

ICAN

Inter-Agency Council on Child Abuse and Neglect

2010

Los Angeles County ❖ ICAN Data/Information Sharing Subcommittee

(626) 455-4585 ❖ Fax (626) 444-4851 ❖ Website: www.ican-ncfr.org



Report Compiled From 2009 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.



vii Policy Committee Members
xi ICAN Operations Committee
xv Data/Information Sharing Committee Members
xix Board of Directors - ICAN Associates
xxiv Los Angeles County Child Abuse Coordination Project Members
xxv Introduction
xxxix ICAN Organizational Summary

SECTION I INTER-AGENCY OVERVIEW

39 Selected Findings • Recommendations
47 Analysis of Inter-Agency Data Collection
53 Independent Police Agency Data
58 Youth Demographics

SECTION II SPECIAL REPORTS

61 ICAN Associates
63 ICAN CHILD ABDUCTION TASK FORCE Reunification of Missing Children Program

SECTION III ICAN AGENCY REPORTS

73 California Department of Justice
81 The Child Advocates Office/CASA of Los Angeles
89 Los Angeles County Office of Education
105 Los Angeles Police Department
117 Office of City Attorney, Los Angeles
129 Office of County Counsel for Los Angeles
141 Superior Court of California, County of Los Angeles

COUNTY OF LOS ANGELES

153 Department of Children and Family Services
191 Department of Coroner
207 Department of Mental Health
241 Department of Public Health
265 Department of Public Social Services
289 District Attorney's Office
353 Probation Department
391 Public Defender's Office
419 Public Library
423 Sheriff's Department

APPENDICES

439 Categories of Abuse
441 Data/Information Sharing Committee Biographies



2010 ICAN REPORT

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2010 ICAN REPORT

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



The Los Angeles Community Child Abuse Councils consist of 12 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 12 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 Office of Child Abuse Prevention (OCAP) to provide services to benefit the 12 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 Monika McCoy , at (818) 790-9448 or visit our website at lchildabusecouncils.org.



Coordination Project Director

Monika McCoy (818) 790-9448

**Community Child Abuse Councils
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Elvia Torres (626) 442-1400

Long Beach End Abuse

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Child Abuse Council**

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2010 ICAN REPORT

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 2009, or 2008/2009 for some agencies. The report includes some information about programs, but is intended primarily to provide visibility to data about child abuse and neglect 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 Data/Information Sharing 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.

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

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



2010 ICAN REPORT

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.

Thirty-two County, City, State and Federal agency heads are members of the ICAN Policy Committee, along with UCLA, three private sector members appointed by the Board of Supervisors. 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 sub-committees. Twelve 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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on Child Abuse & Neglect**

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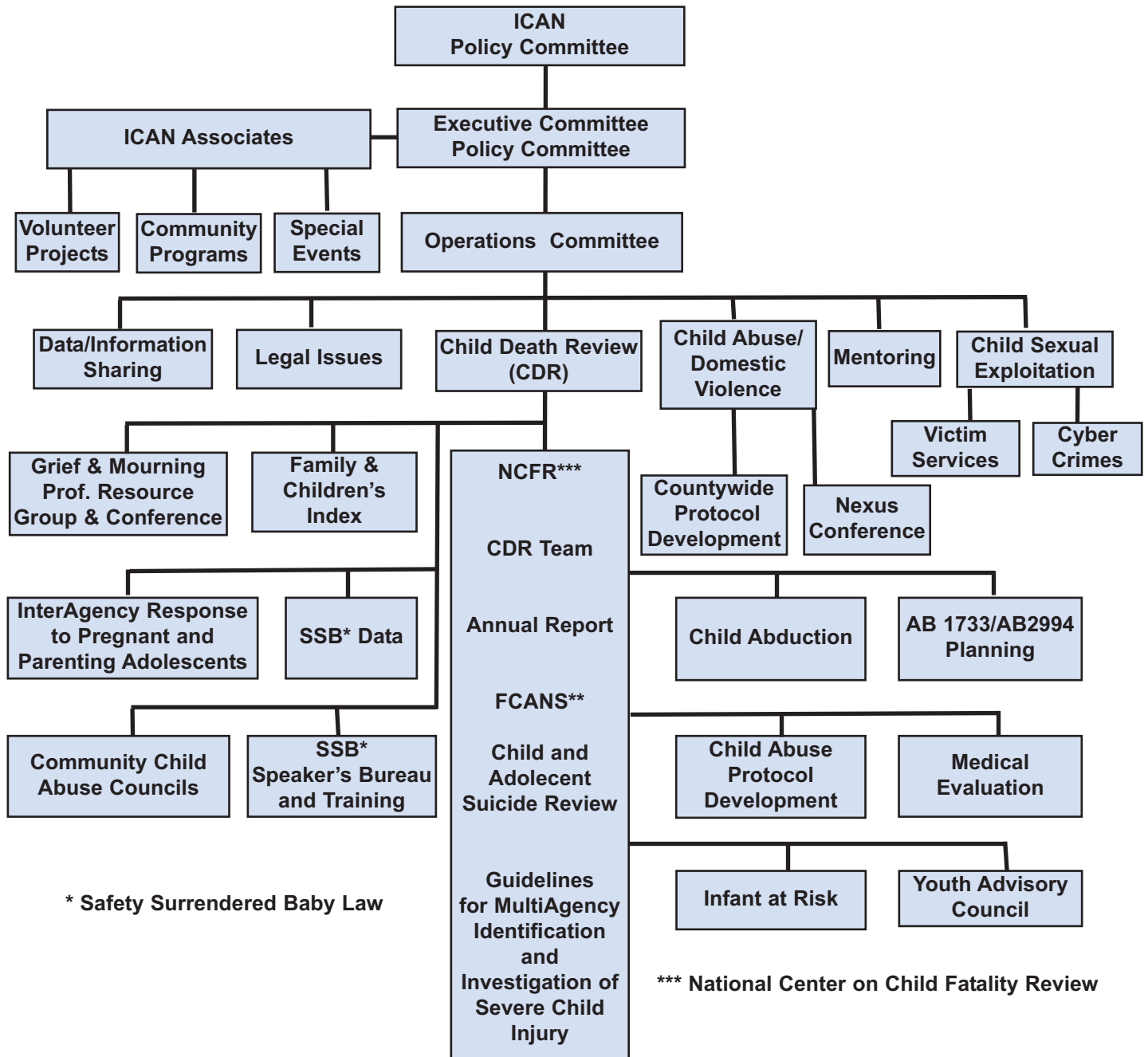
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Inter-Agency Council on Child Abuse and Neglect (ICAN)



* Safety Surrendered Baby Law

*** National Center on Child Fatality Review

** FCANS - Fatal Child Abuse and Neglect Surveillance



POLICY COMMITTEE

Twenty-seven Department heads, UCLA, five Board appointees and an ICAN youth representative. 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 the 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 12 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).

GRIEF AND MOURNING PROFESSIONAL RESOURCE GROUP AND CONFERENCE

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).

INFANTS AT RISK

Works with hospitals regarding reporting of infants at risk of abuse/neglect due to perinatal substance exposure and is developing a tracking system to assist in coordination of services systems for neonates reported to DCFS.

MULTI-AGENCY IDENTIFICATION AND INVESTIGATION OF SEVERE AND FATAL CHILD INJURY

With the support of a grant from the Office of Emergency Services (OES), ICAN is working to update the L.A. County SCAN team registers, collect existing SCAN and Child Death Review protocols, survey literature for trends and standards, search for data systems that may assist in information sharing among agencies, develop a Best Practices Protocol for Los Angeles County, build a network structure for agencies, facilitate local and statewide training and extend work to a statewide network and protocol,

SAFELY SURRENDERED BABY LAW

Responsible for notifying the Board of Supervisors, Chief Administrative Office and others of safe surrenders and abandonment's, as well as collecting and analyzing data on these cases and preparing an annual written report to the Board of Supervisors. ICAN maintains a Speakers' Bureau, which has trained nearly a thousand individuals in the public and private sectors. ICAN also is responsible for updating and revising the countywide training curriculum to be utilized by County Departments and participates in the County's Public Information campaign.



SECTION I INTER-AGENCY OVERVIEW

- 39 Selected Findings**
- 45 Recommendations**
- 47 Analysis of Inter-Agency Data Collection**
- 53 Independent Police Agency Data**
- 58 Youth Demographics**



SELECTED FINDINGS

CALIFORNIA DEPARTMENT OF JUSTICE

- During 2009, reporting agencies submitted 18,207 reports to the DOJ for entry into the CACI (See Figure 1).
- Physical abuse is the most prevalent type of abuse reported (8,240) and represents 45.26% of the total reports entered into CACI. The other types of abuse reported are as follows: sexual 5,186 or 28.48%; mental 3,740 or 20.54%; and neglect 1,041 or 5.72%.
- Of the 18,207 child abuse reports submitted by child protection and law enforcement agencies, 50 (.27%) identified the death of a child. The actual number of child deaths statewide equals 54. Los Angeles County submitted 13 (.07%) child abuse reports identifying child deaths. (See Figure 2).
- Los Angeles County submitted 5,474 reports, the largest number of reports, which represented approximately 30.07% of the state's total. Of these 5,474 reports, 2,420 (13.29%) consisted of physical abuse; 1,859 (10.21%) sexual abuse; 1,079 (5.93%) mental abuse; 116; and (.64%) severe neglect.
- From 2005 to 2009, the total number of reports of child abuse entered into the CACI which includes the categories of physical abuse, mental, severe neglect, and sexual abuse decreased 21.84% from 23,296 to 18,207.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES

- The number of filings remained essentially the same in 2009.
- New WIC §300 petitions constituted 52% of total filings in 2008.

- In 2009, 10,725 children entered the Dependency system as a result of new petitions being filed, and 11,846 children exited the system.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Children in Out-of-Home Placement reflect a 5.4% decrease from 16,710 at the end of CY 2008 to 15,816 at the end of CY 2009. This decrease continues to be in line with a major DCFS goal in reducing the number of children/youth in out-of-home care. A related goal to reducing the total number of children in out-of-home care is to reduce the number of children/youth in group care. Group Home child population which accounted for 5.9% of the total children in out-of-home care at the end of CY 2008 is down to 5.7% at the end of CY 2009.

Children in Relative/Non-Relative Extended Family Member (Relative/NREFM) Home continue to represent the largest child population in the out-of-home placement caseload. These children account for 47.6% of the total children in out-of-home placements at the end of CY 2009.

Despite the overall decrease of children in out-of-home care, the number of children in Foster Family Agency Certified Home reflects a 3.9% increase, from 5,795 at the end of CY 2008 to 6,022 at the end of CY 2009. This population accounts for 38.1% of the total children in the out-of-home placement caseload at the end of CY 2009, up from 34.7% at the end of CY 2008.

As of December 2009, the P3 program has provided services to 3,627 youth, approximately, 38% (1,360) of the youth now have a legally permanent plan identified or established. A total of 275 youth have returned home to a parent and had their child welfare case closed, 87 youth have returned home and continue to have their case supervised by DCFS and 56 are moving towards reunification with a parent.



In addition, 90 youth have been adopted, 18 youth are in adoptive placements and 279 youth who were previously opposed to adoption are now involved in adoption planning. Finally, 98 youth have had a legal guardian appointed and their cases closed through KinGAP, 101 youth were in legal guardianship prior to their case closing due to emancipation, 160 youth are in legal guardianship and continue to have their case supervised by DCFS, and 196 youth have a plan of legal guardianship identified and are moving through the court process.

LOS ANGELES POLICE DEPARTMENT – 2009 CHILD ABUSE FINDINGS

Juvenile Division

1. The total investigations (crime and non-crime) conducted by the unit in 2009 (28,528) showed an increase (3.91 percent) over the number of investigations in 2008 (27,454).
2. Adult arrests by the unit in 2009 (205) showed an increase (9.04 percent) in the number of arrests made in 2008 (188).
3. The number of dependent children handled by the unit in 2009 (1,459) showed an increase (24.06 percent) from the number handled in 2008 (1,176).

Geographic Areas

1. The total investigations conducted by the Areas in 2009 (1,424) showed a decrease of (6.56 percent) from 2008 (1,524).
2. Adult arrests made by the Areas in 2009 (343) showed an increase of (5.86 percent) from 2008 (324).
3. The number of dependent children handled by the Areas in 2009 (1,894) was a decrease of (1.61 percent) from the number handled in 2008 (1,925).

COUNTY OF LOS ANGELES DEPARTMENT OF CORONER

In calendar year 2008, after a review of the cases based on the ICAN-established criteria, of the total child deaths reported, 283 were referred to the Inter-Agency Council on Child Abuse and Neglect for tracking and follow-up. In calendar 2007, the total child deaths referred to the Inter-Agency Council on Child Abuse and Neglect for tracking and follow-up was 284, a decrease of one case.

DISTRICT ATTORNEY’S OFFICE

- A total of 5,050 cases relating to child abuse and neglect were submitted for filing consideration against adult defendants
- Of these, charges were filed in 47% (2,368) of the cases reviewed. Felony charges were filed in 62% (1,480) of these matters. Misdemeanor charges were filed in 38% (888) of these matters
- Of those cases declined for filing (a total of 2,682 – both felonies and misdemeanors), cases submitted alleging a violation of PC §288(a) accounted for 37% of the declinations (989)
- In 81% of the adult cases filed involving child abuse, the gender of the defendant was male
- Convictions were achieved in 90% of the cases filed against adult offenders. Defendants received grants of probation in 68% (1,149) of these cases. State prison sentences were ordered in 29% (492) of the cases; with 1% (15) of the defendants receiving a life sentence in state prison



- A total of 615 cases relating to child abuse and neglect were submitted for filing consideration against juvenile offenders
- Of these, charges were filed in 52% (318) of the cases reviewed. Felony charges were filed in 96% (306) of these cases
- Of the filed cases, 59% (189) alleged a violation of PC §288(a)
- Of the declined cases (297 – both felonies and misdemeanors), 68% (202) alleged a violation of PC §288(a)
- In 96% of the petitions filed involving child abuse, the gender of the minor was male
- Sustained petitions (185) were achieved in 85% of the juvenile cases

**OFFICE OF CITY ATTORNEY
LOS ANGELES OFFICE**

- In 2008, the Los Angeles City Attorney’s Office reviewed 2,411 investigations that involved ICAN-related offenses. In 2009, this Office reviewed 2,562 such investigations, a 6.26 percent increase from 2008. Among the 2009 ICAN-related investigations, the Office filed and prosecuted 1,055 cases, rejected 478, referred 1,028 to hearings and referred 1 to the Alternative Prosecutors Program.
- In 2008, 874 ICAN-related cases reached a disposition. In 2009, 935 such cases reached disposition. Of the 935 cases, 860 resulted in guilty pleas or convictions following jury trials.

PROBATION DEPARTMENT

- The number of Adult Referrals in all categories, except for physical abuse and sexual abuse, declined from 2005 to 2009
- The number of Juvenile Referrals in all categories increased from 2005 to 2009.

**LOS ANGELES COUNTY
OFFICE OF EDUCATION**

Overall, Los Angeles County school districts showed decreases in the number of incidences per 1000 in the sexual, physical, general neglect, and emotional abuse types. In the sexual, physical, general neglect, and emotional abuse type, there was a decrease in the elementary and unified school districts, but there was an increase in the high school districts in all four types.

DEPARTMENT OF MENTAL HEALTH

- During FY 2008-2009, The Family Preservation (FP) program treated 1,008 clients. Family Reunification served fourteen outpatients. Rate Classification Level-14 (RCL-14) facilities treated 93, and Community Treatment Facilities (CTF) treated 101. The Child Abuse Prevention, Intervention and Treatment (CAPIT) program was offered to 865 individuals. Wraparound (Wrap) program services were given to 1,380. The three Juvenile Hall Mental Health Units (JMHU) served 10,786. Dorothy Kirby Center provided mental health services to 439. At Challenger Memorial Youth Center and the Juvenile Justice Camps, 2,942 children/youth received mental health



services. A total of 17,650 children and adolescents, potentially at-risk for child abuse or neglect, were served by these mental health treatment programs.

- Clients receiving mental health services in the Wrap program, CAPIT, Family Preservation, and Family Reunification programs were 19% of clients at the programs considered. Of these, 33% were identified as DCFS referrals.
- Clients treated in RCL-14 or Community Treatment Facilities were 1% of the clients considered. DCFS referrals constituted 40% of the RCL-14 referrals and 73% of the CTF referrals.
- Clients in the Mental Health Units of the three juvenile halls made up 63% of the clients considered. Of these, 3% 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 19% of the clients at the programs reviewed. Of these, 3% were identified as DCFS referred.
- Clients in Mental Health Units of the Youth Centers were distributed as follows: 87% in Challenger Youth Center/Juvenile Justice Camps, and 13% in Dorothy Kirby Center.
- During FY 08-09, the CAPIT program served 50 clients with a DSM diagnosis of Child Abuse and Neglect (CAN). This is 32% of the total of 159 CAN-diagnosed clients in all programs considered. In FY 07-08, CAPIT treated 47 clients with CAN,

which was 40% of CAN clients in the programs considered. In FY 06-07, CAPIT treated 87 CAN clients, which was 53% of CAN clients in the considered programs. In FY 05-06, CAPIT treated 63 CAN clients, which was 57% of CAN-diagnosed clients in the programs considered. Overall, the CAPIT program has treated the largest number of CAN-diagnosed clients since FY 05-06, although the frequency of CAPIT cases with CAN has decreased over the past two years.

- The FP program served 50 clients diagnosed with CAN as well during FY 08-09. This is 32% of the 159 CAN diagnosed clients in the programs considered. In FY 07-08, FP treated 45 clients with CAN, which was 39% of CAN clients in the programs considered. In FY 06-07, FP treated 27 CAN clients, which was 16% of CAN clients in the programs considered. In FY 05-06, FP treated 21 CAN clients, which was 19% of CAN clients in the programs considered. Overall, the FP program has treated the second largest number of CAN- diagnosed clients since FY 05-06, although the frequency of its CAN cases increased during the past two years.
- In FY 05-06 and FY 06-07, the CAPIT program consistently served the largest number of CAN clients. However, in FY 07-08 and FY 08-09, the number of CAN clients served by CAPIT and FP programs has become comparable.



- The Juvenile Hall Mental Health Units (JMHUs) served 32 clients diagnosed with CAN during FY 08-09, which is 20% of the CAN clients in the programs considered, and the second largest number of CAN clients served in one year by the JHMUs since FY 05-06.. In FY 07-08, the JMHUs served 12 clients diagnosed with CAN, which was 10% of clients with CAN in the programs considered. In FY 06-07, the JHMUs served 35 CAN clients, which was 22% of CAN-diagnosed clients at the programs considered, and the largest number served by the JMHUs during the period considered. In FY 05-06, the JMHUs served 22 clients diagnosed with CAN, which was 19% of the CAN clients in the programs considered.
- The number of CAN-diagnosed clients has been observed at the CAPIT and FP programs, and at the JMHUs during the past four years. Combining the CAN counts for these three programs allows longitudinal comparison of the total number of CAN cases treated in each year. In FY 08-09, 132 CAN clients were treated. In FY 07-08, 104 were treated. In FY 06-07, 149 were treated. In FY 05-06, 106 were treated.
- During FY 08-09 the Wrap program served 26 children diagnosed with CAN. This is 16% of the CAN clients at the programs considered and shows an increase from the 12 CAN clients served by this program during FY 07-08, which represented 10% of the clients with CAN in the programs considered last year.
- The most frequent DSM diagnoses for clients in the treatment programs considered are Adjustment/Conduct Disorder/ADHD, Major Depression, and Anxiety Disorders. Adjustment/Conduct Disorder/ADHD was the most frequent diagnosis received by clients in the FP, CAPIT, Wrap, Juvenile Hall, and Challenger mental health programs, with Major Depression also a frequent diagnosis at these programs. In the mental health units of Dorothy Kirby, Challenger and the Wrap program, Bipolar Disorder was among the four most common DSM-IV diagnoses.
- Among substance-using clients, marijuana was most frequently reported, followed in frequency by polysubstance use.

DEPARTMENT OF PUBLIC HEALTH

- The crude infant mortality rate of 5.0 infant deaths per 1,000 live births is a decrease from the previous year. However, the overall trend since 2004 has been stable at approximately 5.0, with minor annual variations, and lower than the rate during the earlier part of the decade. The infant mortality rate in Los Angeles County remains above the national Healthy People 2010 goal of 4.5 infant deaths per 1,000 live births
- African-Americans continue to have the highest infant mortality rate among race/ethnic groups, more than twice as high as the next highest group. Although the infant mortality rate fell in 2008 for Asian/Pacific Islanders, Hispanics, and Whites,



African-Americans showed a small increase, a trend that has been consistent since 2005

- The infant mortality rate decreased in 2008 in most of the Service Planning Areas (SPAs), most notably in SPA 1 (Antelope Valley), which has consistently had the highest rate among SPAs for the past several years but showed a 25% decrease in infant mortality rate between 2007 and 2008
- Most leading causes of infant death are related to conditions arising during the prenatal or perinatal periods and therefore need to be addressed during the preconception and gestational periods and/or with advances and improvements in medical care. SIDS, however, is a leading cause of infant death that can be addressed after birth by promoting safe sleep practices with parents and caregivers
- The death rate for children ages 1 to 17 in Los Angeles County has shown a consistent trend downward for several years, reaching its lowest value of 17.9 deaths per 100,000 children in 2008, the most recent year available. African-American children ages 1 to 17 had the highest death rate among race/ethnic groups, but did demonstrate an 11% decrease in the race-specific rate in 2008 compared to the previous year. Among SPAs, SPA 1 (Antelope Valley) had the highest child death rate, followed closely by SPA 2 (South)

- The three leading causes of death among children (youth) ages 13-19 and responsible for a large majority of deaths in that age group all relate to injury: homicide, accident, and suicide; and are therefore all theoretically preventable deaths
- The number of deaths attributed to child abuse and neglect vary slightly year to year but remain very low for both infants and for children ages 1 to 17. However, it is possible that the true number of deaths associated with abuse and neglect may be higher due to underreporting and challenges in post-mortem investigations.

DEPARTMENT OF PUBLIC SOCIAL SERVICES

In 2009, DPSS made a total of 118 child abuse referrals to the Department of Children and Family Services. This represented a 19.2% decrease from the 146 referrals made in 2008



2010 DATA RECOMMENDATIONS

RECOMMENDATION ONE:

REPORTING OF DATA

Agencies contributing to this ICAN report should, to the extent possible, report data categories in a consistent manner. Examples of categories could be race, age, Service Planning Area (SPA), or zip codes. This would allow for a more meaningful comparison of data across agencies.

RATIONALE:

Due to the data reporting differing from agency to agency, contributing agencies are rarely able to infer a correlation between data and other factors. Reporting data in a consistent manner would provide an opportunity for agencies to view their data in a multi-agency context. This would assist in making the report more comprehensive and useful for the formation of future recommendations regarding child welfare initiatives and program development.

RECOMMENDATION TWO:

USE OF SPATIAL DATA

Agencies contributing data when possible should use Geographic Information System (GIS) mapping techniques to report data.

RATIONALE:

The use of GIS mapping will strengthen the spatial data reported by providing thematic maps. This will assist agencies in viewing the data making it more useful for policy and planning purposes regarding child welfare initiatives and program development.



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 2009 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:

1. 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.
2. 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

Figure 1 list criminal offense code sections, identifying relevant child abuse offenses which allow ICAN agencies to verify and consistently report the offenses which should be included as child abuse offenses. The breakdown of these sections into six child abuse and neglect categories

permits consistency in the quantification of child abuse activity compiled by the agencies, particularly the law enforcement agencies that use these criminal offense code sections. Use of this list may reveal offenses not counted in the past and therefore maximize the number of child abuse cases counted by each agency.

Figure 2 presents the Los Angeles County Independent Police Agency data showing their involvement in child abuse and domestic violence cases.

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 I 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, II through VI. Where possible, it reflects totals for common data categories between agencies. or item 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

CHILD ABUSE/ NEGLECT CATEGORY	OFFENSE CODE	FELONY/MISD	DESCRIPTION
Physical Abuse	187(a)	F	Murder
Physical Abuse	207(a)	F	Kidnapping
Physical Abuse	207(b)	F	Att Kidnap Child Under 14
Physical Abuse	273ab	F	Assault Resulting in Death of Child Under 8
Physical Abuse	273d(a)	F	Inflict Injury Upon Child
Physical Abuse	273d(a)	F	Corporal Punishment or Injury to Child
Physical Abuse	664/187	F	Attempted Murder
Sexual Abuse	261.5 (a)	F	Unlawful Sexual Intercourse with minor
Sexual Abuse	261.5 (b)	M	Unlawful Sexual Intercourse with minor
Sexual Abuse	269	F	Agg. sexual assault of Child Under 14
Sexual Abuse	269(a)1	F	Rape
Sexual Abuse	269(a)2	F	Aid'g/Abett'g Rape Penetration w/ For. Object
Sexual Abuse	269(a)3	F	Sodomy With Person Under 18
Sexual Abuse	269(a)4	F	Oral Copulation Person Under 18
Sexual Abuse	269(a)5	F	Sexual Penetration Foreign Object With Force
Sexual Abuse	286(b)(1)	M	Sodomy With Person Under 18
Sexual Abuse	286(b)(2)	F	Sodomy With Person Under 16
Sexual Abuse	286c	F	Sodomy With Person Under 14
Sexual Abuse	288(a)	F	Lewd Acts With Child Under 14
Sexual Abuse	288(b)1	F	Lewd Acts With Child Under 14 Force
Sexual Abuse	288(c)1	F/M	Lewd Acts With Child Under 15/10 Year Diff.
Sexual Abuse	288.4	F/M	Arrangement of Meeting Minor for Lewd Behav.
Sexual Abuse	288.5	F	Continuous Sexual Abuse of Child
Sexual Abuse	288a(b)(1)	F/M	Oral Copulation Person Under 18
Sexual Abuse	288a(b)(2)	F	Oral Copulation Person Under 16
Sexual Abuse	288.2	F/M	Sending Harmful Matter to Minor
Sexual Abuse	289(h)	F/M	Sexual Penetration Person Under 18
Sexual Abuse	289(i)	F	Sexual Penetration Person Under 16
Sexual Abuse	289(j)	F	Sexual Penetration Under 14/10 Year Diff.
Sexual Abuse	647.6(a)(1)	M	Annoy or Molest Child
Sexual Abuse	647.6(a)(2)	M	Annoy or Molest Child
Exploitation	266	F	Seduce Minor Fem for Prostitution
Exploitation	266j	F	Procure Child Under 16 for Lewd Acts



Figure 1 (Cont.)

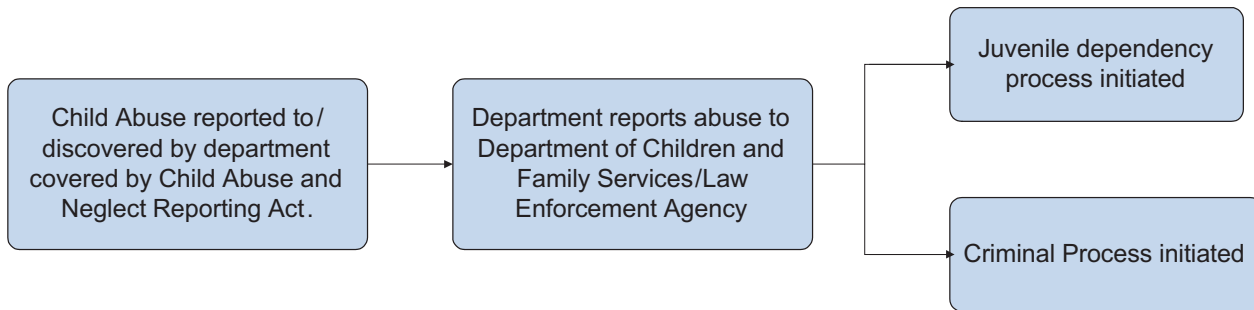
CHILD ABUSE/NEGLECT OFFENSES BY CATEGORY

CHILD ABUSE/NEGLECT CATEGORY	OFFENSE CODE	FELONY/MISD	DESCRIPTION
Exploitation	273a(1)	M	Financial Gain Place For Adopt.and Not comp
Exploitation	273a(2)	M	Financial Gain Place For Adopt.and Not Conse
Exploitation	273e	M	Sending Minor Messenger to Immoral Place
Exploitation	273g	M	Immoral Practices or Habitual Drunkenness
Exploitation	311.1(a)	F/M	Obscene Matter Depict One Under 18
Exploitation	311.1	F	Ad/Dist Obscene Mat Depict Minor
Exploitation	311.11(a)	F/M	Poss/Control Child Pornography
Exploitation	311.11(b)	F	Obs Matter Depict Minor w/ Prior
Exploitation	311.2(a)	F	Production, Distrib. Or Exhibiton Obs. Matter
Exploitation	311.2(b)	F	Obscene Matter Depict One Under 18
Exploitation	311.2(c)	F	Production, Distrib. Or Exhibiton Obs. Matter
Exploitation	311.2(d)	F	Obscene Matter Depict One Under 18
Exploitation	311.3	F	Depict Sex Conduct Child Under 18
Exploitation	311.4(a)	M	Use Minor For Obscene Matter
Exploitation	311.4(b)	F	Use Minor Under 18 For Obscene
Exploitation	311.4(c)	F	Use Minor Under 18 For Obscene
Exploitation	313.1	F	Distrib. Or Exhibition of Harmful Matter to Minor
Severe Neglect	273a(a)	F	Willful Cruelty to Child/Endangerment
Severe Neglect	273a(b)	M	Willful Cruelty to Child/Endangerment
Severe Neglect	278	F	Child Concealment/Non-custodial Person
Severe Neglect	278.5	M	Child Concealment/Non-custodial Person
Severe Neglect	12035(b)(1)	F	Storage of Firearms Accessible to Children
Severe Neglect	12035(b)(2)	F	Storage of Firearm Accessible to Children
Severe Neglect	12036(b)	M	Firearms Accessed by Child Carried Off
General Neglect	273g	M	Immoral Acts Before Child
General Neglect	273i	M	Publish Info of Child w/ Intent to harm under 14
General Neglect	270	M	Failure to Provide For Child
General Neglect	272	M	Contributing to Delinquency of Minor
Caretaker Absence	270.5	M	Refusal to Accept Child ilto Home
Caretaker Absence	271	M	Willful Desertion of Child
Caretaker Absence	271a	F/M	Abandon Nonsupp. Etc Child Under 14



Flow Chart I

REPORTING DEPARTMENTS INVOLVEMENT IN CHILD ABUSE CASES - 2009



REPORTING DEPARTMENTS WORKLOAD

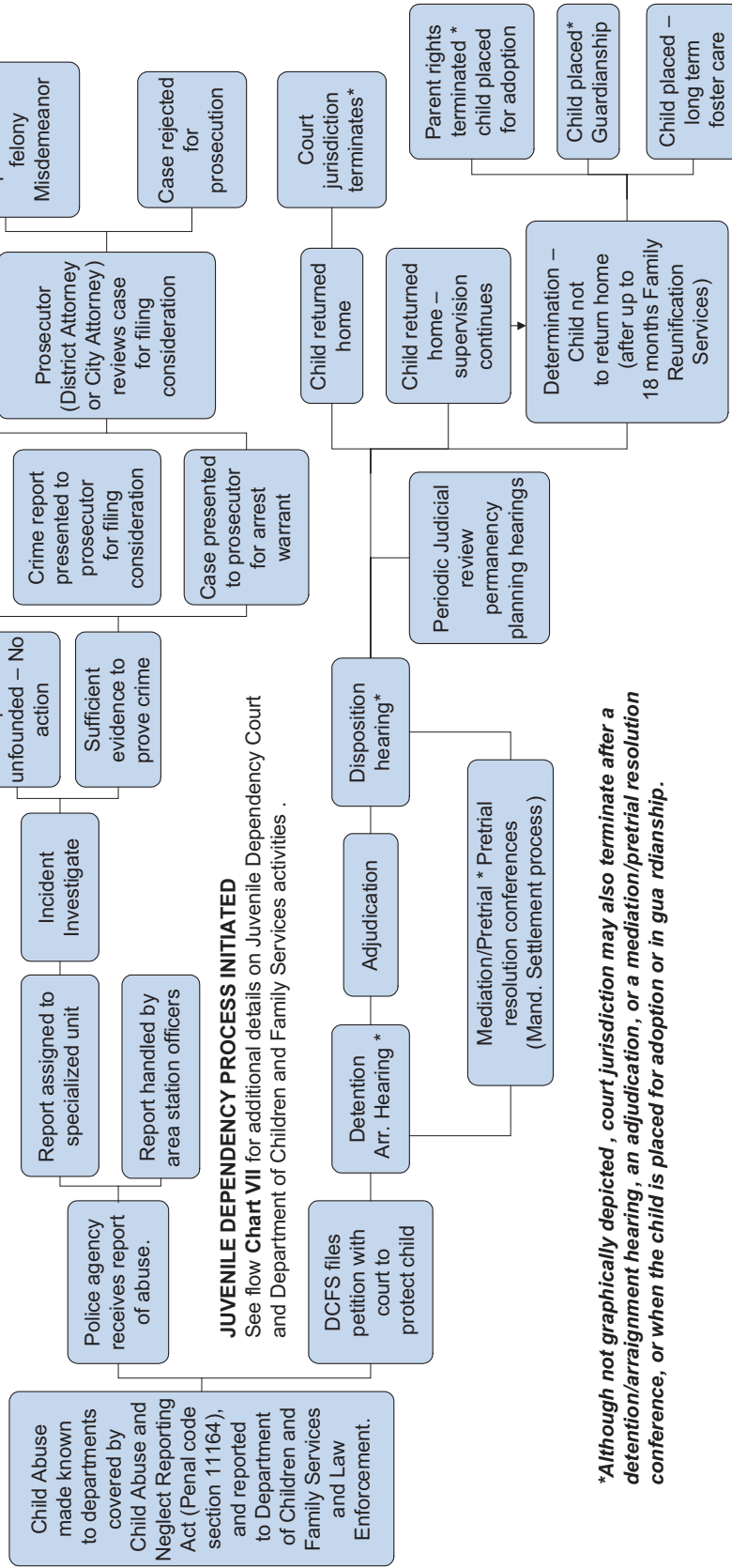
CHIEF MEDICAL EXAMINER CORONER	255
L. A. COUNTY PROBATION DEPARTMENT	685
DEPT. OF PUBLIC SOCIAL SERVICES	118
LOS ANGELES POLICE DEPARTMENT	3,684
L.A. COUNTY SHERIFF'S DEPT. FCB	4,181
DEPT. OF CHILDREN & FAMILY SERVICES	157,690

ICAN AGENCY INVOLVEMENT IN CHILD ABUSE CASES

CHILD PROCESS INITIATED

See flow Charts III, IV for individual details 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

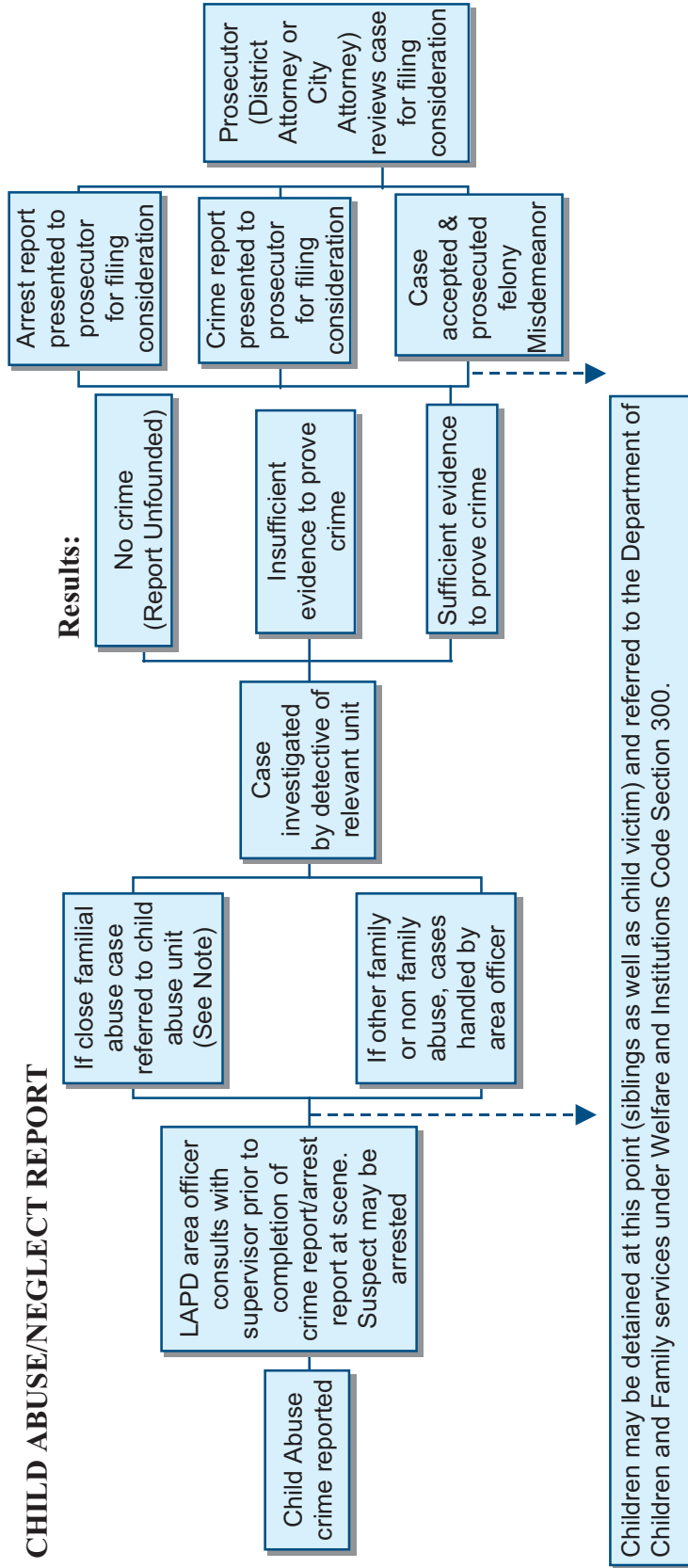
See flow Chart VII for additional details on Juvenile Dependency Court and Department of Children and Family Services activities .

**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 sua rdianship.*



LOS ANGELES POLICE DEPARTMENT INVOLVEMENT IN CHILD ABUSE CASES - 2009

CHILD ABUSE/NEGLECT REPORT



NOTE:

Case Count Definition

Endangering cases:

Multiple victims in same family = 1 report (case)

All other cases:

Each victim = 1 report (case)

Child Abuse Unit Responsibilities

Child Abuse Unit handles abuse involving parents, step parent,

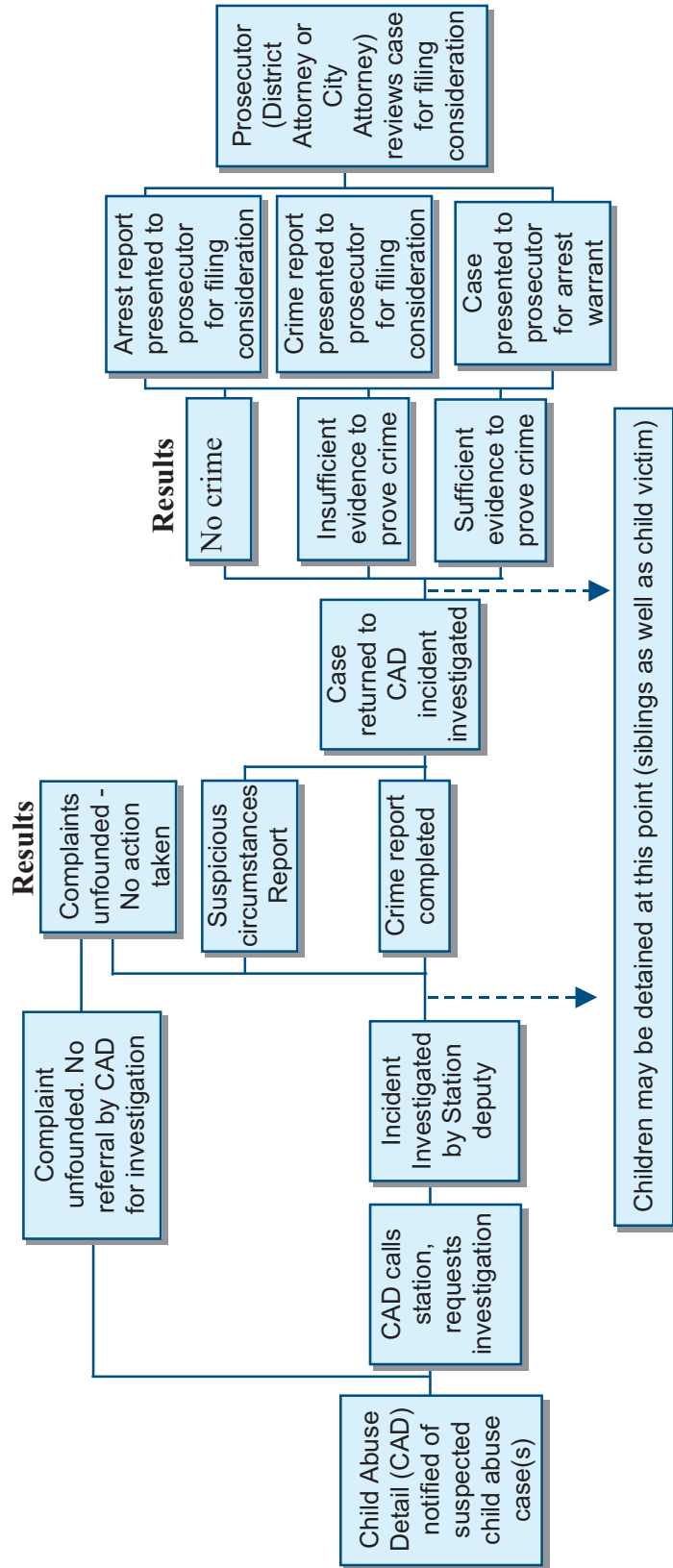
legal guardian, common law spouse.

GEOGRAPHIC AREA RESPONSIBILITIES

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



LOS ANGELES SHERIFF DEPARTMENT INVOLVEMENT IN CHILD ABUSE CASES - 2009



NOTE:

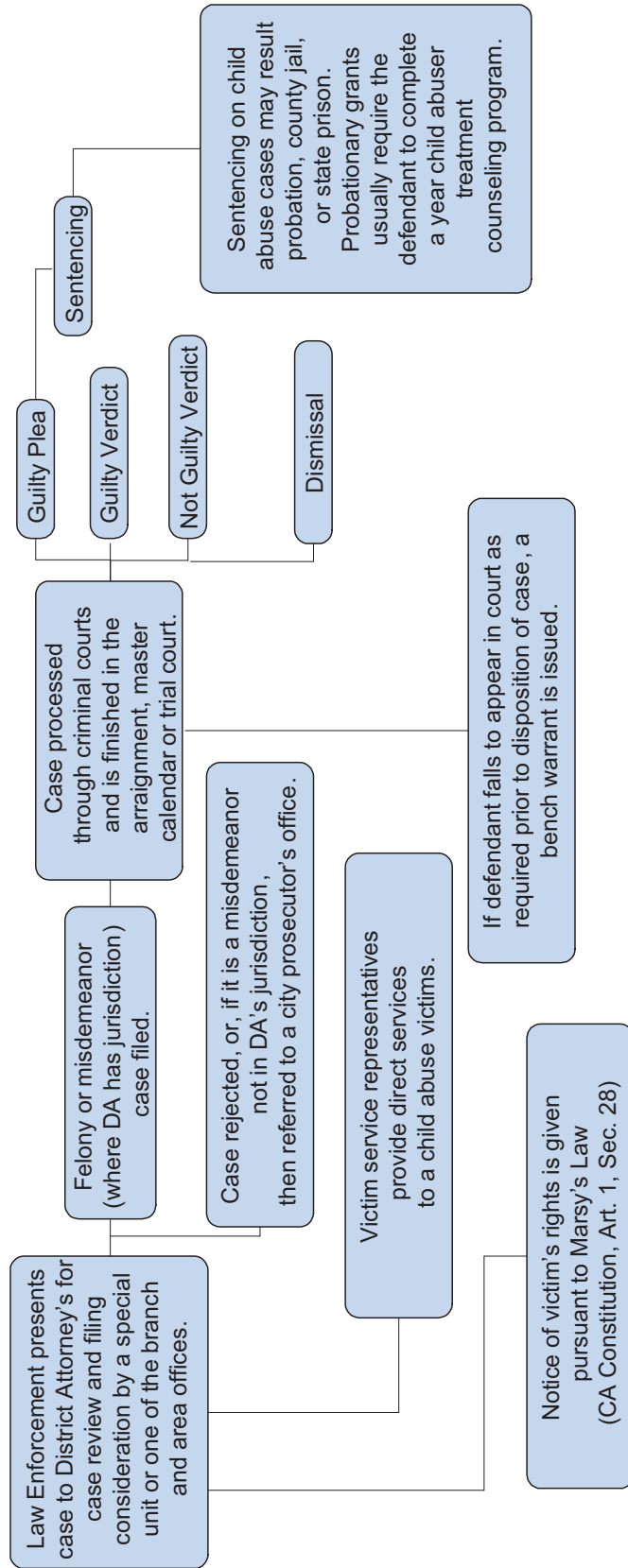
CASE COUNT DEFINITION

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

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

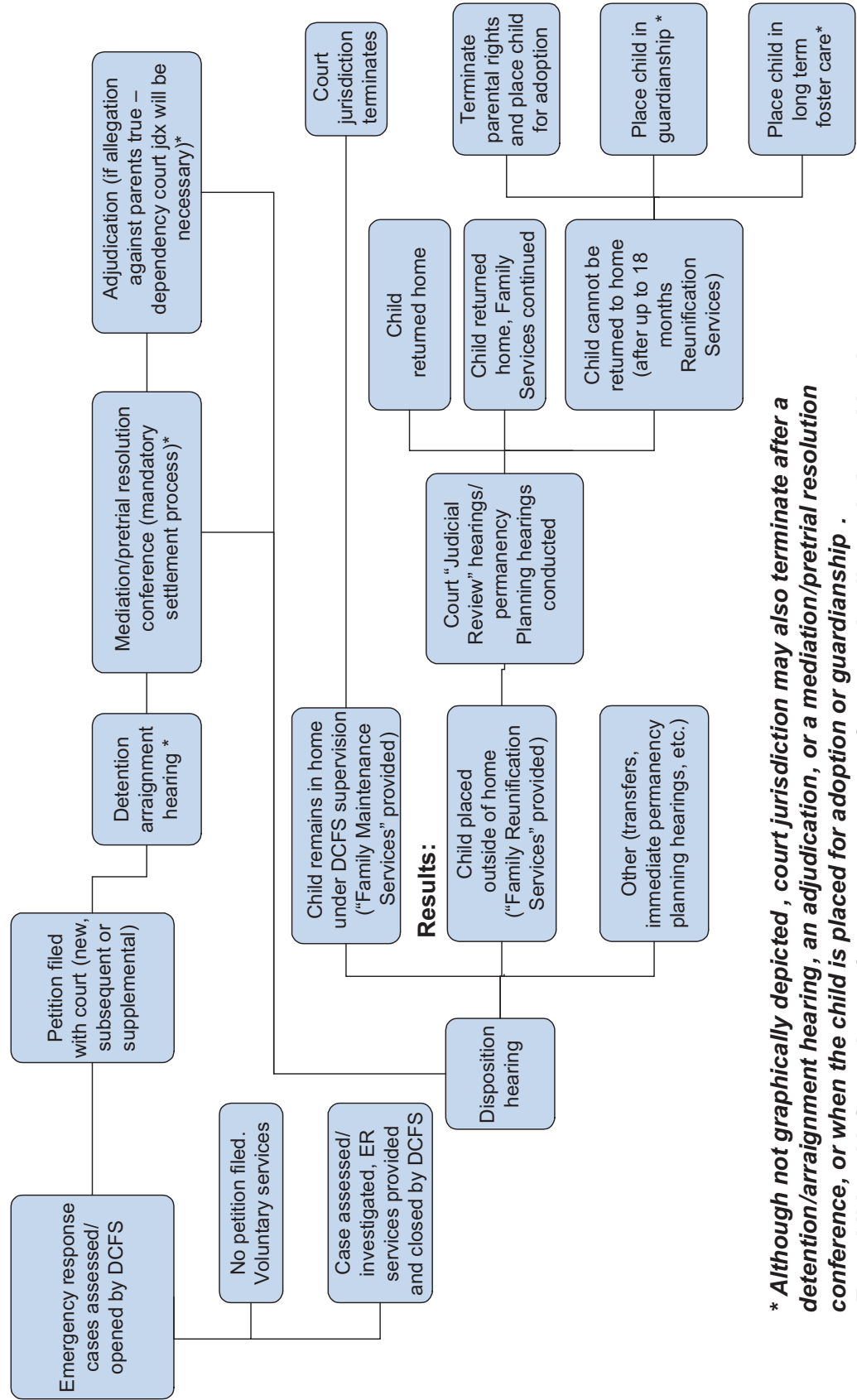


LOS ANGELES COUNTY DISTRICT ATTORNEY'S OFFICE
INVOLVEMENT IN CHILD ABUSE CASES



Flow Chart VI

JUVENILE DEPENDENCY COURT/DEPARTMENT OF CHILDREN AND FAMILY SERVICES INVOLVEMENT IN CHILD ABUSE CASES - 2009



*** 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 guardianship . For additional information , refer to agency report for more details on their workload .**





Figure 2

**LOS ANGELES COUNTY INDEPENDENT POLICE AGENCY DATA
Involvement in Child Abuse Cases During 2009**

AGENCY	TOTAL POPULATION*	CHILD POPULATION*	2008 INVESTIGATIONS*	2008 ARRESTS*	CHILDREN PLACED IN PROTECTIVE CUSTODY*	2008 DOMESTIC VIOLENCE INVESTIGATIONS
Alhambra	85,804**	27,499**	34	18	2	172
Arcadia	53,054	12,354	55	13	3	122
Azusa						
Baldwin Park	79,980	25,180	24	7	16	393
Bell						
Bell Gardens	41,878	16,709	9	1	1	80
Beverly Hills						
Burbank	102,968	17,121	132	44	4	51
Claremont	37,780	6,520	55	4	Unknown	58
Covina	46,944	13,086	36	8	2	184
Culver City	38,422	8,182	24	7	Unknown	47
Downey						
El Monte	125,842	35,739	593	47	116	632
El Segundo	16,700	3,062	11	4	4	48
Gardena						
Glendale	207,303	39,369	49	17	Unknown	327
Glendora						
Hawthorne						
Hermosa Beach	19,500	1,775	29	29	2	28
Huntington Park						
Inglewood						
Irwindale	1,727	486	2	1	0	7
La Verne	33,981	8,110	28	4	Unknown	68
Long Beach	492,682	135,154	500	112	Unknown	2,600



Figure 2 (Cont.)

**LOS ANGELES COUNTY INDEPENDENT POLICE AGENCY DATA
Involvement in Child Abuse Cases During 2009**

AGENCY	TOTAL POPULATION*	CHILD POPULATION*	2008 INVESTIGATIONS*	2008 ARRESTS*	CHILDREN PLACED IN PROTECTIVE CUSTODY*	2008 DOMESTIC VIOLENCE INVESTIGATIONS
Manhattan Beach	39,000	9,000	36	0	0	75
Maywood						
Monrovia	39,327	6,096	136	13	2	291
Montebello	64,695	18,503	376	1	Unknown	241
Monterey Park	60,688	11,867	129	12	10	53
Palos Verdes Estates	14,208	3,410	5	0	0	7
Pasadena	150,212	31,414	79	39	101	187
Pomona	160,000	Unknown	262	130	Unknown	1,330
Redondo Beach	67,009	13,662	8	3	Unknown	98
San Fernando	25,366	6,480	119	5	0	152
San Gabriel	39,804	9,355	119	9	0	46
San Marino	12,945	2,710	5	1	0	7
Santa Fe Springs	17,159	5074***	14	6	1	44
Santa Monica	92,494	13,227	113	27	10	259
Sierra Madre						
Signal Hill	10,834	2,860	40	2	0	47
South Gate						
South Pasadena	24,292	5,300	59	3	1	27
Torrance	149,111	37,278	420	15	38	116
Vernon	95	18	3	3	0	21
West Covina	112,648	32,952	188	37	7	319
Whittier	82,267*	23,667*	37	22	37	244

*estimated **per 2007 census ***per 2000 census



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 3

POPULATION ESTIMATE BY AGE

Los Angeles County, 1999 - 2007

AGE	1999	2000	2001	2002	2003	2004	2005	2006	2007
0	168,212	143,291	155,395	151,965	152,098	150,442	149,722	140,295	142,294
1	168,534	143,060	148,081	157,164	153,108	152,621	150,191	148,797	139,554
2	168,234	145,189	145,760	149,839	158,310	153,650	152,408	149,340	148,122
3	168,498	150,148	147,308	147,517	150,989	158,677	153,463	151,653	148,763
4	171,981	155,943	151,925	149,301	148,832	151,334	158,677	152,685	151,070
5	179,656	158,512	158,416	154,501	150,984	149,632	151,334	157,626	151,906
6	183,692	157,394	162,593	161,685	156,607	151,949	149,162	149,915	156,576
7	194,887	160,982	163,352	167,491	164,248	157,749	151,307	147,366	148,593
8	194,752	162,356	167,162	170,655	169,704	165,615	156,930	149,094	145,743
9	166,651	162,803	170,536	173,801	171,878	171,300	164,614	154,262	147,131
10	152,574	157,206	170,379	175,011	175,749	173,101	170,494	162,524	152,747
11	146,317	147,467	163,580	173,049	176,691	176,454	172,579	169,231	161,638
12	138,351	143,810	151,822	164,208	173,432	176,836	176,297	172,346	169,135
13	137,668	137,754	145,479	152,256	164,465	173,513	176,696	176,177	172,340
14	130,647	137,415	139,831	145,758	152,418	164,507	173,400	176,697	176,274
15	126,616	134,159	137,757	139,769	145,708	152,358	164,425	173,565	176,284
16	127,401	133,065	134,266	137,212	139,410	145,485	152,324	164,832	173,976
17	120,534	137,422	131,179	133,069	136,394	138,968	145,490	153,051	165,498
TOTAL	2,845,205	2,667,976	2,744,821	2,804,251	2,841,025	2,864,682	2,869,513	2,849,456	2,827,644

1999 - 2007 Source: State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail for counties, 200 - 2050, Sacramento, CA July 2007.



SECTION II SPECIAL REPORTS

- 61 ICAN Associates
- 62 ICAN Multi-Agency
- 63 ICAN Child Abduction Task Force



ICAN ASSOCIATES

ICAN Associates is a private/non-profit organization which supports the LA County 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 Associates 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.

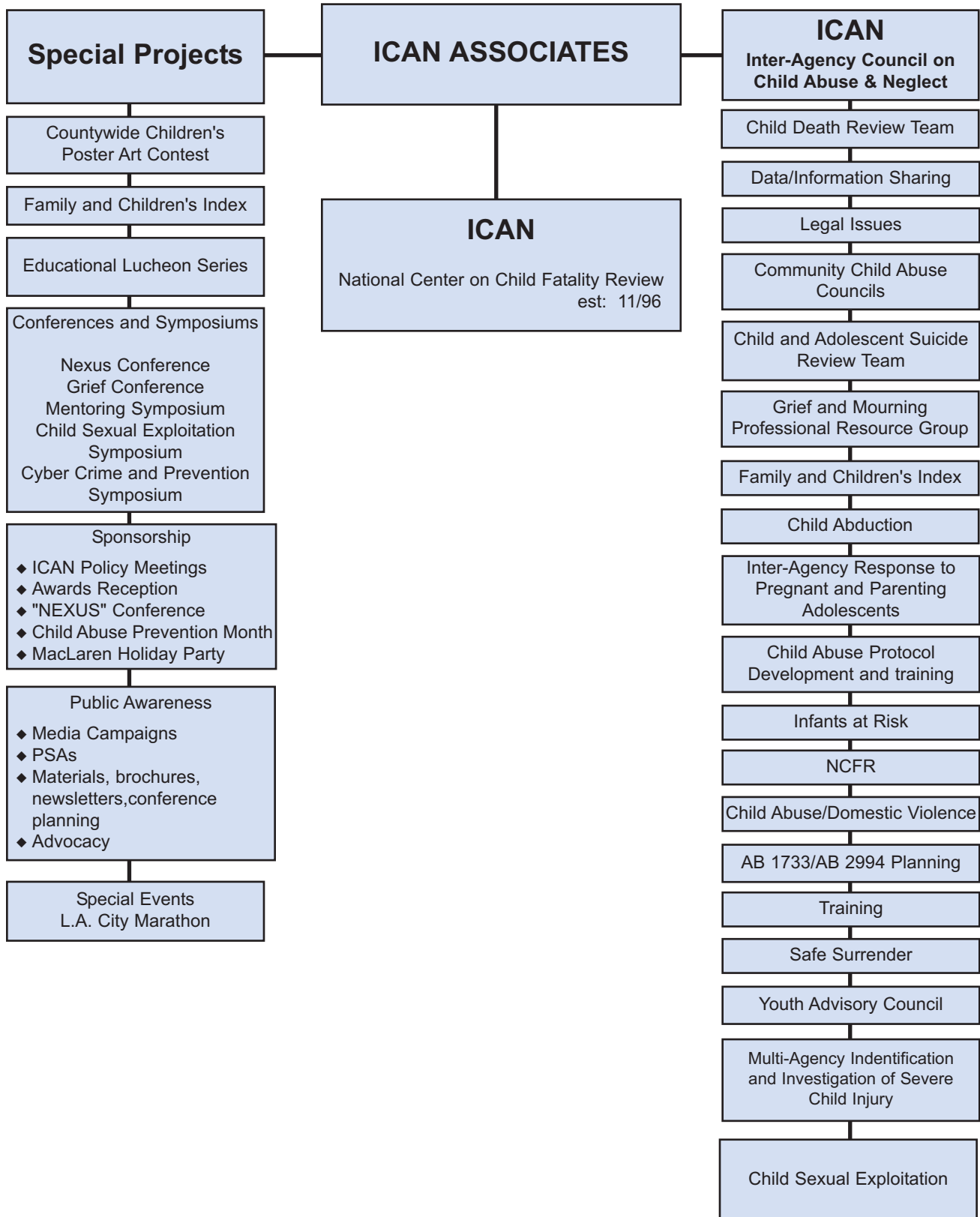
ICAN/ICAN Associates continues to provide statewide Child Death Review Team Training designed to address a range of issues to benefit the overall development and functioning of Child Death Review Teams throughout the State. The training curriculum is funded through a grant from the California Department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

In October 2010, ICAN Associates sponsored "NEXUS XV Anniversary Year Conference" in conjunction with The Department of Children and Family Services (DCFS), CDSS, community groups and ICAN agencies. The Westin Bonaventure Hotel and Suites in Los Angeles 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. The information presented will inspire professionals and volunteers to develop and participate in efforts aimed at preventing violence in the home and in communities.

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

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

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.





SPECIAL REPORTS

**CHILD ABDUCTION TASK FORCE
RENUNIFICATION 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, ICAN Prototypes, the Child Guidance Clinic, Foothill Family Services, For the Child in Long Beach, The HELP Group, 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 known as Kid Intuition. 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 2009, the Program served 87 children in 68 cases¹ as compared to the 64 children in 45 cases served in 2008. This is a 51% increase in caseload and a 36% increase in the number of children served from the previous year. This increase in

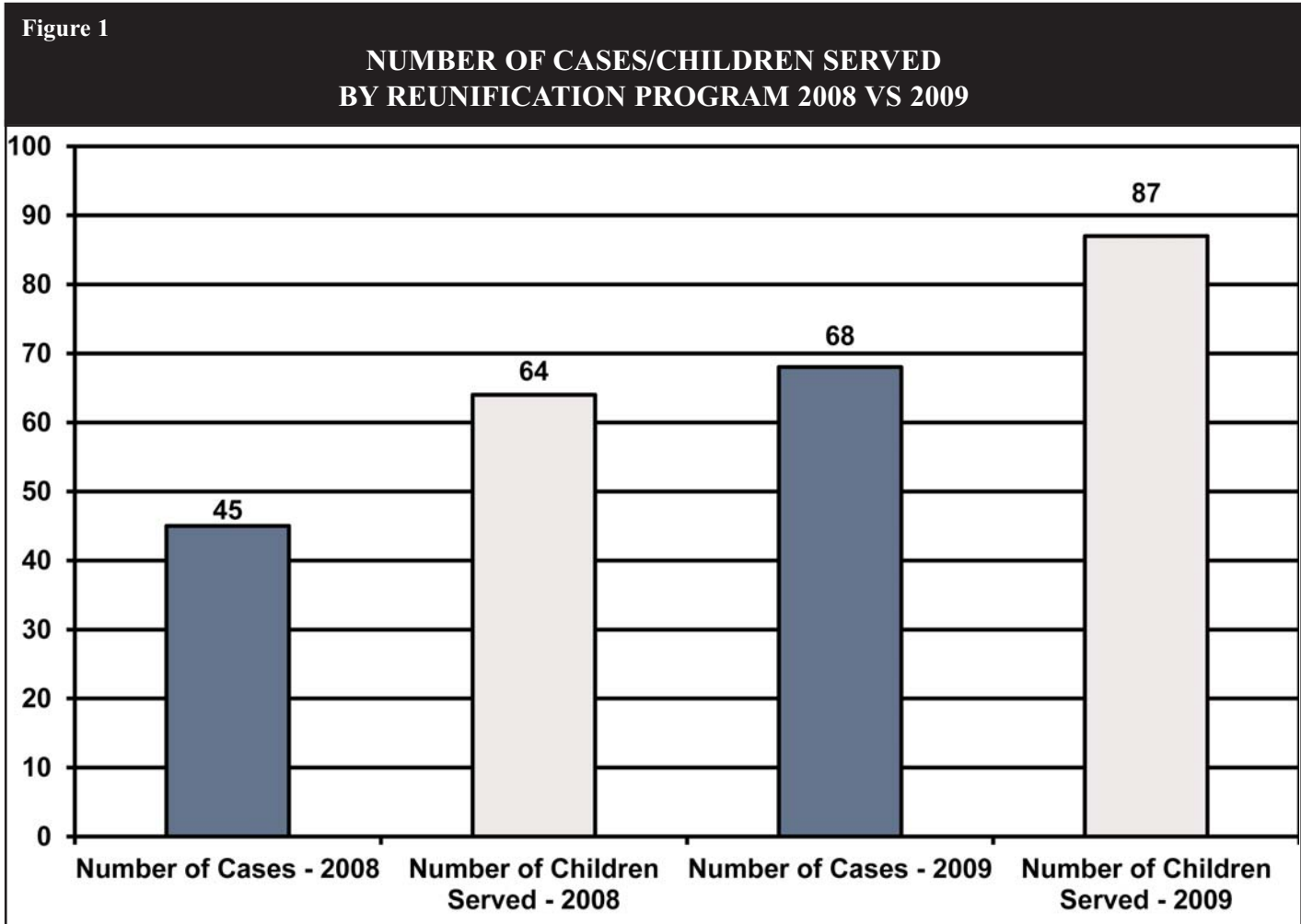


the number of families served is significant and well above the ten-year average of 48 cases. The number of children served is also well above the ten-year average of 60.6 children. The increase in the number of children and cases over 2008 can, in part, be attributed to the on-going outreach efforts of the Task Force and Find the Children.

Figure 2 shows the ethnic breakdown for the 87 children served in calendar year 2009: 47% were Hispanic, 25% were African American, 20% were Caucasian, and 1% were Asian/Pacific Islander (7% of the children were of another ethnicity or did not have any ethnicity denoted). Figure 3 shows the age range of the children served in calendar year 2009: 48% percent of the children served were age 5 or younger, 31%

were age 6 to 10 and 17% were age 11 or older (4% did not have any age denoted). Figure 4 shows that of the children served, 85% were under the jurisdiction of the Department of Children and Family Services while 15% were not.

Figure 5 reflects trend data on the number of cases and children served by the Reunification Program for calendar year 2000 through 2009. Over the past 10-year period, the number of cases has averaged 48 per year, while the number of children served has averaged 60.6 per year. A steady decrease in the number of cases and children served can be noted from 2000 through 2006, except in 2003, when a slight increase in the number of cases and children served was experienced from the previous year. Also, in 2005, there was a slight increase





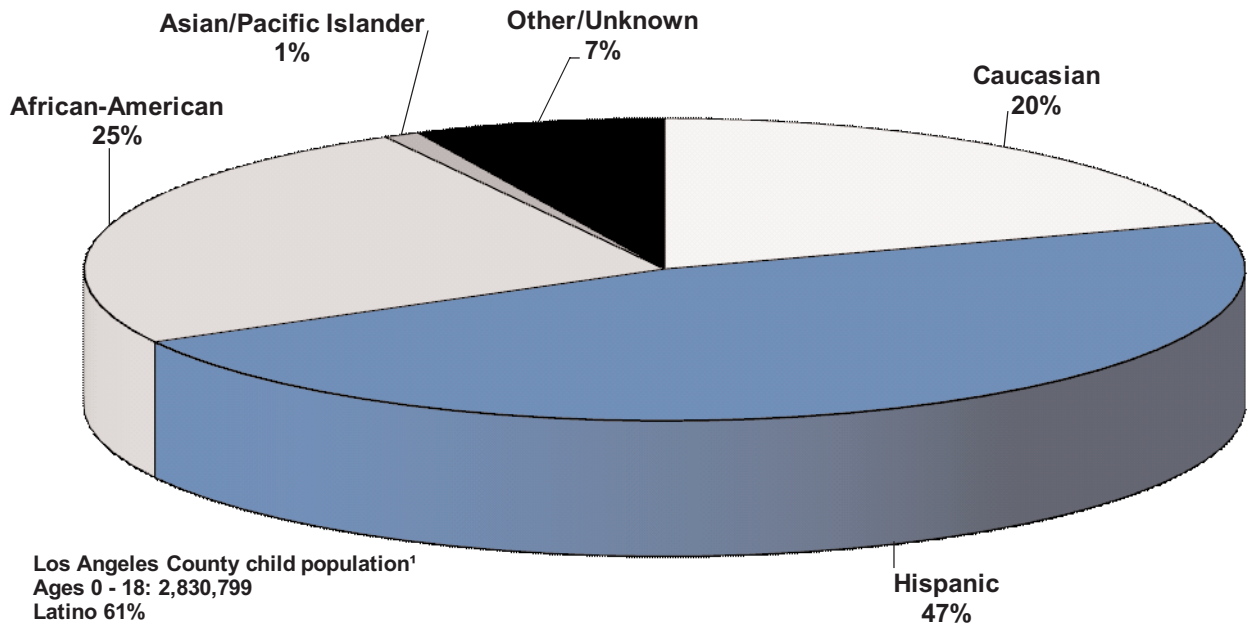
in children served as compared to the number of children served in 2004. Then, in 2007, a substantial increase in the number of children and cases served was experienced from 2006. In 2008, the number of children and families served increased from 2007. Finally, in 2009, a significant increase in the number of cases and children served was experienced from 2008 sustaining a three-year reversal.

Lastly, Figure 6 shows the number of cases referred to the Reunification Program by source in 2009. The Department of Children and Family Services referred 85% of the cases (n=58). The District Attorney's Office recovered 64 children five of whom were referred to the Reunification Program. These five children comprised 7.5% of the case referrals. Lastly, another 7.5% were referred through other sources.

¹ A case represents a family and was referred to as such in earlier reports

Figure 2

ETHNIC BREAKDOWN OF CHILDREN SERVED - 2009



Los Angeles County child population¹
Ages 0 - 18: 2,830,799
Latino 61%
Caucasian 18%
African American 9%
Asian/Pacific Islander 9%
Multiple or Other Ethnicities 3%

¹From 2008 Children Now County Scorecard



Figure 3

AGE RANGE OF CHILDREN SERVED - 2009

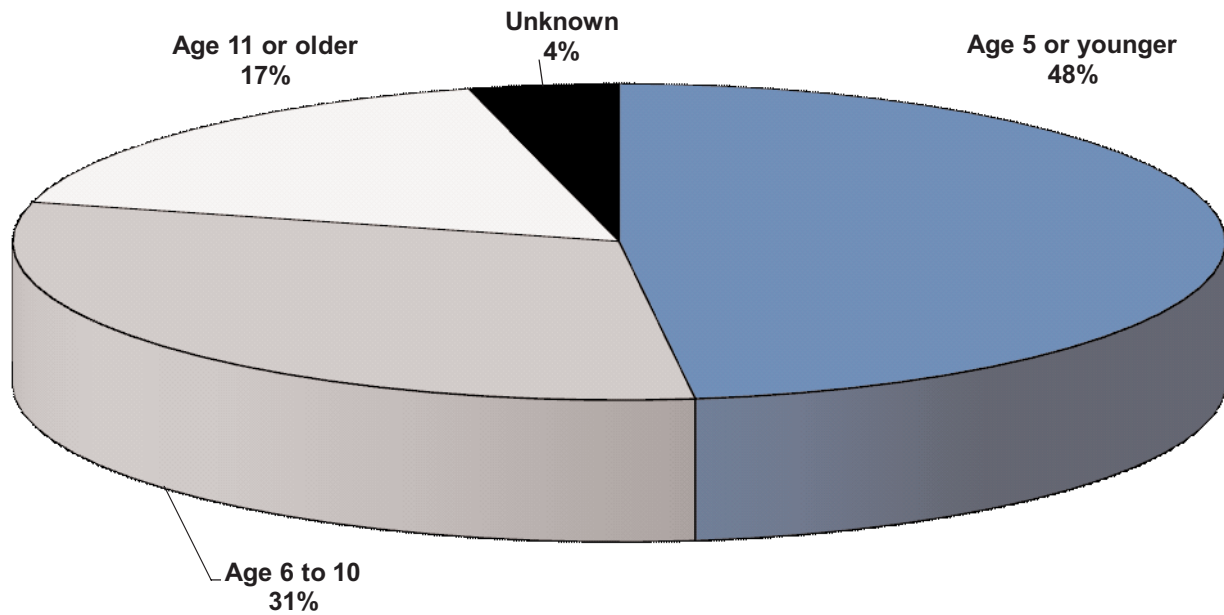


Figure 4

PERCENTAGE OF CHILDREN SERVED UNDER DCFS SUPERVISION – 2009

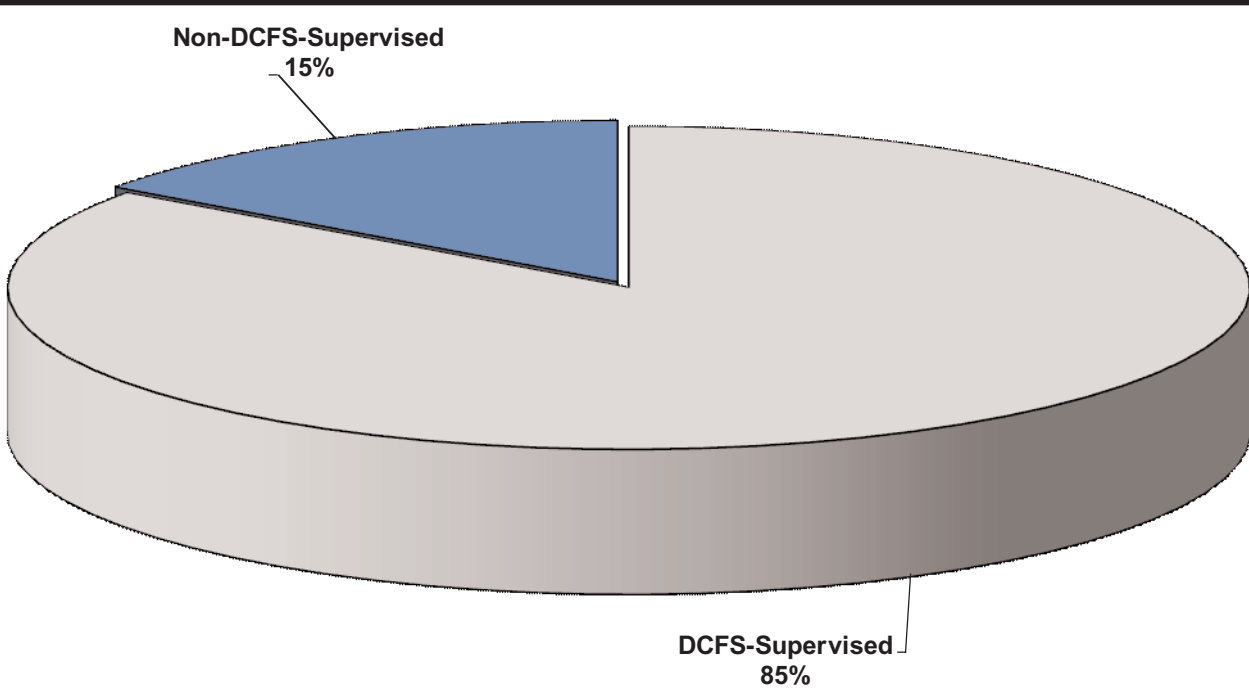




Figure 5

CASES/CHILDREN SERVED BY REUNIFICATION PROGRAM 2000 THROUGH 2009

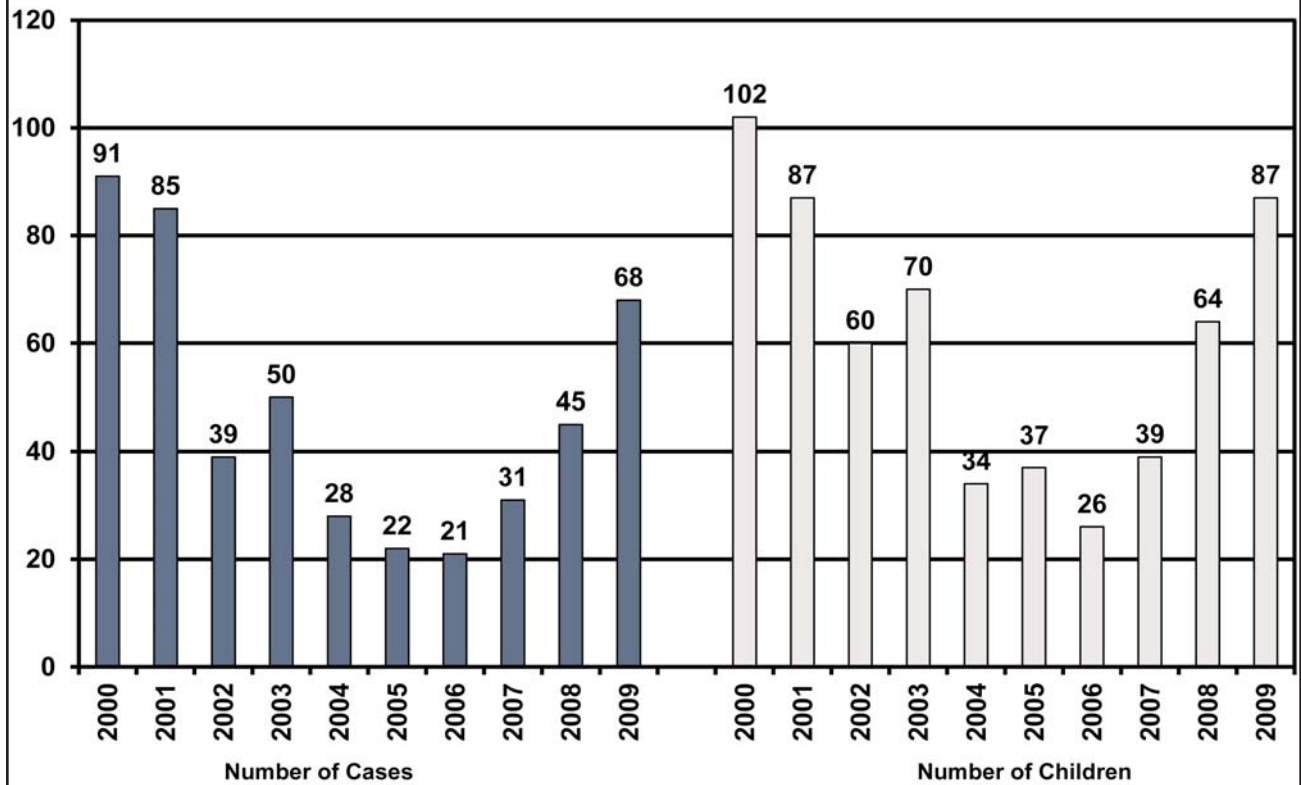


Figure 6

NUMBER OF CASES REFERRED BY SOURCE – 2009

AGENCY	NUMBER	PERCENTAGE
Department of Children Services	58	85%
District Attorney's Office	5	7.5%
Other	5	7.5%



SECTION III ICAN AGENCY REPORTS

- 73 California Department of Justice
- 81 The Child Advocates Office/CASA of Los Angeles
- 89 Los Angeles County Office of Education
- 105 Los Angeles Police Department
- 117 Office of the City Attorney, Los Angeles
- 129 Office of County Counsel for Los Angeles
- 141 Superior Court of California, County of Los Angeles

COUNTY OF LOS ANGELES

- 153 Department of Children and Family Services
- 191 Department of Coroner
- 207 Department of Mental Health
- 241 Department of Public Health
- 265 Department of Public Social Services
- 289 District Attorney's Office
- 353 Probation Department
- 391 Public Defender's Office
- 423 Public Library
- 421 Sheriff's Department



DEPARTMENT OF JUSTICE

AGENCY REPORT



CALIFORNIA DEPARTMENT OF JUSTICE

As a member of the Inter-Agency Council on Child Abuse and Neglect (ICAN) Data/Information Sharing Committee, the California Department of Justice (DOJ) provides the following information for the 2010 ICAN Report.

CHILD ABUSE CENTRAL INDEX FACT SHEET

The DOJ is mandated to maintain an index of all California reports of child abuse and severe neglect pursuant to Penal Code section 11170. The Child Abuse Central Index (CACI) was created in 1965 by the California State Legislature.

Child protection agencies, as defined in the Child Abuse and Neglect Reporting Act (CANRA) Article 2.5 of the Penal Code, are required to report to the DOJ all investigated incidents of child abuse and severe neglect that have been determined not to be unfounded.

The CACI receives, stores, and maintains reports of suspected child abuse that have been identified as either substantiated or inconclusive. The CACI currently contains approximately 743,970 incident records of child abuse and 669,530 suspect records. In addition, the DOJ has responded to approximately 5,145 Adam Walsh Child Protection and Safety Act of 2006 Out-of-State Foster Care and Adoption requests, 212 Citizen Inquiry requests, 123,206 Expedited requests and 298,375 search requests submitted via electronic fingerprint submission.

CACI information is available upon request to citizens, child protection agencies, law enforcement and authorized regulatory agencies. The CACI functions as a pointer system and provides direction to citizens and requesting agencies to the original investigative file. It is the obligation of the requestor to obtain the original investigative report from the reporting agency when making independent conclusions regarding the quality of the evidence disclosed and its relevance for making decisions regarding employment, licensing or placement of a child.

For additional information about the CACI, please go to the California Attorney General's website at www.ag.ca.gov/childabuse.

SERVICES PROVIDED BY THE DOJ THROUGH THE CACI

Investigatory

The CACI serves as an investigation tool for child protection and law enforcement agencies investigating

child abuse and severe neglect allegations by providing information regarding child abuse reports previously submitted to the CACI involving the same suspect(s).

All incoming child abuse reports are searched against the CACI entries to identify prior reports of child abuse involving the listed suspect(s). Additionally, the DOJ provides information on an expedited basis to child protection agencies for emergency child placement and to law enforcement as a child abuse investigative tool.

Regulatory

The CACI regulatory functions include applicant searches for child care facility and foster care home licensing or employment, adoption, guardianship or other child placement and peace officer employment. Suspect names are searched against the CACI to identify prior reports of child abuse.

The DOJ notifies licensing agencies when a new child abuse report is received and matched to a person who has been previously licensed to have custodial or supervisory authority over a child or children.

2009 CACI PROGRAM HIGHLIGHTS

The passage of the Adam Walsh Child Protection and Safety Act of 2006 expanded access to the CACI to include out-of-state foster care and adoption searches. The CACI processed 5,145 requests in 2009, an average of 429 per month.

2009 CACI DATA – NOTABLE HIGHLIGHTS

- During 2009, reporting agencies submitted 18,207 reports to the DOJ for entry into the CACI (See Figure 1).
- Physical abuse is the most prevalent type of abuse reported (8,240) and represents 45.26% of the total reports entered into CACI. The other types of abuse reported are as follows: sexual 5,186 or 28.48%; mental 3,740 or 20.54%; and neglect 1,041 or 5.72%.
- Of the 18,207 child abuse reports submitted by child protection and law enforcement agencies, 50 (.27%) identified the death of a child. The actual number of child deaths statewide equals 54. Los Angeles County submitted 13 (.07%) child abuse reports identifying child deaths. (See Figure 2).



- Los Angeles County submitted 5,474 reports, the largest number of reports, which represented approximately 30.07% of the state's total. Of these 5,474 reports, 2,420 (13.29%) consisted of physical abuse; 1,859 (10.21%) sexual abuse; 1,079 (5.93%) mental abuse; 116; and (.64%) severe neglect.
- From 2005 to 2009, the total number of reports of child abuse entered into the CACI which includes the categories of physical abuse, mental, severe neglect, and sexual abuse decreased 21.84% from 23,296 to 18,207. (See Figure 3).

INQUIRIES MAY BE DIRECTED TO:

California Department of Justice
 Child Abuse Central Index (CACI)
 P.O. Box 903387
 Sacramento, CA 94203-3870

Phone: (916) 227-3287

Fax: (916) 227-5054

web site: www.ag.ca.gov/childabuse

Figure 1

**2009 CHILD ABUSE SUMMARY REPORTS
 ENTERED IN THE CHILD ABUSE CENTRAL INDEX (CACI)
 FOR THE PERIOD OF JANUARY 1 – DECEMBER 31, 2009**

COUNTY	TOTAL	PHYSICAL	MENTAL	NEGLECT	SEXUAL	DEATHS
Alameda	338	152	34	24	128	0
Alpine	4	1	1	0	2	0
Amador	8	7	0	0	1	0
Butte	173	85	35	25	28	0
Calaveras	69	29	30	4	6	0
Colusa	6	2	1	0	3	0
Contra Costa	148	91	10	8	39	0
Del Norte	27	18	3	4	2	0
El Dorado	93	39	27	10	17	0
Fresno	370	165	38	8	159	1
Glenn	65	21	21	13	10	0
Humboldt	79	49	19	4	7	0
Imperial	18	13	1	0	4	1
Inyo	37	22	15	0	0	0
Kern	766	376	171	62	157	4
Kings	144	93	13	4	34	0
Lake	26	12	6	2	6	0
Lassen	46	26	7	3	10	0
Los Angeles	5,474	2,420	1,079	116	1,859	13
Madera	152	55	38	13	46	0
Marin	77	38	12	17	10	0
Mariposa	16	5	7	1	3	0
Mendocino	79	34	35	2	8	0
Merced	136	79	21	11	25	3
Modoc	37	16	10	1	10	0



Figure 1 (Cont.)

**2009 CHILD ABUSE SUMMARY REPORTS
ENTERED IN THE CHILD ABUSE CENTRAL INDEX (CACI)
FOR THE PERIOD OF JANUARY 1 – DECEMBER 31, 2009**

COUNTY	TOTAL	PHYSICAL	MENTAL	NEGLECT	SEXUAL	DEATHS
Mono	11	5	4	1	1	0
Monterey	223	111	43	5	64	3
Napa	37	13	12	4	8	0
Nevada	20	11	7	0	2	0
Orange	2,110	984	101	188	837	4
Placer	257	80	133	8	36	1
Plumas	19	9	0	7	3	0
Riverside	723	384	62	76	201	4
Sacramento	224	109	18	10	87	1
San Benito	65	29	15	6	15	0
San Bernardino	1,052	479	127	76	370	5
San Diego	1,858	570	815	135	338	1
San Francisco	115	57	39	2	17	1
San Joaquin	590	276	155	9	150	0
San Luis Obispo	149	59	55	8	27	1
San Mateo	239	138	49	15	37	0
Santa Barbara	250	112	61	33	44	1
Santa Clara	425	247	52	23	103	1
Santa Cruz	221	69	129	13	10	0
Shasta	96	38	17	25	16	0
Sierra	4	0	4	0	0	0
Siskiyou	26	11	9	1	5	0
Solano	219	147	33	11	28	1
Sonoma	169	98	40	8	23	1
Stanislaus	297	145	24	10	118	0
Sutter	50	16	32	1	1	0
Tehama	10	7	2	0	1	0
Trinity	9	3	4	1	1	0
Tulare	61	34	4	3	20	0
Tuolumne	40	19	18	3	0	0
Ventura	110	65	14	7	24	3
Yolo	74	35	17	8	14	0
Yuba	66	32	11	12	11	0
TOTALS	18,207	8,240	3,740	1,041	5,186	50
PERCENTAGE	100%	45.26%	20.54%	5.72%	28.48%	0.27%

This chart depicts the total number of Child Abuse or Severe Neglect Indexing reports submitted to the CACI by county and by type of abuse.

** Child deaths not included in Totals column. Child death statistics shown only to reflect, the number of child abuse reports that resulted in the death of the victim. The actual number of child deaths statewide equals 54.*



Figure 2

**NUMBER OF CACI REPORTS SUBMITTED BY LOS ANGELES COUNTY
JANUARY 1 – DECEMBER 31, 2009**

County	NUMBER	%	PHYSICAL	%	MENTAL	%
Los Angeles	5,474	30.07%	2,420	29.37%	1,079	28.85%
Statewide Total	18,207	100%	8,240	45.26%	3,740	20.54%
	NEGLECT	%	SEXUAL	%	DEATH*	%
Los Angeles	116	11.14%	1,859	35.85%	13	26%
STATEWIDE TOTAL	1,041	5.72%	5,186	28.48%	50	27%

This chart depicts the total number and percentage of CACI reports received from Los Angeles County and compared to the Statewide County submissions by abuse type in 2009. Child deaths not included in number column. Child death statistics shown only to reflect the number of child abuse reports that resulted in the death of the victim.*

Figure 3

**FIVE – YEAR COMPARISON OF CACI SUBMISSIONS STATEWIDE
CALENDAR YEARS 2005 – 2009**

Types of Abuse/Year	2005	2006	2007	2008	2009	# CHANGE OF CACI SUBMISSION 2005 TO 2009	% CHANGE OF CACI SUBMISSION 2005 TO 2009
Physical	11,263	10,381	9,701	9,504	8,240	-3,023	-26.84%
Sexual	5,493	5,715	5,975	5,759	4,781	-712	-12.96%
Neglect/Mental	6,540	5,496	5,291	5,753	5,186	-1,354	-20.70%
TOTALS	23,296	21,592	20,967	21,016	18,207	-5,089	-21.84%

This chart denotes a yearly statewide comparison of CACI submissions between 2005 and 2009.



GLOSSARY OF TERMS

CACI – Child Abuse Central Index.

CANRA – Child Abuse Neglect Reporting Act as specified in Penal Code Section 11164 et. Seq.

Inconclusive – Defined in Penal Code, § 11165.12 (c) “Inconclusive report” means a report that is determined by the investigator, who conducted the investigation not to be unfounded, but the findings are inconclusive and there is insufficient evidence to determine whether child abuse or neglect, as defined in Penal Code, § 11165.6, has occurred. This category was originally termed “unsubstantiated report” and was renamed by Chapter 842 of the Statutes of 1997 and became effective January 1, 1998.

Reporting Agency – Defined by Penal Code, § 11165.9 as a police or sheriff department, a county probation department (if designated by the county to receive mandated reports), or a county welfare department.

Substantiated – Defined in Penal Code, § 11165.12 (b) “Substantiated report” means a report that is determined by the investigator who conducted the investigation to constitute child abuse or neglect, as defined in Penal Code, § 11165.6, based upon evidence that makes it more likely than not that child abuse or neglect, as defined, occurred.

Unfounded – Defined in Penal Code, § 11165.12 (a) “Unfounded report” means a report that is determined by the investigator who conducted the investigation to be false, to be inherently improbable, to involve an accidental injury, or not to constitute child abuse or neglect, as defined in Penal Code, § 11165.6.



AGENCY REPORT

**THE CHILD ADVOCATES OFFICE
CASA OF LOS ANGELES
AGENCY REPORT**



CASA OF LOS ANGELES

CASA of Los Angeles, also known as the Child Advocates Office, is a special volunteer program of the Superior Court. CASA stands for Court Appointed Special Advocate. The mission of the program is to improve the lives of children in the foster care system. CASA volunteers achieves this, one child at a time, by ensuring children receive the support and help to which they are entitled. In it's continued efforts, CASA of Los Angeles recruits, trains, and supervises community volunteers who are appointed by the Juvenile Dependency Court to the cases of specific children to independently investigate the circumstances of the child's life, monitor compliance with court orders, facilitate the provision of court-ordered services, and advocate for the best interests of the child in court and in the community.

ABOUT THE CASA PROGRAM

CASA of Los Angeles 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 of Los Angeles is a member of the National Court Appointed Special Advocate Association, which sets standards for all CASA programs. There are CASA programs in all 50 states, Washington, D.C., and the U.S. Virgin Islands. Each state sets standards for its programs. In California, the legal rights and responsibilities of CASA programs and volunteers are outlined primarily in Welfare & Institutions Code sections 100 through 109. It is also found in Rule 5.655 of the California Rules of Court. The Judicial Council has oversight responsibility for monitoring California CASA programs for compliance with state standards. From Del Norte County in the northern corner of the state, to the southern tip of San Diego County, 41 programs now serve 43 counties and Indian Tribes.

CASA volunteers are supported in their work by qualified professional staff that includes an Executive Director, Assistant Director, Program Supervisors and Program Assistants. The program maintains two offices: Edelman

Children's Court in Monterey Park and 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.

Pursuant to 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 investigations and reports to the court are independent and separate. CASA volunteers gather information from many sources, but they are required to take an oath of confidentiality and may share information only with the court and parties to the case.



CASA volunteers are not permitted to provide direct services to the children for whom they are appointed, without authorization from the court. While it is not the role of a CASA volunteer to provide services that the Department of Children and Family Services is charged with providing, exceptions may be made when a child's situation sorely needs immediate action. A CASA may 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.

Children are referred directly to the CASA program by Dependency Court judicial officers, often at the request of a child's attorney. 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 20 years of age, some of whom may have emotional, medical, or developmental disabilities. CASA volunteers are not appointed for a child when the program determines that appropriate services are being provided for the child, nor are they appointed to children in the Delinquency Court.

A CASA volunteer remains on a case until the advocacy issues have been resolved for the child. Cases may last from a few months to several years. Prospective volunteers are asked to make an initial commitment of two years to the program, however, approximately 95% of volunteers go beyond the two-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.

Additionally, CASA volunteers are required to complete 12 hours of continuing education annually.

After completing training, the CASA volunteer is assigned to a case of a child or sibling group under the supervision of a professional Program Supervisor, who provides guidance, support and expertise to the CASA volunteer throughout the CASA volunteer's appointment. Program Supervisors maintain frequent contact with CASA volunteers under their supervision, and review and approve all court reports and any case related correspondence prepared by the CASA volunteer.



ADDITIONAL SERVICES

CASA serves children and youth with a variety of needs including developmental disabilities, severe emotional disturbances, and/or histories of psychiatric hospitalizations. Effective advocacy requires knowledge of the organic and non-organic challenges facing this vulnerable population, as well as the complex procedures involved in securing services and placements from the Department of Mental Health and/or Regional Centers. CASA of Los Angeles prepares volunteers for this work by providing specialized training and supervision.

CASAs are often involved in Educational Advocacy on behalf of their CASA child and many CASAs have been appointed by the court as the Educational Representative. They 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, some CASA volunteers help children as Children’s Court Assistants (CCA). CCA volunteers explain the Court process, in age-appropriate language, to children waiting to go to Court for the first time. They speak with children in the Shelter Care Activity Area at Edelman Children’s Court prior to their hearings, escort them to and from the courtrooms and are available to assist any child who may need emotional support before or after a hearing. Their overall goal is to ease children’s anxieties and be responsive to their needs when they attend Court hearings. In 2009, CCA volunteers donated 4,193 hours to assist a total of 6,919 children attending hearings at the Children’s Court.

FUNDING

CASA of Los Angeles is funded by a public/private partnership. It is a special program of the Juvenile Division of the

California Superior Court of Los Angeles County and also receives funding from a private sector partner, Friends of CASA, a 501(c)(3) non-profit charitable organization. This partnership has been in effect since 1983. Over the years, contributions to Friends of CASA have allowed the CASA program to grow in order to meet the increasing number of children in foster care who need a CASA volunteer. Friends of CASA is located in the CASA of Los Angeles office at Edelman Children’s Court in Monterey Park.

ABOUT THE CHILDREN

CASA of Los Angeles collects demographic information only on children assigned to a CASA volunteer by the court. CASA volunteers served 569 children in this capacity in 2009. (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.)

Figure 1

AGE OF CHILDREN APPOINTED A CASA DURING 2009

AGE	TOTAL	PERCENTAGE
0-5	80	14%
6 – 11	153	27%
12 – 15	186	33%
16 – 17	99	17%
18+	51	9%
TOTAL	569	100%

Figure 2

GENDER OF CHILDREN APPOINTED A CASA DURING 2009

GENDER	TOTAL	PERCENTAGE
Female	244	43%
Male	325	57%
TOTAL	569	100%



Figure 3

ETHNICITY OF CHILDREN APPOINTED A CASA DURING 2009

ETHNICITY	TOTAL	PERCENTAGE
African American	221	39%
Asian/Pacific Islander	16	3%
Hispanic/Latino	166	29%
Multi-Racial	42	7%
Native American	7	1%
Other	7	1%
White/Non-Latino	110	19%
TOTAL	569	100%

Figure 4

CHILD STATUS AT THE TIME CASA RELIEVED FROM CASE DURING 2009

REASON	TOTAL	PERCENTAGE
602 Adjudication	7	3%
Adoption	22	11%
Aged Out of System	22	11%
Courtesy Home Visits	16	8%
Guardianship - Kin	15	7%
Guardianship - Non Kin	13	6%
Long Term Foster Care - Kin	3	1%
Long Term Foster Care - Non kin	31	15%
Other	41	20%
Reunification	31	15%
TOTAL	201	100%



ABOUT THE VOLUNTEERS

During 2009, 361 volunteers served with the CASA of Los Angeles program. The volunteers are responsible adults who must be at least 25 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.

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 5

AGE OF CASA VOLUNTEERS DURING 2009

AGE	TOTAL	PERCENTAGE
21-29	22	6%
30-39	40	11%
40-49	71	20%
50-59	62	17%
60+	166	46%
TOTAL	361	100%

Figure 6

GENDER OF CASA VOLUNTEERS DURING 2009

GENDER	TOTAL	PERCENTAGE
Female	298	83%
Male	63	17%
TOTAL	361	100%

Figure 7

ETHNICITY OF CASA VOLUNTEERS DURING 2009

ETHNICITY	TOTAL	PERCENTAGE
African American	48	13%
Asian/Pacific Islander	16	4%
Declined to State	2	1%
Hispanic/Latino	35	10%
Multi Racial	11	3%
Other	26	7%
White/Non-Latino	223	62%
TOTAL	361	100%



AGENCY REPORT

**LOS ANGELES COUNTY
OFFICE OF EDUCATION
AGENCY REPORT**



**LOS ANGELES COUNTY OFFICE OF
EDUCATION ICAN DATA ANALYSIS
REPORT 2010**

Seventy-seven of the 80 school districts in Los Angeles County reported suspected child abuse data for 2009-2010. Reported child abuse was broken down into the following four categories: general neglect abuse, physical abuse, sexual abuse, and emotional abuse. In order to compare child abuse data across districts, incidence rates were calculated by weighing the numbers of reported cases per 1,000 enrolled students in each district. Current year enrollment data was obtained from the California Basic Educational Data System (CBEDS) (www.cde.ca.gov) and 2009-2010 enrollment figures furnished by the school districts.

SUMMARY

Figure 1 displays incidence rates by abuse and district type for 2009-2010. Physical abuse had the highest number of suspected cases

and sexual abuse had the lowest. Elementary school districts had the highest total suspected case incidence rate (3.49), followed by High School districts (3.46). Elementary school district incidence rates were the highest across all abuse types, ranging from 27% to 56% higher than the next highest incidence rates.

Current year district data is reported in more detail in Figures 2 through 8 below.

TREND ANALYSIS

Los Angeles County school district suspected child abuse data from 2004-2005 to 2009-2010 were analyzed for trends.

Overall, Los Angeles County school districts showed decreases in the number of incidences per 1000 in the sexual, physical, general neglect, and emotional abuse types. In the sexual, physical, general neglect, and emotional abuse type, there was a decrease in the elementary and unified school districts, but there was an increase in the high school districts in all four types.

Figure 1

2009 – 2010 NUMBER OF CASES

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	28	166,576	52	333	117	69	571	0.32	2.05	0.78	0.39	3.54
HIGH	5	75,862	47	120	47	49	263	0.12	0.8	0.21	0.23	1.36
UNIFIED	44	648,903	175	1,149	229	163	1,716	0.23	1.5	0.34	0.23	2.3
TOTAL	77	888,341	274	1,602	393	281	2,550	0.23	1.51	0.39	0.25	2.39



Figure 2

5-YEAR TREND 2004–05 THRU 2009–2010

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		Total Cases, Incidents/1,000	
		Year 1	Year 5	Year 1	Year 5	Year 1	Year 5	Year 1	Year 5	Year 1	Year 5
ELEMENTARY	28	0.46	0.32	2.77	2.04	0.83	0.72	0.45	0.42	4.51	3.49
HIGH	5	0.32	0.62	1.54	1.58	0.25	0.62	0.33	0.65	2.44	3.46
UNIFIED	44	0.38	0.27	1.88	1.77	0.68	0.44	0.41	0.32	3.35	2.64
TOTAL	77	0.39	0.31	2.06	1.8	0.59	0.44	0.4	0.32	3.44	2.87

Figure 3

**2009 CHILD ABUSE DATA
Total District Enrollment**

School District	Elementary	High School	Unified	Total Enrollment
ABC Unified	0	0	20,787	20,787
Acton-Agua Dulce Unified	0	0	1,909	1,909
Alhambra Unified	0	0	19,050	19,050
Antelope Valley Joint Union High		2,2319	0	22,319
Arcadia Unified	0	0	9,785	9,785
Azusa Unified	0	0	10,407	10,407
Baldwin Park Unified	0	0	16,586	16,586
Bassett Unified	0	0	4,615	4,615
Bellflower Unified	0	0	14,338	14,338
Beverly Hills Unified	0	0	4,963	4,963
Bonita Unified	0	0	10,238	10,238
Burbank Unified	0	0	14,639	14,639
Castaic Union	3,320	0	0	3,320
Centinela Valley Union High	0	7,500	0	7,500
Charter Oak Unified	0	0	6,260	6,260
Claremont Unified	0	0	6,919	6,919
Covina-Valley Unified	0	0	13,683	13,683
Culver City Unified	0	0	6,870	6,870
Downey Unified	0	0	22,457	22,457
Duarte Unified	0	0	4,597	4,597
East Whittier City	9,016	0	0	9,016
Eastside Union	3,300	0	0	3,300
El Monte City	9,813	0	0	9,813
El Monte Union High	0	10,366	0	10,366
El Rancho Unified	0	0	10,675	10,675
El Segundo Unified	0	0	3,227	3,227
Garvey	5,705	0	0	5,705
Glendale Unified	0	0	26,848	26,848
Glendora Unified	0	0	6,866	6,866
Gorman	895	0	0	895



Figure 3 (Cont.)

**2009 CHILD ABUSE DATA
Total District Enrollment**

SCHOOL DISTRICT	Elementary	High School	Unified	Total Enrollment
Hacienda La Puente Unified	0	0	20,782	20,782
Hawthorne	8,961	0	0	8,961
Hermosa Beach City	1,228	0	0	1,228
Hughes-Elizabeth Lakes Union	352	0	0	352
Inglewood Unified	0	0	13,289	13,289
Keppel Union	2,887	0	0	2,887
La Canada Unified	0	0	4,249	4,249
Lancaster	17,042	0	0	17,042
Las Virgenes Unified	0	0	11,050	11,050
Lawndale	5,791	0	0	5,791
Lennox	6,109	0	0	6,109
Little Lake City	5,029	0	0	5,029
Long Beach Unified	0	0	83,412	83,412
Los Nietos	2,250	0	0	2,250
Lowell Joint	3,121	0	0	3,121
Lynwood Unified	0	0	21,152	21,152
Manhattan Beach Unified	0	0	6,916	6,916
Monrovia Unified	0	0	6,154	6,154
Montebello Unified	0	0	32,722	32,722
Mountain View	9,155	0	0	9,155
Newhall	7,023	0	0	7,023
Norwalk-La Mirada Unified	0	0	28,103	28,103
Palmdale	20,244	0	0	20,244
Palos Verdes Peninsula Unified	0	0	11,972	11,972
Paramount Unified	0	0	15,000	15,000
Pasadena Unified	0	0	22,012	22,012
Pomona Unified	0	0	30,042	30,042
Redondo Beach Unified	0	0	8,020	8,020
Rosemead	3,017	0	0	3,017
Rowland Unified	0	0	15,803	15,803
San Gabriel Unified	0	0	5,526	5,526
San Marino Unified	0	0	3,145	3,145
Santa Monica-Malibu Unified	0	0	12,342	12,342
Saugus Union	10,400	0	0	10,400
South Pasadena Unified	0	0	4,193	4,193
South Whittier	3,875	0	0	3,875
Sulphur Springs Union	5,730	0	0	5,730
Temple City Unified	0	0	5,525	5,525
Torrance Unified	0	0	24,422	24,422
Valle Lindo	1,250	0	0	1,250
Walnut Valley Unified	0	0	14,357	14,357
West Covina Unified	0	0	12,996	12,996
Westside Union	8,055	0	0	8,055
Whittier City	6,193	0	0	6,193
Whittier Union High	0	12,554	0	12,554
William S. Hart Union High	0	23,123	0	23,123
Wilsona	1,615	0	0	1,615
Wiseburn	2,200	0	0	2,200
TOTAL	163,576	75,862	648,903	888,341



Figure 4

**2009 CHILD ABUSE DATA
Total Number of Reported Child Abuse Cases by School District**

SCHOOL DISTRICT	Children's Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site	Total Cases
ABC Unified	0	0	34	2	7	0	0	43
Acton-Agua Dulce Unified	0	0	3	0	4	0	0	7
Alhambra Unified	0	0	106	0	51	0	0	157
Antelope Valley Joint Union High	0	0	0	0	68	0	0	68
Arcadia Unified	0	0	12	0	5	0	0	17
Azusa Unified	0	0	9	0	1	0	0	10
Baldwin Park Unified	0	14	6	4	0	0	0	24
Bassett Unified	1	1	23	12	2	0	0	39
Bellflower Unified	0	0	74	0	5	0	3	82
Beverly Hills Unified	0	0	8	7	5	0	0	20
Bonita Unified	0	0	27	6	8	0	0	41
Burbank Unified	1	0	44	20	11	0	0	76
Castaic Union	0	0	3	1	0	0	0	4
Centinel Valley Union High	0	0	0	0	6	0	0	6
Charter Oak Unified	0	0	6	13	9	0	0	28
Claremont Unified	0	0	6	14	8	0	0	28
Covina-Valley Unified	2	0	18	9	12	0	0	41
Culver City Unified	0	1	8	6	16	0	0	31
Downey Unified	0	0	58	22	43	0	0	123
Duarte Unified	0	1	20	7	4	0	0	32
East Whittier City	0	0	41	35	0	0	0	76
Eastside Union	0	0	14	6	0	0	0	20
El Monte City	0	16	26	5	0	0	0	47
El Monte Union High	0	0	0	0	20	0	0	20
El Rancho Unified	0	15	17	8	10	0	0	50
El Segundo Unified	0	0	7	7	3	0	0	17
Garvey	0	4	1	1	0	0	0	6
Glendale Unified	0	0	14	2	10	0	0	26
Glendora Unified	0	0	6	0	0	0	0	6
Gorman	0	0	2	0	0	0	0	2
Hacienda La Puente Unified	0	0	2	0	12	0	0	14
Hawthorne	0	0	31	10	0	0	1	42
Hermosa Beach City	0	0	0	3	0	0	0	3
Hughes-Elizabeth Lakes Union	0	0	1	1	0	0	0	2
Inglewood Unified	1	0	22	2	7	0	1	33
Keppel Union	0	0	11	1	0	0	0	12
La Canada Unified	0	0	0	0	0	0	0	0
Lancaster	0	4	49	13	0	0	0	66
Las Virgenes Unified	0	0	4	0	8	0	0	12
Lawndale	0	0	16	11	0	0	0	27



Figure 4 (Cont.)

2009 CHILD ABUSE DATA
Total Number of Reported Child Abuse Cases by School District

SCHOOL DISTRICT	Children's Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site	Total Cases
Lennox	0	3	67	8	0	0	0	78
Little Lake City	0	0	3	10	0	0	0	13
Long Beach Unified	5	10	56	29	8	0	0	108
LACOE	0	0	0	0	0	0	0	0
Los Nietos	0	0	1	3	0	0	0	4
Lowell Joint	0	0	3	6	0	0	0	9
Lynwood Unified	0	0	40	7	7	0	0	54
Manhattan Beach Unified	0	0	2	0	6	0	0	8
Monrovia Unified	0	2	11	14	7	0	0	34
Montebello Unified	0	0	11	33	19	0	0	63
Mountain View	0	0	10	3	0	0	0	13
Newhall	0	0	8	0	0	0	0	8
Norwalk-La Mirada Unified	0	12	20	7	7	0	2	48
Palmdale	0	0	9	0	0	0	0	9
Palos Verdes Peninsula Unified	0	0	0	0	24	0	0	24
Paramount Unified	0	0	34	0	12	0	0	46
Pasadena Unified	0	0	45	6	13	0	0	64
Pomona Unified	1	0	59	8	10	0	0	78
Redondo Beach Unified	0	0	5	11	5	0	0	21
Rosemead	0	0	7	3	0	0	0	10
Rowland Unified	0	0	41	8	7	0	0	56
San Gabriel Unified	0	0	6	9	7	0	0	22
San Marino Unified	0	0	1	1	0	0	0	2
Santa Monica-Malibu Unified	0	0	52	37	34	0	0	123
Saugus Union	0	0	45	0	0	0	0	45
South Pasadena Unified	0	0	2	2	3	0	0	7
South Whittier	0	0	24	0	0	0	0	24
Sulphur Springs Union	0	0	42	0	0	0	0	42
Temple City Unified	0	0	15	9	3	0	0	27
Torrance Unified	0	0	22	5	8	0	1	36
Valle Lindo	0	0	4	0	0	0	0	4
Walnut Valley Unified	0	0	4	7	0	0	0	11
West Covina Unified	0	0	24	8	5	0	6	43
Westside Union	0	0	7	0	0	0	0	7
Whittier City	0	0	12	4	0	0	0	16
Whittier Union High	0	0	0	0	11	0	0	11
William S. Hart Union High	0	0	0	32	19	0	0	51
Wilsona	0	0	5	1	0	0	0	6
Wiseburn	0	0	9	13	0	0	0	22



Figure 5

**2009 CHILD ABUSE DATA
Number of Reported Cases of Suspected Sexual Abuse by School District**

SCHOOL DISTRICT	Children's Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site	Total Cases
ABC Unified	0	0	2	0	0	0	0	2
Acton-Agua Dulce Unified	0	0	0	0	0	0	0	0
Alhambra Unified	0	0	7	0	4	0	0	11
Antelope Valley Joint Union High	0	0	0	0	8	0	0	8
Arcadia Unified	0	0	1	0	1	0	0	2
Azusa Unified	0	0	0	0	0	0	0	0
Baldwin Park Unified	0	4	0	0	0	0	0	4
Bassett Unified	0	0	0	2	1	0	0	3
Bellflower Unified	0	0	8	0	1	0	0	9
Beverly Hills Unified	0	0	0	0	0	0	0	0
Bonita Unified	0	0	1	1	1	0	0	3
Burbank Unified	0	0	2	0	0	0	0	2
Castaic Union	0	0	0	0	0	0	0	0
Centinela Valley Union High	0	0	0	0	0	0	0	0
Charter Oak Unified	0	0	0	0	0	0	0	0
Claremont Unified	0	0	0	0	2	0	0	2
Compton Unified	0	0	0	0	0	0	0	0
Covina-Valley Unified	0	0	0	1	9	0	1	11
Culver City Unified	0	0	1	2	3	0	0	6
Downey Unified	0	0	4	4	4	0	0	12
Duarte Unified	0	0	1	1	0	0	0	2
East Whittier City	0	0	0	3	0	0	0	3
Eastside Union	0	0	4	0	0	0	0	4
El Monte City	0	0	3	0	0	0	0	3
El Monte Union High	0	0	0	0	32	0	0	32
El Rancho Unified	0	0	4	0	3	0	0	7
El Segundo Unified	0	0	0	0	0	0	0	0
Garvey	0	0	0	0	0	0	0	0
Glendale Unified	0	0	1	0	1	0	0	2
Glendora Unified	0	0	1	0	0	0	0	1
Gorman	0	0	0	0	0	0	0	0
Hacienda La Puente Unified	0	0	4	2	2	0	1	9
Hawthorne	0	0	4	0	0	0	0	4
Hermosa Beach City	0	0	0	0	0	0	0	0
Hughes-Elizabeth Lakes Union	0	0	0	0	0	0	0	0
Inglewood Unified	0	0	2	0	1	0	1	4
Keppel Union	0	0	2	0	0	0	0	2
La Canada Unified	0	0	0	0	0	0	0	0
Lancaster	0	0	2	3	0	0	0	5



Figure 5 (Cont.)

2009 CHILD ABUSE DATA
Number of Reported Cases of Suspected Sexual Abuse by School District

SCHOOL DISTRICT	Children's Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site	Total Cases
Las Virgenes Unified	0	0	0	0	0	0	0	0
Lawndale	0	0	0	0	0	0	0	0
Lennox	0	0	5	3	0	0	0	8
Little Lake City	0	0	1	2	0	0	0	3
Long Beach Unified	0	0	4	2	3	0	0	9
Los Nietos	0	0	1	0	0	0	0	1
Lowell Joint	0	0	0	0	0	0	0	0
Lynwood Unified	0	0	2	0	0	0	0	2
Manhattan Beach Unified	0	0	0	0	2	0	0	2
Monrovia Unified	0	1	0	2	3	0	0	6
Montebello Unified	0	0	1	7	2	0	0	10
Mountain View	0	0	5	0	0	0	0	5
Newhall	0	0	1	0	0	0	0	1
Norwalk-La Mirada Unified	0	0	3	4	1	0	0	8
Palmdale	0	0	2	0	0	0	0	2
Palos Verdes Peninsula Unified	0	0	0	0	1	0	0	1
Paramount Unified	0	0	3	2	2	0	0	7
Pasadena Unified	0	0	4	1	4	0	0	9
Pomona Unified	0	0	0	0	0	0	0	0
Redondo Beach Unified	0	0	0	0	0	0	0	0
Rosemead	0	0	0	0	0	0	0	0
Rowland Unified	0	0	1	2	1	0	0	4
San Gabriel Unified	0	0	2	0	1	0	0	3
San Marino Unified	0	0	0	0	0	0	0	0
Santa Monica-Malibu Unified	0	0	3	2	5	0	0	10
Saugus Union	0	0	7	0	0	0	0	7
South Pasadena Unified	0	0	1	0	0	0	0	1
South Whittier	0	0	1	0	0	0	0	1
Sulphur Springs Union	0	0	0	0	0	0	0	0
Temple City Unified	0	0	0	0	0	0	0	0
Torrance Unified	0	0	2	0	4	0	0	6
Valle Lindo	0	0	0	0	0	0	0	0
Walnut Valley Unified	0	0	0	0	0	0	0	0
West Covina Unified	0	0	4	0	1	0	0	5
Westside Union	0	0	2	0	0	0	0	2
Whittier City	0	0	0	0	0	0	0	0
Whittier Union High	0	0	0	0	0	0	0	0
William S. Hart Union High	0	0	0	7	0	0	0	7
Wilsona	0	0	1		0	0	0	1
Wiseburn	0	0	0	0	0	0	0	0



Figure 6

2009 CHILD ABUSE DATA
Number of Reported Cases of Suspected Physical Abuse by School District

SCHOOL DISTRICT	Children's Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site	Total Cases
ABC Unified	0	0	28	1	0	0	0	29
Acton-Agua Dulce Unified	0	0	1	1	0	0	0	2
Alhambra Unified	0	0	93	0	30	0	1	124
Antelope Valley Joint Union High	0	0	0	0	45	0	0	45
Arcadia Unified	0	0	6	2	8	0	0	16
Azusa Unified	0	0	3	0	0	0	0	3
Baldwin Park Unified	0	10	0	0	0	0	0	10
Bassett Unified	0	0	1	3	5	0	0	9
Bellflower Unified	0	0	33	0	5	0	2	40
Beverly Hills Unified	0	0	0	0	0	0	0	0
Bonita Unified	0	0	12	1	5	0	0	18
Burbank Unified	1	0	14	4	7	0	0	26
Castaic Union	0	0	2	5	0	0	0	7
Centinela Valley Union High	0	0	0	0	4	0	0	4
Charter Oak Unified	0	0	3	1	0	0	0	4
Claremont Unified	1	0	5	4	2	0	0	12
Compton Unified	0	0	0	1	0	0	0	1
Covina-Valley Unified	0	0	16	12	2	0	0	30
Culver City Unified	0	0	5	4	5	0	0	14
Downey Unified	0	0	26	10	18	0	0	54
Duarte Unified	0	1	7	6	1	0	0	15
East Whittier City	0	0	14	19	0	0	0	33
Eastside Union	0	0	16	4	0	0	0	20
El Monte City	0	6	6	0	0	0	0	12
El Monte Union High	0	0	0	0	36	0	0	36
El Rancho Unified	0	0	14	3	6	0	0	23
El Segundo Unified	0	0	1	3	1	0	0	5
Garvey	0	1	1	0	0	0	0	2
Glendale Unified	0	0	7	1	2	0	0	10
Glendora Unified	0	0	1	4	0	0	0	5
Gorman	0	0	0	0	0	0	0	0
Hacienda La Puente Unified	1	6	23	10	5	0	3	48
Hawthorne	0	0	11	14	0	0	0	25
Hermosa Beach City	0	0	4	0	0	0	0	4
Hughes-Elizabeth Lakes Union	0	0	0	0	0	0	0	0
Inglewood Unified	0	0	16	4	2	0	0	22
Keppel Union	0	0	12	1	0	0	0	13
La Canada Unified	0	0	4	0	0	0	0	4
Lancaster	0	2	10	9	0	0	0	21



Figure 6 (Cont.)

2009 CHILD ABUSE DATA
Number of Reported Cases of Suspected Physical Abuse by School District

SCHOOL DISTRICT	Children's Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site	Total Cases
Las Virgenes Unified	0	0	0	0	5	0	0	5
Lawndale	0	0	14	9	0	0	0	23
Lennox	0	1	28	6	0	0	0	35
Little Lake City	0	0	4	4	0	0	0	8
Long Beach Unified	5	5	38	7	6	0	0	61
Los Nietos	0	0	1	0	0	0	0	1
Lowell Joint	0	0	0	1	0	0	0	1
Lynwood Unified	0	0	17	5	1	0	0	23
Manhattan Beach Unified	0	0	1	0	6	0	0	7
Monrovia Unified	0	0	8	4	9	0	0	21
Montebello Unified	0	1	11	27	11	0	0	50
Mountain View	0	0	24	4	0	0	0	28
Newhall	0	0	10	0	0	0	0	10
Norwalk-La Mirada Unified	0	0	30	16	1	0	0	47
Palmdale	0	0	10	2	0	0	0	12
Palos Verdes Peninsula Unified	0	0	0	0	7	0	1	8
Paramount Unified	0	0	21	6	8	0	0	35
Pasadena Unified	0	0	26	0	8	0	0	34
Pomona Unified	3	1	76	5	6	0	4	95
Redondo Beach Unified	0	0	11	3	1	0	0	15
Rosemead	0	0	2	0	0	0	0	2
Rowland Unified	0	0	27	6	6	0	0	39
San Gabriel Unified	0	0	7	6	11	0	0	24
San Marino Unified	0	0	0	0	0	0	0	0
Santa Monica-Malibu Unified	0	0	14	24	24	0	0	62
Saugus Union	0	0	24	0	0	0	0	24
South Pasadena Unified	0	0	2	1	2	0	0	5
South Whittier	0	0	3	0	0	0	0	3
Sulphur Springs Union	0	0	18	0	0	0	0	18
Temple City Unified	0	0	10	0	0	0	0	10
Torrance Unified	0	0	25	8	13	0	2	48
Valle Lindo	0	0	5		0	0	0	5
Walnut Valley Unified	0	0	3	7	0	0	0	10
West Covina Unified	0	0	20	4	2	0	0	26
Westside Union	0	0	0	0	0	0	0	0
Whittier City	0	0	7	2	0	0	0	9
Whittier Union High	0	0	0	0	7	0	0	7
William S. Hart Union High	0	0	0	24	4	0	0	28
Wilsona	0	0	6	1	0	0	0	7
Wiseburn	0	0	2	8	0	0	0	10



Figure 7

**2009 CHILD ABUSE DATA
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
ABC Unified	0	1	0	0	0	0	0	1
Acton-Agua Dulce Unified	0	0	0	1	0	0	0	1
Alhambra Unified	0	0	25	0	4	0	0	29
Antelope Valley Joint Union High	0	0	0	0	13	0	0	13
Arcadia Unified	0	0	2	0	1	0	0	3
Azusa Unified	0	0	1	0	0	0	0	1
Baldwin Park Unified	0	1	0	0	0	0	0	1
Bassett Unified	0	0	0	0	1	0	0	1
Bellflower Unified	0	0	18	0	1	0	1	20
Beverly Hills Unified	0	0	0	0	0	0	0	0
Bonita Unified	0	0	7	4	1	0	0	12
Burbank Unified	0	0	2	0	0	0	0	2
Castaic Union	0	0	2	0	0	0	0	2
Centinel Valley Union High	0	0	0	0	0	0	0	0
Charter Oak Unified	0	0	3	2	0	0	0	5
Claremont Unified	1	0	4	1	0	0	0	6
Compton Unified	0	0	0	0	0	0	0	0
Covina-Valley Unified	0	0	4	1	0	0	0	5
Culver City Unified	0	0	0	0	0	0	0	0
Downey Unified	0	0	3	3	3	0	1	10
Duarte Unified	0	0	6	0	1	0	0	7
East Whittier City	0	0	6	9	0	0	0	15
Eastside Union	0	0	1	2	0	0	0	3
El Monte City	0	0	0	0	0	0	0	0
El Monte Union High	0	0	0	0	30	0	0	30
El Rancho Unified	0	2	1	1	2	0	0	6
El Segundo Unified	0	0	1	0	0	0	0	1
Garvey	0	0	1	1	0	0	0	2
Glendale Unified	0	0	1	1	0	0	0	2
Glendora Unified	0	0	3	0	0	0	0	3
Gorman	0	0	0	0	0	0	0	0
Hacienda La Puente Unified	0	0	9	5	1	0	0	15
Hawthorne	0	0	8	1	0	0	0	9
Hermosa Beach City	0	0	0	0	0	0	0	0
Hughes-Elizabeth Lakes Union	0	0	1	0	0	0	0	1
Inglewood Unified	0	0	3	0	0	0	0	3
Keppel Union	0	0	2	0	0	0	0	2
La Canada Unified	0	0	1	0	0	0	0	1
Lancaster	0	0	4	2	0	0	0	6



Figure 7 (Cont.)

2009 CHILD ABUSE DATA
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
Las Virgenes Unified	0	0	0	0	0	0	0	0
Lawndale	0	0	3	2	0	0	0	5
Lennox	0	0	15	7	0	0	0	22
Little Lake City	0	0	0	1	0	0	0	1
Long Beach Unified	0	0	9	2	0	0	0	11
Los Nietos	0	0	2	0	0	0	0	2
Lowell Joint	0	0	2	0	0	0	0	2
Lynwood Unified	0	0	3	1	0	0	0	4
Manhattan Beach Unified	0	0	0	0	0	0	0	0
Monrovia Unified	0	0	7	0	1	0	1	9
Montebello Unified	0	0	3	7	2	0	0	12
Mountain View	0	0	6	0	2	0	0	8
Newhall	0	0	0	0	0	0	0	0
Norwalk-La Mirada Unified	0	0	2	0	1	0	0	3
Palmdale	0	0	4	0	0	0	0	4
Palos Verdes Peninsula Unified	0	0	0	0	2	0	0	2
Paramount Unified	0	0	3	0	0	0	0	3
Pasadena Unified	0	0	7	0	3	0	0	10
Pomona Unified	0	0	0	0	0	0	0	0
Redondo Beach Unified	0	0	3	0	0	0	0	3
Rosemead	0	0	1	0	0	0	0	1
Rowland Unified	0	0	3	0	0	0	0	3
San Gabriel Unified	0	0	1	0	2	0	0	3
San Marino Unified	0	0	0	0	0	0	0	0
Santa Monica-Malibu Unified	0	0	4	2	5	0	0	11
Saugus Union	0	0	11	0	0	0	0	11
South Pasadena Unified	0	0	0	0	3	0	0	3
South Whittier	0	0	4	0	0	0	0	4
Sulphur Springs Union	0	0	8	0	0	0	0	8
Temple City Unified	0	0	3	0	0	0	0	3
Torrance Unified	0	0	8	1	4	0	0	13
Valle Lindo	0	0	0	0	0	0	0	0
Walnut Valley Unified	0	0	0	0	0	0	0	0
West Covina Unified	0	0	0	1	0	0	0	1
Westside Union	0	0	1	0	0	0	0	1
Whittier City	0	0	0	1	0	0	0	1
Whittier Union High	0	0	0	0	1	0	0	1
William S. Hart Union High	0	0	0	2	1	0	0	3
Wilsona	0	0	4	2	0	0	0	6
Wiseburn	0	0	1	0	0	0	0	1



Figure 8

**2009 CHILD ABUSE DATA
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
ABC Unified	0	0	0	0	0	0	0	0
Acton-Agua Dulce Unified	0	0	0	0	0	0	0	0
Alhambra Unified	0	0	6	0	5	0	0	11
Antelope Valley Joint Union High	0	0	0	0	10	0	0	10
Arcadia Unified	0	0	5	1	3	0	0	9
Azusa Unified	0	0	0	0	0	0	0	0
Baldwin Park Unified	0	2	0	0	0	0	0	2
Bassett Unified	0	0	0	0	0	0	0	0
Bellflower Unified	0	0	10	0	0	0	1	11
Beverly Hills Unified		0	0	0	0	0	0	0
Bonita Unified	0	0	4	1	1	0	0	6
Burbank Unified	0	0	2	0	2	0	0	4
Castaic Union	0	0	0	1	0	0	0	1
Centinela Valley Union High	0	0	0	0	0	0	0	0
Charter Oak Unified	0	0	0	0	0	0	0	0
Claremont Unified	1	0	1	1	1	0	0	4
Compton Unified	0	0	0	0	0	0	0	0
Covina-Valley Unified	0	0	1	1	1	0	0	3
Culver City Unified	0	0	1	0	0	0	0	1
Downey Unified	0	0	5	3	8	0	0	16
Duarte Unified	0	0	3	0	0	0	0	3
East Whittier City	0	0	10	9	0	0	0	19
Eastside Union	0	0	1	0	0	0	0	1
El Monte City	0	5	0	0	0	0	0	5
El Monte Union High	0	0	0	0	32	0	0	32
El Rancho Unified	0	0	0	0	2	0	0	2
El Segundo Unified	0	0	0	1	0	0	0	1
Garvey	0	0	0	0	0	0	0	0
Glendale Unified	0	0	2	0	0	0	0	2
Glendora Unified	0	0	0	0	0	0	0	0
Gorman	0	0	0	0	0	0	0	0
Hacienda La Puente Unified	0	1	5	3	2	0	0	11
Hawthorne	0	0	2	0	0	0	0	2
Hermosa Beach City	0	0	0	0	0	0	0	0
Hughes-Elizabeth Lakes Union	0	0	0	0	0	0	0	0
Inglewood Unified	0	0	2	0	0	0	0	2
Keppel Union	0	0	1	0	0	0	0	1
La Canada Unified	0	0	1	0	0	0	0	1
Lancaster	0	0	0	4	0	0	0	4



Figure 8 (Cont.)

2009 CHILD ABUSE DATA
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
Las Virgenes Unified	0	0	0	0	0	0	0	0
Lawndale	0	0	1	0	0	0	0	1
Lennox	0	0	8	6	0	0	0	14
Little Lake City	0	0	1	0	0	0	0	1
Long Beach Unified	0	0	9	2	0	0	0	11
Los Nietos	0	0	0	0	0	0	0	0
Lowell Joint	0	0	0	0	0	0	0	0
Lynwood Unified	0	0	1	0	1	0	0	2
Manhattan Beach Unified	0	0	1	0	1	0	0	2
Monrovia Unified	0	0	2	2	0	0	1	5
Montebello Unified	0	0	1	1	0	0	0	2
Mountain View	0	0	4	0	0	0	0	4
Newhall	0	0	2	0	0	0	0	2
Norwalk-La Mirada Unified	0	0	7	0	0	0	0	7
Palmdale	0	0	1	0	0	0	0	1
Palos Verdes Peninsula Unified	0	0	0	0	0	0	0	0
Paramount Unified	0	0	0	0	0	0	0	0
Pasadena Unified	0	0	3	2	1	0	0	6
Pomona Unified	0	0	0	0	0	0	0	0
Redondo Beach Unified	0	0	3	0	0	0	0	3
Rosemead	0	0	1	0	0	0	0	1
Rowland Unified	0	0	0	0	0	0	0	0
San Gabriel Unified	0	0	0	0	7	0	0	7
San Marino Unified	0	0	0	0	0	0	0	0
Santa Monica-Malibu Unified	0	0	2	7	6	0	0	15
Saugus Union	0	0	4	0	0	0	0	4
South Pasadena Unified	0	0	0	0	0	0	0	0
South Whittier	0	0	0	0	0	0	0	0
Sulphur Springs Union	0	0	5	0	0	0	0	5
Temple City Unified	0	0	3	3	0	0	0	6
Torrance Unified	0	0	3	2	2	0	0	7
Valle Lindo	0	0	0	0	0	0	0	0
Walnut Valley Unified	0	0	1	0	0	0	0	1
West Covina Unified	0	0	0	0	0	0	0	0
Westside Union	0	0	0	0	0	0	0	0
Whittier City	0	0	1	1	0	0	0	2
Whittier Union High	0	0	0	0	2	0	0	2
William S. Hart Union High	0	0	0	4	1	0	0	5
Wilsona	0	0	0	0	0	0	0	0
Wiseburn	0	0	0	1	0	0	0	1



AGENCY REPORT

**LOS ANGELES
POLICE DEPARTMENT
AGENCY REPORT**



LOS ANGELES POLICE DEPARTMENT

Abused Child Section and Child Protection Section

The Abused Child Section and the Child Protection Section, Juvenile Division, were created to provide a high level of expertise to the investigation of child abuse cases. These sections investigate child abuse cases wherein the parent, stepparent, legal guardian, or domestic partner 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;
- Homicide, when the victim is under 11 years of age;
- Deaths of juveniles under 11 years of age, where the parent or guardian's neglect or action places the child in an endangered situation that results in death; and,
- Undetermined deaths of juveniles under 11 years of age.

The Abused Child Section and the Child Protection Section are also responsible for the following:

- The tracking of Suspected Child Abuse Reports (SCARs);
- 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; and,
- Acting as the Department's representative to, and maintaining liaison with, various public and private organizations concerned with the prevention, investigation, and treatment of child abuse.

Sexually Exploited Child Unit

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:

- The children are under the age of 16;
- Suspects are recidivist and cases involving multiple victims;
- There has been substantial felony sexual conduct and the suspect is in a position of trust;
- Child pornography cases, not involving the Internet, including production, distribution, or possession of child pornography;
- Complaints of possible child pornography from photography processing facilities, computer repair businesses, or community members; and,
- Providing child exploitation advice and expertise to the Department, including training for Department schools.

Internet Crimes Against Children Unit

The Internet Crimes Against Children Unit, Juvenile Division, is responsible for seeking out and investigating violations of state and federal laws pertaining to the exploitation of children when:



- The children are under the age of 16;
- There has been substantial felony sexual conduct;
- The sexual predator used the Internet to contact the child and lure the child away for the purpose of having sex with the child;
- Child pornography cases involving the Internet, including production, distribution, and possession of child pornography; and,
- Child pornography web sites, email Spam, and Cyber tips received from the National Center for Missing and Exploited Children (NCMEC).

The Internet Crimes Against Children Unit is also responsible for:

- Managing the Los Angeles Internet Crimes Against Children (LAICAC) Task Force;
- Conducting Internet Safety presentations for children, parents, schools, and community groups; and,
- Providing child exploitation advice and expertise, when the Internet is involved, to the Department, including training for Department schools.

Geographic Areas

The Los Angeles Police Department maintains 21 community police stations known as geographic Areas. Each Area is responsible for the following juvenile investigations relating to child abuse and endangering cases:

- Unfit homes, endangering, and dependent child cases;
- Child abuse cases in which the perpetrator is not a parent, stepparent, legal

guardian, or domestic partner;

- Cases in which the child receives an injury, but is not the primary object of the attack; and,
- Child abductions.

LOS ANGELES POLICE DEPARTMENT – 2009 CHILD ABUSE FINDINGS

Juvenile Division

1. The total investigations (crime and non-crime) conducted by the unit in 2009 (28,528) showed an increase (3.91 percent) over the number of investigations in 2008 (27,454).
2. Adult arrests by the unit in 2009 (205) showed an increase (9.04 percent) in the number of arrests made in 2008 (188).
3. The number of dependent children handled by the unit in 2009 (1,459) showed an increase (24.06 percent) from the number handled in 2008 (1,176).

Geographic Areas

1. The total investigations conducted by the Areas in 2009 (1,424) showed a decrease of (6.56 percent) from 2008 (1,524).
2. Adult arrests made by the Areas in 2009 (343) showed an increase of (5.86 percent) from 2008 (324).
3. The number of dependent children handled by the Areas in 2009 (1,894) was a decrease of (1.61 percent) from the number handled in 2008 (1,925).



Figure 1

**LOS ANGELES POLICE DEPARTMENT
Juvenile Division 2009 Crimes Investigated**

TYPE	NUMBER	% OF TOTAL
Physical Abuse (Includes ADW* and battery)	1,196	52.92%
Sexual Abuse	559	24.73%
Endangering	451	19.96%
Homicide	5	0.22%
Others	49	2.17%
TOTAL	2,260	100%

* Assault with a deadly weapon

Figure 2

**LOS ANGELES POLICE DEPARTMENT
Geographic Areas 2009 Crimes Investigated**

TYPE	NUMBER	% OF TOTAL
Physical Abuse	0	0.00%
Sexual Abuse*	956	67.13%
Endangering**	468	32.87%
Homicide	0	0.00%
TOTAL	1,424	100%

Figure 3

**LOS ANGELES POLICE DEPARTMENT
JUVENILE DIVISION
2009 Crimes Investigated**

TYPE	NUMBER	% OF TOTAL
Injury	3,348	12.75%
Death	70	0.27%
Exploitation	24	0.09%
Internet Crime	685	2.61%
SCAR Reports	22,141	84.28%
TOTAL	26,268	100%

Figure 4

**LOS ANGELES POLICE DEPARTMENT
Number of Arrests Processed by
Juvenile Division in 2009**

TYPE	NUMBER	% OF TOTAL
Homicide (PC§187)	4	1.95%
Child Molestation (PC§288)	80	39.02%
Child Endangering (PC§273a)	14	6.83%
Child Abuse (PC§273d)	76	37.07%
Others	31	15.12%
TOTAL	205	100%



Figure 5

**LOS ANGELES POLICE DEPARTMENT
Number of Arrests Processed
by Geographic Areas in 2009**

TYPE	NUMBER	% OF TOTAL
Homicide (PC§187)	0	0.00%
Child Molestation (PC§288)	307	89.50%
Child Endangering (PC§273a)	0	0.00%
Child Abuse (PC§273d)	7	2.04%
Others	29	8.46%
TOTALS	343	100%

Figure 6

**LOS ANGELES POLICE DEPARTMENT
Number of Dependent Children
Processed by Juvenile Division in 2009**

TYPE	NUMBER	% OF TOTAL
WIC §300 (Physical Abuse)	***	***%
WIC §300 (Sexual Abuse)	***	***%
WIC §300 (Endangered)	***	***%
TOTALS	1,459	100%

***: Juvenile Division no longer separates 300 WIC by category.

Figure 7

**LOS ANGELES POLICE DEPARTMENT
Number of dependent children processed by Geographic Areas in 2009**

TYPE	NUMBER	% OF TOTAL
WIC §300 (Physical Abuse)	391	20.64%
WIC §300 (Sexual Abuse)	310	16.37%
WIC §300 (Endangered)	1,193	62.99%
TOTAL	1,894	100%



Figure 8

**LOS ANGELES POLICE DEPARTMENT REPORTS
The age categories of children who were victims of Child Abuse in 2009**

TYPE	0 – 4 YRS	5 – 9 YRS	10 – 14 YRS	15 – 17 YRS	TOTAL
Physical Abuse	113	127	108	82	430
Sexual Abuse	169	434	681	266	1,550
Endangering	643	425	348	154	1,570
TOTAL	925	986	1,137	502	3,550

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.

Figure 9

**LOS ANGELES POLICE DEPARTMENT
Comparison of 2008 and 2009**

TYPE	2008	2009	% OF CHANGE
Total Investigations	28,978	29,952	3.36%
Total Adult Arrests	512	548	7.03%
Dependent Children	3,101	3,353	8.13%



Figure 10

CRIMES INVESTIGATED
Physical Abuse

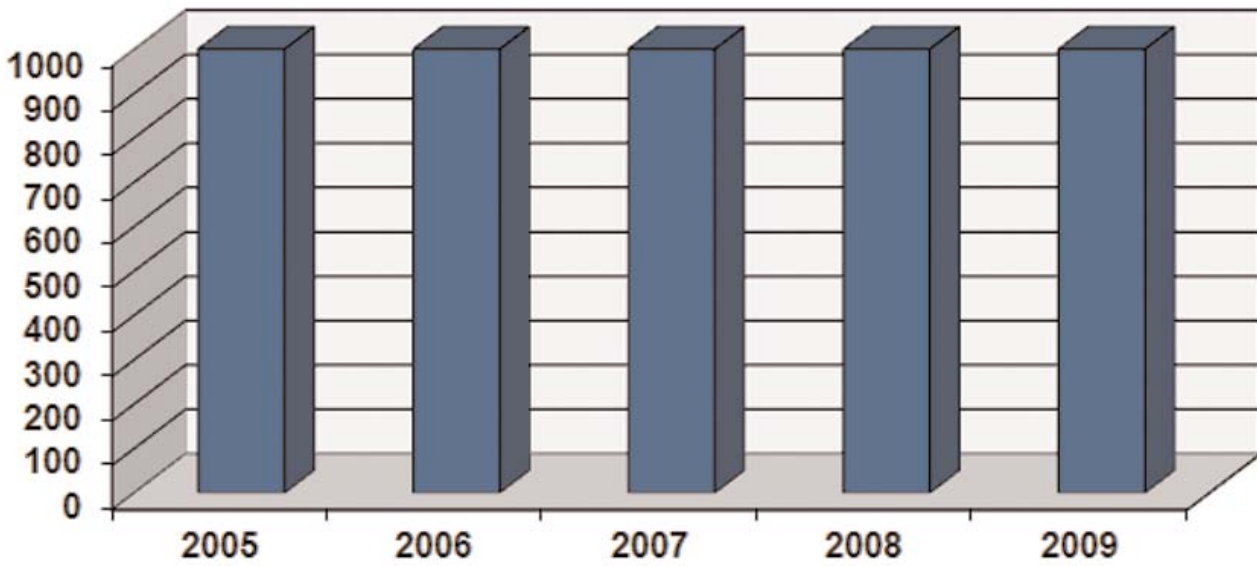


Figure 11

CRIMES INVESTIGATED
Sexual Abuse

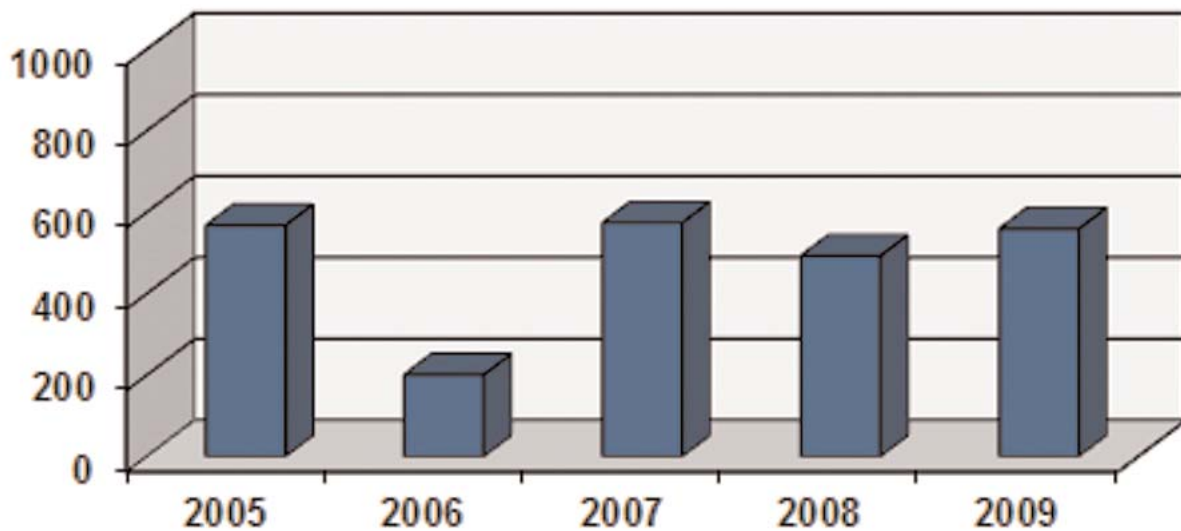




Figure 12

CRIMES INVESTIGATED
Endangered

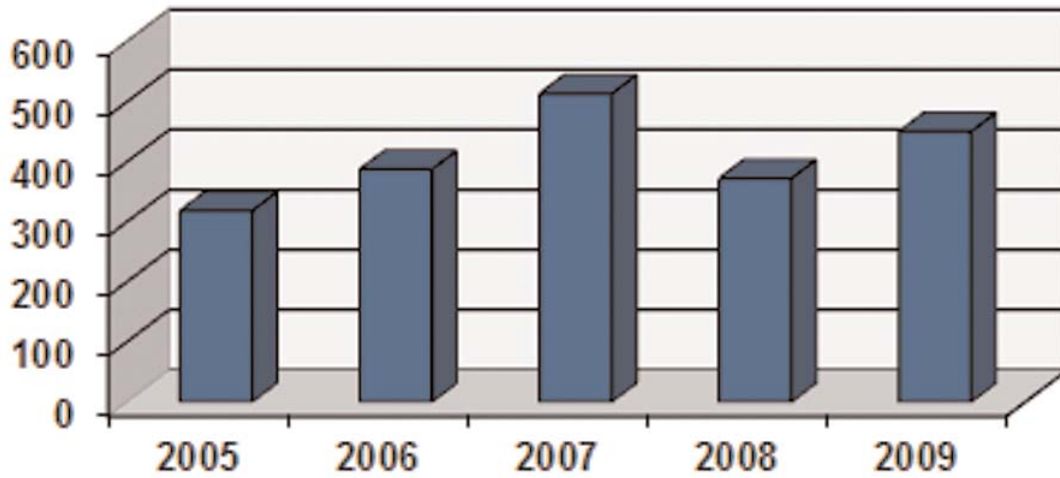


Figure 13

CRIMES INVESTIGATED
Homicide

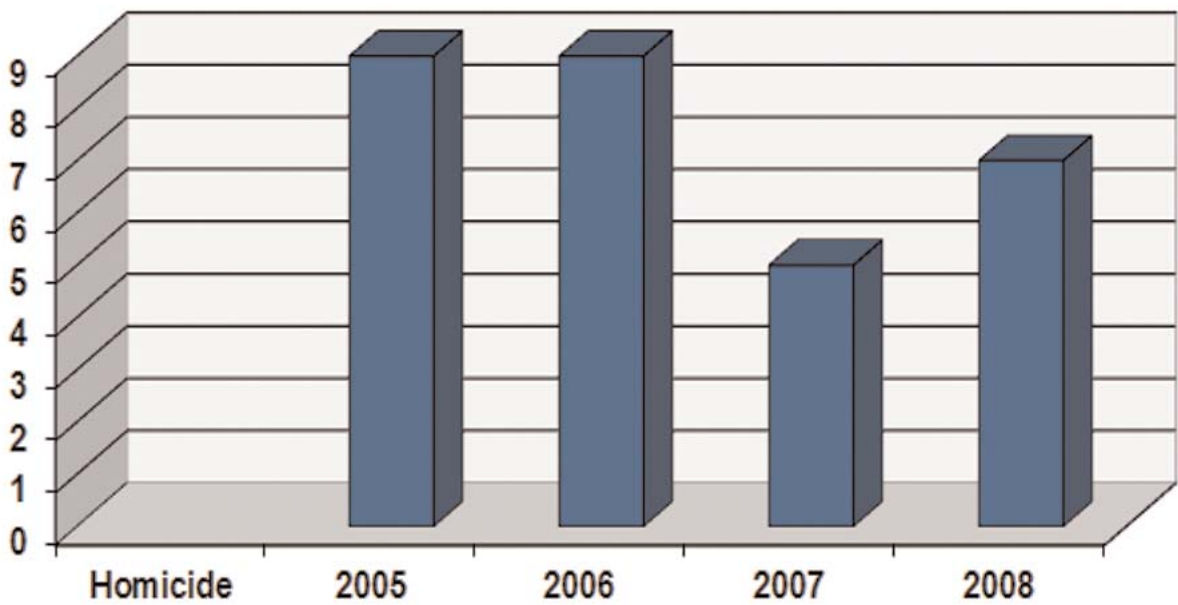




Figure 14

CRIMES INVESTIGATED
Injury/SCARs/Exploitation/Internet

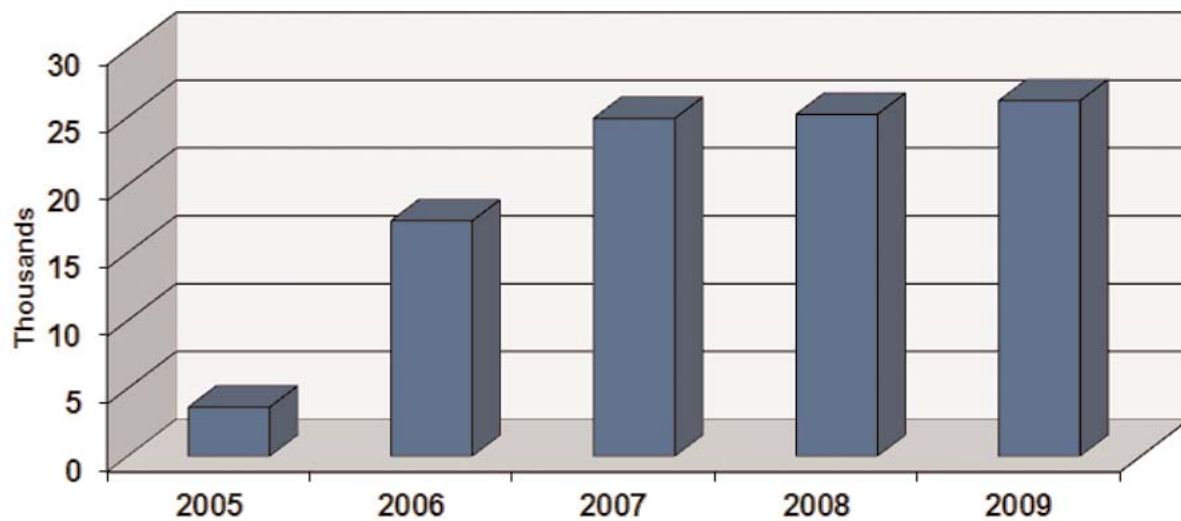


Figure 15

CRIMES INVESTIGATED
Deaths

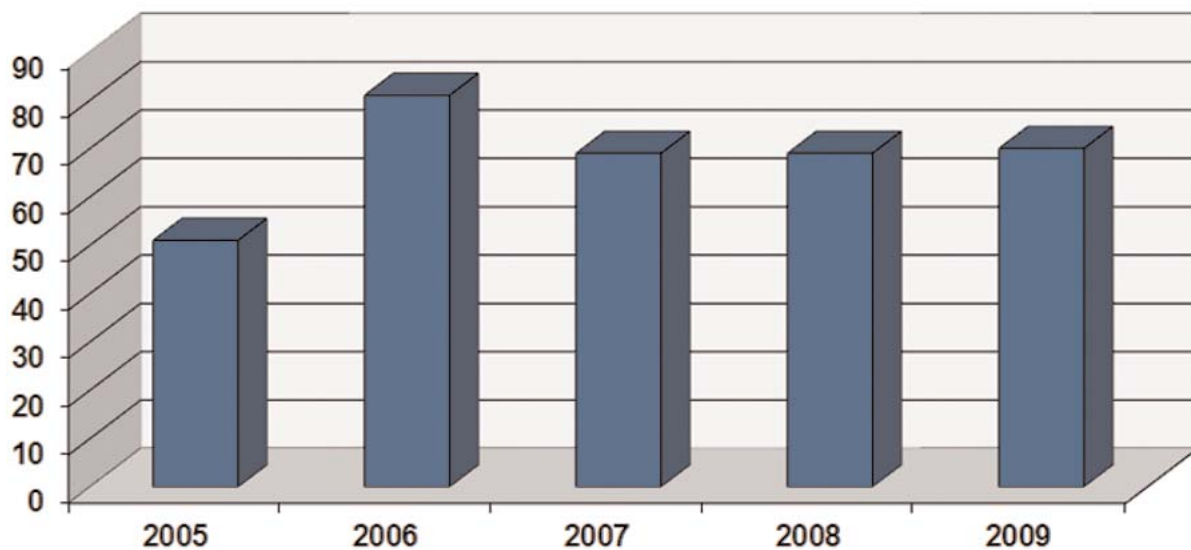
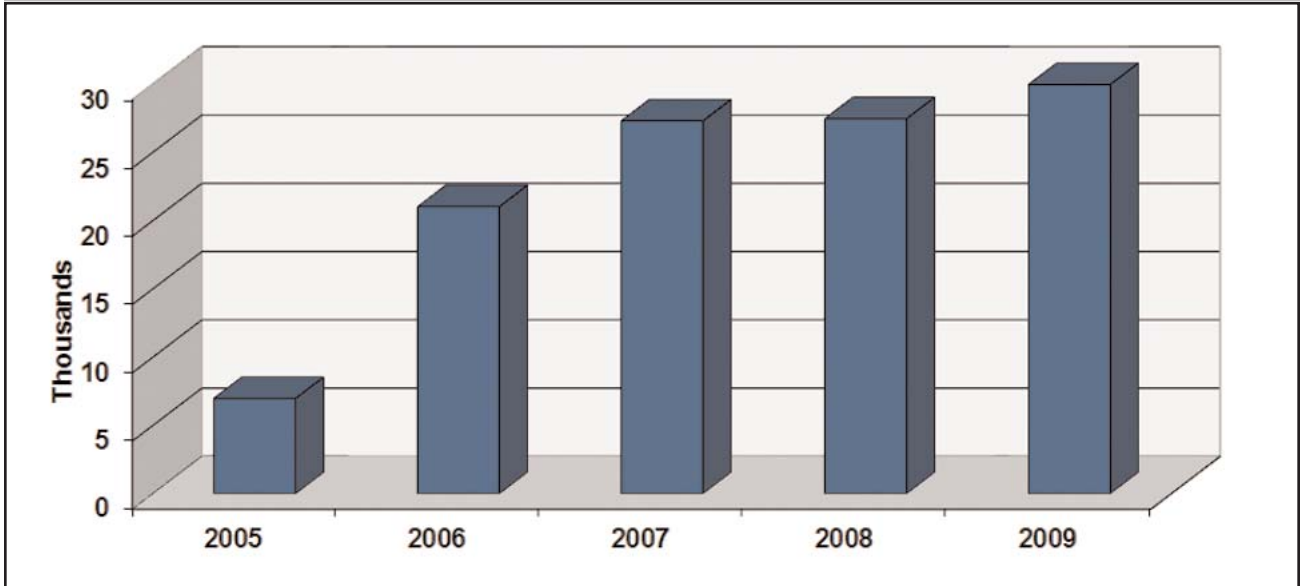




Figure 16

CRIMES INVESTIGATED
Total Investigations





GLOSSARY

Child – A person under the age of 18 years.

Physical Abuse – Any inflicted trauma through non-accidental means.

SCAR (Suspected Child Abuse Report) – Department of Justice Form SS 8583, which must be submitted after an active investigation has been conducted and the incident has been determined to be substantiated or inconclusive.

Sexual Abuse – Any touching with a sexual context.

Sexual Exploitation – As defined by Penal Code Section 11165, subdivision (b) (2), sexual exploitation includes conduct in violation of the following: Penal Code Section 311.2 (Pornography), Penal Code Section 311.3 (Minors and Pornography), Penal Code Section 288 (Lewd and Lascivious Acts with a Child), and Penal Code Section 288a (Oral Copulation).



AGENCY REPORT

OFFICE OF CITY ATTORNEY

LOS ANGELES

AGENCY REPORT



INTRODUCTION

With more than 500 lawyers and 900 employees overall, the Los Angeles City Attorney's Office is among the largest government legal offices in the country. It is the third largest government law office in California, following the state Attorney General's Office and the Los Angeles County District Attorney's Office.

The Los Angeles City Attorney is the chief prosecutor for the City of

Los Angeles with jurisdiction to prosecute all misdemeanor criminal offenses and infractions. He is also the chief legal advisor and general counsel to the Mayor and the City Council, as well as all boards, departments, and officers in the City of Los Angeles. In July 2009, Carmen Trutanich became the Los Angeles City Attorney, taking the place of Rockard J. Delgadillo, the previous City Attorney.

OVERVIEW OF THE CITY ATTORNEY'S OFFICE

The Los Angeles City Attorney's Office consists of three core legal branches: civil liability management, municipal counsel, and criminal and special litigation.

The City Attorney is Los Angeles' chief prosecutor, representing the People of the State of California in all criminal misdemeanor cases in the City of Los Angeles. With seven divisions spanning the City, the Office prosecutes criminal activity ranging from vehicular crimes, property crimes, and domestic violence to child abuse and exploitation to violent gang crimes.

The initial step in prosecuting misdemeanor offenses consists of a filing decision by a deputy city attorney, who reviews police reports received for filing consideration. The City Attorney's Office receives these reports either directly from a law enforcement agency, administrative agency, or a referral from the Los Angeles County District Attorney's Office.

The deputy city attorney decides whether to file a criminal complaint against an individual and prosecute the case through the judicial system. The cases are prosecuted by a deputy city attorney at one of the seven branch locations or within specialized prosecution units.

Upon disposition of a case by plea or conviction, the defendant is sentenced by the court. However, sentence advocacy is an important role for a prosecutor as part of the criminal justice system. A defendant may be sentenced to jail, fine, or probation and may be ordered to make restitution to the victim. Conditions of probation may include appropriate counseling, force and violence conditions, attendance at an alcohol program, or batterer's treatment program, parenting classes, or other terms of probation that prevent recidivism.

The Office achieves superior results partly because of its attorneys' familiarity with the communities they serve and the strong working relationships they have developed with all levels of the Los Angeles Police Department and other law enforcement agencies.

In 2008, this Office reviewed 97,936 cases and filed 61,239 cases. As a result of this commitment and dedication, Los Angeles is a safer place for children and families to live, work, and go to school.

CHILD PROTECTION PROGRAMS

Every day, the Office of the City Attorney confronts the serious problems of child abuse, neglect, and exploitation. Efforts are multifaceted, including specialized vertical prosecution, providing support to victims, truancy and gang prevention programs, legislative initiatives, law enforcement training, and community outreach.



CHILD ABUSE PROSECUTION SECTION

The City Attorney's Office handles all physical, sexual and emotional child abuse and neglect matters primarily through its specialized Child Abuse Prosecution Section, which uses experienced prosecutors to vertically prosecute all cases of violence against children. This section is supported by the Victim Advocacy Program, which uses skilled and dedicated victim advocates who work with the prosecutors to provide support to child victims, witnesses, and their families. Each individual case is assigned from the outset to a team made up of a prosecutor, victim advocate, and an investigator who work together for the duration of that criminal case. Their combined efforts ensure better conviction rates and stricter sentencing, while providing needed resources and aid to victims of child abuse.

The efforts of the Office go beyond prosecution. The Office of the City Attorney provides additional support for child victims and witnesses in cases brought by the Office through the Victim-Witness Assistance Program.

CRIME PREVENTION AND YOUTH POLICY DIVISION

The Crime Prevention and Youth Policy Division is responsible for a wide variety of child and youth related programs and projects such as the Truancy Prevention Program, Los Angeles County Cyber Crime Task Force, the Internet Crimes Against Children (ICAC) Task Force, and Child Abuse Policy issues.

CHILD ABUSE DOCUMENTARY SHORT

Slipping through the Cracks is a detailed and compelling documentary short film that takes a heart-wrenching look at the child welfare system in Los Angeles County. Through the lives of children like little Sarah Chavez, a

beautiful toddler who never made it to her third birthday, the film examines in detail how cases of child abuse are handled within our child welfare system and the numerous systemic failures that occur too often. Dozens of abused and neglected children were killed in Los Angeles in the last few years, often in their own homes at the hands of trusted caregivers. These recent tragedies underscore a gaping hole in the county's safety net – a net that is charged with protecting the youngest and most vulnerable in our society. From social workers and first responders to health care professionals, law enforcement, and the courts, we are failing these children on a daily basis. Worst of all, many of these deaths could have been prevented.

The 30-minute documentary offers a solution with a gripping 360-degree look at this child welfare system, critically examining the problem through the eyes of families, social workers, judges, police, and prosecutors. The film also questions the controversial policy known as family reunification that requires child welfare officials to return children to once abusive homes after certain conditions are met. The film challenges officials to make the safety and welfare of children a national priority and prevent them from slipping through the cracks.

TRUANCY PREVENTION PROGRAM

In 2002, the Office of the City Attorney partnered with the Los Angeles Unified School District (LAUSD) to start a unique and powerful program to address the issue of rampant truancy in the City of Los Angeles.

The Truancy Prevention Program strikes at the heart of dropout rates with a simple but powerful tool to fight truancy and absenteeism among students: parents. City Attorney staff educate parents about their legal responsibility to ensure that their children attend class regularly. Another positive side-effect of the Truancy Prevention Program is an increase in state funding for LAUSD, since funding levels by the State are based on school attendance.



The program began in 20 LAUSD middle schools and over its first two years of operation has focused primarily on 6th graders and served just over 30,000 families. During the 2004-2005 school year, at the request of the School District, the program was expanded to include 7th and 8th grade students at several Los Angeles City middle schools.

During the first three years of the Truancy Prevention Program, there were approximately 11,600 students who were chronically truant. After intervention by the Office of the City Attorney, 90 percent of those chronic truants had significantly improved their school attendance.

Since its inception, the Truancy Prevention Program has been highly successful. This anti-gang, anti-truancy program holds parents accountable for their children's attendance at school. Truancy is widely identified as a precursor to gang involvement and criminal activity. As such, the Truancy Prevention Program fights crime by investing in our young people, empowering parents and giving families the resources they need to make better choices for their children's futures.

THE PROBLEM OF TRUANCY IN LOS ANGELES

In the Los Angeles Unified School District, an average of 50,000 students are absent from school each day (20,000 elementary school and 30,000 secondary school students). And although some of these absences are for valid reasons, many are unexcused. While some students skip school without their parents' knowledge, other parents often do not require their children to attend school. Under California law, a student is truant when they have three or more unexcused absences from school during a school year. LAUSD attendance records show that some students miss 50 or more days of school in a single school year.

Truancy directly impacts our community and our quality of life in several ways, including increases in gang membership and juvenile

crime, lower academic achievement, the increased victimization of children, and the loss of hundreds of thousands of dollars for our schools. More specifically, truancy is harmful in the following ways:

- Truancy is a precursor to gang membership. A youth is three times more likely to join a gang when he/she has low school attachment, low academic achievement, or learning disabilities. Studies show that youth who have delinquent peers are more likely to join a gang. According to one veteran gang prosecutor, he has "never met a gang member that wasn't first a truant."
- Truancy is a stepping stone to delinquent and criminal activity. Forty-four percent of juvenile crime takes place during school hours. Police agencies report that a rise in daytime crime is a result of increased truancy.
- Truancy impacts a child's success at school. Missing school causes a child to fall further behind, resulting in lower academic achievement. Truants lose not only their opportunity for an education, but also their future earning capacity. There is also a link between truancy and incarceration; among incarcerated inmates, 82 percent dropped out of school.
- Truancy leads to the victimization of youth. According to a veteran LAPD crime analysis officer, "when you put juveniles back in school, you not only protect the community, you also protect the juveniles themselves." Juveniles comprise 21 percent of the victims of crimes committed during



school hours. Juveniles out of school are subject to sexual assault, drug dealers, and gang activity.

- Truancy has fiscal ramifications. LAUSD is funded based on its students' attendance. Truancy costs the school district hundreds of thousands of dollars in federal and state funding due to lower daily attendance rates. Businesses have to pay the attendant costs of truancy, such as removing graffiti and increasing security for crimes like vandalism and shoplifting. Furthermore, taxpayers must bear the increased cost for criminals and welfare recipients who do not have the education and skills to support themselves.

SAFE SCHOOL ZONES

Working in partnership with the Los Angeles Unified School District (LAUSD), the Los Angeles City Attorney's Office administers a program designed to monitor and potentially remove criminals convicted of firearm offenses living near schools. When children are unable to concentrate in school because their minds are focused on danger in their neighborhoods, we have failed them. By designating the areas around our schools as 'Safe School Zones', we send a powerful message to the community that we will not tolerate crime in and around our schools.

Working closely with members of the LAUSD, the Los Angeles Police Department and the Los Angeles School Police Department at the Safe Schools Collaborative, the City Attorney's Office uses California Penal Code § 626 to designate schools, bus stops and all areas within 1,000 feet of the school a violence-free zone.

Only enrolled students or those with official school business will be allowed on school

grounds. Principals, school police, local law enforcement and security may require any individual whose presence or acts interfere with the students' education to leave immediately or be arrested.

Adopting provisions of the Penal Code section and designating "Safety Zones" around schools establishes specific, progressive penalties for violent offenders with a prior criminal record. The first violation of violating the "Safe School Zone" carries a maximum penalty of six months in jail and/or a \$500 fine. Second offenses carry a mandatory minimum of 10 days in jail and two or more offenses carry a mandatory minimum sentence of 90 days in jail.

Each school in the LAUSD implemented a Safe School plan by posting information designating a list of boundaries, bus stops and other public property within the "Safe School Zone". The office continues the process of training law enforcement including the LAUSD School Police in the law regarding Safe School Zones.

LOS ANGELES STRATEGY AGAINST VIOLENT ENVIRONMENTS NEAR SCHOOLS (LA SAVES)

Los Angeles Strategy Against Violent Environment Near Schools (LA SAVES) began as an offshoot of the Safe School Zones initiative to encourage collaboration between the Los Angeles Police Department, Los Angeles County Probation Office, LAUSD School Police, California Department of Corrections and Rehabilitation, the Department of Children and Family Services, and the City Attorney's Gang and Gun Violence Unit, to work together in identifying and pursuing armed offenders and those who have been convicted of offenses involving firearms currently living in the neighborhoods around schools.

The LA SAVES team conducts regular inspections around schools in order to remove dangerous convicted criminals who fail to show up to hearings and probation meetings, or are found to have other legal or conviction prob-



lems. School grounds should always be a safe haven for our children. These initiatives give us the tools to effectively prosecute those who would threaten our children's safety and cast violence into their days.

TRAINING FOR MANDATED REPORTERS OF CHILD ABUSE

The California Penal Code provides that certain employees of schools, health care organizations, and other groups who work with children on a regular basis are mandated reporters of child abuse. This mandate requires that these employees know the legal requirements and understand the specifics of what needs to be reported and when and how the report should take place. City Attorney staff conduct ongoing training for school, health care, law enforcement, and other personnel who are legally mandated reporters of child abuse. The approximately one hour instruction includes laws relating to mandated reporting, how and when to report, what constitutes physical, sexual and emotional child abuse, and exploitation and the legal ramifications of a failure to report.

CYBER CRIME PREVENTION PROGRAM

The Crime Prevention and Youth Policy Division conducts ongoing presentations city and county-wide on Internet safety and cyber-crimes. Interactive presentations are presented for middle and high school students, community members, Boys and Girls Clubs, after school and recreation programs, parents, and school staff. These presentations include information on Internet predators and Megan's Law, cyber bullying, and computer safety instruction. This work is in partnership with and is certified by the National Center for Missing and Exploited Children.

CYBER CRIME TASK FORCE

In partnership with ICAN, the United States Attorney's Office, the National Center for Missing and Exploited Children, the FBI, Department Of Justice, Disney, Fox Films, My Space, and the L.A. County Department of Education, the Cyber Crime Task Force held a county-wide Cyber Crime Symposium to educate the community on cyber crimes, Internet safety, predators, cyber bullying, and piracy. This unique Symposium was held on Wednesday, October 14, 2009 at the California Endowment for approximately 300 educators, parents, and middle school students.



AWARENESS PROJECT IN PARTNERSHIP WITH THE NATIONAL CENTER FOR MISSING AND EXPLOITED CHILDREN

The City Attorney's Office has formed a very successful and important partnership with the National Center for Missing and Exploited Children that has led to community outreach training and a successful PSA poster campaign. Deputy City Attorneys have distributed several hundred of the compelling posters throughout the city and county of Los Angeles since the program began last December.





SCAN TEAM PARTNERSHIP – MATTEL CHILDREN’S HOSPITAL

The City Attorney’s Office is a working member of the Suspected Child Abuse and Neglect (SCAN) team at the UCLA Mattel Children’s Hospital. The SCAN team is a working group of professionals in law enforcement, health care and social services field who meet on a weekly basis to review all cases of suspected child abuse and neglect present at the UCLA hospitals. The overall goal of the team is to take a managed approach to reviewing child abuse cases to determine what action was taken, future efforts on the case and to look closely at how we can improve our overall response in future cases.

TEEN DATING VIOLENCE SHOW

Through a grant from Channel 35 and in partnership with the Los Angeles Domestic Violence Task force, the City Attorney’s Office co-wrote and co-produced a documentary program on Teen Dating Violence currently being used for training and education on the issue of teen dating violence. The show, “My Life Right Now,” was widely acclaimed and the sequel hosted by Francia Raisa, star of the ABC Family television show “The Secret Life of the American Teenager” is in post-production.

CHILD ABUSE PUBLIC SERVICE ANNOUNCEMENTS

In partnership with California State University, Northridge, the Office produced two Public Service Announcements on Cyber Crime Awareness and Prevention. “Family Dinner” sends a straight-forward message to parents to talk with their children about the dangers of online predators. The PSA is currently playing on many local television stations. The second PSA was aimed at teenagers and featured Francia Raisa speaking directly to teens about online safety and provides the important message that anything put onto the Internet stays there forever.

LEGISLATION

The Office of the City Attorney strives to improve the quality of life for all Angelinos. While groundbreaking programs and initiatives are a major component of that effort, the Office’s ability to help implement, change, and interpret laws is vital to making Los Angeles a cleaner, safer, enriched city for children and families.

The Office is active on the legislative front on the local, regional, state, and federal levels and has been instrumental in drafting or lending its support to a variety of ordinances, codes, bills, and laws that help make Los Angeles stronger and children safer. From identifying and closing loopholes in existing laws to taking an innovative, affirmative approach to solving the problems that challenge the City, our legislative efforts are a key part of our arsenal.

SAFE NEIGHBORHOODS DIVISION

Neighborhood Prosecutors are now stationed in each of the 21 police divisions across the City of Los Angeles, bringing both prosecutors and nuisance abatement attorneys closest to where they are needed.

At the same time, the Office of the City Attorney has developed or expanded its partnership with city, county, regional, state and federal offices as well as the non-profit community by forming task forces to attack slum housing, refurbish nuisance properties for low-income housing, curb prostitution, stop elder abuse, and alleviate a host of other problems that plague far too many communities.

The City Attorney’s Gang Unit has had a particularly active four years, obtaining 17 permanent injunctions for a citywide total of 43 injunctions covering 72 criminal street gangs. These injunctions, which serve as restraining orders on gang members, have had a demonstrable affect on reducing street-level crime in the 100 square miles they cover, thus protecting children, youth and families across the city. In



many cases, our attorneys work proactively to achieve solutions for residents and improve the physical condition of our neighborhoods before crimes occur.

Whether by filing criminal charges or reaching out to property owners and businesses to inform them of their responsibilities as required by law, the City Attorney's Office seeks solutions that best protect the health and welfare of all the city's residents and families.

LAPD BOOT CAMP PARTNERSHIP

The LAPD Juvenile Impact Program (JIP) Partnership targets at risk juveniles and their families by using a two tier approach – the first aimed at the at-risk juvenile and the second at the parents. LAPD officers conduct a regimented, military style boot camp for juveniles by using LAPD instructors designated as drill instructors. These instructors help instill discipline, self-esteem, and respect for others through an intense physical training program.

The second tier approach is a parenting component in which professional counselors give parents tools on how to deal with incorrigible children and improve their overall parenting skills. Parents are mandated to be with their students throughout the 11 week program, which includes presentations by the City Attorney's Office Truancy Prevention Program staff.

The ongoing partnership between JIP and the City Attorney's Office ensures that students who are part of the programs are productive law abiding citizens. JIP officers participate in City Attorney hearings when appropriate and when parents ask for help with their incorrigible children. City Attorney staff participates in the parenting component of JIP by conducting parent presentations and delineating the legal responsibilities and consequences of truancy.

TEEN COURT

As part of the City Attorney's Office Neighborhood Prosecutor Program, locally assigned prosecutors work closely with LAUSD personnel, Los Angeles County Juvenile Probation officers, and the Los Angeles County Superior Court to handle actual juvenile criminal offenses in a courtroom setting as an alternative to the juvenile appearing in regular juvenile court. Once a juvenile defendant agrees to have his case heard before the Teen Court, a sitting Los Angeles Superior Court Judge presides over the proceedings. The juvenile defendant must bring a parent or guardian to the proceedings which are held at a school site other than the juvenile's home school. The students participating in Teen Court act as jurors on the case and are allowed to ask questions of the defendant and his guardian.

After the case is presented by both sides, the students deliberate under the guidance of the neighborhood prosecutor or another volunteer attorney as to the guilt or innocence of the juvenile and what sentence they think the defendant should receive. If the judge agrees with the "jury", the defendant is sentenced to the Teen Court's recommendations and must adhere to the terms and conditions or face a violation of his Teen Court probationary conditions.

This program originated at Venice High School and has proved to be a very successful Peer Mediation effort to the benefit of all students involved.

XTREME TEENS

One of the factors contributing to the allure of gangs is the absence of safe and affordable after-school and weekend activities for youth. In response to this problem, the City Attorney's Office created Friday Night Xtreme Teens. In collaboration with the Department of Recreation and Parks, the Los Angeles Police Department, and community service faith-based organizations, this very successful program has been



implemented at two San Fernando Valley parks and a third program will be launched in the coming weeks. Lanark, Van Nuys and Sylmar Recreation Centers are all located in neighborhoods that have been identified by LAPD as hot spots for gang activity. The free coed program is open to neighborhood teens between the ages of twelve and sixteen. The program is administered by park staff and there is a regular police presence to ensure that all participants are safe. Activities include participation in a sports activity, followed by food and an after-game activity, such as a dance or motivational speaker. Funding comes through existing department which department resources, with assistance from the neighborhood councils. Food is served by local organizations whose members are committed to support these programs throughout the year. Youth are busy at the park nearly every Friday night all year long, from 6 p.m. until 9:30 p.m., with adult mentors in a safe environment. Statistics have shown that crime has been reduced. With the two programs already in existence, more than 250 youth have been served.

SPECIAL ENFORCEMENT DIVISION

The Special Trials Unit prosecutes child sexual abuse and exploitation cases. Special Trials works with local, county, state, and federal law enforcement agencies as a direct filing resource for referrals from other prosecutorial agencies and as a partner in task force operations. The Special Trials Unit has primary responsibility for filing review and prosecution of all misdemeanor offenses involving the following categories of child sexual abuse and exploitation:

Child Pornography. This category includes all cases where there is any questionable recorded image/video of a minor. It includes photos, digital images on a camera or video recorder, and computer images depicting children engaged in sexual conduct or showing a child's genitals, pubic, or rectal areas. Child pornography can also include

clothed images of minors, even where the genitals are not visible or discernible through the clothing.

Child Exploitation Through Technology.

This category of crimes includes all offenses involving children and the use of any photographic or video device, computer, telephone, or the internet.

Sex Crimes in an Institutional Setting.

These crimes include all sexually-oriented offenses committed against minors in any institutional or structured setting (e.g., hospitals, schools, camps, religious organizations, etc.), such as incidents involving sexually-oriented attention towards a minor (regardless of physical contact), usually in the context of a sexual battery or child molestation. Such offenses arise out of the institutional or professional relationship between the suspect and the victim (as opposed to a relationship based on family or domestic relationship). These offenses typically include crimes committed by:

- 1) a person having a professional relationship with the victim such as a health care provider or a teacher;
- (2) a person having a business/work relationship with the victim such as a supervisor or employer;
- (3) a person having a special trust relationship with the victim such as a scout leader or a little league coach; and
- (4) persons who, because of their legal status or employment, hold positions of responsibility with the victim such as a camp counselor, a child daycare employee, or an official conducting a driving test or supervising a licensing examination.

HEARING PROGRAM

The Los Angeles City Attorney's Hearing Program offers an innovative approach to handling matters in which a crime has occurred, but where prosecution may be inappropriate. In



child abuse and neglect matters, cases are assigned to hearing officers who review the facts. They educate participants as to what constitutes child abuse, admonish respondents about the consequences of their behavior, and make referrals to a variety of services, including parenting, drug and alcohol treatment, and anger management programs. Contact between hearing officers and program participants may prevent subsequent offenses against children.

In 2008, there were 1,043 child abuse and neglect matters referred to the City Attorney Hearing Program after review by an attorney for filing consideration. In 2009, there were 1,028 such referrals, a 1.44 percent decrease from the previous year.

VICTIM ASSISTANCE PROGRAM

The Los Angeles City Attorney's Victim Assistance Program assists victims of crime by providing state mandated services pursuant to Penal Code

§ 13835.5. These services include crisis intervention, court support, resource and referrals, and helping victims file State of California Victims of Crime Compensation Applications. The program is funded by the State of California Restitution Fund, which is financed from fines and penalty assessments imposed on convicted criminals.

The program assists victims of all types of crime, including robbery/assault, drunk driving, hit and run, sexual assault, domestic violence, child physical and sexual abuse, elder abuse, hate crimes, and aggravated assault. Additionally, the program also assists family members of homicide victims.

In 2009, there were 8,342 new victims referred to the program. Of the 8,342, there were 566 victims of child sexual and physical abuse.

STATISTICS

In 2008, the Los Angeles City Attorney's Office reviewed 2,411 investigations that involved ICAN-related offenses. In 2009, this Office reviewed 2,562 such investigations, a 6.26 percent increase from 2008. Among the 2009 ICAN-related investigations, the Office filed and prosecuted 1,055 cases, rejected 478, referred 1,028 to hearings and referred 1 to the Alternative Prosecutors Program.

In 2008, 874 ICAN-related cases reached a disposition. In 2009, 935 such cases reached disposition. Of the 935 cases, 860 resulted in guilty pleas or convictions following jury trials.

BREAKDOWN OF ICAN-RELATED CHARGES

The following information provides a breakdown of ICAN-related charges and data involving child abuse prosecutions and cases referred to the Los Angeles City Attorney Office's Hearing Program.

Sexual Exploitation and Abuse

In 2009, the Office reviewed 404 child sexual exploitation and sexual abuse investigations regarding violations of the following California Penal Code sections:

§ 261.5	unlawful sexual intercourse with minor
§ 288(c)(1)	lewd acts upon child
§ 288a(b)	oral copulation of minor
§ 288.2	sending harmful matter to minor
§ 311.3	duplication of child pornography
§ 311.11	possession of child pornography
§ 647.6	annoying or molesting minor



Of those 404 criminal investigations presented for filing consideration, 126 cases were filed and prosecuted as misdemeanors, 141 were referred for Office hearings as an alternative to criminal prosecution, and 137 were rejected. There was a disposition of 108 sexual exploitation and abuse cases. Of those 108 cases, 98 resulted in guilty pleas or convictions following jury trials.

Physical Abuse

In 2009, the Office reviewed 634 physical abuse investigations involving Penal Code section 273d (a) (corporal punishment or injury of child). Of those 634 investigations, 138 cases were filed and prosecuted as misdemeanors, 421 were referred for Office hearings as an alternative to criminal prosecution and 75 were rejected. There were dispositions in 106 physical abuse cases. Of those 106 cases, 105 resulted in guilty pleas or convictions following jury trials.

Severe and General Neglect

In 2009, the Office reviewed 1,524 severe and general neglect investigations involving violations of the following California Penal Code sections:

§ 273a, subdivision (a)	(willful harm or injury to child)
§ 273a, subdivision (b)	(willful harm or injury to child)
§ 278	(noncustodial persons; detainment or concealment of child from legal custodian)
§ 272	(contributing to the delinquency of persons under 18)

Of those 1,524 investigations, 791 were filed and prosecuted as misdemeanors, 466 were referred for Office hearings as an alternative to criminal prosecution, and 266

were rejected. There were dispositions in 721 severe and general neglect cases. Of those 721 cases, 657 resulted in guilty pleas or convictions following jury trials.

SIGNIFICANT FINDINGS

In 2009, there were 2,562 investigations reviewed, which represents an increase of 6.30 percent over from the previous year. Also, in 2009, there were 935 ICAN-related cases that reached a disposition, an increase of 6.97 percent over the previous year. This increase between 2008 and 2009 in ICAN-related cases that reached disposition reflects an increase in the quantity and quality of the various crime prevention programs sponsored by the Los Angeles City Attorney’s Office that target crimes against children.

CONCLUSION

The strength of Los Angeles lies in its diversity. This community is shaped by its cultures, history, geography, and unique architectural mix.

From the San Fernando Valley over the Hollywood Hills, from East Los Angeles to the Venice boardwalk, and from the harbor through downtown, the City of Los Angeles is made up of remarkably distinct pieces. Each neighborhood has its own rhythm and sources of pride and concerns.

The primary goal of the Office of the City Attorney is to provide the residents, children, and families of Los Angeles a safer place to live and to improve the quality of life for the City’s residents at home, at school, at work, and at play. Great efforts are made each year to see that goal met and to ensure that the children have a safe and bright future.



AGENCY REPORTS

**OFFICE OF COUNTY COUNSEL
FOR LOS ANGELES**

AGENCY REPORT



LOS ANGELES COUNTY COUNSEL

Dependency Division

NO-FAULT LIBRARY CARD FOR FOSTER CHILDREN

The mission of the Office of the Los Angeles County Counsel is to provide timely and effective legal representation, advice, and counsel to the County, the Board of Supervisors, and public officers and agencies.

The Dependency Division of the County Counsel is headquartered at the Edmund D. Edelman Children's Court in Monterey Park. However, some attorneys are located in the dependency court in Lancaster, and others are out-stationed in the Department of Children and Family Services (DCFS) regional offices spread throughout the county. By size, the Dependency Division is the largest County Counsel Division consisting of 100 attorneys and 43 support staff.

The Division's primary mission is the litigation of dependency trials and appeals. Dependency cases involve allegations of child abuse and neglect, and the County Counsel represents DCFS. DCFS is the agency charged with initiating petitions under Welfare and Institutions Code Section 300 requesting the juvenile court to intervene in the lives of children who are alleged to be victims of child abuse. In 2009, there were approximately 13,000 cases involving over 32,000 dependent children. The Division also handles over 500 appellate matters each year. In 2009, the Division filed or handled over 486 appellate briefs. The Division is second only to the State Attorney General in the number of briefs filed in the Second District Court of Appeal.

There are nineteen courtrooms in Monterey Park and one in Lancaster. Three or four deputies are assigned to each courtroom, for a total 62 trial deputies. Attorneys assigned to a dependency court have caseloads of approximately 210 cases. They appear in court on a daily basis and handle approximately eight

or more cases on the court's calendar.

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. Newly assigned attorneys are provided with an intensive three-week training course, and are appointed an individual mentor program to acquaint them with Dependency Court law and procedures. There is also an ongoing attorney training program which features Mandatory Continuing Legal Education (MCLE) presentations by recognized experts in dependency-related matters, trial and legal writing skills programs designed particularly for County Counsel, in addition to monthly "round table" discussions updating staff on new case decisions and legislation. Members of DCFS, judicial officers, and children's attorneys are welcome to attend County Counsel trainings. As part of County Counsel's commitment to ongoing 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 at every stage of the dependency proceedings. The Division is an integral part of the DCFS social worker training program and is an active participant in the training academy for new social workers, as well as ongoing training of experienced social workers.

County Counsel actively participates on various Inter-Agency Council on Child Abuse and Neglect (ICAN) court, DCFS, and other committees. They work with groups such as Find the Children (to facilitate the return of abducted children), the Los Angeles District Attorney (on the Los Angeles County Protocol on Child Abuse and Neglect), and the Juvenile Justice Task Force. County Counsel also provides advice to DCFS legislative forums.

The Outstation Section consists of 12 attorneys. Outstationed attorneys staff the



DCFS regional offices, DCFS Adoptions Division, and the Command Post on a rotating basis. Outstationed lawyers answer the day-to-day questions social workers raise related to their cases. In addition, these attorneys provide social worker training on a wide variety of topics including legal notice, Indian children notice, court report writing, Child Abuse Central Index (CACI) reporting requirements, and testifying. Outstationed attorneys also provide relief for the trial and appellate attorneys who are on extended leaves or absences and cover courtroom needs as they arise.

Starting in 2009, County Counsel has staffed a "warrant desk" in response to *Green v. Camreta* (2009) 588 F.2d 1011, which cited *Calabretta v. Floyd* (1999) 189 F.3d 808. Those Ninth District Court of Appeal cases imposed a duty to first seek a warrant prior to a child's removal in those cases where DCFS had neither the parent's consent nor exigent circumstances. Therefore, County Counsel has provided legal assistance to DCFS to assist in obtaining such warrants.

The Dependency Appeals Section consists of fourteen attorneys who handle dependency related writs and appeals. This includes appellant's opening briefs, respondent's briefs, answers to writ petitions, emergency writ petitions, petitions for review, stipulations to reverse/concession letters, letter briefs, and motions to dismiss. In 2009, the appellate section attorneys handled and or filed over 486 appellate briefs. In addition to these cases, the appellate sections attorneys filed 30 emergency writ petitions, and 8 affirmative appeals.

Historically, Los Angeles County Counsel has won appellate court cases that helped shape California dependency law. These include *In re Cindy L.* (1997) 17 Cal.4th 15 [established the child dependency hearsay exception which led to the statute (Welfare & Institutions Code ' 355) which authorized the admission of hearsay statements of a child victim contained in a social study report]; *In re Brooke C.* (2005) 127 Cal.App.4th 377 [found

that a limited remand, rather than reversal, was appropriate for ICWA compliance in non-termination of parental rights cases]; *In re April C.* (2005) 131 Cal.App.4th 599 [found that *Crawford v. Washington*, involving a criminal defendant's right to confrontation under the Sixth Amendment, did not apply to juvenile dependency proceedings]; *In re E. H.* (2003) 108 Cal.App.4th 659 [found that parents reasonably should have known who inflicted their child's severe physical abuse where child was never out of their custody]. In 2008, twenty-three of the cases briefed by County Counsel were published by the appellate court to provide guidance in future cases. Those cases are *In re R.N.* (2009) 178 Cal.App.4th 557, *In re J.O.* (2009) 178 Cal.App. 4th 139, *S.T. v. Superior Court* (2009) 177 Cal. App.4th 1009, *In re R.M.* (2009) 175 Cal.App.4th 986, *In re Y.G.* (2009) 175 Cal. App.4th 109, *In re S.B.* (2009) 174 Cal.App.4th 808, *In re Carlos T.* (2009) 174 Cal.App. 4th 795, *In re L.B.* (2009) 173 Cal.App.4th 562, *In re Alexis E.* (2009) 171 Cal.App. 4th 438, and *In re C.C.* (2009) 172 Cal.App.4th 1482

The practice of dependency law.

The practice of dependency law provides an opportunity for members of the Dependency Division to be part of the County team with DCFS to protect abused, neglected, or abandoned children, to preserve and strengthen family ties, and to provide permanency for children.

The purpose of Dependency Court, as embodied in the statutes that govern it, is to provide for the safety and protection of each child under its jurisdiction and to preserve and strengthen the child's family ties whenever possible. Parenting is a fundamental right that 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 him or her 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 and criminal 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 that the child is protected.

The Dependency Mediation Program encourages non-adversarial case resolution. Two County Counsel staff 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 between DCFS and the parents and children through their respective counsel.

PRE FILING PROCEDURES

Prior to the initiation of a dependency court case, a child abuse investigation is initiated through a call to the Child Protection Hotline. DCFS has 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. Should the Children's Social Worker (CSW) determine that a child is in need of the protection of the juvenile court, the CSW submits the petition request to the Intake and Detention Control Section of DCFS. County Counsel staffs the 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.

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, whereby all hearings in a case are held before the same judicial officer, wherever possible. In addition, the County Counsel provides 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 detention 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 of the following circumstances:

- 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; or
- 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 the juvenile court orders a child 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 custody of the parents. The court also must make a finding that reasonable efforts were made to prevent or eliminate the need to remove the child from parental custody.

JURISDICTION

At the Jurisdiction hearing, DCFS has the burden of proof to establish, by a preponderance of the evidence, the allegations in the petition are true and 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 a Pretrial Resolution Conference during which County Counsel participates in informal settlement negotiations with other counsel.

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 or the child's attorney 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 12 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 child 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 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 within 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. 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

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 which may include counseling and other treatment modalities that will alleviate the problems that 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 at the time of initial removal, a parent has six months from the date the child entered foster care to successfully reunify with the child. The court has the discretion to limit the period of reunification for older siblings when one of the siblings is under three.

In 2009, the statutory time for reunification services was modified. The law now provides that if, at the eighteen-month review hearing, that the permanent plan for the child is that he or she will be returned and safely maintained in the home within the extended time period, the court may extend reunification services to 24 months from the date the child was removed from the parent's custody. The court shall extend the time period only if it finds that it is in the child's best interest to have the time period extended and that there is a substantial probability that the child will be returned to the physical custody of his or her parent or guardian within the extended time period, or that reasonable services have not been provided to the parent or guardian.

Reunification services are not ordered in all cases. If a parent is in custody, the court, may deny reunification if it finds it would be detrimental to the child to order reunification services. If DCFS has determined that it would not be in the best interests of the child to reunify with his or her parents, 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. There are fifteen statutory grounds under which a court may deny reunification services to the parent. Those grounds are:

- The whereabouts of the parent is unknown;
- The parent is suffering from a mental illness and is incapable of benefiting from reunification services;
- 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 parent is not receiving reunification services for a sibling or half sibling pursuant to '361.5(a)(3),(5) or (6);
- 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;
- 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; or,
- The parent is a chronic abuser of drugs or alcohol, and has resisted court ordered treatment.
- The parent has advised the court that he or she is not interested in receiving family reunification services or having the child placed in his or her custody.

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.

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 the court determines that conditions no longer exist which brought the child within the court's jurisdiction, the child is safe in the home, and jurisdiction may be terminated.

(WIC section 366.21 (e).) If the court has ordered family reunification services, the subsequent review hearings are held every six months. At each of the review hearings, the court reviews the status of the child and the progress the parents have made with their case plan. The court is mandated to return the child to the custody of his or her parents unless it finds by a preponderance of the evidence that return would create a substantial risk of detriment to the safety, protection, or physical or emotional well-being of the child. Failure of a parent to participate regularly and make substantive progress in court-ordered treatment programs is prima facie evidence that return of

the child would be detrimental.

If the child was under the age of three on the date of initial removal from parental custody, the first six-months review hearing is a permanency hearing.

(WIC section 366.21 (f)) The 12-month review is the permanency hearing for a child who was three or older on the date of initial removal from parental custody. If the child is not returned to the custody of his or her parents, the court must terminate reunification and set the matter for a hearing at which a permanent plan of adoption, guardianship, or long term foster care is selected. In rare instances, the court may continue the case for an additional six months if it 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 permanency hearing must occur within 18 months of the original detention of the child. If the child is not returned to the custody of his or her parents, the court must terminate reunification and set the matter for a hearing at which a permanent plan of adoption, guardianship, or long term foster care is selected. In rare instances, the court may continue the case for an additional six months if it 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. Particularly, the court must take into consider the barriers of an incarcerated or institutionalized parent in determining whether to extend reunification services. The court also must determine, by clear and convincing evidence, that additional reunification services are in the child's best interest, and the parent is making significant and consistent progress, and there is a substantial probability that the child will be returned to the physical custody of his or her parent within the extended period.

(WIC section 366.25) The permanency hearing must occur within 24 months of the



original detention of the child. If the child is not returned to the custody of his or her parents, the court must terminate reunification and set the matter for a hearing at which a permanent plan of adoption, guardianship, or long term foster care is selected.

(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. If the child is adoptable, the court shall terminate parental rights unless one of the following circumstances applies:

- A relative caretaker is unwilling or unable to adopt because of circumstances that do not include an unwillingness to accept legal or financial responsibility for the child, and removal of the child from the relative would be detrimental to the child.
- Termination would be detrimental to the child because the parents have maintained regular visitation and 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.
- Termination would be detrimental to the child because a child 12 years of age or older does not wish to be adopted.
- Termination would be detrimental to the child because the child requires residential treatment and adoption is unlikely or undesirable.

- Termination would be detrimental to the child because there would be substantial interference with a child's sibling relationship,
- Termination would be detrimental to the child because the child is living with a non-relative caretaker who is unwilling or unable to adopt because of exceptional circumstances, and removal of the child from that home would be detrimental to the child.
- Termination would not be in the best interest of the child because there would be a substantial interference with the Indian child's connection to his or her tribal community or the child's tribal membership rights.
- Termination would not be in the best interest of the child because the Indian child's tribe has identified guardianship or long term foster care with a fit or willing relative as an appropriate plan.

(WIC Section 366.3) After the permanency hearing, the status of the child is reviewed at least once every six months. The court determines the progress made to provide a permanent home for the child and efforts extended to find and maintain significant relationships between the child and individuals who are important to the child. Sibling relationships are evaluated and maintained where possible. Emancipation and independent living services which have been offered are reviewed for the teenager as he or she approaches adulthood.



GLOSSARY

Brief - A document filed in court that summarizes the facts of the case and then analyzes the facts in accordance with applicable law.

Chambers - The judge or hearing officer's office.

Command Post - The DCFS office that handles after hour emergency detentions

Concession letter - A letter a reviewing court which admits the opposing party's argument has merit.

Detention hearing - The initial hearing that is held in dependency court following the removal of a child from parental custody and the filing of a petition.

Direct Calendaring - A case is assigned to a courtroom at the initial hearing and will remain in the same courtroom throughout the proceedings.

Disposition - If the child is found to be a person described in WIC section 300, a disposition hearing is held to determine the appropriate placement of the child and the case plan.

Family reunification - Child welfare services provided to a child and the child's parents or guardians for facilitating reunification of the family.

Hearsay - An out of court statement offered in evidence for the truth of the matter stated.

Indian Child Welfare Act - Federal law enacted to protect and preserve American Indian Families

Initial hearing - See detention hearing

Jurisdiction - The scope of the a court's authority to make orders. A child who comes within the description of WIC section 300 (a) B(j) falls within the juvenile court's jurisdiction.

Legal Guardianship - Legal authority and responsibility for the care of a child.

Non-related Extended family Member - An adult caregiver who has an established familial or mentoring relationship with the child.

Notice - Formal communication with a party, usually written, informing them of court proceedings.

Planned Permanent Living Arrangement - Formerly Long Term foster care. A permanent plan for a dependent child for whom neither adoption nor legal guardianship is a viable plan.

Preponderance of Evidence - The standard of proof wherein a court is only required to find that it is more likely than not that the thing sought to be proven is true.

Pretrial Resolution Conference - A court hearing held prior to the jurisdictional hearing, in which the parties meet in an attempt to resolve the issues before the court.

Prima Facie Evidence - Evidence that, if uncontradicted, would support the requested finding. In a dependency proceeding, the court, at an initial hearing, needs only prima facie evidence that the child is described by WIC 300 may not remain safely in the home of the parent or guardian in order to make detention findings

Review hearing - Hearings which occur every six months during which the court reviews the appropriateness of the case plan

Selection and Implementation hearing - Hearing at which the court sections and implements a permanent plan for the child. That plan can be either adoption, legal guardianship, or, on rare occasions, a planned permanent living arrangement.

Social Study Report - A report prepared by the children's social worker that provides information to the court regarding the problems challenging a family and the family's progress regarding those challenges



Termination of Parental Rights (TRP) - If the court determines that adoption is the appropriate plan at the Selection of Implementation hearing, the court must free the child for adoption by terminating parental rights.

Vertical Representation - In dependency proceedings, an attorney representing a party remains on the case at all stages of the proceedings, so as to provide continuity of representation.



**SUPERIOR COURT OF CALIFORNIA,
COUNTY OF LOS ANGELES
AGENCY REPORT**



**SUPERIOR COURT OF CALIFORNIA,
COUNTY OF LOS ANGELES**

Juvenile Dependency 2009

Court Overview

Juvenile Court proceedings are governed by the Welfare and Institutions Code (WIC), referred to hereinafter as 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 ensure 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 of 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/her family are provided reunification services whenever the Juvenile Court determines removal must be necessary.

The Los Angeles County Juvenile Division is headed by the Presiding Judge of the Juvenile Court and encompasses courts which adjudicate three types of proceedings: Delinquency, Informal Juvenile and Traffic, and Dependency. 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 §601, 602).

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 demonstrated delinquent behavior and have had 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 20 Dependency Courts in the Los Angeles Court system. Nineteen are located in the Edmund D. Edelman Children's Court in Monterey Park, and one is in the Lancaster Courthouse and serves families and children residing in the Antelope Valley. An additional courtroom at the Edelman Children's Court has been designated for private and agency adoptions. Two of the Dependency Courts hear matters involving the hearing-impaired, and another two hear matters that fall within the Indian Child Welfare Act (25 U.S.C. § 1901 et. seq., CRC 439). There are five Dependency Courts utilizing the Drug Court



Parent Protocol, and six Dependency Courts are following the Drug Court Dependency Youth Protocol.

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 parties, including children, who appear in the Dependency Court are entitled to be represented by 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; they are statutorily mandated to inform the Court of the child's wishes and 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. Children are appointed legal counsel whether or not they appear in court (WIC §317). DCFS is represented by County Counsel.

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 his/her care and custody by the Court and placed in foster care. Prior to filing a petition in the Court, DCFS must make a reasonable effort 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 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 DCFS.

Family 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 the development of social skills; and 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 remains 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 months until such time the Court determines that the conditions which brought the child within the Court's jurisdiction no longer exist. At this 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. This process 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 to be provided simultaneously 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 months of reunification services for children under the age of three, including sibling groups with a child under that age. For all other children, the reunification period is 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 18 months from the date of the filing of the original WIC §300 petition. To extend reunification services to the 12- or 18- 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 hearing at the 18-month date (WIC §366.21, et. seq.).

When children are returned to parents or guardians, the family is provided six months of family maintenance services to ensure the stability of the family and the well-being of the child. If reunification services are terminated without the return of the child to the parent or guardian, the Court must establish a Permanent Plan for the child. Termination of reunification services without the return of the child to the parent is tantamount to finding the parent to be unfit. 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 under which the Court may in 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. The 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. The 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. The 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 environment in which the individual(s) 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 18. Court jurisdiction for children under a Planned Permanent Living Arrangement cannot be terminated until the child reaches age 18. 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 who are not a party to the original action. These petitions are filed to protect and/or assert the rights of parties, including the rights and interests 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, 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 himself or herself. These petitions allege either a change of circumstances or new evidence that could compel the Court to modify previous orders or issue new orders. (WIC §388).

CASELOAD OVERVIEW

The data collected at this time does not fully reflect the workload of the Dependency Courts. In addition to the statutorily mandated hearings (Detention/Arrestment Hearing; Jurisdictional Hearing; Disposition Hearing; six-, 12- and 18-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; 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, even though the case must be continued for hearing. These additional hearings impact the child, particularly when the case is in reunification.

ANALYSIS

In 2009, new, subsequent and supplemental petitions were filed involving 20,584 children; of these, 10,725 children were before the Court with new WIC §300 petitions. In addition, 8,738 supplemental and/or subsequent petitions were filed in 2009. New petitions were filed in 1,121 previously dismissed or terminated cases. (Figure 1)

There were 107,729 statutorily-mandated review hearings in 2009. (Figures 2 & 3) This number applies only to those children whose cases were brought into the court in 2009 and not the total number of children who are dependents of the court. (Many cases require judicial oversight multiple times in a calendar year.)

From 2000 to 2004, there was little variation in the number of petitions filed. There was a 17% increase in 2005, and an increase of 10% occurred in 2007. From 2007 through 2009, the number of petitions filed has remained relatively constant.

The number of review hearings reached its peak in 2000, before declining from 2001 through 2006. There was a substantial increase in the number of review hearings in 2007. The statistics for 2009 reflect a decrease of 12% in the number of hearings since 2008. (Figure 3)

Of the 10,725 new WIC §300 petitions, 7,125 cases went to disposition. Of those cases, out-of-home placement was ordered for 4,061 children in 2009. (It must be noted that one case may involve multiple children, and the different children may have different placements.) (Figure 4) This latter number

depicts the fact that 57% of the children whose cases went to disposition were placed in foster care. (Figure 4) Analysis of the period from 1999 to 2008 shows that there were moderate variations through 2004. In 2005, there was a substantial increase in the number of filings from the previous year. From 2006 through 2009, there were again moderate variations. The number of new files remained steady in 2008 and 2009. The number of supplemental petitions declined approximately 8% from 2008 to 2009, whereas the number of subsequent petitions increased approximately 14% over the same period.

Overall, the composition of filings has essentially remained steady over this decade. New petitions comprised approximately 50% of total petition filings in 1999. This percentage has remained relatively constant, and the statistics for 2009 continued that trend. (Figure 5)

EXITING THE DEPENDENCY COURT SYSTEM

The data indicates that on average 67% of the disposition hearings end with the removal of children from their parents or guardian. (Figure 4) In 2009, 10,725 children were the subject of new Dependency court petitions, and 10,846 children had their cases dismissed or jurisdiction terminated. Since 1999, more children have exited the system than entered it. (Figure 6)

The steady decline in the number of children in the system 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.



This trend of more children leaving 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 1980s and mid 1990s, resulting in an explosion of children born with exposure to drugs and parents whose addiction negated their ability to parent.

The Courts are now witnessing a rise in drug-related filings involving methamphetamine. The availability of this drug has proliferated, which may explain the higher numbers of new petitions and total petitions in 2007 and 2008. 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. Whether the increase in the total number of children in

system is a one-time variance or a trend remains to be seen.

SELECTED FINDINGS

- The number of filings remained essentially the same in 2009.
- New WIC §300 petitions constituted 52% of total filings in 2008.
- In 2009, 10,725 children entered the Dependency system as a result of new petitions being filed, and 11,846 children exited the 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. This hearing may be held at the six-, 12- or 18- 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 and while jurisdiction is still open, 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.



Figure 1

DEPENDENCY PETITIONS FILED

Year	New 300	Subseq. 300	Subseq. 342	Suppl. 387	Suppl. 388	Reactivated	TOTAL
1999	8,918	4,748	628	2,541	1,461	0	18,296
2000	8,015	3,896	429	2,412	1,367	0	16,119
2001	8,285	2,873	580	2,148	2,236	0	16,122
2002	8,803	3,011	526	1,843	2,812	0	16,995
2003	7,501	2,244	716	1,598	2,941	1,169	16,169
2004	7,691	1,974	608	1,361	2,961	1,239	15,834
2005	9,957	2,381	681	1,295	2,987	1,326	18,627
2006	10,235	2,222	611	1,328	3,235	1,239	18,870
2007	11,057	2,668	706	1,326	3,645	1,273	20,675
2008	10,300	2,411	749	1,473	4,113	993	20,039
2009	10,725	2,790	805	1,406	3,737	1,121	20,584

Figure 2

**JUVENILE DEPENDENCY COURT
Dependency Court Workload**

Year	Petitions Filed	Judicial Reviews	Total Petitions and Reviews
2000	16,119	165,187	181,306
2001	16,122	157,369	173,491
2002	16,995	140,436	157,431
2003	16,169	127,368	143,537
2004	15,834	124,323	140,157
2005	18,627	118,948	137,575
2006	18,870	119,563	138,433
2007	20,675	129,028	149,703
2008	20,039	126,270	146,309
2009	20,584	107,729	128,313



Figure 3

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

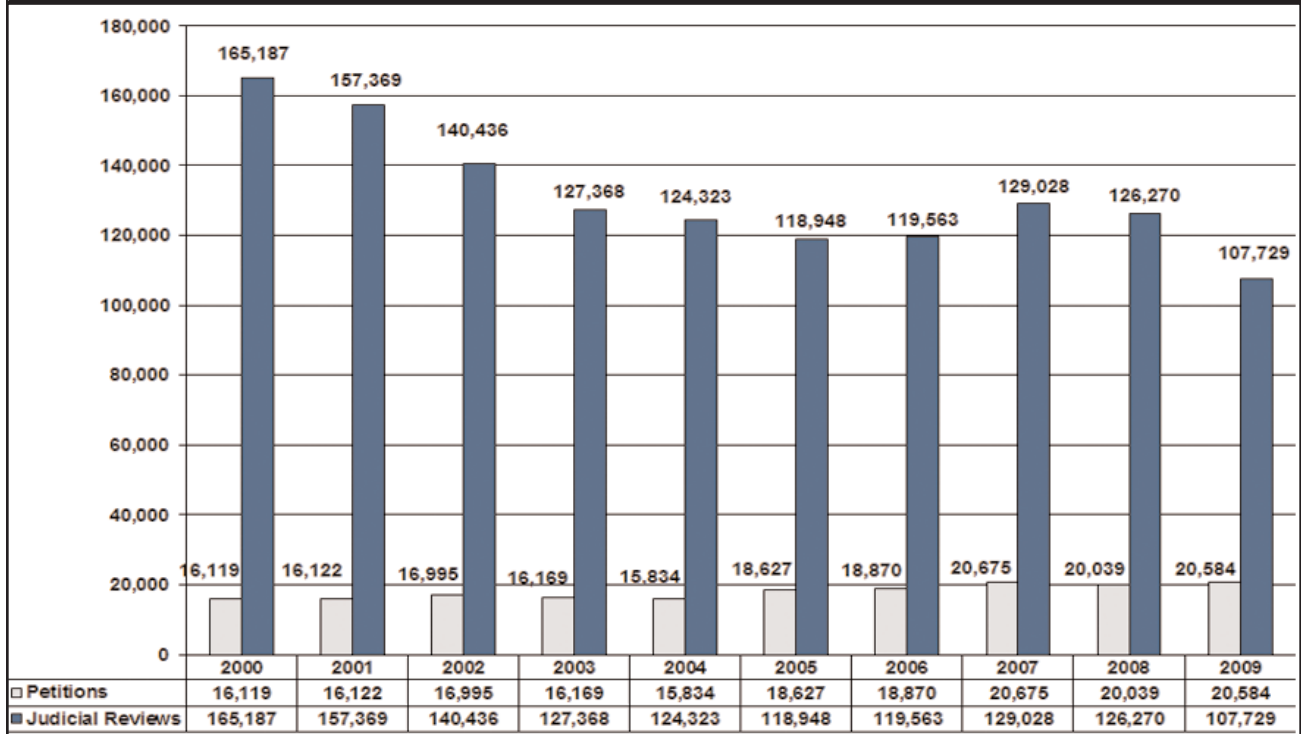


Figure 4

**JUVENILE DEPENDENCY COURT
Disposition Hearing Results by Category With Percentage of Total Dispositions**

YEAR	TOTAL	HOME OF PARENT	SUITABLE PLACEMENT	OTHER
1998	7,550	2,445 (32%)	5,066 (67%)	39 (3%)
1999	6,964	2,164 (31%)	4,618 (66%)	182 (3%)
2000	6,964	2,088 (30%)	4,640 (67%)	236 (3%)
2001	7,197	1,942 (27%)	5,010 (70%)	245 (4%)
2002	8,175	2,124 (26%)	5,748 (70%)	303 (4%)
2003	6,549	2,015 (31%)	4,296 (65%)	238 (4%)
2004	5,805	1,618 (28%)	3,960 (68%)	227 (4%)
2005	6,395	2,079 (33%)	4,027 (63%)	297 (5%)
2006	6,375	2,098 (33%)	4,026 (63%)	251 (4%)
2007	7,141	2,708 (38%)	4,097 (57%)	336 (5%)
2008	6,903	2,752 (40%)	3,818 (55%)	333 (5%)
2009	7,125	3,064 (43%)	3,698 (52%)	363 (5%)



Figure 5

DEPENDENCY PETITIONS FILED
New, Subsequent, Supplemental and Reactivated

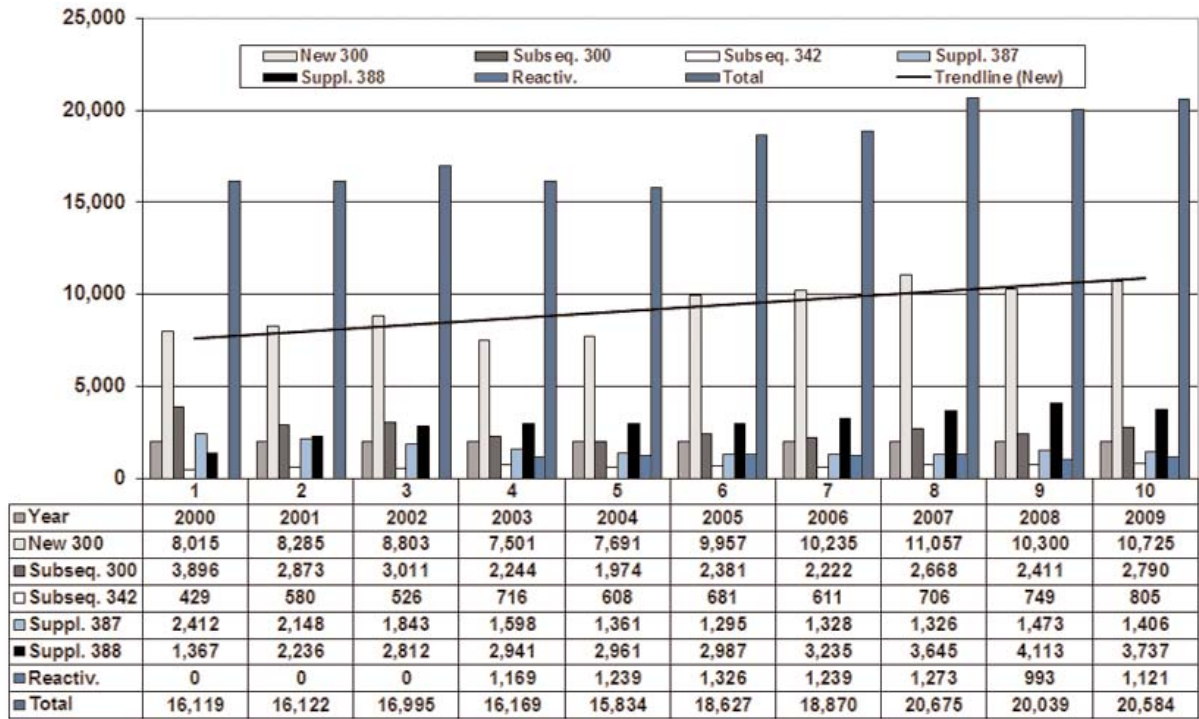
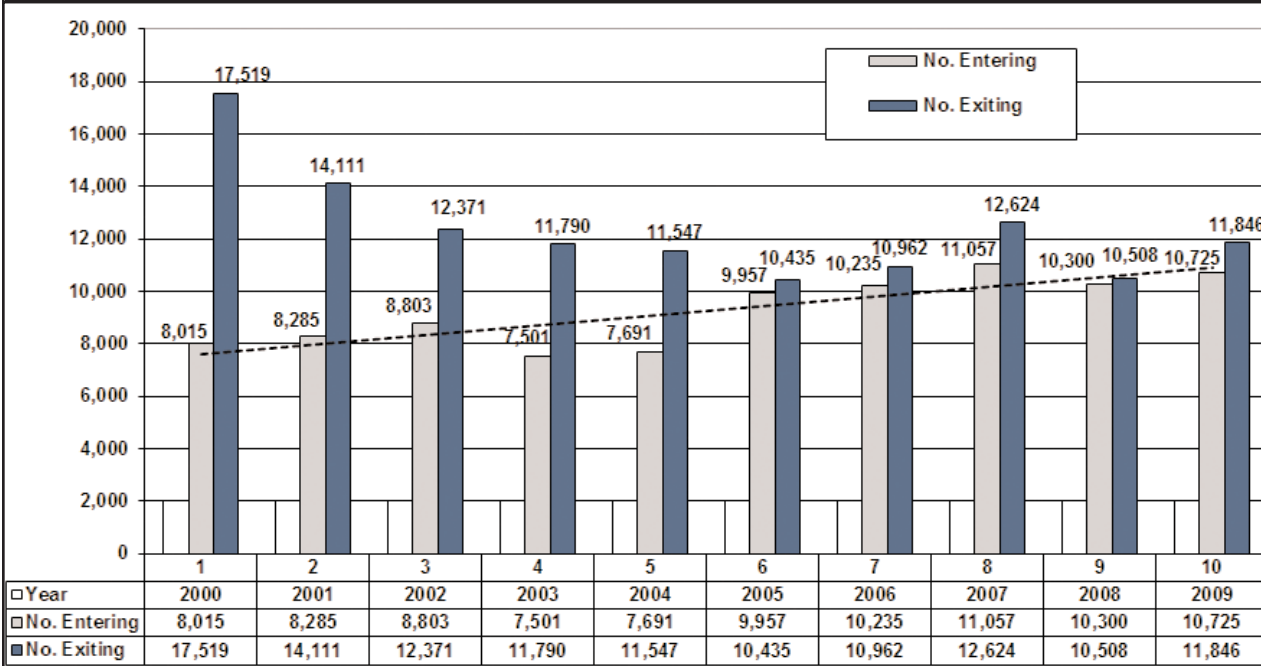


Figure 6

NEW CHILDREN ENTERING THE DEPENDENCY SYSTEM
VS.
EXISTING CHILDREN EXITING THE DEPENDENCY SYSTEM





AGENCY REPORTS

**OFFICE OF
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 Department's 7,000+ staff provides legally mandated Emergency Response, Family Maintenance, Family Reunification, Permanent Placement and Adoptions services to children and families in Los Angeles County through its more than 20 offices spread throughout the County. Los Angeles County DCFS has been an innovator in its programs, multi-agency partnering and efforts to engage families and communities in developing child safety and services planning.

OUR VISION

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

OUR MISSION

The Department of Children and Family Services, with public, private and community partners, provides quality child welfare services and supports so children grow up safe, healthy, educated and with permanent families.

CURRENT GOALS

The Department of Children and Family Services, under the leadership of Director Patricia S. Ploehn, LCSW, has continued its focus on three primary outcome goals for the Department that mirror the Program Improvement Goals mandated by Assembly Bill (AB) 636: Improved Permanence, Increased Safety, and Reduced Reliance on Out of Home Care. In addition, the department has identified three additional key outcome goals: Self-Sufficiency, Increased Child and Family Well-Being, and Enhanced Organizational Excellence. Operational definitions of these six

key departmental goals, as well as specific outcome measures, goals and benchmarks are currently under development.

The six key departmental goals and brief descriptions:

- **IMPROVED PERMANENCE**

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

- **INCREASED 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
OUT OF HOME CARE**

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

- **SELF-SUFFICIENCY**

Youth, age 18 and older, who are transitioning out of care, have permanent, stable, caring, life-long legal relationships with adults.

- **INCREASED CHILD AND FAMILY
WELL-BEING**

Work together with private and public community partners, to support home and community environments that result in the optimal growth and development of children and families.



- **ENHANCED ORGANIZATIONAL EXCELLENCE**

Provide an effective, engaged, skilled and sufficient workforce with a strong commitment to continually improve our management of the resources, administrative infrastructure, social work practices and results focused activities that benefit children and families.

CWS/CMS OUTCOMES SYSTEM

CWS/CMS Outcomes System, formerly known as The Child Welfare System Improvement and Accountability Act (AB 636) 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, formally known 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.

CWS/CMS Outcomes System has 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 aging out 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).

In addition to the primary broad outcome goals of improved permanence, increased child safety and reduced reliance on detention, Ms. Ploehn has emphasized increased effort to achieve permanence for older DCFS youth through the Permanency Partners Program (P3), and more home-like setting placement with relatives through more timely assessment, re-assessment and approval of relative homes as required by the Adoptions and Safe Families Act (ASFA). In addition, DCFS has continued to focus on improved front-end assessments, partnering with County departments and community service providers on behalf of children and families, and the use of Team Decision Making to help ensure child safety and family engagement in service planning and provision.

TITLE IV-E WAIVER

Implemented in July 2007, the Title IV-E Waiver allows DCFS to divert funds that were previously tied to children placed in foster care to activities aimed at furthering the goals of



reduced reliance on out-of-home care, increased child safety and improved permanence. Specifically, the Title IV-E Waiver will enhance the “key three” primary objectives by targeting the following outcomes:

SAFETY

1. Reduce rate of abuse in foster care and relative care.
2. Reduce substantiated maltreatment.

PERMANENCY

3. Decrease timelines to permanency: reunification, adoption, and legal guardianship.
4. Decrease re-entry into placement.
5. Decrease the number of children/youth in long term foster care and decrease the time children/youth are in long term foster care.

Reduce reliance on out-of-home care

6. Reduce the number of children/youth in out-of-home care.
7. Reduce the number of children/youth in group care.
8. Increase the percentage of family maintenance cases relative to the total number of cases.

The Title IV-E Waiver has been implemented through eight priority initiatives in sequences:

FIRST SEQUENCE PRIORITIES

- Expansion of Family Team Decision Making (FTDM) Conferences to focus on permanency.
- Upfront assessment for mental health, substance abuse and domestic violence for high risk cases, with expanded family preservation slots.

- Expansion of Family Finding and Engagement through Specialized Permanency Units.
- Prevention Initiative focusing on locally based networks of prevention services and supports.

NEXT SEQUENCE PRIORITIES

- Expansion of Family Preservation Services.
- Recruitment, development and utilization of community-based placements.
- Enhancement of Parent-Child Visitation including plans to bring in more staff to serve as trained monitors to assist social workers with visits.
- Use of aftercare support services.

CHILD WELFARE SERVICES

Emergency Response Services

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

FAMILY MAINTENANCE SERVICES

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



FAMILY REUNIFICATION SERVICES

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

PERMANENT PLACEMENT SERVICES

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

PROTECTIVE SERVICES - REFERRALS RECEIVED

During Calendar Year (CY) 2009, an average of 13,163 children were referred to DCFS per month. Of these, an average of 11,185 children (85.0%) required an in-person investigation. As shown in Figure 1, there were 157,960 children referred during CY 2009 compared to 166,745 in CY 2008. This reflects a 5.3% decrease in referrals from CY 2008.

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

REFERRALS RECEIVED BY ALLEGATION TYPE

Referrals of child abuse or neglect received by DCFS are categorized by seven reporting categories in 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. Also included are categories "At Risk, Sibling Abuse" and "Substantial Risk." These categories 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 a referral. Referral data in Figure 3 and Figure 4 represent children in referrals received by DCFS.

- Children referred due to Sexual Abuse allegations account for 9.6% of the total children referred to DCFS during CY 2009, up from 8.9% in CY 2008. The number of referred children for this allegation (15,126) reflects a 1.7% increase from 14,880 in CY 2008.
- Children with allegations of Physical Abuse account for 21.8 % of the total referred children, slightly up from 21.2% in CY 2008. The number of referred children for this allegation shows a 2.7% decrease, from 35,319 in CY 2008 to 34,379 in CY 2009.
- Children with allegations of Severe Neglect account for 1.4% of the total referred children slightly up from 1.2% in CY 2008. The number of children referred for this allegation reflects a 6.5% increase, from 2,043 in CY 2008 to 2,176 in CY 2009.
- General Neglect continues to be the leading reported allegation in the emergency response referrals received. Children referred due to this allegation account for 29.4% of the total children referred to DCFS during CY 2009, slightly down from 30.0% in CY 2008. The number of referred children for general neglect in CY 2009 (46,416) reflects a 7.3% decrease from 50,094 children referred due to the same allegation in CY 2008.



- Children referred to DCFS during CY 2009 due to Emotional Abuse account 10.2% of the total referred children, up from 8.9% in CY 2008. The number of children from these referrals reflects an 8.7% increase, from 14,836 in CY 2008 to 16,134 in CY 2009.
- Exploitation continues to be the least reported allegation. Children referred with allegations of Exploitation remain at 0.1% of total children referred during CY 2009. The number of children referred for this allegation reflects a 31.9% increase, from 94 in CY 2008 to 124 in CY 2009.
- Children referred due to Caretaker Absence/Incapacity allegations account for 2.0% of the total children referred during CY 2009, down from 3.0% in CY 2008. The number of children from this referral category decreased by 37.1%, from 4,938 in CY 2008 to 3,108 in CY 2009.
- When children referred to DCFS due to Severe Neglect, General Neglect, and Caretaker Absence/Incapacity are combined into a single category of neglect, they represent 32.7% of the total children referred during CY 2009, down from 34.2% in CY 2008.
- Children listed in referral categories At Risk, Sibling Abuse and Substantial Risk account for 25.6% of the total children referred during CY 2009. Referred children from At Risk, Sibling Abuse referrals account for 24.1% of all referred children, up from 22.1% in CY 2008. Substantial Risk referred children account for 1.5% of the total referred children, down from 4.6% in CY 2008.

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 2009 (i.e., as of December 31, 2009). This data represents a caseload breakdown by the four child welfare service components: Emergency Response, Family Maintenance, Family Reunification, and Permanent Placement. The Adoptions services caseload is shown separately. Between the end of CY 2008 and the end of CY 2009, the total child caseload shows a 3.5% decrease, from 33,478 to 32,317.

CHILD CHARACTERISTICS

Figure 7, Figure 8, Figure 9 and Figure 10 exhibit demographic data on children in the DCFS In-Home and Out-of-Home Services Caseload at the end of CY 2009 by age group, ethnicity and gender.

AGE

- Most vulnerable are children in the age group Birth - 2 Years. This population accounts for 18.4% of the total DCFS child caseload, which is slightly up from 18.0% at the end of CY 2008. The number of children in this age group category exhibits a 1.6% decrease, from 6,042 at the end of CY 2008 to 5,948 at the end of CY 2009.
- Despite the overall decrease of children in DCFS caseload, children in the age group 3 - 4 Years exhibit an increase. The number of children in this age group reflects a 1.7% increase, from 3,570 at the end of CY 2008 to 3,630 at the end of CY 2009. This population accounts for 11.2% of the children in the total caseload, slightly up from 10.7% at the end of CY 2008.



- Children in the age group 5 - 9 Years continue to be the largest population among all age groups. This population accounts for 23.3% of the total caseload. The number of children in this population reflects a 3.8% decrease, from 7,841 at the end of CY 2008 to 7,546 at the end of CY 2009.
- Age group 10 - 13 Years children account for 18.5% of the total caseload, down from 19.0% at the end of CY 2008. The number of children for this age group reflects a 6.2% decrease from 6,357 at the end of CY 2008 to 5,966 at the end of CY 2009.
- Children in the age group 14 - 15 Years account for 11.1% of the total caseload at the end of CY 2009, slightly down from 11.5% at the end of CY 2008. The number of children in this age group reflects a 6.2% decrease, from 3,834 at the end of CY 2008 to 3,595 at the end of CY 2009.
- Youth in the age group 16 - 17 Years account for 11.9% of the total caseload, slightly down from 12.1% at the end of CY 2008. The number of youth in this age group shows a 5.2% decrease, from 4,051 at the end of CY 2008 to 3,841 at the end of CY 2009.
- Youth in the age group 18 & Older account for 5.5% of the total DCFS children at the end of CY 2009, slightly up from 5.3% at the end of CY 2008. The number of these young adults (1,791) reflects a 0.4% increase from 1,783 at the end of CY 2008.
- Overall, children 13 years and under account for 71.4%, and children 14

years and older account for 28.6% of the total caseload.

ETHNICITY

- White children account for 11.6% of the total DCFS caseload at the end CY 2009, down from 12.0% at the end of CY 2008. The number of children in this ethnic population (3,758) reflects a 6.3% decrease from 4,012 at the end of CY 2008.
- Hispanic children continue to be the largest of all ethnic populations among DCFS children. This population accounts for 55.5% of the total caseload at the end of CY 2009, up from 54.9% at the end of CY 2008. The number of Hispanic children shows a 2.3% decrease from 18,369 to 17,947.
- Following the Hispanic child population, African American children represent the next largest ethnic population among DCFS children. This population accounts for 29.5% of the total caseload at the end of CY 2009, slightly down from 30.0% at the end of CY 2008. The number of African American children exhibits a 5.0% decrease, from 10,036 at the end of CY 2008 to 9,533 at the end of CY 2009.
- The Asian/Pacific Islander population remains at 1.9% of the total DCFS children at the end of CY 2009. This population reflects a 3.0% decrease, from 638 at the end of CY 2008 to 619 at the end of CY 2009.
- American Indian/Alaskan Native, Filipino and Other ethnicity each accounts for 0.4%, 0.6% and 0.3% of the total DCFS child caseload, respectively.

GENDER

Male and Female child populations have been nearly even. The total DCFS caseload at the end of CY 2009 shows 49.5 male and 50.5 female.



CHILDREN IN OUT-OF-HOME PLACEMENT

Figure 11, Figure 12 and Figure 13 identify DCFS children who are in out-of-home placements excluding children in Guardian Home, Adoptive Home, Non-Foster Care Placement Facility, as of December 31, 2009. Between the end of CY 2008 and the end of CY 2009, the number of children in out-of-home placement shows a 5.4% decrease from 16,710 to 15,816.

- Children in Relative/Non-Relative Extended Family Member (Relative/NREFM) Home continue to represent the largest child population in the out-of-home placement caseload. These children remain at 47.6% of the total children in out-of-home placements at the end of CY 2009, down from 50.2% at the end of CY 2008. The number of children in this placement category shows a 10.3% decrease, from 8,388 at the end of CY 2008 to 7,525 at the end of CY 2009.
- Children in Foster Family Home account for 7.8% of the total out-of-home placements at the end of CY 2009, down from 8.2% at the end of CY 2008. The number of children in this population reflects a 9.8% decrease, from 1,362 at the end of CY 2008 to 1,228 at the end of CY 2009.
- Despite the overall decrease of children in out-of-home care, the number of children in Foster Family Agency Certified Home reflects a 3.9% increase, from 5,795 at the end of CY 2008 to 6,022 at the end of CY 2009. This population accounts for 38.1% of the total children in the out-of-home placement caseload at the end of CY 2009, up from 34.7% at the end of CY 2008.

- Children in Small Family Home remain at 0.6% of the total children in out-of-home placement. The number of children in this placement type (96), at the end of CY 2009 reflects a 20.7% decrease from 121 at the end of CY 2008.
- Children in Group Home account for 5.7% of the total out-of-home placement caseload at the end of CY 2009, slightly down from 5.9% at the end of CY 2008. This child population reflects an 8.3% decrease from 990 at the end of CY 2008 to 908 at the end of CY 2009.
- Placement facility type Other consists of Court Specified Home, Medical Facility and Tribal Home. Children in this placement category account for 0.2% of the total children in out-of-home placement caseload.

PERMANANCY PARTNERS PROGRAM (P3)

The Permanency Partners Program (P3) is the largest of Los Angeles County's family finding and engagement programs. Implemented in 2004, the P3 program focuses on youth in Long Term Foster Care (AKA Planned Permanent Living Arrangement) who are between the ages of 12 – 18. The P3 program pairs the youth with one of the program's Children's Social Workers (CSWs) who are primarily retired or former CSWs that have extensive experience with foster youth, know how to navigate DCFS' internal records and systems and have been rehired by the Department to work part-time. The P3 CSWs are not the youth's primary social worker, but are instead an additional resource focused on finding families for these youth.



The P3 CSW focuses on the youth desires for permanence and works with them to overcome barriers. The P3 CSW follows all leads provided by the youth, from reading the entire case cover to cover, to searching the internet for friends and relatives. In conjunction with the primary CSW, the P3 CSW seeks to engage or re-engage parents, relatives or others who care about this youth and encourage their active participation on behalf of the youth. These adults might have been previously disillusioned by the child welfare system or were not in a position to help the child in the past, but whose situation may have changed.

The P3 CSWs utilize the resources from DCFS' other initiatives by making referrals to and/or participating in other programs offered including TDM, FGDM, Wraparound, Family Preservation, and Kinship/ASFA to support their work. A P3 CSW's objective is to locate meaningful connections from the youth's past/present, with the ultimate goal of achieving life long permanence, via reunification with a parent if possible, or through adoption or guardianship. P3 also seeks to identify and locate adult connections with whom the youth can develop lasting relationships.

As of December 31 2009, P3 has provided traditional P3 services to 3,627 youth. Approximately 38% (1,360) of the youth now have a legally permanent plan identified or established. A total of 275 youth have returned home to a parent and had their child welfare case closed, 87 youth have returned home and continue to have their case supervised by DCFS and 56 are moving towards reunification with a parent. In addition, 90 youth have been adopted, 18 youth are in adoptive placements and 279 youth who were previously opposed to adoption are now involved in adoption planning. Finally, 98 youth have had a legal guardian appointed and their cases closed through KinGAP, 101 youth were in legal guardianship prior to their case closing due to emancipation, 160 youth are in legal guardianship and continue to have their case supervised by DCFS, and 196 youth have a plan of legal guardianship identified and are moving through the court process.

ADOPTION PLANNING

Figure 14 and Figure 15 reflect comparative data on children placed in adoptive homes annually by the Adoptions Division. During CY 2009, there were 2,148 children placed in adoptive home compared to 2,228 placements made during CY 2008.

241.1 HEARINGS

Figure 16, Figure 17 and Figure 18 present data on children referred for 241.1 Joint Assessment Hearings during CY 2009. Data on 241.1 cases are comprised of children referred from Dependency Court and Delinquency Court. Children under the jurisdiction of the Dependency Court account for 1.4% of the total, while children under the jurisdiction of the Delinquency Court account for 98.6% of the total children referred for 241.1 Joint Assessment Hearings.

ICAN PUBLIC WEB SITE

The public may access the DCFS CY 2009 Data Statement as part of the ICAN State of Child Abuse in Los Angeles County Report for 2010 at the following Web Site address:

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

Questions regarding the DCFS CY 2009 Data Statement may be directed to Thomas Nguyen at (562) 345-6712.



SELECTED FINDINGS

Children in Out-of-Home Placement reflect a 5.4% decrease from 16,710 at the end of CY 2008 to 15,816 at the end of CY 2009. This decrease continues to be in line with a major DCFS goal in reducing the number of children/youth in out-of-home care. A related goal to reducing the total number of children in out-of-home care is to reduce the number of children/youth in group care. Group Home child population which accounted for 5.9% of the total children in out-of-home care at the end of CY 2008 is down to 5.7% at the end of CY 2009.

Children in Relative/Non-Relative Extended Family Member (Relative/NREFM) Home continue to represent the largest child population in the out-of-home placement caseload. These children account for 47.6% of the total children in out-of-home placements at the end of CY 2009.

Despite the overall decrease of children in out-of-home care, the number of children in Foster Family Agency Certified Home reflects a 3.9% increase, from 5,795 at the end of CY 2008 to 6,022 at the end of CY 2009. This population accounts for 38.1% of the total children in the out-of-home placement caseload at the end of CY 2009, up from 34.7% at the end of CY 2008.

As of December 2009, the P3 program has provided services to 3,627 youth, approximately, 38% (1,360) of the youth now have a legally permanent plan identified or established. A total of 275 youth have returned home to a parent and had their child welfare case closed, 87 youth have returned home and continue to have their case supervised by DCFS and 56 are moving towards reunification with a parent. In addition, 90 youth have been adopted, 18 youth are in adoptive placements and 279 youth who were previously opposed to adoption are now involved in adoption planning. Finally, 98 youth have had a legal guardian appointed and their cases closed through KinGAP, 101 youth were in legal guardianship prior to their

case closing due to emancipation, 160 youth are in legal guardianship and continue to have their case supervised by DCFS, and 196 youth have a plan of legal guardianship identified and are moving through the court process.

RESPONSE TO RECOMMENDATIONS FROM 2009 REPORT

Recommendation One: Juvenile Offender Data Collection

The DCFS CY 2009 Data Statement begins to include data on children who were referred for 241.1 Joint Assessment Hearings.

Recommendation Two:

Permanency initiatives or mentoring programs that impact children and youth

The annual data statement submitted by the Department of Children and Family Services currently includes data and information on the Permanency Partners Program (P3), a promising initiative developed by the Department over the last five years.

Recommendation Three Reporting of Data

The annual data statement submitted by the Department of Children and Family Services currently includes spatial data by SPA which is consistent with other agencies. Regarding reporting data on age and ethnicity, an agreement to consistently report data by age and ethnicity group across departments requires further discussion at the ICAN Data/Information Sharing Committee. Once agreed upon parameters are developed, DCFS will arrange its data for the ICAN Data Statement accordingly.



**Recommendation Four:
Use of Spatial Data**

The SPA data in the annual data statement submitted by the Department of Children and Family Services is based on spatial overlaid boundaries of the SPAs using Geographic Information System mapping techniques.



SERVICE PLANNING AREA (SPA)	ZIP CODE	CITY / COMMUNITY
SPA 1	93243	Lebec
SPA 1	93510	Acton
SPA 1	93523	Edwards AFB
SPA 1	93532	Elizabeth Lake/Lake Hughes
SPA 1	93534	Lancaster
SPA 1	93535	Hi Vista
SPA 1	93536	Lancaster/Quartz Hill
SPA 1	93543	Littlerock/Juniper Hills
SPA 1	93544	Llano
SPA 1	93550	Palmdale/Lake Los Angeles
SPA 1	93551	Palmdale
SPA 1	93552	Palmdale
SPA 1	93553	Pearblossom
SPA 1	93563	Valyermo
SPA 1	93591	Palmdale/Lake Los Angeles
SPA 2	90290	Topanga
SPA 2	91040	Sunland (City of LA)/Shadow Hills (City of LA)
SPA 2	91042	Tujunga (City of LA)
SPA 2	91301	Agoura/Oak Park
SPA 2	91302	Calabasas/Hidden Hills
SPA 2	91303	Canoga Park (City of LA)
SPA 2	91304	Canoga Park (City of LA)
SPA 2	91306	Winnetka (City of LA)
SPA 2	91307	West Hills (City of LA)
SPA 2	91311	Chatsworth (City of LA)
SPA 2	91316	Encino (City of LA)
SPA 2	91321	Santa Clarita (Newhall)
SPA 2	91324	Northridge (City of LA)
SPA 2	91325	Northridge (City of LA)
SPA 2	91326	Porter Ranch (City of LA)
SPA 2	91330	Northridge (City of LA), California State University
SPA 2	91331	Arleta (City of LA)/Pacoima (City of LA)
SPA 2	91335	Reseda (City of LA)
SPA 2	91340	San Fernando
SPA 2	91342	Lake View Terrace (City of LA)/Sylmar (City of LA)
SPA 2	91343	North Hills (City of LA)
SPA 2	91344	Granada Hills (City of LA)
SPA 2	91345	Mission Hills (City of LA)
SPA 2	91350	Agua Dulce/Saugus
SPA 2	91351	Santa Clarita (Canyon Country)
SPA 2	91352	Sun Valley (City of LA)
SPA 2	91354	Santa Clarita (Valencia)
SPA 2	91355	Santa Clarita (Valencia)
SPA 2	91356	Tarzana (City of LA)



SERVICE PLANNING AREA (SPA)	ZIP CODE	CITY / COMMUNITY
SPA 2	91361	Westlake Village
SPA 2	91362	Westlake Village
SPA 2	91364	Woodland Hills (City of LA)
SPA 2	91367	Woodland Hills (City of LA)
SPA 2	91381	Stevenson Ranch
SPA 2	91382	Santa Clarita
SPA 2	91384	Castaic
SPA 2	91387	Canyon Country
SPA 2	91390	Santa Clarita
SPA 2	91401	Van Nuys (City of LA)
SPA 2	91402	Panorama City (City of LA)
SPA 2	91403	Sherman Oaks (City of LA)/Van Nuys (City of LA)
SPA 2	91405	Van Nuys (City of LA)
SPA 2	91406	Van Nuys (City of LA)
SPA 2	91411	Van Nuys (City of LA)
SPA 2	91423	Sherman Oaks (City of LA)/Van Nuys (City of LA)
SPA 2	91436	Encino (City of LA)
SPA 2	91601	North Hollywood (City of LA)
SPA 2	91602	North Hollywood (City of LA)/Toluca Lake (City of LA)
SPA 2	91604	North Hollywood (City of LA)/Studio City (City of LA)
SPA 2	91605	North Hollywood
SPA 2	91606	North Hollywood
SPA 2	91607	North Hollywood (City of LA)/Valley Village (City of LA)
SPA 2	91608	Universal City
SPA 3	91001	Altadena
SPA 3	91006	Arcadia
SPA 3	91007	Arcadia
SPA 3	91010	Bradbury
SPA 3	91011	La Canada-Flintridge
SPA 3	91016	Monrovia
SPA 3	91020	Montrose
SPA 3	91023	Mount Wilson
SPA 3	91024	Sierra Madre
SPA 3	91030	South Pasadena
SPA 3	91046	Glendale (Verdugo City)
SPA 3	91101	Pasadena
SPA 3	91103	Pasadena
SPA 3	91104	Pasadena
SPA 3	91105	Pasadena
SPA 3	91106	Pasadena
SPA 3	91107	Pasadena
SPA 3	91108	San Marino
SPA 3	91125	Pasadena (California Institute of Technology)



SERVICE PLANNING AREA (SPA)	ZIP CODE	CITY / COMMUNITY
SPA 3	91126	Pasadena (California Institute of Technology)
SPA 3	91201	Glendale
SPA 3	91202	Glendale
SPA 3	91203	Glendale
SPA 3	91204	Glendale (Tropico)
SPA 3	91205	Glendale (Tropico)
SPA 3	91206	Glendale
SPA 3	91207	Glendale
SPA 3	91208	Glendale
SPA 3	91210	Galleria (Glendale)
SPA 3	91214	La Crescenta
SPA 3	91501	Burbank
SPA 3	91502	Burbank
SPA 3	91504	Burbank (Glenoaks)
SPA 3	91505	Burbank
SPA 3	91506	Burbank
SPA 3	91521	Burbank
SPA 3	91522	Burbank
SPA 3	91523	Burbank
SPA 3	91702	Azusa
SPA 3	91706	Baldwin Park/Irwindale
SPA 3	91711	Claremont
SPA 3	91722	Covina
SPA 3	91723	Covina
SPA 3	91724	Covina
SPA 3	91731	El Monte
SPA 3	91732	El Monte
SPA 3	91733	South El Monte
SPA 3	91740	Glendora
SPA 3	91741	Glendora
SPA 3	91744	Cityof Industry/La Puente/Valinda
SPA 3	91745	La Puente (Hacienda Heights)
SPA 3	91746	Bassett/City of Industry/La Puente
SPA 3	91748	Rowland Heights
SPA 3	91750	La Verne
SPA 3	91754	Monterey Park
SPA 3	91755	Monterey Park
SPA 3	91765	Diamond Bar
SPA 3	91766	Phillips Ranch/Pomona
SPA 3	91767	Pomona
SPA 3	91768	Pomona
SPA 3	91770	Rosemead
SPA 3	91773	San Dimas



SERVICE PLANNING AREA (SPA)	ZIP CODE	CITY / COMMUNITY
SPA 3	91775	San Gabriel
SPA 3	91776	San Gabriel
SPA 3	91780	Temple City
SPA 3	91789	Diamond Bar/City of Industry/Walnut
SPA 3	91790	West Covina
SPA 3	91791	West Covina
SPA 3	91792	West Covina
SPA 3	91801	Alhambra
SPA 3	91803	Alhambra
SPA 4	90004	Hancock Park (City of LA)
SPA 4	90005	Koreatown (City of LA)
SPA 4	90006	Pico Heights (City of LA)
SPA 4	90010	Wilshire Blvd (City of LA)
SPA 4	90012	Civic Center (City of LA)/Chinatown (City of LA)
SPA 4	90013	Downtown Los Angeles (City of LA)
SPA 4	90014	Los Angeles
SPA 4	90015	Downtown Los Angeles (City of LA)
SPA 4	90017	Downtown Los Angeles (City of LA)
SPA 4	90020	Hancock Park (City of LA)
SPA 4	90021	Downtown Los Angeles (City of LA)
SPA 4	90026	Echo Park/Silverlake (City of LA)
SPA 4	90027	Griffith Park (City of LA)/Los Feliz (City of LA)
SPA 4	90028	Hollywood (City of LA)
SPA 4	90029	Downtown Los Angeles (City of LA)
SPA 4	90031	Montecito Heights (City of LA)
SPA 4	90032	El Sereno (City of LA)/Monterey Hills (City of LA)
SPA 4	90033	Boyle Heights (City of LA)
SPA 4	90038	Hollywood (City of LA)
SPA 4	90039	Atwater Village (City of LA)
SPA 4	90041	Eagle Rock (City of LA)
SPA 4	90042	Highland Park (City of LA)
SPA 4	90057	Westlake (City of LA)
SPA 4	90065	Cypress Park (City of LA)/Glassell Park (City of LA)
SPA 4	90068	Hollywood (City of LA)
SPA 4	90071	ARCO Towers (City of LA)
SPA 5	90019	Country Club Park (City of LA)/Mid City (City of LA)
SPA 5	90024	Westwood (City of LA)
SPA 5	90025	Sawtelle (City of LA)/West Los Angeles (City of LA)
SPA 5	90034	Palms (City of LA)
SPA 5	90035	West Fairfax (City of LA)
SPA 5	90036	Park La Brea (City of LA)
SPA 5	90045	LAX Area (City of LA)/Westchester (City of LA)
SPA 5	90046	Mount Olympus (City of LA)



SERVICE PLANNING AREA (SPA)	ZIP CODE	CITY / COMMUNITY
SPA 5	90048	West Beverly (City of LA)
SPA 5	90049	Bel Air Estates (City of LA)/Brentwood (City of LA)
SPA 5	90056	Ladera Heights (City of LA)
SPA 5	90064	Cheviot Hills (City of LA)/Rancho Park (City of LA)
SPA 5	90066	Mar Vista (City of LA)
SPA 5	90067	Century City (City of LA)
SPA 5	90069	West Hollywood
SPA 5	90073	VA Hospital (Sawtelle)
SPA 5	90077	Bel Air Estates & Beverly Glen (City of LA)
SPA 5	90094	Playa Vista
SPA 5	90095	Los Angeles (UCLA)
SPA 5	90210	Beverly Hills/Beverly Glen (City of LA)
SPA 5	90211	Beverly Hills
SPA 5	90212	Beverly Hills
SPA 5	90230	Culver City
SPA 5	90232	Culver City
SPA 5	90263	Pepperdine University (Malibu)
SPA 5	90265	Malibu
SPA 5	90272	Castellammare (City of LA)/Pacific Highlands (City of LA)
SPA 5	90291	Venice (City of LA)
SPA 5	90292	Marina del Rey
SPA 5	90293	Playa del Rey (City of LA)
SPA 5	90401	Santa Monica
SPA 5	90402	Santa Monica
SPA 5	90403	Santa Monica
SPA 5	90404	Santa Monica
SPA 5	90405	Santa Monica
SPA 6	90001	Florence/South Central (City of LA)
SPA 6	90002	Watts (City of LA)
SPA 6	90003	South Central (City of LA)
SPA 6	90007	South Central (City of LA)
SPA 6	90008	Baldwin Hills/Crenshaw (City of LA)/Leimert Park (City of LA)
SPA 6	90011	South Central (City of LA)
SPA 6	90016	West Adams (City of LA)
SPA 6	90018	Jefferson Park (City of LA)
SPA 6	90037	South Central (City of LA)
SPA 6	90043	Hyde Park (City of LA)/View Park/Windsor Hills
SPA 6	90044	Athens
SPA 6	90047	South Central (City of LA)
SPA 6	90059	Watts (City of LA)/Willowbrook
SPA 6	90061	South Central (City of LA)
SPA 6	90062	South Central (City of LA)
SPA 6	90089	USC (City of LA)



SERVICE PLANNING AREA (SPA)	ZIP CODE	CITY / COMMUNITY
SPA 6	90220	Compton/Rancho Dominguez
SPA 6	90221	East Rancho Dominguez
SPA 6	90222	Compton/Rosewood/Willowbrook
SPA 6	90262	Lynwood
SPA 6	90723	Paramount
SPA 7	90022	East Los Angeles
SPA 7	90023	East Los Angeles (City of LA)
SPA 7	90040	Commerce, City of
SPA 7	90058	Vernon
SPA 7	90063	City Terrace
SPA 7	90201	Bell/Bell Gardens/Cudahy
SPA 7	90240	Downey
SPA 7	90241	Downey
SPA 7	90242	Downey
SPA 7	90255	Huntington Park/Walnut Park
SPA 7	90270	Maywood
SPA 7	90280	South Gate
SPA 7	90601	Whittier
SPA 7	90602	Whittier
SPA 7	90603	Whittier
SPA 7	90604	Whittier
SPA 7	90605	Whittier/South Whittier
SPA 7	90606	Los Nietos
SPA 7	90631	La Habra Heights
SPA 7	90638	La Mirada
SPA 7	90639	La Mirada (Biola Univ.)
SPA 7	90640	Montebello
SPA 7	90650	Norwalk
SPA 7	90660	Pico Rivera
SPA 7	90670	Santa Fe Springs
SPA 7	90701	Cerritos
SPA 7	90703	Cerritos
SPA 7	90706	Bellflower
SPA 7	90716	Hawaiian Gardens
SPA 8	90245	El Segundo
SPA 8	90247	Gardena
SPA 8	90248	Gardena
SPA 8	90249	Gardena
SPA 8	90250	Hawthorne (Holly Park)
SPA 8	90254	Hermosa Beach
SPA 8	90260	Lawndale
SPA 8	90261	Lawndale (Federal Bldg)
SPA 8	90266	Manhattan Beach



SERVICE PLANNING AREA (SPA)	ZIP CODE	CITY / COMMUNITY
SPA 8	90274	Palos Verdes Estates/Rolling Hills/Rolling Hills E
SPA 8	90275	Rancho Palos Verdes
SPA 8	90277	Redondo Beach/Torrance
SPA 8	90278	Redondo Beach/Torrance
SPA 8	90301	Inglewood
SPA 8	90302	Inglewood
SPA 8	90303	Inglewood
SPA 8	90304	Lennox
SPA 8	90305	Inglewood
SPA 8	90501	Torrance
SPA 8	90502	Torrance
SPA 8	90503	Torrance
SPA 8	90504	Torrance
SPA 8	90505	Torrance
SPA 8	90506	Torrance (Camino College)
SPA 8	90704	Avalon
SPA 8	90710	Harbor City (City of LA)
SPA 8	90712	Lakewood
SPA 8	90713	Lakewood
SPA 8	90715	Lakewood
SPA 8	90717	Lomita/Rancho Palos Verdes
SPA 8	90731	San Pedro (City of LA)/Terminal Island (City of LA)
SPA 8	90732	Rancho Palos Verdes
SPA 8	90744	Wilmington (City of LA)
SPA 8	90745	Carson
SPA 8	90746	Carson
SPA 8	90747	Carson (Cal State Univ. Dominguez Hills)
SPA 8	90755	Signal Hill
SPA 8	90802	Long Beach
SPA 8	90803	Long Beach
SPA 8	90804	Long Beach
SPA 8	90805	North Long Beach (Long Beach)
SPA 8	90806	Long Beach
SPA 8	90807	Long Beach
SPA 8	90808	Long Beach
SPA 8	90810	Carson/Long Beach
SPA 8	90813	Long Beach
SPA 8	90814	Long Beach
SPA 8	90815	Long Beach
SPA 8	90822	Long Beach
SPA 8	90831	Long Beach (World Trade Center)
SPA 8	90840	Long Beach (Cal State University Long Beach)
SPA 8	90846	Long Beach (Boeing)



Figure 1

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Total Children Referred to DCFS Calendar Years 1984 Through 2009**

CALENDAR YEAR	CHILDREN
1984	74,992
1985	79,655
1986	103,116
1987	104,886
1988	114,597
1989	111,799
1990	108,088
1991	120,358
1992	139,106
1993	171,922
1994	169,638
1995	185,550
1996	197,784
1997	179,436
1998	157,062
1999	146,583
2000	151,108
2001	147,352
2002	161,638
2003	162,361
2004	154,993
2005	156,831
2006	162,711
2007	167,325
2008	166,745
2009	157,960



Figure 2

DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Referred Children By Service Planning Area Calendar Year 2009

SERVICE PLANNING AREA (SPA)	EVALUATED OUT	IN-PERSON RESPONSE	TOTAL REFERRAL CHILDREN RECEIVED
1	1,207	7,870	9,077
2	3,657	19,477	23,134
3	2,437	15,921	18,358
4	2,266	12,781	15,047
5	502	2,554	3,056
6	3,245	21,155	24,400
7	2,475	15,366	17,841
8	2,655	17,255	19,910
Out of County/Other*	5,296	21,841	27,137
TOTAL	23,740	134,220	157,960

Note: Data are based on address of origin for referrals received by DCFS.

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

Figure 3

DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Referred Children By Allegation Type Calendar Year 2009

ALLEGATION TYPE	CHILDREN	PERCENTAGE
Sexual Abuse	15,126	9.6
Physical Abuse	34,379	21.8
Severe Neglect	2,176	1.4
General Neglect	46,416	29.4
Emotional Abuse	16,134	10.2
Exploitation	124	0.1
Caretaker Absence/Incapacity	3,108	2.0
At Risk, Sibling Abuse	38,083	24.1
Substantial Risk	2,414	1.5
TOTAL	157,960	100.0



Figure 4

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Referred Children By Allegation Type Calendar Year 2009**

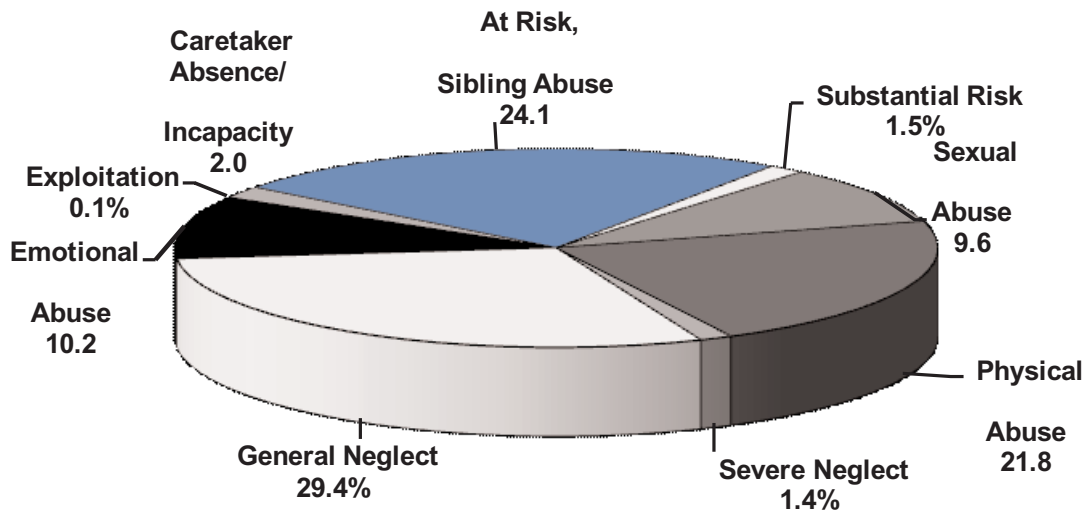


Figure 5

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES
In-Home and Out-Of-Home Services Caseload as of December 31, 2009**

Services Type	Children	Percentage
Emergency Response	882	2.7
Family Maintenance	10,847	33.6
Family Reunification	8,883	27.5
Permanent Placement	11,705	36.2
TOTAL	32,317	100.0



Figure 6

DEPARTMENT OF CHILDREN AND FAMILY SERVICES
In-Home and Out-Of-Home Services Caseload as of December 31, 2009

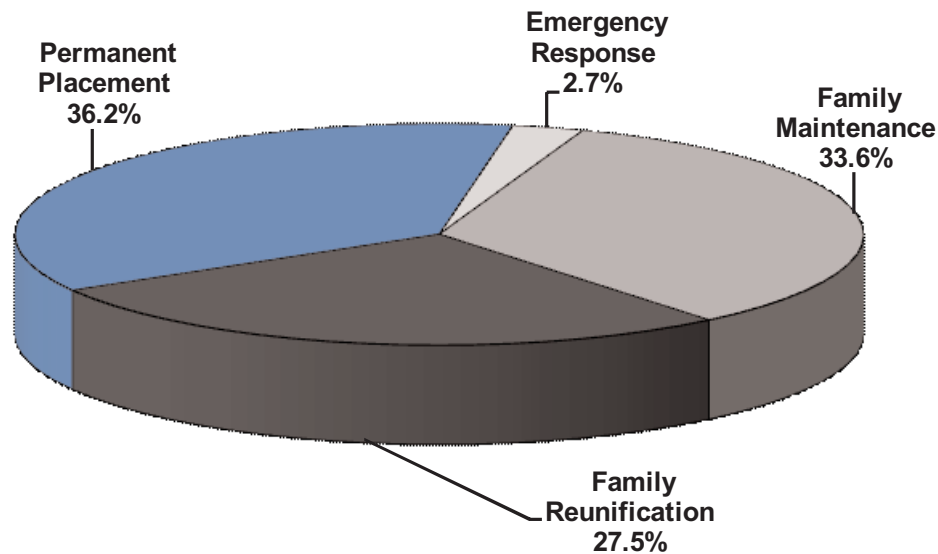


Figure 7

DEPARTMENT OF CHILDREN AND FAMILY SERVICES
In-Home and Out-Of-Home Services Caseload Child Characteristics as of December 31, 2009

CATEGORY		CHILDREN	PERCENTAGE
AGE GROUP	Birth - 2 Years	5,948	18.4
	3 - 4 Years	3,630	11.2
	5 - 9 Years	7,546	23.3
	10 - 13 Years	5,966	18.5
	14 - 15 Years	3,595	11.1
	16 - 17 Years	3,841	11.9
	18 Years & Older	1,791	5.5
	TOTAL	32,317	100.0
ETHNICITY	White	3,758	11.6
	Hispanic	17,947	55.5
	African American	9,533	29.5
	Asian/Pacific Islander	619	1.9
	American Indian/Alaskan	145	0.4
	Filipino	202	0.6
	Other	113	0.3
	TOTAL	32,317	100.0
GENDER	Male	15,995	49.5
	Female	16,322	50.5
	TOTAL	32,317	100.0



Figure 8

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES
In-Home and Out-Of-Home Services Caseload By Age Group as of December 31, 2009**

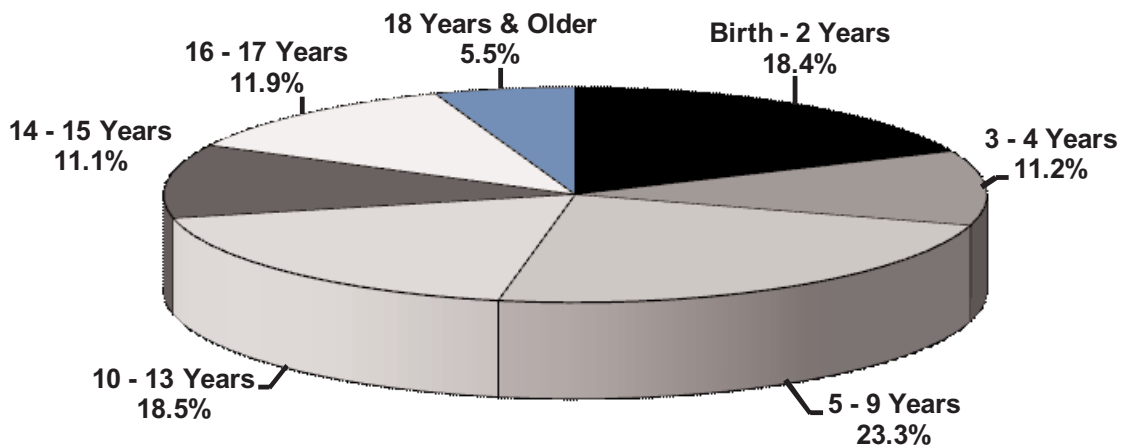


Figure 9

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES
In-Home and Out-Of-Home Services Caseload By Ethnicity as of December 31, 2009**

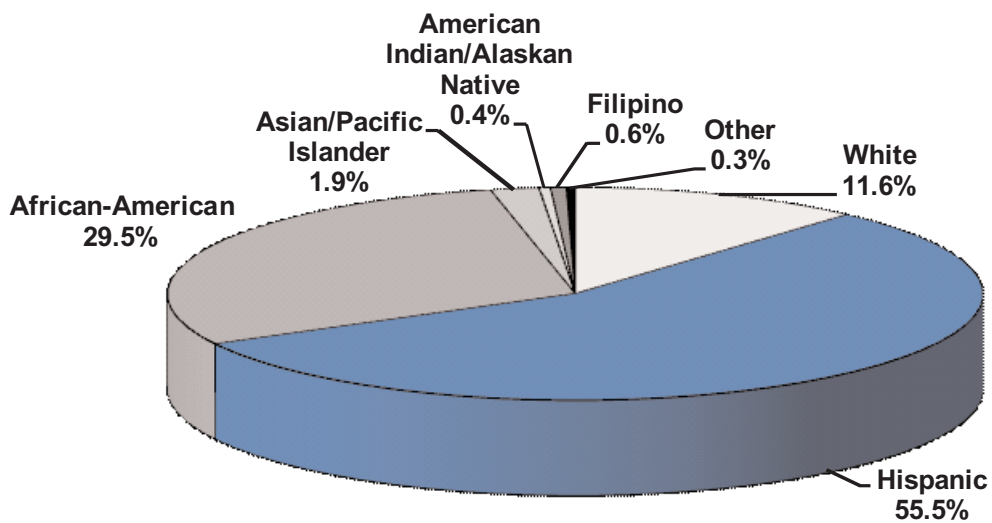




Figure 10

DEPARTMENT OF CHILDREN AND FAMILY SERVICES
In-Home and Out-Of-Home Services Caseload By Age Group as of December 31, 2009

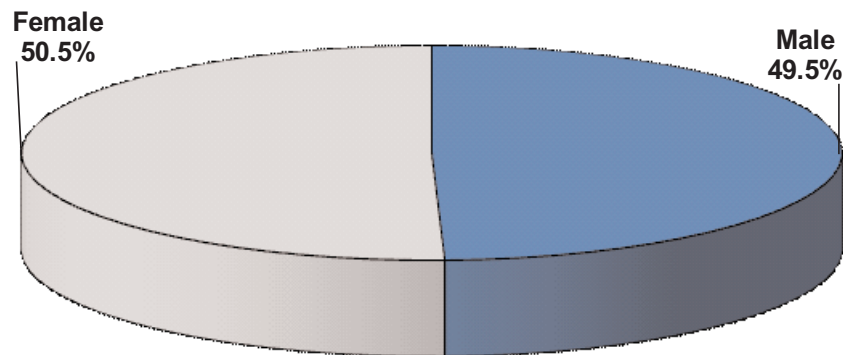


Figure 11

DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Children In Out-Of-Home Placement By Service Planning Area
(Non Foster Care, Adoptive Home, and Guardian Home Placements Excluded)
As of December 31, 2009

SERVICE PLANNING AREA (SPA)	RELATIVE/NREFM* HOME	FOSTER FAMILY HOME	FOSTER FAMILY AGENCY CERTIFIED HOME	SMALL FAMILY HOME	GROUP HOME	OTHER	TOTAL
SPA 1	638	198	811	5	26	0	1,678
SPA 2	866	93	653	3	84	7	1,706
SPA 3	1,048	235	893	32	394	7	2,609
SPA 4	373	31	161	1	34	1	601
SPA 5	81	9	45	0	30	0	165
SPA 6	1,228	282	1,001	26	125	2	2,664
SPA 7	957	114	853	9	17	2	1,952
SPA 8	962	233	695	12	118	2	2,022
Out of County/Other *	1,372	33	910	8	80	16	2,419
TOTAL	7,525	1,228	6,022	96	908	37	15,816

(1) Data are based on child's placement address.

(2) * Non-relative Extended Family Member (NREFM).

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



Figure 12

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES
In-Home and Out-Of-Home Services Caseload and Non-Foster Care Placement Facility)
As of December 31, 2009**

FACILITY TYPE	CHILDREN	PERCENTAGE
Relative/Non-relative Extended Family Member Home	7,525	47.6
Foster Family Home	1,228	7.8
Foster Family Agency Certified Home	6,022	38.1
Small Family Home	96	0.6
Group Home	908	5.7
Other (Tribal Home and Court Specified Home)	37	0.2
TOTAL OUT-OF-HOME PLACEMENT	15,816	100.0

Figure 13

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES
In-Home and Out-Of-Home Services Caseload and Non-Foster Care Placement Facility)
As of December 31, 2009**

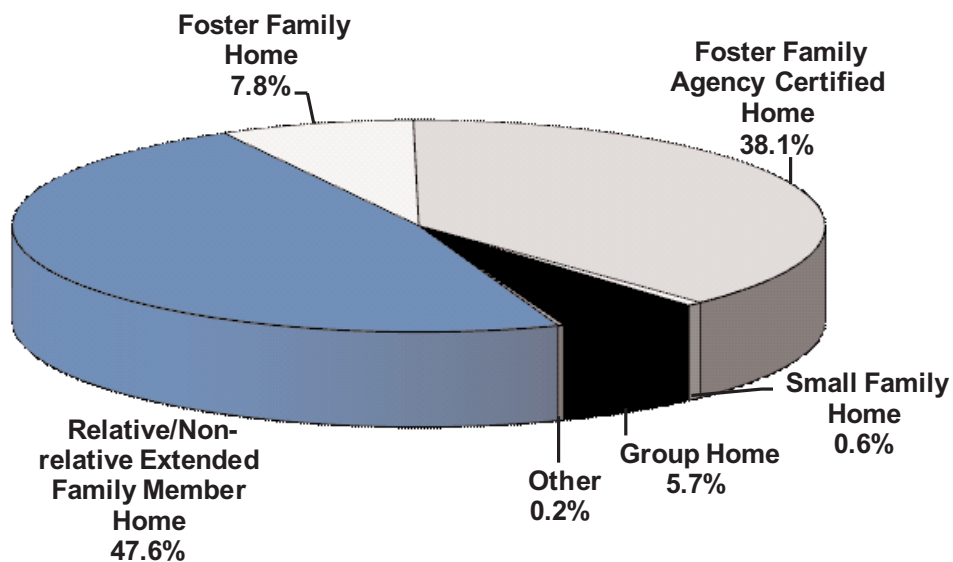




Figure 14

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Adoptions Permanency Planning Caseload Calendar Years 1984 Through 2009**

CALENDAR YEAR	CHILDREN PLACED IN ADOPTIVE HOMES DURING THE YEAR
1984	558
1985	524
1986	617
1987	541
1988	698
1989	696
1990	824
1991	1,000
1992	985
1993	1,049
1994	1,027
1995	1,035
1996	1,087
1997	1,346
1998	1,728
1999	2,532
2000	2,992
2001	2,871
2002	2,135
2003	1,842
2004	2,271
2005	2,273
2006	2,230
2007	2,240
2008	2,228
2009	2,148



Figure 15

DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Children Placed In Adoptive Homes Calendar Years 1984 Through 2009

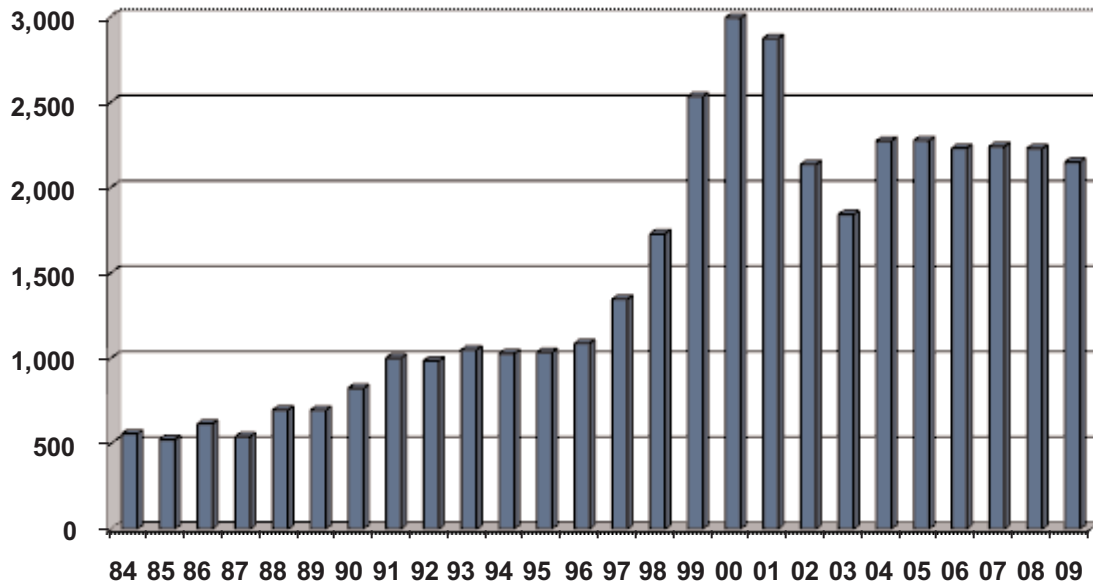




Figure 16

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Children Referred For 241.1 Joint Assessment Hearings Calendar Year 2009**

REFERRALS FOR 241.1 JOINT ASSESSMENTS RECEIVED	CHILDREN
Referrals Categorized by Court of Origin	
Referrals Generated from Dependency Court	19
Referrals Generated from Delinquency Court	1,328
Referrals Categorized by Type	
Reversal (Returns from 600 to 300)	15
Reversal (New 300 After 602)	9
All Other 241.1 Referrals--Not Reversals from Delinquency	1,323
Inappropriate 241.1 Referrals Evaluated Out	240
DELINQUENCY COURT 241.1 HEARING DISPOSITIONS	
Dispositions Categorized By Type	
602 Dispo (Wards of Court)	284
Reversal/New 300 Requested and Denied--Child remains a 602	14
75A (Joint Supervision)	186
654 (Joint Supervision)	70
790 DEJ (Joint Supervision)	283
Other	2
Delinq Court Jurisdiction Termed	30
Delinq Court Jurisdiction Termed Due to Reversal from 600 to 300	1
Reversal/New 300 Requested and Denied--Jurisdiction Termed without a 300 Pet	1
Delinq Court Jurisdiction Termed/NEW 300	4
Delinq Court Dismissal of Pet.	64
Transfer/Out of County	4
601 (Truancy)	2
Total Number of Disposition	945
DEPENDENCY COURT 241.1 HEARING DISPOSITIONS	
Dispositions Categorized By Type	
Dependency Court Jurisdiction Termed (due to child remaining a 602)	10
Child Remains a 300/No Delinquency Court Jurisdiction	3
Child Remains a 300 Under Joint Supervision	2
New 300/Joint Supervision	4
Total Number of Dispositions	19
TOTAL NUMBER OF DELINQUENCY AND DEPENDENCY COURT HEARING DISPOSITIONS	966
DISPOSITIONS BY PERCENTAGE	
Total number of 602s as a % of total no. of cases disposed	32%
Total number of cases under joint supervision as a % of total no. of cases disposed	57%
Total number of all other cases as a % of total no. of cases disposed	11%



Figure 17

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Children Referred for 241.1 Joint Assessment Hearings by Court of Origin**

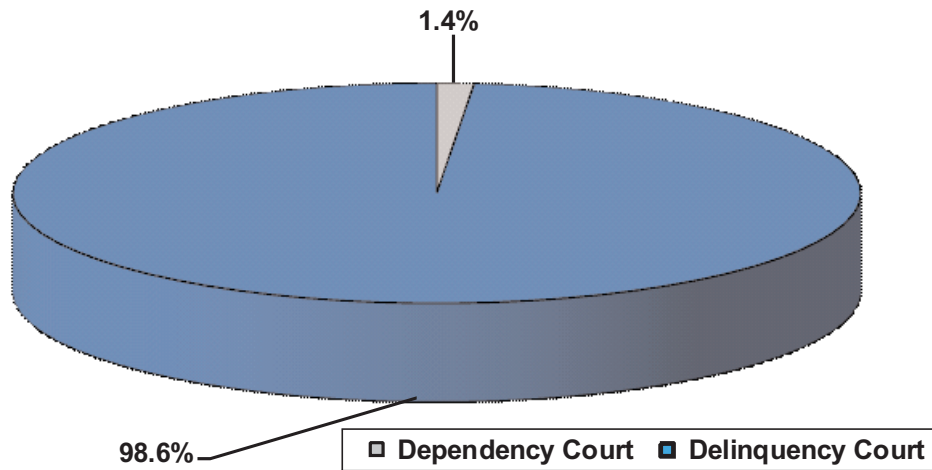
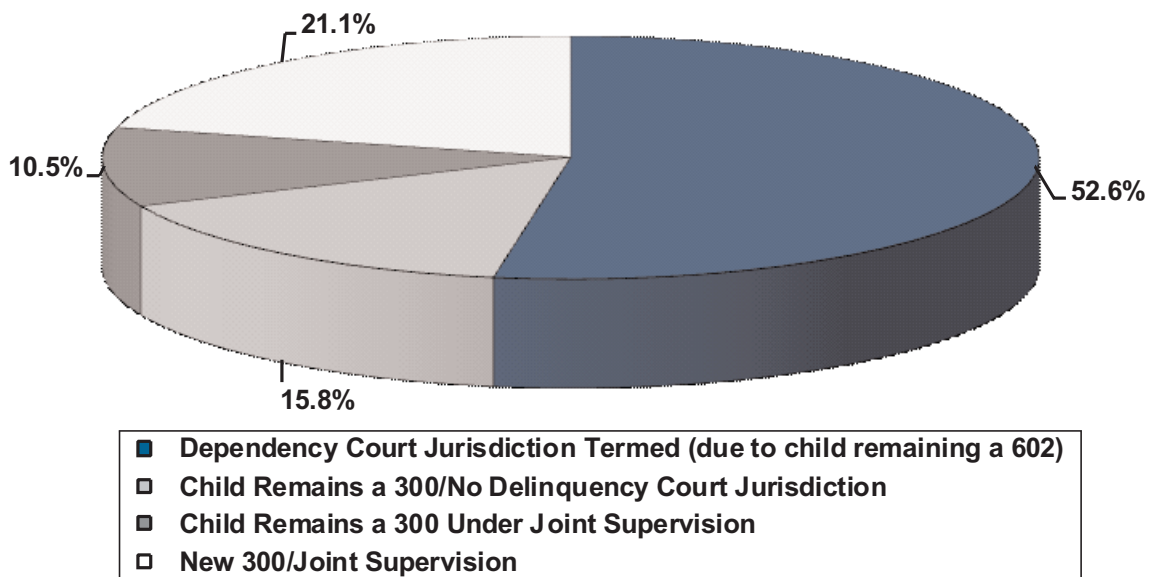


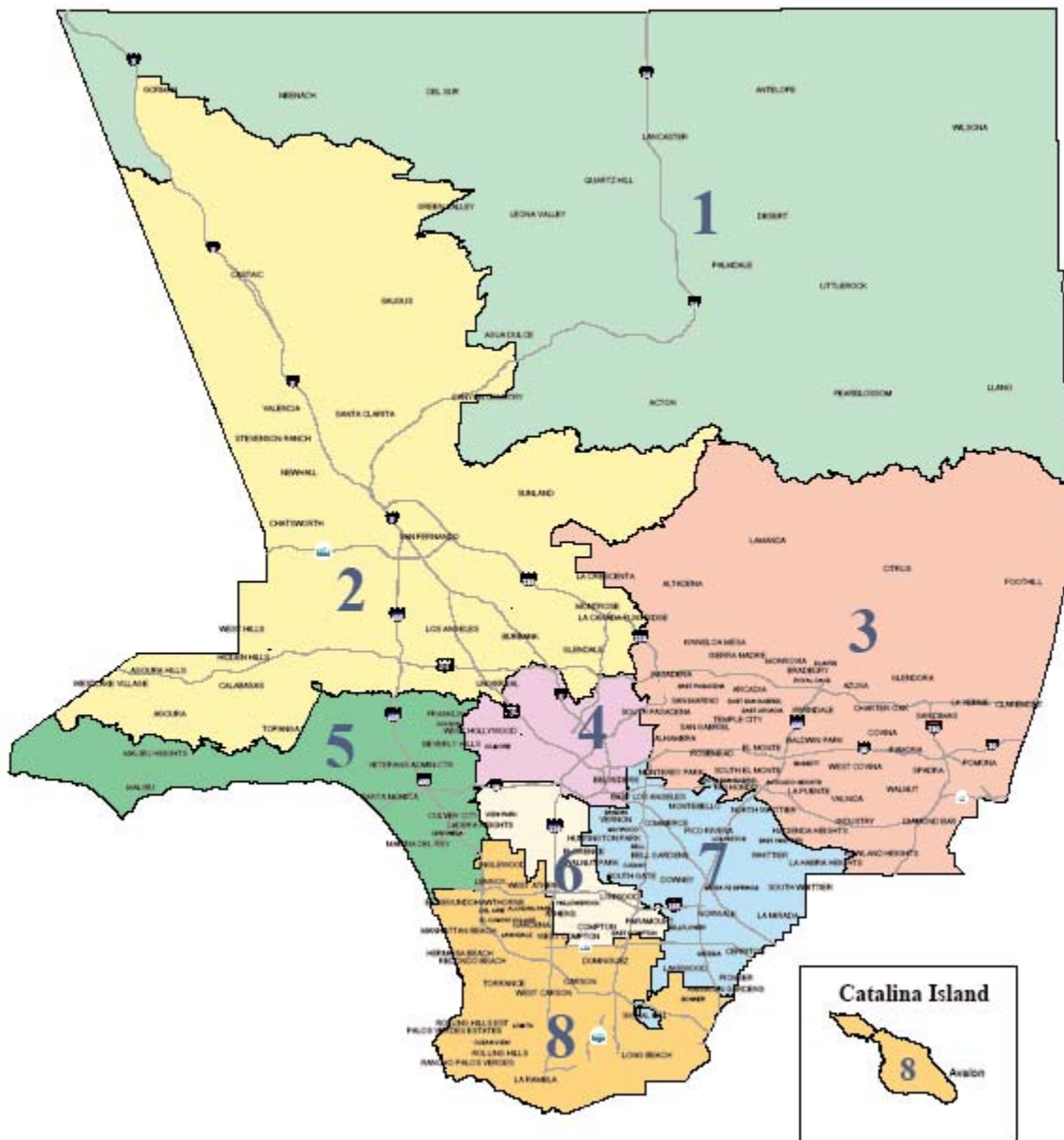
Figure 18

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Dependency Court 241.1 Hearing Dispositions**





Los Angeles County Service Planning Areas (SPA's)





GLOSSARY

Adoption -

A legal process in which a child is freed from his or her birth parents by relinquishment, consent or termination of parental rights and placed with applicants who have been approved to take a child into their own family and raise as their own with all of the rights and responsibilities granted thereto including, but not limited to, the right of inheritance. Adoption terminates any inheritance from the parents or other relatives to the child unless they make specific provision by will or trust; the child legally inherits from his or her adoptive parents. The adoption of an American Indian child terminates inheritance from the biological parents or other relatives to the child; however, any rights or benefits the child has or may be eligible for as a result of his or her status as an American Indian are unaffected. (Title 22, California Administrative Code, Division 2, Chapter 3, Subchapter 4).

Adoption and Safe Families Act (ASFA) -

Adoption and Safe Families Act of 1997, P.L. 105-89 which amended Title IV-B and Title IV-E of the Social Security Act to clarify certain provisions of P.L. 96-272. It established requirements for assessing and approving the homes of relatives and Non-Related Extended Family Members to speed the process of finding permanent homes for children.

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) -

The state agency in California responsible for aiding, servicing and protecting needy children and adults. At the same time, the Department strives to strengthen and encourage individual responsibility and independence for families. By managing and funding its programs, the objectives of the Department are carried out through the 4,200 employees located in 51 offices throughout the state, the 58 county welfare departments, offices and a host of community-based organizations.

Case -

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

Caretaker Absence/Incapacity -

This refers to situations when the child's parent has been incarcerated, hospitalized or institutionalized and cannot arrange for the care of the child; parent's whereabouts are unknown or the custodian with whom the child has been left is unable or unwilling to provide care and support for the child, or when the child's parent or guardian is unable to provide adequate care



for the child due to the parent or guardian's mental illness, developmental disability or substance abuse.

Child Welfare Services/Case Management System (CWS/CMS) -

California's statewide-automated information system composed of multiple software applications that provide comprehensive case management functions.

Department of Children and Family Services (DCFS) -

The County of Los Angeles child protective services agency.

Emergency Response -

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.

Emergency Shelter Care -

A temporary placement service, providing 24-hour care for a child who must be immediately removed from his or her own home or current foster placement and who cannot be returned to his or her own home or foster care placement. In the context of funding, emergency shelter care shall not exceed 30 calendar days in any one-placement episode.

Emotional Abuse -

Means non-physical mistreatment, the results of which may be characterized by disturbed behavior on the part of the child such as

severe withdrawal, regression, bizarre behavior, hyperactivity or dangerous acting-out behavior. Such disturbed behavior is not deemed, in and of itself, to be evidence of emotional abuse.

Evaluated-Out Referral

Means an emergency response referral for which the emergency response protocol has been completed by the Child Protection Hotline (CPH) and found to be not in need of an emergency response in-person investigation by a CSW. This terminology includes referrals of abuse, neglect or exploitation over which DCFS has no jurisdiction (e.g., children on military installations).

Exploitation -

Forcing or coercing a child into performing functions, which are beyond his or her capabilities or capacities, or into illegal or degrading acts. See "sexual exploitation."

Family Maintenance -

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 Preservation Services -

Integral to voluntary services is the utilization of Family Preservation Services for all high-risk families. Family Preservation agencies provide in-home services to assist parents/caregivers in gaining the skills needed to maintain their family intact.



Family Reunification -

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

Final Decree of Adoption -

A court order granting the completion of the adoption.

Foster Family Agency -

A non-profit organization licensed by the State of California to recruit, certify, train, and provide professional support to foster parents. Agencies also engage in finding homes for temporary and long-term foster care of children.

**Foster Family Home
(Resource Family Home) -**

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

General Neglect -

The failure to provide adequate food, shelter, clothing, and/or medical care supervision when no physical injury to the child occurs.

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.

Kinship Care -

Care of a child by a relative/ can include a relative who is licensed as a foster parent and can lead to the relative becoming the adopting parent when parental rights are terminated. In the context of out-of-home placement with a relative, care provided by that relative.

**Kinship Guardianship Assistance
(KIN-GAP) -**

The intent of the Kin-GAP program is to establish a program of financial assistance for relative caregivers who have legal guardianship of a child while Dependency Court jurisdiction and the DCFS case are terminated. The rate for the Kin-GAP program will be applied uniformly statewide.

Legal Guardian -

A person, who is not related to a minor, empowered by a court to be the guardian of a minor.

**Long-term Foster Care (LTFC) [AKA
Planned Permanent Living Arrangement
(PPLA)] -**

A juvenile court plan that places the child in the home of a foster caregiver until the child turns 18. The rights and responsibilities of the birth parents do not end, but the care, custody and control of the child remain with the juvenile court.

Neglect -

Means the negligent treatment or maltreatment of a child by acts or omissions by a person responsible for the child's welfare under circumstances indicating harm or threatened harm to the child's health or welfare, including physical and/or psychological endangerment. The term includes both severe



and general neglect.

Non-relative Extended Family Member (NREFM) -

Any adult caregiver who has established familial or mentoring relationship with the child. The parties may include relatives of the child, teachers, medical professionals, clergy, neighbors and family friends.

Out-of-Home Care -

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

Out-of-Home Care Provider -

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

Permanency Planning -

The services provided to achieve legal permanence for a child when efforts to reunify have failed until the court terminates FR. These services include identifying permanency alternatives, e.g., adoption, legal guardianship and long-term foster care. Depending on the identified plan, the following activities may be provided: inform parents about adoptive planning and relinquishment, locate potential relative caregivers and provide them with information about permanent plans (e.g., adoption, legal guardianship) and refer the caregiver to the Adoptions Division for an adoptive home study, etc.

Permanent Placement -

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 -

Means non-accidental bodily injury that has been or is being inflicted on a child. It includes, but not limited to, those forms of abuse defined by Penal Code Sections 11165.3 and .4 as “willful cruelty or unjustifiable punishment of a child” and “corporal punishment or injury.”

Placement -

The removal of a child from the physical custody of his/her parent or guardian, followed by the placement in out-of-home care.

Placement Episode -

The continuous period in which a child remains in out-of-home care. A child placed and replaced in foster care homes several times before being returned to his/her parent or guardian has experienced home “placement episode.”

Point of Engagement (POE) -

DCFS began developing POE in 1999 in response to an audit recommendation that the DCFS revise its case flow process and provide a faster response for services. POE is characterized by a seamless and timely transfer of responsibility from front-end investigations to actual service delivery. This seamless delivery will provide more thorough evaluations and provide more comprehensive services to families, often preventing low-risk cases from entering the court system altogether. When possible,



community services are provided to help the family while it is kept safely intact.

POE will not be appropriate for every family. DCFS uses Structured Decision-Making to identify families who could benefit from POE. POE also uses a team decision-making approach.

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.

Resource Family -

Families/caregivers that have been dually prepared and licensed for both foster or temporary care and adoption. These families are prepared to work reunification with birth parents and to provide a permanent adoptive home if reunification fails. Once a plan for legal guardianship has been approved in accordance with DCFS Policy, these caregivers are also considered resource families. Resource Families have an approved adoption home study on file as well as being licensed as foster care providers.

Severe Neglect -

The negligent failure of a person having the care or custody of a child to protect the child from severe malnutrition or medically diagnosed non-organic failure to thrive. Severe neglect also means those situations of neglect where any person having the care or custody of a child willfully causes or permits the person or health of the child to be placed in a situation such that his or her person or health is

endangered as prescribed by WIC § 11165.3, including the intentional failure to provide adequate food, clothing, shelter or medical care. Child abandonment would come under this section.

Sexual Abuse -

Means the victimization of a child by sexual activities, including, but not limited to, those activities defined in Penal Code § 11165.1(a)(b)(c). See "sexual assault" and "sexual exploitation."

Sexual Assault -

Conduct in violation of one or more of the following sections: §§ 261 (rape), 264.1 (rape in concert), 285 (incest), 286 (sodomy), subdivisions (a) and (b) of §§ 288 (lewd or lascivious acts upon a child under 14 years of age), 288a (oral copulation), 289 (penetration of a genital or anal opening by a foreign object), or 647a (child molestation).

Sexual Exploitation -

Conduct involving matter depicting a minor engaged in obscene acts in violation of Penal Code § 311.2 (preparing, selling, or distributing obscene matter) or subdivision (a) of § 311.4 (employment of minor to perform obscene acts).

Any person who knowingly promotes, aids or assists, employs, uses, persuades, induces or coerces a child, or any person responsible for a child's welfare who knowingly permits or encourages a child to engage in, or assist others to engage in, prostitution or a live performance involving obscene sexual conduct or to either pose or model alone or with others for the purpose of preparing a film, photograph, negative, slide, drawing, painting or other pictorial depiction involving obscene sexual conduct. "Person responsible for a child's welfare" means a parent, guardian, foster



parent, or a licensed administrator, or employee of a public or private residential home, residential school, or other residential institution.

Any person who depicts a child in, or who knowingly develops, duplicates, prints, or exchanges, any film, photograph, video tape, negative, or slide in which a child is engaged in an act of obscene, sexual conduct, except for those activities by law enforcement and prosecution agencies and other persons described in subdivisions (c) and (e) of § 311.3.”

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 § 11165. 6.

Title IV-E -

The section of the Social Security Act that provides for foster care maintenance payments for children placed in out-of-home care resulting from judicial determination or pursuant to voluntary agreement entered into by the child(ren)’s parent(s) or legal guardian(s) with a placement agency. The title of the Social Security Act that authorizes grants to states for child welfare services, foster care payments and adoption assistance.

Title IV-E Waiver -

The Title IV-E Waiver Capped Allocation Demonstration Project (CADP) five-year plan is also known as the “Title IV-E Waiver” or “the Waiver.” The Waiver will allow DCFS and the Probation Department to test the effect of innovative flexible funding strategies to accelerate efforts to improve outcomes for children and families in Los Angeles County. These efforts will build upon system improvements already underway in DCFS, Probation, and their community partners.

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.



DEPARTMENT OF CORONER

AGENCY REPORT

**COUNTY OF LOS ANGELES
DEPARTMENT OF CORONER**

The Department of Coroner is mandated by law to "inquire into and determine the circumstances, manner, and cause of all violent, sudden, or unusual deaths; unattended deaths;" and deaths where "the deceased has not been attended by a physician in the 20 days before death." (California Government Code Section 27491)

As of December 1990, the Department of Coroner is administered by a non-physician director who is responsible for all non-physician operations, and a Chief Medical Examiner-Coroner who is responsible for setting standards for the entire department and carrying out statutorily mandated Coroner functions.

The department is divided into the following Bureaus and Divisions: Forensic Medicine, Forensic Laboratories, Operations, Administrative Services, and Public Services.

FORENSIC MEDICINE BUREAU

The Forensic Medicine Bureau's full-time permanent staff consists of board-certified forensic pathologists who are responsible for the professional 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 or unexpected natural deaths and unnatural deaths such as deaths from firearms, sharp and blunt force trauma, etc. Physicians are frequently called to court to testify on 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 SCIENCE 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. Its mission is to conduct a comprehensive scientific investigation into the cause and manner of any death within the Coroner's jurisdiction through the chemical and instrumental analysis of physical and medical evidence.

The Forensic Science Laboratory is fully accredited by the prestigious American Society of Crime Laboratory Directors, and our Forensic Blood Alcohol testing program is licensed by the State of California.

HISTOLOGY LABORATORY

The histology laboratory facilitates the preparation of gross tissue specimens for microscopic examination by the medical staff. This includes hematoxylin and eosin stains, special stains, and immunohistochemical stains. Through the microscopic examination of tissue, our forensic pathologists can determine the age and degree of injury, diagnose disease including cancers, evaluate cellular variation in tissue, and identify the presence of bacteria, medical disorders, and toxins such as asbestos.

TOXICOLOGY LABORATORY

The toxicology lab uses state of the art equipment and methods to conduct chemical and instrumental analyses on post-mortem specimens to determine the extent that drugs may have contributed to the cause and manner of death. The laboratory's experienced forensic toxicologists offer expert drug interpretation, which assists the medical examiners in answering questions like what drug was taken? How much and when was the drug taken? Did the drug contribute to the cause and/or manner of death? Was the drug use consistent with



therapeutic administration, or was it an abuse? If the death is due to a drug overdose, was it intentional or accidental?

SCANNING ELECTRON MICROSCOPY LABORATORY

The Scanning Electron Microscopy (SEM) laboratory conducts gunshot residue (GSR) analyses and tool mark evaluations. Using a scanning electron microscope equipped with an energy dispersive x-ray detector, GSR analysis is used to determine whether an individual may have fired a weapon. This laboratory also performs GSR analyses for many law enforcement agencies throughout California.

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 BUREAU

This bureau is responsible for the 24-hour day, 7-day week operations of many direct services provided by the department. The Operations Bureau oversees Investigations, Forensic Photography and Support, and the Forensic Services Division. In addition, the bureau is responsible for disaster and community services, fleet management, public information and other ancillary programs such as regional offices and the Youthful Drunk Driver Visitation Program (YDDVP).

Coroner Investigators are also responsible for testimony in court and deposition on Coroner cases along with preparation of investigative reports for use in the determination of cause and manner of death.

Under state law, all Coroner Investigators are sworn peace officers. The Coroner Investigator must meet the same stringent

hiring standards as any other California law enforcement agency. The Department of Coroner is a California Peace Officer Standards and Training (P.O.S.T.) certified agency.

The department participates in a state-mandated program to examine dental records of known missing persons to aid in the identification of John and Jane Does and in a state-mandated program to investigate certain nursing home deaths to determine whether a death may be certified as natural by a private physician or handled as a Coroner's case.

YOUTHFUL DRUNK DRIVER VISITATION PROGRAM (YDDVP)

The Department of Coroner has presented the YDDVP program since 1989 as an alternative sentence option that can be considered by a judicial officer. The program is designed to present to the participants the consequences of certain behavior in a manner that has an impact and is also educational. The program is currently offered up to 12 times per month and includes classes presented in Spanish.

ADMINISTRATIVE SERVICES BUREAU

The Administrative Services Bureau is responsible for all departmental financial operations, departmental budget preparation, fiscal reports, personnel, payroll, litigation, procurement, accounting, revenue collection, marketing, volunteer services, affirmative action, contracts and grants, internal control certification, workfare program, facilities management, information technology, and other related functions.

PUBLIC SERVICES DIVISION

This division is responsible for Coroner case file management, revenue collection (document sales, decedent billing, etc.), and interaction with the public both telephonically and at the front lobby reception area. In addition



to providing information and copies of autopsy reports, Public Services staff offers many services to the public. These services include preparation of "Proof of Death" letters to verify that a death is being investigated by the Coroner and "Port of Entry" letters to confirm that a decedent had no communicable disease, necessary for the decedent's admission into a foreign country after death.

CALIFORNIA GOVERNMENT CODE, SECTION 27491

It shall be the duty of the Coroner to inquire into and determine the circumstances, manner, and cause of all violent, sudden, or unusual deaths; unattended deaths; deaths wherein the deceased has not been attended by a physician in the 20 days before death; deaths related to or following known or suspected self-induced or criminal abortion; known or suspected homicide, suicide, or accidental poisoning; deaths known or suspected as resulting in whole or in part from or related to accident or injury either old or recent; deaths due to drowning, fire, hanging, gunshot, stabbing, cutting, exposure, starvation, acute alcoholism, drug addiction, strangulation, aspiration, or where the suspected cause of death is sudden infant death syndrome; death in whole or in part occasioned by criminal means; deaths associated with a known or alleged rape or crime against nature; deaths in prison or while under sentence; deaths known or suspected as due to contagious disease and constituting a public hazard; deaths from occupational diseases or occupational hazards; deaths of patients in state mental hospitals serving the mentally disabled and operated by the State Department of Mental Health; deaths of patients in state hospitals serving the developmentally disabled and operated by the State Department of Developmental Services; deaths under such circumstances as to afford a reasonable ground to suspect that the death was caused by the criminal act of another; and any deaths reported by physicians or other persons having knowledge of death for inquiry by coroner.

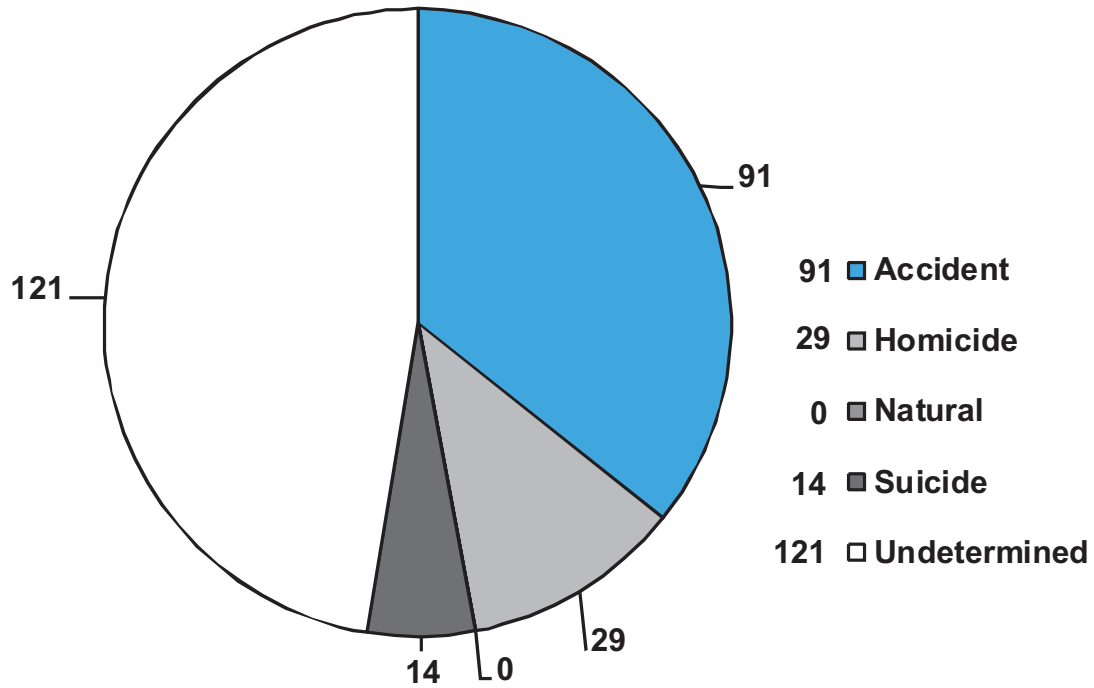
STATISTICAL SUMMARY

In calendar year 2008, after a review of the cases based on the ICAN-established criteria, of the total child deaths reported, 283 were referred to the Inter-Agency Council on Child Abuse and Neglect for tracking and follow-up. In calendar 2007, the total child deaths referred to the Inter-Agency Council on Child Abuse and Neglect for tracking and follow-up was 284, a decrease of one case.

The Coroner refers to ICAN all non-natural deaths where the decedent was less than 18 years of age. If the mode of death is homicide, only those cases where the death is caused by a parent, caregiver, or other family member are referred to ICAN.



**DEPARTMENT OF CORONER
255 Reportable ICAN Cases**



**DEPARTMENT OF CORONER
Selected Findings**

BY CAUSE OF DEATH	2008	2009	DIFFERENCE
Abandoned newborn	1	1	0
Children run over in driveway accident	1	4	-3
Bathtub drowning	7	0	7
Falling television sets	0	2	-2
Traffic Accident age less than equal 5 years old	3	7	-4
Not properly secured in the vehicle	2	4	-2
Properly secured in the vehicle	3	3	0
Swimming pool drowning, age less than 5 years old	5	7	-2



Figure 1

2009 DEATH STATISTICS
Case Comparison by Mode of Death & Gender (Total ICAN cases: 255)

BY MODE OF DEATH	2009 TOTAL CASES	2009 % OF TOTAL	2008 TOTAL CASES	2008 % OF TOTAL	TOTAL DIFFERENCE
Accident	91	35.7%	101	35.7%	-10
Homicide	29	11.4%	34	12.0%	-5
Natural	0	0.0%	1	0.4%	-1
Suicide	14	5.5%	17	6.0%	-3
Undetermined	121	47.5%	130	45.9%	-9
TOTAL	255	100.0%	283	100.0%	-28

BY GENDER	2009 TOTAL CASES	2009 % OF TOTAL	2008 TOTAL CASES	2008 % OF TOTAL	TOTAL DIFFERENCE
Female	114	44.7%	105	37.1%	9
Male	140	54.9%	176	62.2%	-36
Undetermined	1	0.4%	2	0.7%	-1
TOTAL	255	100.0%	283	100.0%	-28

Figure 2

2009 DEATH STATISTICS
Case Comparison by Mode of Ethnicity & Age (Total ICAN cases: 255)

BY ETHNICITY	TOTAL CASES	% OF TOTAL
Asian	7	2.7%
Black	61	23.9%
Caucasian	47	18.4%
Chinese	1	0.4%
Filipino	4	1.6%
Hispanic/Latin American	129	50.6%
Korean	1	0.4%
Middle Eastern	2	0.8%
Samaon	2	0.8%
Unknown	1	0.4%
TOTAL	255	100.0%



Figure 2 (continued)

2009 DEATH STATISTICS
Case Comparison by Mode of Ethnicity & Age (Total ICAN cases: 255)

BY AGE	TOTAL CASES	% OF TOTAL
Stillborn	20	7.8%
1 day – 30 days	8	3.1%
1 – 5 months	69	27.1%
6 months – 1 year	47	18.4%
2 years	11	4.3%
3 years	9	3.5%
4 years	6	2.4%
5 years	8	3.1%
6 years	7	2.7%
7 years	2	0.8%
8 years	2	0.8%
9 years	4	1.6%
10 years	5	2.0%
11 years	3	1.2%
12 years	8	3.1%
13 years	4	1.6%
14 years	5	2.0%
15 years	4	1.6%
16 years	12	4.7%
17 years	21	8.2%
TOTAL	255	100.0%



Figure 3

2009 MODE OF DEATH: ACCIDENT
By Gender, by Ethnicity & by Age (Total cases: 91)

BY GENDER	TOTAL CASES	% OF TOTAL
Female	38	47.8%
Male	53	58.2%
TOTAL	91	100.0%

BY ETHNICITY	TOTAL CASES	% OF TOTAL
Asian	6	6.6%
Black	10	11.0%
Caucasian	22	24.2%
Filipino	2	2.2%
Hispanic/Latin American	47	51.6%
Korean	1	1.1%
Middle Eastern	1	1.1%
Samaon	1	1.1%
Unknown	1	1.1%
TOTAL	91	100.0%

BY AGE	TOTAL CASES	% OF TOTAL
Stillborn	11	12.1%
1 day – 30 days	2	2.2%
1 – 5 months	1	1.1%
6 months – 1 year	11	12.1%
2 years	4	4.4%
3 years	7	7.7%
4 years	2	2.2%
5 years	3	3.3%
6 years	5	5.5%
7 years	2	2.2%
8 years	1	1.1%
9 years	3	3.3%
10 years	5	5.5%
11 years	2	2.2%
12 years	3	3.3%
13 years	2	2.2%
14 years	4	4.4%
15 years	2	2.2%
16 years	9	9.9%
17 years	12	13.2%
TOTAL	91	100.0%



Figure 4

2009 MODE OF DEATH: ACCIDENT
By Cause of Death (Total cases: 91)

BY CAUSE OF DEATH	TOTAL CASES	% OF TOTAL
VEHICULAR		
Vehicle-pedestrian	17	18.7%
Bicycle-van	1	1.1%
Auto-auto (passenger)	13	14.3%
Auto-semi truck (passenger)	2	2.2%
Auto-fixed object (driver)	1	1.1%
Auto-fixed object (passenger)	9	9.9%
Vehicle rolled over (passenger)	3	3.3%
Person on outside of semi truck	1	1.1%
DROWNING		
In swimming pool	9	9.9%
In ocean	1	1.1%
DRUG-RELATED		
Alcohol use	3	3.3%
Maternal methamphetamine use	6	6.6%
Maternal cocaine use	3	3.3%
Maternal methadone use	1	1.1%
Opiate use	2	2.2%
Multiple drug use	3	3.3%
OTHER CAUSES		
Caught between mechanical objects	2	2.2%
Injured during football practice	2	2.2%
Struck by falling object	5	5.5%
Structure fire	1	1.1%
Maternal exposure to cold	1	1.1%
Handgun discharge	1	1.1%
Therapeutic misadventure	4	4.4%
TOTAL	91	100.0%



Figure 5

2009 MODE OF DEATH: HOMICIDE
By Gender, by Ethnicity & by Age (Total cases: 29)

BY GENDER	TOTAL CASES	% OF TOTAL
Female	15	51.7%
Male	13	44.8%
Unknown	1	3.4%
TOTAL	29	100.0%

BY ETHNICITY	TOTAL CASES	% OF TOTAL
Black	14	48.3%
Caucasian	2	6.9%
Hispanic/Latin American	12	41.4%
Middle Eastern	1	3.4%
TOTAL	29	100.0%

BY AGE	TOTAL CASES	% OF TOTAL
Stillborn	2	6.9%
1 – 5 months	3	10.3%
6 months – 1 year	10	34.5%
2 years	3	10.3%
4 years	2	6.9%
5 years	3	10.3%
6 years	1	3.4%
8 years	1	3.4%
11 years	1	3.4%
12 years	1	3.4%
16 years	1	3.4%
17 years	1	3.4%
TOTAL	29	100.0%

Figure 6

2009 MODE OF DEATH: HOMICIDE
By Cause of Death (Total cases: 29)

By Cause of Death	Total Cases	% of Total
Suffocation	2	6.9%
Starvation	1	3.4%
Gunshot wounds	8	27.6%
Stab wounds	4	13.8%
Blunt injuries	10	34.5%
Abandoned baby	1	3.4%
Birth into toilet	2	6.9%
Failure to seek treatment for diabetes	1	3.4%
TOTAL	29	100.0%



Figure 7

2009 MODE OF DEATH: SUICIDE
By Gender, by Ethnicity & by Age (Total cases: 14)

BY GENDER	TOTAL CASES	% OF TOTAL
Female	5	35.7%
Male	9	64.3%
TOTAL	14	100.0%

BY ETHNICITY	TOTAL CASES	% OF TOTAL
Black	3	21.4%
Caucasian	4	28.6%
Hispanic/Latin American	7	50.0%
TOTAL	14	100.0%

BY AGE	TOTAL CASES	% OF TOTAL
12 years	3	21.4%
13 years	1	7.1 %
14 years	1	7.1 %
15 years	2	11.8%
16 years	1	7.1 %
17 years	6	17.7%
TOTAL	14	100.0%

Figure 7 (Cont.)

2009 MODE OF DEATH: SUICIDE
By Cause of Death (Total cases: 14)

BY CAUSE OF DEATH	TOTAL CASES	% OF TOTAL
Bupropion overdose	1	7.1%
Alprazolam-oxycodone overdose	1	7.1%
Hanging	7	50.0%
Gunshot wound	4	28.6%
Jumped in front of moving auto	1	7.1%
TOTAL	14	100.0%



Figure 8

**2009 MODE OF DEATH: UNDETERMINED
By Gender, by Ethnicity & by Age (Total cases: 121)**

BY GENDER	TOTAL CASES	% OF TOTAL
Female	56	46.3%
Male	65	53.7%
TOTAL	121	100.0%

BY ETHNICITY	TOTAL CASES	% OF TOTAL
Asian	1	0.8%
Black	34	28.1%
Caucasian	19	15.7%
Chinese	1	0.8%
Filipino	2	1.7%
Hispanic/Latin American	63	52.1%
Samaon	1	0.8%
TOTAL	121	100.0%

BY AGE	TOTAL CASES	% OF TOTAL
Stillborn	7	5.8%
1 day – 30 days	6	5.0%
1 – 5 months	65	53.7%
6 months – 1 year	26	21.5%
2 years	4	3.3%
3 years	2	1.7%
4 years	2	1.7%
5 years	2	1.7%
6 years	1	0.8%
9 years	1	0.8%
12 years	1	0.8%
13 years	1	0.8%
16 years	1	0.8%
17 years	2	1.7%
TOTAL	121	100.0%



Figure 9

2009 MODE OF DEATH: UNDETERMINED
By Cause of Death (Total cases: 121)

UNDETERMINED BY CAUSE OF DEATH	TOTAL CASES	% OF TOTAL
Undetermined, co-sleeping	32	26.4%
Undetermined, unsafe sleep surface	8	6.6%
Other specified events	50	41.3%
Undetermined, not otherwise specified	12	9.9%
Therapeutic misadventure	2	1.7%
Sudden infant death	14	11.6%
Maternal methamphetamine use	1	0.8%
Hydrocodone use	1	0.8%
Fall while being carried	1	0.8%
TOTAL	121	100.0%



GLOSSARY OF TERMS

Accident

Death due to an unforeseen injury, or, in children, a lapse in the usual protection.

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.

Mode

Classification of death based on the conditions that cause death and the circumstances under which the conditions occur. The Coroner classifies all deaths using one of the following five modes: accident, homicide, natural, suicide, or undetermined.

Natural

Death due solely to disease and/or the aging process.

Suicide

The intentional taking of one's own life.

Undetermined

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 as 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



AGENCY REPORTS

COUNTY OF LOS ANGELES
DEPARTMENT OF
MENTAL HEALTH
AGENCY REPORT



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 (DCFS) 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

The CSOC maintains a planning structure regarding the direction of service development, following 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 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.

Among such programs are those that serve young children (0-5 years) who are in or at risk of entering the child welfare system. These include: the Mental Health Services Act (MHSA) funded 0-5 Full Service Partnership (FSP) program, an intensive treatment program for children with mental health problems who



are at risk of entering the child welfare system; DMH directly operated and DMH contract provider outpatient programs (including therapeutic preschools) serving children age 0-5 who are at risk of entering the child welfare system, as well as those already in foster care with mental health diagnoses - these include the DMH directly operated programs Ties for Families and Young Mothers and Well Babies. Additionally, selected DMH providers participate in First 5 LA's Partnership for Families initiative, a program for children and families at risk for child welfare involvement. Collectively, these programs provide a continuum of screening, assessment and treatment, serving the mental health and developmental needs of children from birth to five years of age. They are a critical component of prevention and early intervention strategies that support more comprehensive infant and early childhood mental health systems of care.

The programs to be presented in greater detail in this report include those that provide psychological care for abused or neglected children and adolescents and their families.

In addition, the report covers other programs for children and adolescents who are at risk for abuse or neglect. The report will review the following programs: Katie A. programs (Screening, Assessment, Treatment, and Wraparound); Family Preservation; Family Reunification; Child Abuse Prevention Program; Juvenile Court Mental Health Services; Juvenile Halls; Dorothy Kirby Center; Challenger Memorial Youth Center and its associated Juvenile Justice Camps; D-Rate Assessment Unit; Level 14 Group Homes; and Community Treatment Facilities.

DMH SPECIALIZED CHILDREN AND YOUTH SERVICES BUREAU CHILD WELFARE DIVISION

Katie A. v. Bonta is a class action lawsuit that challenges the long-standing practice of confining abused and neglected children with

mental health problems in costly hospitals and large group homes, or to place them in foster homes without sufficient mental care rather than providing services that would enable them to stay in their homes and communities. LA County DCFS entered into a Settlement Agreement in May, 2003 to develop and implement strategies to provide the plaintiff class with care and services consistent with good child welfare and mental health practice. On March 14, 2006, federal Judge A. Howard Matz issued an injunction requiring that the State of California screen members of the plaintiff class to identify children and youth who may need individualized mental health services, and provide them with the Wraparound program services and therapeutic foster care where medically necessary.

The Child Welfare Division of Los Angeles County DMH was created as part of the enhanced Specialized Foster Care (SFC) Mental Health Services Plan approved by the Board of Supervisors in October 2005. The division is a centralized DMH administrative structure to provide oversight and coordination of countywide activities related to providing mental health services for children and youth in the county's child welfare system. The Division works closely with DCFS Administrators, the DMH Executive Management Team and Service Area District Chiefs, County Counsel, Katie A. Advisory Panel members and relevant county departments to bring the county system into compliance with the requirements of the 2003 Katie A, lawsuit settlement agreement.

DMH SFC co-located staff are now working out of all of the 18 DCFS Regional Offices and are a critical component of the Katie A. Strategic Plan. SFC staff improve access for children involved in the DCFS child welfare system, to a mental health screening, assessment and linkage to an appropriate level of treatment in a community. The DMH clinical staff provide an array of mental health services including: follow-up on the Mental health Screening Tool



(MHST); mental health assessment; brief treatment, crisis intervention, and linkage to an array of mental health service providers in the community. DMH staff also attend and participate in Team Decision-Making (TDM) meetings, and have an integral role in a Resource Management Process (RMP) that is applied in case planning.

The following is a summary of countywide Katie A. settlement-related programs coordinated by the Child Welfare Division:

RELATED MENTAL HEALTH SCREENING AND ASSESSMENT PROGRAMS

(1) Multidisciplinary Assessment Team (MAT)

All first time detained children and youth in the child welfare system entering out-of-home placement, receive a comprehensive assessment of their medical, dental, educational, caregiver and mental health needs through DCFS from the MAT, a collaborative screening process offered through DCFS and DMH. DMH service providers complete the MAT assessment within 30 – 45 days of receiving a referral and independent of the DCFS detention process. The DMH MAT provider conducts a standard Child and Adolescent Assessment and completes a MAT Summary of Findings Report, which is incorporated into the child's Case Plan presented to the court. MAT staff then assists the case-carrying CSW in linking children and their families to needed services.

During FY 08-09, a total of 1,458 MAT assessments were completed in Service Area (SA) 3 and 6, compared with 433 completed in FY 07-08. Implementation of MAT was also initiated in SA 1 and 7.

(2) Coordinated Services Action Team (CSAT)

The CSAT is an administrative network in each DCFS regional office that coordinates the screening and assessment of: (a) newly detained, (b) newly opened and non-detained, and (c) existing DCFS cases. Every DCFS case is given a mental health screening by a Children's Social Worker (CSW) using a brief checklist, the California Institute of Mental Health/Mental Health Screening Tool (CIMH/MHST). Those screening positive are referred for assessment and possible mental health services. CSAT provides a Service Linkage Specialist (SLS) to assist CSWs in identifying suitable service linkages, and also monitors effective service delivery. Implemented in May, 2009, CSAT initiated a monthly Referral and Tracking System (RTS) Summary Data Report that tracks rates of screenings and referrals. The RTS summary for May 1, 2009 – June 31, 2009 reported that an average of 134 mental health screenings were completed by a CSW. During the same period, out of 975 requiring a mental health screening, 945 were screened. Of these, 330 screened positive and 315 were referred for mental health services at a 95% referral rate. Of these, 309 received a mental health service. This was a 98% access rate. The average number of days between a referral for mental health service and the first mental health service was 6 calendar days.

CSAT is primarily a DCFS program. DMH participates in CSAT via SFC co-located staff, D-Rate units, and Wraparound liaisons.

(3) Medical Hubs

As of May, 2009, 73% of newly detained children received an Initial Medical Examination, including the CIMH/MHST mental health screening tool, at a Medical Hub clinic. Children and youth screening positive are reviewed by DMH Specialized Foster Care staff and referred for mental health assessment and



linkage as needed. Six Hubs are operated by the Los Angeles County Department of Health Services (DHS), providing mental health, forensic and medical screenings for children under the care of DCFS or at risk of entering the foster care system. The percentage of this population that will be served by Hubs is projected to reach 100% by 2010.

KATIE A. TREATMENT PROGRAMS

(1) Intensive In Home Mental Health Services

(a) Intensive Treatment Foster Care (ITFC)

The ITFC program seeks to provide an alternative to higher group homes. ITFC places an appropriate DCFS foster child in a specialized foster home where the child has an individualized treatment program and the foster parents are carefully matched to each child and are specially trained and supported 24/7. ITFC uses Trauma-focused Cognitive Behavioral Therapy, as its treatment model. During FY 08-09, there were 16 ITFC placements.

(b) Multidimensional Treatment Foster Care (MTFC)

MTFC is for youth, ages 12-17, currently living in a group home and have a permanent placement that would be available to them - were it not for their severe behavior problems. The goal of the Multidimensional Treatment Foster Care (MTFC) program is to decrease problem behavior and increase prosocial behavior with a short-term treatment averaging 6-12 months, in a home environment. The intervention is multifaceted and occurs in multiple settings. Its components include behavioral parent training and support for specially trained MTFC foster parents, family therapy for biological parents (or other aftercare resources), skills training for youth, supportive therapy for youth, school-based behavioral interventions, and psychiatric consultation and medication management, when needed. A care coordinator is available 24/7. MTFC has been

determined by rigorous scientific evaluation to be efficacious. During FY 08-09, there were 12 MTFC placements.

(c) Comprehensive Children's Services Program (CCSP)

The CCSP was developed by DMH in collaboration with DCFS to provide effective evidence-based therapy to children and youth in the child welfare system. The CCSP program provides 24/7 intensive case management for children ages 3-17, as well as access to one or more of the following evidence-based therapies that constitute the Intensive In-Home Mental Health Services (IIHMHS) program:

- Incredible Years (IY)
- Trauma Focused Cognitive Behavioral Therapy (TFCBT)
- Functional Family Therapy (FFT)

During FY 08-09, there were 499 CCSP cases.

(2) Multisystemic Therapy (MST)

MST is an evidence-based therapy for adolescents with severe antisocial and delinquent behaviors. MST-trained therapists are available 24/7 and deliver services at home, in-school, and in the community. Its focus is on empowering caregivers and seeks to increase the youth's contact with positive peer and neighborhood influences. Treatment usually lasts 3-5 months. There were 130 open MST cases in FY 08-09.

(3) Wraparound

DCFS currently contracts with 34 Wraparound agencies to provide multifaceted support, including mental health services from DMH, to child and youth participants, in a program, designated as Tier I Wraparound that became operational on May 1, 2009, for clients who are currently placed or are at imminent risk of placement within the next 30 days in a group



home at a Rate Classification Level (RCL) 10 or above. In FY 08-09, Tier I provided mental health services to 1,380 clients.

On May 1, 2009, Wraparound expanded its target population to include any child/youth with an open DCFS case (either voluntary or court), who qualifies for Early Periodic Screening Diagnostic and Treatment (EPSDT) and has an urgent and/or intensive mental health need which causes impairment at school, home and/or in the community. The latter program has been designated Tier II Wraparound. In FY 08-09, Tier II provided mental health services to 39 clients.

The Tier I Wraparound (Wrap) program serves children age 0-17.5 years who are under the jurisdiction of one or more County departments – DCFS, DMH or Probation and who are placed in (with plans to be released within the next 60 days), or at imminent risk of placement in a Rate Classification Level (RCL) 10-14 group home within the next 30 days.

Children receiving Wrap have multiple unmet needs for stability, continuity, emotional support, nurturing and permanence. These needs are evidenced by substantial difficulty functioning successfully in the home, school, and community. Most are diagnosable within the Diagnostic and Statistical Manual of Mental Disorders IV (DSM IV). Many have had a history of psychiatric hospitalizations and one or more incarcerations in a juvenile facility or probation violations, and/or a prior history of multiple placements or emergency shelter care placements.

A child eligible for the Tier I Wrap program in FY 08-09 must be either (1) adjudicated as either a dependent or ward of the Juvenile Court, pursuant to the Welfare and Institutions Code, Sections 300, 601, or 602; or is qualified under Chapter 26.5 of the Government Code (AB 3632) and who is currently placed in, or at imminent risk of placement within the next thirty days in a RCL 10 or above group home; or (2) currently placed in a RCL 10 or above group home and within 60 days of returning to the community.

The DCFS, DMH, or Probation Liaison receive referrals for possible acceptance into Wrap from their respective caseworker/referral source and conduct a preliminary review. Completed referrals are then submitted to the Interagency Screening Committee (ISC). The ISC “core” team is a collaborative comprised of Liaisons from DCFS, DMH, Probation and a Parent Advocate. The ISC must screen received referrals within seven days of receipt. If a child/youth is accepted at the ISC, one of thirty four Wrap program provider agencies located throughout the County will make telephone contact with the family within 48 hours and face-to-face contact within seven days. At the first face-to-face meeting, the provider will give the parent an opportunity to sign the Wraparound enrollment agreement. 30 days from that meeting, a crisis/safety plan and an initial Plan of Care is presented to the ISC for review and approval and a Plan of Care review schedule is established.

In order to define, implement and review the specific services that need to be provided to meet the child/family’s needs, the Wrap provider implements a Child and Family Team (CFT) that meets weekly (or as needed) with each family. As determined by the child/family’s needs expressed and observed during the CFT meetings, the CFT Wrap team “does whatever it takes” to assist the family to meet agreed-upon goals that are developed by the CFT. Therefore, the timing of services and other supports that will be offered are highly individualized. This may include mental health services funded by traditional claiming sources as well as non-traditional and non-mental health services supported with “flexible” funding sources. The “whatever it takes” motto includes any needed assistance from helping the family obtain household appliances to helping the family find childcare and helping the family find estranged family members, etc. Wrap providers must access categorical funding for which each family/child is qualified, including Title XX Medi-Cal, EPSDT, AB3632 funds, Temporary Assistance to Needy Families (TANF), Healthy



Families, and Supportive and Therapeutic Options Program (STOP) funds. The ISC reviews the services implemented by the CFT through the developed Plan of Care at 30 days and at six months after a family enrolls in the Wrap program and then every six months. A Family Safety and Crisis Plan needs to be signed by the entire CFT to document the team and family's approval of the plan. Each Wraparound program provider needs to be able to respond to each child's or family's crisis on a 24-hour basis; and to document the child's and family's participation in resolving each crisis and their assessment of the resolution.

Each Wrap client is monitored during participation in the program using the Child and Adolescent Functional Assessment Scale (CAFAS), which assesses the client's possible impairment in functioning due to emotional, behavioral, or psychiatric problems. The CAFAS is completed at intake, at every six months thereafter, and at the time of discharge. Program outcomes that are assessed include the child's permanency, defined as a safe and stable nurturing relationship achieved through maintaining the child in the home, reunification with parents, relative guardianship, or other legal guardianship/relationship. The safety of the child, defined as freedom from abuse and neglect is another measured outcome. The child's well-being, including appropriate health care, education opportunities and psychological and social growth are also evaluated. Youth and family satisfaction are assessed using the Youth Services Survey (YSS) and the Youth Services Survey for Families (YSS-F).

In FY 08-09, the Tier I Wrap program, was expanded from 1,217 slots to 1,400 slots. Also, starting on May 1, 2009, Wraparound expanded its target population to include any child/youth with an open DCFS case (either voluntary or court), who qualifies for Early Periodic Screening Diagnostic and Treatment (EPSDT) and has an urgent and/or intensive mental health need which causes impairment at school, home and/or in the community. The

expanded program is designated Tier II Wrap. 39 Tier II clients were enrolled during May and June, 2009. During this initial rollout, 25 Tier II slots were provided each month.

During FY 08-09, there were 1,380 children and youth identified as Tier I Wrap clients. Figures 1, 2, 3 and 4 describe their gender, age, race/ethnicity, and Agency of Primary Responsibility. For clients with an identified agency of primary responsibility, DCFS referred the largest proportion of the Wrap clients receiving mental health services while Probation referred the second largest proportion.

Figure 1

WRAPAROUND PROGRAM		
Gender		
GENDER	COUNT	PERCENT
Male	850	61.6%
Female	530	38.4%
TOTAL	1,380	100%

Figure 2

WRAPAROUND PROGRAM		
Age (Group)		
AGE (GROUP)	COUNT	PERCENT
0-5	8	0.6%
6-11	177	12.8%
12-17	943	68.3%
18-20	252	18.3%
TOTAL	1,380	100%



Figure 3

WRAPAROUND PROGRAM Ethnicity		
ETHNICITY	COUNT	PERCENT
Caucasian	211	15.3%
African American	439	31.8%
Hispanic	676	49.0%
American Native	4	0.2%
Asian/ Pacific Islander	22	1.6%
Other	16	1.2%
Unknown	12	0.9%
TOTAL	1,380	100%

Figure 4

WRAPAROUND PROGRAM Responsible Agency		
RESPONSIBLE AGENCY	COUNT	PERCENT
DCFS	472	34.2%
Probation	287	20.8%
DCFS and School District	36	2.6%
Probation and School District	18	1.3%
School District (SEP Eligible)	153	11.1%
School District (Non-SEP Eligible)	28	2.0%
No Data	386	28.0%
TOTAL	1,380	100%

The DSM diagnoses and the reported substance use for the Wrap clients are displayed in Figures 5, 6 and 7. The most prevalent primary admission diagnoses were Adjustment/Conduct Disorder/ADHD, Major

Figure 5

WRAPAROUND PROGRAM Primary DSM Diagnosis		
PRIMARY DSM DIAGNOSIS	COUNT	PERCENT
Drug Induced Disorders or Dependence	3	0.2%
Disorders Due to Medical Condition	2	0.1%
Schizophrenia/Psychosis	15	1.1%
Bipolar Disorders	266	19.3%
Major Depression	296	21.4%
Anxiety Disorders	154	11.2%
Other Diagnoses	28	2.0%
Adjustment/Conduct Disorder/ADHD	593	43.0%
Child Abuse and Neglect	7	0.5%
No Diagnosis or Diagnosis Deferred	16	1.2%
TOTAL	1,380	100%

Figure 6

WRAPAROUND PROGRAM Secondary DSM Diagnosis		
SECONDARY DSM DIAGNOSIS	COUNT	PERCENT
Drug induced Disorders or Dependence	63	4.6%
Disorders Due to Medical Condition	1	0.0%
Schizophrenia/Psychosis	3	0.2%
Bipolar Disorders	33	2.4%
Major Depression	74	5.4%
Anxiety Disorders	59	4.3%
Other Diagnoses	93	6.7%
Adjustment/Conduct Disorder/ADHD	240	17.4%
Child Abuse and Neglect	19	1.4%
No Diagnosis or Diagnosis Deferred	795	57.6%
TOTAL	1,380	100%



Depression, Bipolar Disorders and Anxiety Disorders. There were 26 clients with a primary or secondary diagnosis of Child Abuse and Neglect.

One hundred ninety seven Wrap clients (14.3%) had reported substance use. Marijuana use was reported for 61% of the substance using clients. Smaller percentages were also observed for polysubstance use, alcohol, and amphetamines.

Figure 7

**WRAPAROUND PROGRAM
Admit Substance Abuse**

ADMIT SUBSTANCE ABUSE	COUNT	PERCENT
Alcohol	8	0.6%
Amphetamines	7	0.5%
Marijuana	120	8.7%
Cocaine	0	0.0%
Hallucinogens	0	0.0%
Inhalants	1	0.0%
Sedatives and Opioids	0	0.0%
Polysubstance Abuse	61	4.4%
No Substance Abuse	833	60.4%
Undetermined	350	25.4%
TOTAL	1,380	100%

FAMILY PRESERVATION PROGRAM

Family Preservation (FP) is a collaborative effort between DMH, DCFS, Probation, and the community to reduce out-of-home placement and the length of stay in foster care, and to shorten the time to achieve permanency for children at risk of abuse, neglect and delinquent behavior. The program’s model is a community-based collaborative approach that focuses on preserving families experiencing challenges related to child abuse, neglect, and/or child exploitation by providing a range of services that promote empowerment and self-sufficiency.

These support services are designed to keep children and their families together. DCFS allocates funds to DMH for the FP mental health services and DMH, in turn, contracts for services from local private mental health agencies. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) funds also support this program. FP programs provide mental health services in every Service Planning Area (SPA).

Blended funding also drives Eden, an innovative program offering both mental health and substance abuse services at SHIELDS for Families, that has a maximum of 35 FP families residing in South Central Los Angeles. This co-occurring disorders program requires 9-15 months to complete its substance-abuse component and to then transition to maintenance support services if needed. About half of its funding is provided by DMH. The remaining resources are a mixture of DCFS, Alcohol and Drug Program Administration, Federal Healthy Start, and First-5 LA dollars. During FY 06-07, this program provided services for 35 families, with ten successfully completing the substance-abuse component.

When a family is referred to FP, a Multi-agency Case Planning Conference (MCPC) is convened at the appropriate Community Family Preservation Network (CFPN). A SPA-based Family Preservation Specialist (FPS) represents DMH at the MCPC and assists in the screening of children, youth, and families suitable for Family Preservation mental health services. Where appropriate, the FPS assists with the preparation of a mental health referral. The FPS reports to a DMH District Chief or geographic area manager of a specific community so that the FP mental health component is integrated with other mental health services. The FPS monitors the referrals from the DCFS Family Preservation Lead Agency to the DMH Family Preservation Providers.

Mental health services are one of many services offered by the FP program. The mental health component is provided as a linkage



service to meet the needs of families that are identified at, or prior to, the Multi-agency Case Planning Conference meeting that occurs at the Family Preservation community agency. The linkage to mental health services through DMH, which focuses on improving the functioning of the most seriously or chronically emotionally disturbed children, youth, and adults, has been a successful strategy that allows for an integrated treatment approach providing therapeutic interventions that improve child and family functioning by developing effective parental coping skills that reduce the risk of child abuse, neglect, and delinquent behaviors.

Mental health services offered include: psychological testing; assessment and evaluation; individual, group, and family therapy/rehabilitation; collateral services; medication support; crisis intervention; and targeted case management provided in the child's community, school, and home.

During FY 08-09, there were 1,008 clients served by 21 DMH agencies offering services to FP clients. Figures 8, 9, 10 and 11 describe the gender, age, ethnicity and agency of primary responsibility 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 11).

Figure 8

FAMILY PRESERVATION PROGRAM
Gender

GENDER	COUNT	PERCENT
Male	507	50.3%
Female	501	49.7%
TOTAL	1,008	100%

Figure 9

FAMILY PRESERVATION PROGRAM
Age

AGE (GROUP)	COUNT	PERCENT
0-5	74	7.3%
6-11	388	38.5%
12-17	488	48.4%
18-20	58	5.8%
TOTAL	1,008	100%

Figure 10

FAMILY PRESERVATION PROGRAM
Ethnicity

ETHNICITY	COUNT	PERCENT
Caucasian	87	8.6%
African American	185	18.4%
Hispanic	706	70.0%
American Native	5	0.5%
Asian/ Pacific Islander	5	0.5%
Other	15	1.5%
Unknown	5	0.5%
TOTAL	1,008	100%

Figure 11

FAMILY PRESERVATION PROGRAM
Responsible Agency

RESPONSIBLE AGENCY	COUNT	PERCENT
DCFS	424	42.1%
Probation	34	3.4%
DCFS and School District	10	1.0%
Probation and School District	4	0.4%
School District (SEP Eligible)	12	1.2%
School District (Non-SEP Eligible)	9	0.9%
No Data	515	1.5%
TOTAL	1,008	50%



The diagnoses for FP child and adolescent clients are presented in Figures 12 and 13. Their most frequent primary admission diagnoses were Adjustment/Conduct Disorder/ADHD, Anxiety Disorders and Major Depression. A primary or secondary diagnosis of Child Abuse and Neglect was given to 50 clients (4.9%). Figure 14 indicates that 36 clients (3.6%) were identified as substance users. Marijuana, alcohol and polysubstance use were most frequently reported, followed by amphetamines, inhalants and sedatives/opioids.

Figure 12

FAMILY PRESERVATION PROGRAM Primary DSM Diagnosis		
PRIMARY DSM DIAGNOSIS	COUNT	PERCENT
Drug Induced Disorders or Dependence	0	0.0%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/ Psychosis	5	0.5%
Bipolar Disorders	31	3.1%
Major Depression	257	25.5%
Anxiety Disorders	287	28.5%
Other Diagnoses	106	10.5%
Adjustment/ Conduct Disorder/ADHD	291	28.9%
Child Abuse and Neglect	1	0.1%
No Diagnosis or Diagnosis Deferred	30	3.0%
TOTAL	1,008	100%

Figure 13

FAMILY PRESERVATION PROGRAM Primary DSM Diagnosis		
SECONDARY DSM DIAGNOSIS	COUNT	PERCENT
Drug induced Disorders or Dependence	19	1.9%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	1	0.1%
Bipolar Disorders	7	0.7%
Major Depression	24	2.4%
Anxiety Disorders	34	3.4%
Other Diagnoses	111	11.0%
Adjustment/Conduct Disorder/ADHD	39	3.9%
Child Abuse and Neglect	49	4.9%
No Diagnosis or Diagnosis Deferred	724	71.8%
TOTAL	1,008	100%

Figure 14

FAMILY PRESERVATION PROGRAM Admit Substance Abuse		
ADMIT SUBSTANCE ABUSE	COUNT	PERCENT
Alcohol	6	0.6%
Amphetamines	1	0.1%
Marijuana	23	2.3%
Cocaine	0	0.0%
Hallucinogens	0	0.0%
Inhalants	1	0.1%
Sedatives and Opioids	1	0.1%
Polysubstance Abuse	4	0.4%
No Substance Abuse	776	77.0%
Undetermined	196	19.4%
TOTAL	1,008	100%



REUNIFICATION OF MISSING CHILDREN PROGRAM

The Reunification of Missing Children programs are part of the Reunification of Missing Children Task Force chaired by Find the Children, a non-profit corporation dedicated to the recovery of missing children, and the Inter-Agency Council on Child Abuse and Neglect (ICAN). Task force members include LAPD, LASD, DCFS, County Counsel, the FBI, the US Secret Service, the Mexican Consulate, and the District Attorney'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.

The reunification program's goal is to assist in the process of reunification with the left-behind parent(s), to help determine appropriate placement, and to address any related trauma. The referral source for all reunification cases is the Find the Children Agency.

In FY 08-09, two of the DMH-contracted mental health providers, Los Angeles Child Guidance Center, and Didi Hirsch provided

culturally sensitive, multidisciplinary crisis-oriented consultation, assessment and treatment immediately following the recovery of a child who has been abducted, often by a non-custodial parent.

Founded in 1924, the Los Angeles Child Guidance Clinic is a nonprofit provider of mental health services for children and families in Central and South Los Angeles. The Clinic maintains a long-standing commitment to servicing the community by ensuring easy access and promoting early intervention. Its services are family-centered and strength-based and aim to help children and families handle the problems that bring them to the Clinic.

The Clinic's collaboration with Find the Children began in 2006 when Karen Strickland, Executive Director of Find the Children, contacted the Clinic to find a quality children's mental health provider in the Central and South Los Angeles area. Children are referred to the Clinic's outpatient services by Ms. Strickland who contacts the division director of the Leimert Park office at the time of a child's recovery. Each child receives a thorough psychosocial assessment, utilizing the LACDMH's child initial assessment. The child has access to a treatment team which consists of a therapist and may also include a family advocate to provide rehabilitation and case management services and a psychiatrist when necessary. Therapist disciplines include one (1) LCSW and two (2) MSWs. This year one of the children served was assessed to require more intensive services than what it provided in our comprehensive outpatient program and was subsequently treated in our Early Intervention full-day intensive day treatment program. The Family Reunification program provides milieu based services delivered by a team that includes a therapist as well as mental health rehabilitation specialists, milieu aides and creative arts therapists.

The treatment team provides trauma-informed services in a variety of modalities which may include individual and/or family



therapy, targeted case management, individual rehabilitation, milieu based services through a day treatment program and medication evaluation and treatment. The team works with the conceptualization that trauma disrupts attachment, interferes with children's ability to regulate emotions and delays the development of appropriate competencies. Consequently, the therapeutic work is focused on enhancing family and community relationships and developing connectedness as a path to recovery and building resiliency. The client and family are crucial to treatment planning and are considered active partners in goal setting. Therapists utilize play therapy, cognitive-behavioral and art interventions as well as traditional talk therapy to assist the client and family process the abduction as well as the recovery and/or reunification. Family advocates assist the clients with skill building, work closely with parents to establish appropriate structure in the home and provide the family with needed community resources.

The Family Reunification Program at Didi Hirsch continues to provide services to abducted children and the families with whom they are reuniting or the families with whom they are now residing (i.e. foster families). The program was expanded in the fiscal year 2008-2009 to include the Didi Hirsch Mar Vista, Inglewood, Taper and Metro sites. There were 14 therapists trained to be available to take Abduction Reunification cases. The therapists for the program were MFTIs (9), MSWs (2), MFTs (2), and one psychologist.

As a result of this expansion, the Didi Hirsch program's referrals increased significantly from five cases in 06-07, 0 referrals for 07-08, to 15 referrals for 08-09, with 11 of those referrals being opened to receive services. Given the growth of the program, a new protocol was developed for the treatment of the reunification cases offering a six to eight week crisis-intervention model, adapted from the BRC crisis model developed at Didi Hirsch. If the children/families continue to need treatment following that, they may continue to be seen by

the same clinician for longer-term therapy.

The program is still coordinated through the Didi Hirsch Mar Vista site and the cases are referred by Find the Children. The Child Abduction task force continues to meet monthly and includes representatives from ICAN, Find the Children, the DA's office, the Sherriff Dept, FBI, LAPD, DCFS, County Council, Didi Hirsch and occasionally other mental health providers.

During FY 08-09, fourteen clients were served by the Family Reunification programs of LA Child Guidance Clinic and Didi Hirsch. Figures 15-21 show relevant attributes of Reunification program clients served by these two providers.

Figures 15, 16, 17 and 18 show the gender, age, race/ethnicity, and agency of primary responsibility of the six Family Reunification clinic clients. DCFS provided the largest number of referrals.

Figure 15

FAMILY REUNIFICATION PROGRAM		
Gender		
GENDER	COUNT	PERCENT
Male	11	78.6%
Female	3	21.4%
TOTAL	14	100%

Figure 16

FAMILY REUNIFICATION PROGRAM		
Age		
AGE (GROUP)	COUNT	PERCENT
0-5	4	28.6%
6-11	6	42.8%
12-17	4	28.6%
18-20	0	0.0%
TOTAL	14	100%



Figure 17

FAMILY REUNIFICATION PROGRAM Ethnicity		
ETHNICITY	COUNT	PERCENT
Caucasian	0	0.0%
African American	9	64.3%
Hispanic	3	21.4%
American Native	0	0.0%
Asian/ Pacific Islander	0	0.0%
Other	2	14.3%
Unknown	0	0.0%
TOTAL	14	100%

Diagnostic information is presented in Figures 19 and 20. Adjustment/Conduct Disorder/ADHD, Major Depression, and Anxiety Disorders were the most common primary admission diagnoses for Family Reunification clients. Figure 21 documents the apparent absence of substance use in this population.

Figure 18

FAMILY REUNIFICATION PROGRAM Ethnicity		
RESPONSIBLE AGENCY	COUNT	PERCENT
DCFS	11	78.6%
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	2	14.4%
No Data	1	7.1%
TOTAL	14	100%

Figure 19

FAMILY REUNIFICATION PROGRAM Primary DSM Diagnosis		
PRIMARY DSM 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	3	21.4%
Anxiety Disorders	1	7.1%
Other Diagnoses	0	0.0%
Adjustment/Conduct Disorder/ADHD	10	71.5%
Child Abuse and Neglect	0	0.0%
No Diagnosis or Diagnosis Deferred	0	0.0%
TOTAL	14	100%



Figure 20

FAMILY REUNIFICATION PROGRAM Secondary DSM Diagnosis		
SECONDARY DSM 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	2	14.3%
Adjustment/Conduct Disorder/ADHD	0	0.0%
Child Abuse and Neglect	0	0.0%
No Diagnosis or Diagnosis Deferred	12	85.7%
TOTAL	14	100%

Figure 21

FAMILY REUNIFICATION PROGRAM Admit Substance Abuse		
ADMIT SUBSTANCE ABUSE	COUNT	PERCENT
Alcohol	0	0.0%
Amphetamines	0	0.0%
Marijuana	0	0.0%
Cocaine	0	0.0%
Hallucinogens	0	0.0%
Inhalants	0	0.0%
Sedatives and Opioids	0	0.0%
Polysubstance Abuse	0	0.0%
No Substance Abuse	14	100.0%
TOTAL	14	100%

CHILD ABUSE PREVENTION, INTERVENTION AND TREATMENT (CAPIT) PROGRAM (AB 1733/2994)

Since 1984, the CAPIT Program has been providing early intervention/prevention services to victims of child abuse and/or neglect, their families, and those who are at high risk for abuse and/or neglect. The population that it serves includes both children who still reside with their parents/caregivers, as well as those who have been removed from their home. The CAPIT program derives from two legislative initiatives: AB 1733 and AB 2994 (Statutes of 1982). The program is codified in the California Welfare and Institutions Code section 18960.

AB 2994 establishes a County Children’s Trust Fund for the purpose of funding child abuse and neglect prevention, intervention and treatment programs operated by private, non-profit organizations. The legislation requires that four dollars of any seven dollar fee for a certified copy of a birth certificate be used for prevention services. The most recent legislation (SB 750) enables counties to add three dollars 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 convenes 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. These recommended funding guidelines are then submitted to the Board of



Supervisors for approval. 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.

Los Angeles County uses various methods to monitor the CAPIT program. Conducting site visits and random program audits, monthly fiscal and program reviews, and providing technical assistance have proven to be effective tools for monitoring contract compliance. These activities also provide an opportunity for ongoing examination of the program's effectiveness and ability to achieve its goals. CAPIT program providers meet quarterly. These meetings provide a forum for networking, receiving technical assistance, problem solving, strategizing at the community level, and sharing resources.

CAPIT seeks to identify and provide services to isolated families, particularly those with children five years and younger. These services are delivered to children who are victims of crime or abuse and to at-risk children. The target population also consists of families with substance abuse problems, infants and preschool age children at risk of abuse, children exposed to domestic violence, children with serious emotional problems who are not eligible for Medi-Cal, and pregnant and parenting adolescents and their children.

The CAPIT program provides high-quality in-home services, including counseling and crisis response, as well as individual/family/group counseling in the clinic, case management services, parenting education, support groups, and 24-hour telephone availability for its clients. Since the children served are often suffering from unresolved loss, play therapy and family therapy are used to address attachment problems. Parent-Child Interaction Therapy (PCIT) is a structured behavioral technique used to enhance attachment while assisting the

caregiver in managing their children. Therapies that facilitate communication about memories linked to traumatic events are used to alleviate Post-traumatic Stress Disorder (PTSD) symptoms often characteristic of abused clients. Group therapy is particularly helpful in addressing shame, guilt, and stigma experienced by abused children and is often helpful in reducing delinquent or sexually reactive behaviors in these children.

CAPIT services are provided on a short-term basis with the goal, where possible, of encouraging family maintenance and preventing the need for out-of-home placement. Additionally, services are targeted to facilitate early family reunification, when appropriate, after out-of-home placement has occurred. Another goal of the CAPIT Program is the prevention of child abuse at the earliest possible stage by improving the family's ability to cope with daily stressors through education and support. The program objective is to increase child abuse services to existing non-Medi-Cal-eligible child abuse clients, and to maximize revenue for child abuse services through Federal Title XIX Medi-Cal funds. Therefore, DCFS has allocated funding to DMH to draw down Medi-Cal funds, thus expanding the availability of these specific services to county residents.

As part of the CAPIT contracts, each contract provider agency surveys clients using a client satisfaction questionnaire developed by DCFS. The survey captures the level of client satisfaction with the type of services received, the length of time of each client with each agency, and the source of referral.

During FY 08-09, there were seven CAPIT providers countywide specializing in treating child victims of abuse or neglect who have converted their DCFS contracts to DMH contracts and have established a Memorandum of Understanding with DMH. These are non-profit agencies with demonstrated effectiveness in providing child abuse prevention and intervention services. The agencies, providing CAPIT services in SPAs 1-5 were: Pacific



Clinics, Children’s Bureau, Child and Family Guidance Center, St. John’s, Didi Hirsch, Community Family Guidance, and the Child and Family 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 provided mental health services to 865 children in FY 08-09. Figures 22, 23, and 24 present gender, age and ethnicity for the CAPIT participants. Figure 25 shows that the largest number of clients with an identified Agency of Primary Responsibility (APR) were referred by DCFS.

Figure 22

CHILD ABUSE EARLY INTERVENTION/ PREVENTION PROGRAM
Gender

GENDER	COUNT	PERCENT
Male	484	56.0%
Female	381	44.0%
TOTAL	865	100%

Figure 23

CHILD ABUSE EARLY INTERVENTION/ PREVENTION PROGRAM
Age (Group)

AGE (GROUP)	COUNT	PERCENT
0-5	63	7.3%
6-11	431	49.8%
12-17	327	37.8%
18-20	44	5.1%
TOTAL	865	100%

Figure 24

CHILD ABUSE EARLY INTERVENTION/ PREVENTION PROGRAM
Ethnicity

ETHNICITY	COUNT	PERCENT
Caucasian	147	17.0%
African American	92	10.6%
Hispanic	588	68.0%
American Native	3	0.3%
Asian/ Pacific Islander	13	1.5%
Other	17	2.0%
Unknown	5	0.6%
TOTAL	865	100%

Figure 25

CHILD ABUSE EARLY INTERVENTION/ PREVENTION PROGRAM
Responsible Agency

RESPONSIBLE AGENCY	COUNT	PERCENT
DCFS	166	19.2%
Probation	12	1.4%
DCFS and School District	5	0.6%
Probation and School District	6	0.7%
School District (SEP Eligible)	16	1.8%
School District (Non-SEP Eligible)	10	1.2%
No data	650	75.1%
TOTAL	865	100%



Diagnostic information is displayed in Figures 26 and 27. The most prevalent primary admission diagnoses for CAPIT were Anxiety Disorders, Adjustment/Conduct Disorder/ADHD, and Major Depression. Also, three clients received a primary admission DSM IV diagnosis of Child Abuse and Neglect, and 47

clients received this as their secondary admission diagnosis. Figure 28 indicates that there were 32 substance-using clients (3.7%) and that marijuana use was most frequently reported, followed by alcohol and polysubstance use.

Figure 26

CHILD ABUSE EARLY INTERVENTION/ PREVENTION PROGRAM Primary DSM Diagnosis		
PRIMARY DSM 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	21	2.4%
Major Depression	194	22.4%
Anxiety Disorders	251	29.0%
Other Diagnoses	29	3.4%
Adjustment/Conduct Disorder/ADHD	234	27.1%
Child Abuse and Neglect	3	0.3%
No Diagnosis or Diagnosis Deferred	133	15.4%
TOTAL	865	100%

Figure 27

CHILD ABUSE EARLY INTERVENTION/ PREVENTION PROGRAM Secondary DSM Diagnosis		
SECONDARY DSM DIAGNOSIS	COUNT	PERCENT
Drug Induced Disorders or Dependence	5	0.6%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/ Psychosis	0	0.0%
Bipolar Disorders	4	0.5%
Major Depression	25	2.9%
Anxiety Disorders	31	3.6%
Other Diagnoses	71	8.2%
Adjustment/Conduct Disorder/ADHD	49	5.7%
Child Abuse and Neglect	47	5.4%
No Diagnosis or Diagnosis Deferred	633	73.2%
TOTAL	865	100%



Figure 28

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

ADMIT SUBSTANCE ABUSE	COUNT	PERCENT
Alcohol	4	0.5%
Amphetamines	0	0.0%
Marijuana	25	2.9%
Cocaine	0	0.0%
Hallucinogens	0	0.0%
Inhalants	0	0.0%
Sedatives and Opioids	0	0.0%
Polysubstance Abuse	3	0.3%
No Substance Abuse	828	95.7%
Undetermined	5	0.6%
TOTAL	865	100%

JUVENILE COURT MENTAL HEALTH SERVICES (JCMHS)

JCMHS continues to provide mental health liaison services to all of the juvenile dependency courts, responding to requests and referrals from the bench officers, attorney and child advocates on a broad range of topics related to public mental health services for children and families.

JCMHS was involved in the Juvenile Court planning for implementation of AB 129, which allows for the joint jurisdiction of both Dependency and Delinquency Courts in the adjudication of certain juvenile cases. As a result, a pilot project was developed among DCFS, Probation and DMH involving the Pasadena Juvenile Court. The project began in

May 2007 and is providing joint decision making through a multi-disciplinary team in the selected cases. It is housed at Edelman Children’s Court and the DMH representative is a member of JCMHS.

MENTAL HEALTH REVIEW OF PSYCHOTROPIC MEDICATION FOR COURT WARDS AND DEPENDENTS

JCMHS has continued to monitor the authorizations for the administration of psychotropic medication to children under court jurisdiction. During FY 08-09, JCMHS reviewed all the requests for such authorization in order to facilitate and optimize communication of relevant clinical information between physicians and judges. Of these, about 70% were received from DCFS for dependent children and 30% for delinquent children under the jurisdiction of Juvenile Court. Approximately 85% 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 training and orientation of newly appointed bench officers with a special emphasis on psychotropic medication. JCMHS has assisted in developing a web-based psychotropic authorization program that is currently in testing within DMH. Clerical staff are currently working to input authorizations into the system so that medications can be tracked.

CLINICAL PSYCHIATRY TRAINING

JCMHS continues its program of clinical training for second-year UCLA child psychiatry fellows and UCLA forensic psychiatry fellows. Each of the fellows rotates through the program and they familiarize themselves with Juvenile Court operations and public sector child psychiatry.



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 and 2003 found that many of the newly admitted youth in the county's juvenile halls met the diagnostic criteria for various mental health and substance use disorders.

Youth in need of treatment in the juvenile halls are admitted to an in-house program designed and implemented by an interagency collaboration of DMH, Probation, DHS and LACOE. The Mental Health Unit (MHU) at each of the three juvenile halls (Barry J. Nidorf in SPA 2, Central in SPA 4 and Los Padrinos in SPA 7) is similar in its setting, approach to screening and treatment, and the structure of its professional staff. Each MHU provides screening and assessment, crisis evaluation and intervention, psychiatric evaluation and treatment and short-term psychotherapy. Clinical interventions focus on stabilizing the client's symptoms and distress, as well as planning aftercare and linkages to services after release.

The mental health staff of the juvenile halls consists of Mental Health Clinical Program Heads (3), Psychiatrists (8), Senior Community Mental Health Psychologists (3), Clinical Psychologists (18), Supervising Psychiatric Social Workers (6), Psychiatric Social Workers (24), Mental Health Counselor Registered Nurses (3), Medical Case Workers (2), Recreation Therapists (1), Psychiatric Technicians (1), and Community Workers (1). Including clerical and administrative support staff, there are collectively more than 100 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 screened 93% of new juvenile hall admissions, including 24% who were assessed during FY 08-09. 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 the pre-selected cut-off points on this instrument receive a structured interview, the DMH Short-Form Assessment, to determine their need for further assessment and service. Youth who are not identified by the MAYSI-2 as needing mental health intervention may nonetheless be evaluated further and/or be referred for treatment based on the clinical judgment of the mental health professional. Further assessment using more in-depth clinical interviewing, psychological testing, consultation, and review of available DMH or Probation mental health history records are provided to those youth with more complex or enduring problems to assist in planning treatment.

In FY 08-09, 11,619 youth were screened. This was 95% of all admitted youths. The numbers screened for Barry J. Nidorf, Central Juvenile Hall and Los Padrinos Juvenile Hall were: 2,599, 4,047, and 4,973, respectively. Of the screened youths, 2,556 (22%) required a full assessment and had a clinical case opened for ongoing treatment.

JCMHS 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.

The range of time in treatment for youth in the juvenile hall MHUs is two to three weeks. Duration of stay has a bimodal distribution, with a very short stay for some youth (i.e., three to



five days) and others with more serious problems staying for months. Client's ages range from 12 to 19. The average age is 16.

At Central Juvenile Hall, there are two Collaborative Assessment Rehabilitation and Education (CARE) units that take youth who meet the admission criteria from all three halls. These units have been open since FY 02-03, and each houses 12 male or 12 female multi-problem youth. Youth must consent to participate in the program, and cannot be on enhanced supervision or be defined as aggressive. An interdepartmental team of Probation, LACOE, and DMH staff determine admission and discharge of youth for the CARE units. 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.

In the summer of 2007, the Enhanced Supervision Unit (ESU) for girls opened at Central Juvenile Hall. This unit was designed to meet the treatment needs of multi-problem female mentally-ill youth, including aggressive youth. The program has enhanced mental health and probation staffing. There are ESUs at Central Juvenile Hall, one for boys and one for girls. These units take youth from all three juvenile halls that require more monitoring due to their potential risk of suicide. The unit houses approximately 30 youth at any given time and has enhanced Mental Health and Probation staffing. Youth may be stepped down to a CARE unit if they meet its clinical criteria. The ESU takes youth who are aggressive, whereas the CARE unit does not.

The closure of MacLaren and other facilities providing higher levels of care for adolescents continues to impact the juvenile halls as increasing numbers of youth cross over from the dependency to the delinquency system. The increase in the number of multi-problem youth with serious mental health needs has necessitated the opening of both the CARE and Enhanced Supervision units to attempt to meet the needs of these youth.

For the three juvenile halls combined, there were 10,786 unduplicated MHU clients who received mental health screening, assessment or treatment during FY 08-09. Figures 29, 30 and 31 summarize their gender, age and ethnicity. The large majority of the clients were Probation referrals, with smaller proportions referred by DCFS or from a school district (Figure 32).

Figure 29

JUVENILE HALL CLUSTER (BARRY NIDORF, CENTRAL, LOS PADRINOS)		
Gender		
GENDER	COUNT	PERCENT
Male	8,824	81.8%
Female	1,957	18.1%
Unknown	5	0.0%
TOTAL	10,786	100%

Figure 30

JUVENILE HALL CLUSTER (BARRY NIDORF, CENTRAL, LOS PADRINOS)		
Age (Group)		
AGE (GROUP)	COUNT	PERCENT
0-5	9	0.1%
6-11	13	0.1%
12-17	8,051	74.6%
18-20	2,713	25.2%
TOTAL	10,786	100%

Figure 31

JUVENILE HALL CLUSTER (BARRY NIDORF, CENTRAL, LOS PADRINOS)		
Ethnicity		
ETHNICITY	COUNT	PERCENT
Caucasian	657	6.1%
African American	2,920	27.1%
Hispanic	5,997	55.6%
American Native	38	0.4%
Asian/ Pacific Islander	142	1.3%
Other	622	5.8%
Unknown	410	3.8%
TOTAL	10,786	100%



Figure 32

JUVENILE HALL CLUSTER (BARRY NIDORE, CENTRAL, LOS PADRINOS)		
Responsible Agency		
RESPONSIBLE AGENCY	COUNT	PERCENT
DCFS	411	3.8%
Probation	6,712	62.2%
DCFS and School District	60	0.6%
Probation and School District	1,346	12.5%
School District (SEP Eligible)	142	1.3%
School District (Non-SEP Eligible)	39	0.4%
No data	2,076	7.7%
TOTAL	10,786	88%

Figure 33

JUVENILE HALL CLUSTER (BARRY NIDORE, CENTRAL, LOS PADRINOS)		
Primary DSM Diagnosis		
PRIMARY DSM DIAGNOSIS	COUNT	PERCENT
Drug Induced Disorders or Dependence	1,417	13.1%
Disorders Due to Medical Condition	1	0.0%
Schizophrenia/Psychosis	82	0.8%
Bipolar Disorders	851	7.9%
Major Depression	1,153	10.7%
Anxiety Disorders	562	5.2%
Other Diagnoses	2,222	20.6%
Adjustment/Conduct Disorder/ADHD	3,496	32.4%
Child Abuse and Neglect	2	0.0%
No Diagnosis or Diagnosis Deferred	1,000	9.3%
TOTAL	10,786	100%

Figure 33 indicates that, for the juvenile hall cluster, the most prevalent primary DSM diagnoses were Adjustment/Conduct Disorder/ADHD, Drug-Induced Disorders or Dependence, and Major Depression, with smaller frequencies of Bipolar Disorders and Anxiety Disorders. There were 1,295 clients (11.9%) with a primary DSM diagnosis of Drug-Induced Disorders or Dependence. Combining primary and secondary admission diagnoses (Figure 34) indicated that there were 32 clients diagnosed with Child Abuse and Neglect.

Substance use was an issue reported for 3,516 (32.6%) of the clients served at the three juvenile hall MHUs (Figure 35). Marijuana use, polysubstance use, and alcohol use were most frequently reported, with smaller percentages reported using amphetamines, cocaine, inhalants, hallucinogens, or sedatives/opioids.

Figure 34

JUVENILE HALL CLUSTER (BARRY NIDORE, CENTRAL, LOS PADRINOS)		
Secondary DSM Diagnosis		
SECONDARY DSM DIAGNOSIS	COUNT	PERCENT
Drug Induced Disorders or Dependence	1,308	12.1%
Disorders Due to Medical Condition	1	0.0%
Schizophrenia/Psychosis	17	0.2%
Bipolar Disorders	50	0.5%
Major Depression	104	1.0%
Anxiety Disorders	93	0.9%
Other Diagnoses	410	3.8%
Adjustment/Conduct Disorder/ADHD	1,092	10.1%
Child Abuse and Neglect	30	0.3%
No Diagnosis or Diagnosis Deferred	7,681	71.2%
TOTAL	10,786	100%



Figure 35

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

ADMIT SUBSTANCE ABUSE	COUNT	PERCENT
Alcohol	334	3.1%
Amphetamines	83	0.8%
Marijuana	2,612	24.2%
Cocaine	14	0.1%
Hallucinogens	3	0.0%
Inhalants	34	0.3%
Sedatives and Opioids	6	0.1%
Polysubstance Abuse	430	4.0%
No Substance Abuse	4,508	41.8%
TOTAL	2,762	25.6%

DOROTHY KIRBY CENTER

Dorothy Kirby Center (DKC) is a Probation residential treatment facility located in SPA 1 and providing services to clients from the entire county. Its MHU 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 was staffed by a licensed psychologist, one wavered psychologist, one psychiatrist, one LCSW, one Recreation Therapist, one Family Advocate, and three clerical staff. During FY 08-09, an average of 100 children were treated by the MHU each month.

Dorothy Kirby's MHU is a secure (locked) residential treatment center serving adolescents between the ages of 14-17. All referred youth at Dorothy Kirby receive a mental health screening consisting of an interview with the youth in juvenile hall and a review of relevant records. A licensed clinician goes out to interview each referral in one of the

juvenile halls. One hundred percent of these were assessed after screening. Approximately 40% of those assessed receive mental health services. The MHU serves up to 140 adolescents and receives an average of 40 referrals from the juvenile courts each month. About 100 children are treated each month. All referrals come through the Juvenile Court system. Its clients' ages range from 12-17 years, with an average age of 16 years. All clients are wards of the Juvenile Court, having had criminal petitions brought against them and sustained. In addition most have extensive criminal arrest records. All have DSM IV diagnoses and functional impairment that qualify them for Medi-Cal reimbursement. At least 80% are deeply gang-involved, with a large majority from severely dysfunctional homes. Approximately 45% have had prior involvement with DCFS. All referrals to the MHU are made by a judge or a probation officer. A licensed/registered/wavered clinician interviews each referral in one of the Juvenile Halls. 100% of referrals are screened. All of the Kirby population receives mental health services. The average length of stay in treatment is eight to eleven months.

During FY 08-09, the Kirby MHU served 439 youths. Their average treatment duration was eight 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 include anger management, substance abuse, sexual abuse survivors, self-esteem, self-soothing and self-expression.
2. Recreation therapy: This group is run by a certified recreation therapist and teaches teamwork, impulse control, skill acquisition methods, and goal-oriented behavior.
3. Process group: This group uses traditional group therapy techniques



to deal with interpersonal and intrapsychic issues within the group context.

4. Social skills training: This group teaches basic social living skills and interpersonal communication skills.

In addition, clients receive daily group treatment, weekly individual treatment, and bi-weekly family treatment.

Figures 36, 37, and 38 present gender, age, and ethnicity for the 439 FY 08-09 clients at Dorothy Kirby’s MHU. Most clients were Probation referrals, followed by referrals from DCFS or School Districts (Figure 39).

Figure 36

DOROTHY KIRBY CENTER
Gender

GENDER	COUNT	PERCENT
Male	8,824	81.8%
Female	1,957	18.1%
Unknown	5	0.0%
TOTAL	10,786	100%

Figure 37

DOROTHY KIRBY CENTER
Age (Group)

AGE (GROUP)	COUNT	PERCENT
0-5	9	0.1%
6-11	13	0.1%
12-17	8,051	74.6%
18-20	2,713	25.2%
TOTAL	10,786	100%

Figure 38

DOROTHY KIRBY CENTER
Ethnicity

ETHNICITY	COUNT	PERCENT
Caucasian	49	11.2%
African American	184	41.9%
Hispanic	196	44.6%
American Native	1	0.2%
Asian/ Pacific Islander	5	1.1%
Other	3	0.7%
Unknown	1	0.2%
TOTAL	439	100%

Figure 39

DOROTHY KIRBY CENTER
Responsible Agency

RESPONSIBLE AGENCY	COUNT	PERCENT
DCFS	10	2.3%
Probation	284	64.7%
DCFS and School District	3	0.7%
Probation and School District	9	2.1%
School District (SEP Eligible)	10	2.3%
School District (Non-SEP Eligible)	2	0.5%
No Data	121	16.2%
TOTAL	439	89%



Figure 40 indicates that the most common primary admission diagnoses at the Kirby MHU were Bipolar Disorders, Adjustment/Conduct Disorder/ADHD, Major Depression, and Anxiety Disorders, with a smaller proportion with Schizophrenia/Psychosis and Drug Induced Disorders or Dependence.

Figure 40

DOROTHY KIRBY CENTER Primary DSM Diagnosis		
PRIMARY DSM DIAGNOSIS	COUNT	PERCENT
Drug Induced Disorders or Dependence	8	1.8%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	17	3.9%
Bipolar Disorders	161	36.7%
Major Depression	97	22.1%
Anxiety Disorders	21	4.8%
Other Diagnoses	11	2.5%
Adjustment/Conduct Disorder/ADHD	120	27.3%
Child Abuse and Neglect	0	0.0%
No Diagnosis or Diagnosis Deferred	4	0.9%
TOTAL	439	100%

Substance use was an issue for 192 (43.7%) of the Dorothy Kirby MHU clients, with marijuana reported most frequently, followed by use of polysubstances, alcohol, amphetamines, cocaine, and hallucinogens (Figure 42).

Figure 41

DOROTHY KIRBY CENTER Secondary DSM Diagnosis		
SECONDARY DSM DIAGNOSIS	COUNT	PERCENT
Drug Induced Disorders or Dependence	2	0.5%
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	0.2%
Other Diagnoses	0	0.0%
Adjustment/Conduct Disorder/ADHD	1	0.2%
Child Abuse and Neglect	0	0.0%
No Diagnosis or Diagnosis Deferred	435	99.1%
TOTAL	439	100%

Figure 42

DOROTHY KIRBY CENTER Admit Substance Abuse		
ADMIT SUBSTANCE ABUSE	COUNT	PERCENT
Alcohol	21	4.8%
Amphetamines	9	2.1%
Marijuana	102	23.2%
Cocaine	2	0.5%
Hallucinogens	1	0.2%
Inhalants	1	0.2%
Sedatives and Opioids	0	0.0%
Polysubstance Abuse	56	12.8%
No Substance Abuse	247	56.3%
Undetermined	0	0.0%
TOTAL	439	100%



JUVENILE JUSTICE CAMPS

During 08-09, DMH provided mental health services at the eighteen Probation Camps operated by the Probation Department located throughout Los Angeles County. The camps are located in Lancaster, Lake Hughes, Saugus, San Fernando, Sylmar, Malibu, Calabasas and San Dimas. The Mental Health services at the Probation Camps were expanded as a result of the Mental Health Service Act, Community Services and Support Plan which provided additional staffing to the camp programs. As a result, there is access to mental health services at all camps and enhanced mental health services at specific camps, particularly those which house youth on psychotropic medications. In addition, five Camp Navigators facilitate linkage for youth to community mental health services upon release. Three clinic drivers and one community worker coordinate bringing families to multi-agency team meetings and to family therapy sessions.

Challenger Memorial Youth Center, located in Lancaster (SPA 1), is a multi-camp facility including six juvenile probation camps (Smith, McNair, Scobee, Resnik, Onizuka and Jarvis). During 08-09, Camp Onizuka began to house youth who would have previously been transferred to the State Department of Juvenile Justice as part of the Youthful Offender Block Grant.

During FY 08-09, the mental health programs in the Probation Camps were organized under a Northern and a Southern Region. The Northern Camp Region includes the Challenger Camps, Munz-Mendenhall (Lake Hughes) and Scott-Scudder (Girls Camps in Saugus/SPA 2). The staffing pattern for the Northern Region Camps, includes (see Staffing spreadsheet)

The Southern Camp Region includes Camps Miller, Kilpatrick and Gonzales (in the Malibu/Calabasas area/ SPA 5); Camp Holton, Routh, Camp Assessment Unit (in Sylmar/San Fernando/ SPA 2); and Camp Rockey,

Afflerbaugh and Paige (in San Dimas/SPA 3). The Camp Assessment Unit is housed at Barry J. Nidorf Juvenile Hall. Mental Health, Probation and LACOE staff review youth with new camp orders to determine which camp can meet their needs. This review includes criminal risk, education and mental health factors. The staffing pattern for the Southern Region Camps includes: Senior Community Mental Health Psychologist (1), Supervising Clinical Social Worker (1), Clinical Psychologist II (3), Psychiatric Social Worker (6), Mental Health Clinician (1), Psychiatrist (1), Psychiatric Technician (1), Community Worker (1), Staff Assistant (1), Substance Abuse Counselor (1), Clinic Driver (3), ITC (3). Staff of the Northern Region Camps includes: Mental Health Clinical Program Head (1), Senior Community Mental Health Psychologist (.5), Supervising Clinical Social Workers (2), Clinical Psychologist II (2), Psychiatric Social Worker (8), Mental Health Clinician (4), Psychiatrist (2), Senior Community Worker (1), Substance Abuse Counselor (1), Secretary III (1), ITC (4).

Several camps have enhanced mental health services and house youth who require access to a Mental Health Psychiatrist, including Challenger, Rockey and Scott-Scudder. All camps provide individual, family, group, collateral, and aftercare/linkage services. Overall, the number of unduplicated clients served by the Camp Mental Health Programs for FY 08-09 was 2,942.

Figures 43, 44, and 45 describe their gender, age, and ethnicity. Most had Probation as their referring agency, with additional referrals from Probation and Education, DCFS, DCFS and Education, and Education (Figure 46).



Figure 43

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

GENDER	COUNT	PERCENT
Male	2,554	86.8%
Female	387	13.2%
Unknown	1	0.0%
TOTAL	2,942	100%

Figure 44

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

AGE (GROUP)	COUNT	PERCENT
0-5	0	0.0%
6-11	5	0.2%
12-17	1,796	61.0%
18-20	1,141	38.8%
TOTAL	2,942	100%

Figure 45

**CHALLENGER YOUTH CENTER/
JUVENILE JUSTICE CAMPS
Ethnicity**

ETHNICITY	COUNT	PERCENT
Caucasian	167	5.7%
African American	979	33.3%
Hispanic	1,607	54.6%
American Native	3	0.1%
Asian/ Pacific Islander	34	1.2%
Other	67	2.3%
Unknown	85	2.9%
TOTAL	2,942	100%

Figure 46

**CHALLENGER YOUTH CENTER/
JUVENILE JUSTICE CAMPS
Responsible Agency**

RESPONSIBLE AGENCY	COUNT	PERCENT
DCFS	93	3.2%
Probation	1,993	67.7%
DCFS and School District	14	0.5%
Probation and School District	249	8.5%
School District (SEP Eligible)	23	0.8%
School District (Non-SEP Eligible)	11	0.4%
No Data	559	9.0%
TOTAL	2,942	90%

The most common primary admission diagnoses for the juvenile justice camp clients were Adjustment/Conduct Disorder/ADHD and Major Depression, with smaller proportions diagnosed with Anxiety Disorders, Bipolar Disorders, Drug Induced Disorders or Dependence, and Schizophrenia/ Psychosis (Figure 47). One child received a diagnosis of Child Abuse and Neglect.

For the 1,301 (44.2%) of clients with reported substance use, marijuana was most common, followed by polysubstance use, alcohol, amphetamines, cocaine, and hallucinogens.



Figure 47

CHALLENGER YOUTH CENTER/ JUVENILE JUSTICE CAMPS Primary DSM Diagnosis		
PRIMARY DSM DIAGNOSIS	COUNT	PERCENT
Drug Induced Disorders or Dependence	77	2.6%
Disorders Due to Medical Condition	1	0.0%
Schizophrenia/Psychosis	25	0.8%
Bipolar Disorders	380	12.9%
Major Depression	699	23.8%
Anxiety Disorders	384	13.1%
Other Diagnoses	363	12.3%
Adjustment/Conduct Disorder/ADHD	974	33.1%
Child Abuse and Neglect	1	0.0%
No Diagnosis or Diagnosis Deferred	37	0.0%
TOTAL	2,942	1.3%

Figure 48

CHALLENGER YOUTH CENTER/ JUVENILE JUSTICE CAMPS Secondary DSM Diagnosis		
SECONDARY DSM DIAGNOSIS	COUNT	PERCENT
Drug Induced Disorders or Dependence	754	25.6%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	4	0.1%
Bipolar Disorders	25	0.8%
Major Depression	35	1.2%
Anxiety Disorders	36	1.2%
Other Diagnoses	46	1.6%
Adjustment/Conduct Disorder/ADHD	204	6.9%
Child Abuse and Neglect	0	0.0%
No Diagnosis or Diagnosis Deferred	1,838	62.5%
TOTAL	2,942	100%



Figure 49

**CHALLENGER YOUTH CENTER/
JUVENILE JUSTICE CAMPS
Admit Substance Abuse**

ADMIT SUBSTANCE ABUSE	COUNT	PERCENT
Alcohol	92	3.1%
Amphetamines	50	1.7%
Marijuana	807	27.4%
Cocaine	10	0.3%
Hallucinogens	2	0.1%
Inhalants	2	0.1%
Sedatives and Opioids	1	0.0%
Polysubstance Abuse	337	11.5%
No Substance Abuse	558	19.0%
Undetermined	1,083	36.8%
TOTAL	2,942	100%

**D-RATE ASSESSMENT/CASE
MANAGEMENT UNIT**

DCFS “Schedule D” Foster Care provides family environments for children with serious psychological problems who are at high risk of requiring more restrictive and higher-cost placements. D-Rate foster parents receive specialized training for parenting a child with severe psychological problems and their home must satisfy D-Rate certification requirements. The D-rate foster parents receive supplemental compensation because of the additional responsibilities involved in caring for emotionally disturbed children. The D-Rate Assessment Program is a collaborative effort between DCFS and DMH. DMH supervises clinical assessors who evaluate D-Rate

children in foster homes at admission. DCFS

and DMH staff re-assess the D-Rate children each year thereafter. 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, if appropriate, refers the case to the DCFS D-Rate Unit to assess the child’s eligibility for D-Rate services. The request is reviewed by the DCFS D-Rate Unit and referred to the DMH D-Rate Unit when it is appropriate for further assessment. A DMH-contracted licensed clinician is then assigned to the case and carries out an in-depth assessment of the child by interviewing the child and caregiver, usually in the caregiver’s home, which may be located in any of the SPAs. D-Rate assessments are also conducted in out-of-county homes when necessary, also by DMH-contracted assessors.

Within three weeks of the assignment date, the assessor completes a clinical assessment including findings regarding whether the client meets D-Rate criteria (based on DCFS D-Rate criteria.) The assessor submits the report and the clinical chart to the D-Rate Assessment/Case Management Unit.

Approximately 110 DCFS children are evaluated in this manner each month. The completed assessment and recommendations are reviewed by the assigned DMH D-Rate Medical Case Worker and the DMH D-Rate Unit Supervisor and returned to the DCFS D-Rate Unit with recommendations regarding whether the client appears to meet D-Rate criteria and additional mental health and other social services that may be helpful to improve the client’s level of functioning and alleviate mental health symptoms. The DCFS D-Rate Unit makes the final determination of the suitability of D-Rate placements.



During FY 08-09, 1,210 D-Rate assessments were carried out by DMH-contracted clinicians. The DMH D-Rate Unit Medical Case Workers followed up on 100% of the assessed cases to ensure linkage to appropriate mental health services. Approximately 90% of the assessed cases were linked with LA County contracted agencies, and the remaining cases were linked with non-county-contracted agencies. In addition to the services provided for these initial referrals, the DMH D-Rate Unit Medical Case Workers follow up on approximately 250 “recertification” D-Rate cases monthly. These cases are followed up on by the Medical Case Worker to ensure necessary and appropriate linkage to mental health services has been followed up on for the client.

RATE CERTIFICATION LEVEL (RCL) 14 GROUP HOMES

DMH funds mental health 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 symptoms 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 113 RCL 14 beds, 93 of which are designated for males and 20 for females. The following service providers offer RCL 14 facilities: H. V. Group Home (SPA 8), Olive Crest (SPA 7), San Gabriel Children’s Center (SPA 3), and Hathaway-Sycamores (SPA 3). In FY 08-09, 69 males and 24 females were newly certified at RCL 14 and DMH provided services to 93 minors in RCL-14 group

homes. The sources of referral for these new RCL 14 certifications were approximately 40% from DCFS, 15% from DMH, and 45% from Probation. The purpose of these treatment programs is to provide stability for children in a group home setting in order to nurture their growth and development and to allow them to succeed in an educational setting.

COMMUNITY TREATMENT FACILITY (CTF)

The CTF is a relatively new State licensing category for residential placement of minors developed during the past four years. It is a higher level of care than RCL 14 and was created as an alternative to the State Hospital. There are two CTFs with a total of 64 beds. Star View (SPA 8) offers 40 beds, eight of which are designated for males and 32 for females. Vista del Mar (SPA 4) has 24 CTF beds for males. The criteria for placement at the CTF level of care include all of the criteria for RCL 14 placement plus an inability to be served in a less restrictive setting, as evidenced by unsuccessful placements in open settings, denials of admission from RCL 14 Group Homes; high-risk aggressive, self-destructive, or substance use behaviors; and the motivation to benefit from treatment in a more restrictive treatment setting. In FY 08-09, 41 males and 29 females were newly certified at the CTF level of care and DMH provided services to 101 CTF clients. The sources of referral for new CTF certifications were 73% from DCFS, 11% from Probation, and 16% from DMH.

CHILDREN’S INPATIENT CLINICAL CASE MANAGEMENT UNIT (CICCM)

The primary responsibility of the CICCM Unit is to participate in discharge planning teleconferences for DCFS and Probation minors who are being discharged from directly operated and county-contracted psychiatric hospitals. The teleconference includes one of



the CICCM case managers, a representative from the hospital, the minor's CSW, and frequently, the minor's mental health provider or group home staff. Often, a representative of the minor's attorney participates as well. The goal of the teleconference is to develop an appropriate discharge plan for the minor. The DMH case manager collaborates with DCFS and mental health staff to determine what mental health services the minor needs to best reduce the chance of rehospitalization. Recommendations include referrals to intensive mental health programs such as Full Service Partnership, Wraparound, or Specialized foster care. Other recommendations include referring a minor for Therapeutic Behavioral Service (TBS), sending the minor to the RCL level 14 screening committee, or referring the minor to be assessed for Regional Center or AB3632 services. After each teleconference, a CICCM case manager provides the necessary follow up to ensure linkage to mental health services. This includes completing referrals or following up with CSW's or group home providers to verify linkage to appropriate services. During FY 08-09, 707 psychiatric hospital discharge planning teleconferences were completed for DCFS referrals, and 129 for Probation referrals.



SELECTED FINDINGS

- During FY 2008-2009, The Family Preservation (FP) program treated 1,008 clients. Family Reunification served fourteen outpatients. Rate Classification Level-14 (RCL-14) facilities treated 93, and Community Treatment Facilities (CTF) treated 101. The Child Abuse Prevention, Intervention and Treatment (CAPIT) program was offered to 865 individuals. Wraparound (Wrap) program services were given to 1,380. The three Juvenile Hall Mental Health Units (JMHU) served 10,786. Dorothy Kirby Center provided mental health services to 439. At Challenger Memorial Youth Center and the Juvenile Justice Camps, 2,942 children/youth received mental health services. A total of 17,650 children and adolescents, potentially at-risk for child abuse or neglect, were served by these mental health treatment programs.
- Clients receiving mental health services in the Wrap program, CAPIT, Family Preservation, and Family Reunification programs were 19% of clients at the programs considered. Of these, 33% were identified as DCFS referrals.
- Clients treated in RCL-14 or Community Treatment Facilities were 1% of the clients considered. DCFS referrals constituted 40% of the RCL-14 referrals and 73% of the CTF referrals.
- Clients in the Mental Health Units of the three juvenile halls made up 63% of the clients considered. Of these, 3% 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 19% of the clients at the programs reviewed. Of these, 3% were identified as DCFS referred.
- Clients in Mental Health Units of the Youth Centers were distributed as follows: 87% in Challenger Youth Center/Juvenile Justice Camps, and 13% in Dorothy Kirby Center.
- During FY 08-09, the CAPIT program served 50 clients with a DSM diagnosis of Child Abuse and Neglect (CAN). This is 32% of the total of 159 CAN-diagnosed clients in all programs considered. In FY 07-08, CAPIT treated 47 clients with CAN, which was 40% of CAN clients in the programs considered. In FY 06-07, CAPIT treated 87 CAN clients, which was 53% of CAN clients in the considered programs. In FY 05-06, CAPIT treated 63 CAN clients, which was 57% of CAN-diagnosed clients in the programs considered. Overall, the CAPIT program has treated the largest number of CAN-diagnosed clients since FY 05-06, although the frequency of CAPIT cases with CAN has decreased over the past two years.
- The FP program served 50 clients diagnosed with CAN as well during FY 08-09. This is 32% of the 159 CAN diagnosed clients in the programs considered. In FY 07-08, FP treated 45 clients with CAN, which was 39% of CAN clients in the programs



considered. In FY 06-07, FP treated 27 CAN clients, which was 16% of CAN clients in the programs considered. In FY 05-06, FP treated 21 CAN clients, which was 19% of CAN clients in the programs considered. Overall, the FP program has treated the second largest number of CAN- diagnosed clients since FY 05-06, although the frequency of its CAN cases increased during the past two years.

- In FY 05-06 and FY 06-07, the CAPIT program consistently served the largest number of CAN clients. However, in FY 07-08 and FY 08-09, the number of CAN clients served by CAPIT and FP programs has become comparable.
- The Juvenile Hall Mental Health Units (JMHUs) served 32 clients diagnosed with CAN during FY 08-09, which is 20% of the CAN clients in the programs considered, and the second largest number of CAN clients served in one year by the JMHUs since FY 05-06.. In FY 07-08, the JMHUs served 12 clients diagnosed with CAN, which was 10% of clients with CAN in the programs considered. In FY 06-07, the JMHUs served 35 CAN clients, which was 22% of CAN-diagnosed clients at the programs considered, and the largest number served by the JMHUs during the period considered. In FY 05-06, the JMHUs served 22 clients diagnosed with CAN, which was 19% of the CAN clients in the programs considered.
- The number of CAN-diagnosed clients has been observed at the CAPIT and

FP programs, and at the JMHUs during the past four years. Combining the CAN counts for these three programs allows longitudinal comparison of the total number of CAN cases treated in each year. In FY 08-09, 132 CAN clients were treated. In FY 07-08, 104 were treated. In FY 06-07, 149 were treated. In FY 05-06, 106 were treated.

- During FY 08-09 the Wrap program served 26 children diagnosed with CAN. This is 16% of the CAN clients at the programs considered and shows an increase from the 12 CAN clients served by this program during FY 07-08, which represented 10% of the clients with CAN in the programs considered last year.
- The most frequent DSM diagnoses for clients in the treatment programs considered are Adjustment/Conduct Disorder/ADHD, Major Depression, and Anxiety Disorders. Adjustment/Conduct Disorder/ADHD was the most frequent diagnosis received by clients in the FP, CAPIT, Wrap, Juvenile Hall, and Challenger mental health programs, with Major Depression also a frequent diagnosis at these programs. In the mental health units of Dorothy Kirby, Challenger and the Wrap program, Bipolar Disorder was among the four most common DSM-IV diagnoses.
- Among substance-using clients, marijuana was most frequently reported, followed in frequency by polysubstance use.



AGENCY REPORTS

DEPARTMENT OF PUBLIC HEALTH

AGENCY REPORT

MATERNAL CHILD & ADOLESCENT HEALTH PROGRAMS

Overview

Child maltreatment, whether in the form of physical, sexual, emotional abuse and/or neglect, adversely affects the developing child and increases the risks for emotional, behavioral, social, and physical problems throughout the child's life. Experiences of abuse or neglect occurring as early as the first year of life may lead to symptoms of poor psychological well-being, such as depression, anxiety, difficulties in forming and developing healthy relationships, and increases the likelihood of developing negative behavioral consequences such as future alcohol and substance abuse, eating disorders, and criminal and violent behaviors. These high-risk behaviors may lead to serious long-term health problems for the individual, as well as significant social and economic costs for the community.¹

The mission of the Los Angeles County Department of Public Health (DPH) is to protect health, prevent disease, and to promote health and well-being for all communities and residents in Los Angeles County. DPH recognizes the significant physical, emotional, and psychosocial impacts of child abuse and neglect on child development and makes every effort to prevent these adverse outcomes through primary prevention efforts that focus on healthy child development, family resiliency and economic self-sufficiency. DPH seeks to achieve this by partnering with communities to mitigate risk factors for child abuse such as poverty, lack of social support and services, and limited access to healthcare. Many of our programs are committed to improving the social environment for communities, increasing healthcare access for low-income households, providing education to improve parenting skills, and raising awareness and self-esteem for individuals.

¹ Long-Term Consequences of Child Abuse and Neglect", Child Welfare Information Gateway, April 2006.

Maternal, Child and Adolescent Health (MCAH) Programs is a major operational division of DPH that has as its mission to maximize the health and quality of life for all women, infants, children, adolescents, and their families in Los Angeles County. MCAH seeks to ensure optimal maternal health, birth outcomes, and healthy child and adolescent development by providing leadership in planning, implementing and evaluating priority needs and services for this targeted population via the following public health programs:

- Black Infant Health Program
- Child and Adolescent Health Program and Policy
- Children's Health Outreach Initiative
- Childhood Lead Poisoning Prevention Program
- Comprehensive Perinatal Services Program
- Fetal Infant Mortality Review Program
- Newborn Screening Program
- Nurse Family Partnership Program
- Sudden Infant Death Syndrome Program
- Los Angeles County Preconception Health Collaborative

This report is divided into two sections. The first section provides background on MCAH Programs and their activities related to prevention of child abuse and neglect. The second section presents a comprehensive data review of infant and child deaths in Los Angeles County.



SECTION 1. HEALTH PROMOTION AND CHILD ABUSE PREVENTION WITHIN MCAH PROGRAMS

Black Infant Health Program (BIH)

BIH was established in 1989 in response to the alarmingly and disproportionately high infant mortality rates in the African-American community. This community-based program identifies at-risk pregnant and parenting African-American women, 18 years and older, and assists them to access healthcare and other family support services to improve their health and the health of their infants and families.

BIH, in coordination with five subcontractors, implements two BIH perinatal intervention strategies: Prenatal Care Outreach (PCO) and Social Support Empowerment (SSE). PCO links African-American mothers to accessible healthcare services, primarily prenatal care and pediatric services. SSE is a facilitated series of eight classes that combine peer support, health education, personal skill building, and self-efficacy techniques for African-American women.

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

Although BIH does not directly provide child abuse and domestic violence services, the program creates a culture that encourages client empowerment and awareness. By providing social support to women enrolled in the program, BIH begins to ameliorate some of the underlying risk factors that lead to child abuse. Appropriate referrals are given to clients for potential child abuse and domestic violence cases.

Preliminary data for the most recent fiscal year shows that BIH Program subcontractors served 1,241 African-American mothers and their infants during the period July 1, 2009 through June 30, 2010. During this same period, 242 BIH clients graduated from Social Support and Empowerment classes.

Child and Adolescent Health Program & Policy (CAHPP)

CAHPP was established to promote the health and well-being of children, adolescents, and young adults in Los Angeles County.

Moreover, CAHPP plays a major role in preventing the occurrence of child abuse in Los Angeles County. CAHPP serves as the lead public health program in raising awareness of abuse and neglect, and improving child abuse reporting and management among health care professionals through training and conferences and consulting on specific child abuse issues.

Through collaboration with other public health programs, private agencies, and community-based organizations, CAHPP has developed the Los Angeles County – Adolescent Health Collaborative (LAC-AHC) to bring together professionals interested in the health and well-being of children, adolescents, and young adults for training, networking, and advocacy to improve services, resources, and opportunities for youth throughout Los Angeles County.

During Fiscal Year 2009-2010, CAHPP coordinated, conducted, and participated in the following activities:

- Collaborated with the Family Children Community Advisory Council (FCCAC) in disseminating all legislation and funding resources related to family violence and child abuse; expanding the skills, professional growth, and development of service providers through an annual conference for child and adolescent

professionals on “Sexual Abuse of Adolescents”.

- 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 (100,000 child abuse prevention bookmarks, posters, pens, and other educational materials) to community agencies, schools and families within Los Angeles County.
- With the LAC-AHC, conducted workshops on Social Marketing and Youth Directed Interventions for Obesity Prevention; Adolescent Consent, Confidentiality and Information Sharing; Sexual Abuse of Adolescents; and Emerging Perspectives on Gang Prevention.
- Worked with the Los Angeles Child Abuse Council Chairs to: conduct educational outreach activities that provide current information and networking for families and professionals; publish the Children’s Advocate Newsletter; coordinate the National Blue Ribbon Campaign/Child Abuse Prevention Campaign; implement the Report Card Insert Project; coordinate the dissemination of suicide prevention resources; and provide training and technical assistance to the community relating to Child Abuse Councils.
- Participated in the Inter-agency Council on Child Abuse and Neglect (ICAN) Policy Committee to provide support or opposition on pending State legislation for children and fami-

lies of Los Angeles County; to develop a proposal to track and evaluate the short- and long-term outcomes for infants at risk who will come to the attention of the child protection system; and to collaborate with the Department of Children and Family Services (DCFS), the District Attorney’s Office, and the Los Angeles County Sheriff’s Department to implement the Electronic Suspected Child Abuse Reporting System (E-SCARS).

- Assisted the Los Angeles County Child Abuse and Neglect Protocol Committee in updating the countywide protocol. The Protocol serves as a best practice guideline for professionals to maximize successful interventions for the prevention of child abuse, and contains new laws affecting the reporting and follow-up of child abuse cases.

CHILDREN’S HEALTH OUTREACH INITIATIVES PROGRAM (CHOI)

This program serves as a liaison between other DPH programs, other County departments, outside community-based organizations, and children’s health stakeholders working on children’s health issues and access to health coverage. CHOI staff represents DPH on the Children’s Health Initiative (CHI) of Greater Los Angeles, whose mission is to provide universal health coverage for children. The CHI Program Integration Workgroup aims to simplify enrollment and retention processes for the various health insurance programs and to pursue high-yield enrollment opportunities for uninsured children. The workgroup also focuses on programmatic changes to local health programs and addresses coverage for children who are not eligible for



existing programs or are on wait lists for programs.

CHOI was established in 1997 to provide coordinated outreach to low-income children in order to enroll them in health insurance programs. Through this activity, CHOI hopes to reduce the number of uninsured children in Los Angeles County. CHOI administers a multi-million dollar outreach and enrollment project and receives funding from First 5 LA. DPH matches this funding by receiving Medi-Cal Administrative Activity (MAA) dollars for enrolling clients into Medi-Cal. With this funding, CHOI contracts with 15 community-based organizations, schools, local governments, and health clinics to provide direct client services. Organizations are encouraged to be holistic in their approach in helping families access low or no cost health coverage programs. Once a family is enrolled, the contracted organizations follow-up with them to ensure utilization and retention of health benefits. Additionally, contracted organizations also refer families to other health and social services. CHOI sponsors comprehensive training for agency staff and Certified Application Assistors (CAAs) in Los Angeles County on the full range of available coverage programs and best practices.

CHOI activities during FY 2009-2010 included:

- Coordination of CAA conferences, which kept CAA's in the county updated on new program information
- Participation in the update and maintenance of LACountyHelps.org, a web-based preliminary screening for social service programs, including health coverage

During FY 2009-2010, over 31,000 applications were submitted by the contracted agencies and 72% of CHOI's clients retained their coverage 14 months after enrollment.

CHILDHOOD LEAD POISONING PREVENTION PROGRAM (CLPPP)

CLPPP is a state mandated program established in 1991 to identify and care for lead-burdened children and to prevent environmental exposures to lead. Based on state and federal data, the program targets low-income children (0-21 years) enrolled in publicly funded programs such as Medi-Cal, Child Health and Disability Prevention Program (CHDP), Healthy Families, and WIC. The source of lead poisoning for most of these children is lead paint in housing and lead paint-contaminated dust and soil. Specific program activities include elevated blood lead level surveillance, outreach and education, home visitation, nursing case management, environmental health inspection, and remediation.

Based on state and federal guidelines and recommendations, achievements include the following outcomes:

- Identification of the lead exposure source
- Interruption in the pathway of the lead source
- Reduction of the blood lead level
- Reduction or elimination of the consequence of the lead exposure
- Reduction of lead hazards

During calendar year 2009, 557 children ages 0-5 years, had an elevated blood lead level (10 µg/dL or above), seven of which were in foster care. In 2010, CLPPP began dialogue with the Department of Social Services Community Care Licensing Division to increase focus in the area of housing-based primary prevention in foster family homes and facilities.

CLPPP continues to strengthen linkages with the following programs and organizations:

- Los Angeles County Office of Education/Head Start/Early Start
- Community Health Services
- Department of Children and Family Services (DCFS)
- Juvenile Court Health Services (JCHS)
- Child Health & Disability Prevention (CHDP) Program

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

COMPREHENSIVE PERINATAL SERVICES PROGRAM (CPSP)

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

By improving pregnancy outcomes and providing antepartum and postpartum support, CPSP can impact and mitigate some of the risk factors that contribute to child abuse.

During FY 2009-2010, there were 425 certified CPSP providers in Los Angeles County. CPSP staff conducted more than 100 trainings to over 1,100 participants on various topics including Basic CPSP, CPSP Assessment & Care Plan, Breastfeeding, Case

Coordination, CPSP Nutrition Assessment, Intimate Partner Violence, and Perinatal Depression.

CPSP staff continued their collaboration with the Los Angeles Best Babies Network (LABBN) Care Quality Collaborative to help ten CPSP-approved community clinics and private providers implement a national model for best practices for prenatal care.

CPSP staff also collaborated with March of Dimes in the Comenzando Bien program, a culturally sensitive curriculum that addresses the needs of Latino women and their families to reduce the incidence of premature births in the Latino community.

FETAL INFANT MORTALITY REVIEW PROGRAM (FIMR)

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

Traditionally, the County conducted FIMR reviews on specifically selected cases of fetal and infant deaths. These reviews involved interviews of mothers by PHN's and the completion of case reviews of the medical and autopsy records. Following the review, a Technical Review Panel comprised of doctors, coroners, and public health professionals made recommendations for change to prevent similar fetal and infant deaths from occurring.

In 2003, the Los Angeles County DPH 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 2009-2010, the FIMR Program:

- Maintained the Fetal-Infant Mortality Expanded Surveillance System (FIMESS) database and designed utilities for increased functionality
- In collaboration with Research, Evaluation & Planning unit within MCAH Programs, the FIMR program continued to implement the countywide Los Angeles Health Overview of a Pregnancy Event (L.A. HOPE) Project – data collection on women who have recently suffered a fetal or infant loss. This data is used to develop policy interventions and maximize resource allocation for perinatal health and social services in Los Angeles County.
- Continued Partnership with CityMatCH, the Association of Maternal & Child Health Programs (AMCHP), and National Healthy Start Association (NHSA), who together launched an Action Learning Collaborative (ALC) using a national team approach focused on eliminating racial disparities in infant mortality. The national team includes Los Angeles, California; Aurora, Colorado; Pinellas County, Florida; Chicago, Illinois; Columbus, Ohio; and Milwaukee, Wisconsin. The ALC addresses the need for maternal and child health leaders to learn what has worked across the country from both

peers and subject matter experts; discuss how to tailor interventions for community, local and state practice; and become part of a larger learning community linked to other efforts to undo institutional racism and eliminate health disparities and its impact on birth outcomes.

NEWBORN SCREENING PROGRAM (NBS)

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

During FY 2009-2010, the Los Angeles County Newborn Screening Program:

- Conducted 2 trainings to increase awareness of the Newborn Screening Program to district and Program Public Health Nurses
- Received 495 notices on outside of hospital deliveries
- Received 9 referrals for missed or positive genetic screens. These babies have been located and referred for follow-up.

NURSE FAMILY PARTNERSHIP (NFP)

NFP is an intensive nurse home visitation program that follows a national model developed by Dr. David Olds. The model, which has been empirically studied for over 35 years, targets low income, socially disadvantaged, first-time mothers and their children to help improve pregnancy outcomes, the quality of parenting, and positively impact child health and maternal life-course development. Extensive research has shown that NFP can:

- Decrease the number of substantiated reports of child abuse or neglect
- Increase the number of normal weight infants delivered
- Decrease the number of mothers who smoke
- 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 enrolled in educational programs
- Reduce the number of mothers who use alcohol or drugs during pregnancy, or who are arrested for criminal behaviors
- Delay subsequent pregnancies

PHN's conduct home visits that begin before the mother's 28th week (often beginning on or before their 16th week) of pregnancy and continue until the child reaches his/her second birthday. Home visits focus on personal health, child health, discipline, childcare, maternal role development, maternal life-course development, and social support.

NFP-trained PHNs assess the needs of mothers and newborns and provide them with intervention services such as referrals, education, or counseling for any identified problems. When the infant is approximately 10 weeks old, PHN's and parents discuss the importance of nurturing children through physical and emotional security, trust, and respect. When the baby is approximately five months old, PHN's address topics with the parents such as sexual, emotional, and physical abuse. PHN's refer families for additional social and support services if risk factors for child abuse and neglect are observed.

During FY 2009-2010, NFP's 14 PHN's served 340 first-time pregnant women. Although this number reflects the program operating at full capacity given current staffing levels, it represents only a small fraction of the over 5,000 births to at-risk mothers each year in Los Angeles County. In June 2010, NFP was awarded funding from the Mental Health Services Act (MHSA), Prevention and Early Intervention (PEI) to expand their services within Service Planning Areas 1, 4, 6 & 8, and countywide for the deaf and hard of hearing community. The NFP partnership with the Department of Mental Health will help facilitate establishment of and access to quality mental health resources for pregnant women with needs in this area. Fiscal year data shows that NFP program outcomes continue to match or exceed the national and benchmark standards in many areas as set by Dr. Olds as well as those set in Healthy People 2010.

During 2009-10, NFP has been one of the primary supporters of the Family and Children's Index (FCI) system used by direct-service County departments. NFP has been actively involved in the process to facilitate interagency collaboration on families at risk via FCI reporting, and has helped to strengthen the reporting accuracy and applicability of FCI information on prenatal cases and newly delivered infants.



SUDDEN INFANT DEATH SYNDROME PROGRAM (SIDS)

In compliance with state mandates, the County coroner reports all presumptive Sudden Infant Death Syndrome (SIDS) cases to the California Department of Health Services and to the local SIDS Program. Subsequently, an assigned public health nurse provides grief and bereavement case management services to parents and family members, foster parents, and other child care providers. Program staff focus their outreach and training efforts on the importance of placing healthy infants to sleep on their backs; of providing a smoke-free, safe-sleep environment; and disseminating information about other identified risk factors and promoting American Academy of Pediatrics Guidelines.

During FY 2009-2010, the SIDS Program coordinated the following activities:

- Received and processed 47 presumptive SIDS referrals from the coroner
- Conducted Annual SIDS training for district public health nurses who provide grief and bereavement support
- Placed SIDS training, education, and grief support materials on the Los Angeles County MCAH website for both the consumer and professional (<http://publichealth.lacounty.gov/mch/sids/sids.htm>)
- Distributed a community-friendly brochure on bed sharing (co-sleeping) entitled, "Safe Sleep Tips for Your Baby" to all birthing hospitals in Los Angeles County, WIC centers, "community health agencies and healthcare providers, and to communities-at-large with high infant mortality rates
- Conducted community-based Safe

Sleep trainings

- Conducted monthly grief and bereavement support groups for presumptive SIDS parents and families
- Developed additional grief and bereavement resources

LOS ANGELES COUNTY PRECONCEPTION HEALTH COLLABORATIVE

The Los Angeles County Preconception Health Collaborative was one of three teams in the nation selected by the Centers for Disease Control and Prevention (CDC) and CityMatCH to serve as demonstration projects for the integration of preconception health into public health practice. The California Family Health Council (CFHC), LA Best Babies Network, Los Angeles County DPH, March of Dimes, and the WIC Program formed the collaborative in early 2007. The Perinatal Advisory Council/Leadership, Advocacy, and Consultation (PAC/LAC) joined in June 2008.

The work of the collaborative aims to: implement activities that promote the use of existing resources in a connected system; help women reach their optimal health; and for those planning families, achieve healthy birth outcomes. The formal demonstration project ended in 2008, but the collaborative and its work continue. During FY 09-10, team members:

- Released the data brief, "Healthy Women, Healthy Children: Preconception Health in LA County":
http://publichealth.lacounty.gov/ha/reports/habriefs/2007/Preconception_Final_sec.pdf
- Convened the Preconception Health Update for 102 administrators, clinical staff, and community outreach work-

ers

- Integrated preconception health into 61 WIC centers throughout Los Angeles and Orange Counties
- Submitted resources developed through the Collaborative and the DPH to the National Association of County and City Health Officials (NACCHO) for inclusion in a Local Health Department Preconception Care Catalog which is under development
- Launched the MCAH Programs preconception health web page: http://publichealth.lacounty.gov/mch/ReproductiveHealth/PreconceptionHealth/PreconceptionHealth_rev.htm
- Presented at the California Premature Infant Health Coalition Statewide Summit, California State Capitol hearing on prematurity, and the Urban Reproductive Health Summit.

SECTION 2. OVERVIEW OF LAC INFANT AND CHILD DEATH DATA

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. In the United States, infant mortality rates have declined steadily since the beginning of the 20th century. 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, but are not limited to, prematurity, low birth weight, maternal substance use or abuse (e.g. alcohol, tobacco, or

illicit drugs), inadequate prenatal care, maternal medical complications during pregnancy, short inter-pregnancy intervals, injury, and infection.

The overall infant mortality rate in Los Angeles County in 2008 was 5.0 infant deaths per 1,000 live births. This represents a decrease from the 2007 rate. However, the data depicted in Figure 1 demonstrate a relatively flat trend line since 2004 of approximately 5.0 deaths per 1,000 with some annual instability. This compares favorably to the overall rate during the earlier part of the decade which was fairly stable at 5.4 deaths per 1,000. Although recent years have shown improvement, Los Angeles County has not met the national Healthy People 2010 goal of 4.5 infant deaths per 1,000 live births.

Figure 2 shows infant mortality rates stratified by race/ethnicity in Los Angeles County for years 2003 through 2008. Although Hispanics comprised the highest number of infant deaths (a function of the much higher number of live births in this sub-population), African-Americans continue to experience disproportionately higher rates of infant mortality compared to other race/ethnic groups. In 2008, African-Americans experienced the highest infant mortality rate (11.8 per 1,000 live births), more than twice as high as the next highest group, and this disparity has remained quite consistent during the years included. Figure 3 presents similar data in tabular form, and includes the actual number of deaths and live births among the various race/ethnic groups for comparison. It is apparent that most of the decrease in overall infant mortality since 2007 can be explained by the decrease in infant mortality in the Hispanic population with decreases in the White and Asian populations also contributing. African-Americans are the only group in which the infant mortality rate did not decrease in 2008. In fact, the data show that since reaching a low in 2005, the infant mortality rate in the African-American community has been slowly rising in all subsequent years.



For purposes of health planning, Los Angeles County is divided into eight regional Service Planning Areas (SPA's). Within the DPH organizational structure, each SPA has an Area Health Officer who is responsible for public health planning and delivery of services according to the health needs of the local communities in the SPA. The bar graph in Figure 4 compares infant mortality by Service Planning Area in 2008, while Figure 5 presents the same statistics in tabular form for all years from 2003 through 2008. Notably, SPA 1 (Antelope Valley), which has had the highest infant mortality rate for all SPAs in each of the years included, showed a large decrease from 8.6 infant deaths per 1,000 live births in 2007, to 6.4 in 2008, a 25% decrease. The rates also fell in SPA 3 (San Gabriel), SPA 6 (South), SPA 7 (East), and SPA 8 (South Bay). The biggest increase was seen in SPA 5 (West) from 2.6 infant deaths per 1,000 live births in 2007 to 4.4 in 2008. However, as the table indicates, SPA 5 contributes the smallest number of infant deaths in the County year to year, and therefore that number and corresponding mortality rate will tend to be the most unstable and prone to random statistical variations year to year.

The table in Figure 6 lists the five most common causes of infant deaths in Los Angeles County in 2008, along with their ordinal position the previous year for comparison. The top four causes of death have not changed since last year. What is notable from this list is that four of the five causes relate directly to conditions arising either prenatally (during embryonic or fetal development) or perinatally (during the birthing process) and preventing these deaths, where possible, would relate to advances and improvements in preconception health, prenatal care, and medical care during the perinatal period. For example, appropriate intake of folic acid by all women of child-bearing age would significantly lower the risk of neural tube defects, which contributes to deaths in the first (largest) category. Other improvements in health promotion and prenatal care during the

gestational period would impact the number of short gestational and low-birthweight infants, the second most common cause of death. SIDS is the only cause of death listed in the top five that is not directly linked to conditions arising in the prenatal or perinatal period. The number of deaths in this category could be positively impacted by better promotion of safe sleep practices to all parents and caregivers, such as putting all babies to sleep on their back, and discouraging bed sharing with adults or older children.

Figure 7 shows data on infant deaths in Los Angeles County specifically attributed to child abuse and neglect for all years 2003 through 2008 stratified by gender, in both graphical and tabular form. The chart presents child abuse-related infant mortality rates, while the table also includes number of deaths and live births. The total number of infant deaths related to child abuse remain very small each year, thus an annual change of only 1 or 2 deaths will be responsible for a large percentage change in the corresponding rate. There was only one abuse-related death in infants in 2008 in the County. During the time span included in the figure, both the median and modal number of abuse-related infant deaths per year was 4.

b. Death Rates and Causes of Death among Children

The crude child death rate used in this report measures the number of deaths among children ages 1-17, per 100,000 children, for all causes. This age range explicitly excludes all cases of infant mortality.

Throughout the twentieth century and continuing to the present, the child death rate continues to decline as medical science and public health improve.

Figure 8 illustrates the trend in crude death rate for children in Los Angeles County for

years 2003 through 2008. There is a clear downward trend across the time series with the rate of 17.9 deaths per 100,000 in 2008 being the lowest yet.

Figure 9 shows child death rates for 2008 stratified by race/ethnicity. The child death rate shows consistent disparities, most notably for African-Americans with the highest child death rate in the County (33.2 per 100,000 population), although the overall magnitude of the disparity is not as high as it is for infant deaths (Figure 2). The narrowing of the disparity in child death for African-Americans is partially due to a decrease in the African American child death rate of 11% compared to 2007 (down from 37.4 deaths per 100,000). Asian/Pacific Islanders are the only group that saw a rise in child death rate in 2008, from 16.7 the previous year to 20.2, an increase of 20%. However, Asian/Pacific Islanders contribute the smallest numbers of child deaths each year among race/ethnic groups, so small changes in numbers of deaths will have disproportionately larger effects on the race-specific rate for this group.

Figure 10 presents child death rates for each SPA in Los Angeles County in 2008. The child death rate was highest in SPA 1 (Antelope Valley) at 29.6 per 100,000, which represents a 27% increase since 2007, followed by SPA 6 (South) at 27.6 deaths per 100,000 children ages 1 to 17, which reflects an increase of 6% compared to 2007. Although SPA 5 (West) had the third lowest child death rate among all SPAs, it did show the largest proportional increase, from 8.6 in 2007 to 14.7 in 2008 (71% increase). Recall that SPA 5 contributes relatively small numbers to the overall total number of deaths (10 deaths in 2007 and 16 in 2008). Meanwhile, the rates in SPA 7 (East) and SPA 8 (South Bay) decreased since last year, and SPA 3 (San Gabriel) remained unchanged.

Figure 11 shows the five most common causes of child death in Los Angeles County in 2008 for three different age categories. Their

ordinal position from the prior year is included for comparison. For children ages 1 to 4, assault (homicide) appears on the list as the second leading cause and did not appear in the top five last year. It should be noted that the numbers for the closely ranked other causes are quite similar and relatively small. A combination of small increases/decreases in one or another category could easily explain an ordinal jump up or down of a few places. The small number of homicides would also be quite sensitive year to year to investigative factors and final assignment by the County Coroner. A similar explanation may be considered for children ages 5 to 12, where assault (homicide) appears as the fourth-leading cause and did not appear on the list the previous year.

Perhaps most notable are the leading causes of death for youth ages 13 to 19. The top three causes are all related to injuries, whether intentional harm to another (homicide), unintentional injuries (accidents), or intentional self-harm (suicide), and therefore all theoretically preventable causes. Of the 337 deaths represented in the table for youth ages 13 to 19, 285 deaths (85%) are attributed to those first three preventable causes. The top two causes alone, homicide and accidents, are responsible for 251 deaths (74%). An area that remains ripe for intervention and the opportunity to make a significant impact on child death in the adolescent population are apparent.

Figure 12 shows death rates related to abuse and neglect among children ages 1 to 17, stratified

by gender for the years 2003 through 2008, in both graphical and tabular form. Numbers of deaths in this category are very small, ranging from a low of 2 (in 2007) to a high of 8 (in 2003). The median number of deaths in this time series is 3.5 per year, and the mode is 3. The number of child abuse related deaths among children in the most recent year available, 2008, was 6. This represents an increase in this cause-specific death rate compared to last



year, however, when dealing with very small numbers like this, rates are inherently quite unstable.

LIMITATIONS OF DATA

Presenting information on child abuse outcomes and child death is at times limited by both the small numbers of cases in certain categories and the fact that age group reporting requirements are not standardized across agencies.

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 attributed to child abuse and neglect may be artificially low due to poor documentation or underreporting in hospital discharge records.

SUMMARY OF KEY FINDINGS

- The crude infant mortality rate of 5.0 infant deaths per 1,000 live births is a decrease from the previous year. However, the overall trend since 2004 has been stable at approximately 5.0, with minor annual variations, and lower than the rate during the earlier part of the decade. The infant mortality rate in Los Angeles County remains above the national Healthy People 2010 goal of 4.5 infant deaths per 1,000 live births
- African-Americans continue to have the highest infant mortality rate among race/ethnic groups, more than twice as high as the next highest group. Although the infant mortality

rate fell in 2008 for Asian/Pacific Islanders, Hispanics, and Whites, African-Americans showed a small increase, a trend that has been consistent since 2005

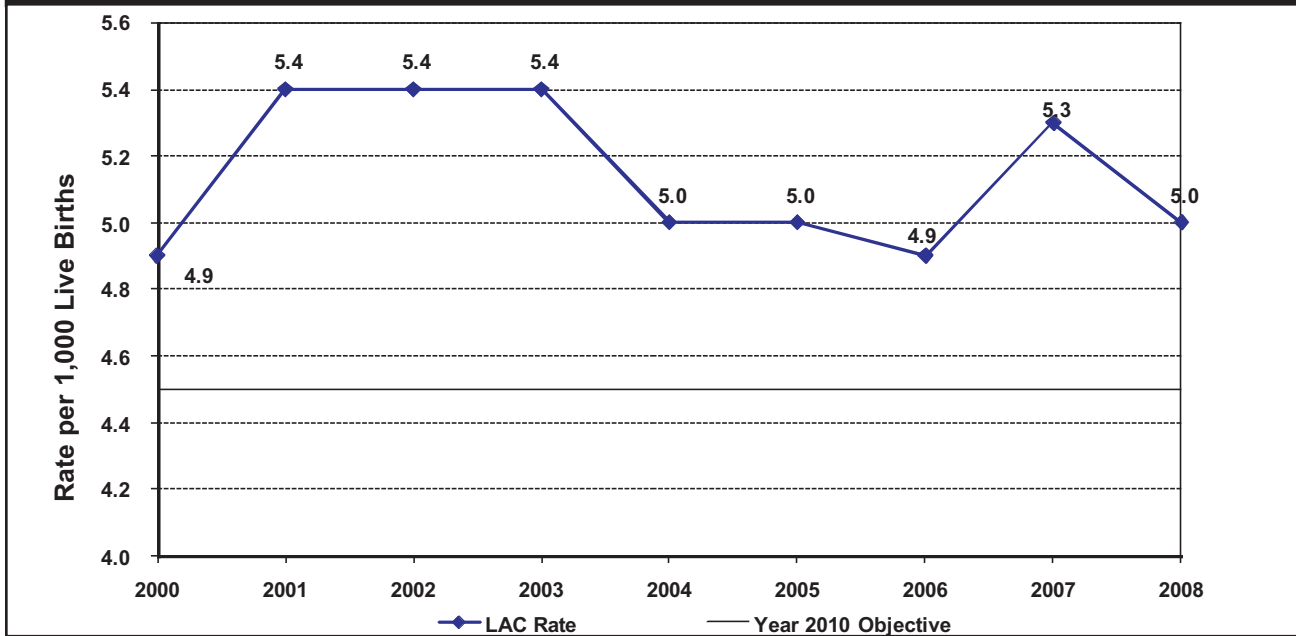
- The infant mortality rate decreased in 2008 in most of the Service Planning Areas (SPAs), most notably in SPA 1 (Antelope Valley), which has consistently had the highest rate among SPAs for the past several years but showed a 25% decrease in infant mortality rate between 2007 and 2008
- Most leading causes of infant death are related to conditions arising during the prenatal or perinatal periods and therefore need to be addressed during the preconception and gestational periods and/or with advances and improvements in medical care. SIDS, however, is a leading cause of infant death that can be addressed after birth by promoting safe sleep practices with parents and caregivers
- The death rate for children ages 1 to 17 in Los Angeles County has shown a consistent trend downward for several years, reaching its lowest value of 17.9 deaths per 100,000 children in 2008, the most recent year available. African-American children ages 1 to 17 had the highest death rate among race/ethnic groups, but did demonstrate an 11% decrease in the race-specific rate in 2008 compared to the previous year. Among SPAs, SPA 1 (Antelope Valley) had the highest child death rate, followed closely by SPA 6 (South)

- The three leading causes of death among children (youth) ages 13-19 and responsible for a large majority of deaths in that age group all relate to injury: homicide, accident, and suicide; and are therefore all theoretically preventable deaths
- The number of deaths attributed to child abuse and neglect vary slightly year to year but remain very low for both infants and for children ages 1 to 17. However, it is possible that the true number of deaths associated with abuse and neglect may be higher due to underreporting and challenges in post-mortem investigations.



Figure 1

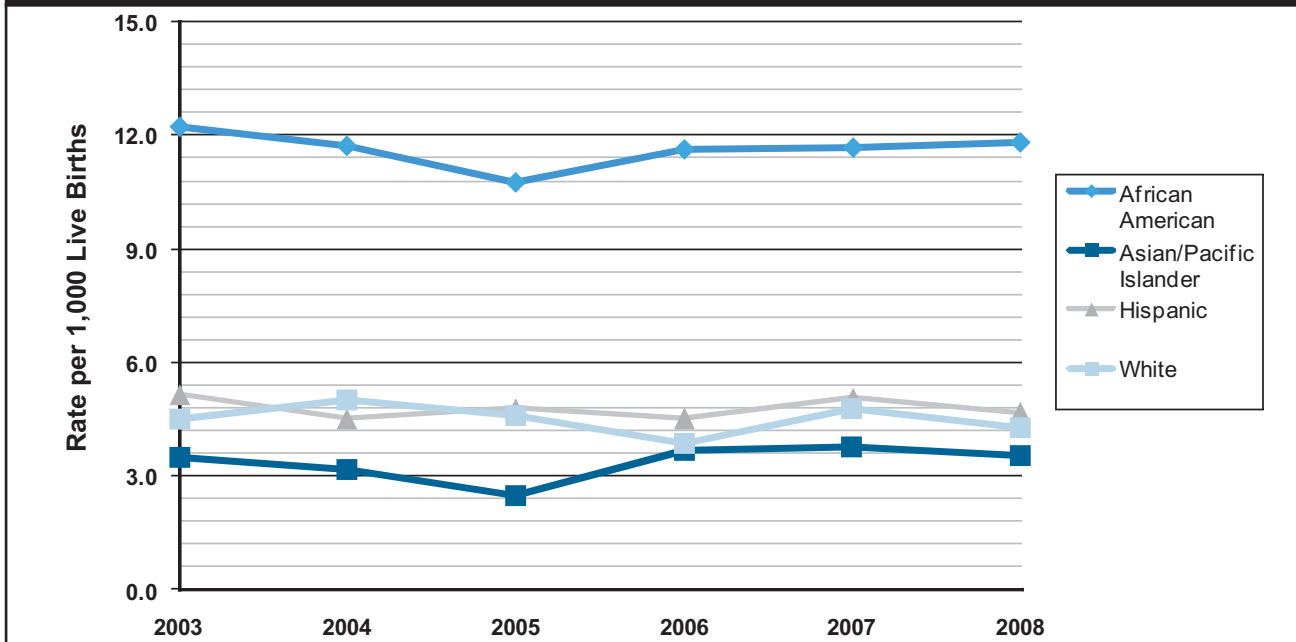
INFANT MORTALITY RATE LOS ANGELES COUNTY, 2000 -2008



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 Public Health, Center for Health Statistics, OHIR Vital Statistics Section, 2000-2008

Figure 2

INFANT MORTALITY RATE BY RACE/ETHNICITY, LOS ANGELES COUNTY, 2003-2008



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 Public Health, Center for Health Statistics, OHIR Vital Statistics Section, 2003-2008

Figure 3

**INFANT MORTALITY RATE BY RACE/ETHNICITY
LOS ANGELES COUNTY, 2003 – 2008**

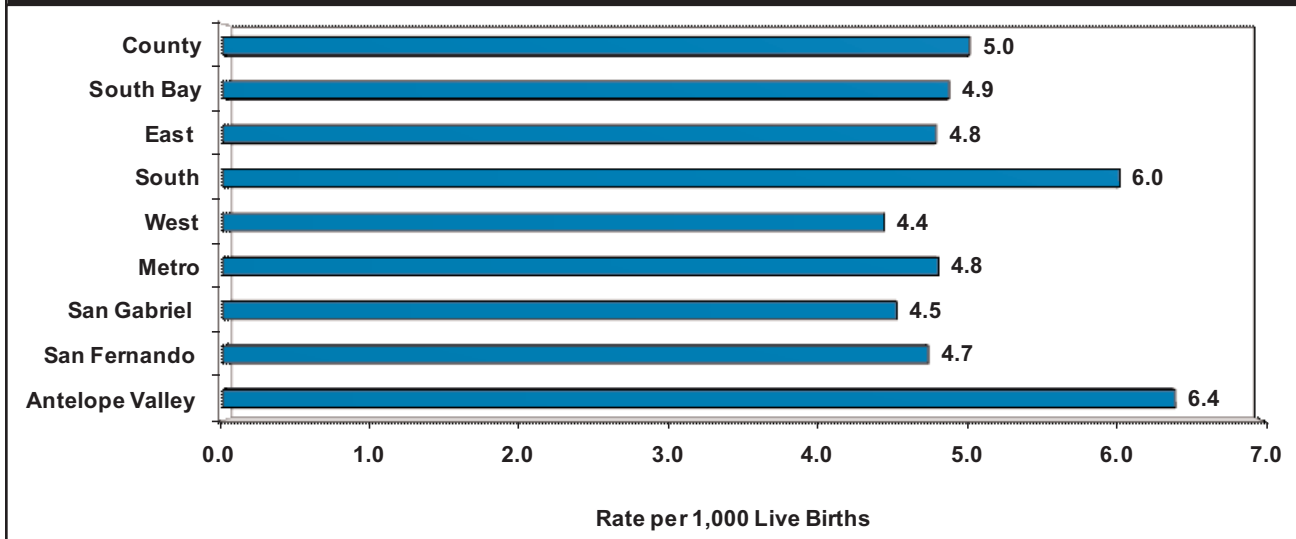
		2003	2004	2005	2006	2007	2008
African American	Number of Deaths	145	136	123	134	133	136
	Number of Live Births	11,849	11,610	11,459	11,531	11,406	11,509
	Rate	12.2	11.7	10.7	11.6	11.7	11.8
Asian/Pacific Islander	Number of Deaths	57	53	41	61	67	61
	Number of Live Births	16,326	16,611	16,453	16,665	17,769	17,129
	Rate	3.5	3.2	2.5	3.7	3.8	3.6
Hispanic	Number of Deaths	490	428	455	438	487	434
	Number of Live Births	95,070	94,894	94,780	96,490	95,686	92,643
	Rate	5.2	4.5	4.8	4.5	5.1	4.7
White	Number of Deaths	126	137	122	102	123	106
	Number of Live Births	28,060	27,439	16,569	26,279	25,758	24,910
	Rate	4.5	5.0	4.6	3.9	4.8	4.3
County	Number of Deaths	822	757	745	738	812	742
	Number of Live Births	152,192	151,504	150,377	151,837	151,813	147,684
	Rate	5.4	5.0	5.0	4.9	5.3	5.0

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 Public Health, Center for Health Statistics, OHIR Vital Statistics Section, 2003-2008



Figure 4

**INFANT MORTALITY RATE BY SERVICE PLANNING AREA (SPA),
LOS ANGELES COUNTY, 2008**



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 Public Health, Center for Health Statistics, OHIR Vital Statistics Section, 2008

Figure 5

**INFANT MORTALITY RATE BY SERVICE PLANNING AREA (SPA),
LOS ANGELES COUNTY, 2003 - 2005**

	2003			2004			2005		
	Infant Deaths	Live Births	Rate/ 1,000	Infant Deaths	Live Births	Rate/ 1,000	Infant Deaths	Live Births	Rate/ 1,000
Antelope Valley	48	4,948	9.7	29	5,210	5.6	37	5,575	6.6
San Fernando	126	29,318	4.3	162	28,930	5.6	149	28,878	5.2
San Gabriel	127	25,841	4.9	111	25,786	4.3	127	25,525	5.0
Metro	87	17,153	5.1	76	17,173	4.4	72	16,491	4.4
West	31	6,889	4.5	29	6,894	4.2	18	6,804	2.6
South	145	22,231	6.5	135	22,418	6.0	126	22,170	5.7
East	107	22,162	4.8	92	22,038	4.2	98	21,773	4.5
South Bay	138	23,328	5.9	116	22,802	5.1	115	22,649	5.1
County Total	822	152,192	5.4	757	151,504	5.0	745	150,377	5.0

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

Sum of SPA totals do not add up to County total due to records that are not assignable to any SPAs.

Source: California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics Section, 2003-2008

Figure 5 (cont.)

**INFANT MORTALITY RATE BY SERVICE PLANNING AREA (SPA),
LOS ANGELES COUNTY, 2006 - 2008**

	2006			2007			2008		
	Infant Deaths	Live Births	Rate/ 1,000	Infant Deaths	Live Births	Rate/ 1,000	Infant Deaths	Live Births	Rate/ 1,000
Antelope Valley	46	6,140	7.5	55	6,366	8.6	39	6,087	6.4
San Fernando	121	29,369	4.1	135	29,445	4.6	134	28,229	4.7
San Gabriel	120	25,702	4.7	142	25,757	5.5	113	24,927	4.5
Metro	79	16,759	4.7	76	16,550	4.6	77	15,994	4.8
West	27	6,855	3.9	18	6,923	2.6	31	6,968	4.4
South	122	22,546	5.4	150	22,521	6.7	135	22,372	6.0
East	100	21,299	4.7	104	21,371	4.9	100	20,834	4.8
South Bay	114	22,791	5.0	126	22,254	5.7	107	21,892	4.9
County Total	738	151,837	4.9	812	151,813	5.3	742	147,684	5.0

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. Sum of SPA totals do not add up to County total due to records that are not assignable to any SPAs.

Source: California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics Section, 2003-2008

Figure 6

**LEADING CAUSES OF DEATH AMONG INFANTS,
LOS ANGELES COUNTY, 2008**

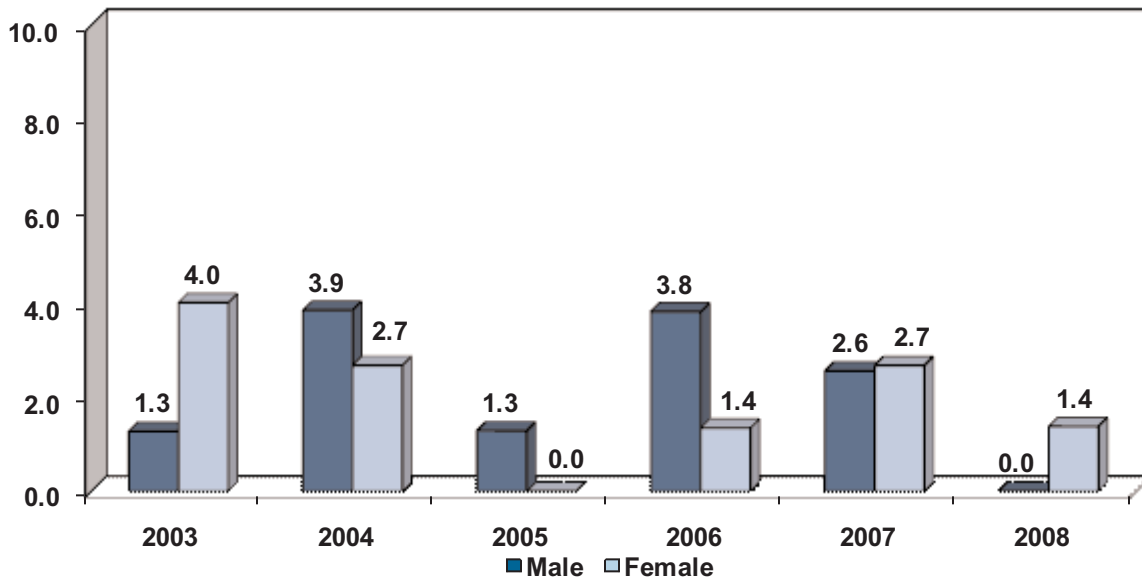
RANK	CHILDREN LESS THAN 1 YEAR OLD	# OF DEATHS	2007 RANK
1	Congenital Malformations, Deformations & Chromosomal Abnormalities	187	1
2	Disorders Related to Short Gestation & Low Birthweight, Not Elsewhere Classified	116	2
3	Other Perinatal Conditions or Conditions Originating in the Perinatal Period	80	3
4	Sudden Infant Death Syndrome (SIDS)	63	4
5	Newborn Affected by Complications of Placenta, Cord, & Membranes	29	10

Source: California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics Section, 2008



Figure 7

**CHILD ABUSE RELATED INFANT DEATH RATES BY GENDER,
LOS ANGELES 2003-2008**



	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
2003	1	77,947	1.3	3	74,241	4.0	4	152,192	2.6
2004	3	77,378	3.9	2	74,124	2.7	5	151,504	3.3
2005	1	76,959	1.3	0	73,416	0.0	1	150,377	0.7
2006	3	77,959	3.8	1	73,876	1.4	4	151,837	2.6
2007	2	77,646	2.6	2	74,162	2.7	4	151,813	2.6
2008	0	75,650	0.0	1	72,031	1.4	1	147,684	0.7

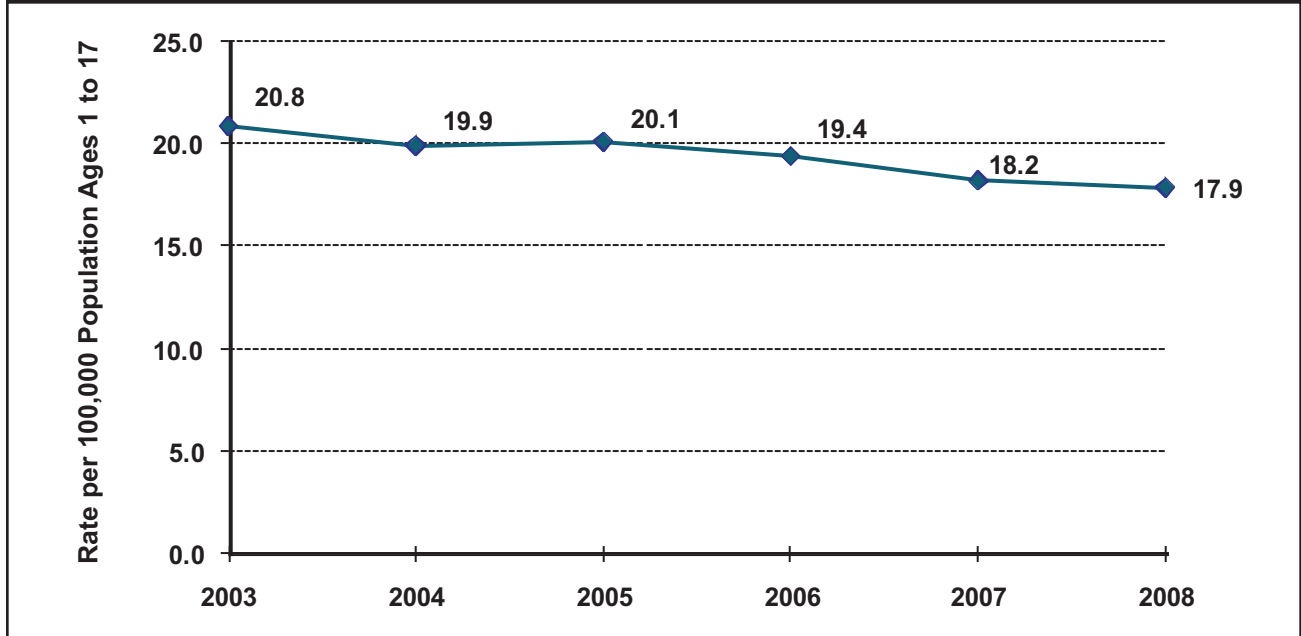
Notes: Diagnoses for child abuse injury include International Classification of Diseases 10th Revision (ICD 10) codes Y06-Y07.

Sum of gender totals may not add up to County total due to records that do not specify gender.

Source: California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics Section, 2003-2008

Figure 8

**CHILD DEATH RATE AMONG CHILDREN AGES 1 TO 17,
LOS ANGELES COUNTY, 2003-2008**



Notes: 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.

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

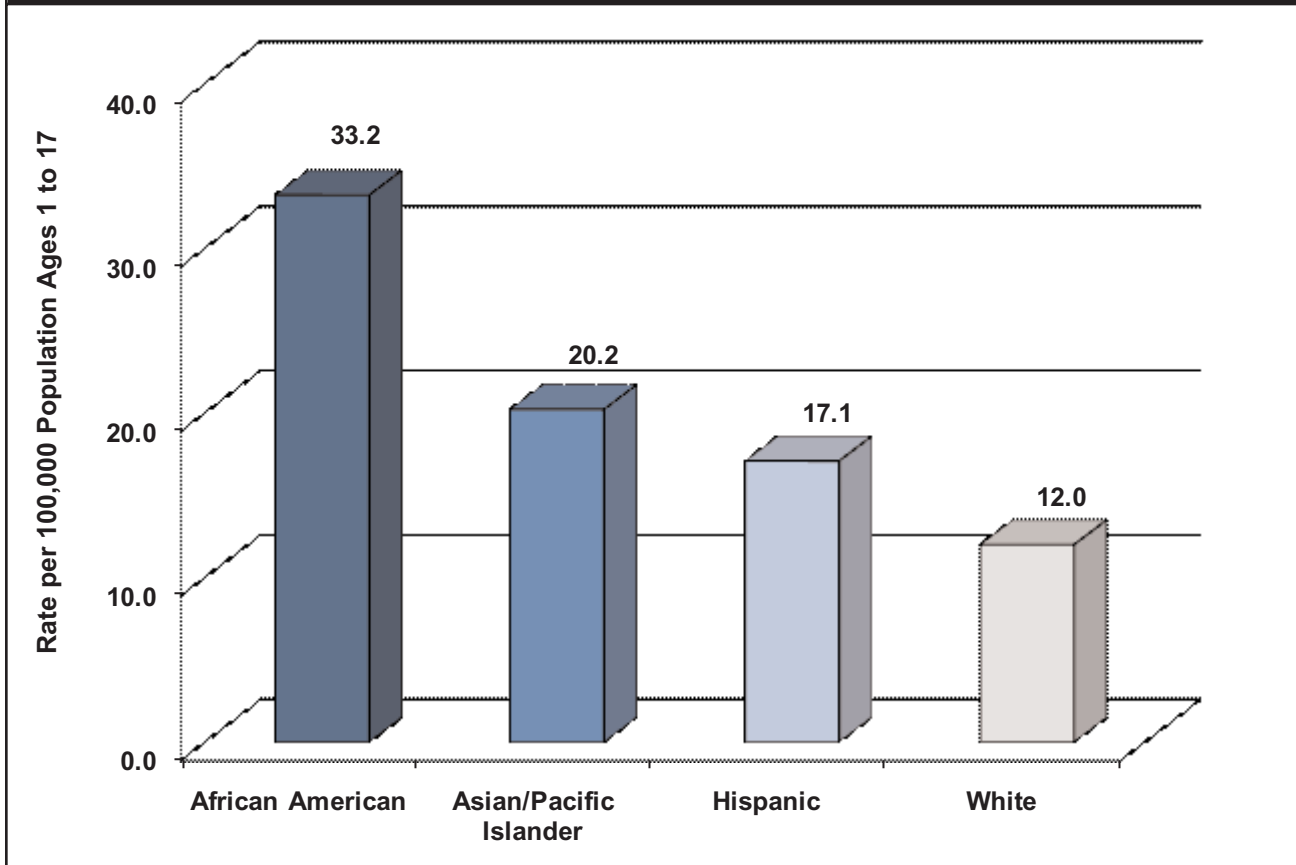
Sources: California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics Section, 2003-2008

State of California, Department of Finance, Race/Ethnic Population Estimates with Age and Sex Details, 1970-2050, Sacramento, California, July, 2007



Figure 9

CHILD DEATH RATE AMONG CHILDREN AGES 1 TO 17 BY RACE/ETHNICITY, LOS ANGELES COUNTY, 2008



Notes: 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.

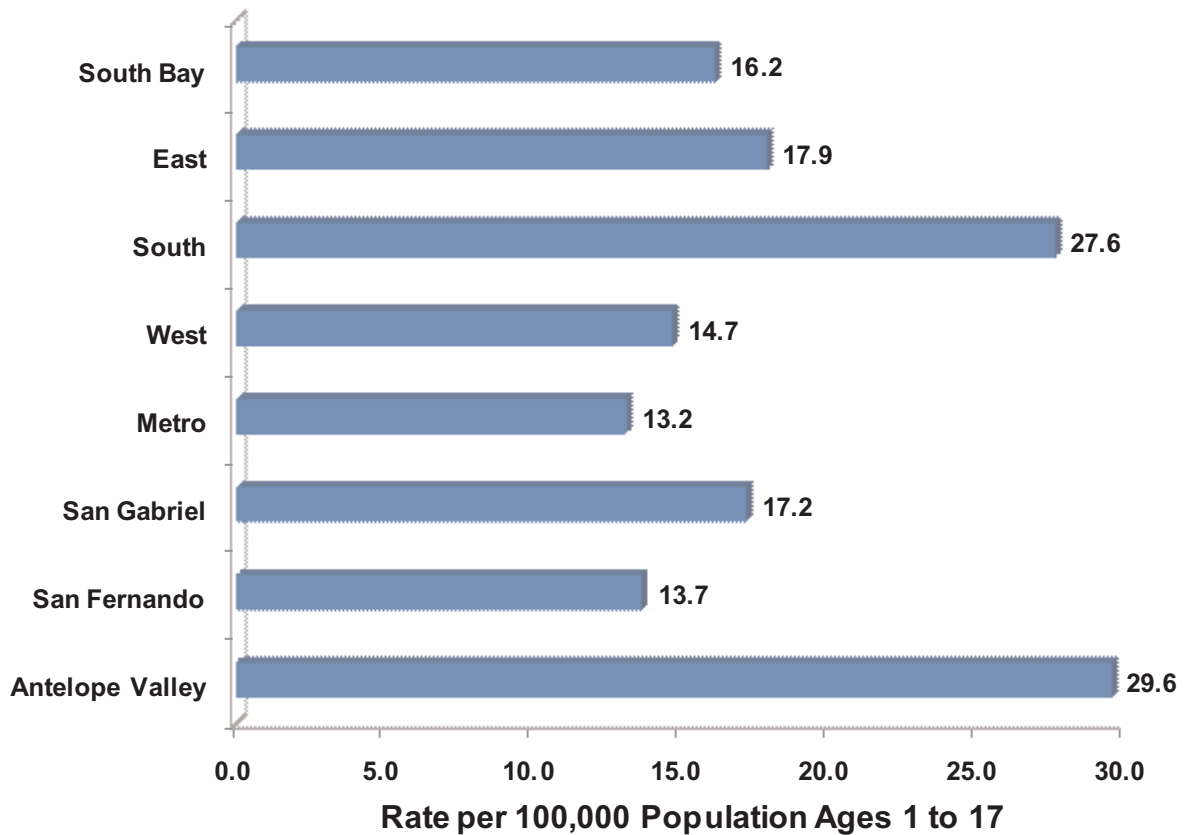
Due to the updated population estimates, rates calculated in previous ICAN DPH reports may not be comparable.

Sources: California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics Section, 2003-2008

State of California, Department of Finance, Race/Ethnic Population Estimates with Age and Sex Details, 1970-2050, Sacramento, California, July, 2007

Figure 10

**CHILD DEATH RATE AMONG CHILDREN AGES 1 TO 17
BY SERVICE PLANNING AREA (SPA), LOS ANGELES COUNTY, 2008**



Notes: 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 Public Health, Center for Health Statistics, OHIR Vital Statistics Section, 2003-2008

July 1, 2007 Population Estimates prepared by Walter R. McDonald & Associates, Inc. (WRMA) for Urban Research, LA County CAO released April 6, 2008



Figure 11

**LEADING CAUSES OF DEATH FOR CHILDREN BY AGE CATEGORIES,
LOS ANGELES COUNTY, 2008**

Rank	Children Ages 1 to 4	# of Deaths	2007 Rank
1	Accidents (Unintentional Injuries)	24	1
2	Assault (Homicide)	15	6
3	Congenital Malformations, Deformations & Chromosomal Abnormalities	13	2
4	Malignant Neoplasms	13	5
5	Diseases of the Respiratory System	8	4
Children Ages 5 to 12			
1	Malignant Neoplasms	41	2
2	Accidents (Unintentional Injuries)	27	1
3	Congenital Malformations, Deformations & Chromosomal Abnormalities	17	3
4	Assault (Homicide)	16	7
5	Diseases of the Nervous System	12	5
Youth Ages 13 to 19			
1	Assault (Homicide)	156	1
2	Accidents (Unintentional Injuries)	95	2
3	Intentional Self-Harm (Suicide)	34	5
4	Malignant Neoplasms	34	3
5	Diseases of the Nervous System	18	6

Source: California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics Section, 2008



AGENCY REPORTS

**DEPARTMENT OF PUBLIC
SOCIAL SERVICES**

AGENCY REPORT



DEPARTMENT OF PUBLIC SOCIAL SERVICES

The Department of Public Social Services (DPSS) has an operating budget of \$3.55 billion and 13,866 employees for Fiscal Year (FY) 2009-2010. The primary responsibilities of DPSS, as mandated by public law, are:

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

DPSS MISSION

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

In 2004, DPSS adopted the following "DPSS Mission and Philosophy": To enrich lives through effective and caring service.

DPSS PHILOSOPHY

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

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

teamwork, and individual responsibility.

DPSS believes that as it moves towards the future, it 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), Refugee Resettlement Program (RRP), Food Stamps, and Medi-Cal Assistance Programs. DPSS also administers the General Relief (GR) Program for the County's indigent population and 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 2009, DPSS provided public assistance to a monthly average of 2.24 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 Aid to Families With Dependent Children (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. DPSS' Welfare-to-Work programs currently provide the following services:

- Child Care
- Transportation
- Post Employment Services
- Treatment programs for Substance Abuse, Domestic Violence and Mental Health
- Ancillary Expenses



AIDED CASELOAD

As shown in the Persons Aided chart (Figure 2), using December 2008 and December 2009 as points in time for comparison, the number of CalWORKs aided persons increased by 12.2% (44,679 persons). The number of Medical Assistance Only aided persons increase from 1,607,228 in December 2008 to 1,655,341 in December 2009. This represents a 3% increase (48,113 persons).

In total, there was a 6.2% increase (135,148) in the number of persons receiving assistance for all programs combined from December 2008 to December 2009.

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

CALWORKS

The number of participants receiving assistance through the CalWORKs Program slowly declined from February 2002 through March 2008 (Figure 6). Recent economic turmoil and a high level of unemployment rate have caused an increase in the number of people receiving CalWORKs. In December 2009, 411,842 persons received cash assistance from CalWORKs. This represents a 12.2% increase (44,679 persons) from 367,163 persons aided in December 2008 (Figure 2).

FOOD STAMPS

Similar to the cash assistance program for families, the number of persons receiving food stamps increased in 1995. In December 2009, 870,368 persons had been aided in the Food Stamps Program. This represents an 21.9% increase (156,620 persons) from 713,748 aided persons in December 2008 (Figure 2).

MEDICAL ASSISTANCE ONLY (MAO)

In 2009, there was an increase from 1,607,228 persons aided in December 2008 to 1,655,341 persons aided in December 2009 (Figure 2).

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

Figures 1 through 1.9 display the total number of persons aided by citizenship status and ethnic origin, and the total number of cases aided by primary language for all programs by SPA.

CHILD ABUSE PREVENTION, CHILD ABUSE REFERRALS AND STAFF TRAINING

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

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

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

Program materials and other trainings emphasize to staff that one of the child abuse/neglect indicators is violence between household members, which often endangers the child. The Los Angeles County Domestic Violence Council provides Domestic Violence training to all of DPSS public contact staff.

In 2009, DPSS made a total of 118 child abuse referrals to the Department of Children and Family Services. This represented a 19.2% decrease from the 146 referrals made in 2008 (Figure 3).

CAL-LEARN PROGRAM

In 2009, DPSS served a monthly average of 2,924 Cal-Learn participants. This represents an 11.7% increase from a monthly average of 2,545 participants served during Calendar Year 2008 (Figure 4).



Figure 1

DPSS CASELOAD CHARACTERISTICS DECEMBER 2009
Los Angeles County Totals

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	Food Stamps	In-Home Supportive Services
CITIZENSHIP STATUS OF AIDED PERSONS							
Citizen	390,286	84,592	0	4	1,134,239	797,502	N/A
Legal Immigrants	20,936	7,471	1,487	3,469	187,142	72,077	N/A
Other	549	36	14	7	1,769	752	N/A
Undocumented Immigrants	71	4	1	0	332,191	37	N/A
TOTAL	411,842	92,103	1,502	3,480	1,655,341	870,368	N/A
PRIMARY LANGUAGE OF AIDED CASES							
Armenian	3,441	1,432	855	454	18,000	7,758	29,766
Cambodian	777	70	0	21	2,028	1,209	2,193
Chinese	606	181	97	158	23,259	2,480	14,490
English	98,617	84,307	61	242	312,016	242,795	71,762
Farsi	300	81	106	70	3,475	714	5,882
Korean	168	112	2	174	10,557	773	4,580
Russian	259	79	36	119	4,010	550	7,653
Spanish	61,731	4,883	42	1,645	306,443	133,812	37,021
Tagalog	52	36	1	96	5,310	363	5,027
Vietnamese	751	205	11	40	9,052	2,389	3,698
Other	292	76	26	93	4,849	738	3,204
TOTAL	166,994	91,462	1,237	3,112	698,999	393,581	185,276
ETHNIC ORIGIN OF AIDED PERSONS							
American Indian / Alaskan Native	378	457	2	0	1,321	1,393	422
Asian	12,865	2,204	150	672	143,069	35,919	35,881
Black	86,306	41,828	16	45	121,466	176,773	33,961
Hispanic	270,185	28,361	51	1,851	1,197,505	556,231	51,118
White	34,565	15,395	1,274	862	149,192	82,022	63,894
Other	7,543	3,858	9	50	42,788	18,030	0
TOTAL	411,842	92,103	1,502	3,480	1,655,341	870,368	185,276



Figure 1.1

DPSS CASELOAD CHARACTERISTICS DECEMBER 2009
Service Planning Area 1

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	Food Stamps	In-Home Supportive Services
CITIZENSHIP STATUS OF AIDED PERSONS							
Citizen	27,203	2,057	0	0	49,922	45,789	N/A
Legal Immigrants	520	87	0	51	4,648	1,812	N/A
Other	13	0	0	0	42	19	N/A
Undocumented Immigrants	2	0	0	0	8,621	0	N/A
TOTAL	27,738	2,144	0	51	63,233	47,620	N/A
PRIMARY LANGUAGE OF AIDED CASES							
Armenian	4	1	0	2	28	9	60
Cambodian	0	0	0	1	1	0	7
Chinese	0	0	0	0	14	0	13
English	8,856	2,050	0	2	15,071	14,282	5,456
Farsi	1	0	0	0	2	1	19
Korean	2	0	0	2	24	3	14
Russian	0	0	0	0	1	0	6
Spanish	1,526	70	0	36	7,638	3,269	988
Tagalog	0	0	0	2	51	4	104
Vietnamese	0	0	0	0	22	5	11
Other	8	1	0	1	59	15	88
TOTAL	10,397	2,122	0	46	22,911	17,588	6,766
ETHNIC ORIGIN OF AIDED PERSONS							
American Indian / Alaskan Native	43	15	0	0	110	112	47
Asian	234	17	0	8	1,499	487	286
Black	10,783	868	0	1	11,150	16,358	2,708
Hispanic	11,892	547	0	37	39,175	22,059	1,671
White	4,498	664	0	5	10,034	8,069	2,054
Other	288	33	0	0	1,265	535	0
TOTAL	27,738	2,144	0	51	63,233	47,620	6,766



Figure 1.2

DPSS CASELOAD CHARACTERISTICS DECEMBER 2009
Service Planning Area 2

	CaWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	Food Stamps	In-Home Supportive Services
CITIZENSHIP STATUS OF AIDED PERSONS							
Citizen	46,675	6,338	0	2	189,871	97,752	N/A
Legal Immigrants	9,030	1,780	1,182	866	41,162	21,265	N/A
Other	85	5	4	2	261	122	N/A
Undocumented Immigrants	12	0	0	0	56,806	2	N/A
TOTAL	55,802	8,123	1,186	870	288,100	119,141	N/A
PRIMARY LANGUAGE OF AIDED CASES							
Armenian	2,914	1,231	824	344	14,100	6,662	23,034
Cambodian	13	2	0	1	35	17	48
Chinese	4	1	3	2	318	15	176
English	10,341	6,048	14	42	56,727	25,615	8,804
Farsi	222	54	76	44	1,676	539	3,094
Korean	14	4	0	18	1,040	72	436
Russian	124	42	12	47	1,083	276	2,334
Spanish	8,393	469	3	217	53,241	18,459	5,689
Tagalog	14	9	1	26	1,304	115	1,338
Vietnamese	58	10	2	3	697	199	343
Other	100	23	15	20	1,482	251	1,271
TOTAL	22,197	7,893	950	764	131,703	52,220	46,567
ETHNIC ORIGIN OF AIDED PERSONS							
American Indian / Alaskan Native	73	62	2	0	189	217	81
Asian	1,095	175	9	73	17,507	3,361	3,440
Black	4,122	1,385	1	1	7,192	8,450	1,486
Hispanic	34,517	2,443	4	243	190,964	72,009	7,209
White	15,143	3,961	1,167	548	64,425	33,262	34,351
Other	852	97	3	5	7,823	1,842	0
TOTAL	55,802	8,123	1,186	870	288,100	119,141	46,567



Figure 1.3

DPSS CASELOAD CHARACTERISTICS DECEMBER 2009
Service Planning Area 3

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	Food Stamps	In-Home Supportive Services
CITIZENSHIP STATUS OF AIDED PERSONS							
Citizen	49,876	10,650	0	0	181,865	107,649	N/A
Legal Immigrants	1,876	758	129	462	35,529	8,841	N/A
Other	38	5	2	0	263	65	N/A
Undocumented Immigrants	5	0	0	0	42,336	5	N/A
TOTAL	51,795	11,413	131	462	259,993	116,560	N/A
PRIMARY LANGUAGE OF AIDED CASES							
Armenian	45	22	2	9	629	111	1,385
Cambodian	72	8	0	2	264	109	182
Chinese	465	147	91	126	17,614	1,912	10,639
English	13,094	10,511	11	26	53,944	32,035	8,944
Farsi	1	2	1	0	82	5	126
Korean	8	4	0	6	652	49	254
Russian	8	1	0	1	32	9	60
Spanish	6,375	464	3	176	38,899	14,824	5,577
Tagalog	10	5	0	15	864	58	921
Vietnamese	531	158	9	26	6,170	1,743	2,440
Other	52	15	4	24	911	128	605
TOTAL	20,661	11,337	121	411	120,061	50,983	31,133
ETHNIC ORIGIN OF AIDED PERSONS							
American Indian / Alaskan Native	65	68	0	0	276	222	51
Asian	3,704	560	116	226	57,300	12,737	15,591
Black	4,590	2,283	1	5	7,731	9,818	2,107
Hispanic	38,558	5,884	8	197	170,045	81,709	8,874
White	3,912	1,910	5	24	16,856	9,428	4,510
Other	966	708	1	10	7,785	2,646	0
TOTAL	51,795	11,413	131	462	259,993	116,560	31,133



Figure 1.4

DPSS CASELOAD CHARACTERISTICS DECEMBER 2009
Service Planning Area 4

	CaWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	Food Stamps	In-Home Supportive Services
CITIZENSHIP STATUS OF AIDED PERSONS							
Citizen	41,198	13,614	0	2	135,323	94,177	N/A
Legal Immigrants	2,598	1,803	70	806	28,147	11,311	N/A
Other	113	13	6	1	306	172	N/A
Undocumented Immigrants	7	1	0	0	52,660	11	N/A
TOTAL	43,916	15,431	76	809	216,436	105,671	N/A
PRIMARY LANGUAGE OF AIDED CASES							
Armenian	406	158	16	85	2,783	817	4,588
Cambodian	34	5	0	2	195	77	110
Chinese	112	23	3	13	3,327	469	2,540
English	7,471	13,659	12	54	31,229	26,337	6,477
Farsi	2	3	5	0	178	12	322
Korean	105	82	2	102	6,249	482	2,663
Russian	99	31	18	56	2,187	206	3,868
Spanish	10,478	1,330	11	386	46,708	24,198	6,302
Tagalog	16	16	0	28	1,803	121	1,305
Vietnamese	48	15	0	3	679	160	258
Other	30	17	3	12	806	125	250
TOTAL	18,801	15,339	70	741	96,144	53,004	28,683
ETHNIC ORIGIN OF AIDED PERSONS							
American Indian / Alaskan Native	34	83	0	0	118	176	39
Asian	1,557	408	13	199	27,020	5,466	7,742
Black	3,144	5,432	5	3	5,763	10,763	1,873
Hispanic	36,615	6,693	12	420	163,553	80,870	7,938
White	2,335	2,256	44	176	16,522	7,214	11,091
Other	231	559	2	11	3,460	1,182	0
TOTAL	43,916	15,431	76	809	216,436	105,671	28,683



Figure 1.5

DPSS CASELOAD CHARACTERISTICS DECEMBER 2009
Service Planning Area 5

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	Food Stamps	In-Home Supportive Services
CITIZENSHIP STATUS OF AIDED PERSONS							
Citizen	4,368	4,705	0	0	24,226	14,648	NA
Legal Immigrants	345	218	39	88	5,266	1,113	NA
Other	5	1	0	0	37	12	NA
Undocumented Immigrants	0	0	1	0	4,561	4	NA
TOTAL	4,718	4,924	40	88	34,090	15,777	NA
PRIMARY LANGUAGE OF AIDED CASES							
Armenian	1	2	2	0	24	5	28
Cambodian	0	0	0	0	3	1	0
Chinese	0	0	0	1	194	3	55
English	1,592	4,806	10	24	12,692	9,272	2,918
Farsi	57	19	20	20	1,281	123	2,059
Korean	2	2	0	0	124	7	44
Russian	12	3	1	7	511	27	1,128
Spanish	383	66	1	19	4,500	973	550
Tagalog	0	0	0	1	38	0	15
Vietnamese	1	1	0	0	29	3	11
Other	18	6	1	9	312	42	136
TOTAL	2,066	4,905	35	81	19,708	10,456	6,944
ETHNIC ORIGIN OF AIDED PERSONS							
American Indian/Alaskan Native	13	30	0	0	55	69	16
Asian	126	77	1	8	2,215	409	352
Black	1,503	2,344	4	6	3,154	5,440	570
Hispanic	1,806	602	2	21	15,447	4,544	828
White	1,035	1,638	32	53	10,973	4,548	5,178
Other	235	233	1	0	2,246	767	0
TOTAL	4,718	4,924	40	88	34,090	15,777	6,944



Figure 1.6

DPSS CASELOAD CHARACTERISTICS DECEMBER 2009
Service Planning Area 6

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	Food Stamps	In-Home Supportive Services
CITIZENSHIP STATUS OF AIDED PERSONS							
Citizen	99,067	17,289	0	0	194,631	183,081	NA
Legal Immigrants	2,274	1,121	3	341	22,734	10,413	NA
Other	93	5	0	2	268	109	NA
Undocumented Immigrants	29	2	0	0	70,403	9	NA
TOTAL	101,463	18,417	3	343	288,036	193,612	NA
PRIMARY LANGUAGE OF AIDED CASES							
Armenian	1	0	0	1	19	2	3
Cambodian	18	1	0	1	27	22	40
Chinese	2	1	0	0	41	4	21
English	25,087	17,283	2	12	39,903	52,805	17,885
Farsi	0	0	0	0	1	0	1
Korean	2	10	0	10	528	35	264
Russian	3	1	0	0	8	4	4
Spanish	16,508	1,057	1	279	59,252	32,867	4,650
Tagalog	1	1	0	0	42	5	29
Vietnamese	5	0	0	0	20	10	12
Other	16	3	0	6	137	26	75
TOTAL	41,643	18,357	3	309	99,978	85,780	22,984
ETHNIC ORIGIN OF AIDED PERSONS							
American Indian / Alaskan Native	36	23	0	0	82	104	34
Asian	553	120	0	12	2,151	1,081	534
Black	37,981	12,899	2	14	47,165	69,126	16,439
Hispanic	60,469	3,558	1	311	232,573	117,387	5,549
White	786	492	0	2	1,942	1,832	428
Other	1,638	1,325	0	4	4,123	4,082	0
TOTAL	101,463	18,417	3	343	288,036	193,612	22,984



Figure 1.7

DPSS CASELOAD CHARACTERISTICS DECEMBER 2009
Service Planning Area 7

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	Food Stamps	In-Home Supportive Services
CITIZENSHIP STATUS OF AIDED PERSONS							
Citizen	52,474	3,284	0	0	164,412	100,680	NA
Legal Immigrants	1,936	656	25	433	23,490	8,008	NA
Other	95	2	0	1	257	112	NA
Undocumented Immigrants	6	0	0	0	47,722	3	NA
TOTAL	54,511	3,942	25	434	235,881	108,803	NA
PRIMARY LANGUAGE OF AIDED CASES							
Armenian	13	2	0	6	104	28	525
Cambodian	39	5	0	2	223	71	255
Chinese	7	2	0	7	830	24	707
English	12,399	3,147	5	25	39,448	21,578	7,253
Farsi	1	0	1	1	19	4	13
Korean	19	2	0	13	808	51	337
Russian	3	0	0	2	20	5	37
Spanish	9,156	729	15	312	51,779	20,370	9,360
Tagalog	4	0	0	5	501	16	403
Vietnamese	18	9	0	2	291	46	157
Other	37	2	1	7	548	76	327
TOTAL	21,696	3,898	22	382	94,571	42,269	19,374
ETHNIC ORIGIN OF AIDED PERSONS							
American Indian/Alaskan Native	50	26	0	0	219	183	69
Asian	904	87	5	48	9,573	1,957	2,566
Black	2,847	289	0	1	4,356	4,578	868
Hispanic	47,312	3,042	15	359	207,118	95,642	13,403
White	2,521	447	3	19	9,205	4,747	2,468
Other	877	51	2	7	5,410	1,696	0
TOTAL	54,511	3,942	25	434	235,881	108,803	19,374



Figure 1.8

DPSS CASELOAD CHARACTERISTICS DECEMBER 2009
Service Planning Area 8

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	Food Stamps	In-Home Supportive Services
CITIZENSHIP STATUS OF AIDED PERSONS							
Citizen	58,923	23,286	0	0	158,021	131,461	NA
Legal Immigrants	1,832	856	16	316	21,324	7,563	NA
Other	94	4	2	0	287	118	NA
Undocumented Immigrants	10	1	0	0	40,529	3	NA
TOTAL	60,859	24,147	18	316	220,161	139,145	NA
PRIMARY LANGUAGE OF AIDED CASES							
Armenian	0	0	0	1	41	1	58
Cambodian	591	45	0	11	1,244	889	1,534
Chinese	2	4	0	2	394	11	254
English	16,988	23,443	7	49	49,915	52,817	13,093
Farsi	3	3	1	1	94	10	182
Korean	8	6	0	18	778	46	517
Russian	3	0	2	2	62	9	97
Spanish	7,387	545	6	170	36,172	15,699	3,411
Tagalog	7	4	0	19	578	36	861
Vietnamese	79	9	0	4	885	182	421
Other	22	6	1	8	449	51	405
TOTAL	25,090	24,065	17	285	90,612	69,751	20,833
ETHNIC ORIGIN OF AIDED PERSONS							
American Indian / Alaskan Native	47	136	0	0	195	262	81
Asian	4,373	708	5	76	21,829	9,605	5,035
Black	19,002	14,529	3	12	29,861	46,530	7,507
Hispanic	31,969	4,742	6	203	145,850	67,968	4,943
White	3,245	3,274	4	13	13,304	10,016	3,267
Other	2,223	758	0	12	9,122	4,764	0
TOTAL	60,859	24,147	18	316	220,161	139,145	20,833



Figure 1.9

DPSS CASELOAD CHARACTERISTICS DECEMBER 2009
Service Planning Area 9

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	Food Stamps	In-Home Supportive Services
CITIZENSHIP STATUS OF AIDED PERSONS							
Citizen	10,502	3,369	0	0	35,968	22,265	N/A
Legal Immigrants	525	192	23	106	4,842	1,751	N/A
Other	13	1	0	1	48	23	N/A
Undocumented Immigrants	0	0	0	0	8,553	0	N/A
TOTAL	11,040	3,562	23	107	49,411	24,039	N/A
PRIMARY LANGUAGE OF AIDED CASES							
Armenian	57	16	11	6	272	123	85
Cambodian	10	4	0	1	36	23	17
Chinese	14	3	0	7	527	42	85
English	2,789	3,360	0	8	13,087	8,054	932
Farsi	13	0	2	4	142	20	66
Korean	8	2	0	5	354	28	51
Russian	7	1	3	4	106	14	119
Spanish	1,525	153	2	50	8,254	3,153	494
Tagalog	0	1	0	0	129	8	51
Vietnamese	11	3	0	2	259	41	45
Other	9	3	1	6	145	24	47
TOTAL	4,443	3,546	19	93	23,311	11,530	1,992
ETHNIC ORIGIN OF AIDED PERSONS							
American Indian / Alaskan Native	17	14	0	0	77	48	4
Asian	319	52	1	22	3,975	816	335
Black	2,334	1,799	0	2	5,094	5,710	403
Hispanic	7,047	850	3	60	32,780	14,043	703
White	1,090	753	19	22	5,931	2,906	547
Other	233	94	0	1	1,554	516	0
TOTAL	11,040	3,562	23	107	49,411	24,039	1,992

* Unknown counts represent cases with addresses that cannot be geocoded for various reasons such as P.O. Box addresses, incomplete addresses, etc.



Figure 2

**PERSONS AIDED - ALL AID PROGRAMS DECEMBER 2009
Compared to December 2008**

Program	Dec. 2008	Dec. 2009	Change	% Change
CalWORKs	367,163	411,842	44,679	12.2%
General Relief	74,143	92,103	17,960	24.2%
CAPI	5,140	3,480	-1,660	-32.3%
Refugee	1,446	1,502	56	3.9%
Medical Assistance Only	1,607,228	1,655,341	48,113	3.0%
Food Stamps	713,748	870,368	156,620	21.9%
IHSS	179,608	185,276	5,668	3.2%
Total All Programs *	2,167,776	2,302,924	135,148	6.2%

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

Figure 3

**CHILD ABUSE REFERRALS
January 1999 - December 2009**

Month	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	08/09 change	08/09 % change
Jan.	78	29	56	47	20	37	20	26	16	23	7	-16	-69.6%
Feb.	41	42	39	50	13	33	24	16	13	14	5	-9	-64.3%
Mar.	70	64	41	23	32	32	21	31	12	12	7	-5	-41.7%
Apr.	49	64	42	50	28	29	34	41	15	11	13	2	18.2%
May	67	87	51	43	31	27	15	29	13	17	13	-4	-23.5%
June	54	78	43	43	50	32	32	31	12	14	11	-3	-21.4%
July	49	65	51	32	38	43	36	26	13	9	14	5	55.6%
Aug.	85	61	47	28	48	38	36	34	15	12	8	-4	-33.3%
Sept.	69	58	46	34	45	35	20	21	20	7	6	-1	-14.3%
Oct.	65	59	60	31	35	17	26	27	22	20	9	-11	-55.0%
Nov.	53	53	42	21	28	23	24	14	17	3	13	10	333.3%
Dec.	30	61	38	21	28	19	17	3	7	4	12	8	200.0%
TOTAL	710	721	556	423	396	365	305	299	175	146	118	-28	-19.2%

Some of the referrals may have been for the same children.

Referral counts are from two sources:

- *DPSS employees observing incidents which indicate abuse/neglect and making referrals to the Departmental of Children and Family Services.*
- *Data collated from reports received from DPSS Welfare Fraud Prevention & Investigation Section.*



Figure 4

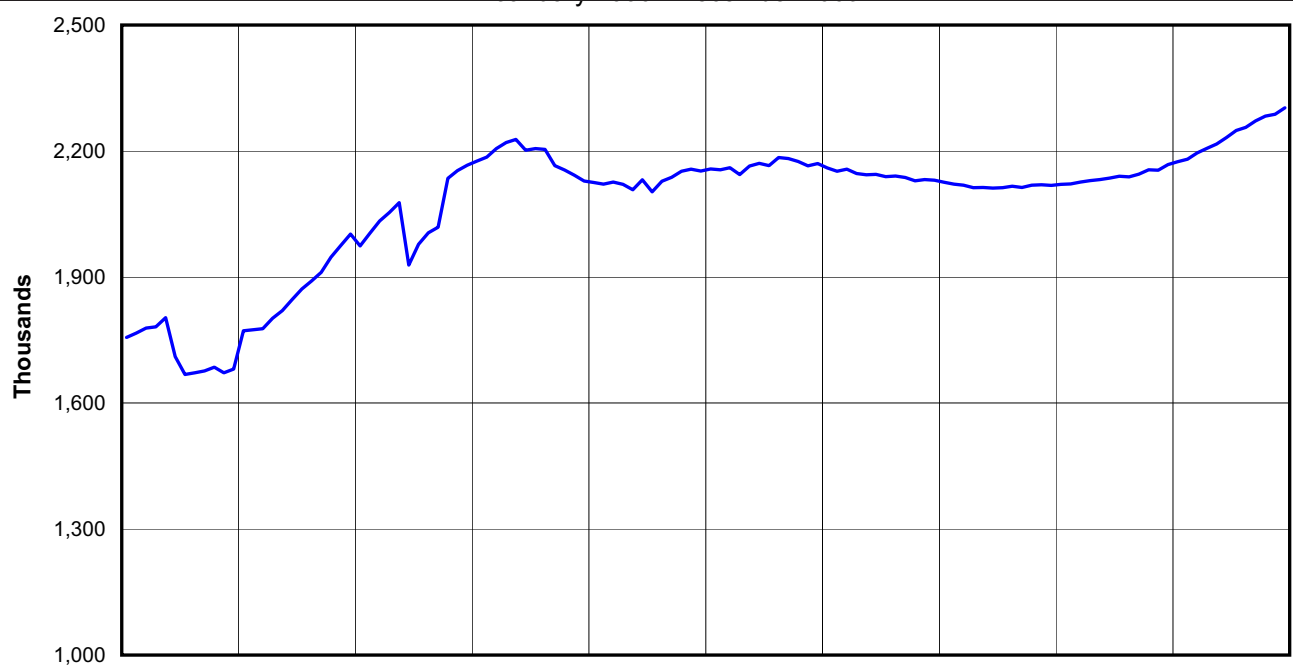
CAL-LEARN PARTICIPANTS SERVED
January 2002 - December 2009

Month	2002	2003	2004	2005	2006	2007	2008	2009	08/09 change	08/09 % change
Jan.	3,431	3,281	2,699	2,358	2,452	2,181	2,465	2,735	270	11.0%
Feb.	3,586	3,278	2,650	2,390	2,504	2,234	2,492	2,832	340	13.6%
Mar.	3,411	3,106	2,505	2,377	2,435	2,155	2,470	2,891	421	17.0%
Apr.	3,395	3,005	2,557	2,369	2,467	2,186	2,514	2,920	406	16.1%
May	3,427	2,911	2,533	2,430	2,339	2,270	2,586	2,982	396	15.3%
June	3,417	2,966	2,554	2,355	2,412	2,307	2,549	2,953	404	15.8%
July	3,385	2,826	2,511	2,371	2,410	2,250	2,474	2,870	396	16.0%
Aug.	3,308	2,840	2,437	2,456	2,442	2,292	2,493	2,862	369	14.8%
Sept.	3,296	2,803	2,360	2,344	2,414	2,305	2,535	2,888	353	13.9%
Oct.	3,269	2,789	2,353	2,424	2,366	2,408	2,556	3,009	453	17.7%
Nov.	3,287	2,793	2,327	2,400	2,412	2,450	2,650	3,077	427	16.1%
Dec.	3,294	2,682	2,365	2,444	2,389	2,488	2,751	3,074	323	11.7%



Figure 5

PERSON AIDED - ALL AIDS COMBINED
January 2000 - December 2009



Month	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
January	1,756,212	1,772,223	1,974,284	2,176,029	2,125,174	2,157,416	2,159,561	2,125,532	2,120,743	2,174,614
February	1,766,419	1,774,694	2,004,216	2,185,622	2,121,033	2,155,158	2,151,993	2,121,183	2,121,664	2,180,687
March	1,778,684	1,777,189	2,033,305	2,205,706	2,126,252	2,160,504	2,156,830	2,118,608	2,126,084	2,195,497
April	1,781,558	1,801,891	2,053,985	2,220,340	2,120,822	2,143,971	2,146,245	2,112,631	2,129,358	2,206,577
May	1,803,096	1,820,217	2,077,231	2,227,731	2,107,699	2,164,290	2,143,301	2,113,264	2,131,845	2,216,924
June	1,710,715	1,846,217	1,928,402	2,202,094	2,131,565	2,170,799	2,144,293	2,111,673	2,135,562	2,232,040

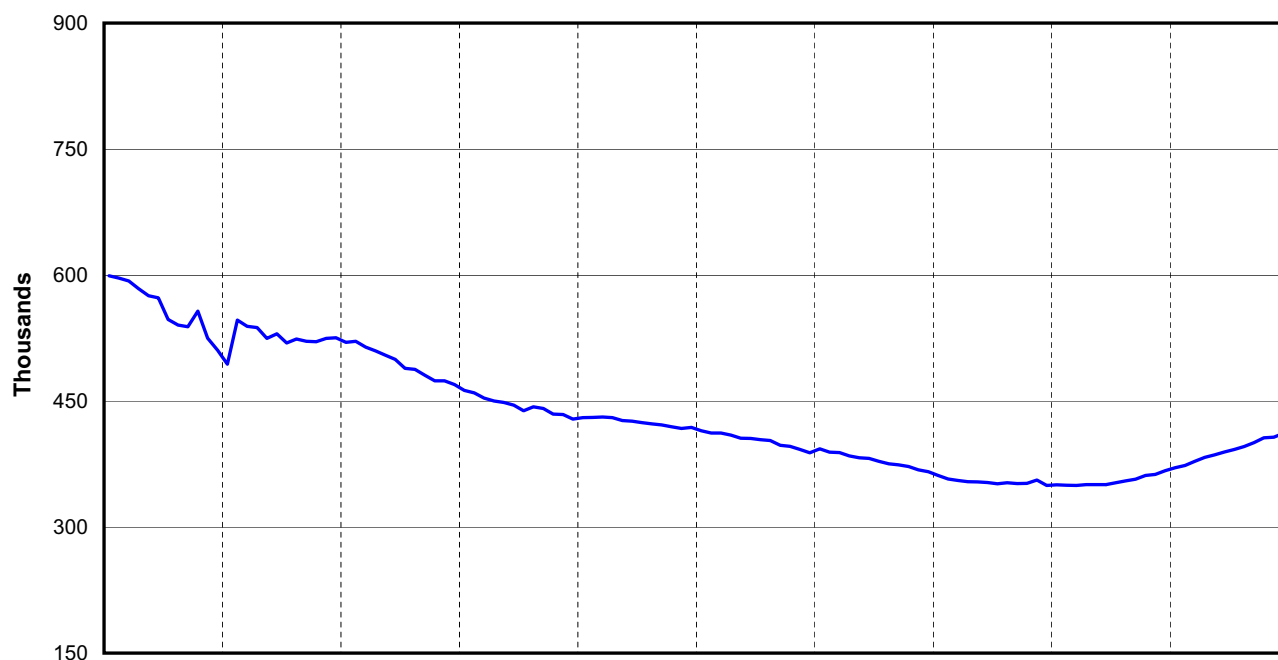
July	1,667,884	1,871,520	1,977,951	2,205,980	2,102,765	2,165,355	2,138,980	2,112,568	2,139,790	2,249,143
August	1,671,997	1,890,253	2,005,337	2,203,801	2,127,918	2,184,371	2,140,548	2,116,434	2,138,281	2,256,283
September	1,676,433	1,911,380	2,018,573	2,165,470	2,137,604	2,182,116	2,137,037	2,113,352	2,144,760	2,271,473
October	1,685,273	1,947,269	2,134,995	2,154,853	2,151,665	2,174,983	2,129,048	2,118,831	2,155,204	2,283,036
November	1,671,996	1,975,315	2,153,486	2,142,473	2,156,602	2,164,674	2,132,091	2,119,663	2,154,415	2,287,582
December	1,680,884	2,002,498	2,166,367	2,128,450	2,152,193	2,170,366	2,130,380	2,118,174	2,167,776	2,302,924

NOTE: Effective July 2000, the data includes actual counts from LEADER districts. Data from January 2000 to June 2000 includes estimated LEADER counts.



Figure 6

PERSONS AIDED - CALWORKS
January 2000 - December 2009



Month	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
January	599,169	493,919	520,000	462,610	430,391	414,741	393,222	361,495	350,311	370,631
February	596,444	546,415	521,144	459,815	430,449	411,996	389,308	357,170	349,868	373,398
March	593,048	538,982	514,243	453,464	431,113	411,982	388,639	355,533	349,622	378,222
April	583,782	537,586	509,779	450,140	430,219	409,394	384,683	354,031	350,448	382,959
May	575,411	524,665	504,467	448,322	426,729	405,720	382,422	353,662	350,578	385,883
June	572,814	530,180	499,743	445,039	426,184	405,630	381,675	353,094	350,570	389,509

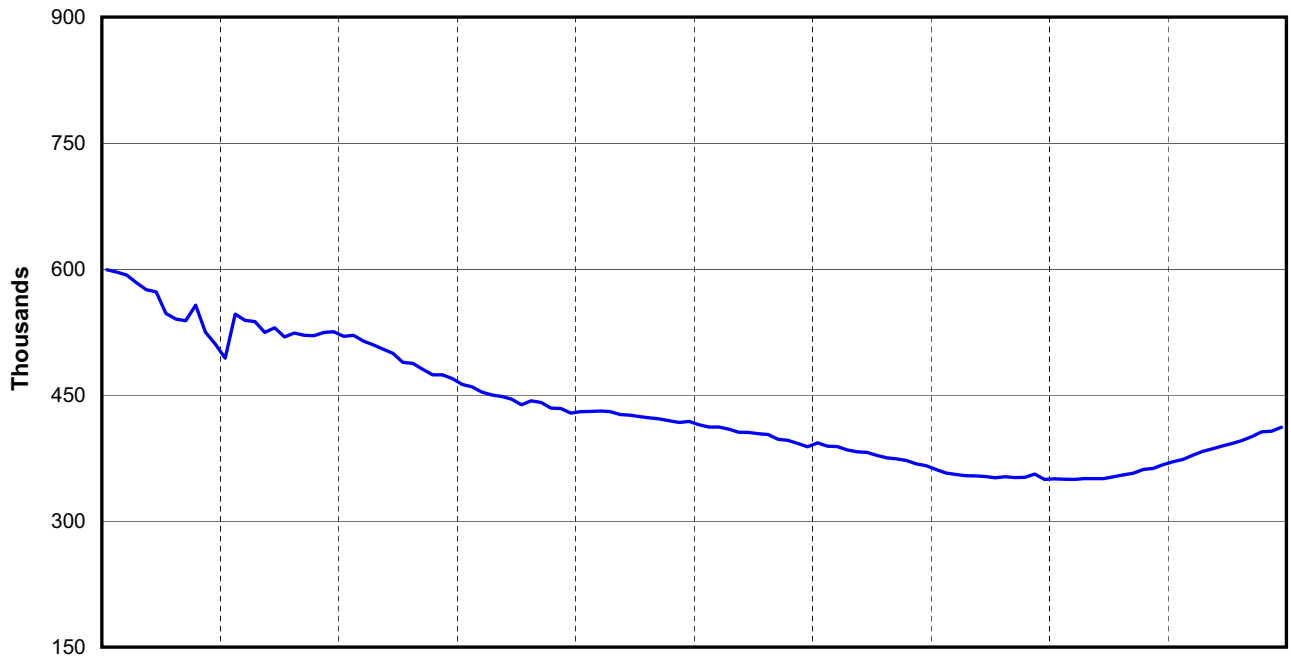
July	547,261	519,300	488,909	438,361	424,338	403,975	378,299	351,664	352,835	392,490
August	540,582	523,951	487,753	443,245	422,880	403,067	375,389	352,669	355,100	395,902
September	538,382	521,095	480,849	441,248	421,714	397,342	374,190	351,816	357,008	400,534
October	556,985	520,694	474,026	434,549	419,500	396,161	372,159	352,014	361,378	406,371
November	524,966	524,578	474,233	433,899	417,371	392,509	368,084	355,989	362,652	406,992
December	510,582	525,443	469,554	428,578	418,660	388,447	365,841	349,574	367,163	411,842

NOTE: Effective July 2000, the data includes actual counts from LEADER districts. Data from January 2000 to June 2000 includes estimated LEADER counts.



Figure 7

PERSONS AIDED - CALWORKS
January 2000 - December 2009



Month	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
January	889,755	906,938	1,166,682	1,406,522	1,353,228	1,358,470	1,610,580	1,610,495	1,601,826	1,608,284
February	902,304	921,546	1,195,551	1,413,691	1,344,771	1,362,025	1,609,912	1,611,324	1,604,958	1,609,965
March	914,589	945,297	1,224,869	1,433,380	1,336,927	1,361,840	1,612,873	1,606,981	1,605,420	1,612,871
April	931,347	968,075	1,244,420	1,445,267	1,329,514	1,346,964	1,608,581	1,603,501	1,607,132	1,615,916
May	961,482	990,852	1,271,226	1,452,265	1,319,549	1,376,740	1,610,182	1,604,117	1,607,865	1,621,134
June	870,789	1,011,611	1,132,120	1,427,276	1,350,166	1,380,861	1,611,201	1,601,343	1,609,248	1,627,826

July	853,517	1,040,397	1,181,503	1,436,246	1,308,380	1,373,812	1,611,515	1,602,534	1,607,295	1,637,703
August	865,679	1,054,721	1,209,942	1,423,220	1,328,548	1,392,970	1,615,820	1,603,846	1,602,051	1,639,215
September	871,567	1,070,178	1,234,504	1,390,581	1,339,599	1,395,267	1,612,472	1,600,003	1,603,149	1,643,871
October	863,525	1,099,190	1,358,891	1,382,429	1,356,053	1,387,259	1,607,194	1,603,238	1,607,896	1,646,630
November	886,356	1,119,379	1,374,175	1,367,723	1,361,372	1,380,600	1,612,304	1,604,229	1,603,186	1,648,758
December	908,567	1,142,324	1,389,420	1,361,270	1,351,417	1,389,196	1,612,219	1,602,354	1,607,228	1,655,341

NOTE: 1. Effective July 2000, the data includes actual counts from LEADER districts. Data from January 2000 to June 2000 includes estimated LEADER counts.

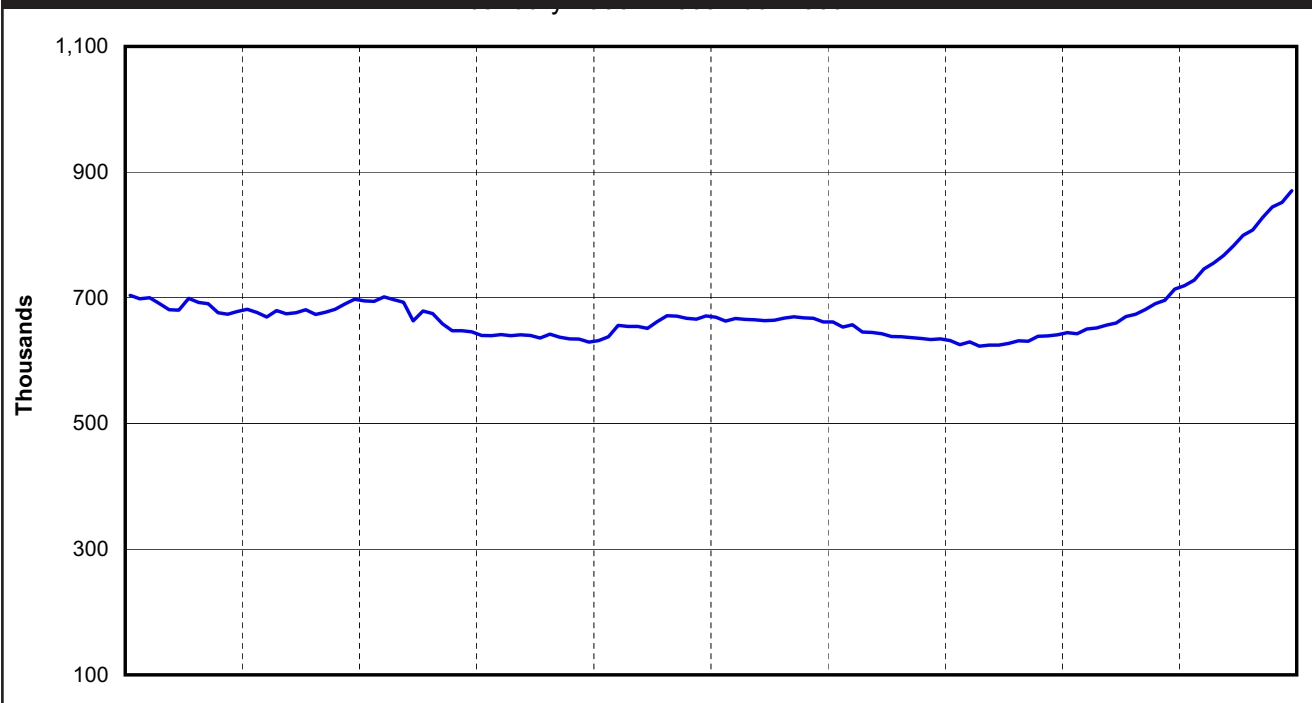
2. The drop in June 2000 was a result of the termination of about 35,000 Section 1931(b) MAO family cases not responding to redetermination notices.

3. Effective January 2006, the data includes MAO-eligible persons associated with CalWORKs cases.



Figure 8

PERSONS AIDED - FOOD STAMPS
January 2000 - December 2009



Month	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
January	703,778	681,715	694,947	640,239	632,052	668,997	661,664	631,850	644,368	719,388
February	698,505	676,542	694,210	639,800	638,116	663,088	653,479	625,321	642,827	728,164
March	700,194	669,461	701,512	641,417	656,154	667,068	657,003	629,729	650,233	745,955
April	691,058	679,643	697,071	639,816	654,400	665,689	645,412	622,860	652,132	755,533
May	680,875	674,655	693,056	641,206	654,425	665,018	644,941	624,750	656,361	767,382
June	680,184	676,184	663,140	639,950	651,213	663,654	642,842	624,827	659,778	782,354

July	699,125	681,200	678,885	636,053	662,139	664,358	638,219	627,626	670,143	799,325
August	692,766	673,463	675,000	642,295	671,442	667,652	637,972	631,525	673,922	807,965
September	690,494	676,885	658,674	637,365	670,871	669,642	636,555	630,752	681,301	827,823
October	676,173	681,588	647,434	634,616	667,536	667,981	635,344	638,796	690,571	844,497
November	673,829	690,221	647,617	634,291	666,183	667,264	633,506	639,412	695,872	852,054
December	678,281	697,889	645,854	629,613	671,176	661,703	634,763	641,215	713,748	870,368

NOTE: Effective July 2000, the data includes actual counts from LEADER districts. Data from January 2000 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, no-cost Medi-Cal, 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
- Either parent is continually absent from the home in which the child is living

Cash Assistance Program to Immigrants (CAPI) –

Provides cash to certain aged, blind, and disabled legal non-citizens ineligible for Supplemental Security Income/State Supplemental Payment (SSI/SSP) due to their immigration status. CAPI participants may be eligible for Medi-Cal, In-Home Supportive Services (IHSS), and/or Food Stamp benefits. Individuals requesting such benefits must file the appropriate application for the other program.

Food Stamps –

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

General Relief (GR) –

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

In-Home Supportive Services (IHSS) -

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

LEADER –

Is an acronym for 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.

Refugee Resettlement Program (RRP) –

Is 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.

Cal-Learn –

Is a mandatory program for CalWORKs participants who are under 19 years of age, are pregnant or parenting, and have not yet completed their high school education. The Cal-Learn program is designed to address long-term welfare dependency by encouraging and assisting teen parents on the CalWORKs Program to remain in or return to school. Cal-Learn focuses on providing these youths with the following supportive services needed to complete their high school education or equivalent:

- Intensive case management services
- Payments for child care, transportation, and school expenses
- \$100 bonuses up to four times a year for satisfactory school progress
- \$500 one-time-only bonus for receiving a high school diploma or its equivalent



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

AGENCY REPORT



INTRODUCTION

Continuing under the leadership of Steve Cooley, District Attorney for Los Angeles County, the Los Angeles County District Attorney's Office (District Attorney's Office) operates with the clear mission of evaluating and prosecuting cases in a fair, evenhanded, and compassionate manner. The District Attorney's Office has demonstrated its commitment to justice for all citizens of the county and is dedicated to serving the special needs of child victims and witnesses.

Every year in Los Angeles County, thousands of children are reported to law enforcement and child protective service agencies as victims of abuse and neglect. Dedicated professionals investigate allegations of sexual abuse, physical abuse, and severe neglect involving our most vulnerable citizens, our children. All too often, the perpetrators of these offenses are those in whom children place the greatest trust – parents, grandparents, foster parents, guardians, teachers, clergy members, coaches, and trusted family friends. The child victim is a primary concern of the District Attorney's Office throughout the prosecution process. Skilled prosecutors are assigned to handle these cases, and victim/witness advocates are readily available to assist the children. District attorney personnel have the best interests of the child victim or witness in mind. 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 divisions have been created in the District Attorney's 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 divisions. These prosecutors attempt to make the judicial process easier and less traumatic for the child victim and witness. Additionally, there are trained investigators from the District Attorney's Bureau of Investigation and skilled

victim service representatives of the Victim/Witness Assistant Program who work with the prosecutors to ensure justice for the youngest victims of crime.

The District Attorney's Office prosecutes all felony crimes and all juvenile delinquency offenses committed in Los Angeles County, and misdemeanor crimes in the unincorporated areas of the county or in jurisdictions where cities have contracted for such service. 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 a fine and/or county jail. Cases are referred by law enforcement agencies or by the Grand Jury. The District Attorney's Office is the largest local prosecuting agency in the nation with 2,134 permanent employees and 80 temporary employees. Of the permanent employees, 972 are full-time attorneys and 42 are part-time attorneys. In 2009, the District Attorney's Office reviewed 93,275 felony cases; 59,040 were filed and 34,749 were declined for filing. The District Attorney's Office reviewed 147,320 misdemeanor cases; 129,091 were filed and 18,229 were declined for filing.

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 District Attorney's Office has mandated that all felony cases involving child physical abuse and endangerment, child sexual abuse and exploitation, 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 (DDA) are assigned to special divisions (Family Violence Division, Sex Crimes Division, Child Abduction Section, or Abolish



Chronic Truancy). In other instances, the DDAs are designated as special prosecutors assigned to the Victim Impact Program (VIP) in Branch Offices (Airport, Alhambra, Antelope Valley, Compton, Long Beach, Norwalk, Pasadena, Pomona/Child Advocacy Center, San Fernando, Torrance/South Bay Child Crisis Center, and Van Nuys) or the Domestic Violence Unit within the Central Trials Division. Deputies with specialized training handle the sexual assault cases adjudicated in Juvenile Delinquency Court.

The vast majority of cases are initially presented to the District Attorney's Office 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 DDA 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 strongly encouraged that a pre-filing interview is conducted involving the child, the assigned DDA, and the investigating officer because it is essential to establish rapport between the child and the DDA assigned to evaluate and prosecute the case. 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 allows the prosecutor the opportunity to assess the child's competency to testify. The court will only allow the testimony of a witness who can demonstrate that he or she has the ability to recollect and recall, and can 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 [Evidence Code (EC) §710]. The pre-filing interview affords the DDA an opportunity to determine if the child is sufficiently developed to understand the difference

between the truth and a lie, knows that there are consequences for telling a lie while in court, and can recall the incident accurately.

The pre-filing interview will also assist in establishing whether the child will cooperate with the criminal process and, if necessary, testify in court. The victim of a sexual assault (whether an adult or child) cannot be placed in custody for contempt for failing to testify [Code of Civil Procedure (CCP) §1219]. If the child who is the victim of sexual assault does not wish to speak with the deputy or is 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. In all cases involving a child victim, every effort will be made to offer support to the child through the presence of an advocate from the District Attorney's Office's Victim/Witness Assistance Program. The victim service representative will work closely with the child and the child's family (if appropriate) to ensure that they are informed of the options and services available to them, such as counseling or medical assistance.

Similarly, in domestic abuse cases where the child is victimized, the victim cannot be placed in custody for failing to testify (CCP §1219). Domestic violence does occur between teenagers or an adult in a domestic relationship with a person under the age of 18. The District Attorney's Office will make every attempt to secure the victim's cooperation by utilizing all available resources in order to keep the victim safe. Resources include referrals from District Attorney's Office victim service representatives to domestic violence counselors or medical practitioners.

After reviewing the evidence presented by the investigating officer from the law enforcement agency, the DDA 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 DDA will decline to prosecute the case and write the reasons for the declination on a designated form. The reasons can include, but are not limited to:

- A lack of proof regarding an element of the offense
- A lack of sufficient evidence establishing that a crime occurred or that the accused is the perpetrator of the offense alleged
- The victim is unavailable or declines to testify or
- The facts of the case do not rise to the level of felony conduct

When the assessment determines that at most misdemeanor conduct has occurred, the case is either referred to the appropriate city 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 evidence exists to file a case, the DDA will employ special provisions 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 [PC §868.8(a)]
- Remove its robe if it is believed that such formal attire may intimidate the child [PC §868.8(b)]
- Relocate the parties and the courtroom furniture to facilitate a more comfortable and personal environment for the child witness [PC §868.8(c)]
- Provide for testimony to be taken during the hours that the child would normally be attending school [PC §868.8(d)]

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 (PC §868.8).

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 [PC §868.5(a)]
- Each county is encouraged to provide a room, located inside of, or within a reasonable distance from, the courthouse, for use by children under the age of 16 whose appearance has been subpoenaed by the court [PC §868.6(b)]
- The court may, upon a motion by the prosecution and under limited circumstances,



permit a hearing closed to the public [PC §§868.7(a) and 859.1], or testimony on closed-circuit television or via videotape (PC §1347)

- The child must only be asked questions that are worded appropriately for his or her age and level of cognitive development [EC §765(b)]
- The child must have his or her age and level of cognitive development considered in the evaluation of credibility (PC §1127f); and the prosecutor may ask leading questions of the child witness on direct examination [EC §767(b)]

SPECIALLY TRAINED PROSECUTORS WORKING WITH CHILDREN IN THE CRIMINAL JUSTICE SYSTEM

DDAs who are assigned the challenge of prosecuting cases in which children are victimized receive special training throughout their assignment to enhance their ability to effectively prosecute these cases. These DDAs work very closely with victim service representatives from the Los Angeles County District Attorney's Victim/Witness Assistance Program and other agencies to diminish the potential for additional stress and trauma caused by the experience of the child's participation in the criminal justice system.

The District Attorney's Office has long recognized that the key to successful prosecution is constant communication with victims during the criminal court process. DDAs who vertically prosecute cases are responsible for keeping victims and their parents or guardians apprised of court dates, disposition offers, and sentencing. In 2009, voters enacted Proposition 9 – Marsy's Law, which amended the California Constitution, Article 1, Section 28. This constitutional provision enumerates certain victim's rights. The District Attorney's Office promptly instituted procedures to satisfy the legal requirements for all criminal cases to ensure that victims remained informed about the criminal court proceedings.

SPECIAL DIVISIONS AND PROGRAMS

The District Attorney's Office has formed a system of special divisions 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 victims or witnesses.

ABOLISH CHRONIC TRUANCY

The Abolish Chronic Truancy Program (ACT) is a District Attorney's Office crime prevention/intervention program that enforces compulsory education laws by focusing on parental responsibility and accountability. ACT targets the parents and guardians of elementary school-aged children who are habitually truant and those who are in danger of becoming habitually truant. By addressing the problem early, during a stage of development when parents have greater control over the behavior of their children, the chances of students developing good attendance habits are increased. Likewise, the likelihood of truancy problems emerging in middle and high school years, a leading precursor to juvenile delinquency and later adult criminality, are decreased. Losing days of learning in elementary school years can cause children to fall behind in their education. It is often difficult for these truant students to catch up and compete academically with their peers. When successes for a student are few at school, attendance predictably drops, and the cycle of truancy becomes entrenched. This, in turn, drastically increases a student's likelihood of dropping out of high school.

ACT partners with elementary and middle schools throughout Los Angeles County. Among ACT's goals are promoting a greater understanding of the compulsory education laws, increasing the in-seat attendance of children at school, and making appropriate referrals to assist families who are not in compliance with school attendance laws. Through a series of escalating interventions, the message consistently conveyed by representatives of the District Attorney's Office



is that parents must get their children to school every day and on time because it is good for the child and for the community, and because it is the law. ACT seeks to reform not only the attendance habits of individual students, but to redefine the "school's culture" of "zero tolerance" for school truancy.

ACT is now in partnership with almost 400 schools in Los Angeles County, representing 29 school districts. The 2008-2009 school year was the first full year that ACT was available in previously unserved school districts in the Antelope Valley.

The fourth annual Countywide Chronic Truancy Symposium was held in February 2010. It represented collaboration between many different public and governmental agencies in Los Angeles, including the:

- District Attorney's Office
- City Attorney's Office of Los Angeles
- Los Angeles County Office of Education
- Los Angeles County Police Department
- Los Angeles Police Department
- Los Angeles Unified School District
- Los Angeles Unified School Police Department
- Probation Department
- Sheriff's Department and
- Superior Court

This annual event has consistently been overwhelmingly successful and always draws professionals from a myriad of agencies, departments, and organizations. The idea for the symposium originated with the District Attorney's Office's ACT Program. ACT personnel took the primary role in its planning. Planning for the 2011 Symposium is currently underway.

CHILD ABDUCTION SECTION

Child abduction cases involve cross-jurisdictional issues covering criminal, dependency, family law, and probate courts.

The victim of the crime is the lawful custodian of the child. It is essential for the abducted child to be treated with particular sensitivity and understanding during the prosecution of these cases. The Child Abduction Section handles all child abduction cases under PC §§278 and 278.5, which include stranger, parental, relative, and other cases. In addition, the Child Abduction Section handles all cases arising under the Hague Convention on the Civil Aspects of International Child Abduction. Signatory countries to this international treaty require that children be returned to their country of habitual residence under specified court procedures. California law has granted District Attorneys the authority to take all actions necessary, using criminal and civil procedures, to locate and return the child and the person violating the custody order to the court of proper jurisdiction.

Services available to the public are explained on the District Attorney's Office's website (www.da.lacounty.gov). The questionnaire that must be completed to obtain Family Code services may be downloaded and filled out in the privacy of the home and then brought to our downtown office located at 320 W. Temple Street, Suite 780, Los Angeles, CA 90012.

At the end of 2009, the Child Abduction Section was pursuing abductors in 313 open criminal cases. During 2009, district attorney investigators initiated 216 new cases under the Family Code, while closing 211 cases. At the conclusion of 2009, the Child Abduction Section was pursuing abductors on behalf of the Family Court in 57 open cases.

Under the terms of the Hague Convention, the Child Abduction Section assisted in the location and recovery of children abducted from other countries and brought to Los Angeles County in 18 cases. The Child Abduction Section also assisted 22 county residents in recovering their children from other countries through the use of the treaty.

The Child Abduction Section conducted numerous training sessions for law enforcement and others throughout 2009. A key purpose of the



training sessions was to overturn the common misconception that a parent cannot be criminally prosecuted for abducting his or her own child. The training was designed to provide the necessary information to first responders and investigating officers in order to properly investigate and file these serious felony cases with the Child Abduction Section.

FAMILY VIOLENCE DIVISION

The Family Violence Division (FVD) was established in July 1994. FVD is responsible for the vertical prosecution of felony domestic violence and child physical abuse/endangerment cases in the Central Judicial District. At times, FVD deputies travel to different courthouses within Los Angeles County to vertically prosecute intimate partner and child homicide cases. 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 where domestic violence occurs are often subjected to physical abuse as well as the inherent emotional trauma that results from an environment of violence in the home. FVD's staff includes DDAs, district attorney investigators, paralegals, victim service representatives, witness assistants, 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 prosecuting intimate partner and child homicides and attempted homicides, child abuse, and intimate partner sex cases. It also handles cases involving serious and recidivist family violence offenders who commit crimes such as intimate partner corporal injury, criminal threats, stalking, etc. FVD's staff is actively involved in legislative advocacy and many inter-agency prevention, intervention,

and educational efforts throughout the county. Consistent with its mission, FVD continues to bring a commitment to appreciating the seriousness of the cases and respecting the victims in the prosecution of family violence cases; this was very much needed for the criminal justice system to do its part in stopping the cycle of violence bred from domestic violence and child abuse. As in past years, the percentage of the child abuse related felonies prosecuted where there were also charges alleging a violation of PC §273.5, Spousal Abuse, remains significant. This data does not take into account the number of cases in which a child is listed as a witness to the offense charged in a domestic violence case, including cases in which a child is the sole witness to one parent murdering the other.

A significant portion of the work done by FVD staff involves the prosecution of felony child physical abuse/endangerment cases. Injuries inflicted upon the children include bruises, scarring, burns, broken bones, brain damage, and death. In many instances, the abuse was long-term; there are instances, however, wherein a single incident of abuse may result in a felony filing. At the conclusion of 2009, FVD was in the process of prosecuting 13 murder cases involving child victims and 24 murder cases involving intimate partner victims. When a murder charge under PC §187 is filed involving a child victim under the age of eight alleging child abuse leading to the death of the child, a second charge alleging a violation of PC §273ab 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 eight 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 PC §273ab is a sentence of 25 years to life in state prison – the same punishment for a conviction of first degree murder.



In child homicide cases where one parent, guardian, or caregiver kills a child, the law provides that the passive parent, guardian, or caregiver may, in some circumstances, be charged with the same crime as the person who actually inflicted the fatal injuries. The passive parent is one who has a duty of care for the child, knows he or she has that duty of care, and intentionally fails to perform that duty of care. In 2007, an FVD DDA prosecuted a case against a mother who knew that her spouse was a danger to their children, but left their son in the defendant's care. Although the mother knew or should have known that the defendant was abusing the child because she was in the same apartment as the defendant and child when the torture was occurring, the mother did not come to the aid of her child. After the child died, the mother helped the defendant attempt to cover-up the crime. Because there were no statutes on point, the DDA argued case law which discussed common law to support the charges against the mother. In 2008, the appellate court upheld the verdict and the California Supreme Court declined to review it. (*People v. Rolon* (2008) 160 Cal.App.4th 1206).

FVD attorneys also prosecute cases where a mother gives birth and then kills the baby or allows the baby to die. These crimes are typically committed with no witnesses present. The prosecution relies on medical evidence to prove that the child was born alive – the threshold issue in infanticide cases.

FVD attorneys also prosecute intimate partner homicide cases where children have observed one parent killing another. Forensic interviewers are utilized to determine what a child witness saw. When children must testify, FVD attorneys ensure that support persons are present in the courtroom and available to the child witness before and after court proceedings to help deal with the trauma associated with witnessing the crime and appearing in court with the parent accused of committing the crime. During and at the conclusion of court proceedings, victim service representatives provide the child witness and

guardians with referrals for counseling, relocation, and victims of crime financial assistance.

FVD utilizes all tools available to determine the appropriate charges to file. FVD, along with the VIP Divisions in Branch and Area Operations, Sex Crimes Division, Hardcore Gang Division, and Complaints Division utilize the Family and Children's Index (FCI) to determine what, if any, contacts the child victim or his or her family has had with other Los Angeles County agencies. FCI is a pointer system developed with the Inter-Agency Council on Child Abuse and Neglect (ICAN) and other county partners to ensure that critical information may be shared as deemed appropriate by each respective agency with other agencies to ensure child safety. It is anticipated that additional agencies will contribute information to the FCI and agree to the terms of use for it.

Additionally, DDAs who handle crimes with children as victims access the Electronic Suspected Child Abuse Reporting System known as E-SCARS. This collaborative database is an electronic system available to all primary law enforcement agencies in Los Angeles County, Department of Children and Family Services (DCFS) social workers, and prosecutors in both the District Attorney's Office and city prosecutor's offices. This state of the art system allows information to be shared quickly and securely with first responders in law enforcement and DCFS. The Los Angeles County Sheriff's Department (LASD) was the first law enforcement agency to be fully operational with this revolutionary tool. Specific information on current as well as prior allegations are given to patrol deputies at the time of dispatch so that officers in the field have the critical information needed as they investigate allegations of child abuse and neglect. E-SCARS

- Expedites inter-agency response to these sensitive cases
- Consolidates reports from multiple reporters
- Allows agencies to search for prior history of abuse



- Enables case tracking between agencies
- Increases law enforcement and social worker safety
- Expedites criminal investigations
- Enhances prosecution
- Reduces agency and personal liability and
- Ultimately may save children's lives

Law enforcement personnel throughout the county have been trained on the system. The District Attorney's Office audits the use of the system to ensure that this vital tool is being used effectively and timely by law enforcement agencies and prosecutors.

FVD DDAs also request DCFS records to assist in the prosecution of child abuse/ endangerment and child homicide cases.

In addition to the work done in the courtroom, the DDAs in the unit speak to various government agencies and community based organizations on the topic of mandated reporting. Under the Child Abuse and Neglect Reporting Act (PC §11164, et seq.), people in specified professions must report child abuse where they have reasonable objective suspicions that it is occurring. Failure of the mandated reporter to file the necessary report with law enforcement or the child protective agency may result in misdemeanor prosecution. The attorneys in FVD also train deputies in other units within the District Attorney's Office to ensure the uniform treatment of child abuse cases.

FVD deputies collaborate with multidisciplinary teams to improve the understanding of child abuse and endangerment cases and child homicide cases. FVD deputies are active members of the following ICAN Committees:

- Child and Adolescent Suicide Prevention Team
- Child Death Review Team

- Child Sexual Exploitation
- Data/Information Sharing
- Family and Child Index (FCI)
- Guidelines to Effective Response to Domestic Abuse (GERDA)
- Infants at Risk
- Legal Issues
- Los Angeles County Child Abuse and Neglect Protocol
- Mentoring
- Multi-Agency Identification and Investigation of Severe Nonfatal and Fatal Child Injury Guidelines
- Operations and
- Policy

FVD members attend Domestic Violence Death Review Team meetings which often explore cases where children are victims or witnesses in intimate violent homicide cases.

FVD DDAs also are instrumental in reviewing new legislation. In 2000, the Safely-Surrendered Newborn Law passed. This law has the overarching goal of saving the lives of newborn children at risk of being discarded by their parent. The intent of the law is to provide the option to the parent to safely and anonymously surrender the newborn to any employee on duty at a public or private hospital emergency room or additional location approved by the board of supervisors. The District Attorney's Office drafted three amendments to what is now codified in PC §271.5.

In 2010, FVD and the Sex Crimes Division reviewed and made recommendations on a significant number of bills aimed at protecting victims of intimate partner battering and child abuse and neglect. Previously, attorneys from the District Attorney's Office and the Los Angeles County Counsel's Office partnered to draft legislation regarding information-sharing between certain government agencies; ICAN co-sponsored the legislation. AB 1687



amended Civil Code §56.10 by adding §56.103. The new law allows a healthcare provider to disclose medical information to a county social worker, probation officer, or any other person who is legally authorized to have custody or care of a minor for the purpose of coordinating healthcare services and medical treatment provided to the minor. In 2010, legislation was proposed to reduce the number of people necessary to form a multi-disciplinary team so that critical information regarding child abuse and neglect may be shared with key people faster.

SEX CRIMES DIVISION

The Sex Crimes Division is comprised of three separate sections: the Sex Crimes Section, the Sexually Violent Predator (SVP) Section, and Stuart House.

Sex Crimes Section

DDAs assigned to the Sex Crimes Section vertically prosecute all felony sexual assaults occurring in the Central Judicial District and may handle other serious cases in other districts throughout the County of Los Angeles. DDAs handle cases involving both adult and child victims. The DDAs work closely with a victim/witness advocate assigned to the Sex Crimes Section 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 by the DDA assigned to the case and the detective assigned to the case from the law enforcement agency; frequently, a victim services representative is present. This interview is important both to build rapport with the child and to establish the number and types of charges that can be filed.

Since many cases of child sexual assault are committed by individuals in the child's home, DCFS and Dependency Court are often involved with a child who is the victim in the criminal prosecution. The DDA vertically prosecuting the criminal case is required to

make contact with relevant individuals and obtain relevant records in connection with DCFS and Dependency Court proceedings. It is important that the criminal justice system and dependency system work together to minimize trauma to the child and arrive at a just result in criminal court as well as a safe and supportive placement for the child.

The DDA assigned to the case is responsible for making the filing decision and ensuring that the case is properly filed and arraigned. This DDA also conducts the preliminary hearing and appears at all stages of the case in Superior Court, including the jury trial. Contact with the victim and the victim's family is essential throughout this process. If there are discussions with the defense attorney regarding a possible case resolution before preliminary hearing or trial, the DDA will advise the child and the child's parents or guardian of the pending disposition to seek their input before formalizing the disposition in court. At the time of sentencing, the child and/or the child's parents or guardian are by law entitled to have an opportunity to address the court regarding the impact the defendant's crime has had on the child.

Sexual assault of a child under 14 is usually filed as a violation of PC §288, defined as lewd and lascivious acts. A probationary sentence may not be imposed for this offense unless and until the court obtains a report from a reputable psychiatrist or psychologist who evaluates the mental condition of the defendant pursuant to PC §288.1. If, in evaluating the report, the court and the DDA find that the interests of justice and the safety of the community are served by imposing a probationary sentence, the defendant will receive a suspended sentence which will include, but not be limited to, the following terms and conditions of probation for a five-year period: confinement for up to a year in county jail; counseling to address the defendant's psychological issues; an order from the court to stay away from the victim; a separate order not to be in the presence of minor children without



the supervision of an adult; and restitution to the victim. If the defendant violates any of the terms and conditions of probation, a state prison sentence may then be imposed. In the alternative, depending on the nature of the offenses, a defendant may be sentenced directly to state prison. As part of any sentence, whether state prison or probation is initially imposed, the defendant is ordered to register as a sex offender upon release from custody with the local law enforcement agency in his area of residence. The registration, which must be updated annually, is a lifetime obligation placed upon the offender.

Sexually Violent Predator Section

The Sexually Violent Predator (SVP) Section handles cases in which the District Attorney's Office seeks a civil commitment in a mental hospital for individuals who have been convicted of a sexually violent criminal act against an adult or child victim, and who also have a current diagnosed mental disorder that makes it likely that they will engage in sexually violent behavior if they are released into the community. A true finding by a jury under the SVP law results in the offender receiving an indeterminate commitment to a state hospital at which he or she will be given the opportunity to participate in a mental health program designed to confront and treat the disorder. The offender may periodically apply for release into the community. If it is determined that the offender presents a continued threat to the safety of the community, SVP commitment will continue. The SVP law authorizes conducting these proceedings without renewed testimony from the victims previously traumatized by the offender's prior predatory behavior.

Stuart House

Stuart House is a multi-disciplinary center located in Santa Monica that responds to incidents of child sexual assault. It is

considered a state-of-the-art center where the various disciplines involved in the response to an incident of child abuse are housed in one location. Stuart House staff includes DDAs, law enforcement officers, certified social workers, victim advocates, and therapists. Medical exams are performed by an expert in child sexual abuse at a hospital located only one block away. This model significantly reduces trauma to the child by reducing the number of interviews that a child must endure by allowing all necessary members of the multi-disciplinary team to observe one interview conducted by a selected member of the team. The presence of all team members at one location provides enhanced communication and coordination. As with cases in the Sex Crimes Section, all cases at Stuart House are vertically prosecuted.

BRANCH AND AREA OPERATIONS – VICTIM IMPACT PROGRAM

A majority of the DDAs assigned to vertically prosecute cases in which children are victimized are assigned directly to Branch Offices with a caseload that covers both adult and child victims. The Branch and Area Victim Impact Program (VIP) obtains justice for victims through vertical prosecution of cases involving domestic violence, sex crimes, stalking, elder abuse, hate crimes, and child physical abuse/endorsement. VIP represents a firm commitment of trained and qualified deputies to prosecute crimes against individuals often targeted as a result of their vulnerability. The goal of the program is to obtain justice for victims while holding offenders justly accountable for their criminal acts. Each of the 11 Branches designates an experienced DDA to act as the VIP Deputy-in-Charge (DIC). The DICs previously held the designation of coordinator, but the District Attorney recognized the importance of the program and elevated those who run it to have some management functions. The DIC works closely with the assigned DDAs to ensure that all cases are appropriately prepared and prosecuted. All VIP DDAs receive



enhanced training designed to cover updated legal issues, potential defenses, and trial tactics.

In the San Fernando, Van Nuys, Torrance and Pomona Branches, DDAs assigned to VIP are given the specific assignment of specializing in the prosecution of cases involving child victims as part of a Multi-Disciplinary Interview Team.

Multi-Disciplinary Centers in Branch and Area Operations

Multi-Disciplinary Centers provide a place and a process that involves a coordinated, child-sensitive investigation of child sexual abuse cases by professionals from multiple disciplines and multiple agencies. Emphasis is placed on the child interview, within the context of a team approach, for the purpose of reducing system-related trauma to the child, improving agency coordination, and ultimately aiding in the prosecution of the suspect. The Center for Assault Treatment Services (CATS), Children's Advocacy Center for Child Abuse Assessment and Treatment in Pomona and the South Bay Child Crisis Center in Torrance are three programs that follow this model, similar to Stuart House in Santa Monica.

Center for Assault Treatment Services (CATS) – A Family Justice Center

The Center for Assault Treatment Services (CATS) is operated out of the Northridge Hospital Medical Center and is the only designated Sexual Assault Response Team in the San Fernando and Santa Clarita Valleys. The District Attorney's Office began a more active partnership with this program during 2009. CAT's mission is to provide compassionate, comprehensive care to adult and child victims of sexual abuse in a supportive and comfortable environment through a coordinated collaborative effort. Results obtained from specialized forensic interviews and evidence collection conducted by nurses and nurse practitioners with advanced training as Sexual

Assault Examiners are provided to law enforcement, local prosecutors and child protective services. CATS is a collaborative multidisciplinary program with a broad range of established relationships. The CATS Community is made up of law enforcement, public child protective services, district attorney's office, mental health and post-trauma treatment agency representatives as well as community persons.

Children's Advocacy Center for Child Abuse Assessment and Treatment

The Children's Advocacy Center for Child Abuse and Treatment (Children's Advocacy Center) provides an array of services for children who live in the Pomona and East San Gabriel Valleys. Professional forensic interviews are conducted at the Children's Advocacy Center of children who witness criminal acts and/or are victims of sexual or physical abuse. While these interviews are being conducted, prosecutors from Pomona Branch's VIP Team, law enforcement officers, and child protective services workers sit behind a one-way mirror and provide input for follow-up questioning. This approach allows each agency to fulfill their respective mission, yet minimizes the number of times the child must be interviewed. The interviews are conducted in a child-friendly and culturally-sensitive manner.

The forensic interviews are conducted by trained professionals and are digitally recorded. Research has shown that skillful, age-appropriate questioning improves the accuracy and truthful nature of child interviews. Besides prosecutors, other professionals in this multi-disciplinary team include forensic interviewers, law enforcement officers, mental health professionals, medical personnel, victim-advocates, and child protective services workers. In addition to attending the actual interview, prosecutors attend routine case review sessions. The Children's Advocacy Center's facilities have also been used to assist in the preparation and presentation of a Victim Impact Statement in court by young victims of child abuse.



Planning for the Children's Advocacy Center began in 2002 as a collaborative effort by local professionals working in the field of child abuse, including Los Angeles County DDAs. The Children's Advocacy Center was organized as a non-profit corporation and opened its doors in July 2004. By November 2007, it had achieved national accreditation from the National Children's Alliance. To date, it has provided services for over 600 children and their families. The vast majority of clients are girls under the age of 12.

Harbor UCLA Child Crisis Center

The Harbor UCLA Child Crisis Center (Crisis Center) opened as a model project of the Los Angeles County Board of Supervisors in 1986. The Crisis Center provides services to children from birth through age 17 who are victims of physical or sexual abuse. It is open to residents of 22 cities within the South Bay area of Los Angeles County. The Crisis Center provides state-of-the-art expert assessment while reducing trauma to the child victims and their families. The Crisis Center offers expert medical evaluation, sexual assault examination, and forensic examination. Experienced professional forensic interviewers with specialized training interview the victims in a non-threatening, child-friendly environment, enabling the investigating officer, assigned DDA, and social workers to observe the entire interview behind a one-way mirror. Crisis Center interviews are not recorded.

There is an on-site DCFS CSW. DDAs and law enforcement are not housed at the facility but attend the forensic interviews for their assigned cases. Child victims receive referrals for psychological counseling. Additionally, the experts are available to consult on child physical and sexual abuse issues and often provide training in the community.

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 DDAs assigned to these courts be experienced prosecutors with special training in the area of family violence.

JUVENILE DIVISION

The District Attorney's Juvenile Division is charged with the responsibility of petitioning the Superior Court of California, County of Los Angeles Juvenile Delinquency Court (Delinquency Court) for action concerning juvenile offenders who perpetrate crimes in Los Angeles County under Welfare and Institutions Code (WIC) §602. The Juvenile Division is under the auspices of the Bureau of Specialized Prosecutions. It is divided into two sections along geographical lines – North and South. North offices include Antelope Valley Juvenile, 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. The Juvenile Division works with local schools, law enforcement, the Los Angeles County Probation Department (Probation), the Los Angeles County Public Defender's Office (Public Defender), and the Delinquency Court to monitor and mentor youths who appear to be on the threshold of involvement in serious criminal activity.

School Attendance Review Board (SARB)

A minor's first contact with the juvenile justice system is often handled informally. For instance, the District Attorney's Hearing Officer Program works with school districts' School Attendance Review Boards (SARBs) to combat truancy. When students and/or their parents



violate school attendance laws, the matters are often referred to the District Attorney's Office for an office mediation hearing. The goal of the mediation process is to return truants to school while holding them responsible for their actions. In lieu of immediate referral for prosecution, the student and parents are given an opportunity to enter into a District Attorney School Attendance Contract. By entering into the contract, students and parents agree to immediately cease unexcused absences and tardies, to correct behavioral problems, and to adhere to SARB directives and other hearing officer resolutions. Failure to adhere to the contract can result in formal prosecution.

Juvenile Offender Intervention Network (J.O.I.N.)

The District Attorney also recognizes the need for early intervention for first-time juvenile offenders arrested for non-violent offenses. To that end, the District Attorney's Office has implemented the Juvenile Offender Intervention Network (J.O.I.N.). To participate in the program, parents and youthful offenders agree to the terms of a J.O.I.N. contract. In the contract, juvenile offenders acknowledge responsibility for their acts and agree to pay restitution, maintain good school attendance, and perform community service. Parents agree to attend parenting classes, and all families are referred to group counseling. Cases are intensely supervised and monitored by the hearing officer for one year. If the minor commits another offense or fails to adhere to the J.O.I.N. contract, the original case is referred for prosecution.

J.O.I.N. is a highly effective program. It aims to address the root causes of the delinquent behavior, offers intense supervision and monitoring of the juvenile, and metes out consequences for the crime often within two weeks of an arrest – rather than the 60 days it may take for Delinquency Court to hear a matter. In a three-year study, less than 5% of all youth who participated in J.O.I.N. reoffended.

Minors can also be placed on informal probation by the Probation Department prior to intervention by the court. After an arrest, a minor can be:

- Counseled and released
- Placed in informal programs through the school, law enforcement agency, or Probation
- Referred to the District Attorney's Office for filing consideration pursuant to WIC §626, or
- Referred by the District Attorney's Office to Probation for informal processing under WIC §652

In many instances, a deputy probation officer (DPO) assigned to review a referral from the District Attorney under WIC §652 will decide to continue to handle the matter informally and reserve re-sending the referral back to the District Attorney's Office for filing consideration. If the minor complies with the terms of informal supervision, the case does not come to the attention of the District Attorney's Office or the Delinquency Court; if the minor fails to comply, the DPO could then decide to refer the case for filing consideration.

A minor is ineligible for informal probation with the Probation Department if he or she was arrested for:

- 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 weapon at school
- A crime listed in WIC §707(b)
- An offense involving gang activity or requiring restitution in excess of \$1,000 or
- If the minor has
 - (1) Previously been placed on informal



probation and has committed a new offense

- (2) Is 14 or older and has been arrested for a felony or
- (3) Is 13 or younger and has a previous felony arrest (WIC §§652 and 653.5)

WIC §241.1 Dual Status Protocol

In 2004, the Legislature passed AB 129 which permits counties to develop a system where a youth can simultaneously be under the formal jurisdiction of the Delinquency Court and of the Dependency Court provided there is agreement among the Probation Department, DCFS, and the Juvenile Court. In 2007, the County of Los Angeles drafted and implemented the WIC §241.1 Dual Status Protocol (Protocol) and initiated a pilot project in the Pasadena Delinquency Court. The Protocol targets 300 youth who sustain a first time arrest and a 602 petition is filed by the District Attorney's Office in the Pasadena Delinquency Court requesting the youth be made a ward of the Delinquency Court. Through the Protocol and pilot project, stakeholders in the Los Angeles juvenile justice system, including the District Attorney's Office, hope to:

- Enhance public safety by providing better services to dependent youth and their families
- Reduce the number of dependent youths who become 602 wards of the Delinquency Court
- Better serve those who do become 602 wards, and
- Limit their time as 602 wards by maintaining Dependency Court jurisdiction where appropriate

During 2010, the 241.1 Pilot Project was extended to Eastlake Delinquency Court. As part of this expansion, the District Attorney's Office is also ensuring that 300 wards who are otherwise eligible for diversion consideration under the J.O.I.N. program are identified early and properly referred. In order to ensure their

success in the J.O.I.N. program, DCFS has agreed to provide continued support of the diverted youth through the year-long J.O.I.N. program. This effort requires collaboration of the District Attorney's Office with other stakeholders in the juvenile justice system, including DCFS, Department of Mental Health, and the minor's dependency attorney.

Juvenile Traffic Court

Law enforcement officers can also cite a minor to Informal Juvenile Traffic Court for misdemeanors and infractions listed in WIC §256. Sanctions which can be imposed upon minors by a Traffic Hearing Officer include:

- A reprimand with no further action
- Direct probation supervision for up to six months
- A fine
- Suspension of the minor's driver's license
- Community service or
- A warrant for any failures to appear

The minor has the right to an attorney for any misdemeanor violation referred to the Traffic Hearing Officer.

Delinquency Court Proceedings

If a minor is delivered by law enforcement to probation personnel at a juvenile hall facility, the DPO to whom the minor is presented determines whether the minor remains detained. There are three Juvenile Halls in Los Angeles County, all of which are under the supervision of the Probation Department. They are located in Sylmar (Barry J. Nidorf Juvenile Hall), East Los Angeles (Central Juvenile Hall), and Downey (Los Padrinos Juvenile Hall). 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 WIC §707(b), 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 (WIC §628.1). 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 or her 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 Delinquency Court at a detention hearing.

If the minor is detained, a Deputy District Attorney (DDA) must decide whether 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 [WIC §§ 631(a) and 632]. When a

minor appears before a judicial officer for a detention hearing, the Delinquency 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 (WIC §§202 and 635). At the conclusion of the detention hearing, the court may release the minor to a parent or guardian, place the minor on home supervision, or detain the minor in a secure facility.

In 2000, the California electorate passed Proposition 21, the Gang Violence and Juvenile Crime Prevention Initiative, which expanded the list of crimes for which minors could be prosecuted as adults. The initiative became effective on March 8, 2000 and applies to prosecutions of crimes committed on or after that date. As amended, WIC §602(b) requires the prosecution to file the case directly in adult court if a minor, age 14 or older, is charged with one of the following offenses:

- A first degree murder (PC §187) with one or more special circumstances, if it is alleged that the minor personally killed the victim or
- Forcible sexual assaults, if the minor personally committed the offense and one or more circumstances enumerated in PC 667.61 (d) or (e) are alleged

Section 26 of Proposition 21 amended WIC §707(d) to give the prosecution the discretion to file specified crimes committed by minors directly in adult court. Under this discretionary direct file provision, a prosecutor may file directly in adult court if:

- A minor age 14 years or older personally uses a firearm to commit any crime, commits a crime punishable by life in prison, or commits an offense listed in WIC §707(b) when other aggravating factors also exist or
- A minor age 16 years or older commits a felony enumerated in WIC 707(b) or commits a gang crime, a hate crime, or a crime against a vulnerable victim, and has



a prior sustained felony since the age of 14

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 Delinquency Court, reliance upon the use of the traditional fitness hearing conducted under the provisions of WIC §707(a)-(c) is the preferred means of achieving this result. In those 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 WIC §707(d) will be employed.

Under WIC §707(a) - (c), the prosecution may petition the court to find a minor unfit for juvenile court and send the case to adult court for prosecution. The court must consider each of the following factors in determining whether the minor's case should remain 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 are presumed unfit if they commit a serious or violent offense as listed in WIC §707(b) (such as murder; 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 16 years or older can also be found unfit for juvenile court for a criminal offense not

listed in WIC §707(b) but they are presumed fit unless they commit a felony and have two prior sustained felonies since the age of 14. The importance of the presumption is that at the beginning of the hearing, the party with the presumption has the advantage when the court begins the weighing process. In instances where the minor has the presumption of fitness, the burden is on the DDA to present substantial evidence that the minor is unfit and should be remanded to adult court.

If a minor's case remains in juvenile court, the minor has a right to an 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 Delinquency Court must be convinced beyond a reasonable doubt that the minor committed the offense alleged in the petition. The DDA 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 DDA 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 DDA 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 the interests of public safety. It may include punishment that is consistent with the rehabilitative objectives of WIC §202(b).



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
- Drug testing
- Restrictions on the minor's driving privilege
- Suitable placement
- Placement in a camp supervised by the Probation Department
- Placement in the California Department of Corrections and Rehabilitation, Division of Juvenile Justice and
- Placement in 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 WIC §790 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 WIC §707(b) 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.

NARCOTICS DIVISION

Drug abuse damages all sectors of society. Drug abuse destroys individual lives, breaks families apart, and is very often the motivating factor behind crimes.

To combat the drug problem, the District Attorney's Office pursues several strategies. The District Attorney's Office participates in Drug Court, an effective diversion program for drug abusers. When cases are not appropriate for Drug Court, the District Attorney's Office effectively prosecutes drug cases.

In addition, the District Attorney's Office has established the Major Narcotics Division (Major Narcotics), a team of specially trained attorneys responsible for prosecuting significant narcotics trafficking organizations that operate in Los Angeles County. This division ensures that highly effective prosecutors represent the people of the State of California in cases against drug traffickers most responsible for the drug supply. Major Narcotics also is responsible for processing all applications for wiretaps, an effective information tool against drug traffickers and dealers. Deputies receive specialized training from the California Narcotics Officers' Association on topics ranging from clandestine laboratories, international drug trafficking, the manufacturing and distribution of narcotics, and the risks of drug manufacturing to children.

Drug Endangered Children (DEC) Response Team

The clandestine manufacture and distribution of methamphetamine continues to create a public health and safety crisis in Los Angeles County. Recent changes in the law, the creation of joint taskforces to combat methamphetamine labs, and effective prosecution have caused a decrease in the number of labs in Southern California. However until all such labs have been completely eradicated, their existence continues to jeopardize the safety of children long before the drugs hit the streets. More than



80% of all methamphetamine labs seized are found in homes, garages, apartments, motels, or mobile homes where children are often present. These labs, stocked with toxic chemicals and at high risk for explosions, expose children to highly dangerous living conditions.

To address this issue, the District Attorney's Office and DCFS partnered with the Los Angeles Interagency Police Apprehension Crime Task Force to create the Drug Endangered Children Response Team (DEC). DEC specializes in seizing labs that manufacture methamphetamine and other narcotics, and provides a coordinated response to the crisis of children found in home labs. To date, more than 100 children have been rescued from methamphetamine labs. All have received specialized medical and social services to diagnose and treat the physical and emotional effects of drug exposure.

In addition, the District Attorney's Office vertically prosecuted over 470 criminal defendants involved in the manufacture of methamphetamine, meaning a highly trained prosecutor handled each case from beginning to end. Also, criminal child endangerment charges were filed in all major narcotics cases where such charges were factually appropriate.

Within the last year, Major Narcotics filed child endangerment charges against individuals who trafficked in cocaine, heroin, methamphetamine, opium, and PCP. In fact, the manufacture of PCP has made a dramatic resurgence. Two PCP labs have been discovered in residential neighborhoods within April, May, and June, 2010, with quantities of PCP in excess of 25 gallons. PCP labs are especially dangerous in that they can ignite simply due to humid conditions. The District Attorney's Office successfully prosecuted those manufacturers who were sent to state prison earlier in 2010. The Major Narcotics Division takes a hard line when it comes to drug endangered children and has an aggressive policy of filing child endangerment charges when children are found in homes where drug labs, large quantities of narcotics, and/or guns are found.

In 2003, DEC was named a Top Ten Award Winner by the Los Angeles County's Quality and Productivity Commission at its annual awards program. DEC saved Los Angeles County over fifteen million dollars (\$15,000,000) in costs. More importantly, it has potentially saved the lives of hundreds of children.

Due in part to DEC's efforts, California has now restricted sales of pseudoephedrine and ephedrine, the precursors to methamphetamine. The restriction, combined with the prosecution of methamphetamine manufacturers where children are present, has resulted in a sharp decrease in the prevalence of methamphetamine laboratories in California.

HARDCORE GANG DIVISION

Cognizant of the fact that gangs and violent crimes continue to plague our communities and pose a serious threat to the safety and security of all citizens of Los Angeles, the District Attorney's Office remains committed to vigorously prosecuting the juveniles and adults who commit gang offenses. With more than 1,400 street gangs in Los Angeles County, gang violence, graffiti, and vandalism continue to deteriorate communities and diminish the quality of life in numerous neighborhoods. The District Attorney's Office utilizes vertical prosecution to ensure that these serious crimes and the victims of those crimes receive the dedicated attention of knowledgeable experts in the field. The District Attorney's Office published *Gang Crime and Violence in Los Angeles County: Findings and Proposals* from the District Attorney's Office in April 2008. The entire report and statistical data may be obtained at the District Attorney Office's website at www.da.lacounty.gov under "Top Documents." In addition to prosecuting gang members, the Office actively works to prevent or dissuade children from joining gangs.



The CLEAR Program

In 1996, three year old Stephanie Kuhen was killed by gang members in northeast Los Angeles. Within a year, the multi-agency collaborative – Community Law Enforcement and Recovery (CLEAR) – was created to facilitate the recovery of gang-infested communities by decreasing the criminal activity of targeted gangs. Deputy district attorneys, deputy city attorneys, law enforcement personnel, deputy probation officers, and members of the Department of Corrections are co-located in specific areas where they can focus their attention on the most active gang members. CLEAR has been identified as a highly successful gang suppression and prevention program.

The HEAT Program

The HEAT (Heightened Enforcement and Targeting) Program is a multi-agency gang enforcement program initiated by the Hardcore Gang Division of the District Attorney's Office in the late 1990s and staffed by Los Angeles County agencies. The program was developed to address a sudden increase in certain unincorporated areas of the county and began operation in the areas of Valinda, Athens, and East Los Angeles. Initially funded by the Los Angeles County Board of Supervisors, additional HEAT sites throughout the county have received funding through a variety of state and federal grants.

Some of the HEAT sites have expanded the concept of a multidisciplinary approach to combating gang violence by including a community based component. The enforcement team at the Lennox HEAT site created Project STOP. The enforcement team is comprised of a specially trained deputy district attorney from the Hardcore Gang division, a LASD Deputy assigned to Operation Safe Streets (OSS), and a probation officer. Project STOP expanded the enforcement team to include a community based organization and the local school district. The team created a

prevention component that focused on middle school students and included a program teaching the children to become mediators and to intervene to prevent violence among peers.

SAGE (Strategy Against Gang Environment)

The SAGE Program is aimed at improving the quality of life in neighborhoods by placing experienced DDAs in cities or areas to work with established agencies to develop new programs. SAGE DDAs 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.

Supervisor Gloria Molina's office initiated the development and funding for the Pico Rivera Task Force, a SAGE Team in the Whittier/Pico areas of the county, targeting graffiti and vandalism crimes. The team is comprised of a deputy district attorney, four LASD deputies, an LASD sergeant, and a probation officer. The team handles cases involving adults and minors. As of June 2008, it has filed 69 cases in the Whittier Area Office and Los Padrinos Juvenile Court.

East Los Angeles Parent Project

The goal of the East Los Angeles Parent Project, which is directed through the District Attorney's Office's SAGE program, is to reduce gang membership by improving the parenting skills of those whose children are at risk of joining gangs. The East Los Angeles Parent Project Collaboration includes the District Attorney's Office, Los Angeles County Parks and Recreation Department, LASD, Supervisor Gloria Molina's office, the Los Angeles County Probation Department, and the Boys and Girls



Club of East Los Angeles, and provides parenting classes at three parks in East Los Angeles.

The classes are open to any interested parent, but approximately 80% of the attendees are referrals from juvenile court. During the 10-week program, parents learn to identify potential gang and drug problems with their children, learn the difference between influencing and controlling conduct, learn to modify behavior, and learn how to develop an effective action plan. The program stresses “active” supervision of the child and teaches the parent to take an interest in the child’s friends, activities, and school.

The program has been extremely effective and it is hoped that it can be replicated in other parts of the county.

OFFICE WIDE UNITS VICTIM/WITNESS ASSISTANCE PROGRAM

The program is staffed by victim/witness advocates who have received special training in state programs regarding restitution for victims of crime and advocacy and support for victims of violence. The advocate’s primary responsibility is to provide support to the victim. This function is considered essential in cases with a child victim. Often, the advocate will be the first person associated with the District Attorney’s Office with whom the child will meet.

The advocate will explain each person’s role in the criminal justice process while working to establish a rapport with the child. The advocate is available to participate in the pre-filing interview to give emotional support for the child victim and to provide a friendly, nurturing sense of care. The advocate assists the non-offending parents or guardians of the child victim to connect with appropriate counseling for children who either witness or are victims of violent crimes in order to promote the mental and emotional health of the child.

The advocate provides court accompaniment to the child victim and the victim’s family and assists in explaining the court process.

There are two essential tools that the advocate relies upon in explaining the criminal court process. The advocate uses an activity book for children produced by the Administrative Office of the Courts entitled, *What’s Happening in Court?*, and a short educational video that illustrates what happens in court, the roles of court personnel, the rules associated with court procedures, and how the child’s role is important to the court process. By using these tools, the child’s experience in court becomes more understandable. Whenever possible, the advocate will attempt to take the child and the child’s family into an accessible courtroom. This opportunity will allow the child to visualize each person’s role and where they are positioned in court. The child will have the opportunity to sit in the witness chair in order to become familiar with the courtroom setting and to ease any tensions and fears that may arise as a result of appearing in an unfamiliar setting.

Other services offered by the advocate include but are not limited to the following:

- Crisis intervention
- Emergency financial assistance
- Referrals for counseling, legal assistance and other resources
- Assistance in filing for State Victim Compensation
- Referrals and information to appropriate community agencies and resources
- Speaking engagements explaining the services provided through the Los Angeles County District Attorney’s Office Victim/ Witness Assistance Program

DISTRICT ATTORNEY BUREAU OF COMMUNITY RELATIONS

The District Attorney’s Office is committed to working with youths and their parents to keep young people in school, away from drugs and gangs, and on the path to a productive adult-



hood. In these pages you will learn of the crime prevention measures implemented by the District Attorney's Office and gain access to informational resources available within the office in the areas of crime prevention, public safety, and victim assistance.

**PROJECT L.E.A.D.
(LEGAL ENRICHMENT
AND DECISION-MAKING)**

Project L.E.A.D. is a law-related educational program, begun in 1993, that places prosecutors and other criminal justice professionals inside fifth-grade classrooms one hour a week for 20 weeks. Students follow a challenging curriculum designed to develop the knowledge, skills, understanding, and attitudes that will allow them to function as participating members of a democratic society. The program's curriculum focuses on issues involving drug abuse, violence, and hate crimes. It also provides social tools, such as conflict resolution and coping with peer pressure. During the 2009-2010 school year, 117 volunteers taught the curriculum to 1,581 students in 57 classrooms at 38 public schools throughout Los Angeles County. As part of the program, 789 students toured Los Padriños Juvenile Hall, 293 students toured Barry J. Nidorf Juvenile Hall, 480 students visited the Museum of Tolerance and 798 students explored their local courthouses. Participating schools are listed below:

<u>Schools</u>	<u>Districts</u>	<u>Students</u>
Cerritos	ABC	32
Leal, Frank C.	ABC	109
Ynez	Alhambra	33
Jefferson, Thomas	Bellflower	30
Rosecrans, General	Compton	62
Leffingwell	East Whittier City	29
California	Hacienda La Puente	40
Centinela	Inglewood	63

Freeman, Daniel	Inglewood	22
La Cañada schools	La Cañada	14
Mariposa	Lancaster	80
Aragon Avenue	Los Angeles	26
Audubon	Los Angeles	30
Breed Street	Los Angeles	50
Castelar Street	Los Angeles	48
City Terrace	Los Angeles	64
Dena	Los Angeles	23
Euclid Avenue	Los Angeles	46
Foshay Learning Center	Los Angeles	18
Gratts, Evelyn Thuman	Los Angeles	23
Hoover Street	Los Angeles	29
Huntington Drive	Los Angeles	29

<u>Schools</u>	<u>Districts</u>	<u>Students</u>
Kester Avenue	Los Angeles	32
Lorena Street	Los Angeles	110
Murchison Street	Los Angeles	58
Nevin Avenue	Los Angeles	23
Panorama City	Los Angeles	29
Russell	Los Angeles	30
San Fernando	Los Angeles	56
Utah Street	Los Angeles	24
Keller, Helen	Lynwood	27
Parks, Rosa	Lynwood	30
Laguna Nueva	Montebello	33
Foster Road	Norwalk-La Mirada	31
Cleveland, Grover	Pasadena	34
Jefferson, Thomas	Pasadena	35
Madison, James	Pomona	98
West Whittier	Whittier City	31



Rescue Youth Mentorship Program

The Rescue Youth Mentorship Program, begun in 1992, partners the District Attorney’s Office with the Los Angeles County, Long Beach, and Montebello fire departments to establish mentoring relationships between firefighters and middle school students, ages 12 to 14. Students must commit to visiting their local firehouse once a week for two hours throughout the school year and into the summer. Mentors work to develop students’ self-esteem and teach them life skills, such as responsibility, discipline, and teamwork. Field trips promote individual and group responsibility. Students and their mentors plant trees in the Angeles National Forest, go deep-sea fishing, and learn to surf and kayak as part of an ocean safety day. During the 2009-2010 school year, the Rescue program matched 405 firefighters with 130 students from 64 schools in 35 school districts throughout Los Angeles County. Participating schools are listed below:

<u>Schools</u>	<u>Districts</u>
Carmenita	ABC
Haskell	ABC
Ross, Faye	ABC
<u>Schools</u>	<u>Districts</u>
Tetzlaff, Martin B.	ABC
Slauson	Azusa
Holland, Jerry D.	Baldwin Park
Torch	Bassett
Ramona	Bonita
Castaic	Castaic
El Roble	Claremont
Las Palmas	Covina-Valley
Sierra Vista	Covina-Valley
Northview	Duarte
East Whittier	East Whittier
Durfee	El Monte

Potrero	El Monte
Wright	El Monte
North Park	El Rancho
Temple, Roger W.	Garvey
Sandburg	Glendora
Orange Grove	Hacienda La Puente
Sierra Vista	Hacienda La Puente
Valinda	Hacienda La Puente
Crozier	Inglewood
Almondale	Keppel Union
Park View	Lancaster
Wright, Arthur E.	Las Virgenes
Hill, Walter B.	Long Beach
Jefferson	Long Beach
Marshall, John	Long Beach
Powell, Colin	Long Beach
Rogers, Will	Long Beach
Stephens, William Logan	Long Beach
Washington, George	Long Beach
Century Community	LACOE
View Park Prep	LACOE
Carnegie, Andrew	Los Angeles
Curtiss, Glenn Hammond	Los Angeles
<u>Schools</u>	<u>Districts</u>
Drew, Charles	Los Angeles
Gage, Henry T.	Los Angeles
Griffith	Los Angeles
LACES	Los Angeles
Marina del Rey	Los Angeles
Peary, Robert	Los Angeles
Southeast	Los Angeles
Rancho-Starbuck	Lowell Joint
Eastmont	Montebello



Montebello	Montebello
Madrid, Alfred S.	Mountain View
Los Alisos	Norwalk-La Mirada
Los Coyotes	Norwalk-La Mirada
Waite, Nettie L.	Norwalk-La Mirada
Mesa	Palmdale
Miraleste	Palos Verdes
Fremont, John C.	Pomona
Marshall, John	Pomona
Alvarado	Rowland
Oak Avenue	Temple City
Chaparral	Walnut Valley
South Pointe	Walnut Valley
Suzanne	Walnut Valley
Edwards, Katherine	Whittier City
La Mesa	William S. Hart Union
Dana, Richard Henry	Wiseburn

Protecting Our Kids: Keeping Kids Safe on the Internet

Protecting Our Kids (P.O.K.) is a program dedicated to helping parents protect their children from the threats of predators using the Internet to victimize children. A major component of P.O.K. is available through the District Attorney's website, da.lacounty.gov/POK. The website provides parents with a list of warning signs that a child may be in contact with an Internet predator. It also provides links to other sites that offer parenting guides to the Internet and teach children online safety. Representatives from the Bureau of Community Relations have presented the P.O.K. program to thousands of parents, school counselors, pediatricians, and children at various venues, such as parent meetings and counselor training sessions, since its inception in 2004. Presentations made from June 2009 to May 2010 are listed below:

<u>Organization</u>	<u>Audience/Attendees</u>
La Verne Public Library	Parents and Kids
Stanford Middle School	Parents
Franklin Elementary	Parents
Pasadena Junior League	Parents/Students
Paramount School District	Parents
Covina High School	Students
Los Angeles Unified School District	Parents
La Cañada Flintridge Girl Scout Troop	Students
Hamilton Middle School	Students
Pasadena Charity League	Students
Calif. Crime Prevention Officers Assn.	Law Enforcement

Environmental Scholarship Program

A college scholarship fund was established at five Los Angeles County high schools as the result of the prosecution and settlement of a major environmental crime case. Graduating seniors at Bell Gardens, El Rancho, Montebello, Pioneer, and Schurr high schools are eligible for the scholarships. They are awarded annually to students who have demonstrated a serious interest or commitment to environmental issues. This interest can be demonstrated through achievements in science, social sciences, or community activities involving air pollution, waste disposal, recycling, and environmental education. In 2010, eight students received scholarships totaling \$5,300. The District Attorney's Office has awarded 325 scholarships totaling \$195,800 to local students since the fund was established in 1991.

Domestic Violence Hotline (1-800-978-3600)

The District Attorney's Office established the Los Angeles County Domestic Violence Hotline in 1994 to help victims find a safe way out of abusive environments. Thousands of



callers are routed directly to trained shelter personnel fluent in 11 languages – English, Spanish, Korean, Vietnamese, Mandarin, Cantonese, Tagalog, Khmer, Japanese, Thai, and Armenian.

Pamphlets

The District Attorney's Office produces a wide variety of pamphlets to inform the public of its programs and services for crime victims and the community. Topics include domestic violence, elder abuse, hate crimes, crime victims' rights, and a guide for navigating the criminal justice system. Pamphlets are available online at da.lacounty.gov.

Speakers Bureau

Through its Speakers Bureau, the District Attorney's Office dispatches experts for presentations on a variety of criminal justice issues and victim services. Deputy district attorneys, investigators, and other professional staff members volunteer to speak to community groups, schools, and other organizations throughout Los Angeles County. Presentations are free and require a minimum of 25 attendees and two weeks advance notice. To request a speaker, visit da.lacounty.gov/speakers.

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 is 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 PC §187 in the category of total filings (Figure 2). If, at the conclusion of the case, the Murder (PC §187) 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, PC §273ab), that statistic would be reflected as a conviction under the statistics compiled for the lesser charge (Figures 6 and 7).

In assessing cases that were either dismissed or declined for filing (Figures 3 and 4), it is important to keep in mind that among the reasons for declining to file a case (lack of corpus; lack of sufficient evidence; inadmissible search and seizure; interest of justice; deferral for revocation of parole; a probation violation was filed in lieu of a new filing; or 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 a child or an adult, or domestic violence against a teenager or adults, the victim may decline to participate in a prosecution and not face the prospect of being incarcerated for contempt of court for failing to testify (CCP §1219). 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 his or her 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. Sentencing data is broken down to cover cases in which a defendant has received a life sentence, a state prison sentence, or a probationary sentence (Figures 7 and 8). A probationary sentence includes, in a vast majority of cases, a sentence to county jail for up to 1 year as a term and condition of probation under a 5-year grant of supervised probation.

As it is not uncommon for minors 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 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 automatically 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. A 16 year old who punched his 16 year old girlfriend in face would be investigated as intimate partner violence.

Statistics regarding the gender of defendants are also included. It is important when comparing the years of available statistics covering juvenile delinquency offenses to remember that Proposition 21, as discussed in the Juvenile Division section of this report, was in effect beginning in March of 2000. This factor may make any meaningful comparison between the statistics prior to the passage to those subsequent to the passage of Proposition 21 difficult. Adult and juvenile comparisons are provided as are comparisons among both groups for total cases filed by the District Attorney's Office compared to a gender breakdown for child abuse related offenses (Figures 18, 19, 20, and 21).

Information contained by Zip Code is provided as a means of determining how children in different areas of the county are impacted by these crimes. The majority of cases in the District Attorney's Office are filed in the jurisdiction where the crime occurred. The Zip Codes represent the address of the District Attorney's Office where the case was filed.

For the seventh year, the report contains data regarding the number of child abuse cases filed that also included the filing of a count of Spousal Abuse within the meaning of PC §273.5 (Figure 22). In all seven years, the percentage of cases in which these offenses are joined has been consistent. In 2003, this joinder occurred in 9% of the cases filed; in 2004, it occurred in 8% of the cases; in 2005, the joinder occurred in 9% of the cases; in 2006, the joinder occurred in 7% of the cases, 2007, the joinder occurred in 7% of the cases, in 2008, the joinder occurred in 8% of the cases, and in 2009, the joinder occurred in 7% of the cases.



SELECTED FINDINGS

- A total of 5,050 cases relating to child abuse and neglect were submitted for filing consideration against adult defendants
- Of these, charges were filed in 47% (2,368) of the cases reviewed. Felony charges were filed in 62% (1,480) of these matters. Misdemeanor charges were filed in 38% (888) of these matters
- Of those cases declined for filing (a total of 2,682 – both felonies and misdemeanors), cases submitted alleging a violation of PC §288(a) accounted for 37% of the declinations (989)
- In 81% of the adult cases filed involving child abuse, the gender of the defendant was male
- Convictions were achieved in 90% of the cases filed against adult offenders. Defendants received grants of probation in 68% (1,149) of these cases. State prison sentences were ordered in 29% (492) of the cases; with 1% (15) of the defendants receiving a life sentence in state prison
- A total of 615 cases relating to child abuse and neglect were submitted for filing consideration against juvenile offenders
- Of these, charges were filed in 52% (318) of the cases reviewed. Felony charges were filed in 96% (306) of these cases
- Of the filed cases, 59% (189) alleged a violation of PC §288(a)
- Of the declined cases (297 – both felonies and misdemeanors), 68% (202) alleged a violation of PC §288(a)
- In 96% of the petitions filed involving child abuse, the gender of the minor was male
- Sustained petitions (185) were achieved in 85% of the juvenile cases

CONCLUSION

The Los Angeles County District Attorney's Office is dedicated to providing justice to the children of this community. Efforts to enhance their safety through the vigorous prosecution of individuals who prey upon children are tempered with care and compassion for the needs of the children who have been victimized. This process is important to a prosecuting entity that has been sensitized to the special nature of these cases and assisted by active partnerships with other public and private entities in crime prevention efforts designed to enrich the lives of all children. Through these efforts, the Los Angeles County District Attorney's Office has established a leadership role in community efforts to battle child abuse and neglect.

RESPONSE TO RECOMMENDATIONS FROM 2009 REPORT

RECOMMENDATION ONE:

Consistent Reporting of Data Categories

The District Attorney's Office keeps data on several different categories including, but not limited to, the type of crime committed, jurisdiction where the case was filed for prosecution, and gender of the offender. The data categories are contained in this report. The Office does not keep data based on ethnicity, Service Planning Area, or zip code where the crime occurred.

RECOMMENDATION TWO:

Geographic Information System (GIS) Mapping Techniques

The District Attorney's Office did not use GIS mapping techniques to report data in this report, but will consider using it in future reports.



Figure 1

LIST OF PRIORITIZED STATUTES FOR 2009

CODE	STATUTE	FORM NO	ORDER	CODE	STATUTE	FORM NO	ORDER
PC	187(A)		1	PC	288A(B)(1)		40
PC	273AB		2	PC	266J		41
PC	273A(2)		3	PC	266H(B)		42
PC	269(A)(1)		4	PC	266H(B)(1)		43
PC	269(A)(2)		5	PC	266H(B)(2)		44
PC	269(A)(3)		6	PC	266I(B)		45
PC	269(A)(4)		7	PC	266I(B)(1)		46
PC	269(A)(5)		8	PC	266I(B)(2)		47
PC	664/187(A)		9	PC	266		48
PC	207(B)		10	PC	288A(B)(2)		49
PC	207(C)	002	11	PC	12035(B)(1)		50
PC	207(D)	002	12	PC	311.4(B)		51
PC	207(A)	002	13	PC	311.2(B)		52
PC	207(A)	003	14	PC	311.2(D)		53
PC	208(B)		15	PC	311.3(E)		54
PC	288.5(A)		16	PC	311.10		55
PC	288.5		17	PC	311.11(B)		56
PC	286(C)(1)		18	PC	261.5(D)		57
PC	286(C)	001	19	PC	261.5(C)		58
PC	288(B)(1)		20	PC	311.1(A)		59
PC	288(B)		21	PC	311.4(C)		60
PC	288(A)		22	PC	271A		61
PC	288A(C)(1)		23	PC	12035(B)(2)		62
PC	288A(C)	001	24	PC	12036(B)		63
PC	289(J)		25	PC	12036(C)		64
PC	289(I)		26	PC	267		65
PC	289(H)		27	PC	647.6(B)		66
PC	273A(A)		28	PC	647.6(A)	002	67
PC	273A		29	PC	647.6		68
PC	273A(1)		30	PC	647.6(A)	001	69
PC	273A(A)(1)		31	PC	261.5(A)		70
PC	273D(A)		32	PC	261.5(B)		71
PC	278		33	PC	261.5		72
PC	278.5		34	PC	273A(B)		73
PC	278.5(A)		35	PC	273G		74
PC	288(C)(1)		36	PC	311.1		75
PC	288(C)		37	PC	311.4(A)		76
PC	286(B)(2)		38	PC	311.11(A)		77
PC	286(B)(1)		39	PC	311.3(A)		78
				PC	273I(A)		79



Figure 2

TOTAL ADULT FILINGS BY CHARGE FOR 1999 THROUGH 2009

Charge	1999		2000		2001		2002		2003		2004	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC12035(b)(1)	0	0	0	0	1	0	0	0	3	0	0	0
PC12036(b)	0	0	0	0	0	1	0	2	0	1	0	0
PC12036(c)	0	0	0	0	0	0	0	0	0	0	0	0
PC187(a)	38	0	33	0	25	0	25	0	31	0	23	0
PC207(a)	11	0	1	0	9	0	26	0	20	0	13	0
PC207(b)	0	0	9	0	6	0	7	0	3	0	11	0
PC208(b)	13	0	22	0	11	0	13	0	3	0	1	0
PC261.5	0	0	0	0	0	0	0	0	0	0	0	0
PC261.5(b)	3	23	0	27	0	38	0	28	0	17	0	11
PC261.5(c)	202	0	138	22	121	52	112	70	101	48	87	57
PC261.5(d)	82	5	69	8	41	13	39	12	38	6	45	7
PC266	0	0	0	0	0	0	0	0	0	0	0	0
PC266h(b)	0	0	0	0	2	0	1	0	0	0	0	0
PC266h(b)(1)	0	0	0	0	0	0	0	0	0	0	0	0
PC266h(b)(2)	0	0	0	0	0	0	0	0	0	0	0	0
PC266i(b)(1)	0	0	0	0	0	0	0	0	0	0	0	0
PC266i(b)(2)	0	0	0	0	0	0	0	0	0	0	0	0
PC266j	7	0	2	0	3	0	5	0	4	0	3	0
PC269	0	0	1	0	0	0	0	0	0	0	0	0
PC269(a)(1)	14	0	17	0	18	0	22	0	26	0	23	0
PC269(a)(2)	0	0	0	0	0	0	1	0	0	0	2	0
PC269(a)(3)	4	0	3	0	8	0	13	0	8	0	4	0
PC269(a)(4)	1	0	5	0	0	0	3	0	6	0	7	0
PC269(a)(5)	2	0	9	0	3	0	4	0	7	0	10	0
PC271a	0	6	0	4	2	7	1	7	6	6	1	1
PC273a(1)	0	0	0	0	0	0	0	0	0	0	0	0
PC273a(a)	479	76	452	94	436	128	587	119	446	108	411	111
PC273a(b)	70	423	0	606	2	601	4	578	1	550	1	581
PC273ab	1	0	1	0	0	0	0	0	1	0	0	0
PC273d(a)	77	82	66	85	58	88	25	87	31	75	37	66
PC273g	0	0	0	0	0	5	0	2	0	1	0	0
PC278	18	4	1	3	24	3	27	6	25	2	19	1
PC278.5	13	2	4	1	47	7	9	5	15	0	4	1
PC278.5(a)	15	1	34	3	0	0	39	10	24	3	31	0



Figure 2 (Cont.)

TOTAL ADULT FILINGS BY CHARGE FOR 1999 THROUGH 2009

Charge	2005		2006		2007		2008		2009	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC12035(b)(1)	0	0	0	1	1	1	0	0	1	0
PC12036(b)	0	0	0	0	0	0	0	0	0	0
PC12036(c)	0	0	0	0	0	0	0	1	0	0
PC187(a)	25	0	17	0	20	0	20	0	16	0
PC207(a)	19	0	11	0	18	0	23	0	14	0
PC207(b)	6	0	6	0	8	0	4	0	5	0
PC208(b)	1	0	1	0	0	0	0	0	1	0
PC261.5	1	0	1	1	1	1	2	0	0	0
PC261.5(b)	0	36	0	17	0	18	0	24	0	20
PC261.5(c)	80	43	72	37	86	46	83	74	92	62
PC261.5(d)	39	4	27	6	42	6	42	9	29	9
PC266	1	0	0	0	0	0	1	0	2	0
PC266h(b)	1	0	0	0	0	0	0	0	0	0
PC266h(b)(1)	5	0	4	0	5	0	8	0	10	0
PC266h(b)(2)	0	0	6	0	2	0	6	0	3	0
PC266i(b)(1)	1	0	2	0	0	0	0	0	5	0
PC266i(b)(2)	1	0	1	0	0	0	0	0	0	0
PC266j	2	0	0	0	1	0	0	0	0	0
PC269	0	0	0	0	0	0	0	0	0	0
PC269(a)(1)	26	0	14	0	22	0	23	0	19	0
PC269(a)(2)	2	0	1	0	2	0	0	0	1	0
PC269(a)(3)	3	0	3	0	7	0	4	0	4	0
PC269(a)(4)	4	0	1	0	7	0	5	0	13	0
PC269(a)(5)	5	0	3	0	3	0	7	0	5	0
PC271a	3	2	2	3	1	6	0	2	0	2
PC273a(1)	1	0	0	0	0	1	0	0	0	0
PC273a(a)	432	117	374	123	399	123	429	112	389	113
PC273a(b)	0	591	0	475	1	557	4	613	1	595
PC273ab	5	0	1	0	0	0	4	0	1	0
PC273d(a)	24	69	41	55	45	50	38	70	32	73
PC273g	0	0	0	0	0	14	0	1	0	1
PC278	26	2	11	4	11	3	12	1	13	1
PC278.5	4	3	4	2	1	1	0	2	1	0
PC278.5(a)	8	0	18	4	16	1	15	2	8	4



Figure 2 (Cont.)

TOTAL ADULT FILINGS BY CHARGE FOR 1999 THROUGH 2009

Charge	1999		2000		2001		2002		2003		2004	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC286(b)(1)	3	1	6	0	8	0	6	1	8	1	7	1
PC286(b)(2)	9	0	8	0	4	0	2	0	3	0	1	0
PC286(c)	1	0	1	0	1	0	2	0	2	0	0	0
PC286(c)(1)	0	0	0	0	13	0	9	0	8	0	5	0
PC288(a)	606	0	538	0	714	0	498	1	437	0	476	1
PC288(b)	6	0	7	0	1	0	2	0	2	0	3	0
PC288(b)(1)	0	0	0	0	98	0	47	1	60	0	46	0
PC288(c)	6	0	2	0	1	0	1	0	0	0	0	0
PC288(c)(1)	0	0	0	0	106	1	120	3	96	2	110	4
PC288.5	15	0	28	0	13	0	6	0	12	0	6	0
PC288.5(a)	0	0	0	0	0	0	206	0	132	0	124	0
PC288.5(b)	0	0	0	0	216	0	0	0	0	0	18	2
PC288a(b)(1)	23	3	32	0	19	0	26	10	31	6	6	0
PC288a(b)(2)	0	0	22	0	16	0	9	0	17	0	0	0
PC288a(c)	2	0	0	0	0	0	2	0	0	0	0	0
PC288a(c)(1)	0	0	0	0	4	0	4	0	0	0	0	0
PC289(h)	16	1	25	0	30	0	11	5	15	2	17	1
PC289(i)	16	0	15	0	12	0	19	0	16	0	6	0
PC289(j)	2	0	1	0	0	0	0	0	0	0	0	0
PC311.1	0	0	0	0	0	0	0	0	0	0	0	0
PC311.10	0	0	1	0	1	0	0	0	1	0	3	0
PC311.1(a)	7	0	3	0	1	0	2	1	2	0	3	0
PC311.11(a)	6	7	0	18	0	10	0	14	0	11	0	19
PC311.11(b)	1	0	1	0	0	0	2	0	0	0	0	0
PC311.2(b)	0	0	1	0	2	0	0	0	0	0	0	0
PC311.2(d)	0	0	0	0	0	0	0	0	0	0	0	0
PC311.3(a)	0	0	0	0	0	0	0	0	0	0	0	0
PC311.4(b)	0	0	0	0	1	0	0	0	0	0	0	0
PC311.4(c)	5	0	3	0	1	0	4	0	1	0	1	0
PC647.6	0	0	0	0	0	0	0	0	0	0	0	0
PC647.6(a)	21	0	0	5	9	0	8	0	6	0	9	0
PC647.6(b)	3	0	4	3	2	2	3	0	0	0	0	0
PC664/187(a)	0	0	43	0	11	0	20	0	12	0	9	0
Total:	1,798	634	1,608	879	2,101	956	1,972	962	1,660	839	1,583	864



Figure 2 (Cont.)

TOTAL ADULT FILINGS BY CHARGE FOR 1999 THROUGH 2009

Charge	2005		2006		2007		2008		2009	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC286(b)(1)	3	1	7	0	5	0	7	0	5	0
PC286(b)(2)	5	0	3	0	4	0	4	0	3	0
PC286(c)	0	0	0	0	1	0	0	0	1	0
PC286(c)(1)	4	0	8	0	8	0	1	0	6	0
PC288(a)	350	0	410	0	382	0	396	0	381	0
PC288(b)	0	0	5	0	1	0	2	0	1	0
PC288(b)(1)	55	0	52	0	36	0	47	0	60	0
PC288(c)	0	0	0	0	0	0	0	0	0	0
PC288(c)(1)	75	4	85	1	76	1	88	1	92	0
PC288.5	2	0	4	0	3	0	5	0	5	0
PC288.5(a)	118	0	110	0	116	0	125	0	136	0
PC288.5(b)	0	0	0	0	0	0	0	0	0	0
PC288a(b)(1)	21	3	21	5	18	2	17	8	9	3
PC288a(b)(2)	12	0	4	0	4	0	8	0	7	0
PC288a(c)	0	0	0	0	1	0	0	0	0	0
PC288a(c)(1)	2	0	0	0	7	0	1	0	2	0
PC289(h)	15	3	13	3	19	2	16	2	20	2
PC289(i)	10	0	12	0	12	0	15	0	19	0
PC289(j)	0	0	1	0	1	0	0	0	1	0
PC311.1	1	0	0	0	0	0	0	0	0	0
PC311.10	2	0	2	0	0	0	0	0	1	0
PC311.1(a)	4	0	1	0	4	0	9	0	12	0
PC311.11(a)	0	9	2	17	20	5	26	3	40	1
PC311.11(b)	2	0	2	0	1	0	1	0	0	0
PC311.2(b)	2	0	0	0	2	0	2	0	2	0
PC311.2(d)	0	0	1	0	1	0	1	0	0	0
PC311.3(a)	0	0	0	0	0	0	0	4	0	1
PC311.4(b)	0	0	0	0	0	0	2	0	0	0
PC311.4(c)	2	0	1	0	1	0	1	0	1	0
PC647.6	0	2	0	2	0	0	0	0	0	0
PC647.6(a)	3	140	4	107	0	13	0	2	0	0
PC647.6(b)	1	0	0	3	3	1	3	0	1	1
PC664/187(a)	19	0	11	0	15	0	12	0	10	0
Total:	1,433	1,029	1,380	866	1,440	852	1,519	931	1,480	888



Figure 3

TOTAL ADULT DISMISSALS BY CHARGE FOR 1999 THROUGH 2009

Charge	1999		2000		2001		2002		2003		2004	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC12035(b)(1)	0	0	0	0	0	0	0	0	0	0	0	0
PC12036(c)	0	0	0	0	0	0	0	0	0	0	0	0
PC187(a)	0	0	0	0	0	0	1	0	0	0	0	0
PC207	1	0	0	0	0	0	0	0	2	0	0	0
PC207(a)	0	0	0	0	1	0	5	0	0	0	1	0
PC207(b)	0	0	0	0	1	0	0	0	0	0	1	0
PC208	3	0	1	0	0	0	0	0	0	0	0	0
PC208(b)	0	0	0	0	0	0	1	0	0	0	0	0
PC261.5(b)	0	3	0	1	0	1	0	5	0	1	0	3
PC261.5(c)	5	3	8	0	12	5	10	2	5	9	9	7
PC261.5(d)	4	0	3	0	2	1	0	0	0	1	5	1
PC266h(b)	0	0	0	0	1	0	1	0	0	0	0	0
PC266h(b)(1)	0	0	0	0	0	0	0	0	0	0	0	0
PC266h(b)(2)	0	0	0	0	0	0	0	0	0	0	0	0
PC266i(b)(1)	0	0	0	0	0	0	0	0	0	0	0	0
PC266j	2	0	0	0	0	0	3	0	0	0	0	0
PC269(a)(1)	1	0	0	0	2	0	0	0	1	0	2	0
PC269(a)(2)	0	0	0	0	0	0	0	0	0	0	0	0
PC269(a)(3)	0	0	0	0	0	0	0	0	0	0	0	0
PC269(a)(4)	0	0	1	0	0	0	0	0	0	0	1	0
PC269(a)(5)	0	0	0	0	0	0	1	0	0	0	1	0
PC271a	0	0	0	0	0	0	0	0	2	1	0	1
PC273a(a)	24	6	39	6	19	9	46	8	26	17	44	6
PC273a(b)	6	37	4	60	0	57	0	42	0	46	0	75
PC273d(a)	6	18	1	14	7	10	5	10	3	10	2	2
PC273g	0	0	0	0	0	0	0	0	0	0	0	0
PC278	0	0	3	0	0	0	2	2	5	2	2	0
PC278.5	1	0	3	0	6	0	1	0	3	0	0	1
PC278.5(a)	2	0	0	0	0	0	5	0	3	2	4	0
PC286(b)(1)	1	0	1	0	0	0	1	0	0	0	0	0
PC286(c)(1)	0	0	0	0	0	0	1	0	0	0	0	0
PC288(a)	23	0	40	0	0	0	23	0	37	0	36	0
PC288(b)(1)	0	0	0	0	2	0	3	0	5	0	3	0
PC288(c)	0	0	1	0	0	0	0	0	0	0	0	0
PC288(c)(1)	0	0	0	0	4	0	6	0	5	0	7	1
PC288.5	1	0	1	0	0	0	0	0	1	0	0	0
PC288.5(a)	0	0	0	0	0	0	10	0	7	0	6	0
PC288.5(b)	0	0	0	0	8	0	0	0	0	0	0	0
PC288a(b)(1)	2	0	2	0	1	0	4	0	2	1	0	0
PC288a(b)(2)	0	0	1	0	1	0	1	0	1	0	0	0
PC288a(c)	0	0	2	0	0	0	1	0	0	0	0	0



Figure 3 (Cont.)

TOTAL ADULT DISMISSALS BY CHARGE FOR 1999 THROUGH 2009

Charge	2005		2006		2007		2008		2009	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC12035(b)(1)	0	0	0	0	1	0	0	0	0	0
PC12036(c)	0	0	0	0	0	0	0	1	0	0
PC187(a)	1	0	1	0	0	0	0	0	0	0
PC207	0	0	0	0	0	0	0	0	0	0
PC207(a)	3	0	0	0	1	0	3	0	1	0
PC207(b)	1	0	0	0	1	0	0	0	0	0
PC208	0	0	0	0	0	0	0	0	0	0
PC208(b)	0	0	0	0	0	0	0	0	0	0
PC261.5(b)	0	5	0	3	0	1	0	0	0	5
PC261.5(c)	2	2	5	3	8	3	4	4	3	6
PC261.5(d)	1	0	1	0	0	1	0	0	0	0
PC266h(b)	0	0	0	0	0	0	0	0	0	0
PC266h(b)(1)	0	0	1	0	0	0	2	0	3	0
PC266h(b)(2)	0	0	0	0	1	0	3	0	2	0
PC266i(b)(1)	0	0	0	0	0	0	0	0	2	0
PC266j	1	0	0	0	0	0	0	0	0	0
PC269(a)(1)	1	0	0	0	2	0	0	0	3	0
PC269(a)(2)	1	0	0	0	0	0	0	0	1	0
PC269(a)(3)	0	0	0	0	1	0	1	0	0	0
PC269(a)(4)	1	0	0	0	0	0	1	0	0	0
PC269(a)(5)	0	0	0	0	0	0	1	0	1	0
PC271a	0	0	0	0	0	0	0	0	0	0
PC273a(a)	35	11	22	8	27	16	30	8	24	5
PC273a(b)	0	52	0	37	0	52	0	62	0	74
PC273d(a)	5	12	6	4	6	8	4	11	4	11
PC273g	0	0	0	0	0	4	0	0	0	0
PC278	4	1	0	1	0	2	0	0	1	0
PC278.5	0	0	1	0	1	0	0	1	0	0
PC278.5(a)	0	0	1	1	2	1	1	1	2	2
PC286(b)(1)	0	0	0	0	0	0	0	0	0	0
PC286(c)(1)	0	0	0	0	0	0	0	0	0	0
PC288(a)	26	0	16	0	6	0	12	0	10	0
PC288(b)(1)	4	0	2	0	1	0	0	0	1	0
PC288(c)	0	0	0	0	0	0	0	0	0	0
PC288(c)(1)	2	1	6	0	1	0	0	0	2	0
PC288.5	0	0	0	0	0	0	0	0	1	0
PC288.5(a)	7	0	3	0	3	0	6	0	4	0
PC288.5(b)	0	0	0	0	0	0	0	0	0	0
PC288a(b)(1)	1	0	2	0	1	0	1	1	0	0
PC288a(b)(2)	1	0	0	0	0	0	0	0	0	0
PC288a(c)	0	0	0	0	0	0	0	0	0	0



Figure 3 (Cont.)

TOTAL ADULT DISMISSALS BY CHARGE FOR 1999 THROUGH 2009

Charge	1999		2000		2001		2002		2003		2004	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC288a(c)(1)	0	0	0	0	0	0	0	0	0	0	0	0
PC289(h)	0	0	1	1	0	0	2	0	1	0	1	0
PC289(i)	0	0	0	0	1	0	0	0	0	0	0	0
PC289(j)	1	0	0	0	0	0	0	0	0	0	0	0
PC311.1(a)	0	0	0	0	0	0	0	0	0	0	0	0
PC311.11(a)	0	1	0	1	0	0	0	2	0	0	0	0
PC311.11(b)	0	1	0	0	0	0	0	0	0	0	0	0
PC311.2	0	0	1	0	0	0	0	0	0	0	0	0
PC311.2(b)	0	0	0	0	0	0	0	0	0	0	0	0
PC311.3(a)	0	0	0	0	0	0	0	0	0	0	0	0
PC311.4(b)	0	0	1	0	0	0	0	0	0	0	0	0
PC647.6(a)	0	0	0	0	1	0	3	0	0	0	1	0
PC647.6(b)	0	0	0	0	0	0	0	0	0	0	0	0
664/187(a)	0	0	0	0	0	0	0	0	1	0	0	0
Total:	83	69	114	83	69	83	136	71	110	90	126	97

Charge	2005		2006		2007		2008		2009	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC288a(c)(1)	1	0	0	0	0	0	0	0	0	0
PC289(h)	2	0	0	0	1	0	0	0	1	0
PC289(i)	0	0	0	0	0	0	2	0	1	0
PC289(j)	0	0	0	0	0	0	0	0	0	0
PC311.1(a)	0	0	0	0	0	0	1	0	2	0
PC311.11(a)	0	0	1	0	1	1	2	1	7	0
PC311.11(b)	0	0	0	0	0	0	0	0	0	0
PC311.2	0	0	0	0	0	0	0	0	0	0
PC311.2(b)	0	0	0	0	0	0	1	0	1	0
PC311.3(a)	0	0	0	0	0	0	0	1	0	0
PC311.4(b)	0	0	0	0	0	0	0	0	0	0
PC647.6(a)	1	7	0	5	0	1	0	0	0	0
PC647.6(b)	0	0	0	0	1	0	0	0	0	0
664/187(a)	1	0	0	0	1	0	0	0	0	0
Total:	102	91	68	62	67	90	75	91	77	103



Figure 4

TOTAL ADULT CASES DECLINED FOR FILING FOR 1999 THROUGH 2009

	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Charge	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count
PC12035(b)(1)	0	0	4	4	1	1	1	3	1	3	1
PC12035(b)(2)	0	0	2	0	0	0	0	0	0	0	0
PC12036(b)	0	0	0	0	0	0	0	0	2	0	0
PC12036(c)	0	0	0	0	0	0	0	1	0	0	0
PC187(a)	0	0	4	3	1	2	3	0	7	0	0
PC207	6	5	0	0	0	0	0	0	0	0	0
PC207(a)	0	0	4	3	0	2	2	1	5	1	0
PC207(b)	0	0	2	4	0	1	2	1	3	4	2
PC208	1	1	0	0	0	0	0	0	0	0	0
PC208(b)	0	0	1	0	0	0	0	0	0	0	0
PC261.5	0	0	0	0	0	0	11	0	1	2	3
PC261.5(a)	0	0	3	0	0	1	2	1	1	1	3
PC261.5(b)	29	0	60	36	80	94	142	156	127	133	166
PC261.5(c)	214	224	268	170	145	137	187	249	293	274	239
PC261.5(d)	82	0	94	99	92	81	70	29	32	38	49
PC266	0	0	0	0	0	0	0	0	2	1	0
PC266h(b)	0	0	1	0	1	0	1	1	0	6	0
PC266h(b)(1)	0	0	0	0	0	0	0	2	1	3	2
PC266h(b)(2)	0	0	0	0	0	0	0	1	5	3	2
PC266i(b)(2)	0	0	0	0	0	0	0	0	0	0	1
PC266j	0	1	2	2	3	2	0	1	0	1	1
PC267	0	1	0	0	0	0	0	1	0	0	0
PC269(a)(1)	0	2	0	1	0	3	3	1	2	2	4
PC269(a)(2)	0	0	0	0	0	0	0	0	1	0	0
PC269(a)(3)	0	0	0	0	0	0	0	0	0	1	2
PC269(a)(4)	0	0	0	0	0	0	0	0	0	0	1
PC269(a)(5)	0	1	0	0	0	0	0	0	1	1	0
PC271a	2	2	7	10	8	8	5	3	3	3	6
PC273a	0	0	0	1	1	0	1	1	1	1	2
PC273a(2)	0	0	0	0	0	0	0	2	0	0	0
PC273a(a)	208	251	388	523	421	399	464	502	461	478	479
PC273a(a)(1)	1	0	0	0	0	0	0	0	0	0	0
PC273a(b)	42	69	88	164	162	177	148	150	233	245	243
PC273ab	2	1	0	4	1	2	1	3	3	3	4
PC273d(a)	57	62	69	83	139	133	103	127	139	144	116
PC273g	0	0	1	0	0	0	1	1	1	1	6



Figure 4 (Cont.)

TOTAL ADULT CASES DECLINED FOR FILING FOR 1999 THROUGH 2009

	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Charge	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count
PC273i(a)	0	0	0	0	0	0	0	0	0	0	3
PC278	47	43	30	32	50	29	39	55	40	20	25
PC278.5	89	100	65	41	40	49	35	18	9	5	15
PC278.5(a)	68	43	0	99	115	58	48	55	57	37	47
PC286(b)(1)	9	11	10	10	11	13	9	18	6	5	8
PC286(b)(2)	3	4	4	1	0	5	0	4	2	2	0
PC286(c)	2	0	0	0	0	0	0	0	0	0	0
PC286(c)(1)	0	0	2	1	5	9	0	2	3	1	8
PC288(a)	783	400	1,136	1,050	986	1,013	1,094	1,116	950	975	989
PC288(b)	5	1	1	2	0	2	0	0	0	0	2
PC288(b)(1)	0	0	26	14	9	10	11	15	14	16	19
PC288(c)	2	9	0	2	1	0	0	0	1	0	3
PC288(c)(1)	0	0	63	63	88	83	98	90	72	81	95
PC288.5	13	8	13	3	1	1	2	4	10	17	3
PC288.5(a)	0	0	0	46	34	46	35	35	37	85	78
PC288.5(b)	0	0	27	0	0	0	0	0	0	0	0
PC288a(b)(1)	9	27	30	17	31	22	21	27	9	17	18
PC288a(b)(2)	0	3	10	3	2	6	1	5	1	2	2
PC288a(c)	1	1	0	0	0	0	0	0	0	0	0
PC288a(c)(1)	0	0	8	9	6	8	4	3	4	2	5
PC289(h)	3	5	3	7	5	2	8	5	8	5	6
PC289(i)	1	2	1	0	0	0	4	3	0	3	2
PC289(j)	0	7	3	0	0	1	2	1	0	0	0
PC311.1(a)	0	0	0	0	0	2	0	1	0	2	2
PC311.10	0	1	0	1	0	0	0	4	2	0	0
PC311.11(a)	3	0	1	5	3	6	0	0	7	8	9
PC311.11(b)	2	0	1	0	1	4	0	1	1	0	0
PC311.2(b)	0	0	1	0	0	0	0	0	0	0	0
PC311.2(d)	0	0	0	0	0	0	0	0	0	1	0
PC311.4(a)	0	0	0	0	0	1	0	1	0	0	1
PC311.4(b)	0	0	1	2	0	0	0	0	0	0	0
PC311.4(c)	0	2	0	1	0	0	0	0	0	1	0
PC647.6	0	0	0	0	0	0	0	1	0	0	2
PC647.6(a)	10	11	12	12	17	11	113	109	20	9	4
PC647.6(b)	9	8	9	12	6	9	10	4	2	2	4
PC664/187(a)	0	0	1	0	3	0	0	0	0	0	0
Total:	1,703	1,306	2,456	2,540	2,469	2,433	2,681	2,814	2,580	2,645	2,682



Figure 5

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

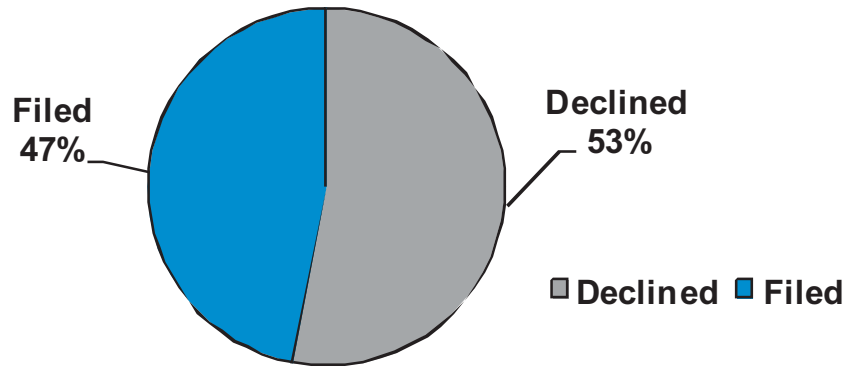


Figure 6

CONVICTED/ACQUITTED/DISMISSED (ADULT) - PIE CHART

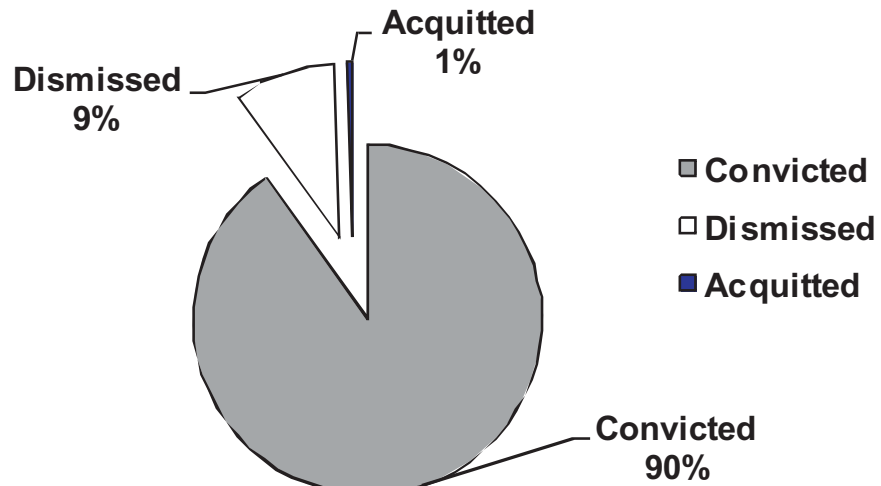




Figure 7

TOTAL ADULT CASES SENTENCED 1999 THROUGH 2009

	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Sentence Type	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count
Life	9	4	12	24	23	13	8	6	9	12	15
State Prison	605	503	525	533	499	472	349	401	479	483	492
Probation	1,388	1,244	1,552	1,624	1,411	1,284	1,113	1,077	1,144	1,277	1,149
Jail or Fine	n/a	n/a	n/a	n/a	n/a	n/a	42	43	16	16	36

Figure 8

**SENTENCING (ADULT)
PIE CHART**

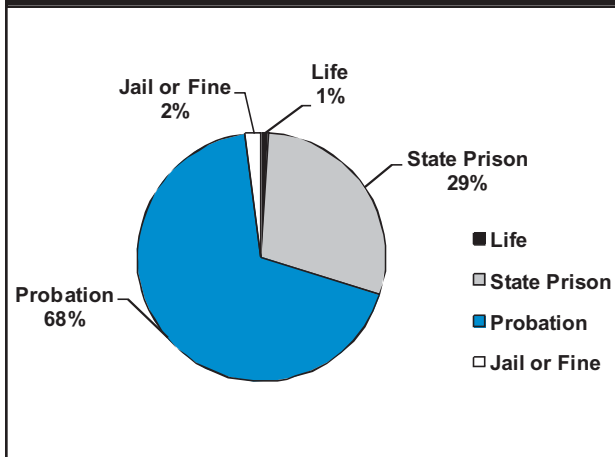


Figure 9

**CHILD ABDUCTION CASES
FOR 2002 THROUGH 2008**

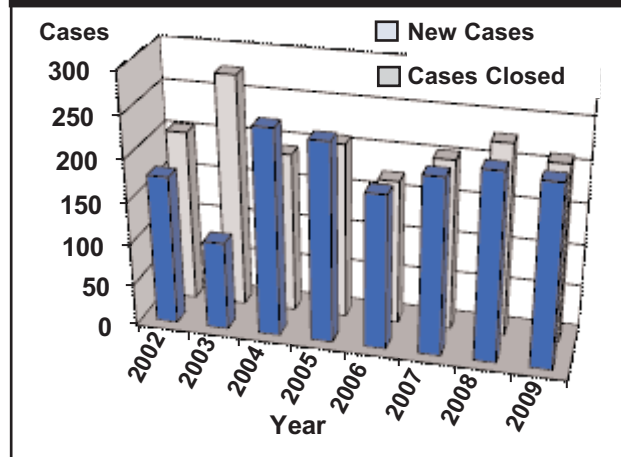




Figure 10

TOTAL ADULT CASES FILED BY ZIP CODE FOR 1999 THROUGH 2009

Zip Code	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
90007	56	16	18	24	18	19	52	17	34	41	45
90012	627	587	546	613	437	424	445	350	363	409	350
90022	41	60	50	58	39	38	40	35	30	50	42
90025	66	0	0	0	0	0	0	0	0	0	0
90045	4	46	99	121	84	118	103	75	57	65	73
90066	0	1	0	0	0	0	0	0	0	0	0
90210	14	17	7	9	8	2	4	13	12	7	5
90220	109	119	199	232	222	243	219	229	292	326	298
90231	13	10	0	0	0	0	0	0	0	0	0
90242	55	107	72	54	57	86	61	46	19	28	33
90255	111	84	53	58	58	47	0	0	0	0	0
90262	80	58	17	7	0	0	0	0	0	0	0
90265	15	19	16	16	14	7	13	3	3	5	9
90301	39	60	37	64	49	45	35	51	54	50	41
90401	9	14	8	7	0	0	0	0	0	0	0
90503	101	120	133	124	86	103	75	98	67	67	84
90602	54	58	55	48	58	64	62	50	63	75	68
90650	50	47	177	201	200	178	207	178	177	168	165
90265	15	19	16	16	14	7	13	3	3	5	9
90301	39	60	37	64	49	45	35	51	54	50	41
90401	9	14	8	7	0	0	0	0	0	0	0
90503	101	120	133	124	86	103	75	98	67	67	84
90602	54	58	55	48	58	64	62	50	63	75	68
90650	50	47	177	201	200	178	207	178	177	168	165
90706	43	43	28	33	30	40	80	51	47	65	76
90802	118	150	118	152	141	131	110	130	83	64	69
91016	1	0	0	0	0	0	0	0	0	0	0
91101	100	93	100	74	88	68	77	55	88	78	63
91205	76	60	59	76	48	40	56	41	34	32	32
91331	1	2	0	0	0	0	0	0	0	0	0
91340	75	74	73	75	91	86	65	86	89	94	96
91355	61	53	44	28	28	56	86	72	48	47	48
91401	84	79	82	105	74	93	49	81	94	122	80
91502	0	0	0	0	0	0	0	21	14	7	20
91731	116	122	128	128	88	66	81	63	79	65	72
91766	84	133	157	282	268	203	171	166	181	206	214
91790	111	112	159	116	90	67	80	69	86	90	64
91801	39	47	48	39	53	50	69	53	40	61	68
93534	246	223	210	190	170	173	222	213	238	226	253
<unknown>	0	0	0	0	0	0	0	0	0	2	0



Figure 11

TOTAL ADULT PRESENTED FOR 1999 THROUGH 2009

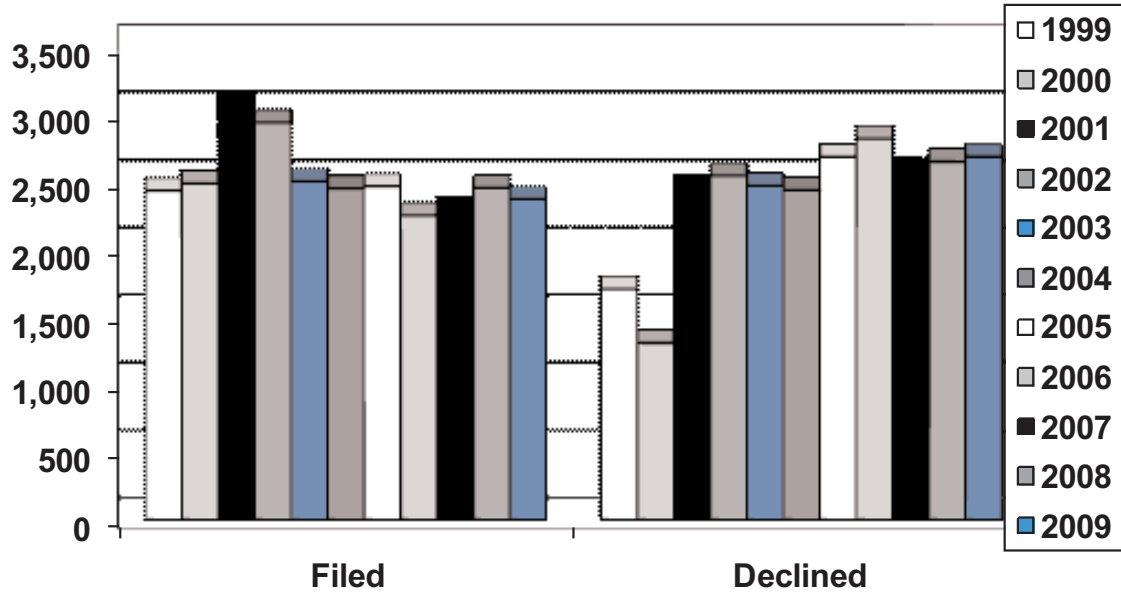




Figure 12

**TOTAL JUVENILE FILINGS
BY CHARGE FOR 1999 THROUGH 2003**

Charge	1999		2000		2001		2002		2003	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC12036(b)	0	0	0	0	0	0	0	0	0	0
PC187(a)	4	0	2	0	1	0	0	0	0	0
PC207(a)	0	0	1	0	0	0	0	0	3	0
PC207(b)	0	0	5	0	1	0	4	0	0	0
PC208(b)	0	0	0	0	0	0	3	0	0	0
PC261.5	0	0	0	0	0	0	0	0	0	0
PC261.5(b)	0	16	0	3	0	11	0	8	0	9
PC261.5(c)	3	1	0	3	5	0	3	2	3	1
PC261.5(d)	0	0	0	0	0	0	0	0	0	0
PC266h(b)(1)	0	0	0	0	0	0	0	0	0	0
PC266i(b)(2)	0	0	0	0	0	0	0	0	0	0
PC266j	0	0	0	0	0	0	0	0	1	0
PC269(a)(5)	0	0	0	0	0	0	0	0	0	0
PC271a	1	0	1	0	0	0	0	0	0	0
PC273a(a)	17	0	22	0	16	0	8	0	8	0
PC273a(b)	0	8	0	6	0	6	0	9	0	5
PC273d(a)	4	0	2	0	1	0	2	0	2	0
PC273g	0	0	0	0	0	0	0	0	0	1
PC278	3	0	5	0	1	0	3	0	2	0
PC278.5	0	0	1	0	0	0	0	0	0	0
PC286(b)(1)	1	0	1	0	1	0	0	0	0	0
PC286(b)(2)	1	0	0	0	0	0	0	0	0	0
PC286(c)(1)	0	0	0	0	6	0	0	0	2	0
PC288(a)	250	0	234	0	234	0	185	0	177	0
PC288(b)	4	0	2	0	0	0	1	0	0	0
PC288(b)(1)	0	0	0	0	38	0	39	0	55	0
PC288(c)	0	0	2	0	0	0	0	0	0	0
PC288.5(a)	0	0	0	0	0	0	39	0	24	0
PC288.5(b)	0	0	0	0	42	0	0	0	0	0
PC288a(b)(1)	6	0	1	0	3	0	2	0	4	0
PC288a(c)(1)	0	0	0	0	0	0	0	0	0	0
PC289(h)	3	0	6	0	6	0	0	0	6	0
PC289(i)	1	0	0	0	0	0	0	0	0	0
PC311.10	0	0	0	0	0	0	0	0	0	0
PC311.1(a)	1	0	0	0	0	0	0	0	0	0
PC311.11(a)	0	1	0	0	0	0	0	2	0	0
PC311.2(b)	0	0	0	0	2	0	0	0	0	0
PC311.2(d)	0	0	0	0	0	0	0	0	0	0
PC311.4(c)	1	0	1	0	0	0	1	0	0	0
PC647.6(a)	0	0	0	1	0	0	0	0	0	0
PC647.6(b)	1	0	1	0	0	0	0	0	2	0
PC664/187(a)	0	0	0	0	0	0	1	0	0	0



Figure 12 (Cont.)

**TOTAL JUVENILE FILINGS
BY CHARGE FOR 1999 THROUGH 2009**

Charge	2004		2005		2006		2007		2008		2009	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC12036(b)	0	0	0	0	0	0	0	1	0	0	0	0
PC187(a)	0	0	0	0	0	0	0	0	0	0	0	0
PC207(a)	0	0	2	0	0	0	0	0	2	0	0	0
PC207(b)	0	0	0	0	0	0	0	0	0	0	0	0
PC208(b)	0	0	0	0	0	0	0	0	0	0	0	0
PC261.5	0	0	0	0	0	0	1	0	0	0	0	0
PC261.5(b)	0	5	0	6	0	4	0	7	0	10	0	7
PC261.5(c)	1	2	4	0	3	0	1	0	3	2	2	0
PC289(h)	5	0	1	0	2	0	0	0	3	0	1	0
PC289(i)	0	0	0	0	0	0	0	0	0	0	0	0
PC311.10	1	0	0	0	0	0	1	0	0	0	0	0
PC311.1(a)	0	0	0	0	0	0	0	0	0	0	1	0
PC311.11(a)	0	2	0	0	0	0	0	0	3	0	1	0
PC311.2(b)	0	0	0	0	0	0	0	0	0	0	0	0
PC311.2(d)	0	0	2	0	2	0	0	0	0	0	0	0
PC311.4(c)	0	0	0	0	0	0	0	0	0	0	0	0
PC647.6(a)	1	0	0	5	0	6	0	0	0	0	0	0
PC647.6(b)	0	0	1	0	0	0	0	0	0	0	0	0
PC664/187(a)	0	0	0	0	0	0	0	0	0	0	1	0



Figure 13

TOTAL JUVENILE DISMISSALS BY CHARGE FOR 2002 THROUGH 2005

Charge	2002		2003		2004		2005	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC207(a)	0	0	1	0	0	0	0	0
PC261.5(b)	0	1	0	4	0	0	0	3
PC261.5(c)	1	0	2	0	0	0	0	0
PC266h(b)(1)	0	0	0	0	0	0	0	0
PC273a(a)	1	0	1	0	0	1	1	0
PC273a(b)	0	0	0	0	0	0	0	0
PC273d(a)	0	0	0	0	0	0	0	0
PC286(b)(1)	0	0	0	0	0	0	0	0
PC286(c)(1)	0	0	0	0	0	0	0	0
PC288(a)	18	0	18	0	18	0	7	0
PC288(b)	1	0	0	0	0	0	0	0
PC266h(b)(1)	0	0	0	0	0	0	0	0
PC273a(a)	1	0	1	0	0	1	1	0
PC273a(b)	0	0	0	0	0	0	0	0
PC273d(a)	0	0	0	0	0	0	0	0
PC286(b)(1)	0	0	0	0	0	0	0	0
PC286(c)(1)	0	0	0	0	0	0	0	0
PC288(a)	18	0	18	0	18	0	7	0
PC288(b)	1	0	0	0	0	0	0	0
PC288(b)(1)	3	0	7	0	7	0	2	0
PC288.5(a)	3	0	3	0	3	0	3	0
PC288a(b)(1)	0	0	1	0	0	0	0	0
PC288a(c)(1)	0	0	0	0	0	0	0	0
PC289(h)	0	0	1	0	0	0	0	0
PC311.2(d)	0	0	0	0	0	0	2	0
PC647.6(a)	0	0	0	0	0	0	0	1



Figure 13 (Cont.)

TOTAL JUVENILE DISMISSALS BY CHARGE FOR 2006 THROUGH 2009

Charge	2006		2007		2008		2009	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC207(a)	0	0	0	0	1	0	0	0
PC261.5(b)	0	0	0	1	0	2	0	0
PC261.5(c)	0	0	0	0	0	0	0	0
PC266h(b)(1)	0	0	0	0	1	0	0	0
PC273a(a)	0	0	1	0	0	0	1	0
PC273a(b)	0	0	0	2	0	1	0	1
PC273d(a)	0	0	1	0	0	0	0	0
PC286(b)(1)	0	0	0	0	1	0	0	0
PC286(c)(1)	1	0	0	0	0	0	0	0
PC288(a)	9	0	14	0	12	0	19	0
PC288(b)	0	0	0	0	0	0	0	0
PC266h(b)(1)	0	0	0	0	1	0	0	0
PC273a(a)	0	0	1	0	0	0	1	0
PC273a(b)	0	0	0	2	0	1	0	1
PC273d(a)	0	0	1	0	0	0	0	0
PC286(b)(1)	0	0	0	0	1	0	0	0
PC286(c)(1)	1	0	0	0	0	0	0	0
PC288(a)	9	0	14	0	12	0	19	0
PC288(b)	0	0	0	0	0	0	0	0
PC288(b)(1)	4	0	4	0	5	0	7	0
PC288.5(a)	3	0	1	0	2	0	3	0
PC288a(b)(1)	0	0	0	0	1	0	0	0
PC288a(c)(1)	0	0	0	0	0	0	1	0
PC289(h)	0	0	0	0	0	0	0	0
PC311.2(d)	0	0	0	0	0	0	0	0
PC647.6(a)	0	0	0	0	0	0	0	0



Figure 14

TOTAL JUVENILE DECLINATIONS BY CHARGE FOR 1999 THROUGH 2005

Charge	1999		2000		2001		2002		2003		2004		2005	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC207(b)	0	0	1	0	0	0	0	0	0	0	1	0	0	0
PC261.5	0	0	0	0	0	0	0	0	0	0	0	0	4	0
PC261.5(a)	0	0	0	0	0	2	0	0	0	0	0	0	0	0
PC261.5(b)	0	23	0	32	0	25	0	14	0	23	0	18	0	13
PC261.5(c)	1	3	2	5	4	0	0	0	5	3	2	1	6	2
PC261.5(d)	7	0	9	0	11	0	5	0	1	0	0	0	0	0
PC266h(b)	0	0	1	0	0	0	0	0	0	0	0	0	0	0
PC269(a)(1)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC269(a)(3)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC271a	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC273a(a)	6	0	4	0	2	0	6	0	3	0	7	0	3	0
PC273a(b)	0	0	0	4	0	3	0	2	0	0	0	0	0	0
PC286(b)(1)	0	0	4	0	3	0	0	0	4	0	0	0	0	0
PC286(b)(2)	2	0	1	0	1	0	0	0	1	0	0	0	0	0
PC286(c)(1)	0	0	0	0	2	0	0	0	0	0	2	0	0	0
PC288(a)	120	0	265	0	167	0	145	0	177	0	156	0	165	0
PC288(b)(1)	0	0	0	0	5	0	7	0	10	0	3	0	8	0
PC288(c)(1)	0	0	0	0	0	0	2	0	0	0	0	0	2	0
PC288a(b)(1)	2	0	11	0	4	0	2	0	1	0	1	0	2	0
PC288a(b)(2)	0	0	1	0	1	0	1	0	1	0	0	0	1	0
PC288a(c)(1)	0	0	0	0	1	0	2	0	1	0	0	0	0	0
PC288.5(a)	0	0	0	0	0	0	0	0	0	0	1	0	1	0
PC289(h)	3	0	3	0	0	0	2	0	0	0	0	0	2	0
PC289(i)	0	0	1	0	0	0	0	0	0	0	0	0	0	0
PC289(j)	0	0	0	0	1	0	0	0	0	0	0	0	0	0
PC311.11(a)	0	0	0	1	0	0	0	0	0	0	0	0	0	0
PC 311.3(A)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC647.6(a)	0	0	2	0	0	0	1	0	0	0	1	0	0	5
PC647.6(b)	0	0	1	0	0	0	0	0	0	0	0	0	1	0



Figure 14 (Cont.)

TOTAL JUVENILE DECLINATIONS BY CHARGE FOR 2005 THROUGH 2009

Charge	2006		2007		2008		2009	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC207(a)	0	0	0	0	1	0	0	0
PC261.5(b)	0	0	0	1	0	2	0	0
PC261.5(c)	0	0	0	0	0	0	0	0
PC266h(b)(1)	0	0	0	0	1	0	0	0
PC273a(a)	0	0	1	0	0	0	1	0
PC273a(b)	0	0	0	2	0	1	0	1
PC273d(a)	0	0	1	0	0	0	0	0
PC286(b)(1)	0	0	0	0	1	0	0	0
PC286(c)(1)	1	0	0	0	0	0	0	0
PC288(a)	9	0	14	0	12	0	19	0
PC288(b)	0	0	0	0	0	0	0	0
PC266h(b)(1)	0	0	0	0	1	0	0	0
PC273a(a)	0	0	1	0	0	0	1	0
PC273a(b)	0	0	0	2	0	1	0	1
PC273d(a)	0	0	1	0	0	0	0	0
PC286(b)(1)	0	0	0	0	1	0	0	0
PC286(c)(1)	1	0	0	0	0	0	0	0
PC288(a)	9	0	14	0	12	0	19	0
PC288(b)	0	0	0	0	0	0	0	0
PC288(b)(1)	4	0	4	0	5	0	7	0
PC288.5(a)	3	0	1	0	2	0	3	0
PC288a(b)(1)	0	0	0	0	1	0	0	0
PC288a(c)(1)	0	0	0	0	0	0	1	0
PC289(h)	0	0	0	0	0	0	0	0
PC311.2(d)	0	0	0	0	0	0	0	0
PC647.6(a)	0	0	0	0	0	0	0	0



Figure 15

LED/DECLINED (JUVENILE) - PIE CHART

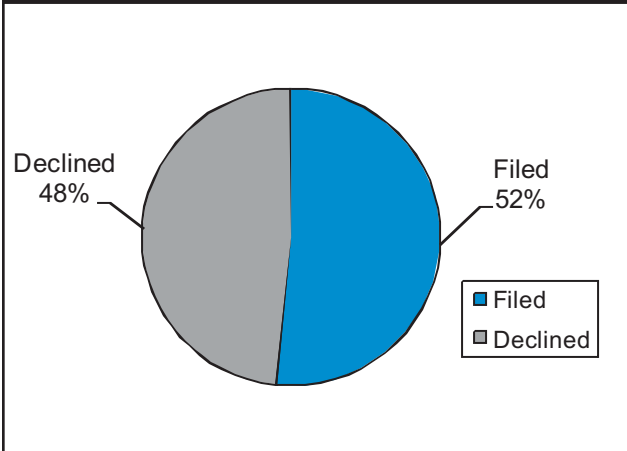


Figure 16

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

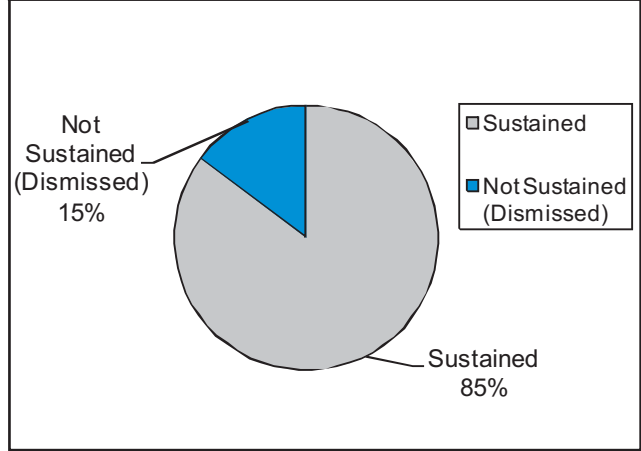


Figure 17

TOTAL JUVENILE CASES FILED BY ZIP CODE FOR 2002 THROUGH 2009

Zip Code	2002	2003	2004	2005	2006	2007	2008	2009
90001	14	23	23	18	19	28	34	19
90033	66	51	55	59	64	55	74	70
90220	24	27	35	29	18	24	29	23
90242	43	29	23	33	34	23	24	28
90301	24	23	20	26	13	25	20	13
90802	33	40	30	24	13	28	18	18
91101	22	21	14	24	17	14	22	20
91342	43	50	53	51	30	42	28	53
91766	43	41	36	24	46	32	34	49
93534	0	0	3	6	5	15	23	25



Figure 18

TOTAL FILINGS BY GENDER (ALL CHARGES) FOR 1999 THROUGH 2009

	1999				2000			
Gender	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	
	2001				2002			
Gender	Juvenile	%	Adult	%	Juvenile	%	Adult	%
Female	3,992	18%	30,852	17%	3,950	19%	31,497	18%
Male	17,736	82%	146,463	83%	17,036	81%	148,018	82%
Total	21,728		177,315		20,986		179,515	
	2003				2004			
Gender	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	
	2005				2006			
Gender	Juvenile	%	Adult	%	Juvenile	%	Adult	%
Female	4,191	19%	35,722	18%	4,188	18%	35,677	19%
Male	18,106	81%	157,849	82%	18,575	82%	155,992	81%
Total	22,297		193,571		22,763		191,669	
	2007				2008			
Gender	Juvenile	%	Adult	%	Juvenile	%	Adult	%
Female	4,438	19%	37,088	19%	4,226	18%	38,447	19%
Male	18,525	81%	160,042	81%	18,727	82%	163,295	81%
Total	22,963		197,130		22,953		201,742	
	2009							
Gender	Juvenile	%	Adult	%				
Female	3,723	18%	37,876	20%				
Male	17,455	82%	150,822	80%				
Total	21,178		188,698					



Figure 19

**CHILD ABUSE AND NEGLECT STATUTES FILINGS BY GENDER
FOR 1999 THROUGH 2009**

	1999				2000			
Gender	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	
	2001				2002			
Gender	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	
	2003				2004			
Gender	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	
	2005				2006			
Gender	Juvenile	%	Adult	%	Juvenile	%	Adult	%
Female	20	7%	535	22%	12	5%	392	17%
Male	274	93%	1,927	78%	247	95%	1,854	83%
Total	294		2,462		259		2,246	
	2007				2008			
Gender	Juvenile	%	Adult	%	Juvenile	%	Adult	%
Female	18	6%	464	20%	24	8%	536	22%
Male	268	94%	1,828	80%	282	92%	1,913	78%
Total	286		2,292		306		2,449	
	2009							
Gender	Juvenile	%	Adult	%				
Female	14	4%	452	19%				
Male	304	96%	1,916	81%				
Total	318		2,368					



Figure 20

TOTAL JUVENILE FILINGS BY GENDER FOR 1999 THROUGH 2009

	1999				2000			
Gender	Juvenile	%	Adult	%	Juvenile	%	Adult	%
Female	21	6%	4,063	16%	26	9%	3,549	16%
Male	333	94%	21,732	84%	275	91%	17,750	84%
Total	354		25,795		301		21,299	
	2001				2002			
Gender	Juvenile	%	Adult	%	Juvenile	%	Adult	%
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	
	2003				2004			
Gender	Juvenile	%	Adult	%	Juvenile	%	Adult	%
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	
	2005				2006			
Gender	Juvenile	%	Adult	%	Juvenile	%	Adult	%
Female	20	7%	4,191	19%	12	5%	4,188	18%
Male	274	93%	18,106	81%	247	95%	18,575	82%
Total	294		22,297		259		22,763	
	2007				2008			
Gender	Juvenile	%	Adult	%	Juvenile	%	Adult	%
Female	18	6%	4,438	19%	24	8%	4,226	18%
Male	268	94%	18,525	81%	282	92%	18,727	82%
Total	286		22,963		306		22,953	
	2009							
Gender	Juvenile	%	Adult	%				
Female	14	4%	452	19%				
Male	304	96%	1,916	81%				
Total	318		2,368					



Figure 21

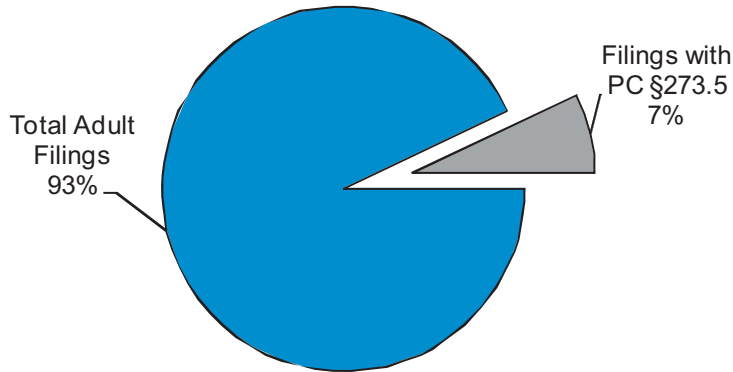
TOTAL ADULT FILINGS BY GENDER FOR 1999 THROUGH 2008

	1999				2000			
Gender	Juvenile	%	Adult	%	Juvenile	%	Adult	%
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	
	2001				2002			
Gender	Juvenile	%	Adult	%	Juvenile	%	Adult	%
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	
	2003				2004			
Gender	Juvenile	%	Adult	%	Juvenile	%	Adult	%
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	
	2005				2006			
Gender	Juvenile	%	Adult	%	Juvenile	%	Adult	%
Female	535	22%	35,722	18%	392	17%	35,677	19%
Male	1,927	78%	157,849	82%	1,854	83%	155,992	81%
Total	2,462		193,571		2,246		191,669	
	2007				2008			
Gender	Juvenile	%	Adult	%	Juvenile	%	Adult	%
Female	464	20%	37,088	19%	536	22%	38,447	19%
Male	1,828	80%	160,042	81%	1,913	78%	163,295	81%
Total	2,292		197,130		2,449		201,742	
	2009							
Gender	Juvenile	%	Adult	%				
Female	452	19%	37,876	20%				
Male	1,916	81%	150,822	80%				
Total	2,292		188,698					



Figure 22

**FILINGS WITH PC §273.5 CHARGE VERSUS
TOTAL FILINGS (ADULT) - PIE CHART**



Total Adult Filings	2,368
Filings with PC §273.5	180

GLOSSARY OF TERMS

Accusatory Pleading – An indictment, information, or complaint by which the government begins a criminal prosecution.*

Acknowledgment of Discovery – A form signed by the defense attorney acknowledging the receipt or inspection of specified documents relating to the court case.

Adjudication – The legal process of resolving a dispute.* In criminal court, this term generally means a determination of guilty or not guilty. When used to describe a proceeding in juvenile 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 equally 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.

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. Generally a complaint or information is amended based on newly discovered evidence or to conform to proof presented at a court hearing.

Appeal – A proceeding undertaken to have a lower court’s decision reconsidered by a court of higher authority.* The appellate court may refuse to hear the case, affirm the lower court’s ruling, or reverse 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 initial step in a criminal prosecution whereby the defendant is brought before the court to hear the charges and enter a plea.* The defendant is given a copy of the complaint, petition, or other accusatory instrument, and informed of his or her 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.

Arrest Warrant – Authorization, issued only upon a showing of probable cause, directing a law enforcement officer to arrest and bring a person to court.*

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.

Bench Warrant – A writ issued directly by a judge to a law enforcement officer, especially for the arrest of a person who has been held in contempt; has been indicted; has disobeyed a subpoena; or has failed to appear for a hearing or trial.*

Beyond a Reasonable Doubt - The burden of proof in a criminal trial. The California jury instruction defines reasonable doubt as: It is not a mere possible doubt; because everything relating to human affairs is open to some possible or imaginary doubt. It is that state of the case which, after the entire comparison and consideration of all of the evidence, leaves the minds of the jurors in that condition that they

cannot say they feel an abiding conviction of the truth of the charge.

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 process.

Burden of Proof - A party's duty to prove a disputed assertion or charge.*

Case Law – Law derived from 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 thereby foregoing a preliminary hearing.

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.

Charging Document – Generic term used in place of complaint, information, or grand jury indictment. The document lists the date of the crime and the code section which defines the crime.

City Attorney – Prosecutor for a city. City Attorneys represent the people of a city and prosecute infractions and misdemeanors occurring within that city.



Classification of Crime - Crimes are designated as felonies or misdemeanors. Some crimes, called wobblers, can be designated as misdemeanors or felonies, by order of the court [PC §17(b)(5)] or request of the prosecutor [PC § 17(b)(4)].

Complaint – A sworn allegation made in writing to a court or judge that an individual has committed one or more public offenses.

Consolidation – The combination of two 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 future 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 – The part of an indictment, information, or complaint charging the defendant with a distinct offense.* In law enforcement, this is the number of offenses with which a suspect has been charged. For instance, one count of PC §211 (robbery) and two counts of PC §244 (assault with a caustic substance). In other criminal justice agencies (District Attorney's Office, courts, etc.) 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 – A list of matters scheduled for trial or hearing.

Court Case – A case that has been identified, numbered, and is recognized by the court sys-

tem. Not to be confused with a District Attorney case (see below).

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.

De Novo Hearing – In juvenile court proceedings, the 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 de novo hearing may occur when the first hearing was held before a referee.

Defendant – The accused in criminal proceedings.

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 District Attorney's Office that the minor has committed a crime or crimes which require the continued detention of the minor.



Detention Hearing – In delinquency court, a hearing held to determine whether a juvenile accused of delinquent conduct should be detained, continued in confinement, or released pending an adjudication.*

Determinate sentence - A sentence for a fixed length of time rather than for an unspecified duration.*

Diagnostic – In appropriate juvenile cases, the court has the power to order a diagnostic report from the California Department of Corrections and Rehabilitation, Division of Juvenile Justice regarding whether the juvenile would benefit from any of the programs offered by the Department of Corrections and Rehabilitation, Juvenile Division. In adult cases, the court can refer a convicted defendant to the California Department of Corrections and Rehabilitation pursuant to PC §1203.03 for a 90-day period and a diagnostic report recommending whether 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 are dismissal of the case, release of the juvenile to parental custody, place the juvenile on probation, or send juvenile to a county institution or state correctional institution.

District Attorney Case - When crimes are committed, law enforcement conducts an investigation, then submits its reports to the

District Attorney's Office for filing consideration. If sufficient evidence exists to prove the case beyond a reasonable doubt, the reviewing deputy district attorney will file the appropriate charges. The charging document, police reports, attorneys' work product, and other evidence constitute the District Attorney case. A case may represent more than one defendant and more than one count. Both adult and juvenile District Attorney's cases have an internal number as well as the official case number issued by the Superior Court. The cases may be tracked in the District Attorney's Office internal computer system, PIMS (Prosecutor's Information Management System).

Diversion Program - A program that refers certain criminal defendants before trial to community programs on job training, education, and the like, which if successfully completed, may lead to the dismissal of the charges.*

Docket – A formal record of the events in which a judge or court clerk briefly notes all the proceedings and filings in a court case.*

Double Jeopardy – The Fifth Amendment of the United States Constitution prohibits a second prosecution or sentencing of a person for the same charge if jeopardy has 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.



E-SCARS – Electric Suspected Child Abuse Reporting System, accessible by social workers, law enforcement officials, and prosecutors, provides information on current and prior instances of abuse and neglect involving children and families.

Evidence – Something (including testimony, documents, and tangible objects) that tend to prove or disprove the existence of an alleged fact.*

Expert Witness - A witness qualified by knowledge, skill, experience, training, or education to provide a scientific, technical, or other specialized opinion about the evidence or a fact issue.*

Expungement of Record - The removal of a conviction from a person's criminal record.*

Family and Children's Index (FCI) – An electronic database accessible by various county and city agencies that contains information about prior services provide to children and families involved in abuse and neglect cases.

Felony – A serious crime punishable by imprisonment for more than one year or by death.*

Filing - In the District Attorney's Office, this is the process where the prosecutor reviews the facts and evidence presented by law enforcement to make a determination as to whether crimes may be charged, and if so, what the appropriate charges are. The prosecutor evaluates the case to determine not only whether all of the legal elements of the crimes are present but also whether it is reasonably likely that the trier of fact could find the accused guilty beyond a reasonable doubt. Once the

charging document is prepared in the District Attorney's Office, it is then filed in Superior Court.

Fitness Hearing – A hearing to determine if a juvenile should be tried as an adult rather than remain in the juvenile system.

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. Grand jury 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 – A judicial session, usually open to the public, held for the purpose of deciding issues of fact or of law, sometimes with witnesses testifying.*

Held to Answer – In felony cases, a magistrate decides at the preliminary hearing whether there is sufficient cause to believe the defendant is guilty of felony charges.

Home on Probation - A juvenile delinquency court disposition which allows a minor to remain in his home while complying with the terms and conditions of probation.

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 not guilty. This allows the prosecution to retry the case if it chooses 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 instead of filing a new criminal complaint on those same facts.

Indeterminate Sentence – An open-ended sentence, such as from 25 to life, 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. This is similar to diversion in the adult system.

Information – Like the complaint or indictment, a formal charging document.

Infraction – A crime that is not punishable by imprisonment.

In Propria Persona (also known as In Pro Per, or Pro Per) – Refers to a defendant who represents his or herself in a legal action. The defendant has a legal right to counsel but also has the right to self-representation. Before the court may accept a waiver to the right to counsel, it must satisfy itself that the defendant is

making a knowing and intelligent waiver of that right. 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.

Interlineation – The changing of a charging document, with court approval, by all parties writing the change on their copy of the charging document.

Jeopardy - The risk of conviction and punishment that a criminal defendant faces at trial. In a jury trial, jeopardy attaches after the jury has been impaneled and in a court trial, after the first witness is sworn.*

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 - A group of citizens, randomly selected from the community, chosen to hear evidence and decide questions of fact in a trial.

Juvenile Court Jurisdiction - Under WIC §602, any person under the age of 18 years when he or she violates any law of California or the United States, or any city or county of California defining crime (other than an ordinance establishing curfew based solely on age), is within the jurisdiction of the juvenile court, which may adjudge such person to be a ward of the court, except in those circumstances where the offense provides that the juvenile may be tried as an adult.



Law Enforcement Agency - Agency with the responsibility of enforcing the laws and preserving the peace of its jurisdiction.

Lawful Custody - As used in reference to the Safe-Surrender law in PC §271.5, Health and Safety Code §1255.7 defines “lawful custody” as physical custody of a minor 72 hours old or younger accepted by a person from a parent of the minor, who the person believes in good faith is the parent of the minor, with the specific intent and promise of effecting the safe surrender of the minor.

Minor - A person who has not reached full legal age; a child or a juvenile.*

Minute Order – An order recorded in the minutes of the court rather than directly on a case docket.*

Misdemeanor – A crime that is less serious than a felony and is usually punishable by fine, penalty, forfeiture, or confinement in a place other than prison.*

Mistrial – A trial that a judge brings to an end, without a determination on the merits, because of a procedural error or serious misconduct occurring during the proceedings,* or due to a hung jury.

Motion – A written or oral application requesting a court to make a specified ruling or order.

Motion to Dismiss Pursuant to PC §995 - A motion made in superior court to dismiss a case on one or more counts based on insufficient evidence produced at the preliminary hearing.

Obscene Matter - Pursuant to PC §311(a), this means matter, taken as a whole, that to an average person, applying contemporary statewide standards, appeals to the prurient interest, that taken as a whole, depicts or describes sexual conduct in a patently offensive way, and that, taken as a whole, lacks serious literary, artistic, political, or scientific value.

Office Hearing – The District Attorney’s Office handles 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 hearing officer speaks to both parties and attempts to resolve the matter. If that fails, a decision is made whether to file, seek additional information, or not file a complaint.

Petition - A formal written request presented to a court or other official body.* In juvenile court, the Probation Department requests the District Attorney’s Office to file a petition for a juvenile. The charging document is called a petition in juvenile court, while the charging document is called an indictment, information, or complaint in adult court.

Petition (WIC §601) – Juvenile charging document prepared by the District Attorney’s Office (and occasionally the probation officer) for those offenses (typically matters involving incorrigibility) that are not violations of the law if committed by an adult.

Petition (WIC §602) – Juvenile charging document prepared by the District Attorney’s Office for those offenses that are violations of the law if committed by an adult.

Petition (WIC §777) – Juvenile charging document prepared by the District Attorney’s Office 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 or no contest, 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. This is also known as a case settlement or negotiated plea.

Preliminary Hearing – A criminal hearing to determine whether probable cause exists to prosecute an accused person. If sufficient evidence exists, the case will be held to answer and an information will be filed. At the hearing, the prosecution must establish a prima facie case, that is, show that a felony occurred and to raise strong suspicion that the defendant committed it.

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.

Pre-Trial Hearing – The pre-trial 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 disproved or rebutted.*

Probable Cause – A reasonable ground to suspect that a person has committed or is committing a crime or that a place contains specific items connected with a crime.* 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 does not abide by 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.

Registration - Pursuant to PC §290, persons convicted of certain sexual offenses must give all pertinent identifying information to the law enforcement agency in the area where they live and, if applicable, where they attend a university, college, or community college within a certain time period. This requirement is often for life.



Safe-Surrender Site - As defined in Health and Safety Code §1255.7, (a) a location designated by the board of supervisors of a county to be responsible for accepting physical custody of a minor child who is 72 hours old or younger from a parent or individual who has lawful custody of the child and who surrenders the child pursuant to PC §271.5 and (b) a location within a public or private hospital that is designated by that hospital to be responsible for accepting physical custody of a minor child who is 72 hours old or younger from a parent or individual who has lawful custody of the child and who surrenders the child pursuant to PC §271.5.

Sealing of Records – The act or practice of officially preventing access to particular records, in the absence of a court order.*

Search Warrant – A judge’s written order authorizing a law enforcement officer to conduct a search of a specified place and to seize evidence.*

Sentence – The criminal sanction imposed by the court upon a convicted defendant. When there are multiple charges, the court may sentence concurrently or consecutively. If the sentences are concurrent, they begin the same day and sentence is completed after the longest term has been served. If the sentence is to be served consecutive to another charge, the defendant must complete the first sentence before 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.

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.

Submission on Transcript (SOT) – If the defendant waives his right to a jury trial and the right to confront and cross-examine witnesses, and the Deputy District Attorney concurs, the case may be submitted to the judge on the preliminary hearing transcript.

Subpoena – A court order directing a person to attend a court proceeding.

Subpoena Duces Tecum (SDT) – A court order directing a witness to bring to court documents that are under the witness’ control.

Sustain the Petition – The judicial finding in a juvenile delinquency case. If the court finds the allegations to be true, it sustains the petition; this is functionally equivalent to a guilty verdict. If the petition is not sustained, the court will find the petition not true; this is functionally equivalent to a not guilty verdict.

Trier of Fact (also known as the Fact Finder) – Hears testimony and reviews evidence to rule on a factual issue. In a preliminary hearing, a magistrate is the trier of fact. In a jury trial, jurors are the triers of fact. In a court trial, the judge is the trier of fact. In all instances, the court rules on the law.

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.



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.

**Definition from Black's Law Dictionary, (8th ed. 2004)*



AGENCY REPORTS

PROBATION DEPARTMENT

AGENCY REPORT



THE LOS ANGELES COUNTY PROBATION DEPARTMENT

The Los Angeles County Probation Department (Probation) was established in 1903 with the enactment of California's first probation laws. As a criminal justice agency, Probation 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 (WIC) and Penal Code (PC).

Currently funded by an appropriation of approximately \$700 million, Probation provides an extensive range of services through the efforts of over 6,170 employees deployed in more than 50 locations throughout the County. Probation supervises approximately 62,000 adult and 20,000 juvenile probationers. Probation 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 juvenile detention facilities and probation camps, assisting victims, and providing corrective assistance to individuals in conflict with the law.

Probation is among the leading departments in the correctional field with over two-thirds of its employees engaged in some professional aspect of probation work. This includes Deputy Probation Officers (DPO), Pretrial Release Investigators, and Detention Services Officers or Supervisors. Its employees staff over 50 work locations, including juvenile detention centers, residential treatment facilities, and field services offices.

Probation's vision is to rebuild lives and provide for healthier and safer communities. Its mission is to enhance public safety, ensure victims' rights and effect positive probationer behavioral change.

INVESTIGATION SERVICES

Both adults (age 18 and older) and juveniles (under age 18 at the time of commission of a crime) may be referred to Probation for investigation. Adults are referred by the criminal courts while juveniles are referred by the Superior Court of California, County of Los Angeles, law enforcement agencies, schools, parents, or other interested community sources. The DPO provides a court report with a recommendation supported by factors that include but are not limited to the offender's social history, prior record, analysis of the current living arrangements, and statements from the victim and other interested parties. Recommendations support the needs of the individual while considering the safety of the community and ensuring victims' rights.

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.

If a child is under the jurisdiction of the Dependency Court, the DPO works cooperatively with the Children's Social Worker (CSW) from the Los Angeles County Department of Children and Family Services (DCFS) assigned to the case to ensure the child's safety and welfare. The DPO's assessment of the offender's response to court-ordered treatment may have a significant influence in determining the outcome of a child's placement.

ADULT FIELD SERVICES BUREAU

The Adult Field Services Bureau (AFSB) consists of the Pretrial Services Division (PTS), Adult Investigations, Adult Supervision and Special Services functions conducted at 19 field offices and more than 19 additional branch offices in court locations. PTS completes approximately 89,000 eligibility assessments/reports a year. Adult Investigations conducts approximately 72,000 investigations per year. Of these investigations, approximately 5,300



are misdemeanor cases and the remainder are felony cases. AFSB has under its supervision approximately 62,000 adult probationers, resulting in 92,000 supervision reports per year. Within PTS, Investigations, Supervision, and Special Services, there are a variety of service levels and specialized programs. Reserve DPOs, Retired DPOs, Student Professional Workers, Student Workers, and volunteers work within AFSB to enhance Probation services.

ADULT - SPECIALIZED SUPERVISION PROGRAMS

The AFSB manages several specialized caseloads addressing specific populations, needs and/or risk factors. The following specialized caseloads and designated units address child abuse in some capacity: Child Threat, Pre-Natal/Post-Natal Substance Abuse Recognition, Domestic Violence, Family Caseloads, High Risk Offenders, Domestic Violence and Child Abuse Monitoring, and Medi-Cal Administrative Activities. The descriptions of these programs are listed below.

Child Threat - Any case may be assigned to the Child Threat Unit when there is a reason to believe that the adult defendant's behavior poses a threat to a child because of a history of violence, drug abuse, sexual molestation, or cruel treatment, regardless of official charges or conditions of probation. Doing so promotes the safety of the child and the family. The DPO conducts home visits 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 in the Child Threat Unit must report to the DPO face-to-face. Additionally, Child Threat cases may require coordination with the Department of Children and Family Services (DCFS), the court, and/or treatment providers. Indications of mistreatment of the victim or other child results in a referral to the court for further investigation or other appropriate action.

Domestic Violence - Domestic Violence caseloads provide specialized and intensive supervision for defendants who have victimized an adult family member, spouse, former spouse, or cohabitant and who have been ordered to participate in an approved 52-week Batterers' Treatment Program.

Family Caseloads - Adult Family caseloads provide intensive supervision to adult probationers by addressing their needs and risk factors. The goal is to ensure stability with the probationer and the household, so that the probationer can successfully complete probation. The risk of the children being removed from the home and placed into foster care is reduced or eliminated.

High Risk Offenders - These caseloads target offenders who pose a greater risk to the community and require a higher degree of supervision and monitoring. The High Risk Offender DPO supervises complex cases involving habitual and potentially dangerous offenders who may be resistant to services and are likely to violate the conditions of probation.

Domestic Violence and Child Abuse Monitoring Unit - The Domestic Violence and Child Abuse Monitoring Unit provides oversight for programs certified to provide domestic violence and child abuse counseling to ensure that they deliver effective service to probationers and their families and provide the court with timely reports regarding an individual's progress in counseling or lack thereof. Pursuant to PC§1203.097 programs providing domestic violence counseling are certified and monitored for compliance with established guidelines for program content and delivery of services to probationers and victims. Additionally, pursuant to PC§273.1 programs providing child abuse counseling are monitored for compliance with established guidelines for program content related to breaking the cycle of family violence.



Medi-Cal Administrative Activities Unit - Medi-Cal Administrative Activities (MAA) is the “marketing of Medi-Cal and Healthy Families/Medi-Cal for Children” through the outreach efforts of Probation staff. By performing outreach activities for defendants/probationers, their families, and other interested parties such as victims, Probation will be able to serve persons in need of medical/mental health services. One of the critical elements of MAA is the ability to present information that describes what the Medi-Cal and Healthy Families/Medi-Cal for Children programs are, provide eligibility determination information, and make available the location or phone number where eligibility can be determined.

JUVENILE FIELD SERVICES BUREAU

The Juvenile Field Services Bureau (JFSB) provides investigation and supervision services to juvenile offenders and their families throughout Los Angeles County. These identified services/programs support Probation’s mission to enhance public safety, ensure victims’ rights and effect positive probationer behavioral change. Additionally, staff assigned to these programs serve as an arm of the Delinquency Court and recommend appropriate dispositions while preserving and enhancing the family unit, whenever possible. Additionally, Retired DPOs, Reserve DPOs, college and university interns, Student Professional Workers, Student Workers, and Volunteers In Service To Others (VISTO) volunteers work within JFSB to enhance our provision of services. The JFSB consists of staff assigned to 17 field offices and includes the following specialized programs: Community-Based Supervision, Drug Court, Dual Supervision, Juvenile Mental Health Court – Special Needs Court, Pregnant and Parenting Teens Program, and Teen Court. The descriptions of these programs are listed below.

Community-Based Supervision - DPOs supervise juveniles placed on community-based probation supervision. DPOs are assigned to designated communities and work with minors, families, schools, and other

relevant resources to build on minor/family strengths, evaluate and make efforts to minimize risks, and monitor compliance with court orders. The case management services provided include conducting assessments, orientation meetings, regular contact, service referrals, monitoring compliance with program participation, documenting violations, writing court reports, and other activities that support the minor in successfully completing probation and making the behavioral changes needed to prevent from re-offending.

Drug Court - Juvenile Drug Court is designed to provide an alternative to current juvenile justice proceedings by providing an integrated system of treatment for youth and parents to reduce substance abuse and criminal behavior by program participants and to assist youth in becoming productive members of the community, thus promoting public safety.

The Juvenile Drug Court Program is a comprehensive treatment program for nonviolent minors. This voluntary program is comprised of minors in both pre- and post-adjudicated stages and high risk probationers, and includes regular court appearances before a designated Drug Court Judge and intensive supervision by the Probation Department and Treatment Provider. Drug testing, individual group counseling, and family counseling are furnished by the Juvenile Drug Court Treatment Provider. Juvenile Drug Court Teams consist of a Juvenile Drug Court Judge, Deputy District Attorney, Deputy Public Defender, DPO, School Liaison, and Drug Treatment Services Provider.

Dual Supervision - Welfare and Institutions Code (WIC) Section 241.1 (a) provides that whenever a minor appears to come within the description of both Section 300 and Section 601 or 602, the child protective services department and the probation department shall determine which status will best serve the interests of the minor and the protection of society pursuant to a jointly developed written protocol. A specialized investigation is conducted involving probation, the Department



of Children and Family Services (DCFS), the Department of Mental Health, and dependency attorneys to determine the appropriate plan for services and treatment for the minor. The court may deem a minor suitable for supervision under both the Probation Department and DCFS.

The juvenile Dual Supervision Case Management Program supervises minors under legal jurisdiction of DCFS, through Dependency Court, who are placed on probation. Minors receive case supervision from both DCFS and Probation. DCFS is the lead agency responsible for planning and treatment and Probation monitors compliance with conditions of probation.

Probation Dual Supervision DPOs team with DCFS staff to provide enhanced communication, supervision, and monitoring of dual supervision youth. Probation reviews new cases, consults with the DCFS Children's Social Worker (CSW) to coordinate services, provide case management, including making field visits, gathering casework or related information, enforcing conditions of probation, consulting with the CSW relative to multi-disciplinary planning to meet the minor's needs, and preparing reports for court.

Juvenile Mental Health Court – Special Needs Court - Juvenile Mental Health Court – Special Needs Court is designated to initiate a comprehensive, judicially monitored program of individualized mental health treatment and rehabilitation services for minors who suffer from diagnosed mental illness (Axis I), organic brain impairment, or developmental disabilities.

Pregnant and Parenting Teens Program - Due to the need for female gender specific services, Probation created a pilot program of Pregnant and Parenting Teens caseloads (Kenyon Juvenile Justice Center and San Gabriel Valley Area Office) that address particular issues and problems affecting pregnant and/or parenting female juvenile offenders who are currently on probation. It is Probation's expectation that by offering an array

of gender-specific services, the female minors will be able to successfully complete their conditions of probation.

Teen Court - Teen Court offers an alternative sanction in the form of a diversion program for first time juvenile offenders in lieu of delinquency proceedings. The court consists of a volunteer judicial officer, a court coordinator (either a DPO or a Reserve DPO), and a jury composed of six peers. Probation collaborates with the court, other law enforcement agencies, schools, attorneys, and community-based organizations in this program.

JUVENILE SPECIAL SERVICES BUREAU

The Juvenile Special Services Bureau provides protection and safety to the community by serving as an arm of the Superior Court. Juvenile probation officers provide investigation and supervision services for juvenile offenders on court-ordered probation or in specialized programs. In addition, they recommend appropriate dispositions for juvenile offenders while preserving and enhancing the family unit, whenever possible.

The Juvenile Special Services Bureau consists of programs which include the 601 Intake Program, Specialized Gang Suppression Program, School Crime Suppression Program, Gang Alternative Prevention Program, Camp Community Transition Program, Community Law Enforcement and Recovery Program, Drug Enforcement Agency Task Force Probation/LAPD Crash Ride-Along, and the Specialized Warrant Intervention Program. The descriptions of these programs are listed below.

601 Intake Program - Intake Deputy Probation Officers (DPOs) are assigned to eight geographic areas that overlap existing field service area office boundaries. These are static positions with no workload yardstick. Intake DPOs are responsible for responding to referrals for minors exhibiting behavior problems such as incorrigibility, truancy, running away, and/or other pre-delinquent conduct. Referrals may be initiated by parents,



schools, Probation, public, private, or community agencies.

Assessments will be made to determine the appropriate case needs and services to be provided. It is a goal of the program to connect families to resources that prevent the need for court action and removal of the minor from home. These may include crisis intervention, referrals to outside agencies, e.g., Schools, Community Based Organizations, Police, DCFS, referrals to OPS for supervision under 236 WIC or 654 WIC, or filing a 601a WIC petition for incorrigibility.

Specialized Gang Suppression Program - The Specialized Gang Suppression Program provides intensive supervision of gang-identified probationers and aims to protect the community by closely monitoring the probationer's compliance with the terms and conditions of probation.

School Crime Suppression Program - The School Crime Suppression Program (SCSP) provides services to delinquent minors and/or students on probation that require intensive supervision. SCSP officers are based on campuses around Los Angeles County, providing probationers with opportunities to succeed in a school environment. Services include: in-person probationer contacts, school attendance monitoring, juvenile and parental referral services, probation violation monitoring and reporting, and program development by partnering with schools and/or community-based organizations to enhance opportunities for minors to reduce school violence.

Gang Alternative Prevention Program -The Gang Alternative Prevention Program concentrates on pre-delinquent and marginal gang youth who live in neighborhoods characterized by a high crime rate, violent gang activity, and heavy drug use.

Camp Community Transition Program - The Community Camp Transition Program provides aftercare services beginning a few weeks prior

to a minor's release from a probation camp to the community. Minors are intensively supervised to insure prompt school enrollment, community service, and participation in selected community-based organization programs. Transitional plans include an emphasis on family participation.

Community Law Enforcement and Recovery Program - The Community Law Enforcement and Recovery Program (CLEAR) targets the gangs in Los Angeles County utilizing a collaboration of agencies that involves the Los Angeles Police Department, Los Angeles County Sheriff's, District Attorney, and Probation. CLEAR DPOs participate in special operations to reduce the level of gang activity in targeted areas. They participate in sweeps, searches and seizures, and ride-alongs enforcing the terms and conditions of probation.

Drug Enforcement Agency Task Force - Drug Enforcement Agency Task Force allows the Department to work in a multi-agency task force to combat drug sales and trafficking.

Specialized Warrant Intervention Fugitive Team - The Specialized Warrant Intervention Fugitive Team (SWIFT) devotes the majority of time working with the Sheriff's Department and other agencies to identify, locate, and arrest minors who have absconded from probation. Given the high-risk nature of warrant service, this activity is not attempted without police backup. DPOs also enforce the terms and conditions of probation as they observe probationers in the community who are in violation of their conditions. Supervision is designed to provide gang-suppression through enhanced monitoring of high-risk probation cases. SWIFT presently serves the Valinda Corridor and Basset area but will expand as resources become available.



RESIDENTIAL TREATMENT SERVICES BUREAU

Camp Community Placement provides intensive intervention in a residential treatment setting. Upon commitment by the court, a minor receives health, educational, and family assessments that allow treatment tailored to meet their individual needs. The goal of the program is to reunify the minor with their family, to reintegrate the minor into the community, and to assist the minor in achieving a productive crime free life. These Probation camps service approximately 2,200 minors per day.

The camps provide structured work experience, vocational training, education, specialized tutoring, athletic activities, and various types of social enrichment. Each camp provides enhanced components tailored to its population and purpose. The fundamental objective of the Residential Treatment Service experience is to aid in reducing the incidence and impact of crime in the community. This is accomplished by providing each minor with a residential treatment experience geared toward developing effective life skills.

The camps provide a valuable and cost effective intermediate sanction alternative between probation in the community and incarceration in the California Department of Corrections and Rehabilitation, Division of Juvenile Justice (DJJ), formerly the California Youth Authority.

PLACEMENT SERVICES BUREAU

The Placement Services Bureau encompasses Central and Regional Placement, Emancipation Services, and Placement Quality Assurance. Each unit plays a vital role in the lives of minors with a Suitable Placement order. Most Suitable Placement minors are removed from their homes and placed in an environment which best addresses their needs. Minors can be placed in out-of-home care ranging from group homes and psychiatric hospitals to care with relatives and non-relatives.

Regional Placement - Suitable Placement provides a dispositional option for the Juvenile Court for minors whose delinquent behavior may be explained by a contributory family environment and/or emotional/psychiatric problems. Most Suitable Placement minors are removed from their homes and placed in a safe environment such as a group home, psychiatric hospital, etc. DPOs work with the minor and the family to identify needed services and prepare case plans to assist them with accessing the services. Through monitoring the minor's progress, the DPO is able to determine what long term living arrangement would be in the best interest of the minor and develop/implement a plan (permanency plan) to return the minor to a safe and stable environment (reunification with their parents/guardians, emancipation, placement in a relative/non-relative home, or long term foster care).

Central Placement - Central Placement provides support for the Regional Placement program and consists of the following:

- 1) **Consultant Unit:** Consultants are responsible for monitoring group homes to insure compliance with their County contract, their program statement, and Title 22. Consultants investigate all serious incidents that occur in the group home and conduct relative/guardian home assessments;
- 2) **Resource Control Unit:** Resource Control is responsible for the placement of all new Suitable Placement minors and for finding appropriate facilities for all re-placements. The Suitable Placement AWOL Recovery Team investigates and apprehends AWOL minors and minors with active warrants;
- 3) **Mental Health Unit:** Mental Health provides consultants who are part of the Collaborative Assessment, Rehabilitation, and Education (CARE) unit which provides assessment and treatment for minors with serious mental health



issues while in Juvenile Hall pending placement; and

- 4) Probation Processing Unit (PPU): Upon placement, PPU collects and processes documents for submission to the Department of Children and Family Services (DCFS) to insure compliance with Title IV-E and the funding of group home services for placement minors.

Placement Quality Assurance Program - Placement Quality Assurance DPOs conduct case reviews on Suitable Placement cases, focusing on compliance with mandated foster care services (Title IV-E, AB 575, SB 933 and Division 31). Quality Assurance DPOs assess cases to determine if probation youth and their families have received mandated services. QA/DPOs assess compliance to mandates and standards by reviewing written records, files, and reports. Program monitoring results are utilized for policy development, staff training, and system improvement.

System of Care - The System of Care (SOC) program provides strength-based, family-centered care to high-end children (e.g. children with multiple, complex, and enduring mental health and behavioral needs) in family settings. Children are placed and/or maintained in a permanent family. Families are able to care for their children with community-based services and supports. Institutional (e.g. group home, juvenile camp) care is avoided and/or length of stay is reduced. Each client has an individualized child and family team to organize, implement, and oversee a uniquely tailored Plan of Care for the enrolled child and family. Both formal and informal community resources are used to meet the children's needs. SOC serves children under the jurisdiction of the Department of Children Family Services, Department of Mental Health, and the Probation Department. Support and advocacy are central to the program.

Status Offender Detention Alternatives (SODA)/Placement Alternative to Detention (PAD) - The Status Offender Detention Alternative (SODA) was initially conceived in 1975 by Probation as a pilot project to experiment with the non-secure detention of status offenders. Currently, the department utilizes four (4) foster homes that are used when offenders are referred by police agencies, the juvenile court, and deputy probation officers for temporary shelter. The minors are placed in SODA pending either return home, completion of the court process, or until they are placed in a more permanent placement such as a group home or foster home.

Placement Alternative to Detention (PAD) provides non-secure detention in licensed foster homes for minors whose primary reason for detention is the lack of a parent, guardian, or responsible relative able or willing to provide proper and effective care and control. Minors with non-serious offenses, no previous runaway attempts, and little delinquent activity are candidates for PAD.

Emancipation Program - The Emancipation Program provides services to current and former foster care youth between the ages of 14 and 21. Training and services are provided to prepare and assist emancipating youth to live successfully on their own. Services include assessing the needs of each youth and identifying the type of skills training required, providing counseling, vocational training, career development, housing assistance, job training and placement, mentoring, and conducting education services provided through a grant and other public and private partnerships.

Family Preservation - The Family Preservation Program is an integrated, comprehensive collaborative (in conjunction with the Departments of Mental Health and Children and Family Services) approach to providing services to families which enhance child safety while strengthening and preserving families who are



experiencing problems in family functioning characterized by child abuse, neglect, school truancy, incorrigibility, and law violations. The program's goal is to assure the physical, emotional, social, educational, cultural, and spiritual development of children in a safe nurturing environment. This approach also reduces out of home placement. Probation supervision is enhanced by day treatment and in-home services provided by community-based organizations.

Wraparound - The Wraparound approach provides an alternative to youth who may be placed in long term foster care. The approach is a family-centered, strength-based, needs-driven, and individualized service planning and implementation process. This model represents a fundamental change in the way services are designed and delivered. Wraparound is value-based and involves an unconditional commitment to create services on a "one child at a time" basis to support normalized and inclusive options for children and youth with complex and enduring needs as well as to support their families. At its core is a set of essential principles that support the provision of highly individualized services, on an unconditional basis to children and their families. Partnering with the Probation Department is the Department of Children and Family Services, Department of Public Social Services, Mental Health, Health Services, Los Angeles County Office of Education, Los Angeles Unified School District, and contract providers.

Placement Quality Assurance and Permanency Planning -The Placement Quality Assurance and Permanency Planning (PQA/PP) Unit assists the Placement deputies with locating family members and initiating and completing adoptions and legal guardianships for probation youth.

The PQA/PP Unit reviews all cases for permanency planning beginning at the time the minor was removed from his/her home. Each Reviewer/Permanency Planner identifies those

probation youth who are at risk of remaining in foster care and who are unlikely to reunify with their parents. After searching for and identifying a relative/non-relative interested in becoming a permanent option for the youth, legal guardianship and adoption are explored with the potential caregiver. If they are in favor of either or both options, the Permanency Planner works with DCFS and County Counsel and completes extensive documents and reports to ensure that the proper procedures are implemented to bring the case to a permanent placement outcome.

Additionally, cases are reviewed at each judicial review. These reviews assist in identifying those probation youth who have been in the system 12 or more months and have a permanency plan of Long-Term Foster Care. Information gathered at the six-month judicial review assists in identifying probation youth whose likelihood of reunifying with their parents is minimal to none. Permanency planning and family finding efforts will begin as soon as these youths are identified. Making referrals to the Department's Independent Living Program's Mentoring Program to link probation youth to a lifetime connection is a key element of permanency planning for those youth that have no willing or able relatives that can become a permanent option for them.

Mentoring - As part of the Los Angeles County Mentoring Project, Probation the Department currently has six group homes serving probation youth who are participating in the Mentoring Program. At those six homes, Probation has youth participating in relationship mentoring (one on one) as well as in group mentoring programs. The programs are operating with part time personnel and are in stages of development.

EVIDENCE BASED PRACTICES

Consistent with Probation's mission to enhance public safety, ensure victim's rights,



and effect positive probationer behavioral change, Probation is committed to implementing Evidence Based Practices (EBP). Nationwide, jurisdictions are beginning to implement EBP in the area of community corrections. EBP requires adherence to practices, which are supported by empirical research. This model is currently being supported and promoted by the National Institute of Corrections (NIC), the nation's largest training and technical assistance provider for state and local correctional agencies.

The Department's Quality Assurance Services Bureau (QASB) has the responsibility to review all newly proposed and existing programs for fidelity with applicable performance-based standards and evidence-based policies and practices. The QASB monitors programs, services, and functions against established metrics, EBP, and national baselines. It is involved with the on-going vetting of new programs department wide, and the review and audit of existing programs, services, and functions. Program evaluation provides evidence of how the organization is progressing toward the accomplishment of its objectives.

Recognizing the value of research and having the commitment to provide the best service delivery, the Probation Department's efforts to ensure its programs are consistent with Evidence Based Practices works towards its vision to rebuild lives and provide for healthier and safer communities.

SELECTIVE FINDINGS

- The number of Adult Referrals in all categories, except for physical abuse and sexual abuse, declined from 2005 to 2009 (Figures 2 and 2A).
- The number of Juvenile Referrals in all categories increased from 2005 to 2009 (Figures 14 and 14A).

SOURCE OF DATA

The data presented in this report reflects a comparison between the reporting year (2009) and the previous year (2008) using data collected from the Juvenile Automated Index (JAI) and the Probation Department's Adult Probation System (APS).



Figure 1

2009 DATA ADULT CASES CHILD ABUSE REFERRALS

PERCENTAGE OF CHANGE	2008	2009	TYPE OF ABUSE/NEGLECT
75.0% decrease	4	1	Caretaker Absence
20.0% decrease	15	12	Exploitation
30.8% decrease	13	9	General Neglect
0.0 % no change	5	5	Physical Abuse
62.5% increase	8	13	Severe Neglect
5.9% increase	609	645	Sexual Abuse Referrals
4.7% increase	654	685	Overall from 2008 to 2009

Figure 2

**2009 DATA ADULT CASES
PROBATION DEPARTMENT ADULT REFERRALS
JANUARY 1 – DECEMBER 31 YEARLY**

OFFICE TYPE	2005	2006	2007	2008	2009
Caretaker Absence	3	4	2	4	1
Exploitation	19	11	12	15	12
General Neglect	13	12	5	13	9
Physical Abuse	1	3	7	5	5
Severe Neglect	18	13	8	8	13
Sexual Abuse	578	628	620	609	645
OVERALL TOTALS	632	671	654	654	685



Figure 2a

2009 ADULT REFERRAL DATA CASES BY YEAR AND TYPE

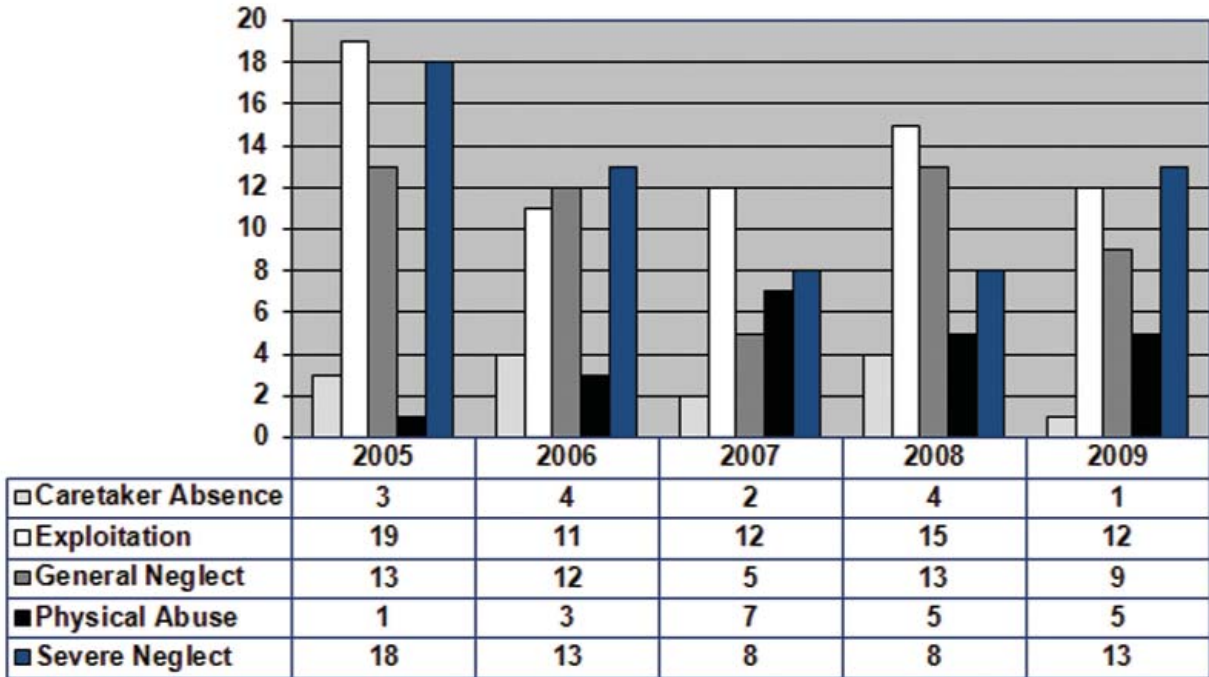


Figure 2b

2009 ADULT REFERRAL DATA CASES BY YEAR AND TYPE

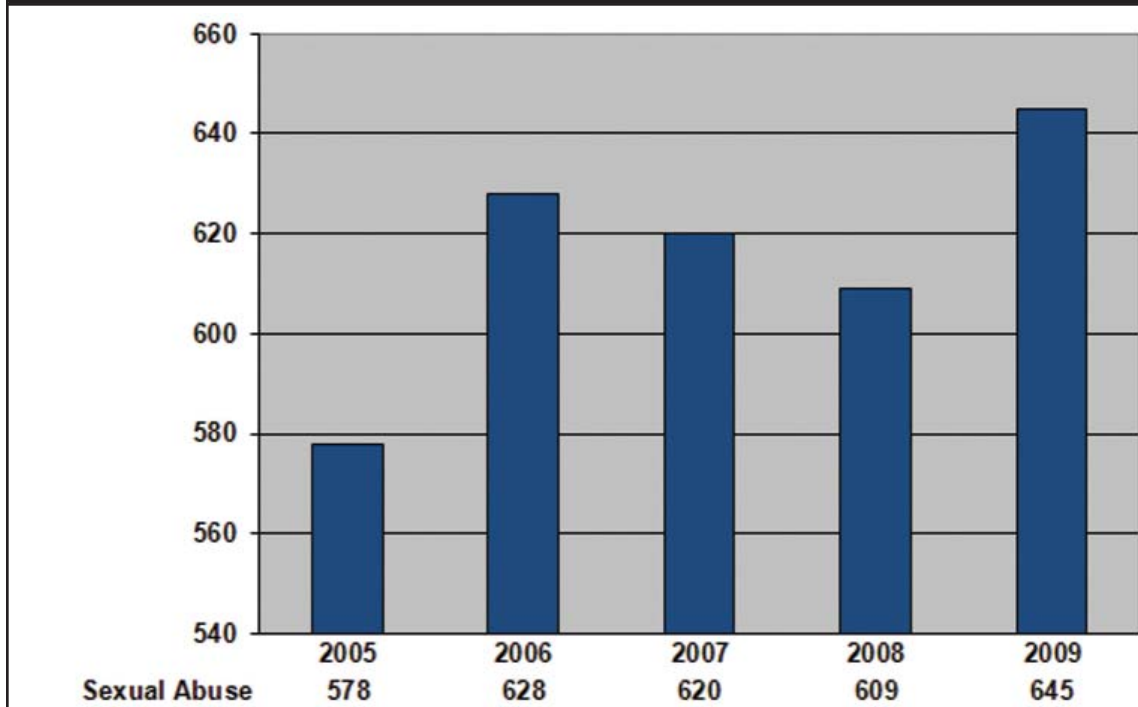




Figure 3

**2009 DATA ADULT CASES
Child Abuse Referrals of Offenders by Age**

PERCENTAGE OF CHANGE	2008	2009	AGE OF ADULT OFFENDER
22.9% increase	35	43	under age 20
7.8% decrease	115	106	20-24
5.3% decrease	75	71	25-29
4.8% decrease	84	80	30-34
2.2% decrease	90	88	35-39
12.9% increase	85	96	40-44
7.5% decrease	67	62	45-49
35.0% increase	103	139	50 and over

Figure 4

**2009 DATA ADULT CASES
Child Abuse Caseloads by Area Office**

PERCENTAGE OF CHANGE	2008	2009	AREA OFFICE
1.2% decrease	84	83	Antelope Valley
10.3% decrease	87	78	Centinela
1.5% increase	134	136	Crenshaw
29.0% increase	31	40	East Los Angeles
6.6% increase	106	113	East San Fernando Valley
8.8% decrease	91	83	Firestone
3.6% increase	56	58	Foothill
0.0% no change	45	45	Harbor
8.3% increase	96	104	Long Beach
5.4% increase	92	97	Rio Hondo
7.4% increase	68	73	Pomona Valley
4.7% decrease	64	61	San Gabriel Valley
18.8% increase	48	57	Santa Monica
27.3% increase	77	98	South Central
10.0% decrease	20	18	Valencia

Figure 5

**2009 DATA ADULT CASES
Child Abuse Referrals of Adult Offenders by Ethnicity**

PERCENTAGE OF CHANGE	2008	2009	ETHNICITY
23.2% increase	82	101	African Americans
100.0% decrease	2	0	American Indians
30.8% decrease	13	9	Asian/Pacific Islanders
1.5% decrease	469	462	Latinos
11.4% increase	79	88	White
117.8% increase	9	25	Other



Figure 6

**2009 DATA ADULT CASES
ADULT ABUSE OFFENSE REFERRALS
By Age and Ethnicity**

ETHNICITY	UNDER 20	20-24	25-29	30-34	35-39	40-44	45-49	50-50+	TOTAL
African American	11	27	9	8	12	12	6	16	82
American Indian	0	0	0	0	0	0	0	0	0
Asian/Pacific Islander	1	1	1	2	0	2	0	2	9
Latino	26	59	51	65	63	68	46	84	462
White	2	16	9	3	8	11	9	30	88
Other	3	3	1	2	5	3	1	7	25
TOTAL	43	106	71	80	88	96	62	139	685
PERCENT	6.3%	15.5%	10.4s%	11.7%	12.8%	14.0%	9.1%	20.3%	100.0%

Figure 7

**2009 DATA ADULT CASES
CHILD ABUSE OFFENSE REFERRALS RECEIVED IN 2008 AND 2009
By Area Office and Gender**

AREA OFFICE	2008		2009	
	MALE	FEMALE	MALE	FEMALE
Antelope Valley	30	2	53	0
Central Adult Investigation	177	15	174	11
East Los Angeles	2	0	0	0
East San Fernando Valley	79	2	79	0
Firestone	0	0	0	0
Foothill	31	0	31	2
Harbor	30	1	20	2
Long Beach	35	1	27	1
Pomona Valley	61	1	79	0
Rio Hondo	81	0	81	2
San Gabriel Valley	11	1	9	1
Santa Monica	17	0	35	1
South Central	68	2	71	3
Valencia	3	0	3	0
Other	4	0	0	0
TOTAL	629	25	662	23

East San Fernando Valley Area Office covers Santa Clarita. Figure 7 reflects the number of adult defendants, by area office and gender, referred to the Probation Department for investigation of child abuse offenses during 2009.



Figure 8

**2009 DATA ADULT AND JUVENILE CASES
CHILD ABUSE OFFENSE REFERRALS**

OFFENSE TYPE	ADULT	PERCENT	JUVENILE	PERCENT	TOTAL
Caretaker Absence	1	0.1%	0	0.0%	1
Exploitation	12	1.8%	5	0.8%	17
General Neglect	9	1.3%	0	0.0%	9
Physical Abuse	5	0.7%	138	20.8%	143
Severe Neglect	13	1.9%	38	5.7%	51
Sexual Abuse	645	94.2%	484	72.8%	1,129
TOTAL	685	100.0%	665	100.0%	1,350
PERCENT	50.7%		49.3%		100.0%

Figure 9

**2009 DATA ADULT AND JUVENILE CASES
CHILD ABUSE OFFENSE REFERRALS**

OFFENSE TYPE	ADULT	PERCENT	JUVENILE	PERCENT	TOTAL
Caretaker Absence	1	0.1%	0	0.0%	1
Exploitation	12	1.8%	5	0.8%	17
General Neglect	9	1.3%	0	0.0%	9
Physical Abuse	5	0.7%	138	20.8%	143
Severe Neglect	13	1.9%	38	5.7%	51
Sexual Abuse	645	94.2%	484	72.8%	1,129
TOTAL	685	100.0%	665	100.0%	1,350
PERCENT	50.7%		49.3%		100.0%

Figure 9 reflects the number of adult cases, by age and ethnicity, supervised by the Probation Department for child abuse offenses in 2009.

Figure 10

**2009 DATA ADULT CASES CHILD OFFENSE SUPERVISION CASES
Active as of December 2009 By Ethnicity**

ETHNICITY	TOTAL	PERCENT
Caretaker Absence	308	26.0%
Exploitation	1	0.1%
General Neglect	22	1.9%
Physical Abuse	497	41.9%
Severe Neglect	296	25.0%
Sexual Abuse	62	5.1%
TOTAL	1,186	100.0%



Figure 11

**2009 DATA ADULT CASES CHILD OFFENSE SUPERVISION CASES
CHILD THREAT (CT) WORKLOAD PER AREA OFFICE AS OF DECEMBER 2009
Number of Defendants on CT Caseloads**

AREA OFFICE	2005	2006	2007	2008	2009
Antelope Valley	152	136	82	84	83
Centinela	72	192	99	87	78
Crenshaw	147	262	127	134	136
East Los Angeles	92	104	32	31	40
East San Fernando Valley	88	158	108	106	113
Firestone	143	215	83	91	83
Foothill	120	106	66	56	58
Harbor	49	96	42	45	45
Long Beach	85	194	98	96	104
Pomona Valley	90	147	82	68	73
Rio Hondo	59	168	91	92	97
San Gabriel Valley	55	146	72	64	61
Santa Monica	126	66	52	48	57
South Central	57	145	68	77	98
Valencia	61	59	28	20	18
TOTALS	1,396	2,194	1,130	1,099	1,144



Figure 11(a)

2009 DATA ADULT CHILD THREAT (CT) WORKLOAD REFERRALS
Antelope Valley Area Office

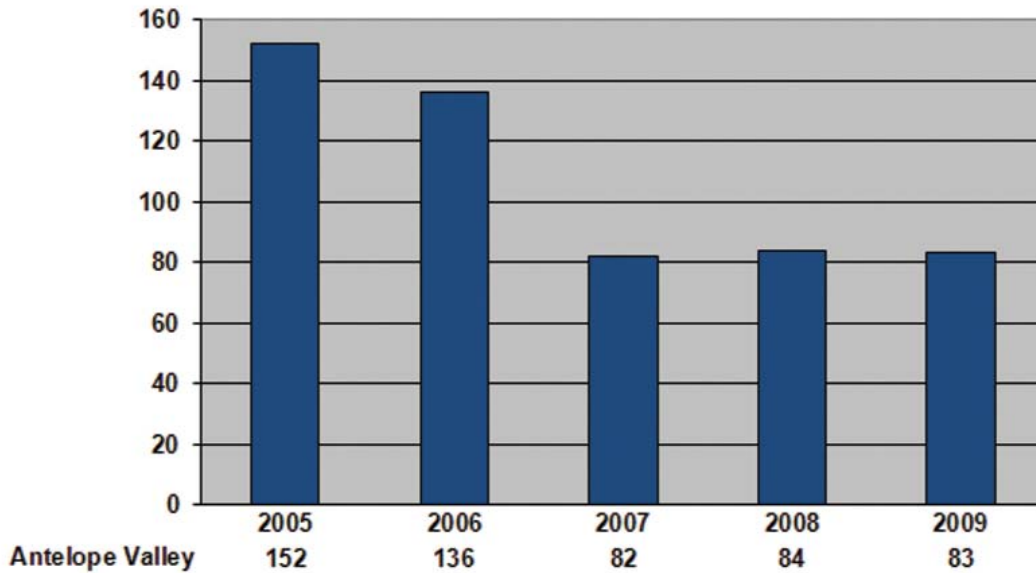


Figure 11(b)

2009 DATA ADULT CHILD THREAT (CT) WORKLOAD REFERRALS
Centinela Area Office

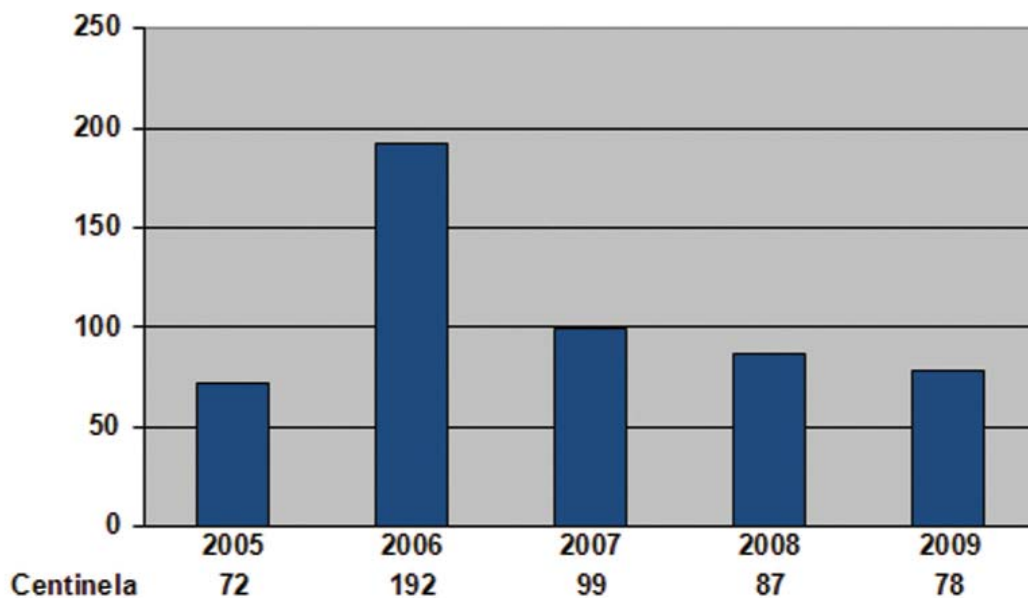




Figure 11(c)

2009 DATA ADULT CHILD THREAT (CT) WORKLOAD REFERRALS
Crenshaw Area Office

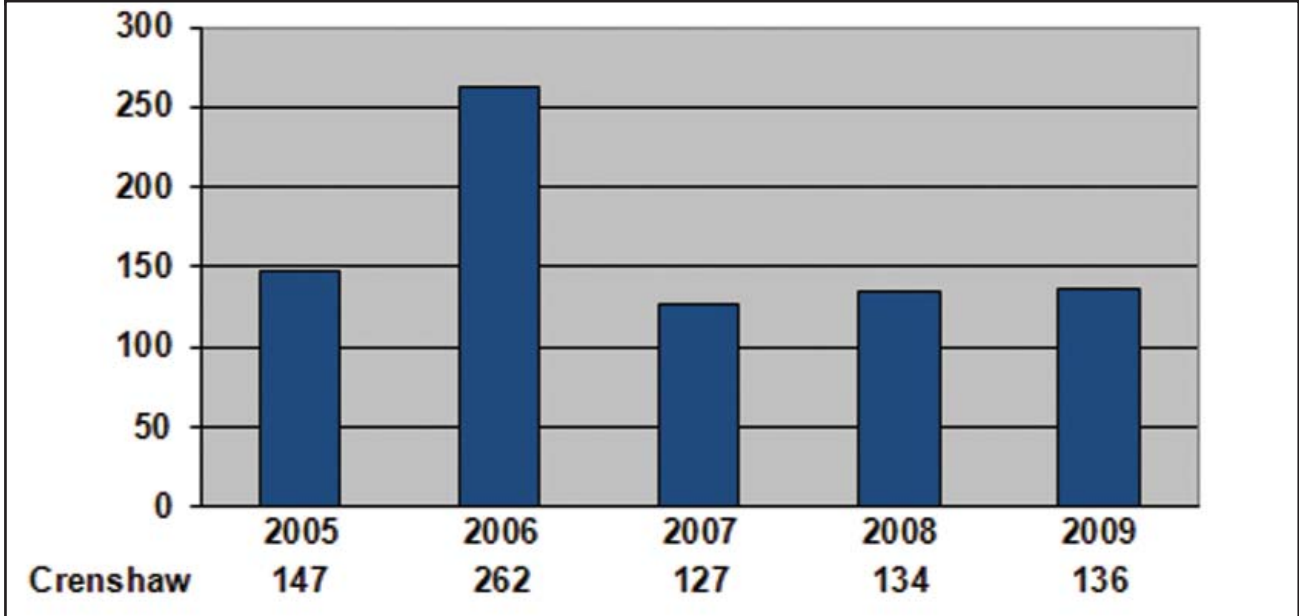


Figure 11(d)

2009 DATA ADULT CHILD THREAT (CT) WORKLOAD REFERRALS
East Los Angeles Area Office

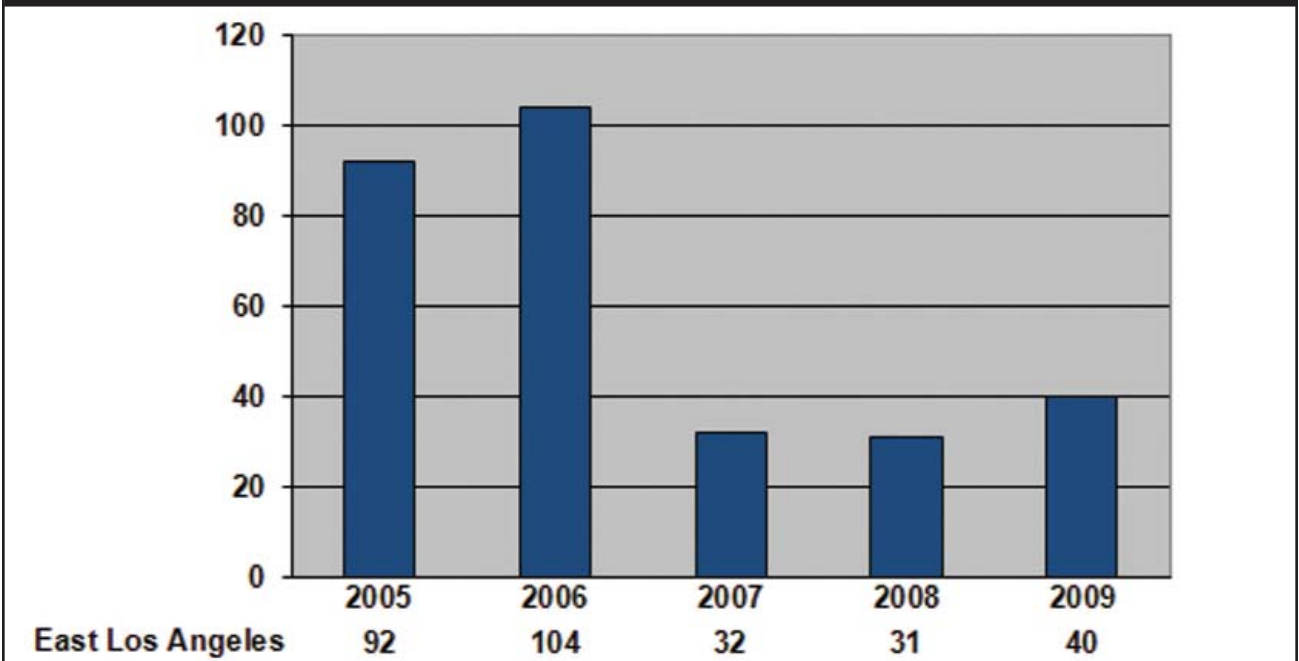




Figure 11(e)

**2009 DATA ADULT CHILD THREAT (CT) WORKLOAD REFERRALS
East San Fernando Valley Area Office**

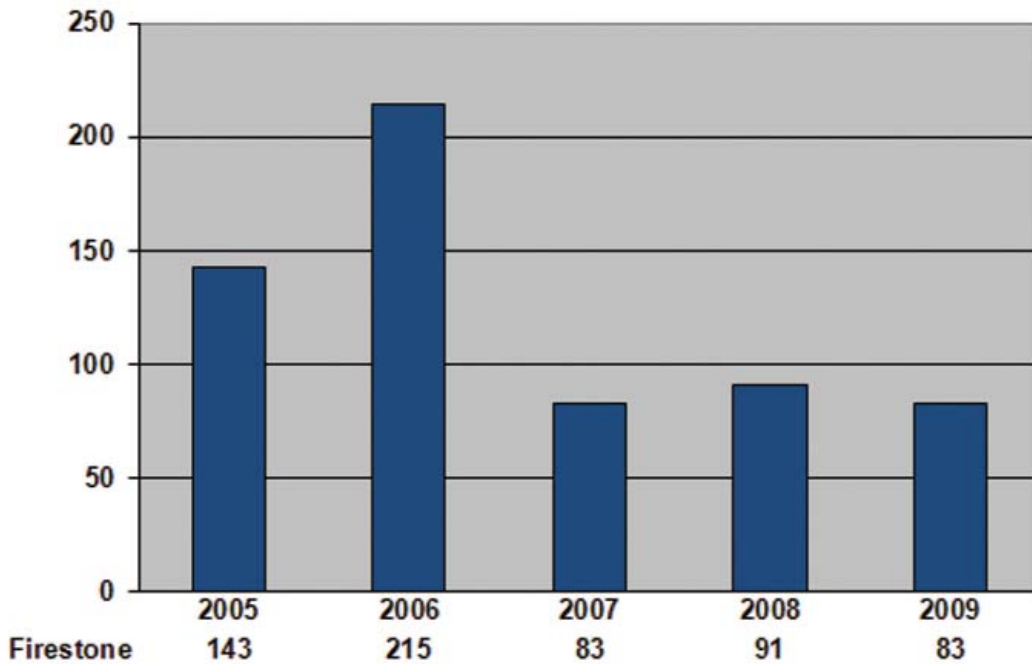


Figure 11(f)

**2009 DATA ADULT CHILD THREAT (CT) WORKLOAD REFERRALS
Firestone Area Office**

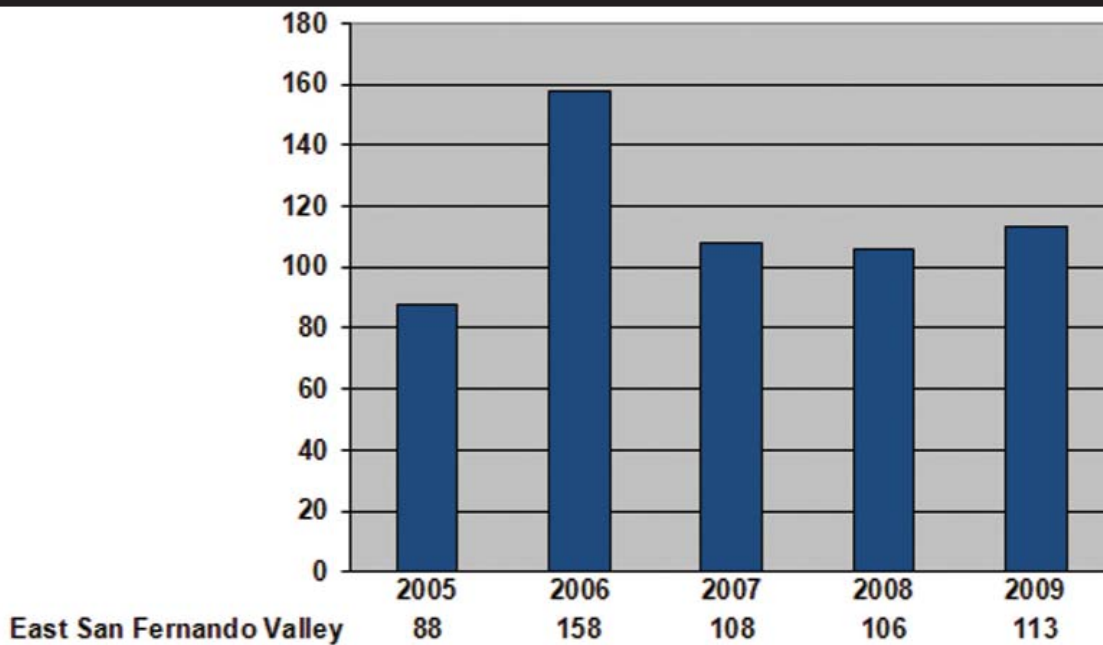




Figure 11(g)

2009 DATA ADULT CHILD THREAT (CT) WORKLOAD REFERRALS
Foothill Area Office

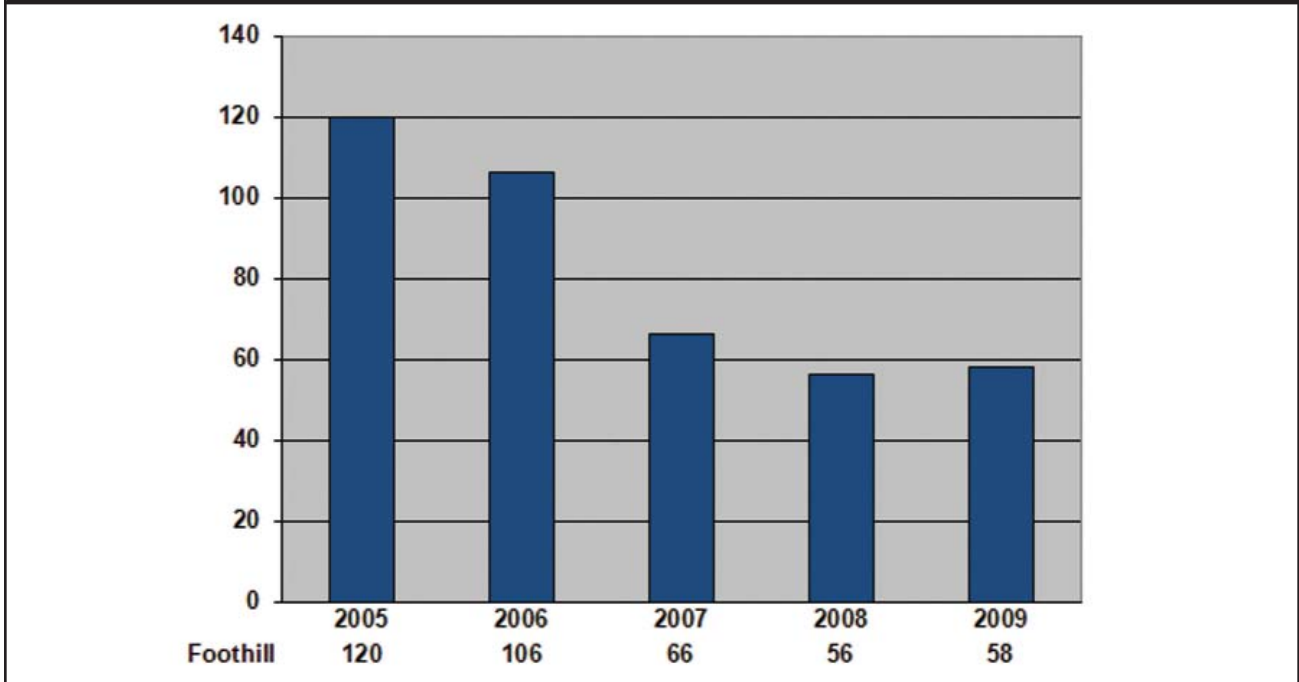


Figure 11(h)

2009 DATA ADULT CHILD THREAT (CT) WORKLOAD REFERRALS
Harbor Area Office

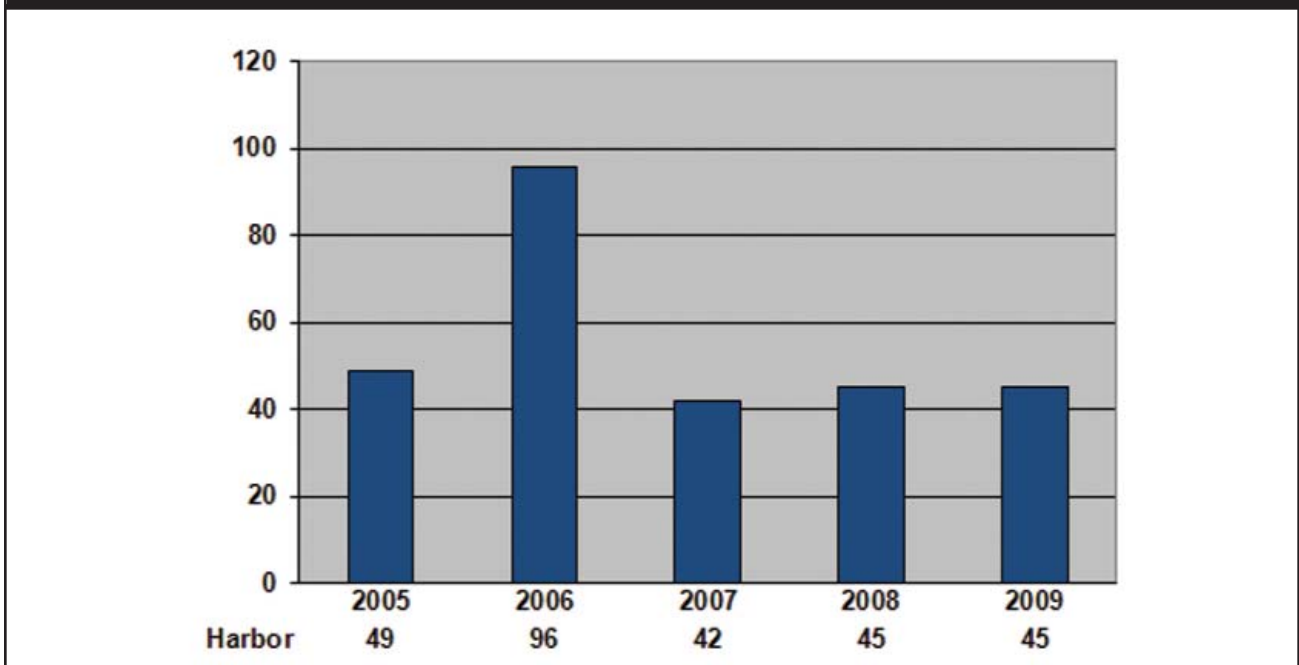




Figure 11(i)

2009 DATA ADULT CHILD THREAT (CT) WORKLOAD REFERRALS
Long Beach Area Office

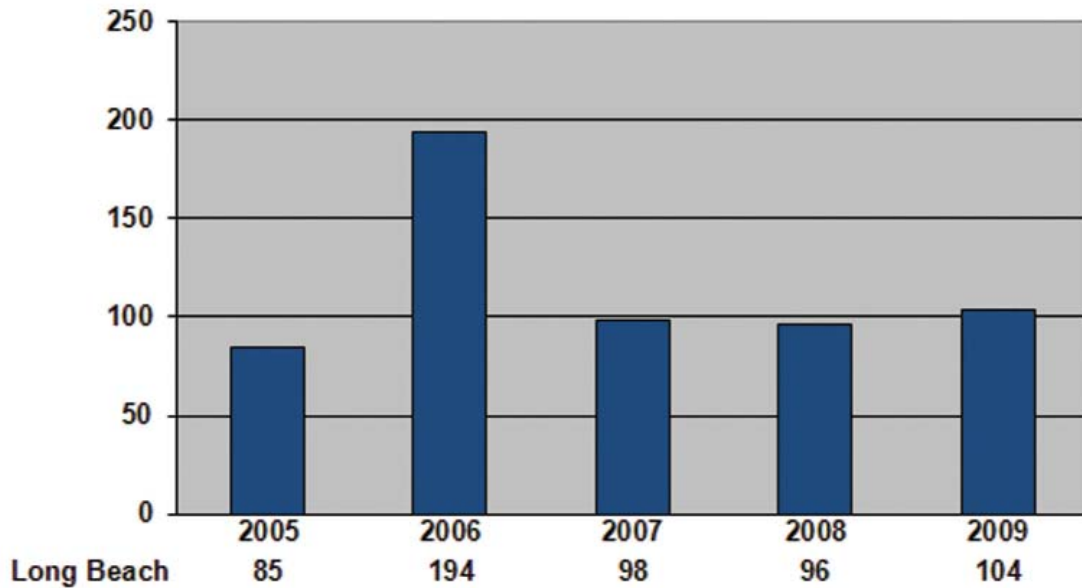


Figure 11(j)

2009 DATA ADULT CHILD THREAT (CT) WORKLOAD REFERRALS
Long Beach Area Office

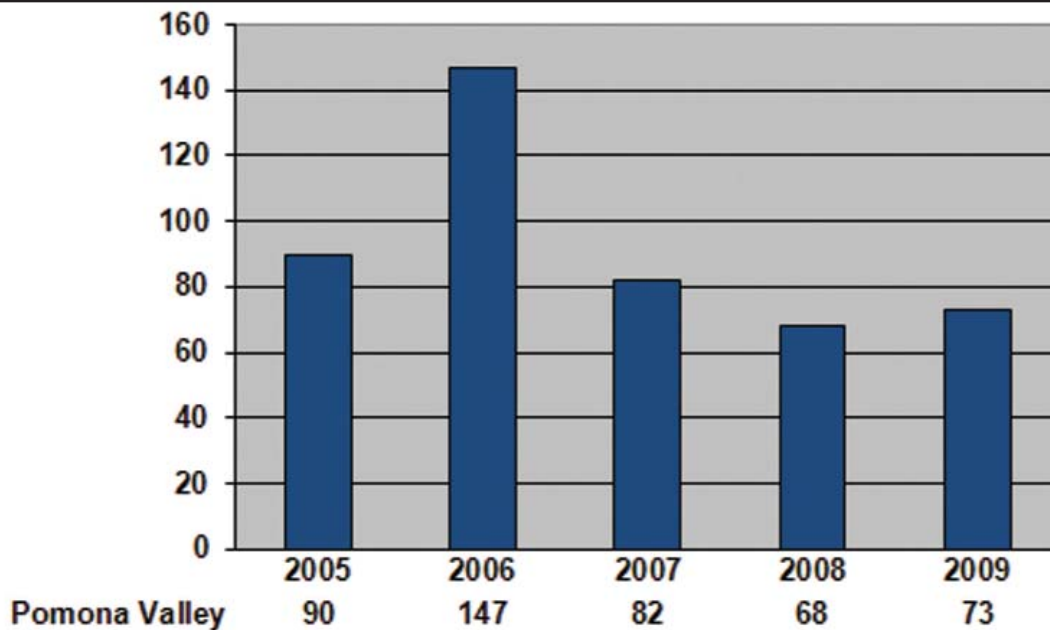




Figure 11(k)

2009 DATA ADULT CHILD THREAT (CT) WORKLOAD REFERRALS
Rio Hondo Area Office

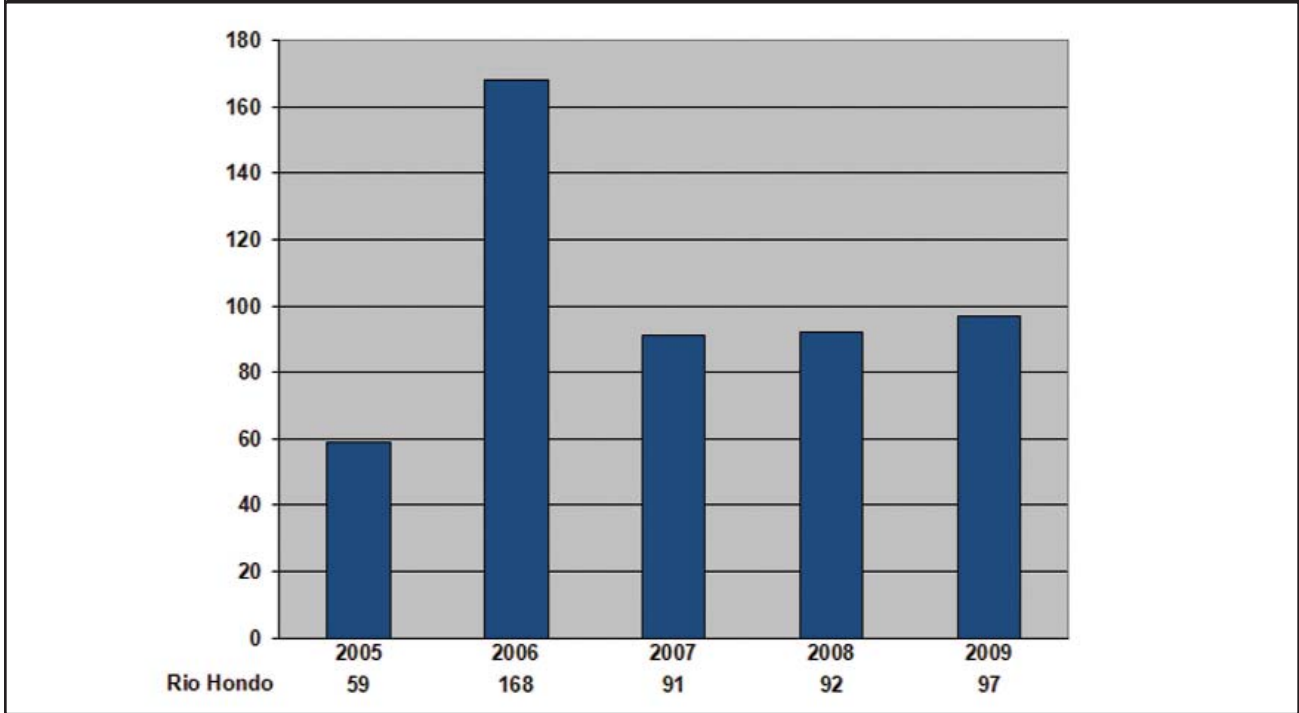


Figure 11(l)

2009 DATA ADULT CHILD THREAT (CT) WORKLOAD REFERRALS
San Gabriel Valley Area Office

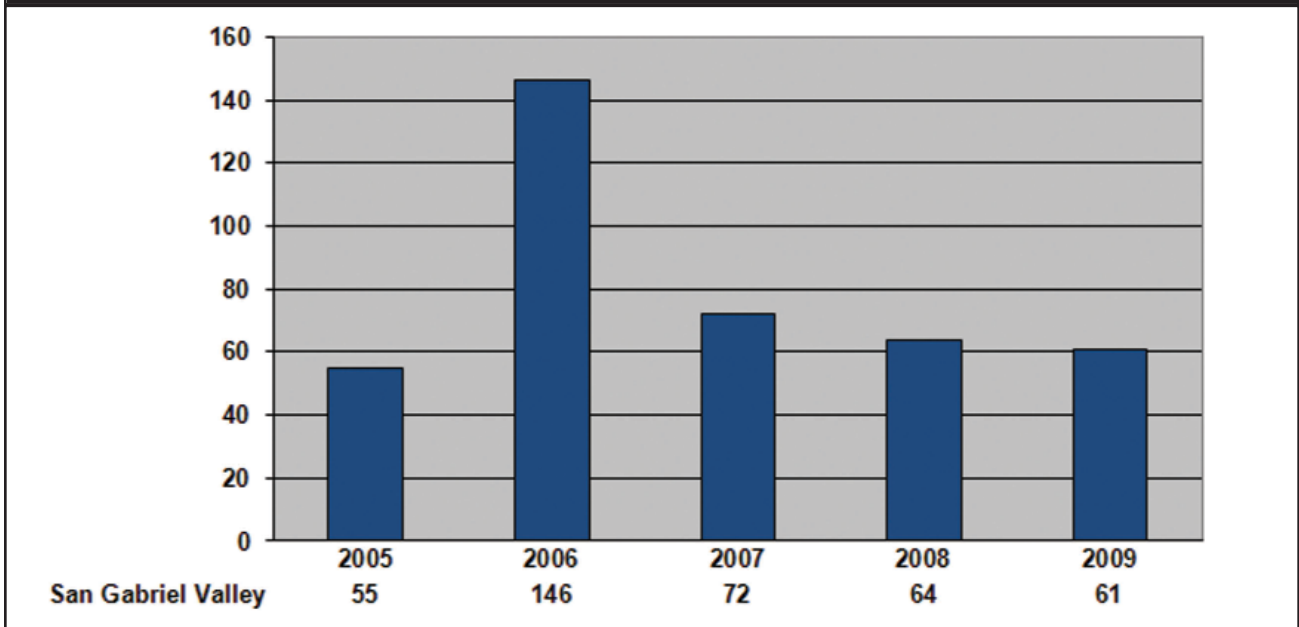




Figure 11(m)

**2009 DATA ADULT CHILD THREAT (CT) WORKLOAD REFERRALS
Santa Monica Area Office**

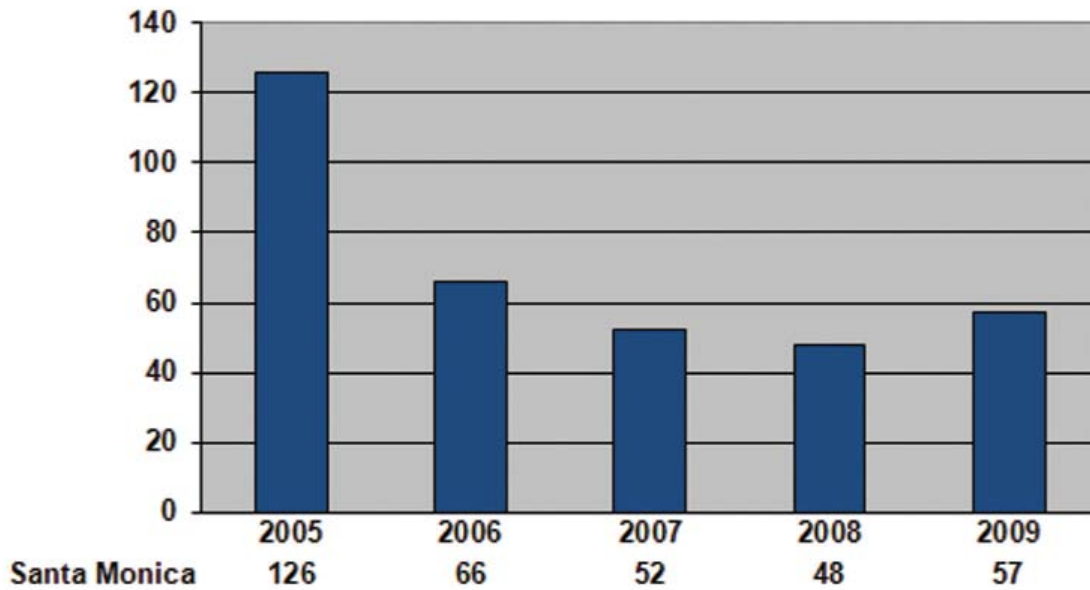


Figure 11(n)

**2009 DATA ADULT CHILD THREAT (CT) WORKLOAD REFERRALS
South Central Area Office**

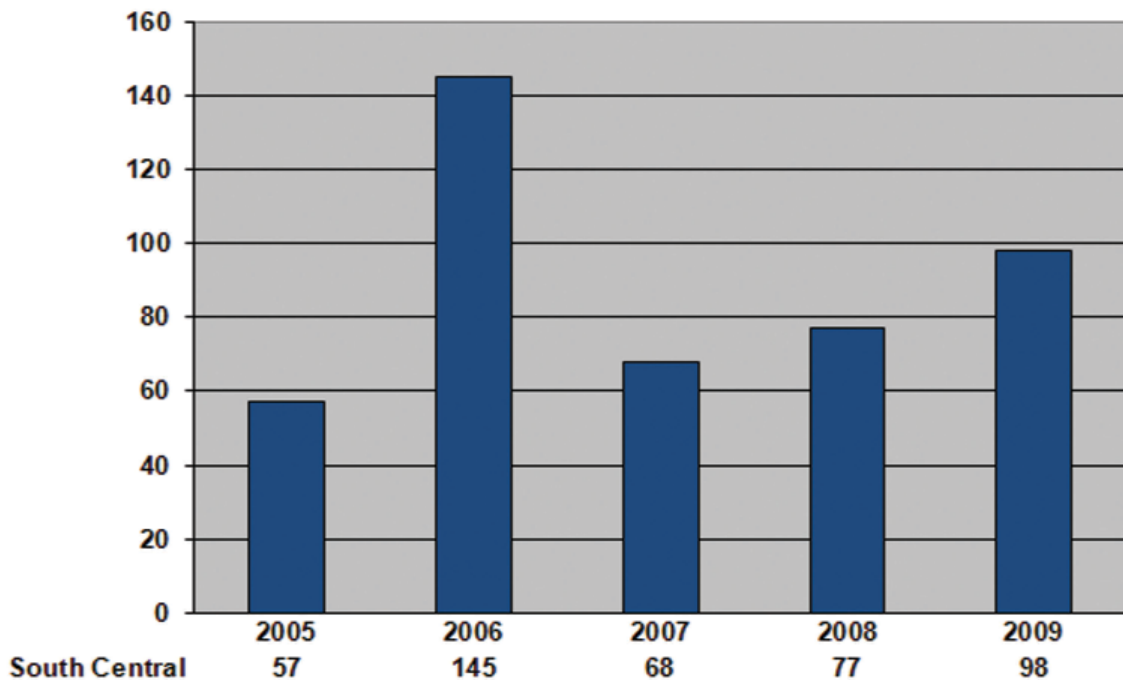




Figure 11(o)

2009 DATA ADULT CHILD THREAT (CT) WORKLOAD REFERRALS
Valencia Area Office

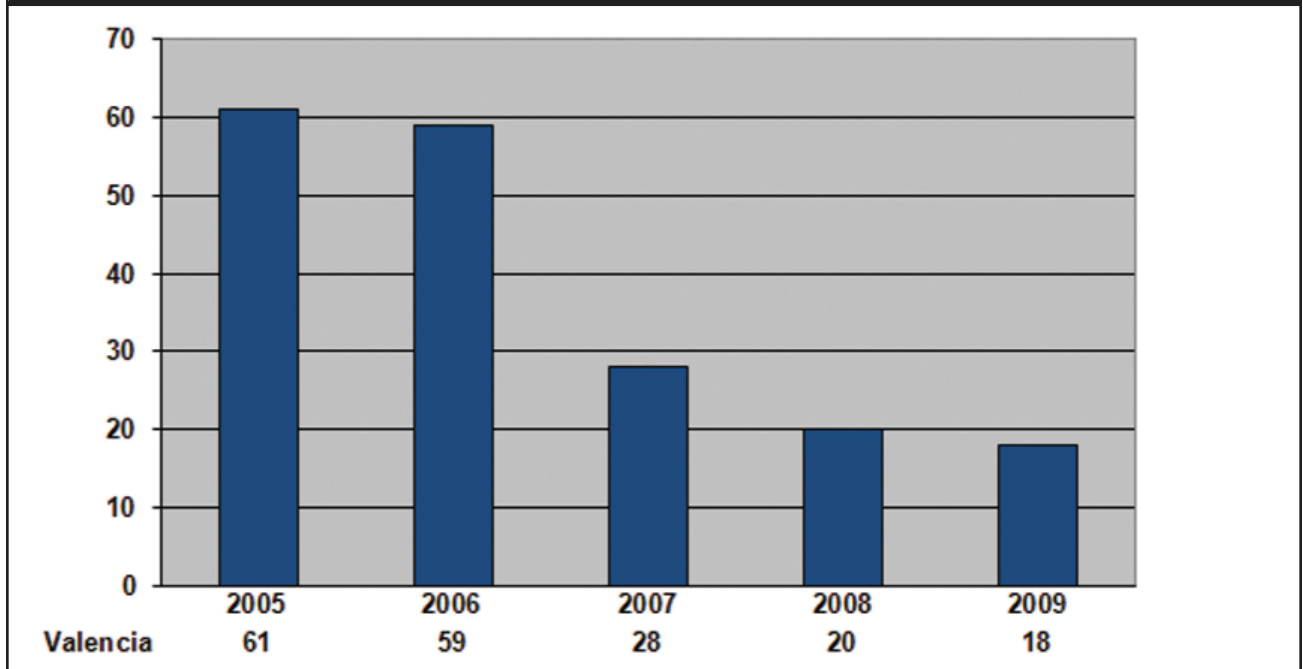




Figure 12

**2009 DATA ADULT AND JUVENILE CASES
CHILD ABUSE OFFENSE GRANTS OF PROBATION BY OFFICE
Adult and Juvenile**

AREA OFFICE	ADULTS	JUVENILES	TOTALS
*Transition to Area Office	0	12	12
Alhambra	31	0	31
Antelope Valley	4	5	9
Central Adult Investigation	4	0	4
Centinela	3	5	8
Crenshaw	6	8	14
East Los Angeles	2	2	4
East San Fernando Valley	7	0	7
Eastlake Intake Detention Control	0	0	0
Firestone	9	7	16
Foothill	5	1	6
Harbor	2	2	4
Kenyon Juvenile Justice Center	0	3	3
Long Beach	4	4	8
Northeast Juvenile Justice Center	0	4	4
Pomona Valley	19	3	22
Rio Hondo	8	6	14
Riverview	5	0	5
San Gabriel Valley	8	7	15
Santa Monica	2	2	4
South Central	17	7	24
Sylmar	0	0	0
Valencia	0	0	0
Van Nuys	0	12	12
TOTALS	136	90	226
PERCENT	60.2%	39.8%	100.0%

Of the 685 Child Abuse referrals received by the Adult Bureau in 2009, 136 (19.9%) resulted in a court ordered grant of formal probation. The adult defendants not placed on formal probation may have been sentenced to state prison, county jail, placed on informal probation to the court, found not guilty or had their cases dismissed.

Of the 665 Juvenile Child Abuse offense referrals received by the Juvenile Bureau in 2009, 90 (13.5%) offenses resulted in a disposition of probation supervision. Juveniles not placed on probation may have been sentenced to the California Department of Corrections & Rehabilitation, Division of Juvenile Justice (DJJ), found Unfit (referred to adult criminal court), sentenced to Camp Community Placement, had their cases rejected by the District Attorney, transferred out of county, or closed.

** Transition to Area Office refers to cases involving minors having completed a Camp Community Placement Program and transitioning to an Area Office for supervision (Home on Probation).*



Figure 13

**2009 DATA JUVENILE CASES
CHILD ABUSE REFERRALS**

TYPE OF ABUSE/NEGLECT	PERCENTAGE OF CHANGE	2008	2009
Caretaker Absence	100.0% decrease	3	0
Exploitation	25.0% increase	4	5
General Neglect	100.0% decrease	4	0
Physical Abuse	46.1% decrease	256	138
Severe Neglect	37.7% decrease	61	38
Sexual Abuse	1.0% decrease	489	484
Overall from 2008 to 2009	18.6% decrease	817	665

Figure 14

**2009 DATA JUVENILE CASES
CHILD ABUSE REFERRALS
2005-2009**

TYPE OF ABUSE/NEGLECT	2005	2006	2007	2008	2009
Caretaker Absence	0	0	0	3	0
Exploitation	3	0	7	4	5
General Neglect	13	11	8	4	0
Physical Abuse	201	140	236	256	138
Severe Neglect	32	19	25	61	38
Sexual Abuse	469	320	471	489	484
OVERALL TOTALS	718	490	747	817	665



Figure 14(a)

**2009 DATA JUVENILE CASES
JUVENILE REFERRALS
2005-2009**

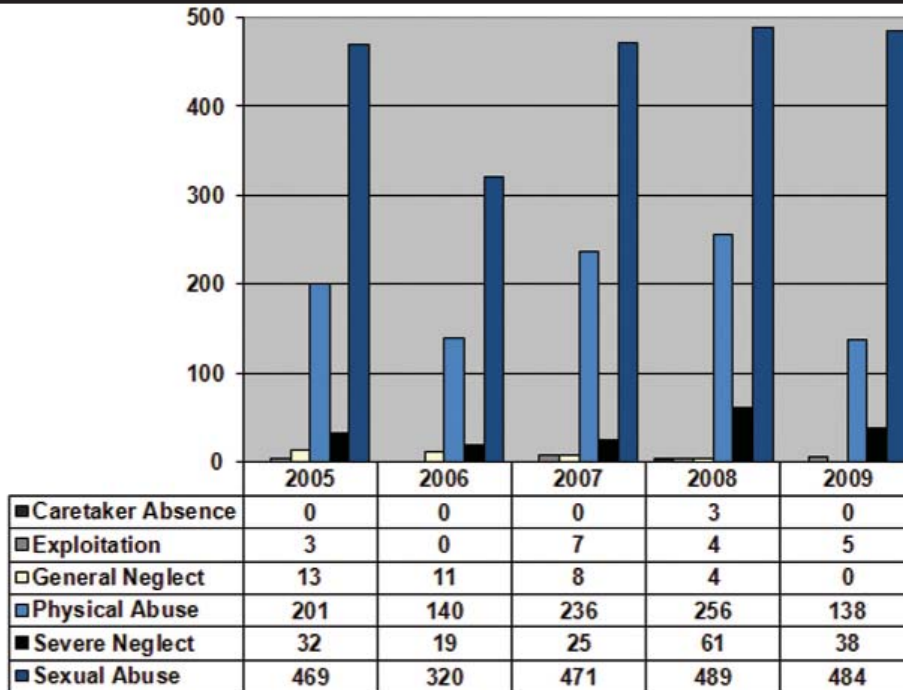


Figure 15

**2009 DATA JUVENILE CASES
CHILD ABUSE REFERRALS
By Age**

PERCENTAGE OF CHANGE	2008	2009	AGE OF JUVENILES
16.4% decrease	128	107	under 11
50.0% decrease	18	9	11
14.8% increase	27	31	12
10.5% decrease	57	51	13
9.8% increase	61	67	14
16.0% decrease	94	79	15
47.7% decrease	151	79	16
26.3% decrease	190	140	17
12.1% increase	91	102	18+



Figure 16

**2009 DATA JUVENILE CASES
CHILD ABUSE REFERRALS
By Ethnicity**

PERCENTAGE OF CHANGE	2008	2009	ETHNICITY
37.9% decrease	232	144	African American
0.0% no change	1	1	American Indian
50.0% decrease	2	1	Asian/Pacific Islander
10.3% decrease	495	444	Latino
20.8% decrease	72	57	White
20.0% increase	15	18	Other



Figure 17

**2009 DATA JUVENILE CASES
CHILD ABUSE REFERRALS RECEIVED IN 2008 AND 2009
By Area Office and Gender**

AREA OFFICE	2008		2009	
	MALE	FEMALE	MALE	FEMALE
Transitions to Area Office	89	2	118	10
Antelope Valley	31	0	18	2
Centinela	65	13	35	5
Crenshaw	84	9	67	6
East Los Angeles	35	4	18	0
Firestone	36	5	36	3
Foothill	28	6	10	2
Harbor	11	1	16	1
Intake Detention Control	0	0	0	0
Kenyon Juvenile Justice Center	54	0	20	1
Long Beach	33	1	26	1
Northeast Juvenile Justice Center	28	4	24	3
Pomona Valley	43	0	29	1
Rio Hondo	27	3	49	1
San Gabriel Valley	62	3	51	4
Santa Monica	14	4	10	0
South Central	41	0	41	0
Sylmar	0	0	0	0
Valencia	10	2	10	0
Van Nuys	68	1	45	2
TOTALS	759	116	623	42

Figure 17 reflects the number of juveniles, by area office and gender, referred to the Probation Department for investigation of child abuse offenses during 2009. Transitions to Area Office primarily reflect referrals from probation camps.



Figure 18

**2009 DATA JUVENILE CASES
CHILD ABUSE OFFENSE REFERRALS
By Age and Ethnicity**

ETHNICITY	Under 11	11	12	13	14	15	16	17	18+	TOTAL
African American	23	5	5	7	16	16	14	31	27	144
American Indian	1	0	0	0	0	0	0	0	0	1
Asian/Pacific Islander	0	0	1	0	0	0	0	0	0	1
Latino	68	4	18	40	36	50	58	100	70	444
White	13	0	5	4	9	10	7	4	5	57
Other	2	0	2	0	6	3	0	5	0	18
TOTAL	107	9	31	51	67	79	79	140	102	665
PERCENT	16.1%	1.4%	4.7%	7.7%	10.1%	11.9%	11.9%	21.1%	15.3%	100.0%

Figure 19

**2009 DATA JUVENILE CASES
CHILD ABUSE OFFENSE REFERRALS**

OFFENSE TYPE	ADULT	PERCENT	JUVENILE	PERCENT	TOTAL
Caretaker Absence	1	0.1%	0	0.0%	1
Exploitation	12	1.8%	5	0.8%	17
General Neglect	9	1.3%	0	0.0%	9
Physical Abuse	5	0.7%	138	20.8%	143
Severe Neglect	13	1.9%	38	5.7%	51
Sexual Abuse	645	94.2%	484	72.8%	1,129
TOTAL	685	100.0%	665	100.0%	1,350
PERCENT	50.7%		49.3%		100.0%



Figure 20

**2009 DATA JUVENILE CASES
CHILD ABUSE OFFENSE SUPERVISION CASES
By Age and Ethnicity**

ETHNICITY	Under 11	11	12	13	14	15	16	17	18+	TOTAL
African American	0	0	1	1	3	1	1	6	0	13
American Indian	0	0	0	0	0	0	0	0	0	0
Asian/Pacific Islander	0	0	1	0	0	0	0	0	0	1
Latino	0	1	3	15	8	14	7	8	9	65
White	0	0	0	1	2	3	2	1	1	10
Other	0	0	0	1	0	0	0	0	0	1
TOTAL	0	1	5	18	13	18	10	15	10	90
PERCENT	0.0%	1.1%	5.6%	20.0%	14.4%	20.0%	11.1%	16.7%	11.1%	100.0%

Figure 20 reflects the number of juvenile cases, by age and ethnicity, supervised by the Probation Department for child abuse offenses in 2009.

Figure 21

**2009 DATA JUVENILE CASES
CHILD ABUSE OFFENSE SUPERVISION CASES
By Ethnicity**

ETHNICITY	TOTAL	PERCENT
African American	13	14.4%
American Indian	0	0.0%
Asian/Pacific Islander	1	1.1%
Latino	65	72.2%
White	10	11.1%
Other	1	1.1%
TOTAL	90	100.0%



Figure 22

**2009 DATA JUVENILE CASES
CHILD ABUSE OFFENSE SUPERVISION CASES
By Age and Offense**

OFFENSE TYPE	Under 11	11	12	13	14	15	16	17	18+	TOTAL
Physical Abuse	0	0	0	1	1	2	0	2	0	6
Severe Neglect	0	0	0	0	1	3	0	3	2	9
Sexual Abuse	0	1	5	17	11	13	10	10	8	75
TOTAL	0	1	5	18	13	18	10	15	10	90
PERCENT	0.0%	1.1%	5.6%	20.0%	14.4%	20.0%	11.1%	16.7%	11.1%	100.0%

Figure 22 reflects the number of juvenile cases, by age and offense, supervised by the Probation Department for child abuse offenses in 2009.

Figure 23(a)

**2009 DATA ADULT CASES
Adult Grants of Probation by Supervisorial District**

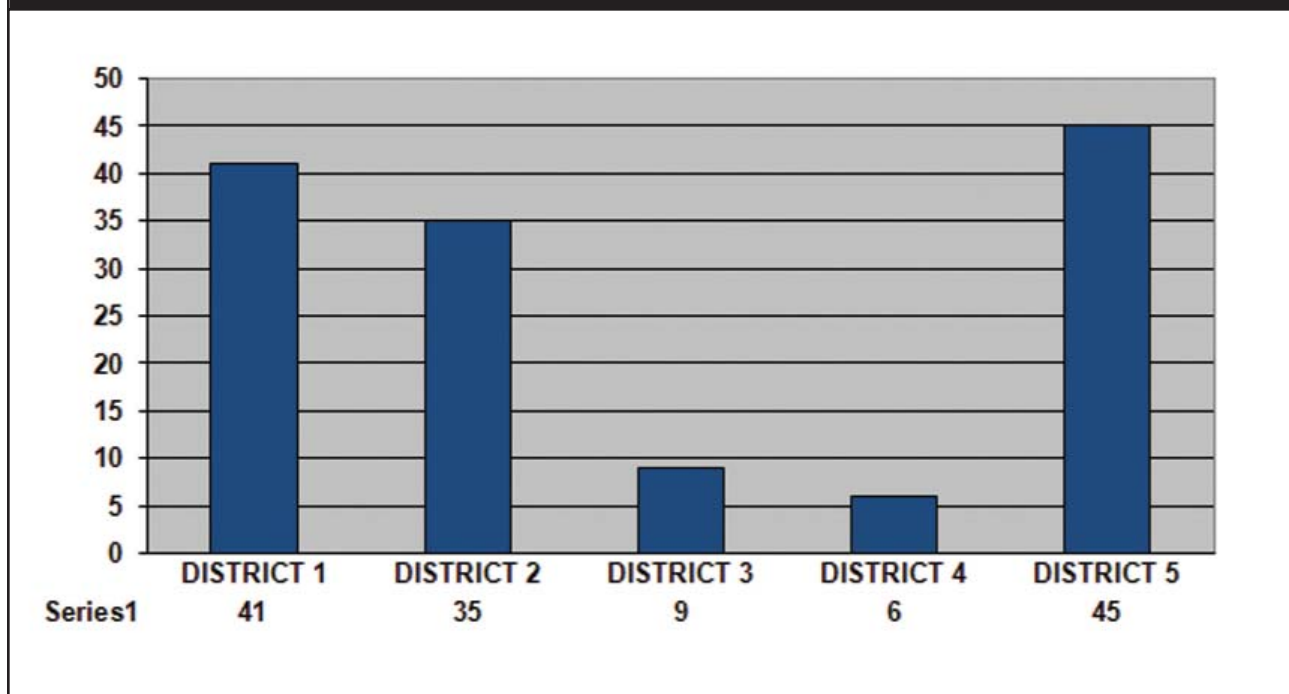
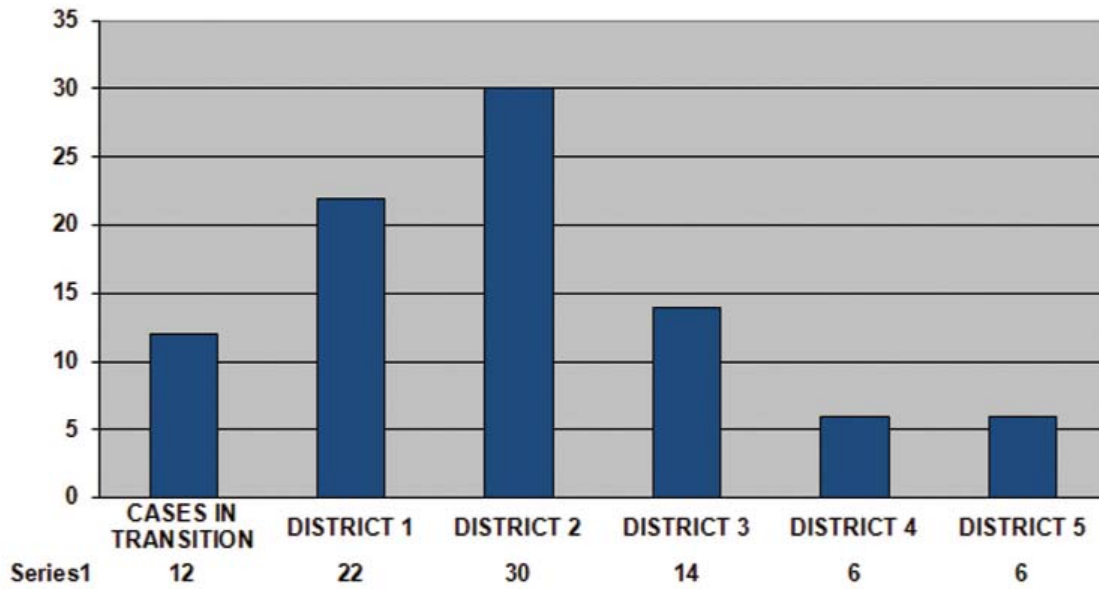




Figure 23(b)

2009 DATA JUVENILE CASES
Juvenile Grants of Probation by Supervisorial District





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) – currently named the Department of Juvenile Justice or DJJ; 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 (now DJJ) facilities are maintained as correctional schools which 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)

Department of Juvenile Justice or DJJ (formerly the California Youth Authority) – 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; DJJ facilities are maintained as correctional schools which are scattered throughout the state; a minor can remain in DJJ until age 25.

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 dependant on the circumstances of the case

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 - a penalty for violation of law

Sentence -

- **Juvenile** - the penalty imposed by the court upon a juvenile with allegations found true in juvenile court; penalties imposed may include fines, community service, restitution or other punishment, terms of probation, residential camp placement or a commitment with the Department of Juvenile Justice (formerly



CYA)

- **Adult** - the penalty imposed by the court upon a convicted defendant in a criminal judicial proceeding; penalties imposed may include fines, community service, restitution or other punishment, terms of probation, county jail or prison for the defendant

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



AGENCY REPORTS

**THE COUNTY OF LOS ANGELES
PUBLIC DEFENDER'S OFFICE**

AGENCY REPORT



THE OFFICE OF THE PUBLIC DEFENDER

Under the leadership of Chief Public Defender Michael P. Judge since 1994, the Office of the Public Defender provides legal representation in the courts of Los Angeles County to indigent persons charged with criminal offenses. Established in 1914, the Los Angeles County Public Defender's Office is both the oldest and the largest full service local governmental defender in the United States, with offices in 39 separate locations throughout the County. For Fiscal Year 2009-10, the Public Defender's Office had 1,138 budgeted positions of which 719 were Deputy Public Defender I through IV attorney positions, in addition to 38 managing attorney budgeted positions. Integral to the collaborative team are Public Defender employed paralegals, psychiatric social workers, investigators, secretaries, and clerical staff. The Public Defender represents clients:

- 1) charged in felony and misdemeanor offenses
- 2) charged in juvenile delinquency cases;
- 3) charged in sexually violent predator cases;
- 4) facing mental health commitments;
- 5) facing civil contempt matters;
- 6) in pre-judgment appeals and writs; and
- 7) in post-conviction matters including areas of police misconduct, intimate partner battering and its effects, and claims involving factual innocence based on DNA.

In Fiscal Year 2009-10, the Public Defender represented clients in approximately 132,220 felony-related proceedings; 306,232 misdemeanor-related proceedings; and 69,345 juvenile clients in juvenile delinquency proceedings, respectively.

While continuing to provide the highest quality legal representation to clients in a cost

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

SPECIAL PROJECTS OF THE PUBLIC DEFENDER

Women's Re-entry Court

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



offenders who are at high risk of continuing the intergenerational patterns of drug abuse, criminal behaviors, and neglectful parenting. Research confirms that the pathways to crime for women are different than for men: A majority of women offenders have mental health disorders, and four in ten were physically or sexually abused before age 18; 64% of women imprisoned in California are mothers, and nearly one-third have children under the age of six. Half of these individuals were living with their children in the month prior to their arrest. (Petersilia, J. (2006). *Understanding California Corrections: A Policy Research Program Report*. California Policy Research Center, 1-88.) Few initiatives have focused specifically on treatment and services for women offenders.

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

The primary objective of the WRC prison alternative pilot is to develop and implement an early assessment of mental health and substance abuse problems among women parolees in Los Angeles County who are under the jurisdiction of the Superior Court because they are facing a new non-violent, non-serious felony charge, or are otherwise simultaneously on parole and probation. The WRC pilot is

voluntary, and only candidates facing an imminent state prison commitment are considered for the program. The WRC prison alternative pilot contemplates programming of up to two years, starting with a residential treatment of at least six months at PROTOTYPES Women's Center in Pomona, followed by intensive outpatient programming at PROTOTYPES of up to a year, with an additional six months of aftercare. The Re-entry Court judge oversees this plan by monitoring the women's progress and ordering them back to court for regular progress reports.

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

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



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

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

Following acceptance into the WRC, service provider PROTOTYPES conducts an in-depth, needs-based assessment and designs specific and appropriate wrap-around services including the following: Women-focused, evidence-based substance abuse treatment; evidence-based trauma treatment; mental health care; health and wellness education; education and employment training/placement; legal services; mentorship programs; financial management support; child support and family reunification services; domestic violence education and domestic violence/trauma counseling; transportation and child care; and caseworker support. Women may bring up to two children eleven years old and younger with them into the residential treatment program. Child development specialists work directly with these children and interface with the Department of Children and

Family Services regarding reunification plans, where appropriate, thereby positively impacting the next generation.

UCLA ISAP is currently conducting an extensive evaluation, the results of which are not yet available. However, project statistics demonstrate the following from commencement of formal operations in May 2007 through June 2010:

- 202 women have been formally admitted into the program;
- Of the 202 participants, only 27 (or 13%) have been terminated from the program and sent to prison.
- One hundred percent of those who were formally admitted to the program have received substance abuse treatment and job development/ placement services. In addition, most receive group therapy for co-occurring disorders.
- 46 women have graduated from the program.
- In addition, 35 children have entered the program with their mother and have participated in the specialized treatment for children including Head Start, pre-school and family therapy.
- 26 drug-free babies have been born at the program.
- 39 children have been successfully reunited with their mothers since the program's inception.
- Cost savings will be determined by the evaluation currently underway; however, as of June 30, 2009, cost savings are estimated at approximately \$7.8 million based on the admission of 120 women into the program and a savings of



approximately 280 years of state prison custody time at a cost of \$46,000 a year to incarcerate a person in state prison.

Project S.T.A.R. (Striving Together to Achieve Recovery)

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

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

The Incarcerated Survivors Task Force worked on a collaborative basis for over a year

to create a program designed as a prison alternative for women arrested on a new felony who have recently been victims of intimate partners battering and who have a background, either charged, uncharged, or self-reported, in prostitution. Such a focus was a policy shift that acknowledged that unresolved trauma from domestic violence can lead to self-medication and other behaviors that cause one to enter the criminal justice system and that incarceration would exacerbate the trauma.

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

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



The Project originally required a past prostitution contact in order to be eligible but later unanimously agreed to jettison that requirement and focus on three key areas described below. In actuality, the vast majority of candidates have some experience with prostitution.

- Non-violent felony charges and no prior strike convictions or violent felony convictions;
- recent (within preceding 12 months) victim of intimate partner battering (within the last 12 months);
- facing a certain prison sentence, or Felony probation with at least 180 days jail---although women with jail offers rarely want to do the program.

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

This Project addresses the following emphasis areas:

- Legal and criminal justice issues relating to family violence
- Substance abuse and family violence
- New approaches to intervention, pre-

vention, and treatment for all aspects of family violence

- Other topics related to aspects of family violence and child abuse and neglect

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

**Upon formal acceptance
into Project S.T.A.R.:**

- The participant is placed on formal probation for three years, and a jail or prison sentence is suspended;
- the participant is conditionally released to service provider PROTOTYPES, where she and where appropriate, up to two children ages eleven and under, reside at Project S.T.A.R. for six months, followed by 6-12 months of wraparound outpatient services, which can include additional residential treatment services.
- During Phase I, the participant must complete a minimum of six months at S.T.A.R. House, where she is drug tested three times per week. Positive tests are reported immediately to the court, Probation Officer, and Public Defender. During Phase I, the participants attend weekly classes addressing relapse prevention, 12 step, personal therapy, seeking safety, job training, and parenting.
- Clients who complete the 18-month program may request early



termination of probation. Those who do not successfully complete the program due to program abandonment or termination due to non-compliance, are ordered to serve out the originally suspended prison or jail term. The first Project S.T.A.R. graduate completed the program on 8/8/09.

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

From the beginning of formal operations in March 2008 through June 2010:

- 42 women were admitted to the program.
- 14 women (34% of those admitted) are currently in the program.
- 9 women (21% of those admitted) have completed /graduated from the program.
- 8 women (19% of those admitted) are now on bench warrant status.
- 5 women (12% of those admitted) were terminated from the program but placed in other programs.
- 6 women (14% of those admitted) were terminated from the program and sentenced to either jail or state prison.

An independent evaluation of Project S.T.A.R. as funded by a SAMHSA grant is being conducted by The Measurement Group, LLC of

Culver City, California. Program evaluation procedures are determined in accordance with requirements of the entity providing funds for performance assessment in response to Federal Government Performance and Results Act (FGPRA). Using Prototypes data through March 31, 2010, The Measurement Group reports:

- Among women no longer in the program, 51.4% have completed/graduated or left having made satisfactory progress.
- Based on six-month follow-up data from a sample of 26 participants, 100% report positive outcomes in at least one of the domains targeted by this program:
 - 92.3% have obtained or sustained stable housing.
 - 96.2% have obtained or sustained sober living.
 - 96.2% have no or reduced recidivism with the criminal justice system.
 - 84.6% have been reunified with family or friends.
 - 88.5% have made improvements in working towards employment or furthering their education.
 - 96.2% report that they have reduced their sexual risk behaviors.
 - 96.2% made changes to reduce their risk of intimate partner violence.
 - 100% report that they have improved their mental and/or physical health

HABEAS ADVISORY PROJECT

Assisting Incarcerated Survivors of Domestic Violence

The Public Defender is an active member of the California Habeas Project Advisory Committee. The California Habeas Project is a



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

Since the *habeas corpus* law (Penal Code §1473.5) was enacted in 2002 through June 30, 2010, approximately 27 domestic violence victims have been released through the collaborative efforts of the Habeas Project. While 12 imprisoned domestic violence victims have been released through *habeas* petitions filed under PC § 1473.5, another 15 victims have been released through other remedies (13 through parole, one through a different kind of *habeas* petition, and one through compassionate release). Sixteen domestic violence victims' petitions have been granted under PC § 1473.5. In one case, the prisoner had already been released through the parole process, and in three cases the prisoner was granted a new trial. In one case, the woman was fully acquitted of all charges; in another case, her conviction was reduced from 1st degree murder to 2nd degree murder; and in the third case, the prisoner is still awaiting the outcome of her new trial.

LOS ANGELES COUNTY PERINATAL MENTAL HEALTH TASK FORCE

According to data from the California Department of Health Services, Center for Health Services (2008), approximately 15% of all women will experience mood disorders related to pregnancy or childbirth regardless of race, ethnicity, culture or socio-economic status. In 2005, 150,377 live births occurred in Los Angeles County facilities. Over 22,000 women in Los Angeles County experience clinical perinatal mood disorders each year. Left untreated, maternal depression and related mood disorders experienced by pregnant and new mothers can affect the development of the neonate, new baby and developing child. Furthermore, these effects can have long-term consequences, including success in school and ultimate developmental outcomes. Research is mounting that indicates in no uncertain terms that when the mental health of a mother is at risk, the effects can be devastating for not only mother and child, but the entire family and society as a whole. In addition, untreated perinatal mood disorders can disrupt healthy attachment between mother and baby, the foundation of healthy development. By tending to the mental health of mothers, the well being of babies and children is best protected and the chances of a child thriving are maximized.

Since February 2007, the Public Defender's Office has played a leadership role in forming and chairing the Los Angeles County Perinatal Mental Health Task Force (the "Task Force") which seeks to establish collaborative, community-driven approaches to improving policies and practices that address maternal mental health and reduce the prevalence and severity of prenatal and postpartum depression in Los Angeles County. The grant funded Director of the Task Force is a clinical psychologist with clinical expertise in treating perinatal mood disorders and has provided extensive training in the area. The Task Force is a volunteer network of over 30 individuals representing more than 15 public, private and community agencies involved in outreach,



screening, and treatment services for prenatal and postpartum depression and other mood disorders, along with community leaders, research partners, and advocates for mothers, infants, and families. The Task Force is chaired by a Public Defender representative and co-chaired by a representative from the Department of Public Health, and it is a Project of Community Partners, its 501(c)(3) fiscal sponsor.

Task Force Members include representatives from:

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

Since its inception, the Task Force has influenced screening practices in health systems and public health programs, contributed to increased trainings and offerings on perinatal mood disorders for health care providers, helped shape the planning process for the Mental Health Services Act's Prevention and Early Intervention initiative (MHSA/PEI), and has jointly planned, with Los Angeles Best Babies Network, a 5-year policy initiative to address perinatal mood disorders with funding awarded by First 5 LA. Furthermore the Task Force along with UCLA Early Detection, Screening and Intervention, and the Magnolia Place Network Initiative is spearheading the Maternal Depression Systems Improvement Project, a place-based approach to effecting positive outcomes for young children by directly addressing the problem of perinatal depression in the catchment area with the goal of expansion countywide.

The Task Force is striving to identify gaps and unmet needs, mobilize and align resources, implement systematic and coordinated approaches and disseminate knowledge and findings that are aimed at:

- raising awareness and removing stigma associated with perinatal mood disorders;



- providing access to screening, effective treatment, and coordinated care for perinatal mood disorders;
 - training health professionals and improving clinical practice;
 - supporting affected individuals and their families;
 - improving the coordination and functioning of systems of care;
 - addressing the unique needs of underserved and vulnerable populations with a particular focus on Medi-Cal recipients and low income women as well as high risk populations including mothers affected by criminal court involvement, substance abuse, domestic violence, and cultural dislocation;
 - The Task Force recognizes that perinatal mood disorders occur with greater frequency in the population of women and girls who are substance abusers and domestic violence survivors. This population is often involved in the criminal justice system and less likely to access prenatal as well as postpartum services in general.
 - establishing responsive and effective policies to address and integrate services that address perinatal mood disorders.
- train and support health professionals;
 - inform and educate consumers, policy-makers, and opinion leaders;
 - change the way that care for prenatal and postpartum depression is organized, paid for and delivered; and
 - advocate for public policies that increase screening and family-strengthening evidence-based, culturally competent services.

Task Force Accomplishments for Fiscal Year ending June 30, 2010:

Since its inception through Fiscal Year ending June 20, 2010, the Task Force has:

- influenced screening practices in health systems and public health programs;
- contributed to increased trainings and offerings on perinatal mood disorders for health care providers;
- helped shape the planning process for the Mental Health Services Act's Prevention and Early Intervention initiative (MHSA/PEI);
- co-sponsored with Los Angeles Best Babies Network a 5-year policy initiative to address perinatal mood disorders with funding awarded by First 5 LA;
- co-sponsored with Postpartum Support International a local-national conference on perinatal mood disorders in Los Angeles in August 2009 attended by over 200 health and mental health professionals from greater Los Angeles and others from different parts of the country;

MISSION

The mission of the Task Force is to remove barriers to prevention, screening, and treatment of prenatal and postpartum depression in Los Angeles County. This mission is accomplished through community partnerships and collaborations that



- obtained the dedication of August 2009 as Perinatal Mood Awareness Month, as proclaimed by the Los Angeles County Board of Supervisors and recognition from the Los Angeles County Board of Supervisors as a regional resource for excellence in education, prevention, early identification, and intervention;
- collaborated with resolution sponsor Junior League's State Public Affairs Council and Assembly Member Pedro Nava to ensure passage of a statewide resolution (ACR 105) that now declares May of every year Perinatal Depression Awareness Month throughout the State of California;
- collaborated with the Los Angeles County Board of Supervisors resulting in a March 16, 2010, Board of Supervisors vote to unanimously support ACR 105 and a concurrent proclamation declaring the month of May Perinatal Depression Awareness Month throughout Los Angeles County;
- In addition, the Board explicitly agreed to "continue to work with the Los Angeles County Perinatal Mental Health Taskforce to facilitate increased awareness and education about Perinatal Depression and related mood disorders throughout the County, to explore and encourage the use of prenatal screening tools, and to improve the availability and access to effective treatment and support services for the promotion of maternal and infant mental health in Los Angeles County."
- designed two-sided English/Spanish "Speak Up When You're Down" awareness posters that were printed by First 5 LA and displayed in LA County's birthing hospitals, community clinics, and child development centers. The Task Force also designed an accompanying English/Spanish brochures entitled "Six Things Every Mom and Mom-to-Be Should Know About Perinatal Depression." Five thousand copies were printed by member LABBN and distributed throughout Los Angeles County.
- participated in a May 3, 2010, press conference at the invitation of Assembly Member Nava, where he acknowledged the contributions of the Task Force and Los Angeles County in bringing the resolution to fruition and displayed the Task Force designed "Speak Up When You're Down" posters in both English and Spanish;
- has led since January 2010, along with Magnolia Place Community Initiative and UCLA's Early Detection Screening and Intervention, the Maternal Depression Systems Improvement Project, the goal of which is to improve outcomes for children in the five-mile catchment area by working to align systems that directly address maternal mental health. As part of this ambitious project, the Task Force will also provide perinatal mood disorders training to a broad array of providers and increase culturally competent and informed supportive services in the Magnolia Place catchment area,



including the placement and specialized training of USC social work interns;

- hosted a policy roundtable in November 2009 in conjunction with member LA Best Babies Network which resulted in written policy recommendations for Los Angeles County that were published in January 2010 covering the following areas:
 - Access, Financing and Standards of Care
 - Education and Training of Health Care Providers
 - Mental Health Workforce and
 - Public Awareness/Education and Social Support
- participated in promoting trainings related to prenatal and postpartum depression, including recent trainings held by the LA Best Babies Network and Children's Hospital-LA Project ABC Program training on maternal depression, Los Angeles County Child Abuse Coordinating Councils, the Los Angeles County Child Death Review team meeting, and department wide training for the Public Defender's Office addressing the role of maternal mental health and secure infant/child attachment in all criminal and delinquency cases;
- presented at regional meetings including an April 2010 Perinatal Mental Health Summit in Fresno, representing 10 counties and presentations and co-hosting of the March 2010 Bright Beginnings Conference in Los Angeles along with various partners including UC

Berkeley's MCAH program, and the State Department of Mental Health.

PUBLIC DEFENDER GANG REDUCTION AND INTERVENTION SUPPORT EFFORTS

The Public Defender is intimately involved in discussions that emphasize not only prevention, but also the gang intervention model's two-pronged approach of an immediate cease fire and ongoing intervention as the cost efficient alternative to suppression-only efforts. The Public Defender is also able to demonstrate that those who are involved with or at risk of gang involvement face, by and large, literacy challenges, educational challenges, employment challenges, and a lack of parental support.

With experience dealing with every conceivable segment of law enforcement, the courts, and indigent accused clients and their families, the Public Defender's involvement also assists law enforcement representatives and community interventionists in creating a common language. Such a common understanding of terms will reinforce mutual respect and credibility, and ultimately enhance public safety while safeguarding scarce taxpayer dollars. A Public Defender representative sits on the Gang Definitions Subcommittee created by the CEO to attain uniformity in terminology pertaining to gang-involved youth and adults and also participates as a Public Defender representative on the City Advisory Board on Youth Development and Gang Violence, chaired by Councilman Tony Cardenas. The Public Defender along with several senior deputy public defenders also participates in the CEO's Gang Reduction Coordination Committee meetings.

The Public Defender has met with community-based gang reduction organizations and is assisting in the development of pilot project concepts that would divert high-risk or



gang-involved youth by utilizing the courts as a positive reinforcement alternative. Public Defender staff provide assistance in the development of standardized training programs for both aspiring and working community interventionists as well as gang-involved participants seeking a positive alternative to gang life. Utilizing the courts and the criminal justice system as a positive reinforcement tool is a cornerstone of the Public Defender's concepts. The Public Defender is in an ideal position to craft upfront plea negotiations that reward positive programming and provide a meaningful alternative to incarceration. The Public Defender is also committed to working with prosecutors and law enforcement to create an equitable pathway for gang-involved youth and adults to achieve removal from gang injunctions as well as from the CalGangs database.

Second Annual Community Based Gang Intervention Program Conference

The Public Defender is strongly linked to the community and participates in numerous committees and task forces that deal directly with the issue of gang prevention and intervention. In March 2010, the Public Defender and Los Angeles City Council Member Tony Cardenas co-sponsored the second annual gang prevention and intervention conference addressing community-based intervention approaches for gang-involved youth. Bringing together community intervention specialists, policy makers, grass roots advocates and government representatives, this year's conference focused on recognizing the life saving and cost-efficient contributions of community interventionists in enhancing public safety and strengthening community ties.

Suppression alone is both costly and ineffective. At the same time, conference speakers including Councilman Cardenas and Michael P. Judge emphasized the need for uniform standards that increase professionalism and accountability to support cost-effective,

community-based gang intervention specialists in providing holistic, professional services that are evaluated and result in best practices. In addition, speakers addressed topics including: the root causes of why youth join gangs in order to further understand how to break the cycle of violence; effectively shaping alternative dispositions to incarceration that address root causes for gang involvement, such as domestic violence in the home, learning disabilities, substance abuse, and unmet mental health needs; focusing on strength-based assessments including the quality of resilience in order to find appropriate services.

Guest speaker Congresswoman Diane Watson (CA-33rd District) described her authored legislation, known as the Tony Cardenas Community-Based Gang Intervention Act (HR 3526 – introduced on July 31, 2009), which calls upon Congress to acknowledge and address social conditions such as poverty, homelessness, inadequate educational systems, and limited economic opportunities in developing a comprehensive gang violence reduction strategy.

HR 3526 was developed from the Comprehensive Gang Intervention Model, which was adopted in February 2008 by the Los Angeles City Council and developed a year after Councilman Cardenas formed the Community Engagement Forum. HR 3526 would also amend the Juvenile Justice and Delinquency Prevention Act of 1974 to: (1) Require the Administrator of the Office of Juvenile Justice and Delinquency Prevention to award grants to nonprofit community-based gang intervention agencies to provide services for reducing and stopping gang-related and gang-motivated violence and crime; (2) include representatives of community-based gang intervention agencies in juvenile justice and delinquency prevention advisory groups established by state plans; and (3) include community-based gang intervention and prevention activities in state and local grant programs for delinquency prevention. During the conference, Councilman Cardenas



presented Rep. Watson with the Jane Addams Award, named after the first woman to establish settlement houses, including Halt House established in 1889 to provide comprehensive services for youth.

CEO'S GANG REDUCTION COORDINATION COMMITTEE

The Public Defender participates personally at the regular CEO's Gang Reduction Coordination Committee meetings and has also assigned four senior deputy public defenders to participate in the four demonstration site pilot projects designated by the Board of Supervisors in the following areas: Florence-Firestone, Pacoima, Monrovia/Duarte and Harbor Gateway. Each Public Defender representative interacts with the other demonstration site partners as well as community members with the goals of creating meaningful pilot projects focused on gang reduction that are culturally competent and represent inclusion of community input. Each demonstration site is assembling recommendations to the Board of Supervisors based on the specific input of the site partners.

The 2010 Los Angeles County Parks After Darks (PAD) Program is a component of the County's Gang Initiative intended to reduce gangs and gang violence. The goal of the PAD program is to strengthen communities and positively influence relationships among individuals and neighbors by increasing the use of parks as social and community resources. Public Defender representatives participated on a volunteer basis at all five County of Los Angeles Parks After Darks program sites and planned interactive learning sessions with the community to provide education about juvenile justice issues. The Public Defender supports efforts such as the PAD program, which recognize the positive potential of all youth and acknowledges that productive and esteem building activities decrease the likelihood of participation in at-risk behavior, including gang activity.

CO-OCCURRING DISORDERS COURT

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

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

The Public Defender screens clients for legal criteria eligibility and represents



approximately 90 percent of all participants, while the Department of Mental Health screens for the clinical criteria. A number of candidates who do not participate in CODC are reconnected to programs with which they were previously affiliated. CODC is a voluntary program, and some participants request to be returned to Proposition 36 Court.

Since formal operations launched in April 2007 through Fiscal Year 2009-10:

- 737 candidates have been screened for CODC;
- 21 participants have graduated from the CODC;

As of June 30, 2010:

- 50 individuals are participating in the Community Full Service Partnerships component of the program;
- 11 individuals are participating in the Antelope Valley Rehabilitation Centers (AVRC) residential component;
- A number of candidates who do not participate in CODC are reconnected to programs with which they were previously affiliated. CODC is a voluntary program, and some participants request to be returned to Proposition 36 court;
- In Fiscal Year 2009-10, CODC has maintained a retention rate of 74%.
- In June, 2010, the CODC team spoke about the Court at the National Association of Drug Court Professionals' Annual Conference in Boston. The Los Angeles County CODC is seen as a model program for replication by other jurisdictions.

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

During Fiscal Year 2006-07, the Public Defender and Los Angeles City Attorney began

collaborating to address the significant percentage of misdemeanor clients who are arrested in the downtown skid row area and arraigned at the Central Arraignment Court with the goal of diverting these individuals out of the criminal justice system. These clients face charges connected to drug and alcohol addiction, mental illness, developmental disability, homelessness, abuse or trauma. Through the collaboration, the City Attorney's Office offers pre-plea or post-plea diversion on a case-by-case basis when the individual arrested in the skid row area is charged with a misdemeanor crime that is connected to mental illness, developmental disability or trauma, and who is determined by the Public Defender's attorneys and social workers to be suitable for wraparound services that focus on reentry. Such candidates include individuals facing new charges (pre-plea diversion candidates) as well as individuals facing probation violations with or without new charges attached.

Together with specially assigned deputy public defenders, two Public Defender employed licensed clinical social workers assigned to Central misdemeanor trials and arraignments identify and screen new clients. These clients face new misdemeanor charges connected to homelessness, substance abuse, mental illness, disabilities, abuse or past trauma; or are on Proposition 36 probation, or other misdemeanor/felony probation. Screenings include individual needs assessments conducted by the licensed clinical social workers incorporating the client's prior arrest and conviction record as well as prior mental health history.

When appropriate clients are deemed eligible and suitable for participation in the pilot project, the City Attorney and the Public Defender jointly contact the relevant bench officer, prosecutor as well as parole and probation officer where relevant to ensure that the individual remains on Proposition 36 probation. Public Defender social workers and designated deputy public defenders collaborate with community based organizations, law



enforcement and other governmental agencies such as the Department of Mental Health to assist in connecting eligible clients to supportive services on an expedited basis and for those in custody upon release, including mental health treatment, substance abuse treatment, affordable housing, educational opportunities, and other transitional services. This includes training such as literacy labs, cognitive skills development, life skills and job skills; family reunification services; and vocational training and support.

Other involved agencies include the Los Angeles Police Department, Los Angeles County Sheriff's Department, Los Angeles County Department of Mental Health, Mayor's Office, and the City of Los Angeles and Business Improvement District.

For Fiscal Year 2009-10:

- 60 cases were referred to the project;
- 30 cases were accepted by the City Attorney for HALO participation;
- 12 cases were dismissed;
- 62 cases were closed; and
- 223 brief additional services were provided to HALO participants

Many clients deemed not eligible or non-compliant were nevertheless connected with services and treatment, but were not tracked further because they were not part of the program.

PUBLIC INTEGRITY ASSURANCE SECTION AND INNOCENCE PROJECT

The Public Integrity Assurance Section (PIAS) of the Public Defender's Office focuses on the investigation and litigation of wrongful convictions primarily resulting from police misconduct. In the wake of the LAPD Rampart corruption scandal, PIAS was instrumental in

successfully litigating numerous post-conviction Writs of Habeas Corpus and Motions to Vacate based on police misconduct and wrongful conviction of innocent clients. PIAS attorneys also handle post-conviction cases of former clients where the cases involved Intimate Partner Battery which was precluded as a defense at trial, Innocence Project cases where DNA could be used to exonerate clients, and cases involving misapplication of the Sexual Offender Registration statutes. In addition to post-conviction assistance, PIAS attorneys provide ongoing training and litigation support for deputy public defenders confronting issues of peace officer misconduct.

HOMELESS COURT

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

During Fiscal Year 2009-10, 2,124 cases or citations were submitted for Homeless Court relief.



DRUG TREATMENT COURTS AND PROPOSITION 36 TREATMENT COURTS

The Public Defender was also a leader in creating Drug Court in 1994. Drug Court is a collaborative program involving the Superior Court, Public Defender, District Attorney and drug treatment providers to allow drug offenders with minimal criminal records to participate in a closely supervised drug treatment program instead of jail. Because of the tremendous success of this program that began in downtown Los Angeles, fourteen adult Drug Courts and three Juvenile Drug Courts now operate in Los Angeles County. Additionally, in 1998, a second collaborative effort resulted in the creation of the Sentenced Offender's Drug Court, a highly successful program involving more intensive and jail based therapeutic treatment as an alternative to prison for drug addicted offenders including parolees subsequently charged with new crimes.

In Fiscal Year 2009-10, 102 participants were admitted to the program. Twenty-eight participants graduated from the program in the three graduations held throughout the fiscal year.

Proposition 36 Courts are the result of the statewide initiative mandating treatment for eligible drug offenders. The Public Defender has taken a leadership role in promoting this treatment opportunity in the most effective manner. Through collaboration with community partners such as Volunteers of America and with cooperation from the Sheriff's Department and the Superior Court, the Public Defender created a transportation project to deliver in-custody clients directly to treatment. The Public Defender has also successfully lobbied for an on-site Assessment Center in the busy downtown court, brought Social Services directly to the courtroom, and partnered with Public Counsel to address clients' civil legal issues often connected to homelessness.

Due to the current budget shortfall and its impact on court operations, effective July 1,

2009, the Superior Court integrated Proposition 36 cases in regular calendar courts pursuant to the normal matrix, with supervision reduced to a period of 180 days and the length of treatment to 120 days. Despite the budget challenges, Public Defender staff remain committed to accessing appropriate treatment and services for all clients, including those qualifying under Proposition 36.

THE JUVENILE JUSTICE SYSTEM

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

According to the National Center for Mental Health and Juvenile Justice, the prevalence of mental disorders among youth in the juvenile justice system is two to three times higher than among youth in the general population. A 2006 fact sheet prepared by Physicians for Human Rights entitled "Mental Health in the Juvenile Justice System" states that 50-75% of incarcerated children have diagnosable mental health disorders and nearly half have substance abuse problems. Two-thirds of youth in the justice system have co-occurring disorders, which compound the challenges in diagnoses



and treatment. The report also indicates that a number of studies demonstrate an association between conduct disorder, attention deficit hyperactivity disorder and substance abuse. However, research indicates that in over 80% of these cases, the mental health disorder preceded the addictive disorder.

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

Accordingly, many children in the Juvenile Justice System including many of those detained in juvenile halls and camps suffer from significant learning, developmental, emotional, and behavioral disabilities that impede their ability to fully benefit from mainstream educational services. Many of these children are covered by state and federal special education laws that mandate a continuum of educational program options for special education students. For example, AB 490 effective January 1, 2004, seeks to ensure educational rights and stability for foster youth. Through AB 490, the Legislature declared its intent to ensure that all pupils in foster care and those who are homeless as defined by the federal McKinney-Vento Homeless Assistance Act (42 U.S.C. Sec. 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, extracurricular and enrichment activities that are available to all pupils.

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

JUVENILE ALTERNATIVE DEFENSE EFFORT

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). JADE is designed to bring critically needed services to the children in juvenile delinquency courts and consists of two components: the Client Assessment Recommendation Evaluation (CARE) Project and the Post Disposition Program.

The holistic advocacy approach already embodied by and practiced in the Public Defender's Office was recognized through the adoption of Rule 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

2008 California Council on Mentally Ill Offenders

(COMIO) “Best Practices” Award

The California Council on Mentally Ill Offenders (COMIO) was created by the Legislature in 2001 “to investigate and promote cost-effective approaches to meeting the long-term needs of adults and juveniles with mental disorders who are likely to become offenders or who have a history of offending.” According to COMIO Chairperson and CDCR Secretary James E. Tilton, “The Council’s 2008 Best Practices awards are an excellent example of how we can appreciate and recognize the ‘best of the best’ approaches throughout California in effectively serving the needs of the mentally ill offender. Practitioners at the state and local levels can learn much from these exemplary programs and seek to replicate them. In 2008, five COMIO Best Practices Awards were presented to adult and juvenile programs statewide. The Public Defender’s CARE Project was the only non-mental health court program and one of only two juvenile programs to receive an award.

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

needs of children in the Juvenile Justice system while also emphasizing early intervention and accountability of both the child involved and the agencies collectively responsible for safeguarding the child’s interests.

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

During Fiscal Year 2009-10, the Public Defender CARE Project employed sixteen psychiatric social workers (14 psychiatric social workers and two supervising social workers) and seven resource attorneys. The psychiatric social workers prepare an assessment of a juvenile client to determine the child’s special needs whether developmental, emotional, or psychological. Based on the assessment, an effective and individualized treatment plan is created to address the issues that put youth at risk for delinquent behavior and aims to significantly reduce the likelihood of recidivism. The psychiatric social workers also provide consultation services which include early intervention to identify needed services as well as client support during the court process, advocacy with school systems and recommendations for disposition plans in difficult cases.

The Public Defender resource attorneys advocate on behalf of juvenile clients to assure accountability by various outside agencies that are obligated to provide services to address the child’s educational and mental health needs. In reviewing school and mental health records and appearing at administrative hearings before schools and the regional centers, the attorneys work to ensure that children receive appropriate special education services in the school districts and that the Regional Center system accepts eligible clients and provides needed services to the children. The success rate in obtaining services previously denied both by schools and the Regional Center system has been very high. In Fiscal Year 2009-10, the



Public Defender's Office provided Regional Center assistance to 204 children through the CARE Project.

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

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

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

Additionally, eight Deputy Public Defenders serve as resource attorneys. These attorneys enhance the CARE Project's advocacy in the areas of special education and mental health for children who otherwise would not receive necessary mental health and educational services mandated by state and federal law. CARE Project resource attorneys ensure that children with educational difficulties have current Individual Education Plans (IEPs) which identify special education needs and define specific services to be provided. In addition, they facilitate special program referrals to agencies such as the Regional Center system which provides services for children with developmental disabilities. Resource attorneys also garner Department of Mental Health entitlements for their juvenile clients and provide consultation for other Deputy Public Defenders on complicated cases involving



children coming from the Dependency court system.

By referring clients for evaluation, identification and intervention at the pre-trial stage, the Public Defender's Office focuses on abating the behaviors that prompted the filing of the juvenile petition in these cases. By beginning to design disposition plans at an early stage, members of the CARE Project team are able to provide the court with a better assessment of the minor's needs, present reasonable recommendations for appropriate conditions of probation and identify resources that will assist the minor and his/her family to responsibly satisfy the conditions of probation. This approach enables the court to make orders that will foster accountability by both the minor and the system.

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

Since the 1999 inception of the pre-adjudication component of the Public Defender CARE Project through June 2010, 14,825 children have received project services. In fiscal year 2009-10, 8,291 services were provided to 1,313 new clients. Additionally, in Fiscal Year

2009-10, the Public Defender provided special education assistance to 888 clients and DMH assistance to 438 clients. On average, each child served received more than six services from the Project. The referrals involved a variety of consultation services including psychosocial and educational assessments, early intervention to identify services, referrals to community resources (such as 12-step programs for alcohol and substance abuse, and after-school activities such as the YMCA and parenting classes), crisis intervention referrals during the court process, and recommendations for disposition plans and conditions of probation in difficult cases. A significant number of these dispositions were for placements that provided treatment for a problem identified in the assessment process or the minor was permitted to remain in the home while receiving treatment services in the community. Many of these children are wards of both the Delinquency and Dependency court systems and are themselves victims of abuse and neglect.

Overall, for Fiscal Year 2009-10, the Los Angeles County Juvenile Courts adopted 85% of the Public Defender disposition recommendations where CARE extended services were provided. Over the past eight years, the court on average has adopted 82% of the disposition recommendations. Judicial officers have stated that the evaluations are invaluable in making the courts better equipped to identify those youth with emotional or developmental issues.

POST DISPOSITION PROGRAM

Through the Post Disposition Program, the Public Defender's Office provides assistance to children who were sent to juvenile probation camp by court order. It is the only program to address complicated issues presented by these children after the court has ordered them to a camp program they can not successfully complete because of issues not previously identified. It targets those children whose needs for services are not being met by juvenile camp



programs, but could be more fully and properly addressed in a suitable placement setting or other structured program in the community.

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

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

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

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

Alternative dispositions involved one of the following situations:

- A less restrictive setting whereby the minor was either suitably placed in a girls' or boys' group home or the minor was sent home to his/her family with specific conditions of probation including counseling;
- The camp order remained in full force and effect; but the minor was released home on a Court Furlough with specific conditions of probation;
- The minor was released from Camp and was placed in the Regional Center system for mental health/educational issues;
- The minor was placed in a mental health facility.

When returned to court for presentation of the alternative plan by the deputy public defender and the psychiatric social worker, the Juvenile Courts granted 96% of these motions, finding a change of circumstance in the discovery of otherwise unnoticed mental, emotional, or educational needs.

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



Of the 1,401 total cases handled by the Post Disposition Program since the program's inception in November 1999 through June 2010:

- The Post Disposition Program has enjoyed a 96% success rate in convincing courts to pursue less restrictive alternative dispositions;
- Judges continued camp placement in only three percent (3%) of the referrals;
- Of the children released from camp placement:
 - approximately 68% were suitably placed;
 - 29% were placed home with court conditions;
 - approximately three percent were placed in a mental health hospital; and
 - One percent was placed in a regional center facility.

Sixty referrals were made to the Post Disposition Program during Fiscal Year 2009-10.

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

RETAIL SKILLS VOCATIONAL PROGRAM ("RSVP")

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

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

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

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



Essential components of the RSVP program include:

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

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

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

on a continuous basis.

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

In addition, RSVP students receive conflict prevention training. This interactive training educates youth to recognize the signs of potential conflict and better negotiate problem situations. The series also includes additional life skills components such as money management, empathy and self-awareness, and critical decision making.

The RSVP program formally launched on November 1, 2008 and started initially with 15 participants. As of June 30, 2010:

- Approximately 54 children total have participated in the in-camp portion;
- Eleven children are currently enrolled in school; and
- Nine children are currently employed as a result of the RSVP program.

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

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



THE DJJ UNIT

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

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

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

The current population of youth housed in DJJ facilities statewide is approximately 1,400. The Public Defender DJJ Unit currently serves approximately 67 clients currently housed at DJJ institutions throughout the state, and during Fiscal Year 2009-10, additional Public Defender DJJ clients were paroled or released through successful WIC section 779 petitions. The Public Defender is currently representing 127 youth on DJJ parole. All DJJ clients are visited by their Public Defender DJJ Unit attorneys. They also may reach their lawyer by telephone. The attorneys have developed working relationships with the clients' DJJ counselors, as well as with other staff at the institutions. They work

to obtain their clients' prior mental health and education records, and they also review DJJ documents in order to assess current services. Even upon parole release, Public Defender staff stay involved with the client and assist with accessing services.

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

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

The lawyers also pursue relief pursuant to WIC §779, which gives the Juvenile Court discretion to remove clients from DJJ institutions in cases where appropriate services are not being provided. While current law allowed the Juvenile Court to modify or set aside a DJJ commitment, WIC §779 has been amended to state that "[t]his section does not limit the authority of the court to change, modify, or set aside an order of commitment after a noticed hearing and upon a showing of good cause that the Youth Authority is unable to, or failing to



provide treatment consistent with section 734.” Courts have granted these motions after holding hearings and finding that DJJ services were inadequate. A number of clients have been moved from DJJ Youth Correctional Facilities to local suitable placements where their special needs can be addressed.

JUVENILE MENTAL HEALTH COURT

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

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

Since its inception in October 2001 through June 2010, JMHC has accepted 396 children, and the Public Defender represented 376 of those children. In Fiscal Year 2009-10, the JMHC program accepted 48 new cases, with 44

of those children being represented by the Public Defender.

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

JUVENILE DRUG TREATMENT COURT

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

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



Treatment Court when the interests of justice are served.

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

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

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

part of the therapeutic environment fostered in the Juvenile Drug Treatment Court.

There are currently three Juvenile Drug Treatment Courts:

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

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

FOR FISCAL YEAR 2009-10:

- Sylmar Court accepted:
 - 24 new Drug Court participants; five of whom have graduated so far;
 - 50 Drug Court Lite participants; of whom 10 graduated and had their admissions withdrawn and petitions dismissed by the court.
- Eastlake Court accepted 62 Drug Court participants and 56 Drug Court Lite participants, and graduated 29 participants from Drug Court and 23 from Drug Court Lite, respectively.
- Inglewood Court accepted 22 new participants and had 5 graduates. Note that participants must reside in the Centinela Probation Area to qualify.



AGENCY REPORTS

**THE COUNTY OF LOS ANGELES
PUBLIC LIBRARY**

AGENCY REPORT

**COUNTY OF LOS ANGELES
PUBLIC LIBRARY**

ICAN Data Analysis Report 2009-2010

**NO-FAULT LIBRARY CARD
FOR FOSTER CHILDREN**

The County of Los Angeles Public Library reaches out to children in at-risk populations. While some foster children in Los Angeles County have caregivers who take on the financial responsibility necessary in securing a library card for their foster children, many of them are reluctant to take on that responsibility. In the event of a change in placement, the child may use the card irresponsibly and the original caregiver may be responsible for subsequent library fines or charges for lost library materials.

Since October 2002, the Public Library and the Department of Children and Family Services (DCFS) have worked together to provide a “no-fault” library card for foster children. 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 1,580 children have received library cards through this program. There were 240 children who received the no-fault library card in Fiscal Year (FY) 2009-2010.

Library Cards for Probation Youth

During FY 2009-10 the Public Library continued its partnership with the Probation Department. Each youth received a library card after incarceration at a Juvenile Hall or probation camp. During FY 2009-2010, 3,515 library cards were issued. Many school based probation officers are regularly bringing their clients to County Libraries to learn about and use library books and resources. The Library and Probation Department are exploring on how to expand their partnership.

Total number of library cards issued through this program: 15,611

Live Homework Help

The County of Los Angeles Public Library offers a free on-line Live Homework Help program. The website is www.librarytutor.org. It is available in English and Spanish from 1:00 pm – midnight every day. Free tutoring sessions with a qualified tutor are available on-line in English, Math, Science and Social Studies. All that a student needs is access to the Internet and a County of Los Angeles Public Library card. Since 2005, students have logged on for free tutoring sessions more than 262,717 times. In FY 2009–2010, more than 72,000 students used the service.

EARLY CHILDHOOD PROGRAMS

Family Place

Family Place is designed to assist families to strengthen their knowledge about support for their children's early childhood development and learning. The Public Library provides warm, welcoming spaces for parents and children to learn together. The Libraries provide parent/child workshops where parents are introduced to community resources that can assist them to answer questions and deal with issues of child rearing. In 2009-2010, the County Library expanded the program from 29 sites to 32. Over 25,000 children and caregivers were reached through the library programs and parent training.

The County of Los Angeles Public Library also hosted the first Family Place Training Institute ever held outside of New York. The West Coast Family Place Training Center, which is based out of the Carson Regional Library, was funded by the California State Library and First 5 Los Angeles. The newly refurbished children's department and meeting room served as the learning environments for 26 librarians from thirteen different California library jurisdictions. Attendees spent three days in November, 2009, learning about the importance of providing programs and services for infants, toddlers, and their caregivers, and



how to implement the Family Place program effectively in their libraries.



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



SPECIAL VICTIMS BUREAU

The Los Angeles County Sheriff's Department, the largest in the United States, provides law enforcement services to nearly 3 million people in forty-two (42) contract cities and unincorporated county areas. The Special Victims Bureau (SVB) is one of six highly specialized bureaus in the Detective Division of the Sheriff's Department. SVB investigates physical and sexual child abuse cases which occur within the Sheriff's Department jurisdiction. Cases of child endangerment, neglect, emotional abuse, and child concealment are investigated by detectives assigned to one of the twenty-three (23) Regional Sheriff Stations located throughout Los Angeles County. These cases are not included in this report.

Special Victims Bureau was created in January 2006. The evolution of SVB began in 1972, with the formation of the Youth Services Bureau which was primarily responsible for handling juvenile diversions. Two years later, the Child Abuse unit was created and investigated these specialized cases. In 1986, the Juvenile Investigations Bureau (JIB) was formed and assimilated the existing Child Abuse unit, while still maintaining the responsibilities for juvenile diversions, petition intake and control, and juvenile delinquency court liaisons. In 1999, the formation of Family Crimes Bureau (FCB) was established. The new consolidated units investigated all incidents of family crime until FCB was renamed Special Victims Bureau and given the sole task of investigating physical and sexual child abuse cases.

Before a Deputy Sheriff is assigned to SVB, he or she must go through a testing process which consists of a written and oral examination. The candidate is then placed on an eligibility list. When a candidate is selected to become a SVB detective, he/she is assigned to a tenured detective for up to six months. The new detective receives training in the investigation of physical and sexual abuse of

children, in interviewing and interrogation techniques, in arrest and search warrant writing, and in case management. New detectives are introduced to social workers from the Department of Children and Family Services (DCFS), Deputy D. A.s from the District Attorney's Office, detectives from law enforcement agencies, medical doctors and nurses.

SVB detectives and sergeants provide in-service training in child abuse laws and child abuse investigations to Department personnel and to police officers from law enforcement agencies. Similar training is also offered to social service providers, foster family agencies, schools, parents, and civic groups. In addition, there has been cross training between DCFS and the Sheriff's Department, which includes the training of new social workers. This collaborative effort has created transparency and has forged a strong partnership between the two departments, in order to continue providing quality service to the people of Los Angeles County.

Presently, forty (40) detectives are assigned to Special Victims Bureau which comprises six investigative regional teams. One sergeant is assigned to each team. In addition, six detectives and one sergeant are assigned to the Los Angeles County Regional Sexual Assault Felony Enforcement (SAFE) Team. The SAFE Team is funded by the California Emergency Management Agency (CalEMA). The SAFE Team is responsible for investigating sexual assault crimes arising from the Internet, child pornography and sexual exploitation cases involving child prostitution. This team is also responsible for the Sheriff's Department 290 Sex Offender Registrant Compliance program.



CHILD ABUSE INVESTIGATION PROCEDURES FOR LAW ENFORCEMENT

As first responders, when a law enforcement agency receives a report of a child abuse incident, it has the duty and responsibility to protect the child from further abuse and to investigate the incident as quickly, thoroughly, and completely as possible. At the completion of the investigation, the case is presented to the District Attorney's Office for filing consideration.

Law enforcement agencies receive reports of child abuse or suspected child abuse directly from a concerned person, mandated reporter, or by DCFS. When a report of child abuse is received by a law enforcement agency from someone other than DCFS, that agency cross reports the information to DCFS immediately. DCFS sends their Suspected Child Abuse Report (SCAR) electronically to the law enforcement agency that has jurisdiction over the incident. Even though many of these suspected child abuse incidents may not rise to the level for a criminal report to be written, each reported incident shall always be thoroughly investigated, even though some incidents may be best handled in a non-law enforcement manner. The Sheriff's Department receives over 12,000 SCARs yearly from DCFS.

When the Sheriff's Department receives a SCAR, it is handled as a "call for service." This ensures a timely response to all SCARs received. The responding deputy will conduct a preliminary investigation of all alleged suspected child abuse or neglect calls. The deputy conducts a "face-to-face" interview with the victim or informant if the child is unable to communicate. If the deputy is at the child's residence, he/she will examine the living conditions, collect evidence, and interview the alleged suspect when applicable. Upon suspicion that a child has been abused or neglected, the deputy will write an Incident Report with the SCAR attached. The report is then processed and assigned to a Special Victims Bureau detective

who will conduct a thorough and complete investigation. The case is presented to the District Attorney's Office for filing consideration based on the outcome of the investigation.

The Electronic Suspected Child Abuse Report (E-SCAR) system was implemented on April 13, 2009, at all Sheriff's stations. This new E-SCAR system is a refinement of the old SCAR system which was first operational in September 2003. The new system has revolutionized the methodology of cross-reporting between the Sheriff's Department and DCFS, has improved patrol response times to these calls, and has mitigated further potential abuse or neglect of children. As of December 1, 2009, Special Victims Bureau assumed oversight responsibilities of the E-SCAR system. To ensure that SCARs are handled in a timely manner, a monthly SCAR "Clearance Status Report" is provided to all station captains for their review and disposition. Special Victims Bureau provides assistance regarding child abuse matters to all Sheriff's station personnel 24 hours a day.



Figure 1

CASES REPORTED BY STATION AND TYPE OF ABUSE - 2009

STATION	PHYSICAL	SEXUAL	TOTAL
Altadena	30	24	54
Avalon	1	4	5
Carson	56	93	149
Century	102	182	284
Century Regional Detention Facility	1	0	1
Cerritos	14	13	27
Compton	90	170	260
Crescenta Valley	12	21	33
Community Colleges	1	0	1
East Los Angeles	68	153	221
Industry	89	130	219
Lakewood	100	241	341
Lancaster	108	210	318
Lennox	53	107	160
Lomita	20	31	51
Lost Hills/Malibu	29	40	69
Marina Del Rey	6	10	16
Norwalk	89	149	238
Palmdale	76	206	282
Pico Rivera	52	114	166
Pitchess Detention Facility - North	0	1	1
Pre-Employment	1	1	2
Santa Clarita Valley	93	171	264
San Dimas	31	83	114
Special Victims Bureau	2	42	44
Temple	34	97	131
Transit Services Bureau	1	5	6
Walnut/Diamond Bar	21	49	70
West Hollywood	11	19	30
TOTAL	1,191	2,366	3,557



Figure 2

**CASES BY SERVICE PLANNING AREAS
(SPA) AND BY STATIONS- 2009**

SPA	STATION	CASES	TOTALS
1	Lancaster	282	
	Palmdale	318	
	Total SPA 1		600
2	Crescenta Valley	33	
	Lost Hills/Malibu	69	
	Santa Clarita Valley	264	
	Total SPA 2		366
3	Altadena	54	
	Industry	219	
	San Dimas	114	
	Temple	131	
	Walnut/Diamond Bar	70	
	Total SPA 3		588
4	West Hollywood	30	
	Total SPA 4		30
5	Marina Del Rey	16	
	Total SPA 5		16
6	Century	284	
	Compton	260	
	Total SPA 6		544
7	Cerritos	27	
	East Los Angeles	221	
	Lakewood	341	
	Norwalk	238	
	Pico Rivera	166	
	Total SPA 7		993
8	Avalon	5	
	Carson	149	
	Lennox	160	
	Lomita	51	
	Total SPA 8		365



Figure 2 (cont.)

**CASES BY SERVICE PLANNING AREAS
(SPA) AND BY STATIONS- 2009**

SPA	STATION	CASES	TOTALS
Unassigned			
Bureaus	Community Colleges	1	
	Pre-Employment	2	
	Special Victims Bureau	44	
	Transit Services Bureau	6	
	Total Unassigned Bureaus		53
Custody			
Facilities	Century Regional Detention Facility	1	
	Pitchess Detention Facility - North	1	
	Total Custody Facilities		2
	TOTAL CASES		3,557



Figure 3
CASES REPORTED BY STATION - 2009
COMPARISON OF CASES FOR TEN YEARS 2000 - 2009

STATION	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	TOTAL
Altadena 1	N/A	40	64	64	49	39	51	64	35	54	460
Avalon	8	17	7	3	2	3	5	11	5	5	66
Carson	143	134	149	137	149	144	157	113	113	149	1,388
Century	270	297	270	240	324	300	310	306	305	284	2,949
Century Regional Detention Facility	0	0	0	0	0	0	0	0	0	1	1
Cerritos	20	33	41	37	28	28	19	25	28	27	286
Community Colleges	0	0	0	0	0	0	0	5	2	1	8
Compton	66	214	245	175	192	201	228	230	241	260	2,052
Court Services	1	1	0	0	0	0	0	0	0	0	2
Crescenta Valley	82	31	27	18	29	35	41	36	22	33	354
East Los Angeles	222	192	248	198	223	192	167	190	218	221	2,071
SVB	20	17	15	22	25	23	17	16	6	44	205
Homicide	0	1	0	0	0	0	0	0	0	0	1
Industry	228	230	244	220	209	186	187	217	241	219	2,181
Lakewood	278	340	383	353	468	474	443	310	297	341	3,687
Lancaster	349	321	284	274	312	273	300	390	305	318	3,126
Lennox	159	179	243	197	161	162	180	157	139	160	1,737
Lomita	41	44	61	55	64	62	60	52	58	51	548
Lost Hills/Malibu	62	49	54	50	44	60	66	48	46	69	548
Marina Del Rey	21	29	22	17	19	19	33	25	20	16	221

Footnotes:

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



Figure 3 (cont.)

**CASES REPORTED BY STATION - 2009
COMPARISON OF CASES FOR TEN YEARS 2000 - 2009**

STATION	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	TOTAL
NCCF	1	0	0	0	0	0	0	0	0	0	1
Norwalk	245	271	288	291	296	242	242	134	197	238	2,444
Palmdale	284	274	302	294	351	246	318	272	231	282	2,854
Pico Rivera	105	103	103	112	102	124	119	124	164	166	1,222
Pitchess Detention Facility - North	0	0	0	0	0	0	0	0	0	1	1
Pre-Employment	0	0	0	0	0	0	0	3	3	2	8
San Dimas	101	92	110	80	93	75	88	73	74	114	900
Santa Clarita	195	214	181	194	187	209	217	212	186	264	2,059
Temple	148	168	211	145	162	135	152	149	138	131	1,539
Transit Services	3	3	0	4	3	4	5	7	5	6	40
Walnut/Diamond Bar	76	84	102	89	78	68	78	73	78	70	796
West Hollywood	9	8	23	21	16	4	8	15	13	30	147
TOTAL	3,137	3,329	3,734	3,333	3,586	3,308	3,491	3,257	5,178	3,557	33,902



Figure 4

VICTIMS BY AGE AND TYPE OF ABUSE - 2009

	PHYSICAL		SEXUAL	
Under 3	220	14.85%	56	2.07%
3 to 4	130	8.78%	148	5.48%
5 to 9	363	24.51%	409	15.15%
10 to 14	404	27.28%	815	30.19%
15 to 17	266	17.96%	920	34.07%
over 17*	98	6.62%	352	13.04%
TOTAL	1,481	100%	2,700	100%

** Age of the victim at the time of the crime was under 17*

Figure 5

VICTIMS BY GENDER AND TYPE OF ABUSE - 2009

	PHYSICAL		SEXUAL	
Male	701	47.33%	2,134	79.04%
Female	757	51.11%	456	16.89%
Unknown	23	1.55%	110	4.07%
TOTAL	1,481	100%	2,700	100%



Figure 6

VICTIMS BY ETHNICITY AND TYPE OF ABUSE - 2009

ETHNICITY	PHYSICAL		SEXUAL	
All Others	16	1.08%	23	0.85%
American Indian	0	0.00%	1	0.04%
Asian	40	2.70%	50	1.85%
Black	334	22.55%	438	16.22%
Chinese	4	0.27%	0	0.00%
East Indian	1	0.07%	0	0.00%
Filipino	2	0.14%	0	0.00%
Hispanic	771	52.06%	1,549	57.37%
Japanese	0	0.00%	0	0.00%
Multi-Ethnic	0	0.00%	0	0.00%
Pacific Islander	6	0.40%	11	0.41%
Unknown	43	2.90%	133	4.93%
White	264	17.83%	495	18.33%
TOTAL	1,481	100%	2,700	100%

Figure 7

SUSPECTS BY AGE AND TYPE OF ABUSE - 2009

Under 18	31	2.38%	461	17.79%
18 to 24	141	10.84%	622	24.00%
25 to 45	721	55.42%	847	32.68%
Over 45	408	31.36%	662	25.53%
TOTAL	1,301	100%	2,592	100%



Figure 8

SUSPECTS BY GENDER AND TYPE OF ABUSE - 2009

	PHYSICAL			SEXUAL	
Male	508	39.05%	Male	2,251	86.84%
Female	679	52.19%	Female	164	6.33%
Unknown	114	8.76%	Unknown	177	6.83%
TOTAL	1,301	100%	TOTAL	2,592	100%

Figure 9

SUSPECTS BY ETHNICITY AND TYPE OF ABUSE - 2009

ETHNICITY	PHYSICAL		SEXUAL	
All Others	11	0.85%	19	0.73%
Native American	1	0.08%	0	0.00%
Asian	39	3.00%	38	1.47%
Black	284	21.83%	431	16.63%
East Indian	1	0.08%	0	0.00%
Filipino	2	0.15%	2	0.08%
Hispanic	596	45.81%	1,455	56.13%
Multi-Ethnic	1	0.08%	0	0.00%
Pacific Islander	3	0.23%	6	0.23%
Unknown	138	10.61%	233	8.99%
White	225	17.29%	408	15.74%
TOTAL	1,301	100%	2,592	100%



GLOSSARY OF LAW ENFORCEMENT TERMS AND CHILD ABUSE RELATED LAWS

Battery – Unlawful touching of another person. Misdemeanor physical abuse is occasionally filed as a battery by the District Attorney's Office when there is insufficient evidence to prove a willful act.

Case – The compilation of all reports and interviews pertaining to an incident initiated by a patrol deputy. The case may be presented to the District Attorney or, if insufficient evidence, receive an alternative disposition. A case may involve one or multiple victims and/or suspects.

Child Abuse – Intentional acts of physical harm or placing a child at risk of endangerment. Classifications include any sexual act, general or severe neglect or emotional trauma.

Endangerment - Any situation in which a child is at risk of possible harm, but not actually assaulted or injured.

Exigent Circumstances – Following or chasing a suspect of a crime which has just been committed or where a person is in immediate danger of injury or death.

Incident Report – A report of an incident, whether criminal or not, usually generated by a uniformed Deputy Sheriff. These are also called "complaint reports" or "first reports."

Mandated Reporter – A person required by state law to report known or suspected child abuse or neglect. Peace officers, social workers, teachers, school administrators, and health practitioners are but a few examples.

Neglect – A failure to provide the basic necessities, (i.e. food, shelter, or medical attention), poor sanitation, poor hygiene. These cases may be classified as either general neglect or severe neglect.

Physical Abuse – Willfully causing or permitting any child to suffer or inflict to thereon unjustifiable physical pain or suffering, or having the care and custody of any child cause or permit that child or health of that child to be

injured or placed in a situation where their person or health is endangered.

Physical Abuse (Felony) – Any physical abuse under circumstances likely to produce great bodily harm or death.

Physical Abuse (Misdemeanor) – Any physical abuse under circumstances or conditions other than those likely to produce great bodily harm or death.

Sexual Abuse – Any lewd or lascivious act involving a child. Fondling, oral copulation, and sexual intercourse are considered lewd acts.

Sexual Abuse (Felony) – Any lewd or lascivious act wherein the punishment includes the possibility of incarceration in a state prison. This includes oral copulation, rape and unlawful intercourse.

Sexual Abuse (Misdemeanor) – An act wherein the punishment is incarceration in a county jail. This usually involves an older child (16 or 17 years old)



APPENDICES

439 Categories of Abuse

439 Data/Information Sharing Committee Biographies



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 Sub-committee 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.

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, or it can be through technology through use of a computer, telephone, or the nexternet.



CARETAKER ABSENCE/INCAPACITY

This refers to situations when the child is suffering either physically or emotionally, from 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.



BIOGRAPHIES

Victoria Lewis Adams **Committee Chairperson**

Victoria Lewis Adams serves as the Head Deputy of the Family Violence Division of the Los Angeles County District Attorney's Office where she oversees the prosecution of specially assigned family violence cases that include domestic violence homicides, child homicides, domestic abuse, spousal rapes and child abuse charges. She also serves as the Chairperson of the Los Angeles County Domestic Violence Council and the Domestic Violence Death Review Team. She is co-chairperson of ICAN's Operations Committee and a member of Child Death Review. Ms. Adams has been a deputy district attorney for 23 years. Ms. Adams received a Juris Doctor degree from UCLA School of Law in 1983 and a Bachelor of Arts degree in General Humanities with an emphasis in English and Philosophy from Santa Clara University in 1980.

Sarita Carden

Sarita is a Supervisor at the Child Advocates Office/CASA of Los Angeles. During her 14 years as a child advocate, she served as a CASA volunteer before joining the staff of CASA of Los Angeles in 2000. As a CASA Supervisor she provides training, supervision, support, and expertise to CASA volunteers appointed by a

judge to gather information, write reports, and make recommendations to the court in the best interests of abused, neglected, and abandoned children. She has a M.A. in Human Development.

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 twenty-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.

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 34 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 17 years of IT experience including infrastructure support, programming and analysis, technical leadership, front-line supervision, and project management.

Saundra DeVos, MSW, LCSW

Saundra is a Program Administrator for ICAN. She has primary responsibility for the Data/Information Sharing Committee and the Infants at Risk Committee. She also is responsible for the Child Death Review Team Report. Saundra also provides staff assistance to the Annual "Nexus" Domestic Violence Conference. Prior to joining ICAN, Saundra worked for the Los Angeles County Department of Children and

Family Services (DCFS) for a period of twenty-nine years. The last several years while at DCFS, Saundra was a field instructor for one of the DCFS-IUC CSULA MSW intern units. While in this position, Saundra also provided clinical supervision to staff for their clinical license hours working toward an LCSW. Throughout her tenure with DCFS, Saundra has been involved with staff training, program development and participated in various task forces and work groups. Saundra is a Licensed Clinical Social Worker.

Ruben Egoyan

Ruben is an Administrative Assistant II in the Information and Statistical Services Section of the Department of Public Social Services. He has been working with the Department since April 2001. He is responsible for reviewing and analyzing monthly statistical reports. Ruben is also a member of the User Acceptance Testing team for the Department's newly developed and implemented Data Warehouse. Ruben has a Bachelor of Science degree in engineering and a Master of Public Administration degree from California State University, Northridge. This is Ruben's second year as a member of the ICAN Data/Information Sharing Committee.

Marian M. Eldahaby

Marian is a Research Analyst II with Maternal, Child, and Adolescent Health Programs under the Los Angeles County Department of Public Health. In addition to her contributions to the ICAN Data Sharing report, Marian is also a co-coordinator of the Los Angeles Mommy and Baby (LAMB) and Los Angeles Health Overview of a Pregnancy Event (LA HOPE) survey projects. She earned her B.A. in Psychology and Social Behavior from the University of California, Irvine.

**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.

Sergeant Peter Hahn

Sergeant Peter Hahn is a detective with the Los Angeles Sheriff's Department assigned to the Special Victims Bureau (SVB). He has been a deputy sheriff for twenty-four years and has worked at a variety of different assignments including custody, patrol, detective bureau and administrative division. Sergeant Hahn has worked as a child abuse investigator and supervisor for the past three years and oversees a team of eight detectives. Among other projects he is the Sheriff's Department representative for the Family and Children's Index System (FCI), the Centralized Case Management Work Group, and ICAN Data/Information Sharing Committee. Sergeant Hahn is a graduate of the Virginia Military Institute with a degree in Economics

John E. Langstaff, M.S.

John is a Children's Services Administrator II with the Department of Children and Family Services (DCFS) Bureau of Information Services. In his 20 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.

Dionne Lyman-Chapman

Dionne is a Senior Programmer Analyst with the Los Angeles County Internal Services Department, Information Technology Service - GIS. Dionne Lyman has been with the County's Internal Services Department since September 2001. She supports ICAN and various County Departments with over twenty-years of experience in Graphic Design and Web Development. Dionne earned a Bachelor of Arts in Illustration with a minor in Graphic Design from Parsons School of Design and California State University, Long Beach.

Penny Markey

Penny is the Coordinator of Youth Services for the County of Los Angeles Public Library. She is responsible for developing library collections, programs and services for children from birth to age 18 and their parents and caregivers. In that capacity she has developed numerous programs for children and families including: Begin at the Beginning With Books, an early childhood literacy program targeting pre-natal moms and their new babies; Home run readers, a reading motivation for school-age children in partnership with the Los Angeles Dodgers and Pacific Bell and a community service volunteer program to provide teens with workforce readiness skills. Penny has served as adjunct professor in the School of Education and Information Science at UCLA.



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.

Regi Pappachan

Regi is an Administrator I in Juvenile Dependency of the Superior Court of California, County of Los Angeles. He started with the Court in 1989 as a Judicial Assistant, and has been a Court Manager in both civil and criminal operations. Prior to coming to Juvenile Dependency in February, 2008, Regi worked at the Airport Courthouse. He has been a member of numerous procedural committees, and was the Drug Court Coordinator in the West District. He received his Bachelor of Arts degree in Economics from Pomona College in 1988.

Nina Prays

Nina Prays is the Section Manager for the Community and Senior Services Section within the Social Services Systems Division of ISD. Nina Prays has a Masters Degree in English as a Second Language and over 25 years in Information Technology experience. Prior to this assignment, Nina was a Principal Developer Analyst with Justice Systems. Among other projects she was also involved with the Family and Children Index System (FCI), also servicing the needs of the ICAN Data/Information Sharing Committee.

M. Donna Uy-Barreta

M. Donna Uy-Barreta is an Administrative Coordinator/Paralegal with the Los Angeles City Attorney's Office (LACA), Criminal Branch. As a member of the Inter-Agency Council on Child

Abuse and Neglect (ICAN) Data and Information Sharing Committee, she is responsible for the compilation of LACA's statistics, which are included in the ICAN annual report. Ms. Uy-Barreta's efforts help to improve the understanding of various agencies' systems and their interdependencies. Ms. Uy-Barreta earned her bachelor's degree in criminal justice from the University of Phoenix, and is a certified paralegal with many years of legal experience.

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.