

ICAN

Inter-Agency Council on Child Abuse and Neglect

2007

Los Angeles County ❖ ICAN Data/Information Sharing Subcommittee

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



Report Compiled From 2006 Data

ICAN

THE STATE OF CHILD ABUSE IN LOS ANGELES COUNTY



ICAN

Deanne Tilton, Executive Director

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

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

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Los Angeles County
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Office of the City Attorney

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First Vice President & Team Leader

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Nicholas Winslow

Warner Bros., Retired

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



The Los Angeles Community Child Abuse Councils consist of 15 community-based councils throughout Los Angeles County. The mission of the Councils is to reduce the incidence of child abuse and neglect, and to raise public awareness of child abuse and family violence issues. The membership of the Councils is made up of professionals working in the fields of child welfare, education, law enforcement, health and mental health as well as parents and anyone concerned about the problems of child abuse and family violence.

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

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

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

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

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

For further information about the Los Angeles Community Child Abuse Councils contact Monika McCoy , at (818) 790-9448 or visit our website at latchildabusecouncils.org.



Coordination Project Director

Monika McCoy (818) 790-9448

Coordination Project Director

Amy Gins (626) 625-4981

Community Child Abuse Councils

Advocacy Council for Abused Deaf Children

Jean Marie Hunter (626) 798-6793

Asian Pacific Child Abuse Council

Larry Lue (213) 808-1701

Yasuko Sakamoto (213) 473-1602

Eastside Child Abuse Prevention Council

Elvia Torres (626) 442-1400

Long Beach End Abuse

Paula Cohen (562) 435-3501

ext.3842

Helene Handler (562) 491-3670

Family, Children, Community Advisory Council

Sandra Guine (213) 639-6443

Foothill Child Abuse Domestic Violence Prevention Council

Sarah Jin (626) 795-6907

Gay, Lesbian, Bisexual, and Transgender (GLBT) Child Abuse Prevention Council

Howard Jacobs (310) 358-8727

San Fernando Valley Child Abuse Council

Rita Baer (818) 772-9981

Cyndee Bellamy (818) 772-9981

San Gabriel Valley Family Violence Council

Starr Harrison (626) 966-1755

Service Planning Area 7 Child Abuse Council

Georganne Bruce (562) 904-9590

South Bay Family Violence Council

Andrea Welsing-Lowery (310) 241-4353

Westside Child Trauma Council

Lynn Zimmerman (310) 829-8487

Yes2KIDS

Bob Broyles (661) 538-1846

INTRODUCTION

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This unique report, published by the Los Angeles County Inter-Agency Council on Child Abuse and Neglect Data/Information Sharing Committee, features data from ICAN agencies about activities for 2006, or 2005/2006 for some agencies. The report includes some information about programs, but is intended primarily to provide visibility to data about child abuse in Los Angeles County and information drawn from that data. Much of the report assumes the reader has a basic knowledge of the functions and organization of ICAN and its member agencies. The Appendix describes ICAN's organizational structure.

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

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

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

Section III includes the detailed reports that are submitted each year by ICAN agencies for analysis and publication. In response to the goals set by the Data/Information Sharing Committee, Departmental reports continue to improve. Most departmental reports now include data on age, gender, ethnicity and/or local geographic areas of the county, which allows for additional analysis and comparisons. The reports reflect the increasing sophistication of our systems and the commitment of Data Committee members to meet the challenge of measuring and giving definition to the nature and extent of child abuse and neglect in Los Angeles County.

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

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

ICAN ORGANIZATIONAL SUMMARY

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

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

This strong multi-level, multi-disciplinary and community network provides a framework through which ICAN is able to identify those issues critical to the well-being of children and families. The Council is then able to advise the members, the Board and the

public on relevant issues and to develop strategies to implement programs that will improve the community's collective ability to meet the needs of abused and at-risk children with the limited resources available.

ICAN has received national recognition as a model for inter-agency coordination for the protection of children. All ICAN Policy and Operations Committee meetings are open to the public. All interested professionals and community volunteers are encouraged to attend and participate.

For further information contact:

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on Child Abuse & Neglect**

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ICAN 2007 DATA REPORT

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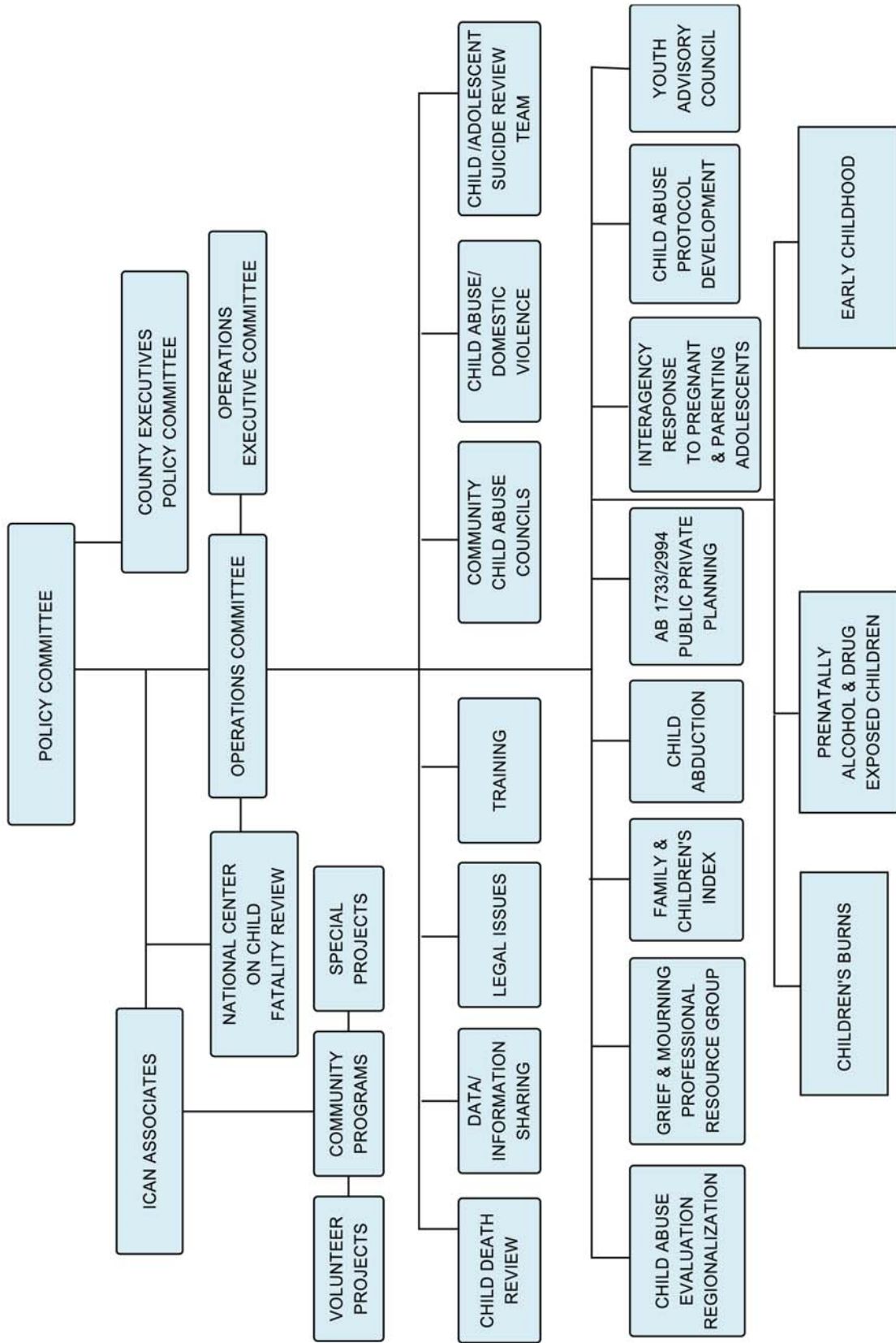
Sabina Alvarez
ICAN Secretary

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ICAN Secretary

Meghan Cleveland
Office Assistant



ICAN ASSOCIATION CHART





POLICY COMMITTEE

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

COUNTY EXECUTIVES POLICY COMMITTEE

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

OPERATIONS COMMITTEE

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

OPERATIONS EXECUTIVE COMMITTEE

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

ICAN ASSOCIATES

Private incorporated fundraising arm and support organization of ICAN. Sponsors special events, hosts ICAN Policy meetings and receptions, promotes public awareness and raises funds for specific ICAN projects. Maintains volunteer program, conducts media campaigns, issues newsletter and

provides support and in-kind donations to community programs, supports special projects such as Roxie Roker Memorial Fund, L.A. City Marathon fundraiser, MacLaren Holiday Party and countywide Children's Poster Art Contest. Promotes projects developed by ICAN (e.g., Family and Children's Index). (Meets as needed).

CHILD DEATH REVIEW TEAM

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

DATA/INFORMATION SHARING

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

LEGAL ISSUES

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

TRAINING

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



CHILD ABUSE COUNCILS

Provides interface of membership of 16 community child abuse councils involving hundreds of organizations and professionals with ICAN. Councils are interdisciplinary with open membership and organized geographically, culturally, and ethnically. Coordinates public awareness campaigns, provides networking and training for professionals, identifies public policy issues and opportunities for public/ private, community-based projects. (Meets monthly).

CHILD ABUSE/DOMESTIC VIOLENCE

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

GRIEF AND MOURNING PROFESSIONAL RESOURCE GROUP

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

FAMILY AND CHILDREN'S INDEX

Development and implementation of an inter-agency database to allow agencies access to information on whether other agencies had relevant previous contact with

a child or family in order to form multidisciplinary personnel teams to assure service needs are met or to intervene before a child is seriously or fatally injured. (Meets monthly).

CHILD ABDUCTION

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

AB 1733/AB 2994 PLANNING

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

INTERAGENCY RESPONSE TO PREGNANT AND PARENTING ADOLESCENTS

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



**CHILD ABUSE
PROTOCOL DEVELOPMENT**

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

**CHILD ABUSE
EVALUATION REGIONALIZATION**

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

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

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

**CHILD AND ADOLESCENT
SUICIDE REVIEW TEAM**

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

SECTION I INTER-AGENCY OVERVIEW

- 39 Selected Findings
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SELECTED FINDINGS

LOS ANGELES CITY ATTORNEY'S OFFICE

The 696 filed cases represented in this report for 2006 is a decrease of 88 cases from last year. This follows the general trend that over all prosecutions by the Los Angeles City Attorney's Office have decreased over the past year.

DEPARTMENT OF CORONER

In calendar 2006, after a review of the cases based on the ICAN established criteria, of the total child deaths reported, 305 were referred to the Inter-Agency Council on Child Abuse and Neglect for tracking and follow-up. Last year calendar 2005 the total child deaths referred to the Inter-Agency Council on Child Abuse and Neglect for tracking and follow-up was 297, a increase of 8 cases.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

The total number of children referred to DCFS during CY 2006 reflect a 3.7% increase over CY 2005, from 156,831 to 162,711.

Most vulnerable are children in the age group Birth - 2 Years. This population accounted for 16.8% of the total DCFS child caseload at the end of CY 2006, which is up from 15.7% at the end of CY 2005. While the total DCFS caseload shows a decrease between CY 2005 and CY 2006, the number of children in this age group exhibit a 4.5% increase, from 6,165 to 6,443.

Hispanic children continue to be the largest of all ethnic populations among DCFS children. This population accounts for 50.8% of the total DCFS child caseload at the end of CY 2006, up from 48.5% at the end of CY 2005. Despite the overall decrease in the total DCFS child caseload,

the number of Hispanic children has shown a 2.0% increase, from 19,111 to 19,500.

Since the inception of the pilot for the Permanency Partners Program (P3) in October 2004, 2,005 youth have been paired with Permanency Partners throughout the county to assist the youth in finding legally permanent families. The program was expanded county wide in Fiscal Year 2006-2007, and P3 was able to provide services to 1,201 youth.

DEPARTMENT OF HEALTH SERVICES

- Infant mortality rates for Los Angeles County had decreased from 5.4 infant deaths per 1,000 live births in 2001 to 5.0 infant deaths per 1,000 live births in 2005 (Figure 1).
- African Americans still have the highest infant mortality rate among race/ethnic groups (Figure 2). Nevertheless, since 2002, it decreased from 13.0 infant deaths per 1,000 live births to in 2002 to 10.7 infant deaths per 1,000 live births in 2005 (Table 1), a 17.7% decrease in infant mortality rate in a three-year period.
- SPA 1 (Antelope Valley) and SPA 6 (South) have the two highest infant mortality rates. In 2005, the infant mortality rate for Antelope Valley was 6.6 deaths per 1,000 live births (down from 10.6 deaths per 1,000 live births in 2002). South had the second highest infant mortality rate in Los Angeles County at 5.7 deaths per 1,000 live births (down from 6.5 deaths per 1,000 live births in 2003) (Figure 3).
- Overall child abuse related infant death rates have remained relatively low between 2001 and 2005. There



was no child abuse related infant death reported in 2005 (Figure 4). Child abuse related deaths among children ages 1 to 17 have also remained steady between 2001 and 2005. In 2005, child abuse related death rate for children ages 1 to 17 was 0.1 deaths per 100,000 children ages 1 to 17 (Figure 8).

- Between 2001 and 2005, child death rates among children ages 1 to 17 decreased from 23.0 per 100,000 to 20.8 deaths per 100,000 in 2005 (Figure 5). Among race/ethnic groups, African American children ages 1 to 17 had the highest death rate at 34.7 deaths per 100,000 in 2003 (Figure 6). Among SPAs, SPA 6 (South) had the highest rate at 32.9 deaths per 100,000 followed by SPA 1 (Antelope Valley) at 27.9 deaths per 100,000 (Figure 7).
- In 2005, the leading cause of death among infants was congenital malformations, deformations and chromosomal abnormalities (Table 3).

CALIFORNIA DEPARTMENT OF JUSTICE

During calendar year 2006, California's reporting agencies submitted a total of 21,592 reports to the CACI (see Figure 1). Los Angeles County represented 28% (6,110) of the state's total cases submitted. This is a slight decrease from the 6,215 cases submitted in 2005.

Physical abuse continues to be the most prevalent type of abuse noted in the reports submitted to the CACI. A breakdown by type of abuse for Los Angeles County agencies reflects 48% (2,944) of reports constituted physical abuse, 30% (1,851) sexual

abuse, and 22% (1,315) neglect/mental abuse. Less than 1% (15) of these reports resulted in the death of the victim, a decrease from the previous year's total of 27 deaths.

Los Angeles County submissions to the CACI consisted of 59% (3,628) from county welfare agencies and 41% (2,482) from law enforcement agencies. As depicted in Figure 2, reports submitted by Los Angeles County welfare agencies have increased by 16% (512) between 2005 and 2006 while reports submitted by Los Angeles County law enforcement agencies decreased by 46% (2,140) in the same time period.

DEPARTMENT OF HEALTH SERVICES

- Infant mortality rates for Los Angeles County had decreased from 5.4 infant deaths per 1,000 live births in 2001 to 5.0 infant deaths per 1,000 live births in 2005 (Figure 1).

- African Americans still have the highest infant mortality rate among race/ethnic groups (Figure 2). Nevertheless, since 2002, it decreased from 13.0 infant deaths per 1,000 live births to in 2002 to 10.7 infant deaths per 1,000 live births in 2005 (Table 1), a 17.7% decrease in infant mortality rate in a three-year period.

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- Overall child abuse related infant death rates have remained relatively low between 2001 and 2005. There was no



child abuse related infant death reported in 2005 (Figure 4). Child abuse related deaths among children ages 1 to 17 have also remained steady between 2001 and 2005. In 2005, child abuse related death rate for children ages 1 to 17 was 0.1 deaths per 100,000 children ages 1 to 17 (Figure 8).

- Between 2001 and 2005, child death rates among children ages 1 to 17 decreased from 23.0 per 100,000 to 20.8 deaths per 100,000 in 2005 (Figure 5). Among race/ethnic groups, African American children ages 1 to 17 had the highest death rate at 34.7 deaths per 100,000 in 2003 (Figure 6). Among SPAs, SPA 6 (South) had the highest rate at 32.9 deaths per 100,000 followed by SPA 1 (Antelope Valley) at 27.9 deaths per 100,000 (Figure 7).

- In 2005, the leading cause of death among infants was congenital malformations, deformations and chromosomal abnormalities (Table 3).

DEPARTMENT OF MENTAL HEALTH

- During FY 2005-06, The Family Preservation Program treated 803 clients. Family Reunification served 9 outpatients. Rate Classification Level-14 (RCL-14) facilities treated 275 and Community Treatment Facilities (CTF) treated 123. The Child Abuse Prevention, Intervention and Treatment (CAPIT) program was offered to 793 individuals. Start Taking Action Responsibly Today (START) services were given to 197. The three Juvenile Hall Mental Health Units (JMHU) served 12,760. Dorothy Kirby Center provided mental health services to 430. At Challenger Memorial Youth Center and the Juvenile Justice Camps, 1,988 children/youth received

mental health services. A total of 17,378 children and adolescents, potentially at-risk for child abuse or neglect, were served by these selected mental health treatment programs.

- Clients receiving mental health services in the START, CAPIT, Family Preservation, and Family Reunification programs were 10% of the clients at the programs considered. Of these, 27% were identified as DCFS referrals.
- Clients treated in RCL-14 or Community Treatment Facilities were 2% of the clients considered. DCFS referrals constituted 44% of the RCL-14 referrals and 77% of the CTF referrals.
- Clients in the Mental Health Units of the three juvenile halls made up 73% 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 14% of the clients at the programs reviewed. Of these, 23% were identified as DCFS referred.
- Clients in Mental Health Units of the Youth Centers were distributed as follows: 82% in Challenger Youth Center/Juvenile Justice Camps, and 18% in Dorothy Kirby Center.
- The Child Abuse Early Intervention and Prevention Program (CAPIT) served 63 clients receiving a DSM diagnosis of Child Abuse and Neglect (CAN). This is the largest number diagnosed with CAN in any of the programs considered. During FY 05-06, CAPIT treated more than half of the 111 clients in the treatment programs considered who were diagnosed with



CAN. The percentage of clients served by CAPIT with CAN decreased to 8% from 20% in FY 04-05 and 32% in FY 03-04. Comparable percentages of the CAPIT clients who were diagnosed with CAN were 25% in FY 02-03 and 21% in FY 01-02.

- The Family Preservation (FP) Program served 21 clients diagnosed with CAN. This is 19% of the 111 clients diagnosed with CAN in the programs considered and establishes the FP program with the second largest concentration of clients diagnosed with CAN. The percentage of clients with CAN treated in the FP program decreased from 9% in FY 03-04 to 5% in FY 04-05. Comparable percentages of the FP clients diagnosed with CAN were 7% in FY 02-03 and 3% in FY 01-02.
- The Juvenile Hall Mental Health Units served 22 clients diagnosed with CAN. This is 20% of all CAN clients in the programs considered. The percentages of clients diagnosed with CAN at the juvenile hall mental health Units have been less than 1% from FY 01-02 through FY 05-06.
- The START program, the mental health units of Challenger Youth Center and its associated juvenile justice camps, and the mental health unit of Dorothy Kirby Center each served 10 or fewer clients diagnosed with CAN during FY 04-05. Clients diagnosed with CAN at these programs were less than 1% of the clients served by each program from FY 01-02 through FY 04-05.
- The most frequent DSM diagnoses for clients in the treatment programs considered are Adjustment/Conduct

Disorder/ADHD and Major Depression. Adjustment/Conduct Disorder/ADHD were the most frequent diagnoses received by clients in the Family Reunification, CAPIT, START, Juvenile Hall mental health programs, and Dorothy Kirby, with Major Depression the second most common diagnosis at these programs. Major Depression was the most frequent diagnosis received by clients in the Family Preservation program and at the Dorothy Kirby and Challenger Youth Centers

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

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

- A total of 5,060 cases relating to child abuse and neglect were submitted for filing consideration against adult defendants.
- Of these, charges were filed in 48% (2,246) of the cases reviewed. Felony charges were filed in 61% (1,380) of these matters.
- Of those cases declined for filing (a total of 2,814 – both felonies and misdemeanors), cases submitted alleging a violation of PC §288(a) accounted for 40% of the declinations (1,116).
- In 83% of the cases filed, the gender of the defendant was male.
- Convictions were achieved in 92% of the cases filed against adult offenders. Defendants received grants of probation in 71% (1,077) of these cases. State prison sentences were ordered in 26% (401) of the cases; with 0% (6) of the defendants receiving a



life sentence in state prison.

- A total of 496 cases relating to child abuse and neglect were submitted for filing consideration against juvenile offenders.
- Of these, charges were filed in 52% (259) of the cases reviewed. Felony charges were filed in 95% (247) of these cases.
- Of the filed cases, 67% (176) alleged a violation of PC §288(a).
- Of the declined cases (237 – both felonies and misdemeanors), 77% (182) alleged a violation of PC §288(a).
- In 95% of the petitions filed, the gender of the minor was male.
- Sustained petitions were achieved in 91% of the juvenile cases.

LOS ANGELES COUNTY SHERIFF'S DEPARTMENT

In 2006, the SVB caseload increased by 9.5% from 2005. The number of victims in the school-aged categories between 5-17 increased 9.1% from the previous year. The percentage of juvenile offenders remained unchanged (10%) from 2005.

LOS ANGELES POLICE DEPARTMENT - Juvenile Division

- The total investigations (crime and non-crime) conducted by the unit in 2006 (6,675) showed an increase (18.81 percent) over the number of investigations in 2005 (5,618).
- Adult arrests by the unit in 2006 (188) showed a decrease (3.09 percent) in the number of arrests made in 2005 (194).

- The number of dependent children handled by the unit in 2006 (1,290) showed an increase (10.63 percent) from the number handled in 2005 (1,166).

LOS ANGELES SUPERIOR COURT

- A noticeable increase in filings occurred in 2006, reversing declines and evidencing numbers last seen in 1998.
- New WIC §300 petitions in relation to total petition filings, constituted 54.2% of filings in 2006.
- 10,235 new children were brought in under new WIC §300 petitions filed in 2006, while 10,962 children exited the Dependency System.

LOS ANGELES COUNTY PROBATION DEPARTMENT

Of the 671 Child Abuse referrals received by the Adult Bureau in 2006, 140 (20.9%) resulted in a court ordered grant of formal probation. The adult defendants not placed on formal probation may have been sentenced to state prison, county jail, placed on informal probation to the court, found not guilty or had their cases dismissed.

Of the 490 Juvenile Child Abuse offense referrals received by the Juvenile Bureau in 2006, 99 (20.2%) offenses resulted in a disposition of probation supervision. Juveniles not placed on probation may have been sentenced to the California Department of Corrections & Rehabilitation, Division of Juvenile Justice (DJJ), found Unfit (referred to adult criminal court), sentenced to Camp Community Placement, had their cases rejected by the District Attorney, transferred out of county, or closed.



2007 DATA RECOMMENDATIONS

RECOMMENDATION ONE:

Juvenile Offender Data Collection

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

RATIONALE:

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

RECOMMENDATION TWO:

Permanency initiatives or mentoring programs that impact children and youth

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

RATIONALE:

Agencies involved in some aspect of child welfare and/or in providing services for

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



ANALYSIS OF INTER-AGENCY DATA COLLECTION

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

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

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

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

I. LIST OF CHILD ABUSE AND NEGLECT SECTIONS

Figures 1 and 2 list criminal offense code

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

II. FLOW CHARTS

Flow Charts were developed to:

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

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



Figure 1

CHILD ABUSE/NEGLECT OFFENSES BY CATEGORY

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



Figure 1 (continued)

CHILD ABUSE/NEGLECT OFFENSES BY CATEGORY

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



Flow Chart I

REPORTING DEPARTMENTS INVOLVEMENT IN CHILD ABUSE CASES - 2006



REPORTING DEPARTMENTS WORKLOAD

CHIEF MEDICAL EXAMINER CORONER	305
L. A. COUNTY PROBATION DEPARTMENT	671
DEPT. OF PUBLIC SOCIAL SERVICES	299
LOS ANGELES POLICE DEPARTMENT	6,675
L.A. COUNTY SHERIFF'S DEPT. FCB	3,491
DEPT. OF CHILDREN & FAMILY SERVICES	162,711



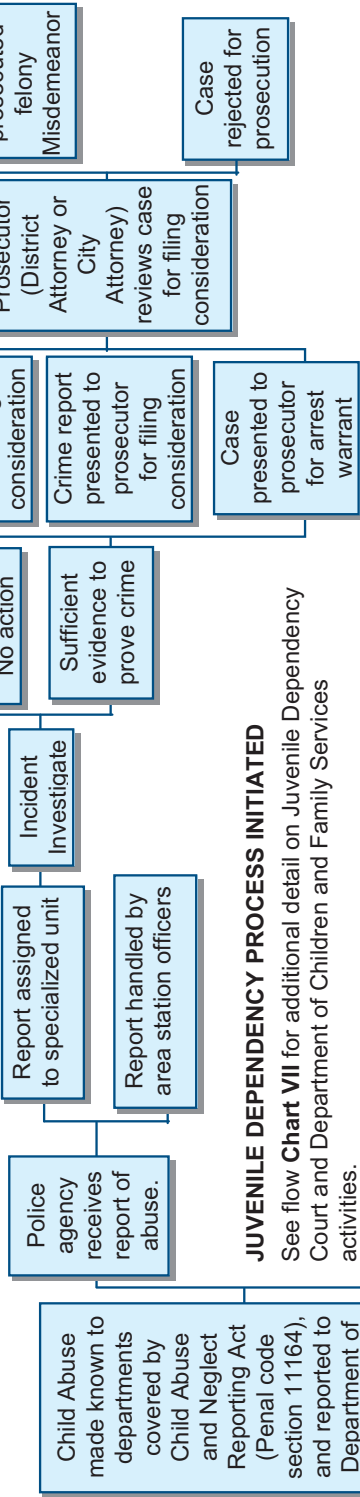
Flow Chart II

ICAN AGENCY INVOLVEMENT IN CHILD ABUSE CASES

CHILD PROCESS INITIATED

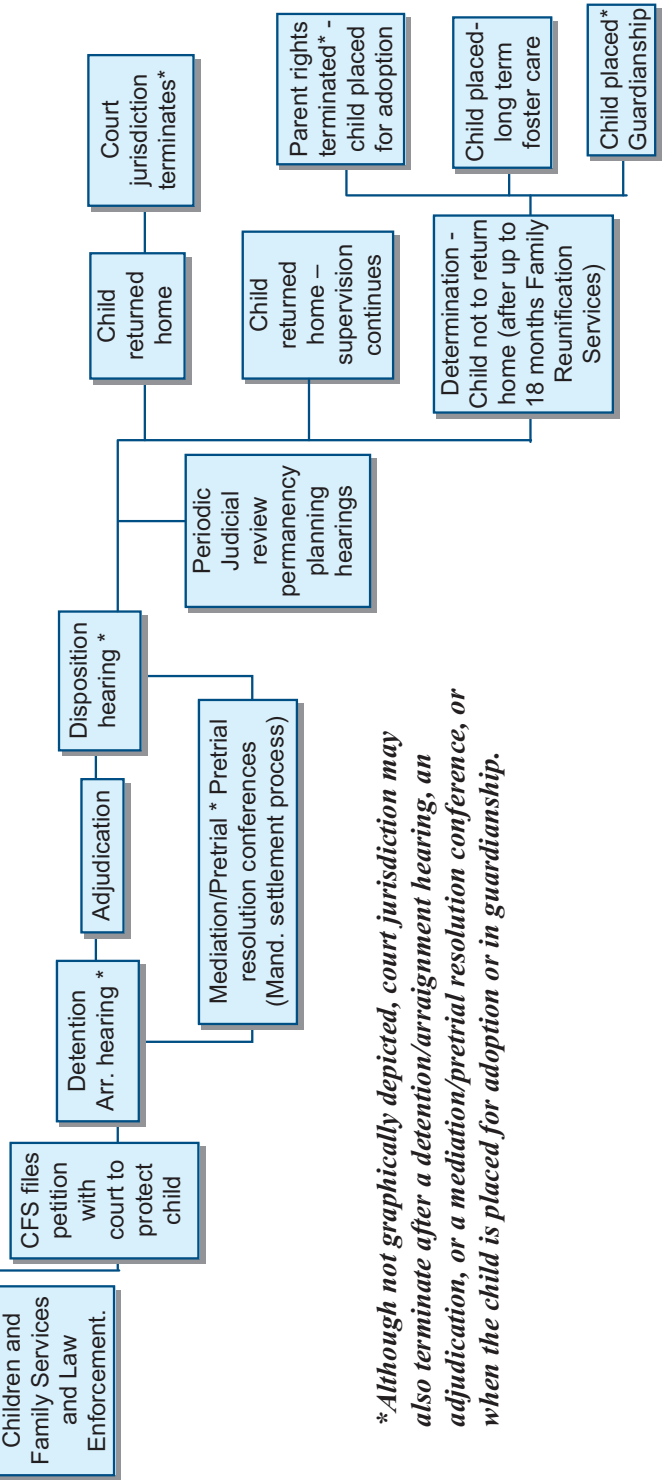
See flow Charts III, IV for individual detail on LAPD and LASD See Flow Chart VI for detail on the L.A. District Attorney. Where possible similar categories of agency data have been totaled.

CHILD ABUSE/NEGLECT REPORT



JUVENILE DEPENDENCY PROCESS INITIATED

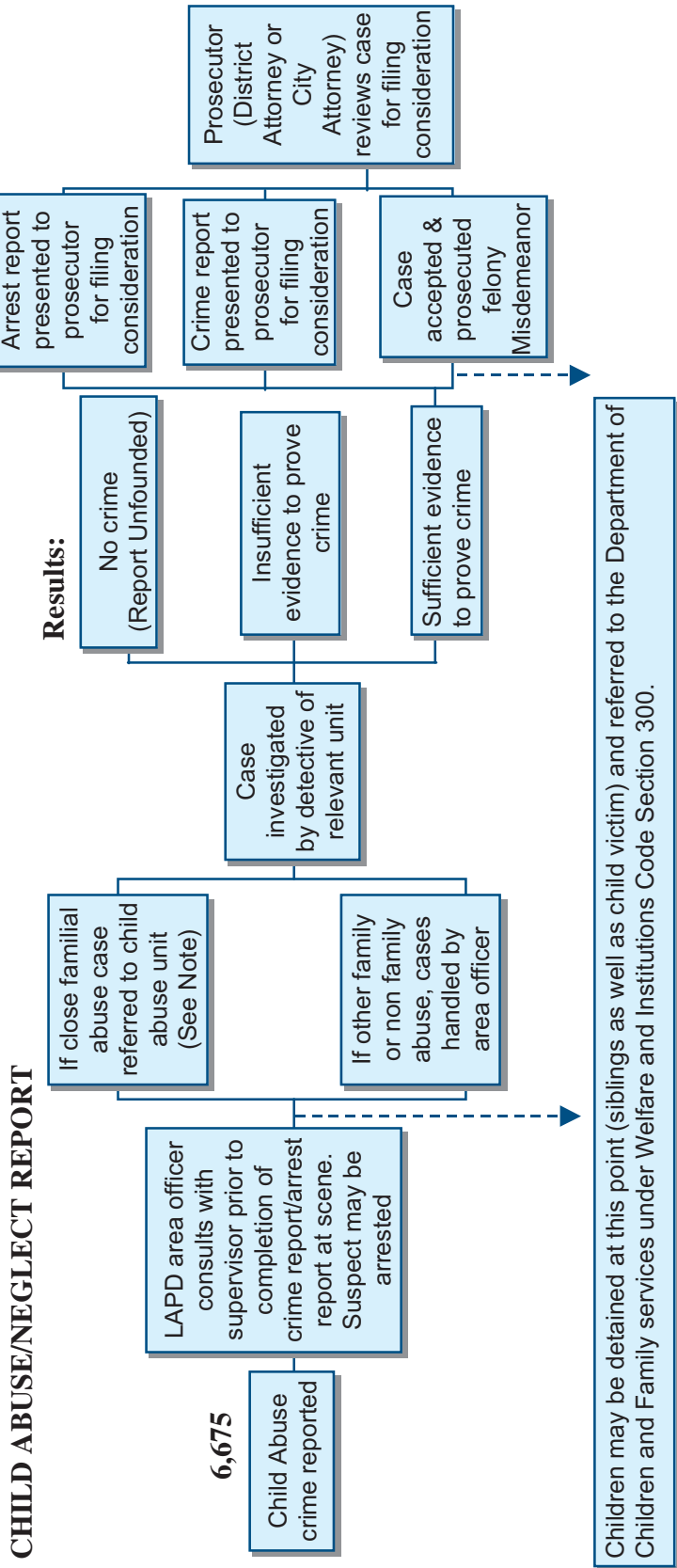
See flow Chart VII for additional detail on Juvenile Dependency Court and Department of Children and Family Services activities.



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



Flow Chart III
LOS ANGELES POLICE DEPARTMENT INVOLVEMENT IN CHILD ABUSE CASES - 2006



NOTE:

Case Count Definition

Endangering cases:

Multiple victims in same family = 1 report (case)

All other cases:

Each victim = 1 report (case)

Child Abuse Unit Responsibilities

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

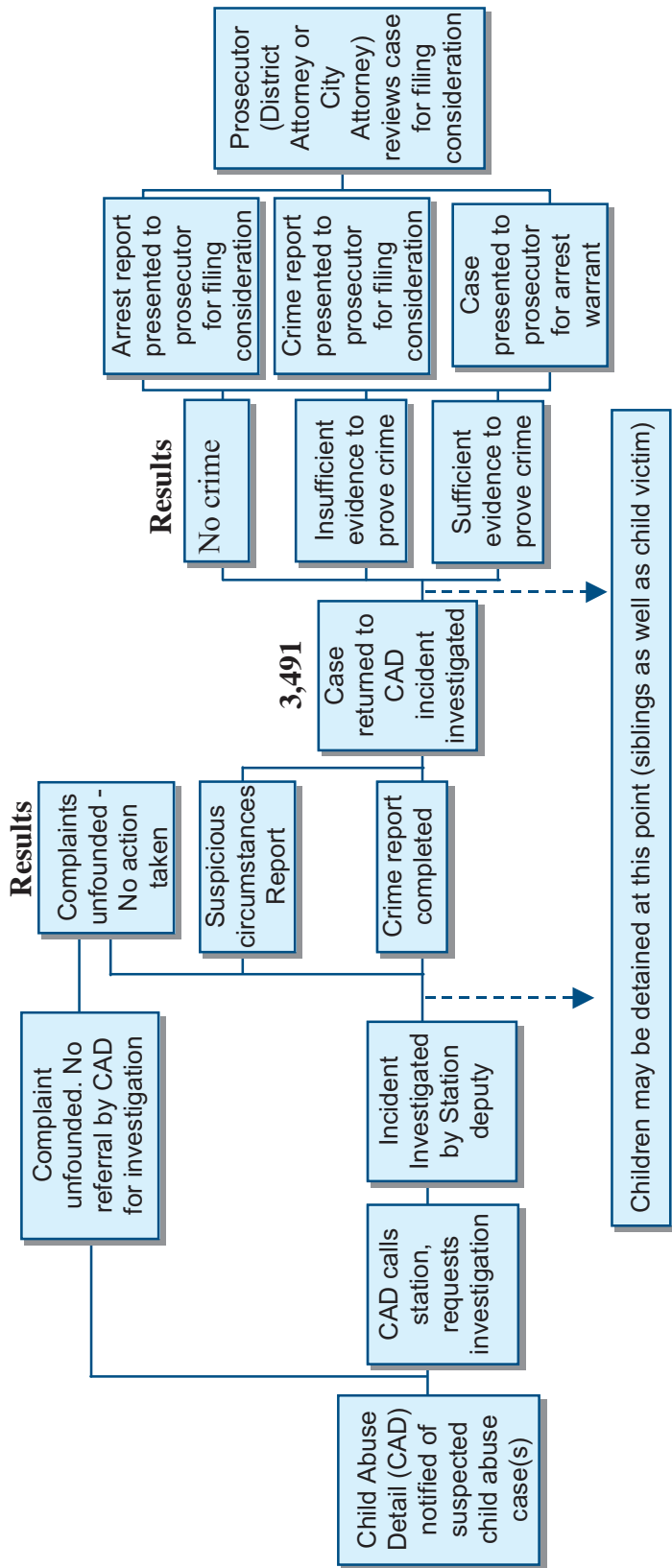
GEOGRAPHIC AREA RESPONSIBILITIES

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



Flow Chart IV

LOS ANGELES SHERIFF DEPARTMENT INVOLVEMENT IN CHILD ABUSE CASES - 2006



Children may be detained at this point (siblings as well as child victim)

NOTE:

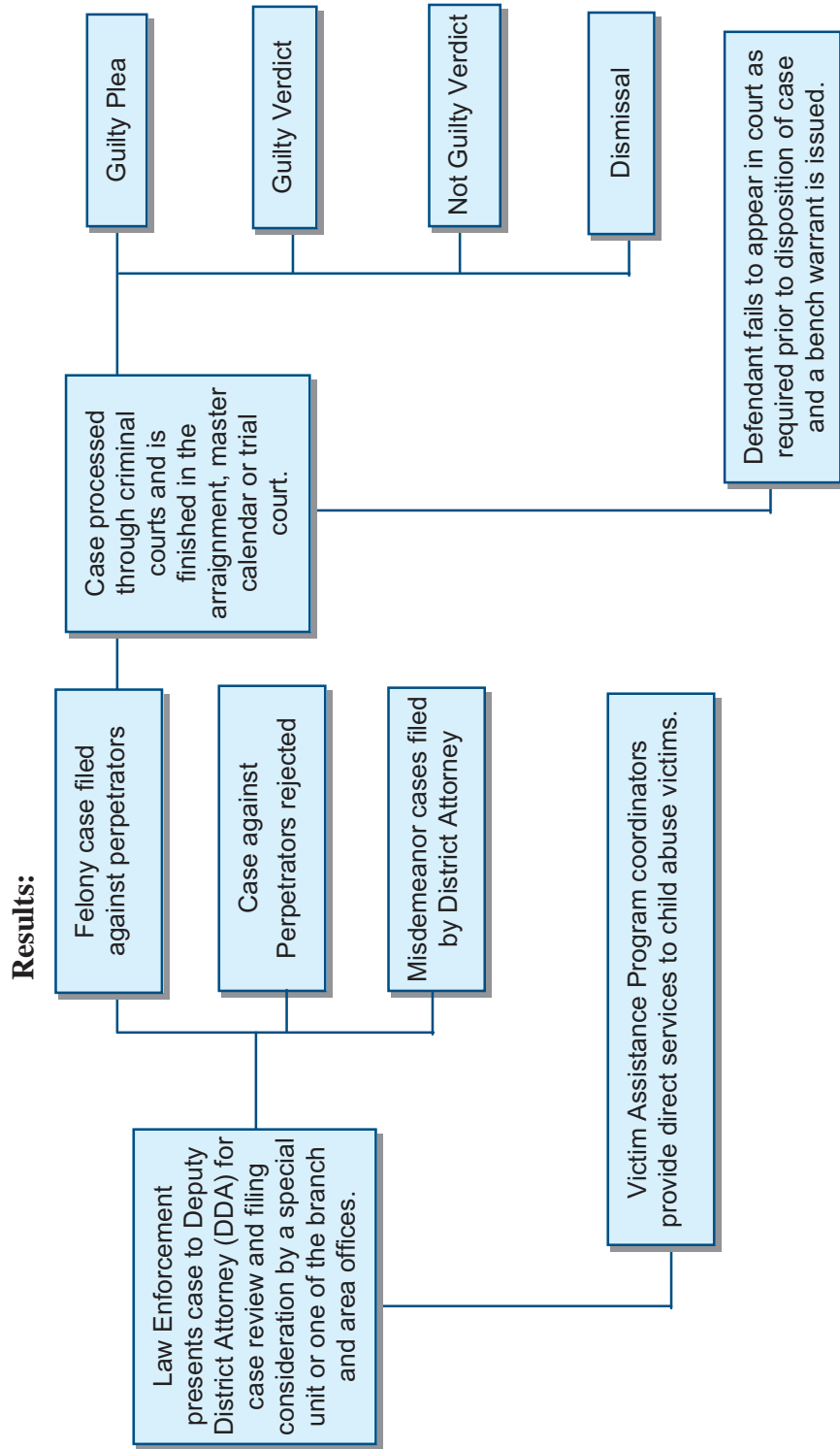
CASE COUNT DEFINITION

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

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



Flow Chart V
LOS ANGELES POLICE DEPARTMENT
INVOLVEMENT IN CHILD ABUSE CASES

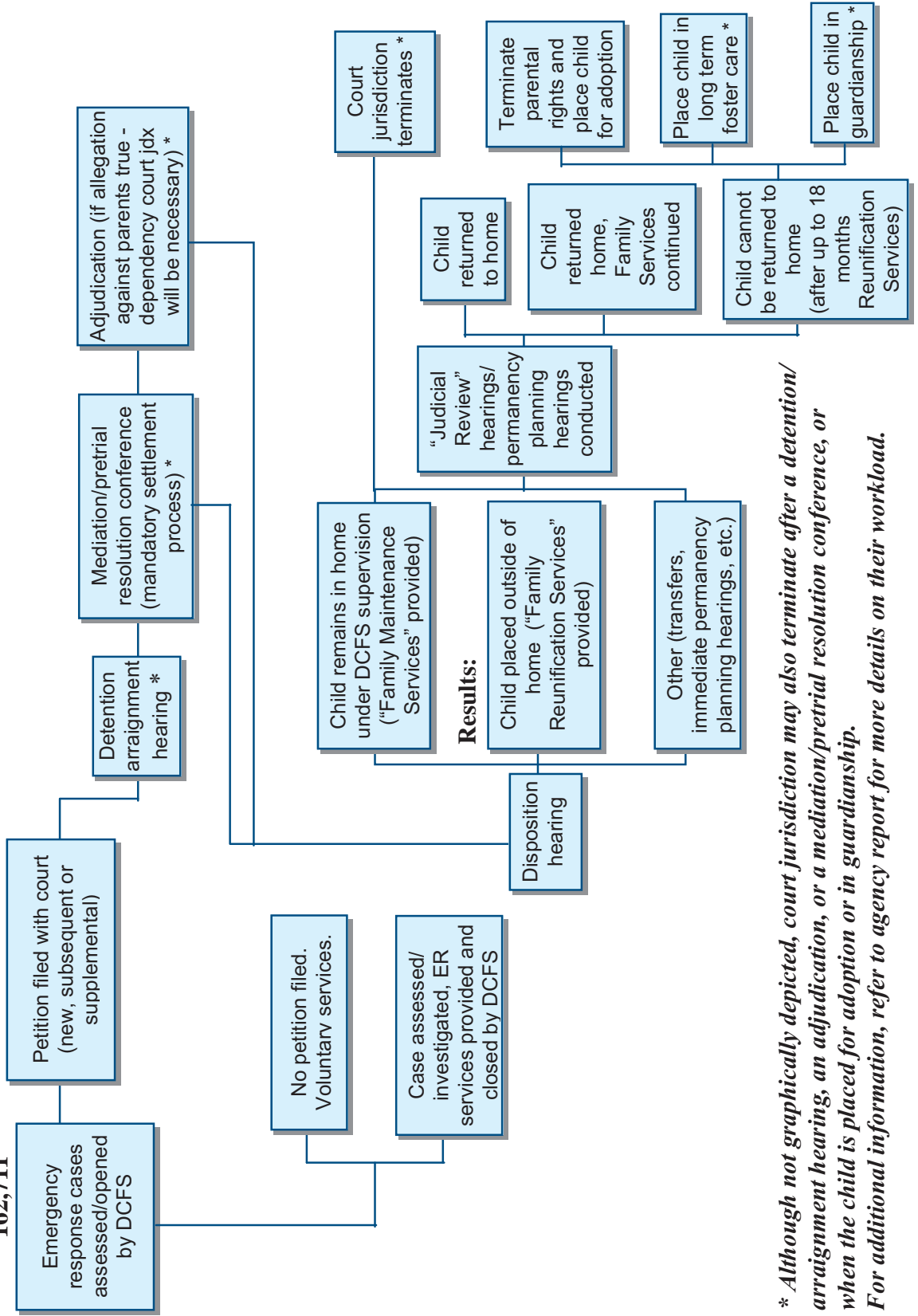




Flow Chart VI

JUVENILE DEPENDENCY COURT/DEPARTMENT OF CHILDREN AND FAMILY SERVICES INVOLVEMENT IN CHILD ABUSE CASES - 2006

162,711



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



Flow Chart VII

LOS ANGELES COUNTY INDEPENDENT POLICE AGENCY DATA
Involvement in Child Abuse Cases During 2006

AGENCY	TOTAL POPULATION*	CHILD POPULATION*	2006 INVESTIGATIONS*	2006 ARRESTS*	CHILDREN PLACED IN PROTECTIVE CUSTODY*	2006 DOMESTIC VIOLENCE INVESTIGATIONS
Alhambra	89,855 (Estimate)	22,644	216 (Child Abuse Cases)	8	7	504
Bell Gardens	44,054	17,395	27	11	124	125
Claremont	35,000	7,000	88	27	2	395
Covina	49,378	13,826	39 (28 referred to DCFS)	1	7	22
Monterey Park	60,051	14,124	7	6	4	199
South Gate	96,260	34,245	Not Available	12	6	217
Whittier	100,401	31,754	55	14	24	312



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

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

Figure 1

POPULATION ESTIMATE BY AGE
Los Angeles County, 1992 - 2000

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

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

SECTION II SPECIAL REPORTS

- 61 ICAN Associates
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- 65 ICAN Child Abduction Task Force



ICAN ASSOCIATES

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

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

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

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

Examiner Lakshmanan Sathyavagiswaran. The NCFR web site is at www.ICAN-NCFR.org.

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

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

In October 2007, ICAN Associates sponsored "NEXUS XII" in conjunction with The Department of Children and Family Services (DCFS), First5 LA, community groups and ICAN agencies. The Sheraton Universal Hotel in Universal City provided the exquisite setting. The conference presented an opportunity to hear from local, state and national experts, about the impact of all forms of violence within the home on children as well as potential solutions. It is hoped that the information presented will inspire professionals and volunteers to develop and participate in efforts aimed at preventing violence in the home and in communities.

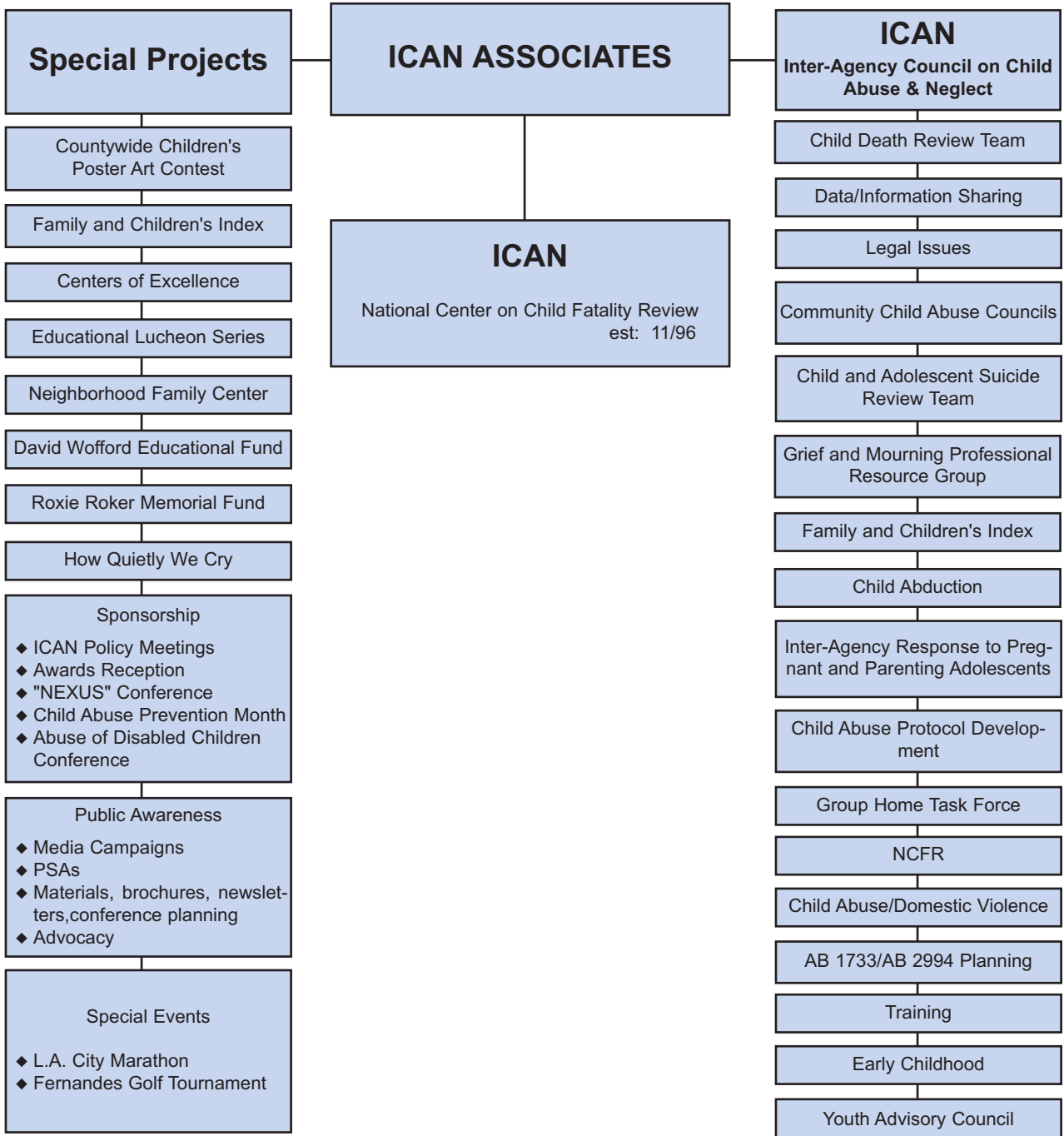
ICAN Associates again sponsored the Annual Child Abuse Prevention Month Children's Poster Art Contest which raises awareness about child abuse in schools throughout Los Angeles County. Children in the 4th, 5th and 6th grades and in special education classes participate in this contest. The children's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



District Attorney's Office, Hollywood Library and in numerous national publications.

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

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



**ICAN CHILD ABDUCTION
TASK FORCE REUNIFICATION OF
MISSING CHILDREN PROGRAM**

SPECIAL REPORT



REUNIFICATION OF MISSING CHILDREN PROGRAM

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

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

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

Group and Plaza Community Services, and District Attorney Victim Assistance staff to familiarize them with the Project and its benefits.

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

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

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



In order to monitor and evaluate the progress of ongoing cases receiving services, Find the Children holds monthly meetings where all cases are reviewed. The Task Force participants provide expertise and assess each case for further action.

Figure 1 below shows that in 2006, the Program served 26 children in 21 cases as compared to the 37 children in 22 cases served in 2005. This is a 1% decrease in caseload and almost an 11% decrease in the number of children served from the previous year. Since a case may represent one or more children, the significant decrease in children served as compared to the slight decrease in caseload, is most likely attributed to the fact that several of the cases in 2005 represented large sibling sets.

Figure 2 shows the ethnic breakdown for the 26 children served in calendar year 2006: 38% were Hispanic, 35% were Caucasian and 4% were African American (23% of the children did not have any race denoted). Figure 3 shows the age range of the children served in calendar year 2006: 46% percent of the children served were age 5 or younger, 29% were age 6 to 10 and 25% were age 11 or older. Figure 4 shows that of the children served, 62% were under the jurisdiction of the Department of Children and Family Services while 38% were not. Lastly, Figure 5 reflects trend data on the number of cases and children served by the Reunification Program for calendar year 2002 through 2006. Over the past 5-year period, the number of cases has averaged 32 per year, while the number of children served has averaged 45.4 per year. Overall, there has been a steady decrease in the number of cases and children served, except in 2003, when a slight increase in the number of cases and children served was experienced from the previous year. In 2005, there was a slight increase in children served as compared to the number of chil-

dren served in 2004. Finally, in 2006, there was a decrease in both the number of children served and a decrease in cases as compared to 2005, which is consistent with the overall trend.



Figure 1

**NUMBER OF CASES/CHILDREN SERVED
BY REUNIFICATION PROGRAM 2005 VS 2006**

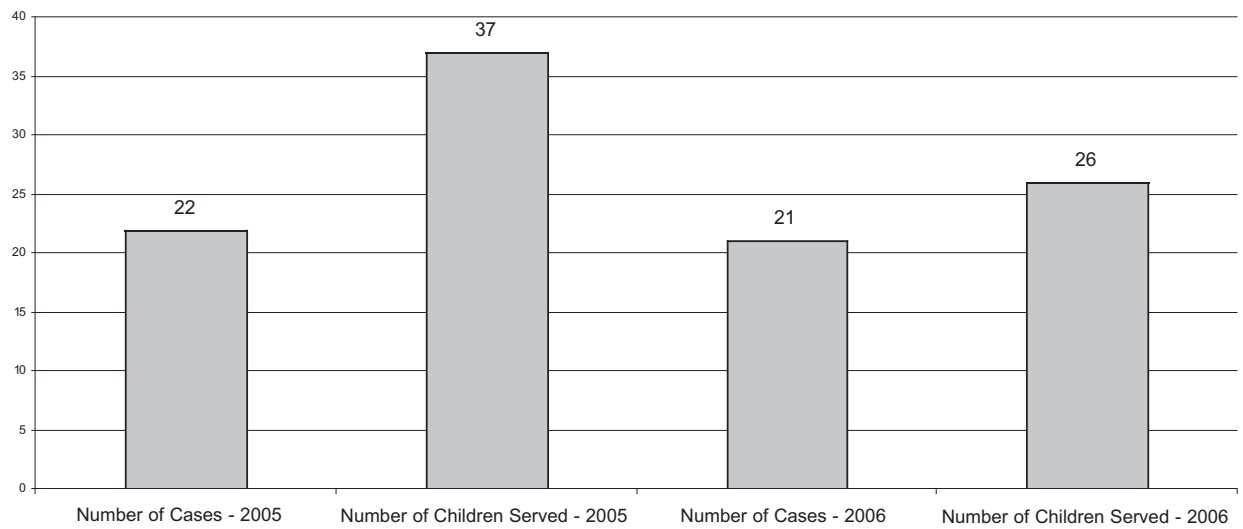


Figure 2

ETHNIC BREAKDOWN OF CHILDREN SERVED - 2006

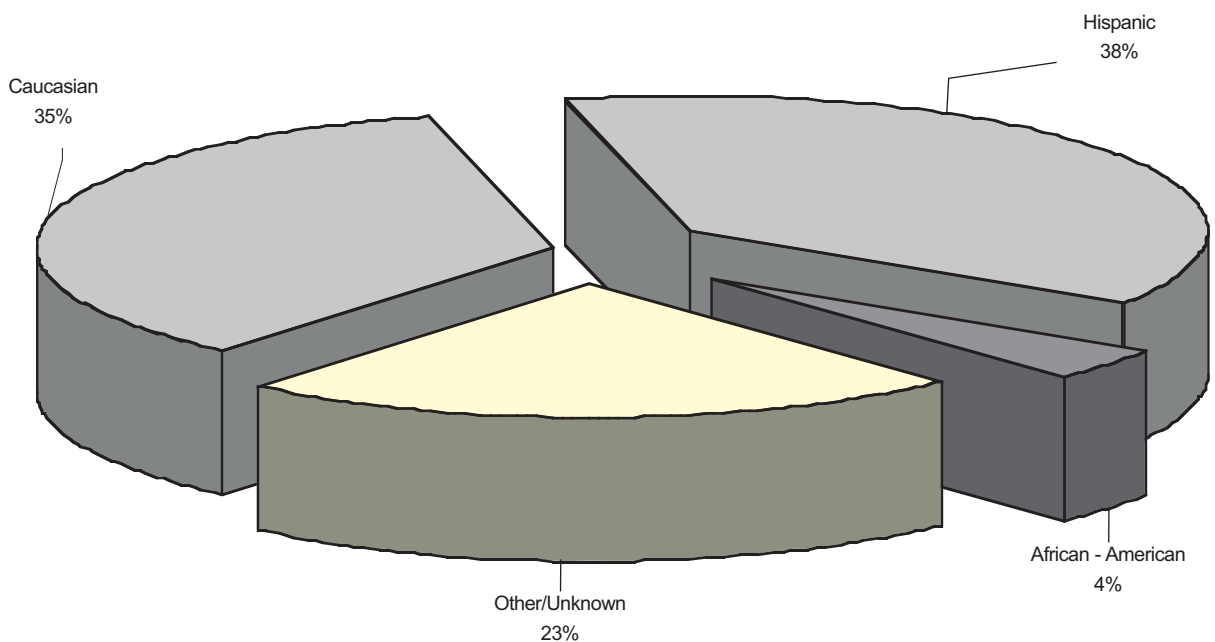




Figure 3

AGE RANGE OF CHILDREN SERVED - 2006

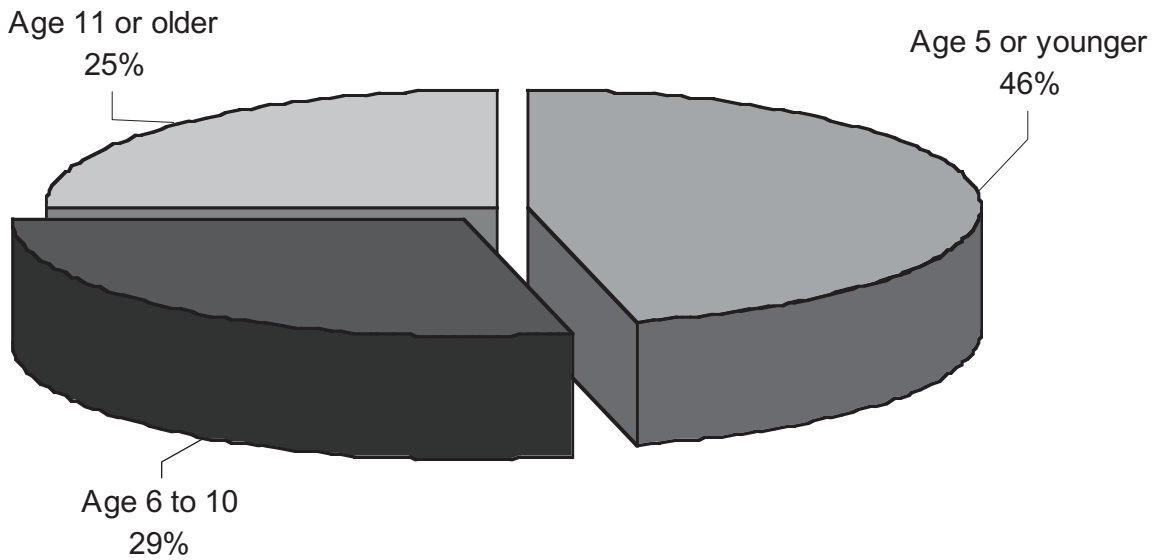


Figure 4

PERCENTAGE OF CHILDREN SERVED UNDER DCFS SUPERVISION - 2006

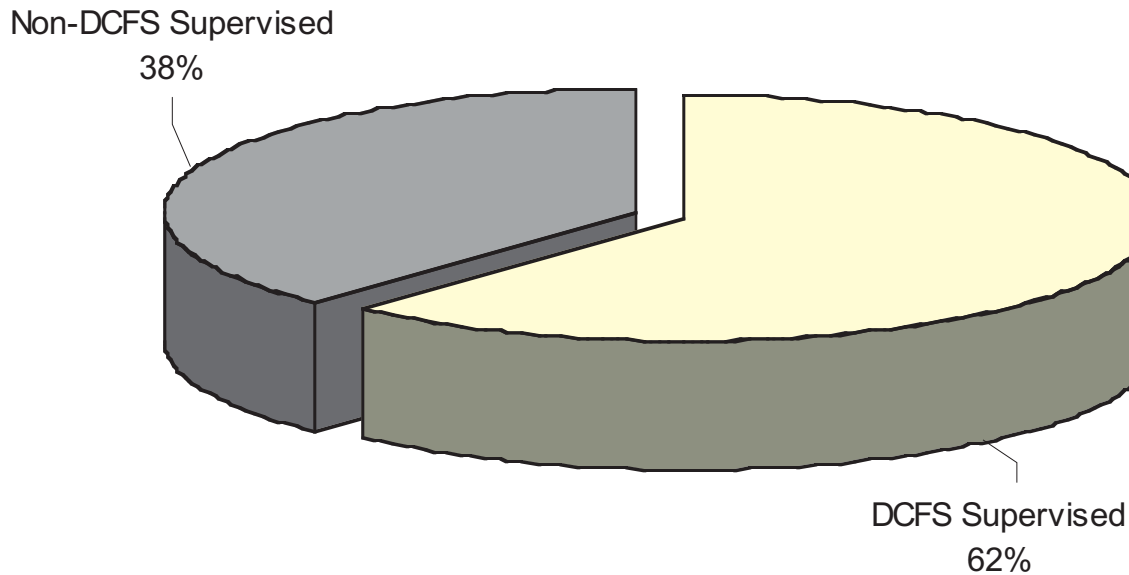
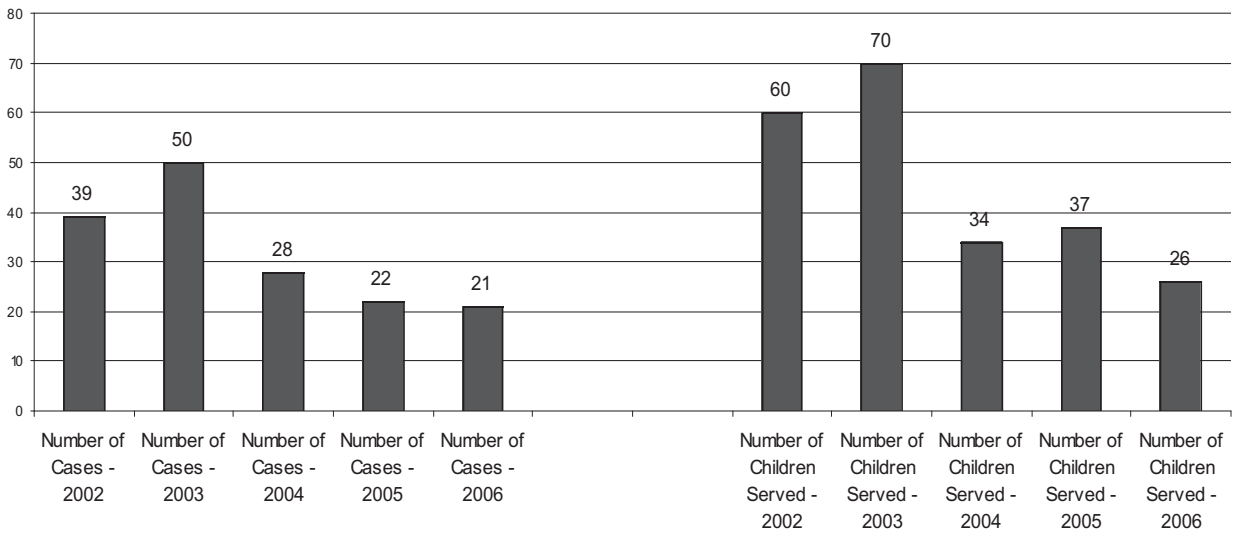




Figure 5

**CASES/CHILDREN SERVED BY REUNIFICATION
PROGRAM 2002 THROUGH 2006**



SECTION III

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LOS ANGELES COUNTY DEPARTMENT OF PUBLIC SOCIAL SERVICES

AGENCY REPORT





DEPARTMENT OF PUBLIC SOCIAL SERVICES

The Department of Public Social Services (DPSS) has an operating budget of \$3.06 billion and 14,365 employees for FY 2006-2007. The Department's primary responsibilities, as mandated by public law, are:

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

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

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

DPSS MISSION

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), the Refugee Resettlement Program (RRP), Food Stamps Program, and Medical Assistance Only (MAO). DPSS also administers the General Relief (GR) Program for the County's indigent population and the Cash Assistance Program for Immigrants (CAPI). The goal of these programs is to provide the basic essentials of food, clothing, shelter, and medical care to eligible families and individuals. In Calendar Year 2006, DPSS provided public assistance to a monthly average of 2.2 million persons, including In-Home Supportive Services (IHSS).

As a result of Welfare Reform, the California Work Opportunity and Responsibility to Kids (CalWORKs) Program replaced the Aid to Families With Dependent Children (AFDC) program effective January 1, 1998. The CalWORKs Program is designed to transition participants from Welfare-to-Work. To achieve the goal of Welfare Reform, DPSS has developed programs which help participants achieve self-sufficiency in a time-limited welfare environment. The Department's Welfare-to-Work programs



currently provide the following services: Child Care, Transportation, Post Employment Services, and treatment programs for Substance Abuse, Domestic Violence and Mental Health.

AIDED CASELOAD

As shown in the Persons Aided charts, using December 2005 and 2006 as points in time for comparison, the number of CalWORKs aided persons decreased by 7.3% (28,173 persons). The number of Medical Assistance Only aided persons increased from 1,389,196 in December 2005 to 1,552,433 in December 2006. The increase is contributed to the addition of MAO-eligible persons associated with CalWORKs cases to the MAO caseload. This change was made effective April 2006.

In total, there was a 0.5% decrease (10,358) in the number of persons receiving assistance for all aids combined from December 2005 to December 2006.

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

CALWORKS

The number of participants receiving assistance through the CalWORKs Program (previously known as AFDC) has slowly been declining since February 2002. In December 2006, 360,274 persons received cash assistance for CalWORKs.

FOOD STAMPS

Like the cash assistance program for families, the number of persons receiving

Food Stamps peaked in 1995. This population was ultimately reduced to 632,630 in December 2006, down from 661,703 in December 2005, representing a 4.4% decrease (29,073 persons).

MEDICAL ASSISTANCE ONLY (MAO)

Over the 12-month period, there was an increase from 1,389,196 persons aided in December 2005 to 1,552,433 persons aided in December 2006.

This increase reflects the addition of MAO-eligible persons associated with CalWORKs cases to the MAO caseload.

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

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

CHILD ABUSE PREVENTION, CHILD ABUSE REFERRALS AND STAFF TRAINING

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



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

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

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

During 2006, the department administered a mandatory Child Abuse and Neglect training classes for all district office, welfare fraud, and appeals staff.

In Calendar Year 2006, a total of 299 child abuse referrals were made to the Department of Children & Family Services. This represented a 2.0% decrease from the 305 referrals made in 2005.

CAL-LEARN PROGRAM

Over the 12-month period, DPSS served a monthly average of 2,420 Cal-Learn participants. This represents a 1.1% increase from a monthly average of 2,393 participants served during Calendar Year 2005.



Figure 1 DPSS CASELOAD CHARACTERISTICS DECEMBER 2006 Los Angeles County Totals							
	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only*	Food Stamps	In-Home Supportive Services
CITIZENSHIP STATUS OF AIDED PERSONS							
Citizen	340,914	51,155	0	6	1,013,888	576,238	NA
Legal Immigrants	19,360	6,345	968	2,936	190,555	56,392	NA
Undocumented Immigrants	0	0	0	0	347,990	0	NA
TOTAL	360,274	57,500	968	2,942	1,552,433	632,630	NA
PRIMARY LANGUAGE OF AIDED CASES							
Armenian	3,273	1,048	559	787	8,150	5,920	25,544
Cambodian	1,367	74	0	14	1,696	1,623	1,876
Chinese	821	234	62	194	11,860	2,406	12,037
English	85,692	50,866	26	195	253,784	166,344	64,001
Farsi	344	63	109	128	2,168	663	4,841
Korean	136	165	0	176	4,066	549	3,290
Russian	291	112	34	208	1,587	605	7,556
Spanish	54,315	4,056	18	978	292,766	92,212	29,630
Tagalog	74	69	0	122	2,730	362	4,349
Vietnamese	1,242	296	9	48	4,874	2,674	3,289
Other	278	90	5	92	3,388	636	2,903
TOTAL	147,833	57,073	822	2,942	587,069	273,994	159,316
ETHNIC ORIGIN OF AIDED PERSONS							
American Indian/Alaskan	353	339	0	0	1,257	1,103	323
Asian	15,981	1,857	86	650	114,302	33,238	29,550
Black	87,070	28,766	8	34	127,720	154,747	30,880
Hispanic	222,543	15,252	21	1,016	1,171,437	378,083	41,302
White	32,415	10,759	844	1,210	126,978	61,689	57,261
Other	1,912	527	9	32	10,739	3,770	0
TOTAL	360,274	57,500	968	2,942	1,552,433	632,630	159,316

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

*Effective April 2006, includes MAO - eligible persons associated with CalWORKs cases.



Figure 1.1

DPSS CASELOAD CHARACTERISTICS DECEMBER 2006
Service Planning Area 1

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only*	Food Stamps	In-Home Supportive Services
CITIZENSHIP STATUS OF AIDED PERSONS							
Citizen	19,911	1,322	0	0	44,650	32,676	NA
Legal Immigrants	375	101	1	27	4,358	1,405	NA
Undocumented Immigrants	0	0	0	0	8,537	0	NA
TOTAL	20,286	1,423	1	27	57,545	34,081	NA
PRIMARY LANGUAGE OF AIDED CASES							
Armenian	8	4	0	2	15	13	47
Cambodian	2	0	0	1	4	3	5
Chinese	0	0	0	0	10	1	7
English	6,693	1,331	0	2	13,970	10,177	4,766
Farsi	0	0	0	1	6	2	17
Korean	0	0	0	0	14	0	8
Russian	0	0	0	0	3	1	3
Spanish	1,119	71	0	15	6,873	2,190	691
Tagalog	0	1	0	4	23	3	73
Vietnamese	2	0	0	0	15	10	7
Other	11	1	1	2	55	19	66
TOTAL	7,835	1,408	1	27	20,988	12,419	5,690
ETHNIC ORIGIN OF AIDED PERSONS							
American Indian/Alaskan	49	16	0	0	114	109	41
Asian	240	17	0	6	1,256	488	210
Black	8,175	596	0	1	10,128	13,058	2,348
Hispanic	7,731	266	0	15	35,360	13,705	1,187
White	3,957	506	1	5	10,290	6,501	1,904
Other	134	22	0	0	397	220	0
TOTAL	20,286	1,423	1	27	57,545	34,081	5,690

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

*Effective April 2006, includes MAO - eligible persons associated with CalWORKs cases.



Figure 1.2 DPSS CASELOAD CHARACTERISTICS DECEMBER 2006 Service Planning Area 2							
	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only*	Food Stamps	In-Home Supportive Services
CITIZENSHIP STATUS OF AIDED PERSONS							
Citizen	39,602	3,996	0	4	163,081	63,960	NA
Legal Immigrants	7,613	1,378	761	1,047	42,307	15,087	NA
Undocumented Immigrants	0	0	0	0	60,836	0	NA
TOTAL	47,215	5,374	761	1,051	266,224	79,047	NA
PRIMARY LANGUAGE OF AIDED CASES							
Armenian	2,667	910	513	629	6,655	4,833	19,432
Cambodian	22	0	0	1	37	23	35
Chinese	11	0	0	3	201	17	171
English	8,300	3,757	6	42	40,272	15,893	7,496
Farsi	242	36	89	66	1,135	462	2,546
Korean	18	14	0	21	618	58	312
Russian	141	53	16	85	561	266	2,145
Spanish	6,980	370	8	141	50,226	11,669	4,139
Tagalog	35	20	0	30	744	135	1,028
Vietnamese	86	26	1	3	487	213	360
Other	93	31	0	30	1,039	214	1,070
TOTAL	18,595	5,217	633	1,051	101,975	33,783	38,734
ETHNIC ORIGIN OF AIDED PERSONS							
American Indian/Alaskan	48	36	0	0	190	139	58
Asian	1,307	165	2	79	15,341	2,524	2,710
Black	3,802	918	0	2	6,856	6,235	1,230
Hispanic	27,816	1,367	9	145	189,782	45,070	5,323
White	13,851	2,835	748	818	52,073	24,419	29,413
Other	391	53	2	7	1,982	660	0
TOTAL	47,215	5,374	761	1,051	266,224	79,047	38,734

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

*Effective April 2006, includes MAO - eligible persons associated with CalWORKs cases.



Figure 1.3

DPSS CASELOAD CHARACTERISTICS DECEMBER 2006
Service Planning Area 3

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only*	Food Stamps	In-Home Supportive Services
CITIZENSHIP STATUS OF AIDED PERSONS							
Citizen	44,988	6,234	0	1	160,298	75,700	NA
Legal Immigrants	1,978	760	81	391	35,789	7,124	NA
Undocumented Immigrants	0	0	0	0	45,599	0	NA
TOTAL	46,966	6,994	81	392	241,686	82,824	NA
PRIMARY LANGUAGE OF AIDED CASES							
Armenian	65	43	11	17	386	164	1,273
Cambodian	128	7	0	2	259	174	148
Chinese	606	208	57	161	9,379	1,879	8,853
English	11,202	5,972	2	24	41,733	20,980	8,266
Farsi	2	0	0	2	56	3	101
Korean	9	1	0	8	403	16	204
Russian	5	2	0	2	30	8	55
Spanish	5,399	428	1	103	37,308	9,593	4,710
Tagalog	15	13	0	21	432	49	869
Vietnamese	811	231	5	32	3,534	1,882	2,094
Other	54	19	2	20	564	127	557
TOTAL	18,296	6,924	78	392	94,084	34,875	27,130
ETHNIC ORIGIN OF AIDED PERSONS							
American Indian/Alaskan	72	65	0	0	224	198	38
Asian	4,987	639	65	246	45,824	12,780	13,164
Black	5,136	1,703	0	1	8,498	8,745	2,047
Hispanic	32,558	3,104	1	109	168,758	53,600	7,607
White	3,972	1,428	13	30	16,873	7,072	4,274
Other	241	55	2	6	1,509	429	0
TOTAL	46,966	6,994	81	392	241,686	82,824	27,130

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

*Effective April 2006, includes MAO - eligible persons associated with CalWORKs cases.



Figure 1.4 DPSS CASELOAD CHARACTERISTICS DECEMBER 2006 Service Planning Area 4							
	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only*	Food Stamps	In-Home Supportive Services
CITIZENSHIP STATUS OF AIDED PERSONS							
Citizen	40,152	10,655	0	0	124,360	76,194	NA
Legal Immigrants	3,421	1,858	83	744	29,306	11,065	NA
Undocumented Immigrants	0	0	0	0	59,190	0	NA
TOTAL	43,573	12,513	83	744	212,856	87,259	NA
PRIMARY LANGUAGE OF AIDED CASES							
Armenian	618	199	43	129	1,184	1,081	4,418
Cambodian	80	2	0	5	165	107	82
Chinese	206	32	1	21	1,648	539	2,165
English	6,654	10,572	11	41	24,917	19,624	6,158
Farsi	10	0	4	9	76	20	312
Korean	86	130	0	97	2,116	371	1,881
Russian	131	58	13	106	798	305	4,212
Spanish	10,698	1,378	1	274	48,710	19,749	5,362
Tagalog	13	29	0	36	859	125	1,164
Vietnamese	114	28	0	7	388	246	257
Other	28	12	0	19	532	106	240
TOTAL	18,638	12,440	73	744	81,393	42,273	26,251
ETHNIC ORIGIN OF AIDED PERSONS							
American Indian/Alaskan	16	78	0	0	155	157	33
Asian	2,068	488	9	188	20,472	5,163	6,385
Black	3,565	5,228	3	9	6,494	10,078	1,709
Hispanic	34,855	4,581	2	278	173,095	64,712	6,809
White	2,950	2,055	68	263	11,676	6,877	11,315
Other	119	83	1	6	964	272	0
TOTAL	43,573	12,513	83	744	212,856	87,259	26,251

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

*Effective April 2006, includes MAO - eligible persons associated with CalWORKs cases.



Figure 1.5

DPSS CASELOAD CHARACTERISTICS DECEMBER 2006
Service Planning Area 5

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only*	Food Stamps	In-Home Supportive Services
CITIZENSHIP STATUS OF AIDED PERSONS							
Citizen	4,049	3,483	0	0	21,038	9,880	NA
Legal Immigrants	405	241	19	108	4,339	1,037	NA
Undocumented Immigrants	0	0	0	0	5,033	0	NA
TOTAL	4,454	3,724	19	108	30,410	10,917	NA
PRIMARY LANGUAGE OF AIDED CASES							
Armenian	1	1	1	0	10	5	28
Cambodian	1	0	0	0	2	2	0
Chinese	0	1	0	2	112	3	52
English	1,408	3,602	3	24	8,458	5,925	2,655
Farsi	84	30	11	43	706	166	1,704
Korean	1	0	0	0	76	2	21
Russian	9	6	1	9	152	24	1,023
Spanish	374	67	1	18	4,251	780	441
Tagalog	0	0	0	4	31	3	18
Vietnamese	2	1	0	0	17	4	14
Other	15	8	0	8	241	42	140
TOTAL	1,895	3,716	17	108	14,056	6,956	6,096
ETHNIC ORIGIN OF AIDED PERSONS							
American Indian/Alaskan	6	27	0	0	39	38	11
Asian	122	71	1	12	1,923	287	283
Black	1,548	1,673	1	5	3,277	3,878	528
Hispanic	1,658	410	1	20	16,066	3,249	681
White	1,010	1,462	16	65	8,094	3,240	4,593
Other	110	81	0	6	1,011	225	0
TOTAL	4,454	3,724	19	108	30,410	10,917	6,096

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

*Effective April 2006, includes MAO - eligible persons associated with CalWORKs cases.



Figure 1.6 DPSS CASELOAD CHARACTERISTICS DECEMBER 2006 SERVICE PLANNING AREA 6							
	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only*	Food Stamps	In-Home Supportive Services
CITIZENSHIP STATUS OF AIDED PERSONS							
Citizen	86,657	8,570	0	0	191,817	140,213	NA
Legal Immigrants	2,186	932	6	174	26,947	8,672	NA
Undocumented Immigrants	0	0	0	0	75,007	0	NA
TOTAL	88,843	9,502	6	174	293,771	148,885	NA
PRIMARY LANGUAGE OF AIDED CASES							
Armenian	2	0	0	0	5	3	5
Cambodian	25	4	0	0	34	31	36
Chinese	0	0	0	1	22	4	22
English	23,158	8,596	1	12	42,510	36,848	16,575
Farsi	0	0	0	0	2	0	3
Korean	4	19	0	15	121	41	191
Russian	0	1	0	2	3	1	5
Spanish	14,542	842	3	141	62,362	24,236	3,437
Tagalog	2	0	0	0	17	2	30
Vietnamese	4	1	0	0	20	15	7
Other	17	4	2	3	98	30	82
TOTAL	37,754	9,467	6	174	105,194	61,211	20,393
ETHNIC ORIGIN OF AIDED PERSONS							
American Indian/Alaskan	39	15	0	0	87	76	27
Asian	564	73	0	15	1,936	1,056	425
Black	38,124	7,376	2	10	51,761	61,751	15,417
Hispanic	49,388	1,726	3	147	237,652	84,615	4,132
White	590	263	0	2	1,762	1,125	392
Other	138	49	1	0	573	262	0
TOTAL	88,843	9,502	6	174	293,771	148,885	20,393

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

*Effective April 2006, includes MAO - eligible persons associated with CalWORKs cases.



Figure 1.7

DPSS CASELOAD CHARACTERISTICS DECEMBER 2006
Service Planning Area 7

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only*	Food Stamps	In-Home Supportive Services
CITIZENSHIP STATUS OF AIDED PERSONS							
Citizen	45,587	2,444	0	0	152,857	70,962	NA
Legal Immigrants	2,003	736	13	238	25,173	6,149	NA
Undocumented Immigrants	0	0	0	0	51,044	0	NA
TOTAL	47,590	3,180	13	238	229,074	77,111	NA
PRIMARY LANGUAGE OF AIDED CASES							
Armenian	21	4	0	9	69	33	509
Cambodian	55	6	0	0	121	72	212
Chinese	14	5	2	5	339	39	620
English	10,412	2,379	1	16	33,462	15,282	6,274
Farsi	2	0	3	1	8	3	11
Korean	11	0	0	18	445	36	267
Russian	3	0	1	0	13	6	34
Spanish	8,441	723	0	183	48,935	14,415	8,005
Tagalog	5	1	0	4	253	21	404
Vietnamese	30	8	3	1	122	61	146
Other	22	11	0	1	320	52	283
TOTAL	19,016	3,137	10	238	84,087	30,020	16,765
ETHNIC ORIGIN OF AIDED PERSONS							
American Indian/Alaskan	58	23	0	0	200	142	45
Asian	907	84	7	31	7,788	1,533	2,136
Black	2,400	205	0	0	4,293	3,551	727
Hispanic	41,321	2,377	0	193	205,636	67,275	11,441
White	2,697	461	4	12	9,655	4,162	2,416
Other	207	30	2	2	1,502	448	0
TOTAL	47,590	3,180	13	238	229,074	77,111	16,765

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

*Effective April 2006, includes MAO - eligible persons associated with CalWORKs cases.



Figure 1.8 DPSS CASELOAD CHARACTERISTICS DECEMBER 2006 Service Planning Area 7							
	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only*	Food Stamps	In-Home Supportive Services
CITIZENSHIP STATUS OF AIDED PERSONS							
Citizen	59,429	14,052	0	1	153,030	105,809	NA
Legal Immigrants	1,918	738	4	207	23,543	6,697	NA
Undocumented Immigrants	0	0	0	0	44,294	0	NA
TOTAL	61,347	14,790	4	208	220,867	112,506	NA
PRIMARY LANGUAGE OF AIDED CASES							
Armenian	1	1	0	4	9	4	66
Cambodian	1,073	58	0	5	1,291	1,274	1,365
Chinese	8	8	0	1	203	29	222
English	17,398	14,229	2	33	45,894	38,721	11,597
Farsi	4	0	0	5	56	8	147
Korean	7	12	0	18	381	37	401
Russian	2	1	1	3	19	6	98
Spanish	7,054	408	1	99	36,231	11,933	2,730
Tagalog	7	11	0	27	319	37	769
Vietnamese	207	23	0	5	536	330	408
Other	43	13	0	8	353	78	454
TOTAL	25,804	14,764	4	208	85,292	52,457	18,257
ETHNIC ORIGIN OF AIDED PERSONS							
American Indian/Alaskan	68	91	0	0	214	221	67
Asian	6,016	464	0	76	20,347	10,039	4,308
Black	22,213	9,311	2	6	33,751	42,769	6,813
Hispanic	28,704	2,385	1	106	149,863	50,308	3,959
White	3,758	2,377	0	17	13,902	7,925	3,110
Other	588	162	1	3	2,790	1,244	0
TOTAL	61,347	14,790	4	208	220,867	112,506	18,257

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

* Effective April 2006, includes MAO – eligible persons associated with CalWORKs cases.



Figure 2

**PERSONS AIDED-ALL AID PROGRAMS DECEMBER 2006
as Compared to December 2005**

Program	Dec. 2005	Dec. 2006	Change	% Change
CalWORKs	388,447	360,274	-28,173	-7.3%
General Relief	62,421	57,500	-4,921	-7.9%
CAPI	2,732	2,942	210	7.7%
Refugee	404	968	564	139.6%
Medical Assistance Only	1,389,196	1,552,433	163,237	11.8%
Food Stamps	661,703	632,630	-29,073	-4.4%
IHSS	150,963	159,316	8,353	5.5%
Total All Programs *	2,170,366	2,160,008	-10,358	-0.5%

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

Figure 3

**CHILD ABUSE REFERRALS
January 1998 - December 2006**

Month	1998	1999	2000	2001	2002	2003	2004	2005	2006	2005/06 change	2005/06 % change
Jan	80	78	29	56	47	20	37	20	26	6	30.0%
Feb	86	41	42	39	50	13	33	24	16	-8	-33.3%
Mar	88	70	64	41	23	32	32	21	31	10	47.6%
Apr	104	49	64	42	50	28	29	34	41	7	20.6%
May	73	67	87	51	43	31	27	15	29	14	93.3%
June	88	54	78	43	43	50	32	32	31	-1	-3.1%
July	99	49	65	51	32	38	43	36	26	-10	-27.8%
Aug	98	85	61	47	28	48	38	36	34	-2	-5.6%
Sept	75	69	58	46	34	45	35	20	21	1	5.0%
Oct	71	65	59	60	31	35	17	26	27	1	3.8%
Nov	17	53	53	42	21	28	23	24	14	-10	-41.7%
Dec	40	30	61	38	21	28	19	17	3	-14	-82.4%
TOTAL	919	710	721	556	423	396	365	305	299	-6	-2.0%

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

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



Figure 4

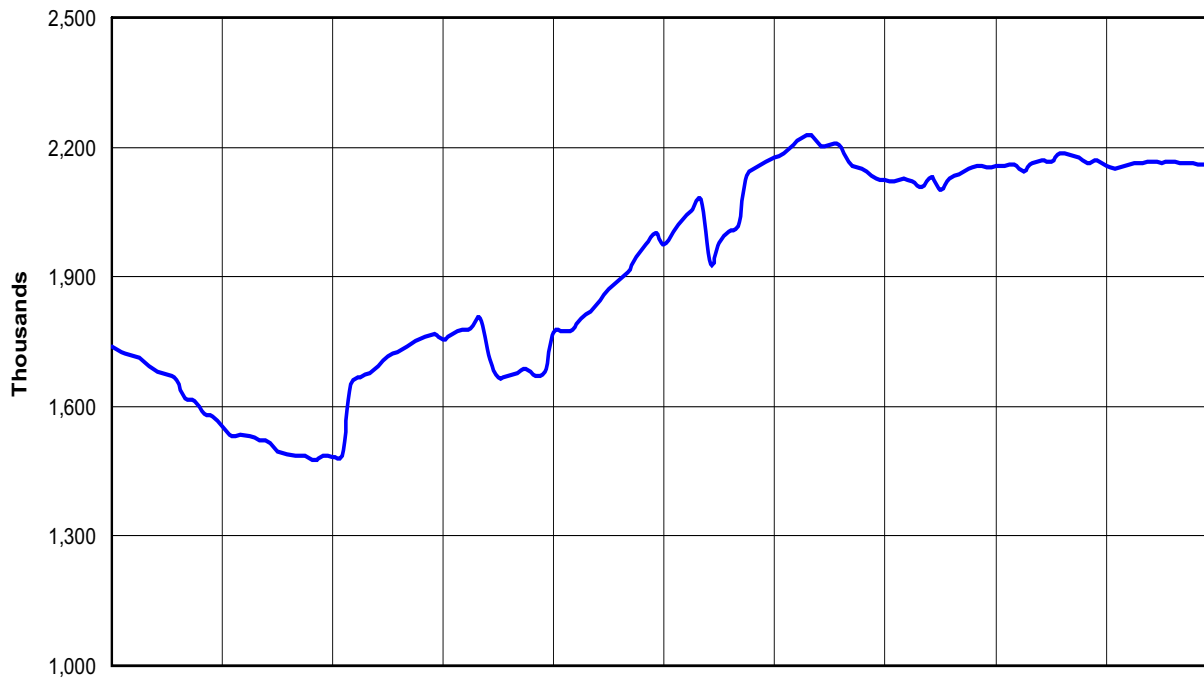
CAL-LEARN PARTICIPANTS SERVED
January 2001 - December 2006

Year Month	2001	2002	2003	2004	2005	2006	2005/06 change	2005/06 % change
Jan	3,252	3,431	3,281	2,699	2,358	2,452	94	4.0%
Feb	3,251	3,586	3,278	2,650	2,390	2,504	114	4.8%
Mar	3,288	3,411	3,106	2,505	2,377	2,435	58	2.4%
Apr	3,238	3,395	3,005	2,557	2,369	2,467	98	4.1%
May	3,176	3,427	2,911	2,533	2,430	2,339	-91	-3.7%
June	3,110	3,417	2,966	2,554	2,355	2,412	57	2.4%
July	3,206	3,385	2,826	2,511	2,371	2,410	39	1.6%
Aug	3,329	3,308	2,840	2,437	2,456	2,442	-14	-0.6%
Sept	3,327	3,296	2,803	2,360	2,344	2,414	70	3.0%
Oct	3,464	3,269	2,789	2,353	2,424	2,366	-58	-2.4%
Nov	3,447	3,287	2,793	2,327	2,400	2,412	12	0.5%
Dec	3,521	3,294	2,682	2,365	2,444	2,389	-55	-2.3%



Figure 5

PERSONS AIDED - ALL AIDS COMBINED
January 1997 - December 2006



Month	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
January	1,739,691	1,553,899	1,483,869	1,756,212	1,772,223	1,974,284	2,176,029	2,125,174	2,157,416	2,157,348
February	1,726,450	1,530,151	1,486,946	1,766,419	1,774,694	2,004,216	2,185,622	2,121,033	2,155,158	2,150,086
March	1,720,143	1,534,206	1,652,199	1,778,684	1,777,189	2,033,305	2,205,706	2,126,252	2,160,504	2,157,432
April	1,712,033	1,530,926	1,665,832	1,781,558	1,801,891	2,053,985	2,220,340	2,120,822	2,143,971	2,162,187
May	1,693,943	1,521,529	1,676,300	1,803,096	1,820,217	2,077,231	2,227,731	2,107,699	2,164,290	2,162,993
June	1,679,816	1,517,219	1,694,090	1,710,715	1,846,217	1,928,402	2,202,094	2,131,565	2,170,799	2,166,670

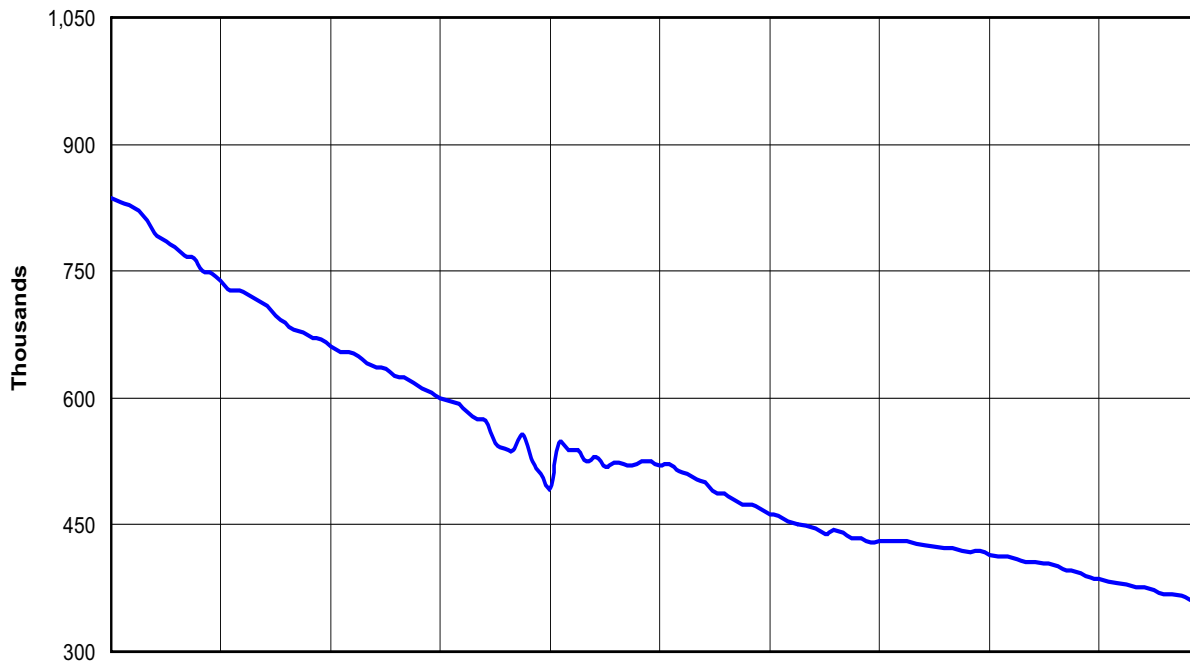
July	1,675,458	1,496,928	1,716,905	1,667,884	1,871,520	1,977,951	2,205,980	2,102,765	2,165,355	2,162,289
August	1,662,085	1,490,182	1,724,536	1,671,997	1,890,253	2,005,337	2,203,801	2,127,918	2,184,371	2,165,195
September	1,619,097	1,484,360	1,737,460	1,676,433	1,911,380	2,018,573	2,165,470	2,137,604	2,182,116	2,163,279
October	1,612,337	1,487,282	1,751,308	1,685,273	1,947,269	2,134,995	2,154,853	2,151,665	2,174,983	2,163,410
November	1,583,948	1,476,617	1,761,779	1,671,996	1,975,315	2,153,486	2,142,473	2,156,602	2,164,674	2,160,467
December	1,575,466	1,487,157	1,768,072	1,680,884	2,002,498	2,166,367	2,128,450	2,152,193	2,170,366	2,160,008

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



Figure 6

**PERSONS AIDED - CalWORKs
January 1997 - December 2006**



	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
January	837,106	738,794	661,221	599,169	493,919	520,000	462,610	430,391	414,741	386,802
February	831,976	727,891	654,160	596,444	546,415	521,144	459,815	430,449	411,996	383,022
March	827,414	727,230	653,703	593,048	538,982	514,243	453,464	431,113	411,982	381,939
April	822,043	722,847	648,935	583,782	537,586	509,779	450,140	430,219	409,394	378,912
May	809,107	715,096	641,760	575,411	524,665	504,467	448,322	426,729	405,720	376,538
June	791,775	709,102	636,322	572,814	530,180	499,743	445,039	426,184	405,630	376,211

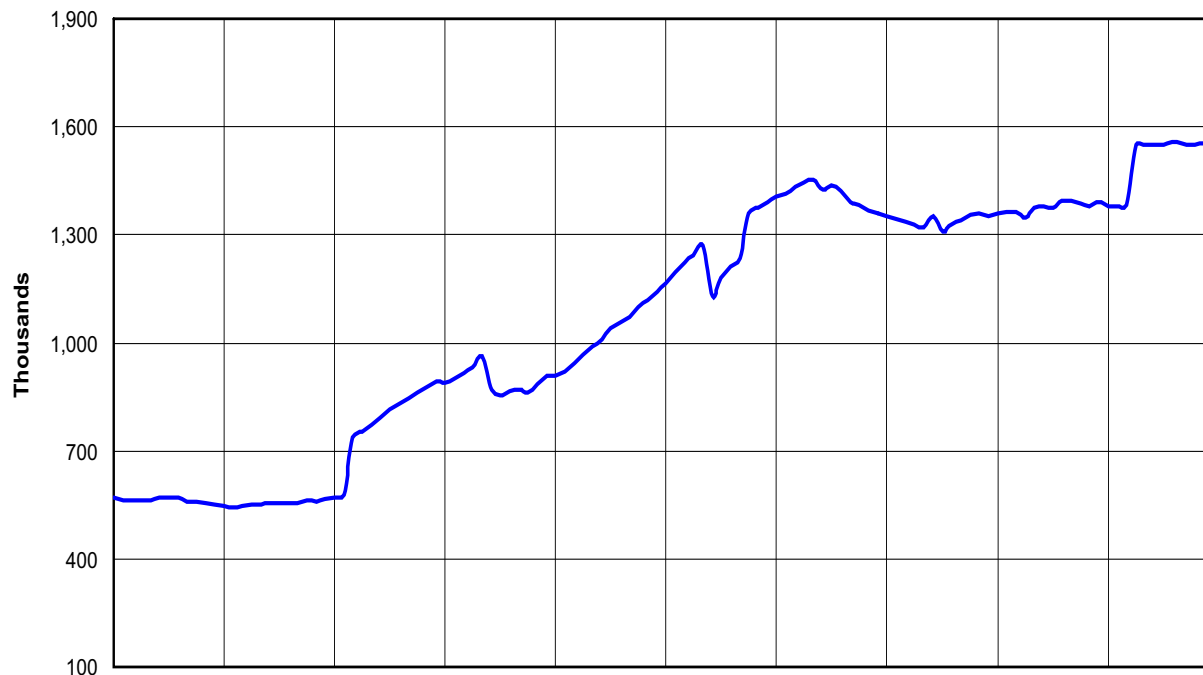
July	785,641	697,893	635,161	547,261	519,300	488,909	438,361	424,338	403,975	372,331
August	779,043	689,690	626,604	540,582	523,951	487,753	443,245	422,880	403,067	368,552
September	768,549	680,358	623,957	538,382	521,095	480,849	441,248	421,714	397,342	368,242
October	765,190	676,982	618,375	556,985	520,694	474,026	434,549	419,500	396,161	365,663
November	751,081	670,044	610,687	524,966	524,578	474,233	433,899	417,371	392,509	361,836
December	746,926	669,088	606,237	510,582	525,443	469,554	428,578	418,660	388,447	360,274

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



Figure 7

**PERSONS AIDED - MEDICAL ASSISTANCE ONLY
January 1997 - December 2006**



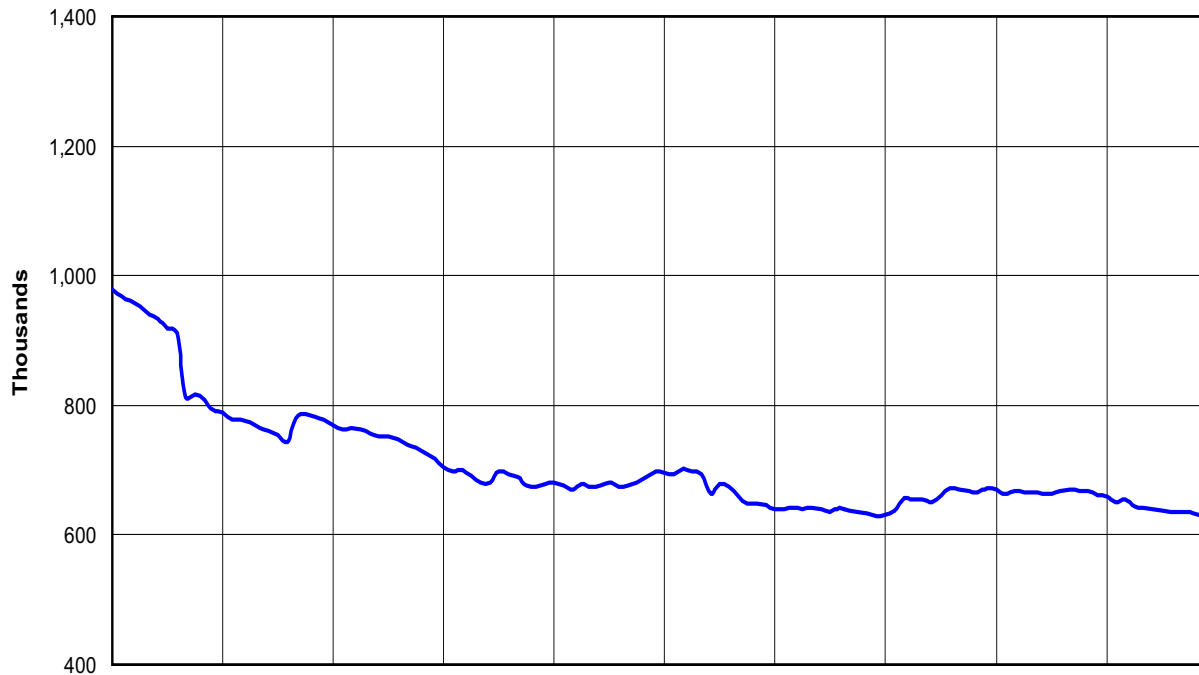
Month	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
January	570,327	545,557	571,007	889,755	906,938	1,166,682	1,406,522	1,353,228	1,358,470	1,378,080
February	564,166	541,932	577,075	902,304	921,546	1,195,551	1,413,691	1,344,771	1,362,025	1,378,328
March	563,039	547,734	736,143	914,589	945,297	1,224,869	1,433,380	1,336,927	1,361,840	1,381,390
April	564,277	551,182	754,584	931,347	968,075	1,244,420	1,445,267	1,329,514	1,346,964	1,549,360
May	563,326	551,338	773,607	961,482	990,852	1,271,226	1,452,265	1,319,549	1,376,740	1,550,790
June	570,008	553,940	792,953	870,789	1,011,611	1,132,120	1,427,276	1,350,166	1,380,861	1,552,006
July	571,714	554,563	814,968	853,517	1,040,397	1,181,503	1,436,246	1,308,380	1,373,812	1,551,942
August	568,862	555,691	829,576	865,679	1,054,721	1,209,942	1,423,220	1,328,548	1,392,970	1,556,353
September	559,167	555,105	844,984	871,567	1,070,178	1,234,504	1,390,581	1,339,599	1,395,267	1,552,824
October	558,273	561,363	862,429	863,525	1,099,190	1,358,891	1,382,429	1,356,053	1,387,259	1,551,656
November	554,113	559,878	879,336	886,356	1,119,379	1,374,175	1,367,723	1,361,372	1,380,600	1,552,454
December	552,039	565,886	892,420	908,567	1,142,324	1,389,420	1,361,270	1,351,417	1,389,196	1,552,433

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



Figure 8

PERSONS AIDED - FOOD STAMPS
January 1997 - December 2006



Month	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
January	979,260	789,311	769,511	703,778	681,715	694,947	640,239	632,052	668,997	658,450
February	967,730	777,831	763,230	698,505	676,542	694,210	639,800	638,116	663,088	649,958
March	960,920	777,828	765,154	700,194	669,461	701,512	641,417	656,154	667,068	654,193
April	952,582	773,173	762,544	691,058	679,643	697,071	639,816	654,400	665,689	643,090
May	939,209	765,220	756,139	680,875	674,655	693,056	641,206	654,425	665,018	642,809
June	933,708	761,220	752,897	680,184	676,184	663,140	639,950	651,213	663,654	640,818
July	918,708	753,633	751,832	699,125	681,200	678,885	636,053	662,139	664,358	636,540
August	912,005	744,266	748,143	692,766	673,463	675,000	642,295	671,442	667,652	636,070
September	811,670	779,386	738,767	690,494	676,885	658,674	637,365	670,871	669,642	634,716
October	816,725	787,472	735,529	676,173	681,588	647,434	634,616	667,536	667,981	635,044
November	808,432	782,681	726,838	673,829	690,221	647,617	634,291	666,183	667,264	631,465
December	793,864	777,464	716,673	678,281	697,889	645,854	629,613	671,176	661,703	632,630

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



GLOSSARY OF TERMS

DEPARTMENT OF PUBLIC SOCIAL SERVICES (DPSS)

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

CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CALWORKS)

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

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

CASH ASSISTANCE PROGRAM TO IMMIGRANTS (CAPI)

– Provides cash to certain aged, blind, and disabled legal non-citizens ineligible for Supplemental Security Income/State Supplemental Payment (SSI/SSP) due to their immigration status. CAPI participants may be eligible for Medi-Cal, In-Home Supportive Services (IHSS), and/or Food Stamp benefits. Individuals requesting such benefits must file the appropriate application for the other program.

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

GENERAL RELIEF (GR) – Is a County-funded program that provides cash aid to indigent adults who are ineligible for Federal or State programs.

IN-HOME SUPPORTIVE SERVICES (IHSS)

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

LEADER – is the Los Angeles Eligibility, Automated Determination, Evaluation and Reporting System.

MEDICAL ASSISTANCE ONLY (MAO)

– provides comprehensive medical benefits to low-income families with children, pregnant women, and adults who are over 65, blind, or disabled. Depending on their income and resource levels, individuals and families may be eligible for a no-cost or a share-of-cost Medi-Cal program. CalWORKs families receive no-cost Medi-Cal.

REFUGEE RESETTLEMENT PROGRAM (RRP)

– Is made up of many program partners at the federal, state, county, and community levels. Typically, refugees are eligible for the same



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

CAL-LEARN – Is a mandatory program for CalWORKs participants who are under 19 years of age, are pregnant or parenting, and have not yet completed their high school education. The Cal-Learn program is designed to address long-term welfare dependency by encouraging and assisting teen parents on the CalWORKs Program to remain in or return to school. Cal-Learn focuses on providing these youths with the following supportive services needed to complete their high school education or equivalent:

- Intensive case management services;
- Payments for child care, transportation, and school expenses;
- \$100 bonuses up to four times a year for satisfactory school progress;
- \$500 one-time-only bonus for receiving a high school diploma or its equivalent.

LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH AGENCY REPORT





DEPARTMENT OF PUBLIC HEALTH MATERNAL CHILD & ADOLESCENT HEALTH PROGRAMS

Overview

Child abuse, whether in the form of physical, sexual, emotional abuse 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 and anxiety, difficulties in forming and developing healthy relationships, and increases the likelihood of developing negative behavioral consequences such as future alcohol and substance abuse, eating disorders and criminal and violent behaviors. Consequently, high-risk behaviors can lead to serious long-term health problems such as sexually transmitted diseases and obesity .

The Los Angeles County Department of Public Health (DPH), emerging from the Department of Health Services (DHS) as an independent department in mid-2006, has the mission of preventing disease, protecting the health of communities and promoting the health of Los Angeles County residents. 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 by focusing on healthy child development through primary prevention, which is prevention of disease before it occurs. As applied to child abuse and neglect, this would include any intervention that can prevent child abuse before it occurs. DPH seeks to achieve this by partnering with communities to tackle the risk factors for child abuse such as poverty, lack of social

services or social support and lack of access to healthcare through its public health programs. Many of these programs are committed to improve the social environment for communities, provide healthcare access to low-income households, provide health education to improve parenting skills, and to raise awareness and self-esteem for individuals.

The Maternal, Child and Adolescent Health Programs (MCAH) is an important division of DPH that has the mission to maximize the health and quality of life for all women, infants, children and adolescents, and their families in Los Angeles County. DPH 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 the targeted population through the following public health programs:

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

This report is divided into two sections. The first section provides background



information on MCAH programs and their activities related to preventing child abuse and neglect. The second section presents data on infant and child deaths in Los Angeles County. Trends in infant and child deaths are presented over the past 5 years. Data showing deaths by race/ethnicity and Service Planning Area (SPA) are given when available.

Section 1. Health Promotion and Child Abuse Prevention within Maternal, Child and Adolescent Health Programs (MCAH)

BLACK INFANT HEALTH PROGRAM (BIH)

BIH was established in 1989 in response to the alarming and disproportionate 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 the health of themselves, their infants and their 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 special healthcare services that help make prenatal care services more accessible. SSE is a facilitated series of eight classes that combine peer support, health education, personal skill building and self-efficacy techniques for African American women.

BIH ensures access for its clients to a variety of medical and social services by maintaining working relationships with a cross-section of collaborators throughout the

County. These collaborators include: March of Dimes, Healthy African American Families, First 5 LA, Women, Infants, and Children (WIC), various community, civic, and state leaders, as well as the faith/religious community and obstetrical/gynecological providers.

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

Preliminary data shows that BIH Program subcontractors served more than 1,450 African American mothers and their infants during the period from July 1, 2006 through June 30, 2007. During this same period, 205 BIH clients graduated from Social Support and Empowerment classes.

THE CHILD AND ADOLESCENT HEALTH PROGRAM (CAH)

CAH was established to promote the health and well-being of children, adolescents and young adults in Los Angeles County. Through collaboration with other public health programs, private agencies and community-based organizations, CAH has developed the Los Angeles Adolescent Health Collaborative (LA-AHC) to advocate and promote youth development principles to foster an environment that facilitates adolescents and young adults to reach their full potential.

Moreover, CAH plays a major role to prevent the occurrence of child abuse in Los Angeles County. CAH serves Los Angeles



County as the lead Public Health program in raising awareness of abuse and neglect, improving child abuse reporting and management among health care professionals through training and conferences, disseminating child abuse prevention and reporting protocols, and consulting on specific child abuse issues.

During the Fiscal Year (FY) 2006-2007, CAH coordinated, conducted and participated in the following activities:

- Collaborated with the Family Children Community Advisory Council (FCCAC) in disseminating all legislation and funding resources related to family violence and child abuse; expanding the skills, professional growth, and development of service providers through an annual conference for child and adolescent professionals on “Bullying Behaviors among Children & Adolescents” as well as through a workshop on “Dual Diagnosis of Mental Health Disorders Amongst Children in Foster Care”
- Participated in the National Blue Ribbon Campaign designed to raise awareness of child abuse in the community by providing child abuse prevention services and distributing resources (600,000 child abuse prevention bookmarks, posters, pens and other educational materials) to community agencies, schools and families within Los Angeles County
- Supported the Family and Children's Index (FCI) users in the use of FCI; the prevention, identification, management and treatment of child abuse and child neglect; technical assistance to other departments regarding perinatal and prenatal clients; and the generation of reports to identify high-risk cases
- With the LA-AHC, conducted workshops about “Mentoring Programs for Youth in Los Angeles Communities” and “Gang Violence and Its Impact on Youth, Families & Communities”
- Worked with the Los Angeles Child Abuse Council Chairs to: conduct educational outreach activities that provide current information and networking for families and professionals; publish the Children's Advocate Newsletter; coordinate the National Blue Ribbon Campaign/Child Abuse Prevention Campaign; implement the Report Card Insert Project; coordinate the dissemination of suicide resources and prevention inserts; and provide training and technical assistance to the community relating to Child Abuse Councils
- Participated in the Inter-agency Council on Child Abuse and Neglect (ICAN) Policy Committee to provide support or opposition on pending State legislation for children and families of Los Angeles County; to develop a proposal to track and evaluate the short- and long-term outcomes for infants at risk who will come to the attention of the child protection system, and to collaborate with the Department of Children and Family Services (DCFS), the District Attorney's Office, and the Los Angeles Sheriff's Department to implement the Electronic Suspected Child Abuse Reporting System (E-SCARS)
- Assisted the Los Angeles County Child Abuse and Neglect Protocol Committee Collaborative in updating the countywide protocol, which serves as a guideline for professionals to maximize successful interventions for the prevention of child abuse, with new laws affecting the reporting and follow-up of child



abuse cases; providing Child Abuse and Neglect Protocol Trainings to 16 agencies, including county school districts, the Dependency Court Judges, the District Attorney's Office, the Department of Health Services, County Counsel, the Sheriff's Department and more.

CHILDREN'S HEALTH OUTREACH INITIATIVE PROGRAM (CHOI)

The Children's Health Outreach Initiative (CHOI) program serves as a liaison with other DPH programs and outside offices working on children's health issues. CHOI created Healthy Kids to expand health coverage to all children in Los Angeles County. CHOI's Program Integration Workgroup aims to simplify enrollment and retention processes for the various health insurance programs and to pursue high-yield enrollment opportunities. The workgroup also focuses on barriers such as Deficit Reduction Act, which slows the growth in funding for Medi-Care; interfacing between Emergency Medi-Cal and Healthy Kids; and Healthy Kids waiting list issues.

CHOI was established in 1997 to provide coordinated outreach to low-income children in order to enroll them in health insurance programs. Through this activity, CHOI hopes to reduce the number of uninsured children in Los Angeles County. CHOI administers a multi-million dollar outreach and enrollment project and receives funding primarily from First 5 LA (\$20 million over 5 years). With this funding, CHOI contracts with 15 community-based organizations, schools, local governments, and health clinics to provide direct client services. Organizations are encouraged to be holistic in their approach in helping families access

low or no cost health coverage programs. Once a family is enrolled, the organizations follow-up with them to ensure utilization and retention. Additionally, contracted organizations also refer families to other health and social services. CHOI also sponsors comprehensive training for agency staff and Certified Application Assistors (CAAs) in Los Angeles County on full range of coverage programs and best practices.

CHOI activities during FY 2006-2007 included:

- Coordinated CAA conferences, which keep CAAs in the county updated on new program information
- Assisted in developing and implementing One-e-App, a web-based application system for a range of health coverage programs; and
- Participated in creating and maintaining LACountyHelps!, a web-based preliminary screening for social service programs, including health coverage.
- During FY 2006-2007, over 70% of CHOI's clients retained their coverage 15 months after enrollment.

CHILDHOOD LEAD POISONING PREVENTION PROGRAM (CLPPP)

Los Angeles County implemented the CLPPP in 1991 to identify and provide appropriate case management for cases of elevated blood lead levels to low-income children in publicly supported program. Appropriate case management consists of home visitation, individualized case management, environmental assessments and remediation, educational activities, health referrals and the adoption of regulations governing the abatement of lead paint in housing.



Specific program activities include surveillance, provider and public health education, nursing case management, environmental inspection and follow-up, and referral to remediation services for the families of lead-poisoned children.

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

During FY 2006-2007, CLPPP served 480 children under the age of six with seven Public Health Nurses (PHNs). By January 2008, CLPPP will include a field on the lead poisoning prevention follow-up form to track the number of cases that are assigned to Foster Care that are related to child abuse.

CLPPP continues to strengthen the links among the following organizations:

- Nurse Family Partnership (NFP)
- Department of Children and Family Services (DCFS)
- Juvenile Court Health Services (JCHS)
- Child, Health & Disability Prevention Program (CHDP), and
- California Children's Services (CCS)

COMPREHENSIVE PERINATAL SERVICES PROGRAM (CPSP)

CPSP was initiated in 1987 to reduce morbidity and mortality among low-income pregnant women and their infants in California. CPSP is built on the premise that pregnancy and birth outcomes improve when routine obstetric care is enhanced with specific nutrition, health education, and

psychosocial services. Based on this foundation, CPSP provides enhanced client-centered, culturally competent obstetric services for eligible low-income, pregnant and postpartum women.

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

During FY 2006-2007:

There were 475 certified CPSP providers. CPSP staff conducted 60 training sessions on various topics including Breastfeeding, Nutrition, Basic CPSP, Individual Care Assessment, Individual Care Plan, Protocol Development and Domestic Violence Workshops.

CPSP staff collaborated with the Los Angeles Best Babies Network (LABBN) Care Quality Collaborative to help ten CPSP-approved community clinics and private providers implement a national model for best practices for prenatal care.

CPSP staff also cooperated with March of Dimes in the Comenzando Bien program, a culturally sensitive curriculum that addresses the needs of Latino women and their families to reduce the incidence of premature births in the Latino community.

FETAL INFANT MORTALITY REVIEW PROGRAM (FIMR)

FIMR was implemented in 12 California counties beginning in 1994 to address the



problem of fetal and infant death 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 death. These reviews involved interviews with 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 2006-2007, the FIMR Program:

- Maintained the Fetal-Infant Mortality Expanded Surveillance System (FIMESS) database and designed utilities for increased functionality.
- In collaboration with Research, Evaluation & Planning unit within the MCAH Programs, implemented the first 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 will be used to develop policy interventions and maximize resource allocation for perinatal health and social services in Los Angeles County.

NEWBORN SCREENING PROGRAM

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

During FY 2006-2007 the Los Angeles County Newborn Screening Program:

- Conducted 3 trainings to increase awareness of the Newborn Screening Program and the recent expansion of diseases in its panel to district and Program Public Health Nurses.
- Received 550 notices on outside of hospital deliveries.
- Received 15 referrals for missed or positive genetic screens. These babies have been located and referred for follow-up.



NURSE FAMILY PARTNERSHIP (NFP)

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

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

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

PHNs conduct home visits that begin before the mother's 28th week of pregnancy and continue until the child reaches his/her second birthday. Home visits focus on personal health, child discipline, childcare, maternal

role development, maternal life-course development, and social support.

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, PHNs address topics on violence such as sexual abuse, emotional abuse, and physical abuse with parents. PHNs refer families for additional social and support services if risk factors for child abuse and neglect are observed.

During FY 2006-2007, NFP served 219 first-time pregnant women with 19 public health nurses. NFP also partnered with Dr. Olds and New York City's Nurse Family Partnership Program to establish and field test a mental health screening tool to more fully evaluate maternal depression and other complicating mental health disorders. In addition, NFP, along with the Prenatal Care Guidance program, collaborated with the City of Los Angeles' Gang Reduction Program on the development of their screening form and to revise the NFP model to better support the highest risk juveniles in our county. Fiscal year data shows that NFP program outcomes have matched or exceeded the standards set by Dr. David Olds and his colleagues as well as those set within the Healthy People 2010 document.

PRENATAL CARE GUIDANCE PROGRAM (PCG)

Los Angeles County implemented the PCG Program in 1985 to provide home



visitation, individualized case management, health education, coordination of referrals, and community outreach services to Medi-Cal eligible pregnant women. The program emphasizes access to appropriate prenatal care, parenting skills, and overall quality of family life as a means to achieve improved maternal and fetal outcomes. Public and private agencies/ organizations, schools, juvenile health facilities, County public health clinics, and other community-based organizations refer women to the program. All referrals are screened for eligibility into the program.

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

The Probation-Prenatal Outreach Project (P-POP) within the PCG Program has established an outreach program within the juvenile detention facilities and has established a Memorandum of Understanding (MOU) with the Department of Probation in order to enhance outreach to the highest risk pregnant girls and women in Los Angeles. The "Probation Liaison PHN" (LPHN) works to identify high-risk pregnant minors who are detained in local juvenile detention facilities to refer them to an appropriate provider and care system upon their release.

Between July 2005 and December 2006,

there were 365 pregnant minors identified in the Juvenile Detention facilities. The LPHN assessed 250 (68%) minors and referred 126 (50%) to the Nurse Family Partnership (NFP) and PCG case management programs for continuous prenatal care follow up upon release.

In addition, the P-POP PCG program will be linked to a new MCAH grant involving the City of Los Angeles, Office of the Mayor, Homeland Security to prevent gang involvement and violence in the area of Boyle Heights. In this capacity, the NFP/PCG public health nurse will case manage pregnant minors being released from detention facilities

and if needed refer qualified minors other health and support programs within their Boyle Heights home community. These clients will be pregnant minors who are involved with gangs and who need to identify and access an appropriate health care provider network for continuing prenatal care after their release. Due to the increased demand for PCG assistance with outreach and case management, the program is no longer accepting postpartum clients into their caseloads.

Activities & accomplishments for this reporting year include the following:

- P-POP selected as a "Promising Practice" by the National Association of county & city Health Officials; and
- P-POP selected to do oral presentation at the American Public Health Association (APHA) in November 2007.

NFP and PCG programs continue to collaborate with other Department of Public Health (DPH) programs, Los Angeles County



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

SUDDEN INFANT DEATH SYNDROME PROGRAM (SIDS)

In compliance with state mandates, the coroner reports all presumptive Sudden Infant Death Syndrome (SIDS) cases to the California Department of Health Services and the Los Angeles County SIDS Program. Subsequently, the assigned PHN provides grief and bereavement case management services to parents and family members, foster parents, and other childcare providers. Program staff focus their outreach and training 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.

During FY 2006-2007, SIDS Program coordinated the following activities:

- Conducted Annual SIDS training for district public health nurses who provide grief and bereavement support
- Developed SIDS Self-Learning Modules with voice component to be placed on the Los Angeles County MCAH Intranet website
- Developed low literacy bed sharing (co-sleeping) brochure “Safe Sleep Tips for Your Baby” to distribute in communities with highest infant mortality rates

- Developed curriculum, protocol, and procedures, utilizing “1st Candle Behavior Model” for educating staff in Mother Baby Units (MBU) and Neonatal Intensive Care Units (NICU) in Los Angeles County birthing hospitals
- Developed questionnaire to assess and evaluate infant sleep positioning practices and breastfeeding recommendations used by hospital staff
- Conducted (27) Newborn Nursery survey assessments with trainings for hospital staff; and
- In collaboration with the Research, Evaluation & Planning Unit and the LA County Coroner’s office, developed a three-page Sudden and Unexpected Infant Death (SUID) Investigative Form to be completed by coroners on all presumptive SIDS cases.

LOS ANGELES COUNTY PRECONCEPTION HEALTH COLLABORATIVE

The Los Angeles County Preconception Health Collaborative is 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 Los Angeles County travel team includes the Los Angeles County Public Health Department, California Family Health Councils (CFHC), the March of Dimes, and the Public Health Foundation Enterprises – Women, Infants, and Children (PHFE-WIC) Program. The collaborative plans to:

- Develop briefs on preconception care.
- Develop a Speakers’ Bureau presentation on preconception health.



- Develop a curriculum for integration of pre- and interconception health promotion into family planning clinic curriculums (CHFC)
- Develop a model high-risk case management program for WIC clients.
- Establish an early identification system of high-risk pregnant women to improve birth outcomes and maternal health.

Section 2. Overview of LAC Child Death Data

A. DEATH RELATED TO CHILD ABUSE AND NEGLECT

a. Death Rates and Causes of Death among Infants

Infant mortality rate is defined as the number of infant deaths occurring at less than 365 days of age per 1,000 live births. Since the beginning of the 20th century, infant mortality rates have been declining steadily. This progress can be attributed to better living conditions, increased access to care, and advances in medicine and public health. Factors associated with infant mortality include, but are not limited to, race/ethnicity, prematurity, low birth weight, maternal substance use or abuse (e.g. alcohol, tobacco and illicit drug), inadequate prenatal care, maternal medical complications during pregnancy, short inter-pregnancy intervals, injury and infection.

Infant mortality rates for Los Angeles County have been stable around 5.4 to 5.0 infant deaths per 1,000 live births between 2001 and 2005 (Figure 1).

Figure 2 shows infant mortality rates by race/ethnicity in Los Angeles County in 2005. Although Hispanics comprised the

highest number of infant deaths, which consisted of more than half of all infant deaths in Los Angeles County, African Americans continued to experience disproportionately higher rates of infant mortality compared to other race/ethnic groups. In 2005, African Americans experienced the highest infant mortality rate (10.7 per 1,000 live births). This was followed by Hispanics (4.8 per 1,000 live births), Whites (4.6 per 1,000 live births) and Asian/Pacific Islanders (2.5 per 1,000 live births). Table 1 shows infant mortality rates by race/ethnicity in Los Angeles County from 2001 to 2005.

The overall infant mortality rate in Los Angeles County remained stable during that period. It's worth noting that the disparity among LA County's race/ethnic groups appears to be narrowing. The infant mortality rate for African Americans has steadily decreased from 13.0 infant deaths per 1,000 live births in 2002 to the level in 2005; this represents a 17.7% decrease over a three-year period.

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

Figure 3 presents infant mortality by Service Planning Area in 2005, while Table 2 presents the same statistics between 2001 and 2005. Infant mortality rates have remained fairly stable for all SPAs with the exception of Antelope Valley (SPA 1). Between 1999 and 2002, SPA 1 experienced a two-fold increase in infant mortality rates (from 5.0 per 1,000 live births to 10.8 per 1,000 live births). Intense public health efforts have focused to reduce infant mortality rate



in Antelope Valley. In 2005, SPA 1's infant mortality rate has decreased to 6.6 infant deaths per 1,000 live births.

b. Death Rates and Causes of Death among Children

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

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

In terms of leading causes of deaths among children ages 0 to 19 in Los Angeles County in 2005, homicides continued to be the number one cause of deaths among adolescents ages 13 to 19 years (Table 4). Congenital malformations were the leading cause of death among infants (Table 3). Accidents (unintentional injuries) was the leading cause of death for children ages 1 to 4 and among children ages 5 to 12 (Table 4).

Figure 4 shows child abuse related death rates among infants in Los Angeles County. The highest infant death rate was 4.6 per 100,000 live births (n=9) in 2001. There was one child abuse related infant death reported in 2005.

Figure 4 also shows child-abuse related infant death rates by gender in Los Angeles County between 2001 and 2005. The highest child abuse related death rate for female infants was 4.0 per 100,000 live births in

2001 (n=3) and in 2003 (n=3). The same statistic was highest in 2001 for male infants at 5.1 per 100,000 live births (n=4).

From 2001 to 2005 the LAC child death rate decreased from 23.0 deaths per 100,000 children to 20.8, representing a 9.6 percent decrease (Figure 5).

Figure 6 shows child death rates by race/ethnicity in Los Angeles County for 2005. The child death rate was almost 1.5 times as high for African Americans (34.7 per 100,000 population) than Hispanics (20.5), followed by Asian/Pacific Islanders (17.1) and Whites (16.0).

Figure 7 presents child death rates by SPAs in Los Angeles County in 2005. The child death rate was highest in SPA 6 (South) at 32.9 per 100,000 followed by SPA 1 (Antelope Valley) at 27.9 per 100,000 children ages 1 to 17. SPA 5 (West) and SPA 7 (East) had the lowest child death rates at 10.2 and 15.4, respectively.

Figure 8 shows the child abuse related death rates among children ages 1 to 17 by gender in Los Angeles County. The child death rate for both boys and girls was 0.1 per 100,000 population ages 1 to 17 (n=2 for boy and n=1 for girls) in 2005. From 2001 to 2005, the child death rate has seen no major increase or decrease in rates. Thus far, overall death rate for children ages 1-17 years has remained steady in this age group.



LIMITATIONS OF DATA

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

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

The small number of hospitalizations due to child abuse and neglect may be artificially low due to poor documentation or underreporting in hospital discharge records.

SUMMARY OF FINDINGS

- Infant mortality rates for Los Angeles County had decreased from 5.4 infant deaths per 1,000 live births in 2001 to 5.0 infant deaths per 1,000 live births in 2005 (Figure 1).
- African Americans still have the highest infant mortality rate among race/ethnic groups (Figure 2). Nevertheless, since 2002, it decreased from 13.0 infant deaths per 1,000 live births to 10.7 infant deaths per 1,000 live births in 2005 (Table 1), a 17.7% decrease in infant mortality rate in a three-year period.
- SPA 1 (Antelope Valley) and SPA 6 (South) have the two highest infant mortality rates. In 2005, the infant mortality rate for Antelope Valley was 6.6 deaths per 1,000 live births (down from 10.6 deaths per 1,000 live births in 2002). South had the second highest infant mortality rate in Los Angeles County at 5.7 deaths per 1,000 live births (down from 6.5 deaths per 1,000 live births in 2003) (Figure 3).
- Overall child abuse related infant death rates have remained relatively low between 2001 and 2005. There was one child abuse related infant death reported in 2005 (Figure 4). Child abuse related deaths among children ages 1 to 17 have also remained steady between 2001 and 2005. In 2005, child abuse related death rate for children ages 1 to 17 was 0.1 deaths per 100,000 children ages 1 to 17 (Figure 8).
- Between 2001 and 2005, child death rates among children ages 1 to 17 decreased from 23.0 per 100,000 to

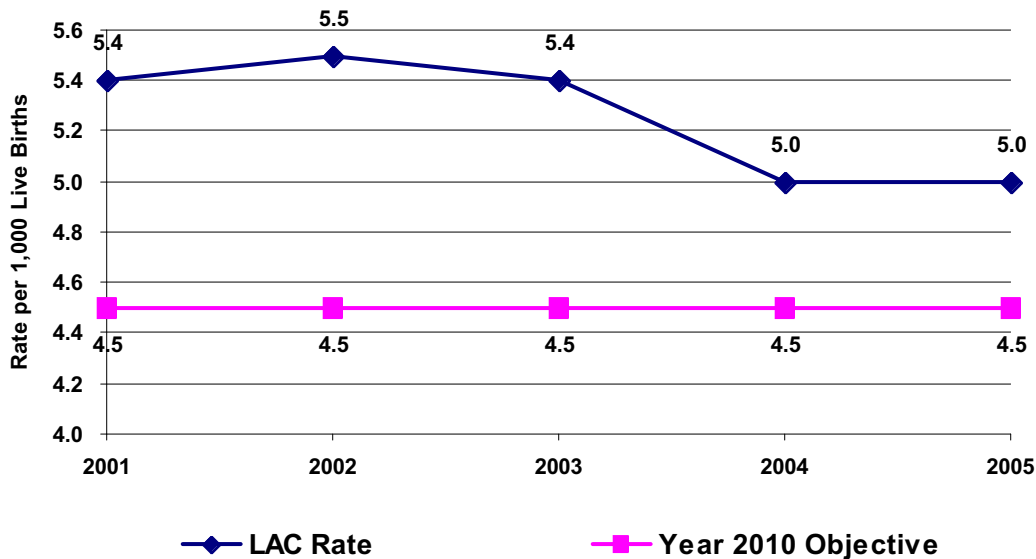


20.8 deaths per 100,000 in 2005 (Figure 5). Among race/ethnic groups, African American children ages 1 to 17 had the highest death rate at 34.7 deaths per 100,000 in 2003 (Figure 6). Among SPAs, SPA 6 (South) had the highest rate at 32.9 deaths per 100,000 followed by SPA 1 (Antelope Valley) at 27.9 deaths per 100,000 (Figure 7).

- In 2005, the leading cause of death among infants was congenital malformations, deformations and chromosomal abnormalities (Table 3).

Figure 1

**INFANT MORTALITY RATE
LOS ANGELES COUNTY, 2001 -2005**



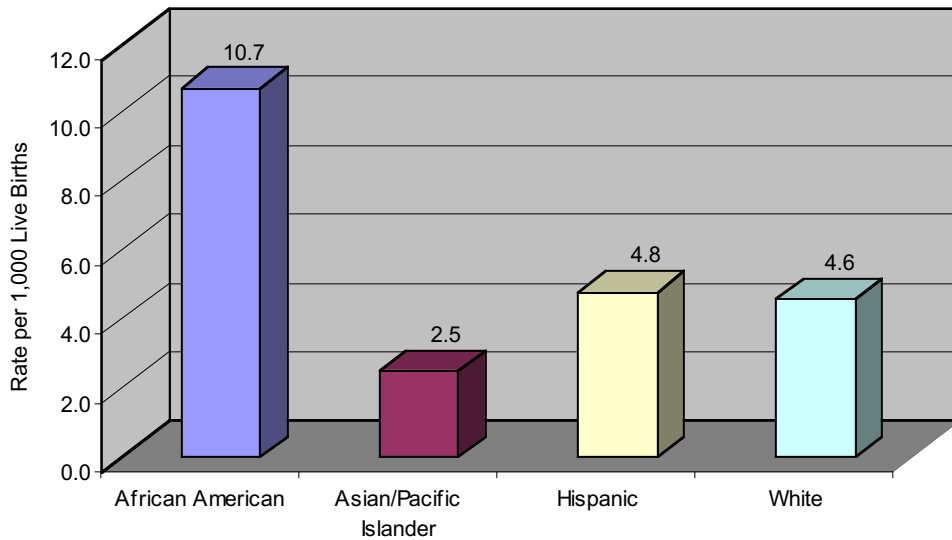
Note: Infant mortality rate is defined as infant deaths occurring at less than 365 days of age per 1,000 live births

Source: California Department of Health Services, Center for Health Statistics, Vital Statistics, 2001-2005



Figure 2

**INFANT MORTALITY RATE BY RACE/ETHNICITY
LOS ANGELES COUNTY, 2005**



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

Source: California Department of Health Services, Center for Health Statistics, Vital Statistics, 2005

Figure 3

**INFANT MORTALITY RATE BY RACE/ETHNICITY
LOS ANGELES COUNTY, 2001 – 2005**

		2001	2002	2003	2004	2005
African American	Number of Deaths	145	156	145	136	123
	Number of Live Births	12,671	11,973	11,849	11,610	11,459
	Rate	11.4	13.0	12.2	11.7	10.7
Asian/Pacific Islander	Number of Deaths	57	63	57	53	41
	Number of Live Births	15,537	15,924	16,326	16,611	16,453
	Rate	3.7	4.0	3.5	3.2	2.5
Hispanic	Number of Deaths	491	458	490	428	455
	Number of Live Births	69,288	94,742	95,070	94,894	94,780
	Rate	5.1	4.8	5.2	4.5	4.8
White	Number of Deaths	132	144	126	137	122
	Number of Live Births	28,179	27,674	28,060	27,439	16,569
	Rate	4.7	5.2	4.5	5.0	4.6
County	Number of Deaths	828	826	822	757	745
	Number of Live Births	153,523	151,167	152,192	151,504	150,377
	Rate	5.4	5.5	5.4	5.0	5.0

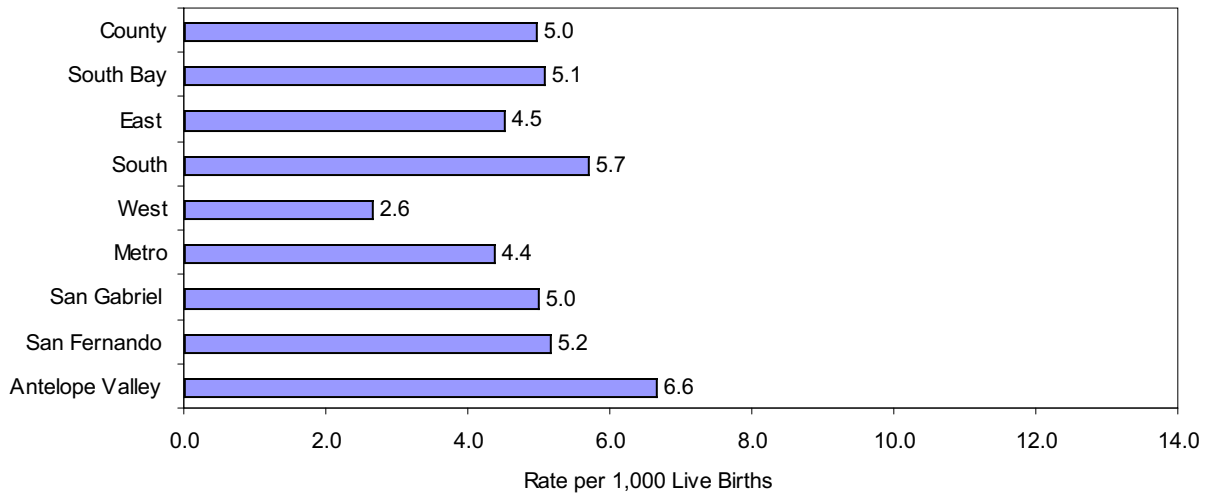
Note: Infant mortality rate is defined as infant deaths occurring at less than 365 days of age per 1,000 live births

Source: California Department of Health Services, Center for Health Statistics, Vital Statistics, 2001-2005



Figure 4

**INFANT MORTALITY RATE BY SERVICE PLANNING AREA (SPA)
LOS ANGELES COUNTY, 2005**



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

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

Source: California Department of Health Services, Center for Health Statistics, Vital Statistics, 2005

Figure 5

**INFANT MORTALITY RATE BY SERVICE PLANNING AREA (SPA)
LOS ANGELES COUNTY, 2001 – 2005**

	2001			2002			2003		
	Infant Deaths	Live Births	Rate/ 1,000	Infant Deaths	Live Births	Rate/ 1,000	Infant Deaths	Live Births	Rate/ 1,000
Antelope Valley	43	4,568	9.4	53	4,903	10.6	48	4,948	9.7
San Fernando	157	29,337	5.4	145	29,163	5.0	126	29,318	162
San Gabriel	126	26,452	4.8	134	15,690	5.2	127	25,841	111
Metro	108	17,848	6.1	92	17,155	5.4	87	17,153	76
West	25	6,766	3.7	24	6,655	3.6	31	6,889	29
South	143	22,147	6.5	136	21,981	6.2	145	22,231	135
East	106	22,619	4.7	105	22,243	4.7	107	22,162	92
South Bay	116	23,256	5.0	124	22,885	5.4	138	23,328	116
County Total	828	153,523	5.4	826	151,167	5.4	822	152,192	757

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

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

Source: California Department of Health Services, Center for Health Statistics, Vital Statistics, 2001 – 2005



Figure 5 (Cont.)

**INFANT MORTALITY RATE BY SERVICE PLANNING AREA (SPA)
LOS ANGELES COUNTY, 2001 – 2005**

	2004			2005		
	Infant Deaths	Live Births	Rate/ 1,000	Infant Deaths	Live Births	Rate/ 1,000
Antelope Valley	29	5,210	5.6	37	5,575	6.6
San Fernando	162	28,930	5.6	149	28,878	5.2
San Gabriel	111	25,786	4.3	127	25,525	5.0
Metro	76	17,173	4.4	72	16,491	4.4
West	29	6,894	4.2	18	6,804	2.6
South	135	22,418	6.0	126	22,170	5.7
East	92	22,038	4.2	98	21,773	4.5
South Bay	116	22,802	5.1	115	22,649	5.1
County Total	757	151,504	5.0	745	150,377	5.0

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

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

Source: California Department of Health Services, Center for Health Statistics, Vital Statistics, 2001 – 2005

Figure 6

**CHILD ABUSE RELATED INFANT DEATH RATE BY GENDER
LOS ANGELES COUNTY, 2001 – 2005**



Note: Diagnoses for child abuse injury include International Classification of Diseases 10th Revision (ICD 10) codes Y06-Y07. Rates are calculated as the number of child abuse related infant deaths per 100,000 live births

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

Source: California Department of Health Services, Center for Health Statistics, Vital Statistics, 2001-2005



Figure 6 (Cont.)

**CHILD ABUSE RELATED INFANT DEATH RATE BY GENDER
LOS ANGELES COUNTY, 2001 – 2005**

	Male			Female			Total		
	Number of Deaths	Number of Live Births	Death Rate	Number of Deaths	Number of Live Births	Death Rate	Number of Deaths	Number of Live Births	Death Rate
2001	4	78,141	5.1	3	75,376	4.0	7	153,523	4.6
2002	2	77,329	2.6	0	73,836	0.0	2	151,167	1.3
2003	1	77,947	1.3	3	74,241	4.0	4	152,192	2.6
2004	3	77,378	3.9	2	74,124	2.7	5	151,504	3.3
2005	0	76,959	0.0	0	73,416	0.0	0	150,377	0.0

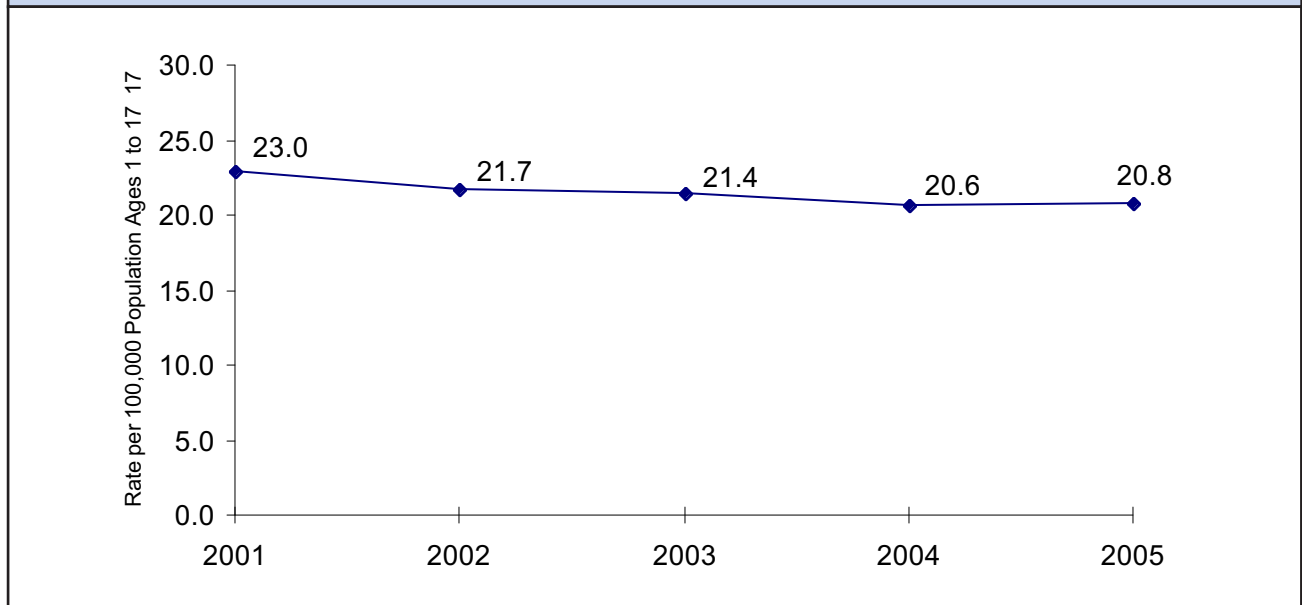
Note: Diagnoses for child abuse injury include International Classification of Diseases 10th Revision (ICD 10) codes Y06-Y07. Rates are calculated as the number of child abuse related infant deaths per 100,000 live births

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

Source: California Department of Health Services, Center for Health Statistics, Vital Statistics, 2001-2005

Figure 7

**CHILD DEATH RATE AMONG CHILDREN AGES 1 – 17
LOS ANGELES COUNTY, 2001 – 2005**



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

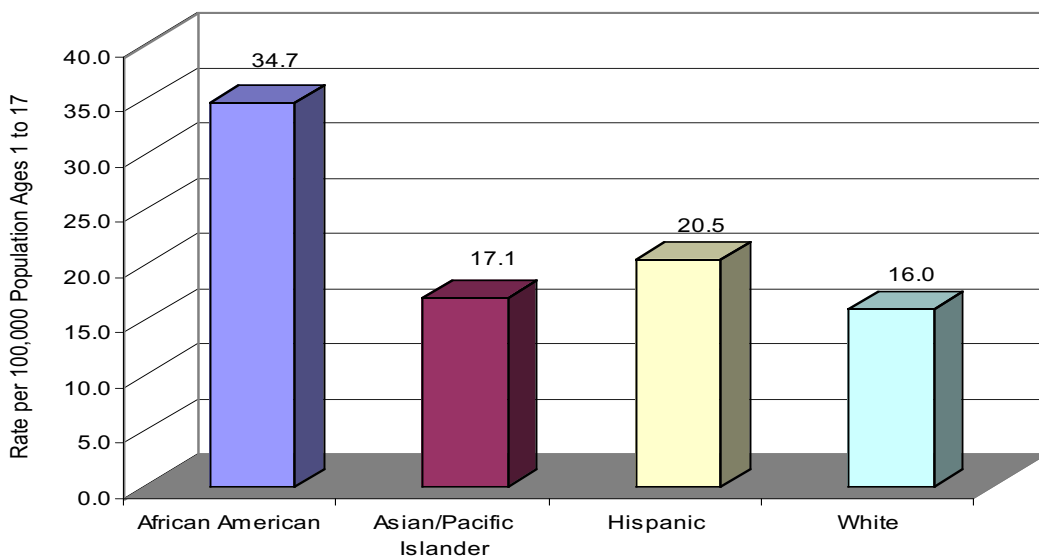
Sources: California Department of Health Services, Center for Health Statistics, Vital Statistics, 2001-2005

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



Figure 8

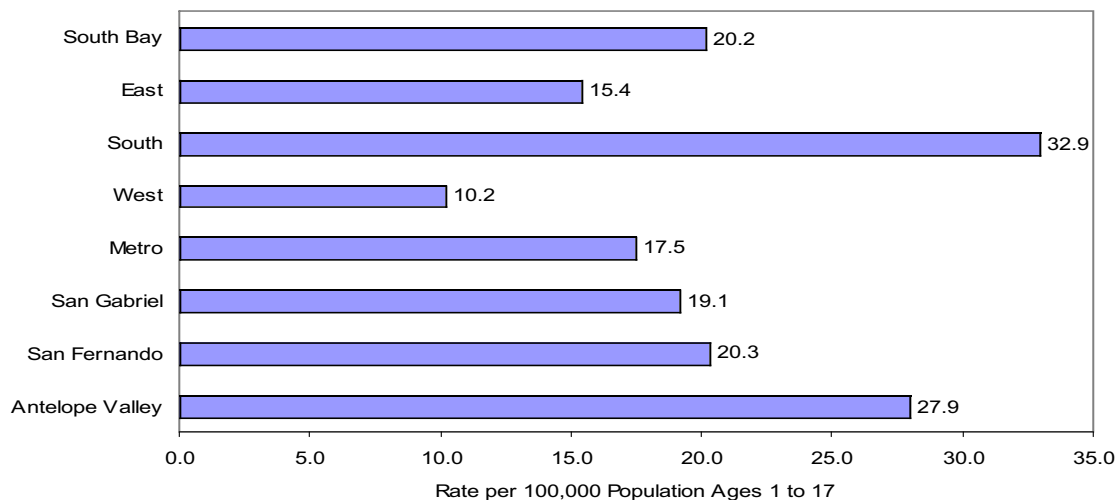
**CHILD DEATH RATE AMONG CHILDREN AGES 1 – 17 BY RACE/ETHNICITY
LOS ANGELES COUNTY, 2005**



Note: Child death rate is defined as the number of deaths occurring in children ages 1-17 per 100,000 population ages 1-17
 Sources: California Department of Health Services, Center for Health Statistics, Vital Statistics, 2005
 Los Angeles County, Department of Health Services, Data Collections & Analysis Unit, 2005 Population Estimate Projections, June 2005 Release

Figure 9

**CHILD DEATH RATE AMONG CHILDREN AGES 1 – 17 BY PLANNING AREA (SPA)
LOS ANGELES COUNTY, 2005**

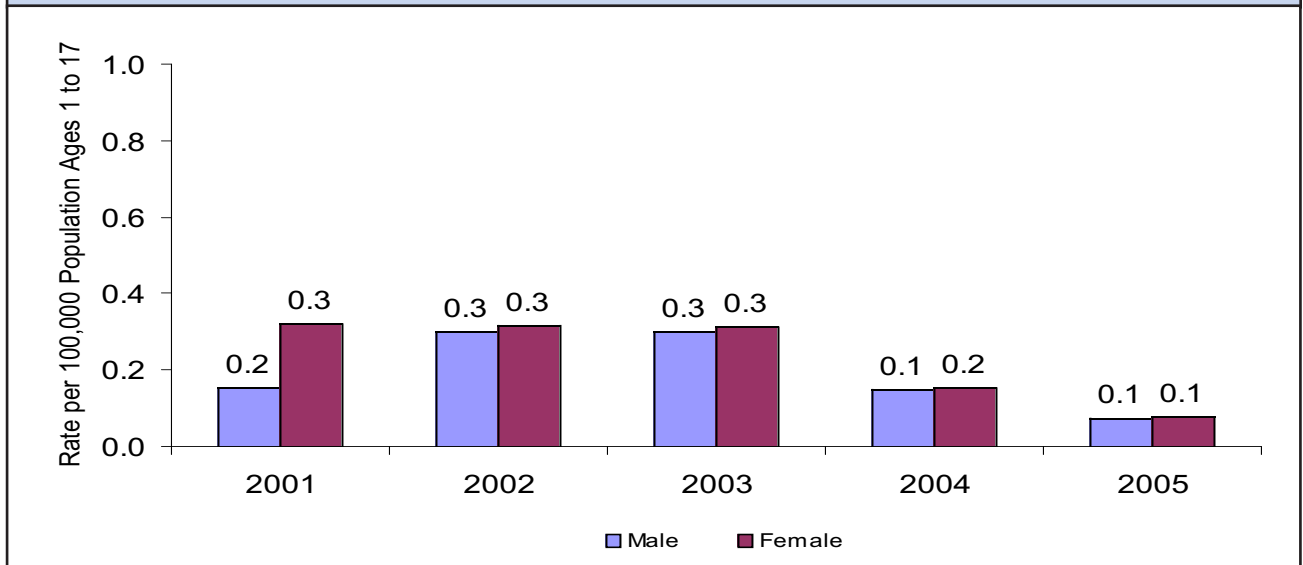


Note: Child death rate is defined as the number of deaths occurring in children ages 1-17 per 100,000 population ages 1-17
 Sources: California Department of Health Services, Center for Health Statistics, Vital Statistics, 2005
 Los Angeles County, Department of Health Services, Data Collections & Analysis Unit, 2005 Population Estimate Projections, June 2005 Release



Figure 10

**CHILD ABUSE RELATED DEATH RATE AMONG CHILDREN AGES 1 – 17 BY GENDER
LOS ANGELES COUNTY, 2005 – 2005**



Note: Diagnoses for child abuse injury include International Classification of Diseases 10th Revision (ICD 10) codes Y06-Y07. Rates are calculated as the number of child abuse related deaths among children ages 1-17 per 100,000 gender-specific population ages 1-17

Sources: California Department of Health Services, Center for Health Statistics, Vital Statistics, 2001-2005
State of California, Department of Finance, Race/Ethnic Population Estimates with Age and Sex Details. 1970-2050, Sacramento, California, May, 2004

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

Figure 11

**CHILD ABUSE RELATED INFANT DEATH RATE BY GENDER
LOS ANGELES COUNTY, 2001 – 2005**

	Male			Female			Total		
	Number of Deaths	Population	Death Rate	Number of Deaths	Population	Death Rate	Number of Deaths	Population	Death Rate
2001	2	1,305,747	0.2	4	1,245,687	0.3	6	2,551,434	0.2
2002	4	1,320,940	0.3	4	1,262,549	0.3	8	2,583,489	0.3
2003	4	1,335,688	0.3	4	1,277,389	0.3	8	2,613,077	0.3
2004	2	1,338,724	0.1	2	1,281,104	0.2	4	2,619,828	0.2
2005	1	1,343,605	0.1	1	1,285,817	0.1	2	2,629,422	0.1

Note: Diagnoses for child abuse injury include International Classification of Diseases 10th Revision (ICD 10) codes Y06-Y07. Rates are calculated as the number of child abuse related deaths among children ages 1-17 per 100,000 gender-specific population ages 1-17

Sources: California Department of Health Services, Center for Health Statistics, Vital Statistics, 2001-2005
State of California, Department of Finance, Race/Ethnic Population Estimates with Age and Sex Details. 1970-2050, Sacramento, California, May, 2004

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



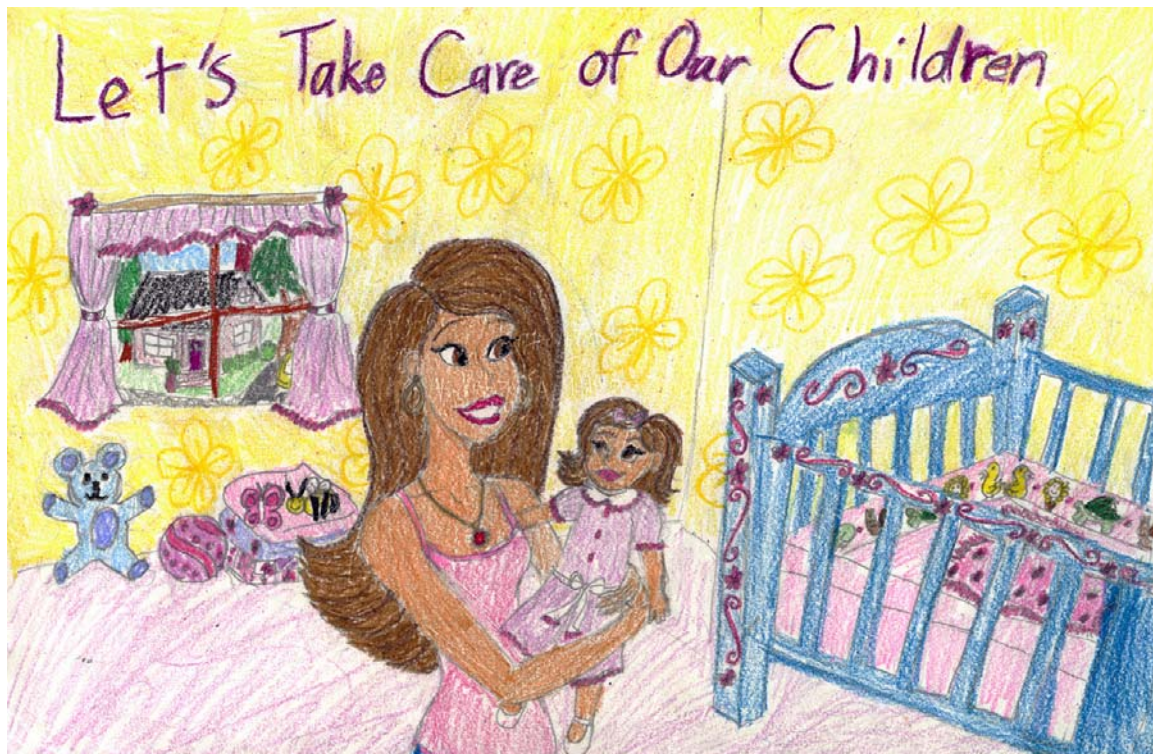
Figure 11
LEADING CAUSES OF DEATH FOR INFANTS LOS ANGELES COUNTY, 2005
Childrend Less Than 1 Year Old
Congenital Malformations, Deformations & Chromosomal Abnormalities Disorders Related to Short Gestation & Low Birthweight, Not Elsewhere Classified Other Symptoms, Signs & Abnormal Clinical & Laboratory Findings, Not Elsewhere Classified Other Perinatal Conditions Newborn Affected by Maternal Complication of Pregnancy

Source: California Department of Health Services, Center for Health Statistics, Vital Statistics, 2005

Figure 12
LEADING CAUSES OF DEATH FOR CHILDREN BY AGE CATEGORIES LOS ANGELES COUNTY, 2005
Children Ages 1 to 4
Symptoms, Signs and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified Accidents (Unintentional Injuries) Malignant Neoplasms Congenital Malformations, Deformations & Chromosomal Abnormalities Diseases of the Nervous System
Children Ages 5 to 12
Accidents (Unintentional Injuries) Malignant Neoplasms Symptoms, Signs and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified Diseases of the Nervous System Congenital Malformations, Deformations & Chromosomal Abnormalities Diseases of the Respiratory System
Youth Ages 13 to 19
Assault (Homicide) Accidents (Unintentional Injuries) Symptoms, Signs and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified Malignant Neoplasms Intentional Self-Harm (Suicide)

Source: California Department of Health Services, Center for Health Statistics, Vital Statistics, 2005

LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES AGENCY REPORT





DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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

OUR VISION

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

OUR MISSION

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

CURRENT GOALS

The Department of Children and Family Services is lead by Patricia S. Ploehn, LCSW, who became the Department's Director in September 2006. Ms. Ploehn is a long time DCFS employee who held numerous line and management positions within the Department until her appointment as Director by the Board of Supervisors. Ms. Ploehn has maintained focus on three primary outcome goals for the Department that mirror the Program Improvement Goals mandated by Assembly Bill (AB) 636:

- **IMPROVED PERMANENCE**

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

- **IMPROVED SAFETY**

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

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

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

AB 636

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

AB 636 focuses on the following goals:

- Children are protected from abuse and neglect



- Children are safely maintained in their own homes whenever possible and appropriate
- Children have permanency and stability in their living situations
- The continuity of family relationships and connections is preserved for children
- Families have enhanced capability to provide for their children's needs
- Children receive appropriate services to meet their educational needs
- Children receive adequate services to meet their physical and mental health needs
- Youth 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, improved child safety and reduced reliance on detention, all consistent with AB 636, Ms. Ploehn has emphasized increased effort to achieve permanence for older DCFS youth through the Permanency Partners Program (P3), and more home-like setting placement with relatives through more timely assessment, re-assessment and approval of relative/non-relative extended family member's homes as required by the Adoptions and Safe Families Act (ASFA).

TITLE IV-E WAIVER

DCFS has received approval of its Title IV-E Waiver request. Implemented in July 2007, the Title IV-E Waiver allows DCFS to divert funds that were previously tied to children placed in foster care to activities aimed at furthering the goals of reduced reliance on out-of-home care, increased child safety and improved permanence. Specifically, the Title IV-E Waiver will enhance the "key three" primary objectives by targeting the following outcomes:

Safety

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

Permanency

3. Decrease time lines 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
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 began July 1, 2007, and will be implemented through eight priority initiatives in sequences:



First Sequence Priorities

- Expansion of Family Team Decision-Making (FTDM) Conferences to focus on permanency
- Upfront assessment for mental health, substance abuse, and domestic violence for high risk cases, with expanded family preservation slots
- Expansion of Family Finding and Engagement through Specialized Permanency Units
- Prevention Initiative focusing on locally based networks of prevention services and supports

Next Sequence Priorities

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

CHILD WELFARE SERVICES

Emergency Response Services

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

Family Maintenance Services

Family Maintenance (FM) involves

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

Family Reunification Services

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

Permanent Placement Services

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

PROTECTIVE SERVICES – CHILDREN REFERRED TO DCFS

During Calendar Year (CY) 2006, DCFS received an average of 13,559 referred children per month. Of these, an average of 12,141 children (89.5%) required an in-person investigation. As shown in Figure 1, there were 162,711 children referred during CY 2006 compared to 156,831 in CY 2005, an increase of 3.7% in volume over CY 2005.

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

Children Referred by Allegation Type

Referrals of child abuse or neglect received by DCFS are categorized by seven



reporting categories in Figure 3 and Figure 4 and are ranked by order of severity of abuse as defined by CDSS. Please refer to the Glossary in this report or the Definitions of Abuse. Also included are categories “At Risk, Sibling Abuse,” and “Substantial Risk,” which were added with the implementation of Child Welfare Services/Case Management System (CWS/CMS) for siblings who may be at risk but were not identified as victims in the referral. Referral data in Figure 3 and Figure 4 represent children in referrals received by DCFS.

- Children referred to DCFS with Sexual Abuse allegation account for 6.9% of the total number of children to DCFS during CY 2006. The number of children in this referral category (11,232) reflects a 5.5% increase from 10,647 children referred in CY 2005.
- Referred children with allegation of Physical Abuse account for 18.9 % of the total number of children referred to DCFS, down from 19.9% in CY 2005. The number of children referred for this allegation shows a 1.5% decrease, from 31,180 in CY 2005 to 30,722 in CY 2006.
- Severe Neglect referred children account for 1.2% of the total number of children referred during CY 2006. The number of children referred for this allegation (1,898) shows a 10.7% increase from 1,715 in CY 2005.
- General Neglect continues to be the leading reported allegation for child protective services. Children referred to DCFS due to this allegation account for 27.4% of the total number of children referred to DCFS during CY 2006. The number of children in referrals alleging general neglect (44,554) reflects a 3.0% increase from 43,264 children referred for the same allegation in CY 2005.
- Children in Emotional Abuse referrals account for 7.7% of the total number of children referred. The number of children in these referrals reflects a 1.3% decrease, from 12,719 in CY 2005 to 12,549 in CY 2006.
- Exploitation has been the least reported allegation. Children referred to DCFS due to this allegation account for 0.1% of total number of children referred during CY 2006. The number of children in referrals for this allegation (136) reflects a 29.5% decrease from 193 in CY 2005.
- Caretaker Absence/Incapacity referred children account for 3.7% of total number of children referred in CY 2006. The number of children in this referral category show a 17.2% decrease from 7,201 in CY 2005 to 5,959 in CY 2006.
- When children in referrals due to Severe Neglect, General Neglect, and Caretaker Absence/Incapacity are combined into a single category of Neglect, they represent 32.2% of the total number of children received by DCFS during CY 2006.
- Children listed in referral categories At Risk, Sibling Abuse, and Substantial Risk account for 34.2% of the total number of children received. An analysis of referrals in which referred children were assessed as At Risk, Sibling Abuse, shows a slight increase from CY 2005. Children referred to DCFS with At Risk, Sibling Abuse allegation account for 19.0% of all referred children received. Substantial Risk referred children,



accounting for 15.2% of the total children referred, reflect a 28.4% increase, from 19,265 in CY 2005 to 24,743 in CY 2006.

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 2006 (i.e., as of December 31, 2006). These data represent a caseload breakdown by the four child welfare service components: Emergency Response, Family Maintenance, Family Reunification, and Permanent Placement. The Adoptions services child caseload is shown separately. Between the end of CY 2005 and the end of CY 2006, caseload data show a 2.5% decrease, from 39,364 to 38,383.

CHILD CHARACTERISTICS

Figure 7, Figure 8, Figure 9, and Figure 10 exhibit demographic data on children in the In-Home and Out-of-Home Services Caseload at the end of CY 2006 by age group, ethnicity, and gender.

Age

- Most vulnerable children are in the age group Birth - 2 Years. This population account for 16.8% of the total DCFS child caseload at the end of CY 2006, which is up from 15.7% at the end of CY 2005. While the total DCFS caseload shows a decrease between CY 2005 and CY 2006, the number of children in this age group exhibit a 4.5% increase, from 6,165 to 6,443.
- Children in the age group 3 - 4 Years also exhibit an increase. The number

of children in this age group reflects a 1.2% increase from 3,675 at the end of CY 2005 to 3,718 at the end of CY 2006. This population accounts for 9.7% of the children in the total DCFS caseload.

- Children in the age group 5 - 9 Years continue to be the largest population among all age groups. This population accounts for 23.1% of the total DCFS child caseload. The number of children in this population (8,877) shows a 3.2% decrease from 9,169 at the end of CY 2005.
- Children in the age group of 10 - 13 Years account for 20.8% of all DCFS children, slightly down from 21.6% at the end of CY 2005. The number of children in this age group (7,966) reflects a slight decrease from 8,519 at the end of CY 2005.
- Children in the age group 14 - 15 Years account for 12.4% of the total DCFS child caseload. The number of children in this age group reflects a 5.4% decrease, from 5,050 at the end of CY 2005 to 4,778 at the end of CY 2006.
- Youth in the age group 16 - 17 Years account for 12.2% of the total DCFS child caseload. The number of youth in this age group shows a 3.5% decrease, from 4,832 at the end of CY 2005 to 4,665 at the end of CY 2006.
- Youth in the age group 18 & Older account for 5.0% of the total DCFS children. The number of these young adults (1,936) reflects a 0.9% decrease from 1,754 at the end of CY 2005.
- Overall, children 13 years and under account for 70.4%, and children 14 years and older account for 29.6% of the total DCFS caseload.



Ethnicity

- White children accounted for 13.4% of the total DCFS child caseload at the end CY 2006. The number of children in this population (5,139) reflects a 6.6% decrease from 5,504 at the end of CY 2005.
- Hispanic children continue to be the largest of all ethnic populations among DCFS children. This population accounts for 50.8% of the total DCFS child caseload at the end of CY 2006, up from 48.5% at the end of CY 2005. Despite the overall decrease in the total DCFS child caseload, the number of Hispanic children has shown a 2.0% increase, from 19,111 to 19,500.
- Following the Hispanic child population, African American children represent the next largest ethnic group among DCFS children. This population accounted for 32.0% of the total DCFS child caseload at the end of CY 2006, down from 33.6% at the end of CY 2005. The number of African American children exhibits a 7.1% decrease, from 13,218 at the end of CY 2005 to 12,277 at the end of CY 2006.
- The Asian/Pacific Islander population remains at 2.4% of the total DCFS child population at the end of CY 2006. The number of these children reflects a 3.3% decrease, from 943 at the end of CY 2005 to 912.
- American Indian/Alaskan Native, Filipino, and Other ethnicity each accounts for 0.5%, 0.6% and 0.4% of the total DCFS child caseload, respectively.

Gender

- The total DCFS caseload at the end of CY 2005 was nearly even: 49.7% male and 50.3% female.

CHILDREN IN OUT-OF-HOME PLACEMENT

Figure 11, Figure 12, and Figure 13 identify children who are in out-of-home placements excluding children in Guardian Home, Adoptive Home, and Non-Foster Care Placement Facility, as of December 31, 2006. Between CY 2005 and CY 2006, the number of children in out-of-home placement shows a 3.7% decrease from 21,248 to 20,454. A five-year trend shows the children in out-of-home placement decreasing. The number of children in out-of-home placement has decreased by 31.5%, from 29,881 at the end of CY 2001.

- Accounting for 53.1% of the total number of children in DCFS out-of-home placements, children in Relative/Non-Relative Extended Family Member (Relative/ NREFM) Home continue to represent the largest child population in out-of-home placement. The number of children in this placement category shows a 3.1% decrease, from 11,219 at the end of CY 2005 to 10,868 at the end of CY 2006.
- Children residing in Foster Family Homes account for 8.8% of the total out-of-home placements. The number of children in this population reflects a 12.0% decrease, from 2,054 at the end of CY 2005 to 1,807 at the end of CY 2006.
- Children residing in Foster Family Agency Homes account for 29.5% and represent the second largest child population in the out-of-home placement caseload. The number of



children in this placement category (6,029) reflects a 1.0% increase from 5,971 at the end of CY 2005.

- Children residing in Small Homes continue to account for less than 1.0% of the total children in out-of-home placement. The number of children in this placement type (138) reflects an 11.5% decrease from 156 at the end of CY 2005.
- Children residing in Group Homes, accounting for 7.6% of the total out-of-home placement caseload, reflects a 13.5% decrease, from 1,799 at the end of CY 2005 to 1,557 at the end of CY 2006.
- Placement type “Other” consists of Court Specified Homes and Tribal Homes. Children in this placement category account for 0.3% of the total children in out-of-home placement caseload.

PERMANENCY PARTNERS PROGRAM (P3)

LA County DCFS believes that every young person is entitled to a legally permanent home and makes timely permanency a top priority. Historically older youth are the least likely group to exit care with a permanent family relationship, placing them at high-risk for homelessness, incarceration, welfare dependency, early pregnancy, unemployment, and loss of education. In October 2004, the Permanency Partners Program (P3) was begun specifically to address the need for permanent families for the 8,000 older youth under long term foster care (AKA Planned Permanent Living Arrangement or PPLA) in Los Angeles County.

The P3 program follows an emerging trend to assign a support person to a youth, whose primary focus is on finding family

connections. These Permanency Partners are not the youth’s primary social worker, but are instead an additional resource focused on finding family for these children. The P3 program utilizes the unique experience of employing 80 retired or former DCFS Children Social Workers (CSW) and 12 retired Supervising Children Social Workers (SCSW) to perform this work. The P3 CSW partners with the youth in order to identify one or more adult connections with the primary goal of reunifying the youth with his/her family. If unable to reunify, the next goal is to move the youth out of PPLA and into adoption or legal guardianship. At minimum, P3 strives to provide all youth with an adult connection and/or mentor.

Since the inception of the pilot, 2,005 youth have been paired with Permanency Partners throughout the county to assist the youth in finding legally permanent families, as shown in Figure 14. The program was expanded county wide in Fiscal Year 2006-2007, and P3 was able to provide services to 1,201 youth.

P3 workers have been able to demonstrate that with focused effort, permanent families can be located for these older youth. In the two years since the first youth was referred to the program, P3 has succeeded in identifying a legally permanent plan for 542 (27%) of the youth involved in the program through reunification, adoption, and legal guardianship, as shown in Figure 15.

ADOPTION PLANNING

Figure 14 and Figure 15 reflect comparative data on children placed in adoptive homes annually. Child cases opened for adoption planning are from DCFS child protective services caseloads or directly from the community to the DCFS Adoptions Division. During CY 2006, there were 2,236 children



placed in adoptive homes compared to 2,281 placements made during CY 2005.

ICAN PUBLIC WEB SITE

The public may access the DCFS Data Statement as part of the CY 2007 ICAN report at the following Web Site address:

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

or

<http://ICAN/NCFR.org>

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

SELECTED FINDINGS

The total number of children referred to DCFS during CY 2006 reflect a 3.7% increase over CY 2005, from 156,831 to 162,711.

Most vulnerable are children in the age group Birth - 2 Years. This population accounted for 16.8% of the total DCFS child caseload at the end of CY 2006, which is up from 15.7% at the end of CY 2005. While the total DCFS caseload shows a decrease between CY 2005 and CY 2006, the number of children in this age group exhibit a 4.5% increase, from 6,165 to 6,443.

Hispanic children continue to be the largest of all ethnic populations among DCFS children. This population accounts for 50.8% of the total DCFS child caseload at the end of CY 2006, up from 48.5% at the end of CY 2005. Despite the overall decrease in the total DCFS child caseload, the number of Hispanic children has shown a 2.0% increase, from 19,111 to 19,500.

Since the inception of the pilot for the

Permanency Partners Program (P3) in October 2004, 2,005 youth have been paired with Permanency Partners throughout the county to assist the youth in finding legally permanent families. The program was expanded county wide in Fiscal Year 2006-2007, and P3 was able to provide services to 1,201 youth.

RESPONSE TO RECOMMENDATIONS FROM 2006 REPORT

Recommendation One:

Juvenile Offender Data Collection

The Department of Children and Family Services currently collects and tracks various data relating to WIC 241.1 child cases. These data will be evaluated and included in the future reports.

Recommendation Two:

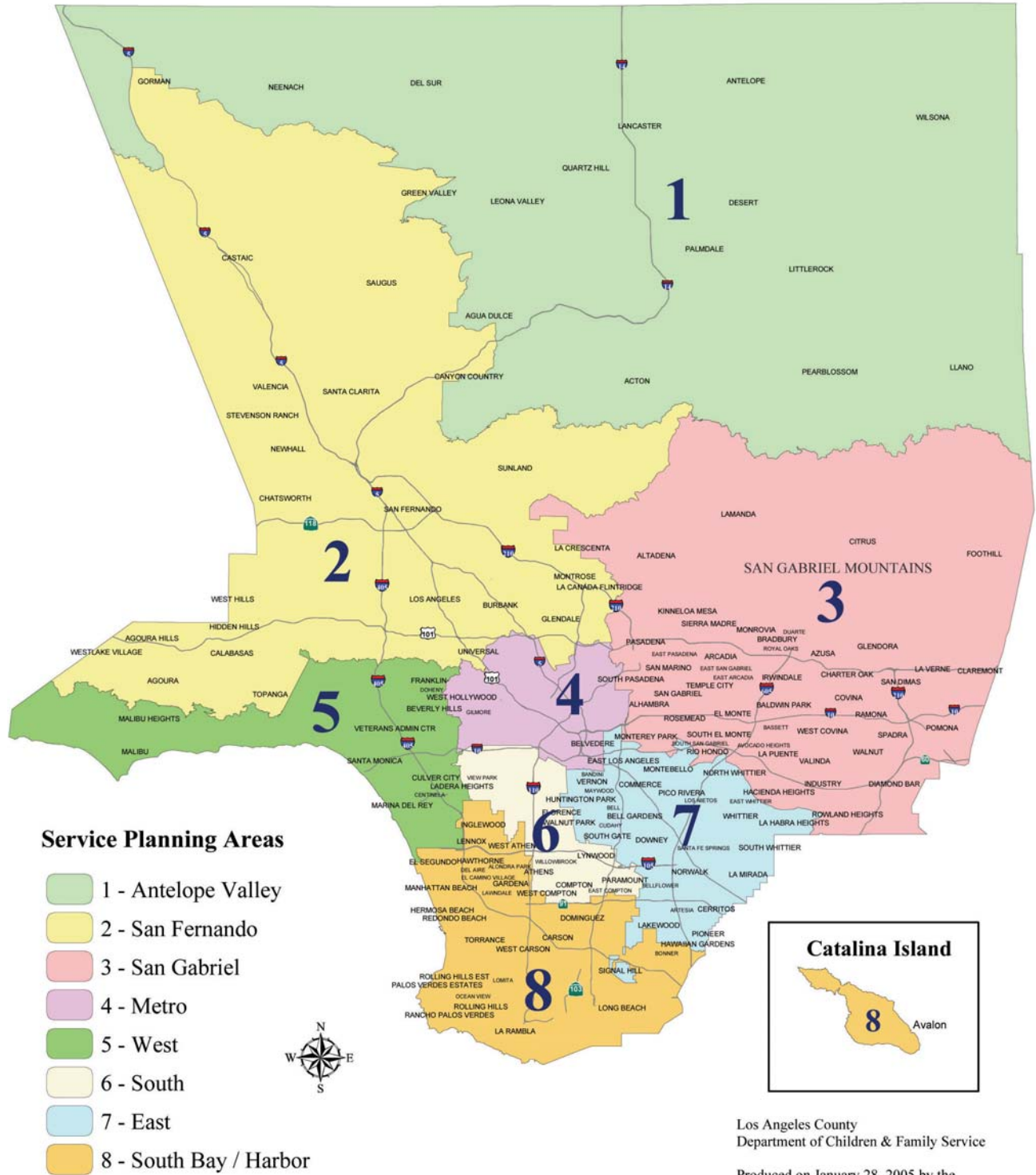
Agency Data Report Definitions

The annual data statement submitted by the Department of Children and Family Services does include a glossary explaining the meanings of acronyms and definitions of terms used in the agency's report.

Recommendation Three:

Permanency initiatives or mentoring programs that impact children and youth

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





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

Source: Child Protection Hotline ZIP Code Report created on September 1, 2006 by DCFS ITS GIS Unit.



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

Source: Child Protection Hotline ZIP Code Report created on September 1, 2006 by DCFS ITS GIS Unit.



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

Source: Child Protection Hotline ZIP Code Report created on September 1, 2006 by DCFS ITS GIS Unit.



SERVICE PLANNING AREA (SPA)	ZIP CODE	CITY/COMMUNITY
SPA 3	91740	Glendora
SPA 3	91741	Glendora
SPA 3	91744	Cityof Industry/La Puente/Valinda
SPA 3	91745	La Puente (Hacienda Heights)
SPA 3	91746	Bassett/City of Industry/La Puente
SPA 3	91748	Rowland Heights
SPA 3	91750	La Verne
SPA 3	91754	Monterey Park
SPA 3	91755	Monterey Park
SPA 3	91759	Mt Baldy
SPA 3	91765	Diamond Bar
SPA 3	91766	Phillips Ranch/Pomona
SPA 3	91767	Pomona
SPA 3	91768	Pomona
SPA 3	91770	Rosemead
SPA 3	91773	San Dimas
SPA 3	91775	San Gabriel
SPA 3	91776	San Gabriel
SPA 3	91780	Temple City
SPA 3	91789	Diamond Bar/City of Industry/Walnut
SPA 3	91790	West Covina
SPA 3	91791	West Covina
SPA 3	91792	West Covina
SPA 3	91801	Alhambra
SPA 3	91803	Alhambra
SPA 3	92397	Wrightwood
SPA 4	90004	Hancock Park (City of LA)
SPA 4	90005	Koreatown (City of LA)
SPA 4	90006	Pico Heights (City of LA)
SPA 4	90010	Wilshire Blvd (City of LA)
SPA 4	90012	Civic Center (City of LA)/Chinatown (City of LA)
SPA 4	90013	Downtown Los Angeles (City of LA)
SPA 4	90014	Los Angeles
SPA 4	90015	Downtown Los Angeles (City of LA)
SPA 4	90017	Downtown Los Angeles (City of LA)
SPA 4	90019	Country Club Park (City of LA)/Mid City (City of LA)
SPA 4	90020	Hancock Park (City of LA)
SPA 4	90021	Downtown Los Angeles (City of LA)

Source: Child Protection Hotline ZIP Code Report created on September 1, 2006 by DCFS ITS GIS Unit.



SERVICE PLANNING AREA (SPA)	ZIP CODE	CITY/COMMUNITY
SPA 4	90026	Echo Park/Silverlake (City of LA)
SPA 4	90027	Griffith Park (City of LA)/Los Feliz (City of LA)
SPA 4	90028	Hollywood (City of LA)
SPA 4	90029	Downtown Los Angeles (City of LA)
SPA 4	90031	Montecito Heights (City of LA)
SPA 4	90032	El Sereno (City of LA)/Monterey Hills (City of LA)
SPA 4	90033	Boyle Heights (City of LA)
SPA 4	90036	Park La Brea (City of LA)
SPA 4	90038	Hollywood (City of LA)
SPA 4	90039	Atwater Village (City of LA)
SPA 4	90041	Eagle Rock (City of LA)
SPA 4	90042	Highland Park (City of LA)
SPA 4	90046	Mount Olympus (City of LA)
SPA 4	90048	West Beverly (City of LA)
SPA 4	90057	Westlake (City of LA)
SPA 4	90065	Cypress Park (City of LA)/Glassell Park (City of LA)
SPA 4	90068	Hollywood (City of LA)
SPA 4	90069	West Hollywood
SPA 4	90071	ARCO Towers (City of LA)
SPA 5	90024	Westwood (City of LA)
SPA 5	90025	Sawtelle (City of LA)/West Los Angeles (City of LA)
SPA 5	90034	Palms (City of LA)
SPA 5	90035	West Fairfax (City of LA)
SPA 5	90045	LAX Area (City of LA)/Westchester (City of LA)
SPA 5	90049	Bel Air Estates (City of LA)/Brentwood (City of LA)
SPA 5	90056	Ladera Heights (City of LA)
SPA 5	90064	Cheviot Hills (City of LA)/Rancho Park (City of LA)
SPA 5	90066	Mar Vista (City of LA)
SPA 5	90067	Century City (City of LA)
SPA 5	90073	VA Hospital (Sawtelle)
SPA 5	90077	Bel Air Estates & Beverly Glen (City of LA)
SPA 5	90094	Playa Vista
SPA 5	90095	Los Angeles (UCLA)
SPA 5	90210	Beverly Hills/Beverly Glen (City of LA)
SPA 5	90211	Beverly Hills
SPA 5	90212	Beverly Hills
SPA 5	90230	Culver City
SPA 5	90232	Culver City
SPA 5	90263	Pepperdine University (Malibu)
SPA 5	90265	Malibu

Source: Child Protection Hotline ZIP Code Report created on September 1, 2006 by DCFS ITS GIS Unit.



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

Source: Child Protection Hotline ZIP Code Report created on September 1, 2006 by DCFS ITS GIS Unit.



ICAN 2007 DATA REPORT

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

Source: Child Protection Hotline ZIP Code Report created on September 1, 2006 by DCFS ITS GIS Unit.



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

Source: Child Protection Hotline ZIP Code Report created on September 1, 2006 by DCFS ITS GIS Unit.



Figure 1

DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Children Referred to DCFS Calendar Years 1984 Through 2006

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



Figure 2

DEPARTMENT OF CHILDREN AND FAMILY SERVICES			
Children Referred to DCFS By Service Planning Area Calendar Year 2006			
SERVICE PLANNING AREA (SPA)	EVALUATED OUT	IN-PERSON RESPONSE	TOTAL REFERRAL CHILDREN RECEIVED
1	889	8,797	9,686
2	2,190	19,311	21,501
3	1,614	16,741	18,355
4	1,382	13,845	15,227
5	358	2,820	3,178
6	2,057	21,274	23,331
7	1,736	15,798	17,534
8	1,699	18,297	19,996
Out of County	1,524	2,196	3,720
Other *	3,570	26,613	30,183
TOTAL	17,019	145,692	162,711

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

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

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

Figure 3

DEPARTMENT OF CHILDREN AND FAMILY SERVICES		
Children Referred to DCFS By Allegation Type Calendar Year 2006		
ALLEGATION TYPE	CHILDREN	PERCENTAGE
Sexual Abuse	11,232	6.9%
Physical Abuse	30,722	18.9%
Severe Neglect	1,898	1.2%
General Neglect	44,554	27.4%
Emotional Abuse	12,549	7.7%
Exploitation	136	0.1%
Caretaker Absence/Incapacity	5,959	3.7%
At Risk, Sibling Abuse	30,918	19.0%
Substantial Risk	24,743	15.2%
TOTAL	162,711	100.0%



Figure 4

DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Children Referred to DCFS By Allegation Type Calendar Year 2006

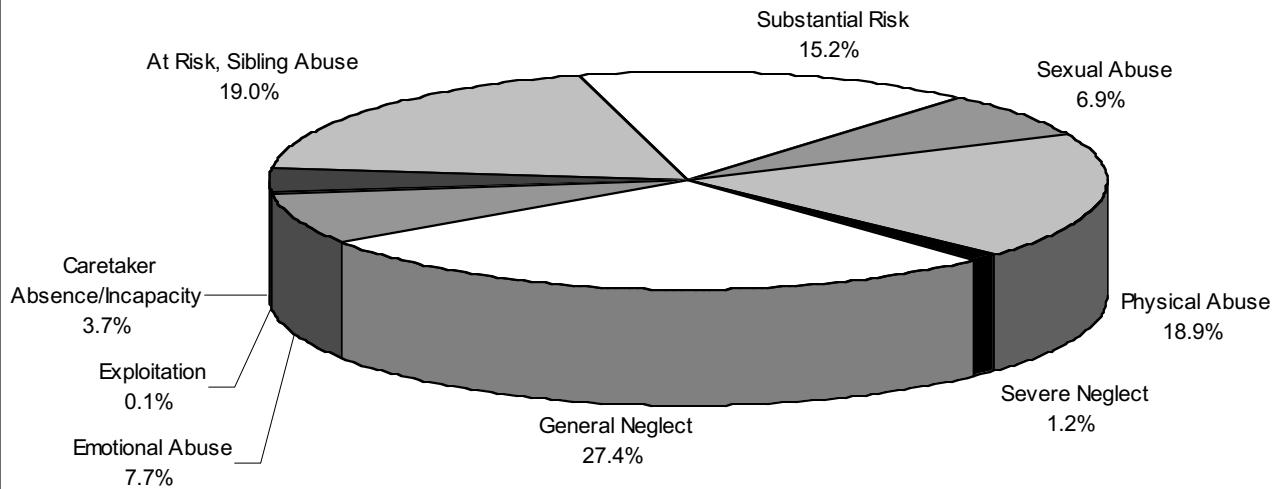


Figure 5

DEPARTMENT OF CHILDREN AND FAMILY SERVICES
In-Home and Out-Of-Home Services Caseload as of December 31, 2006

SERVICES TYPE	CHILDREN	PERCENTAGE
Emergency Response	1,002	2.6%
Family Maintenance	10,932	28.5%
Family Reunification	9,589	25.0%
Permanent Placement	15,016	39.1%
Adoptions	1,844	4.8%
TOTAL	38,383	100.0%



Figure 6

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

In-Home and Out-Of-Home Services Caseload as of December 31, 2006

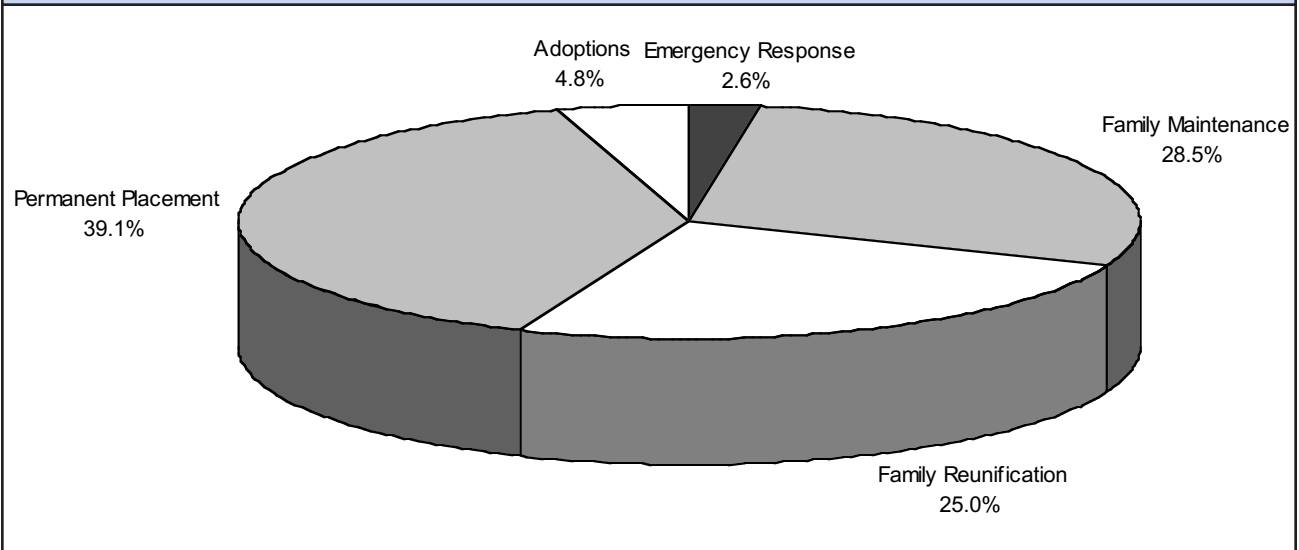


Figure 7

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

In-Home and Out-Of-Home Services Caseload Child Characteristics as of December 31, 2006

CATEGORY		CHILDREN	PERCENTAGE
AGE GROUP	Birth - 2 Years	6,443	16.8%
	3 - 4 Years	3,718	9.7%
	5 - 9 Years	8,877	23.1%
	10 - 13 Years	7,966	20.8%
	14 - 15 Years	4,778	12.4%
	16 - 17 Years	4,665	12.2%
	18 Years & Older	1,936	5.0%
	TOTAL	38,383	100.0%
ETHNICITY	White	5,139	13.4%
	Hispanic	19,500	50.8%
	African-American	12,277	32.0%
	Asian/Pacific Islander	912	2.4%
	American Indian/Alaskan	205	0.5%
	Filipino	213	0.6%
	Other	137	0.4%
	TOTAL	38,383	100.0%
GENDER	Male	19,074	49.7%
	Female	19,309	50.3%
	TOTAL	38,383	100.0%



Figure 8

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

In-Home and Out-Of-Home Services Caseload By Age Group as of December 31, 2006

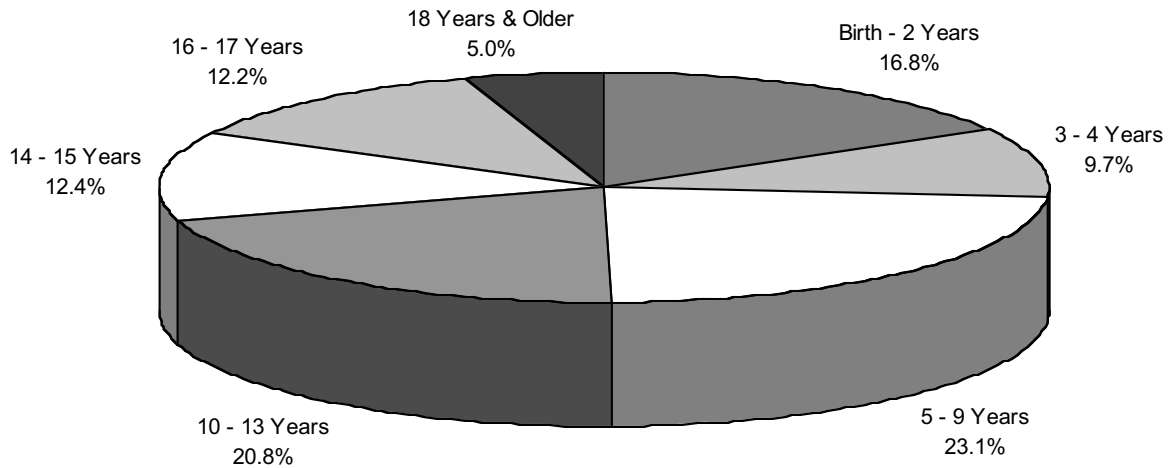


Figure 9

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

In-Home and Out-Of-Home Services Caseload By Ethnicity as of December 31, 2006

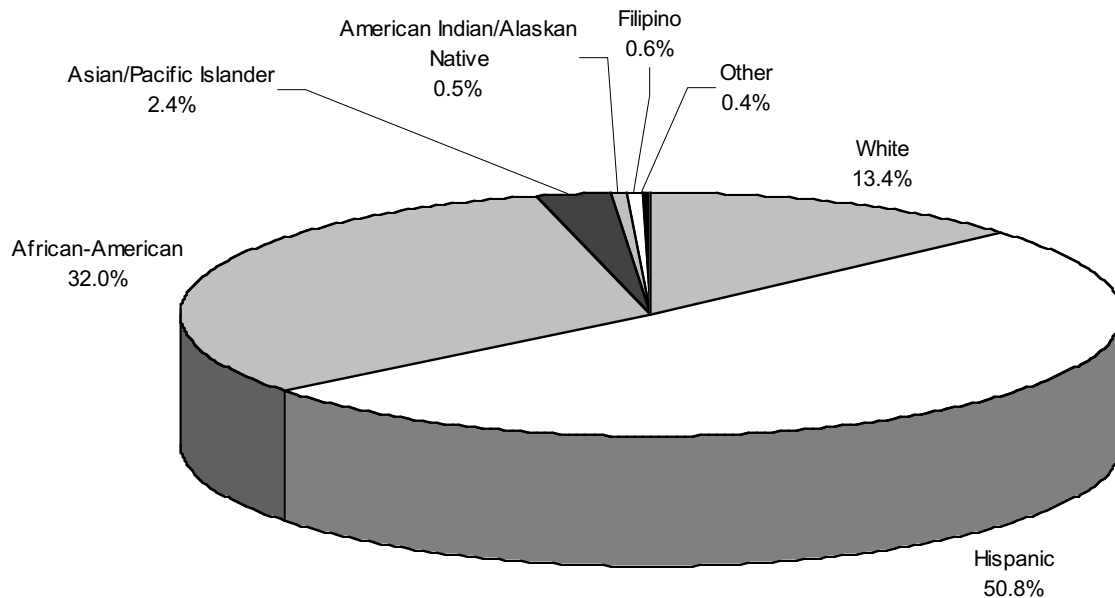




Figure 10

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

In-Home and Out-Of-Home Services Caseload By Gender as of December 31, 2006

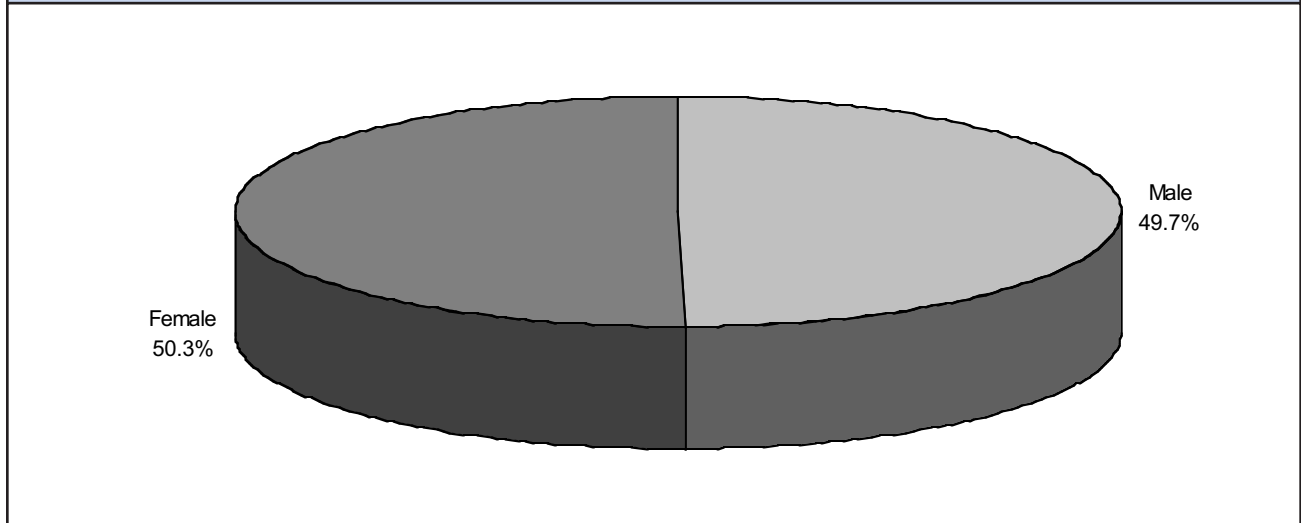


Figure 11

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

**Children In Out-Of-Home Placement By Planning Area as of December 31, 2006
(Non Foster Care, Adoptive Home, and Guardian Home Placements Excluded)**

SERVICE PLANNING AREA (SPA)	BIRTH - 2 YEARS	3 - 4 YEARS	5 - 9 YEARS	10 - 13 YEARS	25329712 7624 - 15 YEARS	16 - 17 YEARS	18 YEARS & OLDER	TOTAL
SPA 1	340	178	392	302	184	206	109	1,711
SPA 2	383	185	371	327	243	245	107	1,861
SPA 3	544	312	726	684	472	473	205	3,416
SPA 4	183	100	170	134	99	125	69	880
SPA 5	54	15	45	36	33	42	12	237
SPA 6	658	333	707	756	525	567	254	3,800
SPA 7	556	235	573	458	252	266	109	2,449
SPA 8	512	269	562	562	360	387	173	2,825
Out of County	501	272	637	599	385	419	197	3,010
Other *	44	28	54	50	44	32	13	265
TOTAL	3,775	1,927	4,237	3,908	2,597	2,762	1,248	20,454

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

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

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



Figure 12

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

**Children In Out-Of-Home Placement By Planning Area as of December 31, 2006
(Non Foster Care, Adoptive Home, and Guardian Home Placements Excluded)**

FACILITY TYPE	CHILDREN	PERCENTAGE
Relative/Non-relative Extended Family Member Home	10,868	53.1%
Foster Family Home	1,807	8.8%
Foster Family Agency Certified Home	6,029	29.5%
Small Family Home	138	0.7%
Group Home	1,557	7.6%
Other (Tribal Home and Court Specified Home)	55	0.3%
TOTAL OUT-OF-HOME PLACEMENT	20,454	100.0%

Figure 13

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

**Children In Out-Of-Home Placement Caseload as of December 31, 2006
(Non Foster Care, Adoptive Home, and Non-Foster Care Placement Facility)**

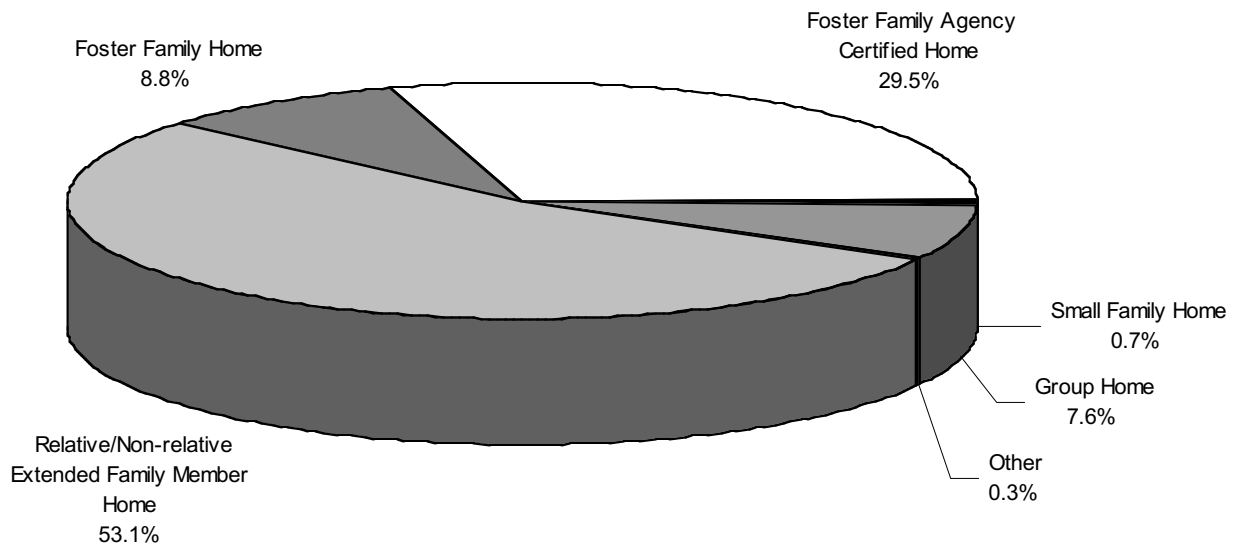




Figure 14

DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Number of Youth Receiving P3 Services from Program Inception

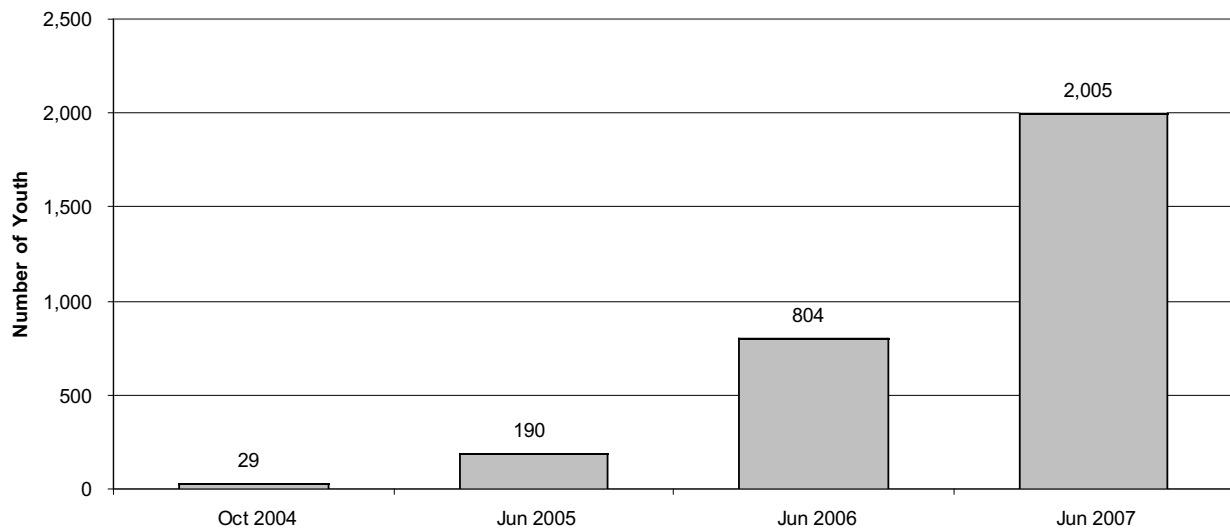


Figure 15

DEPARTMENT OF CHILDREN AND FAMILY SERVICES
New Case Plan Goals for Youth Receiving P3 Services

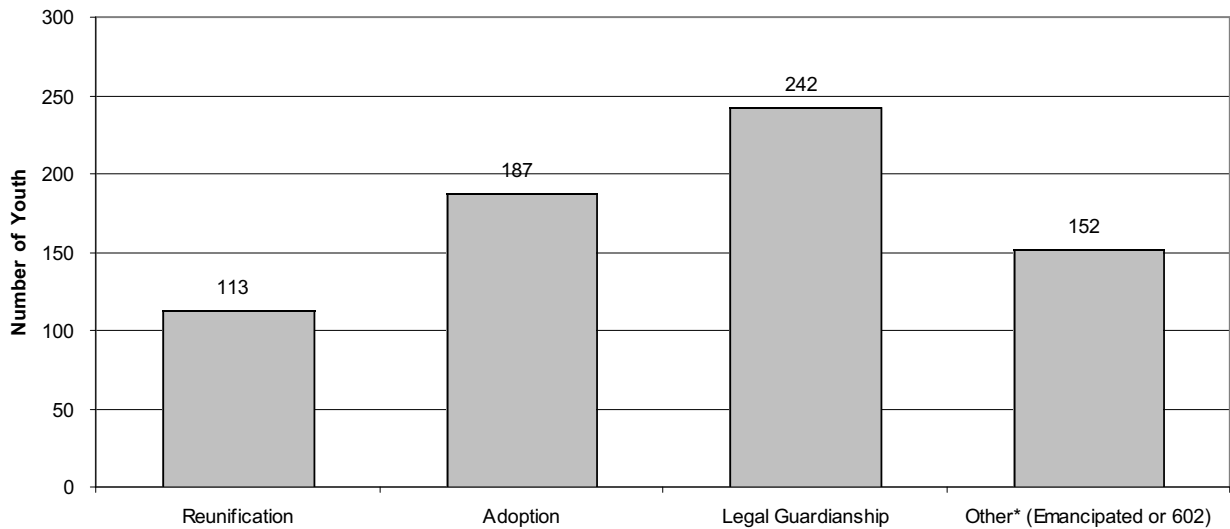




Figure 16

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

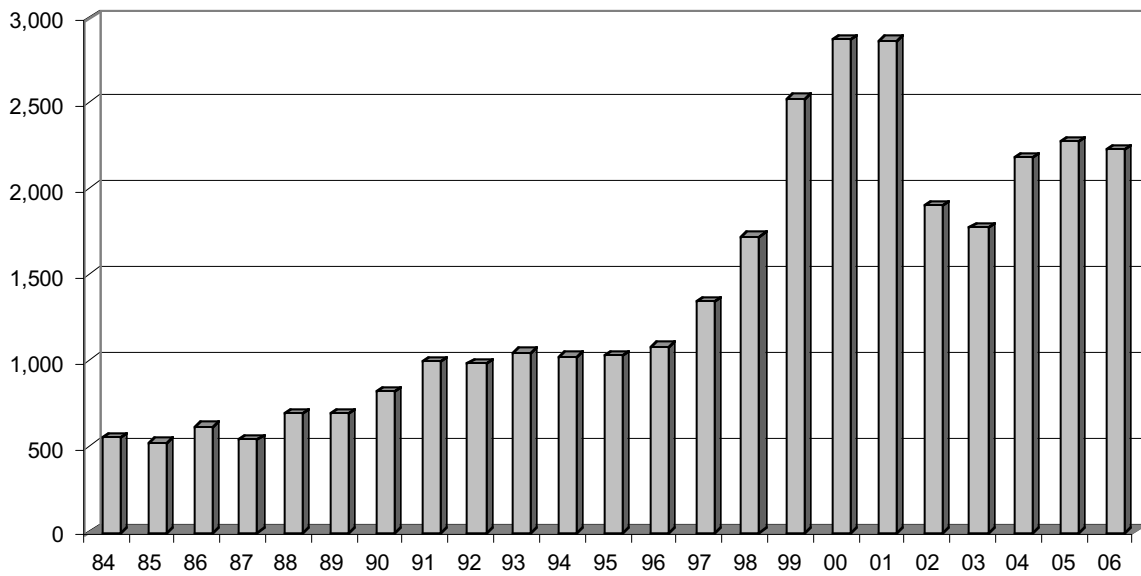
Adoptions Permanency Planning Caseload Calendar Years 1984 Through 2006

CALENDAR YEAR	CHILDREN PLACED IN ADOPTIVE HOMES DURING THE YEAR
1984	558
1985	524
1986	617
1987	541
1988	698
1989	696
1990	824
1991	1,000
1992	985
1993	1,049
1994	1,027
1995	1,035
1996	1,087
1997	1,346
1998	1,728
1999	2,532
2000	2,874
2001	2,871
2002	1,911
2003	1,777
2004	2,191
2005	2,281
2006	2,236



Figure 17

DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Children Placed in Adoptive Homes Calendar Years 1984 Through 2006





GLOSSARY

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

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

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

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

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

Caretaker Absence/Incapacity – This refers to situations when the child’s parent has been incarcerated, hospitalized, or institutionalized and cannot arrange for the care of the child; parent’s whereabouts are unknown, or the custodian with whom the child has been left is unable or unwilling to provide care and support for the child, or when the child’s parent or guardian is unable to provide adequate care for the child due to the parent or guardian’s mental illness, developmental disability, or substance abuse.

Child Welfare Services/Case Management System (CWS/CMS) – California’s statewide-automated information system composed of multiple software applications that provide comprehensive case management functions.



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

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

Emotional Abuse – Means nonphysical 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.

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 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, medical care, and/or 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.

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

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 –

Any adult caregiver who has established familial or mentoring relationship with the child. The parties may include relatives of the child, teachers, medical professionals, clergy, and 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 is not limited to, those forms of abuse defined by Penal Code § 11165.3 and 11165.4 as “willful cruelty or unjustifiable punishment of a child” and “corporal punishment or injury.”

Relative –

A person connected to another by blood or marriage. It includes parent, step-parent, son, daughter, brother, sister, step-brother, step-sister, 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 Families –

Foster families whose focus is to reunite children with their birth families. If children cannot return home safely, the Resource Family would be able and willing to provide these children with a safe and permanent home.



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 – 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 Penal Code § 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 – Under WIC § 300, subdivisions (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.

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

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

LOS ANGELES COUNTY SUPERIOR COURT

AGENCY REPORT





LOS ANGELES SUPERIOR COURT JUVENILE DEPENDENCY COURT 2006 COURT OVERVIEW

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

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

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

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

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

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

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

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

There are twenty Dependency Courts in the Los Angeles Court system. Nineteen are located in the Edmund D. Edelman Children's Court in Monterey Park; one is in the Lancaster Courthouse serving families and children residing in the Antelope Valley. An additional courtroom at the Edelman Children's Court has been designated for private and agency adoptions. Two of the



Dependency courts hear matters involving the hearing impaired and another two hear matters that fall within the Indian Child Welfare Act (25 U.S.C. § 1901 et. seq., CRC 439). One court is operating a pilot project as a “drug court” using procedures which will be spread to all the courts. Three courts similarly are operating a pilot project for dependent minors with drug problems.

THE COURT PROCESS

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

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

Preservation of the family can be facilitated through family maintenance and family reunification services. Family maintenance services are provided to a parent who has

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

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

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

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

Stability and permanence are also assured when a child is able to safely remain within the family unit without placement in foster care while parents receive family maintenance services from DCFS under the supervision of the Court. If the Court has



ordered that the child may reside with a parent, the case will be reviewed every six (6) months until such time the Court determines that the conditions which brought the child within the court's jurisdiction no longer exist, at which time the court may terminate jurisdiction (WIC§ 364).

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

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

the permanency planning 18th month hearing (WIC § 366.21, et. seq.).

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

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

1. Adoption of the child following a hearing where Dependency Court has terminated parental rights. Adoption is the preferred plan as it provides the most stability and permanence for the child.



2. Appointment of a Legal Guardian for the child. Legal Guardians have the same responsibilities as a parent to care for and control a child. However, legal guardianship provides less permanence, as a guardianship may be terminated by Court order or by operation of law when the child reaches the age of 18.
3. Planned Permanent Living Arrangement (formerly Long Term Foster Care). This plan is the least stable for the child because the child has not been provided a home that will commit to parent him or her into adulthood while providing the legal relationship of parent and child.

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

SUBSEQUENT AND SUPPLEMENTAL PETITIONS

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

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

Supplemental Petitions may be filed by DCFS to change or modify a prior Court order placing a child in the care of a parent, guardian, relative or friend, if DCFS believes there are sufficient facts to show that the child will be better served by placement in a foster home, group home or in a more restrictive institution (WIC § 387). A supplemental petition is subject to all of the procedural requirements for the original petition.

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

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

CASELOAD OVERVIEW

The data collected at this time does not fully reflect the workload of the Dependency Courts. In addition to the statutorily mandated hearings (Detention/Arrestment Hearing, Jurisdictional Hearing, Disposition Hearing,



six, twelve and eighteen month review hearings, Selection and Implementation Hearing) the Court, acting in the best interest of the child, must often schedule hearings to receive progress reports if it is determined that Court ordered services may be lacking. Interim hearings may be scheduled to handle matters that have not been or cannot be resolved without court intervention. Cases that are transferred from other counties must be immediately set on the Court's calendar; and recently all of the courts began hearing adoption hearings once or twice a month, so that permanency occurs without delay. All Dependency courts have a significant number of children who are prescribed psychotropic medication, which cannot be given to dependent children without court authorization. Regular review hearings are often continued because children are not brought to court for hearing, incarcerated parents are not transported to court, notice of hearing has not been found proper by the court, or reports needed for the hearing are not available. The Court will often make interim orders to address issues before it even though the case must be continued for hearing. These additional hearings impact the child, particularly when the case is in reunification.

ANALYSIS

In 2006, new, subsequent and supplemental petitions were filed involving 18,870 children: 10,235 children were before the Court with new WIC §300 petitions; 7,396 supplemental and/or subsequent petitions were filed in 2006. New petitions were filed in 1,239 previously dismissed or terminated cases (Figure 1).

Matters involving 119,563 children were the subject of contested and uncontested Review Hearings. Statutorily mandated

hearings in 2006 involved 137,575 children (Figure 2). These numbers reflect the total number of children whose cases were brought into the court in 2006 and not the number of children who are dependents of the court. (Many cases require judicial oversight multiple times in a calendar year.)

The data indicates a substantial decline in the number of filings since the peak year, 1997 when 22,645 petitions were filed in the Dependency Court. Filings in 2002 increased modestly over 2001 filings. Total filings in 2003 declined slightly to the levels of 2000 and 2001; and again in 2004 so that the modest increase in 2002 appears to be an exception to a continuing downward trend. The number of review hearings rose consistently between 1992 and 2000, but have gradually declined since then to 119,563 in 2006 (Figure 3).

Of the 10,235 new WIC §300 petitions, out of home placement was ordered for 4,277 children in 2006. This latter number represents the foster care placement of under sixty eight percent (67.1%) of the 6,375 children whose cases went to disposition in 2006 (Figure 4). The data indicates a significant increase in the filing of all petitions from 2005 to 2006. Analysis of the ten-year period 1996 to 2006 shows a dramatic filings increase peaking in 1997, and then a strong decline in filings until 2001, when a modest upward trend began. The downward trend resumed in 2003 and continued in 2004, but a strong upswing was evident in total filings for 2005 and 2006. The composition of filings has changed over this decade. New petitions comprised approximately 75% of total petition filings in 1996, but by 2006, new filings comprised more than half of total petition filings.

From 2005 to 2006 the filing of new petitions increased by 278; subsequent



petitions increased by 229 petitions and supplemental petitions by 281. New filings increased from 9,957 in 2005 to 10,235 in 2006 suggesting that the increase in 2005 marked the beginning of an upward trend in new filings. New filings in 2006 were higher than any time since 1997, when 13,465 new petitions were filed.

There has been a decrease in new filings from 1996 (14,824) to 2006 (10,235) and a substantial decrease in total filings from the 1997 high of 22,645 (Figure 5).

EXITING THE DEPENDENCY COURT SYSTEM

The data indicates that on average 67% of the disposition hearings end with the removal of children from their parents or guardian. In 2006, 10,235 children were the subject of new Dependency court petitions and 10,651 children had their cases dismissed or jurisdiction terminated. Since 1997, more children have exited the system than entered it (Figure 6).

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

The greater number of children exiting the Dependency system than entering it may be the result of several factors including the following: changes in the Code authorized the Court to terminate jurisdiction for children placed in a permanent plan of Legal Guardianship; DCFS developed new approaches to prevention and treatment (family preservation, family group decision

making, etc) resulting in fewer new petitions; the Code mandated Concurrent Planning, shorter periods for parents to reunify, and adoption as the preferred plan when parents failed to respond to reunification services; the Code made reunification discretionary in certain cases resulting in more children being made available for permanency planning.

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

The dramatic rise in filings from 1992 to 1997 was, in large part, due to the increasing availability and usage of "crack" cocaine in the late 1980's and mid 1990's, resulting in an explosion of children born drug exposed and parents whose addiction negated their ability to parent.

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

SELECTED FINDINGS

- A noticeable increase in filings occurred in 2006, reversing declines and evidencing numbers last seen in 1998.
- New WIC §300 petitions in relation to total petition filings, constituted 54.2% of filings in 2006.
- 10,235 new children were brought in under new WIC §300 petitions filed in 2006, while 10,962 children exited the Dependency System.



Figure 1

DEPENDENCY PETITIONS FILED

Year	New 300	Subseq. 300	Subseq. 342	Suppl. 387	Suppl. 388	Reactivated	TOTAL
1996	14,824	3,847	634	2,502	616	0	22,423
1997	13,465	4,765	860	2,540	1,015	0	22,645
1998	9,807	4,245	870	2,503	1,095	0	18,520
1999	8,918	4,748	628	2,541	1,461	0	18,296
2000	8,015	3,896	429	2,412	1,367	0	16,119
2001	8,285	2,873	580	2,148	2,236	0	16,122
2002	8,803	3,011	526	1,843	2,812	0	16,995
2003	7,501	2,244	716	1,598	2,941	1,169	16,169
2004	7,691	1,974	608	1,361	2,961	1,239	15,834
2005	9,957	2,381	681	1,295	2,987	1,326	18,627
2006	10,235	2,222	611	1,328	3,235	1,239	18,870

Figure 2

JUVENILE DEPENDENCY COURT

Dependency Court Workload

Year	Petitions Filed	Judicial Reviews	Total Petitions and Reviews
1996	22,423	76,691	99,114
1997	22,645	94,289	116,934
1998	18,522	105,291	123,813
1999	18,296	158,715	177,011
2000	16,119	165,187	181,306
2001	16,122	157,369	173,491
2002	16,995	140,436	157,431
2003	16,169	127,368	143,537
2004	15,834	124,323	140,157
2005	18,627	118,948	137,575
2006	18,870	119,563	138,433



Figure 3
JUVENILE DEPENDENCY COURT
Petition Filings and Judicial Reviews

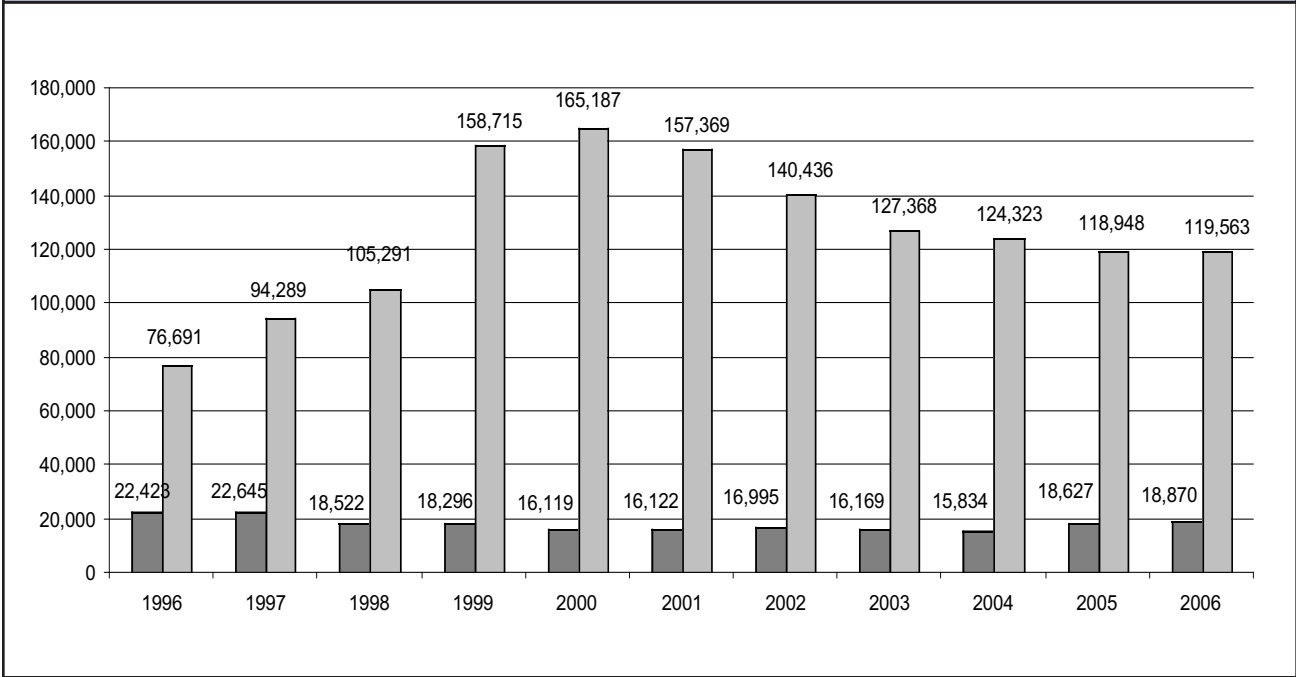


Figure 4
JUVENILE DEPENDENCY COURT
Disposition Hearing Results by Category With Percentage of Total Dispositions

2006YEAR	TOTAL	HOME OF PARENT	SUITABLE PLACEMENT	OTHER
1996	14,374	4,312 (30%)	9,976 (69%)	86 (0.5%)
1997	8,224	2,399 (29%)	5,723 (70%)	102 (0.7%)
1998	7,550	2,445 (32%)	5,066 (67%)	39 (0.5%)
1999	6,964	2,164 (31%)	4,618 (66%)	182 (2.6%)
2000	6,964	2,088 (30%)	4,640 (67%)	236 (3.5%)
2001	7,197	1,942 (27%)	5,010 (69.9%)	245 (3.4%)
2002	8,175	2,124 (26%)	5,748 (70.3%)	303 (3.7%)
2003	6,549	2,015 (31%)	4,296 (65%)	238 (4.0%)
2004	5,805	1,618 (27.9%)	3,960 (68.2%)	227 (3.9%)
2005	6,395	2,079 (32.5%)	4,027 (62.9%)	297 (4.6%)
2006	6,375	2,098 (33%)	4,026 (63.2%)	251 (4.0%)



Figure 5

DEPENDENCY PETITIONS FILED

New, Subsequent, Supplemental and Reactivated

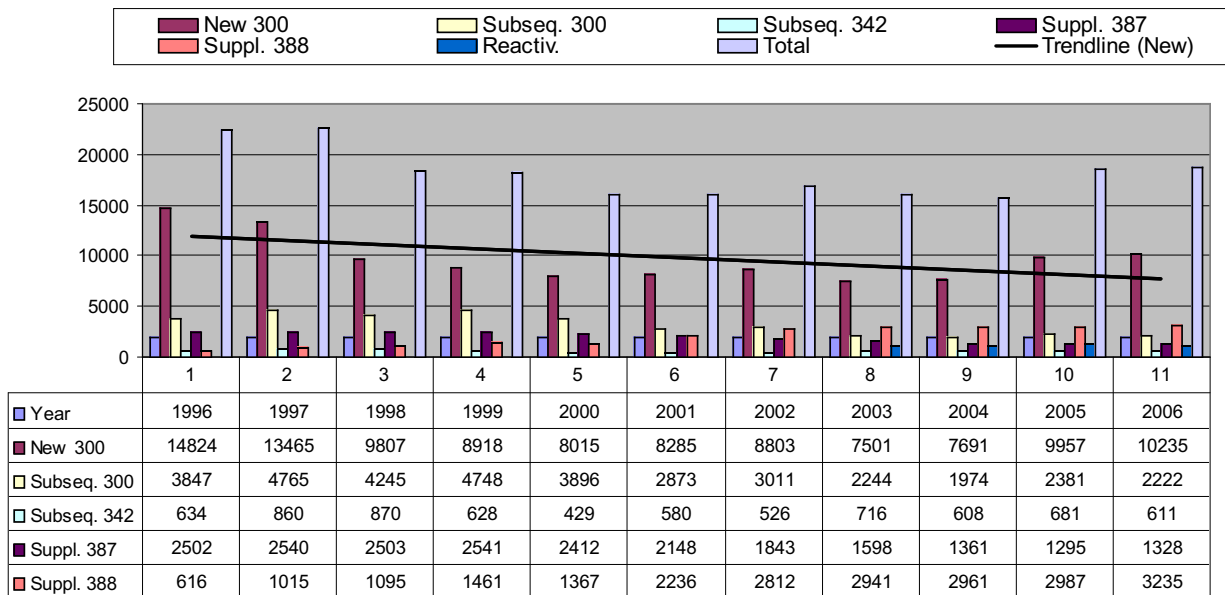
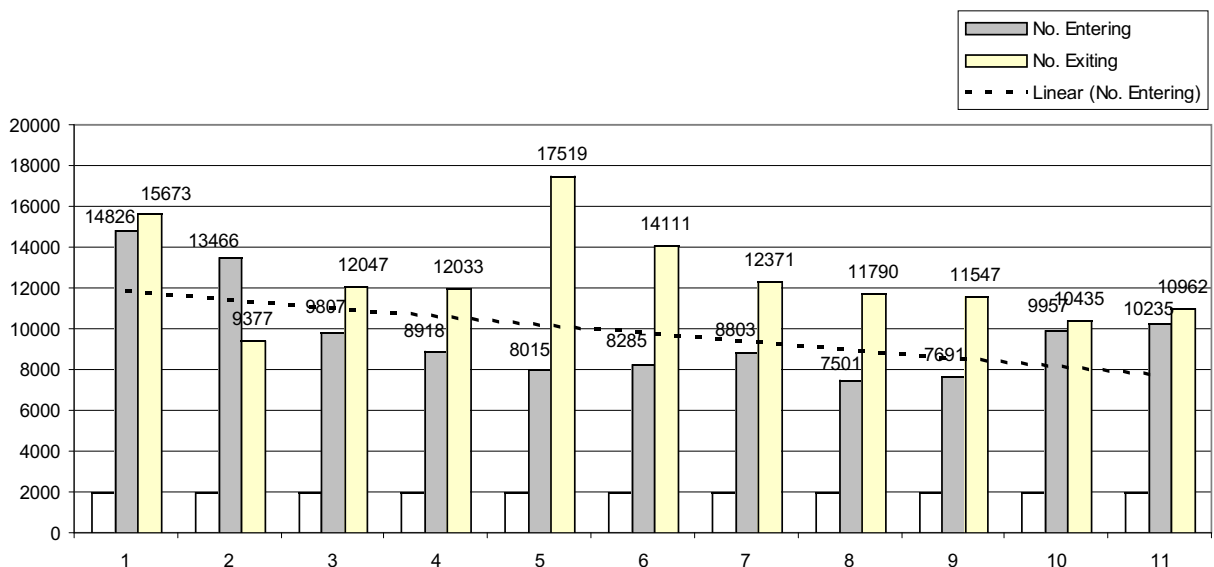


Figure 6

NEW CHILDREN ENTERING VS. EXISTING CHILDREN

Exiting the Dependency System





GLOSSARY

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

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

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

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

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

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

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

WIC §300 Petition – The initial petition filed by the Department of Children and Family Services that subjects a child to Dependency Court supervision. If sustained, the child

may be adjudged a dependent of the court under subdivisions (a) through (j).

WIC §342 Petition – A subsequent petition filed after the WIC 300 petition has been adjudicated and while jurisdiction is still open, alleging new facts or circumstances.

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

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

LOS ANGELES COUNTY COUNSEL AGENCY REPORT





LOS ANGELES COUNTY COUNSEL

Dependency Division Appellate Division

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

The Children's Services Division of County Counsel, located at the Edmund D. Edelman Children's Court in Monterey Park, is comprised of two divisions: the Dependency Division and the Appellate Division. There are 105 attorneys in the Dependency Division and 12 in the Appellate Division. There are 19 dependency courtrooms in Monterey Park and one satellite dependency court in the Antelope Valley.

The attorneys provide legal services and advice to the Los Angeles County Department of Children and Family Services (DCFS) and represent DCFS in dependency proceedings filed under section 300 of the Welfare and Institutions Code (WIC).

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

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

The Dependency Mediation Program encourages non-adversarial case resolution. Two County Counsel work with the mediators and children's social workers (CSW) to assist the trial attorneys in resolving legal issues, assuring appropriate case resolutions, reviewing case plans, and reaching meaningful agreements with the parents and children through their respective counsel and with DCFS.

A child abuse investigation is initiated through a call to the Child Protection Hotline. DCFS is invested with the responsibility of investigating allegations of child abuse and neglect and determining whether a petition should be filed alleging that the child comes within the jurisdiction of the Dependency Court. The CSW submits the petition request to the Intake and Detention Control Section of DCFS. County Counsel staffs Intake and Detention Control with an attorney who reviews the petition to assure it is legally sufficient. In addition, the Intake and Detention Control attorney gives legal advice on detention and filing issues and provides summaries of child death cases. There were 13,196 new petitions filed in 2006.



Once a petition has been filed, the petitioner (DCFS) through its attorney has the burden of proof at the initial hearing and subsequent jurisdiction, disposition, review, and selection and implementation hearings held in Dependency Court. There is a direct calendaring system in Dependency Court and vertical representation throughout the proceedings which provide necessary continuity and familiarity on a case.

INITIAL HEARING

The purpose of the initial petition hearing is to advise parents of the allegations in the petition and to determine detention issues. Based on prima facie evidence submitted in the CSW's detention report, the court makes a determination whether (1) the child should remain detained and (2) if the child comes within the description of WIC section 300 (a) - (j). County Counsel advocates for continued detention if it appears necessary for the safety and protection of the child because

- There is a substantial danger to the physical health of the child or the child is suffering severe emotional damage, and there are no reasonable means by which the child's emotional or physical health can be protected without removing the child from the custody of the parents or guardian;
- There is substantial evidence that a parent, guardian, or custodian of the child is likely to flee the jurisdiction of the court;
- The child has left a placement in which he or she was placed by the Dependency Court; or,
- The child indicates an unwillingness to return home and has been physically or sexually abused by a person residing in the home.

If a child is detained, the court must make a finding that there is substantial danger to the physical and/or emotional health and safety of the child, and there are no reasonable means to protect the child without removing the child from the custody of the parent(s). 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, County Counsel has the burden of proof to establish by a preponderance of the evidence that the allegations in the petition are true and that the child has suffered, or there is a substantial risk that the child will suffer, serious physical or emotional harm or injury.

The parties may set a matter for Mediation or for a Pretrial Resolution Conference 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 may request that the court permit the child to testify out of the presence of the parents. The court will permit chambers testimony if the child either is (1) intimidated by the courtroom setting, (2) afraid to testify in front of his or her parents, or (3) it is necessary to assure that the child tell the truth.



The social study report prepared by the CSW, attachments to the report, and hearsay statements in the report may be used as substantive evidence subject to specific objections. The CSW as the preparer of the report and other hearsay declarants must be available for cross-examination. Statements made by a child under 12 years of age who is the subject of the petition also are admissible as evidence if they were not procured by fraud, deceit, or undue influence.

At the conclusion of testimony, the court may find the allegations true and sustain the petition; or find some of the allegations true, amend the petition, and sustain an amended petition; or, find the minor is not a person described by WIC section 300 and dismiss the petition.

DISPOSITION

If the child is found by the court to be a person described by WIC section 300 (a) - (j), a disposition hearing is held to determine the proper plan for the child. The Disposition hearing is held 10 days after the Adjudication if the minor is detained, or 30 days if DCFS is recommending the court order no reunification services for the parents, or if DCFS seeks to release the child to the custody of a parent.

If DCFS recommends that the child be removed from parental custody, County Counsel must establish by clear and convincing evidence that return of the child to his or her parents would create a substantial risk of detriment to the safety, protection, or physical or emotional well-being of the child, and there are no reasonable means by which to protect the child.

If a child is removed from parental custody, the court may order family reunification services. There must be a reunification plan that is designed to meet the needs of the

family and may include counseling and other treatment modalities which will alleviate the problems which led to dependency court involvement. If the child is three years of age or older, the period of reunification is twelve months and may not exceed 18 months. If the child is under three years of age, a parent has six months to successfully reunify, and the court has the discretion to limit the time frame of reunification for older siblings when one of the siblings is under three. If DCFS has determined that it would not be in the best interests of the child to reunify with his or her parent(s), County Counsel must demonstrate to the court that the specific statutory criteria have been met on which the court may base a non-reunification order. The court must make a finding that it would not be in the best interests of the child when denying reunification services. If a parent is in custody, the court, if it is going to deny reunification, is required to make a finding that it would be detrimental to the child to order reunification services. There are 15 statutory grounds under which a court may deny reunification services to the parent:

- The whereabouts of the parent is unknown;
- A child or sibling has been physically or sexually abused as determined on two separate dependency petitions;
- The parent has caused the death of a child through abuse or neglect;
- The child is under 3 years old and has been severely physically abused;
- The child or the child's sibling has been severely sexually abused or severely physically harmed;
- The child has been willfully abandoned which has caused serious danger to the child, or the child has been voluntarily surrendered;



- The parent has been convicted of a violent felony as defined in Penal Code section 667.5;
- The child has been conceived under Penal Code Sections 288 or 288.5 (rape);
- The parent has abducted the child's sibling or half-sibling;
- The parent is suffering from a mental illness and is incapable of benefiting from reunification services;
- Reunification services have been terminated for a sibling after the sibling was removed from the home;
- Parental rights were terminated on a sibling, and the parent has not made an effort to treat the problems that led to the removal of the sibling; or,
- The parent is a chronic abuser of drugs or alcohol.

If the court has not ordered reunification services for the family, a hearing to select and implement a permanent plan must be calendared within 120 days. If the parent's whereabouts is unknown, the selection and implementation hearing is not scheduled until after the initial six-month review.

A non-custodial parent is entitled to custody of his or her child unless it can be shown that custody would be detrimental to the safety, protection, or physical or emotional well-being of the child.

When the court is making a placement decision for a child, it first must consider placement with the custodial parent followed by the non-custodial parent, relative, foster home, community care facility, foster family agency, or group home.

In addition, the court is required to develop and/or maintain sibling relationships whenever possible.

REVIEW HEARINGS

(WIC section 364) If the court has ordered that the child reside with a parent, the case will be reviewed every six months until such time the court determines that conditions no longer exist which brought the child within the court's jurisdiction, the child is safe in the home, and jurisdiction may be terminated.

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

If the child was under the age of three at the time he entered foster care, the first six-month review hearing is a permanency hearing.

(WIC section 366.21(f)) The 12-month review is the permanency hearing for children over the age of three upon entering foster care. If the child is not returned to the custody of his or her parents, the court must terminate reunification efforts and set the matter for a hearing at which a permanent plan of adoption, guardianship, or long term foster care is selected. In rare instances, the court may continue the case for an addition-



al six months if it is able to make a finding that there is a substantial probability that the child will be safely returned and maintained in the home by the time of the next hearing.

(WIC section 366.22) The final permanency hearing must occur within 18 months of the original detention of the child, and if the child is not returned home at this hearing, the court must set a selection and implementation hearing within 120 days.

(WIC section 366.26) The selection and implementation hearing is the hearing at which the court selects the permanent plan for the child. The preferred plan is adoption followed by legal guardianship and a planned permanent living arrangement. If the court selects adoption as the plan, before terminating parental rights, the court must find by clear and convincing evidence that the child is adoptable. There are five statutory defenses to a finding of adoptability:

1. 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.

2. A child 12 years of age or older does not wish to be adopted.

3. The child requires residential treatment, and adoption is unlikely or undesirable.

4. The caretaker is unwilling or unable to adopt because of exceptional circumstances

5. There would be substantial interference with a child's sibling relationship.

(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 being 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.

APPELLATE DIVISION

Parties have a right to seek appellate relief throughout each stage of the dependency process, either by writ petition or by appeal.

The appellate attorneys file the following briefs: Appellant's Opening Briefs, Respondent's Briefs, Affirmative Writs (including Emergency Child Safety Writs), Answers to Writ Petitions (Rules 8.452 and 8.454), Petitions for Review, Petitions for Rehearing, Reply Briefs, and Amicus Briefs. In order to write Appellant's Opening Briefs, Writs, or Respondent's Briefs, the attorneys review the appellate record averaging 800–1,000 pages and sometimes exceeding 4,000 pages, and read and distinguish pertinent case law on the issues presented.

Appellate attorneys also prepare concession letters or stipulated reversals where the opposing party has filed an Opening Brief, and the appellate attorney, in consultation with DCFS and the trial attorney, determines that the appeal requires reversal or remand. A typical example of such a case is one involving improper notice under the Indian Child Welfare Act (ICWA).

Additionally, appellate attorneys file appellate motions and/or miscellaneous appellate documents such as supplemental briefing, joint applications for stipulations to



reverse (usually involving ICWA notice defects), memoranda analyzing DCFS's requests for affirmative appellate relief, requests for publication or depublication, requests for or waivers of oral argument, conflict letters, abandonments of appeals, applications for extension, notices of appeal, motions to dismiss, and requests for judicial notice.

Appellate attorneys also prepare for and attend oral argument in appropriate cases before the Court of Appeal and the Supreme Court. Presentation for oral argument includes a review of the entire record, briefs filed, and relevant case law, in addition to follow up with the CSW regarding the present status of the case. The appellate attorneys also provide advice on difficult cases when requested by the trial attorneys or DCFS and attend certain dependency hearings that may require future appellate action. In addition, the appellate attorneys consult with CSWs on appellate issues.

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

DEPENDENCY DIVISION

The Dependency Division staffs each of the dependency court rooms with either three or four County Counsel. It analyzes proposed legislation, oversees dependency/delinquency cross-over cases, and offers many training programs to County Counsel and DCFS staff. Approximately 696 attorney hours were spent during the calendar year on social worker training programs. At the Children's Social Worker Training Academy, County Counsel presented Notice, Legal Foundations, and Testifying-in-Court trainings. An interactive social worker

testifying program was continued using a Children's Court courtroom as a classroom where CSWs were cross-examined by County Counsel in a mock trial setting. Ongoing training has been provided to children's social workers by County Counsel to assist them in carrying out their legal responsibilities. Subjects have included the Indian Child Welfare Act (ICWA), Consent, Confidentiality, Mandatory and Child Abuse Central Index (CACI) Reporting, Notice, Report Writing, Search Warrants, and New Laws to name a few

Dependency County Counsel staff each of 13 DCFS regional offices and provide "office hours" in the offices where a County Counsel is not permanently assigned. The outstationed attorney provides legal advice and training to CSWs and assists the workers by reviewing:

- The legal sufficiency of court reports,
- Group home placement policies,
- Warrant requests for an "AWOL" child,
- Cases not filed in dependency court - i.e. voluntary maintenance contracts and/or voluntary reunification contracts;
- Confidentiality issues,
- Notice, including notice to appropriate parties of a WIC section 366.26 selection and implementation hearing to establish a permanent plan of adoption, legal guardianship, or a planned permanent living arrangement; and
- ICWA inquiry and notice.

The Simple Notice Application Program (SNAP) was designed and developed by County Counsel to assist DCFS in providing legal notices for the Selection and Implementation hearing in dependency cases, and a program was established to provide training and consultation on every new



Dependency case which involved ICWA inquiry and notice.

Training programs offered to County Counsel are coordinated through a County Counsel Training Committee. The training subjects reflect a consensus and comprehensive approach to the planning and delivery of the training at all levels of County Counsel legal staff. It includes individual mentoring and a specific program to acquaint new attorneys with Dependency Court law and procedures, Mandatory Continuing Legal Education (MCLE) presentations by recognized experts in dependency-related matters, trial and legal writing skills programs designed particularly for County Counsel, in addition to monthly "round table" discussions updating staff on new case decisions and legislation. DCFS, judicial officers, and children's attorneys are welcome to attend County Counsel trainings. As part of County Counsel's commitment to on-going legal education and trial skills development, County Counsel staff has authored a Dependency Trial Manual and a Dependency Trial Notebook, both of which contain highly specialized reference materials utilized by County Counsel at every stage of the dependency proceedings.

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



GLOSSARY

Child Protection Hot Line – Agency required to accept a report of child abuse or neglect.

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 with the same counsel 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 the purpose of facilitating reunification of the family.

Hearsay – Out-of-court statement made other than by a witness offered in evidence for the truth of the matter stated.

Initial Hearing – See Detention hearing.

Jurisdiction – A child who comes within the description of WIC §300 (a) - (j) falls within the juvenile court's jurisdiction, that is, a child has suffered serious harm or is at substantial risk of suffering serious harm as a result of an act, omission, of a parent or guardian or the inability of one of the parents or guardians to protect the child.

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 that has been verified by the social services agency.

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 in a dependency trial which is more likely than not the incident occurred.

Pretrial Resolution Conference – Prior to adjudication, the attorneys on the case meet in an attempt to mediate the issues before the court including the language of the petition allegations and the disposition of the case.

Prima Facie Evidence – Evidence in a Detention Report that on its face supports a finding that a child is described by WIC section 300 and the child may not remain safely in the home of the parent(s).

Review Hearings – A hearing which occurs each six months after the court has taken jurisdiction.



Selection and Implementation Hearing – Hearing at which the court selects and implements a permanent plan for the child of adoption, legal guardianship, or on rare occasions, long term foster care.

Terminate Parental Rights (TPR) – At the Selection and Implementation hearing, the court must terminate parental rights if the child is adoptable and no exceptions apply.

Vertical Representation – In Dependency proceedings, the attorneys representing the parties remain on the case from the initial hearing throughout the proceedings.

Writ Petition – A petition to the appellate court which seeks expeditious review of a superior court decision.

LOS ANGELES COUNTY SHERIFF'S DEPARTMENT AGENCY REPORT





**LOS ANGELES COUNTY
SHERIFF'S DEPARTMENT**

SPECIAL VICTIMS BUREAU

The Los Angeles County Sheriff's Department, the largest in the United States, is responsible for providing law enforcement services to nearly 3 million people in Los Angeles County. This service extends to forty contract cities and unincorporated County area. The Special Victims Bureau (SVB) is the unit within the Department that investigates cases of physical and sexual child abuse that occur in its jurisdiction. Cases of child endangerment, neglect and emotional abuse, in which no physical harm comes to a child, are investigated by detectives assigned to one of the twenty-four stations located throughout the County. These cases are not included in this report.

The origins of SVB began in 1972 with the formation of the Youth Services Bureau which primarily handled juvenile diversions. In 1974, the Child Abuse Detail became a separate unit tasked with investigating these specialized cases. In 1986, the Juvenile Investigations Bureau was developed and contained the Child Abuse Detail, as well as other details responsible for juvenile diversions, petition intake and control and juvenile delinquency court liaisons. During the 1990s, the Bureau was reorganized to handle only child abuse cases. In October 1999, it was renamed the Family Crimes Bureau and on January 1, 2006, the more descriptive name of the Special Victims Bureau was instituted.

Detectives that are selected to work in SVB are reviewed through a process that includes an application, written product and oral interview. If selected, a background investigation prior to appoint-

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

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

The Department is also represented by a detective from the Bureau on the Southern California Regional Sexual Assault Felony Enforcement (SAFE) Team, a federal task force headed by the FBI and comprised of members from the Los Angeles Police Department, postal inspectors from the United States Postal Service and several other law enforcement agencies. The SAFE team investigates Internet child pornography and sexual exploitation of children that is Internet-related. A second investigator from SVB will be added in 2007.



LAW ENFORCEMENT PROCEDURES IN CHILD ABUSE INVESTIGATIONS

Once law enforcement becomes involved in a reported child abuse, the primary goals are to protect the child from further abuse and to seek prosecution of an offender. Whether abuse is reported to DCFS or a law enforcement agency, both are mandated to cross-report to each other in order to capture an incident. Many criminal reports generated by the Sheriff's Department are as a result of Suspected Child Abuse Reports (SCAR) from DCFS; however, many of these do not become investigations because some allegations are not criminal and others do not require law enforcement intervention.

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

In September 2003, the Bureau began receiving SCARs on a daily basis from DCFS via a computer fax system, allowing SVB clerical personnel to place the SCARs into electronic "folders" for each Sheriff station, resulting in speedier investigations. In April 2005, DCFS acquired a similar computer fax system and now transmits the SCARs to the appropriate Sheriff station directly with the ability for review and monitoring by SVB. This has expedited the investigation process and, in many cases, a deputy

arrives at a location prior to a DCFS CSW. Approximately 12,000-13,000 SCARs are received annually from DCFS.

SIGNIFICANT FINDINGS

In 2006, the SVB caseload increased by 9.5% from 2005. The number of victims in the school-aged categories between 5-17 increased 9.1% from the previous year. The percentage of juvenile offenders remained unchanged (10%) from 2005.



Figure 1

CASES REPORTED BY STATION AND TYPE OF ABUSE- 2006

STATION	PHYSICAL	SEXUAL	TOTAL
Altadena	19	32	51
Avalon	1	4	5
Carson	73	84	157
Century	108	202	310
Cerritos	3	16	19
Compton	84	144	228
Crescenta Valley	22	19	41
East Los Angeles	36	131	167
Special Victims Bureau	2	15	17
Industry	68	119	187
Lakewood	196	247	443
Lancaster	122	178	300
Lennox	79	101	180
Lomita	29	31	60
Lost Hills/ Malibu	26	40	66
Marina del Rey	17	16	33
Norwalk	94	148	242
Palmdale	98	220	318
Pico Rivera	44	75	119
Santa Clarita Valley	79	138	217
San Dimas	27	61	88
Temple	47	105	152
Transit Services Bureau	0	5	5
Walnut/Diamond Bar	23	55	78
West Hollywood	4	4	8
TOTAL	1,301	2,190	3,491

Physical abuse cases account for 37.3% of the total cases received by SVB, while sexual abuse cases comprise 62.7% of the total.

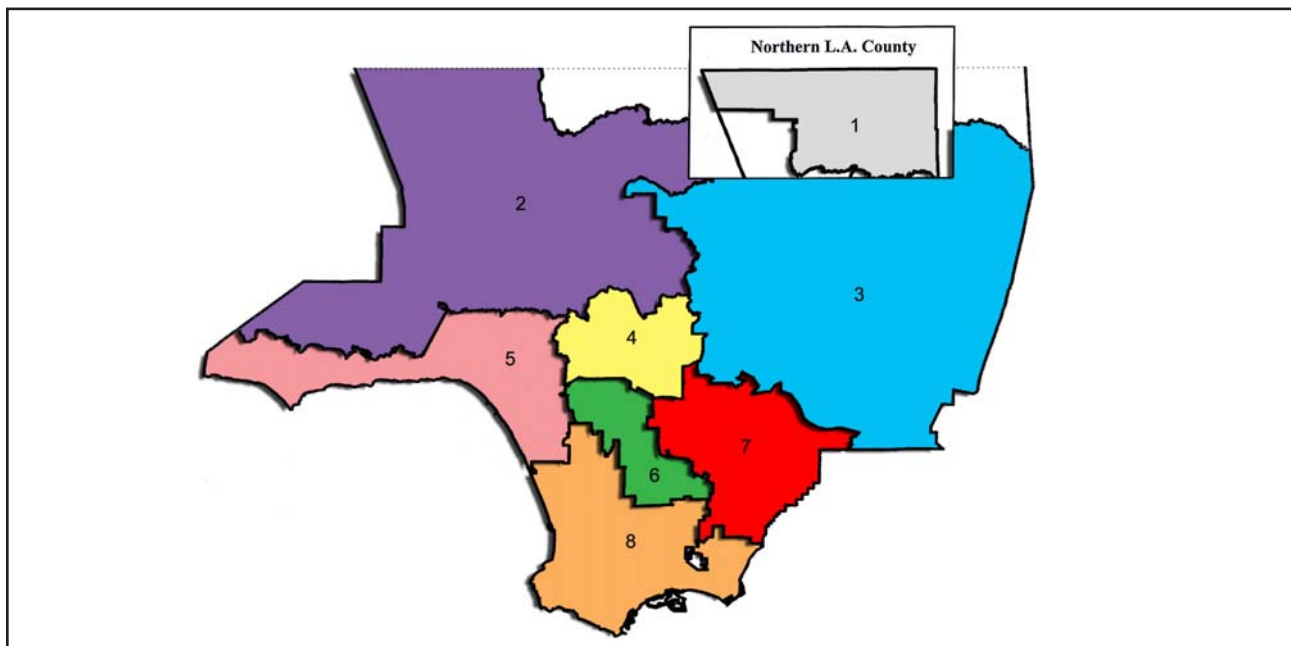


Figure 2
CASES BY SERVICE PLANNING AREAS (SPA) AND BY STATIONS - 2006

SPA	STATION	CASES
1	Lancaster	300
	Palmdale	318
TOTAL SPA 1		618
2	Crescenta Valley	41
	Lost Hills	53
	Santa Clarita Valley	217
TOTAL SPA 2		311
3	Altadena	51
	Industry	187
	San Dimas	88
	Temple	152
	Walnut/Diamond Bar	78
TOTAL SPA 3		556
4	West Hollywood	8
	TOTAL SPA 4	
5	Malibu	13
	Marina del Rey	33
TOTAL SPA 5		46

Figure 2
CASES BY SERVICE PLANNING AREAS (SPA) AND BY STATIONS - 2006 (Continued)

SPA	STATION	CASES
6	Century	310
	Compton	228
TOTAL SPA 6		538
7	Cerritos	19
	East Los Angeles	167
	Lakewood	443
	Norwalk	242
TOTAL SPA 7		990
8	Avalon	5
	Carson	157
	Lennox	180
TOTAL SPA 8		402
TOTAL		3,469

* The difference between the totals by SPA (3,469) and the total number of cases investigated (3,491) is due to cases generated by SVB and the Transit Services Bureau not being included by SPA.



Figure 3

CASES REPORTED BY STATION- 2006

COMPARISON OF CASES FOR TEN YEARS FROM 1997 – 2006

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	10 yr.tot.
Altadena ¹	na	na	na	na	40	64	64	49	39	51	307
Avalon	5	7	9	8	17	7	3	2	3	5	66
Carson	146	158	143	143	134	149	137	149	144	157	1,460
Century	250	280	297	270	240	327	283	324	300	310	2,881
Cerritos ²	na	na	na	20	33	41	37	28	28	19	206
Compton ³	na	na	na	66	214	245	175	192	201	228	1,321
Court Services ⁴	na	0	0	1	1	0	0	0	0	0	2
Crescenta Valley	86	67	67	82	31	27	18	29	35	41	483
East Los Angeles	226	185	192	222	192	248	198	223	192	167	2,045
SVB	na	na	14	20	17	15	22	25	23	17	153
Homicide Bureau ⁵	na	na	0	0	1	0	0	0	0	0	1
Industry	179	162	169	228	230	244	220	209	186	187	2,014
Lakewood	367	356	312	278	340	383	353	468	474	443	3,774
Lancaster	656	603	356	349	321	284	274	312	273	300	3,728
Lennox	168	169	160	159	179	243	197	161	162	180	1,778
Lomita	51	53	52	41	44	61	55	64	62	60	543
Lost Hills/ Malibu	62	43	41	62	49	54	50	44	60	66	531
Marina del Rey	22	27	26	21	29	22	17	19	19	33	235
NCCF ⁶	0	0	0	1	0	0	0	0	0	0	1
Norwalk	286	241	213	245	271	288	291	296	242	242	2,615
Palmdale ⁷	na	na	274	284	274	302	294	351	246	318	2,343
Pico Rivera	116	87	82	105	103	103	112	102	124	119	1,053
San Dimas ⁸	na	na	na	101	92	110	80	93	75	88	639
Santa Clarita Valley	182	171	194	195	214	181	194	187	209	217	1,944
Temple	166	159	170	148	168	211	145	162	135	152	1,616
Transit Services	0	0	3	3	3	0	4	3	4	5	25
Walnut/ Diamond Bar	213	175	165	76	84	102	89	78	68	78	1,128
West Hollywood	19	21	18	9	8	23	21	16	4	8	147
TOTAL	3,200	2,964	2,957	3,136	3,329	3,734	3,333	3,586	3,308	3,491	33,038

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

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

2 Cerritos Station became operational in January 2000.

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

4 Court Services Bureau had not submitted any child abuse cases until 2000.

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

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

7 Palmdale Station opened in 1999; until that time, the Lancaster Station was responsible for the Palmdale area.

8 San Dimas Station was a satellite station of the Walnut/Diamond Bar Station until 2000.



Figure 4

VICTIMS BY AGE AND TYPE OF ABUSE - 2006

PHYSICAL ABUSE			SEXUAL ABUSE		
Under 3 years	256	(16.8%)	Under 3 years	137	(5.8%)
3-4 years	134	(8.8%)	3-4 years	147	(6.1%)
5-9 years	392	(25.8%)	5-9 years	421	(17.6%)
10-14 years	448	(29.5%)	10-14 years	756	(31.5%)
15-17 years	241	(15.9%)	15-17 years	791	(33.0%)
Over 17 years	48	(3.2%)	Over 17 years	143	(6.0%)
TOTAL	1,519		TOTAL	2,395	

*Age of victim at time of crime was under 17, but disclosure and report made when adult.

Figure 5

VICTIMS BY GENDER AND TYPE OF ABUSE - 2006

PHYSICAL ABUSE			SEXUAL ABUSE		
Male	754	(49.6%)	Male	416	(17.4%)
Female	765	(50.4%)	Female	1,979	(82.6%)
TOTAL	1,519		TOTAL	2,395	

Figure 6

VICTIMS BY ETHNICITY AND TYPE OF ABUSE - 2006

ETHNICITY	PHYSICAL	SEXUAL
Hispanic	752 (53.7%)	1,330 (59.0%)
Black	345 (24.6%)	426 (18.9%)
White	304 (21.7%)	498 (22.1%)
Total	1,401	2,254
Other/Unknown	118	141

Total Number of victims in investigated cases: **3,914**
 Number of victims identified by ethnicity: **3,655**



Figure 7

SUSPECTS BY AGE AND TYPE OF ABUSE - 2006

PHYSICAL ABUSE			SEXUAL ABUSE		
Under 18 years	33	(3.1%)	Under 18 years	362	(22.7%)
18-24 years	112	(10.5%)	18-24 years	356	(22.3%)
25-45 years	704	(66.4%)	25-45 years	618	(38.7%)
Over 45 years	212	(20.0%)	Over 45 years	260	(16.3%)
TOTAL	1,061		TOTAL	1,596	

Figure 8

SUSPECTS BY GENDER AND TYPE OF ABUSE - 2006

PHYSICAL ABUSE			SEXUAL ABUSE		
Male	833	(57.0%)	Male	2,256	(92.2%)
Female	628	(43.0%)	Female	191	(7.8%)
TOTAL	1,461		TOTAL	2,447	

Note: The difference between suspects identified by age and type of abuse (Figure 7) vary from those suspects identified by gender and type of abuse (Figure 8) because actual suspects may not be known/identified at the time of the report.

Figure 9

SUSPECTS BY ETHNICITY AND TYPE OF ABUSE - 2006

ETHNICITY	PHYSICAL	SEXUAL
Hispanic	584 (51.0%)	1,309 (61.5%)
Black	317 (27.6%)	449 (21.1%)
White	246 (21.4%)	371 (17.4%)
TOTAL	1,147	2,129
Other/Unknown	314	318

Total number of suspects in investigated cases: **3,908**

Number of suspects identified by ethnicity: **3,276**



GLOSSARY OF LAW ENFORCEMENT TERMS AND CHILD ABUSE RELATED CRIMES

Battery – An unlawful touching of another person, including spitting upon or being struck by an item thrown. Misdemeanor physical abuse is sometimes filed as a battery by the District Attorney’s Office when there is insufficient evidence to prove a willful act.

Case – Upon completion and receipt of an "incident report" initiated by a patrol deputy, a case is developed by a detective. The case may be presented to the District Attorney or, if insufficient evidence, receive an alternate disposition. *A case may involve one or multiple victims.*

Child abuse – Any intentional act which constitutes physical harm or places a child at risk of endangerment, or any sexual act, or general or severe neglect or emotional trauma.

Endangerment – Any situation in which a child is at risk of possible harm, but not actually assaulted or injured.

Exigent circumstances – For law enforcement, this includes "fresh pursuit" (following or chasing a suspect of a crime just committed), or where a person is in immediate danger of injury or death.

Incident report – A report of an incident, whether criminal or not, usually generated by a uniformed patrol Deputy Sheriff. Also called a "complaint report" or "first report."

Mandated reporter – A person required by state law to report any known or suspected child abuse or neglect. Peace officers, social workers, teachers and school administrators and health practitioners are but a few.

Neglect – A failure to provide the basic necessities, i.e., food, clothing, shelter and medical attention; poor sanitation in the living environment; and poor hygiene. Usually broken down as general or severe.

Physical abuse – Any physical assault upon a child. Any unjustifiable pain or suffering, or injury willfully inflicted upon a child, may constitute a physical assault.

Physical abuse (felony) – Any cruel or inhuman suffering (endangering), or physical assault causing such an injury, that could possibly lead to or causes *great bodily injury or death.*

Physical abuse (misdemeanor) – Any cruel or inhuman suffering (endangering), or physical assault causing such an injury that would not be likely to cause *great bodily injury or death.*

Sexual abuse – Any lewd or lascivious act involving a child. Fondling, oral copulation, penetration and intercourse are considered lewd acts.

Sexual abuse (felony) – Any lewd or lascivious act wherein the punishment includes the possibility of a state prison sentence. This includes oral copulation, rape and unlawful intercourse.



Sexual abuse (misdemeanor) – An act lacking a certain element required for a felony or, in many cases, involving a child that is older, usually sixteen or seventeen years old and which the maximum punishment is a sentence to county jail.

LOS ANGELES POLICE DEPARTMENT AGENCY REPORT





LOS ANGELES POLICE DEPARTMENT

ABUSED CHILD SECTION AND CHILD PROTECTION SECTION

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

- Depriving the child of the necessities of life to the extent of physical impairment;
- Physical or sexual abuse of a child, including Suspected Child Abuse Reports (SCARs);
- Homicide, when the victim is under 11 years of age;
- Conducting follow-up investigations of undetermined deaths of juveniles under 11 years of age;
- Assisting Department personnel and outside organizations by providing information, training, and evaluation of child abuse policies and procedures;
- Implementing modifications of child abuse policies and procedures as needed;
- Reviewing selected child abuse cases to ensure that Department policies are being followed;
- Reviewing, evaluating, and recommending Department positions relative to proposed legislation affecting child abuse issues, and
- Acting as the Department's representative to, and maintaining liaison with, various public and private organizations concerned with the prevention, investigation, and treatment of child abuse.

SEXUALLY EXPLOITED CHILD UNIT

The Sexually Exploited Child Unit, Juvenile Division, is responsible for seeking out and investigating violations of state and federal laws pertaining to the sexual exploitation of children when:

- The Children are under the age of 16;
- There are multiple, identified victims;
- There has been substantial, felony, sexual conduct, and
- The suspect predator is not related to the victims and does not live in the same residence with the victim(s);
- Child pornography cases, not involving the Internet, including
- Production, distribution, or possession of child pornography, including
- Complaints from, photography processing facilities, computer repair businesses, or community members;
- Providing child exploitation advice and expertise to the Department; including training for Department schools.

INTERNET CRIMES AGAINST CHILDREN UNIT

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

- The Children are under the age of 16;
- There has been substantial, felony, sexual conduct, and
- The sexual predator used the Internet to;
- Contact the child; and, lure the child



away for the purpose of sex with the child, and

- Child pornography cases involving the Internet, including;
- Production, distribution, and possession of child pornography, and
- Child pornography Web sites, email Spam, and Cyber tips received from the National Center for Missing and Exploited Children (NCMEC), and

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

Figure 1
LOS ANGELES POLICE DEPARTMENT
JUVENILE DIVISION
2006 CRIMES INVESTIGATED

Type	Number	% of Total
Physical Abuse	1,149	54.41%
Sexual Abuse	501	23.72%
Endangering	388	18.37%
Homicide	3	0.14%
Others	71	3.36%
TOTALS	2,112	100.00%

Figure 1: Indicates the number of **crimes** investigated by Juvenile Division in 2006.

Figure 2
LOS ANGELES POLICE DEPARTMENT
GEOGRAPHIC AREAS
2006 CRIMES INVESTIGATED

Type	Number	% of Total
Physical Abuse	0	0%
*Sexual Abuse	1,037	70.83%
**Endangering	427	29.17%
Homicide	0	0.00%
TOTALS	1,464	100.00%

Figure 2: Indicates the number of **crimes** investigated by the geographic Areas in 2006.

Figure 3
LOS ANGELES POLICE DEPARTMENT
JUVENILE DIVISION
2006 OTHER INVESTIGATED

Type	Number	% of Total
Injury/SCARs	4,372	96.44%
Death	51	1.13%
Exploitation	59	1.30%
Internet Crime	51	1.13%
TOTALS	4,533	100.00%

Figure 3: Indicates the number of **other investigations**, of a child abuse nature, conducted by Juvenile Division in 2006.

Figure 4
LOS ANGELES POLICE DEPARTMENT
NUMBER OF ARRESTS PROCESSED
BY JUVENILE DIVISION IN 2006

Type	Number	% of Total
Homicide (187 PC)	4	2.13%
Child Molest (288 PC)	88	46.81%
Child Endangering (273a PC)	61	32.44%
Child Abuse (273d PC)	26	13.83%
Other	9	4.79%
TOTALS	188	100.00%

Figure 4: Indicates the number of **arrests** processed by Juvenile Division in 2006.



Figure 5
LOS ANGELES POLICE DEPARTMENT
NUMBER OF ARRESTS PROCESSED
BY GEOGRAPHIC AREAS IN 2006

Type	Number	% of Total
Homicide (187 PC)	0	0.00%
Child Molest (288 PC)	319	88.86%
Child Endangering (273a PC)	4	1.11%
Child Abuse (273d PC)	4	1.1%
Other	32	8.92%
TOTALS	359	100.00%

Figure 5: Indicates the number of arrests processed by geographic areas in 2006.

Figure 6
LOS ANGELES POLICE DEPARTMENT
NUMBER OF DEPENDENT CHILDREN
PROCESSED BY JUVENILE
DIVISION IN 2006

Type	Number	% of Total
Physical (300 WIC)(a)	397	30.77%
Sexual (300 WIC)(d)	190	14.73%
Endangered (300 WIC)(b)	703	54.50%
TOTALS	1,290	100.00%

Figure 6: Indicates the number of dependent children processed by Juvenile Division in 2006.

Figure 7
LOS ANGELES POLICE DEPARTMENT
NUMBER OF DEPENDENT CHILDREN
PROCESSED BY GEOGRAPHIC
AREAS IN 2005

Type of Abuse	Number	% of Total
Physical (300 WIC)	158	12.79%
Sexual (300 WIC)	327	26.48%
Endangered (300 WIC)	750	60.73%
TOTALS	1,235	100.00%

Figure 7: Indicates the number of dependent children processed by geographic areas in 2005.

GEOGRAPHIC AREAS

The Los Angeles Police Department maintains 19 community police stations, known as geographic Areas. Each Area is responsible for the following juvenile investigations relating to child abuse and endangering cases:

- Unfit homes, endangering, and dependent child cases;
- Child abuse cases in which the perpetrator is not a parent, stepparent, legal guardian, or common-law spouse;
- Cases in which the child receives an injury, but is not the primary object of the attack, and
- Child abductions.

Figure 8
LOS ANGELES POLICE DEPARTMENT
REPORTS THE AGE CATEGORIES OF
CHILDREN WHO WERE VICTIMS OF
CHILD ABUSE IN 2006

Type	0-4 Yrs.	5-9 Yrs.	10-14 Yrs.
Physical Abuse	103	123	112
Sexual Abuse	176	449	694
Endangering	559	391	334
TOTALS	838	963	1,140

Type	15-17 Yrs.	Total
Physical Abuse	58	396
Sexual Abuse	217	1,536
Endangering	120	1,404
TOTALS	395	3,336

NOTE: The data in Figure 1 and Figure 2 shows a different number of victims than indicated in Figure 8. This is due to a minor administrative anomaly. Additionally, the above data for "sexual abuse" does not include cases of child annoying, since those victims are not *physically* molested.



**LOS ANGELES POLICE DEPARTMENT -
2006 CHILD ABUSE FINDINGS**

JUVENILE DIVISION

1. The total investigations (crime and non-crime) conducted by the unit in 2006 (6,675) showed an increase (18.81 percent) over the number of investigations in 2005 (5,618).
2. Adult arrests by the unit in 2006 (188) showed a decrease (3.09 percent) in the number of arrests made in 2005 (194).
3. The number of dependent children handled by the unit in 2006 (1,290) showed an increase (10.63 percent) from the number handled in 2005 (1,166).

GEOGRAPHIC AREAS

1. The total investigations conducted by the Areas in 2006 (1,464) showed an increase of 8.28 percent from 2005 (1,352).
2. Adult arrests made by the Areas in 2006 (359) showed an increase of 22.94 percent from 2005 (292).
3. The number of dependent children handled by the Areas in 2006 (1,235) was an increase of 39.70 percent from the number handled in 2005 (884).

Figure 9 LOS ANGELES POLICE DEPARTMENT COMPARISON OF 2005 AND 2006 TOTAL FIGURES FROM JUVENILE DIVISION AND THE GEOGRAPHIC AREAS AND THE PERCENT OF CHANGE BETWEEN THE TWO YEARS			
Type	2005	2006	% of Change
Total Investigations	6,970	8,139	16.77%
Total Adult Arrests	486	547	12.55%
Dependent Children	2,050	2,525	23.17%

Figure 9: Indicates a comparison of 2005 and 2006 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

LOS ANGELES POLICE DEPARTMENT PHYSICAL ABUSE CRIMES INVESTIGATED 2002 - 2006

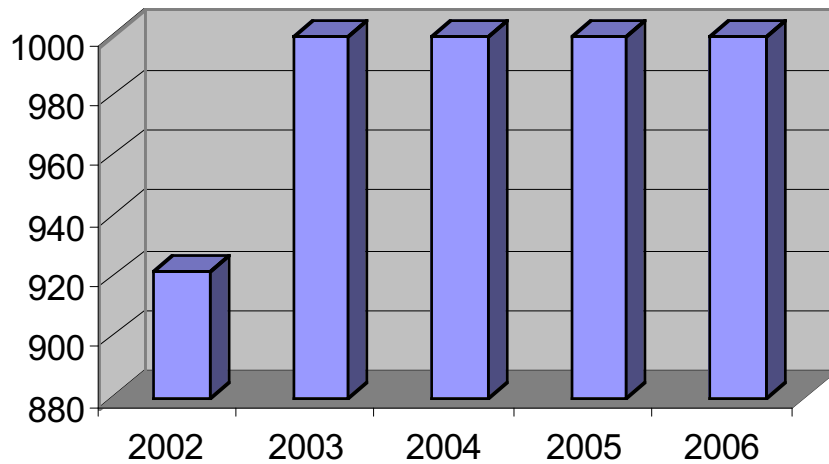


Figure 11

LOS ANGELES POLICE DEPARTMENT SEXUAL ABUSE CRIMES INVESTIGATED 2002 - 2006

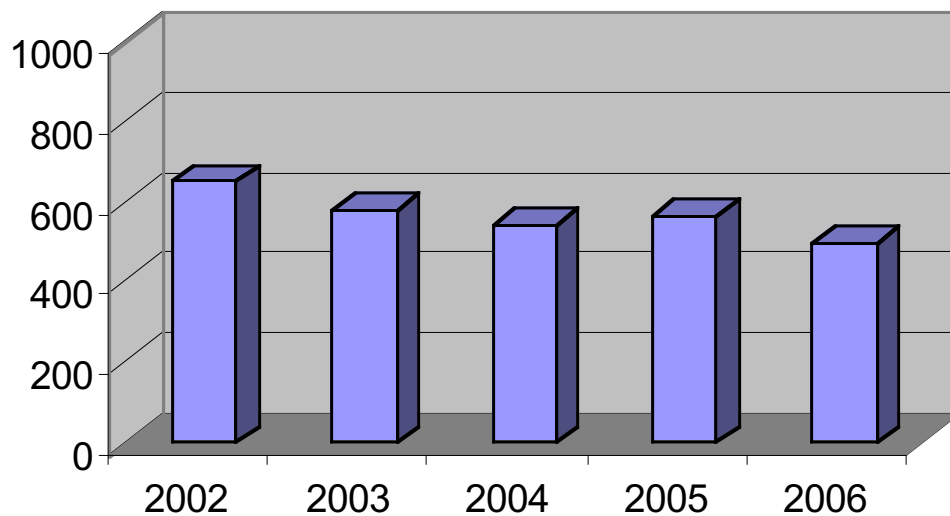




Figure 12

**LOS ANGELES POLICE DEPARTMENT
ENDANGERED CRIMES INVESTIGATED 2002 - 2006**

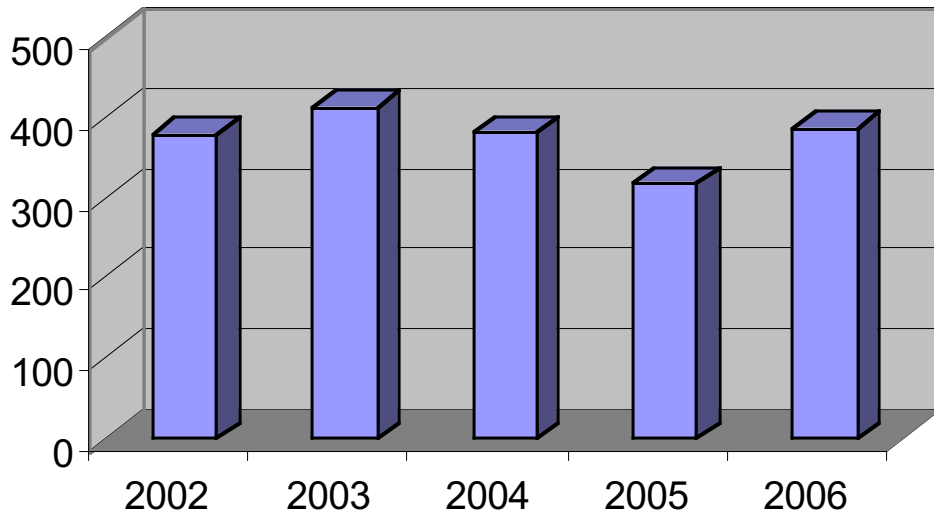


Figure 13

**LOS ANGELES POLICE DEPARTMENT
HOMICIDE CRIMES INVESTIGATED 2002 - 2006**

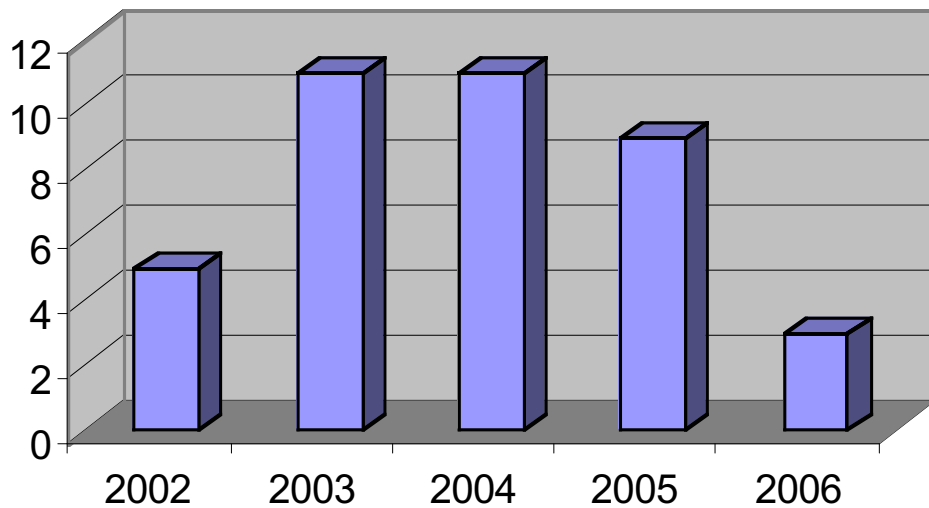




Figure 14

**LOS ANGELES POLICE DEPARTMENT
INJURY/SCARS/EXPLOITATION INVESTIGATED 2002 - 2006**

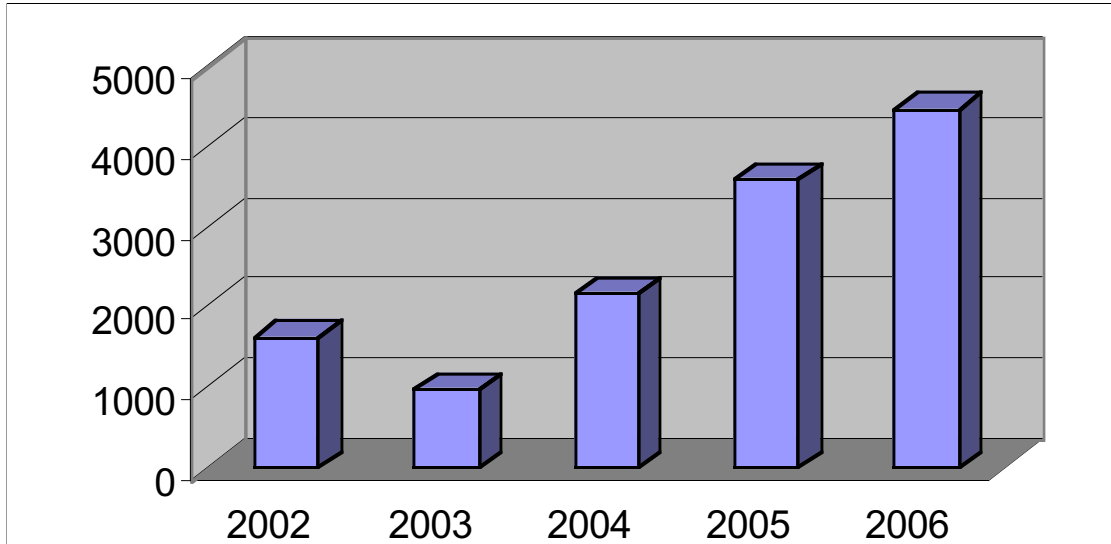


Figure 15

**LOS ANGELES POLICE DEPARTMENT
DEATHS INVESTIGATED 2002 - 2006**

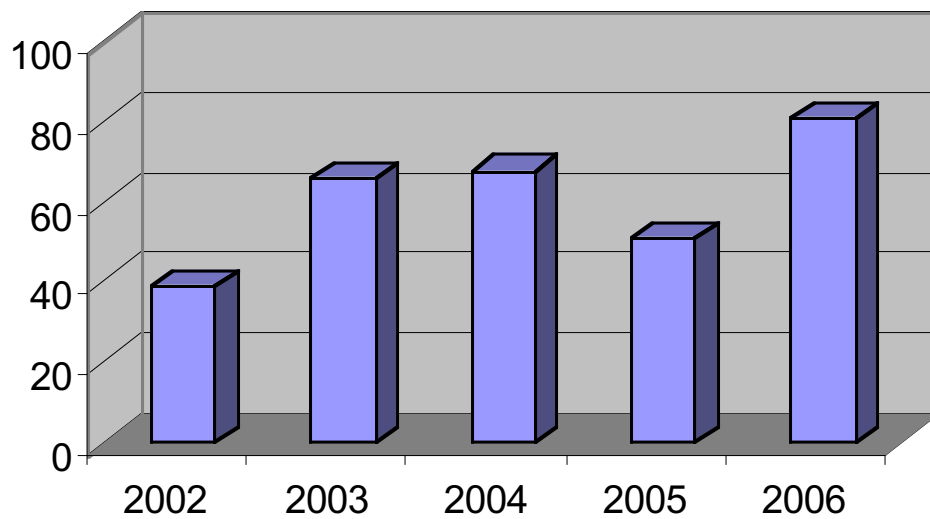
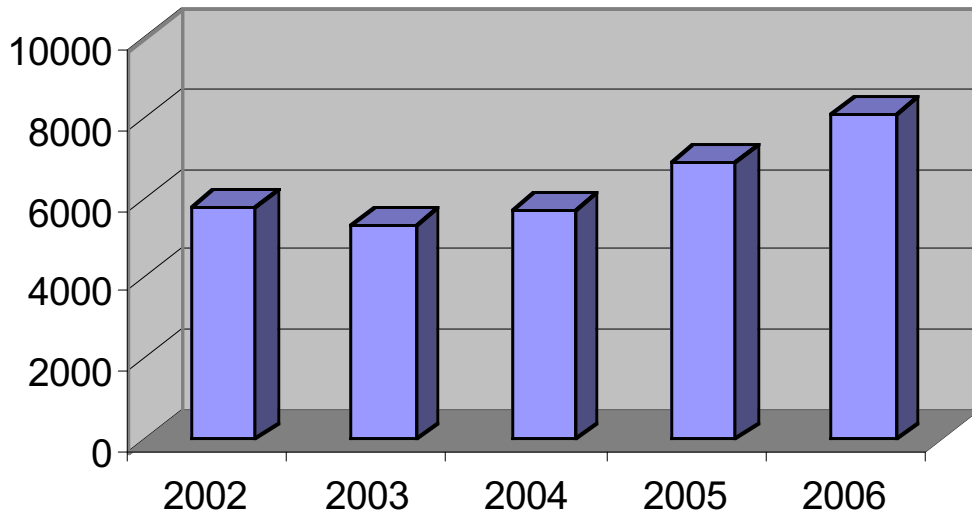




Figure 16

**LOS ANGELES POLICE DEPARTMENT
TOTAL INVESTIGATION 2002 - 2006**





GLOSSARY

Child – A person under the age of 18 years.

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

SCAR (Suspected Child Abuse Report) – Department of Justice Form SS 8583, which must be submitted after an active investigation has been conducted and the incident has been determined not to be unfounded.

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 sections of the Penal Code: Penal Code Section 311.2 (pornography), Penal Code Section 311.3 (minors and pornography), Penal Code Section 288 (lewd and lascivious acts with a child), and Penal Code Section 288a (oral copulation).

LOS ANGELES COUNTY DISTRICT ATTORNEY'S OFFICE

AGENCY REPORT





INTRODUCTION

Under the leadership of Steve Cooley, District Attorney for Los Angeles County, the Los Angeles County District Attorney's Office operates with the clear mission of evaluating and prosecuting cases in a fair, evenhanded, and compassionate manner. The Los Angeles County 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 Los Angeles County District Attorney's Office throughout the prosecution process. Skilled prosecutors are assigned to handle these cases and victim witness advocates are readily available to assist the children. District attorney personnel have the best interests of the child victim or witness in mind at all times. Protection of our children is, and will continue to be, one of the top priorities of the District Attorney's Office.

The District Attorney's Office becomes involved in child abuse cases after the cases are reported to and investigated by the police. Special divisions have been created

in the office to handle child abuse cases. Highly skilled prosecutors with special training in working with children and issues of abuse and neglect are assigned to these 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 advocates of the Victim/Witness Assistant Program who work with the prosecutors to ensure justice for our youngest victims of crime.

The District Attorney's Office prosecutes all felony crimes committed in Los Angeles County. Felonies are serious crimes for which the maximum punishment under the law is either state prison or death; misdemeanors are crimes for which the maximum punishment is county jail. The District Attorney's Office also prosecutes misdemeanor crimes in the unincorporated areas of the County and in jurisdictions where cities have contracted for such service. Cases are referred by law enforcement agencies or by the Grand Jury. The Office is the largest local prosecuting agency in the nation with over 2,000 employees including over 1,000 attorneys. The Office prosecutes nearly 60,000 felonies and 200,000 misdemeanors a year.

THE DISTRICT ATTORNEY AND CHILDREN IN THE CRIMINAL JUSTICE SYSTEM

Because children are among the most defenseless victims of crime, the law provides special protection for them. Recognizing the special vulnerability and needs of child victims, the Los Angeles County District Attorney's Office has mandated that all felony cases involving



physical abuse/endangerment or sexual abuse/exploitation of a child and child abduction are vertically prosecuted. Vertical prosecution involves assigning specially trained, experienced prosecutors to handle all aspects of a case from filing to sentencing. In some instances, these deputy district attorneys (DDAs) are assigned to special divisions (Family Violence Division, Sex Crimes Division, Child Abduction Section, or Abolish Chronic Truancy); in other instances, the DDAs are designated as special prosecutors assigned to the Victim Impact Program (VIP) in Branch Offices (Airport, Alhambra, Antelope Valley, Compton, Long Beach, Norwalk, Pasadena, Pomona, San Fernando, Torrance/South Bay Child Crisis Center, and Van Nuys) or the Domestic Violence Unit within the Central Trials Division.

The vast majority of cases are initially presented to the District Attorney'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 essential that rapport is established between the child and the DDA assigned to evaluate and prosecute the case. It is strongly encouraged that a pre-filing interview is conducted involving the child, the assigned DDA, and the investigating officer. In cases alleging sexual abuse of a child, the interview is required absent unusual circumstances. The interview provides the child with an opportunity to get to know the prosecutor and allows the prosecutor to assess the child's competency to testify. The court will only allow the testimony of

witnesses who can establish that they understand and appreciate the importance of relating only the truth while on the witness stand. Ordinarily, this is established by taking an oath administered by the clerk of the court. The law recognizes that a child may not understand the language employed in the formal oath and thus provides that a child under the age of 10 may be required only to promise to tell the truth {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 or not the child will cooperate with the criminal process and, if necessary, testify in court. The victim of a sexual assault cannot be forced to testify under threat of contempt {Code of Civil Procedure (CCP) §1219}. If the child 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 and no case will be filed. In all cases involving a child victim, every effort will be made to offer support to the child through the presence of an advocate provided through the District Attorney's Office's Victim/Witness Assistance Program. The victim/witness advocate will work closely with the child and the child's family (if appropriate), to ensure that they are informed of the options and services available to them such as counseling or medical assistance.

After reviewing the evidence presented by the investigating officer from the law enforcement agency, the 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; and,
4. The prosecutor has considered the probability of conviction by an objective fact finder and has determined that the admissible evidence is of such convincing force that it would warrant conviction of the crime charged by a reasonable and objective fact finder after hearing all the evidence available to the prosecutor at the time of charging and after considering the most plausible, reasonably foreseeable defense inherent in the prosecution evidence.

If a case does not meet the above criteria, the DDA will decline to prosecute the case and record the reasons for the declination on a designated form, spelling out the reasons for not proceeding with the case. The reasons can include, but are not limited to: a lack of proof regarding an element of the offense; a lack of sufficient evidence establishing that a crime occurred or that the accused is the perpetrator of the offense alleged; the victim is unavailable or declines to testify; or the facts of the case do not rise to the level of felony conduct. When the assessment determines that at most misdemeanor conduct has occurred, the case is either referred to

the appropriate City Attorney or City Prosecutor's office or, in jurisdictions where the District Attorney prosecutes misdemeanor crimes, the case is filed as a misdemeanor.

Once a determination has been made that sufficient facts exist to file a case, special provisions exist that are designed to reduce the stress imposed upon a child during the court process. When a child under the age of 11 is testifying in a criminal proceeding in which the defendant is charged with certain specified crimes, the court, in its discretion, may:

- allow for reasonable breaks and relief from examination during which the child witness may leave the courtroom {PC §868.8(a)};
- may remove its robe if it is believed that such formal attire may intimidate the child {PC §868.8(b)};
- may relocate the parties and the courtroom furniture to facilitate a more comfortable and personal environment for the child witness {PC §868.8(c)}; and,
- may provide for testimony to be taken during the hours that the child would normally be attending school {PC §868.8(d)}.

These provisions come under the general directive that the court ". . . shall take special precautions to provide for the comfort and support of the minor and to protect the minor from coercion, intimidation, or undue influence as a witness. . . ." provided in the Penal Code (PC §868.8).

There are additional legal provisions available to better enable children to speak freely and accurately of the experiences that are the subject of judicial inquiry:



- the court may designate up to two persons of the child's own choosing for support, one of whom may accompany the child to the witness stand while the second remains in the courtroom {PC §868.5(a)};
- each county is encouraged to provide a room located inside of or within a reasonable distance from the courthouse, for the use of 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 for purposes of establishing competency, 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 continuing special training throughout their assignment to enhance their ability to effectively prosecute these cases. These DDAs work very closely with victim advocates 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.

SPECIAL DIVISIONS AND PROGRAMS

The Los Angeles County 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 a victim or a witness.

ABOLISH CHRONIC TRUANCY

The Abolish Chronic Truancy (ACT) Program is a Los Angeles County District Attorney's Office crime prevention/intervention program that enforces compulsory education laws by focusing on parental responsibility and accountability. ACT targets parents and guardians of elementary school-aged children who are in danger of becoming habitually truant. By addressing the problem early on, during a stage of development when parents have greater control over the behavior of their children, the chances of students developing good attendance habits are increased. Likewise, the likelihood of truancy problems emerging in middle and high school years, a leading precursor to juvenile delinquency and later adult criminality, are decreased. Losing days of learning in elementary 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 the successes for a student are few at school, attendance predictably drops, and the cycle of truancy becomes entrenched.



ACT partners with elementary schools throughout Los Angeles County. Among ACT's goals are promoting a greater understanding of the compulsory education laws, increasing the in-seat attendance of children at school, and making appropriate referrals to assist families who are not in compliance with school attendance laws. Through a series of escalating interventions, the message consistently conveyed by District Attorney representatives 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 also to redefine the "school's culture" of "zero tolerance" for school truancy.

In February 2007, the first Countrywide Chronic Truancy Symposium was held. It represented a collaboration between many different public and governmental agencies, including the Los Angeles County District Attorney's Office, the Los Angeles County Probation Department, the Los Angeles City Attorney's Office, the Los Angeles Superior Court, the Los Angeles County Office of Education, the Los Angeles Unified School District, the Los Angeles Police Department, the Los Angeles School Police Department, and, the Los Angeles County Sheriff's Department. The event was hailed as an overwhelming success and it drew over 500 attendees. The idea for the symposium originated with the Los Angeles County District Attorney's Office's ACT Program which also took the primary role in its planning.

CHILD ABDUCTION SECTION

Child abduction cases involve cross-jurisdictional issues covering criminal, dependency, family law, and probate courts.

The victim of the crime is the lawful custodian of the child. It is essential for the child who had been abducted to be treated with particular sensitivity and understanding during the prosecution of these cases. The Child Abduction Section handles all child abduction cases under PC §§278 and 278.5, which includes stranger, parental, relative, and other cases. In addition, the Child Abduction Section handles all cases arising under the Hague Convention on the Civil Aspects of International Child Abduction. Signatory countries to this international treaty require that children be returned to their country of habitual residence under specified court procedures. California law has granted District Attorneys the authority to take all actions necessary, using criminal and civil procedures, to locate and return the child and the person violating the custody order to the court of proper jurisdiction.

Services available to the public are explained on the Los Angeles County District Attorney's Office's website (www.lacountyda.org). The questionnaire that needs to be completed to obtain Family Code services can be downloaded and filled out in the privacy of the home and then brought to local offices. At the end of 2006, the Child Abduction Section was pursuing abductors in 298 open criminal cases. During 2006, district attorney investigators (DAI's) initiated 183 new cases under the Family Code, while closing 172 cases. At the conclusion of 2006, the Child Abduction Section was pursuing abductors on behalf of the Family Court in 48 open cases.

Under the terms of the Hague Convention, the Section assisted in the location and recovery of children abducted from other countries and brought to Los Angeles County in 31 cases. The Child Abduction Section also assisted eight county residents



in recovering their children from other countries through the use of the treaty.

The Child Abduction Section conducted numerous training sessions for law enforcement throughout 2006. A key purpose of the training sessions was to overturn the common misconception that a parent cannot be criminally prosecuted for abducting his or her own child. The training was designed to provide the necessary information to first responders and investigating officers in order to properly investigate and file these potentially serious felony cases with the Child Abduction Section.

FAMILY VIOLENCE DIVISION

The Family Violence Division (FVD) was established in July of 1994. FVD is responsible for the vertical prosecution of felony domestic violence and child physical abuse/endorment cases in the Central Judicial District. Allocating special resources to abate serious spousal abuse in Los Angeles County was prompted by the 1993 Department of Justice report which found that one-third of the domestic violence calls in the State of California came from Los Angeles County. Children living in homes in which domestic violence occurs are often subjected to physical abuse, as well as the inherent emotional trauma that results from an environment of violence in the home. FVD's staff includes DDAs, district attorney investigators, two victim/witness advocates, a witness coordinator, and clerical support staff. All of the staff is specially trained to deal sensitively with family violence victims. The goal is to make certain that the victims are protected and that their abusers are held justly accountable in a court of law for the crimes they commit. FVD specializes in adult domestic violence

related and child homicides and attempted homicides and serious and recidivist offenders of family violence. FVD's staff is actively involved in legislative advocacy and many interagency prevention, intervention, and educational efforts throughout the County. Consistent with its mission, FVD continues to 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/endorment 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 2006, FVD was in the process of prosecuting 13 murder cases involving child victims. When a murder charge under PC §187 is filed involving a child victim under the age of eight alleging child abuse leading to the death of the child, a second charge alleging a violation of PC §273ab is also filed in most instances. It is extremely difficult to convict a parent of murdering his or her child because jurors must find that the parent



acted with malice and intended to kill his or her 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 addition to the work done in the courtroom, the DDAs in the division speak to various government agencies and community based organizations on the topic of mandated reporting. Under 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 this division also train deputies in other units within the District Attorney's Office to ensure the uniform treatment of child abuse cases.

FVD DDAs also are instrumental in reviewing new legislation. In 2000, the Safely-Surrendered Newborn Law passed. This law has the overarching goal of saving the lives of newborn children at risk of being discarded by their parent. The intent of the law is to provide the option to the parent to safely and anonymously surrender the newborn to any employee on duty at a public or private hospital emergency room, fire departments, or additional location approved by the board of supervisors. The Los Angeles County District Attorney's Office drafted three amendments to what is now codified in PC §271.5. In 2006, FVD reviewed and made recommendations on 35

bills aimed at protecting victims of intimate partner battering and child abuse and neglect.

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 are charged with the duty of vertically prosecuting all felony sexual assaults occurring in the Central Judicial District. 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, the DDA assigned to the case, the detective assigned to the case from the law enforcement agency and, frequently, the victim/witness advocate. It is essential that all personnel involved in the interview take special care to place the child at ease while avoiding the risk of tainting the child's testimony through creating an environment of inadvertent suggestibility.

Because many offenses of child sexual assault are committed by individuals in the child's home, the Department of Children and Family Services (DCFS) and Dependency Court are often involved with the child who is the victim in the criminal prosecution. The DDA vertically prosecuting the criminal case is required to make contact with relevant individuals and obtain



relevant records in connection with DCFS and dependency court proceedings. It is important that the criminal justice system and dependency system work together to minimize trauma to the child and arrive at a just result in criminal court as well as a safe and supportive placement for the child.

The DDA assigned to the case is responsible for making the filing decision and insuring 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 of the pending disposition to seek their input before formalizing the disposition in court. At the time of sentencing, the child and/or the child's parents are by law entitled to have an opportunity to address the court regarding the impact the defendant's crime has had on the child.

Sexual assault of a child under 14 is usually filed as a violation of PC §288, 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 are served by imposing a probationary sentence, the defendant will receive a suspended sentence which will include, but not be limited to, the following terms and conditions of probation for a five year period: confinement for up to a year in county jail; counseling to address the defendant's psychological issues; an

order from the court to stay away from the victim; a separate order not to be in the presence of minor children without the supervision of an adult; and restitution to the victim. If the defendant violates any of the terms and conditions of probation, a state prison sentence may then be imposed. As part of any sentence, whether state prison or probation is initially imposed, the defendant is ordered to register as a sex offender upon release from custody with the local law enforcement agency in his area of residence. This is a lifetime obligation placed upon the offender.

SEXUALLY VIOLENT PREDATOR 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 sexual criminal act against an adult or child victim, and who also have a current mental health diagnosis that makes it likely that they will continue to commit sexual crimes if they are released from custody. Approximately 60% of the offenders filed upon by SVP present an existing diagnosis of pedophilia. 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 condition. 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 responding 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 only one block away. This model significantly reduces trauma to the child by reducing the number of interviews that a child must endure; all necessary members of the multi-disciplinary team are present to observe one interview conducted by a selected member of the team. The presence of all team members at one location provides enhanced communication and coordination. As with cases in the Sex Crimes Section, all cases at Stuart House are vertically prosecuted.

BRANCH AND AREA OPERATIONS - VICTIM IMPACT PROGRAM

A majority of the DDAs assigned to vertically prosecute cases in which children are victimized are assigned directly to Branch Offices with a caseload that covers both adult and child victims. The Branch and Area Victim Impact Program (VIP) obtains justice for victims through vertical prosecution of cases involving domestic violence, sex crimes, stalking, elder abuse, hate crimes, and child physical abuse/endorsement. VIP represents a firm commitment of trained and qualified deputies to prosecute crimes against individuals often targeted as a result of their vulnerability. The goal of the program is to obtain justice for victims while holding

offenders justly accountable for their criminal acts. Each of the 11 Branches designates an experienced DDA to act as the VIP Coordinator. The Coordinator works closely with the assigned DDAs to insure that all cases are appropriately prepared and prosecuted. All VIP DDAs receive enhanced training designed to cover updated legal issues, potential defenses and trial tactics.

In the Torrance Branch, DDAs assigned to VIP are given the specific assignment of specializing in the prosecution of cases involving child victims as part of a Multi-Disciplinary Interview Team.

MULTI-DISCIPLINARY CENTERS IN BRANCH AND AREA OPERATIONS

Multi-Disciplinary Centers provide a place and a process that involves a coordinated child sensitive investigation of child sexual abuse cases by professionals from multiple disciplines and multiple agencies. Emphasis is placed on the child interview, within the context of a team approach, for the purpose of reducing system related trauma to the child, improving agency coordination, and ultimately aiding in the prosecution of the suspect. The Children's Advocacy Center for Child Abuse Assessment and Treatment in Pomona and the South Bay Child Crisis Center in Torrance are two programs that follow this model.

DOMESTIC VIOLENCE COURTS

In certain judicial districts, the presiding judge has mandated that courts designated as Domestic Violence Courts be instituted. These courtrooms are dedicated to handling strictly domestic violence-related cases from arraignment through sentencing. It is strongly encouraged that the DDAs



assigned to these courts are experienced prosecutors with special training in the area of family violence.

JUVENILE DIVISION

The District Attorney's Office is also charged with the responsibility of petitioning the court for action concerning juvenile offenders who perpetrate crimes in Los Angeles County. The Los Angeles County Probation Department (Probation), law enforcement, the Los Angeles County Office of the Public Defender (Public Defender), and the Los Angeles Superior Court Juvenile Division (Juvenile Delinquency Court) are also involved in the process of combating juvenile delinquency. In the juvenile justice system, the schools, law enforcement, and Probation all work actively to monitor and mentor youths that appear on the threshold of involvement in serious criminal activity.

In most instances involving juvenile violators, informal means of addressing criminal activity are employed without intervention from the District Attorney's Office or the Juvenile Delinquency Court. Minors can be counseled and released; placed in informal programs through the school, law enforcement agency, or Probation; referred to Probation for more formal processing; or referred to the District Attorney's Office for filing consideration pursuant to Welfare and Institutions Code (WIC) §626. In many instances, a deputy probation officer (DPO) assigned to review a referral from law enforcement will decide to continue to handle the matter informally and reserve sending the referral for review to the District Attorney's Office. If the minor complies with terms of informal supervision, the case does not come to the attention of the District Attorney's Office or the Juvenile Delinquency

Court; if the minor fails to comply, the DPO could then decide to refer the case for filing consideration.

If law enforcement submits a request to Probation for a petition to be submitted for filing regarding allegations involving serious felony criminal activity under WIC §707; a second felony referral for a minor under the age of 14; a felony referral for a minor 14 years of age or older; an offense involving sale or possession for sale of a controlled substance; possession of narcotics on school grounds; assault with a deadly weapon upon a school employee; possession of a firearm or a knife at school; certain instances of gang activity; car theft by a minor 14 years or older at the time of the offense; an offense involving over \$1,000 of restitution to the victim; or if the minor has previously been placed on informal probation and has committed a new offense, the petition must be submitted to the District Attorney's Office immediately and cannot be handled informally by Probation (WIC §§652 and 653.5).

The Juvenile Division of the District Attorney's Office is under the auspices of the Bureau of Specialized Prosecutions. The Juvenile Division is divided into two sections along geographical lines, North and South. North offices include Antelope Valley Juvenile, Eastlake Juvenile, Pasadena Juvenile, Pomona Juvenile, and Sylmar Juvenile. South offices include Compton Juvenile, Inglewood Juvenile, Kenyon Juvenile Justice Center, Long Beach Juvenile, and Los Padrinos Juvenile.

There are three Juvenile Halls in Los Angeles County. They are located in Sylmar (Barry J. Nidorf Juvenile Hall), East Los Angeles (Central Juvenile Hall), and Downey (Los Padrinos Juvenile Hall). They are all under the supervision of Probation. Minors



(individuals under the age of 18 alleged to have violated WIC §§601 or 602) cannot be detained in custody with adults.

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. If a minor 14 years of age or older is accused of personally using a firearm or having committed a serious or violent felony as listed under WIC §707(b), detention must continue until the minor is brought before a judicial officer. In all other instances, the DPO can only continue to detain the minor if one or more of the following is true: the minor lacks proper and effective parental care; the minor is destitute and lacking the necessities of home; the minor's home is unfit; it is a matter of immediate and urgent necessity for the protection of the minor or a reasonable necessity for the protection of the person or property of another; the minor is likely to flee; the minor has violated a court order; or, the minor is physically dangerous to the public because of a mental or physical deficiency, disorder or abnormality. (If the minor is in need of mental health treatment, the court must notify the Department of Mental Health).

If one or more of the above factors are present but the DPO deems that a 24-hour secure detention facility is not necessary, the minor may be placed on home supervision (WIC §628.1). Under this program, the minor is released to a parent, guardian, or responsible relative pursuant to a written agreement that sets forth terms and conditions relating to standards of behavior to be adhered to during the period of release. Conditions of release could include curfew, school attendance requirements, behavioral standards in the

home, and any other term deemed to be in the best interest of the minor for his own protection or the protection of the person or property of another. Any violation of a term of home supervision may result in placement in a secure detention facility subject to a review by the court at a detention hearing.

If the minor is detained, a DDA must make a decision on 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 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, detain in a non-secure facility (foster home), or, detain the minor in a secure facility.

A minor may be found an unfit subject for consideration under juvenile court law and may have his case remanded to adult court to face trial as an adult. Under WIC §707, the court must consider each of the following factors in determining whether the minor's case remains in juvenile court: the degree of criminal sophistication exhibited by the minor; whether the minor can be rehabilitated prior to the expiration of the juvenile court's jurisdiction; the minor's previous delinquent history; the success of previous attempts by the juvenile court to rehabilitate the minor; and, the circumstances and gravity of the offense alleged to have been committed by the minor. Minors age 14 years and over who personally commit



murder are presumed to be unfit. Minors age 16 years and over are presumed unfit if they commit a serious or violent offense as listed in WIC §707(b) (such as arson; robbery; rape with force or violence; sodomy by force or violence; forcible lewd and lascivious acts on a child under the age of 14; oral copulation by force and violence; kidnapping for ransom; attempted murder, etc.). Minors age 14 or 15 years who commit an offense listed in WIC §707(b) are also subject to a fitness petition alleging that they should not receive the protections of the juvenile court but, during the course of the hearing, they are presumed to be fit. The importance of the presumption is that at the beginning of the hearing, the party with the presumption has the advantage when the court begins the weighing process. In instances where the minor has the presumption of fitness, the burden is on the DDA to present substantial evidence that the minor is unfit and should be remanded to adult court.

On March 7, 2000, the California electorate passed Proposition 21, the Gang Violence and Juvenile Crime Prevention Initiative. This initiative became effective on March 8, 2000 and applies to prosecutions of crimes committed on or after March 8, 2000. It significantly amended California law regarding the means by which a minor could be prosecuted in adult court. Section 26 of Proposition 21 amended WIC §707(d). The primary impact under this section is to permit the prosecuting authority, in its discretion, to file against minors directly in adult court when certain crimes are alleged. WIC §602(b) was also amended by the initiative to mandate that the prosecuting agency file cases involving a minor age 14 years or older who is alleged to have committed certain crimes directly in adult

court, thus bypassing the fitness process ordinarily required.

Under the discretionary direct file mechanism for trying minors in adult court, if a minor is age 16 or older and commits an offense listed in WIC §707(b), the prosecutor may file directly in adult court. Under the mandatory direct file mechanism, if a minor age 14 or older is charged with one or more of the following offenses, the case must be filed in adult court:

- A first degree murder (PC §187) with special circumstances, if it is alleged that the minor personally killed the victim or
- Forcible sexual assaults alleged pursuant to PC §667.61, if it is alleged that the minor personally committed the offense.

In cases where direct filing against a minor in adult court is discretionary, the policy of the District Attorney's Office is to use this power selectively. If a minor is believed to be an unfit subject to remain in juvenile court, reliance upon the use of the traditional fitness hearing conducted under the provisions of 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.

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 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 is in conformity with the interests of public safety and protection. This guidance 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.

If the minor is accused of a listed misdemeanor or a violation of certain ordinances or infractions, the matter may be referred to a Traffic Hearing Officer for resolution under WIC §256. Sanctions which can be imposed upon minors by a Hearing Officer include: a reprimand with no further action; direct probation supervision for up to six months; a fine; suspension of the minor's driver's license; community service; or a warrant for any failures to appear. The minor has the right to an attorney for any misdemeanor violation referred to the Traffic Hearing Officer.



DRUG COURT AT EASTLAKE JUVENILE COURT

Drug court at Eastlake Juvenile Court is a collaborative program which involves the Juvenile Delinquency Court, District Attorney's Office, defense attorneys, the Probation Department and drug counselors. It provides an alternative to confinement time for juveniles who have minor or no criminal records. It is not limited to just those who have committed narcotics offenses. However, juveniles who have committed serious or violent felonies in the present case or in the past are not eligible for drug court.

Once accepted into the program, juveniles must report to counseling sessions at least four times per week, attend school on a regular basis, and get drug tested at least twice a week. Furthermore, the parents or guardians are required to attend parenting classes. Upon successful completion of the program, there is a graduation ceremony for the juvenile, at which time his or her criminal case is dismissed.

JUVENILE MENTAL HEALTH COURT

The Juvenile Mental Health Court is a judicially monitored program for juvenile offenders who have diagnosed mental health issues which include mental disorders and/or developmental disabilities. The purposes of the court are as follows:

1. Ensure that each minor appearing before the court receives the appropriate treatment and services to address the delinquent behavior resulting from his or her mental health condition and avoid future contacts with the justice system;
2. Ensure that each minor appearing before the court are placed in the least restrictive mental health treatment

environment consistent with public safety, the safety of the minor, and the minor's treatment needs; and,

3. Ensure that government agencies and private organizations provide the treatment and services that they are obligated to provide or have agreed to provide.

In order to be eligible for the program, the following criteria must be met:

1. The minor must have a diagnosis of a mental disorder and/or developmental disability,
2. The disorder or disability may have contributed to the commission of the charged offense,
3. The minor must be in custody (unless waived by the judicial officer and the attorneys),
4. The minor is under the age of 18 years,
5. The offense is not a WIC §707(b) offense (exceptions may be made in the interest of justice),
6. The minor must be competent, and,
7. The minor must agree to participate in the program.

Once a minor is deemed eligible, he must also be deemed suitable by the court, DDA and defense attorney. In determining suitability, the parties will consider, among other things, the minor's history of psychiatric hospitalizations, the minor's history of treatment with psychotropic medications, the minor's history of behavioral problems, problems at school, if there are unremediated mental health conditions, and whether the minor has been under the jurisdiction of the Dependency Court. The DDA will also consider the nature



and circumstances of the offense and the minor's criminal history.

Once the minor is accepted into the program, a Mental Health Court Team consisting of a judicial officer, DDA, defense attorney, probation officer, school court liaison, mental health professional, a regional center representative, and a treatment facilitator will oversee the minor's case. The Court Team will devise a comprehensive, individualized plan for each minor which may include treatment while in custody, therapy, group therapy, family therapy, day treatment, multisystemic treatment services, wraparound services, family group decision making, therapeutic behavioral services, supervised group living services, regional center services, vocational placement, special education services, and specialized therapeutic foster care. It will also include an educational plan for the minor. The program should be completed within two years. Upon successful completion, the juvenile court case is dismissed.

NARCOTICS DIVISION

Drug abuse damages all sectors of society. Drugs destroy individual lives, break families apart, and are very often the motivating factor behind crimes.

To combat the drug problem, the District Attorney's Office pursues several strategies. The Office participates in Drug Court, an effective diversion program for drug abusers. When cases are not appropriate for Drug Court, the District Attorney's Office effectively prosecutes drug cases.

In addition, the District Attorney's Office has established the Major Narcotics Division, a team of specially trained attorneys responsible for prosecuting significant narcotics trafficking

organizations in Los Angeles County. This division ensures that highly effective prosecutors represent the people of the State of California in cases against drug traffickers most responsible for the drug supply. The Major Narcotics Division also is responsible for processing all applications for wiretaps, an effective information tool against drug traffickers and dealers.

DRUG ENDANGERED CHILDREN (DEC) RESPONSE TEAM

The clandestine manufacture and distribution of methamphetamine has created a public health and safety crisis in Los Angeles County. One aspect of that crisis jeopardizes the safety of children long before the drugs hit the streets. More than 80 percent of all methamphetamine labs seized are found in homes, garages, apartments, motels, or mobile homes where children are often present. These labs, stocked with toxic chemicals and at high risk for explosions, expose children to highly dangerous living conditions.

To address this issue, the District Attorney's Office and Department of Children and Family Services partnered with the Los Angeles Interagency Police Apprehension Crime Task Force to create the Drug Endangered Children (DEC) Response Team. The DEC Response Team specializes in seizing labs that manufacture methamphetamine and provides a coordinated response to the crisis of children found in home methamphetamine labs. To date, more than 600 children have been rescued from methamphetamine labs. All have received specialized medical and social services to diagnose and treat the physical and emotional effects of drug exposure.

In addition, the District Attorney's Office vertically prosecuted over 400 criminal



defendants involved in the manufacture of methamphetamine, meaning one highly trained prosecutor handled each case from beginning to end.

In 2003, the District Attorney's Drug Endangered Children Response Team was named a Top Ten Award Winner by the Los Angeles County's Quality and Productivity Commission at its annual awards program. The DEC Response Team saved Los Angeles County over fifteen million dollars (\$15,000,000) in costs. More importantly, it has potentially saved the lives of hundreds of children.

Due in part to the DEC Response Team's efforts, California has now restricted sales of pseudoephedrine and ephedrine, the precursors to methamphetamine. The restriction, combined with the prosecution of methamphetamine manufacturers where children are present, has resulted in a sharp decrease in the prevalence of methamphetamine laboratories in California.

OFFICE WIDE UNITS

VICTIM/WITNESS ASSISTANCE PROGRAM

The program is staffed by victim/witness advocates who have received special training in state programs regarding restitution for victims of crime and advocacy and support for victims of violence. The advocate's primary responsibility is to provide support to the victim. This function is considered essential in cases with a child victim. Often, the advocate will be the first person associated with the District Attorney's Office with whom the child will meet.

The advocate will explain each person's role in the criminal justice process while working to establish rapport with the child. The advocate is available to participate in the pre-filing interview to give emotional

support for the child victim and to provide a friendly, nurturing sense of care. The advocate assists the non-offending parents or guardians of the child victim to connect with appropriate counseling for children who either witness or are victims of violent crimes in order to promote the mental and emotional health of the child.

The advocate provides court accompaniment to the child victim and the victim's family and assists in explaining the court process. There are two essential tools that the advocate relies upon in explaining the criminal court process. The advocate uses an activity book for children produced by the Administrative Office of the Courts entitled "What's Happening in Court?" and a short educational video that illustrates what happens in court, the roles of court personnel, the rules associated with court procedures, and how the child's role is important to the court process. By using these tools, the child's experience in court becomes more understandable for the child. Whenever possible, the advocate will attempt to take the child and the child's family into an accessible courtroom. This opportunity will allow the child to visualize each person's role and where they are positioned in court. The child will have the opportunity to sit in the witness chair in order to become familiar with the courtroom setting and to ease any tensions and fears that may arise as a result of appearing in an unfamiliar setting.

Other services offered by the advocate include but are not limited to the following:

- Crisis intervention;
- Emergency financial assistance;
- Referrals for counseling, legal assistance and other resources;
- Assistance in filing for State Victim Compensation;



- Referrals and information to appropriate community agencies and resources; and,
- Speaking engagements explaining the services provided through the Los Angeles County District Attorney's Office Victim/Witness Assistance Program.

S.A.V.E. (SPECIAL ASSISTANCE FOR VICTIMS IN EMERGENCY)

The Victim/Witness Program also oversees S.A.V.E., a victim services program which provides immediate assistance to victims of violent crime and their families in emergency situations. Volunteers and staff members offer services at victim centers in District Attorney offices, as well as at selected police and sheriff stations throughout the County. Contributions help provide crime victims and their families with food, shelter, and clothing.

KID'S COURT

The District Attorney's Office actively participates in this Los Angeles County Bar Association program. Children who are either victims or witnesses in criminal cases are invited to come to court on a Saturday. A Superior Court judge volunteers to open up the courtroom and give these children an opportunity to become more familiar with the court process. The facts of the child's case are not discussed on this date. Instead, the child is able to explore a courtroom, learn about the court system, meet a judge, and ask questions about what happens in court. The children and their parents or guardians receive age appropriate written materials that provide answers to frequently asked questions concerning participation in the court process.

S.A.G.E. (STRATEGY AGAINST GANG ENVIRONMENT)

The S.A.G.E. 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. S.A.G.E DDAs who are active members of the communities in which they work, teach 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.

DISTRICT ATTORNEY CRIME PREVENTION AND YOUTH SERVICES

The District Attorney's Office is committed to working with youth and their parents to keep young people in school, away from drugs and gangs, and on the path to a productive adulthood. In these pages you will learn of the crime prevention measures implemented by the District Attorney's Office and be able to access informational resources available within the office in the areas of crime prevention, public safety, and victim assistance.

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

This law-related educational program, begun in 1993, places prosecutors and other law-related professionals inside fifth-grade classrooms one hour a week for 20 weeks. Students follow a challenging curriculum designed to develop the knowledge, skills, understanding, and attitudes that will allow them to function as participating member of



a democratic society. The program’s curriculum focuses on issues involving drug abuse, violence, and hate crimes. It also provides social tools, such as conflict resolution and coping with peer pressure. During the 2006-2007 school year, 60 volunteers, mostly from the District Attorney’s Office, taught the curriculum to 977 students at 24 schools throughout Los Angeles County. As part of the program, 792 students toured Los Padrinos Juvenile Hall, 420 students visited the Museum of Tolerance, 255 students explored their local courthouses, and 30 students traveled to a local university. (See participating schools below.)

Project L.E.A.D. Participating Schools

School	District	Number of Students
Ann Street	Los Angeles	26
Aragon Avenue	Los Angeles	58
California Avenue	La Puente	31
Castelar Street	Los Angeles	66
City Terrace	Los Angeles	30
Cogswell	El Monte	85
Dena	Los Angeles	60
Thomas Edison	Torrance	12
Elysian Heights	Los Angeles	55
Foster Road	La Mirada	43
Daniel Freeman	Inglewood	65
Evelyn Gratts	Los Angeles	30
Hollingworth	West Covina	27
Thomas Jefferson	Bellflower	28
Robert Kennedy	Los Angeles	26
Kester Avenue	Van Nuys	23

La Canada	La Canada-Flintridge	30
Lorena Street	Los Angeles	52
Mariposa	Lancaster	32
Murchison Street	Los Angeles	33
Palm Crest	La Canada-Flintridge	30
Paradise Canyon	La Canada-Flintridge	30
General Rosecrans	Compton	52
Utah Street	Los Angeles	49

RESCUE

A partnership with the Los Angeles County, Long Beach, and Montebello fire departments, this program, begun in 1992, establishes mentoring relationships between firefighters and middle school students, ages 12 to 14. Students must commit to visiting their local firehouse once a week for two hours throughout the school year. Mentors encourage a commitment to education as well as teach these youths such life skills as responsibility, discipline, and teamwork. Field trips and other activities promote individual and group responsibility. Students and their mentors plant trees in the Angeles National Forest, go deep-sea fishing, and learn to surf and kayak as part of a beach safety day. RESCUE students also tour the California Department of Corrections and Rehabilitation, Division of Juvenile Justice (formerly CYA) to see first-hand the consequences of criminal behavior. During the 2006-2007 school year, the RESCUE program matched 287 firefighters with 108 students from 64 schools throughout Los Angeles County. (See participating schools below.)



RESCUE Participating Schools

District	School
ABC Unified	Martin Tetzlaff
Azusa Unified	Slauson
Baldwin Park Unified	Jerry Holland
Bassett Unified	Torch
Bonita Unified	Lone Hill
Compton Unified	Enterprise
Compton Unified	Roosevelt
Covina Valley Unified	Las Palmas
East Whittier City	Granada
El Monte City	Durfee
El Monte City	Potrero
El Monte City	Frank Wright
El Rancho Unified	Osburn Burke
El Rancho Unified	North Park
Garvey	Roger Temple
Glendora Unified	Sandburg
Hacienda/La Puente	Cedarlane
Hacienda/La Puente	Orange Grove
Hacienda/La Puente	Sparks
Keppel Union	Almondale
Lancaster	Parkview
Long Beach Unified	Bancroft
Long Beach Unified	Mary Butler
Long Beach Unified	Franklin
Long Beach Unified	Hamilton
Long Beach Unified	Lindbergh
Long Beach Unified	James Monroe
Long Beach Unified	Stanford
Long Beach Unified	Sutter
Los Angeles Unified	Bancroft

Los Angeles Unified	Bell
Los Angeles Unified	Andrew Carnegie
Los Angeles Unified	Glenn Curtiss
Los Angeles Unified	Fred Douglas
Los Angeles Unified	Horace Mann
Los Angeles Unified	Marina Del Rey
Los Angeles Unified	Robert Peary
Los Angeles Unified	Stephen White
Los Angeles Unified	Orville Wright
Montebello Unified	Eastmont
Montebello Unified	La Merced
Montebello Unified	Nueva Laguna
Montebello Unified	Christian Montebello
Norwalk/La Mirada	Los Coyotes
Norwalk/La Mirada	Nettie L. Waite
Palos Verdes Peninsula	Miraleste
Palos Verdes Peninsula	Ridgcrest
Paramount Unified	Samboni
Pomona Unified	Palomares
Pomona Unified	Simona

RESCUE Participating Schools (Cont.)

District	School
Rowland Unified	Alvarado
Rowland Unified	Rincón
Valle Lindo	Dean Shively
Walnut Valley Unified	South Pointe
Walnut Valley Unified	Suzanne
Whittier City	Walter Dexter
William Hart Union High	Placerita
William Hart Union High	Sierra Vista



Protecting Our Kids: Keeping Kids Safe on the Internet

This program is dedicated to helping parents protect their children from the threats of predators using the Internet to victimize children. A major component is available through our Web site, <http://da.lacounty.gov/POK>. The site provides parents with a list of warning signs indicting that a child may be in contact with an Internet predator. It also provides links to other sites that offer parenting guides to the Internet and teach children online safety. Bureau staff members have introduced the Protecting Our Kids program to thousands of parents, school counselors, pediatricians, and children at various venues, such as parent meetings and counselor training sessions, since its inception in 2004. As part of the program, this office also offers for sale copies of "ComputerCOP," a software program designed to monitor a child's computer use. (See participating groups below.)

Arroyo Vista Elementary School	01/25/2006	Parents
St. Anthony's School	01/25/2006	Parents
Boys and Girls Club	02/10/2006	Club Managers
Milliken Middle School	02/22/2006	Parents
St. Bernard	02/23/2006	Parents
Grave	02/23/2006	Parents
ICAN Child Death Review Team	02.27/2006	Committee Members
St. Joseph	02/28/2006	Parents
Precious Blood	02/28/2006	Parents
Ramona Middle School	03/01/2006	Parents
Moorpark	03/01/2006	Parents
Bonita High School	03/02/2006	Parents
St. Dorothy's	03/02/2006	Parents
Our Lady of Peace	03/07/2006	Parents
Reid Middle School	03/09/2006	Parents
Gooden School	03/10/2006	Students
St. Bridgette	03/15/2006	Parents
St. Sebastian	03/16/2006	Parents
La Mirada City Hall	03/22/2006	Parents

Protecting Our Kids Participating Groups:

School	Date	Audience
St. Raymond	01/10/2006	Parents
South Pasadena Middle School	01/12/2006	Parents
Arroyo Pacific Academy	01/17/2006	Parents
St. Paul the Apostle	01/18/2006	School Board
Immaculate Conception	01/18/2006	Parents
Holy Trinity School	01/18/2006	Parents



St. Monica 03/22/2006	Parents	Torres Martinez Tribal T.A.N.F. 10/25/2006	Parents & Students
Visitation 03/23/2006	Parents	Kaiser Permanente Pediatrician's Conference 10/27/2006	Pediatricians
St. Euphrasia 04/06/2006	Parents	Teen Shop 10/28/2006	Parents & Students
St. Madeleine 04/05/2006	Parents	Mesa Robles 11/03/2006	Students
Slauson Middle School 04/11/2006	Parents	Pasadena Kids Police Academy 11/04/2006	Parents & Students
St. Dorothy's 04/24/2006	Students	St. Elizabeth's 11/14/2006	Parents
Sierra Madre Middle School 04/26/06	Parents	Stanford Middle School 11/14/2006	Students
Rio Norte Junior High School 05/11/2006	Parents	LA's Best 11/19/2006	Students
California PTA Convention 05/11/2006	PTA Members		
Rosemont 05/17/2006	Parents		
Our Lady of the Valley 05/18/2006	Parents		
Boys and Girls Club 05/24/2006	Parents		
Pasadena Kids Police Academy 06/24/2006	Parents & Students		
University of LaVerne 10/06/2006	School Counselors		
California State University, Northridge 10/18/2006	School Counselors		
Los Angeles County Office of Education 10/20/2006	School Counselors		
Los Angeles Unified School District 10/25/2006	Counselors & Administrators		

ENVIRONMENTAL SCHOLARSHIP PROGRAM

A college scholarship fund was established at five Los Angeles County high schools as the result of the prosecution and settlement of a major environmental crime case. Graduating seniors at Bell Gardens, El Rancho, Montebello, Pioneer, and Schurr High Schools are eligible for the scholarships. They are awarded annually to students who have demonstrated a serious interest or commitment to environmental issues. This interest can be demonstrated through achievements in science, social sciences, or community activities involving air pollution, waste disposal, recycling, or environmental education. In addition to the high schools in the area affected by the crime, scholarship funds also have been established at the Environmental Physical Sciences Magnet Center at Reseda High School and the Los



Angeles Conservation Corps. The District Attorney's Office has awarded nearly 300 scholarships totaling more than \$174,000 to local students since the fund was established in 1991.

DOMESTIC VIOLENCE HOTLINE (1-800-978-3600)

The District Attorney's Office established the Los Angeles County Domestic Violence Hotline in 1994 to help victims find a safe way out of their abusive environments. Thousands of callers are routed directly to trained shelter personnel fluent in eleven languages – English, Spanish, Korean, Vietnamese, Mandarin, Cantonese, Tagalog, Khmer, Japanese, Thai, and Armenian.

COURAGEOUS CITIZEN AWARDS PROGRAM

These awards, established in 1986, recognize people who have acted with courage and at considerable personal risk to help a victim of crime, assist in the capture of a suspect, or testify in the face of extraordinary pressures. Courageous Citizen Awards are presented at luncheon ceremonies hosted by local Rotary & Kiwanis clubs throughout Los Angeles County.

PUBLIC INFORMATION PAMPHLETS

These pamphlets are designed to inform individuals of the functions and responsibilities of the Los Angeles County District Attorney's Office as well as services and tips to avoid becoming a victim of crime. Topics include identity theft, domestic violence, hate crimes, bad checks, and the unauthorized practice of law. Pamphlets are available online at <http://da.lacounty.gov/cpys.pip.htm>.

THE SPEAKERS' BUREAU

Experts within the Los Angeles County District Attorney's Office are available to speak to community groups, schools, and other organizations about criminal justice issues. The presentations are free and available in English and Spanish. Los Angeles County residents may arrange for a speaker by calling the District Attorney's Speaker's Bureau at (213) 974-7401.

WHITTIER PEER MENTORING PROGRAM

As part of the community prosecution effort in Whittier, CA, the District Attorney's Office has worked with the city and local school district to create the Peer Mentoring Program. In the Peer Mentoring Program, college-bound high school seniors serve as mentors to fifth-graders in need of a role model.

Prospective mentors undergo an extensive selection process, including a panel interview. Those selected as mentors are then given a comprehensive training on mentoring techniques and strategies. Mentees, fifth-graders who most need a role model in their lives, are selected by school district personnel.

The Peer Mentoring Program aims to develop the mentees' social and academic skills through a variety of activities – including tutoring – during the year-long mentoring relationship. The Program sponsors field trips to museums, hiking trips, sporting events, local colleges, local courthouses, and the Whittier Police Department. For more information on the Whittier Peer Mentoring Program, call (562) 945-8285.



DATA GATHERING AND ANALYSIS

In order to maximize accuracy in representing the work done by the District Attorney's Office in prosecuting cases involving child abuse and neglect, data was gathered based upon a case filing. When a case is filed, the case number represents one unit for data purposes. A case may, however, represent more than one defendant and more than one count; in cases where there is more than one count, more than one victim may be represented. This method was adopted to ensure that a single incident of criminal activity was not double counted. When a case is presented for filing to a prosecutor, it is submitted based upon the conduct of the perpetrator. If a single perpetrator has victimized more than one victim, all of the alleged criminal conduct is contained under one case number. If a victim has been victimized on more than one occasion by a single perpetrator, the separate incidents will be represented by multiple counts contained under a single case number. A single incident, however, also may be represented by multiple counts; such counts might be filed in the alternative for a variety of reasons but could not result in a separate sentence for the defendant due to statutory double jeopardy prohibitions. If multiple defendants were involved in victimizing either a single victim or multiple victims, this is represented by a single case number.

A priority list was established based upon seriousness of the offense (Figure 1) from which the data sought would be reflected under the most serious charge filed. In other words, if the most serious charge presented against the perpetrator was a homicide charge reflecting a child death but additional charges were also presented and filed alleging child physical abuse or endangerment, then the conduct would be reflected only under

the statistics gathered using PC §187 in the category of total filings (Figure 2). If, at the conclusion of the case, the Murder (PC §187) charge was dismissed for some reason but the case resulted in a conviction on lesser charges (such as Assault Resulting in Death of a Child Under Age Eight, PC §273ab), that statistic would be reflected as a conviction under the statistics compiled for the lesser charge (Figures 6 and 7).

In assessing cases that were either dismissed or declined for filing (Figures 3 and 4), it is important to keep in mind that among the reasons for declining to file a case (lack of corpus; lack of sufficient evidence; inadmissible search and seizure; interest of justice; deferral for revocation of parole; a probation violation was filed in lieu of a new filing; and, a referral for misdemeanor consideration to another agency) is the very important consideration of the victim being unavailable to testify (either unable to locate the victim or the victim being unable to qualify as a witness) or unwilling to testify. In cases involving allegations of sexual assault against children, the child or the parents/guardians acting on behalf of the child may decline to participate in a prosecution and not face the prospect of being held in contempt of court for failing to testify (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 their will would not meet these criteria. This deference to the greater goal of protection of the victim results in some cases which would ordinarily meet the filing criteria to be declined and others which had already been filed to be dismissed or settled for a compromise disposition.

A synopsis of the charges used to compile this report is included as an addendum to this narrative. The statistics for 1998 also



included reporting some statutes that were no longer valid for crimes committed during the 1998 calendar year. This was due to either filing error or the fact that the case was filed in 1998 but alleged conduct which occurred in prior years.

Sentencing data is broken down to cover cases in which a defendant has received a life sentence, a state prison sentence, or a probationary sentence (Figures 7 and 8). A probationary sentence includes, in a vast majority of cases, a sentence to county jail for up to one 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 that the fact that the perpetrator of the offense is under the age of 18 is not the sole determinative factor in making a decision as to whether the minor perpetrated a criminal act against a child. A schoolyard fight between peers would not be categorized as an incident of child abuse nor would consensual sexual conduct between underage peers be automatically categorized as child molestation; but an incident involving a 17 year old babysitter intentionally scalding a six 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 eight year old family member would be investigated as a child molestation.

Statistics regarding the gender of defendants are also included. It is important when comparing the years of available statistics covering Juvenile Delinquency offenses to remember that Proposition 21 was in effect beginning in March of 2000. This factor may

make any meaningful comparison between the statistics prior to the passage to those subsequent to the passage of Proposition 21 difficult. Adult and juvenile comparisons are provided as are comparisons among both groups for total cases filed by the District Attorney's Office compared to a gender breakdown for child abuse related offenses (Figures 18, 19, 20, and 21).

Information contained by Zip Code is provided as a means of determining how children in different areas of the county are impacted by these crimes (Figures 10 and 17).

For the fourth year, the report contains data regarding the number of child abuse cases filed during 2006 that also included the filing of a count of Spousal Abuse within the meaning of PC §273.5 (Figure 22). In all four years, the percentage of cases in which these offenses are joined has been consistent. In 2003, this joinder occurred in 9% of the cases filed; in 2004, it occurred in 8% of the cases; in 2005, the joinder occurred in 9% of the cases; and in 2006, the joinder occurred in 7% of the cases.



Figure 1

LIST OF PRIORITIZED STATUTES

CODE	STATUTE	FORM NO	ORDER		CODE	STATUTE	FORM NO	ORDER
PC	187(A)		1		PC	288A(B)(1)		40
PC	273AB		2		PC	266J		41
PC	273A(2)		3		PC	266H(B)		42
PC	269(A)(1)		4		PC	266H(B)(1)		43
PC	269(A)(2)		5		PC	266H(B)(2)		44
PC	269(A)(3)		6		PC	266I(B)		45
PC	269(A)(4)		7		PC	266I(B)(1)		46
PC	269(A)(5)		8		PC	266I(B)(2)		47
PC	664/187(A)		9		PC	266		48
PC	207(B)		10		PC	288A(B)(2)		49
PC	207(C)	002	11		PC	12035(B)(1)		50
PC	207(D)	002	12		PC	311.4(B)		51
PC	207(A)	002	13		PC	311.2(B)		52
PC	207(A)	003	14		PC	311.2(D)		53
PC	208(B)		15		PC	311.3(E)		54
PC	288.5(A)		16		PC	311.10		55
PC	288.5		17		PC	311.11(B)		56
PC	286(C)(1)		18		PC	261.5(D)		57
PC	286(C)	001	19		PC	261.5(C)		58
PC	288(B)(1)		20		PC	311.1(A)		59
PC	288(B)		21		PC	311.4(C)		60
PC	288(A)		22		PC	271A		61
PC	288A(C)(1)		23		PC	12035(B)(2)		62
PC	288A(C)	001	24		PC	12036(B)		63
PC	289(J)		25		PC	12036(C)		64
PC	289(I)		26		PC	267		65
PC	289(H)		27		PC	647.6(B)		66
PC	273A(A)		28		PC	647.6(A)	002	67
PC	273A		29		PC	647.6		68
PC	273A(1)		30		PC	647.6(A)	001	69
PC	273A(A)(1)		31		PC	261.5(A)		70
PC	273D(A)		32		PC	261.5(B)		71
PC	278		33		PC	261.5		72
PC	278.5		34		PC	273A(B)		73
PC	278.5(A)		35			273G		74
PC	288(C)(1)		36		PC	311.1		75
PC	288(C)		37		PC	311.4(A)		76
PC	286(B)(2)		38		PC	311.11(A)		77
PC	286(B)(1)		39					



SIGNIFICANT FINDINGS

- A total of 5,060 cases relating to child abuse and neglect were submitted for filing consideration against adult defendants.
- Of these, charges were filed in 48% (2,246) of the cases reviewed. Felony charges were filed in 61% (1,380) of these matters.
- Of those cases declined for filing (a total of 2,814 – both felonies and misdemeanors), cases submitted alleging a violation of PC §288(a) accounted for 40% of the declinations (1,116).
- In 83% of the cases filed, the gender of the defendant was male.
- Convictions were achieved in 92% of the cases filed against adult offenders. Defendants received grants of probation in 71% (1,077) of these cases. State prison sentences were ordered in 26% (401) of the cases; with 0% (6) of the defendants receiving a life sentence in state prison.
- A total of 496 cases relating to child abuse and neglect were submitted for filing consideration against juvenile offenders.
- Of these, charges were filed in 52% (259) of the cases reviewed. Felony charges were filed in 95% (247) of these cases.
- Of the filed cases, 67% (176) alleged a violation of PC §288(a).
- Of the declined cases (237 – both felonies and misdemeanors), 77% (182) alleged a violation of PC §288(a).
- In 95% of the petitions filed, the gender of the minor was male.
- Sustained petitions were achieved in 91% of the juvenile cases.

CONCLUSION

The Los Angeles County District Attorney's Office is dedicated to providing justice to the children of this community. Efforts to enhance their safety through the vigorous prosecution of individuals who prey upon children are tempered with care and compassion for the needs of the children who have been victimized. This process is important to a prosecuting entity that has been sensitized to the special nature of these cases and assisted by active partnerships with other public and private entities in crime prevention efforts designed to enrich the lives of all children. Through these efforts, the Los Angeles County District Attorney's Office has established a leadership role in community efforts to battle child abuse and neglect.



RESPONSE TO RECOMMENDATIONS FROM 2006 REPORT

RECOMMENDATION ONE:

Juvenile Offender Data Collection

The Data Report submitted by the District Attorney's Office includes data on juvenile offenders.

RECOMMENDATION TWO:

Agency Data Report Definitions

The Data Report submitted by the District Attorney's Office includes a glossary explaining the acronyms and legal definitions of terms used. When referring to the law, all references are to California statutes unless otherwise specified. Where terms have a common meaning between all agencies included in this report, the glossary contains the definition from Black's Law Dictionary, 8th Edition. Since some common words are used differently by various agencies, an explanation of the usage of the term by the District Attorney's Office is included in the glossary.

RECOMMENDATION THREE:

Permanency initiatives or mentoring programs that impact children and youth

The Data Report submitted by the Los Angeles District Attorney's Office includes information regarding programs offered through the office's Bureau of Crime Prevention and Youth Services and other divisions.



Figure 2

TOTAL ADULT FILINGS BY CHARGE FOR 1998 THROUGH 2006

Charge	1998		1999		2000		2001		2002	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC12035(b)(1)	0	0	0	0	0	0	1	0	0	0
PC12035(b)(2)	0	0	0	0	0	0	0	0	0	0
PC12036(b)	0	0	0	0	0	0	0	1	0	2
PC187(a)	27	0	38	0	33	0	25	0	25	0
PC207(a)	5	0	11	0	1	0	9	0	26	0
PC207(b)	0	0	0	0	9	0	6	0	7	0
PC208(b)	19	0	13	0	22	0	11	0	13	0
PC261.5	0	0	0	0	0	0	0	0	0	0
PC261.5(a)	0	0	0	0	0	0	0	0	0	0
PC261.5(b)	0	0	3	23	0	2	0	38	0	28
PC261.5(c)	141	4	202	0	138	2	121	52	112	70
PC261.5(d)	141	4	82	5	69	8	41	13	39	12
PC266h(b)	0	0	0	0	0	0	2	0	1	0
PC266i(b)	88	8	0	0	0	0	0	0	0	0
PC266j	5	0	7	0	2	0	3	0	5	0
PC269	0	0	0	0	1	0	0	0	0	0
PC269(a)(1)	8	0	14	0	17	0	18	0	22	0
PC269(a)(2)	0	0	0	0	0	0	0	0	1	0
PC269(a)(3)	3	0	4	0	3	0	8	0	13	0
PC269(a)(4)	3	0	1	0	5	0	0	0	3	0
PC269(a)(5)	0	0	2	0	9	0	3	0	4	0
PC271a	1	4	0	6	0	4	2	7	1	7
PC273a(1)	1	1	0	0	0	0	0	0	0	0
PC273a(2)	0	1	0	0	0	0	0	0	0	0
PC273a(a)	385	91	479	76	452	94	436	128	587	119
PC273a(a)(1)	2	6	0	1	0	0	0	0	0	0
PC273a(b)	128	401	70	423	0	606	2	601	4	578
PC273ab	2	1	1	0	1	0	0	0	0	0
PC273d(a)	79	82	77	82	66	85	58	88	25	87
PC273g	0	0	0	0	0	0	0	5	0	2
PC278	18	1	18	4	1	3	24	3	27	6
PC278.5	6	3	13	2	4	1	47	7	9	5



Figure 2 (cont.)

TOTAL ADULT FILINGS BY CHARGE FOR 1998 THROUGH 2006

Charge	2003		2004		2005		2006	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC12035(b)(1)	3	0	0	0	0	0	0	1
PC12035(b)(2)	0	0	0	0	0	0	0	0
PC12036(b)	0	1	0	0	0	0	0	0
PC187(a)	31	0	23	0	25	0	17	0
PC207(a)	20	0	13	0	19	0	11	0
PC207(b)	3	0	11	0	6	0	6	0
PC208(b)	3	0	1	0	1	0	1	0
PC261.5	0	0	0	0	1	0	1	1
PC261.5(a)	0	0	0	0	0	0	0	0
PC261.5(b)	0	17	0	11	0	36	0	17
PC261.5(c)	101	48	87	57	80	43	72	37
PC261.5(d)	38	6	45	7	39	4	27	6
PC266h	0	0	0	0	1	0	0	0
PC266h(b)	0	0	0	0	1	0	0	0
PC266h(b)(1)	0	0	0	0	5	0	4	0
PC266h(b)(2)	0	0	0	0	0	0	6	0
PC266i(b)	0	0	0	0	0	0	0	0
PC266i(b)(1)	0	0	0	0	1	0	2	0
PC266i(b)(2)	0	0	0	0	1	0	1	0
PC266j	4	0	3	0	2	0	0	0
PC269	0	0	0	0	0	0	0	0
PC269(a)(1)	26	0	23	0	26	0	14	0
PC269(a)(2)	0	0	2	0	2	0	1	0
PC269(a)(3)	8	0	4	0	3	0	3	0
PC269(a)(4)	6	0	7	0	4	0	1	0
PC269(a)(5)	7	0	10	0	5	0	3	0
PC271a	6	6	1	1	3	2	2	3
PC273a(1)	0	0	0	0	1	0	0	0
PC273a(2)	0	0	0	0	0	0	0	0
PC273a(a)	446	108	411	111	432	117	374	123
PC273a(a)(1)	0	0	0	0	0	0	0	0
PC273a(b)	1	550	1	581	0	591	0	475
PC273ab	1	0	0	0	5	0	1	0
PC273d(a)	31	75	37	66	24	69	41	55
PC273g	0	1	0	0	0	0	0	0
PC278	25	2	19	1	26	2	11	4
PC278.5	15	0	4	1	4	3	4	2



Figure 2 (cont.)

TOTAL ADULT FILINGS BY CHARGE FOR 1998 THROUGH 2006

Charge	1998		1999		2000		2001		2002	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC278.5(a)	14	2	15	1	34	3	0	0	9	5
PC286(b)(1)	10	0	3	1	6	0	8	0	39	10
PC286(b)(2)	6	0	9	0	8	0	4	0	6	1
PC286(c)	11	0	1	0	1	0	1	0	2	0
PC286(c)(1)	0	0	0	0	0	0	13	0	2	0
PC288(a)	557	0	606	0	538	0	714	0	9	0
PC288(b)	6	0	6	0	7	0	1	0	498	1
PC288(b)(1)	0	0	0	0	0	0	98	0	2	0
PC288(c)	4	0	6	0	2	0	1	0	47	1
PC288(c)(1)	0	0	0	0	0	0	106	1	1	0
PC288.5	79	0	15	0	28	0	13	0	120	3
PC288.5(a)	0	0	0	0	0	0	0	0	6	0
PC288.5(b)	0	0	0	0	0	0	216	0	206	0
PC288a(b)(1)	26	0	23	3	32	0	19	0	0	0
PC288a(b)(2)	0	0	0	0	22	0	16	0	26	10
PC288a(c)	6	0	2	0	0	0	0	0	9	0
PC288a(c)(1)	0	0	0	0	0	0	4	0	2	0
PC289(h)	17	1	16	1	25	0	30	0	4	0
PC289(i)	10	0	16	0	15	0	12	0	11	5
PC289(j)	4	0	2	0	1	0	0	0	19	0
PC311.1	0	0	0	0	0	0	0	0	0	0
PC311.10	0	0	0	0	1	0	1	0	0	0
PC311.1(a)	4	0	7	0	3	0	1	0	0	0
PC311.11(a)	8	6	6	7	0	18	0	10	2	1
PC311.11(b)	1	0	1	0	1	0	0	0	0	14
PC311.2(b)	0	0	0	0	1	0	2	0	2	0
PC311.4(b)	1	0	0	0	0	0	1	0	0	0
PC311.2(d)	0	0	0	0	0	0	0	0	0	0
PC311.4(c)	2	0	5	0	3	0	1	0	0	0
PC647.6	0	0	0	0	0	0	0	0	0	0
PC647.6(a)	2	0	21	0	0	5	9	0	8	0
PC647.6(b)	4	1	3	0	4	3	2	2	3	0
PC664/187(a)	0	0	0	0	43	0	11	0	20	0



Figure 2 (cont.)

TOTAL ADULT FILINGS BY CHARGE FOR 1998 THROUGH 2006

Charge	2003		2004		2005		2006	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC278.5(a)	24	3	31	0	8	0	18	4
PC286(b)(1)	8	1	7	1	3	1	7	0
PC286(b)(2)	3	0	1	0	5	0	3	0
PC286(c)	2	0	0	0	0	0	0	0
PC286(c)(1)	8	0	5	0	4	0	8	0
PC288(a)	437	0	476	1	350	0	410	0
PC288(b)	2	0	3	0	0	0	5	0
PC288(b)(1)	60	0	46	0	55	0	52	0
PC288(c)	0	0	0	0	0	0	0	0
PC288(c)(1)	96	2	110	4	75	4	85	1
PC288.5	12	0	6	0	2	0	4	0
PC288.5(a)	132	0	124	0	118	0	110	0
PC288.5(b)	0	0	18	2	0	0	0	0
PC288a(b)(1)	31	6	6	0	21	3	21	5
PC288a(b)(2)	17	0	0	0	12	0	4	0
PC288a(c)	0	0	0	0	0	0	0	0
PC288a(c)(1)	0	0	0	0	2	0	0	0
PC289(h)	15	2	17	1	15	3	13	3
PC289(i)	16	0	6	0	10	0	12	0
PC289(j)	0	0	0	0	0	0	1	0
PC311.1	0	0	0	0	1	0	0	0
PC311.10	1	0	3	0	2	0	2	0
PC311.1(a)	2	0	3	0	4	0	1	0
PC311.11(a)	0	11	0	19	0	9	2	17
PC311.11(b)	0	0	0	0	2	0	2	0
PC311.2(b)	0	0	0	0	2	0	0	0
PC311.4(b)	0	0	0	0	0	0	0	0
PC311.2(d)	0	0	0	0	0	0	1	0
PC311.4(c)	1	0	1	0	2	0	1	0
PC647.6	0	0	0	0	0	2	0	2
PC647.6(a)	6	0	9	0	3	140	4	107
PC647.6(b)	0	0	0	0	1	0	0	3
PC664/187(a)	12	0	9	0	19	0	11	0



Figure 3
TOTAL ADULT DISMISSALS BY CHARGE FOR 1998 THROUGH 2006

Charge	1998		1999		2000		2001		2002	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC187(a)	0	0	0	0	0	0	0	0	1	0
PC207	5	0	1	0	0	0	0	0	0	0
PC207(a)	0	0	0	0	0	0	1	0	5	0
PC207(b)	0	0	0	0	0	0	1	0	0	0
PC208	2	0	3	0	1	0	0	0	0	0
PC208(b)	0	0	0	0	0	0	0	0	1	0
PC261.5(b)	4	0	0	3	0	1	0	1	0	5
PC261.5(c)	6	5	5	3	8	0	12	5	10	2
PC261.5(d)	7	0	4	0	3	0	2	1	0	0
PC266h(b)	0	0	0	0	0	0	1	0	1	0
PC266h(b)(1)	0	0	0	0	0	0	0	0	0	0
PC266i(b)	1	0	0	0	0	0	0	0	0	0
PC266j	0	0	2	0	0	0	0	0	3	0
PC269(a)(1)	0	0	1	0	0	0	2	0	0	0
PC269(a)(2)	0	0	0	0	0	0	0	0	0	0
PC269(a)(3)	1	0	0	0	0	0	0	0	0	0
PC269(a)(4)	0	0	0	0	1	0	0	0	0	0
PC269(a)(5)	0	0	0	0	0	0	0	0	1	0
PC271a	0	1	0	0	0	0	0	0	0	0
PC273a(1)	0	1	0	0	0	0	0	0	0	0
PC273a(a)	35	16	24	6	39	6	19	9	46	8
PC273a(b)	5	68	6	37	4	60	0	57	0	42
PC273ab	1	0	0	0	0	0	0	0	0	0
PC273d(a)	6	10	6	18	1	14	7	10	5	10
PC278	0	0	0	0	3	0	0	0	2	2
PC278.5	0	1	1	0	3	0	6	0	1	0
PC278.5(a)	0	1	2	0	0	0	0	0	5	0



Figure 3

TOTAL ADULT DISMISSALS BY CHARGE FOR 1998 THROUGH 2006 (continued)

Charge	1998		1999		2000		2001		2002	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC286(b)(1)	0	0	1	0	1	0	0	0	5	0
PC286(c)	2	0	0	0	0	0	0	0	1	0
PC286(c)(1)	0	0	0	0	0	0	0	0	0	0
PC288(a)	42	0	23	0	40	0	0	0	1	0
PC288(b)	1	0	0	0	0	0	0	0	23	0
PC288(b)(1)	0	0	0	0	0	0	2	0	3	0
PC288(c)	0	0	0	0	1	0	0	0	0	0
PC288(c)(1)	0	0	0	0	0	0	4	0	6	0
PC288.5	3	0	1	0	1	0	0	0	0	0
PC288.5(a)	0	0	0	0	0	0	0	0	10	0
PC288.5(b)	0	0	0	0	0	0	8	0	0	0
PC288a(b)(1)	2	1	2	0	2	0	1	0	4	0
PC288a(b)(2)	0	0	0	0	1	0	1	0	1	0
PC288a(c)	0	0	0	0	2	0	0	0	1	0
PC288a(c)(1)	0	0	0	0	0	0	0	0	0	0
PC289(h)	1	1	0	0	1	1	0	0	2	0
PC289(i)	1	0	0	0	0	0	1	0	0	0
PC289(j)	0	0	1	0	0	0	0	0	0	0
PC311.11(a)	0	1	0	1	0	1	0	0	0	2
PC311.11(b)	0	0	0	1	0	0	0	0	0	0
PC311.2	0	0	0	0	1	0	0	0	0	0
PC311.4(b)	0	0	0	0	1	0	0	0	0	0
PC647.6(a)	0	0	0	0	0	0	1	0	3	0
PC647.6(b)	1	0	0	0	0	0	0	0	0	0
664/187(a)	0	0	0	0	0	0	0	0	0	0



Figure 3

TOTAL ADULT DISMISSALS BY CHARGE FOR 1998 THROUGH 2006 (continued)

Charge	2003		2004		2005		2006	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC187(a)	0	0	0	0	1	0	1	0
PC207	2	0	0	0	0	0	0	0
PC207(a)	0	0	1	0	3	0	0	0
PC207(b)	0	0	1	0	1	0	0	0
PC208	0	0	0	0	0	0	0	0
PC208(b)	0	0	0	0	0	0	0	0
PC261.5(b)	0	1	0	3	0	5	0	3
PC261.5(c)	5	9	9	7	2	2	5	2
PC261.5(d)	0	1	5	1	1	0	1	0
PC266h(b)	0	0	0	0	0	0	0	0
PC266h(b)(1)	0	0	0	0	0	0	1	0
PC266i(b)	0	0	0	0	0	0	0	0
PC266j	0	0	0	0	1	0	0	0
PC269(a)(1)	1	0	2	0	1	0	0	0
PC269(a)(2)	0	0	0	0	1	0	0	0
PC269(a)(3)	0	0	0	0	0	0	0	0
PC269(a)(4)	0	0	1	0	1	0	0	0
PC269(a)(5)	0	0	1	0	0	0	0	0
PC271a	2	1	0	1	0	0	0	0
PC273a(1)	0	0	0	0	0	0	0	0
PC273a(a)	26	17	44	6	35	11	22	8
PC273a(b)	0	46	0	75	0	52	0	37
PC273ab	0	0	0	0	0	0	0	0
PC273d(a)	3	10	2	2	5	12	6	4
PC278	5	2	2	0	4	1	0	1
PC278.5	3	0	0	1	0	0	1	0
PC278.5(a)	3	2	4	0	0	0	0	0



Figure 3

TOTAL ADULT DISMISSALS BY CHARGE FOR 1998 THROUGH 2006 (continued)

Charge	2003		2004		2005		2006	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC286(b)(1)	0	0	0	0	0	0	0	0
PC286(c)	0	0	0	0	0	0	0	0
PC286(c)(1)	0	0	0	0	0	0	0	0
PC288(a)	37	0	36	0	26	0	16	0
PC288(b)	0	0	0	0	0	0	0	0
PC288(b)(1)	5	0	3	0	4	0	2	0
PC288(c)	0	0	0	0	0	0	0	0
PC288(c)(1)	5	0	7	1	2	1	6	0
PC288.5	1	0	0	0	0	0	0	0
PC288.5(a)	7	0	6	0	7	0	3	0
PC288.5(b)	0	0	0	0	0	0	0	0
PC288a(b)(1)	2	1	0	0	1	0	2	0
PC288a(b)(2)	1	0	0	0	1	0	0	0
PC288a(c)	0	0	0	0	0	0	0	0
PC288a(c)(1)	0	0	0	0	1	0	0	0
PC289(h)	1	0	1	0	2	0	0	0
PC289(i)	0	0	0	0	0	0	0	0
PC289(j)	0	0	0	0	0	0	0	0
PC311.11(a)	0	0	0	0	0	0	1	0
PC311.11(b)	0	0	0	0	0	0	0	0
PC311.2	0	0	0	0	0	0	0	0
PC311.4(b)	0	0	0	0	0	0	0	0
PC647.6(a)	0	0	1	0	1	7	0	5
PC647.6(b)	0	0	0	0	0	0	0	0
664/187(a)	1	0	0	0	1	0	0	0



Figure 4
TOTAL ADULT CASES DECLINED FOR FILING FOR 1998 THROUGH 2006

	1998	1999	2000	2001	2002	2003	2004	2005	2006
Charge	Count	Count	Count	Count	Count	Count	Count	Count	Count
PC12035(b)(1)	0	0	0	4	4	1	1	1	3
PC12035(b)(2)	0	0	0	2	0	0	0	0	0
PC12036(c)	0	0	0	0	0	0	0	0	1
PC187(a)	0	0	0	4	3	1	2	3	0
PC207	1	6	5	0	0	0	0	0	0
PC207(a)	0	0	0	4	3	0	2	2	1
PC207(b)	0	0	0	2	4	0	1	2	1
PC208	1	1	1	0	0	0	0	0	0
PC208(b)	0	0	0	1	0	0	0	0	0
PC261.5	0	0	0	0	0	0	0	11	0
PC261.5(a)	0	0	0	3	0	0	1	2	1
PC261.5(b)	34	29	0	60	36	80	94	142	156
PC261.5(c)	146	214	224	268	170	145	137	187	249
PC261.5(d)	60	82	0	94	99	92	81	70	29
PC266h(b)	0	0	0	1	0	1	0	1	1
PC266h(b)(1)	0	0	0	0	0	0	0	0	2
PC266h(b)(2)	0	0	0	0	0	0	0	0	1
PC266j	5	0	1	2	2	3	2	0	1
PC267	0	0	1	0	0	0	0	0	1
PC269(a)(1)	0	0	2	0	1	0	3	3	1
PC269(a)(5)	0	0	1	0	0	0	0	0	0
PC271a	2	2	2	7	10	8	8	5	3
PC273a	0	0	0	0	1	1	0	1	1
PC273a(1)	4	0	0	0	0	0	0	0	0
PC273a(2)	0	0	0	0	0	0	0	0	2
502PC273a(a)	333	208	251	388	523	421	399	464	502
PC273a(a)(1)	0	1	0	0	0	0	0	0	0
PC273a(b)	43	42	69	88	164	162	177	148	150
PC273ab	6	2	1	0	4	1	2	1	3
PC273d(a)	72	57	62	69	83	139	133	103	127
PC273g	0	0	0	1	0	0	0	1	1
PC278	31	47	43	30	32	50	29	39	55
PC278.5	46	89	100	65	41	40	49	35	18



Figure 4

TOTAL ADULT CASES DECLINED FOR FILING FOR 1998 THROUGH 2006 (continued)

	1998	1999	2000	2001	2002	2003	2004	2005	2006
Charge	Count	Count	Count	Count	Count	Count	Count	Count	Count
PC278.5(a)	87	68	43	0	99	115	58	48	55
PC286(b)(1)	7	9	11	10	10	11	13	9	18
PC286(b)(2)	1	3	4	4	1	0	5	0	4
PC286(c)	7	2	0	0	0	0	0	0	0
PC286(c)(1)	0	0	0	2	1	5	9	0	2
PC288(a)	813	783	400	1,136	1,050	986	1,013	1,094	1,116
PC288(b)	0	5	1	1	2	0	2	0	0
PC288(b)(1)	0	0	0	26	14	9	10	11	15
PC288(c)	2	2	9	0	2	1	0	0	0
PC288(c)(1)	0	0	0	63	63	88	83	98	90
PC288.5	20	13	8	13	3	1	1	2	4
PC288.5(a)	0	0	0	0	46	34	46	35	35
PC288.5(b)	0	0	0	27	0	0	0	0	0
PC288a(b)(1)	15	9	27	30	17	31	22	21	27
PC288a(b)(2)	0	0	3	10	3	2	6	1	5
PC288a(c)	12	1	1	0	0	0	0	0	0
PC288a(c)(1)	0	0	0	8	9	6	8	4	3
PC289(h)	3	3	5	3	7	5	2	8	5
PC289(i)	0	1	2	1	0	0	0	4	3
PC289(j)	0	0	7	3	0	0	1	2	1
PC311.1(a)	0	0	0	0	0	0	2	0	1
PC311.10	0	0	1	0	1	0	0	0	4
PC311.11(a)	1	3	0	1	5	3	6	0	0
PC311.11(b)	0	2	0	1	0	1	4	0	1
PC311.2(b)	0	0	0	1	0	0	0	0	0
PC311.4(a)	0	0	0	0	0	0	1	0	1
PC311.4(b)	2	0	0	1	2	0	0	0	0
PC311.4(c)	1	0	2	0	1	0	0	0	0
PC647.6	0	0	0	0	0	0	0	0	1
PC647.6(a)	7	10	11	12	12	17	11	113	109
PC647.6(b)	6	9	8	9	12	6	9	10	4
PC664/187(a)	0	0	0	1	0	3	0	0	0

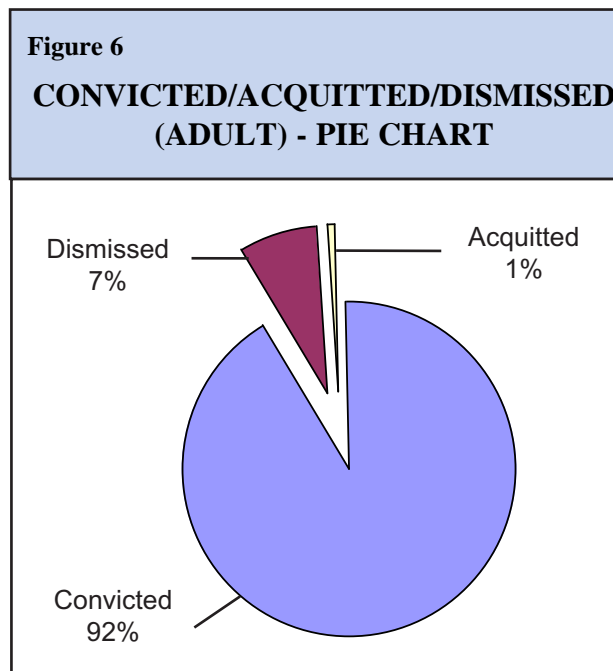
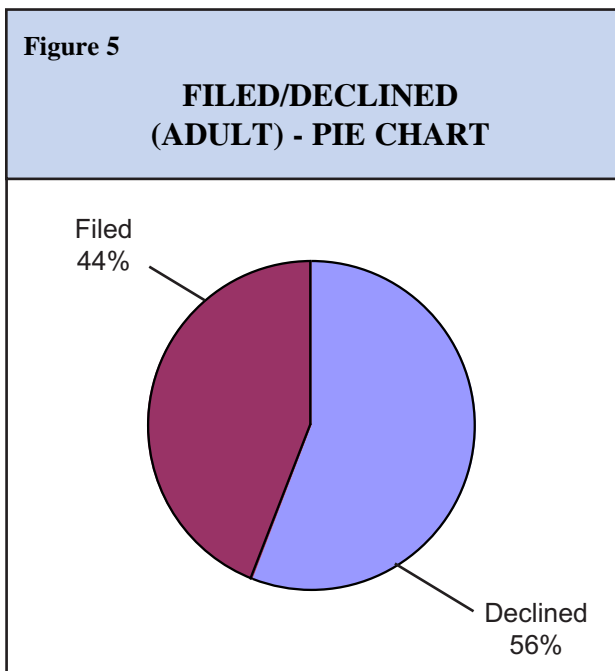


Figure 7
TOTAL ADULT CASES SENTENCED 1998 THROUGH 2006

	1998	1999	2000	2001	2002
Sentence Type	Count	Count	Count	Count	Count
Life	10	9	4	12	24
State Prison	714	605	503	525	533
Probation	1,359	1,388	1,244	1,552	1,624
Jail or Fine	n/a	n/a	n/a	n/a	n/a

	2003	2004	2005	2006
Sentence Type	Count	Count	Count	Count
Life	23	13	8	6
State Prison	499	472	349	401
Probation	1,411	1,284	1,113	1,077
Jail or Fine	n/a	n/a	42	43



Figure 8

PIE CHART -- SENTENCING (ADULT)

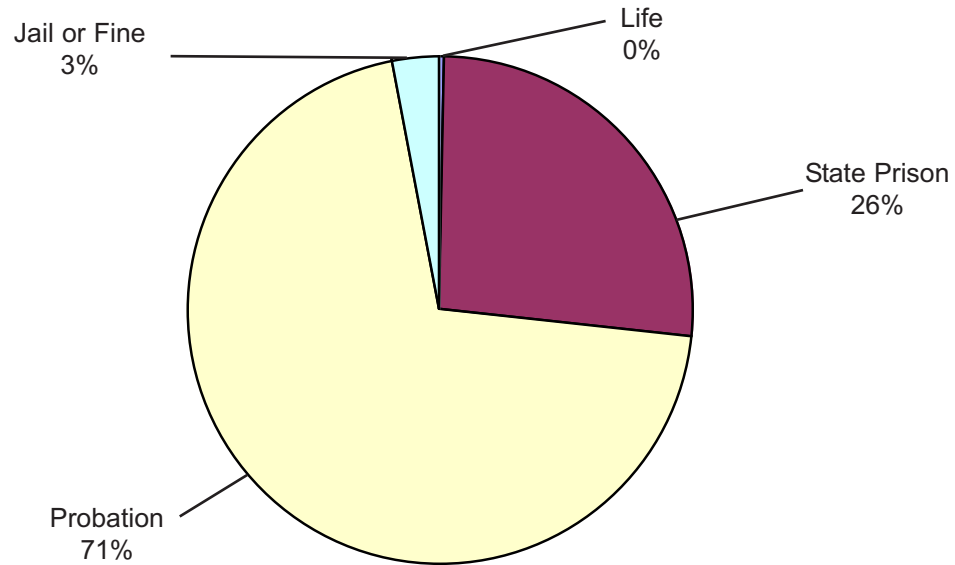


Figure 9

CHILD ABDUCTION CASES

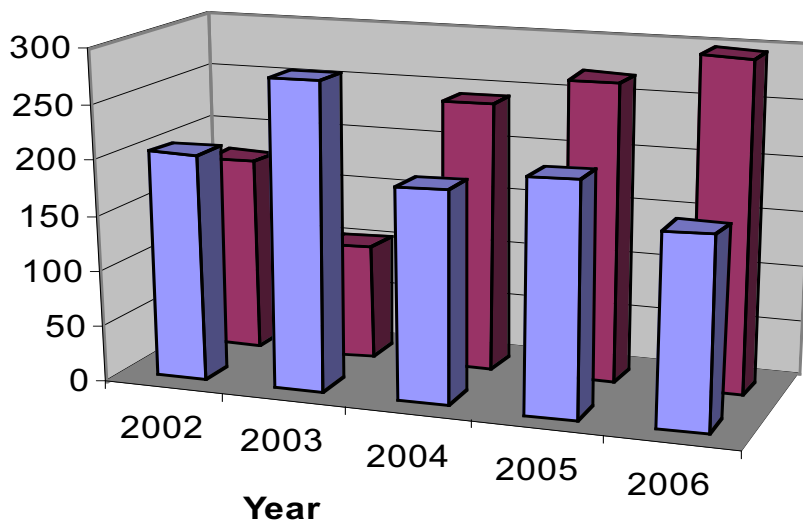




Figure 10

TOTAL ADULT CASES FILED BY ZIP CODE FOR 1998 THROUGH 2006

Zip Code	1998	1999	2000	2001	2002	2003	2004	2005	2006
90007	27	56	16	18	24	18	19	52	17
90012	533	627	587	546	613	437	424	445	350
90022	39	41	60	50	58	39	38	40	35
90025	61	66	0	0	0	0	0	0	0
90045	0	4	46	99	121	84	118	103	75
90066	0	0	1	0	0	0	0	0	0
90210	22	14	17	7	9	8	2	4	13
90220	107	109	119	199	232	222	243	219	229
90231	11	13	10	0	0	0	0	0	0
90242	99	55	107	72	54	57	86	61	46
90255	108	111	84	53	58	58	47	0	0
90262	83	80	58	17	7	0	0	0	0
90265	11	15	19	16	16	14	7	13	3
90301	50	39	60	37	64	49	45	35	51
90401	14	9	14	8	7	0	0	0	0
90503	116	101	120	133	124	86	103	75	98
90602	53	54	58	55	48	58	64	62	50
90650	61	50	47	177	201	200	178	207	178
90706	61	43	43	28	33	30	40	80	51
90802	130	118	150	118	152	141	131	110	130
91016	8	1	0	0	0	0	0	0	0
91101	88	100	93	100	74	88	68	77	55
91205	48	76	60	59	76	48	40	56	41
91331	0	1	2	0	0	0	0	0	0
91340	65	75	74	73	75	91	86	65	86
91355	34	61	53	44	28	28	56	86	72
91401	128	84	79	82	105	74	93	49	81
91502	0	0	0	0	0	0	0	0	21
91731	109	116	122	128	128	88	66	81	63
91766	78	84	133	157	282	268	203	171	166
91790	123	111	112	159	116	90	67	80	69
91801	56	39	47	48	39	53	50	69	53
93534	232	246	223	210	190	170	173	222	213



Figure 11

TOTAL ADULT PRESENTED FOR 1998 THROUGH 2006

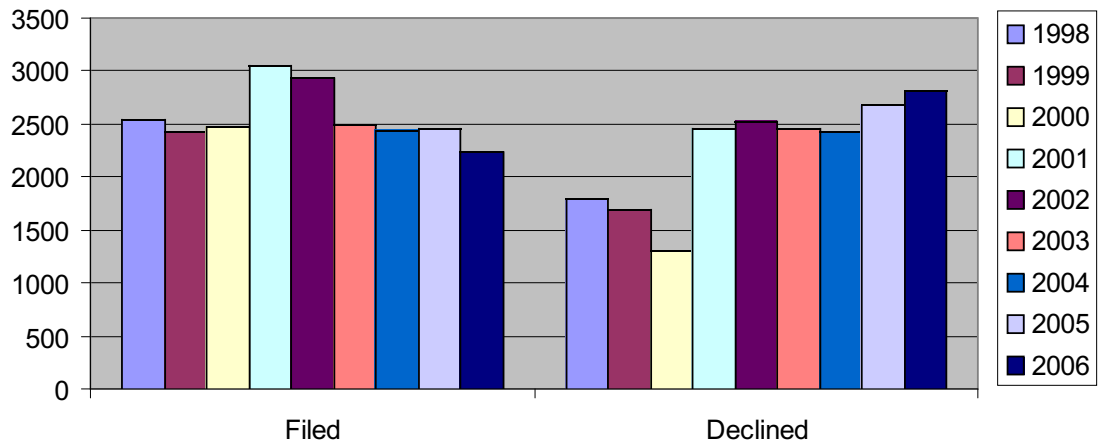


Figure 12

**TOTAL JUVENILE FILINGS
BY CHARGE FOR 1999 THROUGH 2006**

Charge	1999		2000	
	Felony	Misd	Felony	Misd
PC187(a)	4	0	2	0
PC207(a)	0	0	1	0
PC207(b)	0	0	5	0
PC208(b)	0	0	0	0
PC261.5(b)	0	16	0	3
PC261.5(c)	3	1	0	3
PC266j	0	0	0	0
PC269(a)(5)	0	0	0	0
PC271a	1	0	1	0
PC273a(a)	17	0	22	0
PC273a(b)	0	8	0	6
PC273d(a)	4	0	2	0
PC273g	0	0	0	0
PC278	3	0	5	0
PC278.5	0	0	1	0
PC286(b)(1)	1	0	1	0
PC286(b)(2)	1	0	0	0
PC286(c)(1)	0	0	0	0
PC288(a)	250	0	234	0

Figure 12

**TOTAL JUVENILE FILINGS
BY CHARGE FOR 1999 THROUGH 2006
(Continued)**

Charge	1999		2000	
	Felony	Misd	Felony	Misd
PC288(b)	4	0	2	0
PC288(b)(1)	0	0	0	0
PC288(c)	0	0	2	0
PC288.5(a)	0	0	0	0
PC288.5(b)	0	0	0	0
PC288a(b)(1)	6	0	1	0
PC289(h)	3	0	6	0
PC289(i)	1	0	0	0
PC311.10	0	0	0	0
PC311.1(a)	1	0	0	0
PC311.11(a)	0	1	0	0
PC311.2(b)	0	0	0	0
PC311.2(d)	0	0	0	0
PC311.4(c)	1	0	1	0
PC647.6(a)	0	0	0	1
PC647.6(b)	1	0	1	0
PC664/187(a)	0	0	0	0



Figure 12

TOTAL JUVENILE FILINGS BY CHARGE FOR 1999 THROUGH 2006 (Continued)

Charge	2001		2002		2003		2004		2005	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC187(a)	1	0	0	0	0	0	0	0	0	0
PC207(a)	0	0	0	0	3	0	0	0	2	0
PC207(b)	1	0	4	0	0	0	0	0	0	0
PC208(b)	0	0	3	0	0	0	0	0	0	0
PC261.5(b)	0	11	0	8	0	9	0	5	0	6
PC261.5(c)	5	0	3	2	3	1	1	2	4	0
PC266j	0	0	0	0	1	0	0	0	0	0
PC269(a)(5)	0	0	0	0	0	0	1	0	0	0
PC271a	0	0	0	0	0	0	0	0	0	0
PC273a(a)	16	0	8	0	8	0	9	0	14	0
PC273a(b)	0	6	0	9	0	5	0	8	0	4
PC273d(a)	1	0	2	0	2	0	0	0	3	0
PC273g	0	0	0	0	0	1	0	0	0	0
PC278	1	0	3	0	2	0	4	0	0	0
PC278.5	0	0	0	0	0	0	0	0	0	0
PC286(b)(1)	1	0	0	0	0	0	0	0	3	0
PC286(b)(2)	0	0	0	0	0	0	0	0	0	0
PC286(c)(1)	6	0	0	0	2	0	0	0	1	0
PC288(a)	234	0	185	0	177	0	175	0	182	0
PC288(b)	0	0	1	0	0	0	0	0	0	0
PC288(b)(1)	38	0	39	0	55	0	41	0	32	0
PC288(c)	0	0	0	0	0	0	0	0	0	0
PC288.5(a)	0	0	39	0	24	0	34	0	33	0
PC288.5(b)	42	0	0	0	0	0	0	0	0	0
PC288a(b)(1)	3	0	2	0	4	0	3	0	1	0
PC289(h)	6	0	0	0	6	0	5	0	1	0
PC289(i)	0	0	0	0	0	0	0	0	0	0
PC311.10	0	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	0	0	1	0	0	0	2	0	0
PC311.2(b)	2	0	0	0	0	0	0	0	0	0
PC311.2(d)	0	0	0	0	0	0	0	0	2	0
PC311.4(c)	0	0	1	0	0	0	0	0	0	0
PC647.6(a)	0	0	0	0	0	0	1	0	0	5
PC647.6(b)	0	0	0	0	2	0	0	0	1	0
PC664/187(a)	0	0	1	0	0	0	0	0	0	0



Figure 12 (cont.)			Figure 12 (cont.)			Figure 12 (cont.)		
Charge	2006		Charge	2006		Charge	2006	
	Felony	Misd		Felony	Misd		Felony	Misd
PC187(a)	0	0	PC273g	0	0	PC288a(b)(1)	0	0
PC207(a)	0	0	PC278	2	0	PC289(h)	2	0
PC207(b)	0	0	PC278.5	0	0	PC289(i)	0	0
PC208(b)	0	0	PC286(b)(1)	1	0	PC311.10	0	0
PC261.5(b)	0	4	PC286(b)(2)	0	0	PC311.1(a)	0	0
PC261.5(c)	3	0	PC286(c)(1)	1	0	PC311.11(a)	0	0
PC266j	0	0	PC288(a)	176	0	PC311.2(b)	0	0
PC269(a)(5)	0	0	PC288(b)	1	0	PC311.2(d)	2	0
PC271a	0	0	PC288(b)(1)	28	0	PC311.4(c)	0	0
PC273a(a)	7	0	PC288(c)	0	0	PC647.6(a)	0	6
PC273a(b)	0	2	PC288.5(a)	22	0	PC647.6(b)	0	0
PC273d(a)	2	0	PC288.5(b)	0	0	PC664/187(a)	0	0

Figure 13 TOTAL JUVENILE DISMISSALS BY CHARGE FOR 2002 THROUGH 2006										
Charge	2002		2003		2004		2005		2006	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC207(a)	0	0	1	0	0	0	0	0	0	0
PC261.5(b)	0	1	0	4	0	0	0	3	0	0
PC261.5(c)	1	0	2	0	0	0	0	0	0	0
PC273a(a)	1	0	1	0	0	1	1	0	0	0
PC273a(b)	0	0	0	0	0	0	0	0	0	0
PC286(c)(1)	0	0	0	0	0	0	0	0	1	0
PC288(a)	18	0	18	0	18	0	7	0	9	0
PC288(b)	1	0	0	0	0	0	0	0	0	0
PC288(b)(1)	3	0	7	0	7	0	2	0	4	0
PC288.5(a)	3	0	3	0	3	0	3	0	3	0
PC288a(b)(1)	0	0	1	0	0	0	0	0	0	0
PC289(h)	0	0	1	0	0	0	0	0	0	0
PC311.2(d)	0	0	0	0	0	0	2	0	0	0
PC647.6(a)	0	0	0	0	0	0	0	1	0	0



Figure 14
TOTAL JUVENILE DECLINATIONS BY CHARGE FOR 1999 THROUGH 2006

Charge	1999		2000		2001		2002		2003	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC207(b)	0	0	1	0	0	0	0	0	0	0
PC261.5	0	0	0	0	0	0	0	0	0	0
PC261.5(a)	0	0	0	0	0	2	0	0	0	0
PC261.5(b)	0	23	0	32	0	25	0	0	0	23
PC261.5(c)	1	3	2	5	4	0	0	14	5	3
PC261.5(d)	7	0	9	0	11	0	5	0	1	0
PC266h(b)	0	0	1	0	0	0	0	0	0	0
PC273a(a)	6	0	4	0	2	0	6	0	3	0
PC273a(b)	0	0	0	4	0	3	0	0	0	0
PC273ab	0	0	0	0	0	0	0	2	0	0
PC273d(a)	0	0	0	0	0	0	1	0	0	0
PC278	3	0	10	0	1	0	3	0	2	0
PC286(b)(1)	0	0	4	0	3	0	0	0	4	0
PC286(b)(2)	2	0	1	0	1	0	0	0	1	0
PC286(c)(1)	0	0	0	0	2	0	0	0	0	0
PC288(a)	120	0	265	0	167	0	145	0	177	0
PC288(b)(1)	0	0	0	0	5	0	7	0	10	0
PC288(c)(1)	0	0	0	0	0	0	2	0	0	0
PC288a(b)(1)	2	0	11	0	4	0	2	0	1	0
PC288a(b)(2)	0	0	1	0	1	0	1	0	1	0
PC288a(c)(1)	0	0	0	0	1	0	2	0	1	0
PC288.5(a)	0	0	0	0	0	0	0	0	0	0
PC289(h)	3	0	3	0	0	0	2	0	0	0
PC289(i)	0	0	1	0	0	0	0	0	0	0
PC289(j)	0	0	0	0	1	0	0	0	0	0
PC311.11(a)	0	0	0	1	0	0	0	0	0	0
PC647.6(a)	0	0	2	0	0	0	1	0	0	0
PC647.6(b)	0	0	1	0	0	0	0	0	0	0



Figure 14

**TOTAL JUVENILE DECLINATIONS
BY CHARGE FOR 1999 THROUGH 2006 (Continued)**

Charge	2004		2005		2006	
	Felony	Misd	Felony	Misd	Felony	Misd
PC207(b)	1	0	0	0	0	0
PC261.5	0	0	4	0	6	0
PC261.5(a)	0	0	0	0	0	0
PC261.5(b)	0	18	0	13	0	26
PC261.5(c)	2	1	6	2	6	1
PC261.5(d)	0	0	0	0	0	0
PC266h(b)	0	0	0	0	0	0
PC273a(a)	7	0	3	0	2	0
PC273a(b)	0	0	0	0	0	2
PC273ab	1	0	0	0	0	0
PC273d(a)	0	0	1	0	0	0
PC278	0	0	0	0	0	0
PC286(b)(1)	0	0	0	0	1	0
PC286(b)(2)	0	0	0	0	0	0
PC286(c)(1)	2	0	0	0	1	0
PC288(a)	156	0	165	0	182	0
PC288(b)(1)	3	0	8	0	8	0
PC288(c)(1)	0	0	2	0	0	0
PC288a(b)(1)	1	0	2	0	0	0
PC288a(b)(2)	0	0	1	0	0	0
PC288a(c)(1)	0	0	0	0	0	0
PC288.5(a)	1	0	1	0	1	0
PC289(h)	0	0	2	0	0	0
PC289(i)	0	0	0	0	0	0
PC289(j)	0	0	0	0	0	0
PC311.11(a)	0	0	0	0	0	0
PC647.6(a)	1	0	0	5	0	1
PC647.6(b)	0	0	1	0	0	0

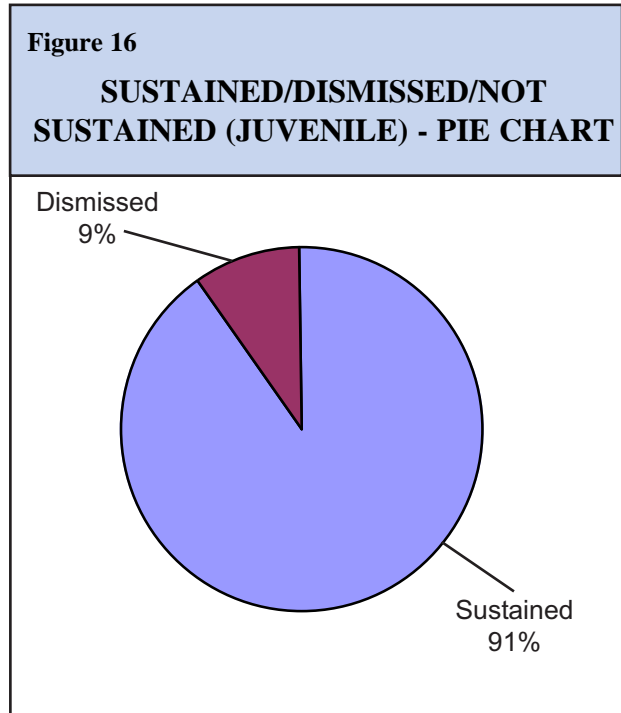
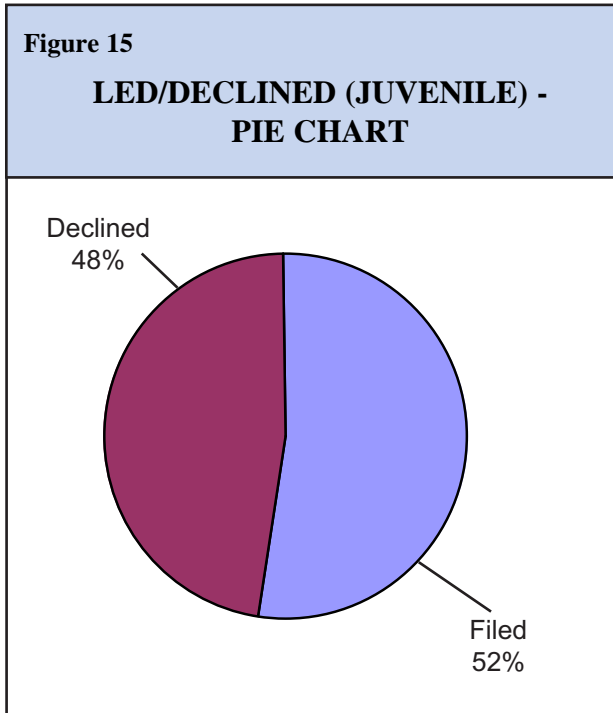


Figure 17
TOTAL JUVENILE CASES FILED BY ZIP CODE FOR 2002 THROUGH 2004

Zip Code	2002	2003	2004	2005	2006
90001	14	23	23	18	19
90033	66	51	55	59	64
90220	24	27	35	29	18
90242	43	29	23	33	34
90301	24	23	20	26	13
90802	33	40	30	24	13
91101	22	21	14	24	17
91342	43	50	53	51	30
91766	43	41	36	24	46
93534	0	0	3	6	5



Figure 18

TOTAL FILINGS BY GENDER (ALL CHARGES) FOR 1999 THROUGH 2006

	1999				2000			
Gender	Juvenile	%	Adult	%	Juvenile	%	Adult	%
Female	4,063	16%	31,211	17%	3,549	17%	30,504	17%
Male	21,732	84%	151,598	83%	17,750	83%	150,580	83%
Total	25,795		182,809		21,299		181,084	
	2001				2002			
Gender	Juvenile	%	Adult	%	Juvenile	%	Adult	%
Female	3,992	18%	30,852	17%	3,950	19%	31,497	18%
Male	17,736	82%	146,463	83%	17,036	81%	148,018	82%
Total	21,728		177,315		20,986		179,515	
	2003				2004			
Gender	Juvenile	%	Adult	%	Juvenile	%	Adult	%
Female	3,720	18%	33,289	18%	3,740	18%	33,641	18%
Male	16,795	82%	150,343	82%	16,699	82%	154,994	82%
Total	20,515		183,632		20,439		188,635	
	2005				2006			
Gender	Juvenile	%	Adult	%	Juvenile	%	Adult	%
Female	4,191	19%	35,722	18%	4,188	18%	35,677	19%
Male	18,106	81%	157,849	82%	18,575	82%	155,992	81%
Total	22,297		193,571		22,763		191,669	

Figure 19

**CHILD ABUSE AND NEGLECT STATUTES FILINGS BY GENDER
FOR 1999 THROUGH 2006**

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



Figure 19 (Cont.)
CHILD ABUSE AND NEGLECT STATUTES FILINGS BY GENDER
FOR 1999 THROUGH 2006

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

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

Gender	2005				2006			
	Juvenile	%	Adult	%	Juvenile	%	Adult	%
Female	20	7%	535	22%	12	5%	392	17%
Male	274	93%	1,927	78%	247	95%	1,854	83%
Total	294		2,462		259		2,246	

Figure 20
TOTAL JUVENILE FILINGS BY GENDER FOR 1999 THROUGH 2006

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

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

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



Figure 20 (Cont.)

TOTAL JUVENILE FILINGS BY GENDER FOR 1999 THROUGH 2006

Gender	2005				2006			
	Child Abuse	%	All Charges	%	Child Abuse	%	All Charges	%
Female	20	7%	4,191	19%	12	5%	4,188	18%
Male	274	93%	18,106	81%	247	95%	18,575	82%
Total	294		22,297		259		22,763	

Figure 21

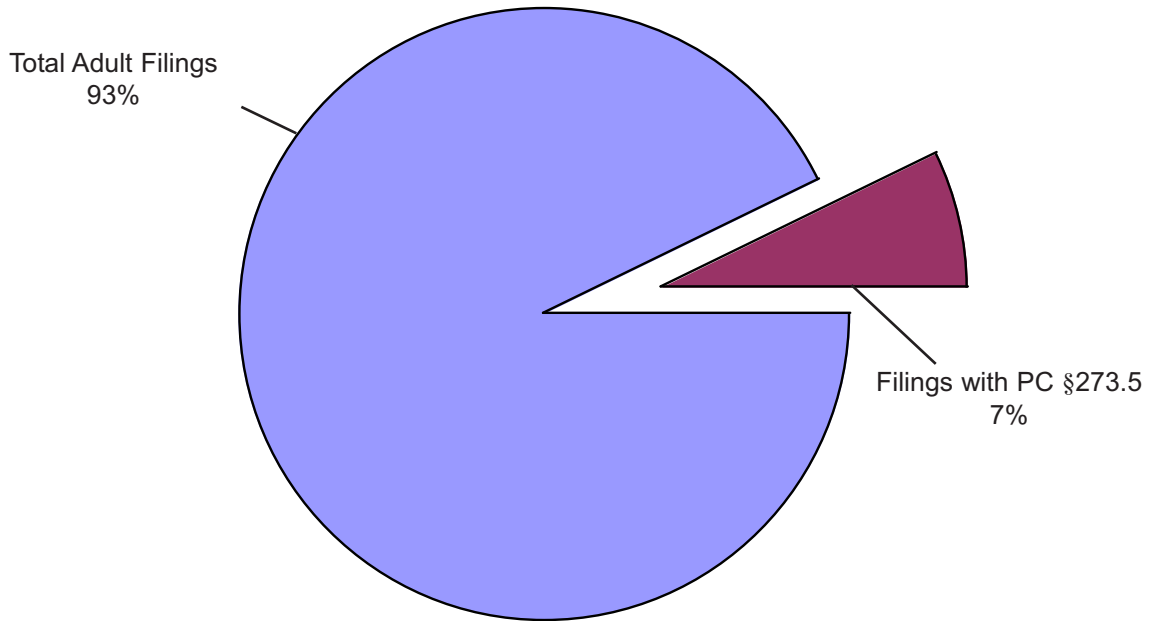
TOTAL ADULT FILINGS BY GENDER FOR 1999 THROUGH 2006

Gender	1999				2000			
	Child Abuse	%	All Charges	%	Child Abuse	%	All Charges	%
Female	483	19%	31,211	17%	522	20%	30,504	17%
Male	2,052	81%	151,598	83%	2,108	80%	150,580	83%
Total	2,535		182,809		2,630		181,084	
Gender	2001				2002			
	Child Abuse	%	All Charges	%	Child Abuse	%	All Charges	%
Female	539	20%	30,852	17%	581	20%	31,497	18%
Male	2,154	80%	146,463	83%	2,353	80%	148,018	82%
Total	2,693		177,315		2,934		179,515	
Gender	2003				2004			
	Child Abuse	%	All Charges	%	Child Abuse	%	All Charges	%
Female	544	22%	33,289	18%	522	21%	33,641	18%
Male	1,955	78%	150,343	82%	1,925	79%	154,994	82%
Total	2,499		183,632		2,447		188,635	
Gender	2005				2006			
	Child Abuse	%	All Charges	%	Child Abuse	%	All Charges	%
Female	535	22%	35,722	18%	392	17%	35,677	19%
Male	1,927	78%	157,849	82%	1,854	83%	155,992	81%
Total	2,462		193,571		2,246		191,669	



Figure 22

**FILINGS WITH PC §273.5 CHARGE VERSUS
TOTAL FILINGS FOR 2006 - PIE CHART**





SYNOPSIS OF SELECTED CALIFORNIA

PENAL CODE STATUTES RELATING TO CHILD ABUSE AND NEGLECT

PC §187 - Murder Defined

(a) Murder is the unlawful killing of a human being, or a fetus, with malice aforethought.

(b) This section does not apply to any person who commits an act that results in the death of a fetus if any of the following apply:

1) The act complied with the Therapeutic Abortion Act, Article 2 (commencing with Section 123400) of Chapter 2 of Part 2 of Division 106 of the Health and Safety Code.

2) The act was committed by a holder of a physician's and surgeon's certificate, as defined in the Business and Professions Code, in a case where, to a medical certainty, the result of childbirth would be death of the mother of the fetus or where her death from childbirth, although not medically certain, would be substantially certain or more likely than not.

3) The act was solicited, aided, and abetted, or consented to by the mother of the fetus.

(c) Subdivision (b) shall not be construed to prohibit the prosecution of any person under any other provision of law.

PC §207 - Kidnapping

(a) Every person who forcibly, or by any other means of instilling fear, steals or takes, or holds, detains, or arrests any person in this state, and carries the person into another country, state, or county, or into another part of the same county, is guilty of kidnapping.

(b) Every person, who for the purpose of committing any act defined in Section 288 (lewd and lascivious acts) hires, persuades,

entices, decoys, or seduces by false promises, misrepresentations or the like, any child under the age of 14 years to go out of this country, state, or county or into another part of the same county, is guilty of kidnapping.

PC §208(b) - Punishment for Kidnapping;

Victim Under 14 Years of Age

If the person kidnapped is under 14 years of age at the time of the commission of the crime, the kidnapping is punishable by imprisonment in the state prison for 5, 8, or 11 years. This subdivision is not applicable to the taking, detaining, or concealing of a minor child by a biological parent, a natural father, as specified in Section 7611 of the Family Code, an adoptive parent, or a person who has been granted access to the minor child by a court order.

PC §261.5 - Unlawful Sexual Intercourse with Person under 18

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

(b) Any person who engages in an act of unlawful sexual intercourse with a minor who is not more than three years older or three years younger than the perpetrator, is guilty of a misdemeanor.

(c) Any person who engages in an act of unlawful sexual intercourse with a minor who is more than three years younger than the perpetrator is guilty of either a misdemeanor or a felony, and shall be punished by imprisonment



in a county jail not exceeding one year, or by imprisonment in the state prison.

(d) Any person 21 years of age or older who engages in an act of unlawful sexual intercourse with a minor who is under 16 years of age is guilty of either a misdemeanor or a felony, and shall be punished by imprisonment in a county jail not exceeding one year, or by imprisonment in the state prison for two, three, or four years.

PC §266h - Pimping

(a) - Except as provided in subdivision (b), any person who, knowing another person is a prostitute, lives or derives support or maintenance in whole or in part from the earnings or proceeds of the person's prostitution, or from money loaned or advanced to or charged against that person by any keeper or manager or inmate of a house or other place where prostitution is practiced or allowed, or who solicits or receives compensation for soliciting for the person, is guilty of pimping, a felony, and shall be punished by imprisonment in the state prison for three, four, or six years.

(b) Any person who, knowing another person is a prostitute, lives or derives support or maintenance in whole or in part from the earnings or proceeds of the person's prostitution, or from the money loaned or advanced to or charged against that person by any keeper or manager or inmate of a house or other place where prostitution is practiced or allowed, or who solicits or receives compensation for soliciting for the person, when the prostitute is a minor, is guilty of pimping a minor, a felony, and shall be punished as follows:

(1) If the person engaged in prostitution is a minor over the age of 16 years, the offense is punishable by imprisonment in the state prison for three, four, or six years.

(2) If the person engaged in prostitution is under 16 years of age, the offense is punishable by imprisonment in the state prison for three, six, or eight years.

PC §266i – Pandering

(a) - Except as provided in subdivision (b), any person who does any of the following is guilty of pandering, a felony, and shall be punished by imprisonment in the state prison for three, four, or six years:

(1) Procures another person for the purpose of prostitution.

(2) By promises, threats, violence, or by any device or scheme, causes, induces, persuades, or encourages another person to become a prostitute.

(3) Procures for another person a place as an inmate in a house of prostitution or as an inmate of any place in which prostitution is encouraged or allowed within this state.

(4) By promises, threats, violence, or by any device or scheme, causes, induces, persuades or encourages an inmate of a house of prostitution, or any other place in which prostitution is encourages or allowed, to remain therein as an inmate.

(5) By fraud or artifice, or by duress of person or goods, or by abuse of any position of confidence or authority, procures another person for the purpose of prostitution, or to enter any place in which prostitution is encouraged or allowed within this state, or to come into this state or leave this state for the purpose of prostitution.

(6) Receives or gives, or agrees to receive or give, any money or thing of value for procuring, or attempting to procure, another person for the purpose of prostitution, or to come into



this state or leave this state for the purpose of prostitution.

(b) Any person who does any of the acts described in subdivision (a) with another person who is a minor is guilty of pandering, a felony, and shall be punishable as follows:

(1) If the other person is a minor over the age of 16 years, the offense is punishable by imprisonment in the state prison for three, four, or six years.

(2) If the other person is under 16 years of age, the offense is punishable by imprisonment in the state prison for three, six, or eight years.

PC §266j - Procurement of Child Under Age 16 for Lewd and Lascivious Acts; Punishment

Any person who intentionally gives, transports, provides, or makes available, or who offers to give, transport, provide, or make available to another person, a child under the age of 16 for the purpose of any lewd or lascivious act as defined in Section 288, or who causes, induces, or persuades a child under the age of 16 to engage in such an act with another person, is guilty of a felony and shall be imprisoned in the state prison for a term of three, six, or eight years, and by a fine not to exceed fifteen thousand dollars (\$15,000).

PC §267 - Abduction; Person Under 18 for Purpose of Prostitution; Punishment

Every person who takes away any other person under the age of 18 years from the father, mother, guardian, or other person having the legal charge of the other person, without their consent, for the purpose of prostitution, is punishable by imprisonment in the state prison, and a fine not exceeding two thousand dollars (\$2,000).

PC §269 - Aggravated Sexual Assault of a Child

(a) Any person who commits the following acts upon a child who is under 14 years of age and seven or more years younger than the person is guilty of aggravated sexual assault of a child:

(1) Rape, in violation of paragraph (2) or (6) of subdivision (a) of Section 261.

(2) Rape or sexual penetration, in concert, in violation of Section 264.1.

(3) Sodomy, in violation of paragraph (2) or (3) of subdivision (c), or subdivision (d) of Section 286.

(4) Oral Copulation, in violation of paragraph (2) or (3) of subdivision (c), or subdivision (d) of Section 288a.

(5) Sexual penetration, in violation of subdivision (a) of Section 289.

(b) Any person who violates this section is guilty of a felony and shall be punished by imprisonment in the state prison for 15 years to life.

(c) The court shall impose a consecutive sentence for each offense that results in a conviction under this section if the crimes involve separate victims or involve the same victim on separate occasions as defined in subdivision (d) of Section 667.6.

PC §271a - Abandonment or Failure to Maintain Child Under 14; False Representation That Child Is Orphan; Punishment

Every person who knowingly and willfully abandons, or who, having ability so to do, fails or refuses to maintain his or her minor child under the age of 14 years, or who falsely, knowing the same to be false, represents to any manager, officer, or agent of any orphan



asylum or charitable institution for the care of orphans, that any child for whose admission into such asylum or institution application has been made is an orphan, is punishable by imprisonment in the state prison, or in the county jail not exceeding one year, or by fine not exceeding one thousand dollars (\$1,000) or by both.

PC §271.5 – Safe-Surrender Sites; Parents or Other Individuals Surrendering Custody of Baby

(a) No parent or other individual having lawful custody of a minor child 72 hours old or younger may be prosecuted for a violation of Section 270, 270.5, 271, or 271a if he or she voluntarily surrenders physical custody of the child to personnel on duty at a safe-surrender site.

PC §273a - Willful Harm or Injury to Child; Endangering Person or Health (Note: If the willful harm or abuse leads to the death of the child, the enhancement of PC §12022.95 should be alleged).

(a) Any person who, under circumstances or conditions likely to produce great bodily harm or death, willfully causes or permits any child to suffer, or inflicts thereon unjustifiable physical pain or mental suffering, or having the care or custody of any child, willfully causes or permits the person or health of that child to be injured, or willfully causes or permits that child to be placed in a situation where his or her person or health is endangered, shall be punished by imprisonment in a county jail not exceeding one year, or in the state prison for two, four, or six years.

(b) Any person who, under circumstances or conditions other than those likely to produce

great bodily harm or death, willfully causes or permits any child to suffer, or inflicts thereon unjustifiable physical pain or mental suffering, or having the care or custody of any child, willfully causes or permits the person or health of that child to be injured, or willfully causes or permits that child to be placed in a situation where his or her person or health may be endangered, is guilty of a misdemeanor.

PC §273ab - Assault Resulting in Death of Child Under Eight

Any person who, having the care of custody of a child who is under eight years of age, assaults the child by means of force that to a reasonable person would be likely to produce great bodily injury, resulting in the child's death, shall be punished by imprisonment in the state prison for 25 years to life. Nothing in this section shall be construed as affecting the applicability of subdivision (a) of Section 187 or Section 189.

PC §273d(a) - Corporal Punishment or Injury of Child

Any person who willfully inflicts upon a child any cruel or inhuman corporal punishment or an injury resulting in a traumatic condition is guilty of a felony and shall be punished by imprisonment in the state prison for two, four, or six years, or in a county jail for not more than one year, by a fine of up to six thousand dollars (\$6,000), or by both that imprisonment and fine.

PC §273g - Degrading, Immoral, or Vicious Practices or Habitual Drunkenness in Presence of Children

Any person who in the presence of any child indulges in any degrading, lewd,



immoral, or vicious habits or practices, or who is habitually drunk in the presence of any child in his care, custody, or control, is guilty of a misdemeanor.

PC §278 - Noncustodial Persons; Detainment or Concealment of Child from Legal Custodian

Every person, not having a right to custody, who maliciously takes, entices away, keeps, withholds, or conceals any child with the intent to detain or conceal that child from a lawful custodian, shall be punished by imprisonment in a county jail not exceeding one year, a fine not exceeding one thousand dollars (\$1,000), or both that fine and imprisonment, or by imprisonment in the state prison for two, three, or four years, a fine not exceeding ten thousand dollars (\$10,000), or both that fine and imprisonment.

PC §278.5 - Deprivation of Custody of Child or Right to Visitation

(a) Every person who takes, entices away, keeps, withholds, or conceals a child and maliciously deprives a lawful custodian of a right to custody, or a person of a right to visitation, shall be punished by imprisonment in a county jail not exceeding one year, a fine not exceeding one thousand dollars (\$1,000), or both that fine and imprisonment, or by imprisonment in the state prison for 16 months, or two, or three years, a fine not exceeding ten thousand dollars (\$10,000), or both that fine and imprisonment.

(b) Nothing contained in this section limits the court's contempt power.

(c) A custody order obtained after the taking, enticing away, keeping, withholding, or concealing of a child does not constitute a defense to a crime charged under this section.

PC §286 - Sodomy

(b)(1) Except as provided in Section 288, any person who participates in an act of sodomy with another person who is under 18 years of age shall be punished by imprisonment in the state prison, or in a county jail for not more than one year.

(b)(2) Except as provided in Section 288, any person over the age of 21 years who participates in an act of sodomy with another person who is under 16 years of age shall be guilty of a felony.

(c)(1) Any person who participates in an act of sodomy with another person who is under 14 years of age and more than ten years younger than he or she, shall be punished by imprisonment in the state prison for three, six, or eight years.

(2) Any person who commits an act of sodomy when the act is accomplished against the victim's will by means of force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the victim or another person shall be punished by imprisonment in the state prison for three, six, or eight years.

(3) Any person who commits an act of sodomy where the act is accomplished against the victim's will by threatening to retaliate in the future against the victim or any other person, and there is a reasonable possibility that the perpetrator will execute the threat, shall be punished in the state prison for three, six, or eight years.

PC §288 - Lewd or Lascivious Acts

(a) Any person who willfully and lewdly commits any lewd or lascivious act, including any of the acts constituting other crimes provided for in Part 1, upon or with the



body, or any part or member thereof, of a child who is under the age of 14 years, with the intent of arousing, appealing to or gratifying the lust, passions or sexual desires of that person or the child, is guilty of a felony and shall be punished by imprisonment in the state prison for three, six, or eight years.

(b)(1) Any person who commits an act described in subdivision (a) by use of force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the victim or another person, is guilty of a felony and shall be punished by imprisonment in the state prison for three, six, or eight years.

(2) Any person who is a caretaker and commits an act described in subdivision (a) upon a dependent person by use of force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the victim or another person, with the intent described in subdivision (a), is guilty of a felony and shall be punished by imprisonment in the state prison for three, six, or eight years.

(c)(1) Any person who commits an act described in subdivision (a) with the intent described in that subdivision, and the victim is a child of 14 or 15 years, and that person is at least ten years older than the child, is guilty of a public offense and shall be punished by imprisonment in the state prison for one, two, or three years, or by imprisonment in a county jail for not more than one year. In determining whether the person is at least ten years older than the child, the difference in age shall be measured from the birth date of the person to the birth date of the child.

(2) Any person who is a caretaker and commits an act described in subdivision (a) upon a dependent person, with the intent described in subdivision (a), is guilty of a public offense and shall be punished by imprisonment in the state prison for one,

two, or three years, or by imprisonment in a county jail for not more than one year.

PC §288a - Oral copulation

(a) Oral copulation is the act of copulating the mouth of one person with the sexual organ or anus of another person.

(b)(1) Except as provided in Section 288, any person who participates in an act of oral copulation with another person who is under 18 years of age shall be punished by imprisonment in the state prison, or in a county jail for a period of not more than one year.

(b)(2) Except as provided in section 288, any person over the age of 21 years who participates in an act of oral copulation with another person who is under 16 years of age is guilty of a felony.

(c)(1) Any person who participates in an act of oral copulation with another person who is under 14 years of age and more than ten years younger than he or she, shall be punished by imprisonment in the state prison for three, six, or eight years.

(2) Any person who commits an act of oral copulation when the act is accomplished against the victim's will by means of force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the victim or another person, shall be punished by imprisonment in the state prison for three, six, or eight years.

(3) Any person who commits an act of oral copulation where the act is accomplished against the victim's will by threatening to retaliate in the future against the victim or any other person, and there is a reasonable possibility that the perpetrator will execute the threat shall be punished by imprisonment in the state prison for three, six, or eight years.



PC §288.3 – Contact of Minor with Intent to Commit Sexual Offense; Punishment

(a) Every person who contacts or communicates with a minor, or attempts to contact or communicate with a minor, or who knows or reasonably should know that the person is a minor, with intent to commit an offense specified in Section 207, 209, 261, 264.1, 273a, 286, 288, 288a, 288.2, 289, 311.1, 311.2, 311.4, or 311.11 involving the minor shall be punished by imprisonment in the state prison for the term prescribed for an attempt to commit the intended offense.

(b) As used in this section, “contact or communicates with” shall include direct and indirect contact or communication that may be achieved personally or by use of an agent or agency, any print medium, any postal service, a common carrier or communication common carrier, any electronic communications system, or any telecommunications, wire, computer, or radio communications device, or system.

(c) A person convicted of a violation of subdivision (a) who has previously been convicted of a violation of subdivision (a) shall be punished by an additional and consecutive term of imprisonment in the state prison.

PC §288.5 - Continuous Sexual Abuse of a Child

(a) Any person who either resides in the same home with the minor child or has recurring access to the child, who over a period of time, not less than three months in duration, engages in three or more acts of substantial sexual conduct with a child under the age of 14 years at the time of the commission of the offense, as defined in subdivision (b) of Section 1203.066, or three

or more acts of lewd or lascivious conduct, as defined in Section 288, with a child under the age of 14 years at the time of the commission of the offense is guilty of the offense of continuous sexual abuse of a child and shall be punished by imprisonment in the state prison for a term of six, 12, or 16 years.

(b) To convict under this section the trier of fact, if a jury, need unanimously agree only that the requisite number of acts occurred not on which acts constitute the requisite number.

(c) No other act of substantial sexual conduct, as defined in subdivision (b) of Section 1203.066, with a child under 14 years of age at the time of commission of the offenses, or lewd and lascivious acts, as defined in Section 288, involving the same victim may be charged in the same proceeding with a charge under this section unless the other charged offense occurred outside the time period charged under this section or the other offense is charged in the alternative. A defendant may be charged with only one count under this section unless more than one victim is involved in which case a separate count may be charged for each victim.

PC §288.7 – Sexual Intercourse or Custody with Child Ten Years of Age or Younger; Punishment; Oral Copulation or Sexual Penetration of Child Ten Years of Age or Younger; Punishment

(a) Any person 18 years of age or older who engages in sexual intercourse or sodomy with a child who is Ten years of age or younger is guilty of a felony and shall be punished by imprisonment in the state prison for a term of 25 years to life.

(b) Any person 18 years of age or older who engages in oral copulation or sexual



penetration, as defined in Section 289, with a child is ten years of age or younger is guilty of a felony and shall be punished by imprisonment in the state prison for a term of 15 years to life.

PC §289 - Forcible Acts of Sexual Penetration

(h) Except as provided in Section 288, any person who participates in an act of sexual penetration with another person who is under 18 years of age shall be punished by imprisonment in the state prison or in the county jail for a period of not more than one year.

(i) Except as provided in Section 288, any person over the age of 21 years who participates in an act of sexual penetration with another person who is under 16 years of age shall be guilty of a felony.

(j) Any person who participates in an act of sexual penetration with another person who is under 14 years of age and who is more than ten years younger than he or she, shall be punished by imprisonment in the state prison for three, six, or eight years.

PC §311.1(a) - Sent or Brought into State for Sale or Distribution; Possessing, Preparing, Publishing, Producing, Developing, Duplicating, or Printing Within State; Matter Depicting Sexual Conduct by Minor

Every person who knowingly sends or causes to be sent, or brings or causes to be brought, into this state for sale or distribution, or in this state possesses, prepares, publishes, produces, develops, duplicates, or prints any representation of information, data, or image, including, but not limited to, any film, filmstrip, photograph, negative, slide, photocopy, videotape, video laser disc,

computer hardware, computer software, computer floppy disc, data storage media, CD-ROM, or computer-generated equipment or any other computer-generated image that contains or incorporates in any manner, any film or filmstrip, with intent to distribute or to exhibit to, or to exchange with, others, or who offers to distribute, distributes, or exhibits to, or exchanges with, others any obscene matter, knowing that the matter depicts a person under the age of 18 years personally engaging in or personally simulating sexual conduct, as defined in Section 311.4, shall be punished either by imprisonment in the county jail for up to one year, by a fine not to exceed one thousand dollars (\$1,000), or by both the fine and imprisonment, or by imprisonment in the state prison, by a fine not to exceed ten thousand dollars (\$10,000), or by the fine and imprisonment.

PC §311.2 - Sending or Bringing into State for Sale or Distribution; Printing, Exhibiting, Distributing, Exchanging or Possessing Within State; Matter Depicting Sexual Conduct by Minor; Transaction with Minor

(a) Every person who knowingly sends or causes to be sent, or brings or causes to be brought, into this state for sale or distribution, or in this state, possesses prepares, publishes, produces, or prints, with intent to distribute or to exhibit to others, any obscene matter is for a first offense, guilty of a misdemeanor. If the person has previously been convicted of any violation of this section, the court may, in addition to the punishment authorized in Section 311.9, impose a fine not exceeding fifty thousand dollars (\$50,000).

(b) Every person who knowingly sends or causes to be sent, or brings or causes to be brought, into this state for sale or distribution,



or in this state possesses, prepares, publishes, produces, develops, duplicates, or prints any representation of information, data, or image, including, but not limited to, any film, filmstrip, photograph, negative, slide, photocopy, videotape, video laser disc, computer hardware, computer software, computer floppy disc, data storage media, CD-ROM, or computer-generated equipment or any other computer-generated image that contains or incorporates in any manner, any film or filmstrip, with intent to distribute or to exhibit to, or to exchange with, others for commercial consideration, or who offers to distribute, distributes, or exhibits to, or exchanges with, others for commercial consideration, any obscene matter, knowing that the matter depicts a person under the age of 18 years personally engaging in, or personally simulating sexual conduct, as defined in Section 311.4, is guilty of a felony and shall be punished by imprisonment in the state prison for two, three, or six years, or by a fine not exceeding one hundred thousand dollars (\$100,000), in the absence of a finding that the defendant would be incapable of paying that fine, or by both that fine and imprisonment.

(c) Every person who knowingly sends or causes to be sent, or brings or causes to be brought, into this state for sale or distribution, or in this state possesses, prepares, publishes, produces, develops, duplicates, or prints any representation of information, data, or image, including, but not limited to, any film, filmstrip, photograph, negative, slide, photocopy, videotape, video laser disc, computer hardware, computer software, computer floppy disc, data storage media, CD-ROM, or computer-generated equipment or any other computer-generated image that contains or incorporates in any manner, any film, or filmstrip, with intent to distribute or

exhibit to, or exchanges with, a person 18 years of age or older any matter, knowing that the matter depicts a person under the age of 18 years personally engaging in, or personally simulating sexual conduct, as defined in Section 311.4, shall be punished by imprisonment in the county jail for up to one year, or by a fine not exceeding two thousand dollars (\$2,000), or by both that fine and imprisonment, or by imprisonment in the state prison. It is not necessary to prove commercial consideration or that the matter is obscene in order to establish a violation of this subdivision. If a person has been previously convicted of a violation of this subdivision, he or she is guilty of a felony.

PC §311.3(a) Sexual Exploitation of Child

A person is guilty of sexual exploitation of a child if he or she knowingly develops, duplicates, prints, or exchanges any representation of information, data, or image, including, but not limited to, any film, filmstrip, photograph, negative, slide, photocopy, videotape, video laser disc, computer hardware, computer software, computer floppy disc, data storage media, CD-ROM, or computer-generated equipment, or any other computer-generated image that contains or incorporates in any manner, any film or filmstrip that depicts a person under the age of 18 years engaged in an act of sexual conduct.

PC §311.4 - Employment or Use of a Minor to Perform Prohibited Acts

(a) Every person who, with knowledge that a person is a minor, or who, while in possession of any facts on the basis of which he or she should reasonably know that the person is a minor, hires, employs, or uses the minor to



do or assist in doing any of the acts described in Section 311.2, shall be punished by imprisonment in the county jail for up to one year, or by a fine not exceeding two thousand dollars (\$2,000), or by both that fine and imprisonment, or by imprisonment in the state prison. If the person has previously been convicted of any violation of this section, the court may, in addition to the punishment authorized in Section 311.9, impose a fine not exceeding fifty thousand dollars (\$50,000).

(b) Every person who, with knowledge that a person is a minor under the age of 18 years, or who, while in possession of any facts on the basis of which he or she should reasonably know that the person is a minor under the age of 18 years, knowingly promotes, employs, uses, persuades, induces, or coerces a minor under the age of 18 years, or any parent or guardian of a minor under the age of 18 years under his or her control who knowingly permits the minor, to engage in or assist others to engage in either posing or modeling alone or with others for purposes of preparing any representation of information, data, or image, including, but not limited to, any film, filmstrip, photograph, negative, slide, photocopy, videotape, video laser disc, computer hardware, computer software, computer floppy disc, data storage media, CD-ROM, or computer-generated equipment, or any other computer generated image that contains or incorporates in any manner, any film, filmstrip, or a live performance involving, sexual conduct by a minor under the age of 18 years alone or with other persons or animals, for commercial purposes, is guilty of a felony and shall be punished by imprisonment in the state prison for three, six, or eight years.

(c) Every person who, with knowledge that a person is a minor under the age of 18 years, or

who, while in possession of any facts on the basis of which he or she should reasonably know that the person is a minor under the age of 18 years, knowingly promotes, employs, uses, persuades, induces, or coerces a minor under the age of 18 years, or any parent or guardian of a minor under the age of 18 years under his or her control who knowingly permits the minor, to engage in or assist others to engage in either posing or modeling alone or with others for purposes of preparing any representation of information, data, or image, including, but not limited to, any film, filmstrip, photograph, negative, slide, photocopy, videotape, video laser disc, computer hardware, computer software, computer floppy disc, data storage media, CD-ROM, or computer-generated equipment, or any other computer generated image that contains or incorporates in any manner, any film, filmstrip, or a live performance involving, sexual conduct by a minor under the age of 18 years alone or with other persons or animals, is guilty of a felony. It is not necessary to prove commercial purposes in order to establish a violation of this subdivision.

PC §311.10 - Advertising for Sale or Distribution Obscene Matter Depicting a Person Under the Age of 18 Years Engaging In or Simulating Sexual Conduct; Felony; Punishment

(a) Any person who advertises for sale or distribution any obscene matter knowing that it depicts a person under the age of 18 years personally engaging in or personally simulating sexual conduct, as defined in Section 311.4, is guilty of a felony and is punishable by imprisonment in the state prison for two, three, or four years, or in a county jail not exceeding one year, or by a fine



not exceeding fifty thousand dollars (\$50,000), or by both such fine and imprisonment.

(b) Subdivision (a) shall not apply to the activities of law enforcement and prosecution agencies in the investigation and prosecution of criminal offenses.

PC §311.11 – Possession or Control of Matter Depicting Minor Engaging in or Simulating Sexual Conduct; Punishment; Previous Conviction

(a) Every person who knowingly possesses or controls any matter, representation of information, data, or image, including but not limited to, any film, filmstrip, photograph, negative, slide, photocopy, videotape, video laser disc, computer hardware, computer software, computer floppy disc, data storage media, CD-ROM, or computer-generated equipment, or any other computer-generated image that contains or incorporates in any manner, any film or filmstrip, that production of which involves the use of a person under the age of 18 years, knowing that the matter depicts a person under the age of 18 years personally engaging in or simulating sexual conduct, as defined in subdivision (d) of Section 311.4, is guilty of a public offense and shall be punished by imprisonment in the state prison, or by a fine not exceeding two thousand five hundred dollars (\$2,500), or by both the fine and imprisonment.

(b) Any person who commits a violation of subdivision (a) and who has previously been convicted of a crime for which registration is required pursuant to Section 290, or any person who has ever been adjudicated as a sexually violent predator pursuant to Article 4 (commencing with Section 6600) of Chapter 2 of Part 2 of Division 6 of the Welfare and Institutions Code, is guilty of a felony

and shall be punished by imprisonment for two, four, or six years.

(c) It is not necessary to prove that the matter is obscene in order to establish a violation of this section.

(d) This section does not apply to drawings, figures, statues, or any film rated by the Motion Picture Association of America, nor does it apply to live or recorded telephone messages when transmitted, disseminated, or distributed as part of a commercial transaction.

PC §647.6 - Annoying or Molesting Child Under 18

(a)(1) Every person who annoys or molests any child under 18 years of age shall be punished by a fine not exceeding five thousand dollars (\$5,000), by imprisonment in a county jail not exceeding one year, or by both the fine and imprisonment.

(a)(2) Every person who, motivated by an unnatural or abnormal sexual interest in children, engages in conduct with an adult whom he or she believes to be a child under 18 years of age, which conduct, if directed toward a child under 18 years of age, would be in violation of this section, shall be punished by a fine not exceeding five thousand dollars (\$5,000), by imprisonment in a county jail for up to one year, or by both that fine and imprisonment.

PC §664/187 - Attempted Murder

When a person attempts to commit murder, but fails, or is prevented or intercepted in its perpetration.



PC §12022.95 - Willful Harm or Injury Resulting in Death of Child; Sentence Enhancement; Procedural Requirements

Any person convicted of a violation of Section 273a, who under circumstances or conditions likely to produce great bodily harm or death, willfully causes or permits any child to suffer, or inflicts thereon unjustifiable physical pain or injury that results in death, or having the care or custody of any child, under circumstances likely to produce great bodily harm or death, willfully causes or permits that child to be injured or harmed, and that injury or harm results in death, shall receive a four-year enhancement for each violation, in addition to the sentence provided for that conviction. Nothing in this paragraph shall be construed as affecting the applicability of subdivision (a) of Section 187 or Section 192. This section shall not apply unless the allegation is included within an accusatory pleading and admitted by the defendant or found to be true by the trier of fact.

PC §12035 - Storage of Firearms Accessible to Children

(b)(1) Except as provided in subdivision (c), a person commits the crime of “criminal storage of a firearm of the first degree” if he or she keeps any loaded firearm within any premises under his or her custody or control and he or she knows or reasonably should know that a child is likely to gain access to the firearm without the permission of the child’s parent or legal guardian and the child obtains access to the firearm and thereby causes death or great bodily injury to himself, or herself or any other person.

(2) Except as provided in subdivision (c), a person commits the crime of “criminal storage

of a firearm of the second degree” if he or she keeps any loaded firearm within any premises that are under his or her custody or control and he or she knows or reasonably should know that a child is likely to gain access to the firearm without the permission of the child’s parent or legal guardian and the child obtains the firearm and thereby causes injury to himself, herself, or any other person, or carries the firearm either to a public place or in violation of Section 417.

(c) Subdivision (b) shall not apply whenever any of the following occurs:

(1) The child obtains the firearm as a result of an illegal entry to any premises by any person.

(2) The firearm is kept in a locked container or in a location that a reasonable person would believe to be secure.

(3) The firearm is carried on the person or within such a close proximity thereto that the individual can readily retrieve and use the firearm as if carried on the person.

(4) The firearm is locked with a locking device that has rendered the fire-arm inoperable.

(5) The person is a peace officer or member of the armed forces or the National Guard and the child obtains the firearm during, or incidental to, the performance of the person’s duties.

(6) The child obtains, or obtains and discharges, the firearm in a lawful act of self-defense or defense of another person, or persons.

(7) The person who keeps a loaded firearm on any premise that is under his or custody and control has no reasonable expectation, based on objective facts and circumstances that a child is unlikely to be present on the premises.



**PC §12036 - Firearms Accessed by Children
and Carried off the Premises**

(b) A person who keeps a pistol, revolver or other firearm capable of being concealed upon the person, loaded or unloaded, within any premises that are under the person's custody and control and the person knows or reasonably should know that a child is likely to have access to that firearm without the permission of the child's parent or legal guardian and the child obtains access to the firearm and thereafter carries that firearm off-premises, shall be punished by imprisonment in a county jail not exceeding one year, by a fine not exceeding one thousand dollars (\$1,000), or by both that imprisonment and fine.

(c) A person who keeps any firearm within any premises that is under his or her custody or control and he or she knows or reasonably should know that a child is likely to gain access to the firearm without permission of the child's parent or legal guardian and the child obtains access to the firearm and thereafter carries that firearm off-premises to any public or private preschool, elementary school, middle school, high school, or to any school-sponsored event, activity, or performance whether occurring on school grounds, or elsewhere, shall be punished by imprisonment in a county jail not exceeding one year, by a fine not exceeding five thousand dollars (\$5,000), or by both that imprisonment and fine.



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 guilt or innocence. 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 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 – A warrant, issued only upon a showing of probable cause, directing a law enforcement officer to arrest and bring a person to court.*



Bail – A monetary or other form of security given to ensure the appearance of the defendant at every stage of the proceedings in lieu of actual physical confinement in jail.

Bench Warrant – A writ issued directly by a judge to a law enforcement officer, especially for the arrest of a person who has been held in contempt; has been indicted; has disobeyed a subpoena; or has failed to appear for a hearing or trial.*

Beyond a Reasonable Doubt – The burden of proof in a criminal trial. The California jury instruction defines reasonable doubt as: It is not a mere possible doubt; because everything relating to human affairs is open to some possible or imaginary doubt. It is that state of the case which, after the entire comparison and consideration of all of the evidence, leaves the minds of the jurors in that condition that they cannot say they feel an abiding conviction of the truth of the charge.

Booking – An administrative record of an arrest made in police stations listing the offender's name, address, physical description, date of birth, employer, time of arrest, offense, and the name of arresting officer. Photographing and fingerprinting the offender are also part of the booking process.

Burden of Proof – A party's duty to prove a disputed assertion or charge.*

Case Law – Law derived from previous court decisions, as opposed to statutory law which is passed by legislature.

Certified Plea – Occurs when a defendant pleads guilty or no contest to a felony charge thereby foregoing a preliminary hearing.

Change of Venue – Moving the trial away from the responsible judicial jurisdiction to another to obtain an impartial jury (usually done when pretrial publicity prevents the selection of an impartial jury in the court of original jurisdiction).

Charge – A formal allegation that a person has committed a crime.

Charging Document – Generic term used in place of complaint, information, or grand jury indictment. The document lists the date of the crime and the code section which defines the crime.

City Attorney – Prosecutor for a city. City Attorneys represent the people of a city and prosecute infractions and misdemeanors occurring within that city.

Classification of Crime – Crimes are designated as felonies or misdemeanors. Some crimes may be either misdemeanors or felonies (wobblers). Under PC §17(b)(4), the prosecuting attorney may designate a wobbler as a misdemeanor. Under PC § 17(b)(5), the court may designate a wobbler as a misdemeanor.

Complaint – A sworn allegation made in writing to a court or judge that an individual has committed one or more public offenses.



Consolidation – The combination of two or more charging documents into one. The charging documents can be for one or more defendants.

Continuance – The postponement of a court proceeding to a future date.

Conviction – A judgment of guilt; this occurs as a result of a verdict by a jury, a plea by a defendant, or a judgment by a court that the accused is guilty as charged.

Count – The part of an indictment, information, or complaint charging the defendant with a distinct offense.* In law enforcement, this is the number of offenses with which a suspect has been charged. For instance, one count of PC §211 (robbery) and two counts of PC §244 (assault with a caustic substance). In other criminal justice agencies (District Attorney's Office, courts, etc.) this is the sequence number identifying a charge on the accusatory pleading document. For instance, Count 1 is for PC §211, Count 2 is for PC §244 and Count 3 is for PC §244.

Court Calendar – A list of matters scheduled for trial or hearing.

Court Case – A case that has been identified, numbered, and is recognized by the court 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 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 Dept. of Corrections and Rehabilitation, Division of Juvenile Justice (formerly known as California Youth Authority) regarding whether the juvenile would benefit from any of the programs offered by the CYA. In adult cases, the court can refer a convicted defendant to the California Department of Corrections pursuant to 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 to a state correctional institution.

District Attorney Case – When crimes are committed, law enforcement conducts an investigation and 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 DDA 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.

Evidence – Something (including testimony, documents, and tangible objects) that tend to prove or disprove the existence of an alleged fact.*



Expert Witness - A witness qualified by knowledge, skill, experience, training, or education to provide a scientific, technical, or other specialized opinion about the evidence or a fact issue.*

Expungement of Record - The removal of a conviction from a person's criminal record.*

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 or not 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 innocent. 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.* A person under the age of 18.

Minute Order – An order recorded in the minutes of the court rather than directly on a case docket.*

Misdemeanor – A crime that is less serious than a felony and is usually punishable by fine, penalty, forfeiture, or confinement in a place other than prison.*

Mistrial – A trial that a judge brings to an end, without a determination on the merits, because of a procedural error or serious misconduct occurring during the proceedings,* or due to a hung jury.

Motion – A written or oral application requesting a court to make a specified ruling or order.

Motion to Dismiss Pursuant to PC §995 - A motion made in Superior Court to dismiss a case on one or more counts based on insufficient evidence produced at the preliminary hearing.

Obscene Matter – Pursuant to PC §311(a), this means matter, taken as a whole, that to an average person, applying contemporary

statewide standards, appeals to the prurient interest, that taken as a whole, depicts or describes sexual conduct in a patently offensive way, and that, taken as a whole, lacks serious literary, artistic, political, or scientific value.

Office Hearing – The District Attorney's Office handles certain criminal situations in a non-courtroom setting with the objective of solving problems before they become more serious. These criminal matters are minor in nature. The hearing officer speaks to both parties and attempts to resolve the matter. If that fails, a decision is made whether to file, seek additional information, or not file a complaint.

Petition – A formal written request presented to a court or other official body.* In juvenile court, the Probation Department requests the District Attorney's Office to file a petition for a juvenile. The charging document is called a petition in juvenile court, while the charging document is called an indictment, information or complaint in adult court.

Petition (WIC §601) – Juvenile charging document prepared by the District Attorney's Office (and occasionally the probation officer) for those offenses (typically matters involving incorrigibility) that are not violations of the law if committed by an adult.

Petition (WIC §602) – Juvenile charging document prepared by the District Attorney's Office for those offenses that are violations of the law if committed by an adult.



Petition (WIC §777) – Juvenile charging document prepared by the District Attorney's Office for those offenses that constitute a violation of probation (making it necessary to modify the previous orders of the court).

Plea – An answer to formal charges by an accused. Possible pleas include guilty, *nolo contendere* or no contest, not guilty, and not guilty by reason of insanity.

Plea Bargaining – The process whereby the accused and the prosecutor negotiate a mutually satisfactory disposition of the case. This is also known as a case settlement or negotiated plea.

Preliminary Hearing – A criminal hearing to determine whether probable cause exists to prosecute an accused person. If sufficient evidence exists, the case will be held to answer and an information will be filed. At the hearing, the prosecution must establish a *prima facie* case, that is, show that a felony occurred and to raise strong suspicion that the defendant committed it.

Preponderance of Evidence – The standard of proof in a civil trial. It is less than required in a criminal trial (i.e., beyond a reasonable doubt). Specifically, the weight of evidence for guilt is deemed greater than the weight of evidence for innocence.

Pre-Sentence Report – A report by a probation officer made prior to sentencing that diagnoses offenders, predicts their chance of being rehabilitated, recommends to the court that specific sentence elements be imposed

upon the defendant, and addresses the danger they pose to society.

Pre-Trial Hearing – The pre-trial hearing is held to facilitate case settlement prior to the trial. Various motions may also be heard at the pretrial.

Prima Facie – A term that usually refers to the strength of evidence of a criminal charge. Prima facie evidence is sufficient to establish a fact or a presumption of fact unless disproved or rebutted.*

Probable Cause – A reasonable ground to suspect that a person has committed or is committing a crime or that a place contains specific items connected with a crime.* The evidentiary criterion necessary to sustain an arrest or the issuance of an arrest or search warrant; less than an absolute certainty or "beyond a reasonable doubt" but greater than mere suspicion or "hunch".

Probation – A procedure whereby a convicted defendant is not punished by incarceration alone but is released for a designated period of time subject to conditions imposed by the court. One of the conditions of probation can be a period of incarceration in local (county) institutions.

Probation Violation – When a person does not abide by one or more of the conditions of his probation.

Probation/Sentencing Hearing – A hearing after a defendant has been found guilty or pled guilty where the sentence is imposed.



Register of Action – A formal record of the events that have occurred in a Superior Court case maintained by the court clerk.

Registration – Pursuant to PC §290, persons convicted of certain sexual offenses must give all pertinent identifying information to the law enforcement agency in the area where they live and, if applicable, where they attend a university, college, or community college within a certain time period. This requirement is often for life.

Safe-Surrender Site - As defined in Health and Safety Code §1255.7, (a) a location designated by the board of supervisors of a county to be responsible for accepting physical custody of a minor child who is 72 hours old or younger from a parent or individual who has lawful custody of the child and who surrenders the child pursuant to PC §271.5 and (b) a location within a public or private hospital that is designated by that hospital or within a fire station to be responsible for accepting physical custody of a minor child who is 72 hours old or younger from a parent or individual who has lawful custody of the child and who surrenders the child pursuant to PC §271.5.

Sealing of Records – The act or practice of officially preventing access to particular records, in the absence of a court order.*

Search Warrant – A judge’s written order authorizing a law enforcement officer to conduct a search of a specified place and to seize evidence.*

Sentence – The criminal sanction imposed by the court upon a convicted defendant.

When there are multiple charges, the court may sentence concurrently or consecutively. If the sentences are concurrent, they begin the same day and sentence is completed after the longest term has been served. If the sentence is to be served consecutive to another charge, the defendant must complete the first sentence before the other term of incarceration begins. Within one court case, sentences for charges can be consecutive and if the defendant has more than one court case, sentences for each court case can be consecutive.

Severance – Can involve the separating of two or more defendants named in the same charging document. Also, can involve the separating of two or more charges against a defendant into multiple cases.

Stay – A judicial order whereby some action is forbidden or held in abeyance until some event occurs or the court rescinds its order.

Submission on Transcript (SOT) – If the defendant waives his right to a jury trial and the right to confront and cross-examine witnesses, and the Deputy District Attorney concurs, the case may be submitted to the judge on the preliminary hearing transcript.

Subpoena – A court order directing a person to attend a court proceeding.

Subpoena Duces Tecum (SDT) – A court order directing a witness to bring to court documents that are under the witness' control.



Sustain the Petition – The judicial finding in a juvenile delinquency case. If the court finds the allegations to be true, it sustains the petition; this is functionally equivalent to a guilty verdict. If the petition is not sustained, the court will find the petition not true; this is functionally equivalent to a not guilty verdict.

Trier of Fact (also known as the Fact Finder) – Hears testimony and reviews evidence to rule on a factual issue. In a preliminary hearing, a magistrate is the trier of fact. In a jury trial, jurors are the triers of fact. In a court trial, the judge is the trier of fact. In all instances, the court rules on the law.

Venue – The place designated for trial.

Vertical Prosecution – The prosecution of a defendant whereby a specific prosecutor is assigned for the duration of the case.

Witness – One who gives evidence in a cause before a court and who attests or swears to facts or gives or bears testimony under oath.

Wobbler – A criminal offense that is punishable as either a felony or a misdemeanor.

Writ – An appellate remedy seeking an order from a higher court either to mandate or prohibit action in the lower court where the criminal case is pending.

*Definition from Black's Law Dictionary, (8th ed. 2004)

LOS ANGELES COUNTY PROBATION DEPARTMENT AGENCY REPORT





THE LOS ANGELES COUNTY PROBATION DEPARTMENT

The Los Angeles County Probation Department was established in 1903 with the enactment of California's first probation laws. As a criminal justice agency, the Department has expanded to become the largest probation department in the world.

The Chief Probation Officer has jurisdiction over the entire county, including all of the cities within its borders. The legal provisions setting forth his office, duties and responsibilities are found in the California Welfare and Institutions Code and Penal Code.

Currently funded by a net appropriation of approximately \$547 million, the Department provides an extensive range of services through the efforts of over 5,200 employees deployed in more than 50 locations throughout the County. The Department serves all the municipal and superior courts of the County. Its services to the community include recommending sanctions to the court, enforcing court orders, operating correctional institutions and juvenile detention facilities, assisting victims and providing corrective assistance to individuals in conflict with the law.

The Los Angeles County Probation Department is among the national leaders in the correctional field with over two-thirds of its employees engaged in some professional aspect of probation work, such as Deputy Probation Officers, Pretrial Release Investigators, Detention Services Officers or Supervisors. Its employees staff over 50 work locations, including juvenile detention centers, residential treatment facilities and field services offices.

The Department strives for detailed and complete investigation reports, lower caseloads

for Deputy Probation Officers, increased supervision of the individual probationer and a higher level of coordination with other criminal justice and child protective agencies.

INVESTIGATION SERVICES

Both adults (age 18 and older) and juveniles (under age 18 at the time of commission of the crime) may be referred to the Department for investigation. Adults are referred by the criminal courts while juveniles are referred by law enforcement agencies, schools, parents, or other interested community sources. The Deputy Probation Officer (DPO) provides a court report outlining the offender's social history, prior record, statement from the victim and other interested parties and an analysis of the current living arrangements or changes.

If the court grants probation, the DPO enforces the terms and conditions ordered by the court, monitors the probationer's progress in treatment and initiates appropriate corrective action if the conditions are violated.

The DPO works cooperatively with the Children's Social Worker (CSW) from the Los Angeles County Department of Children and Family Services assigned to the case to ensure the child's safety and welfare. The DPO's assessment of the offender's response to treatment may have a significant influence in determining the outcome of a child's placement.

SPECIALIZED SUPERVISION PROGRAMS

The Adult Services Bureau operates specialized caseloads that include the Narcotics Testing Office, High Risk Offenders,



Domestic Violence Monitoring Unit, Adult Gang caseload, Big Mac (High Restitution caseload) and the Adult Family caseload. The specialized supervision programs that deal directly with child abuse are the Child Threat caseload and the Pre-natal and Post-natal caseloads.

CHILD THREAT CASELOADS

Any case in which there is a reason to believe that the adult defendant's behavior poses a threat to a child by reason of violence, drug abuse history, sexual molestation or cruel treatment, regardless of official charges or condition of probation, may be assigned to a Child Threat caseload to promote the safety of the child and the family. In the event that the number of Child Threat defendants exceeds the total that can be accommodated by the Child Threat DPOs, probationers posing the highest risk to victims and potential victims are given priority for specialized supervision. These specialized child abuse services consist of 16 Child Threat caseloads located in 37 area offices throughout Los Angeles County.

Department policy mandates service standards and caseload size for the Child Threat program. Each case requires a supervision plan, approved by the DPO's supervisor, that provides close monitoring of the probationer's compliance with the orders of the court. The plan is intended to ensure the safety of victims and potential victims. Child Threat cases may require coordination with the Department of Children and Family Services (DCFS), the court and/or treatment providers.

The DPO conducts at least one home visit per month in every case in which the victim or other child under the age of 18

resides in the probationer's home. To provide ongoing assessments, all children in the home are routinely seen and may also be interviewed. Probationers report to the DPO face-to-face. Indications of mistreatment to the victim or other children results in a referral to the court for further investigation or other appropriate action.

PRE-NATAL/POST-NATAL SUBSTANCE RECOGNITION

The Probation Department created a specialized anti-narcotic testing caseload in 1990 to address increasing community concerns regarding substance abuse by pregnant and parenting women. The caseload is comprised of pre-natal and recent post-partem substance-abusing women. The program provides intense supervision by enforcing court orders that include narcotics testing and referrals to appropriate community resource programs. Goals of the program include reducing substance abuse, improving the health of pregnant women and their infants and changing lifestyles that contribute to drug problems. The Program serves a specific geographical area where a network of treatment programs serves the needs of these probationers and their children.

SOURCE OF DATA

The data reflects a comparison between the reporting year 2005 and the previous year 2004 using data collected from the Juvenile Automated Index and the Probation Department's Adult Probation System.



Figure 1

**ICAN DATA ANALYSIS REPORT 2007
Child Abuse Referrals - Adult Cases**

PERCENTAGE OF CHANGE	2005		2006	TYPE OF ABUSE/NEGLECT
33.3% increase	3	to	4	Caretaker Absence
42.1% decrease	19	to	11	Exploitation
7.7% decrease	13	to	12	General Neglect
200.0% increase	1	to	3	Physical Abuse
27.8% decrease	18	to	13	Severe Neglect
8.7% increase	578	to	628	Sexual Abuse Referrals
6.2% increase	632	to	671	Overall from 2005 to 2006

Figure 2

**ICAN DATA ANALYSIS REPORT 2007
Child Abuse Referrals of Offenders by Age - Adult Cases**

PERCENTAGE OF CHANGE	2005		2006	AGE OF ADULT OFFENDER
4.5% decrease	44	to	42	under age 20
27.0% decrease	122	to	89	20-24
39.1% increase	69	to	96	25-29
10.5% decrease	86	to	77	30-34
3.0% increase	101	to	104	35-39
48.3% increase	60	to	89	40-44
0.0% no change	59	to	59	45-49
26.4% increase	91	to	115	50 and over



Figure 3

**ICAN DATA ANALYSIS REPORT 2007
Child Abuse Caseloads by Area Office - Adult Cases**

PERCENTAGE OF CHANGE	2005		2006	Area Office
	0	to	0	Alhambra
10.5% decrease	152	to	136	Antelope Valley
166.7% increase	72	to	192	Centinela
78.2% increase	147	to	262	Crenshaw
13.0% increase	92	to	104	East Los Angeles
79.5% increase	88	to	158	East San Fernando Valley
50.3% increase	143	to	215	Firestone
11.7% decrease	120	to	106	Foothill
95.9% increase	49	to	96	Harbor
128.2% increase	85	to	194	Long Beach
184.7% increase	59	to	168	Rio Hondo
63.3% increase	90	to	147	Pomona Valley
165.5% increase	55	to	146	San Gabriel Valley
47.6% decrease	126	to	66	Santa Monica
154.4% increase	57	to	145	South Central
3.3% decrease	61	to	59	Valencia

Figure 4

**ICAN DATA ANALYSIS REPORT 2007
Child Abuse Referrals of Adult Offenders by Ethnicity - Adult Cases**

PERCENTAGE OF CHANGE	2005		2006	ETHNICITY
7.0% decrease	115	to	107	African Americans
100.0% decrease	1	to	0	American Indians
33.3% increase	9	to	12	Asian/Pacific Islanders
7.2% increase	403	to	432	Latinos
11.1% increase	90	to	100	White
42.9% increase	14	to	20	Other ethnicity



Figure 5

**ICAN DATA ANALYSIS REPORT 2007
ADULT CHILD ABUSE OFFENSE REFERRALS RECEIVED IN 2006
By Age and Ethnicity**

	UNDER 20	20-24	25-29	30-34	35-39	40-44	45-49	OVER 49	TOTAL
African American	9	15	16	8	18	16	11	14	107
American Indian	0	0	0	0	0	0	0	0	0
Asian/Pacific Islander	0	1	1	1	2	2	1	4	12
Latino	28	63	67	53	71	53	32	65	432
White	4	10	9	11	12	14	1	29	100
Other	1	0	3	4	1	4	4	3	20
TOTAL	42	89	96	77	104	89	59	115	671
PERCENT	6.3%	13.3%	14.3%	11.5%	15.5%	13.3%	8.8%	17.1%	100%

Figure 6

**ICAN DATA ANALYSIS REPORT 2007
ADULT CHILD ABUSE OFFENSE REFERRALS RECEIVED IN 2006
By Area Office and Gender**

AREA OFFICE	MALE	FEMALE	TOTAL
Antelope Valley	48	2	50
Central Adult Investigation	153	16	169
East Los Angeles	3	0	3
East San Fernando Valley	64	2	66
Firestone	0	0	0
Foothill	42	0	42
Harbor	29	1	30
Long Beach	68	2	70
Pomona Valley	65	2	67
Rio Hondo	62	1	63
San Gabriel Valley	9	0	9
Santa Monica	20	3	23
South Central	71	3	74
Valencia	5	0	5
Other	0	0	0
TOTAL	639	32	671
PERCENT	95.2%	4.8%	100.0%

East San Fernando Valley Area Office covers Santa Clarita. Figure 6 reflects the number of adult defendants, by area office and gender, referred to the Probation Department for investigation of child abuse offenses during 2006.



Figure 7

ICAN DATA ANALYSIS REPORT 2007
ADULT CHILD ABUSE OFFENSE REFERRALS RECEIVED IN 2006
 Adult & Juvenile

OFFENSE TYPE	ADULT	PERCENT	JUVENILE	PERCENT	TOTAL
Caretaker Absence	4	0.6%	0	0.0%	4
Exploitation	11	1.6%	0	0.0%	11
General Neglect	12	1.8%	11	2.2%	23
Physical Abuse	3	0.4%	140	28.6%	143
Severe Neglect	13	1.9%	19	3.9%	32
Sexual Abuse	628	93.6%	320	65.3%	948
TOTAL	671	100.0%	490	100.0%	1,161
PERCENT	57.8%		42.2%		100.0%

Figure 8

ICAN DATA ANALYSIS REPORT 2007
ADULT CHILD OFFENSE SUPERVISION CASES ACTIVE AS OF DECEMBER 2006
 By Age and Ethnicity

	UNDER 20	20-24	25-29	30-34	35-39	40-44	45-49	OVER 49	TOTAL
African American	7	72	78	58	70	76	53	97	511
American Indian	0	0	0	0	0	0	1	0	1
Asian/ Pacific Islander	0	9	7	3	9	6	5	11	50
Latino	21	214	212	170	145	115	89	139	1,105
White	2	73	59	50	67	63	64	124	502
289Other	0	8	4	8	9	11	12	7	59
TOTAL	30	376	360	289	300	271	224	378	2,228
PERCENT	1.3%	16.9%	16.2%	13.0%	13.5%	12.2%	10.1%	17.0%	100.0%

Figure 8 reflects the number of adult cases, by age and ethnicity, supervised by the Probation Department for child abuse offenses in 2006.



Figure 9

ICAN DATA ANALYSIS REPORT 2007 ADULT CHILD OFFENSE SUPERVISION CASES ACTIVE AS OF DECEMBER 2006 By Ethnicity		
ETHNICITY	TOTAL	PERCENT
African American	511	22.9%
American Indian	1	0.0%
Asian/Pacific Islander	50	2.2%
Latino	1,105	49.6%
White	502	22.5%
Other	59	2.6%
TOTAL	2,228	100%

Figure 10

ICAN DATA ANALYSIS REPORT 2007 ADULT CHILD THREAT (C/T) WORKLOAD PER AREA OFFICE As of December 2006		
AREA OFFICE	NUMBER OF DEFENDANTS	NUMBER OF DEFENDANTS ON C/T CASELOADS
Alhambra	8	0
Antelope Valley	136	136
Centinela	192	192
Crenshaw	262	262
East Los Angeles	104	104
East San Fernando Valley	159	158
Firestone	216	215
Foothill	106	106
Harbor	96	96
Long Beach	194	194
Pomona Valley	147	147
Rio Hondo	168	168
San Gabriel Valley	146	146
Santa Monica	85	66
South Central	150	145
Valencia	59	59
TOTALS	2,228	2,194

The Alhambra Area Office is an investigative office and does not provide supervision services. The 8 defendants primarily live and are being supervised outside of Los Angeles County.



Figure 11

**ICAN DATA ANALYSIS REPORT 2007
ADULT & JUVENILE 2006 CHILD ABUSE OFFENSE GRANTS OF PROBATION
by area office Adult and Juvenile**

AREA OFFICE	ADULTS	JUVENILES	TOTAL
Transition to Area Office	0	4	4
Alhambra	19	0	19
Antelope Valley	15	0	15
Central Adult Investigation	2	3	5
Centinela	13	22	35
Crenshaw	6	4	10
East Los Angeles	11	0	11
East San Fernando Valley	5	3	8
Eastlake Intake Detention Control	2	0	2
Firestone	0	0	0
Foothill	5	5	10
Harbor	6	4	10
Kenyon JJC	5	0	5
Long Beach	0	3	3
Northeast Juvenile Justice Center	11	8	19
Pomona Valley	0	3	3
Rio Hondo	6	2	8
Riverview	9	4	13
San Gabriel Valley	2	0	2
Santa Monica	5	10	15
South Central	4	2	6
Sylmar	14	7	21
Valencia	0	0	0
Van Nuys	0	15	15
TOTALS	140	99	239
PERCENT	58.6%	41.4%	100.0%

Of the 671 Child Abuse referrals received by the Adult Bureau in 2006, 140 (20.9%) resulted in a court ordered grant of formal probation. The adult defendants not placed on formal probation may have been sentenced to state prison, county jail, placed on informal probation to the court, found not guilty or had their cases dismissed.

Of the 490 Juvenile Child Abuse offense referrals received by the Juvenile Bureau in 2006, 99 (20.2%) offenses resulted in a disposition of probation supervision. Juveniles not placed on probation may have been sentenced to the California Department of Corrections & Rehabilitation, Division of Juvenile Justice (DJJ), found Unfit (referred to adult criminal court), sentenced to Camp Community Placement, had their cases rejected by the District Attorney, transferred out of county, or closed.



Figure 12

**ICAN DATA ANALYSIS REPORT 2007
CHILD ABUSE REFERRALS**

PERCENTAGE OF CHANGE		2005		2006	TYPE OF ABUSE/NEGLECT
0.0%	no increase	0	to	0	Caretaker Absence
100.0%	decrease	3	to	0	Exploitation
15.4%	decrease	13	to	11	General Neglect
30.3%	decrease	201	to	140	Physical Abuse
40.6%	decrease	32	to	19	Severe Neglect
31.8%	decrease	469	to	320	Sexual Abuse
31.8%	decrease	718	to	490	Overall from 2005 to 2006

Figure 13

**ICAN DATA ANALYSIS REPORT 2007
CHILD ABUSE REFERRALS OF OFFENDERS BY AGE**

PERCENTAGE OF CHANGE		2005		2006	AGE OF JUVENILES
38.9%	decrease	203	to	124	under 11 years old
39.5%	decrease	43	to	26	11 years old
87.2%	decrease	47	to	6	12 years old
20.0%	decrease	35	to	28	13 years old
54.7%	decrease	75	to	34	14 years old
34.7%	decrease	98	to	64	15 years old
5.9%	decrease	85	to	80	16 years old
20.2%	decrease	94	to	75	17 years old
39.5%	decrease	38	to	53	over 17 years old

Figure 14

**ICAN DATA ANALYSIS REPORT 2007
CHILD ABUSE REFERRALS BY ETHNICITY**

PERCENTAGE OF CHANGE		2005		2006	ETHNICITY
37.8%	decrease	201	to	125	African American
0.0%	no increase	0	to	0	American Indian
350.0%	increase	2	to	9	Asian/Pacific Islander
26.2%	decrease	428	to	316	Latino
54.7%	decrease	75	to	34	White
25.0%	decrease	8	to	6	Other ethnicity
100.0%	decrease	4	to	0	Unknown ethnicity



Figure 15

**ICAN DATA ANALYSIS REPORT 2007
CHILD ABUSE REFERRALS RECEIVED IN 2006
By Area Office and Gender**

AREA OFFICE	MALE	FEMALE	TOTAL
Transitions to Area Office	33	0	33
Antelope Valley	15	4	19
Centinela	46	3	49
Crenshaw	63	6	69
East Los Angeles	23	3	26
Firestone	27	1	28
Foothill	9	3	12
Harbor	12	0	12
Intake Detention Control	0	0	0
Kenyon Juvenile Justice Ctr	22	2	24
Long Beach	19	0	19
N. East Juvenile Justice Ctr	14	1	15
Pomona Valley	23	2	25
Rio Hondo	23	0	23
San Gabriel Valely	30	3	33
Santa Monica	14	0	14
South Central	47	2	49
Sylmar	1	0	1
Valencia	1	0	1
Van Nuys	38	0	38
TOTALS	460	30	490

Figure 15 reflects the number of juveniles, by area office and gender, referred to the Probation Department for investigation of child abuse offenses during 2006. Transitions to Area Office primarily reflect referrals from probation camps.



Figure 16

**ICAN DATA ANALYSIS REPORT 2007
JUVENILE CHILD ABUSE OFFENSE REFERRALS RECEIVED IN 2006
By Age and Ethnicity**

	UNDER 11	11	12	13	14	15	16	17	OVER 17	TOTAL
African American	36	5	0	8	14	16	15	25	6	125
American Indian	0	0	0	0	0	0	0	0	0	0
Asian/Pacific Islander	3	3	0	0	0	1	0	2	0	9
Latino	76	17	5	14	19	41	61	44	39	316
White	8	0	1	3	1	6	4	4	7	34
Other	1	1	0	3	0	0	0	0	1	6
TOTAL	124	26	6	28	34	64	80	75	53	490
PERCENT	25.3%	5.3%	1.2%	5.7%	6.9%	13.1%	16.3%	15.3%	10.8%	100.0%

Figure 17

**ICAN DATA ANALYSIS REPORT 2007
CHILD ABUSE OFFENSE REFERRALS RECEIVED IN 2006**

OFFENSE TYPE	ADULT	PERCENT	JUVENILE	PERCENT	TOTAL
Caretaker Abuse	4	0.6%	0	0.0%	4
Exploitation	11	1.6%	0	0.0%	11
General Neglect	12	1.8%	11	2.2%	23
Physical Abuse	3	0.4%	140	28.6%	143
Severe Neglect	13	1.9%	19	3.9%	32
Sexual Abuse	628	93.6%	320	65.3%	948
TOTAL	671	100.0%	490	100.0%	1,161
PERCENT	57.8%		42.2%		



Figure 18

**ICAN DATA ANALYSIS REPORT 2007
JUVENILE CHILD ABUSE OFFENSE SUPERVISION CASES AS OF DECEMBER 2006**

	UNDER 11	11	12	13	14	15	16	17	OVER 17	TOTAL
African American	0	0	0	1	2	0	7	0	3	13
American Indian	0	0	0	0	0	0	0	0	0	0
Asian/Pacific Islander	0	0	0	0	0	0	0	0	0	0
Latino	0	1	1	6	6	20	12	20	9	75
White	0	0	0	1	3	1	0	0	2	7
Other	0	0	0	3	0	0	0	1	0	4
TOTAL	0	1	1	11	11	21	19	21	14	99
PERCENT	0.0%	1.0%	1.0%	11.1%	11.1%	21.2%	19.2%	21.2%	14.1%	100%

Figure 18 reflects the number of juvenile cases, by age and ethnicity, supervised by the Probation Department for child abuse offenses in 2005

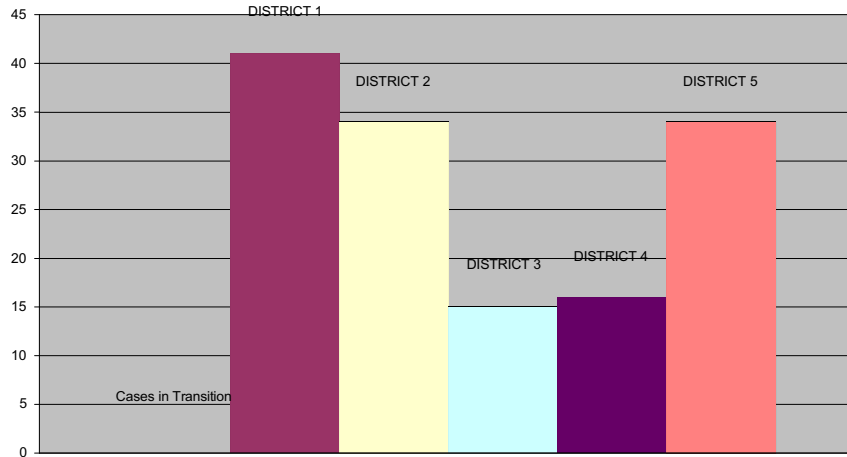
Figure 19

**ICAN DATA ANALYSIS REPORT 2007
ETHNICITY OF JUVENILES UNDER SUPERVISION
FOR CHILD ABUSE OFFENSES 2006**

ETHNICITY	TOTAL	PERCENT
African American	13	19.3%
American Indian	0	0.0%
Asian/Pacific Islander	0	0.0%
Latino	75	69.3%
White	7	11.4%
Other	4	0.0%
Unknown	0	0.0%
TOTAL	99	100.0%

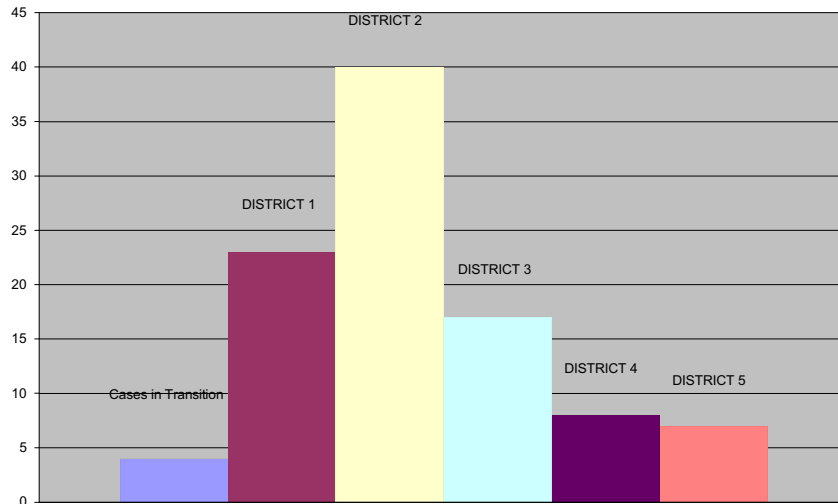


ICAN DATA ANALYSIS REPORT 2007
Adult 2006 Child Abuse Offense Grants of Probation by Supervisorial District



SUPERVISORIAL DISTRICTS	CASES IN TRANSITION
DISTRICT 1	41
DISTRICT 2	34
DISTRICT 3	15
DISTRICT 4	16
DISTRICT 5	34

ICAN DATA ANALYSIS REPORT 2007
JUVENILE 2006 Child Abuse Offense Grants of Probation by Supervisorial District



SUPERVISORIAL DISTRICTS	CASES IN TRANSITION
DISTRICT 1	23
DISTRICT 2	40
DISTRICT 3	17
DISTRICT 4	8
DISTRICT 5	7



GLOSSARY OF TERMS

Adjudication – a judicial decision or sentence; to settle by judicial procedure; for juveniles – a juvenile court process focused on whether the allegations or charges facing a juvenile are true.

Adult – a person 18 years of age or older.

Bench Officer – a judicial hearing officer (appointed or elected) such as a judge, commissioner, referee, arbitrator, or umpire, presiding in a court of law and authorized by law to hear and decide on the disposition of cases.

California Youth Authority (CYA) – the most severe sanction available to the juvenile court among a range of dispositional outcomes; it is a state run confinement facility for juveniles who have committed extremely serious or repeat offenses and/or have failed county-level programs, and require settings at the state level; CYA facilities are maintained as correctional schools and are scattered throughout the state.

Camp Community Placement – available to the juvenile court at a disposition hearing; a minor is placed in one of 19 secure or non-secure structured residential camp settings run by the Probation Department throughout the County (see Residential Treatment Program).

Caseload – the total number of adult/juvenile clients or cases on probation, assigned to an adult or juvenile Deputy Probation Officer; caseload size and level of service is determined by Department policy.

Child Abuse (or Neglect) – physical injury inflicted by other than accidental means upon a child by another person; includes sexual abuse, willful cruelty or unjustifiable punishment or injury or severe neglect.

Child Threat (CTH) Caseload – a specialized caseload supervised by a CTH Deputy Probation Officer consisting of adults on formal probation for child abuse offenses or where there is reason to believe that defendant’s (violent, drug abusing or child molesting) behavior may pose a threat to a child; Department service standards require close monitoring of a defendant’s compliance with court orders to ensure both the child’s and parents’ safety.

Compliance – refers to the offender following, abiding by, and acting in accordance with the orders and instructions of the court as part of his/her effort to cooperate in his/her own rehabilitation while on probation (qualified liberty) given as a statutory act of clemency.

Conditions of Probation – the portion of the court ordered sentencing option, which imposes obligations on the offender; may include restitution, fines, community service, restrictions on association, etc.

Controlled Substance – a drug, substance, or immediate precursor, which is listed in any schedule in Health and Safety Code Sections 11054, 11055, 11057, or 11058.

Court Orders – list of terms and conditions to be followed by the probationer, or any instructions given by the court.



Crime – an act or omission in violation of local, state or federal law forbidding or commanding it, and made punishable in a legal proceeding brought by a state or the US government.

DA Case Reject – a District Attorney dispositional decision to reject the juvenile petition request (to file a formal complaint for court intervention) from the referral source (usually an arresting agency) by way of Probation due to lack of legal sufficiency (i.e., insufficient evidence).

Defendant – an Adult subject of a case, accused/convicted of a crime, before a criminal court of law.

Disposition – the resolution of a case by the court, including the dismissal of a case, the acquittal of a defendant, the granting of probation or deferred entry of judgment, or overturning of a convicted defendant.

Diversion – the suspension of prosecution of “eligible” youthful, first time offenders in which a criminal court determines the offender suitable for diverting out of further criminal proceedings and directs the defendant to seek and participate in community-based education, treatment or rehabilitation programs prior to and without being convicted, while under the supervision of the Probation Department; program success dismisses the complaint, while failure causes resumption of criminal proceedings.

DPO – Deputy Probation Officer – a peace officer who performs full case investigation

functions and monitors probationer’s compliance with court orders, keeping the courts apprised of probationer’s progress by providing reports as mandated.

Drug Abuse – the excessive use of substances (pharmaceutical drugs, alcohol, narcotics, cocaine, generally opiates, stimulants, depressants, hallucinogens) having an addictive-sustaining liability, without medical justification.

Formal Probation – the suspension of the imposition of a sentence by the court and the conditional and revocable release of an offender into the community, in lieu of incarceration, under the formal supervision of a DPO to ensure compliance with conditions and instructions of the court; non-compliance may result in formal probation being revoked.

High Risk – a classification referring to potentially dangerous, recidivist probationers who are very likely to violate conditions of probation and pose a potentially high level of peril to victims, witnesses and their families or close relatives; usually require in-person contacts and monitoring participation in treatment programs.

Informal Probation

- **Juvenile** – a six-month probation supervision program for minors opted by the DPO following case intake investigation of a referral, or ordered by the juvenile court without adjudication or declaration of wardship; it is a lesser sanction and avoids formal hearings, conserving the time of the



DPO, court staff and parents and is seen as less damaging to a minor's record.

- **Adult** – a period of probation wherein an individual is under the supervision of the Court as opposed to the Probation Officer. The period of probation may vary.

Investigation – the process of investigating the factors of the offense(s) committed by a minor/adult, his/her social and criminal history, gathering offender, victim and other interested party input, and analyzing the relevant circumstances, culminating in the submission of recommendations to the court regarding sanctions and rehabilitative treatment options.

Judgment – law given by court or other competent tribunal and entered in its dockets, minutes of record.

Juvenile – a person who has not attained his/her 18th birthday.

Juvenile Court – Superior Court which has jurisdiction over delinquent and dependent children.

Minor – a person under the age of 18.

Narcotic Testing – the process whereby a probationer must submit, by court order, to a drug test as directed, to detect and deter controlled substance abuse.

Pre-Sentence Report – a written report made to the adult court by the DPO and used as a

vehicle to communicate a defendant's situation and the DPO's recommendations regarding sentencing and treatment options to the judge prior to sentencing; becomes the official position of the court.

Probation Department Probation Grant – the act of bestowing and placing offenders (adults convicted of a crime and juveniles with allegations sustained at adjudication) on formal probation by a court of law and charging Probation with their supervisory care to ensure the fulfillment of certain conditions of behavior.

Probation Violation – when the orders of the court are not followed or the probationer is re-arrested and charged with a new offense.

Probationer – minor or adult under the direct supervision of a Deputy Probation Officer, usually with instructions to periodically report in as directed.

Referral – the complaint against the juvenile from law enforcement, parents or school requesting Probation intervention into the case, or a criminal court order directing Probation to perform a thorough investigation of a defendant's case following conviction, and present findings and recommendations in the form of a pre-sentence report.

Residential Treatment Program – this program is also referred to as the Camp Community Placement program. It provides intensive intervention in a residential setting over an average stay of 20 weeks. The Camp Community Placement program is an



intermediate sanction alternative to probation in the community and incarceration in the California Youth Authority.

Sanction – that part of law which is designed to secure enforcement by imposing a penalty for its violation.

Sentence – the penalty imposed by the court upon a convicted defendant in a criminal judicial proceeding or upon a delinquent juvenile with allegations found true in juvenile court; penalties imposed may include fines, community service, restitution or other punishment, terms of probation, county jail or prison for the defendant, or residential camp placement or CYA commitment for a juvenile.

Substance Abuse – see Drug Abuse – the non-medical use of a substance for any of the following reasons: psychic effect, dependence, or suicide attempt/gesture. For purposes of this glossary, non-medical use means:

- use of prescription drugs in a manner inconsistent with accepted medical practice
- use of over-the-counter drugs contrary to approved labeling; or
- use of any substance (heroin/morphine, marijuana/hashish, peyote, glue, aerosols, etc.) for psychic effect, dependence, or suicide.

Trace – an amount of substance found in a newborn or parent that is insufficient to cause a parent to return to court on a probation violation, but is enough to authorize removal of a child from parental control.

Unfit – a finding by a juvenile fitness hearing court that a minor was found to be unfit for juvenile court proceedings, and that the case will be transferred to adult court for the filing of a complaint; juvenile in effect will be treated as an adult.

Victim – an entity or person injured or threatened with physical injury, or that directly suffers a measurable loss as a consequence of the criminal activities of an offender, or a “derivative” victim, such as the parent/guardian, who suffers some loss as a consequence of injury to the closely related primary victim, by reason of a crime committed by an offender.

LOS ANGELES DEPARTMENT OF JUSTICE

AGENCY REPORT





CHILD PROTECTION PROGRAM FACT SHEET

The Department of Justice (DOJ) is mandated to maintain an index of all California reports of child abuse and severe neglect submitted pursuant to Penal Code section 11169. This index, referred to as the Child Abuse Central Index (CACI), was established in 1965. It contains summary information related to investigated reports of child abuse and/or severe neglect that have been determined to be substantiated or inconclusive. Its purpose is to assist in the statewide effort to protect California's children from abuse and neglect. Legal authority falls under the Child Abuse and Neglect Reporting Act (CANRA), Penal Code sections 11164 through 11174. Specifically, CACI reporting requirements are addressed in section 11169, and dissemination of CACI information is addressed in section 11170.

Police, sheriff, county probation departments, and child welfare agencies are considered reporting agencies and are required to submit reports for entry into the CACI utilizing the Child Abuse Summary Report Form (SS8583). Reports are submitted after an investigation has been conducted by the reporting agency to determine the validity of the allegations. Only allegations determined to be substantiated or inconclusive are submitted. Once reported to the DOJ, the reporting agency is required to notify the suspect in writing that he or she has been reported to the CACI. The Child Abuse Summary Report Form (SS8583) is available on the Attorney General's website: www.ag.ca.gov.

The DOJ provides pointer information (i.e., reporting agency contact) to authorized agencies that request a search of the CACI for purposes of investigating new reports of

child abuse; making employment, licensing, or child placement decisions regarding applicants for child care facility and foster care homes, adoption, guardianship, or other child placement; conducting background investigations for peace officer employment and for the TrustLine Registry. Additionally, any person may request a self inquiry of the CACI and, in the event of a possible match, are provided with information pointing to the investigation report, as well as information regarding any disclosure to an authorized agency (including the name of the agency that was notified and a copy of the information maintained in the CACI).

SERVICES PROVIDED BY DOJ THROUGH THE CACI

- Serves as an investigatory tool to child welfare and law enforcement agencies investigating child abuse allegations by providing information regarding child abuse reports previously submitted to the CACI involving the same suspect(s).
- Cross-checks all incoming child abuse reports against prior reports of child abuse entered into the CACI. Involved agencies are notified by the DOJ when a suspect match occurs.
- Searches the names of applicants for child care facility and foster care home licensing or employment, adoption, guardianship or other child placement, TrustLine Registry, and peace officer employment. Involved agencies are notified by the DOJ when a match occurs.
- Notifies licensing agencies when a new substantiated or inconclusive



child abuse report is received and matched to a person that has been licensed to have custodial or supervisory authority over a child or children.

- Conducts statewide training specific to child abuse and severe neglect reporting requirements and practices of California counties.

CACI TRAINING

The DOJ provides training to reporting agencies (county welfare and law enforcement agencies) on the completion of the Child Abuse Summary Report Form and answers questions pertaining to the reporting requirements of the CANRA. Training workshops are conducted statewide at the request of these agencies. Additionally, countywide stakeholder meetings are conducted to address under-reporting issues and new methods of improving reporting to the CACI.

2006 CACI DATA

During calendar year 2006, California's reporting agencies submitted a total of 21,592 reports to the CACI (see Figure 1). Los Angeles County represented 28% (6,110) of the state's total cases submitted. This is a slight decrease from the 6,215 cases submitted in 2005.

Physical abuse continues to be the most prevalent type of abuse noted in the reports submitted to the CACI. A breakdown by type of abuse for Los Angeles County agencies reflects 48% (2,944) of reports constituted physical abuse, 30% (1,851) sexual abuse, and 22% (1,315) neglect/mental abuse. Less than 1% (15) of these reports resulted in the death of the victim, a decrease from the previous year's total of 27 deaths.

Los Angeles County submissions to the CACI consisted of 59% (3,628) from county welfare agencies and 41% (2,482) from law enforcement agencies. As depicted in Figure 2, reports submitted by Los Angeles County welfare agencies have increased by 16% (512) between 2005 and 2006 while reports submitted by Los Angeles County law enforcement agencies decreased by 46% (2,140) in the same time period.



Figure 1

**2006 CHILD ABUSE SUMMARY REPORTS
ENTERED IN THE AUTOMATED CHILD ABUSE SYSTEM (ACAS)
FOR THE PERIOD OF JANUARY 1 – DECEMBER 31, 2006**

COUNTY	TOTAL	PHYSICAL	MENTAL	NEGLECT	SEXUAL	DEATHS
Alameda	471	306	43	37	85	1
Alpine	2	1	0	0	1	0
Amador	6	4	1	0	1	0
Butte	183	85	42	20	36	1
Calaveras	45	24	16	2	3	0
Colusa	8	2	2	0	4	0
Contra Costa	321	187	49	14	71	2
Del Norte	29	18	2	3	6	1
El Dorado	36	21	5	7	3	0
Fresno	169	78	54	1	36	
Glenn	25	15	5	3	2	0
Humboldt	164	83	42	3	36	0
Imperial	94	49	32	4	9	0
Inyo	70	39	29	0	2	0
Kern	448	228	97	26	97	1
Kings	180	138	4	3	35	0
Lake	47	30	5	0	12	0
Lassen	41	26	5	2	8	0
Los Angeles	6,110	2,944	1,193	122	1,851	15
Madera	173	88	51	12	22	0
Marin	82	34	34	1	13	0
Mariposa	7	1	4	0	2	0
Mendocino	91	56	24	5	6	0
Merced	241	82	86	35	38	0
Modoc	32	17	12	1	2	0
Mono	6	5	0	1	0	0
Monterey	280	121	93	17	49	0
Napa	34	24	0	0	10	0
Nevada	41	16	12	4	9	0
Orange	2,810	1,630	150	124	906	1
Placer	199	55	101	12	31	0
Plumas	28	13	9	2	4	0
Riverside	1,274	585	351	89	249	1



Figure 1 (Cont.)

**2005 REPORTS CHILD ABUSE INVESTIGATION REPORTS ENTERED
IN THE AUTOMATED CHILD ABUSE SYSTEM (ACAS) ENTERED AS OF 7/19/2006**

COUNTY	TOTAL	PHYSICAL	MENTAL	NEGLECT	SEXUAL	DEATHS
Sacramento	504	280	30	38	156	2
San Benito	41	34	3	1	3	0
San Bernardino	1,210	543	168	113	386	4
San Diego	2,700	977	1,276	44	403	2
San Francisco	203	147	20	6	30	1
San Joaquin	525	211	235	8	71	3
San Luis Obispo	60	14	17	11	18	0
San Mateo	294	159	55	23	57	0
Santa Barbara	247	100	90	32	25	0
Santa Clara	555	185	45	15	310	0
Santa Cruz	154	53	73	3	25	0
Shasta	15	10	0	3	2	0
Sierra	0	0	0	0	0	0
Siskiyou	45	20	16	0	9	0
Solano	195	136	21	5	33	0
Sonoma	226	134	27	16	49	0
Stanislaus	197	54	4	6	133	0
Sutter	31	18	8	0	5	0
Tehama	6	3	2	0	1	0
Trinity	2	1	0	0	1	0
Tulare	97	46	2	4	45	0
Tuolumne	98	39	55	0	4	0
Ventura	297	125	88	30	54	1
Yolo	108	65	13	1	29	0
Yuba	35	22	3	2	8	0
TOTALS*	21,592	10,381	4,804	911	5,496	36

*2006 reports entered as of June 6, 2007.

Note: Child deaths are counted within the abuse type



Figure 2

**LOS ANGELES COUNTY REPORTING
BY AGENCY**

	CHILD WELFARE	LAW ENFORCEMENT
2000	3,261	3,054
2001	3,047	2,483
2002	2,907	2,840
2003	2,364	2,927
2004	2,666	2,547
2005	3,116	4,622
2006	3,628	2,482

Figure 3 depicts a steady decline in statewide reporting despite efforts to reverse this trend by alerting reporting agencies of decreases in their reporting practices and providing focused training. Between 2005 and 2006, statewide reporting declined by approximately 7%.

Figure 3

**FIVE – YEAR COMPARISON OF CACI
SUBMISSIONS STATEWIDE
JANUARY 1 – DECEMBER 31 YEARLY**

	STATEWIDE REPORTS
2002	32,247
2003	25,674
2004	22,653
2005	23,296
2006	21,592

The following efforts have been undertaken to improve statewide reporting:

- Initiated countywide stakeholder meetings in various counties to discuss reporting discrepancies and requirements.
- Initiated an electronic reconciliation

process to expedite the exchange of needed information from a reporting agency for the entry of the Child Abuse Summary Report Form (SS8583) into the CACI.

- Initiated an electronic mail submission option for the Child Abuse Summary Report Form (SS8583).

As seen in Figure 4 below, reporting by Los Angeles County increased from 2003 to 2005; however, between 2005 and 2006, there was a reporting decrease of approximately 2%.

Figure 4

**FIVE – YEAR COMPARISON OF LOS
ANGELES COUNTY
CACI SUBMISSIONS STATEWIDE
JANUARY 1 – DECEMBER 31 YEARLY**

	LOS ANGELES COUNTY
2002	5,406
2003	5,212
2004	5,777
2005	6,215
2006	6,110

JUVENILE CACI DATA

Of the 21,592 statewide reports submitted to CACI in 2006, 5.5% (1,177) involved suspects who were 17 years of age or under at the time of the alleged abuse (Figure 5).

Juvenile statistics for Los Angeles County depicted similar occurrences with juvenile suspects involved in 5.5% (341) of the cases submitted (6,110). Juvenile suspects were predominantly Hispanic. Sexual abuse, followed by physical abuse, was the most prevalent type of child abuse reported (Figure 6).



It should be noted that the juvenile suspects depicted in the above statistics may not meet the ICAN’s definition of a juvenile offender as stated in the 2006 Data Recommendations (i.e., under court supervision due to a Welfare and Institutions Code (WIC) 601 or 602 petition, or jointly filed WIC 300 and WIC 600 petitions, i.e., WIC 241.1 cases).

COMPARISON OF CACI DATA TO CHILD WELFARE SYSTEM/CASE MANAGEMENT SYSTEM (CWS/CMS) DATA REPORTED TO THE UNIVERSITY OF CALIFORNIA AT BERKELEY

Last year, the DOJ reported a major decline in the number of reports submitted to the CACI. The number of retainable reports (those deemed substantiated or inconclusive) submitted to CACI statewide was compared to the number of reports contained in the Child Welfare System/Case Management

Figure 5
STATEWIDE CACI SUBMISSIONS INVOLVING JUVENILE SUSPECTS
JANUARY 1 – DECEMBER 31, 2006

	PHYSICAL	SEXUAL	SEVERE NEGLECT	MENTAL
White	43	290	2	16
Black	25	148	2	5
Hispanic	80	455	7	17
Asian	8	11	0	0
Pacific Islander	0	1	0	0
Aver. Ind./Alaskan	1	4	1	0
Other/Unknown	8	45	0	8
TOTAL	165	954	12	46

Figure 6
LOS ANGELES COUNTY CACI SUBMISSIONS INVOLVING JUVENILE SUSPECTS
JANUARY 1 – DECEMBER 31, 2006

	PHYSICAL	SEXUAL	SEVERE NEGLECT	MENTAL
White	7	39	0	3
Black	10	55	1	3
Hispanic	23	173	2	6
Asian	0	2	0	0
Pacific Islander	0	1	0	0
Aver. Ind./Alaskan	0	2	0	0
Other/Unknown	3	6	0	5
TOTAL	43	278	3	17



System (CWS/CMS) as reported to the University of California at Berkeley Center for Social Services Research. (Website: CWS/CMS Dynamic Report System). This year, data continues to indicate that not all cases of child abuse and neglect deemed to be substantiated and inconclusive are being submitted to the CACI.

As seen in Figure 7, CWS/CMS reported 63,429 substantiated and inconclusive child abuse referrals statewide in 2006, whereas a statewide total of 21,592 reports were submitted to the CACI by both law enforcement and county welfare agencies.

As depicted in Figure 8, CWS/CMS reported 17,648 substantiated and inconclusive child abuse referrals in Los Angeles County in 2006 compared to 6,110 reports submitted to the CACI by both law enforcement and county welfare agencies.

According to the CWS/CMS data, Los Angeles County welfare agencies represent 28% (17,648) of the total CWS/CMS referrals (63,429) in 2006. Additionally, the statistics appear to depict a more recent decline in the number of substantiated and inconclusive case referrals from 2003 to present.

Figure 7

**STATEWIDE COUNTY WELFARE AGENCY REFERRAL DATA
SUBSTANTIATED AND INCONCLUSIVE DISPOSITION TYPES
UNIVERSITY OF CALIFORNIA AT BERKELEY
JANUARY 1 – DECEMBER 31 YEARLY**

CALIFORNIA	1998	1999	2000	2001	2002	2003	2004	2005	2006
Sexual Abuse	25,999	25,368	23,345	21,546	19,123	16,664	14,911	12,488	12,057
Physical Abuse	60,490	57,423	54,189	50,167	44,569	37,991	33,422	27,740	24,680
Severe Neglect	9,972	9,583	8,959	8,737	7,764	6,564	6,115	5,467	4,639
Emotional Abuse	639	443	358	267	215	217	190	174	103
Exploitation	21,176	25,771	29,104	30,517	28,058	26,030	25,744	23,722	21,950
TOTAL	118,276	118,588	115,955	111,234	99,729	87,466	80,382	69,591	63,429

Figure 8

**LOS ANGELES COUNTY WELFARE AGENCY REFERRAL DATA
UNIVERSITY OF CALIFORNIA AT BERKELEY
JANUARY 1 – DECEMBER 31 YEARLY**

CALIFORNIA	1998	1999	2000	2001	2002	2003	2004	2005	2006
Sexual Abuse	6,714	6,624	6,396	5,919	5,907	4,864	4,326	3,687	3,415
Physical Abuse	17,548	17,597	17,364	16,536	16,176	13,901	12,255	9,506	6,807
Severe Neglect	3,514	2,582	2,190	1,929	1,564	1,170	910	798	765
Emotional Abuse	180	112	101	81	72	87	65	67	28
Exploitation	5,736	7,232	8,532	8,971	9,676	9,103	8,648	7,457	6,633
TOTAL	33,692	34,147	34,583	33,436	33,395	29,125	26,204	21,515	17,648



Figure 9

**STATEWIDE COUNTY WELFARE AGENCY REFERRAL DATA
SUBSTANTIATED AND INCONCLUSIVE DISPOSITION TYPES
UNIVERSITY OF CALIFORNIA AT BERKELEY
JANUARY 1 – DECEMBER 31 YEARLY**

CALIFORNIA	1998	1999	2000	2001	2002	2003	2004	2005	2006
Sexual Abuse	28,771	28,267	28,237	26,829	26,442	26,386	26,454	26,457	27,826
Physical Abuse	47,117	47,324	50,278	50,205	53,591	56,085	57,172	57,865	60,476
Severe Neglect	4,059	3,512	3,508	3,673	3,412	3,085	2,881	2,676	2,823
Emotional Abuse	800	552	456	390	349	325	369	316	220
Exploitation	10,203	11,363	14,108	14,922	15,753	17,078	18,646	19,244	18,620
TOTAL	90,950	91,018	96,587	96,019	99,547	102,959	105,522	106,558	109,965

Retrieved August 1, 2007 from the University of California at Berkeley Center for Social Services Research website: URL: http://cssr.berkeley.edu/ucb_childwelfare

CWS/CMS data for unfounded and assessment only referrals (Figure 9) show a steady rise in cases. The reasons for such a change in referral disposition types (substantiated and inconclusive vs. unfounded and assessment only) is unknown.

FOR INQUIRIES:

CALIFORNIA DEPARTMENT OF JUSTICE
Bureau of Criminal Information and Analysis

ATTN: Child Protection Program
P.O. Box 903387
Sacramento, CA 94203-3870

Telephone number: (916) 227-3285
After hours number: (916) 227-3244
Fax numbers: (916) 227-3253 and
(916) 227-5054

Email address:
DOJChildProtectionProgram@doj.ca.gov



GLOSSARY

CACI – Child Abuse Central Index.

CANRA – Child Abuse and Neglect Reporting Act as specified in Penal Code sections 11164 et seq.

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

Investigated Reports – The activities of an agency in response to a report of known or suspected child abuse. For purposes of reporting information to the Child Abuse Central Index, the activities shall include, at minimum: assessing the nature and seriousness of the known or suspected abuse, conducting interviews of the victim(s) and any known suspect(s) and witness(es), gathering and preserving evidence, determining whether the incident is substantiated, inconclusive, or unfounded, and preparing a report that will be retained in the files of the investigating agency.

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

Substantiated – Defined in Penal Code section 11165.12(b). An investigator has determined based upon evidence that makes it more likely than not that child abuse or neglect, as defined, occurred. This definition was amended by Chapter 842 of the Statutes of 2004 and became effective January 1, 2005.

LOS ANGELES COUNTY DEPARTMENT OF CORONER

AGENCY REPORT





DEPARTMENT OF CORONER

The Department of Coroner is mandated by law to inquire and determine the circumstances, manner, and cause of all violent, sudden, or unusual deaths occurring within Los Angeles County, including all homicides, suicides, accidental deaths, and natural deaths where the decedent has not seen a physician within 20 days prior to death.

FORENSIC MEDICINE DIVISION

The Forensic Medicine Division's full-time permanent staff consists of board certified forensic pathologists who are responsible for medical investigation and determination of the cause and mode of each death handled by the department. Our physicians are experts in the evaluation of sudden unexpected natural deaths, and unnatural deaths such as deaths from firearms, sharp and blunt force trauma, etc. Physicians are frequently called to court to testify on the cause of death and their medical findings and interpretations, particularly in homicide cases. In addition, the division has consultants in forensic neuropathology, archeology, odontology, anthropology, anesthesiology, pediatrics, surgery, ophthalmologic pathology, pulmonary pathology, pediatric forensic pathology, cardiac pathology, emergency room medicine, psychiatry, psychology, and radiology to assist the deputy medical examiners in evaluating their cases.

FORENSIC LABORATORIES BUREAU

The Forensic Science Laboratories Bureau is responsible for the identification, collection, preservation, and analysis of physical and medical evidence associated with

Coroner's cases. The mission is to conduct a comprehensive scientific investigation into the cause and manner of any death within the Coroner's jurisdiction. The Forensic Science Laboratories is fully accredited by the American Society of Crime Laboratory Directors.

The Toxicology Laboratory conducts chemical and instrumental analysis on post-mortem specimens to determine the extent that drugs may have contributed to the cause and manner of death. The Scanning Electron Microscopy Laboratory conducts gunshot residue analysis to determine whether an individual may have fired a weapon. Tool mark analysis involves the evaluation of trauma to biological material, especially bone and cartilage, as to the type of instrument that might have produced the trauma. This not only helps our pathologists understand the circumstances of a death, but also aids the law enforcement agency in their criminal investigation.

OPERATIONS DIVISION/INVESTIGATIONS

In accordance with state mandate, all law enforcement, health facilities and funeral directors are required to report deaths that may fall under the jurisdiction of the Coroner. The report initiates an investigation that may require dispatching an investigator to the scene of a homicide, accident, or suicide or to a hospital or mortuary. Investigators will interview witnesses, follow up on leads, collect evidence, make identification, notify the next of kin, and interface with law enforcement agencies. The division participates in a state-mandated program to examine dental records of known missing persons to aid in the identification of John and Jane Does.

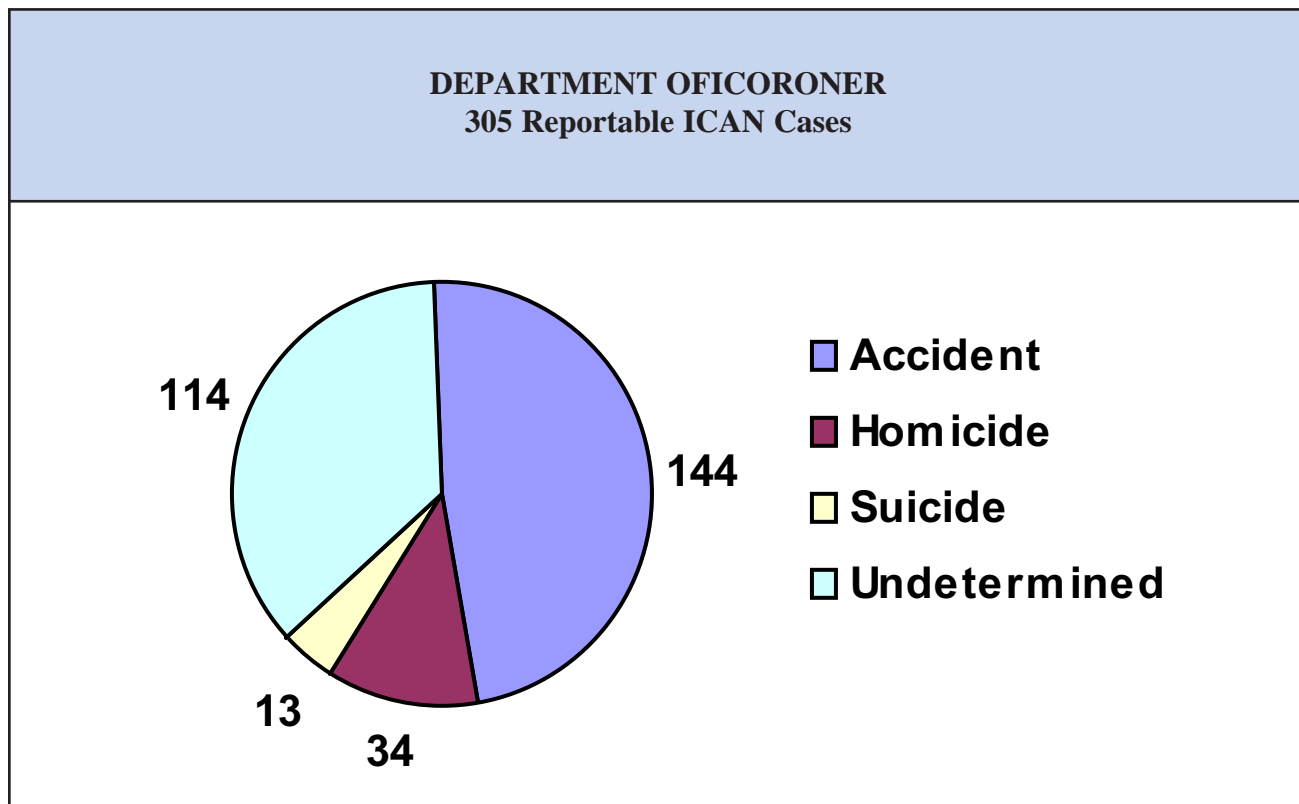


ADMINISTRATIVE SERVICES DIVISION

The Administrative Services Division is responsible for public services, financial operations, personnel, payroll, litigation, procurement, accounting, revenue collection, marketing, volunteer services, affirmative action, contracts and grants, internal control certification, workfare program, facilities management, and information technology.

STATISTICAL SUMMARY:

In calendar 2006, after a review of the cases based on the ICAN established criteria, of the total child deaths reported, 305 were referred to the Inter-Agency Council on Child Abuse and Neglect for tracking and follow-up. Last year calendar 2005 the total child deaths referred to the Inter-Agency Council on Child Abuse and Neglect for tracking and follow-up was 297, a increase of 8 cases.





DEPARTMENT OF CORONER Selected Findings			
BY CAUSE OF DEATH	2005	2006	DIFFERENCE
Abandoned newborn	2	2	0
Children run over in driveway accident	6	4	-2
Bathtub drowning	5	2	-3
Falling television sets	4	0	-4
Traffic Accident age less than or equal to 5 years			
a) Not properly secured in the vehicle	5	2	-3
b) Properly secured in the vehicle	2	1	-1
Swimming pool drowning, age less than 5 years	8	4	-4

Figure 1

DEPARTMENT OF CORONER 2006 DEATH STATISTICS
Case Comparison by Mode of Death and Gender
Total ICAN cases: 305

BY MODE OF DEATH	2005 TOTAL CASES	2005 % OF TOTAL	2006 TOTAL CASES	2006 % OF TOTAL	TOTAL DIFFERENCE
Accident	140	47.14%	144	47.21%	4
Homicide	33	11.11%	34	11.15%	1
Suicide	15	5.05%	13	4.26%	-2
Undetermined	109	36.70%	114	37.38%	5
TOTAL	297	100%	305	100%	8

BY GENDER	2005 TOTAL CASES	2005 % OF TOTAL	2006 TOTAL CASES	2006 % OF TOTAL	TOTAL DIFFERENCE
Female	134	45.12%	113	37.05%	-21
Male	162	54.54%	190	62.30%	28
Undetermined	1	0.34%	2	0.65%	1
TOTAL	297	100%	305	100%	8



Figure 2

DEPARTMENT OF CORONER 2006 DEATH STATISTICS
Case Comparison by Ethnicity and Age
Total ICAN cases: 305

BY ETHNICITY	TOTAL CASES	% OF TOTAL
Unknown	11	3.61%
Asian	4	1.31%
Black	59	19.34%
Caucasian	58	19.02%
Chinese	1	0.33%
Filipino	2	0.66%
Hispanic/Latin American	158	51.80%
Japanese	1	0.33%
Korean	3	0.98%
Middle Eastern	2	0.66%
Pacific Islander	1	0.33%
Samoaan	2	0.66%
Tongan	1	0.33%
Vietnamese	2	0.66%
TOTAL	305	100%
DEATH BY AGE	TOTAL CASES	% OF TOTAL
Stillborn	39	12.79%
1 day - 31 days	22	7.21%
1 - 5 months	58	19.02%
6 months - 1 year	46	15.08%
2 years	7	2.30%
3 years	10	3.28%
4 years	8	2.62%
5 years	2	0.66%
6 years	3	0.98%
7 years	8	2.62%
8 years	3	0.98%
9 years	3	0.98%
10 years	7	2.30%
11 years	6	1.97%
12 years	3	0.98%
13 years	8	2.62%
14 years	4	1.31%
15 years	15	4.92%
16 years	27	8.85%
17 years	26	8.52%
TOTAL	305	100%



Figure 3

DEPARTMENT OF CORONER 2006 DEATH STATISTICS

By Gender, by Ethnicity, by Age

Total Accident Cases: 144

DEATHS BY GENDER	TOTAL CASES	% OF TOTAL
Female	54	37.50%
Male	88	61.11%
Undetermined	2	1.39%
TOTAL	144	100%
DEATHS BY ETHNICITY	TOTAL CASES	% OF TOTAL
Asian	2	1.39%
Black	20	13.89%
Caucasian	30	20.83%
Chinese	1	0.69%
Filipino	1	0.69%
Hispanic/Latin American	79	54.86%
Korean	1	0.69%
Middle Eastern	2	1.39%
Samoaan	1	0.69%
Vietnamese	2	1.39%
Unknown	5	3.47%
TOTAL	144	100%
DEATHS BY AGE	TOTAL CASES	% OF TOTAL
Stillborn	27	18.75%
1 day - 29 days	6	4.17%
1 - 5 months	4	2.78%
6 months - 1 year	9	6.25%
2 years	5	3.47%
3 years	6	4.17%
4 years	5	3.47%
5 years	0	0.00%
6 years	2	1.39%
7 years	5	3.47%
8 years	2	1.39%
9 years	3	2.08%
10 years	6	4.17%
11 years	3	2.08%
12 years	3	2.08%
13 years	6	4.17%
14 years	3	2.08%
15 years	10	6.94%
16 years	19	13.19%
17 years	20	13.89%
TOTAL	144	100%

This section details the manner of death by the final mode of death by Gender, by Ethnicity, by Age and by Cause of Death.



Figure 4

**DEPARTMENT OF CORONER 2006 DEATH STATISTICS
MODE OF DEATH: ACCIDENT
By Cause of Death Total Accident Cases: 144**

BY CAUSE OF DEATH	TOTAL	% OF TOTAL
Traffic Accident		
a) Pedestrians struck by auto, truck, or train	18	12.50%
b) Go-Kart	1	0.69%
c) Scooter and Minibike	4	2.78%
d) Tricycle and Bicycle	2	1.39%
e) Vehicle occupants	45	31.25%
f) Other	0	0.00%
Fall	5	3.47%
Struck by falling object	2	1.39%
Hanging	3	2.08%
Choking	3	2.08%
Suffocation	2	1.39%
Anaphylaxis	1	0.69%
DROWNING		
a) Swimming pools	10	6.94%
b) Natural water	1	0.69%
c) Other	1	0.69%
Car Fire	1	0.69%
House fire	6	4.17%
Nature Heat	1	0.69%
DRUG USE - MATERNAL USE OF:		
a) Methamphetamine	10	6.94%
b) Cocaine	12	8.33%
c) Unspecified drugs	12	8.33%
Therapeutic misadventure	4	2.78%
TOTAL	144	100%



Figure 5

**DEPARTMENT OF CORONER 2006 DEATH STATISTICS
MODE OF DEATH: HOMICIDE
By Gender, by Ethnicity, by Age Total Homicide Cases: 34**

DEATH BY GENDER	TOTAL CASES	% OF TOTAL
Female	11	32.35%
Male	23	67.65%
TOTAL	34	100%
DEATH BY ETHNICITY	TOTAL CASES	% OF TOTAL
Asian	1	2.94%
Black	4	11.76%
Caucasian	2	5.88%
Hispanic/Latin American	20	58.82%
Korean	2	5.88%
Unknown	5	14.71%
TOTAL	34	100%
DEATH BY AGE	TOTAL CASES	% OF TOTAL
Stillborn	7	20.59%
1 day - 31 days	1	2.94%
1 - 5 months	2	5.88%
6 months - 1 year	11	32.35%
2 years	1	2.94%
3 years	3	8.82%
4 years	1	2.94%
7 years	1	2.94%
8 years	1	2.94%
10 years	1	2.94%
11 years	2	5.88%
13 years	1	2.94%
16 years	1	2.94%
17 years	1	2.94%
TOTAL	34	100%



Figure 6

**DEPARTMENT OF CORONER 2006 DEATH STATISTICS
MODE OF DEATH: HOMICIDE
By Cause of Death Total Homicide Cases: 34**

BY CAUSE OF DEATH	TOTAL CASES	% OF TOTAL
Asphyxia/smothering	2	5.88%
Drowning	2	5.88%
Gunshot wound	1	2.94%
Fire	3	8.82%
Hanging-Strangulation	1	2.94%
Mother assaulted	2	5.88%
Sharp force injury	2	5.88%
Blunt force trauma (including battered children)	14	50.00%
Caretaker neglect/abandonment	3	11.76%
TOTAL	34	100%

Figure 7

**DEPARTMENT OF CORONER 2006 DEATH STATISTICS
MODE OF DEATH: SUICIDES BY GENDER, BY ETHNICITY, BY AGE,
By Cause of Death Total Suicide Cases: 13**

DEATHS BY GENDER	TOTAL CASES	% of TOTAL
Female	5	38.46%
Male	8	61.54%
Total	13	100%
Death by Ethnicity	TOTAL CASES	% of TOTAL
Asian	1	7.69%
Black	2	15.38%
Caucasian	4	30.77%
Hispanic/Latin American	4	30.77%
Japanese	1	7.69%
Tongan	1	7.69%
TOTAL	13	100%
DEATHS BY AGE	TOTAL CASES	% of TOTAL
13 years old	1	7.69%
14 years old	1	7.69%
15 years old	2	15.38%
16 years old	5	38.46%
17 years old	4	30.77%
TOTAL	13	100%
By Cause of Death	TOTAL CASES	% of TOTAL
Hanging	9	69.23%
Gunshot wound	2	15.38%
Jump from a height	1	7.69%
Overdose	1	7.69%
TOTAL	13	100%



Figure 8

DEPARTMENT OF CORONER 2006 DEATH STATISTICS
MODE OF DEATH: UNDETERMINED BY GENDER, BY ETHNICITY, BY AGE
Total Undetermined Cases: 114

DEATHS BY GENDER	TOTAL CASES	% of TOTAL
Female	43	37.72%
Male	71	62.28%
TOTAL	114	100%
DEATH BY ETHNICITY	TOTAL CASES	% of TOTAL
Black	33	28.95%
Caucasian	22	19.30%
Filipino	1	0.88%
Hispanic/Latin American	55	48.25%
Pacific Islander	1	0.88%
Samoan	1	0.88%
Unknown	1	0.88%
TOTAL	114	100%
DEATHS BY AGE	TOTAL CASES	% of TOTAL
Stillborn	5	4.39%
1 day - 30 days	15	13.16%
1 - 5 months	52	45.61%
6 months - 1 year	26	22.81%
2 year	1	0.88%
3 year	1	0.88%
4 year	2	1.75%
5 year	2	1.75%
6 year	1	0.88%
7 year	2	1.75%
11 year	1	0.88%
15 year	3	2.63%
16 year	2	1.75%
17 year	1	0.88%
TOTAL	114	100%

Figure 9

DEPARTMENT OF CORONER 2006 DEATH STATISTICS
MODE OF DEATH: UNDETERMINED
Total Undetermined Cases: 114

BY CAUSE OF DEATH	TOTAL CASES	% of TOTAL
Drug intake	1	0.88%
Drowning	3	2.63%
Fell/jumped from height	1	0.88%
Gunshot wound	1	0.88%
Other specified factors		
a) Co-sleeping	58	50.88%
b) Other	15	13.16%
Undetermined cause of death	41	35.96%
TOTAL	114	100%



GLOSSARY OF TERMS

Mission – The Department of Coroner is mandated by law to inquire and determine the circumstances, manner, and cause of all violent, sudden, or unusual deaths occurring within Los Angeles County, including all homicides, suicides, accidental deaths, and natural deaths where the decedent has not seen a physician within 20 days prior to death.

Death – For legal and medical purposes: a person is dead who has sustained either:

- (a) Irreversible cessation of circulatory and respiratory functions, or
- (b) Irreversible cessation of all functions of the entire brain.

Decedent – A person who is dead.

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

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

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

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

Homicide – Death at the hands of another. The legal system rather than the Coroner determines whether a homicide is legal, justified, intentional, or malicious. In children and the elderly, neglect (failure to protect) is classified as homicide.

Undetermined – For cases in which the Coroner is unable to assign a specific manner of death (natural, accident, suicide, homicide).

These cases often involve either insufficient information or conflicting information that affects the Coroner's ability to make a final determination. The Coroner may designate a death as undetermined as a signal to law enforcement that the case warrants a more in-depth investigation to try to answer some of the questions surrounding the death.

The Coroner also codes a death undetermined when the autopsy findings do not establish any cause of death and one of the following is present:

1. Unsafe sleep surface
2. Co-sleeping with adult
3. Absent or inadequate scene investigation
4. Non-prescribed sedative drugs detected
5. Injuries present
6. Poor nutrition/abnormal development
7. Prior unexplained sibling death
8. History of domestic violence
9. Definite blood in the nose or airway

Autopsy – Post mortem (after death) examination of a body including the internal organs and structures, including dissection to determine cause of death or the nature of the pathologic change.

COUNTY OF LOS ANGELES
PUBLIC LIBRARY
AGENCY REPORT





COUNTY OF LOS ANGELES PUBLIC LIBRARY

ICAN DATA ANALYSIS REPORT 2006 - 2007

LIBRARY CARDS FOR FOSTER CHILDREN

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

Since October, 2002, the County Library and the Department of Children and Family Services have collaborated to provide a "no-fault" library card for foster children whereby DCFS is responsible for any fines or overdue materials and fees for lost materials checked out by foster children enrolled in the program. Currently more than 1300 children have received library cards through this program.

During 2006-07, the Library participated in several outreach activities to promote this program. These included manning booths at DCFS Christmas events and fundraisers. Staff was present at a number of DCFS conferences and education meetings to provide information. Staff also made presentations at DCFS foster parent events about the special library card and other special services. DCFS was very proactive in promoting the library card and the Library's Live

Homework Help tutoring program to the children and families in the system. These proactive partnerships succeeded in doubling participation during this year. Approximately 350 foster children received the no-fault library card in FY 2006-07.

LIBRARY CARDS FOR PROBATION YOUTH

During 2006 -07 the Public Library initiated a partnership with the Probation Department to assure that every young person receives a library card after incarceration at a Juvenile Hall or probation camp. Since the program began in spring, 2007, more than 3,000 library cards have been issued. More than 100 probation officers have participated in library orientations and many school based probation officers are regularly bringing their clients to County Libraries to learn about and use library books and resources.

EARLY CHILDHOOD PROGRAMS

FAMILY PLACE

Family Place is a nationwide library initiative designed to assist families in strengthening their knowledge about and support for their children's early childhood development and learning. In addition to creating comfortable public library spaces for parents and children to learn together, the participating library presents series of parent/child workshops where children play with developmental toys and parents are introduced to community resources that can help them to answer questions and deal with issues of child rearing. In 2006 - 2007, the County Library expanded the program from 14 sites to 19. The program is currently available at the AC Bilbrew, C.M. Brakensiek (Bellflower), Carson, City Terrace, East Los Angeles, East Rancho Dominguez,

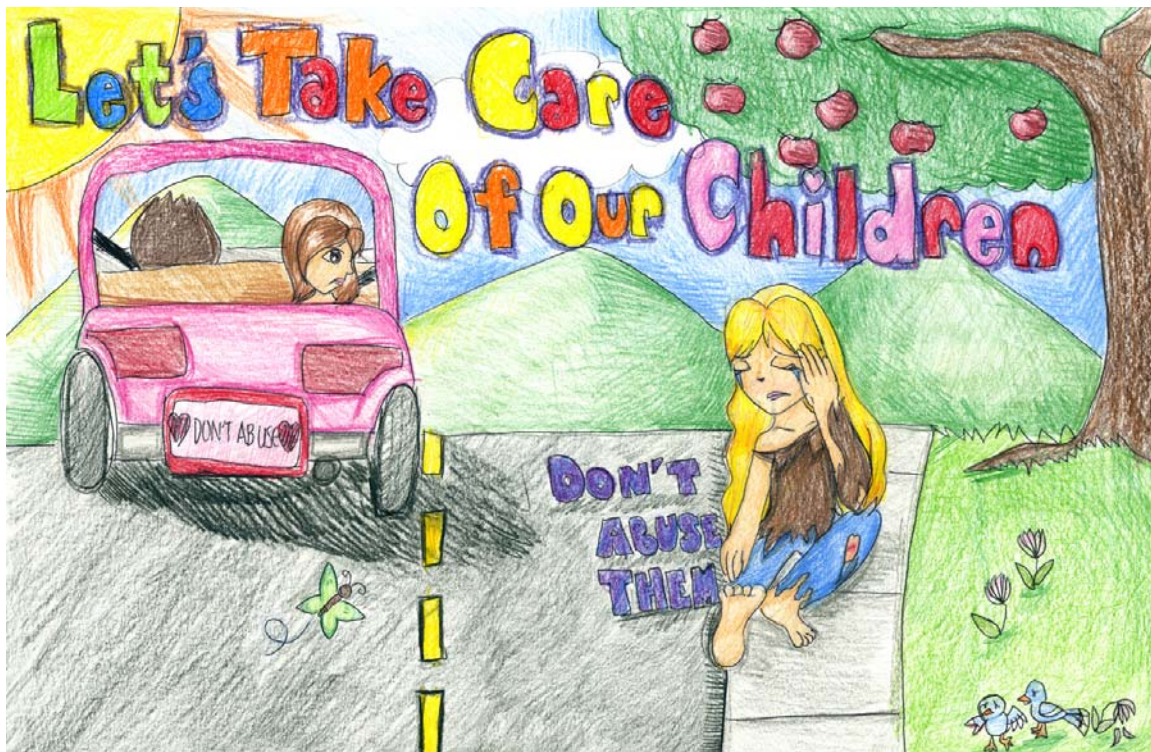


Florence, Gardena, , Hacienda Heights, Angelo M. Iacoboni (Lakewood), George Nye, Jr. (Lakewood), Lancaster, Lennox, Quartz Hill , Rosemead, San Fernando, Valencia, West Covina and Woodcrest Libraries

LITTLE BY LITTLE

The County Library also is the Library partner in the PHFE WIC Little By Little early childhood literacy program. The library provides outreach services at WIC clinics in Bellflower, East Los Angeles, Lennox and Baldwin Park. Library staff provides story times and parent education at the WIC clinics and invites the families to monthly special sessions at the local County Library to further exposure to books, reading and information and services available for families at their community library.

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH AGENCY REPORT





DEPARTMENT OF MENTAL HEALTH

Children's System of Care

The Department of Mental Health (DMH) administers, develops, coordinates, monitors and evaluates a continuum of mental health services for children within the Children's System of Care (CSOC).

THE MISSION OF THE CSOC

To enable children with emotional disorders to develop their ability to function in their families, school and community.

To enable children with emotional and behavioral disorders, Department of Children and Family Services-involved children and children at risk of out of home placement to remain at home, succeed in school, and avoid involvement with the juvenile justice system.

HOW THE CSOC FULFILLS ITS MISSION

Maintains a planning structure regarding the direction of service development. Follows a system of care plan for Children and Families, established through the DMH planning process, as a guide for system of care development.

Manages a diverse continuum of programs that provide mental health care for children and families.

Promotes the expansion of services through innovative projects, interagency agreements, blended funding, and grant proposals to support new programs.

Collaborates with the other public agencies, particularly the Department of Health Services (DHS), the Department of Children and Family Services (DCFS), the Probation Department, the County Office of

Education (LACOE), and school districts, (e.g., LAUSD).

Promotes the development of county and statewide mental health policy and legislation to advance the well-being of children and families.

WHOM THE CSOC SERVES

The CSOC serves children who have a DSM-IV Axis I diagnosis and have symptoms or behaviors that cause impairment in functioning that can be ameliorated with treatment.

The priority target population that the Rehabilitation Option Short-Doyle/Medi-Cal community mental health providers serve are children with a DSM-IV Axis I diagnosis that has or will, without treatment, manifest in psychotic, suicidal or violent behavior, or long-term impairment of functioning in home, community or school.

THE CSOC TREATMENT NETWORK

The CSOC provides mental health services through 20% directly-operated and 80% contracted service providers. The CSOC network links a range of programs, including long-term and acute psychiatric hospitals, outpatient clinics, specialized outpatient services, day treatment, case management and outreach programs throughout the county.

CLIENTS AND PROGRAMS RELATED TO CHILD ABUSE AND NEGLECT

This report presents the characteristics of child and adolescent clients who are victims of, or are at risk of child abuse and neglect and are receiving psychological services in relevant programs provided by DMH.



The programs to be presented include those that provide psychological care for abused or neglected children and adolescents and their families. In addition, the chapter covers other programs for children and adolescents who are at risk for abuse or neglect.

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

FAMILY PRESERVATION PROGRAM

Family Preservation (FP) is a collaborative effort between DMH, DCFS, Probation and the community to reduce out-of-home placement and the length of stay in foster care, and shorten the time to achieve permanency for children at risk of abuse, neglect and delinquent behavior. The program's model is a community-based collaborative approach that focuses on preserving families experiencing challenges related to child abuse, neglect and/or child exploitation by providing a range of services that promote empowerment and self-sufficiency. These support services are designed to keep children and their families together. DCFS allocates funds to DMH for the FP mental health services and DMH, in turn, contracts for services from local private mental health agencies. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) funds also support this program. FP programs provide mental health services in every Service Planning Area (SPA).

Blended funding also drives Eden, an

innovative program offering both mental health and substance abuse services at SHIELDS for Families for a maximum of 35 FP families residing in South Central Los Angeles. This co-occurring disorders program requires 9-15 months to complete its substance-abuse component and then to transition into a maintenance intervention if needed. About half of its funding is provided by DMH. Its remaining resources are a mixture of DCFS, Alcohol and Drug Program Administration, Federal Healthy Start, and First-5 LA dollars. During FY 05-06, this program provided services for 44 families, with 14 successfully completing the substance-abuse component.

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

Mental health services are one of many services offered by the FP program. The mental health component is provided as a linkage service to meet the needs of families that are identified at, or prior to, the Multi-agency Case Planning Conference Meeting that occurs at the Family Preservation community agency. The linkage to mental health services through DMH, which focuses on improving the functioning of the most



seriously or chronically emotionally disturbed children, youth and adults, has been a successful strategy that allows for an integrated treatment approach providing therapeutic interventions that improve child and family functioning by developing effective parental coping skills that reduce the risk of child abuse, neglect and delinquent behaviors.

Mental health services offered include: psychological testing; assessment and evaluation; individual, group and family therapy/rehabilitation; collateral services; medication support; crisis intervention; and

targeted case management provided in the child's community, school and home.

During FY 05-06, there were 803 clients served by 21 DMH agencies offering services to FP clients. Figures 1, 2, and 3 describe the gender, age and ethnicity of the FP clients. The largest percentage of the FP clients were referred by DCFS, with smaller proportions of clients referred by Probation and School Districts (Figure 4).

Figure 1
FAMILY PRESERVATION PROGRAM
Gender

Gender	Count	Percent
Male	419	52.2%
Female	384	47.8%
TOTAL	803	100.0%

Figure 2
FAMILY PRESERVATION PROGRAM
Age

Age (Group)	Count	Percent
0-5	32	4.0%
6-11	287	35.7%
12-17	415	51.7%
18-20	69	8.6%
TOTAL	803	100.0%

Figure 3
FAMILY PRESERVATION PROGRAM
Ethnicity

Ethnicity	Count	Percent
Caucasian	55	6.8%
African American	195	24.3%
Hispanic	471	58.7%
American Native	3	0.4%
Asian/ Pacific Islander	5	0.6%
Other	12	1.5%
Unknown	62	7.7%
TOTAL	803	100.0%

Figure 4
FAMILY PRESERVATION PROGRAM
Responsible Agency

Agency	Count	Percent
DCFS	213	26.5%
Probation	22	2.7%
DCFS and School Dist	15	1.9%
Probation and School District	2	0.2%
School District (SEP Eligible)	13	1.6%
School District (Non-SEP Eligible)	8	1.0%
No Data	530	66.0%
TOTAL	803	100.0%

Figure 5
FAMILY PRESERVATION PROGRAM
Primary DSM Diagnosis

Diagnosis	Count	Percent
Drug Induced Disorders or Dependence	10	1.2%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	4	0.5%
Bipolar Disorders	25	3.1%
Major Depression	194	24.2%
Anxiety Disorders	133	16.6%
Other Diagnoses	218	27.1%
Adjustment/Conduct Disorder/ADHD	178	22.2%
Child Abuse and Neglect	7	0.9%
No Diagnosis or Diagnosis Deferred	34	4.2%
TOTAL	803	100%



The diagnoses for FP child and adolescent clients are presented in Figures 5 and 6. Their most frequent primary admission diagnoses were Major Depression and Adjustment/Conduct Disorder/ADHD. A primary or secondary diagnosis of Child

Abuse and Neglect was given to 21 clients (2.6%). Figure 7 indicates that 28 clients (3.4%) were identified as substance users. Marijuana and polysubstance use were most frequently reported, followed by alcohol and amphetamines.

Figure 6
FAMILY PRESERVATION PROGRAM
Secondary DSM Diagnosis

Diagnosis	Count	Percent
Drug induced Disorders or Dependence	6	0.7%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	0	0.0%
Bipolar Disorders	4	0.5%
Major Depression	18	2.2%
Anxiety Disorders	13	1.6%
Other Diagnoses	39	4.9%
Adjustment/Conduct Disorder/ADHD	38	4.7%
Child Abuse and Neglect	14	1.7%
No Diagnosis or Diagnosis Deferred	671	83.6%
TOTAL	803	100.0%

REUNIFICATION OF MISSING CHILDREN PROGRAM

The Reunification of Missing Children programs are part of the Reunification of Missing Children Task Force chaired by Find the Children, a non-profit corporation dedicated to the recovery of missing children, and the Inter-Agency Council on Child Abuse and Neglect (ICAN). Task force members include LAPD, LASD, DCFS, County Counsel, FBI, US Secret Service, Mexican Consulate, and the D.A.'s Office. Find the Children works closely with the National Center for Missing and Exploited Children. It refers children and parents to the reunification programs in response to requests received from DCFS, Probation, the Department of Justice, the State Department, the FBI, local law enforcement agencies and the Family Court judge.

Figure 7
FAMILY PRESERVATION PROGRAM
Admit Substance Abuse

Substance Abuse	Count	Percent
Alcohol (30UAL, 30XAL)	4	0.5%
Amphetamines (30XAM, 30UAM)	4	0.5%
Marijuana (30XMJ, 30UMJ)	12	1.5%
Cocaine (30XCO, 30UCO)	0	0.0%
Hallucinogens (30XHA, 30UHA)	0	0.0%
Inhalants (30XIN, 30UIN)	0	0.0%
Sedatives and Opioids (30UXSO, 30USO)	1	0.1%
Polysubstance Abuse (30XPS, 30UPS)	7	0.9%
No Substance Abuse (30XNO, 30UNO)	541	67.4%
Undetermined	234	29.1%
TOTAL	803	100.0%

Community outreach is used by the Family Reunification program to provide services to families with reunification issues. Outreach clients in need of mental health treatment and their families are provided with information about mental health resources near their residence. Families referred to the Family Reunification program receive family therapy, child therapy or group therapy and combinations of these interventions, as well as parenting classes. Outreach families who are not referred for mental health treatment do not present an Axis I diagnosis nor meet the medical necessity criteria for admission



into DMH. They do, nonetheless, receive interventions such as social skills training and parenting classes.

Two of the DMH-contracted mental health providers, Didi Hirsch Community Mental Health Center (CMHC) and Prototypes I-CAN, provide culturally sensitive, multidisciplinary crisis-oriented consultation, assessment and treatment immediately following the recovery of a child who has been abducted, often by a non-custodial parent. In FY 05-06, treatment was provided at Didi Hirsch by two MSWs and a clinical psychologist, and at Prototypes I-CAN by a psychiatrist, a clinical psychologist, a social worker, a mental health rehabilitation specialist and supervised student clinicians. The program's goal is to assist in the process of reunification with the left-behind parent(s), to help determine appropriate placement, and to address any related trauma. The referral source for all reunification cases is the Find the Children Agency.

Didi Hirsch's Family Reunification program, a joint program of Didi Hirsch CMHC, Find the Children, and ICAN, served seven cases during FY 05-06. It is located in Mar Vista in SPA 5 although referrals may be received from any service area. The cases are treated with reunification counseling aimed at reuniting family members. There are two types of referral: one for one-time intervention and the other for brief counseling lasting up to six sessions. The one-time intervention is a conjoint effort with DCFS. The treatment goal is to facilitate the reunification process. The reunification intervention is held at DCFS or at Didi Hirsch, as needed. The intervention lasts for a day during which program staff interviews the involved parties, and coaches the adults in their appropriate responses for reunification with the child. A therapist and DCFS worker monitor reunification visits.

After the day-long intervention, a report is made to DCFS so it may be used in court as needed.

The other type of referral to the Didi Hirsch program is for brief reunification counseling. In this type of referral, the reunification has already been made. The treatment goal is to facilitate and explore the events that led to the reunification in order to help the family to stabilize. After the six sessions, treatment may end if support and family functioning is established. If more services are needed, Didi Hirsch may provide additional interventions under its Child Alert Program, or the clients may be referred out to a geographically desirable agency. The Child Alert Program, part of the Reunification of Missing Children Task Force, offers specialized mental health services for children and families affected by physical, sexual or emotional abuse or neglect. The latter program seeks to prevent further abuse through family support and community education. When there is no open chart due to a client's inability to travel to the Didi Hirsch site, linkage and consultation is offered.

Prototypes I-CAN is a non-profit community based mental health clinic offering a range of outpatient mental health services to children, adolescents and adults who live in SPA 3. Within its outpatient clinic, services are provided to children and adolescents who have been abducted and then returned to the "left behind parent". In FY 05-06, two clients were served by its Reunification program. Upon referral, Prototypes I-CAN contacts the identified client and offers individual and/or family services. Clients received 84% of these services in Spanish. The services models vary with the need of the client and may include play therapy, parenting, and/or family therapy.



Figure 8
FAMILY REUNIFICATION PROGRAM
Gender

Gender	Count	Percent
Male	5	55.6%
Female	4	44.4%
TOTAL	9	100%

Figure 9
FAMILY REUNIFICATION
Age

Age (Group)	Count	Percent
0-5	2	22.2%
6-11	5	55.6%
12-17	2	22.2%
18-20	0	0.0%
TOTAL	9	100.0%

Figure 10
FAMILY REUNIFICATION
Ethnicity

Ethnicity	Count	Percent
Caucasian	4	44.5%
African American	0	0.0%
Hispanic	3	33.3%
American Native	0	0.0%
Asian/ Pacific Islander	1	11.1%
Other	1	11.1%
TOTAL	9	100.0%

Figure 11
FAMILY REUNIFICATION
Responsible Agency

Agency	Count	Percent
DCFS	6	66.7%
Probation	0	0.0%
DCFS and School Dist	0	0.0%
Probation and School District	0	0.0%
School District (SEP Eligible)	0	0.0%
School District (Non-SEP Eligible)	0	0.0%
Department of Justice	0	0.0%
Law Enforcement	0	0.0%
Find the Children	2	22.2%
Other	1	11.1%
TOTAL	9	100.0%

During FY 05-06, 9 clients were served by the Family Reunification programs of Didi Hirsch CMHC and Prototypes I-CAN. Figures 8-14 present relevant characteristics for those Reunification program clients who were served in these two clinic settings. The community outreach clients served by the Family Reunification Program are not tracked in the DMH Management Information System and are, therefore, not included in Figures 8-14.

Figure 12
FAMILY REUNIFICATION
Primary DSM Diagnosis

Diagnosis	Count	Percent
Drug Induced Disorders or Dependence	0	0.0%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	0	0.0%
Bipolar Disorders	0	0.0%
Major Depression	1	11.1%
Anxiety Disorders	0	0.0%
Other Diagnoses	3	33.3%
Adjustment/Conduct Disorder/ADHD	2	22.2%
Child Abuse and Neglect	0	0.0%
No Diagnosis or Diagnosis Deferred	3	33.3%
TOTAL	9	100.0%

Figure 13
FAMILY REUNIFICATION
Secondary DSM Diagnosis

Diagnosis	Count	Percent
Drug induced Disorders or Dependence	0	0.0%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	0	0.0%
Bipolar Disorders	0	0.0%
Major Depression	0	0.0%



Figure 13

Secondary DSM Diagnosis (continued)

Diagnosis	Count	Percent
Anxiety Disorders	1	11.1%
Other Diagnoses	0	0.0%
Adjustment/Conduct Disorder/ADHD	0	0.0%
Child Abuse and Neglect	1	11.1%
No Diagnosis or Diagnosis Deferred	7	87.8%
TOTAL	9	100.0%

Diagnoses were the most common primary admission diagnoses for Family Reunification clients. One client received a secondary diagnosis of Child Abuse and Neglect. Figure 14 documents the apparent absence of substance use in this population.

Figure 14

FAMILY REUNIFICATION
Admit Substance Abuse

Substance Abuse	Count	Percent
Alcohol (30UAL, 30XAL)	0	0.0%
Amphetamines (30XAM, 30UAM)	0	0.0%
Marijuana (30XMJ, 30UMJ)	0	0.0%
Cocaine (30XCO, 30UCO)	0	0.0%
Hallucinogens (30XHA, 30UHA)	0	0.0%
Inhalants (30XIN, 30UIN)	0	0.0%
Sedatives and Opioids (30UXSO, 30USO)	0	0.0%
Polysubstance Abuse (30XPS, 30UPS)	0	0.0%
No Substance Abuse (30XNO, 30UNO)	9	100.0%
TOTAL	9	100.0%

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

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

AB 2994 establishes a County Children’s Trust Fund for the purpose of funding child abuse and neglect prevention, intervention and treatment programs operated by private, non-profit organizations, which requires that \$4 of any \$7 fee for a certified copy of a birth certificate be used for prevention services. Most recent legislation (SB 750) enables counties to add \$3 to this surcharge.

Figures 8, 9, 10 and 11 show the gender, age, race/ethnicity, and agency of primary responsibility of the 9 Family Reunification clinic clients. DCFS and Find the Children provided the largest number of referrals.

Diagnostic information is presented in Figures 12 and 13. Adjustment/Conduct Disorders/ADHD, Major Depression, and Other

AB 1733 authorizes state funding for child abuse prevention and intervention services offered by public and private nonprofit agencies. AB 1733 requires a multidisciplinary council to provide recommendations to the Board of Supervisors on funding priorities and processes.



In Los Angeles County, the designated council is the Inter-Agency Council on Child Abuse and Neglect (ICAN). To develop funding guidelines, ICAN convened an AD Hoc AB 1733/AB 2994 Planning Committee with representatives from DCFS, DMH, DPSS, DHS, Dependency Court Legal Services and Probation to conduct a needs assessment for each funding cycle. The committee evaluates information gathered by the needs assessment survey to determine high need geographic areas for developing the funding guidelines and priorities. On October 16, 2001, the Board of Supervisors approved ICAN's funding guidelines and recommendations. DCFS monitors the agencies providing CAPIT services and their contracts. ICAN acts as the liaison to the Board of Supervisors to reach decisions on distributing funds among the programs. ICAN also acts as an information resource for agencies during the contract period.

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

CAPIT seeks to identify and provide services to isolated families, particularly those with children five years and younger. These services are delivered to children who are victims of crime or abuse and to at-risk children. The target population also consists of families with substance abuse problems,

infants and preschool age children at risk of abuse, children exposed to domestic violence, children with serious emotional problems who are not eligible for Medi-Cal, and pregnant and parenting adolescents and their children.

The CAPIT program provides high-quality in-home services, including counseling and crisis response, as well as individual/family/group counseling in the clinic, case management services, parenting education, support groups and 24-hour telephone availability for its clients. Since the children served are often suffering from unresolved loss, play therapy and family therapy are used to address attachment problems. Parent-Child Interaction Therapy (PCIT) is a structured behavioral technique used to enhance attachment while assisting the caregiver in managing their children. Therapies that facilitate communication about memories linked to traumatic events are used to alleviate Post-traumatic Stress Disorder (PTSD) symptoms often characteristic of abused clients. Group therapy is particularly helpful in addressing shame, guilt, and stigma experienced by abused children and is often helpful in reducing delinquent or sexually reactive behaviors in these children.

CAPIT services are provided on a short-term basis with the goal, where possible, of encouraging family maintenance and preventing the need for out-of-home placement. Additionally, services are targeted to facilitate early family reunification, when appropriate, after out-of-home placement has occurred. Another goal of the CAPIT Program is the prevention of child abuse at the earliest possible stage by improving the family's ability to cope with daily stressors through education and support. The program objective is to increase child abuse services to existing non Medi-Cal-eligible child abuse



clients, and to maximize revenue for child abuse services through Federal Title XIX Medi-Cal funds. Therefore, DCFS has allocated funding to DMH to draw down Medi-Cal funds, thus expanding the availability of these specific services to county residents.

As part of the current CAPIT contract, each contract provider agency surveyed clients using a client satisfaction questionnaire developed by DCFS. This survey captured the level of client satisfaction with the type of services received, the length of time of each client with each agency, and the source of referral.

During FY 05-06, there were seven CAPIT providers specializing in treating child victims of abuse or neglect who have converted their DCFS contracts to DMH contracts. These are non-profit agencies with demonstrated effectiveness in providing child abuse prevention and intervention services. The agencies, providing CAPIT services in SPAs 1-5, were: Pacific Clinics, Children's Bureau, Child and Family Guidance, St. John's, Didi Hirsch, Community Family Guidance, and Santa Clarita Child and Family Development Center. The majority of families served by CAPIT are referred by CSWs from DCFS. Other families are referred by community organizations or are self-referred.

The CAPIT providers provided mental health services to 793 children in FY 05-06. Figures 15, 16 and 17 present gender, age and ethnicity the for the CAPIT participants.

Figure 15
CHILD ABUSE EARLY INTERVENTION/ PREVENTION PROGRAM
Gender

Gender	Count	Percent
Male	365	46.0%
Female	428	54.0%
TOTAL	793	100.0%

Figure 16
CHILD ABUSE EARLY INTERVENTION/ PREVENTION PROGRAM
Age

Age (Group)	Count	Percent
0-5	45	5.7%
6-11	352	44.4%
12-17	336	42.4%
18-20	60	7.6%
TOTAL	793	100.0%

Figure 17
CHILD ABUSE EARLY INTERVENTION/ PREVENTION PROGRAM
Ethnicity

Ethnicity	Count	Percent
Caucasian	109	13.7%
African American	74	9.3%
Hispanic	432	54.5%
American Native	1	0.1%
Asian/ Pacific Islander	62	7.8%
Other	16	2.0%
Unknown	99	12.5%
TOTAL	793	100.0%

Figure 18 shows that the largest number of clients with an identified Agency of Primary Responsibility (APR) were referred by DCFS.

Figure 18
CHILD ABUSE EARLY INTERVENTION/ PREVENTION PROGRAM
Responsible Agency

Agency	Count	Percent
DCFS	153	19.3%
Probation	12	1.5%
DCFS and School Dist	12	1.5%
Probation and School District	2	0.3%
School District (SEP Eligible)	16	2.0%
School District (Non-SEP Eligible)	19	2.4%
No Data	579	73.0%
TOTAL	793	100.0%



Diagnostic information is displayed in Figures 19 and 20. The most prevalent primary admission diagnoses for CAPIT were Adjustment/Conduct Disorder/ADHD, Major Depression, and Anxiety Disorders. Also, 21 clients received a primary admission DSM IV diagnosis of Child Abuse and Neglect, and 42 clients received this as their secondary admission diagnosis. Figure 21 shows that there were seventeen substance-using clients (2.1%) and that marijuana use was most frequently reported, followed by alcohol and amphetamines.

START TAKING ACTION RESPONSIBLY TODAY (START) PROGRAM

The START program was implemented in March 1998 as a result of recommendations from the Children’s Commission 300/600

Figure 20
CHILD ABUSE EARLY INTERVENTION/ PREVENTION PROGRAM
Secondary DSM Diagnosis

Diagnosis	Count	Percent
Drug induced Disorders or Dependence	1	0.1%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	2	0.3%
Bipolar Disorders	0	0.0%
Major Depression	20	2.5%
Anxiety Disorders	34	4.3%
Other Diagnoses	72	9.1%
Adjustment/Conduct Disorder/ADHD	45	5.7%
Child Abuse and Neglect	42	5.3%
No Diagnosis or Diagnosis Deferred	577	72.8%
TOTAL	793	100.0%

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

Diagnosis	Count	Percent
Drug Induced Disorders or Dependence	3	0.4%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	10	1.3%
Bipolar Disorders	13	1.6%
Major Depression	186	23.5%
Anxiety Disorders	181	22.8%
Other Diagnoses	38	4.8%
Adjustment/Conduct Disorder/ADHD	229	28.9%
Child Abuse and Neglect	21	2.6%
No Diagnosis or Diagnosis Deferred	112	14.1%
TOTAL	793	100.0%

Figure 21
CHILD ABUSE EARLY INTERVENTION/ PREVENTION PROGRAM
Admit Substance Abuse

Substance Abuse	Count	Percent
Alcohol (30UAL, 30XAL)	5	0.6%
Amphetamines (30XAM, 30UAM)	3	0.4%
Marijuana (30XMJ, 30UMJ)	7	0.9%
Cocaine (30XCO, 30UCO)	0	0.0%
Hallucinogens (30XHA, 30UHA)	0	0.0%
Inhalants (30XIN, 30UIN)	1	0.1%
Sedatives and Opioids (30UXSO, 30USO)	0	0.0%
Polysubstance Abuse (30XPS, 30UPS)	1	0.1%
No Substance Abuse (30XNO, 30UNO)	743	93.7%
Undetermined	33	4.2%
TOTAL	793	100.0%



Task Force convened by the Los Angeles County Board of Supervisors to address the growing concern regarding dependent youth who exhibit pre-delinquent and/or delinquent behaviors. The START program is staffed by professionals from DCFS, DMH, Probation and LAUSD. DCFS is the lead agency, although START is managed as an interagency coalition. The program also collaborates with community groups and service providers, child advocates, and other agencies such as the District Attorney (D.A.), Dependency and Delinquency courts, and local law enforcement.

The START program employs a service delivery model and partnership approach to providing intensive and specialized assessment and case management services focused on preventing dependent youth from entering the juvenile justice system through the reduction or elimination of delinquent behavior. The vision of the program is to identify and address the unique needs of dependent/delinquent youth through a multi-disciplinary, multi-agency team and a supportive community environment that will guide and empower these youth to reach their full potential and become productive adults.

There are four START units. These units are located in Pasadena/SPA 3 (START-East), Los Angeles/SPA 4 (START-West/Metro North), Torrance/SPA 8 (START-South), and Santa Clarita/SPA 2 (START North). Each site is available to any Los Angeles County youth who meets the criteria of the program. START serves youth who are Dependents (WIC 300) of the Court, but the program may also serve children under dual supervision by the Dependency and the Delinquency (WIC 600) systems. START does not serve children under the sole supervision of the Delinquency system. That a child is, or has been, on probation is not an absolute

requirement for START services. The program provides a multidisciplinary assessment by unit staff, followed by intensive case management to implement a case plan. Most referrals come from DCFS Social Workers. Other referrals originate from clients' lawyers or are Court-ordered. All clients must have a qualifying mental health disorder, frequently one of the Disruptive Behavior Disorders, and an associated functional impairment. Although not a specific referral criteria, school problems are usually present as well.

During FY 05-06, each START unit consisted of a Senior Community Mental Health Psychologist, one or two Clinical Psychologist IIs, and a clerical position (DMH), a Supervising Children's Social Worker and one or more Children's Social Workers (DCFS), a Deputy Probation Officer (Probation) and an Educational Liaison (LAUSD).

Each member of the START team is assigned specific functions. The DCFS CSWs ensure maintenance of placements and address all DCFS-related issues. The psychologists provide case management, consultation, assessment, and some direct therapy. The educational liaison visits the schools, guides the choice of school program, obtains attendance records and grade reports, ensures that IEPs are established when children require special education services, requests tutoring and assists in designing behavioral plans and after-school activities. For children who are on informal probation, the Probation Officer monitors compliance with conditions of probation, maintains contact with the Probation Officer of record, and assists the START team during crises when the minor is arrested, detained in Juvenile Hall, or experiences increased behavior problems. The START referral form outlines criteria for program admission and the documentation that must accompany the



referral - court reports, status reports, psychological evaluations, etc. After the initial assessment and development of the case plan, the START Unit staff provide ongoing consultation and services and direct follow-up with the youth as needed to prevent movement into the delinquency system.

During FY 05-06, the START program served 197 clients. Figures 22, 23, 24, and 25 describe their gender, age, race/ethnicity and Agency of Primary Responsibility. DCFS was the main referring agency for this program, followed by Probation.

The psychiatric diagnoses for the START clients are displayed in Figures 26 and 27. The most prevalent primary admission diagnoses were Adjustment/Conduct Disorder/ADHD, Major

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

Figure 22

START PROGRAM		
Gender		
Gender	Count	Percent
Male	146	74.1%
Female	51	25.9%
TOTAL	197	100.0%

Figure 23

START PROGRAM		
Age		
Age (Group)	Count	Percent
0-5	0	0.0%
6-11	2	1.0%
12-17	151	76.6%
18-20	44	22.3%
TOTAL	197	100.0%

Figure 24

START PROGRAM		
Ethnicity		
Ethnicity	Count	Percent
Caucasian	25	12.7%
African American	112	56.9%
Hispanic	57	28.9%
American Native	0	0.0%
Asian/ Pacific Islander	0	0.0%
Other	1	0.5%
Unknown	2	1.0%
TOTAL	197	100.0%

Figure 25

START PROGRAM		
Responsible Agency		
Agency	Count	Percent
DCFS	116	58.9%
Probation	37	18.8%
DCFS and School Dist	12	6.1%
Probation and School District	3	1.5%
School District (SEP Eligible)	2	1.0%
School District (Non-SEP Eligible)	2	1.0%
No Data	25	12.7%
TOTAL	197	100.0%

Figure 26

START PROGRAM		
Primary DSM Diagnosis		
Diagnosis	Count	Percent
Drug Induced Disorders or Dependence	1	0.5%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	1	0.5%
Bipolar Disorders	5	2.5%
Major Depression	27	13.7%
Anxiety Disorders	16	8.1%
Other Diagnoses	1	0.5%
Adjustment/Conduct Disorder/ADHD	123	62.4%
Child Abuse and Neglect	1	0.5%
No Diagnosis or Diagnosis Deferred	22	11.2%
TOTAL	197	100.0%



Forty four START clients (22%) had reported substance use. Marijuana was reported for 73% of the substance using clients. Smaller percentages were observed for polysubstances, amphetamines and alcohol.

Figure 27

START PROGRAM Secondary DSM Diagnosis		
Diagnosis	Count	Percent
Drug induced Disorders or Dependence	9	4.6%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	0	0.0%
Bipolar Disorders	1	0.5%
Major Depression	14	7.1%
Anxiety Disorders	1	0.5%
Other Diagnoses	2	1.0%
Adjustment/Conduct Disorder/ADHD	17	8.6%
Child Abuse and Neglect	3	1.5%
No Diagnosis or Diagnosis Deferred	150	76.1%
TOTAL	197	100.0%

Figure 28

START PROGRAM Admit Substance Abuse		
Substance Abuse	Count	Percent
Alcohol (30UAL, 30XAL)	2	1.0%
Amphetamines (30XAM, 30UAM)	4	2.0%
Marijuana (30XMJ, 30UMJ)	32	16.2%
Cocaine (30XCO, 30UCO)	0	0.0%
Hallucinogens (30XHA, 30UHA)	1	0.5%
Inhalants (30XIN, 30UIN)	0	0.0%
Sedatives and Opioids (30UXSO, 30USO)	0	0.0%
Polysubstance Abuse (30XPS, 30UPS)	5	2.5%
No Substance Abuse (30XNO, 30UNO)	95	48.2%
Undetermined	58	29.4%
TOTAL	197	100.0%

JUVENILE COURT MENTAL HEALTH SERVICES (JCMHS)

An area of special focus for JCMHS continues to be the disposition of delinquency cases for children who are charged with an offense while under the supervision of DCFS and the Dependency Court. Under WIC 241.1 and the applicable Juvenile Court protocol, a joint report is prepared for the court by DCFS and Probation, with help from JCMHS in those cases where there is a significant mental health history. In FY 05-06, JCMHS screened about 100 WIC 241.1 referrals per month and wrote reports on approximately 40 per month. Funding for this service is through EPSDT. JCMHS continues to provide mental health liaison services to all of the juvenile courts, responding to requests and referrals from the bench officers, attorneys and child advocates on a broad range of topics related to public mental health services for children and families.

MENTAL HEALTH REVIEW OF PSYCHOTROPIC MEDICATION FOR COURT WARDS AND DEPENDENTS

JCMHS has continued to monitor the authorizations for the administration of psychotropic medication to children under court jurisdiction. During FY 05-06, JCMHS reviewed all the requests for such authorization in order to facilitate and optimize communication of relevant clinical information between physicians and judges. Of these, about 70% were received from DCFS for dependent children and 30% for delinquents under the jurisdiction of Juvenile Court. More than 90% of these requests were approved. JCMHS continues to participate in the court-sponsored Psychotropic Medication Committee and is involved in the ongoing effort to update and



improve the authorization form and protocol, which was deployed in January, 2006. JCMHS regularly participated in the training and orientation of newly appointed bench officers, with a special emphasis on psychotropic medication. Also, in FY 05-06, a project begun with the DMH Chief Information Office Bureau (CIOB) to develop an online system for filing psychotropic authorization requests reached the beta testing stage.

CLINICAL FORENSIC PSYCHIATRY TRAINING

JCMHS continues its program of clinical forensic psychiatry training for second-year UCLA child psychiatry fellows. Each of the fellows spend two months with the program during which time they complete at least one formal psychiatric evaluation and report, as well as other activities which familiarize them with Juvenile Court operations and public sector child psychiatry.

JUVENILE JUSTICE MENTAL HEALTH SERVICES (JMHHS)

JUVENILE HALL MENTAL HEALTH UNITS:

Each year, approximately 18,000 children and adolescents enter the Los Angeles County juvenile justice system through the county's three juvenile halls. Many of these youth exhibit a variety of mental health and substance abuse problems that require treatment. A study conducted jointly by DMH and the UCLA Health Services Research Program in 2000 found that over 40% of the newly admitted youth in the county's juvenile halls were in need of mental health services.

Children in need of treatment in the juvenile halls are admitted to an in-house

program designed and implemented by an interagency collaboration of DMH, Probation, DHS and LACOE. The Mental Health Unit (MHU) at each of the three juvenile halls (Barry J. Nidorf in SPA 2, Central in SPA 4 and Los Padrinos in SPA 7) is similar in its setting, approach to screening and treatment, and in the structure of its professional staff. Each MHU provides screening and assessment, crisis evaluation and intervention, psychiatric evaluation and treatment, short-term psychotherapy, and specialty services for transitional age youth, gay/lesbian/transgender youth, developmentally disabled youth and youth requiring assistance with independent living skills. Clinical interventions focus on stabilizing the client's symptoms and distress, as well as planning aftercare and linkages to services after release. Youth who require a higher level of care are referred to the CARE unit for more intensive treatment, or they may be hospitalized if necessary.

The mental health staff of the juvenile halls consists of Psychiatrists (7), Senior Community Mental Health Psychologists (3), Clinical Psychologists (17), Supervising Psychiatric Social Workers (6), Psychiatric Social Workers (24), Mental Health Counselor Registered Nurses (5), Medical Case Workers (3), Recreation Therapist (1), Psychiatric Technician (1), and Community Workers (2). Including clerical and administrative support staff, there are collectively more than 90 mental health staff in the three MHUs. There are also 12 community-based contract agencies providing care at satellite clinics serving the juvenile halls and assisting in linking the youth to services in the community.

In order to identify youth in need of mental health services who are entering the county juvenile halls, DMH attempts to screen all newly admitted minors. Overall, DMH screens between 98-99% of all new juvenile hall admissions and 27% are assessed.



The Massachusetts Youth Screening Inventory (MAYSI-2), developed specifically for this population, is used to conduct the screening. A computer reads the MAYSI-2 questions to the youth. Those minors with screening scores above pre-selected cut-off points on this instrument receive a structured interview, the DMH Short-Form Assessment, to determine their need for further assessment and service. Youth who are not identified by the MAYSI-2 as needing mental health intervention may nonetheless be evaluated further and/or be referred for treatment based on the clinical judgment of the mental health professional. Further assessment using more in-depth clinical interviewing, psychological testing, consultation, and review of available DMH or Probation mental health history records are provided to those youth with more complex or enduring problems to assist in planning treatment.

In FY 05-06, 14,225 youth were screened. The numbers screened for Barry J. Nidorf, Central Juvenile Hall and Los Padrinos Juvenile Hall were: 3,865, 4,861, and 5,499, respectively. Of these newly admitted youths, 3,784 required a full assessment where a clinical case was opened for ongoing treatment.

JJMHS uses the Brief Symptom Inventory (BSI) to track changes in clients' subjective distress over time in order to measure stabilization of a youth's mental health symptoms.

ATTRIBUTES OF CLIENTS OF THE JUVENILE HALL MENTAL HEALTH UNITS

The average length of stay for youth in the juvenile hall MHUs is greater than 21 days. Length of stay has a bimodal distribution, with a very short stay for some youth (i.e. 3-5 days) and others with more serious problems staying for months. Client's ages range from 12 to 19. The average age is 16.

In FY 05-06, screening followed by mental health treatment was provided to 850 Barry Nidorf Juvenile Hall clients, 1,692 Los Padrinos Juvenile Hall clients, and 1,077 Central Juvenile Hall clients.

Figure 29

JUVENILE HALL CLUSTER (Barry Nidorf, Central, Los Padrinos) Gender		
Gender	Count	Percent
Male	10,393	81.4%
Female	2366	18.5%
Unknow	1	0.01%
TOTAL	12,760	100.0%

Figure 30

JUVENILE HALL CLUSTER (Barry Nidorf, Central, Los Padrinos) Age		
Age (Group)	Count	Percent
0-5	12	0.09%
6-11	22	0.2%
12-17	7,988	62.6%
18-20	4,738	37.1%
TOTAL	12,760	100.0%

Figure 31

JUVENILE HALL CLUSTER (Barry Nidorf, Central, Los Padrinos) Ethnicity		
Ethnicity	Count	Percent
Caucasian	930	7.3%
African American	3,735	29.3%
Hispanic	6,301	49.4%
American Native	39	0.3%
Asian/ Pacific Islander	168	1.3%
Other	176	1.4%
Unknown	1,411	11.1%
TOTAL	12,760	100.0%



Figure 32

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

Agency	Count	Percent
DCFS	520	4.1%
Probation	9,005	70.6%
DCFS and School Dist	117	0.9%
Probation and School District	1,224	9.6%
School District (SEP Eligible)	167	1.3%
School District (Non-SEP Eligible)	106	0.8%
No Data	1,621	12.7%
TOTAL	12,760	100.0%

For the three juvenile halls combined, there were 12,760 unduplicated MHU clients who received mental health screening, assessment or treatment during FY 05-06. Figures 29, 30 and 31 summarize their gender, age and ethnicity. The large majority of the clients were Probation referrals, with smaller proportions referred by DCFS and Education (Figure 32).

Figure 33 indicates that, for the Juvenile Hall cluster, the most prevalent primary DSM diagnoses were Adjustment/Conduct Disorder/ADHD, Major Depression, and Drug Induced Disorders or Dependence, with smaller frequencies of Anxiety Disorders, Bipolar Disorders, and Schizophrenia/Psychosis. There were 1,085 clients (8.5%) with a primary DSM diagnosis of Drug Induced Disorders or Dependence. Combining primary and secondary admission diagnoses (Figure 34) indicated that there were 22 clients diagnosed with Child Abuse and Neglect.

Figure 33

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

Primary DSM Diagnosis	Count	Percent
Drug Induced Disorders or Dependence	1,085	8.5%
Disorders Due to Medical Condition	8	0.1%
Schizophrenia/Psychosis	111	0.9%
Bipolar Disorders	712	5.6%
Major Depression	1,990	15.6%
Anxiety Disorders	1,050	8.2%
Other Diagnoses	1,539	12.1%
Adjustment/Conduct Disorder/ADHD	3,176	27.9%
Child Abuse and Neglect	9	0.1%
No Diagnosis or Diagnosis Deferred	3,080	24.1%
TOTAL	12,760	100.0%

Figure 34

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

Diagnosis	Count	Percent
Drug induced Disorders or Dependence	639	5.0%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	19	0.1%
Bipolar Disorders	55	0.4%
Major Depression	156	1.2%
Anxiety Disorders	98	0.8%
Other Diagnoses	113	0.9%
Adjustment/Conduct Disorder/ADHD	551	4.3%
Child Abuse and Neglect	13	0.1%
No Diagnosis or Diagnosis Deferred	11,116	87.1%
TOTAL	12,760	100.0%



Figure 35

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

Substance Abuse	Count	Percent
Alcohol (30UAL, 30XAL)	76	0.6%
Amphetamines (30XAM, 30UAM)	140	1.1%
Marijuana (30XMJ, 30UMJ)	571	4.5%
Cocaine (30XCO, 30UCO)	17	0.1%
Hallucinogens (30XHA, 30UHA)	2	0.0%
Inhalants (30XIN, 30UIN)	10	0.1%
Sedatives and Opioids (30UXSO, 30USO)	1	0.0%
Polysubstance Abuse (30XPS, 30UPS)	315	2.5%
No Substance Abuse (30XNO, 30UNO)	3,511	27.5%
Undetermined	8,117	63.6%
TOTAL	12,760	100.0%

Substance use was an issue reported for 1,132 (8.8%) of the clients served at the three Juvenile Hall MHUs (Figure 35). Marijuana and polysubstance use were most frequently reported, with smaller percentages reported using amphetamines, alcohol, or cocaine.

DOROTHY KIRBY CENTER

Dorothy Kirby Center (DKC) is a Probation residential treatment facility located in SPA 1 and providing services to clients from the entire county. Its Mental Health Unit consists of an intensive day treatment program within the boundaries of a secure residential placement facility directly operated by the Probation Department. The MHU functions under a Memorandum of Understanding between DMH and Probation. It is staffed by two supervisors, two licensed psychologists, and four clerical staff. During FY 05-06, an aver-

age of 100 children were treated by the MHU each month.

Kirby's MHU is a secure (locked) residential treatment center serving adolescents between the ages of 14-17. All referred youth at Kirby receive a mental health screening consisting of an interview with the youth in juvenile hall and a review of relevant records. Of these, ninety percent were assessed after screening. Approximately half of those assessed receive mental health services. The MHU serves up to 150 and receives an average of 10 referrals from the juvenile courts each month. Its clients ages range from 12-17 years, with an average age of sixteen. All clients are wards of the Juvenile Court, having had criminal petitions brought against them and sustained, and most have extensive criminal arrest records. All have DSM IV diagnoses and functional impairment that qualify them for Medi-Cal reimbursement. At least 80% are deeply gang-involved and the overwhelming majority originate from severely dysfunctional homes. Approximately 45% have had prior involvement with DCFS. All referrals to the mental health unit are made by a judge or a probation officer.

During FY 05-06, the Kirby MHU served 344 youths. Their average treatment duration was 8-10 months. The intensive day treatment program at DKC consists of a daily four and one-half hour program comprised of four portions:

1. A special focus group: Themes dealt with in this group range from anger management, substance abuse, sexual abuse survivors, self-esteem, self-soothing and self-expression.
2. Recreation therapy: This group is run by a certified recreation therapist and teaches teamwork, impulse control,



skill acquisition methods, and goal-oriented behavior.

3. Process group: This group uses traditional group therapy techniques to deal with interpersonal and intrapsychic issues within the group context.
4. Social skills training: This group teaches basic social living skills and interpersonal communication skills.

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

Figures 36, 37, and 38 present gender, age and ethnicity for the 430 FY 05-06 clients at the Kirby MHU. Most clients were Probation referrals, followed by referrals from Probation and Education (Figure 39).

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

Figure 38

DOROTHY KIRBY CENTER
Ethnicity

Ethnicity	Count	Percent
Caucasian	48	11.2%
African American	180	41.9%
Hispanic	171	39.8%
American Native	2	0.5%
Asian/ Pacific Islander	7	1.6%
Other	8	1.9%
Unknown	14	3.3%
TOTAL	430	100.0%

Figure 39

DOROTHY KIRBY CENTER
Responsible Agency

Responsible Agency	Count	Percent
DCFS	28	6.5%
Probation	323	75.1%
DCFS and School Dist	3	0.7%
Probation and School District	15	3.5%
School District (SEP Eligible)	7	1.6%
School District (Non-SEP Eligible)	9	2.1%
No Data	45	10.5%
TOTAL	430	100.0%

Figure 36

DOROTHY KIRBY CENTER
Gender

Gender	Count	Percent
Male	298	69.3%
Female	132	30.7%
TOTAL	430	100.0%

Figure 37

DOROTHY KIRBY CENTER
Age

Age (Group)	Count	Percent
0-5	0	0.0%
6-11	0	0.0%
12-17	275	64.0%
18-20	155	36.0%
TOTAL	430	100.0%

Figure 40

DOROTHY KIRBY CENTER
Primary DSM Diagnosis

Diagnosis	Count	Percent
Drug Induced Disorders or Dependence	4	0.9%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	10	2.3%
Bipolar Disorders	119	27.7%
Major Depression	126	29.3%
Anxiety Disorders	31	7.2%
Other Diagnoses	3	0.7%
Adjustment/Conduct Disorder/ADHD	135	31.4%
Child Abuse and Neglect	0	0.0%
No Diagnosis or Diagnosis Deferred	2	0.5%
TOTAL	430	100.0%



and 41 indicate that 5.3% had a primary or a secondary diagnosis of Drug Induced Disorders or Dependence.

Figure 41
DOROTHY KIRBY CENTER
Secondary DSM Diagnosis

Diagnosis	Count	Percent
Drug induced Disorders or Dependence	19	4.4%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	0	0.0%
Bipolar Disorders	1	0.2%
Major Depression	0	0.0%
Anxiety Disorders	4	0.9%
Other Diagnoses	4	0.9%
Adjustment/Conduct Disorders/ADHD	12	2.8%
Child Abuse and Neglect	0	0.0%
No Diagnosis or Diagnosis Deferred	390	90.7%
TOTAL	430	100.0%

Figure 42
DOROTHY KIRBY CENTER
Admit Substance Abuse

Substance Abuse	Count	Percent
Alcohol	14	3.3%
Amphetamines (30XAM, 30UAM)	57	13.3%
Marijuana (30XMJ, 30UMJ)	88	20.5%
Cocaine (30XCO, 30UCO)	8	1.9%
Hallucinogens (30XHA, 30UHA)	1	0.2%
Inhalants (30XIN, 30UIN)	0	0.0%
Sedatives and Opioids (30UXSO, 30USO)	0	0.0%
Polysubstance Abuse (30XPS, 30UPS)	25	5.8%
No Substance Abuse (30XNO, 30UNO)	237	55.1%
Undetermined	0	0.0%
TOTAL	430	100.0%

Substance use was an issue for 44.8% of the Kirby mental health clients, with marijuana reported most frequently, followed by amphetamines, polysubstances, alcohol, and cocaine (Figure 42).

JUVENILE JUSTICE CAMPS

DMH operates Mental Health Units at Juvenile Justice Camps throughout Los Angeles County. Challenger Memorial Youth Center is a multi-camp facility which provides treatment services to six of eighteen juvenile probation camps (Smith, McNair, Scobee, Resnik, Onizuka (girls only), and Jarvis) and is located in Lancaster (SPA 1). This facility has capacity for 800 residents and is the only juvenile camps facility at the time of this report where psychotropic medications are administered. The facility is also unique in having a psychiatrist on duty in conjunction with 24-hour nursing. Challenger's camps also provide psychotherapy to minors with psychological problems. Mental health services for the Challenger camp minors include individual, group, collateral and case management/aftercare services. During FY 05-06, the Challenger MHU multidisciplinary treatment team consisted of one Clinical Program Manager, Supervising Social Worker, one Clinical Psychologist, one Psychiatric Social Worker, and four support personnel. In addition, it has an aftercare treatment team consisting of a Mental Health Coordinator and Parent Advocate. These staff coordinate service delivery, provide treatment interventions, and also link the minor to services in the community upon the minor's release from Challenger's camps.

Referrals are made using a form that is completed to request Challenger services. The form is completed by Probation, Health, Education, Mental Health, Juvenile Court Social Workers, Parents and Guardians. All referrals



are “triaged” (reviewed and distributed for services) by administrative staff at Challenger or by the assigned Clinician at outlying camps. Triage priority consists of three levels: 1) Crisis or medication follow up (Challenger only for medication) from the Juvenile Halls. 2) Urgent cases such as depression, self-referrals by minors, and clients who receive an Axis I diagnosis, 3) Cases that are less serious and may not have an Axis I diagnosis (i.e. fighting, defiant behavior, sleep issues unrelated to mental health symptoms) and/or cases that do not meet DMH criteria. Minors in Level 1 are seen within 24 hours. Level 2 minors are seen as soon as possible. Level 3 minors are given the least urgent priority to receive services immediately and are treated when a therapist becomes available.

Throughout the county, there are an additional 12 so-called “outlying” Probation camps that also provide mental health services. Each of these has a capacity for 110-120 residents. Camps Scott (girls only) and Scudder are in the Santa Clarita area (SPA 1), staffed by an Supervising Clinical Social Worker, a Clinical Psychologist and a full time contract clinician, a full time parent advocate, a full time substance abuse counselor and a part time clinician from a variety of contract agencies. Munz and Mendenhall are in the Castaic area (SPA 2), staffed by an LCSW from Challenger. Camps Holton and Routh are in the San Fernando area (SPA 2), staffed by one full time and one part time Clinical Psychologists(at Holton) and one full time contract clinician (at Routh). Camps Rockey, Paige, and Afferbaugh are in the San Dimas area (SPA 3), staffed by a Psychiatric Technician and two part-time contract agency clinicians. Camps Gonzales, Miller, and Kilpatrick are in the Malibu area (SPA 5), staffed by a Clinical Psychologist.

At ten of these other juvenile justice camps, where the minors do not require psychotropic medications, the staff provide therapeutic interventions on-site. IS information collected on clients at all of the outlying camps and Challenger utilize the same IS reporting unit number, 7195A.

In FY 05-06, a monthly average of 130 unduplicated clients received psychotropic medications at the six primary Challenger camps. An average of 218 clients received psychotherapy each month through the mental health programs at these camps (Camps Munz and Mendenhall camps are seen at Challenger and included in these numbers). The other ten outlying camps served a monthly average of 431 clients.

Several of the camps have specialized programs for children with suitable abilities and interest. Camp Rockey has an Arts Care program. Miller and Kilpatrick offer a sports program for boys and Scott includes a girl’s sports program. Scott also provides intensive assessment of its clients during their first 72 hours to a week, collecting client information from all relevant public agencies. Camp Routh is a fire camp which focuses on this specialty.

At the six Challenger camps, and at Gonzales, Rockey, Holton and Scott, a Special Handling Unit (SHU) provides safe, temporary housing for a child in crisis who may be a danger to self or others. The SHUs are structured to allow continuous monitoring by Probation staff to avoid possible injury of the youth. At these camps, minors who are in the SHU due to mental health issues must be cleared by mental health staff to return to their camp living environment and normal activities.

A mental health Aftercare unit for the entire camp system is staffed by a Mental



Health Coordinator and a Community Worker. This unit is dedicated to providing aftercare/ follow-up services and to developing resources to assist clients after the completion of treatment. This unit not only works closely with the client clinician but also with the Probation Case Manager assigned to the case.

The average number of monthly unduplicated referrals received at the camps in FY 05-06 by mental health was 108. The average number of children treated each month was 649, not including single service contacts.

In FY 05-06, 1,988 children/adolescents received mental health services at the Challenger camps and the other camps. This is more than one third of the 5000 children and youths at the camps. Figures 43, 44 and 45 describe their gender, age and ethnicity.

Figure 43
**CHALLENGER YOUTH CENTER/
JUVENILE JUSTICE CAMPS**
Gender

Gender	Count	Percent
Male	1,521	76.5%
Female	467	23.5%
TOTAL	1,988	100.0%

Figure 44
**CHALLENGER YOUTH CENTER/
JUVENILE JUSTICE CAMPS**
Age (Group)

Age (Group)	Count	Percent
0-5	0	0.0%
6-11	0	0.0%
12-17	961	48.3%
18-20	1,027	51.7%
TOTAL	1,988	100.0%

Figure 45
**CHALLENGER YOUTH CENTER/
JUVENILE JUSTICE CAMPS**
Ethnicity

Ethnicity	Count	Percent
Caucasian	140	7.0%
African American	824	41.4%
Hispanic	829	41.7%
American Native	5	0.3%
Asian/ Pacific Islander	19	1.0%
Other	28	1.4%
Unknown	143	7.2%
TOTAL	1,988	100.0%

Most had Probation as their referring agency, with additional referrals from Probation and Education, DCFS, DCFS and Education, and Education (Figure 46).

Figure 46
**CHALLENGER YOUTH CENTER/
JUVENILE JUSTICE CAMPS**
Responsible Agency

Agency	Count	Percent
DCFS	71	3.6%
Probation	1,496	75.3%
DCFS and School Dist	19	1.0%
Probation and School District	148	7.4%
School District (SEP Eligible)	18	0.9%
School District (Non-SEP Eligible)	12	0.6%
No Data	224	11.3%
TOTAL	1,988	100.0%

The most common primary admission diagnoses were Major Depression and Adjustment/Conduct Disorder/ADHD, with smaller proportions diagnosed with Anxiety Disorders, Bipolar Disorders, Drug Induced Disorders or Dependence, Schizophrenia/



Psychosis, and Drug Induced Disorders or Dependence (Figure 47).

Figure 47

**CHALLENGER YOUTH CENTER/
JUVENILE JUSTICE CAMPS**
Primary DSM Diagnosis

Diagnosis	Count	Percent
Drug Induced Disorders or Dependence	32	1.6%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	31	1.6%
Bipolar Disorders	174	8.8%
Major Depression	713	35.9%
Anxiety Disorders	265	13.3%
Other Diagnoses	146	7.3%
Adjustment/Conduct Disorder/ADHD	611	30.7%
Child Abuse and Neglect	0	0.0%
No Diagnosis or Diagnosis Deferred	16	0.8%
TOTAL	1,988	100.0%

Figure 48

**CHALLENGER YOUTH CENTER/
JUVENILE JUSTICE CAMPS**
Secondary DSM Diagnosis

Diagnosis	Count	Percent
Drug induced Disorders or Dependence	339	17.1%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	3	0.2%
Bipolar Disorders	5	0.3%
Major Depression	30	1.5%
Anxiety Disorders	21	1.1%
Other Diagnoses	24	1.2%
Adjustment/Conduct Disorder/ADHD	140	7.0%
Child Abuse and Neglect	0	0.0%
No Diagnosis or Diagnosis Deferred	1,426	71.7%
TOTAL	1,988	100.0%

For the 12% of clients with reported substance use, marijuana was most common, followed by polysubstance use, amphetamines, and alcohol.

Figure 49

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

Admit Substance Abuse	Count	Percent
Alcohol (30UAL, 30XAL)	9	0.5%
Amphetamines (30XAM, 30UAM)	19	1.0%
Marijuana (30XMJ, 30UMJ)	153	7.7%
Cocaine (30XCO, 30UCO)	1	0.1%
Hallucinogens (30XHA, 30UHA)	1	0.1%
Inhalants (30XIN, 30UIN)	0	0.0%
Sedatives and Opioids (30UXSO, 30USO)	0	0.0%
Polysubstance Abuse (30XPS, 30UPS)	72	3.6%
No Substance Abuse (30XNO, 30UNO)	104	5.2%
Undetermined	1,629	81.9%
TOTAL	1,988	100.0%

D-RATE ASSESSMENT UNIT

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



dren in foster homes at admission. DCFS and DMH staff re-assess the D-rate children every 6 months thereafter. These assessments help to determine the appropriateness of the placement of these children in D-rate-approved foster homes.

When a child is placed in a D-rate foster home, a DCFS caseworker evaluates the child and then refers the foster family to the countywide D-rate Assessment Unit of DMH. The request is reviewed by the DCFS D-rate unit and referred to DMH when it is appropriate. A DMH-contracted clinician is then assigned to the case and carries out an in-depth assessment of the placed child by interviewing the child and caregiver, usually in the caregiver's home which may be located in any of the SPAs. The Assessor completes and summarizes the evaluation within a three-week period and submits it to the D-rate Assessment Unit. Approximately 120 DCFS children are evaluated in this manner each month. The completed assessment is reviewed by a DMH clinician and returned to DCFS with recommendations regarding meeting criteria for placement in a D-rate home and additional mental health services that may be helpful. DCFS makes the final determination of the suitability of D-rate placements.

During FY 05-06, 1,424 D-rate assessments were carried out by DMH-contracted clinicians. Approximately 90% of the D-Rate children were receiving mental health services even before their D-Rate assessments were conducted. Another 10% were referred to DMH providers for mental health treatment based on their D-rate assessment. Additional services, such as Therapeutic Behavioral Services and Wraparound, as well as social and recreational activities were also recommended for D-rate children

who were already receiving mental health services.

RATE CERTIFICATION LEVEL (RCL) 14 GROUP HOMES

DMH funds mental health day treatment for severely emotionally disturbed children placed in RCL 14 Group Homes by DCFS, Probation and Mental Health. Criteria for placement at the RCL 14 level of care include substantial functional impairment resulting from a mental disorder; past or anticipated persistent symptomatology or out of home placement; severe behavioral/treatment history including psychotropic medication or substance abuse, DSM Axis I diagnosis during the past year; plus a Suitable Placement Order or an Individualized Education Plan (IEP). DCFS contracts with and funds the group homes. DMH certifies that the RCL 14 group homes and the children placed there meet the State-defined RCL 14 mental health criteria. There are 142 RCL 14 beds, 125 of which are designated for males and 17 for females. The following service providers offer RCL 14 facilities: H. V. Group Home (SPA 8), Olive Crest (moved location in September 2005 from SPA 3 to SPA 7), Pinnacle Foundation (SPAs 6 and 7), San Gabriel Children's Center (SPA 3) and The Sycamores (SPA 3). DMH provided services to 275 minors in RCL 14 group homes during FY 05-06. In the same Fiscal Year, 109 males and 38 females were certified at RCL 14. The sources of referral for these new RCL 14 certifications were approximately: 44% from DCFS, 17% from DMH, and 38% from Probation. The purpose of these treatment programs is to provide stability for children in a group home setting in order to nurture their growth and development and to allow them to succeed in an educational setting.



COMMUNITY TREATMENT FACILITY (CTF)

The CTF is a relatively new State licensing category for residential placement of minors developed during the past four years. It is a higher level of care than RCL 14 and was created as an alternative to the State Hospital. There are two CTFs with a total of 64 beds. Star View (SPA 8) offers 40 beds for males and females. Vista del Mar (SPA 4) has 24 CTF beds for males. The criteria for placement at the CTF level of care include all of the criteria for RCL 14 placement plus an inability to be served in a less restrictive setting, as evidenced by: unsuccessful placements in open settings, denials of admission from RCL 14 Group Homes; high-risk aggressive, self-destructive or substance use behaviors; as well as the motivation to benefit from treatment in a more restrictive treatment setting. DMH provided services to 123 CTF clients during FY 05-06. Of these, 47 males and 18 females were newly certified during the Fiscal Year. The sources of referral for new CTF certifications were: 77% from DCFS, 9%

SELECTED FINDINGS

Department of Mental Health

- During FY 2005-06, The Family Preservation Program treated 803 clients. Family Reunification served 9 outpatients. Rate Classification Level-14 (RCL-14) facilities treated 275 and Community Treatment Facilities (CTF) treated 123. The Child Abuse Prevention, Intervention and Treatment (CAPIT) program was offered to 793 individuals. Start Taking Action Responsibly Today (START) services were given to 197. The three Juvenile Hall Mental Health Units (JMHU) served 12,760. Dorothy Kirby Center provided mental health services to 430. At Challenger Memorial Youth Center and the Juvenile Justice Camps, 1,988 children/youth received mental health services. A total of 17,378 children and adolescents, potentially at-risk for child abuse or neglect, were served by these selected mental health treatment programs.
- Clients receiving mental health services in the START, CAPIT, Family Preservation, and Family Reunification programs were 10% of the clients at the programs considered. Of these, 27% were identified as DCFS referrals.
- Clients treated in RCL-14 or Community Treatment Facilities were 2% of the clients considered. DCFS referrals constituted 44% of the RCL-14 referrals and 77% of the CTF referrals.
- Clients in the Mental Health Units of the three juvenile halls made up 73% 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 14% of the clients at the programs reviewed. Of these, 23% were identified as DCFS referred.
- Clients in Mental Health Units of the Youth Centers were distributed as follows: 82% in Challenger Youth Center/Juvenile Justice Camps, and 18% in Dorothy Kirby Center.
- The Child Abuse Early Intervention and Prevention Program (CAPIT) served 63 clients receiving a DSM diagnosis of Child Abuse and Neglect (CAN). This is the largest number diagnosed with CAN in any of the programs considered. During FY 05-06, CAPIT treated more than half of the 111 clients in the treatment programs considered who were diagnosed with CAN. The percentage of clients served by CAPIT with CAN decreased to 8% from 20% in FY 04-05 and 32% in FY 03-04. Comparable percentages of the CAPIT clients who were diagnosed with CAN were 25% in FY 02-03 and 21% in FY 01-02.
- The Family Preservation (FP) Program served 21 clients diagnosed with CAN. This is 19% of the 111 clients diagnosed with CAN in the programs considered and establishes the FP program with the second largest concentration of clients diagnosed with CAN. The percentage of clients with CAN treated in the FP program decreased from 9% in FY 03-04 to 5% in FY 04-05. Comparable percentages of the FP clients diagnosed with CAN were 7% in FY 02-03 and 3% in FY 01-02.
- The Juvenile Hall Mental Health Units served 22 clients diagnosed with CAN. This is 20% of all CAN clients in the programs considered. The percentages of clients diagnosed with CAN at the juvenile hall mental health Units have been less than 1% from FY 01-02 through FY 05-06.
- The START program, the mental health units of Challenger Youth Center and its associated juvenile justice camps, and the mental health unit of Dorothy Kirby Center each served 10 or fewer clients diagnosed with CAN during FY 04-05. Clients diagnosed with CAN at these programs were less than 1% of the clients served by each program from FY 01-02 through FY 04-05.
- The most frequent DSM diagnoses for clients in the treatment programs considered are Adjustment/Conduct Disorder/ADHD and Major Depression. Adjustment/Conduct Disorder/ADHD were the most frequent diagnoses received by clients in the Family Reunification, CAPIT, START, Juvenile Hall mental health programs, and Dorothy Kirby, with Major Depression the second most common diagnosis at these programs. Major Depression was the most frequent diagnosis received by clients in the Family Preservation program and at the Dorothy Kirby and Challenger Youth Centers
- Among substance using clients, marijuana was most frequently reported, followed in frequency by polysubstance use.





GLOSSARY OF CHILDREN'S MENTAL HEALTH TERMS

This glossary contains terms used frequently when dealing with the mental health needs of children. The list is alphabetical. Words highlighted by *italics* have their own separate definitions. The term *service* or *services* is used frequently in this glossary. The reader may wish to look up *service* before reading the other definitions.

Assessment - A professional review of a child's and family's needs that is done when they first seek services. The assessment of the child includes a review of physical and mental health, school performance, family situation, and behavior in the community. The assessment identifies the strengths of the child and family. Together, the treatment provider and family decide what kind of treatment and supports, if any, are needed.

Case Manager - An individual who organizes and coordinates services and supports for children with mental health problems and their families. (Alternate terms: service coordinator, advocate, and facilitator.)

Case Management - A service that helps people arrange appropriate and available services and supports. As needed, a *case manager* coordinates mental health, social work, education, health, vocational, transportation, advocacy, *respite*, and recreational services. The *case manager* makes sure that the child's and family's changing needs are met. (This definition does not apply to *managed care*.)

Children and Adolescents at Risk for Mental Health Problems - Children at higher risk for developing mental health problems when certain factors occur in their lives or environment. Some of these factors are physical abuse, emotional abuse or neglect, harmful stress, discrimination, poverty, loss of loved one, frequent moving, alcohol and other drug use, trauma, and exposure to violence.

Continuum of Care - A term that implies a progression of services that a child would move through, probably one at a time. The more up-to-date idea is one of comprehensive services. See *system of care* and *wraparound services*.

Coordinated Services - Child-serving organizations, along with the family, talk with each other and agree upon a *plan of care* that meets the child's needs. These organizations can include mental health, education, juvenile justice, and child welfare. *Case management* is necessary to coordinate services. (Also see *wraparound services*.)

Cultural Competence - Help that is sensitive and responsive to cultural differences. Service providers are aware of the impact of their own culture and possess skills that help them provide services that are culturally appropriate in responding to people's unique cultural differences, such as race and ethnicity, national origin, religion, age, gender, sexual orientation, or physical disability. They adapt their skills to fit a family's values and customs.



Day Treatment - A non-residential, intensive and structured clinical program provided for children and adolescents who are at imminent risk of failing in the public school setting as a result of their behavior related to a mental illness and who have impaired family functioning. The primary foci of Day Treatment are to address academic and behavioral needs of the individual, family and/or foster family.

DSM-IV (*Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*) - An official manual of mental health problems developed by the American Psychiatric Association. This reference book is used by psychiatrists, psychologists, social workers, and other health and mental health care providers to understand and diagnose a mental health problem. Insurance companies and health care providers also use the terms and explanations in this book when they discuss mental health problems.

Emergency and Crisis Services - A group of services that are available 24 hours a day, 7 days a week, to help during a mental health emergency. When a child is thinking about suicide, these services could save his or her life. Examples: telephone crisis hotlines, crisis counseling, *crisis residential treatment services*, crisis outreach teams, and crisis respite care.

Family Support Services - Help designed to keep the family together and to cope with mental health problems that affect them. These services may include consumer information workshops, in-home supports, family therapy, parent training, and *respite care*.

Inpatient Hospitalization - Mental health treatment in a hospital setting 24 hours a day. The purpose of inpatient hospitalization is: (1) short-term treatment in cases where a child is in crisis and possibly a danger to self or others, and (2) diagnosis and treatment when the patient cannot be evaluated or treated appropriately in an outpatient setting.

Managed Care - A way to supervise the delivery of health care services. Managed care may specify the providers that the insured family can see. It may also limit the number of visits and kinds of services that will be covered.

Mental Health - Mental health refers to how a person thinks, feels, and acts when faced with life's situations. It is how people look at themselves, their lives, and the other people in their lives; evaluate the challenges and the problems; and explore choices. This includes handling stress, relating to other people, and making decisions.

Mental Health Problems - Mental health problems are real. These problems affect one's thoughts, body, feelings, and behavior. They can be severe. They can seriously interfere with a person's life. They're not just a passing phase. They can cause a person to become disabled. Some of these disorders are known as depression, bipolar disorder (manic-depressive illness), attention deficit hyperactivity disorder, anxiety disorders, eating disorders, schizophrenia and conduct disorder.

Plan of Care - A treatment plan designed for each child or family. The treatment provider develops the plan with the family. The plan



identifies the child's and family's strengths and needs. It establishes goals and details appropriate treatment and services to meet his or her special needs.

Residential Treatment Centers - Facilities that provide treatment 24 hours a day and can usually serve more than 12 young people at a time. Children with *serious emotional disturbances* receive constant supervision and care. Treatment may include individual, group, and family therapy; behavior therapy; special education; recreation therapy; and medical services. Residential treatment is usually more long-term than *inpatient hospitalization*. Centers are also known as *therapeutic group homes*.

Respite Care - A service that provides a break for parents who have a child with a *serious emotional disturbance*. Some parents may need this help every week. It can be provided in the home or in another location. Trained parents or counselors take care of the child for a brief period of time. This gives families relief from the strain of taking care of a child with a serious emotional disturbance.

Serious Emotional Disturbance - Diagnosable disorders in children and adolescents that severely disrupt daily functioning in the home, school, or community. Some of these disorders are depression, attention-deficit/hyperactivity, anxiety, conduct, and eating disorders. Serious emotional disturbances affect 1 in 20 young people.

Service - A type of support or clinical intervention designed to address the specific mental health needs of a child and his or her family. A service could be received once or repeated over a course of time as determined by the child, family, and service provider.

Short-Doyle Medi-Cal - State-funded program that provides reimbursement for county mental health services to Medi-Cal eligible and indigent individuals.

System of Care - A method of delivering mental health services that helps children and adolescents with mental health problems and their families get the full range of services in or near their homes and communities. These services must be tailored to each individual child's physical, emotional, social, and educational needs. In systems of care, local organizations work in teams to provide these services.

Therapeutic Foster Care - A home where a child with a *serious emotional disturbance* lives with trained foster parents with access to other support services. These foster parents receive special support from organizations that provide crisis intervention, psychiatric, psychological, and social work services. The intended length of this care is usually from 6 to 12 months.

Therapeutic Group Homes - Community-based, home-like settings that provide intensive treatment services to a small number of young people (usually 5 to 10 persons). These young people work on issues that require 24-hour-per-day supervision. The home should have many connections within



an interagency *system of care*. Psychiatric services offered in this setting try to avoid hospital placement and to help the young person move toward a less restrictive living situation.

Transitional Services - Services that help children leave the system that provides help for children and move into adulthood and the adult service system. Help includes mental health care, independent living services, supported housing, vocational services, and a range of other support services.

Wraparound Services - A "full-service" approach to developing help that meets the mental health needs of individual children and their families. Children and families may need a range of community support services to fully benefit from traditional mental health services such as family therapy and special education.

LOS ANGELES CITY ATTORNEY'S OFFICE AGENCY REPORT





ICAN DATA REPORT FOR 2006 LOS ANGELES CITY ATTORNEY'S OFFICE

PART ONE: INTRODUCTION

A. CITY ATTORNEY OVERVIEW

The Los Angeles City Attorney's Office is responsible for prosecuting misdemeanor offenses in the City of Los Angeles. The initial step in this process consists of a filing decision by a deputy city attorney who reviews police reports received for filing consideration. These reports are received either directly from a police or administrative agency, or from a referral from the District Attorney's Office. The deputy city attorney decides whether a criminal complaint should be filed against a defendant and prosecuted through the court system, whether the case should be referred to the City Attorney Hearing Program, or whether the case should be rejected and no prosecution conducted. Cases are prosecuted by City Attorney staff at eight branch locations citywide or are vertically prosecuted by specialized units within the Office. Once a defendant's case is filed and prosecuted through the court system, the case is considered completed or finished once the defendant is convicted of the charges, is acquitted, or has his or her case dismissed. A defendant is convicted when he or she pleads guilty or is found guilty by a court or jury.

There were 59,652 total cases filed during Calendar Year 2006 by the Los Angeles City Attorney's Office. Of this number, 696 defendants (or 1.17% of the total filed cases) had ICAN category offenses of child abuse, neglect or exploitation alleged against them.

B. CHILD ABUSE PROSECUTION SECTION (CAPS)

The Child Abuse Prosecution Section (CAPS) handles all child abuse cases submit-

ted to the City Attorney's Office for prosecution where child abuse offenses are alleged as the primary charge. The section is comprised of a team of specially trained prosecutors, in addition to investigators and victim advocates, who are assigned to each case of child physical abuse, sexual abuse, or neglect filed by the City Attorney's Office. Cases are handled by the section from the time of filing until completion. This assignment structure, called "vertical prosecution," is designed to provide the most effective prosecution and support for the victim. In addition to prosecuting cases, CAPS also reviews all reports of suspected child abuse occurring in the city received by the Department of Children and Family Services Child Protection Hotline. CAPS then works with the Los Angeles Police Department to make sure that all criminal matters are investigated and presented to a prosecuting agency for a possible criminal filing.

The misdemeanor prosecution of child abuse cases is an essential tool in the fight against child abuse. Like other forms of family violence, child abuse is a cycle of violence, which increases over time. Early detection and intervention help prevent the cycle from continuing and escalating. Early prosecution also adds a needed incentive to abusive parents and caretakers to complete parenting classes, substance abuse programs and other forms of counseling to strengthen their parenting skills and, when appropriate, help families remain intact.

C. OTHER CHILDREN'S PROGRAMS SPONSORED BY THE CITY ATTORNEY'S OFFICE

The programs related to children sponsored by the Los Angeles City Attorney's Office are described below.



OPERATION BRIGHT FUTURE

In September 2002, the City Attorney launched Operation Bright Future (OBF), a middle school truancy prevention program. OBF closely monitors student attendance and addresses the problems of truant students. Through letters, brochures, general assemblies and hearings, the program teaches parents of their legal responsibility to ensure that their children attend school. As a last resort, after all other efforts have failed, OBF will prosecute parents who do not send their children to school. Prosecution will only be used when the efforts made to educate and assist the family have failed. Our analysis shows that 90% of truancy problems are improved once a truancy prevention program makes contact with the parents and informs them of their legal responsibilities. During the 2006-2007 school year, OBF was present in 30 LAUSD middle schools.

"NO SECRETS" PROGRAM

The Los Angeles City Attorney's "No Secrets" Program is an intervention and prevention program to help parents combat child sexual exploitation and abuse. The program is a collaboration between the Los Angeles City Attorney's Office and retired Los Angeles Police Department Detective Bill Dworin. Mr. Dworin is a nationally recognized expert in this field and has conducted training for local, state, and federal law enforcement officers throughout the United States. The program consists of both a lecture and written materials explaining the ways to prevent sexual abuse and exploitation. In the lecture, Mr. Dworin explains the four main types of sexual predators: the stranger, the intra-familial abuser, the pedophile and the Internet predator. This 50-minute lecture can be modified for presentation to parents, children, or both. Real

life examples are provided for each group, in an age-appropriate manner, to educate and empower the audience.

PROJECT PARENT

Project P.A.R.E.N.T. is a child abuse prevention curriculum created by the Office of the City Attorney, in cooperation with the Los Angeles Unified School District (LAUSD), to educate parents and guardians of young children about child physical, sexual, and emotional abuse and neglect. Research shows that effective preventative parenting programs decrease the incidence of child abuse in families. Project P.A.R.E.N.T. targets the parents and caregivers of preschool children through traditional community channels such as schools, community centers, and churches. The City Attorney's Office, along with a child abuse expert and curriculum writer, drafted the curriculum to teach parents about child abuse prevention. The Project P.A.R.E.N.T. curriculum consists of five 1½ hour sessions targeting small groups of parents and/or caregivers (8 to 15 people). A teacher's guide accompanies the curriculum, complete with handouts and group discussion exercises.

KID WATCH L.A.

Kid Watch L.A. is a program designed to help keep elementary school children safe when they walk to and from school. The program recruits and trains citizen volunteers who look after children during the times they come and go to school. Kid Watch L.A. coordinators work with local school administrators to conduct outreach to parents and other volunteers, arrange fingerprinting sessions for volunteers, train volunteers on how to access emergency and non-emergency services, provide



teachers with an appropriate curriculum to introduce the program to students, and conduct ongoing administrative support. Kid Watch L.A. is currently in over 50 LAUSD elementary schools.

CITY ATTORNEY TASK FORCE RECOMMENDATIONS FOR INVESTIGATING CHILD ABUSE REPORTED BY SCHOOLS

On April 10, 2003, the Los Angeles City Attorney's Office and the Los Angeles Unified School District joined together with thirteen law enforcement jurisdictions and the Department of Children and Family Services for the common goal of identifying best practices for child abuse investigations. The aim was to ensure that the respective agencies: 1) protect child victims from further instances of physical, sexual, and emotional abuse and neglect; 2) prevent abusers from committing future maltreatment through timely and effective investigations; and 3) successfully prosecute abusers. Participants at the Summit discussed the problems they face when working together on suspected child abuse cases.

Following the Summit, the City Attorney's Office assembled the Task Force on School-Based Child Abuse Investigations to discuss the best practices for coordinating the investigation of child abuse reports. In addition to the Los Angeles City Attorney's Office, participants included the Los Angeles County District Attorney's Office, Los Angeles County Counsel, Los Angeles Sheriff's Department, Los Angeles Police Department, Hawthorne Police Department, Vernon Police Department, Monterey Park Police Department, LAUSD School Police, Department of Children and Family Services, LAUSD administrators and the Office of General Counsel for the LAUSD.

In February 2006, the Task Force released the Task Force Recommendations for Investigating Child Abuse Reported by Schools. The report extensively addresses five critical areas including the accurate reporting of child abuse, how to determine which agency to call when making the initial report, critical time factors to consider, utilizing school police for child abuse investigations, and the importance of maintaining consistent communication among involved agencies. To date the report has been distributed to over 1200 law enforcement and child welfare agencies throughout California.

GREEN TEAM LA

Green Team LA is a voluntary, non-regulatory program that is free to all licensed child care facilities in the City of Los Angeles. The Los Angeles City Attorney's Office, along with the American Lung Association of Los Angeles County, the Environmental Affairs Department of the City of Los Angeles, and Physicians for Social Responsibility, work to identify and eliminate environmental hazards that put children, families and our communities at risk. Green Team LA provides workshops on reducing and mitigating environmental concerns around day care facilities, demonstrates how to conduct environmental self-assessments, and provides information about how to best address environmental risks.

STREET SMART PROGRAM

In 2006, the City Attorney's Office launched Street Smart, a new safe-driving program for local high school students. The goal of Street Smart is to educate our youth who are preparing to drive. The program's curriculum includes subjects ranging from



street racing and “DUIs” to practical information about obtaining a driver’s license and car insurance. The Street Smart curriculum was created by prosecutors in the City Attorney’s Office who specialize in traffic-related crimes and who were confronting an increasing number of young people involved in serious auto accidents, “hit and run” incidences, street racing and DUIs in their caseload. Through Street Smart, these prosecutors work directly with students in the classrooms to help them prepare to drive safely.

PART TWO: PROSECUTION DATA

The information which follows includes data on child abuse prosecutions (where the case has been filed, and the defendant has either pled guilty, been found guilty, been found not guilty, or their case has been dismissed), cases referred to the Los Angeles City Attorney Office's Hearing Program and the total number of child abuse victims assisted by the Victim Witness Assistance Program. Multi-year prosecution data and graphs are presented along with the ICAN category statistics.

A. PROSECUTIONS

While there were 696 ICAN related cases filed, 872 total child abuse/ endangerment cases were prosecuted. This includes cases that were processed through the criminal court system in 2006 that may have been filed in previous years. The 872 prosecuted cases are described and subtotaled below. They are presented according to the State reporting categories of abuse whenever child abuse/ endangerment offenses are charged against the defendant.

TOTAL ICAN OFFENSES – 872 CASES WERE PROSECUTED IN CALENDAR YEAR 2006

During CY 2006, 1928 child abuse/ neglect cases were presented to the Los Angeles City Attorney’s Office for possible criminal filings, while only 1841 cases were presented during CY 2006. This represents a 4.51% increase in the number of ICAN-related cases presented to this Office by law enforcement agencies.

In 2006, the Los Angeles City Attorneys Office filed 36.10% of ICAN-related cases submitted for consideration. The hearing rate for such cases was 38.85% and the rejection rate was 25.05%.

DISPOSITIONS:

There were 549 cases that reached a disposition in 2006. Of those cases that reached a disposition 88.7 % resulted in a conviction, 9.3% of case prosecutions resulted in dismissals, and 27% resulted in not guilty verdicts.

PROSECUTIONS:

Case prosecutions completed by the Los Angeles City Attorney’s Office during CY 2006 broke down into the ICAN categories presented below:

SEXUAL ABUSE – 108 CASES PROSECUTED IN CALENDAR YEAR 2006

The cases in this category include prosecutions of the following Penal Code offenses:

P.C. Section 261.5

Unlawful sexual intercourse - minor.



P.C. Section 288a(b)

Oral copulation of a child under 18.

P.C. Section 288.2

Providing harmful material to child.

P.C. Section 647.6

Annoying or molesting children.

Following is a geographical breakdown by Los Angeles City Attorney Criminal Branch:

CHATSWORTH:	14
CENTRAL/REYES:	68
HOLLYWOOD:	5
HILL/METRO:	0
PACIFIC:	2
SAN PEDRO:	3
VAN NUYS:	16

EXPLOITATION – 11 CASES PROSECUTED IN CALENDAR YEAR 2006

The cases in this category include prosecutions of the following Penal Code offense:

P.C. Section 311.11

Exploitation of child victims by depiction of child in sexual conduct.

All 11 cases prosecutions were filed by the Central/Reyes Branch of the Los Angeles City Attorney's Office.

PHYSICAL ABUSE – 193 CASES PROSECUTED IN CALENDAR YEAR 2006

Cases in this category include prosecutions of the following Penal Code offense:

P.C. Section 273D

Inflicting corporal punishment upon child resulting in traumatic condition.

Following is a geographical breakdown by Los Angeles City Attorney Criminal Branch:

CHATSWORTH:	31
CENTRAL/REYES:	124
HOLLYWOOD:	1
HILL/METRO:	0
PACIFIC:	4
SAN PEDRO:	1
VAN NUYS:	32

SEVERE NEGLECT – 488 CASES PROSECUTED IN CALENDAR YEAR 2006

The cases in this category include prosecutions of the following Penal Code offenses:

P.C. Section 273a(a)

Willful harm or injury to child; endangering person or health under circumstances or conditions likely to produce great bodily harm.

P.C. Section 273a(b)

Willful harm or injury to child; under circumstances or conditions other than those likely to produce great bodily harm.

P.C. Section 278

Detainment or concealment of child from legal custodian.

Following is a geographical breakdown by Los Angeles City Attorney Criminal Branch:

CHATSWORTH:	60
CENTRAL/REYES:	191
HOLLYWOOD:	8
HILL/METRO:	6
PACIFIC:	8
SAN PEDRO:	46
VAN NUYS:	164



**GENERAL NEGLECT – 72 CASES
PROSECUTED IN CALENDAR YEAR 2006**

The cases in this category include prosecutions of the following Penal Code offense:

P.C. Section 272

Contributing to the delinquency of a minor.

Following is a geographical breakdown by Los Angeles City Attorney Criminal Branch:

CHATSWORTH:	17
CENTRAL/REYES:	24
HOLLYWOOD:	2
HILL/METRO:	0
PACIFIC:	4
SAN PEDRO:	8
VAN NUYS:	17

B. HEARINGS

The City Attorney Hearings Program offers an innovative approach intended to intervene in cases which the filing deputy determines do not meet filing guidelines, but nonetheless require resolution other than rejection. In child abuse and neglect matters, cases are assigned to hearing officers who review the facts, educate participants as to what constitutes child abuse, admonish where appropriate and make referrals to a variety of services including parenting programs, drug and alcohol treatment and anger management. A successful hearing may prevent subsequent offenses and end the potential for escalation of crimes against children.

There were 749 child abuse/endangerment cases referred to the Los Angeles City Attorney Office Hearing Program in 2006 after review by an attorney for filing consideration.

C. VICTIM WITNESS ASSISTANCE PROGRAM

There were 392 child victims of crime who received services from the City Attorney Victim Assistance Program Service Coordinators during 2006. This is 100 less victims than the 492 child victims who received assistance during 2005. Program personnel indicate that their workload is consistent with previous years and that any increase is due to normal workflow variations which may occur between years.



PART THREE: GLOSSARY OF TERMS

Case – A case handled by the Los Angeles City Attorney's Office represents a defendant who has been charged with any of the ICAN offenses.

Prosecution – The prosecution data presented in this report includes cases where a criminal case against a defendant has been filed, processed through the criminal courts and/or has resulted in a final case disposition. Not all cases prosecuted resulted from a filing occurring in 2006. Case dispositions can include guilty or no contest pleas, guilty verdicts, dismissals, or not guilty verdicts.

Office Hearing – City Attorney office hearings are used to intervene in cases which the filing deputy has determined do not meet filing guidelines, but nonetheless require resolution other than rejection. In child abuse and neglect matters, cases are assigned to hearing officers who review the facts, educate participants as to what constitutes child abuse, admonish where appropriate, and make referrals to a variety of services including parenting programs, drug and alcohol treatment and anger management.

Victim Witness Assistance Program – The Los Angeles City Attorney Victim Witness Assistance Program provides state mandated services to victims of crime. Types of services provided include: Crisis Counseling, Resource & Referral Information, Orientation to the Criminal Justice System, Court Support, and assistance in filing for the State Victims of Crime Compensation Program for incurred losses such as mental health counseling expenses.

PART FOUR: SIGNIFICANT FINDINGS

The 696 filed cases represented in this report for 2006 is a decrease of 88 cases from last year. This follows the general trend that over all prosecutions by the Los Angeles City Attorney's Office have decreased over the past year.

PART FIVE: STATUS REPORT ON PROGRESS IN IMPLEMENTING ICAN POLICY COMMITTEE RECOMMENDATION

Recommendation One (Nov. 2001): Child Abuse and Domestic Violence

In order to better assess the nexus between domestic violence and child abuse, this report includes data on domestic violence cases which are filed in combination with any child abuse count, including child endangerment cases, based on the fact that children were present and impacted during the commission of a criminal act of domestic violence. Domestic Violence offenses queried for this data include Penal Code Sections 273.5, 273.6 and 243e if they are alleged as any count in the complaint filed.

Statistics for Calendar Year 2006 indicate that of the 187 domestic violence cases reviewed during Calendar Year 2006 which included possible child abuse counts, 179 cases were filed.



Figure 1

**BAR CHART OF ICAN CASES RECEIVED FOR FILING CONSIDERATION
BY THE LOS ANGELES CITY ATTORNEY'S OFFICE
Calendar Years 2003 – 2006**

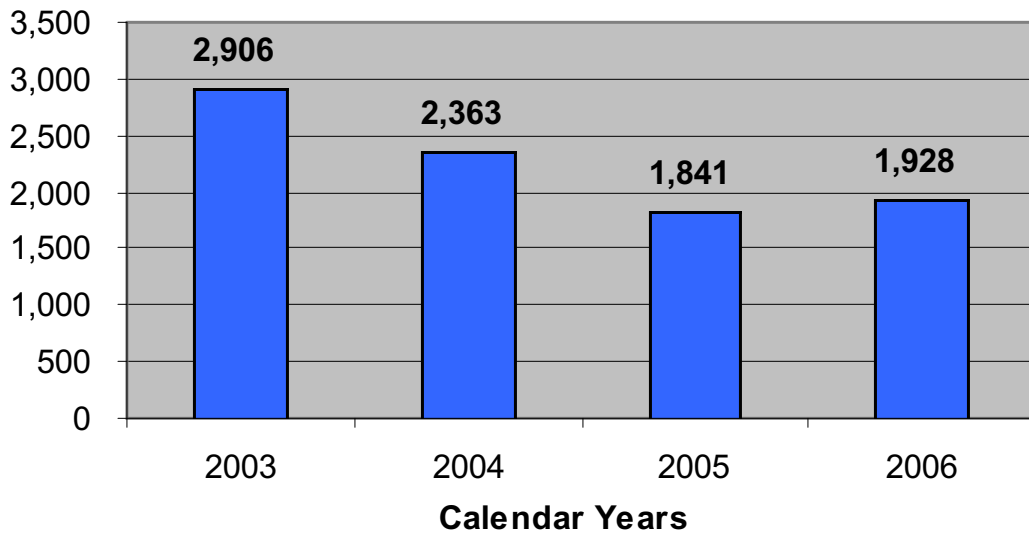


Figure 2

**BAR CHART OF ICAN CASE PROSECUTION OUTCOMES
Calendar Years 2003 – 2006**

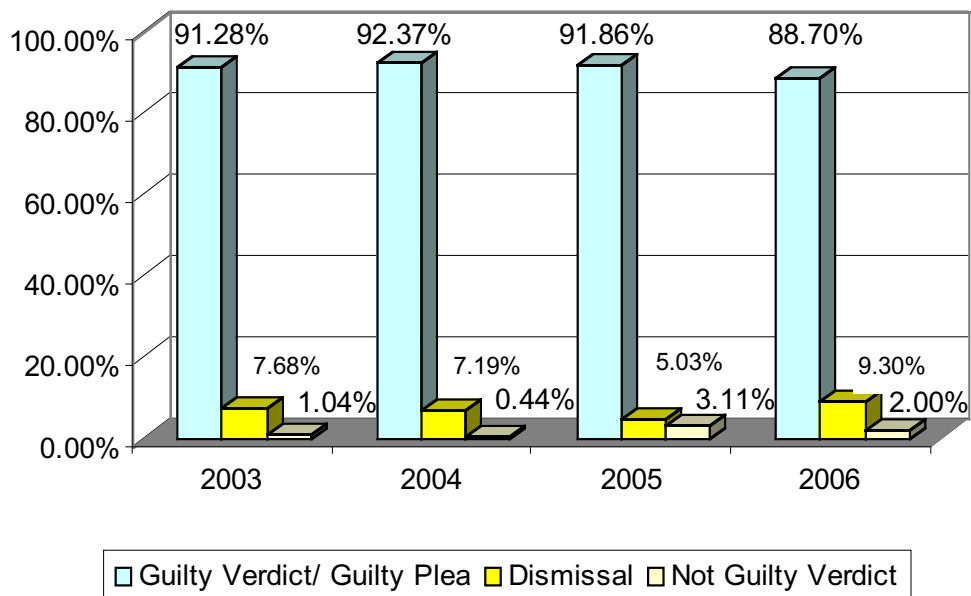
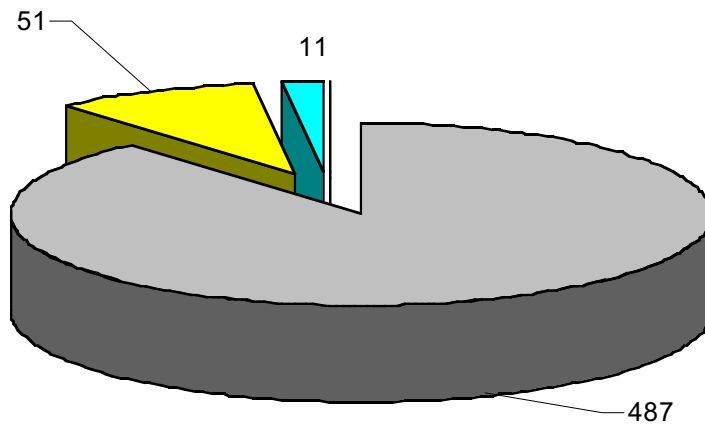




Figure 3

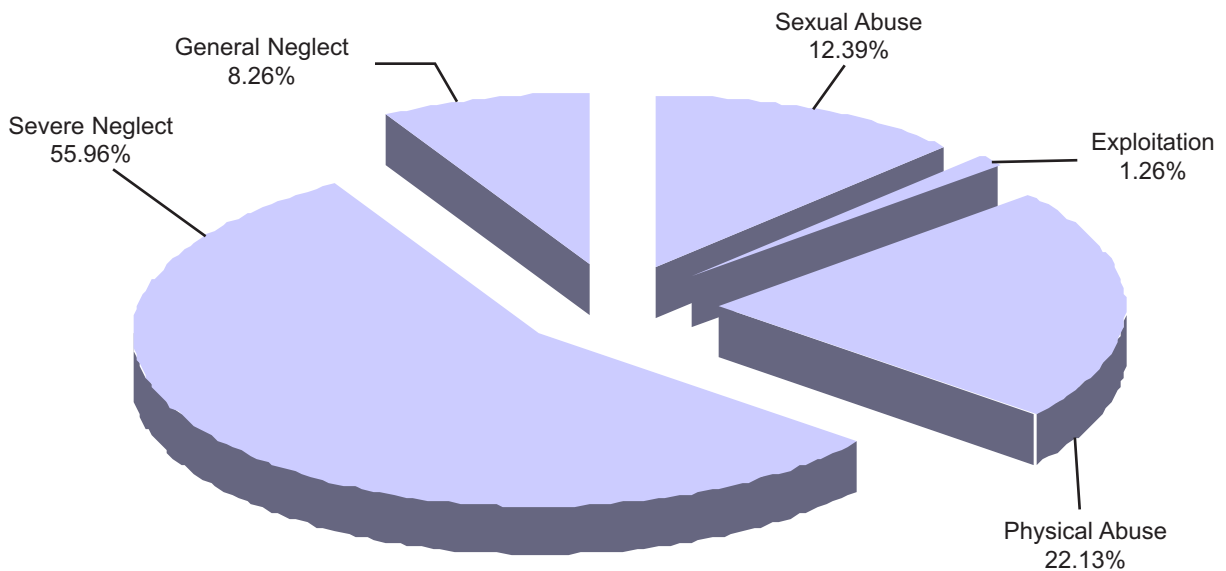
**GRAPH OF TOTAL ICAN CASE PROSECUTIONS
COMPLETED BY THE LOS ANGELES CITY ATTORNEY'S OFFICE IF
'Child Abuse Offense is any Count in the Complaint Calendar Years 2006**



■ Guilty Pleas/ Guilty Verdicts ■ Dismissals ■ Not Guilty Verdicts

Figure 4

**GRAPH OF TOTAL CHILD ABUSE/ NEGLECT CASE PROSECUTIONS
for CY 2006-Percent Breakdown by ICAN Category**



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





CASA OF LOS ANGELES

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

ABOUT THE CASA PROGRAM

CASA of Los Angeles is a member of the National Court Appointed Special Advocate Association, which sets standards for all CASA programs. There are CASA programs in all 50 states, Washington, D.C. and the U.S. Virgin Islands. Each state sets standards for its programs. In California, the legal rights and responsibilities of CASA programs and CASA volunteers are outlined primarily in Welfare & Institutions Code sections 100 through 109, and also may be found in other sections of the Welfare & Institutions Code and in rule 1424 of the California Rules of Court. The Judicial Council has oversight responsibility for monitoring California CASA programs for compliance with state standards. There are currently 42 CASA pro-

grams statewide, all of which are members of the California CASA Association. CASA of Los Angeles was founded in 1978 by the Superior Court of Los Angeles County and is one of the oldest CASA programs in the United States.

CASA volunteers are supported in their work by qualified professional staff that includes an Executive Director, Assistant Director, 13 Program Supervisors, one Intake Coordinator, one Recruitment/Training Coordinator, and five Program Assistants. The program's main office is located at Edelman Children's Court in Monterey Park; a satellite office is located at McCourtney Juvenile Justice Center in Lancaster.

CASA of Los Angeles is a program designed to bring to the court a community perspective about the needs of children. It is also a program dedicated from its inception to permanence for children. Welfare and Institutions Code section 104 specifically charges the CASA volunteer with:

- making an independent investigation of the circumstances surrounding a case, including interviewing and observing the child and other appropriate individuals, and reviewing appropriate records and reports;
- reporting the results of the investigation to the court; and
- following the directions and orders of the court and providing any other information specifically requested by the court.

Welfare & Institutions Code section 107 authorizes a CASA volunteer, upon presentation of his or her Court Appointment Order, to inspect and copy any records related to the child held by any agency, hospital,



school, organization, division or department of the state, or any physician, surgeon, nurse, other health care provider, psychologist, psychiatrist, police department, or mental health clinic, without the consent of the child or the child's parents.

While CASA volunteers work closely with other advocates for the children, such as attorneys and social workers, CASA investigations and reports to the court are independent and separate. CASA volunteers gather information from many sources, but they are required to take an oath of confidentiality and may share information only with the court and parties to the case.

CASA volunteers are not permitted to provide direct services to the children for whom they are appointed, without authorization from the court. While it is not the role of a CASA volunteer to provide services that the Department of Children and Family Services is charged with providing, exceptions may be made when a child's situation sorely needs immediate action. A CASA may, therefore, request authorization from the court when a task involves such services as assessing a potential placement, taking a child for an evaluation, or taking a child for court-ordered sibling visits, etc.

Cases of specific children are referred directly to the CASA program by Dependency Court judicial officers, often at the request of a child's attorney or social worker. All referrals for a CASA volunteer must be formally submitted on a referral form signed by the judicial officer hearing the case.

CASA volunteers are not assigned to be mentors for children, although, depending on the age and situation of the child, a CASA volunteer may fill such a role in the course of

performing his or her advocacy duties. Children served by CASA volunteers range in age from birth to 21 years old, some of whom may have emotional, medical, or developmental disabilities. CASA volunteers are not appointed for a child when the program determines that appropriate services are being provided for the child, nor are they appointed to children in the Delinquency Court.

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

TRAINING AND SUPERVISION

Prospective CASA volunteers are screened by means of a written application, criminal records background check, in-depth personal interviews by supervisory staff, and, if accepted for training, by observation of their participation throughout the training sessions. Those accepted for training are required to successfully complete 36 hours of in-class training before being sworn in as officers of the court by the Presiding Judge of Juvenile Court. The training curriculum includes:

- the effects of trauma on the developing child;
- the dynamics of abusive families;
- the Dependency Court process and laws;
- the social services and child welfare systems;



- mental health and educational advocacy;
- cultural awareness;
- roles and responsibilities of a CASA; and
- CASA court report writing.

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

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

ADDITIONAL SERVICES

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

CASAs are often involved in Educational Advocacy on behalf of their CASA child, and

many CASAs have also been appointed by the court as the Responsible Adult for Educational Purposes, also known as surrogate parents for educational purposes. These CASAs attend the child's school meetings, monitor progress, initiate and participate in Individualized Educational Plans (IEPs), and work to ensure a child's educational needs are being met.

While the major focus of CASA of Los Angeles is its CASA program, some CASA volunteers help children as Children's Court Assistants (CCA). CCA volunteers explain the Court process, in age-appropriate language, to children waiting to go to Court for the first time. They speak with children in the Shelter Care Activity Area at Edelman Children's Court prior to their hearings, escort them to and from the courtrooms, and are available to assist any child who may need emotional support before or after a hearing. Their overall goal is to ease children's anxieties and be responsive to their needs when they attend Court hearings. In CY 2006, CCA volunteers donated 3,972 hours to assist a total of 6,511 children attending hearings at the Children's Court.

FUNDING

CASA of Los Angeles is funded by a public/private partnership. It is a special program of the Juvenile Division of the California Superior Court of Los Angeles County and also receives funding from a private sector partner, Friends of CASA, a 501(c)(3) non-profit charitable organization. This partnership has been in effect since 1983. Over the years, contributions to Friends of CASA have allowed the CASA program to grow in order to meet the increasing number of children in foster care



Figure 1
AGE OF CHILDREN APPOINTED A CASA DURING 2006

AGE	TOTAL	PERCENTAGE
0-5	45	10%
6-11	162	34%
12-17	233	49%
18+	32	7%
TOTAL	472	100%

Figure 2
GENDER OF CHILDREN APPOINTED A CASA DURING 2006

GENDER	TOTAL	PERCENTAGE
Female	214	45%
Male	258	55%
TOTAL	472	100%

Figure 3
ETHNICITY OF CHILDREN APPOINTED A CASA DURING 2006

ETHNICITY	TOTAL	PERCENTAGE
African American	229	49%
Asian/Pacific Islander	4	1%
Hispanic/Latino	139	29%
Multi-Racial	8	2%
Native American	4	1%
Other	18	4%
White/Non-Latino	70	15%
TOTAL	472	100%

who need a CASA volunteer. Friends of CASA is located in the CASA of Los Angeles office at Edelman Children’s Court in Monterey Park.

ABOUT THE CHILDREN

CASA of Los Angeles collects demographic information only on children specifically assigned a CASA volunteer by the court. CASA volunteers served 472 children in this capacity in CY 2006. (This number does not include the number of children served monthly by Children’s Court Assistant volunteers who assist groups of children on a day to day basis at the Children’s Court.)

Figure 4
AGE OF CASA VOLUNTEERS DURING 2006

AGE	TOTAL	PERCENTAGE
21-29	22	7%
30-39	27	8%
40-49	65	20%
50-59	76	24%
60+	130	41%
TOTAL	320	100%

Figure 5
GENDER OF CASA VOLUNTEERS DURING 2006

GENDER	TOTAL	PERCENTAGE
Male	55	17%
Female	265	83%
TOTAL	320	100%



Figure 6
ETHNICITY OF CASA VOLUNTEERS
DURING 2006

ETHNICITY	TOTAL	PERCENTAGE
African American	40	13%
Asian/Pacific Islander	9	3%
Hispanic/Latino	48	15%
Other	32	10%
White/Non-Latino	191	60%
TOTAL	320	100%

Figure 7
EMPLOYMENT STATUS OF
CASA VOLUNTEERS DURING 2006

STATUS	TOTAL	PERCENTAGE
Full-Time	107	33%
Part-Time	45	14%
Retired	80	25%
Self-Employed	3	1%
Student	1	1%
Other	84	26%
TOTAL	320	100%

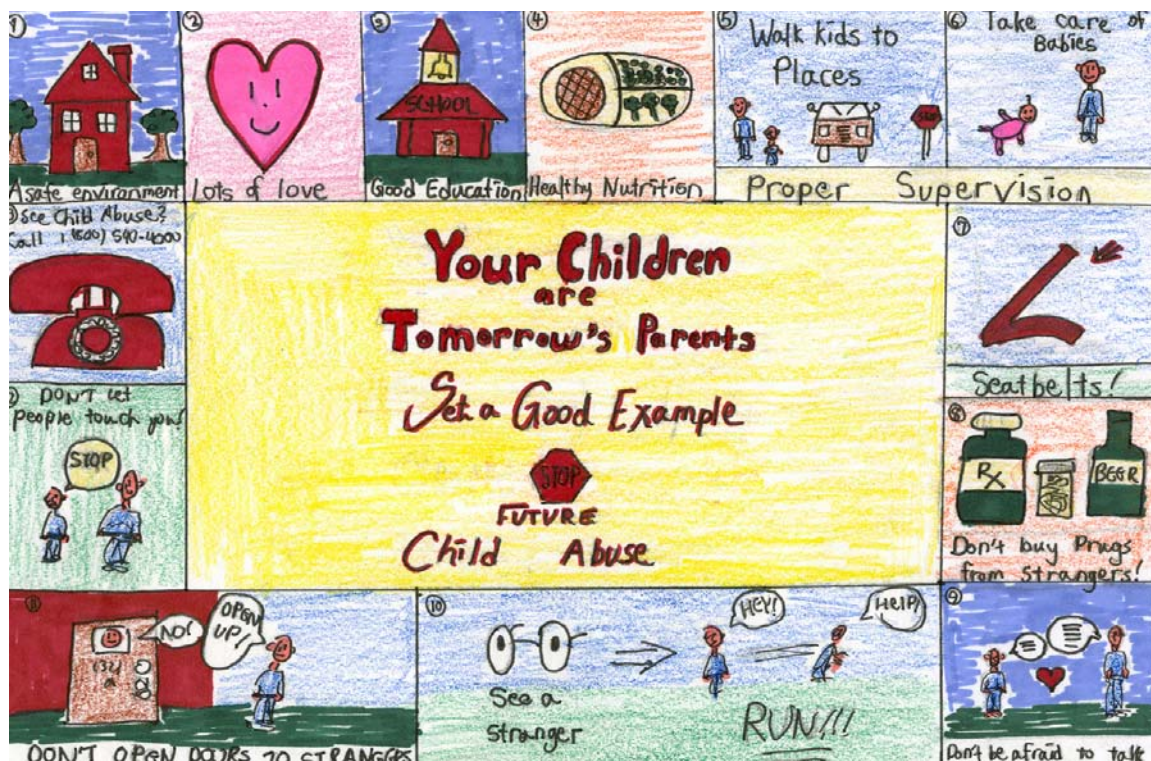
ABOUT THE VOLUNTEERS

During CY 2006, 320 volunteers served with the CASA of Los Angeles program. The volunteers are responsible adults who must be at least 21 years of age, have the time flexibility to attend training, court hearings, case conferences, treatment team meetings and school conferences, and be able to maintain frequent face-to-face visits with the children to whom they are appointed.

Prospective volunteers are fingerprinted and must clear a criminal records background check. They must also be willing to drive, show proof of auto insurance coverage, and have a valid California driver's license.

LOS ANGELES COUNTY PUBLIC DEFENDER'S OFFICE

AGENCY REPORT





THE OFFICE OF THE PUBLIC DEFENDER

The Office of the Public Defender provides legal representation in the courts of Los Angeles County to indigent persons charged with criminal offenses. Established in 1914, the Los Angeles County Public Defender's Office is both the oldest and the largest full service local governmental defender in the United States, with offices in 38 separate locations throughout the County. The Public Defender employs over 1,100 staff members, comprised of approximately 720 budgeted Deputy Public Defender positions as well as an additional 32 managing attorneys, supported by paralegals, psychiatric social workers, investigators, secretaries and clerical staff. The Public Defender represents: 1) adults charged with felony and misdemeanor offenses; 2) children charged in juvenile delinquency cases; 3) clients charged in sexually violent predator cases; 4) mental health commitment cases; 5) civil contempt matters; 6) pre-judgment appeals and writs; and 7) post-conviction relief including areas of police misconduct and domestic violence. In fiscal year 2006-2007, the Public Defender represented clients in approximately 173,116 felony-related proceedings; 310,352 clients in misdemeanor-related proceedings; and, 35,932 juvenile clients in juvenile delinquency proceedings.

While continuing to provide the highest quality legal representation to clients in a cost effective manner, the Office of the Public Defender also devotes its resources to facilitate broad justice system improvements for all of its clients, including programs and initiatives designed to produce positive lifestyle outcomes for children, their families, and the communities in which they reside. The Public Defender actively participates, often in a leadership role, in numerous crim-

inal justice inter-agency committees and projects designed to focus on the issues faced by communities at risk, and collaborates with other agencies to craft creative solutions to effectively resolve those issues in a manner that addresses the root causes of criminal behavior. The Public Defender recognizes that effective advocacy can only occur in the context of understanding the unique needs of the individual client, an approach which requires an appreciation of the developmental, educational, psychological, and sociological history of each individual represented.

SPECIAL PROJECTS OF THE PUBLIC DEFENDER

Second Chance Women's Re-entry Court

The Public Defender played a leadership role from concept development to program implementation and ongoing oversight of the Second Chance Women's Re-entry Court. On December 4, 2006, the Countywide Criminal Justice Coordination Committee (CCJCC) submitted an application to the California Department of Corrections and Rehabilitation (CDCR), Division of Community Partnerships, for a three-year, \$1.3 million intergovernmental partnership grant to implement the first in the state, second in the country, Second Chance Women's Re-entry Court. CCJCC submitted the application on behalf of the Los Angeles County Re-Entry Council Strategy Committee (the "Strategy Committee"), a multi-agency collaboration of State, County, City of Los Angeles and community agencies, in the fields of law and criminal justice, including the Public Defender, substance abuse and mental health treatment, domestic violence and trauma counseling, social services, and



research and evaluation. Planning for the project took place throughout fiscal year 2006-2007, and formal operations commenced in May, 2007.

Grant funding covers women parolees who subsequently face new non-violent, non-serious felony charges in Los Angeles County and are therefore under the jurisdiction of the Superior Court. The primary objective of the Second Chance Women's Re-entry Court program is to develop and implement an early individual needs based concerning mental health and substance abuse issues. The service provider for the Women's Re-entry Court is Prototypes, Centers for Innovation in Health, Mental Health, and Social Services, and wraparound residential services are provided at Prototypes' Women's Center in Pomona. Following assessment, Prototypes designs specific, gender responsive wrap-around services for each participant, including the following: women-focused substance abuse treatment, mental health care, parenting, health and wellness education, education and employment training/placement, legal services, mentorship programs, financial management support, child support and family reunification services, domestic violence education, and domestic violence/trauma counseling, transportation and child care, and caseworker support.

Participation in the program is voluntary. Participants are permitted to bring up to two children with them into the residential treatment program. Prototypes has on site child development specialists, who work with the children to deliver specific services needed by each child. Program participants are being chosen annually over the course of each year by members of the Second Chance Women's Re-entry Court operations commit-

tee, which includes representatives from the Public Defender, District Attorney, Probation, Parole Unit Supervisor, and upon approval of the Honorable Michael Tynan, who presides over the Court. Funding also includes evaluation of the program by UCLA Integrated Substance Abuse Programs. For fiscal year 2006-2007, approximately 12 women have been accepted into the Women's Re-entry Court program.

HABEAS ADVISORY PROJECT

Assisting Incarcerated Survivors of Domestic Violence

The Public Defender is an active member of the California Habeas Project Advisory Committee. The California Habeas Project is a statewide collaboration implementing a unique California law (Penal Code Section 1473.5), which allows incarcerated survivors of battering to challenge their convictions in court if expert evidence on battering and its effects was not received in evidence during the original trial proceedings. The Public Defender represents a number of clients in this regard, and the Habeas Project also partners with volunteer legal teams to assist eligible abuse survivors to petition the court for a new trial or reduced sentence based upon evidence that should have been considered at their trial or during plea negotiations. Collaborating organizations of the Habeas Project include the California Women's Law Center, the University of Southern California Law School's Post-Conviction Justice Project, the Los Angeles County Public Defender's Office, Legal Services for Prisoner's with Children, and Free Battered Women. The Los Angeles County Public Defender's Office is the only governmental agency partner of the Habeas Project.



Since the habeas corpus law (Penal Code § 1473.5) was enacted, approximately twenty women survivors of domestic violence have been released from state prison through successful habeas petitions, parole proceedings, or other legal avenues pursued by attorneys assigned through the Habeas Project.

The Public Defender also staffs Domestic Violence Courts in Long Beach and Rio Hondo, which focus on ensuring treatment and accountability in misdemeanor cases involving domestic violence, in order to break the cycle of violence.

CO-OCCURRING DISORDERS COURT

In addition, the Public Defender was a key collaborative partner in the creation of the Co-Occurring Disorders Court ("CODC"). Public Defender representatives have attended Mental Health Services Act Delegate's Meetings since early 2005 and were instrumental in voicing the need for such a court. The Public Defender is represented on the CODC Standing Committee. The mission of the Los Angeles County CODC Program is to provide both mental health and substance abuse treatment to the non-violent mentally ill defendant who recognizes his/her problem and voluntarily chooses to enter into a contract with a court-supervised co-occurring disorders treatment program and participate in all phases of treatment in hopes of improving his/her quality of life, clinical functioning and possibly further benefitting by the reduction and/or dismissal of criminal charges.

Co-Occurring Courts represent a non-traditional approach to criminal offenders who are addicted to drugs and suffer from mental illness. Rather than focusing only on the crimes they commit and the punishments

they receive, Co-Occurring Courts also attempt to address some of their underlying problems. The Los Angeles County CODC, which held its first session in April, 2007, is built upon a unique partnership between the criminal justice system, drug treatment community and the mental health community, one which structures treatment intervention around the authority and personal involvement of a single CODC Judge. CODCs are also dependent upon the creation of a non-adversarial courtroom atmosphere where a single bench officer and a dedicated team of court officers and staff work together toward the common goals of breaking the cycle of drug abuse, criminal behavior and promoting the stabilization and functioning of mental health symptoms.

The Public Defender screens clients for legal criteria eligibility, while the Department of Mental Health screens for the clinical criteria. At the end of fiscal year 2006-2007, 10 participants were actively engaged in the program. Additional clients are being screened.

BAUCHET - STREETS OR SERVICES II

During the 2006-2007 fiscal year, the Public Defender and City Attorney collaborated to address the significant percentage of misdemeanor clients arrested in the skid row area and arraigned at the Bauchet Street Arraignment Court. These clients face charges connected to drug and alcohol addiction, mental illness, developmental disability, homelessness, abuse or trauma. The goal is to divert these individuals out of the criminal justice system. On a case-by-case basis, the City Attorney's Office is offering pre-plea diversion or post-plea diversion when the individual is charged with a crime that is connected to mental illness, develop-



mental disability or trauma, and who is determined by the Public Defender’s attorneys and social workers to be suitable for wrap around services that focus on reentry. Such candidates would include individuals facing new charges (pre-plea diversion candidates) as well as individuals facing probation violations with or without new charges attached.

Together with specially assigned deputy public defenders, two Public Defender licensed clinical social workers assigned to the Proposition 36 Courts and Bauchet street arraignments identify and screen new clients, misdemeanor clients who are on Prop 36 probation, or other misdemeanor/felony probation, who face new filings for misdemeanor charges that are connected to substance abuse, mental illness, disability, homelessness, abuse or trauma. Screenings include individual needs assessments conducted by the licensed clinical social workers, incorporating the client’s prior arrest and conviction record as well as prior mental health history. When appropriate Proposition 36 clients are identified, screened and deemed eligible and suitable for participation in the pilot project, the City Attorney and the Public Defender jointly contact the relevant Proposition 36 Court bench officer as well as District Attorney to ensure that the individual remains on Proposition 36 probation.

Following the individual needs assessments of eligible candidates deemed suitable by the City Attorney and Public Defender, Public Defender social workers and designated Deputy Public Defenders collaborate with community based organizations, law enforcement and other governmental agencies such as the Department of Mental Health to assist in connecting eligible clients to supportive services on an expedited basis

and for those in custody upon release, including mental health treatment, substance abuse treatment, affordable housing, educational opportunities, and other transitional services. This includes training, such as literacy labs, cognitive skills development, life skills, and job skills; family reunification services, and vocational training and support. Other involved agencies include the Los Angeles Police Department; Los Angeles County Sheriff’s Department; Mayor’s Office, City of Los Angeles; and Business Improvement District.

PUBLIC INTEGRITY ASSURANCE SECTION (“PIAS”) AND INNOCENCE PROJECT

The PIAS Unit of the Public Defender’s Office focuses on the investigation and litigation of wrongful convictions primarily resulting from police misconduct. PIAS Unit attorneys also handle post-conviction cases of former clients in conjunction with the Habeas Project, described above. In the wake of the Rampart scandal, PIAS was instrumental in preparing numerous post-sentencing motions, which included petitions for writs of habeas corpus and motions to vacate based on police misconduct and wrongful conviction of innocent clients, many of which were granted. The Innocence Project seeks to exonerate factually innocent clients who were convicted, especially where DNA evidence may play a role in their exoneration.

HOMELESS COURT

Homeless Court is a collaborative project between the Los Angeles County Public Defender, Public Counsel, the Los Angeles County Superior Court, the Los Angeles City Attorney and the Los Angeles County District Attorney. Homeless Court is a mechanism



whereby formerly homeless participants who complete a requisite program designed to address the issues contributing to the homelessness, are able to get outstanding 'quality of life' infraction and misdemeanor warrants dismissed. The purpose of this court is to avoid incarceration for old outstanding matters that might interfere with or erase the progress the participant has made.

DRUG TREATMENT COURTS AND PROPOSITION 36 TREATMENT COURTS

The Public Defender was also a leader in creating Drug Court in 1994. Drug Court is a collaborative program involving the Superior Court, the Los Angeles County Public Defender, the Los Angeles County District Attorney and 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, there are now 14 adult Drug Courts, and three Juvenile Drug Courts 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 treatment as an alternative to prison for drug addicted offenders, including parolees subsequently charged with new crimes.

Proposition 36 Courts are the result of the statewide initiative mandating treatment for eligible drug offenders. The Public Defender has taken a leadership role in promoting this treatment opportunity in the most effective manner. Through collaboration with community partners such as Volunteers of America and cooperation with

the Los Angeles County Sheriff's Department and the Superior Court, the Public Defender created a transportation project to transport in-custody clients directly to treatment. The Public Defender has also successfully lobbied for an on-site Assessment Center in the busy downtown court, brought Social Services directly to the courtroom, and partnered with Public Counsel to address indigent, often highly burdened clients' civil legal issues.

WESTFIELD CUSTOMER SERVICE LEARNING CENTER PROJECT

The Los Angeles County Public Defender's Office developed a pilot program with the Los Angeles NAACP, Westfield Corporation ("Westfield"), and National Retail Federation ("NRF") to identify appropriate candidates among the Department's clientele for participation in the Customer Service Learning Center program. The Los Angeles NAACP, Westfield and NRF formed a partnership to help young people, primarily in the 18-25 year age group, obtain jobs in the retail and service industries, through the Customer Service Learning Center, located at the Fox Hills Mall in Culver City, California. The Customer Service Learning Center is the twentieth center of its kind in the United States and the only NRF Foundation affiliated Skills Center in Southern California. Nationwide, there are 21 Skills Centers, and over 9,000 potential retail employees have found jobs through Skills Center placements. More than 680 companies in the retail and service industries nationwide have participated in the programs.

The Customer Service Learning Center offers a free-of-charge 40-hour training program. Upon completion of the program, par-



ticipants earn a certificate of completion and an opportunity to pass NRF certification. A network of employers give consideration to applicants who have earned the certificate of completion, including Fox Hills Mall employers, hotels in the LAX area, employers located at the Bridge at the Howard Hughes Center, businesses in the Crenshaw district including the Coliseum Center and Baldwin Plaza, as well as Borders bookstore and CVS pharmacies.

The goal of this collaborative venture is to significantly increase employment opportunities for Public Defender clients who complete the Customer Service Learning Center program and earn a certificate. Westfield and its partners have agreed to alleviate transportation concerns by providing bus tokens for participating Public Defender clients. Understanding that prior convictions often present barriers to employment, Westfield has also agreed to screen for potential employers who will be the most receptive to working with formerly incarcerated individuals. The Department is involved not only in conducting initial screenings of potential program candidates, but also in monitoring the employment progress of clients who complete the program.

THE JUVENILE JUSTICE SYSTEM

Within the Juvenile Justice system, the Office of the Public Defender continues to be proactive and successful not only in providing quality representation addressing the liberty interests of children charged in juvenile delinquency proceedings, but also by accomplishing a broader agenda to better the lives of the children and their families who become subject to the juvenile court system. The Los Angeles County Public

Defender's Juvenile Division now handles over 35,000 cases involving children in delinquency courts each year. Many children enter the Juvenile Justice system with serious, long standing, and unaddressed educational and psychosocial problems that significantly contribute to their troublesome behavior. The underlying issues are mental health and substance abuse problems, cognitive learning disabilities, developmental disabilities, and the results of sexual abuse, physical abuse and neglect.

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. Some studies suggest the rate of such disabling conditions among incarcerated children might be as high as 70 percent. (Otto, R. et al., (1992) Prevalence of Mental Disorders Among Youth in the Criminal Justice System.) According to the Juvenile Court Judges of California, 50 percent of all children in the juvenile delinquency system have undetected learning disabilities. Learning disabilities affect cognitive systems related to perception, attention, language, and the symbolization abilities required to learn to read and/or carry out mathematical calculations in an automatic manner. Clearly, youth with disabilities are over represented in the Juvenile Justice system. One study from the National Center on Education, Disability and Juvenile Justice noted that the prevalence of youth with disabilities is three to five times greater in juvenile corrections than in public school populations.

Accordingly, many children in the Juvenile Justice System, including many of those detained in juvenile halls and camps,



suffer from significant learning, developmental, emotional, and behavioral disabilities that impede their ability to fully benefit from mainstream educational services. Many of these children are covered by state and federal special education laws that mandate a continuum of educational program options for special education students. For example, AB 490, 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, and extracurricular, and enrichment activities that are available to all pupils.

Unfortunately, many of these disabilities are not diagnosed until these children appear in the Juvenile Justice system, and even then, all too often the juvenile delinquency system focuses only on the specific behavior or circumstances that bring delinquent children to the attention of law enforcement and the courts. For any number of reasons, until recently, the system failed to pay sufficient attention to the serious underlying issues that often lead children into juvenile court charged with criminal or status offenses. A November 2004 White Paper prepared by FIGHT CRIME: INVEST IN KIDS

California, a bipartisan, anti-crime organization of over 300 California sheriffs, police chiefs, district attorneys, and victims of violence noted that at least 80% of youthful offenders have a mental disorder, and that at least 20% of youthful offenders suffer from serious disorders such as schizophrenia, major depression, and bipolar disorder; furthermore, over 50% of youthful offenders have dual diagnoses (i.e., more than one mental disorder, including learning and substance disorders).

JUVENILE ALTERNATIVE DEFENSE EFFORT

Pursuant to the direction of Public Defender Michael P. Judge, beginning in 1999, the Public Defender's office initiated an innovative and comprehensive plan known as the Juvenile Alternative Defense Effort ("JADE"). JADE is designed to bring critically needed services to the children in juvenile delinquency courts and consists of two components: the Client Assessment Recommendation Evaluation ("CARE") Project and the Post Disposition Program.

The holistic advocacy approach already embodied by and practiced in the Public Defender's Office was recognized through the adoption of Rule 1479 of the California Rules of Court on July 1, 2004. Rule 1479 suggests guidelines for all juvenile court defense attorneys to follow for effective advocacy that acknowledges the dual role which the Public Defender's Office had adopted: one of defending against charges filed in the petition and determining whether the child is appropriately in the juvenile delinquency court, as well as advocating on behalf of the child to ensure that the child receives appropriate care, treatment, and guidance especially in the areas of education and mental health.



CARE PROJECT- PRE DISPOSITION COMPONENT

Since its inception in 1999, the Juvenile Division of the Public Defender's Office has implemented its CARE Project, which focuses on early intervention with children in delinquency court by addressing the cluster of underlying causes of delinquent behavior such as mental illness, mental retardation, developmental disabilities, learning disabilities, emotional disturbances, and trauma. It is a child advocacy model that is non-traditional in its vision and approach. The CARE Project provides a model continuum of legal representation that incorporates attention to the unaddressed psychosocial and educational needs of children in the Juvenile Justice system, while also emphasizing early intervention and accountability of both the child involved and the agencies collectively responsible for safeguarding the child's interests.

Currently through the CARE Project, Los Angeles County Deputy Public Defenders collaborate with a multi-disciplinary team of psychiatric social workers, mental health professionals, resource attorneys, and other clinicians from the earliest stage of the juvenile delinquency proceedings through disposition. Currently the Public Defender CARE Project employs seventeen psychiatric social workers and seven resource attorneys. The psychiatric social workers prepare an assessment of a juvenile client to determine the child's special needs, whether developmental, emotional, or psychological. Based on the assessment, an effective and individualized treatment plan is created to address the issues that put youth at risk for delinquent behavior and which aims to significantly reduce the likelihood of recidivism. The psychiatric social workers also provide con-

sultation services which include early intervention to identify needed services, as well as client support during the court process, advocacy with school systems, and recommendations for disposition plans in difficult cases.

The Public Defender resource attorneys advocate on behalf of juvenile clients to assure accountability by various outside agencies that are obligated to provide services to address the child's educational and mental health needs. In reviewing school and mental health records and appearing at administrative hearings before schools and the regional centers, the attorneys work to ensure that children receive appropriate special education services in the school districts, and that the Regional Center system accepts eligible clients and provides needed services to the children. The success rate in obtaining services previously denied both by schools and the Regional Center system has been very high. In fiscal year 2006-2007, the Public Defender's Office provided Regional Center assistance to 133 children through the CARE Project.

The Public Defender's office recognizes that traditional representation for these clients, similar to that normally provided to adult clients, is no safeguard against recidivism if other resources are not channeled toward those children that will assist them in dealing with the many other challenges and obstacles they face outside of the courtroom; hence, the advocacy of Public Defender staff on behalf of children in the Juvenile Justice system is not viewed purely in a legal context. The Public Defender adheres to the philosophy that effective child advocacy must encompass a holistic approach individually tailored to the particular needs of each unique client.



Under the pre-disposition component of the CARE Project with funding from the Juvenile Accountability Block Grant (“JABG”), two supervising psychiatric social workers, fifteen psychiatric social workers, and seven resource attorneys operate in ten juvenile branch offices of the Public Defender. Deputy Public Defenders refer cases to the CARE Project. Referrals are for either Extended Services or Brief Services. Brief services are those which can be completed on the same day the request for services was made. Extended services extend beyond the date of the request for services. The referrals involve a variety of consultation services including: 1) psychosocial and educational assessments; 2) early intervention to identify requisite services; 3) referrals to community resources which include substance abuse services (such as Alcoholics Anonymous-AA, Narcotics Anonymous-NA, after school activities such as the YMCA and parenting classes); 4) inter-agency advocacy that triggers Department of Mental Health, Regional Center, and special education assistance; 5) client and family support during the court process; and 6) recommendations to the court for disposition plans and conditions of probation in difficult cases.

Psychosocial assessments often help to determine whether the child represents a risk to the community and constitute the basis for effective treatment plans likely to reduce re-offending by addressing the issues that otherwise would put the child at risk for further delinquent behavior. The psychiatric social workers interview the juvenile clients along with their family members and other involved parties, such as school counselors, team coaches, social workers working in dependency courts, foster parents and therapists. At the discretion of the Deputy Public Defenders, CARE Project psychiatric social

workers prepare reports for the Deputy Public Defenders to present to the court. The information developed by the psychiatric social workers plays a key role in assisting the Deputy Public Defenders to individualize and humanize the perception of each child by busy bench officers, who otherwise would not have the advantage of in-depth evaluations and insight about each child and awareness of services available to implement an effective treatment plan. Consequently, more appropriate services are rendered to children and families to reduce recidivism while continuing to hold minors accountable.

Additionally, seven Deputy Public Defenders serve as resource attorneys. These attorneys enhance the CARE Project’s advocacy in the areas of special education and mental health for children who otherwise would not receive necessary mental health and educational services mandated by state and federal law. CARE Project resource attorneys ensure that children with educational difficulties have current Individual Education Plans (“IEPs”), which identify special education needs and define specific services to be provided. In addition, they facilitate special program referrals to agencies such as the Regional Center system, which provides services for children with developmental disabilities. Resource attorneys also garner Department of Mental Health entitlements for their juvenile clients and provide consultation for other Deputy Public Defenders on complicated cases involving children coming from the dependency court system.

By referring clients for evaluation, identification, and intervention at the pre-trial stage, the Public Defender’s Office focuses on abating the behaviors that prompted the filing of the juvenile petition in these cases.



By beginning to design disposition plans at an early stage, members of the CARE Project team are able to provide the court with a better assessment of the minor's needs, present reasonable recommendations for appropriate conditions of probation, and identify resources that will assist the minor and his/her family to responsibly satisfy the conditions of probation. This approach enables the court to make orders that will foster accountability by both the minor and the system.

Since the 1999 inception of the pre-adjudication component of the CARE Project through June 2007, 10,834 children have received project services. In fiscal year 2006-2007 alone, 7,220 services were provided to 1,298 new clients. On average, each child served received approximately 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 base, and after school activities such as the YMCA and parenting classes), crisis intervention referrals during the court process, and recommendations for disposition plans and conditions of probation in difficult cases. A significant number of these dispositions were for placements that provided treatment for a problem identified in the assessment process, or the minor was permitted to remain in the home while receiving treatment services in the community. Many of these children are wards of both the delinquency and dependency court systems and are themselves victims of abuse and neglect.

The current beneficiaries of the integrated components of these programs are the children, together with their families and

communities, who receive services from attorneys, psychiatric social workers, resource attorneys and others. For example, children with special education needs are represented by Public Defender resource attorneys and psychiatric social workers at school district hearings, including IEP meetings. Advocacy by the Public Defender's Office on behalf of children entering the Juvenile Justice system has reaped tremendous benefits for children with disabilities and has provided them with a necessary continuum of educational program options in the school system that are mandated by state and federal law. Children and their families also benefit from referrals to appropriate mental health residential and outpatient treatment programs, Regional Center services for children with developmental and cognitive disabilities, and referrals to other public and private service agencies.

Overall, for fiscal year 2006-2007, the Los Angeles County Juvenile Courts have adopted 81% of the disposition recommendations where CARE extended services were provided. Judicial officers have stated that the evaluations are invaluable in making the courts better equipped to identify those youth with emotional or developmental issues.

POST DISPOSITION PROGRAM

Through the Post Disposition Program, the Public Defender's Office provides assistance to children who were sent to juvenile probation camp by court order. It is the only program to address complicated issues presented by these children after the court has ordered them to a camp program they can not successfully complete because of issues not previously identified. It targets those children whose needs for services are not being



met by juvenile camp programs, but could be more fully and properly addressed in a suitable placement setting or other structured program in the community.

The target camp population for the Post Disposition Program includes, but is not limited to:

- (1) children with apparent or suspected learning or developmental disabilities whose special needs cannot be accommodated in a juvenile camp program;
- (2) children with mental health issues including the need for psycho-tropic medication;
- (3) children whose age and level of maturity are not compatible with the camp population or programming;
- (4) children with physical disabilities that prevent full participation in camp programs; and
- (5) children about to emancipate from the camp program.

In this component, psychiatric social workers employed by the Public Defender work in cooperation with the Los Angeles County Probation Department to identify and reevaluate children who were committed to juvenile probation camp, but whose educational and mental health needs would be better met through a less restrictive alternative. The psychiatric social workers assess the child and make an alternative recommendation for placement. Deputy Public Defenders then present the alternative plan to the Juvenile Court. Often, the Post Disposition Program is the first to address issues involving neglect, abuse, abandonment, gang affiliation, education deficits,

school failure, the absence of special education services and entitlements, mental health issues and developmental disabilities.

The Post Disposition Program likewise continues to maintain a consistent rate of success in convincing Juvenile Court judges throughout the ten Los Angeles County Juvenile Court locations that, in appropriate cases, children in juvenile camps should be removed and placed in an environment more conducive to receiving necessary treatment and services otherwise not available in the camp setting. When returned to court for presentation of the alternative plan by the Deputy Public Defender and the psychiatric social worker, the Juvenile Courts granted over ninety percent of these motions, finding a change of circumstance in the discovery of otherwise unnoticed mental, emotional, or educational needs.

Consequently, the overwhelming majority of proposed alternative dispositions have been granted to remove the child from camp and place the child in an alternative setting that better addresses the child's individual needs. Of the 1,042 total cases handled by the Post Disposition Program since the program's inception in November 1999 through June 2007, the Post Disposition Program has enjoyed a ninety-six percent (96%) success rate in convincing courts to pursue alternative dispositions, and judges continued camp placement in only four percent (4%) of the referrals. Of the children released from camp placement, approximately two-thirds were suitably placed and one-third were placed home with court conditions.

Alternative dispositions involved one of the following situations:

- A less restrictive setting whereby the minor was either suitably placed in a girls' or boys' group home, or the



minor was sent home to his/her family with specific conditions of probation including counseling;

- The camp order remained in full force and effect; however, the minor was released home on a Court Furlough with specific conditions of probation;
- The minor was released from Camp and was placed in the Regional Center system for mental health/educational issues;
- The minor was placed in a mental health facility.

The Public Defender's Office continues to collaborate with the Probation department in identifying children who qualify for placement in a less restrictive setting and has succeeded in returning children to the community with appropriate treatment and support in the overwhelming majority of cases. In the vast majority of cases, the Deputy Public Defenders, through collaboration with Probation, have convinced courts to change dispositions by removing children from the community camp placement setting into more appropriate alternative placements.

THE DJJ UNIT

The passage of SB 459, effective January 1, 2004, gave the Juvenile Court continuing jurisdiction over minors sent to the Division of Juvenile Justice ("DJJ"). SB 459 was a legislative attempt to ensure that courts take an active role in supervising minors who are committed to DJJ by mandating the following:

- 1) Juvenile Courts are now required to set a maximum term of confinement;

- 2) DJJ is required to set a parole consideration date within 60 days of the commitment of a ward; and

- 3) DJJ must prepare a treatment plan for each ward, provide these reports to the Juvenile Court and to the Probation Department, and provide written periodic reviews at least annually.

The Public Defender now has the duty to monitor treatment provided at DJJ. Three experienced Deputy Public Defender resource attorneys have been assigned to the Department's DJJ unit, created in the summer of 2005, to monitor these clients.

The DJJ Unit serves approximately 100 clients currently housed at DJJ institutions throughout the state. All clients are visited by their Public Defender DJJ Unit attorneys. They also may reach their lawyer by telephone. The attorneys have developed working relationships with the clients' DJJ counselors, as well as with other staff at the institutions. They work to obtain their clients' prior mental health and education records, and they also review DJJ documents in order to assess current services.

Advocacy within the institution may bring a change in the services provided to the client. The attorneys have participated in obtaining special education services for their clients inside DJJ and have attended IEP meetings on behalf of their institutionalized clients. They have ensured that clients were transferred to facilities where specialized counseling was available, thus enabling the clients to receive services necessary for them to successfully reintegrate into the community upon parole.



Public Defender DJJ Unit attorneys also research and prepare motions pursuant to WIC §731, requesting that the judge set a determinate term for the sentence. WIC §731, which states that minors may not be held in physical confinement for a period longer than the maximum adult sentence, has been amended. The additional language now states that “[a] minor committed to . . . the Youth Authority also may not be held in physical confinement for a period of time in excess of the maximum term of physical confinement set by the court based upon the facts and circumstances of the matter or matters which brought or continued the minor under the jurisdiction of the juvenile court, which may not exceed the maximum period of adult confinement as determined pursuant to this section.”

The lawyers also pursue relief pursuant to WIC §779, which gives the Juvenile Court discretion to remove clients from DJJ institutions in cases where appropriate services are not being provided. While current law allowed the Juvenile Court to modify or set aside a DJJ commitment, WIC §779 has been amended to state that “[t]his section does not limit the authority of the court to change, modify, or set aside an order of commitment after a noticed hearing and upon a showing of good cause that the Youth Authority is unable to, or failing to provide treatment consistent with section 734.” Courts have granted these motions after holding hearings and finding that DJJ services were inadequate. A number of clients have been moved from DJJ Youth Correctional Facilities to local suitable placements where their special needs can be addressed.

JUVENILE MENTAL HEALTH COURT

The Office of the Public Defender also continues to be actively involved in Juvenile Mental Health Court (“JMHC”). JMHC, which began operating in October 2001, is a comprehensive, judicially monitored program for juvenile offenders with diagnosed mental health disorders or learning disabilities and whose crimes demonstrate a link to the disorder or disability. A collaborative inter-agency team consisting of a judge, prosecutor, defense attorney, Department of Mental Health psychologist, and a Los Angeles County Office of Education liaison develops an individualized case plan for each eligible child referred to JMHC. The plan includes home, family, therapeutic, educational, and adult transition services. A Deputy Public Defender, with the assistance of psychiatric social workers, advocates on behalf of the child to secure mental health services from all available community resources.

The Deputy Public Defender works with the family, local mental health organizations, school districts, the Regional Center system, the Probation Department, and the Department of Children and Family Services to obtain for the child every benefit to which he or she is legally entitled. Implementation of the plan is monitored intensively on an ongoing basis for two years or as long as the minor remains on probation. One goal of JMHC is to reduce recidivism in the mentally ill population. Since its inception in October of 2001, JMHC has accepted 237 children. In fiscal year 2006-2007, the JMHC program accepted 49 new cases.



JMHC also acts as a referral court for all minors found to be incompetent in Los Angeles County, and is the only Delinquency Court in California that specifically accepts children who have been found incompetent by the referring court.

JUVENILE DRUG TREATMENT COURT

Juvenile Drug Treatment Court attempts to resolve underlying problems of drug and alcohol abuse and is built upon a unique partnership between the juvenile justice community and drug treatment advocates. The courtroom atmosphere is non-adversarial, with a dedicated team of court officers and staff, including Deputy Public Defenders who strive together to break the cycle of drug abuse. The Los Angeles County Juvenile Drug Treatment Court Programs are supervised, comprehensive treatment programs for non-violent children. The programs are comprised of children in both pre-adjudication and post-adjudication stages as well as high risk probationers who are sometimes placed in a 26-week residential facility.

Minors participate in the program voluntarily. In the pre-adjudication program, charges are suspended during the minors' participation, while minors in the post-adjudication program admit charges in the petition prior to participation. Most minors participating in the pre-adjudication program are charged with committing offenses involving possession of narcotics or being under the influence of drugs and/or alcohol. Minors are generally eligible to participate in the post-adjudication program so long as they have no prior sustained or current petitions for sex offenses, crimes of violence or possession, or use of a firearm. The requirements are waived on occasion to allow some

otherwise ineligible minors to participate in Juvenile Drug Treatment Court when the interests of justice are served.

Upon a finding of eligibility and suitability, the Juvenile Drug Treatment Court judge provisionally accepts the minor into the Juvenile Drug Court Treatment Program. After the child is accepted into the Program, Deputy Public Defenders continue to represent the minor throughout his or her participation in Drug Court. Successful completion and graduation will result in the dismissal of charges in the pre-adjudication program, and the termination of probation in the post-adjudication program. Failure or dismissal from the program will result in the reinstatement of criminal (delinquency) charges and subsequent prosecution on the pre-adjudicated charges or continuation on probation on the post-adjudication charges. Success in the Juvenile Drug Court Treatment Programs is not solely measured by the number of graduates from the program, but rather whether the Drug Treatment Court curriculum favorably impacted the children to the extent that they are now considered drug-free.

Juvenile Drug Court Treatment providers direct participating minors through a 52-week curriculum which includes drug treatment, drug testing, frequent court appearances and individual as well as group counseling. The programs are divided into three phases: 1) phase one focuses on stabilization, orientation and assessment, 2) phase two emphasizes intensive treatment, and 3) phase three focuses on transition back to the community.

A counselor or probation officer also assists with obtaining education and skills assessments, and referrals for vocational training or job placement services are also provided. Participants are required to attend



school on a regular basis, with enrollment in Independent Studies allowed only with the court's approval. The child's parents and family members are encouraged to participate in appropriate treatment sessions. Deputy Public Defenders receive training regarding addiction, treatment, and related issues which constitute an ongoing part of the therapeutic environment fostered in the Juvenile Drug Treatment Court.

There are currently three Juvenile Drug Treatment Courts operating in three juvenile court locations: Sylmar, in operation since 1998; Eastlake, which began operations in 2001; and Inglewood, which began operations in April 2004. Both Eastlake and Sylmar have pre-adjudication as well as post-adjudication Juvenile Drug Treatment Courts in place. Inglewood's Juvenile Drug Treatment Court is pre-adjudication only.

APPENDICES

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CATEGORIES OF ABUSE

A significant accomplishment of the Los Angeles Inter-Agency Council on Child Abuse and Neglect Data/Information Sharing Subcommittee in the 1980's was to provide Los Angeles area agencies with a common definition of child abuse to serve as a reporting guideline. One purpose of this effort was to achieve compatibility with reporting guidelines used by the State of California. Additionally, it was hoped that a common definition would enhance our ability to better measure the extent of our progress and our problems, independent of the boundaries of particular organizations. As you read the reports in this document you will see that this hope is certainly being realized.

Since their inception, the definitions have increasingly been applied by ICAN agencies with each annual report that has been published. This year's Data Analysis Report is no exception. This year, more than half of the reporting agencies have been able to apply them to their reports in one way or another.

The Data/Information Sharing Sub-committee hopes that as operational automated systems are implemented and enhanced by ICAN agencies, these classifications will be considered and more fully institutionalized. We believe that over time, their use will enable the agencies to achieve a more unified and effective focus on the issues.

The seven reporting categories are defined as follows:

PHYSICAL ABUSE

A physical injury which is inflicted by other than accidental means on a child by another person. Physical abuse includes deliberate acts of cruelty, unjustifiable punishment, and violence towards the child

such as striking, throwing, biting, burning, cutting, twisting limbs.

SEXUAL ABUSE

Any sexual activity between a child and an adult or person five years older than the child. This includes exhibitionism, lewd and threatening talk, fondling, and any form of intercourse.

SEVERE NEGLECT

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

GENERAL NEGLECT

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

EMOTIONAL ABUSE

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



DATA/INFORMATION SHARING COMMITTEE



BIOGRAPHIES

Judith H. Bayer, Committee Chairperson

Judy currently is a supervising attorney for the Litigation and Training Division of the Office of the Los Angeles County Counsel. She is responsible for coordinating the attorney training program and for the supervision of ten dependency courts. She also serves as the County Counsel ICAN representative, and supervises dependency/delinquency cross-over cases and mediation. During the sixteen years she has been with County Counsel, Judy has been a trial attorney, lead attorney, and courtroom supervisor. She has conducted training programs for new attorneys, social workers, the district attorney's office, and various other public agencies. Prior to becoming an attorney, Judy was a teacher and a pre-school director.

Victoria Lewis Adams

Victoria Lewis Adams serves as the Head Deputy of the Family Violence Division of

the Los Angeles County District Attorney's Office where she oversees the prosecution of specially assigned family violence cases that include domestic violence homicides, child homicides, domestic abuse, spousal rapes and child abuse charges. She also serves as the Chairperson of the Los Angeles County Domestic Violence Council and the Domestic Violence Death Review Team. She is co-chairperson of ICAN's Operations Committee and a member of Child Death Review. Ms. Adams has been a deputy district attorney for 23 years. Ms. Adams received a Juris Doctor degree from UCLA School of Law in 1983 and a Bachelor of Arts degree in General Humanities with an emphasis in English and Philosophy from Santa Clara University in 1980.

Sarita Carden

Sarita is a Supervisor at the Child Advocates Office/CASA of Los Angeles. During her 14 years as a child advocate, she served as a CASA volunteer before joining the staff of CASA of Los Angeles in 2000. As a CASA Supervisor she provides



training, supervision, support, and expertise to CASA volunteers appointed by a judge to gather information, write reports, and make recommendations to the court in the best interests of abused, neglected, and abandoned children. She has a M.A. in Human Development.

Olivia Carrera

Olivia is a Field Representative for the State of California Department of Justice Child Protection Program (CPP). The CPP is responsible for maintaining the Child Abuse Central Index, California's registry of child abuse investigation reports. Olivia has been employed by the Department of Justice since 1982 having represented various programs such as the Violent Crime Information Center and the California Anti-Terrorism Information Center. Olivia provides outreach training and is involved with legislative review and special projects for the Child Protection Program. She is a coordinator for the State Child Death Review Board. Olivia obtained her Bachelor of Arts degree in Criminal Justice from California State University, Sacramento.

Christopher D. Chapman, MA

Chris is a Programmer Analyst with the Los Angeles County Internal Services Department, Information Technology Service. Christopher has been with the County's Internal Services Department since January 1999, where he supports the ICAN Office and other County Departments with over 15 years of experience in Desktop Publishing, Graphic Design and Internet Development. Chris received a Masters Degree in Organizational Management

along with two other degrees, one in Visual Design and the other in Business Management.

Robert M. Cuen

Robert is currently a staff attorney for the Los Angeles Unified School District. His service with the District began in 1996. Since that time, he has represented the District and school personnel in all school law related matters in both state and federal courts and administrative hearings. Also, Robert responds to the day-to-day legal needs of district staff. Prior to L.A.U.S.D., Robert was an associate at a private law firm representing municipalities and other public entities in employment related matters.

Lisa Cheng

Lisa has seven years of experience in Desktop Publishing and custom printing and over ten years of experience in Graphic Design. She has been with Los Angeles County since November 2002. Lisa has worked in the Internal Services Department and has designed the ICAN Report since January 2007.

Jeanne Di Conti, JD

Jeanne is a Deputy City Attorney with the Los Angeles City Attorney's Office, Ethics, Legislation & Trial Support Section. Since starting with the Office in 1975, she has worked with a variety of databases related to the Criminal Branch. She has been a member of the ICAN Data/Information Sharing Committee since 1989.



Ana Maria Correa

Ana Maria Correa is the Division Manager for the Social Services Systems Division (SSSD) of the Los Angeles County Internal Services Department, Information Technology Service (ISD/ITS). SSSD supports four County Departments: Child Support Services (CSSD), Children and Family Services (DCFS), Community and Senior Services (DCSS), and Public Social Services (DPSS). Ana Maria has a Bachelor of Science in B. A. with over 32 years of County service. Prior to this assignment, Ana Maria was the ISD/eCAPS Project Manager, working closely with the Auditor Controller and the CGI-AMS Project Managers on the implementation of Phase I eCAPS, the Countywide Accounting and Purchasing System that now processes the County's vendor payments; i.e. DCFS Foster Care payments. As the SSSD Division Manager, Ana Maria is responsible for providing workflow analysis, front-line supervision, project management, and technical expertise, support and maintenance of critical mainframe legacy applications while creating customer-friendly client tracking systems by using new technologies. She joined the ICAN Data/Information Sharing Committee in 2005.

Brian L. Cosgrove

Brian Cosgrove is the Information Technology Manager of the Forensic Data Information Systems Division of the LA County Coroner. He is responsible to ensure that the Coroner is in alignment with the Countywide Strategic Plan for eGovernment. Mr. Cosgrove is an employee of the Internal Services Department, Information Technology Service, Information Systems Support Division. He earned a Bachelor of

Science degree in Computer/Information Systems from DeVry Institute of Technology. Mr. Cosgrove has over 17 years of IT experience including infrastructure support, programming and analysis, technical leadership, front-line supervision, and project management.

Jessica Gama

Jessica is the Ombudsman for the Los Angeles County Probation Department. In this capacity, she is vested with the responsibility to assist members of the community in general and probationers in particular with departmental issues of fair treatment and equity. Jessica has worked in the following areas: substance abuse, domestic violence, juvenile justice, child welfare, administrative investigations and contracts development. Her interest and advocacy in mental health issues lead to her Board appointment to the Los Angeles County Mental Health Commission in 1993, representing the First District. Jessica earned a Bachelor of Art's degree from U.C. Berkeley with a double major in sociology and mass communications. She also earned a masters degree from the University of Chicago in the field of social work.

John E. Langstaff, M.S.

John is a Children's Services Administrator II with the Department of Children and Family Services (DCFS) Bureau of Information Services. In his 20 years with Los Angeles County, John has been a Children's Social Worker, worked for the DCFS Policy and Public Inquiry sections, and was a developer and manager of the DCFS Out-Stationed Training Program. In addition, John was a Program Analyst at ICAN for almost three



years, working on the Data/Information Sharing Subcommittee, the Child Death Review Team, The National Center on Child Fatality Review, and various other projects. John earned a Bachelor's Degree in psychology from Whittier College and a Master of Science Degree in psychology from California State University, Los Angeles.

Ming H. Lee

Ming is a Research Analyst II for the Research, Evaluation & Planning (REP) Unit, Maternal Child & Adolescent Health (MCAH) Programs of Los Angeles County Department of Health Services. He is involved in the production Family Health Outcomes Project Perinatal Indicator report. He has also provided data support for the MCAH's Five-Year Strategic Plan. Ming received his Master of Public Health in Biostatistics from Loma Linda University School of Public Health.

Dionne Lyman-Chapman

Dionne is a Senior Programmer Analyst with the Los Angeles County Internal Services Department, Information Technology Service. Dionne Lyman has been with the County's Internal Services Department since September 2001. She supports ICAN and various County Departments with over 15 years of experience Graphic Design and Web Development. Dionne earned a Bachelor of Arts in Illustration with a minor in Graphic Design from California State University, Long Beach.

Penny Markey

Penny is the Coordinator of Youth Services for the County of Los Angeles Public

Library. She is responsible for developing library collections, programs and services for children from birth to age 18 and their parents and caregivers. In that capacity she has developed numerous programs for children and families including: Begin at the Beginning With Books, an early childhood literacy program targeting pre-natal moms and their new babies; Home run readers, a reading motivation for school-age children in partnership with the Los Angeles Dodgers and Pacific Bell and a community service volunteer program to provide teens with workforce readiness skills. Penny has served as adjunct professor in the School of Education and Information Science at UCLA.

Chris Minor

Detective Chris Minor is with the Los Angeles County Sheriff's Department assigned to the Special Victims Bureau (SVB). He has been a deputy sheriff for twenty-seven years and has worked as a child abuse investigator for the past seventeen years. Detective Minor has investigated several thousand cases of physical and sexual child abuse, some with numerous victims. He has served as the Special Projects/ Operations Deputy for SVB, acting as a liaison with other law enforcement agencies and the Department of Children and Family Services (DCFS). Detective Minor has been the designated trainer for the Sheriff's Department Recruit Training Academy, instructing new recruits in child abuse laws and investigations, since 1999 and also conducts training for the Department's Advanced Training Bureau in the same field. Detective Minor has also provided training to DCFS Children's Social Workers in the areas of collaborating with law enforcement and worker safety, as well as mandated



reporter and child abuse training to school and hospital personnel, parents and other civic groups. Detective Minor has been a member of the Inter-Agency Council on Child Abuse and Neglect (ICAN) Data Sharing Committee since 1999 and also represented the Sheriff's Department on the Los Angeles City Attorney's Office- LAUSD Task Force on Best Practices for Child Abuse Investigations Reported by Schools.

Kimberly Miera

Kimberly Miera is a Deputy City Attorney with the Los Angeles city Attorney's Office in the Prosecutorial Ethics, Legislation and Trial Support Unit. She has been with the Los Angeles City Attorney's Office for five years. Prior to that, she was an Associate with Bonne, Bridges, Mueller, O'Keefe & Nichols. She is a graduate of Whittier Law School and the University of California, Riverside.

Thomas Nguyen

Thomas is a Children's Services Administrator I in the Statistics Section of the Department of Children and Family Services. He has been with the department since 1988 and has been involved with the ICAN Data/Information Sharing statistical report since 1991. Mr. Nguyen graduated from Hope College, Holland, Michigan with a Bachelor of Arts degree in Business Administration and minor in Computer Science and Spanish.

Nina Prays

Nina Prays is the Section Manager for the Community and Senior Services Section within the Social Services Systems Division

of ISD. Nina Prays has a Masters Degree in English as a Second Language and over 25 years in Information Technology experience. Prior to this assignment, Nina was a Principal Developer Analyst with Justice Systems. Among other projects she was also involved with the Family and Children Index System (FCI), also servicing the needs of the ICAN Data/Information Sharing Committee. This is Nina's first year as a member of the ICAN Data/Information Sharing Committee.

Loren Solem-Kuehl, M.A., MFT

Loren is a Program Administrator for ICAN. He has primary responsibility for the Data/Information Sharing Committee and the Grief and Mourning Committee. He also provides staff assistance for the Cross-reporting subcommittee, Safe Haven Speakers Bureau, Mentoring Task Force, and the Annual "Nexus" Domestic Violence Conference. Prior to joining ICAN, Loren worked for the Los Angeles County Department of Children and Family Services (DCFS) for a period of eight years. The last several years while at DCFS, Loren was the South County Resource Coordinator responsible for the coordination of special events and services for DCFS children. He also supervised regional fundraising and managed the Regional Children's Trust Fund. Prior to this position Loren supervised the Special Services Section at MacLaren Children's Center. Loren has also worked in the Bureau of Resources where he provided support services, training and advocacy to foster parents of Los Angeles County. Loren is a licensed Marriage and Family Therapist.



Ruben Yegoyan

Ruben is an Administrative Assistant II in the Information and Statistical Services Section of the Department of Public Social Services. He has been working with the Department since April 2001. He is responsible for reviewing and analyzing monthly statistical reports. Ruben is also a member of the User Acceptance Testing team for the Department's newly developed and implemented Data Warehouse. Ruben has a Bachelor of Science degree in engineering and a Master of Public Administration degree from California State University, Northridge. This is Ruben's second year as a member of the ICAN Data/Information Sharing Committee.

Kimberly Wong

Kimberly Wong is the legislative and criminal justice policy advisor for the Los Angeles County Public Defender's Office. As a deputy public defender of 10 years, she has conducted numerous felony and misdemeanor trials as well as juvenile adjudications. Through the Public Defender's Public Integrity Assurance Section, Ms. Wong drafted motions and writs for clients in post-conviction cases involving police misconduct.

Ms. Wong also assists incarcerated domestic violence survivors in seeking post-conviction relief. In the Public Defender's office, Kimberly was actively involved in developing in-house seminars for about 1000 employees on topics of race bias and gender bias. She is a member of the Habeas Project Advisory Committee, whose goal is to expand access to justice for survivors of domestic violence.

David Zippin, Ph.D.

David Zippin is Chief Research Analyst with the Child and Family Programs Administration of the Los Angeles County Department of Mental Health. He is involved with the development, implementation and analysis of children's treatment outcome instruments, as well as tracking clients in intensive treatment programs. He received his Ph.D. from University of Iowa specializing in Social Psychology and Research Methods. He also completed a two-year NIMH postdoctoral training program in mental health program evaluation in the School of Public Health at UCLA, and a one-year USPHS postdoctoral fellowship in pediatrics at Harbor/UCLA Medical Center.