	50	28	29	34	5	17.2%
May	73	67	87	51	43	31	27	15	12	-44.4%
June	88	54	78	43	43	50	32	32	0	0.0%
July	99	49	65	51	32	38	43	36	7	-16.3%
Aug	98	85	61	47	28	48	38	36	2	-5.3%
Sept	75	69	58	46	34	45	35	20	15	-42.9%
Oct	71	65	59	60	31	35	17	26	9	52.9%
Nov	17	53	53	42	21	28	23	24	1	4.3%
Dec	40	30	61	38	21	28	19	17	2	-10.5%
<b>TOTAL</b>	<b>919</b>	<b>710</b>	<b>751</b>	<b>556</b>	<b>423</b>	<b>396</b>	<b>365</b>	<b>305</b>	<b>60</b>	<b>-16.4%</b>

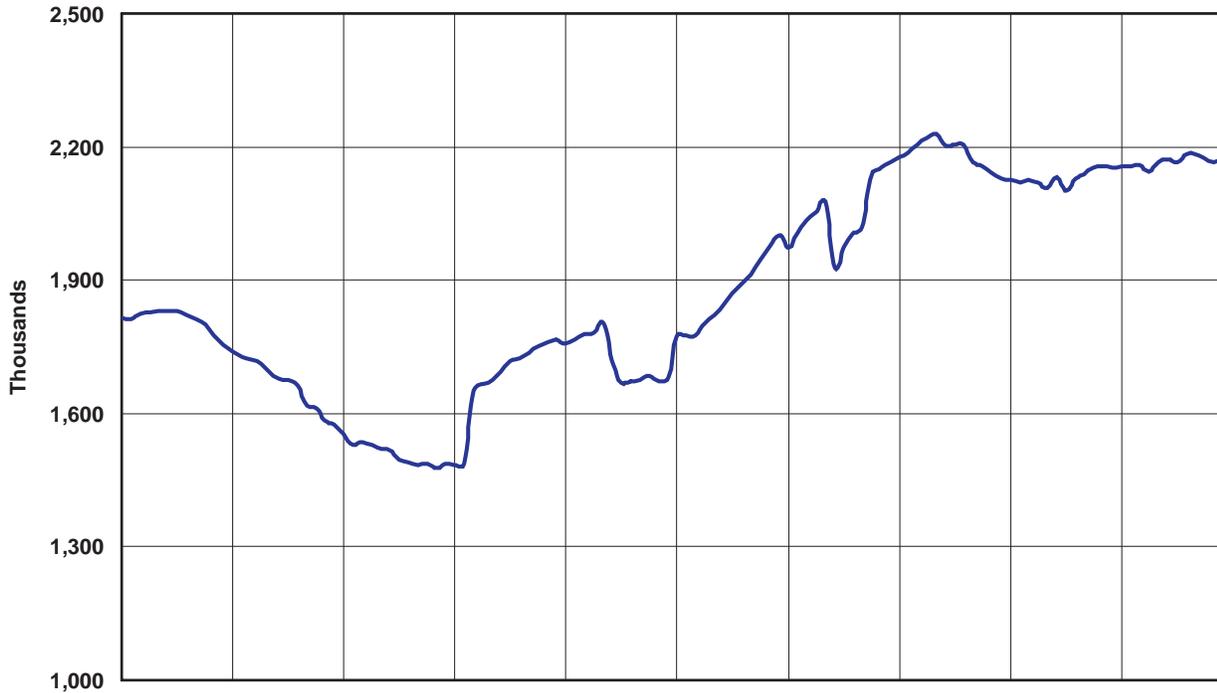
Some of the referrals may have been for the same children. Referral counts are from two sources.

- (1) DPSS employees observing incidents which indicate abuse/neglect and making referrals to the Departmental of Children and Family Services.
- (2) Data collated from reports received from the DPSS fraud reporting hotline.



Figure 4

**PERSONS AIDED - ALL AIDS COMBINED**  
**January 1996 - December 2005**



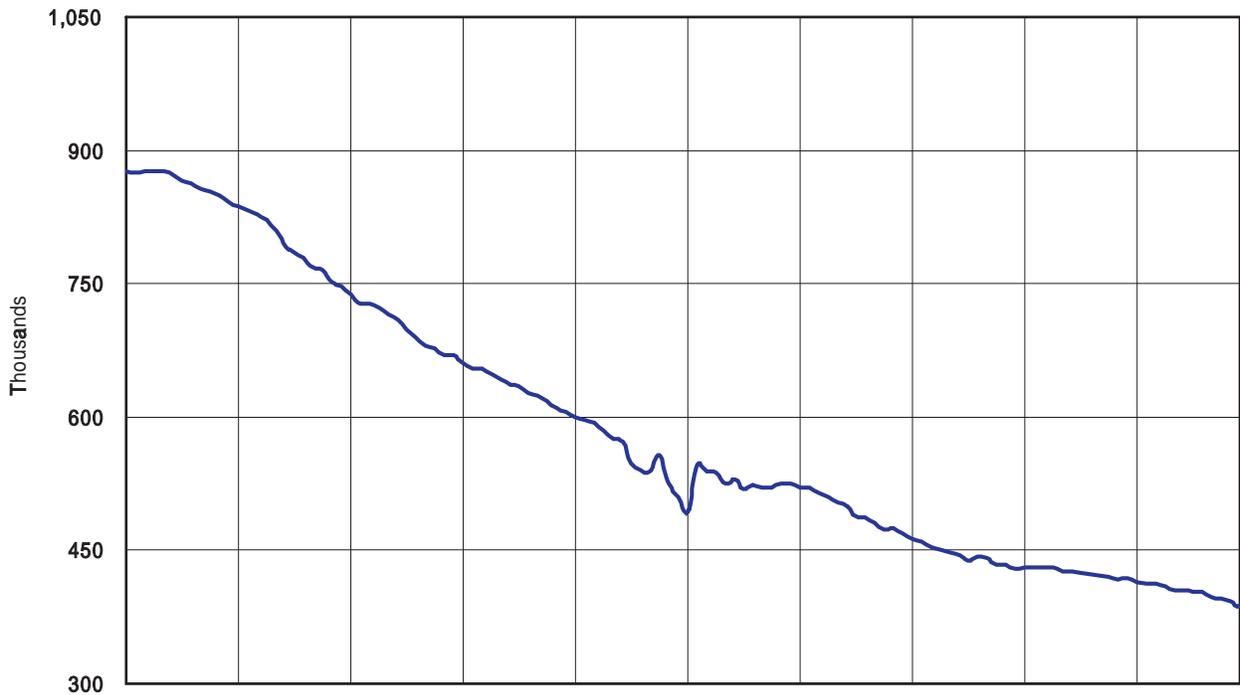
Month	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
January	1,815,720	1,739,691	1,553,899	1,483,869	1,756,212	1,772,223	1,974,284	2,176,029	2,125,174	2,157,416
February	1,813,789	1,726,450	1,530,151	1,486,946	1,766,419	1,774,694	2,004,216	2,185,622	2,121,033	2,155,158
March	1,825,136	1,720,143	1,534,206	1,652,199	1,778,684	1,777,189	2,033,305	2,205,706	2,126,252	2,160,504
April	1,826,820	1,712,033	1,530,926	1,665,832	1,781,558	1,801,891	2,053,985	2,220,340	2,120,822	2,143,971
May	1,831,350	1,679,816	1,521,529	1,676,300	1,803,096	1,820,217	2,077,231	2,227,731	2,107,699	2,164,290
June	1,831,991	1,679,816	1,517,219	1,694,090	1,710,715	1,846,217	1,928,402	2,202,094	2,131,565	2,170,799
July	1,830,611	1,675,458	1,496,928	1,716,905	1,667,884	1,871,520	1,977,951	2,205,980	2,102,765	2,165,355
August	1,822,112	1,662,085	1,490,182	1,724,536	1,671,997	1,890,253	2,005,337	2,203,801	2,127,918	2,184,371
September	1,811,154	1,619,097	1,484,360	1,737,460	1,676,433	1,911,380	2,018,573	2,165,470	2,137,604	2,182,116
October	1,799,175	1,612,337	1,487,282	1,751,308	1,685,273	1,947,269	2,134,995	2,154,853	2,151,665	2,174,983
November	1,775,240	1,583,948	1,476,617	1,761,779	1,671,996	1,975,315	2,153,486	2,142,473	2,156,602	2,164,674
December	1,753,156	1,575,466	1,487,157	1,768,072	1,680,884	2,002,498	2,166,367	2,128,450	2,152,193	2,170,366

Note: Effective July 2000, the data includes actual counts from LEADER districts.  
 Data from May 1999 to June 2000 includes estimated LEADER counts.



Figure 5

**PERSONS AIDED - CalWORKs**  
January 1996 - December 2005



	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
January	876,717	837,106	738,794	661,221	599,169	493,919	520,000	462,610	430,391	414,741
February	875,076	831,976	727,891	654,160	596,444	546,415	521,144	459,815	430,449	411,996
March	876,611	827,414	727,230	653,703	593,048	538,982	514,243	453,464	431,113	411,982
April	876,223	822,043	722,847	648,935	583,782	537,586	509,779	450,140	430,219	409,394
May	875,998	809,107	715,096	641,760	575,411	524,665	504,467	448,322	426,729	405,720
June	871,490	791,775	709,102	636,322	572,814	530,180	499,743	445,039	426,184	405,630

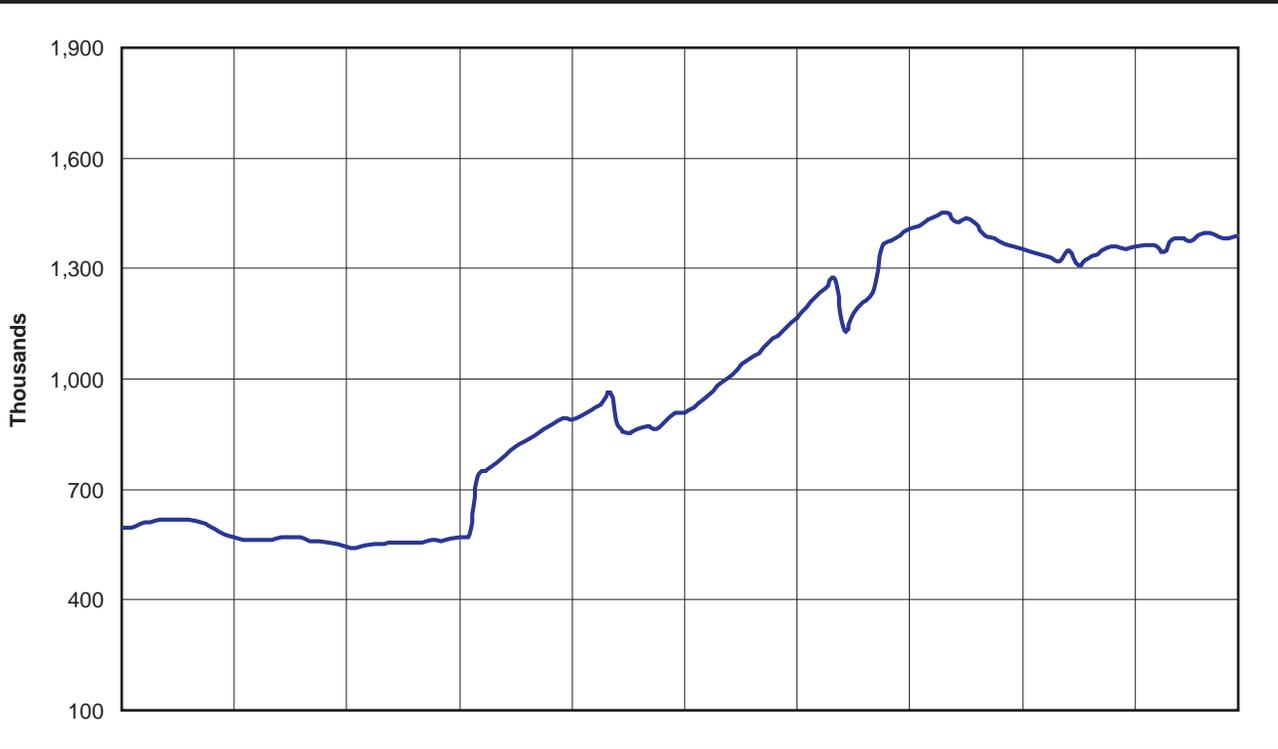
July	866,657	785,641	697,893	635,161	547,261	519,300	488,909	438,361	424,338	403,975
August	863,096	779,043	689,690	626,604	540,582	523,951	487,753	443,245	422,880	403,067
September	856,701	768,549	680,358	623,957	538,382	521,095	480,849	441,248	421,714	397,342
October	853,097	765,190	676,982	618,375	556,985	520,694	474,026	434,549	419,500	396,161
November	849,270	751,081	670,044	610,687	524,966	524,578	474,233	433,899	417,371	392,509
December	841,154	746,926	669,088	606,237	510,582	525,443	469,554	428,578	418,660	388,447

Note: Effective July 2000, the data includes actual counts from LEADER districts.  
Data from May 1999 to June 2000 includes estimated LEADER counts.



Figure 6

**PERSONS AIDED - MEDICAL ASSISTANCE ONLY**  
**January 1996 - December 2005**



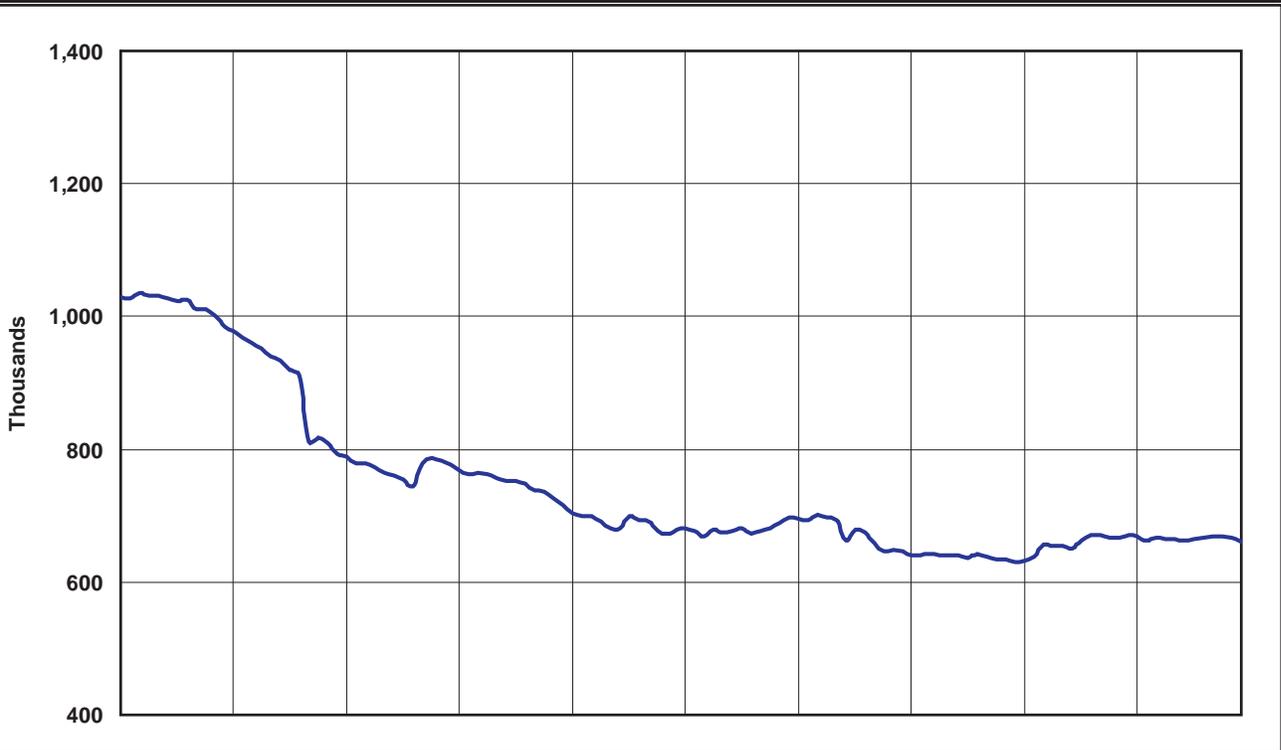
Month	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
January	596,484	570,327	545,557	571,007	889,755	906,938	1,166,682	1,406,522	1,353,228	1,358,470
February	597,735	564,166	541,932	577,075	902,304	921,546	1,195,551	1,413,691	1,344,771	1,362,025
March	606,724	563,039	547,734	736,143	914,589	945,297	1,224,869	1,433,380	1,336,927	1,361,840
April	611,286	564,277	551,182	754,584	931,347	968,075	1,244,420	1,445,267	1,329,514	1,346,964
May	616,143	563,326	551,338	773,607	961,482	990,852	1,271,226	1,452,265	1,319,549	1,376,740
June	616,606	570,008	553,940	792,953	870,789	1,011,61	1,132,120	1,427,276	1,350,166	1,380,861
July	618,514	571,714	554,563	814,968	853,517	1,040,397	1,181,503	1,436,246	1,308,380	1,373,812
August	617,597	568,862	555,691	829,576	865,679	1,054,721	1,209,942	1,423,220	1,328,548	1,392,970
September	614,457	559,167	555,105	844,984	871,567	1,070,178	1,234,504	1,390,581	1,339,599	1,395,267
October	605,973	558,273	561,363	862,429	863,525	1,099,190	1,358,891	1,382,429	1,356,053	1,387,259
November	592,418	554,113	559,878	879,336	886,356	1,119,379	1,374,175	1,367,723	1,361,372	1,380,600
December	578,977	552,039	565,886	892,420	908,567	1,142,324	1,389,420	1,361,270	1,351,417	1,389,196

- Note:
1. The increase in the caseload beginning March 1999 was a result of the Section 1931(b) Medi-Cal Program. DPSS converted Edwards Medi-Cal, Transitional Medi-Cal (TMC) and Four-Month Continuing Medi-Cal (CMC) recipients into regular Medi-Cal status. It also established the automatic conversion of most terminated CalWORKs cases into regular Medi-Cal cases.
  2. The drop in June 2000 was a result of the termination of about 35,000 Section 1931(b) MAO family cases not responding to redetermination notices.
  3. Effective July 2000, the data includes actual counts from LEADER districts. Data from May 1999 to June 2000 includes estimated LEADER counts.



Figure 7

**PERSONS AIDED - FOOD STAMPS**  
January 1996 - December 2005



Month	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
January	1,030,083	979,260	789,311	769,511	703,778	681,715	694,947	640,239	632,052	668,997
February	1,027,816	967,730	777,831	763,230	698,505	676,542	694,210	639,800	638,116	663,088
March	1,035,169	960,920	777,828	765,154	700,194	669,461	701,512	641,417	656,154	667,068
April	1,032,099	952,582	773,173	762,544	691,058	679,643	697,071	639,816	654,400	665,689
May	1,030,812	939,209	765,220	756,139	680,875	674,655	693,056	641,206	654,425	665,018
June	1,027,171	933,708	761,220	752,897	680,184	676,184	663,140	639,950	651,213	663,654
July	1,022,791	918,708	753,633	751,832	699,125	681,200	678,885	636,053	662,139	664,358
August	1,025,404	912,005	744,266	748,143	692,766	673,463	675,000	642,295	671,442	667,652
September	1,011,628	811,670	779,386	738,767	690,494	676,885	658,674	637,365	670,871	669,642
October	1,010,180	816,725	787,472	735,529	676,173	681,588	647,434	634,616	667,536	667,981
November	1,001,164	808,432	782,681	726,838	673,829	690,221	647,617	634,291	666,183	667,264
December	985,425	793,864	777,464	716,673	678,281	697,889	645,854	629,613	671,176	661,703

Note: Effective July 2000, the data includes actual counts from LEADER districts. Data from May 1999 to June 2000 includes estimated LEADER counts.



**GLOSSARY OF TERMS**

**Department of Public Social Services (DPSS) -**

Administers programs that provide services to individuals and families in need. These programs are designed to both alleviate hardship and promote family health, personal responsibility, and economic independence. Most DPSS programs are mandated by Federal and State laws.

**California Work Opportunity and Responsibility to Kids (CalWORKs) -**

Provides temporary financial assistance and employment-focused services to families with minor children who may or may not have income, and their property limit is below State maximum limits for their family size. In addition, the family must meet one of the following deprivations:

- Either parent is deceased;
- Either parent is physically or mentally incapacitated;
- The principal wage earner is unemployed; and
- Either parent is absent from the home in which the child is living.

**Cash Assistance Program to Immigrants (CAPI) -**

Provides cash to certain aged, blind, and disabled legal non-citizens ineligible for Supplemental Security Income/State Supplemental Payment (SSI/SSP) due to their immigration status. CAPI participants may be eligible for Medi-Cal, In-Home Supportive

Services (IHSS), and/or Food Stamp benefits. Individuals requesting such benefits must file the appropriate application for the other program.

**Food Stamps -**

Help eligible low-income families and individuals meet their basic nutritional needs by increasing their food purchasing power. Individuals residing in room and board arrangements, homeless individuals in shelters, and temporary residents of a shelter for battered women and children, may also be eligible to receive Food Stamps.

**General Relief (GR) -**

Is a County-funded program that provides cash aid to indigent adults who are ineligible for Federal or State programs.

**In-Home Supportive Services (IHSS) -**

Enables low-income, aged, blind and disabled individuals to remain safely at home by paying caregivers to provide personal care and domestic services.

**LEADER -**

The Los Angeles Eligibility, Automated Determination, Evaluation and Reporting System.

**Medical Assistance Only (MAO) -**

Provides comprehensive medical benefits to low-income families with children, pregnant women, and adults who are over 65, blind, or disabled. Depending on their income and



resource levels, individuals and families may be eligible for a no-cost or a share-of-cost Medi-Cal program. CalWORKs families receive no-cost Medi-Cal.

### **Refugee Resettlement Program (RRP) -**

Is comprised of many program partners at the federal, state, county, and community levels. Typically, refugees are eligible for the same assistance programs as citizens including CalWORKs, Food Stamps, Medi-Cal, SSI/SSP, and General Relief. In addition, single adults or couples without children who are not eligible for other welfare assistance may receive Refugee Cash Assistance (RCA). Vital to the success of the California Refugee Program are the contributions made by Mutual Assistance Associations, and Community Based Organizations (CBOs) that provide culturally and linguistically appropriate services.



# LOS ANGELES COUNTY OFFICE OF EDUCATION

## AGENCY REPORT







## LACOE ICAN DATA ANALYSIS REPORT 2006

Sixty-four of 81 school districts in Los Angeles County reported suspected child abuse data for 2005-2006. In order to compare child abuse data across districts, incidence rates were calculated (weighting the numbers of reported cases per 1,000 enrolled students in each district). Current year enrollment data was obtained from the California Basic Educational Data System (CBEDS) ([www.cde.ca.gov](http://www.cde.ca.gov)).

### SUMMARY

Table 1 displays incidence rates by abuse and district type for 2005-2006. Physical abuse had the highest number of suspected cases and emotional abuse had the lowest. Elementary school districts had the highest total suspected case incidence rate (4.75), followed by high school districts (3.32). Elementary school district incidence rates were the highest across almost all abuse types, ranging from 47% to 88% higher than the next highest incidence rates. High school districts show the highest Emotional Abuse rate (0.34).

Current year district data is reported in more detail in Figures 2 through 5 below. It should be noted that some districts returned data collection sheets containing blank data entries equivalent to zero.

### TREND ANALYSES

Los Angeles County school district suspected child abuse data from 2001 to 2006 were analyzed for trends. In the following districts which did not report suspected cases of abuse to the Los Angeles County Office of Education in 2006, their 2005 suspected child abuse data was used: Compton Unified, Duarte Unified, Lennox Elementary, Long Beach Unified, Los Nietos Elementary, Montebello Unified, Newhall Elementary, Norwalk-La Mirada Unified, Palmdale Elementary, Palos Verdes Peninsula Unified, Paramount Unified, Pomona Unified, and Torrance Unified.

Overall, Los Angeles County school districts showed decreases across all four abuse types (Sexual Assault, Physical Abuse, General Neglect and Emotional Abuse).

Figure 1

### 2004-05 NUMBER OF CASES AND INCIDENCE RATES Abuse Type By District Type

DISTRICT TYPE	Number of Districts	CBEDS enrollment	Sexual Assault, # suspected cases	Physical Abuse, # suspected cases	General Neglect, # suspected cases	Emotional Abuse, # suspected cases	Total Suspected Cases	Sexual Assault, incidences per 1000	Physical Abuse, incidences per 1000	General Neglect, incidences per 1000	Emotional Abuse, incidences per 1000	Total Cases, incidences per 1000
ELEMENTARY	23	131,661	57	407	118	44	626	0.43	3.09	0.90	0.33	4.75
HIGH	5	67,791	16	157	29	23	225	0.24	2.32	0.43	0.34	3.32
UNIFIED	36	401,415	108	761	192	92	1,153	0.27	1.90	0.48	0.23	2.87
<b>TOTAL</b>	<b>64</b>	<b>600,867</b>	<b>181</b>	<b>1,325</b>	<b>339</b>	<b>159</b>	<b>2,004</b>	<b>0.30</b>	<b>2.21</b>	<b>0.56</b>	<b>0.26</b>	<b>3.34</b>



Figure 2

**REPORT CATEGORY BY SCHOOL DISTRICT**  
**Suspected Sexual Assault**

School District	Children's Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site	Total Cases	Incidence per 1000
ABC Unified	0	0	4	3	0	0	0	7	.32
Acton-Agua Dulce Unified	0	0	0	0	0	0	0	0	.00
Alhambra Unified	0	0	7	0	4	0	0	11	.57
Antelope Valley Union High	0	0	0	0	9	0	1	10	.43
Arcadia Unified	0	0	0	0	3	0	0	3	.38
Azusa Unified	0	0	2	5	1	0	0	8	.69
Baldwin Park Unified	0	0	0	0	0	0	0	0	.00
Bassett Unified	0	0	0	0	0	0	0	0	.00
Bellflower Unified	0	0	5	0	2	0	0	7	.49
Beverly Hills Unified	0	0	0	0	0	0	0	0	.00
Bonita Unified	0	0	1	0	0	0	0	1	.10
Burbank Unified	0	0	3	1	0	0	0	4	.24
Castaic Union Elementary	0	0	0	0	0	0	0	0	.00
Centinela Valley Union High	0	0	0	0	0	0	0	0	.00
Charter Oak Unified	0	0	0	0	0	0	0	0	.00
Claremont Unified	0	0	1	1	0	0	0	2	.29
Covina-Valley Unified	0	0	0	2	0	0	0	2	.13
Culver City Unified	0	0	2	0	0	0	0	2	.29
Downey Unified	2	0	0	4	4	0	0	10	.56
East Whittier City Elementary	0	0	6	4	0	0	0	10	1.11
Eastside Union Elementary	0	0	3	0	0	0	0	3	1.03
El Monte City Elementary	0	0	5	0	0	0	0	9	.83
El Monte Union High	0	0	0	0	1	0	0	1	.09
El Rancho Unified	0	0	3	2	1	0	0	6	.68
El Segundo Unified	0	0	0	0	0	0	0	0	.00
Garvey Elementary	0	0	0	0	0	0	0	0	.00
Glendale Unified	0	0	3	0	1	0	0	5	.18
Glendora Unified	0	0	1	0	0	0	0	1	.13
Gorman Elementary	0	0	0	0	0	0	0	0	.00
Hacienda la Puente Unified	0	0	5	2	0	0	0	7	.30
Hawthorne Elementary	0	0	3	1	0	0	0	4	.42
Hermosa Beach City Elementary	0	0	0	0	0	0	0	0	.00
Hughes-Elizabeth Lakes Union Elementary	0	0	0	1	0	0	0	1	2.46



Figure 2, cont.

**REPORT CATEGORY BY SCHOOL DISTRICT**  
**Suspected Sexual Assault**

School District	Children's Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site	Total Cases	Incidence per 1000
Inglewood Unified	0	0	1	1	0	0	0	2	0.12
Keppel Union Elementary	0	0	2	0	0	0	0	2	0.65
La Canada Unified	0	0	1	0	0	0	0	1	0.23
Lancaster Elementary	0	0	6	0	0	0	0	6	0.37
Las Virgenes Unified	0	0	0	0	0	0	0	0	0.00
Lawndale Elementary	0	0	0	0	0	0	0	0	0.00
Little Lake City Elementary	0	0	1	0	0	0	0	1	0.20
Lowell Joint	0	0	0	0	0	0	0	0	0.00
Lynwood Unified	0	0	3	2	1	0	0	6	0.38
Manhattan Beach Unified	0	0	0	0	0	0	0	0	0.00
Monrovia Unified	0	0	0	0	1	0	0	1	0.16
Mountain View Elementary	0	0	1	0	0	0	0	1	0.10
Redondo Beach Unified	0	0	1	0	0	0	0	1	0.12
Rosemead Elementary	0	0	1	1	0	0	0	2	0.62
Rowland Unified	0	0	4	3	1	0	0	8	0.46
San Gabriel Unified	0	0	0	0	0	0	0	0	0.00
Santa Monica-Malibu	0	0	2	1	5	0	0	8	0.66
Saugus Union Elementary	0	0	9	0	0	0	0	9	0.84
South Pasadena Unified	0	0	1	0	0	0	0	1	0.23
South Whittier Elementary	0	0	1	0	0	0	0	1	0.24
Sulphur Springs Union Elementary	0	0	3	0	0	0	0	3	0.52
Temple City Unified	0	0	1	0	2	0	0	3	0.53
Valle Lindo Elementary	0	0	0	1	0	0	0	1	0.77
Walnut Valley Unified	0	0	0	0	0	0	0	0	0.00
West Covina Unified	0	0	0	0	1	0	0	1	0.10
Westside Union Elementary	0	0	2	0	0	0	0	2	0.23
Whittier City Elementary	0	0	0	1	0	0	0	1	0.14
Whittier Union High	0	0	0	0	2	0	0	2	0.27
William S Hart Union High	0	0	0	3	0	0	0	3	0.14
Wilsona Elementary	0	0	1	0	0	0	0	1	0.50
Wisburn Elementary	0	0	0	0	0	0	0	0	0.00
<b>TOTAL</b>	<b>2</b>	<b>5</b>	<b>95</b>	<b>39</b>	<b>39</b>	<b>0</b>	<b>1</b>	<b>181</b>	<b>0.30</b>



Figure 3

**REPORT CATEGORY BY SCHOOL DISTRICT:  
Suspected Physical Abuse**

School District	Children's Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site	Total Cases	Incidence per 1000
ABC Unified	0	0	21	7	5	0	3	36	1.66
Acton-Agua Dulce Unified	0	0	7	3	0	0	0	10	5.24
Alhambra Unified	0	0	65	0	20	0	0	85	4.37
Antelope Valley Union High	0	0	0	0	73	0	1	74	3.21
Arcadia Unified	0	0	11	2	8	0	0	21	2.64
Azusa Unified	0	0	19	9	4	0	0	32	2.76
Baldwin Park Unified	0	1	3	0	2	0	0	6	0.34
Bassett Unified	0	0	5	0	0	0	0	5	0.88
Bellflower Unified	0	0	39	3	7	0	2	51	3.54
Beverly Hills Unified	0	0	7	4	1	0	0	12	2.27
Bonita Unified	0	0	17	5	3	0	0	25	2.45
Burbank Unified	2	0	23	9	3	0	7	44	2.64
Castaic Union Elementary	0	0	5	3	0	0	0	8	2.24
Centinela Valley Union High	0	0	0	0	4	0	0	4	0.79
Charter Oak Unified	0	0	1	3	0	0	0	4	0.58
Claremont Unified	0	0	4	7	1	0	1	13	1.89
Covina-Valley Unified	0	0	0	8	7	0	0	15	0.98
Culver City Unified	0	0	10	2	8	0	0	20	2.90
Downey Unified	5	0	42	19	14	0	0	80	4.51
East Whittier City Elementary	0	0	31	16	0	0	0	47	5.23
Eastside Union Elementary	0	0	9	5	0	0	1	15	5.15
El Monte City Elementary	0	6	26	0	0	0	0	32	2.94
El Monte Union High	0	0	0	0	18	0	0	18	1.70
El Rancho Unified	0	1	23	7	1	0	0	32	3.63
El Segundo Unified	0	0	0	0	1	0	0	1	0.31
Garvey Elementary	0	1	4	2	0	0	0	7	1.11
Glendale Unified	0	0	29	0	2	0	0	31	1.11
Glendora Unified	0	0	2	0	0	0	0	2	0.26
Gorman Elementary	0	0	1	0	0	0	0	1	0.39
Hacienda la Puente Unified	0	0	13	5	4	0	0	22	0.95
Hawthorne Elementary	0	0	29	6	1	0	0	36	3.74
Hermosa Beach City Elementary	0	0	5	5	0	0	0	10	9.38
Hughes-Elizabeth Lakes Union Elementary	0	0	3	0	0	0	0	3	7.39



Figure 3, cont.

**REPORT CATEGORY BY SCHOOL DISTRICT:  
Suspected Physical Abuse**

School District	Children's Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site	Total Cases	Incidence per 1000
Inglewood Unified	0	0	11	1	1	0	0	13	0.78
Keppel Union Elementary	0	0	7	9	0	0	0	16	5.18
La Canada Unified	0	0	0	0	0	0	0	0	0.00
Lancaster Elementary	0	3	53	16	0	0	0	72	4.48
Las Virgenes Unified	0	0	0	0	6	0	0	6	0.50
Lawndale Elementary	0	0	31	2	0	0	0	33	5.09
Little Lake City Elementary	0	0	3	5	0	0	0	8	1.59
Lowell Joint	0	0	0	0	0	0	0	0	0.00
Lynwood Unified	0	0	25	5	1	0	0	31	1.99
Manhattan Beach Unified	0	0	2	0	1	0	0	3	0.48
Monrovia Unified	1	0	3	0	0	0	0	4	0.64
Mountain View Elementary	0	0	14	0	0	0	0	14	1.44
Redondo Beach Unified	0	0	7	2	1	0	0	10	1.24
Rosemead Elementary	0	0	5	0	0	0	0	5	1.54
Rowland Unified	0	0	22	5	9	0	0	36	2.05
San Gabriel Unified	0	0	0	0	0	0	0	0	0.00
Santa Monica-Malibu	0	0	17	9	12	0	0	38	3.12
Saugus Union Elementary	0	0	32	0	0	0	0	32	2.97
South Pasadena Unified	0	0	3	1	1	0	0	5	1.16
South Whittier Elementary	0	0	10	0	0	0	0	10	2.38
Sulphur Springs Union Elementary	0	0	23	0	0	0	0	23	4.02
Temple City Unified	0	0	13	0	2	0	0	15	2.63
Valle Lindo Elementary	0	0	1	3	0	0	0	4	3.09
Walnut Valley Unified	0	0	12	10	7	0	0	29	1.87
West Covina Unified	0	0	16	6	2	0	0	24	2.32
Westside Union Elementary	0	0	1	1	0	0	0	2	0.23
Whittier City Elementary	0	0	10	1	0	0	0	11	1.56
Whittier Union High	0	0	0	0	27	0	0	27	3.61
William S Hart Union High	0	0	0	25	9	0	0	34	1.57
Wilsona Elementary	0	0	6	3	0	0	0	9	4.46
Wiseburn Elementary	0	0	4	5	0	0	0	9	4.17
<b>TOTAL</b>	<b>8</b>	<b>12</b>	<b>785</b>	<b>239</b>	<b>266</b>	<b>0</b>	<b>15</b>	<b>1,325</b>	



Figure 4

**REPORT CATEGORY BY SCHOOL DISTRICT:  
Suspected General Neglect**

School District	Children's Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site	Total Cases	Incidence per 1000
ABC Unified	0	0	3	0	1	0	0	4	0.18
Acton-Agua Dulce Unified	0	0	1	0	0	0	0	1	0.52
Alhambra Unified	0	0	13	0	6	0	0	19	0.98
Antelope Valley Union High	0	0	0	0	16	0	1	17	0.74
Arcadia Unified	0	0	1	0	3	0	0	4	0.50
Azusa Unified	0	0	3	3	2	0	0	8	0.69
Baldwin Park Unified	0	0	2	1	0	0	0	3	0.17
Bassett Unified	0	0	3	0	0	0	0	3	0.53
Bellflower Unified	0	0	21	1	1	0	4	27	1.87
Beverly Hills Unified	0	0	2	0	0	0	0	2	0.38
Bonita Unified	0	0	3	2	0	0	0	5	0.49
Burbank Unified	0	0	5	1	3	0	0	9	0.54
Castaic Union Elementary	0	0	0	4	0	0	0	4	1.12
Centinela Valley Union High	0	0	0	0	0	0	0	0	0.00
Charter Oak Unified	0	0	0	0	0	0	0	0	0.00
Claremont Unified	0	0	2	0	0	0	0	2	0.29
Covina-Valley Unified	0	0	0	2	5	0	0	7	0.46
Culver City Unified	0	0	0	0	1	0	0	1	0.15
Downey Unified	7	0	3	0	2	0	0	12	0.68
East Whittier City Elementary	0	0	0	13	2	0	0	15	1.67
Eastside Union Elementary	0	0	4	1	0	0	0	5	1.72
El Monte City Elementary	0	0	8	0	0	0	0	8	0.74
El Monte Union High	0	0	0	0	2	0	0	2	0.19
El Rancho Unified	0	0	4	3	4	0	0	11	1.25
El Segundo Unified	0	0	0	0	0	0	0	0	0.00
Garvey Elementary	0	0	1	1	0	0	0	2	0.32
Glendale Unified	0	0	2	1	0	0	0	3	0.11
Glendora Unified	0	0	0	0	0	0	0	0	0.00
Gorman Elementary	0	0	4	0	0	0	0	4	1.55
Hacienda la Puente Unified	0	0	7	2	1	0	0	10	0.43
Hawthorne Elementary	0	0	3	2	0	0	0	5	0.52
Hermosa Beach City Elementary	0	0	0	0	0	0	0	0	0.00
Hughes-Elizabeth Lakes Union Elementary	0	0	1	0	0	0	0	1	2.46



Figure 4, cont.

**REPORT CATEGORY BY SCHOOL DISTRICT:  
Suspected General Neglect**

School District	Children's Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site	Total Cases	Incidence per 1000
Inglewood Unified	0	0	2	0	1	0	0	3	0.18
Keppel Union Elementary	0	0	3	0	0	0	0	3	0.97
La Canada Unified	0	0	0	0	1	0	0	1	0.23
Lancaster Elementary	0	1	21	2	0	0	0	24	1.49
Las Virgenes Unified	0	0	1	0	3	0	0	4	0.33
Lawndale Elementary	0	0	6	0	0	0	0	6	0.93
Little Lake City Elementary	0	0	2	1	0	0	0	3	0.60
Lowell Joint	0	0	0	0	0	0	0	0	0.00
Lynwood Unified	0	0	8	0	1	0	0	9	0.58
Manhattan Beach Unified	0	0	0	0	1	0	0	1	0.16
Monrovia Unified	0	0	1	1	0	0	0	2	0.32
Mountain View Elementary	0	0	3	0	0	0	0	3	0.31
Redondo Beach Unified	0	0	0	0	1	0	0	1	0.12
Rosemead Elementary	0	0	0	1	0	0	0	1	0.31
Rowland Unified	0	0	5	0	1	0	0	6	0.34
San Gabriel Unified	0	0	0	0	0	0	0	0	0.00
Santa Monica-Malibu	0	0	4	5	6	0	0	15	1.23
Saugus Union Elementary	0	0	14	0	0	0	0	14	1.30
South Pasadena Unified	0	0	0	0	0	0	0	0	0.00
South Whittier Elementary	0	0	4	0	0	0	0	4	0.95
Sulphur Springs Union Elementary	0	0	6	0	0	0	0	6	1.05
Temple City Unified	0	0	4	0	2	0	0	6	1.05
Valle Lindo Elementary	0	0	1	2	0	0	0	3	2.32
Walnut Valley Unified	0	0	3	0	1	0	0	4	0.26
West Covina Unified	0	0	4	3	2	0	0	9	0.87
Westside Union Elementary	0	0	1	0	0	0	0	1	0.12
Whittier City Elementary	0	0	2	0	0	0	0	2	0.28
Whittier Union High	0	0	0	0	4	0	0	4	0.54
William S Hart Union High	0	0	0	4	2	0	0	6	0.28
Wilsona Elementary	0	0	3	0	0	0	0	3	1.49
Wiseburn Elementary	0	0	1	0	0	0	0	1	0.46
<b>TOTAL</b>	<b>7</b>	<b>1</b>	<b>195</b>	<b>56</b>	<b>75</b>	<b>0</b>	<b>5</b>	<b>339</b>	



Figure 5

**REPORT CATEGORY BY SCHOOL DISTRICT:  
Suspected Emotional Abuse**

School District	Children's Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site	Total Cases	Incidence per 1000
ABC Unified	1	0	5	1	0	0	1	8	0.37
Acton-Agua Dulce Unified	0	0	0	0	0	0	0	0	0.00
Alhambra Unified	0	0	5	0	5	0	0	10	0.51
Antelope Valley Union High	0	0	0	0	12	0	0	12	0.52
Arcadia Unified	0	0	3	0	3	0	0	6	0.76
Azusa Unified	0	0	0	0	0	0	0	0	0.00
Baldwin Park Unified	0	0	0	0	0	0	0	0	0.00
Bassett Unified	0	0	1	0	0	0	0	1	0.18
Bellflower Unified	0	0	9	1	1	0	0	11	0.76
Beverly Hills Unified	0	0	1	0	0	0	0	1	0.19
Bonita Unified	0	0	2	0	0	0	0	2	0.20
Burbank Unified	0	0	0	2	0	0	0	2	0.12
Castaic Union Elementary	0	0	0	0	0	0	0	0	0.00
Centinela Valley Union High	0	0	0	0	1	0	0	1	0.20
Charter Oak Unified	0	0	0	0	0	0	0	0	0.00
Claremont Unified	0	0	1	0	0	0	0	1	0.15
Covina-Valley Unified	0	0	0	1	1	0	0	2	0.13
Culver City Unified	0	0	1	0	0	0	0	1	0.15
Downey Unified	5	0	3	3	1	0	0	12	0.68
East Whittier City Elementary	0	0	8	2	0	0	0	10	1.11
Eastside Union Elementary	0	0	2	4	0	0	0	6	2.06
El Monte City Elementary	0	1	2	0	0	0	0	3	0.28
El Monte Union High	0	0	0	0	2	0	0	2	0.19
El Rancho Unified	0	0	0	0	1	0	0	1	0.11
El Segundo Unified	0	0	0	0	0	0	0	0	0.00
Garvey Elementary	0	0	0	0	0	0	0	0	0.00
Glendale Unified	0	0	0	0	0	0	0	0	0.00
Glendora Unified	0	0	0	0	0	0	0	0	0.00
Gorman Elementary	0	0	0	0	0	0	0	0	0.00
Hacienda la Puente Unified	0	0	3	1	0	0	0	4	0.17
Hawthorne Elementary	0	0	3	1	0	0	0	4	0.42
Hermosa Beach City Elementary	0	0	1	1	0	0	0	2	1.88
Hughes-Elizabeth Lakes Union Elementary	0	0	0	0	0	0	0	0	0.00



Figure 5, cont.

**REPORT CATEGORY BY SCHOOL DISTRICT:  
Suspected Emotional Abuse**

School District	Children's Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site	Total Cases	Incidence per 1000
Inglewood Unified	0	0	1	0	0	0	0	1	0.06
Keppel Union Elementary	0	0	0	0	0	0	0	0	0.00
La Canada Unified	0	0	1	0	0	0	0	1	0.23
Lancaster Elementary	0	0	0	1	0	0	0	1	0.06
Las Virgenes Unified	0	0	0	0	0	0	0	0	0.00
Lawndale Elementary	0	0	4	0	0	0	0	4	0.62
Little Lake City Elementary	0	0	0	1	0	0	0	1	0.20
Lowell Joint	0	0	0	0	0	0	0	0	0.00
Lynwood Unified	0	0	0	0	0	0	0	0	0.00
Manhattan Beach Unified	0	0	1	0	0	0	0	1	0.16
Monrovia Unified	2	0	2	0	0	0	0	4	0.64
Mountain View Elementary	0	0	0	0	0	0	0	0	0.00
Redondo Beach Unified	0	0	0	0	0	0	0	0	0.00
Rosemead Elementary	0	0	0	0	0	0	0	0	0.00
Rowland Unified	0	0	2	0	1	0	0	3	0.17
San Gabriel Unified	0	0	0	0	0	0	0	0	0.00
Santa Monica-Malibu	0	0	1	8	0	0	0	9	0.74
Saugus Union Elementary	0	0	1	0	0	0	0	1	0.09
South Pasadena Unified	0	0	0	0	0	0	0	0	0.00
South Whittier Elementary	0	0	0	0	0	0	0	0	0.00
Sulphur Springs Union Elementary	0	0	6	0	0	0	0	6	1.05
Temple City Unified	0	0	1	1	2	0	0	4	0.70
Valle Lindo Elementary	0	0	0	0	0	0	0	0	0.00
Walnut Valley Unified	0	0	1	2	0	0	0	3	0.19
West Covina Unified	0	0	3	1	0	0	0	4	0.39
Westside Union Elementary	0	0	1	0	0	0	0	1	0.12
Whittier City Elementary	0	0	2	1	0	0	0	3	0.43
Whittier Union High	0	0	0	0	4	0	0	4	0.54
William S Hart Union High	0	0	0	3	1	0	0	4	0.19
Wilsona Elementary	0	0	1	0	0	0	0	1	0.50
Wiseburn Elementary	0	0	1	0	0	0	0	1	0.46
<b>TOTAL</b>	<b>8</b>	<b>1</b>	<b>79</b>	<b>35</b>	<b>35</b>	<b>0</b>	<b>1</b>	<b>159</b>	



Sexual abuse incidence rates decreased -0.18, ranging from -0.01 to -1.78, and increases ranged from 0.02 to 2.46. Physical abuse incidence rates decreased -0.37, ranging from -0.08 to -5.28, and increases ranged from 0.25 to 8.38. General abuse incidence rates decreased -0.18, ranging from 0.01 to 1.85, and increases ranged from 0.01 to 2.46. Emotional abuse incidence rates decreased slightly (-0.07), ranging from -0.02 to -2.64, and increases ranged from 0.01 to 1.88. On average, Los Angeles County districts showed decreases across all abuse types.

Figures 6 through 9 illustrate the five-year trend data which has been mapped onto geographical representations of districts. These maps indicate which districts show downward trends that are also below current year's county average and which districts show upward trends that are above the current year's county average. Results that are not as conclusive, i.e. Azusa Unified, which shows a downwards trend in physical abuse incidence rate but still above the county average, and El Monte Union High, which shows an upward trend in physical abuse incidence rate but below the county average. It is unclear which direction these districts may go in the future.



Figure 6

**REPORTS OF SUSPECTED SEXUAL ASSAULT**  
**Los Angeles County School Districts - 2006 Five Year Trend**

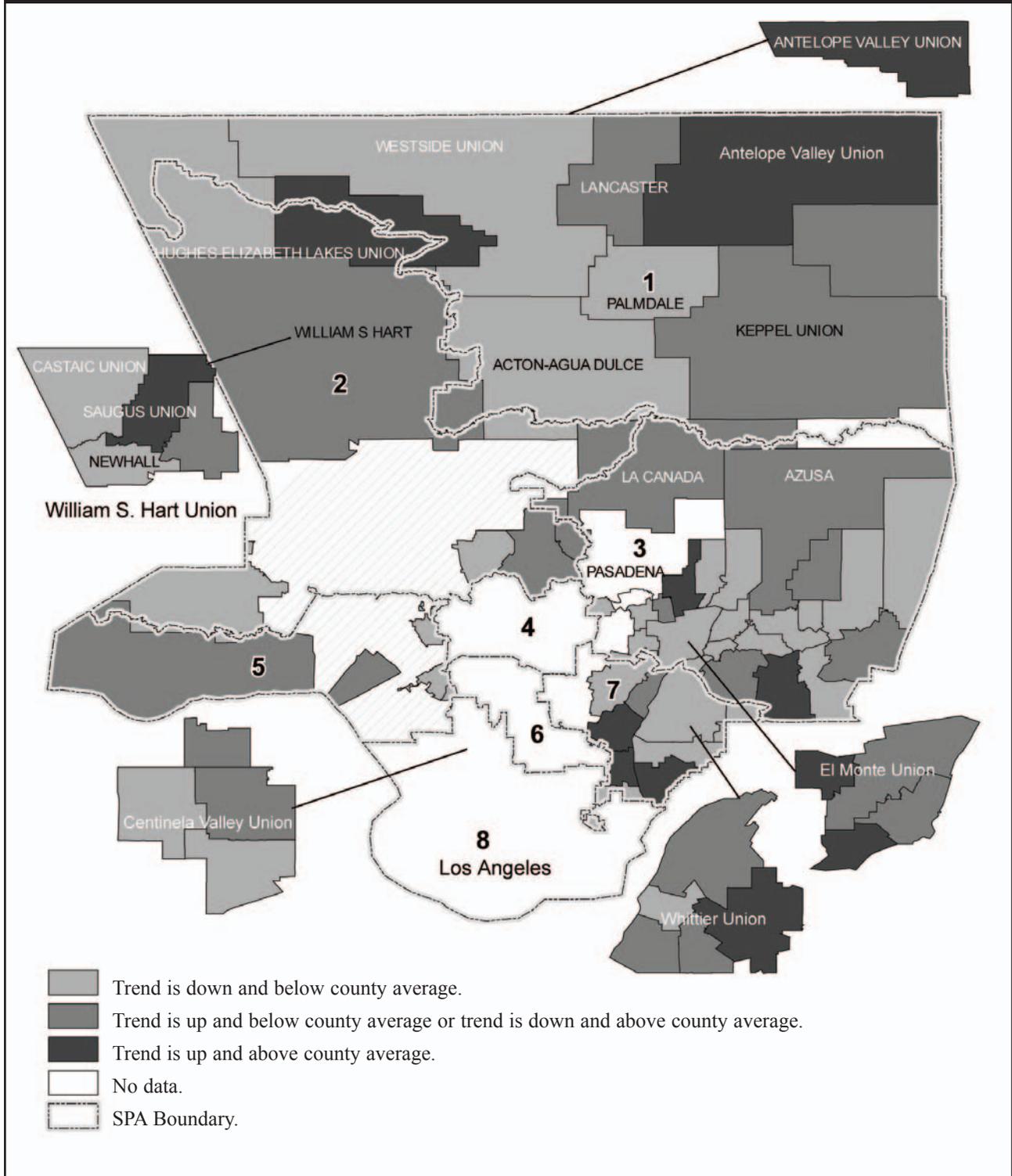




Figure 7

**REPORTS OF SUSPECTED PHYSICAL ABUSE**  
**Los Angeles County School Districts - 2006 Five Year Trend**

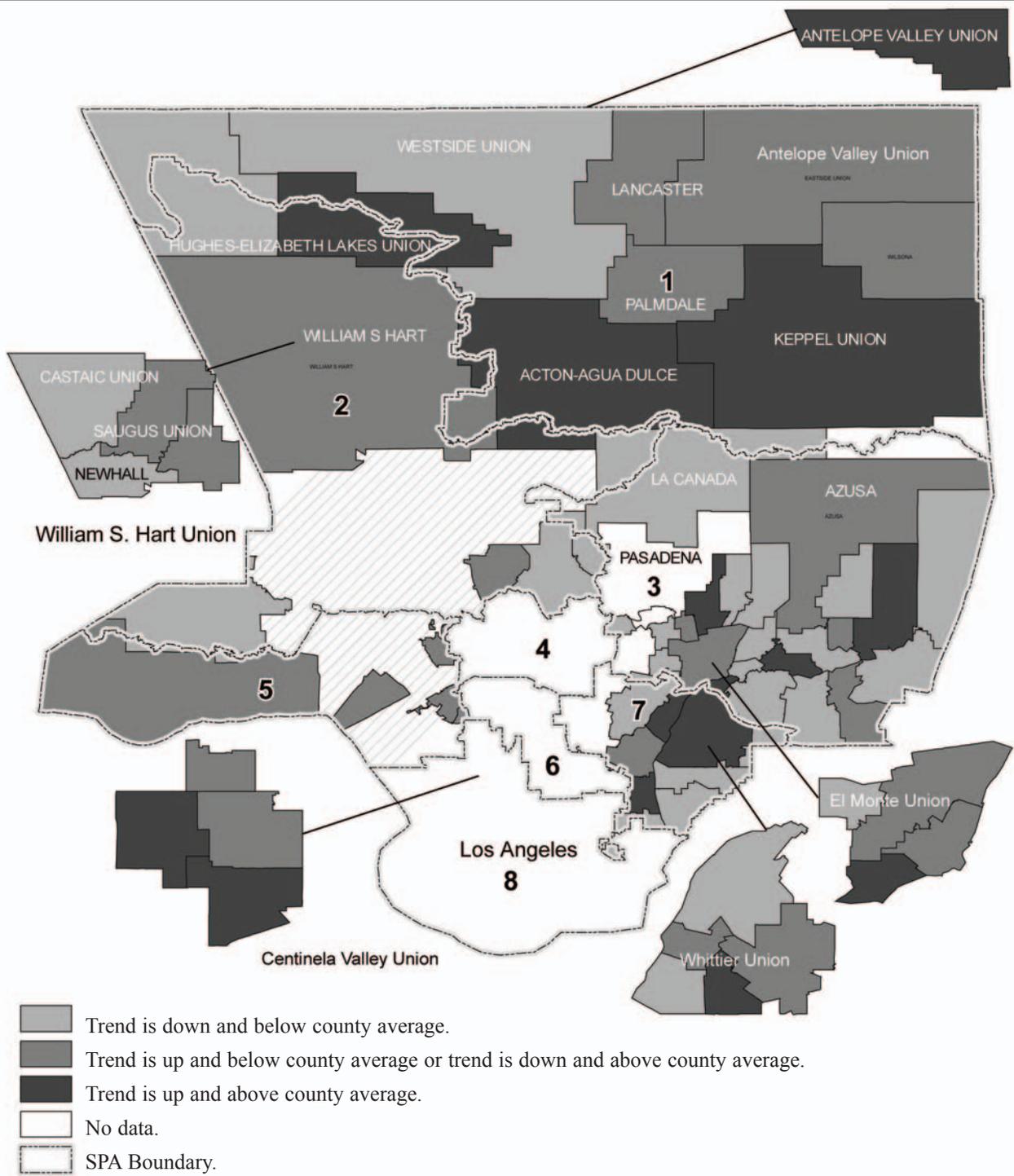




Figure 8

**REPORTS OF SUSPECTED GENERAL NEGLECT  
Los Angeles County School Districts - 2006 Five Year Trend**

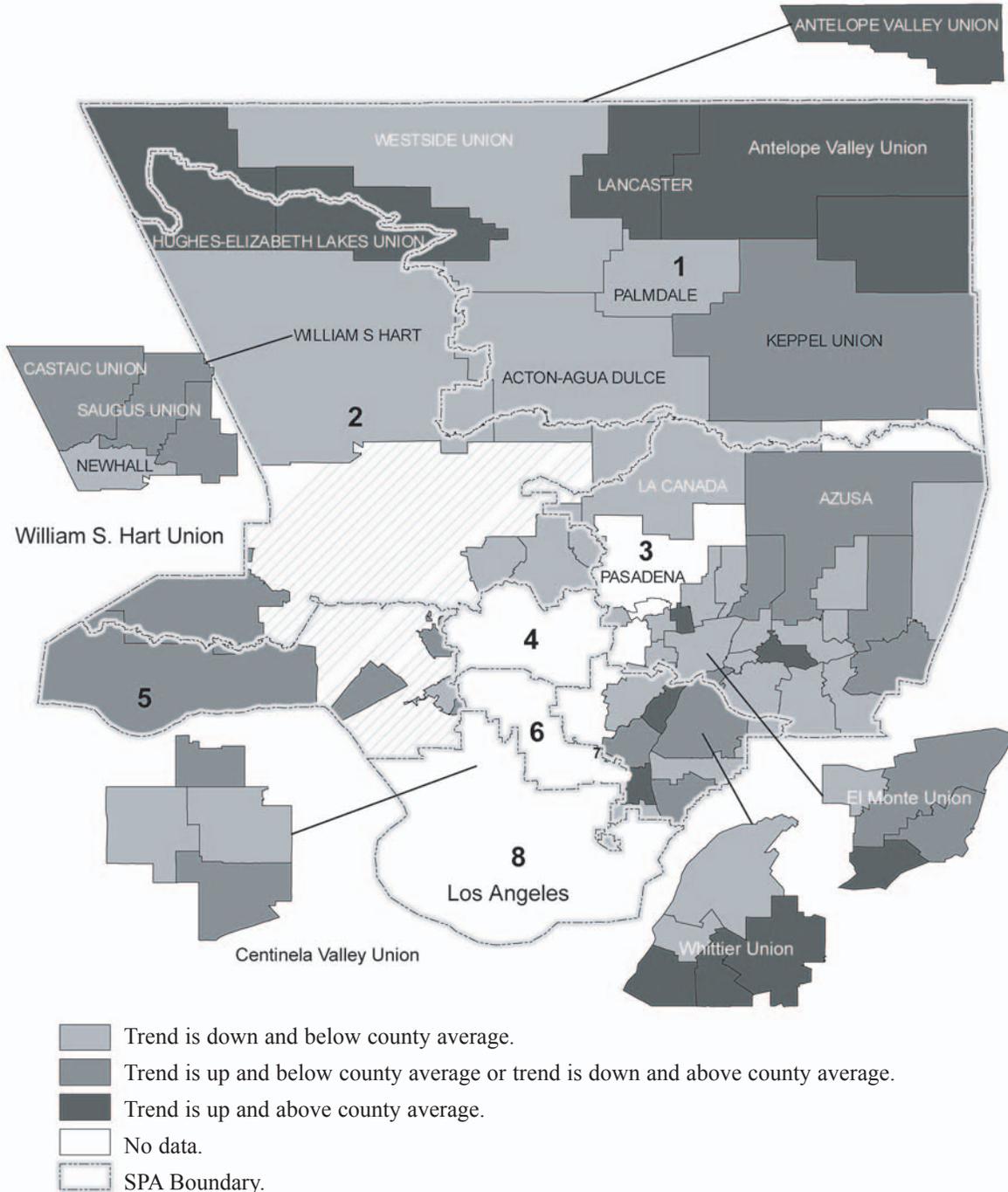
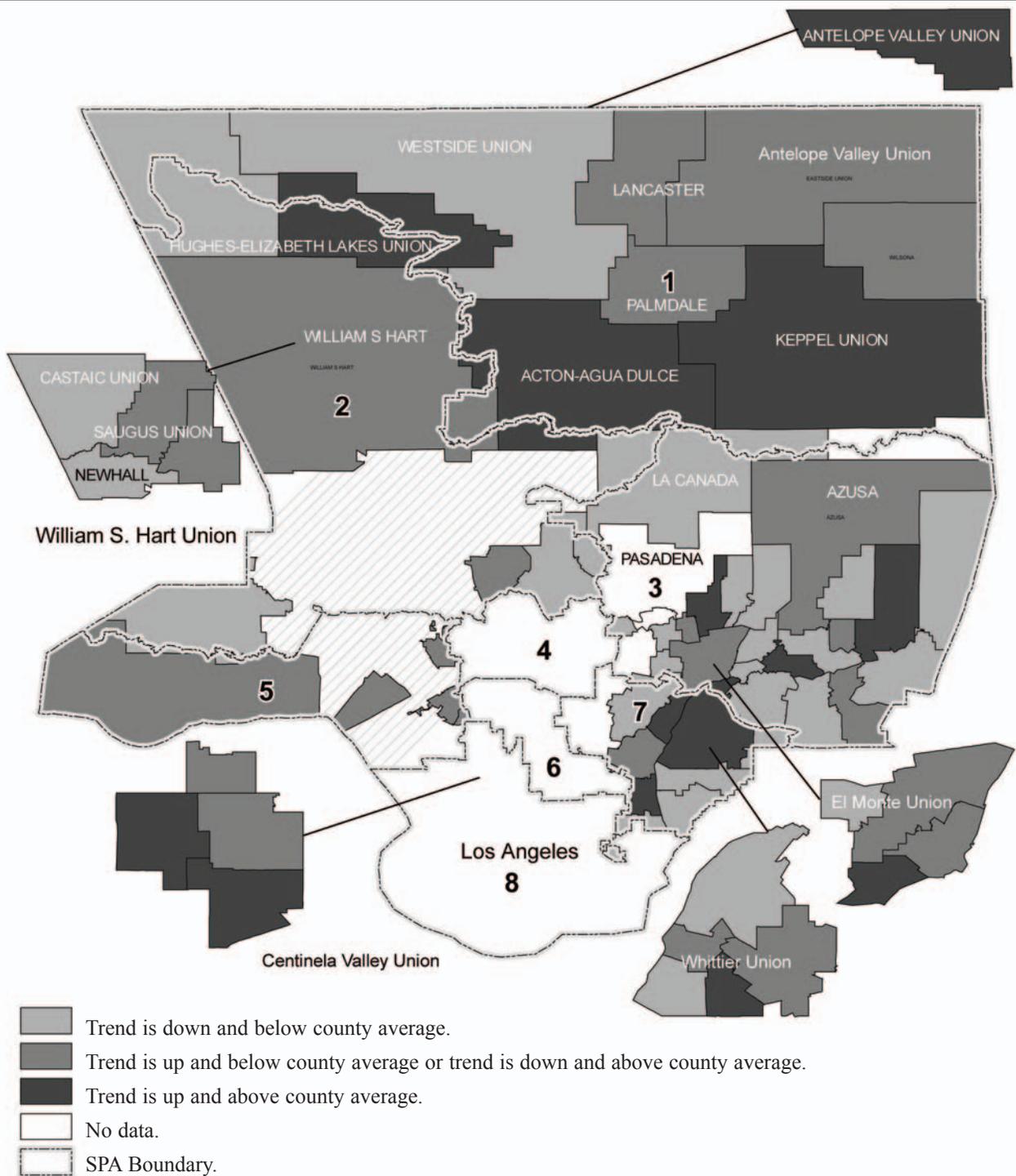




Figure 9

**REPORTS OF SUSPECTED EMOTIONAL ABUSE  
Los Angeles County School Districts - 2006 Five Year Trend**



# LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES

## AGENCY REPORT







## DEPARTMENT OF HEALTH SERVICES

### MATERNAL CHILD & ADOLESCENT HEALTH PROGRAMS

#### Overview

Child abuse and neglect are serious societal problems, which adversely affect a child's development and may negatively impact behavior throughout life. Early childhood is a critical time for child development and provides an important opportunity for nurturing children to assure that they have the ability to reach their productive and creative potential. Child abuse, including physical, sexual, and emotional abuse and neglect adversely shape the developing child, increasing the risk for emotional, behavioral, social and physical problems throughout the child's life. Experiences of trauma or abuse and neglect occurring as early as the first year of life may cause extreme anxiety, depression, inability to form healthy relationships, and a significantly higher propensity for violence later in life.

The mission of Los Angeles County Department of Health Services (DHS) is to improve the health of Los Angeles County residents. DHS recognizes the significant physical, emotional and psychosocial impact of child abuse and neglect on child development. The Department makes every effort to prevent the adverse effects of child abuse by focusing on healthy child development. The Maternal, Child and Adolescent Health Programs (MCAH) is part of the Public Health division of DHS. The mission of the MCAH Programs is to maximize the health and quality of life for all women, infants, children, adolescents and their families in Los Angeles County. It also provides leadership and coordinates programs to ensure optimal maternal health and birth outcomes and healthy child and adolescent development. It identifies risk factors of abuse and tries to ameliorate these through the following Public

Health programs:

- The Maternal Health and Family Planning Administration,
- The Black Infant Health Program,
- The Child and Adolescent Health Program,
- The Children's Health Initiative Program,
- The Children's Health Outreach Program,
- The Childhood Lead Poisoning Prevention Program,
- The Comprehensive Perinatal Services Program,
- The Fetal Infant Mortality Review Program,
- Newborn Screening Program,
- Sudden Infant Death Syndrome Program,
- The Nurse Family Partnership Program, and
- The Prenatal Care Guidance Program.

This report is divided into two sections. The first section provides background information on MCAH programs and their activities related to child abuse and neglect prevention. The second section presents data on infant and child deaths in Los Angeles County. Trends in infant and child deaths are presented over the past 5 years. Data showing deaths by race/ethnicity and Service Planning Area (SPA) are given when available.

*"Protecting Children from Abuse and Neglect",  
The Future of Children, Vol. 8, no. 1. Spring  
1998*



**SECTION 1. HEALTH PROMOTION AND CHILD ABUSE PREVENTION WITHIN MATERNAL, CHILD AND ADOLESCENT HEALTH PROGRAMS (MCAH)**

**BLACK INFANT HEALTH PROGRAM (BIH)**

BIH helps African American women (18 years and older), their infants and families. The State of California developed this community-based program in the late 1980's in response to the disproportionately high infant mortality rates among African Americans. BIH identifies at-risk pregnant and parenting African American women and assists these women to access, receive and utilize health care and other family support services.

Five subcontractors implement two perinatal interventions: Prenatal Care Outreach (PCO) and Social Support and Empowerment (SSE). PCO links pregnant African American women to special health care services that help make prenatal care services more accessible. SSE is a facilitated series of eight classes that combine peer support, health education, and personal skill building for African American women.

BIH ensures access for its clients to a variety of medical and social services by maintaining working relationships with a cross-section of collaborators throughout the County. These collaborators include: March of Dimes, Healthy African American Families, First 5 LA, Women, Infants, and Children (WIC), community, civic, and state leaders, as well as the faith/religious community and obstetrical/gynecological providers.

Although BIH does not directly provide child abuse and domestic violence services, the program creates a culture that encourages client empowerment and awareness of child abuse

issues. By providing social support to the women enrolled in the program, BIH begins to ameliorate some of the underlying risk factors that lead to child abuse.

Preliminary data shows that BIH Program subcontractors served more than 830 African American mothers and their infants during the period from July 1, 2005 through June 30, 2006. During this same period, 193 BIH clients attended Social Support and Empowerment classes.

**THE CHILD AND ADOLESCENT HEALTH PROGRAM (CAH)**

CAH was established in 2001 to promote the health and well-being of children and adolescents within Los Angeles County.

**During Fiscal Year (FY) 2005-2006, special projects have included:**

- Supporting the Family and Children's Index (FCI) Users in the use of FCI; the prevention, identification, management and treatment of child abuse and child neglect; technical assistance to other departments regarding perinatal and prenatal clients; the generation of reports to identify high-risk cases, and the implementation of a survey to evaluate effectiveness of the FCI
- Collaborating with the Family, Children, Community Advisory Council (FCCAC) in conducting an annual conference for child and adolescent professionals on "Understanding and Combating Racial Disparities in Child Welfare;" evaluating policy issues related to family and children violence and distributing 500,000 child abuse prevention bookmarks and other educational materials to community agencies, elementary and middle schools.



- Participate in the Interagency Council on Child Abuse and Neglect (ICAN) Task Force on Pregnant and Parenting Teens to assist in the development of policies and procedures for pregnant and parenting teens in foster care; provide Baby City events for pregnant and parenting teens in Los Angeles County; develop a resource guide for teens; and work with the Department of Public Social Service (DPSS) and the Department of Child and Family Services (DCFS) to conduct reproductive health classes, especially to girls who will emancipate within six months and educate community forums on expanded child sexual abuse laws.
- Work with the Los Angeles Child Abuse Council Chairs to: conduct educational outreach activities that provide current information and networking for families and professionals; provide 12 mandated "Reporter of Suspected Child Abuse" trainings throughout Los Angeles County; coordinate the National Blue Ribbon Campaign/Child Abuse Prevention Month activities; and participate in the second "On the Capitol Steps"-Sacramento child abuse fair and statewide conference.
- Assist the Los Angeles County Child Abuse and Neglect Protocol committee Collaborative in: developing a county-wide protocol to serve as a guideline for professionals to maximize successful interventions for the prevention of child abuse and providing seven trainings to county hospitals on the assessment, reporting, intervention and documentation requirements of suspected child abuse.
- Collaborate with the Perinatal Advisory Council-Leadership, Advocacy Consultation (PAC-LAC) to: coordinate and evaluate countywide "train the trainers" trainings on the Safe Haven Law and develop a framework for hospital-based trainings utilizing the general and enhanced Safely Surrendered Baby (SSB) curriculum.

### **COMPREHENSIVE PERINATAL SERVICES PROGRAM (CPSP)**

CPSP was initiated in 1987 to reduce morbidity and mortality among low-income pregnant women and their infants in California. CPSP is built on the premise that pregnancy and birth outcomes improve when routine obstetric care is enhanced with specific nutrition, health education, and psychosocial services. Based on this foundation, CPSP provides enhanced client-centered, culturally competent obstetric services for eligible low-income, pregnant and postpartum women.

CPSP has functioned as the Medi-Cal Managed Care liaison. It is also working with L.A. Care, Health Net and partners from the subcontracted health plans to identify perinatal risk factors and develop recommendations to improve access to comprehensive perinatal services. By improving pregnancy outcome and providing intrapartum and postpartum support, CPSP can impact and mitigate some of the risk factors that contribute to child abuse.

During FY 2005-2006, there were 487 certified CPSP providers. CPSP staff conducted 38 training sessions on various topics including Breastfeeding, Nutrition, Basic CPSP, Individual Care Assessment, Individual Care Plan, Protocol Development and Domestic Violence Workshops. CPSP staff also collaborated with the Breastfeeding Task Force of



Greater Los Angeles to promote breastfeeding as a strategy for preventing infant deaths and improving infant health, and to improve mother-child bonding. A total of 790 staff from Certified CPSP providers in Los Angeles and neighboring counties attended these trainings.

### **FETAL INFANT MORTALITY REVIEW PROGRAM (FIMR)**

FIMR was implemented in 12 California counties beginning in 1994 to address the problem of fetal and infant death in areas with high rates of perinatal mortality. The goal of the program is to enhance the health of infants and their mothers by examining factors that contribute to fetal, neonatal and post-neonatal deaths and developing and implementing intervention strategies in response to identified needs.

Traditionally, the County conducted FIMR reviews on specially selected cases of fetal and infant death. These reviews involved interviews with mothers by Public Health Nurses (PHN) the completion of a case review of the medical and autopsy records. Following the review, a Technical Review Panel composed of doctors, coroners and public health professionals made recommendations for change to prevent similar fetal and infant deaths from occurring.

In 2003, the Los Angeles County DHS FIMR Program began incorporating the Perinatal Periods of Risk (PPOR) framework into its scope of work. PPOR is a tool to prioritize and mobilize prevention efforts in the community. The revised FIMR project involves analyzing fetal and infant death cases county-wide and recommending appropriate policies and interventions for reducing the mortality rate. This expanded project is known as L.A. HOPE (the Los Angeles Health Outcome of a Pregnancy Event Survey)

### **During FY 2005-2006 the FIMR Program:**

- Continued work with SPA 1 and SPA 6 Healthy Births Learning Collaboratives.
- Developed brochures and a website for women who have lost a baby and may be asked to participate in L.A. Hope. This also includes grief support and resources.
- Conducted presentations for "best practices" model incorporating FIMR findings and L.A. HOPE to Public Health Nurses, Health Educators, Parents and Social Workers.

### **NEWBORN SCREENING PROGRAM**

The goal of the Newborn Screening Program is to prevent catastrophic health consequences and the emotional and financial burden for families caused by genetic and congenital disorders. In August 2005, the program expanded to include screening for over 40 additional newborn disorders. Los Angeles County partners with two Area Service Centers at Harbor UCLA and UCLA Medical Center to monitor births that occur outside of hospitals for missed screenings, to provide follow-up referrals for these missed screens and to ensure that infants with positive screens are referred for appropriate services. In addition, the program provides outreach and education to the community on genetic disorders and resources available to families affected by these conditions.

### **During FY 2005-2006 the Los Angeles County Newborn Screening Program:**

- Conducted 5 trainings to increase awareness of the Newborn Screening Program and the recent expansion of diseases in its panel.



- Received 412 notices on outside of hospital deliveries.
- Received 24 referrals for missed or positive genetic screens. These babies have been located and referred for follow-up.

### **SUDDEN INFANT DEATH SYNDROME PROGRAM (SIDS)**

In compliance with State mandates, the coroner reports all presumptive SIDS deaths to the California Department of Health Services and the Los Angeles County SIDS Program. Subsequently, the assigned PHN provides grief and bereavement case management services to parents and family members, foster parents, and other childcare providers. The program staff's outreach and training on SIDS risk reduction focuses on the importance of placing healthy infants to sleep on their backs, of providing a smoke-free, safe-sleep environment, and it disseminates information about other identified risk factors.

#### **During FY 2005-2006, SIDS Program coordinated the following activities:**

- Conducted ten SIDS risk reduction and co-sleeping presentations to PHNs, social workers, crisis response team volunteers, and other nurses and professionals.
- Developed the bed sharing (co-sleeping) brochure: "Where Will My Baby Sleep."
- Developed protocols and procedures for educating Newborn Nursery Staff caring for infants in the Mother Baby Units (MBU) in Los Angeles County hospitals.
- Developed and administered a survey for newborn nursery staff to evaluate the effectiveness of trainings and adherence by the nursery staff to the new American Academy of Pediatrics recommendations.

### **NURSE FAMILY PARTNERSHIP (NFP)**

NFP is an intensive home visitation program that employs Dr. David Olds' "Prenatal and Early Childhood Nurse Home Visitation" model. The model has been empirically studied for over 30 years; it targets low-income, socially disadvantaged, first-time mothers and their children to help improve pregnancy outcomes, the quality of parenting and the associated child health and maternal life-course development.

#### **NFP replicates the Olds model to improve these outcomes among program participants:**

- Increase the number of normal weight infants delivered;
- Decrease the number of mothers who smoke;
- Decrease the number of substantiated reports of child abuse or neglect;
- Decrease the number of emergency room and urgent care encounters for injuries or ingestion of poisons among infants and toddlers;
- Increase the number of mothers in the labor force;
- Increase the number of mothers who are enrolled in school or a GED program;
- Reduce the number of mothers who use alcohol during pregnancy; and
- Delay subsequent pregnancies.

PHNs conduct home visits that begin before the mother's 28th week of pregnancy, and continue through the second year of the child's life. Home visits focus on personal health, environmental health, child discipline, childcare, maternal role development, maternal life course development, and social support.



PHNs assess mothers' and newborns' needs and provide them with intervention services (e.g., referrals, education or counseling) for any identified problems. When the infant is approximately 10 weeks old, PHNs discuss with the parents to the importance of nurturing children through physical and emotional security, trust, and respect. When the baby is approximately five months old, PHNs discuss topics on violence such as sexual abuse, emotional abuse and physical abuse of children with the parents. If, during a visit, a PHN notices risk factors for child abuse or neglect, the PHN will refer the family for additional social services and support.

During FY 2005-2006, NFP served approximately 132 first-time pregnant young mothers with 16-19 public health nurses (PHNs). In addition, NFP also participated in the Department of Children and Family Services/Interagency Council on Child Abuse and Neglect (ICAN) Policy Committee, the Pregnant and Parenting Teens Workgroup to incorporate NFP and Prenatal Care Guidance (PCG) programs into the services they will be giving to identified teens who get pregnant while receiving protective services, and on the Prenatal Alcohol and Drug Exposed (PADE) Newborn workgroup to develop a computerized tracking system to enhance monitoring and service provision for the women and their newborns reported for protective services.

**PRENATAL CARE GUIDANCE PROGRAM (PCG)**

Los Angeles County implemented the PCG in 1985 to provide home visitation, individualized case management, health education, coordination of referrals and community outreach services to Medi-Cal eligible pregnant women. The program emphasizes access to appropriate prenatal care, parenting skills and

overall quality of family life as a means to achieve improved maternal and fetal outcomes. Public and private agencies and organizations, schools, juvenile health facilities, County DHS clinics, and other community-based organizations refer women to the program. All referrals are screened for eligibility into the program.

Eligible women must be of childbearing age, pregnant or possibly pregnant and fall into high-risk medical, educational and psychosocial categories that increase the likelihood of poor maternal and fetal outcomes. Some of these categories include poverty, ages less than 16 or over 35 years, substance abuse (tobacco, drug, and alcohol), high-risk behaviors (gang involvement, multiple sexual partners), homelessness, lack of a social support system, and having delivered a low birth weight infant. These are also some of the same risk factors for child abuse.

During FY 2005-2006, PCG served approximately 52 first-time mothers with four PHNs. In addition, PCG has spent the last two years developing measurable outcomes and exploring avenues that maximize the outreach efforts to high-risk prenatal patients. Among the efforts are:

- Established linkage to both the Department of Children and Family Services and the Probation Department to better serve high-risk pregnancies.
- Developing and implementing a Pregnant and Parenting Teen Education and Referral Program within the Juvenile Court Health Services.
- Implementing monthly health education sessions for pregnant/parenting minors who are being released from Probation Halls/Camps in Los Angeles County Service Planning Areas (SPAs) 3 (San Gabriel) and 8 (South Bay).



NFP and PCG programs continue to collaborate with DHS programs, the Los Angeles County Probation Department, the Los Angeles County Department of Children and Family Services and the Los Angeles County Department of Mental Health to provide outreach and intervention for pregnant and parenting teens who are in juvenile detention facilities. Both these programs are committed to working with these other departments, mothers and their babies to ameliorate the risk factors that may lead to child abuse.

### **CHILDHOOD LEAD POISONING PREVENTION PROGRAM (CLPPP)**

CLPPP aims to reduce the incidence of lead exposure in children and to provide a comprehensive response to support lead -exposed children and their families through assessment, policy development and assurance. Specific program activities include surveillance, provider and public health education, nursing case management, environmental inspection and follow-up and referral to remediation services for the families of lead-poisoned children.

CLPPP encourages all nurse case managers to participate in child abuse reporting training. This effort is to ensure that all case managers are aware of their roles and responsibilities in reporting any suspected or potential instance of child abuse as they conduct home assessments.

### **CHILDREN'S HEALTH INITIATIVE PROGRAM (CHI)/ CHILDREN'S HEALTH OUTREACH INITIATIVES PROGRAM (CHOI)**

CHI serves as a policy and planning "think tank" on children's issues within MCAH. It also serves as a liaison with other DHS programs and outside offices working on children's health

issues. CHOI was established in 1997 to provide coordinated outreach to low-income children in order to enroll them in health insurance programs. Through this activity, CHOI hopes to reduce the number of uninsured children in Los Angeles County.

A representative from CHI/CHOI serves on the ICAN Legal Issues Committee, a county-wide group that convenes each spring to review pending legislation pertaining to child abuse and child protection. The committee informs and makes recommendations to the ICAN.

## **SECTION 2. OVERVIEW OF LAC CHILD DEATH AND HOSPITALIZATION DATA**

### **A. Death Related to Child Abuse and Neglect**

#### **a. Death Rates and Causes of Death Among Infants**

Infant mortality rate is defined as the number of infant deaths occurring at less than 365 days of age per 1,000 live births. Factors associated with infant mortality include: race/ethnicity, pre-maturity, low birth weight, maternal substance use or abuse (e.g. alcohol, tobacco and illicit drug), inadequate prenatal care, maternal medical complications during pregnancy, short inter-pregnancy intervals, injury and infection.

Infant mortality rates for Los Angeles County have been stable around 5.4 infant deaths per 1,000 live births between 2000 and 2004. In 2004, the infant mortality rate dropped to 5.0 infant deaths per 1,000 live births (Figure 1) a 7.4 percent decrease from the previous year.

Figure 2 shows infant mortality rates by race/ethnicity in Los Angeles County between 2000 and 2004. Although Hispanics comprised the highest number of infant deaths, which consisted of more than half of all infant deaths in



Los Angeles County, African Americans continued to experience disproportionately higher rates compared to other race/ethnic groups. In 2004, African Americans experienced the highest infant mortality rate (11.7 per 1,000 live births), nearly three times higher than Whites (5.0 per 1,000 live births).

Los Angeles County is divided into eight Service Planning Areas (SPAs) for health planning purposes. Within the LACDHS Public Health organizational structure, each SPA has an Area Health Officer that is responsible for public health and clinical services planning according to the health needs of local communities.

Figure 3 presents infant mortality by Service Planning Area between 2000 and 2004. Infant mortality rates have decreased for all SPAs with the exception of San Fernando Valley (SPA 2). Between 2003 and 2004, SPA 2 experienced a 30.2 percent increase in infant mortality rates (from 4.3 per 1,000 live births to 5.6 per 1,000 live births).

### **b. Death Rates and Causes of Death Among Children**

The Child Death Rate used in this report measures the number of deaths among children ages 1-17, per 100,000 children, regardless of the cause of death. This means that both natural health-related causes and preventable causes of death such as homicide, suicide, and certain diseases are included in the measurement.

In terms of leading causes of deaths among children ages 0 to 19 in Los Angeles County, homicides continue to be the number one cause of deaths among adolescents ages 13 to 19 years (Table 4), while congenital malformations were the leading cause of death among infants (Table 3). Accidents (unintentional injuries) were the leading cause of death among children ages 1 to 4 (Table 4).

Figure 4 shows child abuse related death rates among infants in Los Angeles County. The highest infant death rate was 4.6 per 100,000 live births (n=7) in 2001. From 2000 to 2004 the infant death rate has increased from 2.5 to 3.3 per 100,000 live births.

Figure 4 also shows child abuse related infant death rates by gender in Los Angeles County between 2000 and 2004. The highest child abuse related death rate for female infants was 4.0 per 100,000 live births (n=3) in 2001 and 5.1 per 100,000 live births (n=4) in 2001 for male infants.

From 2000 to 2004 the LAC child death rate decreased from 23.3 deaths per 100,000 children to 20.6, representing a 11.6 percent decrease (Figure 5).

Figure 6 shows child death rates by race/ethnicity in Los Angeles County for 2004. The child death rate was more than twice as high for African Americans (41.9 per 100,000 population) than Hispanics (18.8), followed by Whites (17.4) and Asian/Pacific Islanders (15.0).

Figure 7 presents child death rates by SPAs in Los Angeles County in 2004. The child death rate was highest in SPA 6 (South) at 36.7 per 100,000 followed by SPA 1 (Antelope Valley) at 27.8 and SPA 2 (San Fernando) at 20.3. SPA 5 (West) had the lowest child death rate at 12.3.

Figure 8 shows the child abuse related death rates among children ages 1 to 17 by gender in Los Angeles County. The child abuse death rate for both boys and girls was 0.2 per 100,000 population ages 1 to 17 (n=2 for each gender) in 2004. From 2000 to 2004, the child abuse death rate has seen no major increase or decrease in rates.



## LIMITATIONS OF DATA

Presenting information on child abuse outcomes is at times limited by both the small numbers of cases and agency specific age group reporting requirements.

Deaths related to child abuse and neglect may be underreported in death records. The true number of cases may not be reflected in death records when pending case investigations are not completed for death registration recording.

The small number of hospitalizations due to child abuse and neglect may be artificially low due to poor documentation or underreporting in hospital discharge records. In addition, deaths to child abuse are difficult to track and are not the best indicator of child abuse trends, since many cases of abuse do not result in death.

## SUMMARY OF FINDINGS

- Infant mortality rates for Los Angeles County had been stable around 5.4 infant deaths per 1,000 live births between 2001 and 2003. In the year 2004, the infant death rate dropped slightly to 5.0 infant deaths per 1,000 live births (Figure 1).
- African Americans have the highest infant mortality rate of all races (11.7 deaths per 1,000 live births in 2004) (Figure 2).
- SPA 6 (South) and SPAs 1 and 2 (Antelope Valley and San Fernando, respectively) have the highest infant mortality rates. In 2004, the infant mortality rate for the South was 6.0 deaths per 1,000 live births. Antelope Valley and San Fernando had the second highest infant mortality rate in Los Angeles County at 5.6 deaths per 1,000 live births (Figure 3). It should be noted that from 2003 to 2004 the infant mortality rate for

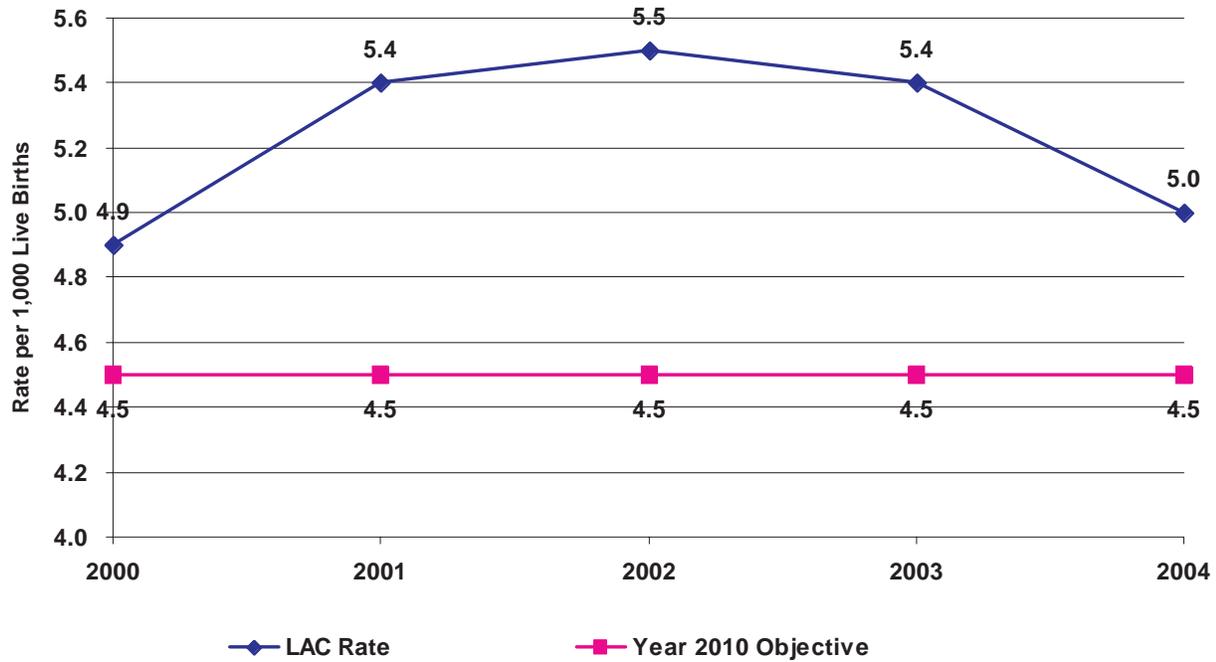
the Antelope Valley decreased 42.2 percent (Table 2).

- Overall child abuse related infant death rates have remained relatively low between 2000 and 2004. The overall rate of child abuse related infant deaths in 2004 is 3.3 deaths per 100,000 live births. The male infant death rate related to child abuse is higher than that of female infants (3.9 vs 2.7 deaths per 100,000 live births, respectively) (Figure 4).
- Between 2000 and 2004, child death rates among children ages 1 to 17 decreased from 23.3 per 100,000 to 20.6 deaths per 100,000 in 2004 (Figure 5). Among race/ethnic groups, African American children ages 1 to 17 had the highest death rate at 41.9 deaths per 100,000 in 2004 (Figure 6). Among SPAs, SPA 6 (South) had the highest rate at 36.7 deaths per 100,000 followed by SPA 1 (Antelope Valley) at 27.8 deaths per 100,000 (Figure 7).
- In 2004, the leading cause of death among infants was congenital malformations, deformations and chromosomal abnormalities (Table 3).



Figure 1

**DEPARTMENT OF HEALTH SERVICES INFANT MORTALITY RATE,  
LOS ANGELES COUNTY, 2000-2004**



**Note:** Note: Infant mortality rate is defined as infant deaths occurring at less than 365 days of age per 1,000 live births

**Source:** California Department of Health Services, Center for Health Statistics, Vital Statistics, 2000-2004



Figure 2

DEPARTMENT OF HEALTH SERVICES  
INFANT MORTALITY RATE BY RACE/ETHNICITY, LOS ANGELES COUNTY, 2004

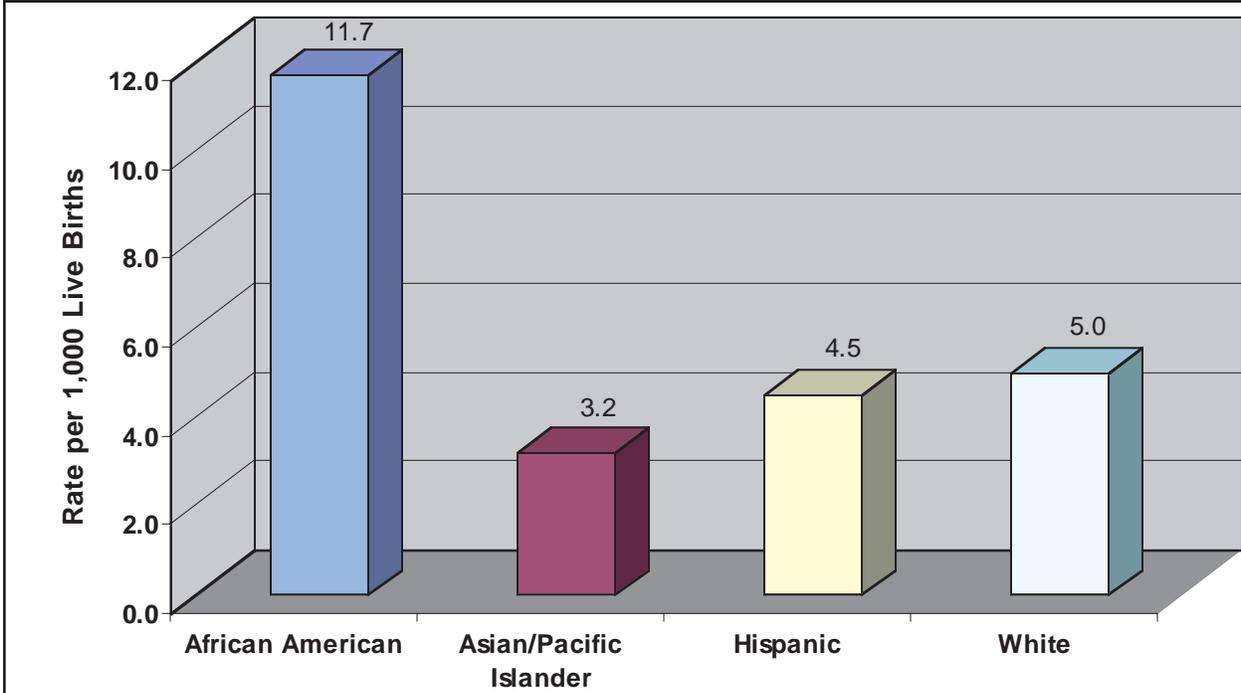


Table 1

DEPARTMENT OF HEALTH SERVICES INFANT MORTALITY RATE  
BY RACE/ETHNICITY, LOS ANGELES COUNTY, 2000-2004

African American	Year	2000	2001	2002	2003	2004
	Number of Deaths	172	145	157	145	136
	Number of Live Births	13,468	12,671	11,973	11,849	11,610
	Rate	12.8	11.4	13.1	12.2	11.7
Asian/Pacific Islander	Year	2000	2001	2002	2003	2004
	Number of Deaths	38	57	63	57	53
	Number of Live Births	16,401	15,537	15,924	16,326	16,611
	Rate	2.3	3.7	4.0	3.5	3.2
Hispanic	Year	2000	2001	2002	2003	2004
	Number of Deaths	430	491	459	490	428
	Number of Live Births	97,719	96,288	94,742	95,070	94,894
	Rate	4.4	5.1	4.8	5.2	4.5
White	Year	2000	2001	2002	2003	2004
	Number of Deaths	133	132	144	126	137
	Number of Live Births	29,094	28,179	27,674	28,060	27,439
	Rate	4.6	4.7	5.2	4.5	5.0



Figure 3

**DEPARTMENT OF HEALTH SERVICES INFANT MORTALITY RATE BY SERVICE PLAN AREA (SPA), LOS ANGELES COUNTY, 2004**

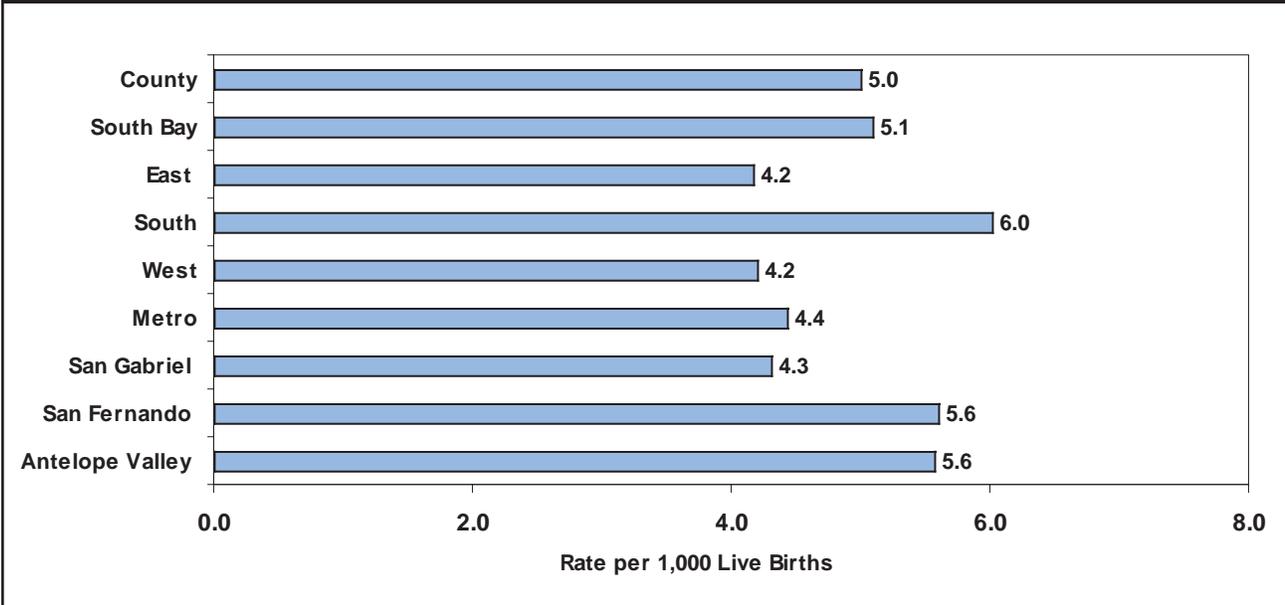


Table 2

**DEPARTMENT OF HEALTH SERVICES INFANT MORTALITY RATE BY SERVICE PLAN AREA (SPA), LOS ANGELES COUNTY, 2000-2002**

	2000			2001			2002		
	Infant Deaths	Live Births	Rate/ 1,000	Infant Deaths	Live Births	Rate/ 1,000	Infant Deaths	Live Births	Rate/ 1,000
Antelope Valley	29	4,675	6.2	43	4,568	9.4	52	4,903	10.6
San Fernando	120	30,053	4.0	157	29,337	5.4	145	29,163	5.0
San Gabriel	144	27,896	5.2	126	26,452	4.8	134	25,690	5.2
Metro	85	18,383	4.6	108	17,848	6.1	92	17,155	5.4
West	13	6,703	1.9	25	6,766	3.7	24	6,655	3.6
South	151	21,911	6.9	143	22,147	6.5	136	21,981	6.2
East	79	23,269	3.4	106	22,619	4.7	105	22,243	4.7
South Bay	149	24,190	6.2	116	23,256	5.0	124	22,885	5.4
<b>COUNTY TOTAL</b>	<b>777</b>	<b>157,391</b>	<b>4.9</b>	<b>828</b>	<b>153,523</b>	<b>5.4</b>	<b>825</b>	<b>151,167</b>	<b>5.5</b>



Table 2 (continued)

**DEPARTMENT OF HEALTH SERVICES INFANT MORTALITY RATE BY SERVICE PLAN AREA (SPA), LOS ANGELES COUNTY, 2003-2004**

	2003			2004		
	Infant Deaths	Live Births	Rate/1,000	Infant Deaths	Live Births	Rate/1,000
Antelope Valley	48	4,948	9.7	29	5,210	5.6
San Fernando	126	29,318	4.3	162	28,930	5.6
San Gabriel	127	25,839	4.9	111	25,786	4.3
Metro	87	17,153	5.1	76	17,173	4.4
West	31	6,889	4.5	29	6,894	4.2
South	145	22,231	6.5	135	22,418	6.0
East	107	22,162	4.8	92	22,038	4.2
South Bay	138	23,328	5.9	116	22,802	5.1
<b>COUNTY TOTAL</b>	<b>822</b>	<b>152,192</b>	<b>5.4</b>	<b>757</b>	<b>151,504</b>	<b>5.0</b>

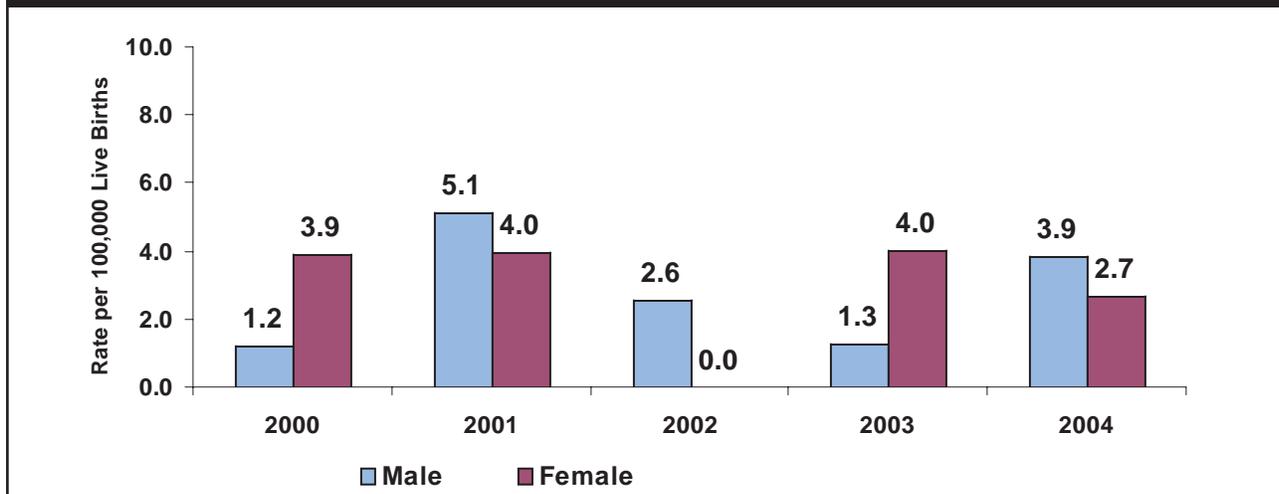
**Note:** Infant mortality rate is defined as infant deaths occurring at less than 365 days of age per 1,000 live births

**Note:** Designation of SPA was based on zip codes (published in April 2003).  
Published SPA statistics based

**Source:** California Department of Health Services, Center for Health Statistics, Vital Statistics, 2000-2004

Figure 4

**DEPARTMENT OF HEALTH SERVICES CHILD ABUSE RELATED INFANT DEATH RATES BY GENDER, LOS ANGELES 2000-2004**



**Note:** Diagnoses for child abuse injury include International Classification of Diseases 10th Revision (ICD 10). Sum of each gender total may not add up to both gender total due to records that are not specified to any gender.

**Source:** California Department of Health Services, Center for Health Statistics, Vital Statistics, 2000-2004



	Male			Female			Total		
	Number of Deaths	Number of Live Births	Death Rate	Number of Deaths	Number of Live Births	Death Rate	Number of Deaths	Number of Live Births	Death Rate
2000	1	80,595	1.2	3	76,794	3.9	4	157,391	2.5
2001	4	78,141	5.1	3	75,376	4.0	7	153,523	4.6
2002	2	77,329	2.6	0	73,836	0.0	2	151,167	1.3
2003	1	77,947	1.3	3	74,241	4.0	4	152,192	2.6
2004	3	77,378	3.9	2	74,124	2.7	5	151,504	3.3

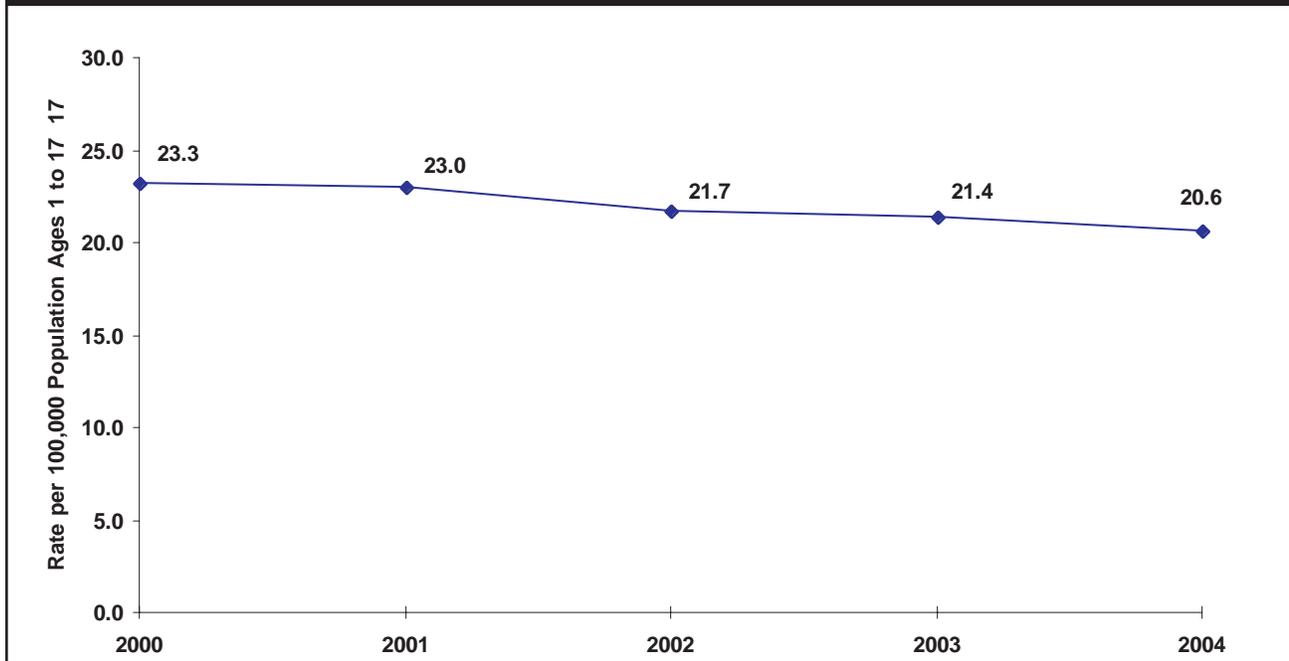
**Note:** Diagnoses for child abuse injury include International Classification of Diseases 10th Revision (ICD 10) codes Y06-Y07

Sum of each gender total does not add up to both gender total due to records that are not specified to any gender

**Source:** California Department of Health Services, Center for Health Statistics, Vital Statistics, 2000-2004

Figure 5

**DEPARTMENT OF HEALTH SERVICES CHILD DEATH RATE AMONG CHILDREN AGES 1 TO 17, LOS ANGELES COUNTY, 2000-2004**



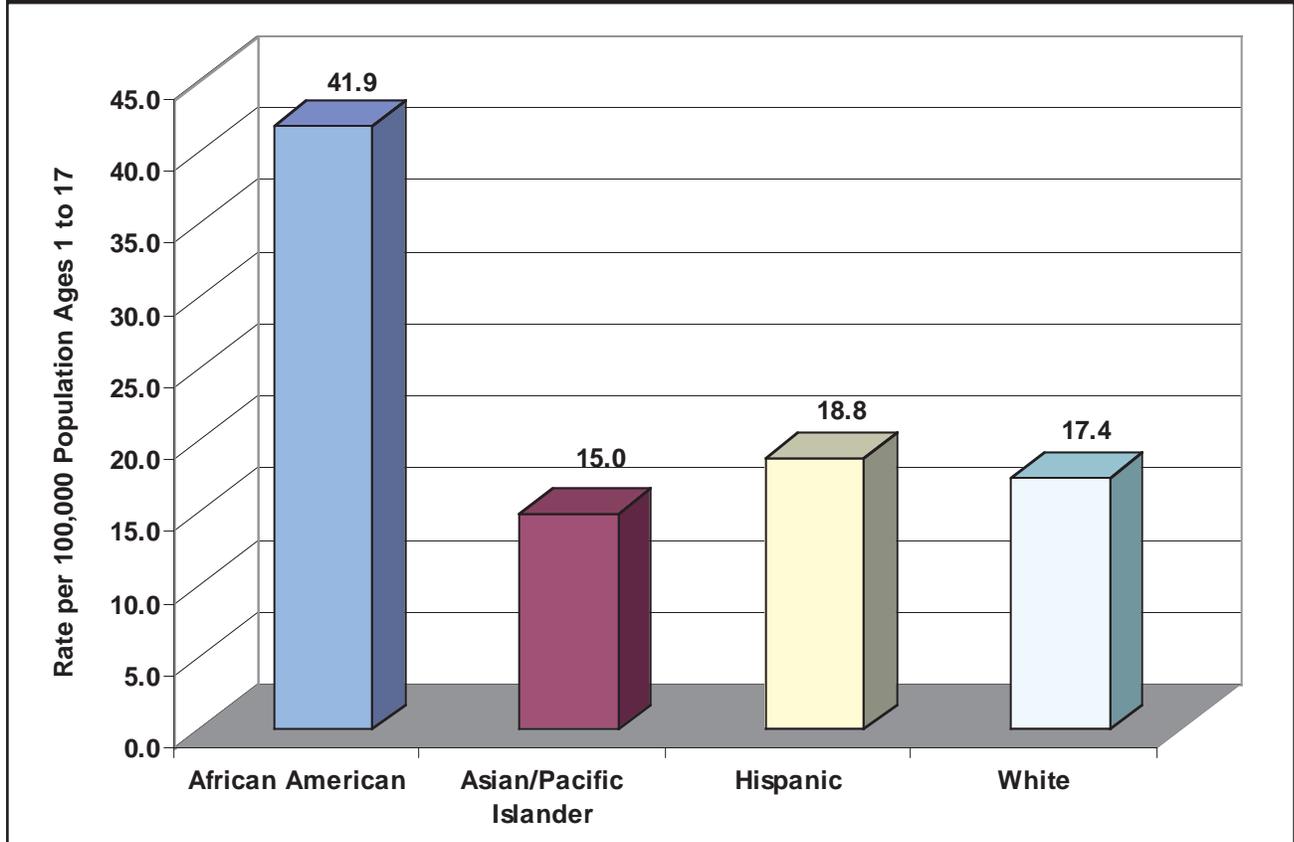
**Note:** Child death rate is defined as the number of deaths occurring in children ages 1 to 17 per 100,000 population ages 1 to 17

**Sources:** California Department of Health Services, Center for Health Statistics, Vital Statistics, 2000-2004  
 State of California, Department of Finance, Race/Ethnic Population Estimates with Age and Sex Details, 1970-2050, Sacramento, California, May, 2004



Figure 6

**DEPARTMENT OF HEALTH SERVICES CHILD DEATH RATE AMONG CHILDREN AGES 1 TO 17 BY RACE/ETHNICITY, LOS ANGELES COUNTY, 2004**



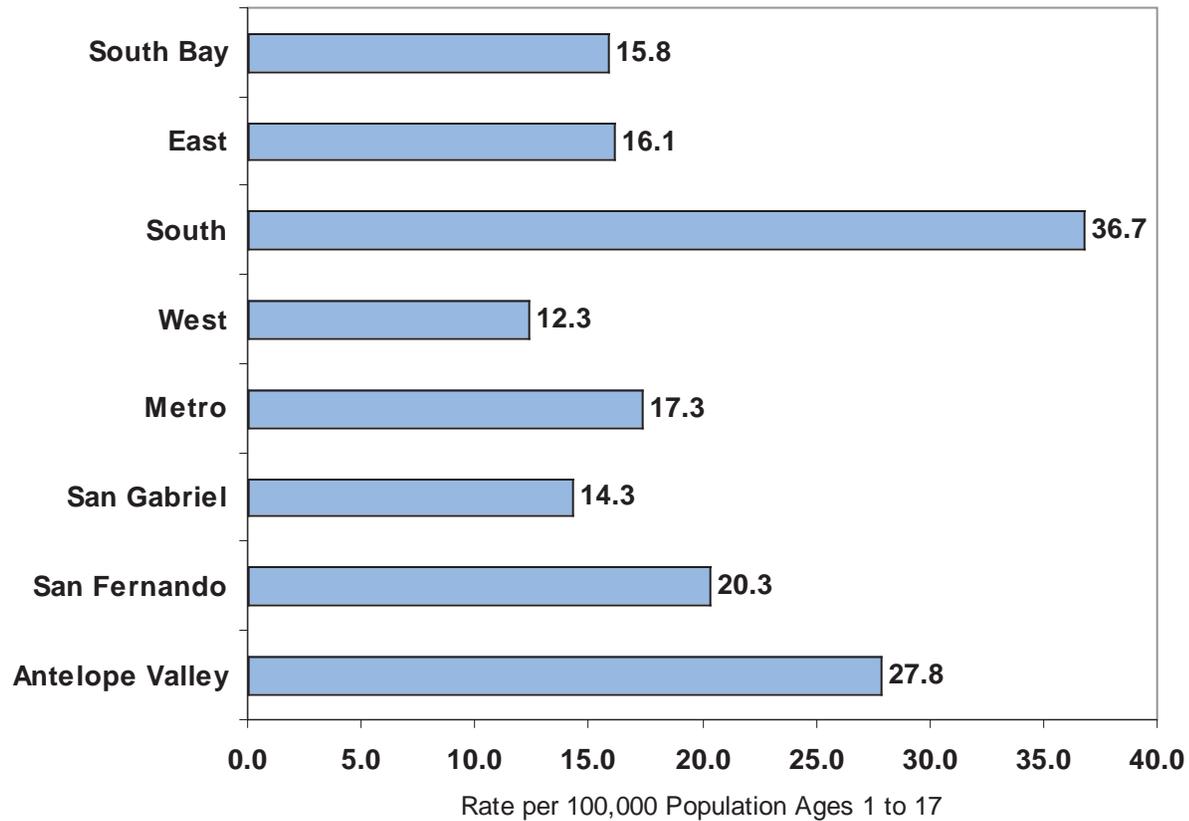
**Note:** Child death rate is defined as the number of deaths occurring in children ages 1 to 17 per 100,000 population ages 1 to 17

**Sources:** California Department of Health Services, Center for Health Statistics, Vital Statistics, 2004 Los Angeles County, Department of Health Services, Data Collections & Analysis Unit, 2004 Population Estimate Projections, June 2005 Release



Figure 7

**DEPARTMENT OF HEALTH SERVICES CHILD DEATH RATE AMONG CHILDREN AGES 1 TO 17 BY SERVICE PLANNING AREA (SPA), LOS ANGELES COUNTY, 2004**



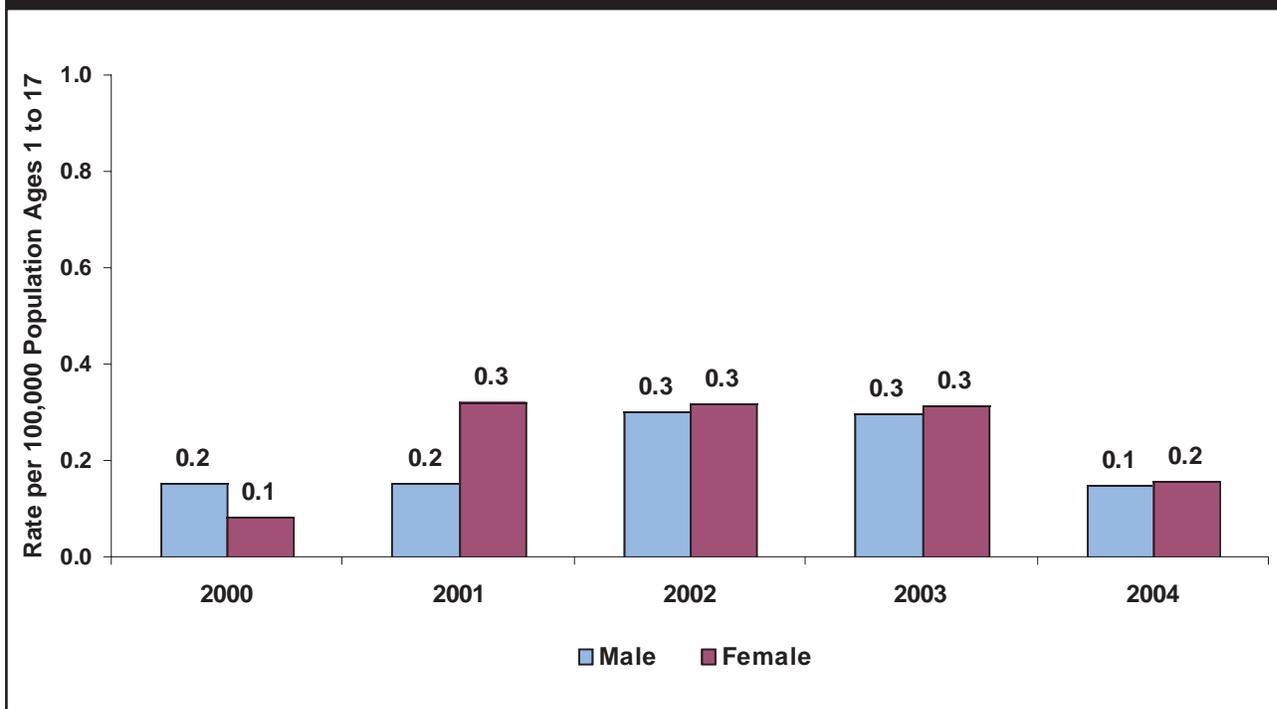
**Note:** Child death rate is defined as the number of deaths occurring in children ages 1 to 17 per 100,000 population ages 1 to 17

**Sources:** California Department of Health Services, Center for Health Statistics, Vital Statistics, 2004 Los Angeles County, Department of Health Services, Data Collections & Analysis Unit, Estimate Projections, June 2005 Release



Figure 8

**DEPARTMENT OF HEALTH SERVICES CHILD ABUSE RELATED DEATH RATE AMONG CHILDREN AGED 1 TO 17 BY GENDER, LOS ANGELES COUNTY, 2000-2004**



	Male			Female			Total		
	Number of Deaths	Population	Death Rate	Number of Deaths	Population	Death Rate	Number of Deaths	Population	Death Rate
2000	2	1,295,238	0.2	1	1,233,687	0.1	3	2,528,925	0.1
2001	2	1,305,747	0.2	4	1,245,687	0.3	6	2,551,434	0.2
2002	4	1,320,940	0.3	4	1,262,549	0.3	8	2,583,489	0.3
2003	4	1,335,688	0.3	4	1,277,389	0.3	8	2,613,077	0.3
2004	2	1,338,724	0.1	2	1,281,104	0.2	4	2,619,828	0.2

**Note:** Diagnoses for child abuse injury include International Classification of Diseases 10th Revision (ICD 10) codes Y06-Y07

**Sources:** California Department of Health Services, Center for Health Statistics, Vital Statistics, 1999-2003

State of California, Department of Finance, Race/Ethnic Population Estimates with Age and Sex Details. 1970-2050, Sacramento, California, May, 2004

Due to the updated population estimates, rates calculated in previous ICAN DHS reports may not be comparable



**Table 3**

**DEPARTMENT OF HEALTH SERVICES LEADING CAUSES OF DEATH FOR CHILDREN LESS THAN 1 YEARS OLD, LOS ANGELES COUNTY, 2004**

Congenital Malformations, Deformations & Chromosomal Abnormalities
Disorders Related to Short Gestation & Low Birthweight, Not Elsewhere Classified
Other Perinatal Conditions
Hemorrhagic & Hematological Disorders of Newborn
Other Symptoms, Signs & Abnormal Clinical & Laboratory Findings, Not Elsewhere Classified

**Table 4**

**DEPARTMENT OF HEALTH SERVICES LEADING CAUSES OF DEATH FOR CHILDREN BY AGE CATEGORIES, LOS ANGELES COUNTY, 2004**

Children Ages 1 to 4
Accidents (Unintentional Injuries)
Congenital Malformations, Deformations & Chromosomal Abnormalities
Malignant Neoplasms
Diseases of the Respiratory System
Assault (Homicide)
Children Ages 5 to 12
Malignant Neoplasms
Accidents (Unintentional Injuries)
Congenital Malformations, Deformations & Chromosomal Abnormalities
Diseases of the Nervous System
Assault (Homicide)
Youth Ages 13 to 19
Assault (Homicide)
Accidents (Unintentional Injuries)
Malignant Neoplasms
Intentional Self-Harm (Suicide)
Diseases of the Nervous System

Source: California Department of Health Services, Center for Health Statistics, Vital Statistics, 2004



Table 5

**DEPARTMENT OF HEALTH SERVICES CHILD ABUSE RELATED  
HOSPITALIZATIONS AMONG CHILDREN AGED 14 AND UNDER,  
LOS ANGELES COUNTY, 2003**

Age	Male			Female			Total		
	Number	Population	Rate	Number	Population	Rate	Number	Population	Rate
Less Than 1	16	78,084	20.5	11	75,143	14.6	27	153,227	17.6
1 to 4	14	305,855	4.6	7	292,702	2.4	21	598,557	3.5
5 to 9	1	398,846	0.3	2	380,362	0.5	3	779,208	0.4
10 to 14	0	414,062	0.0	5	396,653	1.3	5	810,715	0.6
<b>TOTAL</b>	<b>31</b>	<b>1,196,847</b>	<b>2.6</b>	<b>25</b>	<b>1,144,860</b>	<b>2.2</b>	<b>56</b>	<b>2,341,707</b>	<b>2.4</b>

**Note:** Child abuse diagnoses include International Classification of Diseases 9th Revision (ICD 9) codes E967, E967.0-E967.9 and E968.4. Rates are calculated as the number of child abuse related hospitalizations occurring at the specific age interval per 100,000 age-specific population.

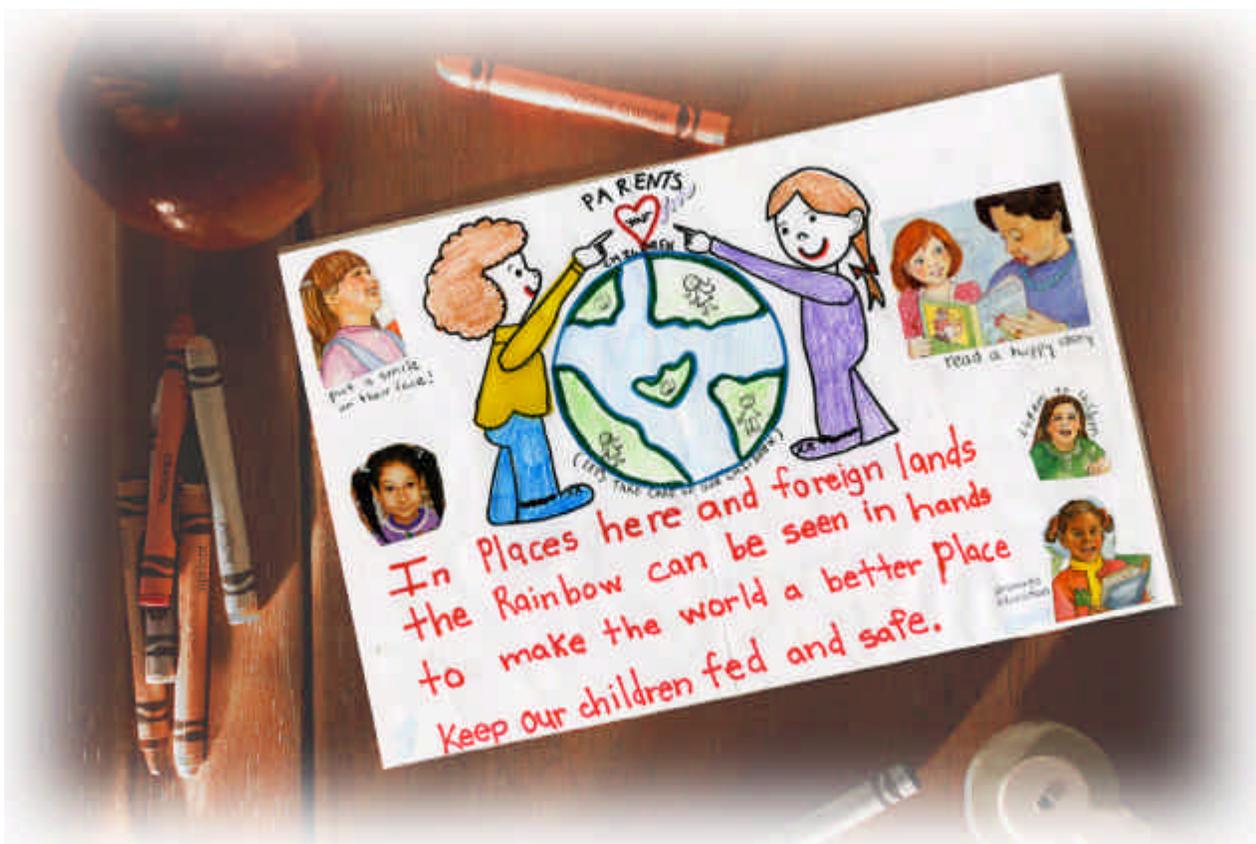
**Sources:** Sources: California Office of Statewide Health Planning & Development, Hospital Discharge Data, 2003 State of California, Department of Finance, Race/Ethnic Population Estimates with Age and Sex Details. 1970-2050, Sacramento, California, May, 2004

Due to the updated population estimates, rates calculated in previous ICAN DHS reports may not be comparable.



# DEPARTMENT OF CHILDREN AND FAMILY SERVICES

## AGENCY REPORT







## **DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

The Los Angeles County Department of Children and Family Services (DCFS) began operations on December 1, 1984. The formation of this department consolidated the Department of Adoptions and the Children's Services functions of the Department of Public Social Services into one County department devoted exclusively to serving children and their families.

### **OUR VISION**

Children grow up safe, physically and emotionally healthy, educated, and in permanent homes.

### **OUR MISSION**

The Department of Children and Family Services will, with our community partners, provide a comprehensive child protective system of prevention, preservation, and permanency to ensure that children grow up safe, physically and emotionally healthy, educated, and in permanent homes.

### **CURRENT GOALS**

David B. Sanders, Ph.D. was the Department's Director from March 2003 through July 2006. Dr. Sanders identified three primary outcome goals for the Department that mirror the Program Improvement Goals mandated by Assembly Bill (AB) 636. These goals remain in effect today under the new leadership of Patricia Plaehn, LCSW. They are as follows:

### **IMPROVED PERMANENCE**

Shorten the timelines for permanency for children removed from their families with a particular emphasis on reunification, kinship and adoption. Reductions in the emancipation population will also be critical.

### **IMPROVED SAFETY**

Significantly reduce the recurrence rate of abuse or neglect for children investigated and reduce the rate of abuse in foster care.

### **REDUCED RELIANCE ON DETENTION AND OUT-OF-HOME CARE**

Reduce reliance on detention through expansion of alternative community-based strategies.

### **AB 636**

AB 636, The Child Welfare System Improvement and Accountability Act, which took effect on January 1, 2004, outlines how counties in California will be held accountable for ensuring the safety, permanence and well-being of children served by child welfare agencies in the State of California. This statewide accountability system, known formally as the California Child and Family Review System, focuses on the reporting and measurement of results achieved for children. AB 636 will improve services for children through support of state and county partnerships; through requiring counties to publicly share their results for children and families and collaboration with community partners; through



mandated county-specific system improvement plans; and through the encouragement of inter-agency coordination and shared responsibility for families.

AB 636 focuses on the following goals:

- Children are protected from abuse and neglect.
- Children are safely maintained in their own homes whenever possible and appropriate.
- Children have permanency and stability in their living situations.
- The continuity of family relationships and connections is preserved for children.
- Families have enhanced capability to provide for their children's needs.
- Children receive appropriate services to meet their educational needs.
- Children receive adequate services to meet their physical and mental health needs.
- Youth emancipating from foster care are prepared to transition to adulthood.

Performance indicators measuring progress toward these goals include: the number of children in foster care; the rate of recurrence of maltreatment of children in foster care; the number of placements of a foster child; length of time to reunification with birth parents; and the rate of adoption. Outcome measure data that meet federal standards and other essential measures required by the California Department of Social Services (CDSS) have been developed by the University of California, Berkeley (UCB). Los Angeles County outcome data are available in the Selected Findings section at the end of this report.

## CHILD WELFARE SERVICES

### Emergency Response Services

The Emergency Response (ER) services system includes immediate, in-person response, 24 hours a day and seven days a week, to reports of abuse, neglect, or exploitation for the purpose of providing initial intake services and crisis intervention to maintain the child safely in his or her home or to protect the safety of the child.

### Family Maintenance Services

Family Maintenance (FM) involves time-limited, Supportive services to prevent or remedy neglect, abuse, or exploitation, for the purpose of preventing separation of children from their families.

### Family Reunification Services

Family Reunification (FR) provides time-limited foster care services to prevent or remedy neglect, abuse, or exploitation when the child cannot safely remain at home and needs temporary foster care while services are provided to reunite the family.

### Permanent Placement Services

Permanent Placement (PP) services provide an alternate, permanent family structure for children who, because of abuse, neglect, or exploitation, cannot safely remain at home, and who are unlikely to be reunified with their parent(s) or primary caretaker(s).

## PROTECTIVE SERVICES - REFERRAL CHILDREN RECEIVED

During Calendar Year (CY) 2005, DCFS received an average of 13,069 referral children per month. Of these, an average of 11,743 referrals (89.9%) required an in-person investigation. As shown in Figure 1, there were 156,831 referrals received during CY 2005 compared to



154,993 in CY 2004, a slight increase (1.2%) in volume over CY 2004.

Figure 2 provides referral data by Service Planning Area (SPA). Please refer to the Los Angeles County SPA map and the ZIP Code list for identification of communities in each SPA.

### REFERRALS RECEIVED BY ALLEGATION TYPE

Referrals of child abuse or neglect received by DCFS are categorized by seven reporting categories (Figure 3 and Figure 4) and are ranked by order of severity of abuse as defined by CDSS. Please refer to the Glossary in this report or the Definitions of Abuse. Figure 3 and Figure 4 also include categories "At Risk, Sibling Abuse" and "Substantial Risk", which were added with the implementation of Child Welfare Services/Case Management System (CWS/CMS) for siblings who may be at risk but were not identified as victims in the referral.

- General Neglect continues to be the leading reported allegation for child protective services. Referrals for this allegation category account for 27.6% of the total referrals received by DCFS during CY 2005. The number of referrals alleging general neglect (43,264) reflects a slight increase from 42,536 referrals received for the same allegation in CY 2004.
- Physical Abuse, ranking as the second most common reported allegation for child protective services, accounts for 19.9 % of the total referrals received during CY 2005, up from 18.4% in CY 2004. The number of referrals received for this allegation shows a 9.4% increase from 28,494 in CY 2004 to 31,180 in CY 2005.
- Ranking third, Emotional Abuse referrals account for 8.1% of the total referrals received. Referrals received for this allegation reflect a 20.1% decrease in volume,

from 15,928 in CY 2004 to 12,719 in CY 2005.

- Sexual Abuse referrals rank fourth and account for 6.8% of the total referrals received. The number of referrals received for Sexual Abuse (10,647) in CY 2005 reflects a 4.6% increase from 10,181 in CY 2004.
- Caretaker Absence/Incapacity referrals rank fifth and account for 4.6% of total referrals received. Referrals received for Caretaker Absence or Incapacity show a decline (12.3%), from 8,207 in CY 2004 to 7,201 in CY 2005.
- Severe Neglect referrals account for 1.1% of the total referrals received. The number of referrals received for this allegation (1,715) shows a 6.0% increase from 1,618 in CY 2004.
- Exploitation, the least reported allegation, accounts for 0.1% of total referrals received in CY 2005. The number of referrals received for exploitation (193) reflects a decrease of 27.4% from 266 in CY 2004.
- When Severe Neglect, General Neglect and Caretaker Absence/Incapacity are combined into a single category of Neglect, they represent 33.3% of the total ER referrals received by DCFS during CY 2005.
- Children listed in categories At Risk, Sibling Abuse and Substantial Risk, who were at risk of any of the seven defined types of abuse and neglect, account for 31.8% of the total referrals received. An analysis of referrals in which referral children were assessed as At Risk, Sibling Abuse shows a slight increase from CY 2004. The number of At Risk, Sibling Abuse referrals accounts for 19.5% of all referrals received. Substantial Risk referrals, accounting for 12.3% of the total



referrals received, reflect a 5.8% increase, from 18,214 in CY 2004 to 19,265 in CY 2005.

### IN-HOME AND OUT-OF-HOME SERVICES CASELOAD

Figure 5 and Figure 6 exhibit the total DCFS child caseload, In-Home and Out-of-Home Services Caseload, at the end of CY 2005 (i.e., as of December 31, 2005). These data represent a caseload breakdown by the four child welfare service components: Emergency Response, Family Maintenance, Family Reunification, and Permanent Placement. The Adoptions caseload is shown separately. The total DCFS child caseload has been on a decreasing trend since the end of CY 1996. Between the end of CY 2004 and the end of CY 2005 however, the data show a 3.9% increase, from 37,885 to 39,364.

### CHILD CHARACTERISTICS

Figure 7, Figure 8, Figure 9, and Figure 10 exhibit demographic data on children in the In-Home and Out-of-Home Services Caseload at the end of CY 2005 by age group, ethnicity and gender.

#### AGE

- Children in the most vulnerable age group Birth - 2 Years account for 15.7% of the total DCFS child caseload at the end of CY 2005, slightly up from 14.6% at the end of CY 2004. The number of children in this population shows an 11.3% increase, from 5,538 to 6,165.
- Children aged 3 - 4 Years account for 9.3% of the total DCFS caseload. The

number of children in this age group reflects a 2.1% increase, from 3,599 at the end of CY 2004 to 3,675 at the end of CY 2005.

- Accounting for 23.3% of the total DCFS child caseload, children in the age group 5 - 9 Years, continue to be the largest population among all age groups. The number of children in this population (9,169) reflects a slight increase from 9,036 at the end of CY 2004.
- Children in the age group 10 - 13 Years represent the second largest population, which accounts for 21.6% of all DCFS children. The number of children in this age group (8,519) reflects a slight decrease from 8,685 at the end of CY 2004. Overall, the school aged 5 - 13 Years account for nearly half of the total DCFS child population.
- Children in the age group 14 - 15 Years represent 12.8% of the total DCFS child caseload. The number of children in this age group category reflects a 4.0% increase, from 4,854 at the end of CY 2004 to 5,050 at the end of CY 2005.
- The 16 - 17 Years child population accounts for 12.3% of the total DCFS child caseload. The number of youth in this age group shows a 9.2% increase, from 4,424 at the end of CY 2004 to 4,832 at the end of CY 2005.
- Youth in the age group 18 & Older account for 5.0% of the total DCFS children. The number of these young adults (1,954) reflects an 11.7% increase, from 1,749 at the end of CY 2004.
- Overall, children 13 years and under account for 69.9%, and children 14 years and older account for 30.1% of the total DCFS caseload.



## ETHNICITY

- White children account for 14.0% of the total DCFS child caseload at the end CY 2005. The number of children in this population (5,504) reflects a slight increase from 5,402 at the end of CY 2004.
- Hispanic children continue to be the largest of all ethnic populations among DCFS children. This population accounts for 48.5% of the total DCFS child caseload at the end of CY 2005, up from 45.1% at the end of CY 2004. The number of Hispanic children reflects an 11.9% increase, from 17,073 to 19,111.
- Following the Hispanic child population, African American children represent the second largest ethnic group among DCFS children. This population accounts for 33.6% of the total DCFS child caseload at the end of CY 2005, down from 36.7% from the prior year. Despite an increase in the total DCFS children, the number of African American exhibits a 4.9% decrease, from 13,892 at the end of CY 2004 to 13,218.
- The Asian/Pacific Islander population remains relatively unchanged and accounts for 2.4% of the total DCFS child population at the end of CY 2005.
- American Indian/Alaskan Native, Filipino and Other populations each accounts for 0.5% of the total DCFS child caseload.

## GENDER

- The total DCFS caseload at the end of CY 2005 was nearly even: 49.5% male and 50.5% female.

## CHILDREN IN OUT-OF-HOME PLACEMENT

Figure 11, Figure 12 and Figure 13 identify children who are in out-of-home placements excluding children in Guardian Home, Adoptive Home, Non-Foster Care Placement Facility as of December 31, 2005. This is due to a change in the out-of-home placement reporting. Therefore, prior year total out-of-home placement counts were adjusted for data comparison and analysis purposes. A five-year trend shows the children in out-of-home placement on a decreasing trend. The number of children in out-of-home placement, excluding children in guardian homes and adoptive homes, has decreased by 35.6%, from 32,989 at the end of CY 2000 to 21,248 at the end of CY 2005. Between CY 2004 and CY 2005, the number of children in out-of-home placement shows a 4.1% decrease from 22,153.

- Children in Relative/Non-Relative Extended Family Member (NREFM) Home continue to represent the largest child population in the DCFS out-of-home placement caseload. This child population accounts for 52.8% of the total children in out-of-home placements. The number of children in this placement category (11,219) remains relatively unchanged.
- The Foster Family Home child population accounts for 9.7% of the total out-of-home placements. The number of children in this population reflects a 19.50% decrease, from 2,553 at the end of CY 2004 to 2,054 at the end of CY 2005.
- Foster Family Agency Home children account for 28.1% and represent the second largest child population in the out-of-home placement caseload. The number of children in this placement category



(5,971) reflects a 2.8% decrease from 6,142 at the end of CY 2004.

- Small Home child population continues to account for less than 1.0% of the total children in out-of-home placement. The number of children in this placement type (156) reflects a 13.3% decrease from 180 at the end of CY 2004.
- Group Home child population, accounting for 8.5% of the total out-of-home placement caseload, reflects a 9.6% decrease, from 1,989 at the end of CY 2004 to 1,799 at the end of CY 2005.
- Placement type "Other" consists of Court Specified Home and Tribal Home. Children in this placement category account for less than half percent of the total children in out-of-home placement caseload. The number of these children reflects no significant changes from CY 2004.

## ADOPTION PLANNING

Figure 14, Figure 15 and Figure 16 reflect comparative data on child cases opened for adoption permanency planning and children placed in adoptive homes annually. Child cases opened for adoption planning are from DCFS child protective services caseloads or directly from the community to the DCFS Adoptions Division.

As shown in Figure 14, there were 2,281 children placed in adoptive homes during CY 2005, compared to 2,191 placements made during CY 2004, or 4% decrease.

## ICAN PUBLIC WEB SITE

The public may access the DCFS Data Statement as part of the CY 2005 ICAN report at the following Web Site address:

<http://ICAN.CO.LA.CA.US>

Questions regarding the DCFS Data Statement may be directed to Thomas Nguyen at (562) 345-6712.

## SELECTED FINDINGS

Based on the July 2006 Quarterly Outcome and Accountability County Data Report published by CDSS, the following outcome measures for the Los Angeles County DCFS demonstrate that the Department is heading in a positive direction towards its primary goals:

- The recurrence rate of maltreatment of all children who had a substantiated allegation within the first six months of the analysis year and had another substantiated allegation within six month, according to federal guidelines, reflects a decrease from 7.8% during CY 2004 to 7.7% for CY 2005.
- Based on CDSS guidelines, the recurrence rate of maltreatment of all children with a substantiated allegation during the twelve-month study year and a subsequent substantiated allegation within 12 months reflects a decrease from 11.1% during CY 2003 to 10.9% for CY 2004. (Please note that CY 2004 is the latest available reporting year for this indicator.)
- The rate of abuse for children in DCFS supervised foster care during the twelve-month review period reflects an increase from 0.02% during CY 2004 to 0.14% during CY 2005.
- Among the children who were reunified with their parents or caretakers during the 12-month study period, the percentage of children who had been in care for less than 12 months shows an increase from \*43.5% during CY 2004 to 49.2% during CY 2004.



- The percentage of children in foster care for less than 24 months, who were adopted during the 12-month study period, reflects an increase from \*13.4% during CY 2004 to 15.5% during CY 2005.

*\*Updates of data reported in the July 2005 from the July 2006 Quarterly Outcome and Accountability County Data Report.*

### Referral and Caseload Statistics

- Physical Abuse referrals alleging physical abuse account for 19.9 % of the total referrals received during CY 2005, up from 18.4% in CY 2004. While the overall referrals of abuse and neglect show an increase only by 1.2%, Physical Abuse referrals received for this allegation show a 9.4% increase, from 28,494 to 31,180,.
- Sexual Abuse referrals, accounting for 6.8% of the total referrals received, reflect a 4.6% increase, from 10,181 in CY 2004 to 10,647 in CY 2005.
- Hispanic children continue to be the largest of all ethnic populations among DCFS children. This population accounts for 48.5% of the total DCFS child caseload at the end of CY 2005, up from 45.1% at the end of CY 2004. The number of Hispanic children reflects an 11.9% increase, from 17,073 to 19,111.
- Following the Hispanic child population, African American children represent the second largest ethnic group among DCFS children. This population accounts for 33.6% of the total DCFS child caseload at the end of CY 2005, down from 36.7% from the prior year. Despite an increase in the total DCFS children, the number of African American exhibits a 4.9% decrease, from 13,892 at the end of CY 2004 to 13,218.

### RESPONSE TO RECOMMENDATIONS FROM 2005 REPORT

#### Recommendation One:

The Department of Children and Family Services' goal for children in placement is permanency. When children cannot safely return home, we seek alternative permanency through adoption or legal guardianship. Despite our efforts, in April 2005, DCFS had approximately 8,000 youth ages 12-18 in Long Term Foster Care. Although social workers prepare older foster youth for emancipation, research shows youth who emancipate from foster care are at higher risk than other youth for not completing high school, and facing unemployment, homelessness and hunger. In October 2004, the P3 program was begun specifically to address the need for permanent families for older youth.

The P3 program pairs the youth with one of the program's Permanency Planning Partners, primarily retired social workers with extensive experience with foster youth, who know how to navigate our internal records and systems. These Permanency Planning Partners are not the youth's primary social worker but are instead an additional resource focused on finding family for these children.

The P3 worker begins by meeting with the youth, spending time developing a relationship and exploring the youth's desires for permanency. They then work toward the identification of important people in the youth's life, whether that is someone with whom they are currently in contact, or someone from the youth's past. Throughout the process, the P3 staff is "mining" the case record - thoroughly scouring the case cover to cover - in order to identify any possible adults that might be able to become a resource for this youth. In addition, the P3 staff initiates an intensive search, including using new internet technology, for adult relatives or other



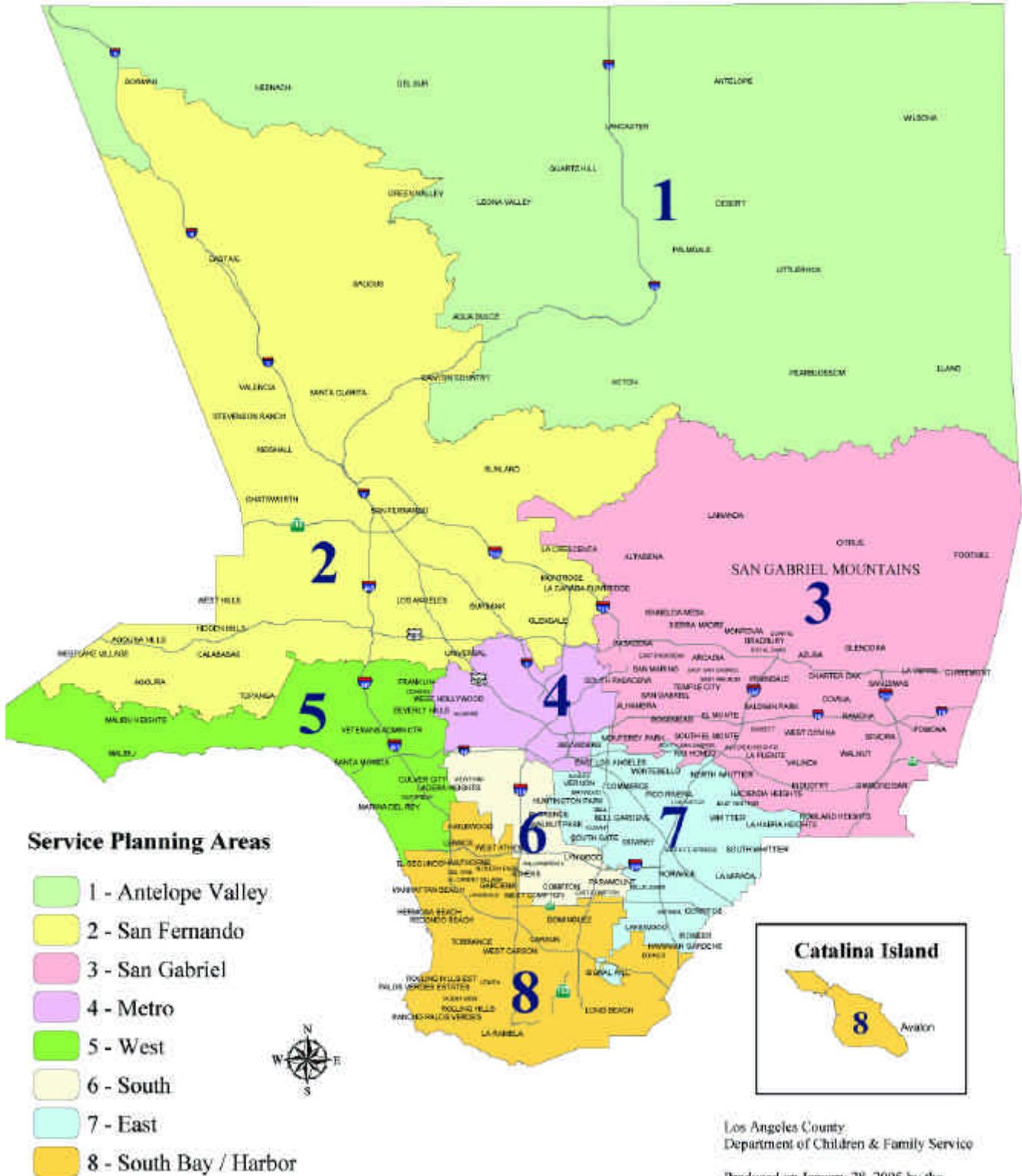
possible connection resources. If an adult is identified and located, the P3 worker in conjunction with the social worker, youth and the potential resource, develop an agreement to help define the relationship, (reunification, adoption, legal guardianship, or mentor). The P3 staff continue to follow-up with the case by identifying (and working with the social worker to arrange for) services that will aid the youth in making and maintaining these connections. The P3 staff will also provide support to the social worker to help move the case through DCFS' internal processes in order to solidify the connection. In addition, P3 staff will utilize the resources from our other initiatives by making referrals to and/ or participating in our other programs including Team Decision Making, Family Group Decision Making, Family Preservation, and our Kinship program. In the future, our goal is to incorporate P3 activities into standard casework as a part of the concurrent planning process.

Since the inception of the pilot, 804 youth have been paired with Permanency Partners throughout the county. These P3 staff have worked intensively with the youth not only to help locate permanency resources for them, but also to work with the youth to discover the visions they might have for their future, and to overcome any resistance that they might have toward achieving permanence. In just over a year since the first youth was referred to the program, P3 has succeeded in identifying a legally permanent plan for 32.3% of the youth involved in the program. This is a significant achievement considering these were all youth who otherwise would have stayed in foster care until emancipation with no other intervention. P3 efforts continue for the children who still have a plan of Long Term Foster Care, as shown in Figure 17 and Figure 18.

**RECOMMENDATION TWO:**

**Data according to geographic areas**

The Data Report submitted by the Department of Children and Family Services continues to include referral and out-of-home placement data by Service Planning Area.





SERVICE PLANNING AREA (SPA)	ZIP CODE	CITY/COMMUNITY
SPA 1	93243	Lebec
SPA 1	93510	Acton
SPA 1	93523	Edwards AFB
SPA 1	93532	Elizabeth Lake/Lake Hughes
SPA 1	93534	Lancaster
SPA 1	93535	Hi Vista
SPA 1	93536	Lancaster/Quartz Hill
SPA 1	93543	Littlerock/Juniper Hills
SPA 1	93544	Llano
SPA 1	93550	Palmdale/Lake Los Angeles
SPA 1	93551	Palmdale
SPA 1	93552	Palmdale
SPA 1	93553	Pearblossom
SPA 1	93560	Rosamond
SPA 1	93563	Valyermo
SPA 1	93591	Palmdale/Lake Los Angeles
SPA 2	90290	Topanga
SPA 2	91011	La Canada-Flintridge
SPA 2	91020	Montrose
SPA 2	91040	Sunland (City of LA)/Shadow Hills (City of LA)
SPA 2	91042	Tujunga (City of LA)
SPA 2	91046	Glendale (Verdugo City)
SPA 2	91201	Glendale
SPA 2	91202	Glendale
SPA 2	91203	Glendale
SPA 2	91204	Glendale (Tropico)
SPA 2	91205	Glendale (Tropico)
SPA 2	91206	Glendale
SPA 2	91207	Glendale
SPA 2	91208	Glendale
SPA 2	91210	Galleria (Glendale)
SPA 2	91214	La Crescenta
SPA 2	91301	Agoura/Oak Park
SPA 2	91302	Calabasas/Hidden Hills
SPA 2	91303	Canoga Park (City of LA)
SPA 2	91304	Canoga Park (City of LA)
SPA 2	91306	Winnetka (City of LA)
SPA 2	91307	West Hills (City of LA)
SPA 2	91311	Chatsworth (City of LA)



SERVICE PLANNING AREA (SPA)	ZIP CODE	CITY/COMMUNITY
SPA 2	91316	Encino (City of LA)
SPA 2	91321	Santa Clarita (Newhall)
SPA 2	91324	Northridge (City of LA)
SPA 2	91325	Northridge (City of LA)
SPA 2	91326	Porter Ranch (City of LA)
SPA 2	91330	Northridge (City of LA), California State University
SPA 2	91331	Arleta (City of LA)/Pacoima (City of LA)
SPA 2	91335	Reseda (City of LA)
SPA 2	91340	San Fernando
SPA 2	91342	Lake View Terrace (City of LA)/Sylmar (City of LA)
SPA 2	91343	North Hills (City of LA)
SPA 2	91344	Granada Hills (City of LA)
SPA 2	91345	Mission Hills (City of LA)
SPA 2	91350	Agua Dulce/Saugus
SPA 2	91351	Santa Clarita (Canyon Country)
SPA 2	91352	Sun Valley (City of LA)
SPA 2	91354	Santa Clarita (Valencia)
SPA 2	91355	Santa Clarita (Valencia)
SPA 2	91356	Tarzana (City of LA)
SPA 2	91361	Westlake Village
SPA 2	91362	Westlake Village
SPA 2	91364	Woodland Hills (City of LA)
SPA 2	91367	Woodland Hills (City of LA)
SPA 2	91381	Stevenson Ranch
SPA 2	91382	Santa Clarita
SPA 2	91384	Castaic
SPA 2	91387	Canyon Country
SPA 2	91390	Santa Clarita
SPA 2	91401	Van Nuys (City of LA)
SPA 2	91402	Panorama City (City of LA)
SPA 2	91403	Sherman Oaks (City of LA)/Van Nuys (City of LA)
SPA 2	91405	Van Nuys (City of LA)
SPA 2	91406	Van Nuys (City of LA)
SPA 2	91411	Van Nuys (City of LA)
SPA 2	91423	Sherman Oaks (City of LA)/Van Nuys (City of LA)
SPA 2	91436	Encino (City of LA)
SPA 2	91501	Burbank
SPA 2	91502	Burbank
SPA 2	91504	Burbank (Glenoaks)



SERVICE PLANNING AREA (SPA)	ZIP CODE	CITY/COMMUNITY
SPA 2	91505	Burbank
SPA 2	91506	Burbank
SPA 2	91521	Burbank
SPA 2	91522	Burbank
SPA 2	91523	Burbank
SPA 2	91601	North Hollywood (City of LA)
SPA 2	91602	North Hollywood (City of LA)/Toluca Lake (City of LA)
SPA 2	91604	North Hollywood (City of LA)/Studio City (City of LA)
SPA 2	91605	North Hollywood
SPA 2	91606	North Hollywood
SPA 2	91607	North Hollywood (City of LA)/Valley Village (City of LA)
SPA 2	91608	Universal City
SPA 3	91001	Altadena
SPA 3	91006	Arcadia
SPA 3	91007	Arcadia
SPA 3	91010	Bradbury
SPA 3	91016	Monrovia
SPA 3	91023	Mount Wilson
SPA 3	91024	Sierra Madre
SPA 3	91030	South Pasadena
SPA 3	91101	Pasadena
SPA 3	91103	Pasadena
SPA 3	91104	Pasadena
SPA 3	91105	Pasadena
SPA 3	91106	Pasadena
SPA 3	91107	Pasadena
SPA 3	91108	San Marino
SPA 3	91125	Pasadena (California Institute of Technology)
SPA 3	91126	Pasadena (California Institute of Technology)
SPA 3	91702	Azusa
SPA 3	91706	Baldwin Park/Irwindale
SPA 3	91711	Claremont
SPA 3	91722	Covina
SPA 3	91723	Covina
SPA 3	91724	Covina
SPA 3	91731	El Monte
SPA 3	91732	El Monte
SPA 3	91733	South El Monte
SPA 3	91740	Glendora



SERVICE PLANNING AREA (SPA)	ZIP CODE	CITY/COMMUNITY
SPA 3	91741	Glendora
SPA 3	91744	Cityof Industry/La Puente/Valinda
SPA 3	91745	La Puente (Hacienda Heights)
SPA 3	91746	Bassett/City of Industry/La Puente
SPA 3	91748	Rowland Heights
SPA 3	91750	La Verne
SPA 3	91754	Monterey Park
SPA 3	91755	Monterey Park
SPA 3	91759	Mt Baldy
SPA 3	91765	Diamond Bar
SPA 3	91766	Phillips Ranch/Pomona
SPA 3	91767	Pomona
SPA 3	91768	Pomona
SPA 3	91770	Rosemead
SPA 3	91773	San Dimas
SPA 3	91775	San Gabriel
SPA 3	91776	San Gabriel
SPA 3	91780	Temple City
SPA 3	91789	Diamond Bar/City of Industry/Walnut
SPA 3	91790	West Covina
SPA 3	91791	West Covina
SPA 3	91792	West Covina
SPA 3	91801	Alhambra
SPA 3	91803	Alhambra
SPA 3	92397	Wrightwood
SPA 3	92821	Brea
SPA 3	92823	Brea
SPA 4	90004	Hancock Park (City of LA)
SPA 4	90005	Koreatown (City of LA)
SPA 4	90006	Pico Heights (City of LA)
SPA 4	90010	Wilshire Blvd (City of LA)
SPA 4	90012	Civic Center (City of LA)/Chinatown (City of LA)
SPA 4	90013	Downtown Los Angeles (City of LA)
SPA 4	90014	Los Angeles
SPA 4	90015	Downtown Los Angeles (City of LA)
SPA 4	90017	Downtown Los Angeles (City of LA)
SPA 4	90019	Country Club Park (City of LA)/Mid City (City of LA)
SPA 4	90020	Hancock Park (City of LA)
SPA 4	90021	Downtown Los Angeles (City of LA)



SERVICE PLANNING AREA (SPA)	ZIP CODE	CITY/COMMUNITY
SPA 4	90026	Echo Park/Silverlake (City of LA)
SPA 4	90027	Griffith Park (City of LA)/Los Feliz (City of LA)
SPA 4	90028	Hollywood (City of LA)
SPA 4	90029	Downtown Los Angeles (City of LA)
SPA 4	90031	Montecito Heights (City of LA)
SPA 4	90032	El Sereno (City of LA)/Monterey Hills (City of LA)
SPA 4	90033	Boyle Heights (City of LA)
SPA 4	90036	Park La Brea (City of LA)
SPA 4	90038	Hollywood (City of LA)
SPA 4	90039	Atwater Village (City of LA)
SPA 4	90041	Eagle Rock (City of LA)
SPA 4	90042	Highland Park (City of LA)
SPA 4	90046	Mount Olympus (City of LA)
SPA 4	90048	West Beverly (City of LA)
SPA 4	90057	Westlake (City of LA)
SPA 4	90065	Cypress Park (City of LA)/Glassell Park (City of LA)
SPA 4	90068	Hollywood (City of LA)
SPA 4	90069	West Hollywood
SPA 4	90071	ARCO Towers (City of LA)
SPA 5	90024	Westwood (City of LA)
SPA 5	90025	Sawtelle (City of LA)/West Los Angeles (City of LA)
SPA 5	90034	Palms (City of LA)
SPA 5	90035	West Fairfax (City of LA)
SPA 5	90045	LAX Area (City of LA)/Westchester (City of LA)
SPA 5	90049	Bel Air Estates (City of LA)/Brentwood (City of LA)
SPA 5	90056	Ladera Heights (City of LA)
SPA 5	90064	Cheviot Hills (City of LA)/Rancho Park (City of LA)
SPA 5	90066	Mar Vista (City of LA)
SPA 5	90067	Century City (City of LA)
SPA 5	90073	VA Hospital (Sawtelle)
SPA 5	90077	Bel Air Estates & Beverly Glen (City of LA)
SPA 5	90094	Playa Vista
SPA 5	90095	Los Angeles (UCLA)
SPA 5	90210	Beverly Hills/Beverly Glen (City of LA)
SPA 5	90211	Beverly Hills
SPA 5	90212	Beverly Hills
SPA 5	90230	Culver City
SPA 5	90232	Culver City
SPA 5	90263	Pepperdine University (Malibu)



SERVICE PLANNING AREA (SPA)	ZIP CODE	CITY/COMMUNITY
SPA 5	90272	Castellemare (City of LA)/Pacific Highlands (City of LA)
SPA 5	90291	Venice (City of LA)
SPA 5	90292	Marina del Rey
SPA 5	90293	Playa del Rey (City of LA)
SPA 5	90401	Santa Monica
SPA 5	90402	Santa Monica
SPA 5	90403	Santa Monica
SPA 5	90404	Santa Monica
SPA 5	90405	Santa Monica
SPA 6	90001	Florence/South Central (City of LA)
SPA 6	90002	Watts (City of LA)
SPA 6	90003	South Central (City of LA)
SPA 6	90007	South Central (City of LA)
SPA 6	90008	Baldwin Hills/Crenshaw (City of LA)/Leimert Park (City of LA)
SPA 6	90011	South Central (City of LA)
SPA 6	90016	West Adams (City of LA)
SPA 6	90018	Jefferson Park (City of LA)
SPA 6	90037	South Central (City of LA)
SPA 6	90043	Hyde Park (City of LA)/View Park/Windsor Hills
SPA 6	90044	Athens
SPA 6	90047	South Central (City of LA)
SPA 6	90059	Watts (City of LA)/Willowbrook
SPA 6	90061	South Central (City of LA)
SPA 6	90062	South Central (City of LA)
SPA 6	90089	USC (City of LA)
SPA 6	90220	Compton/Rancho Dominguez
SPA 6	90221	East Rancho Dominguez
SPA 6	90222	Compton/Rosewood/Willowbrook
SPA 6	90262	Lynwood
SPA 6	90723	Paramount
SPA 7	90022	East Los Angeles
SPA 7	90023	East Los Angeles (City of LA)
SPA 7	90040	Commerce, City of
SPA 7	90058	Vernon
SPA 7	90063	City Terrace
SPA 7	90201	Bell/Bell Gardens/Cudahy
SPA 7	90240	Downey
SPA 7	90241	Downey
SPA 7	90242	Downey



SERVICE PLANNING AREA (SPA)	ZIP CODE	CITY/COMMUNITY
SPA 7	90255	Huntington Park/Walnut Park
SPA 7	90270	Maywood
SPA 7	90280	South Gate
SPA 7	90601	Whittier
SPA 7	90602	Whittier
SPA 7	90603	Whittier
SPA 7	90604	Whittier
SPA 7	90605	Whittier/South Whittier
SPA 7	90606	Los Nietos
SPA 7	90631	La Habra Heights
SPA 7	90638	La Mirada
SPA 7	90639	La Mirada (Biola Univ.)
SPA 7	90640	Montebello
SPA 7	90650	Norwalk
SPA 7	90660	Pico Rivera
SPA 7	90670	Santa Fe Springs
SPA 7	90701	Cerritos
SPA 7	90703	Cerritos
SPA 7	90706	Bellflower
SPA 7	90712	Lakewood
SPA 7	90713	Lakewood
SPA 7	90715	Lakewood
SPA 7	90716	Hawaiian Gardens
SPA 7	90755	Signal Hill
SPA 8	90245	El Segundo
SPA 8	90247	Gardena
SPA 8	90248	Gardena
SPA 8	90249	Gardena
SPA 8	90250	Hawthorne (Holly Park)
SPA 8	90254	Hermosa Beach
SPA 8	90260	Lawndale
SPA 8	90261	Lawndale (Federal Bldg)
SPA 8	90266	Manhattan Beach
SPA 8	90274	Palos Verdes Estates/Rolling Hills/Rolling Hills Estates
SPA 8	90275	Rancho Palos Verdes
SPA 8	90277	Redondo Beach/Torrance
SPA 8	90278	Redondo Beach/Torrance
SPA 8	90301	Inglewood
SPA 8	90302	Inglewood
SPA 8	90303	Inglewood
SPA 8	90304	Lennox



Figure 1

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

**Total Referral Children Received Calendar Years 1984 Through 2005**

Calendar Year	Children
1984	74,992
1985	79,655
1986	103,116
1987	104,886
1988	114,597
1989	111,799
1990	108,088
1991	120,358
1992	139,106
1993	171,922
1994	169,638
1995	185,550
1996	197,784
1997	179,436
1998	157,062
1999	146,583
2000	151,108
2001	147,352
2002	161,638
2003	162,361
2004	154,993
2005	156,831



Figure 2

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

**Referral Children Received By Service Planning Area Calendar Year 2005**

SERVICE PLANNING AREA (SPA)	EVALUATED OUT	IN-PERSON RESPONSE	TOTAL REFERRAL CHILDREN RECEIVED
1	876	9,212	10,088
2	2,218	20,284	22,502
3	1,581	17,457	19,038
4	1,592	14,940	16,532
5	436	3,041	3,477
6	2,145	22,099	24,244
7	1,559	16,563	18,122
8	1,827	19,995	21,822
Out of County	1,168	2,047	3,215
Other *	2,514	15,277	17,791
<b>TOTAL</b>	<b>15,916</b>	<b>140,915</b>	<b>156,831</b>

(1) Data are based on address of origin for referrals received by DCFS.

(2) \* Addresses with errors, incomplete, unknown, P.O. Box, or empty address fields that cannot be successfully matched to the Thomas Bros. Street Network Database.

Source: Child Welfare Services/Case Management System - Datamart History Database

Figure 3

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

**Referral Children Received By Allegation Type Calendar Year 2005**

ALLEGATION TYPE	CHILDREN	PERCENTAGE
Sexual Abuse	10,647	6.8 %
Physical Abuse	31,180	19.9 %
Severe Neglect	1,715	1.1 %
General Neglect	43,264	27.6 %
Emotional Abuse	12,719	8.1 %
Exploitation	193	0.1 %
Caretaker Absence/Incapacity	7,201	4.6 %
At Risk, Sibling Abuse	30,647	19.5 %
Substantial Risk	19,265	12.3 %
<b>TOTAL</b>	<b>156,831</b>	<b>100.0 %</b>



Figure 4

DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
Referral Children Received By Allegation Type Calendar Year 2005

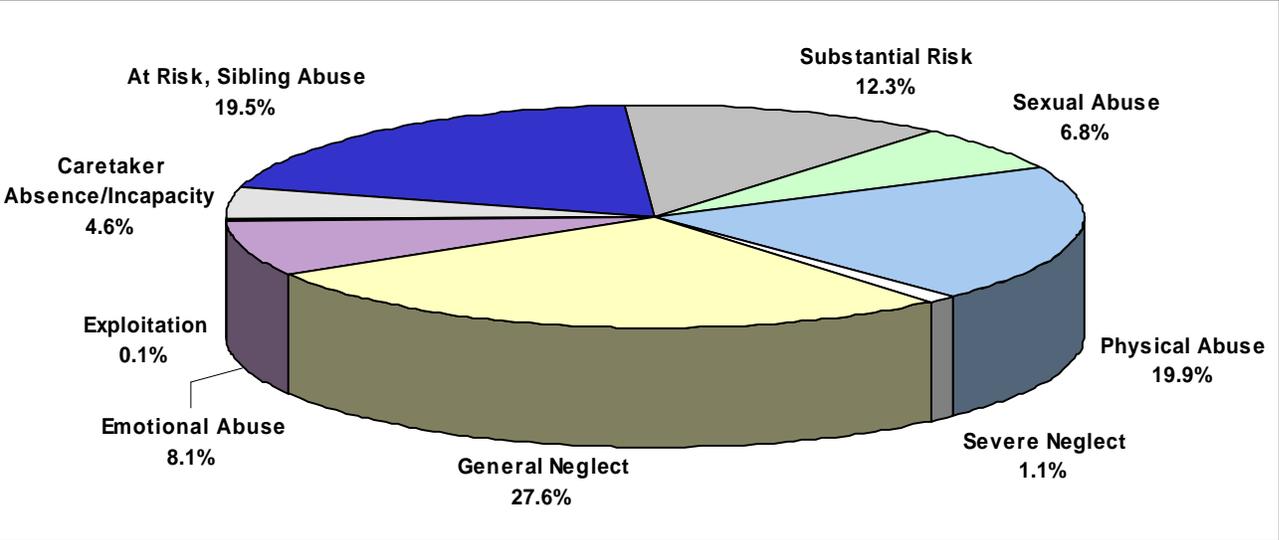


Figure 5

DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
In-Home and Out-Of-Home Services Caseload as of December 31, 2005

SERVICES TYPE	CHILDREN	PERCENTAGE
Emergency Response	1,148	2.9 %
Family Maintenance	10,983	27.9 %
Family Reunification	8,876	22.5 %
Permanent Placement	15,852	40.3 %
Adoptions	2,505	6.4 %
<b>TOTAL</b>	<b>39,364</b>	<b>100.0 %</b>

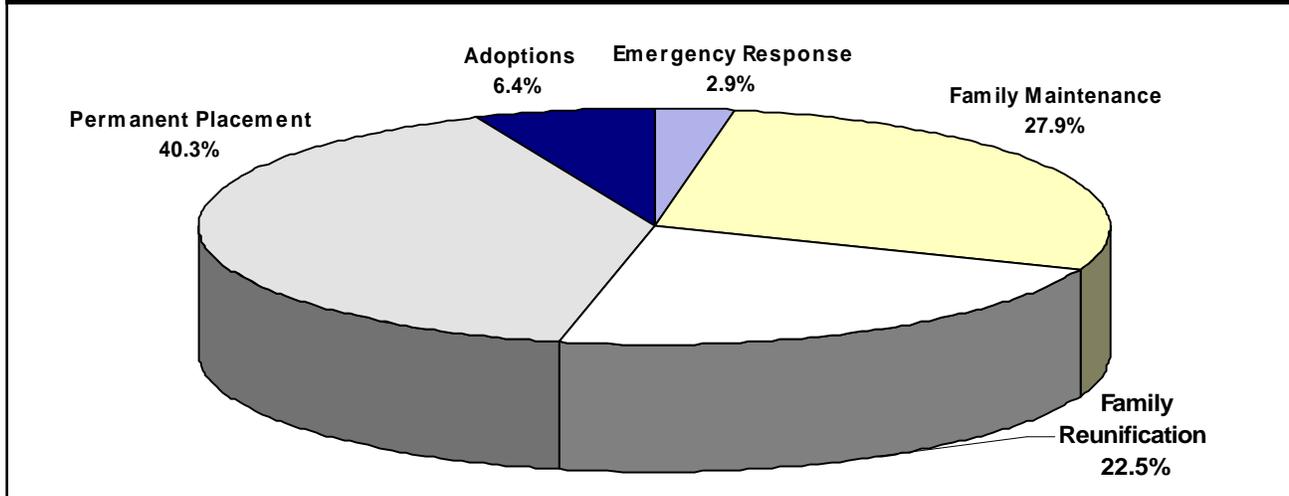
NOTE: CY 2005 Total Caseload includes 1,182 children in adoptive homes pending Final Decree of Adoption.



Figure 6

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

**In-Home and Out-Of-Home Services Caseload as of December 31, 2005**



NOTE: CY 2005 Total Caseload includes 1,182 children in adoptive homes pending Final Decree of Adoption.

Figure 7

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

**In-Home and Out-Of-Home Services Caseload Child Characteristics as of December 31, 2005**

CATEGORY		CHILDREN	PERCENTAGE
AGE GROUP	Birth - 2 Years	6,165	15.7
	3 - 4 Years	3,675	9.3
	5 - 9 Years	9,169	23.3
	10 - 13 Years	8,519	21.6
	14 - 15 Years	5,050	12.8
	16 - 17 Years	4,832	12.3
	18 Years & Older	1,954	5.0
	<b>TOTAL</b>		<b>39,364</b>
ETHNICITY	White	5,504	14.0
	Hispanic	19,111	48.5
	African-American	13,218	33.6
	Asian/Pacific Islander	943	2.4
	American Indian/Alaskan	196	0.5
	Filipino	205	0.5
	Other	187	0.5
	<b>TOTAL</b>		<b>39,364</b>
GENDER	Male	19,503	49.5
	Female	19,861	50.5
	<b>TOTAL</b>		<b>39,364</b>



Figure 8

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

In-Home and Out-Of-Home Services Caseload By Age Group as of December 31, 2005

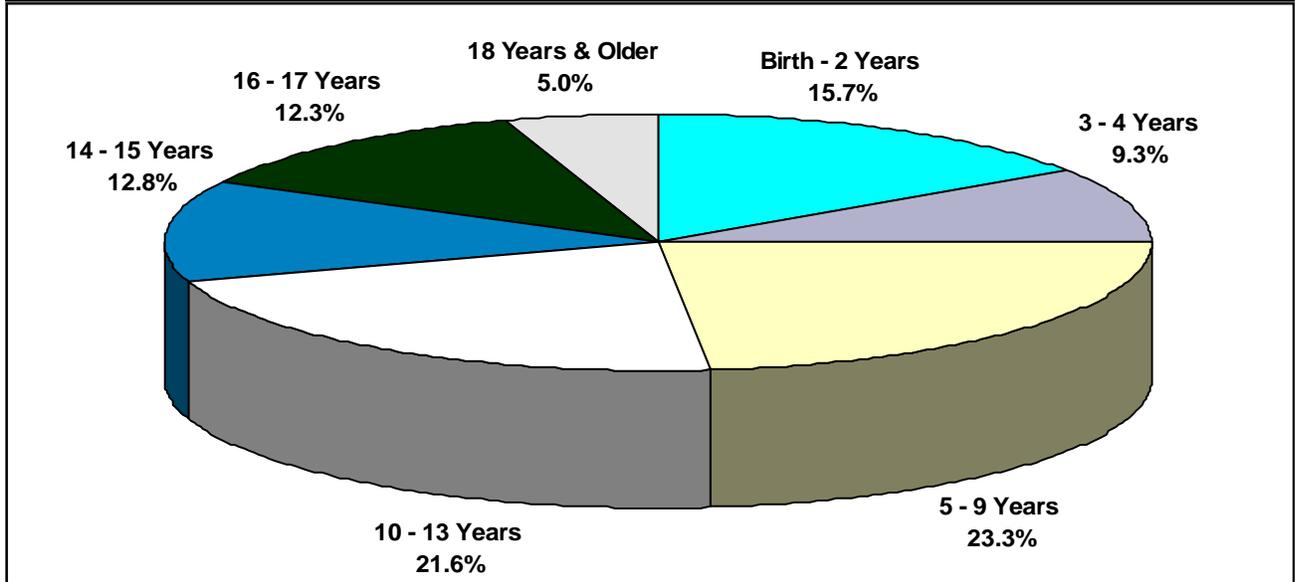


Figure 9

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

In-Home and Out-Of-Home Services Caseload By Ethnicity as of December 31, 2005

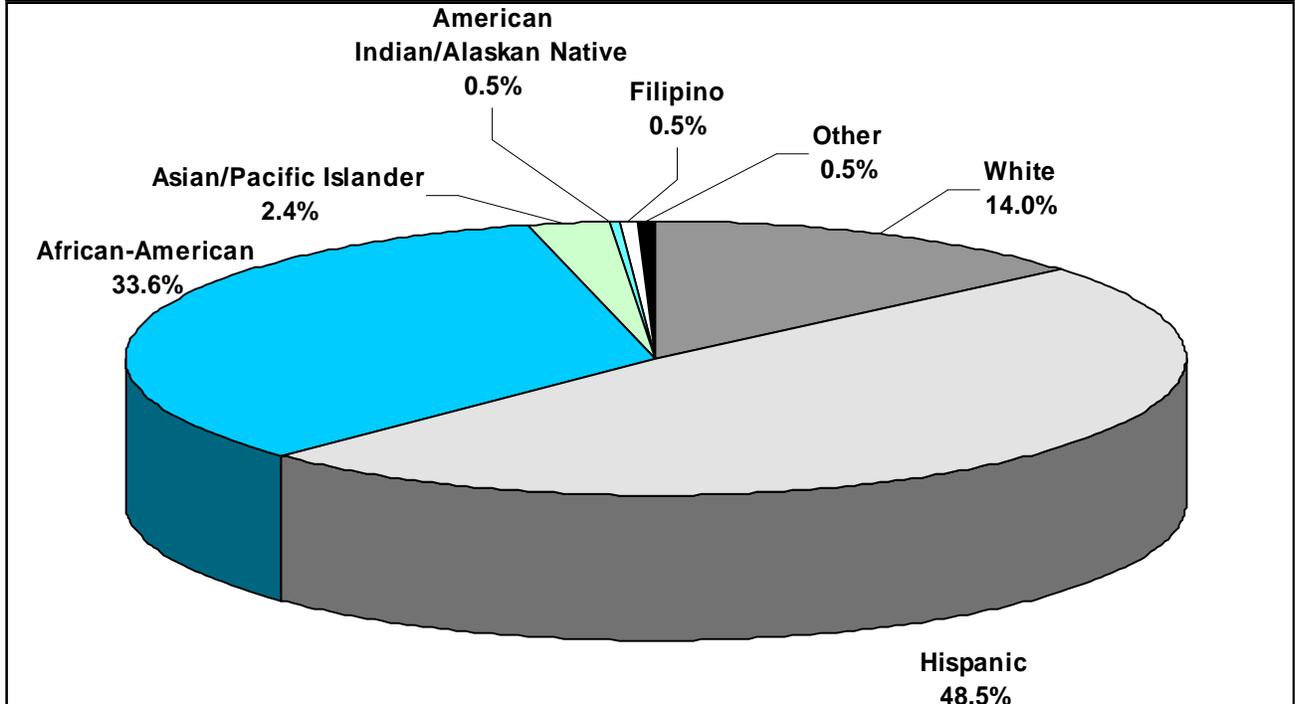




Figure 10

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

**In-Home and Out-Of-Home Services Caseload By Gender as of December 31, 2005**

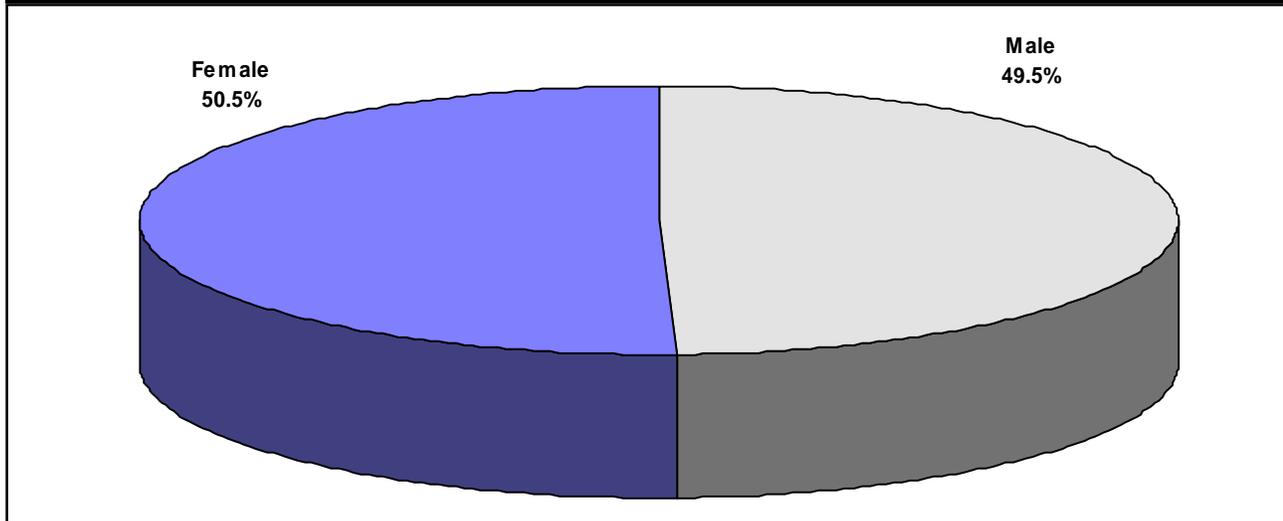


Figure 11

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

**Children In Out-Of-Home Placement By Planning Area as of December 31, 2005  
(Non Foster Care, Adoptive Home, and Guardian Home Placements Excluded)**

SERVICE PLANNING AREA (SPA)	BIRTH - 2 YEARS	3 - 4 YEARS	5 - 9 YEARS	10 - 13 YEARS	14 - 15 YEARS	16 - 17 YEARS	18 YEARS & OLDER	TOTAL
SPA 1	294	175	375	308	202	206	98	1,658
SPA 2	382	175	378	337	261	266	92	1,891
SPA 3	545	304	726	784	490	515	184	3,548
SPA 4	167	80	190	140	112	134	74	897
SPA 5	37	16	40	55	46	23	17	234
SPA 6	625	330	849	922	583	599	284	4,192
SPA 7	498	234	550	445	254	275	100	2,356
SPA 8	529	275	628	675	412	427	175	3,121
Out of County	436	259	681	659	417	440	190	3,082
Other *	41	25	75	50	31	31	16	269
<b>TOTAL</b>	<b>3,554</b>	<b>1,873</b>	<b>4,492</b>	<b>4,375</b>	<b>2,808</b>	<b>2,916</b>	<b>1,230</b>	<b>21,248</b>

- (1) Data are based on child's placement address.
- (2) \* Addresses with erroneous, incomplete, unknown, P.O. Box, or empty address fields that cannot be successfully matched to the Thomas Bros. Street Network Database.

Source: Child Welfare Services/Case Management System - History Database



Figure 12

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

**Children In Out-Of-Home Placement By Planning Area as of December 31, 2005  
(Non Foster Care, Adoptive Home, and Guardian Home Placements Excluded)**

FACILITY TYPE	CHILDREN	PERCENTAGE
Relative/Non-relative Extended Family Member Home	11,219	52.8
Foster Family Home	2,054	9.7
Foster Family Agency Certified Home	5,971	28.1
Small Family Home	156	0.7
Group Home	1,799	8.5
Other (Tribal Home and Court Specified Home)	49	0.2
<b>TOTAL OUT-OF-HOME PLACEMENT</b>	<b>21,248</b>	<b>100.0</b>

Figure 13

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

**Children In Out-Of-Home Placement Caseload as of December 31, 2005  
(Non Foster Care, Adoptive Home, and Non-Foster Care Placement Facility)**

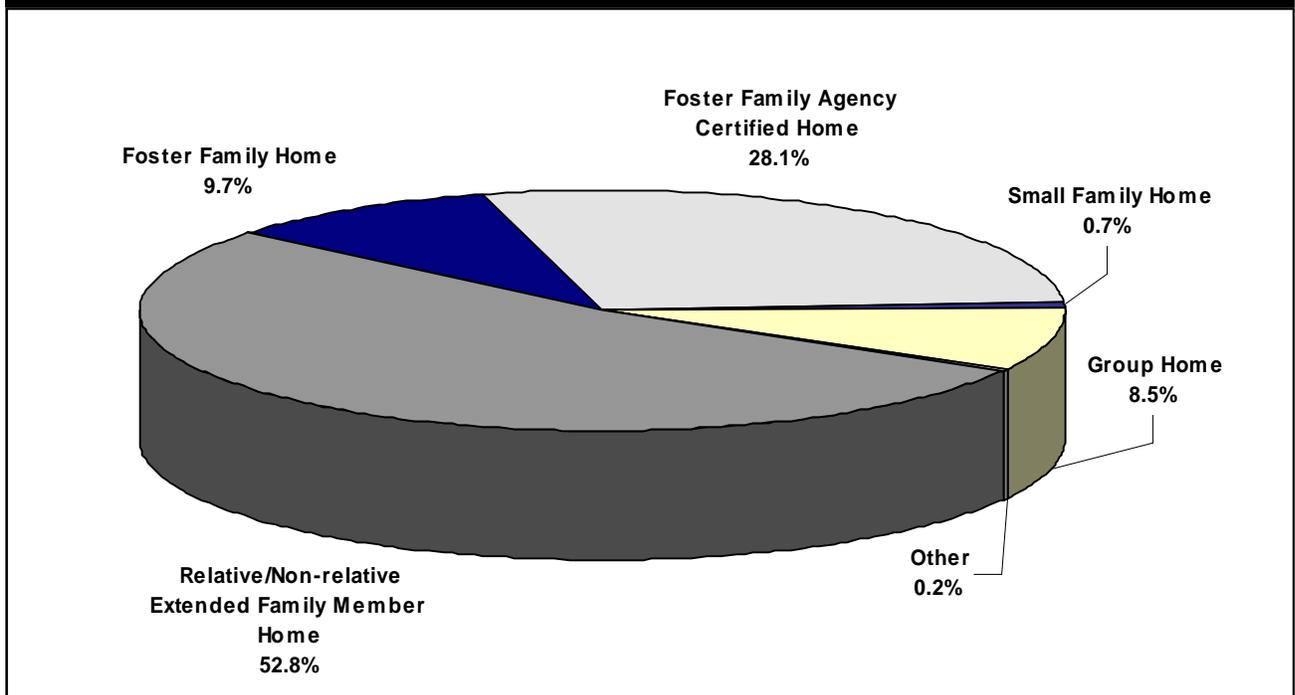




Figure 14

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

**Adoptions Permanency Planning Caseload Calendar Years 1984 Through 2005**

CALENDAR YEAR	CHILDREN PLACED IN ADOPTIVE HOMES DURING THE YEAR
1984	558
1985	524
1986	617
1987	541
1988	698
1989	696
1990	824
1991	1,000
1992	985
1993	1,049
1994	1,027
1995	1,035
1996	1,087
1997	1,346
1998	1,728
1999	2,532
2000	2,874
2001	2,871
2002	1,911
2003	1,777
2004	2,191
2005	2,281



Figure 15

DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
Adoption Cases Opened Calendar Years 1984 Through 2005

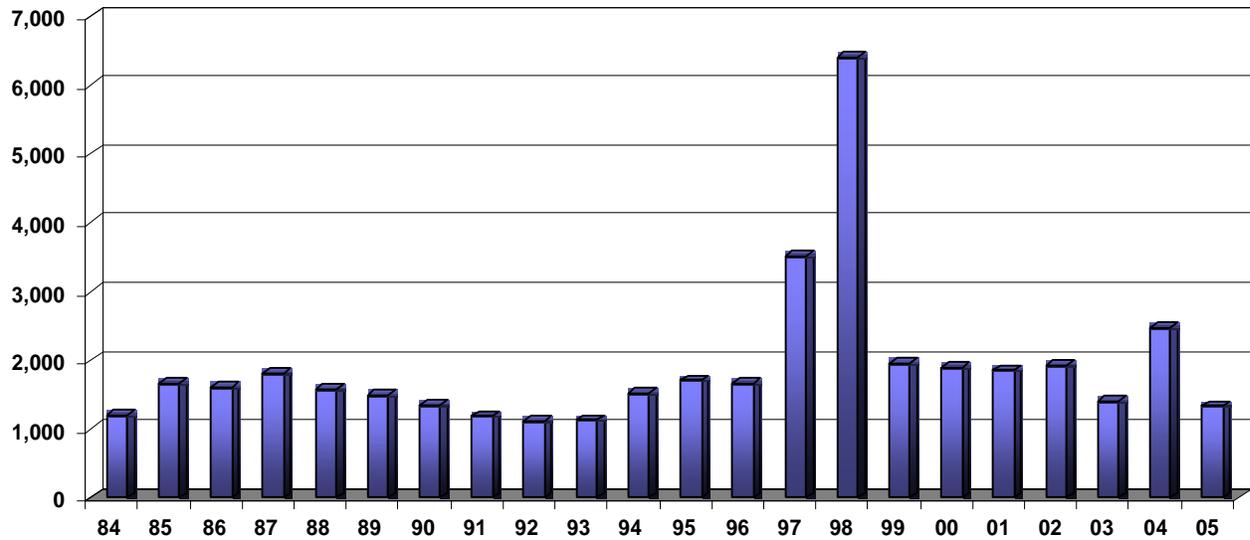


Figure 16

DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
Children Placed In Adoptive Homes Calendar Years 1984 Through 2005

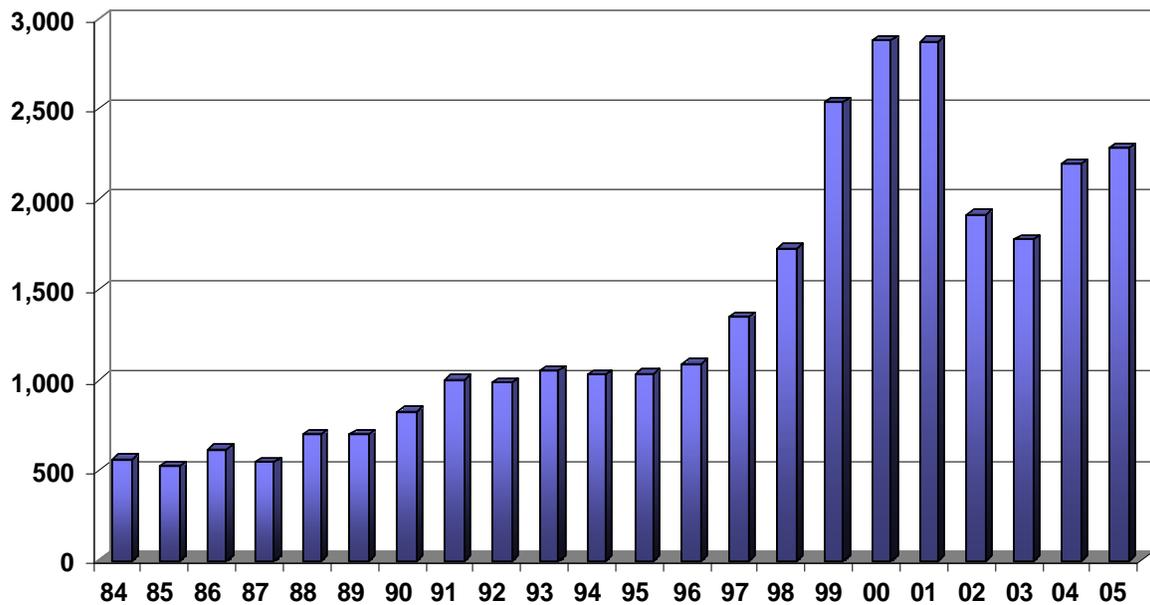




Figure 17

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

**Number of Youth Receiving P3 Services Calendar Years 2005 Through 2006**

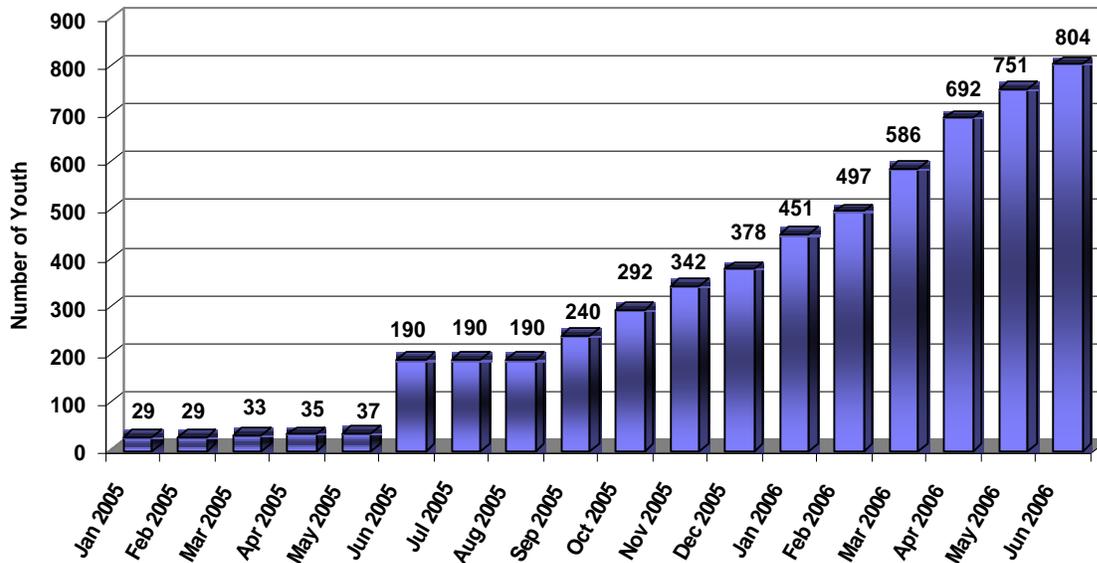
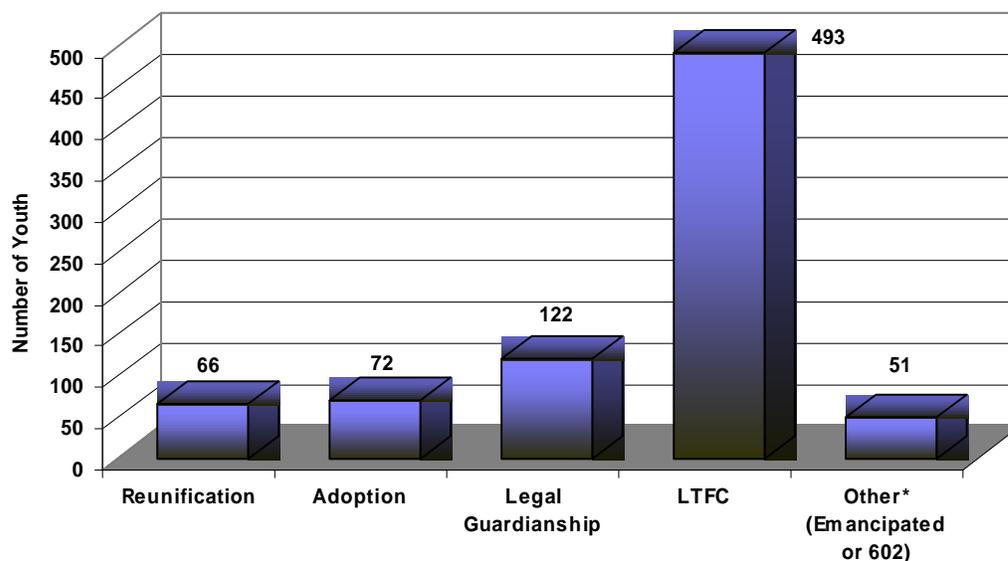


Figure 18

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

**New Case Plan Goals for Youth Receiving P3 Services Calendar Years 2005 Through 2006**





## GLOSSARY

**At Risk, sibling Abuse** - Based upon WIC 300 subdivision (j), the child's sibling has been abused or neglected, as defined in WIC 300 subdivision (a), (b), (d), (e), or (i), and there is a substantial risk that the child will be abused or neglected, as defined in those subdivisions. The court shall consider the circumstances surrounding the abuse or neglect of the sibling, the age and gender of each child, the nature of the abuse or neglect of the sibling, the mental condition of the parent or guardian, and any other factors the court considers probative in determining whether there is a substantial risk to the child.

**Calendar Year (CY)**.- A period of time beginning January 1 through December 31 for any given year

**California Department of Social Services (CDSS)** - A public social services agency that standardizes and regulates all county social services agencies within the State of California

**Case** - A basic unit of organization in Child Welfare Services/Case Management System (CWS/CMS), created for each child in a Referral found to be a victim of a substantiated or under certain circumstances inconclusive allegation of child abuse or neglect

**Caretaker Absence/Incapacity** - This refers to situations when the child is suffering, either physically or emotionally, due to the absence of the caretaker. This includes abandoned children, children left alone for prolonged periods of time without provision for their care, as well as children who lack proper parental care due to their parents' incapacity, whether physical or emotional.

**Child Welfare Services/Case Management System (CWS/CMS)** - A statewide child tracking database of the State of California

**Department of Children and Family Services (DCFS)** - The County of Los Angeles child protective services agency.

**Emergency Response (ER)** - A child protective services component that can include immediate, in-person response, 24 hours a day, seven days a week to reports of abuse, neglect, or exploitation for the purpose of providing initial intake services and crisis intervention to maintain the child safely in his or her home or to protect the safety of the child.

**Emotional Abuse** - Emotional abuse means willful cruelty or unjustifiable inappropriate punishment of a child to the extent that the child suffers physical trauma and intense personal/public humiliation

**Exploitation** - Exploitation exists when a child is made to act in a way that is inconsistent with his/her age, skill level, or maturity. This includes sexual exploitation in the realm of child pornography and child prostitution. In addition, exploitation can be economic, forcing the child to enter the job market prematurely or inappropriately; or, it can be social with the child expected to perform in the in the caretaker role.

**Family Maintenance (FM)** - A child protective services component that provides time-limited services to prevent or remedy neglect, abuse, or exploitation for the purpose of preventing separation of children from their families.



**Family Reunification (FR)** - A child protective services component that provides time-limited foster care services to prevent or remedy neglect, abuse, or exploitation, when the child cannot safely remain at home and needs temporary foster care while services are provided to reunite the family

**Final Decree of Adoption** - A court order granting the completion of the adoption.

**Foster Family Agency** - A non-profit organization licensed by the State of California to recruit, certify, train, and provide professional support to foster parents. Agencies also engage in finding homes for temporary and long-term foster care of children. “Resource Families” – foster families whose focus is to reunite children with their birth families. If children cannot return home safely, the Resource Family would be able and willing to provide these children with a safe and permanent home.

**Foster Family Home (Resource Family Home)** - Any home in which 24-hour non-medical care and supervision are provided in a family setting in the licensee's family residence for not more than six foster children inclusive of the member's family.

**General Neglect** - The person responsible for the child's welfare has failed to provide adequate food, shelter, clothing, supervision, and/or medical or dental care. This category includes latchkey children when they are unable to properly care for themselves due to their age or level of maturity.

**Group Home** - A facility that provides 24-hour non-medical care and supervision to children,

provides services to a specific client group and maintains a structured environment with such services provided at least in part by staff employed by the licensee.

**Non-related Legal Guardian** - A person who is not related to a minor empowered by a court to be the guardian of a minor.

**Out-of-Home Care** - The 24-hour care provided to children whose own families [parent(s)/guardian(s)] are unable or unwilling to care for them, and who are in need of temporary or long-term substitute parenting. Out-of-Home care providers include relative caregivers, Resource Family Homes, Small Family Homes, Group Homes, family homes certified by a Foster Family Agency and family homes with DCFS Certified License Pending.

**Out-of-Home Care Provider** - The individual providing temporary or long-term substitute parenting on a 24-hour basis to a child in out-of-home care, including relatives

**Permanent Placement (PP)** - A child protective services component that provides an alternate, permanent family structure for children who, because of abuse, neglect, or exploitation, cannot safely remain at home, and who are unlikely to be reunified with their parent(s)

**Physical Abuse** - A physical injury which is inflicted by other than accidental means on a child by another person. Physical abuse includes deliberate acts of cruelty, unjustifiable punishment, and violence towards the child such as striking, throwing, biting, burning, cutting, and twisting limbs.



**Referral** - A report of suspected child abuse, neglect, or exploitation, or alleged violation of California Community Care Licensing Division Standards.

**Relative** - A person connected to another by blood or marriage. It includes parent, stepparent, son, daughter, brother, sister, stepbrother, stepsister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin or any such person denoted by the prefix "grand" or "great" or the spouse of any of the persons specified in this definition, even after the marriage has been terminated by death or dissolution

**Severe Neglect** - The child's welfare has been risked or endangered or has been ignored to the degree that the child has failed to thrive, has been physically harmed or there is a very high probability that acts or omissions by the caretaker would lead to physical harm. This includes children who are malnourished, medically diagnosed non-organic failure to thrive, or prenatally exposed to alcohol or other drugs..

**Sexual Abuse** - Any sexual activity between a child and an adult or person five years older than the child. This includes exhibitionism, lewd and threatening talk, fondling, and any form of intercourse. New Small Family Home. Any residential facility in the licensee's family residence providing 24 hour a day care for six or fewer children who are mentally disordered, developmentally disabled or physically handicapped and who require special care and supervision as a result of such disabilities.

**Substantial Risk** - Is based upon WIC 300 (a), (b), (c), (d), and (j). It is applicable to situations in which no clear, current allegations exist for the child, but the child appears to need preventative services based upon the family's history and the level of risk to the child. This allegation is used when a child is likely to be a victim of abuse, but no direct reports of specific abuse exist. The child may be at risk for physical, emotional, sexual abuse, general or severe neglect.

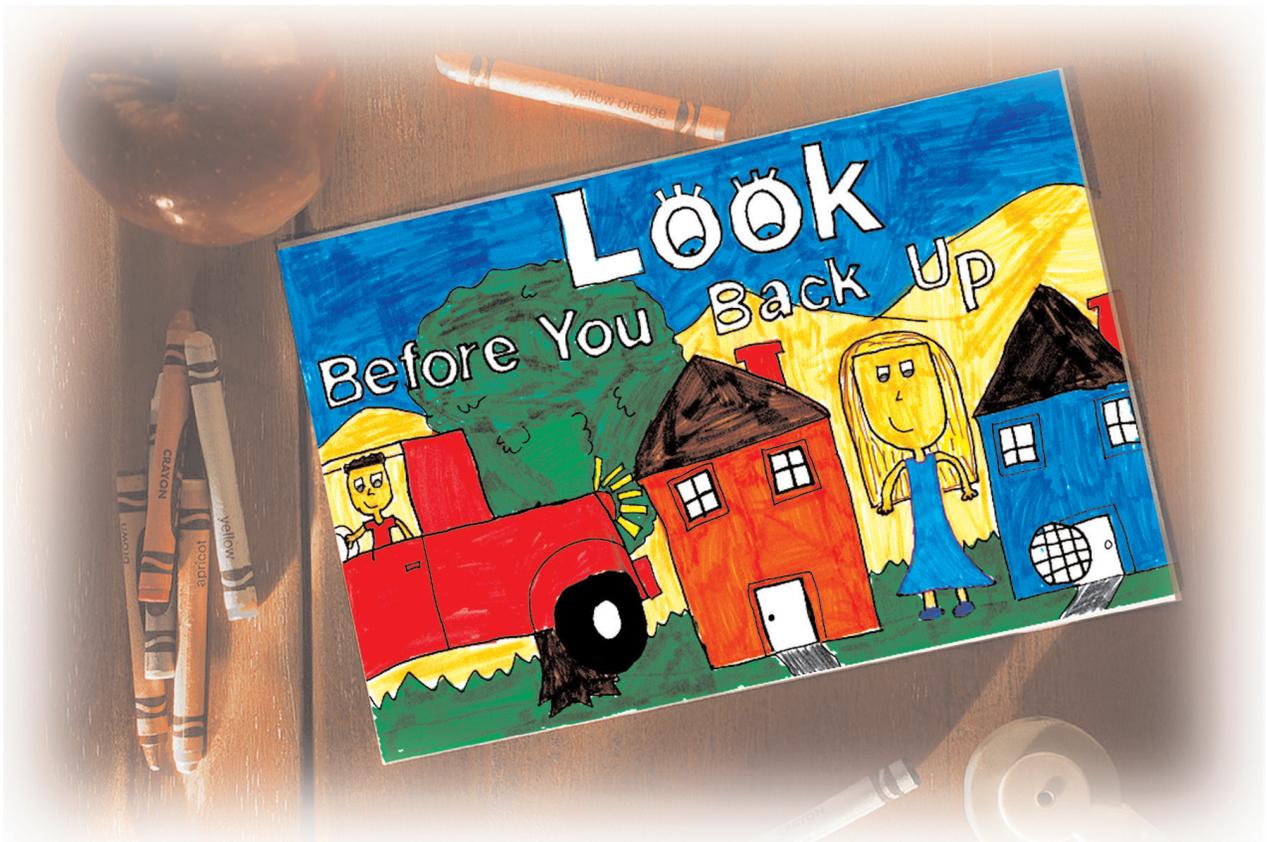
**Substantiated** - An allegation is substantiated, i.e., founded, if it is determined, based upon credible evidence, to constitute child abuse, neglect or exploitation as defined by Penal Code Section 11165. 6.

**Unfounded** - An allegation is unfounded if it is determined to be false, inherently improbable, involved accidental injury or does not meet the definition of child abuse.

**Unsubstantiated (inconclusive)** - An allegation is unsubstantiated if it can neither be proved nor disproved.



# LOS ANGELES SUPERIOR COURT AGENCY REPORT







## LOS ANGELES SUPERIOR COURT JUVENILE DEPENDENCY COURT 2005

### Court Overview

Juvenile Court proceedings are governed by the Welfare and Institutions Code (WIC), hereinafter, the Code. Through the Code, the legislative branch of government sets the parameters for the Court and other public agencies to establish programs and services which are designed to provide protection, support or care of children; provide protective services to the fullest extent deemed necessary by the juvenile court, probation department or other public agencies designated by the Board of Supervisors to perform the duties prescribed by the Code; and insure that the rights and the physical, mental or moral welfare of children are not violated or threatened by their present circumstances or environment (WIC §19).

The Juvenile Court has the authority to interpret, administer and assure compliance with the laws enumerated in the Code such that the protection and safety of the public and each child under the jurisdiction of the Juvenile Court is assured and the child's family ties are preserved and strengthened whenever possible. Children are removed from parental custody only when necessary for the child's welfare or for the safety and protection of the public. The child and his family are provided reunification services whenever the Juvenile Court determines removal must be necessary.

The Los Angeles County Juvenile Division encompasses Courts which adjudicate three types of proceedings: Delinquency, Informal Juvenile and Traffic and Dependency, and is headed by the Presiding Judge of the Juvenile Court. Delinquency proceedings involve children under the age of 18 who are alleged to have committed a delinquent act (conduct that would be criminal if committed by an adult) or who are habitually disobedient, truant or beyond the

control of the parent or guardian (engaging in non-criminal behavior that may be harmful to themselves) (WIC §§ 602, 601).

There are two specialized Delinquency Courts, the Juvenile Mental Health Court and the Juvenile Drug Court. The Juvenile Mental Health Court treats juvenile offenders who suffer from diagnosed mental disorders and mental disabilities. The Juvenile Drug Court provides voluntary comprehensive treatment programs for non-violent minors who have committed drug or alcohol related offenses or delinquent behavior and a history of drug use.

Informal Juvenile and Traffic Courts hear and dispose of cases involving children under the age of 18 who have been charged with offenses delineated in WIC § 256. These offenses include traffic offenses, loitering, curfew violations, evading fares, defacing property, etc.

Dependency proceedings exist to protect children who have been seriously abused, neglected or abandoned, or who are at substantial risk of abuse or neglect (WIC §§ 202, 300.2).

The Department of Children and Family Services (DCFS) investigates allegations of abuse and is the petitioner on all new cases filed in the Dependency Court. DCFS bears the burden of proof and must make a prima facie showing at the initial hearing (the arraignment/detention hearing) that the child requires the protection of the Court.

There are twenty-one Dependency Courts in the Los Angeles Court system. Twenty are located in the Edmund D. Edelman Children's Court in Monterey Park; one is in the Alfred J. McCourtney Juvenile Justice Center Courthouse serving families and children residing in the Antelope Valley. One courtroom at the Edelman Children's Court has been designated for private and agency adoptions. Two courts hear matters involving the hearing impaired and another hears matters that fall within the Indian



Child Welfare Act (25 U.S.C. § 1901 et. seq., CRC 439).

## **THE COURT PROCESS**

The fundamental goal of the Juvenile Dependency system is to assure the safety and protection of the child while acting in the child's best interest. The best interest of the child is achieved when a child is protected from abuse and feels secure and nurtured within a stable, permanent home.

To act in the best interest of the child, the Court must safeguard the parents' fundamental right to raise their child and the child's right to remain a part of the family of origin by preserving the family as long as the child's safety can be assured. All parents who appear in the Court and all children are represented by legal counsel. The Court will appoint legal counsel for a parent unless the parent has retained private counsel. Legal counsel for children are appointed by the Court and are statutorily mandated to inform the Court of the child's wishes. Legal counsel act in the best interest of the child by informing the Court of any conflict between what the child seeks and what may be in the child's best interest. DCFS is represented by County Counsel. All parties who appear in the Dependency Court are entitled to be represented by counsel. Children are appointed counsel regardless of their appearance in Court (WIC §317).

Preservation of the family can be facilitated through family maintenance and family reunification services. Family maintenance services are provided to a parent who has custody of the child. Family reunification services are provided to a parent whose child has been removed from their care and custody by the Court and placed in foster care. Prior to filing a petition in the Court, DCFS must make reasonable efforts to provide services that might eliminate the need for the intervention of the Court.

Before a parent can be required to participate in these services, the court must find that facts have been presented which prove the assertion of parental abuse, neglect or the risk of abuse or neglect as stated in the petition filed by the DCFS.

Findings of abuse or neglect are made at the Jurisdiction/Disposition hearing and result in the Court declaring the child dependent and the parents and child subject to the jurisdiction of the court. Reunification services for the family are delineated in the disposition case plan, which is tailored by the court to the requirements of each family and provided to them under the auspices of the DCFS.

Reunification services facilitate the safe return of the child to the family and may include drug and alcohol rehabilitation, the development of parenting skills, therapeutic intervention to address mental health issues, education and social skills, in-home modeling to develop homemaking and/or budgeting skills. The disposition case plan must delineate all the services deemed reasonable and necessary to assure a child's safe return to his/her family. When a family fully and successfully participates in reunification services that have been appropriately tailored, the family unit is preserved and the child may remain with the birth family.

Stability and permanence are also assured when a child is able to safely remain within the family unit without placement in foster care while parents receive family maintenance services from DCFS under the supervision of the Court. If the Court has ordered that the child may reside with a parent, the case will be reviewed every six (6) months until such time the Court determines that the conditions which brought the child within the court's jurisdiction no longer exist, at which time the court may terminate jurisdiction (WIC § 364).



Preserving the family unit through family maintenance and reunification services is one aspect of what is called Permanency Planning. Permanency Planning also involves the identification and implementation of a plan for the child when he/she cannot be safely returned to a parent or guardian (WIC §366.26). Concurrent Planning occurs when the Court orders reunification services simultaneous with planning for permanency outside of the parents' home. In the Dependency system, Concurrent Planning begins the moment a child has been removed from the parents' care.

Children require stability, a sense of security and belonging. To assure that concurrent planning occurs in a manner that will provide stability for the child, periodic reviews of each case are set by the court. When a child is removed from the care of a parent and suitably placed in foster care under the custody of the DCFS, the Court will order six (6) months of reunification services for children under the age of three (3), including sibling groups with a child under that age. For all other children, the reunification period is twelve (12) months. If the Court finds compliance with the service plan at each and every six -month Judicial Review hearing, the Court may continue services to a date eighteen months from the date of the filing of the original WIC §300 petition. To extend reunification services to the twelfth (12th) or eighteenth (18th) month date, the Court, based upon its evaluation of the history of the case, must find a substantial likelihood of the child's return to the parent or guardian on or before the permanency planning 18th month hearing (WIC § 366.21, et. seq.).

When children are returned to parents or guardians, the family is provided six months of family maintenance services to assure the stability of the family and the well being of the child. If reunification services are terminated without return to the parent or guardian, the Court must

establish a Permanent Plan for the child. Termination of reunification services without return of the child to the parent is tantamount to finding the parent to be unfit to parent that child or children. A parent who has failed to reunify with a child may be prevented from parenting later born children if the court sustains petitions involving the later born children. The Court may deny reunification services to the parent. In that case, the Court will set a Permanency Planning Hearing to consider the most appropriate plan for the child. The Code provides circumstances where the Court may in the exercise of its discretion order no reunification services for a parent (WIC § 361.5). Examples are when a parent has inflicted serious abuse upon a child; has a period of incarceration that exceeds the time period set for reunification; has inflicted serious sex abuse upon a child, etc.

If it is consistent with the best interest of the child, concurrent planning will take place during the reunification period. In the event the parents do not reunify with the child, the Court and DCFS are prepared to secure a stable and permanent home under one of three permanent plans set out in the Code (WIC §366.26):

1. Adoption of the child following a hearing where Dependency Court has terminated parental rights. Adoption is the preferred plan as it provides the most stability and permanence for the child.
2. Appointment of a Legal Guardian for the child. Legal Guardians have the same responsibilities as a parent to care for and control a child. However, legal guardianship provides less permanence, as a guardianship may be terminated by Court order or by operation of law when the child reaches the age of 18.
3. Planned Permanent Living Arrangement (formerly Long Term Foster Care). This plan is the least stable for the child because the child has not been provided a



home that will commit to parent him or her into adulthood while providing the legal relationship of parent and child.

When a Permanent Plan is implemented, the Court reviews it every six months until the child is adopted, guardianship is granted, or the child reaches age eighteen (18). Court jurisdiction for children under a Planned Permanent Living Arrangement cannot be terminated until the child reaches age eighteen. Jurisdiction may terminate for children under a plan of legal guardianship or when a child's adoption has been finalized.

### **SUBSEQUENT AND SUPPLEMENTAL PETITIONS**

Subsequent and supplemental petitions may be filed within existing cases by DCFS, the parents, and persons not a party to the original action. These petitions are filed to protect and/or assert the rights of parties, including the rights and interest of the child. Due Process issues may exist whenever a petition is filed in the Dependency Court. The Court may, therefore, be compelled to appoint counsel (if appropriate), set these matters for contested hearings, and, if the parents are receiving reunification services, the Court must resolve the new petitions while maintaining compliance within the statutory time lines.

Subsequent Petitions may be filed by DCFS anytime after the original petition has been adjudicated. They allege new facts or circumstances other than those under which the original petition was sustained (WIC § 342). A subsequent petition is subject to all of the procedures and hearings required for the original petition.

Supplemental Petitions may be filed by DCFS to change or modify a prior Court order placing a child in the care of a parent, guardian,

relative or friend, if DCFS believes there are sufficient facts to show that the child will be better served by placement in a foster home, group home or in a more restrictive institution (WIC § 387). A supplemental petition is subject to all of the procedural requirements for the original petition.

Petitions for Modification, (Pre and Post Disposition) may be filed to change or set aside any order made by the court (WIC § 385). Any person subject to the jurisdiction of the Court may make a motion pursuant to WIC § 385 at any time. Orders may be modified as the Court deems proper, subject to notice to the counsel of record.

Petitions for Modification (Post Disposition) may be filed by a parent or any person having an interest in a child who is a dependent child, including the child him or herself. These petitions allege a change of circumstances, or new evidence such that it is in the best interest of the child that the court modify or change its prior orders (WIC § 388).

### **CASELOAD OVERVIEW**

The data collected at this time does not fully reflect the workload of the Dependency Courts. In addition to the statutorily mandated hearings (Detention/Arrestment Hearing, Jurisdictional Hearing, Disposition Hearing, six, twelve and eighteen month review hearings, Selection and Implementation Hearing) the Court, acting in the best interest of the child, must often schedule hearings to receive progress reports if it is determined that Court ordered services may be lacking. Interim hearings may be scheduled to handle matters that have not been or cannot be resolved without court intervention. Cases that are transferred from other counties must be immediately set on the Court's calendar; and recently all of the courts began hearing adoption hearings once or



twice a month, so that permanency occurs without delay. All Dependency courts have a significant number of children who are prescribed psychotropic medication, which cannot be given to dependent children without court authorization. Regular review hearings are often continued because children are not brought to court for hearing, incarcerated parents are not transported to court, notice of hearing has not been found proper by the court, or reports needed for the hearing are not available. The Court will often make interim orders to address issues before it even though the case must be continued for hearing. These additional hearings impact the child, particularly when the case is in reunification.

## ANALYSIS

In 2005, new, subsequent and supplemental petitions were filed involving 18,627 children: 9,957 children were before the Court with new WIC §300 petitions; 7,344 supplemental and/or subsequent petitions were filed in 2005. New petitions were filed in 1,326 previously dismissed or terminated cases (Figure 1).

Matters involving 118,948 children were the subject of contested and uncontested Review Hearings. Statutorily mandated hearings in 2005 involved 127,506 children (Figure 2). These numbers reflect the total number of children whose cases were brought into the court in 2005 and not the number of children who are dependents of the court. (Many cases require judicial oversight multiple times in a calendar year.)

The data indicates a substantial decline in the number of filings since the peak year, 1997 when 22,645 petitions were filed in the Dependency Court. Filings in 2002 increased modestly over 2001 filings. Total filings in 2003 declined slightly to the levels of 2000 and 2001; and again in 2004 so that the modest

increase in 2002 appears to be an exception to a continuing downward trend. The number of review hearings rose consistently between 1992 and 2000, but have gradually declined since then to 118,948 in 2005 (Figure 3).

Of the 9,957 new WIC §300 petitions, out of home placement was ordered for 4,324 children in 2005. This latter number represents the foster care placement of just under sixty eight percent (67.5%) of the 6,403 children whose cases went to disposition in 2005 (Figure 4). The data indicates a significant increase in the filing of all petitions from 2004 to 2005. Analysis of the ten-year period 1995 to 2005 shows a dramatic filings increase peaking in 1997, and then a strong decline in filings until 2001, when a modest upward trend began. The downward trend resumed in 2003 and continued in 2004, but a strong upswing was evident in total filings for 2005. The composition of filings has changed over this decade. New petitions comprised approximately 75% of total petition filings in 1992, but by 2005, new filings comprised slightly more than half of total petition filings.

From 2004 to 2005 the filing of new petitions increased by 2,266 (29.7%); subsequent petitions increased by 480 (18.6%) petitions and supplemental petitions by 40 (0.9%). New filings increased from 7,691 in 2004 to 9,957 in 2005 suggesting that the increase in 2004 marked the beginning of an upward trend in new filings. New filings in 2005 were higher than any time since 1997, when 13,465 new petitions were filed.

There has been a 17.3% decrease in new filings from 1995 (13,123) to 2005 (9,957) and a substantial decrease in total filings from the 1997 high of 22,645 (Figure 5).



### Exiting the Dependency Court System

The data indicates that on average 72% of the disposition hearings end with the removal of children from their parents or guardian. In 2005, 9,957 children were the subject of new Dependency court petitions and 10,435 children had their cases dismissed or jurisdiction terminated. Since 1997, more children have exited the system than entered it (Figure 6).

This is directly related to the growth in petition filings from 1992 to 1997. The increase in new petitions filed during this period caused an increase in the juvenile Dependency population who, due to post-disposition review hearings, remain in the system for many years subsequent to their entry. Thus, children exiting the Dependency system do not show up in the statistics until several years after they have been identified as having entered it.

The greater number of children exiting the Dependency system than entering it may be the result of several factors including the following: changes in the Code authorized the Court to terminate jurisdiction for children placed in a permanent plan of Legal Guardianship; DCFS developed new approaches to prevention and treatment (family preservation, family group decision making, etc) resulting in fewer new petitions; the Code mandated Concurrent Planning, shorter periods for parents to reunify, and adoption as the preferred plan when parents failed to respond to reunification services; the Code made reunification discretionary in certain cases resulting in more children being made available for permanency planning.

These substantive changes in law, policy and practice may signify a Dependency Court with fewer filings.

The dramatic rise in filings from 1992 to 1997 was, in large part, due to the increasing availability and usage of "crack" cocaine in the late 1980's and mid 1990's, resulting in an

explosion of children born drug exposed and parents whose addiction negated their ability to parent.

The Courts are now witnessing a rise in drug related filings involving the drug methamphetamine. If the availability of this drug proliferates, the Dependency Court will again be mired in a high number of new cases. The damage posed to babies born with a positive toxicology for this drug is ominous. This is a natural result of the impact that the larger social order has on the functioning of parents and, therefore, on the operation of the Dependency Court.

### SELECTED FINDINGS

- A noticeable increase in filings occurred in 2005, reversing declines of the previous two years, and evidencing numbers last seen in 1998.
- New WIC §300 petitions in relation to total petition filings, constituted 53.4% of filings in 2005.
- 9,957 new WIC §300 petitions were filed in 2005, while 10,435 children exited the Dependency System.



**Figure 1**

**DEPENDENCY PETITIONS FILED**

Year	New 300	Subseq. 300	Subseq. 342	Suppl. 387	Suppl. 388	Reactivated	TOTAL
1995	13,123	3,621	520	2,261	913	0	20,438
1996	14,824	3,847	634	2,502	616	0	22,423
1997	13,465	4,765	860	2,540	1,015	0	22,645
1998	9,807	4,245	870	2,503	1,095	0	18,520
1999	8,918	4,748	628	2,541	1,461	0	18,296
2000	8,015	3,896	429	2,412	1,367	0	16,119
2001	8,285	2,873	580	2,148	2,236	0	16,122
2002	8,803	3,011	526	1,843	2,812	0	16,995
2003	7,501	2,244	716	1,598	2,941	1,169	16,169
2004	7,691	1,974	608	1,361	2,961	1,239	15,834
2005	9,957	2,381	681	1,295	2,987	1,326	18,627

**Figure 2**

**JUVENILE DEPENDENCY COURT**

**Dependency Court Workload**

Year	Petitions Filed	Judicial Reviews	Total Petitions and Reviews
1995	20,438	56,749	77,187
1996	22,423	76,691	99,114
1997	22,645	94,289	116,934
1998	18,522	105,291	123,813
1999	18,296	158,715	177,011
2000	16,119	165,187	181,306
2001	16,122	157,369	173,491
2002	16,995	140,436	157,431
2003	16,169	127,368	143,537
2004	15,834	124,323	140,157
2005	18,627	118,948	137,575



Figure 3

**JUVENILE DEPENDENCY COURT**  
**Petition Filings and Judicial Reviews**

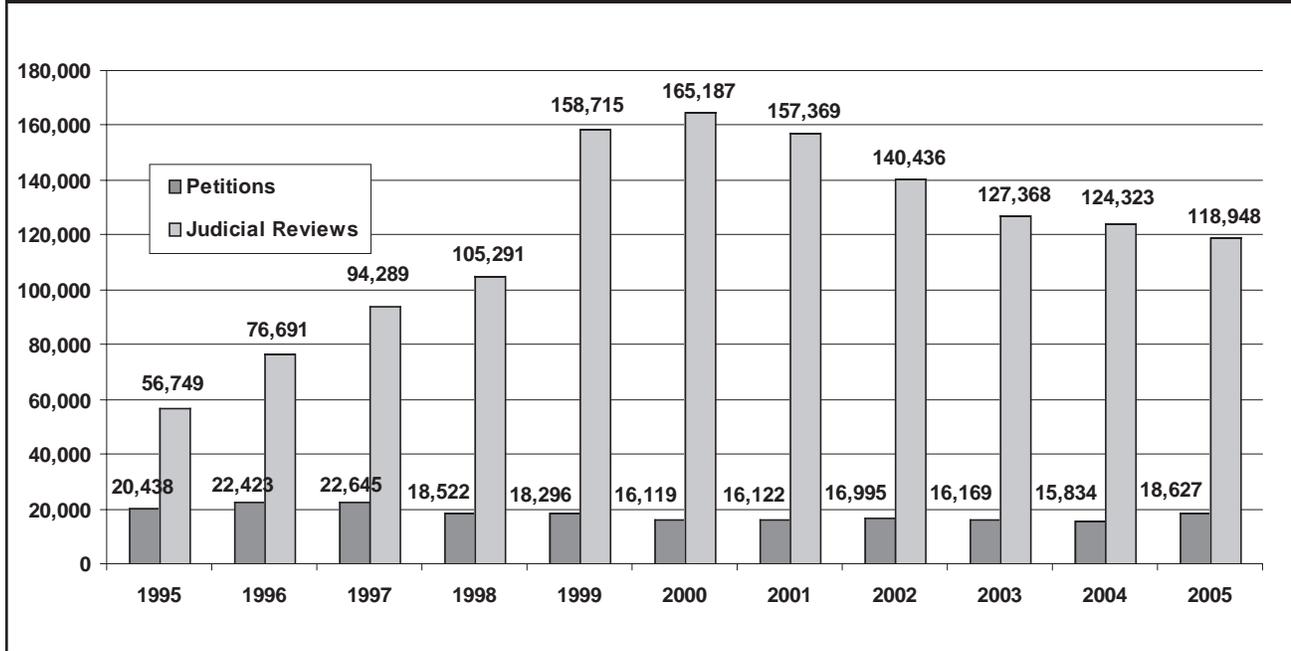


Figure 4

**JUVENILE DEPENDENCY COURT**

**Disposition Hearing Results by Category With Percentage of Total Dispositions**

YEAR	TOTAL	HOME OF PARENT	SUITABLE PLACEMENT	OTHER
1995	13,689	3,750 (27%)	9,857 (72%)	82 (0.6%)
1996	14,374	4,312 (30%)	9,976 (69%)	86 (0.5%)
1997	8,224	2,399 (29%)	5,723 (70%)	102 (0.7%)
1998	7,550	2,445 (32%)	5,066 (67%)	39 (0.5%)
1999	6,964	2,164 (31%)	4,618 (66%)	182 (2.6%)
2000	6,964	2,088 (30%)	4,640 (67%)	236 (3.5%)
2001	7,197	1,942 (27%)	5,010 (69.9%)	245 (3.4%)
2002	8,175	2,124 (26%)	5,748 (70.3%)	303 (3.7%)
2003	6,549	2,015 (31%)	4,296 (65%)	238 (4.0%)
2004	5,805	1,618 (27.9%)	3,960 (68.2%)	227 (3.9%)
2005	6,395	2,079 (32.5%)	4,027 (62.9%)	297 (4.6%)



Figure 5

DEPENDENCY PETITIONS FILED

New, Subsequent, Supplemental and Reactivated

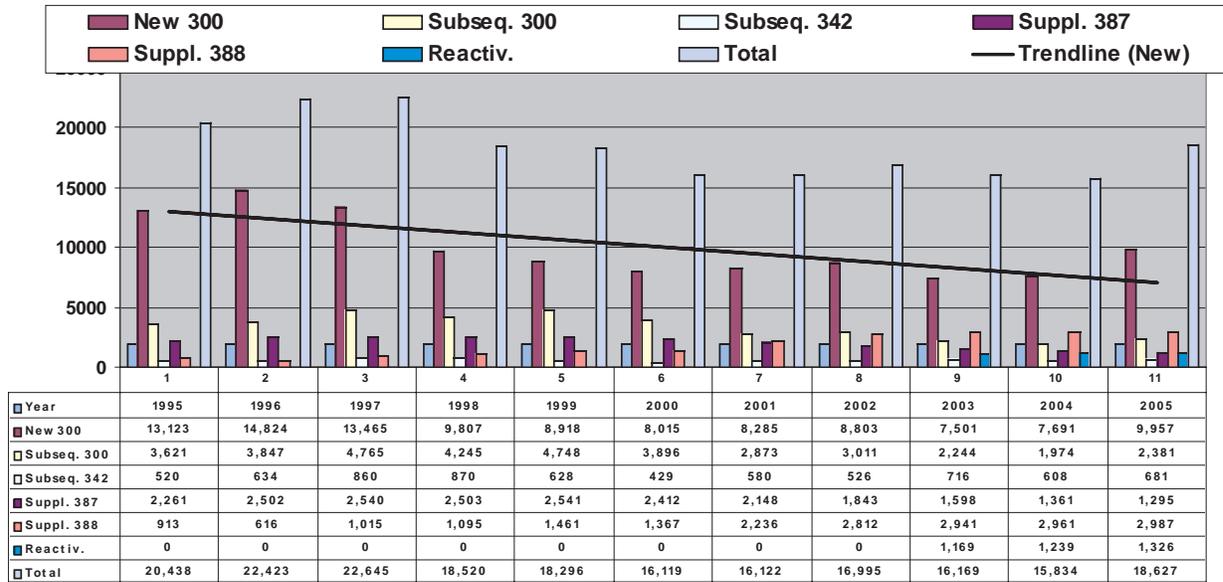
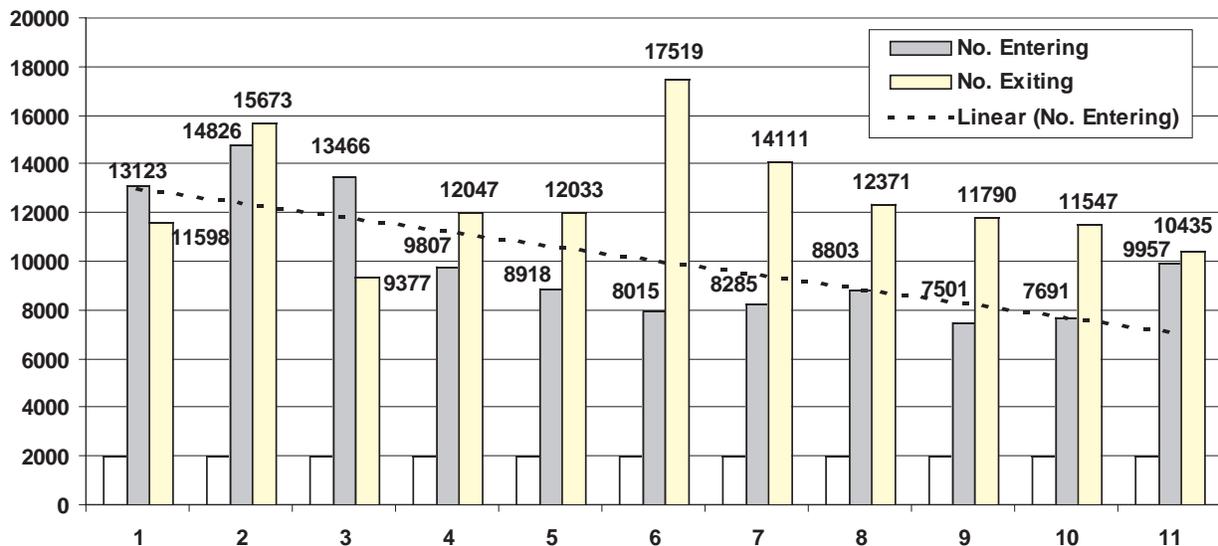


Figure 6

NEW CHILDREN ENTERING VS. EXISTING CHILDREN

Exiting the Dependency System





## GLOSSARY

**Adjudication-** A hearing to determine if the allegations of a petition are true.

**Detention Hearing-** The initial hearing which must be held within 72 hours after the child is removed from the parents. If the parents are present, they may be arraigned.

**Disposition-**The hearing in which the Court assumes jurisdiction of the child. The Court will order family maintenance or family reunification services. The Court may also calendar a Permanency Planning Hearing.

**Permanency Planning Hearing (PPH)-** A post-disposition hearing to determine the permanent plan of the child. May be held at the six, twelve or eighteen month date.

**Prima facie showing -** A minimum standard of proof asserting that the facts, if true, are indicative of abuse or neglect.

**Review of Permanent Plan-** A hearing subsequent to the Permanency Planning Hearing to review orders made at the PPH and monitor the status of the case.

**Selection and Implementation Hearing-** A permanency planning hearing pursuant to WIC §366.26 to determine whether adoption, legal guardianship or a planned permanent living arrangement is the appropriate plan for the child.

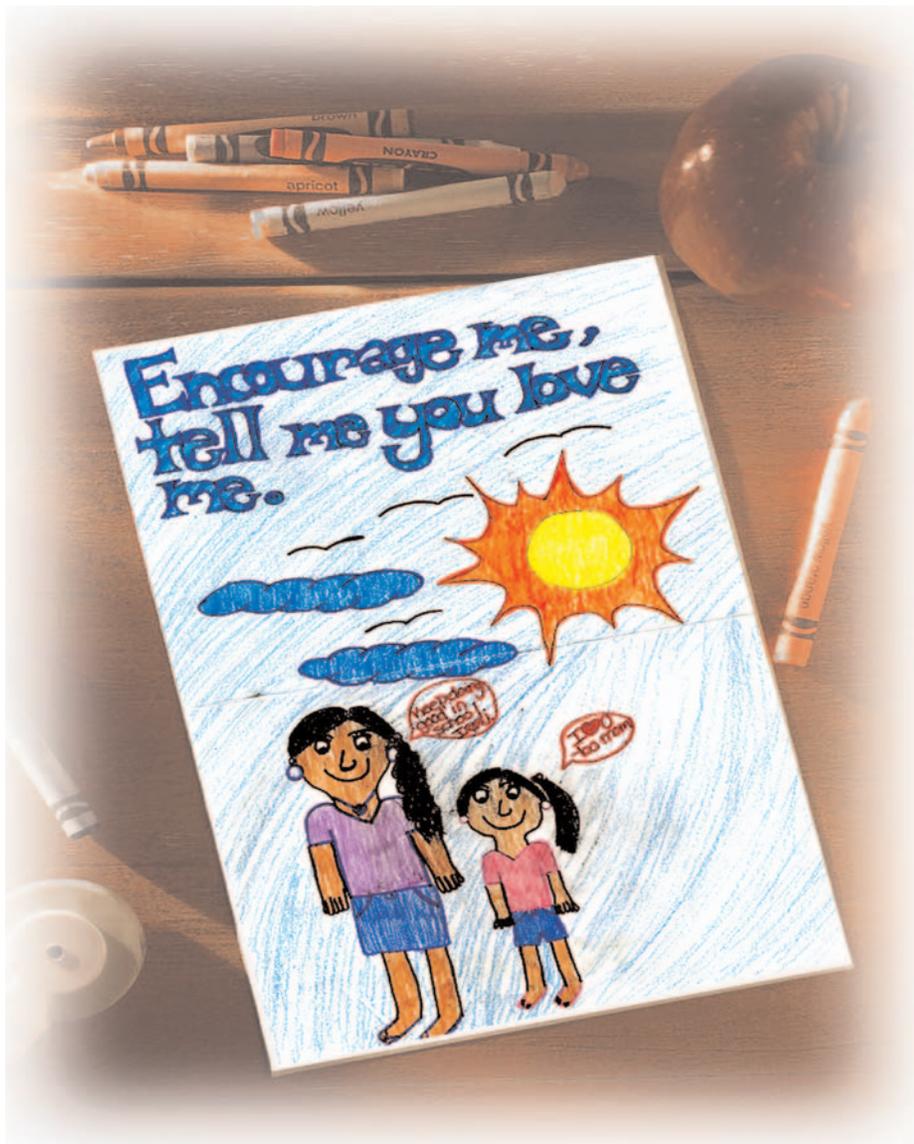
**WIC §300 Petition-** The initial petition filed by the Department of Children and Family Services that subjects a child to Dependency Court supervision. If sustained, the child may be adjudged a dependent of the court under subdivisions (a) through (j).

**WIC §342 Petition -** A subsequent petition filed after the WIC 300 petition has been adjudicated alleging new facts or circumstances.

**WIC §387 Petition -** A petition filed by DCFS to change the placement of the child.

**WIC §388 -** A petition filed by any party to change, modify or set aside a previous Court order.

# LOS ANGELES COUNTY SHERIFF'S DEPARTMENT AGENCY REPORT







## **LOS ANGELES COUNTY SHERIFF'S DEPARTMENT**

### **FAMILY CRIMES BUREAU**

The Los Angeles County Sheriff's Department is responsible for providing law enforcement services to nearly three million people in Los Angeles County. This service extends to forty contract cities and unincorporated County area. The Family Crimes Bureau (FCB) is the unit within the Department that investigates cases of physical and sexual child abuse that occur in its jurisdiction. Cases of child endangerment, neglect and emotional abuse, in which no physical harm comes to a child, are investigated by detectives assigned to one of the twenty-four stations located throughout the County. These cases are not included in this report.

The origins of FCB began in 1972 with the formation of the Youth Services Bureau, which primarily handled juvenile diversions. In 1974, the Child Abuse Detail became a separate unit tasked with investigating these specialized cases. In 1986, the Juvenile Investigations Bureau was developed and contained the Child Abuse Detail, as well as other details responsible for juvenile diversions, petition intake and control and juvenile delinquency court liaisons. During the 1990s, the Bureau was reorganized to handle only child abuse cases, and in October 1999, it became the Family Crimes Bureau. FCB will become the Special Victims Bureau on January 1, 2006. This change is being made to better define the types of crucial investigations undertaken at the unit.

Detectives that are selected to work in FCB are reviewed through a process that includes an application, written product and oral interview; and if selected, a background investigation prior to appointment. Detectives that are assigned to the Bureau are not rotated in various assignments and receive training in child physical

abuse, sexual assault, conducting investigations and interview techniques. New detectives are paired with experienced personnel during their training period, adding to the techniques previously learned. Detectives are also in contact, often daily, with Children's Social Workers (CSWs) from the Department of Children and Family Services (DCFS), the District Attorney's Office, other law enforcement agencies and medical professionals, all of which add insight and training.

Members of FCB provide training in child abuse laws and investigations to new Sheriff's Academy Recruits and advanced training to experienced Department personnel and to other law enforcement agencies. Additionally, training is offered to social service and foster family agencies, schools and many parent and civic groups. FCB personnel have been involved for the past several years in training new DCFS CSWs in the areas of collaborative efforts with law enforcement and CSW safety in order to assist them prior to their field assignments.

The Department is also represented by a detective from the Bureau on the Southern California Regional Sexual Assault Felony Enforcement (SAFE) Team, a federal task force headed by the FBI and comprised of members from the Los Angeles Police Department, postal inspectors from the United States Postal Service and several other law enforcement agencies. The SAFE team investigates Internet child pornography and sexual exploitation of children that is Internet-related.

### **LAW ENFORCEMENT PROCEDURES IN CHILD ABUSE INVESTIGATIONS**

Once law enforcement becomes involved in a reported child abuse, the primary goals are to protect the child from further abuse and to seek prosecution of an offender. Whether abuse is reported to DCFS or a law enforcement agency,



both are mandated to cross-report to each other in order to capture an incident. Many criminal reports generated by the Sheriff's Department are as a result of Suspected Child Abuse Reports (SCAR) from DCFS; however, many of these do not become investigations because some allegations are not criminal and others do not require law enforcement intervention.

When a criminal report is necessary, a Deputy Sheriff assigned to a patrol station usually is tasked with conducting a basic investigation, thereby completing a report that is presented to a supervisor for approval. The patrol deputy is also responsible for cross-reporting, when necessary, to DCFS. The approved report is forwarded to FCB for assignment to a detective, usually within 24 hours. Upon completing further investigation, the detective either presents a case for review to the District Attorney's Office or, if insufficient evidence for a prosecution exists, the case will be closed.

In September 2003, the Bureau began receiving SCARs on a daily basis from DCFS via a computer fax system, allowing FCB clerical personnel to place the SCARs into electronic "folders" for each Sheriff station, resulting in speedier investigations. In April 2005, DCFS acquired a similar computer fax system and now transmits the SCARs to the appropriate Sheriff station directly, bypassing FCB. This further expedited the investigation process and, in many cases, a deputy arrives at a location prior to a DCFS CSW. Approximately 12,000-13,000 SCARs are received annually from DCFS.

## SIGNIFICANT FINDINGS

In 2005, the FCB caseload decreased by 7.8%, with a similar drop in both physical and sexual abuse cases. The percentage and number of those victims of sexual abuse who were under 3 years of age dropped dramatically, from 26.6% (643) in 2004 to 15.6% (367) in 2005, a decrease of 11%. However, victims between the ages of 10 and 17 and those over 17 increased a total of 16.9%, from 54.1% in 2004 to 71% for 2005. Also noteworthy is that in both the victim and suspect ethnicity identifier of "Hispanic," the percentages are almost exact (57.1% and 57%, respectively).



Figure 1

**CASES REPORTED BY STATION AND TYPE OF ABUSE- 2005**

STATION	PHYSICAL	SEXUAL	TOTAL
Altadena	19	20	39
Avalon	1	2	3
Carson	68	76	144
Century	88	212	300
Cerritos	9	19	28
Compton	69	132	201
Crescenta Valley	22	13	35
East Los Angeles	50	142	192
Family Crimes Bureau	3	20	23
Industry	66	120	186
Lakewood	247	227	474
Lancaster	112	161	273
Lennox	62	100	162
Lomita	27	35	62
Lost Hills/ Malibu	18	42	60
Marina del Rey	10	9	19
Norwalk	92	150	242
Palmdale	81	165	246
Pico Rivera	39	85	124
Santa Clarita Valley	85	124	209
San Dimas	27	48	75
Temple	55	80	135
Transit Services Bureau	0	4	4
Walnut/Diamond Bar	28	40	68
West Hollywood	0	4	4
<b>TOTAL</b>	<b>1,278</b>	<b>2,030</b>	<b>3,308</b>

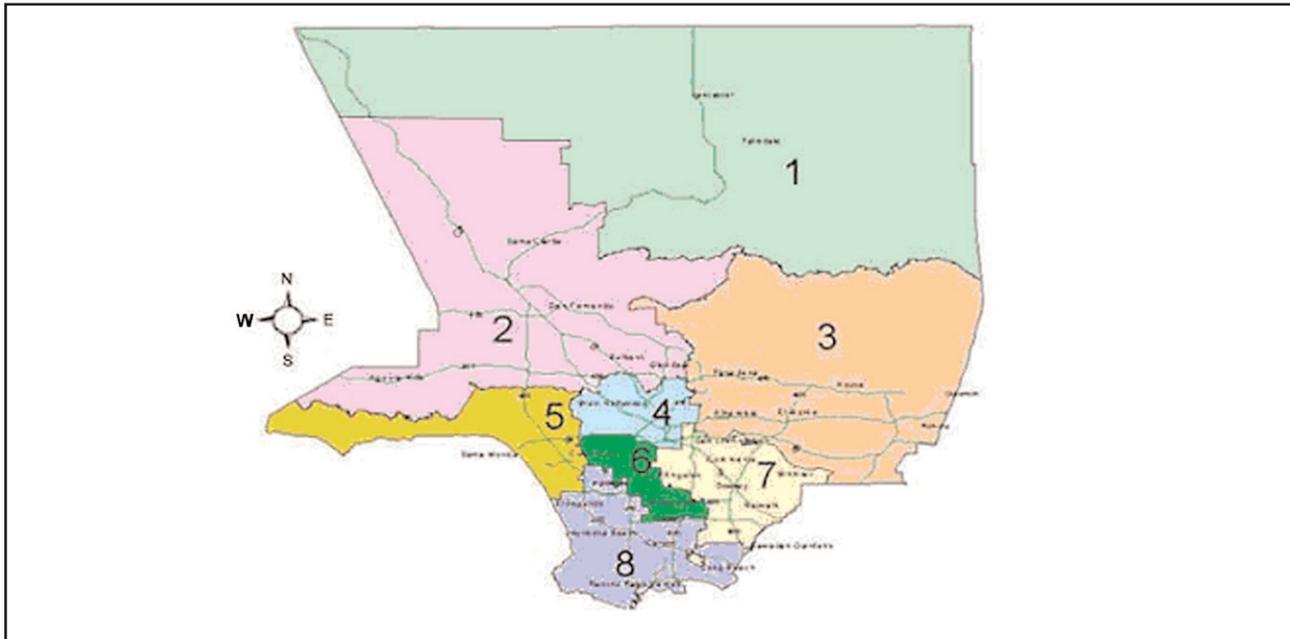


Figure 2

**STATIONS BY SERVICE PLANNING AREA (SPA) AND TOTAL CASES BY SPA - 2005**

SPA	STATION	CASES
1	Lancaster	273
	Palmdale	246
	<b>TOTAL SPA 1</b>	<b>519</b>
2	Crescenta Valley	35
	Lost Hills	56
	Santa Clarita Valley	209
	<b>TOTAL SPA 2</b>	<b>300</b>
3	Altadena	39
	Industry	186
	San Dimas	75
	Temple	135
	Walnut	68
<b>TOTAL SPA 3</b>	<b>503</b>	
4	West Hollywood	4
	<b>TOTAL SPA 4</b>	<b>4</b>
5	Malibu	4
	Marina del Rey	19
	<b>TOTAL SPA 5</b>	<b>23</b>

Figure 2 continued

**TOTAL CASES BY SPA - 2005**

SPA	STATION	CASES
6	Century	300
	Compton	201
	<b>TOTAL SPA 6</b>	<b>501</b>
7	Cerritos	28
	East Los Angeles	192
	Lakewood	474
	Norwalk	242
	Pico Rivera	124
<b>TOTAL SPA 7</b>	<b>1,060</b>	
8	Avalon	3
	Carson	144
	Lennox	162
	Lomita	62
<b>TOTAL SPA 8</b>	<b>371</b>	
<b>TOTAL</b>		<b>3,281</b>

\* The difference between the totals by SPA (3,281) and the total number of cases investigated (3,308) is due to cases generated by FCB and the Transit Services Bureau not being included by SPA.



Figure 3

**CASES REPORTED BY STATION- 2005**  
**Comparison of Cases 1996-2005**

	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	10 yr.tot.
Altadena <sup>1</sup>	na	na	na	na	na	40	64	64	49	39	256
Avalon	5	5	7	9	8	17	7	3	2	3	66
Carson	162	146	158	143	143	134	149	137	149	144	1,465
Century	289	250	280	297	270	240	327	283	324	300	2,860
Cerritos <sup>2</sup>	na	na	na	na	20	33	41	37	28	28	187
Compton <sup>3</sup>	na	na	na	na	66	214	245	175	192	201	1,093
Court Services <sup>4</sup>	na	na	0	0	0	1	0	0	0	0	2
Crescenta Valley	97	86	67	67	82	31	27	18	29	35	539
East Los Angeles	248	226	185	192	222	192	248	198	223	192	2,126
Family Crimes Bureau	na	na	na	14	20	17	15	22	25	23	136
Homicide Bureau <sup>5</sup>	na	na	na	0	0	1	0	0	0	0	1
Industry	199	179	162	169	228	230	244	220	209	186	2,026
Lakewood	327	367	356	312	278	340	383	353	468	474	3,658
Lancaster	640	656	603	356	349	321	284	274	312	273	4,068
Lennox	186	168	169	160	159	179	243	197	161	162	1,784
Lomita	80	51	53	52	41	44	61	55	64	62	563
Lost Hills/ Malibu	48	62	43	41	62	49	54	50	44	60	513
Marina del Rey	27	22	27	26	21	29	22	17	19	19	229
NCCF <sup>6</sup>	0	0	0	0	1	0	0	0	0	0	1
Norwalk	231	286	241	213	245	271	288	291	296	242	2,604
Palmdale <sup>7</sup>	na	na	na	274	284	274	302	294	351	246	2,025
Pico Rivera	125	116	87	82	105	103	103	112	102	124	1,059
San Dimas <sup>8</sup>	na	na	na	na	101	92	110	80	93	75	551
Santa Clarita Valley	191	182	171	194	195	214	181	194	187	209	1,918
Temple	177	166	159	170	148	168	211	145	162	135	1,641
Transit Services	0	0	0	3	3	3	0	4	3	4	20
Walnut/ Diamond Bar	198	213	175	165	76	84	102	89	78	68	1,248
West Hollywood	24	19	21	18	9	8	23	21	16	4	163
<b>TOTAL</b>	<b>3,254</b>	<b>3,213</b>	<b>2,964</b>	<b>2,957</b>	<b>3,136</b>	<b>3,329</b>	<b>3,734</b>	<b>3,333</b>	<b>3,586</b>	<b>3,308</b>	<b>32,802</b>

These statistics show the reported cases of child abuse assigned to the Family Crimes Bureau for the past ten years.

1 Altadena Station was a satellite station of Crescenta Valley until July 2001.

2 Cerritos Station became operational in January 2000.

3 The City of Compton contracted with the Department in September 2000.

4 Court Services Bureau had not submitted any child abuse cases until 2001.

5 Homicide Bureau had not submitted any child abuse cases until 2001.

6 NCCF (Custody Division) submitted a report of a child visitor injured by a family member.

7 Palmdale Station opened in 1999; until that time, the Lancaster Station was responsible for the Palmdale area.

8 San Dimas Station was a satellite station of the Walnut/Diamond Bar Station until 2000.



Figure 4

**VICTIMS BY AGE AND TYPE OF ABUSE - 2005**

PHYSICAL ABUSE			SEXUAL ABUSE		
Under 3 years	243	(15.8%)	Under 3 years	137	(6.1%)
3-4 years	124	(8.1%)	3-4 years	150	(6.7%)
5-9 years	383	(24.9%)	5-9 years	363	(16.2%)
10-14 years	469	(30.5%)	10-14 years	725	(32.3%)
15-17 years	264	(17.3%)	15-17 years	705	(31.4%)
Over 17 years	53	(3.4%)	Over 17 years	163	(7.3%)
<b>TOTAL</b>	<b>1,536</b>		<b>TOTAL</b>	<b>2,243</b>	

\*Age of victim at time of crime was under 17, but disclosure and report made when adult.

Figure 4

**VICTIMS BY AGE - PHYSICAL ABUSE - 2005**

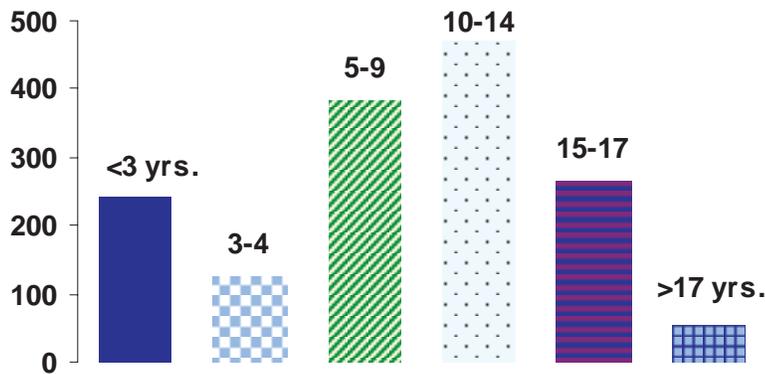


Figure 4

**VICTIMS BY AGE - SEXUAL ABUSE - 2005**

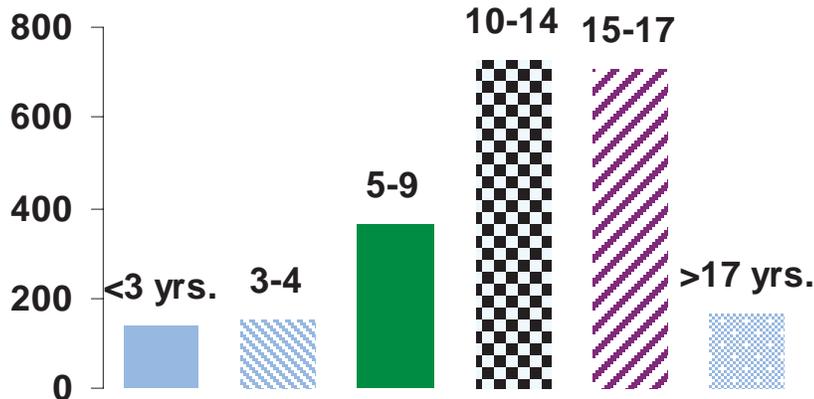




Figure 5

**VICTIMS BY GENDER AND TYPE OF ABUSE - 2005**

PHYSICAL ABUSE		SEXUAL ABUSE	
Male	755 (49.2%)	Male	367 (15.6%)
Female	781 (50.3%)	Female	1,980 (84.4%)
<b>TOTAL OF ALL VICTIMS</b>	<b>1,536</b>	<b>TOTAL OF ALL VICTIMS</b>	<b>2,347</b>

Note: The difference between victims identified by age and type of abuse (Figure 4) vary from those victims identified by gender and type of abuse (Figure 5) because actual victims may not be known/ identified at the time of the report.

Figure 5

**VICTIMS BY GENDER - PHYSICAL ABUSE - 2005**

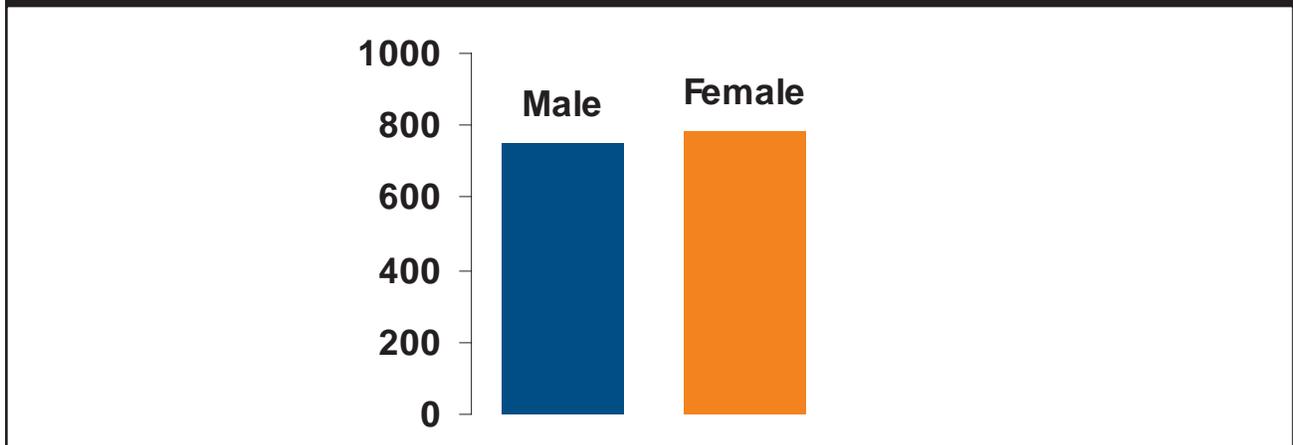


Figure 5

**VICTIMS BY GENDER - SEXUAL ABUSE - 2005**

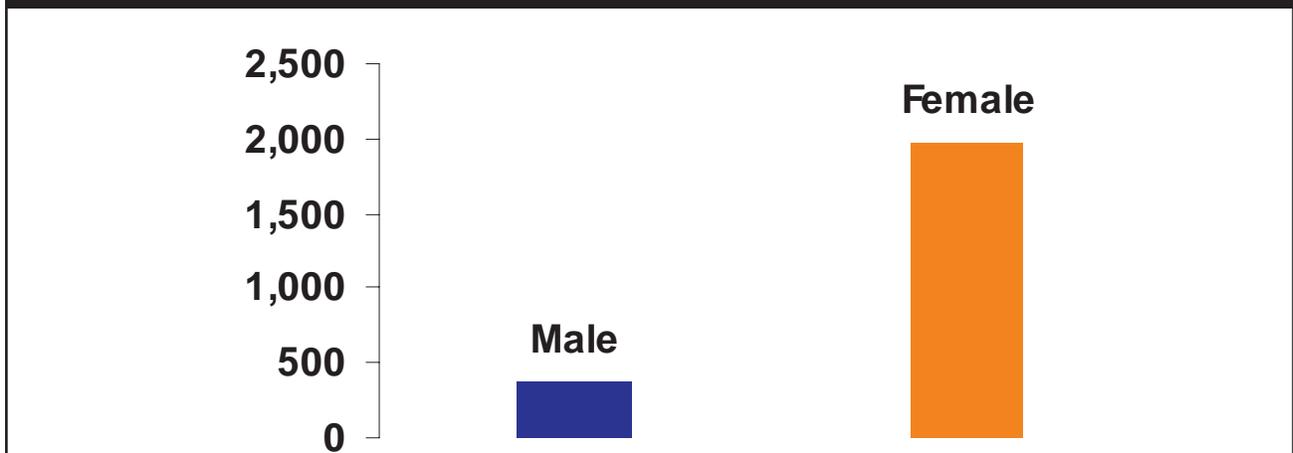
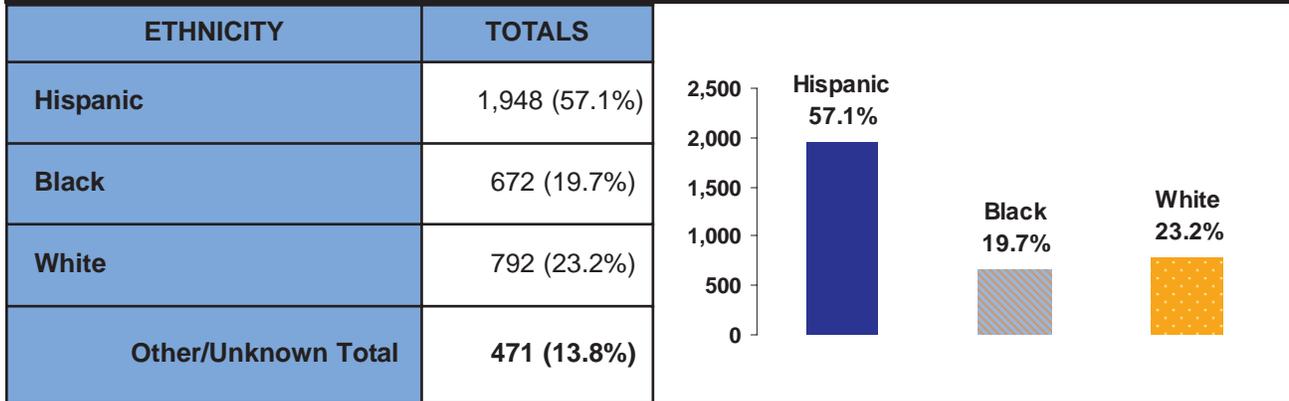




Figure 6

**VICTIMS BY ETHNICITY- 2005**



The database used by FCB only captures the listed ethnicities.

Number of victims in investigated cases: **3,883**

Number of victims identified by ethnicity: **3,412**

Figure 7

**SUSPECTS BY AGE AND TYPE OF ABUSE - 2005**

PHYSICAL ABUSE		SEXUAL ABUSE	
Under 18 years	45 (4.3%)	Under 18 years	342 (23.3%)
18-24 years	96 (9.2%)	18-24 years	365 (25%)
25-45 years	735 (71%)	25-45 years	554 (38%)
Over 45 years	166 (16%)	Over 45 years	200 (13.7%)
<b>TOTAL</b>	<b>1,042</b>	<b>TOTAL</b>	<b>1,461</b>

Figure 8

**SUSPECTS BY GENDER  
PHYSICAL ABUSE - 2005**

GENDER	SUSPECTS BY GENDER
Male	798 (54.8%)
Female	658 (45.2%)
<b>TOTAL</b>	<b>1,456</b>

Figure 8

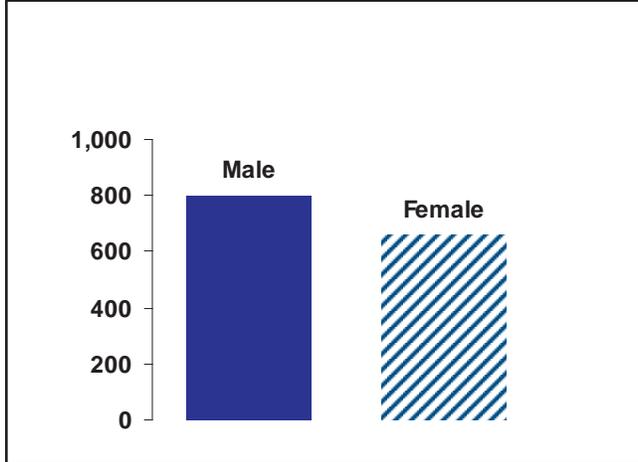
**SUSPECTS BY GENDER  
SEXUAL ABUSE - 2005**

GENDER	SUSPECTS BY GENDER
Male	2,123 (91.1%)
Female	207 (8.9%)
<b>TOTAL</b>	<b>2,330</b>

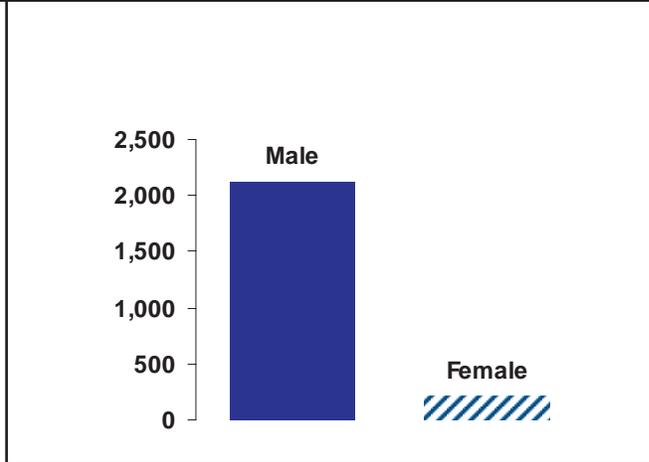
Note: The difference between suspects identified by age and type of abuse (Figure 7) vary from those suspects identified by gender and type of abuse (Figure 8) because actual suspects may not be known/identified at the time of the report.



**Figure 8**  
**SUSPECTS BY PHYSICAL ABUSE - 2005**



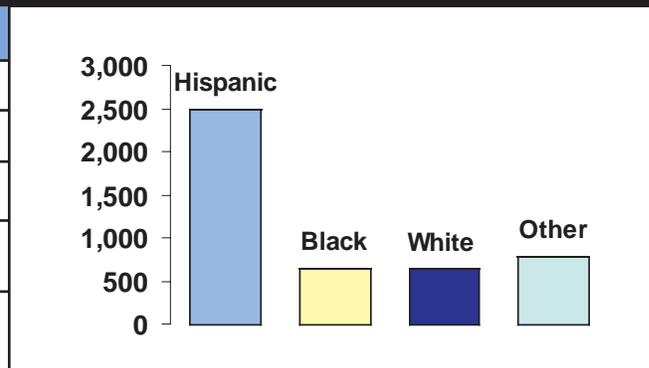
**Figure 8**  
**SUSPECTS BY SEXUAL ABUSE - 2005**



**Figure 9**  
**SUSPECTS BY ETHNICITY - 2005**

ETHNICITY	TOTALS	
Hispanic	1,712	(57%)
Black	650	(21.6%)
White	645	(21.4%)
Other/unknown Total	779	(20.6%)
<b>TOTAL</b>	<b>3,786</b>	<b>(100%)</b>

**Figure 9**  
**SUSPECTS BY ETHNICITY - 2005**



Total number of suspects in investigated cases: **3,786**

Number of suspects identified by ethnicity: **3,007**



**GLOSSARY OF LAW ENFORCEMENT TERMS AND CHILD ABUSE RELATED CRIMES**

**Battery-** An unlawful touching of another person, including spitting upon or being struck by an item thrown. Misdemeanor physical abuse is sometimes filed as a battery by the District Attorney's Office when there is insufficient evidence to prove a willful act.

**Case-** Upon completion and receipt of an "incident report" initiated by a patrol deputy, a case is developed by a detective. The case may be presented to the District Attorney or, if insufficient evidence, receive an alternate disposition. A case may involve one or multiple victims.

**Child abuse-** Any intentional act which constitutes physical harm or places a child at risk of endangerment, or any sexual act, or general or severe neglect or emotional trauma.

**Endangerment-** Any situation in which a child is at risk of possible harm, but not actually assaulted or injured.

**Exigent circumstances-** For law enforcement, this includes "fresh pursuit" (following or chasing a suspect of a crime just committed), or where a person is in immediate danger of injury or death.

**Incident report-** A report of an incident, whether criminal or not, usually generated by a uniformed patrol Deputy Sheriff. Also called a "complaint report" or "first report."

**Mandated reporter-** person required by state law to report any known or suspected child abuse or neglect. Peace officers, social workers, teachers and school administrators and health practitioners are but a few.

**Neglect-** A failure to provide the basic necessities, i.e., food, clothing, shelter and medical attention; poor sanitation in the living environment; and poor hygiene. Usually broken down as general or severe.

**Physical abuse-** Any physical assault upon a child. Any unjustifiable pain or suffering, or injury willfully inflicted upon a child, may constitute a physical assault.

**Physical abuse (felony)-** Any cruel or inhuman suffering (endangering), or physical assault causing such an injury, that could possibly lead to or causes great bodily injury or death.

**Physical abuse (misdemeanor)-** Any cruel or inhuman suffering (endangering), or physical assault causing such an injury that would not be likely to cause great bodily injury or death.

**Sexual abuse-** Any lewd or lascivious act involving a child. Fondling, oral copulation, penetration and intercourse are considered lewd acts.

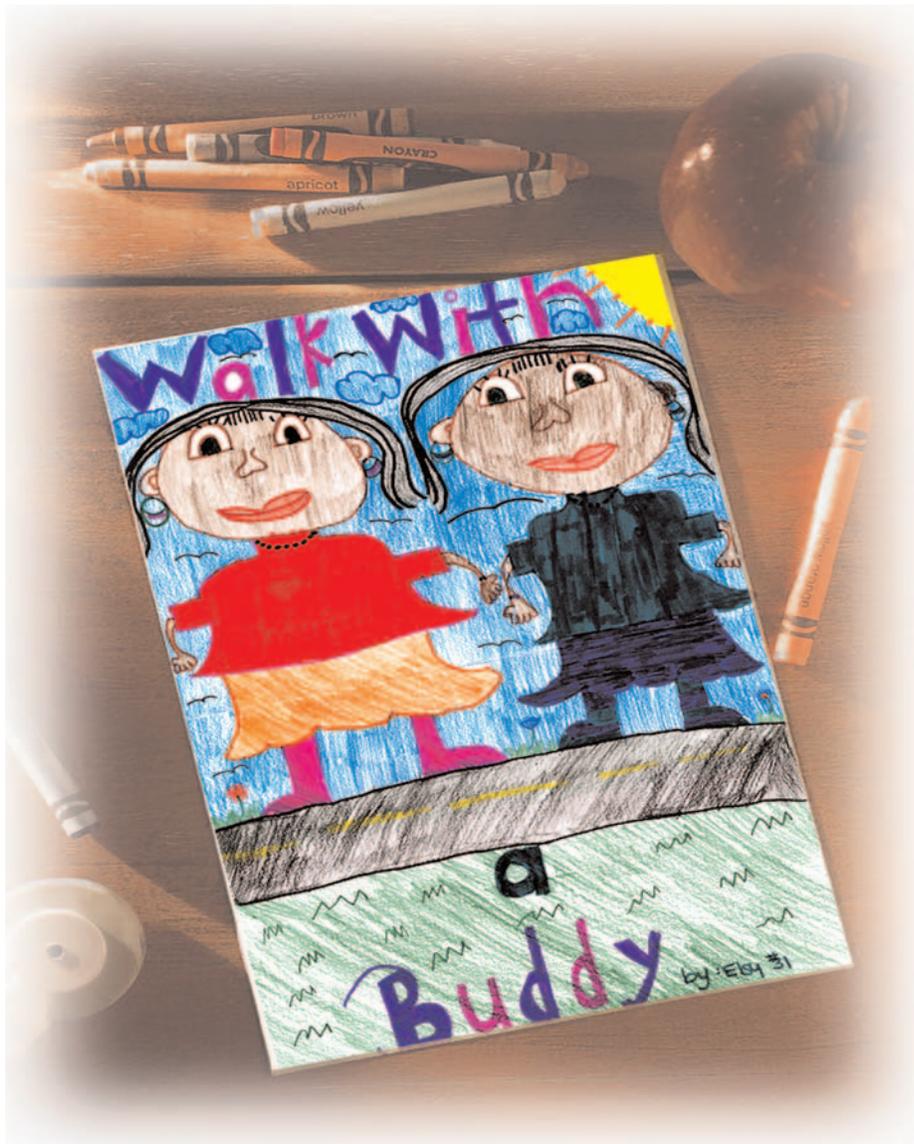
**Sexual abuse (felony)-** Any lewd or lascivious act wherein the punishment includes the possibility of a state prison sentence. This includes oral copulation, rape and unlawful intercourse.



**Sexual abuse (misdemeanor)-** An act lacking a certain element required for a felony or, in many cases, involving a child that is older, usually sixteen or seventeen years old and which the maximum punishment is a sentence to county jail.



# LOS ANGELES COUNTY COUNSEL AGENCY REPORT







## LOS ANGELES COUNTY COUNSEL

### Dependency Division and Dependency Appeals Division

The mission of the Office of the Los Angeles County Counsel is to provide timely and effective legal representation, advice and counsel to the County, the Board of Supervisors, and public officers and agencies.

The Dependency Division and the Dependency Appeals Division of County Counsel are located at the Edmund D. Edelman Children's Court in Monterey Park. There are 108 attorneys in the Dependency Division and 12 attorneys in the Appeals Division.

The attorneys provide legal services and advice to the Los Angeles County Department of Children and Family Services (DCFS) and represent DCFS in dependency proceedings filed under section 300 of the Welfare and Institutions Code (WIC).

The practice of dependency law provides an opportunity for members of the Dependency Division to be part of the County team with DCFS to protect abused, neglected, or abandoned children, to preserve and strengthen family ties and to provide permanency for children.

The purpose of Dependency Court as embodied in the statutes that govern it is to provide for the safety and protection of each child under its jurisdiction and to preserve and strengthen the child's family ties whenever possible. Parenting is a fundamental right which may not be disturbed unless a parent is acting in a way that is contrary to the safety and welfare of the child. A child is removed from parental custody only if it is necessary to protect the child from harm. When the court determines that removal of a child is necessary, reunification of the child with his or her family becomes the primary objective.

The proceedings in Dependency Court differ significantly from civil actions and affect the fundamental rights of both parents and children. Knowledge of the law and the case, combined with insight and judgment enable County Counsel to work cases with opposing counsel in a spirit of cooperation to achieve realistic and reasonable results for the family and child while assuring the child is protected.

The Dependency Mediation Program encourages non-adversarial case resolution. Two County Counsel work with the mediators and children's social workers (CSW) to assist the trial attorneys in resolving legal issues, assuring appropriate case resolutions, reviewing case plans, and reaching meaningful agreements with the parents and children through their respective counsel and with DCFS. In 2005, 1,400 cases were referred to mediation. One thousand were completed and of that number, over 70% reached a settlement.

A child abuse investigation is initiated through a call to the Child Protection Hot-line. DCFS is invested with the responsibility of investigating allegations of child abuse and neglect and determining whether a petition should be filed alleging that the child comes within the jurisdiction of the Dependency Court. The CSW submits the petition request to the Intake and Detention Control Section of DCFS. County Counsel staffs Intake and Detention Control with an attorney who reviews the petition to assure it is legally sufficient. In addition, the Intake and Detention Control attorney gives legal advice on detention and filing issues and provides summaries of child death cases. In 2005, 12,917 new petitions were filed. Of the number of new petitions filed, 29 involved the death of a sibling.

Once a petition has been filed, the petitioner (DCFS), through its attorney, has the burden of proof at the initial hearing, and subsequent jurisdiction, disposition, review, and selection



and Implementation hearings held in Dependency Court. There is a direct calendaring system in Dependency Court and vertical representation throughout the proceedings which provide necessary continuity and familiarity with a case.

## INITIAL HEARING

The purpose of the initial petition hearing is to advise parents of the allegations in the petition and to determine detention issues. Based on prima facie evidence submitted in the CSW's report, the Court makes a determination whether (1) the child should remain detained, and (2) if the child comes within the description of WIC section 300 (a) - (j). County Counsel advocates for continued detention if it appears necessary for the safety and protection of the child because:

- There is a substantial danger to the physical health of the child or the child is suffering severe emotional damage, and there are no reasonable means by which the child's emotional or physical health can be protected without removing the child from the custody of the parents or guardian;
- There is substantial evidence that a parent, guardian, or custodian of the child is likely to flee the jurisdiction of the court;
- The child has left a placement in which he or she was placed by the Dependency Court; or,
- The child indicates an unwillingness to return home and has been physically or sexually abused by a person residing in the home.

If a child is detained, the court must make a finding that there is substantial danger to the physical and/or emotional health and safety of the child, and there are no reasonable means to

protect the child without removing the child from the home. The court also must make a finding that reasonable efforts were made to prevent or eliminate the need to remove the child from the home.

## JURISDICTION

At the Jurisdiction hearing, County Counsel has the burden of proof to establish by a preponderance of the evidence that the allegations in the petition are true and that the child has suffered or there is a substantial risk that the child will suffer serious physical or emotional harm or injury.

The parties may set a matter for Mediation or for a Pretrial Resolution Conference prior to the adjudication during which County Counsel participates in informal settlement negotiations.

Alternatively, the matter may be set for an Adjudication. If the child is detained from the parent's home, the matter must be calendared within 15 days. If the child is released to a parent, the time for trial is 30 days. At the Adjudication, County Counsel litigates the counts set forth in the petition to establish the legal basis for the court's assumption of jurisdiction. If it is necessary to call a child as a witness, County Counsel may request that the court permit the child to testify out of the presence of the parents. The court will permit chambers testimony if the child either is (1) intimidated by the courtroom setting, (2) afraid to testify in front of his or her parents, or (3) it is necessary to assure that the child tells the truth.

The social study report prepared by the CSW, attachments to the report, and hearsay statements in the report may be used as substantive evidence subject to specific objections. The CSW as the preparer of the report and other hearsay declarants must be available for cross-examination. Statements made by a child under



twelve years of age who is the subject of the petition also are admissible as evidence if they were not procured by fraud, deceit or undue influence.

At the conclusion of testimony, the court may find the allegations true and sustain the petition; or, find some of the allegations true, amend the petition and sustain an amended petition; or, find the minor is not a person described by WIC section 300 and dismiss the petition.

## DISPOSITION

If the child is found by the court to be a person described by WIC section(s) 300 (a) - (j), a disposition hearing is held to determine the proper plan for the child. The Disposition hearing is held 10 days after the Adjudication if the minor is detained, or 30 days if DCFS is recommending the court order no reunification services for the parents, or if DCFS seeks to release the child to the custody of a parent.

If DCFS recommends that the child be removed from parental custody, County Counsel must establish by clear and convincing evidence that return of the child to his or her parents would create a substantial risk of detriment to the safety, protection, or physical or emotional well-being of the child and there are no reasonable means by which to protect the child.

If a child is removed from parental custody, the court may order family reunification services. There must be a reunification plan that is designed to meet the needs of the family and may include counseling and other treatment modalities which will alleviate the problems which led to dependency court involvement. If the child is three years of age or older, the period of reunification is twelve months and may not exceed 18 months. If the child is under three years of age, a parent has six months to

successfully reunify, and the court has the discretion to limit the time frame of reunification for older siblings when one of the siblings is under three. If DCFS has determined that it would not be in the best interests of the child to reunify with his or her parent(s), County Counsel must demonstrate to the court that the specific statutory criteria have been met on which the court may base a non-reunification order. The court must make a finding that it would not be in the best interests of the child when denying reunification services. If a parent is in custody, the court, if it is going to deny reunification, is required to make a finding that it would be detrimental to the child to order reunification services. There are 15 statutory grounds under which a court may deny reunification services to the parent:

- The whereabouts of the parent is unknown;
- A child or sibling has been physically or sexually abused as determined on two separate dependency petitions;
- The parent has caused the death of a child through abuse or neglect;
- The child is under 3 years old and has been severely physically abused;
- The child or the child's sibling has been severely sexually abused or severely physically harmed;
- The child has been willfully abandoned which has caused serious danger to the child, or the child has been voluntarily surrendered;
- The parent has been convicted of a violent felony as defined in Penal Code Section 667.5;
- The child has been conceived under Penal Code Sections 288 or 288.5 (rape);
- The parent has abducted the child's sibling or half-sibling;



- The parent is suffering from a mental illness and is incapable of benefiting from reunification services;
- Reunification services have been terminated for a sibling after the sibling was removed from the home;
- Parental rights were terminated on a sibling, and the parent has not made an effort to treat the problems that led to the removal of the sibling;
- The parent is a chronic abuser of drugs or alcohol.

If the court has not ordered reunification services for the family, a hearing to select and implement a permanent plan must be calendared within 120 days. If the parent's whereabouts is unknown, the selection and implementation hearing is not scheduled until after the initial six-month review.

A non-custodial parent is entitled to custody of his or her child unless it can be shown that custody would be detrimental to the safety, protection or physical or emotional well-being of the child.

When the court is making a placement decision for a child, it first must consider placement with the custodial parent followed by the non-custodial parent, relative, non-related extended family member, foster home, community care facility, foster family agency, or group home.

In addition, the court is required to develop and/or maintain sibling relationships whenever possible.

## REVIEW HEARINGS

(WIC Section 364) If the court has ordered that the child reside with a parent, the case will be reviewed every six months until such time the court determines that conditions no longer exist which brought the child within the court's

jurisdiction, the child is safe in the home, and jurisdiction may be terminated.

(WIC section 366.21(e) If the court has ordered family reunification services, the subsequent review hearings are held every six months. At each of the review hearings, the court reviews the status of the child and the progress the parents have made with their case plan. The court is mandated to return the child to the custody of his or her parents unless it finds by a preponderance of the evidence that return would create a substantial risk of detriment to the safety, protection, or physical or emotional well-being of the child. Failure of a parent to participate regularly and make substantive progress in court-ordered treatment programs is prima facie evidence that return of the child would be detrimental.

If the child was under the age of three at the time he entered foster care, the first six-month review hearing is a permanency hearing.

(WIC section 366.21(f)) The twelve-month review is the permanency hearing for children over the age of three upon entering foster care. If the child is not returned to the custody of his or her parents, the court must terminate reunification efforts and set the matter for a hearing at which a permanent plan of adoption, guardianship, or long term foster care is selected. In rare instances, the court may continue the case for an additional six-months if it is able to make a finding that there is a substantial probability that the child will be safely returned and maintained in the home by the time of the next hearing.

(WIC section 366.22) The final permanency hearing must occur within eighteen months of the original detention of the child, and if the child is not returned home at this hearing, the court must set a selection and implementation hearing within 120 days.

(WIC section 366.26) The selection and



implementation hearing is the hearing at which the court selects the permanent plan for the child. The preferred plan is adoption followed by legal guardianship and a planned permanent living arrangement. If the court selects adoption as the plan, before terminating parental rights, the court must find by clear and convincing evidence that the child is adoptable. There are five statutory defenses to a finding of adoptability:

1. A parent has maintained regular contact with the child, the child will benefit from continuing the relationship, and the benefit will outweigh the benefit derived from the permanence of an adoptive home.
2. A child 12 years of age or older does not wish to be adopted.
3. The child requires residential treatment, and adoption is unlikely or undesirable.
4. The caretaker is unwilling or unable to adopt because of exceptional reasons.
5. There would be substantial interference with a child's sibling relationship.

## **DEPENDENCY APPEALS DIVISION**

Parties have a right to seek appellate relief throughout each stage of the dependency process, either by writ, petition or by appeal. The Dependency Appeals Division is staffed by 12 attorneys.

The appellate attorneys file the following briefs: Appellant's Opening Briefs, Respondent's Briefs, Affirmative Writs (including Emergency Child Safety Writs), Responsive Writs (39.1B) Petitions for Review, Petitions for Rehearing, Reply Briefs and Amicus Briefs. In order to write Appellant's Opening Briefs, Writs, or Respondent's Briefs, the attorneys review the appellate record averaging 800-1,000 pages and sometimes exceeding 4,000 pages

and read and distinguish pertinent case law on the issues presented.

Appellate attorneys also prepare concession letters or stipulated reversals where the opposing party has filed an Opening Brief and the appellate attorney, in consultation with DCFS and the trial attorney, determines that the appeal requires reversal or remand. A typical example of such a case is one involving improper notice under the Indian Child Welfare Act.

Additionally, appellate attorneys file appellate motions and/or miscellaneous appellate documents such as supplemental briefing, requests for publication or depublication, requests for or waivers of oral argument, conflict letters, abandonments, applications for extension, notices of appeal, motions to dismiss and requests for judicial notice.

Appellate attorneys also prepare for and attend oral argument in appropriate cases before the Court of Appeal and the Supreme Court. Presentation for oral argument includes a review of the entire record, briefs filed and relevant case law, in addition to follow up with the CSW regarding the present status of the case. They also provide advice on difficult cases when requested by the trial attorneys or DCFS and attend certain dependency hearings that may require future appellate action. The appellate attorneys also consult with CSWs and DCFS Liaison on appellate issues.

Currently, the Appeals Division on a fiscal yearly basis files approximately 425 appellate briefs and over 300 miscellaneous documents and motions.

## **DEPENDENCY DIVISION**

The Dependency Division staffs each of the 20 court rooms at the Edmund D. Edelman Dependency Court and the Dependency Court in Lancaster. In addition, the Dependency



Division analyzes proposed legislation, oversees dependency/delinquency cross-over cases and offers many training programs to County Counsel and DCFS staff. Approximately 427 attorney hours were spent during the year on social worker training programs. At the CSW Training Academy for new Social workers, County Counsel presented Dependency Overview, Reasonable Efforts, Legal Foundations, Notice and Art and Skill of Testifying trainings. County Counsel presented additional programs to CSWs on Legal Authority, Court Report Writing, Indian Child Welfare Act, AB 408, Current Issues in Law and Policy, Child Abuse Investigations, Mandatory Reporting of Child Abuse and Neglect, The Los Angeles County Protocol on Child Abuse and Neglect, Notice, and Search Warrants.

An interactive social worker testifying program was continued using a Children's Court courtroom as a classroom where CSWs were cross-examined by County Counsel in a mock trial setting.

Ongoing training has been provided to children's social workers by both County Counsel and children's attorneys to assist them in carrying out their responsibility to notify the child's attorney of significant events affecting a child. In addition, County Counsel staffed "office hours" in different regional offices. The time with an attorney provides the CSW an opportunity to ask questions and seek advice and input on non-case specific issues.

Training programs offered to County Counsel are coordinated through a County Counsel Training Committee. The training subjects reflect a consensus and comprehensive approach to the planning and delivery of the training at all levels of County Counsel legal staff. It includes individual mentoring and a specific program to acquaint new attorneys with Dependency Court law and procedures, in addition to Mandatory Continuing Legal Education

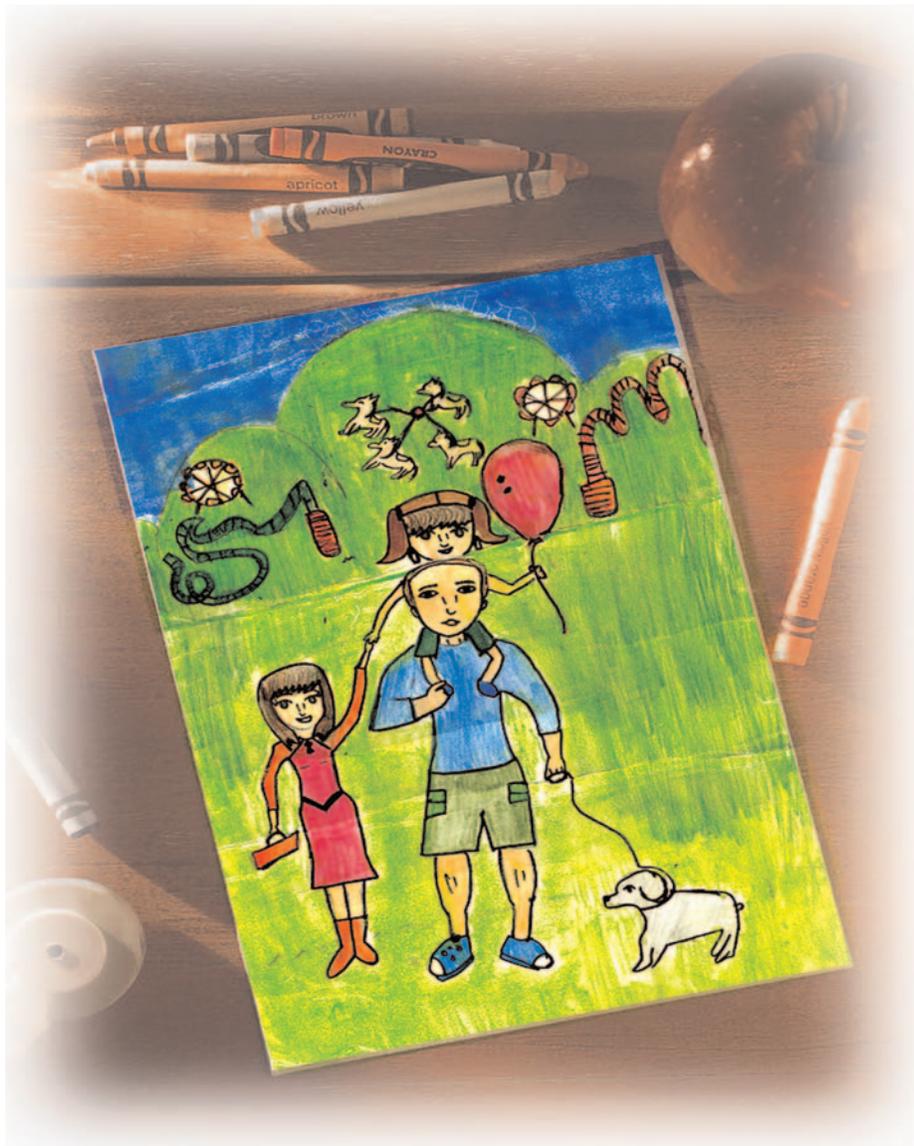
(MCLE) presentations by recognized experts in dependency-related matters, trial and legal writing skills programs designed particularly for County Counsel, in addition to monthly "round table" discussions updating staff on new case decisions and legislation. DCFS, judicial officers and children's attorneys are welcome to attend County Counsel trainings. As part of County Counsel's commitment to on going legal education and trial skills development, County Counsel staff has authored a Dependency Trial Manual and a Dependency Trial Notebook, both of which contain highly specialized reference materials utilized by County Counsel attorneys at every stage of the dependency proceedings.

County Counsel are active participants on various ICAN, court and other committees. They work with groups such as Find the Children to facilitate the return of abducted children and the Juvenile Justice Task Force.

Dependency Division County Counsel staff 16 DCFS regional offices. The attorney provides legal advice and accompanies the CSW to court on DCFS related cases. County Counsel assist the CSWs by reviewing:

- The legal sufficiency of court reports;
- Warrant requests for an AWOL child;
- Cases not filed in Dependency Court - i.e., voluntary maintenance contracts and/or voluntary placement contracts;
- Confidentiality issues;
- Delinquency/dependency cross-over cases; and
- Notices, including notice required for Selection and Implementation hearings and those under the Indian Child Welfare Act.

# LOS ANGELES POLICE DEPARTMENT AGENCY REPORT







## LOS ANGELES POLICE DEPARTMENT ABUSED CHILD SECTION AND CHILD PROTECTION SECTION

The Abused Child Section and Child Protection Section, Juvenile Division, were created to provide a high level of expertise in the investigation of child abuse cases. The sections investigate child abuse cases where the parent, stepparent, legal guardian or parents' live-in significant other appears to be responsible for any of the following:

- Physical impairment caused by depriving the child of the necessities of life;
- Physical or sexual abuse of a child and;
- Homicide, when the victim is under 11 years of age

The sections are also responsible for:

- Conducting follow-up investigations of undetermined deaths of juveniles under 11 years of age;
- Assisting Department personnel and outside organizations by providing information, training and evaluation of child abuse policies and procedures;
- Implementing modifications of child abuse policies and procedures as needed;
- Reviewing selected child abuse cases to ensure that Department policies are being followed;
- Reviewing, evaluating and recommending Department positions relative to proposed legislation affecting child abuse issues; and
- Acting as the Department's representative to, and maintaining liaison with, various public and private organizations concerned with the prevention, investigation and treatment of child abuse.

## SEXUALLY EXPLOITED CHILD UNIT AND INTERNET CRIMES AGAINST CHILDREN UNIT

The Sexually Exploited Child Unit and the Internet Crimes Against Children Unit, Juvenile Division, are responsible for seeking out and investigating violations of state and federal laws pertaining to the sexual exploitation of children when:

- Children under 16 years of age are exploited for commercial purposes;
- Exploitation activities are of an organized nature, e.g., a child prostitution ring;
- Suspect is a recidivist and multiple victims may be involved;
- Suspect is identified as a person in a "position of trust."
- Suspect is an Internet predator of children; and
- Suspect is involved in the production, distribution or possession of child pornography.

## GEOGRAPHIC AREAS

The Los Angeles Police Department maintains 19 community police stations, known as Geographic Areas. Each Area is responsible for the following juvenile investigations relating to child abuse and endangering cases:

- Unfit homes, endangering and dependent child cases;
- Child abuse cases in which the perpetrator is not a parent, stepparent, legal guardian or common-law spouse;
- Cases in which the child receives an injury, but is not the primary object of the attack; and,
- Child abductions.



**Figure 1**  
**LOS ANGELES POLICE DEPARTMENT**  
**JUVENILE DIVISION**  
**2005 CRIMES INVESTIGATED**

Type	Number	% of Total
Physical Abuse	1,033	52.81%
Sexual Abuse	568	29.04%
Endangering	319	16.31%
Homicide	9	0.46%
Others	27	1.38%
<b>TOTALS</b>	<b>1,956</b>	<b>100.00%</b>

*Figure 1: Indicates the number of crimes investigated by Juvenile Division in 2005.*

**Figure 2**  
**LOS ANGELES POLICE DEPARTMENT**  
**GEOGRAPHIC AREAS**  
**2005 CRIMES INVESTIGATED**

Type	Number	% of Total
Physical Abuse	0	0%
*Sexual Abuse	935	69.16%
**Endangering	417	30.84%
Homicide	0	0.00%
<b>TOTALS</b>	<b>1,352</b>	<b>100.00%</b>

*Figure 2: Indicates the number of crimes investigated by the geographic Areas in 2005.*

**Figure 3**  
**LOS ANGELES POLICE DEPARTMENT**  
**JUVENILE DIVISION**  
**2005 OTHER INVESTIGATED**

Type	Number	% of Total
Injury/SCARs	3,485	95.17%
Death	51	1.39%
Exploitation	126	3.44%
<b>TOTALS</b>	<b>3,662</b>	<b>100.00%</b>

*Figure 3: Indicates the number of other child abuse related investigations, conducted by Juvenile Division in 2005.*

**Figure 4**  
**LOS ANGELES POLICE DEPARTMENT**  
**NUMBER OF ARRESTS PROCESSED**  
**BY JUVENILE DIVISION IN 2005**

Type	Number	% of Total
Homicide (187 PC)	5	2.58%
Child Molest (288 PC)	79	40.72%
Child Endangering (273a PC)	0	0.00%
Child Abuse (273d PC)	102	52.58%
Other	8	4.12%
<b>TOTALS</b>	<b>194</b>	<b>100.00%</b>

*Figure 4: Indicates the number of arrests processed by Juvenile Division in 2005.*

**Figure 5**  
**LOS ANGELES POLICE DEPARTMENT**  
**NUMBER OF ARRESTS PROCESSED**  
**BY GEOGRAPHIC AREAS IN 2005**

Type	Number	% of Total
Homicide (187 PC)	0	0.00%
Child Molest (288 PC)	260	89.04%
Child Endangering (273a PC)	4	1.37%
Child Abuse (273d PC)	3	1.03%
Other	25	8.56%
<b>TOTALS</b>	<b>292</b>	<b>100.00%</b>

*Figure 5: Indicates the number of arrests processed by Geographic Areas in 2005.*

**Figure 6**  
**LOS ANGELES POLICE DEPARTMENT**  
**NUMBER OF DEPENDENT CHILDREN**  
**PROCESSED BY JUVENILE**  
**DIVISION IN 2005**

Type	Number	% of Total
Physical (300 WIC)(a)	402	34.48%
Sexual (300 WIC)(d)	199	17.07%
Endangered (300 WIC)(b)	565	48.45%
<b>TOTALS</b>	<b>1,166</b>	<b>100.00%</b>

*Figure 6: Indicates the number of dependent children processed by Juvenile Division in 2005.*



**Figure 7**  
**LOS ANGELES POLICE DEPARTMENT**  
**NUMBER OF DEPENDENT CHILDREN**  
**PROCESSED BY GEOGRAPHIC**  
**AREAS IN 2005**

Type of Abuse	Number	% of Total
Physical (300 WIC)	105	11.88%
Sexual (300 WIC)	254	28.73%
Endangered (300 WIC)	525	59.39%
<b>TOTALS</b>	<b>884</b>	<b>100.00%</b>

*Figure 7: Indicates the number of dependent children processed by geographic Areas in 2005.*

**LOS ANGELES POLICE DEPARTMENT -**  
**2005 CHILD ABUSE FINDINGS**

**JUVENILE DIVISION (JD)**

1. The total investigations (5,618) (crime and non-crime) conducted by the (JD) in 2005 showed an increase (32.47 percent) over the number of investigations (4,241) in 2004.
2. Adult arrests (194) by the (JD) in 2005 showed a decrease (20.16 percent) in the number of arrests made (243) in 2004.
3. The number of dependent children (1,166) handled by the (JD) in 2005 showed a decrease (24.29 percent) from the number handled (1,540) in 2004.

**Figure 8**

**LOS ANGELES POLICE DEPARTMENT REPORTS THE AGE**  
**CATEGORIES OF CHILDREN WHO WERE VICTIMS OF CHILD ABUSE IN 2005**

Type	0-4 Yrs.	5-9 Yrs.	10-14 Yrs.	15-17 Yrs.	Total
Physical Abuse	121	169	164	69	523
Sexual Abuse	200	406	682	214	1,502
Endangering	460	392	255	90	1,197
<b>TOTALS</b>	<b>781</b>	<b>967</b>	<b>1,101</b>	<b>373</b>	<b>3,222</b>

**NOTE:** The data in Figure 1 and Figure 2 shows a different number of victims than indicated in Figure 8. This is due to a minor administrative anomaly. Additionally, the above data for "sexual abuse" does not include cases of child annoying, since those victims are not *physically* molested.

**Figure 9**

**LOS ANGELES POLICE DEPARTMENT COMPARISON OF 2004 AND 2005**  
**TOTAL FIGURES FROM JUVENILE DIVISION AND THE GEOGRAPHIC AREAS**  
**AND THE PERCENT OF CHANGE BETWEEN THE TWO YEARS**

Type	2004	2005	% of Change
Total Investigations	5,768	6,970	20.84%
Total Adult Arrests	624	486	-22.12%
Dependent Children	2,667	2,050	-23.13%



### GEOGRAPHIC AREAS

1. The total investigations (1,352) conducted by the Areas in 2005 showed an increase of 32.47 percent from (1,527) in 2004.
2. Adult arrests (292) made by the Areas in 2005 showed a decrease of 23.36 percent from (381) in 2004.
3. The number of dependent children (884) handled by the Areas in 2005 was a decrease of 21.56 percent from the number handled (1,127) in 2004.

### ABUSED CHILD UNIT FIVE-YEAR TRENDS

The following charts represent the Abused Child Unit's five-year trends in the respective areas.

Figure 10

#### LOS ANGELES POLICE DEPARTMENT PHYSICAL ABUSE CRIMES INVESTIGATED 2001 - 2005

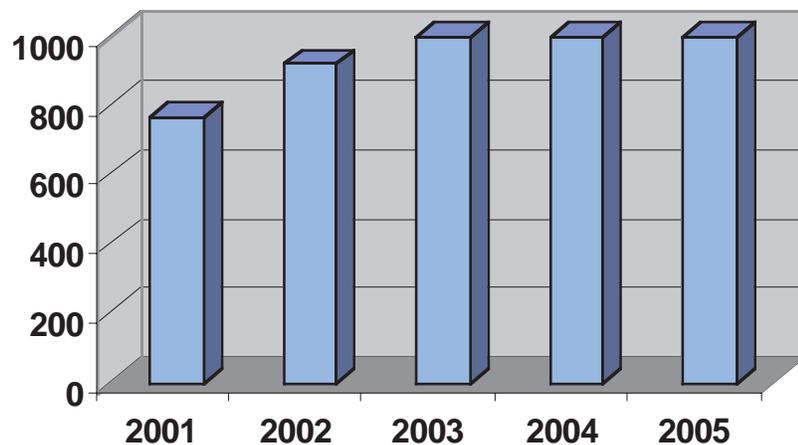




Figure 11

LOS ANGELES POLICE DEPARTMENT  
SEXUAL ABUSE CRIMES INVESTIGATED 2001 - 2005

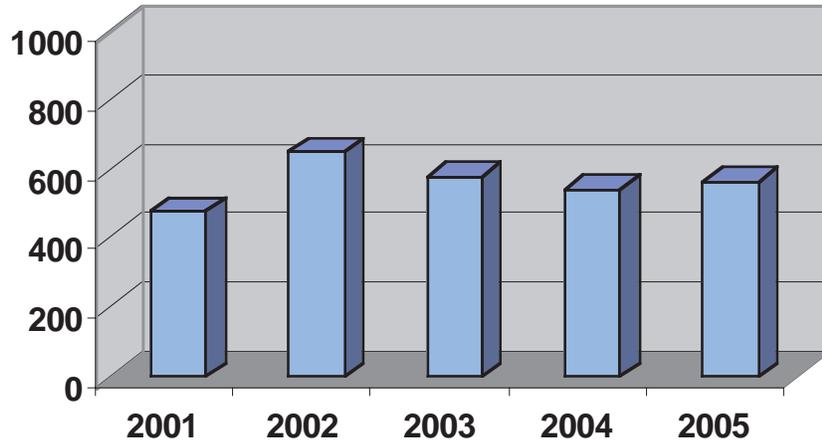


Figure 12

LOS ANGELES POLICE DEPARTMENT  
ENDANGERED CRIMES INVESTIGATED 2001 - 2005

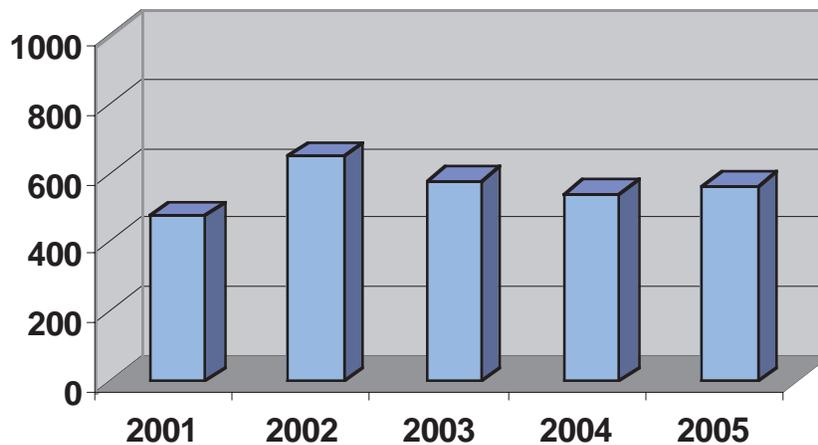




Figure 13

**LOS ANGELES POLICE DEPARTMENT  
HOMICIDE CRIMES INVESTIGATED 2001 - 2005**

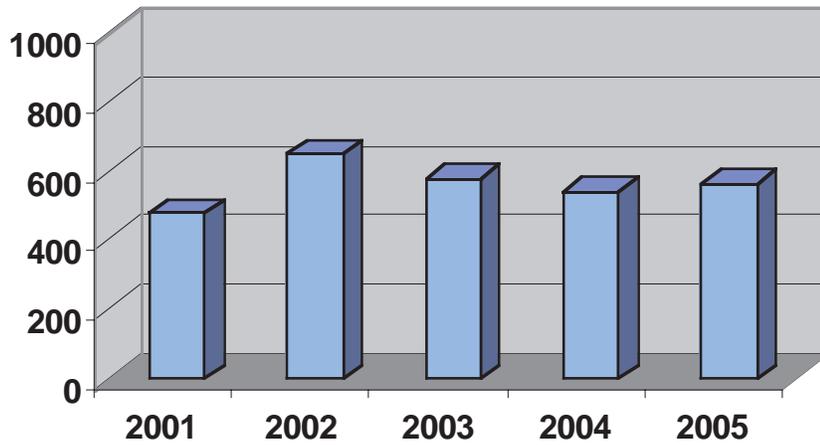


Figure 14

**LOS ANGELES POLICE DEPARTMENT  
INJURY/SCARS/EXPLOITATION INVESTIGATED 2001 - 2005**

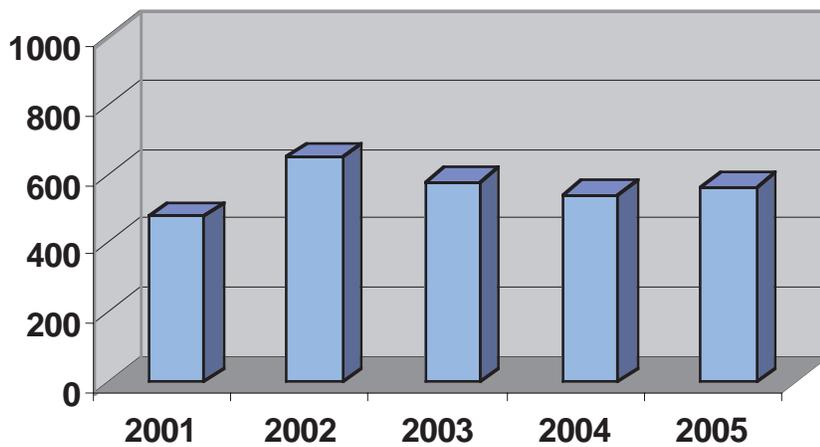




Figure 15

LOS ANGELES POLICE DEPARTMENT  
DEATHS INVESTIGATED 2001 - 2005

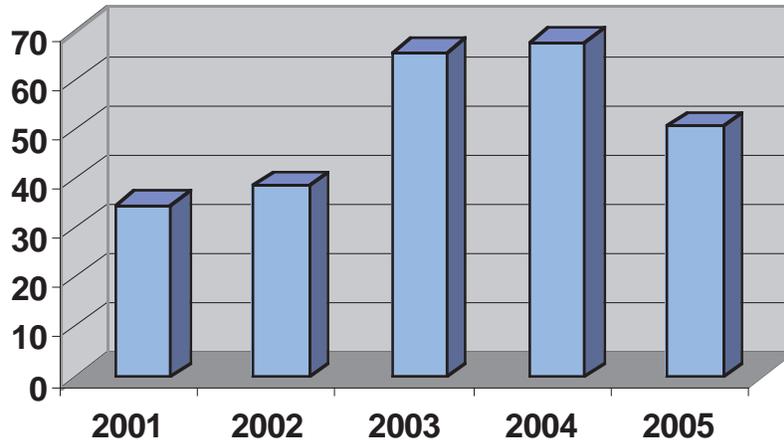
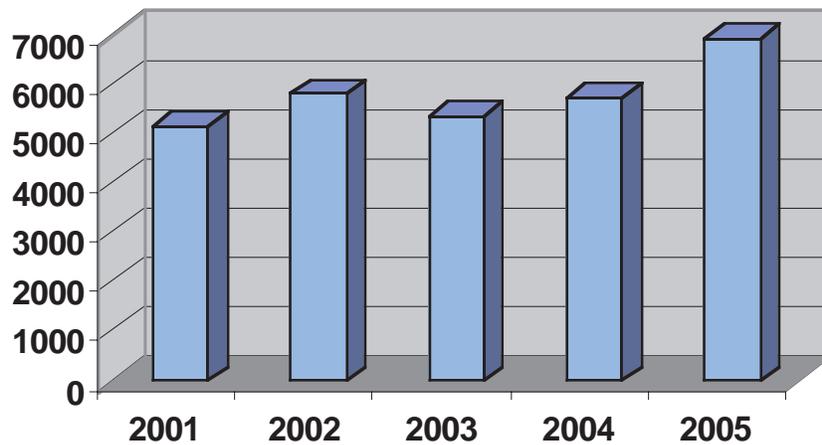


Figure 16

LOS ANGELES POLICE DEPARTMENT  
TOTAL INVESTIGATION 2001 - 2005





## GLOSSARY

**Area** - Geographical divisions.

**Child** - A person under the age of 18 years.

**Physical Abuse** - Any inflicted trauma through non-accidental means.

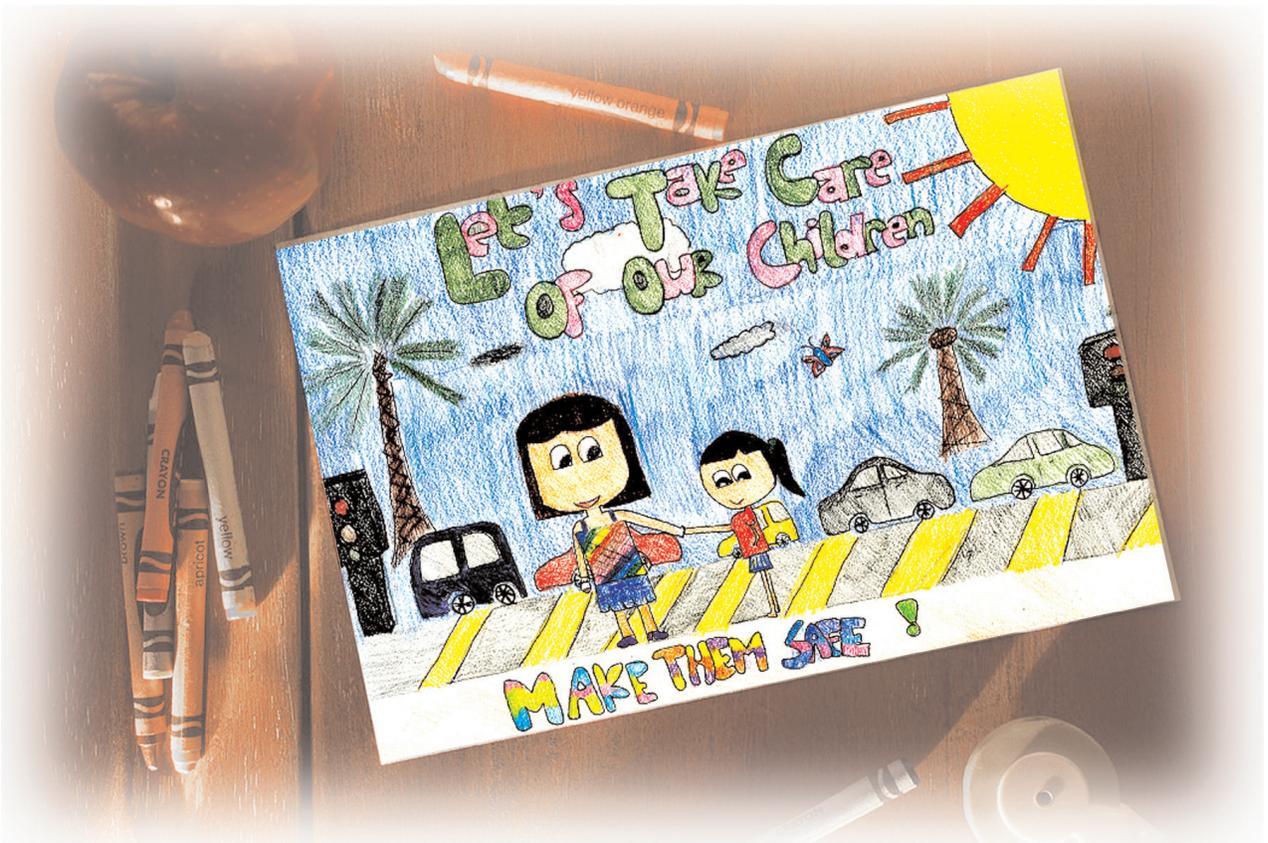
**SCAR (Suspected Child Abuse Report)** - Department of Justice Form SS 8583, which must be submitted after an active investigation has been conducted and the incident has been determined not to be unfounded.

**Sexual Abuse** - The forcing of unwanted sexual activity by one person on another, as by the use of threats or coercion. Sexual activity that is deemed improper or harmful, as between an adult and a minor or with a person of diminished mental capacity.

**Sexual Exploitation** - As defined by Penal Code Section 11165, subdivision (b) (2), sexual exploitation includes conduct in violation of the following sections of the Penal Code: Penal Code Section 311.2 (pornography), Penal Code Section 311.3 (minors and pornography), Penal Code Section 288 (lewd and lascivious acts with a child), and Penal Code Section 288a (oral copulation).

# LOS ANGELES COUNTY DISTRICT ATTORNEY'S OFFICE

## AGENCY REPORT







## INTRODUCTION

Every year in Los Angeles County, thousands of children are reported to law enforcement and child protective service agencies as victims of abuse and neglect. Dedicated professionals investigate allegations of sexual abuse, physical abuse and severe neglect involving our most vulnerable citizens, our children. All too often, the perpetrators of these offenses are those in whom children place the greatest trust—parents, grandparents, foster parents, guardians, teachers, clergy members, coaches and trusted family friends. The child victim is a primary concern of the Los Angeles County District Attorney's Office throughout the prosecution process. Skilled prosecutors are assigned to handle these cases and victim witness advocates are readily available to assist the children. All district attorney personnel have the best interests of the child victim or witness in mind at all times. Protection of our children is, and will continue to be, one of the top priorities of the District Attorney's Office.

The District Attorney's Office becomes involved in child abuse cases after the cases are reported to and investigated by the police. Special units have been created in the office to handle child abuse cases. Highly skilled prosecutors with special training in working with children and issues of abuse and neglect are assigned to these units. These prosecutors attempt to make the judicial process easier and less traumatic for the child victim and witness. Additionally, there are trained investigators from the District Attorney's Bureau of Investigation and skilled advocates of the Victim/Witness Assistant Program who work with the prosecutors to ensure justice for our youngest victims of crime.

The District Attorney's Office prosecutes all felony crimes committed in Los Angeles County. Felonies are serious crimes for which

the maximum punishment under the law is either state prison or death; misdemeanors are crimes for which the maximum punishment is county jail. The District Attorney's Office also prosecutes misdemeanor crimes in the unincorporated areas of the County and in jurisdictions where cities have contracted for such service. Cases are referred by law enforcement agencies or the Grand Jury. The Office is the largest local prosecuting agency in the nation: 3,000 employees including over 900 attorneys; the office files approximately 65,000 felony filings and over 280,000 misdemeanor cases a year.

## THE DISTRICT ATTORNEY AND CHILDREN IN THE CRIMINAL JUSTICE SYSTEM

Because children are among the most defenseless victims of crime, the law provides special protection for them. Recognizing the special vulnerability and needs of child victims, the Los Angeles County District Attorney's Office has mandated that all felony cases involving physical abuse/endangerment or sexual abuse/exploitation of a child and child abduction are vertically prosecuted. Vertical prosecution involves assigning specially trained, experienced prosecutors to handle all aspects of a case from filing to sentencing. In some instances, these Deputy District Attorneys are assigned to special units (Sex Crimes Division, Family Violence Division, Child Abduction Section, or Abolish Chronic Truancy); in other instances, the Deputies are designated as special prosecutors assigned to the Victim Impact Program (VIP) in the Branch Offices (Airport, Antelope Valley, Compton, Long Beach, Norwalk, Pasadena, San Fernando, Torrance/SouthBay Child Crisis Center, and Van Nuys) ) or the Domestic Violence Unit within the Central Trials Division.

The vast majority of cases are initially presented to the District Attorney by a local law enforcement agency. When these cases are sub-



ject to vertical prosecution under the above criteria, the detective presenting the case is directed to the appropriate Deputy District Attorney for initial review of the police reports. In cases where the child victim is available and it is anticipated that the child's testimony will be utilized at trial, it is essential that rapport is established between the child and the Deputy assigned to evaluate and prosecute the case. It is strongly encouraged that a pre-filing interview is conducted involving the child, the assigned Deputy and the investigating officer. In cases alleging sexual abuse of a child, the interview is required absent unusual circumstances. The interview provides the child with an opportunity to get to know the prosecutor and enables the prosecutor to assess the child's competency to testify. The court will only allow the testimony of witnesses who can establish that they understand and appreciate the importance of relating only the truth while on the witness stand. Ordinarily, this is established by taking an oath administered by the clerk of the court. The law recognizes that a child may not understand the language employed in the formal oath and thus provides that a child under the age of 10 may be required only to promise to tell the truth {§710 of the Evidence Code (EC)}. The pre-filing interview affords the Deputy an opportunity to determine if the child is sufficiently developed to understand the difference between the truth and a lie, knows that there are consequences for telling a lie while in court and can recall the incident accurately.

The pre-filing interview will also assist in establishing whether or not the child will cooperate with the criminal process and, if necessary, testify in court. The victim of a sexual assault cannot be forced to testify under threat of contempt {§1219 of the Code of Civil Procedure (CCP)}. If the children do not wish to speak with the deputy or are reluctant to commit to testifying in court and his or her testimony is

required for a successful prosecution, then the child's decision will be respected and no case will be filed. In all cases involving a child victim, every effort will be made to offer support to the child through the presence of an advocate provided through the District Attorney's Victim/Witness Assistance Program. The advocate will work closely with the child, and the child's family (if appropriate) to ensure that they are informed of the options and services available to them (such as counseling or medical assistance).

After reviewing the evidence presented by the investigating officer from the law enforcement agency, the Deputy must determine that four basic requirements are met before a case can be filed:

1. After a thorough consideration of all pertinent facts presented following a complete investigation, the prosecutor is satisfied that the evidence proves that the accused is guilty of the crime to be charged;
2. There is legally sufficient, admissible evidence of the basic elements of the crime to be charged;
3. There is legally sufficient, admissible evidence of the accused's identity as the perpetrator of the crime charged and
4. The prosecutor has considered the probability of conviction by an objective fact finder and has determined that the admissible evidence is of such convincing force that it would warrant conviction of the crime charged by a reasonable and objective fact finder after hearing all the evidence available to the prosecutor at the time of charging and after considering the most plausible, reasonably foreseeable defense inherent in the prosecution evidence.

If a case does not meet the above criteria,



the deputy will decline to prosecute the case and record the reasons for the declination on a designated form spelling out the reasons for not proceeding with the case. The reasons can include, but are not limited to: a lack of proof regarding an element of the offense, a lack of sufficient evidence establishing that a crime occurred or that the accused is the perpetrator of the offense alleged, the victim is unavailable or declines to testify or the facts of the case do not rise to the level of felony conduct. When the assessment determines that at most misdemeanor conduct has occurred, the case is either referred to the appropriate City Attorney or City Prosecutor's office or- in jurisdictions where the District Attorney prosecutes misdemeanor crimes- the case is filed as a misdemeanor.

Once a determination has been made that sufficient facts exist to file a case, special provisions exist that are designed to reduce the stress imposed upon a child during the court process. When a child under the age of 11 is testifying in a criminal proceeding in which the defendant is charged with certain specified crimes, the court, in its discretion may:

- allow for reasonable breaks and relief from examination during which the child witness may leave the courtroom {{§ 868.8(a) of the Penal Code (PC)}};
- may remove its robe if it is believed that such formal attire may intimidate the child {{§868.8(b) PC}};
- may relocate the parties and the courtroom furniture to facilitate a more comfortable and personal environment for the child witness {{§868.8(c) PC}}; and
- may provide for testimony to be taken during the hours that the child would normally be attending school {{§868.8(d) PC}}.

These provisions come under the general directive that the court "... shall take special precautions to provide for the comfort and support of the minor and to protect the minor from coercion, intimidation, or undue influence as a witness..." provided in the Penal Code (868.8 PC).

There are additional legal provisions available to better enable children to speak freely and accurately of the experiences that are the subject of judicial inquiry:

- the court may designate up to two persons of the child's own choosing for support, one of whom may accompany the child to the witness stand while the second remains in the courtroom {{§868.5(a) PC}};
- each county is encouraged to provide a room, located inside of, or within a reasonable distance from, the courthouse, for the use of children under the age of 16 whose appearance has been subpoenaed by the court {{§868.6(b) PC}};
- the court may, upon a motion by the prosecution and under limited circumstances, permit a hearing closed to the public {{§ 868.7(a) and 859.1 PC}} or testimony on closed-circuit television or via videotape {{§1347 PC}};
- the child must only be asked questions that are worded appropriately for his or her age and level of cognitive development {{§765(b) EC}};
- the child must have his or her age and level of cognitive development considered in the evaluation of credibility {{§1127f PC}}; and the prosecutor may ask leading questions of the child witness on direct examination. {{§767(b) EC}}



### **SPECIALLY TRAINED PROSECUTORS WORKING WITH CHILDREN IN THE CRIMINAL JUSTICE SYSTEM**

Deputy District Attorneys who are assigned the challenge of prosecuting cases in which children are victimized receive continuing special training throughout their assignment to enhance their ability to effectively prosecute these cases. These deputies work very closely with victim advocates from the Los Angeles District Attorney's Victim Witness Assistance Program and other agencies to diminish the potential for additional stress and trauma caused by the experience of the child's participation in the criminal justice system.

### **SPECIAL UNITS**

The Los Angeles County District Attorney's Office has formed a system of Special Units and programs designed, either specifically for the purpose of or as part of their overall mandate, to recognize the special nature of prosecutions in which children are involved in the trial process as either a victim or a witness.

### **ABOLISH CHRONIC TRUANCY**

The Abolish Chronic Truancy (ACT) Program is a Los Angeles County District Attorney's Office crime prevention/intervention program that enforces compulsory education laws by focusing on parental responsibility and accountability. The Program targets parents and guardians of elementary school-aged children who are in danger of becoming habitually truant. By addressing the problem early on, during a stage of development when parents have greater control over the behavior of their children, the chances of students developing good attendance habits are increased. Likewise, the likelihood of truancy problems emerging in middle and high school years, a leading precursor to juvenile delinquency and later adult criminality, are decreased. Losing days of learning

in elementary schools years can cause children to fall behind in their education. It is often difficult for these truant students to catch up and compete academically with their peers. When the successes for a student are few at school, attendance predictably drops, and the cycle of truancy becomes entrenched.

The ACT Program partners with elementary schools throughout Los Angeles County. Among the Program's goals are promoting a greater understanding of the compulsory education laws, increasing the in-seat attendance of children at school and making appropriate referrals to assist families who are not in compliance with school attendance laws. Through a series of escalating interventions, the message consistently conveyed by District Attorney representatives is that parents must get their children to school every day and on time, because it is good for the child, for the community and because it is the law. ACT seeks to reform not only the attendance habits of individual students, but to redefine the "school's culture" to "zero tolerance" for school truancy.

### **CHILD ABDUCTION SECTION**

Child abduction cases involve cross-jurisdictional issues covering criminal, dependency, family law and probate courts. The victim of the crime is the lawful custodian of the child. It is essential for the child who had been abducted to be treated with particular sensitivity and understanding during the prosecution of these cases. The Child Abduction Section handles all child abduction cases under §§278 and 278.5 of the Penal Code (PC), which includes stranger, parental, relative and other cases. In addition, the section handles all cases arising under the Hague Convention on the Civil Aspects of International Child Abduction. Signatory countries to this international treaty require that children be returned to their country of habitual res-



idence under specified court procedures. California law has granted District Attorneys the authority to take all actions necessary, using criminal and civil procedures, to locate and return the child and the person violating the custody order to the court of proper jurisdiction.

Services available to the public are explained on the District Attorney website ([www.da.co.la.ca.us](http://www.da.co.la.ca.us)). The questionnaire that needs to be completed to obtain Family Code services can be downloaded and filled out in the privacy of the home and then brought to local offices. At the end of 2005, the Section was pursuing abductors in 271 open criminal cases. During 2005, District Attorney Investigators initiated 236 new cases under the Family Code; while closing 209 cases. At the conclusion of 2005, the Section was pursuing abductors on behalf of the Family Court in 62 open cases.

Under the terms of the Hague Convention, the Section assisted in the location and recovery of children abducted from other countries and brought to Los Angeles County in 35 cases. The Section also assisted four county residents in recovering their children from other countries through the use of the treaty.

The Section conducted numerous training sessions for law enforcement throughout 2005. A key purpose of the training sessions was to overturn the common misconception that a parent cannot be criminally prosecuted for abducting his or her own child. The training was designed to provide the necessary information to first responders and investigating officers in order to properly investigate and file these potentially serious felony cases with the Section.

## **FAMILY VIOLENCE DIVISION**

The Family Violence Division (FVD) was established in July of 1994. FVD is responsible for the vertical prosecution of felony domestic

violence and child physical abuse/endangerment cases in the Central Judicial District. Allocating special resources to abate serious spousal abuse in Los Angeles County was prompted by the 1993 Department of Justice report which found that one-third of the domestic violence calls in the State of California came from Los Angeles County. Children living in homes in which domestic violence occurs are often subjected to physical abuse, as well as the inherent emotional trauma that results from an environment of violence in the home. FVD's staff includes Deputy District Attorneys, District Attorney Investigators, two victim advocates, a witness coordinator and clerical support staff. All of the staff is specially trained to deal sensitively with family violence victims. The goal is to make certain that the victims are protected and that their abusers are held justly accountable in a court of law for the crimes they commit. FVD specializes in domestic and child homicides and attempted homicides and serious and recidivist offenders. FVD's staff is actively involved in legislative advocacy and many interagency prevention, intervention, and educational efforts throughout the County. Consistent with its mission, FVD continues to appreciate seriousness of the cases and respecting the victims in the prosecution of family violence cases; this was very much needed for the criminal justice system to do its part in stopping the cycle of violence bred from domestic violence and child abuse. As in past years, the percentage of the child abuse related felonies prosecuted where there were also charges alleging a violation of §273.5 PC, Spousal Abuse, remains significant. This data does not take into account the number of cases in which a child is listed as a witness to the offense charged in a domestic violence case, including cases in which a child is the sole witness to one parent murdering the other.

A significant portion of the work done by



FVD staff involves the prosecution of felony child physical abuse/endangerment cases. Injuries inflicted upon the children include bruises, scarring, burns, broken bones, brain damage and death. In many instances, the abuse was long-term; there are instances, however, wherein a single incident of abuse may result in a felony filing. At the conclusion of 2005, FVD was in the process of prosecuting 16 murder cases and one attempted murder case involving child victims. When a murder charge under §187 PC is filed involving a child victim under the age of 8 alleging child abuse leading to the death of the child, a second charge alleging a violation of §273ab PC is also filed in most instances. It is extremely difficult to convict a parent of murdering their child because jurors must find that the parent acted with malice and intended to kill their child. In cases alleging the abuse of a child under 8 leading to death, the jury need not find that the parent intended to kill the child. It is sufficient for the jury to find that the parent intended or permitted the abuse that led to the death of the child in order to convict. The punishment for violating §273ab PC is a sentence of 25 years-to-life in state prison - the same punishment for a conviction of first degree murder.

In addition to the work done in the courtroom, the attorneys in the unit speak to various government agencies and community based organizations on the topic of mandated reporting. Under §11164 PC, italics et seq., people in specified professions must report child abuse where there have reasonable objective suspicions that it is occurring. Failure of the mandated reporter to file the necessary report with law enforcement or the child protective agency may result in misdemeanor prosecution. The attorneys in this division also train deputies in other units within the District Attorney's Office to ensure the uniform treatment of child abuse cases.

## SEX CRIMES DIVISION

The Sex Crimes Division is comprised of three separate units: the Sex Crimes Unit, the Sexually Violent Predator Unit (SVP) and Stuart House.

### SEX CRIMES UNIT

Deputies assigned to the Sex Crimes Unit are charged with the duty of vertically prosecuting all felony sexual assaults occurring in the Central Judicial District. Deputies handle cases involving both adult and child victims. The deputies work closely with a victim advocate assigned to the unit who has received specialized training in this difficult work. As previously indicated, in cases alleging sexual abuse of a child, a pre-filing interview is conducted with the child victim, the Deputy District Attorney assigned to the case, the detective assigned to the case from the law enforcement agency and, frequently, the victim advocate. It is essential that all personnel involved in the interview take special care to place the child at ease while avoiding the risk of tainting the child's testimony through creating an environment of inadvertent suggestibility.

Because many offenses of child sexual assault are committed by individuals in the child's home, the Department of Family and Children's Services (DCFS) and Dependency Court are often involved with the child who is the victim in the criminal prosecution. The Deputy District Attorney vertically prosecuting the criminal case is required to make contact with relevant individuals and obtain relevant records in connection with DCFS and dependency proceedings. It is important that the criminal justice system and dependency system work together to minimize trauma to the child and arrive at a just result in criminal court as well as a safe and supportive placement for the child.



The Deputy District Attorney assigned to the case is responsible for making the filing decision and insuring that the case is properly filed and arraigned. This Deputy also conducts the preliminary hearing and appears at all stages of the case in superior court, including preparing for and conducting the jury trial. Contact with the victim and the victim's family is essential throughout this process. If there are discussions with the defense attorney regarding a possible case resolution before preliminary hearing or trial, the Deputy District Attorney will advise the child and the child's parents of the pending disposition to seek their input before formalizing the disposition in court. At the time of sentencing, the child and/or the child's parents are by law entitled to have an opportunity to address the court regarding the impact the defendant's crime has had on the child.

There is a statutory presumption of state prison for individuals convicted of lewd and lascivious acts with children under the age of 14 (§288 PC). A probationary sentence may not be imposed unless and until the court obtains a report from a reputable psychiatrist or psychologist who details the mental condition of defendant (§288.1 PC). If, in evaluating the report, the court and the district attorney find that the interests of justice are served by imposing a probationary sentence, the defendant will receive a suspended sentence which will include, but not be limited to, the following terms and conditions of probation for a five year period: confinement for up to a year in county jail; counseling to address the defendant's psychological issues; an order from the court to stay away from the victim; a separate order not to be in the presence of minor children without the supervision of an adult and restitution to the victim. If the defendant violates any of the terms and conditions of probation, a state prison sentence may then be imposed. As part of any sentence, whether state prison or probation is initially

imposed, the defendant is ordered to register as a sex offender upon release from custody with the local law enforcement agency in his area of residence. This is a lifetime obligation placed upon the offender.

### **SEXUALLY VIOLENT PREDATOR UNIT**

The Sexually Violent Predator (SVP) Unit handles cases in which the District Attorney's Office seeks a civil commitment in a mental hospital for individuals who have been convicted of prior sexual criminal acts against adult and child victims, and who also have a current mental health condition that makes it likely that they will continue to commit sexual crimes against their target group if they are released from custody. Approximately 60% of the offenders filed upon by the unit present an existing diagnosis of pedophilia. A true finding by a jury under the SVP law results in the offender receiving a two year commitment to a state hospital at which he or she will be given the opportunity to participate in a mental health program designed to confront and treat the condition. At the conclusion of the two year commitment, an evaluation of the offender will be conducted to determine if the offender continues to present a danger to the community or if there has been sufficient progress to warrant a release. If it is determined that the offender presents a continued threat to the safety of the community, SVP proceedings will continue with a renewed filing and trial. The SVP law authorizes conducting these proceedings without renewed testimony from the victims previously traumatized by the offender's prior predatory behavior.

### **STUART HOUSE**

Stuart House is a multi-disciplinary center located in Santa Monica that responds to incidents of child sexual assault. It is considered a state-of-the-art center where the various disciplines responding to an incident of child abuse



are housed in one location. Stuart House staff includes deputy district attorneys, law enforcement officers, certified social workers, victim advocates and therapists. Medical exams are performed by an expert in child sexual abuse at a hospital only one block away. This model significantly reduces trauma to the child by reducing the number of interviews that a child must endure; all necessary members of the multi-disciplinary team are present to observe one interview conducted by a selected member of the team. The presence of all team members at one location provides enhanced communication and co-ordination. As with cases in the Sex Crimes Unit, all cases at Stuart House cases are vertically prosecuted.

### **BRANCH AND AREA OPERATIONS - Victim Impact Program**

A majority of the Deputies assigned to vertically prosecute cases in which children are victimized are assigned directly to Branch Offices with a caseload that covers both adult and child victims. The Branch and Area Victim Impact Program (VIP) obtains justice for victims through vertical prosecution of cases involving domestic violence, sex crimes, stalking, elder abuse, hate crimes and child physical abuse/endorsement. VIP represents a firm commitment of trained and qualified deputies to prosecute crimes against individuals often targeted as a result of their vulnerability. The goal of the program is to obtain justice for victims while holding offenders justly accountable for their criminal acts. Each of the eleven Branches designates an experienced deputy to act as the VIP Coordinator. The Coordinator works closely with the assigned Deputies to insure that all cases are appropriately prepared and prosecuted. All VIP Deputies receive enhanced training designed to cover updated legal issues, potential defenses and trial tactics.

In the Torrance Branch, Deputies assigned

to VIP are given the specific assignment of specializing in the prosecution of cases involving child victims as part of a Multi-Disciplinary Interview Team (MDIT).

### **MULTI-DISCIPLINARY CENTERS IN BRANCH AND AREA**

Multi-Disciplinary Centers provide a place and a process that involves a coordinated child sensitive investigation of child sexual abuse cases by professionals from multiple disciplines and multiple agencies. Emphasis is placed on the child interview, within the context of a team approach for the purpose of reducing system related trauma to the child, improving agency coordination and ultimately aiding in the prosecution of the suspect. The Children's Advocacy Center for Child Abuse Assessment and Treatment in Pomona and the SouthBay Child Crisis Center in Torrance are two programs that follow this model.

### **DOMESTIC VIOLENCE COURTS**

In certain judicial districts, the presiding judge has mandated that courts designated as Domestic Violence Courts be instituted. These courtrooms are dedicated to handling strictly domestic violence-related cases from

arraignment through sentencing. It is strongly encouraged that the Deputy District Attorneys assigned to these courts are experienced prosecutors with special training in the area of family violence.

### **JUVENILE DIVISION**

The District Attorney's Office is also charged with the responsibility of petitioning the court for action concerning juvenile offenders who perpetrate crimes in Los Angeles County. The Probation Department, law enforcement, the Office of the Public Defender and the Superior Court Juvenile Division are also involved in the process of combating juve-



nile delinquency. In the juvenile justice system, the schools, law enforcement, and probation all work actively to monitor and mentor youths that appear on the threshold of involvement in serious criminal activity.

In most instances involving juvenile violators, informal means of addressing criminal activity are employed without intervention from the Office of the District Attorney or the Juvenile Court. Minors can be counseled and released, placed in informal programs through the school, law enforcement agency or Probation Department, referred to the Probation Department for more formal processing or referred to the District Attorney for filing consideration [§626 of the Welfare and Institutions Code (WIC)]. In many instances, a Deputy Probation Officer (DPO) assigned to review a referral from law enforcement will decide to continue to handle the matter informally and reserve sending the referral for review to the District Attorney. If the minor complies with terms of informal supervision, the case does not come to the attention of the District Attorney or the Court; if the minor fails to comply, the Probation Officer could then decide to refer the case for filing consideration.

If law enforcement submits a request to Probation for a petition to be submitted for filing regarding allegations involving serious felony criminal activity (under §707 WIC); a second felony referral for a minor under the age of 14; a felony referral for a minor 14 years of age or older; an offense involving sale or possession for sale of a controlled substance; possession of narcotics on school grounds; assault with a deadly weapon upon a school employee; possession of a firearm or a knife at school; certain instances of gang activity; car theft by a minor 14 years or older at the time of the offense; an offense involving over \$1,000 of restitution to the victim or if the minor has previously been placed on informal probation and

has committed a new offense, the petition must be submitted to the District Attorney immediately and cannot be handled informally by Probation (§§652 and 653.5 WIC).

The Juvenile Division of the District Attorney's Office is under the auspices of the Bureau of Specialized Prosecutions. The Division is divided into two sections along geographical lines, North and South. North offices include Eastlake Juvenile, Pasadena Juvenile, Pomona Juvenile and Sylmar Juvenile. South offices include Compton Juvenile, Inglewood Juvenile, Kenyon Juvenile Justice Center, Long Beach Juvenile, and Los Padrinos Juvenile.

There are three Juvenile Halls in Los Angeles County. They are located in Sylmar (Barry J. Nidorf Juvenile Hall), East Los Angeles (Central Juvenile Hall), and Downey (Los Padrinos Juvenile Hall). They are all under the supervision of the Probation Department. Minors (individuals under the age of 18 alleged to have violated §§601 or 602 WIC) cannot be detained in custody with adults.

If a minor is delivered by law enforcement to Probation personnel at a juvenile hall facility, the Probation Officer to whom the minor is presented determines whether the minor remains detained. If a minor 14 years of age or older is accused of personally using a firearm or having committed a serious or violent felony as listed under §707(b) WIC, detention must continue until the minor is brought before a judicial officer. In all other instances, the DPO can only continue to detain the minor if one or more of the following is true: the minor lacks proper and effective parental care; the minor is destitute and lacking the necessities of home; the minor's home is unfit; it is a matter of immediate and urgent necessity for the protection of the minor or a reasonable necessity for the protection of the person or property of another; the minor is likely to flee; the minor has violated a court



order or the minor is physically dangerous to the public because of a mental or physical deficiency, disorder or abnormality (if the minor is in need of mental health treatment the court must notify the Department of Mental Health).

If one or more of the above factors are present but the DPO deems that a 24-hour secure detention facility is not necessary, the minor may be placed on home supervision (§628.1 WIC). Under this program, the minor is released to a parent, guardian or responsible relative pursuant to a written agreement that sets forth terms and conditions relating to standards of behavior to be adhered to during the period of release. Conditions of release could include curfew, school attendance requirements, behavioral standards in the home, and any other term deemed to be in the best interest of the minor for his own protection or the protection of the person or property of another. Any violation of a term of home supervision may result in placement in a secure detention facility subject to a review by the court at a detention hearing.

If the minor is detained, a Deputy District Attorney must make a decision on whether or not to file a petition within 48 hours of arrest (excluding weekends and holidays). A detention hearing must be held before a judicial officer within 24 hours of filing (§§631(a) and 632 WIC). When a minor appears before a judicial officer for a detention hearing, the court must consider the same criteria as previously weighed by the DPO in making the initial decision to detain the minor. There is a statutory preference for release if reasonably appropriate (§§202 and 635 WIC). At the conclusion of the detention hearing, the court may release the minor to a parent or guardian; place the minor on home supervision; detention in a non-secure facility (foster home) or detain the minor in a secure facility.

A minor may be found an unfit subject for

consideration under juvenile court law and may have his case remanded to adult court to face trial as an adult. Under §707 WIC, the court must consider each of the following factors in determining whether or not the minor's case remains in juvenile court: the degree of criminal sophistication exhibited by the minor; whether the minor can be rehabilitated prior to the expiration of the juvenile court's jurisdiction; the minor's previous delinquent history; the success of previous attempts by the juvenile court to rehabilitate the minor; and the circumstances and gravity of the offense alleged to have been committed by the minor. Minors age 14 years and over who personally commit murder are presumed to be unfit. Minors age 16 years and over are presumed unfit if they commit a serious or violent offense as listed in §707(b) WIC (such as arson; robbery; rape with force or violence; sodomy by force or violence; forcible lewd and lascivious acts on a child under the age of 14; oral copulation by force and violence; kidnapping for ransom; attempted murder, etc.). Minors age 14 or 15 years who commit an offense listed in §707(b) WIC are also subject to a fitness petition alleging that they should not receive the protections of the juvenile court but during the course of the hearing they are presumed to be fit. The importance of the presumption is that at the beginning of the hearing, the party with the presumption has the advantage when the court begins the weighing process. In instances where the minor has the presumption of fitness, the burden is on the District Attorney to present substantial evidence that the minor is unfit and should be remanded to adult court.

On March 7, 2000, the California electorate passed Proposition 21, the Gang Violence and Juvenile Crime Prevention Initiative. This initiative became effective on March 8, 2000 and applies to prosecutions of crimes committed on or after March 8, 2000. It significantly amend-



ed California law regarding the means by which a minor could be prosecuted in adult court. Section 26 of Proposition 21 amended §707(d) WIC. The primary impact under this section is to permit the prosecuting authority, in its discretion, to file against minors directly in adult court when certain crimes are alleged. Section 602(b) WIC was also amended by the initiative to mandate that the prosecuting agency is mandated to file cases involving a minor age 14 years or older who is alleged to have committed certain crimes directly in adult court, thus bypassing the fitness process ordinarily required.

Under the discretionary direct file mechanism for trying minors in adult court, if a minor is age 16 or older and commits an offense listed in §707(b) WIC the prosecutor may file directly in adult court. Under the mandatory direct file mechanism, if a minor age 14 or older is charged with one or more of the following offenses, the case must be filed in adult court:

- A first degree murder (§187 PC) with special circumstances, if it is alleged that the minor personally killed the victim or
- Forcible sexual assaults alleged pursuant to §667.61 (PC), if it is alleged that the minor personally committed the offense.

In cases where direct filing against a minor in adult court is discretionary, the policy of the District Attorney's Office is to use this power selectively. If a minor is believed to be an unfit subject to remain in juvenile court, reliance upon the use of the traditional fitness hearing conducted under the provisions of §707(a)-(c) WIC is the preferred means of achieving this result. In those rare instances when a direct filing in adult court is deemed necessary for reasons of judicial economy or to ensure a successful prosecution of the case, the discretionary powers provided under §707(d) WIC will be employed.

If a minor's case remains in juvenile court, the minor has a right to a trial referred to as adjudication. The adjudication is similar to a court trial. Minors do not have a right to a jury trial. The minor does have a right to counsel, to confront and cross-examine the witnesses against him or her and the privilege against self-incrimination. The court must be convinced beyond a reasonable doubt that the minor committed the offense alleged in the petition. The Deputy District Attorney has the burden of proof in presenting evidence to the court. If the court has been convinced beyond a reasonable doubt of the allegations in the petition, the petition is found true; if the court is not convinced, the petition is found not true. There is no finding of guilty or not guilty. If the minor is age 13 or younger, proof that the minor had the capacity to commit the crime must be presented by the Deputy District Attorney as such individuals are not presumed to know right from wrong. For example, if a 12-year-old is accused of a theft offense, it is not presumed that the minor knew it was wrong to steal. The Deputy District Attorney must present evidence that the minor knew the conduct committed was wrong. This burden can be met by calling a witness to establish that this minor knew that it was wrong to steal. The witness can be the minor's parent or a police officer or school official who can testify that the minor appreciated that it was wrong to steal.

If the petition is found true by the court, a disposition hearing is then held to determine the disposition consistent with the best interests of the minor and is in conformity with the interests of public safety and protection. This guidance may include punishment that is consistent with the rehabilitative objectives of §202(b) WIC. Disposition alternatives available to the court include: home on probation (HOP); restitution; a brief period of incarceration in juvenile hall as an alternative to a more serious commitment



(Ricardo *M.* time); drug testing; restrictions on the minor's driving privilege; suitable placement; placement in a camp supervised by the Probation Department; placement in the California Youth Authority (CYA) and the Border Project (available only to a minor who is a Mexican national).

Proposition 21 provided the possibility of deferred entry of judgment for minors 14 years of age or older who appear before the court as accused felons for the first time. Under the provisions established in §790 WIC and subsequent sections, a minor who has not previously been declared a ward of the court for commission of a felony, is not charged with a §707(b) WIC offense, has never had probation revoked previously and is at least 14 years of age at the time of the hearing is eligible for deferred entry of judgment. In order to enter the program, the minor must admit all allegations presented in the petition filed with the court. There are strict rules imposed by the court. The minor must participate in the program for no less than 12 months and must successfully complete the program within 36 months. If the program is successfully completed, the charges are dismissed against the minor, the arrest is deemed never to have occurred and the record of the case is sealed.

If the minor is accused of a listed misdemeanor, violation of certain ordinances or infractions, the matter may be referred to a Traffic Hearing Officer for resolution under §256 WIC. Sanctions which can be imposed upon minors by a Hearing Officer include: a reprimand with no further action; direct probation supervision for up to six months; a fine; suspension of the minor's driver's license; community service, or a warrant for any failures to appear. The minor has the right to an attorney for any misdemeanor violation referred to the Traffic Hearing Officer.

## OFFICE WIDE UNITS

### Victim/Witness Assistance Program

The program is staffed by Victim/Witness Advocates who have received special training in state programs regarding restitution for victims of crime and advocacy and support for victims of violence. The Advocate's primary responsibility is to provide support to the victim. This function is considered essential in cases with a child victim. Often, the Advocate will be the first person associated with the District Attorney's Office with whom the child will meet.

The Advocate will explain each person's role in the criminal justice process while working to establish a rapport with the child. The Advocate is available to participate in the pre-filing interview to give emotional support for the child victim and to provide a friendly, nurturing sense of care. The Advocate assists the non-offending parents or guardians of the child victim to connect with appropriate counseling for children who either witness or are victims of violent crimes in order to promote the mental and emotional health of the child.

The Advocate provides court accompaniment to the child victim and the victim's family and assists in explaining the court process. There are two essential tools that the Advocate relies upon in explaining the criminal court process. The Advocate uses an activity book for children produced by the Administrative Office of the Courts entitled, "What's Happening in Court?" and a short educational video that illustrates what happens in court, the roles of court personnel, the rules associated with court procedures and how the child's role is important to the court process. By using these tools, the child's experience in court becomes more understandable for the child. Whenever possible, the Advocate will attempt to take the child and the child's family into an accessible courtroom.



This opportunity will allow the child to visualize each person's role and where they are positioned in court. The child will have the opportunity to sit in the witness chair in order to become familiar with the courtroom setting and to ease any tensions and fears that may arise as a result of appearing in an unfamiliar setting.

Other services offered by the Advocate include but are not limited to the following:

- Crisis intervention;
- Emergency financial assistance;
- Referrals for counseling, legal assistance and other resources;
- Assistance in filing State Victim Compensation;
- Referrals and information to appropriate community agencies and resources and
- Speaking engagements explaining the services provided through the Los Angeles County District Attorney's Office Victim/Witness Assistance Program.

## KID'S COURT

The District Attorney's Office actively participates in this Los Angeles County Bar Association program. Children who are either victims or witnesses in criminal cases are invited to come to court on a Saturday. A Superior Court judge volunteers to open up the courtroom and give these children an opportunity to become more familiar with the court process. The facts of the child's case are not discussed on this date. Instead, the child is able to explore a courtroom, learn about the court system, meet a judge and ask questions about what happens in court. The children and their parent or guardian receive age appropriate written materials that provide answers to frequently asked questions concerning participation in the court process.

## DISTRICT ATTORNEY CRIME PREVENTION AND YOUTH SERVICES

The District Attorney's Office is committed to working with youth and their parents to keep young people in school, away from drugs and gangs, and on the path to a productive adulthood. In these pages you will learn of the crime prevention measures implemented by the District Attorney's Office and be able to access informational resources available within the office in the areas of crime prevention, public safety and victim assistance.

Courageous Citizens Awards Program- recognizes citizens who have acted with courage and at considerable personal risk to help a victim of crime, assist in the capture of a suspect, or testify in the face of extraordinary pressures. Courageous Citizen Awards are presented at luncheon ceremonies hosted by local Rotary & Kiwanis' clubs throughout Los Angeles County.

Domestic Violence Hotline (1-800-978-3600)- in November of 1994, the District Attorney established the Los Angeles County Domestic Violence Hotline to help victims find a safe way out of their abusive environments. Callers to the hotline are routed directly to trained shelter personnel with a choice of eleven languages.

Environmental Scholarship Programs- As the result of the prosecution and settlement of a major environmental crime case, a college scholarship fund was established at five high schools in the area affected by the crime. Graduating seniors attending Bell Gardens, El Rancho, Montebello, Pioneer, and Schurr High Schools are eligible for the scholarships which are annually awarded to students who have demonstrated a serious interest or commitment to environmental issues during the course of their high school education. This interest can be demonstrated through achievements in science, social sci-



ences, or community activities involving air pollution, waste disposal, recycling or environmental education. Scholarship funds have also been established at the Environmental Physical Sciences Magnet Center at Reseda High School and the Los Angeles Conservation Corps.

Project L.E.A.D. (Legal Enrichment and Decision-making)- is a law-related education program targeting fifth grade students. It offers students a challenging curriculum designed to develop the knowledge, skills, understanding, and attitudes that will allow them to function as participating members of a democratic society. The program's curriculum focuses on issues involving drug abuse, violence, and hate crimes; and provides social tools, such as conflict resolution and coping with peer pressure. It contains a parenting element for the parents of the students. Currently, Project L.E.A.D. is active in 24 schools working in 34 classes throughout Los Angeles County. The 55 facilitators have worked with 986 students. In 2005, the students were involved in numerous field trips as part of the curriculum. These field trips included 330 students visiting the Museum of Tolerance, 270 students visiting local courthouses, 810 students visiting Los Padrinos Juvenile Hall and 30 students visiting a local university.

Public Information Pamphlets and Newsletters- are designed to inform individuals of the District Attorney's functions and responsibilities, services and tips on how to avoid becoming a victim.

RESCUE - a program built on a simple concept: troubled young people need sustained contact with responsible adults, the kind of contact which builds positive values through personal example. This program matches a student who is chronically truant with a firefighter who has volunteered to act as a mentor. RESCUE is having a profound impact on these students, many of whom previously had no positive role model.

S.A.G.E. (Strategy Against Gang Environment)- is aimed at improving the quality of life in a neighborhood. S.A.G.E. places experienced Deputy District Attorneys in cities or areas to work with established agencies to develop new programs to do just that. S.A.G.E. Deputies are active members of the communities in which they work, teaching residents how to recognize early signs of gang involvement in their children, how to divert their children from gangs, how to improve their neighborhoods and how to effectively use the services provided by law enforcement. The program is tailored to each community in which it is activated.

S.A.V.E. (Special Assistance for Victims in Emergency)- a victim services program which provides immediate assistance to victims of violent crime and their families in emergency situations. Volunteers and staff members offer services at victim centers in District Attorney offices, as well as selected police and sheriff stations throughout the County. Contributions help provide crime victims and their families with food, shelter, and clothing.

The Speakers Bureau- is an office program which provides District Attorney experts to meet with the public to discuss criminal justice issues and the services of the District Attorney's Office. Deputy District Attorneys, District Attorney Investigators and members of the support staff volunteer their time to speak to community groups, schools, and other organizations. There is no charge for presentations. Residents of Los Angeles County may arrange for a speaker by calling the District Attorney's Speaker Bureau at (213) 974-7401.

### **PROTECTING OUR KIDS: KEEPING KIDS SAFE ON THE INTERNET -**

The District Attorney's Office offered an important new service on our website in 2004 with the premiere of Protecting Our Kids, a site dedicated to assisting parents to protect their



children from the threat of predators who use the internet to victimize children. The site has many features designed to assist parents, for example: Is My Child in Contact With an Internet Predator?

Your child may be in contact with an Internet predator if he or she displays any of the following warning signs:

- Downloads photos of strangers;
- Downloads pornographic images;
- Quickly turns off the computer or changes software applications when someone enters the room;
- Spends unsupervised time in chat rooms;
- Waits until other family members are asleep or out of the home before going online;
- Receives unusual phone calls or gifts or letters in the mail;
- Is very secretive about online activities and the people he or she talks to;
- Visits Web sites dealing with death, destruction, or other morbid topics;
- Uses online accounts that you do not recognize or uses multiple e-mail addresses or
- Spends countless hours on the computer and his or her school grades have dropped .

The website also provides links to other useful sites, such as:

- Sites teaching children online safety;
- Law enforcement agencies;
- Parent guides to the Internet (learning how to use it and control its content) and
- Parent guides to safe Internet sites for children

Staff members assigned to the Bureau of Crime Prevention and Youth Services have introduced the Protecting Our Kids program to parents and children in a number of settings. The following chart demonstrates the setting and audience for a number of these presentations in 2005.

### PROTECTING OUR KIDS

Date	Number	Audience
<b>Mark Keppel Elementary School</b> 01/19/2005	35	parents
<b>Thousand Oaks High School</b> 01/25/2005	35	parents
<b>Pasadena Kids Police Academy</b> 01/29/2005	60	parents(30) kids(30)
<b>Ramona Middle School</b> 03/25/2005	35	parents
<b>Mayfield School</b> 04/13/2005	25	parents
<b>Notre Dame High School</b> 04/21/2005	450	kids
<b>Rosemont Middle School</b> 04/25/2005	35	parents
<b>California PTA Conference</b> 04/28/2005	150	provided information at a POK booth
<b>Pasadena Kids Police Academy</b> 07/16/2005	60	parents(30) kids(30)
<b>Pasadena Kids Police Academy</b> 10/01/2005	60	parents(30) kids(30)
<b>Comcast Cable News Show</b> 10/07/2005	--	viewers
<b>Burbank Police Cable Show</b> 10/12/2005	--	viewers
<b>Boys &amp; Girls Club Administrators</b> 10/19/2005	20	parents
<b>La Salle High School</b> 10/26/2005	35	parents
<b>St. Mark School</b> 11/16/2005	100	parents
<b>St. Christopher Elementary</b> 11/16/2005	80	parents
<b>Carpenter Elementary School</b> 11/28/2005	35	parents
<b>Our Lady of Victory</b> 11/30/2005	100	parents
<b>Parents</b>		<b>775</b>
<b>Kids</b>		<b>540</b>
<b>TOTAL</b>		<b>1315</b>



## DATA GATHERING AND ANALYSIS

In order to maximize accuracy in representing the work done by the District Attorney's Office in prosecuting cases involving child abuse and neglect, data was gathered based upon a case filing. When a case is filed, the case number represents one unit for data purposes. A case may, however, represent more than one defendant and more than one count; in cases where there is more than one count, more than one victim may be represented. This method was adopted to ensure that a single incident of criminal activity was not double counted. When a case is presented for filing to a prosecutor, it is submitted based upon the conduct of the perpetrator. If a single perpetrator has victimized more than one victim, all of the alleged criminal conduct is contained under one case number. If a victim has been victimized on more than one occasion by a single perpetrator, the separate incidents will be represented by multiple counts contained under a single case number. A single incident, however, also may be represented by multiple counts; such counts might be filed in the alternative for a variety of reasons but could not result in a separate sentence for the defendant due to statutory double jeopardy prohibitions. If multiple defendants were involved in victimizing either a single victim or multiple victims, this is represented by a single case number.

A priority list was established based upon seriousness of the offense (Figure 1) from which the data sought would be reflected under the most serious charge filed. In other words, if the most serious charge presented against the perpetrator was a homicide charge reflecting a child death but additional charges were also presented and filed alleging child physical abuse or endangerment, then the conduct would be reflected only under the statistics gathered using §187 PC in the category of total filings (Figure 2). If, at the conclusion of the case, the Murder

(§187 PC) charge was dismissed for some reason but the case resulted in a conviction on lesser charges (such as Assault Resulting in Death of a Child Under Age 8, §273ab PC), that statistic would be reflected as a conviction under the statistics compiled for the lesser charge (Figures 6 and 7).

In assessing cases that were either dismissed or declined for filing (Figures 3 and 4), it is important to keep in mind that among the reasons for declining to file a case (lack of corpus; lack of sufficient evidence; inadmissible search and seizure; interest of justice; deferral for revocation of parole; a probation violation was filed in lieu of a new filing and a referral for misdemeanor consideration to another agency) is the very important consideration of the victim being unavailable to testify (either unable to locate the victim or the victim being unable to qualify as a witness) or unwilling to testify. In cases involving allegations of sexual assault against children, the child or the parents/guardians acting on behalf of the child may decline to participate in a prosecution and not face the prospect of being held in contempt of court for failing to testify (§1219 CCP). As a general principle, it is considered essential to protect the child victim from additional harm; forcing a child to participate in the criminal justice process against their will would not meet these criteria. This deference to the greater goal of protection of the victim results in some cases which would ordinarily meet the filing criteria to be declined and others which had already been filed to be dismissed or settled for a compromise disposition.

A synopsis of the charges used to compile this report is included as an addendum to this narrative. The statistics for 1998 also included reporting some statutes that were no longer valid for crimes committed during the 1998 calendar year. This was due to either filing error or the fact that the case was filed in 1998 but



alleged conduct which occurred in prior years.

Sentencing data is broken down to cover cases in which a defendant has received a life sentence, a state prison sentence or a probationary sentence (Figures 7 and 8). A probationary sentence includes, in a vast majority of cases, a sentence to county jail for up to 1 year as a term and condition of probation under a 5-year grant of supervised probation.

As it is not uncommon for minor's to commit acts of abuse against children, Juvenile Delinquency statistics detailing the number of felony and misdemeanor petitions filed, dismissed and declined are included (Figures 12, 13, 14, 15 and 16). It is important to note that the fact that the perpetrator of the offense is under the age of 18 is not the sole determinative factor in making a decision as to whether the minor perpetrated a criminal act against a child. A schoolyard fight between peers would not be categorized as an incident of child abuse nor would consensual sexual conduct between underage peers be categorized as child molestation; but an incident involving a 17 year old babysitter intentionally scalding a 6 year old child with hot water would be investigated as a child abuse and an incident in which a 16 year old cousin fondled the genitals of an 8 year old family member would be investigated as a child molestation.

Statistics regarding the gender of defendants are also included. It is important when comparing the years of available statistics covering Juvenile offenses to remember that Proposition 21 was in effect beginning in March of 2000. This factor may make any meaningful comparison between the statistics prior to the passage to those subsequent to the passage of Proposition 21 difficult. Adult and Juvenile comparisons are provided as are comparisons among both groups for total cases filed by the District Attorney's Office compared to a gender breakdown for child abuse related offenses

(Figures 18, 19, 20 and 21).

Information contained by Zip Code is provided as a means of determining how children in different areas of the county are impacted by these crimes (Figures 10 and 17).

For the third year, the report contains data regarding the number of child abuse cases filed during 2005 that also included the filing of a count of Spousal Abuse within the meaning of §273.5 PC (Figure 22). In all three years, the percentage of cases in which these offenses are joined has been consistent. In 2003, this joinder occurred in 9% of the cases filed; in 2004, it occurred in 8% of the cases and in 2005, the joinder occurred in 9% of the cases.



**SELECTED FINDINGS**

- A total of 5143 cases were submitted for filing consideration against adult defendants.
- Of these, charges were filed in 48% (2462) of the cases reviewed. Felony charges were filed in 58% (1432) of these matters.
- Of those cases declined for filing (a total of 2681), cases submitted alleging a violation of §288(a) PC accounted for 41% of the declinations (1094).
- In 78% of the cases filed, the gender of the defendant was male.
- Convictions were achieved in 89% of the cases filed against adult offenders. Defendants received grants of probation in 73% (1,113) of these cases. State prison sentences were ordered in 23% (349) of the cases; with 1% (8) of the defendants receiving a life sentence in state prison.
- A total of 510 cases were submitted for filing consideration against juvenile offenders.
- Of these, charges were filed in 58% (294) of the cases reviewed. Felony charges were filed in 95% (279) of these cases.
- Of the filed cases, 65% (182) alleged a violation of §288(a) PC.
- Of the declined cases, 76% (165) alleged a violation of §288(a) PC.
- In 93% of the petitions filed, the gender of the minor was male.
- Sustained petitions were achieved in 91% of the juvenile cases.

**CONCLUSION**

The Los Angeles County District Attorney's Office is dedicated to providing justice to the children of this community. Efforts to enhance their safety through the vigorous prosecution of individuals who prey upon children are tempered with care and compassion for the needs of the children who have been victimized. This process is important to a prosecuting entity that has been sensitized to the special nature of these cases and assisted by active partnerships with other public and private entities in crime prevention efforts designed to enrich the lives of all children. Through these efforts, the Los Angeles County District Attorney's Office has established a leadership role in community efforts to battle child abuse and neglect.

**RESPONSE TO RECOMMENDATIONS FROM 2005 REPORT**

**RECOMMENDATION ONE:**

Permanency initiatives or mentoring programs that impact children and youth.

The Data Report submitted by the District Attorney's Office now includes information regarding programs offered through the Bureau of Crime Prevention and Youth Services.

**RECOMMENDATION TWO:**

Data According to Geographic Areas

The Data Report submitted by the District Attorney's Office now includes a section reporting incidents of abuse by zip code.



Figure 1

**LIST OF PRIORITIZED STATUTES**

CODE	STATUTE	FORM NO	ORDER	CODE	STATUTE	FORM NO	ORDER
PC	187(A)		1	PC	288A(B)(1)		40
PC	273AB		2	PC	266J		41
PC	273A(2)		3	PC	266H(B)		42
PC	269(A)(1)		4	PC	266H(B)(1)		43
PC	269(A)(2)		5	PC	266H(B)(2)		44
PC	269(A)(3)		6	PC	266I(B)		45
PC	269(A)(4)		7	PC	266I(B)(1)		46
PC	269(A)(5)		8	PC	266I(B)(2)		47
PC	664/187(A)		9	PC	266		48
PC	207(B)		10	PC	288A(B)(2)		49
PC	207(C)	002	11	PC	12035(B)(1)		50
PC	207(D)	002	12	PC	311.4(B)		51
PC	207(A)	002	13	PC	311.2(B)		52
PC	207(A)	003	14	PC	311.2(D)		53
PC	208(B)		15	PC	311.3(E)		54
PC	288.5(A)		16	PC	311.10		55
PC	288.5		17	PC	311.11(B)		56
PC	286(C)(1)		18	PC	261.5(D)		57
PC	286(C)	001	19	PC	261.5(C)		58
PC	288(B)(1)		20	PC	311.1(A)		59
PC	288(B)		21	PC	311.4(C)		60
PC	288(A)		22	PC	271A		61
PC	288A(C)(1)		23	PC	12035(B)(2)		62
PC	288A(C)	001	24	PC	12036(B)		63
PC	289(J)		25	PC	12036(C)		64
PC	289(I)		26	PC	267		65
PC	289(H)		27	PC	647.6(B)		66
PC	273A(A)		28	PC	647.6(A)	002	67
PC	273A		29	PC	647.6		68
PC	273A(1)		30	PC	647.6(A)	001	69
PC	273A(A)(1)		31	PC	261.5(A)		70
PC	273D(A)		32	PC	261.5(B)		71
PC	278		33	PC	261.5		72
PC	278.5		34	PC	273A(B)		73
PC	278.5(A)		35	PC	273G		74
PC	288(C)(1)		36	PC	311.1		75
PC	288(C)		37	PC	311.4(A)		76
PC	286(B)(2)		38	PC	311.11(A)		77
PC	286(B)(1)		39				



Figure 2

**TOTAL ADULT FILINGS BY CHARGE FOR 1998 THROUGH 2005**

Charge	1998		1999		2000		2001	
	Felony	Misdemeanor	Felony	Misdemeanor	Felony	Misdemeanor	Felony	Misdemeanor
PC12035(b)(1)	0	0	0	0	0	0	1	0
PC12035(b)(2)	0	0	0	0	0	0	0	0
PC12036(b)	0	0	0	0	0	0	0	1
PC187(a)	27	0	38	0	33	0	25	0
PC207(a)	5	0	11	0	1	0	9	0
PC207(b)	0	0	0	0	9	0	6	0
PC208(b)	19	0	13	0	22	0	11	0
PC261.5	0	0	0	0	0	0	0	0
PC261.5(a)	0	0	0	0	0	0	0	0
PC261.5(b)	0	0	3	23	0	27	0	38
PC261.5(c)	141	49	202	0	138	22	121	52
PC261.5(d)	141	49	82	5	69	8	41	13
PC266	0	0	0	0	0	0	0	0
PC266h(b)	0	0	0	0	0	0	2	0
PC266h(b)(1)	0	0	0	0	0	0	0	0
PC266i(b)	88	8	0	0	0	0	0	0
PC266i(b)(1)	0	0	0	0	0	0	0	0
PC266i(b)(2)	0	0	0	0	0	0	0	0
PC266j	5	0	7	0	2	0	3	0
PC269	0	0	0	0	1	0	0	0
PC269(a)(1)	8	0	14	0	17	0	18	0
PC269(a)(2)	0	0	0	0	0	0	0	0
PC269(a)(3)	3	0	4	0	3	0	8	0
PC269(a)(4)	3	0	1	0	5	0	0	0
PC269(a)(5)	0	0	2	0	9	0	3	0
PC271a	1	4	0	6	0	4	2	7
PC273a(1)	1	1	0	0	0	0	0	0
PC273a(2)	0	1	0	0	0	0	0	0
PC273a(a)	385	91	479	76	452	94	436	128
PC273a(a)(1)	2	6	0	1	0	0	0	0
PC273a(b)	128	401	70	423	0	606	2	601
PC273ab	2	1	1	0	1	0	0	0
PC273d(a)	79	82	77	82	66	85	58	88
PC273g	0	0	0	0	0	0	0	5
PC278	18	1	18	4	1	3	24	3
PC278.5	6	3	13	2	4	1	47	7
PC278.5(a)	14	2	15	1	34	3	0	0
PC286(b)(1)	10	0	3	1	6	0	8	0
PC286(b)(2)	6	0	9	0	8	0	4	0
PC286(c)	11	0	1	0	1	0	1	0



Figure 2 (cont.)

**TOTAL ADULT FILINGS BY CHARGE FOR 1998 THROUGH 2005**

Charge	2002		2003		2004		2005	
	Felony	Misdemeanor	Felony	Misdemeanor	Felony	Misdemeanor	Felony	Misdemeanor
PC12035(b)(1)	0	0	3	0	0	0	0	0
PC12035(b)(2)	0	0	0	0	0	0	0	0
PC12036(b)	0	2	0	1	0	0	0	0
PC187(a)	25	0	31	0	23	0	25	0
PC207(a)	26	0	20	0	13	0	19	0
PC207(b)	7	0	3	0	11	0	6	0
PC208(b)	13	0	3	0	1	0	1	0
PC261.5	0	0	0	0	0	0	1	0
PC261.5(a)	0	0	0	0	0	0	0	0
PC261.5(b)	0	28	0	17	0	11	0	36
PC261.5(c)	112	70	101	48	87	57	80	43
PC261.5(d)	39	12	38	6	45	7	39	4
PC266	0	0	0	0	0	0	1	0
PC266h(b)	1	0	0	0	0	0	1	0
PC266h(b)(1)	0	0	0	0	0	0	5	0
PC266i(b)	0	0	0	0	0	0	0	0
PC266i(b)(1)	0	0	0	0	0	0	1	0
PC266i(b)(2)	0	0	0	0	0	0	1	0
PC266j	5	0	4	0	3	0	2	0
PC269	0	0	0	0	0	0	0	0
PC269(a)(1)	22	0	26	0	23	0	26	0
PC269(a)(2)	1	0	0	0	2	0	2	0
PC269(a)(3)	13	0	8	0	4	0	3	0
PC269(a)(4)	3	0	6	0	7	0	4	0
PC269(a)(5)	4	0	7	0	10	0	5	0
PC271a	1	7	6	6	1	1	3	2
PC273a(1)	0	0	0	0	0	0	1	0
PC273a(2)	0	0	0	0	0	0	0	0
PC273a(a)	587	119	446	108	411	111	432	117
PC273a(a)(1)	0	0	0	0	0	0	0	0
PC273a(b)	4	578	1	550	1	581	0	591
PC273ab	0	0	1	0	0	0	5	0
PC273d(a)	25	87	31	75	37	66	24	69
PC273g	0	2	0	1	0	0	0	0
PC278	27	6	25	2	19	1	26	2
PC278.5	9	5	15	0	4	1	4	3
PC278.5(a)	39	10	24	3	31	0	8	0
PC286(b)(1)	6	1	8	1	7	1	3	1
PC286(b)(2)	2	0	3	0	1	0	5	0
PC286(c)	2	0	2	0	0	0	0	0



Figure 2 (cont.)

**TOTAL ADULT FILINGS BY CHARGE FOR 1998 THROUGH 2005**

Charge	1998		1999		2000		2001	
	Felony	Misdemeanor	Felony	Misdemeanor	Felony	Misdemeanor	Felony	Misdemeanor
PC286(c)(1)	0	0	0	0	0	0	13	0
PC288(a)	557	0	606	0	538	0	714	0
PC288(b)	6	0	6	0	7	0	1	0
PC288(b)(1)	0	0	0	0	0	0	98	0
PC288(c)	4	0	6	0	2	0	1	0
PC288(c)(1)	0	0	0	0	0	0	106	1
PC288.5	79	0	15	0	28	0	13	0
PC288.5(a)	0	0	0	0	0	0	0	0
PC288.5(b)	0	0	0	0	0	0	216	0
PC288a(b)(1)	26	0	23	3	32	0	19	0
PC288a(b)(2)	0	0	0	0	22	0	16	0
PC288a(c)	6	0	2	0	0	0	0	0
PC288a(c)(1)	0	0	0	0	0	0	4	0
PC289(h)	17	1	16	1	25	0	30	0
PC289(i)	10	0	16	0	15	0	12	0
PC289(j)	4	0	2	0	1	0	0	0
PC311.1	0	0	0	0	0	0	0	0
PC311.10	0	0	0	0	1	0	1	0
PC311.1(a)	4	0	7	0	3	0	1	0
PC311.11(a)	8	6	6	7	0	18	0	10
PC311.11(b)	1	0	1	0	1	0	0	0
PC311.2(b)	0	0	0	0	1	0	2	0
PC311.4(b)	1	0	0	0	0	0	1	0
PC311.4(c)	2	0	5	0	3	0	1	0
PC647.6	0	0	0	0	0	0	0	0
PC647.6(a)	2	0	21	0	0	5	9	0
PC647.6(b)	4	1	3	0	4	3	2	2
PC664/187(a)	0	0	0	0	43	0	11	0



Figure 2 (cont.)

**TOTAL ADULT FILINGS BY CHARGE FOR 1998 THROUGH 2005**

Charge	2002		2003		2004		2005	
	Felony	Misdemeanor	Felony	Misdemeanor	Felony	Misdemeanor	Felony	Misdemeanor
PC286(c)(1)	9	0	8	0	5	0	4	0
PC288(a)	498	1	437	0	476	1	350	0
PC288(b)	2	0	2	0	3	0	0	0
PC288(b)(1)	47	1	60	0	46	0	55	0
PC288(c)	1	0	0	0	0	0	0	0
PC288(c)(1)	120	3	96	2	110	4	75	4
PC288.5	6	0	12	0	6	0	2	0
PC288.5(a)	206	0	132	0	124	0	118	0
PC288.5(b)	0	0	0	0	18	2	0	0
PC288a(b)(1)	26	10	31	6	6	0	21	3
PC288a(b)(2)	9	0	17	0	0	0	12	0
PC288a(c)	2	0	0	0	0	0	0	0
PC288a(c)(1)	4	0	0	0	0	0	2	0
PC289(h)	11	5	15	2	17	1	15	3
PC289(i)	19	0	16	0	6	0	10	0
PC289(j)	0	0	0	0	0	0	0	0
PC311.1	0	0	0	0	0	0	1	0
PC311.10	0	0	1	0	3	0	2	0
PC311.1(a)	2	1	2	0	3	0	4	0
PC311.11(a)	0	14	0	11	0	19	0	9
PC311.11(b)	2	0	0	0	0	0	2	0
PC311.2(b)	0	0	0	0	0	0	2	0
PC311.4(b)	0	0	0	0	0	0	0	0
PC311.4(c)	4	0	1	0	1	0	2	0
PC647.6	0	0	0	0	0	0	0	2
PC647.6(a)	8	0	6	0	9	0	3	140
PC647.6(b)	3	0	0	0	0	0	1	0
PC664/187(a)	20	0	12	0	9	0	19	0



Figure 3

**TOTAL ADULT DISMISSALS BY CHARGE FOR 1998 THROUGH 2005**

Charge	1998		1999		2000		2001	
	Felony	Misdemeanor	Felony	Misdemeanor	Felony	Misdemeanor	Felony	Misdemeanor
PC187(a)	0	0	0	0	0	0	0	0
PC207	5	0	1	0	0	0	0	0
PC207(a)	0	0	0	0	0	0	1	0
PC207(b)	0	0	0	0	0	0	1	0
PC208	2	0	3	0	1	0	0	0
PC208(b)	0	0	0	0	0	0	0	0
PC261.5(b)	4	0	0	3	0	1	0	1
PC261.5(c)	6	5	5	3	8	0	12	5
PC261.5(d)	7	0	4	0	3	0	2	1
PC266h(b)	0	0	0	0	0	0	1	0
PC266i(b)	1	0	0	0	0	0	0	0
PC266j	0	0	2	0	0	0	0	0
PC269(a)(1)	0	0	1	0	0	0	2	0
PC269(a)(2)	0	0	0	0	0	0	0	0
PC269(a)(3)	1	0	0	0	0	0	0	0
PC269(a)(4)	0	0	0	0	1	0	0	0
PC269(a)(5)	0	0	0	0	0	0	0	0
PC271a	0	1	0	0	0	0	0	0
PC273a(1)	0	1	0	0	0	0	0	0
PC273a(a)	35	16	24	6	39	6	19	9
PC273a(b)	5	68	6	37	4	60	0	57
PC273ab	1	0	0	0	0	0	0	0
PC273d(a)	6	10	6	18	1	14	7	10
PC278	0	0	0	0	3	0	0	0
PC278.5	0	1	1	0	3	0	6	0
PC278.5(a)	0	1	2	0	0	0	0	0
PC286(b)(1)	0	0	1	0	1	0	0	0
PC286(c)	2	0	0	0	0	0	0	0
PC286(c)(1)	0	0	0	0	0	0	0	0
PC288(a)	42	0	23	0	40	0	0	0
PC288(b)	1	0	0	0	0	0	0	0
PC288(b)(1)	0	0	0	0	0	0	2	0
PC288(c)	0	0	0	0	1	0	0	0
PC288(c)(1)	0	0	0	0	0	0	4	0
PC288.5	3	0	1	0	1	0	0	0
PC288.5(a)	0	0	0	0	0	0	0	0
PC288.5(b)	0	0	0	0	0	0	8	0
PC288a(b)(1)	2	1	2	0	2	0	1	0
PC288a(b)(2)	0	0	0	0	1	0	1	0
PC288a(c)	0	0	0	0	2	0	0	0



Figure 3 (cont.)

**TOTAL ADULT DISMISSALS BY CHARGE FOR 1998 THROUGH 2005**

Charge	2002		2003		2004		2005	
	Felony	Misdemeanor	Felony	Misdemeanor	Felony	Misdemeanor	Felony	Misdemeanor
PC187(a)	1	0	0	0	0	0	1	0
PC207	0	0	2	0	0	0	0	0
PC207(a)	5	0	0	0	1	0	3	0
PC207(b)	0	0	0	0	1	0	1	0
PC208	0	0	0	0	0	0	0	0
PC208(b)	1	0	0	0	0	0	0	0
PC261.5(b)	0	5	0	1	0	3	0	5
PC261.5(c)	10	2	5	9	9	7	2	2
PC261.5(d)	0	0	0	1	5	1	1	0
PC266h(b)	1	0	0	0	0	0	0	0
PC266i(b)	0	0	0	0	0	0	0	0
PC266j	3	0	0	0	0	0	1	0
PC269(a)(1)	0	0	1	0	2	0	1	0
PC269(a)(2)	0	0	0	0	0	0	1	0
PC269(a)(3)	0	0	0	0	0	0	0	0
PC269(a)(4)	0	0	0	0	1	0	1	0
PC269(a)(5)	1	0	0	0	1	0	0	0
PC271a	0	0	2	1	0	1	0	0
PC273a(1)	0	0	0	0	0	0	0	0
PC273a(a)	46	8	26	17	44	6	35	11
PC273a(b)	0	42	0	46	0	75	0	52
PC273ab	0	0	0	0	0	0	0	0
PC273d(a)	5	10	3	10	2	2	5	12
PC278	2	2	5	2	2	0	4	1
PC278.5	1	0	3	0	0	1	0	0
PC278.5(a)	5	0	3	2	4	0	0	0
PC286(b)(1)	1	0	0	0	0	0	0	0
PC286(c)	0	0	0	0	0	0	0	0
PC286(c)(1)	1	0	0	0	0	0	0	0
PC288(a)	23	0	37	0	36	0	26	0
PC288(b)	0	0	0	0	0	0	0	0
PC288(b)(1)	3	0	5	0	3	0	4	0
PC288(c)	0	0	0	0	0	0	0	0
PC288(c)(1)	6	0	5	0	7	1	2	1
PC288.5	0	0	1	0	0	0	0	0
PC288.5(a)	10	0	7	0	6	0	7	0
PC288.5(b)	0	0	0	0	0	0	0	0
PC288a(b)(1)	4	0	2	1	0	0	1	0
PC288a(b)(2)	1	0	1	0	0	0	1	0
PC288a(c)	1	0	0	0	0	0	0	0



Figure 3 (cont.)

**TOTAL ADULT DISMISSALS BY CHARGE FOR 1998 THROUGH 2005**

Charge	1998		1999		2000		2001	
	Felony	Misdemeanor	Felony	Misdemeanor	Felony	Misdemeanor	Felony	Misdemeanor
PC288a(c)(1)	0	0	0	0	0	0	0	0
PC289(h)	1	1	0	0	1	1	0	0
PC289(i)	1	0	0	0	0	0	1	0
PC289(j)	0	0	1	0	0	0	0	0
PC311.11(a)	0	1	0	1	0	1	0	0
PC311.11(b)	0	0	0	1	0	0	0	0
PC311.2	0	0	0	0	1	0	0	0
PC311.4(b)	0	0	0	0	1	0	0	0
PC647.6(a)	0	0	0	0	0	0	1	0
PC647.6(b)	1	0	0	0	0	0	0	0
664/187(a)	0	0	0	0	0	0	0	0
Charge	2002		2003		2004		2005	
	Felony	Misdemeanor	Felony	Misdemeanor	Felony	Misdemeanor	Felony	Misdemeanor
PC288a(c)(1)	0	0	0	0	0	0	1	0
PC289(h)	2	0	1	0	1	0	2	0
PC289(i)	0	0	0	0	0	0	0	0
PC289(j)	0	0	0	0	0	0	0	0
PC311.11(a)	0	2	0	0	0	0	0	0
PC311.11(b)	0	0	0	0	0	0	0	0
PC311.2	0	0	0	0	0	0	0	0
PC311.4(b)	0	0	0	0	0	0	0	0
PC647.6(a)	3	0	0	0	1	0	1	7
PC647.6(b)	0	0	0	0	0	0	0	0
664/187(a)	0	0	1	0	0	0	1	0



Figure 4

**TOTAL ADULT CASES DECLINED FOR FILING FOR 1998 THROUGH 2005**

Charge	1998 Count	1999 Count	2000 Count	2001 Count	2002 Count	2003 Count	2004 Count	2005 Count
PC12035(b)(1)	0	0	0	4	4	1	1	1
PC12035(b)(2)	0	0	0	2	0	0	0	0
PC187(a)	0	0	0	4	3	1	2	3
PC207	1	6	5	0	0	0	0	0
PC207(a)	0	0	0	4	3	0	2	2
PC207(b)	0	0	0	2	4	0	1	2
PC208	1	1	1	0	0	0	0	0
PC208(b)	0	0	0	1	0	0	0	0
PC261.5	0	0	0	0	0	0	0	11
PC261.5(a)	0	0	0	3	0	0	1	2
PC261.5(b)	34	29	0	60	36	80	94	142
PC261.5(c)	146	214	224	268	170	145	137	187
PC261.5(d)	60	82	0	94	99	92	81	70
PC266h(b)	0	0	0	1	0	1	0	1
PC266j	5	0	1	2	2	3	2	0
PC267	0	0	1	0	0	0	0	0
PC269(a)(1)	0	0	2	0	1	0	3	3
PC269(a)(5)	0	0	1	0	0	0	0	0
PC271a	2	2	2	7	10	8	8	5
PC273a	0	0	0	0	1	1	0	1
PC273a(1)	4	0	0	0	0	0	0	0
PC273a(a)	333	208	251	388	523	421	399	464
PC273a(a)(1)	0	1	0	0	0	0	0	0
PC273a(b)	43	42	69	88	164	162	177	148
PC273ab	6	2	1	0	4	1	2	1
PC273d(a)	72	57	62	69	83	139	133	103
PC273g	0	0	0	1	0	0	0	1
PC278	31	47	43	30	32	50	29	39
PC278.5	46	89	100	65	41	40	49	35
PC278.5(a)	87	68	43	0	99	115	58	48
PC286(b)(1)	7	9	11	10	10	11	13	9
PC286(b)(2)	1	3	4	4	1	0	5	0
PC286(c)	7	2	0	0	0	0	0	0
PC286(c)(1)	0	0	0	2	1	5	9	0
PC288(a)	813	783	400	1,136	1,050	986	1,013	1094
PC288(b)	0	5	1	1	2	0	2	0
PC288(b)(1)	0	0	0	26	14	9	10	11
PC288(c)	2	2	9	0	2	1	0	0
PC288(c)(1)	0	0	0	63	63	88	83	98



Figure 4 (cont.)

**TOTAL ADULT CASES DECLINED FOR FILING FOR 1998 THROUGH 2005**

	1998	1999	2000	2001	2002	2003	2004	2005
Charge	Count							
PC288.5	20	13	8	13	3	1	1	2
PC288.5(a)	0	0	0	0	46	34	46	35
PC288.5(b)	0	0	0	27	0	0	0	0
PC288a(b)(1)	15	9	27	30	17	31	22	21
PC288a(b)(2)	0	0	3	10	3	2	6	1
PC288a(c)	12	1	1	0	0	0	0	0
PC288a(c)(1)	0	0	0	8	9	6	8	4
PC289(h)	3	3	5	3	7	5	2	8
PC289(i)	0	1	2	1	0	0	0	4
PC289(j)	0	0	7	3	0	0	1	2
PC311.1(a)	0	0	0	0	0	0	2	0
PC311.10	0	0	1	0	1	0	0	0
PC311.11(a)	1	3	0	1	5	3	6	0
PC311.11(b)	0	2	0	1	0	1	4	0
PC311.2(b)	0	0	0	1	0	0	0	0
PC311.4(a)	0	0	0	0	0	0	1	0
PC311.4(b)	2	0	0	1	2	0	0	0
PC311.4(c)	1	0	2	0	1	0	0	0
PC647.6(a)	7	10	11	12	12	17	11	113
PC647.6(b)	6	9	8	9	12	6	9	10
PC664/187(a)	0	0	0	1	0	3	0	0

Figure 5

**FILED/DECLINED  
(ADULT) - PIE CHART**

Adult Presented in 2005

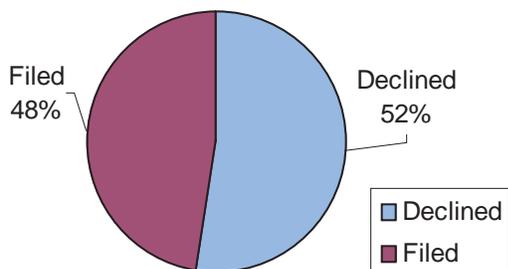


Figure 6

**CONVICTED/ACQUITTED/DISMISSED  
(ADULT) - PIE CHART**

Total Adult Dispositions in 2005

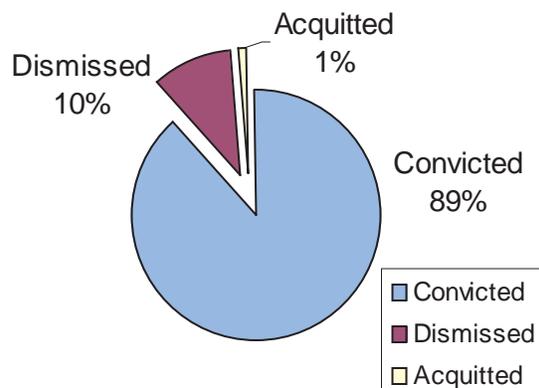




Figure 7

**TOTAL ADULT CASES SENTENCED 1998 THROUGH 2005**

	1998	1999	2000	2001	2002	2003	2004	2005
<b>Sentence Type</b>	Count							
<b>Life</b>	10	9	4	12	24	23	13	8
<b>State Prison</b>	714	605	503	525	533	499	472	349
<b>Probation</b>	1,359	1,388	1,244	1,552	1,624	1,411	1,284	1113
<b>Jail or Fine</b>	n/a	42						

Figure 8

**PIE CHART -- SENTENCING (ADULT)**

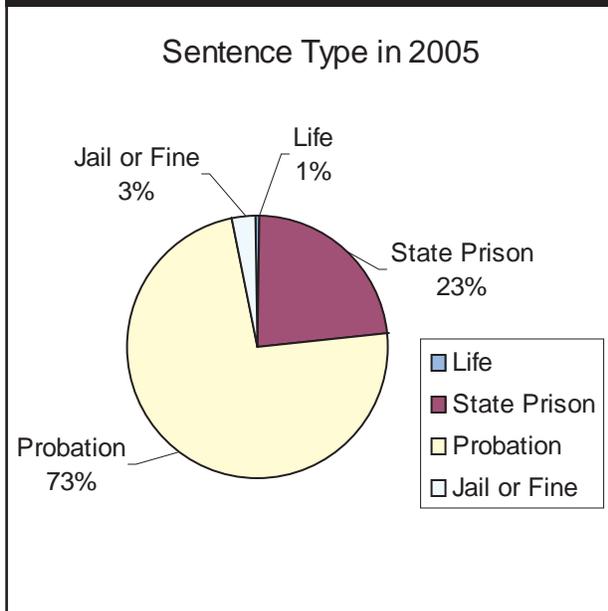


Figure 9

**CHILD ABDUCTION CASES**

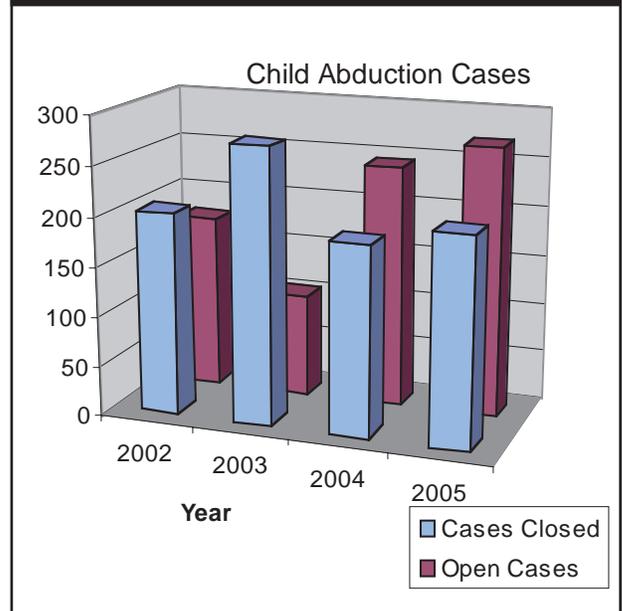




Figure 10

**TOTAL ADULT CASES FILED BY ZIP CODE FOR 1998 THROUGH 2005**

Zip Code	1998	1999	2000	2001	2002	2003	2004	2005
90007	27	56	16	18	24	18	19	52
90012	533	627	587	546	613	437	424	445
90022	39	41	60	50	58	39	38	40
90025	61	66	0	0	0	0	0	0
90045	0	4	46	99	121	84	118	103
90066	0	0	1	0	0	0	0	0
90210	22	14	17	7	9	8	2	4
90220	107	109	119	199	232	222	243	219
90231	11	13	10	0	0	0	0	0
90242	99	55	107	72	54	57	86	61
90255	108	111	84	53	58	58	47	0
90262	83	80	58	17	7	0	0	0
90265	11	15	19	16	16	14	7	13
90301	50	39	60	37	64	49	45	35
90401	14	9	14	8	7	0	0	0
90503	116	101	120	133	124	86	103	75
90602	53	54	58	55	48	58	64	62
90650	61	50	47	177	201	200	178	207
90706	61	43	43	28	33	30	40	80
90802	130	118	150	118	152	141	131	110
91016	8	1	0	0	0	0	0	0
91101	88	100	93	100	74	88	68	77
91205	48	76	60	59	76	48	40	56
91331	0	1	2	0	0	0	0	0
91340	65	75	74	73	75	91	86	65
91355	34	61	53	44	28	28	56	86
91401	128	84	79	82	105	74	93	49
91731	109	116	122	128	128	88	66	81
91766	78	84	133	157	282	268	203	171
91790	123	111	112	159	116	90	67	80
91801	56	39	47	48	39	53	50	69
93534	232	246	223	210	190	170	173	222



Figure 11

**TOTAL ADULT PRESENTED FOR 1998 THROUGH 2004**

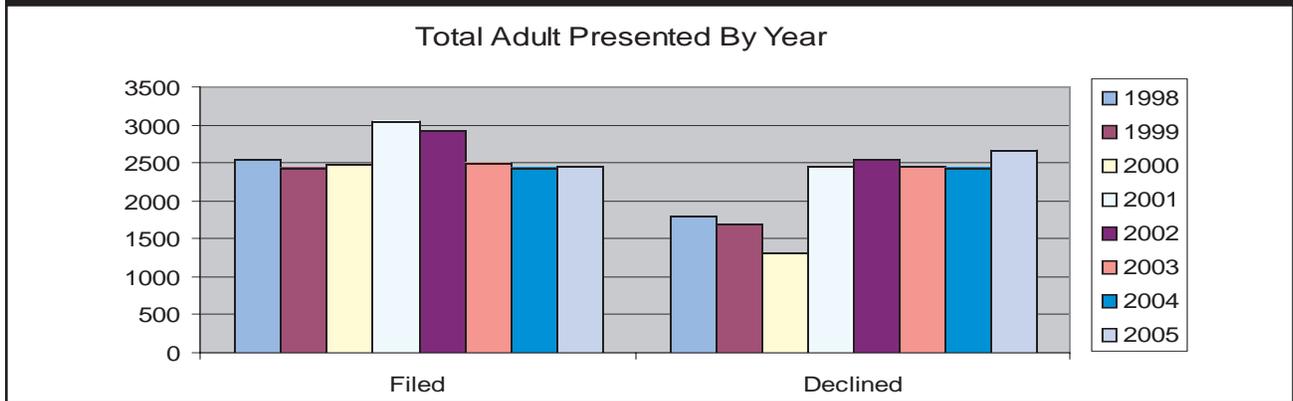


Figure 12

**TOTAL JUVENILE FILINGS BY CHARGE FOR 1999 THROUGH 2004**

Charge	1999		2000		2001		2002		2003		2004		2005	
	Felony	Misdemeanor												
PC187(a)	4	0	2	0	1	0	0	0	0	0	0	0	0	0
PC207(a)	0	0	1	0	0	0	0	0	3	0	0	0	2	0
PC207(b)	0	0	5	0	1	0	4	0	0	0	0	0	0	0
PC208(b)	0	0	0	0	0	0	3	0	0	0	0	0	0	0
PC261.5(b)	0	16	0	3	0	11	0	8	0	9	0	5	0	6
PC261.5(c)	3	1	0	3	5	0	3	2	3	1	1	2	4	0
PC266j	0	0	0	0	0	0	0	0	1	0	0	0	0	0
PC269(a)(5)	0	0	0	0	0	0	0	0	0	0	1	0	0	0
PC271a	1	0	1	0	0	0	0	0	0	0	0	0	0	0
PC273a(a)	17	0	22	0	16	0	8	0	8	0	9	0	14	0
PC273a(b)	0	8	0	6	0	6	0	9	0	5	0	8	0	4



Figure 12 (cont.)

**TOTAL JUVENILE FILINGS BY CHARGE FOR 1999 THROUGH 2005**

Charge	1999		2000		2001	
	Felony	Misdemeanor	Felony	Misdemeanor	Felony	Misdemeanor
PC273d(a)	4	0	2	0	1	0
PC273g	0	0	0	0	0	0
PC278	3	0	5	0	1	0
PC278.5	0	0	1	0	0	0
PC286(b)(1)	1	0	1	0	1	0
PC286(b)(2)	1	0	0	0	0	0
PC286(c)(1)	0	0	0	0	6	0
PC288(a)	250	0	234	0	234	0
PC288(b)	4	0	2	0	0	0
PC288(b)(1)	0	0	0	0	38	0
PC288(c)	0	0	2	0	0	0
PC288.5(a)	0	0	0	0	0	0
PC288.5(b)	0	0	0	0	42	0
PC288a(b)(1)	6	0	1	0	3	0
PC289(h)	3	0	6	0	6	0
PC289(i)	1	0	0	0	0	0
PC311.10	0	0	0	0	0	0
PC311.1(a)	1	0	0	0	0	0
PC311.11(a)	0	1	0	0	0	0
PC311.2(b)	0	0	0	0	2	0
PC311.2(d)	0	0	0	0	0	0
PC311.4(c)	1	0	1	0	0	0
PC647.6(a)	0	0	0	1	0	0
PC647.6(b)	1	0	1	0	0	0
PC664/187(a)	0	0	0	0	0	0



Figure 12 (cont.)

**TOTAL JUVENILE FILINGS BY CHARGE FOR 1999 THROUGH 2005**

Charge	2002		2003		2004		2005	
	Felony	Misdemeanor	Felony	Misdemeanor	Felony	Misdemeanor	Felony	Misdemeanor
PC273d(a)	2	0	2	0	0	0	3	0
PC273g	0	0	0	1	0	0	0	0
PC278	3	0	2	0	4	0	0	0
PC278.5	0	0	0	0	0	0	0	0
PC286(b)(1)	0	0	0	0	0	0	3	0
PC286(b)(2)	0	0	0	0	0	0	0	0
PC286(c)(1)	0	0	2	0	0	0	1	0
PC288(a)	185	0	177	0	175	0	182	0
PC288(b)	1	0	0	0	0	0	0	0
PC288(b)(1)	39	0	55	0	41	0	32	0
PC288(c)	0	0	0	0	0	0	0	0
PC288.5(a)	39	0	24	0	34	0	33	0
PC288.5(b)	0	0	0	0	0	0	0	0
PC288a(b)(1)	2	0	4	0	3	0	1	0
PC289(h)	0	0	6	0	5	0	1	0
PC289(i)	0	0	0	0	0	0	0	0
PC311.10	0	0	0	0	1	0	0	0
PC311.1(a)	0	0	0	0	0	0	0	0
PC311.11(a)	0	2	0	0	0	2	0	0
PC311.2(b)	0	0	0	0	0	0	0	0
PC311.2(d)	0	0	0	0	0	0	2	0
PC311.4(c)	1	0	0	0	0	0	0	0
PC647.6(a)	0	0	0	0	1	0	0	5
PC647.6(b)	0	0	2	0	0	0	1	0
PC664/187(a)	1	0	0	0	0	0	0	0

Figure 13

**TOTAL JUVENILE DISMISSALS BY CHARGE FOR 2002 THROUGH 2004**

Charge	2002		2003		2004		2005	
	Felony	Misdemeanor	Felony	Misdemeanor	Felony	Misdemeanor	Felony	Misdemeanor
PC207(a)	0	0	1	0	0	0	0	0
PC261.5(b)	0	1	0	4	0	0	0	3
PC261.5(c)	1	0	2	0	0	0	0	0
PC273a(a)	1	0	1	0	0	1	1	0
PC273a(b)	0	0	0	0	0	0	0	0
PC288(a)	18	0	18	0	18	0	7	0
PC288(b)	1	0	0	0	0	0	0	0
PC288(b)(1)	3	0	7	0	7	0	2	0
PC288.5(a)	3	0	3	0	3	0	3	0
PC288a(b)(1)	0	0	1	0	0	0	0	0
PC289(h)	0	0	1	0	0	0	0	0
PC311.2(d)	0	0	0	0	0	0	2	0
PC647.6(a)	0	0	0	0	0	0	0	1



Figure 14

**TOTAL JUVENILE DECLINATIONS BY CHARGE FOR 1999 THROUGH 2005**

Charge	1999		2000		2001	
	Felony	Misdemeanor	Felony	Misdemeanor	Felony	Misdemeanor
PC207(b)	0	0	1	0	0	0
PC261.5	0	0	0	0	0	0
PC261.5(a)	0	0	0	0	0	2
PC261.5(b)	0	23	0	32	0	25
PC261.5(c)	1	3	2	5	4	0
PC261.5(d)	7	0	9	0	11	0
PC266h(b)	0	0	1	0	0	0
PC273a(a)	6	0	4	0	2	0
PC273a(b)	0	0	0	4	0	3
PC273ab	0	0	0	0	0	0
PC273d(a)	0	0	0	0	0	0
PC278	3	0	10	0	1	0
PC278	3	0	10	0	1	0
PC286(b)(1)	0	0	4	0	3	0
PC286(b)(2)	2	0	1	0	1	0
PC286(c)(1)	0	0	0	0	2	0
PC288(a)	120	0	265	0	167	0
PC288(b)(1)	0	0	0	0	5	0
PC288(c)(1)	0	0	0	0	0	0
PC288a(b)(1)	2	0	11	0	4	0
PC288a(b)(2)	0	0	1	0	1	0
PC288a(c)(1)	0	0	0	0	1	0
PC288.5(a)	0	0	0	0	0	0
PC289(h)	3	0	3	0	0	0
PC289(i)	0	0	1	0	0	0
PC289(j)	0	0	0	0	1	0
PC311.11(a)	0	0	0	1	0	0
PC647.6(a)	0	0	2	0	0	0
PC647.6(b)	0	0	1	0	0	0



Figure 14

**TOTAL JUVENILE DECLINATIONS BY CHARGE FOR 1999 THROUGH 2005**

Charge	2002		2003		2004		2005	
	Felony	Misdemeanor	Felony	Misdemeanor	Felony	Misdemeanor	Felony	Misdemeanor
PC207(b)	0	0	0	0	1	0	0	0
PC261.5	0	0	0	0	0	0	4	0
PC261.5(a)	0	0	0	0	0	0	0	0
PC261.5(b)	0	14	0	23	0	18	0	13
PC261.5(c)	0	0	5	3	2	1	6	2
PC261.5(d)	5	0	1	0	0	0	0	0
PC266h(b)	0	0	0	0	0	0	0	0
PC273a(a)	6	0	3	0	7	0	3	0
PC273a(b)	0	2	0	0	0	0	0	0
PC273ab	0	0	0	0	1	0	0	0
PC273d(a)	1	0	0	0	0	0	1	0
PC278	3	0	2	0	0	0	0	0
PC278	3	0	2	0	0	0	0	0
PC286(b)(1)	0	0	4	0	0	0	0	0
PC286(b)(2)	0	0	1	0	0	0	0	0
PC286(c)(1)	0	0	0	0	2	0	0	0
PC288(a)	145	0	177	0	156	0	165	0
PC288(b)(1)	7	0	10	0	3	0	8	0
PC288(c)(1)	2	0	0	0	0	0	2	0
PC288a(b)(1)	2	0	1	0	1	0	2	0
PC288a(b)(2)	1	0	1	0	0	0	1	0
PC288a(c)(1)	2	0	1	0	0	0	0	0
PC288.5(a)	0	0	0	0	1	0	1	0
PC289(h)	2	0	0	0	0	0	2	0
PC289(i)	0	0	0	0	0	0	0	0
PC289(j)	0	0	0	0	0	0	0	0
PC311.11(a)	0	0	0	0	0	0	0	0
PC647.6(a)	1	0	0	0	1	0	0	5
PC647.6(b)	0	0	0	0	0	0	1	0



Figure 15

**LED/DECLINED (JUVENILE) - PIE CHART**

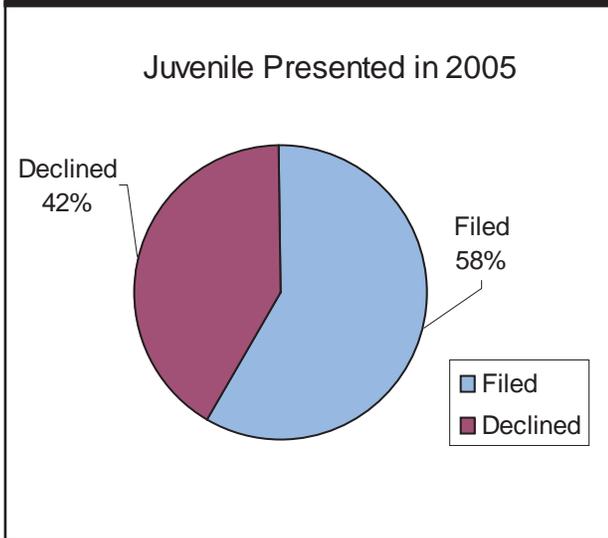


Figure 16

**SUSTAINED/DISMISSED/NOT SUSTAINED (JUVENILE) - PIE CHART**

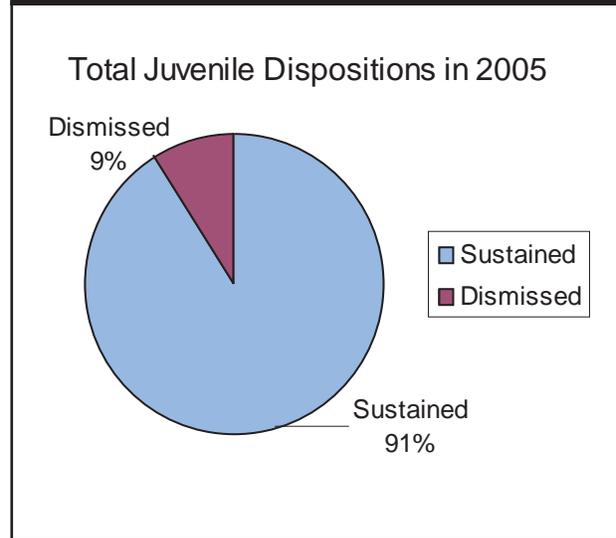


Figure 17

**TOTAL JUVENILE CASES FILED BY ZIP CODE FOR 2002 THROUGH 2005**

Zip Code	2002	2003	2004	2005
90001	14	23	23	18
90033	66	51	55	59
90220	24	27	35	29
90242	43	29	23	33
90301	24	23	20	26
90802	33	40	30	24
91101	22	21	14	24
91342	43	50	53	51
91766	43	41	36	24
93534	0	0	3	6



Figure 18

**TOTAL FILINGS BY GENDER (ALL CHARGES) FOR 1999 THROUGH 2005**

1999				2000				2001				
Gender	Juvenile	%	Adult	%	Juvenile	%	Adult	%	Juvenile	%	Adult	%
Female	4,063	16%	3,1211	17%	3,549	17%	30,504	17%	3,992	18%	30,852	17%
Male	21,732	84%	151,598	83%	17,750	83%	150,580	83%	17,736	82%	146,463	83%
Total	25,795		182,809		21,299		181,084		21,728		177,315	

2002				2003				
Gender	Juvenile	%	Adult	%	Juvenile	%	Adult	%
Female	3,950	19%	31,497	18%	3,720	18%	33,289	18%
Male	17,036	81%	148,018	82%	16,795	82%	150,343	82%
Total	20,986		179,515		20,515		183,632	

2004				2005				
Gender	Juvenile	%	Adult	%	Juvenile	%	Adult	%
Female	3,740	18%	33,641	18%	4,191	19%	35,722	18%
Male	16,699	82%	154,994	82%	18,106	81%	157,849	82%
Total	20,439		188,635		22,297		193,571	

Figure 19

**CHILD ABUSE AND NEGLECT STATUTES FILINGS BY GENDER  
FOR 1999 THROUGH 2005**

1999				2000				2001				
Gender	Juvenile	%	Adult	%	Juvenile	%	Adult	%	Juvenile	%	Adult	%
Female	21	6%	483	19%	26	9%	522	20%	30	8%	539	20%
Male	333	94%	2,052	81%	275	91%	2,108	80%	343	92%	2,154	80%
Total	354		2,535		301		2,630		373		2,693	

2002				2003				
Gender	Juvenile	%	Adult	%	Juvenile	%	Adult	%
Female	23	7%	581	20%	19	6%	544	22%
Male	289	93%	2,353	80%	286	94%	1,955	78%
Total	312		2,934		305		2,499	

2004				2005				
Gender	Juvenile	%	Adult	%	Juvenile	%	Adult	%
Female	20	7%	522	21%	20	7%	535	22%
Male	272	93%	1,925	79%	274	93%	1,927	78%
Total	292		2,447		294		2,462	



Figure 20

**TOTAL JUVENILE FILINGS BY GENDER FOR 1999 THROUGH 2005**

1999				2000				2001				
Gender	Child Abuse	%	All Charges	%	Child Abuse	%	All Charges	%	Child Abuse	%	All Charges	%
Female	21	6%	4,063	%	26	9%	3,549	16%	30	8%	3,992	18%
Male	333	94%	21,732	%	275	91%	17,750	84%	343	92%	17,736	82%
Total	354		25,795		301		21,229		373		21,728	

2002				2003				
Gender	Juvenile	%	Adult	%	Juvenile	%	Adult	%
Female	23	7%	3,950	19%	19	6%	3,720	18%
Male	289	93%	17,036	81%	286	94%	16,795	82%
Total	312		20,986		305		20,515	

2004				2005				
Gender	Juvenile	%	Adult	%	Juvenile	%	Adult	%
Female	20	7%	3,750	18%	20	7%	4,191	19%
Male	272	93%	16,699	82%	274	93%	18,106	81%
Total	292		20,439		294		22,297	

Figure 21

**TOTAL ADULT FILINGS BY GENDER FOR 1999 THROUGH 2005**

1999				2000				2001				
Gender	Child Abuse	%	All Charges	%	Child Abuse	%	All Charges	%	Child Abuse	%	All Charges	%
Female	485	19%	31,211	17%	522	20%	30,504	17%	539	20%	30,852	17%
Male	2,052	81%	151,598	83%	2,108	80%	150,580	83%	2,154	80%	146,463	83%
Total	2,535		182,809		2,630		181,084		2,535		177,315	

2002				2003				
Gender	Juvenile	%	Adult	%	Juvenile	%	Adult	%
Female	581	20%	31,497	18%	544	22%	33,289	18%
Male	2,353	80%	148,018	82%	1,955	78%	150,343	82%
Total	2,934		179,515		2,499		183,632	

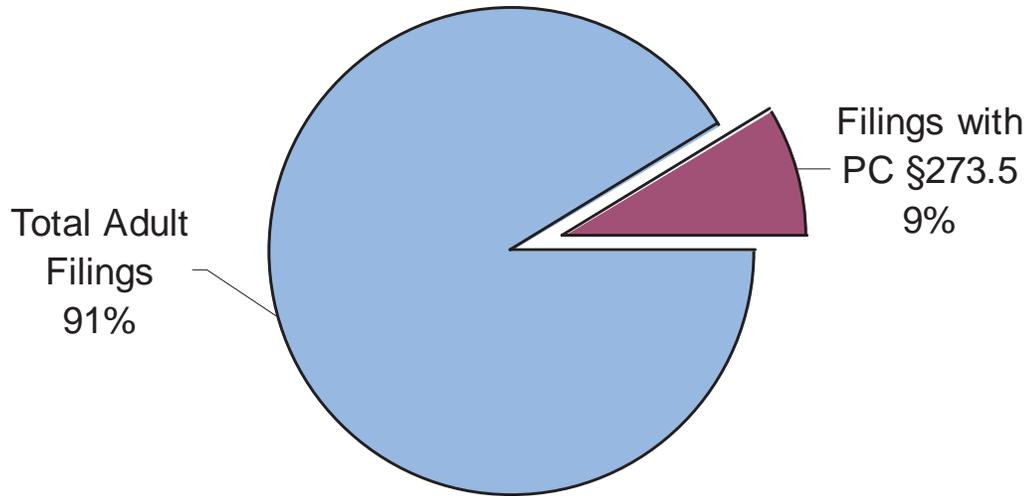
  

2004				2005				
Gender	Juvenile	%	Adult	%	Juvenile	%	Adult	%
Female	522	21%	33,641	18%	535	22%	35,722	18%
Male	1,925	79%	154,994	82%	1,927	78%	157,849	82%
Total	2,447		188,635		2,462		193,571	



Figure 22

**FILINGS WITH PC §273.5 CHARGE VERSUS  
TOTAL FILINGS FOR 2005 - PIE CHART**





**SYNOPSIS OF STATUTES**

**187 PC - Murder Defined**

(a) Murder is the unlawful killing of a human being, or a fetus, with malice aforethought.

(b) This section does not apply to any person who commits an act that results in the death of a fetus if any of the following apply:

1) The act complied with the Therapeutic Abortion Act, Article 2 (commencing with Section 123400) of Chapter 2 of Part 2 of Division 106 of the Health and Safety Code.

2) The act was committed by a holder of a physician's and surgeon's certificate, as defined in the Business and professions Code, in a case where, to a medical certainty, the result of child-birth would be death of the mother of the fetus or where her death from childbirth, although not medically certain, would be substantially certain or more likely than not.

3) The act was solicited, aided, and abetted, or consented to by the mother of the fetus.

(c) Subdivision (b) shall not be construed to prohibit the prosecution of any person under any other provision of law.

**273ab PC - Assault Resulting in Death of Child under 8**

Any person who, having the care of custody of a child who is under eight years of age, assaults the child by means of force that to a reasonable person would be likely to produce great bodily injury, resulting in the child's death, shall be punished by imprisonment in the state prison for 25 years to life.

Nothing in this section shall be construed as affecting the applicability of subdivision (a) of Section 187 or Section 189.

**269(a)(1) PC - Aggravated Sexual Assault of a Child**

(a) Any person who commits the following acts upon a child who is under 14 years of age and 10 or more years younger than the person is guilty of aggravated sexual assault of a child:

(1) A violation of paragraph (2) of subdivision (a) of Section 261 - Rape:

An act of sexual intercourse accomplished with a person not the spouse of the perpetrator, where it is accomplished against a person's will by means of force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the person or another.

**269(a)(2) PC - Aggravated Sexual Assault of a Child**

(a) Any person who commits the following acts upon a child who is under 14 years of age and 10 or more years younger than the person is guilty of aggravated sexual assault of a child:

(2) A violation of Section 264.1 - Rape or penetration of genital or anal openings by foreign object, etc.; acting in concert by force or violence:

The provisions of Section 264 notwithstanding, in any case in which the defendant, voluntarily acting in concert with another person, by force or violence and against the will of the victim, committed an act described in Section 261, 262, or 289, either personally or by aiding and abetting the other person, that fact shall be charged in the indictment or information, and if found to be true by the jury, or by the court, or if admitted by the defendant, the defendant shall suffer confinement in the state prison for five, seven, or nine years.

**269(a)(3) PC - Aggravated Sexual Assault of a Child**

(a) Any person who commits the following acts upon a child who is under 14 years of age and



10 or more years younger than the person is guilty of aggravated sexual assault of a child:

(3) Sodomy, in violation of Section 286, when committed by force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the victim or another person.

**269(a)(4) PC - Aggravated Sexual Assault of a Child**

(a) Any person who commits the following acts upon a child who is under 14 years of age and 10 or more years younger than the person is guilty of aggravated sexual assault of a child:

(4) Oral copulation, in violation of Section 288a, when committed by force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the victim or another person.

**269(a)(5) PC - Aggravated Sexual Assault of a Child**

(a) Any person who commits the following acts upon a child who is under 14 years of age and 10 or more years younger than the person is guilty of aggravated sexual assault of a child:

(5) A violation of subdivision (a) of Section 289 - Forcible acts of sexual penetration:

(a)(1) Act of sexual penetration when the act is accomplished against the victim's will by means of force, violence, duress, menace or fear of immediate and unlawful bodily injury on the victim or another person.

**664/187 PC - Attempted Murder**

When a person attempts to commit [murder], but fails, or is prevented or intercepted in its perpetration.

**207(b) PC - Kidnapping**

Every person, who for the purpose of committing any act defined in Section 288 (lewd and lascivious acts) hires, persuades, entices, decoys or seduces by false promises, misrepresenta-

tions or the like, any child under the age of 14 years to go out of this country, state, or county or into another part of the same county, is guilty of kidnapping.

**207(a) PC - Kidnapping**

Every person who forcibly, or by any other means of instilling fear, steals or takes, or holds, detains or arrests any person in this state, and carries the person into another country, state, or county, or into another part of the same county, is guilty of kidnapping.

**208(b) PC - Punishment for kidnapping; victim under 14 years of age**

If the person kidnapped is under 14 years of age at the time of the commission of the crime, the kidnapping is punishable by imprisonment in the state prison for 5, 8 or 11 years. This subdivision is not applicable to the taking, detaining or concealing of a minor child by a biological parent, a natural father, as specified in Section 7611 of the Family Code, an adoptive parent or a person who has been granted access to the minor child by a court order.

**288.5(a) PC - Continuous Sexual Abuse of a Child**

Any person who either resides in the same home with the minor child or has recurring access to the child, who over a period of time, not less than three months in duration, engages in three or more acts of substantial sexual conduct with a child under the age of 14 years at the time of the commission of the offense, as defined in subdivision (b) of Section 1203.066, or three or more acts of lewd or lascivious conduct under Section 288, with a child under the age of 14 years at the time of the commission of the offense is guilty of the offense of continuous sexual abuse of a child and shall be punished by imprisonment in the state prison for a term of 6, 12 or 16 years.



**288.5 PC - Continuous Sexual Abuse of a Child**

(a) Any person who either resides in the same home with the minor child or has recurring access to the child, who over a period of time, not less than three months in duration, engages in three or more acts of substantial sexual conduct with a child under the age of 14 years at the time of the commission of the offense, as defined in subdivision (b) of Section 1203.066, or three or more acts of lewd or lascivious conduct under Section 288, with a child under the age of 14 years at the time of the commission of the offense is guilty of the offense of continuous sexual abuse of a child and shall be punished by imprisonment in the state prison for a term of 6, 12 or 16 years.

(b) To convict under this section the trier of fact, if a jury, need unanimously agree only that the requisite number of acts occurred not on which acts constitute the requisite number.

(c) No other felony sex offense involving the same victim may be charged in the same proceeding with a charge under this section unless the other charged offense occurred outside the time period charged under this section or the other offense is charged in the alternative. A defendant may be charged with only one count under this section unless more than one victim is involved in which case a separate count may be charged for each victim.

**286(c)(1) PC - Sodomy**

Any person who participates in an act of sodomy with another person who is under 14 years of age and more than 10 years younger than he or she, shall be punished by imprisonment in the state prison for three, six or eight years.

**286(c) PC - Sodomy**

(1) Any person who participates in an act of sodomy with another person who is under 14

years of age and more than 10 years younger than he or she, shall be punished by imprisonment in the state prison for three, six or eight years.

(2) Any person who commits an act of sodomy when the act is accomplished against the victim's will by means of force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the victim or another person shall be punished by imprisonment in the state prison for three, six or eight years.

(3) Any person who commits an act of sodomy where the act is accomplished against the victim's will by threatening to retaliate in the future against the victim or any other person, and there is a reasonable possibility that the perpetrator will execute the threat, shall be punished in the state prison for three, six or eight years.

**288(b) PC - Lewd or Lascivious Acts**

**(1) Any person who commits an act described in subdivision (a) (see below) by use of force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the victim or another person, is guilty of a felony and shall be punished by imprisonment in the state prison for three, six or eight years.**

**(2) Any person who is a caretaker and commits an act described in subdivision (a) (see below) upon a dependent adult by use of force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the victim or another person, with the intent described in subdivision (a), is guilty of a felony and shall be punished by imprisonment in the state prison for three, six or eight years.**

**288(a) PC - Lewd or Lascivious Acts**

Any person who willfully and lewdly commits any lewd or lascivious act, including any of the acts constituting other crimes provided for in Part 1, upon or with the body, or any part or



member thereof, of a child who is under the age of 14 years, with the intent of arousing, appealing to or gratifying the lust, passions or sexual desires of that person or the child, is guilty of a felony and shall be punished by imprisonment in the state prison for three, six or eight years.

#### **288a(c)(1) PC - Oral copulation**

Any person who participates in an act of oral copulation with another person who is under 14 years of age and more than 10 years younger than he or she, shall be punished by imprisonment in the state prison for three, six or eight years.

#### **289(j) PC - Forcible Acts of Sexual Penetration**

Any person who participates in an act of sexual penetration with another person who is under 14 years of age and who is more than 10 years younger than he or she, shall be punished by imprisonment in the state prison for three, six or eight years.

#### **289(i) PC - Forcible Acts of Sexual Penetration**

Except as provided in Section 288, any person over the age of 21 years who participates in an act of sexual penetration with another person who is under 16 years of age shall be guilty of a felony.

#### **289(h) PC - Forcible Acts of Sexual Penetration**

Except as provided in Section 288, any person who participates in an act of sexual penetration with another person who is under 18 years of age shall be punished by imprisonment in the state prison or in the county jail for a period of not more than one year.

#### **273a(a) PC - Willful Harm or Injury to Child; Endangering Person or Health (with 12022.95 PC allegation)**

Any person who, under circumstances or conditions likely to produce great bodily harm or death, willfully causes or permits any child to suffer, or inflicts thereon unjustifiable physical pain or mental suffering, or having the care or custody of any child, willfully causes or permits the person or health of that child to be injured, or willfully causes or permits that child to be placed in a situation where his or her person or health is endangered, shall be punished by imprisonment in a county jail not exceeding one year, or in the state prison for two, four or six years.

#### **12022.95 PC - Willful Harm or Injury Resulting in Death of Child; Sentence Enhancement; Procedural Requirements**

Any person convicted of a violation of Section 273a, who under circumstances or conditions likely to produce great bodily harm or death, willfully causes or permits any child to suffer, or inflicts thereon unjustifiable physical pain or injury that results in death, or having the care or custody of any child, under circumstances likely to produce great bodily harm or death, willfully causes or permits that child to be injured or harmed, and that injury or harm results in death, shall receive a four-year enhancement for each violation, in addition to the sentence provided for that conviction. Nothing in this paragraph shall be construed as affecting the applicability of subdivision (a) of Section 187 or Section 192. This section shall not apply unless the allegation is included within an accusatory pleading and admitted by the defendant or found to be true by the trier of fact.



**273a(a) PC - Willful Harm or Injury to Child; Endangering Person or Health**

Any person who, under circumstances or conditions likely to produce great bodily harm or death, willfully causes or permits any child to suffer, or inflicts thereon unjustifiable physical pain or mental suffering, or having the car or custody of any child, willfully causes or permits the person or health of that child to be injured, or willfully causes or permits that child to be placed in a situation where his or her person or health is endangered, shall be punished by imprisonment in a county jail not exceeding one year, or in the state prison for two, four or six years.

**273d(a) PC - Corporal Punishment or Injury of Child**

Any person who willfully inflicts upon a child any cruel or inhuman corporal punishment or an injury resulting in a traumatic condition is guilty of a felony and shall be punished by imprisonment in the state prison for two, four or six years, or in a county jail for not more than one year, by a fine of up to six thousand dollars, or by both that imprisonment and fine.

**278 PC - Noncustodial Persons; Detainment or Concealment of Child from Legal Custodian**

Every person, not having a right to custody, who maliciously takes, entices away, keeps, withholds or conceals any child with the intent to detain or conceal that child from a lawful custodian, shall be punished by imprisonment in a county jail not exceeding one year, a fine not exceeding one thousand dollars, or both that fine and imprisonment, or by imprisonment in the state prison for two, three or four years, a fine not exceeding ten thousand dollars, or both that fine and imprisonment.

**278.5 PC - Deprivation of Custody of Child or Right to Visitation**

(a) Every person who takes, entices away, keeps, withholds, or conceals a child and maliciously deprives a lawful custodian of a right to custody, or a person of a right to visitation, shall be punished by imprisonment in a county jail not exceeding one year, a fine not exceeding one thousand dollars, or both that fine and imprisonment, or by imprisonment in the state prison for 16 months, or two or three years, a fine not exceeding ten thousand dollars, or both that fine and imprisonment.

(b) Nothing contained in this section limits the court's contempt power.

(c) A custody order obtained after the taking, enticing away, keeping, withholding or concealing of a child does not constitute a defense to a crime charged under this section.

**278.5(a) PC - Deprivation of Custody of Child or Right to Visitation**

Every person who takes, entices away, keeps, withholds, or conceals a child and maliciously deprives a lawful custodian of a right to custody or a person of a right to visitation, shall be punished by imprisonment in a county jail not exceeding one year, a fine not exceeding one thousand dollars, or both that fine and imprisonment, or by imprisonment in the state prison for 16 months or two or three years, a fine not exceeding ten thousand dollars, or both that fine and imprisonment.

**288(c) PC - Lewd or Lascivious Acts**

(1) Any person who commits an act described in subdivision (a) with the intent described in that subdivision, and the victim is a child of 14 or 15 years, and that person is at least 10 years older than the child, is guilty of a public offense and shall be punished by imprisonment in the state prison for one, two, or three years, or by imprisonment in a county jail for not more than one



year. In determining whether the person is at least 10 years older than the child, the difference in age shall be measured from the birth date of the person to the birth date of the child.

(2) Any person who is a caretaker and commits an act described in subdivision (a) upon a dependent adult, with the intent described in subdivision (a), is guilty of a public offense and shall be punished by imprisonment in the state prison for one, two, or three years, or by imprisonment in a county jail for not more than one year.

### **288a(c)(1) PC - Oral Copulation**

Any person who participates in an act of oral copulation with another person who is under 14 years of age and more than 10 years younger than he or she, shall be punished by imprisonment in the state prison for three, six or eight years.

### **288a(c) PC - Oral Copulation**

(1) Any person who participates in an act of oral copulation with another person who is under 14 years of age and more than 10 years younger than he or she, shall be punished by imprisonment in the state prison for three, six or eight years.

(2) Any person who commits an act of oral copulation when the act is accomplished against the victim's will by means of force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the victim or another person, shall be punished by imprisonment in the state prison for three, six or eight years.

(3) Any person who commits an act of oral copulation where the act is accomplished against the victim's will by threatening to retaliate in the future against the victim or any other person, and there is a reasonable possibility that the perpetrator will execute the threat shall be punished by imprisonment in the state prison for three, six or eight years.

### **286(b)(2) PC - Sodomy**

Except as provided in Section 288, any person over the age of 21 years who participates in an act of sodomy with another person who is under 16 years of age shall be guilty of a felony.

### **286(b)(1) PC - Sodomy**

Except as provided in Section 288, any person who participates in an act of sodomy with another person who is under 18 years of age shall be punished by imprisonment in the state prison, or in a county jail for not more than one year.

### **288a(b)(1) PC - Oral copulation**

Except as provided in Section 288, any person who participates in an act of oral copulation with another person who is under 18 years of age shall be punished by imprisonment in the state prison, or in a county jail for a period of not more than one year.

### **266j PC - Procurement of Child under Age 16 for Lewd and Lascivious Acts; Punishment**

Any person who intentionally gives, transports, provides, or makes available, or who offers to give, transport, provide, or make available to another person, a child under the age of 16 for the purpose of any lewd or lascivious act as defined in Section 288, or who causes, induces, or persuades a child under the age of 16 to engage in such an act with another person, is guilty of a felony and shall be imprisoned in the state prison for a term of three, six or eight years, and by a fine not to exceed fifteen thousand dollars.

### **266h(b) PC - Pimping**

[266h(a) - Except as provided in subdivision (b), any person who, knowing another person is a prostitute, lives or derives support or maintenance in whole or in part from the earnings or



proceeds of the person's prostitution, or from money loaned or advanced to or charged against that person by any keeper or manager or inmate of a house or other place where prostitution is practiced or allowed, or who solicits or receives compensation for soliciting for the person, is guilty of pimping, a felony, and shall be punished by imprisonment in the state prison for three, four or six years.]

(b) If the person engaged in prostitution is a minor over the age of 16 years, the offense is punishable by imprisonment in the state prison for three, four or six years. If the person engaged in prostitution is under 16 years of age, the offense is punishable by imprisonment in the state prison for three, six or eight years.

**266i(b) PC - Pandering**

[266i(a) - Except as provided in subdivision (b), any person who does any of the following is guilty of pandering, a felony, and shall be punished by imprisonment in the state prison for three, four or six years: (1) procures another person for the purpose of prostitution; (2) by promises, threats, violence, or by any device or scheme, causes, induces, persuades or encourages another person to become a prostitute; (3) procures for another person a place as an inmate in a house of prostitution or as an inmate of any place in which prostitution is encouraged or allowed within this state; (4) by promises, threats, violence or by any device or scheme, causes, induces, persuades or encourages an inmate of a house of prostitution, or any other place in which prostitution is encourages or allowed, to remain therein as an inmate; (5) by fraud or artifice, or by duress of person or goods, or by abuse of any position of confidence or authority, procures another person for the purpose of prostitution, or to enter any place in which prostitution is encouraged or allowed within this state, or to come into this state or leave this state for the purpose of

prostitution; (6) receives or gives, or agrees to receive or give, any money or thing of value for procuring, or attempting to procure, another person for the purpose of prostitution, or to come into this state or leave this state for the purpose of prostitution.]

(b) If the other person is a minor over the age of 16 years, the offense is punishable by imprisonment in the state prison for three, four or six years. Where the other person is under 16 years of age, the offense is punishable by imprisonment in the state prison for three, six or eight years.

**288a(b)(2) PC - Oral Copulation**

Except as provided in section 288, any person over the age of 21 years who participates in an act of oral copulation with another person who is under 16 years of age is guilty of a felony.

**311.4(b) PC - Employment or Use of a Minor to Perform Prohibited Acts**

Every person who, with knowledge that a person is a minor under the age of 18 years, or who, while in possession of any facts on the basis of which he or she should reasonably know that the person is a minor under the age of 18 years, knowingly promotes, employs, uses, persuades, induces, or coerces a minor under the age of 18 years, or any parent or guardian of a minor under the age of 18 years under his or her control who knowingly permits the minor, to engage in or assist others to engage in either posing or modeling alone or with others for purposes of preparing any representation of information, data, or image, including, but not limited to, any film, filmstrip, photograph, negative, slide, photocopy, videotape, video laser disc, computer hardware, computer software, computer floppy disc, data storage media, CD-ROM, or computer-generated equipment or any other computer generated image that contains or incorporates in any manner, any film, filmstrip,



or a live performance involving, sexual conduct by a minor under the age of 18 years alone or with other persons or animals, for commercial purposes, is guilty of a felony and shall be punished by imprisonment in the state prison for three, six or eight years.

**311.2(b) PC - Sending or Bringing into State for Sale or Distribution; Printing, Exhibiting, Distributing, Exchanging or Possessing Within State; Matter Depicting Sexual Conduct by Minor; Transaction with Minor**

Every person who knowingly sends or causes to be sent, or brings or causes to be brought, into this state for sale or distribution, or in this state possesses, prepares, publishes, produces, develops, duplicates, or prints any representation of information, data, or image, including, but not limited to, any film, filmstrip, photograph, negative, slide, photocopy,

videotape, video laser disc, computer hardware, computer software, computer floppy disc, data storage media, CD-ROM, or computer-generated equipment or any other computer-generated image that contains or incorporates in any manner, any film or filmstrip, with intent to distribute or to exhibit to, or to exchange with, others for commercial consideration, or who offers to distribute, distributes, or exhibits to, or exchanges with, others for commercial consideration, any obscene matter, knowing that the matter depicts a person under the age of 18 years personally engaging in or personally simulating sexual conduct, as defined in Section 311.4, is guilty of a felony and shall be punished by imprisonment in the state prison for two, three or six years, or by a fine not exceeding \$100,000, in the absence of a finding that the defendant would be incapable of paying such a fine, or by both that fine and imprisonment.

**311.10 PC - Advertising for Sale or Distribution Obscene Matter Depicting a Person under the Age of 18 Years Engaging In or Simulating Sexual Conduct; Felony; Punishment**

(a) Any person who advertises for sale or distribution any obscene matter knowing that it depicts a person under the age of 18 years personally engaging in or personally simulating sexual conduct, as defined in Section 311.4, is guilty of a felony and is punishable by imprisonment in the state prison for two, three or four years, or in a county jail not exceeding one year, or by a fine not exceeding \$50,000, or by both such fine and imprisonment.

(b) Subdivision (a) shall not apply to the activities of law enforcement and prosecution agencies in the investigation and prosecution of criminal offenses.

**311.11(b) PC - Possession or Control of Matter Depicting Minor Engaging or Simulating Sexual Conduct**

If a person has been previously convicted of a violation of this section, he or she is guilty of a felony and shall be punished by imprisonment for two, four or six years.

**261.5(d) PC - Unlawful Sexual Intercourse with Person under 18**

Any person 21 years of age or older who engages in an act of unlawful sexual intercourse with a minor who is under 16 years of age is guilty of either a misdemeanor or a felony, and shall be punished by imprisonment in a county jail not exceeding one year, or by imprisonment in the state prison for two, three or four years.

**261.5(c) PC - Unlawful Sexual Intercourse with a Person under 18**

Any person who engages in an act of unlawful sexual intercourse with a minor who is more than three years younger than the perpetrator is



guilty of either a misdemeanor or a felony, and shall be punished by imprisonment in a county jail not exceeding one year, or by imprisonment in the state prison.

**311.1(a) PC - Sent or Brought into State for Sale or Distribution; Possessing, Preparing, Publishing, Producing, Developing, Duplicating, or Printing Within State; Matter Depicting Sexual Conduct by Minor**

Every person who knowingly sends or causes to be sent, or brings or causes to be brought, into this state for sale or distribution, or in this state possesses, prepares, publishes, produces, develops, duplicates, or prints any representation of information, data, or image, including, but not limited to, any film, filmstrip, photograph, negative, slide, photocopy, videotape, video laser disc, computer hardware, computer software, computer floppy disc, data storage media, CD-ROM, or computer-generated equipment or any other computer-generated image that contains or incorporates in any manner, any film or filmstrip, with intent to distribute or to exhibit to, or to exchange with, others, or who offers to distribute, distributes, or exhibits to, or exchanges with, others any obscene matter, knowing that the matter depicts a person under the age of 18 years personally engaging in or personally simulating sexual conduct, as defined in Section 311.4, shall be punished either by imprisonment in the county jail for up to one year, by a fine not to exceed \$1,000, or by both the fine and imprisonment, or by imprisonment in the state prison, by a fine not to exceed \$10,000, or by the fine and imprisonment.

**311.4(c) PC - Employment or Use of a Minor to Perform Prohibited Acts**

Every person who, with knowledge that a person is a minor under the age of 18 years, or who, while in possession of any facts on the basis of which he or she should reasonably know that the person is a minor under the age of 18 years,

knowingly promotes, employs, uses, persuades, induces, or coerces a minor under the age of 18 years, or any parent or guardian of a minor under the age of 18 years under his or her control who knowingly permits the minor, to engage in or assist others to engage in either posing or modeling alone or with others for purposes of preparing any representation of information, data, or image, including, but not limited to, any film, filmstrip, photograph, negative, slide, photocopy, videotape, video laser disc, computer hardware, computer software, computer floppy disc, data storage media, CD-ROM, or computer-generated equipment or any other computer generated image that contains or incorporates in any manner, any film, filmstrip, or a live performance involving, sexual conduct by a minor under the age of 18 years alone or with other persons or animals, is guilty of a felony. It is not necessary to prove commercial purposes in order to establish a violation of this subdivision.

**271a PC - Abandonment or Failure to Maintain Child under 14; False Representation That Child Is Orphan; Punishment**

Every person who knowingly and willfully abandons, or who, having ability so to do, fails or refuses to maintain his or her minor child under the age of 14 years, or who falsely, knowing the same to be false, represents to any manager, officer or agent of any orphan asylum or charitable institution for the care of orphans, that any child for whose admission into such asylum or institution application has been made is an orphan, is punishable by imprisonment in the state prison, or in the county jail not exceeding one year, or by fine not exceeding \$1,000 or by both.



**267 PC - Abduction; Person under 18 for Purpose of Prostitution; Punishment**

Every person who takes away any other person under the age of 18 years from the father, mother, guardian, or other person having the legal charge of the other person, without their consent, for the purpose of prostitution, is punishable by imprisonment in the state prison, and a fine not exceeding \$2,000.

**647.6(b) PC - Annoying or Molesting Child under 18**

Every person who violates this section after having entered, without consent, an inhabited dwelling house, or trailer coach as defined in Section 635 of the Vehicle Code, or the inhabited portion of any other building, shall be punished by imprisonment in the state prison, or in a county jail not exceeding one year.

**647.6(a) PC - Annoying or Molesting Child under 18**

Every person who annoys or molests any child under the age of 18 shall be punished by a fine not exceeding \$1,000, by imprisonment in a county jail not exceeding one year or by both the fine and imprisonment.

**261.5(b) PC - Unlawful Sexual Intercourse with Person under 18**

Any person who engages in an act of unlawful sexual intercourse with a minor who is not more than three years older or three years younger than the perpetrator, is guilty of a misdemeanor.

**273a(b) PC - Willful Harm or Injury to Child; Endangering Person or Health**

Any person who, under circumstances or conditions other than those likely to produce great bodily harm or death, willfully causes or permits any child to suffer, or inflicts thereon unjustifiable physical pain or mental suffering, or having the care or custody of any child, willfully causes or permits the person or health of

that child to be injured, or willfully causes or permits that child to be placed in a situation where his or her person or health may be endangered, is guilty of a misdemeanor.

**273g PC - Degrading, Immoral, or Vicious Practices or Habitual Drunkenness in Presence of Children**

Any person who in the presence of any child indulges in any degrading, lewd, immoral or vicious habits or practices, or who is habitually drunk in the presence of any child in his care, custody or control, is guilty of a misdemeanor.

**311.4(a) PC - Employment or Use of a Minor to Perform Prohibited Acts**

Every person who, with knowledge that a person is a minor, or who, while in possession of any facts on the basis of which he or she should reasonably know that the person is a minor, hires, employs, or uses the minor to do or assist in doing any of the acts described in Section 311.2, is, for a first offense, guilty of a misdemeanor. If the person has previously been convicted of any violation of this section, the court may, in addition to the punishment authorized in Section 311.9, impose a fine not exceeding \$50,000.

**311.11(a) PC - Possession or Control of Matter Depicting Minor Engaging or Simulating Sexual Conduct**

Every person who knowingly possesses or controls any matter, representation of information, data, or image, including, but not limited to, any film, filmstrip, photograph, negative, slide, photocopy, videotape, video laser disc, data storage media, CD-ROM, or computer-generated equipment or any other computer generated image that contains or incorporates in any manner, any film or filmstrip, the production of which involves the use of a person under the age of 18 years, knowing that the matter depicts a person under the age of 18 years personally engaging in



or simulating sexual conduct, as defined subdivision (d) of Section 311.4, is guilty of a public offense and shall be punished by imprisonment in the county jail for up to one year, or by a fine not exceeding \$2,500 or by both the fine and imprisonment.

**12035 PC - Storage of Firearms Accessible to Children**

Every person who keeps any loaded firearm within any premises under their custody or control who knows or reasonably should know that a child is likely to gain access to the firearm without the permission of the child's parent or guardian and the child obtains access to the firearm and thereby causes injury to himself, herself or any other person is guilty of a crime. If the injury causes death or great bodily injury, the person is guilty of criminal storage of a firearm in the first degree. If the injury is other than death or great bodily injury, the individual is guilty of criminal storage of a firearm in the second degree.

**12036(b) PC - Firearms Accessed by Children and Carried off the Premises**

A person who keeps a pistol, revolver or other firearm capable of being concealed upon the person, loaded or unloaded, within any premises that are under the person's custody and control and the person knows or reasonably should know that a child is likely to have access to that firearm without the permission of the child's parent or guardian and the child obtains access to the firearm and thereafter carries that firearm off-premises is guilty of a misdemeanor.



## GLOSSARY OF TERMS

**Accusatory Pleading** - Any type of charging document filed (usually by the DAO against a defendant/respondent or minor) in Court, i.e., Complaint, Information, Petition, etc.

**Acknowledgment of Discovery** - A form signed by the defense attorney acknowledging the receipt or inspection of specified documents relating to the court case. Used primarily at the Municipal Court level.

**Adjudication** - Generally, this term means a determination of guilt or innocence. When used to describe a proceeding in Delinquency Court, it describes the trial process under which the judge hears evidence as the trier of fact in order to determine whether a petition filed on behalf of the minor in court is found to be true (sustained petition) or not true (dismissed). As the purpose of a delinquency court proceeding is to determine the truth of the matter alleged and, if sustained, develop a rehabilitation plan on behalf of the minor, a true finding by the court resulting from an adjudication does not have the same consequences as a conviction for a similarly charged adult defendant.

**Adult** - Age when a person is considered legally responsible for his or her actions. For criminal actions, all persons 18 years of age and over in California are considered adults. In some cases, juveniles may be tried as adults.

**Alias** - Name under which a person is known or by which he identifies himself but that is not his legal name.

**Amend a Complaint or Information** - One amends a complaint or information by adding or deleting from it. This must be approved by the court. It can be done either by interlineation or by submitting a new document containing the charges.

**Appeal** - Resort to a higher court for the purpose of obtaining a review of the lower court rulings. The appellate court will typically refuse to hear the case, affirm the lower court's ruling, or overturn the lower court ruling on the issue(s) being appealed.

**Appellate Court** - A court of review which determines whether or not the ruling and judgments of the lower court were correct.

**Arraignment** - The court hearing wherein the defendant or minor is formally charged with the charges against him, i.e., given a copy of the complaint, petition, or other accusatory instrument, and informed of his constitutional rights.

**Arrest** - The physical taking of a person into custody for violating the law, the purpose of which is to restrain the accused until he can be held accountable for the offense at court proceedings. The legal requirement for an arrest is probable cause.

**Bail** - A monetary or other form of security given to ensure the appearance of the defendant at every stage of the proceedings in lieu of actual physical confinement in jail.

**Bail Bondsman** - A business person who agrees to post bail for some defendants to allow them to go free prior to trial in return for a fee.

**Bench Warrant** - A court order authorizing the proper legal authorities to arrest a person so that he might be brought physically before the court.

**Booking** - An administrative record of an arrest made in police stations listing the offender's name, address, physical description, date of birth, employer, time of arrest, offense, and the name of arresting officer. Photographing and fingerprinting the offender are also part of the booking.



**Calendar** - Court personnel often refer to the act of adding an appointment to the court calendar as "calendar a defendant". They reference one who is on the calendar as one who "is calendared". They've also been known to say such things as "we need to calendar this defendant".

**Case Docket** - (a.k.a. Case History, Case Document) Document on which the chronological events of a court case are recorded. Court case events occur both in and out of the court room.

**Case Law** - Law derived from the decisions of previous court decisions, as opposed to statutory law which is passed by legislature.

**Certified Plea** - Occurs when a defendant pleads guilty or no contest to a felony charge in Municipal Court thereby foregoing a preliminary hearing.

**Chain of Custody** - A term referring to all the people who were in possession of an item of physical evidence from the time it was seized until it was received into evidence in a court proceeding.

**Change of Venue** - Moving the trial away from the responsible judicial jurisdiction to another to obtain an impartial jury (usually done when pre-trial publicity prevents the selection of an impartial jury in the court of original jurisdiction).

**Charge** - A formal allegation that a person has committed a crime and is identified by an offense code and section.

**Charging Document** - Generic term used in place of complaint, information, or grand jury indictment.

**City Attorney** - Prosecutor for a city. City Attorneys represent the people of a city and prosecute infractions and misdemeanors occurring within that city.

**Complaint** - A sworn allegation made in writing to a court or judge that an individual has committed one or more public offenses.

**Concurrent** - One of two means for serving sentences of imprisonment for multiple charges. When an accused is convicted of two or more charges, he must be sentenced on each charge and the sentence will include whether the charge is to be served concurrently with or consecutively to another charge. If the sentences are concurrent, they begin the same day and sentence is completed after the longest term has been served. Within one court case, sentences for individual charges can be concurrent. If an accused has more than one court case, sentences for individual court cases can be concurrent.

**Consecutive** - One of two means for serving sentences of imprisonment for multiple charges. When an accused is convicted of two or more charges, he must be sentenced on each charge and the sentence will include whether the charge is to be served concurrently with or consecutive to another charge. Upon completion of one sentence, the other term of incarceration begins. Within one court case, sentences for charges can be consecutive and if the defendant has more than one court case, sentences for each court case can be consecutive.

**Consolidation** - The combination of 2 or more charging documents into one. The charging documents can be for one or more defendants.

**Continuance** - The postponement of a court proceeding to a subsequent date.

**Conviction** - A judgment of guilt; this occurs as a result of a verdict by a jury, a plea by a defendant, or a judgment by a court that the accused is guilty as charged.

**Count** - In law enforcement, this is the number of counts of violation for one offense with which a suspect has been charged. For instance, 1 count of PC 211 and 2 counts of PC 244.



In other criminal justice agencies (district attorney's office, courts) this is the sequence number identifying a charge on the accusatory pleading document. For instance, count 1 is for PC 211, count 2 is for PC 244, and count 3 is for PC 244.

**Court Calendar** - Log of court appointments or proceedings for which defendant appearances have been scheduled. Calendars are often referred to by court personnel by the type of hearings that will take place in the court session, for instance, "Arrest Calendar" and "Pretrial Calendar".

**Court Case** - A case that has been identified, numbered, and is recognized by the court system. Not to be confused with DA Case (see below).

**Court Session** - A preset period of time in which a judge hears cases. Most of the hearings set for a court session are of the same or similar type. For instance, one court session may be for arraignments only. A judge holds regular sessions on specific days at specific times.

**Credit** - Time in days that reduces an inmate's sentence term. Credits are typically issued for "good time and work time" or time in custody already served by a defendant.

**Crime** - Any act that lawmakers designated as forbidden and subject to punishment imposed by the courts.

**DA Case** - A unit of work within PIMS that identifies all "cases" being processed by the prosecutorial arm of the DAO. These include Adult and Juvenile cases as well as cases in Appeals, Mediation, and Psychiatric. Not to be confused with Court Case (see above).

**De Novo Hearing** - A juvenile rehearing where the judgment in the initial hearing is set aside and the new hearing takes place before a judge as if the first hearing never occurred. The rehearing or De Novo Hearing may occur when the first hearing was held before a referee.

**Defendant** - The accused in criminal proceedings.

**Definite Sentence** - This involves fixed terms of incarceration for each specific crime.

**Demurrer** - A written document filed (or plea entered) by a defendant that attacks the accusatory pleading for failing to state sufficient facts to constitute a public offense.

**Dennis H. Hearing** - An optional juvenile detention hearing requested by the defense to attack the sufficiency of the evidence presented by the DAO that the minor has committed a crime or crimes which require the continued detention of the minor.

**Deposition** - The taking of a statement from a witness under oath, in question and answer form as it would be in court, with opportunity given to the adversary to be present and cross-examine; the session is reported and transcribed stenographically. Depositions are not used in criminal proceedings and are usually limited to civil or non-criminal proceedings.

**Detention Hearing** - A juvenile hearing when the court determines whether the minor will remain in custody pending the outcome of the court proceedings.

**Diagnostic** - In appropriate juvenile cases, the court has the power to order a diagnostic report from the California Youth Authority regarding whether or not the juvenile would benefit from any of the programs offered by the CYA. In adult cases, the court can refer a convicted defendant to the California Department of Corrections pursuant to Penal Code Section 1203.03 for a 90-day period and a diagnostic report recommending whether or not the defendant should be committed to state prison.

**Discovery** - Procedure whereby one party to an action gains information held by another party.

**Dismiss a Case** - To terminate a case without a trial or conviction.



**Disposition** - For juvenile offenders the equivalent of sentencing for adult offenders. Possible dispositions may dismiss the case, release the youth to the custody of his parents, place the offender on probation, send him to a county institution or to a state correctional institution.

**Diversion** - A policy in which adults that are accused of certain criminal offenses have their criminal proceedings suspended for a period of time based on a negotiated agreement to participate in community-based conflict resolution, counseling, or treatment programs. If the program is successfully completed, charges are dismissed.

**Docket** - A formal record of the events that have occurred in a case, maintained by the court clerk.

**Double Jeopardy** - Prevents the prosecution of a person for the same charge if jeopardy has been attached unless there has been an appeal from a conviction.

**Edsel P. Hearing** - A juvenile court hearing to determine if there is sufficient "prima facie" evidence to substantiate that a WIC 707b offense (which gives rise to the presumption that the juvenile is not fit to be tried as a juvenile) has been committed.

**Enhancement/Allegation** - Statutes that increase the punishment for a crime, i.e., used a firearm in the commission of a felony.

**Evidence** - Something that furnishes proof. Evidence includes the testimony of witnesses, records, documents, exhibits, objects, etc.

**Expert Witness** - A witness having special knowledge of the subject about which he is to testify. An expert witness must be qualified by the court to testify as such.

**Expungement** - A procedure whereby a court orders the destruction of records.

**Felony** - A more serious criminal offense which carries a penalty of incarceration in a state prison, usually for one year or more, as opposed to county jail.

**Fitness Hearing** - A hearing to determine if a juvenile should be tried as an adult rather than remain in the juvenile system.

**Fixed Term (a.k.a. Determinate Sentencing)** - A system of sentencing that specifies sentences or punishments for various crimes, and that does not allow a judge to change them. Usually the judge has the option of three sentences (low, mid, and high terms).

**Found to be True** - The charges alleged on a petition in a juvenile case are found to be true (functionally equivalent to guilty) or not true (functionally equivalent to not guilty).

**Grand Jury** - A group of citizens (usually 23 in number) that investigates wrongdoing and that, after hearing evidence submitted by the prosecutor, decide by majority vote whether to indict defendants. Their proceedings are conducted in secret and without the presence of the accused or his attorney.

**Habeas Corpus Proceeding** - A hearing to determine the legality of a person's confinement.

**Hearing** - Proceedings before a magistrate without jury.

**Held to Answer** - A Municipal Court judge decides at the preliminary hearing whether or not there is sufficient cause to believe the defendant is guilty of felony charges. The defendant is "held to answer" to those charges in Superior Court. This procedure only applies to felony cases.

**Home Supervision Program (HSP)** - A program in which persons who would otherwise be detained in the juvenile hall are permitted to remain in their homes pending



court disposition of their cases, under the supervision of a probation officer.

**Hung Jury** - A jury that is unable to reach agreement about whether a defendant is guilty or innocent. This allows prosecutors to retry the case if they choose unless the trial judge decides otherwise and dismisses the case.

**In Lieu of Filing** - A procedure where a probation violation petition is filed pertaining to the facts of a new crime in lieu of filing a new criminal complaint on those same facts.

**In Propria Persona (In Pro Per)** - Refers to the defendant's right to and the court's allowance of a party in a legal action (usually a defendant in a criminal proceedings) representing him or herself in a legal action. Since the defendant has a constitutional right to legal counsel, the bench officer must confirm that the defendant is making an intelligent waiver of that right when he or she elects to proceed on his or her own behalf. For Capital (death penalty) cases in California the court is statutorily obligated to appoint defense counsel even if the defendant asks to act as his or her own attorney.

**Indeterminate Sentence** - An open-ended sentence, such as from one to five years, that gives correctional authorities the right to determine the amount of time actually served within the prescribed limits.

**Indictment** - A written accusation returned by a grand jury charging an individual with a specified crime after determining probable cause.

**Informal Probation** - Supervised probation of a juvenile offender. This status may be granted by a probation officer (in lieu of requesting the filing of a petition) or by the court (suspending the delinquency proceedings) prior to adjudication. Similar to diversion in the adult system.

**Information** - Like the indictment, a formal charging document. The prosecuting attorney prepares the information and files it in court.

Probable cause is determined at the preliminary proceeding, which unlike grand jury proceedings, is public and attended by the accused and his attorney.

**Infraction** - A crime that is not punishable by imprisonment.

**Interlineation** - The changing of a charging document, with court approval, by all parties writing the change on their copy of the charging document.

**Jeopardy is Attached** - Jeopardy is attached after the jury has been sworn in a jury trial or after the first witness is sworn in a court trial.

**Joinder** - The joining of several offenses into one charging document which either arise from the same factual incident or are offenses of the same nature.

**Jurisdiction** - The type (e.g., territorial, subject matter, appellate, personal, etc.) or range of a court's or law enforcement agency's authority.

**Jury (Petit Jury)** - A group of citizens, twelve or less, chosen to hear evidence and decide questions of fact in a trial.

**Law Enforcement Agency (LEA)** - Also known as arresting agency

**Minute Order** - A record of events for one day occurring in a court proceeding. It is prepared by the court clerk.

**Misdemeanor** - A minor crime that carries a penalty of one year or less of incarceration.

**Mistrial** - A trial terminated and declared void prior to the return of a verdict. A mistrial most commonly arises due to a hung jury that fails to reach a unanimous verdict.

**Motion** - An application to the court requesting an order or ruling in favor of the moving party. Motions may be made verbally or in writing.



**Municipal Court** - Municipal courts have jurisdiction over infraction and misdemeanor criminal offenses committed in the county where the court is located except for juvenile offenses. Municipal courts also preside over felony cases through the preliminary hearing.

**Nine Nine Five** - A motion made in Superior Court to dismiss a case on one or more counts based on insufficient evidence produced at the preliminary hearing. Such a motion is authorized by Penal Code Section 995.

**Office Hearing** - A program established in the DAO to handle certain criminal situations in a non-courtroom setting with the objective of solving problems before they become more serious. These criminal matters are minor in nature. The result of the hearing will be to either file or not to file a complaint.

**PC 17(b)(4)** - The statute whereby the prosecuting attorney designates an offense to be a misdemeanor that is punishable as either a felony or a misdemeanor.

**PC 17(b)(5)** - The statute whereby the court designates an offense to be a misdemeanor that is punishable as either a felony or a misdemeanor.

**Petition Request** - A document completed by the probation department requesting the DAO to file a petition for a juvenile. A petition request is analogous to a prosecution request for an adult.

**Petition (601)** - Juvenile charging document prepared by the DAO (and occasionally the probation officer) for those offenses that are not violations of the law if committed by an adult.

**Petition (602)** - Juvenile charging document prepared by the DAO for those offenses that are violations of the law if committed by an adult.

**Petition (777)** - Juvenile charging document prepared by the DAO for those offenses that

constitute a violation of probation (making it necessary to modify the previous orders of the court).

**Plea** - An answer to formal charges by an accused. Possible pleas include guilty, nolo contendere, not guilty, and not guilty by reason of insanity.

**Plea Bargaining** - The process whereby the accused and the prosecutor negotiate a mutually satisfactory disposition of the case. Also known as a case settlement.

**Preliminary Hearing** - The step at which criminal charges initiated by a complaint are tested for probable cause. At the hearing, the prosecution presents evidence to establish that a felony occurred and to raise strong suspicion that the defendant committed it, i.e., a prima facie case.

**Preponderance of Evidence** - The standard of proof in a civil trial. It is less than required in a criminal trial (i.e., beyond a reasonable doubt). Specifically, the weight of evidence for guilt is deemed greater than the weight of evidence for innocence.

**Pre-Sentence Report** - A report by a probation officer made prior to sentencing that diagnoses offenders, predicts their chance of being rehabilitated, recommends to the court that specific sentence elements be imposed upon the defendant, and addresses the danger they pose to society.

**Pretrial Hearing** - The pretrial hearing is held to facilitate case settlement prior to the trial. Various motions may also be heard at the pretrial.

**Prima Facie** - A term that usually refers to the strength of evidence of a criminal charge. Prima facie evidence is sufficient to establish a fact or a presumption of fact unless rebutted.



**Pro Per** - A term identifying cases in which the defendant represents himself rather than being represented by counsel.

**Probable Cause** - The evidentiary criterion necessary to sustain an arrest or the issuance of an arrest or search warrant; less than an absolute certainty or "beyond a reasonable doubt" but greater than mere suspicion or "hunch".

**Probation** - A procedure whereby a convicted defendant is not punished by incarceration alone but is released for a designated period of time subject to conditions imposed by the court. One of the conditions of probation can be a period of incarceration in local (county) institutions.

**Probation Violation** - When a person violates one or more of the conditions of his probation.

**Probation/Sentencing Hearing** - A hearing after a defendant has been found guilty or pled guilty where the sentence is imposed.

**Register of Action** - A formal record of the events that have occurred in a Superior Court case maintained by the court clerk.

**Seal a Case** - To make the case only available for examination by court order.

**Search Warrant** - An order in writing, signed by a magistrate and directed to a peace officer, commanding him to search a specified location for personal property, seize it, and bring it before the magistrate.

**Sentence** - The criminal sanction imposed by the court upon a convicted defendant.

**Severance** - Can involve the separating of two or more defendants named in the same charging document. Also, can involve the separating of two or more charges against a defendant into multiple cases.

**Stay** - A judicial order whereby some action is forbidden or held in abeyance until some event occurs or the court rescinds its order.

**Submitted on Transcript (SOT)** - If the defendant waives his right to a jury trial and the right to confront and cross-examine witnesses, and the DDA concurs, the case may be submitted to the judge on the preliminary hearing transcript (this procedure is referred to as "submitted on the transcript").

**Subpoena** - A court order directing a person to attend a court proceeding or directing the production of documents in court.

**Subpoena Duces Tecum** - A court order directing a witness to bring to court documents that are under the witness' control.

**Sustain the Petition** - See Found to be True.

**Trial Brief** - A written document prepared by the prosecution or the defense that outlines the facts of the case and legal issues (with supporting points and authorities) that are likely to arise during the trial. Rarely used in criminal trials.

**Venue** - The place designated for trial.

**Vertical Prosecution** - The prosecution of a defendant whereby a specific prosecutor is assigned for the duration of the case.

**Warrant of Arrest** - An order of a court directing a peace officer to seize a particular person to answer a complaint or otherwise appear before the Court. Usually originated by the district attorney.

**William M. Hearing** - Optional hearing that the defense may request in order to attack the continued detention of a juvenile.

**Witness** - One who gives evidence in a cause before a court and who attests or swears to facts or gives or bears testimony under oath.

**Wobbler** - A criminal offense that is punishable as either a felony or a misdemeanor.

**Writ** - An appellate remedy seeking an order from a higher court either to mandate or prohibit action in the lower court where the criminal case is pending.



# PROBATION DEPARTMENT

## AGENCY REPORT







The Los Angeles County Probation Department was established in 1903 with the enactment of California's first probation laws. As a criminal justice agency, the Department has expanded to become the largest probation department in the world.

The Chief Probation Officer has jurisdiction over the entire county, including all of the cities within its borders. The legal provisions setting forth his office, duties and responsibilities are found in the California Welfare and Institutions Code and Penal Code.

Currently funded by a net appropriation of approximately \$547 million, the Department provides an extensive range of services through the efforts of over 5,200 employees deployed in more than 50 locations throughout the County. The Department serves all the municipal and superior courts of the County. Its services to the community include recommending sanctions to the court, enforcing court orders, operating correctional institutions and juvenile detention facilities, assisting victims and providing corrective assistance to individuals in conflict with the law.

The Los Angeles County Probation Department is among the national leaders in the correctional field with over two-thirds of its employees engaged in some professional aspect of probation work, such as Deputy Probation Officers, Pretrial Release Investigators, Detention Services Officers or Supervisors. Its employees staff over 50 work locations, including juvenile detention centers, residential treatment facilities and field services offices.

The Department strives for detailed and complete investigation reports, lower caseloads for Deputy Probation Officers, increased supervision of the individual probationer and a higher level of coordination with other criminal justice and child protective agencies.

## **INVESTIGATION SERVICES**

Both adults (age 18 and older) and juveniles (under age 18 at the time of commission of the crime) may be referred to the Department for investigation. Adults are referred by the criminal courts while juveniles are referred by law enforcement agencies, schools, parents, or other interested community sources. The Deputy Probation Officer (DPO) provides a court report outlining the offender's social history, prior record, statement from the victim and other interested parties and an analysis of the current living arrangements or changes.

If the court grants probation, the DPO enforces the terms and conditions ordered by the court, monitors the probationer's progress in treatment and initiates appropriate corrective action if the conditions are violated.

The DPO works cooperatively with the Children's Social Worker (CSW) from the Los Angeles County Department of Children and Family Services assigned to the case to ensure the child's safety and welfare. The DPO's assessment of the offender's response to treatment may have a significant influence in determining the outcome of a child's placement.

## **SPECIALIZED SUPERVISION PROGRAMS**

The Adult Services Bureau operates specialized caseloads that include the Narcotics Testing Office, High Risk Offenders, Domestic Violence Monitoring Unit, Adult Gang caseload, Big Mac (High Restitution caseload) and the Adult Family caseload. The specialized supervision programs that deal directly with child abuse are the Child Threat caseload and the Pre-natal and Post-natal caseloads.



## **CHILD THREAT CASELOADS**

Any case in which there is a reason to believe that the adult defendant's behavior poses a threat to a child by reason of violence, drug abuse history, sexual molestation or cruel treatment, regardless of official charges or condition of probation, may be assigned to a Child Threat caseload to promote the safety of the child and the family. In the event that the number of Child Threat defendants exceeds the total that can be accommodated by the Child Threat DPOs, probationers posing the highest risk to victims and potential victims are given priority for specialized supervision. These specialized child abuse services consist of 16 Child Threat caseloads located in 37 area offices throughout Los Angeles County.

Department policy mandates service standards and caseload size for the Child Threat program. Each case requires a supervision plan, approved by the DPO's supervisor, that provides close monitoring of the probationer's compliance with the orders of the court. The plan is intended to ensure the safety of victims and potential victims. Child Threat cases may require coordination with the Department of Children and Family Services (DCFS), the court and/or treatment providers.

The DPO conducts at least one home visit per month in every case in which the victim or other child under the age of 18 resides in the probationer's home. To provide ongoing assessments, all children in the home are routinely seen and may also be interviewed. Probationers report to the DPO face-to-face. Indications of mistreatment to the victim or other children results in a referral to the court for further investigation or other appropriate action.

## **PRE-NATAL/POST-NATAL SUBSTANCE RECOGNITION**

The Probation Department created a specialized anti-narcotic testing caseload in 1990 to address increasing community concerns regarding substance abuse by pregnant and parenting women. The caseload is comprised of pre-natal and recent post-partem substance-abusing women. The program provides intense supervision by enforcing court orders that include narcotics testing and referrals to appropriate community resource programs. Goals of the program include reducing substance abuse, improving the health of pregnant women and their infants and changing lifestyles that contribute to drug problems. The Program serves a specific geographical area where a network of treatment programs serves the needs of these probationers and their children.

## **SOURCE OF DATA**

The data reflects a comparison between the reporting year 2005 and the previous year 2004 using data collected from the Juvenile Automated Index and the Probation Department's Adult Probation System.



Figure 1

**ICAN DATA ANALYSIS REPORT 2006**  
**Child Abuse Referrals - Adult Cases**

PERCENTAGE OF CHANGE	2004		2005	TYPE OF ABUSE/NEGLECT
25% decrease	4	to	3	Caretaker Absence
5% decrease	20	to	19	Exploitation
18.8% decrease	16	to	13	General Neglect
83.3% decrease	6	to	1	Physical Abuse
38.5% increase	13	to	18	Severe Neglect
231% decrease	752	to	578	Sexual Abuse Referrals
22.1% decrease	811	to	632	Overall from 2004 to 2005

Figure 2

**ICAN DATA ANALYSIS REPORT 2006**  
**Child Abuse Referrals of Offenders by Age - Adult Cases**

PERCENTAGE OF CHANGE	2004		2005	AGE OF ADULT OFFENDER
8.3% decrease	48	to	44	under age 20
8.3% decrease	133	to	122	20-24
42.0% decrease	119	to	69	25-29
12.2% decrease	98	to	86	30-34
19.8% decrease	126	to	101	35-39
45.5% decrease	110	to	60	40-44
7.8% decrease	64	to	59	45-49
19.5% decrease	113	to	91	50 and over



Figure 3

**ICAN DATA ANALYSIS REPORT 2006  
Child Abuse Caseloads by Area Office - Adult Cases**

PERCENTAGE OF CHANGE	2004		2005	Area Office
100.0% decrease	43	to	0	Alhambra
4.8% increase	145	to	152	Antelope Valley
65.9% increase	211	to	72	Centinela
55.7% decrease	332	to	147	Crenshaw
28.1% decrease	128	to	92	East Los Angeles
60.4% increase	222	to	88	East San Fernando Valley
37.3% decrease	228	to	143	Firestone
3.4% increase	116	to	120	Foothill
56.6% decrease	113	to	49	Harbor
60.3% decrease	214	to	85	Long Beach
62.2% decrease	156	to	59	Rio Hondo
57.3% decrease	211	to	90	Pomona Valley
61.0% decrease	141	to	55	San Gabriel Valley
8.7% decrease	138	to	126	Santa Monica
60.4% decrease	144	to	57	South Central
8.9% increase	56	to	61	Valencia

Figure 4

**ICAN DATA ANALYSIS REPORT 2006  
Child Abuse Referrals of Adult Offenders by Ethnicity - Adult Cases**

PERCENTAGE OF CHANGE	2004		2005	ETHNICITY
23.8% decrease	151	to	115	African Americans
100.0% increase	0	to	1	American Indians
10.0% decrease	10	to	9	Asian/Pacific Islanders
21.0% decrease	510	to	403	Latinos
21.7% decrease	115	to	90	White
44.0% decrease	25	to	14	Other ethnicity



Figure 5

**ICAN DATA ANALYSIS REPORT 2006  
ADULT CHILD ABUSE OFFENSE REFERRALS RECEIVED IN 2005  
By Age and Ethnicity**

	UNDER 20	20-24	25-29	30-34	35-39	40-44	45-49	OVER 49	TOTAL
African American	14	18	12	13	16	11	16	15	115
American Indian	0	0	0	1	0	0	0	0	1
Asian/Pacific Islander	1	2	0	1	2	0	0	3	9
Latino	23	88	48	58	65	42	31	48	403
White	5	13	7	10	16	5	11	23	90
Other	1	1	2	3	2	2	1	2	14
<b>TOTAL</b>	<b>44</b>	<b>122</b>	<b>69</b>	<b>86</b>	<b>101</b>	<b>60</b>	<b>59</b>	<b>91</b>	<b>632</b>
<b>PERCENT</b>	<b>7.0%</b>	<b>19.3%</b>	<b>10.9%</b>	<b>13.6%</b>	<b>16.0%</b>	<b>9.5%</b>	<b>9.3%</b>	<b>14.4%</b>	<b>100.0%</b>

Figure 6

**ICAN DATA ANALYSIS REPORT 2006  
ADULT CHILD ABUSE OFFENSE REFERRALS RECEIVED IN 2005  
By Area Office and Gender**

AREA OFFICE	MALE	FEMALE	TOTAL
Antelope Valley	37	3	40
Central Adult Investigation	139	22	161
East Los Angeles	3	0	3
East San Fernando Valley	66	1	67
Firestone	0	0	0
Foothill	46	2	48
Harbor	34	0	34
Long Beach	57	0	57
Pomona Valley	48	2	50
Rio Hondo	51	5	56
San Gabriel Valley	29	1	30
Santa Monica	40	1	41
South Central	40	3	43
Valencia	1	0	1
Other	1	0	1
<b>TOTAL</b>	<b>592</b>	<b>40</b>	<b>632</b>
<b>PERCENT</b>	<b>93.7%</b>	<b>6.3%</b>	<b>100.0%</b>

East San Fernando Valley Area Office covers Santa Clarita. Figure 6 reflects the number of adult defendants, by area office and gender, referred to the Probation Department for investigation of child abuse offenses during 2005.



Figure 7

**ICAN DATA ANALYSIS REPORT 2006  
ADULT CHILD ABUSE OFFENSE REFERRALS RECEIVED IN 2005  
Adult & Juvenile**

OFFENSE TYPE	ADULT	PERCENT	JUVENILE	PERCENT	TOTAL
Caretaker Absence	3	0.5%	0	0.0%	34
Exploitation	19	3.0%	3	0.4%	22
General Neglect	13	2.1%	13	1.8%	26
Physical Abuse	1	0.2%	201	28.0%	202
Severe Neglect	18	2.8%	32	4.5%	50
Sexual Abuse	578	91.5%	469	65.3%	1,047
<b>TOTAL</b>	<b>632</b>	<b>100%</b>	<b>718</b>	<b>100%</b>	<b>1,350</b>
<b>PERCENT</b>	<b>46.8%</b>		<b>53.2%</b>		<b>100%</b>

Figure 8

**ICAN DATA ANALYSIS REPORT 2006  
ADULT CHILD OFFENSE SUPERVISION CASES ACTIVE AS OF DECEMBER 2005  
By Age and Ethnicity**

	UNDER 20	20-24	25-29	30-34	35-39	40-44	45-49	OVER 49	TOTAL
African American	8	54	78	49	45	47	34	41	356
American Indian	0	1	0	0	0	0	1	0	2
Asian/ Pacific Islander	1	5	4	4	10	7	4	5	40
Latino	15	198	190	141	128	86	75	79	912
White	0	61	46	49	67	62	65	87	437
Other	1	8	9	8	6	10	8	4	54
<b>TOTAL</b>	<b>25</b>	<b>327</b>	<b>327</b>	<b>251</b>	<b>256</b>	<b>212</b>	<b>187</b>	<b>216</b>	<b>1,801</b>
<b>PERCENT</b>	<b>1.4%</b>	<b>18.2%</b>	<b>18.2%</b>	<b>13.9%</b>	<b>14.2%</b>	<b>11.8%</b>	<b>10.4%</b>	<b>12.0%</b>	<b>100%</b>

Figure 8 reflects the number of adult cases, by age and ethnicity, supervised by the Probation Department for child abuse offenses in 2005



Figure 9

**ICAN DATA ANALYSIS REPORT 2006**  
**ADULT CHILD OFFENSE SUPERVISION CASES ACTIVE AS OF DECEMBER 2005**  
By Ethnicity

ETHNICITY	TOTAL	PERCENT
African American	356	19.8%
American Indian	2	0.1%
Asian/Pacific Islander	40	2.2%
Latino	912	50.6%
White	437	24.3%
Other	54	3.0%
<b>TOTAL</b>	<b>1,801</b>	<b>100%</b>

Figure 10

**ICAN DATA ANALYSIS REPORT 2006**  
**ADULT CHILD THREAT (C/T) WORKLOAD PER AREA OFFICE**  
As of December 2005

AREA OFFICE	NUMBER OF DEFENDANTS	NUMBER OF DEFENDANTS ON C/T CASELOADS
Alhambra	7	0
Antelope Valley	152	152
Centinela	79	72
Crenshaw	151	147
East Los Angeles	95	92
East San Fernando Valley	195	88
Firestone	221	143
Foothill	120	120
Harbor	50	49
Long Beach	86	85
Pomona Valley	179	90
Rio Hondo	165	59
San Gabriel Valley	56	55
Santa Monica	126	126
South Central	58	57
Valencia	61	61
<b>TOTALS</b>	<b>1,801</b>	<b>1,396</b>

The Alhambra Area Office is an investigative office and does not provide supervision services. The 7 defendants primarily live and are being supervised outside of Los Angeles County.



Figure 11

**ICAN DATA ANALYSIS REPORT 2006  
ADULT & JUVENILE 2005 CHILD ABUSE OFFENSE GRANTS OF PROBATION  
by area office Adult and Juvenile**

AREA OFFICE	ADULTS	JUVENILES	TOTAL
Transition to Area Office	0	5	5
Alhambra	11	0	11
Antelope Valley	3	0	3
Central Adult Investigation	7	0	7
Centinela	12	9	21
Crenshaw	14	15	29
East Los Angeles	8	10	18
East San Fernando Valley	11	0	11
Eastlake Intake Detention Control	0	0	0
Firestone	11	1	12
Foothill	6	4	10
Harbor	8	2	10
Kenyon JJC	0	5	5
Long Beach	6	2	8
Northeast Juvenile Justice Center	0	3	3
Pomona Valley	7	5	12
Rio Hondo	13	6	19
Riverview	8	0	8
San Gabriel Valley	5	12	17
Santa Monica	3	2	5
South Central	15	13	28
Sylmar	0	0	0
Valencia	0	0	0
Van Nuys	0	20	20
<b>TOTALS</b>	<b>148</b>	<b>114</b>	<b>262</b>
<b>PERCENT</b>	<b>56.5%</b>	<b>43.5%</b>	<b>100.0%</b>

Of the 632 Child Abuse referrals received by the Adult Bureau in 2005, 148 (23.4%) resulted in a court ordered grant of formal probation. The adult defendants not placed on formal probation may have been sentenced to state prison, county jail, placed on informal probation to the court, found not guilty or had their cases dismissed.

Of the 718 Juvenile Child Abuse offense referrals received by the Juvenile Bureau in 2005, 114 (15.9%) offenses resulted in a disposition of probation supervision. Juveniles not placed on probation may have been sentenced to the California Department and Rehabilitation, Division of Juvenile Justice (DJJ), found Unfit (referred to adult criminal court), sentenced to Camp Community Placement, had their cases rejected by the District Attorney, transferred out of county, or closed.



Figure 12

**ICAN DATA ANALYSIS REPORT 2006  
CHILD ABUSE REFERRALS**

PERCENTAGE OF CHANGE		2004		2005	TYPE OF ABUSE/NEGLECT
0.0%	No Change	0	to	0	Caretaker Absence
200%	increase	1	to	3	Exploitation
160%	increase	5	to	13	General Neglect
10.4%	increase	182	to	201	Physical Abuse
18.5%	increase	27	to	32	Severe Neglect
1.1%	increase	464	to	469	Sexual Abuse
5.7%	increase	679	to	718	Overall from 2004 to 2005

Figure 13

**ICAN DATA ANALYSIS REPORT 2006  
CHILD ABUSE REFERRALS OF OFFENDERS BY AGE**

PERCENTAGE OF CHANGE		2004		2005	AGE OF JUVENILES
41.0%	increase	144	to	203	under 11 years old
21.8%	decrease	55	to	43	11 years old
36.5%	decrease	74	to	47	12 years old
43.5%	decrease	62	to	35	13 years old
25.0%	increase	60	to	75	14 years old
69.0%	increase	58	to	98	15 years old
13.3%	increase	75	to	85	16 years old
21.7%	decrease	120	to	94	17 years old
22.6%	increase	31	to	38	over 17 years old

Figure 14

**ICAN DATA ANALYSIS REPORT 2006  
CHILD ABUSE REFERRALS BY ETHNICITY**

PERCENTAGE OF CHANGE		2004		2005	ETHNICITY
41.0%	increase	222	to	201	African American
21.8%	decrease	0	to	0	American Indian
36.5%	decrease	5	to	2	Asian/Pacific Islander
43.5%	decrease	378	to	428	Latino
25.0%	increase	66	to	75	White
69.0%	increase	6	to	8	Other ethnicity
13.3%	increase	2	to	4	Unknown ethnicity



Figure 15

**ICAN DATA ANALYSIS REPORT 2006  
CHILD ABUSE REFERRALS RECEIVED IN 2005  
By Area Office and Gender**

AREA OFFICE	MALE	FEMALE	TOTAL
Transitions to Area Office	49	3	52
Antelope Valley	16	0	16
Centinela	46	0	46
Crenshaw	82	10	92
East Los Angeles	38	2	40
Firestone	23	1	24
Foothill	14	7	21
Harbor	16	1	17
Intake Detention Control	0	0	0
Kenyon Juvenile Justice Ctr	53	2	55
Long Beach	19	3	22
N. East Juvenile Justice Ctr	26	0	26
Pomona Valley	24	1	25
Rio Hondo	27	3	30
San Gabriel Valely	77	7	84
Santa Monica	14	1	15
South Central	72	1	73
Sylmar	21	1	22
Valencia	11	0	11
Van Nuys	40	7	47
<b>TOTALS</b>	<b>668</b>	<b>50</b>	<b>718</b>

Figure 15 reflects the number of juveniles, by area office and gender, referred to the Probation Department for investigation of child abuse offenses during 2005. Transitions to Area Office primarily reflect referrals from probation camps.



Figure 16

**ICAN DATA ANALYSIS REPORT 2006  
JUVENILE CHILD ABUSE OFFENSE REFERRALS RECEIVED IN 2005  
By Age and Ethnicity**

	UNDER 11	11	12	13	14	15	16	17	OVER 17	TOTAL
African American	41	15	7	10	18	44	35	24	7	201
American Indian	0	0	0	0	0	0	0	0	0	0
Asian/Pacific Islander	1	1	0	0	0	0	0	0	0	2
Latino	130	24	32	19	48	40	45	63	27	428
White	26	3	8	3	8	13	3	7	4	75
Other	5	0	0	3	1	1	2	0	0	12
<b>TOTAL</b>	<b>203</b>	<b>43</b>	<b>47</b>	<b>35</b>	<b>75</b>	<b>98</b>	<b>85</b>	<b>94</b>	<b>38</b>	<b>718</b>
<b>PERCENT</b>	<b>28.3%</b>	<b>6.0%</b>	<b>6.5%</b>	<b>10.4%</b>	<b>10.4%</b>	<b>13.6%</b>	<b>11.8%</b>	<b>13.1%</b>	<b>5.3%</b>	<b>100%</b>

Figure 17

**ICAN DATA ANALYSIS REPORT 2006  
CHILD ABUSE OFFENSE REFERRALS RECEIVED IN 2005**

OFFENSE TYPE	ADULT	PERCENT	JUVENILE	PERCENT	TOTAL
Caretaker Abuse	3	0.5%	0	0.0%	3
Exploitation	19	3.0%	3	0.4%	22
General Neglect	13	2.1%	13	1.8%	26
Physical Abuse	1	0.2%	201	28.0%	202
Severe Neglect	18	2.8%	32	4.5%	50
Sexual Abuse	578	91.5%	469	65.3%	1,047
<b>TOTAL</b>	<b>632</b>	<b>100.0%</b>	<b>718</b>	<b>100.0%</b>	<b>1,350</b>
<b>PERCENT</b>	<b>46.8%</b>		<b>53.2%</b>		<b>100%</b>



**Figure 18**

**ICAN DATA ANALYSIS REPORT 2006  
JUVENILE CHILD ABUSE OFFENSE SUPERVISION CASES AS OF DECEMBER 2005**

	UNDER 11	11	12	13	14	15	16	17	OVER 17	TOTAL
African American	0	0	1	8	2	2	2	6	1	22
American Indian	0	0	0	0	0	0	0	0	0	0
Asian/Pacific Islander	0	0	0	0	0	0	0	0	0	0
Latino	0	0	1	7	22	18	15	13	3	79
White	0	0	1	0	1	1	3	5	2	13
Other	0	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>15</b>	<b>25</b>	<b>21</b>	<b>20</b>	<b>24</b>	<b>6</b>	<b>114</b>
<b>PERCENT</b>	<b>0.0%</b>	<b>0.0%</b>	<b>2.6%</b>	<b>13.2%</b>	<b>21.9%</b>	<b>18.4%</b>	<b>17.5%</b>	<b>21.1%</b>	<b>5.3%</b>	<b>100%</b>

Figure 18 reflects the number of juvenile cases, by age and ethnicity, supervised by the Probation Department for child abuse offenses in 2005

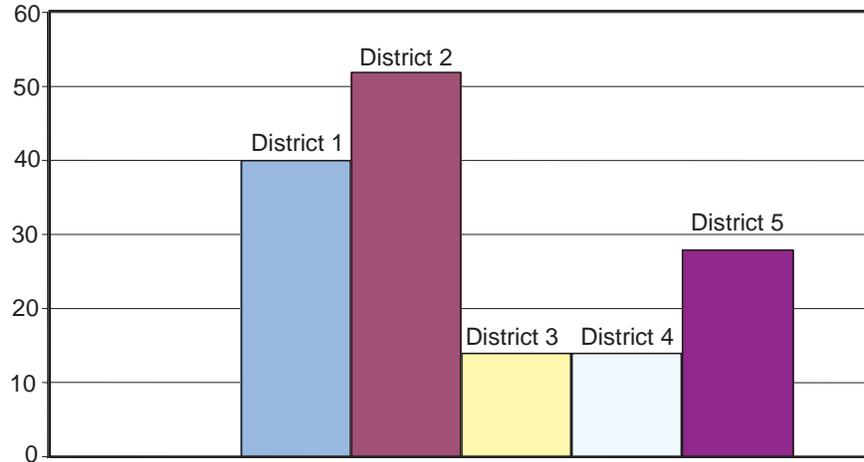
**Figure 19**

**ICAN DATA ANALYSIS REPORT 2006  
ETHNICITY OF JUVENILES UNDER SUPERVISION  
FOR CHILD ABUSE OFFENSES 2005**

ETHNICITY	TOTAL	PERCENT
African American	22	33.60%
American Indian	0	0.00%
Asian/Pacific Islander	0	0.90%
Latino	79	56.90%
White	13	8.60%
Other	0	0.00%
Unknown	0	0.00%
<b>TOTAL</b>	<b>114</b>	<b>100.00%</b>

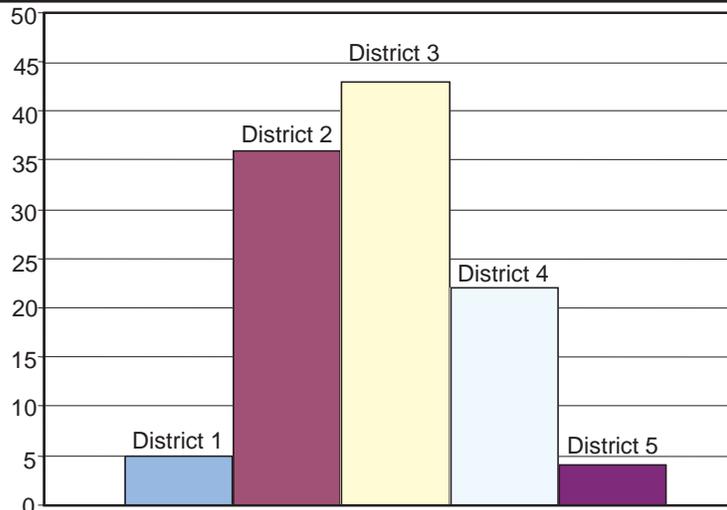


**ICAN DATA ANALYSIS REPORT 2006**  
**Adult 2005 Child Abuse Offense Grants of Probation by Supervisorial District**



SUPERVISORIAL DISTRICTS	CASES IN TRANSITION
DISTRICT 1	40
DISTRICT 2	52
DISTRICT 3	14
DISTRICT 4	14
DISTRICT 5	28

**ICAN DATA ANALYSIS REPORT 2006**  
**JUVENILE 2005 Child Abuse Offense Grants of Probation by Supervisorial District**



SUPERVISORIAL DISTRICTS	CASES IN TRANSITION
DISTRICT 1	5
DISTRICT 2	36
DISTRICT 3	43
DISTRICT 4	4
DISTRICT 5	4



## GLOSSARY OF TERMS

**Adation** - a judicial decision or sentence; to settle by judicial procedure; for juveniles - a juvenile court process focused on whether the allegations or charges facing a juvenile are true

**Adult** - a person 18 years of age or older

**Bench Officer** - a judicial hearing officer (appointed or elected) such as a judge, commissioner, referee, arbitrator, or umpire, presiding in a court of law and authorized by law to hear and decide on the disposition of cases

**California Youth Authority (CYA)** - the most severe sanction available to the juvenile court among a range of dispositional outcomes; it is a state run confinement facility for juveniles who have committed extremely serious or repeat offenses and/or have failed county-level programs, and require settings at the state level; CYA facilities are maintained as correctional schools and are scattered throughout the state

**Camp Community Placement** - available to the juvenile court at a disposition hearing; a minor is placed in one of 19 secure or non-secure structured residential camp settings run by the Probation Department throughout the County (see Residential Treatment Program)

**Caseload** - the total number of adult/juvenile clients or cases on probation, assigned to an adult or juvenile Deputy Probation Officer; caseload size and level of service is determined by Department policy

**Child Abuse (or Neglect)** - physical injury inflicted by other than accidental means upon a child by another person; includes sexual abuse, willful cruelty or unjustifiable punishment or injury, severe neglect and/or sexual exploitation.

**Child Threat (CTH) Caseload** - a specialized caseload supervised by a CTH Deputy Probation Officer consisting of adults on formal probation for child abuse offenses or where there is reason to believe that defendant's violent, drug abusing or child molesting behavior may pose a threat to a child; Department service standards require close monitoring of a defendant's compliance with court orders to ensure both the child's and parents' safety

**Compliance** - refers to the offender following, abiding by, and acting in accordance with the orders and instructions of the court as part of his/her effort to cooperate in his/her own rehabilitation while on probation (qualified liberty) given as a statutory act of clemency

**Conditions of Probation** - the portion of the court ordered sentencing option, which imposes obligations on the offender; may include restitution, fines, community service, restrictions on association, etc.

**Controlled Substance** - a drug, substance, or immediate precursor, which is listed in any schedule in Health and Safety Code Sections 11054, 11055, 11057, or 11058.

**Court Orders** - list of terms and conditions to be followed by the probationer, or any instructions given by the court



**Crime** - an act or omission in violation of local, state or federal law forbidding or commanding it, and made punishable in a legal proceeding brought by a state or the US government

**DA Case Reject** - a District Attorney dispositional decision to reject the juvenile petition request to file a formal complaint for court intervention from the referral source (usually an arresting agency) by way of Probation due to lack of legal sufficiency (i.e., insufficient evidence)

**Defendant** - an Adult subject of a case, accused/convicted of a crime, before a criminal court of law

**Disposition** - the resolution of a case by the court, including the dismissal of a case, the acquittal of a defendant, the granting of probation or deferred entry of judgment, or overturning of a convicted defendant

**Diversion** - the suspension of prosecution of "eligible" youthful, first time offenders in which a criminal court determines the offender suitable for diverting out of further criminal proceedings and directs the defendant to seek and participate in community-based education, treatment or rehabilitation programs prior to and without being convicted, while under the supervision of the Probation Department; program success dismisses the complaint, while failure causes resumption of criminal proceedings

**DPO** - Deputy Probation Officer - a peace officer who performs full case investigation functions and monitors probationer's compliance with court orders, keeping the courts apprised of probationer's progress by providing reports as mandated

**Drug Abuse** - the excessive use of substances (pharmaceutical drugs, alcohol, narcotics, cocaine, generally opiates, stimulants, depressants, hallucinogens) having an addictive-sustaining liability, without medical justification

**Formal Probation** - the suspension of the imposition of a sentence by the court and the conditional and revocable release of an offender into the community, in lieu of incarceration, under the formal supervision of a DPO to ensure compliance with conditions and instructions of the court; non-compliance may result in formal probation being revoked

**High Risk** - a classification referring to potentially dangerous, recidivist probationers who are very likely to violate conditions of probation and pose a potentially high level of peril to victims, witnesses and their families or close relatives; usually require in-person contacts and monitoring participation in treatment programs

**Informal Probation** -

- **Juvenile** -a six-month probation supervision program for minors opted by the DPO following case intake investigation of a referral, or ordered by the juvenile court without adjudication or declaration of wardship; it is a lesser sanction and avoids formal hearings, conserving the time of the DPO, court staff and parents and is seen as less damaging to a minor's record
- **Adult** - a period of probation wherein an individual is under the supervision of the Court as opposed to the Probation Officer. The period of probation may vary



**Investigation** - the process of investigating the factors of the offense(s) committed by a minor/adult, his/her social and criminal history, gathering offender, victim and other interested party input, and analyzing the relevant circumstances, culminating in the submission of recommendations to the court regarding sanctions and rehabilitative treatment options

**Judgment** - law given by court or other competent tribunal and entered in its dockets, minutes of record

**Juvenile** - a person who has not attained his/her 18th birthday

**Juvenile Court** - Superior Court which has jurisdiction over delinquent and dependent children

**Minor** - a person under the age of 18

**Narcotic Testing** - the process whereby a probationer must submit, by court order, to a drug test as directed, to detect and deter controlled substance abuse

**Pre-Sentence Report** - a written report made to the adult court by the DPO and used as a vehicle to communicate a defendant's situation and the DPO's recommendations regarding sentencing and treatment options to the judge prior to sentencing; becomes the official position of the court.

**Probation Department Probation Grant** - the act of bestowing and placing offenders (adults convicted of a crime and juveniles with allegations sustained at adjudication) on formal probation by a court of law and charging Probation with their supervisorial care to ensure the fulfillment of certain conditions of behavior

**Probation Violation** - when the orders of the court are not followed or the probationer is re-arrested and charged with a new offense

**Probationer** - minor or adult under the direct supervision of a Deputy Probation Officer, usually with instructions to periodically report in as directed

**Referral** - the complaint against the juvenile from law enforcement, parents or school requesting Probation intervention into the case, or a criminal court order directing Probation to perform a thorough investigation of a defendant's case following conviction, and present findings and recommendations in the form of a pre-sentence report

**Residential Treatment Program** - this program is also referred to as the Camp Community Placement program. It provides intensive intervention in a residential setting over an average stay of 20 weeks. The Camp Community Placement program is an intermediate sanction alternative to probation in the community and incarceration in the California Youth Authority.

**Sanction** - that part of law which is designed to secure enforcement by imposing a penalty for its violation



**Sentence** - the penalty imposed by the court upon a convicted defendant in a criminal judicial proceeding or upon a delinquent juvenile with allegations found true in juvenile court; penalties imposed may include fines, community service, restitution or other punishment, terms of probation, county jail or prison for the defendant, or residential camp placement or CYA commitment for a juvenile

**Substance Abuse** - see Drug Abuse - the non-medical use of a substance for any of the following reasons: psychic effect, dependence, or suicide attempt/gesture. For purposes of this glossary, non-medical use means:

- use of prescription drugs in a manner inconsistent with accepted medical practice
- use of over-the-counter drugs contrary to approved labeling; or
- use of any substance (heroin/morphine, marijuana/hashish, peyote, glue, aerosols, etc.) for psychic effect, dependence, or suicide

**Trace** - an amount of substance found in a newborn or parent that is insufficient to cause a parent to return to court on a probation violation, but is enough to authorize removal of a child from parental control

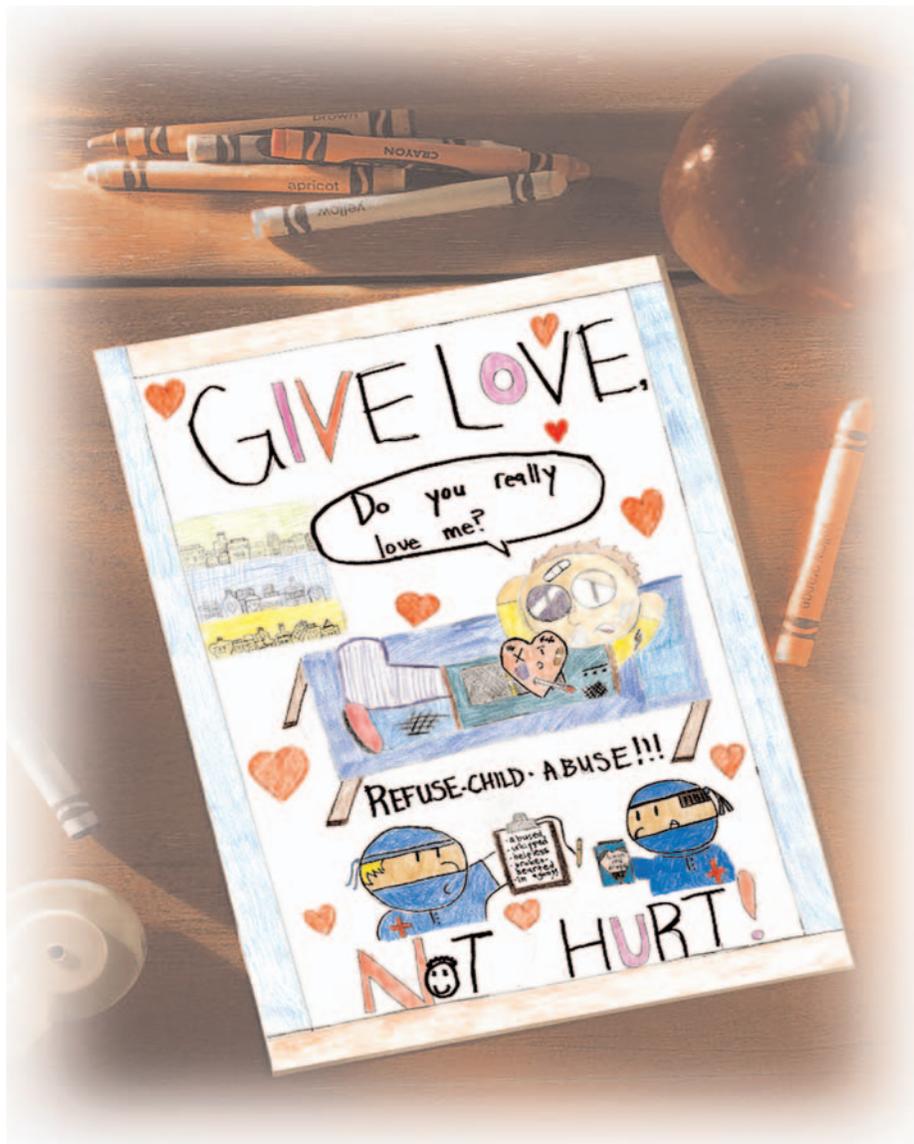
**Unfit** - a finding by a juvenile fitness hearing court that a minor was found to be unfit for juvenile court proceedings, and that the case will be transferred to adult court for the filing of a complaint; juvenile in effect will be treated as an adult

**Victim** - an entity or person injured or threatened with physical injury, or that directly suffers a measurable loss as a consequence of the criminal activities of an offender, or a "derivative" victim, such as the parent/guardian, who suffers some loss as a consequence of injury to the closely related primary victim, by reason of a crime committed by an offender



# DEPARTMENT OF JUSTICE

## AGENCY REPORT







## FACT SHEET FOR THE CHILD PROTECTION PROGRAM

In the five-year period between 2001 and 2005, child abuse reporting has steadily declined by a startling 62% as shown in Figure 2. Penal Code section 11169 requires investigating agencies, including police departments, sheriff's departments, child protection agencies and, in certain cases, probation departments to submit a report to the Department of Justice (DOJ) for every completed investigation of child abuse that was determined by the investigator not to be unfounded or for other cases coming within subdivision (b) of section 11165.2.

These incidents of child abuse are included in a statewide index that is maintained by the DOJ. This index, called the Child Abuse Central Index (CACI), was established in 1965 and was reconstituted in 2004 following enactment of the Child Abuse and Neglect Reporting Act (CANRA) in accordance with Penal Code Section 11164.

## CHILD ABUSE INVESTIGATIONS AND REPORTS OF CHILD ABUSE

In addition to the steady decline in child abuse reporting discussed above, there are indicators in comparing statistics from the Child Welfare System, Case Management System (CWS/CMS) that suggest that there is a statewide incidence of underreporting.

Specifically, while in 2005 there were 6,215 reports of child abuse sent to DOJ and entered into CACI there should have been approximately 21,000-25,000 reports sent from Los Angeles County as reported to the CWS/CMS (Figure 1). This number excludes referrals that were assessed only, were found to be unfounded, were for general neglect or other abuse categories considered to be non-retain-

able by statute. Reported cases were for abuse found to be either substantiated or inconclusive at the conclusion of the investigation and were submitted to the CWS/CMS, but were not submitted into CACI.

This indicator suggests that effective reporting to CACI is approximately 28% of what is reported to CWS/CMS and is required by the CANRA statutes.

## SERVICES PROVIDED BY DOJ THROUGH CACI

To the extent that CACI is incomplete due to underreporting, the following services and associated information provided by DOJ are compromised:

- Provides information on an expedited basis to investigators on suspects involved in current child abuse investigations with prior incidents of suspected child abuse.
- Crosschecks all child abuse investigation reports submitted to the DOJ against prior reports of child abuse entered into CACI. Involved agencies are notified by the DOJ when multiple suspects are identified.
- Searches the names of applicants for child care licenses, peace officer pre-employment clearances, adoption and the TrustLine Registry. Identifies prior reports of child abuse, which might result in disqualification from licensing, adoption, employment clearances or listing in the TrustLine Registry.
- The DOJ notifies licensing agencies when a retainable child abuse report is matched with a person that has been licensed for custodial or supervisory control over a child or children.



- The DOJ searches the CACI with names of individuals being considered for the placement or guardianship of children.
- The DOJ conducts training throughout the state specific to reporting requirements and practices for child protective services and law enforcement agencies.

**ACCESS TO FILES**

Information from the CACI is provided upon request to agencies defined in Penal Code section 11170.

**Date Program Established**

The CACI was established in 1965.

**LEGAL AUTHORITY**

The Child Abuse and Neglect Reporting Act (CANRA) is clarified in PC sections 11164 through 11174. Sections 11169 PC and 11170 PC pertain to reporting requirements of investigative agencies and the dissemination of information from CACI to authorized agencies.

**FOR INQUIRIES:**

**CALIFORNIA DEPARTMENT OF JUSTICE**

**Bureau of Criminal Information and Analysis**

**ATTN: Child Protection Program**  
 P.O. Box 903387  
 Sacramento, CA 94203-3870

**Telephone:** (916) 227-3285

**FAX:** (916) 227-3253, (916) 227-5054

**Email address:**  
[DOJChildProtectionProgram@doj.ca.gov](mailto:DOJChildProtectionProgram@doj.ca.gov)

**CHILD PROTECTION PROGRAM  
 2005 CACI REPORTS BY DATE OF  
 REPORT ENTERED AS OF 7/19/2006**

CACI	2003	2004	*2005
Physical	2,819	2,682	2,969
Sexual	1,496	1,951	2,002
Neglect/Mental	897	1,180	1,244
<b>TOTAL</b>	<b>5,212</b>	<b>5,813</b>	<b>6,215</b>

In 2005, a total of 6,215 Los Angeles reports of child abuse and neglect were entered into CACI. This is a slight increase from the total of 5,813 reports submitted in 2004 for Los Angeles County.

CWS/CMS Referrals	2003	2004	**2005
Physical	13,903	12,260	9,468
Sexual	4,953	4,392	3,730
Neglect/Mental	10,279	9,570	8,246
<b>TOTAL</b>	<b>29,135</b>	<b>26,222</b>	<b>21,444</b>

**\*\* Data compiled from this report are extracted from CWS/CMS, last updated 10/05.**

The chart represents the number of Los Angeles County's child abuse reports that were entered into CACI and CWS/CMS by abuse category in 2003, 2004 and 2005.

**CWS/CMS Data source: University of California at Berkeley Center for Social Services Research website: [URL: http://ccsr.Berkeley.edu/CWSCMSreports/refer-als/childCount/](http://ccsr.Berkeley.edu/CWSCMSreports/refer-als/childCount/)**

As cited on the CWS/CMS Data source; these reports describe unduplicated counts of children per year who have been identified as a victim in a child abuse referral. Children who



have more than one referral are categorized according to the most severe disposition during the year. Extrapolation of the 10 month figure suggests that a 12 month reporting period would produce approximately 25,000 reports to CWS/CMS yielding an effective reporting rate of approximately 25%.

## TRAINING

The Department of Justice Child Protection Field Representative staff provides training assistance to local Child Protection Services and law enforcement agencies on the completion of the Child Abuse Summary Report (SS-8583) form and answer questions pertaining to the reporting requirements in CANRA (Penal Code sections 11164-11174). Training workshops are conducted at the request of client agencies statewide.

### Other highlights include:

- Completion of Sections 900-910 of Article 1, Chapter 9, Division 1, Title 11 of the California Code of Regulations for the SS8583 Child Abuse Investigative Form, now called the Child Abuse Summary Report, which now also reflects the new definition of substantiated.
- Continuation of Reconciliation of Child Death Reporting data. Law enforcement agencies who have submitted homicide reports to the Uniform Crime Reports are contacted by DOJ-CPP to assure whether or not any of these reports should have also been reported to CACI, for inclusion as reported child deaths.
- Completion of Information Bulletin 06-03-BCIA, Subject: Child Abuse Central Index, Access for Peace Officer Pre-Employment Clearances. 11170(b) (7).



Figure 1

**2005 REPORTS CHILD ABUSE INVESTIGATION REPORTS ENTERED  
IN THE AUTOMATED CHILD ABUSE SYSTEM (ACAS) ENTERED AS OF 7/19/2006**

COUNTY	TOTAL	PHYSICAL	MENTAL	NEGLECT	SEXUAL	DEATHS
Alameda	411	239	22	11	139	0
Alpine	3	2	1	0	0	0
Amador	3	1	0	1	1	0
Butte	185	93	27	19	46	0
Calaveras	53	22	22	5	4	0
Colusa	7	5	2	0	0	0
Contra Costa	314	171	49	19	75	0
Del Norte	32	23	3	1	5	0
El Dorado	48	23	10	1	14	0
Fresno	266	97	100	5	64	0
Glenn	15	6	2	0	7	0
Humboldt	155	86	48	1	20	0
Imperial	41	22	8	5	6	0
Inyo	38	16	18	1	3	0
Kern	475	262	51	30	132	0
Kings	156	98	11	5	42	0
Lake	27	17	2	0	8	0
Lassen	17	10	2	1	4	0
Los Angeles	6,215	2,969	1,154	90	2,002	27
Madera	165	100	29	6	30	0
Marin	67	44	8	1	14	0
Mariposa	13	3	5	2	3	0
Mendocino	121	53	54	2	12	0
Merced	286	109	111	23	43	0
Modoc	34	18	6	0	10	0
Mono	8	6	2	0	0	0
Monterey	235	117	58	8	52	0
Napa	73	37	3	4	29	0
Nevada	53	23	19	5	6	0
Orange	3,061	1,827	240	110	884	1
Placer	212	77	84	16	35	0
Plumas	42	14	10	1	17	0
Riverside	1,410	650	328	67	365	5



Figure 1 (continued)

**2005 REPORTS CHILD ABUSE INVESTIGATION REPORTS ENTERED  
IN THE AUTOMATED CHILD ABUSE SYSTEM (ACAS) ENTERED AS OF 7/19/2006**

COUNTY	TOTAL	PHYSICAL	MENTAL	NEGLECT	SEXUAL	DEATHS
Sacramento	857	449	106	71	231	4
San Benito	54	35	2	2	15	0
San Bernardino	1,567	720	173	124	550	4
San Diego	2,646	1,002	1,081	42	521	5
San Francisco	298	216	24	3	55	2
San Joaquin	679	231	270	28	150	0
San Luis Obispo	148	46	65	5	32	0
San Mateo	208	119	34	17	38	1
Santa Barbara	176	88	40	29	19	0
Santa Clara	669	271	32	19	347	2
Santa Cruz	205	67	111	0	27	0
Shasta	8	4	0	0	4	0
Sierra	0	0	0	0	0	0
Siskiyou	101	47	37	4	13	0
Solano	212	151	6	7	48	0
Sonoma	186	115	13	13	45	0
Stanislaus	331	111	11	14	195	1
Sutter	37	24	8	0	5	0
Tehama	18	10	3	1	4	0
Trinity	3	0	0	0	3	0
Tulare	137	69	11	6	51	0
Tuolumne	127	51	60	2	14	0
Ventura	314	155	80	3	76	0
Yolo	48	23	1	5	19	0
Yuba	26	19	1	0	6	0
<b>TOTALS*</b>	<b>23,296</b>	<b>11,263</b>	<b>4,658</b>	<b>835</b>	<b>6,540</b>	<b>52</b>



Figure 2

**CHILD ABUSE INVESTIGATION REPORTS ENTERED  
IN AUTOMATED CHILD ABUSE SYSTEM (ACAS)**

Types of Abuse/Year	2001	2002	2003	2004	2005
Physical	17,264	15,485	12,827	11,070	11,263
Sexual	8,896	8,397	6,513	5,857	6,540
Neglect/Mental	10,853	8,365	6,334	5,726	5,493
<b>TOTALS</b>	<b>37,013</b>	<b>32,247</b>	<b>25,674</b>	<b>22,653</b>	<b>23,296</b>

Overall, the reports of Child Abuse submitted to the DOJ CACI for the categories of physical, sexual, mental and severe neglect have decreased from 37,013 to 23,296 during the last five years. On a statewide basis the effective reporting rate is similar to that of Los Angeles County at 28% (23,000/80,000). DOJ is working with stakeholder groups around the state and with DSS to make business process modifications to improve state and local reporting.



## GLOSSARY OF TERMS

**ACAS:** Automated Child Abuse System. The mainframe database that contains the Child Abuse Investigation Reports submitted by child protection agencies from California.

**CACI:** Child Abuse Central Index. The common name for the ACAS.

**CANRA:** Child Abuse Neglect Reporting Act as specified in Penal Code 11164 et. Seq.

**Investigating Agency:** Defined by Penal Code section 11165.9 as a police or sheriffs departments, a county probation department (if designated by the county to receive mandated reports), or a county welfare department.

**Active Investigation:** The activities of an agency in response to a report of known or suspected child abuse. For purposes of reporting information to the Child Abuse Central Index, the activities shall include, at minimum: assessing the nature and seriousness of the known or suspected abuse; conducting interviews of the victim(s) and any known suspect(s) and witness(es); gathering and preserving evidence; determining whether the incident is substantiated, inconclusive, or unfounded; and preparing a report that will be retained in the files of the investigating agency.

**Inconclusive Report:** as defined in Penal Code section 11165.12 (c). This category was originally termed "unsubstantiated report" and was renamed by Chapter 842 of the Statutes of 1997 and became effective January 1, 1998. Inconclusive as defined means a report that is determined by the investigator who conducted

the investigation not to be unfounded, but the findings are inconclusive and there is insufficient evidence to determine whether child abuse or neglect, as defined in Section 11165.6, has occurred.

**Substantiated:** an investigator has determined based upon evidence that makes it more likely than not that child abuse or neglect, as defined, occurred. Definition in Penal Code section 11165.12 (b), amended on January 1, 2005.



# LOS ANGELES COUNTY DEPARTMENT OF CORONER

## AGENCY REPORT







The Department of Coroner is mandated by law to inquire and determine the circumstances, manner, and cause of all violent, sudden, or unusual deaths occurring within Los Angeles County, including all homicides, suicides, accidental deaths, and natural deaths where the decedent has not seen a physician within 20 days prior to death.

### **FORENSIC MEDICINE DIVISION:**

The Forensic Medicine Division's full-time permanent staff consists of board certified forensic pathologists who are responsible for medical investigation and determination of the cause and mode of each death handled by the department. Our physicians are experts in the evaluation of sudden unexpected natural deaths, unnatural deaths such as deaths from firearms, sharp and blunt force trauma, etc. Physicians are frequently called to court to testify on the cause of death and their medical findings and interpretations, particularly in homicide cases. In addition, the division has consultants in forensic neuropathology, archeology, odontology, anthropology, anesthesiology, pediatrics, surgery, ophthalmologic pathology, pulmonary pathology, pediatric forensic pathology, cardiac pathology, emergency room medicine, psychiatry, psychology and radiology to assist the deputy medical examiners in evaluating their cases.

### **FORENSIC LABORATORIES BUREAU:**

The Forensic Science Laboratories Bureau is responsible for the identification, collection, preservation and analysis of physical and medical evidence associated with Coroner's cases. The mission is to conduct a comprehensive scientific investigation into the cause and manner of any death within the

Coroner's jurisdiction. The Forensic Science Laboratories is fully accredited by the American Society of Crime Laboratory Directors.

The Toxicology Laboratory conducts chemical and instrumental analysis on post-mortem specimens to determine the extent that drugs may have contributed to the cause and manner of death. The Scanning Electron Microscopy Laboratory conducts gunshot residue analysis to determine whether an individual may have fired a weapon. Tool mark analysis involves the evaluation of trauma to biological material, especially bone and cartilage, as to the type of instrument that might have produced the trauma. This not only helps our pathologists understand the circumstances of a death, but also aids the law enforcement agency in their criminal investigation.

### **OPERATIONS DIVISION/ INVESTIGATIONS:**

In accordance with state mandate, all law enforcement, health facilities and funeral directors are required to report deaths that may fall under the jurisdiction of the Coroner. The report initiates an investigation that may require dispatching an investigator to the scene of a homicide, accident, or suicide or to a hospital or mortuary. Investigators will interview witnesses, follow up on leads, collect evidence, make identification, notify the next of kin and interface with law enforcement agencies. The division participates in a state-mandated program to examine dental records of known missing persons to aid in the identification of John and Jane Does.



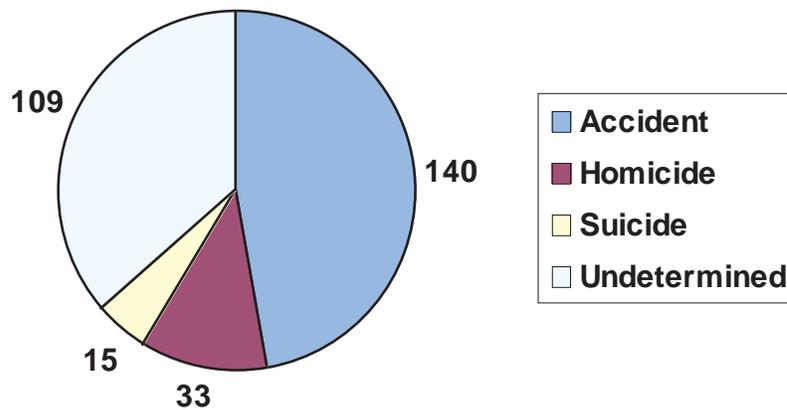
**ADMINISTRATIVE SERVICES DIVISION:**

The Administrative Services Division is responsible for public services, financial operations, personnel, payroll, litigation, procurement, accounting, revenue collection, marketing, volunteer services, affirmative action, contracts and grants, internal control certification, workfare program, facilities management, and information technology.

**STATISTICAL SUMMARY:**

In calendar 2005, after a review of the cases based on the ICAN established criteria, of the total child deaths reported, 297 were referred to the Inter-Agency Council on Child Abuse and Neglect for tracking and follow-up. Last year calendar 2004 the total child deaths referred to the Inter-Agency Council on Child Abuse and Neglect for tracking and follow-up was 275, a increase of 22 cases

**DEPARTMENT OF CORONER  
297 Reportable ICAN Cases**



**DEPARTMENT OF CORONER  
Selected Findings**

BY CAUSE OF DEATH	2004	2005	DIFFERENCE
Abandoned newborn	8	2	-6
Children run over in driveway accident	4	6	2
Bathtub drowning	3	5	2
Falling television sets	1	4	3
Traffic Accident age less than or equal to 5 years			
a) Not properly secured in the vehicle	2	5	3
b) Properly secured in the vehicle	3	2	-1
Swimming pool drowning, age less than 5 years	7	8	1



Figure 1

**DEPARTMENT OF CORONER 2005 DEATH STATISTICS**

**Case Comparison by Mode of Death and Gender**

Total ICAN cases: 297

BY MODE OF DEATH	2004 TOTAL CASES	2004 % OF TOTAL	2005 TOTAL CASES	2005 % OF TOTAL	TOTAL DIFFERENCE
Accident	147	53.45%	140	47.14%	-7
Homicide	31	11.27%	33	11.11%	2
Suicide	13	4.73%	15	5.05%	2
Undetermined	84	30.55%	109	36.70%	25
<b>TOTAL</b>	<b>275</b>	<b>100%</b>	<b>297</b>	<b>100%</b>	<b>22</b>

BY GENDER	2004 TOTAL CASES	2004 % OF TOTAL	2005 TOTAL CASES	2005 % OF TOTAL	TOTAL DIFFERENCE
Female	113	41.09%	134	45.12%	21
Male	162	58.91%	162	54.54%	0
Undetermined	0	0	1	0.34%	1
<b>TOTAL</b>	<b>275</b>	<b>100%</b>	<b>297</b>	<b>100%</b>	<b>22</b>



Figure 2

**DEPARTMENT OF CORONER 2005 DEATH STATISTICS**  
**Case Comparison by Ethnicity and Age**  
 Total ICAN cases: 297

BY ETHNICITY	TOTAL CASES	% OF TOTAL
Unknown	5	1.68%
Asian	3	1.01%
Black	58	19.53%
Caucasian	54	18.18%
Cambodian	1	0.34%
Chinese	2	0.67%
Filipino	7	2.36%
Hispanic/Latin American	152	51.18%
Korean	3	1.01%
Middle Eastern	5	1.68%
Samoan	6	2.02%
Vietnamese	1	0.34%
<b>TOTAL</b>	<b>297</b>	<b>100%</b>
DEATH BY AGE	TOTAL CASES	% OF TOTAL
Stillborn	30	10.10%
1 day - 29 days	8	2.69%
1 - 5 months	66	22.22%
6 months - 1 year	40	13.47%
2 years	15	5.05%
3 years	13	4.38%
4 years	5	1.68%
5 years	6	2.02%
6 years	10	3.37%
7 years	6	2.02%
8 years	8	2.69%
9 years	6	2.02%
10 years	5	1.68%
11 years	4	1.34%
12 years	3	1.01%
13 years	3	1.01%
14 years	9	3.03%
15 years	13	4.38%
16 years	23	7.74%
17 years	24	8.08%
<b>TOTAL</b>	<b>297</b>	<b>100%</b>



Figure 3

**DEPARTMENT OF CORONER 2005 DEATH STATISTICS**  
By Gender, by Ethnicity, by Age  
Total Accident Cases: 140

DEATHS BY GENDER	TOTAL CASES	% OF TOTAL
Female	64	38.78%
Male	76	61.22%
<b>TOTAL</b>	<b>140</b>	<b>100%</b>
DEATHS BY ETHNICITY	TOTAL CASES	% OF TOTAL
Asian	3	2.14%
Black	19	13.57%
Caucasian	29	20.71%
Chinese	2	1.43%
Filipino	4	2.86%
Hispanic/Latin American	73	52.14%
Korean	1	0.71%
Middle Eastern	2	1.43%
Samoan	6	4.29%
Unknown	1	0.71%
<b>TOTAL</b>	<b>140</b>	<b>100%</b>
DEATHS BY AGE	TOTAL CASES	% OF TOTAL
Stillborn	16	11.43%
1 day - 29 days	2	1.43%
1 - 5 months	2	1.43%
6 months - 1 year	13	9.29%
2 years	12	8.57%
3 years	7	5.00%
4 years	3	2.14%
5 years	1	0.71%
6 years	8	5.71%
7 years	5	3.57%
8 years	6	4.29%
9 years	5	3.57%
10 years	4	2.86%
11 years	4	2.86%
12 years	2	1.43%
13 years	3	2.14%
14 years	7	5.00%
15 years	9	6.43%
16 years	18	12.86%
17 years	13	9.29%
<b>TOTAL</b>	<b>140</b>	<b>100%</b>

This section details the manner of death by the final mode of death by Gender, by Ethnicity, by Age and by Cause of Death.



Figure 4

**DEPARTMENT OF CORONER 2005 DEATH STATISTICS  
MODE OF DEATH: ACCIDENT  
By Cause of Death Total Accident Cases: 140**

BY CAUSE OF DEATH	TOTAL	% OF TOTAL
<b>Traffic Accident</b>		
a) Pedestrians struck by auto, truck, or train	24	17.14%
b) Bicycle riders	5	3.57%
c) Dirt bike rider	1	0.71%
d) Vehicle occupants	39	27.86%
e) Other	4	2.86%
<b>Fall</b>	2	1.43%
Struck by falling object	5	3.57%
Hanging, choking, asphyxia	8	5.71%
Gunshot wound	1	0.71%
Sharp force injury	1	0.71%
Injuries caused by animals	2	1.43%
<b>DROWNING</b>		
a) Swimming pools	8	5.71%
b) Natural water	1	0.71%
c) Other	4	2.86%
Electrocution	1	0.71%
House fire	6	4.29%
Environmental hyperthermia	2	1.43%
<b>DRUG USE - MATERNAL USE OF:</b>		
a) Methamphetamine	8	5.71%
b) Cocaine	4	2.86%
c) Unspecified drugs	3	2.14%
<b>DRUG USE - INTAKE OF:</b>		
a) Heroin	1	0.71%
b) Butane	1	0.71%
c) Ethanol	1	0.71%
d) Bleach	1	0.71%
e) Paint fumes	1	0.71%
Therapeutic misadventure	6	5.71%
<b>TOTAL</b>	<b>140</b>	<b>100%</b>



Figure 5

**DEPARTMENT OF CORONER 2005 DEATH STATISTICS  
MODE OF DEATH: HOMICIDE  
By Gender, by Ethnicity, by Age Total Homicide Cases: 33**

DEATH BY GENDER	TOTAL CASES	% OF TOTAL
Female	15	45.45%
Male	18	54.55%
<b>TOTAL</b>	<b>33</b>	<b>100%</b>
DEATH BY ETHNICITY	TOTAL CASES	% OF TOTAL
Black	9	27.27%
Caucasian	5	15.15%
Filipino	1	3.03%
Hispanic/Latin American	13	39.39%
Korean	1	3.03%
Middle Eastern	1	3.03%
Unknown	3	9.09%
<b>TOTAL</b>	<b>33</b>	<b>100%</b>
DEATH BY AGE	TOTAL CASES	% OF TOTAL
Stillborn	4	12.12%
1 day - 29 days	2	6.06%
1 - 5 months	6	18.18%
6 months - 1 year	6	18.18%
2 years	2	6.06%
3 years	5	15.15%
4 years	1	3.03%
8 years	2	6.06%
9 years	1	3.03%
10 years	1	3.03%
15 years	1	3.03%
16 years	1	3.03%
17 years	1	3.03%
<b>TOTAL</b>	<b>33</b>	<b>100%</b>



Figure 6

**DEPARTMENT OF CORONER 2005 DEATH STATISTICS  
MODE OF DEATH: HOMICIDE**

**By Cause of Death Total Homicide Cases: 33**

BY CAUSE OF DEATH	TOTAL CASES	% OF TOTAL
Asphyxia/smothering	3	9.09%
Drowning	2	6.06%
Gunshot wound	6	18.18%
Fire	2	6.06%
Sharp force injury	2	6.06%
Blunt force trauma (including battered children)	15	45.45%
Caretaker neglect/abandonment	3	9.09%
<b>TOTAL</b>	<b>33</b>	<b>100%</b>

Figure 7

**DEPARTMENT OF CORONER 2005 DEATH STATISTICS  
MODE OF DEATH: SUICIDES BY GENDER, BY ETHNICITY, BY AGE,**

**By Cause of Death Total Suicide Cases: 15**

DEATHS BY GENDER	TOTAL CASES	% of TOTAL
Female	4	26.66%
Male	11	73.34%
<b>Total</b>	<b>15</b>	<b>100%</b>
Death by Ethnicity	TOTAL CASES	% of TOTAL
Black	2	13.33%
Caucasian	2	13.33%
Hispanic/Latin American	10	66.67%
Middle Eastern	1	6.67%
<b>TOTAL</b>	<b>15</b>	<b>100%</b>
DEATHS BY AGE	TOTAL CASES	% of TOTAL
12 years old	1	6.67%
14 years old	2	13.33%
15 years old	1	6.67%
16 years old	3	20.00%
17 years old	8	53.33%
<b>TOTAL</b>	<b>15</b>	<b>100%</b>
By Cause of Death	TOTAL CASES	% of TOTAL
Hanging	8	53.33%
Gunshot wound	4	26.67%
Jump from a height	1	6.67%
Overdose	2	13.33%
<b>TOTAL</b>	<b>15</b>	<b>100%</b>



Figure 8

**DEPARTMENT OF CORONER 2005 DEATH STATISTICS**  
**MODE OF DEATH: UNDETERMINED BY GENDER, BY ETHNICITY, BY AGE**  
**Total Undetermined Cases: 109**

DEATHS BY GENDER	TOTAL CASES	% of TOTAL
Female	51	46.78%
Male	57	52.29%
Unknown	1	0.93%
<b>TOTAL</b>	<b>109</b>	<b>100%</b>
DEATH BY ETHNICITY	TOTAL CASES	% of TOTAL
Asia	3	2.76%
Black	28	25.69%
Caucasian	18	16.51%
Filipino	2	1.83%
Hispanic/Latin American	56	51.38%
Middle Eastern	1	0.92%
Unknown	1	0.92%
<b>TOTAL</b>	<b>109</b>	<b>100%</b>
DEATHS BY AGE	TOTAL CASES	% of TOTAL
Stillborn	10	9.17%
1 day - 29 days	4	3.67%
1 - 5 months	58	53.21%
6 months - 1 year	21	19.27%
2 year	1	0.92%
3 year	1	0.92%
4 year	1	0.92%
5 year	5	4.59%
6 year	2	1.83%
7 year	1	0.92%
15 year	2	1.83%
16 year	1	0.92%
17 year	2	1.83%
<b>TOTAL</b>	<b>109</b>	<b>100%</b>

Figure 9

**DEPARTMENT OF CORONER 2005 DEATH STATISTICS**  
**MODE OF DEATH: UNDETERMINED**  
**Total Undetermined Cases: 109**

BY CAUSE OF DEATH	TOTAL CASES	% of TOTAL
Drug intake	4	3.67%
Choking/Asphyxia	5	4.59%
Drowning	4	3.67%
Fell/jumped from height	2	1.83%
Other specified factors		
a) Co-sleeping	25	22.94%
b) Other	19	17.43%
Undetermined cause	50	45.87%
<b>TOTAL</b>	<b>109</b>	<b>100%</b>



**GLOSSARY OF TERMS:**

**Mission:** The Department of Coroner is mandated by law to inquire and determine the circumstances, manner, and cause of all violent, sudden, or unusual deaths occurring within Los Angeles County, including all homicides, suicides, accidental deaths, and natural deaths where the decedent has not seen a physician within 20 days prior to death.

**Death:** For legal and medical purposes: a person is dead who has sustained either:

- (a) Irreversible cessation of circulatory and respiratory functions, or
- (b) Irreversible cessation of all functions of the entire brain.

**Decedent:** A person who is dead.

**Manner of Death:** Is a classification of death based on the conditions that cause death and the circumstances under which the conditions occur.

**Natural:** Death due solely to disease and/or aging process.

**Accident:** Unforeseen injury. In children, lapse in the usual protection would apply.

**Suicide:** The intentional taking of one's own life.

**Homicide:** Death at the hands of another. The legal system rather than the Coroner determines whether a homicide is legal, justified, intentional, or malicious. In children and the elderly, neglect (failure to protect) is classified as homicide.

**Undetermined:** For cases in which the Coroner is unable to assign a specific manner of death (natural, accident, suicide, homicide).

These cases often involve either insufficient information or conflicting information that affects the Coroner's ability to make a final determination. The Coroner may designate a death as undetermined as a signal to law enforcement that the case warrants a more in-depth investigation to try to answer some of the questions surrounding the death.

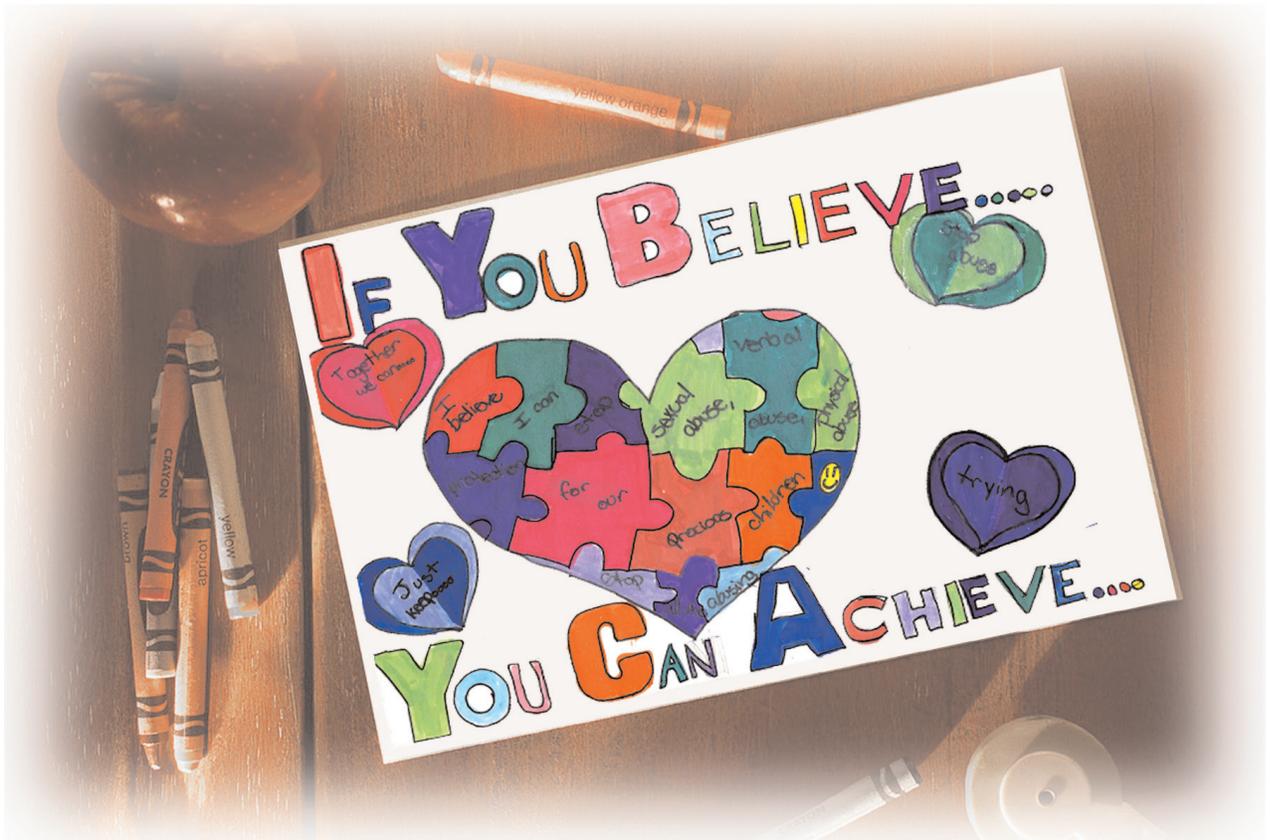
The Coroner also modes a death undetermined when the autopsy findings do not establish any cause of death and one of the following is present:

1. Unsafe sleep surface
2. Co-sleeping with adult
3. Absent or inadequate scene investigation
4. Non-prescribed sedative drugs detected
5. Injuries present
6. Poor nutrition/abnormal development
7. Prior unexplained sibling death
8. History of domestic violence
9. Definite blood in the nose or airway

**Autopsy:** Post mortem (after death) examination of a body including the internal organs and structures, including dissection to determine cause of death or the nature of the pathologic change.

# DEPARTMENT OF MENTAL HEALTH

## AGENCY REPORT







## **DEPARTMENT OF MENTAL HEALTH**

### **Children's System of Care**

The Department of Mental Health (DMH) administers, develops, coordinates, monitors and evaluates a continuum of mental health services for children within the Children's System of Care (CSOC).

### **THE MISSION OF THE CSOC**

To enable children with emotional disorders to develop their ability to function in their families, school and community.

To enable children with emotional and behavioral disorders, Department of Children and Family Services-involved children and children at risk of out of home placement to remain at home, succeed in school, and avoid involvement with the juvenile justice system.

### **How the CSOC Fulfills Its Mission**

Maintains a planning structure regarding the direction of service development. Follows a system of care plan for Children and Families, established through the DMH planning process, as a guide for system of care development.

Manages a diverse continuum of programs that provide mental health care for children and families.

Promotes the expansion of services through innovative projects, interagency agreements, blended funding, and grant proposals to support new programs.

Collaborates with the other public agencies, particularly the Department of Health Services (DHS), the Department of Children and Family Services (DCFS), the Probation Department, the County Office of Education (LACOE), and school districts, (e.g., LAUSD).

Promotes the development of county and statewide mental health policy and legislation to advance the well-being of children and families.

### **Whom the CSOC Serves**

The CSOC serves children who have a DSM-IV Axis I diagnosis and have symptoms or behaviors that cause impairment in functioning that can be ameliorated with treatment.

The priority target population that the Rehabilitation Option Short-Doyle/Medi-Cal community mental health providers serve are children with a DSM-IV Axis I diagnosis that has or will, without treatment, manifest in psychotic, suicidal or violent behavior, or long-term impairment of functioning in home, community or school.

### **The CSOC Treatment Network**

The CSOC provides mental health services through 20% directly-operated and 80% contracted service providers. The CSOC network links a range of programs, including long-term and acute psychiatric hospitals, outpatient clinics, specialized outpatient services, day treatment, case management and outreach programs throughout the county.

### **CLIENTS AND PROGRAMS RELATED TO CHILD ABUSE AND NEGLECT**

This report presents the characteristics of child and adolescent clients who are victims of, or are at risk of child abuse and neglect and are receiving psychological services in relevant programs provided by DMH.

The programs to be presented include those that provide psychological care for abused or neglected children and adolescents and their families. In addition, the chapter covers other



programs for children and adolescents who are at risk for abuse or neglect.

The chapter will review the following programs: Family Preservation; Family Reunification; Child Abuse Prevention Program; START; Juvenile Court Mental Health Services; Juvenile Halls; Dorothy Kirby Center; and Challenger Memorial Youth Center and its associated Juvenile Justice Camps; D-Rate Assessment Unit; Level 14 Group Homes; and Community Treatment Facilities.

### FAMILY PRESERVATION PROGRAM

Family Preservation (FP) is a collaborative effort between DMH, DCFS, Probation and the community to reduce out-of-home placement and the length of stay in foster care, and shorten the time to achieve permanency for children at risk of abuse, neglect and delinquent behavior. The program's model is a community-based collaborative approach that focuses on preserving families experiencing challenges related to child abuse, neglect and/or child exploitation by providing a range of services that promote empowerment and self-sufficiency. These support services are designed to keep children and their families together. DCFS allocates funds to DMH for the FP mental health services and DMH, in turn, contracts for services from local private mental health agencies. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) funds also support this program. FP programs provide mental health services in every Service Planning Area (SPA).

Blended funding also drives an innovative program offering both mental health and substance abuse services at SHIELDS for Families for a maximum of 35 FP families residing in South Central Los Angeles. This dual diagnosis program requires 6-9 months to complete its substance-abuse component and then to transition into a maintenance intervention if needed.

About half of its funding is provided by DMH. Its remaining resources are a mixture of DCFS, Alcohol and Drug Program Administration, Healthy Start, and First-5 LA dollars. During FY 04-05, 76 families completed this program.

When a family is referred to FP, a Multi-agency Case Planning Conference (MCPC) is convened at the appropriate Community Family Preservation Network (CFPN). A SPA-based Family Preservation Specialist (FPS) represents DMH at the MCPC and assists in the screening of children, youth and families suitable for Family Preservation mental health services. Where appropriate, the FPS assists with the preparation of a mental health referral. The FPS reports to a DMH District Chief or geographic area manager of a specific community so that the FP mental health component is integrated with other mental health services. The FPS monitors the referrals from the DCFS Family Preservation Lead Agency to the DMH Family Preservation Providers.

Mental health services are one of many services offered by the FP program. The mental health component is provided as a linkage service to meet the needs of families that are identified at, or prior to, the Multi-agency Case Planning Conference Meeting that occurs at the Family Preservation community agency. The linkage to mental health services through DMH, which focuses on improving the functioning of the most seriously or chronically emotionally disturbed children, youth and adults, has been a successful strategy that allows for an integrated treatment approach providing therapeutic interventions that improve child and family functioning by developing effective parental coping skills that reduce the risk of child abuse, neglect and delinquent behaviors.



Mental health services offered include: psychological testing; assessment and evaluation; individual, group and family therapy/rehabilitation; collateral services; medication support; crisis intervention; and targeted case management provided in the child's community, school and home.

During FY 04-05, there were 939 clients served by 21 DMH agencies offering services to FP clients. Figures 1, 2, and 3 describe the gender, age and ethnicity of the FP clients. The largest percentage of the FP clients were referred by DCFS, with smaller proportions of clients referred by Probation and School Districts (Figure 4).

Figure 1

FAMILY PRESERVATION PROGRAM		
Gender		
Gender	Count	Percent
Male	452	48.1%
Female	487	51.9%
<b>TOTAL</b>	<b>939</b>	<b>100.0%</b>

Figure 2

FAMILY PRESERVATION PROGRAM		
Age		
Age (Group)	Count	Percent
0-5	57	6.1%
6-11	326	34.7%
12-17	505	53.8%
18-20	51	5.4%
<b>TOTAL</b>	<b>939</b>	<b>100.0%</b>

Figure 3

FAMILY PRESERVATION PROGRAM		
Ethnicity		
Ethnicity	Count	Percent
Caucasian	110	11.7%
African American	181	19.3%
Hispanic	575	61.2%
American Native	7	0.7%
Asian/ Pacific Islander	12	1.3%
Other	7	0.7%
Unknown	47	5.0%
<b>TOTAL</b>	<b>939</b>	<b>100.0%</b>

Figure 4

FAMILY PRESERVATION PROGRAM		
Responsible Agency		
Agency	Count	Percent
DCFS	274	29.2%
Probation	34	3.6%
DCFS and School Dist	9	1.0%
Probation and School District	3	0.3%
School District (SEP Eligible)	27	2.9%
School District (Non-SEP Eligible)	22	2.3%
No Data	570	60.7%
<b>TOTAL</b>	<b>939</b>	<b>100.0%</b>

The diagnoses for FP child and adolescent clients are presented in Figures 5 and 6. Their most frequent primary admission diagnoses were Adjustment/Conduct Disorder/ADHD and Major Depression. A primary or secondary diagnosis of Child Abuse and Neglect was given to 42 clients (4.5%). Figure 7 indicates that 28 clients (3%) were identified as substance users. Marijuana and polysubstance use were most frequently reported, followed by alcohol, amphetamines and cocaine.

Figure 5

FAMILY PRESERVATION PROGRAM		
Primary DSM Diagnosis		
Diagnosis	Count	Percent
Drug Induced Disorders or Dependence	8	0.9%
Disorders Due to Medical Condition	2	0.2%
Schizophrenia/Psychosis	8	0.9%
Bipolar Disorders	36	3.8%
Major Depression	224	23.9%
Anxiety Disorders	186	19.8%
Other Diagnoses	197	21.0%
Adjustment/Conduct Disorder/ADHD	244	26.0%
Child Abuse and Neglect	11	1.2%
No Diagnosis or Diagnosis Deferred	23	2.4%
<b>TOTAL</b>	<b>939</b>	<b>100.0%</b>



**Figure 6**  
**FAMILY PRESERVATION PROGRAM**  
**Secondary DSM Diagnosis**

Diagnosis	Count	Percent
Drug induced Disorders or Dependence	6	0.6%
Disorders Due to Medical Condition	1	0.1%
Schizophrenia/Psychosis	0	0.0%
Bipolar Disorders	2	0.2%
Major Depression	22	2.3%
Anxiety Disorders	27	2.9%
Other Diagnoses	67	7.1%
Adjustment/Conduct Disorder/ADHD	67	7.1%
Child Abuse and Neglect	31	3.3%
No Diagnosis or Diagnosis Deferred	716	76.3%
<b>TOTAL</b>	<b>939</b>	<b>100.0%</b>

**Figure 7**  
**FAMILY PRESERVATION PROGRAM**  
**Admit Substance Abuse**

Substance Abuse	Count	Percent
Alcohol (30UAL, 30XAL)	7	0.7%
Amphetamines (30XAM, 30UAM)	2	0.2%
Marijuana (30XMJ, 30UMJ)	9	1.0%
Cocaine (30XCO, 30UCO)	1	0.1%
Hallucinogens (30XHA, 30UHA)	0	0.0%
Inhalants (30XIN, 30UIN)	0	0.0%
Sedatives and Opioids (30UXSO, 30USO)	0	0.0%
Polysubstance Abuse (30XPS, 30UPS)	9	1.0%
No Substance Abuse (30XNO, 30UNO)	618	65.8%
Undetermined	293	31.2%
<b>TOTAL</b>	<b>939</b>	<b>100.0%</b>

**REUNIFICATION OF MISSING CHILDREN PROGRAM**

The Reunification of Missing Children programs are part of the Reunification of Missing Children Task Force chaired by Find the

Children, a non-profit corporation dedicated to the recovery of missing children, and the Inter-Agency Council on Child Abuse and Neglect (ICAN). Task force members include LAPD, LASD, DCFS, County Counsel, FBI, US Secret Service, Mexican Consulate, and the D.A.'s Office. Find the Children works closely with the National Center for Missing and Exploited Children. It refers children and parents to the reunification programs in response to requests received from DCFS, Probation, the Department of Justice, the State Department, the FBI, local law enforcement agencies and the Family Court judge.

Community outreach is used by the Family Reunification program to provide services to families with reunification issues. Outreach clients in need of mental health treatment and their families are provided with information about mental health resources near their residence. Families referred to the Family Reunification program receive family therapy, child therapy or group therapy and combinations of these interventions, as well as parenting classes. Outreach families who are not referred for mental health treatment do not present an Axis I diagnosis nor meet the medical necessity criteria for admission into DMH. They do, nonetheless, receive interventions such as social skills training and parenting classes.

Two of the DMH-contracted mental health providers, Didi Hirsch Community Mental Health Center (CMHC) and Prototypes I-CAN, provide culturally sensitive, multidisciplinary crisis-oriented consultation, assessment and treatment immediately following the recovery of a child who has been abducted, often by a non-custodial parent. In FY 04-05, treatment was provided at Didi Hirsch by two MSWs and an MFT, and at Prototypes I-CAN by a psychiatrist, a clinical psychologist, and a social workers. The program's goal is to assist in the process of reunification with the left-behind parent(s), to



help determine appropriate placement, and to address any related trauma. The referral source for all reunification cases is the Find the Children Agency.

Didi Hirsch's Family Reunification program served four cases during FY 04-05. It is located in Mar Vista in SPA 5 although referrals may be received from any service area. The cases are treated with reunification counseling. There are two types of referral: one for one-time intervention and the other for brief counseling lasting up to six sessions. The one-time intervention is a conjoint effort with DCFS. The treatment goal is to facilitate the reunification process. The reunification intervention is held at DCFS or at Didi Hirsch, as needed. The intervention lasts for a day during which program staff interviews the involved parties, and coaches the adults in their appropriate responses for reunification with the child. A therapist and DCFS worker monitor reunification visits. After the day-long intervention, a report is made to DCFS so it may be used in court as needed.

The other type of referral to the Didi Hirsch program is for brief reunification counseling. In this type of referral, the reunification has already been made. The treatment goal is to facilitate and explore the events that led to the reunification in order to help the family to stabilize. After the six sessions, treatment may end if support and family functioning is established. If more services are needed, Didi Hirsch may provide additional interventions under its Child Alert Program, or the clients may be referred out to a geographically desirable agency. The Child Alert Program, part of the Reunification of Missing Children Task Force, offers specialized mental health services for children and families affected by physical, sexual or emotional abuse or neglect. The latter program seeks to prevent further abuse through family support and community education. When there is no open chart due to a client's inability to travel to

the Didi Hirsch site, linkage and consultation is offered.

Prototypes I-CAN is a non-profit community based mental health clinic offering a range of outpatient mental health services to children, adolescents and adults who live in SPA 3. Within its outpatient clinic, services are provided to children and adolescents who have been abducted and then returned to the "left behind parent". In FY 04-05, six clients were served by its Reunification program. Upon referral, Prototypes I-CAN contacts the identified client and offers individual and/or family services. Clients received 84% of these services in Spanish. The services models vary with the need of the client and may include play therapy, parenting, and/or family therapy.

During FY 04-05, 10 clients were served by the Family Reunification programs of Didi Hirsch CMHC and Prototypes I-CAN. Figures 8-14 present relevant characteristics for those program clients who were served in these two clinic settings. The community outreach clients served by the Family Reunification Program are not tracked in the DMH Management Information System and are, therefore, not included in Figures 8-14.

Figures 8, 9, 10 and 11 show the gender, age, race/ethnicity, and agency of primary responsibility of the 10 Family Reunification clinic clients. DCFS and Law Enforcement provided the largest number of identified referrals.

**Figure 8**  
**FAMILY REUNIFICATION PROGRAM**

**Gender**

Gender	Count	Percent
Male	5	50.0%
Female	5	50.0%
<b>TOTAL</b>	<b>10</b>	<b>100%</b>



**Figure 9**

**FAMILY REUNIFICATION**

**Age**

Age (Group)	Count	Percent
0-5	2	20.0%
6-11	4	40.0%
12-17	4	40.0%
18-20	0	0.0%
<b>TOTAL</b>	<b>10</b>	<b>100.0%</b>

**Figure 10**

**FAMILY REUNIFICATION**

**Ethnicity**

Ethnicity	Count	Percent
Caucasian	0	0.0%
African American	1	10.0%
Hispanic	6	60.0%
American Native	0	0.0%
Asian/ Pacific Islander	0	0.0%
Other	1	10.0%
Unknown	2	20.9%
<b>TOTAL</b>	<b>10</b>	<b>100.0%</b>

**Figure 11**

**FAMILY REUNIFICATION**

**Responsible Agency**

Agency	Count	Percent
DCFS	2	20.0%
Probation	0	0.0%
DCFS and School Dist	0	0.0%
Probation and School District	0	0.0%
School District (SEP Eligible)	0	0.0%
School District (Non-SEP Eligible)	0	0.0%
Department of Justice	0	0.0%
Law Enforcement	6	60.0%
No Data	2	20.0%
<b>TOTAL</b>	<b>10</b>	<b>100.0%</b>

**Figure 12**

**FAMILY REUNIFICATION**

**Primary DSM Diagnosis**

Diagnosis	Count	Percent
Drug Induced Disorders or Dependence	0	0.0%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	0	0.0%
Bipolar Disorders	0	0.0%
Major Depression	0	0.0%
Anxiety Disorders	0	0.0%
Other Diagnoses	4	40.0%
Adjustment/Conduct Disorder/ADHD	6	60.0%
Child Abuse and Neglect	0	0.0%
No Diagnosis or Diagnosis Deferred	0	0.0%
<b>TOTAL</b>	<b>10</b>	<b>100.0%</b>

**Figure 13**

**FAMILY REUNIFICATION**

**Secondary DSM Diagnosis**

Diagnosis	Count	Percent
Drug induced Disorders or Dependence	0	0.0%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	0	0.0%
Bipolar Disorders	0	0.0%
Major Depression	0	0.0%
Anxiety Disorders	1	10.0%
Other Diagnoses	0	0.0%
Adjustment/Conduct Disorder/ADHD	0	0.0%
Child Abuse and Neglect	0	0.0%
No Diagnosis or Diagnosis Deferred	9	90.0%
<b>TOTAL</b>	<b>10</b>	<b>100.0%</b>



Diagnostic information is presented in Figures 12 and 13. Adjustment/Conduct Disorders/ADHD were the most common primary admission diagnoses for Family Reunification clients. Figure 14 documents the apparent absence of substance use in this population.

**Figure 14**

**FAMILY REUNIFICATION**  
**Admit Substance Abuse**

Substance Abuse	Count	Percent
Alcohol (30UAL, 30XAL)	0	0.0%
Amphetamines (30XAM, 30UAM)	0	0.0%
Marijuana (30XMJ, 30UMJ)	0	0.0%
Cocaine (30XCO, 30UCO)	0	0.0%
Hallucinogens (30XHA, 30UHA)	0	0.0%
Inhalants (30XIN, 30UIN)	0	0.0%
Sedatives and Opioids (30UXSO, 30USO)	0	0.0%
Polysubstance Abuse (30XPS, 30UPS)	0	0.0%
No Substance Abuse (30XNO, 30UNO)	10	100.0%
<b>TOTAL</b>	<b>10</b>	<b>100.0%</b>

**CHILD ABUSE PREVENTION,  
INTERVENTION AND TREATMENT  
(CAPIT) PROGRAM (AB 1733/2994)**

Since 1984, the CAPIT Program has been providing early intervention/prevention services to victims of child abuse and/or neglect, their families, and those who are at high risk for abuse and/or neglect. The population that it serves includes both children who still reside with their parents/caregivers, as well as those who have been removed from their home. The

CAPIT program derives from two legislative initiatives: AB 1733 and AB 2994 (Statutes of 1982). The program is codified in the California Welfare and Institutions Code section 18960.

AB 2994 establishes a County Children's Trust Fund for the purpose of funding child abuse and neglect prevention, intervention and treatment programs operated by private, non-profit organizations, which requires that \$4 of any \$7 fee for a certified copy of a birth certificate be used for prevention services. Most recent legislation (SB 750) enables counties to add \$3 to this surcharge.

AB 1733 authorizes state funding for child abuse prevention and intervention services offered by public and private nonprofit agencies. AB 1733 requires a multidisciplinary council to provide recommendations to the Board of Supervisors on funding priorities and processes.

In Los Angeles County, the designated council is the Inter-Agency Council on Child Abuse and Neglect (ICAN). To develop funding guidelines, ICAN convened an AD Hoc AB 1733/AB 2994 Planning Committee with representatives from DCFS, DMH, DPSS, DHS, Dependency Court Legal Services and Probation to conduct a needs assessment for each funding cycle. The committee evaluates information gathered by the needs assessment survey to determine high need geographic areas for developing the funding guidelines and priorities. On October 16, 2001, the Board of Supervisors approved ICAN's funding guidelines and recommendations. DCFS monitors the agencies providing CAPIT services and their contracts. ICAN acts as the liaison to the Board of Supervisors to reach decisions on distributing funds among the programs. ICAN also acts as an information resource for agencies during the contract period.



CAPIT seeks to identify and provide services to isolated families, particularly those with children five years and younger. These services are delivered to children who are victims of crime or abuse and to at-risk children. The target population also consists of families with substance abuse problems, infants and preschool age children at risk of abuse, children exposed to domestic violence, children with serious emotional problems who are not eligible for Medi-Cal, and pregnant and parenting adolescents and their children.

The CAPIT program provides high-quality in-home services, including counseling and crisis response, as well as individual/family/group counseling in the clinic, case management services, parenting education, support groups and 24-hour telephone availability for its clients. Since the children served are often suffering from unresolved loss, play therapy and family therapy are used to address attachment problems. Parent-Child Interaction Therapy (PCIT) is a structured behavioral technique used to enhance attachment while assisting the caregiver in managing their children. Therapies that facilitate communication about memories linked to traumatic events are used to alleviate Post-traumatic Stress Disorder (PTSD) symptoms often characteristic of abused clients. Group therapy is particularly helpful in addressing shame, guilt, and stigma experienced by abused children and is often helpful in reducing delinquent or sexually reactive behaviors in these children.

CAPIT services are provided on a short-term basis with the goal, where possible, of encouraging family maintenance and preventing the need for out-of-home placement. Additionally, services are targeted to facilitate early family reunification, when appropriate, after out-of-home placement has occurred. Another goal of the CAPIT Program is the prevention of child abuse at the earliest possible

stage by improving the family's ability to cope with daily stressors through education and support. The program objective is to increase child abuse services to existing non Medi-Cal-eligible child abuse clients, and to maximize revenue for child abuse services through Federal Title XIX Medi-Cal funds. Therefore, DCFS has allocated funding to DMH to draw down Medi-Cal funds, thus expanding the availability of these specific services to county residents.

During FY 04-05, there were seven CAPIT providers specializing in treating child victims of abuse or neglect who have converted their DCFS contracts to DMH contracts. This enables these providers to expand their child abuse intervention/prevention services by a minimum of 25%. These are non-profit agencies with demonstrated effectiveness in providing child abuse prevention and intervention services. The agencies, providing CAPIT services in SPAs 1-5, were: Pacific Clinics, Children's Bureau, Child and Family Guidance, St. John's, Didi Hirsch, Community Family Guidance, and Santa Clarita Child and Family Development Center. The majority of families served by CAPIT are referred by CSWs from DCFS. Other families are referred by community organizations or are self-referred.

The CAPIT providers treated 1,208 children in FY 04-05. Figures 15, 16 and 17 present gender, age and ethnicity the for the CAPIT participants. Figure 18 shows that the largest number of clients with an identified Agency of Primary Responsibility (APR) were referred by DCFS.

**Figure 15**  
**CHILD ABUSE EARLY INTERVENTION/ PREVENTION PROGRAM**  
**Gender**

Gender	Count	Percent
Male	685	56.7%
Female	523	43.3%
<b>TOTAL</b>	<b>1,208</b>	<b>100.0%</b>



**Figure 16**  
**CHILD ABUSE EARLY INTERVENTION/  
PREVENTION PROGRAM**

Age		
Age (Group)	Count	Percent
0-5	78	6.5%
6-11	531	44.0%
12-17	545	45.1%
18-20	54	4.5%
<b>TOTAL</b>	<b>1,208</b>	<b>100.0%</b>

**Figure 17**  
**CHILD ABUSE EARLY INTERVENTION/  
PREVENTION PROGRAM**

Ethnicity		
Ethnicity	Count	Percent
Caucasian	145	12.0%
African American	113	9.4%
Hispanic	625	51.7%
American Native	4	0.3%
Asian/ Pacific Islander	231	19.1%
Other	20	1.7%
Unknown	70	5.8%
<b>TOTAL</b>	<b>1,208</b>	<b>100.0%</b>

**Figure 18**  
**CHILD ABUSE EARLY INTERVENTION/  
PREVENTION PROGRAM**

Responsible Agency		
Agency	Count	Percent
DCFS	239	19.8%
Probation	19	1.6%
DCFS and School Dist	10	0.8%
Probation and School District	1	0.1%
School District (SEP Eligible)	24	2.0%
School District (Non-SEP Eligible)	27	2.2%
No Data	888	73.5%
<b>TOTAL</b>	<b>1,208</b>	<b>100.0%</b>

Diagnostic information is displayed in Figures 19 and 20. The most prevalent primary admission diagnoses for CAPIT were Adjustment/Conduct Disorder/ADHD, Major Depression, and Anxiety Disorders. Also, 61 clients received a primary admission DSM IV diagnosis of Child Abuse and Neglect, and 177 clients received this as their secondary admission diagnosis. Figure 21 shows that marijuana was most frequently reported for substance-using clients.

**Figure 19**  
**CHILD ABUSE EARLY INTERVENTION/  
PREVENTION PROGRAM**  
Primary DSM Diagnosis

Diagnosis	Count	Percent
Drug Induced Disorders or Dependence	0	0.0%
Disorders Due to Medical Condition	1	0.1%
Schizophrenia/Psychosis	14	1.2%
Bipolar Disorders	18	1.5%
Major Depression	319	26.4%
Anxiety Disorders	304	25.2%
Other Diagnoses	44	3.6%
Adjustment/Conduct Disorder/ADHD	437	36.2%
Child Abuse and Neglect	61	5.0%
No Diagnosis or Diagnosis Deferred	10	0.8%
<b>TOTAL</b>	<b>1,208</b>	<b>100.0%</b>



**Figure 20**  
**CHILD ABUSE EARLY INTERVENTION/ PREVENTION PROGRAM**  
**Secondary DSM Diagnosis**

Diagnosis	Count	Percent
Drug induced Disorders or Dependence	2	0.2%
Disorders Due to Medical Condition	1	0.1%
Schizophrenia/Psychosis	2	0.2%
Bipolar Disorders	8	0.7%
Major Depression	96	7.9%
Anxiety Disorders	88	7.3%
Other Diagnoses	152	12.6%
Adjustment/Conduct Disorder/ADHD	103	8.5%
Child Abuse and Neglect	177	14.7%
No Diagnosis or Diagnosis Deferred	579	47.9%
<b>TOTAL</b>	<b>1,208</b>	<b>100.0%</b>

**Figure 21**  
**CHILD ABUSE EARLY INTERVENTION/ PREVENTION PROGRAM**  
**Admit Substance Abuse**

Substance Abuse	Count	Percent
Alcohol (30UAL, 30XAL)	9	0.7%
Amphetamines (30XAM, 30UAM)	3	0.2%
Marijuana (30XMJ, 30UMJ)	13	1.1%
Cocaine (30XCO, 30UCO)	0	0.0%
Hallucinogens (30XHA, 30UHA)	0	0.0%
Inhalants (30XIN, 30UIN)	1	0.1%
Sedatives and Opioids (30UXSO, 30USO)	0	0.0%
Polysubstance Abuse (30XPS, 30UPS)	8	0.7%
No Substance Abuse (30XNO, 30UNO)	1122	92.9%
Undetermined	52	4.3%
<b>TOTAL</b>	<b>1,208</b>	<b>100.0%</b>

**START TAKING ACTION RESPONSIBLY TODAY (START) PROGRAM**

The START program was implemented in March 1998 as a result of recommendations from the Children's Commission 300/600 Task Force convened by the Los Angeles County Board of Supervisors to address the growing concern regarding dependent youth who exhibit pre-delinquent and/or delinquent behaviors. The START program is staffed by professionals from DCFS, DMH, Probation and LAUSD. DCFS is the lead agency, although START is managed as an interagency coalition. The program also collaborates with community groups and service providers, child advocates, and other agencies such as the District Attorney (D.A.), Dependency and Delinquency courts, and local law enforcement.

The START program employs a service delivery model and partnership approach to providing intensive and specialized assessment and case management services focused on preventing dependent youth from entering the juvenile justice system through the reduction or elimination of delinquent behavior. The vision of the program is to identify and address the unique needs of dependent/delinquent youth through a multi-disciplinary, multi-agency team and a supportive community environment that will guide and empower these youth to reach their full potential and become productive adults.

There are four START units. These units are located in Pasadena/SPA 3 (START-East), Los Angeles/SPA 4 (START-West/Metro North), Torrance/SPA 8 (START-South), and Santa Clarita/SPA 2 (START North). Each site is available to any Los Angeles County youth who meets the criteria of the program. START serves youth who are Dependents (WIC 300) of the Court, but the program may also serve children under dual supervision by the Dependency and the Delinquency (WIC 600) systems.



START does not serve children under the sole supervision of the Delinquency system. That a child is, or has been, on probation is not an absolute requirement for START services. The program provides a multidisciplinary assessment by unit staff, followed by intensive case management to implement a case plan. Most referrals come from DCFS Social Workers. Other referrals originate from clients' lawyers or are Court-ordered. All clients must have a qualifying mental health disorder, frequently one of the Disruptive Behavior Disorders, and an associated functional impairment. Although not a specific referral criteria, school problems are usually present as well.

During FY 04-05, each START unit consisted of a Senior Community Mental Health Psychologist, a Supervising Children's Social Worker, a Probation Officer and an Educational Liaison. Additional START-East clinical staff consisted of three DCFS CSWs and two Clinical Psychologists. START-West/Metro North staff included four DCFS CSWs and three Clinical Psychologists. Start-South had three DCFS CSWs and two Clinical Psychologists. START North had one DCFS CSW and one Clinical Psychologist.

Each member of the START team is assigned specific functions. The DCFS CSWs ensure maintenance of placements and address all DCFS-related issues. The psychologists provide case management, consultation, assessment, and some direct therapy. The educational liaison visits the schools, guides the choice of school program, obtains attendance records and grade reports, ensures that IEPs are established when children require special education services, requests tutoring and assists in designing behavioral plans and after-school activities. For children who are on informal probation, the Probation Officer monitors compliance with conditions of probation, maintains contact with the Probation Officer of record, and assists the

START team during crises when the minor is arrested, detained in Juvenile Hall, or experiences increased behavior problems. The START referral form outlines criteria for program admission and the documentation that must accompany the referral - court reports, status reports, psychological evaluations, etc. After the initial assessment and development of the case plan, the START Unit staff provide ongoing consultation and services and direct follow-up with the youth as needed to prevent movement into the delinquency system.

During FY 04-05, the START program served 222 clients. Figures 22, 23, 24, and 25 describe their gender, age, race/ethnicity and Agency of Primary Responsibility. DCFS was the main referring agency for this program, followed by Probation.

Figure 22

START PROGRAM		
Gender		
Gender	Count	Percent
Male	161	72.5%
Female	61	27.5%
<b>TOTAL</b>	<b>222</b>	<b>100.0%</b>

Figure 23

START PROGRAM		
Age		
Age (Group)	Count	Percent
0-5	0	0.0%
6-11	4	1.8%
12-17	190	85.6%
18-20	28	12.6%
<b>TOTAL</b>	<b>222</b>	<b>100.0%</b>



Figure 24

START PROGRAM Ethnicity		
Ethnicity	Count	Percent
Caucasian	15	6.8%
African American	142	64.0%
Hispanic	56	25.2%
American Native	0	0.0%
Asian/ Pacific Islander	1	0.5%
Other	1	0.5%
Unknown	7	3.2%
<b>TOTAL</b>	<b>222</b>	<b>100.0%</b>

Figure 25

START PROGRAM Responsible Agency		
Agency	Count	Percent
DCFS	122	55.0%
Probation	42	18.9%
DCFS and School Dist	10	4.5%
Probation and School District	1	0.5%
School District (SEP Eligible)	1	0.5%
School District (Non-SEP Eligible)	5	2.3%
No Data	41	18.5%
<b>TOTAL</b>	<b>222</b>	<b>100.0%</b>

The psychiatric diagnoses for the START clients are displayed in Figures 26 and 27. The most prevalent primary admission diagnoses were Adjustment/Conduct Disorder/ADHD, Major Depression and Anxiety Disorders. There was one client with a primary diagnosis of Child Abuse and Neglect.

Substance use was reported for 42 (18.9%) of the START clients (Figure 28). Marijuana use was identified for 74% of the substance using clients.

Figure 26

START PROGRAM Primary DSM Diagnosis		
Diagnosis	Count	Percent
Drug Induced Disorders or Dependence	1	0.5%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	0	0.0%
Bipolar Disorders	9	4.1%
Major Depression	25	11.3%
Anxiety Disorders	14	6.3%
Other Diagnoses	4	1.8%
Adjustment/Conduct Disorder/ADHD	139	62.6%
Child Abuse and Neglect	1	0.5%
No Diagnosis or Diagnosis Deferred	29	13.1%
<b>TOTAL</b>	<b>222</b>	<b>100.0%</b>

Figure 27

START PROGRAM Secondary DSM Diagnosis		
Diagnosis	Count	Percent
Drug induced Disorders or Dependence	9	4.1%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	0	0.0%
Bipolar Disorders	2	0.9%
Major Depression	1	0.5%
Anxiety Disorders	1	0.5%
Other Diagnoses	2	0.9%
Adjustment/Conduct Disorder/ADHD	5	2.3%
Child Abuse and Neglect	0	0.0%
No Diagnosis or Diagnosis Deferred	202	91.0%
<b>TOTAL</b>	<b>222</b>	<b>100.0%</b>



Figure 28

**START PROGRAM  
Admit Substance Abuse**

Substance Abuse	Count	Percent
Alcohol (30UAL, 30XAL)	2	0.9%
Amphetamines (30XAM, 30UAM)	1	0.5%
Marijuana (30XMJ, 30UMJ)	31	14.0%
Cocaine (30XCO, 30UCO)	0	0.0%
Hallucinogens (30XHA, 30UHA)	1	0.5%
Inhalants (30XIN, 30UIN)	0	0.0%
Sedatives and Opioids (30UXSO, 30USO)	0	0.0%
Polysubstance Abuse (30XPS, 30UPS)	7	3.2%
No Substance Abuse (30XNO, 30UNO)	80	36.0%
Undetermined	100	45.0%
<b>TOTAL</b>	<b>222</b>	<b>100.0%</b>

**JUVENILE COURT MENTAL HEALTH SERVICES (JCMHS)**

As a participant in the partnership between the Juvenile Court and California State University, Los Angeles, JCMHS provided training opportunities for two Criminal Justice students during the FY 04-05 period. In exchange for experience in the forensic mental health setting, they provided valuable assistance in data collection and records processing in the JCMHS WIC 241.1 assessment activities.

During FY 04-05, the JCMHS ceased providing services to the Juvenile Mental Health Court, which now obtains its mental health consultation through a contract with UCLA.

An area of special focus for JCMHS continues to be the disposition of delinquency cases for children who are charged with an offense while under the supervision of DCFS and the

Dependency Court. Under WIC 241.1 and the applicable Juvenile Court protocol, a joint report is prepared for the court by DCFS and Probation, with help from JCMHS in those cases where there is a significant mental health history. In FY 04-05, JCMHS screened about 100 WIC 241.1 referrals per month and wrote reports on approximately 40 per month. Funding for this service is through EPSDT. JCMHS continues to provide mental health liaison services to all of the juvenile courts, responding to requests and referrals from the bench officers, attorneys and child advocates on a broad range of topics related to public mental health services for children and families.

**MENTAL HEALTH REVIEW OF PSYCHOTROPIC MEDICATION FOR COURT WARDS AND DEPENDENTS**

JCMHS has continued to monitor the authorizations for the administration of psychotropic medication to children under court jurisdiction. During FY 04-05, JCMHS recruited and hired a licensed pharmacist (Pharm. D.) to aid in the review of all requests for such authorization in order to facilitate and optimize communication of relevant clinical information between physicians and judges. Of these, about 70% were received from DCFS for dependent children and 30% for delinquents under the jurisdiction of Juvenile Court. More than 90% of these requests were approved. JCMHS continues to participate in the court-sponsored Psychotropic Medication Committee and is involved in the ongoing effort to update and improve the authorization form and protocol, which it is anticipated will be completed for deployment in early 2006. JCMHS regularly participated in the training and orientation of newly appointed bench officers, with a special emphasis on psychotropic medication. Also, in FY 04-05, a project was begun with the DMH



Chief Information Office Bureau (CIOB) to develop an online system for filing psychotropic authorization requests.

### **CLINICAL FORENSIC PSYCHIATRY TRAINING**

JCMHS continues its program of clinical forensic psychiatry training for second-year UCLA child psychiatry fellows. Each of the fellows spend two months with the program during which time they complete at least one formal psychiatric evaluation and report, as well as other activities which familiarize them with Juvenile Court operations and public sector child psychiatry.

### **JUVENILE JUSTICE MENTAL HEALTH SERVICES (JJMHS)**

#### **Juvenile Hall Mental Health Units:**

Each year, approximately 18,000 children and adolescents enter the Los Angeles County juvenile justice system through the county's three juvenile halls. Many of these youth exhibit a variety of mental health and substance abuse problems that require treatment. A study conducted jointly by DMH and the UCLA Health Services Research Program in 2000 found that over 40% of the newly admitted youth in the county's juvenile halls were in need of mental health services.

Children in need of treatment in the juvenile halls are admitted to an in-house program designed and implemented by an interagency collaboration of DMH, Probation, DHS and LACOE. The Mental Health Unit (MHU) at each of the three juvenile halls (Barry J. Nidorf in SPA 2, Central in SPA 4 and Los Padrinos in SPA 7) is similar in its setting, approach to screening and treatment, and in the structure of

its professional staff. Each MHU provides screening and assessment, crisis evaluation and intervention, psychiatric evaluation and treatment, short-term psychotherapy, and specialty services for transitional age youth, gay/lesbian/transgender youth, developmentally disabled youth and youth requiring assistance with independent living skills. Clinical interventions focus on stabilizing the client's symptoms and distress, as well as planning aftercare and linkages to services after release. Youth who require a higher level of care are referred to the CARE unit for more intensive treatment, or they may be hospitalized if necessary.

The mental health staff of the juvenile halls consists of Psychiatrists (7), Senior Community Mental Health Psychologists (3), Clinical Psychologists (17), Supervising Psychiatric Social Workers (6), Psychiatric Social Workers (24), Mental Health Counselor Registered Nurses (5), Medical Case Workers (3), Recreation Therapist (1), Psychiatric Technician (1), and Community Workers (2). Including clerical and administrative support staff, there are collectively more than 90 mental health staff in the three MHUs. There are also 12 community-based contract agencies providing care at satellite clinics serving the juvenile halls and assisting in linking the youth to services in the community.

In order to identify youth in need of mental health services who are entering the county juvenile halls, DMH attempts to screen all newly admitted minors. Overall, DMH screens between 98-99% of all new admissions. The Massachusetts Youth Screening Inventory (MAYSI-2), developed specifically for this population, is used to conduct the screening. A computer reads the MAYSI-2 questions to the youth. Those minors with screening scores above pre-selected cut-off points on this instrument receive a structured interview, the DMH Short-Form Assessment, to determine their need for



further assessment and service. Youth who are not identified by the MAYSI-2 as needing mental health intervention may nonetheless be evaluated further and/or be referred for treatment based on the clinical judgment of the mental health professional. Further assessment using more in-depth clinical interviewing, psychological testing, consultation, and review of available DMH or Probation mental health history records are provided to those youth with more complex or enduring problems to assist in planning treatment.

In FY 04-05, 14,243 youth were screened. The numbers screened for Barry J. Nidorf, Central Juvenile Hall and Los Padrinos Juvenile Hall were: 3,734, 4,583, and 5,926, respectively. Approximately 25-30% (3,619) of these newly admitted youths required a full assessment where a clinical case was opened for ongoing treatment.

JJMHS uses the Brief Symptom Inventory (BSI) to track changes in clients' subjective distress over time in order to measure stabilization of a youth's mental health symptoms.

### ATTRIBUTES OF CLIENTS OF THE JUVENILE HALL MENTAL HEALTH UNITS

The average length of stay for youth in the juvenile hall MHUs is 21 days. Length of stay has a bimodal distribution, with a very short stay for some youth (i.e. 3-5 days) and others with more serious problems staying for months. Client's ages range from 12 to 19. The average age is 16.

In FY 04-05, screening followed by mental health treatment was provided to 850 Barry Nidorf Juvenile Hall clients, 1,692 Los Padrinos Juvenile Hall clients, and 1,077 Central Juvenile Hall clients.

For the three juvenile halls combined, there were 12,497 unduplicated MHU clients who received mental health screening, assessment or treatment during FY 04-05. Figures 29, 30 and 31 summarize their gender, age and ethnicity. The large majority of the clients were Probation referrals, with smaller proportions referred by DCFS and Education (Figure 32).

Figure 29

#### JUVENILE HALL CLUSTER (Barry Nidorf, Central, Los Padrinos) Gender

Gender	Count	Percent
Male	10,115	80.9%
Female	2,382	19.1%
<b>TOTAL</b>	<b>12,497</b>	<b>100.0%</b>

Figure 30

#### JUVENILE HALL CLUSTER (Barry Nidorf, Central, Los Padrinos) Age

Age (Group)	Count	Percent
0-5	5	0.0%
6-11	23	0.2%
12-17	9,715	77.7%
18-20	2,754	22.0%
<b>TOTAL</b>	<b>12,497</b>	<b>100.0%</b>

Figure 31

#### JUVENILE HALL CLUSTER (Barry Nidorf, Central, Los Padrinos) Ethnicity

Ethnicity	Count	Percent
Caucasian	972	7.8%
African American	3,606	28.9%
Hispanic	6,204	49.6%
American Native	53	0.4%
Asian/ Pacific Islander	200	1.6%
Other	97	0.8%
Unknown	1,365	10.9%
<b>TOTAL</b>	<b>12,497</b>	<b>100.0%</b>



Figure 32

**JUVENILE HALL CLUSTER  
(Barry Nidorf, Central, Los Padrinos)  
Responsible Agency**

Agency	Count	Percent
DCFS	498	4.0%
Probation	8,960	71.7%
DCFS and School Dist	311	2.5%
Probation and School District	1,067	8.5%
School District (SEP Eligible)	121	1.0%
School District (Non-SEP Eligible)	83	0.7%
No Data	1,457	11.7%
<b>TOTAL</b>	<b>12,497</b>	<b>100.0%</b>

Figure 33 indicates that, for the Juvenile Hall cluster, the most prevalent primary DSM diagnoses were Adjustment/Conduct Disorder/ADHD, Major Depression, and Anxiety Disorders, with smaller frequencies of Bipolar Disorders, Drug Induced Disorders or Dependence, and Schizophrenia/Psychosis. There were 933 clients (7.5%) with a primary or secondary DSM diagnosis of Drug Induced Disorders or Dependence. Combining primary and secondary admission diagnoses (Figure 34) revealed that there were 26 clients diagnosed with Child Abuse and Neglect.

Substance use was an issue for 11.7% of the clients served at the three Juvenile Hall MHUs (Figure 35). Marijuana and polysubstance use were most frequently reported, with smaller percentages reported using amphetamines, alcohol, or cocaine.

Figure 33

**JUVENILE HALL CLUSTER  
(Barry Nidorf, Central, Los Padrinos)  
Primary DSM Diagnosis**

Primary DSM Diagnosis	Count	Percent
Drug Induced Disorders or Dependence	564	4.5%
Disorders Due to Medical Condition	5	0.0%
Schizophrenia/Psychosis	110	0.9%
Bipolar Disorders	604	4.8%
Major Depression	1,966	15.7%
Anxiety Disorders	1,162	9.3%
Other Diagnoses	1,530	12.2%
Adjustment/Conduct Disorder/ADHD	4,286	34.3%
Child Abuse and Neglect	8	0.1%
No Diagnosis or Diagnosis Deferred	2,262	18.1%
<b>TOTAL</b>	<b>12,497</b>	<b>100.0%</b>

Figure 34

**JUVENILE HALL CLUSTER  
(Barry Nidorf, Central, Los Padrinos)  
Secondary DSM Diagnosis**

Diagnosis	Count	Percent
Drug induced Disorders or Dependence	369	3.0%
Disorders Due to Medical Condition	3	0.0%
Schizophrenia/Psychosis	23	0.2%
Bipolar Disorders	37	0.3%
Major Depression	143	1.1%
Anxiety Disorders	61	0.5%
Other Diagnoses	97	0.8%
Adjustment/Conduct Disorder/ADHD	476	3.8%
Child Abuse and Neglect	18	0.1%
No Diagnosis or Diagnosis Deferred	11270	90.2%
<b>TOTAL</b>	<b>12,497</b>	<b>100.0%</b>



Figure 35

**JUVENILE HALL CLUSTER**  
**(Barry Nidorf, Central, Los Padrinos)**  
**Admit Substance Abuse**

Substance Abuse	Count	Percent
Alcohol (30UAL, 30XAL)	101	0.8%
Amphetamines (30XAM, 30UAM)	178	1.4%
Marijuana (30XMJ, 30UMJ)	714	5.7%
Cocaine (30XCO, 30UCO)	19	0.2%
Hallucinogens (30XHA, 30UHA)	3	0.0%
Inhalants (30XIN, 30UIN)	5	0.0%
Sedatives and Opioids (30UXSO, 30USO)	3	0.0%
Polysubstance Abuse (30XPS, 30UPS)	437	3.5%
No Substance Abuse (30XNO, 30UNO)	3,726	29.8%
Undetermined	7,311	58.5%
<b>TOTAL</b>	<b>12,497</b>	<b>100.0%</b>

**DOROTHY KIRBY CENTER**

Dorothy Kirby Center (DKC) is a Probation residential treatment facility located in SPA 1. Its Mental Health Unit consists of an intensive day treatment program within the boundaries of a secure residential placement facility directly operated by the Probation Department. The MHU functions under a Memorandum of Understanding between DMH and Probation. It is staffed by two licensed psychologists, one LCSW and a recreational therapist. During FY 04-05, an average of 115 children were treated by the MHU each month.

Kirby's MHU is a secure (locked) residential treatment center serving adolescents between the ages of 14-17. All referred youth at Kirby receive a mental health screening consisting of an interview with the youth in juvenile hall and a review of relevant records.

Approximately half of those screened receive mental health services. The MHU serves up to 160 and receives an average of 45 referrals from the juvenile courts each month. Its clients ages range from 12-17 years, with an average age of sixteen. All clients are wards of the Juvenile Court, having had criminal petitions brought against them and sustained, and most have extensive criminal arrest records. All have DSM IV diagnoses and functional impairment that qualify them for Medi-Cal reimbursement. At least 80% are deeply gang-involved and the overwhelming majority originate from severely dysfunctional homes. Approximately 45% have had prior involvement with DCFS. All referrals to the mental health unit are made by a judge or a probation officer.

During FY 04-05, the Kirby MHU served 344 youths. Their average treatment duration was 8 months. The intensive day treatment program at DKC consists of a daily four and one-half hour program comprised of four portions:

1. **A special focus group:** Themes dealt with in this group range from anger management, substance abuse, sexual abuse survivors, self-esteem, self-soothing and self-expression.
2. **Recreation therapy:** This group is run by a certified recreation therapist and teaches teamwork, impulse control, skill acquisition methods, and goal-oriented behavior.
3. **Process group:** This group uses traditional group therapy techniques to deal with interpersonal and intrapsychic issues within the group context.



4. **Social skills training:** This group teaches basic social living skills and interpersonal communication skills.

In addition, clients receive daily group treatment, weekly individual treatment and bi-weekly family treatment.

Figures 36, 37, and 38 present gender, age and ethnicity for the 344 FY 04-05 clients at the Kirby MHU. Most clients were Probation referrals, followed by referrals from Probation and Education (Figure 39).

**Figure 36**

**DOROTHY KIRBY CENTER**

**Gender**

Gender	Count	Percent
Male	225	65.4%
Female	119	34.6%
<b>TOTAL</b>	<b>344</b>	<b>100.0%</b>

**Figure 37**

**DOROTHY KIRBY CENTER**

**Age**

Age (Group)	Count	Percent
0-5	0	0.0%
6-11	0	0.0%
12-17	267	77.6%
18-20	77	22.4%
<b>TOTAL</b>	<b>344</b>	<b>100.0%</b>

**Figure 38**

**DOROTHY KIRBY CENTER**

**Ethnicity**

Ethnicity	Count	Percent
Caucasian	29	8.4%
African American	142	41.3%
Hispanic	147	42.7%
American Native	1	0.3%
Asian/ Pacific Islander	2	0.6%
Other	1	0.3%
Unknown	22	6.4%
<b>TOTAL</b>	<b>344</b>	<b>100.0%</b>

**Figure 39**

**DOROTHY KIRBY CENTER**

**Responsible Agency**

Responsible Agency	Count	Percent
DCFS	15	4.4%
Probation	283	82.3%
DCFS and School Dist	0	0.0%
Probation and School District	8	2.3%
School District (SEP Eligible)	4	1.2%
School District (Non-SEP Eligible)	3	0.9%
No Data	31	9.0%
<b>TOTAL</b>	<b>344</b>	<b>100.0%</b>

Figure 40 shows that the most common primary admission diagnoses at the Kirby MHU were Major Depression, Bipolar Disorders, Adjustment/Conduct Disorder/ADHD, Anxiety Disorders and a smaller proportion with Schizophrenia/Psychosis. Figures 40 and 41 indicate that 11.3% had a primary or a secondary diagnosis of Drug Induced Disorders or Dependence.

**Figure 40**

**DOROTHY KIRBY CENTER**

**Primary DSM Diagnosis**

Diagnosis	Count	Percent
Drug Induced Disorders or Dependence	3	0.9%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	9	2.6%
Bipolar Disorders	88	25.6%
Major Depression	120	34.9%
Anxiety Disorders	37	10.8%
Other Diagnoses	2	0.6%
Adjustment/Conduct Disorder/ADHD	84	24.4%
Child Abuse and Neglect	0	0.0%
No Diagnosis or Diagnosis Deferred	1	0.3%
<b>TOTAL</b>	<b>344</b>	<b>100.0%</b>



**Figure 41**  
**DOROTHY KIRBY CENTER**  
**Secondary DSM Diagnosis**

Diagnosis	Count	Percent
Drug induced Disorders or Dependence	36	10.5%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	0	0.0%
Bipolar Disorders	1	0.3%
Major Depression	1	0.3%
Anxiety Disorders	2	0.6%
Other Diagnoses	2	0.6%
Adjustment/Conduct Disorders/ADHD	12	3.5%
Child Abuse and Neglect	0	0.0%
No Diagnosis or Diagnosis Deferred	290	84.3%
<b>TOTAL</b>	<b>344</b>	<b>100.0%</b>

Substance use was an issue for 42.2% of the Kirby mental health clients, with marijuana reported most frequently, followed by amphetamines, polysubstances, alcohol, and cocaine (Figure 42).

### JUVENILE JUSTICE CAMPS

DMH operates a MHU at Challenger Memorial Youth Center which provides treatment services to six of its eighteen juvenile probation camps (Smith, McNair, Scobee, Resnick, Onizuka, and Jarvis) in Lancaster (SPA 1). These camps have a capacity for 800 residents. These are the only juvenile camps in the county where psychotropic medications are administered, and they are also unique in having a psychiatrist on duty in conjunction with 24-hour nursing. Challenger's camps also provide psychotherapy to minors with psychological problems. Mental health services for the Challenger camp minors include individual, group, collateral, and case management services. During FY 04-05, the Challenger MHU multidisciplinary treatment team consisted of one Supervising Social Worker, one Clinical Psychologist, one Psychiatric Social Worker, and four support personnel. In addition, it has an aftercare treatment team consisting of a Mental Health Coordinator and Parent Advocate. These staff coordinate service delivery, provide treatment interventions, and also link the minor to services in the community upon the minor's release from Challenger's camps.

**Figure 42**  
**DOROTHY KIRBY CENTER**  
**Admit Substance Abuse**

Substance Abuse	Count	Percent
Alcohol	13	3.8%
Amphetamines (30XAM, 30UAM)	44	12.8%
Marijuana (30XMJ, 30UMJ)	58	16.9%
Cocaine (30XCO, 30UCO)	12	3.5%
Hallucinogens (30XHA, 30UHA)	1	0.3%
Inhalants (30XIN, 30UIN)	0	0.0%
Sedatives and Opioids (30UXSO, 30USO)	0	0.0%
Polysubstance Abuse (30XPS, 30UPS)	17	4.9%
No Substance Abuse (30XNO, 30UNO)	193	56.1%
Undetermined	6	1.7%
<b>TOTAL</b>	<b>344</b>	<b>100.0%</b>

Referrals are made using a form that is completed to request Challenger services. The form is completed by Probation, Health, Education, Mental Health, Juvenile Court Social Workers, Parents and Guardians. All referrals are "triaged" (reviewed and distributed for services) by the administrative staff at



Challenger. Triage priority consists of three levels: 1) Crisis or medication follow up from the Juvenile Halls, 2) Urgent cases such as depression, self-referrals by minors, and clients who receive an Axis I diagnosis, 3) Cases that are less serious and may not have an Axis I diagnosis (i.e. fighting, defiant behavior, sleep issues unrelated to mental health symptoms). Minors in Level 1 are seen within 24 hours. Level 2 minors are seen as soon as possible. Level 3 minors are given the least urgent priority to receive services immediately and are treated when a therapist becomes available.

Throughout the county, there are an additional 12 so-called "outlying" Probation camps that also provide mental health services. Each of these has a capacity for 110-120 residents. Camps Scott and Scudder are in the Santa Clarita area (SPA 1), staffed by an LCSW and a Clinical Psychologist. Munz and Mendenhall are in the Castaic area (SPA 2), staffed by an LCSW from Challenger. Camps Holton and Routh are in the San Fernando area (SPA 2), staffed by two part-time Clinical Psychologists. Camps Rockey, Paige, and Afferbaugh are in the San Dimas area (SPA 3), staffed by a Psychiatric Technician who serves as lead clinician and two part-time contract agency clinicians. Camps Camps Gonzales, Miller, and Kilpatrick are in the Malibu area (SPA 5), staffed by a Clinical Psychologist. At ten of these other juvenile justice camps, where the minors do not require psychotropic medications, the staff provide therapeutic interventions on-site. The two clinicians, who are assigned to Challenger, travel to the outlying camps, as needed. MIS Information collected on clients at any of these Mental Health Services are reported with Challenger as the DMH provider.

In FY 04-05, a monthly average of 145 unduplicated clients received psychotropic medications at the six primary Challenger camps. An average of 353 clients received psy-

chotherapy each month through the mental health programs at these camps and camps Munz and Mendenhall camps, which are unique among the outlying camps in that they also obtain their mental health services at the primary Challenger camps. The other ten outlying camps served a monthly average of 619 clients.

Several of the camps have specialized programs for children with suitable abilities and interest. Camp Rockey has an Arts Care program. Miller and Kilpatrick offer a sports program for boys and Scott includes a girl's sports program. Scott also provides intensive assessment of its clients during their first 72 hours to a week, collecting client information from all relevant public agencies.

At the six Challenger camps, and at Gonzales, Rockey, Holton and Scott, a Special Handling Unit (SHU) provides safe, temporary housing for a child in crisis who may be a danger to self or others. The SHUs are structured to allow continuous monitoring by Probation staff to avoid possible injury of the youth. Camp Routh also focuses on children in crisis. At these camps, minors who are in the SHU due to mental health issues must be cleared by mental health staff to return to their camp living environment and normal activities.

A mental health Aftercare unit for the entire camp system is staffed by a Mental Health Coordinator and a Community Worker. This unit is dedicated to providing aftercare/follow-up services and to developing resources to assist clients after the completion of treatment.

The average number of monthly referrals received at the camps in FY 04-05 by mental health was 113. The average number of children treated each month was 358, not including single service contacts.

In FY 04-05, 1,787 children/adolescents received mental health services at the Challenger camps and the other camps. This is



slightly more than one third of the 5000 children and youths at the camps. Figures 43, 44 and 45 describe their gender, age and ethnicity. Most had Probation as their referring agency, with additional referrals from Probation and Education, DCFS and Education, and Education (Figure 46).

**Figure 43**

**CHALLENGER YOUTH CENTER/  
JUVENILE JUSTICE CAMPS**

**Gender**

Gender	Count	Percent
Male	1,339	74.9%
Female	448	25.1%
<b>TOTAL</b>	<b>1,787</b>	<b>100.0%</b>

**Figure 44**

**CHALLENGER YOUTH CENTER/  
JUVENILE JUSTICE CAMPS**

**Age (Group)**

Age (Group)	Count	Percent
0-5	0	0.0%
6-11	0	0.0%
12-17	1275	71.3%
18-20	512	28.7%
<b>TOTAL</b>	<b>1,787</b>	<b>100.0%</b>

**Figure 45**

**CHALLENGER YOUTH CENTER/  
JUVENILE JUSTICE CAMPS**

**Ethnicity**

Ethnicity	Count	Percent
Caucasian	124	6.9%
African American	729	40.8%
Hispanic	694	38.8%
American Native	2	0.1%
Asian/ Pacific Islander	18	1.0%
Other	24	1.3%
Unknown	196	11.0%
<b>TOTAL</b>	<b>1,787</b>	<b>100.0%</b>

**Figure 46**

**CHALLENGER YOUTH CENTER/  
JUVENILE JUSTICE CAMPS**

**Responsible Agency**

Agency	Count	Percent
DCFS	69	3.9%
Probation	1,334	74.7%
DCFS and School Dist	26	1.5%
Probation and School District	108	6.0%
School District (SEP Eligible)	11	0.6%
School District (Non-SEP Eligible)	10	0.6%
No Data	229	12.8%
<b>TOTAL</b>	<b>1,787</b>	<b>100.0%</b>

The most common primary admission diagnoses were Major Depression and Adjustment/Conduct Disorder/ADHD, with smaller proportions diagnosed with Anxiety Disorders, Bipolar Disorders, Drug Induced Disorders or Dependence, Schizophrenia/Psychosis, and Drug Induced Disorders or Dependence (Figure 47). One client received a primary DSM diagnosis of Child Abuse and Neglect.

For the 10% of clients with reported substance use, marijuana was most common, followed by polysubstance use, amphetamines, and alcohol.



Figure 47

**CHALLENGER YOUTH CENTER/  
JUVENILE JUSTICE CAMPS  
Primary DSM Diagnosis**

Diagnosis	Count	Percent
Drug Induced Disorders or Dependence	26	1.5%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	23	1.3%
Bipolar Disorders	140	7.8%
Major Depression	699	39.1%
Anxiety Disorders	229	12.8%
Other Diagnoses	149	8.3%
Adjustment/Conduct Disorder/ADHD	493	27.6%
Child Abuse and Neglect	1	0.1%
No Diagnosis or Diagnosis Deferred	27	1.5%
<b>TOTAL</b>	<b>1,787</b>	<b>100.0%</b>

Figure 48

**CHALLENGER YOUTH CENTER/  
JUVENILE JUSTICE CAMPS  
Secondary DSM Diagnosis**

Diagnosis	Count	Percent
Drug induced Disorders or Dependence	320	17.9%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	3	0.2%
Bipolar Disorders	3	0.2%
Major Depression	43	2.4%
Anxiety Disorders	17	1.0%
Other Diagnoses	16	0.9%
Adjustment/Conduct Disorder/ADHD	158	8.8%
Child Abuse and Neglect	0	0.0%
No Diagnosis or Diagnosis Deferred	1227	68.7%
<b>TOTAL</b>	<b>1,787</b>	<b>100.0%</b>

Figure 49

**CHALLENGER YOUTH CENTER/  
JUVENILE JUSTICE CAMPS  
Admit Substance Abuse**

Admit Substance Abuse	Count	Percent
Alcohol (30UAL, 30XAL)	6	0.3%
Amphetamines (30XAM, 30UAM)	10	0.6%
Marijuana (30XMJ, 30UMJ)	115	6.4%
Cocaine (30XCO, 30UCO)	0	0.0%
Hallucinogens (30XHA, 30UHA)	0	0.0%
Inhalants (30XIN, 30UIN)	0	0.0%
Sedatives and Opioids (30UXSO, 30USO)	0	0.0%
Polysubstance Abuse (30XPS, 30UPS)	47	2.6%
No Substance Abuse (30XNO, 30UNO)	68	3.8%
Undetermined	1,541	86.2%
<b>TOTAL</b>	<b>1,787</b>	<b>100.0%</b>

**D-RATE ASSESSMENT UNIT**

DCFS "Schedule D" Foster Care provides family environments for children with serious psychological dysfunction who are at high risk of requiring more restrictive and higher-cost placements. D-Rate foster parents receive specialized training for parenting a psychologically dysfunctional child and their home must satisfy D-Rate certification requirements. The D-Rate foster parents receive supplemental compensation because of the additional responsibilities involved in caring for emotionally disturbed children. The D-Rate Assessment Program is a collaborative effort between DCFS and DMH. DMH supervises clinical assessors who evaluate D-Rate children in foster homes at admission and annually. These assessments help to determine the appropriateness of the placement of these children in D-Rate-approved foster homes.



When a child is placed in a D-Rate foster home, a DCFS caseworker evaluates the child and then refers the foster family to the county-wide D-Rate Assessment Unit of DMH. The request is reviewed by the DCFS D-rate unit and referred to DMH when it is appropriate. A DMH-contracted clinician is then assigned to the case and carries out an in-depth assessment of the placed child by interviewing the child and caregiver, usually in the caregiver's home which may be located in any of the SPAs. The Assessor completes and summarizes the evaluation within a three-week period and submits it to the D-rate Assessment Unit. Approximately 90-130 DCFS children are evaluated in this manner each month. The completed assessment is reviewed by a DMH clinician and returned to DCFS with a recommendations regarding placement in the D-rate home and mental health services. DCFS makes the final determination of the suitability of D-rate placements.

During FY 04-05, 1,145 D-rate assessments were carried out by DMH contracted clinicians. Approximately 90% of the D-Rate children were receiving mental health services even before their D-Rate assessments were conducted. Another 10% were referred to DMH clinics for mental health treatment based on their D-rate assessment. Additional services, such as Therapeutic Behavioral Services and Wraparound, as well as social and recreational activities were also recommended for D-rate children who were already receiving mental health services.

DMH also provides the Family Community Treatment Program (FCTP), that supplies a list of service-area-specific service provider referrals to the children to provide appropriate mental health services and to establish a stable placement.

## **RATE CERTIFICATION LEVEL (RCL) 14 GROUP HOMES**

DMH funds day treatment for severely emotionally disturbed children placed in RCL 14 Group Homes by DCFS, Probation and Mental Health. Criteria for placement at the RCL 14 level of care include substantial functional impairment resulting from a mental disorder; past or anticipated persistent symptomatology or out of home placement; severe behavioral/treatment history including psychotropic medication or substance abuse, DSM Axis I diagnosis during the past year; plus a Suitable Placement Order or an Individualized Education Plan (IEP). DCFS contracts with and funds the group homes. DMH certifies that the RCL 14 group homes and the children placed there meet the State-defined RCL 14 mental health criteria. There are 142 RCL 14 beds, 125 of which are designated for males and 17 for females. The following service providers offer RCL 14 facilities: H. V. Group Home (SPA 8), Olive Crest (SPA 3), Pennacle Foundation (SPAs 6 and 7), San Gabriel Children's Center (SPA 3) and The Sycamores (SPA 3). DMH provided services to 267 minors in RCL 14 group homes during FY 04-05. In the same Fiscal Year, 91 males and 36 females were certified at RCL 14. The sources of referral for these new RCL 14 certifications were: 59% from DCFS, 24% from DMH, and 17% from Probation. The purpose of these treatment programs is to provide stability for children in a group home setting in order to nurture their growth and development and to allow them to succeed in an educational setting.



## COMMUNITY TREATMENT FACILITY (CTF)

The CTF is a relatively new State licensing category for residential placement of minors developed during the past four years. It is a higher level than RCL 14 and was created as an alternative to the State Hospital. There are two CTFs with a total of 64 beds. Star View (SPA 8) offers 40 beds for males and females. Vista del Mar (SPA 4) has 24 CTF beds for males. The criteria for placement at the CTF level of care include all of the criteria for RCL 14 placement plus an inability to be served in a less restrictive setting, as evidenced by: unsuccessful placements in open settings, denials of admission from RCL 14 Group Homes; high-risk aggressive, self-destructive or substance use behaviors; as well as the motivation to benefit from treatment in a more restrictive treatment setting. DMH provided services to 138 CTF clients during FY 04-05. Of these, 51 males and 23 females were newly certified. The sources of referral for new CTF certifications were: 78% from DCFS, 14% from Probation, and 8% from DMH.

## SELECTED FINDINGS

### Department of Mental Health

- During FY 2004-05, The Family Preservation Program treated 939 clients. Family Reunification served 10 outpatients. Rate Classification Level-14 (RCL-14) facilities treated 267 and Community Treatment Facilities (CTF) treated 138. The Child Abuse Prevention, Intervention and Treatment (CAPIT) program was offered to 1,208 individuals. Start Taking Action Responsibly Today (START) services were given to 222. The three Juvenile Hall Mental Health Units (JMHU) served 12,497. Dorothy Kirby Center provided mental health services to 344. At Challenger Memorial Youth Center and the Juvenile Justice Camps, 1,787 children/youth received mental health services. A total of 17,412 children and adolescents, potentially at-risk for child abuse or neglect, were served by the selected mental health treatment programs.
- Clients receiving mental health services in the START, CAPIT, Family Preservation, and Family Reunification programs were 14% of the clients at the programs considered. Of these, 28% were identified as DCFS referrals.
- Clients treated in RCL-14 or Community Treatment Facilities were 2% of the clients considered. DCFS referrals constituted 59% of the RCL-14 referrals and 78% of the CTF referrals.
- Clients in the Mental Health Units of the three juvenile halls made up 72% of the clients considered. Of these, 7% were identified as DCFS referrals.



- Clients in the Mental Health Units at the Challenger Youth Center/ Juvenile Justice Camps and Dorothy Kirby Youth Center were 10% of the clients at the programs reviewed. Of these, 5% were identified as DCFS referred.
- Clients in Mental Health Units of the Youth Centers were distributed as follows: 84% in Challenger Youth Center/Juvenile Justice Camps, and 16% in Dorothy Kirby Center.
- The Child Abuse Early Intervention and Prevention Program (CAPIT) served 238 clients receiving a DSM diagnosis of Child Abuse and Neglect (CAN). This is the largest number diagnosed with CAN in any of the programs considered. During FY 04-05, CAPIT treated more than three fourths of the 308 clients in the treatment programs considered who were diagnosed with CAN. The percentage of clients served by CAPIT with CAN program decreased from 32% in FY 03-04 to 20% in FY 04-05. Comparable percentages of the CAPIT clients who were diagnosed with CAN were 25% in FY 02-03 and 21% in FY 01-02.
- The Family Preservation (FP) Program served 42 clients diagnosed with CAN. This is 14% of the 308 clients diagnosed with CAN in the programs considered and establishes the FP program with the second largest concentration of clients diagnosed with CAN. The percentage of clients with CAN treated in the FP program decreased from 9% in FY 03-04 to 5% in FY 04-05. Comparable percentages of the FP clients diagnosed with CAN were 7% in FY 02-03 and 3% in FY 01-02.
- The Juvenile Hall Mental Health Units served 26 clients diagnosed with CAN. This is 8% of all CAN clients in the programs considered. The percentages of clients with diagnosed with CAN at the juvenile hall mental health Units have been less than 1% from FY 01-02 through FY 04-05.
- The START program, the mental health units of Challenger Youth Center and its associated juvenile justice camps, and the mental health unit of Dorothy Kirby Center each served 10 or fewer clients diagnosed with CAN during FY 04-05. Clients diagnosed with CAN at these programs were less than 1% of the clients served by each program from FY 01-02 through FY 04-05.
- The most frequent DSM diagnoses for clients in the treatment programs considered are Adjustment/Conduct Disorder/ADHD and Major Depression. Adjustment/Conduct Disorder/ADHD were the most frequent diagnoses received by clients in the Family Preservation, Child Abuse Prevention, START, and Juvenile Hall mental health programs, with Major Depression the next most common diagnosis at these programs. Major Depression was the most frequent diagnosis received by clients at the Dorothy Kirby and Challenger Youth Centers.
- Among substance using clients, marijuana was most frequently reported, followed in frequency by polysubstance use.



**GLOSSARY OF CHILDREN’S MENTAL HEALTH TERMS**

This glossary contains terms used frequently when dealing with the mental health needs of children. The list is alphabetical. Words highlighted by italics have their own separate definitions. The term service or services is used frequently in this glossary. The reader may wish to look up service before reading the other definitions.

**Assessment:**

A professional review of a child's and family's needs that is done when they first seek services. The assessment of the child includes a review of physical and mental health, school performance, family situation, and behavior in the community. The assessment identifies the strengths of the child and family. Together, the treatment provider and family decide what kind of treatment and supports, if any, are needed.

**Case Manager:**

An individual who organizes and coordinates services and supports for children with mental health problems and their families. (Alternate terms: service coordinator, advocate, and facilitator.)

**Case Management:**

A service that helps people arrange appropriate and available services and supports. As needed, a case manager coordinates mental health, social work, education, health, vocational, transportation, advocacy, respite, and recreational services. The case manager makes sure that the child's and family's changing needs are met. (This definition does not apply to managed care.)

**Children and Adolescents at Risk for Mental Health Problems:**

Children at higher risk for developing mental health problems when certain factors occur in their lives or environment. Some of these factors are physical abuse, emotional abuse or neglect, harmful stress, discrimination, poverty, loss of loved one, frequent moving, alcohol and other drug use, trauma, and exposure to violence.

**Continuum of Care:**

A term that implies a progression of services that a child would move through, probably one at a time. The more up-to-date idea is one of comprehensive services. See system of care and wraparound services.

**Coordinated Services:**

Child-serving organizations, along with the family, talk with each other and agree upon a plan of care that meets the child's needs. These organizations can include mental health, education, juvenile justice, and child welfare. Case management is necessary to coordinate services. (Also see wraparound services.)

**Cultural Competence:**

Help that is sensitive and responsive to cultural differences. Service providers are aware of the impact of their own culture and possess skills that help them provide services that are culturally appropriate in responding to people's unique cultural differences, such as race and ethnicity, national origin, religion, age, gender, sexual orientation, or physical disability. They adapt their skills to fit a family's values and customs.



### **Day Treatment:**

A non-residential, intensive and structured clinical program provided for children and adolescents who are at imminent risk of failing in the public school setting as a result of their behavior related to a mental illness and who have impaired family functioning. The primary foci of Day Treatment are to address academic and behavioral needs of the individual, family and/or foster family.

### **DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition):**

An official manual of mental health problems developed by the American Psychiatric Association. This reference book is used by psychiatrists, psychologists, social workers, and other health and mental health care providers to understand and diagnose a mental health problem. Insurance companies and health care providers also use the terms and explanations in this book when they discuss mental health problems.

### **Emergency and Crisis Services:**

A group of services that are available 24 hours a day, 7 days a week, to help during a mental health emergency. When a child is thinking about suicide, these services could save his or her life. Examples: telephone crisis hotlines, crisis counseling, crisis residential treatment services, crisis outreach teams, and crisis respite care.

### **Family Support Services:**

Help designed to keep the family together and to cope with mental health problems that affect them. These services may include consumer information workshops, in-home supports, family therapy, parent training, and respite care.

### **Inpatient Hospitalization:**

Mental health treatment in a hospital setting 24 hours a day. The purpose of inpatient hospitalization is: (1) short-term treatment in cases where a child is in crisis and possibly a danger to self or others, and (2) diagnosis and treatment when the patient cannot be evaluated or treated appropriately in an outpatient setting.

### **Managed Care:**

A way to supervise the delivery of health care services. Managed care may specify the providers that the insured family can see. It may also limit the number of visits and kinds of services that will be covered.

### **Mental Health:**

Mental health refers to how a person thinks, feels, and acts when faced with life's situations. It is how people look at themselves, their lives, and the other people in their lives; evaluate the challenges and the problems; and explore choices. This includes handling stress, relating to other people, and making decisions.

### **Mental Health Problems:**

Mental health problems are real. These problems affect one's thoughts, body, feelings, and behavior. They can be severe. They can seriously interfere with a person's life. They're not just a passing phase. They can cause a person to become disabled. Some of these disorders are known as depression, bipolar disorder (manic-depressive illness), attention deficit hyperactivity disorder, anxiety disorders, eating disorders, schizophrenia and conduct disorder.



**Plan of Care:**

A treatment plan designed for each child or family. The treatment provider develops the plan with the family. The plan identifies the child's and family's strengths and needs. It establishes goals and details appropriate treatment and services to meet his or her special needs.

**Residential Treatment Centers:**

Facilities that provide treatment 24 hours a day and can usually serve more than 12 young people at a time. Children with serious emotional disturbances receive constant supervision and care. Treatment may include individual, group, and family therapy; behavior therapy; special education; recreation therapy; and medical services. Residential treatment is usually more long-term than inpatient hospitalization. Centers are also known as therapeutic group homes.

**Respite Care:**

A service that provides a break for parents who have a child with a serious emotional disturbance. Some parents may need this help every week. It can be provided in the home or in another location. Trained parents or counselors take care of the child for a brief period of time. This gives families relief from the strain of taking care of a child with a serious emotional disturbance.

**Serious Emotional Disturbance:**

Diagnosable disorders in children and adolescents that severely disrupt daily functioning in the home, school, or community. Some of these disorders are depression, attention-deficit/hyperactivity, anxiety, conduct, and eating disorders. Serious emotional disturbances affect 1 in 20 young people.

**Service:**

A type of support or clinical intervention designed to address the specific mental health needs of a child and his or her family. A service could be received once or repeated over a course of time as determined by the child, family, and service provider.

**Short-Doyle Medi-Cal:**

State-funded program that provides reimbursement for county mental health services to Medi-Cal eligible and indigent individuals.

**System of Care:**

A method of delivering mental health services that helps children and adolescents with mental health problems and their families get the full range of services in or near their homes and communities. These services must be tailored to each individual child's physical, emotional, social, and educational needs. In systems of care, local organizations work in teams to provide these services.

**Therapeutic Foster Care:**

A home where a child with a serious emotional disturbance lives with trained foster parents with access to other support services. These foster parents receive special support from organizations that provide crisis intervention, psychiatric, psychological, and social work services. The intended length of this care is usually from 6 to 12 months.

**Therapeutic Group Homes:**

Community-based, home-like settings that provide intensive treatment services to a small number of young people (usually 5 to 10 persons). These young people work on issues that



require 24-hour-per-day supervision. The home should have many connections within an interagency system of care. Psychiatric services offered in this setting try to avoid hospital placement and to help the young person move toward a less restrictive living situation.

**Transitional Services:**

Services that help children leave the system that provides help for children and move into adulthood and the adult service system. Help includes mental health care, independent living services, supported housing, vocational services, and a range of other support services.

**Wraparound Services:**

A "full-service" approach to developing help that meets the mental health needs of individual children and their families. Children and families may need a range of community support services to fully benefit from traditional mental health services such as family therapy and special education.



# LOS ANGELES CITY ATTORNEY'S OFFICE AGENCY REPORT







## PART ONE: INTRODUCTION

### A. CITY ATTORNEY OVERVIEW

The Los Angeles City Attorney's Office is responsible for prosecuting misdemeanor offenses in the City of Los Angeles. The initial step in this process consists of a filing decision by a deputy city attorney who reviews police reports received for filing consideration. These reports are received either directly from a police or administrative agency, or from a referral from the District Attorney's Office. The deputy city attorney decides whether a criminal complaint should be filed against a defendant and prosecuted through the court system, whether the case should be referred to the City Attorney Hearing Program, or whether the case should be rejected and no prosecution conducted. Cases are prosecuted by City Attorney staff at eight branch locations citywide or are vertically prosecuted by specialized units within the Office. Once a defendant's case is filed and prosecuted through the court system, the case is considered completed or finished once the defendant is convicted of the charges, is acquitted, or has his or her case dismissed. A defendant is convicted when he or she pleads guilty or is found guilty by a court or jury.

There were 60,409 total cases filed during Calendar Year 2005 by the Los Angeles City Attorney's Office. Of this number, 784 defendants (or 1.29% of the total filed cases) had ICAN category offenses of child abuse, neglect or exploitation alleged against them.

### B. CHILD ABUSE PROSECUTION SECTION (CAPS)

The Child Abuse Prosecution Section (CAPS) handles all child abuse cases submitted to the City Attorney's Office for prosecution where child abuse offenses are alleged as the primary charge. The section is comprised of a team of specially trained prosecutors, in addition to investigators and victim advocates, who are assigned to each case of child physical abuse, sexual abuse, or neglect filed by the City Attorney's Office. Cases are handled by the section from the time of filing until completion. This assignment structure, called "vertical prosecution," is designed to provide the most effective prosecution and support for the victim. In addition to prosecuting cases, CAPS also reviews all reports of suspected child abuse occurring in the city received by the Department of Children and Family Services Child Protection Hotline. CAPS then works with the Los Angeles Police Department to make sure that all criminal matters are investigated and presented to a prosecuting agency for a possible criminal filing.

The misdemeanor prosecution of child abuse cases is an essential tool in the fight against child abuse. Like other forms of family violence, child abuse is a cycle of violence, which increases over time. Early detection and intervention help prevent the cycle from continuing and escalating. Early prosecution also adds a needed incentive to abusive parents and caretakers to complete parenting classes, substance abuse programs and other forms of counseling to strengthen their parenting skills and, when appropriate, help families remain intact.



### **C. OTHER CHILDREN'S PROGRAMS SPONSORED BY THE CITY ATTORNEY'S OFFICE**

The programs related to children sponsored by the Los Angeles City Attorney's Office are described below.

#### **OPERATION BRIGHT FUTURE**

In September 2002, the City Attorney launched Operation Bright Future (OBF), a middle school truancy prevention program. OBF closely monitors student attendance and addresses the problems of truant students. Through letters, brochures, general assemblies and hearings, the program teaches parents of their legal responsibility to ensure that their children attend school. As a last resort, after all other efforts have failed, OBF will prosecute parents who do not send their children to school. Prosecution will only be used when the efforts made to educate and assist the family have failed. Our analysis shows that 90% of truancy problems are improved once a truancy prevention program makes contact with the parents and informs them of their legal responsibilities. During the 2005-2006 school year, OBF was present in 30 LAUSD middle schools.

#### **"NO SECRETS" PROGRAM**

The Los Angeles City Attorney's "No Secrets" Program is an intervention and prevention program to help parents combat child sexual exploitation and abuse. The program is a collaboration between the Los Angeles City Attorney's Office and retired Los Angeles Police Department Detective Bill Dworin. Mr. Dworin is a nationally recognized expert in this field and has conducted training for local, state, and federal law enforcement officers throughout the United States. The program consists of both

a lecture and written materials explaining the ways to prevent sexual abuse and exploitation. In the lecture, Mr. Dworin explains the four main types of sexual predators: the stranger, the intra-familial abuser, the pedophile and the Internet predator. This 50-minute lecture can be modified for presentation to parents, children, or both. Real life examples are provided for each group, in an age-appropriate manner, to educate and empower the audience.

#### **PROJECT PARENT**

Project P.A.R.E.N.T. (Prevent Abuse through Respect, Education, Non-Violence & Training) is a child abuse prevention curriculum created by the Office of the City Attorney, in cooperation with the Los Angeles Unified School District (LAUSD), to educate parents and guardians of young children about child physical, sexual, and emotional abuse and neglect. Research shows that effective preventative parenting programs decrease the incidence of child abuse in families. Project P.A.R.E.N.T. targets the parents and caregivers of preschool children through traditional community channels such as schools, community centers, and churches. The City Attorney's Office, along with a child abuse expert and curriculum writer, drafted the curriculum to teach parents about child abuse prevention.

The Project P.A.R.E.N.T. curriculum consists of five 1½ hour sessions targeting small groups of parents and/or caregivers (8 to 15 people). A teacher's guide accompanies the curriculum, complete with handouts and group discussion exercises. The curriculum is currently being presented in over 500 participating classes for parents of pre-school students attending LAUSD pre-schools.



## **KID WATCH L.A.**

Kid Watch L.A. is a program designed to help keep elementary school children safe when they walk to and from school. The program recruits and trains citizen volunteers who look after children during the times they come and go to school. Kid Watch L.A. coordinators work with local school administrators to conduct outreach to parents and other volunteers, arrange fingerprinting sessions for volunteers, train volunteers on how to access emergency and non-emergency services, provide teachers with an appropriate curriculum to introduce the program to students, and conduct ongoing administrative support. Kid Watch L.A. is currently in over 50 LAUSD elementary schools.

## **CITY ATTORNEY TASK FORCE RECOMMENDATIONS FOR INVESTIGATING CHILD ABUSE REPORTED BY SCHOOLS**

On April 10, 2003 the Los Angeles City Attorney's Office and the Los Angeles Unified School District joined together with thirteen law enforcement jurisdictions and the Department of Children and Family Services held a summit identifying best practices for child abuse investigations. The aim was to ensure that the respective agencies: 1) protect child victims from further instances of physical, sexual or emotional abuse and neglect; 2) prevent abusers from committing future maltreatment through timely and effective investigations; and 3) successfully prosecute abusers. Participants at the Summit discussed the problems they face when working together on suspected child abuse cases.

Following the Summit, the City Attorney's Office assembled the Task Force on School-Based Child Abuse Investigations to discuss the best practices for coordinating the investigation of child abuse reports. In addition to the Los

Angeles City Attorney's Office, participants included the Los Angeles County District Attorney's Office, Los Angeles County Counsel, Los Angeles Sheriff's Department, Los Angeles Police Department, Hawthorne Police Department, Vernon Police Department, Monterey Park Police Department, LAUSD School Police, Department of Children and Family Services, LAUSD administrators and the Office of General Counsel for the LAUSD.

It is expected that in February 2006, the Task Force released the Task Force Recommendations for Investigating Child Abuse Reported by Schools. The report extensively addresses five critical areas including the accurate reporting of child abuse, how to determine which agency to call when making the initial report, critical time factors to consider, utilizing school police for child abuse investigations, and the importance of maintaining consistent communication among involved agencies.

## **GREEN TEAM LA**

Green Team LA is a voluntary, non-regulatory program that is free to all licensed child care facilities in the City of Los Angeles. The Los Angeles City Attorney's Office, along with the American Lung Association of Los Angeles County, the Environmental Affairs Department of the City of Los Angeles, and Physicians for Social Responsibility, work to identify and eliminate environmental hazards that put children, families and our communities at risk. Green Team LA provides workshops on reducing and mitigating environmental concerns around day care facilities, demonstrates how to conduct environmental self-assessments, and provides information about how to best address environmental risks.



## **STREET SMART PROGRAM**

In 2006, the City Attorney's Office will launch Street Smart, a new safe-driving program for local high school students. The goal of Street Smart is to educate youth who are preparing to drive. The program's curriculum includes subjects ranging from street racing and "DUIs" to practical information about obtaining a driver's license and car insurance. The Street Smart curriculum was created by prosecutors in the City Attorney's Office who specialize in traffic-related crimes and who were confronting an increasing number of young people involved in serious auto accidents, "hit and run" incidences, street racing and DUIs in their caseloads. Through Street Smart, these prosecutors work directly with students in the classrooms to help them prepare to drive safely.

## **PART TWO: PROSECUTION DATA**

The information which follows includes data on child abuse prosecutions (where the case has been filed, and the defendant has either pled guilty, been found guilty, been found not guilty, or their case has been dismissed), cases referred to the Los Angeles City Attorney Office's Hearing Program and the total number of child abuse victims assisted by the Victim Witness Assistance Program. Multi-year prosecution data and graphs are presented along with the ICAN category statistics.

### **A. PROSECUTIONS**

The 784 total child abuse/endangerment prosecution cases, which are presented for the City Attorney's Office for 2005, are described and subtotaled below. They are presented according to the state reporting categories of abuse whenever child abuse/endangerment offenses are charged against the defendant.

## **TOTAL ICAN OFFENSES- 784 CASE PROSECUTIONS WERE FILED IN CALENDAR YEAR 2005.**

During CY 2004, 2,363 child abuse/neglect cases were presented to the Los Angeles City Attorney's Office for possible criminal filings, while only 1841 cases were presented during CY 2005. This represents a 22% reduction in the number of ICAN-related cases presented to this Office by law enforcement agencies. The reduced referrals from law enforcement resulted in 784 cases filed in 2005 compared to 1063 in 2004.

In 2005, the Los Angeles City Attorney's Office filed 42.6% of ICAN-related cases submitted for consideration. The hearing rate for such cases was 36.2% and the rejection rate was 21.2%.

## **PROSECUTION OUTCOMES:**

Of those cases filed and completed in CY 2005, 91.86% of this Office's case prosecutions resulted in a conviction, 5.03% of case prosecutions resulted in dismissals, and 3.11% resulted in not guilty verdicts.

Case prosecutions completed by the Los Angeles City Attorney's Office during CY 2005 broke down into the ICAN categories presented below:



**SEXUAL ABUSE - 94 Case Prosecutions were filed in Calendar Year 2005.**

The cases in this category include prosecutions of the following Penal Code offenses:

- **P.C. Section 261.5**  
Unlawful sexual intercourse - minor.
- **P.C. Section 288a(b)**  
Oral copulation of a child under 18.
- **P.C. Section 288.2**  
Providing harmful material to child.
- **P.C. Section 647.6**  
Annoying or molesting children.

Following is a geographical breakdown by Los Angeles City Attorney Criminal Branch:

- **CHATSWORTH:** 9
- **CENTRAL/REYES:** 54
- **HOLLYWOOD:** 3
- **HILL/METRO:** 0
- **PACIFIC:** 1
- **SAN PEDRO:** 3
- **VAN NUYS:** 24

**EXPLOITATION - 8 Case Prosecutions were filed in Calendar Year 2005.**

The cases in this category include prosecutions of the following Penal Code offense:

- **P.C. Section 311.11**  
Exploitation of child victims by depiction of child in sexual conduct.

All 8 cases prosecutions were filed by the Central/Reyes Branch of the Los Angeles City Attorney's Office.

**PHYSICAL ABUSE - 142 Case Prosecutions were filed in Calendar Year 2005.**

Cases in this category include prosecutions of the following Penal Code offense:

- **P.C. Section 273D**  
Inflicting corporal punishment upon child resulting in traumatic condition.

Following is a geographical breakdown by Los Angeles City Attorney Criminal Branch:

- CHATSWORTH:** 12
- CENTRAL/REYES:** 106
- HOLLYWOOD:** 0
- HILL/METRO:** 0
- PACIFIC:** 2
- SAN PEDRO:** 2
- VAN NUYS:** 20

**SEVERE NEGLECT - 476 Case Prosecutions were filed in Calendar Year 2005.**

The cases in this category include prosecutions of the following Penal Code offenses:

- **P.C. Section 273a(a)**  
Willful harm or injury to child; endangering person or health under circumstances or conditions likely to produce great bodily harm.
- **P.C. Section 273a(b)**  
Willful harm or injury to child; under circumstances or conditions other than those likely to produce great bodily harm.
- **P.C. Section 278**  
Detainment or concealment of child from legal custodian.



Following is a geographical breakdown by Los Angeles City Attorney Criminal Branch:

<b>CHATSWORTH:</b>	<b>43</b>
<b>CENTRAL/REYES:</b>	<b>225</b>
<b>HOLLYWOOD:</b>	<b>12</b>
<b>HILL/METRO:</b>	<b>0</b>
<b>PACIFIC:</b>	<b>11</b>
<b>SAN PEDRO:</b>	<b>40</b>
<b>VAN NUYS:</b>	<b>145</b>

**GENERAL NEGLECT - 64 Case Prosecutions were filed in Calendar Year 2005.**

The cases in this category include prosecutions of the following Penal Code offense:

- **P.C. Section 272**

Contributing to the delinquency of a minor.

Following is a geographical breakdown by Los Angeles City Attorney Criminal Branch:

<b>CHATSWORTH:</b>	<b>11</b>
<b>CENTRAL/REYES:</b>	<b>23</b>
<b>HOLLYWOOD:</b>	<b>1</b>
<b>HILL/METRO:</b>	<b>0</b>
<b>PACIFIC:</b>	<b>4</b>
<b>SAN PEDRO:</b>	<b>9</b>
<b>VAN NUYS:</b>	<b>16</b>

**B. HEARINGS**

The City Attorney Hearings Program offers an innovative approach intended to intervene in cases which the filing deputy determines do not meet filing guidelines, but nonetheless require resolution other than rejection. In child abuse and neglect matters, cases are assigned to hearing officers who review the facts, educate participants as to what constitutes child abuse, admonish where appropriate and make referrals to a variety of services including parenting programs, drug and alcohol treatment and anger management. A successful hearing may prevent subsequent offenses and end the potential for escalation of crimes against children.

There were 666 child abuse/endangerment cases referred to the Los Angeles City Attorney Office Hearing Program in 2005 after review by an attorney for filing consideration.

**C. VICTIM WITNESS ASSISTANCE PROGRAM**

There were 492 child victims of crime who received services from the City Attorney Victim Assistance Program Service Coordinators during 2005. This is 49 more victims than the 443 child victims who received assistance during 2004. Program personnel indicate that their workload is consistent with previous years and that any increase is due to normal workflow variations which may occur between years.

**PART THREE: SIGNIFICANT FINDINGS**

The 784 filed cases represented in this report for 2005 is a decrease of 279 cases from last year (or 26.25% less than the 1,063 case prosecutions which took place during 2004). As referenced earlier, this decrease is a result of a 22% decrease in the number of cases presented to the City Attorney's Office from law enforce-



ment for filing consideration between CY 2004 and CY 2005. Due to our concern over the drop in referrals, the City Attorney's Office will make inquiries of LAPD as to the reason for the reduction

**PART FOUR: STATUS REPORT ON  
PROGRESS IN IMPLEMENTING ICAN  
POLICY COMMITTEE RECOMMEN-  
DATION**

**Recommendation One (Nov. 2001):  
Child Abuse and Domestic Violence**

In order to better assess the nexus between domestic violence and child abuse, this report includes data on domestic violence cases which are filed in combination with any child abuse count, including child endangerment cases, based on the fact that children were present and impacted during the commission of a criminal act of domestic violence. Domestic Violence offenses queried for this data include Penal Code Sections 273.5, 273.6 and 243e if they are alleged as any count in the complaint filed.

Statistics for Calendar Year 2005 indicate that of the 194 domestic violence cases reviewed during Calendar Year 2005 which included possible child abuse counts, 190 cases were filed.



Figure 1

**BAR CHART OF ICAN CASES RECEIVED FOR FILING CONSIDERATION BY THE LOS ANGELES CITY ATTORNEY'S OFFICE  
Calendar Years 2002-2005**

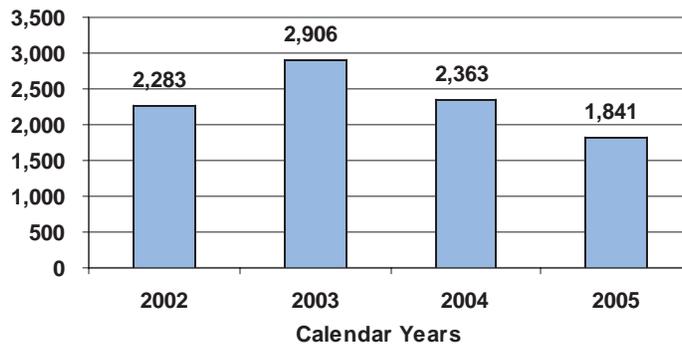


Figure 2

**BAR CHART OF ICAN CASE PROSECUTION OUTCOMES  
Calendar Years 2002-2005**

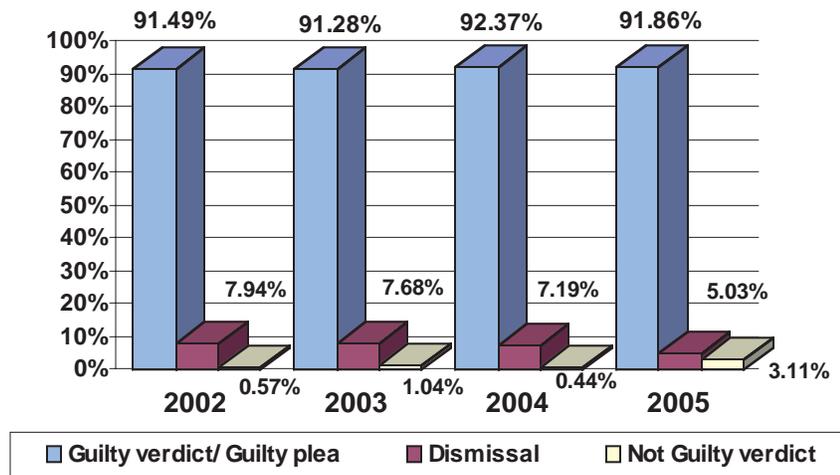
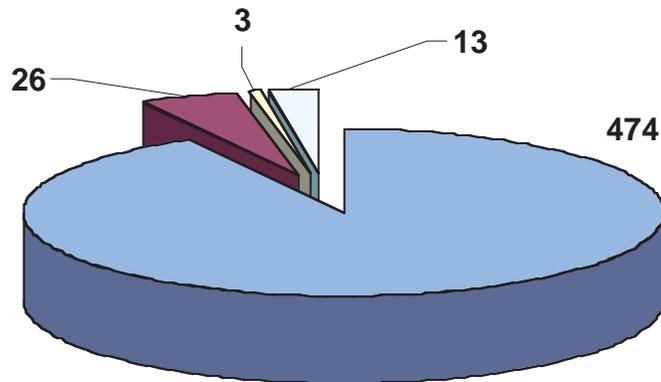




Figure 3

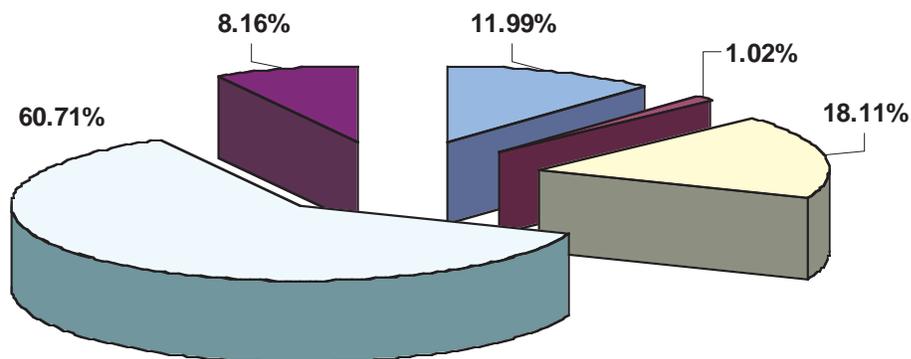
**GRAPH OF TOTAL ICAN CASE PROSECUTIONS  
COMPLETED BY THE LOS ANGELES CITY ATTORNEY'S OFFICE IF  
'Child Abuse Offense is any Count in the Complaint Calendar Years 2004**



■ Guilty Pleas/ Guilty Verdicts ■ Dismissals ■ Not Guilty Verdicts □ Other

Figure 4

**GRAPH OF TOTAL CHILD ABUSE/ NEGLECT CASE PROSECUTIONS  
for CY 2005-Percent Breakdown by ICAN Category**



■ SEXUAL ABUSE ■ EXPLOITATION  
■ PHYSICAL ABUSE ■ SEVERE NEGLECT  
■ GENERAL NEGLECT



**PART FIVE: GLOSSARY OF TERMS**

**A. Case** - A case handled by the Los Angeles City Attorney's Office represents a defendant who has been charged with any of the ICAN offenses.

**B. Completed Prosecution** - The completed prosecution data presented in this report includes cases where a criminal case against a defendant has been filed, processed through the criminal courts and has resulted in a final case disposition. These case dispositions can include guilty or no contest pleas, guilty verdicts, dismissals, or not guilty verdicts.

**C. Office Hearing** - City Attorney office hearings are used to intervene in cases which the filing deputy has determined do not meet filing guidelines, but nonetheless require resolution other than rejection. In child abuse and neglect matters, cases are assigned to hearing officers who review the facts, educate participants as to what constitutes child abuse, admonish where appropriate, and make referrals to a variety of services including parenting programs, drug and alcohol treatment and anger management.

**D. Victim Witness Assistance Program** - The Los Angeles City Attorney Victim Witness Assistance Program provides state mandated services to victims of crime. Types of services provided include: Crisis Counseling, Resource & Referral Information, Orientation to the Criminal Justice System, Court Support, and assistance in filing for the State Victims of Crime Compensation Program for incurred losses such as mental health counseling expenses.

**E. P.A.R.E.N.T.** - Prevent Abuse through Respect, Education, Non-Violence & Training

# THE CHILD ADVOCATES OFFICE/ CASA OF LOS ANGELES AGENCY REPORT







## **CASA OF LOS ANGELES**

CASA of Los Angeles, also known as the Child Advocates Office, is a special volunteer program of the Superior Court. CASA stands for Court Appointed Special Advocate. The mission of the program is to improve the lives of children in the foster care system. CASA volunteers do this, one child at a time, by making sure these children receive the support and help to which they are entitled. Toward this end, CASA of Los Angeles recruits, trains, and supervises community volunteers who are appointed by Dependency Court judges to the cases of specific children to independently investigate the circumstances of the child's life, monitor compliance with court orders, facilitate the provision of court-ordered services, and advocate for the best interests of the child in court and in the community.

## **ABOUT THE CASA PROGRAM**

CASA of Los Angeles is a member of the National Court Appointed Special Advocate Association, which sets standards for all CASA programs. There are CASA programs in all 50 states, Washington, D.C. and the U.S. Virgin Islands. Each state sets standards for its programs. In California, the legal rights and responsibilities of CASA programs and CASA volunteers are outlined primarily in Welfare & Institutions Code sections 100 through 109, and also may be found in other sections of the Welfare and Institutions Code and in rule 1424 of the California Rules of Court. The Judicial Council has oversight responsibility for monitoring California CASA programs for compliance with state standards. There are currently 42 CASA programs statewide, all of which are members of the California CASA Association. CASA of Los Angeles was founded in 1978 by the Superior Court of Los Angeles County and is one of the oldest CASA programs in the United States.

CASA volunteers are supported in their work by qualified professional staff who include: the Executive Director, Bryan Borys, Ph.D., the Assistant Director, 13 Program Supervisors, one Intake Coordinator, one Recruitment/Training Coordinator, and five Program Assistants. The program's main office is located at the Edmund D. Edelman Children's Court in Monterey Park; a satellite office is located at McCourtney Juvenile Justice Center in Lancaster.

CASA of Los Angeles is a program designed to bring to the court a community perspective about the needs of children. It is also a program dedicated from its inception to permanence for children. Welfare and Institutions Code section 104 specifically charges the CASA volunteer with:

- making an independent investigation of the circumstances surrounding a case, including interviewing and observing the child and other appropriate individuals, and reviewing appropriate records and reports;
- reporting the results of the investigation to the court;
- following the directions and orders of the court and providing any other information specifically requested by the court.

Welfare and Institutions Code section 107 authorizes a CASA volunteer, upon presentation of his or her Court Appointment Order, to inspect and copy any records related to the child held by any agency, hospital, school, organization, division or department of the state, or any physician, surgeon, nurse, other health care provider, psychologist, psychiatrist, police department or mental health clinic, without the consent of the child or the child's parents.



While CASA volunteers work closely with other advocates for the children, such as attorneys and social workers, CASA's investigation and reports to the court are independent and separate. CASA volunteers gather information from many sources, but they are required to take an oath of confidentiality and may share information only with the court and parties to the case.

CASA volunteers are not permitted to provide direct services to the children for whom they are appointed without authorization from the court. While it is not the role of a CASA volunteer to provide services that the Department of Children and Family Services is charged with providing, exceptions may be made when a child's situation sorely needs immediate action. A CASA may, therefore, request authorization from the court when a task involves such services as assessing a potential placement, taking a child for an evaluation, or taking a child for court ordered sibling visits, etc.

Cases of specific children are referred directly to the CASA program by Dependency Court judicial officers, often at the request of a child's attorney or social worker. All referrals for a CASA volunteer must be formally submitted on a referral form signed by the judicial officer hearing the case.

CASA volunteers are not assigned to be mentors for children, although, depending on the age and situation of the child, a CASA volunteer may fill such a role in the course of performing his or her advocacy duties. Children served by CASA volunteers range in age from birth to 21 years, some of whom may have emotional, medical, or developmental disabilities. CASA volunteers are not appointed for a child when the program determines that appropriate services are being provided for the child, nor are they appointed to children in the Delinquency Court.

A CASA volunteer remains on a case until the advocacy issues have been resolved for the child. Cases may last from a few months to several years. Prospective volunteers are asked to make an initial commitment of one year to the program; however, approximately 95% of volunteers go beyond the one-year commitment, and many remain with the program for five years or longer.

## **TRAINING AND SUPERVISION**

Prospective CASA volunteers are screened by means of a written application, criminal records background check, in-depth personal interviews by supervisory staff, and, if accepted for training, by observation of their participation throughout the training sessions. Those accepted for training are required to successfully complete 36 hours of in-class training before being sworn in as officers of the court by the Presiding Judge of Juvenile Court. The training curriculum includes:

- the effects of trauma on the developing child;
- the dynamics of abusive families;
- the Dependency Court process and laws;
- the social services and child welfare systems;
- mental health and educational advocacy;
- cultural awareness;
- roles and responsibilities of a CASA;
- CASA court report writing.

CASA volunteers are also required to complete 12 hours of continuing education annually.



After completing training, the CASA volunteer is assigned to a case of a child or sibling group under the supervision of a professional Program Supervisor, who provides guidance, support and expertise to the CASA volunteer throughout the CASA volunteer's appointment. Program Supervisors maintain frequent contact with CASA volunteers under their supervision, and review and approve all court reports and any case related correspondence prepared by the CASA volunteer.

### **ADDITIONAL SERVICES**

CASA serves children and youth with developmental disabilities, severe emotional disturbances, and/or history of psychiatric hospitalizations. CASA volunteers receive specialized training and supervision. Effective advocacy requires specialized knowledge of the organic and non-organic challenges facing this vulnerable population as well as complex procedures involved in securing services and placements from the Department of Mental Health and/or Regional Centers.

Most CASAs are involved in **Educational Advocacy** on behalf of their CASA child, and many CASAs are appointed by the court as the Responsible Adult for Educational Purposes, also known as surrogate parent for educational purposes. These CASAs attend the child's school meetings, monitor progress, initiate and participate in Individualized Educational Plans (IEPs), and work to ensure the child's educational needs are being met.

While the major focus of CASA of Los Angeles is its CASA program, some CASA volunteers help children as **Children's Court Assistants (CCA)**. CCA volunteers explain the Court process, in age-appropriate language, to children waiting to go to court for the first time.

They speak with children in the Shelter Care Activity Area at Edelman Children's Court prior to their hearings, escort them to and from the courtrooms, and are available to assist any child who may need emotional support before or after a hearing. Their overall goal is to ease children's anxieties and be responsive to their needs when they attend court hearings. **In CY 2005, CCA volunteers donated 4,527 hours to assist a total of 7,486 children attending hearings at the Children's Court.**

### **FUNDING**

CASA of Los Angeles is funded by a public/private partnership. It is a special program of the Juvenile Division of the California Superior Court of Los Angeles County and also receives funding from a private sector partner, Friends of CASA, a 501(c)(3) non-profit charitable organization. This partnership has been in effect since 1983. Over the years, contributions to Friends of CASA have allowed the CASA program to grow in order to meet the needs of increasing number of children in foster care who need a CASA volunteer. Friends of CASA is located in the CASA of Los Angeles office at Edelman Children's Court in Monterey Park.

### **ABOUT THE CHILDREN**

CASA of Los Angeles collects demographic information only on children specifically assigned a CASA volunteer by the court. **CASA volunteers served 500 children in this capacity in CY 2005.** (This number does not include the number of children served monthly by Children's Court Assistant volunteers who assist groups of children on a day to day basis at the Edelman Children's Court.)



Figure 1

**AGE OF CHILDREN APPOINTED A CASA DURING 2005**

AGE	TOTAL	PERCENTAGE
0-5	65	13%
6-11	176	35%
12-17	234	47%
18+	25	5%
<b>TOTAL</b>	<b>500</b>	<b>100%</b>

Figure 2

**GENDER OF CHILDREN APPOINTED A CASA DURING 2005**

GENDER	TOTAL	PERCENTAGE
Male	219	44%
Female	281	56%
<b>TOTAL</b>	<b>500</b>	<b>100%</b>

Figure 3

**ETHNICITY OF CHILDREN APPOINTED A CASA DURING 2005**

ETHNICITY	TOTAL	PERCENTAGE
African American	246	49%
Asian/Pacific Islander	3	.5%
Hispanic/Latino	137	27%
Multi-Racial	14	3%
Native American	4	.5%
Other	15	3%
White/Non-Latino	84	17%
<b>TOTAL</b>	<b>500</b>	<b>100%</b>

**ABOUT THE VOLUNTEERS**

During CY 2005, 298 volunteers served with the CASA of Los Angeles program. The volunteers are responsible adults who must be at least 21 years of age, have the time flexibility to attend training, court hearings, case conferences, treatment team meetings and school conferences, and be able to maintain frequent face-to-face visits with the children to whom they are appointed.

Prospective volunteers are fingerprinted and must clear a criminal records background check. They must also be willing to drive, show proof of auto insurance coverage, and have a valid California driver's license.

Figure 4

**AGE OF CASA VOLUNTEERS DURING 2005**

AGE	TOTAL	PERCENTAGE
21-29	246	5%
30-39	3	10%
40-49	137	19%
50-59	14	28%
60+	4	38%
<b>TOTAL</b>	<b>15</b>	<b>100%</b>

Figure 5

**GENDER OF CASA VOLUNTEERS DURING 2004**

Gender	Total	Percentage
Male	50	17%
Female	280	83%
<b>TOTAL</b>	<b>330</b>	<b>100%</b>



**Figure 6**

**ETHNICITY OF CASA VOLUNTEERS  
DURING 2005**

<b>ETHNICITY</b>	<b>TOTAL</b>	<b>PERCENTAGE</b>
<b>African American</b>	31	10%
<b>Asian/Pacific Islander</b>	7	3%
<b>Hispanic/Latino</b>	39	13%
<b>Other</b>	36	12%
<b>White/Non-Latino</b>	185	62%
<b>TOTAL</b>	<b>298</b>	<b>100%</b>

**Figure 7**

**EMPLOYMENT STATUS OF  
CASA VOLUNTEERS DURING 2005**

<b>STATUS</b>	<b>TOTAL</b>	<b>PERCENTAGE</b>
<b>Full Time</b>	104	35%
<b>Part Time</b>	24	8%
<b>Retired</b>	62	21%
<b>Self-Employed</b>	3	.5%
<b>Student</b>	2	.5%
<b>Other</b>	103	35%
<b>TOTAL</b>	<b>298</b>	<b>100%</b>



# LOS ANGELES COUNTY PUBLIC DEFENDER'S OFFICE

## AGENCY REPORT







## **THE LOS ANGELES COUNTY PUBLIC DEFENDER'S OFFICE**

The Office of the Public Defender provides legal representation in the courts of Los Angeles County to indigent persons charged with criminal offenses. Established in 1914, the Los Angeles County Public Defender's Office is both the oldest and the largest full service local governmental defender in the United States, with offices in 38 separate locations throughout the County. The Public Defender employs over 1,000 staff members, comprised of over 687 budgeted Deputy Public Defender positions as well as an additional 32 managing attorneys, supported by paralegals, psychiatric social workers, investigators, secretaries and clerical staff. The Public Defender represents:

- 1) adults charged with felony and misdemeanor offenses;
  - 2) children charged in juvenile delinquency cases;
  - 3) clients charged in sexually violent predator cases;
  - 4) mental health commitment cases;
  - 5) civil contempt matters;
  - 6) pre-judgment appeals and writs; and
  - 7) post-conviction relief including areas of police misconduct and domestic violence.
- In fiscal year 2005-2006, the Public Defender represented clients in approximately 167,726 felony-related proceedings, which represents a nearly sixty percent increase from fiscal year 2004-2005; 327,157 clients in misdemeanor-related proceedings, which represents a fourteen percent decrease from fiscal year 2004-2005; and 41,252 juvenile clients in juvenile delinquency proceedings.

While continuing to provide the highest quality legal representation to clients in a cost

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

Accordingly, the Public Defender and his representatives are actively involved in Domestic Violence Courts, Juvenile Mental Health Treatment Court, Drug Treatment Courts and Proposition 36 Courts. When a person is convicted of a nonviolent drug possession offense, under Proposition 36, he or she must be sentenced to probation and ordered to complete a drug treatment program. Eligible persons can not be sentenced to prison or jail. (Pen. Code § 1210.1, subd. (a).) Once sentenced under Prop. 36, persons may be imprisoned only if probation is revoked. Assuming that a violation is drug-related, a defendant can may normally have probation revoked only upon violating probation on a third occasion. (Pen. Code § 1210.1(e).) Similar provisions apply if the person is on parole. (Pen. Code § 3063.1.) If a defendant completes drug treatment, the conviction maybe expunged. They also participate on committees which collaborate and provide oversight regarding issues in these areas.



## THE JUVENILE JUSTICE SYSTEM

Within the Juvenile Justice system, the Office of the Public Defender continues to be proactive and successful not only in providing quality representation addressing the liberty interests of children charged in juvenile delinquency proceedings, but also by accomplishing a broader agenda to better the lives of the children and their families who become subject to the juvenile court system. The Los Angeles County Public Defender's Juvenile Division now handles over 40,000 cases involving children in delinquency courts each year. Many children enter the Juvenile Justice system with serious, long standing, and unaddressed educational and psychosocial problems that significantly contribute to their troublesome behavior. The underlying issues are mental health and substance abuse problems, cognitive learning disabilities, developmental disabilities, and the results of sexual abuse, physical abuse and neglect. A 2003 study published by the United States General Accounting Office revealed that in fiscal year 2001-2002, child welfare directors in nineteen states and juvenile justice officials in 30 counties surveyed reported that parents placed over 12,700 children into the child welfare or juvenile justice systems solely to obtain mental health services.

Some studies suggest the rate of such disabling conditions among incarcerated children might be as high as 70 percent. According to the Juvenile Court Judges of California, 50 percent of all children in the juvenile delinquency system have undetected learning disabilities. Learning disabilities affect cognitive systems related to perception, attention, language, and the symbolization abilities required to learn to read and/or carry out mathematical calculations in an automatic manner. Clearly, youth with disabilities are over represented in the Juvenile Justice system. One

study from the National Center on Education, Disability and Juvenile Justice noted that the prevalence of youth with disabilities is three to five times greater in juvenile corrections than in public school populations.

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

Unfortunately, many of these disabilities are not diagnosed until these children appear in the Juvenile Justice system, and even then, all too often the juvenile delinquency system focuses only on the specific behavior or circumstances that bring delinquent children to the attention of law enforcement and the courts.



For any number of reasons, until recently, the system failed to pay sufficient attention to the serious underlying issues that often lead children into juvenile court charged with criminal or status offenses. A November 2004 White Paper prepared by FIGHT CRIME: INVEST IN KIDS California, a bipartisan, anti-crime organization of over 300 California sheriffs, police chiefs, district attorneys and victims of violence, noted that at least 80% of youthful offenders have a mental disorder, and that at least 20% of youthful offenders suffer from serious disorders such as schizophrenia, major depression, and bipolar disorder; furthermore, over 50% of youthful offenders have dual diagnoses (i.e., more than one mental disorder, including learning and substance disorders).

### **JUVENILE ALTERNATIVE DEFENSE EFFORT**

Pursuant to the direction of Public Defender Michael P. Judge, beginning in 1999 the Public Defender's office initiated an innovative and comprehensive plan known as the Juvenile Alternative Defense Effort ("JADE"), designed to bring critically needed services to the children in juvenile delinquency courts. JADE consists of two components: the Client Assessment Recommendation Evaluation ("CARE") Project and the Post Disposition Program.

The holistic advocacy approach already embodied by and practiced in the Public Defender's Office was recognized through the adoption of Rule 1479 of the California Rules of Court on July 1, 2004. Rule 1479 suggests guidelines for all juvenile court defense attorneys to follow for effective advocacy that acknowledges the dual role which the Public Defender's Office had adopted: one of defending against charges filed in the petition and

determining whether the child is appropriately in the juvenile delinquency court, as well as advocating on behalf of the child to ensure that the child receives appropriate care, treatment, and guidance especially in the areas of education and mental health.

### **CARE PROJECT- PRE DISPOSITION COMPONENT**

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

Currently through the CARE Project, Los Angeles County Deputy Public Defenders collaborate with a multi-disciplinary team of psychiatric social workers, mental health professionals, resource attorneys, and other clinicians, from the earliest stage of the juvenile delinquency proceedings through disposition. Currently the Public Defender CARE Project employs seventeen psychiatric social workers and four resource attorneys, as well as an three additional resource attorneys dedicated to the CYA Unit. The psychiatric social workers prepare an assessment of a juvenile client to



determine the child's special needs, whether developmental, emotional, or psychological. Based on the assessment, an effective and individualized treatment plan is created to address the issues that put youth at risk for delinquent behavior and which aims to significantly reduce the likelihood of recidivism. The psychiatric social workers also provide consultation services which include early intervention to identify needed services, as well as client support during the court process, advocacy with school systems, and recommendations for disposition plans in difficult cases.

The Public Defender resource attorneys advocate on behalf of juvenile clients to assure accountability by various outside agencies that are obligated to provide services to address the child's educational and mental health needs. In reviewing school and mental health records and appearing at administrative hearings before schools and the regional centers, the attorneys work to ensure that children receive appropriate special education services in the school districts, and that the Regional Center system accepts eligible clients and provides needed services to the children. The success rate in obtaining services previously denied, both by schools and the Regional Center system, has been very high. In fiscal year 2005-2006, the Public Defender's Office assisted 128 children to obtain Regional Center services.

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

encompass a holistic approach individually tailored to the particular needs of each unique client.

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

Psychosocial assessments often help to determine whether the child represents a risk to the community and constitute the basis for effective treatment plans likely to reduce re-offending by addressing the issues that otherwise would put the child at risk for further delinquent behavior. The psychiatric social workers interview the juvenile clients along with their family members and other involved parties, such as school counselors, team coaches, dependency court social workers, foster parents and therapists. At the discretion of the Deputy Public Defenders, CARE Project psychiatric



social workers prepare reports for the Deputy Public Defenders to present to the court. The information developed by the psychiatric social workers plays a key role in assisting the Deputy Public Defenders to individualize and humanize the perception of each child by busy bench officers, who otherwise would not have the advantage of in-depth evaluations and insight about each child and awareness of services available to implement an effective treatment plan. Consequently, more appropriate services are rendered to children and families to reduce recidivism while continuing to hold minors accountable.

Additionally, four Deputy Public Defenders serve as resource attorneys. These attorneys enhance the CARE Project's advocacy in the areas of special education and mental health for children who otherwise would not receive necessary mental health and educational services mandated by state and federal law. CARE Project resource attorneys ensure that children with educational difficulties have current Individual Education Plans ("IEPs"), which identify special education needs and define specific services to be provided. In addition, they facilitate special program referrals to agencies such as the Regional Center system, which provides services for children with developmental disabilities. Resource attorneys also garner Department of Mental Health entitlements for their juvenile clients and provide consultation for other Deputy Public Defenders on complicated cases involving children coming from the dependency court system.

By referring clients for evaluation, identification, and intervention at the pre-trial stage, the Public Defender's Office focuses on abating the behaviors that prompted the filing of the juvenile petition in these cases. By beginning to design disposition plans at an early stage, members of the CARE Project team are able to provide the court with a better assessment of the

minor's needs, present reasonable recommendations for appropriate conditions of probation, and identify resources that will assist the minor and his/her family to responsibly satisfy the conditions of probation. This approach enables the court to make orders that will foster accountability by both the minor and the system.

Since the 1999 inception of the pre-adjudication component of the CARE Project through June 2006, 9,536 children have received project services. In fiscal year 2005-2006 alone, 5,768 services were provided to 1,168 new clients. On average, each child served received approximately five services from the Project. Although the Project fell slightly short of its target of providing services to 1,200 children, it should be noted that CARE served only 29 fewer (less) children for fiscal year 2005-2006 as compared with the prior fiscal year and yet provided 1,091 more services for fiscal year 2005-2006. The referrals involved a variety of consultation services including psychosocial and educational assessments, early intervention to identify services, referrals to community resources (such as 12-step programs for alcohol and substance base, and after school activities such as the YMCA and parenting classes), crisis intervention referrals during the court process, and recommendations for disposition plans and conditions of probation in difficult cases. A significant number of these dispositions were for placements that provided treatment for a problem identified in the assessment process, or the minor was permitted to remain in the home while receiving treatment services in the community. Many of these children are wards of both the delinquency and dependency court systems and are themselves victims of abuse and neglect.

The current beneficiaries of the integrated components of these programs are the children, together with their families and communities, who receive services from attorneys, psychiatric



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

Overall, for fiscal year 2005-2006, the Los Angeles County Juvenile Courts have followed the program's recommendations in approximately 80% of the cases in which Extended Services were provided in the pre-adjudication component of the program. Judicial officers have stated that the evaluations are invaluable in making the courts better equipped to identify those youth with emotional or developmental issues.

### **POST DISPOSITION PROGRAM**

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

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

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

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

The Post Disposition Program likewise continues to maintain a consistent rate of success in convincing Juvenile Court judges throughout the ten Los Angeles County Juvenile Court locations that, in appropriate cases, children in juvenile camps should be removed



and placed in an environment more conducive to receiving necessary treatment and services otherwise not available in the camp setting. When returned to court for presentation of the alternative plan by the Deputy Public Defender and the psychiatric social worker, the Juvenile Courts granted over ninety percent of these motions, finding a change of circumstance in the discovery of otherwise unnoticed mental, emotional or educational needs.

Consequently, the overwhelming majority of proposed alternative dispositions have been granted to remove the child from camp and place the child in an alternative setting that better addresses the child's individual needs. Of the 825 total cases handled by the Post Disposition Program since the program's inception in November 1999 through June 2005, the Post Disposition Program has enjoyed a ninety-six percent (96%) success rate in convincing courts to pursue alternative dispositions, and judges continued camp placement for less than five percent (5%) of the referrals.

- Alternative dispositions involved one of the following situations:
- A less restrictive setting whereby the minor was either suitably placed in a Girls' or Boys' Home, or the minor was sent home to his/her family with specific conditions of probation including counseling;
- The camp order remained in full force and effect; however, the minor was released home on a Court Furlough with specific conditions of probation;
- The minor was released from Camp and was placed in the Regional Center system for mental health/educational issues;
- The minor was placed in a mental health facility.

The Public Defender's Office continues to collaborate with the Probation department in identifying children who qualify for placement in a less restrictive setting and has succeeded in returning children to the community with appropriate treatment and support in the overwhelming majority of cases. In the vast majority of cases, the Deputy Public Defenders, through collaboration with Probation, have convinced courts to change dispositions by removing children from the community camp placement setting into more appropriate alternative placements. Overall, since inception of the Post Disposition Program in November 1999, approximately forty percent of clients whom the Public Defender assisted in the Post Disposition Program were successful, meaning that those minors either had remained at the placement or home, did not have a subsequent petition filed against him/her, or were not returned to camp.

## THE CYA UNIT

The passage of SB 459, effective January 1, 2004, gave the Juvenile Court continuing jurisdiction over minors sent to the California Youth Authority ("CYA"), which was recently renamed the Division of Juvenile Justice ("DJJ"). SB 459 was a legislative attempt to ensure that courts take an active role in supervising minors who are committed to DJJ by mandating the following:

- 1) Juvenile Courts are now required to set a maximum term of confinement;
- 2) DJJ is required to set a parole consideration date within 60 days of the commitment of a ward; and 3) DJJ must prepare a treatment plan for each ward, provide these reports to the Juvenile Court and to the Probation Department, and provide written periodic reviews at least annually. The Public Defender now has the duty to monitor treatment provided at DJJ. Three



experienced Deputy Public Defender resource attorneys have been assigned to the Department's CYA unit, created in the summer of 2005, to monitor these clients.

The CYA Unit serves approximately 300 clients currently housed at DJJ institutions throughout the state. All clients are visited by their Public Defender CYA Unit attorneys. They also may reach their lawyer by telephone. The attorneys have developed working relationships with the clients' DJJ counselors, as well as with other staff at the institutions. They work to obtain their clients' prior mental health and education records, and they also review DJJ documents in order to assess current services.

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

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

ment as determined pursuant to this section."

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

## JUVENILE MENTAL HEALTH COURT

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



The attorney works with the family, local mental health organizations, school districts, the Regional Center system, the Probation Department, and the Department of Children and Family Services to obtain for the child every benefit to which he or she is legally entitled. Implementation of the plan is monitored intensively on an ongoing basis for two years or as long as the minor remains on probation. One goal of JMHC is to reduce recidivism in the mentally ill population. Since its inception in October of 2001, JMHC has accepted 188 children. In fiscal year 2005-2006, the JMHC program accepted 52 new cases.

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

## **JUVENILE DRUG TREATMENT COURT**

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

Minors participate in the program voluntarily. In the pre-adjudication program, charges are suspended during the minors' participation,

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

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

Juvenile Drug Court Treatment providers direct participating minors through a 52-week curriculum which includes drug treatment, drug testing, frequent court appearances and individual as well as group counseling. The programs are divided into three phases:



- 1) phase one focuses on stabilization, orientation and assessment,
- 2) phase two emphasizes intensive treatment, and
- 3) phase three focuses on transition back to the community.

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

There currently are three Juvenile Drug Treatment Courts operating in three juvenile court locations: Sylmar, in operation since 1998; Eastlake, which began operations in 2001; and Inglewood, which began operations in April 2004. Both Eastlake and Sylmar have pre-adjudication as well as post-adjudication Juvenile Drug Treatment Courts in place. Inglewood's Juvenile Drug Treatment Court is pre-adjudication only.

# APPENDICES

CATEGORIES OF ABUSE	373
DATA/INFORMATION SHARING	
COMMITTEE BIOGRAPHIES	375





## CATEGORIES OF ABUSE

A significant accomplishment of the Los Angeles Inter-Agency Council on Child Abuse and Neglect Data/Information Sharing Subcommittee in the 1980's was to provide Los Angeles area agencies with a common definition of child abuse to serve as a reporting guideline. One purpose of this effort was to achieve compatibility with reporting guidelines used by the State of California. Additionally, it was hoped that a common definition would enhance our ability to better measure the extent of our progress and our problems, independent of the boundaries of particular organizations. As you read the reports in this document you will see that this hope is certainly being realized.

Since their inception, the definitions have increasingly been applied by ICAN agencies with each annual report that has been published. This year's Data Analysis Report is no exception. This year, more than half of the reporting agencies have been able to apply them to their reports in one way or another.

The Data/Information Sharing Subcommittee hopes that as operational automated systems are implemented and enhanced by ICAN agencies, these classifications will be considered and more fully institutionalized. We believe that over time, their use will enable the agencies to achieve a more unified and effective focus on the issues.

The seven reporting categories are defined as follows:

### PHYSICAL ABUSE

A physical injury which is inflicted by other than accidental means on a child by another person. Physical abuse includes deliberate acts of cruelty, unjustifiable punishment, and violence towards the child such as striking, throwing, biting, burning, cutting, twisting limbs.

### SEXUAL ABUSE

Any sexual activity between a child and an adult or person five years older than the child. This includes exhibitionism, lewd and threatening talk, fondling, and any form of intercourse.

### SEVERE NEGLECT

The child's welfare has been risked or endangered or has been ignored to the degree that the child has failed to thrive, has been physically harmed or there is a very high probability that acts or omissions by the caregiver would lead to physical harm. This includes children who are malnourished, medically diagnosed nonorganic failure to thrive, or prenatally exposed to alcohol or other drugs.

### GENERAL NEGLECT

The person responsible for the child's welfare has failed to provide adequate food, shelter, clothing, supervision, and/or medical or dental care. This category includes latchkey children when they are unable to properly care for themselves due to their age or level of maturity.

### EMOTIONAL ABUSE

Emotional abuse means willful cruelty or unjustifiable inappropriate punishment of a child to the extent that the child suffers physical trauma and intense personal/public humiliation.





## DATA/INFORMATION SHARING COMMITTEE



### BIOGRAPHIES

#### **Judith H. Bayer, Committee Chairperson**

Judy currently is a supervising attorney for the Litigation and Training Division of the Office of the Los Angeles County Counsel. She is responsible for coordinating the attorney training program and for the supervision of ten dependency courts. She also serves as the County Counsel ICAN representative, and supervises dependency/delinquency cross-over cases and mediation. During the sixteen years she has been with County Counsel, Judy has been a trial attorney, lead attorney, and courtroom supervisor. She has conducted training programs for new attorneys, social workers, the district attorney's office, and various other public agencies. Prior to becoming an attorney, Judy was a teacher and a pre-school director.

#### **Nora J. Baladerian, Ph.D**

Nora is a clinical psychologist and is the Director of the Counseling Center of West Los Angeles. She is also the Director of the Disability, Abuse and Personal Rights Project. She is the Project Coordinator for the CAN DO! Project, Child Abuse & Neglect Disability Outreach Project, under ARC Riverside. She has been involved in issues related to child abuse in general since 1972, and for children with disabilities since 1975. She conducts research and training programs for disability and protective services personnel, and coordinates the annual National Conference on the abuse of children and adults with disabilities. She is the author of several guidebooks and articles on this issue.



**Pamela Booth, JD**

Pam is currently the Director of Branch and Area, Region II for the Los Angeles County District Attorney's Office. The Region covers the courts located in the Alhambra, Pomona, Norwalk, Long Beach and Compton judicial districts. In this capacity, she supervises many of the deputies assigned to the Victim Impact Program (VIP) who work closely providing vertical prosecution in cases alleging child abuse. Prior to this assignment, she served as the Head Deputy for the Family Violence Division and the Sex Crimes Division. Pam is the Chair of the Los Angeles County Domestic Violence Council, a co-chair of the ICAN Child Death Review Team, a co-chair of the Los Angeles County Domestic Violence Death Review Team and a co-chair of the ICAN/Domestic Violence Task Force on Children in Homes with Domestic Violence.

**Sarita Carden**

Sarita is a Program Supervisor at the Child Advocates Office/CASA of Los Angeles. During her 12 years as a child advocate, she served as a CASA volunteer before joining the staff of CASA of Los Angeles in 2000. As Supervisor she provides guidance, support and expertise to CASA volunteers appointed by a dependency court judge to advocate for the best interests of abused, neglected, and abandoned children. She has a B.A. in Human Development and is currently working on an M.A. in Human Development, with a specialization in Social Change, from Pacific Oaks College.

**Olivia Carrera**

Olivia is a Field Representative for the State of California Department of Justice Child

Protection Program (CPP). The CPP is responsible for maintaining the Child Abuse Central Index, California's registry of child abuse investigation reports. Olivia has been employed by the Department of Justice since 1982 having represented various programs such as the Violent Crime Information Center and the California Anti-Terrorism Information Center.. Olivia provides outreach training and is involved with legislative review and special projects for the Child Protection Program. She is a coordinator for the State Child Death Review Board and support staff to the Attorney General Child Abuse Neglect and Reporting Act Task Force. Olivia obtained her Bachelor of Arts degree in Criminal Justice from California State University, Sacramento.

**Christopher D. Chapman, MA**

Chris is a Programmer Analyst with the Los Angeles County Internal Services Department, Information Technology Service. Christopher has been with the County's Internal Services Department since January 1999, where he supports the ICAN Office and other County Departments with over 15 years of experience in Desktop Publishing, Graphic Design and Internet Development. Chris received a Masters Degree in Organizational Management along with two other degrees, one in Visual Design and the other in Business Management.

**Robert M. Cuen**

Robert is currently a staff attorney for the Los Angeles Unified School District. His service with the District began in 1996. Since that time, he has represented the District and school personnel in all school law related matters in both state and federal courts and administrative hearings. Also, Robert responds to the day-to-



day legal needs of district staff. Prior to L.A.U.S.D., Robert was an associate at a private law firm representing municipalities and other public entities in employment related matters.

### **Jeanne Di Conti, JD**

Jeanne is a Deputy City Attorney with the Los Angeles City Attorney's Office, Ethics, Legislation & Trial Support Section. Since starting with the Office in 1975, she has worked with a variety of databases related to the Criminal Branch. She has been a member of the ICAN Data/Information Sharing Committee since 1989.

### **Ana Maria Correa**

Ana Maria Correa is the Division Manager for the Social Services Systems Division (SSSD) of the Los Angeles County Internal Services Department, Information Technology Service (ISD/ITS). SSSD supports four County Departments: Child Support Services (CSSD), Children and Family Services (DCFS), Community and Senior Services (DCSS), and Public Social Services (DPSS).

Ana Maria has a Bachelor of Science in B. A. with over 32 years of County service. Prior to this assignment, Ana Maria was the ISD/eCAPS Project Manager, working closely with the Auditor Controller and the CGI-AMS Project Managers on the implementation of Phase I eCAPS, the Countywide Accounting and Purchasing System that now processes the County's vendor payments; i.e. DCFS Foster Care payments. As the SSSD Division Manager, Ana Maria is responsible for providing workflow analysis, front-line supervision, project management, and technical expertise, support and maintenance of critical mainframe legacy applications while creating customer-

friendly client tracking systems by using new technologies. She joined the ICAN Data/Information Sharing Committee in 2005.

### **Brian L. Cosgrove**

Brian Cosgrove is the Information Technology Manager of the Forensic Data Information Systems Division of the LA County Coroner. He is responsible to ensure that the Coroner is in alignment with the Countywide Strategic Plan for eGovernment. Mr. Cosgrove is an employee of the Internal Services Department, Information Technology Service, Information Systems Support Division. He earned a Bachelor of Science degree in Computer/Information Systems from DeVry Institute of Technology. Mr. Cosgrove has over 15 years of IT experience including infrastructure support, programming and analysis, technical leadership, front-line supervision, and project management. This is Brian's first year as a member of the ICAN Data/Information Sharing Committee.

### **Irene Frizzell**

Irene is a detective with the Los Angeles Police Department. She has been a police officer for 21 years and is currently assigned to Juvenile Division as a Juvenile Consultant. She previously worked for 13 years in the Abused Child Unit.

### **Jessica Gama**

Jessica is the Ombudsman for the Los Angeles County Probation Department. In this capacity, she is vested with the responsibility to assist members of the community in general and probationers in particular with departmental issues of fair treatment and equity. Jessica has



worked in the following areas: substance abuse, domestic violence, juvenile justice, child welfare, administrative investigations and contracts development. Her interest and advocacy in mental health issues lead to her Board appointment to the Los Angeles County Mental Health Commission in 1993, representing the First District. Jessica earned a Bachelor of Art's degree from U.C. Berkeley with a double major in sociology and mass communications. She also earned a masters degree from the University of Chicago in the field of social work.

**Kary L. Golden**

Kary L. Golden is a Human Services Administrator for the Department of Public Social Services. He works in the Audit Liaison Unit of the Management Information and Evaluation Section. Mr. Golden has been an employee of the County's Department of Public Social Services since April 1990 and has been involved with the ICAN Data/Information Sharing Committee since 2001. He graduated from Howard University in 1988 with a Bachelor of Science degree in Psychology and a minor in Chemistry.

**Douglas Harvey**

Doug has been a Licensed Clinical Social Worker since 1981 and a Supervising Special Investigator with CCL since 1993, serving on the ICAN Child Death Review Team each year in that position.

**Howard E. Herl, Ph.D.**

Dr. Herl is an Assessment Consultant with the Division of Research, Evaluation, and Assessment at Los Angeles County Office of

Education. Dr. Herl's responsibilities include design and development of technology-based systems and directing the division's measurement and analysis work. Dr. Herl brings a range of skills in the areas of computer science, research design, and statistical analysis, and manages a group of research analysts and technical specialists. Dr. Herl previously worked at the National Center for Research on Evaluation, Standards, and Student Testing (CRESST) at UCLA. While at CRESST, he designed and developed on-line performance assessment systems, technology-based learning environments, published frequently in the areas of reliability and validity of online performance assessment systems, managed large-scale federal technology evaluation efforts (e.g., Computer-Assisted Educational Technology Initiatives-CAETI), and presented annually at educational conferences, including American Educational Research Association (AERA) and California Educational Research Association (CERA).

**John E. Langstaff, M.S.**

John is currently the Head of the Department of Children and Family Services (DCFS) Bureau of Information Services Statistics Section. In his 18 years with Los Angeles County, John has been a Children's Social Worker, worked for the DCFS Policy and Public Inquiry sections, and was a developer and manager of the DCFS Out-Stationed Training Program. In addition, John was a Program Analyst at ICAN for almost three years, working on the Data/Information Sharing Subcommittee, the Child Death Review Team, The National Center on Child Fatality Review, and various other projects. John earned a Bachelor's Degree in psychology from Whittier College and a Master of Science Degree in psychology from California State University, Los Angeles.

**Ming H. Lee**

Ming is a Research Analyst II for the Research, Evaluation & Planning (REP) Unit, Maternal Child & Adolescent Health (MCAH) Programs of Los Angeles County Department of Health Services. He is involved in the production Family Health Outcomes Project Perinatal Indicator report. He has also provided data support for the MCAH's Five-Year Strategic Plan. Ming received his Master of Public Health in Biostatistics from Loma Linda University School of Public Health.

**Victoria Lewis Adams**

Victoria Lewis Adams has been assigned as Assistant Head Deputy, Family Violence Division for the past three years. In that capacity, Ms. Adams oversees the prosecution of specially assigned family violence cases that include domestic violence homicides, child homicides, domestic abuse, spousal rapes and child abuse charges. She reviews cases for filings. She also provides training to attorneys, detectives, police officers, teachers, parks and recreation employees and domestic violence counselors.

Ms. Adams has been a deputy district attorney for 20 years. Previously, Ms. Adams was the Deputy-in-Charge of the Inglewood and Compton Juvenile Divisions and the Inglewood Area Office.

As a trial attorney, Ms. Adams prosecuted cases at Stuart House, a facility that utilizes a multi-disciplinary approach to handling sexual assault cases where children are the victims. She also prosecuted cases at Los Padrinos Juvenile, Santa Monica Branch and Culver City, West Los Angeles, Beverly Hills, and Malibu Area offices. She is a graduate of UCLA School of Law and Santa Clara University.

**Diana Liu, MPH**

Diana is an epidemiologist for the Epidemiology and Assessment Unit (formerly known as the MCAH Assessment and Planning Unit), Family Health Program, Los Angeles County Department of Health Services. She has recently been involved in the development and dissemination of maternal, child and adolescent health (MCAH) related statistics to internal and external programs, other county departments, and community organizations. She is also involved in the production of Family Health Outcomes Project Indicator report. Her hope is that with accurate and meaningful data/information, we can assist in facilitating collaboration, planning, and policy development within MCAH community. Diana received her Master of Public Health in Epidemiology from San Diego State University.

**Dionne Lyman-Chapman**

Dionne is a Senior Programmer Analyst with the Los Angeles County Internal Services Department, Information Technology Service. Dionne Lyman has been with the County's Internal Services Department since September 2001. She supports ICAN and various County Departments with over 15 years of experience Graphic Design and Web Development. Dionne earned a Bachelor of Arts in Illustration with a minor in Graphic Design from Otis Parsons School of Arts and California State University, Long Beach.

**Penny Markey**

Penny is the Coordinator of Youth Services for the County of Los Angeles Public Library. She is responsible for developing library collections, programs and services for children from birth to age 18 and their parents and caregivers.



In that capacity she has developed numerous programs for children and families including: Begin at the Beginning With Books, an early childhood literacy program targeting pre-natal moms and their new babies; Home run readers, a reading motivation for school-age children in partnership with the Los Angeles Dodgers and Pacific Bell and a community service volunteer program to provide teens with workforce readiness skills. Penny has served as adjunct professor in the School of Education and Information Science at UCLA.

### **Kimberly Miera**

Kimberly Miera is a Deputy City Attorney with the Los Angeles City Attorney's Office in the Prosecutorial Ethics, Legislation and Trial Support Unit. She has been with the Los Angeles City Attorney's Office for five years. Prior to that, she was an Associate with Bonne, Bridges, Mueller, O'Keefe & Nichols. She is a graduate of Whittier Law School and the University of California, Riverside.

### **Chris Minor**

Detective Chris Minor is with the Los Angeles County Sheriff's Department assigned to the Family Crimes Bureau (FCB). He has been a deputy sheriff for twenty -four years and has worked as a child abuse investigator for the past fourteen years. Chris currently is the Operations Deputy for the FCB. He also acts a liaison between the Bureau and the Los Angeles County Department of Children and Family Services and other law enforcement agencies; responds to requests for advice from field patrol deputies conducting child abuse investigations; and conducts lectures in the field of child abuse investigation and mandated reporting to the Sheriff's Department Academy Recruits, newly assigned patrol deputies, Department of

Children and Family Services Children's Social Workers, school and hospital personnel, parents and other civic groups. Chris is a member of the Inter-Agency Council on Child Abuse and Neglect (ICAN) Data Sharing Committee and also represents the Sheriff's Department on the Los Angeles City Attorney's Office- LAUSD Task Force on Best Practices for Child Abuse Investigations Reported by Schools.

### **Becki Nadybal**

Becki is the Data Manager at the Los Angeles County Children's Planning Council. Her areas of specialization are in data and mapping. Prior to her employment at CPC, Becki worked as a consultant on numerous child-related projects and reports throughout Los Angeles County. She also worked in the Research Department at United Way of Greater Los Angeles. Becki graduated from California State University, Northridge with a B.A. in Geography. She is currently completing her M.A. in Geography with a specialization in urban studies.

### **Thomas Nguyen**

Thomas is a Children's Services Administrator I in the Statistics Section of the Department of Children and Family Services. He has been with the department since 1988 and has been involved with the ICAN Data/Information Sharing statistical report since 1991. Mr. Nguyen graduated from Hope College, Holland, Michigan with a Bachelor of Arts degree in Business Administration and minor in Computer Science and Spanish.

**Loren Solem-Kuehl, M.A., MFT**

Loren is a Program Administrator for ICAN. He has primary responsibility for the Data/Information Sharing Committee and the Grief and Mourning Committee. He also provides staff assistance for the Cross-reporting subcommittee, Safe Haven Speakers Bureau, Mentoring Task Force, and the Annual "Nexus" Domestic Violence Conference. Prior to joining ICAN, Loren worked for the Los Angeles County Department of Children and Family Services (DCFS) for a period of eight years. The last several years while at DCFS, Loren was the South County Resource Coordinator responsible for the coordination of special events and services for DCFS children. He also supervised regional fundraising and managed the Regional Children's Trust Fund. Prior to this position Loren supervised the Special Services Section at MacLaren Children's Center. Loren has also worked in the Bureau of Resources where he provided support services, training and advocacy to foster parents of Los Angeles County. Loren is a licensed Marriage and Family Therapist.

**Eddie Shulman**

Eddie is the Assistant Director for ICAN. Her primary responsibilities are to manage the ICAN Multi-Agency Child Death Review Team, which includes maintaining the data base of suspicious child deaths, providing analyses of child deaths for County agencies, coordinating team meetings, and data collection. Ms. Shulman also provides staff assistance for several other ICAN committees, including the ICAN Data/Information Sharing Committee, Child Abuse Evaluation Regionalization Committee and the Child Abduction Task Force. Ms. Shulman has both a JD and an MSW from the University of Southern California. Prior to joining ICAN in 1997, she had 5 years experi-

ence within the Adoptions Division of the Los Angeles County Department of Children and Family Services.

**Ruben Yegoyan**

Ruben is a Program Assistant in the Information and Statistical Services Section of the Department of Public Social Services. He has been working with the Department since April 2001. Ruben has a Bachelor of Science degree in engineering. He is currently in the Master of Public Administration program of California State University, Northridge. This is Ruben's first year as a member of the ICAN Data/Information Sharing Committee.

**Cathy Walsh**

Cathy is a Program Administrator for ICAN. She has primary responsibility for the 2004 Multi-Agency Child Death Review Team report, the Child and Adolescent Suicide Review Team, the Child Abduction Task Force, and the Domestic Violence Task Force Literature Review Sub-committee. Prior to joining ICAN, Cathy worked for the Los Angeles County Department of Children and Family Services (DCFS) for a period of fifteen years. The last several years while at DCFS, Cathy was an Assistant Regional Administrator responsible for the management of various children service programs. Cathy obtained a Bachelor of Arts in Psychology and a Business minor from Loyola Marymount University in Westchester, CA. She graduated cum laude in 1982. She received her Masters Degree in Social Work from UCLA in 1985.



### **Kimberly Wong**

Kimberly Wong is the legislative and criminal justice policy advisor for the Los Angeles County Public Defender's Office. As a deputy public defender of 10 years, she has conducted numerous felony and misdemeanor trials as well as juvenile adjudications. Through the Public Defender's Public Integrity Assurance Section, Ms. Wong drafted motions and writs for clients in post-conviction cases involving police misconduct.

Ms. Wong also assists incarcerated domestic violence survivors in seeking post-conviction relief. In the Public Defender's office, Kimberly was actively involved in developing in-house seminars for about 1000 employees on topics of race bias and gender bias. She is a member of the Habeas Project Advisory Committee, whose goal is to expand access to justice for survivors of domestic violence.

### **David Zippin, Ph.D.**

David Zippin is Chief Research Analyst with the Child, Youth and Family Program Administration of the Los Angeles County Department of Mental Health (DMH). He tracks attributes of clients and evaluates outcomes in several intensive child/adolescent treatment programs, and for clients in the 0-5 age-range whose families receive mental health services in SPA 4 from Project ABC, a new DMH system of care funded by SAMHSA. He received his Ph.D. from University of Iowa specializing in Social Psychology and Research Methods. He also completed a two-year NIMH postdoctoral training program in mental health program evaluation in the School of Public Health at UCLA, and a one-year USPHS post-doctoral fellowship in pediatrics at Harbor/UCLA Medical Center.