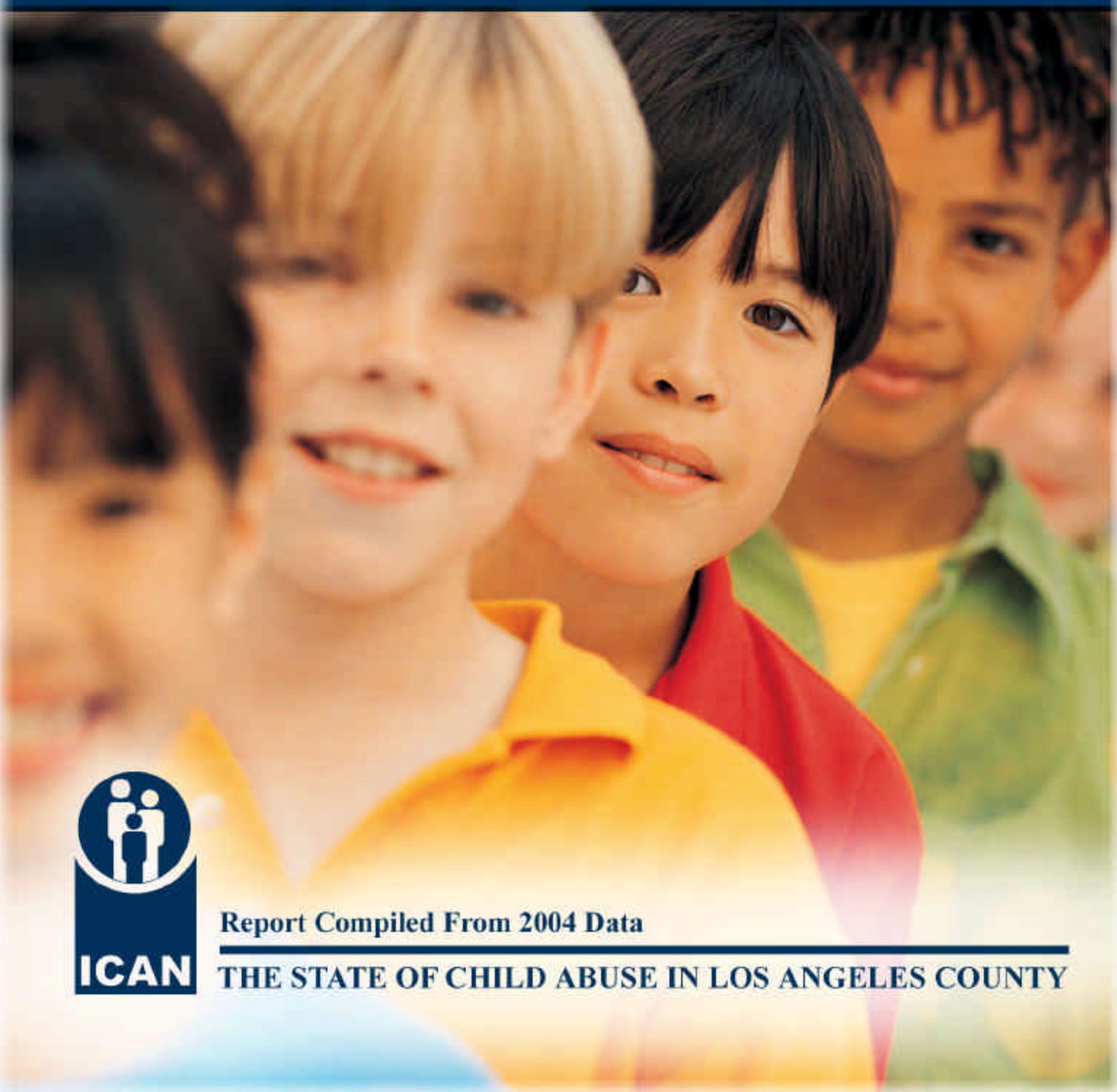


ICAN

Inter-Agency Council on Child Abuse and Neglect

2005

Los Angeles County ♦ ICAN Data/Information Sharing Subcommittee
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ICAN

Report Compiled From 2004 Data

THE STATE OF CHILD ABUSE IN LOS ANGELES COUNTY



ICAN

Deanne Tilton, Executive Director

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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.....	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.....	xxx1

SECTION I INTER-AGENCY OVERVIEW

Selected Findings • Recommendations.....	5
Analysis of Inter-Agency Data Collection • Independent Police Agency Data • Youth Demographics.....	17

SECTION II SPECIAL REPORTS

ICAN Associates.....	31
ICAN Multi-Agency Child Death Review Team.....	35
ICAN CHILD ABDUCTION TASK FORCE Reunification of Missing Children Program.....	43
Community Care Licensing.....	51
Children's Planning Council Scorecard.....	63
California Department of Social Services.....	69

SECTION III ICAN AGENCY REPORTS

Department of Public Social Services.....	87
Los Angeles County Office of Education.....	101
Department of Health Services.....	119
Department of Children and Family Services.....	143
Los Angeles Superior Court.....	167
Los Angeles County Counsel.....	181
Los Angeles County Sheriff's Department.....	189
Los Angeles Police Department.....	201
Los Angeles County District Attorney's Office.....	211
Probation Department.....	273
Department of Justice.....	291
Department of Coroner.....	299
County of Los Angeles Public Library.....	311
Department of Mental Health.....	315
Los Angeles City Attorney's Office.....	347
The Child Advocates Office/CASA of Los Angeles.....	359
Los Angeles Unified School District.....	367
Los Angeles County Public Defender's Office.....	377

APPENDICES

Categories of Abuse.....	391
Data/Information Sharing Committee Biographies.....	393

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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 (CATTAP) 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.



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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 2004, or 2003/2004 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 first 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. Also included in this edition, artwork produced by foster youth at workshops sponsored by the National CASA Association and conducted by Los Angeles artist and teacher Judy Baca.

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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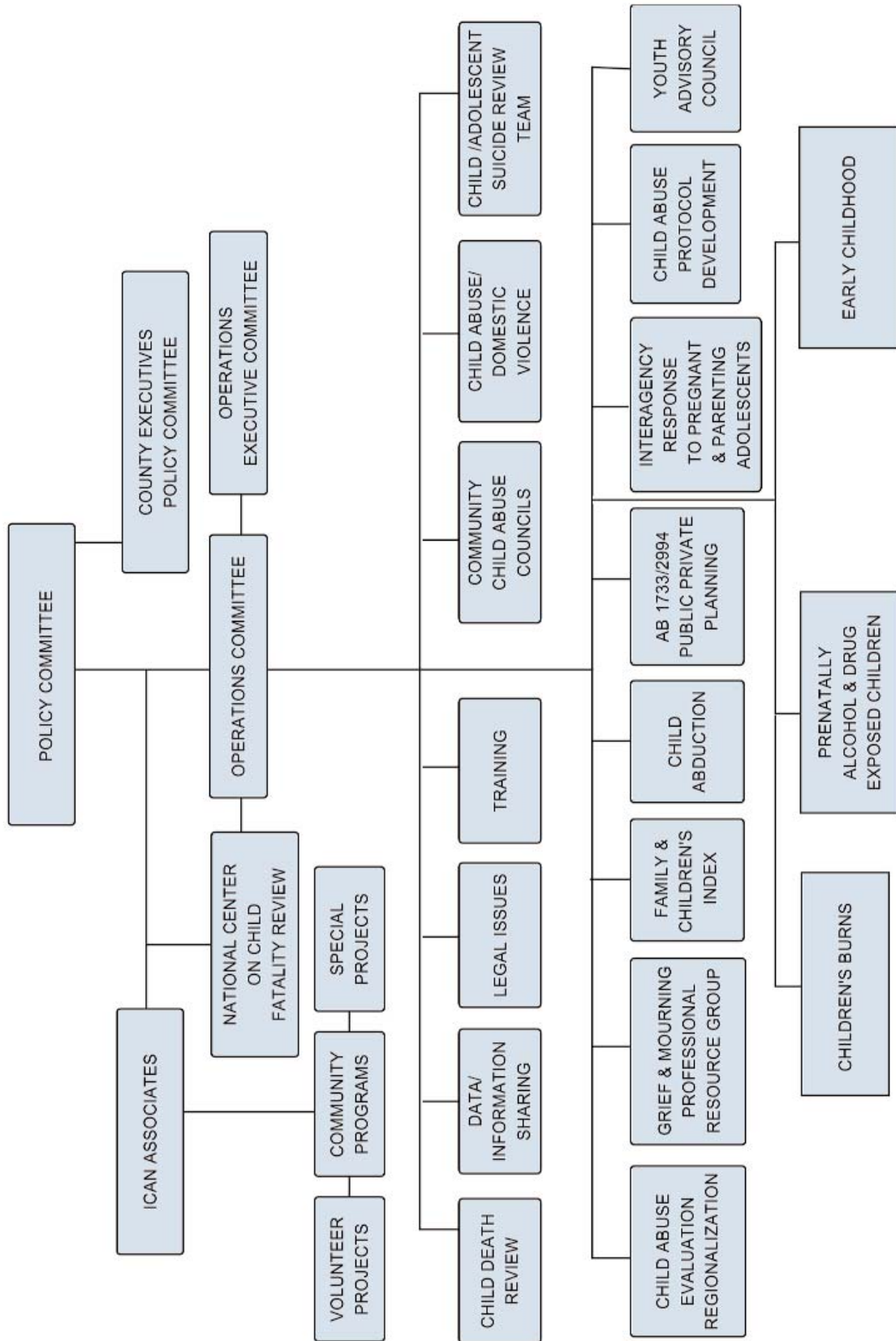
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Lorraine Abasta
ICAN Secretary

Meghan Cleveland
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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 of 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.

**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	15
ANALYSIS OF INTER-AGENCY DATA COLLECTION	17
INDEPENDENT POLICE AGENCY DATA	23
YOUTH DEMOGRAPHICS	27



SELECTED FINDINGS

COMMUNITY CARE LICENSING

CCL collects and reports data of regulatory enforcement protecting children who receive care and supervision each year. CCL will continue to track cases in 2005 and compare data collected in previous years.

The CCL report will continue to collect investigation and legal data to assess the agency's enforcement function. CCL will monitor geographical trends. In 2004, the cases in the 2 eastern Los Angeles CCL region offices (Los Angeles and Tri-Coastal Counties Children's Residential and Los Angeles East Child Care) were primarily in County SPA 3, 4, 7, and 8. All other County SPAs were primarily covered by the 2 western Los Angeles CCL offices, Los Angeles Metro and Valley Children's Residential and Los Angeles Northwest Child Care. The 2 children's residential offices and the 2 child care offices are relatively equal in number of cases, within their respective programs.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

AB 636 OUTCOME MEASURES

Based on the July 2005 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 with 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 months according to federal guidelines, reflects a decrease from 8.3% during CY 2003 to 7.8% for CY 2004.

- 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 11.8% during CY 2002 to 11.1% for CY 2003.
- The rate of abuse for children in DCFS supervised or Foster Family Agency child welfare supervised foster care during the nine-month review period reflects a decrease from 1.62% during (April 1, 2003 - December 31, 2003) to 0.96% during (April 1, 2004 - December 31, 2004). Please note that available measures on abuse in foster care are based on the examination of a nine-month period.
- Among the children who were reunified with their parents or caretakers during the 12-month study period, the percentage of children that had been in placement for less than 12 months shows an increase from 33.2% during CY 2003 to 40.7% during CY 2004.
- The percentage of children in foster care for less than 24 months, who were adopted during the 12-month study period, reflect an increase from 9.5 % during CY 2003 to 13.6 % during CY 2004.

REFERRAL AND CASELOAD STATISTICS

Physical Abuse, falling behind Emotional Abuse since CY 2001, regains its rank in CY 2004 as the second most common reported allegation for child protective services and accounts for 18.4 % of the total referrals received. While the overall referrals received during CY 2004 shows a decrease, the number of referrals



received for Physical Abuse shows a significant increase (32.8%) from 21,464 in CY 2003 to 28,494 in CY 2004.

- Sexual Abuse referrals rank fourth and account for 6.6% of the total referrals received. Despite a decrease in the overall referrals received during CY 2004, the number of referrals received for Sexual Abuse (10,181) reflects a 12.7% increase from 9,036 in CY 2003.
- Hispanic children continue to be the largest population of all ethnic populations among DCFS children. This population accounts for 45.1% of the total DCFS caseload, up from 43.2% at the end of CY 2003.
- Between CY 2003 and CY 2004, the number of children in out-of-home placement services caseload shows an 8.8% decrease. A five-year trend shows the children in out-of-home placement on a decreasing trend. The number of children has decreased by 46.2%, from 48,613 at the end of CY 1999 to 26,167.

CALIFORNIA DEPARTMENT OF JUSTICE

CHILD PROTECTION PROGRAM

- In 2004, a total of 5,717 Los Angeles County reports of child abuse and neglect investigations were entered in the Child Abuse Central Index (CACI), compared with 5,212 reports entered in CACI in 2003, a slight increase.
- Los Angeles County reports accounted for 12.95 % of the State total of 22,653 during 2004.
- 46.4% of Los Angeles County's 2004 CACI entries were for physical abuse, 33.1 % were for sexual abuse, and the

rest 11.5 % were for neglect and mental abuse. Fourteen child deaths from Los Angeles County were entered into the CACI in 2004; an increase of 75 % from 8 deaths reported in 2004.

Overall, the reports of Child Abuse submitted to the Department of Justice for the categories of physical, sexual, mental and severe neglect have decreased during the last three years.

DEPARTMENT OF HEALTH SERVICES

- Infant mortality rates for Los Angeles County had been stable around 5.4 infant deaths per 1,000 live births between 1999 and 2003 except for the year 2000 when the infant death rate was 4.9 infant deaths per 1,000 live births (Figure 1).
- African Americans have the highest infant mortality rate of all races (12.2 deaths per 1,000 live births in 2003) (Figure 2).
- SPA 1 (Antelope Valley) and SPA 6 (South) have the two highest infant mortality rates. In 2003, the infant mortality rate for Antelope Valley was 9.7 deaths per 1,000 live births. South had the second highest infant mortality rate in Los Angeles County at 6.5 deaths per 1,000 live births (Figure 3).
- Overall child abuse related infant death rates have remained relatively low between 1999 and 2003. The overall rate of child abuse related infant deaths in 2003 is 2.6 deaths per 100,000 live births. The female infant death rate related to child abuse is higher than that of male infants (4.0 vs 1.3 deaths per 100,000 live births, respectively) (Figure 4).



- Between 1999 and 2003, child death rates among children ages 1 to 17 decreased from 24.5 per 100,000 to 21.4 deaths per 100,000 in 2003 (Figure 5). Among race/ethnic groups, African American children ages 1 to 17 had the highest death rate at 36.6 deaths per 100,000 in 2003 (Figure 6). Among SPAs, SPA 6 (South) had the highest rate at 36.2 deaths per 100,000 followed by SPA 1 (Antelope Valley) at 31.6 deaths per 100,000 (Figure 7).
- In 2003, the leading cause of death among infants was congenital malformations, deformations and chromosomal abnormalities (Table 3).
- Hospitalization rates due to abuse among children were higher during the first year of life than for children ages 1 to 14 years. In 2003, 56 children were hospitalized for abuse in Los Angeles County (2.4 per 100,000 children). Of these, 27 (17.6 per 100,000) were infants. Hospitalization rates for male infants (20.5 per 100,000) were higher than for female infants (14.6 per 100,000) (Table 5).

DEPARTMENT OF MENTAL HEALTH

During FY 2003-04, The Family Preservation Program treated 955 clients. Family Reunification served 14 outpatient clients. Rate Classification Level-14 (RCL-14) facilities treated 242 and Community Treatment Facilities (CTF) treated 116. The Child Abuse Prevention, Intervention and Treatment (CAPIT) program was offered to 1,052 individuals.

DMH D-Rate foster child assessments were completed for 1,675. Start Taking Action Responsibly Today (START) services were

given to 251. The three Juvenile Hall Mental Health Units (JMHU) served 12,493. Dorothy Kirby Center provided mental health services to 402. At Challenger Memorial Youth Center and the Juvenile Justice Camps, 1,810 children/youth received mental health services. A total of 19,010 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 12% 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 47% of the RCL-14 referrals and 45% of the CTF referrals. Children in D-Rate foster homes assessed and referred to mental health services by the DMH D-Rate Unit made up 9% of the clients considered. Of these, 44% were identified as DCFS referrals. Clients in the Mental Health Units of the three juvenile halls made up 66% of the clients considered. Of these, 5% 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 11% of the clients at the programs reviewed. Of these, 4% were identified as DCFS referred. Clients in Mental Health Units of the Youth Centers were distributed as follows:

82% in Challenger Youth Center/Juvenile Justice Camps, and 18% in Dorothy Kirby Center. In the mental health programs reviewed for FY 03-04, there were 495 children/youth who received a primary or secondary admission DSM diagnosis of Child Abuse and Neglect (CAN). This is a decrease of 44 clients (8%) with this diagnosis compared with clients diagnosed with CAN in the same programs during



FY 02-03. The decrease observed in FY 03-04 follows an increase of 12% in FY 02-03 clients diagnosed with CAN compared with FY 01-02. The Child Abuse Early Intervention and Prevention Program (CAPIT) served 333 clients diagnosed with CAN. This is the largest number diagnosed with CAN in any of the programs considered. CAPIT treats two thirds of all clients in these programs diagnosed with CAN. The percentage of clients with CAN in the CAPIT program has been increasing over time with: 21% in FY 01-02, 25% in FY 02-03, and 32% in FY 03-04. The Family Preservation (FP) Program served 87 clients diagnosed with CAN. This is 18% of all CAN clients 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 has also been increasing with: 3% in FY 01-02, 7% in FY 02-03, and 9% in FY 03-04. The Juvenile Hall Mental Health Units served 38 clients diagnosed with CAN. This is 7% of all CAN clients in the programs considered. The percentages of clients with CAN treated at the juvenile hall mental health Units have been less than 1% from FY 01-02 through FY 03-04.

LOS ANGELES CITY ATTORNEY'S OFFICE

The 1,127 completed case prosecutions represented in this report for 2004 is a decrease of 123 cases (or 9.84% less than the 1,250 case prosecutions which took place during 2003).

LOS ANGELES COUNTY DISTRICT ATTORNEY'S OFFICE

A comparison of total child abuse crimes submitted for filing to the District Attorney's Office between 1998, 1999 and 2000 reflect that the total number of cases filed remained fairly

consistent. There was a significant difference, however, in the number of cases filed as felonies as compared to misdemeanors. In 1998 and 1999, the percentage of cases filed as felonies were very similar (75% in 1998; 74% in 1999). In 2000, however, there was a 10% drop in the number of felony case filings (65%). This stabilized in 2001 when the percentage of felony case filings remained at 65%. This stability continued to be reflected in the 2002 cases when the percentage of felony filings rose slightly to 67%. In 2003, the percentage of felony filings dropped slightly to 66%. In 2004, the percentage dropped by another percentage point with 65% of the cases warranting a felony filing.

A more focused look was taken at two specific charges filed in the six year period. The two charges selected reflected the highest raw numbers of filed cases. They were 273a(a) PC, Child Abuse (physical abuse), and 288(a) PC, Lewd Conduct with a Child under 14 years of age (sexual abuse). Covering the period of available statistics, an increase from the number of cases filed in 1998 was documented in 1999, 2000 and 2001. In the child abuse cases, 19% of the total cases filed in 1998 were 273a(a) PC cases; the percentage increased to 23% in 1999, remained relatively unchanged at 22% in 2000 and rose slightly to 24% in 2001. In 2002, the percentage remained at 24% of the filed cases. In 2003, the percentage of felony cases filed including as the lead charge a violation of 273a(a)PC increased slightly to 27% before declining to 21% in 2004. In sexual abuse cases, 22% of the total cases filed in 1998 were 288(a) PC cases; the percentage increased to 25% in 1999, decreased to 21% in 2000 rose slightly to 23% in 2001. This decline continued in 2002 when 17% of the total number of cases filed were for 288(a)PC charges. In 2003, 26% of the felony child abuse cases filed were for charges of 288(a)PC representing a nearly 10% increase. In 2004, the percentage declined to 19%. The total number of cases filed in 2000,



when broken down into two general categories of physical abuse/ endangerment and sexual abuse/ exploitation incorporating a broader spectrum of charges, showed that 59% of the total filings were for charges under the general physical abuse/ endangerment category while 41% involved allegations of sexual abuse/ exploitation. In 2001 and 2002, 54% of the cases were physical abuse/ endangerment cases while 46% involved allegations of sexual abuse/ exploitation. This percentage remained relatively stable in 2003 with 55% of the cases filed coming generally within the physical abuse/ endangerment category while 45% involved allegations of sexual abuse/ exploitation and in 2004 when 54% of the cases were in the physical abuse/ endangerment category while 46% were in the sexual abuse/ exploitation category.

In 1998, looking at the total number of cases submitted by law enforcement agencies for filing (this would include both cases filed and declined), 59% of the cases submitted for filing which alleged a violation of 273a(a) PC were filed. Felonies were filed in 48% of the total number of cases submitted that alleged a violation of Section 273a(a) PC, 11% were filed as misdemeanors and 41% were declined. In 1999, 73% of the total number of cases submitted for filing which alleged a violation of 273a(a) PC were filed; while in 2000, 68% of the submitted cases with this charge were filed. In 1999, 63% of the cases filed alleging 273a(a) PC as the primary count were filed as felonies; 11% misdemeanors and 44% were declined. In 2000, 57% of the cases filed alleging 273a(a) PC as the primary count were felonies; 12% misdemeanors and 31% were declined. In 2001, a total of 59% of the cases submitted for filing alleging a violation of 273a(a) PC were filed; 41% were declined. Of the cases submitted for filing, 45% were filed as felonies while 14% were filed as misdemeanors. In 2002, 57% of the cases submitted for filing with 273a(a)PC

as the primary charge were filed. Of these, 48% were filed as felonies while 10% were filed as misdemeanors and 42% were declined. In 2003, 57% of the cases submitted for filing with 273a(a)PC as the primary charge were filed. Of these, 46% were filed as felonies while 11% were filed as misdemeanors and 42% were declined. In 2004, once again, 57% of the cases submitted for filing with a 273a(a)PC as the primary charge were filed. Of these, 45% were filed as felonies while 12% were filed as misdemeanors.

The percentages related to allegations of 288(a)PC filings do not include a felony/ misdemeanor breakdown because as a matter of law all filings with this charge are felony filings. In 1998, 41% of the cases submitted by law enforcement for filing consideration alleging a violation of Section 288(a)PC as the primary charge were filed; 59% were declined. In 1999, 45% were filed and 55% were declined. In 2000, 57% were filed and 43% declined. In 2001, 33% were filed and 67% were declined. In 2002, 32% were filed while 68% were declined. In 2003, 31% were filed while 68% were declined and in 2004, 32% were filed while 68% were declined. The percentage of cases submitted that were filed in 2000 increased 12% over 1999 and 16% over 1998. In 2001, the percentage sharply decreased by 17% from 2000 to 2001 with an additional 7% decrease from 2001 to 2002. In 2003 and 2004, the percentage of filed cases remained relatively the same. For these charges the raw data reflects that the cases submitted for filing in this category dropped from 1370 in 1998 to 1344 in 1999, 938 in 2000, increased to 1017 in 2001 and significantly increased to 1548 in 2002 before dropping to 1419 in 2003 and rising yet again to 1490 in 2004.

Overall in 2002, 54% of the cases submitted by law enforcement agencies for filing were filed as either a felony or a misdemeanor; 46%



of submitted cases were declined. This reflects precisely the same percentages in the number of submitted cases which were filed as either a felony or a misdemeanor as reflected in 2001. In 2003, 50% of the cases submitted were filed (2499) while 50% were declined (2469). In 2004, once again 50% of the cases submitted were filed (2447) while 50% were declined (2435).

In the area of sentencing, a comparison over the five year period demonstrates relative consistency in the types of sentences meted out for child abuse cases with a trend towards probation being granted in more cases and a corresponding decline in state prison sentences. In 1998, 34% of the defendants sentenced received a sentence to state prison; in 1999, 30% received a prison sentence; in 2000, 29% of convicted offenders were sentenced to state prison; in 2001, 25% of convicted offenders were sentenced to state prison; in 2002, 25.6% of convicted offenders were sentenced to state prison; in 2003, 26% of convicted offenders were sentenced to state prison; and in 2004, 27% were sentenced to state prison. Sixty-five percent (65%) of the cases resulted in a probationary sentence in 1998 while the number increased to 69% in 1999 and increased further to 71% in 2000 and increased again in 2001 to 74% and remained relatively stable at 74.5% in 2002, 73% in 2003 and 72% in 2004. In all six years, approximately 1% of the defendant's sentenced received a life sentence as a result of their criminal acts. The number of life sentences received in 1998 was 10; in 1999, the number was 9; in 2000, the number fell to a total of 4; in 2001, the number rose to a total of 12 individuals convicted of child abuse related offenses receiving a life sentence. In 2002, this number doubled to 24. In 2003, the total number of defendants sentenced to life in prison for a child abuse related crime was 23. In 2004, 13 convicted offenders were sentenced to a life term for their criminal conduct.

A total of 2,262 child abuse and neglect cases were completed in 2002. Convictions were obtained in 90% of the cases. A total of 9% of the cases were dismissed by either the court or the prosecution. Approximately 1% of the cases resulted in an acquittal following a jury trial. A total of 1933 child abuse and neglect cases were completed in 2003. Once again, convictions were obtained in 90% of the cases, in 9% of the cases all charges were dismissed and in 1% of the cases the defendant was acquitted of all charges following trial. In 2004, a total of 2,056 cases were completed. Convictions were obtained in 88.5% (1,821) of the cases. A total of 11% (224) of the cases were dismissed with .5% (11) of the cases brought to trial resulting in an acquittal.

Juvenile data comparisons over the four year history must take into consideration the fact that Proposition 21 had an unknown impact upon the Juvenile system in several areas after March 8, 2000. In 1999, 66% of the cases submitted for filing were filed by the District Attorney's Office. In 2000, this percentage fell to 45% of the cases submitted being filed. In 2001, 58% of the cases submitted were filed. In 2002, the increase continued with 62% of the submitted cases resulting in a filing. In 2003, 57% of the submitted cases resulted in a filing while in 2004 the percentage increased to 60%. The number of cases submitted for filing alleging violations of the child abuse statutes contained in Figure 1 in 1999 was 497; 658 were submitted for filing in 2000; 607 were submitted in 2001; and 505 were submitted in 2002; in 2003, a total of 537 cases were submitted for filing consideration; and in 2004, the total was 486. The statute reflecting the largest difference over a four-year period was 288(a) PC. The number of cases filed alleging a violation of this section remained fairly stable for the first three years- 250 in 1999; 234 in 2000; and 234 in 2001 but decreased to 185 in 2002. In 2003, the number fell further to 177 cases submitted to



Juvenile Division for filing under 288(a)PC while in 2004, the total of filed cases in this category was 175. The number of cases declined under this section, however, more that doubled from 120 in 1999 to 265 in 2000 before declining again in 2001 to 167 and continuing the decline in 2002 to 145. In 2003, the number again rose to 177 cases presented for a filing of 288(a)PC that were declined with the number decreasing to 156 cases declined in 2004. In 2002, 65% of the child abuse cases submitted for a juvenile filing involved allegations of 288(a) PC; in 2003, 66% of the cases submitted for filing were for the designated charge; in 2004, 68% of the juvenile cases presented for filing in the child abuse category involved allegations of 288(a)PC. A total of 56% of the cases submitted under this section were filed while 44% were declined in 2002. In 2003, 50% of the cases submitted for a filing of charges alleging 288(a)PC were filed. This percentage increased in to 53% of the submitted 288(a)PC cases resulting in a filed case in 2004. The overwhelming percentage of child abuse charges submitted for filing of allegations in juvenile court as a felony were for allegations of sexual abuse (98% or 440 out of 450). The percentage dropped significantly when the cases were submitted for misdemeanor consideration with 78% (28 out of 36) alleging sexual abuse and 22% (8 out of 36) alleging physical abuse. Case dispositions reflect that 88% of the petitions submitted to the court were sustained while 12% were dismissed by either the court or the district attorney. Of the cases dismissed, 62% (18 of 28) were cases alleging 288(a)PC as the primary charge in the petition with 97% of the dismissals involving cases under the general category of sexual assault/exploitation (28 of 29).

The gender analysis includes both a year to year comparison between adult and juvenile filings for all criminal activity on one level with a further breakdown as to overall criminal activity as compared to child abuse. Total filings by

gender reflect that 16% of the perpetrators are female and 84% male in both the adult and juvenile systems in 1999 with the percentage of females rising to 17% in 2000 in both age groups. In 2001, the percentage remained at 17% for adult females but rose to 18% for juvenile females. In 2002, the percentage for both adult and juvenile females grew by 1% to 18% for adult females and 19% for juvenile females. In 2004, the rate for female perpetrators in both categories was 18%. When the type of offenses are considered, in child abuse filings in juvenile cases, 6% of the perpetrators were female with 94% being male in 1999; a significant increase to 9% of the perpetrators being female was reflected in 2000 (91% were male). In 2001, the percentage of females decreased to 8%. In 2002, the percentage of females showed another slight decrease to 7%. In 2003, 6% of the offenders were female while 78% were male. In 2004, 7% of the offenders were female while 93% were male. This compares to child abuse cases with adult offenders where in 1999, 19% were female and 81% were male with very little variance in the 2000, 2001, and 2002 statistics-20% female and 80% male. In 2003, 22% of defendants accused of child abuse related crimes were female and 78% were male. In 2004, 21% of the adult child abuse offenders were female while 79% were male. In child abuse cases for adults, the percentage of female defendants increases slightly in child abuse prosecutions over representation in all criminal activity prosecuted (from 18% to 21%). In juvenile cases, however, the percentage drops sharply from 18% of juvenile petitions when all charges are considered to 7% of juvenile petitions in child abuse cases. The data over the past six years consistently reflects that a significantly lower level of criminal activity committed by females juveniles involves acts of child abuse.



Increasingly, the nexus between domestic violence and child abuse is becoming a focus of concern. In recognition of this, for the second time data concerning the percentage of cases in which both a designated child abuse charge and a charge of 273.5PC, Spousal Abuse, was filed is included. It is important to note that this is not a comprehensive data collection of all cases in which child abuse charges and domestic violence charges were filed in the same case. Domestic violence related charges can include allegations from numerous Penal Code sections that are not easily extracted from the data base. For example, a charge of Criminal Threats in violation of Section 422PC is often charged in a domestic violence case. The charge itself, however, is not limited to threats made to an intimate partner. A threat of violence made to a neighbor or a stranger also comes within the section. An attempt to extract the data in which a charge alleging child abuse and a domestic violence related criminal threat are filed in the same case is not presently possible. A spousal abuse charge however, by its very definition involves an allegation of domestic violence. In 2003, 9% of the cases filed alleging a count of child abuse against and adult in Los Angeles County also alleged a violation of spousal abuse. In 2004, this joinder of abuse was alleged in 8% of the filed cases.

**LOS ANGELES COUNTY
SHERIFF'S DEPARTMENT**

In 2004 the caseload in the Bureau increased 7% from the previous year. Of more significance, the number of physical abuse victims increased nearly 15% after several years of decline. The number of physical abuse cases rose almost 13%. Sexual abuse cases and the number of victims increased only slightly.

**LOS ANGELES POLICE DEPARTMENT -
Juvenile Division**

1. The total investigations (crime and noncrime) conducted by the unit in 2004 (4241) showed an increase (24.44 percent) over the number of investigations in 2003 (3408).
2. Adult arrests by the unit in 2004 (243) showed an increase (8.97 percent) in the number of arrests made in 2003 (223).
3. The number of dependent children handled by the unit in 2004 (1540) showed a decrease (1.09 percent) from the number handled in 2003 (1557).

LOS ANGELES SUPERIOR COURT

A slight decrease in filings occurred in 2003, reversing a trend of modest increases the previous two years. 2004 once again saw a modest decrease in filings.

New WIC §300 petitions in relation to total petition filings, constituted 48.6% of filings in 2004. 7,691 new WIC §300 petitions were filed in 2004, while 11,547 children exited the Dependency System.

**LOS ANGELES UNIFIED
SCHOOL DISTRICT**

Trend analysis continues to show that distribution of suspected child abuse reports across maltreatment types and school levels is for the most part, consistent with trends noted in prior years. Over the last 15 years, physical abuse reports have generally accounted for approximately 60% of all reports made, while sexual abuse and general neglect combined for approximately 30%.



Changes which occurred in the 2003-04 fiscal year also continued in this 2004-2005 fiscal year. The majority of suspected child abuse reports for all types of maltreatment continue to emanate from elementary schools.

Reports of sexual abuse continued to decline with 366 fewer reports filed with the District's Child Abuse Unit. Reports of general neglect, however, increased by 36%.

Finally, the total number of suspected child abuse reports filed with the District's Child Abuse Unit decreased by 13% from 3,590 in 2003-04 to 3,138 in 2004-2005.



2005 DATA RECOMMENDATIONS

RECOMMENDATION ONE:

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.

RECOMMENDATION TWO:

Data according to geographic areas

Agency data statements contained in the annual Data and Information sharing Committee Report, The State of Child Abuse in Los Angeles County, should include data according to geographic areas. If possible, agencies are requested to report data by Los Angeles County Service Planning Areas (SPAs). If unable to report data by SPA, agencies should provide data by other agency designated geographical areas.

RATIONALE:

It is important that agencies include data presented by geographic area to assist in making the report more comprehensive and useful. This would give readers a better idea of community needs in each area of the county and assist in targeting resources.



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 2005 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			
Severe Neglect	278PC	F/M	Child Concealment/Noncustodial Person
Severe Neglect	280PC	F/M	Violation of Adoption Proceedings
Exploitation			
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			
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
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	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	275
L. A. COUNTY PROBATION DEPARTMENT	811
DEPT. OF PUBLIC SOCIAL SERVICES	365
LOS ANGELES POLICE DEPARTMENT	5,768
L.A. COUNTY SHERIFF'S DEPT. FCB	3,586
DEPT. OF CHILDREN & FAMILY SERVICES	154,993



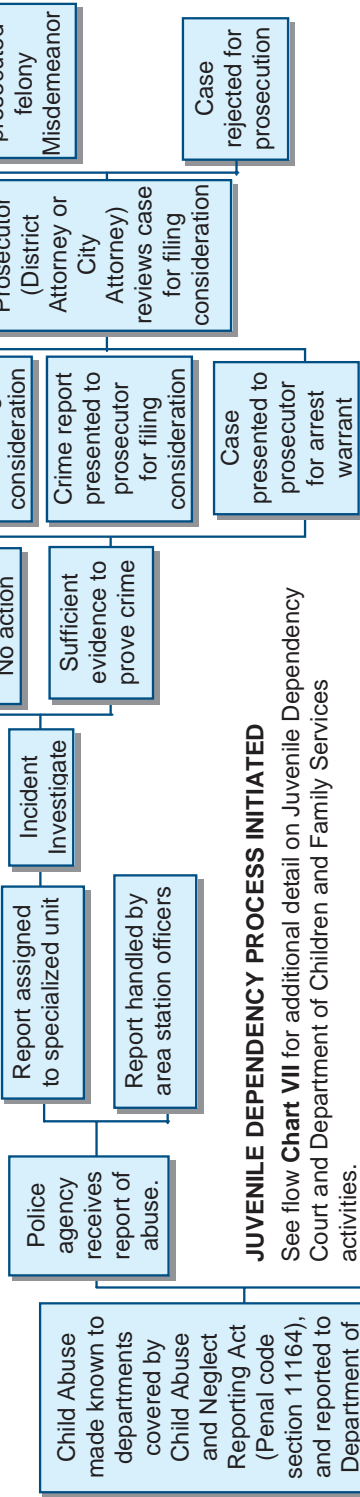
Flow Chart II

ICAN AGENCY INVOLVEMENT IN CHILD ABUSE CASES - 2004

CHILD PROCESS INITIATED

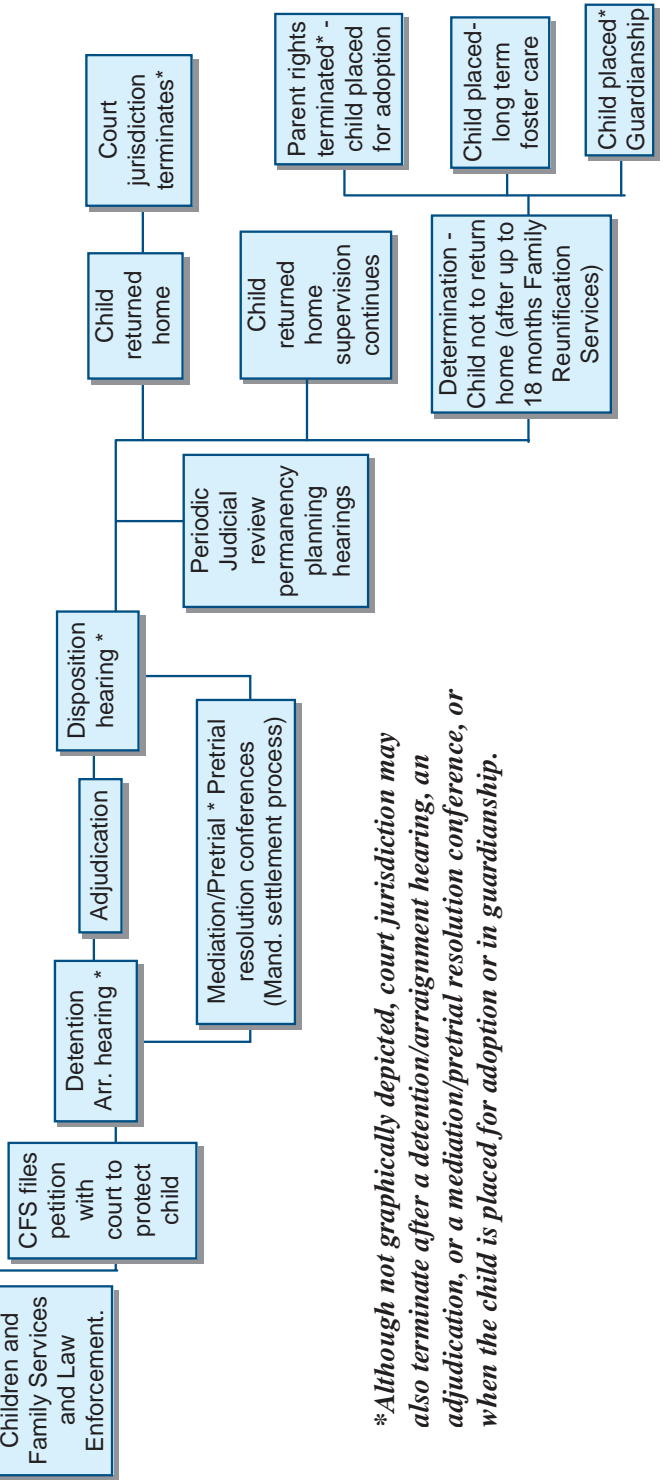
See flow Charts III, IV for individual detail on LAPD and LASD
See Flow Chart VI for detail on the L.A. District Attorney.
Where possible similar categories of agency data have been totaled.

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.

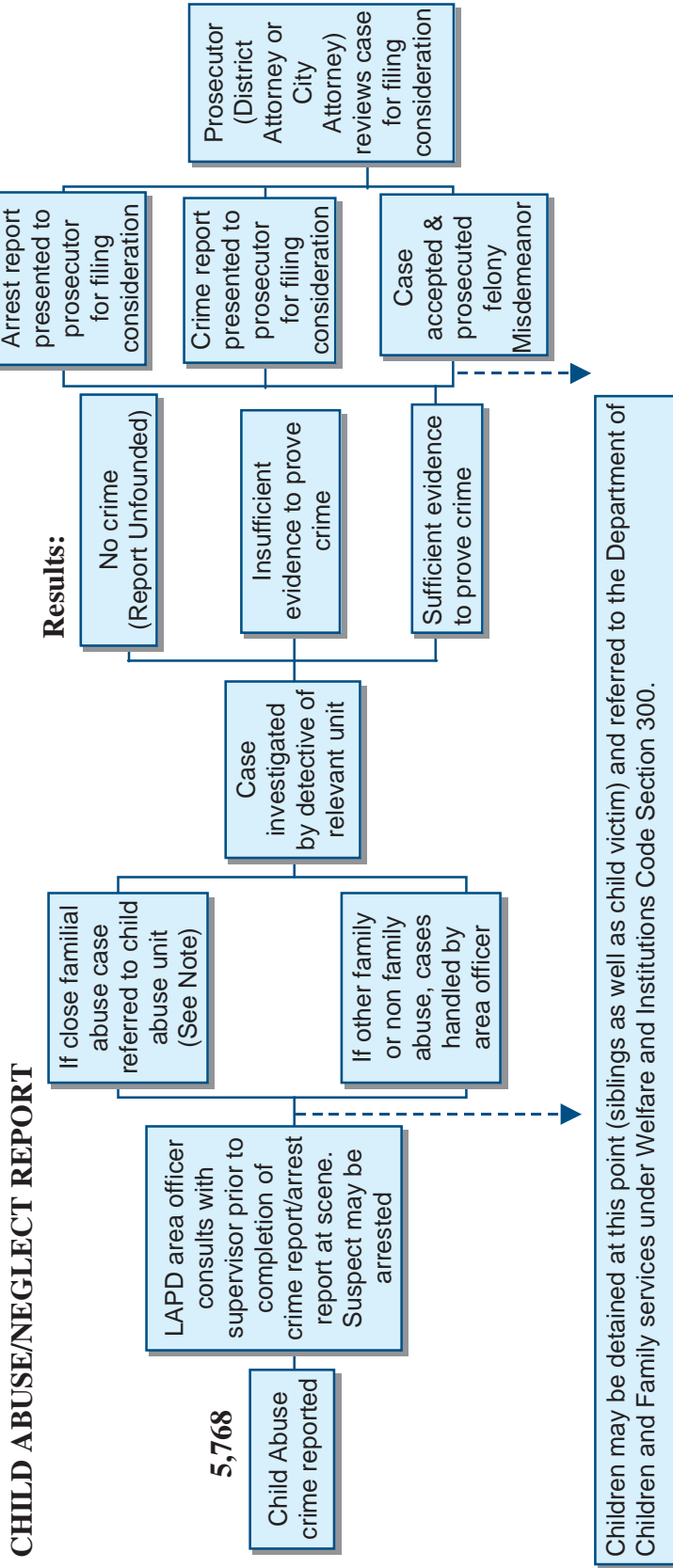


**Although not graphically depicted, court jurisdiction may also terminate after a detention/arraignment hearing, an adjudication, or a mediation/pretrial resolution conference, or when the child is placed for adoption or in guardianship.*



Flow Chart III

LOS ANGELES POLICE DEPARTMENT INVOLVEMENT IN CHILD ABUSE CASES - 2004



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.

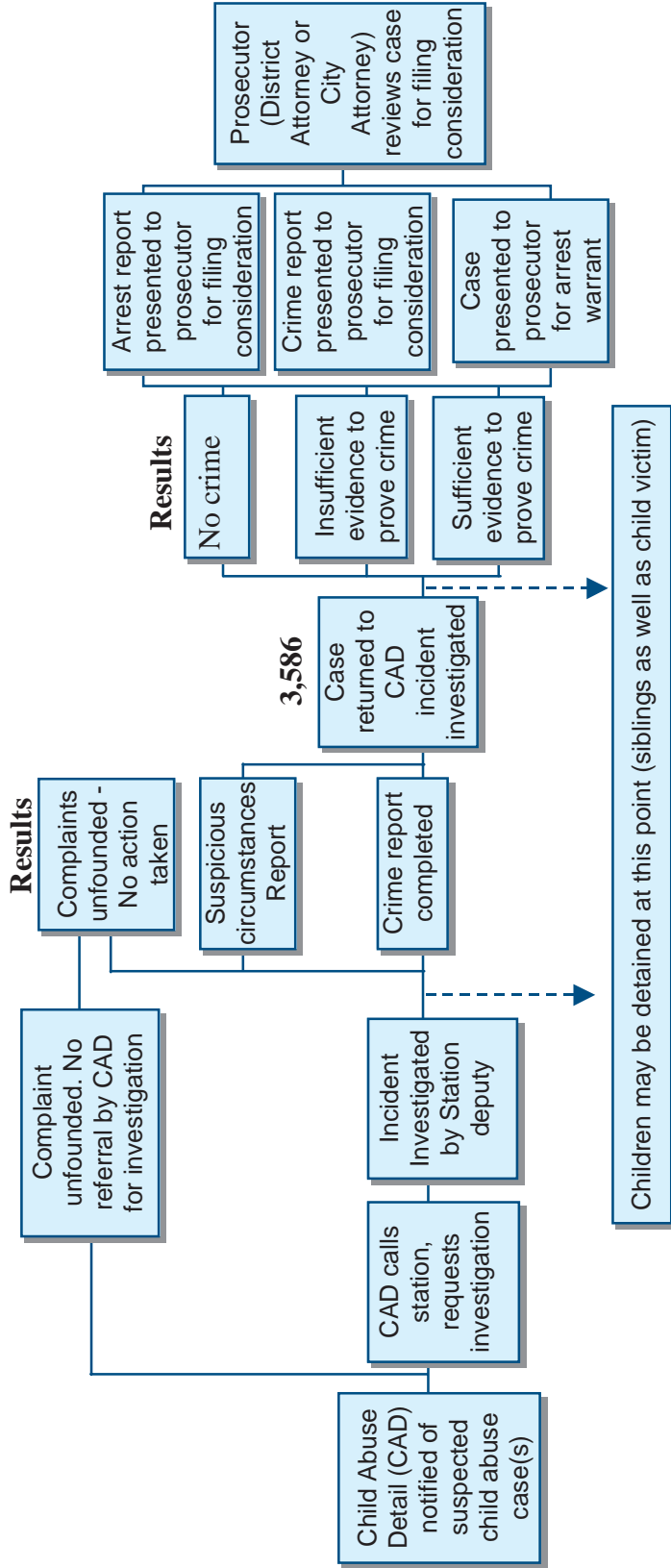
GEOGRAPHIC AREA RESPONSIBILITIES

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

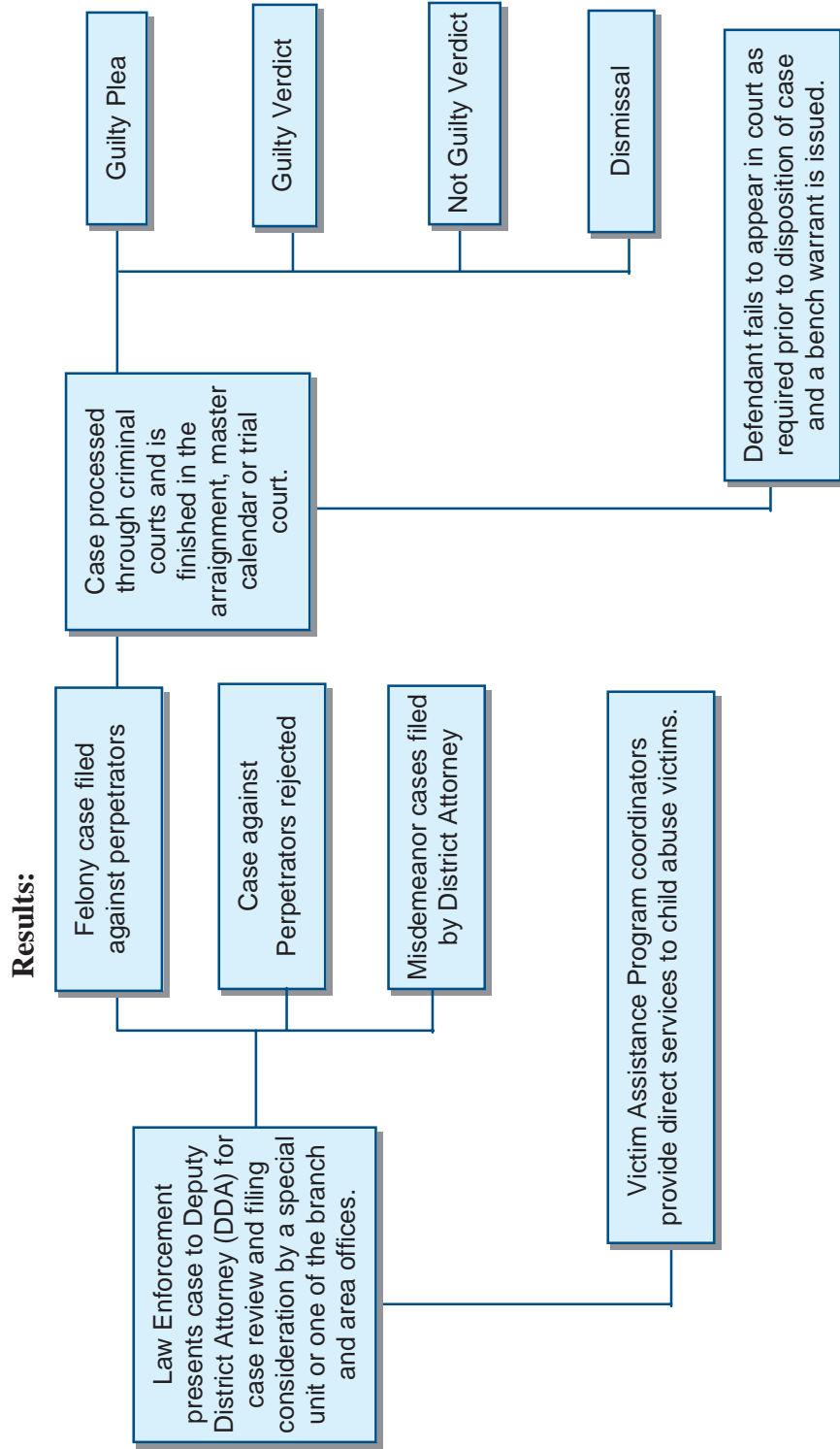
Multiple victims of the same incident, in the same family are treated as one case.
The Child Abuse Detail does not handle neglect/endorsement cases.

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



Flow Chart V

LOS ANGELES POLICE DEPARTMENT
INVOLVEMENT IN CHILD ABUSE CASES - 2004

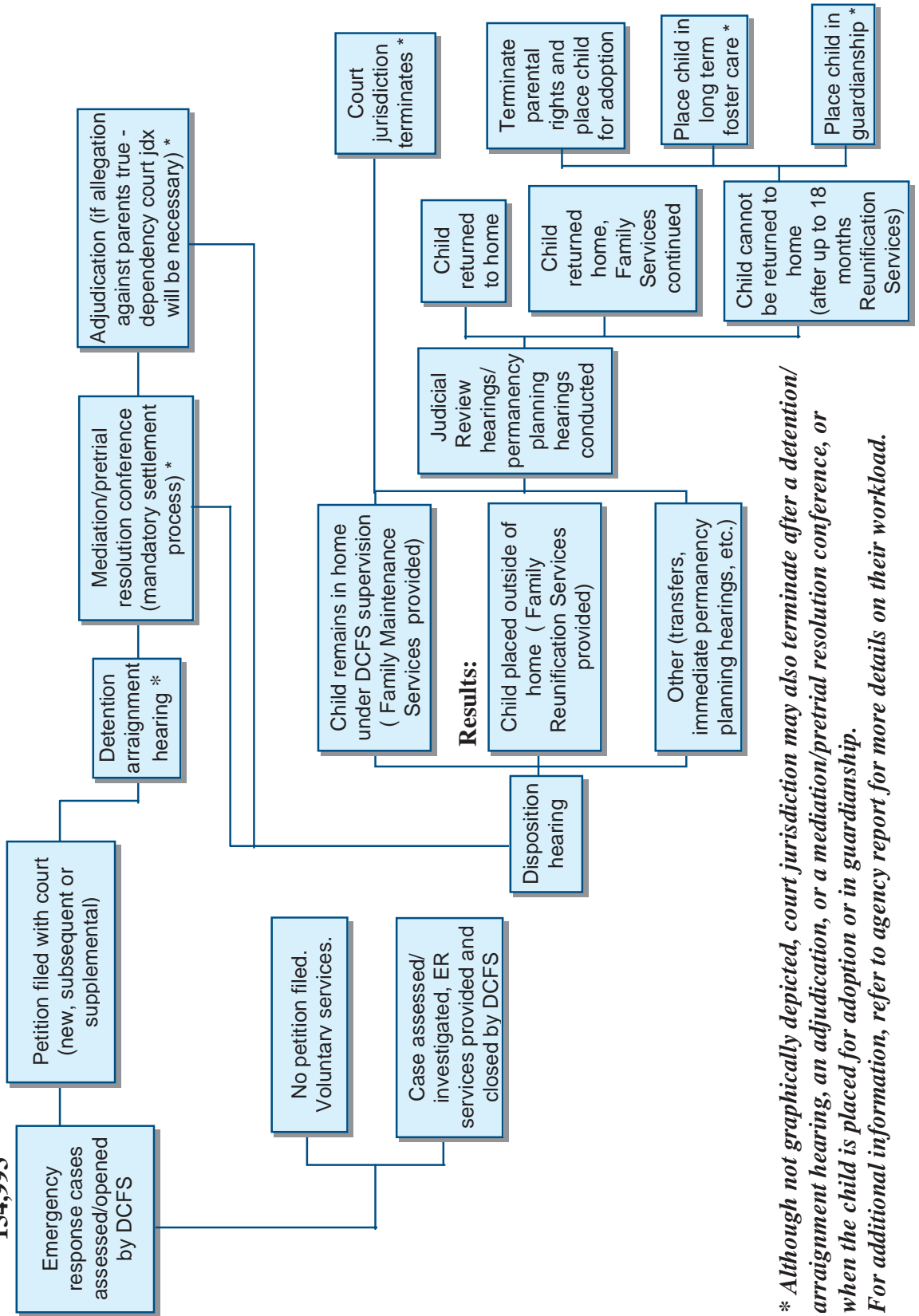




Flow Chart VI

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

154,993



* 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
TOTAL	2,519,342	2,566,149	2,619,540	2,658,286	2,696,597	2,758,008	2,803,645	2,845,205	2,667,976

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	31
ICAN MULTI-AGENCY CHILD DEATH REVIEW TEAM	35
ICAN CHILD ABDUCTION TASK FORCE	43
COMMUNITY CARE LICENSING	51
CHILDREN’S PLANNING COUNCIL SCORECARD	63
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	69



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.

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 2005, ICAN Associates sponsored "NEXUS X" 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.



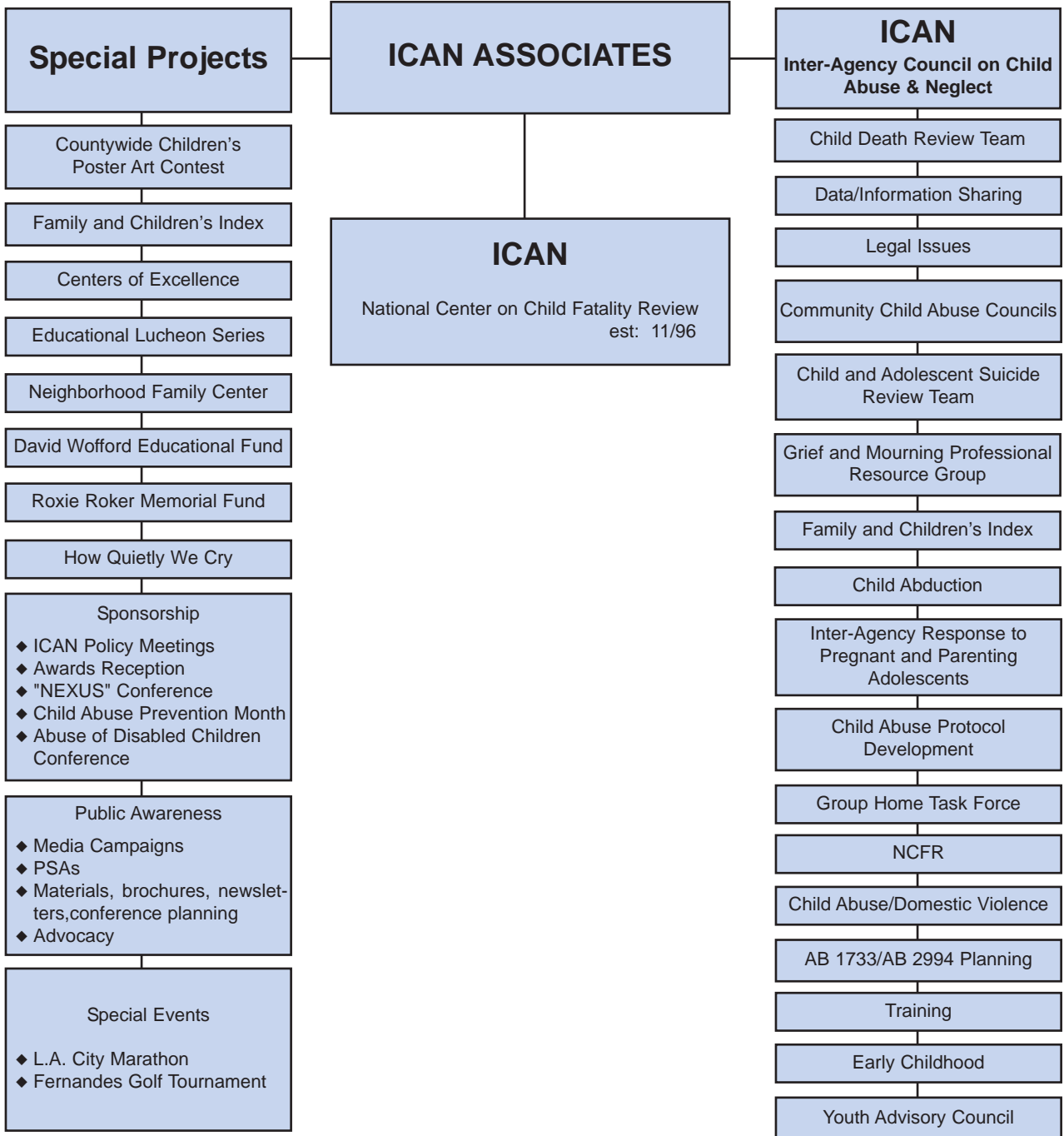
ICAN Associates was honored to serve as one of the official charities of the XIX Los Angeles Marathon. Funds raised from this event are used to assist in various projects for abused and neglected children.

For the past 15 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 27 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, Los Angeles County Sheriff's Department and Department of Health Services. Members check their agency records for contacts with the child and/or family and provide their findings to ICAN for compilation and analysis. All 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, three to five 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 274 year 2005 child deaths reviewed by the Team. This more detailed, separate report, the ICAN Child Death Review Team Report for 2005, 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 conclusions 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 1990 through 2004 that were reviewed by the Team. In 1998, review of accidental and undetermined cases and homicides by other than parent/caretaker/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 was increased from age twelve to age fourteen. In 2002, the number of cases referred to the Team again 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). Finally, in 2004, the number of deaths (n=274) decreased by eleven percent from 2003 (n=309). The reason for this significant decrease is unknown and cannot be attributed to changes in the data collection protocol from the previous year.

The number of homicides (n=30) in 2004 decreased by five from 2003 (n=35). The number of undetermined deaths increased by eighteen percent from 71 in 2003 to 84 in 2004. Accidental deaths (n=147) significantly decreased by twenty percent from 2003 (n=184). The number of child and adolescent suicides dramatically decreased in 2004 (n=13) from 2003 (n=19). Lastly, the number of fetal deaths (n=20) decreased by twenty percent from 2003 (n=25).

Figure 2 displays the numbers of child homicides perpetrated by parent/caregiver/family member for years 1990 through 2004. There were 30 child homicides by parent/caregiver/family member in 2004. Since 1990, this is the lowest number of child homicides by parent/caregiver/family member, with the next lowest amount numbering 35 in the years 2000, 2001 and 2003. 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 43.2 per year. The number of homicides of children age 14 and younger that were perpetrated by strangers and others outside of the family is very small compared to the number that were perpetrated by parents/caregivers/family members. On the other hand, homicides of children over age 14 were primarily perpetrated by strangers and others outside of the family.

In 2004, there were 84 undetermined deaths, a significant increase from the 71 cases reported in 2003. Figure 3 displays the number of undetermined child deaths since 1990. The number of undetermined deaths has averaged 37.66 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 1989 with a low of 5 cases referred in 1990, and this year's high of 84. In 2002, 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 significantly decreased by 37 from 184 in 2003 to 147 in 2004. 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 and 2004; in 2004, they were followed by auto-pedestrian 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 2004, the Child Death Review Team reviewed 13 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; there were no 15-year olds, one 14-year old and one 13-year old. 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; there were eight suicides among 17-year olds, five suicides among 16-year olds, and three suicides among 15-year olds. The remaining three suicides were victims 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 sui-

cides were under age fifteen (two 14-year-olds, one 13-year-old and two 12-year-olds). Of these 13 suicides, ten of the suicide victims were male and only three were female. The most common method of suicide was by hanging (n=7) and the second most common method was by gunshot (n=4). 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 2004, 20 fetal deaths that met Team protocol were referred by the Coroner, a decrease from the 25 reported in 2003. 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 2004, seventeen fetal deaths were coded by the Coroner as an accident and three were coded as undetermined. Fetal deaths associated with maternal drug abuse was the leading cause. Generally, a small number of fetal deaths, 2 to 4 per year, are ruled homicide; fetal homicides are most frequently the result of an assault against the mother. In 2004, no fetal homicides were reported to the Team.



Figure 1

**TOTAL CASES REFERRED
To ICAN Child Review Team By Coroner 1990-2004**

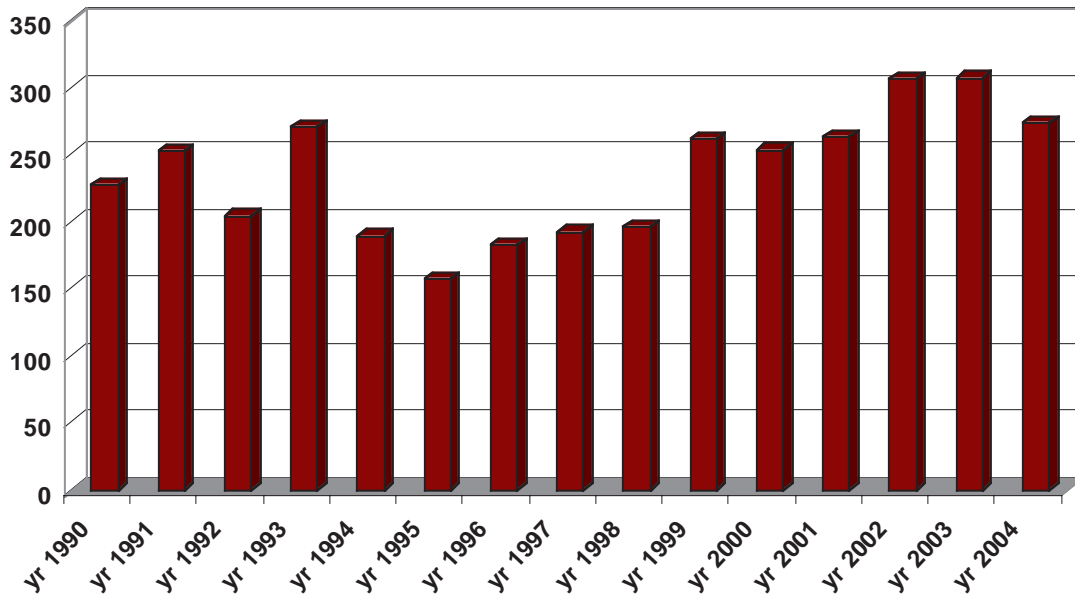


Figure 2

**HOMICIDES BY PARENT/CAREGIVER/FAMILY MEMBER
Years 1990 through 2004**

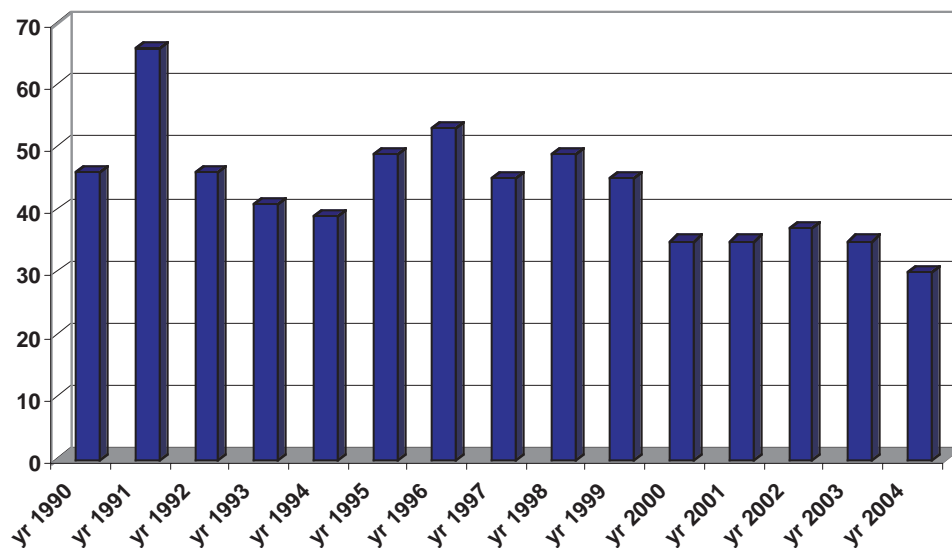




Figure 3

UNDETERMINED DEATHS Years 1990 through 2004

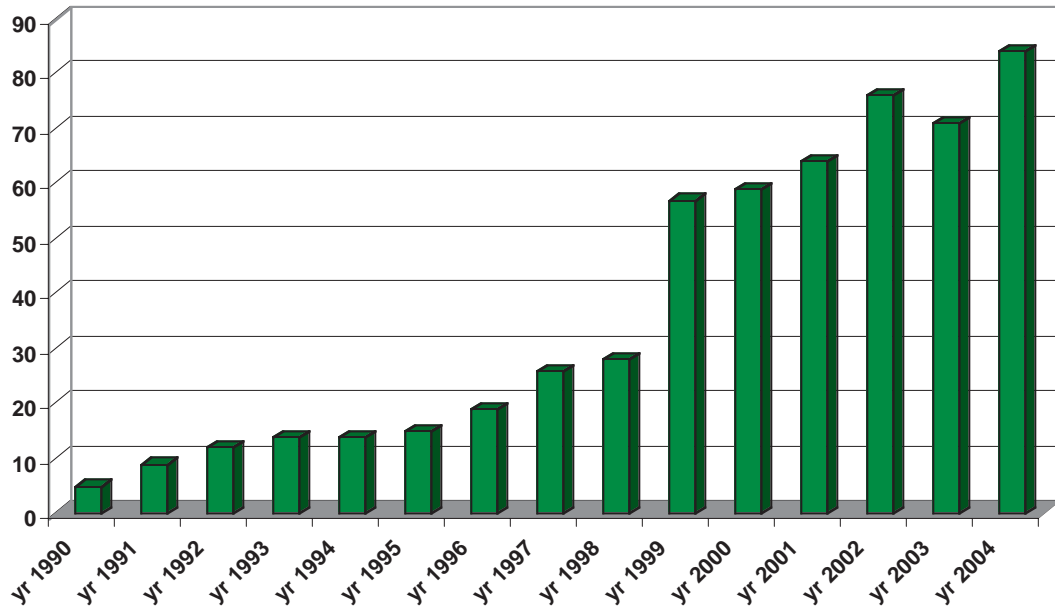


Figure 4

ACCIDENTAL CHILD DEATHS Years 1990 through 2004

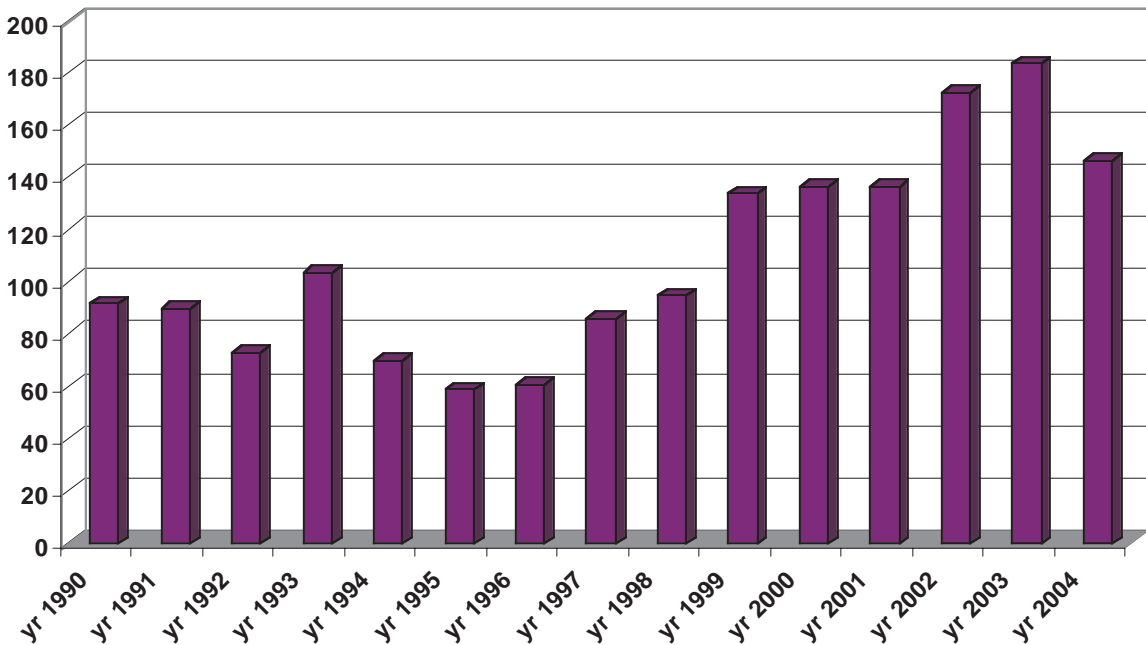




Figure 5

TEEN SUICIDES
Years 1990 through 2004

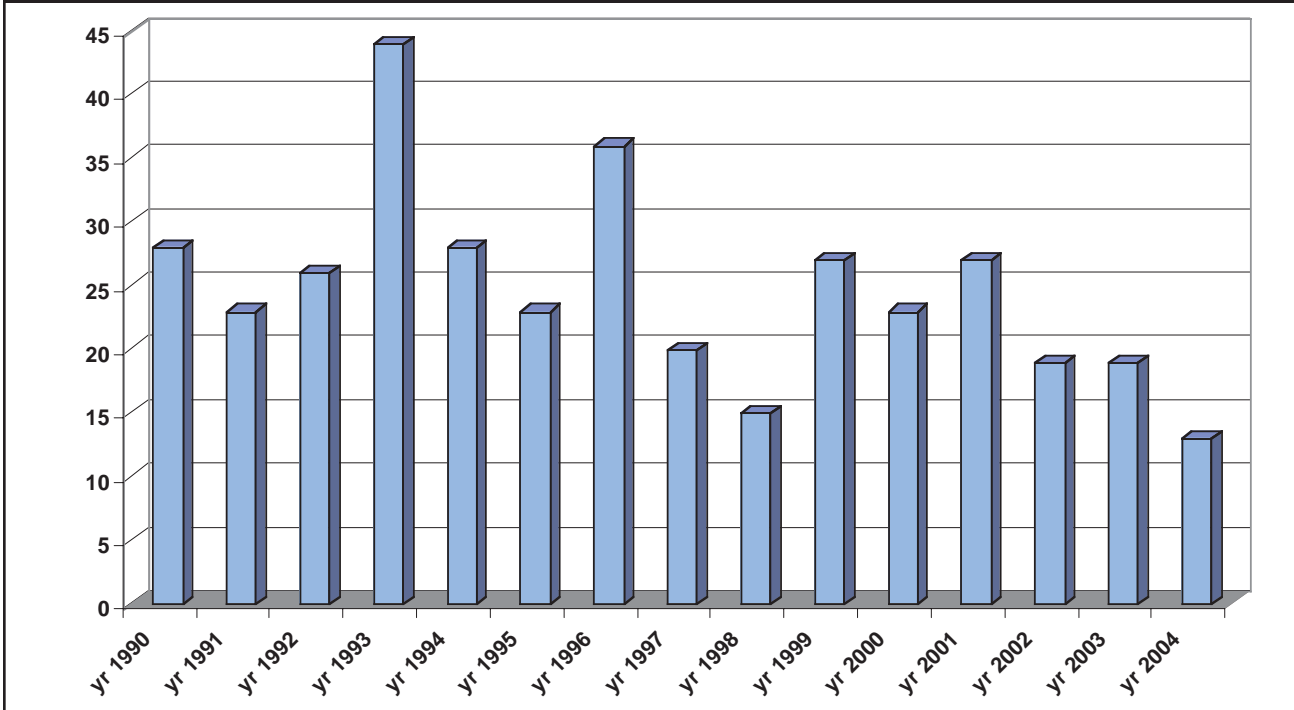
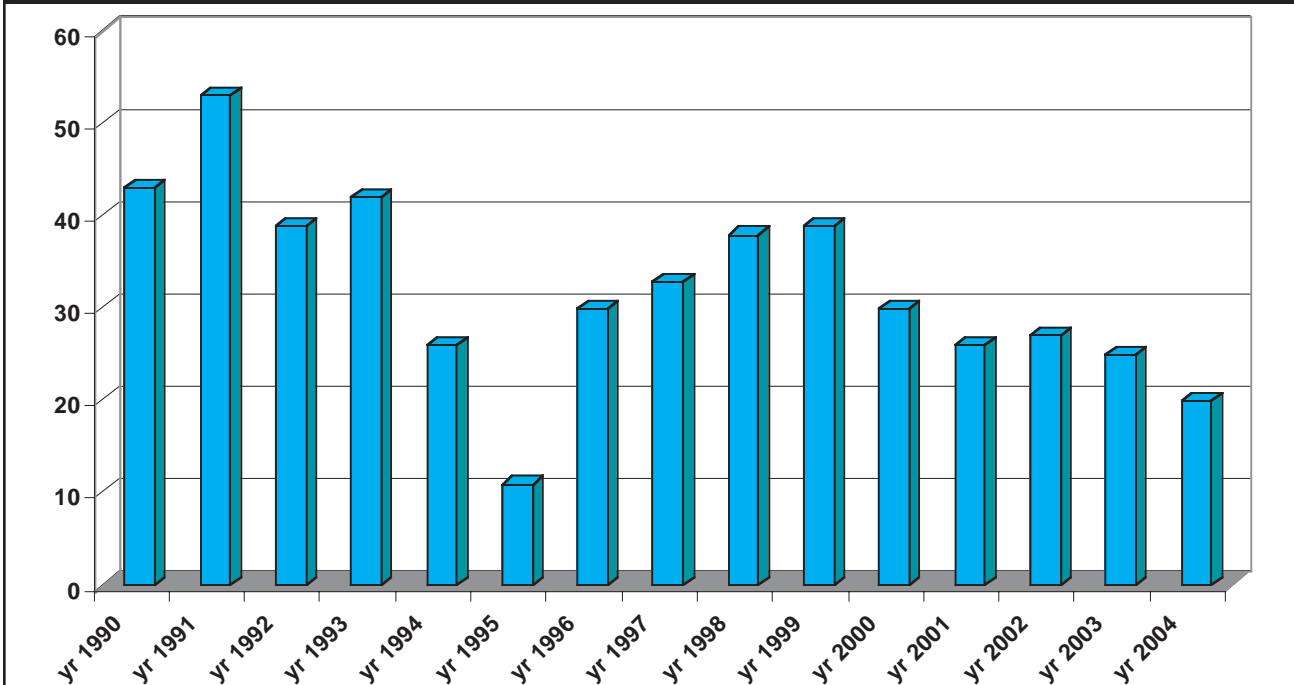


Figure 6

FETAL DEATHS
Years 1990 through 2004



**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 2004, the Program served 34 children in 28 cases as compared to the 70 children in 50 cases served in 2003. This is approximately a 44% decrease in caseload and a 51% decrease in the number of children served from the previous year. This decrease in caseload may be attributed to the significant decrease in referrals from Task Force agencies. Another possible explanation for this decrease in caseload may be changes in the data collection protocol from the previous year.

Figure 2 shows the ethnic breakdown for the 34 children served in calendar year 2004: 38% were Hispanic, 9% were African American and 9% were Caucasian (44% of the children did not have any race denoted). Figure 3 shows the age range of the children served in calendar year 2004: 39% of the children served were age 5 or younger, 19% were age 6 to 10 and 42% were age 11 or older. Figure 4 shows that of the children served, 54% were under the jurisdiction of the Department of Children and Family Services while 46% were not. Finally, Figure 5 reflects trend data on the number of cases and children served by the Reunification Program for calendar year 2000 through 2004. Over the past 5-year period, the number of cases has averaged 58.6 per year, while the number of children served has averaged 70.6 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.



Figure 1

**NUMBER OF CASES/CHILDREN SERVED
BY REUNIFICATION PROGRAM 2003 VS 2004**

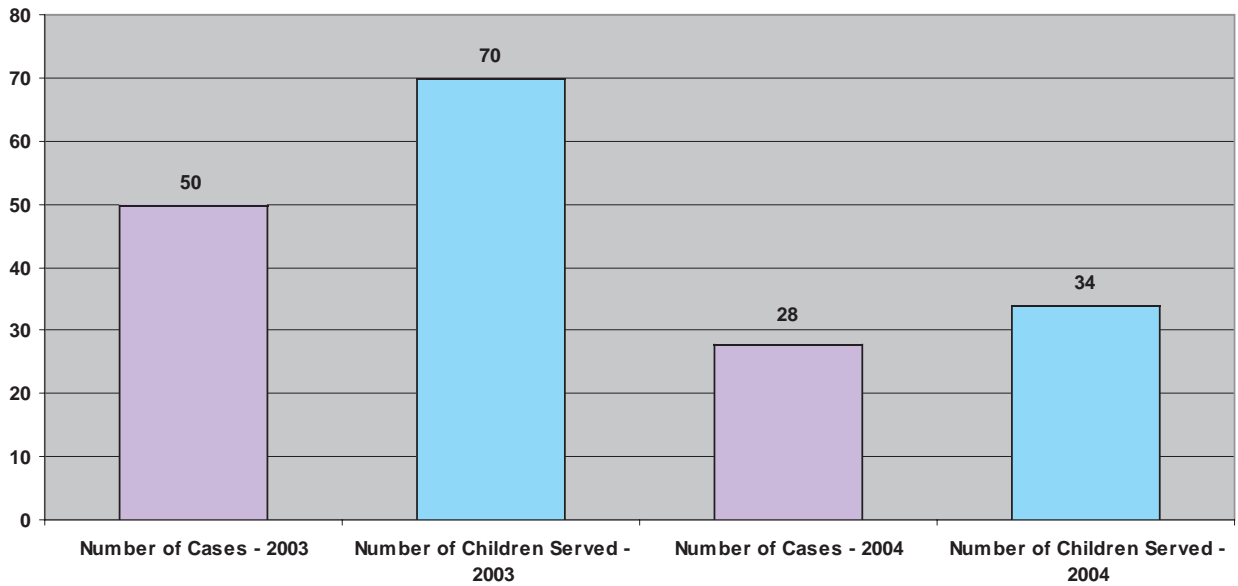


Figure 2

ETHNIC BREAKDOWN OF CHILDREN SERVED - 2004

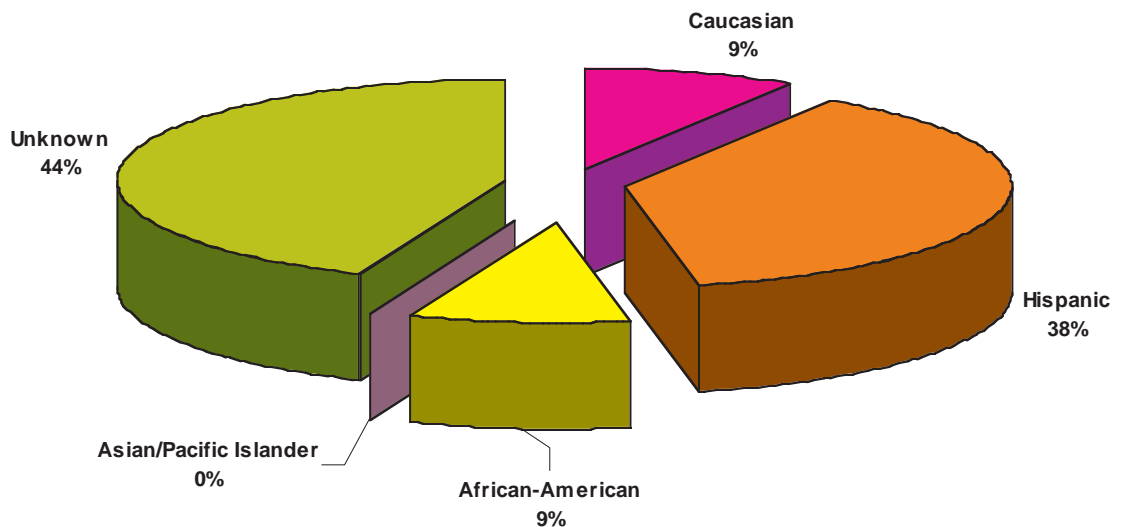




Figure 3

AGE RANGE OF CHILDREN SERVED - 2004

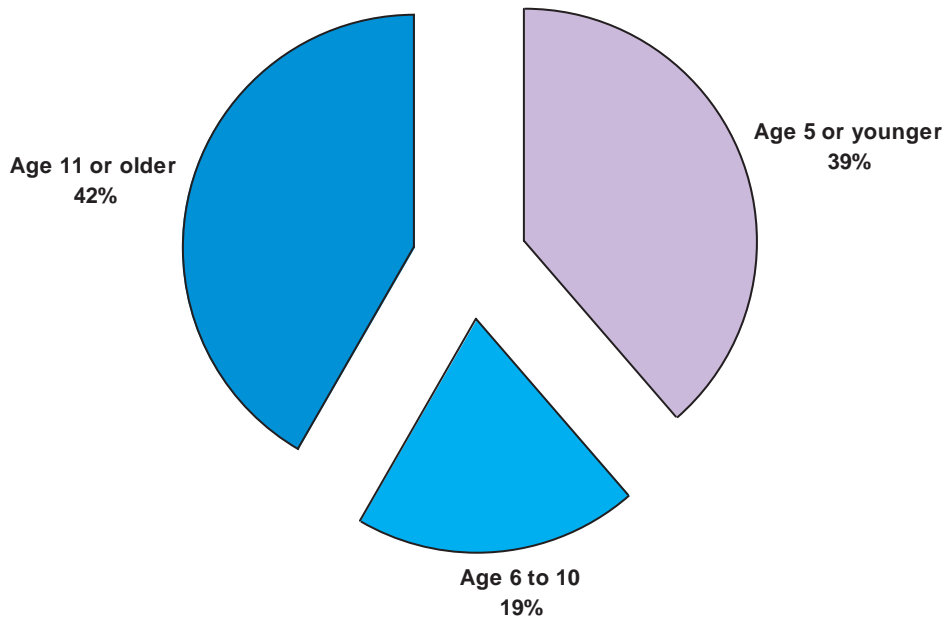


Figure 4

PERCENTAGE OF CHILDREN SERVED UNDER DCFS SUPERVISION - 2004

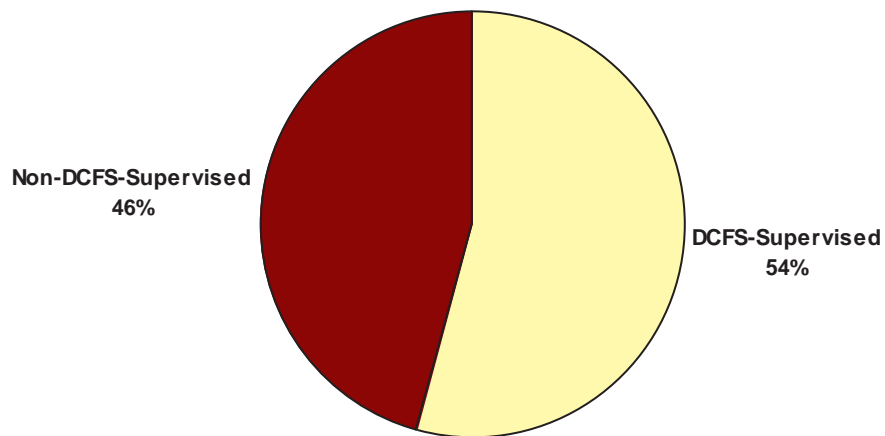
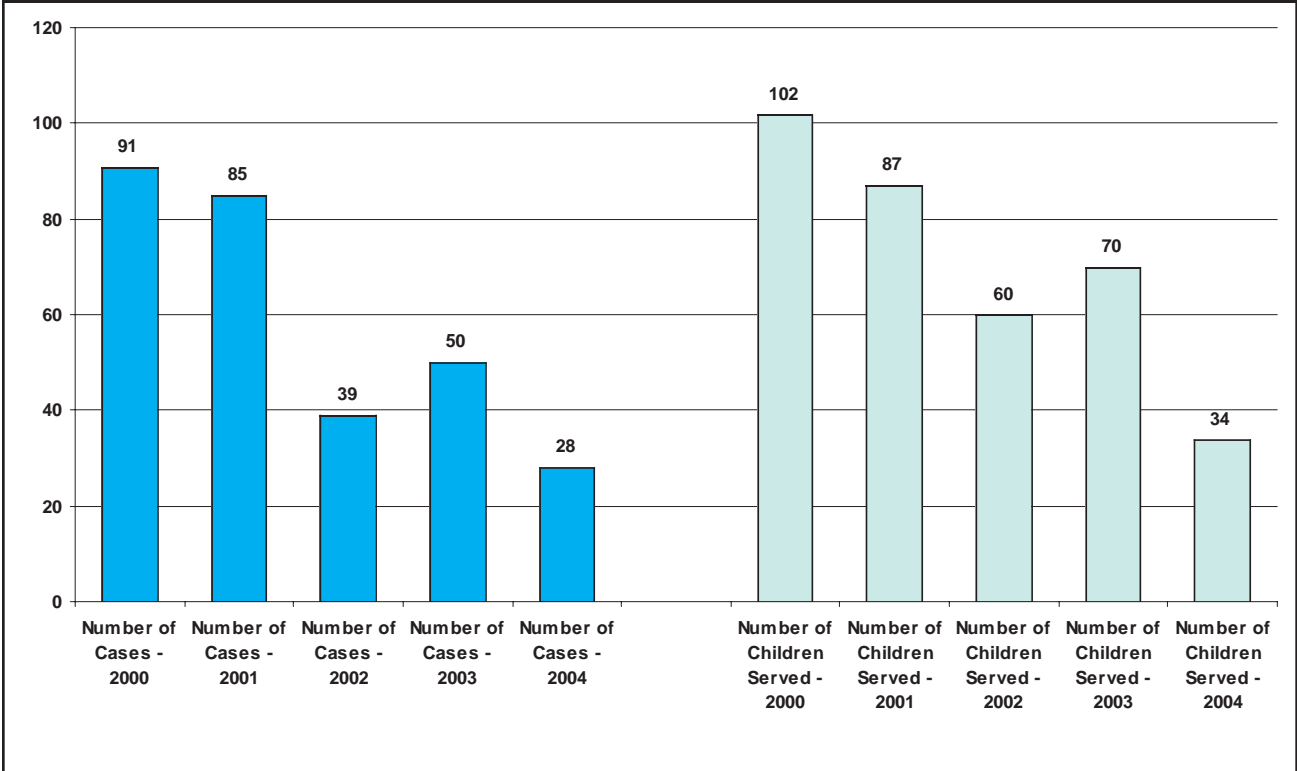




Figure 5

**CASES/CHILDREN SERVED BY REUNIFICATION
Program 2000 through 2004**



COMMUNITY CARE LICENSING

SPECIAL REPORT



CALIFORNIA DEPARTMENT OF SOCIAL SERVICES - COMMUNITY CARE LICENSING

ABUSE IN LICENSED CARE

The California Department of Social Services Community Care Licensing Division (CCL) is a regulatory enforcement program. The ultimate responsibility of the program is to protect the health and safety of children and adults that reside or spend a portion of their time in out-of-home care.

The program can best be described by looking at the three distinct functions of a regulatory enforcement program.

PREVENTION

Our first objective is to reduce predictable harm by screening out unqualified applicants through the application phase of the program. For example:

- Fingerprinting and obtaining criminal records of applicants and other individuals to provide some assurance that their contact with clients will not pose a risk to clients' health and safety,
- Obtaining fire clearances prior to licensure to ensure the facilities meet all necessary fire safety requirements,
- Obtaining health screening reports from physicians to verify that the applicant and facility personnel are in good health and physically, mentally and occupationally capable of performing assigned tasks,
- Obtaining a financial plan of operation and other financial information to determine if the facility has sufficient funds to meet ongoing operating costs,
- Conducting prelicensing visits to ensure that the facility is in compliance with CCL laws and regulations and ready to begin operation.

The application serves as a contract or promise by the applicant that they understand and will operate their facility in compliance with licensing regulations found in the Health and Safety Code. It is important to remember that by agreeing to comply with regulations, the applicant is giving permission to do something **OTHERWISE PROHIBITED BY LAW**. Applicants are given permission (issued a license) to operate an out-of-home care facility.

COMPLIANCE

Once the application process is complete and a license is issued, the licensee has a vested right to operate the facility as long as the facility is operated in compliance with regulations as promised when the licensee signed the application. The compliance part of the regulatory enforcement program allows the State to visually inspect the operation to make sure that the operation is in compliance. A Licensing Program Analyst (LPA) completes the visual inspection. If the facility is out of compliance, the deficiency is noted and the operator or facility administrator and LPA agree on a plan of correction to correct the deficiency (ies). During the compliance phase of the process, the LPA is often involved in consultation to assist the operator in understanding how she/he can come into compliance and remain in compliance with regulations. The critical part of the compliance phase is to provide enough information and assistance to the licensee to enhance his/her ability to stay in compliance. If not, the safety of the clients in care is jeopardized and the third part of the program must be utilized.

ENFORCEMENT

When a facility fails to protect the health and safety of people in care or has a chronic problem in meeting requirements, corrective



actions must be taken by CCLD. This enforcement takes many forms, based on the severity of the violation. As a general statement, anytime a person is sexually or physically abused by a licensee or there is insufficient supervision leading to client endangerment, the enforcement action will be closure of the facility. Other violations, unless chronic, will usually result in corrective action ranging in severity from plans of correction and civil penalties fines, to informal conferences. If still not corrected, revocation of the license is still a possibility. Enforcement is an essential component to any regulatory enforcement program and is only utilized when a licensee "fails to live up to" the promise he/she made when he/she signed the application - the promise to comply with regulations and the Health and Safety Code.

ORGANIZATIONAL STRUCTURE

Region Offices

CCL maintains four Region Offices serving children in Los Angeles County:

- Los Angeles and Tri-Coastal Counties Children's Residential Office
- Los Angeles Metro and Valley Children's Residential Office
- Los Angeles East Child Care Office
- Los Angeles Northwest Child Care Office

Staff assigned to these offices monitor facilities for compliance with CCL regulations by conducting group orientations for potential applicants; issuing or denying licenses; investigating complaints against facilities; initiating or recommending enforcement actions against facilities, including referrals or legal action; meeting with facility industry representatives, advocate groups, the general

public, private organizations and government agencies to develop and promote close working relationships; and performing mandated on-site facility visits.

Investigations

In Los Angeles County, CCL maintains three investigation units located in the Statewide Children's Residential Program Office, Culver City. These units are responsible for the most serious complaints in community care facilities for children and adults under the jurisdiction of CCL. The units have reported to a centralized Bureau of Investigations (BOI) in Sacramento since 2003. Together, the 3 units comprise the Los Angeles Investigation Section.

Supervising Special Investigators are responsible for planning, organizing and directing the units they are assigned.

BOI is linked with the Background Information Review Section (BIRS) and works closely with the Caregiver Background Check Bureau (CBCB) to resolve arrest and Trustline cases.

Legal Division

The Legal Division provides counsel to all programs administered by the California Department of Social Services. The attorneys in the Legal Division provide consultation on administrative actions and problem facilities to both the Program and Region Offices throughout the state. The attorneys represent the Department in hearings to revoke or deny licenses of community care facility operators.

Licensure Categories

CCL licenses facilities for adults and children who require out-of-home care. For the purposes of this report, only those categories which serve children are listed. CCL routinely interfaces with placement agencies serving children in out-of-home facilities, including Los



Angeles County Department of Children and Family Services, Probation or the State contracted Regional Centers.

CHILDREN'S RESIDENTIAL PROGRAM

Foster Family Homes

Foster Family Homes provide 24-hour care and supervision in a family setting in the licensees' family residence for no more than 6 children. Care is provided to children who are mentally disordered, developmentally disabled or physically handicapped, children who have been removed from their home because of neglect and or abuse, and children who require special health care needs and supervision as a result of such disabilities.

Small Family Homes

Small Family Homes provide care 24-hours a day in the licensee's family residence 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.

Group Homes

Group Homes are facilities of any capacity and provide 24-hour non-medical care and supervision to children in a structured environment. Group Homes provide social, psychological, and behavioral programs for troubled youth.

Adoption & Foster Family Agencies (Certified Foster Homes)

Adoption and Foster Family Agencies provide placement of children in certified Foster Family Homes and assist families in the adoption process. Most foster family agencies serve sub-offices to better serve communities.

Community Treatment Facilities (CTF)

CTF provide mental health services to children in a group home setting. These homes have the capacity to provide secure containment for children and are subject to program standards developed and enforced by the State Department of Mental Health.

Transitional Housing Placement Program (THPP)

THPP serves as a bridge to ensure foster youth (17 to 18 years old) are trained and have affordable housing arrangements to integrate into the community when emancipated from the foster care system.

CHILD CARE PROGRAM

Family Child Care Homes

Family Child Care Homes provide child care in the licensees' own homes for periods of less than 24 hours per day while the parents or guardians of the children are away. Family Child Care Homes either have a licensed capacity of six children or fourteen (an assistant is required for the larger homes that have a capacity of fourteen).

Day Care Centers

Day Care Centers are facilities of any capacity in which less than a 24-hour per day non-medical care and supervision is provided for children in a group setting.

Day Care Center for Mildly-Ill Children

Any facility of any capacity, other than a family child care home, in which less than 24-hour per day care and supervision are provided for children without life-endangering illnesses in a group setting.



Infant Care Center

Any facility or part of a facility where less than 24-hour per day, non-medical care and supervision are provided to infants in a group setting.

School Age Child Care Day Care Centers

Any facility or part of a facility of any capacity where less than 24-hour, non-medical care and supervision are provided in a group setting to school-age children.

INVESTIGATIVE SERVICE REQUEST PRIORITY CRITERIA

A. Priority I (Mandatory Referral)

1. Complaints of sexual abuse that involve the penetration of the genitals, anus, or mouth of any persons involved (including, but not limited to rape, oral copulation, sodomy, use of a foreign object) when:
 - a. The victim is a client or the alleged sexual conduct poses a potential health and safety risk for clients.
 - b. The suspect may or may not be associated with the facility (for example: licensee, staff, relatives of licensee, unknown perpetrator).
 - c. The abuse is alleged to have occurred in the facility or while the client was under the care and supervision of the licensee/staff.
2. Complaints of physical abuse that involve acts resulting in great bodily injury such as broken bones, severe cuts, head injuries, burns, when:
 - a. The victim is a client or the alleged physical abuse poses a potential health and safety risk for clients.

- b. The suspect may or may not be associated with the facility (for example: licensee, staff, relatives of licensee, unknown perpetrator).
- c. The abuse is alleged to have occurred in the facility or while the client was under the care and supervision of the licensee/staff.
3. Complaints involving suspicious circumstances regarding the death of client, either in or out of the facility.
4. Complaints of lack of care and supervision which result in Priority I sexual or physical abuse to a client. Also included, but not limited to, stage three and four dermal ulcers, malnutrition, dehydration, hypothermia, etc.
5. Complaints of abuse that involve acts such as assault and/or battery that if successful, would result in death or great bodily injury (for example: licensee/staff firing a weapon at a client use of an object/weapon on a client that could inflict death or great bodily injury).
6. Complaints of unlicensed operation where a temporary suspension order is in effect or the license has been revoked. Complaints of unlicensed care that involve Priority I allegations such as, physical abuse, sexual abuse, death or lack of care.
7. Complaints of licensee, staff, others residing or present at the facility providing, using, selling or manufacturing drugs that may result in felony offenses (for example: methamphetamine, cocaine, heroin, psychedelics, LSD, PCP).

B. Priority II (Mandatory Referrals)

1. Complaints of sexual abuse that involve sexual behavior (not penetration) such as



voyeurism, masturbation, exhibitionism, exploitation, inappropriate sexual touching, and/or fondling, when:

- a. The victim is a client or the alleged sexual conduct poses a potential health and safety risk for clients.
 - b. The suspect may or may not be associated with the facility (for example: licensee, staff, relative of licensee, unknown perpetrator).
 - c. The abuse is alleged to have occurred in the facility or while the client was under the care and supervision of the licensee/staff.
2. Complaints of physical abuse that involve acts resulting in minor injuries or bruises, when:
 - a. The victim is a client or the alleged physical abuse poses a potential health and safety risk for clients.
 - b. The suspect may or may not be associated with the facility (for example: licensee, staff, relatives of licensee, unknown perpetrator).
 - c. The abuse is alleged to have occurred in the facility or while the client was under the care and supervision of the licensee/staff.
 3. Complaints of actions by a facility operator, the licensee, employee, volunteer, another client, or unidentified suspect that may result in felony offenses (for example: robbery, arson, grand theft, chemical restraint).
 4. Complaints of unlicensed facilities where entry has been denied to Community Care Licensing Division staff. Complaints of unlicensed operation that involve Priority II allegations.

5. Complaints of licensee, staff, others residing or present in the facility using, or selling illegal drugs other than "felony" drugs (for example: marijuana, alcohol provided to minors).

C. Priority III (Optional Referral)

1. Complaints of physical abuse that involve acts such as assault, or battery, shoving, pushing with no injuries or bruises.
2. Complaints of actions by a licensee, facility employee, volunteer, other clients, or unidentified suspect of misdemeanor offenses including, but are not limited to, neglect, or lack of supervision.

**D. Priority IV
(Region Office Responsibility)**

1. Complaints of physical punishment/corporal punishment to clients defined as spanking (using the hand), lack of supervision that did not result in any abuse or injury, unsanitary conditions and other regulatory violations.
2. Includes complaints of client on client conduct that does not meet Priority I, II, or III criteria.

Figure 1 provides data on the total number of licensed facilities providing care for children in Los Angeles County as of December, 2004.

Figure 2 provides the number of Community Care Licensing (CCL) Bureau of Investigations (BOI) cases for 2004. The cases are by region throughout the state and include physical abuse, sexual abuse, neglect and questionable deaths at children's facilities.

Figure 3 provides the number of legal cases received from Los Angeles County by the CDSS Legal Division with violations of abuse, neglect and death during 2004 (cases may have multiple violations).



Figure 1
CCLD LICENSED FACILITIES IN LOS ANGELES

TYPE OF FACILITY	TOTAL CAPACITY	NUMBER OF FACILITIES
Foster Family Home	7,743	3,190
Small Family Home	499	116
Group Home	4,165	377
Foster Family Agency (certified home)	1,926	72
Foster Family Sub Agency	1,588	52
FFA Certified Home	0	4,493
Adoption Agency	0	22
Community Treatment Facility	64	2
Transitional Housing Placement	294	10
Family Child Care	112,015	11,577
Child Care Center	154, 841	2,707
Child Care - III	30	3
Child Care - Infant	8,717	407
Child Care - School Age	32,924	618
TOTAL	324,806	23,646

Figure 2
BOI CHILDREN'S CASES FOR 2004

CASES ACCEPTED	RESIDENTIAL	CHILD CARE	TOTAL
Northern Region	168	142	310
Coastal Region	60	96	156
Los Angeles Region	179	61	240
Southern Region	95	97	192
TOTAL	502	396	898

Figure 3
ABUSE/NEGLECT/DEATH VIOLATIONS RECEIVED BY LEGAL

TYPE OF FACILITY	NUMBER OF CASES
Foster Family Home	18
Small Family Home	3
Group Home	10
Foster Family Agency (includes Sub-Agency)	3
FFA Certified Home	48
Adoption Agency	0
Community Treatment Facility	0
Transitional Housing Placement	0
Family Child Care Home	32
Child Care Center	5
Child Care Center- III	0
Child Care Center - Infant	1
Child Care Center - School Age	2
TOTAL	122



Figure 4 provides the number of legal cases served in Los Angeles County by the CDSS Legal Division with violations of abuse, neglect or death during 2004 (cases may have multiple violations).

Figure 5 provides the number of legal cases closed in Los Angeles County by the CDSS Legal cases closed in Los Angeles County by the CDSS Legal Division with violations of abuse, neglect or death during 2004 (cases may have multiple violations).

Due to the complexity of the legal process, it is entirely possible that a case may be received and not served, served and not closed in the same year. There are a variety of circumstances that determine how quickly a legal case can be closed.

Figure 4

ABUSE/ NEGLECT/DEATH VIOLATIONS LEGAL SERVED

TYPE OF FACILITY	NUMBER OF CASES
Foster Family Home	30
Small Family Home	7
Group Home	18
Foster Family Agency (includes Sub-Agency)	5
FFA Certified Home	58
Adoption Agency	1
Community Treatment Facility	0
Transitional Housing Placement	0
Family Child Care Home	40
Child Care Center	9
Child Care Center - III	0
Child Care Center - Infant	3
Child Care Center - School Age	4
TOTAL	175

Figure 5

LEGAL CASES CLOSED IN LOS ANGELES COUNTY WITH VIOLATIONS OF ABUSE, NEGLECT OR DEATH DURING 2004

TYPE OF FACILITY	NUMBER OF CASES
Foster Family Home	28
Small Family Home	7
Group Home	15
Foster Family Agency (includes Sub-Agency)	3
FFA Certified Home	46
Adoption Agency	1
Community Treatment Facility	0
Transitional Housing Placement	0
Family Child Care Home	28
Child Care Center	4
Child Care Center - III	0
Child Care Center - Infant	3
Child Care Center - School Age	2
TOTAL	137



GLOSSARY OF TERMS

Administrative Action:

Legal action by the California Department of Social Services concerning a license and/or persons authorized to provide care & supervision

Caregiver:

Licensee/staff/employee providing care & supervision

Deaths (to be investigated):

Death of a client, from unknown causes, or due to licensee, employee, or others contributing to the client's death

Findings:

Investigations conclude with one of the 3 below:

1. **Substantiated** - the allegation is valid because of the preponderance of evidence
2. **Inconclusive** - the allegation may be valid but there is not a preponderance of evidence
3. **Unfounded** - the allegation is false, could not have happened, and/or is without a reasonable basis

Investigators:

Peace Officers of the California Department of Social Services, Penal Code 830.3(h)

LPA:

Licensing Program Analysts assigned to monitor facilities in designated jurisdictions of community care licensing

Licensee:

Person or organization granted a community care license

Out of Home Care:

Non-medical Care & Supervision provided under the jurisdiction of the Health & Safety Code involving Community Care Licensing

Physical Abuse:

A physical injury which is inflicted by other than accidental means. Includes acts of physical abuse done at the direction of the licensee, a facility employee and/or unknown suspect resulting in serious injuries

Sexual Abuse:

An activity performed for the sexual gratification of one of the parties involved when one is a victim or in a position of trust. (For example: rape, unlawful sexual intercourse, oral copulation, sodomy, voyeurism, masturbation, exhibitionism, bondage, pornography, and child molestation).

SPA:

Los Angeles County Service Planning Areas

Unlicensed Facility:

Care & Supervision is provided or necessary for persons receiving care without the required license when the facility is not exempt from licensure under law



SELECTED FINDINGS

- The California Department of Social Services Community Care Licensing Division (CCL) licensed 23,646 children's facilities in Los Angeles County with a capacity of 324,806 as of December, 2004 compared to 23,527 children's facilities with a capacity of 322,540 in the previous year's report.
- In 2004, Figure 2 identifies the number of cases (many with multiple allegations) at the Los Angeles Section of the CCL Bureau of Investigations (BOI) rather than allegations throughout the state. The 240 Los Angeles cases out of 898 statewide in 2004 have multiple allegations and are not significantly different in work volume to Figure 2 in 2003.
- The legal data in Figures 3 and 5 show decreased numbers for cases received and closed in 2004. There was a small increase in Figure 4, cases served in 2004.

RECOMMENDATIONS

- CCL collects and reports data of regulatory enforcement protecting children who receive care and supervision each year. CCL will continue to track cases in 2005 and compare data collected in previous years.
- The CCL report will continue to collect investigation and legal data to assess the agency's enforcement function.
- CCL will monitor geographical trends. In 2004, the cases in the 2 eastern Los Angeles CCL region offices (Los Angeles and Tri-Coastal Counties Children's Residential and Los Angeles East Child Care) were primarily in County SPA 3, 4, 7, and 8. All other County SPAs were primarily covered by the 2 western Los Angeles CCL offices, Los Angeles Metro and Valley Children's Residential and Los Angeles Northwest Child Care. The 2 children's residential offices and the 2 child care offices are relatively equal in number of cases, within their respective programs.

**LOS ANGELES COUNTY
CHILDREN'S PLANNING
COUNCIL SCORECARD
SPECIAL REPORT**



CHILDREN'S SCORECARD

Since 1993, the Children's ScoreCard has been a vital tool for monitoring progress in our collective efforts to improve the lives of children across the five outcome areas: Good Health, Safety and Survival, Economic Well-Being, Social and Emotional Well-Being, and Education/Workforce Readiness. Comprised of indicator data for these five outcomes, the ScoreCard provides valuable snapshots that capture the reality of children's lives.

A review of the data in the 2004 Children's ScoreCard suggests that the county continues to move in a positive direction in each of the five outcome areas. It also makes clear, though, that grave disparities exist among Service Planning Areas (SPAs) and racial/ethnic subgroups. Children of color, who represent four of every five children in the County, fare more poorly than non-Hispanic White children. When looking at data geographically, disparities are often seen in SPAs 4 and 6, with SPA 1 show increasing disparities as well.

These data can assist our efforts to improve outcomes for children by highlighting areas where change is needed and by acting as a catalyst for action. Additionally, the data in the ScoreCard provide us with information to make more effective decisions in our planning, policy considerations, resource allocation, and community action.

COMMUNITY FORUMS

Using the ScoreCard is not enough to improve outcomes, however. LA County has become increasingly diverse - racially, culturally, and economically - including the aforementioned socio-economic disparities. These changes, transitions, and disparities make effective policy development and community

building a challenge. Creating strong, healthy communities - based on relationships - requires a long-term investment, willingness to utilize innovative approaches, and the presence of a diverse group of stakeholders that are willing to listen and learn.

To that end, the Children's Planning Council (CPC), in partnership with the County's Chief Administrative Office and Inter-Agency Operations Group, sponsored a countywide community forum process between April 1 and June 30, 2005. This effort reflects the ongoing commitment by the CPC to listen to the voices of parents and youth as it pursues a community building agenda to improve the five outcomes of child well-being.

Sixty-four forums were held, and over 2,000 County residents participated. A primary goal of the forums was to create a space for parents, residents, and youth to voice their concerns on issues that most affect them, their families, and their communities. The feedback from the forums was collected and organized into five overarching themes that correspond to the five outcome areas. In addition, an "Other" category was included for themes that did not fit under the five outcomes. The remainder of this section will highlight some of the major findings.

MENTAL HEALTH:

Discussions regarding mental health services and well-being of children highlighted two specific needs: family counseling and issues of abuse. Residents reported interest in family counseling for couples, parent-child relationships, and generational conflict to address issues such as school, sex, or money. One youth said, "I can't talk with my parents - we end up yelling at each other. They just don't understand me and what I'm going through."



For youth with immigrant parents, issues about the pressures of cultural expectations were problematic. They also expressed concern that acculturation into the "American" way of life often means breaking from certain cultural traditions that their parents maintain. This also contributes to various family-based conflicts.

The second counseling-related issue centers around services related to dealing with abuse - child abuse, drug and alcohol abuse, or sexual abuse. Residents acknowledged an increase in incidents of abuse, particularly related to sex or child abuse, but feel unable to adequately address or talk about these issues and/or are unsure about what resources are available to help victims.

One resident of SPA 4 spoke of the need for mental health or counseling services that help parents who have experienced abuse themselves. She stressed: "We need to help parents heal themselves - their hurts and their pain - before they can learn to be better parents." With respect to drug and alcohol abuse, participants wanted better access and information about counseling and treatment programs that help family members of substance abusers talk about the issues they encounter or face.

PARENTING CLASSES:

In every SPA, adult participants cited the need for parenting classes. In many ways, parenting classes were a proxy for larger social and emotional issues regarding disciplining children, communicating and dealing with conflict, as well as how to provide social support for children and families.

TEEN PREGNANCY:

At some forums, participants indicated that the issue of teen pregnancy was a concern. Some parents and youth believed that more information could help decrease teen pregnancy rates. In addition, both youth and adults reported their fears regarding the potential for increased rates of STD transmission as a result of unprotected sex. Youth and parents both reported that more information was necessary and that the information must be targeted toward teens as well as minority populations because of the increased rates of transmission.

SUPPORT SERVICES FOR THE DISABLED:

Participants indicated that additional support services for individuals with disabilities or parents with disabled children are needed. For some, this means increased access to transportation services for the severely disabled, while others need help with the overall care and treatment of their relatives. The lack of resources and training for families working with disabled relatives often means that families struggle to adequately provide their loved ones with quality medical care.

ABUSE ISSUES:

LA County residents were very concerned with the increases in sex-related crimes, such as molestation, rape, and child/sexual abuse. Families report not knowing where registered sex offenders live in their communities -or how to go about getting that information.

For parents, there is definitely a concern about making sure that they can adequately care for their children's safety by knowing the 'potential dangers that sex offenders in their neighborhoods might pose. Some residents



reported being unsure what options they have to increase their safety other than to ask for more police surveillance.

Finally, the increase in the reported incidents of child abuse was a growing concern. Some residents indicated that additional parenting classes may be an important resource on how to become better parents. Additionally, parents stated that there is a need for more confidential resources for teens so they could talk with someone without feeling as if their parents or guardians would be arrested or sent away.

STREET SAFETY:

Across the County, residents reported that excessive speeding on residential streets constantly endangers children. According to participants, cars use residential streets as alternate routes to crowded highways, and speed down streets without regard to the children who may be playing nearby.

Additionally, the increase in traffic and the lack of traffic signals on major streets created a concern for pedestrians. Community members noted that there are often no locations to cross streets safely, and because drivers are also speeding, it makes it difficult to attempt to cross a street at all. Some residents discussed having to walk out of their way to cross at a distinctly marked cross-walk because drivers otherwise do not stop for pedestrians.

HOUSING:

In every SPA, residents indicated that the lack of affordable housing was a great concern for themselves, friends, family, and neighbors in their communities. The disparity in income-to-rent ratio for LA County residents often means they have to choose between paying their rental

costs and meeting other basic needs such as food, clothing, or school expenses for their children.

Additionally, poor property management, which exposes families to living in unhealthy and dangerous conditions, was also identified as a major concern. One mother described being terrified that her children would become sick as a result of living in an area "infested with cockroaches and rats."

CHILD CARE:

One of the most consistent concerns heard was the need for affordable child care. While some residents were fortunate to have a family member who could care for their children, many were not as lucky. Low-income parents expressed great frustration over the lack of subsidized child care facilities. As a result, the majority of their income goes toward child care expenses, or they must seek out unlicensed, unregulated caregivers for their children because that's all they can afford. Parents understood the trade-offs and expressed constant worry over the safety, security, and emotional well-being of their children while in care.

SCHOOL SAFETY:

At most of the forums, participants discussed the growing unease they felt with regard to school safety. The prevalence of gang violence was the most frequently cited concern in this grouping of issues. Participants indicated that community-related gang issues were manifesting themselves within the walls of their schools. Youth who disclosed that they were not part of gangs were all too familiar with the types of violence and murders that occurred in school or in the community. Parental concerns focused on their own inability to



supervise their children during the day and their lack of confidence in the supervision provided by school personnel.

SCHOOL HEALTH SERVICES:

Parents and youth alike felt that more resources need to be dedicated to improving the health of children. One of two areas that participants reported needing the most improvement was counseling. Youth across all SPAs reported that counseling services would help address the high levels of stress they experience.

The sources of stress include family-related pressures (e.g., fighting with parents or divorce) and peer pressure, which includes issues involving drugs or alcohol use, body image, and sex. In addition, youth also discussed feeling overwhelmed by pressures to perform well in school. Students and parents alike felt that school was an appropriate place for youth to seek help because although problems stemmed from many sources in their lives, school was the place where their problems converged or where they could best access a support network of both counselors and peers.

CONCLUSION:

The findings identified in this report, while not surprising, highlight numerous challenges in communities throughout the County - challenges that require creative and innovative approaches across systems responsible for the well-being of children and families. The common issues and themes that surfaced suggest that there are concerns, experiences, and aspirations regarding the well-being of children and families that merit our collective attention.

DATA SOURCES:

Los Angeles County 2004 Children's ScoreCard - Los Angeles County Children's Planning Council

Los Angeles County Community Forum Findings - Los Angeles County Children's Planning Council, Chief Administrative Office and Inter-agency Operations Group, August 2005.

For questions or copies of these publications, please contact Becki Nadybal at (213) 974-7030.

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

SPECIAL REPORT



CALIFORNIA CHILD WELFARE SERVICES

Outcome & Accountability County Data Report (Child Welfare Supervised Caseload)

Los Angeles July 2005

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 are added and some old data have been updated in this report. The data in this report reflect the Original outcomes for data available through January 1,

2005. We have also included Updated (refreshed) data for some 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 data cleanup efforts in some counties. 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 those 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 are 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).

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

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#countyates>

YEAR	NUMBER	RATE	
		Original	Updated
2004	122,657	44.3 per 1,000	–
2003	127,262	46.1 per 1,000	46.0 per 1,000
2002	126,960	46.5 per 1,000	46.4 per 1,000

Number and rate of children with substantiated referrals

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#countyates>

YEAR	NUMBER	RATE	
		Original	Updated
2004	28,935	10.4 per 1,000	–
2003	28,405	10.2 per 1,000	10.3 per 1,000
2002	31,071	11.4 per 1,000	11.4 per 1,000

Number and rate of first entries

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>

YEAR	NUMBER	RATE	
		Original	Updated
2004	7,347	2.7 per 1,000	–
2003	7,099	2.6 per 1,000	2.6 per 1,000
2002	7,565	2.8 per 1,000	2.8 per 1,000



Number and rate of children in care

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>

DATE	NUMBER	RATE	
		Original	Updated
JUL 1, 2004	28,935	10.5 per 1,000	-
JUL 1, 2003	28,405	11.3 per 1,000	10.9 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.

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. This measure was developed by UCB.

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

Figure 1A
PERCENT RECURRENCE OF MATREATMENT (FED)

12-month study period	Original	Updated
01/01/04-12/31/04	7.8%	-
10/01/03-09/30/04	8.0%	-
07/01/03-06/30/04	7.7%	-
04/01/03-03/31/04	8.0%	8.0%
01/01/03-12/31/03	8.3%	8.3%
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>

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	9.6%	-
10/01/03-09/30/04	9.8%	-
07/01/03-06/30/04	10.2%	-
04/01/03-03/31/04	10.3%	10.4%
01/01/03-12/31/03	10.4%	10.4%
10/01/02-09/30/03	10.5%	10.5%
07/01/02-06/30/03	10.1%	10.1%



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 (currently limited due to data constraints to children in foster or FFA homes). This data was developed by UCB. It is a federal outcome measure.

For all children in county supervised or Foster Family Agency child welfare supervised foster care during the nine-month review period (timeframe established according to federal guidelines), what percent had a substantiated allegation by a foster parent during that time?

URL:http://cssr.berkeley.edu/CWSCMSreports/cfsrdata/standards/cfsr_abuse.asp

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

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

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>

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	6.5%	-
10/01/03-09/30/04	6.6%	-
07/01/03-06/30/04	6.8%	6.8%
04/01/03-03/31/04	6.9%	6.9%
01/01/03-12/31/03	6.8%	6.9%
10/01/02-09/30/03	6.9%	6.9%
07/01/02-06/30/03	6.7%	-

CHILD ABUSE/NEGLECT REFERRALS WITH A TIMELY RESPONSE (2B)

This is a process measure designed to 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 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 2B
PERCENT OF CHILD ABUSE/NEGLECT
Referrals With A Timely Response

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

TIMELY SOCIAL WORKER VISITS WITH CHILD (2C)

This is a process measure designed to determine if social workers are seeing the children on a monthly basis when that is 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. It is a state process measure. 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 2C
TIMELY SOCIAL WORKER VISITS WITH CHILD

	Original	Updated	Original	Updated
Q3 2004	Oct 2004		Nov 2004	
	91.1%	-	91.5%	-
Q3 2004	Jul 2004		Aug 2004	
	90.7%	-	90.9%	-
Q2 2004	Apr 2004		May 2004	
	91.1%	90.5%	91.1%	96.7%
Q1 2004	Jan 2004		Feb 2004	
	90.8%	90.8%	91.0%	91.1%
Q4 2003	Oct 2003		Nov 2003	
	89.8%	89.8%	90.1%	90.1%
Q3 2003	Jul 2003		Aug 2003	
	90.2%	-	90.5%	-
Q2 2003	Apr 2003		May 2003	
	90.4%	-	96.0	-

Figure 2C (continued)
TIMELY SOCIAL WORKER VISITS WITH CHILD

	Original	Updated
Q3 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	Jun 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

Figure 3E
PERCENT REUNIFIED WITHIN 12 MONTHS (Fed)

12-month study period	Original	Updated
01/01/04-12/31/04	40.7%	-
10/01/03-09/30/04	37.3%	-
07/01/03-06/30/04	34.1%	34.3%
04/01/03-03/31/04	32.0%	34.7%
01/01/03-12/31/03	33.3%	36.0%
10/01/02-09/30/03	32.9%	36.6%
07/01/02-06/30/03	33.2%	38.0%

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 3A
PERCENT REUNIFIED WITHIN 12 MONTHS (entry cohort)

12-month study period	Original	Updated
01/01/03-12/31/03	23.7%	-
10/01/02-09/30/03	22.4%	-
07/01/02-06/30/03	21.3%	-
04/01/02-03/31/03	20.8%	22.0%
01/01/02-12/31/02	20.5%	22.5%
10/01/01-09/30/02	20.0%	22.1%
07/01/01-06/30/02	19.3%	21.3%

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



Figure 3D

PERCENT ADOPTED WITHIN 24 MONTHS (Fed)		
12-month study period	Original	Updated
01/01/04-12/31/04	13.6%	-
10/01/03-09/30/04	11.8%	-
07/01/03-06/30/04	10.8%	11.0%
04/01/03-03/31/04	10.8%	11.0%
01/01/03-12/31/03	9.5%	9.8%
10/01/02-09/30/03	9.4%	9.7%
07/01/02-06/30/03	8.7%	8.9%

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, 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
01/01/02-12/31/02	2.8%	-
10/01/01-09/30/02	2.4%	-
07/01/01-06/30/02	2.3%	-
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%	2.3%

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?

(Note: The methodology for this indicator has been revised)

URL: 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
01/01/04-12/31/04	88.6%	-
10/01/03-09/30/04	88.1%	-
07/01/03-06/30/04	88.3%	-
04/01/03-03/31/04	88.1%	87.6%
01/01/03-12/31/03	86.9%	86.6%
10/01/02-09/30/03	86.7%	86.2%
07/01/02-06/30/03	87.1%	86.5%

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
01/01/03-12/31/03	75.2%	-
10/01/02-09/30/03	74.6%	-
07/01/02-06/30/03	74.2%	-
04/01/02-03/31/03	74.6%	74.7%
01/01/02-12/31/02	74.6%	74.5%
10/01/01-09/30/02	75.1%	75.3%
07/01/01-06/30/02	74.0%	74.3%

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

Figure 3F
PERCENT OF ADMISSIONS
WHO ARE RE-ENTRIES (FED)

12-month study period	Original	Updated
01/01/04-12/31/04	6.2%	-
10/01/03-09/30/04	6.3%	-
07/01/03-06/30/04	6.4%	-
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%	6.9%
07/01/02-06/30/03	6.5%	7.1%

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
01/01/02-12/31/02	4.8%	-
10/01/01-09/30/02	4.5%	-
07/01/01-06/30/02	5.0%	-
04/01/01-03/31/02	5.9%	5.8%
01/01/01-12/31/01	6.1%	6.1%
10/01/00-09/30/01	6.9%	6.8%
07/01/00-06/30/01	6.0%	5.8%

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 are associated 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
January 1, 2005	42.0%	-
October 1, 2004	41.5%	-
July 1, 2004	41.8%	41.1%
April 1, 2004	41.2%	40.3%
January 1, 2004	41.2%	40.5%
October 1, 2003	40.6%	40.6%
July 1, 2003	40.6%	39.8%

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>

Figure 4A
PERCENT OF CHILDREN IN FOSTER CARE that are placed with SOME or ALL siblings

Point-In-Time	Original	Updated
January 1, 2005	66.6%	-
October 1, 2004	66.4%	-
July 1, 2004	67.0%	65.9%
April 1, 2004	67.0%	65.9%
January 1, 2004	67.2%	65.9%
October 1, 2003	66.4%	66.0%
July 1, 2003	66.9%	65.7%



	INITIAL PLACEMENT	PRIMARY PLACEMENT	POINT IN TIME (PIT) PLACEMENT
	01/01/04-12/31/04	01/01/04-12/31/04	January 1, 2005
	ORIGINAL	ORIGINAL	ORIGINAL
4B. Relative	31.0%	48.4%	38.8%
4B. Foster Home	14.2%	7.2%	8.3%
4B. FFA	49.9%	39.0%	20.2%
4B. Group/Shelter	3.9%	3.9%	7.2%
4B. Other	1.0%	1.5%	25.6%

	INITIAL PLACEMENT	PRIMARY PLACEMENT	POINT IN TIME (PIT) PLACEMENT
	10/01/03-09/30/04	10/01/03-09/30/04	October 1, 2004
	ORIGINAL	ORIGINAL	ORIGINAL
4B. Relative	30.9%	47.9%	37.7%
4B. Foster Home	15.3%	7.7%	8.4%
4B. FFA	48.5%	38.1%	19.9%
4B. Group/Shelter	4.1%	4.4%	7.2%
4B. Other	1.3%	1.8%	26.8%

	INITIAL PLACEMENT	PRIMARY PLACEMENT	POINT IN TIME (PIT) PLACEMENT
	07/01/03-06/30/04	07/01/03-06/30/04	July 1, 2004
	ORIGINAL	ORIGINAL	ORIGINAL
4B. Relative	29.9%	46.3%	37.9%
4B. Foster Home	16.1%	8.5%	9.0%
4B. FFA	48.7%	38.8%	19.9%
4B. Group/Shelter	3.9%	4.3%	7.3%
4B. Other	1.4%	2.1%	25.9%



	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%	29.7%	46.0%	47.9%	38.2%	38.4%
4B. Foster Home	16.3%	16.4%	8.7%	8.3%	9.2%	9.4%
4B. FFA	48.9%	48.6%	39.1%	37.3%	20.6%	20.8%
4B. Group/Shelter	3.9%	3.9%	4.4%	4.5%	7.2%	7.3%
4B. Other	1.3%	1.3%	1.8%	2.0%	24.7%	24.1%

	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%	28.7%	42.4%	48.6%	36.5%	39.3%
4B. Foster Home	19.8%	17.8%	12.6%	8.6%	12.0%	9.7%
4B. FFA	48.5%	48.2%	39.3%	36.0%	20.5%	20.6%
4B. Group/Shelter	3.6%	3.7%	4.1%	4.3%	7.2%	7.4%
4B. Other	1.4%	1.6%	1.6%	2.4%	23.7%	23.0%

	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%	26.4%	40.5%	46.6%	36.1%	38.5%
4B. Foster Home	19.2%	17.9%	12.6%	8.9%	11.6%	9.9%
4B. FFA	51.2%	50.9%	41.4%	38.0%	21.1%	21.3%
4B. Group/Shelter	3.3%	3.5%	3.5%	4.2%	7.1%	7.3%
4B. Other	1.2%	1.4%	2.0%	2.3%	24.1%	22.9%

	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%	25.1%	40.1%	45.6%	36.6%	38.5%
4B. Foster Home	18.4%	17.3%	12.0%	9.1%	11.5%	10.2%
4B. FFA	52.7%	52.3%	42.1%	38.5%	21.4%	21.6%
4B. Group/Shelter	3.6%	3.8%	3.7%	4.4%	7.0%	7.1%
4B. Other	1.4%	1.4%	2.1%	2.4%	23.6%	22.5%



****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>

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

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

Q4 2004	ORIGINAL
4E. Relative Home	41.8%
4E. Non-Relative Indian Family	0.0%
4E. Non-Relative Non-Indian Family	19.8%

Q4 2004	ORIGINAL
4E. Relative Home	46.7%
4E. Non-Relative Indian Family	1.8%
4E. Non-Relative Non-Indian Family	31.1%

Q4 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	38.1%
4E. Non-Relative Indian Family	1.0%
4E. Non-Relative Non-Indian Family	38.5%

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 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	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%

****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>



Number of Children Transitioning to Self-Sufficient Adulthood with:	
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

Number of Children Transitioning to Self-Sufficient Adulthood with:	
10/01/02-9/30/04	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

Number of Children Transitioning to Self-Sufficient Adulthood with:	
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	87
LOS ANGELES COUNTY OFFICE OF EDUCATION	101
DEPARTMENT OF HEALTH SERVICES	119
DEPARTMENT OF CHILDREN AND FAMILY SERVICES	143
LOS ANGELES SUPERIOR COURT	167
LOS ANGELES COUNTY COUNSEL	181
LOS ANGELES COUNTY SHERIFF'S DEPARTMENT	189
LOS ANGELES POLICE DEPARTMENT	201
LOS ANGELES COUNTY DISTRICT ATTORNEY'S OFFICE	211
PROBATION DEPARTMENT	273
DEPARTMENT OF JUSTICE	291
DEPARTMENT OF CORONER	299
COUNTY OF LOS ANGELES PUBLIC LIBRARY	311
DEPARTMENT OF MENTAL HEALTH	315
LOS ANGELES CITY ATTORNEY'S OFFICE	347
THE CHILD ADVOCATES OFFICE/CASA OF LOS ANGELES	359
LOS ANGELES UNIFIED SCHOOL DISTRICT	367
LOS ANGELES COUNTY PUBLIC DEFENDER'S OFFICE	377

LOS ANGELES COUNTY DEPARTMENT OF PUBLIC SOCIAL SERVICES

AGENCY REPORT





DEPARTMENT OF PUBLIC SOCIAL SERVICES

State and Federal Assistance

The Department of Public Social Services (DPSS) has an operating budget of \$3.14 billion and 13,361 employees for FY 2004-2005. The department's primary responsibilities, as mandated by public law, are:

- To promise 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 their 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 they can help those they serve 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 their mission, services must be provided in an environment that supports their staff's professional development and promotes shared leadership, teamwork and individual responsibility.

DPSS believes that as they move 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 2004, DPSS provided public assistance to a monthly average of 2.13 million persons, 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 developed 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 charts, using December 2003 and 2004 as points in time for comparison, the aided persons receiving CalWORKs cash assistance decreased by 2.3% (9,918 persons). Medical Assistance Only aided persons counts decreased from 1,361,270 in December 2003 to 1,351,417 in December 2004. This represents a 0.7% decrease.

In total, there was a 1.1% increase (23, 743) in the number of persons receiving assistance for all aids combined from December 2003 to December 2004.

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

CalWORKs

During the last decade, the number receiving assistance through the CalWORKs Program (previously known as AFDC, or Aid to Families With Dependent Children) peaked in the first half of 1995 when the number of persons aided reached a high of 892,563. This count has slow-

ly been declining since February 2002. In December 2004, 418,660 persons received cash assistance for 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 671,176 in December 2004, up from 629,613 in December 2003, representing a 6.6% increase (41,563).

MEDICAL ASSISTANCE ONLY (MAO)

The number of persons receiving MAO has fluctuated during the calendar year 2004. There was a decrease from January (1,353,228 persons aided) through May (1,319,549), but from July through November the numbers increased, going from 1,308,380 persons aided to 1,361,372. The number slightly diminished to 1,351,417 in December 2004.

CASELOAD CHARACTERISTICS - CITIZENSHIP STATUS, PRIMARY LANGUAGE AND ETHNIC ORIGIN

This chart displays the total number of persons aided by citizenship status and ethnic origin for all programs, and the total number of cases aided by primary language for all programs. This information is based on December 2004 Caseload Characteristics for the entire department.



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 are also given handouts related to the indicators of child abuse and the handouts material is discussed.

Program material and other training to staff emphasize 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 2004, a total of 365 child abuse referrals were made to the Department of Children & Family Services. This represented a 7.8% decrease from the 396 referrals made in 2003.



Figure 1

**DPSS CASELOAD CHARACTERISTICS
DECEMBER 2004 LOS ANGELES COUNTY TOTALS**

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	Food Stamps	In-Home Supportive Services
CITIZENSHIP STATUS OF AIDED PERSONS							
Citizen	391,848	58,236	0	16	876,189	604,902	NA
Legal Immigrants	26,812	8,094	388	2,786	413,818	66,274	NA
Undocumented Immigrants	0	0	0	0	66,410	0	0
TOTAL	418,660	66,330	388	2,802	1,351,417	617,176	NA
PRIMARY LANGUAGE OF AIDED CASES							
Armenian	4,263	1,415	174	387	6,659	6,751	22,827
Cambodian	1,878	100	0	18	1,081	2,189	1,727
Chinese	1,083	278	26	299	11,414	2,484	9,750
English	97,108	57,713	31	200	231,427	171,841	59,733
Korean	131	265	0	245	4,332	618	2,799
Russian	437	174	51	168	1,181	801	7,169
Spanish	61,293	4,961	22	1,021	274,156	95,538	25,802
Vietnamese	1,802	360	5	68	4,631	3,315	3,037
Other	795	304	48	396	7,373	1,795	10,621
TOTAL	168,790	65,570	357	2,802	542,254	285,332	143,465
ETHNIC ORIGIN OF AIDED PERSONS							
American Indian/ Alaskan	378	360	0	0	1,324	1,173	309
Asian	22,228	2,326	44	967	101,410	40,000	24,883
Black	104,048	34,328	22	35	91,646	168,881	29,129
Hispanic	248,567	16,875	29	1,045	1,029,717	388,860	36,088
White	41,754	11,969	289	734	118,776	69,237	53,056
Other	1,685	472	4	21	8,544	3,025	0
TOTAL	418,660	66,330	388	2,802	1,351,417	671,176	143,465

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 2004
as Compared to December 2003**

CASH ASSISTANCE PROGRAMS				
Program	Dec. 2003	Dec. 2004	* Change	% Change
CalWORKs Total	428,578	418,660	-9,918	-2.3%
Zero Parent	124,501	131,101	6,600	5.3%
Two Parents	45,781	41,003	-4,778	-10.4%
All Other Families	176,691	160,666	16,025	-9.1%
General Relief	63,717	66,330	2,613	4.1%
CAPI	2,910	2,802	-108	-3.7%
Refugee	492	388	-104	-21.1%

* Of the CalWORKs Total 49,285 were TANF Timed - Out Persons and 36,605 were Safety Net Persons

SUPPLEMENTAL PROGRAMS				
Program	Dec. 2003	Dec. 2004	** Change	% Change
Medical Assistance Only	1,361,270	1,351,417	-9,853	-0.7%
Food Stamps	629,613	671,176	41,563	6.6%
IHSS	135,859	143,465	7,606	5.6%
Total All Programs	2,128,450	2,152,193	23,743	1.1%

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



Figure 3

CHILD ABUSE REFERRALS
January 1998 - December 2004

Month	1998	1999	2000	2001	2002	2003	2004	2003/04 change	2003/04 % change
Jan	80	78	29	56	47	20	37	17	85.0%
Feb	86	41	42	39	50	13	33	20	153.8%
Mar	88	70	64	41	23	32	32	0	0.0%
Apr	104	49	64	42	50	28	29	1	3.6%
May	73	67	87	51	43	31	27	4	-12.9%
June	88	54	78	43	43	50	32	18	-36.0%
July	99	49	65	51	32	38	43	5	13.2%
Aug	98	85	61	47	28	48	38	10	-20.8%
Sept	75	69	58	46	34	45	35	10	-22.2%
Oct	71	65	59	60	31	35	17	18	-51.4%
Nov	17	53	53	42	21	28	23	5	-17.9%
Dec	40	30	61	38	21	28	19	9	-32.1%
TOTAL	919	710	751	556	423	396	365	31	-7.8%

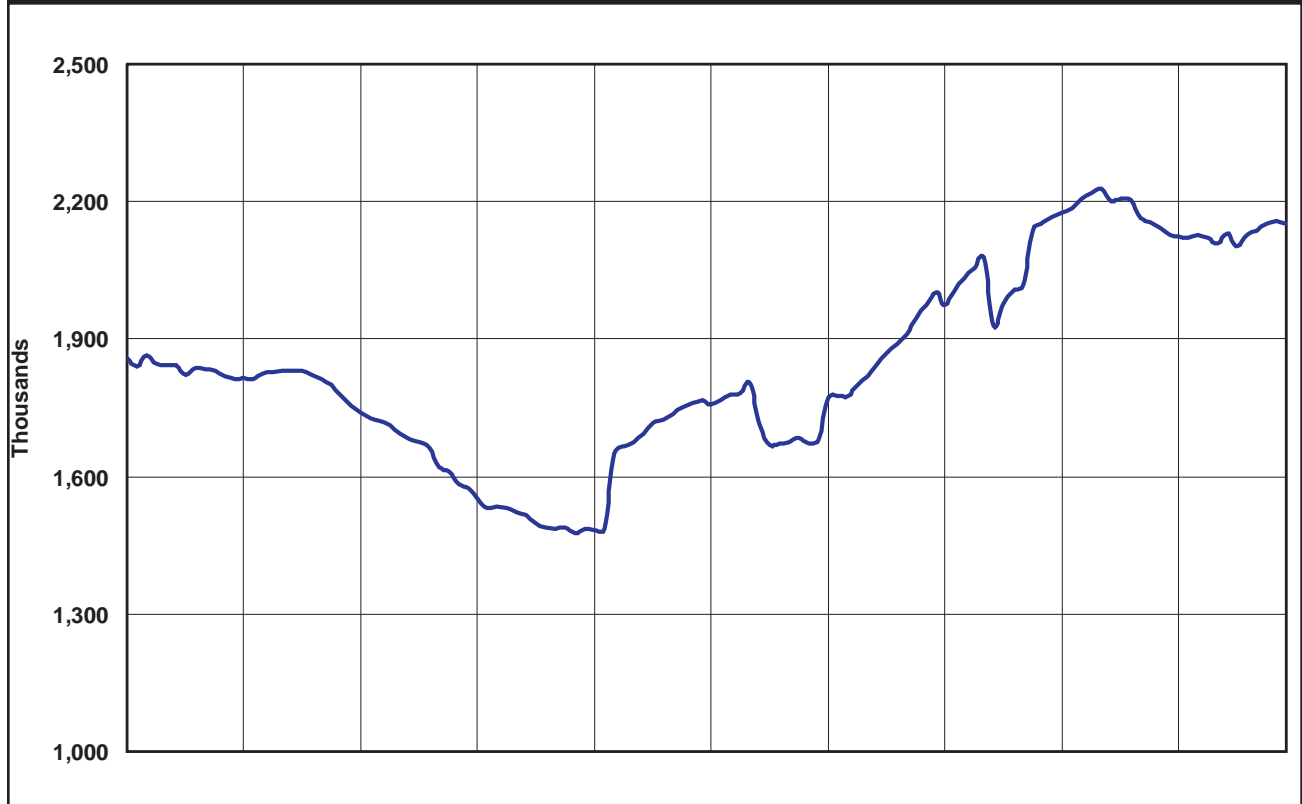
Some of the referrals may have been for the same children. Referral counts are from two sources.

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



Figure 4

PERSONS AIDED - ALL AIDS COMBINED
January 1995 - December 2004



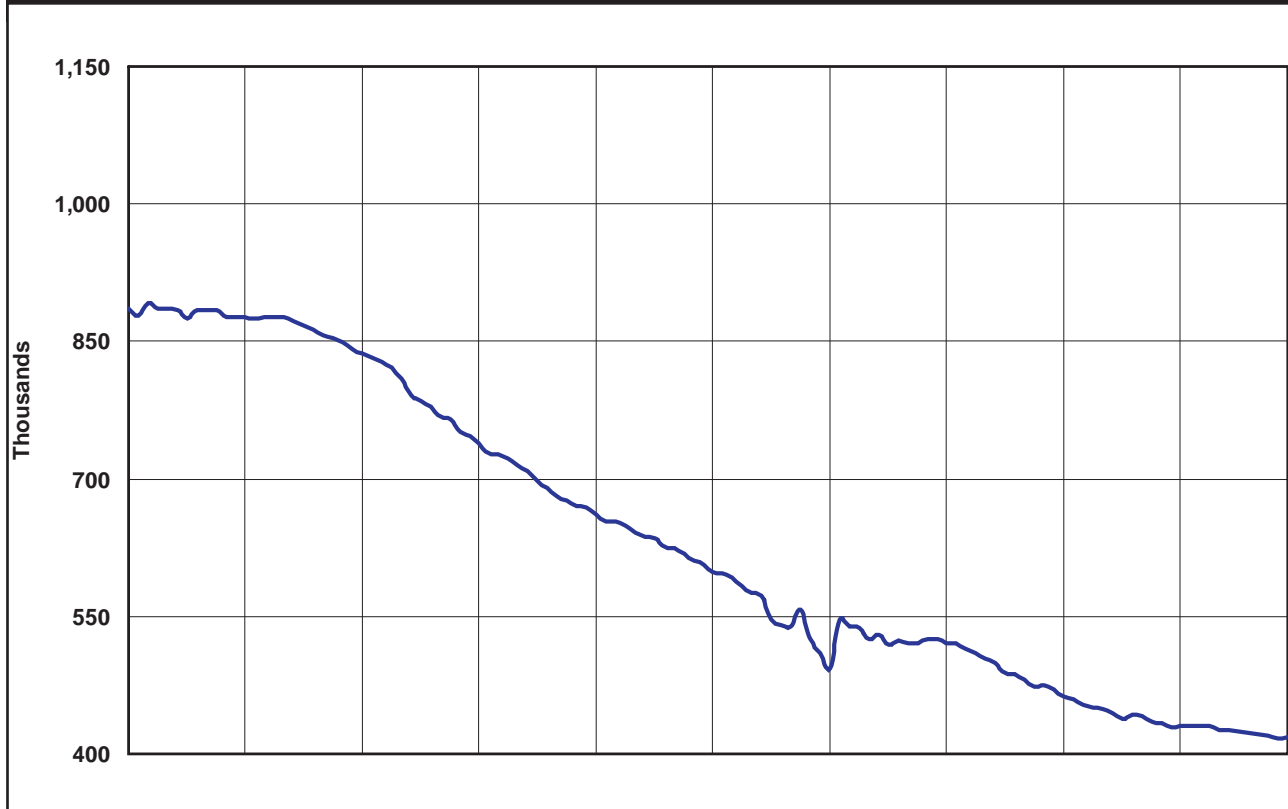
	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
January	1,856,959	1,815,720	1,739,691	1,553,899	1,483,869	1,756,212	1,772,223	1,974,284	2,176,029	2,125,174
February	1,840,912	1,813,789	1,726,450	1,530,151	1,486,946	1,766,419	1,774,694	2,004,216	2,185,622	2,121,033
March	1,863,833	1,825,136	1,720,143	1,534,206	1,652,199	1,778,684	1,777,189	2,033,305	2,205,706	2,126,252
April	1,844,758	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
May	1,843,275	1,831,350	1,693,943	1,521,529	1,676,300	1,803,096	1,820,217	2,077,231	2,227,731	2,107,699
June	1,843,183	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
July	1,821,202	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
August	1,836,626	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
September	1,833,234	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
October	1,832,172	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
November	1,819,413	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
December	1,813,271	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

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 1995 - December 2004



	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
January	885,463	876,717	837,106	738,794	661,221	599,169	493,919	520,000	462,610	430,391
February	877,880	875,076	831,976	727,891	654,160	596,444	546,415	521,144	459,815	430,449
March	892,563	876,611	827,414	727,230	653,703	593,048	538,982	514,243	453,464	431,113
April	886,282	876,223	822,043	722,847	648,935	583,782	537,586	509,779	450,140	430,219
May	885,656	875,998	809,107	715,096	641,760	575,411	524,665	504,467	448,322	426,729
June	884,621	871,490	791,775	709,102	636,322	572,814	530,180	499,743	445,039	426,184

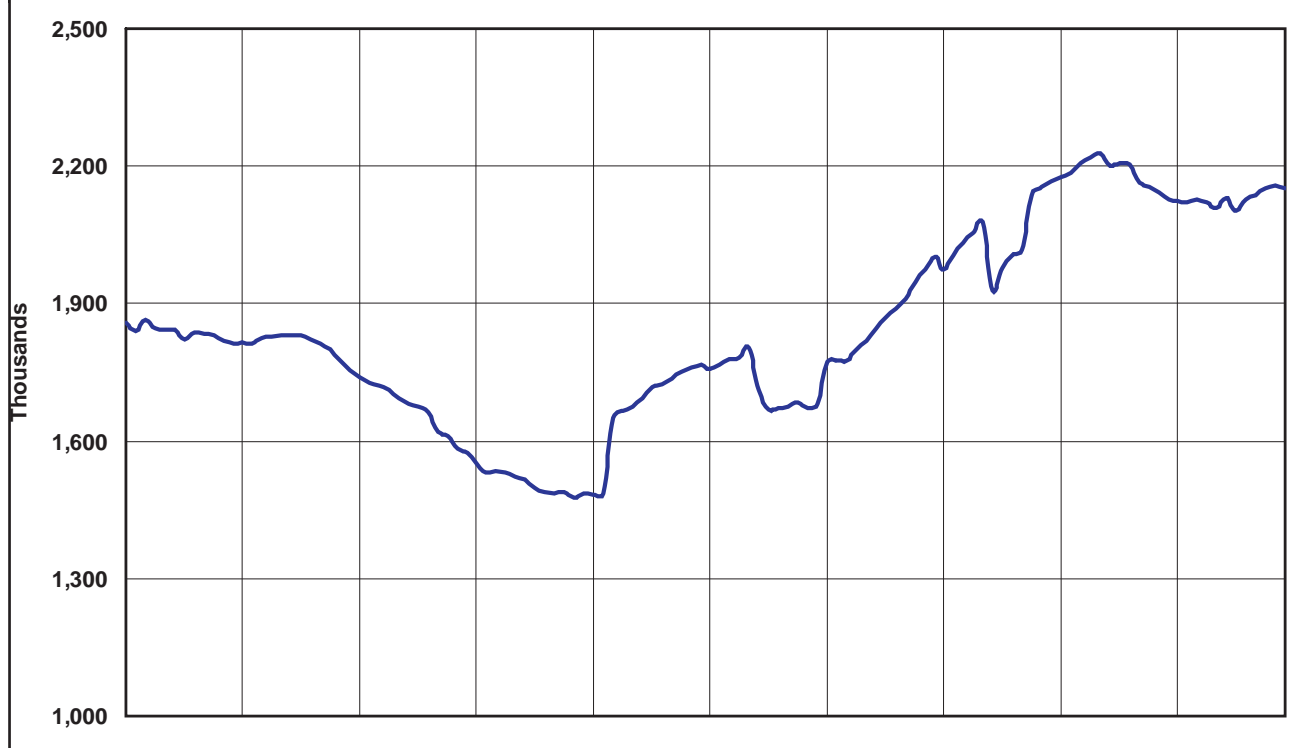
July	874,787	866,657	785,641	697,893	635,161	547,261	519,300	488,909	438,361	424,361
August	884,618	863,096	779,043	689,690	626,604	540,582	523,951	487,753	443,245	422,880
September	883,989	856,701	768,549	680,358	623,957	538,382	521,095	480,849	441,248	421,714
October	883,488	853,097	765,190	676,982	618,375	556,985	520,694	474,026	434,549	419,500
November	876,501	849,270	751,081	670,044	610,687	524,966	524,578	474,233	433,899	417,371
December	875,918	841,154	746,926	669,088	606,237	510,582	525,443	469,554	428,578	418,660

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 1995 - December 2004



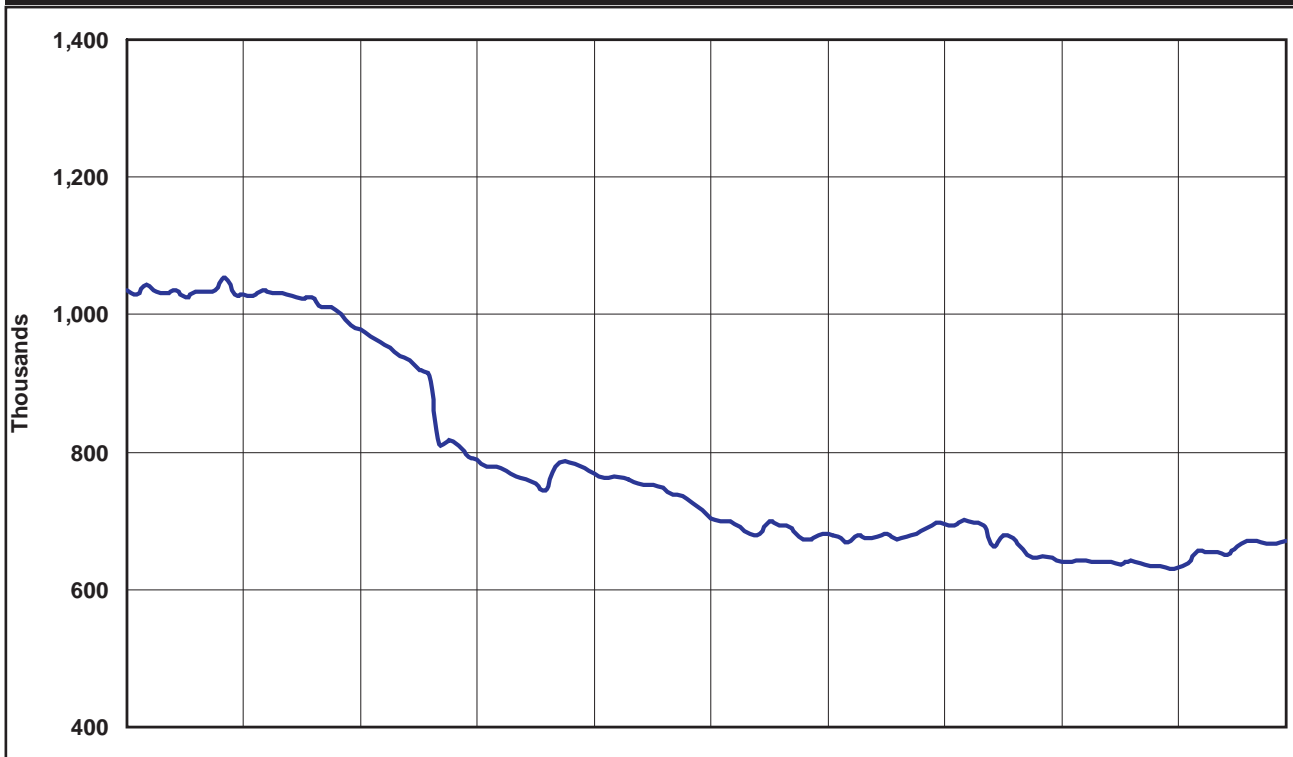
	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
January	611,805	596,484	570,327	571,557	571,007	889,755	906,938	1,166,682	1,406,522	1,353,228
February	607,762	597,735	564,166	541,932	577,075	902,304	921,546	1,195,551	1,413,691	1,344,771
March	611,831	606,724	563,039	547,734	736,143	914,589	945,297	1,224,869	1,433,380	1,336,927
April	608,059	611,286	564,277	551,182	154,584	931,347	968,075	1,244,420	1,445,267	1,329,514
May	606,154	616,143	563,326	551,338	773,607	961,482	990,852	1,271,226	1,452,265	1,319,549
June	604,854	616,606	570,008	553,940	792,953	870,789	1,011,611	1,132,120	1,427,276	1,350,166
July	599,987	618,514	571,714	554,563	814,968	853,517	1,040,397	1,181,503	1,436,246	1,308,380
August	602,215	617,597	568,862	555,691	829,576	865,679	1,054,721	1,209,942	1,423,220	1,328,548
September	601,480	614,457	559,167	555,105	844,984	871,567	1,070,178	1,234,504	1,390,581	1,339,599
October	599,205	605,973	558,273	561,363	862,429	863,525	1,099,190	1,358,891	1,382,429	1,356,053
November	595,753	592,418	554,113	559,878	879,336	886,356	1,119,379	1,374,175	1,367,723	1,361,372
December	594,630	578,977	552,039	565,886	892,420	908,567	1,142,324	1,389,420	1,361,270	1,351,417

- 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 1995 - December 2004



	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
January	1,036,049	1,030,083	979,260	789,311	769,511	703,778	681,715	694,947	640,239	632,052
February	1,029,634	1,027,816	967,730	777,831	763,230	698,505	676,542	694,210	639,800	638,116
March	1,043,366	1,035,169	960,920	777,828	765,154	700,194	669,461	701,512	641,417	656,154
April	1,033,515	1,032,099	952,582	773,173	762,544	691,058	679,643	697,071	639,816	654,400
May	1,031,994	1,030,812	939,209	765,220	756,139	680,875	674,655	693,056	641,206	654,425
June	1,034,976	1,027,171	933,708	761,220	752,897	680,184	676,184	663,140	639,950	651,213
July	1,024,636	1,022,791	918,708	753,633	751,832	699,125	681,200	678,885	636,053	662,139
August	1,032,824	1,025,404	912,005	744,266	748,143	692,766	673,463	675,000	642,295	671,442
September	1,033,356	1,011,628	811,670	779,386	738,767	690,494	676,885	658,674	637,365	670,871
October	1,036,427	1,010,180	816,725	787,472	735,529	676,173	681,588	647,434	634,616	667,536
November	1,054,240	1,001,164	808,432	782,681	726,838	673,829	690,221	647,617	634,291	666,183
December	1,028,565	985,425	793,864	777,464	716,673	678,281	697,889	645,854	629,613	671,176

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; an
- Either parent is absent from the home in which the child is living.

Types of Assistance Units include:

- **Two Parent Families** - include two non-disabled or unemployed, natural or adoptive parents of the same aided or SSI/SSP minor child (living in the home), unless both parents are minors and neither is the head-of-household.
- **Zero Parent Families** - are those in which the parent(s) or caretaker(s) are excluded from or ineligible for aid.

- **All Other Families** - are those that have not been identified as either a two parent or a zero parent family.
- **Safety Net Cases** - are those families in which all adults have been discontinued and removed from the assistance unit for reaching the CalWORKs 60-month time limit.
- **TANF Timed-Out** - are those families that include an adult head-of-household or a spouse of a head-of-household. (Including minors that are head-of-household) who have received Federal TANF assistance for a total of 60 cumulative months.

Cash Assistance Program to Immigrants (CAPI) -

Provide 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) -

Made up 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





LOS ANGELES COUNTY OFFICE OF EDUCATION

Overview

At the end of each traditional school year (July-June), the Los Angeles County Office of Education requests annual reporting of suspected cases of abuse, including Sexual Assault, Physical Abuse, General Neglect, and Emotional Abuse from the 81 school districts in the County. The reporting of this data is optional and self-reported by district personnel. Tables 3 through 6 contain detailed reporting of numbers of suspected cases for districts in 2003-04.

Incidence rates for suspected cases of Physical Abuse are 4 to 9 times higher than the other three types of abuse. Sexual Assault and Emotional Abuse have similar incidence rates across district types. Elementary districts had the highest average incidence numbers of cases

of suspected abuse across all four abuse categories, followed by Unified school and High school districts. High school and Unified school districts have similar incidence rate profiles, with the exception of General Neglect, where the average Unified districts' rate is over two times the High school districts' rate.

CURRENT YEAR RESULTS

Fifty-seven of 81 school districts in Los Angeles County filed 2003-04 reports of suspected abuse with the Los Angeles County of Education. Table 1 displays incidence rates (per 1000 students enrolled) for four abuse categories across three types of school districts. District enrollment data were obtained from the California Basic Educational Data System (CBEDS) website at: www.cde.ca.gov.

Table 1

**2003-04 NUMBER OF CASES AND INCIDENCE RATES
FOR REPORTED SUSPECTED ABUSE BY DISTRICT TYPE**

DISTRICT TYPE	Number of Districts	Total enrollment	Sexual Assault, # suspected cases	Physical Abuse, # suspected cases	General Neglect, # suspected cases	Emotional Abuse, # suspected cases	Total Cases	Sexual Assault, incidences / 1000	Physical Abuse, incidences / 1000	General Neglect, incidences / 1000	Emotional Abuse, incidences / 1000	Total Cases, incidences / 1000
ELEMENTARY	20	123,684	57	384	97	50	588	0.46	3.1	0.78	0.4	4.75
HIGH	3	50,835	11	107	12	14	144	0.22	2.1	0.24	0.28	2.83
UNIFIED	34	515,087	180	1,091	319	149	1,739	0.35	2.12	0.62	0.29	3.38
TOTAL	57	689,606	248	1,582	428	213	2,471	0.36	2.29	0.62	0.31	3.58



Multi-year trend analysis

The goal of this report, to provide five-year trending analysis across all 81 school districts, is not possible for 2003-04 due to the fact that only 57 of districts reported data for the current school year. However, some districts, including Arcadia Unified, Bassett Unified, Bonita Unified, Compton Unified, Keppel Union Elementary, La Canada Unified, Little Lake City Elementary, Long Beach Unified, Newhall Elementary, Palmdale Elementary, South Whittier Elementary, Sulphur Springs Union Elementary, Walnut Valley Unified, Whittier Union High, and Wilsona Elementary, reported data early for 2004-05, and therefore are used in this report's trend analysis. Table 2 displays the incidence rates for the four categories of abuse for the 67 districts used in the five-year trending analysis. The five-year reported trend is down for over 70% of districts reporting suspected cases of Sexual Assaults, 80% for Physical Abuse and General Neglect, and over 74% for Emotional Abuse.

While the incidence rates for suspected cases of Sexual Assault and Physical Abuse have mostly trended downward for Elementary (and Unified school districts over the past five

years, they appear to be trending upward for High school districts. Elementary school districts have reported a significant decrease (almost two-thirds) in the rate of suspected cases of General Neglect over the past five years, and a very slight increase in Emotional Abuse. High school and Unified school districts have reported very little differences in suspected cases of General Neglect and Emotional Abuse over the same five year period.

Figures 1-4 display graphical displays of reported cases of suspected abuse categories for those school districts included in the five-year trend analysis mapped onto the eight Service Planning Areas (SPAs) in Los Angeles County. Figure 1 shows that SPAs 3 and 7 contain the majority of districts whose five-year Sexual Assault incidence rates have either trended upward or are above the County average. Figure 2 contains shows a wide graphical dispersion of districts with upward trending of incidence rates of reported cases of suspected Physical Abuse. It is also evident that there are over twice as many districts with a downward trend as there are with an upward trend. Figure 3 shows that SPA 1 school districts have upward trends and below the County average or downward trends and above the County average for suspected

Table 2

FIVE-YEAR INCIDENCE RATES FOR REPORTED SUSPECTED ABUSE BY DISTRICT TYPE

District Type	Number of Districts	Sexual Assault Suspected cases Incidences / 1000		Physical Abuse Suspected cases Incidences / 1000		General Neglect Suspected cases Incidences / 1000		Emotional Abuse Suspected cases Incidences / 1000	
		Year 1	Year 5	Year 1	Year 5	Year 1	Year 5	Year 1	Year 5
ELEMENTARY	22	0.59	0.46	3.58	2.77	2.25	0.83	0.4	0.45
HIGH	5	0.2	0.32	1.03	1.54	0.25	0.25	0.38	0.33
UNIFIED	40	0.44	0.38	2.59	1.88	0.74	0.68	0.42	0.41
TOTAL	67								



cases of General Neglect. However, it is clear that the trends are down across for most SPAs. Figure 4 shows that SPA 3 contains several districts with an upward trend or average higher than the County for five-year incidence rates of suspected cases of Emotional Abuse. Although the trends were generally up for districts in SPA 7 for suspected cases of Sexual Assault, they seem to be down for Emotional Abuse. Examination of Figures 1 and 4 appears to reveal the most similar patterns of incidence rates for General Neglect and Sexual Assault across the eight SPAs.

Summary

Overall, the five-year trend across the four abuse categories is positive with some exceptions. The Los Angeles County Office is committed to following up with school districts not submitting data in 2003-04. When the County Office is able to include all districts' data in this annual report, a more complete picture of the County will be revealed.



Table 3

NUMBER OF REPORTED CASES OF SUSPECTED SEXUAL ASSAULT BY SCHOOL DISTRICT

School District	Children's Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site	Total Cases	Incidence per 1000
ABC Unified			2	1	1			4	0.18
Alhambra Unified	0		6		2	0		8	0.41
Antelope Valley Union High	0	0	0	0	10	0	0	10	0.45
Azusa Unified			2	4	1			7	0.58
Baldwin Park Unified								0	0
Bellflower Unified			6				1	7	0.45
Beverly Hills Unified								0	0
Burbank Unified			2	3	1			6	0.35
Castaic Union Elementary			0	0				0	0
Centinela Valley Union High								0	0
Charter Oak Unified								0	0
Claremont Unified			1		4			5	0.73
Covina-Valley Unified			3	3				6	0.4
Culver City Unified			1		2			3	0.44
Downey Unified		1	4	8	4			17	0.75
Duarte Unified								0	0
East Whittier City Elementary			2					2	0.21
Eastside Union Elementary								0	0
El Monte City Elementary		1	5					6	0.51
Garvey Elementary			2					2	0.3
Glendale Unified			3		1			4	0.14
Glendora Unified		0	3	0	0	0		3	0.38
Gorman Elementary								0	0
Hacienda la Puente Unified	8	0	1	6	5	0	0	20	0.78
Hawthorne Elementary			1					1	0.1
Hughes-Elizabeth Lakes Union Elementary								0	0
Inglewood Unified			2					2	0.11
Lancaster Elementary		1	10	1				12	0.76
Las Virgenes Unified			1		1			2	0.16
Lawndale Elementary				2				2	0.31



Table 3, cont.

**NUMBER OF REPORTED CASES OF SUSPECTED
SEXUAL ASSAULT BY SCHOOL DISTRICT**

School District	Children's Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site	Total Cases	Incidence per 1000
Lennox Elementary			7					7	0.91
Los Nietos Elementary			2					2	0.84
Lowell Joint								0	0
Lynwood Unified			2	2				4	0.2
Manhattan Beach Unified			1					1	0.16
Monrovia Unified			1	1	1			3	0.46
Montebello Unified			3	6	1			10	0.28
Mountain View Elementary			6					6	0.59
Norwalk-La Mirada Unified		2	8	1				11	0.46
Palos Verdes Peninsula Unified								0	0
Paramount Unified			10		5			15	0.88
Pomona Unified	1		9	1	3			14	0.4
Redondo Beach Unified			2					2	0.25
Rosemead Elementary			3	1				4	1.19
Rowland Unified	0	0	7	1	2	0	0	10	0.54
San Gabriel Unified			2	1	1			4	0.64
Santa Monica-Malibu Unified			2		3			5	0.39
Saugus Union Elementary			5					5	0.49
South Pasadena Unified								0	0
Temple City Unified								0	0
Torrance Unified					2			2	0.08
Valle Lindo Elementary			1					1	0.73
West Covina Unified			1	2			2	5	0.48
Westside Union Elementary			1					1	0.13
Whittier City Elementary			4	2				6	0.83
William S. Hart Union High			1					1	0.05
Wiseburn Elementary									
TOTAL	9	5	135	46	50	0	3	248	



Table 4

NUMBER OF REPORTED CASES OF SUSPECTED PHYSICAL ASSAULT BY SCHOOL DISTRICT

School District	Children's Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site	Total Cases	Incidence per 1000
ABC Unified			42	6	5		2	55	2.47
Alhambra Unified	2		61		20	2		85	4.31
Antelope Valley Union High	0	0	0	0	49	0	1	50	2.26
Azusa Unified			35	8	6			49	4.04
Baldwin Park Unified		2	5	1	2			10	0.52
Bellflower Unified			46	3	8		1	58	3.74
Beverly Hills Unified			4	5	2			11	2.14
Burbank Unified			23	13	9		7	52	3.05
Castaic Union Elementary			4	3				7	1.95
Centinela Valley Union High					8			8	1.06
Charter Oak Unified			1					1	0.14
Claremont Unified	1		9	5	1			16	2.34
Covina-Valley Unified	1		15	7	14			37	2.46
Culver City Unified			12	13	9			34	4.96
Downey Unified		3	60	23	14			100	4.44
Duarte Unified		1	4	1	1			7	1.49
East Whittier City Elementary			46					46	4.93
Eastside Union Elementary			7					7	2.57
El Monte City Elementary	4	3	27	3			3	40	3.42
Garvey Elementary			8	1				9	1.37
Glendale Unified	1		24	2	5		2	34	1.16
Glendora Unified		0	8	0	0	0		8	1.01
Gorman Elementary								0	0
Hacienda la Puente Unified	7	5	17	22	4	0	1	56	2.2
Hawthorne Elementary			47	7	1			55	5.57
Hughes-Elizabeth Lakes Union Elementary		1	1					2	4.78
Inglewood Unified			14		6			20	1.11
Lancaster Elementary			40	11				51	3.23
Las Virgenes Unified			6		5			11	0.9
Lawndale Elementary			31	6				37	5.71



Table 4, cont.

**NUMBER OF REPORTED CASES OF SUSPECTED
PHYSICAL ASSAULT BY SCHOOL DISTRICT**

School District	Children's Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site	Total Cases	Incidence per 1000
Lennox Elementary			30	2		6		38	4.94
Los Nietos Elementary			1	1				2	0.84
Lowell Joint			3					3	0.91
Lynwood Unified			3	4				7	0.36
Manhattan Beach Unified			1		1			2	0.31
Monrovia Unified		2	6		1			9	1.37
Montebello Unified			21	14	14			49	1.36
Mountain View Elementary			19	3				22	2.16
Norwalk-La Mirada Unified		8	31	2	2			43	1.78
Palos Verdes Peninsula Unified			3		17			20	1.72
Paramount Unified		1	66		8			75	4.41
Pomona Unified	6		30	8	8			52	1.47
Redondo Beach Unified			8	2				10	1.24
Rosemead Elementary			6	1				7	2.09
Rowland Unified	0	0	31	2	8	0	0	41	2.23
San Gabriel Unified			23	12	2			37	5.91
Santa Monica-Malibu Unified			22	7	12			41	3.19
Saugus Union Elementary			24					24	2.35
South Pasadena Unified			5					5	1.19
Temple City Unified			5	5				10	1.75
Torrance Unified			16	7	4		3	30	1.19
Valle Lindo Elementary			2					2	1.47
West Covina Unified			4	8	3		1	16	1.52
Westside Union Elementary			5					5	0.67
Whittier City Elementary			13	6				19	2.63
William S. Hart Union High				35	14			49	2.32
Wisburn Elementary			4	4				8	3.98
TOTAL	22	26	979	263	263	8	21	1582	



Table 5

NUMBER OF REPORTED CASES OF SUSPECTED GENERAL NEGLECT BY SCHOOL DISTRICT

School District	Children's Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site	Total Cases	Incidence per 1000
ABC Unified			3		2			5	0.22
Alhambra Unified	0		12		3	0		15	0.76
Antelope Valley Union High	0	0	0	0	5	0	0	5	0.23
Azusa Unified			16	4	0			20	1.65
Baldwin Park Unified		2	5	1				8	0.41
Bellflower Unified			4				3	7	0.45
Beverly Hills Unified			2		1			3	0.58
Burbank Unified			2	0	1		1	4	0.23
Castaic Union Elementary			4	3				7	1.95
Centinela Valley Union High					2			2	0.26
Charter Oak Unified								0	0
Claremont Unified			7					7	1.02
Covina Valley Unified			10	1	2			13	0.86
Culver City Unified			2	1				3	0.44
Downey Unified			9					9	0.4
Duarte Unified			3					3	0.64
East Whittier City Elementary			9					9	0.96
Eastside Union Elementary			3					3	1.1
El Monte City Elementary		2	3				7	12	1.02
Garvey Elementary			2					2	0.3
Glendale Unified			8					8	0.27
Glendora Unified		0	3	0	0	0		3	0.38



Table 5. cont.

Number of Reported Cases of Suspected General Neglect by School District

School District	Children's Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site	Total Cases	Incidence per 1000
Gorman Elementary			1	1				2	1
Hacienda la Puente Unified	1	2	9	9	1	0	0	22	0.86
Hawthorne Elementary			4	1				5	0.51
Hughes-Elizabeth Lakes Union Elementary								0	0
Inglewood Unified			2		1			3	0.17
Lancaster Elementary			14	4				18	1.14
Las Virgenes Unified			1		1			2	0.16
Lawndale Elementary			5					5	0.77
Lennox Elementary			8			1		9	1.17
Los Nietos Elementary			1					1	0.42
Lowell Joint								0	0
Lynwood Unified				4				4	0.2
Manhattan Beach Unified					1			1	0.16
Monrovia Unified				6	1			7	1.06
Montebello Unified			6	6	6			18	0.5
Mountain View Elementary			5	0				5	0.49
Norwalk-La Mirada Unified		4	17		1			22	0.91
Palos Verdes Peninsula Unified					1			1	0.09
Paramount Unified			15		5			20	1.18
Pomona Unified	1		23	3	1			28	0.79
Redondo Beach Unified			1					1	0.12
Rosemead Elementary			2					2	0.6
Rowland Unified	0	0	9	3	3	0	0	15	0.82
San Gabriel Unified			10	2	1			13	2.08
Santa Monica-Malibu Unified			9	9	3			21	1.64
Saugus Union Elementary			3					3	0.29
South Pasadena Unified				1	1			2	0.48
Temple City Unified			8	5	5		1	19	3.33
Torrance Unified			6		2			8	0.32
Valle Lindo Elementary								0	0
West Covina Unified			1	2	1			4	0.38
Westside Union Elementary			3	1				4	0.54
Whittier City Elementary			6	1				7	0.97
William S. Hart Union High				4	1			5	0.24
Wisburn Elementary		3						3	1.49
TOTAL	2	10	279	72	52	1	12	428	



Table 6

NUMBER OF REPORTED CASES OF SUSPECTED EMOTIONAL ABUSE BY SCHOOL DISTRICT

School District	Children's Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site	Total Cases	Incidence per 1000
ABC Unified			4	1	1			6	0.27
Alhambra Unified	0		6		4	0		10	0.51
Antelope Valley Union High	0	0	0	0	11	0	0	11	0.5
Azusa Unified			5	0	1			6	0.49
Baldwin Park Unified			1	1				2	0.1
Bellflower Unified			1	1	1		1	4	0.26
Beverly Hills Unified								0	0
Burbank Unified								0	0
Castaic Union Elementary			0	0				0	0
Centinela Valley Union High								0	0
Charter Oak Unified								0	0
Claremont Unified			2	1				3	0.44
Covina-Valley Unified			2	1	1			4	0.27
Culver City Unified			4	3	4			11	1.61
Downey Unified			5	1	4			10	0.44
Duarte Unified								0	0
East Whittier City Elementary			4					4	0.43
Eastside Union Elementary			1					1	0.37
El Monte City Elementary		1	1				1	3	0.26
Garvey Elementary			1					1	0.15
Glendale Unified			2					2	0.07
Glendora Unified		0	0	0	0	0		0	0
Gorman Elementary								0	0
Hacienda la Puente Unified	1	0	3	3	0	0	1	8	0.31
Hawthorne Elementary			3					3	0.3



Table 6 continued

**NUMBER OF REPORTED CASES OF SUSPECTED
EMOTIONAL ABUSE BY SCHOOL DISTRICT**

School District	Children's Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site	Total Cases	Incidence per 1000
Hughes-Elizabeth Lakes Union Elementary								0	0
Inglewood Unified			4		2			6	0.33
Lancaster Elementary		1	8	1				10	0.63
Las Virgenes Unified								0	0
Lawndale Elementary			1					1	0.15
Lennox Elementary			5			1		6	0.78
Los Nietos Elementary								0	0
Lowell Joint								0	0
Lynwood Unified			1		1			2	0.1
Manhattan Beach Unified			2		2			4	0.62
Monrovia Unified								0	0
Montebello Unified			1	2	1			4	0.11
Mountain View Elementary			6	1				7	0.69
Norwalk-La Mirada Unified			5					5	0.21
Palos Verdes Peninsula Unified					4			4	0.34
Paramount Unified			4		1			5	0.29
Pomona Unified			4	1	5			10	0.28
Redondo Beach Unified			2					2	0.25
Rosemead Elementary			2					2	0.6
Rowland Unified	0	0	2	0	1	0	0	3	0.16
San Gabriel Unified			5	4	4			13	2.08
Santa Monica-Malibu Unified			1		5			6	0.47
Saugus Union Elementary			5					5	0.49
South Pasadena Unified								0	0
Temple City Unified			5	4				9	1.58
Torrance Unified			4		2		1	7	0.28



Table 6 continued

**NUMBER OF REPORTED CASES OF SUSPECTED
EMOTIONAL ABUSE BY SCHOOL DISTRICT**

School District	Children's Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site	Total Cases	Incidence per 1000
Valle Lindo Elementary								0	0
West Covina Unified			1	2				3	0.29
Westside Union Elementary			1					1	0.13
Whittier City Elementary			2	1				3	0.41
William S. Hart Union High				3				3	0.14
Wiseburn Elementary			2	1				3	1.49
TOTAL	1	2	118	32	55	1	4	213	



Figure 1

REPORTED CASES OF SUSPECTED SEXUAL ASSAULT BY SERVICE PLANNING AREA

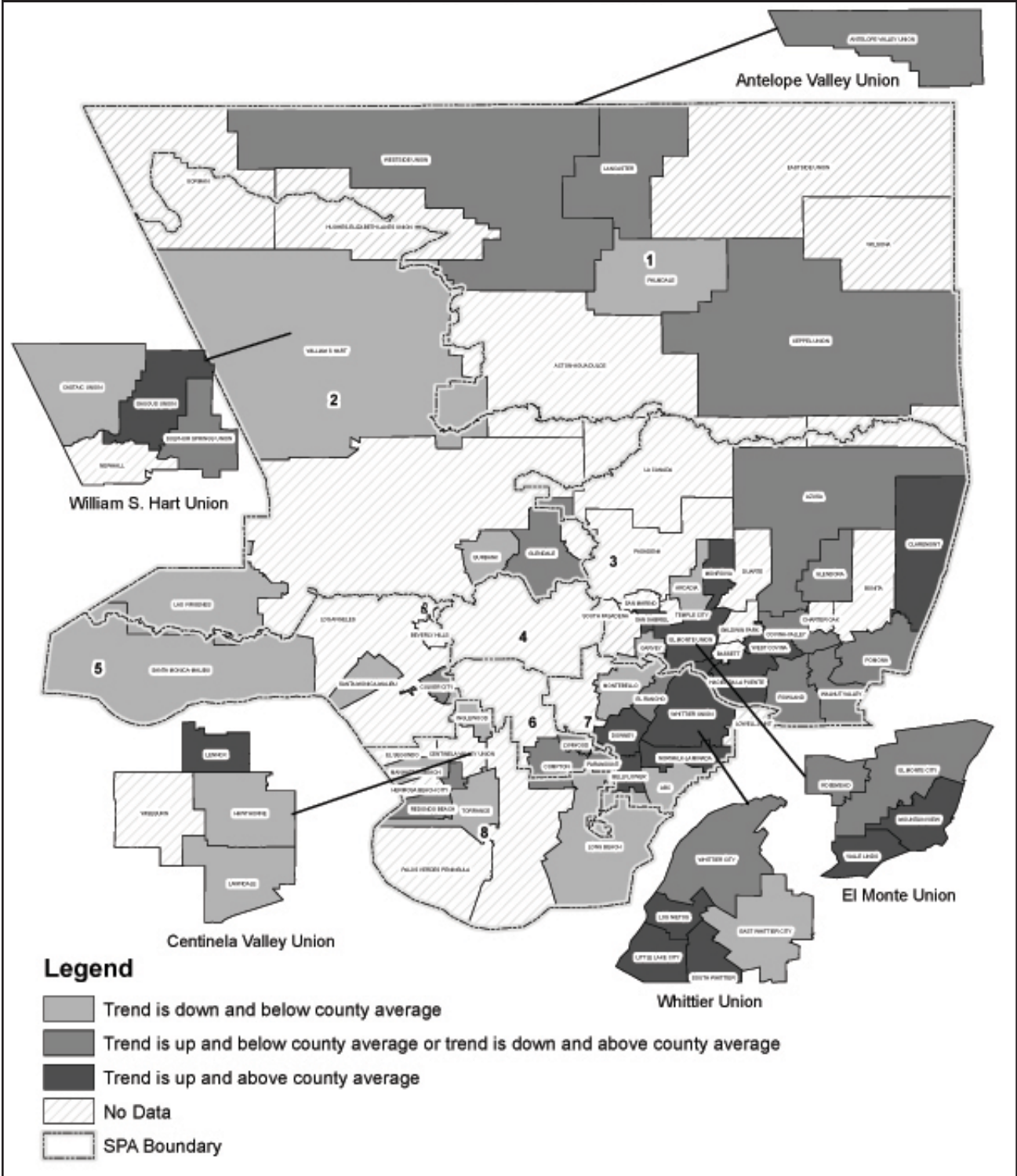




Figure 2

**REPORTED CASES OF SUSPECTED PHYSICAL ABUSE
BY SERVICE PLANNING AREA**

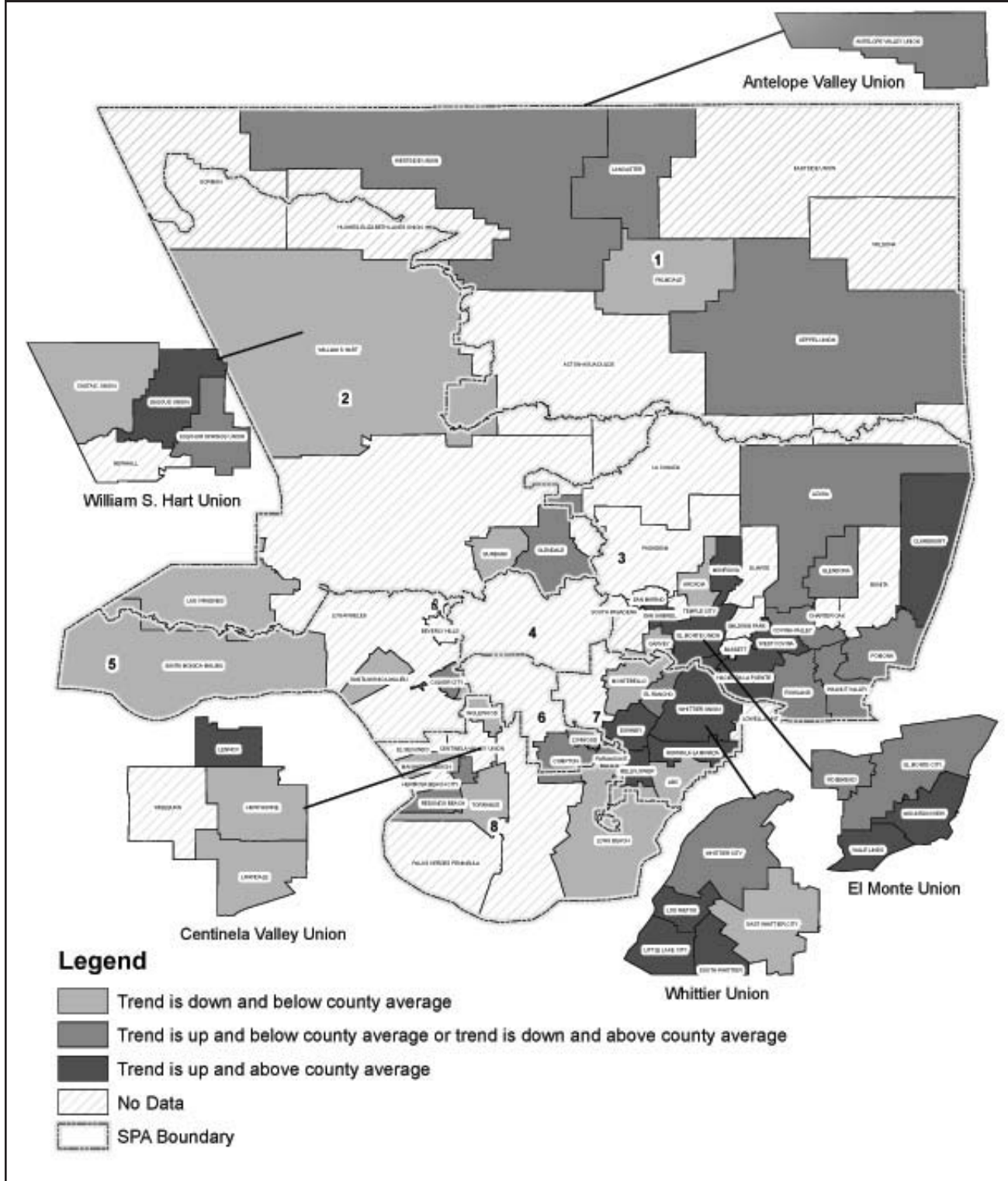




Figure 3

**REPORTED CASES OF SUSPECTED GENERAL NEGLECT
BY SERVICE PLANNING AREA**

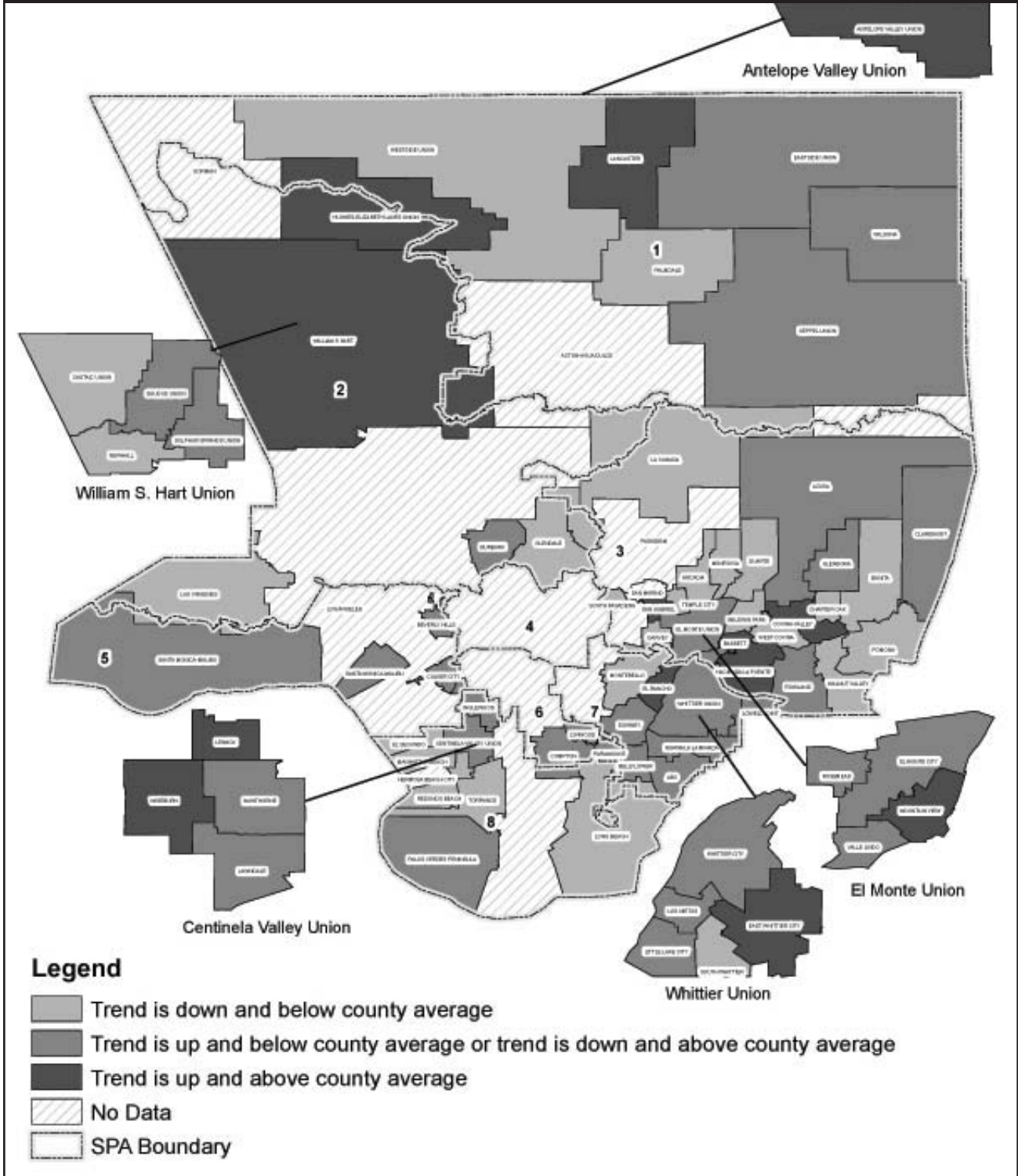
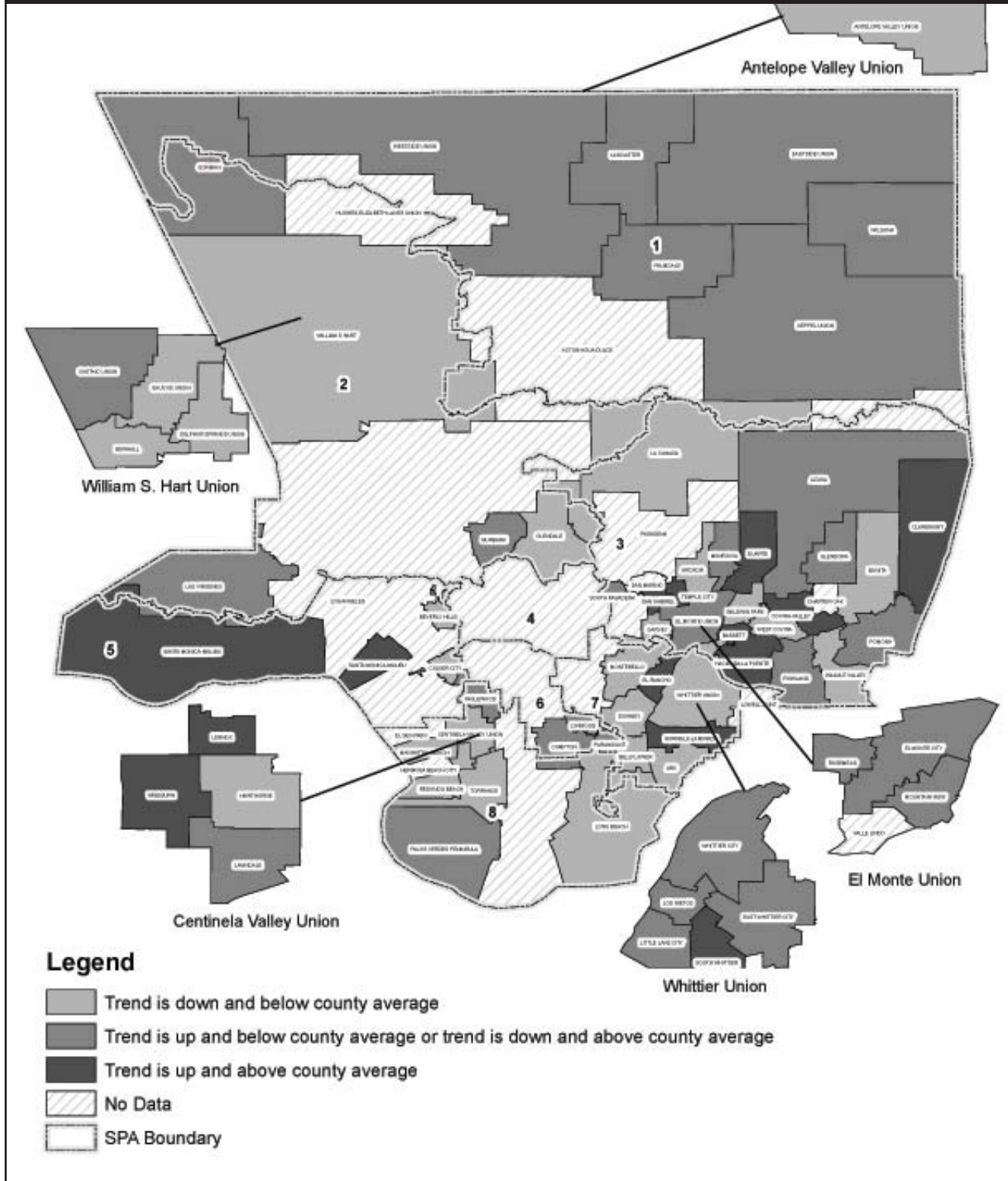




Figure 4

**REPORTED CASES OF SUSPECTED EMOTIONAL ABUSE
BY SERVICE PLANNING AREA**



LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES

AGENCY REPORT

Don't Harm Them.



Love Them



MATERNAL CHILD & ADOLESCENT HEALTH PROGRAMS

Overview

Child abuse and neglect is a serious societal problem. Abuse and neglect may adversely affect a child's development and may predict the child's behavior in adulthood. Early childhood is a critical time for 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 and neglect shapes the developing child, increasing the risk for emotional, behavioral, social and physical problems throughout life. While physical abuse is probably the most observable, sexual and emotional abuse can also lead to detrimental outcomes. 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 Los Angeles County Department of Health Services (DHS), whose mission is to improve the health of Los Angeles County residents, 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, and adolescents and their families in Los Angeles County. It also provides leadership and coordinates programs to ensure optimal maternal health and birth outcomes, and child and adolescent development.

This report is divided into two sections. The first section provides background on MCAH programs and their activities related to child abuse and neglect prevention. The second section presents data on infant and child deaths and hospitalizations due to abuse and neglect 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. Hospitalization data show the number of infant hospitalizations due to child abuse.

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 disparately high African American infant mortality rates. BIH identifies at-risk pregnant and parenting African American women, and assists the women to access, maintain, and receive 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, personal skill building, and efficacy techniques for African American women.



BIH ensures access for clients 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 services providers.

Although BIH does not directly provide child abuse and domestic violence services, the program creates a culture that encourages client empowerment and awareness. As such, appropriate referrals are given to clients for potential child abuse and domestic violence cases.

Preliminary data shows that BIH subcontractors served over 1,300 African American mothers and infants during the period from July 1, 2004 through June 30, 2005. During this same period, 115 clients completed six out of eight classes from SSE.

THE CHILD AND ADOLESCENT HEALTH PROGRAM (CAH)

CAH was established to promote the health and well-being of children and adolescents within Los Angeles County. Through collaboration with other public health programs and community-based organizations, CAH has developed a Los Angeles-based Adolescent Health Collaborative to address health disparities and form initiatives and policies that impact youths and young adults.

Although the main focus of the program has shifted to general child and adolescent health-related issues, CAH continues to provide technical assistance and education addressing strategies to prevent child abuse, domestic violence and teen pregnancy.

During Fiscal Year (FY) 2004-2005, CAH staff coordinated the following child and adolescent health-related activities:

- Collaborated with several private, public and community-based organizations to sponsor/co-sponsor events that highlighted issues related to child abuse, child death and grief, healthy child development, professional law and ethics, minor consent and confidentiality, gay and lesbian youths, teen abortion, adolescent health and well-being, diabetes awareness, obesity, adolescents and perinatal HIV and family violence.
- Provided training to appropriate DHS staff on the various uses of the Family and Children's Index (FCI) computerized inter-agency data information system to assist them in better identifying and assessing children and families who are at-risk of child abuse and neglect; as well as maintained the FCI applications and confidentiality statements for its trainees.
- Participated in the National Blue Ribbon Campaign designed to raise awareness of child abuse in the community by providing child abuse prevention services and distributing resources (i.e., book marks, posters, pins, pens) to schools, providers and families within Los Angeles County.
- Developed Best Practices/Core Competencies to assist child and adolescent service providers to increase their knowledge and skills; previous documents have included: Decreasing Teen Pregnancy Rates Through Best Practices, 2004; Best Practices in Violence Prevention, 2005.

MCAH also participated in the Department of Health Services/Intimate and Spousal Injury Task Force. This task force will recommend prevention programs and support policies to reduce morbidity and mortality associated with intimate partner violence. It will monitor the occurrence of intentional and unintentional injuries among partners and screen for potential



intimate partner and spousal abuse in the Los Angeles County. During the past fiscal year, the task force had:

- Provided consultation to DHS programs and community agencies on the relationship of domestic violence and child abuse
- Collaborated with the Los Angeles County District Attorney and provided four trainings to CPSP providers and their staff (average attendance of 69 per session)
- Collaborated with Los Angeles Council on Assault Against Women (LACAAW) in providing two community-wide trainings (average attendance of 65 per session)
- Collaborated with King-Drew High School to provide one training to high school students on domestic violence prevention.

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 premise, 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 liaisons from the subcontracted health plans to identify perinatal concerns and develop recommendations to improve access to comprehensive perinatal services.

During FY 2004-2005 there were 513 certified CPSP providers. CPSP staff conducted 40 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. A total of 783 staff from Certified CPSP providers in Los Angeles and neighboring counties attended these trainings.

FETAL INFANT MORTALITY REVIEW (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 has conducted FIMR reviews on specially selected cases by having Public Health Nurses (PHN) interview mothers and complete a case review of the medical and autopsy records. Following the review, a Technical Review Panel composed of doctors, coroners and public health professionals make 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



countywide and recommending appropriate policies and interventions for reducing the mortality rate.

During FY 2004-2005, FIMR implemented the following activities:

- Reviewed and summarized findings of 53 infant deaths that occurred in Antelope Valley using the PPOR matrix in collaboration with the Antelope Valley Best Babies Collaborative.
- Worked with SPA 6 (South) Area Health Officer to establish a relationship with community stakeholders.

SUDDEN INFANT DEATH SYNDROME PROJECT (SIDS)

In compliance with State mandates, the coroner reports all presumptive SIDS deaths to both County and State Department of Health Services simultaneously. Subsequently, the district PHN provides grief and bereavement case management services to parents and family members, foster parents, and other childcare providers. SIDS Program staffs provide outreach and training on SIDS risk reduction, that focuses on the importance of placing healthy infants to sleep on their backs; providing a smoke-free, safe-sleep environment; and disseminating information about other identified risk factors

During FY 2004-2005, SIDS Project coordinated the following activities:

- Conducted SIDS risk reduction and co-sleeping presentations to PHNs and the Los Angeles County School District Nurses.
- Planned annual SIDS risk reduction and co-sleeping training for PHNs.
- Continued Newborn Screening Program activities, coordinated with area genetic

center coordinators at Harbor-UCLA and UCLA Medical Centers, for Public Health Nurse Follow-up on genetic testing referrals and County Vital Records out of hospital deliveries.

- Conducted presentations to increase awareness of the Newborn Screening Program, and program expansion to district and PHNs.

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 whose alcohol during pregnancy; and,
- Delay subsequent pregnancies.



The 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.

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The PHNs assess mothers' and newborns' needs and provide them with intervention services (e.g., referrals, education or counseling) for problems identified. When the infant is approximately 10 weeks old, PHNs discuss with the mother how to nurture children by providing physical and emotional security, building trust, and respect. When the baby is approximately 5 months old, PHNs discuss topics on violence such as sexual abuse, emotional abuse, and physical abuse of children with the mother. If, during a visit, a PHN notices something that could lead to a child abuse and neglect situation, the PHN will intervene to prevent child abuse and neglect incidents.

During FY 2004-2005, NFP served approximately 559 first-time pregnant young mothers with 16-19 PHNs. In addition, NFP also participated on the Department of Children and Family Services (DCFS)/Interagency Council on Child Abuse and Neglect's (ICAN) Policy Committee representing DHS; the Pregnant and Parenting Teen Workgroup to incorporate the NFP and PCG programs into the services

PRENATAL CARE GUIDANCE PROGRAM (PCG)

Los Angeles County implemented PCG Program 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, improved maternal and fetal outcomes, parenting skills and overall quality of family life. Public and private agencies and organizations, schools, juvenile health facilities, Los Angeles 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.

During FY 2004-2005, the PCG served approximately 182 first-time mothers with four PHNs. In addition, the program 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
- Planned a pilot study on 60 pregnant/parenting minors who are being released from Probation Halls/Camps in Los Angeles County SPAs 3 (San Gabriel) and 8 (South Bay).



- Provided eight classes to the Probation Camps on pregnancy health, sexual responsibility, caring for newborns and child health, discipline and safety.

- NFP and PCG continue to collaborate with other DHS programs, Los Angeles County Probation Department, Los Angeles County DCFS, and Los Angeles County Department of Mental Health to provide outreach and intervention for pregnant and parenting teens who are in juvenile detention facilities.

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 burdened 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 coordinated by CAH. This effort is to ensure that all case managers are aware of their roles and responsibility in reporting any suspected or potential instance of child abuse as they conduct home assessments. In addition, the CAH staff provides consultation to the case managers regarding medical neglect as it relates parents' noncompliance in following medical treatment for their lead-burdened children.

Children’s Health Initiative Program (CHI) / Children’s Health Outreach Initiatives Program (CHOI)

The Children's Health Initiative Program 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. The Office of the Children's Health Outreach Initiative was established in 1997 to provide a mechanism for reducing the number of uninsured residents through a coordinated outreach effort for health coverage programs for low-income children.

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 LOS ANGELES COUNTY 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. Since the beginning of the 20th century, infant mortality rates have been declining steadily. This progress can be attributed to better living conditions, increased access to care, and advances in medicine and public health. 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 1999 and 2003 except for the year 2000 when the infant death rate was 4.9 infant deaths per 1,000 live births (Figure 1).

Figure 2 shows infant mortality rates by race/ethnicity in Los Angeles County between 1999 and 2003. 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 2003, African Americans experienced the highest infant mortality rate (12.2 per 1,000 live births), nearly three times higher compared to their White counterparts (4.5 per 1,000 live births). The high infant mortality rate for African Americans was followed by Hispanic (5.2 per 1,000 live births), White (4.5 per 1,000 live births) and Asian Pacific Islander (3.5 per 1,000 live births).

Los Angeles County is divided into eight Service Planning Areas (SPAs) for health planning purposes. Within the Los Angeles County 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 1999 and 2003. Infant mortality rates have decreased slightly or remained fairly stable for all SPAs with the exception of Antelope Valley (SPA 1). Between 1999 and 2002, SPA 1 experienced a two-fold increase in infant mortality rates (from 5.0 per 1,000 live births to 10.6 per 1,000 live births).

Due to the alarming infant death rate in the Antelope Valley in 2002, the Los Angeles County DHS conducted an in-depth case review

of 53 infant deaths using the Fetal Infant Mortality Review (FIMR) model. This study resulted in the identification of several potential risk factors that might impact fetal and infant deaths. At a meeting of local community stakeholders, this data was presented and the group then divided into small groups to address maternal health issues and infant health issues. The group identified the following interventions as those they would like to pursue in their effort to improve birth outcomes:

Short-Term Interventions (accomplished in < 1 year)

- Increase access to high-risk ones Obstetric (OB) care and related ancillary services, such as labs; access is particularly difficult for Medi-Cal recipients.
- Arrange faith-based youth services to provide health services.
- Promote "100 Acts Kindness" for pregnant women.
- Increase access to transportation for our pregnant moms and advocate politically for transportation improvements.
- Arrange male support groups that will address the "Role of Men" in this issue.
- Present this data to local OB and pediatric providers and staff to increase awareness.
- Provide comprehensive assessment for newborns, especially for high risk ones.
- Provide immediate information and planned follow-up for high-risk infants/moms.
- Provide newborn infant care classes to new moms before they are discharged from the hospital.
- Provide a 24-hour lactation team.
- Provide education for breastfeeding and infant care during prenatal care.



- Bring providers and volunteers together to identify best practices.

Long Term Interventions

- Collaborate to strengthen support networks and programs for new moms.
- Establish well-baby clubs in faith-based organizations.
- Provide mobile vans to offer clinical and psychosocial support services for women, especially in remote areas of Antelope Valley where lack of transportation poses a significant barrier to care. If pregnancy testing is available, this may result in women entering prenatal care earlier.
- Increase breastfeeding rates through breastfeeding advocacy and promotion.

The Antelope Valley Best Babies Collaborative will serve as a community action team, coordinating efforts with others in the community to develop detailed plans that address these intervention strategies.

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. This definition explicitly excludes all cases of infant mortality.

Throughout the last century and in this one, the child death rate continues to decline as medical science and public health improve.

In terms of leading causes of deaths among children ages 0 to 19 in Los Angeles County, child abuse and neglect was not among the top five leading causes of death. Instead, in 2003, homicides continued to be the number one cause of deaths among adolescents ages 13 to 19 years (Table 4). Congenital malformations were the leading cause of death among infants (Table 3), whereas accidents (unintentional injuries) was the leading cause of death among children ages 1 to 12 (Table 4).

Figure 4 shows child abuse related death rates among infants in Los Angeles County. The highest infant death rate was 5.8 per 100,000 live births (n=9) in 1999. From 1999 to 2002 the infant death rate has decreased from 5.8 to 1.3 per 100,000 live births. In 2003, the infant death rate increased from 1.3 to 2.6 per 100,000 live births.

Figure 4 also shows child abuse related infant death rates by gender in Los Angeles County between 1999 and 2003. The highest child abuse related death rate for female infants was 7.9 per 100,000 live births (n=6) in 1999 and 5.1 per 100,000 live births (n=4) in 2001 for male infants.

From 1999 to 2003 the LAC child death rate decreased from 24.5 deaths per 100,000 children to 21.4, representing a 12.7 percent decrease (Figure 5).

Figure 6 shows child death rates by race/ethnicity in Los Angeles County for 2003. The child death rate was almost twice as high for African Americans (36.6 per 100,000 population) than Hispanics (20.9), followed by Whites (18.7) and Asian/Pacific Islander (3.5 per 1,000 live births).



Figure 7 presents child death rates by SPAs in Los Angeles County in 2003. The child death rate was highest in SPA 6 (South) at 36.2 per 100,000 followed by SPA 1 (Antelope Valley) at 31.6. SPA 5 (West) and SPA 8 (South Bay) had the lowest child death rates of 15.5 and 15.1, respectively.

Figure 8 shows the child abuse related death rates among children ages 1 to 17 by gender in Los Angeles County. The child death rate for both boys and girls was 0.3 per 100,000 population ages 1 to 17 (n=4 for each gender) in 2003. From 1999 to 2003, the child death rate has seen no major increase or decrease in rates. Thus far, overall death rate for children ages 1-17 years has remained steady at a 0.3 per 100,000 population of the same age group.

B. Hospitalization Due to Child Abuse and Neglect

Hospitalization rates among abused children were higher during their first year of life than at ages 1 to 14 years.

Table 5 shows the number and the rate of hospitalizations due to non-fatal injuries related to child abuse and neglect for children ages 14 and under by selected demographic factors in Los Angeles County, 2003. In 2003, 56 children were hospitalized for abuse in Los Angeles County (2.4 per 100,000 children). Of these, 27 (17.6 per 100,000) were infants. Among hospitalized abused infants, male infants showed a higher hospitalization rate (20.5 per 100,000 male infants) than female infants (14.6 per 100,000 female infants). Girls ages 5 to 9 and boys ages 10 to 14 had the lowest hospitalization rates due to child abuse related causes.

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.

SUMMARY OF FINDINGS

- Infant mortality rates for Los Angeles County had been stable around 5.4 infant deaths per 1,000 live births between 1999 and 2003 except for the year 2000 when the infant death rate was 4.9 infant deaths per 1,000 live births (Figure 1).
- African Americans have the highest infant mortality rate of all races (12.2 deaths per 1,000 live births in 2003) (Figure 2).
- SPA 1 (Antelope Valley) and SPA 6 (South) have the two highest infant mortality rates. In 2003, the infant mortality rate for Antelope Valley was 9.7 deaths per 1,000 live births. South had the second highest infant mortality rate in Los Angeles County at 6.5 deaths per 1,000 live births (Figure 3).

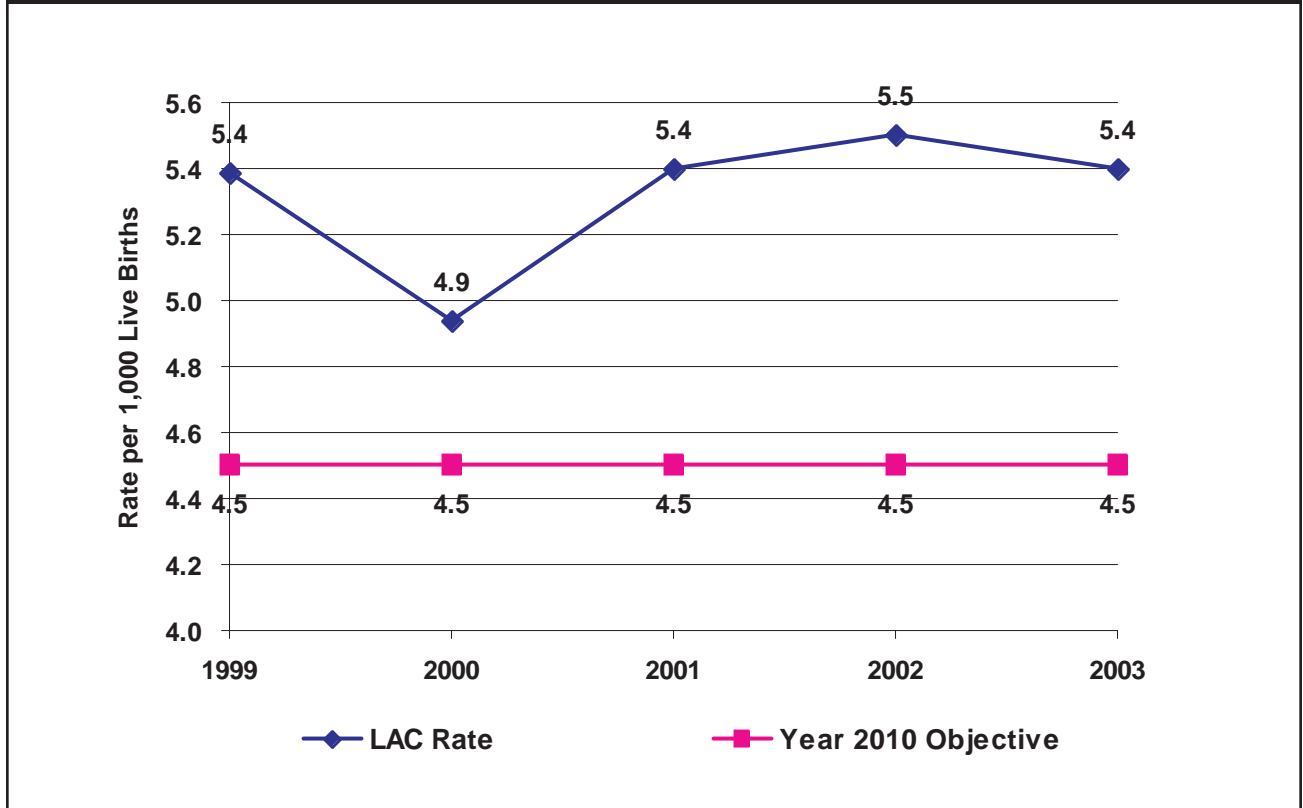


- Overall child abuse related infant death rates have remained relatively low between 1999 and 2003. The overall rate of child abuse related infant deaths in 2003 is 2.6 deaths per 100,000 live births. The female infant death rate related to child abuse is higher than that of male infants (4.0 vs 1.3 deaths per 100,000 live births, respectively) (Figure 4).
- Between 1999 and 2003, child death rates among children ages 1 to 17 decreased from 24.5 per 100,000 to 21.4 deaths per 100,000 in 2003 (Figure 5). Among race/ethnic groups, African American children ages 1 to 17 had the highest death rate at 36.6 deaths per 100,000 in 2003 (Figure 6). Among SPAs, SPA 6 (South) had the highest rate at 36.2 deaths per 100,000 followed by SPA 1 (Antelope Valley) at 31.6 deaths per 100,000 (Figure 7).
- In 2003, the leading cause of death among infants was congenital malformations, deformations and chromosomal abnormalities (Table 3).
- Hospitalization rates due to abuse among children were higher during the first year of life than for children ages 1 to 14 years. In 2003, 56 children were hospitalized for abuse in Los Angeles County (2.4 per 100,000 children). Of these, 27 (17.6 per 100,000) were infants. Hospitalization rates for male infants (20.5 per 100,000) were higher than for female infants (14.6 per 100,000) (Table 5).



Figure 1

DEPARTMENT OF HEALTH SERVICES INFANT MORTALITY RATE,
LOS ANGELES COUNTY, 1999-2003



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, 1999-2003



Figure 2

**DEPARTMENT OF HEALTH SERVICES
INFANT MORTALITY RATE BY RACE/ETHNICITY, LOS ANGELES COUNTY, 2003**

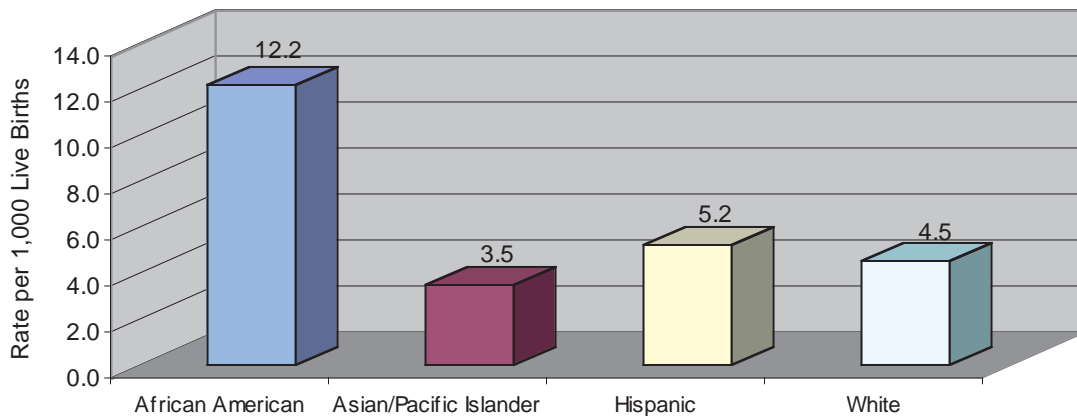


Table 1

**DEPARTMENT OF HEALTH SERVICES INFANT MORTALITY RATE
BY RACE/ETHNICITY, LOS ANGELES COUNTY, 1999-2003**

African American	Year	1999	2000	2001	2002	2003
	Number of Deaths	144	172	145	157	145
	Number of Live Births	13,724	13,468	12,671	11,973	11,849
	Rate	10.5	12.8	11.4	13.1	12.2
Asian/Pacific Islander	Year	1999	2000	2001	2002	2003
	Number of Deaths	56	38	57	63	57
	Number of Live Births	15,050	16,401	15,537	15,924	16,326
	Rate	3.7	2.3	3.7	4.0	3.5
Hispanic	Year	1999	2000	2001	2002	2003
	Number of Deaths	485	430	491	459	490
	Number of Live Births	97,103	97,719	96,288	94,742	95,070
	Rate	5.0	4.4	5.1	4.8	5.2
White	Year	1999	2000	2001	2002	2003
	Number of Deaths	153	133	132	144	126
	Number of Live Births	29,514	29,094	28,179	27,674	28,060
	Rate	5.2	4.6	4.7	5.2	4.5

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, 2003



Figure 3

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

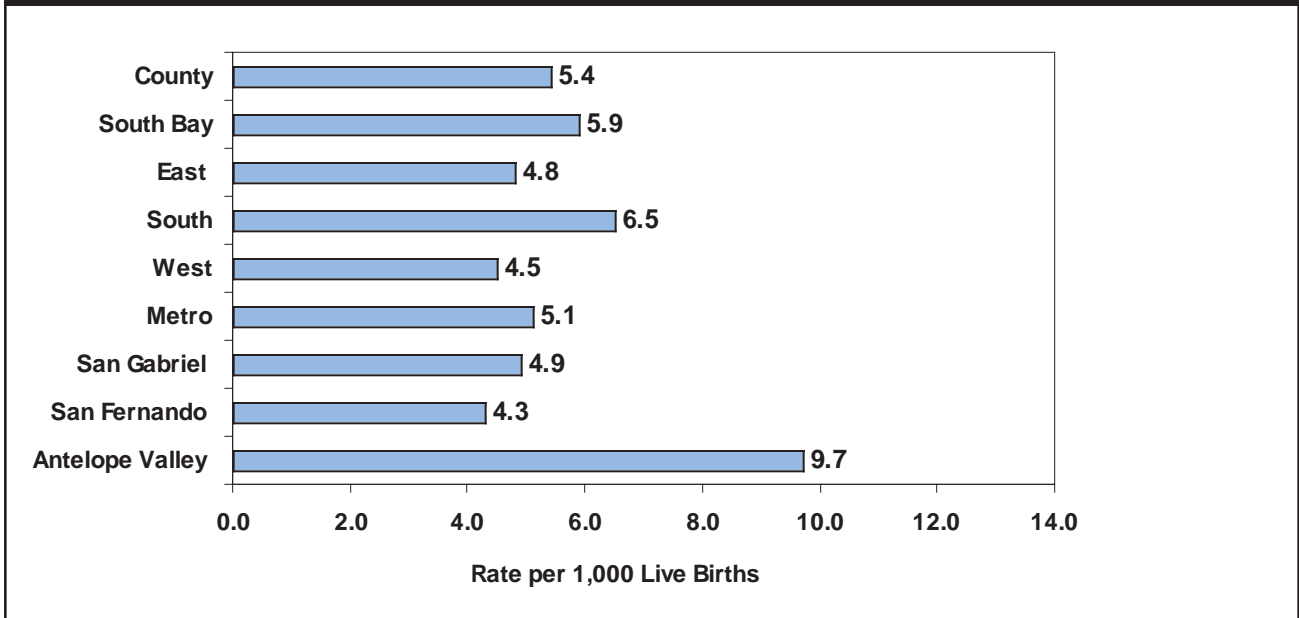


Table 2

DEPARTMENT OF HEALTH SERVICES INFANT MORTALITY RATE BY SERVICE PLAN AREA (SPA), LOS ANGELES COUNTY, 1999-2000

	1999			2000		
	Infant Deaths	Live Births	Rate/1,000	Infant Deaths	Live Births	Rate/1,000
Antelope Valley	22	4,415	5.0	29	4,675	6.2
San Fernando	147	29,492	5.0	120	30,053	4.0
San Gabriel	134	27,341	4.9	144	27,896	5.2
Metro	96	18,236	5.3	85	18,383	4.6
West	40	6,810	5.9	13	6,703	1.9
South	147	21,883	6.7	151	21,911	6.9
East	108	23,408	4.6	79	23,269	3.4
South Bay	139	24,028	5.8	149	24,190	6.2
County Total	841	156,153	5.4	777	157,391	4.9

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 on other designation may differ

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



Table 2 (continued)

DEPARTMENT OF HEALTH SERVICES INFANT MORTALITY RATE BY SERVICE PLAN AREA (SPA), LOS ANGELES COUNTY, 2001-2002

	2001			2002		
	Infant Deaths	Live Births	Rate/1,000	Infant Deaths	Live Births	Rate/1,000
Antelope Valley	43	4,568	9.4	52	4,903	10.6
San Fernando	157	29,337	5.4	145	29,163	5.0
San Gabriel	126	26,452	4.8	134	25,690	5.2
Metro	108	17,848	6.1	92	17,155	5.4
West	25	6,766	3.7	24	6,655	3.6
South	143	22,147	6.5	136	21,981	6.2
East	106	22,619	4.7	105	22,243	4.7
South Bay	116	23,256	5.0	124	22,885	5.4
County Total	828	153,523	5.4	825	151,167	5.5

Table 2 (continued)

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

	2003		
	Infant Deaths	Live Births	Rate/1,000
Antelope Valley	48	4,948	9.7
San Fernando	126	29,318	4.3
San Gabriel	127	25,839	4.9
Metro	87	17,153	5.1
West	31	6,889	4.5
South	145	22,231	6.5
East	107	22,162	4.8
South Bay	138	23,328	5.9
County Total	822	152,192	5.4

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

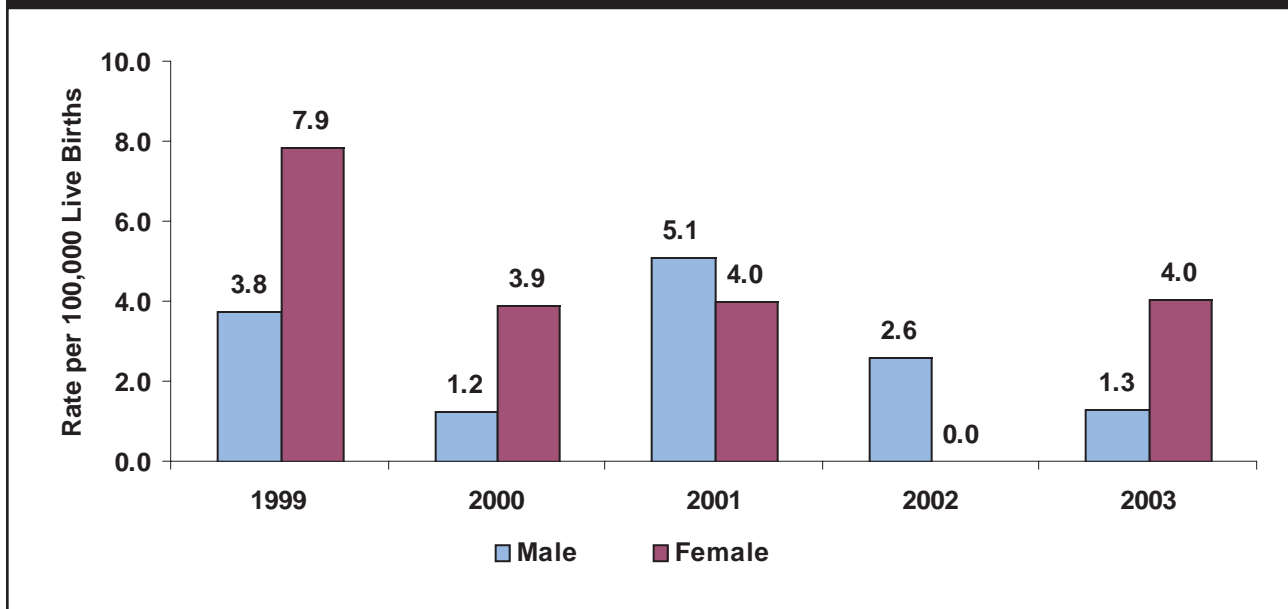
Note: Designation of SPA was based on zip codes (published in April 2003). Published SPA statistics based on other designation may differ

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



Figure 4

DEPARTMENT OF HEALTH SERVICES CHILD ABUSE RELATED INFANT DEATH RATE BY GENDER, LOS ANGELES COUNTY, 1999-2003



	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
1999	3	79,955	3.8	6	76,197	7.9	9	156,153	5.8
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

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

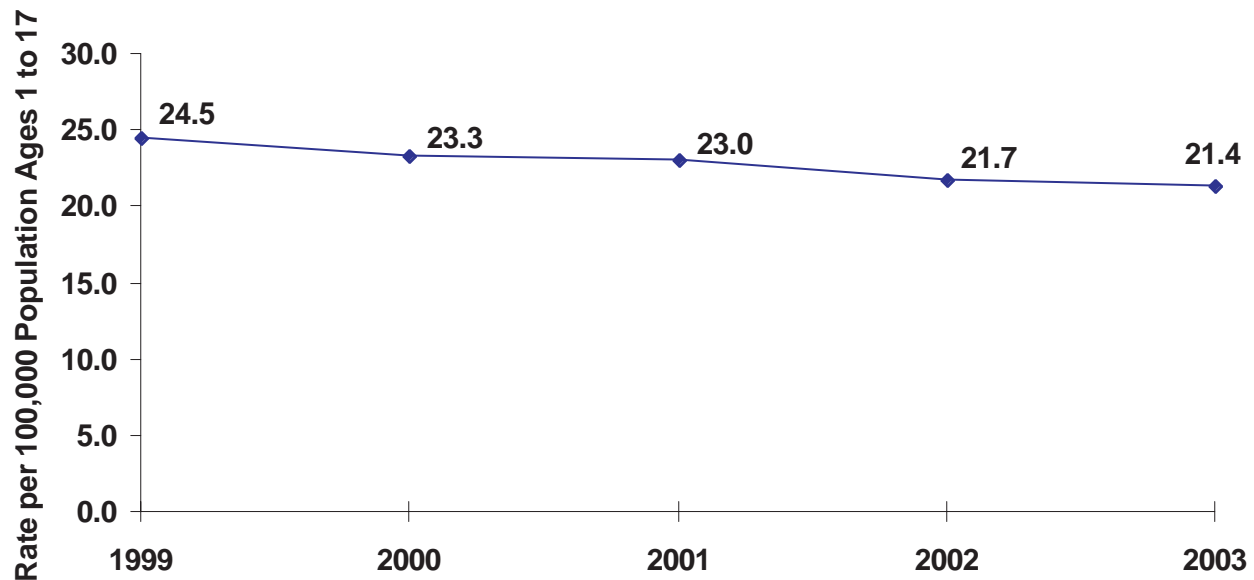
Sum of each gender total does not add up to both gender total due to records that are not specified to any gender

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



Figure 5

DEPARTMENT OF HEALTH SERVICES CHILD DEATH RATE AMONG CHILDREN AGES 1 TO 17, LOS ANGELES COUNTY, 1999-2003



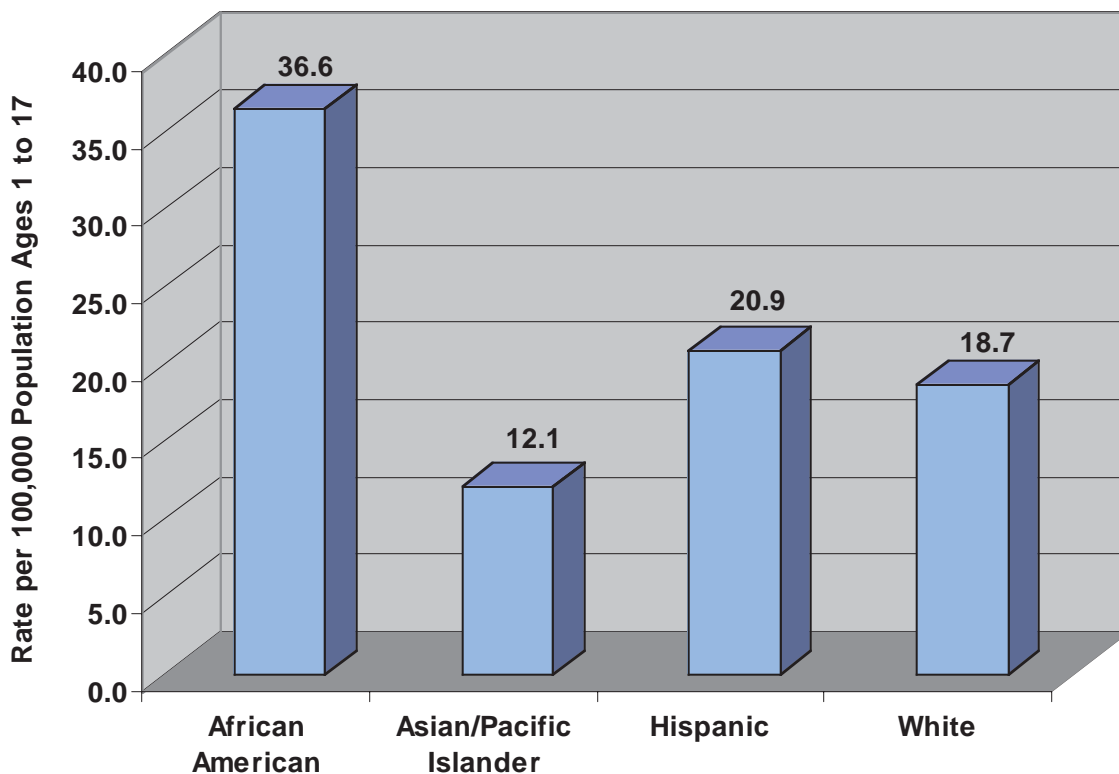
Note: Child death rate is defined as the number of deaths occurring in children ages 1 to 17 per 100,000 population ages 1 to 17

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



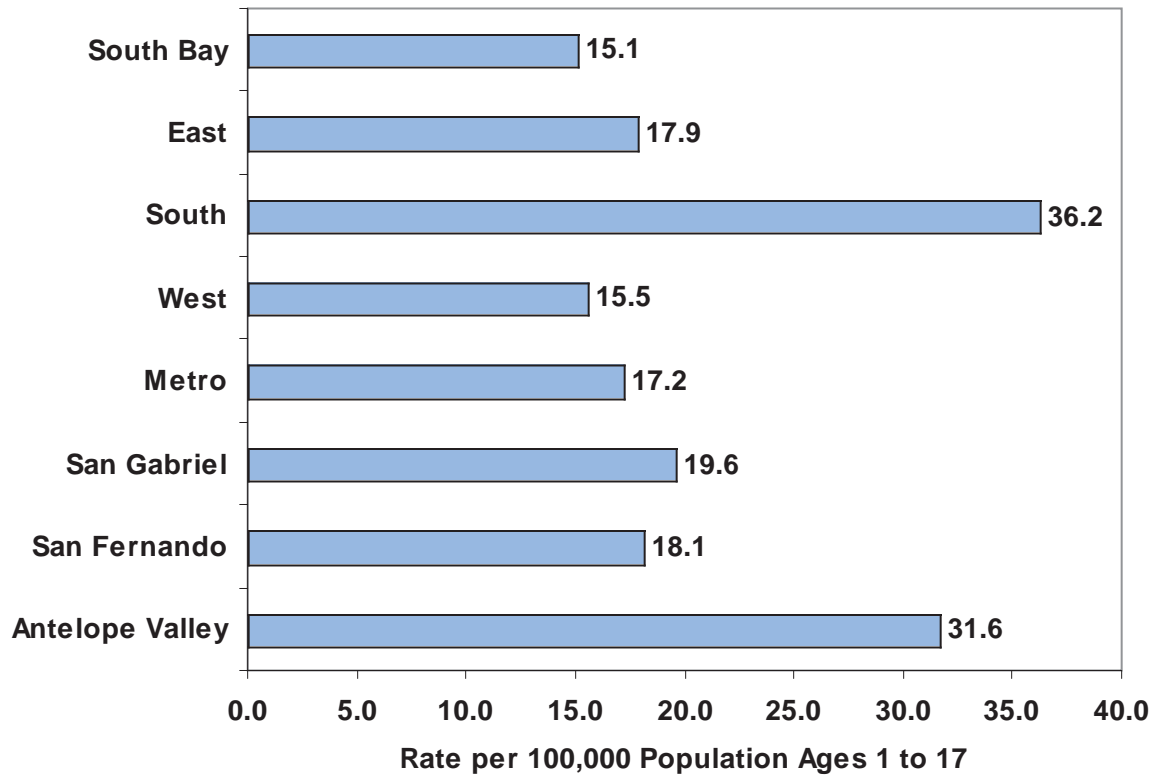
Note: Child death rate is defined as the number of deaths occurring in children ages 1 to 17 per 100,000 population ages 1 to 17

Sources: California Department of Health Services, Center for Health Statistics, Vital Statistics, 2003 Los Angeles County, Department of Health Services, Data Collections & Analysis Unit, 2003 Population Estimate Projections, March 2004 Release



Figure 7

DEPARTMENT OF HEALTH SERVICES CHILD DEATH RATE AMONG CHILDREN AGES 1 TO 17 BY SERVICE PLANNING AREA (SPA), LOS ANGELES COUNTY, 2003



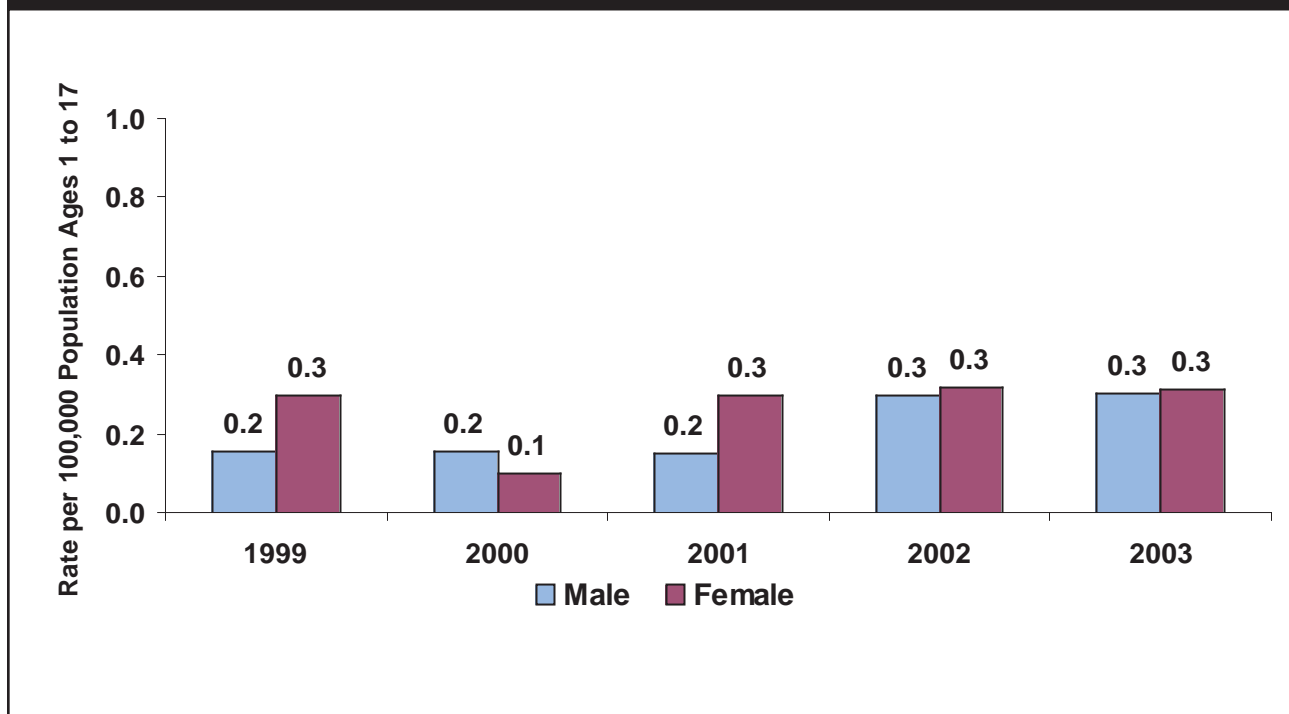
Note: Child death rate is defined as the number of deaths occurring in children ages 1 to 17 per 100,000 population ages 1 to 17

Sources: California Department of Health Services, Center for Health Statistics, Vital Statistics, 2003 Los Angeles County, Department of Health Services, Data Collections & Analysis Unit, 2003 Population Estimate Projections, March 2004 Release



Figure 8

**DEPARTMENT OF HEALTH SERVICES CHILD ABUSE RELATED DEATH RATE
AMONG CHILDREN AGED 1 TO 17 BY GENDER, LOS ANGELES COUNTY, 1999-2003**



	Male			Female			Total		
	Number of Deaths	Population	Death Rate	Number of Deaths	Population	Death Rate	Number of Deaths	Population	Death Rate
1999	2	1,291,627	0.2	4	1,229,225	0.3	6	2,520,852	0.2
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

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 INFANTS, LOS ANGELES COUNTY, 2003**

Children Less Than 1 Year Old
Congenital Malformations, Deformations & Chromosomal Abnormalities
Disorders Related to Short Gestation & Low Birthweight, Not Elsewhere Classified
Other Perinatal Conditions
Other Respiratory Conditions Originating in the Perinatal Period
Diseases of Respiratory System

Table 4

**DEPARTMENT OF HEALTH SERVICES LEADING CAUSES OF DEATH FOR
CHILDREN BY AGE CATEGORIES, LOS ANGELES COUNTY, 2003**

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

Source: California Department of Health Services, Center for Health Statistics, Vital Statistics, 2003



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
TOTAL	31	1,196,847	2.6	25	1,144,860	2.2	56	2,341,707	2.4

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: 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

The Department of Children and Family Services has been under the guidance of David B. Sanders, Ph.D., who became the Department's Director on March 24, 2003. Dr. Sanders previously served as Senior Human Services Director of the Hennepin County Children, Family and Adult Services Department in Minneapolis, Minnesota for 10 years. Dr. Sanders has identified three primary outcome goals for the Department that mirror the Program Improvement Goals mandated by Assembly Bill (AB) 636:

- **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**

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 interagency 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, protective 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) 2004, DCFS received an average of 12,916 referral children per month. Of these, an average of 11,555 referrals (89.5%) required an in-person investigation. As shown in Figure 1, there were 154,993 referrals received during CY 2004 compared to 162,361 in CY 2003. The volume of referrals received during CY 2004 reflected a 4.5% decrease from CY 2003.

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

REFERRAL CHILDREN RECEIVED BY ALLEGATION TYPE

Referrals (children) received by DCFS are categorized by seven reporting reasons (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 remain at 27.4% of the total referrals received by DCFS during CY 2004. The number of referrals alleging general neglect (42,536) reflects a 3.5% decrease from 44,075 in CY 2003. This

decrease is relative to the decrease in the total referrals received.

- Physical Abuse, falling behind Emotional Abuse since CY 2001, regains its rank in CY 2004 as the second most common reported allegation for child protective services and accounts for 18.4 % of the total referrals received. While the overall referrals received during CY 2004 shows a decrease, the number of referrals received for Physical Abuse shows a significant increase (32.8%) from 21,464 in CY 2003 to 28,494 in CY 2004.
- Emotional Abuse, which had been the second most reported allegation and lead Physical Abuse since CY 2001, slips back to third in CY 2004 and accounts for 10.3% of the total referrals received. Referrals received for this allegation indicate a significant decrease (36.0%) from 24,892 in CY 2003 to 15,928 in CY 2004.
- Sexual Abuse referrals rank fourth and account for 6.6% of the total referrals received. Despite a decrease in the overall referrals received during CY 2004, the number of referrals received for Sexual Abuse (10,181) reflects a 12.7% increase from 9,036 in CY 2003.
- Caretaker Absence/Incapacity referrals rank fifth and account for 5.3% of total referrals received. Referrals received for Caretaker Absence or Incapacity show a sharp decline (29.6%) from 11,658 in CY 2003 to 8,207 in CY 2004.
- Severe Neglect referrals account for 1.0% of the total referrals received. The number of referrals (1,618) received for this allegation shows a 10.5% decrease from 1,807 in CY 2003.
- Exploitation, the least reported allegation, accounts for 0.2% of total referrals received. The number of referrals



received for exploitation (266) reflects a decrease of 36.4% from 418 in CY 2003.

- When Severe Neglect, General Neglect and Caretaker Absence/Incapacity are combined into a single category of Neglect, they represent 33.7% of the total ER referrals received by DCFS during CY 2004.
- Children 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 30.9% of the total referrals received. An analysis of referrals, categorized as At Risk, Sibling Abuse, shows no significant changes from CY 2003. The number of At Risk, Sibling Abuse referrals, accounting for 19.1% of all referrals received. Substantial Risk referrals, accounting for 11.8% of the total referrals received, reflect a 5.7% decrease, from 19,319 in CY 2003 to 18,214 in CY 2004.

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 2004 (i.e., as of December 31, 2004). 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 2003 and the end of CY 2004, the data show a 5.6% decrease, from 40,135 to 37,885.

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 2004 by age group, ethnicity and gender. Due to a decrease in the total DCFS child caseload, all characteristic categories, except ethnicity Other, relatively show decreases from the data at the end of CY 2003.

AGE

- The number of children in the most vulnerable age group, Birth - 2 Years (5,538) shows no significant changes from CY 2003. This population accounts for 14.6% of the total DCFS child caseload at the end of CY 2004.
- The number of children in the age group 3 - 4 Years, accounting for 9.5% of the total DCFS child caseload, reflects a 2.8% decrease from 3,701 at the end of CY 2003 to 3,599 at the end of CY 2004.
- Children in the age group 5-9 Years, accounting for 23.9% of the total DCFS child caseload, represent the largest population among all age groups. The number of children in this population (9,036) reflects a 7.1% decrease from 9,724 at the end of CY 2003.
- The 10-13 Years population represents the second largest, which accounts for 22.9% of all DCFS children, and the number of children in this population (8,685) reflects an 8.7% decrease from 9,517.
- In total, children 5-13 Years of age account for nearly half of the total DCFS child caseload.



- 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 (4,854) reflects a 5.2% decrease from 5,120 at the end of CY 2003.
- The 16-17 Years population accounts for 11.7% of the total DCFS child caseload. The number of children in this population shows a 6.9% decrease from 4,752 at the end of CY 2003 to 4,424 at the end of CY 2004.
- Youth in the age group 18 & Older account for 4.6% of DCFS children at the end of CY 2004. The number of these young adults (1,749) reflects an 1.3% decrease from 1,772 at the end of CY 2003.
- Overall, children 13 years and under account for 70.9%, and children 14 years and older account for 29.1% of the total DCFS caseload.

ETHNICITY

- White children account for 14.3% of the total DCFS child caseload at the end CY 2004. The number of children in this population (5,402) reflects an 8.9% decrease from 5,931 at the end of CY 2003.
- Hispanic children continue to be the largest of all ethnic populations among DCFS children. This population accounts for 45.1% of the total DCFS child caseload, and the number of children in this population reflects a slight decrease (1.5%) from 17,334 at the end of CY 2003 to 17,073 at the end of CY 2004.
- The African American child population continues to represent the second largest ethnic population among all DCFS chil-

dren. It accounts for 36.7% of the total DCFS child caseload. The number of African American reflects a 9.0% decrease from 15,271 at the end of CY 2003 to 13,892 at the end of CY 2004.

- The Asian/Pacific Islander population remains at 2.5% of the total DCFS child population. The number of these children (941) reflects a 4.9% decrease from 990 at the end of CY 2003.
- American Indian/Alaskan Native children account for 0.5% of the total DCFS child caseload. This population shows a 23.0% decrease from 261 at the end of CY 2003 to 201 at the end of CY 2004
- Filipino (180) and Other (196) ethnic categories, each accounts for 0.5% of the total DCFS caseload.

GENDER

- Distributions of the total DCFS children by gender are nearly even, 49.8% males and 50.2% females.

CHILDREN IN OUT-OF-HOME PLACEMENT

Figure 11, Figure 12 and Figure 13 identify children who are in out-of-home placement excluding children in Guardian Home, as of December 31, 2004. A five-year trend shows the children in out-of-home placement on a decreasing trend. The number of children has decreased by 50.7%, from 47,899 at the end of CY 1999 to 23,637. Between CY 2003 and CY 2004, the number of children in out-of-home placement excluding children in Guardian Home shows a 10.7% decrease from 26,482 to 23,637.



- Children in Relative Home continue to represent the largest child population in the DCFS out-of-home placement caseload. This child population accounts for 42.9% of the total children in out-of-home placements. The number of children in this placement category (11,238) reflects a 3.5% decrease from 11,644 at the end of CY 2003.
- The Foster Family Home child population accounts for 9.8% of the total out-of-home placements. The number of children in this population reflects a 37.0% decrease from 4,053 at the end of CY 2003 to 2,553 at the end of CY 2004.
- Foster Family Agency Home children account for 23.5% and represent the second largest child population in the out-of-home placement caseload. The number of children in this placement category (6,142) reflects a 9.1% decrease from 6,754 at the end of CY 2003.
- Small Home child population accounts for less than 1.0% of the total children in out-of-home placement. The number of children in this placement category (180) reflects an 18.2% decrease from 220 at the end of CY 2003.
- Group Home child population (1,989), accounting for 7.6% of the total out-of-home placement caseload, reflects a 20.1% decrease from 2,490 at the end of CY 2003.
- The numbers of children in Guardian Home and in Adoptive Home - Adoption Not Finalized reflect increases, despite decreases occurring among all other placement categories. Children in Guardian Home account for 9.7% of the total placement caseload, and the number of these children (2,530) shows a 14.8% increase from 2,204 at the end of CY

2003. Historical data show continuous increases for children in Guardian Home during the last five years and a 254.3% increase from 714 at the end of CY 1999 to 2,530 at the end of CY 2004.

Children in placement category Adoptive Home - Adoption Not Finalized account for 5.1%. This population shows a 20.6% increase, from 1,097 at the end of CY 2003 to 1,323 at the end of CY 2004.

- Placement type "Other" consists of Court Specified Home, Tribal Home and Non Foster Care Medical Facility. Children in this placement category account for less than 1.0% of the total children in out-of-home placement caseload, and the number of these children reflects a 5.4% decrease from 224 at the end of CY 2003 to 212 at the end of CY 2004.

ADOPTION PLANNING

Figure 13, Figure 14, and Figure 15 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 13, there were 2,191 children placed in adoptive home during CY 2004, compared to 1,777 placement made during CY 2003. The number of children placed in adoptive home during CY 2004 represented a 23.3% increase from CY 2003.



ICAN PUBLIC WEB SITE

The public may access the DCFS Data Statement as part of the CY 2004 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

AB 636 OUTCOME MEASURES

Based on the July 2005 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 with 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 months in accordance to federal guidelines, reflects a decrease from 8.3% during CY 2003 to 7.8% for CY 2004.
- 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 11.8% during CY 2002 to 11.1% for CY 2003.
- The rate of abuse for children in DCFS supervised or Foster Family Agency child welfare supervised foster care during the nine-month review period reflects a decrease from 1.62% during (April 1, 2003 - December 31, 2003) to 0.96% dur-

ing (April 1, 2004 - December 31, 2004). Please note that available measures on abuse in foster care are based on the examination of a nine-month period.

- Among the children who were reunified with their parents or caretakers during the 12-month study period, the percentage of children that had been in placement for less than 12 months shows an increase from 33.2% during CY 2003 to 40.7% during CY 2004.
- The percentage of children in foster care for less than 24 months, who were adopted during the 12-month study period, reflect an increase from 9.5% during CY 2003 to 13.6% during CY 2004.

REFERRAL AND CASELOAD STATISTICS

- Physical Abuse, falling behind Emotional Abuse since CY 2001, regains its rank in CY 2004 as the second most common reported allegation for child protective services and accounts for 18.4 % of the total referrals received. While the overall referrals received during CY 2004 shows a decrease, the number of referrals received for Physical Abuse shows a significant increase (32.8%) from 21,464 in CY 2003 to 28,494 in CY 2004.
- Sexual Abuse referrals rank fourth and account for 6.6% of the total referrals received. Despite a decrease in the overall referrals received during CY 2004, the number of referrals received for Sexual Abuse (10,181) reflects a 12.7% increase from 9,036 in CY 2003.



- Hispanic children continue to be the largest population of all ethnic populations among DCFS children. This population accounts for 45.1% of the total DCFS caseload, up from 43.2% at the end of CY 2003.
- Between CY 2003 and CY 2004, the number of children in out-of-home placement services caseload shows an 8.8% decrease. A five-year trend shows the children in out-of-home placement on a decreasing trend. The number of children has decreased by 46.2%, from 48,613 at the end of CY 1999 to 26,167.

RESPONSE TO RECOMMENDATIONS FROM 2004 REPORT

RECOMMENDATION ONE:

New and promising initiatives or programs that impact children and families

In 1999, The Price-Waterhouse Coopers audit recommended that the Department of Children and Family Services streamline and revise its case flow process to provide a faster response for services and that the Department provide, through the use of a team approach, an emphasis on more thorough case evaluations and investigations.

In response to this recommendation, the Department developed the Point of Engagement (POE) service delivery system. The core components of POE include the use of Structured Decision-Making (SDM), Community Development, Front-end Assessments, Differential Response, Alternative Response, Voluntary Services, Family Preservation Services and Team Decision-Making.

POE is characterized by a seamless and timely transfer of responsibility from front end investigations to actual service delivery in order to provide more thorough investigations and

needed services to children and families within their homes and communities. This new system utilizes a multi-disciplinary approach incorporating team decision-making and community collaboration. Additionally in this process, families are fully engaged and consulted with regarding areas of concern. When meeting with family members, every attempt is made to mitigate safety and risk factors by the exploration of family strengths and resources. These target intervention are aimed at avoiding, if possible, the removal of children from their homes. However, if children are unavoidably detained, POE seeks to specifically identify those activities and services that will be necessary to quickly reunify that child with his or her family.

RECOMMENDATION TWO:

Data according to geographic areas

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



Figure 1

DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Total Referral Children Received Calendar Year 1984 through 2004

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



Figure 2

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Referral Children Received By Service Calendar Year 2004**

SERVICE PLANNING AREA (SPA)	EVALUATED OUT	IN-PERSON RESPONSE	TOTAL REFERRAL CHILDREN RECEIVED
SPA 1	1,116	9,185	10,301
SPA 2	2,406	20,717	23,123
SPA 3	1,811	17,675	19,486
SPA 4	1,632	14,974	16,606
SPA 5	399	3,023	3,422
SPA 6	2,249	22,807	25,056
SPA 7	1,522	16,851	18,373
SPA 8	1,976	19,851	21,827
Out of County	1,178	2,008	3,186
Other *	2,039	11,574	13,613
TOTAL	16,328	138,665	154,993

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

Figure 3

**LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Referral Children Received By Allegation Type Calendar Year 2004**

ALLEGATION TYPE	CHILDREN	PERCENTAGE
Sexual Abuse	10,181	6.6
Physical Abuse	28,494	18.4
Severe Neglect	1,618	1.0
General Neglect	42,536	27.4
Emotional Abuse	15,928	10.3
Exploitation	266	0.2
Caretaker Absence/Incapacity	8,207	5.3
At Risk, Sibling Abuse	29,549	19.1
Substantial Risk	18,214	11.8
TOTAL	154,993	100.0



Figure 4

LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Referral Children Received By Allegation Type Calendar Year 2004

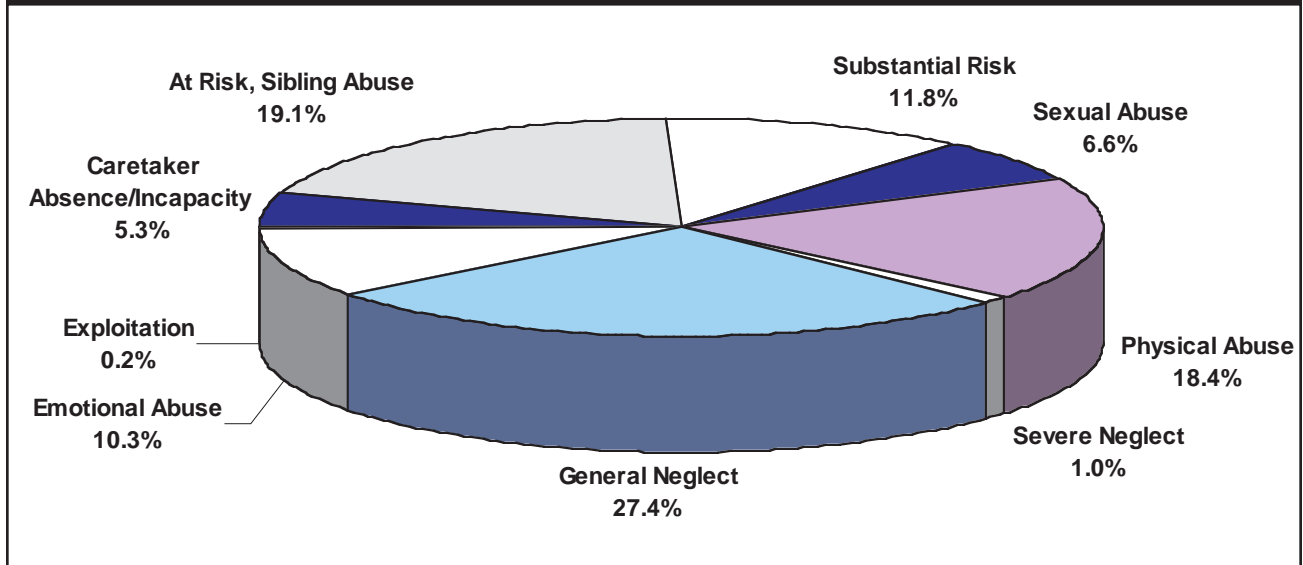


Figure 5

LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES
In-Home and Out of Home Services Caseload As of December 31, 2004

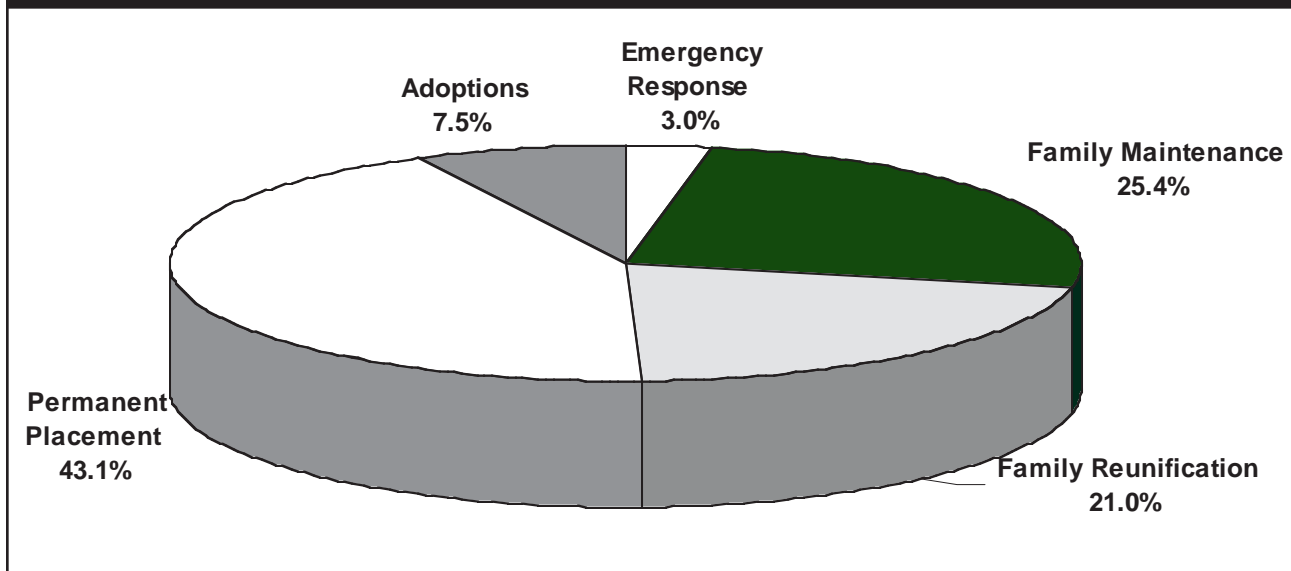
SERVICES TYPE	CHILDREN	PERCENTAGE
Emergency Response	1,150 *	3.0%
Family Maintenance	9,622	25.4 %
Family Reunification	7,942	21.0 %
Permanent Placement	16,332	43.1 %
Adoptions	2,839	7.5 %
TOTAL	37,885 *	100.0 %

NOTE: CY 2004 Total Caseload includes 1,323 children in adoptive homes pending Final Decree of Adoption.



Figure 6

**LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES
In-Home and Out of Home Services Caseload As of December 31, 2004**



NOTE: CY 2004 Total Caseload includes 1,323 children in adoptive homes pending Final Decree of Adoption.

Figure 7

**LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES
In-Home and Out of Home Services Caseload - Child Characteristics
As of December 31, 2004**

CATEGORY - AGE GROUP	CHILDREN	PERCENTAGE
Birth - 2 Years	5,538	14.6
3 - 4 Years	3,599	9.5
5 - 9 Years	9,036	23.9
10 - 13 Years	8,685	22.9
14 - 15 Years	4,854	12.8
16 - 17 Years	4,424	11.7
18 Years & Older	1,749	4.6
TOTAL	37,885	100.0



Figure 7

LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES
In-Home and Out of Home Services Caseload - Child Characteristics
As of December 31, 2004

ETHNICITY	CHILDREN	PERCENTAGE
White	5,402	14.3%
Hispanic	17,073	45.1%
African-American	13,892	36.7%
Asian/Pacific Islander	941	2.5%
American Indian/Alaskan Native	201	0.5%
Filipino	180	0.5%
Other	196	0.5%
TOTAL	37,885	100.0%

CATEGORY - AGE GROUP	CHILDREN	PERCENTAGE
Birth - 2 Years	5,538	14.6%
3 - 4 Years	3,599	9.5%
5 - 9 Years	9,036	23.9%
10 - 13 Years	8,685	22.9%
14 - 15 Years	4,854	12.8%
16 - 17 Years	4,424	11.7%
18 Years & Older	1,749	4.6%
TOTAL	37,885	100.0%

GENDER	CHILDREN	PERCENTAGE
Male	18,851	49.8%
Female	19,034	50.2%
TOTAL	37,885	100.0%



Figure 8

LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES
In-Home and Out-of-Home Services Caseload - By Age Group
As of December 31, 2004

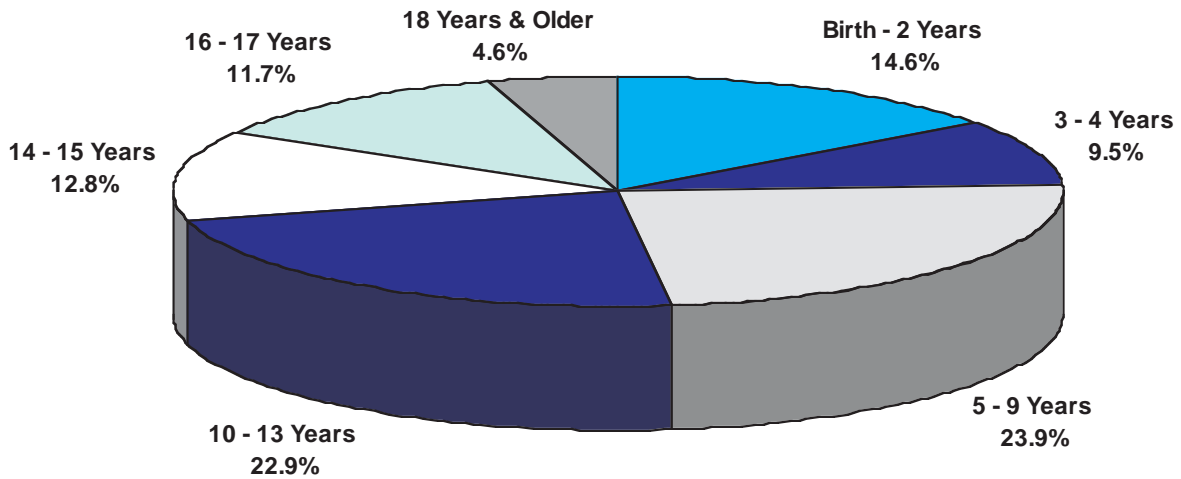


Figure 9

LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES
In-Home and Out-of-Home Services Caseload - By Ethnicity
As of December 31, 2004

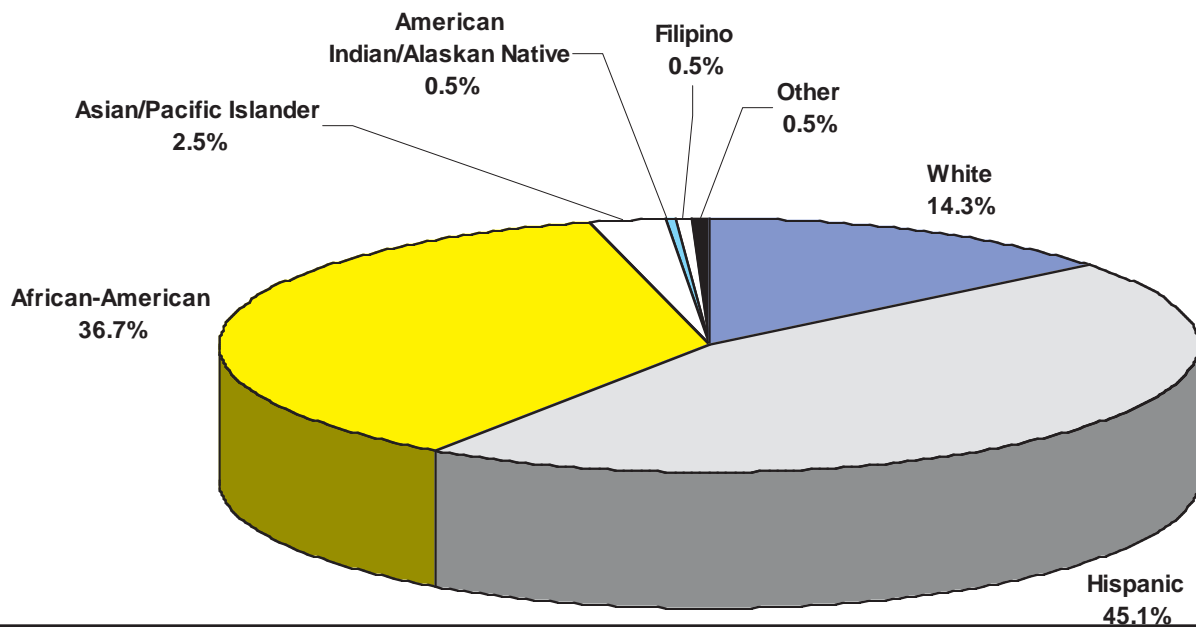




Figure 10

LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES
In-Home and Out-of-Home Services Caseload - By Gender
As of December 31, 2004

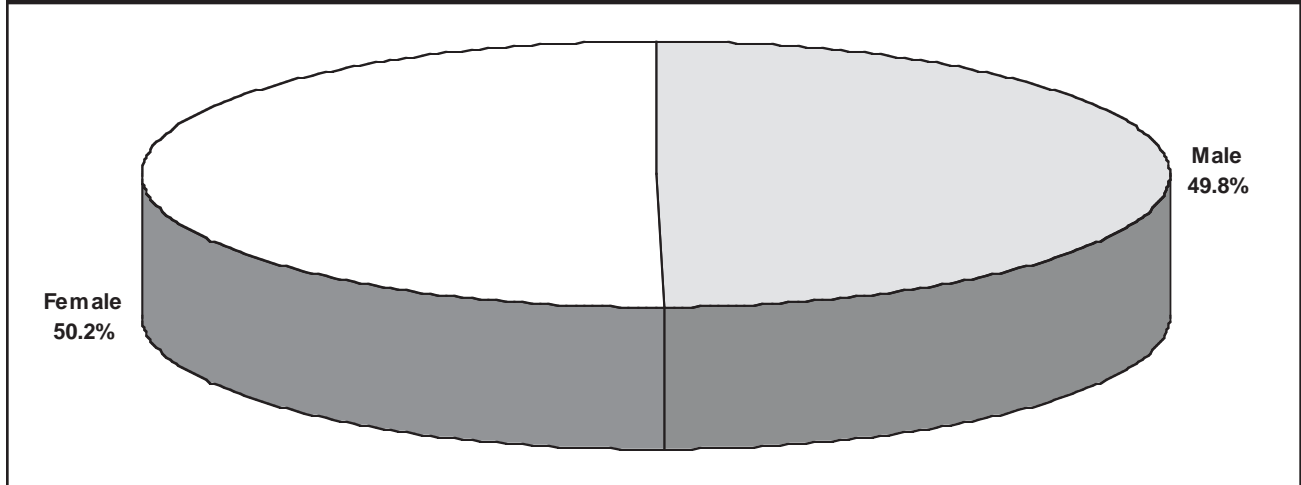


Figure 11

LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Children In-Home and Out-of-Home Services Placement By Service Planning Area
(Guardian Home Placement Excluded) As of December 31, 2004

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	303	201	400	384	223	206	96	1,813
SPA 2	376	200	447	392	264	261	97	2,037
SPA 3	530	341	872	914	545	477	202	3,881
SPA 4	150	88	212	202	126	169	70	1,017
SPA 5	46	24	53	56	42	36	19	276
SPA 6	602	376	1035	1187	667	614	274	4,755
SPA 7	467	294	625	449	285	255	94	2,469
SPA 8	621	362	759	776	465	425	167	3,575
Out of County	458	298	845	881	496	494	205	3,677
Other *	35	20	35	22	11	11	3	137
TOTAL	3,588	2,204	5,283	5,263	3,124	2,948	1,227	23,637



Figure 12

**LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Children In-Home and Out-of-Home Services Placement By Caseload
(Guardian Home Placement Excluded) As of December 31, 2004**

FACILITY TYPE	CHILDREN	PERCENTAGE
Relative Home	11,238	42.9
Foster Family Home	2,553	9.8
Foster Family Agency Certified Home	6,142	23.5
Small Family Home	180	0.7
Group Home	1,989	7.6
Adoptive Home - Adoption Not Finalized	1,323	5.1
Other (Medical Facility, Tribal, and Court Specified Home)	212	0.8
TOTAL OUT-OF-HOME PLACEMENT	23,637	90.3
Guardian Home	2,530	9.7
TOTAL OUT-OF-HOME PLACEMENT (Including Guardian Home)	26,167	100.0

Figure 13

**LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Children In-Home and Out-of-Home Services Placement By Caseload
(Guardian Home Placement Excluded) As of December 31, 2004**

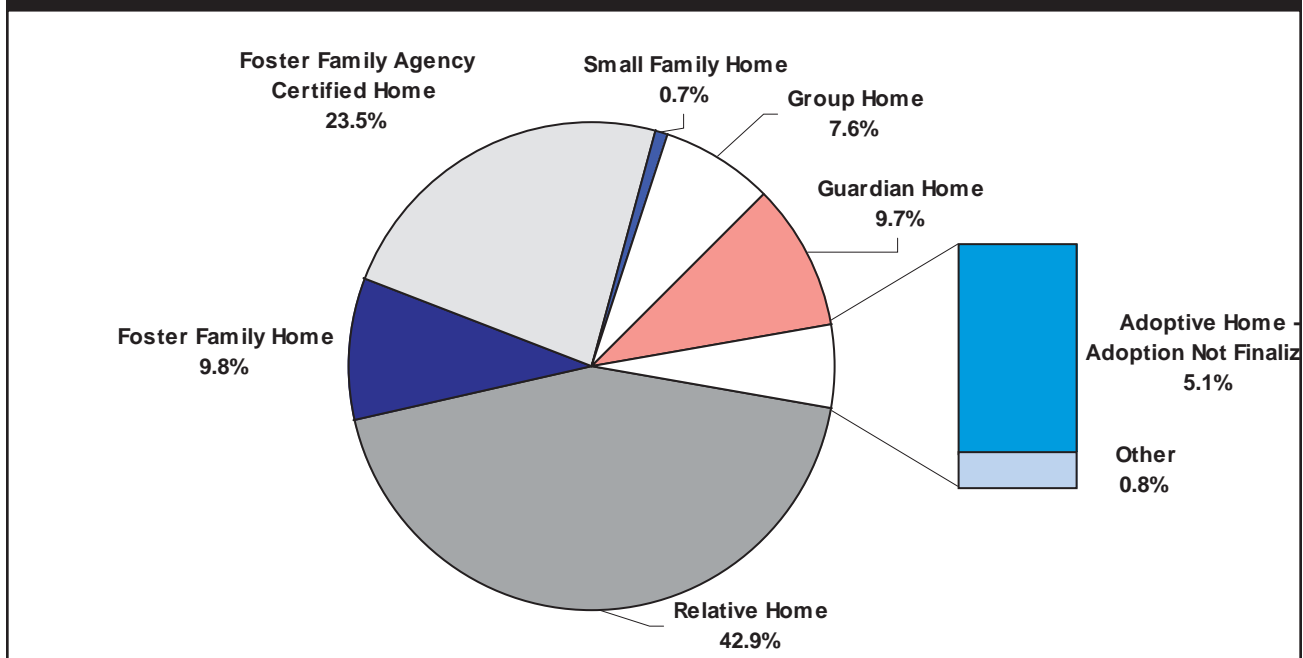




Figure 14

**LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Adoptions Permanency Planning Caseload Calendar Years 1984 Through 2004**

CALENDAR YEAR	TOTAL ADOPTION CASES DURING THE YEAR OPENED	CHILDREN PLACED IN ADOPTIVE HOMES DURING THE YEAR
1984	1,198	558
1985	1,674	524
1986	1,606	617
1987	1,815	541
1988	1,576	698
1989	1,484	696
1990	1,340	824
1991	1,186	1,000
1992	1,110	985
1993	1,134	1,049
1994	1,511	1,027
1995	1,709	1,035
1996	1,659	1,087
1997	3,518	1,346
1998	6,410	1,728
1999	1,951	2,532
2000	1,888	2,874
2001	1,852	2,871
2002	1,929	1,911
2003	1,400	1,777
2004	2,481	2,191

Figure 15

**LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Adoptions Cases Opened Calendar Years 1984 Through 2004**

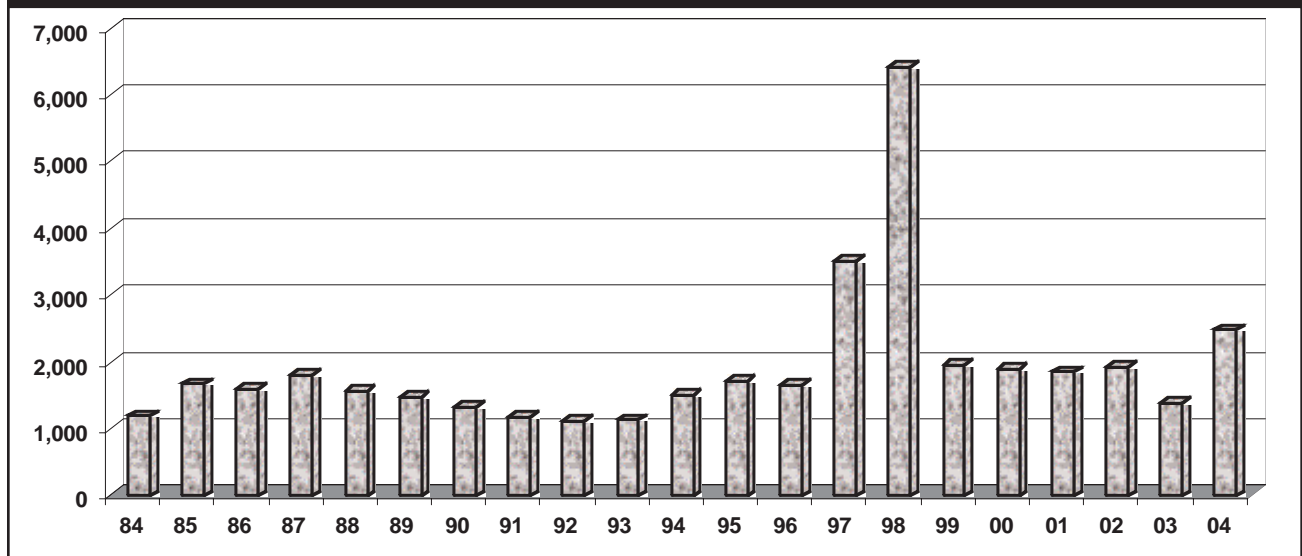
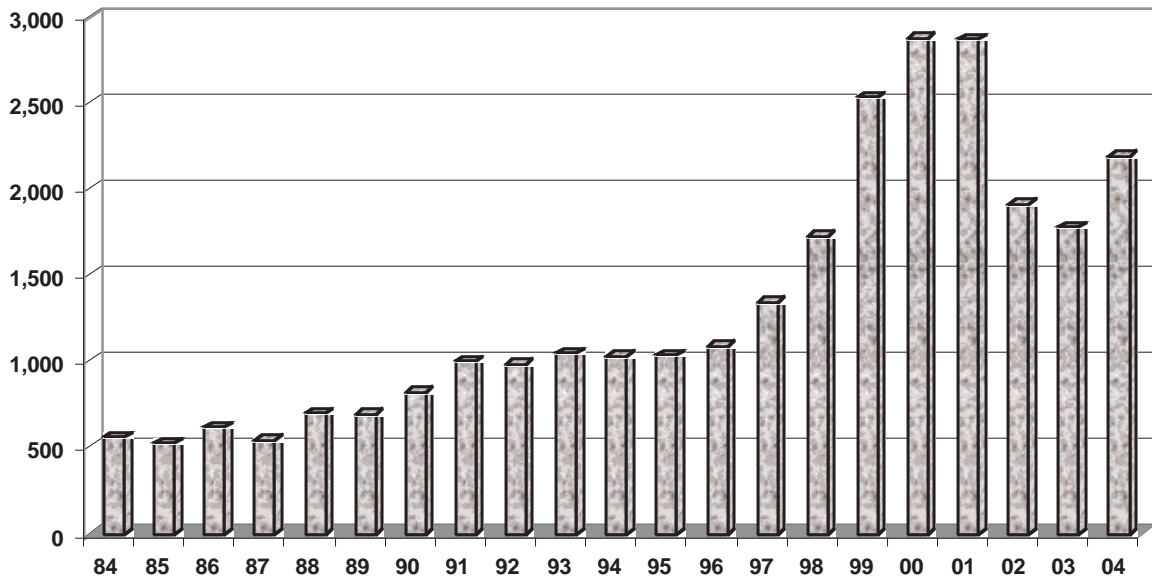




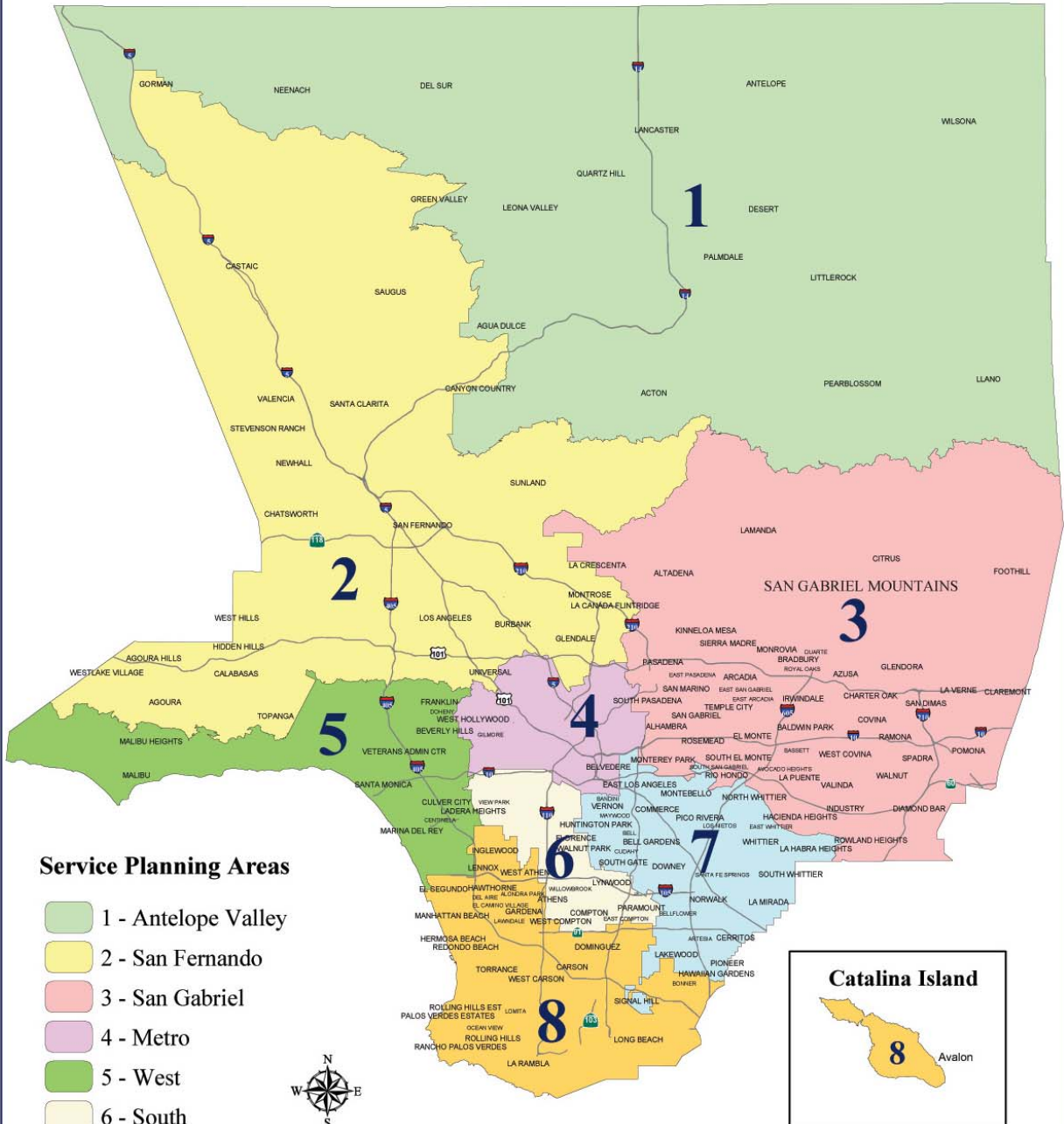
Figure 16

**LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Children Placed in Adoptive Homes from Calendar Years 1984 Through 2004**





Los Angeles County Service Planning Areas (SPA's)



Los Angeles County
Department of Children & Family Service

Produced on January 28, 2005 by the
DCFS Geographic Information Systems Unit.



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 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 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.

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 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 Care - The 24-hour out-of-home 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. Foster care providers include relative caregivers, Foster Family Homes (FFH), Small Family Homes (SFH), Group Homes (GH), family homes certified by a Foster Family Agency (FFA) and family homes with DCFS Certified License Pending.

Foster Caregiver/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.

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.

Foster 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.

Foster Parent - The person whose home is licensed as FFH or SFH or certified for 24-hour care of children, and persons to whom the responsibility for the provision of foster care is delegated by the licensee.

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 - 24-hour care provided to children whose own families [parent(s)/guardian(s)] are unable or unwilling to care for them in their own home.

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) or primary caretaker(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.

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 or neglect, general or severe.

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 2004

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 Lancaster 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 stabili-

ty 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/Arrest 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 2004, new, subsequent and supplemental petitions were filed involving 15,834 children: 7,691 children were before the Court with new WIC §300 petitions; 6,904 supplemental and/or subsequent petitions were filed in 2004. New petitions were filed in 1,239 previously dismissed or terminated cases (Figure 1).

Matters involving 124,323 children were the subject of contested and uncontested Review Hearings. Statutorily mandated hearings in 2004 involved 140,157 children (Figure 2). These numbers reflect the total number of children whose cases were brought into the court in 2004 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 124,323 in 2004 (Figure 3).

Of the 7,691 new WIC §300 petitions, out of home placement was ordered for 3,960 children in 2004. This latter number represents the foster care placement of just over sixty eight percent (68.2%) of the 5,805 children whose cases went to disposition in 2004 (Figure 4). The data indicates a slight decrease in the filing of all petitions from 2003 to 2004. Analysis of the ten-year period 1994 to 2004 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, as 335 fewer filings were made in 2004 when compared to 2003. The composition of filings has changed over this decade. New petitions comprised approximately 75% of total petition filings in 1992, but by 2004, new filings comprised slightly less than half of total petition filings.

From 2003 to 2004 the filing of new petitions increased by 190 (3.8%); subsequent petitions decreased by 378 (12.8%) petitions and supplemental petitions by 217 (4.8%). New filings increased from 7,501 in 2003 to 7,691 in 2004 suggesting that the decline in 2003 was an exception. New filings in 2004, however, were still less than the 8,803 new filings recorded in 2002.

There was a 58.3% decrease in filings from 1994 (13,200) to 2004 (7,691) and a substantial decrease in 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 2004, 7,691 children were the subject of new Dependency court petitions and 11,547 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 meth-amphetamine. 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 slight decrease in filings occurred in 2003, reversing a trend of modest increases the previous two years. 2004 once again saw a modest decrease in filings.
- New WIC §300 petitions in relation to total petition filings, constituted 48.6% of filings in 2004.
- 7,691 new WIC §300 petitions were filed in 2004, while 11,547 children exited the Dependency System.



Figure 1

DEPENDENCY PETITIONS FILED

YEAR	NEW 300	SUBSEQ. 300	SUBSEQ. 342	SUPPL. 387	SUPPL. 388	REACTIVATED	TOTAL
1992	12,121	2,364	236	1,461	178		16,360
1993	13,747	1,889	345	1,649	340		17,970
1994	13,200	2,519	489	1,918	635		18,761
1995	13,123	3,621	520	2,261	913		20,438
1996	14,824	3,847	634	2,502	616		22,423
1997	13,465	4,765	860	2,540	1,015		22,645
1998	9,807	4,245	870	2,503	1,095		18,520
1999	8,918	4,748	628	2,541	1,461		18,296
2000	8,015	3,896	429	2,412	1,367		16,119
2001	8,285	2,873	580	2,148	2,236		16,122
2002	8,803	3,011	526	1,843	2,812		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

Figure 2

**JUVENILE DEPENDENCY COURT
Dependency Court Workload**

YEAR	PETITIONS FILED	JUDICIAL REVIEWS	TOTAL PETITIONS AND REVIEWS
1994	18,761	55,322	74,083
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



Figure 3

JUVENILE DEPENDENCY COURT
Dependency Filings and Judicial Reviews

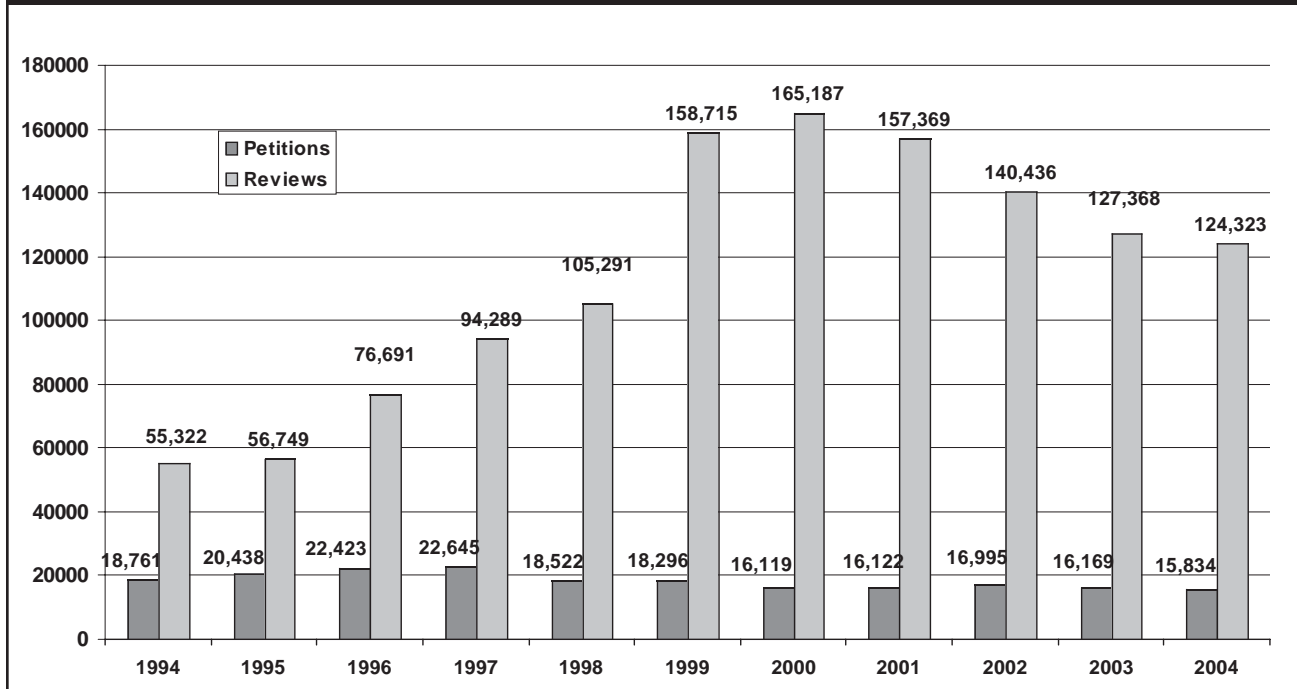


Figure 4

JUVENILE DEPENDENCY COURT
Disposition Hearing Results By Category With % of Total Dispositions

YEAR	TOTAL DISPO	HOME OF PARENT	SUITABLE PLACEMENT	OTHER
1992	10,910	3,386 (31%)	7,295 (67%)	229 (2%)
1993	9,593	2,941 (31%)	6,540 (68%)	112 (1%)
1994	11,736	3,492 (30%)	8,188 (70%)	56 (0.5%)
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%)	5748 (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%)



Figure 5

**DEPENDENCY PETITIONS FILED:
New, Subsequent, Supplemental and Reactivated**

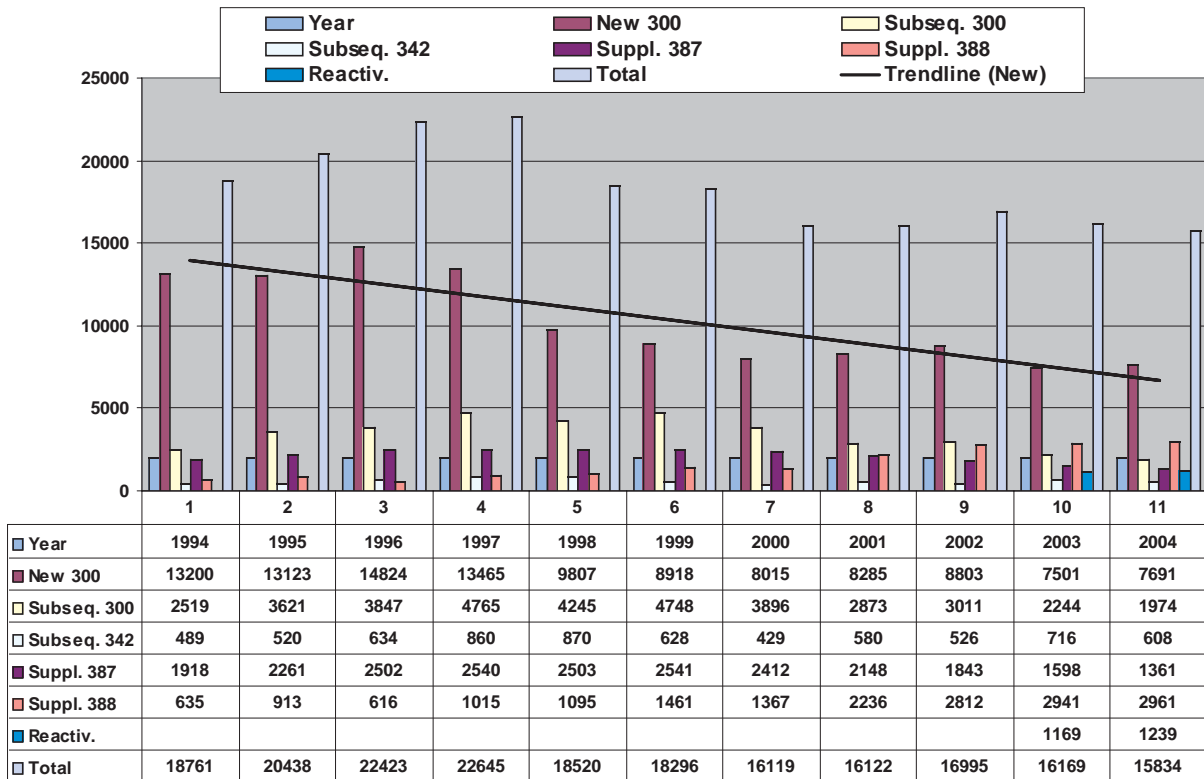
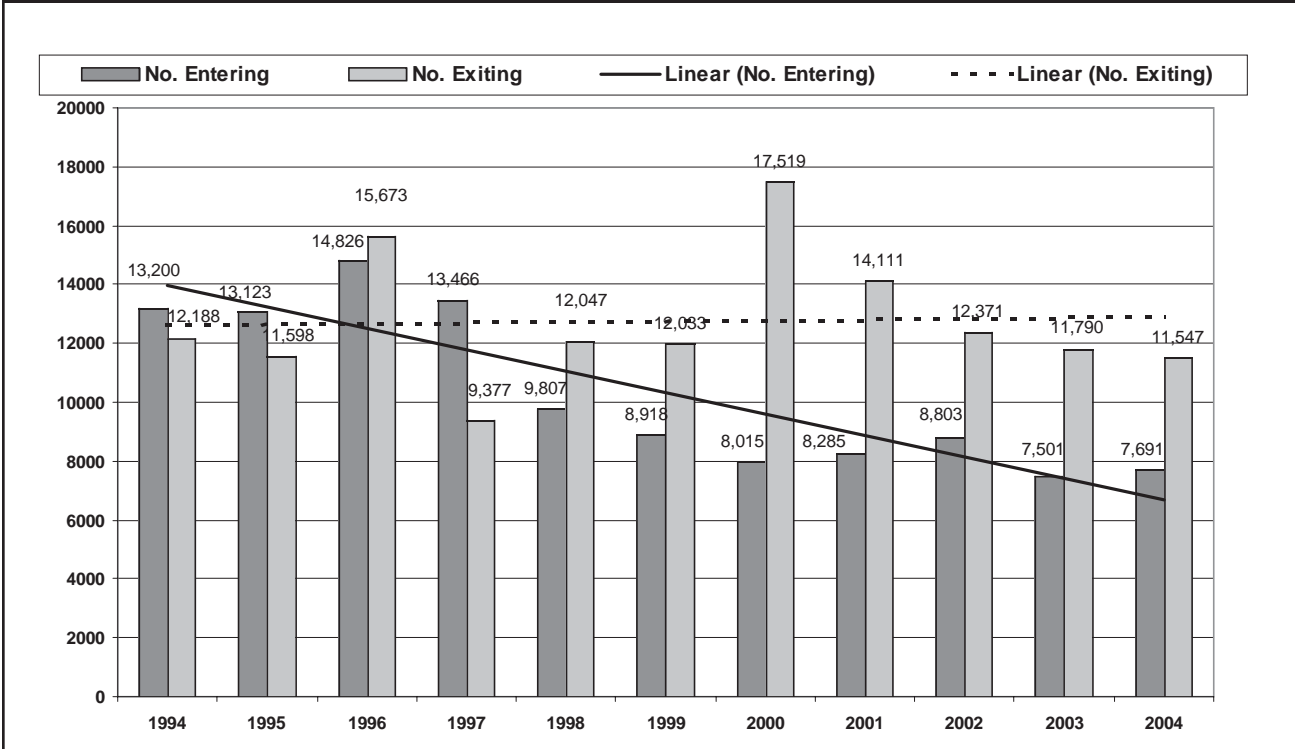




Figure 6

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).

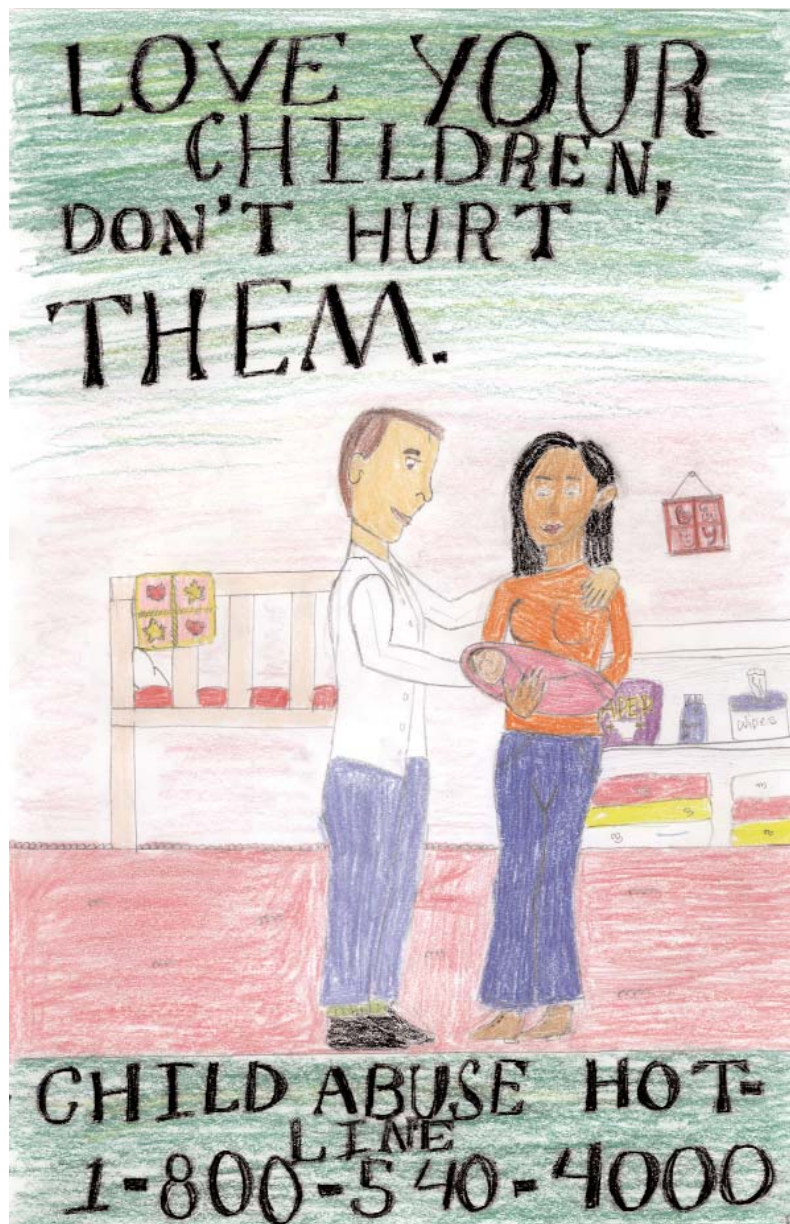
WIC §342 Petition - A subsequent petition filed after the WIC 300 petition has been adjudicated alleging new facts or circumstances.

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 COUNSEL

AGENCY REPORT





LOS ANGELES COUNTY COUNSEL

Litigation and Training Division; Advice And Litigation Division; Appellate 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 Children's Services Division of County Counsel, located at the Edmund D. Edelman Children's Court in Monterey Park, is comprised of three divisions: the Litigation and Training Division, the Advice and Litigation Division, and the Appellate Division. There are 118 attorneys in the Children's Services 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 Children's Services 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 2004, cases were referred to mediation, and of that number, over 60% reached a settlement.

A child abuse investigation is initiated through a call to the Child Abuse 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 2004, 10,641 new petitions were filed.

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 on 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 tell 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, 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 3 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 3 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 6 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 5 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.

APPELLATE DIVISION

Parties have a right to seek appellate relief throughout each stage of the dependency process, either by writ petition or by appeal. The Children's Services 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 on appellate issues.

Currently, the Appeals Division on a fiscal yearly basis files approximately 400 appellate briefs and 250 concession letters, stipulations, motions, and miscellaneous appellate documents.

LITIGATION AND TRAINING DIVISION

The Litigation and Training Division oversees outside litigation relating to foster care licensing, administrative law, and civil procedures relating to juvenile court policies and procedures. The Division analyzes proposed legislation, oversees dependency/delinquency cross-over cases, and offers many training programs to County Counsel and DCFS



staff. Approximately 387 attorney hours were spent during the year on social worker training programs. At the Children's Social Worker Training Academy, County Counsel presented a Dependency Overview, Reasonable Efforts, and a Testifying-in-Court training. For the County-wide Five Day Investigator's Academy, County Counsel presented four programs: Social Workers' Legal Authority, Report Writing, Notice, and Search Warrants. County Counsel facilitated programs to train supervisors in each DCFS region. The daylong trainings covered legal sufficiency, reasonable efforts, case review, permanency issues, legal liability, and search warrants. An interactive social worker testifying program was continued using a Children's Court courtroom as a classroom where CSW's 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 children's social worker 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, 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 offi-

cers, 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.

ADVICE AND LITIGATION DIVISION

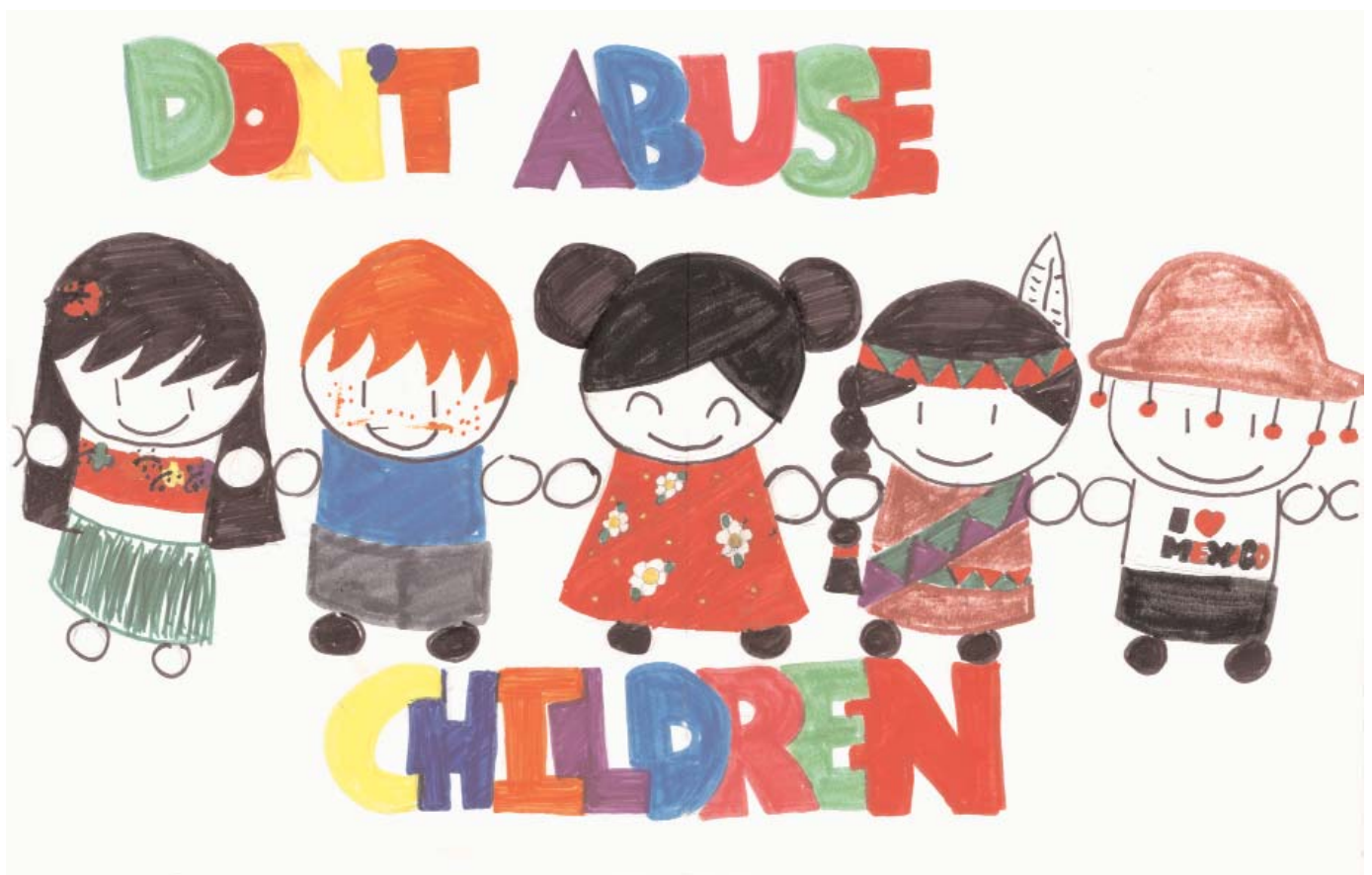
The Advice and Litigation Division has developed and implemented a program to staff a County Counsel in 13 DCFS regional offices. The attorney provides legal advice and training to CSW's and assists the workers by reviewing:

- The legal sufficiency of court reports,
- Group home placement policies,
- Warrant requests for an "AWOL" child,
- Cases not filed in dependency court - i.e. voluntary maintenance contracts and/or voluntary placement contracts,
- Confidentiality issues, and
- Notices

Out-station attorneys also hold office hours to answer social worker questions on an individual basis and provide training in all areas of Dependency practice.

The Advice and Litigation Division reviews DCFS contracts, issues legal opinions, conducts legal research, handles issues of confidentiality, and provides legal advice to the Children's Consortium and the Los Angeles County Commission on Children and Families.

**LOS ANGELES COUNTY
SHERIFF'S DEPARTMENT
AGENCY REPORT**





LOS ANGELES COUNTY SHERIFF'S DEPARTMENT

Family Crimes Bureau

The Los Angeles County Sheriff's Department serves nearly 3 million citizens within forty contract cities and a large unincorporated area. The Family Crimes Bureau (FCB) has the responsibility of conducting the special investigations involving child victims of physical or sexual abuse. Sheriff's detectives assigned to the station detective units are separate from the FCB and investigate child endangerment and neglect in which no physical harm occurs, as well as emotional abuse. These types of cases are not tabulated in this report.

In 1972, the Youth Services Bureau (YSB) was formed and was comprised of units handling juvenile diversions and petition control. In 1975, the Child Abuse Detail became a separate unit apart from the other juvenile units. Previously, station detectives handled child abuse cases but it was realized that these investigations were very specialized. This made it very clear that personnel with special abilities should be grouped to utilize their expertise in these cases. YSB gave way to the Juvenile Operations Bureau, which investigated both child abuse and juvenile gang activity. In 1986, the Juvenile Investigations Bureau was formed and separated child abuse from gang investigations, and in October 1999, the Bureau was renamed Family Crimes Bureau.

Detectives selected for the Bureau go through a process that includes an application, written product exemplar, an oral interview and background investigation. Detectives are not rotated in various assignments, therefore they gain expertise in this specialized field. Upon acceptance, a new detective receives training in forty-hour courses on child abuse and sexual assault investigations, interview techniques and homicide investigations, in addition to various

seminars in associated fields of study. New detectives are initially paired with experienced training detectives to continue learning the techniques involved in child abuse investigations. Investigators are also in contact, often daily, with members of the Department of Children and Family Services (DCFS), the District Attorney's Office and other agencies and professionals offering additional insight and training.

The Bureau also provides training in child abuse laws and investigations to Sheriff's Academy Recruits, Advanced Officer Training to more experienced Department members and participating law enforcement agencies, social service and foster family agencies, schools and many civic groups. During the year, several members of the Bureau participated as presenters for the fourth year of the DCFS Inter-Agency Investigators Academy. The classes were mainly comprised of Emergency Response social workers, Dependency Investigators, supervisors and administrators, and utilized detectives to provide a look into the role of law enforcement and collaboration with DCFS in child abuse investigations. Evaluations by the students have been very positive.

The Child Abuse Detail, previously divided into four teams of investigators, was realigned into five teams based on the caseload generated by each station. This design has proven to be very efficient. The Family Crimes Bureau consists of a captain, two lieutenants, seven sergeants and thirty-seven detectives.

The Department is also represented by an FCB detective on the Southern California Regional Sexual Assault Felony Enforcement (SAFE) Team, a federal task force comprised of the FBI, Los Angeles Police Department, United States Postal Service postal inspectors and several other local law enforcement agencies. The team mainly 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 victim from any further abuse and to seek prosecution of the offender. Whether abuse is reported to the DCFS or a law enforcement agency, both are mandated to cross-report to each other in an effort to capture the incident(s). Many criminal reports generated by the Sheriff's Department are as a result of suspected abuse reports from the DCFS; however, many of these reports 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 assigned to complete a report, which is then forwarded to a supervisor who reviews and approves the report. The patrol deputy is also responsible for cross reporting, both by phone and in written form, at the time the report is generated. The approved report is forwarded to the Family Crimes Bureau for assignment to a detective, usually within 24 hours. A copy of the incident report completed by the patrol deputy is faxed to the DCFS Child Protection Hotline the same day it is received at FCB. The assigned detective is responsible for completing a timely investigation and presenting the case, if sufficient evidence exists, to the District Attorney's Office for review for prosecution.

Since September 2003, the FCB began receiving daily Suspected Child Abuse Reports (SCARs) from the DCFS via a computer fax system, allowing the Bureau to place the SCARs into electronic "folders" for each Sheriff Station. Deputy personnel at the stations with access to the confidential system are able to open each SCAR and have field deputies respond more quickly to cases of suspected abuse. Nearly 12,000 SCARs were sent in this

manner during 2004, which resulted in a slightly increased caseload, but more importantly, law enforcement services were rendered more expediently.

SIGNIFICANT FINDINGS

In 2004 the caseload in the Bureau increased 7% from the previous year. Of more significance, the number of physical abuse victims increased nearly 15% after several years of decline. The number of physical abuse cases rose almost 13%. Sexual abuse cases and the number of victims increased only slightly.



Figure 1

**CASES REPORTED BY STATION
AND TYPE OF ABUSE- 2004**

STATION	PHYSICAL	SEXUAL	TOTAL
Altadena	21	28	49
Avalon	1	1	2
Carson	60	89	149
Century	102	222	324
Cerritos	12	16	28
Compton	70	122	192
Crescenta Valley	12	17	29
East Los Angeles	68	155	223
Family Crimes Bureau	2	23	25
Industry	78	131	209
Lakewood	237	231	468
Lancaster	116	196	312
Lennox	65	96	161
Lomita	26	38	64
Lost Hills/ Malibu	20	24	44
Marina del Rey	13	6	19
Norwalk	144	152	296
Palmdale	136	215	351
Pico Rivera	44	58	102
Santa Clarita Valley	65	122	187
San Dimas	33	60	93
Temple	53	109	162
Transit Services Bureau	0	3	3
Walnut/Diamond Bar	32	46	78
West Hollywood	8	8	16
TOTAL	1,418	2,168	3,586

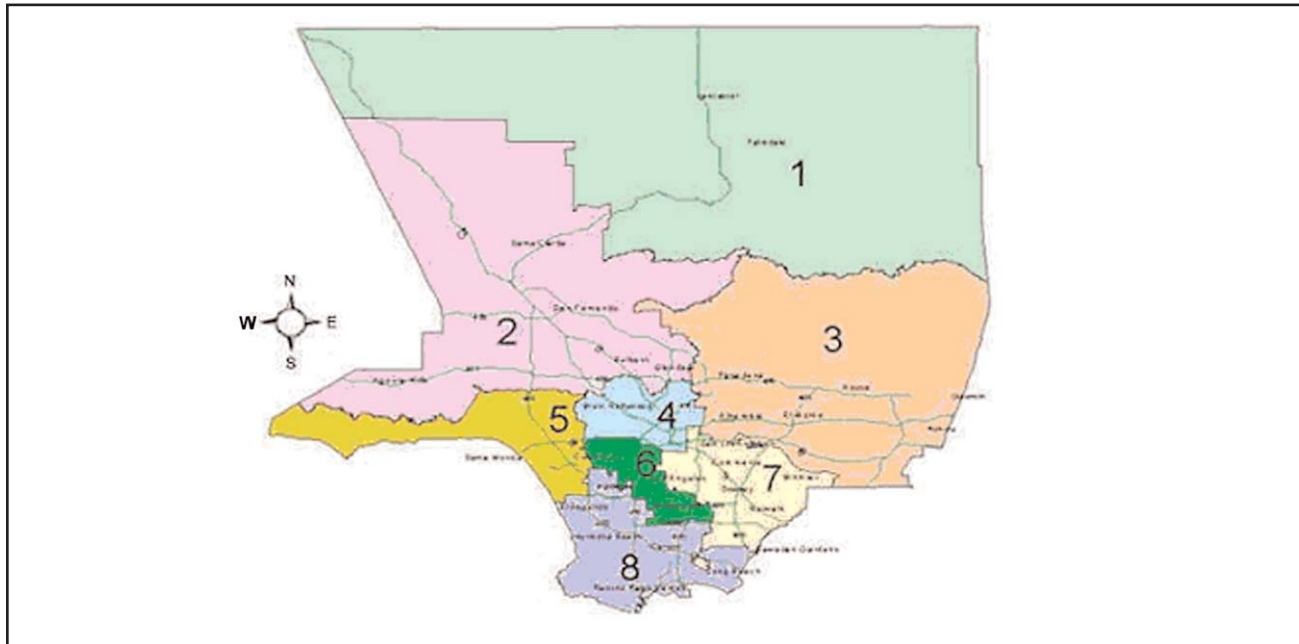


Figure 2

**STATIONS BY SERVICE
PLANNING AREA (SPA) AND
TOTAL CASES BY SPA - 2004**

SPA	STATION	CASES
1	Lancaster	312
	Palmdale	351
	TOTAL SPA 1	663
2	Crescenta Valley	29
	Lost Hills	34
	Santa Clarita Valley	187
	TOTAL SPA 2	252
3	Altadena	49
	Industry	209
	San Dimas	93
	Temple	162
	Walnut	78
	TOTAL SPA 3	591
4	West Hollywood	16
	TOTAL SPA 4	16
5	Malibu	10
	Marina del Rey	19
	TOTAL SPA 5	29

Figure 2 continued

TOTAL CASES BY SPA - 2004

SPA	STATION	CASES
6	Century	324
	Compton	192
	TOTAL SPA 6	516
7	Cerritos	28
	East Los Angeles	223
	Lakewood	468
	Norwalk	296
	Pico Rivera	102
	TOTAL SPA 7	1,117
8	Avalon	2
	Carson	149
	Lennox	161
	Lomita	64
	TOTAL SPA 8	376
	TOTAL	3,558

* The difference in the number of cases listed by SPA as apposed to actual investigations. Cases investigated by the FCB (25) and the Transit Services Bureau (3) are not included in these totals.



Figure 3

CASES REPORTED BY STATION- 2004
Comparison of Cases 1996-2004

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

These statistics show the reported cases of child abuse assigned to the Family Crimes Bureau for the past nine 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 separated from Lancaster Station in 2000; until that time Lancaster (Antelope Valley Station) had responsibility for the Palmdale area.
- 8 San Dimas Station separated from the Walnut/Diamond Bar Station in 2000.

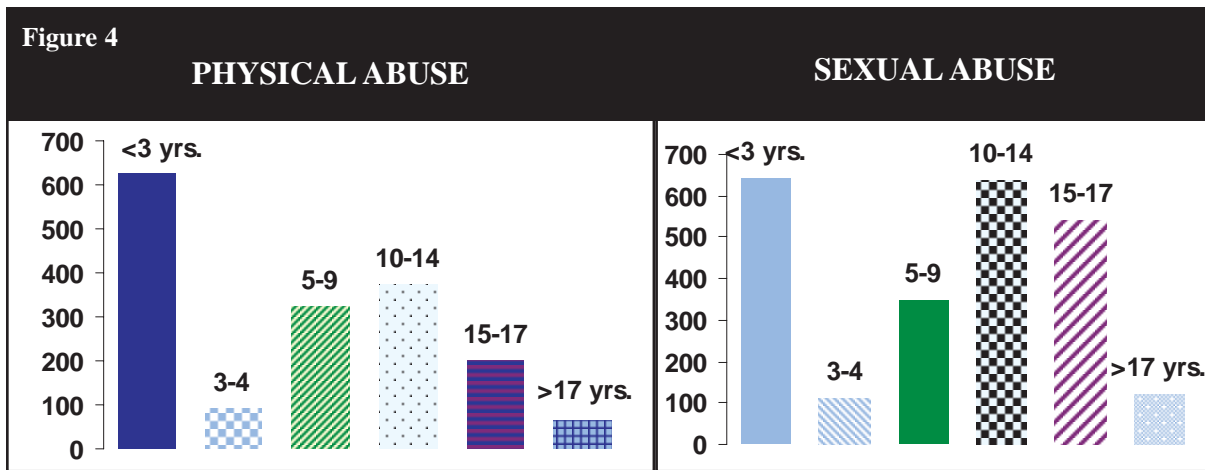


Figure 4

VICTIMS BY AGE AND TYPE OF ABUSE - 2004

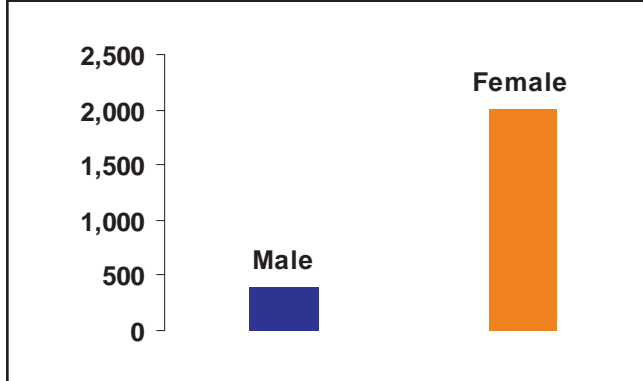
PHYSICAL ABUSE			SEXUAL ABUSE		
Under 3 years	629	(37.4%)	Under 3 years	643	(26.6%)
3-4 years	93	(5.5%)	3-4 years	113	(4.7%)
5-9 years	325	(19.3%)	5-9 years	346	(14.4%)
10-14 years	374	(22.2%)	10-14 years	637	(26.5%)
15-17 years	198	(11.8%)	15-17 years	541	(22.5%)
Over 17 years	64	(3.8%)	Over 17 years	123	(5.1%)
TOTAL	1,683		TOTAL	2,403	

Figure 4 represents the total number of victims involved in cases investigated by the Family Crimes Bureau. The victim total exceeds the number of investigated cases because many cases have multiple victims. Nearly 64% of the victims (2,608) are school-aged; 36% are younger than school age.



Figure 5

VICTIMS BY GENDER - SEX



VICTIMS BY GENDER - PHYSICAL

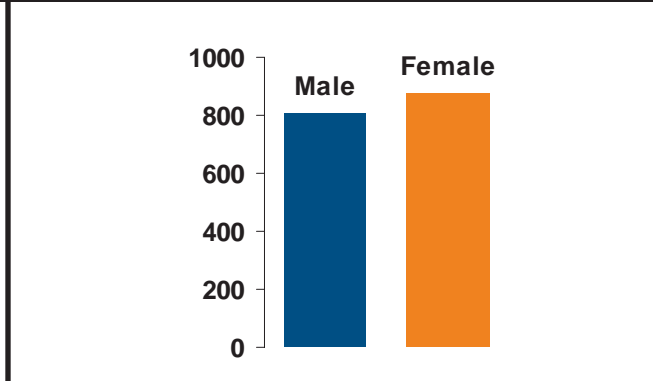


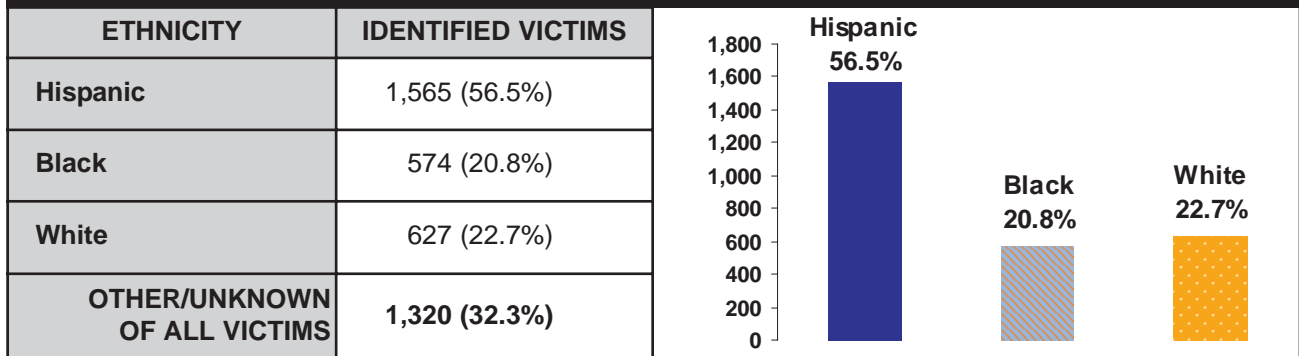
Figure 5

VICTIMS BY GENDER AND TYPE OF ABUSE - 2004

PHYSICAL ABUSE		SEXUAL ABUSE	
Male	807 (48.0%)	Male	397 (16.5%)
Female	876 (52.0%)	Female	2,006 (83.5%)
TOTAL OF ALL VICTIMS	1,683 (41.2%)	TOTAL OF ALL VICTIMS	2,403 (58.8%)

Figure 6

VICTIMS BY ETHNICITY- 2004



Number of victims in investigated cases: **4,086**

Number of victims identified by ethnicity: **2,766 (67.7%)**

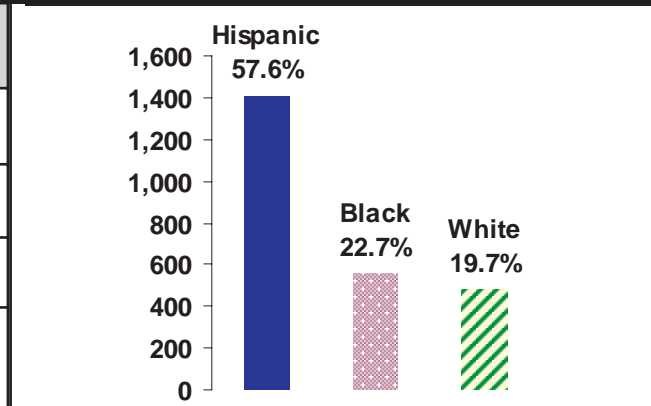


Figure 7

SUSPECTS BY ETHNICITY - 2004

ETHNICITY	IDENTIFIED SUSPECTS
Hispanic	1,409 (57.6%)
Black	556 (22.7%)
White	481 (19.7%)
OTHER/UNKNOWN OF ALL SUSPECTS	1,836 (42.9%)

SUSPECTS BY ETHNICITY - 2004



Number of suspects in investigated cases: **4,282**

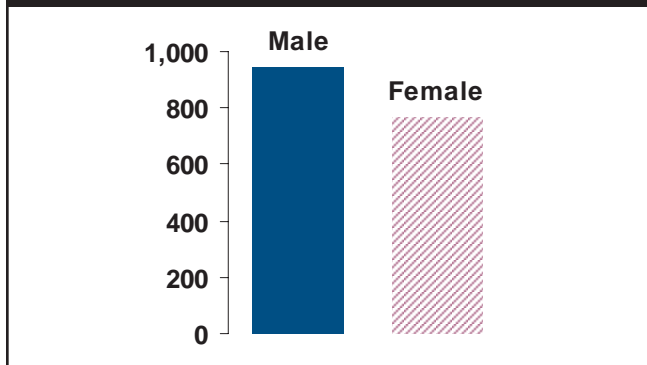
Number of suspects identified by ethnicity: **2,446 (57.1%)**

The ethnicities shown are the only statistics captured by the FCB database.

The ethnicity is captured when the case is received and may be unknown at that time.

Figure 8

SUSPECTS BY PHYSICAL ABUSE - 2004



SUSPECTS BY SEXUAL ABUSE - 2004

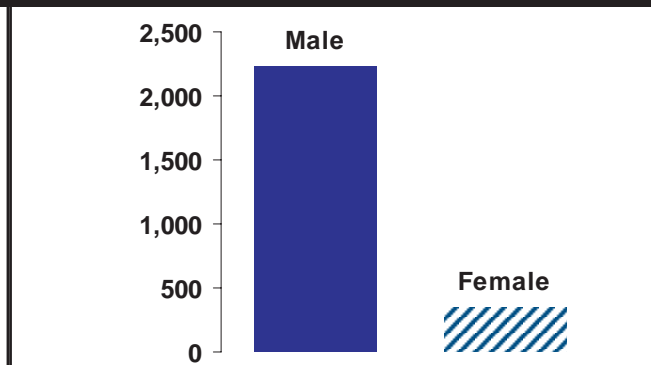


Figure 8

**SUSPECTS BY GENDER
PHYSICAL ABUSE - 2004**

GENDER	SUSPECTS BY GENDER
Male	944 (55.3%)
Female	764 (44.7%)
TOTAL OF ALL SUSPECTS	1,708 (39.9%)

Figure 8

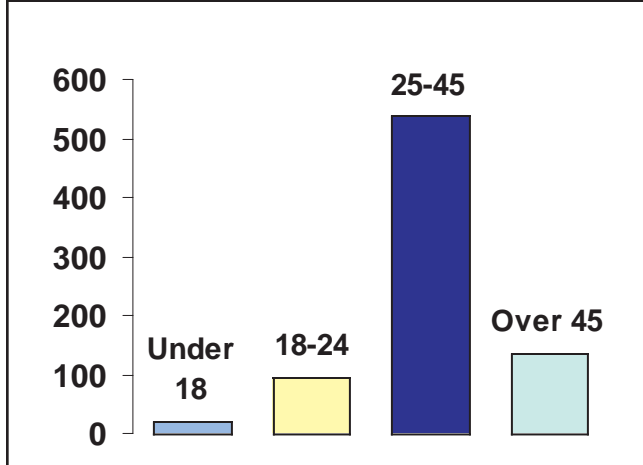
**SUSPECTS BY GENDER
SEXUAL ABUSE - 2004**

GENDER	SUSPECTS BY GENDER
Male	2,231 (86.7%)
Female	343 (13.3%)
TOTAL OF ALL SUSPECTS	2,574 (60.1%)



Figure 9

SUSPECTS BY PHYSICAL ABUSE - 2004



SUSPECTS BY SEXUAL ABUSE - 2004

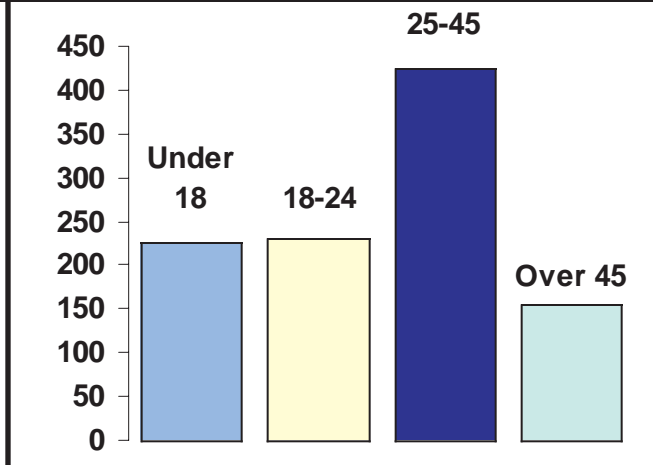


Figure 9

**SUSPECTS BY AGE
PHYSICAL ABUSE - 2004**

AGE	TOTALS
Under 18 years	22 (2.8%)
18-24 years	95 (12%)
25-45 years	539 (68%)
Over 45 years	136 (17.2%)
TOTAL	792 (100%)

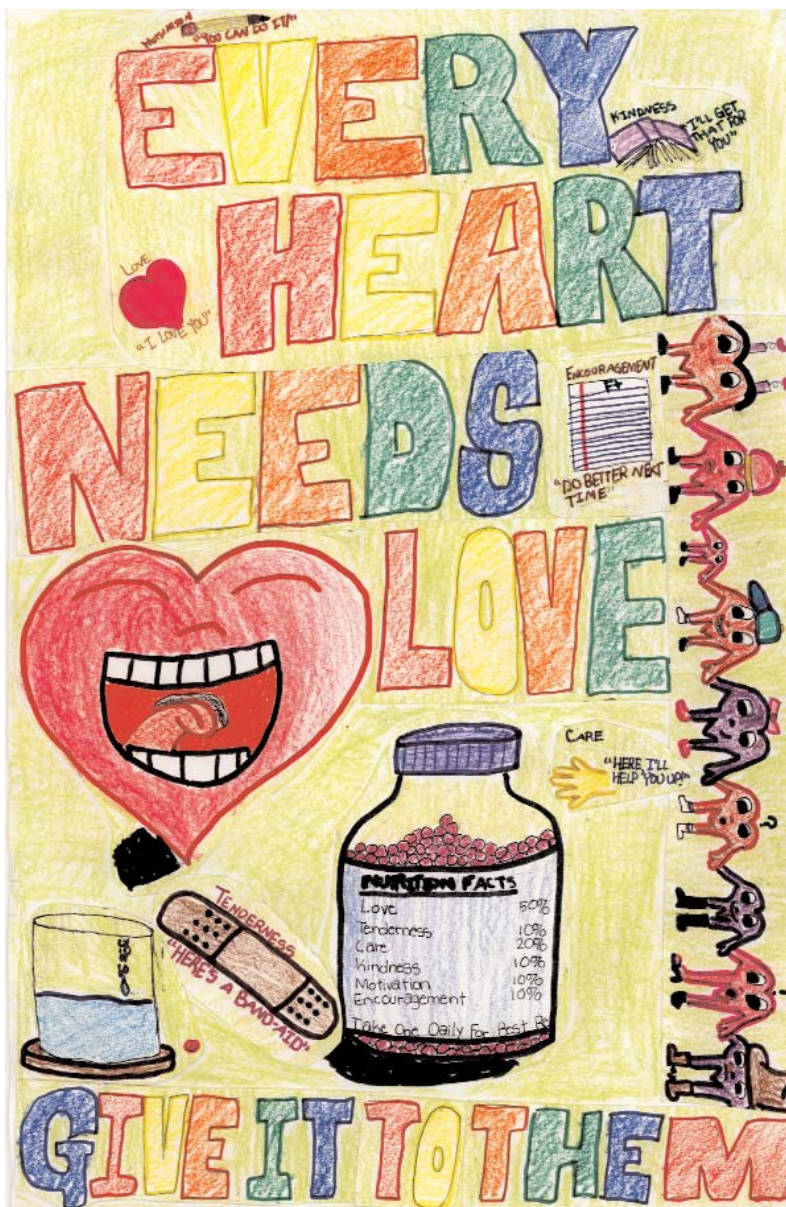
Figure 9

**SUSPECTS BY AGE
SEXUAL ABUSE - 2004**

AGE	TOTALS
Under 18 years	227 (21.9%)
18-24 years	230 (22.1%)
25-45 years	426 (41%)
Over 45 years	156 (15%)
TOTAL	1,039 (100%)

Statistics based on those cases in which the suspect's age was identified when the report was received, not upon completion of the investigation.

LOS ANGELES POLICE DEPARTMENT AGENCY REPORT





LOS ANGELES POLICE DEPARTMENT

ABUSED CHILD UNIT

The Abused Child Unit, Juvenile Division, was created to provide a high level of expertise to the investigation of child abuse cases. The unit, established in 1974, investigates child abuse cases wherein the parent, stepparent, legal guardian, or common-law spouse appears to be responsible for any of the following.

- Depriving the child of the necessities of life to the extent of physical impairment.
- Physical or sexual abuse of a child, including Suspected Child Abuse Reports (SCARs).
- Homicide, when the victim is under 11 years of age.
- 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.
- 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

The Sexually Exploited Child Unit, Juvenile Division, is 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.
- The exploitation activities are of an organized nature, e.g., a child prostitution ring.
- The suspect is a recidivist and multiple victims may be involved.
- The suspect is identified as a person in a "position of trust."
- The suspect is an Internet predator of children.
- The suspect is involved in the production, distribution, or possession of child pornography.

GEOGRAPHIC AREAS

The Los Angeles Police Department maintains 19 patrol 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.
- Child abductions.



**Figure 1
LOS ANGELES POLICE DEPARTMENT
JUVENILE DIVISION
2004 CRIMES INVESTIGATED**

TYPE	NUMBER	% of TOTAL
*Physical Abuse	1,013	51.00%
Sexual Abuse	545	27.42%
Endangering	384	19.32%
Homicide	11	.55%
Others	34	1.71%
TOTALS	1,987	100.00%

(*Includes ADW and battery)

**Figure 2
LOS ANGELES POLICE DEPARTMENT
GEOGRAPHIC AREAS
2004 CRIMES INVESTIGATED**

TYPE	NUMBER	% of TOTAL
Physical Abuse	68	4.45%
*Sexual Abuse	1,075	70.40%
**Endangering	384	25.15%
Homicide	0	0.00%
TOTALS	1,527	100.00%

(*Includes Child Annoying)

(**Includes Child Abandonment)

**Figure 3
LOS ANGELES POLICE DEPARTMENT
JUVENILE DIVISION
2004 OTHER INVESTIGATED**

TYPE	NUMBER	% of TOTAL
Injury/SCARs	2,025	90.95%
Death	68	3.02%
Exploitation	136	6.03%
TOTALS	2,254	100.00%

**Figure 4
LOS ANGELES POLICE DEPARTMENT
NUMBER OF ARRESTS PROCESSED BY
JUVENILE DIVISION IN 2004**

TYPE	NUMBER	% of TOTAL
Homicide	13	5.35%
Child Molestation	120	49.38%
Child Endangering	0	0.00%
Child Abuse	92	37.86%
Other	18	7.41%
TOTALS	243	100.00%

**Figure 5
LOS ANGELES POLICE DEPARTMENT
NUMBER OF ARRESTS PROCESSED
BY GEOGRAPHIC AREAS IN 2004**

TYPE	NUMBER	% of TOTAL
Homicide (187 PC)	0	0.00%
Child Molest (288 PC)	347	91.07%
Child Endangering (273a PC)	7	1.84%
Child Abuse (273d PC)	3	.79%
Other	24	6.30%
TOTALS	381	100.00%

**Figure 6
LOS ANGELES POLICE DEPARTMENT
NUMBER OF DEPENDENT CHILDREN
PROCESSED BY JUVENILE
DIVISION IN 2004**

TYPE	NUMBER	% of TOTAL
300 WIC (Physical)	462	30.00%
300 WIC (Sexual)	249	16.00%
300 WIC (Endangered)	829	54.00%
TOTALS	1,540	100.00%



Figure 7
LOS ANGELES POLICE DEPARTMENT
NUMBER OF DEPENDENT CHILDREN
PROCESSED BY GEOGRAPHIC AREAS
IN 2004

TYPE	NUMBER	% of TOTAL
300 WIC (Physical)	113	10.00%
300 WIC (Sexual)	333	30.00%
300 WIC (Endangered)	681	60.00%
TOTALS	1,127	100.00%

LOS ANGELES POLICE DEPARTMENT - 2004 CHILD ABUSE FINDINGS

Juvenile Division

1. The total investigations (crime and non-crime) conducted by the unit in 2004 (4241) showed an increase (24.44 percent) over the number of investigations in 2003 (3408).
2. Adult arrests by the unit in 2004 (243) showed an increase (8.97 percent) in the number of arrests made in 2003 (223).
3. The number of dependent children handled by the unit in 2004 (1540) showed a decrease (1.09 percent) from the number handled in 2003 (1557).

Geographic Areas

1. The total investigations conducted by the Areas in 2004 (1527) showed a decrease of 22.76 percent from 2003 (1977).
2. Adult arrests made by the Areas in 2004 (381) showed an increase of 7.02 percent from 2003 (356).
3. The number of dependent children handled by the Areas in 2004 (1127) was an increase of 9.42 percent from the number handled in 2003 (1030).



Figure 8

LOS ANGELES POLICE DEPARTMENT INDICATES THE AGE CATEGORIES OF CHILDREN WHO WERE VICTIMS OF CHILD ABUSE IN 2004

TYPE	0-4 YRS	5-9 YRS	10-14 YRS	15-17 YRS	TOTAL
Physical Abuse	214	356	348	173	1,091
Sexual Abuse	173	344	329	111	957
Endangering	549	424	483	96	1,552
TOTALS	936	1,124	1,160	380	3,600

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 2003 AND 2004 TOTAL FIGURES FROM JUVENILE DIVISION AND THE GEOGRAPHIC AREAS AND THE PERCENT OF CHANGE BETWEEN THE TWO YEARS

TYPE	2003	2004	% of CHANGE
Total Investigations	5,385	5,768	7.11%
Total Adult Arrests	579	624	7.77%
Dependent Children	2,587	2,667	3.09%

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

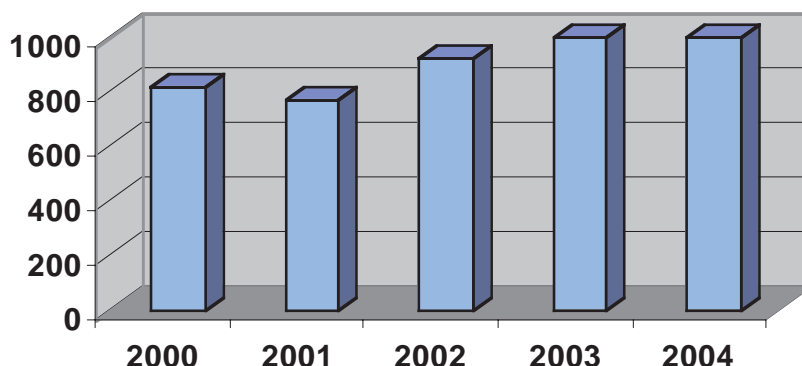




Figure 11

LOS ANGELES POLICE DEPARTMENT
SEXUAL ABUSE CRIMES INVESTIGATED

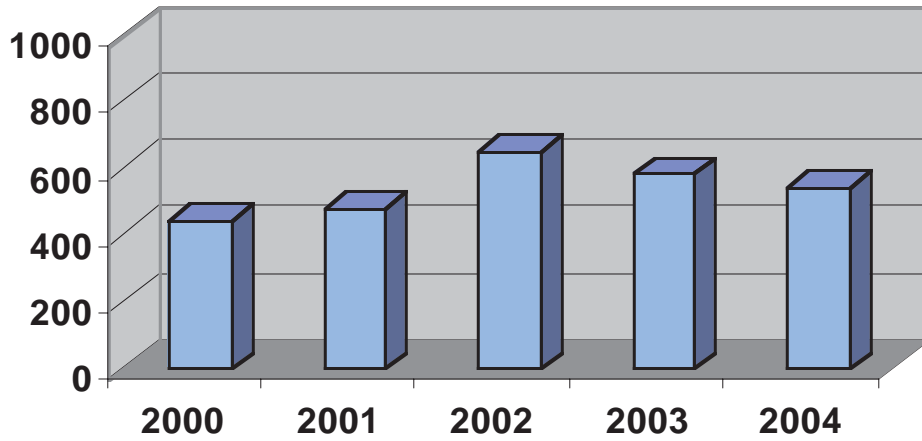


Figure 12

LOS ANGELES POLICE DEPARTMENT
ENDANGERED CRIMES INVESTIGATED

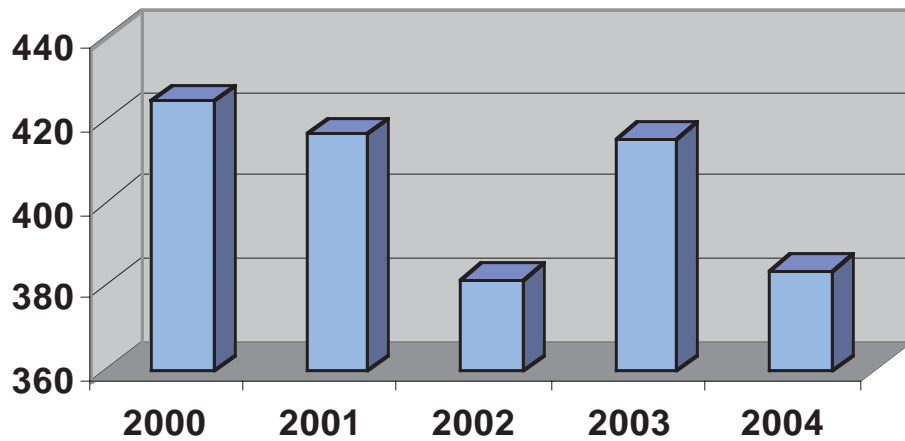




Figure 13

**LOS ANGELES POLICE DEPARTMENT
HOMICIDE CRIMES INVESTIGATED**

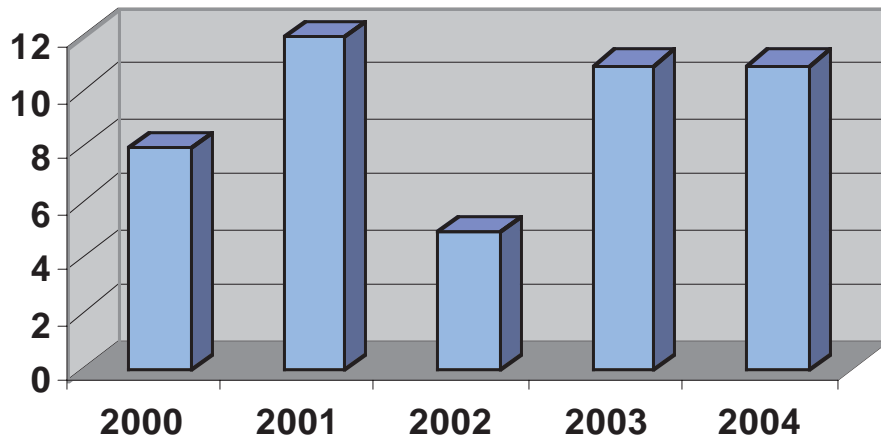


Figure 14

**LOS ANGELES POLICE DEPARTMENT
INJURY/SCARS/EXPLOITATION INVESTIGATED**

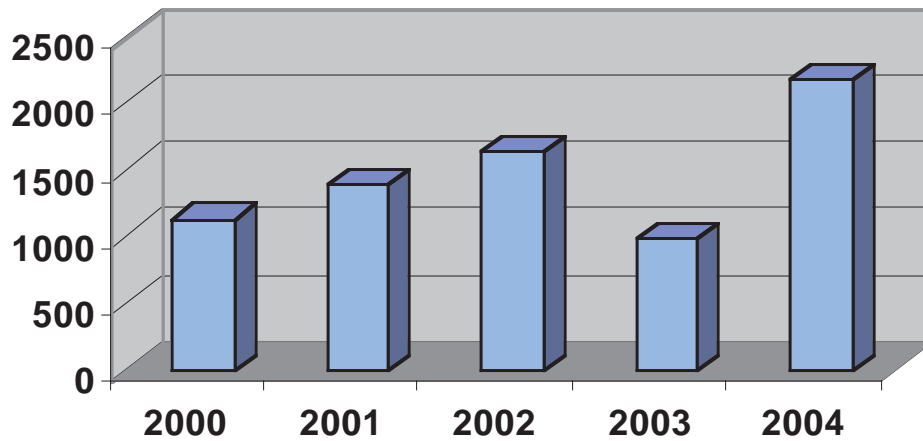




Figure 15

LOS ANGELES POLICE DEPARTMENT
DEATHS INVESTIGATED

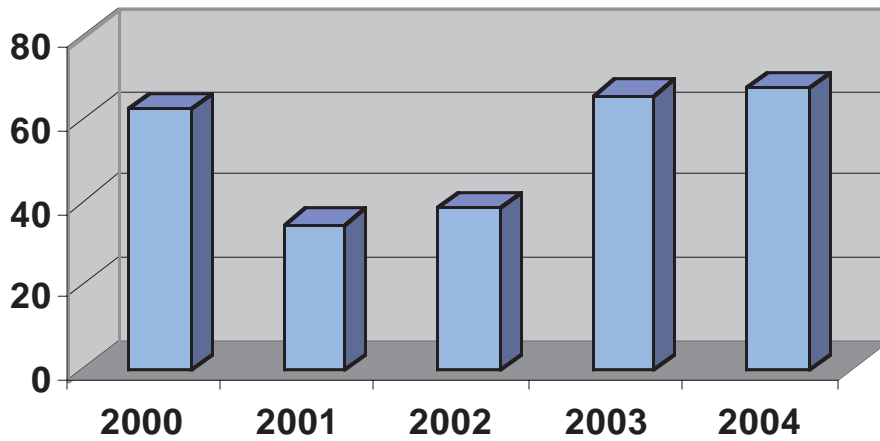
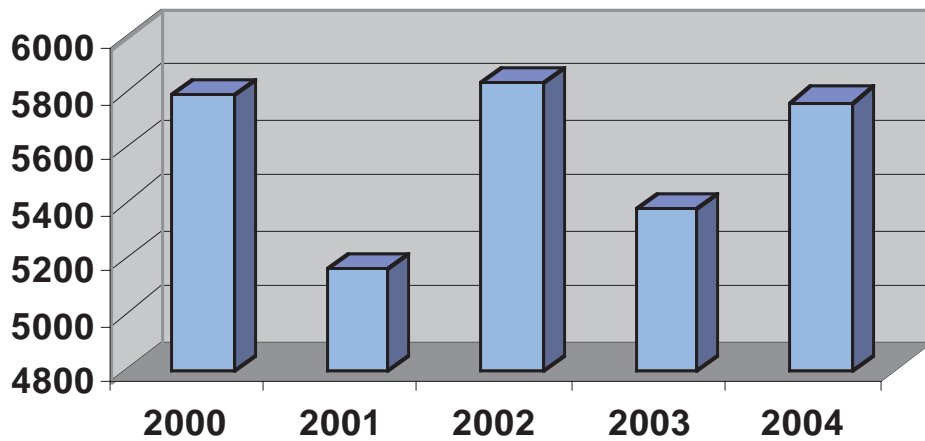


Figure 16

LOS ANGELES POLICE DEPARTMENT
TOTAL INVESTIGATION



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, teachers, clergy members, coaches, and trusted family friends. The child victim is the number one concern of the Los Angeles County District Attorney's Office throughout the prosecution process. Skilled prosecutors are assigned to handle these cases. They 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.

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; 65,000 felony filings; and over 280,000 misdemeanor cases.

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/Stuart House, Antelope Valley, Compton, Long Beach, Norwalk, Pasadena, San Fernando, Torrance/SouthBay Child Crisis Center, and Van Nuys).

The vast majority of cases are initially presented to the District Attorney by a local law enforcement agency. When these cases are subject 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 prefilings 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 {Section 710 of the Evidence Code (EC)}. The prefilings interview affords the deputy an opportunity to determine if the child is sufficiently developed to understand the difference between the truth and a lie and that there are consequences for telling a lie while in court.

The prefilings 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 {Section 1219 of the Code of Civil Procedure (CCP)}. If the children do not wish to speak with the deputy or 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 insure 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;
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: 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 {Section 868.8(a) of the Penal Code (PC)};
- may remove their robe if it is believed that such formal attire may intimidate the child {Section 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 (868.8PC).

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 {Section 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 {Section 868.7(a) and 859.1PC} or testimony on closed-circuit television or via videotape {Section 1347PC};
- the child must only be asked questions that are worded appropriately for his or her age and level of cognitive development {Section 765(b) of the Evidence Code (EC)};
- the child must have his or her age and level of cognitive development considered in the evaluation of credibility {Section 1127f PC}; and the prosecutor may ask leading questions of the child witness on direct examination {Section 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 special training routinely through-out 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 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 (ACT)

Prosecutors assigned to this unit are placed in the schools to work with administrators, teachers, parents and students to intervene at the very beginning of the truancy cycle. The first step in the ACT Program is meeting with parents and students at which a deputy district attorney explains the importance of parents making sure that their children are attending school. The deputy also explains the legal steps that may be taken if a child does not attend school, up to and including the prosecution of the parents. A success rate of 75% has been achieved through these meetings. If a student's truancy continues to be a problem, a one-on-one meeting is held with the parents and the student. The program has an overall success rate over 90%. The A.C.T. program started in 1991 in one school in South Central Los Angeles. In 1993, the program became fully implemented with the assignment of three attorneys to the program on a full time basis. There are currently 343 schools in 36 school districts involved with the A.C.T. program in Los Angeles County.

CHILD ABDUCTION SECTION

Child abduction cases involve cross-jurisdictional issues covering dependency, criminal, probate and family law courts. The victim of the crime is the lawful custodian of the child. It is essential for the child who is the victim of abduction to be treated with particular sensitivity and understanding during the prosecution of

these cases. The Child Abduction Section handles any parental, relative or close friend abduction case under Penal Code Section 277, 278 or 178.5 as well as any case arising under the Hague Convention by which children must be returned to their country of habitual residence. 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.

On July 17, 2000 the Child Abduction Section began a program to insure full compliance with the mandate contained in Section 3130 of the Family Code. Previously, in order for the District Attorney's Office to open an investigation into an alleged abduction of a child the custodial parent was required to provide a specific court order from a Family Court judge directing the opening of such an investigation. Under the terms of the new program, custodial parents can request an investigation be opened directly to the District Attorney Investigators assigned to the Section. This change has greatly eased the burden on custodial parents and has led to an increase in investigations under the Family Code. This process was greatly enhanced in 2002 by the complete revision of the Child Abduction Section portion of the District Attorney website (<http://lacountyda.org>). Services available to the public are now explained more clearly and the questionnaire that needs to be completed to obtain services can now be downloaded and printed directly. A total of 160 new criminal investigations were initiated during 2002 resulting in 47 felony prosecutions. At the end of 2004, the Section was pursuing abductors in 295 open cases. Investigators initiated 245 new cases under the Family Code; while closing 191 cases during 2004. At the conclusion of 2004, the Section was pursuing abductors on behalf of the Family Court in 88 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 7 county residents in recovering their children from other countries through the use of the treaty.

Beginning in 2003, the Section conducted numerous training sessions throughout Los Angeles County for various law enforcement agencies. The purpose of the sessions was to overcome the misconception that one parent can legally take a child from another parent without criminal consequences. 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. A more active role was also achieved in the Office of Criminal Justice Planning Child Abduction Task Force and the ICAN Child Abduction and Reunification Task Force. Presentations were also made to local legal aid organizations at various Family Law Coalition meetings in order to ensure that the citizens of our community fully benefit from the services offered through the Section by the Los Angeles County District Attorney's Office. In 2004, the Section continued to increase community notification of the Section's responsibilities and services. Additional resources were added to the Child Abduction Section of the District Attorney website. Increased usage of the information provided on the website by both private citizens and community child abduction assistance organizations has been noted. The Section also provided training to Family Court judges regarding duties under Section 3130 of the Family Code.

FAMILY VIOLENCE DIVISION (FVD)

The Family Violence Division was established in July of 1994. The Division is responsible for the vertical prosecution of felony domestic violence and child physical abuse/endorsement 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, abuse which 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. The staff of FVD is actively involved in legislative advocacy and many interagency prevention, intervention, and educational efforts throughout the County. Consistent with its mission, FVD continues to bring a commitment to seriousness and respect in the prosecution of family violence cases that 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. In 2003, in 9% of the child abuse related felonies prosecuted there were also charges alleging a violation of Section 273.5 of the Penal Code, Spousal Abuse. In 2004, this joinder of child abuse and spousal abuse charges occurred in 8% of the filed cases. 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 2004, FVD was in the process of prosecuting 12 murder cases and one attempted murder case involving child victims that constituted 81% of the 16 cases alleging serious physical abuse of children being prosecuted by the Division. When a murder charge under Section 187 of the Penal Code is filed involving a child victim under the age of 8 alleging abuse leading to the death of the child, a second charge alleging a violation of Section 273ab of the Penal Code 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 Section 273ab is a sentence of 25 years-to-life in state prison- the same punishment for a conviction of first degree murder.

SEX CRIMES DIVISION

The Sex Crimes Division is comprised of two separate units: Sex Crimes and the Sexually Violent Predator Unit (SVP).

SEX CRIMES UNIT

The deputies assigned to the Sex Crimes Unit are charged with the duty of vertically prosecuting all instances of 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.

The deputy district attorney working the case will be responsible for making the filing decision, insuring that the case is properly filed and arraigned, conducting the preliminary hearing, formulating an offer which fairly resolves the case short of trial, appearing at all stages of the case in Superior Court and preparing for and conducting the jury trial. Contact with the victim and the victim's family is essential throughout this process. Prior to resolving the case without benefit of a jury trial, the deputy district attorney will advise the child and the child's parents of the pending disposition and seek their input before formalizing the disposition before the court. At the time of sentencing, the child and/or the child's parents will have an opportunity to address the court regarding the impact the defendant's crime has had on the child.

The statutory presumption for sentencing of individuals convicted of lewd and lascivious acts with children under the age of 14 is that they will be sentenced to state prison (288PC). A probationary sentence may not be imposed



unless and until the court obtains a report from a reputable psychiatrist or from a recognized treatment program which details the mental condition of defendant (288.1PC). If, in evaluating the report, the court and/or the district attorney finds that the interests of justice are served by imposing a probationary sentence then 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 of up to a year in county jail, counseling to address the mental health condition of the defendant, an order from the court to stay away from the victim, a separate order to not 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 with the local law enforcement agency covering his area of residence upon release from custody. This is a lifetime obligation placed upon the offender.

SEXUALLY VIOLENT PREDATOR (SVP) UNIT

This is a state mandated program. The staff is committed to working toward protecting the community from renewed victimization by individuals who have committed prior 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 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 will result in the offender receiving a 2-year commitment to a

state hospital at which they will be given the opportunity to participate in a mental health program designed to confront and treat the condition which makes it unsafe to return them to the community. At the conclusion of the 2-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 the offender is determined to present a continued threat to the safety of the community, SVP proceedings will continue with a renewed filing and trial. The SVP law makes it possible to conduct these proceedings without renewed testimony from the victims previously traumatized by the offender's prior predatory behavior.

BRANCH AND AREA OPERATIONS -- VICTIM IMPACT PROGRAM (VIP)

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. VIP obtains justice for victims through vertical prosecution of cases involving domestic violence, sex crimes, stalking, elder abuse, hate crimes and child physical abuse/endangerment. The program 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 two areas of the county, the Airport and Torrance, there are deputies given the specific assignment of specializing in the prosecution of cases involving child victims as part of a Multi-Disciplinary Interview Team (MDIT).

STUART HOUSE/SOUTHBAY CHILD CRISIS CENTER

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.

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 juvenile 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 [Section 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 Section 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 (Sections 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 Section 601 or Section 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 Section 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 (Section 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 (Section 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 (Sections 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 Section 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 Section 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 Section 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 in which 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 Section 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 require 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 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 Section 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 (187PC) with special circumstances, if it is alleged that the minor personally killed the victim; or,
- Forcible sexual assaults alleged pursuant to 667.61PC, 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 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 this chapter" (Section 202(b) of the Welfare and Institutions Code). 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; restric-

tions on the minor's driving privilege; suitable placements; 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 Section 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 Section 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 drivers license; community service, or make a request to a judge to issue a warrant for any failures to appear. The minor has the right to an attorney for any misdemeanor violation referred to the hearing officer.



OFFICE WIDE UNITS

Victim Witness Assistance Program

The victim advocate's primary responsibility is to provide support to the victim. Their function is considered essential in cases with a child victim. Often the victim advocate will be the first person associated with the District Attorney's Office 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. The advocate provides court accompaniment to the victim and the victim's family and assists in explaining the court process. Two very essential tools relied upon by the advocate to assist children through the court process are a coloring book and a video. Both help the children to become more familiar and comfortable with the court setting. Whenever possible, the advocate will attempt to take the child and the child's family into an accessible courtroom in order for the child to walk around a courtroom setting and sit in the witness chair to ease tensions and fears involved in being present in an unfamiliar setting. Other services offered by the advocate include: crisis intervention and emergency assistance, referrals for counseling, assistance in filing for State Victim Compensation, information and referrals to appropriate community agencies and resources.

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 sciences, 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 curriculum focuses on the issues of 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.

Public Information Pamphlets and newsletters 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.

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 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.



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
- 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)
- Parent guides to safe Internet sites for children

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 Section 187 of the Penal Code in the category of total filings (Figure 2). If, at the conclusion of



the case, the Murder (187PC) 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, 273abPC), that statistic would be reflected as a conviction under the statistics compiled for the lesser charge (Figure 6 and Figure 7).

In assessing cases that were either dismissed or declined for filing (Figure 3 and Figure 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 in 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 (1219CCP). 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 (Figure 7 and Figure 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 under Zip Code is provided as a means of determining how children in different areas of the county are impacted by these crimes (Figure 10 and Figure 17).

For the second year, the report contains data regarding the number of child abuse cases filed during 2003 that also included a filing of a count of Spousal Abuse within the meaning of Section 273.5 of the Penal Code (Figure 22). In 2003, this joinder occurred in 9% of the cases filed; in 2004, it occurred in 8% of the cases.

SELECTED FINDINGS

A comparison of total child abuse crimes submitted for filing to the District Attorney's Office between 1998, 1999 and 2000 reflect that the total number of cases filed remained fairly consistent. There was a significant difference, however, in the number of cases filed as felonies as compared to misdemeanors. In 1998 and 1999, the percentage of cases filed as felonies were very similar (75% in 1998; 74% in 1999). In 2000, however, there was a 10% drop in the number of felony case filings (65%). This stabilized in 2001 when the percentage of felony case filings remained at 65%. This stability continued to be reflected in the 2002 cases when the percentage of felony filings rose slightly to 67%. In 2003, the percentage of felony filings dropped slightly to 66%. In 2004, the percentage dropped by another percentage point with 65% of the cases warranting a felony filing.

A more focused look was taken at two specific charges filed in the six year period. The two charges selected reflected the highest raw numbers of filed cases. They were 273a(a) PC, Child Abuse (physical abuse), and 288(a) PC, Lewd Conduct with a Child under 14 years of age (sexual abuse). Covering the period of

available statistics, an increase from the number of cases filed in 1998 was documented in 1999, 2000 and 2001. In the child abuse cases, 19% of the total cases filed in 1998 were 273a(a) PC cases; the percentage increased to 23% in 1999, remained relatively unchanged at 22% in 2000 and rose slightly to 24% in 2001. In 2002, the percentage remained at 24% of the filed cases. In 2003, the percentage of felony cases filed including as the lead charge a violation of 273a(a)PC increased slightly to 27% before declining to 21% in 2004. In sexual abuse cases, 22% of the total cases filed in 1998 were 288(a) PC cases; the percentage increased to 25% in 1999, decreased to 21% in 2000 rose slightly to 23% in 2001. This decline continued in 2002 when 17% of the total number of cases filed were for 288(a)PC charges. In 2003, 26% of the felony child abuse cases filed were for charges of 288(a)PC representing a nearly 10% increase. In 2004, the percentage declined to 19%. The total number of cases filed in 2000, when broken down into two general categories of physical abuse/ endangerment and sexual abuse/ exploitation incorporating a broader spectrum of charges, showed that 59% of the total filings were for charges under the general physical abuse/ endangerment category while 41% involved allegations of sexual abuse/ exploitation. In 2001 and 2002, 54% of the cases were physical abuse/ endangerment cases while 46% involved allegations of sexual abuse/ exploitation. This percentage remained relatively stable in 2003 with 55% of the cases filed coming generally within the physical abuse/ endangerment category while 45% involved allegations of sexual abuse/ exploitation and in 2004 when 54% of the cases were in the physical abuse/ endangerment category while 46% were in the sexual abuse/ exploitation category.

In 1998, looking at the total number of cases submitted by law enforcement agencies for filing (this would include both cases filed and declined), 59% of the cases submitted for



filing which alleged a violation of 273a(a) PC were filed. Felonies were filed in 48% of the total number of cases submitted that alleged a violation of Section 273a(a) PC, 11% were filed as misdemeanors and 41% were declined. In 1999, 73% of the total number of cases submitted for filing which alleged a violation of 273a(a) PC were filed; while in 2000, 68% of the submitted cases with this charge were filed. In 1999, 63% of the cases filed alleging 273a(a) PC as the primary count were filed as felonies; 11% misdemeanors and 44% were declined. In 2000, 57% of the cases filed alleging 273a(a) PC as the primary count were felonies; 12% misdemeanors and 31% were declined. In 2001, a total of 59% of the cases submitted for filing alleging a violation of 273a(a) PC were filed; 41% were declined. Of the cases submitted for filing, 45% were filed as felonies while 14% were filed as misdemeanors. In 2002, 57% of the cases submitted for filing with 273a(a)PC as the primary charge were filed. Of these, 48% were filed as felonies while 10% were filed as misdemeanors and 42% were declined. In 2003, 57% of the cases submitted for filing with 273a(a)PC as the primary charge were filed. Of these, 46% were filed as felonies while 11% were filed as misdemeanors and 42% were declined. In 2004, once again, 57% of the cases submitted for filing with a 273a(a)PC as the primary charge were filed. Of these, 45% were filed as felonies while 12% were filed as misdemeanors.

The percentages related to allegations of 288(a)PC filings do not include a felony/misdemeanor breakdown because as a matter of law all filings with this charge are felony filings. In 1998, 41% of the cases submitted by law enforcement for filing consideration alleging a violation of Section 288(a)PC as the primary charge were filed; 59% were declined. In 1999, 45% were filed and 55% were declined. In 2000, 57% were filed and 43% declined. In 2001, 33% were filed and 67% were declined.

In 2002, 32% were filed while 68% were declined. In 2003, 31% were filed while 68% were declined and in 2004, 32% were filed while 68% were declined. The percentage of cases submitted that were filed in 2000 increased 12% over 1999 and 16% over 1998. In 2001, the percentage sharply decreased by 17% from 2000 to 2001 with an additional 7% decrease from 2001 to 2002. In 2003 and 2004, the percentage of filed cases remained relatively the same. For these charges the raw data reflects that the cases submitted for filing in this category dropped from 1370 in 1998 to 1344 in 1999, 938 in 2000, increased to 1017 in 2001 and significantly increased to 1548 in 2002 before dropping to 1419 in 2003 and rising yet again to 1490 in 2004.

Overall in 2002, 54% of the cases submitted by law enforcement agencies for filing were filed as either a felony or a misdemeanor; 46% of submitted cases were declined. This reflects precisely the same percentages in the number of submitted cases which were filed as either a felony or a misdemeanor as reflected in 2001. In 2003, 50% of the cases submitted were filed (2499) while 50% were declined (2469). In 2004, once again 50% of the cases submitted were filed (2447) while 50% were declined (2435).

In the area of sentencing, a comparison over the five year period demonstrates relative consistency in the types of sentences meted out for child abuse cases with a trend towards probation being granted in more cases and a corresponding decline in state prison sentences. In 1998, 34% of the defendants sentenced received a sentence to state prison; in 1999, 30% received a prison sentence; in 2000, 29% of convicted offenders were sentenced to state prison; in 2001, 25% of convicted offenders were sentenced to state prison; in 2002, 25.6% of convicted offenders were sentenced to state prison; in 2003, 26% of convicted offenders



were sentenced to state prison; and in 2004, 27% were sentenced to state prison. Sixty-five percent (65%) of the cases resulted in a probationary sentence in 1998 while the number increased to 69% in 1999 and increased further to 71% in 2000 and increased again in 2001 to 74% and remained relatively stable at 74.5% in 2002, 73% in 2003 and 72% in 2004. In all six years, approximately 1% of the defendant's sentenced received a life sentence as a result of their criminal acts. The number of life sentences received in 1998 was 10; in 1999, the number was 9; in 2000, the number fell to a total of 4; in 2001, the number rose to a total of 12 individuals convicted of child abuse related offenses receiving a life sentence. In 2002, this number doubled to 24. In 2003, the total number of defendants sentenced to life in prison for a child abuse related crime was 23. In 2004, 13 convicted offenders were sentenced to a life term for their criminal conduct.

A total of 2,262 child abuse and neglect cases were completed in 2002. Convictions were obtained in 90% of the cases. A total of 9% of the cases were dismissed by either the court or the prosecution. Approximately 1% of the cases resulted in an acquittal following a jury trial. A total of 1933 child abuse and neglect cases were completed in 2003. Once again, convictions were obtained in 90% of the cases, in 9% of the cases all charges were dismissed and in 1% of the cases the defendant was acquitted of all charges following trial. In 2004, a total of 2,056 cases were completed. Convictions were obtained in 88.5% (1,821) of the cases. A total of 11% (224) of the cases were dismissed with .5% (11) of the cases brought to trial resulting in an acquittal.

Juvenile data comparisons over the four year history must take into consideration the fact that Proposition 21 had an unknown impact upon the Juvenile system in several areas after March 8, 2000. In 1999, 66% of the cases sub-

mitted for filing were filed by the District Attorney's Office. In 2000, this percentage fell to 45% of the cases submitted being filed. In 2001, 58% of the cases submitted were filed. In 2002, the increase continued with 62% of the submitted cases resulting in a filing. In 2003, 57% of the submitted cases resulted in a filing while in 2004 the percentage increased to 60%. The number of cases submitted for filing alleging violations of the child abuse statutes contained in Figure 1 in 1999 was 497; 658 were submitted for filing in 2000; 607 were submitted in 2001; and 505 were submitted in 2002; in 2003, a total of 537 cases were submitted for filing consideration; and in 2004, the total was 486. The statute reflecting the largest difference over a four-year period was 288(a) PC. The number of cases filed alleging a violation of this section remained fairly stable for the first three years- 250 in 1999; 234 in 2000; and 234 in 2001 but decreased to 185 in 2002. In 2003, the number fell further to 177 cases submitted to Juvenile Division for filing under 288(a)PC while in 2004, the total of filed cases in this category was 175. The number of cases declined under this section, however, more that doubled from 120 in 1999 to 265 in 2000 before declining again in 2001 to 167 and continuing the decline in 2002 to 145. In 2003, the number again rose to 177 cases presented for a filing of 288(a)PC that were declined with the number decreasing to 156 cases declined in 2004. In 2002, 65% of the child abuse cases submitted for a juvenile filing involved allegations of 288(a) PC; in 2003, 66% of the cases submitted for filing were for the designated charge; in 2004, 68% of the juvenile cases presented for filing in the child abuse category involved allegations of 288(a)PC. A total of 56% of the cases submitted under this section were filed while 44% were declined in 2002. In 2003, 50% of the cases submitted for a filing of charges alleging 288(a)PC were filed. This percentage increased in to 53% of the submitted 288(a)PC



cases resulting in a filed case in 2004. The overwhelming percentage of child abuse charges submitted for filing of allegations in juvenile court as a felony were for allegations of sexual abuse (98% or 440 out of 450). The percentage dropped significantly when the cases were submitted for misdemeanor consideration with 78% (28 out of 36) alleging sexual abuse and 22% (8 out of 36) alleging physical abuse. Case dispositions reflect that 88% of the petitions submitted to the court were sustained while 12% were dismissed by either the court or the district attorney. Of the cases dismissed, 62% (18 of 28) were cases alleging 288(a)PC as the primary charge in the petition with 97% of the dismissals involving cases under the general category of sexual assault/exploitation (28 of 29).

The gender analysis includes both a year to year comparison between adult and juvenile filings for all criminal activity on one level with a further breakdown as to overall criminal activity as compared to child abuse. Total filings by gender reflect that 16% of the perpetrators are female and 84% male in both the adult and juvenile systems in 1999 with the percentage of females rising to 17% in 2000 in both age groups. In 2001, the percentage remained at 17% for adult females but rose to 18% for juvenile females. In 2002, the percentage for both adult and juvenile females grew by 1% to 18% for adult females and 19% for juvenile females. In 2004, the rate for female perpetrators in both categories was 18%. When the type of offenses are considered, in child abuse filings in juvenile cases, 6% of the perpetrators were female with 94% being male in 1999; a significant increase to 9% of the perpetrators being female was reflected in 2000 (91% were male). In 2001, the percentage of females decreased to 8%. In 2002, the percentage of females showed another slight decrease to 7%. In 2003, 6% of the offenders were female while 78% were male. In 2004, 7% of the offenders were female while 93% were male. This compares to child abuse

cases with adult offenders where in 1999, 19% were female and 81% were male with very little variance in the 2000, 2001, and 2002 statistics-20% female and 80% male. In 2003, 22% of defendants accused of child abuse related crimes were female and 78% were male. In 2004, 21% of the adult child abuse offenders were female while 79% were male. In child abuse cases for adults, the percentage of female defendants increases slightly in child abuse prosecutions over representation in all criminal activity prosecuted (from 18% to 21%). In juvenile cases, however, the percentage drops sharply from 18% of juvenile petitions when all charges are considered to 7% of juvenile petitions in child abuse cases. The data over the past six years consistently reflects that a significantly lower level of criminal activity committed by females juveniles involves acts of child abuse.

Increasingly, the nexus between domestic violence and child abuse is becoming a focus of concern. In recognition of this, for the second time data concerning the percentage of cases in which both a designated child abuse charge and a charge of 273.5PC, Spousal Abuse, was filed is included. It is important to note that this is not a comprehensive data collection of all cases in which child abuse charges and domestic violence charges were filed in the same case. Domestic violence related charges can include allegations from numerous Penal Code sections that are not easily extracted from the data base. For example, a charge of Criminal Threats in violation of Section 422PC is often charged in a domestic violence case. The charge itself, however, is not limited to threats made to an intimate partner. A threat of violence made to a neighbor or a stranger also comes within the section. An attempt to extract the data in which a charge alleging child abuse and a domestic violence related criminal threat are filed in the same case is not presently possible. A spousal abuse charge however, by its very definition



involves an allegation of domestic violence. In 2003, 9% of the cases filed alleging a count of child abuse against and adult in Los Angeles County also alleged a violation of spousal abuse. In 2004, this joinder of abuse was alleged in 8% of the filed 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 a 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 2004 REPORT

RECOMMENDATION ONE:

New and Promising Initiatives or Programs that Impact Children and Families

The Data Report submitted by the District Attorney's Office this year includes an updated section on the Crime Prevention and Youth Services Division and information on an addition to the DA website, Protect Our Kids.

RECOMMENDATION TWO:

Data According to Geographic Areas

The Data Report submitted by the District Attorney's Office includes a section reporting incidents of abuse by zip code.



Figure 1

LIST OF PRIORITIZED STATUTES

CODE	STATUTE	ORDER		CODE	STATUTE	ORDER
PC	187(A)	1		PC	288(C)(1)	33
PC	273AB	2		PC	288(C)	34
PC	273A(2)	3		PC	286(B)(2)	35
PC	269(A)(1)	4		PC	286(B)(1)	36
PC	269(A)(2)	5		PC	288A(B)(1)	37
PC	269(A)(3)	6		PC	266J	38
PC	269(A)(4)	7		PC	266H(B)	39
PC	269(A)(5)	8		PC	266I(B)	40
PC	664/187(A)	9		PC	288A(B)(2)	41
PC	207(B)	10		PC	12035(B)(1)	42
PC	207(A)	11		PC	311.4(B)	43
PC	208(B)	12		PC	311.2(B)	44
PC	288.5(A)	13		PC	311.10	45
PC	288.5	14		PC	311.11(B)	46
PC	286(C)(1)	15		PC	261.5(D)	47
PC	286(C)	16		PC	261.5(C)	48
PC	288(B)(1)	17		PC	311.1(A)	49
PC	288(B)	18		PC	311.4(C)	50
PC	288(A)	19		PC	271A	51
PC	288A(C)(1)	20		PC	12035(B)(2)	52
PC	288A(C)	21		PC	12036(B)	53
PC	289(J)	22		PC	12036(C)	54
PC	289(I)	23		PC	267	55
PC	289(H)	24		PC	647.6(B)	56
PC	273A(A)	25		PC	647.6(A)	57
PC	273A	26		PC	261.5(A)	58
PC	273A(1)	27		PC	261.5(B)	59
PC	273A(A)(1)	28		PC	273A(B)	60
PC	273D(A)	29		PC	273G	61
PC	278	30		PC	311.4(A)	62
PC	278.5	31		PC	311.11(A)	63



Figure 2

TOTAL ADULT FILINGS BY CHARGE FOR 1998 THROUGH 2004

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(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
PC266h(b)	0	0	0	0	0	0	2	0
PC266i(b)	88	8	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
PC278	18	1	18	4	1	3	24	3
PC278.5	6	3	13	2	4	1	47	7



Figure 2 (cont.)

TOTAL ADULT FILINGS BY CHARGE FOR 1998 THROUGH 2004

PC273g		0	0		0		0	
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
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
PC311.10	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(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 2004

Charge	2002		2003		2004	
	Felony	Misdemeanor	Felony	Misdemeanor	Felony	Misdemeanor
PC12035(b)(1)	0	0	3	0	0	0
PC12035(b)(2)	0	0	0	0	0	0
PC12036(b)	0	2	0	1	0	0
PC187(a)	25	0	31	0	23	0
PC207(a)	26	0	20	0	13	0
PC207(b)	7	0	3	0	11	0
PC208(b)	13	0	3	0	1	0
PC261.5(a)	0	0	0	0	0	0
PC261.5(b)	0	28	0	17	0	11
PC261.5(c)	112	70	101	48	87	57
PC261.5(d)	39	12	38	6	45	7
PC266h(b)	1	0	0	0	0	0
PC266i(b)	0	0	0	0	0	0
PC266j	5	0	4	0	3	0
PC269	0	0	0	0	0	0
PC269(a)(1)	22	0	26	0	23	0
PC269(a)(2)	1	0	0	0	2	0
PC269(a)(3)	13	0	8	0	4	0
PC269(a)(4)	3	0	6	0	7	0
PC269(a)(5)	4	0	7	0	10	0
PC271a	1	7	6	6	1	1
PC273a(1)	0	0	0	0	0	0
PC273a(2)	0	0	0	0	0	0
PC273a(a)	587	119	446	108	411	111
PC273a(a)(1)	0	0	0	0	0	0
PC273a(b)	4	578	1	550	1	581
PC273ab	0	0	1	0	0	0
PC273d(a)	25	87	31	75	37	66
PC273g	0	2	0	1	0	0
PC278	27	6	25	2	19	1
PC278.5	9	5	15	0	4	1



Figure 2 (cont.)

TOTAL ADULT FILINGS BY CHARGE FOR 1998 THROUGH 2004

Charge	2002		2003		2004	
	Felony	Misdemeanor	Felony	Misdemeanor	Felony	Misdemeanor
PC278.5(a)	9	5	15	0	4	1
PC286(b)(1)	39	10	24	3	31	0
PC286(b)(2)	6	1	8	1	7	1
PC286(c)	2	0	3	0	1	0
PC286(c)(1)	2	0	2	0	0	0
PC288(a)	9	0	8	0	5	0
PC288(b)	498	1	437	0	476	1
PC288(b)(1)	2	0	2	0	3	0
PC288(c)	47	1	60	0	46	0
PC288(c)(1)	1	0	0	0	0	0
PC288.5	120	3	96	2	110	4
PC288.5(a)	6	0	12	0	6	0
PC288.5(b)	206	0	132	0	124	0
PC288a(b)(1)	0	0	0	0	18	2
PC288a(b)(2)	26	10	31	6	6	0
PC288a(c)	9	0	17	0	0	0
PC288a(c)(1)	2	0	0	0	0	0
PC289(h)	4	0	0	0	0	0
PC289(i)	11	5	15	2	17	1
PC289(j)	19	0	16	0	6	0
PC311.10	0	0	0	0	0	0
PC311.1(a)	0	0	1	0	3	0
PC311.11(a)	2	1	2	0	3	0
PC311.11(b)	0	14	0	11	0	19
PC311.2(b)	2	0	0	0	0	0
PC311.4(b)	0	0	0	0	0	0
PC311.4(c)	0	0	0	0	0	0
PC647.6(a)	4	0	1	0	1	0
PC647.6(a)	8	0	6	0	9	0
PC647.6(b)	3	0	0	0	0	0
PC664/187(a)	20	0	12	0	9	0



Figure 3

TOTAL ADULT DISMISSALS BY CHARGE FOR 1998 THROUGH 2004

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)(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



Figure 3 (cont.)

TOTAL ADULT DISMISSALS BY CHARGE FOR 1998 THROUGH 2004

Charge	1998		1999		2000		2001	
	Felony	Misdemeanor	Felony	Misdemeanor	Felony	Misdemeanor	Felony	Misdemeanor
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
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



Figure 3 (cont.)

TOTAL ADULT DISMISSALS BY CHARGE FOR 1998 THROUGH 2004

Charge	2002		2003		2004	
	Felony	Misdemeanor	Felony	Misdemeanor	Felony	Misdemeanor
PC187(a)	1	0	0	0	0	0
PC207	0	0	2	0	0	0
PC207(a)	5	0	0	0	1	0
PC207(b)	0	0	0	0	1	0
PC208	0	0	0	0	0	0
PC208(b)	1	0	0	0	0	0
PC261.5(b)	0	5	0	1	0	3
PC261.5(c)	10	2	5	9	9	7
PC261.5(d)	0	0	0	1	5	1
PC266h(b)	1	0	0	0	0	0
PC266i(b)	0	0	0	0	0	0
PC266j	3	0	0	0	0	0
PC269(a)(1)	0	0	1	0	2	0
PC269(a)(3)	0	0	0	0	0	0
PC269(a)(4)	0	0	0	0	1	0
PC269(a)(5)	1	0	0	0	1	0
PC271a	0	0	2	1	0	1
PC273a(1)	0	0	0	0	0	0
PC273a(a)	46	8	26	17	44	6
PC273a(b)	0	42	0	46	0	75
PC273ab	0	0	0	0	0	0
PC273d(a)	5	10	3	10	2	2
PC278	2	2	5	2	2	0
PC278.5	1	0	3	0	0	1
PC278.5(a)	5	0	3	2	4	0
PC286(b)(1)	1	0	0	0	0	0
PC286(c)	0	0	0	0	0	0
PC286(c)(1)	1	0	0	0	0	0
PC288(a)	23	0	37	0	36	0
PC288(b)	0	0	0	0	0	0
PC288(b)(1)	3	0	5	0	3	0



Figure 3 (cont.)

TOTAL ADULT DISMISSALS BY CHARGE FOR 1998 THROUGH 2004

Charge	2002		2003		2004	
	Felony	Misdemeanor	Felony	Misdemeanor	Felony	Misdemeanor
PC288(c)	0	0	0	0	0	0
PC288(c)(1)	6	0	5	0	7	1
PC288.5	0	0	1	0	0	0
PC288.5(a)	10	0	7	0	6	0
PC288.5(b)	0	0	0	0	0	0
PC288a(b)(1)	4	0	2	1	0	0
PC288a(b)(2)	1	0	1	0	0	0
PC288a(c)	1	0	0	0	0	0
PC289(h)	2	0	1	0	1	0
PC289(i)	0	0	0	0	0	0
PC289(j)	0	0	0	0	0	0
PC311.11(a)	0	2	0	0	0	0
PC311.11(b)	0	0	0	0	0	0
PC311.2	0	0	0	0	0	0
PC311.4(b)	0	0	0	0	0	0
PC647.6(a)	3	0	0	0	1	0
PC647.6(b)	0	0	0	0	0	0
664/187(a)	0	0	1	0	0	0



Figure 4

TOTAL ADULT CASES DECLINED FOR FILING FOR 1998 THROUGH 2004

	1998	1999	2000	2001	2002	2003	2004
Charge	Count	Count	Count	Count	Count	Count	Count
PC12035(b)(1)	0	0	0	4	4	1	1
PC12035(b)(2)	0	0	0	2	0	0	0
PC187(a)	0	0	0	4	3	1	2
PC207	1	6	5	0	0	0	0
PC207(a)	0	0	0	4	3	0	2
PC207(b)	0	0	0	2	4	0	1
PC208	1	1	1	0	0	0	0
PC208(b)	0	0	0	1	0	0	0
PC261.5(a)	0	0	0	3	0	0	1
PC261.5(b)	34	29	0	60	36	80	94
PC261.5(c)	146	214	224	268	170	145	137
PC261.5(d)	60	82	0	94	99	92	81
PC266h(b)	0	0	0	1	0	1	0
PC266j	5	0	1	2	2	3	2
PC267	0	0	1	0	0	0	0
PC269(a)(1)	0	0	2	0	1	0	3
PC269(a)(5)	0	0	1	0	0	0	0
PC271a	2	2	2	7	10	8	8
PC273a	0	0	0	0	1	1	0
PC273a(1)	4	0	0	0	0	0	0
PC273a(a)	333	208	251	388	523	421	399
PC273a(a)(1)	0	1	0	0	0	0	0
PC273a(b)	43	42	69	88	164	162	177
PC273ab	6	2	1	0	4	1	2
PC273d(a)	72	57	62	69	83	139	133
PC273g	0	0	0	1	0	0	0
PC278	31	47	43	30	32	50	29
PC278.5	46	89	100	65	41	40	49
PC286(b)(1)	7	9	11	10	10	11	13
PC286(b)(2)	1	3	4	4	1	0	5
PC286(c)	7	2	0	0	0	0	0
PC286(c)(1)	0	0	0	2	1	5	9
PC288(a)	813	783	400	1,136	1,050	986	1,013
PC288(b)	0	5	1	1	2	0	2
PC288(b)(1)	0	0	0	26	14	9	10
PC288(c)	2	2	9	0	2	1	0
PC288(c)(1)	0	0	0	63	63	88	83
PC288.5	20	13	8	13	3	1	1



Figure 4 (cont.)

TOTAL ADULT CASES DECLINED FOR FILING FOR 1998 THROUGH 2004

Charge	1998 Count	1999 Count	2000 Count	2001 Count	2002 Count	2003 Count	2004 Count
PC288.5(a)	0	0	0	0	46	34	46
PC288.5(b)	0	0	0	27	0	0	0
PC288a(b)(1)	15	9	27	30	17	31	22
PC288a(b)(2)	0	0	3	10	3	2	6
PC288a(c)	12	1	1	0	0	0	0
PC288a(c)(1)	0	0	0	8	9	6	8
PC289(h)	3	3	5	3	7	5	2
PC289(i)	0	1	2	1	0	0	0
PC289(j)	0	0	7	3	0	0	1
PC311.1(a)	0	0	0	0	0	0	2
PC311.10	0	0	1	0	1	0	0
PC311.11(a)	1	3	0	1	5	3	6
PC311.11(b)	0	2	0	1	0	1	4
PC311.2(b)	0	0	0	1	0	0	0
PC311.4(a)	0	0	0	0	0	0	1
PC311.4(b)	2	0	0	1	2	0	0
PC311.4(c)	1	0	2	0	1	0	0
PC647.6(a)	7	10	11	12	12	17	11
PC647.6(b)	6	9	8	9	12	6	9
PC664/187(a)	0	0	0	1	0	3	0

Figure 5

**FILED/DECLINED
(ADULT) - PIE CHART**

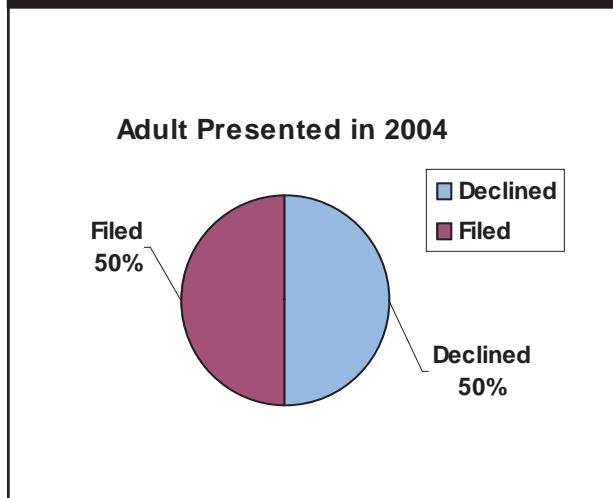


Figure 6

**CONVICTED/ACQUITTED/DISMISSED
(ADULT) - PIE CHART**

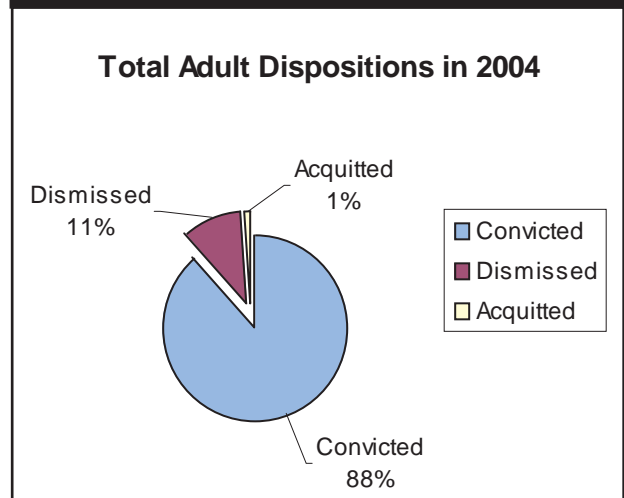




Figure 7

TOTAL ADULT CASES SENTENCED 1998 THROUGH 2004

	1998	1999	2000	2001	2002	2003	2004
Sentence Type	Count	Count	Count	Count	Count	Count	Count
Life	10	9	4	12	24	23	13
State Prison	714	605	503	525	533	499	472
Probation	1,359	1,388	1,244	1,552	1,624	1,411	1,284

Figure 8

PIE CHART -- SENTENCING (ADULT)

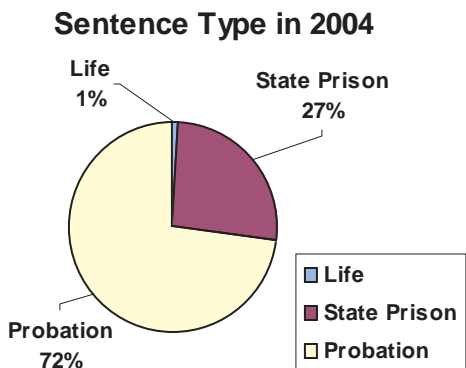


Figure 9

CHILD ABDUCTION CASES

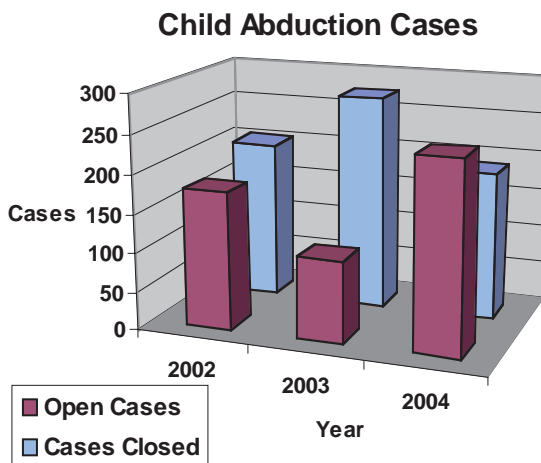




Figure 10

TOTAL ADULT CASES FILED BY ZIP CODE FOR 1998 THROUGH 2004

Zip Code	1998	1999	2000	2001	2002	2003	2004
90007	27	56	16	18	24	18	19
90012	533	627	587	546	613	437	424
90022	39	41	60	50	58	39	38
90025	61	66	0	0	0	0	0
90045	0	4	46	99	121	84	118
90066	0	0	1	0	0	0	0
90210	22	14	17	7	9	8	2
90220	107	109	119	199	232	222	243
90231	11	13	10	0	0	0	0
90242	99	55	107	72	54	57	86
90255	108	111	84	53	58	58	47
90262	83	80	58	17	7	0	0
90265	11	15	19	16	16	14	7
90301	50	39	60	37	64	49	45
90401	14	9	14	8	7	0	0
90503	116	101	120	133	124	86	103
90602	53	54	58	55	48	58	64
90650	61	50	47	177	201	200	178
90706	61	43	43	28	33	30	40
90802	130	118	150	118	152	141	131
91016	8	1	0	0	0	0	0
91101	88	100	93	100	74	88	68
91205	48	76	60	59	76	48	40
91331	0	1	2	0	0	0	0
91340	65	75	74	73	75	91	86
91355	34	61	53	44	28	28	56
91401	128	84	79	82	105	74	93
91731	109	116	122	128	128	88	66
91766	78	84	133	157	282	268	203
91790	123	111	112	159	116	90	67
91801	56	39	47	48	39	53	50
93534	232	246	223	210	190	170	173



Figure 11

TOTAL ADULT PRESENTED FOR 1998 THROUGH 2004

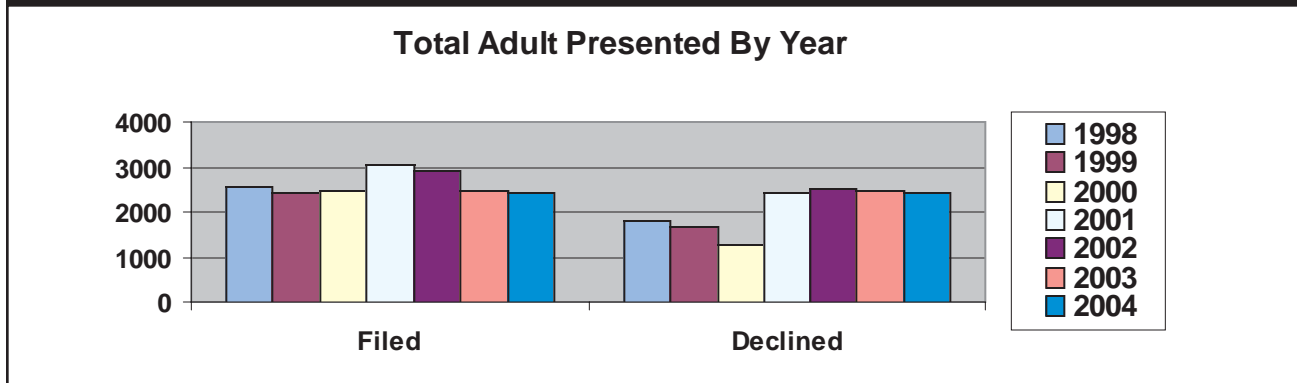


Figure 12

TOTAL JUVENILE FILINGS BY CHARGE FOR 1999 THROUGH 2004

Charge	1999		2000		2001	
	Felony	Misdemeanor	Felony	Misdemeanor	Felony	Misdemeanor
PC187(a)	4	0	2	0	1	0
PC207(a)	0	0	1	0	0	0
PC207(b)	0	0	5	0	1	0
PC208(b)	0	0	0	0	0	0
PC261.5(b)	0	16	0	3	0	11
PC261.5(c)	3	1	0	3	5	0
PC266j	0	0	0	0	0	0
PC269(a)(5)	0	0	0	0	0	0
PC271a	1	0	1	0	0	0
PC273a(a)	17	0	22	0	16	0
PC273a(b)	0	8	0	6	0	6
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



Figure 12 (cont.)

TOTAL JUVENILE FILINGS BY CHARGE FOR 1999 THROUGH 2004

Charge	1999		2000		2001	
	Felony	Misdemeanor	Felony	Misdemeanor	Felony	Misdemeanor
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
PC311.4(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

Charge	2002		2003		2004	
	Felony	Misdemeanor	Felony	Misdemeanor	Felony	Misdemeanor
PC187(a)	0	0	0	0	0	0
PC207(a)	0	0	3	0	0	0
PC207(b)	4	0	0	0	0	0
PC208(b)	3	0	0	0	0	0
PC261.5(b)	0	8	0	9	0	5
PC261.5(c)	3	2	3	1	1	2
PC266j	0	0	1	0	0	0
PC269(a)(5)	0	0	0	0	1	0
PC271a	0	0	0	0	0	0
PC273a(a)	8	0	8	0	9	0
PC273a(b)	0	9	0	5	0	8
PC273d(a)	2	0	2	0	0	0
PC273g	0	0	0	1	0	0
PC278	3	0	2	0	4	0
PC278.5	0	0	0	0	0	0
PC286(b)(1)	0	0	0	0	0	0
PC286(b)(2)	0	0	0	0	0	0
PC286(c)(1)	0	0	2	0	0	0
PC288(a)	185	0	177	0	175	0
PC288(b)	1	0	0	0	0	0
PC288(b)(1)	39	0	55	0	41	0
PC288(c)	0	0	0	0	0	0
PC288.5(a)	39	0	24	0	34	0
PC288.5(b)	0	0	0	0	0	0
PC288a(b)(1)	2	0	4	0	3	0
PC289(h)	0	0	6	0	5	0
PC289(i)	0	0	0	0	0	0



Figure 12 (cont.)

TOTAL JUVENILE FILINGS BY CHARGE FOR 1999 THROUGH 2004

Charge	2002		2003		2004	
	Felony	Misdemeanor	Felony	Misdemeanor	Felony	Misdemeanor
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
PC311.4(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 13

TOTAL JUVENILE DISMISSALS BY CHARGE FOR 2002 THROUGH 2004

Charge	2002		2003		2004	
	Felony	Misdemeanor	Felony	Misdemeanor	Felony	Misdemeanor
PC207(a)	0	0	1	0	0	0
PC261.5(b)	0	1	0	4	0	0
PC261.5(c)	1	0	2	0	0	0
PC273a(a)	1	0	1	0	0	1
PC273a(b)	0	0	0	0	0	0
PC288(a)	18	0	18	0	18	0
PC288(b)	1	0	0	0	0	0
PC288(b)(1)	3	0	7	0	7	0
PC288.5(a)	3	0	3	0	3	0
PC288a(b)(1)	0	0	1	0	0	0
PC289(h)	0	0	1	0	0	0



Figure 14

TOTAL JUVENILE DECLINATIONS BY CHARGE FOR 1999 THROUGH 2004

Charge	1999		2000		2001	
	Felony	Misdemeanor	Felony	Misdemeanor	Felony	Misdemeanor
PC207(b)	0	0	1	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
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 2004

Charge	2002		2003		2004	
	Felony	Misdemeanor	Felony	Misdemeanor	Felony	Misdemeanor
PC207(b)	0	0	0	0	1	0
PC261.5(a)	0	0	0	0	0	0
PC261.5(b)	0	14	0	23	0	18
PC261.5(c)	0	0	5	3	2	1
PC261.5(d)	5	0	1	0	0	0
PC266h(b)	0	0	0	0	0	0
PC273a(a)	6	0	3	0	7	0
PC273a(b)	0	2	0	0	0	0
PC273ab	0	0	0	0	1	0
PC273d(a)	1	0	0	0	0	0
PC278	3	0	2	0	0	0
PC286(b)(1)	0	0	4	0	0	0
PC286(b)(2)	0	0	1	0	0	0
PC286(c)(1)	0	0	0	0	2	0
PC288(a)	145	0	177	0	156	0
PC288(b)(1)	7	0	10	0	3	0
PC288(c)(1)	2	0	0	0	0	0
PC288a(b)(1)	2	0	1	0	1	0
PC288a(b)(2)	1	0	1	0	0	0
PC288a(c)(1)	2	0	1	0	0	0
PC288.5(a)	0	0	0	0	1	0
PC289(h)	2	0	0	0	0	0
PC289(i)	0	0	0	0	0	0
PC289(j)	0	0	0	0	0	0
PC311.11(a)	0	0	0	0	0	0
PC647.6(a)	1	0	0	0	1	0
PC647.6(b)	0	0	0	0	0	0



Figure 15

**LED/DECLINED (JUVENILE) -
PIE CHART**

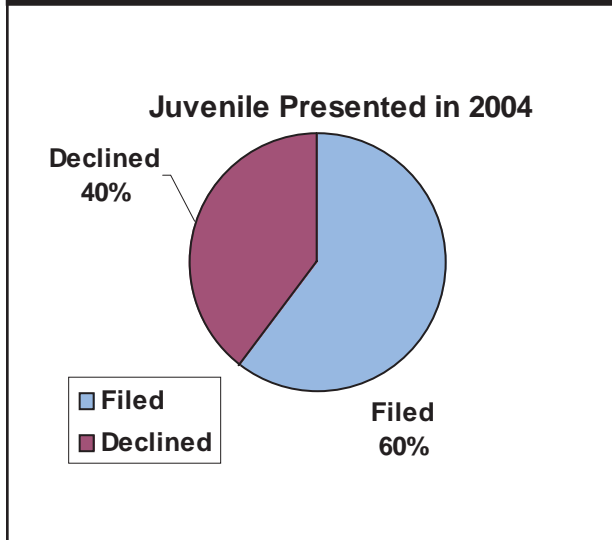


Figure 16

**SUSTAINED/DISMISSED/NOT
SUSTAINED (JUVENILE) - PIE CHART**

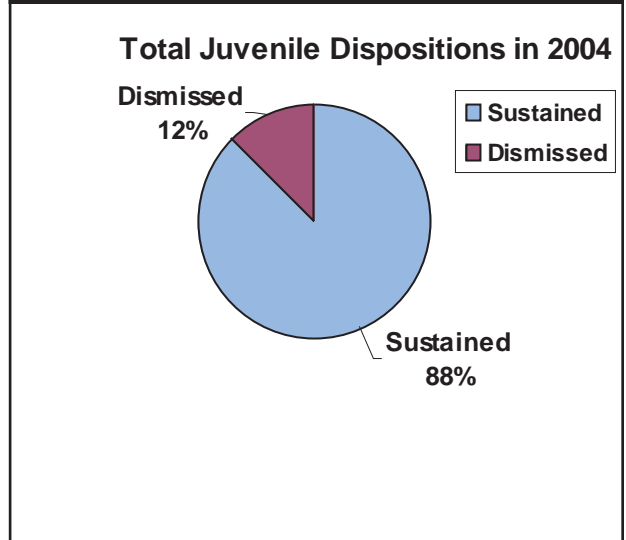


Figure 17

TOTAL JUVENILE CASES FILED BY ZIP CODE FOR 2002 THROUGH 2004

Zip Code	2002	2003	2004
90001	14	23	23
90033	66	51	55
90220	24	27	35
90242	43	29	23
90301	24	23	20
90802	33	40	30
91101	22	21	14
91342	43	50	53
91766	43	41	36
93534	0	0	3



Figure 18

TOTAL FILINGS BY GENDER (ALL CHARGES) FOR 1999 THROUGH 2004

Gender	1999				2000			
	Juvenile	%	Adult	%	Juvenile	%	Adult	%
Female	4,063	16%	31,211	17%	3,549	17%	30,504	17%
Male	21,732	84%	151,598	83%	17,750	83%	150,580	83%
Total	25,795		182,809		21,299		181,084	

Gender	2001				2002			
	Juvenile	%	Adult	%	Juvenile	%	Adult	%
Female	3,992	18%	30,852	17%	3,950	19%	31,497	17%
Male	17,736	82%	146,463	83%	17,036	81%	14,8018	83%
Total	21,728		177,315		20,986		179,515	

Gender	2003				2004			
	Juvenile	%	Adult	%	Juvenile	%	Adult	%
Female	3,720	18%	33,289	18%	3,740	18%	33,641	18%
Male	16,795	82%	150,343	82%	16,699	82%	154,994	82%
Total	20,515		183,632		20,439		188,635	

Figure 19

CHILD ABUSE AND NEGLECT STATUTES FILINGS BY GENDER FOR 1999 THROUGH 2004

Gender	1999				2000			
	Juvenile	%	Adult	%	Juvenile	%	Adult	%
Female	21	6%	483	19%	26	9%	522	20%
Male	333	94%	2,052	81%	275	91%	2,108	80%
Total	354		2,535		301		2,630	

Gender	2001				2002			
	Juvenile	%	Adult	%	Juvenile	%	Adult	%
Female	30	8%	539	20%	23	7%	581	20%
Male	343	92%	2,154	80%	289	93%	2,353	80%
Total	373		2,693		312		2,934	

Gender	2003				2004			
	Juvenile	%	Adult	%	Juvenile	%	Adult	%
Female	19	6%	544	22%	20	7%	522	21%
Male	286	94%	1,955	78%	272	93%	1,925	79%
Total	305		2,499		292		2,447	



Figure 20

TOTAL JUVENILE FILINGS BY GENDER FOR 1999 THROUGH 2004

Gender	1999				2000			
	Child Abuse	%	All Charges	%	Child Abuse	%	All Charges	%
Female	21	6%	4,063		26	9%	3,549	16%
Male	333	94%	21,732		275	91%	17,750	84%
Total	354		25,795		301		21,299	

Gender	2001				2002			
	Child Abuse	%	All Charges	%	Child Abuse	%	All Charges	%
Female	30	8%	3,992	18%	23	7%	3,950	19%
Male	343	92%	17,736	82%	289	93%	17,036	81%
Total	373		21,728		312		20,986	

Gender	2003				2004			
	Child Abuse	%	All Charges	%	Child Abuse	%	All Charges	%
Female	19	6%	3,720	18%	20	7%	3,740	18%
Male	286	94%	16,795	82%	272	93%	16,699	82%
Total	305		20,515		292		20,439	

Figure 21

TOTAL ADULT FILINGS BY GENDER FOR 1999 THROUGH 2004

Gender	1999				2000			
	Child Abuse	%	All Charges	%	Child Abuse	%	All Charges	%
Female	483	19%	31,211	17%	522	20%	30,504	17%
Male	2,052	81%	151,598	83%	2,108	80%	150,580	83%
Total	2,535		182,809		2,630		181,084	

Gender	2001				2002			
	Child Abuse	%	All Charges	%	Child Abuse	%	All Charges	%
Female	539	20%	30,852	17%	581	20%	31,497	18%
Male	2,154	80%	146,463	83%	2,353	80%	148,018	82%
Total	2,693		177,315		2,934		179,515	

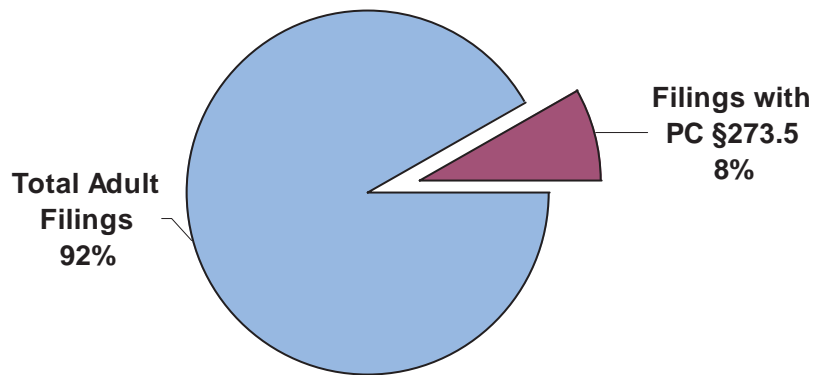
Gender	2003				2004			
	Child Abuse	%	All Charges	%	Child Abuse	%	All Charges	%
Female	544	22%	33,289	18%	522	21%	33,641	18%
Male	1,955	78%	150,343	82%	1,925	79%	154,994	82%
Total	2,499		183,632		2,447		188,635	



Figure 22

**FILINGS WITH PC §273.5 CHARGE VERSUS
TOTAL FILINGS FOR 2004 - PIE CHART**

**Filings With PC §273.5 Charge Versus
Total Filings 2004**





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 childbirth 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 of 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, misrepresentations, 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 imprison-

ment 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)(1) PC - Lewd or lascivious acts

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.

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 (w/ 12022.95 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 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.

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)(1) PC - Lewd or lascivious acts

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.

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(a) PC - Unlawful sexual intercourse with person under 18

Unlawful sexual intercourse is an act of sexual intercourse accomplished with a person who is not the spouse of the perpetrator, if the person is a minor. For the purposes of this section, a "minor" is a person under the age of 18 years and an "adult" is a person who is at least 18 years of age.

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 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 and 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 pretrial 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 attor-



ney'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, "Arraignment 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, save 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 \$480.1 million, the Department provides an extensive range of services through the efforts of over 5,000 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 Family caseload (currently being piloted). 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 child(ren) 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.

In 2004, 22 pregnant women were supervised by a Pre-natal caseload DPO. During this reporting period, there were no miscarriages and no abortions reported. Four bench warrants were issued for non-reporting. Also during this reporting period, 10 women gave birth; 10 newborns were drug free, none had a trace of a controlled substance in their blood. A trace is defined as an amount of a substance that is insufficient to cause the individual to return to court on a probation violation, but is enough of a substance to authorize removal from parental control.

The Post-natal caseload DPO supervised 40 parenting women in 2004. During this reporting period, four completed the program, one returned to court and was ordered into a Residential Treatment program, and none were terminated from probation for non-compliance within the program.



SIGNIFICANT FINDINGS

The findings below reflect a comparison between the reporting year (2004) and the previous year (2003) to determine significant trends using data collected from the Probation Department's Juvenile Caseload Management System (JCMS) and the Adult Probation System (APS).

ICAN DATA ANALYSIS REPORT 2005 Child Abuse Referrals - Adult Cases

PERCENTAGE OF CHANGE	2003		2004	TYPE OF ABUSE/NEGLECT
No Change	4	to	4	Caretaker Absence
16.7% decrease	24	to	20	Sexual Exploitation
40.7% decrease	27	to	16	General Neglect
200.0% increase	2	to	6	Physical Abuse
35.0% decrease	20	to	13	Severe Neglect
1.1% increase	744	to	752	Sexual Abuse Referrals
7.8% increase	752	of	811	Sexual Abuse represented for 2004
1.2% decrease	821	to	811	Overall from 2003 to 2004

ICAN DATA ANALYSIS REPORT 2005 Child Abuse Referrals of Offenders by Age - Adult Cases

PERCENTAGE OF CHANGE	2003		2004	AGE OF ADULT OFFENDER
23.1% increase	39	to	48	under age 20
5.0% decrease	140	to	133	20-24
17.8% increase	101	to	119	25-29
25.2% decrease	131	to	98	30-34
7.7% increase	117	to	126	35-39
8.9% increase	101	to	110	40-44
7.2% decrease	69	to	64	45-49
8.1% decrease	123	to	113	50 and over



ICAN DATA ANALYSIS REPORT 2005
Child Abuse Caseloads by Area Office - Adult Cases

PERCENTAGE OF CHANGE	2003		2004	Area Office
1.4% increase	143	to	145	Antelope Valley
0.5% decrease	212	to	211	Centinela
6.1% increase	313	to	332	Crenshaw
15.8% decrease	152	to	128	East Los Angeles
7.5% decrease	240	to	222	East San Fernando Valley
11.2% increase	205	to	228	Firestone
4.9% decrease	122	to	116	Foothill
8.7% increase	104	to	113	Harbor
1.8% decrease	218	to	214	Long Beach
8.3% increase	144	to	156	Rio Hondo
4.5% decrease	221	to	211	Pomona Valley
9.3% increase	129	to	141	San Gabriel Valley
11.3% increase	124	to	138	Santa Monica
0.7% increase	143	to	144	South Central
3.4% decrease	58	to	56	Valencia
53.6% increase	28	to	43	Alhambra

ICAN DATA ANALYSIS REPORT 2005
Child Abuse Referrals of Adult Offenders by Ethnicity - Adult Cases

PERCENTAGE OF CHANGE	2003		2004	ETHNICITY
32.5% increase	114	to	151	African Americans
100.0% decrease	2	to	0	American Indians
28.6% decrease	14	to	10	Asian/Pacific Islanders
2.7% decrease	524	to	510	Latinos
19.0% decrease	142	to	115	White
No Change	25	to	25	Other ethnicity



Figure 1

**ICAN DATA ANALYSIS REPORT 2005
ADULT CHILD ABUSE OFFENSE REFERRALS RECEIVED IN 2004
By Age and Ethnicity**

	UNDER 20	20-24	25-29	30-34	35-39	40-44	45-49	OVER 49	TOTAL
African American	20	28	21	11	20	19	19	13	151
American Indian	0	0	0	0	0	0	0	0	0
Asian/Pacific Islander	0	0	0	1	4	2	1	2	10
Latino	22	92	83	73	80	59	34	67	510
White	6	9	11	11	17	27	6	28	115
Other	0	4	4	2	5	3	4	3	25
TOTAL	48	133	119	98	126	110	64	113	811
PERCENT	5.90%	16.40%	14.70%	12.10%	15.50%	13.60%	7.90%	13.90%	100.00%

Figure 2

**ICAN DATA ANALYSIS REPORT 2005
ADULT CHILD ABUSE OFFENSE REFERRALS RECEIVED IN 2004
By Area Office and Gender**

AREA OFFICE	MALE	FEMALE	TOTAL
Antelope Valley	45	0	45
Central Adult Investigation	216	20	236
East Los Angeles	1	0	1
East San Fernando Valley	69	1	70
Firestone	0	0	0
Foothill	47	0	47
Harbor	43	2	45
Long Beach	77	0	77
Pomona Valley	56	1	57
Rio Hondo	66	1	67
San Gabriel Valley	38	0	38
Santa Monica	37	2	39
South Central	84	1	85
Valencia	3	1	4
TOTAL	782	29	811
PERCENT	96.40%	3.60%	100.00%

East San Fernando Valley Area Office covers Santa Clarita. Figure 2 reflects the number of adult defendants, by area office and gender, referred to the Probation Department for investigation of child abuse offenses during 2004.



Figure 3

ICAN DATA ANALYSIS REPORT 2005
ADULT CHILD ABUSE OFFENSE REFERRALS RECEIVED IN 2004
 Adult & Juvenile

OFFENSE TYPE	ADULT	PERCENT	JUVENILE	PERCENT	TOTAL
Caretaker Absence	4	0.50%	0	0.00%	4
Exploitation	20	2.50%	1	0.10%	21
General Neglect	16	2.00%	5	0.70%	21
Physical Abuse	6	0.70%	182	26.80%	188
Severe Neglect	13	1.60%	27	4.00%	40
Sexual Abuse	752	92.70%	464	68.30%	1,216
TOTAL	811	100%	679	100%	1,490
PERCENT	54.40%		45.60%		100%

Figure 4

ICAN DATA ANALYSIS REPORT 2005
ADULT CHILD OFFENSE SUPERVISION CASES ACTIVE AS OF DECEMBER 2004
 By Age and Ethnicity

	UNDER 20	20-24	25-29	30-34	35-39	40-44	45-49	OVER 49	TOTAL
African American	14	84	111	76	67	71	65	86	574
American Indian	0	1	0	0	0	0	0	0	1
Asian/ Pacific Islander	0	6	9	7	10	11	3	10	56
Latino	16	258	245	192	206	119	107	141	1,284
White	5	74	62	61	81	117	69	129	598
Other	1	11	12	11	15	11	16	8	85
TOTAL	36	434	439	347	379	329	260	374	2,598
PERCENT	1.40%	16.70%	16.90%	13.40%	14.60%	12.70%	10.00%	14.40%	100%

Figure 4 reflects the number of adult cases, by age and ethnicity, supervised by the Probation Department for child abuse offenses in 2004.



Figure 5

**ICAN DATA ANALYSIS REPORT 2005
ADULT CHILD OFFENSE SUPERVISION CASES ACTIVE AS OF DECEMBER 2004
By Ethnicity**

ETHNICITY	TOTAL	PERCENT
African American	574	22.10%
American Indian	1	0.00%
Asian/Pacific Islander	56	2.20%
Latino	1,284	49.40%
White	598	23.00%
Other	85	3.30%
TOTAL	2,598	100%

Figure 6

**ICAN DATA ANALYSIS REPORT 2005
ADULT CHILD THREAT (C/T) WORKLOAD PER AREA OFFICE
As of December 2004**

AREA OFFICE	NUMBER OF DEFENDANTS	NUMBER OF DEFENDANTS ON C/T CASELOADS	NUMBER OF C/T DPO'S
Alhambra	43	0	0
Antelope Valley	145	145	2
Centinela	211	211	3
Crenshaw	332	332	5
East Los Angeles	128	127	2
East San Fernando Valley	222	222	3
Firestone	228	227	3
Foothill	116	116	2
Harbor	113	113	2
Long Beach	214	214	3
Pomona Valley	211	210	3
Rio Hondo	156	148	2
San Gabriel Valley	141	139	2
Santa Monica	138	138	2
South Central	144	144	2
Valencia	56	56	1
TOTALS	2,598	2,542	37

The Alhambra Area Office is an investigative office and does not provide supervision services. The 43 defendants primarily live and are being supervised outside of Los Angeles County.



Figure 7
ICAN DATA ANALYSIS REPORT 2005
Child Abuse Offense Grants Of Probation By Area Office
Adult & Juvenile 2004

AREA OFFICE	ADULTS	JUVENILES	TOTAL
Transition to Area Office	0	19	19
Alhambra	49	0	49
Antelope Valley	4	4	8
Central Adult Investigation	4	0	4
Centinela	11	7	18
Crenshaw	18	8	26
East Los Angeles	5	6	11
East San Fernando Valley	20	0	20
Eastlake Intake Detention Control	0	0	0
Firestone	10	4	14
Foothill	8	0	8
Harbor	6	2	8
Kenyon JJC	0	1	1
Long Beach	22	1	23
Northeast Juvenile Justice Center	0	1	1
Pomona Valley	12	2	14
Rio Hondo	9	7	16
Riverview	5	0	5
San Gabriel Valley	1	15	16
Santa Monica	3	2	5
South Central	18	8	26
Sylmar	0	0	0
Valencia	3	0	3
Van Nuys	0	29	29
TOTALS	208	116	324
PERCENT	64.20%	35.80%	100.00%

Of the 811 Child Abuse referrals received by the Adult Bureau in 2004, 208 (25.6%) 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.



**ICAN DATA ANALYSIS REPORT 2005
JUVENILE CASES - CHILD ABUSE REFERRALS**

PERCENTAGE OF CHANGE	2003		2004	TYPE OF ABUSE/NEGLECT
No Change	0	to	0	Caretaker Absence
50.0% decrease	2	to	1	Exploitation
400.0% increase	1	to	5	General Neglect
87.6% increase	97	to	182	Physical Abuse
58.8% increase	17	to	27	Severe Neglect
1.1% decrease	469	to	464	Sexual Abuse
15.9% increase	586	to	679	Overall from 2003 to 2004

**ICAN DATA ANALYSIS REPORT 2005
JUVENILE CASES - CHILD ABUSE REFERRALS BY AGE**

PERCENTAGE OF CHANGE	2003		2004	AGE OF JUVENILES
311.4% increase	35	to	144	under 11 years old
120.0% increase	25	to	55	11 years old
5.1% decrease	78	to	74	12 years old
1.6% decrease	63	to	62	13 years old
40.6% decrease	101	to	60	14 years old
29.3% decrease	82	to	58	15 years old
11.8% decrease	85	to	75	16 years old
39.5% increase	86	to	120	17 years old
No Change	31	to	31	over 17 years old

**ICAN DATA ANALYSIS REPORT 2005
JUVENILE CASES - CHILD ABUSE REFERRALS BY AGE**

PERCENTAGE OF CHANGE	2003		2004	ETHNICITY
54.2% increase	144	to	222	African American
No Change	0	to	0	American Indian
28.6% decrease	7	to	5	Asian/Pacific Islander
6.2% increase	356	to	378	Latino
4.3% decrease	69	to	66	White
40.0% decrease	10	to	6	Other ethnicity
200% increase	0	to	2	Unknown ethnicity



Figure 8

**ICAN DATA ANALYSIS REPORT 2005
JUVENILE CHILD ABUSE REFERRALS RECEIVED IN 2004
By Area Office and Gender**

AREA OFFICE	MALE	FEMALE	TOTAL
Transitions to Area Office	69	0	69
Antelope Valley	29	2	31
Centinel	54	6	60
Crenshaw	59	5	64
East Los Angeles	22	0	22
Firestone	18	0	18
Foothill	17	2	19
Harbor	13	3	16
Intake Detention Control	0	0	0
Kenyon Juvenile Justice Ctr	23	2	25
Long Beach	18	3	21
N. East Juvenile Justice Ctr	12	0	12
Pomona Valley	60	2	62
Rio Hondo	33	2	35
San Gabriel Valley	63	4	67
Santa Monica	8	0	8
South Central	44	6	50
Sylmar	29	0	29
Valencia	10	0	10
Van Nuys	59	2	61
TOTALS	640	39	679

Figure 8 reflects the number of juveniles, by area office and gender, referred to the Probation Department for investigation of child abuse offenses during 2004. Transitions to Area Office primarily reflect referrals from probation camps.



Figure 9

**ICAN DATA ANALYSIS REPORT 2005
JUVENILE CHILD ABUSE OFFENSE REFERRALS RECEIVED IN 2004
By Age and Ethnicity**

	UNDER 11	11	12	13	14	15	16	17	OVER 17	TOTAL
African American	42	22	26	27	18	21	19	42	5	222
American Indian	0	0	0	0	0	0	0	0	0	0
Asian/Pacific Islander	1	1	1	0	1	0	1	0	0	5
Latino	72	27	39	33	26	32	51	75	23	378
White	28	5	8	0	12	5	4	1	3	66
Other	1	0	0	2	3	0	0	2	0	8
TOTAL	144	55	74	62	60	58	75	120	31	679
PERCENT	21.20%	8.10%	10.90%	9.10%	8.80%	8.50%	11.00%	17.70%	4.60%	100.00%

Figure 9 reflects the number of juvenile referrals by age and ethnicity received by the Probation Department for child abuse offenses in 2004.

Figure 10

**ICAN DATA ANALYSIS REPORT 2005
CHILD ABUSE OFFENSE REFERRALS RECEIVED IN 2004**

OFFENSE TYPE	ADULT	PERCENT	JUVENILE	PERCENT	TOTAL
Caretaker Abuse	4	0.50%	0	0.00%	4
Exploitation	20	2.50%	1	0.10%	21
General Neglect	16	2.00%	5	0.70%	21
Physical Abuse	6	0.70%	182	26.80%	188
Severe Neglect	13	1.60%	27	4.00%	40
Sexual Abuse	752	92.70%	464	68.30%	1,216
TOTAL	811	100.00%	679	100.00%	1,490
PERCENT	54.40%		45.60%		100.00%



Figure 11

**ICAN DATA ANALYSIS REPORT 2005
JUVENILE CHILD ABUSE OFFENSE SUPERVISION CASES AS OF DECEMBER 2004**

	UNDER 11	11	12	13	14	15	16	17	OVER 17	TOTAL
African American	0	1	3	9	8	1	3	7	7	39
American Indian	0	0	0	0	0	0	0	0	0	0
Asian/Pacific Islander	0	0	0	0	0	0	0	0	1	1
Latino	0	0	4	13	8	8	10	19	4	66
White	0	0	1	0	1	4	2	0	2	10
Other	0	0	0	0	0	0	0	0	0	0
TOTAL	0	1	8	22	17	13	15	26	14	116
PERCENT	0.00%	0.90%	6.90%	19.00%	14.70%	11.20%	12.90%	22.40%	12.00%	100.00%

Figure 12

**ICAN DATA ANALYSIS REPORT 2005
ETHNICITY OF JUVENILES UNDER SUPERVISION
FOR CHILD ABUSE OFFENSES 2004**

ETHNICITY	TOTAL	PERCENT
African American	39	33.60%
American Indian	0	0.00%
Asian/Pacific Islander	1	0.90%
Latino	66	56.90%
White	10	8.60%
Other	0	0.00%
Unknown	0	0.00%
TOTAL	116	100.00%



GLOSSARY OF TERMS

Adjudication - 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 or severe neglect

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 supervisory 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





CHILD PROTECTION PROGRAM (CPP) FACT SHEET

Each year in California, approximately 31,000 child abuse investigation reports are submitted to the Child Abuse Central Index (CACI). CACI is a statewide, multi-jurisdictional, centralized index of child abuse investigation reports submitted by investigating agencies: police or sheriff's departments, county welfare and county probation departments. These reports pertain to incidents in which physical abuse, sexual abuse, emotional abuse, and/or severe neglect is alleged. Each investigating agency is required by law to forward a report of every child abuse incident it investigates to the Department of Justice, unless an incident is determined to be unfounded or involves general neglect only.

Information On File

Information on file includes:

- The date of report.
- The agency that investigated the incident.
- The number or name assigned to the case by the agency investigating the reported incident.
- The victim's name and age
- The names and physical descriptors of suspect(s) listed on reports.
- The type of abuse investigated.
- The investigator findings for the incident.

SERVICES

- Provides information on an expedited basis to investigators on suspects involved in current child abuse investigations who were involved in prior incidents of suspected child abuse.

- Cross-checks all child abuse investigation reports submitted to the Department of Justice against the Child Abuse Central Index to identify prior reports of child abuse involving listed suspects.
- Searches the names of applicants for child care service licenses, employment, adoption and the TrustLine Registry submitted to the Department of Justice against the Child Abuse Central Index to identify prior reports of child abuse which might result in disqualification from licensing, adoption or listing in the TrustLine Registry.
- Contacts licensing agencies when the Department of Justice receives Child Abuse Investigation Reports involving licensees.
- Searches the names of individuals in the Child Abuse Central Index for the placement of children and potential guardians.
- Conducts statewide training sessions of child abuse reporting requirements for child protective agencies.

ACCESS TO FILES

Information from the Child Abuse Central Index may be provided to agencies defined in Penal Code Section 11165.9, district attorney offices, court investigators, and the State Department of Social Services in the review of applicants for adoption, licensing or employment in child care facilities and listing on the TrustLine Registry.

DATE PROGRAM ESTABLISHED

Child Abuse Central Index - 1965



LEGAL AUTHORITY

Child Abuse and Neglect Reporting Act, California Penal Code (PC) Sections 11164 through 11174.1. Sections 11169 PC and 11170 PC pertain to investigating agencies reporting to DOJ and the dissemination of information from CACI to authorized agencies.

INQUIRIES

CALIFORNIA DEPARTMENT OF JUSTICE

Bureau of Criminal Information and Analysis

ATTN: Child Protection Program

P.O. Box 903387

Sacramento, CA 94203-3870

(916) 227-3285

HIGHLIGHTS OF ACTIVITIES FOR 2004

CANRA Task Force

During 2004, the Child Abuse and Neglect Reporting Act (CANRA) Task Force created by enactment of Penal Code Section 11174.32, submitted its report to the Governor, Attorney General, Speaker of the Assembly and Senate Committee on Rules. As a result, the Attorney General sponsored Senate Bill 1313 (Kuehl) which incorporated several of the recommendations of the Task Force report. Some of these changes resulted in renumbering several statutes (Penal Code Sections 11166.7, 11166.8, 11166.9 and 11166.95 pertaining to Child Death were renumbered to 11174.3, 11174.33, 11174.34, and 11174.35, respectively) and an amendment to 11165.12 PC redefined the definition of a "Substantiated Report" from "Based on some credible evidence, to constitute child abuse or neglect" to "Based upon evidence that makes it more likely than not that child abuse or neglect, as defined, occurred."

The full report of the Task Force may be viewed at www.ag.ca.gov/publications/childabuse.pdf. In addition, Information Bulletin 04-22-BCIA, located at <http://www.ag.ca.gov/childabuse/regulations.htm>, further clarifies the changes to the 2004 changes to the Child Abuse and Neglect Reporting Act.

•VALIDATION PROJECT

The Department of Justice Child Protection Program advises agencies who submit the Child Abuse Investigation Report (SS8583 form), that the Department can assist in validating the reports listed in the Child Abuse Central Index by providing a report of their records maintained in the Index. Information Bulletin 04-14-BCIA at <http://www.ag.ca.gov/child-abuse/regulations.htm> describes this project.



Figure 1

**CHILD ABUSE INVESTIGATION REPORTS ENTERED
IN THE AUTOMATED CHILD ABUSE SYSTEM (ACAS)**

COUNTY	TOTAL	PHYSICAL	MENTAL	NEGLECT	SEXUAL	DEATHS
Alameda	530	308	45	14	163	
Alpine	0	0	0	0	0	
Amador	0	0	0	0	0	
Butte	164	92	29	17	26	1
Calaveras	66	29	22	5	10	
Colusa	6	5	0	0	1	
Contra Costa	228	164	35	7	22	
Del Norte	35	24	1	3	7	
El Dorado	35	25	9	0	1	
Fresno	261	130	68	5	58	
Glenn	13	8	1	2	2	
Humboldt	123	62	44	1	16	
Imperial	119	56	43	12	8	
Inyo	74	43	27	1	3	
Kern	445	231	66	27	121	1
Kings	134	87	8	2	37	1
Lake	46	38	7	0	1	
Lassen	26	13	4	2	7	
Los Angeles	5,777	2,682	1,080	100	1,915	14
Madera	165	89	35	9	52	
Marin	51	35	5	1	10	
Mariposa	19	9	4	1	5	
Mendocino	216	85	94	9	28	
Merced	114	42	33	17	22	
Modoc	24	11	10	0	3	
Mono	7	5	2	0	0	
Monterey	221	137	48	5	31	
Napa	99	65	6	2	26	
Nevada	45	25	5	2	13	5
Orange	3,119	1,791	246	95	967	
Placer	293	86	147	18	42	
Plumas	45	15	15	4	11	
Riverside	1,314	658	331	76	249	1



Figure 1 (continued)

**CHILD ABUSE INVESTIGATION REPORTS ENTERED
IN THE AUTOMATED CHILD ABUSE SYSTEM (ACAS)**

COUNTY	TOTAL	PHYSICAL	MENTAL	NEGLECT	SEXUAL	DEATHS
Sacramento	1,200	652	239	66	243	1
San Benito	72	52	8	4	8	
San Bernardino	1,403	664	164	140	435	2
San Diego	2,916	1,042	1,363	36	475	1
San Francisco	315	214	26	6	69	
San Joaquin	377	186	105	17	69	
San Luis Obispo	127	33	77	3	14	
San Mateo	187	99	28	11	49	
Santa Barbara	158	87	13	33	25	
Santa Clara	433	190	24	9	210	
Santa Cruz	188	63	112	3	10	
Shasta	20	13	0	3	4	1
Sierra	1	1	0	0	0	
Siskiyou	100	44	32	9	15	
Solano	126	85	7	8	26	
Sonoma	201	116	16	13	56	
Stanislaus	251	105	5	8	133	1
Sutter	23	7	14	1	1	2
Tehama	27	14	6	1	6	
Trinity	0	0	0	0	0	
Tulare	162	108	11	12	31	
Tuolumne	123	51	54	1	17	
Ventura	361	168	104	22	67	1
Yolo	41	12	2	2	25	2
Yuba	27	14	1	0	12	
TOTALS*	22,653	11,070	4,881	845	5,857	34

* Child deaths are counted within the type of abuse and included within the overall total.



Figure 2

CHILD ABUSE INVESTIGATION REPORTS ENTERED IN THE AUTOMATED CHILD ABUSE SYSTEM (ACAS)

Types of Abuse/Year	1999	2000	2001	2002	2003	2004
Physical	21,963	19,751	17,264	15,485	12,827	11,070
Sexual	10,552	9,404	8,896	8,397	6,513	5,857
Neglect/Mental	11,394	11,573	10,853	8,365	6,334	5,726
TOTALS	43,909	40,728	37,013	32,247	25,674	22,653

TRAINING

The Department of Justice Child Protection Program staff provides training assistance on the completion of the Child Abuse Investigation Report (SS-8583) form and answer questions pertaining to the reporting of child abuse information pursuant to the Child Abuse and Neglect Reporting Act (Penal Code Sections 11164-11174.3).

UNDER REPORTING

By analyzing statistical data on reporting trends, the Department of Justice has been identifying Child Protection Agencies for consistency in their reporting of Child Abuse and Neglect for the last ten years. Agencies with significant decreases in reporting are being contacted by field representatives to ensure that they are meeting their reporting requirements as defined in the CANRA.

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:

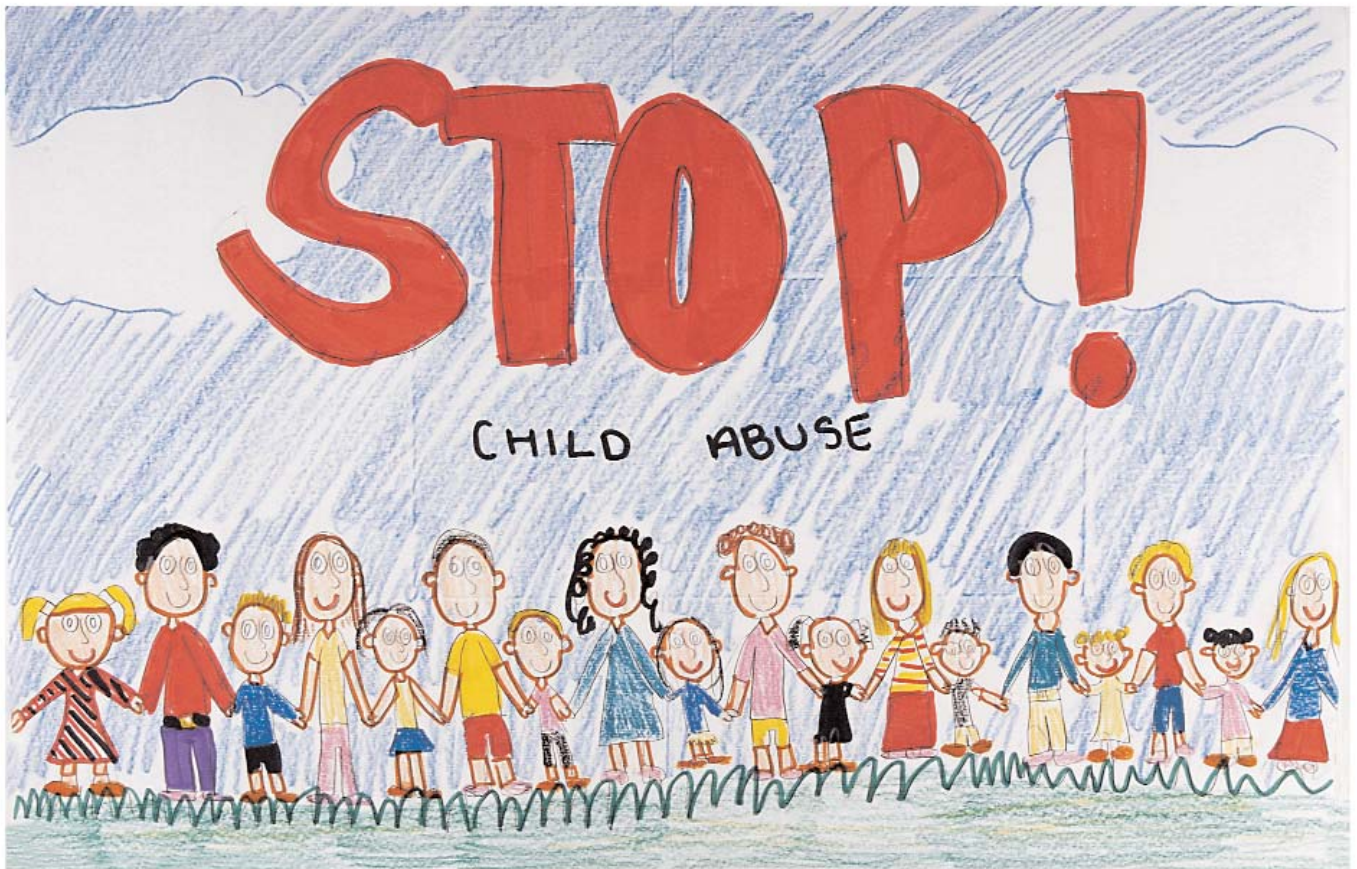
Child Abuse Neglect Reporting Act as specified in Penal Code 11164 et seq.

Investigating Agency:

Defined by Penal Code section 11165.9 as a police or sheriff's departments, a county probation department (if designated by the county to receive mandated reports), or a county welfare department.

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.



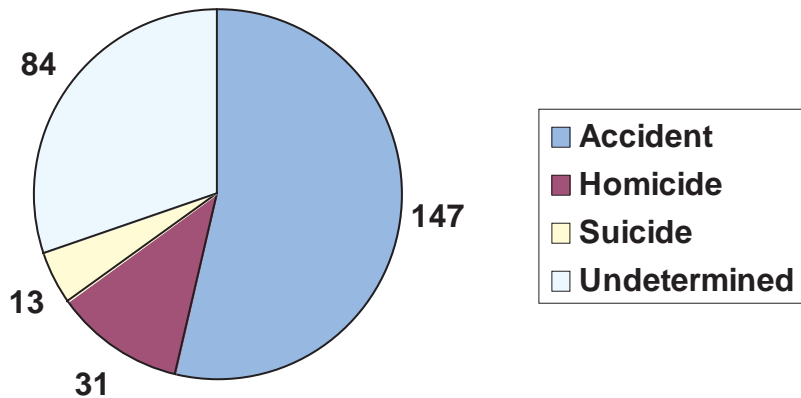
ADMINISTRATIVE SERVICES DIVISION:

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 2004, after a review of the cases based on the ICAN established criteria, of the total child deaths reported, 275 were referred to the Inter-Agency Council on Child Abuse and Neglect for tracking and follow-up. Last year calendar 2003 the total child deaths referred to the Inter-Agency Council on Child Abuse and Neglect for tracking and follow-up was 308, a decrease of 33 cases.

**DEPARTMENT OF CORONER
275 Reportable ICAN Cases**



**DEPARTMENT OF CORONER
Selected Findings**

BY CAUSE OF DEATH	2003	2004	DIFFERENCE
Abandoned newborn	4	8	4
Children run over in driveway accident	4	4	0
Bathtub drowning	0	3	3
Swimming pool drowning, age less than 5 years old	7	7	0



Figure 1

DEPARTMENT OF CORONER 2004 DEATH STATISTICS
Case Comparison by Mode of Death and Gender
Total ICAN cases: 275

BY MODE OF DEATH	2003 TOTAL CASES	2003 % OF TOTAL	2004 TOTAL CASES	2004 % OF TOTAL	TOTAL DIFFERENT
Accident	184	60.00	147	53.45	-37
Homicide	35	11.36	31	11.27	-4
Suicide	18	5.59	13	4.73	-5
Undetermined	71	23.05	84	30.55	13
TOTAL	308	100.00%	275	100.00%	-33

BY GENDER	2003 TOTAL CASES	2003 % OF TOTAL	2004 TOTAL CASES	2004 % OF TOTAL	TOTAL DIFFERENT
Female	115	37.34	113	41.09	-2
Male	190	61.69	162	58.91	-28
Undetermined	3	.97	0	0	-3
TOTAL	308	100.00%	275	100.00%	-33



Figure 2

DEPARTMENT OF CORONER 2004 DEATH STATISTICS
Case Comparison by Ethnicity and Age
Total ICAN cases: 275

BY ETHNICITY	TOTAL CASES	% OF TOTAL
Unknown	6	2.19
Asian	12	4.37
Native American	2	.73
Black	56	20.36
Caucasian	55	20.00
Chinese	1	.36
Filipino	2	.73
Hispanic/latin American	138	50.18
Middle eastern	1	.36
Samoan	1	.36
Vietnamese	1	.36
TOTAL	275	100.00%
DEATH BY AGE	TOTAL	% OF TOTAL
Stillborn	30	10.91
1 day - 29 days	21	7.64
1 - 5 months	47	17.10
6 months - 1 year	41	14.91
2 years	12	4.36
3	8	2.91
4	6	2.18
5	4	1.45
6	6	2.18
7	4	1.45
8	7	2.55
9	6	2.18
10	6	2.18
11	5	1.82
12	8	2.91
13	8	2.91
14	8	2.91
15	12	4.36
16	19	6.91
17	17	6.18
TOTAL	275	100.00%



Figure 3

DEPARTMENT OF CORONER 2004 DEATH STATISTICS
By Gender, by Ethnicity, by Age
Total Accident Cases: 147

DEATHS BY GENDER	TOTAL CASES	% OF TOTAL
Female	57	38.78
Male	90	61.22
TOTAL	147	100.00%
DEATHS BY ETHNICITY	TOTAL CASES	% OF TOTAL
Asian	7	4.76
Black	20	13.61
Caucasian	35	23.81
Filipino	1	.68
Hispanic/Latin American	79	53.74
Middle Eastern	1	.68
Samoan	1	.68
Vietnamese	1	.68
Unknown	2	1.36
TOTAL	147	100.00%
DEATHS BY AGE	TOTAL CASES	% OF TOTAL
Stillborn	21	14.29
1 day - 29 days	5	3.40
1 - 5 months	1	.68
6 months - 1 year	14	9.52
2 years	11	7.48
3	5	3.40
4	4	2.72
5	2	1.36
6	5	3.41
7	3	2.04
8	5	3.41
9	6	4.08
10	5	3.41
11	4	2.72
12	6	4.08
13	7	4.76
14	6	4.08
15	9	6.12
16	16	10.88
17	12	8.16
18	147	100.00%

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 2004 DEATH STATISTICS
MODE OF DEATH: ACCIDENT
By Cause of Death Total Accident Cases: 147**

BY CAUSE OF DEATH	TOTAL	% OF TOTAL
Accidental threat to breathing	1	.68
Acute alcohol intoxication	2	1.36
Auto vs Pedestrian	16	10.88
Children run over in driveway	4	2.72
Auto vs auto, motorcycle, truck, and van	41	27.89
Auto vs bicycle	7	4.76
Motorcycle rider	4	2.72
Other transport	2	1.36
Cyanide intoxication	1	.68
Drowning	7	4.76
Bath tub drowning	1	.68
Swimming pool drowning	9	6.12
Swimming pool drowning, age less than 5 years old	7	4.76
Drugs overdose	2	1.36
Exposure to smoke, fire and flame	2	1.36
Fall from roof	4	2.72
Fall the same level	1	.68
Fetus and newborn affected by chorioamnionitis	1	.68
Hanging accident	4	2.72
Incident in diagnostic and therapeutic use	1	.68
Maternal injuries	1	.68
Maternal Cocaine use	6	4.08
Maternal Methamphetamine use	13	8.84
Maternal other drugs use	2	1.36
Misadventures during surgical and medical care	3	2.04
Scald burns	1	.68
Struck by falling object	4	2.72
TOTAL	147	100%



Figure 5

**DEPARTMENT OF CORONER 2004 DEATH STATISTICS
MODE OF DEATH: HOMICIDE**

By Gender, by Ethnicity, by Age Total Homicide Cases: 31

DEATH BY GENDER	TOTAL CASES	% OF TOTAL
Female	15	48.39
Male	16	51.61
TOTAL	31	100.00%
DEATH BY ETHNICITY	TOTAL CASES	% OF TOTAL
Native American	1	3.23
Black	7	22.58
Caucasian	2	6.45
Hispanic/Latin American	18	58.06
Unknown	3	9.68
TOTAL	31	100.00%
DEATH BY AGE	TOTAL CASES	% OF TOTAL
Stillborn	4	12.90
1 day - 29 days	2	6.45
1 - 5 months	6	19.34
6 months - 1 year	8	25.80
2 years	1	3.23
3	2	6.45
4	2	6.45
5	1	3.23
6	1	3.23
8	1	3.23
10	1	3.23
11	1	3.23
15	1	3.23
TOTAL	31	100.00%



Figure 6

**DEPARTMENT OF CORONER 2004 DEATH STATISTICS
MODE OF DEATH: HOMICIDE
By Cause of Death Total Homicide Cases: 31**

BY CAUSE OF DEATH	TOTAL CASES	% OF TOTAL
Abandoned newborn	4	12.90
Asphyxia	3	9.68
Blunt force trauma	14	45.16
Cocaine-acetaminophen overdose	1	3.23
Drowning	1	3.23
Firearm injuries	3	9.68
Malnutrition/dehydration	2	6.45
Sharp force trauma	3	9.68
TOTAL	31	100.00%

Figure 7

**DEPARTMENT OF CORONER 2004 DEATH STATISTICS
MODE OF DEATH: SUICIDES BY GENDER, BY ETHNICITY, BY AGE,
By Cause of Death Total Suicide Cases: 13**

DEATHS BY GENDER	TOTAL CASES	% of TOTAL
Female	3	23.08
Male	10	76.92
Total	13	100.00%
Death by Ethnicity	TOTAL CASES	% of TOTAL
Native American	1	7.69
Black	1	7.69
Caucasian	3	23.08
Filipino	1	7.69
Hispanic/Latin American	7	53.85
TOTAL	13	100.00%
DEATHS BY AGE	TOTAL CASES	% of TOTAL
12	2	15.38
13	1	7.69
14	2	15.38
15	1	7.69
16	3	23.08
17	4	30.78
TOTAL	13	100.00%
By Cause of Death	TOTAL CASES	% of TOTAL
Firearms, gunshot	4	30.77
Hanging - Suicide	7	53.85
Jumping -Lying Moving object	1	7.69
Crashing of motor vehicle	7	7.69
TOTAL	13	100.00%



Figure 8

DEPARTMENT OF CORONER 2004 DEATH STATISTICS
MODE OF DEATH: UNDETERMINED BY GENDER, BY ETHNICITY, BY AGE
Total Undetermined Cases: 84

DEATHS BY GENDER	TOTAL CASES	% of TOTAL
Female	38	45.24
Male	46	54.76
Total	84	100.00%
DEATH BY ETHNICITY	TOTAL CASES	% of TOTAL
Asia	5	5.95
Black	28	33.33
Caucasian	15	17.86
Chinese	1	1.19
Hispanic/Latin American	34	40.48
Unknown	1	1.19
TOTAL	84	100.00%
DEATHS BY AGE	TOTAL CASES	% of TOTAL
Stillborn	5	5.95
1 day - 29 days	14	16.67
1 - 5 months	40	47.62
6 months - 1 year	19	22.62
3	1	1.19
5	1	1.19
7	1	1.19
8	1	1.19
15	1	1.19
17	1	1.19
TOTAL	84	100.00%

Figure 9

DEPARTMENT OF CORONER 2004 DEATH STATISTICS
MODE OF DEATH: UNDETERMINED
Total Undetermined Cases: 84

BY CAUSE OF DEATH	TOTAL CASES	% of TOTAL
Asphyxia	1	1.19
Bathtub drowning	2	2.38
Cocaine use	1	1.19
Gunshot wound	1	1.19
Hanging	1	1.19
Maternal cocaine use	1	1.19
Maternal demise	1	1.19
Undetermined cause	76*	90.48
TOTAL	84	100.00%

* Abandoned newborn (4 cases), co-sleeping (34 cases), unexplained injuries present (13 cases), non-prescribed sedative drugs (1 case), unsafe sleeping surface (2 cases), unknown cause (22 cases).



GLOSSARY OF TERMS:

Accident: Unforeseen injury. In children, lapse in the usual protection would apply.

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.

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.

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.

Manner of Death: Is a classification of death based on the conditions that cause death and the circumstances under which the conditions occur.

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.

Natural: Death due solely to disease and/or aging process.

Suicide: The intentional taking of one's own life.

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

COUNTY OF LOS ANGELES PUBLIC LIBRARY

AGENCY REPORT





LOS ANGELES COUNTY PUBLIC LIBRARY

Library Cards for Foster Children

The County of Los Angeles Public Library is committed to reaching out to children in

underserved populations. One large group of children which has traditionally fallen through the cracks is foster children. While some of the approximately 25,000 foster children in Los Angeles County have foster parents who take on the financial responsibility necessary in securing a library card for their foster children, the vast majority of foster parents are reluctant to take on that responsibility. Their concern is that if the child changes placement in the future, he/she may use the card irresponsibly resulting in the original foster parent being responsible for extensive library fines or replacement charges for lost library materials.

Since October, 2002, the County Library and the Department of Children and Family Services have collaborated to provide a "no-fault" library card for foster children whereby DCFS is responsible for any fines or overdue materials and fees for lost materials checked out by foster children enrolled in the program. Currently more than 600 children have received library cards through this program.

Promoting the program and encouraging the foster caregivers to enroll their foster children in the special library card program is an ongoing challenge. In 2004, the Public Library and DCFS embarked on an extensive campaign to promote the program to the DCFS customers. During fall, 2004, the Library hosted 16 family reading festivals at library locations throughout the County. Foster children and their caregivers received invitations in the mail and were eligible for special prizes. Library staff also participated in DCFS events encouraging

families to read together and helping the children fill out library card forms. These proactive partnerships succeeded in doubling participation during this year over last year.

FAMILY PLACE

Family Place is a nationwide library initiative designed to assist families in strengthening their knowledge about and support for their children's early childhood development and learning. In addition to creating comfortable public library spaces for parents and children to learn together, the participating library presents series of parent/child workshops where children play with developmental toys and parents are introduced to community resources who can help them to answer questions and deal with issues of child rearing.

In fall, 2004, the County Library received a Productivity Grant to develop 6 Family Place sites in the following communities, Bellflower, East Los Angeles, Gardena, Lancaster, San Fernando, West Covina. We look forward to reporting on them in the 2005 report.

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 treatment programs for children and adolescents who are at risk for abuse or neglect.

The chapter will review the following programs: Family Preservation; Family Reunification; Level 14 Group Homes; Community Treatment Facilities; Child Abuse Prevention Program; D-Rate Foster Care; START; Juvenile Court Mental Health Services; Juvenile Halls; Dorothy Kirby Center; and Challenger Memorial Youth Center and its associated Juvenile Justice Camps.

Family Preservation Program

Family Preservation (FP) is a collaborative effort between DMH, DCFS, Probation and the community to reduce out-of-home placement for children at risk of abuse, neglect and delinquent behavior. The program's model is a community-based approach that focuses on preserving families in their own communities 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. Blended funding, equally distributed between DCFS and DMH, supports an innovative program offering both mental health and substance abuse services at SHIELDS for Families for up to sixty FP families residing in South Central Los Angeles.

Mental health services are one of many services offered by the FP program. The mental health goal is to provide 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, including psychological testing, individual, group and family therapy, and medication support are provided in the child's community, school and home.

When a family is referred to FP, a Multi-Agency Case Planning Conference (MCPC) is convened at the appropriate Community Family Preservation Network (CFPN). The Family Preservation Specialist (FPS) represents DMH at the MCPC and assists in evaluating a family's suitability for Family Preservation. Where appropriate, the FPS assists with the preparation of a referral for mental health services. 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.

During FY 03-04, there were 955 clients served by 21 DMH service providers. 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	489	51.2%
Female	466	48.8%
TOTAL	955	100.0%

Figure 2

FAMILY PRESERVATION PROGRAM

Age (Group)

AGE	COUNT	PERCENT
0-5	44	4.6%
6-11	340	35.6%
12-17	508	53.2%
18-20	63	6.6%
TOTAL	955	100.0%

Figure 3

FAMILY PRESERVATION PROGRAM

Ethnicity

ETHNICITY	COUNT	PERCENT
Caucasian	125	13.1%
African American	225	23.6%
Hispanic	521	54.6%
American Native	1	0.1%
Asian/Pacific Islander	12	1.3%
Other	6	0.6%
Unknown	65	6.8%
TOTAL	955	100.0%

Figure 4

FAMILY PRESERVATION PROGRAM

Responsible Agency

AGENCY	COUNT	PERCENT
DCFS	290	30.4%
Probation	43	4.5%
DCFS and School Dist	15	1.6%
Probation and School District	0	0.0%
School District (SEP Eligible)	27	2.8%
School District (Non-SEP Eligible)	16	1.7%
No Data	564	59.1%
TOTAL	955	100.0%

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 87 clients (6.8%). Figure 7 indicates that 48 clients were identified as substance users. Marijuana was the most frequently reported substance, followed by alcohol and polysubstance use.



Figure 5

**FAMILY PRESERVATION PROGRAM
Primary DSM Diagnosis**

DIAGNOSIS	COUNT	PERCENT
Drug Induced Disorders or Dependence	1	0.1%
Disorders Due to Medical Condition	2	0.2%
Schizophrenia/Psychosis	6	0.6%
Bipolar Disorders	41	4.3%
Major Depression	244	25.5%
Anxiety Disorders	196	20.5%
Other Diagnoses	177	18.5%
Adjustment/Conduct Disorder/ADHD	256	26.8%
Child Abuse and Neglect	23	2.4%
No Diagnosis or Diagnosis Deferred	9	0.9%
TOTAL	955	100.0%

Figure 6

**FAMILY PRESERVATION PROGRAM
Secondary DSM Diagnosis**

DIAGNOSIS	COUNT	PERCENT
Drug Induced Disorders or Dependence	13	1.4%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	1	0.1%
Bipolar Disorders	4	0.4%
Major Depression	42	4.4%
Anxiety Disorders	30	3.1%
Other Diagnoses	40	4.2%
Adjustment/Conduct Disorder/ADHD	105	11.0%
Child Abuse and Neglect	64	6.7%
No Diagnosis or Diagnosis Deferred	656	68.7%
TOTAL	955	100%

Figure 7

**FAMILY PRESERVATION PROGRAM
Admit Substance Abuse**

SUBSTANCE	COUNT	PERCENT
Alcohol (30UAL, 30XAL)	14	1.5%
Amphetamines (30XAM, 30UAM)	2	0.2%
Marijuana (30XMJ, 30UMJ)	17	1.8%
Cocaine (30XCO, 30UCO)	2	0.2%
Hallucinogens (30XHA, 30UHA)	0	0.0%
Inhalants (30XIN, 30UIN)	0	0.0%
Sedatives and Opioids (30UXSO, 30USO)	1	0.1%
Polysubstance Abuse (30XPS, 30UPS)	12	1.3%
No Substance Abuse (30XNO, 30UNO)	764	80.0%
Undetermined	143	15.0%
TOTAL	955	100.0%

**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 148 RCL 14 beds, 125



of which are designated for males and 23 for females. The following service providers offer RCL 14 facilities: Aviva Diagnostic Center, Harbor View Group Home, Olive Crest, Pinnacle Foundation, San Gabriel Children's Center (formerly known as RTI) and The Sycamores. DMH provided services to 242 minors in RCL 14 group homes during FY 03-04. In FY 03-04, 85 males and 31 females were certified at RCL 14. The sources of referral for these new RCL 14 certifications were: 47% from DCFS, 16% from DMH, and 37% 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 three 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 offers 20 male-designated CTF beds and 20 beds for females. Vista del Mar 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 116 CTF clients during FY 03-04. Of these, 41 males and 21 females were newly certified. The sources of referral for new CTF certifications were: 45% from DCFS, 45% from Probation,

and 10% from DMH.

Reunification of Missing Children Project

Two of the Department's contracted mental health providers, Didi Hirsch Community Mental Health Center (CMHC) and The Los Angeles Center for Therapy and Education (The HELP Group), provide crisis-oriented consultation, assessment and treatment immediately following the recovery of a child who has been abducted, often by a non-custodial parent. At Didi Hirsch, treatment is provided by an LCSW, an MSW and an MFT; and by two Psychologists at the HELP Group. 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. Its reunification process consists of a one-session assessment of the need for further intervention and uses cognitive, behavioral and object-relations interventions in up to six sessions focusing on any traumas experienced during the abduction, or at the time of recovery and separation from the abducting parent. At Didi Hirsch, 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.

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.

During FY 03-04, 14 clients were served by the Family Reunification programs of Didi Hirsch CMHC and the HELP Group. 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 14 Family Reunification clinic clients. DCFS and The Department of Justice provided the largest number of identified referrals.

Diagnostic information is presented in Figures 12 and 13. Adjustment/Conduct Disorders/ADHD were the most common primary admission diagnoses for Family

Reunification clients. Three clients received a primary or secondary admission diagnosis of Child Abuse and Neglect. Figure 14 documents the apparent absence of substance use in this population.

Figure 8

FAMILY REUNIFICATION Gender		
GENDER	COUNT	PERCENT
Male	5	35.7%
Female	9	64.3%
TOTAL	14	100.0%

Figure 9

FAMILY REUNIFICATION Age (Group)		
AGE (GROUP)	COUNT	PERCENT
0-5	2	14.3%
6-11	5	35.7%
12-17	4	28.6%
18-20	3	21.4%
TOTAL	14	100.0%

Figure 10

FAMILY REUNIFICATION Ethnicity		
ETHNICITY	COUNT	PERCENT
Caucasian	4	28.6%
African American	3	21.4%
Hispanic	4	28.6%
American Native	0	0.0%
Asian/ Pacific Islander	1	7.1%
Other	0	0.0%
Unknown	2	14.3%
TOTAL	14	100.0%



Figure 11
FAMILY REUNIFICATION PROGRAM
Responsible Agency

AGENCY	COUNT	PERCENT
DCFS	5	35.7%
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	4	28.6%
No Data	5	35.7%
TOTAL	14	100.0%

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	1	7.1%
Adjustment/Conduct Disorder/ADHD	6	42.9%
Child Abuse and Neglect	1	7.1%
No Diagnosis or Diagnosis Deferred	6	42.9%
TOTAL	14	100.0%

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	7.1%
Other Diagnoses	3	21.4%
Adjustment/Conduct Disorder/ADHD	1	7.1%
Child Abuse and Neglect	2	14.3%
No Diagnosis or Diagnosis Deferred	7	50.0%
TOTAL	14	100.0%

CHILD ABUSE PREVENTION, INTER-VENTION 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 pre-school 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 03-04, 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 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 1,052 children in FY 03-04. 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 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)	14	100%
TOTAL	14	100.0%

Figure 15
**CHILD ABUSE EARLY INTERVENTION/
PREVENTION PROGRAM**

Gender

GENDER	COUNT	PERCENT
Male	558	53.0%
Female	494	47.0%
TOTAL	1,052	100.0%

Figure 16
**CHILD ABUSE EARLY INTER-
VENTION/PREVENTION PROGRAM**

Age (Group)

AGE (GROUP)	COUNT	PERCENT
0-5	61	5.8%
6-11	487	46.3%
12-17	464	44.1%
18-20	40	3.8%
TOTAL	1,052	100.0%

Figure 17
**CHILD ABUSE EARLY INTERVEN-
TION/PREVENTION PROGRAM**

Ethnicity

ETHNICITY	COUNT	PERCENT
Caucasian	161	15.3%
African American	86	8.2%
Hispanic	524	49.8%
American Native	2	0.2%
Asian/ Pacific Islander	180	17.1%
Other	8	0.8%
Unknown	91	8.7%
TOTAL	1,052	100.0%



Figure 18
CHILD ABUSE EARLY INTERVENTION/ PREVENTION PROGRAM
Responsible Agency

AGENCY	COUNT	PERCENT
DCFS	204	19.4%
Probation	7	0.7%
DCFS and School Dist	7	0.7%
Probation and School District	1	0.1%
School District (SEP Eligible)	19	1.8%
School District (Non-SEP Eligible)	4	0.4%
No Data	810	77.0%
TOTAL	1,052	100.0%

Figure 19
CHILD ABUSE EARLY INTERVENTION/ PREVENTION PROGRAM
Primary DSM Diagnosis

DIAGNOSIS	COUNT	PERCENT
Drug Induced Disorders or Dependence	1	0.1%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	8	0.8%
Bipolar Disorders	12	1.1%
Major Depression	293	27.9%
Anxiety Disorders	264	25.1%
Other Diagnoses	38	3.6%
Adjustment/Conduct Disorder/ADHD	315	29.9%
Child Abuse and Neglect	109	10.4%
No Diagnosis or Diagnosis Deferred	12	1.1%
TOTAL	1,052	100.0%

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	4	0.4%
Schizophrenia/Psychosis	1	0.1%
Bipolar Disorders	8	0.8%
Major Depression	99	9.4%
Anxiety Disorders	124	11.8%
Other Diagnoses	72	6.8%
Adjustment/Conduct Disorder/ADHD	114	10.8%
Child Abuse and Neglect	224	21.3%
No Diagnosis or Diagnosis Deferred	404	38.4%
TOTAL	1,052	100.0%

Diagnostic information is displayed in Figures 19 and 20. The most prevalent primary admission diagnoses for CAPIT were Adjustment/Conduct Disorder/ADHD, Anxiety Disorders, and Major Depression. Also, 109 clients received a primary admission DSM IV diagnosis of Child Abuse and Neglect, and 224 clients received this as their secondary admission diagnosis. Figure 21 shows that about half of the reported substance-using clients were involved with marijuana.



Figure 21

**CHILD ABUSE EARLY INTERVENTION/
PREVENTION PROGRAM
Admit Substance Abuse**

SUBSTANCE ABUSE	COUNT	PERCENT
Alcohol (30UAL, 30XAL)	3	0.3%
Amphetamines (30XAM, 30UAM)	1	0.1%
Marijuana (30XMJ, 30UMJ)	8	0.8%
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)	2	0.2%
No Substance Abuse (30XNO, 30UNO)	1,007	95.7%
Undetermined	30	2.9%
TOTAL	1,052	100.0%

D-RATE FOSTER FAMILIES

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 evalu-

ate 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 D-Rate Assessment Unit of DMH. Approximately 60-100 D-Rate families are evaluated in this manner each month. A DMH clinical Assessor is then assigned to the D-Rate foster family and carries out an in-depth assessment of the placed child and interviews the foster family. The Assessor completes and summarizes the evaluation within a three-week period and submits it to the DMH Unit. Within a month, the Unit suggests mental health treatment referral options to the foster parent for the D-Rate foster child. If, after completing the assessment, the Assessor has questions about the appropriateness of the placement, the matter is referred to a DCFS/DMH Review Committee. DCFS makes the final determination of the suitability of D-Rate placements.

During FY 03-04, 1,675 D-Rate assessments were carried out by DMH contract Assessors for new D-Rate placements and annually for ongoing D-Rate foster children. Approximately 60% of the D-Rate children are receiving mental health services even before their D-Rate assessment. Another 20% are referred to DMH for treatment as a result of their initial or annual D-Rate assessment. After each assessment is completed, mental health services may be recommended by the D-Rate assessor. These suggestions are then evaluated by a Reviewer who then recommends services as needed. Additional services are also frequently recommended for D-Rate children who are already receiving mental health care.



DMH also provides the Family Community Treatment Program (FCTP), that supplies a list of service-area-specific service provider referrals to the foster parents of more severely emotionally disturbed D-Rate children, who meet FCTP referral criteria and for whom sufficient services are not immediately available.

Figures 22, 23 and 24 present gender, age and ethnicity for D-Rate children assessed by DMH. Figure 25 indicates that most were referred by DCFS.

Figure 22
D-RATE ASSESSMENT UNIT
Gender

GENDER	COUNT	PERCENT
Male	972	58%
Female	703	42%
TOTAL	1,675	100.0%

Figure 23
D-RATE ASSESSMENT UNIT
Age (Group)

AGE (GROUP)	COUNT	PERCENT
0-5	75	4.5%
6-11	486	29.0%
12-17	1,049	62.6%
18-20	65	3.9%
TOTAL	1,675	100.0%

Figure 24
D-RATE ASSESSMENT UNIT
Ethnicity

ETHNICITY	COUNT	PERCENT
Caucasian	412	24.6%
African American	750	44.8%
Hispanic	454	27.1%
American Native	7	0.4%
Asian/ Pacific Islander	26	1.6%
Other	6	0.4%
Unknown	20	1.2%
TOTAL	1,675	100.0%

Figure 25
D-RATE ASSESSMENT UNIT
Responsible Agency

RESPONSIBLE AGENCY	COUNT	PERCENT
DCFS	733	43.8%
Probation	56	3.3%
DCFS and School Dist	12	0.7%
Probation and School District	5	0.3%
School District (SEP Eligible)	373	22.3%
School District (Non-SEP Eligible)	9	0.5%
No Data	487	29.1%
TOTAL	1,675	100.0%

Diagnoses for the assessed D-Rate clients are contained in Figures 26 and 27. Adjustment/Conduct Disorder/ADHD, Major Depression, Bipolar Disorders and Anxiety Disorders were the most common admission diagnoses for these D-Rate foster children. There were 16 D-Rate children who received a secondary diagnosis of Child Abuse and Neglect. One hundred eighty one D-Rate foster children exhibited a substance use issue at admission (Figure 28). Marijuana was the most frequently reported substance.



Figure 26

D-RATE ASSESSMENT UNIT Primary DSM Diagnosis		
DIAGNOSIS	COUNT	PERCENT
Drug Induced Disorders or Dependence	2	0.1%
Disorders Due to Medical Condition	4	0.2%
Schizophrenia/ Psychosis	69	4.1%
Bipolar Disorders	188	11.2%
Major Depression	381	22.7%
Anxiety Disorders	110	6.6%
Other Diagnoses	68	4.1%
Adjustment/Conduct Disorder/ADHD	822	49.1%
Child Abuse and Neglect	0	0.0%
No Diagnosis or Diagnosis Deferred	31	1.9%
TOTAL	1,675	100.0%

Figure 27

D-RATE ASSESSMENT UNIT Secondary DSM Diagnosis		
DIAGNOSIS	COUNT	PERCENT
Drug induced Disorders or Dependence	10	0.6%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	15	0.9%
Bipolar Disorders	21	1.3%
Major Depression	103	6.1%
Anxiety Disorders	49	2.9%
Other Diagnoses	203	12.1%
Adjustment/Conduct Disorder/ADHD	336	20.1%
Child Abuse and Neglect	16	1.0%
No Diagnosis or Diagnosis Deferred	922	55.0%
TOTAL	1,675	100.0%

Figure 28

D-RATE ASSESSMENT UNIT Admit Substance Abuse		
SUBSTANCE ABUSE	COUNT	PERCENT
Alcohol (30UAL, 30XAL)	23	1.4%
Amphetamines (30XAM, 30UAM)	4	0.2%
Marijuana (30XMJ, 30UMJ)	100	6.0%
Cocaine (30XCO, 30UCO)	1	0.1%
Hallucinogens (30XHA, 30UHA)	2	0.1%
Inhalants (30XIN, 30UIN)	2	0.1%
Sedatives and Opioids (30UXSO, 30USO)	0	0.0%
Polysubstance Abuse (30XPS, 30UPS)	49	2.9%
No Substance Abuse (30XNO, 30UNO)	1,426	85.1%
Undetermined	68	4.1%
TOTAL	1,675	100.0%

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, though 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 is a service delivery model and partnership approach for providing intense and specialized assessment and case management services to prevent dependent youth from entering the juvenile justice system and/or reduce further escalation 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 potential and become productive adults.

There are four START units, one in Pasadena (START-East), the second in Los Angeles (START-West/Metro North), the third in Torrance (START-South), and the fourth in Santa Clarita (START North). These sites are open to any Los Angeles County youth at risk of entry into the criminal justice system. START primarily serves youth who are Dependents of the Court (WIC 300) but also serves children under the supervision of the probation system (WIC 600), as well as children dually supervised by both systems (WIC 300/600). START does not serve children under the sole supervision of the probation system (WIC 600). 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 may be Court-ordered referrals. Clients referred to START were either on informal probation or had been on probation in the past, and were experiencing increases in behavior problems and/or delinquency. Although not the specific referral criteria, school and psychological problems were usually concurrent issues. Functional impairment resulting from a mental disorder is a requirement for START services. Typically, the psychological problem is one of the disruptive

behavior disorders

During FY 03-04, each START unit had a Senior Community Mental Health Psychologist, a Supervising Children's Social Worker, a Probation Officer and an Educational Liaison. Other START-East staff consisted of 3 DCFS CSWs and 2 Clinical Psychologists. START-West/Metro North staff included 5 DCFS CSWs and 2 Clinical Psychologists. Start-South had 3 DCFS CSWs and 2 Clinical Psychologists. START North had a DCFS CSW and one Clinical Psychologist.

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 liaisons visit the schools, guide the choice of school/program, obtain attendance records, and grade reports; ensure that IEPs are established when children require special education services, request tutoring and assist in designing behavioral plans and after-school activities. For children who were on informal probation, the Probation Officer monitors compliance with conditions of probation, and 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 behavioral/delinquency problems. The START referral form outlines criteria for admission to the program 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 juvenile justice system. START provides some direct service along with intensive case management (typically solution-focused counseling, encouragement, and education). Strength-based



psychological services for START clients are provided in collaboration with DMH.

During FY 03-04, the START program served 251 clients. Figures 29, 30, 31, and 32 describe their gender, age, race/ethnicity and Agency of Primary Responsibility. DCFS was the main referring agency for this program, followed by Probation.

Figure 29

**START PROGRAM
Gender**

GENDER	COUNT	PERCENT
Male	182	72.5%
Female	69	27.5%
TOTAL	251	100.0%

Figure 30

**START PROGRAM
Age (Group)**

AGE (GROUP)	COUNT	PERCENT
0-5	0	0.0%
6-11	1	0.4%
12-17	209	83.3%
18-20	41	16.3%
TOTAL	251	100.0%

Figure 31

**START PROGRAM
Age (Group)**

ETHNICITY	COUNT	PERCENT
Caucasian	17	6.8%
African American	133	53.0%
Hispanic	69	27.5%
American Native	0	0.0%
Asian/ Pacific Islander	3	1.2%
Other	1	0.4%
Unknown	28	11.2%
TOTAL	251	100.0%

Figure 32

**START PROGRAM
Responsible Agency**

RESPONSIBLE AGENCY	COUNT	PERCENT
DCFS	86	34.3%
Probation	43	17.1%
DCFS and School Dist	22	8.8%
Probation and School District	0	0.0%
School District (SEP Eligible)	3	1.2%
School District (Non-SEP Eligible)	2	0.8%
No Data	95	37.8%
TOTAL	251	100.0%

The psychiatric diagnoses for the START clients are displayed in Figures 33 and 34. The most prevalent primary admission diagnoses were Adjustment/Conduct Disorder/ADHD, Major Depression and Anxiety Disorders. A primary or secondary diagnosis of Child Abuse and Neglect characterized 9 clients.

Figure 33

**START PROGRAM
Primary DSM Diagnosis**

DIAGNOSIS	COUNT	PERCENT
Drug Induced Disorders or Dependence	1	0.4%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	0	0.0%
Bipolar Disorders	3	1.2%
Major Depression	44	17.5%
Anxiety Disorders	15	6.0%
Other Diagnoses	5	2.0%
Adjustment/Conduct Disorder/ADHD	165	65.7%
Child Abuse and Neglect	1	0.4%
No Diagnosis or Diagnosis Deferred	17	6.8%
TOTAL	251	100.0%



Figure 34
START PROGRAM
Secondary DSM Diagnosis

DIAGNOSIS	COUNT	PERCENT
Drug induced Disorders or Dependence	8	3.2%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	0	0.0%
Bipolar Disorders	3	1.2%
Major Depression	24	9.6%
Anxiety Disorders	9	3.6%
Other Diagnoses	6	2.4%
Adjustment/Conduct Disorder/ADHD	32	12.7%
Child Abuse and Neglect	8	3.2%
No Diagnosis or Diagnosis Deferred	161	64.1%
TOTAL	251	100.0%

Figure 35
START PROGRAM
Admit Substance Abuse

SUBSTANCE ABUSE	COUNT	PERCENT
Alcohol (30UAL, 30XAL)	6	2.4%
Amphetamines (30XAM, 30UAM)	2	0.8%
Marijuana (30XMJ, 30UMJ)	64	25.5%
Cocaine (30XCO, 30UCO)	0	0.0%
Hallucinogens (30XHA, 30UHA)	0	0.0%
Inhalants (30XIN, 30UIN)	0	0.0%
Sedatives and Opioids (30UXSO, 30USO)	1	0.4%
Polysubstance Abuse (30XPS, 30UPS)	16	6.4%
No Substance Abuse (30XNO, 30UNO)	117	46.6%
Undetermined	45	17.9%
TOTAL	251	100.0%

Substance use was reported for 89 (35%) of the START clients (Figure 35). Marijuana use was identified for 72% of the substance using clients.

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 three Criminal Justice students during the FY 03-04 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.

JCMHS continues its involvement in the pilot juvenile mental health court, supported by Schiff-Cardenas funding. Two psychologists from DMH participate daily in the delinquency cases managed by that court.

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 03-04, 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 continues to monitor the authorizations for the administration of psychotropic medication to children under court jurisdiction. JCMHS reviews all requests for such authorization in order to facilitate and optimize communication of relevant clinical information between physicians and judges. During FY 03-04, approximately 14,000 requests for authorization were reviewed. Of these, about 70% were received from DCFS for dependent children and 30% for delinquents under the jurisdiction of Juvenile Court. More than 90% percent 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. JCMHS regularly participates in the training and orientation of newly appointed bench officers, with a special emphasis on psychotropic medication. Also, in FY 03-04, 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, Central and Los Padrinos) 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. Each year, approximately 12,000 youth are screened at the three County juvenile halls. Of those, about 25-30% (3,600) require a full assessment and have a clinical case 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 03-04, screening followed by mental health treatment was provided to 726 Barry Nidorf Juvenile Hall clients, 1,645 Los Padrinos Juvenile Hall clients, and 1,169 Central Juvenile Hall clients.

For the three juvenile halls combined, there were 12,493 unduplicated MHU clients who received mental health screening, assessment or treatment during FY 03-04. Figures 36, 37 and 38 summarize their gender, age and ethnicity. The large majority of the clients were Probation referrals, with smaller proportions referred by DCFS and Education (Figure 39).

Figure 36
JUVENILE HALL CLUSTER
(Barry Nidorf, Central, Los Padrinos)
Gender

GENDER	COUNT	PERCENT
Male	10,152	81.3%
Female	2,341	18.7%
TOTAL	12,493	100.0%

Figure 37
JUVENILE HALL CLUSTER
(Barry Nidorf, Central, Los Padrinos)
Age (Group)

AGE (GROUP)	COUNT	PERCENT
0-5	0	0.0%
6-11	31	0.2%
12-17	9,650	77.2%
18-20	2,812	22.5%
TOTAL	12,493	100.0%



Figure 38

**JUVENILE HALL CLUSTER
(Barry Nidorf, Central, Los Padrinos)
Ethnicity**

ETHNICITY	COUNT	PERCENT
Caucasian	843	6.7
African American	3,265	26.1
Hispanic	5,134	41.1
American Native	36	0.3
Asian/ Pacific Islander	175	1.4
Other	80	0.6
Unknown	2,960	23.7
TOTAL	12,493	100.0%

Figure 39

**JUVENILE HALL CLUSTER
(Barry Nidorf, Central, Los Padrinos)
Responsible Agency**

RESPONSIBLE AGENCY	COUNT	PERCENT
DCFS	517	4.1%
Probation	8,688	69.5%
DCFS and School Dist	107	0.9%
Probation and School District	132	1.1%
School District (SEP Eligible)	125	1.0%
School District (Non-SEP Eligible)	41	0.3%
No Data	2,883	23.1%
TOTAL	12,493	100.0%

Figure 40 indicates that, for the Juvenile Hall cluster, the most prevalent primary 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 1039 clients (8.3%) with a primary or secondary DSM diagnosis of Drug Induced Disorders or Dependence. Combining primary and secondary admission diagnoses revealed that there were 38 clients diagnosed with Child Abuse and Neglect (Figure 41).

Figure 40

**JUVENILE HALL CLUSTER
(Barry Nidorf, Central, Los Padrinos)
Primary DSM Diagnosis**

DIAGNOSIS	COUNT	PERCENT
Drug Induced Disorders or Dependence	342	2.7%
Disorders Due to Medical Condition	3	0.0%
Schizophrenia/Psychosis	91	0.7%
Bipolar Disorders	501	4.0%
Major Depression	1,964	15.7%
Anxiety Disorders	1,462	11.7%
Other Diagnoses	1,627	13.0%
Adjustment/Conduct Disorder/ADHD	4,647	37.2%
Child Abuse and Neglect	16	0.1%
No Diagnosis or Diagnosis Deferred	1,840	14.7%
TOTAL	12,493	100.0%

Figure 41

**JUVENILE HALL CLUSTER
(Barry Nidorf, Central, Los Padrinos)
Secondary DSM Diagnosis**

DIAGNOSIS	COUNT	PERCENT
Drug induced Disorders or Dependence	697	5.6%
Disorders Due to Medical Condition	1	0.0%
Schizophrenia/Psychosis	24	0.2%
Bipolar Disorders	61	0.5%
Major Depression	219	1.8%
Anxiety Disorders	90	0.7%
Other Diagnoses	83	0.7%
Adjustment/Conduct Disorder/ADHD	410	3.3%
Child Abuse and Neglect	22	0.2%
No Diagnosis or Diagnosis Deferred	10,886	87.1%
TOTAL	12,493	100.0%



Figure 42

**JUVENILE HALL CLUSTER
(Barry Nidorf, Central, Los Padrinos)
Admit Substance Abuse**

SUBSTANCE ABUSE	COUNT	PERCENT
Alcohol (30UAL, 30XAL)	140	1.1%
Amphetamines (30XAM, 30UAM)	203	1.6%
Marijuana (30XMJ, 30UMJ)	1,061	8.5%
Cocaine (30XCO, 30UCO)	18	0.1%
Hallucinogens (30XHA, 30UHA)	4	0.0%
Inhalants (30XIN, 30UIN)	1	0.0%
Sedatives and Opioids (30UXSO, 30USO)	0	0.0%
Polysubstance Abuse (30XPS, 30UPS)	588	4.7%
No Substance Abuse (30XNO, 30UNO)	4,550	36.4%
Undetermined	5,928	47.5%
TOTAL	12,493	100.0%

Substance use, was an issue for 16% of the clients served at the three Juvenile Hall MHUs (Figure 42). Marijuana and polysubstance use were most frequently reported, with smaller percentages reported using amphetamines, alcohol, cocaine, hallucinogens or inhalants.

DOROTHY KIRBY CENTER

Dorothy Kirby Center (DKC) is a Probation residential treatment facility located in Los Angeles. 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 a psychiatrist, two licensed psychologists, one LCSW and a recreational therapist. During FY 03-04, an average of 110 children were treated by the MHU each month.

Kirby's MHU is a secure (locked) residential treatment center serving 100 adolescents between the ages of 14-17. The MHU serves up to 160 and receives an average of 30 referrals a month. Its clients ages ranged 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 Medical 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 03-04, the Kirby MHU served 402 adolescents. The 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 43, 44, and 45 present gender, age and ethnicity for the 402 FY 03-04 clients at the Kirby MHU. Most clients were Probation referrals, followed by referrals from DCFS and Education (Figure 46).

Figure 43
DOROTHY KIRBY CENTER
Gender

GENDER	COUNT	PERCENT
Male	254	63.2%
Female	148	36.8%
TOTAL	402	100.0%

Figure 44
DOROTHY KIRBY CENTER
Age (Group)

AGE (GROUP)	COUNT	PERCENT
0-5	0	0.0%
6-11	0	0.0%
12-17	298	74.1%
18-20	104	25.9%
TOTAL	402	100.0%

Figure 45
DOROTHY KIRBY CENTER
Ethnicity

ETHNICITY	COUNT	PERCENT
Caucasian	40	10.0%
African American	149	37.1%
Hispanic	169	42.0%
American Native	1	0.2%
Asian/ Pacific Islander	2	0.5%
Other	3	0.7%
Unknown	38	9.5%
TOTAL	402	100.0%

Figure 46
DOROTHY KIRBY CENTER
Responsible Agency

RESPONSIBLE AGENCY	COUNT	PERCENT
DCFS	14	3.5%
Probation	214	53.2%
DCFS and School Dist	2	0.5%
Probation and School District	1	0.2%
School District (SEP Eligible)	1	0.2%
School District (Non-SEP Eligible)	0	0.0%
No Data	170	42.3%
TOTAL	402	100.0%

Figure 47 shows that the most common primary admission diagnoses at the Kirby MHU were Major Depression, Adjustment/Conduct Disorder/ADHD, Bipolar Disorders, Anxiety Disorders and a smaller proportion with Schizophrenia/Psychosis. Figure 47 and Figure 48 indicate that there were 55 clients (13.7%) with Drug Induced Disorders or Dependence. One client received a secondary admission diagnosis of Child Abuse and Neglect (Figure 48).



Figure 47
DOROTHY KIRBY CENTER
Primary DSM Diagnosis

DIAGNOSIS	COUNT	PERCENT
Drug Induced Disorders or Dependence	4	1.0%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	16	4.0%
Bipolar Disorders	66	16.4%
Major Depression	141	35.1%
Anxiety Disorders	45	11.2%
Other Diagnoses	11	2.7%
Adjustment/Conduct Disorder/ADHD	118	29.4%
Child Abuse and Neglect	0	0.0%
No Diagnosis or Diagnosis Deferred	1	0.2%
TOTAL	402	100.0%

Figure 48
DOROTHY KIRBY CENTER
Secondary DSM Diagnosis

DIAGNOSIS	COUNT	PERCENT
Drug induced Disorders or Dependence	51	12.7%
Disorders Due to Medical Condition	1	0.2%
Schizophrenia/Psychosis	1	0.2%
Bipolar Disorders	1	0.2%
Major Depression	20	5.0%
Anxiety Disorders	13	3.2%
Other Diagnoses	4	1.0%
Adjustment/Conduct Disorders/ADHD	71	17.7%
Child Abuse and Neglect	1	0.2%
No Diagnosis or Diagnosis Deferred	239	59.5%
TOTAL	402	100.0%

Figure 49
DOROTHY KIRBY CENTER
Admit Substance Abuse

SUBSTANCE ABUSE	COUNT	PERCENT
Alcohol	14	3.5%
Amphetamines (30XAM, 30UAM)	35	8.7%
Marijuana (30XMJ, 30UMJ)	79	19.7%
Cocaine (30XCO, 30UCO)	9	2.2%
Hallucinogens (30XHA, 30UHA)	1	0.2%
Inhalants (30XIN, 30UIN)	0	0.0%
Sedatives and Opioids (30UXSO, 30USO)	2	0.5%
Polysubstance Abuse (30XPS, 30UPS)	11	2.7%
No Substance Abuse (30XNO, 30UNO)	243	60.4%
Undetermined	8	2.0%
TOTAL	402	100.0%

Substance use was an issue for 37.6% of the Kirby mental health clients, with marijuana reported most frequently, followed by amphetamines, polysubstances, alcohol, and cocaine (Figure 49).

JUVENILE JUSTICE CAMPS

DMH operates a MHU at Challenger Memorial Youth Center which provides treatment services to its six primary juvenile probation camps (Smith, McNair, Scobee, Resnick, Onizuka, and Jarvis) in Lancaster. 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. The Challenger MHU multidisciplinary treatment team consists of one Supervising Social Worker, one Clinical Psychologist, two Psychiatric Social Workers, and four support personnel. 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.

Referrals are made using a form 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 (SA 1), staffed by an LCSW and a Clinical Psychologist. Munz and Mendenhall are in the Castaic area (SA 2), staffed by an LCSW from Challenger. Camps Holton and Routh are in the San Fernando area (SA 2),

staffed by two part-time Clinical Psychologists. Camps Rockey, Paige, and Afferbaugh are in the San Dimas area (SA 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 (SA 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 03-04, a monthly average of 140 unduplicated clients received psychotropic medications at the six primary Challenger camps. An average of 388 clients received psychotherapy 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 244 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 03-04 by mental health was 163. The average number of children treated each month was 388, not including single service contacts. In FY 03-04, 1,810 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 youth at the camps. Figures 50, 51 and 52 describe their gender, age and ethnicity. Most had Probation as their APR, with additional referrals from DCFS and Education (Figure 53).

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, and Schizophrenia/Psychosis (Figure 54). Eight clients received a primary or secondary DSM diagnosis of Child Abuse and Neglect (Figure 55).

Figure 50
**CHALLENGER YOUTH CENTER/
JUVENILE JUSTICE CAMPS**
Gender

GENDER	COUNT	PERCENT
Male	1,381	76.3%
Female	429	23.7%
TOTAL	1,810	100.0%

Figure 51
**CHALLENGER YOUTH CENTER/
JUVENILE JUSTICE CAMPS**
Age (Group)

AGE (GROUP)	COUNT	PERCENT
0-5	0	0.0%
6-11	0	0.0%
12-17	1,240	68.5%
18-20	570	31.5%
TOTAL	1,810	100.0%

Figure 52
**CHALLENGER YOUTH CENTER/
JUVENILE JUSTICE CAMPS**
Ethnicity

ETHNICITY	COUNT	PERCENT
Caucasian	159	8.8%
African American	662	36.6%
Hispanic	658	36.4%
American Native	4	0.2%
Asian/ Pacific Islander	25	1.4%
Other	14	0.8%
Unknown	288	15.9%
TOTAL	1,810	100.0%

Figure 53
**CHALLENGER YOUTH CENTER/
JUVENILE JUSTICE CAMPS**
Responsible Agency

RESPONSIBLE AGENCY	COUNT	PERCENT
DCFS	64	3.5%
Probation	1,343	74.2%
DCFS and School Dist	3	0.2%
Probation and School District	18	1.0%
School District (SEP Eligible)	6	0.3%
School District (Non-SEP Eligible)	2	0.1%
No Data	374	20.7%
TOTAL	1,810	100.0%



For the 2.2% of clients with reported substance use, marijuana was most common, followed by polysubstance use, amphetamines, alcohol, cocaine and hallucinogens (Figure 56).

Figure 54
**CHALLENGER YOUTH CENTER/
JUVENILE JUSTICE CAMPS**
Primary DSM Diagnosis

DIAGNOSIS	COUNT	PERCENT
Drug Induced Disorders or Dependence	26	1.4%
Disorders Due to Medical Condition	2	0.1%
Schizophrenia/Psychosis	27	1.5%
Bipolar Disorders	125	6.9%
Major Depression	693	38.3%
Anxiety Disorders	195	10.8%
Other Diagnoses	116	6.4%
Adjustment/Conduct Disorder/ADHD	564	31.2%
Child Abuse and Neglect	0	0.0%
No Diagnosis or Diagnosis Deferred	62	3.4%
TOTAL	1,810	100.0%

Figure 55

**CHALLENGER YOUTH CENTER/
JUVENILE JUSTICE CAMPS**
Secondary DSM Diagnosis

DIAGNOSIS	COUNT	PERCENT
Drug induced Disorders or Dependence	348	19.2%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	7	0.4%
Bipolar Disorders	8	0.4%
Major Depression	57	3.1%
Anxiety Disorders	37	2.0%
Other Diagnoses	27	1.5%
Adjustment/Conduct Disorder/ADHD	270	14.9%
Child Abuse and Neglect	8	0.4%
No Diagnosis or Diagnosis Deferred	1,048	57.9%
TOTAL	1,810	100.0%

Figure 56

**CHALLENGER YOUTH CENTER/
JUVENILE JUSTICE CAMPS**
Admit Substance Abuse

SUBSTANCE ABUSE	COUNT	PERCENT
Alcohol (30UAL, 30XAL)	32	1.8%
Amphetamines (30XAM, 30UAM)	41	2.3%
Marijuana (30XMJ, 30UMJ)	249	13.8%
Cocaine (30XCO, 30UCO)	3	0.2%
Hallucinogens (30XHA, 30UHA)	1	0.1%
Inhalants (30XIN, 30UIN)	0	0.0%
Sedatives and Opioids (30UXSO, 30USO)	0	0.0%
Polysubstance Abuse (30XPS, 30UPS)	71	3.9%
No Substance Abuse (30XNO, 30UNO)	153	8.5%
Undetermined	1,260	69.6%
TOTAL	1,810	100.0%



SELECTED FINDINGS

Department of Mental Health

- During FY 2003-04, The Family Preservation Program treated 955 clients. Family Reunification served 14 outpatient clients. Rate Classification Level-14 (RCL-14) facilities treated 242 and Community Treatment Facilities (CTF) treated 116. The Child Abuse Prevention, Intervention and Treatment (CAPIT) program was offered to 1,052 individuals. DMH D-Rate foster child assessments were completed for 1,675. Start Taking Action Responsibly Today (START) services were given to 251. The three Juvenile Hall Mental Health Units (JMHU) served 12,493. Dorothy Kirby Center provided mental health services to 402. At Challenger Memorial Youth Center and the Juvenile Justice Camps, 1,810 children/youth received mental health services. A total of 19,010 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 12% 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 47% of the RCL-14 referrals and 45% of the CTF referrals.
- Children in D-Rate foster homes assessed and referred to mental health services by the DMH D-Rate Unit made up 9% of the clients considered. Of these, 44% were identified as DCFS referrals.
- Clients in the Mental Health Units of the three juvenile halls made up 66% of the clients considered. Of these, 5% 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 11% of the clients at the programs reviewed. Of these, 4% were identified as DCFS referred.
- Clients in Mental Health Units of the Youth Centers were distributed as follows: 82% in Challenger Youth Center/Juvenile Justice Camps, and 18% in Dorothy Kirby Center.
- In the mental health programs reviewed for FY 03-04, there were 495 children/youth who received a primary or secondary admission DSM diagnosis of Child Abuse and Neglect (CAN). This is a decrease of 44 clients (8%) with this diagnosis compared with clients diagnosed with CAN in the same programs during FY 02-03. The decrease observed in FY 03-04 follows an increase of 12% in FY 02-03 clients diagnosed with CAN compared with FY 01-02.
- The Child Abuse Early Intervention and Prevention Program (CAPIT) served 333 clients diagnosed with CAN. This is the largest number diagnosed with CAN in any of the programs considered. CAPIT treats two thirds of all clients in these programs diagnosed with CAN. The percentage of clients with CAN in the CAPIT program has been increasing over time with: 21% in FY 01-02, 25% in FY 02-03, and 32% in FY 03-04.



- The Family Preservation (FP) Program served 87 clients diagnosed with CAN. This is 18% of all CAN clients 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 has also been increasing with: 3% in FY 01-02, 7% in FY 02-03, and 9% in FY 03-04.
- The Juvenile Hall Mental Health Units served 38 clients diagnosed with CAN. This is 7% of all CAN clients in the programs considered. The percentages of clients with CAN treated at the juvenile hall mental health Units have been less than 1% from FY 01-02 through FY 03-04.

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.

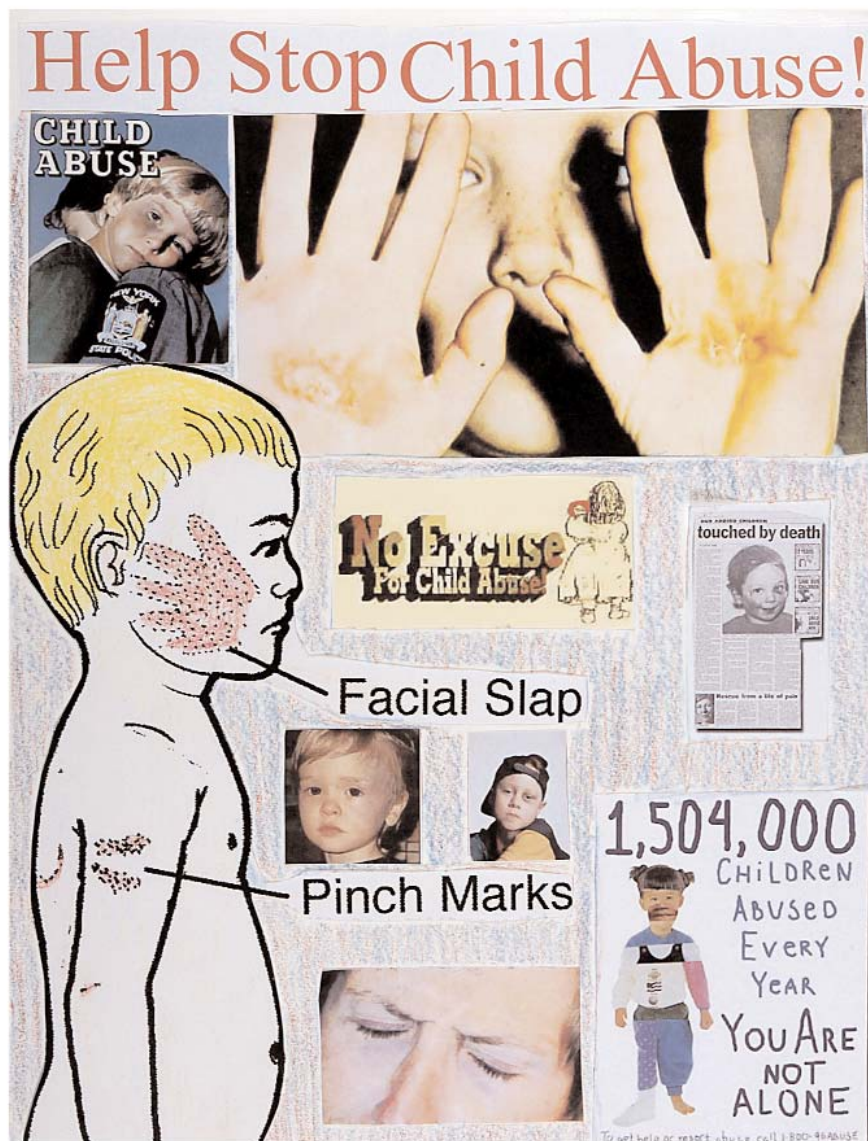
Transitional Services:

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 (by either pleading or being found guilty) of the charges, is acquitted, or has his or her case dismissed. There were 52,967 total case prosecutions completed during Calendar Year 2004 by the Los Angeles City Attorney's Office. Of this number, 1,127 defendants (or 2.12% of the total caseload) had ICAN category offenses of child abuse, neglect, or exploitation alleged against them.

The specialized sections and programs related to children, sponsored by the Los Angeles City Attorney's Office, are described below.

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 charges. The section is comprised of a team of five 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

OPERATION BRIGHT FUTURE

In September 2002, the City Attorney launched Operation Bright Future (OBF), a sixth grade 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 2004-2005 school year, OBF was present in 20 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. is a child abuse prevention program 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 a 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.



KIDWATCH LA

Kidwatch 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. Kidwatch 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.

TASK FORCE ON BEST PRACTICES FOR CHILD ABUSE INVESTIGATIONS

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 for the common goal of identifying *Best Practices: Child Abuse Investigations*. The aim was to ensure that the respective agencies: 1) protect the child victim from further instances of physical, sexual, and emotional abuse and neglect; 2) prevent the abuser from committing future maltreatment through timely, effective criminal investigations; and 3) successfully prosecute the abuser. Participants discussed the problems they face when working together on suspected child abuse cases and identified the best practices for resolving these issues.

Following the Summit, a task force was assembled to develop a best practices protocol for investigating child abuse reported by Los Angeles schools. In addition to the Los Angeles City Attorney's Office, participants include the Los Angeles 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.

The task force is currently finalizing its report on best practices for child abuse investigations and expects to release it in 2005.

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.

PART TWO: PROSECUTION DATA

The information which follows includes data on completed 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 1,127 total child abuse/endangerment prosecution statistics, which are presented for the City Attorney's Office for 2004, 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 - 1,127 CASE PROSECUTIONS WERE COMPLETED IN CALENDAR YEAR 2004.

The 1,127 case prosecutions represented in this report for 2004 is a decrease of 123 cases (or 9.84% less than the 1,250 case prosecutions which took place during 2003). This decrease in prosecutions is attributable to an 18.7% reduction in the number of cases presented to this Office for review by law enforcement agencies. During CY 2003, 2,906 child abuse/neglect cases were presented to the Los Angeles City Attorney's Office for possible criminal filings, while only 2,363 cases were presented during CY 2004.

Between Calendar Years 2003 and 2004, the following changes occurred in ICAN case review outcomes. The filing rate increased by 9.05%, the hearing referral rate decreased by 4.5%, and the rejection rate decreased by 4.56%.

PROSECUTION OUTCOMES:

During CY 2004, 92.37% of this Office's case prosecutions resulted in a conviction, 7.19% of case prosecutions resulted in dismissals, and 0.44% resulted in not guilty verdicts.

Case prosecutions completed by the Los Angeles City Attorney's Office during CY 2004 broke down into the ICAN categories presented below.

SEXUAL ABUSE - 136 Case Prosecutions were completed in Calendar Year 2004.

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

EXPLOITATION - 16 Case Prosecutions were completed in Calendar Year 2004.

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.



PHYSICAL ABUSE - 166 Case Prosecutions were completed in Calendar Year 2004.

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.

SEVERE NEGLECT - 757 Case Prosecutions were completed in Calendar Year 2004.

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.

GENERAL NEGLECT - 52 Case Prosecutions were completed in Calendar Year 2004.

The cases in this category include prosecutions of the following Penal Code offense:

- **P.C. Section 272**
Contributing to the delinquency of a minor

B. HEARINGS

The City Attorney Hearings Program offers an innovative approach intended 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. A successful hearing may prevent subsequent offenses and end the potential for escalation of crimes against children.

There were 789 child abuse/endangerment cases referred to the Los Angeles City Attorney Office Hearing Program in 2004 after review by an attorney for filing consideration. This represents a decrease of 312 cases (or 28.34% less than the 1,101 cases referred to the hearing program during 2003). This also represents a 4.5% decrease in the rate of cases referred to hearing and an increase of 9.05% in the rate of cases filed by this Office.

C. VICTIM WITNESS ASSISTANCE PROGRAM

There were 443 child victims of crime who received services from the City Attorney Victim Assistance Program Service Coordinators during 2004. This is 20 fewer victims (or 4.32% less) than the 463 child victims who received assistance during 2003. Program personnel indicate that their workload is consistent with previous years and that any decrease is due to normal workflow variations which may occur between years.



Figure 1

ICAN CASES RECEIVED FOR FILING CONSIDERATION
Calendar Years 2003 and 2004

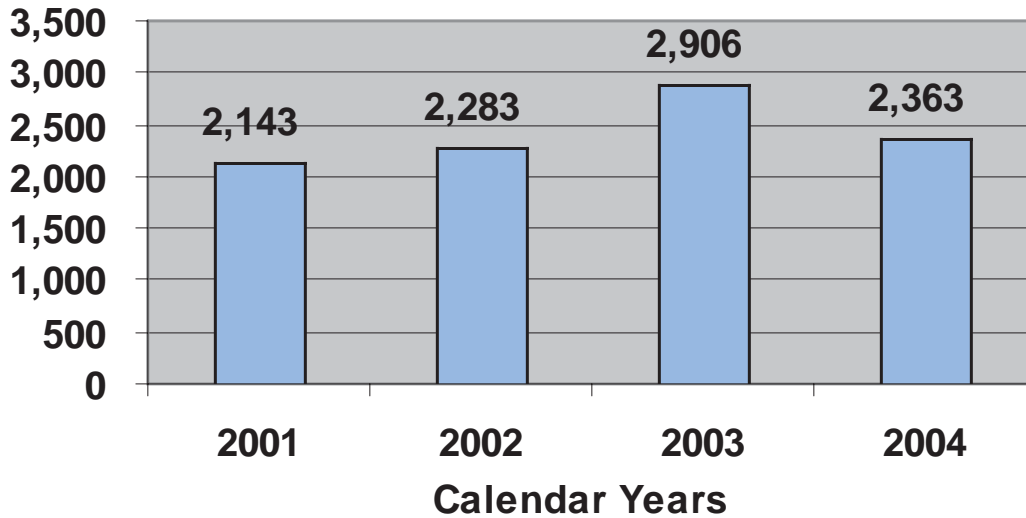


Figure 2

ICAN OFFENSES CASE REVIEW OUTCOMES
Calendar Years 2003 and 2004

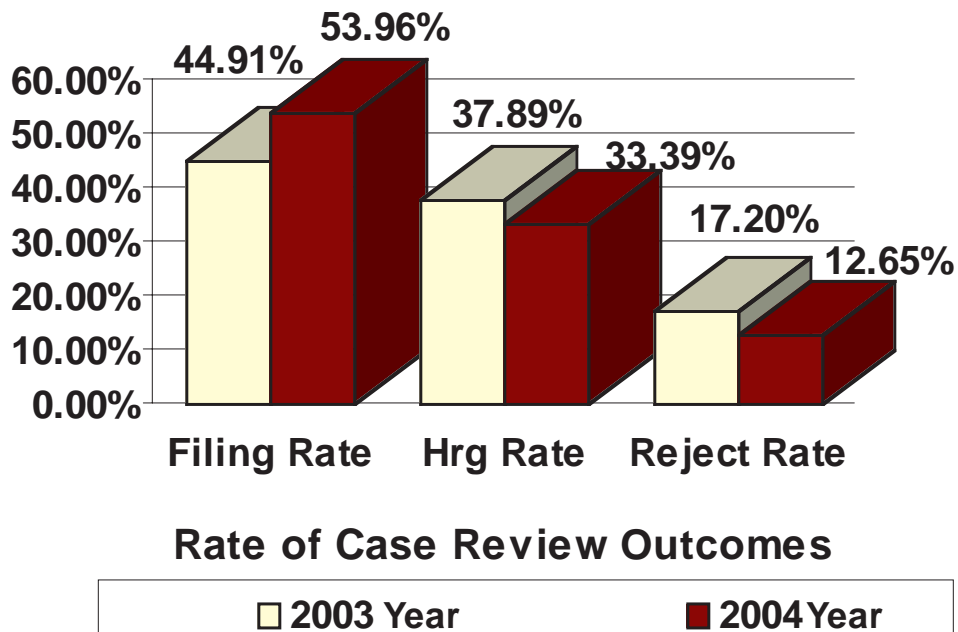




Figure 3

ICAN OFFENSES CASE PROSECUTION OUTCOMES-

Calendar Years 2001-2004

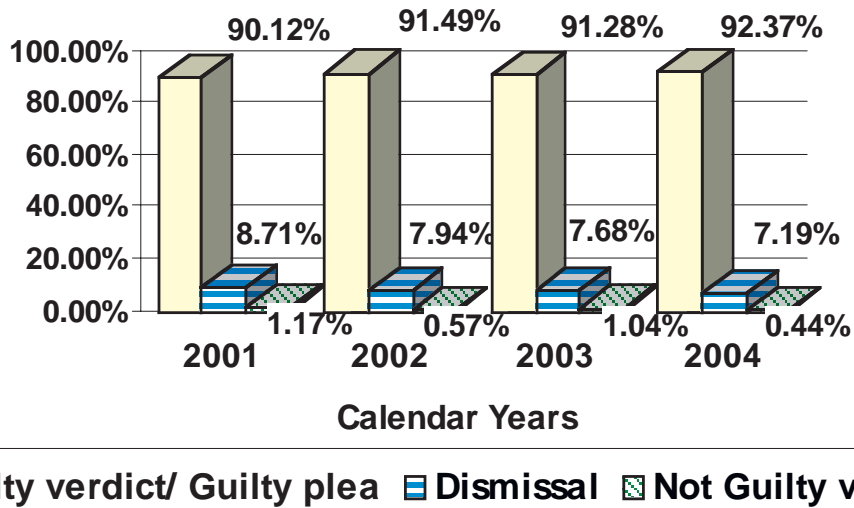
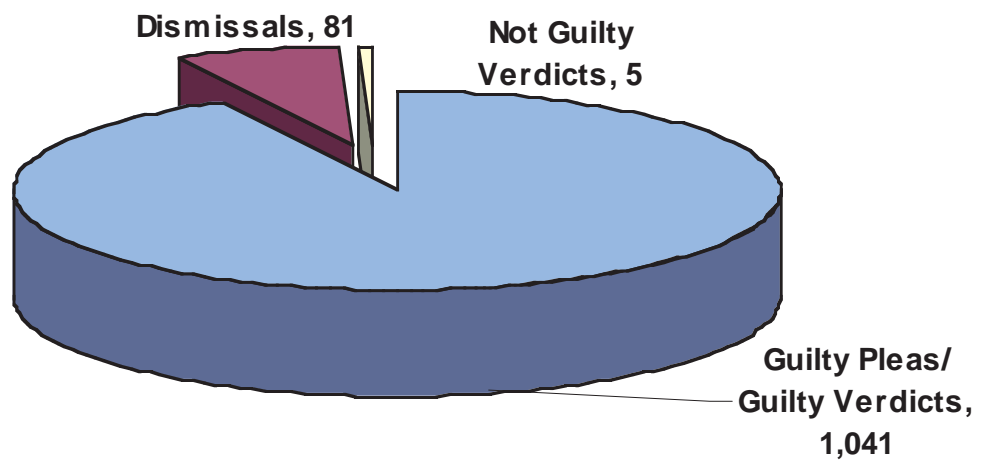


Figure 4

DISPOSITIONS - ALL ICAN CASES

Calendar Year 2004

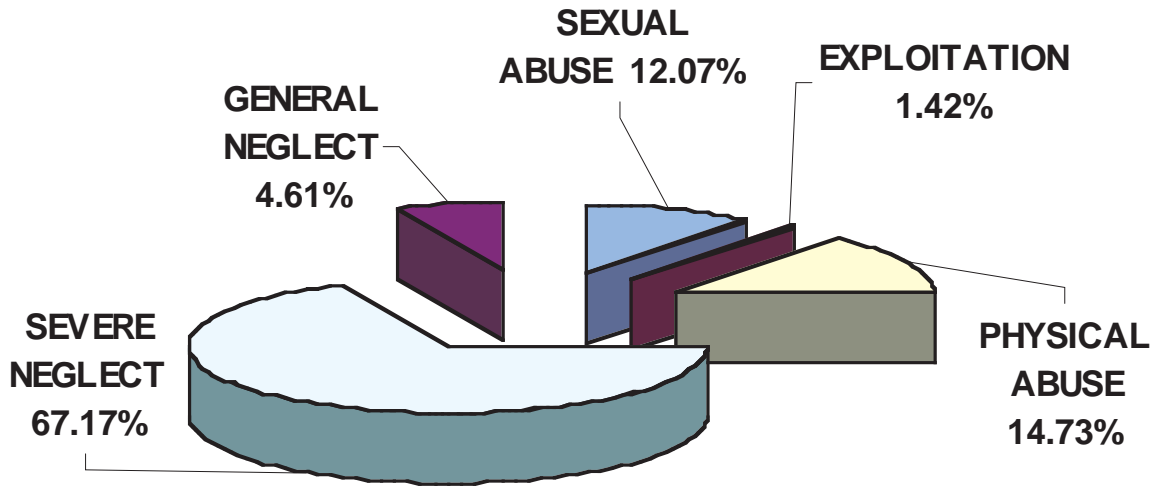


■ Guilty Pleas/ Guilty Verdicts ■ Dismissals ■ Not Guilty Verdicts



Figure 5

**TOTAL CHILD ABUSE/ NEGLECT CASE PROSECUTIONS -
Breakdown by ICAN Category CY 2004**





PART THREE: GLOSSARY OF TERMS

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.

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.

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.

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.

PART FOUR: SIGNIFICANT FINDINGS.

The 1,127 completed case prosecutions represented in this report for 2004 is a decrease of 123 cases (or 9.84% less than the 1,250 case prosecutions which took place during 2003).

PART FIVE: STATUS REPORT ON PROGRESS IN IMPLEMENTING ICAN POLICY COMMITTEE RECOMMENDATION:

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 2004 indicate the following with regard to child abuse counts filed along with domestic violence cases:

Of the 503 domestic violence cases reviewed during Calendar Year 2004 which included child abuse counts, 502 cases were filed. This would show that 11.89% of the 4,228 domestic violence cases filed during 2004 included child abuse counts. The 502 domestic violence/child abuse combination case filings during 2004 represent a 10.82% increase over the 453 cases which were filed during 2003 with both domestic violence and child abuse counts.

**THE CHILD
ADVOCATES OFFICE/
CASA OF LOS ANGELES
AGENCY REPORT**





CASA OF LOS ANGELES

CASA of Los Angeles, formerly known as the Child Advocates Office, is a special volunteer program of the Superior Court. CASA stands for Court Appointed Special Advocates. 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 to. 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 the 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 basic 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 & 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 40 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 that includes the Executive Director, Bryan Borys, Ph.D., the Assistant Director, ten Program Supervisors, one Case Referral File Reviewer, one Recruitment/Training Coordinator, and five full-time and one part-time Program Assistant. The program's main office is located at 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; and,
- following the directions and orders of the Court and providing any other information specifically requested by the Court.

Welfare & 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. While CASA volunteers gather information from many sources, 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. Social workers may request the Court and often do refer a child for appointment of a CASA, either by making the recommendation in a report to the Court or by calling the CASA office to discuss the case with a Program Supervisor. Ultimately, however, 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 old, 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 with the average length of time a CASA volunteer stays on a case being two years, seven months. Prospective volunteers are asked to make an initial commitment of one year to the program, however, approximately 95 percent 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; and, 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 by a qualified, professional Program Supervisor who provides guidance, support and expertise to the CASA volunteer throughout the tenure of the CASA volunteer's appointment on the case. 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

The Specialized Advocacy Unit (SAU) serves children and youth with developmental disabilities, severe emotional disturbances, and/or histories 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. In 2004, the SAU helped 50 children and youth who required highly focused, time-intensive advocacy to meet their overall needs.

Most CASAs are involved in **Educational Advocacy** on behalf of their CASA child, and many CASAs have also been appointed by the Court as the Responsible Adult for Educational Purposes, also known as Surrogate Parents 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 a child's educational needs are being met.

While the major focus of CASA of Los Angeles is its CASA program, wherein

volunteers are appointed to the cases of specific children and have legal responsibility for carrying out the duties described previously, some CASA volunteers help additional children involved in Dependency Court proceedings by volunteering one day a week 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 Calendar Year (CY) 2004, CCA volunteers assisted a total of 10,536 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 Child Advocates, a 501(c)(3) non-profit charitable organization. This partnership has been in effect since 1983. Over the years, contributions to Friends of Child Advocates have allowed the CASA program to grow in order to meet the increasing number of children in foster care who need a CASA volunteer. Friends of Child Advocates is located in the CASA of Los Angeles office at Edelman Children's Court in Monterey Park.



Figure 1

AGE OF CHILDREN APPOINTED A CASA DURING 2004

AGE	TOTAL	PERCENTAGE
0-5	127	20%
6-11	207	33%
12-17	262	42%
18+	22	3%
unknown	11	2%
TOTAL	629	100%

Figure 2

GENDER OF CHILDREN APPOINTED A CASA DURING 2004

GENDER	TOTAL	PERCENTAGE
Male	298	47%
Female	331	53%
TOTAL	629	100%

Figure 3

ETHNICITY OF CHILDREN APPOINTED A CASA DURING 2004

ETHNICITY	TOTAL	PERCENTAGE
African American	251	40%
Arminian	1	0%
Asian	3	0%
Bi-racial	27	4%
Caucasian	120	19%
Ethiopian	1	0%
Hispanic/Latino	170	27%
Native American	4	1%
Other	52	9%
TOTAL	629	100%

ABOUT THE CHILDREN

CASA of Los Angeles collects demographic information only on children specifically assigned a CASA volunteer by the Court. **CASA volunteers served 629 children in this capacity in CY 2004.** (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 Children's Court.)

ABOUT THE VOLUNTEERS

During CY 2004, 330 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 2004

AGE	TOTAL	PERCENTAGE
21-29	23	7%
30-39	35	11%
40-49	65	20%
50-59	90	27%
60 +	117	35%
TOTAL	330	100%



Figure 5

**GENDER OF CASA VOLUNTEERS
DURING 2004**

GENDER	TOTAL	PERCENTAGE
Male	50	15%
Female	280	85%
TOTAL	330	100%

Figure 6

**ETHNICITY OF CASA VOLUNTEERS
DURING 2004**

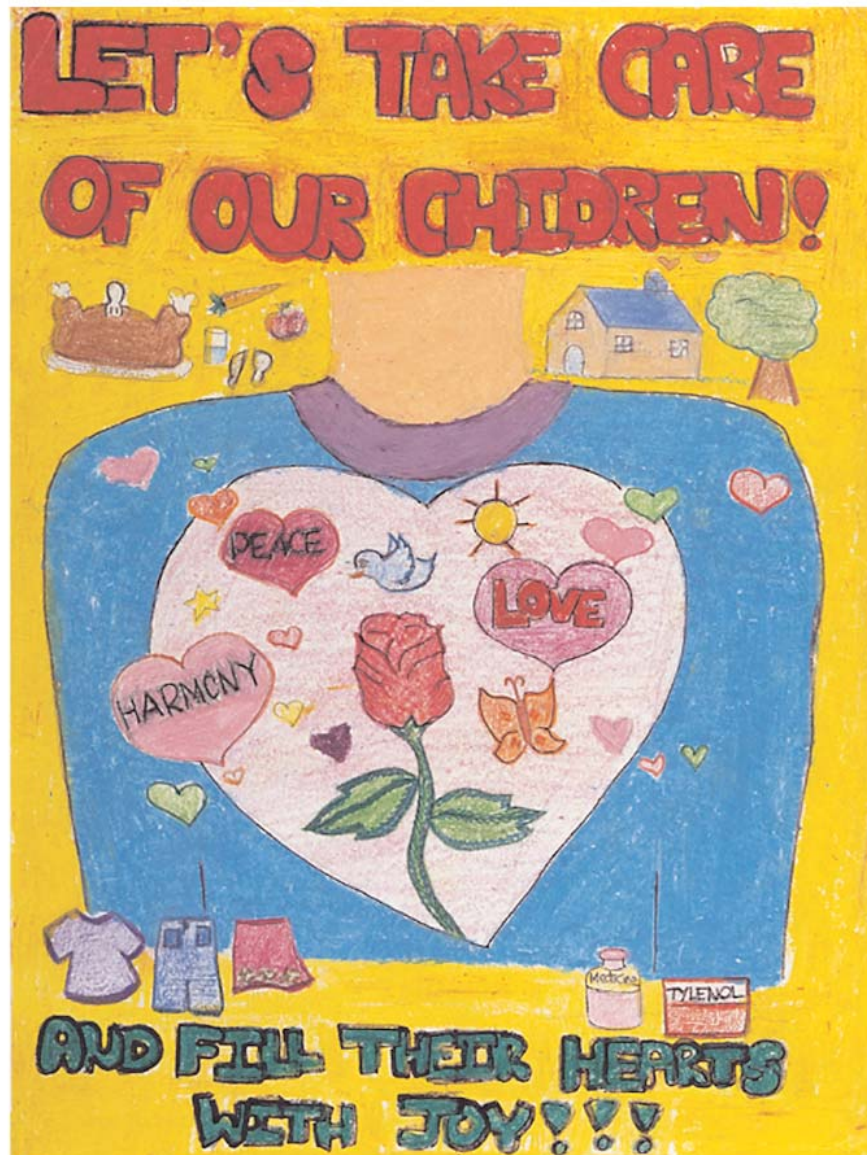
ETHNICITY	TOTAL	PERCENTAGE
African American	36	11%
Asian	7	2%
Caucasian	205	62%
East Indian	1	0%
Latino	24	8%
Other	57	17%
TOTAL	330	100%

Figure 7

**EMPLOYMENT STATUS OF
CASA VOLUNTEERS DURING 2004**

STATUS	TOTAL	PERCENTAGE
Full Time	110	33%
Part Time	32	10%
Retired	72	22%
Self-Employed	1	0%
Student	2	1%
Other	113	34%
TOTAL	330	100%

LOS ANGELES UNIFIED SCHOOL DISTRICT AGENCY REPORT





LOS ANGELES UNIFIED SCHOOL DISTRICT

ICAN DATA ANALYSIS REPORT

The Los Angeles Unified School District ("District") maintains as a support service the Child Abuse Unit which is under the direction of the Office of the General Counsel. The Child Abuse Unit provides support to the entire district. This support includes, but is not limited to, responding to questions, reviewing and making policy decisions, and following up with administration concerning suspected child abuse reports made by District employees.

DATA MAINTENANCE

The District collects and records the following data from all suspected child abuse reports which are filed with the District's Child Abuse Unit:

1. Total number of reports by gender (Figures 1, 2, and 4)
2. Total number of reports by gender and type of abuse - physical, sexual, neglect, emotional (Figures 1, 2, and 4)
3. Total number of reports by type of abuse and ethnicity - Hispanic, Black, Caucasian, Asian (Figures 1, 3, 5, 6, and 7)
4. Total number of reports by type of abuse and school level/category - elementary, middle, high school, children's centers, special education (Figures 2, 3, 4, 6, and 7)

CURRENT YEAR FINDINGS

In the 2004-2005 fiscal year (7-1-04 through 6-30-05), 3,138 reports of suspected child abuse were filed with the District's Child Abuse Unit (Figure 1). However, due to the confidentiality of the child abuse reports, the employees who make the child abuse reports are not mandated to send copies of said reports to the District's Child Abuse Unit. Accordingly, the District's Child Abuse Unit does not receive a copy of all the child abuse reports made by District employees. The District estimates that its employees file approximately 15,000 child abuse reports per year with the various child protective agencies (i.e., DCFS and LAPD).

As to the 3,138 suspected child abuse reports, approximately 57% were for physical maltreatment, 15% were for neglect, 10% were for sexual abuse, 12% were for emotional abuse, and 6% were for other abuses or neglect (Figure 3). There were slightly more reports made for female students than male students. The breakdown by the aforementioned categories demonstrates that males were reported slightly more often for suspected physical abuse, whereas reports of sexual abuse were made more often for females. Suspected child abuse reports of emotional abuse showed a disparity with females being emotionally abused more than males.

An examination of the reports by ethnicity continues to demonstrate that totals are proportional to the ethnic make-up of the District-at-large with Hispanics predominating, followed by Blacks (Figure 1).

The following approximate percentages are the District's student enrollment by ethnicity: Hispanic (72%), Black (12%), Caucasian (9%), Asian (4%), Filipino (2%), Pacific Islander (0.3%), American Indian/Alaska Native (0.3%).



School level or category showed that 57% of the suspected child abuse reports were filed for students enrolled in elementary schools, 22% for middle school students, and 16% for high school students. By comparison, fewer reports were noted for special education and/or students attending children's centers (Figures 2 and 3).

COMPARISON TO PRIOR YEARS

In comparison with prior year data, the total number of suspected child abuse reports which were filed with the District's Child Abuse Unit decreased by 452 reports (13%). By gender, there were 22% fewer reports for males, and a decline of 18% for females. By category of abuse, there was a notable 55% decrease in sexual abuse reports filed. A 22% decline was also noted in the area of physical abuse. Significant increases of 209%, 38%, and 36% respectively were noted in the areas of emotional abuse, "other," and neglect (Figure 3).

A review of the suspected child abuse reports by ethnicity in each of the ethnic categories shows decreases among reports filed with the District's Child Abuse Unit. The exception, however, is the District's Asian students. There was a 14% increase of reports filed on behalf of Asian students (Figure 3).

An analysis of the suspected child abuse reports filed by the various school levels indicated that fewer reports were being filed at the elementary, middle, and high school levels. Specifically, at the elementary school level, there was a decline of 25%. Also, at the middle school level, there was a decline of 15%. Further, at the high school level, there was a decline of 24%. However, there was a significant increase of 64% in the number of reports from children's centers (Figure 3).

The pattern of decline at the elementary, middle and high school levels continued in the area of suspected neglect reports filed where decreases of 20%, 15%, and 22% were noted. Finally, as to these neglect reports, there was a very slight increase in the number of reports filed at children's centers (Figure 5).

Suspected physical abuse for all ethnicities continued to decrease with the exception of Asians, where an increase of 21% was noted. The greatest percentage of decreases occurred for Hispanics (14%) and Blacks (23%). As to these physical abuse reports, there were respective decreases of 15% and 12% at the elementary and middle school levels. However, the special education schools demonstrated an increase of 25% in the number of reports filed with the District's Child Abuse Unit (Figure 5).

Suspected sexual abuse data continues to show a decreasing pattern for all ethnicities except with Asian students. As to school levels, the sexual abuse reports indicated decreases overall with the exception of the middle schools, which had an increase of 13% (Figure 6).

As with all the school level categories, suspected child abuse reports in the area of emotional abuse steadily declined. However, in comparison with previous years, there continued to be a somewhat mixed picture as to decreases or increases across grade levels concerning reports of emotional or "other" abuses (Figure 7).



TREND ANALYSIS

Trend analysis continues to show that distribution of suspected child abuse reports across maltreatment types and school levels is for the most part, consistent with trends noted in prior years. Over the last 15 years, physical abuse reports have generally accounted for approximately 60% of all reports made, while sexual abuse and general neglect combined for approximately 30% (Figure 3).

Changes which occurred in the 2003-04 fiscal year also continued in this 2004-2005 fiscal year. The majority of suspected child abuse reports for all types of maltreatment continue to emanate from elementary schools (Figure 3). Reports of sexual abuse continued to decline with 366 fewer reports filed with the District's Child Abuse Unit (Figure 3). Reports of general neglect, however, increased by 36%. (Figure 3) Finally, the total number of suspected child abuse reports filed with the District's Child Abuse Unit decreased by 13% from 3,590 in 2003-04 to 3,138 in 2004-2005 (Figure 1).

Figure 1

LOS ANGELES UNIFIED SCHOOL DISTRICT FREQUENCIES FOR TYPE OF ABUSE

By Gender, LAUSD Fiscal Year 2004-05

GENDER	PHYSICAL	NEGLECT	SEXUAL	EMOTIONAL	OTHER	TOTAL
Male	908	266	70	154	80	1,478
Female	879	223	229	214	115	1,660
TOTAL	1,787	489	299	368	195	3,138

Figure 1

LOS ANGELES UNIFIED SCHOOL DISTRICT FREQUENCIES FOR TYPE OF ABUSE

By Ethnicity, LAUSD Fiscal Year 2004-05

ETHNICITY	PHYSICAL	NEGLECT	SEXUAL	EMOTIONAL	OTHER	TOTAL
Hispanic	1,209	299	242	263	132	2,145
Black	241	82	28	44	22	417
Caucasian	125	60	19	39	22	265
Asian	29	9	8	5	5	56
Other	47	13	8	7	5	80
TOTAL	1,651	463	305	358	186	2,963

Note: Ethnicity not recorded= 175. *Other includes Native American, Tongan, Armenian, etc.



Figure 2

LOS ANGELES UNIFIED SCHOOL DISTRICT FREQUENCIES FOR TYPE OF ABUSE

By School Level/Category, LAUSD Fiscal Year 2004-05

SCHOOL	PHYSICAL	NEGLECT	SEXUAL	EMOTIONAL	OTHER	TOTAL
Elementary	1,032	303	131	144	99	1,709
Middle	356	87	84	93	60	680
High School	241	58	73	95	36	503
Child Center	18	2	2	3	1	26
*Other	86	22	12	15	8	143
TOTAL	1,733	472	302	350	204	3,061

Note: School category not recorded= 77. *Includes Sp. Ed. charter schools, learning centers, etc.

Figure 3

LOS ANGELES UNIFIED SCHOOL DISTRICT FREQUENCIES FOR TYPE OF ABUSE

By Type of Abuse, Gender, Ethnicity and School Level/Category

TYPE	02-03	%	03-04	%	04-05	%	% DIF.* 03-04 vs. 04-05
Physical	2,738	60%	2,305	64%	1,787	57%	-22%
Neglect	750	17%	360	10%	489	15%	+36%
Sexual	671	15%	665	19%	299	10%	-55%
Emotional	126	3%	119	3%	368	12%	+209%
Other	259	6%	141	4%	195	6%	+38%
TOTAL	4,544	100%	3,590	100%	3,138	100%	-13%

GENDER	02-03	%	03-04	%	04-05	%	% DIF.* 03-04 vs. 04-05
Male	2,222	49%	1,752	49%	1,369	48%	-22%
Female	2,322	51%	1,838	51%	1,507	52%	-18%
TOTAL	4,544	100%	3,590	100%	2,876	100%	-20%

ETHNICITY	02-03	%	03-04	%	04-05	%	% DIF.* 03-04 vs. 04-05
Hispanic	3,034	73%	2,580	75%	1,974	75%	-23%
Black	669	16%	567	16%	371	14%	-35%
Caucasian	355	9%	257	7%	236	9%	-8%
Asian	84	2%	42	1%	48	21%	+14%
TOTAL	4,142	100%	3,446	100%	2,629	100%	-24%



School Level/ Category	02-03	%	03-04	%	04-05	%	% DIF.* 03-04 vs. 04-05
Elementary	2,894	66%	2,091	59%	1,566	57%	-25%
Middle	875	20%	708	20%	599	22%	-15%
High School	518	12%	570	16%	433	16%	-24%
Child Center	79	2%	14	.4%	23	.8%	+64%
Sp. Ed./Other.	30	.7%	147	4%	139	5%	-5%
TOTAL	4,396	100%	3,530	100%	2,760	100%	-22%

Note: * = percentage of increase/decrease

Figure 4

GENDER FREQUENCIES

By Type of Abuse, LAUSD Suspected Abuse Reports

Type	MALES				FEMALE			
	02-03	03-04	04-05	% DIF.* 03-04 vs. 04-05	02-03	03-04	04-05	% DIF.* 03-04 vs. 04-05
Neglect	391	213	266	+25%	359	147	223	+52%
Sexual	183	125	70	-44%	488	540	229	-57%
Emotional	62	73	154	+111%	64	46	214	+365%
Other	128	75	80	+7%	131	66	115	+74%

Figure 5

PHYSICAL ABUSE AND NEGLECT FREQUENCIES

By Ethnicity and School Level/Category

ETHNICITY	PHYSICAL				NEGLECT			
	02-03	03-04	04-05	% DIF.* 03-04 vs. 04-05	02-03	03-04	04-05	% DIF.* 03-04 vs. 04-05
Hispanic	1,785	1,403	1,209	-14%	474	416	299	-28%
Black	391	315	241	-23%	133	98	82	-16%
Caucasian	205	129	125	-3%	82	50	60	+20%
Asian	53	24	29	+21%	18	9	9	0%
*Other			47	+47%			13	+13%

(*See Figure 1)

School Level/ Category	PHYSICAL				NEGLECT			
	02-03	03-04	04-05	% DIF.* 03-04 vs. 04-05	02-03	03-04	04-05	% DIF.* 03-04 vs. 04-05
Elementary	1,672	1,222	1,032	-15%	599	379	303	-20%
Middle	543	407	356	-12%	114	103	87	-15%
High School	286	257	241	-6%	57	74	58	-22%
Child Center	51	9	18	+100%	7	1	2	+100%
*Sp. Ed./Other	12	69	86	+25%	10	28	22	-21%

Note: * = % of increase/decrease



Figure 6

PHYSICAL ABUSE AND NEGLECT FREQUENCIES

By Ethnicity and School Level/Category

SEXUAL ABUSE				
ETHNICITY	02-03	03-04	04-05	% DIF.* 03-04 vs. 04-05
Hispanic	494	272	242	-11%
Black	97	35	28	-20%
Caucasian	46	24	19	-21%
Asian	3	0	8	+800%
*Other			8	NA

(* See Figure 1)

SCHOOL LEVEL/CATEGORY	02-03	03-04	04-05	% DIF.* 03-04 vs. 04-05
Elementary	399	175	131	-25%
Middle	128	74	84	+13%
High School	124	75	73	-3%
Child Center	17	2	2	0%
*Sp. Ed./Other	3	18	12	-33%

(* See Figure 2)

Note: = percentage of increase/decrease

Figure 7

MENTAL ABUSE AND OTHER FREQUENCIES

By Ethnicity and School Level/Category

ETHNICITY	EMOTIONAL ABUSE				OTHER			
	02-03	03-04	04-05	% DIF.* 03-04 vs. 04-05	02-03	03-04	04-05	% DIF.* 03-04 vs. 04-05
Hispanic	86	329	263	-20%	204	160	132	-18%
Black	24	83	44	-47%	33	36	22	-39%
Caucasian	12	36	39	+8%	11	18	22	+22%
Asian	5	6	5	-16%	5	3	5	+67%
*Other			7	NA			5	NA

(* See Figure 1)



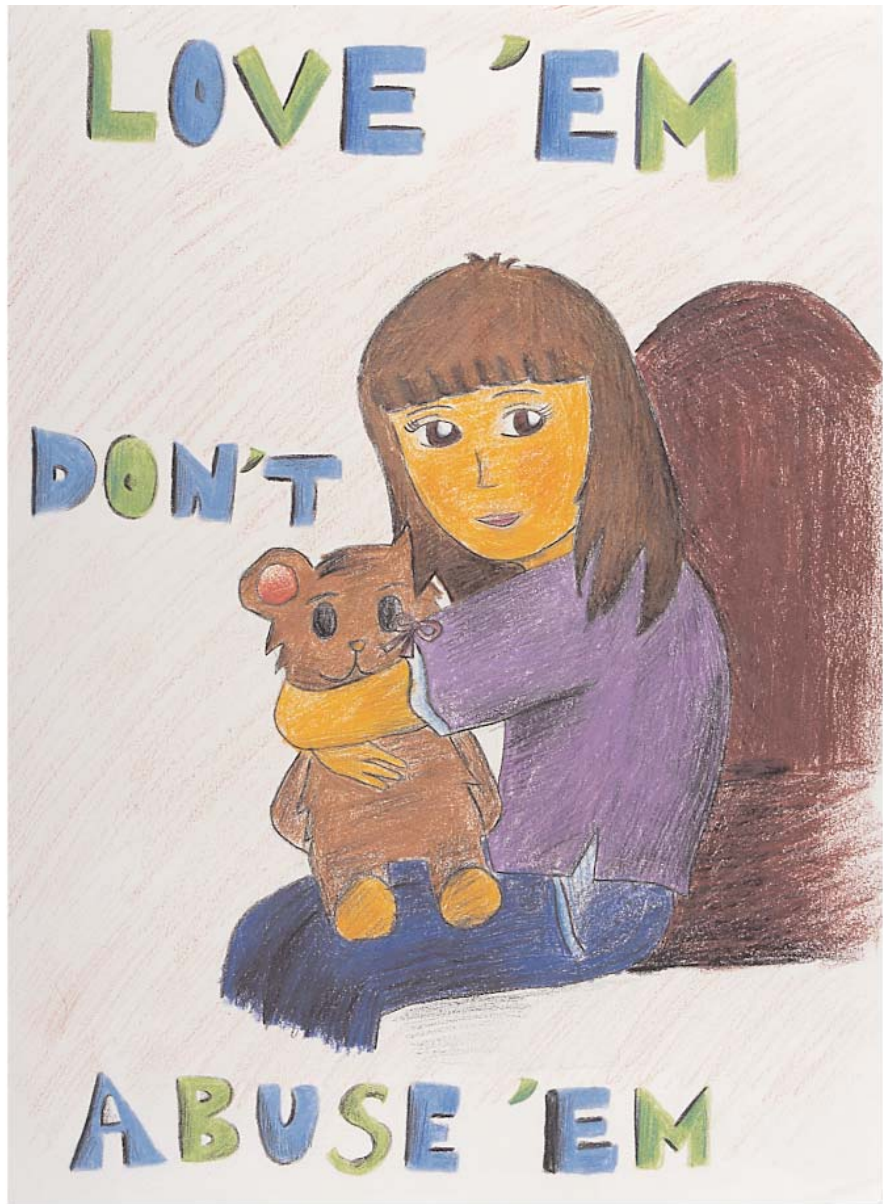
School Level/ Category	02-03	03-04	04-05	% DIF.* 03-04 vs. 04-05	02-03	03-04	04-05	% DIF.* 03-04 vs. 04-05
Elementary	79	201	99	-51%	185	114	99	-13%
Middle	17	120	60	-50%	40	4	60	+1400%
High School	29	119	36	-70%	23	45	36	-20%
Child Center	1	2	1	-50%	3	0	1	+100%
*Sp. Ed/Other	2	23	8	-65%	3	9	8	-11%

(* See Figure 2)

Note: = percentage of increase/decrease

LOS ANGELES COUNTY PUBLIC DEFENDER'S OFFICE

AGENCY REPORT





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 679 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 2004-2005, the Public Defender represented clients in approximately 100,000 felony-related proceedings, 425,000 clients in misdemeanor-related proceedings, and clients in approximately 40,000 juvenile delinquency proceedings in Los Angeles County.

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 and 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.

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 can be imprisoned only if probation is revoked. Assuming that a violation is drug-related, a defendant can 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 can be 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 Public Defender recognizes that effective advocacy can only occur in the context of understanding the unique needs of the individual child appearing before the Juvenile Court. This approach requires an appreciation of the developmental, educational, psychological, and sociological history of each child represented in delinquency court.



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 delin-

quency 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 twelve psychiatric social workers and four resource attorneys. The psychiatric social workers prepare an assessment of a juvenile client to determine the child's special needs, whether developmental, emotional, or psychological. Based on the assessment, an effective and individualized treatment plan is created to address the issues that put youth at risk for delinquent behavior and 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 2004-2005, the Public Defender's Office assisted 91 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 Incentive Block Grant ("JAIBG"), one supervising psychiatric social worker, twelve 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 (services that require more than 90 minutes or extend past the request date) or Brief Services (services that can be performed in 90 minutes or less on the day of the request). The referrals involve a variety of consultation serv-

ices 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 2005, 8,292 children have received project services; in fiscal year 2004-2005 alone, 4,735 services were provided to 1,147 new clients. 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 2004-2005, the Los Angeles County Juvenile Courts have followed the program's recommendations in approximately 82 % 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 psycho-tropic medication;
- (3) children whose age and level of maturity are not compatible with the camp population or programming;
- (4) children with physical disabilities that prevent full participation in camp programs; and
- (5) children about to emancipate from the camp program.

In this component, psychiatric social workers employed by the Public Defender work in cooperation with the Los Angeles County Probation Department to identify and reevaluate

children who were committed to juvenile probation camp, but whose educational and mental health needs would be better met through a less restrictive alternative. The psychiatric social workers assess the child and make an alternative recommendation for placement. Deputy Public Defenders then present the alternative plan to the Juvenile Court. Often, the Post Disposition Program is the first to address issues involving neglect, abuse, abandonment, gang affiliation, education deficits, school failure, the absence of special education services and entitlements, mental health issues and developmental disabilities.

The 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 ninety-five percent (95%) 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.

Of the 825 cases referred to the Post Disposition Program from the date of inception in November 1999 through June 2005, 658 cases have been completed, and 632 of those cases have resulted in a more appropriate/less restrictive setting for the child. Moreover, the rate of referrals into the Post Disposition Program has seen a steady and consistent increase: from January 2004 through June 2005, a total of 292 children were referred into the program.

Recent evaluation of success/recidivism rates for cases from June 2000 when the coordination of the Post Disposition Program was formalized through June 2005 shows promising results. Universally, these minors have not had any significant help in addressing their mental health, emotional or educational issues and deficits. Yet, forty-one percent (41%) 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. An additional nineteen per-

cent (19%) of clients who were assisted in the Post Disposition Program successfully completed probation and placement following the granting of the Welfare and Institutions Code (WIC) §778 petitions, which seek modify or set aside any previous juvenile court order.

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 Defenders 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 edu-



cation 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 confinement as determined pursuant to this section."

The lawyers also pursue relief pursuant to WIC §779, which gives the Juvenile Court discretion to remove clients from DJJ institutions in cases where appropriate services are not being provided. While current law allowed the Juvenile Court to modify or set aside a 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 136 children. In fiscal year 2004-2005, the JMHC program accepted 36 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. JMHC plans to enter into a partnership with the University of California at Los Angeles which will include the first competency training program for minors in the state.

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 solely measured 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 are currently 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. For fiscal year 2004-2005, there were approximately 60 new participants and 33 graduates in the Sylmar pre-adjudication Juvenile Drug Treatment Court. Sylmar's post-adjudication Juvenile Drug Treatment Court saw 80 new admissions and 20 graduates for the same time period. For fiscal year 2004-2005, the Juvenile Drug Treatment Courts in Eastlake admitted 61 new participants, and 26 minors graduated from the programs. The Inglewood Drug Treatment Court admitted approximately 22 new participants in 2005, and approximately eight minors graduated in fiscal year 2004-2005.

APPENDICES

CATEGORIES OF ABUSE	391
DATA/INFORMATION SHARING	
COMMITTEE BIOGRAPHIES	393



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 Head Deputy of the Family Violence Division for the Los Angeles County District Attorney's Office. The Division prosecutes felony domestic violence, spousal sex offenders, felony child abuse and other crimes of violence committed by one family member against another. Prior to this assignment, she was the Head Deputy of 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 infrastruc-

ture 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.

**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 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.

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.

Edie Shulman

Edie 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 experience within the Adoptions Division of the Los Angeles County Department of Children and Family Services.

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 and Family Programs Administration of the Los Angeles County Department of Mental Health. He is involved with the development, implementation and analysis of children's treatment outcome instruments, as well as tracking clients in intensive treatment programs. 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 postdoctoral fellowship in pediatrics at Harbor/UCLA Medical Center.

