

# THE STATE OF CHILD ABUSE in Los Angeles County

Compiled from 2013 Data



# ICAN

Inter-Agency Council on Child Abuse and Neglect

# 2014

Los Angeles County • ICAN Data/Information Sharing Subcommittee  
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# ICAN

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**REPORT COMPILED FROM 2013 DATA**

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

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

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





Policy Committee Members.....	vi
ICAN Operations Committee Members.....	vii
Data/Information Sharing Committee Members.....	viii

## Section I : Inter-Agency Overview

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Introduction.....	3
Executive Summary.....	4
Selected Findings.....	8
Recommendations.....	12
Inter-Agency Data Collection.....	13
Demographics.....	23

## Section II: Special Report

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ICAN Child Abduction Task Force.....	29
--------------------------------------	----

## Section III: ICAN Agency Reports

---

California Department Of Justice.....	37
Los Angeles Police Department.....	43
Office of the Los Angeles City Attorney.....	51
Superior Court of California, County of Los Angeles.....	61
<b>County of Los Angeles.....</b>	<b>69</b>
Los Angeles County Office of Education.....	71
Office of County Counsel.....	87
Department of Children and Family Services.....	95
Department of Medical Examiner-Coroner.....	119
Sheriff's Department.....	133
District Attorney's Office.....	153
Public Defender's Office.....	215
Probation Department.....	229
Department Of Mental Health.....	253
Department of Public Health.....	283
Department of Public Social Services.....	307
Public Library.....	329

## Section IV: ICAN ORGANIZATIONAL SUMMARY

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ICAN Organizational Summary.....	335
Organizational Chart.....	336
Committees.....	337
ICAN Associates.....	340
Los Angeles County Child Abuse Coordination Project Members.....	343

## Section V: Appendix

---

Categories of Abuse.....	346
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# STOP CHILD ABUSE



# SPEAK UP



# **SECTION I : INTER-AGENCY OVERVIEW**





This unique report, published by the Los Angeles County Inter-Agency Council on Child Abuse and Neglect (ICAN) with the work of the Data Sharing Committee, features data from ICAN agencies about activities for 2013 or 2012/2013 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. For those unfamiliar with ICAN and its member agencies, please refer to Section IV of this report.

The ICAN Data/Information Sharing Committee continues to be committed to applying our data resources 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 an executive summary of the reports, and recommendations that transcend agency boundaries. Significant findings from participating agencies are included here as well.

Our annual inter-agency analysis of data collection continues to evolve. We are continuing to look for new opportunities to view, from a more global perspective, the inter-agency linkages of the child welfare system. To that end ICAN is developing partnerships with organizations such as the Chicago School of Professional Psychology to further our analysis and ultimately improve outcomes for our children and families.

Section II includes a special report from the ICAN Child Abduction Task Force.

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. Many 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.

Section IV provides the history and organizational summary of the Inter-Agency Council on Child Abuse and Neglect (ICAN) and the community partners affiliated with ICAN including ICAN Associates and the Los Angeles Child Abuse Council Coordination Project members.

In this twenty-ninth edition of *The State of Child Abuse in Los Angeles County*, we are 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 grateful to ICAN Associate staff Laurence Kerr for his technical support to produce this final document.



This is the 29th The State of Child Abuse in Los Angeles County annual report. It is published to provide visibility to data about child abuse and neglect in Los Angeles County and the agencies serving the children and families involved in the welfare of children. The following is a summary of data provided by the agencies and indicated changes from the previous reported year's data.

### **REPORTED DECREASES**

#### **MEDICAL EXAMINER-CORONER**

In 2013, the total number of children who died from Homicide, Suicide, Accidents and Undetermined causes decreased from 219 in 2012 to 215 in 2013.

There was also a decrease in youth suicides from 17 such deaths in 2012 to 13 in 2013.

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

There were 176,636 children referred during CY 2013 compared to 181,827 in CY 2012. This reflects a 2.9% decrease in referrals from CY 2012.

The number of children in a Foster Family Agency Certified Home reflects a population that accounts for 28.8% of the total children in the out-of-home placement caseload at the end of CY 2013, down from 30.7% at the end of CY 2012.

Youth in the age group 16 - 17 Years account for 9.6% of the total caseload, down from 10.4% at the end of CY 2012. The number of youth in this age group shows a 3.3% volume decrease, from 3,663 at the end of CY 2012 to 3,541 at the end of CY 2013.

#### **PROBATION**

Probation experienced a 6% decrease in adult child abuse referrals from 529 in 2012 to 497 in 2013.

#### **DEPARTMENT OF JUSTICE**

The Central Index recorded 2,682 child abuse reports from Los Angeles County in 2013. This represents approximately 37% of the state's total reports. This

is a decrease from 2012 when the 3,335 cases comprising 40% of the State's total came from Los Angeles County.

#### **DEPARTMENT OF PUBLIC HEALTH**

The death rate for children ages 1 to 17 in Los Angeles County had shown a consistent downward trend since 2003; it has been relatively stable since 2009, then dropping again in 2012. African-American children ages 1 to 17 had the highest death rate among the major race/ethnic groups represented, a consistent disparity; a significant decrease in the magnitude of that disparity, first noted in 2010, failed to continue in 2012.

The crude infant mortality rate of 4.3 infant deaths per 1,000 live births in 2012 is a significant decrease from the rate of 4.8 in 2011, and reflects 52 fewer infant deaths when compared to the previous year. For over a decade the overall trend in the infant mortality rate in Los Angeles County has been downward and has remained well below the national target of 6.0 infant deaths per 1,000 live births set by the U.S. Department of Health and Human Services in Healthy People 2020.

#### **LAW ENFORCEMENT**

LAPD and the Sheriff's Department both reported a decrease in child abuse cases investigated from 2012. LAPD investigated a total of 2,749 child abuse cases in 2013, down from 3,280 in 2012, and LASD conducted 3,237 child abuse investigations in 2013, compared to 3,801 in 2012.

#### **DISTRICT ATTORNEY'S OFFICE**

In 2013, a total of 5,665 cases relating to child abuse and neglect were submitted for filing consideration against adult defendants. This is a decrease from the 5,897 cases that were submitted in 2012.

### **REPORTED INCREASES**

#### **MEDICAL EXAMINER-CORONER**

The number of children killed by a parent, relative or caregiver increased 26% from 2012. 15 children died from homicide in 2012 compared to 19 children



in 2013 (it should be noted that the 2012 child homicides represent the lowest number of such deaths in the past 25 years).

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

The most vulnerable DCFS clients are children in the age group Birth - 2 Years. While this population remains at 19.3% of the total DCFS child caseload, the number of children in this age group category exhibits a 4.9% increase, from 6,804 at the end of CY 2012 to 7,134 at the end of CY 2013.

The number of children in a Foster Family Agency Certified Home reflects a 4.2% increase, from 4,901 at the end of CY 2012 to 5,108 at the end of CY 2013.

Between the end of CY 2012 and the end of CY 2013, the number of children in out-of-home placement shows a 10.8% increase from 15,985 to 17,714.

Hispanic children continue to be the largest of all ethnic groups among DCFS children. This population accounts for 59.7% of the total caseload, up from 58.7% at the end of CY 2012.

The number of Hispanic children on DCFS caseloads increased (6.6%) from 20,666 at the end of CY 2012 to 22,028 at the end of CY 2013.

### **DEPENDENCY COURT**

The number of new filings reflected a relatively moderate increase from 2008 through 2013. 14,334 new children were brought into the juvenile court system under WIC 300 petitions filed in 2013 which is an increase of 1,077 from 2012 when 13,257 children entered.

The number of children exiting the system increased slightly from 12,535 in 2012 to 12,874 in 2013. For the past several years the number of children leaving the system had been greater than those entering. 2012 and 2013 marked the exception with more children entering the system than exiting.

### **OFFICE OF THE LOS ANGELES CITY ATTORNEY**

The City Attorney's office reviewed 1,337 child abuse and neglect investigations in 2013 which is a significant increase from the 844 reviewed in 2012. 487 of these cases were filed in 2013 compared to 145 in 2012. 456 reached a disposition in 2013 compared to 87 in 2012; and 419 resulted in guilty pleas or convictions compared to 74 in 2012.

### **DEPARTMENT OF PUBLIC SOCIAL SERVICES**

In total, there was an 8.05% increase (197,195) in the number of individuals receiving assistance for all programs combined from December 2012 (2,450,333) to December 2013 (2,647,528).

DPSS increased the number of referrals made to DCFS from 222 in 2012 to 266 in 2013.

### **ADDITIONAL FINDINGS**

#### **MEDICAL EXAMINER-CORONER**

Child victims under five years of age accounted for 84% of homicides by a parent, relative or caregiver.

Infants 1 month to 1 year were the most vulnerable to homicide, accounting for 58% of the 19 reported.

Children of African American and Hispanic ethnicities combined to account for almost 90% of the 19 reported homicides.

#### **DEPENDENCY COURT**

An average of 47% of dispositional hearings ended with the removal of children from their parents or guardian.

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

General Neglect continues to be the leading reported allegation in Emergency Response referrals received, accounting for 29.3% of the total children referred. Allegations of Severe Neglect account for 2.1% of the referrals received.

Children in Relative/Non-Relative Extended Family



## Executive Summary

Member (Relative/NREFM) Homes continue to represent the largest child population in the out-of-home placement caseload. These children account for 52.3% (9,271) of the total children (17,714) in out-of-home placements at the end of CY 2013.

Children age 13 years and under account for 74.9% of the total DCFS caseload. 31.3% of the total DCFS child caseload consisted of children under five years of age.

### ***PUBLIC HEALTH***

As of June 30, 2014, Nurse Family Partnership (NFP) has cumulatively enrolled 4,091 clients with a median age of 17 years (52.2% are 17 years of age or younger) since expansion in FY 2000. During the last 14 years, NFP has had only 27 children removed from their mothers during infancy (0.6%) for abuse/neglect; a very low number when compared to outcomes for young mothers generally throughout the nation and Los Angeles

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; all theoretically preventable deaths.

### ***DISCUSSION***

The number of children being referred for suspected abuse or neglect has decreased in Los Angeles County. In 2012, the number of referrals received by the Hotline was 181,827, compared to 176,636 in CY 2013.

Los Angeles County remains the highest reporting CPS agency in the state, accounting for 36% of the total Child Abuse Central Index (CACI) reports received by DOJ. However, the number of CACI reports from Los Angeles indicates child abuse may be under reported to the index. LA County provided in-person responses to 149,688 referrals and 14,344 children were brought into the Dependency Court in 2013, yet only 2,682 children were reported to the central index. The low number of reports reflected in the state-wide numbers could be the result of law enforcement agencies no longer being required to report to CACI as of January 2012. This

lower number could also be a reflection of the high number of referrals for general neglect, unfounded or inconclusive allegations, or families being referred to alternative community services that would not be reported to the central index.

Since 2008 there has been a steady upward trend in the overall caseload of petitions filed and judicial reviews. Although the increase in caseload has been gradual in recent years, the impact on the Dependency Court is significant especially due to the more recent funding cuts in court services, such as mediation, by the State.

Children in Relative/Non-Relative Extended Family Member care continue to represent the largest child population in out-of-home care. For both DCFS and Dependency Court, keeping children with kin appears to reflect the law and best practice when children cannot remain safely in their own home.

Children of color continue to be overrepresented in the child welfare system. Hispanic children have been the largest of all ethnic populations since 2001, and represented 59.7% of the total DCFS caseload in 2013, up from 58.7% in 2012. African American children continue to be disproportionately represented at 25.7% of the total caseload; an increase of 1.9% from 2012.

There has been a shift in the number of children exiting the dependency court system, no longer outnumbering those entering the system.

The net increase of the number of children in the DCFS/Dependency system starting in 2012, and continuing in 2013, reflects the reversal of a trend that we have seen over the entire past decade. The Department of Children and Family Services is responding to gradually increasing numbers of referrals, although slightly down in 2013, and in turn filing more petitions. In addition, reductions in resources continue to make it challenging for parents to receive the services they need in order to ultimately reunite with their children. Also, the potential impact of economic disparities among our communities should not be overlooked for its impact on families and access to resources.

The shift in the retention of families in the LA County



Child Welfare system warrants further analysis and discussion, along with the continued preponderance of children and families of color within our caseloads.

The following Selected Findings and agency reports provide a more detailed analysis of each agency's activities and programs as they relate to child abuse and neglect.



### **CALIFORNIA DEPARTMENT OF JUSTICE**

Authorized agencies submitted 7,295 reports to the DOJ for entry into the CACI.

Of the 7,295 child abuse reports submitted, 3 counties reported the death of a child. Los Angeles County submitted 1 of the child death reports.

During 2013 Los Angeles County submitted 2,682 reports. The abuse determinations are as follows:

- a) 854 (32%) Physical Abuse
- b) 1,068 (40%) Mental Abuse
- c) 453 (16.9%) Sexual Abuse
- d) 264 (9.5%) Severe Neglect
- e) 43 (1.6%) Willful Harming and/or Corporal Punishment.

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

During Calendar Year (CY) 2013, there was an average of 14,720 children who were referred to DCFS per month. Of these, an average of 12,474 children (84.7%) required an in-person investigation.

As stated earlier, General Neglect continues to be the leading reported allegation in the Emergency Response referrals received. However, the number of referred children for General Neglect in CY 2013 (51,841) reflects a 0.9% decrease from the 52,298 children referred due to the same allegation in CY 2012.

Although Exploitation continues to be the least reported allegation, children referred to DCFS due to Exploitation reflect a 50.7% increase from 75 in CY 2012 to 113 in CY 2013. This sharp increase is suspected to be caused by the focus on children and youth who have been referred to DCFS as possible victims of commercial sexual exploitation (CSEC).

Supervised Independent Living Placement children account for 3.5% of the total children in out-of-home placement, up from 1.5% at the end of CY 2012. This placement category is designed for youth who

are in foster care beyond 18 and up to 21 years of age via the Extended Foster Care program provided by implementation of Assembly Bill 12 (AB12). The number of youth in this placement category reflects an increase from 80 at the end of CY 2012 to 628 at the end of CY 2013.

Children in Relative/Non-Relative Extended Family Member (Relative/NREFM) Homes continue to represent the largest child population in the out-of-home placement caseload. These children accounted for 52.3% of the total children in out-of-home placements at the end of CY 2013, down slightly from 53% at the end of CY 2012. The number of children in this placement category shows a 9.3% increase, from 8,479 at the end of CY 2012 to 9,271 at the end of CY 2013.

In 2013, the P3 program (Permanency Partners Program) opened new P3 services for 808 children and youth. Additionally, in 2013 the following outcomes for children and youth who had received services were reported: 334 children had a permanent plan established or identified; 192 children were moving towards a permanent plan; and 228 youth exited DCFS care with an adult lifelong connection (79 youth exited care without a permanent connection).

### **DEPENDENCY COURT**

The number of filings continued to increase, up 25% since 2008.

New WIC §300 petitions constituted 57% of total filings in 2013.

In 2013, 14,344 children entered the Dependency system as a result of new petitions being filed, and 12,874 children exited the system.

### **LOS ANGELES POLICE DEPARTMENT**

#### **Juvenile Division**

The number of dependent children handled (taken into protective custody) by the unit in 2013 (716) showed a decrease of 41.22% from the number handled in 2012 (1,218).

#### **Geographic Areas (21 community police**



### ***stations are referred to as “Geographic Areas”***

The number of dependent children handled (taken into protective custody) by the Areas in 2013 (1,075) was a decrease of 45.98% from the number handled in 2012 (1,990).

### ***COUNTY OF LOS ANGELES SHERIFF’S DEPARTMENT***

As previously mentioned, the Special Victim’s Bureau investigated a total of 3,237 cases. Of these, sexual abuse cases accounted for 65% (2,114) and physical abuse 35% (1,123) of the total cases.

### ***INDEPENDENT POLICE AGENCIES***

The top five police agencies accounted for 39.7% of all Suspected Child Abuse Reports (SCARS). The five agencies included Long Beach, Pomona, Inglewood, El Monte, and Pasadena. Long Beach had the greatest number and accounted for 18.88% of all the Independent Police Agency SCARS.

### ***DEPARTMENT OF MEDICAL EXAMNER-CORONER***

In calendar year 2013, after a review of the cases based on the ICAN-established criteria for child deaths reported, 215 were referred to the Inter-Agency Council on Child Abuse and Neglect for tracking and follow-up, a decrease of 4 cases from 2012.

### ***DISTRICT ATTORNEY’S OFFICE***

A total of 5,665 cases relating to child abuse and neglect were submitted for filing consideration against adult defendants in 2013.

Of these, charges were filed in 43% (2,430) of the cases reviewed. Felony charges were filed in 57% (1,328) of these matters. Misdemeanor charges were filed in 45% (1,102) of these matters.

Of those cases declined for filing (a total of 3,235 - both felonies and misdemeanors), cases submitted alleging a violation of PC §288(a) accounted for 26% of the declinations (842).

In 78% of the adult cases filed involving child abuse, the gender of the defendant was male.

Convictions were achieved in 93% (1,714) of the cases filed against adult offenders. Defendants received grants of probation in 70% (1,194) of these cases. State prison sentences were ordered in 25% (436) of the cases; with 1% (16) of the defendants receiving a life sentence in state prison.

### ***OFFICE OF THE LOS ANGELES CITY ATTORNEY***

In 2013, the Los Angeles City Attorney’s Office reviewed a total of 1,718 investigations that involved child sexual and physical abuse/neglect/exploitation offenses. Of the 1,718 matters, 566 were filed and 530 cases reached a disposition. Of the 530 cases, 488 resulted in guilty pleas or convictions following jury trials.

### ***LOS ANGELES COUNTY PROBATION DEPARTMENT***

The number of adult referrals for child abuse offenses decreased by 6% from the previous year. The overall number has been dropping steadily since 2009, with 479 referrals for 2013 being the lowest in five years.

The number of juvenile referrals for child abuse offenses increased by 20% from the previous year. Unlike the adult offenders, the number of juvenile referrals increased from 347 in 2012 to 438 in 2013. The number of minor girls referred for child abuse offenses increased from 29 in 2012 to 41 in 2013, an increase of 41%.

### ***LOS ANGELES COUNTY PUBLIC DEFENDER’S OFFICE***

In Fiscal Year 2013-14, the Public Defender represented clients in approximately 115,797 felony-related proceedings; 245,813 misdemeanor-related proceedings; and 39,969 clients in juvenile delinquency proceedings. These figures are all down from the prior year.



### **COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH**

During FY 2012-2013, The Family Preservation (FP) program treated 294 clients. Family Reunification served 40 outpatients. Rate Classification Level-14 (RCL-14) facilities treated 119, and Community Treatment Facilities (CTF) treated 125. Tier I Wraparound program services were given to 905. Tier II Wraparound program services were provided to 1,289. The three Juvenile Hall Mental Health Units (JMHU) served 5,979. Dorothy Kirby Center provided mental health services to 285. At Challenger Memorial Youth Center and the Juvenile Justice Camps, 1,766 children/youth received mental health services. A total of 10,802 children and adolescents, potentially at-risk for child abuse or neglect, were served by these mental health treatment programs.

Wraparound, Family Preservation, and Family Reunification were 23% of clients at the programs considered. Of these, 63% were identified as DCFS referrals.

DCFS referred clients constituted 51% of the RCL-14 referrals and 72% of the CTF referrals.

Of the 151 children, at the treatment programs considered, that received a primary or secondary DSM diagnosis of Child Abuse and Neglect (CAN) during FY 12-13, the Tier II Wraparound program diagnosed and treated the largest percentage (46%). The proportion of children with CANS in the latter program was followed by the JMHUs (26%), the Tier I Wraparound program (21%), and the Family Preservation program (9%). These findings indicate that, for the mental health treatment programs considered for FY 12-13, the Tier II Wraparound program, the Juvenile Hall Mental Health Units, and the Tier I Wraparound program made the largest contribution to identifying and treating children diagnosed with Child Abuse and Neglect.

### **DEPARTMENT OF PUBLIC HEALTH**

As highlighted earlier, the crude infant mortality rate of 4.3 infant deaths per 1,000 live births in 2012 is a significant decrease compared to the previous year. The overall trend in the infant mortality rate in Los Angeles County over the past decade has been

downward and has remained below the national Healthy People 2020 target of 6.0 infant deaths per 1,000 live births since 1996.

However, African-Americans continue to have the highest infant mortality rate among race/ethnic groups, more than twice as high as the next group, and well above the Healthy People 2020 target of 6.0.

Region-specific infant mortality rates in 2012 continued to be the highest in SPA's 1 (Antelope Valley), and 6 (South). The traditionally higher rates in SPA's 1 and 6 is reflective of the disproportionately high infant mortality rate in the African American community as well as the concentration of African Americans living in those areas of the County.

Nurse Family Partnership (NFP) has cumulatively enrolled 4,091 clients with a median age of 17 years (52.2% of them are 17 years old or younger) since expansion in FY 2000. The majority of NFP referrals come from the Women-Infant-Child (WIC) Nutrition Program, although many special needs foster children are referred from the Department of Children & Family Services. During the last 14 years, NFP has had only 27 children (0.06%) removed from their mothers during infancy due to abuse/neglect; a very low number when compared to outcomes for young mothers generally throughout the nation and Los Angeles County.

### **LOS ANGELES COUNTY OFFICE OF EDUCATION**

In 2013/14, seventy-three of the 80 school districts in Los Angeles County reported suspected child abuse. Physical abuse represented the highest number of suspected cases; general neglect was the lowest. Elementary school districts had the highest total suspected case incidence rate (0.60 per 1000), followed by High School districts (0.28 per 1000). Unified school district incident rates were the highest across all abuse types, ranging from 24% to 56% higher than the next highest incidence rate.

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. Los Angeles Unified School District



reported a total of 736 cases of suspected child abuse in 2013/14, down from 1108 cases reported in 2012/13.

#### **DEPARTMENT OF PUBLIC SOCIAL SERVICES**

In 2013, DPSS made a total of 266 child abuse referrals to the Department of Children and Family Services. This represented a 20% increase from the 222 referrals made in 2012.

#### **AIDED CASELOAD**

There was an 8.05% increase (197,195) in the total number of individuals receiving assistance for all programs combined from December 2012 to December 2013. This increase is due to the CalFresh and Medi-Cal Assistance programs, both of which increased in individuals served by 4.16% (47,026) and 10.90% (183,824) respectively.

In 2013 the number of CalWORKs aided individuals decreased by 1.82% (- 7,781) down from 428,294 in 2012. The Cal-Learn program also decreased 10%, from a monthly average served of 2,274 in 2012 to a monthly average served of 2,050 in 2013.



### **2013 DATA RECOMMENDATIONS**

#### **RECOMMENDATION ONE:**

##### **REPORTING OF DATA**

Agencies contributing to this ICAN report should continue, 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 will 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 will provide an opportunity for agencies to view their data in a multi-agency context. This will 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 should continue, to the extent possible, using 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.

#### **RECOMMENDATION THREE:**

##### **USE OF LONGITUDINAL DATA**

Agencies contributing data to this report should, wherever feasible, incorporate longitudinal data elements and trend analysis in their reporting.

##### **RATIONALE:**

The use of longitudinal tracking and reporting of data will assist in more meaningful analysis than simple year to year comparisons. Tracking the same data elements over time allows for a fuller and more comprehensive look at trends and the

effectiveness of programs, policies and desired outcomes.

#### **RECOMMENDATION FOUR:**

##### **PARTNERSHIP TO ENHANCE DATA ANALYSIS**

It is recommended that ICAN establish a partnership with the Chicago School of Professional Psychology to collaborate on key child protection initiatives and to further the analysis portion of the annual State of Child Abuse Report for Los Angeles County.

##### **RATIONALE:**

Partnering with the Chicago School will allow for a more comprehensive look at the broad spectrum of child protection issues as well as the data included in the annual ICAN Data Report. The use of doctorate or graduate level dissertation/thesis project students will broaden the capacity to provide additional comparative and trend analysis, leading to longitudinal findings, as well as aiding in future policy recommendations and program development.

#### **RECOMMENDATION FIVE:**

##### **DATA DISPARITY AND RELIABILITY**

To enhance the relationship with the California Department of Justice (DOJ) it is recommended that the ICAN Policy Committee Co-Chairs send a letter to the State Attorney General requesting active involvement to resolve the disparities in data and explore the need to reconvene the Child Death Review Council to achieve this.

##### **RATIONALE:**

The Child Abuse Central Index (CACI) data reported by DOJ is not consistent with the child abuse data reported by LA County. If CACI's mandated investigatory and regulatory functions are to be fully served, the data collected must be reliable and complete. By enhancing our relationship with DOJ, we could better advance the interests of data reliability.



## **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 2014 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.

ICAN agencies support the Data/Information Sharing Committee efforts to establish guidelines for common denominators for intake, investigations, and dispositional data collection.

### **I. 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.
- 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.

## **II. LIST OF CHILD ABUSE AND NEGLECT SECTIONS**

Figure 1 presents the Los Angeles County Independent Police Agency data showing their involvement in child abuse and domestic violence cases.

Figure 2 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 1

**LOS ANGELES COUNTY INDEPENDENT LAW ENFORCEMENT AGENCY (LEA) CHILD ABUSE DATA**

Based on Electronic Suspected Child Abuse Reports (E-SCARs) January 2013- December 2013

RANK	INDEPENDENT LEA	TOTAL POPULATION**	SCARs		Crime Suspected***		No Crime Suspected		No Investigation	
			#	(%)	#	(%)	#	(%)	#	(%)
1	Long Beach PD	469,428	2982	18.88%	678	21.83%	952	27.95%	1342	49.85%
2	Pomona PD	151,348	1048	6.63%	262	31.75%	41	60.09%	5	6.02%
3	Inglewood PD	111,542	849	5.37%	125	13.73%	420	34.25%	303	48.21%
4	El Monte PD	115,708	732	4.63%	254	42.92%	440	50.29%	33	2.09%
5	Pasadena PD	139,731	662	4.19%	179	30.53%	399	47.17%	82	20.29%
6	Hawthorne PD	86,199	620	3.92%	131	22.25%	399	58.99%	87	17.56%
7	Whittier PD	86,635	609	3.85%	95	6.97%	396	58.30%	115	31.83%
8	Downey PD	113,242	592	3.74%	162	34.02%	358	55.19%	72	16.40%
9	South Gate PD	95,677	532	3.36%	72	20.62%	414	60.94%	42	16.25%
10	Glendale PD	196,021	480	3.04%	157	31.16%	322	68.82%	0	0
11	Huntington Park PD	58,879	480	3.04%	134	34.04%	310	54.78%	36	11.18%
12	West Covina PD	107,740	478	3.02%	114	30.14%	252	44.23%	112	22%
13	Torrance PD	147,478	439	2.78%	37	6.91%	350	86.06%	46	7.02%
14	Baldwin Park PD	76,635	411	2.60%	66	20.13%	318	71.60%	27	8.28%
15	Montebello PD	63,495	388	2.45%	55	16.21%	292	71.22%	39	14.22%
16	Alhambra PD	84,577	379	2.40%	58	22.74%	296	69.61%	24	7.07%
17	Gardena PD	59,957	370	2.32%	28	18.09%	312	76.78%	27	5.93%
18	Burbank PD	104,709	341	2.16%	60	15.18%	231	75.43%	50	16.23%
19	Bell Gardens PD	42,889	299	1.89%	28	7.55%	259	91.95%	0	0
20	Azusa PD	47,842	279	1.75%	39	36.09%	217	55.10%	21	8.56%
21	Santa Monica PD	92,472	277	1.75%	80	43.74%	176	43.60%	20	12.53%
22	Covina PD	48,508	270	1.69%	30	8.37%	198	74.33%	42	18.00%
23	Bell PD	42,889	249	1.57%	35	12.75%	193	59.09%	20	27.90%
24	Monterey Park PD	61,085	236	1.66%	95	42.15%	134	56.30%	7	2.67%
25	Redondo Beach PD	67,815	202	1.27%	9	2.85%	168	81.59%	24	17.33%



Figure 1 (continued)

**LOS ANGELES COUNTY INDEPENDENT LAW ENFORCEMENT AGENCY (LEA) CHILD ABUSE DATA**
**Based on Electronic Suspected Child Abuse Reports (E-SCARs) January 2013 - December 2013**

RANK	INDEPENDENT LEA	TOTAL POPULATION**	SCARs		Crime Suspected***		No Crime Suspected		No Investigation	
			#	(%)	#	(%)	#	(%)	#	(%)
26	San Fernando PD	24,220	184	1.79%	62	37.27%	114	61.14%	8	1.79%
27	Monrovia PD	37,161	182	1.78%	17	18.85%	156	63.73%	8	23.51%
28	Glendora PD	51,074	173	1.09%	18	8.35%	141	80.01%	14	11.63%
29	Culver City PD	39,428	148	0.93%	24	21.60%	115	65.20%	9	13.20%
30	La Verne PD	31,868	124	0.78%	18	24.69%	58	28.13%	24	35.41%
31	Arcadia PD	57,639	110	0.69%	9	18.82%	84	74.07%	17	7.12%
32	San Gabriel PD	40,275	107	0.67%	27	38.15%	67	41.37%	4	9.14%
33	Claremont PD	35,842	88	0.55%	15	36.76%	64	70.58%	9	5.90%
34	Beverly Hills PD	34,658	82	0.51%	5	2.72%	62	69.45%	13	27.19%
35	Signal Hill PD	11,332	78	0.49%	15	18.18%	54	74.21%	9	7.61%
36	Manhattan Beach PD	35,726	72	0.45%	10	7.11%	8	60.24%	22	32.66%
37	South Pasadena PD	25,959	63	0.39%	22	30.07%	39	68.25%	2	2.24%
38	El Segundo PD	16,924	61	0.38%	9	15.58%	47	77.83%	36	8.32%
39	Hermosa Beach PD	19,801	37	0.23%	0	0	25	59.40%	2	8.33%
40	Palos Verdes Estates PD	13,623	29	0.18%	8	34.48%	19	59.97%	2	6.67%
41	Sierra Madre PD	11,056	18	0.11%	5	38.89%	13	61.11%	0	0%
42	San Marino PD	13,327	17	0.10%	3	13.57%	14	86.43%	0	0%
43	Irwindale PD	1,425	7	0.04%	0	0	7	100.00%	0	0
44	Vernon PD	114	3	0.02%	0	0%	2	66.67%	0	0%
	<b>TOTALS</b>		<b>15787</b>		<b>3250</b>		<b>8936</b>		<b>2755</b>	



Flow Chart I

**REPORTING DEPARTMENTS INVOLVEMENT IN CHILD ABUSE CASES - 2010**



**REPORTING DEPARTMENTS WORKLOAD**

CHIEF MEDICAL EXAMINER CORONER (Reportable ICAN Child Deaths)	215
L. A. COUNTY PROBATION DEPARTMENT (Adult Referrals for Child Abuse Offenses)	497
DEPT. OF PUBLIC SOCIAL SERVICES (Referrals Made to DCFS)	266
LOS ANGELES POLICE DEPARTMENT (Number of Dependent Children Handled/Taken Into Protective Custody)	1,791
L.A. COUNTY SHERIFF'S DEPT. SVB (Number of Child Abuse Investigations)	3,237
DEPT. OF CHILDREN & FAMILY SERVICES (Number of Suspected Child Abuse Referrals)	176,636



Flow Chart II

### 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**

Child Abuse made known to departments covered by Child Abuse and Neglect Reporting Act (Penal code section 11164), and reported to Department of Children and Family Services and Law Enforcement.

Police agency receives report of abuse.

Report assigned to specialized unit  
 Report handled by area station officers

Incident Investigate

Complaints unfounded – No action  
 Sufficient evidence to prove crime

Arrest report presented to prosecutor for filing consideration

Crime report presented to prosecutor for filing consideration

Case presented to prosecutor for arrest warrant

Prosecutor (District Attorney or City Attorney) reviews case for filing consideration

Case accepted & prosecuted felony Misdemeanor

Case rejected for prosecution

**JUVENILE DEPENDENCY PROCESS INITIATED**

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

DCFS files petition with court to protect child

Detention Arr. Hearing \*

Adjudication

Disposition hearing\*

Mediation/Pretrial \* Pretrial resolution conferences (Mand. Settlement process)

Periodic Judicial review permanency planning hearings

Child returned home

Child returned home – supervision continues

Determination – Child not to return home (after up to 18 months Family Reunification Services)

Court jurisdiction terminates\*

Parent rights terminated\* child placed for adoption

Child placed\* Guardianship

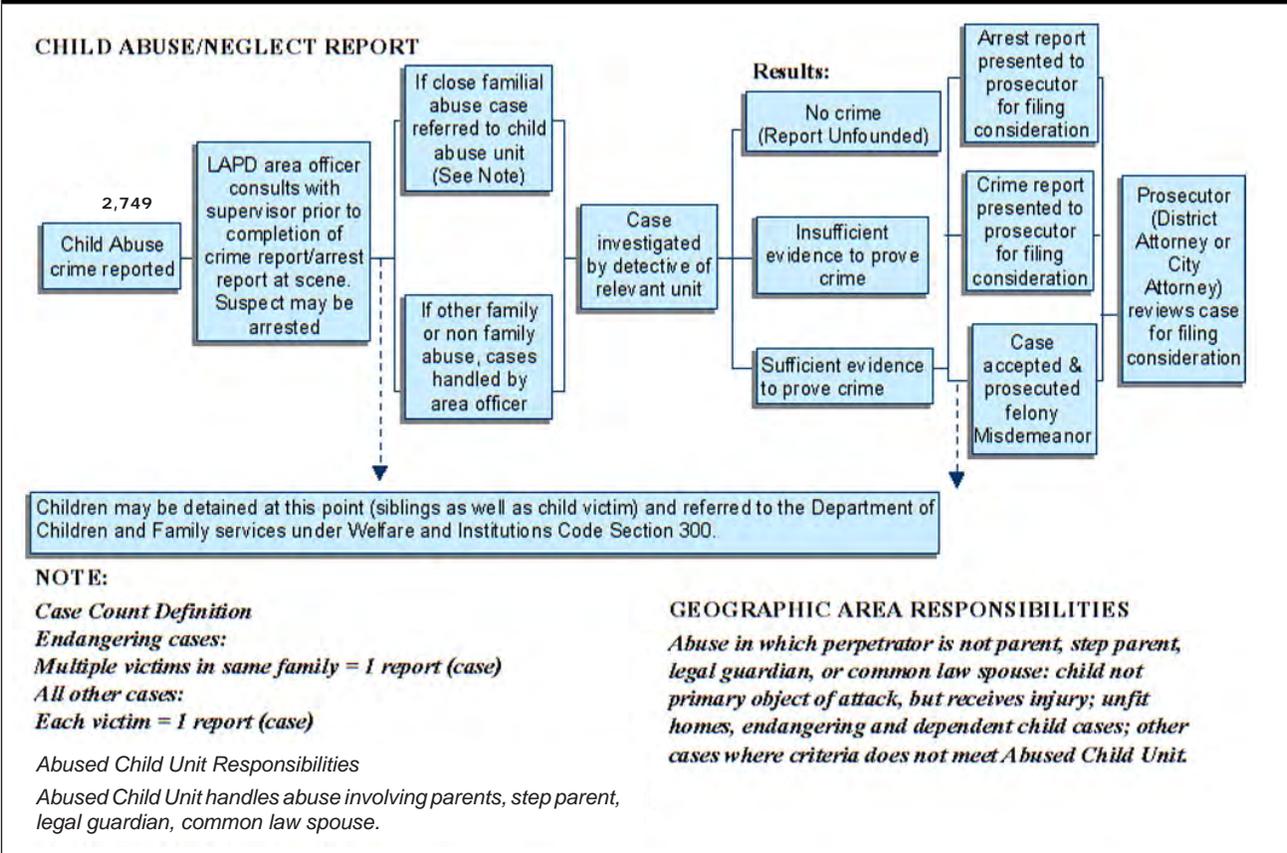
Child placed – long term foster care

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



Flow Chart III

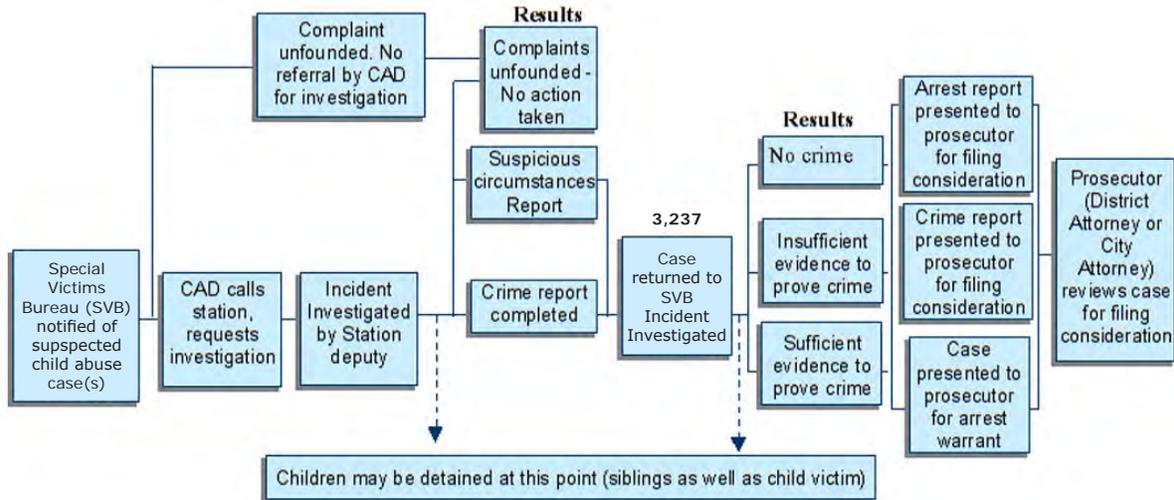
**LOS ANGELES POLICE DEPARTMENT INVOLVEMENT IN CHILD ABUSE CASES**





Flow Chart IV

**LOS ANGELES SHERIFF DEPARTMENT INVOLVEMENT IN CHILD ABUSE CASES**

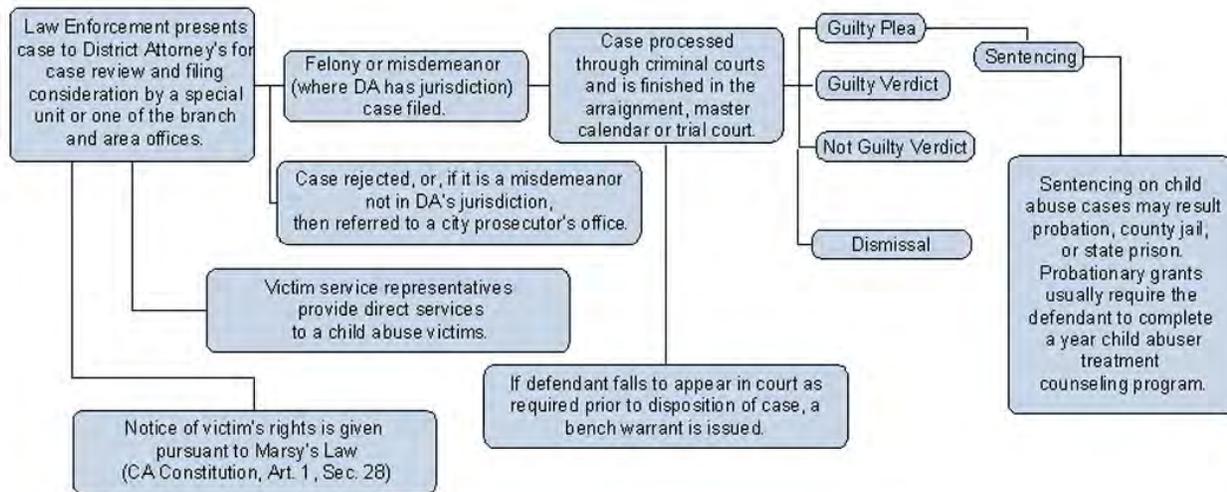


**Note: Case Count Definition**

Multiple victims of the same incident, in the same family are treated as one case.  
 The Special Victims Bureau does not handle neglect/endangerment cases.  
 See the Los Angeles Sheriff's Department Report for more details on their workload.

Flow Chart V

**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

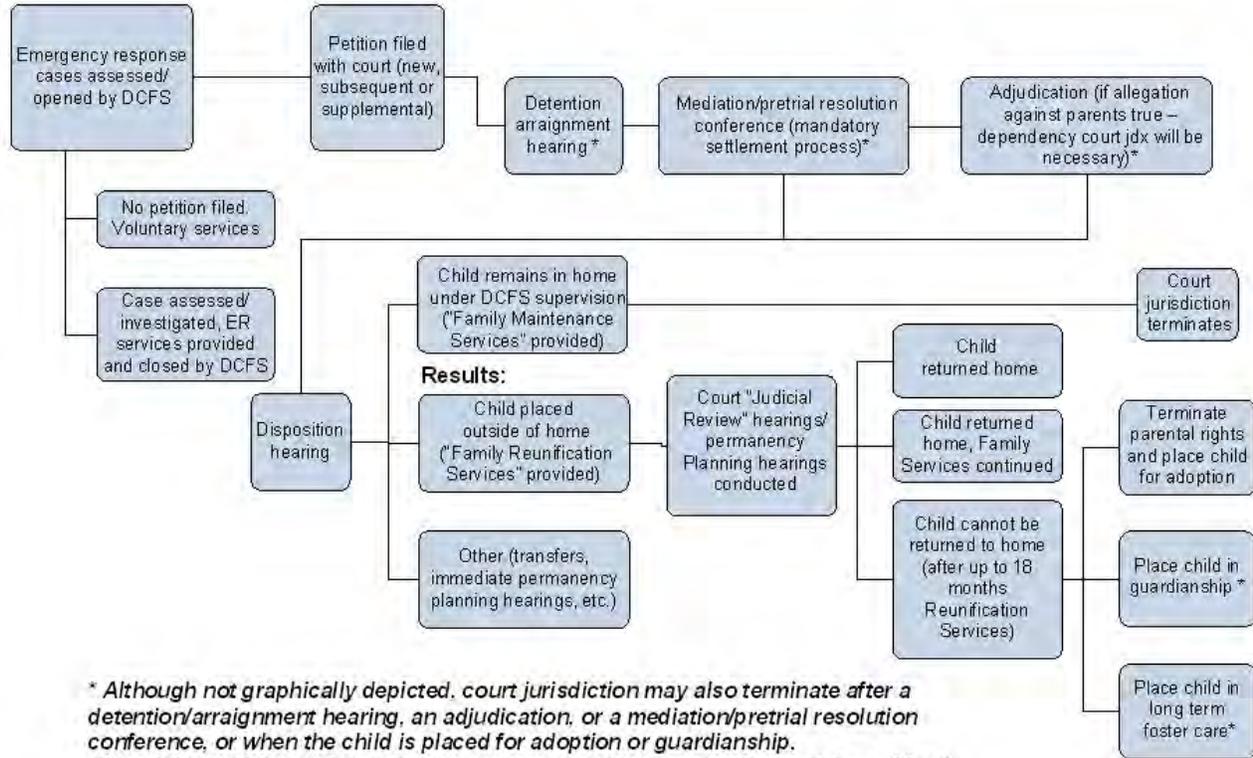




Figure 2

**CHILD ABUSE/NEGLECT OFFENSES BY CATEGORY**

Child Abuse/ Neglect Category	Offense Code	FELONY/MISD	DESCRIPTION
Physical Abuse	187 (a)	F	Murder
	207 (a)	F	Kidnapping
	207 (b)	F	Attempt Kidnap Child Under 14
	273ab	F	Assault Resulting in Death of Child Under 8
	273d(a)	F	Inflict Injury Upon Child
	273d(a)	F	Corporal Punishment or Injury to Child
	664/187	F	Attempted Murder
Sexual Abuse	236.1	F	Human Trafficking
	261.5(a)	F	Unlawful Sexual Intercourse with Minor
	261.5(b)	M	Unlawful Sexual Intercourse with Minor
	264	F	Rape or Penetration by Foreign Object in Concert with Force or Fear
	269	F	Aggravated Sexual Assault of Child Under 14
	269 (a)1	F	Rape of Person Under 14 w/Force or Threat w/7 yr Diff.
	269(a)2	F	Rape Penetration w/ For. Object
	269(a)3	F	Sodomy with Person Under 18
	269(a)4	F	Oral Copulation Person Under 18
	269(a)5	F	Sexual Penetration Foreign Object with Force
	286(b)(1)	M	Sodomy with Person Under 18
	286(b)(2)	F	Sodomy with Person Under 16
	286c	F	Sodomy with Person Under 14
	286(d)	F	Sodomy with Minor in Concert by Force or Fear
	288(a)	F	Lewd Acts with Child Under 14
	288(b)1	F	Lewd Acts with Child Under 14 Force
	288(c)1	F/M	Lewd Acts with Child under 15/10 Year Diff.
	288.4	F/M	Arrangement of Meeting Minor for Lewd Behavior
	288.5	F	Continuous Sexual Abuse of a Child
	288a(b)(1)	F/m	Oral Copulation Person Under 18
	288a(b)(2)	F	Oral Copulation Person Under 16
	288a(c)	F	Oral Copulation of Minor with Force or Fear or of Minor Under 14 w/10 year Diff.
	288a(d)	F	Oral Copulation of Minor in Concert by Force or Threat, or of minor with Disability
	288.2	F/M	Sending Harmful Matter to Minor
	289(a)(1)	F	Forcible Sexual Penetration of Minor
	289(h)	F/M	Sexual Penetration Person Under 18
	289(i)	F	Sexual Penetration Person Under 16
	289(j)	F	Sexual Penetration Under 14/10 Year Diff.
	647.6	F	Annoy or Molest Child After Prior Conviction of Cert. Sex Offenses
	647.6(a)(1)	M	Annoy or Molest Child
647.6(a)(2)	M	Annoy or Molest Child	



Figure 2 (continued)

**CHILD ABUSE/NEGLECT OFFENSES BY CATEGORY**

Child Abuse/ Neglect Category	Offense Code	FELONY/ MISD	DESCRIPTION
Exploitation	266	F	Seduce Minor Fem for Prostitution
	266h(b)	F	Pimping a Minor
	266i(b)	F	Pandering a Minor
	266j	F	Procure Child Under 16 for Lewd Acts
	267	F	Abduction of Minor for Prostitution
	273(a)	M	Financial Gain Place for Adopt. and Not Comp
	273(c)	M	Financial Gain Place for Adopt. and Not Consent
	273e	M	Sending Minor Messenger to Immoral Place
	273g	M	Immoral Practices or Habitual Drunkenness
	311.1(a)	F/M	Obscene Matter Depict One Under 18
	311.1	F	Ad/Dist Obscene Matter Depict Minor
	311.11(a)	F/M	Poss/Control Child Pornography
	311.11(b)	F	Obs Matter Depict Minor w/ Prior
	311.2(a)	M	Production, Distrib. or Exhibiting Obs. Matter
	311.2(b)	F	Obscene Matter Depict One Under 18
	311.2(c)	F	Production, Distrib. or Exhibiting Obs. Matter
	311.2(d)	F	Obscene Matter Depict One Under 18
	311.3	F	Depict Sex Conduct Child Under 18
	311.4(a)	M	Use Minor for Obscene Matter
	311.4(b)	F	Use Minor Under 18 for Obscene
311.4(c)	F	Use Minor Under 18 for Obscene (not necessary to prove "commercial purpose")	
313.1	F/M	Distrib. or Exhibition of Harmful Matter to Minor	
Severe Neglect	273a(a)	F	Willful Cruelty to Child/Endangerment
	273a(b)	M	Willful Cruelty to Child/Endangerment
	278	F	Child Concealment/Non-custodial Person
	278.5	M	Child Concealment/Non-custodial Person
	25100(a)	F	Storage of Firearms Accessible to Children (1st Degree)
	25100(b)	F	Storage of Firearms Accessible to Children (2nd Degree)
	25200	M	Firearms Accessed by Child Carried Off
General Neglect	273g	M	Immoral Acts Before Child
	273i	M	Publish Info of Child w/ Intent to Harm Under 14
	270	M	Failure to Provide for Child
	272	M	Contributing to Delinquency of Minor
Caretaker Absence	270.5	M	Refusal to Accept Child Into Home
	271	M	Willful Desertion of Child
	271a	F/M	Abandon Nonsupp. Etc Child Under 14

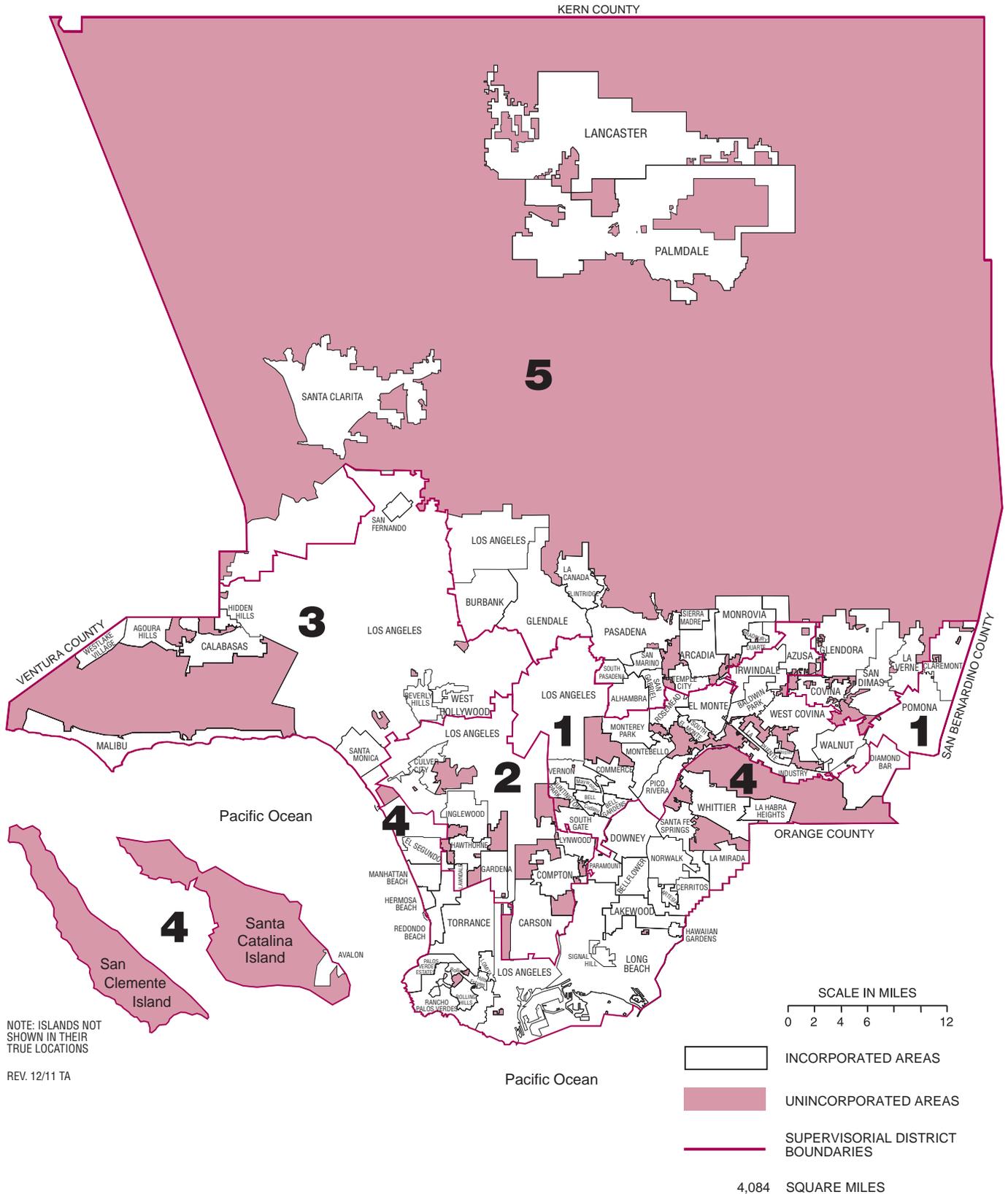


**DEMOGRAPHICS**

- Los Angeles County is 4,083 square miles in size and includes 88 incorporated cities.
- The total population for Los Angeles County is 9,893,481 (U.S. Census Bureau, 2010). It is the most populous county in the United States.
- 0 – 17 years child population represent 24% of the population (2,364,577).
- The median age for Los Angeles County is 35.1 years.
- There are 645,793 children under 5 years of age.
- From the 2010 Census, CA Department of Finance Demographic Research Unit, the child population is 62.1% Hispanic, 17% Caucasian, 7.9% African American, 9.7% Asian, 2.8% Multiple or other racial, and .5% Native American.
- 131,697 live births were recorded in 2012.



# Demographics





HELP SOMEONE  
THAT HAS



EXPERIENCED  
CHILD ABUSE



## **SECTION II: SPECIAL REPORT**





# ICAN CHILD ABDUCTION TASK FORCE

It is estimated that each year hundreds 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 Federal Bureau of Investigation (FBI), and Department of Children and Family Services (DCFS) 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 Los Angeles Police Department's (LAPD) 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, DCFS 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, Didi Hirsch Community Mental Health Center, 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 County Office of County Counsel, Los Angeles District Attorney Child Abduction Unit, Los Angeles Sheriff's Department, Los Angeles Police Department (LAPD), and the Federal Bureau of Investigation (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 2013, the Program

served 68 children in 52 cases<sup>1</sup> as compared to the 77 children in 64 cases served in 2012. This is a 19% decrease in caseload and a 14% decrease in the number of children served from the previous year. Regardless, the number of families served in 2013 is higher than the ten-year average of 41.7 cases. As well, the number of children served is higher than the ten-year average of 55 children.

Figure 2 shows the ethnic breakdown for the 68 children served in calendar year 2013: 44% were Hispanic 25% were African-American, 22% were Caucasian and 9% were of other or unknown descent. Figure 3 shows the age range of the children served in calendar year 2013: 38% percent of the children served were age 5 or younger, 29% were age 6 to 10 and 24% were age 11 or older, and 9% did not have any age denoted. Figure 4 shows that of the children served, 883% were under the jurisdiction of the Department of Children and Family Services, 11 % were cases referred by the Los Angeles District Attorney's office and 6% were from other sources.

Figure 5 reflects trend data on the number of cases and children served by the Reunification Program for calendar year 2004 through 2013. Over the past 10-year period, the number of cases has averaged 41.7 per year, while the number of children served has averaged 55 per year. The number of cases and children served has fluctuated from year to year with 2009 experiencing the greatest number of both cases (n=68) and children served (n=87).

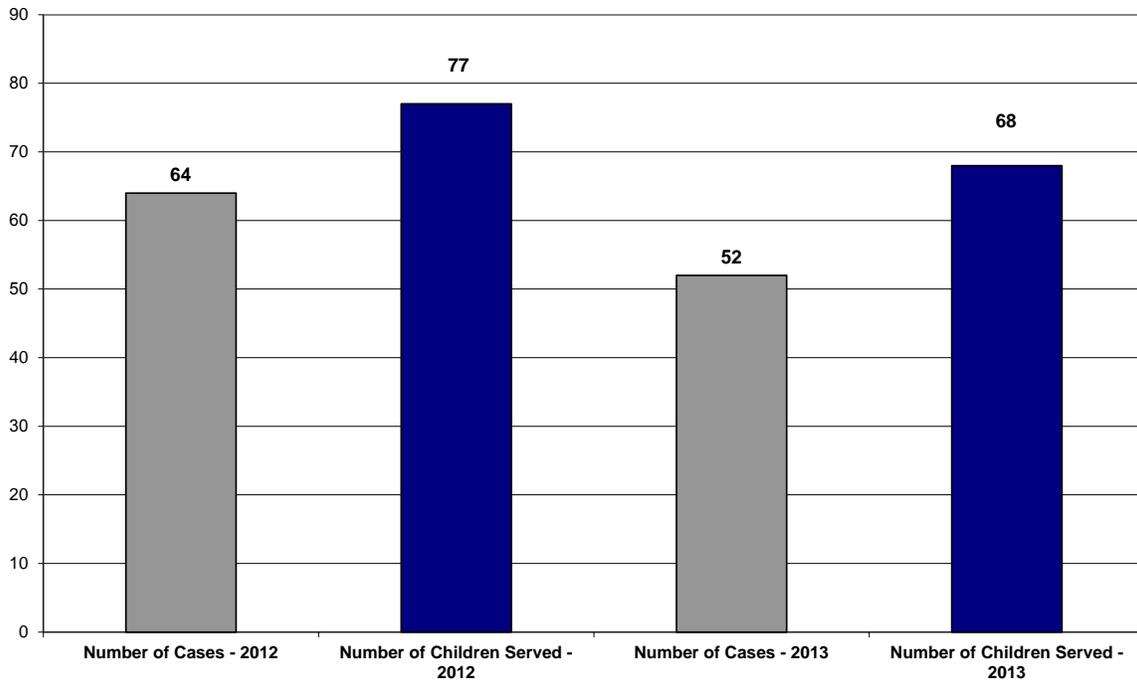
Figure 6 shows the number of cases referred in 2013 to the Reunification Program by source. The Department of Children and Family Services referred 83% of the cases (n=43) while the District Attorney's Office referred 11% of the cases (n=6). The other 6% were referred through other sources.

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<sup>1</sup> A case represents a family and was referred to as such in earlier reports.



**Figure 1** Number of Cases/Children Served By Reunification Program 2012 vs. 2013



**Figure 2** Ethnic Breakdown of Children Served - 2013 (N=68)

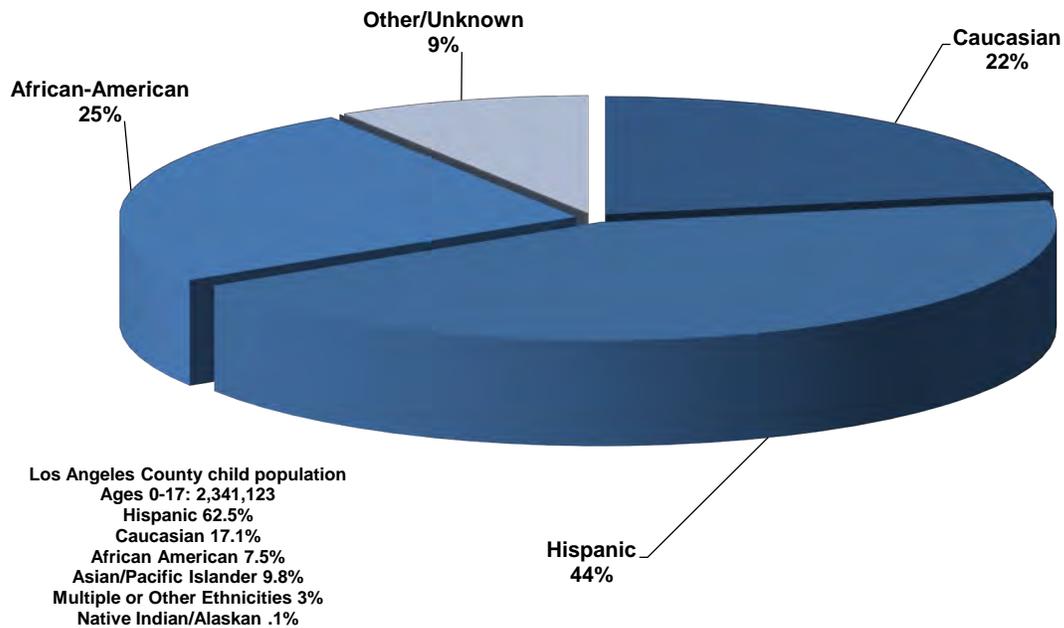




Figure 3

Age Range of Children Served - 2013  
(N=68)

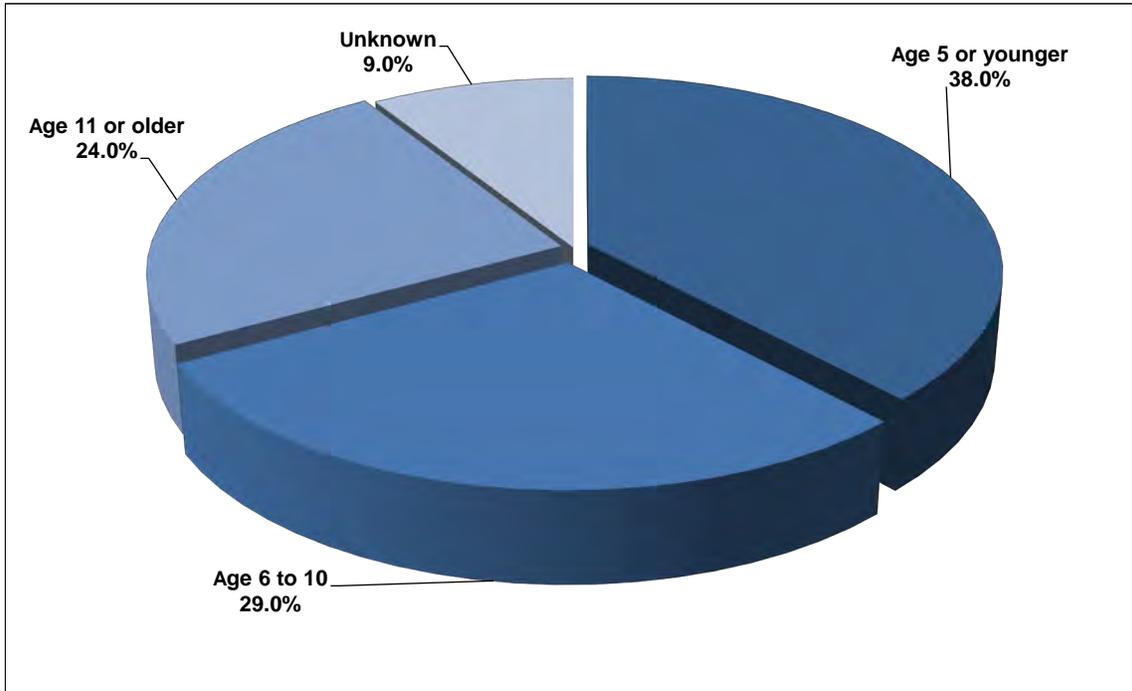
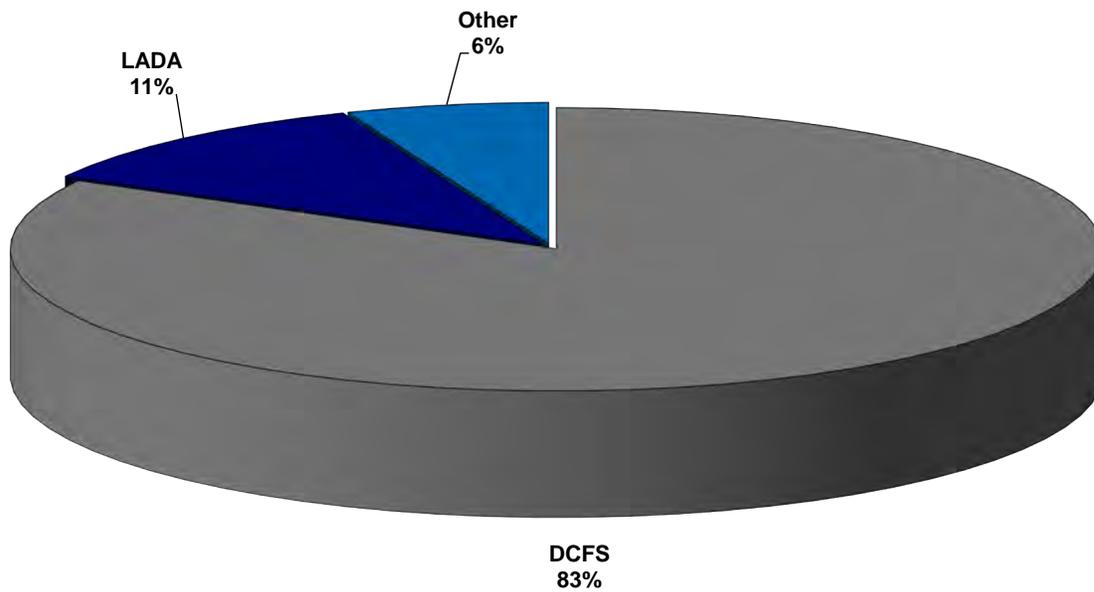


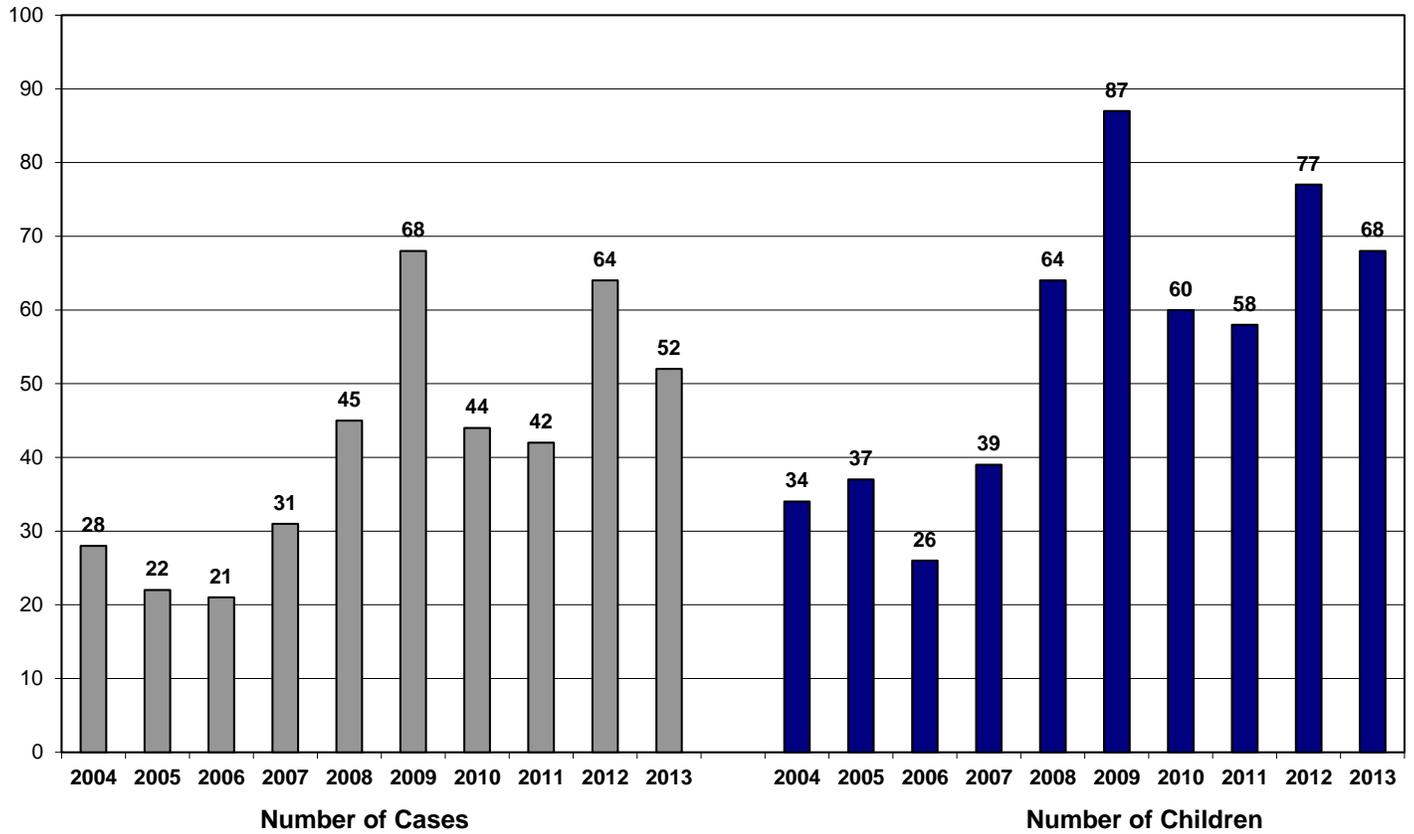
Figure 4

Percentage of Children Served Under DCFS Supervision - 2013  
(N=68)





**Figure 5 Cases/Children Served by Reunification Program 2004 through 2013**



*Figure 6*

**NUMBER OF CASES REFERRED BY SOURCE – 2013**

Department of Children Services	43	83%
District Attorney's Office	6	11%
Other	3	6%



**Childhood**

**is**

**a**

**time**

**of**

**innocence**



## **SECTION III: ICAN AGENCY REPORTS**





# 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 2014 ICAN Report. The statistics used for this report are from the calendar year 2013.



## **CHILD ABUSE CENTRAL INDEX FACT SHEET**

The Department of Justice (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.

The DOJ is mandated to receive and enter CACI reports submitted by child protection agencies, as defined in the Child Abuse and Neglect Reporting Act (CANRA) Article 2.5 of the Penal Code.

Child protection agencies are required to report to the DOJ all investigated incidents of child abuse and severe neglect that have been determined to be substantiated.

Functioning as a pointer system, the CACI receives and stores reports of suspected child abuse, pointing citizens and agencies to the original investigative files that are maintained by the submitting agency. It is the obligation of the requestor to obtain a copy of the original investigative report from the submitting 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. The CACI holds approximately 669,403 incident records of child abuse and approximately 676,767 individual suspect names.

For additional information about the CACI, visit the California Attorney General's website at: [www.oag.ca.gov/childabuse](http://www.oag.ca.gov/childabuse).

## **STATUTORILY MANDATED CACI FUNCTIONS**

### **INVESTIGATORY**

The CACI serves as an investigatory 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 entered and searched against the CACI entries to identify any prior reports of child abuse that involve the identified 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. During calendar year 2013, the DOJ conducted 29,117 expedited search requests for investigatory purposes.

### **REGULATORY**

The CACI regulatory functions include applicant search requests for employment, licensing, adoption, guardianship, and temporary child placement.

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

During the 2013 calendar year, the DOJ responded to approximately 4,596 Adam Walsh out-of-state foster care and adoption requests, 524 citizen inquiry requests. 231,324 search requests were submitted via electronic fingerprint submissions.

### **DATA FACTS**

- Authorized agencies submitted 7,295 reports to the DOJ for entry into the CACI (See Figure 1).
- Physical abuse is the most prevalent type of abuse; 2,729 reports were submitted representing 37% of the total reports entered into the CACI. The other types of abuse reported are as follows: mental abuse 1,998 (27.3%), sexual abuse 1,361



(19%), severe neglect 1,121 (15.3%), and willful harming and/or corporal punishment 86 (1.2%).

- Of the 7,295 child abuse reports submitted, three (3) counties reported the death of a child. Los Angeles County submitted one (1) of the child death reports.
- During 2013, Los Angeles County submitted 2,682 reports. The abuse determinations are as follows:
  - a) 854 (32%) physical abuse
  - b) 1,068 (40%) mental abuse
  - c) 453 (16.9%) sexual abuse
  - d) 264 (9.5%) severe neglect
  - e) 43 (1.6%) willful harming and/or corporal punishment. (See Figure 2)

**INQUIRIES MAY BE DIRECTED TO:**

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

Email: [CACI-inquiry@doj.ca.gov](mailto:CACI-inquiry@doj.ca.gov)



Figure 1

**2013 CHILD ABUSE SUMMARY REPORTS  
ENTERED IN THE CHILD ABUSE CENTRAL INDEX (CACI)  
FOR THE PERIOD OF JANUARY 1 – DECEMBER 31, 2013**

County	Total	Physical	Mental	Severe Neglect	Sexual	Harming Corporal	Deaths*
Alameda	87	47	6	12	22	0	0
Alpine	0	0	0	0	0	0	0
Amador	6	3	1	1	1	0	0
Butte	26	8	9	2	7	0	0
Calaveras	21	8	8	5	0	0	0
Colusa	5	1	2	0	2	0	0
Contra Costa	66	45	6	1	14	0	0
Del Norte	6	5	1	0	0	0	0
El Dorado	54	14	26	10	4	0	0
Fresno	106	45	34	10	15	2	0
Glenn	14	3	9	1	0	1	0
Humboldt	10	5	3	1	1	0	0
Imperial	6	4	1	0	1	0	0
Inyo	4	0	1	2	1	0	0
Kern	160	64	12	53	21	10	0
Kings	12	5	0	0	7	0	0
Lake	2	0	0	0	2	0	0
Lassen	9	2	4	2	1	0	0
Los Angeles	2,682	854	1,068	264	453	43	1
Madera	38	13	8	3	14	0	0
Marin	51	5	14	25	7	0	0
Mariposa	3	1	0	1	1	0	0
Mendocino	19	8	10	1	0	0	0
Merced	46	24	8	5	9	0	0
Modoc	9	2	2	4	1	0	0
Mono	2	2	0	0	0	0	0
Monterey	55	19	4	9	22	1	0
Napa	16	9	1	0	6	0	0
Nevada	8	6	1	0	1	0	0
Orange	676	269	11	156	240	0	0
Placer	173	46	97	19	9	2	0
Plumas	10	3	2	3	1	1	0
Riverside	195	97	18	23	54	3	1



Figure 1 (continued)

**2013 CHILD ABUSE SUMMARY REPORTS  
ENTERED IN THE CHILD ABUSE CENTRAL INDEX (CACI)  
FOR THE PERIOD OF JANUARY 1 - DECEMBER 31, 2013**

County	Total	Physical	Mental	Severe Neglect	Sexual	Harming Corporal	Deaths*
Sacramento	166	110	5	20	16	15	0
San Benito	6	5	0	0	1	0	0
San Bernardino	367	176	30	85	74	2	1
San Diego	800	200	309	159	130	2	0
San Francisco	63	28	19	9	7	0	0
San Joaquin	253	104	39	38	72	0	0
San Luis Obispo	45	22	10	5	8	0	0
San Mateo	96	56	13	23	4	0	0
Santa Barbara	111	40	19	37	15	0	0
Santa Clara	170	104	28	13	25	0	0
Santa Cruz	43	12	17	10	4	0	0
Shasta	139	19	74	38	8	0	0
Sierra	2	0	1	1	0	0	0
Siskiyou	20	5	10	3	2	0	0
Solano	81	58	4	8	10	1	0
Sonoma	61	19	13	19	10	0	0
Stanislaus	84	27	7	18	32	0	0
Sutter	7	5	1	1	0	0	0
Tehama	14	2	2	8	2	0	0
Trinity	3	1	1	1	0	0	0
Tulare	30	20	1	3	6	0	0
Tuolumne	14	7	2	2	3	0	0
Ventura	121	57	21	10	33	0	1
Yolo	42	28	9	3	2	0	0
Yuba	37	14	8	8	6	1	0
<b>Totals</b>	<b>7,295</b>	<b>2,729</b>	<b>1,998</b>	<b>1,121</b>	<b>1,361</b>	<b>86</b>	<b>3</b>
<b>PERCENTAGE</b>	<b>100%</b>	<b>37%</b>	<b>27.3%</b>	<b>15.3%</b>	<b>19%</b>	<b>1.2%</b>	<b>.04%</b>

\* Denotes the number of reported child deaths. The total percentage of abuse determinations does not include the child death data.



Figure 2

NUMBER OF CACI REPORTS SUBMITTED BY LOS ANGELES COUNTY  
JANUARY 1- DECEMBER 31, 2013

	Number	%	Physical	%	Mental	%
Los Angeles County	2,682	37%	854	32%	1,068	40%
STATEWIDE TOTAL	7,295	100%	2,729	37%	1,998	27.4%
	Severe Neglect	%	Sexual	%	Harmful Corporal	%
LOS ANGELES COUNTY	264	9.5%	453	16.9%	43	1.6%
STATEWIDE TOTAL	1,121	15.4%	1,361	19%	86	1.2%

Glossary of Terms

**CACI:** Child Abuse Central Index.

**CANRA:** Child Abuse and Neglect Reporting Act as specified in Penal Code section 11164 et. seq.

**Authorized Agencies:** Authorized agencies are required to report to the CACI all investigated incidents of child abuse and severe neglect that have been determined to be substantiated.

**Substantiated Report:** Defined in Penal Code section 11165.12 (b), a “substantiated report” means a report that is determined by the investigator who conducted the investigation to constitute child abuse or neglect; based upon evidence that makes it more likely than not that child abuse or neglect has occurred.



# 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 10 years of age and under, 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 10 years of age and under.

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



- Tracking Suspected Child Abuse Reports (SCARs);
- Assisting LAPD 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 LAPD policies are being followed; and,
- Acting as the LAPD’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 (SECU), 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; and,
- The cases involve multiple identified victims; and,
- There has been substantial felony sexual conduct and the suspect is in a position of trust, such as teachers, coaches or clergy members.

The SECU Unit is also responsible for the investigation of the following:

- 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 from community members; and,
- SECU provides child exploitation advice and expertise to the LAPD, including training for LAPD schools.

**INTERNET CRIMES AGAINST CHILDREN UNIT**

The Internet Crimes Against Children Unit (ICAC), Juvenile Division, is responsible for seeking out and investigating violations of state and federal laws

pertaining to the exploitation of children when:

- The sexual predator used the Internet to contact the child and lure the child away for the purpose of having sex with the child; and/or
- The child pornography case involves the Internet, including production, distribution, and possession of child pornography; and
- The children are under the age of 16; and
- here has been substantial felony sexual conduct.

The ICAC Unit is also responsible for:

- The Investigation of child pornography websites, email spam, and Cyber Tips received from the National Center for Missing and Exploited Children (NCMEC);
- Managing the Los Angeles Regional Internet Crimes Against Children (LAICAC) Task Force;
- Conducting Internet safety presentations for children, parents, schools, and community groups; and,
- Providing internet-related child exploitation advice and expertise to the LAPD, including training for LAPD 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 abduction cases.
- Geographic Areas are referenced on the following pages in Graphs 2, 5, and 7



Figure 1

LOS ANGELES POLICE DEPARTMENT 2013 CRIMES INVESTIGATED		
TYPE	NUMBER	% of TOTAL
Physical Abuse (Includes ADW and battery)	865	53.07%
Sexual Abuse	556	34.11%
Endangering	184	11.29%
Homicide	2	0.12%
Others	23	1.41%
<b>TOTALS</b>	<b>1,630</b>	<b>100%</b>

Figure 2

LOS ANGELES POLICE DEPARTMENT 2013 GEOGRAPHIC AREAS BY CRIMES INVESTIGATED		
TYPE	NUMBER	% of TOTAL
Physical Abuse *	0	0%
Sexual Abuse (Includes Child Annoying)	787	70.33%
Endangering (Includes Child Abandonment)	332	29.67%
Homicide	0	0%
<b>TOTALS</b>	<b>1,119</b>	<b>100%</b>

Figure 2: \*Physical Abuse category indicates the number of physical abuse investigations where the parent or legal guardian is the suspect.

Figure 3

LOS ANGELES POLICE DEPARTMENT 2013 OTHER CRIMES INVESTIGATED		
TYPE	NUMBER	% of TOTAL
Injury	78	0.29%
Death	72	0.27%
Exploitation	21	0.08%
Internet Crime	885	3.29%
SCAR Reports	25,809	96.07%
<b>TOTALS</b>	<b>26,865</b>	<b>100%</b>

Figure 3: Indicates the number of other investigations, of a child abuse nature, conducted by Juvenile Division in 2013.



Figure 4

LOS ANGELES POLICE DEPARTMENT 2013 CRIMES INVESTIGATED		
TYPE	NUMBER	% of TOTAL
Homicide (187 PC)	2	1.94%
Child Molest (288 PC)	44	42.72%
Child Endangering (273a PC)	1	.97%
Child Abuse (273d PC)	50	48.54%
Others	6	5.83%
<b>TOTALS</b>	<b>103</b>	<b>100%</b>

Figure 4: Indicates the number of arrests conducted by Juvenile Division in 2013.

Figure 5

LOS ANGELES POLICE DEPARTMENT NUMBER OF ARRESTS CONDUCTED BY GEOGRAPHIC AREAS IN 2013		
TYPE	NUMBER	% of TOTAL
Homicide (187 PC)	0	0%
Child Molest (288 PC)	253	50.70%
Child Endangering (273a PC)	0	0%
Child Abuse (273d PC)	177	35.47%
Others	69	13.83%
<b>TOTALS</b>	<b>499</b>	<b>100%</b>

Figure 5: Indicates the number of arrests conducted by geographic Areas in 2013.

Figure 6

LOS ANGELES POLICE DEPARTMENT DEPENDENT CHILDREN TAKEN INTO PROTECTIVE CUSTODY BY JUVENILE DIVISION IN 2013		
TYPE	NUMBER	% of TOTAL
300 WIC	716	100%
<b>TOTALS</b>	<b>716</b>	<b>100%</b>

Figure 6: Indicates number of dependent children taken into protective custody by Juvenile DIVISION IN 2013. **NOTE: JUVENILE DIVISION NO LONGER SEPARATES 300 WIC BY CATEGORY.**



Figure 7

LOS ANGELES POLICE DEPARTMENT DEPENDENT CHILDREN TAKEN INTO PROTECTIVE CUSTODY GEOGRAPHIC AREA IN 2013		
TYPE	NUMBER	% of TOTAL
300 WIC (Physical Abuse)	317	29.5%
300 WIC (Sexual Abuse)	214	19.9%
300 WIC (Endangered/Neglect)	544	50.6%
<b>TOTALS</b>	<b>1,075</b>	<b>100%</b>

Figure 7: Indicates the number of dependent children taken into protective custody by GEOGRAPHIC AREAS IN 2013.

Figure 8

LOS ANGELES POLICE DEPARTMENT THE AGE CATEGORIES OF CHILDREN WHO WERE VICTIMS OF CHILD ABUSE IN 2013					
TYPE	0-4 YRS	5-9 YRS	10-14 YRS	15-17 YRS	TOTAL
Physical Abuse	46	32	28	21	127
Sexual Abuse	159	343	603	261	1,366
Endangering	353	231	137	54	775
<b>TOTALS</b>	<b>558</b>	<b>606</b>	<b>768</b>	<b>336</b>	<b>2,268</b>

Figure 8: Indicates the age categories of children who were victims of child abuse in 2013.

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.



**LOS ANGELES POLICE DEPARTMENT – 2013  
CHILD ABUSE FINDINGS**

**Juvenile Division**

- The total investigations (crime and non-crime) conducted by the unit in 2013 (28,495) showed a decrease of 14.36 percent from the number of investigations conducted in 2012 (33,274).
- Adult arrests by the unit in 2013 (103) showed a decrease of 25.9 percent from the number of arrests made in 2012 (139).
- The number of dependent children handled by the unit in 2013 (716) showed a decrease of 41.22 percent from the number handled in 2012 (1,218).

**GEOGRAPHIC AREAS**

- The total investigations conducted by the Areas in 2013 (1,119) showed a decrease of 12.98 percent from 2012 (1,286).
- Adult arrests made by the Areas in 2013 (499) showed an increase of 7.08 percent from 2012 (466).
- The number of dependent children handled by the Areas in 2013 (1,075) was a decrease of 45.98 percent from the number handled in 2012 (1,990).

*Figure 9*

<b>LOS ANGELES POLICE DEPARTMENT COMPARISON OF 2012 AND 2013</b>			
<b>TYPE</b>	<b>2012</b>	<b>2013</b>	<b>% of CHANGE</b>
<b>Total Investigations</b>	34,560	29,614	-14.31%
<b>Total Adult Arrests</b>	605	602	-0.5%
<b>Dependent Children</b>	3,208	1,791	-44.17%

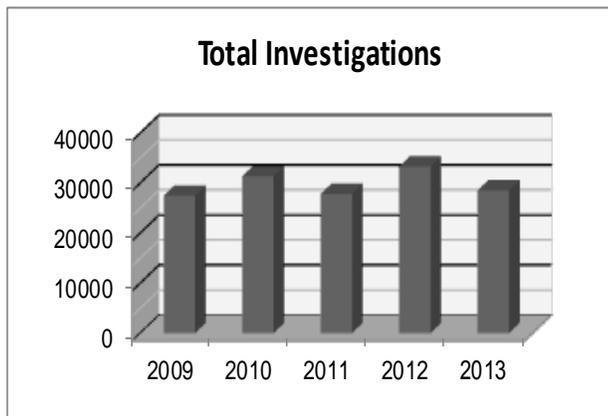
**Figure 9:** Indicates a comparison of 2012 and 2013 total figures from Juvenile Division and the geographic Areas, and the percentage of change between the two years.



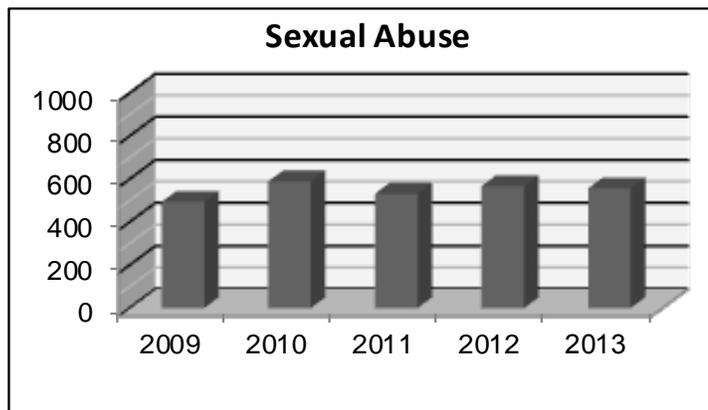
**ABUSED CHILD UNIT FIVE-YEAR TRENDS**

The following charts represent the Abused Child Unit's five-year trends in the respective areas.

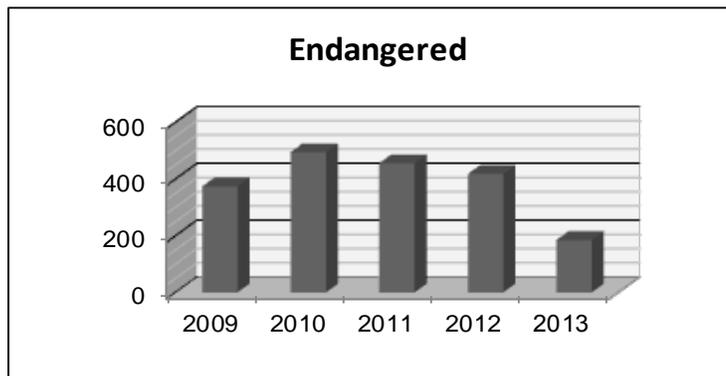
**FIGURE 10: CRIMES INVESTIGATED**



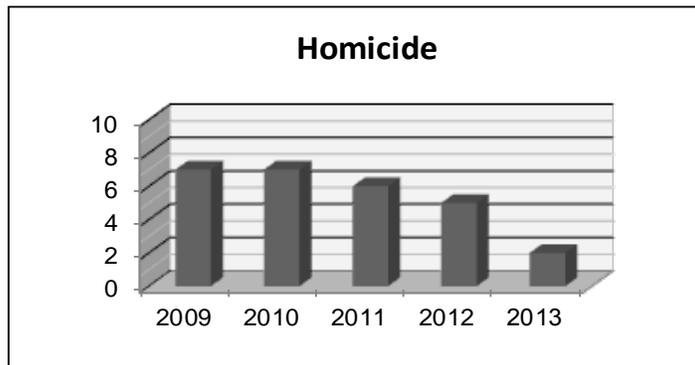
**FIGURE 11: CRIMES INVESTIGATED**



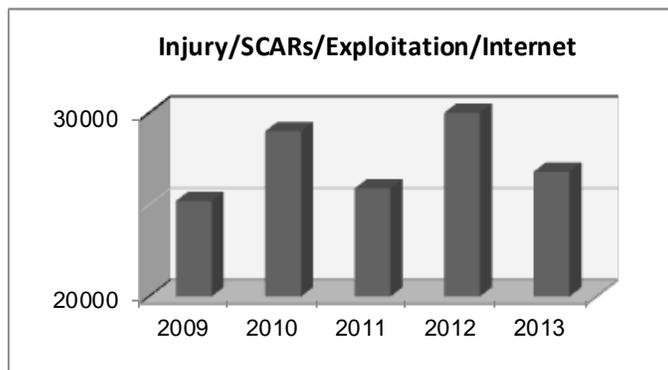
**FIGURE 12: CRIMES INVESTIGATED**



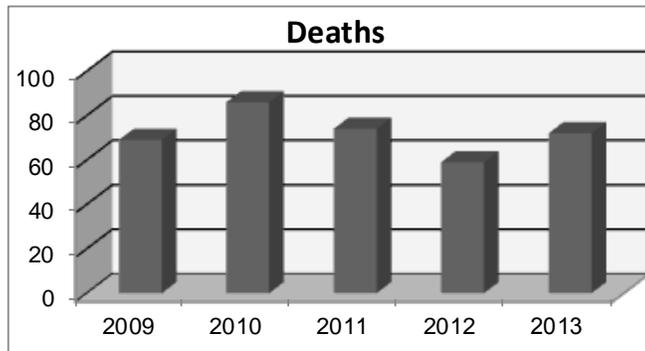
**FIGURE 13: CRIMES INVESTIGATED**



**FIGURE 14: OTHER INVESTIGATIONS**



**FIGURE 15: OTHER INVESTIGATIONS**





**GLOSSARY**

**ADW** – Assault With a Deadly Weapon.

**Child** – A person under the age of 18 years.

**Child Endangerment** – The minor’s sibling has been abused or neglected. This title can also be used when a person causes or permits any child to suffer, or inflicts on, unjustifiable physical pain or mental suffering, or having or willfully causes the child to be placed in a situation where their health is endangered.

**Child Neglect** – The negligent treatment or the maltreatment of a child by a person responsible for the child’s welfare under circumstances indicating harm or threatened harm.

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

**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).



# OFFICE OF THE LOS ANGELES CITY ATTORNEY

## *INTRODUCTION*

The Los Angeles City Attorney plays a leading role in shaping the future of Los Angeles by fighting to improve the quality of life in our neighborhoods, reducing gang activity, preventing gun violence, standing up for consumers, protecting our environment and much more. The City Attorney's Office writes every municipal law for the City of Los Angeles and advises the City Council, Mayor and all City departments and commissions. The Office also defends the City in litigation, brings lawsuits on behalf of the People and prosecutes misdemeanor crimes such as domestic violence, drunk driving and vandalism. Our Office strives every day to help build a safe and strong Los Angeles.



## **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 Complex 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 six divisions spanning the City, the Office prosecutes a wide range of criminal activity including vehicular crimes, property crimes, domestic violence, child abuse and exploitation, and 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 or administrative agency, or as a referral from the Los Angeles County District Attorney's Office.

The filing attorney decides whether to file a criminal complaint against an individual, set the matter for a City Attorney Hearing, or reject the case. The filed cases are prosecuted by a deputy city attorney at one of the six 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, a fine, or probation and may be ordered to make restitution to the victim. Conditions of probation may include appropriate counseling, attendance at an alcohol program or batterer's treatment program, adherence to a criminal protective order, fines, parenting classes, or other terms of probation that prevent recidivism.

The Office achieves superior results in part because of the strong working relationships its attorneys and staff have developed with all levels of the Los Angeles Police Department and other law enforcement agencies.

In 2013, this Office reviewed a total of 76,997 cases and filed 46,777 cases. Of all reviewed cases, 1,718 involved child abuse charges. Of the reviewed child abuse cases, 566 were filed. As a result of this continued commitment and dedication, Los Angeles is a safer place for children and families to live, work, and go to school.

## **FAMILY VIOLENCE OPERATIONS**

Every day, the Office of the City Attorney confronts the serious problems of child abuse, neglect, exploitation and technology-facilitated crimes against children. The City Attorney Family Violence Operations division handles all cases of crimes against children along with elder abuse, stalking, and the most serious and difficult domestic violence cases handled by the Office. Efforts are multi-faceted, including specialized vertical prosecution, multi-agency state and federal task force participation, truancy and gang prevention programs, victim support services, legislative initiatives, law enforcement training, and community outreach as described below.

## **CHILD ABUSE PROSECUTION SECTION**

The City Attorney's Office handles physical and sexual child abuse and neglect matters primarily through its specialized Child Abuse Prosecution Section in which experienced prosecutors vertically prosecute all cases of violence against children. 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. Skilled and dedicated victim advocates work with prosecutors to provide support to child victims, witnesses, and their families. 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 advocates for additional support, including financial assistance, for child victims and witnesses through the Los Angeles City Attorney Victim Witness Assistance Program.



## **CYBER CRIME AND CHILD ABUSE PREVENTION**

The City Attorney's Office prosecutes technology-facilitated crimes against children in conjunction with the Los Angeles Regional Federal Internet Crimes Against Children (ICAC) Task Force. Our prosecutors conduct a wide variety of child and youth-related programs and projects, including co-chairing the Los Angeles County Cyber Crime Task Force, active participation as an affiliate with ICAC, and coordination of child abuse legislative and policy initiatives.

### **I. CYBER CRIME TASK FORCE**

In partnership with ICAN, the City Attorney's Office co-chairs the Los Angeles County Cyber Crime Task Force with the United States Attorney's Office, FBI, LAPD, the Los Angeles Police Department, Internet Crimes Against Children Task Force (LAPD - ICAC), the Los Angeles County Sheriff Department, Disney, Fox Films, the Los Angeles Catholic Archdiocese, Santa Monica-UCLA Medical Center, the Anti-Defamation League (ADL), the Los Angeles County Office of Education and other governmental and private agencies. The primary role of this ICAN sub-committee is to conduct community outreach in the area of cyber and technology facilitated crimes.

The Task Force plans and hosts the Annual Cyber Crime Prevention Symposium. Each fall, we host over 400 middle and high school students as well as educators, parents and community members at the unique all day event. The goal of the Symposium is to educate the students and the community on cyber crimes, digital reputation, Internet predators, cyber bullying, and piracy. This Symposium was held at the California Endowment on November 8, 2013 and has become an important yearly event on this important subject.

In addition to the presentations and workshops at the Symposium, the Task Force also sponsors a Cyber Crime Challenge for those schools who attend the event. Students are encouraged to take what they learn at the workshops and create a cyber crime prevention program for their school. This year the winners created interesting and innovative programs

and were awarded a \$1,500 prize donated by Fox Films and a Cyber ALLY program presented at their school by the Anti-Defamation League (ADL). All prizes were presented in a ceremony at the school by the Task Force members complete with a banner for the school and a very large trophy

### **II. CYBER CRIME PUBLIC OUTREACH**

The City Attorney's Office conducts trainings county-wide on cyber crime and technology facilitated crimes against children. Interactive presentations are provided for middle and high school students, community members, Boys and Girls Clubs, after school and recreation programs, parents, and educators. These presentations include information on Internet predators, new sites and apps that present dangers to children and teens, sexting, malware, sextortion and cyber bullying, and computer safety instruction. This work is in partnership with and is certified by the National Center for Missing and Exploited Children.

In partnership with ICAN and California State University, Northridge, the City Attorney's Office has produced a series of Public Service Announcements (PSAs) aimed at educating parents and the general public regarding cyber crime and the dangers presented to children that continue to air on local television stations. Both "Family Dinner" relating to Internet predators and the need to talk with our children about the dangers of cyberspace and "Cyber Bully" on cyber bullying were co-produced with the FBI and are compelling ways to reach out to the community on these important issues.

### **III. TRAINING FOR MANDATED REPORTERS OF CHILD ABUSE**

The California Penal Code provides that certain employees of schools, health care organizations, and other groups that 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 must be reported and when and how the report should be made. City Attorney staff are available to conduct trainings for public and private schools, health care workers, law enforcement, first



responders and other personnel who are legally mandated reporters of child abuse. The 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 mandated reporter's failure to report.



### **OUTREACH PROJECT IN PARTNERSHIP WITH THE NATIONAL CENTER FOR MISSING AND EXPLOITED CHILDREN**

The City Attorney's Office has formed a successful and important partnership with the National Center for Missing and Exploited Children that has resulted in community outreach training and a successful PSA poster campaign. Deputy City Attorneys have distributed several thousand compelling posters throughout the city and county of Los Angeles since the program began in December, 2009.



### **INFANT UNSAFE SLEEPING CAMPAIGN**

City Attorney staff play an integral role in the ICAN Task Force on Infant Safe Sleep. Due to the high incidents of infant deaths due to co-sleeping, ICAN received a two year grant from FIRST 5 LA to fund a public outreach campaign. Office staff are participating by working with LAC+USC, DCFS and the Los Angeles County Department of Medical Examiner-Coroner to create a Public Service Announcement on the important issue of safe sleep practices.

### **TRUANCY PREVENTION PROGRAM**

Since 2002, the Office of the City Attorney has 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 (TPP) 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 daily 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 TPP 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**

Truancy directly impacts our community and our quality of life in several ways, including increased gang membership and juvenile crime, lower academic achievement, 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, over 80 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.

Since its inception, the City Attorney’s Truancy Prevention Program has educated over 300,000 families about the importance of attending school. The program’s letters have directed over 45,000 families to attend general assemblies. Subsequently, almost 5,000 families have been referred for further City Attorney intervention. From these families, Pupil Services and Attendance (PSA) counselors have taken over 450 families to Student Attendance Review Boards (SARB) and they have referred 125 families for prosecution. To date, 125 parents have been prosecuted under the Education and Penal Codes. The goal of the program is to keep children in school, not to prosecute parents.

During the 2012-2013 school year TPP implemented truancy prevention efforts at the following schools:

#### **North District:**

Arleta High School  
Sepulveda Middle School  
Olive Vista Middle School  
Carlos Santa Elementary School

#### **South District:**

San Pedro High School  
Wilmington Middle School

#### **East District:**

Central High School  
Virgil Middle School  
Los Angeles Academy Middle School  
Stevenson Middle School  
Nightingale Middle School  
Alexandria Elementary School  
Sierra Park Elementary School  
Cahuenga Elementary School

#### **West District:**

Berenstein High School  
Le Conte Middle School  
Vine Street Elementary School

#### **Superintendent’s Intensive Support & Innovation Centers (ISIC):**

Dorsey High School  
Carver Middle School  
Gompers Middle School

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.

#### ***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 LAUSD School Police Department at the Safe Schools Collaborative, the City Attorney's Office uses California Penal Code section 626 to designate schools, bus stops and all areas within 2,000 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 behavior interferes 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 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. Three 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.

### **NEIGHBORHOOD SCHOOL SAFETY PROGRAM**

The Office of the Los Angeles City Attorney has created a new Neighborhood School Safety Program (NSSP) to facilitate comprehensive crime reduction strategies that will promote a crime free and safe environment in the neighborhoods surrounding schools and the routes students travel to and from school. The Neighborhood School Safety Program is facilitated by the Neighborhood School Safety Attorney who actively pairs intradepartmental

resources with other available programs to improve the quality of life in the communities surrounding the participating schools.

Currently the Office of the City Attorney has critical resources available to help promote school safety: Neighborhood Prosecutors; Truancy Prevention; Gun Safety and Control; Tobacco Enforcement; Cyber Safety; Los Angeles Strategy Against Violent Environments Near Schools [LA Saves] - probation and patrol checks around schools; Anti-Gang Deputies; Family Violence Prosecutors; Code Enforcement Deputies; Citywide Nuisance Abatements; Environmental Safety Hazard Enforcement and the criminal branch deputies. The NSSP Attorney pairs existing resources with the needs of the selected schools.

The program is centered around regular meetings with the participating School's staff and parents to address safety concerns and implement innovative approaches to deter quality of life crimes occurring in the community that impact the schools' safety. There are currently four middle schools participating in the program, one located in each of the Los Angeles Police Department Bureaus. This comprehensive, collaborative approach promises to educate, as well as, effectuate positive change.

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

The mission of LA SAVES is to assure our children a safe and peaceful environment so they can focus on learning when they are in school and participating in school activities. This is done through collaboration among schools, law enforcement, and social service agencies in the form of a partnership focusing on violent, dangerous and predatory felons who are wanted and at large in the community or who are on a conditional release and who are believed to be in the area around our schools. With the cooperation of Los Angeles County Probation, the Los Angeles City Attorney, LAPD, Department of Children and Family Services, California Department of Corrections and Rehabilitation, Adult and Juvenile Parole Divisions, and the Los Angeles School Police Department we will locate and remove as many of these school related dangers as possible to help make our schools



a safer place to learn.

LA SAVES is a unique coordinated effort among law enforcement agencies and DCFS to conduct probation checks of convicted criminals (primarily gang members and sex offenders) who live near schools and the safe passages to and from the schools. LA SAVES costs the City and the County absolutely nothing. There are no additional funds allocated for these Operations. All agencies cooperate and take the time and effort out of their own existing resources.

LA SAVES operates through its Executive Board. Members of the executive staff of each of the partner agencies and/or their specialized units, such as the Los Angeles City Attorney - Safe Neighborhoods and Gang Division (SNAGD), LAPD Registration, Enforcement and Complaint Team (REACT) and the DCFS Multi-Agency Response Team (MART) participate on the Executive Board. They meet once a month and through input from each agency, determine the priority school(s) for the following 60 days. Regular participating agencies and departments include:

- Los Angeles City Attorney – Safe Neighborhoods and Gang Division (SNAGD)
- Los Angeles Police Department – Gangs and Narcotics Division (GND), Divisional
- Gang Enforcement Detail (GED), Bureau of Gang Coordinators (BGCs)
- Los Angeles Police Department - REACT (Sex Offenders)
- Los Angeles County Probation Department - Special Enforcement Operations (SEO, DISARM)
- Los Angeles County Department of Children and Family Services (DCFS)
- Multi-Agency Response Team (MART)
- Los Angeles School Police Department (LASPD)
- California State Department of Corrections and Rehabilitation - Adult Parole Division
- Region III, Gang Coordinator and Institutional Gang Investigators

Each operation will have a different core operation team which is determined by the selected target school. If Jordan High School is the target school, then the LAPD Southeast Division GED will coordinate with the local area's REACT Team and Probation's SEO team in the County's 2nd Supervisorial District. LAPD will work up their target list of Probationers from the list which is provided by the Probation Department. LAPD will coordinate with the relevant partners at DCFS-MART, CDCR and LASPD. DCFS should have the list of targets at least 24 hours before the operation to assist in verifying accuracy of the addresses. Prior to going to each location DCFS already knows whether they have an open case on a family at that address. Certainly there are locations where DCFS-MART is exposed to the issues in that home for the first time. In those cases, as soon as the location is cleared from the search, if it appears that there are children present, DCFS-MART will begin their own investigation to determine whether they should be involved in that home. Where appropriate, DCFS-MART will open a case, remove a child or make appropriate notifications.

Since 2005, LA SAVES has targeted 1,600 residences of felony probationers and other felons resulting in the arrest of 332 individuals for felony probation or drug, weapons, sex, or gang-related charges. This includes numerous felons who have been released under California's new Realignment. The LA SAVES team has recovered 54 weapons from felons, rescued more than 162 children from deplorable circumstances, and gained information that led to the opening of new cases to protect children.

### **LEGISLATION**

The Office of the City Attorney strives to improve the quality of life for all Angelenos. 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 updating laws, and to solving the problems that challenge the City, our legislative efforts are a key part of our arsenal.

### **ANTI-GANG DIVISION**

The City Attorney's Anti-Gang Section continued implementation of its most recent injunctions and now supervises the enforcement of 46 injunctions covering 79 criminal street gangs, one tagging crew, and a group of narcotics dealers in the skid row area of downtown Los Angeles. The gang injunctions, which serve as restraining orders on gang members, have had a demonstrable affect on reducing street-level crime in the approximately 123 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.

### **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.

Teen Court is located at many high schools, but originated at Dorsey High School with Los Angeles County Superior Court Presiding Judge David Wesley, who is committed to keeping youth on the right side of the court system. This program is beneficial because it allows the juvenile justice system to focus its resources on higher risk offenders and educates the public on how the court operates.

### **HEARING PROGRAM**

The Los Angeles City Attorney's Hearing Program offers an innovative approach to handling matters in which a crime has occurred, but criminal prosecution may not be the best way to address the problem. 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 classes, drug and alcohol treatment programs, and anger management programs. The intervention of hearing officers in these matters may prevent subsequent offenses against children.

In 2013, there were 626 child abuse, neglect, sexual abuse and exploitation matters referred to the City Attorney Hearing Program after review by an attorney for filing consideration.



## VICTIM ASSISTANCE PROGRAM

The Los Angeles City Attorney's Victim Assistance Program is a state grant-funded program that assists victims of crime by providing state mandated services pursuant to Penal Code section 13835.5. These services include crisis intervention, court support, resource referrals, and assistance to victims in filing 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.

There are ten Victim Service Coordinators located in branch offices throughout the City of Los Angeles, eight of which are located directly in Los Angeles Police Department Divisions. Last fiscal year, the Los Angeles City Attorney's Office Victim Assistance Program assisted 7,586 new victims of crime and assisted in the collection of \$6.2 million in medical and wage losses, mental health counseling expenses, and funeral/burial expenses.

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 2013, there were 7,596 new victims referred to the program. Of these, there were 647 victims of child sexual and physical abuse.

## STATISTICS

In 2013, the Office reviewed 381 child sexual abuse and exploitation investigations regarding violations of the following California Penal Code sections:

261.5(a)	Unlawful Sexual Intercourse with minor
261.5(b-d)	Unlawful Sexual Intercourse with minor
288(a)	Lewd Acts with Child Under 14
288(b)1	Lewd Acts with Child Under 14 with Force

288(c)1	Lewd Acts with Child Under 15/10 Year Difference
288a(b)(1)	Oral Copulation with Person Under 18
288.2	Sending Harmful Matter to Minor
289(h)	Sexual Penetration with Person Under 18
311.1(a)	Sale or Distribution of Obscene Matter Depicting Person Under Age of 18, etc.
311.3	Sexual Exploitation of a child
311.11(a)	Possession of Child Pornography
313.1	Distribution/Exhibition of Harmful Matter to Minor
647.6(a)(1)	Annoying or Molesting Minor
647.6(a)(2)	Annoying or Molesting Minor

Of the 381 criminal investigations presented for filing consideration, 79 cases were filed and prosecuted as misdemeanors, 112 were referred to the City Attorney Hearing Program, and 190 were rejected. There was a disposition of 74 sexual abuse and exploitation cases. Of those 74 cases, 69 resulted in guilty pleas or convictions following jury trials.

## CHILD ABUSE AND NEGLECT

In 2013, the Office reviewed 1,337 child abuse and neglect investigations involving violations of the California Penal Code sections listed below:

271	Desertion of Child under 14 with Intent to Abandon
271a	Abandonment or Failure to Maintain Child under 14
272	Contributing to the Delinquency of Persons Under 18
273a(a)	Willful Harm or Injury to Child
273ab	Willful Harm or Injury to Child
273d(a)	Corporal Punishment or Injury to Child
278	Non-custodial persons; Detainment or Concealment of Child from Legal Custodian
278.5	Child Concealment/Non-Custodial Person



Of those 1,337 investigations, 487 cases were filed and prosecuted as misdemeanors, 514 were referred to the City Attorney Hearing Program, and 336 were rejected. There were dispositions in 456 child abuse and neglect cases. Of those 456 cases, 419 resulted in guilty pleas or convictions following jury trials.

**CONCLUSION**

The primary goal of the Office of the City Attorney is to continue providing 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 meet that goal and to ensure that all Los Angeles children have the opportunity for a safe and bright future.



# SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES

## ***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 is necessary.

The Los Angeles County Juvenile Division is headed by the Presiding Judge of the Juvenile Court and encompasses courts which adjudicate two types of proceedings: Delinquency 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 three specialized Delinquency Courts: The Juvenile Mental Health Court, the Juvenile Drug Court, and the STAR 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. The STAR Court program identifies and supports victims of sex trafficking who are under-age and refers them to specialized help.

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).

California's Fostering Connections to Success Act, also known as AB 12, lays the foundation for a fundamental shift in how we approach and work with young adults, called non-minor dependents, in foster care. Enacted in September 2010, AB12 extends foster care until age 21 allowing youth to

receive continued case management services focusing on self-sufficiency and independence, educational support, job skills training and career development, while at the same time still having an attorney and court supervision. Another important feature of extended foster care is the ability for non-minor dependents to re-open their foster care case through the re-entry process. This is an especially valuable safety net for eligible young adults whose court case closes, but who later find themselves needing additional support, courtroom supervision and assistance with housing and/or education.

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 21 Dependency Courts in the Los Angeles Court system. Nineteen are located in the Edmund D. Edelman Children's Court in Monterey Park, and two are in the Alfred J. McCourtney Juvenile Justice Center in Lancaster and serve families and children residing in the Antelope Valley. One of the nineteen courtrooms at the Edelman Children's Court has been designated for private and agency adoptions. One of the Dependency Courts hears 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 all 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 may 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 physical abuse upon a child; has a period of incarceration that exceeds the time period set for reunification; has inflicted sexual 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 supervise 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) is the least stable plan 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, the child reaches age 18, or enters extended foster care. 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), to 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 any time 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 attorney 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/Arrest Hearing; Jurisdictional Hearing; Disposition Hearing; 6-, 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. All of the courts have adoption hearings once a week, so that permanency occurs without delay.

### **ANALYSIS**

In 2013, new, subsequent and supplemental petitions were filed involving 25,117 children; of these, 14,344 children were before the Court with new WIC §300 petitions. In addition, 8,643 supplemental and/or subsequent petitions were filed in 2013. New petitions were filed in 2,130 previously dismissed or terminated cases. (Figure 1)

From 2008 through 2013, there was an upward trend in the number of petitions filed. The number of petitions, subsequent petitions, and reactivated petitions filed increased moderately every year; whereas the number of supplemental petitions filed

decreased in 2013.

Of the 14,344 new WIC §300 petitions, 7,305 cases went to disposition in 2013. Of those cases, out-of-home placement was ordered for 3,452 children. (It must be noted that one case may involve multiple children, and the different children may have different placements.) (Figure 2) This latter number indicates that 47% of the children whose cases went to disposition were placed in foster care. Analysis of the period from 2008 through 2013 shows that there was a significant decrease in the number of children placed in foster care in 2013. This downward trend started in 2011.

The number of new filings increased gradually from 2008 through 2013. The number of supplemental petitions noticeably decreased in 2013; whereas the number of subsequent petitions increased approximately 1% over the same period.

Overall, the composition of filings has essentially increased over the past five years. New petitions comprised approximately 51% of total petition filings in 2008. This percentage has increased consistently; for 2013, that number is approximately 57%. (Figure 1)

### **EXITING THE DEPENDENCY COURT SYSTEM**

The data indicates that on average 47% of the disposition hearings end with the removal of children from their parents or guardian. (Figure 2) In 2013, 14,344 children were the subject of new Dependency court petitions, and 12,874 children had their cases dismissed or jurisdiction terminated. This is the second year in quite some time in which the number of children in the system had a net increase. (Figure 3)

The net increase of the number of children in the Dependency system starting in 2012 reflects a reversal of a trend that we have seen over the past five years when the Department of Children and Family Services has filed more petitions than before. In addition, reductions in resources have made it more challenging for parents to receive the services they need in order to ultimately reunite with their children.



## SELECTED FINDINGS

- The number of filings increased moderately since 2008.
- New WIC §300 petitions constituted 57% of total filings in 2013.
- In 2013, 14,344 children entered the Dependency system as a result of new petitions being filed, and 12,874 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 6-, 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 (PPH) 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 Petition:** A petition filed by any party to change, modify or set aside a previous court order.



Figure 1

**JUVENILE DEPENDENCY COURT  
PETITIONS FILED  
NEW, SUBSEQUENT, SUPPLEMENTAL, AND REACTIVATED**

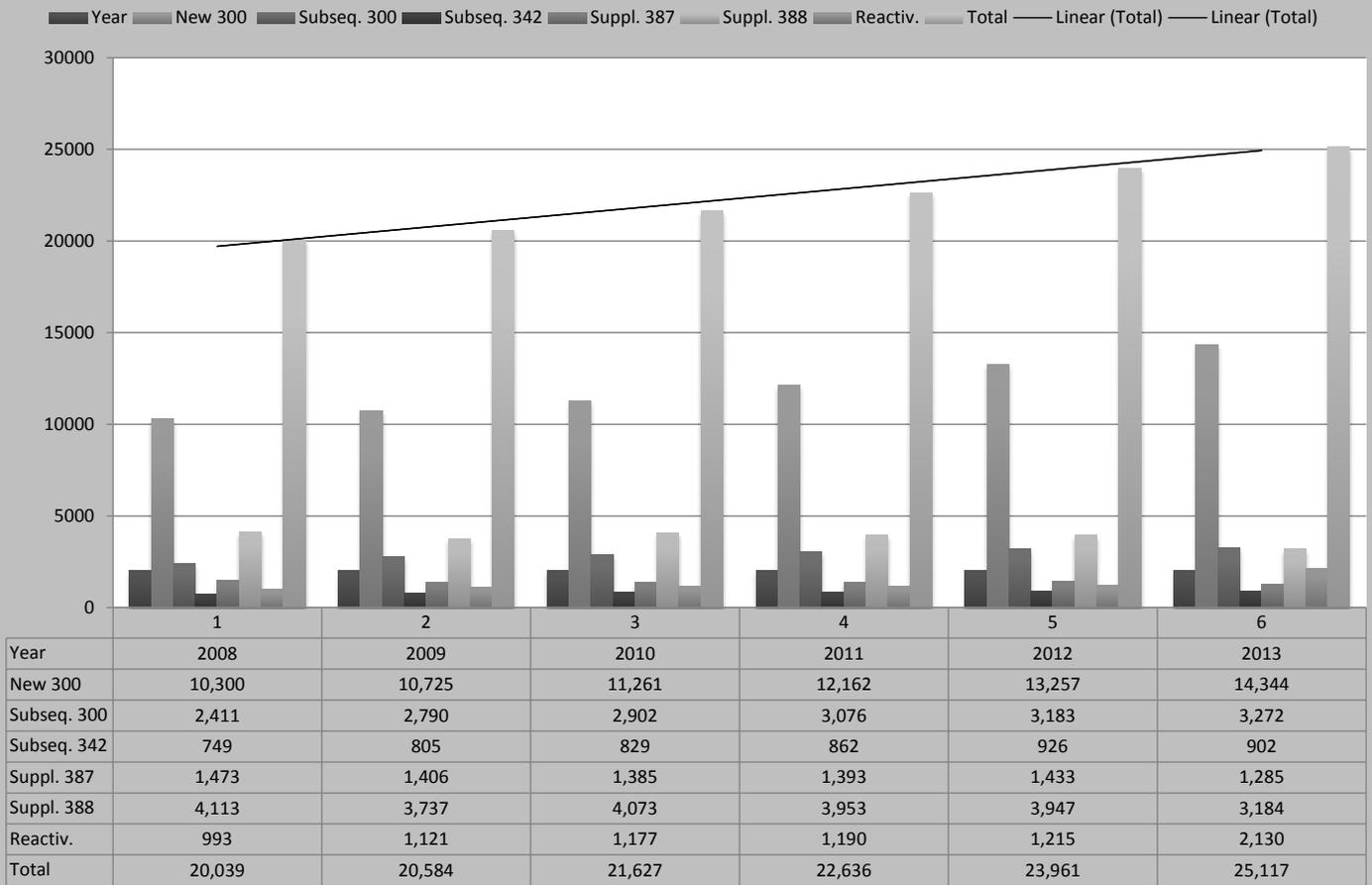


Figure 2

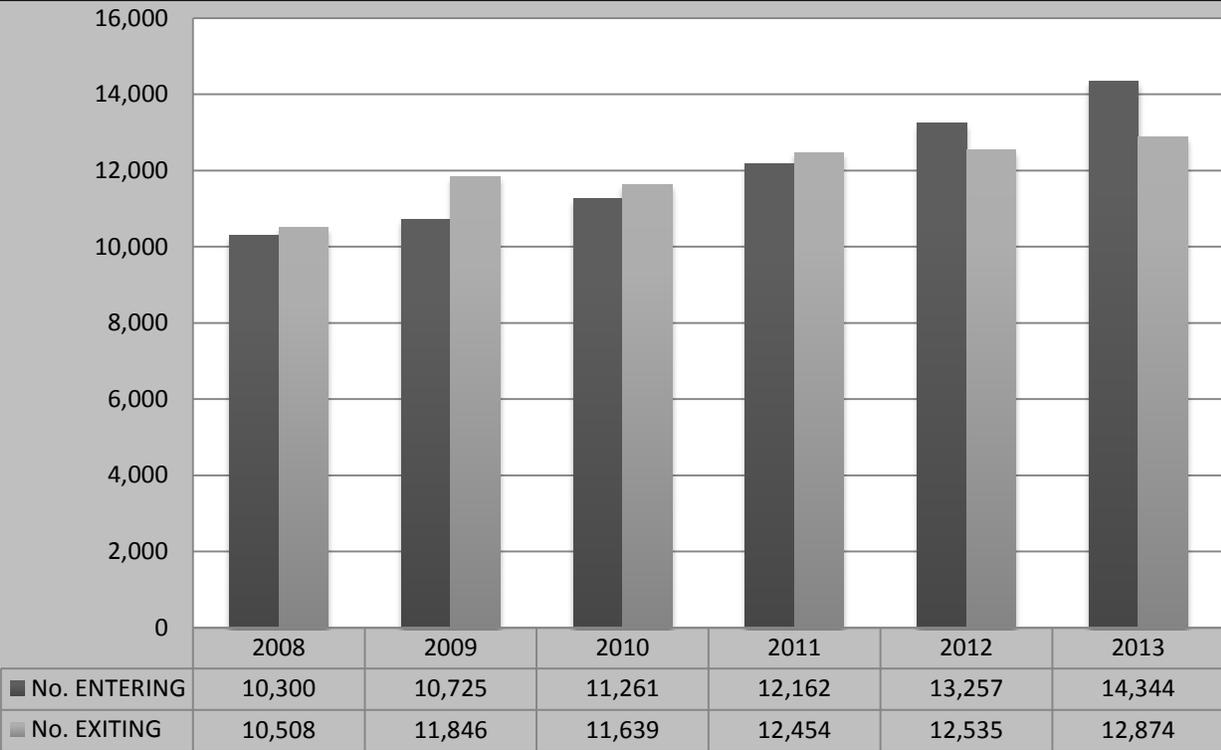
**JUVENILE DEPENDENCY COURT  
DISPOSITION HEARING RESULTS BY CATEGORY  
WITH PERCENTAGE OF TOTAL DISPOSITIONS**

YEAR	TOTAL	HOME OF PARENT	SUITABLE PLACEMENT	OTHER PLACEMENT
2008	6,903	2,752 (40%)	3,818 (55%)	333 (5%)
2009	7,125	3,064 (43%)	3,698 (52%)	363 (5%)
2010	7,237	3,040 (42%)	3,836 (53%)	361 (5%)
2011	7,780	3,501 (45%)	4,046 (52%)	233 (3%)
2012	7,930	3,633 (46%)	4,037 (51%)	260 (3%)
2013	7,305	3,853 (53%)	3,239 (44%)	213 (3%)



Figure 3

**JUVENILE DEPENDENCY COURT  
NEW CHILDREN ENTERING THE DEPENDENCY SYSTEM  
&  
EXISTING CHILDREN EXITING THE DEPENDENCY SYSTEM**





# COUNTY OF LOS ANGELES





# LOS ANGELES COUNTY OFFICE OF EDUCATION

The Los Angeles County Office of Education supports the physical and mental health, safety, and well-being of all students in Los Angeles County and facilitates academic success. The division of student support services provides a wide range of programs and resources to school and district personnel, students and families on issues and concerns related to the following: student discipline, school safety, interdistrict transfers, pupil records, custody of minors, enrollment and residency, homeless and foster youth, compulsory school attendance and truancy reduction. We also offer specialized services in counseling and guidance, mental health, and health services.

In 2013-2014, seventy-three of the 80 school districts in Los Angeles County reported suspected child abuse. 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](http://www.cde.ca.gov)) and 2013-2014 enrollment figures furnished by the school districts.



**SUMMARY**

Figure 1 displays incidence rates by abuse and district type for 2013-2014. Physical abuse had the highest number of suspected cases and general neglect had the lowest overall. Figure 2 displays Elementary School Districts had the highest total suspected case incidence rate (0.60), followed by High School Districts (0.28). Unified School District incidence rates were the highest across all abuse types, ranging from 24% to 56% higher than the next highest incidence rates.

Current year district data is reported in more detail in Figures 3 through 8 below.

**TREND ANALYSIS**

Los Angeles County School District suspected child abuse data from 2009-2010 to 2013-2014 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.

It is important to note incidences for all types of child abuse appear higher. This is due to the submission of data by Los Angeles Unified School District (LAUSD). Analysis of data without the LAUSD figures reflects a slight decrease in comparison with last year's data. This year's data provides a clearer picture of the prevalence of child abuse in school aged children throughout the Los Angeles County.

Figure 1

**2013- 2014 TOTAL NUMBER OF CASES**

District Type	Number of districts	Total enrollment	Sexual abuse, # suspected cases	Physical abuse, # suspected cases	General neglect, # suspected cases	Emotional abuse, # suspected cases	Total cases	Sexual abuse, incidences / 1000	Physical abuse, Incidences/ 1000	General neglect, incidences / 1000	Emotional abuse, incidences / 1000	Total cases, incidences / 1000
Elementary	26	695,498	36	235	85	48	404	0.52	0.34	0.12	0.70	0.60
High	4	486,614	20	64	31	20	135	0.41	0.13	0.64	0.41	0.28
Unified	43	1,278,179	485	841	199	477	2002	0.38	0.66	0.16	0.37	0.16
<b>TOTAL</b>	<b>73</b>	<b>1,518,039</b>	<b>541</b>	<b>1,140</b>	<b>315</b>	<b>545</b>	<b>2541</b>	<b>0.36</b>	<b>0.75</b>	<b>0.21</b>	<b>0.36</b>	<b>0.97</b>

Figure 2

**5 – YEAR TREND 2009-2010 THRU 2013-2014**

District Type	# of Districts	Sexual Abuse 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	26	0.32	0.52	2.05	0.34	0.78	0.12	0.39	0.70	3.54	0.60
High	4	0.12	0.41	0.8	0.13	0.21	0.64	0.23	0.41	1.36	0.28
Unified	43	0.23	0.38	1.5	0.66	0.34	0.16	0.23	0.37	2.3	0.16
<b>TOTAL</b>	<b>73</b>	<b>0.23</b>	<b>0.36</b>	<b>1.51</b>	<b>0.75</b>	<b>0.39</b>	<b>0.21</b>	<b>0.25</b>	<b>0.36</b>	<b>2.39</b>	<b>0.17</b>



Figure 3

**TOTAL DISTRICT ENROLLMENT**

School District	Elementary	High School	Unified	Total Enrollment
ABC Unified	0	0	20,846	20,846
Acton-Agua Dulce Unified	0	0	2,383	2,383
Alhambra Unified	0	0	17,826	17,826
Antelope Valley Joint Union High	0	24,468	0	24,468
Arcadia Unified	0	0	9,701	9,701
Azusa Unified	0	0	9,566	9,566
Baldwin Park Unified	0	0	18,767	18,767
Bassett Unified	0	0	4,138	4,138
Bellflower Unified	0	0	13,401	13,401
Beverly Hills Unified	0	0	4,276	4,276
Bonita Unified	0	0	9,968	9,968
Burbank Unified	0	0	16,207	16,207
Castaic Union	1,708	0	0	1,708
Centinel Valley Union High	0	6,587	0	6,587
Charter Oak Unified	0	0	5,306	5,306
Claremont Unified	0	0	6,987	6,987
Covina-Valley Unified	0	0	12,558	12,558
Culver City Unified	0	0	6,691	6,691
Downey Unified	0	0	22,878	22,878
Duarte Unified	0	0	4,247	4,247
East Whittier City	6,097	0	0	6,097
Eastside Union	2,258	0	0	2,258
El Monte Union High	0	9,437	0	9,437
El Rancho Unified	0	0	9,376	9,376
El Segundo Unified	0	0	3,431	3,431
Garvey	3,406	0	0	3,406
Glendale Unified	0	0	26,070	26,070
Glendora Unified	0	0	7,632	7,632
Gorman	782	683	0	1,465
Hacienda La Puente Unified	0	0	20,032	20,032
Hawthorne	5,685	474	0	6,159
Hermosa Beach City	974	1,500	0	2,474
Hughes-Elizabeth Lakes Union	165	0	0	165
Inglewood Unified	0	0	13,915	13,915
Keppel Union	1,737	0	0	1,737
La Canada Unified	0	0	4,043	4,043
Lancaster Elementary	10,036	0	0	10,036
Lawndale Elementary	3,960	536	0	4,496



Figure 3 (continued)

<b>TOTAL DISTRICT ENROLLMENT</b>				
School District	Elementary	High School	Unified	Total Enrollment
Lennox	3,525	1,186	0	4,711
Little Lake City	2,994	0	0	2,994
Long Beach Unified	0	0	81,155	81,155
Los Angeles Unified	0	0	653,826	653,826
Los Nietos	1,205	0	0	1,205
Lowell Joint	2,064	0	0	2,064
Lynwood Unified	7,074	4,534	14,919	26,527
Manhattan Beach Unified	0	0	6,894	6,894
Monrovia Unified	0	0	5,988	5,988
Montebello Unified	0	0	29,951	29,951
Mountain View Elementary	5,208	0	0	5,208
Newhall	5,846	0	0	5,846
Norwalk-La Mirada Unified	0	0	19,370	19,370
Palmdale Elementary	13,483	1,197	0	14,680
Palos Verdes Peninsula Unified	0	0	11,700	11,700
Paramount Unified	0	0	15,911	15,911
Pasadena Unified	0	0	19,102	19,102
Pomona Unified	0	0	26,264	26,264
Redondo Beach Unified	0	0	9,126	9,126
Rosemead Elementary	1,788	0	0	1,788
Rowland Unified	0	0	15,209	15,209
San Gabriel Unified	0	0	6,369	6,369
San Marino Unified	0	0	3,132	3,132
Santa Monica-Malibu Unified	0	0	11,341	11,341
Saugus Union	8,470	0	0	8,470
South Pasadena Unified	0	0	4,741	4,741
South Whittier Elementary	2,084	0	0	2,084
Sulphur Springs Union	4,701	0	0	4,701
Temple City Unified	0	0	5,920	5,920
Torrance Unified	0	0	24,213	24,213
Valle Lindo Elementary	794	0	0	794
Walnut Valley Unified	0	0	14,575	14,575
West Covina Unified	0	0	14,402	14,402
Westside Union Elementary	8,951	0	0	8,951
Whittier City Elementary	6,183	0	0	6,183
Whittier Union High	0	13,135	0	13,135
William S. Hart Union High	0	17,667	0	17,667
Wilsona Elementary	1,314	0	0	1,314
Wiseburn Elementary	1,507	0	0	1,507
<b>TOTAL</b>	<b>695,498</b>	<b>486,614</b>	<b>1,278,179</b>	<b>1,518,039</b>



Figure 4

**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	18	1	1	0	0	20
Acton-Agua Dulce Unified	0	0	5	3	1	0	0	9
Alhambra Unified	0	0	0	0	58	0	0	58
Antelope Valley Joint Union High	0	0	0	0	82	0	0	82
Arcadia Unified	0	1	5	4	4	0	0	14
Azusa Unified	0	0	0	0	0	0	0	0
Baldwin Park Unified	0	20	1	0	1	0	0	22
Bassett Unified	0	0	0	0	0	0	0	0
Bellflower Unified	0	1	25	8	18	0	0	52
Beverly Hills Unified	0	0	1	1	17	0	0	19
Bonita Unified	0	0	19	10	9	0	0	38
Burbank Unified	0	1	13	1	3	0	0	18
Castaic Union	0	1	9	1	0	0	0	11
Centinela Valley Union High	0	0	0	0	0	0	0	0
Charter Oak Unified	0	0	7	1	2	0	0	10
Claremont Unified	0	3	9	3	0	0	0	15
Compton Unified	0	0	8	1	5	0	0	14
Covina-Valley Unified	0	2	42	16	10	0	0	70
Culver City Unified	0	0	14	6	4	0	0	24
Downey Unified	0	0	28	22	23	0	0	73
Duarte Unified	0	2	10	6	6	0	0	24
East Whittier City	0	0	0	0	0	0	0	0
Eastside Union	0	0	11	0	0	0	0	11
El Monte City	0	12	25	0	0	0	0	37
El Monte Union High	0	0	0	0	15	0	0	15
El Rancho Unified	0	1	16	19	29	0	0	65
El Segundo Unified	0	0	4	8	3	0	0	15
Garvey	0	1	1	1	0	0	0	3
Glendale Unified	0	0	13	0	3	0	0	16
Glendora Unified	0	0	11	3	8	0	0	22
Gorman	0	0	0	0	9	0	0	9
Hacienda La Puente Unified	0	6	15	12	14	0	0	47
Hawthorne	0	0	12	9	2	0	0	23
Hermosa Beach City	0	0	4	6	0	0	0	10
Hughes-Elizabeth Lakes Union	0	0	1	0	0	0	0	1



Figure 4 (continued)

**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
Inglewood Unified	0	0	11	1	3	0	0	15
Keppel Union	0	0	11	2	0	0	0	12
La Canada Unified	0	0	2	0	0	0	0	2
Lancaster	0	0	19	19	0	0	0	38
Las Virgenes Unified	0	0	2	1	0	0	0	3
Lawndale	0	2	8	0	0	0	0	10
Lennox	0	0	00 0	0	0	00 0	000 0	0
Little Lake City	0	2	5	5	0	0	0	12
Long Beach Unified	0	6	6	6	1	0	0	19
Los Angeles Unified	0	0	227	342	167	0	0	736
Los Nietos	0	0	17	3	0	0	0	20
Lowell Joint	0	0	9	4	0	0	0	13
Lynwood Unified	0	0	4	1	1	0	0	6
Manhattan Beach Unified	0	0	1	1	7	0	0	9
Monrovia Unified	0	0	13	4	2	0	0	19
Montebello Unified	0	0	14	13	16	0	0	43
Mountain View	0	0	23	4	0	0	0	27
Newhall	0	0	0	0	0	00 0	0	0
Norwalk-La Mirada Unified	0	20	17	13	4	0	0	54
Palmdale	0	0	41	10	0	0	0	51
Palos Verdes Peninsula Unified	0	0	10	5	9	0	0	24
Paramount Unified	0	1	4	7	0	0	0	12
Pasadena Unified	0	0	25	11	11	0	0	47
Pomona Unified	0	0	0	0	0	0	0	0
Redondo Beach Unified	0	0	8	9	7	0	0	24
Rosemead	0	0	15	5	0	0	0	20
Rowland Unified	0	3	24	5	9	0	2	43
San Gabriel Unified	0	0	8	4	5	0	0	17
San Marino Unified	0	0	11	2	3	0	0	16
Santa Monica-Malibu Unified	0	0	0	0	0	00 0	0	0
Saugus Union	0	1	19	0	0	0	0	20
South Pasadena Unified	0	0	12	7	1	0	0	20
South Whittier	0	0	20	11	0	0	0	31
Sulphur Springs Union	0	0	15	0	0	0	0	15
Temple City Unified	0	0	20	6	19	0	0	45
Torrance Unified	0	0	24	7	11	0	0	42
Valle Lindo	0	0	3	1	0	0	0	4
Walnut Valley Unified	0	0	21	13	0	0	0	34



Figure 4 (continued)

**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
West Covina Unified	0	0	17	4	5	0	0	26
Westside Union	0	0	15	4	0	0	0	19
Whittier City	0	0	7	2	0	0	0	9
Whittier Union High	0	0	15	4	0	0	0	19
William S. Hart Union High	0	0	0	19	6	0	0	25
Wilsona	0	0	0	3	0	0	0	3
Wiseburn	0	1	2	5	0	0	0	8
<b>TOTAL</b>	<b>0</b>	<b>87</b>	<b>1052</b>	<b>705</b>	<b>614</b>	<b>0</b>	<b>2</b>	<b>2460</b>

Figure 5

**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	1	0	0	1
Alhambra Unified	0	0	0	0	7	0	8	15
Antelope Valley Joint Union High	0	0	0	0	16	0	0	16
Arcadia Unified	0	1	0	0	1	0	0	2
Azusa Unified	0	0	0	0	0	0	0	0
Baldwin Park Unified	0	1	0	0	1	0	0	2
Bassett Unified	0	0	0	0	0	0	0	0
Bellflower Unified	0	1	4	1	3	0	0	9
Beverly Hills Unified	0	0	0	0	6	0	0	6
Bonita Unified	0	0	0	0	1	0	0	1
Burbank Unified	0	0	0	0	0	0	0	0
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	2	0	0	0	0	2
Compton Unified	0	0	1	0	1	0	0	2
Covina-Valley Unified	0	0	4	2	2	0	0	8
Culver City Unified	0	0	4	0	0	0	0	4
Downey Unified	0	0	2	3	3	0	0	8
Duarte Unified	0	0	2	1	0	0	0	3
East Whittier City	0	0	0	0	0	0	0	0



Figure 5

**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
Eastside Union	0	0	0	0	0	0	0	0
El Monte City	0	1	0	0	0	0	0	1
El Monte Union High	0	0	0	0	2	0	0	2
El Rancho Unified	0	0	0	2	5	0	0	7
El Segundo Unified	0	0	0	0	0	0	0	0
Garvey	0	0	1	0	0	0	0	1
Glendale Unified	0	0	1	0	0	0	0	1
Glendora Unified	0	0	0	0	2	0	0	2
Gorman	0	0	0	0	0	0	0	0
Hacienda La Puente Unified	0	0	1	3	1	0	0	5
Hawthorne	0	0	2	2	0	0	0	4
Hermosa Beach City	0	0	1	0	0	0	0	1
Hughes-Elizabeth Lakes Union	0	0	0	0	0	0	0	0
Inglewood Unified	0	0	0	0	0	0	0	0
Keppel Union	0	0	2	0	0	0	0	2
La Canada Unified	0	0	0	0	0	0	0	0
Lancaster	0	0	1	2	0	0	0	3
Las Virgenes Unified	0	0	0	0	0	0	0	0
Lawndale	0	0	0	0	0	0	0	0
Lennox	0	0	0	0	0	0	0	0
Little Lake City	0	0	0	1	0	0	0	1
Long Beach Unified	0	0	0	2	0	0	0	2
Los Angeles Unified	0	0	100	97	63	0	0	260
Los Nietos	0	0	3	0	0	0	0	3
Lowell Joint	0	0	0	2	0	0	0	2
Lynwood Unified	0	0	0	0	0	0	0	0
Manhattan Beach Unified	0	0	0	0	1	0	0	1
Monrovia Unified	0	0	1	0	0	0	0	1
Montebello Unified	0	0	1	1	1	0	0	3
Mountain View	0	0	0	1	0	0	0	1
Newhall	0	0	0	0	0	0	0	0
Norwalk-La Mirada Unified	0	1	5	2	0	0	0	8



Figure 5 (continued)

**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
Palmdale	0	0	8	0	0	0	0	8
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	1	1	2	0	0	4
Pomona Unified	0	0	0	0	0	0	0	0
Redondo Beach Unified	0	0	1	0	1	0	0	2
Rosemead	0	0	1	0	0	0	0	1
Rowland Unified	0	0	0	0	2	0	0	2
San Gabriel Unified	0	0	0	0	1	0	0	1
San Marino Unified	0	0	0	0	0	0	0	0
Santa Monica-Malibu Unified	0	0	0	0	0	0	0	0
Saugus Union	0	0	2	0	0	0	0	2
South Pasadena Unified	0	0	0	0	0	0	0	0
South Whittier	0	0	0	2	0	0	0	2
Sulphur Springs Union	0	0	1	0	0	0	0	1
Temple City Unified	0	0	1	0	5	0	0	6
Torrance Unified	0	0	6	0	5	0	0	11
Valle Lindo	0	0	0	0	0	0	0	0
Walnut Valley Unified	0	0	0	2	0	0	0	2
West Covina Unified	0	0	2	0	0	0	0	2
Westside Union	0	0	1	0	0	0	0	1
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	1	1	0	0	2
Wilsona	0	0	0	1	0	0	0	1
Wiseburn	0	0	0	1	0	0	0	1



Figure 6

**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	8	1	1	0	0	10
Acton-Agua Dulce Unified	0	0	2	1	0	0	0	3
Alhambra Unified	0	0	0	0	25	0	0	25
Antelope Valley Joint Union High	0	0	0	0	36	0	0	36
Arcadia Unified	0	0	5	2	3	0	0	10
Azusa Unified	0	0	0	0	0	0	0	0
Baldwin Park Unified	0	13	1	0	0	0	0	14
Bassett Unified	0	0	0	0	0	0	0	0
Bellflower Unified	0	0	15	5	9	0	0	29
Beverly Hills Unified	0	0	0	0	9	0	0	9
Bonita Unified	0	0	13	8	4	0	0	25
Burbank Unified	0	1	8	0	3	0	0	12
Castaic Union	0	0	7	1	0	0	0	8
Centinela Valley Union High	0	0	0	0	0	0	0	0
Charter Oak Unified	0	0	7	1	2	0	0	10
Claremont Unified	0	1	5	1	0	0	0	7
Compton Unified	0	0	7	1	4	0	0	12
Covina-Valley Unified	0	2	26	11	6	0	0	45
Culver City Unified	0	0	8	6	3	0	0	17
Downey Unified	0	0	15	13	10	0	0	38
Duarte Unified	0	0	6	0	2	0	0	8
East Whittier City	0	0	0	0	0	0	0	0
Eastside Union	0	0	8	0	0	0	0	8
El Monte City	0	3	22	0	0	0	0	25
El Monte Union High	0	0	0	0	4	0	0	4
El Rancho Unified	0	0	10	11	12	0	0	33
El Segundo Unified	0	0	4	5	2	0	0	11
Garvey	0	1	0	1	0	0	0	2
Glendale Unified	0	0	7	0	3	0	0	10
Glendora Unified	0	0	8	3	1	0	0	12
Hacienda La Puente Unified	0	3	10	4	10	0	0	27



Figure 6 (continued)

**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
Hawthorne	0	0	6	3	1	0	0	10
Hermosa Beach City	0	0	1	1	0	0	0	2
Hughes-Elizabeth Lakes Union	0	0	0	0	0	0	0	0
Inglewood Unified	0	0	8	1	1	0	0	10
Keppel Union	0	0	7	2	0	0	0	9
La Canada Unified	0	0	0	0	0	0	0	0
Lancaster	0	0	10	13	0	0	0	23
Las Virgenes Unified	0	0	0	1	0	0	0	1
Lawndale	0	2	8	0	0	0	0	10
Lennox	0	0	0	0	0	0	0	0
Little Lake City	0	1	2	1	0	0	0	4
Long Beach Unified	0	6	5	2	1	0	0	14
Los Angeles Unified	0	0	127	56	14	0	0	197
Los Nietos	0	0	10	1	0	0	0	11
Lowell Joint	0	0	4	2	0	0	0	6
Lynwood Unified	0	0	0	0	0	0	0	0
Manhattan Beach Unified	0	0	1	1	4	0	0	6
Monrovia Unified	0	0	9	0	3	0	0	12
Montebello Unified	0	0	11	6	8	0	0	25
Mountain View	0	0	14	1	0	0	0	15
Newhall	0	0	0	0	0	0	0	0
Norwalk-La Mirada Unified	0	13	7	10	3	0	0	33
Palmdale	0	0	23	9	0	0	0	32
Palos Verdes Peninsula Unified	0	0	6	4	5	0	0	15
Paramount Unified	0	1	3	2	0	0	0	6
Pasadena Unified	0	0	15	9	4	0	0	28
Pomona Unifi ed	0	0	0	0	0	0	0	0
Redondo Beach Unified	0	0	3	8	3	0	0	14
Rosemead	0	0	5	4	0	0	0	9
Rowland Unified	0	3	18	2	1	0	0	24
San Gabriel Unified	0	0	5	4	2	0	0	11
San Marino Unified	0	0	11	1	3	0	0	15



Figure 6 (continued)

**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
Santa Monica-Malibu Unified	0	0	0	0	0	0	0	0
Saugus Union	0	1	13	0	0	0	0	14
South Pasadena Unified	0	0	10	4	1	0	0	15
South Whittier	0	0	8	5	0	0	0	13
Sulphur Springs Union	0	0	6	0	0	0	0	6
Temple City Unified	0	0	14	2	4	0	0	20
Torrance Unified	0	0	0	0	0	0	0	0
Valle Lindo	0	0	3	0	0	0	0	3
Walnut Valley Unified	0	0	4	7	0	0	0	11
West Covina Unified	0	0	10	3	4	0	0	17
Westside Union	0	0	12	4	0	0	0	16
Whittier City	0	0	5	0	0	0	0	5
Whittier Union High	0	0	0	0	6	0	0	6
William S. Hart Union High	0	0	0	15	3	0	0	18
Wilsona	0	0	0	0	0	0	0	0
Wiseburn	0	0	2	2	0	0	0	4

Figure 7

**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	0	7	0	0	0	0	7
Acton-Agua Dulce Unified	0	0	2	1	0	0	0	3
Alhambra Unified	0	0	0	0	14	0	0	14
Antelope Valley Joint Union High	0	0	0	0	18	0	0	18
Arcadia Unified	0	0	0	0	0	0	0	0
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	3	1	5	0	0	9
Beverly Hills Unified	0	0	0	0	2	0	0	2
Bonita Unified	0	0	3	0	2	0	0	5
Burbank Unified	0	0	2	1	0	0	0	3
Castaic Union	0	0	1	1	0	0	0	2
Centinela Valley Union High	0	0	0	0	0	0	0	0
Charter Oak Unified	0	0	0	0	0	0	0	0



Figure 7 (continued)

**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
Claremont Unified	0	0	1	0	0	0	0	1
Compton Unified	0	0	0	0	0	0	0	0
Covina-Valley Unified	0	0	6	1	2	0	0	9
Culver City Unified	0	0	2	0	0	0	0	2
Downey Unified	0	0	2	4	2	0	0	8
Duarte Unified	0	1	1	2	2	0	0	6
East Whittier City	0	0	0	0	0	0	0	0
Eastside Union	0	0	0	0	0	0	0	0
El Monte City	0	2	2	0	0	0	0	4
El Monte Union High	0	0	0	0	7	0	0	7
El Rancho Unified	0	0	4	4	3	0	0	11
El Segundo Unified	0	0	0	2	0	0	0	2
Garvey	0	0	0	0	0	0	0	0
Glendale Unified	0	0	4	0	0	0	0	4
Gorman	0	0	0	0	0	0	0	0
Hacienda La Puente Unified	0	3	3	3	1	0	0	10
Hawthorne	0	0	4	3	0	0	0	7
Hermosa Beach City	0	0	2	0	0	0	0	2
Hughes-Elizabeth Lakes Union	0	0	1	0	0	0	0	1
Inglewood Unified	0	0	2	0	2	0	0	4
Keppel Union	0	0	2	0	0	0	0	2
La Canada Unified	0	0	2	0	0	0	0	2
Lancaster	0	0	5	0	0	0	0	5
Las Virgenes Unified	0	0	2	0	0	0	0	2
Lawndale	0	0	0	0	0	0	0	0
Lennox	0	0	0	0	0	0	0	0
Little Lake City	0	1	3	3	0	0	0	7
Long Beach Unified	0	0	0	0	0	0	0	0
Los Angeles Unified	0	0	0	0	0	0	0	0
Los Nietos	0	0	4	2	0	0	0	6
Lowell Joint	0	0	4	0	0	0	0	4
Lynwood Unified	0	0	4	1	1	0	0	6
Manhattan Beach Unified	0	1	0	0	0	0	0	1
Monrovia Unified	0	0	3	0	0	0	0	3
Montebello Unified	0	0	2	5	4	0	0	11
Mountain View	0	0	8	2	0	0	0	10
Newhall	0	0	0	0	0	0	0	0
Norwalk-La Mirada Unified	0	0	5	1	0	0	0	6
Palmdale	0	0	5	1	0	0	0	6



Figure 7 (continued)

**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
Palos Verdes Peninsula Unified	0	0	0	0	2	0	0	2
Paramount Unified	0	0	1	1	0	0	0	2
Pasadena Unified	0	0	8	1	4	0	0	13
Pomona Unified	0	0	0	0	0	0	0	0
Redondo Beach Unified	0	0	3	1	0	0	0	4
Rosemead	0	0	6	0	0	0	0	6
Rowland Unified	0	0	1	1	1	0	0	3
San Gabriel Unified	0	0	2	0	0	0	0	2
San Marino Unified	0	0	0	1	0	0	0	1
Santa Monica-Malibu Unified	0	0	0	0	0	0	0	0
Saugus Union	0	0	2	0	0	0	0	2
South Pasadena Unified	0	0	0	1	0	0	0	1
South Whittier	0	0	12	1	0	0	0	13
Sulphur Springs Union	0	0	3	0	0	0	0	3
Temple City Unified	0	0	3	2	0	9	0	14
Torrance Unified	0	0	3	1	0	0	0	4
Valle Lindo	0	0	0	0	0	0	0	0
Walnut Valley Unified	0	0	11	2	0	0	0	13
West Covina Unified	0	0	3	0	0	1	0	4
Westside Union	0	0	1	0	0	0	0	1
Whittier City	0	0	1	2	0	0	0	3
Whittier Union High	0	0	0	0	3	0	0	3
William S. Hart Union High	0	0	0	3	0	0	0	3
Wilsona	0	0	0	2	0	0	0	2
Wiseburn	0	0	0	1	0	0	0	1

Figure 8

**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	1	0	0	0	0	1
Acton-Agua Dulce Unified	0	0	1	1	1	0	0	3
Alhambra Unified	0	0	0	0	12	0	4	16
Antelope Valley Joint Union High	0	0	0	0	12	0	0	12
Arcadia Unified	0	0	0	2	0	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	0	0	0	0	0
Bellflower Unified	0	0	3	1	1	0	0	5



Figure 8 (continued)

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

School District	Children's Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site	Total Cases
Beverly Hills Unified	0	0	1	1	0	0	0	2
Bonita Unified	0	0	3	2	2	0	0	7
Burbank Unified	0	0	3	0	0	0	1	4
Castaic Union	0	0	1	0	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	0	1	2	2	0	0	0	5
Compton Unified	0	0	0	0	0	0	0	0
Covina-Valley Unified	0	0	6	2	0	0	0	8
Culver City Unified	0	0	0	0	1	0	0	1
Downey Unified	0	0	9	2	8	0	0	19
Duarte Unified	0	0	1	3	2	0	0	6
East Whittier City	0	0	0	0	0	0	0	0
Eastside Union	0	0	3	0	0	0	0	3
El Monte City	0	6	1	0	0	0	0	7
El Monte Union High	0	0	0	0	2	0	0	2
El Rancho Unified	0	1	2	2	9	0	1	15
El Segundo Unified	0	0	0	1	1	0	0	2
Garvey	0	0	0	0	0	0	0	0
Glendale Unified	0	0	1	0	0	0	0	1
Glendora Unified	0	0	1	0	4	0	0	5
Gorman	0	0	0	0	0	0	0	0
Hacienda La Puente Unified	0	0	1	2	2	0	0	5
Hawthorne	0	0	0	1	1	0	0	2
Hermosa Beach City	0	0	0	5	0	0	0	5
Hughes-Elizabeth Lakes Union	0	0	0	0	0	0	0	0
Inglewood Unified	0	0	1	0	0	0	0	1
Keppel Union	0	0	0	0	0	0	0	0
La Canada Unified	0	0	0	0	0	0	0	0
Lancaster	0	0	3	2	0	0	0	5
Las Virgenes Unified	0	0	0	0	0	0	0	0
Lawndale	0	0	0	0	0	0	0	0
Lennox	0	0	0	0	0	0	0	0
Little Lake City	0	0	0	0	0	0	0	0
Long Beach Unified	0	0	1	2	0	0	0	3
Los Angeles Unified	0	0	0	189	90	0	0	279
Los Nietos	0	0	0	0	0	0	0	0
Lowell Joint	0	0	1	0	0	0	0	1
Lynwood Unified	0	0	0	0	0	0	0	0
Manhattan Beach Unified	0	0	0	0	2	0	0	2



Figure 8 (continued)

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

School District	Children's Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site	Total Cases
Monrovia Unified	0	0	0	4	2	0	3	9
Montebello Unified	0	0	0	1	3	0	0	4
Mountain View	0	0	1	0	0	0	0	1
Newhall	0	0	0	0	0	0	0	0
Norwalk-La Mirada Unified	0	6	0	0	1	0	0	7
Palmdale	0	0	5	0	0	0	0	5
Palos Verdes Peninsula Unified	0	0	4	1	2	0	0	7
Paramount Unified	0	0	0	4	0	0	0	4
Pasadena Unified	0	0	1	0	1	0	0	2
Pomona Unified	0	0	0	0	0	0	0	0
Redondo Beach Unified	0	0	1	1	2	0	0	4
Rosemead	0	0	3	1	0	0	0	4
Rowland Unified	0	0	5	2	5	0	1	13
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	0	0	0	0	0	0
Saugus Union	0	0	2	0	0	0	0	2
South Pasadena Unified	0	0	2	2	0	0	0	4
South Whittier	0	0	0	3	0	0	0	3
Sulphur Springs Union	0	0	5	0	0	0	0	5
Temple City Unified	0	0	2	2	1	0	0	5
Torrance Unified	0	0	4	1	1	0	0	6
Valle Lindo	0	0	0	1	0	0	0	1
Walnut Valley Unified	0	0	6	2	0	0	0	8
West Covina Unified	0	0	2	1	2	0	0	5
Westside Union	0	0	1	0	0	0	0	1
Whittier City	0	0	1	0	0	0	0	1
Whittier Union High	0	0	0	0	4	0	0	4
William S. Hart Union High	0	0	0	0	2	0	0	2
Wilsona	0	0	0	0	0	0	0	0
Wiseburn	0	0	0	1	0	0	0	1

\*\* A zero in the data field indicates that a school district did not submit child abuse data for the 2014-2015 school year.



# OFFICE OF COUNTY COUNSEL

## ***DEPENDENCY DIVISION***

The primary mission of the Dependency Division of the Los Angeles Office of the County Counsel (“County Counsel”) is the litigation of dependency cases involving allegations of child abuse and neglect. County Counsel, through this division, represents the Department of Children and Family Services (“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. On average, DCFS will file 30 new petitions each day. The Dependency Division also supports DCFS in a range of programs and initiatives targeted to improve the dependency system.

The Dependency Division is the largest by size, and is currently budgeted for 119 attorneys. It is divided into eight sections, with each section supervised by a Section Head. The eight sections are composed of three Trial Sections, the Appellate Section, two Outstation Sections, the Warrant and IDC Section, and the North County Section. The division handles approximately 16,000 dependency cases involving approximately 33,000 children. The division will also handle approximately 500 appellate matters annually.

The primary mission of the Dependency Division is the litigation of dependency cases involving allegations of child abuse and neglect. The Office of the County Counsel, through this division, represents the Department of Children and Family Services (“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. On average, DCFS will file 30 new petitions each day. The Dependency Division also supports DCFS in a range of programs and initiatives targeted to improve the dependency system.

The Dependency Trial Sections staff 19 dependency trial courts, the mediation courts, and the DCFS Intake and Detention Center, which is responsible for initiating the dependency cases by the filing of a dependency petition. The dependency trial courts will typically handle over 20 scheduled hearings each day. The court calendar is supplemented by the initial petition hearings on newly filed cases. There are three Section Heads and 58 attorneys assigned to the Trial Sections.

The Outstation Sections staffs 17 DCFS regional offices. Attorneys assigned to this Section provide a wide range of advice related to existing and emergent dependency cases and investigations. This section develops and delivers extensive social worker training programs in dependency law and related issues. There are two Section Heads who supervise 14 attorneys, and help coordinate the training activities of the four attorneys who have assignments in the regional offices located in the North County.

The Warrant and IDC Section handles issues relating to emergency response investigations and reviews petitions for legal sufficiency. They review approximately 900 new petitions and assist on 220 removal orders, interview orders, and investigative search warrants each month. The section is staffed by a Section Head and seven lawyers. The warrant desk operates twenty four hours a day, 365 days a year. It is staffed by the attorneys assigned to the Warrant and IDC Section, as well as attorneys working in other parts of County Counsel. This section also handles mediation, legislation, confidentiality and child fatality reviews. There is a Section Head and 12 attorneys assigned to this section

The North County Section services two dependency trial courts, and the DCFS regional offices in the

San Fernando Valley, Santa Clarita, Palmdale, and Lancaster. The trial court is located in Lancaster and is the busiest dependency trial court both by numbers of hearings and dependent children. There is a Section Head and nine attorneys assigned to the North County Section.

The Dependency Division Appellate Section handles juvenile dependency appellate matters on behalf of DCFS. This section files responsive briefs and answers to writs filed by parents and children. The Appellate Section also reviews cases for possible appellate action and will file an affirmative writ in circumstances where DCFS believes the court's order may place a child at risk or where an appeal would not be feasible due to time considerations. The Appellate Section seeks publication of appellate opinions and works with other counties to seek de-publication of unfavorable published opinions. There is a Section Head and 15 attorneys assigned to this section.

Among the published decisions issued by the Court of Appeal in 2013 were: Los Angeles County Department of Children and Family Services v. Superior Court (2013) 215 Cal.App.4th 962 [Juvenile court had to sustain dependency jurisdiction as to daughter upon finding that father molested stepdaughter], Los Angeles County Department of Children and Family Services v. Superior Court (2013) 222 Cal.App.4th 149 [Determination that father had overcome presumption of jurisdiction in dependency case was not supported by substantial evidence], In re Suhey G. (2013) 221 Cal.App.4th 732 [Child welfare agency had burden to prove that placing child in father's custody would be detrimental to her] In re S.E. (2013) 217 Cal.App.4th 610 [Child welfare agency was required to include child's great-great-grandfather in Indian Child Welfare Act ("ICWA") notice], In re D.N. (2013) 218 Cal.App.4th 1246 [Any error in failure to provide additional ICWA notice in dependency proceedings, after determination of ineligibility was harmless], In re A.G. (2013) 220 Cal.App.4th 675 [Court erred in sustaining dependency petition alleging the mother was unable to care for minors where father was capable of caring for them], In re H.K. (2013) 217 Cal.App.4th 1422 [Statute prohibiting placement of dependent child with out-of-state sibling with violent felony



conviction did not violate due process], *In re Noe F.* (2013) 213 Cal.App.4th 358 [There was insufficient evidence to support removal of child from mother's custody], *In re Gloria A.* (2013) 213 Cal.App.4th 746 [Home state jurisdiction was not established in dependency proceeding involving child whose mother was deported], *In re John M.* (2013) 217 Cal.App.4th 410 [Father incarcerated for domestic violence was not "noncustodial" parent entitled to preference in placement], *In re Abram L.* (2013) 219 Cal.App.4th 452 [Dependency court failed to apply the applicable law to noncustodial father's request for physical custody], *Maggie S. v Superior Court* (2013) 220 Cal.App.4th 662 [Jurisdictional finding that mother failed to arrange for the child's care during her incarceration was error], *In re Nadia G.* (2013) 216 Cal.App.4th 1110 [Terminating nonminor dependency was premature before child welfare agency complied with transitional requirements], *In re Ricky T.* (2013) 214 Cal.App.4th 515 [Evidence supported finding grandson was at risk of serious physical harm in the future by grandfather, who had sexually abused step-granddaughters], *In re Giovanni B.* (2013) 221 Cal.App.4th 1482 [Mother's boyfriend's lack of biological paternity was not a proper basis to dismiss him from dependency proceeding], *In re C.Q.* (2013) 219 Cal.App.4th 355 [Evidence did not warrant the inclusion of children in permanent restraining order prohibiting father from contacting mother due to domestic violence], *In re E.T.* (2013) 217 Cal.App.4th 426 [Placing child with biological father upon removal from mother's custody was an abuse of discretion]

In addition, the division handled one case before the California Supreme Court, *In re I.J.* (2013) 56 Cal.4th 766. The Supreme Court held that a father's severe sexual abuse of his own child is sufficient to support dependency jurisdiction over all siblings regardless of gender.

### **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.

### **PRE-FILLING 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 provides 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 Welfare and Institutions Code ("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; 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 § 300 and dismiss the petition.

### **DISPOSITION**

If the child is found by the court to be a person described by WIC § 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 WIC section 361.5, subdivisions (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 are 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, 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 finds 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 finds 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 to the reviewing court that 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.



# 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 provide 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 thrive in safe families and supportive communities.

**OUR MISSION**

By 2015, DCFS will practice a uniform service delivery model that measurably improves:

- Child safety
- Permanency
- Access to effective and caring services

**VALUES:**

**Cultural Sensitivity:** We acknowledge, respect, value, and understand the importance of cultural diversity in all aspects of child welfare practice.

**Leadership:** We engage, motivate, and inspire others to collaboratively achieve common goals through example, vision, and commitment.

**Accountability:** We accept responsibility for our actions, behavior, and results.

**Integrity:** We are honest, forthcoming, and transparent, always acting in accordance with the highest ethical standards and values.

**Responsiveness:** We take needed action in a timely manner.

**CURRENT GOALS**

**Goal 1: Emphasize Child Centered Practices**

Provide children with both integrated assessments and planning that promote the safety, permanency and well-being of children under our supervision.

**STRATEGY I.1, DCFS Practice Model:** Implement one model of practice to better integrate services for children and families throughout our communities.

**STRATEGY I.2, Placement Service Capacity:** Develop high quality and responsive placement resources for children in out-of-home care.

**STRATEGY I.3, Emergency Response Command Post (ERCP):** Return ERCP to its core mission of providing comprehensive and responsive after hours operations that effectively provide protective services to children.

**STRATEGY I.4, Concurrent Planning:** Shorten timelines to permanency for children by simultaneously planning both safe family reunification and alternative legal permanence.

**STRATEGY I.5, Partnerships & Collaborations:** Foster effective and caring community service programs on behalf of children and families.

**Goal II: Pursue Workforce Excellence**

Ensure and support a well-trained, high performing workforce capable of quality decision making.

**STRATEGY II.1, Caseload/Workload Management:** Establish equitable caseloads and manageable workloads that permit quality social work.

**STRATEGY II.2, Job/Role Expectations:** Develop, maintain, and monitor clear expectations for each job at every staffing level.

**STRATEGY II.3, Human Resources Management:** Formulate and implement a comprehensive approach for recruitment, selection, development, and performance evaluation of employees.

**GOAL III: STRENGTHEN ORGANIZATIONAL OPERATIONS AND SYSTEMS**

Ensure an organization where all components operate as an integrative and supportive system.

**STRATEGY III.1, Data-driven Strategic Plan Management:** Use objective data to measure, provide feedback, publicize, and continuously improve performance.

**STRATEGY III.2, Technology Integration:** Invest in technology to increase the entire organization's efficiency.



**STRATEGY III.3, Policy Review and Consolidation:** Adopt a body of policy which meets legal and operational requirements and is easy to access and understand.

**STRATEGY III.4, Departmental Structure:** Establish an organizational design and accompanying work systems highly capable of meeting the needs of 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.

The 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, DCFS has emphasized increased efforts 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 has enhanced 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 parent-child 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) 2013, there was an average of 14,720 children who were referred to DCFS per month. Of these, an average of 12,474 children (84.7%) required an in-person investigation. As shown in Figure 1, there were 176,636 children referred during CY 2013 compared to 181,827 in CY 2012. This reflects a 2.9% decrease in referrals from CY 2012.

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.” This category was added with the implementation of the 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.

The numbers of children referred to DCFS during CY 2013 reflect decreases for all categories due to the overall decrease in referrals, except Exploitation.

- Children referred due to Sexual Abuse allegations account for 9.7% of the total children referred to DCFS during CY 2013, down from 9.9% in CY 2012. The number of referred children for this allegation (17,131) reflects a 4.74 decrease from 17,914 in CY 2012.
- The number of referred children for Physical Abuse reflects a 1.5% decrease, from 39,525 in CY 2012 to 38,945 in CY 2013. Referred children with this allegation account for 22.0 % of the total referred children, up from 21.7% in CY 2012.
- Children with allegations of Severe Neglect account for 2.1% of the total referred children as they were in CY 2012. The number of children referred for this allegation reflects a 1.1% decrease, from 3,734 in CY 2012 to 3,694 in CY 2013.
- General Neglect continues to be the leading reported allegation in the Emergency Response referrals received. Children referred due to this allegation accounted for 29.3% of the total children referred to DCFS during CY 2013, up from 28.8% in CY 2012. The number of referred children for general neglect in CY 2013 (51,841) reflects a 0.9% decrease from 52,298 children referred due to the same allegation in CY 2012
- Children referred to DCFS during CY 2013 due to Emotional Abuse remain at 12.1% of the total

referred children. The number of children from these referrals reflects a 9.0% increase, from 20,237 in CY 2012 to 22,058 in CY 2013.

- Exploitation continues to be the least reported allegation. The number of children referred due to this allegation reflects a 50.7% increase, from 75 in CY 2012 to 113 in CY 2013. This sharp increase has been contributed by the focus on child or youth who has been referred to DCFS as possible victim of commercial sexual exploitation.
- Children referred due to Caretaker Absence/Incapacity allegations account for 1.2% of the total children referred during CY 2013, down from 1.3% in CY 2012. The number of children from this referral category decreased by 13.1%, from 2,439 in CY 2012 to 2,119 in CY 2013.
- 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 32.6% of the total children referred during CY 2013, up from 32.2% in CY 2012.
- Children listed in the referral category At Risk, Sibling Abuse account for 23.7% of the total children referred during CY 2013, down from 24.1% in CY 2012.

### 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 2013 (i.e., as of December 31, 2013). Effective January 1, 2012, for youth that were already 18 years of age and in care by this date, and otherwise qualified for Extended Foster Care, the new service component, Supportive Transition was added for these youth due to the implementation of Assembly Bill 12 (AB12). The data represents a caseload breakdown by the five child welfare service components: Emergency Response, Family Maintenance, Family Reunification, Permanent Placement and Supportive Transition. Between the end of CY 2012 and the end of CY 2013, the total child caseload shows a 4.8% increase, from 35,195 to 36,870.



## 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 2013 by age group, ethnicity and gender.

### Age

- DCFS most vulnerable clients are children in the age group Birth - 2 Years. This population remains at 19.3% of the total DCFS child caseload. The number of children in this age group category exhibits a 4.9% increase, from 6,804 at the end of CY 2012 to 7,134 at the end of CY 2013.
- The number of children for the age group 3 - 4 Years exhibits an increase in CY 2013, a 2.9% increase, from 4,310 at the end of CY 2012 to 4,435 at the end of CY 2013. This population accounts for 12.0% of the children in the total caseload, down from 12.2% at the end of CY 2012.
- Children in the age group 5 - 9 Years account for 26.4% of the total caseload, up from 25.8% at the end of CY 2012. The number of children in this population reflects a 7.4% increase, from 9,070 at the end of CY 2012 to 9,740 at the end of CY 2013.
- Age group 10 - 13 Years children account for 17.1% of the total caseload, down from 17.2% at the end of CY 2012. The number of children for this age group reflects a 4.1% increase from 6,047 at the end of CY 2012 to 6,295 at the end of CY 2013.
- Children in the age group 14 - 15 Years account for 8.9% of the total caseload at the end of CY 2013, down from 9.5% at the end of CY 2012. The number of children in this age group reflects a 1.7% decrease, from 3,330 at the end of CY 2012 to 3,275 at the end of CY 2013.
- Youth in the age group 16 - 17 Years account for 9.6% of the total caseload, down from 10.4% at the end of CY 2012. The number of youth in this age group shows a 3.3% volume decrease, from 3,663 at the end of CY 2012 to 3,541 at the end of CY 2013.

- Youth in the age group 18 & older account for 6.6% of the total DCFS children at the end of CY 2013, up from 5.6% at the end of CY 2012. The number of these young adults (2,450) reflects a 17.7% increase from 1,971 at the end of CY 2012.
- Overall, children 13 years and under account for 74.9%, and children 14 years and older account for 25.1% of the total DCFS caseload.

### Ethnicity

- White children account for 11.0% of the total DCFS, down from 11.4% at the end of CY 2012. The number of children in this ethnic group (4,054) reflects a 1.5% increase from 3,995 at the end of CY 2012.
- Hispanic children continue to be the largest of all ethnic groups among DCFS children. This population accounts for 59.7% of the total caseload, up from 58.7% at the end of CY 2012. The number of Hispanic children reflects a 6.6% increase, from 20,666 at the end of CY 2012 to 22,028 at the end of CY 2013.
- Following the Hispanic child population, African American children represent the next largest ethnic group among DCFS children. This population accounts for 25.7% of the total caseload, down from 26.5% at the end of CY 2012. The number of African American children shows a 1.9% increase, from 9,313 at the end of CY 2012 to 9,489 at the end of CY 2013.
- The Asian/Pacific Islander child population accounts for 1.5% of the total DCFS children, down from 1.7% at the end CY 2012. This population reflects a 2.9% decrease, from 601 at the end of CY 2012 to 559 at the end of CY 2013.
- American Indian/Alaskan Native, Filipino and Other ethnicity each accounts for 0.5%, 0.7% and 0.8% 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 2013 shows 49.8% male and 50.2% 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, or Non-Foster Care Placement Facility, as of December 31, 2013. Beginning with CY 2012 reporting period, the out-of-home placement caseload includes Supervised Independent Living Placement as a new category. This placement category is designated for youth who are in foster care beyond 18 and up to 21 years of age via the Extended Foster Care program due to the implementation of Assembly Bill 12 (AB12). Between the end of CY 2012 and the end of CY 2013, the number of children in out-of-home placement shows a 10.8% increase from 15,985 to 17,714.

- 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 52.3% of the total children in out-of-home placements, down from 53.0% at the end of CY 2012. The number of children in this placement category shows a 9.3% increase, from 8,479 at the end of CY 2012 to 9,271 at the end of CY 2013.
- Children in Foster Family Home account for 7.9% of the total out-of-home placements, up from 7.6% at the end of CY 2012. The number of children in this population reflects a 14.9% increase, from 1,212 at the end of CY 2012 to 1,392 at the end of CY 2013.
- The number of children in Foster Family Agency Certified Home reflects a 4.2% increase, from 4,901 at the end of CY 2012 to 5,108 at the end of CY 2013. This population accounts for 28.8% of the total children in the out-of-home placement caseload, down from 30.7% at the end of CY 2012.
- Children in Small Family Home remain at 0.2% of the total children in out-of-home placement. The number of children in this placement type (36) reflects a 2.7% decrease from 37 at the end of CY 2012.
- Children in Group Home account for 6.1% of the

total out-of-home placement, down from 6.5% at the end of CY 2012. The number of children for this population reflects a 4.0% increase, from 1,042 at the end of CY 2012 to 1,084 at the end of CY 2013.

- Supervised Independent Living Placement children account for 3.5% of the total children in out-of-home placement caseload, up from 1.5% at the end of CY 2012. The number of children in this placement category reflects a 168.4% increase, from 80 at the end of CY 2012 to 628 at the end of CY 2013.
- Placement facility type other includes Court Specified Home. Children in this placement category account for at 1.1% of the total children in out-of-home placement caseload, up from 0.5% at the end of CY 2012.

### PERMANENCY PARTNERS PROGRAM (P3)

The Permanency Partners Program (P3) was created in 2004 to provide family finding and engagement services to children and youth in Long Term Foster Care in need of permanent connections. Utilizing retired and part-time children social workers as secondary workers, the program focused on searching for family and others who care about these children and have often been discounted from them. The P3 workers utilize a variety of search techniques including computer and social media, to locate family then help them connect with children by setting up initial phone calls, assisting the child or family in drafting letters to one another, facilitating visitation, or even assisting the primary social worker with submitting placement paperwork. P3 services focus on providing permanency to children and youth by assisting parents with reunification, helping to identify and locate relatives and other adults to provide legal guardianship or adoption and provide lifelong connections to children growing up in the foster care system.

In 2010, DCFS began intensive upfront family finding services to recently detained children who had no immediate family resources. Upfront family finding is provided by P3 social workers in all regional offices who carry a mixed caseload of both back-end and upfront cases. The Torrance, Pasadena,



and Compton Office each have a dedicated P3 social worker to provide upfront services as they are currently funded by a Federal Diligent Recruitment Grant.

In 2013, the P3 program opened new P3 services for 808 children and youth. Additionally, in 2013 the following outcomes for children and youth who had received services were reported:

1. 334 children had a permanent plan established or identified
  - 201 children were returned home to parent (185 closed to DCFS, 16 still open to DCFS)
  - 84 children were adopted
  - 12 children were placed in adoptive placements
  - 18 children have had their case closed through Kin-Gap
  - 19 children are in Legal Guardianship (6 have closed, and 13 still open to DCFS)
2. 192 children were moving towards a permanent plan
  - 73 children were moving toward reunification
  - 80 children were in the process of adoptive planning
  - 39 children have an identified plan of Legal Guardianship and were moving through the court process
3. 228 youth exited DCFS care with an adult lifelong connection
4. 79 youth exited care without a permanent connection

### **ADOPTION PLANNING**

Figure 14 and Figure 15 reflect comparative data on children placed in adoptive homes annually by the Adoptions Division. During CY 2013, there were 1,336 children placed in adoptive home compared to 1,500 placements made during CY 2012.

### **241.1 HEARINGS**

Figure 16 and Figure 17 present data on children referred for 241.1 Joint Assessment Hearings during CY 2013. 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 2.5% of the total, while children under the jurisdiction of the Delinquency Court account for 97.5% of the total children referred for 241.1 Joint Assessment Hearings.

### **ICAN PUBLIC WEB SITE**

The public may access the DCFS CY 2013 Data Statement as part of the ICAN State of Child Abuse in Los Angeles County Report for 2014 at the following Web Site address:

<http://ican4kids.org>

### **SELECTED FINDINGS**

Children referred to DCFS due to Exploitation, the least reported allegation, reflect a 50.7% increase, from 75 in CY 2012 to 113 in CY 2013. This sharp increase has been contributed by the focus on child or youth who has been referred to DCFS as possible victim of commercial sexual exploitation.

Hispanic children continue to be the largest of all ethnic groups among DCFS children. This population accounts for 59.7% of the total caseload, up from 58.7% at the end of CY 2012. The number of Hispanic children reflects a 6.6% increase, from 20,666 at the end of CY 2012 to 22,028 at the end of CY 2013.

Supervised Independent Living Placement children account for 3.5% of the total children in out-of-home placement caseload, up from 1.5% at the end of CY 2012. This placement category is designated for youth who are in foster care beyond 18 and up to 21 years of age via the Extended Foster Care program due to the implementation of Assembly Bill 12 (AB12). The number of children in this placement category reflects a 168.4% increase, from 80 at the end of CY 2012 to 628 at the end of CY 2013.



In 2013, the P3 program opened new P3 services for 808 children and youth. Additionally, in 2013 the following outcomes for children and youth who had received services were reported:

1. 334 children had a permanent plan established or identified
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  - 18 children have had their case closed through Kin-Gap
  - 19 children are in Legal Guardianship (6 have closed, and 13 still open to DCFS)
2. 192 children were moving towards a permanent plan
  - 73 children were moving toward reunification
  - 80 children were in the process of adoptive planning
  - 39 children have an identified plan of Legal Guardianship and were moving through the court process
3. 228 youth exited DCFS care with an adult lifelong connection
  - 79 youth exited care without a permanent connection

**RESPONSE TO RECOMMENDATIONS FROM 2013 - REPORT**

**Recommendation One:  
Reporting of Data**

The Department of Children and Family Services has been reporting its data by age and ethnic categories that are consistent with State and Federal definitional guidelines and will continue to report in the same manner.

**Recommendation Two:  
Use of Spatial Data**

The Service Planning Area (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.



Figure 1

**LOS ANGELES COUNTY DEPARTMENT  
OF CHILDREN AND FAMILY SERVICES  
TOTAL CHILDREN REFERRED TO DCFS  
CALENDAR YEARS 1984 THROUGH 2013**

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
2010	170,471
2011	167,723
2012	181,827
2013	176,636



Figure 2

**LOS ANGELES COUNTY DEPARTMENT OF CHILDREN  
AND FAMILY SERVICES TOTAL CHILDREN  
REFERRED CHILDREN BY SERVICE PLANNING AREA 2013**

SERVICE PLANNING AREA (SPA)	EVALUATED OUT	IN-PERSON RESPONSE	TOTAL REFERRAL CHILDREN RECEIVED
SPA 1	1,549	10,041	11,590
SPA 2	3,955	24,077	28,032
SPA 3	2,825	18,263	21,088
SPA 4	2,590	14,161	16,751
SPA 5	604	3,043	3,647
SPA 6	3,925	26,094	30,019
SPA 7	3,104	17,679	20,783
SPA 8	3,889	20,822	24,711
Out of County	1,787	3,122	4,909
PO Box*	3	4	7
Invalid Address*	2,717	12,382	15,099
<b>TOTAL</b>	<b>26,948</b>	<b>149,688</b>	<b>176,636</b>

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

**LOS ANGELES COUNTY DEPARTMENT OF CHILDREN  
AND FAMILY SERVICES REFERRED CHILDREN  
BY ALLEGATION TYPE 2013**

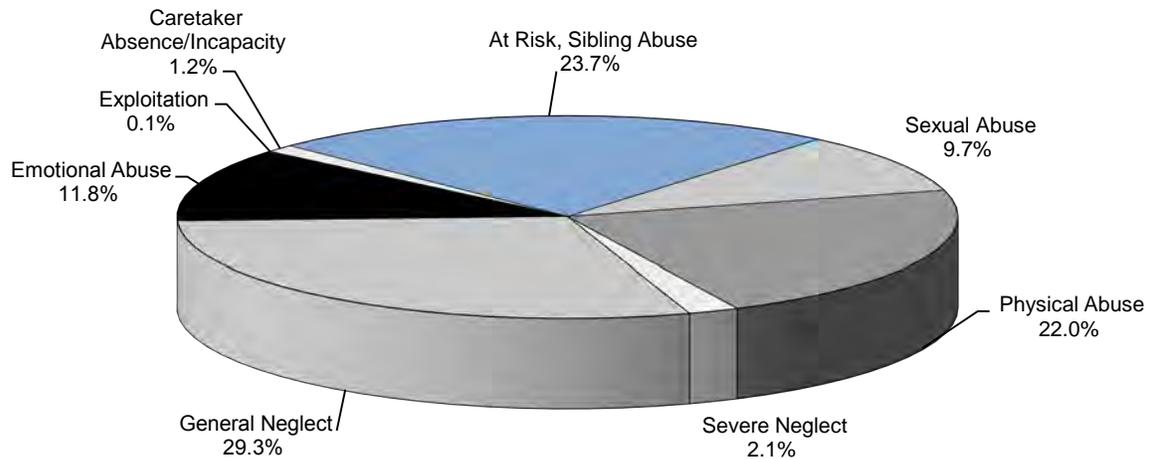
ALLEGATION TYPE	CHILDREN	PERCENTAGE
Sexual Abuse	17,131	9.7
Physical Abuse	38,945	22.0
Severe Neglect	3,694	2.1
General Neglect	51,841	29.3
Emotional Abuse	20,907	11.8
Exploitation	113	0.1
Caretaker Absence/Incapacity	2,119	1.2
At Risk, Sibling Abuse	41,886	23.7
<b>TOTAL</b>	<b>176,636</b>	<b>100.0</b>

NOTE: Percentages may not add up to 100 percent due to rounding.



**FIGURE 4**

**REFERRED CHILDREN BY ALLEGATION TYPE  
Calendar Year 2013**



Note: Percentages may not add up to 100 percent due to rounding.

**Figure 5**

**LOS ANGELES COUNTY DEPARTMENT OF CHILDREN  
AND FAMILY SERVICES IN-HOME AND OUT-OF-HOME  
SERVICES CASELOAD AS OF DECEMBER 31, 2013**

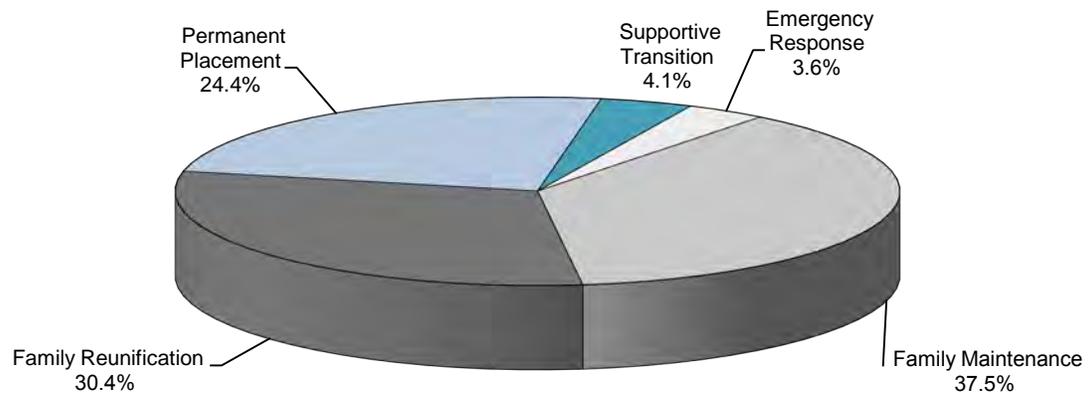
SERVICES TYPE	CHILDREN	PERCENTAGE
Emergency Response	1,323	3.6
Family Maintenance	13,817	37.5
Family Reunification	11,201	30.4
Permanent Placement	9,008	24.4
Supportive Transition	1,521	4.1
<b>TOTAL</b>	<b>36,870</b>	<b>100.0</b>

NOTE: Percentages may not add up to 100 percent due to rounding.



**FIGURE 6**

**IN-HOME AND OUT-OF-HOME SERVICES CASELOAD**  
As of December 31, 2013



Note: Percentages may not add up to 100 percent due to rounding.



Figure 7

**LOS ANGELES COUNTY DEPARTMENT OF CHILDREN  
AND FAMILY SERVICES IN-HOME AND OUT-OF-HOME SERVICES  
CASELOAD CHILD CHARACTERISTICS AS OF DECEMBER 31, 2013**

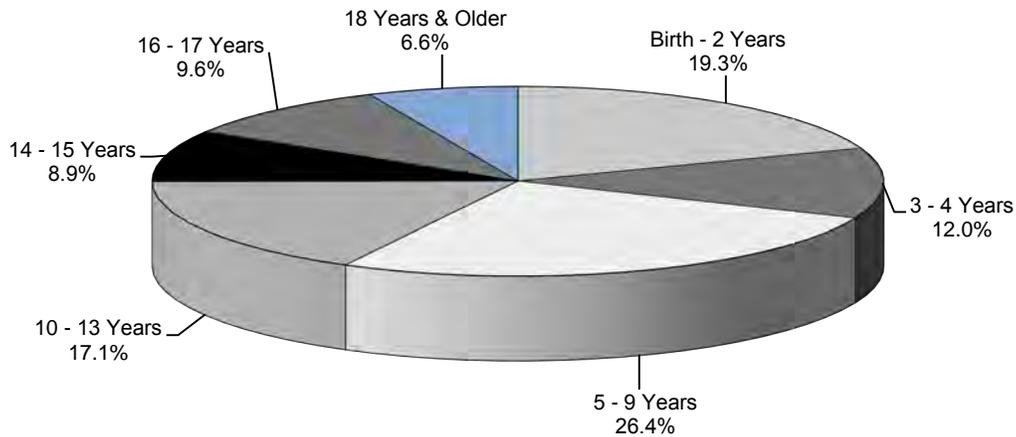
CATEGORY		
AGE GROUP	CHILDREN	PERCENTAGE
Birth - 2 Years	7,134	19.3
3 - 4 Years	4,435	12.0
5 - 9 Years	9,740	26.4
10 - 13 Years	6,295	17.1
14 - 15 Years	3,275	8.9
16 - 17 Years	3,541	9.6
18 Years & Older	2,450	6.6
<b>TOTAL</b>	<b>36,870</b>	<b>100.0</b>
ETHNICITY		
White	4,054	11.0
Hispanic	22,028	59.7
African-American	9,489	25.7
Asian/Pacific Islander	559	1.5
American Indian/Alaskan Native	173	0.5
Filipino	263	0.7
Other	304	0.8
<b>TOTAL</b>	<b>36,870</b>	<b>100.0</b>
GENDER		
Male	18,361	49.8
Female	18,509	50.2
<b>TOTAL</b>	<b>36,870</b>	<b>100.0</b>

NOTE: Percentages may not add up to 100 percent due to rounding.



**FIGURE 8**

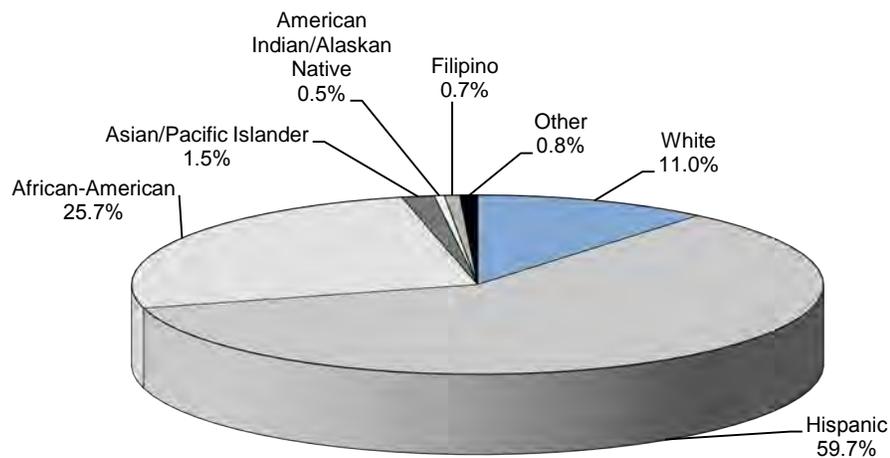
**IN-HOME AND OUT-OF-HOME SERVICES CASELOAD - BY AGE GROUP**  
As of December 31, 2013



NOTE: Percentages may not add up to 100 percent due to rounding.

**FIGURE 9**

**IN-HOME AND OUT-OF-HOME SERVICES CASELOAD - BY ETHNICITY**  
As of December 31, 2013

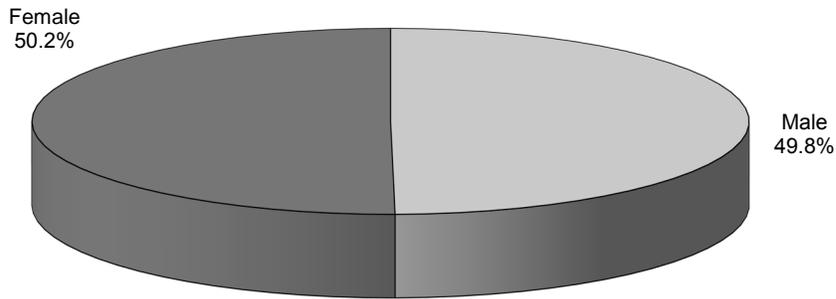


NOTE: Percentages may not add up to 100 percent due to rounding.



FIGURE 10

**IN-HOME AND OUT-OF-HOME SERVICES CASELOAD - BY GENDER**  
As of December 31, 2013



NOTE: Percentages may not add up to 100 percent due to rounding.

Figure 11

**LOS ANGELES COUNTY 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, 2013**

SERVICE PLANNING AREA (SPA)	RELATIVE/ NREFM* HOME	FOSTER FAMILY HOME	FOSTER FAMILY AGENCY CERTIFIED HOME	SMALL FAMILY HOME	GROUP HOME	SUPERVISED INDEPENDENT LIVING PLACEMENT	OTHER	TOTAL
SPA 1	931	255	848	1	27	48	15	2,125
SPA 2	1,060	103	400	1	174	79	30	1,847
SPA 3	1,141	186	736	12	414	96	11	2,596
SPA 4	527	28	111	2	76	23	6	773
SPA 5	90	14	46		37	9	4	200
SPA 6	1,617	303	639	4	125	106	39	2,833
SPA 7	1,181	114	622	6	13	50	15	2,001
SPA 8	1,268	284	387	1	134	58	29	2,161
Out of County/Other**	1,456	105	1,319	9	84	159	46	3,178
<b>TOTAL</b>	<b>9,271</b>	<b>1,392</b>	<b>5,108</b>	<b>36</b>	<b>1,084</b>	<b>628</b>	<b>195</b>	<b>17,714</b>

(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.

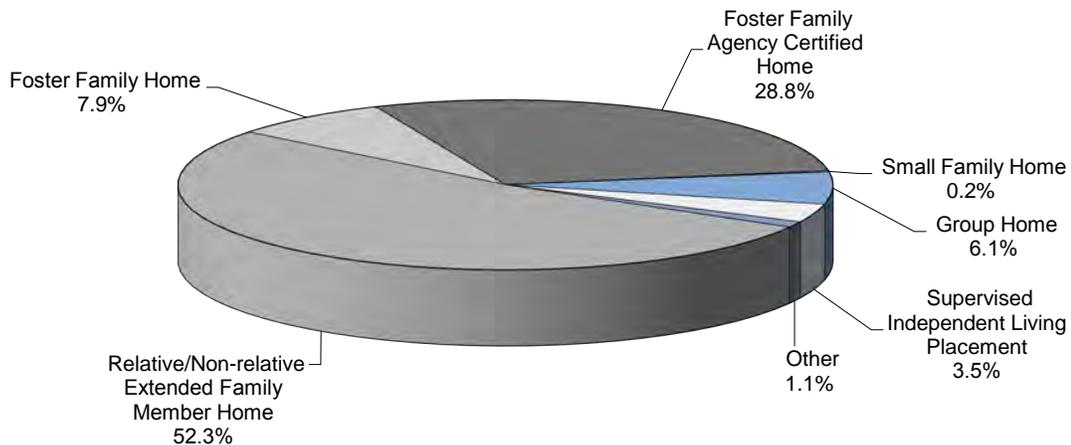


Figure 12

LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES CHILDREN IN OUT-OF-HOME PLACEMENT CASELOAD (Excluding Guardian Home, Adoptive Home, and Non-Foster Care Placement Facility) As of December 31, 2013		
FACILITY TYPE	CHILDREN	PERCENTAGE
Relative/Non-relative Extended Family Member Home	9,271	52.3
Foster Family Home	1,392	7.9
Foster Family Agency Certified Home	5,108	28.8
Small Family Home	36	0.2
Group Home	1,084	6.1
Supervised Independent Living Placement	628	3.5
Other (Shelter Care and Court Specified Home)	195	1.1
<b>TOTAL OUT-OF-HOME PLACEMENT</b>	<b>17,714</b>	<b>100.0</b>

FIGURE 13

CHILDREN IN OUT-OF-HOME PLACEMENT CASELOAD (Excluding Guardian Home, Adoptive Home and Non-Foster Care Placement Facility) As of December 31, 2013



NOTE: Percentages may not add up to 100 percent due to rounding.



Figure 14

**LOS ANGELES COUNTY DEPARTMENT OF CHILDREN  
AND FAMILY SERVICES ADOPTIONS PERMANENCY  
PLANNING CASELOAD CALENDAR YEARS 1985 THROUGH  
2011**

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
2010	1,397
2011	1,540
2012	1,500
2013	1,336

Note: Counts subjected to changes due to system update.



FIGURE 15

**CHILDREN PLACED IN ADOPTIVE HOMES**  
Calendar Years 1984 Through 2013

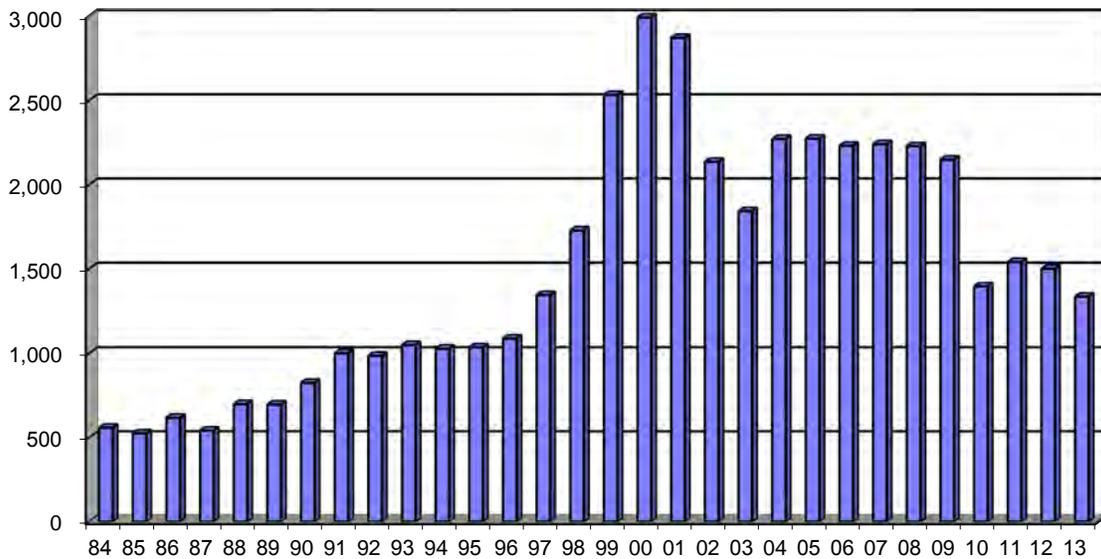
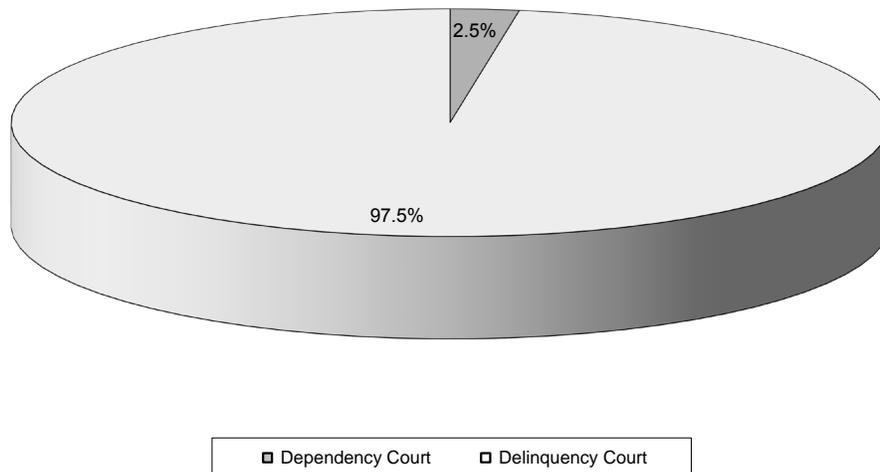


FIGURE 16

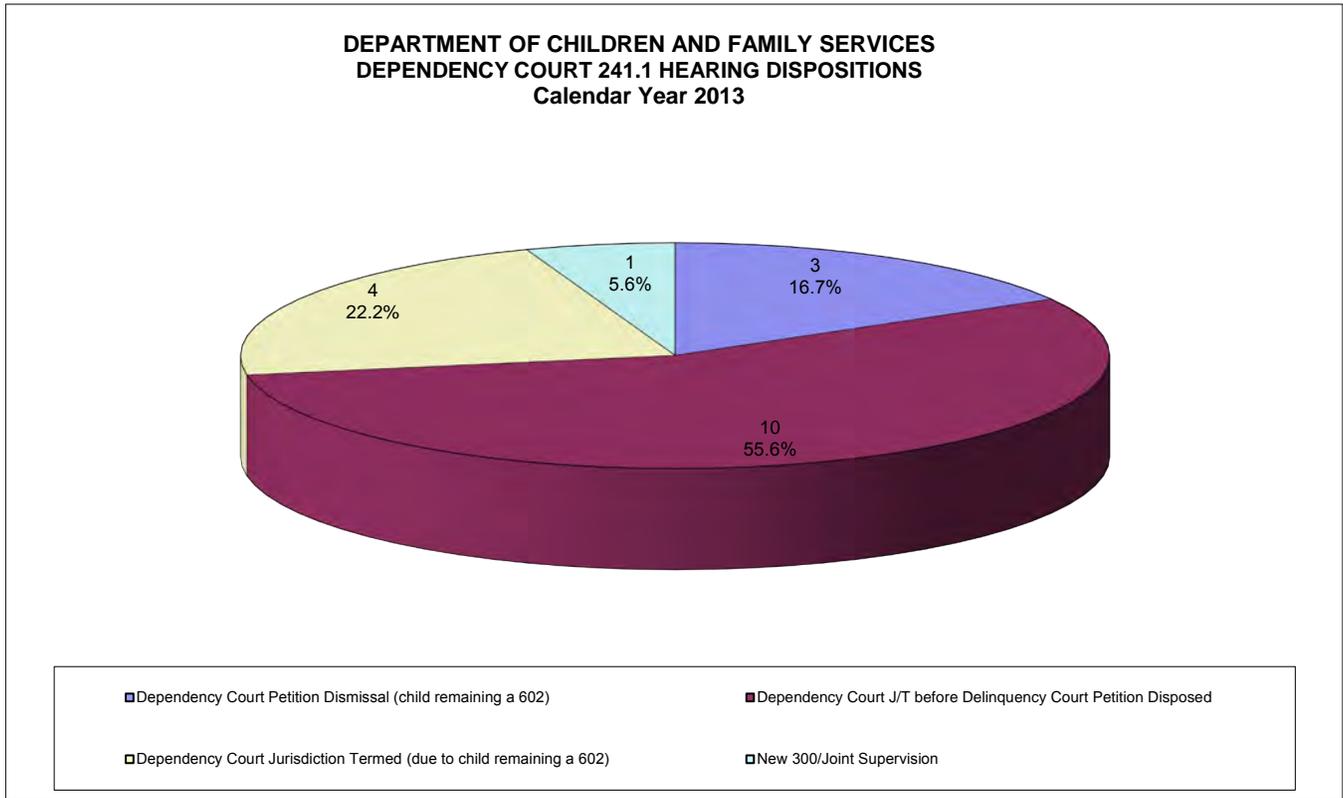
**DEPARTMENT OF CHILDREN AND FAMILY SERVICES**  
**CHILDREN REFERRED FOR 241.1 JOINT ASSESSMENT HEARINGS BY COURT OF ORIGIN**  
Calendar Year 2013



NOTE: Percentages may not add up to 100 percent due to rounding.



FIGURE 17





**GLOSSARY OF TERMS**

**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 CWS/CMS, created for each child in a referral found to be a victim of a substantiated allegation of child abuse or neglect. When allegations are substantiated, the referral is promoted to a case. Several children and adults can be linked together through related cases. A new case can be created without a referral such as when there is a probation placement case or a Kin-GAP case. Both of these cases are open to Revenue Enhancement for payment purposes only.

**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 a 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 Family Reunification. 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 § 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.



# DEPARTMENT OF MEDICAL EXAMINER-CORONER

## ***INTRODUCTION***

The Department of Medical Examiner-Coroner (ME-C) 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 2014, the Department is headed by a Chief Medical Examiner-Coroner who is responsible for setting standards for the entire department and carrying out statutorily mandated ME-C functions. He is assisted by a Chief Deputy who is responsible for administration and all non-physician operations.

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, archaeology, 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 the ME-C's cases. Its mission is to conduct a comprehensive scientific investigation into the cause and manner of any death within the ME-C'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 determine 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).

Under state law, all ME-C Investigators are sworn peace officers. The Investigator must meet the same stringent hiring standards as any other California law enforcement agency. The Department of Medical Examiner-Coroner is a California Peace Officer Standards and Training (POST) 10.

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

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 Medical Examiner-Coroner's case.

#### **YOUTHFUL DRUNK DRIVER VISITATION PROGRAM (YDDVP)**

The Department of Medical Examiner-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 ME-C 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 ME-C 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 where the deceased has not been attended by either a physician or a registered nurse, who is a member of a hospice care interdisciplinary team, as defined by subdivision (e) of Section 1746 of the Health and Safety Code 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

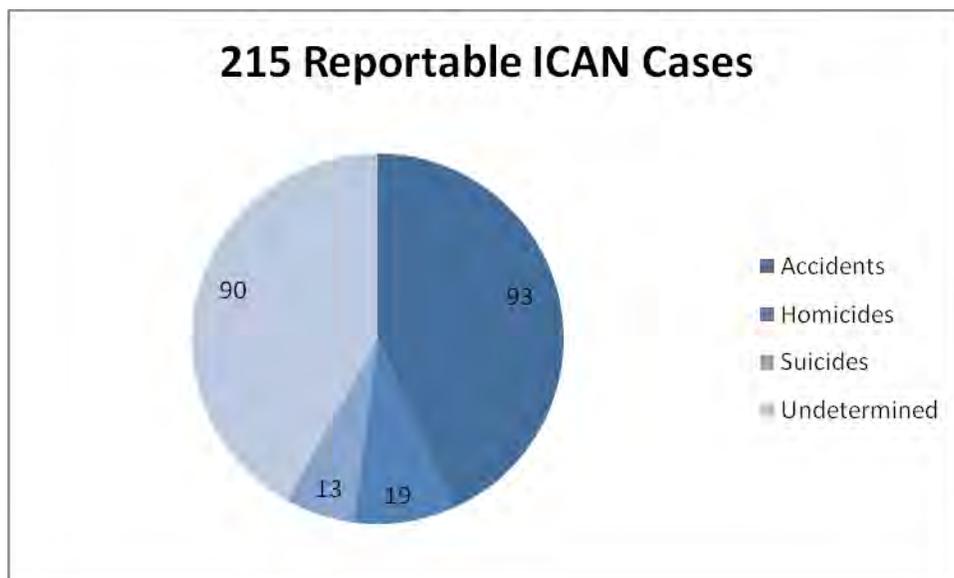


under such circumstances as to afford a reasonable ground to suspect that the death was caused by the criminal act of another; and any deaths reported by physicians or other persons having knowledge of death for inquiry by coroner.

**STATISTICAL SUMMARY**

In calendar year 2013, after a review of the cases based on the ICAN-established criteria, of the total child deaths reported, 215 were referred to the Inter-Agency Council on Child Abuse and Neglect for tracking and follow-up. In calendar 2012, the total child deaths referred to the Inter-Agency Council on Child Abuse and Neglect for tracking and follow-up was 219, a decrease of 4 cases.

The Medical Examiner-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 MEDICAL EXAMINER-CORONER  
SELECTED FINDINGS**

By Cause of Death	2012	2013	Difference
Abandoned newborn	1	1	0
Children run over in driveway accident	3	1	-2
Bathtub drowning	4	3	-1
Falling television sets	1	0	1
Traffic Accident age less than equal 5 years old			
Not properly secured in the vehicle	4	1	-3
Properly secured in the vehicle	3	0	3
Swimming pool drowning, age less than 5 years old	5	6	1



Figure 1

<b>2013 DEATH STATISTICS</b>					
<b>Case Comparison by Mode of Death &amp; Gender (Total ICAN cases: 215)</b>					
By Mode of Death	2013 Total Cases	2013 % of Total	2012 Total Cases	2012 % of Total	Total Difference
Accident	93	43.3%	89	40.6%	4
Homicide	19	8.8%	15	6.8%	4
Suicide	13	6.0%	17	7.8%	-4
Undetermined	90	41.9%	98	44.7%	-8
<b>TOTAL</b>	<b>215</b>	<b>100%</b>	<b>219</b>	<b>100%</b>	

By Gender	2013 Total Cases	2013 % of Total	2012 Total Cases	2012 % of Total	Total Different
Female	81	37.67%	98	44.7%	7
Male	133	61.86%	120	54.8%	44
Undetermined	1	0.47%	1	0.5%	85
<b>TOTAL</b>	<b>215</b>	<b>100%</b>	<b>219</b>	<b>100%</b>	

Figure 2

<b>2013 DEATH STATISTICS</b>		
<b>Case Comparison by Mode of Ethnicity &amp; Age (Total ICAN Cases: 215)</b>		
By Ethnicity	Total Cases	% of Total
By Ethnicity	Total Cases	% of Total
American Indian	1	0.47%
Asian	3	1.40%
Black	38	17.67%
Cambodian	2	0.93%
Caucasian	31	14.42%
Chinese	2	0.93%
Filipino	5	2.33%
Hispanic/latin american	118	54.88%
Japanese	1	0.47%
Korean	3	1.40%
Middle Eastern	1	0.47%
Samoan	1	0.47%
Thai	1	0.47%
Tongan	1	0.47%
Unknown	7	3.26%
<b>TOTAL</b>	<b>215</b>	<b>100.0%</b>



Figure 2 (continued)

2013 DEATH STATISTICS		
Case Comparison by Mode of Ethnicity & Age (Total ICAN Cases: 215)		
By Age	Total Cases	% of Total
Stillborn	30	13.95%
1 day – 30 days	11	5.12%
1 – 5 months	60	27.91%
6 months – 1 year	32	14.88%
2 years	11	5.22%
3	5	2.33%
4	4	1.86%
5	3	1.40%
6	2	0.93%
7	3	1.40%
8	3	1.40%
10	3	1.40%
11	3	1.40%
12	5	2.33%
13	8	3.72%
14	2	0.93%
15	5	2.33%
16	11	5.12%
17	13	6.05%
Unknown	1	0.47%
<b>TOTAL</b>	<b>215</b>	<b>100.0%</b>



Figure 3

**2013 MODE OF DEATH: ACCIDENTS  
BY GENDER, BY ETHNICITY, & BY AGE (TOTAL ICAN CASES: 93)**

Accidents by Gender	Total Cases	% of Total
Female	32	34.41%
Male	60	64.52%
Unknown	1	1.08%
<b>TOTAL</b>	<b>93</b>	<b>100.0%</b>
Accidents by Ethnicity	Total Cases	% of Total
Asian	2	2.15%
Black	14	15.05%
Caucasian	15	16.13%
Chinese	2	2.15%
Japanese	1	1.08%
Hispanic/Latin American	50	53.76%
Korean	3	3.23%
Thai	1	1.08%
American Indian	1	1.08%
Unknown	4	3.23%
<b>TOTAL</b>	<b>93</b>	<b>100.0%</b>
Accidents by Age	Total Cases	% of Total
Stillborn	17	18.28%
1 day – 30 days	4	4.30%
1 month – 5 months	8	8.60%
6 months – 1 year	10	10.75%
2 yrs	8	8.60%
3 yrs	2	2.15%
4 yrs	2	2.15%
5 yrs	3	3.23%
6 yrs	2	2.15%
7 yrs	2	2.15%
8 yrs	1	1.08%
10 yrs	3	3.23%
11 yrs	1	1.08%
12 yrs	5	5.38%
13 yrs	6	6.45%
14 yrs	1	1.08%
15 yrs	2	2.15%
16 yrs	6	6.45%
17 yrs	9	9.68%
Unknown	1	1.08%
<b>TOTAL</b>	<b>93</b>	<b>100.0%</b>



Figure 4

**2013 MODE OF DEATH: ACCIDENTS  
by Cause of Death (Total ICAN Cases: 93)**

Accidents By Cause of Death	Total Cases	% of Total
Drowning	14	15.05%
Maternal drug abuse	15	16.13%
Fall	6	6.45%
Choking	3	3.23%
Suffocation	8	8.60%
Auto vs pedestrian	16	17.20%
Train vs pedestrian	2	2.5%
Other traffic accident	20	21.51%
Poisoning	3	3.23%
Fire	1	1.08%
Struck by falling object	1	1.08%
Medical misadventure	3	3.23%
Hypothermia	1	1.08%
<b>TOTAL</b>	<b>93</b>	<b>100.0%</b>



Figure 5

**2013 MODE OF DEATH: HOMICIDE  
BY GENDER, BY ETHNICITY, & BY AGE (TOTAL ICAN CASES:  
19)**

Homicides by Gender	Total Cases	% of Total
Female	6	31.58%
Male	13	68.42%
<b>TOTAL</b>	<b>19</b>	<b>100%</b>

Homicides by Ethnicity	Total Cases	% of Total
Black	7	36.84%
Caucasian	1	5.26%
Filipino	1	5.26%
Hispanic/Latin American	10	52.63%
<b>TOTAL</b>	<b>19</b>	<b>100.0%</b>

Homicides by Age	Total Cases	% of Total
1 day to 30 days	1	5.26%
1 month – 5 months	5	26.32%
6 months – 1 year	6	31.58%
2 yrs	2	10.53%
3 yrs	1	5.26%
4 yrs	1	5.26%
7 yrs	1	5.26%
8 yrs	1	5.26%
11 years	1	5.26%
<b>TOTAL</b>	<b>19</b>	<b>100.00%</b>

Figure 6

**2013 MODE OF DEATH: HOMICIDE  
BY GENDER, BY ETHNICITY, & BY AGE (TOTAL ICAN CASES: 19)**

Homicides By Cause of Death	Total Cases	% of Total
Methadone overdose	1	5%
Suffocation	1	5%
Stab wounds	1	5%
Blunt injury	14	74%
Drowning	1	5%
Hyperthermia in vehicle	1	5%
<b>TOTAL</b>	<b>19</b>	<b>100.0%</b>



Figure 7

**2013 MODE OF DEATH: SUICIDE  
BY GENDER, BY ETHNICITY, & BY AGE (TOTAL ICAN  
CASES: 13)**

Suicides by Gender	Total Cases	% of Total
Female	5	38.46%
Male	8	61.54%
<b>TOTAL</b>	<b>13</b>	<b>100.0%</b>

Suicides by Ethnicity	Total Cases	% of Total
Black	1	7.69%
Asian	1	7.69%
Cambodian	1	7.69%
Filipino	1	7.69%
Caucasian	3	23.08%
Hispanic/Latin American	5	38.46%
Unknown	1	7.69%
<b>TOTAL</b>	<b>13</b>	<b>100.0%</b>

Suicides by Age	Total Cases	% of Total
11 yrs	1	7.69%
13 yrs	1	7.69%
14 yrs	1	7.69%
15 yrs	2	15.38%
16 yrs	4	30.77%
17 yrs	4	30.77%
<b>TOTAL</b>	<b>13</b>	<b>100.0%</b>

By Cause of Death	Total Cases	% of Total
Hanging	6	46%
Gunshot wound	3	23%
Train vs pedestrian	3	23%
Jumped from building	1	8%
<b>TOTAL</b>	<b>13</b>	<b>100.0%</b>



Figure 8

**MODE OF DEATH: UNDETERMINED  
BY GENDER, ETHNICITY AND AGE  
TOTAL CASES: 90**

Undetermined by Gender	Total Cases	% of Total
Female	38	42.22%
Male	52	57.78%
<b>TOTAL</b>	<b>90</b>	<b>100.0%</b>

Undetermined by Ethnicity	Total Cases	% of Total
Black	16	17.78%
Cambodian	1	1.11%
Caucasian	12	13.33%
Filipino	3	3.33%
Hispanic/Latin American	53	58.89%
Middle Eastern	1	1.11%
Samoan	1	1.11%
Tongan	1	1.11%
Unknown	2	2.22%
<b>TOTAL</b>	<b>90</b>	<b>100.0%</b>

Undetermined by Age	Total Cases	% of Total
Stillborn	13	14.44%
1 day to 30 days	6	6.67%
1- 5 months	47	52.22%
6 months to 1 year	16	17.78%
2 years	1	1.11%
3 years	2	2.22%
4 years	1	1.11%
8 years	1	1.11%
13 years	1	1.11%
15 years	1	1.11%
16 years	1	1.11%
<b>TOTAL</b>	<b>90</b>	<b>100.0%</b>



Figure 9

**MODE OF DEATH: UNDETERMINED  
BY CAUSE OF DEATH (TOTAL CASES 90)**

Undetermined By Cause of Death	Total Cases	% of Total
Sudden unexpected infant death (SUDS)		
SUDS with co-sleeping	16	18%
SUDS with unsafe sleep surface	11	12%
SUDS not otherwise specified	15	17%
SUDS with co-sleeping and unsafe sleep surface	7	8%
Intrauterine fetal demise, unknown cause	4	4%
Hanging	1	1%
Drowning	3	3%
Codeine-hydromorphone overdose	1	1%
Gunshot wound	1	1%
Unknown cause of death	7	8%
Maternal drug use with Methamphetamine	6	7%
Maternal drug use with Cocaine	1	1%
Other specified events	17	19%
<b>TOTAL</b>	<b>90</b>	<b>100.0%</b>
Unknown	8	8.2%
<b>TOTAL</b>	<b>98</b>	<b>100.0%</b>



## 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:

**Decedent:** A person who is dead.

**Homicide:** Death at the hands of another. The legal system rather than the ME-C 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 ME-C 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 ME-C 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 Medical Examiner-Coroner's ability to make a final determination. The ME-C 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 ME-C also modes a death as undetermined when the autopsy findings do not establish any cause of death and one of the following is present:

- Unsafe sleep surface
- Co-sleeping with adult
- Absent or inadequate scene investigation
- Non-prescribed sedative drugs detected
- Injuries present
- Poor nutrition/abnormal development
- Prior unexplained sibling death
- History of domestic violence
- Definite blood in the nose or airway



# SHERIFF'S DEPARTMENT

## ***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 child abuse, sexual child abuse and on-line child sexual exploitation 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. The SVB also assumes the investigative responsibility for felony adult sexual assaults. Those investigations are not reflected in this report.

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.



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 District Attorneys 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 to continue providing quality service to the people of Los Angeles County.

Presently, fifty-five (55) detectives are assigned to Special Victims Bureau which is comprised of six investigative regional teams. One sergeant is assigned to each team. In addition, five 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 (Cal EMA). The SAFE Team is responsible for the Sheriff's Department 290 Sex Offender Registrant Compliance Program. This team is also responsible for investigating sexual exploitation crimes arising from the Internet.

### **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 either a concerned person, a 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 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 potentially further 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 2013**

STATION	PHYSICAL	SEXUAL	TOTAL
Altadena	17	41	58
Avalon	3	5	8
Carson	61	81	142
Century	104	225	329
Cerritos	10	18	28
Community Colleges	0	0	0
Compton	74	163	237
County Services Bureau	2	3	5
Crescenta Valley	9	17	26
East Los Angeles	72	205	277
Industry	45	112	157
Lakewood	76	166	242
Lancaster	80	173	253
Lomita	33	32	65
Lost Hills/Malibu	41	41	82
Marina Del Rey	10	9	19
North County Correction Facility (NCCF)	1	0	1
Norwalk	66	123	189
Palmdale	118	196	314
Parks Bureau	0	2	2
Pico Rivera	49	82	131
Pre-Employment	0	0	0
San Dimas	26	58	84
Santa Clarita Valley	83	126	209
South Los Angeles	55	97	152
Special Victims Bureau	4	16	20
Temple	43	81	124
Transit Services Bureau	2	5	7
Walnut/Diamond Bar	36	34	70
West Hollywood	3	3	6
<b>TOTAL</b>	<b>1,123</b>	<b>2,114</b>	<b>3,237</b>



Figure 1: CASES REPORTED BY STATION AND TYPE OF ABUSE - 2013

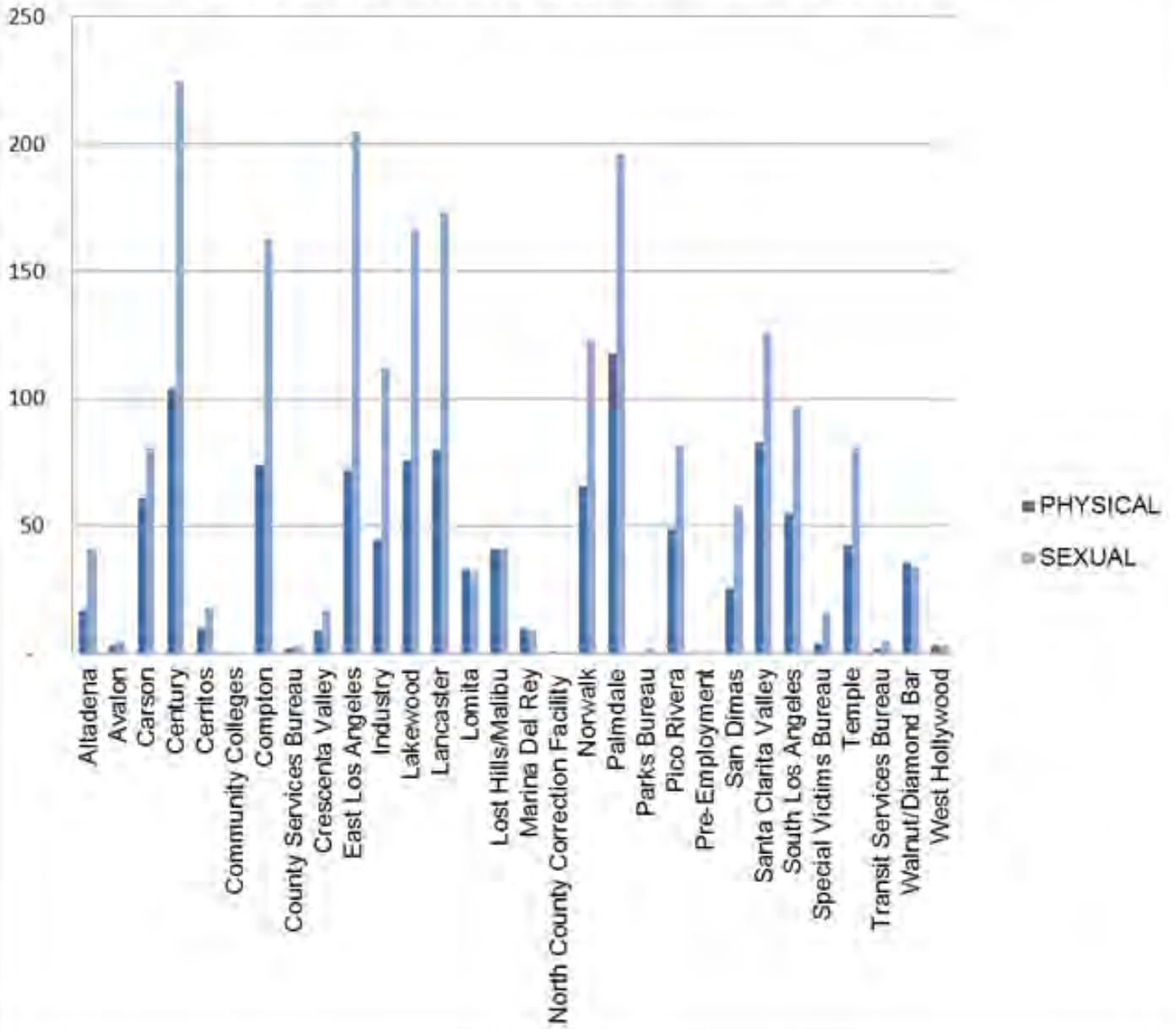




Figure 2

**CASES BY SERVICE PLANNING AREAS (SPA) AND BY STATIONS - 2013**

SPA	STATION	CASES
1	Lancaster	253
	Palmdale	314
	<b>Total SPA 1</b>	<b>567</b>
2	Crescenta Valley	26
	Lost Hills/Malibu	82
	Santa Clarita Valley	209
	<b>Total SPA 2</b>	<b>317</b>
3	Altadena	58
	Industry	157
	San Dimas	84
	Temple	124
	Walnut/Diamond Bar	70
	<b>Total SPA 3</b>	<b>493</b>
4	West Hollywood	6
	<b>Total SPA 4</b>	<b>6</b>
5	Marina Del Rey	19
	<b>Total SPA 5</b>	<b>19</b>
6	Century	329
	Compton	237
	<b>Total SPA 6</b>	<b>566</b>
7	Cerritos	28
	East Los Angeles	277
	Lakewood	242
	Norwalk	189
	Pico Rivera	131
	<b>Total SPA 7</b>	<b>867</b>
8	Avalon	8
	Carson	142
	South Los Angeles	152
	Lomita	65
	<b>Total SPA 8</b>	<b>367</b>



Figure 2 (continued)

CASES BY SERVICE PLANNING AREAS (SPA) AND BY STATIONS - 2013		
SPA	STATION	CASES
Unassigned Bureaus	Community Colleges	0
	Special Victims Bureau	20
	Transit Services Bureau	7
	County Services	5
	Parks Bureau	2
	Pre-Employment	0
	<b>Total Unassigned Bureaus</b>	<b>34</b>
Custody Facilities	North County Correctional Facility	1
	<b>Total Custody Facilities</b>	<b>1</b>
<b>TOTAL</b>	<b>Total Cases</b>	<b>3,237</b>

Figure 2: SPA PERCENTAGE

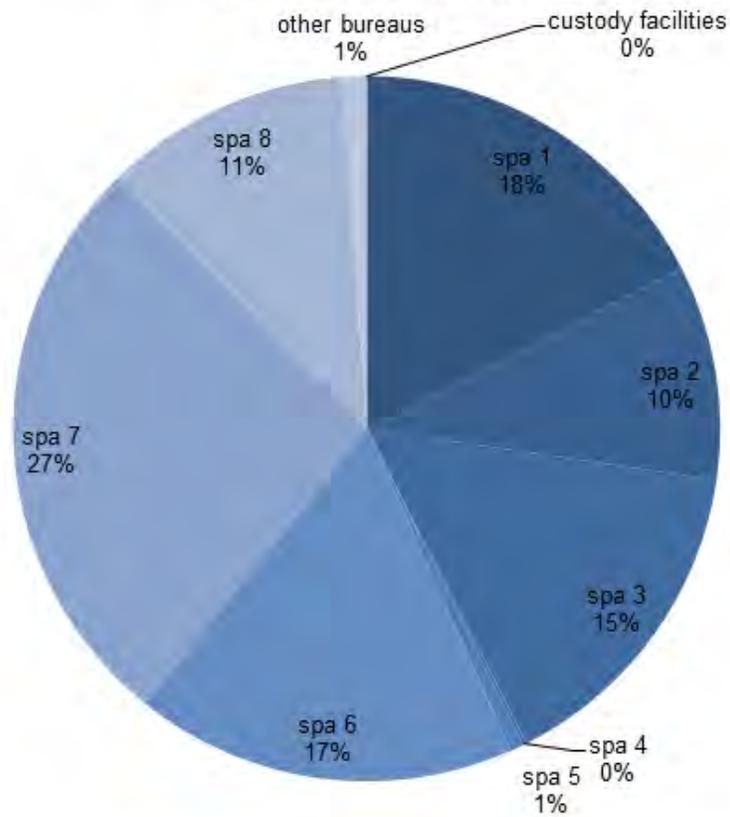




Figure 3

**CASES REPORTED BY STATION - 2013  
COMPARISON OF CASES FOR TEN YEARS 2003 - 2013**

STATION	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	TOTAL
Altadena	49	39	51	64	35	54	60	45	54	58	509
Avalon	2	3	5	11	5	5	4	5	5	8	53
Carson	149	144	157	113	113	149	173	137	159	142	1,436
Century	324	300	310	306	305	284	322	332	340	329	3,152
Century Regional Detention Facility	0	0	0	0	0	1	0	0	0	0	1
Cerritos	28	28	19	25	28	27	30	30	24	28	267
Community Colleges	0	0	0	5	2	1	2	3	3	0	16
Compton	192	201	228	230	241	260	291	216	238	237	2,334
County Services Bureau	0	0	0	0	0	0	0	0	9	5	14
Crescenta Valley	29	35	41	36	22	33	23	29	36	26	310
East Los Angeles	223	192	167	190	218	221	263	248	334	277	2,333
Industry	209	186	187	217	241	219	222	184	174	157	1,996
Lakewood	468	474	443	310	297	341	377	317	290	242	3,559
Lancaster	312	273	300	390	305	318	340	338	302	253	3,131
Lomita	64	62	60	52	58	51	69	67	63	65	611
Lost Hills/Malibu	44	60	66	48	46	69	73	78	84	82	650
Marina Del Rey	19	19	33	25	20	16	20	15	25	19	211
Metrolink	0	0	0	0	0	0	1	0	0	0	1
Narcotics Bureau	0	0	0	0	0	0	1	0	0	0	1
NCCF	0	0	0	0	0	0	1	0	1	1	3
Norwalk	296	242	242	134	197	238	233	192	244	189	2,207
Palmdale	351	246	318	272	231	282	303	238	326	314	2,881
Parks Bureau	0	0	0	0	0	0	0	0	5	2	7
Pico Rivera	102	124	119	124	164	166	150	112	134	131	1,326
Pitchess Detention Facility - North	0	0	0	0	0	1	0	0	0	0	1
Pre-Employment	0	0	0	3	3	2	0	0	3	0	11



Figure 3 (continued)

**CASES REPORTED BY STATION - 2013  
COMPARISON OF CASES FOR TEN YEARS 2004 - 2013**

STATION	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	TOTAL
San Dimas	93	75	88	73	74	114	106	99	96	84	902
Santa Clarita	187	209	217	212	186	264	246	225	253	209	2,208
South Los Angeles / Lennox	161	162	180	157	139	160	188	146	254	152	1,699
Special Victims Bureau	25	23	17	16	6	44	53	47	35	20	286
Temple	162	135	152	149	138	131	177	134	136	124	1,438
Transit Services	3	4	5	7	5	6	14	11	18	7	80
Walnut/Diamond Bar	78	68	78	73	78	70	74	74	130	70	793
West Hollywood	16	4	8	15	13	30	19	17	26	6	154
<b>TOTAL</b>	<b>3,586</b>	<b>3,308</b>	<b>3,491</b>	<b>3,257</b>	<b>3,170</b>	<b>3,557</b>	<b>3,835</b>	<b>3,339</b>	<b>3,801</b>	<b>3,237</b>	<b>34,581</b>

Figure 3: REPORTED CHILD ABUSE CASES - 2013

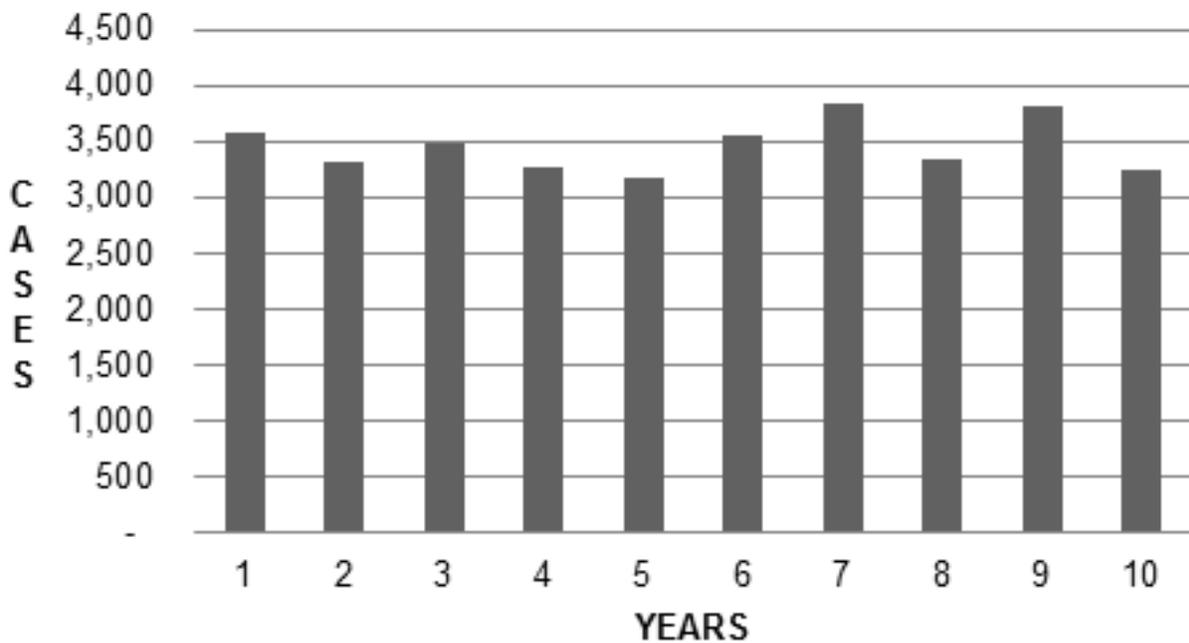




Figure 4

VICTIMS BY AGE AND TYPE OF ABUSE - 2013				
	PHYSICAL		SEXUAL	
Under 3	163	12.3%	37	1.6%
3 to 4	142	10.7%	162	6.8%
5 to 9	361	27.2%	352	14.9%
10 to 14	412	31.0%	710	30.0%
15 to 17	233	17.5%	897	37.8%
over 17*	12	0.9%	187	7.9%
Unknown	5	0.4%	25	1.0%
<b>TOTAL</b>	<b>1,328</b>	<b>100%</b>	<b>2,370</b>	<b>100%</b>

\* Age of the victim at the time of the crime was under 17

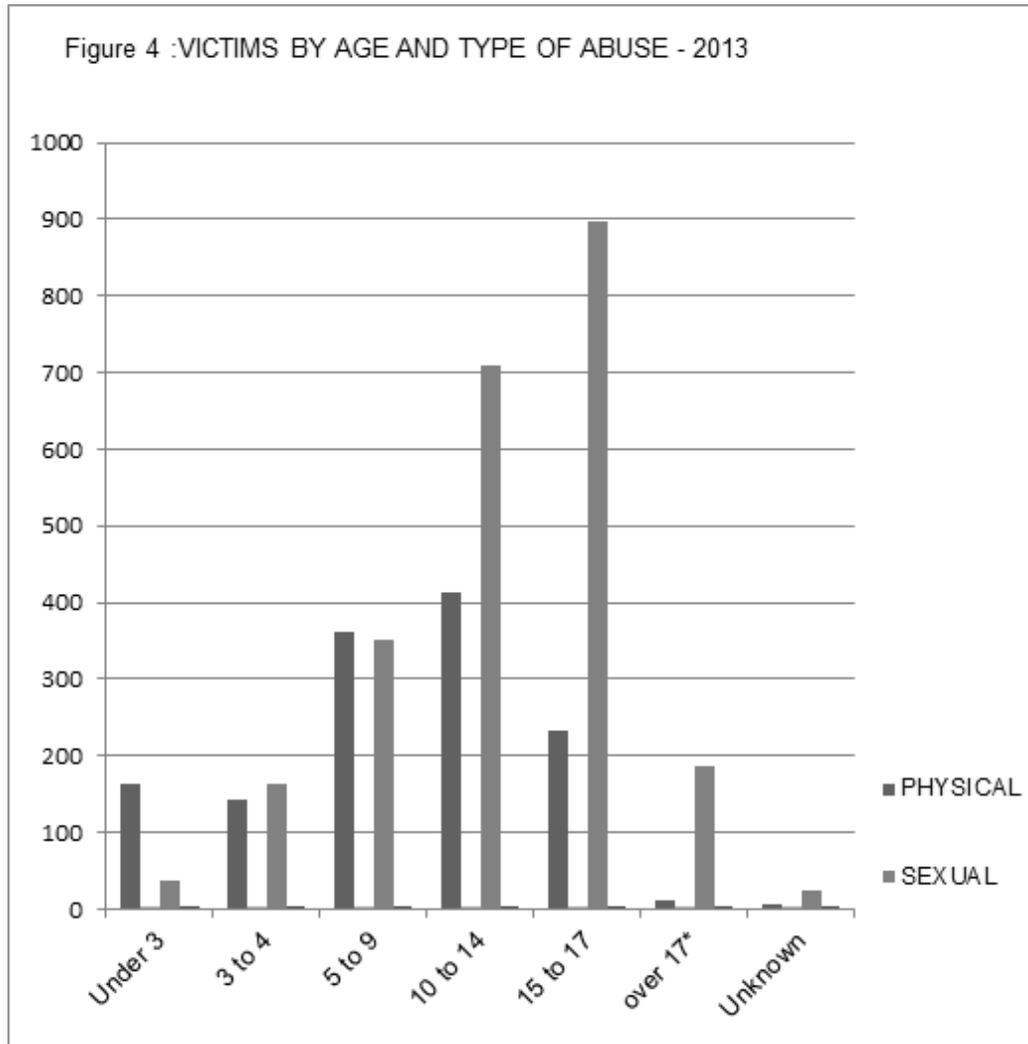




Figure 5

**VICTIMS BY GENDER AND TYPE OF ABUSE - 2013**

	PHYSICAL		SEXUAL	
Male	680	51.2%	483	20.4%
Female	644	48.5%	1,871	78.9%
Unknown	4	0.3%	16	0.7%
<b>TOTAL</b>	<b>1,328</b>	<b>100%</b>	<b>2,370</b>	<b>100%</b>

**Figure 5: VICTIMS BY GENDER AND TYPE OF ABUSE - 2013**

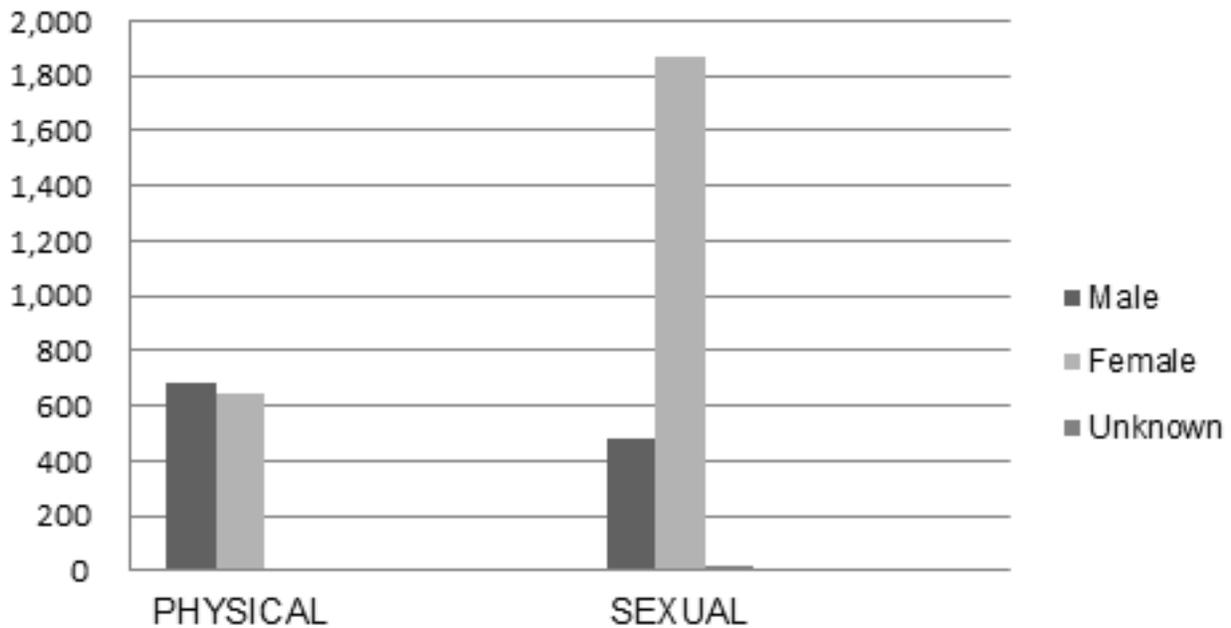




Figure 6

**VICTIMS BY ETHNICITY AND TYPE OF ABUSE - 2013**

ETHNICITY	PHYSICAL		SEXUAL	
	Count	Percentage	Count	Percentage
All Others	13	0.98%	16	0.68%
American Indian	1	0.08%	1	0.04%
Asian	38	2.86%	28	1.18%
Black	294	22.14%	351	14.81%
Chinese	0	0.00%	0	0.00%
Filipino	1	0.08%	2	0.08%
Hispanic	753	56.70%	1,544	65.15%
Japanese	0	0.00%	0	0.00%
Multi-Ethnic	0	0.00%	0	0.00%
Pacific Islander	7	0.53%	2	0.08%
Unknown	19	1.43%	46	1.94%
White	202	15.21%	380	16.03%
<b>TOTAL</b>	<b>1,328</b>	<b>100.00%</b>	<b>2,370</b>	<b>100.00%</b>

Figure 6: VICTIMS BY ETHNICITY AND TYPE OF ABUSE - 2013

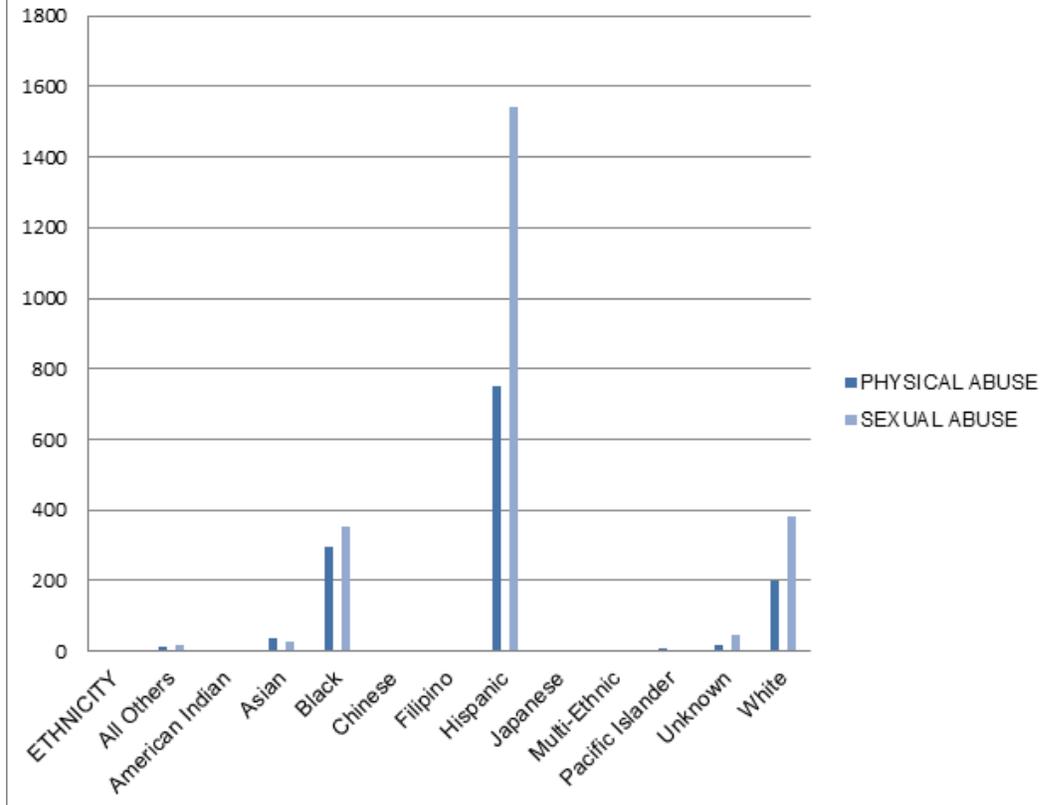




Figure 7

**SUSPECTS BY AGE AND TYPE OF ABUSE - 2013**

	PHYSICAL		SEXUAL	
Under 18	27	2.37%	490	21.30%
18 to 24	94	7.91%	497	21.61%
25 to 45	645	54.29%	673	29.26%
Over 45	182	15.32%	358	15.57%
Unknown	240	20.20%	282	12.26%
<b>TOTAL</b>	<b>1,188</b>	<b>100%</b>	<b>2,300</b>	<b>100%</b>

**Figure 7: SUSPECTS BY AGE AND TYPE OF ABUSE - 2013**

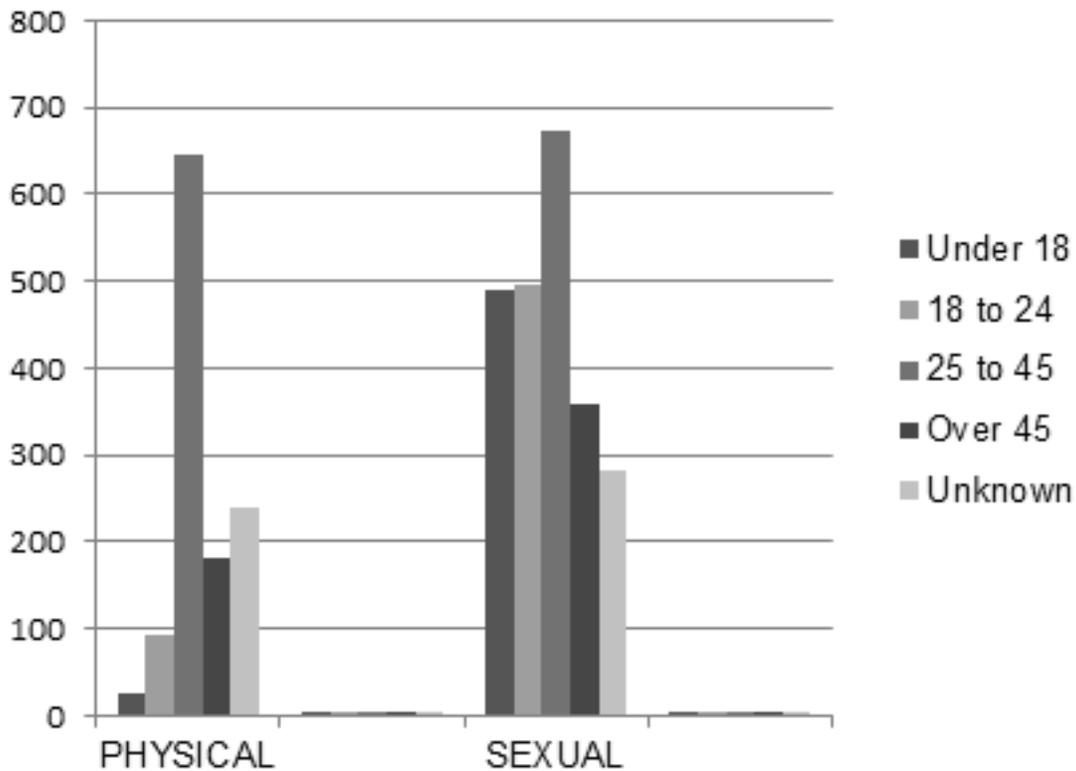




Figure 8

**SUSPECTS BY GENDER AND TYPE OF ABUSE - 2013**

PHYSICAL			SEXUAL		
Male	576	48.48%	Male	1,990	86.52%
Female	437	36.78%	Female	168	7.30%
Unknown	175	14.73%	Unknown	142	6.17%
<b>TOTAL</b>	<b>1,188</b>	<b>100.00%</b>	<b>TOTAL</b>	<b>2,300</b>	<b>100.00%</b>

Figure 8A: PHYSICAL ABUSE SUSPECTS - 2013

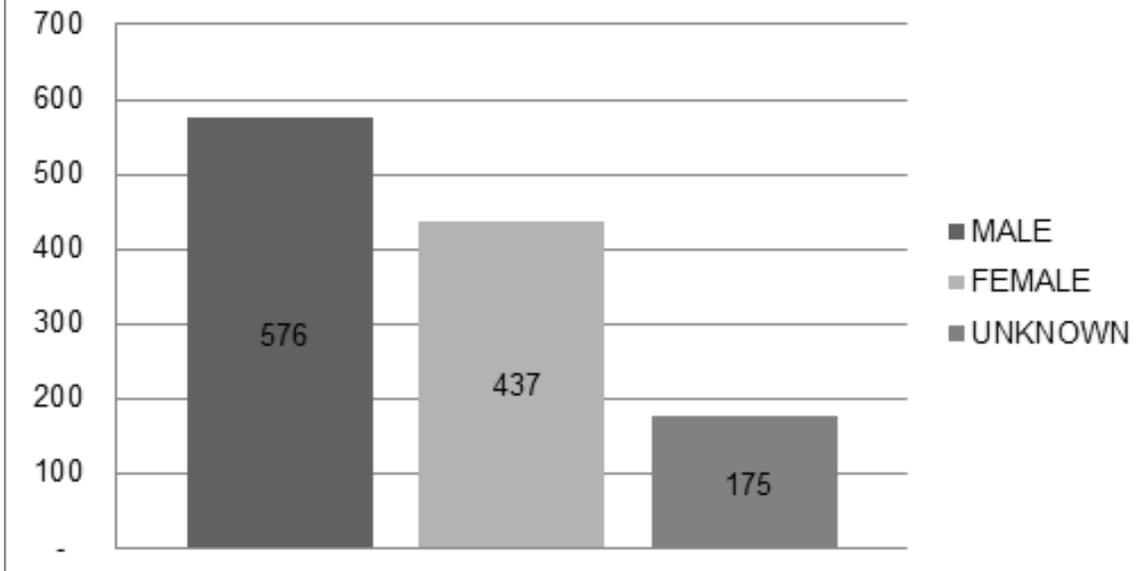


Figure 8B: SEXUAL ABUSE SUSPECTS - 2013

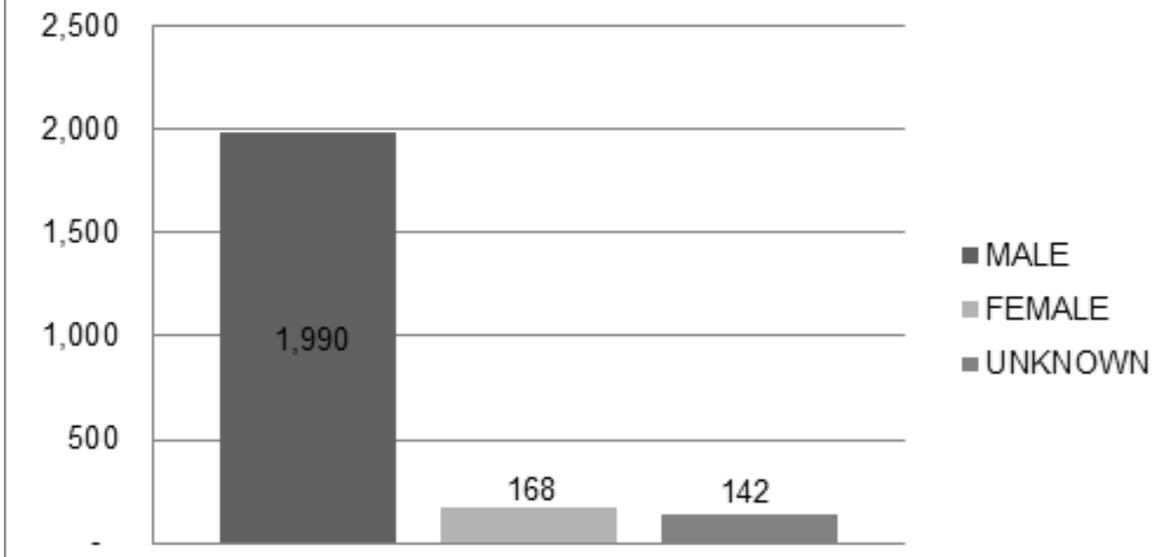




Figure 9

**SUSPECTS BY ETHNICITY AND TYPE OF ABUSE - 2013**

ETHNICITY	PHYSICAL		SEXUAL	
	Count	Percentage	Count	Percentage
All Others	17	1.43%	22	0.96%
Asian	24	2.02%	29	1.26%
Black	226	19.02%	346	15.04%
Chinese	2	0.17%	0	0.00%
Filipino	2	0.17%	3	0.13%
Hispanic	543	45.71%	1,372	59.65%
Japanese	0	0.00%	0	0.00%
Multi-Ethnic	1	0.08%	0	0.00%
Native American	1	0.08%	0	0.00%
Pacific Islander	2	0.17%	1	0.04%
Unknown	209	17.59%	229	9.96%
White	161	13.55%	298	12.96%
<b>TOTAL</b>	<b>1,188</b>	<b>100%</b>	<b>2,300</b>	<b>100%</b>

Figure 9: SUSPECTS BY ETHNICITY - 2013

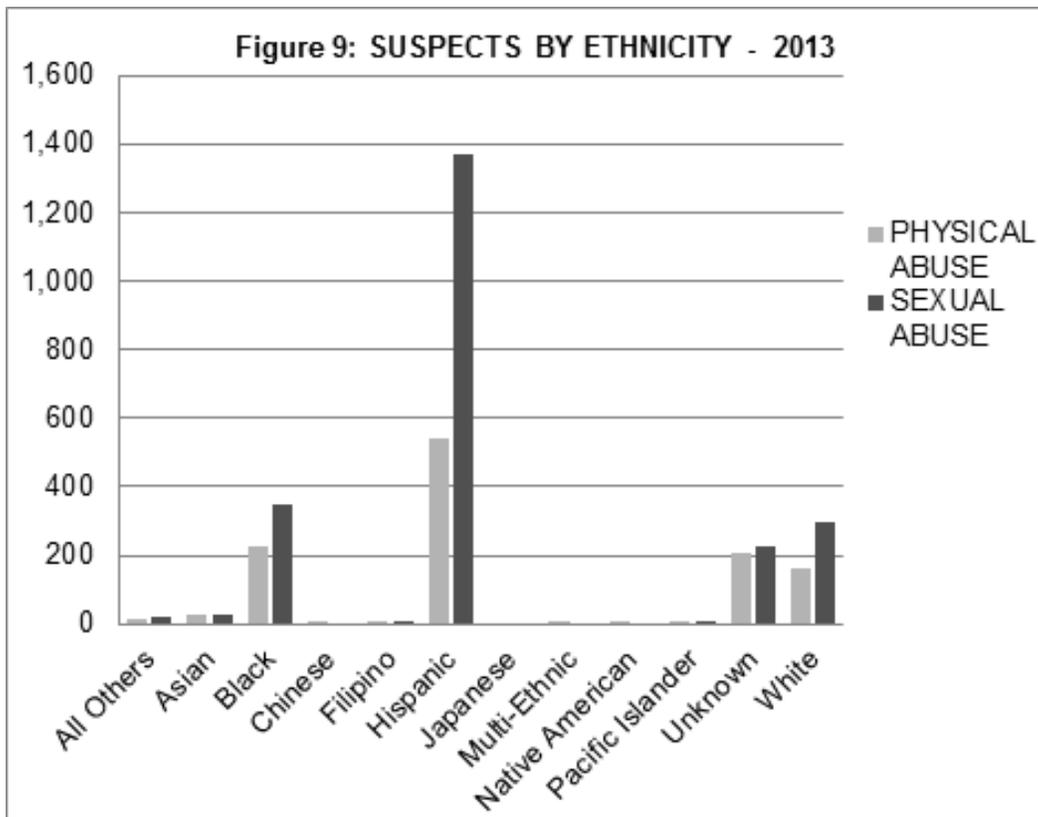




Figure 10

**CASES REPORTED BY ABUSE TYPE - 2013**

PHYSICAL	SEXUAL	TOTAL
1123	2,114	3,237

**Figure 10: CASES BY ABUSE TYPE - 2013**

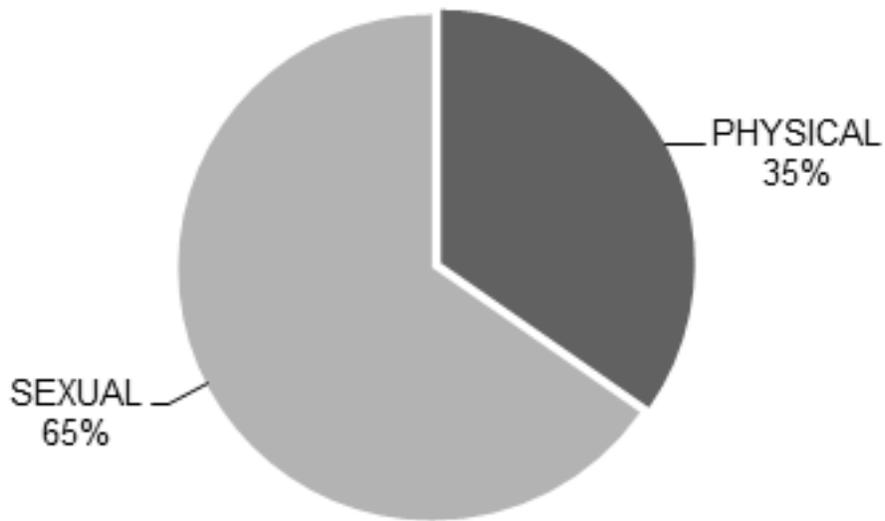




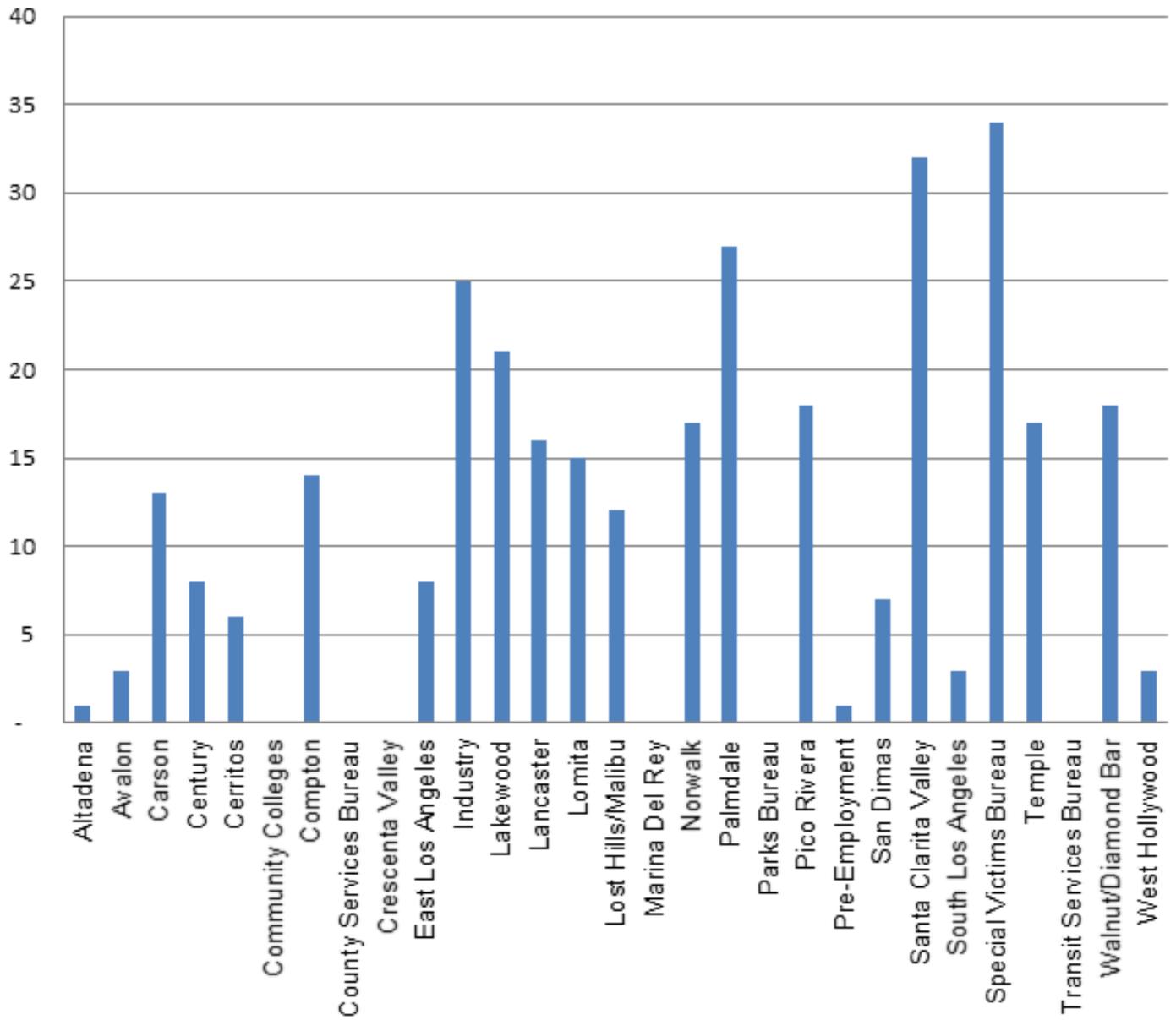
Figure 11

**SEXUAL EXPLOITATION CASES  
REPORTED BY STATION 2013**

STATION	SEXUAL
Altadena	1
Avalon	3
Carson	13
Century	8
Cerritos	6
Community Colleges	0
Compton	14
County Services Bureau	0
Crescenta Valley	0
East Los Angeles	8
Industry	25
Lakewood	21
Lancaster	16
Lomita	15
Lost Hills/Malibu	12
Marina Del Rey	0
Norwalk	17
Palmdale	27
Parks Bureau	0
Pico Rivera	18
Pre-Employment	1
San Dimas	7
Santa Clarita Valley	32
South Los Angeles	3
Special Victims Bureau	34
Temple	17
Transit Services Bureau	0
Walnut/Diamond Bar	18
West Hollywood	3
<b>Total</b>	<b>319</b>



Figure 11: SEXUAL EXPLOITATION CASES REPORTED BY STATION - 2013





**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).





# DISTRICT ATTORNEY'S OFFICE

## *INTRODUCTION*

Continuing under the leadership of Jackie Lacey, 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.



## 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 2,041 permanent employees and 45 temporary employees. Of the permanent employees, 936 are full-time attorneys and 47 are part-time attorneys. In 2013, the District Attorney's Office reviewed 87,929 felony cases; 55,534 were filed and 32,395 were declined for filing. The District Attorney's Office reviewed 122,628 misdemeanor cases; 107,130 were filed and 15,498 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 prose-

cutors 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 Program). 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. Victim Services Representatives are available for assistance and are specially trained to handle domestic abuse cases where the child is victimized. Such cases may involve domestic violence between teenagers or between an adult in a domestic relationship with a person under the age of 18. The victim cannot be placed in custody for failing to testify (CCP §1219). Instead, 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 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 person 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 chronically 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 primarily elementary and a few 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 identifying 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 approximately 350 schools in Los Angeles County. In addition, ACT personnel serve on School Attendance Review Boards and conduct truancy information meetings for parents and students at the high school level.

ACT personally contacted 3,740 students and their parents to intervene in the cycle of truancy from September of 2013 to June of 2014. An independent review of the program by the Rand Corporation shows that year after year the program reduces unexcused absences in program participants by eight days on average. Students who are in the ACT program have a greatly reduced chance of becoming a juvenile delinquent. Only 1% of students

in the ACT program become delinquent during the time they are monitored by the program.

### **TRUANCY MEDIATION**

Truancy mediation is an interim statutorily authorized step to avoid prosecution when students older than 13 and their parents are failing to adhere to the law through repeated unexcused absences, following strong intervention at the school site level that are close to or are resulting in chronic truancy as defined in Education Code Section 48263.6.

Truancy Mediation, as a final step before prosecution of the student and or their parent, is authorized by Welfare and Institutions Code section 601.3 and Education Code section 48263.5. The goal of mediation is to prevent further truancy and to restore the student to improved school attendance. However, if the mediation does not result in acceptable school attendance, prosecution may be commenced. Depending upon the age of the student and the circumstances surrounding the failure to attend, the student; the parent; or, both may be prosecuted.

The Truancy Mediation Program received 451 referrals for mediation from September of 2013 to June of 2014. Of those cases referred for mediation, only 90 cases were referred for prosecution. Even in the instance where there is a referral for prosecution, the goal of restoring the student to good attendance remains the primary consideration.

### **CHILD ABDUCTION SECTION**

The Child Abduction Section was established in 1986. Child abduction cases involve cross-jurisdictional issues covering criminal, dependency, family law, and probate courts. The District Attorney's Office works in criminal court, civil court and under an international treaty in efforts to recover abducted children and punish the abductor when appropriate. The Child Abduction Section handles all child abduction cases under PC §§278 and 278.5, which include stranger, parental, relative, and other cases. 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.

California civil 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. The Child Abduction Section employs several District Attorney Investigators to recover children wrongfully taken and return them to their custodial parent(s). In addition, the Child Abduction Section handles all cases arising under the Hague Convention on the Civil Aspects of International Child Abduction. Eighty signatory countries to this international treaty require that children be returned to their country of habitual residence under specified court procedures.

Services available to the public are explained on the District Attorney's Office's website ([www.da.lacounty.gov](http://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 2013, the Child Abduction Section was pursuing abductors in 334 open criminal cases, including thirteen cases filed in 2012. During 2013, District Attorney Investigators initiated 189 new cases under the Family Code, while closing 162 cases. At the conclusion of 2013, the Child Abduction Section was pursuing abductors on behalf of the Family Court in 43 open cases. During 2013, investigators recovered 122 children who had been wrongfully taken from a lawful parent or guardian.

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 17 cases. The Child Abduction Section also assisted county residents in recovering their children from other countries in 13 cases.

The Child Abduction Section conducted numerous training sessions throughout 2013 including: the Los Angeles Police Department, the Los Angeles Sheriff Department, other law enforcement agencies, the Family Law Court, the California District Attorneys' Association, and other interested organizations. A

key purpose of training law enforcement 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 quickly get relevant information into local and national recovery systems, and 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 and 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 2013, FVD was in the process of prosecuting 5 murder cases involving child victims and 21 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 of assault resulting in death of a child under eight, 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, a 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



## District Attorney's Office

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 data-base 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 and 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 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
- Multi-Agency Identification and Investigation of Severe Nonfatal and Fatal Child Injury Guidelines
- Operations and Policy
- Training Committee
- 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 re-viewing 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 abandoned and left to die 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 locations 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. The proposed legislation became law in 2011. The District Attorney's Office drafted legislation regarding the issuance of domestic violence protective orders in order to close a loophole in current law and help ensure protection for children. Before Senate Bill 910 was drafted and signed by California's governor in 2014, existing law allowed criminal courts to issue protective orders for up to 10 years in domestic violence cases to protect spouses or partners of offenders during criminal proceedings and after offenders were released from prison or jail. SB 910 expands the definition of domestic violence for purposes of issuing a criminal protective order to include violence against a child of a party to domestic violence court proceedings.

## **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 court 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 Division, 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/



endangerment. 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 vic-tims while holding offenders justly accountable for their criminal acts. Each of the 11 Branch-es 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 im-portance of the program and elevated those who run it to have some management func-tions. The DIC works closely with the assigned DDAs to ensure that all cases are appropriately prepared and prosecuted. All VIP DDAs re-ceive enhanced training designed to cover up-dated legal issues, potential defenses, and trial tactics.

The VIP DICs meet every other month to discuss trends in the prosecution of VIP related cases, new laws, and recurring issues. Train-ing is provided on topical subjects. Often, head deputies, assistant head deputies, and deputies in charge of Family Violence Division, Sex Crimes Division, Stuart House, and Elder Abuse attend the meetings and share their ex-pertise on pertinent topics.

The Victim Impact Program Advisory Working Group is comprised of subject matter experts on VIP-related crimes. The group's goals are: (1) identify and resolve chain-of-command ambiguities; (2) formalize VIP case suitability criteria; (3) determine the appropriate VIP staffing for each branch; (4) develop ex-pertise within VIP and disseminate that exper-tise to Line Operations; (5) implement VIP into the Juvenile Division; and (6) identify and ad-vocate on behalf of the VIP community various emerging VIP-related law enforce-ment/prosecution issues such as human traf-ficking. There are nine subcommittees: (1) policies and procedures; (2) colleges; (3) VIP legislation; (4) DIC meetings/agendas; (5) da-tabases and technology; (6) VIP manual; (7) PC §17(b)(4) referral policy; (8) courthouse therapy dogs (to support child and other vul-nerable witnesses); and (9) abusive head trauma and its effects. The subcommittees are comprised of a chairperson and members with interest and expertise on various topics. The information gleaned and recommenda-tions made from each

subcommittee are pre-sented to the working group and management staff to enhance the prosecution of VIP-related cases.

In the San Fernando, Van Nuys, Torrance and Pomona Branches, DDAs assigned to VIP are given the specific assignment of specializ-ing in the prosecution of cases involving child victims as part of a Multi-Disciplinary Interview Team.

### **HUMAN TRAFFICKING UNIT**

Effective June 10, 2014, the Human Traf-ficking Unit (HTU) began operations. The HTU was created to efficiently and effectively com-bat the increasingly common crime of human trafficking (Penal Code Section 236.1 et seq.).

Human trafficking involves the use of force, fraud, coercion, or the false promise of a better life to recruit, harbor, transport, provide or obtain a person for the purposes of sexual or labor exploitation. The majority of human traf-ficking involves the commercial sexual exploi-tation of children, a multi-billion dollar a year criminal enterprise. These children are recruit-ed from all over Los Angeles County, especial-ly bus and train stations, schools, group homes and through social media. Many are runaways and have gone through the foster care system.

The Human Trafficking Unit is based out of the Sex Crimes Division and headed by the Coordinator of the HTU. The coordinator is responsible for working with human trafficking task forces operating in Los Angeles County, meeting with community-based human traf-ficking victim advocates, creating training pro-tocols, and developing a human trafficking da-tabase.

### **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 reduc-ing system-related trauma to the child, improv-ing agency coordination, and ultimately



aiding in the prosecution of the suspect. The Center for Assault Treatment Services (CATS), the Family Justice Center (formerly Valley CARES), Children's Advocacy Center for Child Abuse Assessment and Treatment and the Los Angeles County Harbor UCLA Medical Crisis Center in the South Bay, and the Violence Intervention program at Los Angeles County USC Medical Center are five programs that follow this model, similar to Stuart House in Santa Monica.

### **CENTER FOR ASSAULT TREATMENT SERVICES (CATS)**

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. CATS' 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. In addition, CATS medical personnel provide follow-up treatment and examination for victims and are court qualified experts who are available for consultations and court testimony. CATS is available 24 hours/ 7 days-per-week and is utilized by federal and local law enforcement.

### **FAMILY JUSTICE CENTER**

In 2009 the District Attorney's Office participated in a collaborative effort to establish the first Family Justice Center in Los Angeles County. In October 2010, Family Justice Center opened its doors in the San Fernando Valley to help people who have experienced domestic violence, sexual assault and child abuse. Family Justice Center is a non-profit multidisciplinary program with a broad range of established relationships. The partners include law enforcement, CATS, DCFS, the District Attorney's Office, the City Attorney's Office, Mental Health and post-trauma treatment agencies, and a legal

assistance organization. Family Justice Center functions as a one-stop-shop where victims meet with legal professionals, receive crisis intervention, consult with representatives from allied agencies and obtain information on shelters and other helpful resources. Victims who visit Family Justice Center enter into a non-threatening comfortable environment where they can get help while their children play safely in the on-site child care center.

### **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 to assist children throughout Los Angeles County. 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, 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 and retains that accreditation. To date, it has provided services for over 900 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 designed to serve residents of the 22 cities within the South Bay area of Los Angeles County but will assist any county residents. 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 audio and video 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. The courtrooms are dedicated to handling strictly domestic violence-related cases from arraignment through post-sentencing hearings. 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 along geographical lines. Offices include Antelope Valley Juvenile, Eastlake Juvenile, Pasadena Juvenile, Pomona Juvenile, and Sylmar Juvenile. Other offices include Compton Juvenile, Inglewood Juvenile, 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 Hearing Officers and Deputy District Attorneys from the District Attorney's ACT, JOIN, SAGE and Truancy Mediation Program work with school districts' School Attendance Review Boards (SARBs) and School Attendance Review Teams (SARTs) 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 a truancy 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 against the minors and their parents.



### **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.). The plan is simple; divert young first time offenders from the juvenile court process into a program that would offer immediate intervention and accountability as an alternative to juvenile court prosecution. 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, attend school regularly, maintain passing grades, remain arrest free, and perform community service. Parents agree to attend parenting classes, and families are referred to group counseling. Cases are closely 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. One example is J.O.I.N.'s partnership with the Society for the Prevention of Cruelty to Animals Los Angeles (spcaLA). The spcaLA, in collaboration with the District Attorney's Office and the Los Angeles County Superior Court, designed a specialized curriculum to instill compassion, build self-esteem and help break the cycle of violence.

The curriculum is part of Teaching Love & Compassion for Juvenile Offenders Program (jTLC).

jTLC helps towards making healthier and more compassionate life choices. Students learn that compassion and kindness are effective ways to form lasting bonds and communicate effectively.

J.O.I.N. 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)



### **FIRST STEP DIVERSION PROGRAM**

The sexual trafficking of minors, also known as the Commercial Sexual Exploitation of Children (CSEC) is at a crisis level across the country and in Los Angeles County. District Attorney Jackie Lacey understands that children who may unwittingly become involved in sex trafficking are not juvenile delinquents and should not be treated as criminals. These children are indeed victims who have been manipulated by their traffickers for financial profit.

Consistent with that approach, in February 2014, the District Attorney's Office launched the First Step Diversion Program aimed at providing child victims of sex trafficking an opportunity to rebuild their lives before they are charged in juvenile court. Children who agree to enter the First Step Diversion Program will receive referral to services such as crisis intervention, sexual assault and mental health counseling, substance abuse treatment, education and other appropriate social services for up to one year.

The District Attorney's Office has also partnered with a number of non-profit community based organizations to provide a wide range of services. Those organizations include the YWCA of greater Los Angeles, Saving Innocence, Strength United (formerly Valley Trauma), and the Coalition to Abolish Slavery (C.A.S.T.). Our office is also joining forces with the Department of Children and Family Services, LAPD, LASD, and the Probation Department to identify children who have been arrested for other offenses but are at risk for sex trafficking.

### **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 re-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. All nine delinquency court locations now have a single court dedicated to the 241.1 protocol process. 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. The J.O.I.N. program has demonstrated real success with the graduation of 154 minors during 2011.

### **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
- 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) and one or more of the circumstances listed in WIC §707(d)2(C)ii applies.

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.

### **MAJOR 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 order to combat major drug trafficking organizations and cartels operating in the Los Angeles County area, the District Attorney's Office established the Major Narcotics Division (MND).

MND is comprised of specially trained prosecutors who vertically prosecute significant narcotics trafficking operations in collaboration with federal, state and local law enforcement agencies and narcotics task forces.

MND is also responsible for processing all state wiretaps for the Office. Wiretaps are a vital and effective law enforcement tool that is used to disrupt, dismantle and prosecute major narcotics trafficking operations. Motivated by high profits, these organizations distribute deadly drugs

into our community that endangers residents and children. Division prosecutors regularly conduct POST certified wire-tap training to law enforcement to ensure this invaluable tool is made available. MND deputies specialize in prosecuting narcotics trafficking organizations with ties to cartels, manufacturing and distribution of illicit narcotics, and clandestine laboratories that expose children to toxic chemicals and dangerous hazards.

Drugs are the No. 1 killer in the United States with the vast majority of deaths caused by prescription medications. This means that households across the nation have dangerous drugs in their medicine cabinets and on their bathroom counters that could be accessible to children. Nationwide statistics on drug overdoses and deaths indicate that a death occurs every 24 minutes. MND's pharmaceutical diversion team takes an aggressive stance in its investigations and prosecutions of doctors and others by holding them accountable for their criminal actions. Numerous doctors and conspirators have been charged or indicted, including a Rowland Heights doctor with 24 prescription-related felonies that included three counts of second-degree murder, for prescribing high levels of narcotics to young men causing numerous overdoses and deaths. This case received nationwide attention and is a first of its kind prosecution for the District Attorney's Office.

### **DRUG ENDANGERED CHILDREN (DEC) RESPONSE TEAM**

To address toxic and dangerous labs where children have been found, the District Attorney's Office and Department of Child and Family Services partnered with the Los Angeles Interagency Metropolitan Police Apprehension Task Force (LA IM-PACT) to create the Drug Endangered Children Response Team (DEC). DEC specializes with addressing clandestine labs that endanger society's more vulnerable members – children. This multi-agency collaboration implements a coordinated response to assisting children exposed to toxic and dangerous chemicals. DEC specializes in medical and social services that diagnose and treat the physical as well as emotional effects of drug exposure. MND has an aggressive policy that seeks state prison sentences for defendants charged with provable counts of child endangerment.



Although the number of clandestine methamphetamine and PCP labs has decreased in recent years, its presence continues to threaten the health and safety of neighborhoods and children exposed to them. In one case, LA IMPACT seized a massive 130 gallons of PCP with an estimated value of \$100 million from a Los Angeles and Culver City location. Also seized were assault weapons, \$389,000 in cash, and chemicals that could be used to manufacture another 500 gallons of PCP. Authorities believe the arrested suspects were involved in a nationwide drug trafficking organization.

Recently, Los Angeles County has seen a disturbing number of butane honey oil (BHO) extraction labs. These labs create a new and highly dangerous public health and safety risk for all. The butane is used to extract THC from marijuana in order to produce concentrated cannabis. Since butane is inexpensive, readily accessible and unregulated, it remains popular for use in chemical extractions. However, butane is highly flammable and has resulted in explosions and fires that have decimated structural property and caused serious injuries such as comas, third-degree burns and the amputation of a leg. Similar to methamphetamine and PCP labs, children and pets have been present at honey oil extraction sites. MND's Medical Marijuana Unit has a specially trained prosecutor to handle the most serious BHO extraction labs in Los Angeles County. As the Office expert on butane honey oil, this prosecutor has charged several child endangerment counts including one case where seven children were present at a residence during a massive BHO extraction explosion.

### **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, communities continue to deteriorate due to gang violence, graffiti and vandalism diminishing 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 Offices's web site at [www.da.lacounty.gov](http://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, specifically dedicated LAPD officers, 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.

### **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 aimed at crime prevention and crime reduction. The programs address issues such as drugs, graffiti, nuisances, juvenile truancy and delinquency and any other criminal conduct that negatively impacts the community. 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 Ri-vera Task Force, a SAGE Team in the Whitti-er/Pico areas of the county, targeting graffiti and vandalism crimes. The team is comprised of a deputy district attorney, four LASD depu-ties, an LASD sergeant, and a probation of-ficer. The team handles cases involving adults and minors.

**EAST LOS ANGELES PARENT PROJECT**

The goal of the East Los Angeles Parent Project, which is directed through the Los An-geles Parks and Recreation Department, is to reduce gang membership, drug usage, truan-cy, family conflict and other unwanted behav-ior by improving the parenting skills of those whose children are "at risk", out-of-control, or strong-willed. The East Los Angeles Parent Project Collaboration includes the District At-torney'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 parent-ing classes at three parks in East Los Angeles.

The classes are open to any interested parent, but approximately 80% of the at-tendees are referrals from juvenile court and the East Los Angeles SAGE Deputy District Attorney. During the 10-week program, par-ents learn to identify potential gang and drug problems with their children, learn the differ-ence between influencing and controlling con-duct, learn to modify destructive and negative behavior, and learn how to develop an effec-tive action plan. The program stresses "active" supervision of the child and teaches the parent to take an interest in the child's friends, activi-ties, and school. The program also stresses consistency and teaches parents how to hold their children accountable for their actions and choices.

The program has been extremely effec-tive and has been replicated in other parts of the county and state.

**OFFICE WIDE UNITS**

**VICTIM-WITNESS ASSISTANCE PROGRAM**

The Victim-Witness Assistance Program (VWAP) has Victim Service Representatives (VSRs) who work as governmental victim ad-vocates assisting victims of crimes of violence and threats of violence throughout the criminal justice process. The advocate's primary re-sponsibility is to provide support to the victim. VWAP advocates have received special train-ing in state programs regarding restitution for victims of crime and advocacy and support for victims of violence. VWAP advocates also have specialized training in assisting victims of child physical and sexual abuse, and assisting child victims of human trafficking. The assis-tance advocates provide is essential in cases with a child victim. Often, the advocate will be the first person associated with the District At-torney's Office with whom the child will meet.

The VWAP advocates have been an in-strumental partner in the District Attorney's First Step Program which provides assistance to victims of human trafficking.

The advocate explains each person's role in the criminal justice process while working to establish a rapport with the child. The advo-cate 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 vic-tim 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 accompani-ment to the child victim and the victim's family and assists in explaining the court process. Two essential tools that the advocate relies up-on to explain the criminal court process are an activity book for children produced by the Administrative Office of the Courts entitled, "What's Happening in Court?" and a short edu-cational 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. When-ever possible, the advocate will attempt to take the child and the child's family into an accessi-ble 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 set-ting and to ease any tensions and fears that may arise as a result of appearing in an unfa-miliar setting. Other services offered by the advocate include but are not limited to the fol-lowing:

- Crisis intervention
- Emergency assistance
- Referrals for counseling, legal assistance and other resources
- Assistance in filing for California Victim Compensation
- Assistance obtaining restitution orders from a convicted defendant
- Referrals and information to appropriate community agencies and resources
- Public presentations explaining services available to victims.

**DISTRICT ATTORNEY PUBLIC AFFAIRS DIVISION**

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 adulthood. The Public Affairs Division offers informational resources within the District At-torney's Office in the areas of crime preven-tion, public safety, and victim assistance.

**PROJECT L.E.A.D. (LEGAL ENRICHMENT AND DECISION-MAKING)**

Project L.E.A.D. is a law-related educa-tional program, begun in 1993, that places prosecutors and other criminal justice profes-sionals inside fifth-grade classrooms one hour a week for 20 weeks. Students follow a chal-lenging curriculum designed to develop the knowledge, skills, understanding, and attitudes that will allow them to function as participating members of a democratic society. The pro-gram's curriculum focuses on issues involving

drug abuse, gang violence, and hate crimes. It also provides social tools, such as conflict resolution and coping with peer pressure. Dur-ing the 2013-2014 school year, 114 facilitators taught the curriculum to 1,677 students in 59 classrooms at 36 public schools throughout Los Angeles County. Participating schools are listed below:

Schools	Districts	Students
4th Street	Los Angeles	25
Ann Street	Los Angeles	18
Aragon Avenue	Los Angeles	22
Breed Street	Los Angeles	48
Calabash	Los Angeles	58
Castelar	Los Angeles	62
Christopher Dena	Los Angeles	29
City Terrace	Los Angeles	50
Coliseum Street	Los Angeles	28
Dearborn	Los Angeles	58
El Dorado	Lancaster	31
Euclid Avenue	Los Angeles	30
Foster Road	Norwalk- La Mirada	30
Gratts	Los Angeles	60
Hamasaki	Los Angeles	30
Harrison	Los Angeles	30
Huntington Drive	Los Angeles	61
Jefferson	Paramount	59
La Tijera	Inglewood	54
Leffingwell	East Whittier City	29
Loren Miller	Los Angeles	71
Lorena Street	Los Angeles	58
Madison	Pomona	32
Mariposa	Lancaster	32
Murchison Street	Los Angeles	40
Nevin Avenue	Los Angeles	28
Ninth Street	Los Angeles	30
Old River	Downey	34
Patrick Henry	Long Beach	89
Rosa Parks	Lynwood	89
Russell	Los Angeles	30
Thomas Bradley	Los Angeles	23
Thomas Edison	Long Beach	64
Thomas Jefferson	Pasadena	71
Utah Street	Los Angeles	25
Washington	Hawthorne	33



### **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 vic-tims' rights, and a guide for navigating the criminal justice system. Pamphlets are available online at: [da.lacounty.gov](http://da.lacounty.gov).

### **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 a lesser or different charge (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 or different 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) a key factor may be that the victim is 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 have 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 the 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, took effect March 8, 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 tenth 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 ten years, the percentage of cases in which these offenses are joined has been consistent. In 2003, this joiner occurred in 9% of the cases filed; in

2004, it occurred in 8% of the cases; in 2005, the joiner occurred in 9% of the cases. From 2006 through 2010, the joiner occurred in 7% of the cases. In 2011 and 2012, this joiner occurred in 8% of the cases.

### SELECTED FINDINGS

- A total of 5,665 cases relating to child abuse and neglect were submitted for filing consideration against adult defendants in 2013.
- Of these, charges were filed in 43% (2,430) of the cases reviewed. Felony charges were filed in 57% (1,328) of these matters. Misdemeanor charges were filed in 45% (1,102) of these matters.
- Of those cases declined for filing (a total of 3,235 - both felonies and misdemeanors), cases submitted alleging a violation of PC §288(a) accounted for 26% of the declinations (842).
- In 78% of the adult cases filed involving child abuse, the gender of the defendant was male.
- Convictions were achieved in 93% of the 1,714 case dispositions in 2013 involving adult offenders. Defendants received grants of probation in 70% (1,194) of these cases. State prison sentences were ordered in 25% (436) of the cases; with 1% (16) of the defendants receiving a life sentence in state prison.
- A total of 783 cases relating to child abuse and neglect were submitted for filing consideration against juvenile offenders.
- Of these, charges were filed in 37% (286) of the cases reviewed. Felony charges were filed in 90% (259) of these cases.
- Of the filed cases, 55% (142) alleged a violation of PC §288(a). Of the declined cases (397 - both felonies and misdemeanors), 54% (216) alleged a violation of PC §288(a).
- In 95% of the petitions filed involving child abuse, the gender of the minor was male
- Sustained petitions (161) were achieved in 92% of the juvenile case dispositions in 2013.



**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**

**RECOMMENDATION ONE:**

**REPORTING OF DATA**

The District Attorney's Office keeps data on several different categories including, but not limited to, the type of crime committed, jurisdiction or zip code where the case was filed for prosecution, the juvenile or adult status of offenders, 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:**

**USE OF SPATIAL DATA**

The District Attorney's Office is exploring the viability of using GIS mapping techniques to report data in future reports.

*Figure 1*

**LIST OF PRIORITIZED STATUTES FOR 2013**

CODE	STATUTE	FORM NO	ORDER	CODE	STATUTE	FORM NO	ORDER
PC	187(A)		1	PC	288A(D)(3)	001	37
PC	273AB(A)		2	PC	289(A)(1)(B)		38
PC	273AB(B)		3	PC	289(A)(1)(C)		39
PC	273AB		4	PC	286(C)(1)		40
PC	288.7(A)		5	PC	286(C)	001	41
PC	288.7(B)		6	PC	288(B)(1)		42
PC	236.1(C)		7	PC	288(B)(2)		43
PC	236.1(C)(1)		8	PC	288(B)		44
PC	236.1(C)(2)		9	PC	288(A)		45
PC	269(A)(1)		10	PC	288A(C)(1)		46
PC	269(A)(2)		11	PC	288A(C)	001	47
PC	269(A)(3)		12	PC	289(J)		48
PC	269(A)(4)		13	PC	289(I)		49
PC	269(A)(5)		14	PC	289(H)		50
PC	664/187(A)		15	PC	273A(A)		51
PC	261(A)(2)	001	16	PC	273D(A)		52
PC	261(A)(2)	002	17	PC	278		53



Figure 1 (continued)

LIST OF PRIORITIZED STATUTES FOR 2012							
CODE	STATUTE	FORM NO	ORDER	CODE	STATUTE	FORM NO	ORDER
PC	264.1(B)(1)		20	PC	288(C)(1)		56
PC	264.1(B)(2)		21	PC	288(C)		57
PC	207(B)		22	PC	286(B)(2)		58
PC	207(C)	002	23	PC	286(B)(1)		59
PC	207(D)	002	24	PC	288A(B)(1)		60
PC	207(A)	002	25	PC	266J		61
PC	207(A)	003	26	PC	266H(B)		62
PC	208(B)		27	PC	266H(B)(1)		63
PC	288.5(A)		28	PC	266H(B)(2)		64
PC	288.5		29	PC	266I(B)		65
PC	286(C)(2)(B)		30	PC	266I(B)(1)		66
PC	286(C)(2)(C)		31	PC	266I(B)(2)		67
PC	286(D)(2)		32	PC	266		68
PC	286(D)(3)		33	PC	288A(B)(2)		69
PC	288A(C)(2)(B)		34	PC	12035(B)(1)		70
PC	288A(C)(2)(C)		35	PC	311.4(B)		71
PC	288A(D)(2)	001	36	PC	311.2(B)		72
PC	311.2(D)		73	PC	647.6(B)		93
PC	311.10		74	PC	647.6(A)(2)	002	94
PC	311.11(B)		75	PC	647.6(A)(2)	001	95
PC	288.3(A)		76	PC	647.6(A)(1)	002	96
PC	288.3(C)		77	PC	647.6(A)(1)	001	97
PC	288.4(B)		78	PC	261.5(C)	001	98
PC	261.5(D)		79	PC	647.6(A)	002	99
PC	261.5(C)	002	80	PC	647.6(A)	001	100
PC	288.4(A)(2)		81	PC	647.6		101
PC	311.1(A)		82	PC	261.5(B)		102
PC	311.4(C)		83	PC	261.5		103
PC	288.4(A)(1)		84	PC	273J(A)		104
PC	271A		85	PC	273A(B)		105
PC	12035(B)(2)		86	PC	273G		106
PC	12036(B)		87	PC	311.1		107
PC	12036(C)		88	PC	311.4(A)		108
PC	267		89	PC	311.11(A)		109
PC	288.2(A)		90	PC	311.3(A)		110
PC	288.2(B)		91	PC	273I(A)		111
PC	647.6(C)(2)		92	PC	273J(B)		112



Figure 2a:

**TOTAL ADULT FILINGS BY CHARGE FOR 2004 THROUGH 2008**

CHARGE	2004		2005		2006		2007		2008	
	Felony	Misd								
PC12035(B)(1)	0	0	0	0	0	1	1	1	0	0
PC12036(B)	0	0	0	0	0	0	0	0	0	0
PC12036(C)	0	0	0	0	0	0	0	0	0	1
PC187(A)	23	0	25	0	17	0	20	0	20	0
PC207(A)	13	0	19	0	11	0	18	0	23	0
PC207(B)	11	0	6	0	6	0	8	0	4	0
PC208(B)	1	0	1	0	1	0	0	0	0	0
PC236.1(A)	0	0	0	0	0	0	0	0	0	0
PC236.1(B)	0	0	0	0	0	0	0	0	0	0
PC236.1(C)(1)	0	0	0	0	0	0	0	0	0	0
PC236.1(C)(2)	0	0	0	0	0	0	0	0	0	0
PC261(A)(2)	0	0	0	0	0	0	0	0	0	0
PC261.5	0	0	1	0	1	1	1	1	2	0
PC261.5(B)	0	11	0	36	0	17	0	18	0	24
PC261.5(C)	87	57	80	43	72	37	86	46	83	74
PC261.5(D)	45	7	39	4	27	6	42	6	42	9
PC264.1(B)(2)	0	0	0	0	0	0	0	0	0	0
PC266	0	0	1	0	0	0	0	0	1	0
PC266H(B)	0	0	1	0	0	0	0	0	0	0
PC266H(B)(1)	0	0	5	0	4	0	5	0	8	0
PC266H(B)(2)	0	0	0	0	6	0	2	0	6	0
PC266I(B)(1)	0	0	1	0	2	0	0	0	0	0
PC266I(B)(2)	0	0	1	0	1	0	0	0	0	0
PC266J	3	0	2	0	0	0	1	0	0	0
PC269	0	0	0	0	0	0	0	0	0	0
PC269(A)(1)	23	0	26	0	14	0	22	0	23	0
PC269(A)(2)	2	0	2	0	1	0	2	0	0	0
PC269(A)(3)	4	0	3	0	3	0	7	0	4	0
PC269(A)(4)	7	0	4	0	1	0	7	0	5	0
PC269(A)(5)	10	0	5	0	3	0	3	0	7	0
PC271A	1	1	3	2	2	3	1	6	0	2
PC273A(1)	0	0	1	0	0	0	0	1	0	0
PC273A(A)	411	111	432	117	374	123	399	123	429	112
PC273A(B)	1	581	0	591	0	475	1	557	4	613



Figure 2b:

**TOTAL ADULT FILINGS BY CHARGE FOR 2009 THROUGH 2013**

CHARGE	2009		2010		2011		2012		2013	
	Felony	Misd								
PC12035(B)(1)	1	0	0	0	2	0	0	2	0	0
PC12036(B)	0	0	0	0	0	0	0	0	0	0
PC12036(C)	0	0	0	0	0	0	0	0	0	0
PC187(A)	16	0	15	0	16	0	13	0	12	0
PC207(A)	14	0	11	0	17	0	12	0	27	0
PC207(B)	5	0	3	0	6	0	2	0	4	0
PC208(B)	1	0	0	0	0	0	1	0	0	0
PC236.1(A)	0	0	0	0	0	0	14	0	2	0
PC236.1(B)	0	0	0	0	0	0	0	0	3	0
PC236.1(C)(1)	0	0	0	0	0	0	0	0	15	0
PC236.1(C)(2)	0	0	0	0	0	0	0	0	6	0
PC261(A)(2)	0	0	2	0	4	0	10	0	23	0
PC261.5	0	0	0	0	1	0	0	0	0	0
PC261.5(B)	0	20	0	17	0	21	0	13	0	15
PC261.5(C)	92	62	68	58	57	42	39	32	30	31
PC261.5(D)	29	9	29	8	24	3	12	6	11	4
PC264.1(B)(2)	0	0	0	0	0	0	2	0	8	0
PC266	2	0	2	0	0	1	0	0	0	0
PC266H(B)	0	0	2	0	0	0	0	0	0	0
PC266H(B)(1)	10	0	8	0	6	0	14	0	2	0
PC266H(B)(2)	3	0	1	0	1	0	6	0	4	0
PC266I(B)(1)	5	0	0	0	4	0	3	0	0	0
PC266I(B)(2)	0	0	0	0	1	0	1	0	1	0
PC266J	0	0	1	0	0	0	0	0	0	0
PC269	0	0	0	0	0	0	0	0	0	0
PC269(A)(1)	19	0	26	0	20	0	27	0	21	0
PC269(A)(2)	1	0	3	0	2	0	0	0	0	0
PC269(A)(3)	4	0	5	0	2	0	4	0	3	0
PC269(A)(4)	13	0	6	0	4	0	3	0	11	0
PC269(A)(5)	5	0	1	0	1	0	3	0	1	0
PC271A	0	2	0	2	1	0	1	3	0	1
PC273A(1)	0	0	0	0	0	0	0	0	0	0
PC273A(A)	389	113	391	114	375	115	332	102	326	86
PC273A(B)	1	595	1	692	0	746	0	786	1	761



## District Attorney's Office

Figure 2a (continued):

CHARGE	2004		2005		2006		2007		2008	
	Felony	Misd								
PC273AB	0	0	5	0	1	0	0	0	4	0
PC273AB(A)	0	0	0	0	0	0	0	0	0	0
PC273AB(B)	0	0	0	0	0	0	0	0	0	0
PC273D(A)	37	66	24	69	41	55	45	50	38	70
PC273G	0	0	0	0	0	0	0	14	0	1
PC278	19	1	26	2	11	4	11	3	12	1
PC278.5	4	1	4	3	4	2	1	1	0	2
PC278.5(A)	31	0	8	0	18	4	16	1	15	2
PC286(B)(1)	7	1	3	1	7	0	5	0	7	0
PC286(B)(2)	1	0	5	0	3	0	4	0	4	0
PC286(C)	0	0	0	0	0	0	1	0	0	0
PC286(C)(1)	5	0	4	0	8	0	8	0	1	0
PC286(C)(2)(B)	0	0	0	0	0	0	0	0	0	0
PC286(C)(2)(C)	0	0	0	0	0	0	0	0	0	0
PC288(A)	476	1	350	0	410	0	382	0	396	0
PC288(B)	3	0	0	0	5	0	1	0	2	0
PC288(B)(1)	46	0	55	0	52	0	36	0	47	0
PC288(B)(2)	0	0	0	0	0	0	0	0	0	0
PC288(C)	0	0	0	0	0	0	0	0	0	0
PC288(C)(1)	110	4	75	4	85	1	76	1	88	1
PC288.2(A)	0	0	0	0	0	0	0	0	0	0
PC288.3(A)	0	0	0	0	0	0	0	0	0	0
PC288.4(A)(1)	0	0	0	0	0	0	0	0	0	0
PC288.4(B)	0	0	0	0	0	0	0	0	0	0
PC288.5	6	0	2	0	4	0	3	0	5	0
PC288.5(A)	124	0	118	0	110	0	116	0	125	0
PC288.5(B)	18	2	0	0	0	0	0	0	0	0
PC288.7(A)	0	0	0	0	0	0	0	0	0	0
PC288.7(B)	0	0	0	0	0	0	0	0	0	0
PC288A(B)(1)	6	0	21	3	21	5	18	2	17	8
PC288A(B)(2)	0	0	12	0	4	0	4	0	8	0
PC288A(C)	0	0	0	0	0	0	1	0	0	0
PC288A(C)(1)	0	0	2	0	0	0	7	0	1	0
PC288A(C)(2)(B)	0	0	0	0	0	0	0	0	0	0
PC288A(C)(2)(C)	0	0	0	0	0	0	0	0	0	0



Figure 2b (continued):

CHARGE	2009		2010		2011		2012		2013	
	Felony	Misd								
PC273AB	1	0	0	0	0	0	0	0	0	0
PC273AB(A)	0	0	0	0	1	0	0	0	0	0
PC273AB(B)	0	0	0	0	3	0	3	0	2	0
PC273D(A)	32	73	42	75	43	73	41	50	35	59
PC273G	0	1	0	3	0	0	0	3	0	3
PC278	13	1	9	0	14	5	9	2	14	3
PC278.5	1	0	0	1	0	0	0	1	3	0
PC278.5(A)	8	4	11	2	8	3	10	2	11	1
PC286(B)(1)	5	0	10	0	6	1	6	2	3	2
PC286(B)(2)	3	0	1	0	3	0	2	0	1	0
PC286(C)	1	0	1	0	0	0	0	0	0	0
PC286(C)(1)	6	0	1	0	2	0	6	0	3	0
PC286(C)(2)(B)	0	0	0	0	0	0	0	0	1	0
PC286(C)(2)(C)	0	0	0	0	4	0	3	0	0	0
PC288(A)	381	0	285	0	258	0	241	0	237	1
PC288(B)	1	0	4	0	1	0	4	0	2	0
PC288(B)(1)	60	0	42	0	45	0	33	1	33	0
PC288(B)(2)	0	0	1	0	0	0	0	0	0	0
PC288(C)	0	0	1	0	1	0	0	0	1	0
PC288(C)(1)	92	0	84	0	78	0	80	2	64	5
PC288.2(A)	0	0	0	0	0	0	6	2	1	0
PC288.3(A)	0	0	7	0	9	0	6	0	21	0
PC288.4(A)(1)	0	0	0	0	0	0	0	0	0	2
PC288.4(B)	0	0	12	0	5	0	7	0	5	0
PC288.5	5	0	5	0	2	0	1	0	4	0
PC288.5(A)	136	0	125	0	96	0	86	0	93	0
PC288.5(B)	0	0	0	0	0	0	0	0	0	0
PC288.7(A)	0	0	40	0	45	0	40	0	50	0
PC288.7(B)	0	0	32	0	54	0	45	0	55	0
PC288A(B)(1)	9	3	23	4	29	1	18	7	10	5
PC288A(B)(2)	7	0	7	0	11	0	4	0	7	0
PC288A(C)	0	0	0	0	1	0	0	0	0	0
PC288A(C)(1)	2	0	0	0	1	0	1	0	2	0
PC288A(C)(2)(B)	0	0	0	0	0	0	0	0	1	0
PC288A(C)(2)(C)	0	0	0	0	5	0	0	0	2	0



## District Attorney's Office

Figure 2a (continued):

CHARGE	2004		2005		2006		2007		2008	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC289(A)(1)(B)	0	0	0	0	0	0	0	0	0	0
PC289(A)(1)(C)	0	0	0	0	0	0	0	0	0	0
PC289(H)	17	1	15	3	13	3	19	2	16	2
PC289(I)	6	0	10	0	12	0	12	0	15	0
PC289(J)	0	0	0	0	1	0	1	0	0	0
PC311.1	0	0	1	0	0	0	0	0	0	0
PC311.10	3	0	2	0	2	0	0	0	0	0
PC311.1(A)	3	0	4	0	1	0	4	0	9	0
PC311.11(A)	0	19	0	9	2	17	20	5	26	3
PC311.11(B)	0	0	2	0	2	0	1	0	1	0
PC311.2(B)	0	0	2	0	0	0	2	0	2	0
PC311.2(D)	0	0	0	0	1	0	1	0	1	0
PC311.3(A)	0	0	0	0	0	0	0	0	0	4
PC311.4(A)	0	0	0	0	0	0	0	0	0	0
PC311.4(B)	0	0	0	0	0	0	0	0	2	0
PC311.4(C)	1	0	2	0	1	0	1	0	1	0
PC647.6	0	0	0	2	0	2	0	0	0	0
PC647.6(A)	9	0	3	140	4	107	0	13	0	2
PC647.6(A)(1)	0	0	0	0	0	0	0	0	0	0
PC647.6(A)(2)	0	0	0	0	0	0	0	0	0	0
PC647.6(B)	0	0	1	0	0	3	3	1	3	0
PC647.6(C)(2)	0	0	0	0	0	0	0	0	0	0
PC664/187(A)	9	0	19	0	11	0	15	0	12	0
<b>TOTAL</b>	1,583	864	1,433	1,029	1,380	866	1,440	852	1,519	931
<b>ANNUAL TOTAL</b>	2,447		2,462		2,246		2,292		2,450	



Figure 2b (continued):

CHARGE	2009		2010		2011		2012		2013	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC289(A)(1)(B)	0	0	0	0	1	0	0	0	1	0
PC289(A)(1)(C)	0	0	0	0	1	0	1	0	2	0
PC289(H)	20	2	18	3	15	0	12	4	8	1
PC289(I)	19	0	7	0	15	0	11	0	9	0
PC289(J)	1	0	0	0	0	0	0	0	0	0
PC311.1	0	0	0	0	0	0	0	0	0	0
PC311.10	1	0	0	0	0	0	0	0	0	0
PC311.1(A)	12	0	14	1	15	0	37	1	64	0
PC311.11(A)	40	1	40	6	41	3	43	7	42	6
PC311.11(B)	0	0	3	0	5	0	6	0	8	0
PC311.2(B)	2	0	0	0	1	0	1	0	0	0
PC311.2(D)	0	0	0	0	0	0	0	0	0	0
PC311.3(A)	0	1	0	0	0	0	0	2	0	0
PC311.4(A)	0	0	1	0	0	0	1	0	0	0
PC311.4(B)	0	0	0	0	0	0	0	0	0	0
PC311.4(C)	1	0	1	0	2	0	3	0	0	0
PC647.6	0	0	1	0	0	2	0	1	0	0
PC647.6(A)	0	0	0	2	0	0	0	0	0	0
PC647.6(A)(1)	0	0	7	138	5	107	7	104	3	116
PC647.6(A)(2)	0	0	0	0	0	0	0	3	0	0
PC647.6(B)	1	1	6	0	1	0	0	0	2	0
PC647.6(C)(2)	0	0	0	0	0	0	1	0	1	0
PC664/187(A)	10	0	9	0	16	0	12	0	16	0
<b>TOTAL</b>	<b>1,480</b>	<b>888</b>	<b>1,425</b>	<b>1,126</b>	<b>1,387</b>	<b>1,123</b>	<b>1,286</b>	<b>1,138</b>	<b>1,328</b>	<b>1,102</b>
<b>ANNUAL TOTAL</b>	<b>2,368</b>		<b>2,551</b>		<b>2,510</b>		<b>2,424</b>		<b>2,430</b>	



Figure 3a:

**TOTAL ADULT DISMISSALS BY CHARGE FOR 2004 THROUGH 2008**

CHARGE	2004		2005		2006		2007		2008	
	Felony	Misd								
PC12035(B)(1)	0	0	0	0	0	0	1	0	0	0
PC12036(C)	0	0	0	0	0	0	0	0	0	1
PC187(A)	0	0	1	0	1	0	0	0	0	0
PC207	0	0	0	0	0	0	0	0	0	0
PC207(A)	1	0	3	0	0	0	1	0	3	0
PC207(B)	1	0	1	0	0	0	1	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
PC236.1(A)	0	0	0	0	0	0	0	0	0	0
PC236.1(B)	0	0	0	0	0	0	0	0	0	0
PC236.1(C)(1)	0	0	0	0	0	0	0	0	0	0
PC236.1(C)(2)	0	0	0	0	0	0	0	0	0	0
PC261(A)(2)	0	0	0	0	0	0	0	0	0	0
PC261.5(B)	0	0	0	0	0	0	0	0	0	0
PC261.5(C)	0	0	0	0	0	0	0	0	4	4
PC261.5(D)	5	1	1	0	1	0	0	1	0	0
PC264.1(B)(2)	0	0	0	0	0	0	0	0	0	0
PC266H(B)	0	0	0	0	0	0	0	0	0	0
PC266H(B)(1)	0	0	0	0	1	0	0	0	2	0
PC266H(B)(2)	0	0	0	0	0	0	1	0	3	0
PC266I(B)(1)	0	0	0	0	0	0	0	0	0	0
PC266J	0	0	1	0	0	0	0	0	0	0
PC269(A)(1)	2	0	1	0	0	0	2	0	0	0
PC269(A)(2)	0	0	1	0	0	0	0	0	0	0
PC269(A)(3)	0	0	0	0	0	0	1	0	1	0
PC269(A)(4)	1	0	1	0	0	0	0	0	1	0
PC269(A)(5)	1	0	0	0	0	0	0	0	1	0
PC271A	0	1	0	0	0	0	0	0	0	0
PC273A(A)	44	6	35	11	22	8	27	16	30	8
PC273A(B)	0	75	0	52	0	37	0	52	0	62
PC273D(A)	2	2	5	12	6	4	6	8	4	11



Figure 3b:

**TOTAL ADULT DISMISSALS BY CHARGE FOR 2009 THROUGH 2013**

CHARGE	2009		2010		2011		2012		2013	
	Felony	Misd								
PC12035(B)(1)	0	0	0	0	0	0	0	0	0	0
PC12036(C)	0	0	0	0	0	0	0	0	0	0
PC187(A)	0	0	0	0	0	0	0	0	0	0
PC207	0	0	0	0	0	0	0	0	0	0
PC207(A)	1	0	0	0	0	0	1	0	0	0
PC207(B)	0	0	1	0	0	0	0	0	1	0
PC208	0	0	0	0	0	0	0	0	0	0
PC208(B)	0	0	0	0	0	0	0	0	0	0
PC236.1(A)	0	0	0	0	0	0	1	0	0	0
PC236.1(B)	0	0	0	0	0	0	0	0	1	0
PC236.1(C)(1)	0	0	0	0	0	0	0	0	2	0
PC236.1(C)(2)	0	0	0	0	0	0	0	0	2	0
PC261(A)(2)	0	0	0	0	0	0	0	0	2	0
PC261.5(B)	0	0	0	0	0	0	0	0	0	0
PC261.5(C)	0	0	0	0	0	0	1	0	0	2
PC261.5(D)	0	0	1	1	0	0	0	0	0	0
PC264.1(B)(2)	0	0	0	0	0	0	0	0	4	0
PC266H(B)	0	0	2	0	0	0	0	0	0	0
PC266H(B)(1)	3	0	0	0	3	0	6	0	0	0
PC266H(B)(2)	2	0	0	0	0	0	2	0	0	0
PC266I(B)(1)	2	0	0	0	0	0	0	0	0	0
PC266J	0	0	0	0	0	0	0	0	0	0
PC269(A)(1)	3	0	0	0	1	0	0	0	0	0
PC269(A)(2)	1	0	0	0	0	0	0	0	0	0
PC269(A)(3)	0	0	0	0	0	0	0	0	0	0
PC269(A)(4)	0	0	0	0	0	0	0	0	1	0
PC269(A)(5)	1	0	0	0	0	0	0	0	0	0
PC271A	0	0	0	0	0	0	0	0	0	1
PC273A(A)	24	5	35	10	18	10	0	0	15	5
PC273A(B)	0	74	0	68	0	76	0	0	0	48
PC273D(A)	4	11	1	7	3	9	0	0	1	4



## District Attorney's Office

Figure 3a (continued):

CHARGE	2004		2005		2006		2007		2008	
	Felony	Misd								
PC273G	0	0	0	0	0	0	0	4	0	0
PC278	2	0	4	1	0	1	0	2	0	0
PC278.5	0	1	0	0	1	0	1	0	0	1
PC278.5(A)	4	0	0	0	1	1	2	1	1	1
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)	36	0	26	0	16	0	6	0	12	0
PC288(B)(1)	3	0	4	0	2	0	1	0	0	0
PC288(C)	0	0	0	0	0	0	0	0	0	0
PC288(C)(1)	7	1	2	1	6	0	1	0	0	0
PC288.3(A)	0	0	0	0	0	0	0	0	0	0
PC288.5	0	0	0	0	0	0	0	0	0	0
PC288.5(A)	6	0	7	0	3	0	3	0	6	0
PC288.5(B)	0	0	0	0	0	0	0	0	0	0
PC288.7(A)	0	0	0	0	0	0	0	0	0	0
PC288.7(B)	0	0	0	0	0	0	0	0	0	0
PC288A(B)(1)	0	0	1	0	2	0	1	0	1	1
PC288A(B)(2)	0	0	1	0	0	0	0	0	0	0
PC288A(C)	0	0	0	0	0	0	0	0	0	0
PC288A(C)(1)	0	0	1	0	0	0	0	0	0	0
PC289(H)	0	0	0	0	0	0	0	0	0	0
PC289(I)	0	0	0	0	0	0	0	0	2	0
PC289(J)	0	0	0	0	0	0	0	0	0	0
PC311.1(A)	0	0	0	0	0	0	0	0	1	0
PC311.11(A)	0	0	0	0	1	0	1	1	2	1
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	0	0	1	0
PC311.3(A)	0	0	0	0	0	0	0	0	0	1
PC311.4(B)	0	0	0	0	0	0	0	0	0	0
PC647.6(A)	0	0	0	0	0	0	0	0	0	0



Figure 3b (continued):

CHARGE	2009		2010		2011		2012		2013	
	Felony	Misd								
PC273G	0	0	0	0	0	0	0	0	0	0
PC278	1	0	2	0	4	0	0	0	1	0
PC278.5	0	0	0	1	0	0	0	0	1	0
PC278.5(A)	2	2	1	0	0	0	0	0	0	0
PC286(B)(1)	0	0	0	0	0	0	0	0	0	0
PC286(C)(1)	0	0	0	0	0	0	1	0	0	0
PC288(A)	10	0	11	0	11	0	10	0	5	0
PC288(B)(1)	1	0	0	0	0	0	0	0	2	0
PC288(C)	0	0	0	0	0	0	0	0	0	0
PC288(C)(1)	2	0	5	0	4	0	1	0	2	0
PC288.3(A)	0	0	0	0	0	0	0	0	1	0
PC288.5	1	0	0	0	0	0	0	0	0	0
PC288.5(A)	4	0	4	0	0	0	0	0	1	0
PC288.5(B)	0	0	0	0	0	0	0	0	0	0
PC288.7(A)	0	0	2	0	2	0	1	0	0	0
PC288.7(B)	0	0	3	0	5	0	0	0	2	0
PC288A(B)(1)	0	0	0	2	1	0	0	0	0	1
PC288A(B)(2)	0	0	0	0	0	0	0	0	0	0
PC288A(C)	0	0	0	0	0	0	0	0	0	0
PC288A(C)(1)	0	0	0	0	0	0	0	0	0	0
PC289(H)	0	0	0	0	0	0	0	0	0	0
PC289(I)	1	0	0	0	0	0	0	0	0	0
PC289(J)	0	0	0	0	0	0	0	0	0	0
PC311.1(A)	2	0	1	0	0	0	1	0	0	0
PC311.11(A)	7	0	4	0	1	1	5	0	5	0
PC311.11(B)	0	0	0	0	0	0	0	0	1	0
PC311.2	0	0	0	0	0	0	0	0	0	0
PC311.2(B)	1	0	0	0	0	0	0	0	0	0
PC311.3(A)	0	0	0	0	0	0	0	0	0	0
PC311.4(B)	0	0	0	0	0	0	0	0	0	0
PC647.6(A)	0	0	0	0	0	0	0	0	0	0



## District Attorney's Office

Figure 3a (continued):

CHARGE	2004		2005		2006		2007		2008	
	Felony	Misd								
PC647.6(A)(1)	0	0	0	0	0	0	0	0	0	0
PC647.6(B)	0	0	0	0	0	0	1	0	0	0
PC664/187(A)	0	0	1	0	0	0	1	0	0	0
<b>TOTAL</b>	<b>115</b>	<b>87</b>	<b>97</b>	<b>77</b>	<b>63</b>	<b>51</b>	<b>58</b>	<b>85</b>	<b>75</b>	<b>91</b>
<b>ANNUAL TOTAL</b>	<b>202</b>		<b>174</b>		<b>114</b>		<b>143</b>		<b>166</b>	

Figure 4 :

### TOTAL ADULT CASES DECLINED FOR FILING FOR 2004 THROUGH 2013

CHARGE	2004 COUNT	2005 COUNT	2006 COUNT	2007 COUNT	2008 COUNT	2009 COUNT	2010 COUNT	2011 COUNT	2012 COUNT	2013 COUNT
PC12035(B)(1)	1	1	3	1	3	1	1	1	0	0
PC12035(B)(2)	0	0	0	0	0	0	0	0	2	0
PC12036(B)	0	0	0	2	0	0	1	0	0	0
PC12036(C)	0	0	1	0	0	0	0	0	0	0
PC187(A)	2	3	0	7	0	0	0	3	1	3
PC207	0	0	0	0	0	0	0	0	0	0
PC207(A)	2	2	1	5	1	0	3	0	7	1
PC207(B)	1	2	1	3	4	2	2	1	2	0
PC236.1(A)	0	0	0	0	0	0	0	0	3	13
PC236.1(C)(1)	0	0	0	0	0	0	0	0	0	2
PC208	0	0	0	0	0	0	0	0	0	0
PC261(A)(2)	0	0	0	0	0	0	0	18	22	51
PC208(B)	0	0	0	0	0	0	0	0	0	0
PC261.5	0	11	0	1	2	3	8	2	1	2
PC261.5(A)	1	2	1	1	1	3	2	0	0	0
PC261.5(B)	94	142	156	127	133	166	111	101	70	86
PC261.5(C)	137	187	249	293	274	239	304	231	180	166
PC261.5(D)	81	70	29	32	38	49	41	52	42	33
PC264.1(B)(2)	0	0	0	0	0	0	1	0	0	0
PC266	0	0	0	2	1	0	1	0	0	0
PC266H(B)	0	1	1	0	6	0	1	0	2	0
PC266H(B)(1)	0	0	2	1	3	2	1	0	4	2
PC266H(B)(2)	0	0	1	5	3	2	4	0	5	3
PC266I(B)(1)	0	0	0	0	0	0	0	1	0	0
PC266I(B)(2)	0	0	0	0	0	1	2	0	1	0
PC266J	2	0	1	0	1	1	0	3	0	0
PC267	0	0	1	0	0	0	0	0	0	0
PC269(A)(1)	3	3	1	2	2	4	2	8	5	7



Figure 3b (continued):

CHARGE	2009		2010		2011		2012		2013	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC647.6(A)(1)	0	0	1	18	0	6	1	0	1	8
PC647.6(B)	0	0	0	0	0	0	0	0	0	0
PC664/187(A)	0	0	0	0	1	0	0	0	0	0
<b>TOTAL</b>	<b>73</b>	<b>92</b>	<b>74</b>	<b>107</b>	<b>54</b>	<b>102</b>	<b>31</b>	<b>0</b>	<b>51</b>	<b>69</b>
<b>ANNUAL TOTAL</b>	<b>165</b>		<b>181</b>		<b>156</b>		<b>31</b>		<b>120</b>	

Figure 4 (continued) :

CHARGE	2004 COUNT	2005 COUNT	2006 COUNT	2007 COUNT	2008 COUNT	2009 COUNT	2010 COUNT	2011 COUNT	2012 COUNT	2013 COUNT
PC269(A)(2)	0	0	0	1	0	0	0	0	0	2
PC269(A)(3)	0	0	0	0	1	2	1	0	1	1
PC269(A)(4)	0	0	0	0	0	1	0	1	0	0
PC269(A)(5)	0	0	0	1	1	0	0	1	0	1
PC271A	8	5	3	3	3	6	9	3	4	3
PC273A	0	1	1	1	1	2	0	0	0	0
PC273A(2)	0	0	2	0	0	0	0	0	0	0
PC273A(A)	399	464	502	461	478	479	534	549	947	836
PC273A(A)(1)	0	0	0	0	0	0	0	0	0	0
PC273A(B)	177	148	150	233	245	243	335	308	388	388
PC273AB	2	1	3	3	3	4	6	1	1	0
PC273AB(A)	0	0	0	0	0	0	0	0	2	3
PC273D(A)	133	103	127	139	144	116	161	131	250	286
PC273G	0	1	1	1	1	6	4	1	3	1
PC273I(A)	0	0	0	0	0	3	1	0	3	0
PC278	29	39	55	40	20	25	13	24	17	24
PC278.5	49	35	18	9	5	15	6	11	10	12
PC278.5(A)	58	48	55	57	37	47	39	39	31	24
PC286(B)(1)	13	9	18	6	5	8	8	14	14	6
PC286(B)(2)	5	0	4	2	2	0	4	7	2	0
PC286(C)	0	0	0	0	0	0	0	0	0	1
PC286(C)(1)	9	0	2	3	1	8	6	2	1	2
PC286(C)(2)(B)	0	0	0	0	0	0	0	0	0	1
PC286(C)(2)(C)	0	0	0	0	0	0	0	1	4	1
PC288(A)	1,013	1,094	1,116	950	975	989	970	1,002	985	842
PC288(B)	2	0	0	0	0	2	4	1	0	1
PC288(B)(1)	10	11	15	14	16	19	25	20	14	12
PC288(B)(2)	0	0	0	0	0	0	0	3	0	1
PC288(C)	0	0	0	1	0	3	2	1	0	3
PC288(C)(1)	83	98	90	72	81	95	115	98	92	90



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Figure 4 (continued) :

CHARGE	2004 COUNT	2005 COUNT	2006 COUNT	2007 COUNT	2008 COUNT	2009 COUNT	2010 COUNT	2011 COUNT	2012 COUNT	2013 COUNT
PC288.2(A)	0	0	0	0	0	0	0	0	3	5
PC288.2(B)	0	0	0	0	0	0	0	0	1	0
PC288.3(A)	0	0	0	0	0	0	3	8	5	6
PC288.4(A)(1)	0	0	0	0	0	0	0	0	0	1
PC288.4(A)(2)	0	0	0	0	0	0	1	0	0	0
PC288.4(B)	0	0	0	0	0	0	0	0	0	2
PC288.5	1	2	4	10	17	3	4	6	4	4
PC288.5(A)	46	35	35	37	85	78	90	104	101	96
PC288.5(B)	0	0	0	0	0	0	0	0	0	0
PC288.7(A)	0	0	0	0	0	0	24	21	18	21
PC288.7(B)	0	0	0	0	0	0	18	20	21	26
PC288A(B)(1)	22	21	27	9	17	18	25	22	35	18
PC288A(B)(2)	6	1	5	1	2	2	2	3	5	1
PC288A(C)	0	0	0	0	0	0	0	0	0	0
PC288A(C)(1)	8	4	3	4	2	5	7	3	3	3
PC288A(C)(2)(B)	0	0	0	0	0	0	0	0	1	1
PC288A(C)(2)(C)	0	0	0	0	0	0	0	0	1	1
PC288(A)(1)(B)	0	0	0	0	0	0	0	0	2	1
PC289(A)(1)(C)	0	0	0	0	0	0	0	1	2	9
PC289(H)	2	8	5	8	5	6	10	13	6	7
PC289(I)	0	4	3	0	3	2	2	1	4	2
PC289(J)	1	2	1	0	0	0	1	2	4	1
PC311.1(A)	2	0	1	0	2	2	3	1	5	3
PC311.10	0	0	4	2	0	0	0	2	1	0
PC311.11(A)	6	0	0	7	8	9	12	27	20	16
PC311.11(B)	4	0	1	1	0	0	0	0	0	0
PC311.2(B)	0	0	0	0	0	0	0	0	0	0
PC311.2(D)	0	0	0	0	1	0	0	2	0	0
PC311.3(A)	0	0	0	0	0	0	2	2	1	1
PC311.4(A)	1	0	1	0	0	1	0	1	2	1
PC311.4(B)	0	0	0	0	0	0	0	1	0	0
PC311.4(C)	0	0	0	0	1	0	0	0	1	1
PC647.6	0	0	1	0	0	2	1	0	0	0
PC647.6(A)	11	113	109	20	9	4	3	5	2	1
PC647.6(A)(1)	0	0	0	0	0	0	185	105	105	95
PC647.6(A)(2)	0	0	0	0	0	0	0	0	1	1
PC647.6(B)	9	10	4	2	2	4	2	5	3	1
PC664/187(A)	0	0	0	0	0	0	1	0	0	0
<b>TOTAL</b>	<b>2,433</b>	<b>2,681</b>	<b>2,814</b>	<b>2,580</b>	<b>2,645</b>	<b>2,682</b>	<b>3,124</b>	<b>2,994</b>	<b>3,473</b>	<b>3,235</b>



Figure 5: Adult Presented in 2013

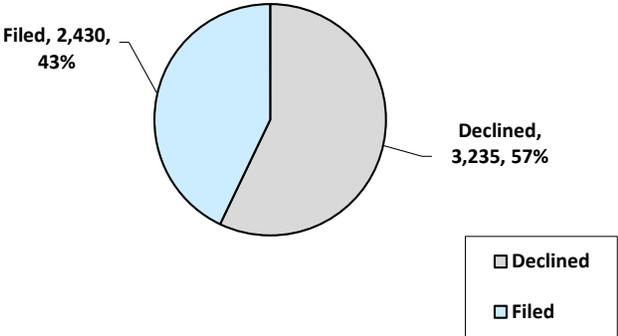


Figure 6: Total Adult Dispositions in 2013

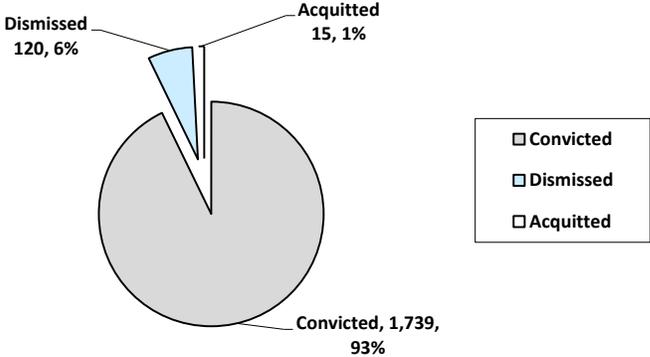


Figure 7:

**TOTAL ADULT CASES SENTENCED FOR 2004 THROUGH 2013**

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
<b>SENTENCE TYPE</b>	<b>COUNT</b>									
LIFE	13	8	6	9	12	15	23	19	22	16
STATE PRISON	472	349	401	479	483	492	515	444	439	436
COUNTY JAIL 1170(H)	0	0	0	0	0	0	0	28	38	33
PROBATION	1,284	1,113	1,077	1,144	1,277	1,149	1,290	1,229	1,262	1,194
JAIL OR FINE	n/a	42	43	16	16	36	54	52	36	35

Figure 8:

**Sentencing (Adult) - Pie Chart**

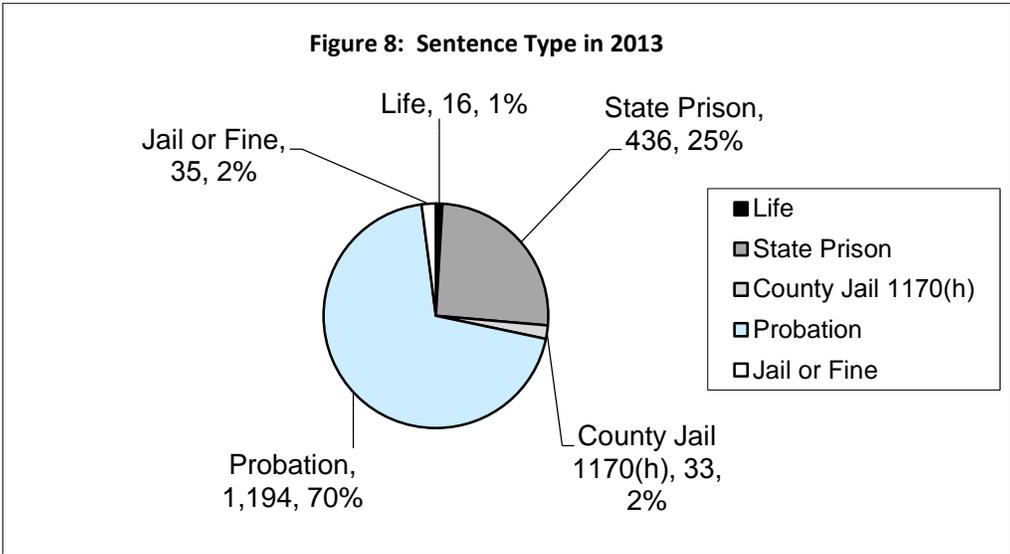




Figure 9:

Child Abduction Cases for 2004 through 2013

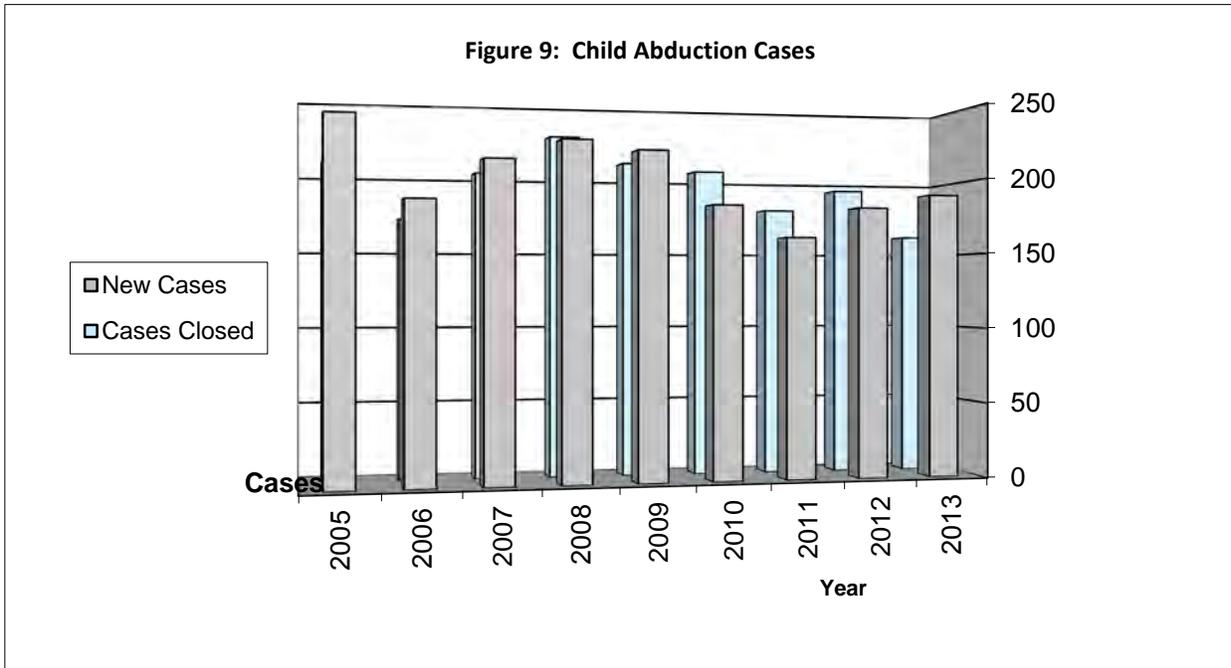


Figure 10:

Total Adult Presented for 2004 through 2013

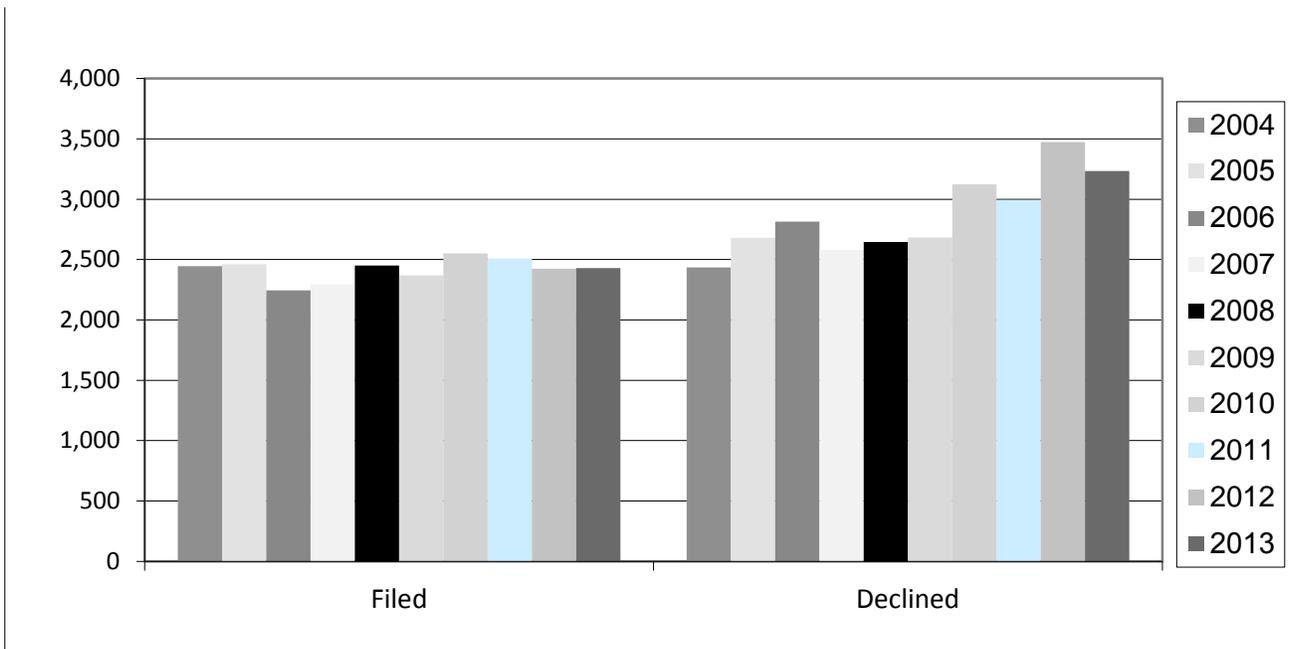




Figure 11:

**TOTAL ADULT CASES FILED BY ZIP CODE FOR 2004 THROUGH 2013**

ZIP CODE	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
90007	19	52	17	34	41	45	49	45	59	61
90012	424	445	350	363	409	350	345	371	366	406
90022	38	40	35	30	50	42	69	62	81	76
90025	0	0	0	0	0	0	0	0	0	0
90045	118	103	75	57	65	73	75	88	57	55
90066	0	0	0	0	0	0	0	0	0	0
90210	2	4	13	12	7	5	12	8	6	4
90220	243	219	229	292	326	298	267	247	237	229
90231	0	0	0	0	0	0	0	0	0	0
90242	86	61	46	19	28	33	33	68	54	72
90255	47	0	0	0	0	0	0	0	0	0
90262	0	0	0	0	0	0	0	0	0	0
90265	7	13	3	3	5	9	7	9	15	0
90301	45	35	51	54	50	41	50	42	38	43
90401	0	0	0	0	0	0	0	0	0	0
90503	103	75	98	67	67	84	94	91	84	58
90602	64	62	50	63	75	68	42	70	67	27
90650	178	207	178	177	168	165	194	147	158	135
90703	0	0	0	0	0	0	1	0	3	0
90706	40	80	51	47	65	76	87	80	69	60
90802	131	110	130	83	64	69	74	100	104	81
91016	0	0	0	0	0	0	0	0	0	0
91101	68	77	55	88	78	63	75	79	71	65
91205	40	56	41	34	32	32	0	0	0	0
91206	0	0	0	0	0	0	36	54	53	59
91331	0	0	0	0	0	0	0	0	0	0
91340	86	65	86	89	94	96	87	118	110	116
91355	56	86	72	48	47	48	54	52	31	21
91401	93	49	81	94	122	80	81	56	81	82
91502	0	0	21	14	7	20	14	13	17	12
91731	66	81	63	79	65	72	63	74	61	77
91744	0	0	0	0	2	0	0	0	0	0
91766	203	171	166	181	206	214	241	242	226	216
91790	67	80	69	86	90	64	118	100	99	92
91801	50	69	53	40	61	68	86	82	68	72
93534	173	222	213	238	226	253	297	212	209	311
<b>TOTAL</b>	<b>2,447</b>	<b>2,462</b>	<b>2,246</b>	<b>2,292</b>	<b>2,450</b>	<b>2,368</b>	<b>2,551</b>	<b>2,510</b>	<b>2,424</b>	<b>2,430</b>



Figure 12a:

**TOTAL JUVENILE FILINGS BY CHARGE FOR 2004 THROUGH 2008**

CHARGE	2004		2005		2006		2007		2008	
	FELONY	MISD								
PC12036(B)	0	0	0	0	0	0	0	1	0	0
PC187(A)	0	0	0	0	0	0	0	0	0	0
PC207(A)	0	0	2	0	0	0	0	0	2	0
PC207(B)	0	0	0	0	0	0	0	0	0	0
PC208(B)	0	0	0	0	0	0	0	0	0	0
PC261(A)(2)	0	0	0	0	0	0	0	0	0	0
PC261.5	0	0	0	0	0	0	1	0	0	0
PC261.5(B)	0	5	0	6	0	4	0	7	0	10
PC261.5(C)	1	2	4	0	3	0	1	0	3	2
PC261.5(D)	0	0	0	0	0	0	1	0	0	0
PC266H(B)(1)	0	0	0	0	0	0	0	0	2	0
PC266I(B)(2)	0	0	0	0	0	0	1	0	0	0
PC266J	0	0	0	0	0	0	0	0	0	0
PC269(A)(3)	0	0	0	0	0	0	0	0	0	0
PC269(A)(4)	0	0	0	0	0	0	0	0	0	0
PC269(A)(5)	1	0	0	0	0	0	0	0	0	0
PC271A	0	0	0	0	0	0	0	0	0	0
PC273A(A)	9	0	14	0	7	0	7	0	12	0
PC273A(B)	0	8	0	4	0	2	0	8	0	7
PC273D(A)	0	0	3	0	2	0	2	0	0	0
PC273G	0	0	0	0	0	0	0	0	0	0
PC278	4	0	0	0	2	0	0	0	2	0
PC278.5	0	0	0	0	0	0	0	0	0	0
PC286(B)(1)	0	0	3	0	1	0	2	0	3	0
PC286(B)(2)	0	0	0	0	0	0	0	0	0	0
PC286(C)(1)	0	0	1	0	1	0	2	0	0	0
PC286(C)(2)(B)	0	0	0	0	0	0	0	0	0	0
PC286(D)(3)	0	0	0	0	0	0	0	0	0	0
PC288(A)	175	0	182	0	176	0	183	0	189	0
PC288(B)	0	0	0	0	1	0	0	0	0	0
PC288(B)(1)	41	0	32	0	28	0	44	0	46	0
PC288(C)	0	0	0	0	0	0	0	0	0	0
PC288(C)(1)	0	0	0	0	0	0	0	0	0	0
PC288.2(A)	0	0	0	0	0	0	0	0	0	0
PC288.5(A)	34	0	33	0	22	0	22	0	19	0
PC288.5(B)	0	0	0	0	0	0	0	0	0	0
PC288.7(B)	0	0	0	0	0	0	0	0	0	0
PC288A(B)(1)	3	0	1	0	0	0	0	0	3	0
PC288A(B)(2)	0	0	0	0	0	0	0	0	0	0



Figure 12b:

**TOTAL JUVENILE FILINGS BY CHARGE FOR 2009 THROUGH 2013**

CHARGE	2009		2010		2011		2012		2013	
	FELONY	MISD								
PC12036(B)	0	0	0	0	0	0	0	0	0	0
PC187(A)	0	0	0	0	0	0	0	0	0	0
PC207(A)	0	0	0	0	3	0	0	0	0	0
PC207(B)	0	0	1	0	0	0	0	0	0	0
PC208(B)	0	0	0	0	0	0	0	0	0	0
PC261(A)(2)	0	0	0	0	3	0	12	0	2	0
PC261.5	0	0	0	0	0	0	0	0	0	0
PC261.5(B)	0	7	0	5	1	6	0	11	0	14
PC261.5(C)	2	0	2	2	1	2	2	2	5	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	0	0
PC269(A)(3)	0	0	1	0	0	0	1	0	1	0
PC269(A)(4)	0	0	0	0	0	0	1	0	2	0
PC269(A)(5)	0	0	0	0	0	0	0	0	0	0
PC271A	0	0	0	0	0	0	0	0	0	0
PC273A(A)	13	0	7	0	4	0	12	0	8	0
PC273A(B)	0	5	0	4	0	2	0	12	0	9
PC273D(A)	2	0	4	0	3	0	1	0	2	0
PC273G	0	0	0	0	0	0	0	0	0	0
PC278	2	0	0	0	0	0	0	0	0	0
PC278.5	0	0	0	0	0	0	0	0	0	0
PC286(B)(1)	0	0	4	0	1	0	2	0	1	0
PC286(B)(2)	0	0	0	0	0	0	0	0	0	0
PC286(C)(1)	3	0	0	0	4	0	1	0	0	0
PC286(C)(2)(B)	0	0	0	0	1	0	9	0	6	0
PC286(D)(3)	0	0	0	0	0	0	0	0	1	0
PC288(A)	189	0	149	1	149	0	149	0	142	0
PC288(B)	0	0	1	0	0	0	0	0	0	0
PC288(B)(1)	63	0	64	0	50	0	41	0	47	0
PC288(C)	0	0	0	0	0	0	0	0	0	0
PC288(C)(1)	2	0	0	0	0	0	0	0	0	0
PC288.2(A)	0	0	0	0	0	0	1	0	1	0
PC288.5(A)	23	0	17	0	20	0	10	0	17	0
PC288.5(B)	0	0	0	0	0	0	0	0	0	0
PC288.7(B)	0	0	1	0	0	0	0	0	0	0
PC288A(B)(1)	1	0	3	0	3	0	1	0	4	0
PC288A(B)(2)	1	0	0	0	0	0	0	0	0	0



## District Attorney's Office

Figure 12a:

CHARGE	2004		2005		2006		2007		2008	
	FELONY	MISD								
PC288A(C)(1)	0	0	0	0	0	0	3	0	0	0
PC288A(C)(2)(B)	0	0	0	0	0	0	0	0	0	0
PC288A(D)(3)	0	0	0	0	0	0	0	0	0	0
PC289(A)(1)(B)	0	0	0	0	0	0	0	0	0	0
PC289(A)(1)(C)	0	0	0	0	0	0	0	0	0	0
PC289(H)	5	0	1	0	2	0	0	0	3	0
PC289(I)	0	0	0	0	0	0	0	0	0	0
PC311.10	1	0	0	0	0	0	1	0	0	0
PC311.1(A)	0	0	0	0	0	0	0	0	0	0
PC311.11(A)	0	2	0	0	0	0	0	0	3	0
PC311.2(B)	0	0	0	0	0	0	0	0	0	0
PC311.2(D)	0	0	2	0	2	0	0	0	0	0
PC311.4(C)	0	0	0	0	0	0	0	0	0	0
PC647.6	0	0	0	0	0	0	0	0	0	0
PC647.6(A)	1	0	0	5	0	6	0	0	0	0
PC647.6(A)(1)	0	0	0	0	0	0	0	0	0	0
PC647.6(B)	0	0	1	0	0	0	0	0	0	0
PC664/187(A)	0	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>275</b>	<b>17</b>	<b>279</b>	<b>15</b>	<b>247</b>	<b>12</b>	<b>270</b>	<b>16</b>	<b>287</b>	<b>19</b>
<b>ANNUAL TOTAL</b>	<b>292</b>		<b>294</b>		<b>259</b>		<b>286</b>		<b>306</b>	



Figure 12b (continued):

CHARGE	2009		2010		2011		2012		2013	
	FELONY	MISD								
PC288A(C)(1)	1	0	0	0	0	0	1	0	0	0
PC288A(C)(2)(B)	0	0	0	0	1	0	5	0	4	0
PC288A(D)(3)	0	0	0	0	0	0	0	0	1	0
PC289(A)(1)(B)	0	0	0	0	0	0	6	0	4	0
PC289(A)(1)(C)	0	0	0	0	0	0	1	0	0	0
PC289(H)	1	0	1	0	1	0	0	1	1	0
PC289(I)	0	0	0	0	0	0	0	0	0	0
PC311.10	0	0	0	0	2	0	0	0	0	0
PC311.1(A)	1	0	0	0	0	0	0	0	0	0
PC311.11(A)	1	0	4	1	8	0	2	0	9	1
PC311.2(B)	0	0	0	0	0	0	1	0	0	0
PC311.2(D)	0	0	0	0	1	0	0	0	1	0
PC311.4(C)	0	0	0	0	0	0	1	0	0	0
PC647.6	0	0	0	0	0	1	0	0	0	0
PC647.6(A)	0	0	0	0	0	0	0	0	0	0
PC647.6(A)(1)	0	0	0	12	0	7	0	10	0	2
PC647.6(B)	0	0	0	0	0	0	0	0	0	0
PC664/187(A)	1	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>306</b>	<b>12</b>	<b>259</b>	<b>25</b>	<b>256</b>	<b>18</b>	<b>260</b>	<b>36</b>	<b>259</b>	<b>27</b>
<b>ANNUAL TOTAL</b>	<b>318</b>		<b>284</b>		<b>274</b>		<b>296</b>		<b>286</b>	



Figure 13:

**TOTAL JUVENILE DISMISSALS BY CHARGE FOR 2004 THROUGH 2008**

CHARGE	2004		2005		2006		2007		2008	
	FELONY	MISD								
PC207(A)	0	0	0	0	0	0	0	0	1	0
PC261.5(B)	0	0	0	3	0	0	0	1	0	2
PC261.5(C)	0	0	0	0	0	0	0	0	0	0
PC266H(B)(1)	0	0	0	0	0	0	0	0	1	0
PC273A(A)	0	1	1	0	0	0	1	0	0	0
PC273A(B)	0	0	0	0	0	0	0	2	0	1
PC273D(A)	0	0	0	0	0	0	1	0	0	0
PC286(B)(1)	0	0	0	0	0	0	0	0	1	0
PC286(C)(1)	0	0	0	0	1	0	0	0	0	0
PC288(A)	18	0	7	0	9	0	14	0	12	0
PC288(B)	0	0	0	0	0	0	0	0	0	0
PC288(B)(1)	7	0	2	0	4	0	4	0	5	0
PC288.5(A)	3	0	3	0	3	0	1	0	2	0
PC288A(B)(1)	0	0	0	0	0	0	0	0	1	0
PC288A(C)(1)	0	0	0	0	0	0	0	0	0	0
PC289(H)	0	0	0	0	0	0	0	0	0	0
PC311.2(D)	0	0	2	0	0	0	0	0	0	0
PC311.11(A)	0	0	0	0	0	0	0	0	0	0
PC647.6(A)	0	0	0	1	0	0	0	0	0	0
PC647.6(A)(1)	0	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>28</b>	<b>1</b>	<b>15</b>	<b>4</b>	<b>17</b>	<b>0</b>	<b>21</b>	<b>3</b>	<b>23</b>	<b>3</b>
<b>ANNUAL TOTAL</b>	<b>29</b>		<b>19</b>		<b>17</b>		<b>24</b>		<b>26</b>	



Figure 13a:

**TOTAL JUVENILE DISMISSALS BY CHARGE FOR 2009 THROUGH 2013**

CHARGE	2004		2005		2006		2007		2008		
	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD	
PC207(A)	0	0	0	0	0	0	0	0	0	0	0
PC261.5(B)	0	0	0	0	0	1	0	4	0	0	3
PC261.5(C)	0	0	0	1	0	2	0	2	1	0	0
PC266H(B)(1)	0	0	0	0	0	0	0	0	0	0	0
PC273A(A)	1	0	1	0	1	0	2	0	0	0	0
PC273A(B)	0	1	0	0	0	0	0	2	0	0	0
PC273D(A)	0	0	0	0	0	0	0	0	0	0	0
PC286(B)(1)	0	0	0	0	0	0	0	0	0	0	0
PC286(C)(1)	0	0	0	0	0	0	0	0	0	0	0
PC288(A)	19	0	11	1	9	0	19	0	5	0	0
PC288(B)	0	0	0	0	0	0	0	0	0	0	0
PC288(B)(1)	7	0	8	0	3	0	4	0	2	0	0
PC288.5(A)	3	0	0	0	0	0	2	0	2	0	0
PC288A(B)(1)	0	0	0	0	1	0	0	0	0	0	0
PC288A(C)(1)	1	0	0	0	0	0	0	0	0	0	0
PC289(H)	0	0	0	0	0	0	0	0	0	0	0
PC311.2(D)	0	0	0	0	0	0	0	0	0	0	0
PC311.11(A)	0	0	1	1	0	0	1	0	0	0	0
PC647.6(A)	0	0	0	0	0	0	0	0	0	0	0
PC647.6(A)(1)	0	0	0	1	0	0	0	3	0	0	1
<b>TOTAL</b>	<b>31</b>	<b>1</b>	<b>21</b>	<b>4</b>	<b>14</b>	<b>3</b>	<b>28</b>	<b>11</b>	<b>10</b>	<b>4</b>	
<b>ANNUAL TOTAL</b>	<b>32</b>		<b>25</b>		<b>17</b>		<b>39</b>		<b>14</b>		



Figure 14a:

**TOTAL JUVENILE DECLINATIONS BY CHARGE FOR 2004 THROUGH 2008**

CHARGE	2004		2005		2006		2007		2008	
	FELONY	MISD								
PC207(B)	1	0	0	0	0	0	0	0	0	0
PC261(A)(2)	0	0	0	0	0	0	0	0	0	0
PC261.5	0	0	4	0	6	0	1	0	0	3
PC261.5(A)	0	0	0	0	0	0	0	0	0	1
PC261.5(B)	0	18	0	13	0	26	0	13	0	44
PC261.5(C)	2	1	6	2	6	1	3	3	8	4
PC261.5(D)	0	0	0	0	0	0	0	1	0	0
PC264.1(B)(1)	0	0	0	0	0	0	0	0	0	0
PC266H(B)	0	0	0	0	0	0	0	0	0	0
PC269(A)(1)	0	0	0	0	0	0	0	0	0	0
PC269(A)(3)	0	0	0	0	0	0	0	0	0	0
PC271A	0	0	0	0	0	0	0	0	0	0
PC273A(A)	7	0	3	0	2	0	1	0	1	0
PC273A(B)	0	0	0	0	0	2	0	3	0	1
PC273AB	1	0	0	0	0	0	0	0	0	0
PC273D(A)	0	0	1	0	0	0	0	0	1	0
PC273I(A)	0	0	0	0	0	0	0	0	0	0
PC278	0	0	0	0	0	0	0	0	0	0
PC278.5(A)	0	0	0	0	0	0	1	0	1	0
PC286(B)(1)	0	0	0	0	1	0	1	0	5	0
PC286(B)(2)	0	0	0	0	0	0	0	0	0	0
PC286(C)(1)	2	0	0	0	1	0	0	0	0	0
PC286(C)(2)(B)	0	0	0	0	0	0	0	0	0	0
PC286(D)(3)	0	0	0	0	0	0	0	0	0	0
PC288(A)	156	0	165	0	182	0	119	0	156	0
PC288(B)(1)	3	0	8	0	8	0	9	0	9	0
PC288(C)(1)	0	0	2	0	0	0	1	0	0	0
PC288A(B)(1)	1	0	2	0	0	0	2	0	1	0
PC288A(B)(2)	0	0	1	0	0	0	2	0	0	0
PC288A(C)(1)	0	0	0	0	0	0	0	0	0	0
PC288A(C)(2)(B)	0	0	0	0	0	0	0	0	0	0
PC288.2(B)	0	0	0	0	0	0	0	0	0	0
PC288.3(A)	0	0	0	0	0	0	0	0	0	0
PC288.5(A)	1	0	1	0	1	0	0	0	1	0
PC288.7(B)	0	0	0	0	0	0	0	0	0	0
PC289(A)(1)(B)	0	0	0	0	0	0	0	0	0	0
PC289(A)(1)(C)	0	0	0	0	0	0	0	0	0	0
PC289(H)	0	0	2	0	0	0	0	1	0	0
PC289(I)	0	0	0	0	0	0	0	0	0	0
PC289(J)	0	0	0	0	0	0	0	0	0	0



Figure 14b:

**TOTAL JUVENILE DECLINATIONS BY CHARGE FOR 2009 THROUGH 2013**

CHARGE	2009		2010		2011		2012		2013	
	FELONY	MISD								
PC207(B)	0	0	0	0	0	0	0	0	0	0
PC261(A)(2)	0	0	0	0	3	0	5	0	9	0
PC261.5	0	7	0	1	0	1	5	0	0	0
PC261.5(A)	0	1	2	0	0	0	0	0	0	0
PC261.5(B)	0	46	0	61	0	75	0	89	0	106
PC261.5(C)	12	4	5	1	9	4	10	7	8	3
PC261.5(D)	1	1	0	0	0	0	1	0	0	0
PC264.1(B)(1)	0	0	0	0	0	0	2	0	0	0
PC266H(B)	0	0	0	0	0	0	0	0	0	0
PC269(A)(1)	1	0	1	0	0	0	0	0	0	0
PC269(A)(3)	1	0	0	0	0	0	0	0	0	0
PC271A	0	1	0	0	0	0	0	0	0	0
PC273A(A)	1	0	3	0	2	0	5	0	1	0
PC273A(B)	0	2	0	0	0	0	0	2	0	0
PC273AB	0	0	0	0	0	0	0	0	0	0
PC273D(A)	0	0	0	0	0	0	1	0	0	0
PC273I(A)	0	0	0	0	0	1	0	0	0	0
PC278	0	0	0	0	0	0	0	0	0	0
PC278.5(A)	0	0	0	0	0	0	0	0	0	0
PC286(B)(1)	0	0	6	0	8	0	8	0	2	0
PC286(B)(2)	0	0	0	0	0	0	0	0	0	0
PC286(C)(1)	1	0	0	0	0	0	2	0	0	0
PC286(C)(2)(B)	0	0	0	0	0	0	1	0	1	0
PC286(D)(3)	0	0	0	0	0	0	0	0	1	0
PC288(A)	202	0	183	0	162	0	223	1	216	0
PC288(B)(1)	5	0	11	0	7	0	19	0	21	0
PC288(C)(1)	0	0	1	0	0	0	2	0	0	0
PC288A(B)(1)	2	0	4	0	2	0	5	0	7	0
PC288A(B)(2)	0	0	0	0	0	0	0	0	0	0
PC288A(C)(1)	1	0	2	0	0	0	0	0	0	0
PC288A(C)(2)(B)	0	0	0	0	0	0	0	0	1	0
PC288.2(B)	0	0	0	0	0	0	0	0	1	0
PC288.3(A)	0	0	0	0	0	0	0	0	1	0
PC288.5(A)	2	0	4	0	1	0	2	0	4	0
PC288.7(B)	0	0	0	0	0	0	1	0	0	0
PC289(A)(1)(B)	0	0	0	0	0	0	0	0	2	0
PC289(A)(1)(C)	0	0	0	0	0	0	1	0	0	0
PC289(H)	1	0	1	1	1	0	0	0	0	1
PC289(I)	0	0	0	0	0	0	0	0	0	0
PC289(J)	0	0	0	0	0	0	0	0	0	0



Figure 14a (continued):

CHARGE	2004		2005		2006		2007		2008	
	FELONY	MISD								
PC311.1	0	0	0	0	0	0	0	0	0	0
PC311.1(A)	0	0	0	0	0	0	0	0	0	0
PC311.10	0	0	0	0	0	0	0	0	0	0
PC311.11(A)	0	0	0	0	0	0	0	0	0	0
PC311.3(A)	0	0	0	0	0	0	0	0	1	2
PC311.4(C)	0	0	0	0	0	0	0	0	0	0
PC647.6(A)	1	0	0	5	0	1	0	0	0	0
PC647.6(A)(1)	0	0	0	0	0	0	0	0	0	0
PC647.6(B)	0	0	1	0	0	0	0	0	0	0
<b>TOTAL</b>	175	19	196	20	207	30	140	21	184	55
<b>ANNUAL TOTAL</b>	194		216		237		161		239	

Figure 15:

Juvenile Presented in 2013

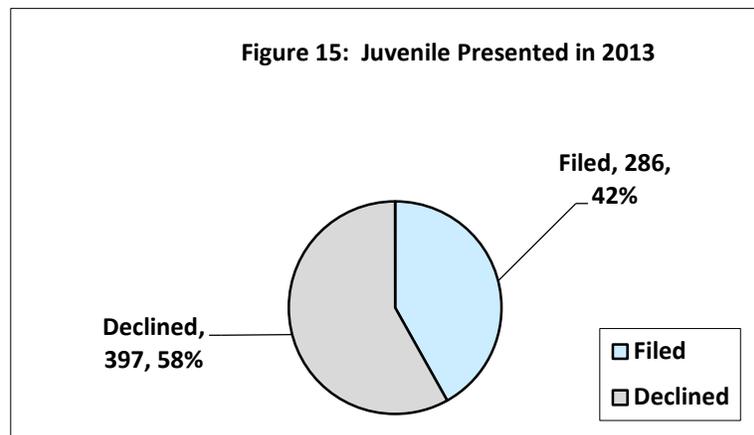


Figure 16:

Total Juvenile Dispositions in 2013

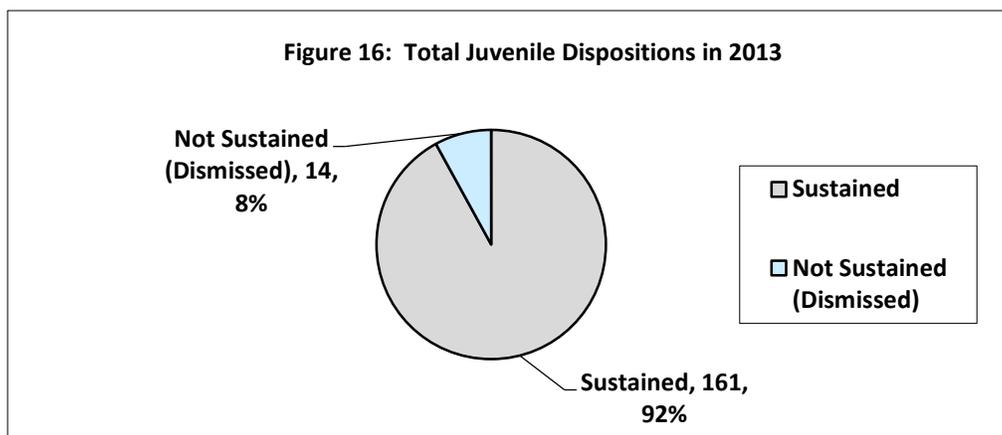




Figure 14b (continued):

CHARGE	2009		2010		2011		2012		2013	
	FELONY	MISD								
PC311.1	0	0	0	1	0	0	0	0	0	0
PC311.1(A)	0	0	1	0	0	0	0	0	1	2
PC311.10	0	0	0	0	1	0	4	0	1	0
PC311.11(A)	3	0	6	0	5	0	8	0	3	0
PC311.3(A)	0	0	0	2	0	7	1	0	0	0
PC311.4(C)	0	0	0	0	0	0	0	0	1	0
PC647.6(A)	0	0	0	2	0	0	0	0	0	0
PC647.6(A)(1)	0	0	0	4	1	7	0	9	0	4
PC647.6(B)	2	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	235	62	230	73	202	95	306	108	281	116
<b>ANNUAL TOTAL</b>	297		303		297		414		397	

Figure 17:

<b>TOTAL JUVENILE CASES FILED BY ZIP CODE FOR 2004 THROUGH 2013</b>										
ZIP CODE	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
90001	23	18	19	28	34	19	20	22	31	8
90033	55	59	64	55	74	70	48	55	46	48
90220	35	29	18	24	29	23	20	25	27	59
90242	23	33	34	23	24	28	33	29	27	27
90301	20	26	13	25	20	13	23	21	21	17
90802	30	24	13	28	18	18	16	19	12	14
91101	14	24	17	14	22	20	15	21	26	25
91342	53	51	30	42	28	53	57	47	70	50
91766	36	24	46	32	34	49	33	20	22	23
93534	3	6	5	15	23	25	19	15	14	15



Figure 18:

<b>TOTAL FILINGS BY GENDER (ALL CHARGES) FOR 2004 THROUGH 2013</b>												
Gender	2004				2005				2006			
	JUVENILE	%	ADULT	%	JUVENILE	%	ADULT	%	JUVENILE	%	ADULT	%
Female	3,740	18%	33,641	18%	4,191	19%	35,722	18%	4,188	18%	35,677	19%
Male	16,699	82%	154,994	82%	18,106	81%	157,849	82%	18,575	82%	155,992	81%
<b>TOTAL</b>	<b>20,439</b>		<b>188,635</b>		<b>22,297</b>		<b>193,571</b>		<b>22,763</b>		<b>191,669</b>	
Gender	2010				2011				2012			
	JUVENILE	%	ADULT	%	JUVENILE	%	ADULT	%	JUVENILE	%	ADULT	%
Female	3,410	18%	39,656	21%	3,029	19%	36,315	22%	2,552	19%	34,646	22%
Male	15,469	82%	146,249	79%	13,080	81%	126,685	78%	10,577	81%	119,415	78%
<b>TOTAL</b>	<b>18,879</b>		<b>185,905</b>		<b>16,109</b>		<b>163,000</b>		<b>13,129</b>		<b>154,061</b>	

Figure 19:

<b>CHILD ABUSE AND NEGLECT STATUTES FILINGS BY GENDER FOR 2004 THROUGH 2013</b>												
Gender	2004				2005				2006			
	JUVENILE	%	ADULT	%	JUVENILE	%	ADULT	%	JUVENILE	%	ADULT	%
Female	20	7%	522	21%	20	7%	535	22%	12	5%	392	17%
Male	272	93%	1,925	79%	274	93%	1,927	78%	247	95%	1,854	83%
<b>TOTAL</b>	<b>292</b>		<b>2,447</b>		<b>294</b>		<b>2,462</b>		<b>259</b>		<b>2,246</b>	
Gender	2010				2011				2012			
	JUVENILE	%	ADULT	%	JUVENILE	%	ADULT	%	JUVENILE	%	ADULT	%
Female	4	1%	550	22%	11	4%	552	22%	18	6%	517	21%
Male	280	99%	2,001	78%	263	96%	1,958	78%	278	94%	1,907	79%
<b>TOTAL</b>	<b>284</b>		<b>2,551</b>		<b>274</b>		<b>2,510</b>		<b>296</b>		<b>2,424</b>	

Figure 20:

<b>TOTAL JUVENILE FILINGS BY GENDER FOR 2004 THROUGH 2013</b>												
Gender	2004				2005				2006			
	CHILD ABUSE	%	ALL CHARGES	%	CHILD ABUSE	%	ALL CHARGES	%	CHILD ABUSE	%	ALL CHARGES	%
Female	20	7%	3,740	18%	20	7%	4,191	19%	12	5%	4,188	18%
Male	272	93%	16,699	82%	274	93%	18,106	81%	247	95%	18,575	82%
<b>TOTAL</b>	<b>292</b>		<b>20,439</b>		<b>294</b>		<b>22,297</b>		<b>259</b>		<b>22,763</b>	
Gender	2010				2011				2012			
	CHILD ABUSE	%	ALL CHARGES	%	CHILD ABUSE	%	ALL CHARGES	%	CHILD ABUSE	%	ALL CHARGES	%
Female	4	1%	3,410	18%	11	4%	3,029	19%	18	6%	2,552	19%
Male	280	99%	15,469	82%	263	96%	13,080	81%	278	94%	10,577	81%
<b>TOTAL</b>	<b>284</b>		<b>18,879</b>		<b>274</b>		<b>16,109</b>		<b>296</b>		<b>13,129</b>	



Gender	2007				2008				2009			
	JUVENILE	%	ADULT	%	JUVENILE	%	ADULT	%	JUVENILE	%	ADULT	%
Female	4,438	19%	37,088	19%	4,226	18%	38,447	19%	3,723	18%	37,876	20%
Male	18,525	81%	160,042	81%	18,727	82%	163,295	81%	17,455	82%	150,822	80%
<b>TOTAL</b>	<b>22,963</b>		<b>197,130</b>		<b>22,953</b>		<b>201,742</b>		<b>21,178</b>		<b>188,698</b>	

Gender	2013			
	JUVENILE	%	ADULT	%
Female	1,898	19%	32,801	22%
Male	8,304	81%	114,878	78%
<b>TOTAL</b>	<b>10,202</b>		<b>147,679</b>	

Gender	2007				2008				2009			
	JUVENILE	%	ADULT	%	JUVENILE	%	ADULT	%	JUVENILE	%	ADULT	%
Female	18	6%	464	20%	24	8%	536	22%	14	4%	452	19%
Male	268	94%	1,828	80%	282	92%	1,913	78%	304	96%	1,916	81%
<b>TOTAL</b>	<b>286</b>		<b>2,292</b>		<b>306</b>		<b>2,449</b>		<b>318</b>		<b>2,368</b>	

Gender	2013			
	JUVENILE	%	ADULT	%
Female	14	5%	546	22%
Male	272	95%	1884	78%
<b>TOTAL</b>	<b>286</b>		<b>2,430</b>	

Gender	2007				2008				2009			
	CHILD ABUSE	%	ALL CHARGES	%	CHILD ABUSE	%	ALL CHARGES	%	CHILD ABUSE	%	ALL CHARGES	%
Female	18	6%	4,438	19%	24	8%	4,226	18%	14	4%	3,723	18%
Male	268	94%	18,525	81%	282	92%	18,727	82%	304	96%	17,455	82%
<b>TOTAL</b>	<b>286</b>		<b>22,963</b>		<b>306</b>		<b>22,953</b>		<b>318</b>		<b>21,178</b>	

Gender	2013			
	CHILD ABUSE	%	ALL CHARGES	%
Female	14	5%	1,898	19%
Male	272	95%	8,304	81%
<b>TOTAL</b>	<b>286</b>		<b>10,202</b>	



Figure 21:

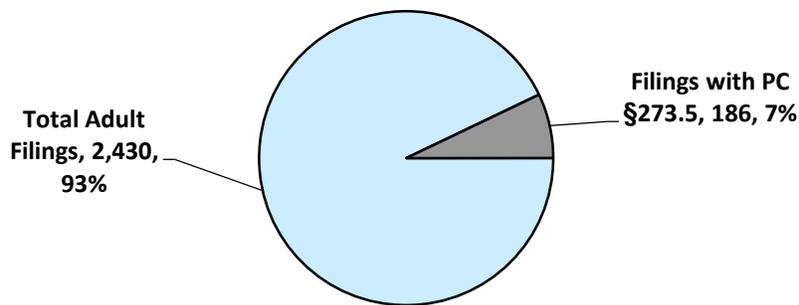
**TOTAL ADULT FILINGS BY GENDER FOR 2004 THROUGH 2013**

Gender	2004				2005				2006			
	CHILD ABUSE	%	ALL CHARGES	%	CHILD ABUSE	%	ALL CHARGES	%	CHILD ABUSE	%	ALL CHARGES	%
Female	522	21%	33,641	18%	535	22%	35,722	18%	392	17%	35,677	19%
Male	1,925	79%	154,994	82%	1,927	78%	157,849	82%	1,854	83%	155,992	81%
<b>TOTAL</b>	<b>2,447</b>		<b>188,635</b>		<b>2,462</b>		<b>193,571</b>		<b>2,246</b>		<b>191,669</b>	
Gender	2010				2011				2012			
	CHILD ABUSE	%	ALL CHARGES	%	CHILD ABUSE	%	ALL CHARGES	%	CHILD ABUSE	%	ALL CHARGES	%
Female	550	22%	39,656	21%	552	22%	36,315	22%	517	21%	34,646	22%
Male	2,001	78%	146,249	79%	1,958	78%	126,685	78%	1,907	79%	119,415	78%
<b>TOTAL</b>	<b>2,551</b>		<b>185,905</b>		<b>2,510</b>		<b>163,000</b>		<b>2,424</b>		<b>154,061</b>	

Figure 22:

**Filings With PC §273.5 Charge Versus Total Filings 2013**

**Figure 22: Filings With PC §273.5 Charge Versus Total Filings 2013**





		2007				2008				2009			
	Gender	CHILD ABUSE	%	ALL CHARGES	%	CHILD ABUSE	%	ALL CHARGES	%	CHILD ABUSE	%	ALL CHARGES	%
	Female	464	20%	37,088	19%	536	22%	38,447	19%	452	19%	37,876	20%
	Male	1,828	80%	160,042	81%	1,913	78%	163,295	81%	1,916	81%	150,822	80%
	<b>TOTAL</b>	<b>2,292</b>		<b>197,130</b>		<b>2,449</b>		<b>201,742</b>		<b>2,368</b>		<b>188,698</b>	
2013													
	Gender	CHILD ABUSE	%	ALL CHARGES	%								
	Female	546	22%	32,801	22%								
	Male	1,884	78%	114,878	78%								
	<b>TOTAL</b>	<b>2,430</b>		<b>147,679</b>									



## 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 an adjudication does not have the same consequences as a conviction for a similarly charged adult defendant.

**Adult** - Age when a person is considered legally responsible for his or her actions. For criminal actions, all persons 18 years of age and over in California are considered adults. In some cases, juveniles may be tried as adults.

**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 pre-trial publicity prevents the selection of an impartial jury in the court of original jurisdiction).

**Charge** - A formal allegation that a person has committed a crime.

**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 charges 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 system. 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



## District Attorney's Office

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** - Electronic Suspected Child Abuse Report System, accessible by all social workers, law enforcement officials, and prosecutors that provide information on current and prior instances of abuse and neglect involving children and families.

**Evidence** - Something (including testimony, documents, and tangible objects) that tends 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 contact with 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 pre-trial.

**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 se 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)



# PUBLIC DEFENDER'S OFFICE

Under the leadership of Chief Public Defender Ronald L. Brown, the Public Defender's Office provides legal representation to indigent individuals in the adult and juvenile delinquency courts of Los Angeles County as well as in state and federal appellate courts. Celebrating 100 years in 2014, the Los Angeles County Public Defender's Office is both the oldest and the largest full service local governmental defender in the United States.



## Public Defender's Office

With offices in 35 separate locations throughout the County, in Fiscal Year 2013-14, the Public Defender's Office had 1,132 budgeted positions. There were 701 Deputy Public Defender I through IV attorney positions in addition to 38 managing attorney 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 with 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, claims involving factual innocence based on DNA, and AB109 revocation hearings.

In Fiscal Year 2013-14, the Public Defender represented clients in approximately 115,797 felony-related proceedings; 245,813 misdemeanor-related proceedings; and 39,969 clients in juvenile delinquency proceedings.

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

only occur in the context of understanding the unique needs of the individual client, including the developmental, educational, psychological, and sociological history of each individual represented.

### **SPECIAL PROJECTS OF THE PUBLIC DEFENDER**

#### ***HOMELESS ALTERNATIVE TO LIVING ON THE STREETS ("HALO")***

Now in its 8th year, the Homeless Alternative to Living On the Streets Project (HALO) has gained national recognition as a successful form of collaborative justice. (See page 39 of the Brennan Center for Justice's Community Oriented Defense: Stronger Public Defenders.) In an effort to reduce recidivism, the HALO project is a pre-plea diversion program which provides an alternative to incarcerating homeless clients who are mentally ill, developmentally disabled and/or addicted to narcotics or other substances.

The eligibility screening process is commenced when deputy public defenders refer their misdemeanor clients--who are either homeless or are facing homelessness due to their criminal court involvement-- to the HALO project. During Fiscal Year 2013-2014, 18 clients were referred to the project while 6 were ultimately accepted; bringing the total number of participants to 16.

The deputy public defender evaluates and presents these cases to a deputy city attorney for review. The protocol established by the parties excludes all clients charged with violations involving gang injunctions, fraud, domestic violence and charges subject to life time sex registration.

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



other mental health practitioner in the community mental health clinics.

Clients who decline treatment when initially offered, or refuse to continue treatment, have the option of either contesting the charges or accepting a traditional disposition. Clients who successfully complete their course of treatment receive a dismissal of their criminal case. In this fiscal year, 9 clients earned a dismissal of their case following the successful completion of treatment.

Once the case has been dismissed, the clients are eligible for supportive services. Each of the 18 clients referred to HALO received some form of linkage assistance in locating affordable housing or in pursuing an education goal.

### **WOMEN'S RE-ENTRY COURT**

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

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

- A majority of women offenders have mental health disorders;
- Four in ten were physically or sexually abused before age 18;

- 64% of women imprisoned in California are mothers;
- Nearly one-third have children under the age of six.
- Half of these individuals were living with their children in the month prior to their arrest.

(Petersilia, Joan. (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 and promote individual accountability by addressing and treating underlying substance abuse and mental health issues; and providing education, parenting classes, job preparation and housing stability. Such a comprehensive approach promotes the successful return of formerly incarcerated individuals into local communities.

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



them to court for regular updates and to address any issues of concern.

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

- Countywide Criminal Justice Coordinating Committee (CCJCC)
- Department of Public Health, Substance Abuse Prevention and Control
- Los Angeles Superior Court
- Public Defender's Office
- Alternate Public Defender's Office
- District Attorney's Office
- Probation Department
- Sheriff's Department
- California Department of Corrections and Rehabilitation (CDCR)
- Prototypes
- UCLA Integrated Substance Abuse Programs (UCLA ISAP)

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

The WRC women participants are recommended 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 the client's admission to the program. 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 non-parolee women facing an imminent state prison commitment, if slots from other existing

funding streams are available.

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

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

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

UCLA ISAP conducted an extensive evaluation that was published in June 2011. The cumulative findings from the report indicate that high-risk women offenders can be successfully treated in the community. Participation and graduation rates exceed return to prison rates. None of the graduates were returned to custody. Re-entry women were receiving and receptive to an array of services, which were unavailable in the prison setting. In addition, the re-entry women had greater reductions in post-traumatic stress disorder (PTSD) and the corresponding symptoms of PTSD.

Project statistics from the start of the program in May



2007 through June 30, 2014, are as follows:

- 313 women have been formally admitted into the program;
- Of the 313 women formally admitted, only 56 women (17.9%) have been terminated from the program and sentenced to county jail or 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 received individual therapy for co-occurring disorders.
- 141 women have graduated from the program.
- Cost savings during a two year period were estimated at over \$11 million based on projected incarceration cost savings less treatment costs.

### **THE VETERANS COURT PILOT PROGRAM**

The Veterans Court pilot program began on September 13, 2010. The program is a multi-agency collaborative effort of the Court, Public Defender, Alternate Public Defender, District Attorney, Department of Veterans Affairs (VA) and Public Counsel. This voluntary 18-month prison alternative program provides individually tailored reintegration, case management and treatment plans that promote sobriety, recovery, stability, social responsibility, family unity, self-reliance, and reduced recidivism. The Veterans Court is based on the Drug Court model, which combines intensive supervision, mandatory drug testing, positive reinforcement, appropriate sanctions and court-supervised treatment to address veteran issues. The Veterans Court accepts veterans who have served in the U.S. military, are entitled to benefits through the VA, and suffer from post-traumatic stress disorder, traumatic brain injury, substance abuse, sexual trauma and mental health issues related to their military service. The Veterans Court team includes a judge, deputy district attorney, deputy public defender, deputy alternate public defender and the VA Outreach Specialist. Public Counsel assists the team on ancillary issues. Referrals to Veterans Court are made countywide by the participating agencies and privately retained defense counsel.

Prior to admission, the candidate is carefully

screened for eligibility and suitability by the Veterans Court team and the treatment provider identified by the VA. The program is only available to veterans currently charged with non-serious, nonviolent felonies, who have no prior serious or violent "strike" convictions. However, a District Attorney exception protocol exists for veterans who are suitable but otherwise ineligible due to pending charges or prior convictions. Treatment is selected by the VA and approved by the Veterans Court judge. VA benefits cover most of the expenses of the selected program. Once accepted into the Veterans Court program, the VA provides daily supervision of the veteran and issues a progress report to the Veterans Court. The Veterans Court judge then orders the veteran to complete the treatment program and comply with any other terms and conditions of probation. Progress report court appearances are set by the Veterans Court judge as appropriate to meet each individual veteran's needs and ensure compliance with the goals of the program

### **Benefits**

The program has demonstrated positive outcomes. Ninety-seven veterans have been accepted into the Veterans Court program since it began on September 13, 2010. Nine graduations have been held since the program's inception through June 30, 2014 resulting in 48 veterans graduating the program.

The Veterans Court creates options within the criminal justice system that tailor effective and appropriate responses for veteran offenders with post-service issues. It reduces recidivism, protects public safety and reintegrates veteran offenders back into their communities by providing access to intensive treatment services and case management while minimizing incarceration. Not only does incarceration fail to address the veteran's military related disorders, it is costly and adds to the problem of jail overcrowding which has become even more critical due to AB109 Public Safety Realignment.

Finally, Veterans Court takes advantage of already established federally funded treatment and service programs to reduce County costs. A review of participants in the program between April 1, 2011 and March 31, 2012, determined that Veterans Court



participants received approximately 10,000 days of federally funded VA treatment and ancillary services rather than being incarcerated or provided treatment at County expense. Additionally, approximately 25,550 State and County custody bed days were avoided by veterans' participation in the program. This equates to cost avoidance of over \$3,000,000.

### **CO-OCCURRING DISORDERS COURT**

The Public Defender was a key collaborative partner in the creation of the Co-Occurring Disorders Court (CODC). Public Defender staff has attended Mental Health Services Act Delegate's Meetings since early 2005 and was 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 those who voluntarily choose to enter into a contract with a court-supervised co-occurring disorders treatment program. Participants must engage in all phases of treatment with the hope of improving their quality of life, clinical functioning and possibly further benefiting by the reduction and/or dismissal of criminal charges.

The Co-Occurring Disorders Court utilizes a non-traditional approach to case resolution for those who suffer from mental illness and addiction. Rather than focusing only on the crimes they commit and the punishments they receive, Co-Occurring Disorders Court also attempts 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. CODC is also dependent upon the creation of a non-adversarial courtroom atmosphere where a single bench officer and a dedicated team of court officers and staff work together toward the common goals of breaking the cycle of drug abuse and criminal behavior, and promoting the stabilization and functioning of mental health symptoms. CODC program capacity is 62 participants.

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

Since formal operations launched in April 2007 through Fiscal Year 2013-14:

- 1,616 candidates have been screened for CODC;
- 374 have been admitted to CODC; and
- 82 participants have graduated from the CODC;

### **COMMUNITY UNITING FOR RESOLUTION AND EMPOWERMENT "CURE"- DIVERSION PROGRAM FOR GANG RELATED OFFENSES**

For over four years, the Alternative Sentencing/ Post-Plea Formal Diversion Program for Gang Related Offenses ("Gang Diversion"), also known as CURE (Community Uniting for Resolution and Empowerment), has gained local recognition as a successful form of collaborative justice

The Los Angeles County Public Defender's Office ("PD"), the Los Angeles City Attorney's Office ("LACA"), the Los Angeles County Alternate Public Defender's Office ("APD") and the Coalition for Responsible Community Development ("CRCD") came together to develop a program with the common goal of reducing the rates of incarceration and recidivism among young adults aged 18-25 charged with non-violent gang related misdemeanors in the City of Los Angeles.

This program targets young, adult offenders who have committed gang-related, misdemeanor offenses or who exhibit risk factors predictive of gang membership. In lieu of jail time and informal probation conditions, participants voluntarily enter a no contest plea and commit to completing a supervised 18-month program. Successful participants receive educational and vocational skills and job readiness training to earn a reduction of the original charge(s) or a dismissal of their criminal case upon completion of the program. In applicable cases, participants are encouraged to petition for removal from enforcement of the City's civil gang injunctions.



Eligible individuals include but are not limited to young adults aged 18-25 who reside in the following South Los Angeles zip codes in the City of Los Angeles: 90001, 90002, 90003, 90007, 90011, 90015, 90037, and 90044.

The eligibility screening process is commenced when the Deputy Public Defender (or other defense counsel) and the Anti-Gang Section Deputy City Attorney assigned to the case review the file for Gang Diversion consideration. The City Attorney's Office reviews past criminal history and ensures that these individuals meet the above eligibility requirements. Once approved, the Public Defender partners with CRCD, a non-profit, community-based agency that assists each participant to create an intervention plan and set personalized goals.

Participants meet regularly with their CRCD case management team to receive assistance in one or more of the following areas: (1) obtaining a high school diploma or GED; (2) receiving mental health counseling; (3) attending a substance abuse program; (4) housing assistance; (5) job assistance; and (6) alternatives to engaging in the gang lifestyle. In addition, all gang diversion participants attend a monthly court appearance to enable the city attorney, public defender and CRCD liaison to provide the court with a progress report and to hold each participant accountable for his or her success in the program.

Since May 2010 through June 30, 2014, 46 individuals have been accepted to CURE. Twenty-three participants have graduated and eight participants continue to work toward successful completion. Clients who decline CURE when initially offered or refuse to continue with the program, may accept a traditional disposition or proceed to trial. The CURE project is funded through CRCD grants that are essential to the continued success of misdemeanor offenders' transition from jail to the community.

#### **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.

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

The Public Defender was also a leader in creating and implementing the Drug Court Program 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, eleven 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 2013-14, 116 participants were admitted to the program. Forty (40) participants graduated from the program in graduations held throughout the fiscal year.

Due to a budget shortfall and its impact on court operations, the Superior Court in 2009 integrated Proposition 36/ Penal Code §1210 cases in regular calendar courts pursuant to the normal matrix. Additionally, since the Governor eliminated Offender Treatment Program funds in 2009 and Federal Stimulus funds expired on September 30, 2011,



the County moved to a “fee for service” model for Proposition 36 treatment services on October 1, 2011. The County also revised its Services Matrix and created two levels of services based on risk level. Despite these challenges, Public Defender staff remains committed to accessing appropriate treatment services for all clients, including those qualifying under Proposition 36.

### **THE JUVENILE JUSTICE SYSTEM**

The Public Defender’s Office represented 39,969 clients in juvenile delinquency proceedings during Fiscal Year 2013-14.

Many of these youth enter the juvenile justice system with serious, long-standing, and unaddressed educational and psychosocial problems that significantly contribute to their troublesome behavior. The underlying issues are mental health and substance abuse problems, cognitive learning disabilities, developmental disabilities, and the effects of sexual abuse, physical abuse and neglect.

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

According to the Juvenile Court Judges of California, 50% of all youth in the juvenile delinquency system have undetected learning disabilities. Learning disabilities affect cognitive systems related to perception, attention, language, and the symbolization abilities required to learn to read

and/or carry out mathematical calculations in an automatic manner. Clearly, youth with disabilities are over represented in the juvenile justice system. One study from the National Center on Education, Disability, and Juvenile Justice noted that the prevalence of youth with disabilities is three to five times greater in juvenile corrections populations than in public school populations.

Accordingly, many youth 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 youth are covered by state and federal special education laws that mandate a continuum of educational program options for special education students. Assembly Bill 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 youth appear in the juvenile justice system and even then, all too often the juvenile delinquency system focuses only on the specific behavior or circumstances that bring delinquent children to the attention of law enforcement and the courts. For any number of reasons, the system fails to pay sufficient attention to the serious underlying issues that often lead youth into juvenile court charged with criminal or status offenses.



### **CLIENT ASSESSMENT RECOMMENDATION AND EVALUTION "CARE" PROJECT**

Since its inception in 1999, the Juvenile Division of the Public Defender's Office has implemented its Client Assessment Recommendation and Evaluation (CARE) Project. The CARE Project focuses on early intervention with youth in delinquency court by addressing the cluster of underlying causes of delinquent behavior such as mental illness, intellectual disability, developmental disabilities, learning disabilities, emotional disturbances, and trauma. It is an 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 youth in the juvenile justice system while also emphasizing early intervention and accountability of both the youth involved and the agencies responsible for safeguarding the youth's interests.

Currently through the CARE Project, Los Angeles County Deputy Public Defenders collaborate with psychiatric social workers and resource attorneys from the earliest stage of the juvenile delinquency proceedings through disposition.

During Fiscal Year 2013-2014, the Public Defender CARE Project employed fifteen psychiatric social workers (13 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 youth'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 the 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 youth'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 youth receive appropriate special education services in the school districts and that the Regional Center system accepts eligible clients and that needed services are provided to their consumers. The success rate in obtaining services previously denied both by schools and the regional center system has been very high. In Fiscal Year 2013-14, the Public Defender's Office provided regional center assistance in 339 cases through the CARE Project.

CARE Project resource attorneys ensure that children with educational difficulties have current Individual Education Programs (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 youth 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.

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 youth to assist them in dealing with the many other challenges and obstacles they face outside of the courtroom. The Public Defender adheres to the philosophy that effective advocacy must encompass a holistic approach individually tailored to the particular needs of each unique client.

The Public Defender CARE Project, with partial funding from the Juvenile Accountability Block Grant (JABG), operates within all nine juvenile branches of the Los Angeles County Public Defender's Office. 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



## Public Defender's Office

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 youth represents a risk to the community and constitutes the basis for effective treatment plans likely to reduce re-offending by addressing the issues that otherwise would put the youth 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 to individualize and humanize the perception of each youth by busy bench officers who otherwise would not have the advantage of in-depth evaluations and insight about each youth and awareness of services available to implement an effective treatment plan. Consequently, more appropriate services are rendered to youth and their families to reduce recidivism while continuing to hold minors accountable.

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 youth's needs, present reasonable recommendations for appropriate conditions of probation and identify resources that will assist the child 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 youth 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 and resource attorneys. 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 resulted in tremendous benefits for youth 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. Youth and their families also benefit from referrals to appropriate mental health residential and outpatient treatment programs, regional center services for youth 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 2014, children have received project services in 20,199 cases. In Fiscal Year 2013-14, 10,178 services were provided to clients in 1,680 cases. Additionally, in Fiscal Year 2013-14, the Public Defender provided special education assistance to 919 clients and DMH assistance in 229 cases. On average, each youth served received 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 youth are involved in both the Delinquency and Dependency court systems and are themselves victims of abuse and neglect.

Overall, for Fiscal Year 2013-14, the Los Angeles County Juvenile Courts adopted 79% of the Public Defender disposition recommendations where CARE extended services were provided. Over the past eleven 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.

#### **2008 California Council On Mentally Ill Offenders (COMIO) "Best Practices" Award**

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

#### **THE DEPARTMENT OF JUVENILE JUSTICE UNIT (THE DJJ UNIT)**

The passage of Senate Bill 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 youth 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. An experienced attorney and a psychiatric social worker are 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 has been significantly reduced from 1,400 to approximately 683. On February 22, 2010, the California Department of Corrections and Rehabilitation officially closed the doors of the Herman G. Stark Youth Correctional Facility located in Chino, which had been the state's largest DJJ facility for juvenile offenders. In December of 2011, the California Department of Corrections and Rehabilitation officially closed the doors of the Southern Youth Correctional Reception Center-Clinic located in Norwalk.

Assembly Bill 1628 was signed into law in January 2010 (Chapter 729, Statutes of 2010). The primary purpose of AB 1628 was to eliminate DJJ parole by July 2014 and shift this population to county supervision and aftercare, with the use of evidence-based supervision and detention practices for those youth who come to the counties via AB 1628. In February 2011, counties began to receive youth from DJJ custody onto their probation caseloads as a result of the Juvenile Re-Entry Grant recently enacted by passage of AB 1628.

Through a combination of the recent legislative



## Public Defender's Office

changes and our successful advocacy since 2004, the number of youth the DJJ unit assists has decreased. As of June 30, 2014, the Public Defender DJJ Unit continues to represent 49 youth in DJJ institutions throughout the state. During Fiscal Year 2013-14, additional Public Defender DJJ clients were paroled or released through successful WIC section 779 petitions. The DJJ Unit also represents clients in county re-entry hearings for those youth who are released from DJJ facilities to county probation instead of parole. All DJJ clients are visited by their Public Defender DJJ Unit attorney and psychiatric social worker and they also may be reached by telephone. The attorney and psychiatric social worker develop working relationships with the clients' DJJ counselors, as well as with other staff at the institutions. They work to obtain clients' prior mental health and education records, and also review DJJ documents in order to assess current services. Even upon parole release, Public Defender staff remains involved with the client to assist with accessing services.

Advocacy within the institution may bring a change in the services provided to the client. The attorney and psychiatric social worker 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.

The Public Defender DJJ Unit attorney also researches and prepares 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 lawyer also pursues 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.

### **THE SB-9 UNIT**

In December of 2013, the Los Angeles County Public Defender's office created a three-lawyer unit to address the re-sentencing needs of juveniles who were sentenced in adult court to life without the possibility of parole (LWOP). The lawyers in the SB-9 unit, named after Senate Bill 9, file petitions under Penal Code 1170(d)(2), as well as habeas writs on behalf of our clients. Whether a judge modifies a LWOP sentence to a sentence where parole is possible is based upon the judge's discretion. Sentencing judges are to look at the transient qualities of youth as they existed at the time of the crimes, as well as the rehabilitative efforts of individuals.

### **JUVENILE MENTAL HEALTH COURT**

The Public Defender's Office 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, child psychiatrist



from UCLA, psychologist from UCLA, and an educational liaison develop an individualized case plan for each eligible youth referred to JMHC. The plan includes home, family, therapeutic, educational and adult transition services. A deputy public defender, with the assistance of a psychiatric social worker, advocates on behalf of the child to secure mental health services from all available community resources.

The deputy public defender and psychiatric social worker works with the family, local mental health organizations, school districts, the Regional Center system, the Probation Department, and DCFS to obtain for the youth 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 30, 2014, the JMHC has accepted 637 youth, and the Public Defender represented 528 of those youth. In Fiscal Year 2013-14, the JMHC accepted 56 new cases, 41 of which are serviced by the Public Defender's Office.

### **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 youth. The programs are comprised of youth in both pre-adjudication and post-adjudication stages as well as high-risk probationers who are sometimes first placed in a 26-week residential facility before being transitioned into outpatient treatment.

Youth participate in the program voluntarily. In the pre-adjudication program, charges are suspended

during the youth's participation while minors in the post-adjudication program admit charges in the petition prior to participation. Most youth 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. Youth are generally eligible to participate in the post-adjudication program regardless of the charges so long as they are not heavily gang-entrenched or have an extensive history with violence or firearms. Even minors with WIC 707(b) charges may be allowed to participate in Juvenile Drug Treatment Court when they are amendable to treatment and the interests of justice are served.

Upon a finding of eligibility and suitability, the Juvenile Drug Treatment Court judge provisionally accepts the minor into the program. After the youth is accepted into the program, deputy public defenders continue representation throughout the youth's participation in Drug Court. In the pre-adjudication program, successful completion and graduation will result in the dismissal of charges. In the post-adjudication program, successful completion and graduation will result not only in termination of probation but dismissal of the charges as well. In the case of a successful completion and graduation where the youth has been convicted of WIC 707(b) charges, the court will consider a withdrawal of those charges and a dismissal at a future date if the deputy district attorney and deputy public defender can come to an agreement and in the interests of justice.

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 Treatment Court Program is not solely measured by the number of graduates from the program, but rather whether the curriculum favorably impacted the youth to the extent that they are now considered drug-free.

Juvenile Drug Treatment Court providers direct participating youth 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 youth'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) handles both pre and post adjudication matters);
2. Eastlake (which began operations in 2001) handles post adjudication matters only; and
3. Inglewood (which began operations in 2004) handles pre-adjudication matters only.

For Fiscal Year 2013-14:

- Sylmar Court accepted 46 new participants and graduated 13 participants.
- Eastlake Court accepted 20 participants and graduated 6 participants.
- Inglewood Court accepted 17 new participants and had 5 graduates.



# 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 the Chief's 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 \$820 million, Probation provides an extensive range of services through the efforts of over 6,500 employees deployed in more than 50 locations throughout the County. Probation serves all superior courts in the County. Its services to the community include supervising adults and juveniles on probation, recommending sanctions to the court, enforcing court orders, operating juvenile detention facilities and probation camps, and assisting victims. Probation also provides supervision services to individuals released from California State prisons for non-violent, non-serious, and non-sex offenses pursuant to AB109.



## Probation Department

Probation is among the leading departments in the correctional field. Ninety percent (90%) of its employees are sworn peace officers committed to the department's vision.

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 Deputy Probation Officer (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 of probation 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 SERVICES**

Probation provides services to over 50,000 adults in Los Angeles County. The services consist of the following operations: Pretrial Services Division,

Adult Investigations, Adult Supervision, Specialized Programs, and AB109.

**Pretrial Services** - Since 1963, Pretrial Services has been at the forefront in providing crucial information to public entities concerned with community safety (i.e. law enforcement, the courts, Probation) on matters of detention, incarceration, and alternative sentencing. Pretrial Services has employees located in the majority of courthouses throughout the county, and currently administers the following nine programs:

**Bail Deviation Program:** In accordance with California Penal Code 1269c, the Bail Deviation Program is a free service that is available to any adult in jail (inmate) for an "open" (no criminal charges filed with the court) felony or misdemeanor charge in Los Angeles County. Pretrial Services employees gather information and conduct an assessment to determine the inmate's release suitability. The gathered information is provided to the on-duty bail commissioner, helping him or her in making a decision regarding the inmate's custody status. In addition, the service is also available to any member of law enforcement or prosecuting agencies who are seeking a change in the bail amount on an inmate, if they feel the set bail amount is too low for community safety or if the inmate is a potential flight risk. The pretrial employee presents this information to the on-duty bail commissioner for a decision.

**Drug Court Program:** The Drug Court Program is available to non-violent defendants arrested for certain felony drug charges. Pretrial submits a report to the court. With the court's approval, qualified defendants are placed in court-supervised, comprehensive treatment and rehabilitation programs. Drug Court's judges monitor the participation of the defendants, and those who successfully complete the program have their drug case dismissed.

**Early Disposition Program:** The Early Disposition Program allows defendants and the courts to reach a final decision sooner on the defendant's criminal case, reducing the time and number of court hearings and avoiding a jury trial. The Los Angeles County District Attorney and Public Defender Offices screen defendants for early disposition of criminal cases.



**Own Recognizance Program:** The Own Recognizance Program provides service to all Superior Courts in Los Angeles County handling felony criminal cases. Verified defendant information is provided to the courts, helping them in making decisions regarding a defendant's potential to be released from jail. Information is supplied to the court in a written report that includes an overall evaluation and recommendation regarding whether or not the defendant should be released from jail on his or her promise to appear for future court appearances.

**Electronic Monitoring Program:** The Electronic Monitoring Program is available to the Superior Court of Los Angeles County as an alternative to custody in accordance with California Penal Code 1203.016. Authorized by the Board of Supervisors, Probation contracts with a private company to provide electronic monitoring services, as part of Los Angeles County's Community Based Alternatives to Custody. Eligible, post-sentenced Los Angeles County adults in custody are screened for possible participation, including court-ordered participation. Defendants can be referred to the program on misdemeanor or felony cases either prior to conviction as a pretrial release, or after conviction as a sentencing option. If electronic monitoring is ordered by the court, special conditions such as breath alcohol testing, drug testing, counseling, community service, and/or substance abuse treatment may also be issued by the court while the defendants are electronically monitored.

**Civil Court Name Change Petitions Program:** In January 1997, the California Code of Civil Procedure began requiring all persons seeking (petitioning) a civil name change (applicants) to be pre-screened. Applicants on active parole or who are sex offender registrants must be identified, because the law excludes them from legally changing their names. The Superior Court of Los Angeles County has requested Probation's Pretrial Services Division conduct this screening process. Those applicants who fall into either of the above-mentioned exclusionary categories are identified.

**Static 99 Program:** The Static 99 Program is designed to measure the risk prediction of sexual and violent reconviction of adult males who have already

been charged with or convicted of at least one sexual offense against a child or a non-consenting adult. Pretrial Services employees administer a Static 99 risk assessment and prepare a report for the court's consideration.

**Juvenile Sealing Program:** The closing and/or removal (sealing) of a person's juvenile records is established by law in the "California rules of the court," rule 5.830 sealing records – former wards (persons who were under 18 years of age, and had the court make legal decisions on their behalf), under California Welfare and Institutions Code 781. A former ward of the court may request (petition) the court to have their juvenile records sealed. Determination under California Welfare and Institutions Code 781 must be made by the court in the county in which wardship was last terminated. To be eligible for sealing, the former ward must be age 18, or 5 years must have passed from the last arrest or discharge from probation, and must not have been convicted, in an adult court, of any felony or serious misdemeanor, and must be able to demonstrate that they are "rehabilitated" (not engaged in criminal activity).

**DNA/Prop 69 Program:** Pursuant to California Proposition 69 (The DNA Fingerprint, Unsolved Crime and Innocence Protection Act) and under the provisions of California Penal Code Section 296, the Los Angeles County Probation Department must collect DNA samples and palm print impressions on all adult probationers convicted of felonies, misdemeanors with a DNA collection court order, misdemeanors with a prior felony conviction, or misdemeanors that require collection pursuant to PC 290 and PC 457.

Probation must also collect DNA samples and palm print impressions on all juvenile probationers who have been adjudicated for a sustained petition of a felony or a qualifying misdemeanor. Pretrial Services employees collect DNA samples and palm print impressions for both adult probationers and juvenile probationers. Live Scan machines are operational at the collection sites to ensure compliance with the palm print impression-capturing requirement of Proposition 69.



## **ADULT INVESTIGATIONS**

Deputy Probation Officer (DPO) investigators assigned to the Central Adult Investigations (CAI) and Adult Services Court Officer Team (ASCOT) offices are tasked with reviewing criminal case-related documents and automated records, interviewing principals and interested parties in the case, and evaluating the information so that they can formulate a recommendation and produce a report for the court's review and consideration. There are a variety of reports (i.e., Early Disposition, Pre-Plea, Probation and Sentence, Post Sentence, and Bench Warrant Pickup) that are produced by these same DPOs depending upon the nature/type of criminal proceedings. ASCOT's DPOs investigate complex criminal cases and are available to designated court locations for emergent on-site issues and/or questions, while CAI's DPOs handle the balance of incoming investigations, including those referred to and handled by the Early Disposition Program for expedited sentencing. The Custodian of Records, Supervision Intake and Drug Court DPOs are likewise attached to the ASCOT program and handle incoming requests for information from outside agencies and provide Supervision Intake and Drug Court supervision-related services, respectively.

The information and recommendations offered by the investigating DPOs are used to guide the court's sentencing decisions, including whether or not the named defendants are legally eligible and suitable for community-based supervision efforts by Probation.

## **ADULT SUPERVISION**

Probation is responsible for the supervision of approximately 50,000 adults under Felony Probation supervision. Probation offers a wide variety of supervision programs designed to ensure public safety, address victim issues, and foster positive behavioral change. Probation continues to seek innovative ways to improve public safety, reduce the risk of recidivism, and reduce the number of state prison commitments.

**Supervision Intake Team** - All persons ordered to report to Probation for felony probation supervision

will report to the area office ordered by the court for intake. These DPOs orient the probationer regarding the requirements of probation supervision, explain the court ordered conditions of supervision, and make referrals to the appropriate treatment provider if services are ordered by the court. They will also setup the financial account for the collection of victim restitution, court fines and fees, and payment for the cost of supervision. Once the orientation process is complete, the DPO refers the probationer to the appropriate area office for supervision.

Felony probationers are assigned to specific caseloads based on their score on a risk screening tool, criminal history, and/or the specific circumstances of the current offense. A probationer may be placed on any one of the following caseloads:

### **SPECIALIZED SUPERVISION**

**Proposition 36** - As part of the Substance Abuse Crime Prevention Act of 2000, non-violent drug offenders sentenced under Penal Code Section 1210 are assigned to a Proposition 36 caseload.

**Automated Minimum Service Caseload** - Probationers assigned to this caseload were assessed to have the lowest risk of continued criminal activity. They report monthly by KIOSK which is located in most area offices.

**Medium Risk Offender** - These probationers were assessed to have a medium risk of continued criminal activity. They are required to meet monthly with their probation officer face to face and may report by KIOSK once every quarter.

**High Risk Offender** - These probationers were assessed to present a high risk of continued criminal activity and pose a greater risk to the community. 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. They are required to meet with their DPO face-to-face at least twice per month.

**Medium Risk - Narcotic Testing** - Probationers assigned to this level of supervision were assessed to have a medium level of risk of re-offending and



have a court ordered requirement to submit to a random narcotic testing. Once a month they report for submission of a urine sample for testing.

**High Risk - Narcotics Testing** - Probationers assigned to this level of supervision were assessed to have a high level of risk of re-offending and have a court ordered requirement to submit to random narcotic testing. They report for testing at least once a month for submission of a urine sample for testing.

**Family Violence Caseloads** - Probationers assigned to this caseload were convicted of specific crimes related to domestic violence, Child Abuse and endangerment, or elder abuse. Probationers are required to participate in an approved Batterers' Treatment Program and/or a state mandated program for child abuse.

**Adult Gang Unit** - Probationers assigned to this caseload are determined to be active gang members or associates, may have specific orders from the court regarding participating in gang activity, or have a requirement to register with local law enforcement as a gang offender. These probationers are seen once a month, face-to-face in the office and may be contacted in the field.

**Sex Registrant** - Probationers assigned to this level of supervision are required to register with local law enforcement pursuant to Penal Code section 290, regardless of whether the current offense is a sex offense or not. The probationers report to the area office once a month for a face-to face meeting with their DPO. The DPO will also meet with the probationer once a month in the community. All eligible probationers assigned to the sex registrant caseload are required to be supervised in accordance with the Containment Model for Sex Offenders. This model requires eligible probationers to participate in State mandated sex offenders counseling while under supervision. In accordance with state law, all high risk sex offenders are placed on Global Positioning Satellite monitoring system for the duration of their felony probation supervision.

**Alternative Treatment Caseload** - This program was originally funded by a Byrne/JAG Federal Grant for the reduction of state prison commitments through enhanced, evidence-based practices in probation

supervision to improve probation outcomes. The Alternative Treatment Caseload program is currently funded through California Senate Bill 678, which continues in the original mission of the Byrne/JAG Federal grant. This is the most intensive level of supervision for adult probationer, and uses Cognitive Behavioral Journals and intensive counseling to affect positive address risk factors to promote positive behavioral change.

**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. Probationers in the Child Threat Unit must report to their DPO face-to-face. Additionally, Child Threat cases may require coordination with DCFS, the court, and/or treatment providers.

### **FINANCIAL EVALUATION TEAM**

In addition to the supervision services, Probation provides a Financial Evaluation Team to assist probationers in paying their court ordered victim restitution, fines, fees, and cost of supervision. Located in all Probation area offices, the Financial Evaluators will use information provided by the probationer to determine how much they can afford to pay toward these court ordered charges.

### **AB 109**

In April 2011, the California Legislature and Governor Brown passed sweeping public safety legislation (AB 109) that effectively shifted responsibility for certain populations of offenders from the state to the counties. Assembly Bill 109 establishes the California Public Safety Realignment Act of 2011 which allows for current non-violent, non-serious, and non-sex offenders, who after they are released from California State Prison, are to be supervised at the local County level. Instead of reporting to state parole officers, these offenders are to report to local county deputy probation officers.

AB109 is fashioned to meet the U.S. Supreme Court



Order to reduce the prison population of the State's 33 prisons. Noteworthy is the fact that no inmates currently in state prison will be transferred to county jails or released early. The law, effective October 1, 2011 also mandates that individuals sentenced to non-serious, non-violent or non-sex offenses will serve their sentences in county jails instead of state prison.

As the lead agency for Post-Release Community Supervision, Probation has sole responsibility for determining eligibility, modifying risk levels, and determining the need for additional monitoring from law enforcement.

### **JUVENILE SERVICES**

Probation provides investigation, supervision, and placement services to juvenile offenders. These identified services/programs support Probation's mission and serve as an arm of the Delinquency Court. DPOs recommend appropriate dispositions while preserving and enhancing the family unit, whenever possible.

**Detention Services** - Intake and Detention Control (IDC) - IDC is responsible for screening youth for admittance into Juvenile Hall in accordance with established procedures and legal requirements for detention. Juvenile Hall serves as an institutional setting that temporarily houses youth for primarily two reasons: prior to their court dates and/or after their court sentence, pending transition to out of home care. The three (3) Juvenile Halls in the County of Los Angeles are: Central Juvenile Hall, Los Padrinos Juvenile Hall, and Barry J. Nidorf Juvenile Hall.

**Juvenile Hall Programs** - Probation developed programs to address specific needs of juveniles in its care and custody. These programs include the following: Commercially Sexually Exploited Children (CSEC) at Central Juvenile Hall is a comprehensive program that assesses and addresses the needs of commercially, sexually exploited children through education, workshops, empowerment, and stakeholder collaboration; Services to Developmentally Disabled Minors is a program that focuses on identification, programmatic participation

to assist with rehabilitation while in detention and referrals to the local Regional Centers; Women Empowering Young Women from the Inside Out Program at Los Padrinos Juvenile Hall serves female youth offering a one week program on improving female youth self esteem by recognizing their inner and outer beauty, positive qualities, various talents, and career goals; and the Elite Family Unit at Central Juvenile Hall is guided by a multi-agency steering committee to provide programming specifically designed to address the needs of detained youth under the jurisdiction of the DCFS and Probation supervision.

**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.

**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, DCFS, the Department of Mental Health, and dependency attorneys to determine the appropriate plan for services and treatment for the minor. The Juvenile Dual Supervision Case Management Program supervises minors under legal jurisdiction of DCFS, through Dependency Court, and 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.

**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.

**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.

**Drug Court** - Juvenile Drug Court is designed to provide an alternative to current juvenile justice proceedings. 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 Probation and the 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.

**601 Intake Program** - Intake DPOs are assigned to eight geographic areas that overlap existing field service area office boundaries. They 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 are 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 (CBO), Police, DCFS, referrals for supervision under 236 WIC or 654 WIC, or filing a 601a WIC petition for incorrigibility.

**Intensive Gang Supervision Program** - This program provides intensive supervision of gang

identified probationers and aims to protect the community by closely monitoring the probationer's compliance with their terms and conditions of probation.

**School-Based Supervision** - School Based Supervision consists of programs that serve youth and families countywide. The programs and services are funded through the Juvenile Justice Crime Prevention Act (JJCPA) designed to provide a full spectrum of community-based services to both probation and at-risk youth. The school based program consists of DPOs assigned to High schools, Middle schools, Housing Developments and Park (after-school enrichment) sites. These DPOs receive specialized training to provide individualized assessment, Strength-Based/Family-Centered case planning and management, and effective supervision. They work closely with parents and guardians in enforcing regular school attendance, behavior and school performance, as well as compliance with all other terms of probation. The primary objective is to increase the opportunity for probationers and/or at risk youth to achieve academic success, and to empower and support parents to become the primary change agent for their children.

### **RESIDENTIAL TREATMENT SERVICES**

Camp Community Placement (CCP) provides intensive intervention in a residential treatment setting. 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. Probation 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 provides each minor with a residential treatment experience geared toward developing effective life skills. Additional programming is provided by CBO and varies by camp as each camp is tailored to its population and purpose.

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.

### **Camp Community Transition Program (CCTP)**

- CCTP provides after-care services for youth transitioning from camp back into their own communities. The services begin prior to their release, followed by a 30 to 60-day intensively supervised transition period to ensure prompt school enrollment, community service and participation in selected programs provided by CBOs. Transitional plans include an emphasis on family participation.

### **PLACEMENT SERVICES**

Probation's Placement Services Bureau (PSB) serves juvenile probationers whom the courts have ordered to be removed from home and suitably placed in either group homes, or in relative or non-relative care. Generally youth receive this type of dispositional order after less restrictive court sanctions have not resolved the identified issues. Youth are placed in environments best suited to meet their needs, which may include a smaller group home environment, a larger foster home facility, or a small family home. Youth may also benefit from outreach and prevention type services available through the foster care system designed to prevent their removal from home. PSB is comprised of the following units:

#### **Placement Administrative Services (PAS)**

– Placement Administrative Services provides administrative support services. PAS is critical in the initial placement of youth in foster care. PAS ensures appropriate processing of all necessary documentation to provide funding and services to youth from the time they are ordered to placement until the time the order is terminated or the youth completes the placement program, or the youth is reunited with their family.

#### **Residential-Based Services (RBS)**

– Placement DPOs are responsible for case management and monitoring the youth while in placement. They work with the youth and their families to identify areas of strength and risk in order to develop appropriate case plans to ensure prompt reunification and/or permanency. The work performed by RBS is

mandated in large part through state and federal regulations, such as Division 31 of California Department of Social Services (CDSS).

#### **Prospective Authorization Utilization Review Unit (PAUR) and Out-Of-Home Screening Unit (OHS)**

- This unit serves as the single point of contact for DPOs to clear all out-of-home placement recommendations prior to the submission of the report to the court. This unit also assists DPOs with receipt and processing of referrals for community-based services (in lieu of out-of-home placement) such as Functional Family Therapy, Multi-Systemic Therapy, Family Preservation and Functional Family Probation.

#### **Placement to Community Transition Services (PCTS)**

– PCTS supports families as youth transition from out-of-home care settings and provides intensive in-home supervision and treatment services. PCTS also provides these services to youth ordered "Home on Probation" in an effort to prevent eventual out of home placement.

#### **Youth Development Services (YDS) and Extended Foster Care (AB12)**

- Probation provides supportive services to transition age youth exiting foster care in an effort to provide foster care youth with the necessary skills, experiences, and assistance to ensure self-sufficiency, productivity and well-being. Youth who are on a suitable placement order at the time they turn 18 years old and who complete their probation may remain in foster care under a new jurisdiction also known as Transition Jurisdiction pursuant to WIC 450 until the age of 21.

#### **Placement Permanency and Quality Assurance (PPQA)**

- This unit monitors PSB systems, including group homes to ensure the safety and stability of the youth while in an out-of-home care setting. PPQA is also responsible for permanency planning through Family Finding, Adoptions and the Legal Guardianship processes.

### **DIVISION OF JUVENILE JUSTICE (DJJ) UNIT**

DPOs supervise juveniles placed on community-based probation supervision after being released from the State of California's Division of Juvenile Justice. DPOs assigned to this unit work closely



with Probation's Special Enforcement Operations (armed unit) to provide case management services and assist probationers in reintegrating back into the community.

**FEATURED PROGRAM:**

**DOMESTIC MINOR SEX TRAFFICKING (DMST) PROGRAM**

Probation is at the forefront of addressing a population not previously viewed as victims. The development of the Domestic Minor Sex Trafficking (DMST) program demonstrates Probation's understanding and commitment to girls who have been sexually exploited. In the past, law enforcement and other government agencies have viewed the majority of this population of domestically trafficked youth as teens who have independently made the choice to engage in the criminal act of prostitution.

Probation has been working collaboratively with various committees, the courts, law enforcement, social service agencies, etc. to develop an effective prevention/intervention strategy for rehabilitative services for DCFS and Probation youth who are at risk or have been victims of sexual exploitation. Probation has had a paradigm shift in practice and mindset to view these children, not as criminals, but rather as victims.

In June 2011, the Probation Department and the Delinquency Courts applied separately for Title II funding to develop a pilot project to begin to address the needs of sexually exploited youth. On November 2011 both were awarded \$350,000 per year for a maximum three-year period to implement a comprehensive multidisciplinary program for sexually trafficked females in the Juvenile Justice System. The pilot includes health and mental health assessment, enhanced supervision, focused treatment and services (within a placement program or in the community), mentoring, and aftercare services. As part of Probation's strategic effort to combat further commercial sexual exploitation of youth, the following county-wide strategies have been implemented: awareness training, a 10-week prevention curriculum titled "My Life Choice".

**SELECTED FINDINGS**

The data presented for adults was collected from Probation's Adult Probation System (APS). The number of adult referrals for child abuse offenses decreased from 529 in 2012 to 497 in 2013 which is a 6% decrease (Figure 1). The number of Asian/Pacific Islanders that were referred to Probation by the courts increased from one (1) in 2012 to seven (7) in 2013 representing a 600% increase (Figure 5).

The data collected for juveniles was collected from the Juvenile Automated Index (JAI). Unlike the adult population, juvenile referrals increased from 347 in 2012 to 438 in 2013 which is a 20% increase (Figure 13). Juvenile referrals by age showed significant increases for juveniles 12 years old and younger. There was a 143% increase for 12 year olds, 220% increase for 11 year-olds, and 125% increase of juveniles under the age of 11 (Figure 15).

The number of girls referred for child abuse offenses increased from 29 in 2012 to 41 in 2013 which is a 41% increase (Figure 17).



Figure 1

**ADULT REFERRALS FOR 2012-2013**

TYPE OF ABUSE/NEGLECT	PERCENTAGE OF CHANGE		2012	2013
Caretaker Absence	100%	DECREASE	1	0
Exploitation	33.3%	DECREASE	15	10
General Neglect	56.2%	DECREASE	16	7
Physical Abuse	-	NO CHANGE	2	2
Severe Neglect	18.1%	INCREASE	11	13
Sexual Abuse	3.9%	DECREASE	484	465
Overall from 2011 to 2012	6.0%	DECREASE	529	497

Figure 2

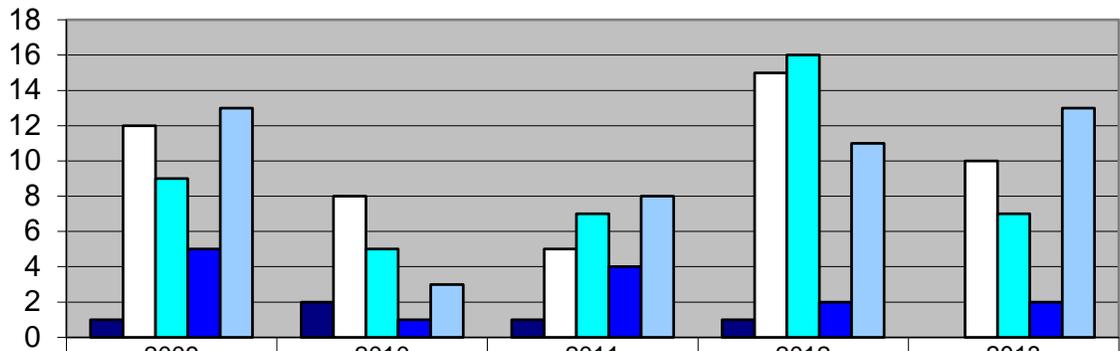
**ADULT REFERRALS FOR 2009 - 2013**

OFFENSE TYPE	2009	2010	2011	2012	2013
Caretaker Absence	1	2	1	1	-
Exploitation	12	8	5	15	10
General Neglect	9	5	7	16	7
Physical Abuse	5	1	4	2	2
Severe Neglect	13	3	8	11	13
Sexual Abuse	645	578	511	484	465
Overall Totals	685	597	536	529	497



Fig 2a

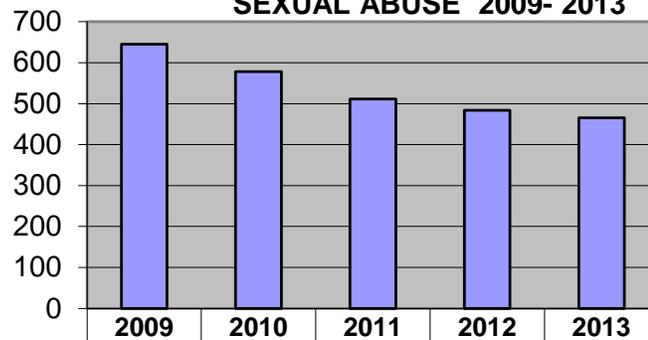
**ADULT REFERRALS  
2009 - 2013**



■ Caretaker Absence	1	2	1	1	0
□ Exploitation	12	8	5	15	10
■ General Neglect	9	5	7	16	7
■ Physical Abuse	5	1	4	2	2
■ Severe Neglect	13	3	8	11	13

Fig 2b

**ADULT REFERRALS  
SEXUAL ABUSE 2009- 2013**



■ Sexual Abuse	645	578	511	484	465
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Figure 3

**ADULT REFERRALS FOR 2012 - 2013  
BY AGE**

AGE OF ADULT OFFENDER	2012	2013	PERCENTAGE OF CHANGE	
under age 20	20	18	10%	DECREASE
20-24	66	73	10.6%	INCREASE
25-29	59	63	6.7%	INCREASE
30-34	72	64	11.1%	DECREASE
35-39	72	51	29.1%	DECREASE
40-44	58	58	-	NO CHANGE
45-49	54	48	11.1%	DECREASE
50 and over	128	122	4.6%	DECREASE

Figure 4

**ADULT REFERRALS FOR 2012 - 2013  
BY AREA OFFICE**

AREA OFFICE	2012	2013	PERCENTAGE OF CHANGE	
Antelope Valley	30	47	56.6%	INCREASE
Central Adult Investigations	145	106	26.9%	DECREASE
East Los Angeles	11	8	27.2%	DECREASE
East San Fernando Valley	56	61	8.9%	INCREASE
Foothill	8	5	37.5%	DECREASE
Harbor	43	23	46.5%	DECREASE
Long Beach	31	26	16.1%	DECREASE
Rio Hondo	27	31	14.8%	INCREASE
Pomona Valley	90	103	14.4%	INCREASE
San Gabriel Valley	23	28	21.7%	INCREASE
Santa Monica	34	24	29.4%	DECREASE
South Central	24	34	41.6%	INCREASE
Valencia	7	1	85.7%	DECREASE



Figure 5

**ADULT REFERRALS FOR 2012 - 2013  
BY ETHNICITY**

ETHNICITY	2012	2013	PERCENTAGE OF CHANGE	
African American	46	53	15.2%	INCREASE
Asian/Pacific Islander	1	7	600%	INCREASE
Latino	354	353	0.2%	DECREASE
White	77	60	22.0%	DECREASE
Other	51	24	52.9%	DECREASE

Figure 6

**ADULT REFERRALS 2013  
BY AGE AND ETHNICITY**

ETHNICITY	Under 20	20-24	25-29	30-34	35-39	40-44	45-49	50-50+	TOTAL
African American	4	14	11	4	3	6	3	8	53
Asian/Pacific Islander	0	0	1	2	2	0	0	2	7
Latino	14	46	43	54	37	41	37	81	353
White	0	9	6	4	5	9	7	20	60
Other	0	4	2	0	4	2	1	7	24
<b>TOTAL</b>	<b>18</b>	<b>73</b>	<b>63</b>	<b>64</b>	<b>51</b>	<b>58</b>	<b>48</b>	<b>122</b>	<b>497</b>
<b>PERCENT</b>	<b>3.6%</b>	<b>14.6%</b>	<b>12.6%</b>	<b>12.8%</b>	<b>10.2%</b>	<b>11.6%</b>	<b>9.6%</b>	<b>24.5%</b>	<b>100%</b>



Figure 7

**ADULT REFERRALS FOR 2012-2013  
BY AREA OFFICE AND GENDER**

AREA OFFICE	2012		2013	
	MALE	FEMALE	MALE	FEMALE
Antelope Valley	28	2	47	0
Central Adult Investigation	136	9	103	3
East Los Angeles	10	1	7	1
East San Fernando Valley	54	2	58	3
Foothill	8	0	3	2
Harbor	43	0	23	0
Long Beach	30	1	26	0
Pomona Valley	88	2	99	4
Rio Hondo	27	0	31	0
San Gabriel Valley	23	0	26	2
Santa Monica	32	2	23	1
South Central	22	2	27	7
Valencia	7	0	1	0
<b>TOTAL</b>	<b>508</b>	<b>21</b>	<b>474</b>	<b>23</b>

Figure 8

**ADULT AND JUVENIAL REFERRALS 2013  
BY TYPE OF ABUSE**

OFFENSE TYPE	ADULT	PERCENT	JUVENILE	PERCENT	TOTAL
Caretaker Absence	0	-	0	-	-
Exploitation	10	2.0%	13	2.9%	23
General Neglect	7	1.4%	1	0.2%	8
Physical Abuse	2	0.4%	11	2.5%	13
Severe Neglect	13	2.6%	14	3.2%	27
Sexual Abuse	465	93.5%	399	91.1%	864
<b>TOTAL</b>	<b>497</b>		<b>438</b>		<b>935</b>
<b>PERCENT</b>		<b>53.2%</b>		<b>46.8%</b>	<b>100%</b>



Figure 9

**ACTIVE ADULT SUPERVISION 2013  
BY AGE AND ETHNICITY**

ETHNICITY	Under 20	20-24	25-29	30-34	35-39	40-44	45-49	50-50+	Total
African American	1	18	29	30	27	40	38	131	314
Asian/Pacific Islander	1	3	1	5	2	6	6	9	33
Latino	9	59	87	62	52	42	43	138	492
White	0	20	21	29	34	38	38	151	331
Other	0	5	8	9	9	10	7	23	71
<b>TOTAL</b>	<b>11</b>	<b>105</b>	<b>146</b>	<b>135</b>	<b>124</b>	<b>136</b>	<b>132</b>	<b>452</b>	<b>1241</b>
<b>PERCENT</b>	<b>.8%</b>	<b>8.4%</b>	<b>11.7%</b>	<b>10.8%</b>	<b>9.9%</b>	<b>10.9%</b>	<b>10.6%</b>	<b>36.4%</b>	<b>100%</b>

Figure 10

**ACTIVE ADULT SUPERVISION 2013  
BY ETHNICITY**

ETHNICITY	TOTAL	PERCENT
African American	314	25.3%
Asian/Pacific Islander	33	2.6%
Latino	492	39.6%
White	331	26.6%
Other	71	5.7%
<b>TOTAL</b>	<b>1241</b>	<b>100%</b>



Figure 11

**ADULT CHILD THREAT WORKLOAD  
BY AREA OFFICE**

AREA OFFICE	2009	2010	2011	2012	2013
Antelope Valley	83	87	84	83	84
Centinela	78	95	104	128	123
Crenshaw	136	166	163	156	170
East Los Angeles	40	42	40	46	47
East San Fernando Valley	113	120	136	143	143
Firestone	83	96	79	75	79
Foothill	58	80	75	62	49
Harbor	45	45	45	46	39
Long Beach	104	113	97	89	95
Pomona Valley	73	80	90	93	97
Rio Hondo	97	87	91	73	89
San Gabriel Valley	61	59	60	70	79
Santa Monica	57	58	60	61	69
South Central	98	80	67	62	54
Valencia	18	25	32	32	24
<b>TOTALS</b>	<b>1,144</b>	<b>1250</b>	<b>1223</b>	<b>1219</b>	<b>1241</b>



*Figure 12*

**ADULT AND JUVENILE REFERRALS FOR 2013  
RESULTING IN GRANTS OF PROBATION**

AREA OFFICE	ADULTS	JUVENILES	TOTALS
*Transition to Area Office	-	1	1
Antelope Valley	6	5	11
Camp Community Placement	-	7	7
Central Adult Investigation	5	-	5
Centinela	2	6	8
Crenshaw	9	2	11
East Los Angeles	5	11	16
East San Fernando Valley	11	9	20
Firestone	4	-	4
Foothill	4	-	4
Harbor	10	1	11
Kenyon Juvenile Justice Center	-	5	5
Long Beach	2	-	2
Northeast Juvenile Justice Center	-	4	4
Pomona Valley	9	1	10
Rio Hondo	5	2	7
San Gabriel Valley	5	7	12
Santa Monica	3	7	10
South Central	3	-	3
Valencia	2	2	4
<b>TOTALS</b>	<b>85</b>	<b>70</b>	<b>155</b>
<b>PERCENT</b>	<b>54.8%</b>	<b>45.2%</b>	<b>100%</b>

Of the 497 Child Abuse referrals received by the Adult Bureau in 2013, 85 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 438 Juvenile Child Abuse offense referrals received by the Juvenile Bureau in 2013, 70 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

**JUVENILE REFERRALS  
BY TYPE OF ABUSE FOR 2012 - 2013**

TYPE OF ABUSE/NEGLECT	2012	2013	PERCENTAGE OF CHANGE	
Exploitation	5	13	160%	INCREASE
General Neglect	1	1	-	NO CHANGE
Physical Abuse	25	11	56.0%	DECREASE
Severe Neglect	30	14	53.3%	DECREASE
Sexual Abuse	286	399	39.5%	INCREASE
<b>OVERALL FROM 2011 TO 2012</b>	<b>347</b>	<b>438</b>	<b>20.8%</b>	<b>INCREASE</b>

Figure 14

**JUVENILE REFERRALS  
BY TYPE OF ABUSE FOR 2009 - 2013**

	2009	2010	2011	2012	2013
Exploitation	5	12	15	5	13
General Neglect	0	1	12	1	1
Physical Abuse	138	88	55	25	11
Severe Neglect	38	31	14	30	14
Sexual Abuse	484	448	343	286	399

Figure 15

**JUVENILE REFERRALS FOR 2012 - 2013  
BY AGE**

AGE OF JUVENILES	2012	2013	PERCENTAGE OF CHANGE	
under 11	4	9	125%	INCREASE
11	5	16	220%	INCREASE
12	23	56	143.5%	INCREASE
13	49	59	20.4%	INCREASE
14	44	54	22.7%	INCREASE
15	56	56	-	NO CHANGE
16	58	59	1.7%	INCREASE
17	49	62	26.5%	INCREASE
18+	59	67	13.5%	INCREASE



Figure 16

**JUVENILE REFERRALS FOR 2012- 2013  
BY ETHNICITY**

ETHNICITY	2012	2013	PERCENTAGE OF CHANGE	
African American	73	74	1.3%	INCREASE
Asian/Pac Islander	2	2	-	NO CHANGE
Latino	241	288	19.5%	INCREASE
White	24	57	137.5%	INCREASE
Other	7	17	142.8%	INCREASE

Figure 17

**JUVENILE REFERRALS FOR 2012 - 2013  
BY AREA OFFICE AND GENDER**

AREA OFFICE	2012		2013	
	MALE	FEMALE	MALE	FEMALE
TRANSITIONS TO AREA OFFICE	73	8	57	6
ANTELOPE VALLEY	8	0	24	4
CENTINELA	22	1	30	2
CRENSHAW	39	4	45	5
EAST LOS ANGELES	13	1	23	0
FIRESTONE	12	3	13	2
FOOTHILL	12	1	11	1
HARBOR	11	0	8	0
KENYON JUVENILE JUSTICE CENTER	9	0	21	2
LONG BEACH	7	0	11	1
NORTHEAST JUVENILE JUSTICE CENTER	23	2	18	3
POMONA VALLEY	18	1	22	1
RIO HONDO	15	3	15	4
SAN GABRIEL VALLEY	18	1	33	1
SANTA MONICA	7	0	7	4
SOUTH CENTRAL	11	2	22	3
VALENCIA	3	0	9	0
VAN NUYS	17	2	16	1
<b>TOTALS</b>	<b>318</b>	<b>29</b>	<b>397</b>	<b>41</b>

Figure 17 reflects the number of juveniles, by area office and gender, referred to the Probation Department for investigation of child abuse offenses during 2013. Transitions to Area Office primarily reflect referrals from probation camps.



Figure 18

**JUVENILE REFERRALS FOR 2013  
BY AGE AND ETHNICITY**

ETHNICITY	Under 11	11	12	13	14	15	16	17	18+	TOTAL
AFRICAN AMERICAN	2	1	7	12	12	13	12	9	6	74
ASIAN/ PACIFIC ISL	0	0	0	0	0	0	1	0	1	2
LATINO	7	14	41	38	31	30	41	39	47	288
WHITE	0	0	3	3	1	5	3	1	1	17
OTHER	0	1	5	6	10	8	2	13	12	57
<b>TOTAL</b>	<b>9</b>	<b>16</b>	<b>56</b>	<b>59</b>	<b>54</b>	<b>56</b>	<b>59</b>	<b>62</b>	<b>67</b>	<b>438</b>
<b>PERCENT</b>	<b>2.0%</b>	<b>3.6%</b>	<b>12.8%</b>	<b>13.5%</b>	<b>12.3%</b>	<b>12.8%</b>	<b>13.5%</b>	<b>14.1%</b>	<b>15.3%</b>	<b>100%</b>

Figure 19

**ADULT AND JUVENILE REFERRALS FOR 2013  
BY TYPE OF ABUSE**

OFFENSE TYPE	ADULT	PERCENT	JUVENILE	PERCENT	TOTAL
CARETAKER ABSENCE	-	-	-	-	-
EXPLOITATION	10	2.0%	13	3.0%	23
GENERAL NEGLECT	7	1.4%	1	0.2%	8
PHYSICAL ABUSE	2	0.4%	11	2.5%	13
SEVERE NEGLECT	13	2.6%	14	3.2%	27
SEXUAL ABUSE	465	93.5%	399	91.1%	864
<b>TOTAL</b>	<b>497</b>		<b>438</b>		<b>935</b>
<b>PERCENT</b>		<b>53.1%</b>		<b>46.8%</b>	<b>100%</b>

Figure 20

**ACTIVE JUVENILE SUPERVISION FOR 2013  
BY AGE AND ETHNICITY**

ETHNICITY	Under 11	11	12	13	14	15	16	17	18+	TOTAL
AFRICAN AMERICAN	0	0	2	0	2	0	4	1	2	11
LATINO	0	1	5	4	11	4	10	9	3	47
WHITE	0	0	1	0	2	1	0	4	4	12
OTHER	0	0	0	0	0	0	0	0	0	-
<b>TOTAL</b>	<b>0</b>	<b>1</b>	<b>8</b>	<b>4</b>	<b>15</b>	<b>5</b>	<b>14</b>	<b>14</b>	<b>9</b>	<b>70</b>
<b>PERCENT</b>	<b>-</b>	<b>1.4%</b>	<b>11.4%</b>	<b>5.7%</b>	<b>21.4%</b>	<b>7.1%</b>	<b>20.0%</b>	<b>20.0%</b>	<b>12.8%</b>	<b>100%</b>



Figure 21

**ACTIVE JUVENILE SUPERVISION FOR 2013  
ETHNICITY**

ETHNICITY	TOTAL	PERCENT
AFRICAN AMERICAN	11	15.7%
LATINO	47	67.1%
WHITE	12	17.2%
OTHER	-	-
<b>TOTAL</b>	<b>70</b>	<b>100%</b>

Figure 22

**ACTIVE JUVENILE SUPERVISION FOR 2013  
BY AGE AND TYPE OF ABUSE**

OFFENSE TYPE	Under 11	11	12	13	14	15	16	17	18+	TOTAL
EXPLOITATION	0	0	0	0	0	0	0	0	3	3
GENERAL NEGLECT	0	0	0	0	0	0	0	1	0	1
PHYSICAL ABUSE	0	0	0	0	0	0	1	0	0	1
SEVERE NEGLECT	0	0	0	0	0	1	0	2	0	3
SEXUAL ABUSE	0	1	8	4	15	4	13	11	6	62
<b>TOTAL</b>	<b>0</b>	<b>1</b>	<b>8</b>	<b>4</b>	<b>15</b>	<b>5</b>	<b>14</b>	<b>14</b>	<b>9</b>	<b>70</b>
<b>PERCENT</b>	<b>-</b>	<b>1.43%</b>	<b>11.4%</b>	<b>5.7%</b>	<b>21.4%</b>	<b>7.1%</b>	<b>20.0%</b>	<b>20%</b>	<b>12.9%</b>	<b>100%</b>



**GLOSSARY OF TERMS**

**AB 109** - California safety legislation that shifted responsibility for certain populations of offenders from the state to the counties; It allows for current non-violent, non-serious, and non-sex offenders, who after they are released from California State Prison, are to be supervised at the local County level

**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 located throughout the state

**Camp Community Placement** - available to the juvenile court at a disposition hearing; a minor is placed in a 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 Probation 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; Probation 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 informed 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



# DEPARTMENT OF MENTAL HEALTH

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, 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 have or will, without treatment, manifest in psychotic, suicidal or violent behavior, 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 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 in or 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.

**CHILDREN'S SYSTEM OF CARE BUREAU  
CHILD WELFARE DIVISION**

Katie A. v. Bonta was 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 placed in foster homes without sufficient care rather than providing services that would enable them to stay in their homes and communities. Los Angeles County 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 County screen members of the plaintiff class to identify children and youth who may need individualized mental health services, and provide them with the Wraparound services and therapeutic foster care when appropriate.

The Child Welfare Division (CWD) 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, the Katie A. Advisory Panel and relevant county departments to bring the county system into compliance with the requirements of the 2003 Katie A. Settlement Agreement.

SFC staffing includes countywide as well as Service Area based implementation of program administration and co-locating staff. DMH SFC co-located staff are now working in all of the 19 DCFS Regional Offices and are a critical component of the Katie A. Strategic Plan. In FY 12-13, the total number of DMH staff devoted to supporting the Katie A. effort to 319. Its

SFC staff improves access for children involved in the child welfare system and provides mental health screening, assessment and linkage with an appropriate level of treatment in the community. The DMH clinical staff provides 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 attends and participates in Team Decision-Making (TDM) meetings, and has an integral role in the Resource Management Process (RMP) that is applied in case planning. In addition, Child and Family Teams (CFTs) have also been implemented as a component of the Wraparound program since its inception.

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

**RELATED MENTAL HEALTH SCREENING AND ASSESSMENT PROGRAMS**

**MULTIDISCIPLINARY ASSESSMENT TEAM (MAT)**

MAT is a collaborative screening process offered through DCFS and DMH. All newly detained children and youth in the child welfare system with full-scope Medi-Cal qualify for a MAT assessment and receive a comprehensive assessment of their medical, dental, educational, caregiver and mental health needs. 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.

Countywide, 4,352 children had a MAT assessment completed in FY 12-13, compared with 3,795 in FY 11-12, 3,731 in FY 10-11, and 3,417 in FY 09-10.

**COORDINATED SERVICES ACTION TEAM (CSAT)**



The CSAT is an administrative network in each DCFS regional office that coordinates 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 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. CSAT is primarily a DCFS process. DMH participates in CSAT via SFC co-located staff, D-Rate units, and Wraparound liaisons.

The cumulative RTS summary for FY 12-13 indicates that:

- For newly detained and newly opened non-detained children, 22,605 children required a screen.
- 100% of children with acute needs received DMH services on the same day as the referral.
- 91.3% of children with urgent needs received DMH services within 3 days of the referral.
- 96.8% of children with routine needs received DMH services within 30 days of the referral.
- The average number of days for receipt of a mental health service activity was 0 days for children with acute needs, 1-day for children with urgent needs, and 1-day for children with routine needs.
- 97.6% of children who were eligible for screening were screened for mental health needs.
- 97.9% of children who screened positive were referred to mental health services.
- 94.3% of children referred for services received mental health care within the required timelines.

### **MEDICAL HUBS**

Six Medical Hub clinics 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.

Between June, 2012 and May, 2013, 86 percent of newly detained children received an Initial Medical Examination, including the CIMH/MHST mental health screening tool, at a Medical Hub clinic. This is the same percentage of newly detained children referred to a Medical Hub for medical evaluation. Children and youth screening positive are reviewed for mental health assessment and linkage as needed. The County continues to report progress toward its goal that 100 percent of the newly detained children are referred to a Medical Hub for the initial Examination.

In FY 12-13, DCFS continued to collaborate to increase the number of referrals to the Medical Hubs through the implementation of a pilot that provides additional Clinical Social Workers (CSWs) and Public Health Nurses (PHNs) to contribute to case management and care coordination at the Hubs, including after hours at the 24/7 LAC/USC Medical Center Hub and Children's Hospital.

### **TRAINING AND COACHING**

Coaching and training continue to play a significant role in the implementation of the Shared Core Practice Model for both DMH and DCFS. The coaching process was designed to help individuals learn new practice skills more efficiently and support the implementation of the Shared Core Practice Model. During Fiscal Year 12-13, the coaching process was implemented at four DCFS regional offices—Compton, Pomona, Torrance, and Wateridge. This process involved the collaboration of DMH and DCFS coaches.

In an effort to improve practice in working with children and families, the coaches were assigned to the four offices five days per week to implement the coaching process. The coaching process at the four DCFS regional offices involved the following: (1) an orientation to the Shared Core Practice Model;



(2) coaching and guiding the Supervisor Children's Social Worker (SCSW) two times per month; (3) having one or two individual sessions with the Children's Social Worker (CSW); (4) accompanying the CSW in the field; (5) providing group coaching before Team Decision Making (TDM) and Child and Family Team meetings; and (6) facilitating a debriefing session after a TDM or CFT meeting. After six weeks, the SCSWs trained as coaches assumed the role for their own unit, which allowed the DMH and DCFS coaches to implement the coaching process with a new cohort of units in the four DCFS regional offices. By May 17, 2013, a total of 22 units were trained in the coaching process at the four DCFS regional offices.

In addition to training and coaching DCFS staff, CWD in collaboration with DCFS determined the need to render coaching services to Treatment Foster Care (TFC) providers throughout the County of Los Angeles, and submitted a proposal to the Los Angeles Training Consortium (LATC). As of May 2013, LATC agreed to provide coaching services to 20 Clinical Supervisor from 12 TFC providers for Fiscal Year 13-14.

During the FY 12-13 DMH provided trainings on five core concepts, the Shared Core Practice Model (SCPM), Trauma Responsive Practice, Identifying Underlying Needs, Teaming and Cultural Awareness and Humility. Trainings were provided countywide through March 2013. A total of 1161 clinicians and staff from DCFS, DMH and DMH providers such as Wraparound, MAT, Therapeutic Behavioral Services, Intensive Field Capable Services, Specialized Foster Care and community partners participated in the trainings. 438 participated in Shared Core Practice Model training, 282 participated in Underlying Needs, 261 participated in Trauma Responsive Practice training, 114 participated in Teaming training, and 66 participated Cultural Awareness and Humility training.

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

The Family and Children's Index (FCI) system is a computerized interagency database designed to better identify children and families who are at risk of child abuse and neglect. FCI is a centralized

database, which ties together basic allowable information about families and children that have had relevant contacts with public agencies and have been identified as at risk for abuse or neglect. It provides authorized provider agencies with minimal identifying information regarding a child and child's family as well as minimal information regarding another provider agency contact(s) with a child and child's family. FCI also contains the names of agency contact person for pursuing additional information. The data is imported into FCI from existing provider agency computer systems. FCI allows professionals trained in the prevention, identification, and treatment of child abuse and neglect, and qualified to provide a broad range of services related to child abuse and neglect, to know when other agencies may have pertinent information about a child or family with whom they are involved in order to form multidisciplinary teams (MDT).

During FY 12-13 CWD staff responded to 1,992 FCI inquiries that it received from other participating agencies that were seeking information about specific children and families that may have been served by DMH.

### ***KATIE A. TREATMENT PROGRAMS***

#### ***INTENSIVE IN-HOME MENTAL HEALTH SERVICES (IIHMHS)***

##### ***Intensive Treatment Foster Care (ITFC)***

The ITFC program seeks to reduce placement instability and provide an alternative to congregate care settings. ITFC places DCFS foster children in foster homes in which the child is typically the only foster youth and where they will have a treatment program individualized according to their needs. ITFC foster parents receive additional training hours and have access to 24/7 support. Children are placed after efforts are made to match them with appropriate foster parents. Mental health clinicians are trained in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), which is provided if/when clinically appropriate. During FY 12-13, there were 77 ITFC placements.

##### ***Multidimensional Treatment Foster Care (MTFC)***



MTFC is an evidence-based form of treatment foster care which is now serving youth, ages 6-17, who have a parent or other identified caregiver, yet remain in out-of-home care because the caregiver is unable to manage the youth's difficult behaviors. The goal of the MTFC program is to decrease problem behaviors of the youth while simultaneously enhancing the parenting skills of the permanent caregiver. Treatment is typically short-term, averaging 6-12 months, and is provided in a specially trained foster home environment. Each MTFC home has only one foster child who is provided with their own bedroom. Foster parents attend specialized training and participate in weekly meetings. With the guidance and 24/7 support of the program supervisor, foster parents provide youth with close supervision while implementing a behavioral management system tailored to each child's needs. A skills coach takes the youth into the community to practice their newly developed prosocial behaviors. Adolescent youth have an individual therapist who, along with the skills coach, works toward specific treatment goals as directed by the program supervisor. Meanwhile, the youth's permanent caregiver attends weekly sessions with the family therapist. These sessions are coordinated by the program supervisor and are designed to promote positive interactions during visits with the youth in preparation for successful reunification. Psychiatric consultations are also provided, when needed. Rigorous scientific studies have determined that MTFC outcomes are significantly efficacious with regard to safety, permanency and the well-being of youth. During FY 12-13, 15 youth were placed in MTFC homes.

### **WRAPAROUND**

Wraparound is an interagency collaborative supported by DCFS, DMH and the Probation Department. There are currently 34 Wraparound agencies that provide multifaceted support, including mental health services. Tier I Wraparound is intended for children and youth who are currently placed or are at imminent risk of placement in a group home at a Rate Classification Level (RCL) 10 or above.

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.

The Tier I Wraparound program serves children and youth ages 5-17.5 years of age who are under the jurisdiction of one or more County departments – DCFS, DMH or Probation and who are placed in, or at imminent risk of placement in a Rate Classification Level (RCL) 10-14 group home. The Tier II Wraparound program serves children and youth in the same age-range who have an open DCFS case, qualify for EPSDT and have an urgent and/or intensive mental health need which causes impairment at school, home or in the community. Any Probation client is eligible for Tier I Wraparound. Clients with dual supervision from DCFS and Probation are eligible for the Tier I Wraparound program and the Tier II Wraparound program.

Children receiving Wraparound have multiple unmet needs for stability, continuity, emotional support, nurturing and permanence. These needs are evidenced by substantial difficulty functioning successfully at 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.

The DCFS, DMH, or Probation Liaison receive referrals for possible acceptance into Wraparound 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 DMH Parent Advocate. The ISC must screen referrals within seven days of receipt. If a child/youth is accepted at the ISC, the Wraparound provider makes telephone contact with the family within 48 hours and face-to-face contact within seven days.



In order to define, implement and review the specific services that need to be provided to meet the child/family's needs, the Wraparound provider convenes a Child and Family Team (CFT) that meets weekly (or as needed) with each family. The CFT "does whatever it takes" to assist the family to meet agreed-upon goals that are developed by the team.

All children and youth who are enrolled in the Wraparound program may be subject to a review. This review process includes a random selection of Wraparound and mental health records (clinical chart), parent/caregiver satisfaction surveys conducted by Parent Advocates, as well as the observation of one of the CFT meetings. This Wraparound Review seeks to ensure that the DMH clinical charts are consistent with Medi-Cal claiming guidelines and Wraparound practice. To carry out each review, DMH Wraparound administrative clinical staff coordinate with individual agencies that offer a Wraparound program and meet with its program manager to discuss staffing, staff qualifications, clinical supervision and Medi-Cal budget utilization. An exit conference is conducted with the program manager and staff to discuss the results of the review.

**TIER I WRAPAROUND PROGRAM**

During FY 12-13, there were 905 children and youth enrolled in the Tier I Wraparound program with an average age of 15.9 years. Their average length of stay was 153 days.

Figures 1, 2, 3 and 4 describe their gender, age-category, race/ethnicity, and Agency of Primary Responsibility. For clients with an identified agency of primary responsibility, DCFS referred the largest proportion of the Tier I Wraparound clients receiving mental health services while Probation referred the second largest proportion.

The DSM diagnoses for Tier I Wrap clients and reported substance use are displayed in Figures 5, 6 and 7. The most frequently assessed primary admission diagnoses were Other Diagnoses, Adjustment/Conduct Disorder/ADHD, Major Depression, Anxiety Disorders and Bipolar Disorders. There were 33 clients (3.6%) with a primary or secondary diagnosis

of Child Abuse and Neglect.

Substance use was reported for less than 1% of Tier II Wrap clients by means of the Dual Diagnosis substance use codes.

**TIER II WRAPAROUND PROGRAM**

During FY 12-13, 1,289 children and youth were enrolled in the Tier II Wraparound program with an average age of 13.7. This is notably younger than the average age of 15.9 observed for Tier I Wraparound clients. Their average length of stay was 145 days.

Figures 8, 9, 10, and 11 describe their gender, age-category, race/ethnicity, and Agency of Primary Responsibility. For clients with an identified agency of primary responsibility, DCFS referred the largest proportion of Tier II Wraparound clients receiving mental health services while Probation referred the second largest proportion.

The DSM diagnoses of Tier II Wraparound clients and reported substance use are displayed in Figures 12, 13 and 14. The most common primary admission diagnoses were Other Diagnoses, Adjustment/Conduct Disorder/ADHD, Anxiety Disorders and Major Depression. For Tier II There were 70 Tier II Wraparound clients (5.4%) with a primary or secondary diagnosis of Child Abuse and Neglect.

Substance use was reported by means of the Dual Diagnosis substance use codes for less than one percent of Tier II Wraparound clients.

**QUALITY SERVICE REVIEW (QSR)**

The QSR is a case-based review protocol selected by the Departments of Mental Health and Children and Family Services to assess the effectiveness with which the underlying Core Practice Model (CPM) guiding treatment practice has been implemented by both departments. The QSR was also chosen as an instrument to measure the extent to which program improvements required by the Katie A. settlement agreement have been effectively implemented.

Each completed QSR provides a snapshot of what is working and what needs improvement in practice implementation. The QSR indicators contain



components of the CPM. Performance indicators include: Engagement, Teamwork, and Planning, for example; and Child and Family Status indicators: Safety, Stability, and Permanence. Percentage criteria have been established defining the minimal acceptable QSR score that must be achieved over a series of review cycles. Eventually, the lawsuit will be met when each Service Area Regional office has achieved the required scores, and upon the following review, when the offices demonstrate they have maintained a consistent level. The QSR review process is likely to be continued and QSR results will be accessible on a dedicated website.

In FY 12-13, 81 randomly selected cases (40 males and 41 females) were evaluated with the QSR in Los Angeles County. An average of eight persons was interviewed per case in cooperation with the South County, Belvedere, Santa Fe Sprints, Compton, Vermont Corridor, Wateridge and Pomona offices.

In FY 12-13, the core DMH QSR team consisted of 1 FTE Supervising Psychologist; 2 FTE Psychiatric Social Workers; and .5 Mental Health Services Coordinator II. The Team reviewed 37 cases. An additional 12 cases were reviewed by DMH managers and by other DMH Child Welfare Division and Specialized Foster Care staff. The remaining 32 reviews were completed by DCFS staff, with occasional participation by members of the Katie A. Panel.

### **RESIDENTIALLY BASED SERVICES (RBS) PROGRAM**

Los Angeles County was selected, along with San Bernardino, Sacramento and San Francisco counties to implement an AB 1453 Residentially Based Services (RBS) demonstration project that seeks to shorten the time to establish a lasting placement in a family for children who are in residential placement. The RBS program is offered to clients under the jurisdiction of the Department of Children and Family Services (DCFS), at imminent risk of residential placement or who have been referred to an RCL 12 or 14 group home as determined by the County's Resource Management Process. The RBS program applies a Wraparound treatment model to initially facilitate each residential client's

psychological stabilization. This initial phase is then followed by Wraparound-based supportive and therapeutic services combined with family-finding and development work in the community to establish a permanent family placement after discharge from RBS residential care. Having or not having family is not a criterion for admission to RBS. Bridge care (foster home, relative home) is sought if a permanent family placement is not ready.

By combining residential care with a treatment plan that is developed through applying the Wraparound approach, the Los Angeles RBS program tries to facilitate the eventual establishment of a permanent placement in a family. RBS starts with a residential placement for each client and then elicits, prioritizes and incorporates the child's and family perspectives into a plan of care that is then continuously monitored and guided by each client's child- and-family-team to expedite the effectiveness of the residential treatment phase and to plan for a transition into the community. The RBS program also continues to provide its services after clients transition back to the community.

In Los Angeles County, the RBS program was initiated in December, 2010 for boys ages 6-18 at Five Acres and Hathaway-Sycamores, and for boys and girls ages 6-18 at Hillside Family Center.

During 2013, 142 youths were enrolled in the Los Angeles County RBS program. One hundred twenty one (85%) were male and twenty one (15%) female. The average age of clients was 12.5. The following ethnic distribution was found: 61 were African-American (43%), 42 Hispanic (30%), nine were Mexican-American (6%), 26 Caucasian (18%), 1 Asian-American, 1 Indian American, and 1 Filipino.

In 2013, of the 142 youth participating in the RBS program, 54 (38%) met or exceeded the approved site target for average residential length of stay of 10 months (305 days), averaging 117 days (3.8 months).

In 2013, the target average length of stay in the full RBS program (residential program plus community program) was 24 months. Sixty seven (42%) youth exited the program with an average of 825 days. Of the youths that exited, 13 (10%) exceeded the



target average length of stay by an average of 95.5 days (3.1 Months). The average length of stay was 5.2 months in the residential program, and was 4.4 months in the community program.

Of the youths who were enrolled in RBS during 2013, 45 (32%) transitioned to a lower level of care. Of these 45 youths, 10 (22%) that moved to a lower level of care returned to group home residential care after being in the lower level of care. Thirty four (24%) of the youth utilized crisis stabilization. Of these, the average number of crisis stabilization episodes was 1.7 episodes, with a mode of 1 episode per youth.

The overall data obtained from the three RBS agencies showed consistent improvement in child safety. There was also improvement in the need for mental health support in that this need decreased from intake to discharge.

### **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).

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 12-13, there were 294 clients served by the 20 DMH service providers offering services to FP clients. Figures 15, 16, 17 and 18 describe the gender, age, ethnicity and agency of primary responsibility of the FP clients. Their average age was 11.8. The largest percentage of the FP clients were referred by DCFS, with smaller proportions of clients referred by Probation and by school districts. Their average age was 11.8.

The diagnoses for FP child and adolescent clients are presented in Figures 19 and 20. Their most frequent

primary admission diagnoses were Adjustment/Conduct Disorder/ADHD, Other Diagnoses, Anxiety



Disorders, and Major Depression. A primary or secondary diagnosis of Child Abuse and Neglect was given to 9 clients. Figure 21 indicates an absence of reported substance use.

### **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). The Task force meets monthly. Its 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 12-13, four of the DMH-contracted mental

health providers, Los Angeles Child Guidance Clinic, Didi Hirsch, Foothill Family Services, and The Children's Center of Antelope Valley 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 (LACGC) is a nonprofit provider of mental health services for children and families in Central and South Los Angeles. The agency has a long-standing commitment to serving the community by ensuring easy access and promoting early intervention. Services are family-centered and strength-based and aim to help children and families handle the problems that bring them to treatment.

The Clinic's collaboration with Find the Children began in 2006 when Karen Strickland, the former 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 Rora Jones, the current Executive Director of Find the Children, who contacts the Leimert Park site coordinator at the time of a child's recovery. Each child receives a thorough psychosocial assessment, utilizing the LACDMH's Child/ Adolescent Initial Assessment. The child has access to a treatment team which consists of a therapist, an MSW, and may also include a BA-level family advocate to provide rehabilitation and case management services and a psychiatrist when necessary.

The team provides trauma informed services in a variety of modalities which may include individual and/or family therapy, targeted case management, individual rehabilitation and psychiatric services. The treatment team works with the concept 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. The family advocate assists the clients with skill building, while working closely with parents to establish appropriate structure in the home and provide the family with needed community resources. In FY 12-13, LACGC provided Family Reunification services to one referred client.

The Family Reunification Program at Didi Hirsch provided services in FY 12-13 to children who were recovered from abduction and referred by Find the Children. The program's therapeutic services may be provided at specific child and family programs in the Los Angeles area, including: Mar Vista, Inglewood, Taper, Metro and Glendale. In FY 12-13, three cases were seen at the Mar Vista and Taper sites. Two of those children were treated in the birth-to-five program. The third case was a 6 year old served by the Managing and Adapting Practice (MAP) program. The Didi Hirsch Reunification Program is coordinated through its Mar Vista site.

In FY 12-13, Foothill Family Services also provided family reunification and community mental health services to children and Transitional Age Youth (TAY) 0-18 year olds referred by Find the Children. The program's goals are to assist in the child's recovery from child abduction; reduce the client's mental disability; enable clients to use their time meaningfully; live in safe environments; have a network of supportive social relationships; have timely access to help - including times of crisis - and maintain or improve physical health as it relates to mental health goals.

Foothill Family's reunification services reach clients where they live, go to school and in their community. Culturally competent services are provided at six service sites located near major bus lines and freeways. Therapeutic interventions include Child Parent Psychotherapy (CPP), Incredible Years (IY), and Parent Child Interaction Therapy (PCIT). These services assist clients in recovering from their abduction, and reducing their symptoms. In FY 12-13, fifteen clients were served by its program.

In addition, during FY 12-13 the Children's Center of the Antelope Valley provided services and reported significant positive results treating abducted children.

The entire clinical staff of the Children's Center is trained in Trauma-Focused Cognitive Behavior Therapy (TF-CBT) and has been using this evidence-based intervention, and is in the process of implementing Seeking Safety, another evidence based therapy, to address the unique needs of children with Post Traumatic Stress Disorder (PTSD) symptoms, depression, behavior problems, and other difficulties related to traumatic life experiences of clients referred by the Find the Children program in Los Angeles.

These evidence based practices, combined with excellent collaboration with law enforcement, DCFS, the FBI and other involved agencies have enhanced the ability of the Children's Center of Antelope Valley to treat the twenty one children referred to its family reunification program.

Overall, during FY 12-13, forty clients were served by the Family Reunification programs of LA Child Guidance Clinic, Didi Hirsch, Foothill Family Services, and the Children's Center of the Antelope Valley. Figures 22-28 show relevant attributes of Reunification Program clients served by these three providers.

Figures 22, 23, 24 and 25 show the gender, age, race/ethnicity, and agency of primary responsibility of the Family Reunification clinic clients. DCFS provided 95% of the referrals. Their average age was 8.6

Diagnostic information is presented in Figures 26 and 27. Anxiety Disorders, Major Depression, and Adjustment/Conduct Disorders/ADHD, were the most common primary admission diagnoses for Family Reunification clients.

Figure 28 documents the absence of substance use in this population.



### **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 judicial officers, attorneys 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, the pilot project developed with DCFS, Probation and DMH has expanded to provide countywide service. JCMHS has ten psychiatric social workers functioning as DMH representatives to the MDT process.

#### ***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 12-13, JCMHS reviewed all the requests for such authorization in order to facilitate and optimize communication of relevant clinical information between physicians and judicial officers. Of these, about 60% were received from DCFS for dependent children and 40% for delinquent children under the jurisdiction of Juvenile Court. During this fiscal year, JCMHS has launched a new set of psychotropic medication parameters for children in the dependency system. JCMHS has added 1.5 FTE child psychiatrists in order to provide further assessment of children who have more complicated medication regimens. 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 judicial officers with a special emphasis on psychotropic medication. JCMHS is involved in the development of an IBM created web-based psychotropic medication authorization system. Once completed, it will allow for accurate tracking of prescribing patterns.

### ***Clinical Psychiatry Training***

JCMHS continues its program of clinical training for second-year UCLA child 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 screened all newly admitted minors including 24% who required a full assessment and had a clinical case opened for ongoing treatment during FY 12-13. 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 12-13, the Probation Electronic Medical Record System (PEMRS) was used for all youth incarcerated in the juvenile halls. At this point in time, single contact forms are no longer used for negative screenings, and all youth are administered a full Juvenile Justice Assessment. After completing this assessment, the clinician determines if ongoing care will be required and, where appropriate, opens the case for on-going treatment. Juvenile justice clinical staff now enter all clinical documentation into the PEMRS system which is accessible from all sites within the system.

Also, during FY 12-13, enhanced identification and provision of services were continued by Probation and DMH for Developmentally Disabled youth (or youth suspected of having a Developmental Disability). Youth are screened by Probation during intake, and referred to Regional Center when appropriate.

Probation and DMH complete multidisciplinary/multimodal assessment and develop individual rehabilitative treatment plans (IHTP) for these youths during the time they are incarcerated.

In FY 12-13, 7,296 youth were screened and administered a full Juvenile Justice Assessment in the three County juvenile halls. They were 99% of all newly admitted youths. Of those, approximately 45% of the assessed youth were provided with ongoing treatment in the three County juvenile halls. The numbers screened for Barry J. Nidorf, Central Juvenile Hall and Los Padrinos Juvenile Hall were: 1,590, 2,105, and 3,604, respectively, and the unique number treated at each of these three juvenile halls were 1,654, 2,088, and 2,237, respectively.

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 average length of treatment, i.e. the range of time in treatment for youth at the juvenile hall, in the 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. Clients' 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 house 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 two ESUs at Central Juvenile Hall, one for boys and one for girls. These units take youth from all three juvenile halls that require a high level of monitoring and observation 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 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, 5,979 unduplicated clients received mental health services during FY 12-13. 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 33 indicates that, for the juvenile hall cluster, the most prevalent primary DSM diagnoses were Adjustment/Conduct Disorder/ADHD, Other Diagnoses, Anxiety Disorders, and Major Depression, with a smaller frequency of Bipolar Disorders. There were 10 clients with a primary DSM diagnosis of Drug-Induced Disorders or Dependence. In addition, combining primary and secondary admission diagnoses (Figure 34) identified 39 clients with a diagnosis of Child Abuse and Neglect.

Substance use was an issue reported for 296 (4.9%) of the clients served at the three juvenile hall MHUs (Figure 35). Marijuana use, amphetamine use, alcohol use, and polysubstance use were most frequently reported.

### **DOROTHY KIRBY CENTER**

Dorothy Kirby Center (DKC) is a Probation residential treatment facility located in SPA 7 which provides services to clients from the entire county. Its MHU consists of a 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. The staff of the mental health unit consisted of 2 licensed Psychologists (includes 1 Sr. Community Psychologist), 5 waived Psychologists, 1 licensed Recreation Therapist, 1 Family Advocate, 1 LCSW (SPSW), 6 unlicensed Master's level staff (PSW/MFT), 1-1/2 Psychiatrists, 5 clerical staff (including 1 supervisor and 1 secretary), 1 Training Coordinator/QA Coordinator (LCSW), and 1 Substance Abuse Counselor. During FY 10-11, the total DKC MHU staff consisted of 24.5 Full-Time Equivalents (FTEs). FY 10-11 saw a significant increase in staff due to the involvement of the Department of Justice (DOJ) and the implementation of an action plan related to a DOJ settlement agreement and an integrated treatment model developed with Probation.

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 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 41% of those assessed receive services. The MHU serves up to 140 adolescents and receives an average of 24 referrals from the juvenile courts 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. Referrals to DKC are made by a judge or a deputy probation officer. A licensed/registered/waivered clinician interviews each referral in one of the Juvenile Halls. 100% of referrals are screened face-to-face. The inter-departmental screening committee (Probation and DMH) then meets on the disposition of the case. 100% are assessed at time of screening. Of those



assessed, 59% received services at DKC. All of the Kirby population receives services. The average length of stay in treatment is 212 days. An average of 85 children were treated at DKC by the MHU each month.

During FY 12-13, the Kirby MHU served 285 youths. DKC is the main placement offered to females who have been targeted as Commercially Sexually Exploited Children (CSEC). There are two concurrent groups co-facilitated by a registered, waived therapist and survivors of CSEC.

Figures 36, 37, and 38 present gender, age, and ethnicity for the 285 FY 12-13 clients at Dorothy Kirby's MHU. Average age was 17. Most clients were Probation referrals, followed by referrals from DCFS or a school district (Figure 39).

Figure 40 shows the most frequently observed primary admission diagnoses to be Other Diagnoses, Adjustment/Conduct Disorder/ADHD, Major Depression and Anxiety Disorders.

### **JUVENILE JUSTICE CAMPS**

During Fiscal Year 12-13, DMH provided mental health services at the thirteen Probation Camps and the Camp Assessment Center operated by the Probation Department located throughout Los Angeles County. The camps are located in Lancaster, Lake Hughes, 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.

In October 2010, mental health staffing in the camps was further expanded. 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. The Camps have mental health staff on-site 7 days per week and into the evening hours. In addition, Camp Navigators facilitate linkage for youth to community mental health services upon release. Three (3) 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 (McNair, Onizuka and Jarvis). Camp Onizuka houses youth who would have previously been transferred to the State Department of Juvenile Justice as part of the Youthful Offender Block Grant.

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 Southern Camp Region includes Camps Miller, Kilpatrick and Gonzales (in the Malibu/Calabasas area/ SPA 5); 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.

Several camps have enhanced mental health services and house youth who require access to a Mental Health Psychiatrist, including Challenger, Rockey and Scott-Scudder. These camps have implemented the Integrated Treatment Model. As part of the model, Probation and Mental Health staff facilitate adapted Dialectical Behavior Therapy (DBT) groups to assist youth in learning skills to more effectively function in camp and in the community. All camps provide individual, family, group, collateral, and aftercare/linkage services. Overall, the unduplicated clients served by the Camp Mental Health Programs for FY 12-13 was 1,766.

Figures 43, 44, and 45 describe the gender, age, and ethnicity of the juvenile justice MHU clients. Their average age was 18. Most had Probation as their referring agency, with additional referrals from DCFS and school districts (Figure 46).

The most common primary admission diagnoses for the juvenile justice camp clients were Adjustment/Conduct/Disorder/ ADHD, Other Diagnoses,



Anxiety Disorders, Major Depression, Drug Induced Disorders or Dependence, and Bipolar Disorders (Figure 47). There were no children diagnosed with a primary or secondary (Figure 48) diagnosis of Child Abuse and Neglect at admission.

For 73 juvenile justice camp clients with reported substance use (Figure 56), marijuana was most often reported, followed by polysubstances, alcohol, amphetamines, and cocaine.

### ***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. 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.

During FY 12-13, an average of 61 DCFS children were 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 12-13, 737 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 other cases were linked with non-DMH contracted agencies.

### ***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 and Probation. 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. 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. During FY 12-13 there were 53 RCL 14 beds, 47 of which were designated for males and 6 for females. The following service providers offered RCL 14 facilities: Bayfront Youth & Family Services (SPA 8), Olive Crest (SPA 7), San Gabriel Children's Center (SPA 3), and Hathaway-Sycamores (SPA 3). In FY 12-13 DMH provided services to 119 minors in RCL-



14 group homes. Of the 119 minors who resided in RCL-14 group homes 89 were newly certified in FY 12-13 and 30 were already residing in the RCL-14 in the previous Fiscal Year and remained in the group home into FY 12-13. The sources of referral for the 119 residents were approximately 51% from DCFS, and 49% 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, a State licensing category for residential placement of minors, is a higher level of care than RCL 14. In FY 12-13 there were two CTF's with a total of 64 beds. Star View (SPA 8) offered 40 beds, 10 of which were designated for males and 30 for females. Vista del Mar (SPA 4) offered 24 CTF beds all 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 child's motivation to benefit from treatment in a more restrictive treatment setting. In FY 12-13 DMH provided services to 125 minors in the CTF level of care. Of the 125 minors who resided in CTF level of care 79 were newly certified in FY 12-13 and 46 were already residing in the CTF in the previous Fiscal Year and remained into FY 12-13. The sources of referral for the 125 residents were approximately 72% from DCFS, 2% from the School Districts, and 26% from Probation.

**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, DCFS host, a representative from the hospital, the minor's CSW, SCSW, 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 re-hospitalization. Often, the main discussion is what the most appropriate placement is for the minor to be safe and the level and type of mental health services needed to ensure the minor's success.

Recommendations include referrals to intensive mental health programs such as Intensive Field Clinical Capable Services, 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 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, group home providers to verify linkage to appropriate services or verifying mental health services with the previous provider(s).

During FY 12-13, 1072 psychiatric hospital discharge planning teleconferences were completed for DCFS referrals, and 98 for Probation referrals.

In addition to the above stated, the CICCM unit also follows-up with all Los Angeles County minor patients in the following hospitals: Aurora Charter Oak Hospital in Covina, BHC Alhambra hospital in Rosemead, Gateways Hospital in Los Angeles, UCLA- Resnick Neuropsychiatric Hospital in Los Angeles, LAC/USC Inpatient Services, Kedren Community Hospital in Los Angeles, College Hospital Cerritos and in Costa Mesa and Del Amo hospital in Torrance.



Figure 1

TIER I WRAPAROUND PROGRAM		
Gender	Count	Percent
Male	456	50.4%
Female	449	49.6%
<b>TOTAL</b>	<b>905</b>	<b>100%</b>

Figure 2

TIER I WRAPAROUND PROGRAM		
Age (Group)	Count	Percent
0-5	4	0.4%
6-11	144	15.9%
12-17	577	63.8%
18-20	180	19.9%
<b>TOTAL</b>	<b>905</b>	<b>100%</b>

Figure 3

TIER I WRAPAROUND PROGRAM		
Ethnicity	Count	Percent
Caucasian	90	9.9%
African American	327	36.1%
Hispanic	437	48.3%
American Native	3	0.3%
Asian/ Pacific Islander	9	1.0%
Other	20	2.2%
Unknown	19	2.1%
<b>TOTAL</b>	<b>905</b>	<b>100%</b>

Figure 4

TIER I WRAPAROUND PROGRAM		
Responsible Agency	Count	Percent
DCFS	493	54.5%
Probation	158	17.5%
DCFS and School Dist	29	3.2%
Probation and School District	10	1.1%
School District (SEP Eligible)	4	0.4%
School District (Non-SEP Eligible)	3	0.3%
No Data	208	23.0%
<b>TOTAL</b>	<b>905</b>	<b>100%</b>

Figure 5

TIER I WRAPAROUND PROGRAM		
Primary DSM Diagnosis	Count	Percent
Drug Induced Disorders or Dependence	0	0.0%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	9	1.0%
Bipolar Disorders	32	3.5%
Major Depression	63	7.0%
Anxiety Disorders	53	5.9%
Other Diagnoses	447	49.4%
Adjustment/Conduct Disorder/ADHD	291	32.2%
Child Abuse and Neglect	2	0.2%
No Diagnosis or Diagnosis Deferred	8	0.9%
<b>TOTAL</b>	<b>905</b>	<b>100%</b>

Figure 6

TIER I WRAPAROUND PROGRAM		
Secondary DSM Diagnosis	Count	Percent
Drug induced Disorders or Dependence	1	0.1%
Disorders Due to Medical Condition	1	0.1%
Schizophrenia/Psychosis	0	0.0%
Bipolar Disorders	4	0.4%
Major Depression	12	1.3%
Anxiety Disorders	11	1.2%
Other Diagnoses	762	84.2%
Adjustment/Conduct Disorder/ADHD	82	9.1%
Child Abuse and Neglect	31	3.4%
No Diagnosis or Diagnosis Deferred	1	0.1%
<b>TOTAL</b>	<b>905</b>	<b>100%</b>



Figure 7

TIER I WRAPAROUND PROGRAM		
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	1	0.1%
No Substance Abuse	904	99.9%
Undetermined	0	0.0%
<b>TOTAL</b>	<b>905</b>	<b>100%</b>

Figure 8

TIER II WRAPAROUND PROGRAM		
Gender	Count	Percent
Male	708	54.9%
Female	580	45.0%
Unknown	1	0.1%
<b>TOTAL</b>	<b>1,289</b>	<b>100%</b>

Figure 9

TIER II WRAPAROUND PROGRAM		
Age (Group)	Count	Percent
0-5	24	1.9%
6-11	431	33.4%
12-17	736	57.1%
18-20	98	7.6%
<b>TOTAL</b>	<b>1,289</b>	<b>100%</b>

Figure 10

TIER II WRAPAROUND PROGRAM		
Ethnicity	Count	Percent
Caucasian	108	8.4%
African American	303	23.5%
Hispanic	825	64.0%
American Native	5	0.4%
Asian/ Pacific Islander	10	0.8%
Other	12	0.9%
Unknown	26	2.0%
<b>TOTAL</b>	<b>1,289</b>	<b>100%</b>

Figure 11

TIER II WRAPAROUND PROGRAM		
Responsible Agency	Count	Percent
DCFS	786	61.0%
Probation	47	3.6%
DCFS and School Dist	71	5.5%
Probation and School District	2	0.2%
School District (SEP Eligible)	7	0.5%
School District (Non-SEP Eligible)	4	0.3%
No Data	372	28.9%
<b>TOTAL</b>	<b>1,289</b>	<b>100%</b>

Figure 12

TIER II WRAPAROUND PROGRAM		
Primary DSM Diagnosis	Count	Percent
Drug Induced Disorders or Dependence	0	0.0%
Disorders Due to Medical Condition	2	0.2%
Schizophrenia/Psychosis	4	0.3%
Bipolar Disorders	17	1.3%
Major Depression	76	5.9%
Anxiety Disorders	115	8.9%
Other Diagnoses	549	42.6%
Adjustment/Conduct Disorder/ADHD	513	39.8%
Child Abuse and Neglect	3	0.2%
No Diagnosis or Diagnosis Deferred	10	0.8%
<b>TOTAL</b>	<b>1,289</b>	<b>100%</b>

Figure 13

TIER II WRAPAROUND PROGRAM		
Secondary DSM Diagnosis	Count	Percent
Drug induced Disorders or Dependence	1	0.1%
Disorders Due to Medical Condition	2	0.2%
Schizophrenia/Psychosis	0	0.0%
Bipolar Disorders	1	0.1%
Major Depression	3	0.2%
Anxiety Disorders	18	1.4%
Other Diagnoses	1,089	84.5%
Adjustment/Conduct Disorder/ADHD	108	8.4%
Child Abuse and Neglect	67	5.2%
No Diagnosis or Diagnosis Deferred	0	0.0%
<b>TOTAL</b>	<b>1,289</b>	<b>100%</b>



Figure 14

<b>TIER II WRAPAROUND PROGRAM</b>		
Admit Substance Abuse	Count	Percent
Alcohol	0	0.0%
Amphetamines	0	0.0%
Marijuana	1	0.1%
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	1,288	99.9%
Undetermined	0	0.0%
<b>TOTAL</b>	<b>1,289</b>	<b>100%</b>

Figure 15

<b>FAMILY PRESERVATION PROGRAM</b>		
Gender	Count	Percent
Male	146	49.7%
Female	147	50.0%
Unknown	1	0.3%
<b>TOTAL</b>	<b>294</b>	<b>100%</b>

Figure 16

<b>FAMILY PRESERVATION PROGRAM</b>		
Age (Group)	Count	Percent
0-5	51	17.3%
6-11	119	40.5%
12-17	106	36.1%
18-20	18	6.1%
<b>TOTAL</b>	<b>294</b>	<b>100%</b>

Figure 17

<b>FAMILY PRESERVATION PROGRAM</b>		
Ethnicity	Count	Percent
Caucasian	11	3.7%
African American	16	5.4%
Hispanic	247	84.0%
American Native	0	0.0%
Asian/ Pacific Islander	5	1.7%
Other	2	0.7%
Unknown	13	4.4%
<b>TOTAL</b>	<b>294</b>	<b>100%</b>

Figure 18

<b>FAMILY PRESERVATION PROGRAM</b>		
Responsible Agency	Count	Percent
DCFS	165	56.1%
Probation	4	1.4%
DCFS and School Dist	0	0.0%
Probation and School District	0	0.0%
School District (SEP Eligible)	1	0.3%
School District (Non-SEP Eligible)	0	0.0%
No Data	124	42.2%
<b>TOTAL</b>	<b>294</b>	<b>100%</b>

Figure 19

<b>FAMILY PRESERVATION PROGRAM</b>		
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	1	0.3%
Major Depression	6	2.0%
Anxiety Disorders	24	8.2%
Other Diagnoses	114	38.8%
Adjustment/Conduct Disorder/ ADHD	136	46.3%
Child Abuse and Neglect	0	0.0%
No Diagnosis or Diagnosis Deferred	13	4.4%
<b>TOTAL</b>	<b>294</b>	<b>100%</b>



*Figure 20*

<b>FAMILY PRESERVATION PROGRAM</b>		
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	2	0.7%
Anxiety Disorders	2	0.7%
Other Diagnoses	272	92.5%
Adjustment/Conduct Disorder/ ADHD	4	1.4%
Child Abuse and Neglect	9	3.1%
No Diagnosis or Diagnosis Deferred	5	1.7%
<b>TOTAL</b>	<b>294</b>	<b>100%</b>

*Figure 23*

<b>FAMILY REUNIFICATION PROGRAM</b>		
Age (Group)	Count	Percent
0-5	12	30.0%
6-11	15	37.5%
12-17	13	32.5%
18-20	0	0.0%
<b>TOTAL</b>	<b>40</b>	<b>100%</b>

*Figure 24*

<b>FAMILY REUNIFICATION PROGRAM</b>		
Ethnicity	Count	Percent
Caucasian	5	12.5%
African American	9	22.5%
Hispanic	24	60.0%
American Native	0	0.0%
Asian/ Pacific Islander	1	2.5%
Other	1	2.5%
Unknown	0	0.0%
<b>TOTAL</b>	<b>40</b>	<b>100%</b>

*Figure 21*

<b>FAMILY PRESERVATION PROGRAM</b>		
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	294	100%
Undetermined	0	0.0%
<b>TOTAL</b>	<b>294</b>	<b>100%</b>

*Figure 25*

<b>FAMILY REUNIFICATION PROGRAM</b>		
Figure 11 - Responsible Agency	Count	Percent
DCFS	38	95.0%
Probation	0	0.0%
DCFS and School District	0	0.0%
Probation and School District	0	0.0%
School District (SEP Eligible)	0	0.0%
School District (Non-SEP Eligible)	0	0.0%
Department of Justice	0	0.0%
Law Enforcement	0	0.0%
No Data	2	5.0%
<b>TOTAL</b>	<b>40</b>	<b>100%</b>

*Figure 22*

<b>FAMILY REUNIFICATION PROGRAM</b>		
Gender	Count	Percent
Male	17	42.5%
Female	23	57.5%
<b>TOTAL</b>	<b>40</b>	<b>100%</b>



Figure 26

<b>FAMILY REUNIFICATION PROGRAM</b>		
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	8	20.0%
Anxiety Disorders	19	47.5%
Other Diagnoses	2	5.0%
Adjustment/Conduct Disorder/ADHD	7	17.5%
Child Abuse and Neglect	0	0.0%
No Diagnosis or Diagnosis Deferred	4	10.0%
<b>TOTAL</b>	<b>40</b>	<b>100%</b>

Figure 27

<b>FAMILY REUNIFICATION PROGRAM</b>		
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	5.0%
Adjustment/Conduct Disorder/ADHD	0	0.0%
Child Abuse and Neglect	0	0.0%
No Diagnosis or Diagnosis Deferred	38	95.0%
<b>TOTAL</b>	<b>40</b>	<b>100%</b>

Figure 28

<b>FAMILY REUNIFICATION PROGRAM</b>		
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	40	100%
<b>TOTAL</b>	<b>40</b>	<b>100%</b>

Figure 29

<b>JUVENILE HALL CLUSTER (BARRY NIDORE, CENTRAL, LOS PADRINOS)</b>		
Gender	Count	Percent
Male	4,721	79.0%
Female	1,257	21.0%
Unknown	1	0.0%
<b>TOTAL</b>	<b>5,979</b>	<b>100%</b>

Figure 30

<b>JUVENILE HALL CLUSTER (BARRY NIDORE, CENTRAL, LOS PADRINOS)</b>		
Age (Group)	Count	Percent
0-5	1	0.0%
6-11	4	0.1%
12-17	4,392	73.5%
18-20	1,582	26.5%
<b>TOTAL</b>	<b>5,979</b>	<b>100%</b>



Figure 31

<b>JUVENILE HALL CLUSTER (BARRY NIDORE, CENTRAL, LOS PADRINOS)</b>		
Ethnicity	Count	Percent
Caucasian	365	6.1%
African American	1,803	30.2%
Hispanic	3,585	60.0%
American Native	14	0.2%
Asian/ Pacific Islander	55	0.9%
Other	61	1.0%
Unknown	96	1.6%
<b>TOTAL</b>	<b>5,979</b>	<b>100%</b>

Figure 32

<b>JUVENILE HALL CLUSTER (BARRY NIDORE, CENTRAL, LOS PADRINOS)</b>		
Responsible Agency	Count	Percent
DCFS	235	3.9%
Probation	3,653	61.1%
DCFS and School Dist	35	0.6%
Probation and School District	445	7.4%
School District (SEP Eligible)	38	0.6%
School District (Non-SEP Eligible)	17	0.3%
No Data	1,556	26.0%
<b>TOTAL</b>	<b>5,979</b>	<b>100%</b>

Figure 33

<b>JUVENILE HALL CLUSTER (BARRY NIDORE, CENTRAL, LOS PADRINOS)</b>		
Primary DSM Diagnosis	Count	Percent
Drug Induced Disorders or Dependence	10	0.2%
Disorders Due to Medical Condition	1	0.0%
Schizophrenia/Psychosis	5	0.1%
Bipolar Disorders	35	0.6%
Major Depression	184	3.1%
Anxiety Disorders	201	3.4%
Other Diagnoses	2,415	40.4%
Adjustment/Conduct Disorder/ADHD	2,752	46.0%
Child Abuse and Neglect	4	0.1%
No Diagnosis or Diagnosis Deferred	372	6.2%
<b>TOTAL</b>	<b>5,979</b>	<b>100%</b>

Figure 34

<b>JUVENILE HALL CLUSTER (BARRY NIDORE, CENTRAL, LOS PADRINOS)</b>		
Secondary DSM Diagnosis	Count	Percent
Drug induced Disorders or Dependence	6	0.1%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	0	0.0%
Bipolar Disorders	4	0.1%
Major Depression	3	0.1%
Anxiety Disorders	33	0.6%
Other Diagnoses	5,245	87.7%
Adjustment/Conduct Disorder/ADHD	650	10.9%
Child Abuse and Neglect	35	0.6%
No Diagnosis or Diagnosis Deferred	3	0.1%
<b>TOTAL</b>	<b>5,979</b>	<b>100%</b>



Figure 35

<b>JUVENILE HALL CLUSTER (BARRY NIDORE, CENTRAL, LOS PADRINOS)</b>		
Admit Substance Abuse	Count	Percent
Alcohol	22	0.4%
Amphetamines	38	0.6%
Marijuana	220	3.7%
Cocaine	0	0.0%
Hallucinogens	0	0.0%
Inhalants	0	0.0%
Sedatives and Opioids	2	0.0%
Polysubstance Abuse	14	0.2%
No Substance Abuse	5,683	95.0%
Undetermined	0	0.0%
<b>TOTAL</b>	<b>5,979</b>	<b>100%</b>

Figure 36

<b>DOROTHY KIRBY CENTER</b>		
Gender	Count	Percent
Male	190	66.7%
Female	94	33.0%
Unknown	1	0.4%
<b>TOTAL</b>	<b>285</b>	<b>100%</b>

Figure 37

<b>DOROTHY KIRBY CENTER</b>		
Age (Group)	Count	Percent
0-5	0	0.0%
6-11	0	0.0%
12-17	225	78.9%
18-20	60	21.1%
<b>TOTAL</b>	<b>285</b>	<b>100%</b>

Figure 38

<b>DOROTHY KIRBY CENTER</b>		
Ethnicity	Count	Percent
Caucasian	25	8.8%
African American	111	38.9%
Hispanic	144	50.5%
American Native	1	0.4%
Asian/ Pacific Islander	1	0.4%
Other	3	1.1%
Unknown	0	0.0%
<b>TOTAL</b>	<b>285</b>	<b>100%</b>

Figure 39

<b>DOROTHY KIRBY CENTER</b>		
Responsible Agency	Count	Percent
DCFS	12	4.2%
Probation	192	67.4%
DCFS and School Dist	1	0.4%
Probation and School District	7	2.5%
School District (SEP Eligible)	3	1.1%
School District (Non-SEP Eligible)	0	0.0%
No Data	70	24.6%
<b>TOTAL</b>	<b>285</b>	<b>100%</b>

Figure 40

<b>DOROTHY KIRBY CENTER</b>		
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	13	4.6%
Anxiety Disorders	9	3.2%
Other Diagnoses	141	49.5%
Adjustment/Conduct Disorder/ADHD	122	42.8%
Child Abuse and Neglect	0	0.0%
No Diagnosis or Diagnosis Deferred	0	0.0%
<b>TOTAL</b>	<b>285</b>	<b>100%</b>



Figure 41

<b>DOROTHY KIRBY CENTER</b>		
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	285	100.0%
Adjustment/Conduct Disorders/ADHD	0	0.0%
Child Abuse and Neglect	0	0.0%
No Diagnosis or Diagnosis Deferred	0	0.0%
<b>TOTAL</b>	<b>285</b>	<b>100%</b>

Figure 42

<b>DOROTHY KIRBY CENTER</b>		
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	285	100.0%
Undetermined	0	0.0%
<b>TOTAL</b>	<b>285</b>	<b>100%</b>

Figure 43

<b>CHALLENGER YOUTH CENTER/ JUVENILE JUSTICE CAMPS</b>		
Gender	Count	Percent
Male	1,544	87.4%
Female	222	12.6%
<b>TOTAL</b>	<b>1,766</b>	<b>100%</b>

Figure 44

<b>CHALLENGER YOUTH CENTER/ JUVENILE JUSTICE CAMPS</b>		
Age (Group)	Count	Percent
0-5	0	0.0%
6-11	2	0.1%
12-17	1,138	64.4%
18-20	626	35.4%
<b>TOTAL</b>	<b>1,766</b>	<b>100%</b>

Figure 45

<b>CHALLENGER YOUTH CENTER/ JUVENILE JUSTICE CAMPS</b>		
Ethnicity	Count	Percent
Caucasian	74	4.2%
African American	537	30.4%
Hispanic	1,110	62.9%
American Native	3	0.2%
Asian/ Pacific Islander	11	0.6%
Other	19	1.1%
Unknown	12	0.7%
<b>TOTAL</b>	<b>1,766</b>	<b>100%</b>

Figure 46

<b>CHALLENGER YOUTH CENTER/ JUVENILE JUSTICE CAMPS</b>		
Responsible Agency	Count	Percent
DCFS	29	1.6%
Probation	1,092	61.8%
DCFS and School Dist	22	1.2%
Probation and School District	110	6.2%
School District (SEP Eligible)	9	0.5%
School District (Non-SEP Eligible)	3	0.2%
No Data	501	28.4%
<b>TOTAL</b>	<b>1,766</b>	<b>100%</b>



Figure 47

<b>CHALLENGER YOUTH CENTER/ JUVENILE JUSTICE CAMPS</b>		
Primary DSM Diagnosis	Count	Percent
Drug Induced Disorders or Dependence	2	0.1%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	0	0.0%
Bipolar Disorders	1	0.1%
Major Depression	18	1.0%
Anxiety Disorders	64	3.6%
Other Diagnoses	655	37.1%
Adjustment/Conduct Disorder/ ADHD	1,015	57.5%
Child Abuse and Neglect	0	0.0%
No Diagnosis or Diagnosis Deferred	11	0.6%
<b>TOTAL</b>	<b>1,766</b>	<b>100%</b>

Figure 48

<b>CHALLENGER YOUTH CENTER/ JUVENILE JUSTICE CAMPS</b>		
Secondary DSM Diagnosis	Count	Percent
Drug induced Disorders or Dependence	2	0.1%
Disorders Due to Medical Condition	1	0.1%
Schizophrenia/Psychosis	0	0.0%
Bipolar Disorders	1	0.1%
Major Depression	1	0.1%
Anxiety Disorders	12	0.7%
Other Diagnoses	1,493	84.5%
Adjustment/Conduct Disorder/ ADHD	247	14.0%
Child Abuse and Neglect	0	0.0%
No Diagnosis or Diagnosis Deferred	9	0.5%
<b>TOTAL</b>	<b>1,766</b>	<b>100%</b>

Figure 49

<b>CHALLENGER YOUTH CENTER/ JUVENILE JUSTICE CAMPS</b>		
Admit Substance Abuse	Count	Percent
Alcohol	7	0.4%
Amphetamines	7	0.4%
Marijuana	39	2.2%
Cocaine	0	0.0%
Hallucinogens	0	0.0%
Inhalants	0	0.0%
Sedatives and Opioids	1	0.1%
Polysubstance Abuse	14	0.8%
No Substance Abuse	1,698	96.1%
<b>UNDETERMINED</b>	<b>0</b>	<b>0.0%</b>
<b>TOTAL</b>	<b>1,766</b>	<b>100%</b>



**SELECTED FINDINGS**

**DEPARTMENT OF MENTAL HEALTH**

- During FY 2012-13, The Family Preservation (FP) program treated 294 clients. Family Reunification served 40 outpatients. Rate Classification Level-14 (RCL-14) facilities treated 119, and Community Treatment Facilities (CTF) treated 125. Tier I Wraparound program services were given to 905. Tier II Wraparound program services were provided to 1,289. The three Juvenile Hall Mental Health Units (JHMHU) served 5,979. Dorothy Kirby Center provided mental health services to 285. At Challenger Memorial Youth Center and the Juvenile Justice Camps, 1,766 children/youth received mental health services. A total of 10,802 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 Wraparound programs, Family Preservation and Family Reunification programs were 23% of clients at the programs considered. Of these, 63% were identified as DCFS referrals.
- DCFS referred clients constituted 51% of the RCL-14 referrals and 72% of the CTF referrals.
- Clients in the Mental Health Units of the three juvenile halls made up 55% of the clients considered. Of these, 4% 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 68% 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: 96% in Challenger Youth Center/Juvenile Justice Camps, and 4% in Dorothy Kirby Center.
- During FY 12-13, the Tier I Wraparound program served 33 clients diagnosed with either a primary or a secondary admission DSM diagnosis of Child Abuse and Neglect (CAN). This is 22% of

- the total of the 151 clients diagnosed with CAN in all programs in the FY. The comparable counts for Tier I clients diagnosed with CAN was 52 in FY 11-12, 165 in FY 10-11, and 179 in FY 09-10.
- During FY 12-13, the Tier II Wraparound program, served 70 clients diagnosed with CAN. This is 46% of the total of 151 clients diagnosed with CAN in all of the programs considered. The comparable counts for Tier II clients diagnosed with CAN was 120 in FY 11-12, 278 in FY 10-11, and 207 in FY 09-10.
- The Juvenile Hall Mental Health Units (JHMHUs) served 39 clients diagnosed with CAN during FY 12-13, which is 26% of the CAN clients in the programs considered. In FY 11-12, the JHMHUs treated 58 CAN diagnosed clients, 129 in FY 10-11, and 160 in FY 09-10.
- The FP program served 9 clients diagnosed with CAN in FY 12-13. This is 6% of the total CAN clients in all of the programs considered. In FY 11-12, the FP program treated 25 clients diagnosed with CAN, 31 in FY 10-11, and 75 clients with CAN in FY 09-10.
- Of the 151 children, at the treatment programs considered, that received a primary or secondary DSM diagnosis of Child Abuse and Neglect during FY 12-13, the Tier II Wraparound program diagnosed and treated the largest percentage (46%). The proportion of children with CANS in the latter program was followed by the JHMHUs (26%), the Tier I Wraparound program (21%), and the Family Preservation program (9%). These findings indicate that, for the mental health treatment programs considered during FY 12-13, the Tier II Wraparound program, the Juvenile Hall Mental Health Units, and the Tier I Wraparound program made the largest contribution to identifying and treating children diagnosed with Child Abuse and Neglect.
- The most frequent primary DSM admission diagnosis of clients in the seven programs considered in FY 12-13 was Adjustment/Conduct Disorder/ADHD, with a range of 32% to 57% of each program's clients receiving this diagnosis. Major Depression or Anxiety Disorders were consistently the second most



frequent DSM diagnosis for Tier I Wraparound, Tier II Wraparound, Family Preservation, Family Reunification, the Juvenile Hall Mental Health units, Dorothy Kirby Center and Challenger Juvenile Justice Camps.

## **GLOSSARY OF CHILDREN'S MENTAL HEALTH TERMS**

This glossary contains terms used frequently when dealing with the mental health needs of children. The list is alphabetical. Words highlighted by italics have their own separate definitions. The term service or services is used frequently in this glossary. The reader may wish to look up service before reading the other definitions.

**Assessment:** A professional review of a child's and family's needs that is done when they first seek services. The assessment of the child includes a review of physical and mental health, school performance, family situation, and behavior in the community. The assessment identifies the strengths of the child and family. Together, the treatment provider and family decide what kind of treatment and supports, if any, are needed.

**Case Manager:** An individual who organizes and coordinates services and supports for children with emotional problems and their families. (Alternate terms: service coordinator, advocate, and facilitator.)

**Case Management:** A service that helps people arrange appropriate and available services and supports. As needed, a case manager coordinates mental health, social work, education, health, vocational, transportation, advocacy, respite, and recreational services. The case manager makes sure that the child's and family's changing needs are met. (This definition does not apply to managed care.)

**Children and Adolescents at Risk for Mental Health Problems:** Children at higher risk for developing mental health problems when certain factors occur in their lives or environment. Some of these factors are physical abuse, emotional abuse or neglect, harmful stress, discrimination, poverty, loss of loved one, frequent moving, alcohol and other drug use, trauma, and exposure to violence.

**Continuum of Care:** A term that implies a progression of services that a child would move through, probably one at a time. The more up-to-date idea is one of comprehensive services. (See system of care and wraparound services.)



**Coordinated Services:** Child-serving organizations, along with the family, talk with each other and agree upon a plan of care that meets the child's needs. These organizations can include mental health, education, juvenile justice, and child welfare. Case management is necessary to coordinate services (See wraparound services).

**Cultural Competence:** Help that is sensitive and responsive to cultural differences. Service providers are aware of the impact of their own culture and possess skills that help them provide services that are culturally appropriate in responding to people's unique cultural differences, such as race and ethnicity, national origin, religion, age, gender, sexual orientation, or physical disability. They adapt their skills to fit a family's values and customs.

**Day Treatment:** A non-residential, intensive and structured clinical program provided for children and adolescents who are at imminent risk of failing in the public school setting as a result of their behavior related to a mental illness and who have impaired family functioning. The primary focus of Day Treatment is to address academic and behavioral needs of the individual, family, and/or foster family.

**DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition):** An official manual of mental health problems developed by the American Psychiatric Association. This reference book is used by psychiatrists, psychologists, social workers, and other health and mental health care providers to understand and diagnose a mental health problem. Insurance companies and health care providers also use the terms and explanations in this book when they discuss mental health problems.

**Emergency and Crisis Services:** A group of services that are available 24 hours a day, 7 days a week, to help during a mental health emergency. When a child is thinking about suicide, these services could save his or her life. Examples: telephone crisis hotlines, crisis counseling, crisis residential treatment services, crisis outreach teams, and crisis respite care.

**Evidence Based Practice:** An intervention whose beneficial treatment outcomes for the mental health

and psychological functioning of clients has been established by controlled clinical research studies.

**Family Support Services:** Help designed to keep the family together and to cope with mental health problems that affect them. These services may include consumer information workshops, in-home supports, family therapy, parent training, and respite care.

**Inpatient Hospitalization:** Mental health treatment in a hospital setting 24 hours a day. The purpose of inpatient hospitalization is: (1) short-term treatment in cases where a child is in crisis and possibly a danger to self or others, and (2) diagnosis and treatment when the patient cannot be evaluated or treated appropriately in an outpatient setting.

**Managed Care:** A way to supervise the delivery of health care services. Managed care may specify the providers that the insured family can see. It may also limit the number of visits and kinds of services that will be covered.

**Mental Health:** Mental health refers to how a person thinks, feels, and acts when faced with life's situations. It is how people look at themselves, their lives, and the other people in their lives; evaluate the challenges and the problems; and explore choices. This includes handling stress, relating to other people, and making decisions.

**Mental Health Problems:** There are several recognized problems. These problems affect one's thoughts, body, feelings, and behavior. They vary from mild to severe. Some of the more common disorders are known as depression, bipolar disorder (manic-depressive illness), attention deficit hyperactivity disorder, anxiety disorders, eating disorders, schizophrenia, and conduct disorder.

**Plan of Care:** A treatment plan designed for each child or family. The treatment provider develops the plan with the family. The plan identifies the child's and family's strengths and needs. It establishes goals and details the appropriate treatment, and services likely to meet his or her special needs.

**Residential Treatment Centers:** Facilities that provide treatment 24 hours a day and can usually



serve more than 12 young people at a time. Children with serious emotional disturbances receive constant supervision and care. Treatment may include individual, group, and family therapy; behavior therapy; special education; recreation therapy; and medical services. Residential treatment is usually more long-term than inpatient hospitalization. Centers are also known as therapeutic group homes.

**Respite Care:** A service that provides a break for parents who have a child with a serious emotional disturbance. Some parents may need this help every week. It can be provided in the home or in another location. Trained parents or counselors take care of the child for a brief period of time. This gives families relief from the strain of taking care of a child with a serious emotional disturbance.

**SEP Eligible:** A child who has been assessed by a team of qualified assessors, including the parents, as eligible to be placed in a special education program and to receive related mental health services.

**Serious Emotional Disturbance:** Diagnosable disorders in children and adolescents that severely disrupt daily functioning in the home, school, or community. Some of these disorders are depression, attention-deficit/hyperactivity, anxiety, conduct, and eating disorders. Serious emotional disturbances affect 1 in 20 young people.

**Service:** A type of support or clinical intervention designed to address the specific mental health needs of a child and his or her family. A service could be received once or repeated over a course of time as determined by the child, family, and service provider.

**Short-Doyle Medi-Cal:** State-funded program that provides reimbursement for county mental health services to Medi-Cal eligible and indigent individuals.

**SPA:** SPA is the acronym designating each of eight Service Planning Areas developed by the County of Los Angeles Departments of Planning and Health Services. The SPAs are as follows: 1-Antelope Valley, 2-San Fernando Valley, 3-San Gabriel Valley, 4-Metro, 5-West, 6-South, 7-East, 8-South Bay.

**System of Care:** A method of delivering mental health services that helps children and adolescents

with mental health problems and their families get the full range of services in or near their homes and communities. These services must be tailored to each individual child's physical, emotional, social, and educational needs. In systems of care, local organizations work in teams to provide these services.

**Therapeutic Foster Care:** A home where a child with a serious emotional disturbance lives with trained foster parents with access to other support services. These foster parents receive special support from organizations that provide crisis intervention, psychiatric, psychological, and social work services. The intended length of this care is usually from 6 to 12 months.

**Therapeutic Group Homes:** Community-based, home-like settings that provide intensive treatment services to a small number of young people (usually 5 to 10 persons). These young people work on issues that require 24-hour-per-day supervision. The home should have many connections within an interagency system of care. Psychiatric services offered in this setting try to avoid hospital placement and to help the young person move toward a less restrictive living situation.

**Transitional Services:** Services that help children leave the system that provides help for children and move into adulthood and the adult service system. Help includes mental health care, independent living services, supported housing, vocational services, and a range of other support services.

**Wraparound Services:** A "full-service" approach to developing help that meets the mental health needs of individual children and their families. Children and families may need a range of community support services to fully benefit from traditional mental health services such as family therapy and special education.



# DEPARTMENT OF PUBLIC HEALTH

## ***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. It also 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.<sup>1</sup>

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<sup>1</sup> Child Welfare Information Gateway. (2013). Long-term consequences of child abuse and neglect. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Retrieved from [https://www.childwelfare.gov/pubs/factsheets/long\\_term\\_consequences.pdf](https://www.childwelfare.gov/pubs/factsheets/long_term_consequences.pdf)



The mission of the Los Angeles County Department of Public Health (DPH) is to protect health, prevent disease and injury, 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.

Maternal, Child and Adolescent Health (MCAH) Programs is a major operational division of DPH. The mission of MCAH is 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.

Data for the most recent fiscal year shows that BIH Program subcontractors served 1,259 African-American mothers and their infants during the period July 1, 2013 through June 30, 2014. During this same period, 352 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.

CAHPP serves as the lead public health program in promoting awareness of child abuse and neglect, supporting proposed child abuse prevention legislation, providing professional training conferences, and serving as consultant for specific child abuse prevention matters.

During Fiscal Year 2013-2014 CAHPP coordinated, conducted, and participated in the following activities:

- Via the LAC-Adolescent Health Collaborative, conducted a conference for youth service providers entitled: "Adolescent Trauma, Resilience & Provider Self-Care". In addition, the LAC-Adolescent Health Collaborative disseminated information about child/adolescent health matters via weekly e-mail blasts to approximately 1500 collaborating partners.
- In partnership with the Los Angeles Child Abuse Council Chairs, distributed over one-half million child abuse prevention incentive items (e.g., pens, pencils, note pads) throughout Los Angeles County for Child Abuse Prevention Month
- Ensured 100,000 brochures were produced for the Los Angeles County Perinatal Depression Task Force. These brochures were provided to all women who delivered a baby in Los Angeles County
- Distributed 200,000+ Child Abuse Prevention educational materials to community agencies, medical clinics, and WIC agencies in Los Angeles County

### **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 was established in 1997 to provide coordinated health coverage 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 19 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.

In 2014, CHOI led a new collaborative partnership of five Los Angeles County (LAC) Departments as its strategy to maximize the benefits of the California Department of Health Care Services Medi-Cal Eligibility Division's Outreach & Enrollment grant. The new partnership aims to enroll as many individuals as possible, who became newly eligible on January 1, 2014, into the Medi-Cal program. Collaborative partners include the Los Angeles County Department of Public Health (DPH), the Department of Health Services (DHS), the Department of Public Social Services (DPSS), the Department of Mental Health (DMH), and the Sheriff's Department (LASD), along with 35 community-based organizations (CBOs) that are already under contract with the above county departments.



CHOI oversees the implementation of this \$7 million two-year grant from the California Department of Health Care Services (DHCS) to conduct Medi-Cal Outreach and Enrollment activities throughout Los Angeles County. This broad-reaching collaborative uniquely positions LAC to effectively target all seven of the special populations identified through the DHCS grant, namely: persons with mental health and substance use disorders, the homeless, young men of color, persons who are imprisoned or about to be released back into the community, families of mixed immigration status, and persons with limited English proficiency. To attain its purpose, this newly formed partnership of County departments works to capitalize and build upon current in-house outreach and enrollment efforts.

CHOI activities during FY 2013-2014 included:

- Start-up, coordination, and implementation of the DHCS Medi-Cal Outreach & Enrollment Grant Collaborate with five LA County departments and 35 CBOs.
- Providing active support for CHOI agencies as they sought to supplement outreach and enrollment funding. In part as a result of CHOI letters of support, references and data collection systems, CHOI contractors received additional outreach and enrollment grants from Covered California, the Federal Children's Health Insurance Program and Health and Human Services.

During FY 2013-2014, 33,435 applications were submitted by the contracted agencies and 75% of CHOI's clients retained their coverage 14 months after enrollment.

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

Established in 1991, CLPPP continues to identify and manage lead exposure in children who live in Los Angeles County (age 0-21 years) through specific program activities such as elevated blood lead level surveillance; outreach and education to families and foster homes, care givers, primary care providers; and case management. Presently, CLPPP provides care for one patient who resides in foster care and another who resides in a group home.

Blood lead levels (BLL) that meet state case criteria are identified and managed. Based on state and federal guidelines and recommendations, Public Health Nurses (PHNs) and Environmental Health Specialists (EHS) conduct case management activities including home visits and environmental investigations to:

- Identify source of lead exposure
- Eliminate lead hazards
- Reduce blood lead level
- Reduce or eliminate consequences of lead exposure

During fiscal year 2013-14, CLPPP provided full case management services to 162 children ages 0-21 years old of which 46 children were newly identified cases. In addition to these state defined cases, 58 children were identified as having single elevated BLLs (15-19 mcg/dL), and over 4,000 children were reported with BLLs between 5 and 14 mcg/dL. As resources allowed, 405 of these children received modified case management services which included health teachings over the phone, and educational materials mailed; and at the request of the medical providers and upon referral by the PHN, EHS consultation and investigations were conducted in their homes.

In January 2012, the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Childhood Lead Poisoning Prevention (ACLPP) submitted a report, *Low Level Exposure Harms Children: A Renewed Call for Primary Prevention*. Based on a growing number of scientific studies that show that even low BLLs can cause adverse health effects, the report recommended that the CDC change its "blood lead level of concern," which was at 10 µg/dL. ACLPP recommended that BLLs should be linked to data from the National Health and Nutritional Examination Survey (NHANES) to identify children who are exposed to lead hazards. This new level is based on the population of children aged 1-5 years in the United States who are in the top 2.5% of children when tested for lead in their blood. Currently, that is 5 µg/dL of lead in blood which means that more children will be identified as having lead exposure earlier and action can be



taken earlier.

In March 2013, in accordance with the CDC recommendation, Los Angeles CLPPP piloted a change to its case closure criteria from two venous BLLs less than 15 mcg/dL drawn six months apart to two venous BLL, 5mcg/dL or less, drawn six months apart. CLPPP continues to implement this lowered closure criteria which includes additional follow up activities by the PHNs to reinforce health education messages, to identify and eliminate lead hazards, and to monitor decrease in BLLs.

Preventing lead exposure is the best way to protect children from lead poisoning. CLPPP continued efforts to decrease the prevalence of lead exposure to children by raising awareness of lead poisoning prevention to parents, doctors, and care givers, through lead poisoning prevention education presentations and materials, provider office visits, and lead consultation throughout Los Angeles County.

### **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 2013-2014, there were 425 certified CPSP providers in Los Angeles County. CPSP staff conducted 36 trainings on various topics including CPSP Program Overview, Breastfeeding, Intimate Partner Violence, and Perinatal Depression. CPSP staff also collaborated with March of Dimes in the Comenzando Bien training, a culturally appropriate curriculum that addresses the needs of Latino

women and their families to reduce the incidence of premature births.

In addition to training, program staff conducted 105 quality assurance site visits and 48 onsite technical assistance visits with CPSP providers in an effort to promote quality care for pregnant women and newborns and in compliance with Title 22 CPSP regulations.

### **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 PHNs 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 2013-2014, the FIMR Program:

- Maintained the Fetal-Infant Mortality Expanded Surveillance System (FIMESS) database and designed utilities for increased functionality
- In collaboration with the 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. For more information about L.A. HOPE, see <http://publichealth.lacounty.gov/mch/LAHOPE/LAHOPE.html>.

- Maintained 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 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. During FY 2013-2014, the ALC continued to maintain and update a website as well as compiled a training tool kit for health care providers and community members to understand and identify the impact of racism on infant mortality. For more information about ALC, see [http://publichealth.lacounty.gov/mch/LACALC/LACALC\\_index.htm](http://publichealth.lacounty.gov/mch/LACALC/LACALC_index.htm).

### **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 2013-2014, the Los Angeles County Newborn Screening Program:

- Received 589 notices on out- of- hospital deliveries
- Received 15 referrals for missed or positive genetic screens. These babies were 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

PHNs conduct home visits that begin before the mother's 24th 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, PHNs and parents discuss the importance of nurturing children through physical and emotional security, trust, and respect. When the baby is approximately five months old nurse home visitors discuss topics with the parents such as sexual, emotional, and physical abuse. PHNs refer families for additional social and support services if risk factors for child abuse and neglect are observed.

Beginning with FY 2011-2012, NFP's 14 PHNs were joined by an additional 24 nurses with funding from the Mental Health Services Act (MHSA), Prevention and Early Intervention (PEI) program within the Department of Mental Health (DMH). One Mental Health Worker (MHW) was also hired and trained in the NFP model to assist clients in their home who have severe mental health challenges, and NFP hopes to hire an additional MHW next fiscal year. NFP was expanded within Service Planning Areas 1, 4, 6 & 8, and countywide for the deaf and hard of hearing community with MHSA funding. Twenty (20) NFP nurses are currently enrolled in American Sign Language (ASL) classes in order to be culturally and linguistically competent to serve this special population. The NFP partnership with DMH has helped to facilitate establishment of and access to quality resources for pregnant women with mental health needs. NFP also added additional staff using Patient Protection Affordable Care Act funding as part of the national Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program. NFP can now serve 1,075 families with 43 nurses. 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 2020, such as having a 43% relative change in maternal alcohol use during pregnancy.

As of June 30, 2014, NFP has cumulatively enrolled 4091 clients with a median age of 17 years (52.2% of them are 17 years old or younger) since expansion in FY 2000. During the last 14 years, NFP has had only 27 children removed from their mothers during infancy (0.6%) for abuse/neglect, a very low number

when compared to outcomes for young mothers generally throughout the nation and Los Angeles. The majority of NFP referrals come from the Women-Infant-Child (WIC) Nutrition Program, although many special needs foster children are referred from the Department of Children & Families Services.

During 2013-2014, NFP continued participation in the Family and Children's Index (FCI) system used by direct-service County departments. In addition, NFP administration in collaboration with MCAH administration, began the "Home Visitation Consortium" (HV Consortium), consisting of a Policy, Operations and Community Advisory Board (CAB) Subcommittees, the HV Consortium is planning a "recruitment" kick-off for membership into its' CAB early next year. Initial HV Consortium subcommittee work is developing home visiting policies for Los Angeles, establishing a referral matrix to ensure matching the best programs to the client's needs, and identifying standardized data for collection among all home visiting programs serving pregnant women/youth or families with children 0-5 years old.

### **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 Public Health 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 2013-2014, the SIDS Program coordinated the following activities:

- Received and processed 32 presumptive Sudden Infant Death Syndrome (SIDS) referrals from the Coroner's Office.
- Contacted 32 parents/caregivers who



- experienced a presumed SIDS death, to receive grief and bereavement support services and/or grief and bereavement materials.
- Conducted 12 healing grief support groups. More than 35 families who experienced fetal or infant loss were provided grief and bereavement support.
- Contacted 60 Los Angeles County birthing hospitals and 400 Comprehensive Perinatal Services Program (CPSP) by email to provide educational links and materials about SIDS/Safe Infant Sleep.
- 4 Faith Based Organization headquarters, representing over 245 churches and their congregations participated in posting SIDS program messages in their Sunday bulletin, website, Facebook and twitter accounts.
- Google analytics demonstrated a 400% increase in unique website hits to the SIDS Program website. The four headquarter organizations were pleased with the partnership and eager to continue collaborating with the Public Health Department on future public health messages.
- 4 Nursing Schools/Universities representing 160 students have received safe infant sleep education: written and audio visual materials.
- 119 Post-Partum and Labor & Delivery nurses, 66 NICU nurses were trained about SIDS/Safe Infant Sleep recommendations.
- 30 CPSP clinics are collaborating with the implementation of Safe Infant Sleep messages/materials to their patients (mothers and their families), and the Safe Infant Sleep DVD is being played in the lobby of the clinics.
- 3660 LAC employees had the access to the Paystub View Announcement and the safe infant sleep recommendations.
- More than 6000 Safe Infant Sleep brochures and flyers in English and Spanish have been distributed to Hospitals, Colleges/Universities, Community Based Organizations and Faith Based Organizations. Also, Safe Infant Sleep DVD has been distributed to different organization to be played in their lobby.

- Maintained 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>)

#### 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 PHFE WIC Program formed the collaborative in early 2007. The Perinatal Advisory Council/Leadership, Advocacy, and Consultation (PAC/LAC) joined in June 2008, and the Los Angeles Veteran's Administration Women Veterans Health Program joined in 2010.

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 2013-14, activities included:

- Ongoing planning and development of Choose Health Los Angeles Managing Obesity in Moms (CHLAMOMs) by Los Angeles County Department of Public Health (LACDPH) Maternal, Child, and Adolescent Health Programs. CHLA MOMs is one of three coordinated projects of Reducing Early Childhood Obesity in Los Angeles County, a four-year initiative funded through First 5 LA. CHLA MOMs focuses on reducing postpartum obesity in LAC. Collaborative members serving on the Advisory Group provided recommendations for curriculum development and program implementation.
- Incorporating preconception health into Maternal, Child, and Adolescent Health programmatic



activities, such as perinatal depression screening trainings for Comprehensive Perinatal Services Program (CPSP) providers.

- Community and conference presentations for the American College of Obstetricians and Gynecologists; Association of Maternal and Child Health Programs; CityMatCH; National Association of County and City Health Officials; National Hispanic Medical Association; National Preconception Health Summit; Perinatal Advisory Council/ Leadership, Advocacy, and Consultation; and the University of California, Los Angeles.

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

### **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 infant mortality rate in Los Angeles County in 2012 was 4.3 infant deaths per 1,000 live births, and marks a significant decrease from the rate of 4.8 in 2011 which reflects 52 fewer infant deaths in 2012 compared to the previous year. More generally, it should be noted that the infant mortality rate in Los Angeles County has remained well below the national target set by the U.S. Department of Health and Human Services in Healthy People 2020 for more than a decade. Furthermore, the overall trend in Los Angeles County over the last ten years has shown marked improvement with infant mortality rates decreasing. (Figure 1).

Figure 2 shows infant mortality rates stratified by race/ethnicity in Los Angeles County for years

2003 through 2012. 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 2012, African-Americans experienced a rate of 8.9 infant deaths per 1,000 live births, more than twice as high as the next highest group and the overall rate for the County. Despite this persistent health disparity, the infant mortality rate within the African-American demographic actually showed impressive improvement in 2012, with the largest relative decrease among any of the subpopulations displayed. The rate for African-Americans has been trending downward as it has for the County overall for a number of years. 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 as well as data for the entire population.

For purposes of health planning, Los Angeles County is divided into eight regional Service Planning Areas (SPAs). 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 2012, while Figure 5 presents the same statistics in tabular form for all years from 2003 through 2012. SPA 1 (Antelope Valley) had the highest infant mortality rate in 2012 (7.0 per 1000 live births) and has had the highest infant mortality rate for all SPAs during most of the years tabulated, followed by SPA 6 (South) with a rate of 6.1 in 2012. The traditionally higher rates in SPAs 1 and 6 reflect the disproportionately high infant mortality rates in the African American community and the concentration of African American residents living in those regions of the county. Although still displaying the highest infant mortality rate among SPAs, Antelope Valley (SPA 1) did show a decrease in infant mortality compared to the previous year, as did most of the SPAs, contributing to the impressive decrease in the County rate overall. Only SPAs 6 (South) and 8 (South Bay) did not show a decrease in infant mortality rate compared to 2011, and in both of these



cases the rates were fairly static.

Figure 6 lists the five most common causes of infant deaths in Los Angeles County in 2011, along with their ordinal position in the previous year for comparison. The top five causes of death have not changed at all 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). Therefore, preventing these deaths, where possible, would require 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 gestation 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 2012 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 child abuse-related deaths and live births. The total number of infant deaths related to child abuse remain very small each year, thus the calculated death rate tends to be quite unstable as an annual change of only a few deaths will be responsible for a large relative percentage change in the corresponding rate. Fortunately, there was only one infant death attributed to abuse in 2012 in the County, which is a relative decrease of over 80% compared to the previous year; however, again it must be stated that the numbers being counted are very low from a statistical perspective and therefore rates from

year to year are rather unstable. During the ten year time span included in the figure, the range of abuse-related infant deaths per year varies between 1 and 6, with a median value of 4 and a mode of 1. Ongoing child death review along with appropriate quality improvement measures as a result of review continue to keep this number small.

### **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 definition explicitly excludes infant deaths. 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 the crude death rate for children in Los Angeles County for years 2003 through 2012. The rate of 14.2 deaths per 100,000 in 2012 is a notable decrease compared to the previous year. The past ten years has demonstrated a fairly steady decline in the child death rate for the County.

Figure 9 shows child death rates for years 2003 through 2012 stratified by race/ethnicity. The child death rate shows consistent disparities similar to the infant mortality data (Figure 2), with African-Americans demonstrating the highest child death rate in the County (29.4 per 100,000 population), well above the other groups included in the figure. While the other three groups displayed showed a decrease in their child death rates in 2012, the African-American population showed an increase, widening the disparity somewhat.

Figure 10 presents child death rates for each SPA in Los Angeles County in 2012 in graphical form and provides trend data in tabular form for years 2003 through 2012. In 2012, the child death rate was highest in SPA 6 (South) at 25.2 followed closely by SPA 1 (Antelope Valley) at 24.9 deaths per 100,000 children ages 1 to 17. Although all SPAs show some fluctuation in child death rate year to year, SPA 1 and SPA 6 tend to have the highest rates for the years inclusive in the table. Notable changes occurring in



other SPAs include impressive rate decreases from the previous year in SPAs 4 (Metro), 5 (West), and 8 (South Bay), while SPA 7 (East) showed a significant increase in rate.

Figure 11 shows the five most common causes of child death in Los Angeles County in 2012 for three different age categories. Their ordinal position from the prior year is included for comparison. For children ages 1 to 4, and ages 5 to 12, accidents (unintentional injuries) are the first or second leading cause of death both in 2012 and in the previous year. In theory, all accidents are preventable conditions and indicate the necessary role for primary prevention interventions at multiple levels of engagement.

Also 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 220 deaths represented in the table for youth ages 13 to 19, 179 deaths (86%) are attributed to just those three causes. Clearly, the area of injury and violence prevention remains ripe for intervention and presents an opportunity to make a significant impact on child death in the adolescent population.

Figure 12 shows death rates related to abuse and neglect among children ages 1 to 17 based on International Classification of Diseases 10th Revision (ICD 10) codes Y06-Y07, stratified by gender for the years 2003 through 2012, in both graphical and tabular form. There was only 1 child death attributed to maltreatment in 2012. Numbers of deaths in this category are very small, ranging from a low of 1 in 2012 to a high of 8 in 2003. The median and modal number of deaths in this time series is 3 per year.

### **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 4.3 infant deaths per 1,000 live births in 2012 is a significant decrease compared to the previous year. The overall trend in infant mortality rate in Los Angeles County over the past decade has been downward and has remained below the national Healthy People 2020 target of 6.0 infant deaths per 1,000 live births since 1996.
- African-Americans continue to have the highest infant mortality rate among race/ethnic groups, more than twice as high as the next highest group and the overall County rate.
- Region-specific infant mortality rates in 2012 were highest in SPA 1 (Antelope Valley) and SPA 6 (South). This likely reflects the disproportionately high rate in African Americans and the concentration of African American residents in those regions of the County.
- 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 had shown a consistent downward trend for several years and decreased further in 2012. African-American children ages 1 to 17 had the highest death rate among the major race/ethnic groups represented, a consistent disparity; the African-American rate rose somewhat in 2012, while other subpopulations showed decreases, thus increasing the magnitude of that disparity. Among SPAs, SPA 6 (South) had the highest child



death rate, followed closely by SPA 1 (Antelope Valley).

- 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 which may be preventable.
- The number of deaths attributed to child abuse and neglect decreased in 2012 for both infants and for children ages 1 to 17, with only a single death attributed to maltreatment occurring in each of those age categories. However, the actual numbers remain very small year to year and random statistical fluctuations are very possible. That said, 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, 2003-2012**

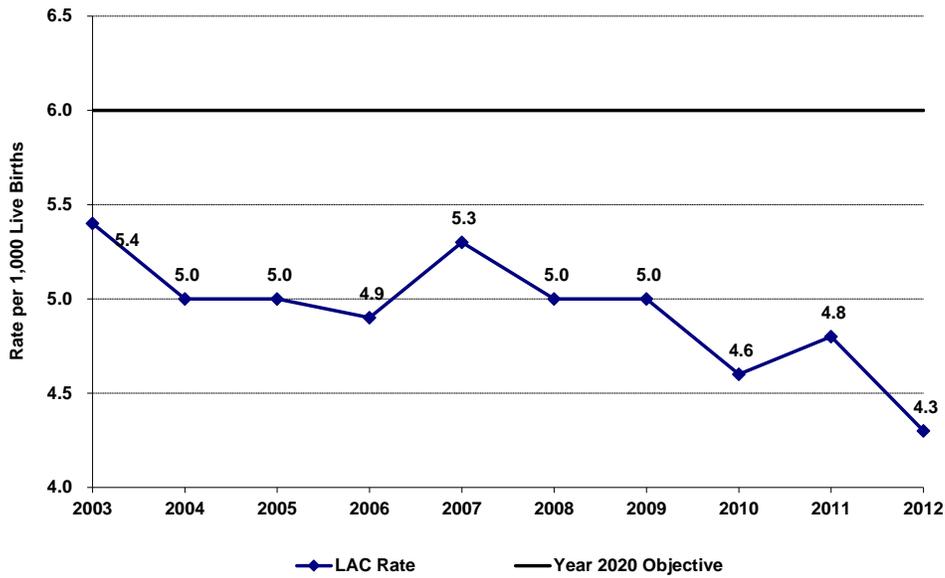


Figure 2:

**INFANT MORTALITY RATE BY RACE/ETHNICITY,  
LOS ANGELES COUNTY, 2003-2012**

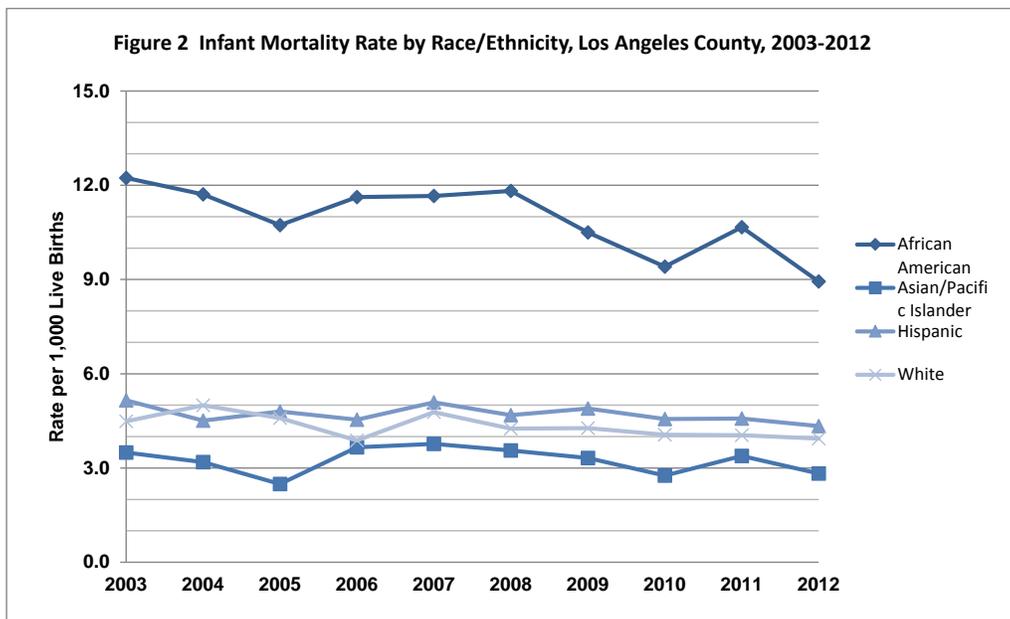




Figure 3

**INFANT MORTALITY RATE BY RACE/ETHNICITY,  
LOS ANGELES COUNTY, 2003-2012**

		2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
African American	Number of Deaths	145	136	123	134	133	136	116	101	110	90
	Number of Live Births	11,849	11,610	11,459	11,531	11,406	11,509	11,047	10,735	10,316	10,069
	Rate	12.2	11.7	10.7	11.6	11.7	11.8	10.5	9.4	10.7	8.9
Asian/ Pacific Islander	Number of Deaths	57	53	41	61	67	61	55	44	56	56
	Number of Live Births	16,326	16,611	16,453	16,665	17,769	17,129	16,577	15,949	16,538	19,832
	Rate	3.5	3.2	2.5	3.7	3.8	3.6	3.3	2.8	3.4	2.8
Hispanic	Number of Deaths	490	428	455	438	487	434	424	371	357	329
	Number of Live Births	95,070	94,894	94,780	96,490	95,686	92,643	86,642	81,372	77,993	75,899
	Rate	5.2	4.5	4.8	4.5	5.1	4.7	4.9	4.6	4.6	4.3
White	Number of Deaths	126	137	122	102	123	106	102	96	95	92
	Number of Live Births	28,060	27,439	26,569	26,279	25,758	24,910	23,902	23,633	23,466	23,382
	Rate	4.5	5.0	4.6	3.9	4.8	4.3	4.3	4.1	4.0	3.9
County	Number of Deaths	822	757	745	738	812	742	704	617	619	567
	Number of Live Births	152,192	151,504	150,377	151,837	151,813	147,684	139,679	133,160	130,313	131,697
	Rate	5.4	5.0	5.0	4.9	5.3	5.0	5.0	4.6	4.8	4.3

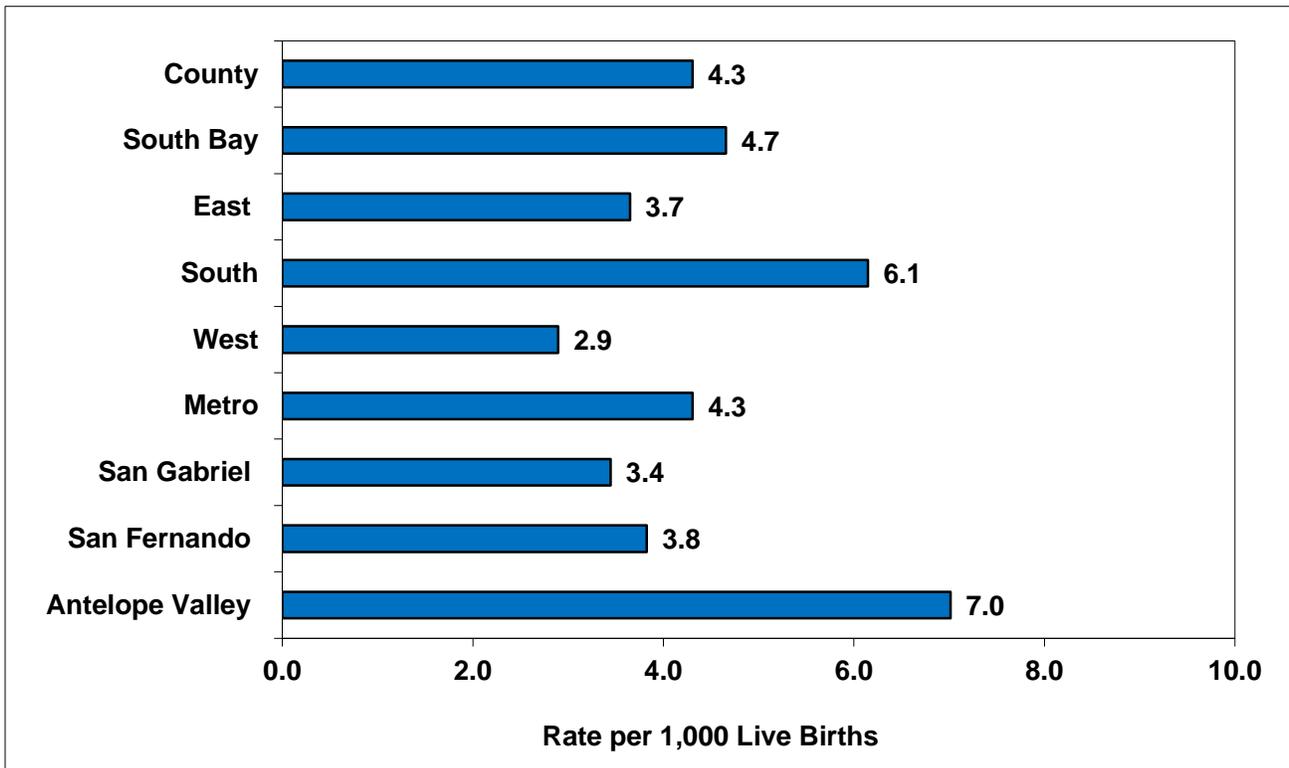
Note: Infant mortality rate is defined as infant deaths occurring at less than 365 days of age per 1,000 live births.

Source: California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics Section, 2003-2012



Figure 4:

**INFANT MORTALITY RATE BY SERVICE PLANNING AREA (SPA),  
LOS ANGELES COUNTY, 2012**



Notes: Infant mortality rate is defined as infant deaths occurring at less than 365 days of age per 1,000 live births. 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, 2012



Figure 5

**INFANT MORTALITY RATE BY SERVICE PLANNING AREA (SPA),  
LOS ANGELES COUNTY, 2003-2012**

		Antelope Valley	San Fernando	San Gabriel	Metro	West	South	East	South Bay	County Total
2003	Infant Deaths	48	126	127	87	31	145	107	138	822
	Live Births	4,948	29,318	25,841	17,153	6,889	22,231	22,162	23,328	152,192
	Rate/1,000	9.7	4.3	4.9	5.1	4.5	6.5	4.8	5.9	5.4
2004	Infant Deaths	29	162	111	76	29	135	92	116	757
	Live Births	5,210	28,930	25,786	17,173	6,894	22,418	22,038	22,802	151,504
	Rate/1,000	5.6	5.6	4.3	4.4	4.2	6.0	4.2	5.1	5.0
2005	Infant Deaths	37	149	127	72	18	126	98	115	745
	Live Births	5,575	28,878	25,525	16,491	6,804	22,170	21,773	22,649	150,377
	Rate/1,000	6.6	5.2	5.0	4.4	2.6	5.7	4.5	5.1	5.0
2006	Infant Deaths	46	121	120	79	27	122	100	114	738
	Live Births	6,140	29,369	25,702	16,759	6,855	22,546	21,299	22,791	151,837
	Rate/1,000	7.5	4.1	4.7	4.7	3.9	5.4	4.7	5.0	4.9
2007	Infant Deaths	55	135	142	76	18	150	104	126	812
	Live Births	6,366	29,445	25,757	16,550	6,923	22,521	21,371	22,254	151,813
	Rate/1,000	8.6	4.6	5.5	4.6	2.6	6.7	4.9	5.7	5.3
2008	Infant Deaths	39	134	113	77	31	135	100	107	742
	Live Births	6,087	28,229	24,927	15,994	6,968	22,372	20,834	21,892	147,684
	Rate/1,000	6.4	4.7	4.5	4.8	4.4	6.0	4.8	4.9	5.0
2009	Infant Deaths	44	141	102	62	22	123	88	121	704
	Live Births	5,820	26,896	23,469	15,167	6,915	20,743	19,390	20,911	139,679
	Rate/1,000	7.6	5.2	4.3	4.1	3.2	5.9	4.5	5.8	5.0
2010	Infant Deaths	33	114	91	71	22	120	68	94	617
	Live Births	5,700	25,935	22,271	14,202	6,939	19,580	18,585	19,899	133,160
	Rate/1,000	5.8	4.4	4.1	5.0	3.2	6.1	3.7	4.7	4.6
2011	Infant Deaths	45	114	85	63	23	113	83	91	619
	Live Births	5,618	25,341	22,237	13,928	6,730	18,864	18,023	19,265	130,313
	Rate/1,000	8.0	4.5	3.8	4.5	3.4	6.0	4.6	4.7	4.8
2012	Infant Deaths	40	96	85	59	20	113	64	89	567
	Live Births	5,701	25,097	24,669	13,698	6,905	18,379	17,531	19,112	131,697
	Rate/1,000	7.0	3.8	3.4	4.3	2.9	6.1	3.7	4.7	4.3

Notes: Infant mortality rate is defined as infant deaths occurring at less than 365 days of age per 1,000 live births. Designation of SPA was based on zip codes (published in April 2010). 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, 2003-2012



Figure 6

**LEADING CAUSES OF DEATH AMONG INFANTS,  
LOS ANGELES COUNTY, 2012**

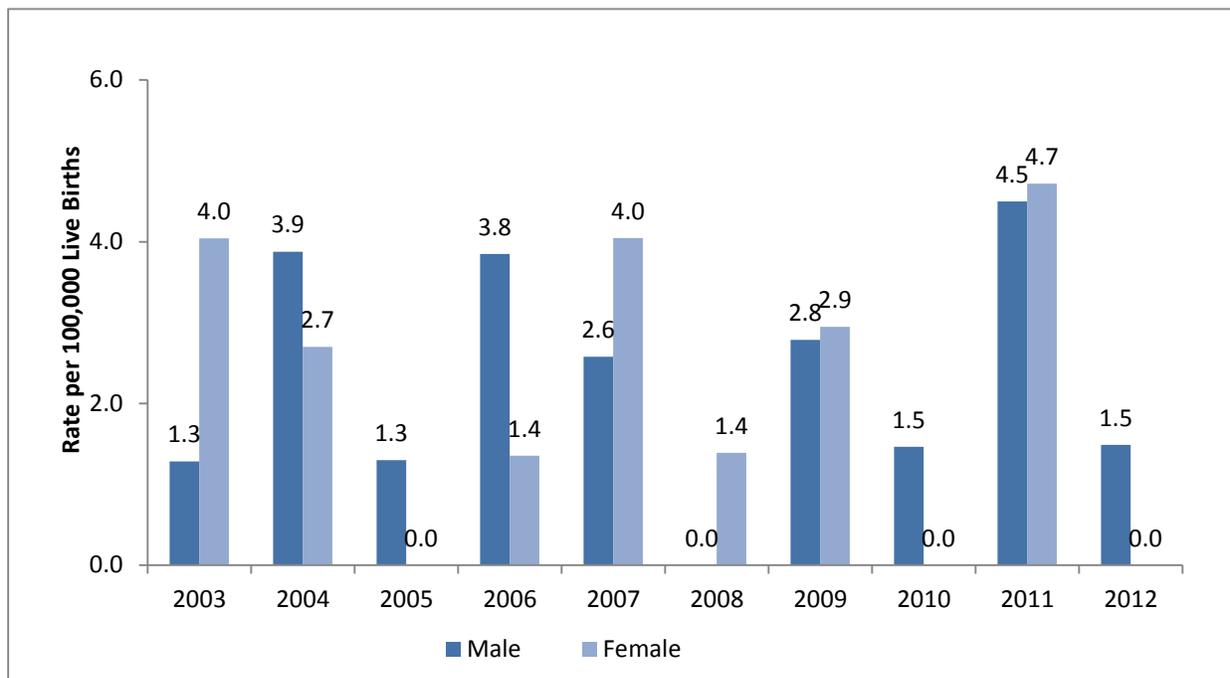
Rank	Children Less Than 1 Year Old	# of Deaths	2011 Rank
1	Congenital Malformations, Deformations & Chromosomal Abnormalities	170	1
2	Disorders Related to Short Gestation & Low Birthweight, Not Elsewhere Classified	84	2
3	Other Perinatal Conditions or Conditions Originating in the Perinatal Period	55	3
4	Sudden Infant Death Syndrome (SIDS)	45	4
5	Newborn Affected by Complications of Placenta, Cord, & Membranes	23	5

Note: 2011 rankings presented in this figure supercede those presented in last year's report.

Source: California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics Section, 2012

Figure 7

**CHILD ABUSE RELATED INFANT DEATH RATES BY GENDER,  
LOS ANGELES COUNTY, 2003-2012**



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, 2003-2012



Figure 7 (continued)

	Male			Female			Total		Death Rate
	"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"	
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	3	74,162	4.0	5	151,813	3.3
2008	0	75,650	0.0	1	72,031	1.4	1	147,684	0.7
2009	2	71,797	2.8	2	67,879	2.9	4	139,679	2.9
2010	1	68,290	1.5	0	64,868	0.0	1	133,160	0.8
2011	3	66,708	4.5	3	63,602	4.7	6	130,313	4.6
2012	1	67,268	1.5	0	64,428	0.0	1	131,696	0.8

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, 2003-2012

Figure 8

**CHILD DEATH RATE AMONG CHILDREN AGES 1 TO 17, LOS ANGELES COUNTY, 2003-2012**

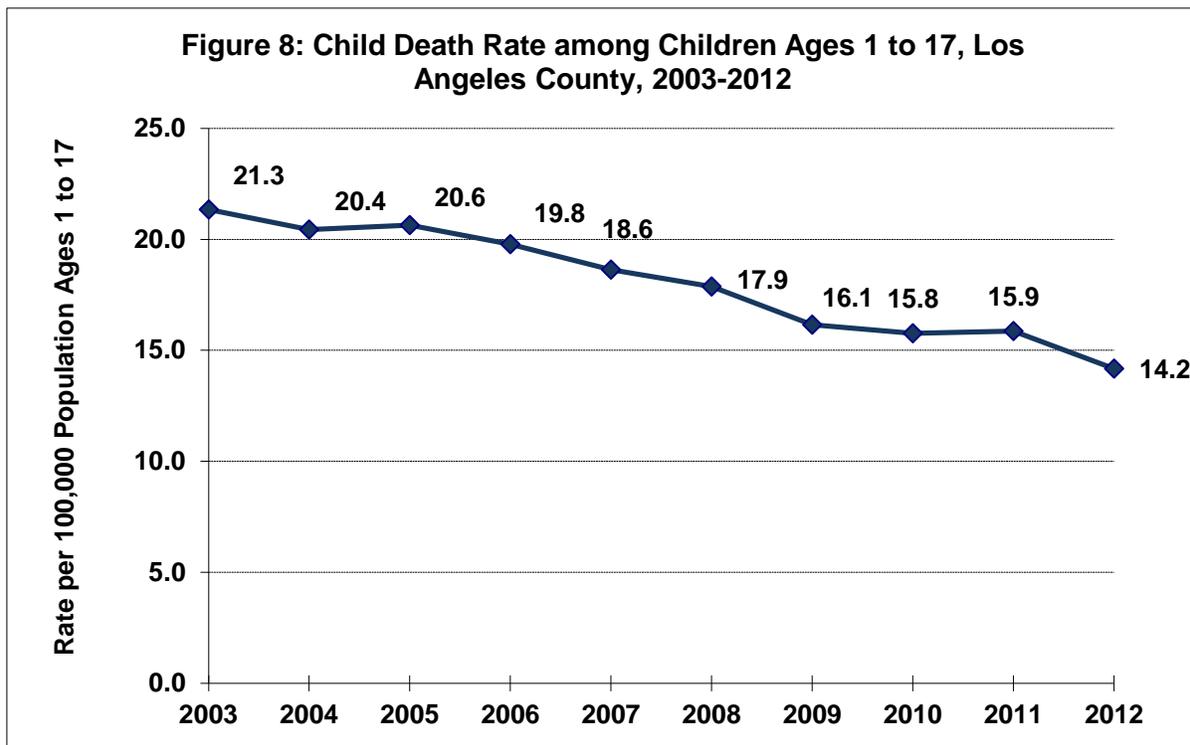




Figure 9a

**CHILD DEATH RATE AMONG CHILDREN AGES 1 TO 17 BY RACE/ETHNICITY, LOS ANGELES COUNTY, 2003-2012**

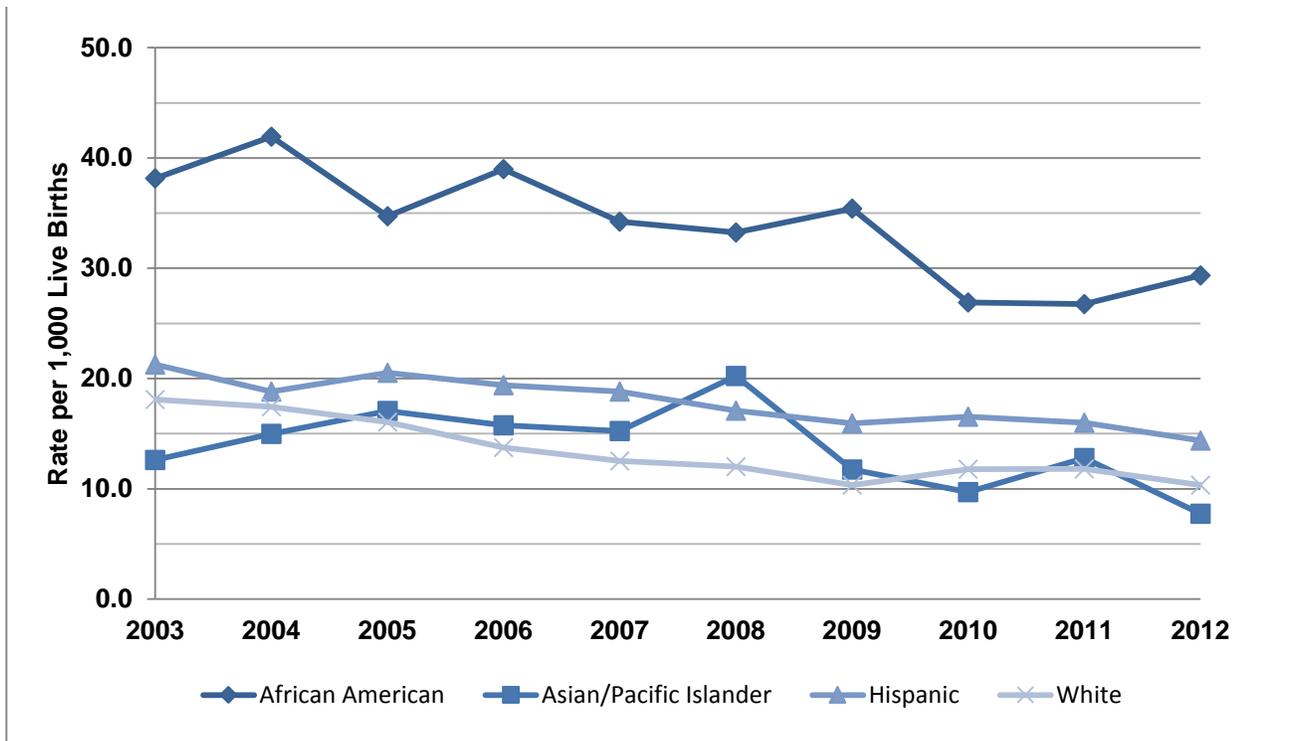


Figure 9b

	African American			Asian/Pacific Islander			Hispanic			White			County		
	Number of Deaths	Population, 1-17	Rate	Number of Deaths	Population, 1-17	Rate	Number of Deaths	Population, 1-17	Rate	Number of Deaths	Population, 1-17	Rate	Number of Deaths	Population, 1-17	Rate
2003	97	254,191	38.2	33	261,274	12.6	333	1,566,443	21.3	97	535,884	18.1	560	2,624,400	21.3
2004	110	262,353	41.9	41	273,678	15.0	295	1,566,467	18.8	93	533,656	17.4	540	2,642,752	20.4
2005	88	253,573	34.7	45	263,772	17.1	327	1,592,499	20.5	85	529,861	16.0	546	2,646,298	20.6
2006	95	243,737	39.0	40	253,548	15.8	314	1,619,391	19.4	73	531,156	13.7	525	2,654,064	19.8
2007	83	242,579	34.2	39	255,826	15.2	300	1,593,242	18.8	66	526,401	12.5	489	2,624,157	18.6
2008	79	237,625	33.2	52	257,046	20.2	270	1,579,881	17.1	62	516,432	12.0	464	2,596,425	17.9
2009	81	228,756	35.4	30	255,052	11.8	247	1,550,204	15.9	53	512,130	10.3	412	2,551,454	16.1
2010	58	215,691	26.9	25	257,308	9.7	253	1,530,040	16.5	57	483,915	11.8	393	2,491,924	15.8
2011	50	186,914	26.8	30	234,802	12.8	222	1,388,903	16.0	50	423,561	11.8	355	2,237,504	15.9
2012	53	180,555	29.4	18	232,437	7.7	197	1,369,916	14.4	43	415,508	10.3	312	2,201,619	14.2

Note: Due to the updated population estimates, rates calculated in previous ICAN DPH reports may not be comparable. 2010 population estimates were based on previous projections, not 2010 Census enumerations.

Sources: California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics Section, 2003-2012. Population Estimates prepared by Walter R. McDonald & Associates, Inc. (WRMA) for Urban Research, LA County CAO



Figure 9

**CHILD DEATH RATE AMONG CHILDREN AGES 1 TO 17 BY SERVICE PLANNING AREA (SPA), LOS ANGELES COUNTY, 2012**

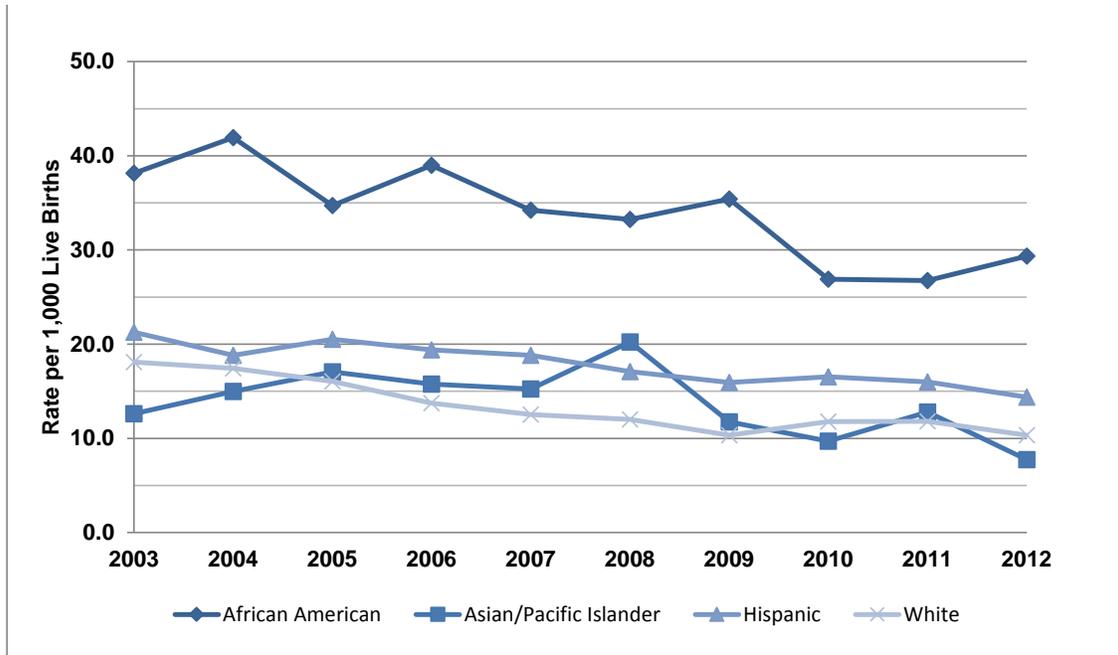


Figure 10a

**CHILD DEATH RATE AMONG CHILDREN AGES 1 TO 17 BY SERVICE PLANNING AREA (SPA), LOS ANGELES COUNTY, 2012**

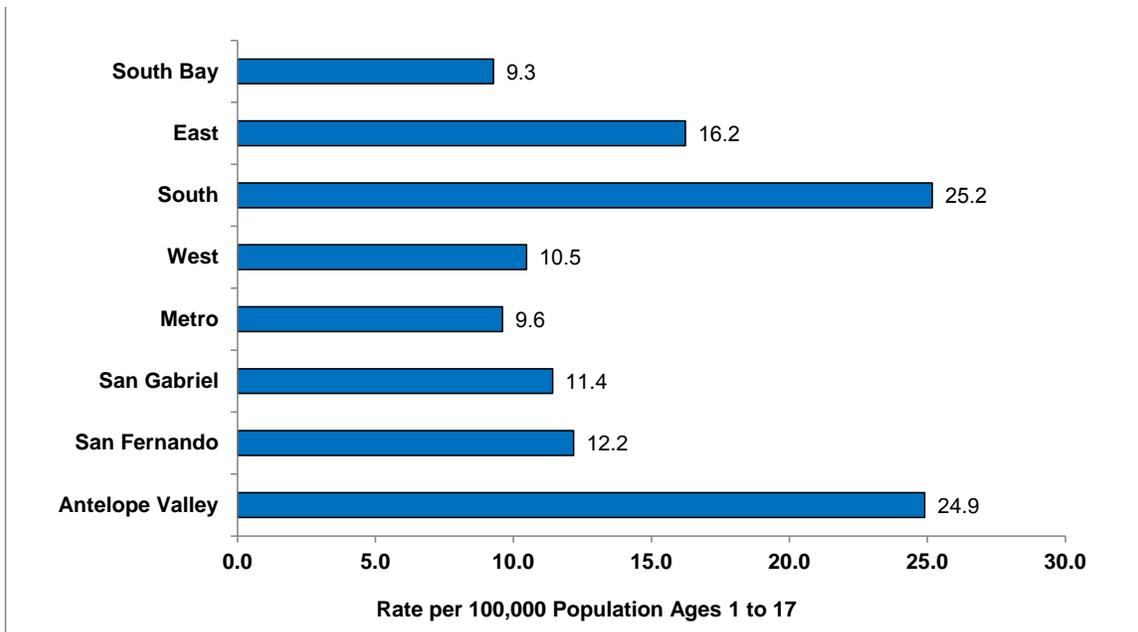




Figure 10b

**CHILD DEATH RATE AMONG CHILDREN AGES 1 TO 17 BY SERVICE PLANNING AREA (SPA), LOS ANGELES COUNTY, 2003-2012**

		Antelope Valley	San Fernando	San Gabriel	Metro	West	South	East	South Bay	County Total
2003	Child Deaths	33	96	92	49	17	122	72	64	560
	Pop 1 - 17	101,032	520,198	468,980	283,579	103,730	335,328	397,273	414,280	2,624,400
	Rate	32.7	18.5	19.6	17.3	16.4	36.4	18.1	15.4	21.3
2004	Child Deaths	28	106	67	50	13	125	64	66	540
	Pop 1 - 17	100,562	522,609	469,279	289,216	105,633	340,159	397,926	417,368	2,642,752
	Rate	27.8	20.3	14.3	17.3	12.3	36.7	16.1	15.8	20.4
2005	Child Deaths	28	107	89	51	11	112	61	84	546
	Pop 1 - 17	100,183	526,687	464,966	292,219	108,055	340,424	397,183	416,581	2,646,298
	Rate	27.9	20.3	19.1	17.5	10.2	32.9	15.4	20.2	20.6
2006	Child Deaths	38	70	78	52	14	110	82	74	525
	Pop 1 - 17	101,691	528,877	461,694	300,129	106,858	342,644	395,033	417,138	2,654,064
	Rate	37.4	13.2	16.9	17.3	13.1	32.1	20.8	17.7	19.8
2007	Child Deaths	25	73	83	41	10	94	75	75	489
	Pop 1 - 17	101,405	522,885	454,718	297,396	108,534	339,162	386,726	413,331	2,624,157
	Rate	24.7	14.0	18.3	13.8	9.2	27.7	19.4	18.1	18.6
2008	Child Deaths	30	71	77	39	16	93	68	66	464
	Pop 1 - 17	101,485	518,887	447,183	295,849	108,695	336,494	379,781	408,051	2,596,425
	Rate	29.6	13.7	17.2	13.2	14.7	27.6	17.9	16.2	17.9
2009	Child Deaths	20	72	63	48	12	77	55	61	412
	Pop 1 - 17	101,282	516,361	438,278	282,443	109,834	330,138	372,410	400,708	2,551,454
	Rate	19.7	13.9	14.4	17.0	10.9	23.3	14.8	15.2	16.1
2010	Child Deaths	21	56	65	27	11	78	78	55	393
	Pop 1 - 17	98,582	500,955	426,677	278,705	110,029	326,797	360,484	389,965	2,491,924
	Rate	21.3	11.2	15.2	9.7	10.0	23.9	21.6	14.1	15.8
2011	Child Deaths	27	63	49	35	14	77	34	53	355
	Pop 1 - 17	108,788	465,592	386,462	207,344	94,037	289,695	334,620	350,966	2,237,504
	Rate	24.8	13.5	12.7	16.9	14.9	26.6	10.2	15.1	15.9
2012	Child Deaths	26	56	43	20	10	72	53	32	312
	Pop 1 - 17	104,398	459,637	376,447	208,206	95,485	285,936	326,518	344,992	2,201,619
	Rate	24.9	12.2	11.4	9.6	10.5	25.2	16.2	9.3	14.2

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. 2010 population estimates were based on previous projections, not 2010 Census enumerations.

Sources: California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics Section, 2003-2012. Population Estimates prepared by Walter R. McDonald & Associates, Inc. (WRMA) for Urban Research, LA County CAO



Figure 11

**LEADING CAUSES OF DEATH FOR CHILDREN BY AGE CATEGORIES,  
LOS ANGELES COUNTY, 2012**

Rank	Children Ages 1 to 4	# of Deaths	2009 Rank
1	Accidents (Unintentional Injuries)	21	1
2	Congenital Malformations, Deformations & Chromosomal Abnormalities	19	3
3	Malignant Neoplasms	12	2
4	Assault (Homicide)	11	4
5	Diseases of the Respiratory System	6	5
<b>Children Ages 5 to 12</b>			
1	Malignant Neoplasms	21	1
2	Accidents (Unintentional Injuries)	19	2
3	Congenital Malformations, Deformations & Chromosomal Abnormalities	8	3
3	Diseases of the Nervous System	8	5
4	Diseases of the Circulatory System	5	6
5	Symptoms, Signs, & Abnormal Clinical & Laboratory Findings, Not Elsewhere Classified	4	7
<b>Youth Ages 13 to 19</b>			
1	Assault (Homicide)	80	1
2	Accidents (Unintentional Injuries)	64	2
3	Intentional Self-Harm (Suicide)	35	4
4	Malignant Neoplasms	30	3
5	Diseases of the Circulatory System	11	6

Note: 2011 rankings presented in this figure supercede those presented in last year's report.

Source: California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics Section, 2012



Figure 12

**CHILD ABUSE RELATED DEATH RATE AMONG CHILDREN AGES 1 TO 17 BY GENDER, LOS ANGELES COUNTY, 2003-2012**

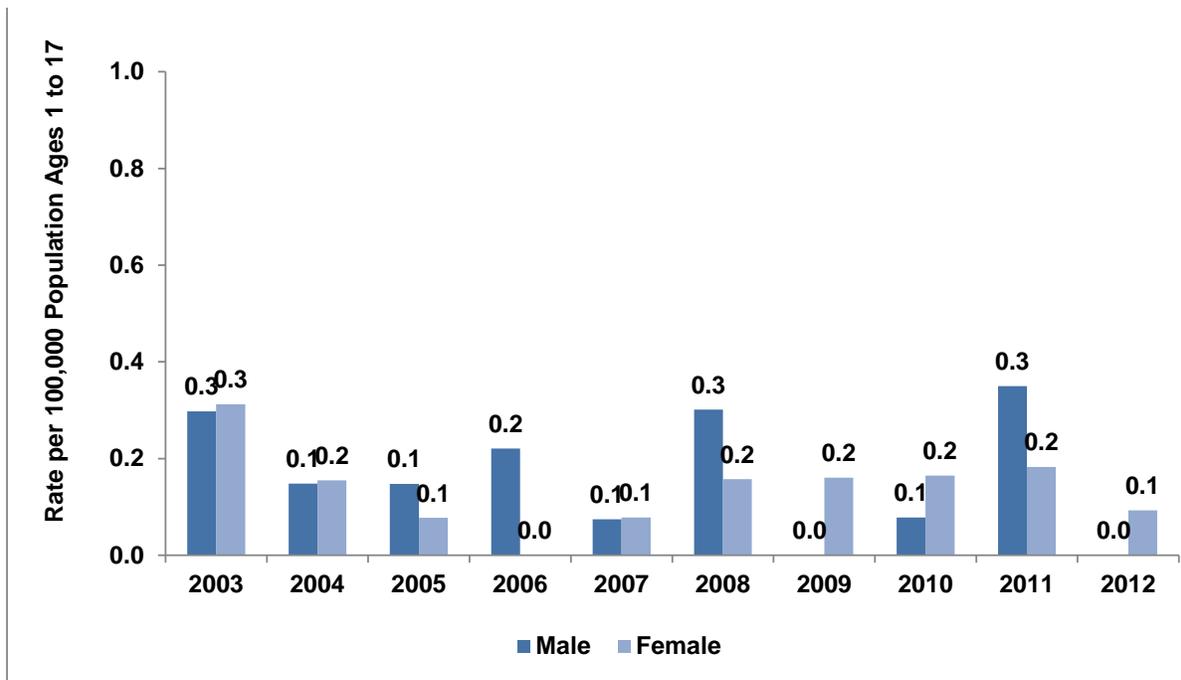


Figure 12

**DEPARTMENT OF PUBLIC HEALTH  
CHILD DEATH RATE AMONG CHILDREN AGES 1 TO 17 BY GENDER, 2003 – 2011**

	Male			Female			Total		
	"Number of Deaths"	Population 1-17	Death Rate	"Number of Deaths"	Population 1-17	Death Rate	"Number of Deaths"	Population 1-17	Death Rate
2003	4	1,342,784	0.3	4	1,281,616	0.3	8	2,624,400	0.3
2004	2	1,351,992	0.1	2	1,290,760	0.2	4	2,642,752	0.2
2005	2	1,353,553	0.1	1	1,292,745	0.1	3	2,646,298	0.1
2006	3	1,357,397	0.2	0	1,296,667	0.0	3	2,654,064	0.1
2007	1	1,342,153	0.1	1	1,282,004	0.1	2	2,624,157	0.1
2008	4	1,327,905	0.3	2	1,268,520	0.2	6	2,596,425	0.2
2009	0	1,305,258	0.0	2	1,246,196	0.2	2	2,551,454	0.1
2010	1	1,276,732	0.1	2	1,215,192	0.2	3	2,491,924	0.1
2011	4	1,143,811	0.3	2	1,093,693	0.2	6	2,237,504	0.3
2012	0	1,126,015	0.0	1	1,075,604	0.1	1	2,201,619	0.0

Notes: Diagnoses for child abuse injury include International Classification of Diseases 10th Revision (ICD 10) codes Y06-Y07. 2010 population estimates were based on previous projections, not 2010 Census enumerations. 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, 2003-2012. Population Estimates prepared by Walter R. McDonald & Associates, Inc. (WRMA) for Urban Research, LA County CAO





# DEPARTMENT OF PUBLIC SOCIAL SERVICES

The Department of Public Social Services (DPSS) has an operating budget of \$3.71 billion and 13,671 employees for Fiscal Year (FY) 2013-2014. 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 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 in 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), CalFresh, and Medi-Cal Assistance Programs. DPSS also administers the General Relief (GR) program for the County’s indigent adult 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 2013, DPSS provided public assistance to a monthly average of 2.5 million individuals, including In-Home Supportive Services (IHSS). The IHSS program provides supportive services to aged, blind, or disabled individuals who are unable to perform personal and household services needed to maintain independent living and

who cannot remain safely in their homes unless such services are provided.

**CALWORKS**

Since January 1, 1998, the CalWORKs program has continued to transition participants from Welfare-to-Work. To continue achieving 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 provides the following services:

- Child Care
- Transportation
- Post-Employment Services
- Treatment programs for Substance Abuse, Domestic Violence, and Mental Health
- Ancillary Expenses

**AIDED CASELOAD**

In total, there was an 8.05% increase (197,195) in the number of individuals receiving assistance for all programs combined from December 2012 to December 2013 (Figure 2).

The following DPSS programs provide services where children are most likely to receive aid:

**CALWORKS**

The number of participants receiving assistance through the CalWORKs program slowly declined from December 2004 through December 2007 (Figure 6). Although recent economic turmoil and a high unemployment rate caused an increase in the number of people receiving CalWORKs since 2008, there was a slight decrease from 2012 to 2013. In December 2013, 420,513 individuals received cash assistance from CalWORKs. This represents a 1.82% decrease (-7,781 individuals) from 428,294 individuals aided in December 2012 (Figure 2).

**CALFRESH**

The CalFresh program has experienced a steady increase in the number of participants since 2007.

In December 2012, there were 1,130,714 individuals being aided. By December 2013, that number had risen to 1,177,740 individuals, which represents an increase of 4.16% (47,026 individuals), (Figure 2). Overall, since 2007, the CalFresh Program has seen an increase of 83.7% in the number of individuals receiving benefits.

### **MEDI-CAL ASSISTANCE ONLY (MAO)**

In 2012, there were 1,686,556 individuals receiving Medi-Cal benefits. By December 2013, the number of individuals enrolled in Medi-Cal had increased to 1,870,380. This represents a 10.90% increase (183,824) in individuals served (Figure 2).

### **CAL-LEARN PROGRAM**

In 2013, DPSS served a monthly average of 2,050 Cal-Learn participants. This represents a 10% decrease from a monthly average of 2,274 participants served during Calendar Year 2012 (Figure 4).

### **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 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 DPSS new employee orientation.

During the training, staff is informed of the types of child abuse, indicators of such abuse, provisions of the reporting law, and DPSS employees' reporting responsibilities and procedures. The staff also reviews and discusses materials related to the

indicators of child abuse.

Emphasized in the training program is violence between household members, which often endangers the child. The Los Angeles County Domestic Violence Council provides Domestic Violence training to all DPSS public contact staff.

In 2013, DPSS made a total of 266 child abuse referrals to the Department of Children and Family Services. This represented a 20% increase from the 222 referrals made in 2012 (Figure 3).

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

Figures 1.1 through 1.9 display the total number of individuals aided by citizenship status and ethnic origin, and the total number of cases aided broken down by primary language for all programs by SPA.

Figure 1a:

**DPSS CASELOAD CHARACTERISTICS DECEMBER 2013  
LOS ANGELES COUNTY TOTALS**

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	CalFresh	In-Home Supportive Services	
<b>TOTAL AIDED</b>								
<b>Cases</b>	173,847	102,650	670	5,161	829,052	570,327	188,349	
<b>Persons</b>	420,513	103,237	787	5,753	1,870,380	1,177,740	188,349	
<b>AGE OF AIDED PERSONS</b>								
<b>Under 1</b>	16,807	0	0	0	48,264	27,340	7	
<b>1-2</b>	44,112	1	0	0	107,563	80,114	107	
<b>3-5</b>	67,636	0	1	4	160,098	127,158	585	
<b>6-12</b>	127,933	0	1	8	357,276	256,197	3,786	
<b>13-15</b>	43,937	0	0	7	146,542	88,665	1,950	
<b>16-17</b>	27,656	1	0	1	96,500	54,767	1,324	
<b>18</b>	4,692	1,780	20	1	54,769	24,189	713	
<b>19</b>	3,031	2,633	25	3	44,125	19,497	839	
<b>20</b>	3,805	2,881	25	2	35,433	17,765	802	
<b>21-59</b>	80,282	89,859	589	766	555,305	432,849	45,489	
<b>60-65</b>	537	5,791	77	547	33,639	28,566	18,715	
<b>Over 65</b>	85	291	49	4,414	230,866	20,633	114,032	
<b>TOTAL</b>	<b>420,513</b>	<b>103,237</b>	<b>787</b>	<b>5,753</b>	<b>1,870,380</b>	<b>1,177,740</b>	<b>188,349</b>	
<b>AVERAGE AGE OF AIDED ADULTS</b>								
<b>Average Age</b>	31	40	39	72	51	38	68	
<b>GENDER OF AIDED PERSONS</b>								
<b>Adult</b>	<b>Male</b>	15,848	67,569	375	1,993	283,187	227,552	65,396
	<b>Female</b>	70,309	35,666	410	3,740	536,623	315,947	115,194
<b>Children</b>	<b>Male</b>	167,104	1	2	16	530,966	318,634	5,197
	<b>Female</b>	167,252	1	0	4	519,604	315,607	2,562
<b>TOTAL</b>	<b>420,513</b>	<b>103,237</b>	<b>787</b>	<b>5,753</b>	<b>1,870,380</b>	<b>1,177,740</b>	<b>188,349</b>	

Figure 1b:

**DPSS CASELOAD CHARACTERISTICS DECEMBER 2013  
LOS ANGELES COUNTY TOTALS**

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	CalFresh	In-Home Supportive Services
<b>Citizenship Status of Aided Persons</b>							
Citizen	402,651	95,597	0	21	1,369,381	1,084,940	N/A
Legal Immigrants	17,307	7,620	786	5,716	192,975	91,800	N/A
Other	481	19	1	11	6,224	977	N/A
Undocumented Immigrants	74	1	0	5	301,800	23	N/A
<b>TOTAL</b>	<b>420,513</b>	<b>103,237</b>	<b>787</b>	<b>5,753</b>	<b>1,870,380</b>	<b>1,177,740</b>	<b>N/A</b>
<b>Primary Language of Aided Cases</b>							
Armenian	2,664	1,377	282	973	21,592	8,405	31,722
Cambodian	385	52		10	2,416	1,132	2,249
Chinese	329	131	26	163	31,198	3,731	14,523
English	111,169	95,292	93	430	396,035	377,392	71,760
Farsi	285	155	110	102	4,443	1,304	5,867
Korean	125	147	4	211	14,292	1,302	5,150
Russian	245	104	12	180	4,640	764	7,129
Spanish	57,873	5,096	75	2,842	333,013	171,680	38,867
Tagalog	29	43	1	96	5,170	497	4,347
Vietnamese	321	162		29	9,799	2,746	3,518
Other	422	91	67	125	6,454	1,374	3,217
<b>TOTAL</b>	<b>173,847</b>	<b>102,650</b>	<b>670</b>	<b>5,161</b>	<b>829,052</b>	<b>570,327</b>	<b>188,349</b>
<b>Ethnic Origin of Aided Persons</b>							
American Indian / Alaskan Native	269	425	0	1	1,493	1,792	401
Asian	10,191	2,452	56	698	166,612	48,279	36,103
Black	84,963	42,841	22	71	120,587	210,548	32,863
Hispanic	276,159	32,108	87	3,158	1,299,078	745,556	54,194
White	31,845	16,307	599	1,598	164,634	113,650	64,449
Other	17,086	9,104	23	227	117,976	57,915	339
<b>TOTAL</b>	<b>420,513</b>	<b>103,237</b>	<b>787</b>	<b>5,753</b>	<b>1,870,380</b>	<b>1,177,740</b>	<b>188,349</b>

Figure 1.1:

<b>DPSS CASELOAD CHARACTERISTICS DECEMBER 2013 SERVICE PLANNING AREA 1</b>							
	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	CalFresh	In-Home Supportive Services
<b>Citizenship Status of Aided Persons</b>							
Citizen	28,603	2,108	0	1	61,483	58,791	N/A
Legal Immigrants	467	110	2	87	4,916	2,561	N/A
Other	19	0	0	1	75	25	N/A
Undocumented Immigrants	2	0	0	0	7,555	2	N/A
<b>TOTAL</b>	<b>29,091</b>	<b>2,218</b>	<b>2</b>	<b>89</b>	<b>74,029</b>	<b>61,379</b>	<b>N/A</b>
<b>Primary Language of Aided Cases</b>							
Armenian	3	0	0	1	32	10	69
Cambodian	0	0	0	1	8	1	4
Chinese	0	0	0	0	27	3	9
English	9,565	2,091	1	11	18,672	19,085	5,342
Farsi	0	0	0	1	3	1	18
Korean	2	0	0	0	41	7	12
Russian	0	0	0	1	2	0	3
Spanish	1,435	97	1	59	8,948	4,334	1,134
Tagalog	0	0	0	2	39	1	80
Vietnamese	0	0	0	0	41	4	12
Other	12	1	0	3	94	29	91
<b>TOTAL</b>	<b>11,017</b>	<b>2,189</b>	<b>2</b>	<b>79</b>	<b>27,907</b>	<b>23,475</b>	<b>6,774</b>
<b>Ethnic Origin of Aided Persons</b>							
American Indian / Alaskan Native	20	11	0	0	130	113	50
Asian	286	24	0	8	1,632	756	257
Black	11,462	881	1	1	12,040	19,107	2,801
Hispanic	12,328	575	1	65	46,393	29,641	1,908
White	4,118	623	0	11	10,303	9,728	1,742
Other	877	104	0	4	3,531	2,034	16
<b>TOTAL</b>	<b>29,091</b>	<b>2,218</b>	<b>2</b>	<b>89</b>	<b>74,029</b>	<b>61,379</b>	<b>6,774</b>

Figure 1.2

**DPSS CASELOAD CHARACTERISTICS DECEMBER 2013  
SERVICE PLANNING AREA 2**

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	CalFresh	In-Home Supportive Services
<b>Citizenship Status of Aided Persons</b>							
Citizen	49,532	8,434	0	9	243,821	149,089	N/A
Legal Immigrants	6,922	1,692	440	1,739	43,647	24,988	N/A
Other	76	5	0	2	638	148	N/A
Undocumented Immigrants	6	0	0	4	52,156	8	N/A
<b>TOTAL</b>	<b>56,536</b>	<b>10,131</b>	<b>440</b>	<b>1,754</b>	<b>340,262</b>	<b>174,233</b>	<b>N/A</b>
<b>Primary Language of Aided Cases</b>							
Armenian	2,272	1,122	223	769	17,240	7,107	25,426
Cambodian	0	1	0	0	48	11	46
Chinese	0	0	0	6	396	25	159
English	11,842	8,041	8	131	75,594	47,108	9,816
Farsi	209	102	73	67	2,181	945	3,211
Korean	11	5	0	18	1,749	115	538
Russian	120	46	3	79	1,484	381	2,358
Spanish	8,143	615	15	403	58,863	26,596	6,260
Tagalog	9	7	0	22	1,384	123	1,170
Vietnamese	14	8	0	2	898	293	318
Other	151	24	36	38	1,808	481	1,358
<b>TOTAL</b>	<b>22,771</b>	<b>9,971</b>	<b>358</b>	<b>1,535</b>	<b>161,645</b>	<b>83,185</b>	<b>50,660</b>
<b>Ethnic Origin of Aided Persons</b>							
American Indian / Alaskan Native	36	38	0	0	222	237	74
Asian	1,026	234	1	82	21,152	5,770	3,619
Black	3,907	1,656	3	4	7,898	11,396	1,573
Hispanic	36,160	3,426	20	468	212,676	104,801	8,013
White	13,380	4,248	415	1,133	22,756	44,568	37,266
Other	2,027	529	1	67	75,558	7,461	115
<b>TOTAL</b>	<b>56,536</b>	<b>10,131</b>	<b>440</b>	<b>1,754</b>	<b>340,262</b>	<b>174,233</b>	<b>50,660</b>

Figure 1.3

**DPSS CASELOAD CHARACTERISTICS DECEMBER 2013  
SERVICE PLANNING AREA 3**

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	CalFresh	In-Home Supportive Services
<b>Citizenship Status of Aided Persons</b>							
Citizen	47,340	10,695	0	0	221,071	141,399	N/A
Legal Immigrants	1,580	662	56	559	36,134	11,004	N/A
Other	37	2	0	0	2361	102	N/A
Undocumented Immigrants	10	0	0	0	37,185	2	N/A
<b>TOTAL</b>	<b>48,967</b>	<b>11,359</b>	<b>56</b>	<b>559</b>	<b>296,751</b>	<b>152,507</b>	<b>N/A</b>
<b>Primary Language of Aided Cases</b>							
Armenian	35	8	7	19	649	95	1,350
Cambodian	22	2	0	0	236	63	198
Chinese	263	105	23	120	23,713	2,883	10,804
English	13,508	10,657	10	34	67,400	48,165	8,750
Farsi	1	0	1	3	87	10	124
Korean	4	3	0	16	999	89	271
Russian	4	1	1	2	32	6	50
Spanish	5,871	397	8	262	40,792	18,182	5,501
Tagalog	4	2	0	11	733	57	784
Vietnamese	242	110	0	12	6,528	1,923	2,360
Other	70	13	5	22	1284	188	565
<b>TOTAL</b>	<b>20,024</b>	<b>11,298</b>	<b>55</b>	<b>501</b>	<b>142,453</b>	<b>71,661</b>	<b>30,757</b>
<b>Ethnic Origin of Aided Persons</b>							
American Indian / Alaskan Native	42	58	0	1	271	261	47
Asian	2,444	489	25	197	68,117	16,260	15,744
Black	3,482	1,786	1	1	7,099	10,079	1,826
Hispanic	37,270	6,037	8	292	182,031	105,784	8,908
White	3,374	1,862	18	31	17,007	12,320	4,196
Other	2,355	1,127	4	37	22,226	7,803	36
<b>TOTAL</b>	<b>48,967</b>	<b>11,359</b>	<b>56</b>	<b>559</b>	<b>296,751</b>	<b>152,507</b>	<b>30,757</b>

Figure 1.4

**DPSS CASELOAD CHARACTERISTICS DECEMBER 2013  
SERVICE PLANNING AREA 4**

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	CalFresh	In-Home Supportive Services
<b>Citizenship Status of Aided Persons</b>							
Citizen	39,050	15,132	0	4	146,499	118,591	N/A
Legal Immigrants	1,896	1,791	72	1,222	27,435	13,053	N/A
Other	68	7	0	2	477	137	N/A
Undocumented Immigrants	4	1	0	0	46,483	2	N/A
<b>TOTAL</b>	<b>41,018</b>	<b>16,931</b>	<b>72</b>	<b>1,228</b>	<b>220,894</b>	<b>131,783</b>	<b>N/A</b>
<b>Primary Language of Aided Cases</b>							
Armenian	239	168	3	150	2,823	784	4,112
Cambodian	16	1	0	2	176	51	130
Chinese	46	13	0	16	3,389	544	2,373
English	8,232	15,135	23	86	35,013	39,412	6,194
Farsi	7	6	6	2	216	42	273
Korean	85	106	4	120	7,549	789	3,017
Russian	84	39	5	76	2,285	272	3,475
Spanish	9,138	1,310	15	627	46,983	28,320	6,216
Tagalog	7	28	0	33	1,739	207	1,034
Vietnamese	18	13	0	5	663	160	207
Other	39	18	11	15	920	206	249
<b>TOTAL</b>	<b>17,911</b>	<b>16,837</b>	<b>67</b>	<b>1,132</b>	<b>101,756</b>	<b>70,787</b>	<b>27,280</b>
<b>Ethnic Origin of Aided Persons</b>							
American Indian / Alaskan Native	26	69	0	0	163	233	45
Asian	1,329	516	20	236	28,313	7,267	7,557
Black	2,972	5,212	5	9	5,337	12,439	1,843
Hispanic	34,257	7,165	18	673	162,253	97,787	7,991
White	1,902	2,328	28	284	16,138	9,686	9,781
Other	532	1,641	1	26	8,690	4,371	63
<b>TOTAL</b>	<b>41,018</b>	<b>16,931</b>	<b>72</b>	<b>1,228</b>	<b>220,894</b>	<b>131,783</b>	<b>27,280</b>

Figure 1.5

**DPSS CASELOAD CHARACTERISTICS DECEMBER 2013  
SERVICE PLANNING AREA 5**

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	CalFresh	In-Home Supportive Services
<b>Citizenship Status of Aided Persons</b>							
Citizen	4,947	5,517	0	0	29,541	22,740	N/A
Legal Immigrants	401	256	37	117	4,905	1,601	N/A
Other	4	0	0	0	172	18	N/A
Undocumented Immigrants	3	0	0	0	4,069	1	N/A
<b>TOTAL</b>	<b>5,355</b>	<b>5,773</b>	<b>37</b>	<b>117</b>	<b>38,687</b>	<b>24,360</b>	<b>N/A</b>
<b>Primary Language of Aided Cases</b>							
Armenian	0	1	0	0	30	4	29
Cambodian	0	0	0	0	2	1	2
Chinese	2	2	0	3	205	11	41
English	1,959	5,637	17	30	14,645	14,974	2,837
Farsi	42	28	14	23	1,591	173	1,961
Korean	1	2	0	0	201	13	39
Russian	12	9	1	11	568	42	1,017
Spanish	324	69	0	32	4,842	1,414	531
Tagalog	0	0	0	1	36	4	14
Vietnamese	0	1	0	0	36	7	7
Other	29	8	3	7	424	79	132
<b>TOTAL</b>	<b>2,369</b>	<b>5,757</b>	<b>35</b>	<b>107</b>	<b>22,580</b>	<b>16,722</b>	<b>6,610</b>
<b>Ethnic Origin of Aided Persons</b>							
American Indian / Alaskan Native	12	63	0	0	65	132	10
Asian	148	102	1	13	2,498	722	356
Black	1,836	2,766	3	7	3,449	8,018	564
Hispanic	1,765	672	0	35	16,165	6,693	820
White	1,034	1,494	33	46	11,409	6,354	4,855
Other	560	676	0	16	5,101	2,441	5
<b>TOTAL</b>	<b>5,355</b>	<b>5,773</b>	<b>37</b>	<b>117</b>	<b>38,687</b>	<b>24,360</b>	<b>6,610</b>

Figure 1.6

**DPSS CASELOAD CHARACTERISTICS DECEMBER 2013  
SERVICE PLANNING AREA 6**

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	CalFresh	In-Home Supportive Services
<b>Citizenship Status of Aided Persons</b>							
Citizen	97,429	16,882	0	4	211,234	218,676	N/A
Legal Immigrants	1,870	1,050	13	614	22,234	13,088	N/A
Other	87	1	0	3	535	154	N/A
Undocumented Immigrants	16	0	0	1	63,175	3	N/A
<b>TOTAL</b>	<b>99,402</b>	<b>17,933</b>	<b>13</b>	<b>622</b>	<b>297,178</b>	<b>231,921</b>	<b>N/A</b>
<b>Primary Language of Aided Cases</b>							
Armenian	1	2	0	0	11	3	4
Cambodian	9	2	0	0	17	20	39
Chinese	3	1	0	0	38	7	22
English	26,235	16,843	4	29	45,790	67,499	16,705
Farsi	0	1	0	0	4	1	3
Korean	2	13	0	16	644	54	332
Russian	3	1	0	1	9	6	3
Spanish	15,296	1,012	8	512	61,216	38,980	5,235
Tagalog	0	1	0	0	40	5	34
Vietnamese	1	0	0	1	23	12	9
Other	20	5	0	9	172	55	114
<b>TOTAL</b>	<b>41,570</b>	<b>17,881</b>	<b>12</b>	<b>568</b>	<b>107,964</b>	<b>106,642</b>	<b>22,500</b>
<b>Ethnic Origin of Aided Persons</b>							
American Indian / Alaskan Native	26	27	0	0	115	147	37
Asian	422	114	1	15	2,225	1,214	612
Black	34,153	11,377	3	26	42,774	72,096	15,074
Hispanic	60,396	3,498	9	550	237,901	144,220	6,326
White	714	434	0	7	1,734	2,089	408
Other	3,691	2,483	0	24	12,429	12,155	43
<b>TOTAL</b>	<b>99,402</b>	<b>17,933</b>	<b>13</b>	<b>622</b>	<b>297,178</b>	<b>231,921</b>	<b>22,500</b>

Figure 1.7

**DPSS CASELOAD CHARACTERISTICS DECEMBER 2013  
SERVICE PLANNING AREA 7**

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	CalFresh	In-Home Supportive Services
<b>Citizenship Status of Aided Persons</b>							
<b>Citizen</b>	50,868	2,632	0	3	194,400	132,115	N/A
<b>Legal Immigrants</b>	1,457	523	23	728	23,205	9,969	N/A
<b>Other</b>	66	1	0	2	688	121	N/A
<b>Undocumented Immigrants</b>	9	0	0	0	42,386	2	N/A
<b>TOTAL</b>	<b>52,400</b>	<b>3,156</b>	<b>23</b>	<b>733</b>	<b>260,679</b>	<b>142,207</b>	<b>N/A</b>
<b>Primary Language of Aided Cases</b>							
<b>Armenian</b>	5	1	0	4	110	20	453
<b>Cambodian</b>	22	3	0	0	276	79	266
<b>Chinese</b>	5	0	0	7	1002	62	697
<b>English</b>	13,322	2,526	6	32	50,376	32,945	7,328
<b>Farsi</b>	0	2	0	1	13	4	19
<b>Korean</b>	5	1	0	19	1112	71	328
<b>Russian</b>	2	0	0	0	14	6	26
<b>Spanish</b>	8,158	576	13	563	56,284	25,691	9,746
<b>Tagalog</b>	1	0	0	5	399	22	334
<b>Vietnamese</b>	1	4	0	2	307	49	150
<b>Other</b>	47	3	2	13	648	122	294
<b>TOTAL</b>	<b>21,568</b>	<b>3,116</b>	<b>21</b>	<b>646</b>	<b>110,541</b>	<b>59,071</b>	<b>19,641</b>
<b>Ethnic Origin of Aided Persons</b>							
<b>American Indian / Alaskan Native</b>	29	12	0	0	211	176	56
<b>Asian</b>	735	75	1	44	10,602	2,719	2,502
<b>Black</b>	2,853	208	0	1	4,567	5,573	894
<b>Hispanic</b>	44,855	2,387	14	647	223,013	122,868	13,982
<b>White</b>	2,155	369	3	17	8,826	5,988	2,192
<b>Other</b>	1,773	105	5	24	13,460	4,883	15
<b>TOTAL</b>	<b>52,400</b>	<b>3,156</b>	<b>23</b>	<b>733</b>	<b>260,679</b>	<b>142,207</b>	<b>19,641</b>

Figure 1.8

**DPSS CASELOAD CHARACTERISTICS DECEMBER 2013  
SERVICE PLANNING AREA 8**

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	CalFresh	In-Home Supportive Services
<b>Citizenship Status of Aided Persons</b>							
Citizen	56,742	21,955	0	0	179,385	163,706	N/A
Legal Immigrants	1,594	885	14	414	21,098	9,610	N/A
Other	95	2	1	1	583	181	N/A
Undocumented Immigrants	15	0	0	0	34,791	2	N/A
<b>TOTAL</b>	<b>58,446</b>	<b>22,842</b>	<b>15</b>	<b>415</b>	<b>235,857</b>	<b>173,499</b>	<b>N/A</b>
<b>Primary Language of Aided Cases</b>							
Armenian	1	0	0	1	52	4	49
Cambodian	300	35	0	7	1,585	857	1,537
Chinese	3	2	0	2	526	20	230
English	17,689	22,109	10	50	59,571	70,925	12,943
Farsi	3	0	0	3	123	10	171
Korean	5	8	0	7	1175	73	542
Russian	4	2	0	3	90	8	84
Spanish	6,509	605	1	274	38,078	19,070	3,500
Tagalog	5	3	0	17	604	46	836
Vietnamese	30	8	0	3	894	161	408
Other	27	6	3	13	682	120	346
<b>TOTAL</b>	<b>24,576</b>	<b>22,778</b>	<b>14</b>	<b>380</b>	<b>103,380</b>	<b>91,294</b>	<b>20,646</b>
<b>Ethnic Origin of Aided Persons</b>							
American Indian / Alaskan Native	50	97	0	0	199	331	73
Asian	3,213	656	0	59	22,962	10,484	4,936
Black	17,379	13,239	3	18	28,521	52,425	7,496
Hispanic	31,368	4,711	2	303	150,360	86,297	5,145
White	2,707	2,649	3	14	13,371	12,382	2,961
Other	3,729	1,490	7	21	20,444	11,580	35
<b>TOTAL</b>	<b>58,446</b>	<b>22,842</b>	<b>15</b>	<b>415</b>	<b>235,857</b>	<b>173,499</b>	<b>20,646</b>

Figure 1.9

**DPSS CASELOAD CHARACTERISTICS DECEMBER 2013  
SERVICE PLANNING AREA UNKNOWN\***

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	CalFresh	In-Home Supportive Services
<b>Citizenship Status of Aided Persons</b>							
Citizen	28,140	12,242	0	0	81,947	79,833	N/A
Legal Immigrants	1120	651	129	236	9,401	5,926	N/A
Other	29	1	0	0	695	91	N/A
Undocumented Immigrants	9	0	0	0	14,000	1	N/A
<b>TOTAL</b>	<b>29,298</b>	<b>12,894</b>	<b>129</b>	<b>236</b>	<b>106,043</b>	<b>85,851</b>	<b>N/A</b>
<b>Primary Language of Aided Cases</b>							
Armenian	108	75	49	29	645	378	230
Cambodian	16	8	0	0	68	49	27
Chinese	7	8	3	9	1902	176	188
English	8,817	12,253	14	27	28,974	37,279	1,845
Farsi	23	16	16	2	225	118	87
Korean	10	9	0	15	822	91	71
Russian	16	6	2	7	156	43	113
Spanish	2,999	415	14	110	17,007	9,093	744
Tagalog	3	2	1	5	196	32	61
Vietnamese	15	18	0	4	409	137	47
Other	27	13	7	5	422	94	68
<b>TOTAL</b>	<b>12,041</b>	<b>12,823</b>	<b>106</b>	<b>213</b>	<b>50,826</b>	<b>47,490</b>	<b>3,481</b>
<b>Ethnic Origin of Aided Persons</b>							
American Indian / Alaskan Native	28	50	0	0	117	162	9
Asian	588	242	7	44	9,111	3087	520
Black	6,919	5,716	3	4	8,902	19,415	792
Hispanic	17,760	3637	15	125	68,286	47,465	1,101
White	2461	2300	5	55	10,288	10,535	1,048
Other	1542	949	99	8	9,339	5,187	11
<b>TOTAL</b>	<b>29,298</b>	<b>12,894</b>	<b>129</b>	<b>236</b>	<b>106,043</b>	<b>85,851</b>	<b>3,481</b>

\* Unknown counts represent cases with addresses that cannot be geocoded for various reasons such as P.O. Box addresses, incomplete addresses, etc.

Figure 2

**INDIVIDUALS AIDED - ALL AID PROGRAMS DECEMBER 2013  
COMPARED TO DECEMBER 2012**

Program	Dec. 2012	Dec. 2013	Change	% Change
CalWORKs	428,294	420,513	-7,781	-1.82%
General Relief	101,071	103,237	2,166	2.14%
CAPI	5,584	5,753	169	3.03%
Refugee	672	787	115	17.11%
Medical Assistance Only	1,686,556	1,870,380	183,824	10.90%
CalFresh	1,130,714	1,177,740	47,026	4.16%
IHSS	182,414	188,349	5,935	3.25%
<b>TOTAL ALL PROGRAMS *</b>	<b>2,450,333</b>	<b>2,647,528</b>	<b>197,195</b>	<b>8.05%</b>

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

Figure 3

**CHILD ABUSE REFERRALS  
JANUARY 2003 - DECEMBER 2013**

Month	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	12/13 change	12/13 % change
Jan.	20	37	20	26	16	23	7	11	5	19	14	-5	-26%
Feb.	13	33	24	16	13	14	5	9	9	17	28	11	65%
Mar.	32	32	21	31	12	12	7	11	3	26	8	-18	-69%
Apr.	28	29	34	41	15	11	13	7	14	25	17	-8	-32%
May	31	27	15	29	13	17	13	3	11	24	16	-8	-33%
June	50	32	32	31	12	14	11	5	16	24	21	-3	-13%
July	38	43	36	26	13	9	14	10	11	23	35	12	52%
Aug.	48	38	36	34	15	12	8	8	12	15	27	12	80%
Sept.	45	35	20	21	20	7	6	4	5	12	24	12	100%
Oct.	35	17	26	27	22	20	9	14	6	13	30	17	131%
Nov.	28	23	24	14	17	3	13	6	8	15	29	14	93%
Dec.	28	19	17	3	7	4	12	3	13	9	17	8	89%
<b>TOTAL</b>	<b>396</b>	<b>365</b>	<b>305</b>	<b>299</b>	<b>175</b>	<b>146</b>	<b>118</b>	<b>91</b>	<b>113</b>	<b>222</b>	<b>266</b>	<b>44</b>	<b>20%</b>

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.

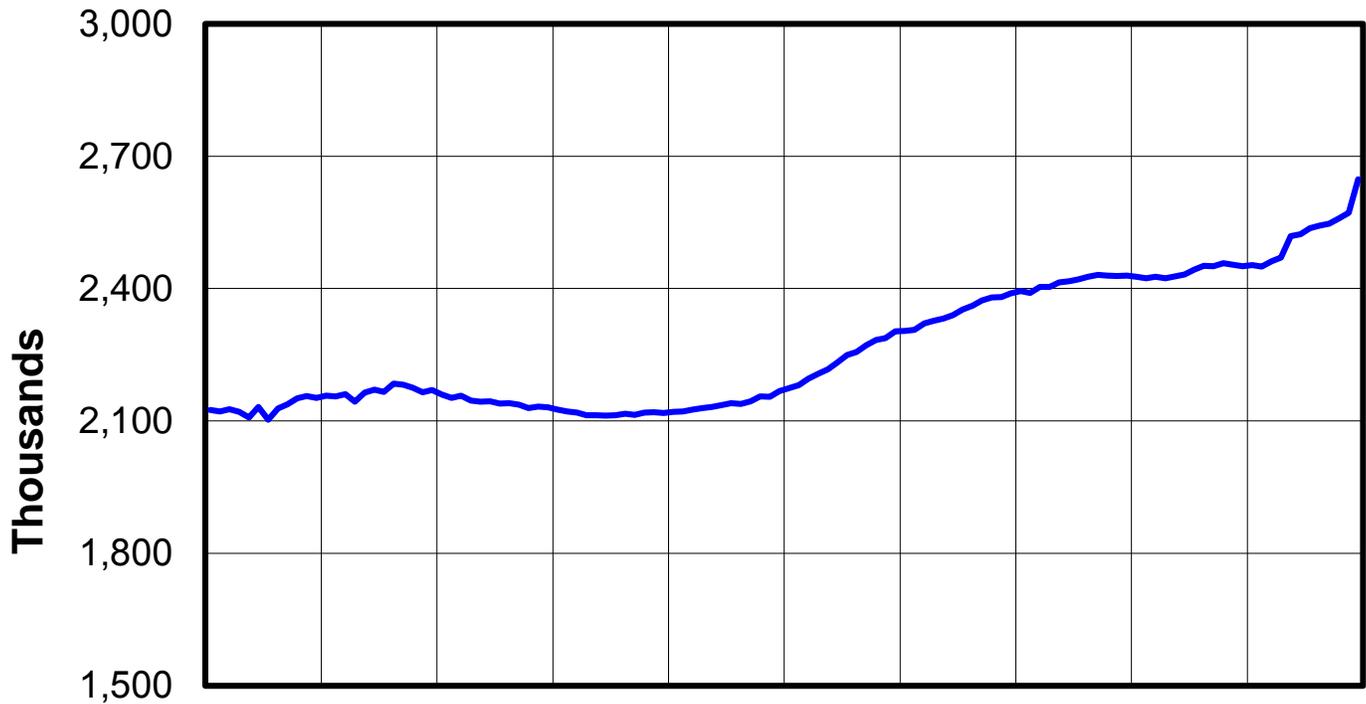
Figure 4

**CAL-LEARN PARTICIPANTS SERVED  
JANUARY 2006 - DECEMBER 2013**

Month	2006	2007	2008	2009	2010	2011	2012	2013	12/13 change	12/13 % change
Jan.	2,452	2,181	2,465	2,735	3,064	2,923	2,270	2,104	-166	-7%
Feb.	2,504	2,234	2,492	2,832	3,109	2,948	2,169	2,125	-44	-2%
Mar.	2,435	2,155	2,470	2,891	3,134	2,912	2,431	2,100	-331	-14%
Apr.	2,467	2,186	2,514	2,920	3,200	2,934	2,471	2,114	-357	-14%
May	2,339	2,270	2,586	2,982	3,235	2,741	2,370	1,851	-519	-22%
June	2,412	2,307	2,549	2,953	3,149	2,350	2,382	2,158	-224	-9%
July	2,410	2,250	2,474	2,870	2,932	2,115	2,211	2,111	-100	-5%
Aug.	2,442	2,292	2,493	2,862	2,960	1,836	2,181	2,110	-71	-3%
Sept.	2,414	2,305	2,535	2,888	2,992	2,134	2,182	2,019	-163	-7%
Oct.	2,366	2,408	2,556	3,009	3,030	2,057	2,265	2,017	-248	-11%
Nov.	2,412	2,450	2,650	3,077	3,014	2,208	2,167	1,924	-243	-11%
Dec.	2,389	2,488	2,751	3,074	2,991	2,214	2,192	1,966	-226	-10%
<b>AVERAGE</b>	<b>2,420</b>	<b>2,294</b>	<b>2,545</b>	<b>2,924</b>	<b>3,068</b>	<b>2,448</b>	<b>2,274</b>	<b>2,050</b>	<b>-224</b>	<b>-10%</b>

Figure 5

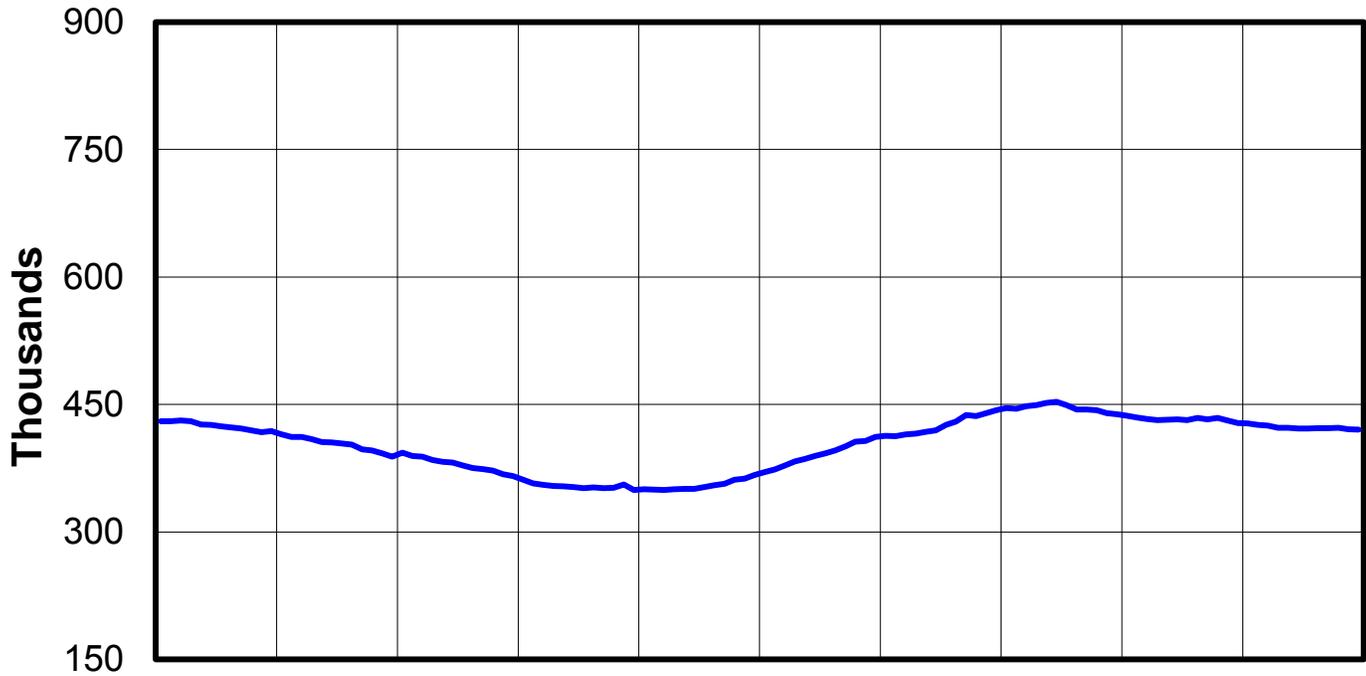
**INDIVIDUALS AIDED – ALL AIDS COMBINED  
JANUARY 2004 - DECEMBER 2013**



Month	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Jan.	2,125,174	2,157,416	2,159,561	2,125,532	2,120,743	2,174,614	2,303,749	2,394,585	2,426,501	2,453,083
Feb.	2,121,033	2,155,158	2,151,993	2,121,183	2,121,664	2,180,687	2,306,162	2,389,716	2,422,909	2,450,013
Mar.	2,126,252	2,160,504	2,156,830	2,118,608	2,126,084	2,195,497	2,321,333	2,403,761	2,426,841	2,461,628
Apr.	2,120,822	2,143,971	2,146,245	2,112,631	2,129,358	2,206,577	2,327,154	2,403,859	2,423,481	2,470,580
May	2,107,699	2,164,290	2,143,301	2,113,264	2,131,845	2,216,924	2,331,869	2,413,553	2,427,711	2,519,023
June	2,131,565	2,170,799	2,144,293	2,111,673	2,135,562	2,232,040	2,340,068	2,416,384	2,431,477	2,523,361
July	2,102,765	2,165,355	2,138,980	2,112,568	2,139,790	2,249,143	2,352,189	2,420,344	2,442,987	2,536,910
Aug.	2,127,918	2,184,371	2,140,548	2,116,434	2,138,281	2,256,283	2,360,927	2,426,295	2,451,696	2,542,506
Sep.	2,137,604	2,182,116	2,137,037	2,113,352	2,144,760	2,271,473	2,372,707	2,431,316	2,450,230	2,546,656
Oct.	2,151,665	2,174,983	2,129,048	2,118,831	2,155,204	2,283,036	2,379,568	2,429,646	2,457,086	2,558,888
Nov.	2,156,602	2,164,674	2,132,091	2,119,663	2,154,415	2,287,582	2,380,834	2,428,279	2,453,757	2,571,969
Dec.	2,152,193	2,170,366	2,130,380	2,118,174	2,167,776	2,302,924	2,389,268	2,429,214	2,450,333	2,647,528

Figure 6

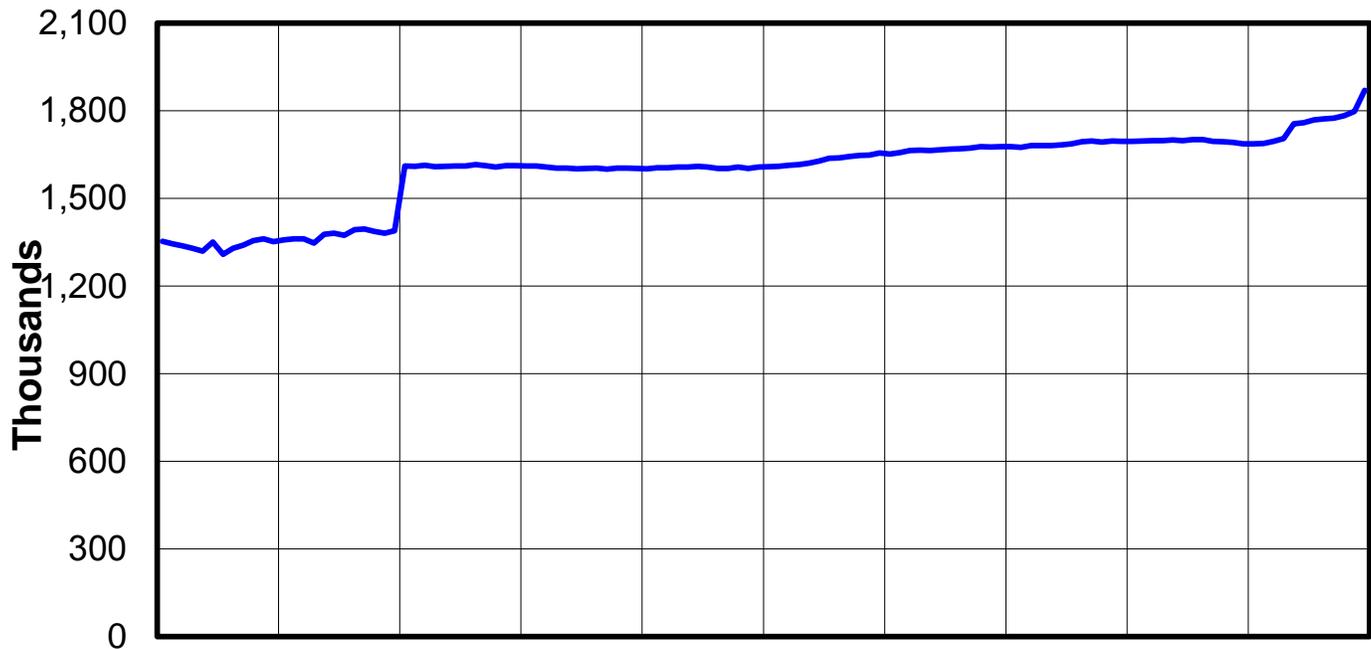
**INDIVIDUALS AIDED - CALWORKS  
JANUARY 2004- DECEMBER 2013**



Month	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Jan.	430,391	414,741	393,222	361,495	350,311	370,631	413,178	445,949	436,846	427,728
Feb.	430,449	411,996	389,308	357,170	349,868	373,398	412,969	445,154	434,536	426,054
Mar.	431,113	411,982	388,639	355,533	349,622	378,222	414,952	447,929	433,157	425,255
Apr.	430,219	409,394	384,683	354,031	350,448	382,959	415,809	449,363	431,619	422,502
May	426,729	405,720	382,422	353,662	350,578	385,883	418,101	451,770	432,124	422,504
June	426,184	405,630	381,675	353,094	350,570	389,509	419,613	453,164	432,684	421,889
July	424,338	403,975	378,299	351,664	352,835	392,490	426,282	449,303	431,612	421,707
Aug.	422,880	403,067	375,389	352,669	355,100	395,902	429,910	444,096	434,159	422,294
Sep.	421,714	397,342	374,190	351,816	357,008	400,534	437,714	444,308	432,602	422,137
Oct.	419,500	396,161	372,159	352,014	361,378	406,371	436,323	443,415	434,071	422,511
Nov.	417,371	392,509	368,084	355,989	362,652	406,992	439,859	440,023	431,092	420,873
Dec.	418,660	388,447	365,841	349,574	367,163	411,842	443,245	438,715	428,294	420,513

Figure 7

**INDIVIDUALS AIDED – MEDICAL ASSISTANCE ONLY  
JANUARY 2004 - DECEMBER 2013**

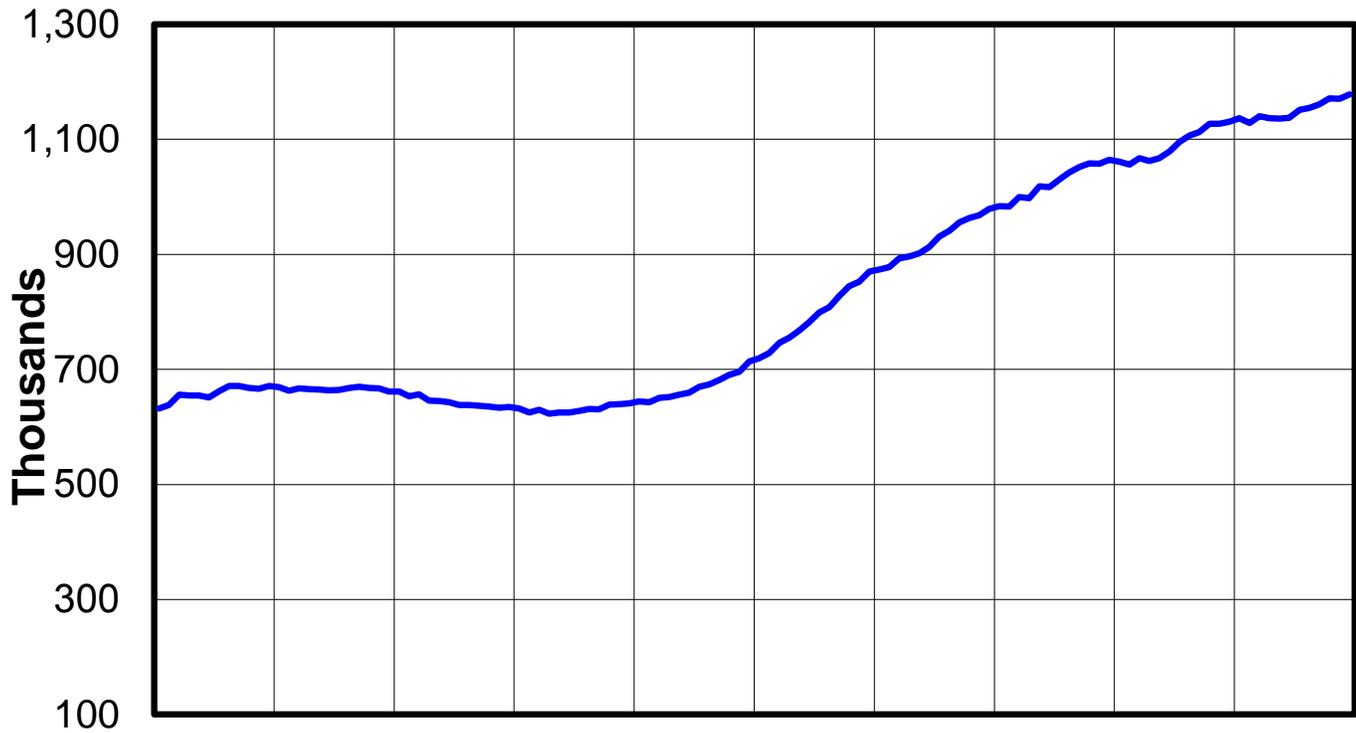


Month	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Jan.	1,353,228	1,358,470	1,610,580	1,610,495	1,601,826	1,608,284	1,652,545	1,677,657	1,695,530	1,686,728
Feb.	1,344,771	1,362,025	1,609,912	1,611,324	1,604,958	1,609,965	1,656,625	1,674,595	1,696,763	1,688,211
Mar.	1,336,927	1,361,840	1,612,873	1,606,981	1,605,420	1,612,871	1,664,015	1,681,467	1,698,376	1,695,285
Apr.	1,329,514	1,346,964	1,608,581	1,603,501	1,607,132	1,615,916	1,665,214	1,680,359	1,698,100	1,704,905
May	1,319,549	1,376,740	1,610,182	1,604,117	1,607,865	1,621,134	1,663,980	1,681,497	1,700,809	1,755,996
June	1,350,166	1,380,861	1,611,201	1,601,343	1,609,248	1,627,826	1,665,971	1,683,049	1,697,665	1,759,649
July	1,308,380	1,373,812	1,611,515	1,602,534	1,607,295	1,637,703	1,668,643	1,687,322	1,701,787	1,768,550
Aug.	1,328,548	1,392,970	1,615,820	1,603,846	1,602,051	1,639,215	1,669,561	1,694,711	1,701,649	1,773,011
Sep.	1,339,599	1,395,267	1,612,472	1,600,003	1,603,149	1,643,871	1,672,275	1,696,079	1,695,450	1,775,355
Oct.	1,356,053	1,387,259	1,607,194	1,603,238	1,607,896	1,646,630	1,677,012	1,693,154	1,693,886	1,783,230
Nov.	1,361,372	1,380,600	1,612,304	1,604,229	1,603,186	1,648,758	1,675,728	1,696,764	1,691,766	1,797,981
Dec.	1,351,417	1,389,196	1,612,219	1,602,354	1,607,228	1,655,341	1,677,283	1,695,805	1,686,556	1,870,380

Figure 8

Figure 8

**INDIVIDUALS AIDED - CALFRESH  
JANUARY 2003- DECEMBER 2012**



Month	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Jan.	632,052	668,997	661,664	631,850	644,368	719,388	873,906	983,972	1,061,099	1,136,598
Feb.	638,116	663,088	653,479	625,321	642,827	728,164	877,708	982,952	1,056,530	1,128,269
Mar.	656,154	667,068	657,003	629,729	650,233	745,955	893,254	999,836	1,067,474	1,140,185
Apr.	654,400	665,689	645,412	622,860	652,132	755,533	896,310	997,431	1,062,493	1,136,567
May	654,425	665,018	644,941	624,750	656,361	767,382	902,170	1,017,987	1,067,010	1,135,966
June	651,213	663,654	642,842	624,827	659,778	782,354	912,861	1,016,668	1,078,877	1,137,764
July	662,139	664,358	638,219	627,626	670,143	799,325	930,781	1,029,907	1,095,676	1,150,909
Aug.	671,442	667,652	637,972	631,525	673,922	807,965	941,140	1,042,754	1,106,581	1,154,695
Sep.	670,871	669,642	636,555	630,752	681,301	827,823	955,463	1,052,181	1,112,889	1,161,054
Oct.	667,536	667,981	635,344	638,796	690,571	844,497	963,522	1,058,355	1,127,190	1,171,438
Nov.	666,183	667,264	633,506	639,412	695,872	852,054	968,213	1,057,476	1,126,961	1,170,317
Dec.	671,176	661,703	634,763	641,215	713,748	870,368	978,920	1,064,647	1,130,714	1,177,740

## 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
- Either parent is continually absent from the home in which the child is living
- When both parents are in the home, the Principal Wage Earner worked less than 100 hours in the four week period before applying for CalWORKs cash aid.

### **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 CalFresh benefits. Individuals requesting such benefits must file an appropriate application for each program.

**Calfresh** - Is the cornerstone of the federal food assistance program. The purpose of this program is to promote and safeguard the health and well-being of low-income households by raising their levels of nutrition and increasing their food purchasing power.

### **Greater Avenues For Independence (Gain)**

- The GAIN program provides employment-related services to CalWORKs participants to help them find employment, stay employed, and move on to higher paying jobs, which will ultimately lead to self-sufficiency and independence.

**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 which provides the primary case management for the programs administered by DPSS.

**Medi-Cal Assistance Only (Mao)** - Provides comprehensive medical benefits to low-income families and individuals. 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, CalFresh, 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.





# PUBLIC LIBRARY

## ***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 1,010 children have received library cards through this program. There were 173 children who received the no-fault library card in Fiscal Year (FY) 2013-2014.

### **LIBRARY CARDS FOR PROBATION YOUTH**

During FY 2013-2014 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 2013-2014, 2,179 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: 25,404

### **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](http://www.librarytutor.org). It is available in English and Spanish from 3:00 p.m. – 10:00 p.m. 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 529,817 times. In FY 2013–2014, more than 75,086 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 2013-2014, the County Library expanded the programming from 49 sites to 56 sites, with 6 projected new Family Place sites next year. Over 51,435 children and caregivers were reached through the library programs and parent training as compared to 41,962 the previous fiscal year.

The County of Los Angeles Public Library also hosted for the fourth year the Family Place Training Institute at the West Coast Family Place Training Center, based out of the Carson Regional Library which was originally funded by the California State Library and First 5 Los Angeles. Librarians spent three days in February, 2014 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.





**Stomp**

Child Abuse!



# **SECTION IV: 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. ICAN 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.

### **ICAN STAFF**

**DEANNE TILTON**  
ICAN Executive Director

**EDIE SHULMAN**  
ICAN Assistant Director

**SANDY DE VOS**  
ICAN Program Administrator

**LIDIA ESCOBAR**  
ICAN Program Administrator

**CATHY WALSH**  
ICAN Program Administrator

**TOM FRASER**  
ICAN Program Administrator

**EAKITA WEST**  
Administrative Assistant

**SABINA ALVAREZ**  
ICAN Secretary

**LORRAINE ABASTA**  
ICAN Secretary

### **ICAN ASSOCIATES STAFF**

**PAUL CLICK**  
Technology Manager

**KENNETH RIOS**  
Project Coordinator

**LAURENCE KERR**  
IT Coordinator

**LAURA SPARKS**  
Bookkeeper

### **FOR FURTHER INFORMATION CONTACT:**

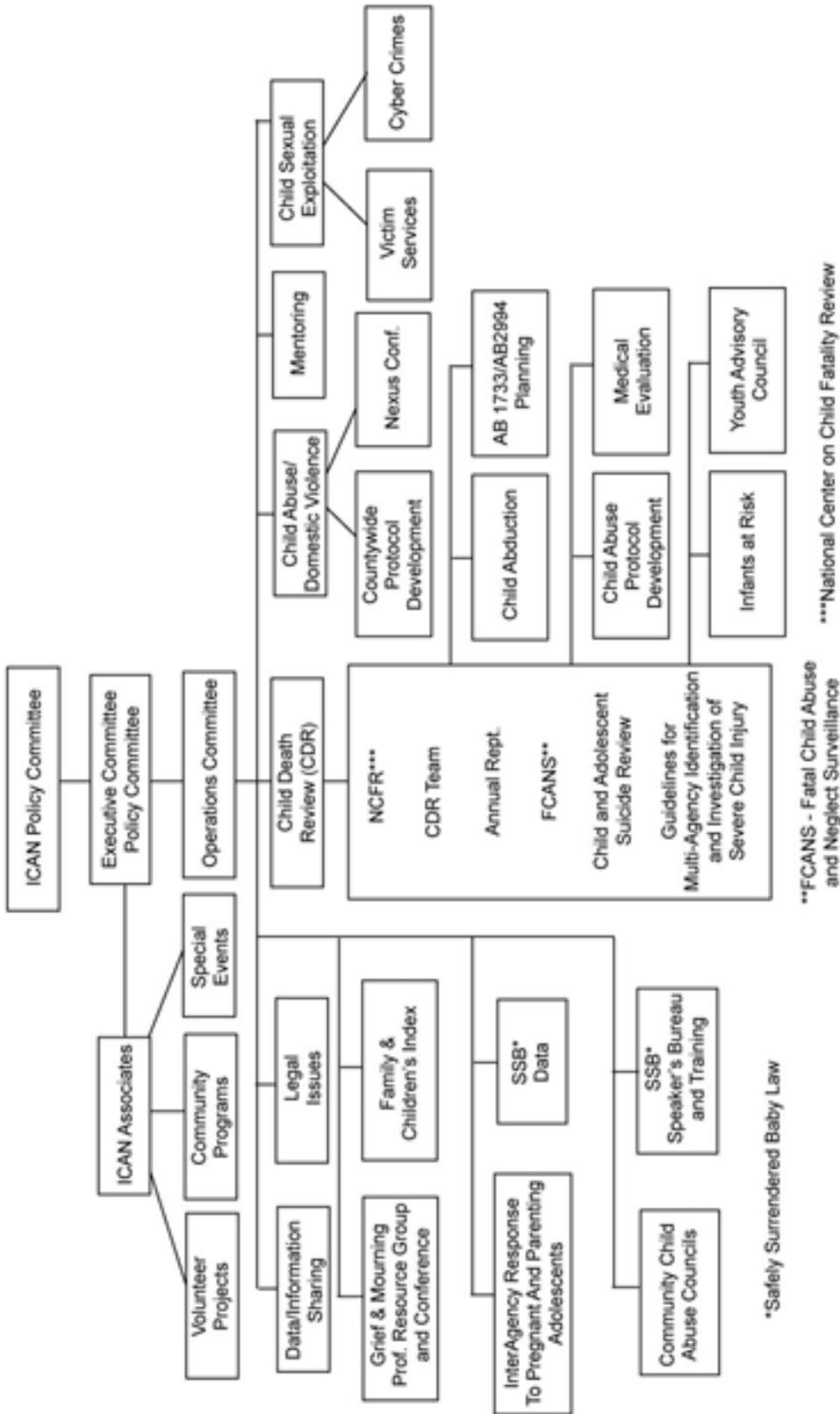
**INTER-AGENCY COUNCIL  
ON CHILD ABUSE & NEGLECT**  
4024 N. DURFEE AVE.  
EL MONTE, CA 91732

Phone: (626) 455-4585  
Fax: (626) 444-4851  
Websites: [www.ican4kids.org](http://www.ican4kids.org)



# Organizational Chart

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



\*Safety Surrendered Baby Law

\*\*FCANS - Fatal Child Abuse and Neglect Surveillance

\*\*\*National Center on Child Fatality Review



## **ICAN COMMITTEES**

### ***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, MacLaren Holiday Party and county-wide 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 monthly).

## ***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 multi-disciplinary 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).

### **INTER-AGENCY 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 county-wide protocol for inter-agency response to suspected child abuse and neglect. (Meets as needed).

### **CHILD ABUSE EVALUATION REGIONALIZATION**

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

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

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

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

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

### **INFANTS AT RISK**

Works with hospitals, DCFS and community agencies regarding the reporting of infants at risk of abuse/neglect due to perinatal substance exposure. (Meets monthly).

### **CHILD SEXUAL EXPLOITATION COMMITTEE (CSEC)**

Focuses on Internet Crimes Against Children, Child Prostitution, and Human Trafficking of Children through the coordination of local, state, and federal agencies and service providers. The goal is to improve the effectiveness of the prevention, identification, investigation, prosecution and provision of services for victims of these crimes. To best meet these goals, a separate subcommittee on Cyber Crime Prevention was formed to develop prevention efforts leaving the CSEC Committee to focus on victim services.

***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 updated the LA County SCAN team registers, collected existing SCAN and Child Death Review protocols, and surveyed literature for trends and standards, surveyed data systems among agencies to assist in information sharing.

***SAFELY SURRENDERED BABY LAW (SSBL)***

Responsible for notifying the Board of Supervisors, Chief Administrative Office, and others of safe surrenders and abandonments, 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 maintaining the County of Los Angeles Safely Surrendered Baby Law website known as BabySafeLA and responding to the various inquires for information and public information material.

***NEXUS PLANNING COMMITTEE***

Develops and plans ICAN's annual NEXUS conference; a large multi-disciplinary conference addressing "Violence in the Home and It's Effects on Children." (Meets periodically during planning months)



### **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.

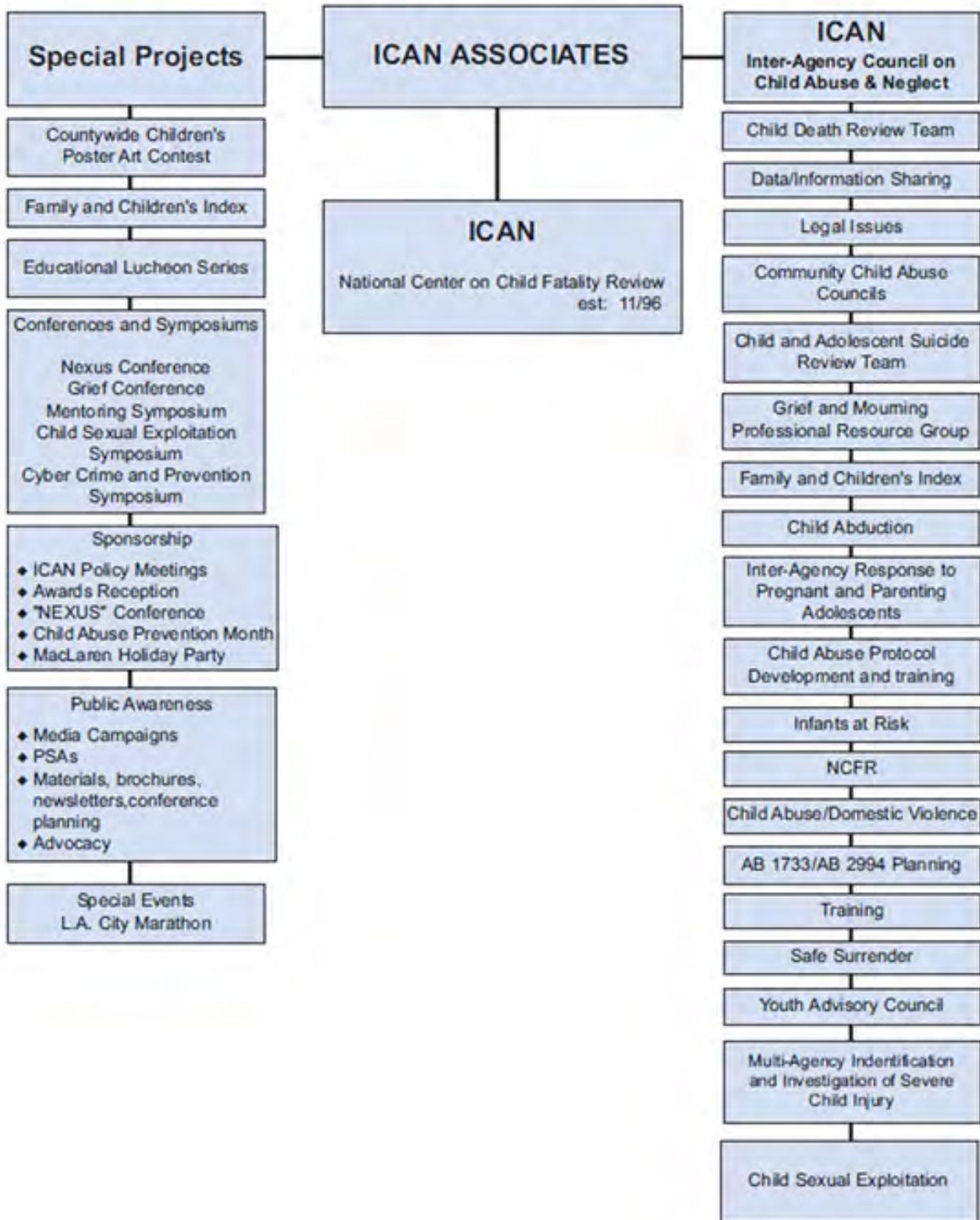
ICAN Associates has been extremely successful in securing funding through grants and corporate sponsorships:

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.

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 2014, ICAN Associates sponsored “NEXUS XIX Anniversary Year Conference” in conjunction with The Department of Children and Family Services (DCFS), community groups and ICAN agencies. 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, and Hollywood Library and in numerous national publications.





**HONORARY CHAIRPERSON**

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Producer/Actor

**PRESIDENT**

**KAY HOFFMAN**

**VICE PRESIDENT**

**JOHN HILL**  
Founder Cell Phone Dads

**SECRETARY**

**STACEY SAVELLE**  
LA County Children and Family Services

**TREASURER**

**ALISON WILCOX**  
UCLA Faculty

**MEMBERS**

**BEVERLY KURTZ**  
Los Angeles County Museum of Art Docent Council

**NICHOLAS WINSLOW**  
Past President, Warner Bros. Entertainment

**MONICA HYLANDE-LATTE**  
Clinical Psychologist, The Fun Fund

**MICHELE VICENCIA JONDLE**  
HUB International Insurance Services

**SALLIE PERKINS**  
Performing Artist

**ELAINE TREBEK-KARES**  
CEO, IN-HOUSE Media & Entertainment

**FOUNDERS**

**LADY SARAH CHURCHILL**

**SYBIL BRAND**

**CHRISTINA CRAWFORD**

**ELAINE TREBEK-KARES**

**FRANK VICENCIA, ESQ.**

**BOURNE MORRIS**



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 and emails
- 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 [lachildabusecouncils.org](http://lachildabusecouncils.org).

**Coordination Project Director**

Monika Mccoy (818) 790-9448

**COMMUNITY CHILD ABUSE COUNCILS**

**Advocacy Council For Abused Deaf Children**

Jean Marie Hunter (626) 798-6793

**Asian Pacific Child Abuse Council**

Yasuko Sakamoto (213) 473-1602

**Eastside Child Abuse Prevention Council**

Connie C. Preciado (626) 442-1400 Ext. 226

**End Child Abuse Long Beach**

Paula Cohen (562) 435-3501 Ext.3842

**Family, Children, Community Advisory Council**

Sandra Guine (213) 639-6443

**Foothill Child Abuse Domestic Violence Prevention Council**

Erica Villalpando (626) 795-6907, Ext. 125

**Gay, Lesbian, Bisexual, And Transgender (Glb) Child Abuse Prevention Council**

Mark Abelson (323) 646-2419

**San Fernando Valley Child Abuse Council**

Deborah Davies (818) 988-4430

**San Gabriel Valley Family Violence Council**

Lydia Sandoval (626) 966-1755

Paula Jeppson (626) 967-7153

**Service Planning Area 7 Child Abuse Council**

Norma Yoquez (562) 777-1410 Ext 112

**Westside Domestic Violence Network**

Jennifer Chen Speckman (310) 920-7934

**Yes2kids Antelope Valley Child Abuse Council**

Bob Broyles (661) 538-1846

Children  
are gifts

Take good  
care of  
your  
Child





## **SECTION V: APPENDIX**



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, the telephone, or the internet.

### **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.





The Inter-Agency Council on Child Abuse and Neglect is comprised of Los Angeles County City, State and Federal Agencies, as well as community organizations, and individuals from the private sector. ICAN was established in 1977 by the Los Angeles County Board of Supervisors as the official county agent to coordinate the development of services for the prevention, identification and treatment of child abuse and neglect.

ICAN's work is conducted through the ICAN Operations Committee, which includes designated child abuse specialists from each member agency. ICAN has numerous standing and ad hoc committees comprised of both public and private sector professionals with expertise in child abuse. These committees address a host of critical issues such as: review of child fatalities, including child and adolescent suicides; children and families exposed to family violence; development of systems designed to promote better communication and collaboration among agencies; prenatally substance affected infants; pregnant and parenting adolescents; abducted children; sexually exploited children; and grief and loss issues for children in foster care and siblings of children who are victims of fatal child abuse.

The ICAN Data Sharing Committee is comprised of representatives from ICAN agencies focused on the prevention, identification and treatment of child abuse and neglect. This inter-agency/multi-disciplinary community network, serving the needs of abused and at-risk children, provides valuable information and data to ICAN regarding many child abuse related issues. The committee meets and produces an annual report on the State of Child Abuse in Los Angeles County, reporting each agency's data, and giving visibility to information about child abuse and neglect in Los Angeles County.